



WE WANT YOU

FOR ASBESTOS WORKERS

EARLY DETECTION

YEARLY LOW DOSE CT SCAN
TO EARLY DETECT AND CURE LUNG CANCER



INTERNATIONAL ASSOCIATION OF
**Heat & Frost Insulators
& Allied Workers**

International Headquarters
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April 2014

Dear Brothers and Sisters:

I am writing to alert you to a very important medical advance – **saving our members' lives through the early detection and cure of lung cancer.**

Doctors now offer a simple CT scan of the chest that can frequently identify lung cancer when it is still limited in size and can be removed. This test is the **LOW DOSE CT SCAN OF THE CHEST**. Most people whose lung cancer has been detected through this method in medical studies have been treated and have **survived the lung cancer to lead normal lives**. This test was studied among 50,000 people by the National Cancer Institute, which most recently concluded that the use of low dose CT scan of the chest reduces deaths from lung cancer and that **people at increased risk from lung cancer should have this test.**

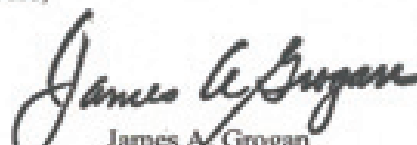
The low dose CT scan of the chest is a test that takes just a few minutes, is non-invasive, and involves no injection. This test has just been approved in December 2013 by the U.S. Preventive Services Task Force, a panel supported by the Federal Government.

If you are age 50 or over and have been exposed to asbestos at work or at home (if a family member worked with asbestos) and/or have smoked cigarettes on a regular basis currently or in the past, you should consider having this test yearly.

Lurge you not to delay. We all know one or more loved ones who have passed away from lung cancer. It is a terrible disease. Call your doctor today and ask how you can get a low dose CT scan of the chest for the early detection of lung cancer. Do this for all the families that care about you.

Fraternally yours,


James P. McCourt
General Secretary-Treasurer


James A. Grogan
General President

P.S. I have attached a short memo describing in more detail what a low dose CT scan is, a case study of the wife of one of our members, and a listing of some of the places where you can have such a scan. A low dose screening program is designed for **yearly** screenings of people who are at risk of lung cancer and who do not have any symptoms.

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Case Study on Successful Early Detection of Lung Cancer: Mrs. Ethel Keane, Wife of Jack Keane Local 17, Chicago

Ethel Keane is the wife of Jack Keane, the former International Vice President of the Insulators Union. Jack was a lifelong member of Local 17, Chicago, where he had been the Business Manager before serving the International.

In 2007, Ethel did not have any symptoms of any cancer, but went to her doctor for a routine exam. As part of a cardiac workup, Ethel received a routine CT scan of the chest. A 10 mm nodule (about 1/3 of an inch) was detected. By November 2008, the nodule had grown to 15 mm. This was a 50% increase in the diameter of the nodule, but it would be about a 200% or more increase in the volume of the tumor. By December 2008, the nodule had grown to 17 mm.

Because the tumor had grown in size, it was thought that it might be cancerous. A biopsy was ordered, and lung cancer was confirmed. (Note: lung cancer occurs in the inside portion of the lung, whereas mesothelioma occurs on the outside lining of the lung or the abdomen.)

In February 2009, the 17 mm tumor was removed. *Because the tumor was detected early when it was small, Ethel has been cancer-free for over 5 years.*

We now know that wives of Insulators who were exposed to asbestos just by living in the house of an Asbestos Worker have contracted asbestos-induced diseases, including lung cancer and mesothelioma.

If Ethel Keane had not had a CT scan, the tumor might not have been discovered early or treated early.



10 mm nodule
March 2007



15 mm nodule
November 2008



17 mm nodule
December 2008

The above represents the actual size of the nodule found on CT scans on the dates listed above. As one can see, the nodule was getting bigger over time, which made it suspicious for a lung cancer. In February of 2009, Ethel Keane had the 17 mm tumor successfully removed — and over 5 years later, has not had any reoccurrence of her cancer.

Early Detection: We believe that similar successful outcomes can be had if workers and their spouses who are at risk for lung cancer are entered into an “Early Detection Lung Cancer Program.” *Please read the following pages for more information on Early Detection of lung cancer by “Low Dose” CT Scan.*

Cure Rates as High as 95%: Recently, Dr. Claudia Henschke and Dr. Raja Flores from Mt. Sinai have presented a paper on early detection and curability. If a Stage 1 lung cancer is surgically removed when it is 1-10 mm, there is a 95% cure rate. If the tumor is removed when it is between 11-20 mm, there is an 87% cure rate. If the tumor is removed when it is 21-30 mm, the cure rate is 83%. That same paper suggests that non-surgical treatments for lung cancer have disappointing cure rates.

Summary of the Significant Benefits of an “Early Detection Program with Low Dose CT” For Those at Risk for Lung Cancer through Asbestos Exposure

The overwhelming evidence is that early detection of lung cancer saves lives.
Early diagnosis means early treatment.

Medical investigators have confirmed that Insulators are still contracting mesothelioma and lung cancer at alarming rates. Approximately 10% or more of Insulator deaths are from mesothelioma; twice as many, approximately 20%, of Insulator deaths are from lung cancer. A group that is at such a high risk of contracting lung cancer and mesothelioma stands to benefit greatly from early detection.

There is far more medical literature on early detection, survival and “cure” of lung cancer than mesothelioma. The groundbreaking work of Dr. Claudia Henschke in non-random studies confirms that lives are being saved with early detection of lung cancer. More recently, the National Cancer Institute published a randomized clinical study of 50,000 people showing that low dose chest CT scanning reduced lung cancer mortality by at least 20%.

The key to lung cancer screening is to recognize lung cancers when they are small or are growing, since cancers typically grow larger.

Lung cancer screening starts with a “baseline” CT scan, followed by a yearly CT scan. All nodules have to be followed and measured for growth on a yearly basis (consistent with an I-ELCAP special screening protocol) — and some may need to be followed less than a year from the initial screening depending on the results.

Present medical literature confirms that as high as 80% or more of those persons with Stage I lung cancer detected by screening with CT scans (who elect intervention biopsy, surgery etc. where appropriate) have a survival of at least 5-10 years. Those with lung cancer beyond Stage I generally have a very poor prognosis.

To miss a growing nodule or to misdiagnose a growing nodule is, thus, a mistake that has life and death consequences. A system to measure and track all nodules is key. This problem can be avoided by having a chest CT scan at a facility that has experience and expertise in this test.

Early diagnosis
means early
treatment

Questions You Might Have

What is involved in a Lung Cancer Screening?

Lung Cancer Screenings involve the use of CT Scans, as chest x-rays have not been found to be effective. The initial CT scan is called a baseline scan. Lung cancers or suspicious nodules can be detected at this baseline scan. Follow up scans are usually done in intervals of one year, and these are called annual scans. Lifelong Insulators may have nodules or scarring at a baseline screening; and an initial follow up scan may have to be as early as 3-6 months in order to confirm that these nodules are not “growing.” The benefits of screening with respect to the early detection of cancer only last as long as a patient or a worker continues to get a yearly low dose CT scan. If a suspicious or growing nodule is identified, the patient can be referred for early further diagnostic tests, and possible intervention, which may include further scans, biopsy or possible surgery. Many medical investigators have confirmed the great benefits for survival if lung cancers are identified when they are still Stage I and the patient receives intervention.

Why Do Many Physicians Think it is Important to Early Detect Cancer such as Lung Cancer?

The smaller the cancer, the better the chances for curing the cancer and the patient surviving. As the size of the tumor increases, the possibility of a cure decreases.

What are “Lung Nodules” and Why is it Important to Know if they are Growing or Getting Bigger?

Lung nodules are growths in the lung that can have a number of causes. These nodules can be cancerous or non-cancerous. CT scans can detect nodules at a much smaller size than chest x-rays. The size of the nodule and its growth rate are indicators that the nodule may be cancerous. The faster a nodule grows, the more likely it is to be cancerous. The appearance of the lung nodule is also relevant to predict how fast the nodule may grow and what type of treatment should be recommended.

Do Asbestos Workers, as a group, have a lot more Non-Malignant Lung Nodules than the General Population?

Yes. Scarring within the lung can be identified as a nodule. Many Asbestos Workers will likely have nodules identified in the baseline screening. These nodules will need to be catalogued and monitored to determine if the nodules are growing (and possibly cancerous) or stable (and likely benign or non-cancerous). This is why it will be important to identify the criteria to be used for a “positive result” on screening (that is one requiring further and more frequent follow-up) and to have professionals with the right experience and expertise on hand to evaluate the nodules that require follow-up and those that do not.

What is Stage I Lung Cancer and Why Do Many Believe it is Important to Early Detect Lung Cancer Before it gets to Stage II, Stage III or Stage IV?

Stage I cancer is a small tumor in the lung that has not spread to the lymph nodes or other organs. It is generally accepted by the medical community that by the time Lung Cancer becomes symptomatic it has usually reached a more advanced stage (Stage III or IV), meaning the cancer has spread. By this point, it is unlikely that the person will be cured of the cancer or have a long survival with the cancer. In contrast, when lung cancer is detected through early screening, up to 92% of Stage I lung cancer patients survive 10 years (or more) from diagnosis, according to a report from I-ELCAP (International Early Lung Cancer Action Program).

If You Detect Cancer Earlier, Can You Be Treated with Less Invasive Procedures?

Yes. Surgery remains the best option to cure and effectively treat lung cancer of any size. The earlier the cancer is identified, the smaller it is and the less invasive the procedure may have to be. Depending on the type of cancer and the size of the tumor, smaller portions of the lung may be removed. With advances in technology, the medical community is hopeful to decrease the invasiveness of procedures. Current treatments such as VATS (video assisted thoroscopic surgery) are less invasive, have fewer complications and shorter recovery times than open surgeries but are shown to be just as effective.

Can CT Scan Screening for Lung Cancer Help Detect Other Diseases?

Yes. CT scans are sensitive enough to detect other diseases and conditions, including asbestosis, emphysema, heart disease and occasionally mesothelioma.

Cost of Screening Section As Low as \$300 or Less: In recent months, many major medical centers have offered Low Dose CT Scan Screenings for lung cancer, and the price of such a scan has gone down considerably. Prices can vary, but many facilities make their screenings available for \$300 or less. It is our goal to facilitate a listing of places where the lung cancer screening can take place for an optimal price. However, one of the most important aspects of any screening is to make sure there are experts experienced in the field who are reading the films and making recommendations for treatment consistent with current best practices. Minimally invasive surgery is many times recommended now, when, in the past, more extensive surgery was offered.

“Low Dose” v. Standard CT Scan: Screening for lung cancer involves a yearly Low Dose CT Scan. Radiation dose for CT scans is measured in millisieverts (mSv). For example, a Low Dose CT Scan should have a radiation dose of less than 1 mSv. This dose is less than a typical mammogram. A standard chest CT has a considerably higher dose of 7 mSv. Therefore, leading experts in the field of lung cancer screening strongly recommend “Low Dose” CT. This can be performed on an ordinary CT scan machine that is appropriately “dialed down.”

Update of Our Work Since the Last Convention: Finding Effective Treatment and a Cure for Asbestos Cancers Including Lung Cancer and Mesothelioma

At our last International Convention, about 18 months ago, we re-dedicated ourselves to finding effective treatments and cures for asbestos induced disease, including mesothelioma and lung cancer.

At that Convention, you dedicated 4 cents of every hour you worked toward the goal of finding a cure for others.

We thought we might share with you some of the work we have done during the last 18 months.

1. We continue to confer with physicians who are at the forefront of treating mesothelioma, which occurs far too frequently for our members and their families. We will do everything we can to link up a member or a family member with the best physician available... whether that be in the state where a member lives, or out of state if no appropriate medical facility or physician is nearby.
2. We have traveled to Michigan and New York to confer with experts in their offices to see what they can do to help. In New York, we have personally conferred with Dr. Raja Flores (thoracic surgeon); Dr. Steve Markowitz (occupational disease) and Dr. Al Miller (pulmonologist) who have written a most recent article on asbestos disease in Insulators. In addition, we have conferred with Dr. Claudia Henschke on her groundbreaking work in early detection of lung cancer. We have also traveled to Detroit to consult with Dr. Michael Harbut, an occupational disease expert.
3. We have personally met with Mary Hesdorffer, Director of the Mesothelioma Applied Research Foundation (MARF). As a nurse practitioner, Mary has impressed us all with her dedication to fighting for a cure, on a day by day basis. We have made grants for mesothelioma research through MARF.
4. We continue to promote the Insulators Tissue Bank to make tissue or blood serum available for investigators in the future.
5. We have initiated a program to give our members data and resources so that they may consider entering an early detection lung cancer screening program (described within this paper). As described above, lung cancer can be cured if it is detected and treated early.
6. We continue to support the ban of asbestos which is still being mined and used by unsuspecting workers in developing nations, and various places both home and abroad.
7. We continue to be open to your suggestions as to how we may help in treating and helping to find a cure for asbestos disease.
8. Pilot Screening Program: Because early detection and early treatment of lung cancer have cure rates as high as 95%, we are instituting an Insulators Pilot Program. We are working to finalize the details of the Pilot Screening Program. Please consult our website for more information on this important project: www.insulators.org.

We will be updating our work in this area to find a cure or effective treatment for asbestos disease, including mesothelioma and lung cancer in the months to come. In the interim, please do not hesitate to contact us if you have any questions or suggestions.

On this topic, a dedicated email address has been set up: Screening@Insulators.org



ATTENTION PLEASE!

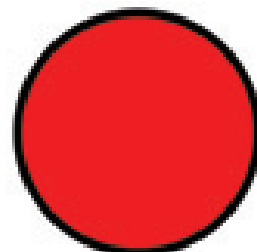
For those who have worked with or around asbestos
or smoked cigarettes



3 mm nodule



10 mm nodule



30 mm nodule

A yearly "Low Dose CT Scan" can detect growths, including those from 3 mm to 10 mm.

Many cancerous growths can be easily removed when the tumors are small, before any symptoms

Note on Figure Above: Diameters drawn to Scale: 3 mm = 0.12 inches; 10 mm = 0.39 inches; 30 mm = 1.18 inches

Email Information on Low Dose Screening: Screening@Insulators.org

The Insulators Union has established an email hotline for those seeking more information about early detection for lung cancer or related topics. We are not physicians, but can give you information about who you might consult with if you have a question. We are hopeful we can give you more detailed information about where you can go to get a lung cancer screening.

Medical Criteria, Who Should Be Scanned Yearly for Lung Cancer?:

People who are at an elevated risk for contracting lung cancer should be screened yearly.

We have asked Dr. Henschke, Dr. Markowitz, and other medical professionals which of our members should be screened for lung cancer.

After consulting with these experts, we recommend a **yearly Low Dose CT Scan of the lungs** for our members and their families, under the following:

Criteria for Insulators Yearly "Low Dose" CT Scan Screening

If you are age 50 or over and have been exposed to asbestos at work or at home (if a family member worked with asbestos) and/or have smoked cigarettes on a regular basis currently or in the past, you should consider having this test yearly.

**Get A Yearly
"Low Dose"
CT Scan**

- It Can "Early Detect" A Growing Lung Nodule
- Lung Cancer Caused by Asbestos Can Be Cured If It Is Detected Early

For Under \$300 Per Year, You Can Have An Annual Low Dose CT Scan Which Can Detect Lung Cancer Before Any Symptoms, Much Earlier Than A Chest X-Ray

Please email us or consult our website: Screening@Insulators.org • www.Insulators.org



EARLY DETECTION
YEARLY LOW DOSE CT SCAN
TO EARLY DETECT AND CURE LUNG CANCER



A yearly CT scan is easy, painless and crucial to ensuring your good health. The technology is available to detect early stages of lung cancer; all you need to do is take advantage of it. Contact your doctor today to ask how you can get a low dose CT lung cancer screening. Medical facilities offering this scan are conveniently located all across the U.S. and Canada.

Think of yourself, think of your family and get a CT scan each and every year!



Some Medical Facilities in the U.S. that can Conduct “Low Dose CT Lung Cancer Screening”

The following medical facilities are just some of the institutions in key cities in the Unites States that have conducted low dose CT lung cancer screenings. The key to screening is “follow up.”

Alabama

University of Alabama Birmingham – UAB Medicine

Alaska

Alaska Regional Hospital

Arizona

Phoenix VA Health Care System
St. Joseph Hospital and Medical Center,
Center for Thoracic and Esophageal Disease

Arkansas

The Center for Chest Care

California

John Muir Medical Center
City of Hope National Medical Center
Keck Medical Center of the University of Southern California
UCLA Health System, Ronald Reagan UCLA Medical Center
El Camino Hospital Cancer Center
Hoag Memorial Hospital Presbyterian
St. Joseph Hospital, The Center for Cancer Prevention and Treatment
UCSF Helen Diller Comprehensive Cancer Center
Stanford Hospital and Clinics
Torrance Memorial Medical Center
Dorothy E. Schneider Cancer Center
Eisenhower Lucy Curci Cancer Center
John Muir Medical Center
Sequoia Hospital
Sharp Memorial Hospital
The Jordan Research and Education Institute

Colorado

National Jewish Hospital
The Medical Center of Aurora
Presbyterian/St. Luke's Medical Center
Rose Medical Center
Swedish Medical Center
Sky Ridge Medical Center
North Suburban Medical Center

Connecticut

Greenwich Hospital
St. Vincent's Medical Center
Helen & Harry Gray Cancer Center at Hartford Hospital/
Hartford Healthcare

Connecticut continued

The Cancer Center at MidState Medical Center/Hartford Healthcare
Middlesex Hospital Cancer Center
Norwalk Radiology & Mammography Center
George Bray Cancer Center at the Hospital of Central Connecticut/
Hartford Healthcare
Smilow Cancer Hospital, Yale Cancer Center,
Yale-New Haven Hospital
Stamford Hospital
Windham Hospital/Hartford Healthcare

Delaware

Wilmington Hospital
Kent General Hospital

Florida

University of Miami Miller School of Medicine Sylvester
Comprehensive Cancer Center
Boca Raton Regional Hospital-Lynn Cancer Institute
Jupiter Medical Center
Mount Sinai Medical Center
MD Anderson Orland, Lung Cancer Screening Program
Moffitt Cancer Center

Georgia

Saint Joseph's Hospital of Emory Healthcare
WellStar Cancer Research
Doctors Hospital
DeKalb Medical Center
Coliseum Cancer Institute

Hawaii

The Queen's Medical Center
Hawaii Pacific Health

Idaho

St. Luke's Hospital/Health System
Teton Radiology

Illinois

Rush University
Northwestern Memorial Hospital
Northwest Community Healthcare
Alexian Brothers Medical Center
St. Alexius Medical Center
Centegra Health System
Edward Cancer Center OSF Saint Francis Medical

Indiana

Indiana University Health Cancer Centers
Deaconess Health System
Lutheran Hospital of Indiana
Franciscan St. Francis Health Cancer Center
St. Vincent Indianapolis Hospital
Clark Memorial Hospital
Methodist Hospitals

Iowa

Helen F. Nassif Community Cancer Center of Iowa/
St.Luke's Hospital

Kansas

The University of Kansas Cancer Center

Kentucky

The James Graham Brown Cancer Center
Central Baptist Hospital
Norton Healthcare
Baptist Health Louisville

Louisiana

Mary Bird Perkins – Our Lady of the Lake Cancer Center

Maine

Central Maine Medical Center

Maryland

Holy Cross Hospital
MD Anderson Cancer Center at Cooper University Health Care
Anne Arundel Medical Center's Geaton and
JoAnn DeCesaris Cancer Institute
Upper Chesapeake Medical Center
Walter Reed National Military Medical Center,
John P. Murtha Cancer Center
Frederick Memorial Hospital
Baltimore Washington Medical Center
Medstar Montgomery Medical Center
Shady Grove Adventist

Massachusetts

Massachusetts General Hospital
UMass Memorial Medical Center
Brigham and Women's Hospital
St. Elizabeth's Medical Center
Lahey Hospital & Medical Center
Lahey Outpatient Center, Danvers Addison Gilbert Hospital

Michigan

University of Michigan Comprehensive Cancer Center
Mercy Health Lacks Cancer Center

Minnesota

Abbott Northwestern Hospital
Mayo Clinic
University of Minnesota Medical Center, Fairview

Mississippi

St. Dominic Hospital

Missouri

SSM St. Joseph Cancer Center
St. Clare Health Center

Montana

St. Vincent Healthcare

Nebraska

Nebraska Methodist Hospital
Good Samaritan Hospital
Bryan Health Medical Center

Nevada

University Medical Center
St. Mary's Regional Medical Center
Desert Radiologists

New Hampshire

Dartmouth-Hitchcock Medical Center

New Jersey

Atlantic Health System
Atlantic Medical Imaging
Newark Beth Israel Medical Center
St. Barnabas Lung Cancer Institute
The Valley Hospital
CentraState Medical Center
Hackensack University Medical Center
St. Peter's University Hospital
Somerset Medical Center

New York

Columbia University Medical Center
Comprehensive Thoracic Oncology Program of Continuum
Cancer Centers of NY
Dickstein Cancer Treatment Center at White Plains Hospital
Mercy Medical Center
Mount Sinai School of Medicine
South Nassau Communities Hospital
Albany Medical Center
Maimonides Medical Center
Glens Falls Hospital
Winthrop University Hospital
Memorial Sloan Kettering Cancer Center
NYU Langone Medical Center
John T. Mather Memorial Hospital
Stony Brook Medicine Lung Cancer Evaluation Center
Upstate Medical University Hospital
White Plains Hospital

North Carolina

Presbyterian Cancer Center
Wake Forest Baptist Medical Center
Duke Cancer Institute/Duke University Medical Center

North Dakota

St. Alexis Medical Center

Ohio

University of Cincinnati Medical Center
University Hospitals Seidman Cancer Center
The University of Toledo Medical
Ohio State University Comprehensive Cancer Center
University Pointe Surgical Hospital Imaging Center
Adena Regional Medical Center
Cleveland Clinic
OhioHealth Doctors Hospital
OhioHealth Grant Medical Center
OhioHealth Riverside Methodist Hospital
Fairfield Medical Center
The University of Toledo Medical Center

Oklahoma

St. Anthony Hospital
Integris Health System
OU Medical Center

Oregon

Samaritan Health Services
Tuality Healthcare
Legacy Good Samaritan
Providence Cancer Center
Salem Cancer Institute (Salem Health)

Pennsylvania

Guthrie Cancer Center
Temple University Hospital
Abington Memorial Hospital
Delaware County Memorial Hospital
Crozer Medical Plaza at Brinton Lake,
Crozer Keystone Health System
Pinnacle Health
Media Medical Plaza, Crozer Keystone Health System
Allegheny Valley Hospital/Radiological Imaging
Fox Chase Cancer Center
Thomas Jefferson University
Taylor Hospital
Springfield Hospital
Crozer Chester Medical Center

South Dakota

Avera St. Mary's Hospital
Sanford Health

Tennessee

Building Trades Medical Screening Program
St. Thomas Rutherford
St. Thomas Midtown
St. Thomas West
Vanderbilt-Ingram Cancer Center

Texas

Baylor Charles A. Sammons Cancer Center at Dallas
Medical Center Health System

Utah

Huntsman Cancer Institute at the University of Utah

Vermont

Central Vermont Medical Center
Fletcher Allen Health Care - Medical Center

Virginia

University of Virginia Health System
VCU Medical Center
Virginia Hospital Center
Inova Cancer Institute
Mary Washington Healthcare
Sentara Healthcare Centers

Washington

Swedish Medical Center
Seattle Cancer Care Alliance

West Virginia

WVU Healthcare

Wisconsin

Waukesha Memorial Hospital

Wyoming

Wyoming Medical Center

District of Columbia

Lombardi Comprehensive Cancer Center at Georgetown
University Medical Center

Criteria for Insulators Yearly “Low Dose” CT Scan Screening

If you are age 50 or over and have been exposed to asbestos at work or at home (if a family member worked with asbestos) and/or have smoked cigarettes on a regular basis currently or in the past, you should consider having this test yearly.



Some Medical Facilities in Canada that can Conduct Lung Cancer CT Scans

The following medical facilities are just some
of the institutions in key cities in Canada that
have conducted lung cancer CT scans.

Alberta

- Foothills Medical Centre**
1403 29 Street NW, Calgary, AB T2N 2T9
- Rockyview General Hospital**
7007 14 St SW, Calgary, AB T2V 1P9
- Red Deer Regional Hospital Centre**
3942 50A Ave, Red Deer, AB T4N 4E7
- Royal Alexandra Hospital**
10240 Kingsway Ave NW, Edmonton, AB T5H 3V9
- University of Alberta Hospital**
8440 112 St NW, Edmonton, AB T6G 2P4
- Local 110 Wellness Centre**
Located in the Synergy Wellness Centre
501 Bethel Drive, Suite 201, Sherwood Park, AB
T8H 0N2

British Columbia

- Abbotsford Regional Hospital and Cancer Centre**
32900 Marshall Rd, Abbotsford, BC V2S 0C2
- Kelowna General Hospital**
2268 Pandosy St, Kelowna, BC V1Y 1T2
- University Hospital of Northern British Columbia**
1475 Edmonton St, Prince George, BC V2M 1S2
- Vancouver General Hospital**
855 West 12th Ave, Vancouver, BC V5Z 1M9
- Victoria General Hospital**
1 Hospital Way, Victoria, BC V8Z 6R5

Saskatchewan

- Pasqua Hospital**
4101 Dewdney Avenue Regina, SK S4T 1A5
 - Royal University Hospital**
103 Hospital Drive, Saskatoon, SK S7N 0W8
 - Victoria Hospital**
1200 24th St W, Prince Albert, SK S6V 4N9
- ## Manitoba
- Brandon Regional Health Centre**
150 McTavish Ave E, Brandon, MB R7A 2B3
 - Health Sciences Centre**
820 Sherbrook St, Winnipeg, MB R3A 1R9
 - Portage District General Hospital**
524 - 5th Street S.E. Portage la Prairie, MB
R1N 3A8

Ontario

- Princess Margaret Cancer Centre**
610 University Ave, Toronto, ON M5G 2M9
- Ottawa Hospital General Campus**
501 Smyth Rd, Ottawa, ON K1H 8L6
- Windsor Regional Hospital**
2220 Kildare Rd, Windsor, ON N8W 2X3
- Health Sciences**
North 41 Ramsey Lake Rd, Sudbury, ON P3E 5J1
- Thunder Bay Regional Health Sciences Centre**
980 Oliver Rd, Thunder Bay, ON P7B 6V4
- University Hospital**
339 Windermere Rd, London, ON N6G 2V4

*Note: We recognize that the Canadian medical system is regulated
by each Province. Canadians must be referred by their physician
for any CT scans. If you are going to receive a yearly CT scan,
please talk to your doctor about a low dose CT scan.*

Quebec

- Centre de santé et de services sociaux de Chicoutimi**
305 St Vallier, Chicoutimi, QC G7H 5H6
- Centre hospitalier universitaire de Québec**
775 Saint-Viateur, Charlesbourg, QC
- Centre hospitalier du Centre-de-la-mauricie**
50 119e Rue, Shawinigan, QC G9P 5K1
- CHUS – Fleurimont 3001**
3001 12th Avenue North, Sherbrooke, QC J1H 5N4
- Centre hospitalier universitaire Sainte-Justine**
3175 Chemin de la Côte-Sainte-Catherine,
Montreal, QC H3T 1C5
- Physimed Imaging Inc.**
6363 Trans-Canada Hwy, Suite 135, Saint-Laurent,
QC H4T 1Z9

New Brunswick

- Saint John Regional Hospital**
400 University Ave, St. John, NB E2L 4L4
- The Moncton Hospital**
135 Macbeath Ave, Moncton, NB E1C 6Z8
- Dr. Everett Chalmers Regional Hospital**
700 Priestman St, Fredericton, NB E3B 5N5
- Chaleur Regional Hospital**
1750 Sunset Dr, Bathurst, NB E2A 4L7

Nova Scotia

- Queen Elizabeth II Health Sciences Center**
7702 #7 Hwy, Musquodoboit Harbour, NS B0J 2L0
- Cape Breton Regional Hospital**
1482 George St, Sydney, NS B1P 1P3
- Valley Regional Hospital Kings**
150 Exhibition St, Kentville, NS B4N 5E3
- Yarmouth Regional Hospital**
60 Vancouver St, Yarmouth, NS, B5A 2P5

Newfoundland/Labrador

- James Paton Memorial Regional Health Centre**
125 TC Hwy, Gander, NL A1V 1P7
- Health Sciences Centre - General Hospital**
300 Prince Phillip Drive, St. John's, NL A1B 3V6
- Western Memorial Regional Hospital**
1 Brookfield Ave, Corner Brook, NL A2H 6J7
- Captain William Jackman Memorial Hospital**
410 Booth Ave, Labrador City, NL A2V 2K1

Criteria for Insulators Yearly “Low Dose” CT Scan Screening

**If you are age 50
or over and have been
exposed to asbestos at work
or at home (if a family member
worked with asbestos) and/or
have smoked cigarettes on a
regular basis currently or in
the past, you should consider
having this test yearly.**

Incidence of Lung Cancer and Mesothelioma in the United States:

In layman's terms, Lung Cancer is a cancer of the inside portion of the lung. Mesothelioma is a cancer of the lining of the lung (Pleural Mesothelioma) or abdominal cavity (Peritoneal Mesothelioma). Though each is caused by exposure to asbestos, they are separate disease processes.

Mesothelioma: Every year there are about 2,000 to 3,000 cases of mesothelioma diagnosed in the United States. To date, doctors have not found a cure or an effective means for early detection for Mesothelioma. Recently, there has been greater progress in the treatment for Peritoneal Mesothelioma (stomach) than for Pleural Mesothelioma (lung).

Lung Cancer: There is now conclusive evidence that many Lung Cancers, if detected early enough... when the tumor is small enough...can be effectively treated to save lives.

In the U.S., about 224,000 people are expected to be diagnosed with lung cancer in 2014. In Canada, about 25,000 people will diagnosed with lung cancer in 2014. Lung cancer accounts for more deaths annually than breast, cervical, colon, and prostate cancer combined. In total, lung cancer accounted for approximately 27% of all cancer deaths in the United States.

Our Union is dedicated to helping investigators find a cure or effective treatment for both Mesothelioma and Lung Cancer.

Incidence of Lung Cancer and Mesothelioma among Asbestos Workers in the United States:

A recent medical study published in 2013 by Dr. Steven Markowitz confirmed that approximately 30% of our members die of Lung Cancer or Mesothelioma. Approximately 20% die of Lung Cancer, and approximately 10% of our members die from Mesothelioma.

These rates are staggeringly high.

Medical studies suggest that our members have among the highest rates of lung cancer and mesothelioma of any group in the country.

To date, there is not an effective screening program for Mesothelioma.

Our Union is dedicated to
helping investigators find a
cure or effective treatment

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