



Work-related Cancer

Cancer is now the most common cause of death in the UK

Over 200,000 people are diagnosed with cancer, and around 120,000 people die from cancer each year. This means that even if the proportion of cases of cancer that can be attributed to work is small (estimates put it at between 2% and 20%), the burden of ill health and death from this cause is amongst the most important effects of work on health.

The most common cancers include sites at which occupational factors play a significant but often small part.

Other cancers are believed to be almost entirely occupational but are much rarer.

Work-related cancer is the largest cause of fatal occupational diseases recognised in UK at the present time (though the occupational contribution to overall mortality from lung disease or cardiovascular disease may be greater). Because of the age groups primarily affected, cancer has less effect on working capacity than many other diseases. Amongst patients of working age, once a diagnosis has been made, survival may be just a few years.

Identifying and evaluating carcinogens: COSHH Regulation 6

Employers must assess health risks in relation to listed carcinogens. Assessments should be recorded and reviewed.

Reducing exposures, prevention and control of carcinogen exposure: COSHH Regulations 7-9

Prevention is the first priority. Exposure should be controlled down to the lowest level reasonably practicable. Personal protective equipment (e.g. face masks, respirators, protective clothing) should only be provided as a last resort and never as a replacement for other control measures which are required.

Environmental monitoring: COSHH Regulation 10

A monitoring programme should be established and used in order to determine the extent of exposure of individuals in comparison with prescribed or approved workforce

Occupations with an increased risk of cancer

Some occupations carry an increased risk of cancer. Some of these are also geographically localised, so that it is important to know the occupations in your area that carry a particularly high risk. These include:

Shipbuilding, dockyard work	lung
Steel, foundry, coking plant	lung
Asbestos, textile manufacture	lung
Engineering	skin
Dye manufacture	bladder
Leather industry	nose, bone marrow
Furniture manufacture	nose

Principles of cancer prevention and the Control of Substances Hazardous to Health (COSHH) Regulations ACOP on Carcinogenic Substances.



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exposures limits, or, if none exist, self-imposed working standards, to detect any deterioration in standards of control. Records must be kept for 40 years.

Biological monitoring, medical screening and exposure surveillance: COSHH Regulation 11

Health surveillance is appropriate in the case of all carcinogenic substances, unless exposure is not significant. Schedule 6 lists substances for which medical surveillance under the supervision of an employment medical adviser or appointed doctor is required. In other cases self-inspection or health surveillance by a competent person may be required.

Education of workers and management: COSHH Regulation 12

Information, instruction and training of workers is required under COSHH Regulation 12, with a specific requirement to inform workers and their representatives of the nature of the risk, the special features of carcinogenic substances and the circumstances in which they may be exposed to carcinogenic substances.

Classification of carcinogenic substances

The UK classification process normally lags behind that in other countries. Research in Scandinavia or Germany will often set EU policy, which the UK will ultimately follow. Data sheets will code the substance, under the title 'Risk Phrase', a code in the form Rxx:

- R45 May cause cancer
- R46 May cause heritable genetic damage
- R49 May cause cancer by inhalation

Assessing exposure

When one or more cases of cancer occur and work is a suspected cause a series of questions should be asked before deciding on additional controls on exposure, or starting a compensation claim.

- Is there evidence of exposure levels to the suspect carcinogen?
- How many years of exposure at this level?
- What are the expected levels of exposure in that particular occupation?
- Is there any biological evidence of exposure (tissue samples, blood or urine measurements, pre-cancerous conditions, other health effects)?
- What is the risk associated with the occupation?
- Are there any high risk sub-groups in scientific studies?
- Does the window of exposure fit with knowledge of latent periods for this cancer?

Corroboration

- Have there been any other cases amongst workers at this place of work or in this occupation?
- If there is a cluster of cases, what is the expected number of cases of this kind of cancer for the age group and size of the population exposed? Is there an excess?

Other causes

- Has the person been exposed to other non-occupational causes of the cancer?

- What is the background risk in the unexposed population?
- Is there any evidence of a family history?

Compensation

Compensation for occupational cancer is available in two ways:

- From a Jobcentre Plus or social security office (part of the Department for Work and Pensions [DWP]), on form BI100B for disablement benefit and BI103 for Reduced Earnings Allowance (see below).
- Through a common law compensation claim from your employer's insurance, via a solicitor.

Making one claim doesn't stop you making the other.

To obtain Industrial Injuries Disablement Benefit for occupational cancer

- Your cancer must be one of the prescribed diseases listed (see table on page 3).
- You must have worked in the occupation listed or with the substance listed in the online guide DB1 (<http://www.dwp.gov.uk/advisers/db1/>).
- If your cancer started before October 1990 you may also be able to get Reduced Earnings Allowance, which compensates you for loss of wages resulting from your cancer.
- The forms can be off-putting. Ask your union representative or a SOHAS adviser to assist you in filling them in.

What will happen when you make your claim for Industrial Injuries Disablement Benefit?

The Jobcentre Plus or social security office will check with your employer at the time, that you worked with the substance and in the job that you say you did. If your employer is no longer in existence other kinds of evidence may be acceptable. The consequences of this are something you will have to take account of before you claim. If the DWP accepts your claim, you will go for a medical examination which will decide whether your condition is due to work and how disabled you are by it. There are appeal procedures at each stage.

Claiming damages

Civil claims for compensation (damages) are made through a solicitor. If you are in a union, use your union solicitor. Otherwise it is important to get an assessment of the strength of your claim before starting legal proceedings. Even if a 'no win-no fee' agreement is available you may have to pay for initial medical investigations.

Make sure that the solicitor you choose is a personal injury solicitor with experience of claims involving occupational diseases. The Association of Personal Injury Lawyers has a list of personal injury solicitors practising in Sheffield. Civil claims are based on proof of negligence by your

employer, causation (your cancer was caused by work) and liability.

Cancers for which Industrial Injuries Disablement Benefit may be available if the relevant exposure can be proven

- Bladder cancer
- Bone cancer
- Breast cancer (female)
- Leukaemia
- Liver cancer: angiosarcoma only
- Lung cancer
- Mesothelioma
- Nasal cancer
- Nasal sinus cancer
- Skin cancer: squamous cell carcinoma and localised new growth of the skin, papillomatous or keratotic
- Testicular testis
- Thyroid cancer
- Urinogenital cancers (other than bladder): ureter, urethra or renal pelvis

Cancers and malignant conditions for which Industrial Injuries Disablement Benefit is available

	TYPE OF CANCER	ANY JOB INVOLVING
A1	Leukaemia or cancer of the bone, female breast, testis or thyroid	Exposure to electromagnetic radiation or ionising particles where dose doubles the risk
C4	Lung cancer	Exposure to arsenic
C7	Leukaemia	Exposure to benzene
C21	Skin Cancer	Exposure to arsenic, tar, pitch, bitumen, mineral oil, soot or any compound product or residue of any of these substances
C22a C22b	Nasal cancer or sinus cancer Lung cancer	Work in or near a factory where nickel is produced, by gaseous decomposition of a nickel compound
C23	Cancer of the bladder, ureter, urethra or renal pelvis	Work in vicinity of a number of named processes
C24	Angiosarcoma (a form of liver cancer)	Work in contact with vinyl chloride monomer in the production of PVC
D3	Mesothelioma	Exposure to asbestos
D6	Nasal cancer or sinus cancer	Work in production of wooden goods, or footwear made from leather or fibreboard
D8	Lung cancer following asbestosis, or	Working with or handling asbestos
D8a	Lung cancer	Exposure to asbestos
D8b	Diffuse pleural thickening	Exposure to asbestos
D9	Lung cancer	Tin mining, work with BCME or exposure to chromates
D10	Lung cancer in the presence of silicosis	Exposure to silica dust

Campaigning on occupational cancer

Some cancers are common and caused by a variety of chemicals and other physical agents. Work may be a significant contributing factor (e.g. asbestos and lung cancer). Other cancers are linked to only a few causal agents with occupational exposures (e.g. vinyl chloride and angiosarcoma, or asbestos and mesothelioma). There are also differences in potency; some carcinogens are much more powerful causes

of cancer than others. This is being recognised in the way exposures limits are being set for carcinogens.

Workers, trade unions and the government need to be campaigning to substitute the main occupational carcinogens taking into account potency and how common exposure is. From the tables below it can be seen that the following exposures should be major targets for a campaign on occupational cancer:

- Diesel fumes
- Asbestos
- Silica dust
- Wood dust

Tobacco smoke (passive smoking) and solar radiation (outside workers) are already the subject of major campaigns.

Common exposures to carcinogens

Exposures affecting more than a million workers

Tobacco smoke	1314624
Solar radiation	1267982
Silica, crystalline	589929
Radon and its decay products	561725
Diesel engine exhaust	473062
Wood dust	433834

Exposures affecting more than 250,000 workers (and less than 1 million)

Chromium VI	130038
Tetrachlorethylene	119475
Polycyclic aromatic hydrocarbons	106285

Exposures affecting more than 100,000 (and less than 250,000 workers)

Lead and lead compounds	49412
Glasswool	143600
Benzene	297717
Ethylene dibromide (Carex 1993)	282694