RESEARCH WORKING GROUP
of the Industrial Injuries Advisory Council

Minutes of the meeting
Thursday 22 November 2018

Present:

Dr Lesley Rushton	RWG
Dr Sayeed Khan	RWG
Professor Neil Pearce	RWG Chair
Mr Hugh Robertson	RWG
Dr Sara De Matteis	RWG
Mr Andrew Darnton	HSE
Dr Anne Braidwood	MOD
Ms Susan Sedgwick	DWP IIDB Policy
Ms Maryam Masalha	DWP Legal
Mr Stuart Whitney	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat

Apologies: Professor Karen Walker-Bone, Dr Mark Allerton, Catherine Hegarty

1. Announcements and conflicts of interest statements

1.1. Dr Rushton updated the sub-group on progress to recruit new IIAC members. The recent recruitment campaign successfully attracted applications from strong candidates. Ministerial approval was granted to appoint 6 new members who will be invited to attend the full Council meeting on 17 January 2019.

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 IIAC gov.uk website.

2.2. All action points have been cleared or are in progress.

3. Hand Arm Vibration Syndrome (HAVS): Objective testing for vascular disease

The wording of PD A11 (HAVS) was questioned at the July 2017 public meeting as it was felt claimants were being disadvantaged. 2 members audited 100 consecutive claims for PD A11 and found no evidence of claims being refused because they did not meet the senisoneural conditions of the prescription. The

audit revealed the wording of the prescription, although not identical to that recommended by the Council, is not disadvantaging claimants with HAVS-associated digital tingling.

3.1. However, it was concluded the vascular component was challenging to assess and suggested the Council looked into determining if objective testing could be a solution.

3.2. Dr Ian Lawson, a well-respected expert in this field, attended a previous RWG by invitation to give an informed opinion of the tests available and potential applicability for use in medical assessment centres.

3.3. Dr Lawson gave an overview of the tests currently used in assessing vascular symptoms of HAVS, but stated it is difficult to justify the regular use of these tests in the diagnosis and staging of vascular HAVS. The best supporting evidence for digital blanching is to request photographs in advance of a face to face assessment. These photographs could be used to support a history of blanching that should include its onset and progression in relation to vibration exposure.

3.4. It was decided to proceed with a position paper on this topic to suggest a relaxation of the IIDB guidance to allow photographs as evidence when taking the history.

4. Dupuytren's contracture

4.1. Following the Minister's decision to include Dupuytren's in the last budget statement, plans are being drawn up to draft legislation to include the condition on the list of prescribed diseases.

4.2. DWP Policy officials attended the RWG meeting to remind members of the content of the 2014 Command paper and to ensure the intention for the regulations are clear.

4.3. Members reviewed key aspects of the Command paper and:

4.3.1. Having a confirmed diagnosis of the disease is important with defined inflexion of the digits. The Hueston table-top test aids diagnosis but is not a determination of disability.

4.3.2. The occupational exposure requirements were thought to be correct from an exposure perspective – the risk of contracting the disease was doubled after 10 years aggregated exposure to vibrating tools and this should be a defining factor of the prescription.

4.3.3. The prescription should reflect that only the disabling aspect of the condition should be eligible for IIDB.

4.3.4. The topic will be referred to the next full Council meeting in January 2019 where all members can have input to the discussion.

5. Melanoma and occupational exposure to UV/sunlight

5.1. This topic was initiated by correspondence received from a former mariner who developed skin cancer (non-melanoma) as a result of exposure to sunlight.

5.2. Following on from this, it was decided melanoma needed to be looked at by the Council.
5.3. There is consistent evidence of an increased incidence of skin melanoma in aircraft crew. A systematic review and meta-analysis of 14 studies published after 2013 and for the most part carried out among northern Europeans (10), reported summary risks of 2.22 (95% confidence interval 1.67-2.93) in pilots and 2.09 (1.67-2.62) in cabin crew.
5.4. There was a brief discussion at the June meeting about whether the airlines count compulsory rest time after long haul flights before flying again as 'work' - this assumes that some of this is spent sitting in the sun.
5.5. A member contacted BALPA and spoke with Dr Rob Hunter, Head of Flight Safety who has an active interest in this issue. Dr Hunter offered to provide evidence to IIAC on this matter and by email he stated there is evidence of significant exposure to near-visible UV (approx. 380-400 nm) and energetic blue light (approx. 400-420 nm) in aircraft cockpits, and evidence that these radiations can cause indirect DNA damage and potentially lead to melanoma.
5.6. Dr Hunter also pointed to evidence of disturbance of circadian rhythm and consequent changes in melatonin as playing a possible role.
5.7. Dr Hunter has accepted an invitation to attend the next Council meeting in January.
5.8. Another IIAC member provided details of a contact at the CAA who may also have an interest in this topic. It was decided to invite Dr Stuart Mitchell from the CAA to attend the January Council meeting.

6. Asbestos exposure in non-recognised occupations (bystander)

6.1. This follows correspondence from a MP about a constituent who worked as an electrician and developed lung cancer after working in close proximity to other workers who were processing asbestos. The claim for IIDB was subsequently turned down as the occupation was not listed in the prescription.
6.2. A literature search was undertaken to check for any new evidence on risks in workers with bystander exposure, but there were doubts whether risks would be sufficiently elevated to meet the prescription threshold.
6.3. RWG decided to pursue the matter in more detail but to widen the scope to include construction workers as the term ‘electrician’ may be too specific. Also to widen the scope to include silica exposure.
6.4. Following discussion at RWG, it was decided to no longer refer to ‘bystander’ as the exposure is as a consequence of working in an area where asbestos is present and the worker may not be aware of this.
6.5. The development of lung cancer from an occupation perspective may not necessarily be due to asbestos exposure alone – there are many components of respirable dust, which may be carcinogens.
6.6. A member suggested HSE may have access to data from an unpublished case study of lung cancer, which could support the development of a strategy to look at the risks more effectively as currently the search strings used to

investigate asbestos exposure in ancillary workers in the construction industry were too wide and not identifying appropriate publications.

7. Osteoarthritis of the knee in footballers

7.1. Various organisations representing footballers have engaged with the secretariat to ask the Council to look at osteoarthritis of the knee in footballers. The secretariat received correspondence which referenced a paper by 'Fernandes et al' which was included for discussion.

7.2. The cross-sectional study by Fernandes concluded the prevalence of all knee osteoarthritis outcomes were two to three times higher in male ex-footballers compared with men in the general population group. Knee injury is the main attributable risk factor. After adjustment for recognised risk factors, knee osteoarthritis appears to be an occupational hazard of professional football. It was noted the response rate was poor across both the control group and those impacted by the condition, which may have introduced bias.

7.3. Members felt the Fernandes paper was important evidence, but that further investigation was required and a literature search was completed.

7.4. At this point a member declared a conflict of interest as they are working with the Professional Footballers Association (PFA) on a different aspect of disability in footballers, so this topic was chaired by another member.

7.5. The literature search identified a number of useful papers, which seemed to indicate less of a risk than that identified by the Fernandes paper. These papers will be reviewed by other members to scrutinise the quality of the data and its sources.

8. Draft guidance on evaluating evidence on health risks associated with occupational exposures

8.1. A member submitted a paper to get the opinion of RWG members on keeping in line with other UK committees on this issue and having some general shorter guidelines for IIAC reviews. A member offered to provide a written suggestion for inclusion in the guide.

8.2. Members debated the suggested guidelines and were supportive of its use as a guide to inform IIAC reports – helpful for transparency in the decision making process.

8.3. The topic was referred to the next full Council meeting for discussion.

9. Correspondence

9.1. (a)The Yorkshire NUM wrote to Dr Lesley Rushton, IIAC Chair, to question the rationale for the Council's recommendation for COPD prescription and the use of Cotes formula.

9.2. IIAC have addressed this matter a number of times and will respond accordingly. The letter was referred to the DWP to address some of the points in the letter referring to operational matters.
9.3. (b) A follow up letter was received from a previous correspondent who asked the Council to look at pleural plaques and antineutrophil cytoplasmic antibodies (ANCA) vasculitis following exposure to asbestos from sweeping up dust generated by cutting up asbestos.
9.4. Pleural plaques are not covered by the Industrial Injuries Scheme (IIS) and following a recent extensive IIAC review of autoimmune diseases and silica exposure, it is unlikely ANCA vasculitis could be attributed to occupational exposure.
9.5. A response will be drafted by the secretariat to address the correspondent's points.

10. AOB

10.1. The IARC Monographs identify environmental factors which can increase the risk of human cancer. These include chemicals, complex mixtures, occupational exposures, physical agents, biological agents, and lifestyle factors.
10.2. A recent publication on Welding, Molybdenum Trioxide and Indium Tin Oxide will be circulated to RWG members for comment.
10.3. Following the completion of IIAC member recruitment, the annual abstract searches will be circulated to selected members for review, based on their areas of expertise. Members were asked to conclude this review by the January Council meeting.
10.4. COPD and coke oven workers was discussed at a previous meeting. This will be raised at the next full Council meeting

Next meetings:

Full IIAC – 17 January 2019

RWG – 28 February 2019