RESEARCH WORKING GROUP
of the Industrial Injuries Advisory Council

Minutes of the meeting
Thursday 2 March 2017

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 Anne Braidwood	MOD
Dr Edith Cameron	DWP
Mr Andrew Darnton	HSE
Claire McDermott	Social Security Policy, Scottish Government
Ms Catherine Hegarty	IIAC Secretariat
Ms Hazel Norton-Hale	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat

Apologies: Professor Ira Madan, Clare Wilkinson, Clare Kerr

1 Announcements and Conflict of interest statements

1.1 Welcome to Dr Edith Cameron who has taken over from Dr Emily Tucker for the foreseeable future. Welcome to Claire McDermott from the Scottish Government.

1.2 Conflict of interests – none declared.

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 Scottish Devolution and IIDB

3.1 Prior to the RWG meeting, the paper tabled by Claire McDermot was circulated to the full Council containing a number of questions for review and comment. Members' responses were collated and shared with Claire before the meeting.

3.2 Claire outlined the timetable for next steps and stated the Bill would be published in the summer which would include the required powers to administer the devolved benefits ready for 2021.

3.3 Claire reported a strong message from Scottish Ministers that their top priority was safe and secure transfer.

3.4 The Scottish Government's analysis and response to the consultation have been published – these can be provided to members if required. Respondents were largely positive about IIDB and wanted a Scottish IIDB-type scheme to remain no-fault and non-means tested. Some respondents thought the list of prescribed diseases needed modernising and that there was a gender bias towards male-dominated industries. Respondents also cited the need for employment support and highlighted low take-up and the need to raise awareness of the Scheme.

3.5 Members stated they were willing to offer informal advice to the Scottish Government as a wealth of experience of IIDB including international comparisons was available. A formal response to the discussion paper was requested. It was agreed a member would structure a reply and collate responses under the questions posed.

3.6 Moving forward, it was felt the Council would be better placed to provide any advice at a later stage. It was suggested that a small group of members could act to informally advise on the establishment of a body similar to IIAC when more details of the type of scheme the Scottish Government will introduce were available. This proposal would need to be agreed by the full Council.

4 Occupational cancer and exposure to trichloroethylene (TCE)

4.1 Three categories of cancer were selected from an IARC monograph for consideration where there has been occupational exposure to TCE. Three papers were submitted for discussion:

4.1.1 **Renal cancer** – a first draft had been shared previously with the full Council and was subsequently extensively reviewed by another member who identified an additional meta-analysis. Some minor changes were accepted. A member had expressed the hypothesis that if the exposure were high enough then the risk would be more than doubled, however the evidence for this was found to be inconsistent and did not enable a suitable exposure schedule to be defined. According to the evidence renal cancer and exposure to TCE is not currently prescribable. Members accepted the paper as an information note which will be circulated to members for discussion at the next full Council meeting.

4.1.2 **Blood cancers** – a search of the literature raised the possibility that risks from TCE could vary by sub-entity of NHL and by genotype, and might perhaps be as much as doubled in certain circumstances. However, research studies are few in number and findings are not consistent, potentially explained by chance. The paper has not been seen by the full Council. It was deemed prudent to ask a haematologist to scrutinise the complex descriptive section on considered cancers to

check for accuracy. Two additional references are on order to check if they contain any additional evidence.

4.1.3 **Cervical cancer** – a member has produced a first draft which has been extensively reviewed by another member who included additional data. The table of evidence was debated. Some studies have reasonably high relative risks but often the numbers are small and the confidence intervals wide. Possible confounding by sexual behaviour was highlighted as a concern with this disease. A member expressed the view, however, that the high relative risks in some studies could not be explained by confounding but could arise by chance. Evidence was rarely specific as to job title but related to general terms for exposure that would be hard to adopt in prescription, such as 'factory' or 'highly exposed'. Prescription was thought to be difficult but members decided it was pertinent to look at the literature again to determine if any case-control studies had been published which may inform the evidence. The prevention section needs to reflect that of the other TCE papers. However, it seems likely at this stage that this will be another information note.

4.1.4 **Parkinson's disease** and solvent exposure – previously an IIAC member requested the issue of Parkinson's disease (and/or parkinsonism) and high exposure to organic solvents be examined and the possibility of a prescription based on 'individual proof' be considered. A member reviewed and updated a previous note on the subject, which was tabled for discussion. The updated note found no justification for prescription on a doubling of risk basis; it would also be very difficult, if not impossible, to set an exposure criterion. The condition cannot be distinguished from other forms of Parkinson's disease and on the evidence of the few published case reports neither the nature nor the intensity of a qualifying exposure could be prescribed with clarity. Members agreed with the findings and accepted the paper for sign-off. Based on this review, the member who initially raised this concerned will be informed of the findings via correspondence.

5 Nasal Carcinoma and Wood Dust Exposure

5.1.1 Sinonasal and nasopharyngeal cancers are prescribed diseases with relation to occupational exposure to wood dust. Since the last Council meeting, the papers cited in the original draft command paper on nasal cancer and wood dust have been reviewed again. Discussions with other IIAC members have been held which included views about which formulation(s) of a revised prescription are supported by the evidence. A paper included a table of evidence, a revised discussion section and a revised recommendation. The paper suggested extending terms of PD D6a to cover adenocarcinoma in workers exposed to wood dust.

5.1.2 Members debated the findings of the revised command paper and agreed the case for extending the prescription to include adenocarcinoma was overwhelming. This was not the case, however, for squamous cell carcinoma. It may be necessary to distinguish

between these disease types. In some circumstances the revised terms carry the potential for claimants to qualify twice for the same exposure and outcome and this problem was referred to the Department for advice. RWG supported extending the terms of PD D6 as suggested however. The paper will be submitted at the next full Council meeting for review and sign-off. The legal team will be consulted on wording.

5.1.3 Members agreed that there was no need at the present time to revise the terms of PD D13.

6 Rheumatoid arthritis, steel workers and occupational autoimmune disease

6.1.1 In 2016, an IIAC member highlighted a recent publication about the risk of development of rheumatoid arthritis in male steel workers exposed to cadmium.

6.1.2 In January 2017, IIAC undertook a review of the literature on cadmium and autoimmune diseases including rheumatoid arthritis. No additional references were discovered. Cadmium is a toxin found in cigarette smoke as well as certain occupations.

6.1.3 The paper was debated and it was agreed that there was no conclusive evidence that occupational exposure to cadmium carries a more than doubling of risk of causing RA. The paper required certain revisions which were discussed.

6.1.4 The scope will be widened to include other autoimmune diseases and silica, specifically systemic sclerosis and systemic lupus erythematosus. Secretariat will conduct a detailed literature search.

7 Latex and Occupational Exposure

7.1.1 Correspondence from a MP regarding a police service employee asked the Council to look again at the prescription for latex allergy within the scheme.

7.1.2 The paper tabled was discussed and it was decided the prescription for latex allergy was too narrow in its present restriction to healthcare workers, and should be expanded to include other workers who develop latex sensitivity occupationally. It was suggested it is very unusual to develop a latex allergy outside of the workplace. The recommendation of the RWG is to prepare a command paper with a view to expand the current prescription, but a literature review was not deemed necessary. This will be drafted and shared with Council at the next full meeting.

8 Medical Assessments

8.1.1 IIAC has been reviewing medical assessments to ensure they adequately reflect current scientific knowledge, focusing on how assessments take into account multiple risk factors and historical injuries. The law states that deductions must be made to take account of ‘other effective causes’.

8.1.2 The Council debated the topic at the last full meeting and concluded that present tribunal-related guidance on off-sets (in particular, the need to

forecast future disablement arising from latent or historic risk factors) would be challenging to implement from a scientific perspective.

8.1.3 In keeping with this, the meeting was told of a report that showed big differences between medical experts in their projections about future disablement following musculoskeletal injury.

8.1.4 Further evidence will be taken to explore this concern, and to offer revised guidance as appropriate. The inquiry will focus initially on oesteoarthritis and back pain as two conditions where concerns could easily arise and evidence can be gathered. Two members agreed to take this on.

9 AOB

9.1.1 Cancer of the larynx in paint sprayers – correspondence received asked the Council to consider laryngeal cancer in industrial paint sprayers for PD C22. A note tabled for discussion detailed how the IIAC commissioned review in 2010 looked at the evidence and its findings which did not link spray painting to cancer of the larynx. No reports of the risk of laryngeal cancer in 'spray painters' or in those who work with diisocyanates were found. There are several reports that measured the risk in painters; in some reports the risk appears to be increased, in others not. 'Painters' is a broad occupational group and it is not possible to distinguish 'spray painters' from other kinds of 'painter' in these studies. Members accepted the findings that any link to laryngeal cancer in paint sprayers was tenuous and no further action was suggested. A letter will be drafted informing the correspondent of the decision.

9.1.2 Correspondence from a MP relating to 'vibration white finger' for a former ocupational motorcyclist being ineligible for IIDB. A literature search was carried out but this yielded only a few reports of limited quality, which will be reivewed. A member is also awaiting a response from a known expert in this area.

Date of next RWG meeting: 25 May 2017
Date of next full council meeting: 20 April 2017