Letter concerning: 'Response to: 'The epidemiology of malignant mesothelioma in women: gender differences and modalities of asbestos exposure' by Marinaccio *et al*'

Finkelstein[1] invited physicians and researchers interested in mesothelioma to investigate on past usage of talcum powders by affected people. In Italy, asbestos contamination in talc for industrial use has been documented,[2] and, as he underlines tremolite contamination at low levels of cosmetic and pharmaceutical talc has been reported in USA by Blount[3] and Gordon and colleagues.[4]

In the Italian National Mesothelioma Register (ReNaM), the analysis of intensive exposure to talc has been evaluated

with respect to occupational and environmental history. The catalogue of possible asbestos exposure circumstances (a tool for the interviewers) reports the potential presence of industrial talcs in quarries or mines working activities, in leather tanning and in rubber industries. The use of intensive cosmetic talc for personal use is evaluated by means of a structured questionnaire,[5] as reported in the ReNaM guidelines (see https://www.inail.it/cs/internet/docs/all-linee-guida-renam.pdf%3Fsection=attivita, p82, p98, in Italian).

In our paper regarding gender differences in mesothelioma epidemiology,[6] we have presented figures referring to 21 463 MM cases detected by ReNaM with a diagnosis between 1993 and 2012. Among female case list (6087 cases), 4374 cases (71.9%) have been interviewed for defining exposure. During the interview, 30 MM female cases referred an intensive use of talc in the context of occupational or life habits. For five of them, the regional centre has identified an exposure to asbestos due to intensive talc use, classifying such modality of exposure as 'leisure activities' (see ReNaM guidelines[5]). For the remaining 25 cases, an occupational exposure to asbestos in other working (or familiar or environmental) circumstances has been identified and coded.

Registry data such as those provided by ReNaM cannot provide estimates of the mesothelioma risk associated with any particular exposure circumstance. We plan to include talc exposure at work and cosmetic talc usage in the analyses of a case–control study on pleural mesothelioma currently under way. A specific survey to compare and discuss how the modalities of exposure to talc have been evaluated in patients with mesothelioma in countries where epidemiological surveillance systems are active could improve knowledge and support prevention policies.

Alessandro Marinaccio,[1] Marisa Corfiati,[1] Alessandra Binazzi,[1] Davide Di Marzio,[1] Alberto Scarselli,[1] Pierpaolo Ferrante,[1] Michela Bonafede,[1] Marina Verardo,[2] Dario Mirabelli,[3] Valerio Gennaro,[4] Carolina Mensi,[5] Gert Schallemberg,[6] Guido Mazzoleni,[7] Enzo Merler,[8] Paolo Girardi,[8] Corrado Negro,[9] Flavia D'Agostin,[9] Antonio Romanelli,[10] Elisabetta Chellini,[11] Stefano Silvestri,[12] Cristiana Pascucci,[13] Roberto Calisti,[13] Fabrizio Stracci,[14] Elisa Romeo,[15] Valeria Ascoli,[16] Luana Trafficante,[17] Francesco Carrozza,[18] Italo Angelillo,[19] Domenica Cavone,[20] Gabriella Cauzillo,[21] Federico Tallarigo,[22] Rosario Tumino,[23] Massimo Melis,[24] Sergio Iavicoli,[1] ReNaM Working Group

[1]Occupational and Environmental Medicine, Epidemiology and Hygiene Department, Italian Workers' Compensation Authority (INAIL), Rome, Italy
[2]Valle d'Aosta Health Local Unit, Regional Operating Center of Valle d'Aosta (COR Valle d'Aosta), Aosta, Italy
[3]COR Piedmont, Unit of Cancer Prevention, University of Turin and CPO-Piemonte, Torino, Italy
[4]COR Liguria, UO Epidemiology, IRCCS Az Ospedaliera Universitaria San Martino, National Cancer Research Institute (IST), Genova, Italy
[5]COR Lombardy, Department of Preventive Medicine, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico and University of Milan, Milano, Italy
[6]Provincial Unit of Health, Hygiene and Occupational Medicine, COR Province of Trento, Trento, Italy
[7]Alto Adige Health Local Unit, COR Province of Bolzano, Bolzano, Italy
[8]Occupational Health Unit, Department of Prevention, COR Veneto, Padua, Italy
[9]Clinical Unit of Occupational Medicine, COR Friuli-Venezia Giulia, University of Trieste -Trieste General Hospitals, Trieste, Italy
[10]Health Local Unit, Public Health Department, COR Emilia-Romagna, Reggio Emilia, Italy
[11]Unit of Environmental and Occupational Epidemiology, COR Tuscany, Cancer Prevention and Research Institute, Firenze, Italy
[12]Cancer Prevention and Research Institute, Firenze, Italy
[13]School of Medicinal and Health Products, Center for Hygiene and Public Health Research, COR Marche, University of Camerino, Bolzano, Italy
[14]Section of Public Health, Department of Experimental Medicine, COR Umbria, University of Perugia, Perugia, Italy
[15]Department of Epidemiology, COR Lazio, Lazio Region, Rome, Italy
[16]Department of Radiological, Oncological and Anatomopathological Sciences, COR Lazio, La Sapienza University, Rome, Italy
[17]Health Local Unit, Occupational Medicine Unit, COR Abruzzo, Pescara, Italy
[18]Oncology Unit, COR Molise, Cardarelli Hospital, Campobasso, Italy
[19]Department of Experimental Medicine, COR Campania, Second University of Naples, Napoli, Italy
[20]Department of Interdisciplinary Medicine, Section of Occupational Medicine 'B Ramazzini', COR Puglia, University of Bari, Bari, Italy
[21]Epidemiologic Regional Center, COR Basilicata, Potenza, Italy
[22]Public Health Unit, COR Calabria, Crotone, Italy
[23]Cancer Registry ASP Ragusa and Sicily Regional Epidemiological Observatory, COR Sicily, Syracuse, Italy
[24]Regional Epidemiological Center, COR Sardegna, Cagliari, Italy

Correspondence to Dr Alessandro Marinaccio; a.marinaccio@inail.it

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