Authors’ reply to letters from Egilman et al and Oliver et al

Dr Egilman and colleagues claim our report1 implies that chrysotile does not cause mesothelioma. So did the International Chrysotile Association, the website of which highlighted our paper with the misleading headline ‘reliable scientific data confirms negligible role of chrysotile in UK patients with asbestos-related lung disease’.2 Our results are consistent with the strong evidence that chrysotile did not cause a large proportion of UK mesotheliomas, but they certainly do not show that the risk is negligible. We said ‘the rapid clearance of chrysotile from the lung with a half-life of a few months explains its rapid clearance of chrysotile from the lung and we showed that our estimated ratio of mesothelioma to asbestos-related lung cancer is consistent with two population-based UK studies. That ‘the gold standard for asbestos-exposure assessment is the occupational history, not fiber burden’ is contradicted by the dose–response we observed within occupational groups and is particularly unhelpful in relation to Britain’s high mesothelioma rate in both sexes due to environmental asbestos exposure from unidentified sources’.6 The strong correlation we observed between lung burden and mesothelioma risk will not ‘imperil the diagnosis of asbestos-related disease, victim compensation, and public health measures aimed at primary and secondary prevention’. Our results, together with lung burdens in younger people, will enable the risks associated with current exposures from asbestos in buildings to be estimated, informing effective disease prevention.

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