Mesothele in pelvic image
Dear David,

nice to hear from you. Are you still planning to visit Italy?

As to your question, unfortunately there is no ID number for linkage with mortality data.

Procedures for mortality follow-up in Italy are complex (see for instance the methods section of the attached paper). The vital status of cohort members must be ascertained by inquiring at the Registrar's Office (RO) at the municipality of last known residence; people who moved must be tracked by contacting the RO at their new place of residence, until vital status can be established. Causes of death must then be recovered from local registries of causes of death. Local registries of causes of death were held until 1985 at municipal ROs and, since 1985, at Local Health Authorities. The national registry of causes of death (ISTAT) detains only anonymised records of death certificates, so to provide national statistics, and is unuseful for follow-up studies.

As you can understand the whole procedure requires a lot of manual work and experience in the field. It takes two to three years to be completed. Funding is necessary to get a follow-up done plus clearance from an Ethical review board.

Such clearance is mandatory to comply also with requirements from the regulation on personal data confidentiality. This regulation now requires that studies based on personal health data be recognised as medical research projects, registered at the institutional Ethical review board and conducted after informed consent has been acquired. Clearance from the informed consent requirement can be afforded only by Ethical review boards, when they accept that informed consent cannot be obtained (which is obviously the case in retrospective follow-up studies).

Sorry for giving you this picture. Best,
Dario

On 8 February 2018 at 11:45, David Egilman <degilman@egilman.com> wrote:

Dear Mario:

I am going to get the names and addresses of all Val Chisone workers. Is there a State or national ID number lie the US social security number?
With this information will we be able to get death certificates and do some epi?

Thanks

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Letter on: “Cosmetic talc as a risk factor for pleural mesothelioma: a weight of evidence evaluation of the epidemiology”

Sirs,

Finley et al. (2017) reviewed the evidence regarding asbestos-related cancers among talc miners and millers, finding no mesothelioma case in published relevant cohort studies. The Piedmont Registry of Malignant Mesotheliomas (RMM) is the regional operating center of the Italian National Mesothelioma Registry (Marinaccio et al., 2012). In 2007, after the mortality follow-up by Coggiola et al. (2003) had been completed, we registered a case of pleural mesothelioma (a man, aged 79) who reported to have been employed as a maintenance worker from 1947 to 1957 at the Talco and Grafite talc mill. Maintenance workers might have incurred exposure to asbestos for reasons different from asbestos contamination of talc, which has been considered to be absent in the Val Germanasca talc mines (Rubino et al., 1976); however, it is worth mentioning that low-level exposure to airborne asbestos fibers was indeed reported by Rubino et al. (1976).

RMM publishes and periodically updates mesothelioma incidence statistics for Piedmont. Age-standardized incidence rates in men increased from 2.7 in 1990–1994 to 6.4 per 100,000 person-years in 2010–2014 (standard: European population 27). Depending on how person-years were distributed by calendar period of observation in the Italian cohort of talc miners and millers, 2004 rates may have underestimated the expected number of cases. Under- or overestimation may have also derived from using age-standardized instead of age-specific incidence rates, depending on the age-distribution of person-time in the cohort. As the expected number of pleural cancer deaths in Coggiola et al. (2003) was 1.8, the 2.8 figure in Finley et al. (2017) table 1 is likely to be an overall overestimation.

These observations do not change the lack of excess mesothelioma deaths in the Val Germanasca cohort, but suggest that the difference between observed and expected cases might be smaller than Finley et al’s estimate. Lastly, want to warn about the interpretation of the “expected” number of cases. Using regional reference rates may be in general a reasonable epidemiological practice, but conditions such as pleural mesothelioma are well known to have very wide geographical variation, and Italy is no exception (Marinaccio et al., 2012). Piedmont incidence rates reflect widespread occupational exposures to asbestos: from the Balangero mine, to different plants producing asbestos-cement materials, asbestos textiles, asbestos-based brake and clutch linings, railway carriages and other rolling stock materials. A large part of the Italian asbestos industry was located in Piedmont, with the exception of shipyards. Therefore, pleural mesothelioma incidence rates for the Piedmont population are not the result of “background” exposures.

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References

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