

# Memo



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To Dr. Roesch

From Sue Finkley

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WCD-396

January 31, 1977

Dr. Myron A. Mehlman, Editor  
Journal of Toxicology & Environmental Health  
National Institutes of Health  
P. O. Box 1829  
Rockville, Maryland 20850

Dear Dr. Mehlman:

In the November, 1976, issue of the Journal of Toxicology and Environmental Health there was published an article entitled "Consumer Talcums and Powders: Mineral and Chemical Characterization" by A. N. Rohl et al. I have read the above-mentioned article and in the interest of correcting the record by mentioning publications which may not have been brought to the attention of the authors, I am enclosing a Letter to the Editor which I would appreciate your publishing.

Sincerely yours,

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GHS:MMS  
Enc.

cc: Mr. George Lee

Mr. M. Q. Tatlow

#### SAFETY OF CONSUMER COSMETIC TALC PRODUCTS

In a paper entitled "Mineral and Chemical Characterization of Selected Consumer Talc Products" by Rohl et al. published in the November issue of the Journal of Toxicology and Environmental Health the author indicated that the disease potential of consumer talc products is unknown and needs investigation. Rohl et al. cite instances of pulmonary disease associated with exposure to talc dusts but fail to identify the composition of the talc dusts and the amount to which subjects were exposed. Recently a distinction has been made between the composition of industrial talcs and cosmetic grade talcs. Industrial grade talcs are mixed mineral dusts usually containing limited amounts of talc mineral dust which may be associated with varying amounts of asbestos and/or silica. Cosmetic grade talc consists typically of 90% mineral talc dust associated with mineral impurities as minor constituents but free of detectable fibrous asbestos minerals (1).

The pulmonary fibrosis associated with talc dust as cited by Rohl et al. has been predominantly reported to occur among employees working in industrial environments prior to improvements in working conditions. For instance, in the reference to a report by Rubino (2) the talc miners were exposed to talc dust known to contain significant amounts of silica.

The example of increased pulmonary cancer mentioned by Rohl et al. was reported in miners exposed to industrial talc dust containing anthophyllite and tremolite (3). Kleinfield (4,5) however later reported that the incidence of pulmonary cancer in the mine employees dropped to the normal level for their age following improvement in the working environment.

The biological activity of cosmetic grade talc dust has been evaluated in recent years in controlled animal dust exposure studies and epidemiological studies conducted in mine employees exposed to cosmetic grade talc dust (6).

In one study, hamsters were exposed to cosmetic grade talc dust at a weekly exposure level approximately 1700 times the amount of talc dust to which an infant would be exposed in a week (6). The data obtained showed that the exposed animals at natural death showed no difference in incidence of any pathology noted from that observed in the control animals studied (7). These data and those obtained in other animal studies have failed to produce any evidence that cosmetic talc is a carcinogen (6).

Prospective and retrospective epidemiological studies conducted in employees milling and mining cosmetic grade talc have shown no difference in incidence of pulmonary fibrotic disease or cancer observed in the mine employees when compared with a control unexposed cohort even where a group of talc millers was exposed to approximately 7800 times the amount of talc dust in one week than that to which a consumer would be exposed in one week (6,8).

Although Kohn et al. suggest that cosmetic grade talc may be hazardous to health, the available data indicate that the normal usage of cosmetic grade talc by the consumer is not a hazard to health.

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