# **Part 4: Asbestos: what can we do following exposure?**

After asbestos has been found or where exposure has been suspected I’m often asked what can be done there’s an expectation that we can or should be able to do something to provide people with some sort of reassurance after such an episode unfortunately we don’t have the sort of tests at this stage which can effectively provide the answers that we want.

If we want to do some monitoring then there are a number of preconditions which need to be met. We need to have a test which is sensitive and specific indication of exposure and unfortunately, we don’t have any which could detect asbestos particles because there so small. Samples need to be available without unacceptable danger or discomfort and they also need to be the tests need to be done when there’s an opportunity to intervene and do some good.

Let’s first of all consider chest x-rays, in the olden days when asbestosis was still prevalent then x-rays were often done on a routine basis and if asbestosis was detected then people were told they should avoid further exposure. However, I’ve discussed earlier that new cases of asbestosis won’t occur with current allowable levels of exposure and certainly not with incidental exposure. Therefore, the rational for using chest x-rays no longer exists and there really not useful now.

So far as cancer is concerned then chest x-rays lack the sensitivity to detect cancers both mesothelioma and bronchogenic carcinoma at a stage when any useful intervention is possible. If there a useful test then all smokers will be having routine chest x-rays.

In 2003, Bach undertook a review of 13 clinical trials looking for studies which might indicate useful screening for asbestos. They looked at low dose CT scans and chest x-rays and sputum cytology they concluded that chest x-rays and sputum cytology were not good screening tests and that low dose CT scans demonstrated some promise, but still needs further evaluation.

You may also hear of a blood test for mesothelioma, a test has been developed in Western Australia where they look for soluble mesothelin-related protein or SMRP. While this test has proven some value in the management of cases of people with mesothelioma it hasn’t been proven to have any value in routine screening. The role of this test in early diagnosis is yet to be proved.

Therefore, x-rays are not able to detect pulmonary fibrosis at expected levels of exposure. X-rays cannot detect cancer or mesothelioma at a stage when any useful intervention is possible. Sputum cytology is neither sensitive nor specific enough to be a useful test and the role of blood testing in the early diagnosis of mesothelioma is yet to be proved. So unfortunately, medical technology just at the moment doesn’t provide a means of monitoring for asbestos following exposure.

Presentation Ended