

## Comments on: Further studies of Bolivian crocidolite-Part IV: Fibre width, fibre drift and their relation to mesothelioma induction: Preliminary findings, by Ilgren EB, van Order DR, Lee RJ, Kamiya YM, Hoskins JA *Epidemiology Biostatistics and Public Health* 2015; 12 (2), e11167.

**CORRESPONDING AUTHOR:** Corrado Magnani, Dipartimento Medicina Traslazionale, Università del Piemonte Orientale e CPO Piemonte, Novara, Italy - email: magnani@med.unipmn.it

**DOI:** 10.2427/11590

Accepted on March 1, 2016

Dear Sirs,

Ilgren et al claimed that Bolivian crocidolite is harmless, in contrast with crocidolite used elsewhere (1). The arguments include several wrong statements. We have co-authored papers on diseases caused by Eternit in Casale (2-4) and took part in collaborative activities of the ISS (Italian National Institute of Health) with Bolivia (5,6) and we feel obliged to point out those errors.

Ilgren et al referred to unpublished reports (refs 2, 4, 9 in 1) that are referenced as 'On line first' but cannot be accessed as that scientific journal does not exist.

The suggested comparison between Casale Monferrato and Cochabamba, in general terms, devoids any scientific foundation because of obvious major differences in technology, urban planning, sociodemographic aspects, environmental issues and population health (5,6).

Contradictory statements are present, such as in page 2: "By contrast, fewer types of crocidolite containing cement products were produced in Cochabamba and these were not used by a high percentage of the population. Instead, many people used chrysotile based cement products marketed by Duralit for the same purposes.". If, accordingly, the exposure in Cochabamba regards chrysotile, and not crocidolite, how can the authors state anything about crocidolite effects?

Ilgren et al stated that mesothelioma occurrence is low in Cochabamba and suggests a probable explanation in "...fibre width and/or a threshold exposure limit...". The conclusion is not supported by reliable data. The number of cases in Cochabamba could be smaller than expected because of competitive causes of death, because life expectancy was less than 65 years or for underdiagnosis (6).

Ilgren et al claimed alternative explanations for the figures presented by Maule et al (7) on mesothelioma in Casale, with no reference. We requested the supporting data, obtaining five Google maps regarding 5 cases, while 103 were included in Maule study. As the weakness was not demonstrated, the statement should be retracted.

Ilgren et al stated that the paper was written within a judicial case. That might explain the rationale of such a weak and inconsistent document, targeted to an extra-scientific setting. It also explains the use of unclear statements difficult to understand and to contradict. In conclusion, this paper reports seriously misleading information and the journal should consider its retraction.

Yours truly,

Corrado Magnani <sup>(1,2)</sup>, Francesco Barone-Adesi <sup>(3)</sup>, Annibale Biggeri <sup>(4)</sup>, Pietro Comba <sup>(5)</sup>, Paola Dalmasso <sup>(6)</sup>, Daniela Marsili <sup>(5)</sup>, Milena Maule <sup>(7)</sup>, Franco Merletti <sup>(2, 7)</sup>, Dario Mirabelli <sup>(2, 7)</sup>, Roberto Pasetto <sup>(5)</sup>, Benedetto Terracini <sup>(2, 7)</sup>

1. Cancer Epidemiology Unit, Dept. of Translational Medicine, University of Eastern Piedmont, "Maggiore Hospital" and CPO-Piemonte, Novara, Italy
2. Centro Interdipartimentale "G. Scansetti" per lo Studio degli Amianti e di altri Particolati Nocivi, Università di Torino, Torino, Italy
3. Department of Pharmaceutical Sciences, University of Eastern Piedmont, Novara, Italy
4. Department of Statistics, Informatics and Applications "G. Parenti," University of Florence, Florence, Italy
5. Istituto Superiore di Sanità, Rome, Italy
6. Department of Public Health and Paediatrics, University of Torino
7. Unit of Cancer Epidemiology, CPO-Piemonte and Department of Medical Sciences, Università di Torino; Torino, Italy

### Conflict of interest statement

CM, PC, FBA, DMi, BT served as expert witness in asbestos related trials.

## References

1. Ilgren EB, van Orden DR, Lee, RJ, Kamiya, YM., Hoskins, JA. Further studies of bolivian crocidolite-Part IV: Fibre width, fibre drift and their relation to mesothelioma induction: Preliminary findings. *Epidemiology Biostatistics and Public Health* 2015; 12 (2), e11167.
2. Barone-Adesi F, Ferrante D, Bertolotti M, et al. Long-term mortality from pleural and peritoneal cancer after exposure to asbestos: Possible role of asbestos clearance. *Int J Cancer*. 2008; 123:912-6.
3. Ferrante D, Bertolotti M, Todesco A, Mirabelli D, Terracini B, Magnani C. Cancer mortality and incidence of mesothelioma in a cohort of wives of asbestos workers in Casale Monferrato, Italy. *Environ Health Perspect*. 2007; 115:1401-5.
4. Ferrante D, Mirabelli D, Tunesi S, Terracini B, Magnani C. Pleural mesothelioma and occupational and non-occupational asbestos exposure: a case-control study with quantitative risk assessment. *Occup Environ Med*. 2015. pii: oemed-2015-102803. doi: 10.1136/oemed-2015-102803.
5. Editorial. L'Uil di La Paz racconta...cooperazione Italia-Bolivia per la salute pubblica. L'Istituto Superiore di Sanità a La Paz: un percorso di collaborazione con il Ministero della Salute della Bolivia. *La Cooperazione Italiana Informa*, Gennaio 2015, pp. 26-29.
6. Marsili D, Comba P, Pasetto R, Terracini B. International scientific cooperation on asbestos-related disease prevention in Latin America. *Ann Glob Health* 2014; 80:247-50.
7. Maule MM, Magnani C, Dalmaso P, Mirabelli D, Merletti F, Biggeri A. Modeling mesothelioma risk associated with environmental asbestos exposure. *Environ Health Perspect*. 2007;115:1066-71.

