

IS NOT REDUCED IN INTERLEUKIN-12 KNOCK-OUT MICE

LM Pfeiffer, DR Hemenway, M Rincon Univ. Vermont, Burlington, VT
 is manifested by accumulations of macrophages and lymphocytes followed
RATIONALE: An inhalation model of silicosis in mice showed increased
 of interferon- γ (IFN- γ) mRNA, localization of IFN- γ mRNA in lung lesions,
 numbers of lung lymphocytes producing IFN- γ protein. IFN- γ knock-out
 less silicosis than wild-type (WT) mice. Interleukin-12 (IL-12) secreted
 macrophages is believed to be a primary cytokine stimulus for IFN- γ
 IL-12 is produced as a heterodimer (p70) from p35 and p40 gene sub-units.
 that IL-12 might be the primary signal responsible for IFN- γ up-
 and an essential early response element in silicosis. **METHODS:** We exposed
 WT and IL-12 p40 subunit gene-deleted (IL-12-KO) mice to an aerosol of
 silica (60 mg/m³) or sham-air for 5 hr/d for 12 days, and examined the mice
 at 126 days. **RESULTS:** WT mice developed progressive silicosis as
 lung pathology, increased lung wet weight, and accumulation of lung total
 IL-12 KO mice showed silicosis pathology and total lung collagen which were
 from the WT mice. Commercial ribonuclease protection assay (Pharmingen)
 increased abundance of IL-12 p40 mRNA in lung tissue from WT mice exposed
 at all time points, while expression of IL-12 p35 was not changed. IL-12 KO
 showed no p40 mRNA and minimal p35 mRNA. IFN- γ mRNA was increased
 in both WT and IL-12 KO mice exposed to silica. **CONCLUSIONS:** IL-12
 to be a critical pathway cytokine in producing the pathological responses or
 characteristic of silicosis. More research is needed to determine the factors
 IFN- γ production and inflammation in silicosis.

NHLBI R01-HL62323

Abstract funded by:

A SURVEY OF SILICOSIS AMONG EMPLOYEES AT HIGH RISK

MINH IN VIETNAM. N. Amaiz, S. Chai, N. Toan, M. Kiefer, J. Kaufman, L.
 Occupational and Environmental Medicine Program, University of
 Seattle, WA, USA. NIOEH, Ministry of Health, Hanoi, Vietnam.
 HON Vietnam is a rapidly industrializing country with many workers
 heavy industry and infrastructure development. Few resources are
 towards occupational health hazard identification and control. It is suspected
 silicosis disease burden is present in the Vietnamese work force. This risk
 undertaken in order to estimate the prevalence of silicosis among workers
 high levels of respirable dust in several Vietnamese provinces.
 Occupational medicine physicians in Vietnam identified work sites with
 of respirable dust and likely substantial crystalline silica exposure by per-
 industrial hygiene walk-through assessments. They conducted a risk survey for
 convenience samples of workers thought to be at high risk for silicosis
 questionnaires and performing chest radiographs (CXR). The CXR
 interpreted according to the International Labor Organization classification
 of pneumoconiosis. Quadrant films were used as profusion score standards.
 176 CXR of workers from 10 provinces in Vietnam were reviewed. The
 subjects was 39 years (range 19-63); the mean years in trade was 15.8
 abnormal CXR consistent with silicosis were found in 5.55% of the subjects
 category 0, rounded opacities). Total years in trade was correlated with an
 CXR (Spearman's R=0.58, p=0.049) but not age (Spearman's R=0.044,
 industries with evidence of silicosis include building materials production,
 mining, tool manufacturing, and chemical fertilizer production.
CONCLUSIONS Silicosis is present among workers with high levels of dust exposure
 Basic hazard control measures should be implemented in workplaces with
 of respirable dust. A more focused study should be undertaken that
 the measurement of respirable silica levels with detailed occupational and
 histories and CXR to identify specific work sites for higher levels of hazard
 and medical surveillance.

Fogarty Grant 3D43TW00642-05S1

NIEHS P30 ES07033

Abstract funded by:

ACUTE AND CHRONIC FIBROPROLIFERATIVE LESIONS INDUCED BY ASBESTOS IN TRANSGENIC MICE OVEREXPRESSING PDGF-B

Jian Li, Amokl R. Brody and Gary W. Hoyle,
 Beth Israel Deaconess Medical Center, Boston, MA02215; Tulane University Health Sciences
 Center, New Orleans, LA70112
 Platelet-derived growth factor (PDGF) isoforms and PDGF receptor- α are upregulated in
 fibroproliferative lesions in response to asbestos exposure. To examine the functional
 role of PDGF in asbestos-induced lung disease, we have evaluated the impact of PDGF-B
 overexpression in the lung on the development of pulmonary fibrosis induced by asbestos
 inhalation. Transgenic mice expressing PDGF-B from the surfactant protein C promoter
 and nontransgenic mice on a C57BL/6 background were exposed to aerosolized
 chrysotile fibers once a week for 5 hr for 5 weeks (average of 12.2 \pm 0.3 mg/m³) or 8
 weeks (average of 11.2 \pm 0.6 mg/m³). Lungs from mice exposed to asbestos for 5 weeks
 were analyzed 48 hr and 8 weeks after the last exposure. Fibrotic lesions at alveolar duct
 bifurcations were more pronounced as judged by histological scoring in transgenic mice
 compared with nontransgenic mice 48 hr after exposure. Lung hydroxyproline content
 was increased in transgenic and nontransgenic mice compared with unexposed mice 48 hr
 after exposure. Eight weeks after exposure, lung hydroxyproline content in SPC-PDGF-B
 mice was still elevated compared with unexposed mice, but in nontransgenic mice it had
 returned to normal levels. Mice exposed to asbestos for 8 weeks were examined
 histologically 10 months after the end of exposure. Both SPC-PDGF-B and nontransgenic
 mice developed diffuse pulmonary fibrosis concentrated in the alveolar ducts. No
 difference in the severity or distribution of lesions was observed between transgenic and
 nontransgenic mice. These results indicate that a limited exposure (8 times) to chrysotile
 aerosol can produce long lasting fibrotic lesions. Overexpression of PDGF-B stimulates
 the initial development of asbestos-induced lesions and also inhibits their resolution in
 early stages, but does not affect the chronic progression of asbestos-induced fibrosis.

This abstract is funded by HL58610

Title: TEXTURE ANALYSIS OF OPACITY PROFUSION IN CHEST RADIOGRAPHS OF MINERS WITH PNEUMOCONIOSIS

P. Soliz¹, C. Pattichis², M. Pattichis², D. James^{2,3}, L. Ketat¹; ¹Kestrel Corporation and

²Univ. of New Mexico, Albuquerque; ³Miners Colfax Medical Center, Raton, NM, USA

Rationale: Individuals who have been exposed through their occupations to high levels
 of dust, asbestos, or other particulates are at risk for interstitial lung diseases such as
 pneumoconiosis. These individuals must have periodic examinations including chest
 radiographs to monitor for signs of the opacities associated with pneumoconiosis. The
 International Labor Organization (ILO) has established a protocol to score the degree of
 profusion, size, and shape of opacities. **Aim:** This research assessed texture analysis
 techniques for quantitatively characterizing the nature of the opacities as presented
 through ribs and parenchyma. **Methods:** Radiographs were of coal-mine or silica dust
 exposed miners participating in a health screening program. A total of 252 regions of
 interest (ROIs) (166, 49, 21, 16 and 9 with profusions of category (shape and size) 0,
 1(q), 1(r), 2(q) and 2(r) respectively) were identified from 80 digitized chest radiographs
 by two B-readers. Fifty-eight different texture features were computed. **Results and**
Conclusions: The non-parametric Wilcoxon rank sum test was carried out to compare
 the different profusion categories versus that of profusion 0. Results showed that
 significant differences exist (at $\alpha=0.05$) between 0 vs 1(q), 0 vs 1(r), 0 vs 2(q) and 0 vs
 2(r) for 44, 17, 46 and 6 features respectively. For each group, the median and the spread
 of the data (difference between the 75th and 25th percentile) for a few features are given.

ROI feature	Prof. 0	Prof. 1(q)	Prof. 1(r)	Prof. 2(q)	Prof. 2(r)
Median	170 (159)	245 (275)	268 (219)	200 (135)	212 (98)
Entropy	.436(.253)	.579(.312)	.660(.348)	.560(.087)	.554(.128)
Contrast	49 (90)	105 (238)	162 (250)	85 (152)	91 (103)

In conclusion, texture features provide statistically useful information for the
 characterization of profusion categories in interstitial lung diseases.

This abstract is funded by: NIOSH OH03595-02

PREVALENCE OF RADIOLOGIC PNEUMOCONIOSIS IN ACTIVE UKRAINIAN COAL MINERS

Robert A. Cohen, Angela Basanets, Natalia Besonova, Evgeniy Latishov, Irene Oliynyk,

Oksana Shulzhenko, Valerie Velho, and Yuri Kundiev
 School of Public Health, University Of Illinois, Division of Pulmonary and Critical Care
 Medicine, Cook County Hospital and Rush University, Chicago, Illinois and the Institute
 of Occupational Health, Kiev, Ukraine

Introduction: Coal mine dust levels in Ukrainian coal mines have been reported to be
 more than 10 times the level in US coal mines. The prevalence of radiologic pneumoco-
 niosis among coal miners in Ukraine has not been well studied due to lack of resources
 for full format frontal chest radiographs and certified B-readers equipped with the ILO
 standard films for the International Classification of Pneumoconiosis. This abstract re-
 ports the first results of standardized examinations of a random sample drawn from a
 cohort of 7000 coal miners from Donetsk, Ukraine. **Methods:** Standard frontal CXRs
 were obtained on 500 randomly selected underground miners with at least 5 years of ex-
 perience. B-readings of CXRs were performed on each film by two NIOSH certified B-
 readers. **Results:** 268 CXRs were available for review.

	Quality 1 or 2	Category 0/1	Category 1/0	Category 1/1
Reader A	92%	9%	7%	0.7%
Reader B	91%	8%	3%	0.7%

No cases of complicated pneumoconiosis were found. Less than 1% of cases had pleural
 disease. **Conclusion:** Rates of pneumoconiosis were found to be 1.32 to 2.75 times the
 levels (2.8%) found in the most recent US miners in the Mine Safety and Health Admini-
 stration's coal worker's chest x-ray surveillance program. This may be an underestimate
 of the true prevalence in Ukrainian coal miners due to a significant healthy worker effect.
 This abstract is funded by NIOSH Grant T42CCT310424-07

ASBOS INDUCED A549 CELL MITOCHONDRIAL DYSFUNCTION AND CYTOCHROME C RELEASE AND CASPASE 9 ACTIVATION.

Chandel N, Weitzman SA, Kamp DW. Division of Pulmonary & Critical
 Care, Chicago - Lakeside and Northwestern Univ. Medical School, Chicago, IL.
 Asbestos-induced alveolar epithelial cell (AEC) apoptosis due to iron-induced free
 radicals is implicated in causing lung toxicity. We showed that the mitochondrial death
 pathway may mediate AEC apoptosis since amosite asbestos (ASB) reduces
 mitochondrial membrane potential (ψ_m) as assessed by a fluorometric technique and
 that Bcl-xL overexpression were protective. To determine whether inert
 particles such as glass beads [GB] or titanium dioxide [TiO₂] decrease ψ_m , we exposed
 cells to GB, TiO₂, or ASB (25 μ g/cm²) for 24h. We found that ASB, but not GB
 or TiO₂, induced ψ_m . Further evidence implicating the mitochondria is that asbestos
 induces cytochrome c release from the mitochondria to the cytoplasm as assessed by
 as well as by immunofluorescent microscopy. Also, ASB activated caspase 9
 (apoptotic death pathway) as assessed by an ELISA and phytic acid (PA), an iron
 chelator, sodium benzoate (NB), a hydroxyl radical scavenger, were protective
 against ASB-induced caspase 8 activation (death receptor pathway). We
 found that asbestos, but not inert particulates, reduce A549 cell ψ_m resulting in
 cytochrome c release and caspase 9 activation. These data firmly support the hypothesis
 that AEC mitochondrial dysfunction as well as iron-derived free radicals in the
 presence of asbestos-induced AEC pulmonary toxicity.

Cell Caspase 9 Activity (% Change from control; RU/ μ g protein / 24 h)

ASB (25 μ g/cm²) ASB+PA (500 μ M) ASB+NB (1 mM)

80 \pm 14 (6)* 1 \pm 1 (6)† 1 \pm 1 (6)†

* SEM (n); p < 0.05 vs. control; † p < 0.05 vs. ASB. NA (not assessed)

Veterans Affairs Merit Review (DK) and RO1 GM60472-02 (NC).

Abstract funded by:

Title: Computer-Assisted Chest Radiograph Reader
Investigator: Peter Soliz, Ph.D.
Affiliation: Kestrel Corporation
City & State: Albuquerque, NM
Telephone: (505) 345-2327
Award Number: 1 R43 OH003595-01
Start & End Date: 9/30/1998-3/31/1999
Total Project Cost: \$99,320
Program Area: Not NORA
Key Words:

20022995

20022997

Abstract:

To reduce inter- and intra-reader variability in diagnosing chest radiographs, a neural network-based computer-aided diagnostic system was developed and tested. The results of an experiment with 124 digitized chest radiographs, demonstrated high degrees of sensitivity and specificity in classifying chest radiographs. The use of a computer-assisted chest radiograph reader eliminated the inconsistencies in the human readers. The Computer-assisted Chest Radiograph Reader System (CARRS) applies recognized principles in the psychophysics of human vision, incorporates neural network-based image analysis and integrates these with a graphical user interface. Advances in digital image processing, and classification techniques have made CARRS feasible for meeting screening, research and development, and clinical requirements.

Through the adoption of the International Labor Organization (ILO) classification procedures, it had been hoped that reader variation in the classification of parenchymal abnormalities could be minimized. The ILO classification of the pneumoconioses is based on a structured procedure for detecting and characterizing patterns on chest radiographs. Numerous studies have shown, however, that inter- and intra-observer variability of radiograph readings by trained medical personnel has persisted.

The methodology was implemented through the following tasks: 1) From a data base of several thousand patients, a set of 205 chest radiographs were manually graded by two pulmonologists; 124 of the films were then digitized at 12-bit high spatial resolution. 2) Textural features were calculated using high order statistical techniques. The features were classified by the pulmonologists to "train a neural network to extract classification rules chest radiographs based on the ILO methodology. 3) The neural network classification from the graded system was tested using 65 chest radiographs.

For 5-10 areas selected by the pulmonologist on the chest radiograph, a feature vector composed of image characteristics such as density distribution, entropy, fractal dimension, opacity counts, shape, etc. was calculated. This feature vector characterized numerically the areas used by the pulmonologist to grade the radiograph. The neural network trained on the same regions used by the pulmonologist, and through a quantitative feature vector, "learned" the characteristics of each ILO classification.

The laterally-primed adaptive resonance theory (LAPART) neural network was selected. LAPART presents the results of the training in human interpretable "rules." LAPART trains in a single pass ("fast") making it attractive for a clinical setting. To demonstrate that calculated characteristics of chest radiographs could be used to train the LAPART to classify the radiographs using objective and quantitative parameters, a pilot study was conducted. 32 statistical features from 124 digitized chest radiographs were calculated. Statistical parameters were selected based on their contribution to the separation of classes. The parameters included entropy, contrast, fractal dimension, and co-occurrence statistics. The computational efficiency of LAPART was demonstrated in this experiment. LAPART was trained on a Pentium 200. Training time for 10 experiments, where the training and testing radiographs were randomly selected, averaged 15 seconds per experiment.

In conclusion these experiments showed that LAPART is a worthy candidate for basing a semi-automatic chest radiograph classification system. The experiments demonstrated that CARRS has low classification variability and has a significantly high accuracy. The results of each of the 10 experiments showed that the LAPART neural network algorithm could be trained to "learn" the extent of the "hypercubes" which represented each of the six classifications in 32-dimensional space. LAPART classification accuracy averaged 98 %. "Truth" was determined by the two radiologists.

Publications

No publications to date.

AMERICAN JOURNAL OF

Respiratory and Critical Care Medicine

ISSN 1073-449X

SUPPLEMENT

April 2002

Volume 165

Number 8

AMERICAN THORACIC SOCIETY

ABSTRACTS

2002 International Conference

May 17–22, 2002 • Atlanta, Georgia

Contents	A3
Sunday, May 19	A11
Monday, May 20	A235
Tuesday, May 21	A453
Wednesday, May 22	A695
Index	A837
Late-Breaker Abstracts	B1

This special supplement of the *American Journal of Respiratory and Critical Care Medicine* contains abstracts of the scientific papers to be presented at the 2002 International Conference. The abstracts appear in order of presentation, from Sunday, May 19 through Wednesday, May 22 and are identified by session code numbers. To assist in planning a personal schedule at the Conference, the time and place of each presentation is also provided.