

Peer Review

Review of: "Notification and Recordkeeping of Occupational Mesothelioma in India"

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The article is very interesting because it highlights the main problems related to safety in the workplace of a large nation like India, especially in relation to the onset of occupational diseases.

This reviewer believes that it is very likely that there is no evidence of the onset of mesothelioma by factory managers and doctors who assist workers in factories precisely because of the long latency of the disease. Mesothelioma is a dose-dependent disease whose latency is inversely proportional to the cumulative dose.

Advancement rate measurement for lung cancer and pleural mesothelioma in asbestos-exposed workers. Thorax. 2023 Aug;78(8):808-815. doi:10.1136/thorax-2021-217862. Epub 2022 Nov 10. PMID: 36357176.

Therefore, for non-intense exposures, very long latencies are expected, up to over 40 years. Therefore, it is very likely that cases of mesothelioma occur at retirement age or, in any case, that any pathology contracted is caused by previous exposures and perhaps not attributable to the factory in which they work at the time of diagnosis. This fact should be analyzed and perhaps highlighted. In the first sentence of the Results, it is said that from 2004 to 2024, no cases of mesothelioma have been reported by the Chief Inspector of Mines ; this is likely precisely because of what was said above, but also because we are talking about mines in general, and it is not clear where the workers could have contracted the pathology. Not all minerals are contaminated by asbestos.

It would be interesting if the article included the reasons why India has decided to stop mining asbestos but continues to import and process it.

It would be interesting to spend a few lines on which are the most important processes or production sectors that include asbestos; the authors only talk about ship-breaking activities.

Marble or granite quarries are often mentioned, but these quarries are not generally contaminated by asbestos, as talc quarries can be (and not all talc quarries, it depends on the geological formation). It would be interesting to understand in the mining sector which quarries or mines are at risk of asbestos today.

We are talking about asbestos mines that are no longer used and not even reclaimed; it would be interesting to understand if they are only chrysotile mines or also amphiboles. Regarding amphiboles such as amosite, it would be interesting to understand if this variety of asbestos is also imported. Canada has amosite, and they could export to India.

In two places in the article, reference is made to the 16% cancer registration coverage of the Indian population, but it would no longer make sense to report the % of the Indian working population? Mesothelioma is a disease with a high etiological fraction of a prevalent occupational nature.

It would be interesting if you could spend a few lines on what exposures you think were or are still possible of non-work origin. Are you thinking of exposures of environmental origin?

Have you ever thought about the family exposure suffered mostly by women who washed or lived with men who worked or still work with asbestos?

It would be interesting to also write a few lines about the habit of smoking cigarettes, which often has a synergistic action with lung tumors. There is no evidence on the synergism that triggers mesothelioma.

When referring to the Rotterdam Convention, it would be useful to also include that IARC already included asbestos (and all its mineralogical varieties) as a class 1 human carcinogen in 1972.

It would be interesting to give a minimal explanation as to why 1.25 million asbestos-related diseases are expected in India alone.

Attachments: available at <https://doi.org/10.32388/SUKY7G>

Declarations

Potential competing interests: No potential competing interests to declare.