

RESEARCH WORKING GROUP of the Industrial Injuries Advisory Council

**Minutes of the meeting
Thursday 24 November 2016**

Present:

Professor Paul Cullinan (Chairperson)	RWG
Professor Damien McElvenny	RWG
Professor Keith Palmer	RWG
Professor Neil Pearce	RWG
Mr Hugh Robertson	RWG
Professor Karen Walker-Bone	RWG
Dr Emily Tucker	DWP
Mr Andrew Darnton	HSE
Ms Catherine Hegarty	IIAC Secretariat
Ms Hazel Norton-Hale	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat

Apologies: Dr Anne Braidwood, Mr Richard Exell and Professor Ira Madan

1 Announcements and Conflict of interest statements

- 1.1 Publication of the anxiety & depression position paper is due w/c 12 December 2016 subject to No. 10 approval.
- 1.2 Classification review – the information provided by Council members about the Cabinet Office Functional Review of Expert Advice to Government helped inform the secretariat’s survey response. Although still early days it is felt that the direction of travel in terms of the final report is that, while there may be some reclassification recommended, the emphasis is likely to be on sharing good practice; how effectiveness is measured; and how to get the most out of Advisory Non-Departmental Public Bodies. Cabinet Office wants to hear from the Chairs of the bodies so a meeting will be set up.
- 1.3 IIDB reform – no decision on a way forward from Minister following submission by Policy.
- 1.4 Dupuytren’s contracture Command paper – still with Minister & special advisers who requested more information from officials; no decision yet.
- 1.5 Perceived conflict of interest: a member advised that he was involved as an expert in a TRIKE medico-legal case.

2 Minutes of the last meeting

- 2.1 The minutes of the last meeting were cleared with minor amendments. The Secretariat will circulate the final minutes to all RWG members ahead of publication on the gov.uk website.
- 2.2 All action points have been cleared or are in progress.

3 Occupational exposure to trichloroethylene (TRIKE)

- 3.1 A member suggested that the risk of Parkinson's disease (PD) is increased by exposure to TRIKE. A previous literature search (May 2015) on solvent exposure was evaluated, but there was no evidence that risks were doubled. It was decided to prepare an updated note for the RWG records stating that the evidence was insufficient to pursue the issue further.
- 3.2 Cancer and trichloroethylene - 3 categories of cancer were considered for evaluation of evidence relating to exposure to trichloroethylene; each was discussed on its merits.
 - 3.2.1 Kidney cancer – literature review and table of evidence suggested there was a clear increase in risk but it was generally accepted this was less than 2, i.e. no doubling of risk. Some studies suggested outliers with substantial risk, but these have limitations or are based on only few instances of the disease. Evidence was patchy and not consistent across occupations. Based on the information available, it was decided to write an information note and not pursue further.
 - 3.2.2 Haematopoietic cancer – similar picture to that described for kidney cancer. Relative risks are little higher than 1.0 in many reports. Based on the information available, it was decided to write an information note and not pursue further.
 - 3.2.3 Cervical cancer – the volume of evidence is much lower with only 6 cohort studies identified by IARC. It was decided to look deeper into the literature and at exposure groups and occupations - and to review the evidence relating to dry-cleaners previously prepared by IAC.

4 Noise induced hearing loss (NIHL) – IAC's approach to prescription

- 4.1 Following consideration of the unique challenges arising from the prescription of PD10, it was decided to look further into the options for prescription.
- 4.2 A draft consultation document had been prepared for the October IAC meeting.

- 4.3 There were concerns, however, that a consultation document would raise expectations without adding materially to the present approach. A decision was made to change the focus to a position paper recording the history and justification for the current prescription.
- 4.4 The draft position paper - emailed to members - was discussed.
- 4.5 A section on acoustic trauma has been added to clarify that this is covered under the accident provisions.

5 Rheumatoid arthritis (RA) and cadmium

- 5.1 A paper highlighting an association between cadmium exposure and rheumatoid arthritis in steel workers had been brought to the attention of the Council. A member considered whether the association was sufficient to warrant further investigation.
- 5.2 Discussions highlighted the need to refine the question to be more specific in terms of exposure and condition. The literature is focussed more on a mechanistic approach rather than occupational exposures; and it was noted that cigarette smoke contains cadmium.
- 5.3 A member advised that working with artificial stone work-surfaces, which are silica-resin based, was linked to high levels of silicosis in workers refining/cutting this material.

6 Pesticide exposure and cancer

- 6.1 Having contributed to the Committee on Toxicity of Chemicals in Food, Consumer products and the Environment (COT), a member provided a summary on certain long term neurotoxic effects of low-level exposure to organophosphates in adults. High levels of exposure are covered by the accident provisions of the scheme.
- 6.2 There is a wealth of information available regarding the possible carcinogenicity of pesticides, and IARC regularly publishes updates. To date it would appear no evidence exists for a doubling of risk related to any form of cancer for any pesticides. IARC vol. 100 (2012) is the best source of information, and breaks down the data into appropriate sub-groups such as pesticides, enabling a selective review to be carried out.

7. Nasal carcinoma and wood dust

- 7.1 Correspondence sent to the Secretary of State by an MP, highlighted the case of a constituent with nasal cancer who worked in a warehouse where wood was

stored and regularly cut to length.

7.2 Benefit was refused for PD D6 because the occupation did not meet the criteria for prescription.

7.3 As a result, a member has set out a case for looking again at the prescription terms to ensure they are up to date, clear and optimal for purpose.

7.4 The Council considered a tabled draft paper which sets out the current position. The Council is considering a recommendation for rewording this prescription to clarify exposures.

7.5 A literature search by a member identified 28 mostly historic references, which will be used to inform the review.

8. AOB

a) Correspondence

8.1 The Council received two enquiries regarding the prescription for PD C23; one relating to Red Solvent; the other relating to Acrylic clear top coat used in the motor industry. HSE were asked to determine which dyes are in Red Solvent and the formulation of Acrylic clear top coat.

8.2 The formulation of Acrylic clear top coat is not clear and paint composition has changed a great deal over the years.

8.3 It is known that azo dyes are a component of Solvent Red, some of which are known carcinogens. HSE is aware that CI Solvent Red 164 is used as a penetrant dye in the detection of cracks in metal components and an information watch sheet is published on risks of its metabolites.

8.4 Cancer of the larynx PD C22b was also brought to the Council's attention through correspondence involving a claimant with laryngeal cancer derived from industrial paint spraying. A member considered the literature which showed there was little evidence of paint sprayers developing laryngeal cancer. There was an increased risk for solvent exposure and throat cancer, but insufficient to consider recommending prescription. Both IAC and IARC have reviewed cancer in painters, but not specifically paint sprayers. There is some evidence that rates of bladder cancer may be increased in paint sprayers.

b) Scottish Devolution.

8.5 The Secretariat to keep the Council informed of developments, and IAC to invite an official from IADB Policy in the Scottish Government to the April 2017 IAC meeting to give an update.

Date of next meeting: 2 March 2017