FILE NAME: RT Vanderbilt (RTV)

DATE: 1989 Jan

DOC#: RTV042

DOCUMENT DESCRIPTION: Letter from Pathology Dept. at Mercy Hospital documenting "markedly fibrotic honeycombed lungs with Extensive Metaplasia. Marked Evidence of Talcosis & Asbestosis."

State University of New York
Health Science Center
[illegible]

College of Medicine
Department of Pathology
[illegible]
FAX (315) 464-4130

January [illegible], 1989

Paul Malek, M.D.
Pathology Department
Mercy Hospital
218 Stone Street
Watertown, New York 13601

Re: Murray Baker, Autopsy #A-89-G-3
JA89-196

Dear Paul:

Thank you for preparing and sending the lung tissue samples for my review and use in teaching. These specimens have already been quite educational to the pathology staff, residents and medical students, and have been a welcome addition to my research study of the talc miners.

My observation of the lung samples revealed markedly fibrotic, focally honeycombed lungs with extensive epithelial metaplasia. There is marked evidence of talcosis and asbestosis. Pleural plaques were described by you in the autopsy report. The mass in the posterior, superior portion of the right lower lobe microscopically is a poorly differentiated adenocarcinoma with focal intracytoplasmic positivity for mucin. Your autopsy report described metastatic disease to lymph nodes, liver and adrenal glands bilaterally. I did not receive any sections to document the metastatic disease and would appreciate a recut slide of these to complete my records on the case if possible.

The lung tissue fiber analysis revealed markedly elevated concentrations of asbestos fibers of the type associated with the talc mine. These are mostly anthophyllite with some tremolite and lesser amounts of chrysotile. In addition high concentrations of talc fibers were identified. No amosite or crocidolite asbestos fibers were identified.

Looking forward to hearing further from you. Best regards.

Sincerely,

Jerrold L. Abraham, M.D.
Associate Professor and
Director of Environmental and
Occupational Pathology

JLA/cd
Enclosure
cc: Victor Ciabotti, Esq.

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JAN - 4

January 2, 1989

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Pathology Department
Mercy Hospital
218 Stone Street
Watertown, New York 13601

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Enclosure
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ASBESTOSIS, TALCOSIS, MESOTHELIOMA AND NON-COMMERCIAL AMPHIBOLE ASBESTOS FIBERS AND CLEAVAGE FRAGMENTS IN LUNG TISSUES OF NEW YORK STATE TALC MINERS.

Abraham, J.L.; Department of Pathology, State University of New York, Syracuse, New York, USA.

New York State talc miners have been exposed to a complex mixture of respirable dust, and the resulting pneumoconiosis has been known for decades. However, the documentation of pulmonary asbestosis and mesothelioma and the correlation with exposure history and with the mineralogy of the lung tissue burden has been scant. Consequently, as part of an ongoing study, using electron microprobe analysis I have analyzed the autopsy lung fiber and nonfibrous particulate burden in eight miners (including one with mesothelioma and one with a lung scar adenocarcinoma). The results presented in the Table show that the asbestos fiber types found in high concentration in the miners are the types found in association with NY State talc mining. A variable fraction of the fibers had morphology consistent with cleavage fragments. High concentrations of commercial amphibole asbestos were not found in these cases (low concentrations were found in cases 1, 2 and 5). Thus, the asbestos-related diseases seen in these miners are related to non-commercial amphiboles.

GAUMES BAKER

Case	1	2	3	4	5	6	7	8
Age	71	76	58	60	71	63	58	66
Yrs Mining	2	10	21	18	25	30	22	23
#Diagnoses	Nl	Pn	ATS	ATP	ATP	ATSP	ATM	ATPC
@Asb. Bodies	0.1	1.0	1.0	98.	485.	89.	35.	42.
*Asb. Fibers								
Anthophyllite	0.04	0.4	85.	64.	49.	99.	5.	14.
Tremolite/Act.	0.07	0.7	105.	7.	34.	12.	0.2	31.
Chrysotile	0.18	2.7	188.	10.	19.	17.	5.	9.
*Talc Fibers	0.1	3.1	716.	47.	184.	66.	46.	195.
+Talc (nonfibrous)	1.	1.	60.	na	51.	139.	na	na
+Silica	1.	1.	10.	na	nd	68.	na	na

Nl (normal); Pn (Pneumonia); A (asbestosis); T (talcosis); S (silicosis); P (pleural plaques); M (mesothelioma); C (lung cancer).

@ (tens of thousands of bodies/gram dry lung)

* (millions of fibers/gram dry lung)

+ (millions of nonfibrous particles/ml lung)

na (not available); nd (not detected)