Mesothelioma and the Law:

“Things Doctors Need to Know”

Presented by Steven Kazan
Managing Partner
Kazan, McClain, Abrams, Lyons, Greenwood
& Harley, PLC

I. The Cause of Mesothelioma is Asbestos

The Cause of Mesothelioma is Asbestos

Abstract title:
A case-control study of malignant Mesothelioma in subjects with no known Exposure to asbestos

Discussion and Conclusions
Very few people have never been exposed to asbestos and careful elucidation of occupational and environmental histories usually uncovers exposures sufficient to cause MM. It seems likely that most cases of MM in people with no known exposure to asbestos occur, at a very low rate, among the huge numbers of people who have had small amounts of asbestos exposure.

Number: 83

Abstract title:
A case-control study of malignant mesothelioma in subjects with no known exposure to asbestos

Nicholas de Klerk, Soe Tun, Alison Reid, Helman Alfonso, Nola Olsen, Jan Sleith, Robin Mina, A William Musk
Contact: nickdk@ichr.uwa.edu.au
University of Western Australia

Keywords:
aetiology, non-asbestos related mesothelioma, occupation, environment

Abstract content:

Background
Malignant mesothelioma (MM) is a rare and usually fatal cancer, generally caused by asbestos. However, in many series, up to a third of cases appear to have had no asbestos exposure.
Aims
To identify sources whereby people have been unknowingly exposed to asbestos and to identify other materials which may be lead to MM.
Methods
A matched case-control study design was used. Cases were selected from the Western Australian Mesothelioma Register with occupational and environmental histories but with no known exposure to asbestos. Two sets of 2 controls per case were selected from patients hospitalised for conditions unrelated to asbestos: (a) specific cancers (mainly breast and lymphomas), and (b) general medical conditions (mainly accidents and orthopaedic), matched for age, sex, postcode, and year. Occupational and environmental histories were obtained by questionnaire and coded by an expert industrial hygienist as to nature, likelihood, quantity and duration of exposure to 57 substances. Data were analysed using conditional logistic regression.
Results
Eligible cases without asbestos exposure were far fewer than anticipated. After 9 years there were 39 MM cases, 71 cancer and 76 medical controls recruited. Risk of MM was elevated, but not significantly so, after any exposure (probable or definite) to asbestos, silica, pesticides, welding fumes, other fumes, toxic metals, and other substances. There were also increasing risks (again not significant) with increasing quantity and duration of exposure to asbestos, wood dust, silica, pesticides, other fumes, synthetic mineral fibres, and toxic metals.
Discussion and Conclusions
Very few people have never been exposed to asbestos and careful elucidation of occupational and environmental histories usually uncovers exposures sufficient to cause MM. It seems likely that most cases of MM in people with no known exposure to asbestos occur, at a very low rate, among the huge numbers of people who have had small amounts of asbestos exposure.

II. The Mesothelioma Diagnosis Imposes Legal and Ethical Obligations on Physicians

A. The California Labor Code §6409 - Duty to Submit Report

Labor Code

(a) Every physician as defined in Section 3209.3 who attends any injured employee shall file a complete report of every occupational injury or occupational illness to the employee with the employer, or if insured, with the employer's insurer, on forms prescribed for that purpose by the Division of Labor Statistics and Research. A portion of the form shall be completed by the injured employee, if he or she is able to do so, describing how the injury or illness occurred. The form shall be filed within five days of the initial examination.

c

Effective:[See Text Amendments]

West's Annotated California Codes Currentness
Labor Code (Refs & Annos)
Division 5. Safety in Employment (Refs & Annos)
Part 1. Occupational Safety and Health (Refs & Annos)
Chapter 3. Responsibilities and Duties of Employers and Employees (Refs & Annos)

→ § 6409. Reports of occupational injuries or occupational illness by physicians; employee's report; pesticide poisoning; filing; occupational illness defined

(a) Every physician as defined in Section 3209.3 who attends any injured employee shall file a complete report of every occupational injury or occupational illness to the employee with the employer, or if insured, with the employer's insurer, on forms prescribed for that purpose by the Division of Labor Statistics and Research. A portion of the form shall be completed by the injured employee, if he or she is able to do so, describing how the injury or illness occurred. The form shall be filed within five days of the initial examination. Inability or failure of an injured employee to complete his or her portion of the form shall not affect the employee's rights under this code, and shall not excuse any delay in filing the form. The employer or insurer, as the case may be, shall file the physician's report with the Department of Industrial Relations, through its Division of Labor Statistics and Research, within five days of receipt. Each report of occupational injury or occupational illness shall indicate the social security number of the injured employee. If the treatment is for pesticide poisoning or a condition suspected to be pesticide poisoning, the physician shall also file a complete report, which need not include the affidavit required pursuant to this section, with the Division of Labor Statistics and Research, and within 24 hours of the initial examination shall file a complete report with the local health officer by facsimile transmission or other means. If the treatment is for pesticide poisoning or a condition suspected to be pesticide poisoning, the physician shall not be compensated for the initial diagnosis and treatment unless the report is filed with the employer, or if insured, with the employer's insurer, and includes or is accompanied by a signed affidavit which certifies that a copy of the report was filed with the local health officer pursuant to the requirements of this section.

(b) As used in this section, "occupational illness" means any abnormal condition or disorder caused by exposure to environmental factors associated with employment, including acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

CREDIT(S)

(Added by Stats.1973, c. 993, p. 1940, § 96, eff. Oct. 1, 1973. Amended by Stats.1977, c. 1016, p. 3050, § 3; Stats.1979, c. 889, p. 3078, § 3, eff. Sept. 22, 1979; Stats.1987, c. 1019, § 5; Stats.1994, c. 667 (S.B.555), § 1.)

HISTORICAL AND STATUTORY NOTES

2003 Main Volume

C

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 8. INDUSTRIAL RELATIONS
DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
CHAPTER 7. DIVISION OF LABOR STATISTICS AND RESEARCH
SUBCHAPTER 1. OCCUPATIONAL INJURY OR ILLNESS REPORTS AND RECORDS
ARTICLE 1. REPORTING OF OCCUPATIONAL INJURY OR ILLNESS

This database is current through 10/17/08, Register 2008, No. 42

§ 14003. Physician.

(a) Every physician, as defined in Labor Code Section 3209.3, who attends an injured employee shall file, within five days after initial examination, a complete report of every occupational injury or occupational illness to such employee, with the employer's insurer, or with the employer, if self-insured. The injured or ill employee, if able to do so, shall complete a portion of such report describing how the injury or illness occurred. Unless the report is transmitted on computer input media, the physician shall file the original signed report with the insurer or self-insured employer.

(b) If treatment is for pesticide poisoning or for a condition suspected to be pesticide poisoning, the physician shall also file a complete report directly with the Division within five days after initial treatment. In no case shall treatment administered for pesticide poisoning or suspected pesticide poisoning be deemed to be first aid treatment.

(c) The reports required by this Section shall be made on Form 5021, Rev. 4, Doctor's First Report of Occupational Injury or Illness (sample forms may be secured from the Division), upon a form reproduced in accordance with Section 14007, or by use of computer input media prescribed by the Division and compatible with the Division's computer equipment. However, reports may be submitted on Revision 3 of Form 5021 until June 30, 1993.

(d) Physicians who use computerized data collection and reporting systems shall keep the injured worker's statement with the patient's medical records.

<General Materials (GM) - References, Annotations, or Tables>

Note: Authority cited: Section 6410, Labor Code. Reference:Sections 6409(a), 6409.3, and 6410, Labor Code.

HISTORY

1. New section filed 2-8-80; designated effective 5-1-80 (Register 80, No. 6).

2. Amendment of subsection (c) filed 1-13-83; effective thirtieth day thereafter (Register 83, No. 3).

3. Amendment filed 6-14-89; operative 7-14-89 (Register 89, No. 25).

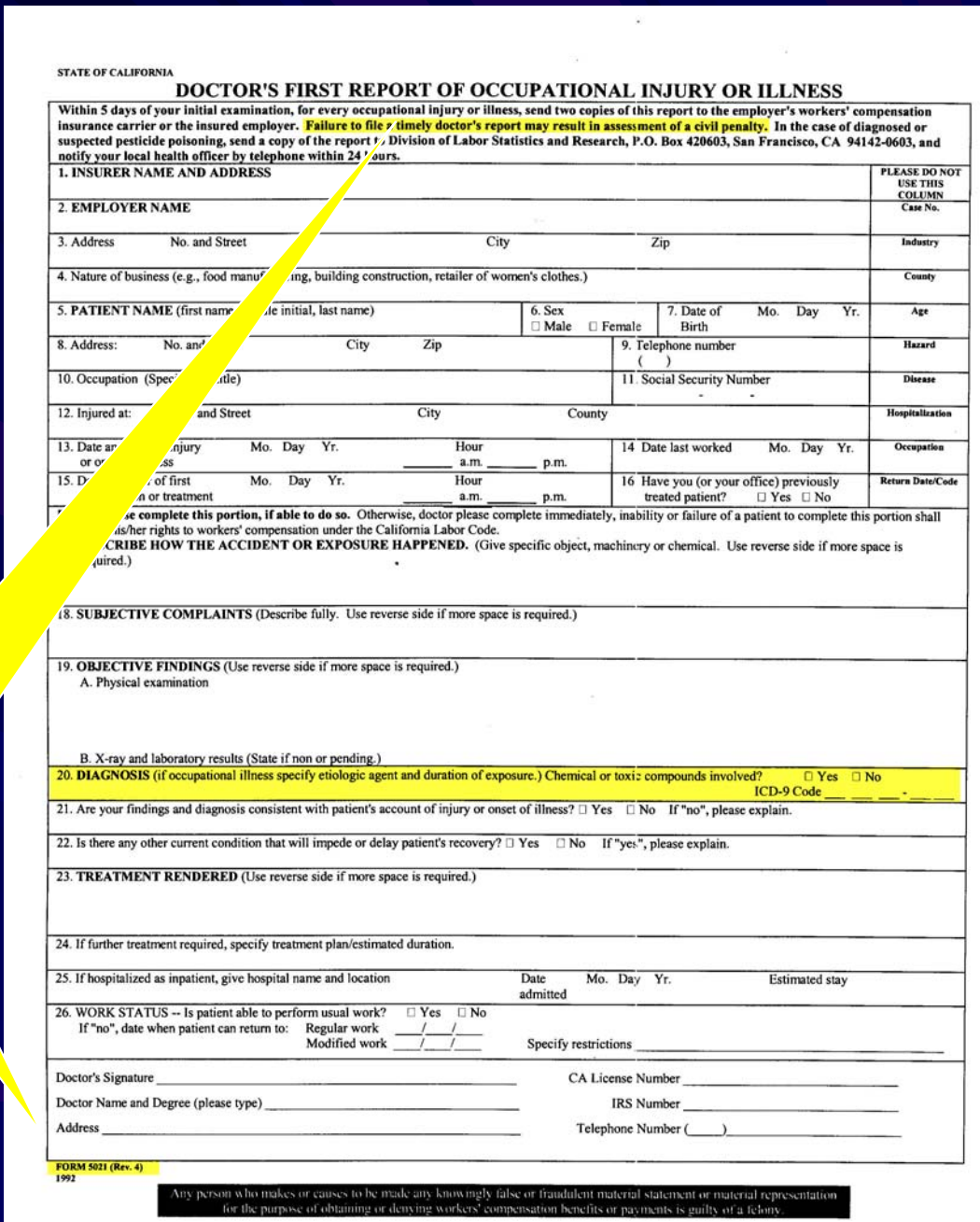
Cal Admin Code title 8, **§14003**

(c) The reports required by this Section shall be made on Form 5021, Rev. 4, Doctor's First Report of Occupational Injury or Illness.

Doctor's First Report of Occupational Injury or Illness

FORM 5021 (Rev. 4)

Failure to file a timely doctor's report may result in assessment of a civil penalty.



STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Division of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. **INSURER NAME AND ADDRESS** — PLEASE DO NOT USE THIS COLUMN
2. **EMPLOYER NAME** — Case No.
3. Address No. and Street City Zip — Industry
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.) — County
5. **PATIENT NAME** (first name, middle initial, last name) | 6. Sex ☐ Male ☐ Female | 7. Date of Birth Mo. Day Yr. — Age
8. Address: No. and Street City Zip | 9. Telephone number ( ) — Hazard
10. Occupation (Specific title) | 11. Social Security Number — Disease
12. Injured at: No. and Street City County — Hospitalization
13. Date and hour of injury or onset of illness Mo. Day Yr. Hour _____ a.m. _____ p.m. | 14 Date last worked Mo. Day Yr. — Occupation
15. Date of first consultation or treatment Mo. Day Yr. Hour _____ a.m. _____ p.m. | 16 Have you (or your office) previously treated patient? ☐ Yes ☐ No — Return Date/Code

Please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

17. **DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED.** (Give specific object, machinery or chemical. Use reverse side if more space is required.)

18. **SUBJECTIVE COMPLAINTS** (Describe fully. Use reverse side if more space is required.)

19. **OBJECTIVE FINDINGS** (Use reverse side if more space is required.)
A. Physical examination

B. X-ray and laboratory results (State if non or pending.)

20. **DIAGNOSIS** (If occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? ☐ Yes ☐ No
ICD-9 Code ___ ___ ___ - ___ ___

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? ☐ Yes ☐ No If "no", please explain.

22. Is there any other current condition that will impede or delay patient's recovery? ☐ Yes ☐ No If "yes", please explain.

23. **TREATMENT RENDERED** (Use reverse side if more space is required.)

24. If further treatment required, specify treatment plan/estimated duration.

25. If hospitalized as inpatient, give hospital name and location | Date admitted Mo. Day Yr. | Estimated stay

26. WORK STATUS -- Is patient able to perform usual work? ☐ Yes ☐ No
If "no", date when patient can return to: Regular work ___/___/___ Modified work ___/___/___ Specify restrictions _____

Doctor's Signature _____ CA License Number _____
Doctor Name and Degree (please type) _____ IRS Number _____
Address _____ Telephone Number (___) _____

FORM 5021 (Rev. 4) 1992

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Doctor's First Report of Occupational Injury or Illness

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

DIAGNOSIS (if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? □ Yes □ No

ICD-9 Code _ _ _ _ _

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Division of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. **INSURER NAME AND ADDRESS** — PLEASE DO NOT USE THIS COLUMN
2. **EMPLOYER NAME** — Case No.
3. Address No. and Street City Zip — Industry
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.) — County
5. **PATIENT NAME** (first name, middle initial, last name) | 6. Sex □ Male □ Female | 7. Date of Birth Mo. Day Yr. — Age
8. Address: No. and Street City Zip | 9. Telephone number ( ) — Hazard
10. Occupation (Specific job title) | 11. Social Security Number - - — Disease
12. Injured at: No. and Street City County — Hospitalization
13. Date and hour of injury or onset of illness Mo. Day Yr. Hour _____ a.m. _____ p.m. | 14 Date last worked Mo. Day Yr. — Occupation
15. Date and hour of first examination or treatment Mo. Day Yr. Hour _____ a.m. _____ p.m. | 16 Have you (or your office) previously treated patient? □ Yes □ No — Return Date/Code

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

17. **DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED.** (Give specific object, machinery or chemical. Use reverse side if more space is required.)

18. **SUBJECTIVE COMPLAINTS** (Describe fully. Use reverse side if more space is required.)

19. **OBJECTIVE FINDINGS** (Use reverse side if more space is required.)
A. Physical examination

B. X-ray and laboratory results (State if non or pending.)

20. **DIAGNOSIS** (if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? □ Yes □ No ICD-9 Code ___ ___ ___ . ___ ___

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? □ Yes □ No If "no", please explain.

22. Is there any other current condition that will impede or delay patient's recovery? □ Yes □ No If "yes", please explain.

23. **TREATMENT RENDERED** (Use reverse side if more space is required.)

24. If further treatment required, specify treatment plan/estimated duration.

25. If hospitalized as inpatient, give hospital name and location | Date admitted Mo. Day Yr. | Estimated stay

26. WORK STATUS -- Is patient able to perform usual work? □ Yes □ No
If "no", date when patient can return to: Regular work ___/___/___ Modified work ___/___/___ Specify restrictions _____

Doctor's Signature _____ CA License Number _____

Doctor Name and Degree (please type) _____ IRS Number _____

Address _____ Telephone Number (____) _____

FORM 5021 (Rev. 4) 1992

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

A. CA Labor Code – §6413.5
Penalty for Failure to File Report on Injured Employee

Any employer or **physician** who fails to comply with any provision of **subdivision (a) of Section 6409, or Section 6409.1, 6409.2 6409.3 or 6410** may be assessed a civil penalty of not less than fifty dollars ($50) nor more than two hundred dollars ($200) by the director or his or her designee if he or she finds a pattern or practice of violations, or a willful violation of any of these provisions.

Westlaw

West's Ann.Cal.Labor Code § 6413.5 Page 1

C

Effective:[See Text Amendments]

West's Annotated California Codes Currentness
Labor Code (Refs & Annos)
Division 5. Safety in Employment (Refs & Annos)
Part 1. Occupational Safety and Health (Refs & Annos)
Chapter 3. Responsibilities and Duties of Employers and Employees (Refs & Annos)

➞ **§ 6413.5. Failure to file report on injured employee; penalty**

Any employer or **physician** who fails to comply with any provision of subdivision (a) of Section 6409, orSection **6409.1**, 6409.2, 6409.3, or 6410may be assessed a civil penalty of not less than fifty dollars ($50) nor more than two hundred dollars ($200) by the director or his or her designee if he or she finds a pattern or practice of violations, or a willful violation of any of these provisions. Penalty assessments may be contested in the manner provided in Section 3725. Penalties assessed pursuant to this section shall be deposited in the General Fund.

CREDIT(S)

(Added by Stats.1973, c. 1067, p. 2143, § 4. Amended by Stats.1979, c. 889, p. 3081, § 10, eff. Sept. 22, 1979; Stats.1983, c. 1092, § 219, eff. Sept. 27, 1983, operative Jan. 1, 1984; Stats.1987, c. 1019, § 8.)

HISTORICAL AND STATUTORY NOTES

2003 Main Volume

The 1979 amendment substituted "subdivision (a) of Section 6409, Sections 6409.1, 6409.2, 6409.3, or 6410" for "Section 6409 or 6410".

The 1983 amendment increased the minimum fine from $25 to $50; and increased the maximum fine from $100 to $200.

II. The Mesothelioma Diagnosis Imposes Legal and Ethical Obligations on Physicians

B. Washington and Nevada Statutory Duty to Advise Patients of Their Legal Rights

Washington Statute – Worker's Application for Compensation – Physician to Aid In 51.28.020

Notes of Decisions

Duty of employer 2
Duty of worker 1

1. Duty of worker

Letter from injured workman petitioning joint board of department for rehearing as to injury to his ankle constitutes sufficient notice of injury to his back resulting from prior accident, where it states facts sufficient to apprise department that injury has been suffered and that compensation is being claimed. Nelson v. Department of Labor and Industries (1941) 9 Wash.2d 621, 115 P.2d 1014.

2. Duty of employer

Employer is only required to report accident, and is not required to file claim for compensation on behalf of injured workman; such report only having statistical value for information to the department. Pate v. General Elec. Co. (1953) 43 Wash.2d 185, 260 P.2d 901, adhered to on rehearing 44 Wash.2d 919, 269 P.2d 589.

51.28.020. Worker's application for compensation—Physician to aid in

(1)(a) Where a worker is entitled to compensation under this title he or she shall file with the department or his or her self-insured employer, as the case may be, his or her application for such, together with the certificate of the physician who attended him or her. An application form developed by the department shall include a notice specifying the worker's right to receive health services from a physician of the worker's choice under RCW 51. 36.010, including chiropractic services under RCW 51.36.015, and listing the types of providers authorized to provide these services.

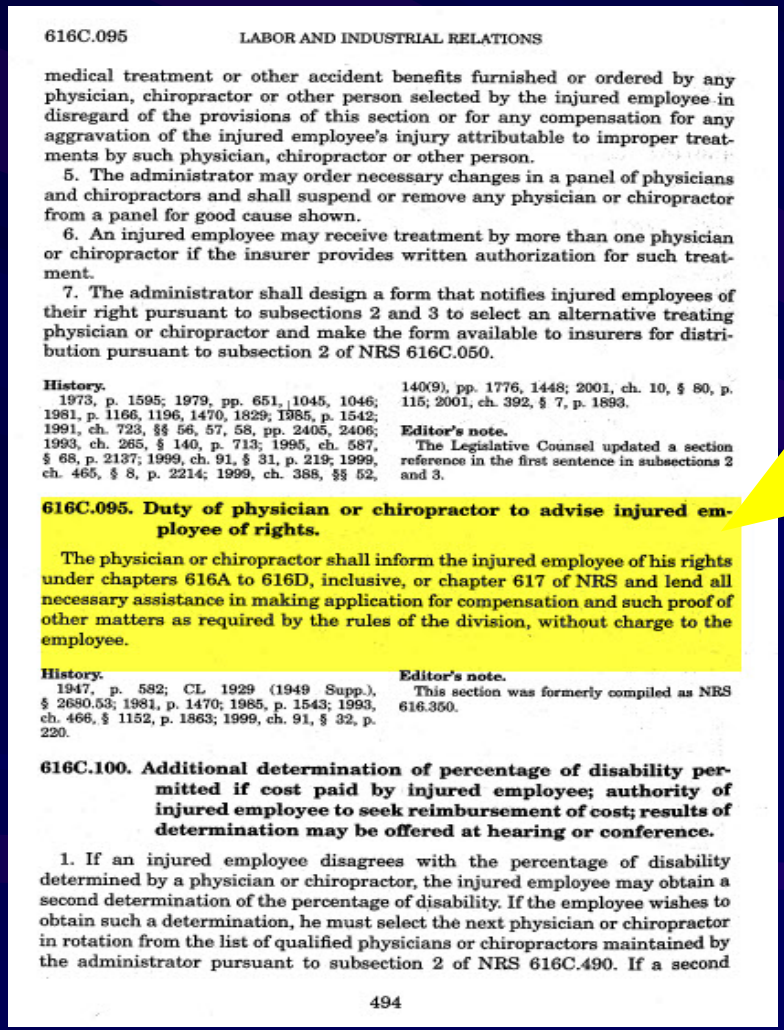
(b) The physician who attended the injured worker shall inform the injured worker of his or her rights under this title and lend all necessary assistance in making this application for compensation and such proof of other matters as required by the rules of the department without charge to the worker. The department shall provide physicians with a manual which outlines the procedures to be followed in applications for compensation involving occupational diseases, and which describes claimants' rights and responsibilities related to occupational disease claims.

(2) If application for compensation is made to a self-insured employer, he or she shall forthwith send a copy of the application to the department.

[2001 c 231 § 2; 1984 c 159 § 3; 1977 ex.s. c 350 § 33; 1971 ex.s. c 289 § 38; 1961 c 23 § 51.28.020. Prior: 1927 c 310 § 6, part; 1921 c 182 § 7, part; 1911 c 74 § 12, part; RRS § 7686, part.]

(b) The physician who attended the injured worker shall inform the injured worker of his or her rights under this title and lend all necessary assistance in making this application for compensation and such proof of other matters as required by the rules of the department without charge to the worker.

Nevada Statute – Duty of Physician or Chiropractor to Advise Injured Employee of Rights 616C.095



616C.095 LABOR AND INDUSTRIAL RELATIONS

medical treatment or other accident benefits furnished or ordered by any physician, chiropractor or other person selected by the injured employee in disregard of the provisions of this section or for any compensation for any aggravation of the injured employee's injury attributable to improper treatments by such physician, chiropractor or other person.

5. The administrator may order necessary changes in a panel of physicians and chiropractors and shall suspend or remove any physician or chiropractor from a panel for good cause shown.

6. An injured employee may receive treatment by more than one physician or chiropractor if the insurer provides written authorization for such treatment.

7. The administrator shall design a form that notifies injured employees of their right pursuant to subsections 2 and 3 to select an alternative treating physician or chiropractor and make the form available to insurers for distribution pursuant to subsection 2 of NRS 616C.050.

History.
1973, p. 1595; 1979, pp. 651, 1045, 1046; 1981, p. 1166, 1196, 1470, 1829; 1985, p. 1542; 1991, ch. 723, §§ 56, 57, 58, pp. 2405, 2406; 1993, ch. 265, § 140, p. 713; 1995, ch. 587, § 68, p. 2137; 1999, ch. 91, § 31, p. 219; 1999, ch. 465, § 8, p. 2214; 1999, ch. 388, §§ 52, 140(9), pp. 1776, 1448; 2001, ch. 10, § 80, p. 115; 2001, ch. 392, § 7, p. 1893.

Editor's note.
The Legislative Counsel updated a section reference in the first sentence in subsections 2 and 3.

616C.095. Duty of physician or chiropractor to advise injured employee of rights.

The physician or chiropractor shall inform the injured employee of his rights under chapters 616A to 616D, inclusive, or chapter 617 of NRS and lend all necessary assistance in making application for compensation and such proof of other matters as required by the rules of the division, without charge to the employee.

History.
1947, p. 582; CL 1929 (1949 Supp.), § 2680.53; 1981, p. 1470; 1985, p. 1543; 1993, ch. 466, § 1152, p. 1863; 1999, ch. 91, § 32, p. 220.

Editor's note.
This section was formerly compiled as NRS 616.350.

616C.100. Additional determination of percentage of disability permitted if cost paid by injured employee; authority of injured employee to seek reimbursement of cost; results of determination may be offered at hearing or conference.

1. If an injured employee disagrees with the percentage of disability determined by a physician or chiropractor, the injured employee may obtain a second determination of the percentage of disability. If the employee wishes to obtain such a determination, he must select the next physician or chiropractor in rotation from the list of qualified physicians or chiropractors maintained by the administrator pursuant to subsection 2 of NRS 616C.490. If a second

494

616C.095. Duty of physician or chiropractor to advise injured employee of rights.

The physician or chiropractor shall inform the injured employee of his rights under chapters 616A to 616D, inclusive, or chapter 617 of NRS and lend all necessary assistance in making application for compensation and such proof of other matters as required by the rules of the division, without charge to the employee.

C. Ethical Obligation to Advise Patients of Their Legal Rights

American Thoracic Society Documents

Diagnosis and Initial Management of Nonmalignant Diseases Related to Asbestos

THIS OFFICIAL STATEMENT OF THE AMERICAN THORACIC SOCIETY WAS ADOPTED BY THE ATS BOARD OF DIRECTORS ON DECEMBER 12, 2003

CONTENTS

Asbestos is a general term for a heterogeneous group of hydrated magnesium silicate minerals that have in common a tendency to separate into fibers (1). These fibers, inhaled and displaced by various means to lung tissue, can cause a spectrum of diseases including cancer and disorders related to inflammation and fibrosis. Asbestos has been the largest single cause of occupational cancer in the United States and a significant cause of disease and disability from nonmalignant disease. To this demonstrable burden of asbestos-related disease is added the burden of public concern and fear regarding risk after minimal exposure.

This statement presents guidance for the diagnosis of nonmalignant asbestos-related disease. Nonmalignant asbestos-related disease refers to the following conditions: asbestosis, pleural thickening or asbestos-related pleural fibrosis (plaques or diffuse fibrosis), "benign" (nonmalignant) pleural effusion, and airflow obstruction. This document is intended to assist the clinician in making a diagnosis that will be the basis for individual management of the patient. It therefore provides overarching criteria for the diagnosis, specific guidelines for satisfying these criteria, and descriptions of the clinical implications of the diagnosis, including the basic management plan that should be triggered by the diagnosis. It is understood that disease may be present at a subclinical level and may not be sufficiently advanced to be apparent on histology, imaging, or functional studies.

One of the most important implications of the diagnosis of nonmalignant asbestos-related disease is that there is a close correlation between the presence of nonmalignant disease and the risk of malignancy, which may arise from exposure levels required to produce nonmalignant disease or mechanisms shared with premalignant processes that lead to cancer. The major malignancies associated with asbestos are cancer of the lung (with a complex relationship to cigarette smoking) and mesothelioma (pleural or peritoneal), with excess risk also reported for other sites. There is a strong statistical association between asbestos-related disease and malignancy, but the majority of patients with nonmalignant asbestos-related disease do not develop cancer. On the other hand, the risk of cancer may be elevated in a person exposed to asbestos without obvious signs of nonmalignant asbestos-related disease. However, a diagnosis of nonmalignant asbestos-related disease does imply a lifelong elevated risk for asbestos-related cancer.

DIAGNOSTIC CRITERIA AND GUIDELINES FOR DOCUMENTING THEM

People with past exposure to asbestos consult physicians for many relevant reasons: to be screened for asbestos-related disease, for evaluation of specific symptoms that may relate to past asbestos exposure (known or unsuspected), for treatment and advice, and for evaluation of impairment. In 1986, the American Thoracic Society convened a group of experts to review the literature and to present an authoritative consensus view of the current state of knowledge with respect to diagnosis of nonmalignant disease related to asbestos (2). In 2001, a new group was convened to review and to update the 1986 criteria. This statement constitutes that committee's report, completed in 2004.

The criteria formulated in this statement are intended for the diagnosis of nonmalignant asbestos-related disease in an individual in a clinical setting for the purpose of managing that person's current condition and future health. These general criteria are slightly modified from those presented in 1986 (Table 1) (2):

- Evidence of structural pathology consistent with asbestos-related disease as documented by imaging or histology
- Evidence of causation by asbestos as documented by the occupational and environmental history, markers of exposure (usually pleural plaques), recovery of asbestos bodies, or other means
- Exclusion of alternative plausible causes for the findings

The rest of this statement is largely devoted to presenting clinical guidelines required to document that each of these criteria is met. Demonstration of functional impairment is not required for the diagnosis of a nonmalignant asbestos-related disease, but where present should be documented as part of the complete evaluation. Evaluation of impairment has been exten-

Members of the Ad Hoc Statement Committee have disclosed any direct commercial associations (financial relationships or legal obligations) related to the preparation of this statement. This information is kept on file at the ATS headquarters.

Am J Respir Crit Care Med Vol 170. pp 691–715, 2004
DOI: 10.1164/rccm.200310-1436ST
Internet address: www.atsjournals.org

C. Ethical Obligation to Advise Patients of Their Legal Rights

Actions Required after Diagnosis

The diagnosis of asbestosis, in particular, imposes a duty to inform the patient that he or she has a disease that is work-related, to report the disease, and to inform the patient that he or she may have legal or adjudication options for compensation.

the interaction between smoking and asbestos exposure in enhancing the risk of lung cancer. Such persons who smoke may be more motivated to consider cessation when the connection between asbestos and the risk of respiratory impairment and of malignancy is brought up at this time (151). The risk conferred by other occupational and environmental carcinogens should also be emphasized at this time.

The question of monitoring for asbestos-related disease is complicated by requirements for occupational surveillance, especially for those with minimal exposure. The Occupational Safety and Health Administration asbestos standard requires employers to monitor their asbestos-exposed workers during employment but makes no provision beyond the period of employment, despite the latency, and private insurance may or may not allow the expense thereafter (8).

Persons with a history of exposure to asbestos but no manifest disease, and for whom the time since initial exposure is 10 years or more, may reasonably be monitored with chest films and pulmonary function studies every 3 to 5 years to identify the onset of asbestos-related disease.

Persons with a history of exposure to asbestos are also at risk for asbestos-related malignancies. Periodic health surveillance for lung cancer or mesothelioma is not recommended. Screening for lung cancer using periodic (annual) chest films, low-dose computed tomography, or sputum cytology has not been shown to be effective in preventing mortality or improving quality of life in populations of smokers without known adverse occupational exposures (152, 153). New technologies (e.g., low-dose spiral CT scanning) are being evaluated for use in high-risk groups (153). The risk of extrathoracic malignancies may also be increased in asbestos-exposed workers. Studies suggest that there may be an elevation in the risk of colon cancer (149, 150), although this remains controversial (154). Because colon cancer is often treatable and screening for colorectal cancer is recommended by the American Cancer Society for persons more than 50 years of age (155), it is reasonable on the basis of current evidence to screen for this condition. The risk of cancer of the larynx (156) and possibly gastrointestinal cancers other than colon, including pancreas, stomach, and esophagus (154), may also be increased with asbestos exposure, but the presence and magnitude of an association with asbestos remain controversial for extrathoracic cancers (154). Routine screening for these cancers is in any case not practical at present.

No prophylactic medication or treatment is currently available to prevent the development or progression of asbestosis or other asbestos-related diseases, once exposure has occurred.

Actions Required after Diagnosis

The diagnosis of asbestosis, in particular, imposes a duty to inform the patient that he or she has a disease that is work-related, to report the disease, and to inform the patient that he or she may have legal or adjudication options for compensation. The role of the physician in this compensation process includes performing an objective evaluation of impairment consistent with the rules of the specific compensation system. Guidelines developed by the American Thoracic Society (3) may be of use and are incorporated into the *AMA Guides to the Evaluation of Permanent Impairment* (157). As in the management of any lung disorder, the physician should also manage the clinical manifestations of the disease and counsel the patient to protect remaining lung function.

The patient with evidence of asbestosis should be considered to be at risk of progressive lung disease, whatever the level of impairment on first encounter. It seems logical that removal from further exposure to asbestos or other significant occupational and environmental exposures may avoid more rapid progression of lung disease, although specific evidence for this is lacking. However, if such exposures are minimal and are well within occupational guidelines, care must be taken not to deprive the patient of a livelihood for no clinical benefit.

Immunization against pneumococcal pneumonia and annual influenza vaccine should be administered unless contraindicated for other reasons. Effective management of concurrent chronic obstructive pulmonary disease or asthma, if present, may reduce morbidity from mixed disease.

Severe asbestosis is rare in the United States and other countries with generally effective occupational health regulation. Cor pulmonale, secondary polycythemia, and respiratory insufficiency and failure are all treated in the conventional manner in patients with asbestosis.

In the spring of 2000, the Association of Occupational and Environmental Clinics adopted a resolution recommending necessary standards for screening programs (158). This action was taken in response to the proliferation of screening programs undertaken to identify cases for possible legal actions in which counseling and education may be lacking (159), but the recommendations also apply to those conducted for patient care and protection. Their recommendations were consistent with those given above and also emphasized timely physician disclosure of results to the patient, appropriate medical follow-up, and patient education. The National Institute of Occupational Safety and Health has outlined elements of an adequate screening program, with special reference to screening for asbestos-related disorders in currently employed mineworkers, in a white paper produced in 2002 that has received little attention (160). The National Institute for Occupational Safety and Health recommended that such programs should be under the direction of a "qualified physician or other qualified health care provider" knowledgeable in the field and competent to administer it, and documented with written reports to workers and employers (the latter provision that would not necessarily be applicable to workers who had separated from the employer). However, the National Institute for Occupational Safety and Health did not address the issue of counseling in that document or clinical interventions to reduce future risk.

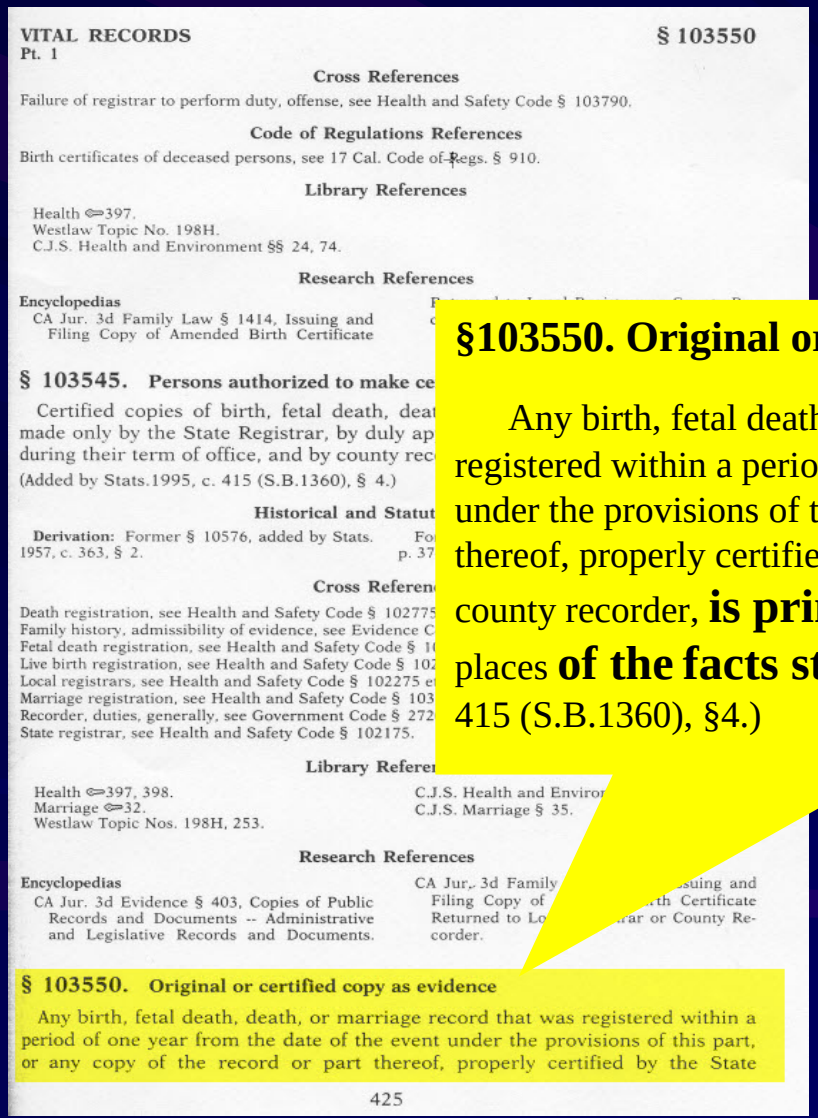
CONCLUSIONS

The diagnosis of nonmalignant asbestos-related disease rests, as it did in 1986, on the essential criteria described: a compatible structural lesion, evidence of exposure, and exclusion of other plausible conditions, with an additional requirement for impairment assessment if the other three criteria suggest asbestos-related disease (2). Each criterion may be satisfied by one of a number of findings or tests. The 2004 criteria are open to future testing modalities if and when they are validated. For example, HRCT has greatly increased the sensitivity of detection and has become a standard method of imaging. Evidence for exposure still rests on the occupational history, the demonstration of asbestos fibers or bodies, or pleural plaques. Impairment evaluation is largely unchanged from 1986 and remains an essential part of the clinical assessment. Potentially confounding conditions, such as idiopathic pulmonary fibrosis, are better understood and many, such as tuberculosis, are less common than in the past so that the clinical picture is less often confusing.

These criteria and the guidelines that support them are compatible with the Helsinki criteria, developed by an expert group in 1997, which represents substantial consensus worldwide (147). The guidelines supporting these criteria will undoubtedly change again in future, but the present guidelines should provide a reliable basis for clinical diagnosis for some years to come.

D. The Importance of Death Certificate Statements About the Cause of Death

California Health & Safety Code §103550



VITAL RECORDS
Pt. 1

§ 103550

Cross References

Failure of registrar to perform duty, offense, see Health and Safety Code § 103790.

Code of Regulations References

Birth certificates of deceased persons, see 17 Cal. Code of Regs. § 910.

Library References

Health ⇐397.
Westlaw Topic No. 198H.
C.J.S. Health and Environment §§ 24, 74.

Research References

Encyclopedias

CA Jur. 3d Family Law § 1414, Issuing and Filing Copy of Amended Birth Certificate

§ 103545. Persons authorized to make ce

Certified copies of birth, fetal death, deat
made only by the State Registrar, by duly ap
during their term of office, and by county rec
(Added by Stats.1995, c. 415 (S.B.1360), § 4.)

Historical and Statut

Derivation: Former § 10576, added by Stats. Fo
1957, c. 363, § 2. p. 37

Cross Referen

Death registration, see Health and Safety Code § 10277
Family history, admissibility of evidence, see Evidence C
Fetal death registration, see Health and Safety Code § 1
Live birth registration, see Health and Safety Code § 10
Local registrars, see Health and Safety Code § 102275 e
Marriage registration, see Health and Safety Code § 103
Recorder, duties, generally, see Government Code § 272
State registrar, see Health and Safety Code § 102175.

Library Referer

Health ⇐397, 398.
Marriage ⇐32.
Westlaw Topic Nos. 198H, 253.

C.J.S. Health and Enviro
C.J.S. Marriage § 35.

Research References

Encyclopedias

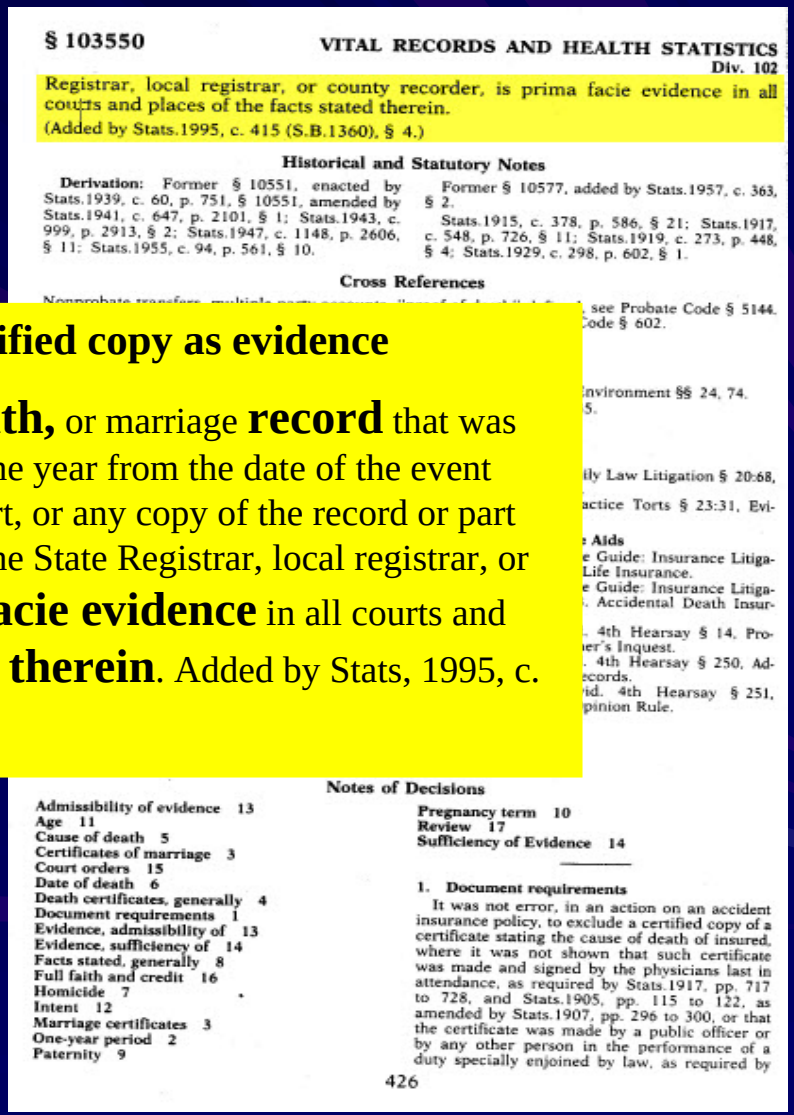
CA Jur. 3d Evidence § 403, Copies of Public Records and Documents -- Administrative and Legislative Records and Documents.

CA Jur. 3d Family ssuing and Filing Copy of th Certificate Returned to Lo rar or County Recorder.

§ 103550. Original or certified copy as evidence

Any birth, fetal death, death, or marriage record that was registered within a period of one year from the date of the event under the provisions of this part, or any copy of the record or part thereof, properly certified by the State

425



§ 103550 VITAL RECORDS AND HEALTH STATISTICS
Div. 102

Registrar, local registrar, or county recorder, is prima facie evidence in all courts and places of the facts stated therein.
(Added by Stats.1995, c. 415 (S.B.1360), § 4.)

Historical and Statutory Notes

Derivation: Former § 10551, enacted by Stats.1939, c. 60, p. 751, § 10551, amended by Stats.1941, c. 647, p. 2101, § 1; Stats.1943, c. 999, p. 2913, § 2; Stats.1947, c. 1148, p. 2606, § 11; Stats.1955, c. 94, p. 561, § 10.

Former § 10577, added by Stats.1957, c. 363, § 2.

Stats.1915, c. 378, p. 586, § 21; Stats.1917, c. 548, p. 726, § 11; Stats.1919, c. 273, p. 448, § 4; Stats.1929, c. 298, p. 602, § 1.

Cross References

see Probate Code § 5144.
Code § 602.

nvironment §§ 24, 74.
5.

ily Law Litigation § 20:68,

actice Torts § 23:31, Evi-

Aids

e Guide: Insurance Litiga-
Life Insurance.
e Guide: Insurance Litiga-
. Accidental Death Insur-

4th Hearsay § 14, Pro-
er's Inquest.
4th Hearsay § 250, Ad-
ecords.
id. 4th Hearsay § 251,
pinion Rule.

Notes of Decisions

Admissibility of evidence 13
Age 11
Cause of death 5
Certificates of marriage 3
Court orders 15
Date of death 6
Death certificates, generally 4
Document requirements 1
Evidence, admissibility of 13
Evidence, sufficiency of 14
Facts stated, generally 8
Full faith and credit 16
Homicide 7
Intent 12
Marriage certificates 3
One-year period 2
Paternity 9
Pregnancy term 10
Review 17
Sufficiency of Evidence 14

1. Document requirements

It was not error, in an action on an accident insurance policy, to exclude a certified copy of a certificate stating the cause of death of insured, where it was not shown that such certificate was made and signed by the physicians last in attendance, as required by Stats.1917, pp. 717 to 728, and Stats.1905, pp. 115 to 122, as amended by Stats.1907, pp. 296 to 300, or that the certificate was made by a public officer or by any other person in the performance of a duty specially enjoined by law, as required by

426

§103550. Original or certified copy as evidence

Any birth, fetal death, **death,** or marriage **record** that was registered within a period of one year from the date of the event under the provisions of this part, or any copy of the record or part thereof, properly certified by the State Registrar, local registrar, or county recorder, **is prima facie evidence** in all courts and places **of the facts stated therein**. Added by Stats, 1995, c. 415 (S.B.1360), §4.)

Certificate of Vital Records

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH 3200721000869

1. NAME OF DECEDENT — FIRST	2. MIDDLE	3. LAST					
KENNETH	MICHAEL	SHEFFIELD					
4. DATE OF BIRTH	5. AGE					6. SEX	
03/27/1948	59					M	
8. BIRTHPLACE	9. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS	7. DATE OF DEATH		8. HOUR	
CALIFORNIA	[redacted]	NO	NEVER MARRIED	06/16/2007		1500	
13. EDUCATION	14. WAS DECEDENT HISP/LAT/SPANISH?	15. DECEDENT'S RACE					
HS GRADUATE	NO	CAUCASIAN					
17. USUAL OCCUPATION	18. KIND OF BUSINESS OR INDUSTRY	19. YEARS IN OCCUPATION					
PLUMBER	PLUMBING	33					
20. DECEDENT'S RESIDENCE							
2075 HATCH ROAD							
21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY			
NOVATO	MARIN	94947	23	CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS						
LISA RAVINA, DAUGHTER	550 ATHERTON AVE., NOVATO, CA 94945						
28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST					
-	-	-					
31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE				
EUGENE	PITT	SHEFFIELD	UNKNOWN				
35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE				
LORRAINE	LILLIAN	DEMATIA	CA				
39. DISPOSITION DATE	40. PLACE OF FINAL DISPOSITION						
06/20/2007	RES. OF LISA RAVINA 550 ATHERTON AVE., NOVATO, CA 94945						
41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER					
CR/RES	NOT EMBALMED	-					
44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE				
KEATON'S REDWOOD CHAPEL	FD-1137	FRED S SCHWARTZ, MD	06/19/2007				
50. PLACE OF DEATH	50a. IF HOSPITAL, SPECIFY ONE	50b. IF OTHER THAN HOSPITAL, SPECIFY ONE					
DECEDENT'S HOME							
50c. COUNTY	50d. FACILITY ADDRESS OR LOCATION WHERE FOUND	50e. CITY					
MARIN	2075 HATCH ROAD	NOVATO					
51. CAUSE OF DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) CARDIORESPIRATORY ARREST	(a) 5 MIN.	50f. DEATH REPORTED TO CORONER? YES				
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) MESOTHELIOMA	(b) 2 YRS.	50g. AUTOPSY PERFORMED? YES				
	(c)	(c)	50h. AUTOPSY PERFORMED? NO				
	(d)	(d)	50i. USED IN DETERMINING CAUSE? NO				
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51	NO						
53. WAS CASE REFERRED?	THORACOTOMY, 08/15/2005						
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED	55. SIGNATURE AND TITLE OF CERTIFIER	56. LICENSE NUMBER	57. DATE				
SHANINDER KAUR M.D.	A41188	06/19/2007					
58. DATE PRONOUNCED DEAD	59. TIME PRONOUNCED DEAD	60. TYPE AND/OR PRINT NAME, SIGNATURE, DEGREE, ZIP CODE					
04/05/2005	08/11/2007	165 ROWLAND WAY STE 301, NOVATO, CA 94945 SHANINDER KAUR M.D.					
61. MANNER OF DEATH	62. DID TOBACCO USE CONTRIBUTE TO DEATH?	63. INJURED AT WORK?	64. PLURAL DATE	65. HOUR			
66. PLACE OF INJURY	67. DESCRIBE HOW INJURY OCCURRED						
68. LOCATION OF INJURY							
69. SIGNATURE OF CORONER / DEPUTY CORONER	70. DATE	71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR	A	B	C	D	E	[redacted]	FAX AUTH. #

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF MARIN

DATE ISSUED
06/22/2007

000321310

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

Fred S. Schwartz, M.D.
HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

51. CAUSE OF DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) CARDIORESPIRATORY ARREST — (a) 5 MIN. — 50f. DEATH REPORTED TO CORONER? YES — K6070616
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST — (b) MESOTHELIOMA — (b) 2 YRS. — 50g. AUTOPSY PERFORMED? YES
(c) — (c) — 50h. AUTOPSY PERFORMED? NO
(d) — (d) — 50i. USED IN DETERMINING CAUSE? NO
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51
NO
CAUSE OF DEATH

E. The Statutory Obligation to Notify the Coroner

E. The Statutory Obligation to Notify the Coroner

Effective: January 01, 2009

West's Annotated California Codes Currentness
Government Code (Refs & Annos)
Title 3. Government of Counties (Refs & Annos)
Division 2. Officers (Refs & Annos)
Part 3. Other Officers (Refs & Annos)
Chapter 10. Coroner (Refs & Annos)
Article 2. Inquests (Refs & Annos)

➡§ 27491. Classification of deaths requiring inquiry; determination of cause; signature on death certificate; exhumation; notice to coroner of cause of death

It shall be the duty of the **coroner** to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths; deaths where the deceased has not been attended by either a **physician** or a registered nurse, who is a member of a hospice care interdisciplinary team, as defined by subdivision (e) of Section 1746 of the Health and Safety Code in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected **cause** of **death** is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and any deaths reported by **physicians** or other persons having knowledge of death for inquiry by **coroner.** Inquiry pursuant to this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his or her report to the state agency responsible for the state hospital.

The **coroner** shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the **physician** of record has sufficient knowledge to reasonably state the **cause** of a **death** occurring under natural circumstances, the **coroner** may authorize that **physician** to sign the certificate of death.

For the purpose of inquiry, the coroner shall have the right to exhume the body of a deceased person when necessary to discharge the responsibilities set forth in this section.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the coroner. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

§ 27491. Classification of deaths requiring inquiry; determination of cause; signature on death certificate; exhumation; notice to coroner of cause of death

It shall be the duty of the coroner to inquire into and determine the circumstances, manner and cause of all… deaths from occupational diseases or occupational hazards.

Any… shall immediately notify the coroner… Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

III. Medical Records and the Law

Two Professions

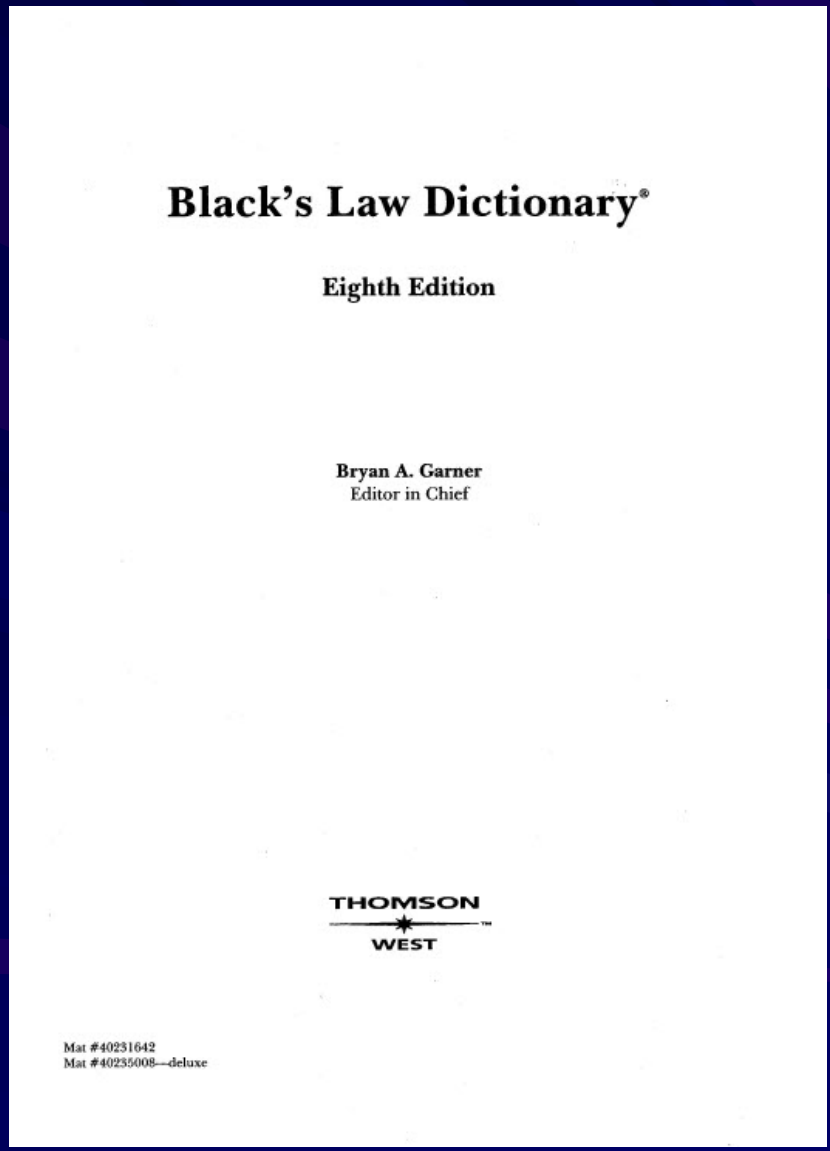
Divided

by a

Common Language

A. History
B. Cause vs. Risk

History



Black's Law Dictionary®

Eighth Edition

Bryan A. Garner
Editor in Chief

THOMSON
WEST

Mat #40231642
Mat #40235008—deluxe

History

denial, *n*. 1. A refusal or rejection;

a repudiation

demutualization, *n.* The process of converting a mutual insurance company (which is owned by its policyholders) to a stock insurance company (which is owned by outside shareholders), usu. as a means of increasing the insurer's capital by allowing the insurer to issue shares. • About half the states have demutualization statutes authorizing such a conversion. [Cases: Insurance ⇐1160. C.J.S. *Insurance* § 111.] — **demutualize,** *vb.*

demy-sangue. See DEMI-SANGUE.

den and strond (den an[d] **strond).** *Hist.* Permission for a ship to run aground or strand itself.

denarius (di-**nair**-ee-əs), *n.* [Law Latin "penny"] **1.** *Roman law.* The principal silver coin used by the Romans. **2.** *Hist.* An English penny; a pence. **3.** (*pl.*) *Slang.* Money in general. Pl. ***denarii***. — Also termed (in senses 1 & 3) *denier*.

denarius Dei (di-**nair**-ee-əs **dee**-ī), *n.* [Law Latin "God's penny"] *Hist.* Earnest money exchanged by contracting parties, so called because the money was originally given either to the church or to the poor. • The *denarius Dei* was not part of the consideration. — Also termed *argentum Dei*. See ARRA.

denationalization. 1. *Int'l law.* The unilateral act of a country in depriving a person of nationality, whether by administrative decision or by operation of law. • Strictly, the term does not cover a person's renunciation of citizenship. **2.** The act of returning government ownership and control of an industry or function to private ownership and control. — **denationalize,** *vb.*

de nativo habendo (dee nə-**tī**-voh hə-**ben**-doh), *n.* [Law Latin "about a serf to be held"] *Hist.* A writ directing a sheriff to apprehend and return a runaway serf to the serf's lord. • A trial on the writ would determine the lord's ownership status.

de natura brevium (dee nə-**tyoor**-ə **bree**-vee-əm). [Latin] Concerning the nature of writs. • This was a common title of textbooks on English medieval law.

denaturalization. The process by which a government deprives a naturalized citizen of all rights, duties, and protections of citizenship. See 8 USCA § 1451. — **denaturalize,** *vb.*

denelage. See DANELAW.

denial, *n.* **1.** A refusal or rejection; esp., a court's refusal to grant a request presented in a motion or petition <denial of the motion for summary judgment>. **2.** A defendant's response controverting the facts that a plaintiff has alleged in a complaint; a repudiation <the worker filed a denial alleging that physical contact never occurred>. Cf. DEMURRER. [Cases: Federal Civil Procedure ⇐741; Pleading ⇐112. C.J.S. *Pleading* § 183.]

conjunctive denial. A response that controverts all the material facts alleged in a complaint.

disjunctive denial. A response that controverts the truthfulness of two or more allegations of a complaint in the alternative.

general denial. A response that puts in issue all the material assertions of a complaint or petition. — Also termed *general plea*. [Cases: Federal Civil Procedure ⇐742; Pleading ⇐123. C.J.S. *Pleading* § 187.]

qualified general denial. A general denial of all the allegations except the allegations that the pleader expressly admits.

> "The qualified general denial most frequently is used when a limited number of allegations in the complaint are to be admitted. This form of denial also is employed when defendant cannot expressly deny an averment in his opponent's pleading and therefore cannot submit a general denial, although defendant wants to put plaintiff to his proof on that averment by interposing a denial of knowledge or information sufficient to form a belief or a denial on information and belief." 5 Charles Alan Wright & Arthur R. Miller, *Federal Practice and Procedure* § 1266, at 405 (2d ed. 1990).

specific denial. A separate response applicable to one or more particular allegations in a complaint. [Cases: Federal Civil Procedure ⇐742; Pleading ⇐124. C.J.S. *Pleading* § 188.]

3. A refusal or rejection <denial of an employment application>. **4.** A deprivation or withholding <denial of due process>. — **deny,** *vb.*

denial of justice. *Int'l law.* A defect in a country's organization of courts or administration of justice, resulting in the country's violating its international legal duties to protect aliens. • A denial of justice is a wrongful act under international law. — Also termed *justitia denegata*; *déni de justice*; *refus de justice*.

denial-of-service attack. A malicious strike against a computer, website, network, server, or database designed to render it inaccessible, usu. by overwhelming it with activity or by forcing it to malfunction. — Also termed *nuking*. — Abbr. DoS attack.

distributed denial-of-service attack. A denial-of-service attack carried out by distributing a virus that causes infected computers to try to access the target computer at the same time. — Abbr. DDoS attack.

denier, *n.* **1.** (də-**nyay**) [French fr. Latin *denarius*] DENARIUS (1), (3). **2.** (**di**-nɪ-ər) [Law French] *Hist.* Denial; refusal, as in refusal to pay rent when demanded.

Denier à Dieu (də-**nyay** ah **dyuu** *or* **dyoo**). [French "God's money"] *French law.* Earnest money exchanged by contracting parties. See DENARIUS DEI.

denization (den-ə-**zay**-shən). The act of making a person a denizen. — Also termed *indenization*. See DENIZEN.

denize (**den**-ɪz *or* di-**nɪz**), *vb.* To make (a person) a denizen. See DENIZEN.

denizen (**den**-ə-zən). **1.** A person given certain rights in a foreign nation or living habitually in a foreign nation. **2.** *English law.* A person who holds a position midway between being an alien and a natural-born or naturalized subject.

Denman's Act. *Hist.* **1.** The (English) Evidence Act of 1843, providing that no person offered as a witness can be excluded because of incapacity due to a past crime or an interest in the proceedings. — Also termed *Lord Denman's Act*. **2.** The (English) Criminal Procedure Act of 1865 that allowed defense counsel to sum up evidence as allowed in a civil trial, to prove contradictory statements of an adverse witness, to prove a previous criminal conviction of an

CACI 435

CAUSATION FOR ASBESTOS–RELATED CANCER CLAIMS

[*Name of plaintiff*] may prove that exposure to asbestos from [*name of defendant*]'s product was a substantial factor causing [his/her/[*name of decedent*]'s] illness by showing, through expert testimony, that there is a reasonable medical probability that the exposure contributed to [his/her] risk of developing cancer.

DIRECTIONS FOR USE

If the issue of medical causation is tried separately, then it will be necessary to revise this instruction to focus on that issue.

This instruction is intended to be given along with Instruction 430, *Causation: Substantial Factor*, and, if necessary, Instruction 431, *Causation: Multiple Causes.*

SOURCES AND AUTHORITY

- "In the context of a cause of action for asbestos-related latent injuries, the plaintiff must first establish some threshold exposure to the defendant's defective asbestos-containing products, and must further establish in reasonable medical probability that a particular exposure or series of exposures was a 'legal cause' of his injury, i.e., a substantial factor in bringing about the injury. In an asbestos-related cancer case, the plaintiff need not prove that fibers from the defendant's product were the ones, or among the ones, that actually began the process of malignant cellular growth. Instead, the plaintiff may meet the burden of proving that exposure to defendant's product was a substantial factor causing the illness by showing that in reasonable medical probability it contributed to the plaintiff or decedent's risk of developing cancer. The jury should be so instructed. The standard instructions on substantial factor and concurrent causation remain correct in this context and should also be given." (*Rutherford v. Owens-Illinois, Inc.* (1997) 16 Cal.4th 953, 982–983 [67 Cal.Rptr.2d 16, 941 P.2d 1203], internal citation and footnotes omitted.)
- "A threshold issue in asbestos litigation is exposure to defendant's product. The plaintiff bears the burden of proof on this issue. If there has been no exposure, there is no causation. Plaintiffs may prove causation in an asbestos case by showing that the plaintiff's or decedent's exposure to defendant's asbestos-containing products in reasonable medical probability was a substantial factor in contributing to the aggregate dose of asbestos the plaintiff or decedent inhaled or ingested, and hence to the risk of developing asbestos-related cancer." (*McGonnell v. Kaiser Gypsum Co., Inc.* (2002) 98 Cal.App.4th 1098, 1103 [120 Cal.Rptr.2d 23], internal citations omitted.)
- "Many factors are relevant in assessing the medical probability that an exposure contributed to plaintiff's asbestos disease. Frequency of exposure, regularity of exposure, and proximity of the asbestos product to plaintiff are certainly relevant, although these considerations should not be determinative in every case. Additional factors may also be significant in individual cases, such as the type of asbestos product to which plaintiff was exposed, the type of injury suffered by plaintiff, and other possible sources of plaintiff's injury. 'Ultimately, the sufficiency of the evidence of causation will depend on the unique circumstances of each case.' " (*Lineaw-*

B. Cause vs. Risk

Jury Instructions: CACI 435
Causation for Asbestos-Related Claims

CAUSATION FOR ASBESTOS-RELATED CANCER CLAIMS

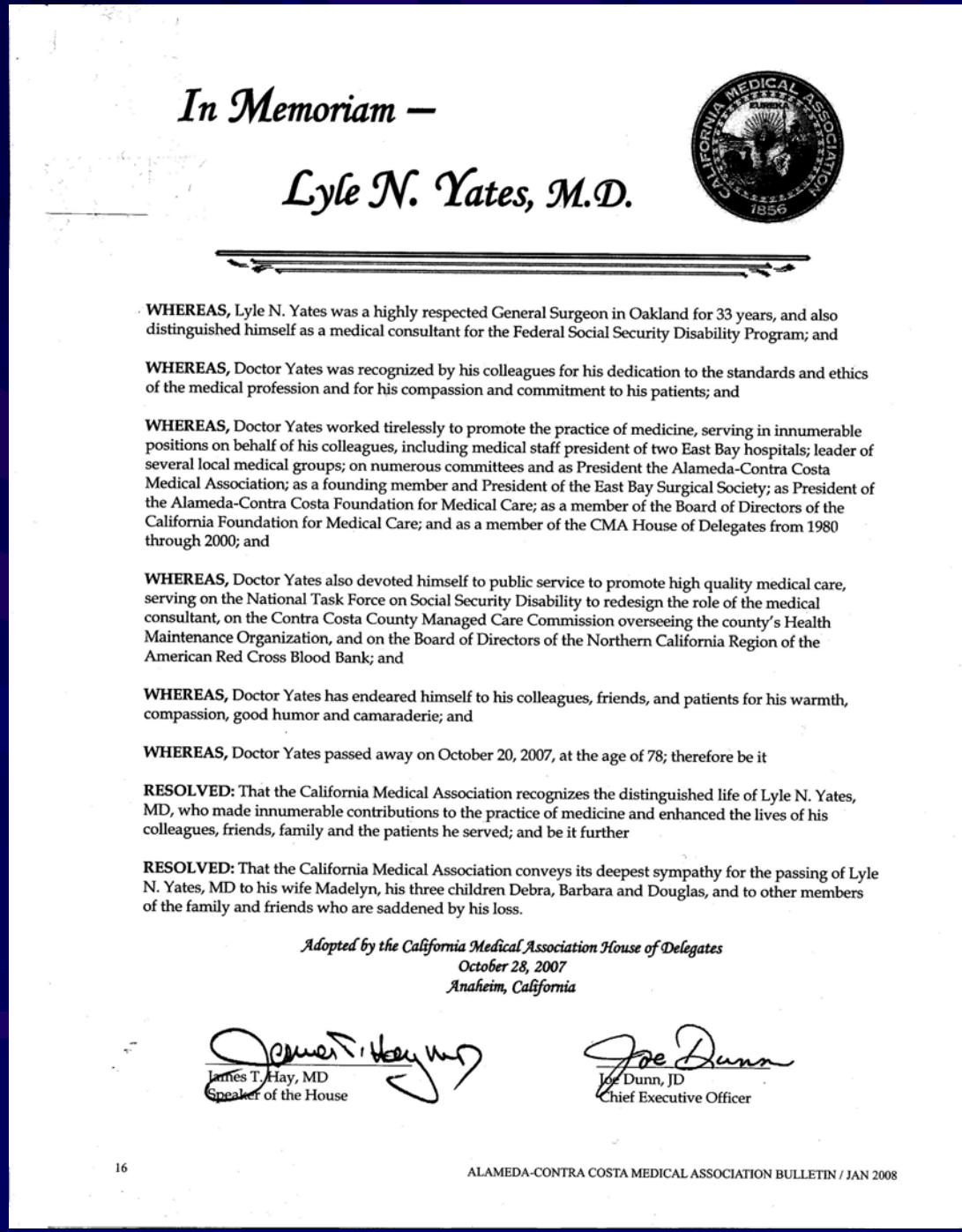
[*Name of plaintiff*] may prove that exposure to asbestos from [*name of defendant*]'s product was a substantial factor causing [his/her/[*name of decedent*]'s] illness by showing, through expert testimony, that there is a reasonable medical probability that the exposure contributed to [his/her] risk of developing cancer.

In an asbestos-related cancer case, the plaintiff need not prove that fibers from the defendant's product were the ones, or among the ones, that actually began the process of malignant cellular growth.

IV. Physician Exposure:

The Doctor as Patient

IV. Physician Exposure: The Doctor as Patient



In Memoriam –

Lyle N. Yates, M.D.

WHEREAS, Lyle N. Yates was a highly respected General Surgeon in Oakland for 33 years, and also distinguished himself as a medical consultant for the Federal Social Security Disability Program; and

WHEREAS, Doctor Yates was recognized by his colleagues for his dedication to the standards and ethics of the medical profession and for his compassion and commitment to his patients; and

WHEREAS, Doctor Yates worked tirelessly to promote the practice of medicine, serving in innumerable positions on behalf of his colleagues, including medical staff president of two East Bay hospitals; leader of several local medical groups; on numerous committees and as President the Alameda-Contra Costa Medical Association; as a founding member and President of the East Bay Surgical Society; as President of the Alameda-Contra Costa Foundation for Medical Care; as a member of the Board of Directors of the California Foundation for Medical Care; and as a member of the CMA House of Delegates from 1980 through 2000; and

WHEREAS, Doctor Yates also devoted himself to public service to promote high quality medical care, serving on the National Task Force on Social Security Disability to redesign the role of the medical consultant, on the Contra Costa County Managed Care Commission overseeing the county's Health Maintenance Organization, and on the Board of Directors of the Northern California Region of the American Red Cross Blood Bank; and

WHEREAS, Doctor Yates has endeared himself to his colleagues, friends, and patients for his warmth, compassion, good humor and camaraderie; and

WHEREAS, Doctor Yates passed away on October 20, 2007, at the age of 78; therefore be it

RESOLVED: That the California Medical Association recognizes the distinguished life of Lyle N. Yates, MD, who made innumerable contributions to the practice of medicine and enhanced the lives of his colleagues, friends, family and the patients he served; and be it further

RESOLVED: That the California Medical Association conveys its deepest sympathy for the passing of Lyle N. Yates, MD to his wife Madelyn, his three children Debra, Barbara and Douglas, and to other members of the family and friends who are saddened by his loss.

Adopted by the California Medical Association House of Delegates
October 28, 2007
Anaheim, California

James T. Hay, MD
Speaker of the House

Joe Dunn, JD
Chief Executive Officer

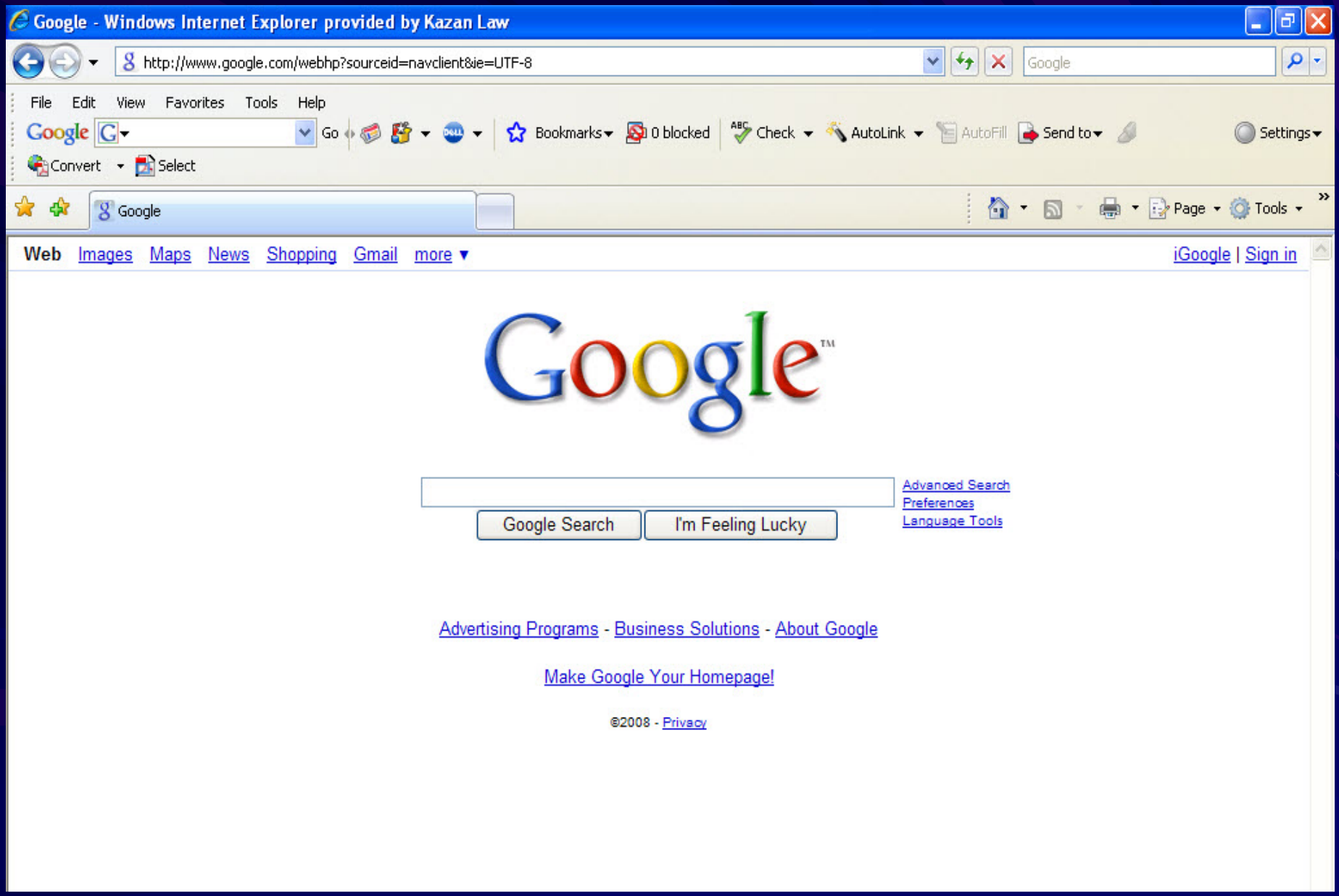
16

ALAMEDA-CONTRA COSTA MEDICAL ASSOCIATION BULLETIN / JAN 2008

V. What Patients Need to Know:

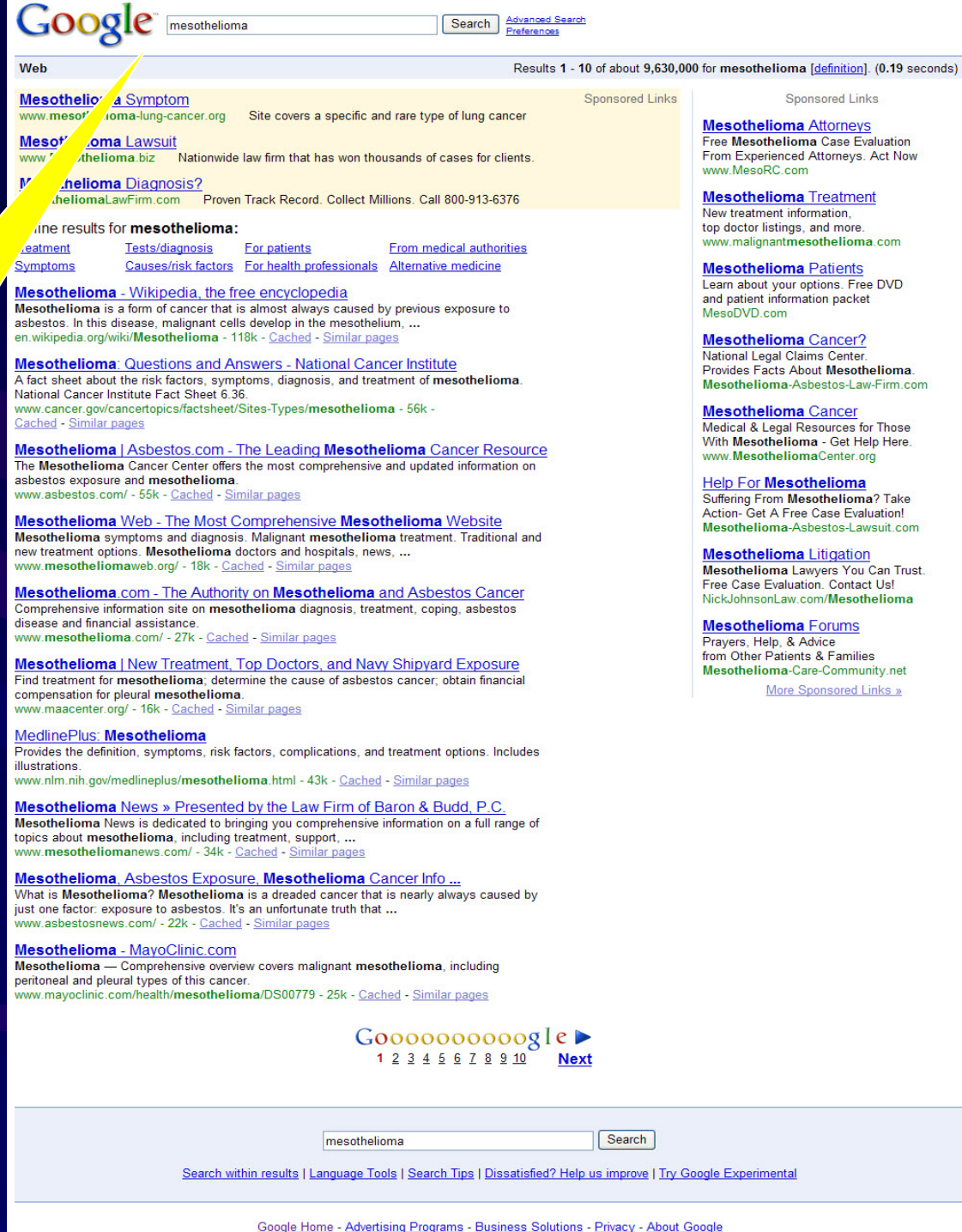
Google, The Internet, and you.

What Patients Need to Know: Google, The Internet and you



Googling Mesothelioma

mesothelioma



Googling Mesothelioma

Sponsored Links

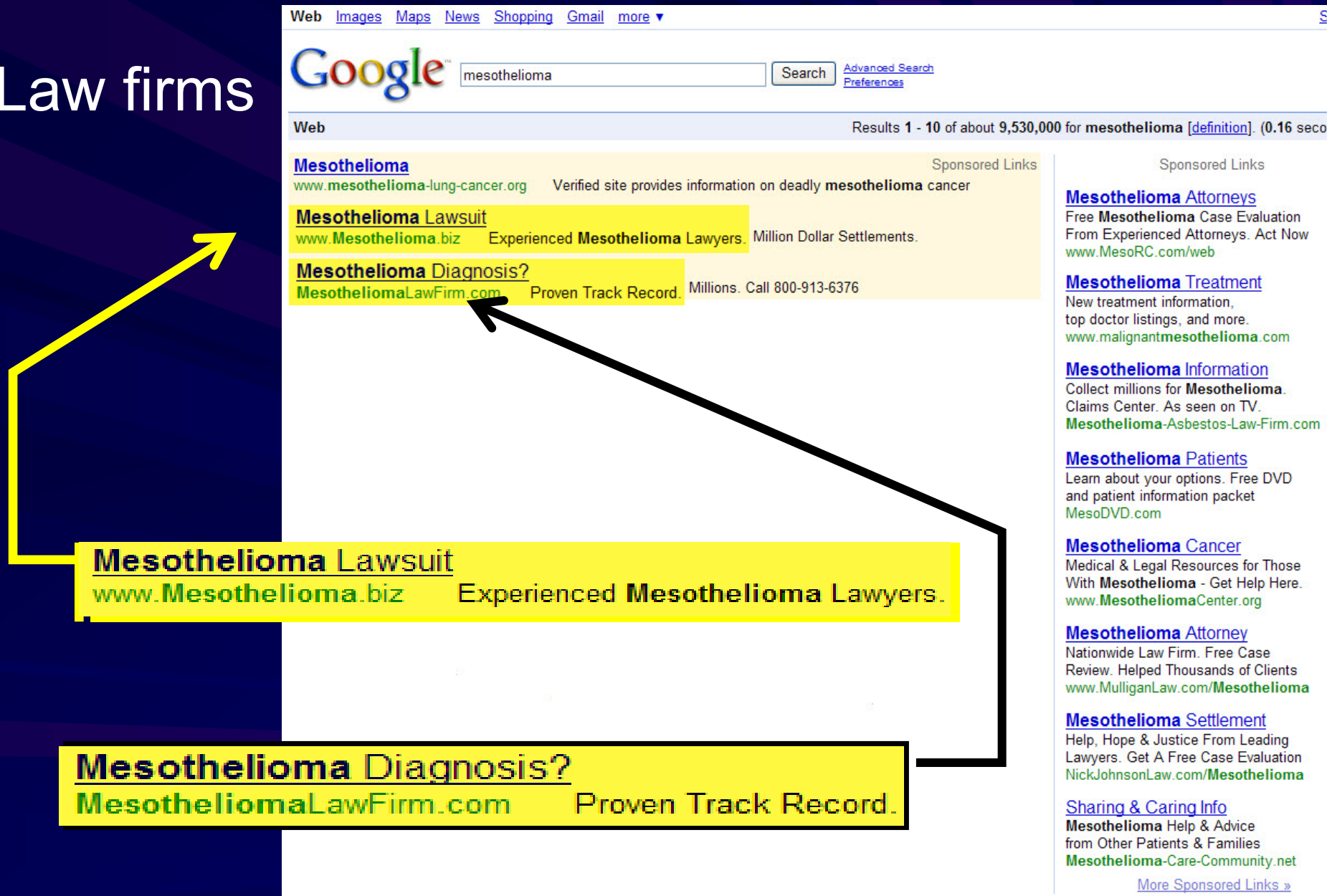
Sponsored Links

Sponsored Links

Who are they really?

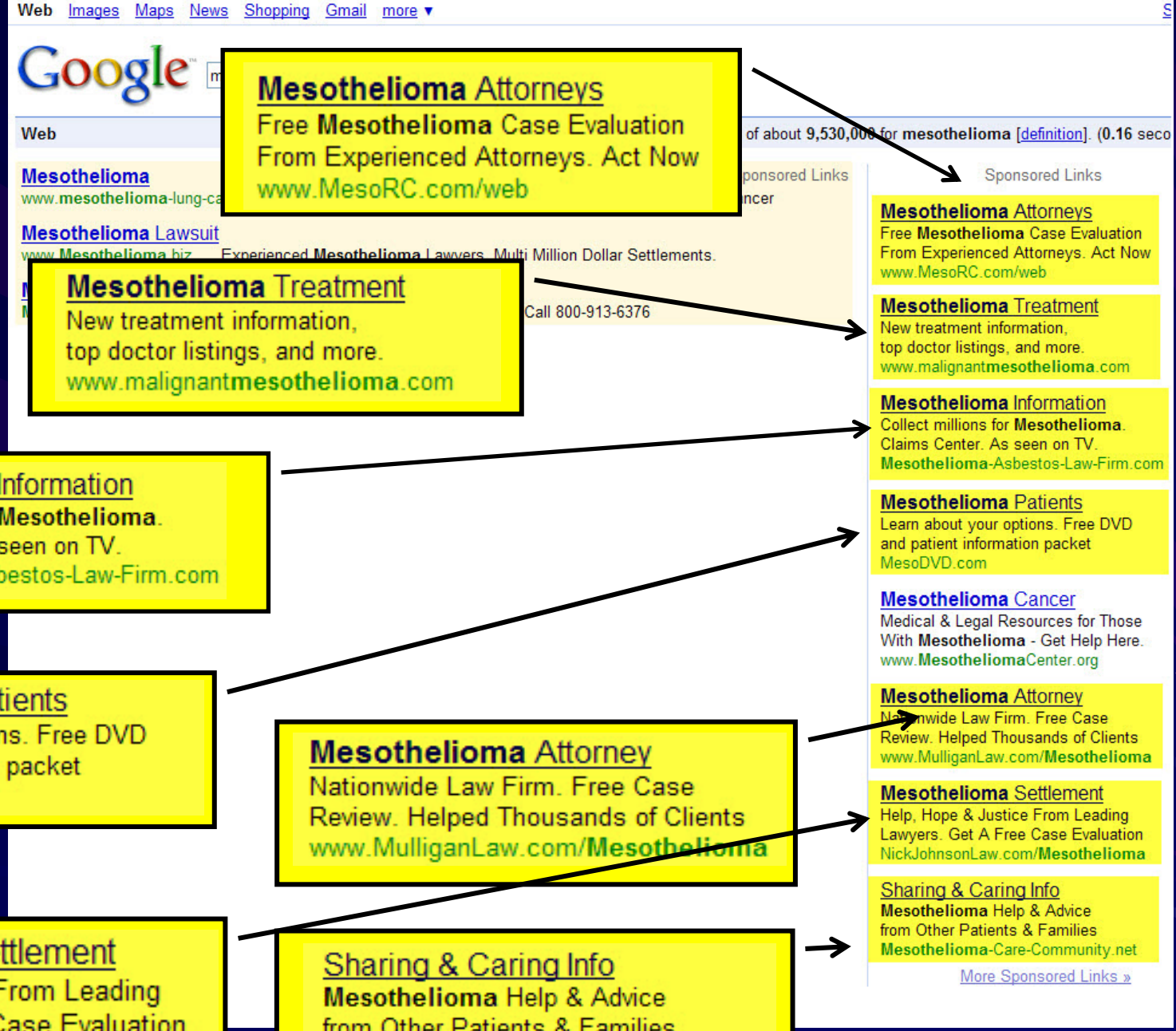
Sponsored Links

Law firms

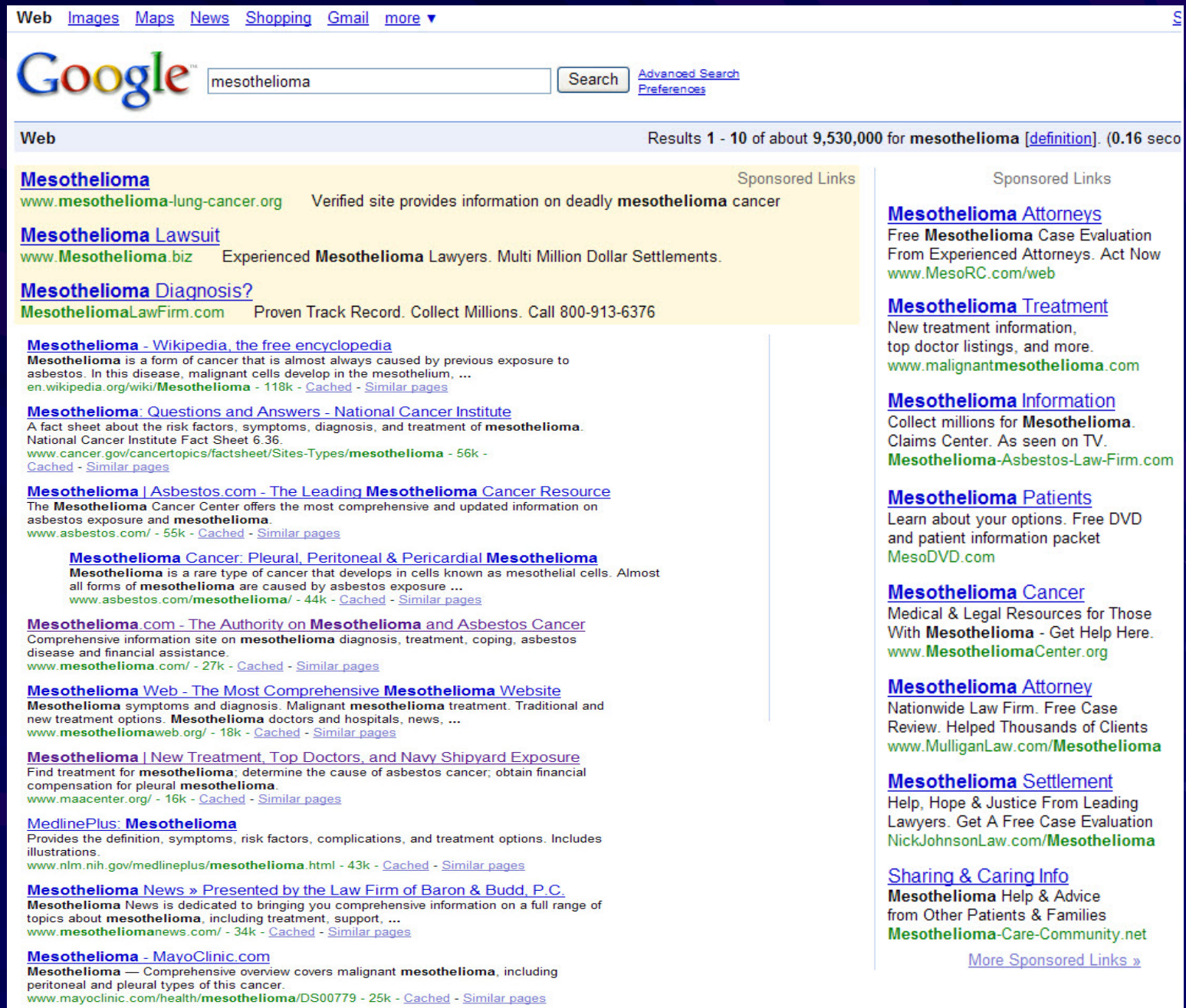


Sponsored Links

..law firms



Sites from NON - Sponsored Links



Sites from NON - Sponsored Links

...more law firms

Mesothelioma | Asbestos.com - The Leading **Mesothelioma** Cancer Resource
The **Mesothelioma** Cancer Center offers the most comprehensive and updated information on asbestos exposure and **mesothelioma**.
www.asbestos.com/ - 55k - Cached - Similar pages

Mesothelioma - Wikipedia, the free encyclopedia
Mesothelioma is a form of cancer that is almost always caused
asbestos. In this disease, malignant cells develop in the mesothe
en.wikipedia.org/wiki/**Mesothelioma** - 118k - Cached - Similar pa

Mesothelioma: Questions and Answers - National Cancer Institute
A fact sheet about the risk factors, symptoms, diagnosis, and treatment of mes
National Cancer Institute Fact Sheet 6.36.
www.cancer.gov/cancertopics/factsheet/Sites-Types/**mesotheliom**
Cached - Similar pages

Mesothelioma | Asbestos.com - The Leading
The **Mesothelioma** Cancer Center offers the
asbestos exposure and **mesothelioma**.
www.asbestos.com/ - 55k - Cached - Similar pages

Mesothelioma Cancer: Pleural, Peritoneal & Pericardial **Mesothelioma**
Mesothelioma is a rare type of cancer that develops in cells known as mesothelial cells. Almost all forms of **mesothelioma** are caused by asbestos exposure ...
www.asbestos.com/**mesothelioma**/ - 44k - Cached - Similar pages

Mesothelioma Cancer: Pleural, Perica
Mesothelioma is a rare type of cancer that develo
all forms of **mesothelioma** are caused
www.asbestos.com/**mesothelioma**/ - 44k - Cached -

Mesothelioma.com - The Authority on **Mesothelioma** and
Comprehensive information site on **mesothelioma** diagnosis, treatment, coping, asbestos disease and financial assistance.
www.**mesothelioma**.com/ - 27k - Cached - Similar pages

Mesothelioma Web - The Most C
Mesothelioma symptoms and diagnosis. Mai
new treatment options. **Mesothelioma** doctors and
www.**mesothelioma**web.org/ - 18k - Cached - Similar pages

Mesothelioma | New Treatment, Top Doctors, and Navy
Find treatment for **mesothelioma**; determine the cause of asbest
compensation for pleural **mesothelioma**.
www.maacenter.org/ - 16k - Cached - Similar pages

MedlinePlus: **Mesothelioma**
Provides the definition, symptoms, risk factors, complications, and treatment options. Includes illustrations.
www.nlm.nih.gov/medlineplus/**mesothelioma**.html - 43k

Mesothelioma News » Presented by the Law Firm of Baron & Budd, P.C.
Mesothelioma News is dedicated to bringing you comprehensive information on a full range of topics about **mesothelioma**, including treatment, support, ...
www.**mesothelioma**news.com/ - 34k - Cached - Similar pages

Mesothelioma News » Presented by the Law
Mesothelioma News is dedicated to bringing
topics about **mesothelioma**, including
www.**mesothelioma**news.com/ - 34k - Cached - Similar p

Mesothelioma - MayoClinic.com
Mesothelioma — Comprehensive overview covers mal
peritoneal and pleural types of this cancer.
www.mayoclinic.com/health/**mesothelioma**/DS00779 - 2

LAWYERS PRETENDING TO BE NON-PROFITS?

Mesothelioma
www.**mesothelioma**-lung-cancer.org Verified site provides information on deadly **mesothelioma** cancer

Mesothelioma Lawsuit
www.**Mesothelioma**.biz Experienced **Mes**[illegible]**ioma** Lawyers. Multi Million Dollar Settlements.

Mesothelioma Diagnosis?
MesotheliomaLawFirm.com Proven Track Record[illegible] Millions. Call 800-913-6376

Sponsored Links

Refine results for **mesothelioma**:

Treatment | Tests/diagnosis | For patients | [illegible]lical authorities
Symptoms | Causes/risk factors | For health professionals | [illegible]dicine

Mesothelioma - Wikipedia, the free encyclopedia
Mesothelioma is a form of cancer that is almost always caused by previous[illegible] asbestos. In this disease, malignant cells develop in the mesothelium, ...
en.wikipedia.org/wiki/**Mesothelioma** - 118k - Cached - Similar pages

Mesothelioma: Questions and Answers - National Cancer Institute
A fact sheet about the risk factors, symptoms, diagnosis, and treatment of **mesothelioma**[illegible] National Cancer Institute Fact Sheet 6.36.
www.cancer.gov/cancertopics/factsheet/Sites-Types/**mesothelioma** - 56k - Cached - Similar pages

Mesothelioma | Asbestos.com - The Leading **Mesothelioma** Cancer Resource
The **Mesothelioma** Cancer Center offers the most comprehensive and updated information on asbestos exposure and **mesothelioma**.
www.asbestos.com/ - 55k - Cached - Similar pages

Mesothelioma Cancer: Pleural, Peritoneal & Pericardial **Mesothe**[illegible]
Mesothelioma is a rare type of cancer that develops in cells known as mesoth[illegible] all forms of **mesothelioma** are caused by asbestos exposure ...
www.asbestos.com/**mesothelioma**/ - 44k - Cached - Similar pages

Mesothelioma.com - The Authority on **Mesothelioma** and Asbestos Cance[illegible]
Comprehensive information site on **mesothelioma** diagnosis, treatment, coping, asbestos disease and financial assistance.
www.**mesothelioma**.com/ - 27k - Cached - Similar pages

Mesothelioma Web - The Most Comprehensive **Mesothelioma** Website
Mesothelioma symptoms and diagnosis. Malignant **mesothelioma** treatment. Traditional and new treatment options. **Mesothelioma** doctors and hospitals, news, ...
www.**mesothelioma**web.org/ - 18k - Cached - Similar pages

Mesothelioma | New Treatment, Top Doctors, and Navy Shipyard Exposure
Find treatment for **mesothelioma**; determine the cause of asbestos cancer; obtain financial compensation for pleural **mesothelioma**.
www.maacenter.org/ - 16k - Cached - Similar pages

MedlinePlus: **Mesothelioma**
Provides the definition, symptoms, risk factors, complications, and treatment options. In[illegible] illustrations.
www.nlm.nih.gov/medlineplus/**mesothelioma**.html - 43k - Cached - Similar pages

Mesothelioma News » Presented by the Law Firm of Baron & Budd, P.C[illegible]
Mesothelioma News is dedicated to bringing you comprehensive information on a full range of topics about **mesothelioma**, including treatment, support, ...
www.**mesothelioma**news.com/ - 34k - Cached - Similar pages

Mesothelioma - MayoClinic.com
Mesothelioma — Comprehensive overview covers malignant **mesothelioma**, including peritoneal and pleural types of this cancer.
www.mayoclinic.com/health/**mesothelioma**/DS00779 - 25k - Cached - Similar pages

Sponsored Links

Mesothelioma Attorneys
Free **Mesothelioma** Case Evaluation From Experienced Attorneys. Act Now
www.MesoRC.com/web

Mesothelioma Treatment
New treatment information, top doctor listings, and more.
www.malignant**mesothelioma**.com

Mesothelioma Information
Collect millions for **Mesothelioma**. Claims Center. As seen on TV.
Mesothelioma-Asbestos-Law-Firm.com

Mesothelioma Patients
Learn about your options. Free DVD and patient information packet
MesoDVD.com

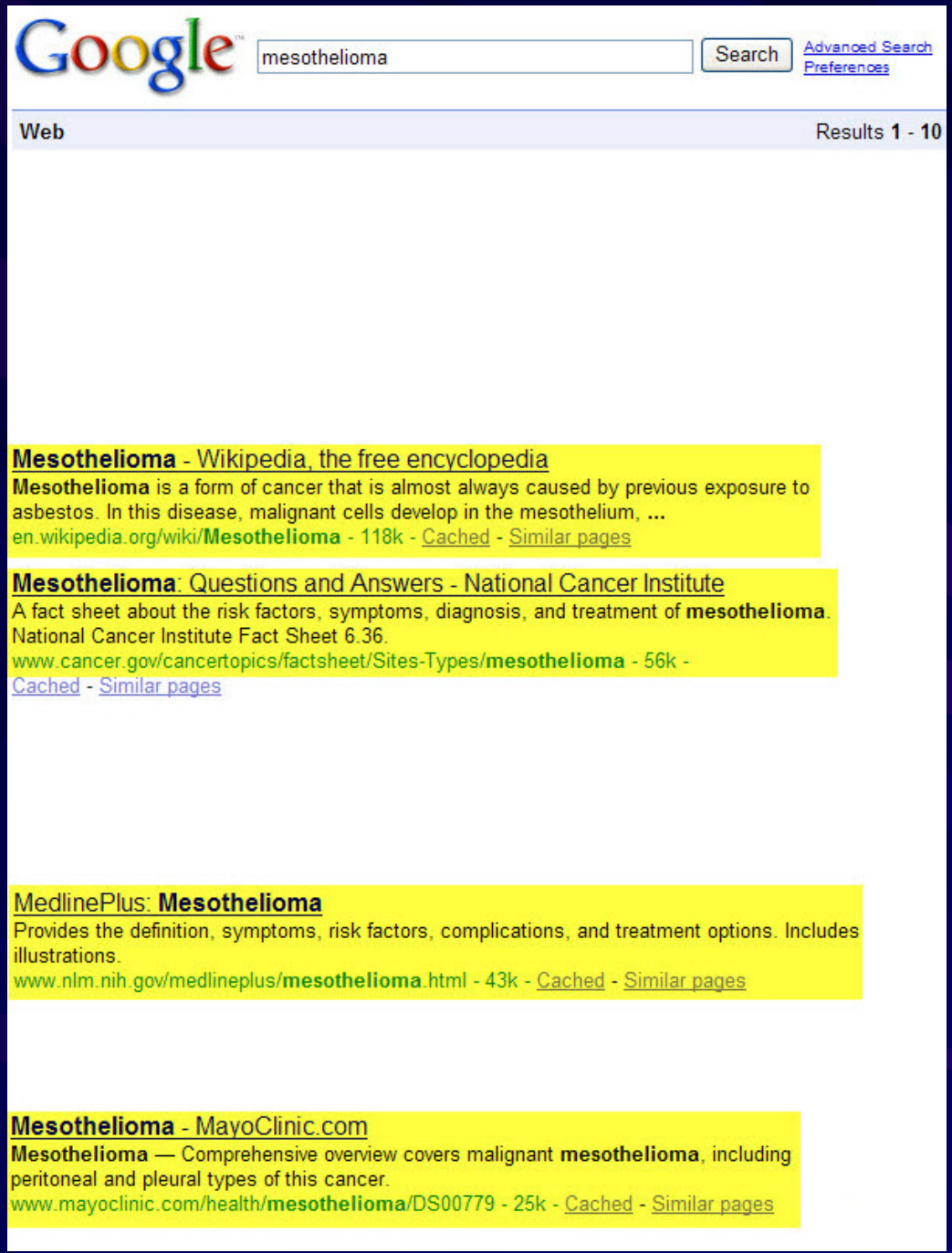
[illegible]othelioma Cancer
[illegible]& Legal Resources for Those [illegible]**elioma** - Get Help Here.
[illegible]maCenter.org

Help, Hope & Justice From Leading

Mesothelioma
www.**mesothelioma**-lung-cancer.org

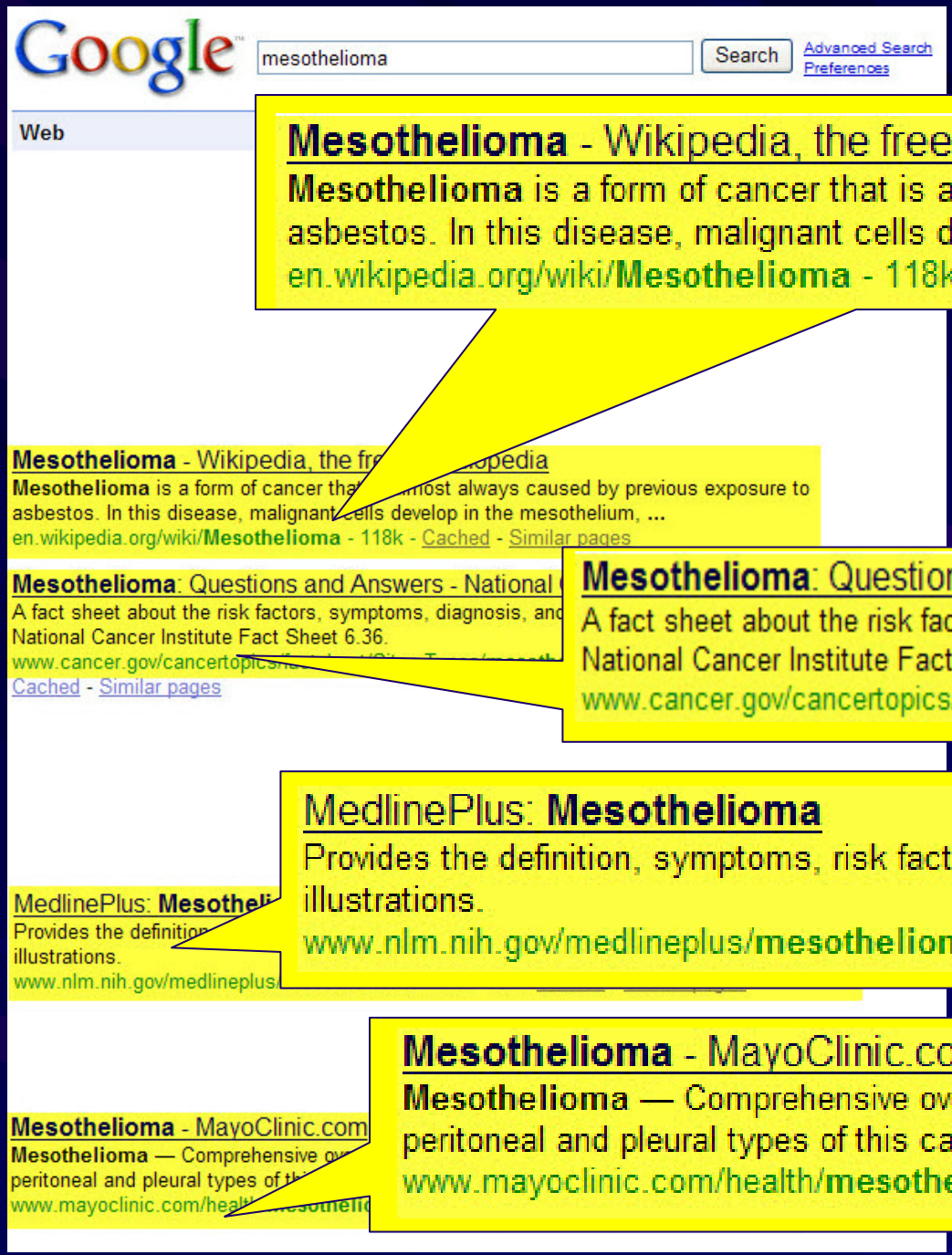
Mesothelioma Web - The Most Comprehensive **Mesothelioma** Website
Mesothelioma symptoms and diagnosis. Malignant **mesothelioma** treatment. Traditional and new treatment options. **Mesothelioma** doctors and hospitals, news, ...
www.**mesothelioma**web.org/ - 18k - Cached - Similar pages

Mesothelioma | New Treatment, Top Doctors, and Navy Shipyard Exposure
Find treatment for **mesothelioma**; determine the cause of asbestos cancer; obtain financial compensation for pleural **mesothelioma**.
www.maacenter.org/ - 16k - Cached - Similar pages



Who's left?

LEGITIMATE
NON-PROFITS



LEGITIMATE

NON-PROFITS

The Lancet Article

Seminar

Malignant mesothelioma

Bruce W S Robinson, Arthur W Musk, Richard A Lake

Malignant mesothelioma is an aggressive, treatment-resistant tumour, which is increasing in frequency throughout the world. Although the main risk factor is asbestos exposure, a virus, simian virus 40 (SV40), could have a role. Mesothelioma has an unusual molecular pathology with loss of tumour suppressor genes being the predominant pattern of lesions, especially the *P16*^{INK4A}, and *P14*^{ARF}, and *NF2* genes, rather than the more common *p53* and *Rb* tumour suppressor genes. Cytopathology of mesothelioma effusions or fine-needle aspirations are often sufficient to establish a diagnosis, but histopathology is also often required. Patients typically present with breathlessness and chest pain with pleural effusions. Median survival is now 12 months from diagnosis. Palliative chemotherapy is beneficial for mesothelioma patients with high performance status. The role of aggressive surgery remains controversial and growth factor receptor blockade is still unproven. Gene therapy and immunotherapy are used on an experimental basis only. Patterns identified from microarray studies could be useful for diagnosis as well as prognostication.

Lancet 2005; 366: 397–408

Tumour Immunology Group, School of Medicine and Pharmacology, University of Western Australia (Prof B W S Robinson MD, R A Lake PhD), and School of Population Health (A W Musk MBBS), Department of Respiratory Medicine (Prof B W S Robinson, A W Musk), Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia; and Western

http://www.asbestosresource.com/mesothelioma/
http://www.mesotheliomacenter.org/
http://www.mesothelioma.com/
http://www.mesotheliomareporter.org/
http://www.mesotheliomaadvice.org/

the search. Where possible, primary sources are quoted, but review articles are referenced where pragmatically necessary. References were chosen based on best evidence via clinical or laboratory studies, especially if the work had been corroborated by published work from other centres. Websites were reviewed from a Google search with the single term "mesothelioma" and selected by one or more of the authors.

The Lancet Article

Lancet 2005; Vol 366: 397-408

Malignant mesothelioma

Bruce W S Robinson, Arthur W Musk, Richard A Lake

Malignant mesothelioma is an aggressive, treatment-resistant tumour, which is increasing in frequency throughout the world. Although the main risk factor is asbestos exposure, a virus, simian virus 40 (SV40), could have a role. Mesothelioma has an unusual molecular pathology with loss of tumour suppressor genes being the predominant pattern of lesions, especially the *P16*^{INK4A}, and *P14*^{ARF}, and *NF2* genes, rather than the more common *p53* and *Rb* tumour suppressor genes. Cytopathology of mesothelioma effusions or fine-needle aspirations are often sufficient to establish a diagnosis, but histopathology is also often required. Patients typically present with breathlessness and chest pain with pleural effusions. Median survival is now 12 months from diagnosis. Palliative chemotherapy is beneficial for mesothelioma patients with high performance status. The role of aggressive surgery remains controversial and growth factor receptor blockade is still unproven. Gene therapy and immunotherapy are used on an experimental basis only. Patterns identified from microarray studies could be useful for diagnosis as well as prognostication.

Lancet 2005; 366: 397–408

Tumour Immunology Group, School of Medicine and Pharmacology, University of Western Australia (Prof B W S Robinson MD, R A Lake PhD), and School of Population Health (A W Musk MBBS), Department of Respiratory Medicine (Prof B W S Robinson, A W Musk), Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia; and Western Australian Institute for Medical Research (Prof B W S Robinson, A W Musk, R A Lake), and Perth Mesothelioma Centre (Prof B W S Robinson, R A Lake), Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia

Correspondence to: Prof Bruce W S Robinson, UWA School of Medicine and Pharmacology, Sir Charles Gairdner Hospital, Nedlands, 6009, Western Australia, Australia. bwsrobin@cyllene.uwa.edu.au

Introduction

The fact that asbestos can cause cancer is now widely known in western countries, and the public are increasingly familiar with the word mesothelioma, especially since the deaths of some well known individuals with the disease, such as actor Steve McQueen and scientist and author Stephen Jay Gould.[1]

Why this change in awareness? One reason is that mesothelioma has climbed the league table of male cancers over the past 30 years, and is now roughly as common as cancers of the liver, bone, and bladder, especially in Europe and Australia.[2] Its incidence is expected to continue to increase for the next decade or so. Secondly, almost everyone who lives in industrialised areas of the western world has asbestos fibres in their lungs, and many can remember being exposed to asbestos incidentally (eg, carpenters, plumbers, military personnel, school teachers, and students who handled asbestos samples, mats, or blankets; home renovators; and people in many other situations).[3] Media interest in asbestos has produced in many of these individuals a level of awareness—even anxiety—about mesothelioma that does not exist for most other sporadic cancers of comparable incidence. These issues, combined with the complex medical–legal aspects of the disease, have led to a lot of interest. For example, a simple Google search of the common cancers at the time of writing identified nearly 3 million webpage results for mesothelioma, second only to breast cancer and substantially more than the number of results for other well known cancers such as lung cancer, leukaemia, lymphoma, and bowel or colon cancer (panel 1).

In this Seminar, we aim to review mesothelioma, highlighting key clinical features plus some controversies, recent developments, and important questions for future research into this disease.

Panel 1: Useful mesothelioma websites

http://cis.nci.nih.gov/fact/6_36.htm: National Cancer Institute fact sheet
http://www.cancerresearchuk.org/aboutcancer/specificcancers/mesothelioma: Cancer Research UK website
http://www.marf.org/: Mesothelioma Applied Research Foundation
http://www.mirg.org/: Mesothelioma Information Resource Group

The following sites are provided mainly by law firms or pharmaceutical companies, but they do provide useful information for patients and relatives:
http://www.mesoinfo.com/
http://www.mesothelioma-facts.com/
http://www.mesotheliomaweb.org/
http://www.mesolung.com/
http://www.mesothelioma-resources.com/
http://www.mesothelioma.us.com/
http://www.asbestosresource.com/mesothelioma/
http://www.mesotheliomacenter.org/
http://www.mesothelioma.com/
http://www.mesotheliomareporter.org/
http://www.mesotheliomaadvice.org/

Epidemiology

There are few disease processes for w… and determinants of occurrenc… well known as they are f… and peritoneum. In f… mesothelioma owes its entire

Search strategy and selection criteria

We searched PubMed using the key word "mesothelioma" with the relevant topics—eg, "pathogenesis", "tumour suppressor genes", "peritoneal", "oncogenes", "angiogenesis", "SV40", "cytopathology", "palliation", and so on. Fields were limited to publications in English and restricted to the past 15 years. We also reviewed citations from papers from the search. Where possible, primary sources are quoted, but review articles are referenced where pragmatically necessary. References were chosen based on best evidence via clinical or laboratory studies, especially if the work had been corroborated by published work from other centres. Websites were reviewed from a Google search with the single term "mesothelioma" and selected by one or more of the authors.

Panel 1: Useful mesothelioma websites

http://cis.nci.nih.gov/fact/6_36.htm: National Cancer Institute fact sheet
http://www.cancerresearchuk.org/aboutcancer/specificcancers/mesothelioma: Cancer Research UK website
http://www.marf.org/: Mesothelioma Applied Research Foundation
http://www.mirg.org/: Mesothelioma Information Resource Group

The following sites are provided mainly by law firms or pharmaceutical companies, but they do provide useful information for patients and relatives:
http://www.mesoinfo.com/
http://www.mesothelioma-facts.com/
http://www.mesotheliomaweb.org/
http://www.mesolung.com/
http://www.mesothelioma-resources.com/
http://www.mesothelioma.us.com/
http://www.asbestosresource.com/mesothelioma/
http://www.mesotheliomacenter.org/
http://www.mesothelioma.com/
http://www.mesotheliomareporter.org/
http://www.mesotheliomaadvice.org/

www.thelancet.com Vol 366 July 30, 2005

VI. Information Resources for Physicians and Patients

A. International Mesothelioma Interest Group
B. International Ban Asbestos Secretariat
C. World Asbestos Report
D. Asbestos Disease Awareness Organization

Information Resources for Physicians and Patients

www.imig.org

International Ban Asbestos Secretariat

www.ibasecretariat.org

WORLD ASBESTOS REPORT

World Asbestos Report

WorldAsbestosReport.org

ADAO
Asbestos Disease Awareness Organization
Voice of the Victims
WWW.ADAO.US

Asbestos Disease Awareness Organization

www.ADAO.US

International Mesothelioma Interest Group

A+ A- RESET

Thursday, November 06th 2008

Main Menu

- Home
- News
- Links
- Contact Us
- FAQs
- Pleural Newsletter
- Donation

Login

Username

Password

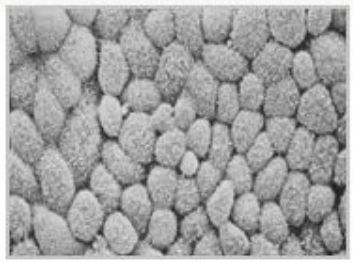
Remember me

Login

Lost Password?

No account yet? Register

UNDERSTANDING MESOTHELIOMA



Mesothelial cells are a single layer of specialised pavement-like cells that line the body's internal cavities and most organs. The primary function of this cell layer, termed the mesothelium, is to provide a slippery, non-adhesive and protective surface.

However, mesothelial cells play other pivotal roles involving transport of fluid and cells across the surface of the body wall and organs, presentation of foreign molecules (such as bacteria and virus proteins) to immune cells,

Read more...

International Pleural Newsletter Volume 6 Issue 1

Tunneled Indwelling Pleural Catheters for Malignant Pleural Effusions

David R Stather MD FCCPC
Alain Tremblay MDCM FCCPC
University of Calgary, Alberta, Canada

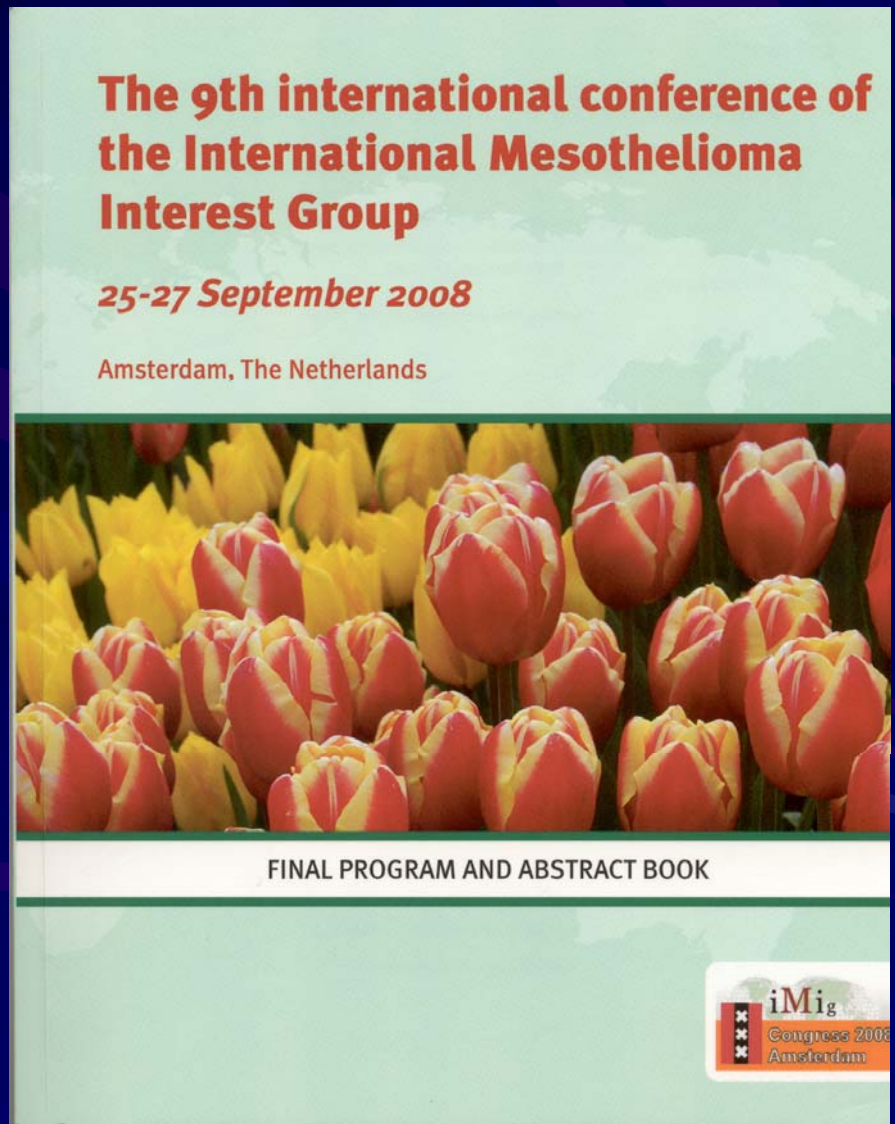
Read Article

Call for grant applications MARF

News on the Meso Foundation's website, including the call for grant applications for their grant program, and the information on the Department of Defense grant program open to mesothelioma researchers worldwide. Grant application dead-line: September 15.

For more info click HERE

International Mesothelioma Interest Group



B. International Ban Asbestos Secretariat

Site Map
Site Info
About

Articles | Events | Information | Resources | Sidebar

International Ban Asbestos Secretariat

Search: Go
(Options)

ibas@lkaz.demon.co.uk

* Latest Publication (Sep 25, 2008): India's Asbestos Time Bomb

- Parliamentary Lobby on Pleural Plaques
- Rotterdam Convention: COP4 Updates
- Mobilization of Ban Asbestos Activism
- Adding to our Knowledge of the Asbestos Industry
- UN Treaty Chokes on Asbestos
- Asbestos Industry Offensive
- Progress in the UK and Australia
- India's Asbestos Time Bomb

To fetch abstract click headline

"We Will Never Go Away!"

Dave Holst, a member of branch 143 of the General Boilermakers Union (GMB) summed up the mood of the October 28, 2008 parliamentary lobby on pleural plaques, when he told a packed audience in the Grand Committee Room: "We will never go away!" ... Prior to the 3 p.m. session in the House of Commons, a demonstration had been mounted on College Green, Westminster attended by hundreds of trade unionists, asbestos victims, members of asbestos support groups and others outraged at the 2007 House of Lords decision which shut down pleural plaques compensation. [article]

Recent Items (8) CLICK ARROW FOR NEXT ITEM – CLICK TITLE TO READ ▼ 0

Selected Topics

- Sidebar Facility
- Online Publications
- Major Conference Reports
- Bans – Regulation

Reports by Laurie Kazan-Allen

- BANJAN Anniversary Conference, Yokohama – (2007)
- Asian Asbestos Conference AAC 2006 – (2006)
- European Asbestos Conference: Policy, Health and Human Rights – (2005)
- Global Asbestos Congress GAC 2004 – (2004)
- Canadian Asbestos: A Global Concern – (2003)
- Hellenic Asbestos Conference – (2002)
- European Asbestos Seminar – (2001)
- Global Asbestos Congress, Osasco – (2000)

The conferences listed above are major events in which IBAS has acted as co-sponsor or provided substantial support. For further reports and presentations from these and scores of other events in which IBAS has taken an interest see Site Map:Conference and Event Reports

Cause and Effect

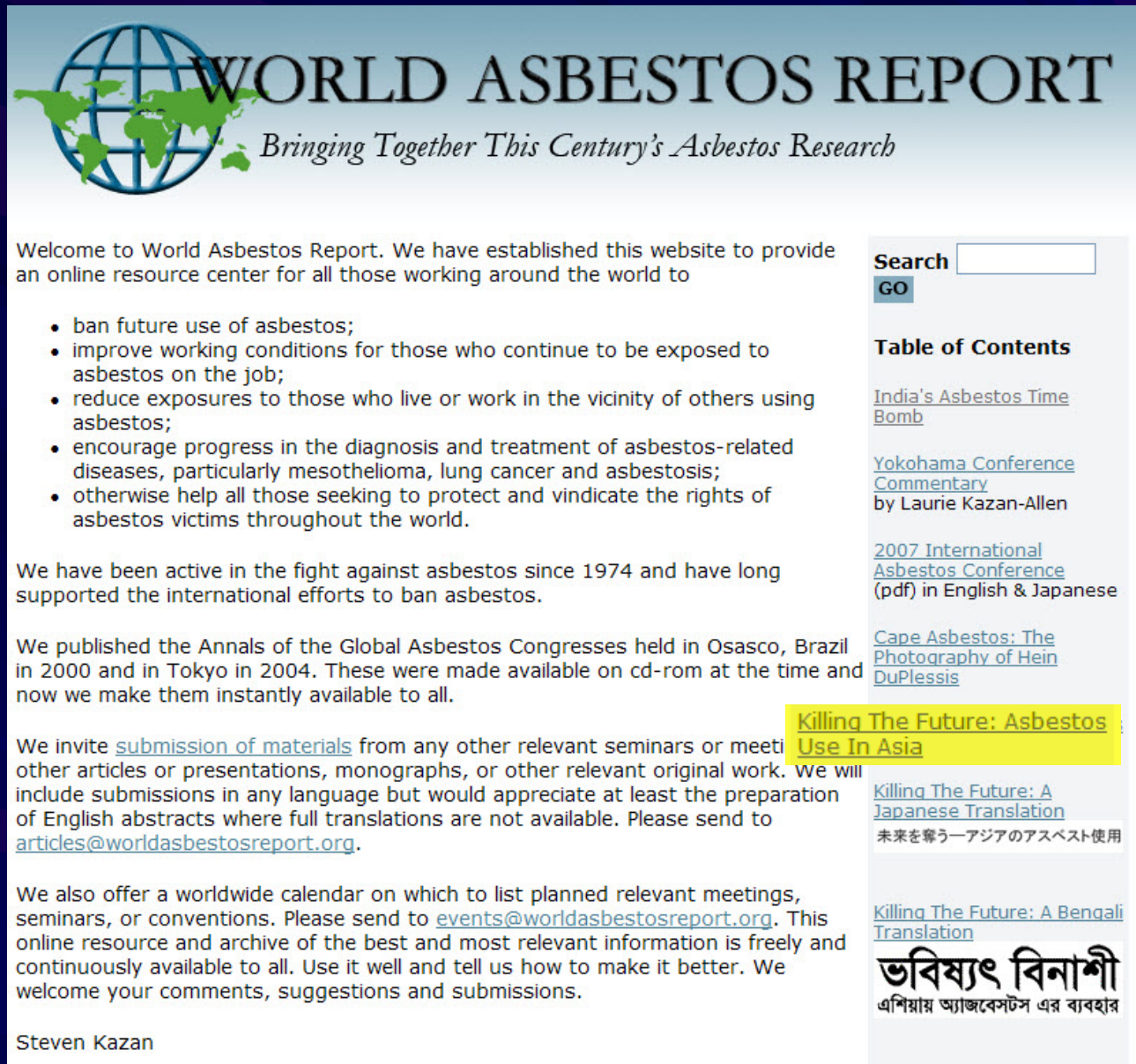
- Occupational Exposure
- Environmental Exposure
- Asbestos-related Diseases
- Compensation

Recent Articles

- "We Will Never Go Away!"
- End of the Road for the Rotterdam Convention
- Rotterdam Convention (COP 4) Dossier
- Canada How Could You?
- Asian Asbestos Initiatives
- A Helping Hand for Asbestos Victims
- Book Review: Defending the Indefensible: The Global Asbestos Industry and its Fight for Survival
- Press Release
- Canadians Support Global Asbestos Regulations
- Clemenceau Debacle Rumbles On!
- Court Date for James Hardie
- Major Breakthrough in Vietnam
- Consensus on Asbestos Hazard
- "Defending the Indefensible"
- Landmark Asbestos Meeting in Russia
- ASTM Conference on Critical Issues in Monitoring Asbestos
- Press Launch: "Defending the Indefensible"
- A Quiet Hero, a Gentle Man
- Algeria Says "Non" to Asbestos
- And Then there was One!
- Literature Review
- History in the Making!
- Japan: Cause and Effect

www.ibasecretariat.org

C. World Asbestos Report



WORLD ASBESTOS REPORT

Bringing Together This Century's Asbestos Research

Welcome to World Asbestos Report. We have established this website to provide an online resource center for all those working around the world to

- ban future use of asbestos;
- improve working conditions for those who continue to be exposed to asbestos on the job;
- reduce exposures to those who live or work in the vicinity of others using asbestos;
- encourage progress in the diagnosis and treatment of asbestos-related diseases, particularly mesothelioma, lung cancer and asbestosis;
- otherwise help all those seeking to protect and vindicate the rights of asbestos victims throughout the world.

We have been active in the fight against asbestos since 1974 and have long supported the international efforts to ban asbestos.

We published the Annals of the Global Asbestos Congresses held in Osasco, Brazil in 2000 and in Tokyo in 2004. These were made available on cd-rom at the time and now we make them instantly available to all.

We invite submission of materials from any other relevant seminars or meeti other articles or presentations, monographs, or other relevant original work. We will include submissions in any language but would appreciate at least the preparation of English abstracts where full translations are not available. Please send to articles@worldasbestosreport.org.

We also offer a worldwide calendar on which to list planned relevant meetings, seminars, or conventions. Please send to events@worldasbestosreport.org. This online resource and archive of the best and most relevant information is freely and continuously available to all. Use it well and tell us how to make it better. We welcome your comments, suggestions and submissions.

Steven Kazan

Search GO

Table of Contents

India's Asbestos Time Bomb

Yokohama Conference Commentary
by Laurie Kazan-Allen

2007 International Asbestos Conference
(pdf) in English & Japanese

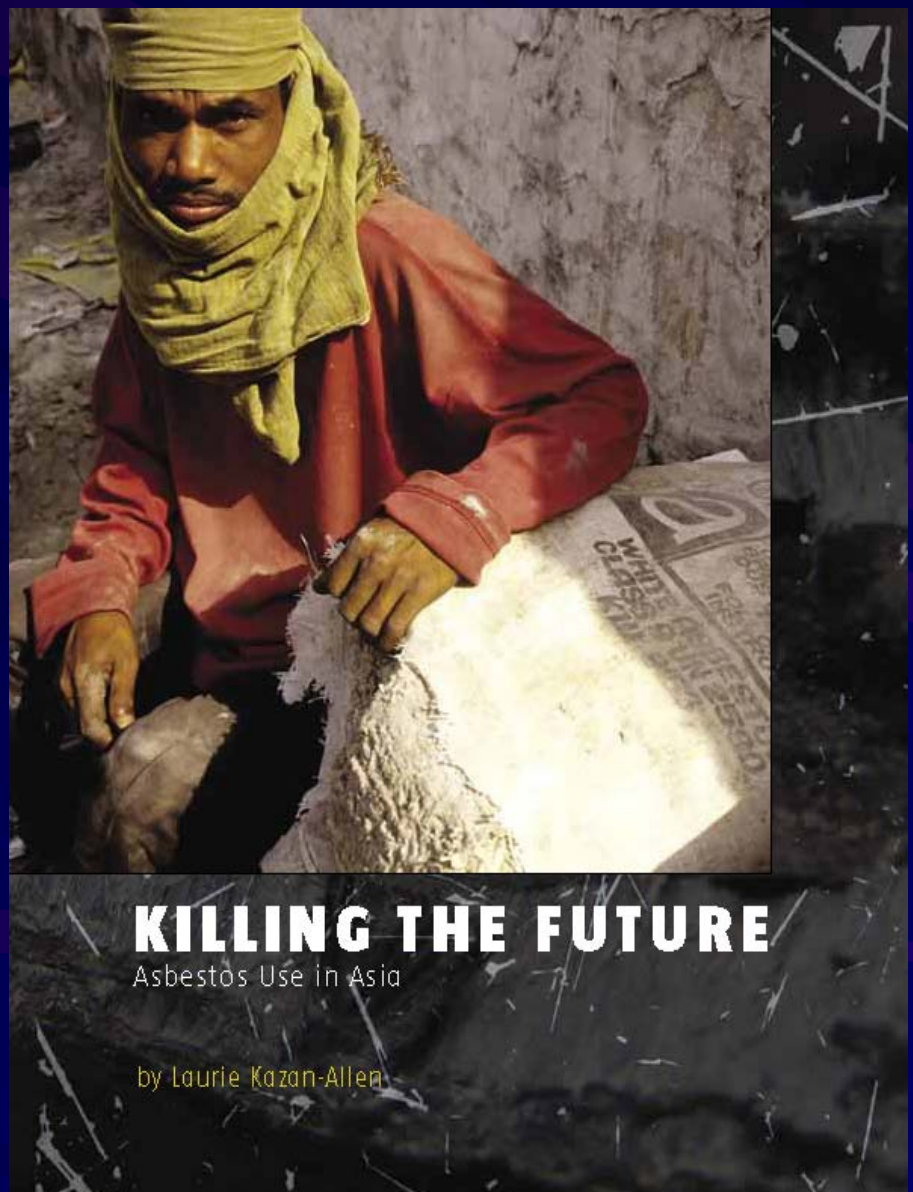
Cape Asbestos: The Photography of Hein DuPlessis

Killing The Future: Asbestos Use In Asia

Killing The Future: A Japanese Translation
未来を奪う―アジアのアスベスト使用

Killing The Future: A Bengali Translation
ভবিষ্যৎ বিনাশী
এশিয়ায় অ্যাজবেসটস এর ব্যবহার

C. World Asbestos Report



C. World Asbestos Report

WORLD ASBESTOS REPORT

Bringing Together This Century's Asbestos Research

Welcome to World Asbestos Report. We have established this website to provide an online resource center for all those working around the world to

- ban future use of asbestos;
- improve working conditions for those who continue to be exposed to asbestos on the job;
- reduce exposures to those who live or work in the vicinity of others usi asbestos;
- encourage progress in the diagnosis and treatment of asbestos-related diseases, particularly mesothelioma, lung cancer and asbestosis;
- otherwise help all those seeking to protect and vindicate the rights of asbestos victims throughout the world.

We have been active in the fight against asbestos since 1974 and have long supported the international efforts to ban asbestos.

We published the Annals of the Global Asbestos Congresses held in Osasco, Brazil in 2000 and in Tokyo in 2004. These were made available on cd-rom at the time and now we make them instantly available to all.

We invite submission of materials from any other relevant seminars or meetings, other articles or presentations, monographs, or other relevant original work. We will include submissions in any language but would appreciate at least the preparation of English abstracts where full translations are not available. Please send to articles@worldasbestosreport.org.

We also offer a worldwide calendar on which to list planned relevant meetings, seminars, or conventions. Please send to events@worldasbestosreport.org. This online resource and archive of the best and most relevant information is freely and continuously available to all. Use it well and tell us how to make it better. We welcome your comments, suggestions and submissions.

Steven Kazan

Search GO

Table of Contents

India's Asbestos Time Bomb

Yokohama Conference Commentary
by Laurie Kazan-Allen

2007 International Asbestos Conference
(pdf) in English & Japanese

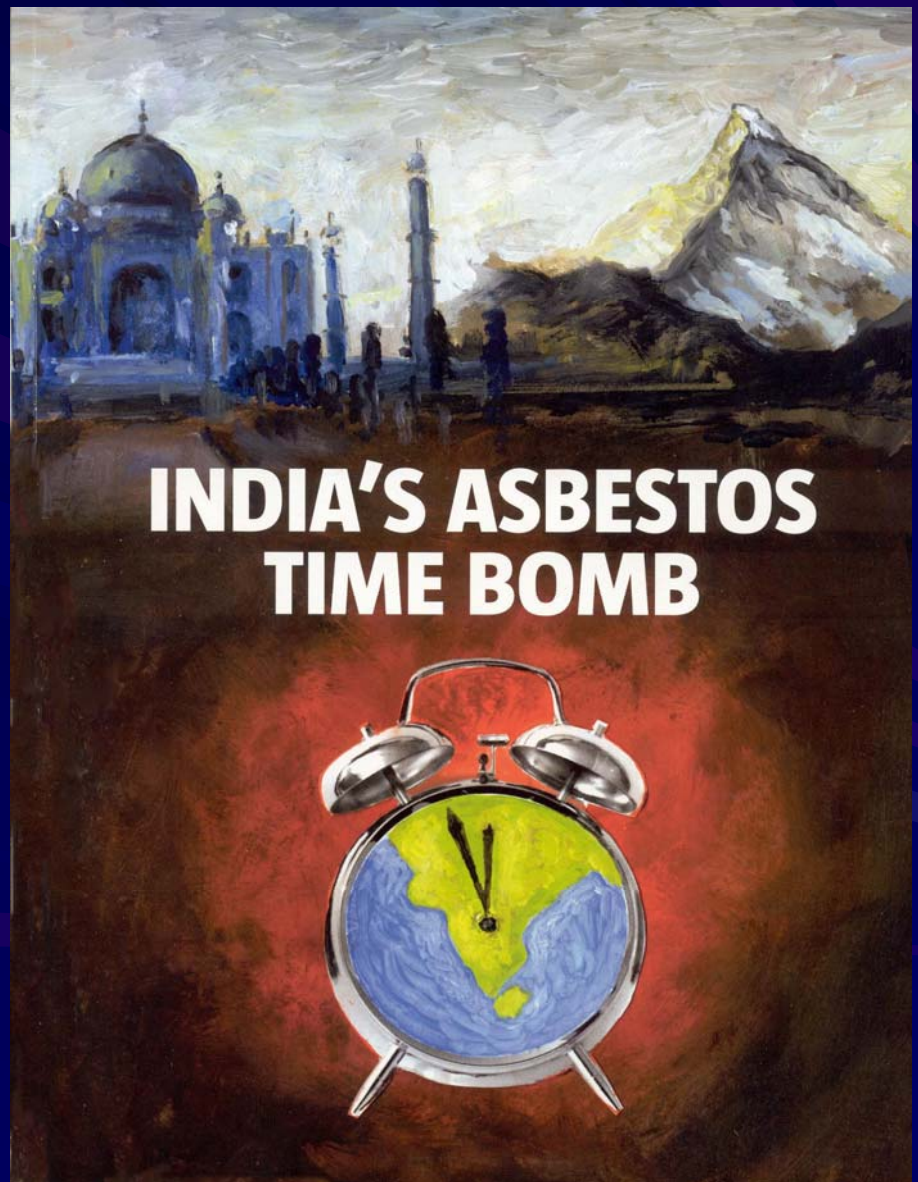
Cape Asbestos: The Photography of Hein DuPlessis

Killing The Future: Asbestos Use In Asia

Killing The Future: A Japanese Translation
未来を奪う―アジアのアスベスト使用

Killing The Future: A Bengali Translation
ভবিষ্যৎ বিনাশী
এশিয়ায় অ্যাজবেসটস এর ব্যবহার

C. World Asbestos Report



D. Asbestos Disease Awareness Organization

Thank you for your attention!

Copies of these slides are available at:

www.kazanlaw.com/ucsf

Questions?

Please email me at:

skazan@kazanlaw.com