PLAINTIFF'S EXHIBIT

UC-2379

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SLIDE #1

THREE MAJOR DISEASES ASSOCIATED WITH ASBESTOS EXPOSURE:

A S B E S T O S I S

L U N G C A N C E R

M A L I G N A N T M E S O T H E L I O M A

- PLEURA

- PERITONEUM

LESS CLEAR-CUT CONDITIONS ASSOCIATED WITH ASBESTOS:

G I SYSTEM CANCERS

LARYNGEAL CARCINOMA

RENAL CARCINOMA

NON-HODGKINS GASTROINTESTINAL LYMPHOMA

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SLIDE #2

PHYSICIANS MUST BE ACTIVELY INVOLVED WITH WORKERS AND MANAGEMENT,

MUST BE COMPLETELY FAMILIAR WITH THE PROPERTIES OF ASBESTOS IN USE,

MUST UNDERSTND THE MANUFACTURING PROCESS IN THE PLANT

MUST HAVE A CLEAR CONCEPT OF THE PLANT DESIGN AND LAYOUT,

MUST HAVE A THOROUGH WORKING KNOWLEDGE OF THE ETIOLOGY, PATHOGENESIS, EPIDEMIOLOGY AND THERAPY OF WORK-RELATED DISEASES, AND

MUST ACQUIRE A WORKING KNOWLEDGE AND APPRECIATION OF THE THEORY AND PRACTICE OF INDUSTRIAL HYGIENE, INCLUDING UNDERSTANDING OF SAMPLING AND MONITORING PROCEDURES.

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SLIDE #3

THE ROLE OF THE PHYSICIAN IS TO INSURE THAT THE

INDUSTRY EMPLOYS PEOPLE WHO ARE SUITED TO THE TASKS

REQUIRED OF THEM AND THAT THEY DO NOT SUFFER INJURY

OR ILLNESS AS A RESULT OF THE WORK THEY ARE CALLED

UPON TO DO.

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SLIDE #4

PRE-PLACEMENT EVALUATION:

CONTRA-INDICATIONS TO EMPLOYMENT IN ASBESTOS AREAS:

1. HISTORY OF PREVIOUS DUST EXPOSURE, EG. COAL MINES

2. EXISTING PULMONARY DISABILITY DUE TO PNEUMOCONIOSIS OR FROM ANY OTHER CAUSE

3. PRESENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE, WITH OR WITHOUT EMPHYSEMA

4. ASTHMA

5. ORGANIC HEART DISEASE

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SLIDE #5

OTHER CONTRA-INDICATIONS SUGGESTED ARE:

1. NASAL OBSTRUCTION OR DEFORMITY OF SUCH SEVERITY AS TO MAKE THE WEARING OF A RESPIRATOR IMPOSSIBLE,

2. GROSS PHYSICIAL DEFORMITY OF THE CHEST WHICH IMPAIRS LUNG FUNCTION,

3. CHRONIC BRONCHITIS, BRONCHIECTASIS OR EMPHYSEMA,

4. GROSS HYPERTENSION WITH CARDIAC IMPAIRMENT,

5. RHEUMATOID ARTHRITIS.

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SLIDE #6

THE PHYSICIAN SHOULD TAKE THE OPPORTUNITY WHICH THE PRE-PLACEMENT EVALUATION AFFORDS TO COUNSEL AND ADVISE THE JOB APPLICANT REGARDING THE KNOWN FACTS ABOUT ASBESTOS-RELATED DISEASES.

IT IS ESSENTIAL TO EMPHASIZE THE SPECIAL RISKS THE PERSON WILL RUN IF HE OR SHE SMOKES CIGARETTES AND EVERY EFFORT SHOULD BE MADE TO DISCOURAGE THE HABIT.

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SLIDE #7

PERIODIC MEDICAL EVALUATION

OBJECTIVE: KEEP EXPOSED WORKERS UNDER OBSERVATION TO

DETERMINE

- CHANGES IN PHYSICAL STATUS

- CHANGES IN PHYSIOLOGICAL STATUS

- CHANGES IN CHEST X-RAYS

THE WORKPLACE SHOULD BE RE-EVALUATED WITH THE SAME CARE AND FREQUENCY BY THE PHYSICIAN TO ENABLE A DECISION TO BE MADE WITH REGARD TO THE EMPLOYEE'S SUITABILITY TO CONTINUE DOING THE SAME JOB.

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SLIDE #8

MINIMUM OSHA REQUIREMENTS FOR MEDICAL EXAMINATIONS OF PERSONS EXPOED TO ASBESTOS.

* POSTERIOR-ANTERIOR CHEST RADIOGRAPH, 14" X 17"

* HISTORY TO ELICIT SYMPTOMS OF RESPIRATORY ILLNESS

* PULMONARY FUNCTION TESTS : - FEV (1 SECOND).

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SLIDE #9

PLEURAL PLAQUES.

PLEURAL CHANGES RELATED TO LENGTH OF EXPOSURE IRRESPECTIVE OF DOSE.

PROBABLY AN IMPORTANT RADIOLOGIC SIGN FOUND IN LOW GRADE EXPOSURE GROUPS WHERE PARENCHYMAL EFECTS ARE LESS LIKELY TO BE SEEN.

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SLIDE #10

BASIS FOR REMOVAL FROM EXPOSURE:

DEFINITE RADIOGRAPHIC EVIDENCE OF DIFFUSE PULMONARY FIBROSIS;

WHEN ONLY PLEURAL STIGMATA ARE PRESENT ON A CHEST X-RAY, JOB TRANSFER NOT INDICATED BUT CONTINUED MEDICAL SURVEILLANCE IS.

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SLIDE #11

INDICATIONS FOR COMPUTER TOMOGRAPHY OF THE THORAX.

EARLY PLEURAL PLAQUES CAN BE MORE RELIABLY DIAGNOSED;

PLEURAL PLAQUES AND THICKENING CAN BE DISTINGUISHED FROM "COMPANION" SHADOWS ADJACENT TO RIBS;

FINE INTERSTITIAL PARENCHYMAL DISEASE CAN BE DETECTED WHEN NOT VISIBLE ON CHEST RADIOGRAPHS;

USEFUL IN THE DIAGNOSIS OF MESOTHELIOMA.

(THE FINDING OF PLEURAL EFFUSION,
RIB DESTRUCTION,
PLEURAL PLAQUES OR CALCIFICATIONS,
INTRAPULMONARY NUDULES AND THICKENING
OF PLEURA, PLURAL FISSURES ANDand PARAMEDIASTINAL
STRUCTURES, ESPECIALLY AT THE BASES AND
POSTERIORLY,
SHOULD SUGGEST THE PRESENCE OF MESOTHELIOMA).

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ACL Doc 17364 · Page 11 of 18
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SLIDE #12

TABLE 4

MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PRE EMPLOYMENT OR PRE-ASSIGNMENT

- MEDICAL HISTORY - RESPIRATORY SYMPTOMS QUESTIONNAIRE
- PHYSICAL EXAMINATION
- CHEST X-RAY (PA VIEW 14" X 17")
- PULMONARY FUNCTION TESTS (FEV_1, FVC, FEV_1/FVC%)
- SPUTUM CYTOLOGY IF INDICATED AND FEASIBLE

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ACL Doc 17364 · Page 12 of 18
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SLIDE #13

TABLE 5

MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : 35 YEARS OF AGE OR 5 YEARS EXPOSURE

- MEDICAL HISTORY - RESPIRATORY SYMPTOMS QUESTIONNAIRE: ANNUALLY
- CHEST X-RAY - (PA VIEW 14" x 17")
- PHYSICAL EXAMINATION EVERY 5 YEARS
- PULMONARY FUNCTION TESTS (FEV_1, FVC, FEV_1/FVC%)
- SPUTUM CYTOLOGY - NOT INDICATED

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UCC 015278

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SLIDE #14

TABLE 6

MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : AGES 35-45 YEARS OR 5-10 YEARS EXPOSURE

- MEDICAL HISTORY - RESPIRATORY SYMPTOMS QUESTIONNAIRE: ANNUALLY
- PHYSICAL EXAMINATION
- CHEST X-RAY - (PA VIEW 14" x 17") EVERY 2 YEARS
- PULMONARY FUNCTION TESTS (FEV_1, FVC, FEV_1/FVC%)
- SPUTUM CYTOLOGY - IF INDICATED BY SMOKING HISTORY OR OVER AGE 40 YEARS

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ACL Doc 17364 · Page 14 of 18 **asbestosclaims.law/library/17364/14**

SLIDE #15

TABLE 7

MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : 45 YEARS OF AGE OR 10 YEARS EXPOSURE

o	MEDICAL HISTORY - RESPIRATORY SYMPTOMS QUESTIONNAIRE:	ANNUALLY
o	PHYSICAL EXAMINATION:	ANNUALLY
o	CHEST X-RAY - (PA VIEW 14" x 17"):	ANNUALLY
o	PULMONARY FUNCTION TESTS (FEV_1, FVC, FEV_1/FVC%):	ANNUALLY
o	SPUTUM CYTOLOGY - IF FEASIBLE	ANNUALLY

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SLIDE #16

TABLE 8

MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : TERMINATION

MEDICAL HISTORY

PHYSICAL EXAMINATION

CHEST X-RAY

PULMONARY FUNCTION TEST

SPUTUM CYTOLOGY

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ACL Doc 17364 · Page 16 of 18
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SLIDE #17

TABLE 9

MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : RETIREES

- BY MAIL ONLY
- REMINDER: HAVE REGULAR MEDICAL CHECKS
- HEALTH STATUS QUESTIONNAIRE - COMPLETE AND RETURN
- RELY UPON PERSONAL PHYSICIAN

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ACL Doc 17364 · Page 17 of 18
asbestosclaims.law/library/17364/17

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SLIDE #18

TABLE 10

MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : POST-EMPLOYMENT - OTHER THAN RETIREES

- ADVISORY LETTER AT TERMINATION: "CONTINUE MEDICAL CHECKS"
- CONSULT PERSONAL PHYSICIAN TO ARRANGE PERIODIC FOLLOW-UP

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