Reply to “KL-6 is not ineffective biomarker of indium lung” by Nakano et al. (Letter to the Editor)

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In our report, we mentioned “The Japan Society for Occupational Health proposed 3 lg/l of indium in serum as an occupational exposure limit is conducted based on biological monitoring to prevent significant increase in KL-6 (Omae et al. 2011). However, in the present study, the geometric mean of S-In level was lower than 0.73 µg/l (maximum: 0–18.42 µg/l), which was also lower than 3 µg/l. Therefore, KL-6 may be not an appropriate indicator to evaluating the health illness for ITO workers”. The data provided by Dr. Nakano M. showed that S-In level in 66 Japanese indium-exposed workers (mean age: 46 year, SD: 13.3) was 0.1–69.5 µg/l, which was higher than the

S-In concentration we reported here (range 0–18.42 µg/l). Actually, in the 302 samples in the present study, KL-6J and KL-6C were measured in 65 workers simultaneously, and the data also showed the poor correlations between KL-6J and KL-6C ($r = -0.021$, $p = 0.866$), S-In and KL-6J ($r = -0.144$, $p = 0.252$), and S-In and KL-6C ($r = 0.196$, $p = 0.119$) by Spearman’s test. We can’t find any significant correlation between S-In and KL-6 either using KL-6J or KL-6C in the present study. However, in our unpublished data, the weak correlation ($r = 0.146$, $p = 0.012$) is found between S-In and KL-6J in 297 measurements.

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