

INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – 20 April 2017

Caxton House

Present:

Prof Keith Palmer	IIAC (Chair)
Prof Paul Cullinan	IIAC
Prof Damien McElvenny	IIAC
Prof Anthony Seaton	IIAC
Dr Sara De Matteis	IIAC
Mr Keith Corkan	IIAC
Mr Doug Russell	IIAC
Dr Andrew White	IIAC
Ms Karen Mitchell	IIAC
Dr Andrew Darnton	HSE
Prof Sayeed Khan	IIAC
Mr Hugh Robertson	IIAC
Mr Paul Baker	IIAC
Edith Cameron	DWP Health & Science Directorate
Karen Maskill	DWP IIDB Policy
Ben Wild	DWP Legal
Hazel Norton-Hale	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Dr Ira Madan, Prof Neil Pearce, Prof Karen Walker-Bone, Dr Anne Braidwood, Mr Paul Faupel, Claire Wilkinson, Clare Kerr

1. Announcements and conflicts of interest statements

- 1.1** Scottish Devolution. The short paper previously circulated to members has been shared with Scottish Government officials who were present at the last Research Working Group meeting (March 2017). IIAC was perceived to be held in high regard for its processes and openness.
- 1.2** Prof Keith Palmer will reach his maximum term of service for IIAC in January 2018 and will be stepping down. The process to recruit a successor has begun. The advertisement will appear on the Public Appointments website, <https://publicappointments.cabinetoffice.gov.uk/>, in June and is open to Council members. The secretariat will have details should anyone be interested.
- 1.3** The announcement of a snap general election should have no impact on IIAC business. The publication of papers should not be affected, including the command paper on latex anaphylaxis. The process of publication should continue as it is regarded as 'business as usual'. The status of Dupuytren's

Contracture was raised. This is still under deliberation and will probably not now be considered until after summer recess.

1.4 Conflict of interest declaration

None declared

2. Minutes of the last meeting

2.1 The minutes of the October 2016 IIAC meeting were cleared with minor amendments and all action points were either cleared or carried forward. Amended minutes will be circulated for sign-off ahead of their publication on www.gov.uk/iac.

3. Nasal carcinoma and wood dust

3.1 This review was prompted by correspondence from an MP concerning a case of nasal cancer in a constituent occupationally exposed to wood dust. The constituent was turned down for benefit for PD D6a because his job did not meet the terms for prescription, although apparently involving significant exposure to wood dust.

3.2 A note to update the Council was provided along with a draft command paper recommending amendment to prescription PD D6a. Following concerns raised by a member about distinguishing between different types of nasal cancer, where interpretation of histological samples could be variable, the paper was revisited. A member stated evidence had been found to support not distinguishing between cancer types due to misdiagnosis and agreed to share this with the Council. A statement from a histopathologist confirmed this assertion. Following discussions and debate, the table detailing relative risks of developing nasal cancer following exposure to wood dust was accepted which allowed the prescription to be amended in a way that did not disadvantage claimants who may have been misdiagnosed. The paper will be redrafted, including a new summary table and incorporating new evidence and will be presented at the next meeting. Some members suggested rewording of the prevention section and whether a timescale of exposure should be included as high dust exposure over a short period could be as damaging as less exposure over a longer period. The next draft will include a suggested minimum exposure period.

4. Occupational cancers and exposure to trichloroethylene (TCE)

4.1 TCE and cervical cancer

The Council has been considering the case for prescribing cervical cancer following exposure to TCE. Few studies examined the relationship between occupational exposure and the development of cervical cancer. The paper presented to Council indicated that the balance of evidence at present does not define the circumstances where the risks would be doubled for developing cervical cancer following occupational exposure to TCE. The Council accepted the paper with some rewording and to include an equality section.

4.2 TCE and blood cancers.

The Council has been considering the case for prescribing blood cancers following exposure to TCE. The draft paper presented stated there was presently insufficient evidence to identify circumstances that would meet the legal requirements for prescription of TCE and blood cell cancers. A haematologist will be consulted to check the sections on lymphatic and haematopoietic malignancies to ensure correct terminologies are being used. The Council accepted the paper subject to the haematologist input and minor corrections.

4.3 TCE and renal cancer.

The Council has been considering the case for prescribing renal cancer following exposure to TCE. A final draft of the paper was presented which was accepted by the Council subject to minor corrections.

5. Cadmium and rheumatoid arthritis

An IIAC member highlighted a research paper which showed a high risk of RA in furnace workers speculating that this could be due to inhalation of cadmium dust or fumes. The draft information note considers the case for prescription following a review of the literature, but concluded the evidence is limited. The Council accepted the paper subject to the addition of a prevention section.

6. Latex anaphylaxis

Following correspondence from a MP on behalf of a constituent, the Council have been looking at the prescription for latex allergy. The draft command paper puts forward the case for extending the prescription to include workers in other occupations, suggesting it is currently too narrow as only describes healthcare workers. The Council debated the contents of the paper and accepted the findings subject to some minor amendments.

7. Vibration white finger and motorcycle handlebars

7.1 Correspondence referred to the Council suggested an IIDB claimant reported to have Raynaud's phenomenon secondary to hand-transmitted vibration as a result of riding a motorcycle for work.

7.2. The draft information note concludes that adding motorcycle handlebars in the terms of prescription PD A11 is not appropriate at this time as evidence suggests it is not possible to define the exposure to vibration accurately. The paper also considered the case for prescribing for HAVS on the basis of dose of vibration rather than by tool. Large differences in exposure between similar tools in different usgae and states of maintenance were considered to make this impractical. A leading expert in this field was consulted and agreed with the conclusions.

7.3 The Council accepted the paper and its conclusions, subject to minor rewording. A member asked if a list should be kept of tools with vibration magnitude similar to those already supplied. A member agreed to investigate.

8. Medical assessments

The Council has been considering diseases with multiple causes and how they are assessed for the purposes of IIDB.

A draft paper was presented considering the application of Regulation 11 (3) (Social Security (General Benefit) Regulations 1982). The Council is aware that guidance in the Medical Services Handbook reflects the rulings of tribunals; but also that

tribunals have not been wholly consistent in their interpretation of Regulation 11(3), the part that applies where the 'other effective cause' is a congenital defect or injury or disease received or contracted before the relevant accident.

The purpose of the paper is ultimately to provide updated advice to medical assessors in respect of the application of this regulation.

The paper was debated and comments from members who were unable to attend the meeting were considered. A member provided additional material that alluded to the subjective nature of medical opinions rather than scientific fact.

It was decided that additional evidence would be required to develop the paper further. It was proposed to identify, and engage with, a panel of experts in lower back pain and osteoarthritis of the knee to seek evidence that could be used to inform robust decision making. A revised paper will be shared with Council and DWP officials when progress has been made. The Council supported the proposed direction of the paper.

9. Public Engagement

9.1 A draft agenda for the Manchester public meeting on 6 July was discussed. It was suggested moving topics around to allow more time for questions and debate. This was agreed and the agenda finalised, which will be now be published on the IAC website

9.2 Council members were asked to send in suggestions for people to invite or local organisations to be made aware of the public meeting with a view to participating.

9.3 Council members were asked to consider presenting a poster at the International Commission on Occupational Health's Scientific Committee on Occupational Medicine (ICOH SCOM) August 2017.

9.4 A paper was published by Dr Andrew White in Occupational Health at Work Journal (December 2016). The Council recommended a follow-up paper be written following the public meeting in July.

9.5 A guide was published on the TUC website highlighting the IIDB scheme and its provisions.

10. Work programme update

An updated work programme was provided, which detailed that much of the ongoing research is coming to an end. Members suggested several topics which may warrant further investigation:

- Welding fumes and a potential link to lung and renal cancer
- UV radiation and a potential link to melanoma of the eye in welders
- An IARC monograph on 4,4'-Diaminodiphenylmethane (MDA) is awaited

11. AOB

11.1 A member asked if any further information on the closure of the Barrow IIDB processing site was available. An update from DWP will be requested

11.2 Members were asked to please be prompt with expenses claims

11.3 Following publications of papers that conclude with a suggestion to keep the topic under review, it was proposed to draw up a list of these topics and review regularly.

Date of next RWG Meeting: 25 May 2017

Date of next IIAC Meeting: 5 July 2017