WE WANT YOU
FOR ASBESTOS WORKERS
EARLY DETECTION
YEARLY LOW DOSE CT SCAN
TO EARLY DETECT AND CURE LUNG CANCER
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.

I urge 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.
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.

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.

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.

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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 thoracoscopic 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 for 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
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
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 United 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 EndoMedicine Disease

Arkansas
- The Center for Chest Care

California
- John Muir Medical Center
- Loma Linda University Health / Loma Linda University Medicine Center
- The Queen’s Medical Center
- UC Davis Medical Center
- UCSF Helen Diller Comprehensive Cancer Center
- UCSF Medical Center

Colorado
- The Jordan Research and Education Institute

Connecticut
- The Cancer Center at Multifamily Medical Center/Hartford Healthcare
- Millbridge Medical Center/Hartford Hospital Cancer Center
- North Springfield Radiology & Mammography Center
- George Renn Cancer Center at the Hospital of Central Connecticut/Saint Francis Hospital
- Hartford Hospital, Yale Cancer Center, Yale-New Haven Hospital
- Winneshiek Memorial Hospital

Delaware
- Wilmington Hospital
- Kent General Hospital

Florida
- University of Miami Miller School of Medicine Sylvester Comprehensive Cancer Center
- Boca Raton Regional Hospital System/Synergy Cancer Institute
- Abbott Northwestern Hospital
- MD Anderson Orlando, Lung Cancer Screening Program
- Moffitt Cancer Center

Georgia
- Saint Joseph Hospital of Emory University
- WellStar Cancer Research
- Doctors Hospital
- Dalzell Medical Center
- Colquitt Regional Medical Center

Hawaii
- The Queen’s Medical Center
- Hawaii Pacific Health

Idaho
- St. Luke’s Hospital/Health System

Illinois
- Rush University Medical Center
- Northwestern Memorial Hospital
- Northwestern University Feinberg School of Medicine
- Edward Hospital

Indiana
- Indiana University Health Cancer Centers
- Provenance Health System
- Elkhart Memorial Hospital
- Franciscan St. Francis Health Cancer Center
- St. Vincent Indianapolis Hospital
- Clark Memorial Hospital
- Methodist Hospital

Iowa
- Blank PC/iowa Community Cancer Center of Iowa
- iowa Cancer Center

Kansas
- The University of Kansas Cancer Center

Kentucky
- The James Graham Brown Cancer Center
- Cranport Baptist Hospital
- Norton Healthcare
- Baptist Health Louisville

Louisiana
- Mary Bird Perkins – Our Lady of the Lake Cancer Center

Maine
- Maine Medical Center

Maryland
- Holy Cross Hospital
- MedStar CancerCare at MedStar Health/George Washington University Cancer Center
- Saint Agnes Medical Center
- Johns Hopkins Medicine
- Upper Chesapeake Medical Center
- Walter Reed National Military Medical Center
- Johns Hopkins Medical Institutions

Massachusetts
- Massachusetts General Hospital
- Memorial Sloan Kettering Cancer Center
- Dana Farber Cancer Institute
- Massachusetts General Hospital

Michigan
- Sparrow Health System
- Henry Ford Hospital
- Henry Ford, Henry Ford Cancer Care Center
- Henry Ford Health System

Minnesota
- Mayo Clinic
- Abbott Northwestern Hospital
- VA Medical Center
- North Memorial Medical Center
- Genesis Medical Centers
- Genesis HealthCare System
- Fairview Health Services
- Fairview Medical Center
- Fairview, The University of Minnesota Health System

Mississippi
- Mississippi Baptist Medical Center

Missouri
- Northside Medical Center
- Manchester MO Medical Center
- University Hospital

Montana
- St. Vincent Healthcare

Nebraska
- Methodist Health System
- Methodist Hospital
- Center for Thoracic Oncology

New Jersey
- Saint Barnabas Medical Center
- Saint Barnabas Health Care System
- Saint Barnabas Cancer Institute

New Mexico
- Sandia Medical Center

New York
- NewYork-Presbyterian Hospital/Weill Cornell Medicine
- Memorial Sloan Kettering Cancer Center
- Long Island Jewish Medical Center
- Montefiore Medical Center
- Beth Israel Medical Center
- Beth Israel Mesothelioma Program
- Northwell Health
- Memorial Sloan Kettering Cancer Center

North Carolina
- Presbyterian Healthcare
- Duke Cancer Institute/Duke University Medical Center

North Dakota
- St. Alene Medical Center

Ohio
- University of Cincinnati Medical Center
- University Hospitals Cleveland Medical Center
- The University of Toledo Medical Center
- Mt. Carmel Health System
- The Ohio State University Wexner Medical Center
- Good Samaritan Hospital
- OhioHealth Greenwich Hospital

Oklahoma
- Saint Anthony Hospital
- integra Health System

Oregon
- Oregon Health & Science University, Doernbecher Children’s Hospital
- Oregon Health & Science University
- JoAnn DeCesaris Cancer Institute

Pennsylvania
- Cancer Centers of Pennsylvania
- Penn State Cancer Institute
- Presbyterian/University of Pennsylvania Health System

Rhode Island
- Brown University Alpert Medical School
-RI Hospital/RI Hospital Cancer Center

South Carolina
- Baptist Medical Center West
- Spartanburg Regional Medical Center
- Palmetto Health

South Dakota
- Avera St. Mary’s Hospital

Tennessee
- Baptist Health System
- Vanderbilt University Medical Center

Texas
- University of Texas MD Anderson Cancer Center
- University of Texas MD Anderson Cancer Center

Utah
- Intermountain Healthcare

Virginia
- University of Virginia Health System
- UVA Medical Center
- Virginia Commonwealth University Hospital System

Washington
- Swedish Medical Center
- Swedish Medical Center Cancer Care Alliance

West Virginia
- Kanawha Cancer Center
- The Cancer Institute

Wisconsin
- Medical College of Wisconsin
- Aurora Sinai Hospital

Wyoming
- Wyoming Medicine

District of Columbia
- Building Trades Medical Screening Program
- Walter Reed National Military Medical Center
- Walter Reed National Military 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.

Low Dose CT Lung Cancer Screening

To conduct a low dose CT lung cancer screening, you are typically given a CT scan, which then is reviewed by a radiologist to look for any signs of lung cancer. This is typically done with a CT scanner, which is a large machine that uses x-rays to take images of your lungs. The CT scan is typically done in a single breath hold, which means that you hold your breath while the scan is being taken. This allows for a clearer image of your lungs. The scan takes only a few minutes and you are typically given a local anesthetic to help with the discomfort. After the scan, you will be taken to a recovery area to rest before being discharged. It is important to follow your doctor’s instructions and to be honest with them about your medical history in order to get the most accurate results from the scan. It is also important to avoid smoking and to reduce your exposure to asbestos in order to reduce your risk of lung cancer. If you have any questions or concerns about the scan, be sure to talk to your doctor before undergoing the procedure.
The following medical facilities are just some of the institutions in key cities in Canada that have conducted lung cancer CT scans.

Alberta
- Hospital Way, Victoria, BC V8Z 6R5
- Victoria General Hospital
- Vancouver General Hospital
- 1475 Edmonton St, Prince George, BC V2M 1S2
- 2268 Pandosy St, Kelowna, BC V1Y 1T2
- Kelowna General Hospital
- 32900 Marshall Rd, Abbotsford, BC V2S 0C2
- Abbotsford Regional Hospital and Cancer Centre
- 10240 Kingsway Ave NW, Edmonton, AB T5H 3V9
- University of Alberta Hospital
- 8440 112 St NW, Edmonton, AB T6G 2P4
- Located in the Synergy Wellness Centre
- Local 110 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
- 2204 Pandosy St, Kelowna, BC V1Y 1T2
- University Hospital of Northern British Columbia
- 1475 Edmonton St, Prince George, BC V2N 3Z2
- Vancouver General Hospital
- 855 West 12th Ave, Vancouver, BC V5Z 1M9
- Victoria General Hospital
- 1 Hospital Way, Victoria, BC V8Z 6K5

Saskatchewan
- Pasqua Hospital
- 4104 Dominion Avenue Regina, SK S4R 1A3
- Royal University Hospital
- 103 Hospital Drives, Saskatoon, SK S7N 0W8
- Victoria Hospital
- 1200 24th St W, Prince Albert, SK S6V 4N9

Manitoba
- Brandon Regional Health Centre
- 130 McDermot Ave E, Brandon, MB R7A 2B3
- Health Sciences Centre
- 1000 Hospital Drive, Winnipeg, MB R3C 1S5
- Portage District General Hospital
- 529 - 5th Street S-E, Portage la Prairie, MB R1N 3A6

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
- 2225 Kildare Rd, Windsor, ON N9B 3X5
- Health Sciences North
- 501 Ramsey Lake Rd, Sudbury, ON P3B 1J6
- Thunder Bay Regional Health Sciences Centre
- 901 Oliver Ave, Thunder Bay, ON P7B 5V4

Newfoundland/Labrador
- 300 Prince Philip Drive, St. Johns, NL A1B 3V8
- Western Memorial Regional Hospital
- 1 Brookfield Ave, Corner Brook, NL A2H 6G7
- Captain William Jackson Memorial Hospital
- 400 Booth Ave, Labrador City, NL A2L 2K1

Quebec
- Centre de santé et de services sociaux de Chicoutimi
- 305 Rue Vallée, Chicoutimi, QC G7E 3M6
- Centre hospitalier universitaire de Québec
- 277 Saint-Vaute, Charlevoix, QC
- Centre hospitalier du Centre-de-la-mauricie
- 50 11th Rue, Shawinigan, QC G2P 5K1
- CHU – Hé莫ront 2001
- 3012 12th Avenue North, Sherbrooke, QC J1H 5N4
- Centre hospitalier universitaire Sainte-Justine
- 3175 Chemin de la Côte Sainte-Catherine, Montreal, QC H3T 1C5
- Phoenix Imaging Inc.
- 6360 Trans-Canada Hwy, Suite 135, Saint-Laurent, QC H4T 1L9

New Brunswick
- Saint John Regional Hospital
- 400 University Ave, Saint John, NB EI 2L 4A
- The Moncton Hospital
- 135 MacEachern Avenue, Moncton, NB E1C 6S8
- Dr. Everett Chalmers Regional Hospital
- 700 Perimeter St, Fredericton, NB E3B 5N8
- Chaleur Regional Hospital
- 1710 Summit Dr, Bathurst, NB E2A 4L7

Newfoundland/Labrador
- 7007 14 St SW, Calgary, AB T2V 1P9
- Foothills Medical Centre
- 10240 Kingsway Ave NW, Edmonton, AB T5H 3V9
- University of Alberta Hospital
- 8440 112 St NW, Edmonton, AB T6G 2P4
- Located in the Synergy Wellness Centre
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Incidence of Lung Cancer and Mesothelioma in the United States:
In layman’s terms, Lung Cancer is a cancer of the tiny tubes of the lung. Mesothelioma is a cancer of the lining of the lungs (Plural 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 2,200 to 3,000 cases of mesothelioma diagnosed in the United States. Talcum 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 Plural Mesothelioma (lungs).

Lung Cancer:
There is more conclusive evidence that many Lung Cancers, if detected early 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 28% 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 no effective screening program for Mesothelioma.

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