RESEARCH WORKING GROUP
of the Industrial Injuries Advisory Council

Minutes of the meeting
Thursday 28 February 2019

Present:

Dr Lesley Rushton	RWG
Dr Sayeed Khan	RWG
Professor Neil Pearce	RWG Chair
Mr Hugh Robertson	RWG
Dr Sara De Matteis	RWG
Professor Karen Walker-Bone	RWG
Dr Chris Stenton	RWG
Mr Andrew Darnton	HSE
Mr Keith Corkan	RWG
Dr Ian Lawson	RWG
Dr Kim Burton	RWG
Ms Susan Sedgwick	DWP IIDB Policy
Ms Lucy Wood	DWP IIDB Policy
Mr Stuart Whitney	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat
Ms Catherine Hegarty	IIAC Secretariat

Apologies: Dr Anne Braidwood

1. Announcements and conflicts of interest statements

1.1. None

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

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

3.2. However, it was concluded that the vascular component was challenging to assess and it was suggested that the Council investigated whether objective testing could be a solution. A review of tests of the vascular component was carried out by an acknowledged expert who concluded it would be difficult to justify the regular use of these tests in the diagnosis and staging of vascular HAVS. In addition, it was suggested that evidence for digital blanching could be supported by 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.

3.3. A draft position paper was presented on both issues including the suggestion that IIDB guidance could be modified to allow photographs as evidence when taking a medical history.

3.4. The position paper was debated and several revisions were suggested. Late onset and speed of progression of the condition when exposure has ceased was discussed. It was felt this would require clarification to ensure this aspect is covered by the prescription.

3.5. It was agreed the secretariat would format the paper ready for publication when the edited version was available. This would then be presented to the full Council for final clearance.

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 prescription should reflect the Council's intention that only the disabling aspect of the condition should be eligible for IIDB.

4.3.3. A paper was circulated which illustrated the stages of the disease and how this might assist medical assessors/decision makers.

4.3.4. Some specific suggestions were made to clarify how the prescription could be worded e.g. when the condition affects 1 or more inter-phalangeal joints.

4.3.5. The prescription could include "…*fixed flexion deformity of the inter-phalangeal joints of the digit*"

4.3.6. In order to ensure the full Council is aware of the complexities of the condition, it was decided members with musculoskeletal expertise would draft a summary paper to support members' understanding and help with the drafting of regulations for the prescription.

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 discussion about whether the airlines count compulsory rest time after long haul flights before flying again as 'work' – as this potentially might include some leisure time sitting in the sun. The CAA were asked for clarification but responded that employment relationships/contracts were individual to the respective airlines. It also suggested the Department for Transport could be a source of information. The CAA were asked to clarify what guidance has been issued to airlines as it is their responsibility to enforce policy. No response has been received.

5.5. It was felt evidence presented by representatives of BALPA and CAA at the full Council meeting in January 2019 was useful but was not specific to the issues highlighted. Further scrutiny of the evidence referenced by the CAA is required.

5.6. Dr Rob Hunter suggested the Council should contact Public Health England to establish if they are aware of any links with melanoma and air crew.

5.7. A summary will be provided to the full Council in April 2019.

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. HSE information may be available for building trades analysis by standard occupational code. This may give a clear handle on which trades to look at in the construction industry. A member contacted an author who had not yet published their paper who suggested there were occupations where the risk of developing lung cancer was doubled.
6.7. It was decided to review the current prescription and evaluate the evidence on which this was based; also to look at when the topic was last reviewed and what evidence was available.
6.8. A member asked if IIDB statistics for lung cancer claims associated with asbestos exposure could be used to established what job roles were involved – both accepted claims and those who were turned down.
6.9. Given the wide scope of this topic and the amount of work involved, it was suggested a bid for funding to carry out a commissioned report could be appropriate.

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. Previously 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 with musculoskeletal expertise to scrutinise the quality of the data and its sources.
7.6. It was clear from the data that footballers who sustained a knee injury were more than likely to go on to develop osteoarthritis of the knee.

8. Coke oven workers and COPD

8.1. BBC Wales online reported that a former British Coal workers widow was awarded compensation and that four other test cases were settled out of court.

8.2. The Council was asked to consider the implications of the judgement and whether to review the prescription for COPD.

8.3. An initial literature search provided studies which were fairly old, with inconsistent evidence and many cases had been settled out of court.

8.4. The legal aspects of the test cases were reviewed by a qualified member who identified two cases, namely Jones v Secretary of State (2012) and Pearce and others, in 2018, both involved employees inhaling coal dust and fumes in Phurnacite and coke oven plants. In both cases workers were successful in claims against their employers for personal injuries i.e. contracting Chronic Bronchitis (CB) and/or Chronic Obstructive Pulmonary Disease (COPD) and/or lung cancer. Four claims succeeded in the Jones case and one in the Pearce case, although one of the Jones claims was based purely on lung cancer, with the remainder in both cases based on CB and/or COPD/and/or lung cancer. There were successful claims for CB and COPD, with apportionment for smoking in most cases.

8.5. The judge in the Jones case commented on a number of expert commentaries including the Wu and Hu studies and concluded that although they demonstrated a link between coal dust and COPD, they did not identify the causative factors to any degree. This could have been because the studies were generic and the liability in each case turns on its own facts, including dust and fume exposure by reference to the precise role and situation of the claimant workers, which seemed to vary from case to case. This seems to be consistent with the Council's observations that the Hu and Wu studies did not show a doubling of risk in relation to the cases referred to in those studies.

8.6. The judge in the Jones case provided a comprehensive review of a number of industrial disease cases before the courts and the legal principles involved. This included the case of Sienkiewicz which went to the Supreme Court and where the judges observed that statistical probabilities relating to the doubling of risk may not always be appropriate. Lord Phillips stated that in his view statistical and/or epidemiological evidence about causation may sometimes not be reliable. Apart from mesothelioma (special rules apply), doubling of risk tests should not be applied where two agents have cumulatively and simultaneously caused a disease, and in such cases, the common law rules should apply to both divisible and indivisible diseases. These comments are not legally binding (known by lawyers as "obiter") although they are potentially important for other cases given the seniority of the judges in this particular case. The judges were not commenting on the IIDB system specifically.

8.7. A member reviewed the current literature and concluded that based on the quality and consistency of the evidence in the literature, on the balance of probability, there is an association, but the evidence is weak.

8.8. An information note will be drafted and shared with members at the next full Council meeting in April 2019.

9. Correspondence

9.1. 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.

9.2. The correspondent referred a paper by Gomez-Puerta et al which asserted silica exposure was associated with more than 2 times higher risk for developing ANCA associated vasculitides.

9.3. However, a member who reviewed the paper did not think it was robust enough to consider due to a liberal interpretation of silica exposure limited to mostly agricultural exposure. This paper also referred to silica exposure as opposed to asbestos.

9.4. A response will be drafted by the secretariat to address the correspondent's points.

10. AOB

10.1. A member commented on a paper which gave a systematic review of the literature on the association between Raynaud's phenomenon, neurosensory injuries and carpal tunnel syndrome and hand-arm vibration (HAV) exposure. The paper concluded at equal exposures, neurosensory injury occurs with a 3-time factor shorter latency than Raynaud's phenomenon.

10.2. It was suggested this be compared to the published carpal tunnel syndrome command paper and any differences be brought back to the Council for discussion.

Next meetings:

Full IIAC – 4 April 2019

RWG – 30 May 2019