Peritoneal Mesothelioma

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Bibliography of Articles

- Churg and Green, *Pathology of Occupational Lung Disease*, 1998
- Roggli, *Pathology of Asbestos-Associated Diseases*, 2004
- Rosenstock, et al., *Clinical and Environmental Medicine*, 2005
Bibliography of Articles

- Thurlbeck's *Pathology of the Lung*, 2005
- Mancuso, et al., *Methodology in Industrial Health Studies*, 1963
- Dement et al., *Exposure and Mortality Among Chrysotile Workers*, 1983
- Morinaga et al., *Asbestos Fibre Content of Lungs with Mesothelioma*, 1989
Bibliography of Articles

- Welch, *Asbestos and Peritoneal Mesothelioma Among College-Educated Men*, 2005
- Lemen, Chapter 5 of *Dodson & Hammar's Asbestos* (Second Edition), 2011
Bibliography of Articles

- Enterline, *Asbestos and Cancer: a Cohort Followed up to Death*, 1987
- Vogelzang, *Malignant Mesothelioma: The University of Minnesota Experience*, 1984
- O'Donnell, *Asbestos, an Extrinsic Factor in the Pathogenesis of Bronchogenic Carcinoma and Mesothelioma*
Bibliography of Articles

- Boffetta, *Epidemiology of Peritoneal Mesothelioma; IARC*, 2006
Bibliography of Articles

- Vianna et al., *Non-Occupational Exposure to Asbestos and Malignant Mesothelioma in Females*, Lancet, 1978
- Doll and Peto, *Effects on Health of Exposure to Asbestos*, 1985
Bibliography of Articles

- Hodgson & Darnton, *Quantitative Risks of Mesothelioma and Lung Cancer in Relation to Asbestos Exposure*
- Virta (USGC), *Worldwide Asbestos Supply and Consumption Trends from 1900 to 2003*
"...asbestos-induced peritoneal mesothelioma is associated only with heavy exposure to amosite and crocidolite and is not caused by chrysotile exposure."
"Epidemiologic studies comparing degree of asbestos exposure with occupation and ultimate site of mesothelioma development point to the peritoneal site as being associated with longer and more intense exposure to asbestos. Peritoneal mesotheliomas follow exposure to commercial amphibole fibers (amosite or crocidolite), but have not convincingly been related to exposure to chrysotile asbestos."
"Peritoneal mesotheliomas are typically associated with lengthy exposures to amphiboles. There is little proof that chrysotile causes peritoneal mesothelioma. Because peritoneal mesotheliomas are associated with high cumulative levels of amphibole exposure, they are more frequently accompanied by pleural plaques and pulmonary asbestosis than are pleural mesotheliomas."
"Peritoneal mesotheliomas are typically associated with lengthy exposures to amphiboles."

"Because peritoneal mesotheliomas are associated with high cumulative levels of amphibole exposure, they are more frequently accompanied by pleural plaques and pulmonary asbestosis than are pleural mesotheliomas."
"Peritoneal mesothelioma has not been associated with chrysotile exposure alone."
Peritoneal mesotheliomas differ from pleural mesotheliomas in that they only occur with very high exposure, and only with exposure to amosite and crocidolite asbestos. Chrysotile does not cause peritoneal mesothelioma, probably because low durability prevents chrysotile fibers from reaching the peritoneum in any significant dose.
"Both amphiboles and serpentines are fibrogenic, and increasing doses are associated with higher incidence of all asbestos-related diseases except mesothelioma, which is only associated with amphibole exposure."

Robbins and Cotran: Pathologic Basis of Disease (Eighth Edition), 2010
Oury, Hammar, Roggli: Asbestos Content of Lung Tissue in Patients with Malignant Peritoneal Mesothelioma (1997)

“… found far higher burdens of asbestos bodies and uncoated fibers in the peritoneal cases than in the pleural cases.”

“… vast majority of these fibers were commercial amphiboles (mostly amosite with lesser amount of crocidolite)."

They concluded: "These findings suggest that, on average, more asbestos exposure is needed to induce peritoneal as compared to pleural mesotheliomas. The fiber types involved are mostly commercial amphiboles, predominantly amosite in the U.S. These findings are in agreement with previously published epidemiologic observations."