

INDUSTRIAL INJURIES ADVISORY COUNCIL

Minutes of the IIAC Meeting – January 17 2019

Present:

Dr Lesley Rushton	IIAC (Chair)
Prof Neil Pearce	IIAC
Prof Anthony Seaton	IIAC
Mr Keith Corkan	IIAC
Dr Sara De Matteis	IIAC
Dr Sayeed Khan	IIAC
Mr Doug Russell	IIAC
Ms Karen Mitchell	IIAC
Mr Hugh Robertson	IIAC
Dr Andrew White	IIAC
Dr Ian Lawson	IIAC
Dr Chris Stenton	IIAC
Dr Kim Burton	IIAC
Dr Max Henderson	IIAC
Dr Valentina Gallo	IIAC
Dr Anne Braidwood	MOD
Dr Rob Hunter	BALPA
Dr Sally Evans	CAA
Susan Sedgwick	DWP Policy
Lucy Wood	DWP Policy
Ms Tammy Fevrier	DWP ALB Partnership team
Stuart Whitney	IIAC Secretariat
Ian Chetland	IIAC Secretariat
Catherine Hegarty	IIAC Secretariat

Apologies: Prof Karen Walker-Bone, Dr Andrew Darnton, Ms Maryam Masalha, Dr Mark Allerton, Dr John Cherrie

1. Announcements and conflicts of interest statements

- 1.1 The Chair opened the meeting by welcoming new members: Dr Ian Lawson, Dr Chris Stenton, Dr Kim Burton, Dr Max Henderson, Dr Valentina Gallo and Dr John Cherrie (sent apologies) who were successful in their applications to join the Council.
- 1.2 Dr Lesley Rushton announced that Prof Anthony Seaton would be stepping down after the April 2019 IIAC meeting to be succeeded by Prof Raymond Agius.
- 1.3 There were no conflicts of interests declared.

2. Minutes of the last meeting

- 2.1 The minutes of the October 2018 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/iiac.

2.2 Action point from the June meeting, concerning a review by WHEC on breast cancer and shift work, is carried over for the new research working group (RWG) chair to review and secretariat to liaise with WHEC to obtain a copy of their impending report. It was noted by the Chair that an IARC monograph on this topic is due to be published in June 2019, so no further action would be taken until this important publication is available.

3. Dupuytren's contracture

- 3.1 This was initially rejected by the Minister, but following engagement of IIAC members with the current Minister, it was announced in the 2018 Budget Statement that Dupuytren's would be added to the list of IIDB prescribed diseases.
- 3.2 This topic was discussed by the Council as DWP Policy officials asked that the 2014 command paper be reviewed and feedback provided to ensure the legislation is written to reflect the Council's intentions that it is the disabling condition which should be prescribed for.
- 3.3 It was felt that there the diagnosis and severity of the contracture were 2 different issues. Diagnosis is adequately described by adopting the table top test when this is positive. With this test, the person places their hand on a table. If the hand lies completely flat on the table, the test is considered negative. If the hand cannot be placed completely flat on the table, leaving a space between the table and a part of the hand as big as the diameter of a ballpoint pen, the test is considered positive.
- 3.4 The severity of the symptoms would need to be described in guidance provided to medical assessment staff. It was decided to refer the severity question back to the RWG to assist in determining how severity could be measured.

4. Guidelines on evaluating evidence on health risks associated with occupation

- 4.1 The draft guidelines have been drawn up to bring IIAC into line with similar UK scientific advisory committees. These were discussed at RWG in November 2018 and members were generally supportive, considering they would be helpful for transparency in the Councils decision making process and in its reports.
- 4.2 The Council discussed the proposal to use these as a standard checklist for members to use when drafting IIAC papers for publication.
- 4.3 The guidelines were approved with some minor revisions to the text suggested

5. COPD and coke oven workers

- 5.1 In August 2018, BBC Wales online reported that a widow of a former British Coal coke oven worker was awarded compensation in a landmark court case along with four other test cases settled out of court.
- 5.2 Coke oven workers are not covered under the Industrial Injuries Scheme for COPD, so the Council was asked to consider what the implications of this judgement are and if the prescription for COPD should be reviewed as a result. An initial scan of the literature indicated some of the published studies were fairly old and some of the evidence may be contradictory. It was noted that many of the cases were settled out of court, but where judgements were available, these should be reviewed.

5.3 It was agreed to ask RWG to look at this topic with a view to producing a publication.

6. RWG Update

6.1 **HAVS** – a sub-group of members has been asked to draft a paper to reflect upon the findings of the Council with respect to objective testing for vascular symptoms and how photographic/video evidence could be considered by the DWP as acceptance of blanching of digits. A post-meeting discussion indicated a draft outline of a paper had been produced but a literature search would need to be carried out to ensure completeness.

6.2 Osteoarthritis (OA) of the knee in footballers

The Council was initially approached by the Xpro Community. In a letter, a reference was made to a paper by Fernandes et al which indicated the prevalence of knee osteoarthritis was two to three times higher in male ex-footballers compared with men in the general population group. After adjustment for recognised risk factors, knee osteoarthritis appears to be an occupational hazard of professional football.

6.3 The Council subsequently received a letter from the PFA, also referencing the Fernandes paper, asking if OA could be investigated in footballers. When sporting injuries was looked at in 2005, the Council concluded OA in footballers can follow significant joint injury and may be considered under the accident provision. The evidence available at the time did not support prescription of OA in footballers. A literature search has been completed and has been reviewed. It has been shared with members but will probably need to be looked at by musculoskeletal experts. Some initial thoughts were that it was unclear if there was a doubling of risk, but it was agreed to look again at the references. The literature searches were also shared with other members for comment.

6.4 Asbestos exposure in non-recognised occupations

6.5 Correspondence from a MP brought to IIAC's attention the case of an electrician who developed lung cancer following asbestos exposure whilst at work. Their claim for IIDB had been turned down because he was not in a prescribed occupation. A literature search found no direct evidence specifically for electricians. RWG in May decided to consider asbestos exposure in non-recognised occupations in more detail, widening the scope to encompass all construction trades.

6.6 The literature searches carried out did not find papers which were specific to the topic, probably due to its wide scope. To inform how the search strategy could be refined, it was decided to look at what statistics HSE have published and develop a strategy from there. A member with expertise in exposure will be consulted for their views.

7. RWG Update - Melanoma in flight crew

- 7.1 Consistent evidence exists of a strong increase in the incidences of melanoma among pilots and air flight crew. Evidence produced from a meta-analysis of data obtained from air crew indicated a doubling of risk for melanoma. However, there are inherent difficulties in many of the studies in distinguishing between occupational and leisure exposure to natural UV light (sunlight).
- 7.2 The RWG has considered the evidence and debated the occupational versus leisure exposure conundrum. It is generally accepted that air crew are regarded as being employed whilst on enforced stop-over breaks following long haul flights however, this needs to be clarified.
- 7.3 A member drafted an outline of a paper and this was circulated to meeting attendees. Whilst it has been incontrovertibly established that melanoma is caused by UV/sun exposure, this paper summarised the evidence and considered other possible causes of melanoma such as cosmic radiation and disruption of circadian rhythms.
- 7.4 To assist in its investigations, it was decided to invite Dr Rob Hunter from the British Airline Pilots Association (BALPA) and Dr Sally Evans from the Civil Aviation Authority (CAA) to share their respective views.
- 7.5 Dr Hunter gave a brief introduction to his role and his experience in this field. Dr Hunter is a commercial pilot with specialism in aviation medicine and is BALPA's Head of Flight Safety. He is also an expert in radiation biology.
- 7.6 Dr Hunter generally concurred with the assertions made in the IIAC draft paper and offered the following:
- Exposure to UV in a cockpit is important and has been underestimated; UVa can pass through the windscreen.
 - The higher the altitude, the higher the levels (Measurements of pilots' occupational solar UV exposure, Chorley A, Higlett M, Baczynska K, Hunter R & Khazova M, Photochem Photobiol. 2014 Jul-Aug;90(4):935-40).
 - Cosmic radiation is not necessarily high in the cabin, the harm this type of radiation can cause is not well known. Some types have high energy but relatively low exposure, other types have much lower energy but the exposure is much higher. Measurements of this type of radiation is limited by the instruments available. The issue of the cosmic radiation particles breaking down into sub-particles and what effects this can have is not well understood
 - Cosmic radiation can come from multiple directions and not just through the windscreen.
 - Dr Hunter discussed the potential for melanoma instances due to recreational exposure to UV and discounted this cause, stating pilots are often resting/asleep on stopover. Reference was made to studies in Norway and some European countries where the opportunity for recreational exposure is very limited.
- 7.7 Dr Sally Evans gave a brief introduction to her role and experience in this field. Dr Sally Evans graduated in medicine and initially worked for British Airways. She then moved to the UK CAA and is now Chief Medical Officer. Dr Evans is a Consultant in Occupational Medicine, specialising in aviation medicine.
- Commercial pilots are the main focus to ensure they do not become incapacitated and maintain flight safety. Pilots are required to undertake periodic medical assessments to ensure they are fit to fly – the same is true for air traffic controllers.

- When pilots presented with various forms of cancer, a study was launched in combination with London School of Hygiene and Tropical Medicine (Cancer incidence in professional flight crew and air traffic control officers: disentangling the effect of occupational versus lifestyle exposures. dos Santos Silva I, De Stavola B, Pizzi C, Evans AD, Evans SA. *Int J Cancer*. 2013 Jan 15;132(2):374-84).
- Medical records of flight crew and air traffic control officers (ATCOs) were assembled and data on their occupational and lifestyle exposures examined. All-cancer incidence was 20-29% lower in each occupation than in the general population, mainly due to a lower incidence of smoking-related cancers and for flight crew and ATCOs, respectively, consistent with their much lower prevalence of smoking. Skin melanoma rates were increased in both flight crew and ATCOs with rates among the former increasing with increasing number of flight hours.
- However, internal analyses revealed no differences in skin melanoma rates between flight crew and ATCOs. It also identified skin that burns easily when exposed to sunlight and sunbathing to get a tan as the strongest risk predictors of skin melanoma in both occupations. The similar site-specific cancer risks between the two occupational groups argue against risks among flight crew being driven by occupation-specific exposures. The skin melanoma excess reflects sun-related behaviour rather than cosmic radiation exposure.
- Following publication of the Hammer report (Mortality from cancer and other causes in commercial airline crews: a joint analysis of cohorts from 10 countries. Hammer GP et al, *Occup. Environ Med*. 2014; 71(5):313-22), the study was discontinued.

7.8 Members asked the speakers questions and debated the responses. It was clear from the discussions with the speakers that there is still disparity and the issue is not clear cut. More information is needed to establish if melanoma is more prevalent in air crew who work long haul versus short haul flights, although there is a link to the incidence of the disease and number of flying hours. Also, the incidence of the disease on sites which are normally covered is not explained. There are also incidences of melanoma in other occupations such as oil refinery workers which are difficult to ascribe to a cause. It was established most UV monitoring had been carried out in the cockpit, which doesn't explain the incidences of melanoma in cabin crew.

7.9 The link with ATCOs is difficult to rationalise and warrants further investigation. The legal position regarding the employment status of air crew on stop overs needs to be clarified.

7.10 Recreational exposure cannot be ruled out as a causative agent, but this issue is not clear. Due to the nature of the occupations, air crew may have access to hotter holiday destinations where their exposure may occur. More information around behaviours needs to be gathered.

7.11 It was decided to continue looking at this topic and to scrutinise other studies in detail, especially 'dos Santos Silva et al' - a member agreed to contact the author with a view to discussing the study in depth.

7.12 The topic will be further discussed at the next RWG meeting.

7.13 The Chair thanked the external speakers for their valuable input.

8. AOB

a) Next IIAC public meeting

- 8.1 The date for the next public meeting has been set for **11 July 2019**. Members were asked to consider potential locations – the last public meeting was held in Manchester. It was agreed the 2019 meeting would be held in Leeds.
- 8.2 Members were asked to consider topics for inclusion and if they would be willing to be a presenter on the day.
- 8.3 The Secretariat has a list of stakeholders to disseminate information when the agenda and location have been agreed.

b) Induction visit for new/existing members to DWP IIDB Operations in Leeds

- 8.4 A visit to meet with DWP IIDB staff has been proposed to support the induction of new members to the Council and those who have not been for some time. Interested members were asked to consider when they would not be available. The Secretariat will agree a number of dates with DWP operational staff and members can select a suitable date.

c) Artificial/Composite stone

- 8.5 A member made the Council aware of a potential issue silicosis/lung cancer in workers involved on processing of artificial/composite stone – this was referred to RWG for consideration.

d) Welding fumes and cancer

- 8.6 It was noted an IARC monograph has been published updating its 2012 paper.

e) European Research Area

- 8.7 A member is involved in setting up the ERA which includes occupational diseases. Members were encouraged to engage with this initiative.

Date of next RWG Meeting: 28 February 2019

Date of next IIAC Meeting: 4 April 2019