

## Newsletter November 2013

### MEDICHEM: Occupational and Environmental Health in the Production and Use of Chemicals

Founded 1972 in Ludwigshafen, Germany

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### Dear MEDICHEM Members,

This is the first communication since the July 2013 Newsletter, where we had to convey the most saddening news about the sudden demise of MEDICHEM's Secretary Diane Mundt. At the same time, following disturbing news from Turkey, for the first time in MEDICHEM's history the annual congress planned for September 2013 in Istanbul had to be cancelled. And all this happened during a

transition period with Thirumalaj Rajgopal's tenure as MEDICHEM Chairman coming to an end after two full terms of office, and Karolina Lyubomirova and Michael Nasterlack stepping down from the Board.

Fortunately, by this time it had already been decided that Murray Coombs from South Africa follows Raj as the Chairman, and Michael will be replaced by Dieter Junker, an occupational

physician from BASF SE, Germany. Meanwhile, also the problem of the vacant position for the Secretariat could be resolved. Maren Beth-Hübner, a long-standing MEDICHEM member and well known to many of us for her outstanding performance as the organizer of the very successful 2011 congress in Heidelberg, was approached and volunteered to take over this challenging task. The MEDICHEM Board gratefully acknowledged and accepted this commitment and unanimously co-opted Maren as Board Member and Secretary according to Article 5 Section 4.2 and 4.3 of the MEDICHEM Constitution. To introduce Maren to those who did not have the opportunity to meet her in the past, her CV is provided in this Newsletter.

Also our new Chairman Murray Coombs is probably well known to most but maybe the most recent MEDICHEM members, but his CV is nevertheless also included (to close all possibly remaining knowledge gaps). Dieter has already been introduced in the last communication from July 2013.

This Newsletter again also contains a piece of "Journal Watch" edited by Board member Avi Wiener from Israel. Many thanks go to Avi for his commitment to MEDICHEM and his ongoing support for the membership as a whole and the secretary in particular. Having known a row of secretaries (including myself) I know what I am speaking of.

I myself take this opportunity to say good-bye to the membership as a Board member, but I will definitely stay involved in MEDICHEM and maintain contact to the many good friends and colleagues, which I found in MEDICHEM. And I am certainly looking forward to meeting many of you at the Marrakech congress 2014 at the latest (**see end of this Newsletter!**).

*Michael Nasterlack*

Dr. Michael Nasterlack  
(Ludwigshafen, Germany)

## Message from the new Chairman



To all MEDICHEM Members:

Thank you for your patience and understanding whilst we reorganize the secretariat, board meetings and member meetings (AGM).

This newsletter serves as a reminder of our activities and the importance of contributions from all our members. As reported to you recently, we will be holding a mini board meeting 22 November in Heidelberg, please let us know of any topics and issues we need to add to the agenda.

On a personal note, I wish to thank all for accepting my nomination, I will endeavour to keep up and strengthen the good work MEDICHEM is doing.

Kind regards

*Murray Coombs*

Dr. W. Murray Coombs  
(Sandton, South Africa)

## Message from the new Secretary



Dear Colleagues:

In this first MEDICHEM Newsletter since stepping into Diane's job as Secretary and Board Member I would like to thank Prof. Thiess, Michael Nasterlack and the MEDICHEM Board Members to have placed their confidence in me. I will strive to gain this trust and to continue the outstanding work Diane has delivered in her almost 5 years as our Secretary.

I promise you that I will do my best in my position as Board Member and 10<sup>th</sup> MEDICHEM Secretary

- to help that MEDICHEM remains the premier international scientific association on matters relating to occupational and environmental health in the chemical industry, like MEDICHEM was since it was founded 41 years ago
- to increase the awareness of MEDICHEM being a unique network of occupational health professionals and experts all over the world who give each other support and guidance in many of the questions and problems associated with daily work.
- to let the chapter in our MEDICHEM Newsletter “Welcome to New Members” grow.

To let these visions come true I would like to

- encourage you, to invite colleagues in your occupational surroundings to attend the next MEDICHEM Congress in Marrakech from 18 to 20 September 2014 and at least to attend yourself
- motivate you, to give a talk in Morocco or to encourage others to do so
- ask you, to send me your contribution for the next MEDICHEM Newsletter, sharing either an interesting experience you made or an article you read or an event you want to let us know or write an original article, to engage discussion

and last but not least to

- beg you, not only to think about, but to actively invite suitable colleagues around you to join the MEDICHEM Family and to become a new member of MEDICHEM (Application Form see attached).

If you have any wishes, queries, or suggestions concerning the Newsletter, or the website <http://www.medicchem.org/>, or the next Board Meeting on November 22 in Heidelberg, please contact me [maren.beth-huebner@bgrci.de](mailto:maren.beth-huebner@bgrci.de). Also please inform me, if something in your contact data (address, email address, firm...) has changed.

I look forward to meeting you, and working together.

Best wishes

*Maren Beth-Hübner*

Dr. Maren Beth-Hübner  
(Heidelberg, Germany)

## CV Dr. William Murray Coombs

Murray completed his medical degree in 1983 and followed a career in emergency and aviation medicine (also during his compulsory military training). In 1985, he started to specialise in Occupational Medicine. He then embarked on a private practice career in Occupational Medicine. He was nominated onto the executive of the South African Society of Occupational Medicine (SASOM) in 1990. His practise was predominantly in the chemical industry and with local laboratories he led a SASOM team in developing the first SA text on biological monitoring, this led to his appointment as consulting pathologist in Occupational Health. In 1994 he was appointed to the first Compensation Board for Occupational Diseases in SA. His interest, research and publications in biological monitoring, chemicals and pesticides provided for increased activity internationally, due to this he was invited to join the scientific committees of the International Commission on Occupational Health – Pesticides and Agriculture. He was nominated to the International Chemical Industry Occupational Health Board (MEDICHEM) in 1996. During 1997, he was made Vice Chairman of SASOM and in 1998 became chairman of the SA Chamber of Business health work group. During 1998 he accepted a project to investigate Occupational Health and HIV/AIDS risks for Unilever operating in 13 African countries at more than 30 locations. The company received a global award for their HIV/AIDS response, the methodology was taken up as a best practice by the World Economic Forum (WEF). In the latter part of 1999 he was offered a contract with Dow Chemicals as the Health Director South Africa. During 2000 he became a board member of the International Commission of Occupational Health. In the same year the Global Health Fund and WEF invited him to join the GHI task force – development of private sector responses to HIV/AIDS, Malaria and TB. In Sept 2001 Murray accepted an offer from Dow to expand his role to Health Director Middle East/Africa and India. During the period 2000 to current both Dow and Unilever received awards and recognition for their comprehensive Occupational and HIV/AIDS programmes. During 2006 Murray published the first South African guidelines on Occupational and Environmental

medical surveillance on behalf of SA Society of Occupational Medicine. During 2007 the American Chamber of Commerce invited Murray to become the chairman of the AMCHAM Health forum. During 2008 Murray was invited to the Whitehouse to share his experience in Health in the African and Middle East regions. In 2010 Murray was invited to the UN Task force on HIV/AIDS as private sector representative. Over 100 articles published. I have always wanted to respond to the burden of disease in humans, in the beginning medical and emergency care to individuals, later to worker health and more recently to workers and communities at large affected by preventable diseases. Scaling up successful systems to reach, treat (and intervene) many more people is a challenge that I hope to continue with, in particular with current projects in Occupational (Manganese/chemicals), environmental (asbestos), consumer (food-safety and nutrition), and public health (HIV/Malaria/TB).

### **CV Dr. Maren Beth-Hübner**

Maren completed her medical degree in 1985 after studying medicine at the Ruprecht Karls University in Heidelberg (Germany), in Cape Town (South Africa) and in Zurich (Switzerland). She followed a career in Toxicology, for three years at the Institute of Toxicology and Chemotherapy at the German Cancer Research Centre (DKFZ) in Heidelberg, and since 1989, as a scientific staff member in the Department of Hazardous Substances and Biological Agents at Work, Division of Prevention, at BG RCI (formerly BG Chemie), initially within the "Programme for the Prevention of Health Hazards Caused by Industrial Substances" ("Existing Chemicals Programme"). She completed her training with Post-graduate courses towards a MSc in Toxicology in 1990, 1991, 1992 and 1993 at the University of Surrey, United Kingdom. From 1994 to 1998 she additionally was an Assistant for the International Social Security Association (ISSA), Chemistry Section, Heidelberg, concerned with the special topics United Nations and Chemical Safety and Social Security in Latin America. Since 1995 she was Head of the "Existing Chemicals Programme" with its Scientific Advisory Committee and its Secretariat. Within this "Programme" she was responsible for the initiation

of 432 experimental toxicological studies and the publication of Toxicological Evaluations of 245 and 212 chemicals in German and English, respectively, both in print and as online versions, up to the end of the programme in 2002. In parallel, and since then, she presented the results to the regulatory committees in Germany, and she initiated numerous internal and external research projects. Besides this, Maren implemented a knowledge management system in the Division of Prevention at former BG Chemie and initiated and was head of numerous related projects (on topics including: intranet, FAQs, asbestos, newsletter, REACH, electronic archiving, interactive knowledge base, occupational diseases) from 2005 to 2009. Furthermore, Maren is an internal and external consultant for toxicology and occupational diseases caused by chemical substances. Maren is member of the following scientific committees and working groups: Since 1999 she works in the "Commission for the Investigation of Health Hazards of Chemical Compounds in the Work Area" ("MAK-Kommission") of the German Research Foundation (DFG), which is concerned with the development of occupational exposure limits and classification of industrial substances. She is member of the following regulatory AGS (Committee on Dangerous Substances)-working groups, on "Classification of, and Threshold Limit Values for, Carcinogens and Mutagens", "Reproductive toxicity", "Fibres/Dusts", "Metals" (as guest). She is Member of the "Expert Panel on Chemical Safety of the GDCh (German Chemical Society) and the GT (Society of Toxicology)", of the ad-hoc working group on "Nanoparticles" of the MAK-Kommission, of various working groups of the DGUV (German Statutory Accident Insurance) on e.g. "Irritant Effects" (initiator of a collaborative research project and member of the scientific monitoring board), "Occupational Diseases and Toxicology", "Aromatic Amines", "Epoxy Resins, INQA Assessment System, "Synergy", "Fibre-years", "Nanotechnology", "Nickel". She is member of the following Societies: Member of MEDICHEM since 1991, Member of EUROTOX since 1997, Member of DGPT (German Society for Pharmacology and Toxicology) and its working group on "Regulatory Toxicology" since 2001, Member of the Order of St. John's Relief Community Hanau since 2001, Member of ZONTA-Club Heidelberg Kurpfalz since

2007, within the board from 2008 to 2012, Member of ICOH since 2013. Maren is author of about 60 publications, including scientific journal articles, book contributions and conference presentations and is author or co-author of many of the 245 TOXICOLOGICAL EVALUATIONS published by BG Chemie. She won the second prize in the 15th scientific contest of the Zeitschrift für Allgemeinmedizin (Journal on General Medicine) in 1988. In 2011 she organized, and was chairperson of, the 39th International MEDICHEM Congress in Heidelberg, Germany. In July 2013 Maren was asked by the board of MEDICHEM to be the successor of Dr. Diane Mundt in the function of MEDICHEM's secretary.

## The Journal Watch



Edited by Avi Wiener, MD  
Institute for Occupational and Environmental  
Medicine, Rambam (Maimonides) Medical Center,  
Haifa, Israel, and Faculty of Civil and Environmental  
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### Screening for Asbestos Related Malignant Pleural Mesothelioma

Malignant mesothelioma (MM) is a rare, highly aggressive neoplasm arising primarily from serosal cells of the pleural, peritoneal and pericardial cavities. Histologically, there are three types of mesothelioma: epithelial-, fibrous (sarcomatoid)-, and mixed-type<sup>1</sup>. MM incidence rate is increasing throughout most of the world. Asbestos inhalation is the predominant cause and it accounts for near about 80% of cases of malignant pleural mesothelioma (MPM) of all three different types<sup>1,2</sup>. Epidemiologists predict that on the coming 20 years there will be a dramatic increase incidence rate of MPM due to the extensive exposure to asbestos fibers during the second half of the last century<sup>2</sup>. It is well established that the mean induction-latency period between first exposure to asbestos dust and time of diagnosing MPM is 40

years, ranging from 20-60 years<sup>1,2</sup>. Until recently the prognosis of patients suffering from MPM was extremely poor: nearly all of them succumbed 6-8 months after diagnosis. Two main reasons were related to this poor outcome: late diagnosis and lack of curing treatment. Nowadays the prognosis has been improved to some extent, still not sufficient, as physicians became more active in enhancing diagnostic procedures to identify patients at earlier stages of the disease, and because a new chemotherapy was developed, consisting of Pemetrexed (Alimta) alone or, in combination with Cis-diammine-dichloro-platinum (CDDP, cisplatin) and because of the application of more advanced therapeutic modalities<sup>1</sup>.

For many years it has been debated whether extra pleural pneumonectomy (EPP) and adjuvant chemotherapy and radiation might improve prognosis. Unfortunately it has been shown that long term survival rates after EPP remained disappointing with median survival lengths ranging from 9.3 to 17.0 months for the majority of series<sup>1</sup>. Rusch et al<sup>3</sup>, and Pass et al<sup>4</sup> reported median survival after EPP between 9.4 to 10.0 months. The majority of patients in these two series were pathologic TNM stages II or III. In 1999 Sugarbaker<sup>5</sup> offered EPP and adjuvant therapy to patient with MPM at very early stages, i.e., stage I. A subset of 31 patients with epithelial cell MPM, negative resection margins, and negative extra pleural nodal status had a 51-month median survival with 2-year survival of 68% and 5-year survival of 46%. The patients in this series who sustained sarcomatoid- and mixed-type tumors did not benefit from this approach. In the series by Rusch and Venkatraman<sup>6</sup> the 2-, and 5- year survivals of stage I patients (16 out of 131) who underwent EPP and adjuvant therapy were 65% and 30%, respectively. The difficulty in this management of the disease has been to differentiate patients most likely to benefit from this aggressive approach from those patients destined to die early in the disease. The use of biological exposure indices (BEIs), and especially osteopontin<sup>7-11</sup>, mesothelin<sup>7,12-23</sup> and fibulin-3<sup>7,24-27</sup> has been suggested to achieve this purpose among past asbestos exposed workers.

Osteopontin (OPN) is a glycoprotein which mediates cell-matrix interactions and cell signaling. At first it was believed that high serum OPN could

discriminate subjects with exposure to asbestos that do not have early MPM from those with exposure to asbestos who have early MPM<sup>8,9</sup>. But other studies failed to demonstrate the usefulness of OPN as a high risk predictor for MPM in asbestos exposed workers<sup>10,11</sup>. Serum OPN levels were compared with plasma OPN levels and it was shown that there was no correspondence between serum and plasma OPN measurements<sup>11</sup>.

Mesothelin is a precursor protein, which undergoes physiological cleavage by a furin-like protease, resulting in two proteins: one is megakaryocyte potentiation factor and the other is a phosphatidylinositol-linked glycoprotein which remains bound to the cell membrane. It was suggested that after further processing the cell surface protein releases soluble mesothelin-related peptides (SMRPs), which are the principal mesothelin family proteins tested for MPM diagnosis and found to be useful markers for this malignancy<sup>7,12,13</sup>. SMRP levels differentiated MPM patients from both asbestos exposed and asbestos-unexposed subjects<sup>7,13-18</sup>, and asbestos exposed workers with benign asbestos pleural lesions<sup>7,13,17</sup>. High serum SMRP differentiated MPM patients from patients sustaining pleural metastases from various carcinomas<sup>7,16,19</sup>, and lung cancer<sup>7,20</sup>. But SMRP does not discriminate asbestos-exposed individuals from age-adjusted controls. A recent study assessed the value of serum SMRP as a screening test. In a prospective test in 538 individuals with an occupational exposure to asbestos, a low specificity and high number of false-positive values were found<sup>21</sup>. No mesothelioma was observed, although 15 (almost 3%) subjects had elevated SMRP levels. Taking the results of all above mentioned studies it is obvious that, the levels of SMRPs in the blood can be proposed as a biomarker suitable for diagnosis of existing MPM but not to predict the disease<sup>7,21,22</sup>. A meta-analysis study was carried out to evaluate the sensitivity, specificity and measures of accuracy of serum SMRPs in the diagnosis of MPM<sup>23</sup>. Receiver-operating-characteristics (ROC) curves were used to summarize overall test performance. A size of 717 patients with MPM and 2851 without MPM was analyzed. The SRMP levels significantly discriminate the two groups with a sensitivity of 64% (range 41-49%) and specificity of 89% (range 73-100%). The diagnostic accuracy

of SMRP examination for MPM seems to be similar to that of conventional tests such as cytological examination – high specificity and low sensitivity. In conclusion, SMRP is unlikely to prove useful for screening, and it is less useful than in diagnosing MPM in symptomatic patients.

Fibulin-3 belongs to a family of secreted glycoproteins associated with basement membranes, elastic fibers, and other matrices. They are expressed in a variety of tissues. Association with these matrix structures is mediated by their ability to interact with many extracellular matrix constituents. In order to find a new biomarker to detect MPM at an earlier stage Pass and his coauthors<sup>24</sup> investigated whether fibulin-3 in plasma and pleural effusions could meet sensitivity and specificity criteria for a robust biomarker. They measured fibulin-3 levels in plasma from patients with mesothelioma, in asbestos-exposed persons without cancer, in patients with effusions due to mesothelioma and in healthy controls. They also measured this glycoprotein in effusions from patients with mesothelioma, in patients with benign effusions and in patients with malignant effusion not due to mesothelioma. They found that in an overall comparison of patients with and without MPM, the receiver-operating-characteristic (ROC) curve of plasma fibulin-3 levels had a sensitivity of 96.7% and specificity ng 95.5% at a cutoff value of 52.8 ng of fibulin-3 per ml. In a comparison of patients with early-stage MPM with asbestos-exposed persons, the sensitivity was 100% and the specificity was 94.1% at a cutoff of 46.0 ng fibulin-3 per ml. Based on the results of their study they concluded that plasma fibulin-3 levels could distinguish healthy persons with exposure to asbestos from patients with mesothelioma. In conjugation with effusion fibulin-3 levels, plasma fibulin-3 levels could further differentiate mesothelioma effusions from other malignant and benign effusions. Hollevoet<sup>24</sup>, and Lamote<sup>25</sup> criticized the results of Pass<sup>23</sup> and mentioned that future validation efforts should continue focusing on the performance of fibulin-3 in early-stage disease and maintain the high standards of the study by Pass et al<sup>23</sup>.

Low-dose computed tomography (LDCT) scan could have been an alternative screening mode for asbestos related MPM. Nevertheless LDCT scan

has not been proven to be an effective screening tool for the detection of early MPM: no single case of EPP was detected in a cohort of 1045 asbestos exposed workers<sup>24</sup>.

Comment: The death rates for mesothelioma parallel the consumption of asbestos by individual countries. According to the World Health Organization database the highest death rates per million- population are seen in Australia, the United Kingdom, New Zealand, Canada, Western Europe and the United States. Moreover, it is predicted that between 2000 and 2049, over 400,000 lives will be lost in those countries from the disease<sup>1</sup>. Until recently survival after diagnosis was extremely short, and it has been improved to some extent by means of newest therapeutic regimes. It is believed that late diagnosis and aggressiveness of the disease account for the poor prognosis. Identification of asbestos-exposed high-risk individuals might help occupational physicians to offer intensive screening to this selective population in order to diagnose MPM at very early pathological stages. Extensive use of a highly sensitive and specific BEI could have differentiated high-, from low-risk past-asbestos-workers. Unfortunately, serum OPN and SMRPs, first thought to be robust BEIs failed to predict the occurrence of MPM in asbestos exposed workers. Albeit Pass et al presented promising data on the use fibulin-3 as a sensitive and specific BEI for early diagnosis of MPM and also - asbestos exposure, it is yet unclear whether its use will help to differentiate high-,from low-risk workers regarding the tendency to develop asbestos related MPM. The conclusion that the use of LDCT scan as a tool for early detection of MPM is inefficient was based on a very limited cohort, thus it is premature to negate this option for screening for the disease. It seems that as long as a well proven sensitive and specific BEI is not found, occupational physicians will have to decide whether to screen all past asbestos workers by means of plan chest roentgenograms or by low-dose chest CT scans at high frequency. The European Respiratory Society and the European Society of Thoracic Surgeons published their guidelines for the management of MPM. Their conclusions were summarized on August 2009 and published on March 2010. To their knowledge at that time there was no place for screening of MPM.

Nevertheless, they recommended that the usefulness of thoracic imaging and/or biological markers should be further evaluated in selected highly asbestos-exposed populations.

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Dr. Avi Wiener  
(Haifa, Israel)

With the question “**Asbestos repeated?**” Maren Beth-Hübner started her summary of the new results published on the **toxicity of carbon nanotubes** in her talk “Aspects relevant for Toxicological Evaluation and Risk Assessment of Nanomaterials – Overview”, held at BIT’s 4th Annual World Congress of NanoMedicine-2013 from June 5-7, 2013 in Suzhou, China. Maren Beth-Hübner stated in her resume Evaluation of hazards to humans: “From the results of our workplace study the Risk Equation, that the Health Risk is a product of Hazard and Exposure, has been confirmed. By only minimizing the workers exposure via appropriate engineering controls, the risk of health effects has been reduced. The US-NIOSH Experts have proposed a Recommended Exposure Limit (REL) of 1 µg/m<sup>3</sup> elemental carbon as an 8-hour time-weighted average (TWA) airborne respirable mass concentration for up to a 40-hr work week. The basis are the studies I have presented to you, especially the two 90-day-studies in rats from Germany (Ma-Hock et al., 2009 and Pauluhn, 2010). The detailed scientific reasons are published in the 156 pages long Current Intelligence Bulletin 65 „Occupational Exposure to Carbon Nanotubes and Nanofibers“ which came just out in April this year (2013) <http://www.cdc.gov/niosh/docs/2013-145/pdfs/2013-145.pdf>. Therefore, according to the Rio Convention 1992 (“... where there are threats of serious or irreversible damage, lack of scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent ...”) it should be concluded that the principle has to be ... “*Better safe than sorry!*”

Dr. Maren Beth-Hübner  
(Heidelberg, Germany)



## People and Events



Dr. Michael Nasterlack, Gabi Nasterlack, Dr. Ken Mundt, Dr. Steffen Hitzeroth, Thomas Birk, Dr. Abed bin Onn, Dr. Martina Piasek, Dr. Diane Mundt (passed away), Dr. Andreas Flückiger, Dr. Thirumalai Rajgopal, Prof. Dr. Alfred Thiess, Dr. Gisela Thiess, Tala Humphry, Dr. Noel Humphry, Dr. Maren Beth-Hübner, Dr. Edwin Whiteside (from left to right). Andrea Cuadrado, Martha Flückiger (front row) on June 1, 2011 at the champagne reception before the MEDICHEM Board Dinner at the construction site of Dr. Maren Beth-Hübner's flat. This year the board will see the flat after Maren and her husband Wenzel moved in with furniture.

**Dr. Thirumalai Rajgopal**, Vice President, Global Medical & Occupational Health at Unilever, Mumbai, India, has served as MEDICHEM Chairman for two terms (6 years) and will serve for one other year on the MEDICHEM Board as Past Chairman. The MEDICHEM Board gratefully acknowledges the outstanding service Dr. Rajgopal has provided to MEDICHEM in the past and conveys its sincere thanks and best wishes for the future. A very warm welcome to **Dr. W. Murray Coombs** as the new Chairman of MEDICHEM.

**Dr. Karolina Lyubomirova**, Bulgaria, steps down from the Board. Also **Dr. Michael Nasterlack**, Vice President, Occupational Medicine & Health Protection at BASF SE, Ludwigshafen, steps down as long-standing MEDICHEM Board Member and former Secretary of MEDICHEM. MEDICHEM owes very special thanks to Dr. Nasterlack for the invaluable service he has provided over many years. A warm welcome to **Dr. Dieter A. Junker**, Occupational Medicine & Health Protection at BASF SE in Ludwigshafen, Germany, on the Board.

## Congratulations



MEDICHEM's founder and Honorary President, **Prof. Dr. Alfred M. Thiess**, has celebrated his 92<sup>th</sup> birthday on October 3, 2013. We are very thankful that Prof. Thiess's health condition is as such that he can attend the next Board Meeting in Heidelberg.



MEDICHEM's long years treasurer, secretary and board member **Dr. Andreas Flückiger**, Head of Roche's Corporate Health Protection at F. Hoffmann-La Roche AG Basel, Switzerland, celebrated his 60<sup>th</sup> birthday on July 20, 2013.



**Dr. Michael Nasterlack**, Vice President, Occupational Medicine & Health Protection at BASF SE, Ludwigshafen, MEDICHEM's former secretary and board member will have his 60<sup>th</sup> birthday on November 17. 1953 obviously was a very good year.

**We wish all three highly respected MEDICHEM members many happy and healthy returns of the day.**

## MEDICHEM Activities

There will be a **Board Meeting** on November 22, 2013 in Heidelberg, Germany. If you have any suggestions for the Agenda please send to the

Secretary [maren.beth-huebner@bgrci.de](mailto:maren.beth-huebner@bgrci.de) as soon as possible.

## Retirement

MEDICHEM wishes **Dr. Michael Nasterlack** all the best in his recent retirement from Vice President, Occupational Medicine & Health Protection at BASF SE, Ludwigshafen, Germany. We are very glad that Michael will not retire from his dedication to MEDICHEM.

## Forthcoming Events

**11-13 February 2014** – Hanasaari Cultural Center, Espoo, Finland

### **International Conference on Monitoring and Surveillance of Asbestos-Related Diseases 2014**

Organized by: Finnish Institute of Occupational Health in collaboration with the International Commission on Occupational Health, ICOH  
Sponsored by: The Finnish Work Environment Fund, Federation of Finnish Learned Society, Federation of Accident Insurance Institutions, Cancer Society of Finland

<http://www.ttl.fi/helsinkiasbestos2014>

**6-8 March 2014** – Holiday Inn Fisherman's Wharf, San Francisco, United States

### **Occupational and Environmental Factors in Infectious Disease and Updates in Occupational Health**

Sponsored by: Division of Occupational and Environmental Medicine, Department of Medicine, University of California, San Francisco, and the Northern California Center for Occupational and Environmental Health (COEH)

<http://www.ucsfcmecme.com/2014/MDM14N01/info.html#overview>

**2-5 April 2014** – Deutsches Hygienemuseum, Dresden, Germany

### **54. Wissenschaftliche Jahrestagung der Deutschen Gesellschaft für Arbeitsmedizin und Umweltmedizin (DGAUM) e.V.**

<http://www.dgaum.de/dgaum-jahrestagungen/>

**14-16 April 2014** – Birkbeck College, University of London, **London, United Kingdom**

**11th Conference of the European Academy of Occupational Health Psychology: "Looking at the past - planning for the future: Capitalizing on OHP multidisciplinary"**

Organized by: European Academy of Occupational Health Psychology (EA-OHP)

Supported by: Birkbeck College, University of London

<http://www.eaohp.org/conference.html>

**23-26 April 2014** – Congress Center Limra Hotel & Resorts, **Antalya, Turkey**

**NANOTOX 2014, 7th International Nanotoxicology Congress**

<http://www.nanotox2014.org>

**17-20 June 2014** – **Milan, Italy**

**9th International Conference on Workplace Bullying and Harassment - Promoting dignity and justice at work**

Organized by: Department of Clinical Sciences and Community Health, University of Milan

[www.bullying2014.unimi.it](http://www.bullying2014.unimi.it)

**24-27 June 2014** – **Chicago, United States**

**EPICOH 2014 - The 24th International Conference on Epidemiology in Occupational Health** Organized by: EPICOH

Organized by SC: Epidemiology in Occupational Health

<http://epicoh2014.uic.edu>

**24-27 August 2014** – Congress Center Frankfurt, **Frankfurt, Germany**

**XX World Congress on Safety and Health at Work 2014, Global Forum for Prevention**

<http://www.safety2014germany.com/en/index.html>

**17-19 September 2014** – Adelaide Convention Centre, **Adelaide, Australia**

**Work Organization and Psychosocial Factors 2014**

Organized by: Prof. M. Dollard, The University of South Australia's Centre for Applied Psychological Research

Sponsored by: University of South Australia

Supported by: the Asia Pacific Network of Psychosocial Factors at Work

Co-sponsored by ICOH SC: SC Prevention of musculoskeletal disorders; SC Health Services Research; SC Cardiovascular Diseases

Organized by SC: Work Organization and Psychosocial factors (WOPS)

<http://unisa.edu.au/ICOHcongress>

**18-20 September 2014** – Sofitel Hotel, **Marrakech, Morocco**

**41st International MEDICHEM Congress 2014**

Organized by: Dr. Farid Slaoui and Prof. Dr. Abdeljalil EL Kholti

**31 May - 5 June 2015** – COEX Convention Center, **Seoul, South Korea**

**31st International Congress on Occupational Health**

MEDICHEM will organize a **Mini-Symposium on "MEDICHEM - an introduction to ICOH members"** with talks about MEDICHEM History, MEDICHEM Expertise, MEDICHEM members, website and newsletter, Global Priority Chemical Issues, MEDICHEM prize presentations – Young scientists/abstracts with ICOH

Organized by: Korea Occupational Safety and Health Agency (KOSHA)

<http://www.icoh2015.org>

## **MEDICHEM 2014 in Marrakech in Preparation**

The MEDICHEM 2014 congress will take place at the Sofitel hotel in **Marrakech, Morocco, from September 18 to 20, 2014**. Our local organizing colleagues Dr. Slaoui und Prof. Kholti are currently preparing the respective communication, which will shortly be available and posted on our website and sent out to the MEDICHEM membership. A dedicated team of experienced Board members has been set up as advisory committee to support them as needed.

**Mark the Date!**