

Mesothelioma in Australia 2025

Mesothelioma in Australia 2025 presents the latest available information on the incidence of mesothelioma in Australia, along with mortality and asbestos exposure information, using data from the Australian Mesothelioma Registry, the National Mortality Database and the Australian Cancer Database. On average, 2 people are diagnosed with mesothelioma in Australia each day – with a median age at diagnosis of 78 years old.

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Overview



627 mesothelioma cases were diagnosed in 2025 and reported to the AMR



Between 1987–1991 and 2017–2021, the age-adjusted 1-year relative survival of people with mesothelioma increased from 28.6% to 48.4%



Over 9 in 10 of the exposure assessment participants in the AMR were assessed as having possible or probable exposure to asbestos



The median age at diagnosis for patients diagnosed with mesothelioma in 2025 was 78 years

This report presents the latest available information on the incidence of mesothelioma in Australia, along with mortality and asbestos exposure information, using data from the Australian Mesothelioma Registry (AMR), the National Mortality Database (NMD) and the Australian Cancer Database (ACD).

Mesothelioma is a form of cancer arising from the mesothelium, which lines the inner surfaces of body cavities and the outside of most internal organs. Although mesothelioma most commonly occurs in the chest, it is not a lung cancer and requires different forms of treatment (Cancer Council 2025a).

Australia has one of the highest measured incidence rates of mesothelioma in the world (Bray et al. 2017; Huang et al. 2023). Each year in Australia, between 700 and 800 people (about 2 people each day) are diagnosed with the rare and aggressive cancer. In the 2023–24 financial year, the estimated health system expenditure for mesothelioma cases was \$48.6 million (total cancers \$19.7 billion) (AIHW 2025a).

There is no cure for mesothelioma with the main cause being exposure to asbestos, a material that has been banned in Australia since the end of 2003 (ASEA 2016). It can take many years after being exposed to asbestos (usually between 20 and 60 years) for mesothelioma to develop (Cancer Council 2025a). Due to its aggressive nature, mesothelioma has a very low survival rate compared to other cancers, however relative survival has been improving in recent years.

What is mesothelioma?

Mesothelioma is a form of cancer arising from the mesothelium, which lines the inner surfaces of body cavities and the outside of most internal organs. Although mesothelioma most commonly occurs in the chest, it is not a lung cancer and requires different forms of treatment (Cancer Council 2025a). In 2025, 91% of cases reported to the AMR were pleural mesothelioma—that is, the cancer arose from the mesothelial lining of the lungs or the inner lining of the chest wall. The other 9% of cases arose from the mesothelial lining of the heart and pericardium (pericardial), abdomen (peritoneal) and scrotal sac. Three subtypes of mesothelioma are recognised based on their pathological features – epithelioid (the most common pattern), sarcomatoid (also known as desmoplastic) and biphasic (a mixed pattern of epithelioid and sarcomatoid) – although subtyping is not always possible. More information on the diagnostic characteristics of cases of mesothelioma diagnosed in 2025 is available in Table 7 of data tables.

While mesothelioma is not curable, patients can undergo one or more different treatments to increase their survival period—including chemotherapy, radiotherapy, immunotherapy and surgery (Cancer Council 2024). However, in the more advanced stages of the disease, the focus is on improving quality of life and easing symptoms (Cancer Council 2025b). Nearly all mesothelioma is caused by exposure to asbestos—a group of naturally occurring fibrous silicate materials with fibres invisible to the naked eye that can be inhaled into the lungs where they do not readily break down (IARC 2012).

What is the Australian Mesothelioma Registry?

The Australian Mesothelioma Registry (AMR) is a national registry managed by the Australian Institute of Health and Welfare (AIHW) and funded by Safe Work Australia (SWA). Since 2011, the AMR has collected information on new cases of mesothelioma diagnosed in Australia from 1 July 2010. The eight state and territory cancer registries provide incidence and mortality data on new cases of mesothelioma to the AMR. These records include demographic information and details of diagnosis and death. The AMR also collects asbestos exposure information, obtained from consenting mesothelioma patients through a postal questionnaire and telephone interview. The postal questionnaire collects information on a patient's residential history, occupational history and family history of mesothelioma. The telephone interviews collect additional information, based on responses to the postal questionnaire, to assess the likelihood of asbestos exposure.

The Registry's main goals are to:

- better understand the relationship between asbestos exposure and mesothelioma
- provide evidence in relation to the potential effectiveness of current policies in how to deal with asbestos still in the built environment
- provide reliable information to policy makers and researchers.

What are the challenges in collecting data and reporting on mesothelioma and associated asbestos exposure?

Confirming a diagnosis of mesothelioma is often very challenging for a variety of reasons:

- Symptoms of mesothelioma are common to many other conditions, and mesothelioma cells can often look similar to cells of other cancers (Cancer Council 2024).
- Because mesothelioma symptoms are not specific to the condition, diagnosis is often complicated.
- Diagnostic confirmation of mesothelioma generally involves a number of clinical investigations, including biopsies, radiology and clinical examinations conducted by a multidisciplinary team (Scherpereel et al. 2020).
- Diagnostic and treatment practices for mesothelioma are not equally distributed across Australia (van Zandwijk et al. 2013).

If a mesothelioma diagnosis is uncertain for any reason, the AMR is not notified and the case remains unrecorded, until such a time as the diagnosis is confirmed. This can lead to a delay in a person being approached to be involved in the exposure assessment process.

Challenges in collecting asbestos exposure assessment information on mesothelioma include:

- Although state and territory cancer registries fast-track mesothelioma notifications, there is still a time lag between a person's diagnosis, their inclusion in the AMR data set and (if consent is given) when they are interviewed for the AMR's asbestos exposure collection. Reasons for this lag include the time it takes to make a definitive diagnosis and the time between diagnosis and notification to cancer registries and to the AMR. These lags can increase the likelihood of people diagnosed with mesothelioma not participating in the asbestos exposure assessment due to becoming too unwell or passing away.
- Case verification and recruitment processes vary between state and territory cancer registries.

- The participation rate in the asbestos exposure assessment of the AMR is around 15% of people with mesothelioma. This is partially due to people dying or being too unwell to participate.

What can the AMR data tell us about mesothelioma?

The AMR involves the ongoing, systematic collection, analysis, and interpretation of data on all mesothelioma cases diagnosed in Australia. The information gathered is used to inform national policy and decision-making. The registry focuses on aggregating national data to support broad trend analysis and reporting, emphasising population-level patterns rather than individual identities, in line with Australian ethical research standards.

The AMR makes a unique contribution to knowledge about mesothelioma by collecting detailed exposure data, including exposure in occupational and non-occupational contexts, to understand patterns of past exposure to asbestos among mesothelioma cases.

Although there is no known safe level of asbestos exposure, it is important to note that the risk of mesothelioma depends on how much asbestos a person has been exposed to and that brief, low-level exposure carries a very low risk of developing the disease. The AMR includes all cases with a confirmed mesothelioma diagnosis, irrespective of the likely source of exposure and whether the case is potentially compensable.

Australia's use of asbestos

Australia's consumption of asbestos peaked at a total of around 700,000 metric tonnes during the period 1970–1979 (Soeberg 2018; Leigh et al. 2002). Australia mined and imported asbestos, which was primarily used in the construction and transport industries because it was durable and resistant to fire and chemicals (ASEA 2016). Asbestos-related regulatory controls have been significantly tightened over time— asbestos has been totally banned in Australia since December 2003, meaning it became illegal to make asbestos-containing materials (ACMs), use them or import them from another country. However, a large amount of ACMs still remains in older structures including houses, and products, potentially exposing workers and/or the public to asbestos if relevant safety procedures are not followed.

The Asbestos and Silica Safety and Eradication Agency coordinates the implementation of the Asbestos National Strategic Plan, which provides a long-term, phased approach to eliminating asbestos-related diseases (including mesothelioma) in Australia through nationally consistent and coordinated actions. Commonwealth, state and territory governments are responsible for implementing the Asbestos National Strategic Plan, by working cooperatively on national priorities that target asbestos in our homes, workplaces and the environment (ASSEA 2024).

How have the number of mesothelioma cases changed over time?



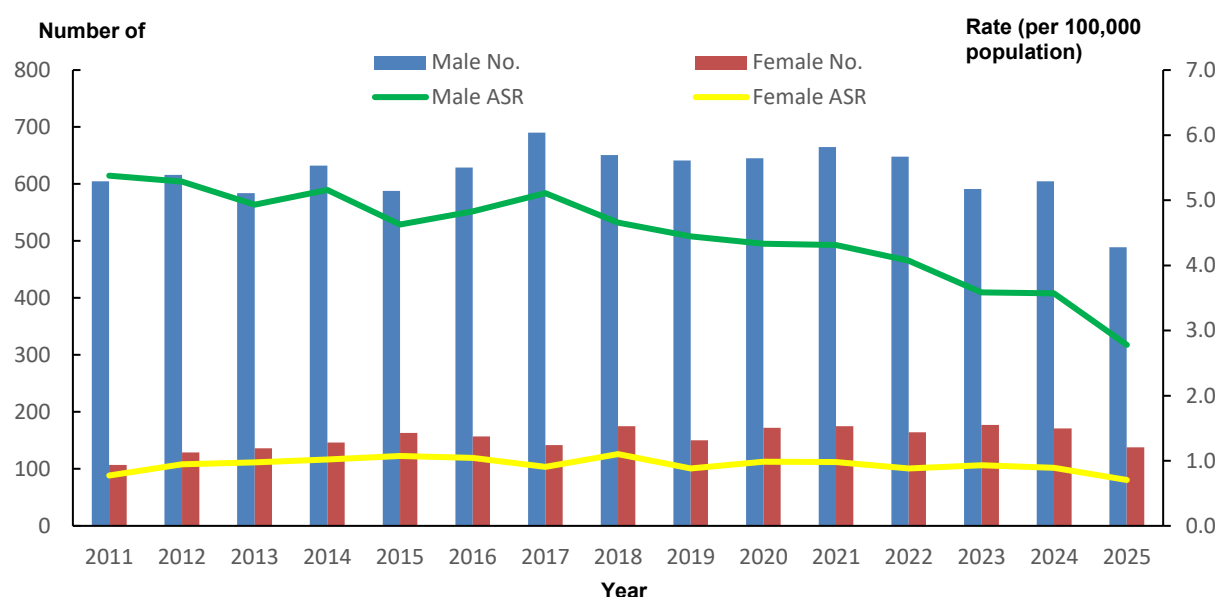
The number of mesothelioma cases diagnosed each year for both men and women has steadily increased over the past 40 years

The AMR is the most up-to-date source of national data on mesothelioma incidence (number of new cases) in Australia, because case notifications are fast-tracked from state and territory cancer registries to the AMR. However, it can take years for some notifications to be provided to the AMR, because of the time it takes to make a definitive diagnosis, and the time between diagnosis and notification to cancer registries and to the AMR. For more information about the challenges of collecting mesothelioma data, and AMR processes, see *Mesothelioma in Australia 2025–methodology paper*.

Because not all cases of mesothelioma are reported to the AMR in the year that they are diagnosed, the number of cases recorded for each year continues to rise for all years dating back to 2011. On average, around two-thirds of cases of mesothelioma are notified to the AMR in the same year they are diagnosed, 20% are notified in the year following diagnosis and 10% in further years. See Table 1 in *Mesothelioma in Australia 2025–data tables* for further information.

As at 1 May 2026, 627 cases of mesothelioma diagnosed in 2025 had been reported to the AMR (Figure 1). Men have been consistently more likely to be diagnosed with mesothelioma than women—this is expected because most cases arise from occupational exposure to asbestos in the type of environments in which men more commonly worked, such as the mining and construction industries. After adjusting for differences in the age structure of the populations, current available data show that the rate for persons averaged around 2.6 cases per 100,000 people between 2011 and 2025; for men, it averaged 4.5 per 100,000, and for women, it averaged 0.9 per 100,000. Note that the number of mesothelioma cases received to date for 2025 is likely to be an undercount, as explained above.

Figure 1: Number and age-standardised rate (ASR) (per 100,000 population) of people diagnosed with mesothelioma, by year and sex, 2011 to 2025



Notes

1. Rates have been age-standardised to the 2001 Australian Standard Population.
2. Note that not all cases of mesothelioma are reported to the AMR in the year that they are diagnosed, the number of cases recorded for each year continues to rise for all years dating back to 2011.

Source: AIHW analysis of AMR data as at 1 May 2026; Table 2 in *Mesothelioma in Australia 2025–data tables*.

How does mesothelioma diagnosis vary by age and sex?

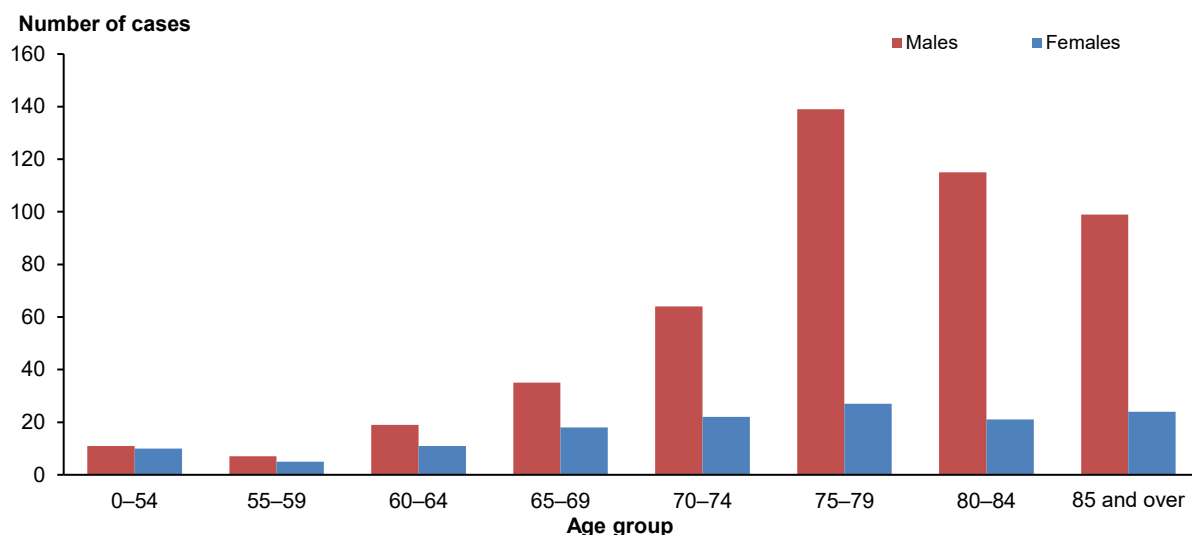


Men consistently had higher rates of mesothelioma than women across all age groups

The median age at diagnosis in the AMR was 78 years, with a greater number of men than women diagnosed across all age groups (Figure 2). Mesothelioma has a long and highly varied latency period (Marinaccio et al. 2007; Shavelle et al. 2017), with symptoms typically appearing decades after a person has been exposed to asbestos. As a result, most mesothelioma diagnoses are made later in life. A West Australian study by Brims et al. (2024) analysed the data of 2,796 people diagnosed with mesothelioma showed that the median time since first exposure to diagnosis had increased from 24 years for

cases between 1960–1979 to 52 years for cases between 2010–2020. This is consistent with observations of asbestos-exposed cohorts in other countries (Ferrante et al. 2023).

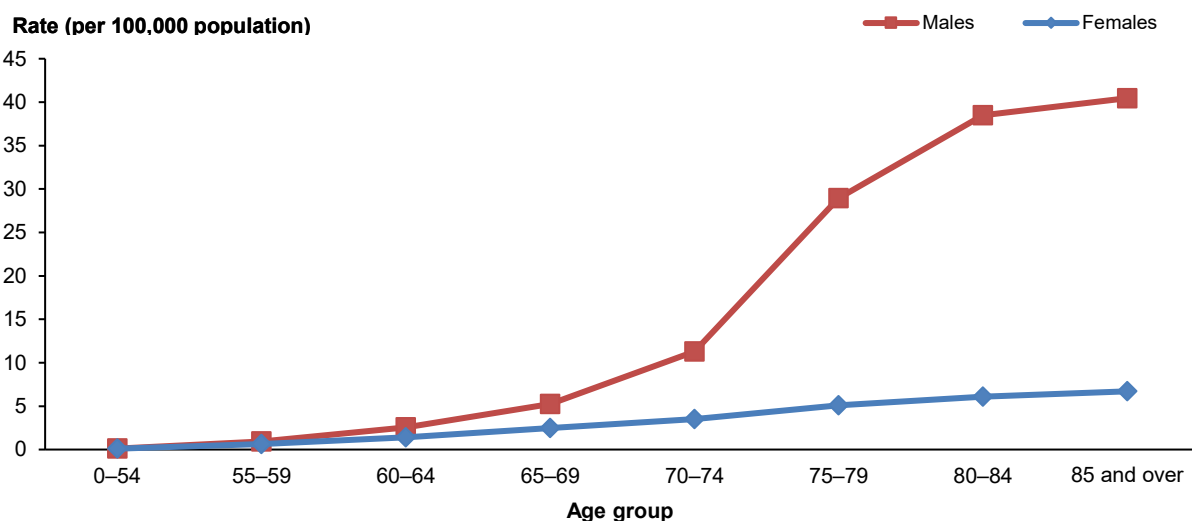
Figure 2: Number of people diagnosed with mesothelioma, by age group and sex, 2025



Source: AIHW analysis of AMR data as at 1 May 2026; Table 3 in *Mesothelioma in Australia 2025–data tables*.

In 2025, age-specific mesothelioma incidence rates (the number of new mesothelioma cases per 100,000 population in specific age groups) generally increased with increasing age, peaking at 40.5 cases for males aged 85 years and over and at 6.7 cases for women aged 85 years and over. Men consistently had higher rates than women across all age groups (Figure 3).

Figure 3: Rate (per 100,000 population) of people diagnosed with mesothelioma, by age group and sex, 2025



Source: AIHW analysis of AMR data as at 1 May 2026; Table 3 in *Mesothelioma in Australia 2025–data tables*.

How long do people live after being diagnosed with mesothelioma?

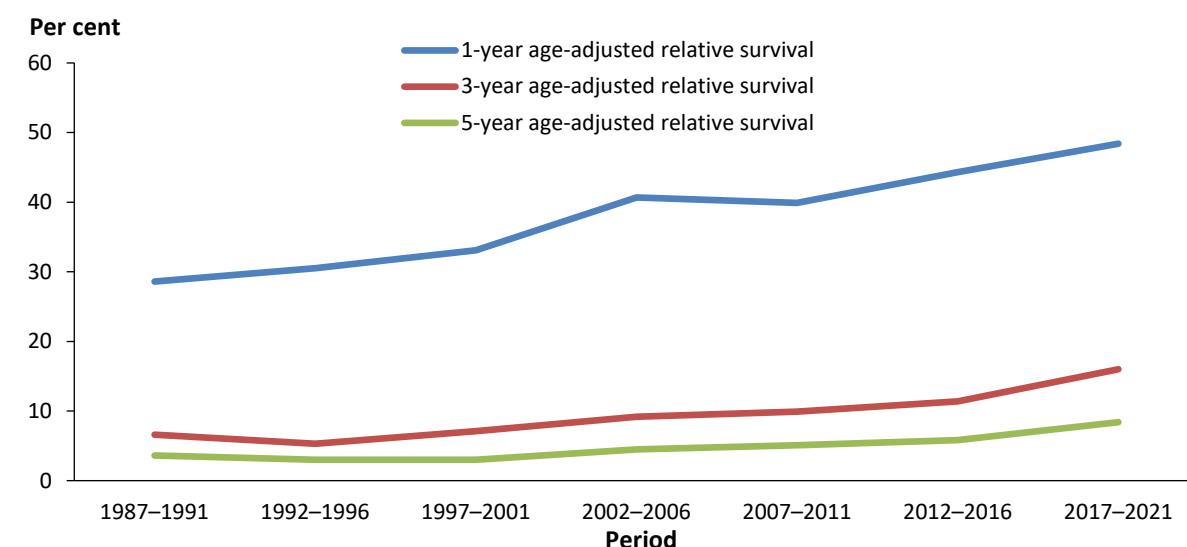


Between 1987–1991 and 2017–2021, the age-adjusted 1-year relative survival of people with mesothelioma increased from 28.6% to 48.4%

Due to its aggressive nature, mesothelioma has a very low survival rate compared to other cancers (AIHW 2025b). Also, the condition is often diagnosed at advanced stages, because early symptoms can go unnoticed or be mistaken as symptoms for other conditions or diseases (ADRI 2025; Cancer Council 2025a). Many factors can affect the person's chances of relative survival, including their age at diagnosis, their overall health status and the type of mesothelioma they have.

Linked data from the ACD and National Death Index (NDI), show that the average length of time that people survive after being diagnosed with mesothelioma is gradually increasing over time. Figure 4 shows the 1, 3 and 5-year age-adjusted relative survival of people with mesothelioma from 1987–1991 to 2017–2021—all survival rates have increased over this period, most notably the 1-year survival. This apparent improvement in survival may be due to factors such as diagnosing mesothelioma at an earlier stage and improvements over time in how patients are treated.

Figure 4: 1, 3 and 5-year age-adjusted relative survival of people diagnosed with mesothelioma, 1987–1991 to 2017–2021



Notes

1. Relative survival was calculated using the period method. For more information on survival calculations, see the "Using the data" and "Technical Notes" pages within the [Cancer Data in Australia web report](#).
2. Records with unknown age at diagnosis and/or those who identify as intersex, non-binary or other were excluded from the analysis.
3. Age-adjusted backward-looking: The age composition of those diagnosed with mesothelioma in earlier periods is weight-adjusted according to the age composition of those diagnosed in the 2017–2021 survival period.
4. Please read [Cancer data commentary number 6](#) for more information about age-adjusted survival rates.

Source: AIHW 2025b; Table 4 in *Mesothelioma in Australia 2025–data tables*.

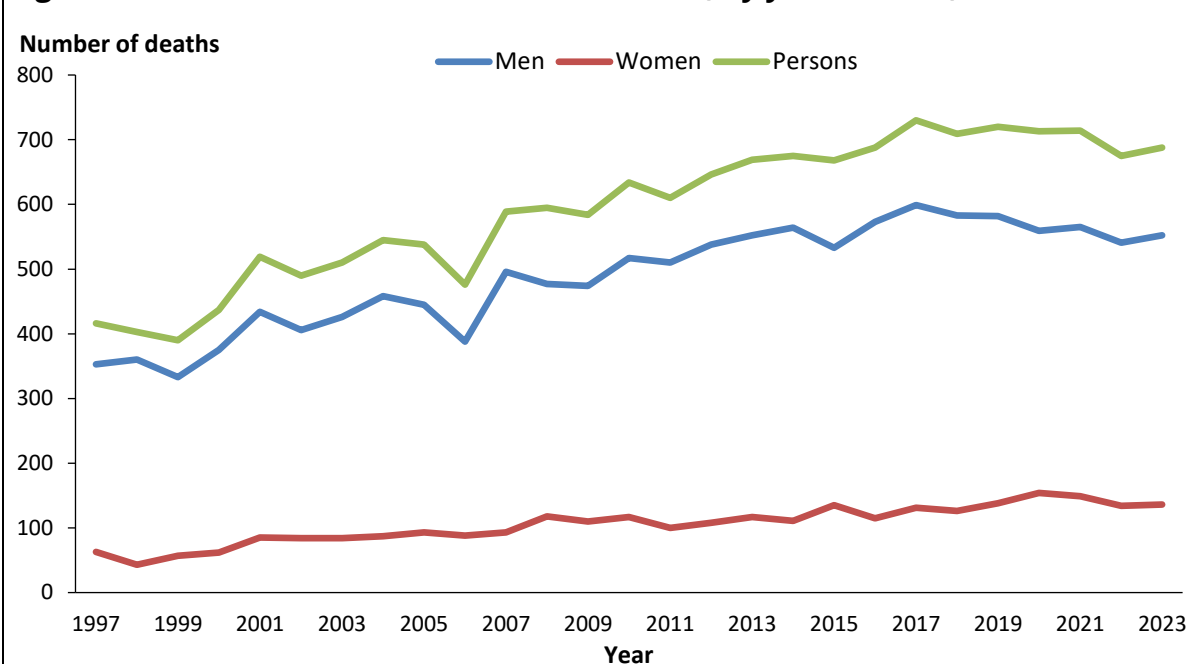
How many people die from mesothelioma?



In 2023, 688 deaths of people from mesothelioma were recorded, with an age-standardised mortality rate of 1.9 deaths per 100,000 population

Using the NMD to report on long-term mortality trends, the number of mesothelioma deaths has increased from 416 in 1997 to 688 in 2023. Deaths from mesothelioma increased generally but with fluctuations over the period among both men and women. For men, the number of deaths in 2023 was 1.6 times higher than in 1997, while for women there were over twice as many deaths in 2023 compared with 1997 (Figure 5).

Figure 5: Number of deaths from mesothelioma, by year and sex, 1997 to 2023



Notes

1. Figures are presented by year of death occurrence for 1997–2023. Deaths that were registered in 2023 but occurring in an earlier year are also included in the figure for 2023 to account for late registrations.

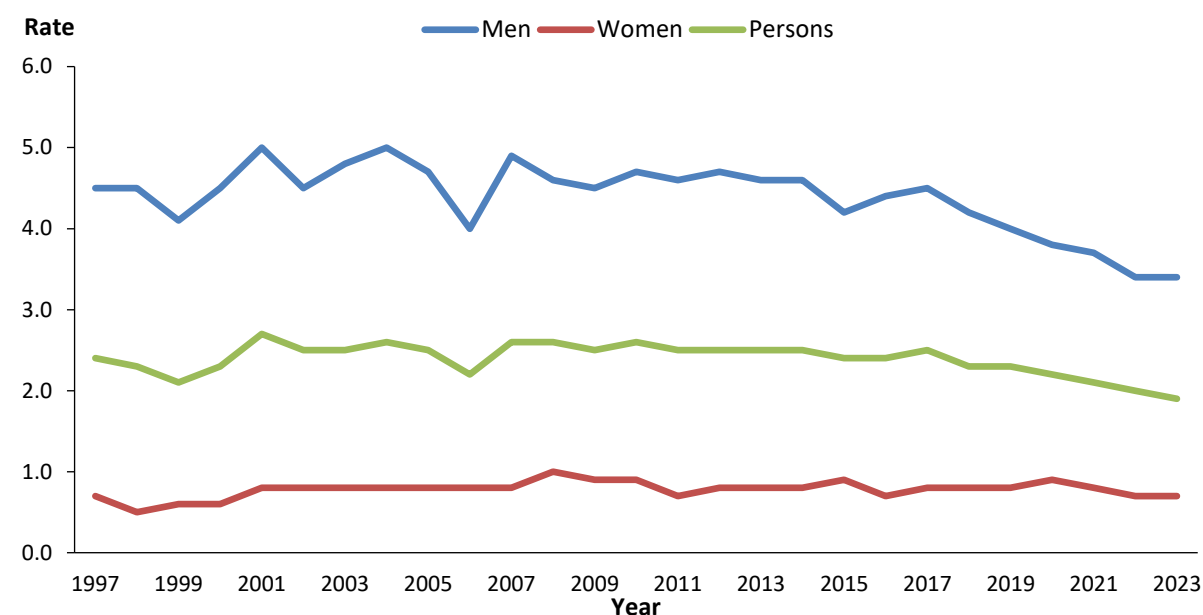
2. Deaths registered in 2020 and earlier are based on the final version of Cause of Death Unit Record Files (CODURF). Deaths registered in 2021 are based on the revised version and deaths registered in 2022 and 2023 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the Australian Bureau of Statistics (ABS). For further information see *Mesothelioma in Australia 2025–methodology paper*.

Source: AIHW 2025b; Table 5 in *Mesothelioma in Australia 2025–data tables*.

Although the number of deaths has increased over time, the age standardised rate of deaths has remained fairly stable until 2017 and has since declined (Figure 6). The most likely driver for the increasing number of deaths is Australia’s increasing and ageing population (whereby older Australians are accounting for an increasing proportion of the population) (ABS 2024).

From 1997 to 2007, age-standardised mesothelioma mortality rates fluctuated between 2.1 and 2.7 deaths per 100,000 population and has since remained steady at around 2.4 deaths per 100,000 population (Figure 6). Rates for men ranged from 4.0 to 5.0 deaths per 100,000 population between 1997 and 2007 and have since been declining slowly. Rates for women fluctuated slightly from 0.5 to 1.0 deaths per 100,000 population between 1997 to 2008 and have since remained steady at around 0.8 deaths per 100,000 population.

Figure 6: Age-standardised rate (per 100,000 population) of deaths from mesothelioma, by year and sex, 1997 to 2023



Notes

- Figures are presented by year of death occurrence for 1997–2023. Deaths that were registered in 2023 but occurring in an earlier year are also included in the figure for 2023 to account for late registrations.
 - Deaths registered in 2020 and earlier are based on the final version of Cause of Death Unit Record Files (CODURF). Deaths registered in 2020 are based on the revised version and deaths registered in 2022 and 2023 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the Australian Bureau of Statistics (ABS). For further information see *Mesothelioma in Australia 2025–methodology paper*.
 - Rates have been age-standardised to the 2001 Australian Standard Population.
- Source: AIHW 2025b; Table 5 in *Mesothelioma in Australia 2025–data tables*.

Asbestos exposure among people with mesothelioma

Previous research has shown mesothelioma can be associated with occupational and non-occupational exposure to asbestos. Historically, occupational exposure has been dominated by asbestos mining, manufacturing and use of asbestos-containing materials (IARC 2012; Safe Work Australia 2014). Because mesothelioma typically develops a long time after exposure, most of the current cases in this report are probably related to occupational exposure in workplaces that occurred before current occupational asbestos regulations and practices came into effect in 2003, so the results here should not be interpreted as indicative of current risk in workplaces today.

As at 1 May 2026, 1,497 people (1,172 men and 325 women) have consented to participate in the voluntary **asbestos exposure assessment** and have completed both the questionnaire and telephone interview components of the assessment.

Based on the jobs held by the participant during their working life, relevant job-specific questionnaire modules were allocated for the participant's telephone interview. For example, participants who have worked in jobs such as electrician, plumber and carpenter may be allocated the 'Trades' module. Participants could be allocated multiple job-specific modules for different jobs. Participants' lifetime exposure in non-occupational settings (such as their home) was also evaluated with a non-occupational module. For the purposes of this assessment, potential exposures to asbestos were then classified according to the likelihood that they were above background levels of 0.0001 f/ml (fibres of asbestos per millilitre) (Brown 2001). **Probability of exposure** was assessed as either '**probable**', '**possible**' or '**unlikely**', and **level of exposure** as either '**high**', '**medium**' or '**low**'. For more information, see *Mesothelioma in Australia 2025–methodology paper*.

More than 9 in 10 (94% or 1,407) people were assessed as having possible or probable exposure to asbestos (see Table 1 for details). For men, this exposure most commonly occurred in their jobs.

Of the 1,407 people for whom exposure was detected, most men had some form of occupational exposure, whereas very few women did:

- 77% (861) of men provided information indicating possible or probable occupational exposure ('occupational exposure only' and 'both occupational and non-occupational exposure' categories), compared with 5.9% (17) of women (Table 1)
- 99% (286) of women provided information indicating non-occupational exposure ('non-occupational exposure only' and 'both occupational and non-occupational exposure' categories), compared with 86% (968) of men (Table 1).

Table 1: Occupational and non-occupational exposure assessment, by sex, 2010–2025

Any exposure indicated	Men		Women		Persons	
	No.	(%)	No.	(%)	No.	(%)
Occupational exposure only	152	13.6	1	0.3	153	10.9
Non-occupational exposure only	259	23.1	270	94.1	529	37.6
Both occupational and non-occupational exposure	709	63.3	16	5.6	725	51.5
Total	1120	100	287	100	1407	100

Note: Of the 1,497 participants, 90 (6.0%) participants (52 men and 38 women) were assessed as having neither occupational nor non-occupational exposure. Although it was not possible to identify asbestos exposure among these participants, this should not be taken to mean that these participants have never been exposed to asbestos; rather, it means that no evidence of exposure above background was obtained by the exposure assessment methods used.

Source: AIHW analysis of AMR data as at 1 May 2026, based on interviews completed among people who were diagnosed with mesothelioma between 1 July 2010–31 December 2025.

Occupational asbestos exposure

The estimated likelihood of exposure among jobs assessed using the three most commonly allocated job-specific interview modules. Based on the interview data collected, 98% of those who received the 'Water transport' module, 85% of participants who received the 'Trades' module, and 40% of participants who received the 'Land transport' module were assessed as having had 'possible or probable' exposure to asbestos for jobs in those categories.

Results are based on the responses people gave to each specific module—participants are typically assigned multiple job-specific modules for different jobs, so the sum of respondents assigned to each module does not equal the total number of participants. Because questionnaire modules are assigned only to jobs with some likelihood of exposure, the finding of exposure in a high proportion of the jobs that respondents were questioned about is to be expected.

Non-occupational asbestos exposure

All 1,497 participants completed the non-occupational questionnaire module. Of the 1,323 participants where exposure was indicated, 1,254 (89%) were assessed as having had 'possible or probable' exposure in non-occupational contexts, however most of these cases also had occupational exposure (see Table 1).

It is common to have indications of exposure in more than one non-occupational context, so some participants are counted in more than one category. Therefore, the sum of participants in each category does not add up to the total number of participants. The most common contexts in which non-occupational asbestos exposure was assessed as possible or probable were among those who reported ever having:

- undertaken major home renovations that involved asbestos products (excluding paid work) (51% assessed as possible or probable exposure)
- lived in a house undergoing renovations (39% assessed as possible or probable exposure)
- serviced car brakes/clutch (excluding paid work) (29% assessed as possible or probable exposure)
- lived in the same home as someone with a job where they were exposed to asbestos and who came home dusty (21% assessed as possible or probable exposure)
- lived in a house made of fibro that was built between 1947 and 1987 (13% assessed as possible or probable exposure).

See Table 6 in *Mesothelioma in Australia 2025–data tables* for further information on sources of non-occupational exposure.

No asbestos exposure

For 90 participants (6.0% of all 1,497 participants—52 men and 38 women), there was no indication of asbestos exposure above background levels in either occupational or non-occupational contexts. This does not mean that these participants have never been exposed to asbestos; rather it means that no evidence of exposure above background levels was obtained using the exposure assessment methods.

Where do I go for more information?

More information on the AMR is available at [Australian Mesothelioma Registry](#). The Mesothelioma in Australia 2025 report and previous annual reports are available at [Australian Mesothelioma Registry - reports and publications](#). People diagnosed with mesothelioma can choose to self-notify by contacting the AMR via email at amr@aihw.gov.au or via the toll-free information line on 1800 378 861.

For more information about asbestos in Australia visit [Safe Work Australia](#) and [Asbestos and Silica Safety and Eradication Agency](#).

For information on the number of mesothelioma cases by First Nations people, socioeconomic and remoteness areas, see [Cancer data in Australia](#).

Acknowledgments

This report was prepared by Mr Tom Watson, Ms Sue Barker and Mr Brett Davis from the AMR team at the AIHW. The AMR team would also like to acknowledge the valuable guidance and advice from Mr Justin Harvey and Ms Amy Young. The AMR Expert Advisory Group also provided valuable advice: Professor Tim Driscoll (Chair), Professor Fraser Brims, Ms Elizabeth Chalker, Dr Claire Cooke Yarborough, Ms Jodie Deakes, Professor Karen Walker-Bone, Dr Ewan MacFarlane and Professor Sonja Klebe.

The AIHW acknowledges the data and assistance provided by all state and territory cancer registries, and thanks staff at the Monash Centre for Occupational and Environmental Health for undertaking and reporting on the asbestos exposure component of the AMR, and staff at the Social Research Centre for their work interviewing people diagnosed with mesothelioma.

The AMR is funded by Safe Work Australia.

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