

Meeting Title: RWG March 2026

Date: 12.03.2026

Time: 10am

Location/Platform: Hybrid Meeting

Chair: Dr Chris Stenton

Attendees

Professor Gillian Leng	IIAC Chair
Dr Chris Stenton	IIAC RWG Chair
Dr Ian Lawson	IIAC
Professor Richard Heron	IIAC
Professor John Cherrie	IIAC
Professor Damien McElvenny	IIAC
Dr Jennifer Hoyle	IIAC
Mr Daniel Shears	IIAC

Observers

Dr Yiqun Chen	HSE
Dr Clare Leris	MoD
Mr Lee Pendleton	IIDB
Dr Rachel Atkinson	Medical assessment
Dr Marian Mihalcea	Medical assessment
Dr Sasa Markovic	Medical assessment
Mr Andrew Hay	Northern Ireland Department for Communities (NI DfC)
Ms Patricia Quinn	NI DfC

Officials

Dr Matt Gouldstone	IIDB medical policy
Ms Nicola Needham	IIDB policy
Mr Stuart Whitney	IIAC secretary
Ms Catherine Hegarty	IIAC secretariat

Apologies

- None

1. Welcome announcements and Conflicts of Interest

The Chair welcomed members and attendees.

No announcements were made.

No new declarations of conflict of interest were made.

2. Approval of minutes and matters arising

The Chair noted that the outstanding actions had been reviewed in advance with IIAC Secretariat and were either cleared or carried forward.

Members requested minutes to be distributed to members earlier to allow more time to review

3. Neurodegenerative diseases in Sports people: Update on the external review on Parkinsons Disease and cognitive impairment

The work is nearing completion and should be ready for the council to review at their meeting in July. There was discussion around presenting to council and decision making. This will be Council's decision. Some slides will be essential to pull out the key points for people to consider to inform the decision making process.

Members agreed that before consideration by the full Council the evidence review findings should be distilled into a clear summary of the key evidence, strengths, limitations and decision points.

4. Cancer in fire fighters

A position paper was published in 2021 and stakeholders have since requested a review of the evidence base, citing newly available research. A formal response is required to determine whether the new evidence warrants reconsideration of the original position and to agree the level of resource that should be invested in further review activity.

Initial consideration suggests that the new evidence is unlikely to alter the RWG's previous conclusions. However, given continued stakeholder interest and the likelihood of further challenges if no response is provided, it is important that any decision is communicated clearly, transparently and with robust supporting rationale.

The key issues are not only whether the new evidence changes the existing position relating to cancer risks, but also whether any new evidence is sufficiently likely to meet the IIAC criteria in relation to relevance and robustness to justify a review. To support understanding, a concise summary table of the evidence and assessment findings may be beneficial, as stakeholders may not engage fully with the detail of the published papers.

Particular concerns have been identified regarding the quality and applicability of the new evidence. For example, the inclusion of skin cancer within aggregated cancer data in one paper appears to inflate overall figures when compared with ONS data that does not include non-melanoma skin cancers. There are questions about the strength conclusions that can be drawn and whether the studies provide an adequate basis for revisiting the current position.

IIAC should consider how best to communicate its decision in a way that:

- Clearly explains the evidence reviewed and the assessment undertaken.
- Sets out why the evidence does or does not meet IIAC criteria.
- Provides transparent reasoning for the final decision.
- Explains the methodological standards and evidence requirements that studies must meet to be considered useful for future reviews.
- Acknowledges stakeholder concerns while outlining what additional evidence would be required to support reconsideration.

An agreed approach is needed on whether to issue a formal response to stakeholders or take no further action. While a response would require additional resource, it may be preferable to avoid misunderstandings, demonstrate that the evidence has been properly considered, and reduce the likelihood of repeated requests from stakeholders. Given the concerns of the Fire Brigades Union and that there has been a change in personnel since the original engagement, a clear and definitive response may help manage future expectations and establish a shared understanding of both the decision and the evidential threshold required for any future review.

Members agreed that further engagement with the Fire Brigades Union would be beneficial before determining whether any additional review work was justified. Understanding the specific concerns being raised, the evidence stakeholders wished the Council to consider, and the rationale behind those concerns was viewed as an important first step. Members also agreed that a presentation summarising the Council's previous work and conclusions would help ensure a shared understanding of the evidence base and decision-making process.

5. Chromium exposure and lung cancer

At a previous meeting it was considered that this issue is the most likely to progress to a formal review. While there is clear evidence of a more than doubled risk of lung cancer risk in chromium production/ processing (at least historically), the epidemiological evidence of a doubled risk in downstream occupations that involve chromium exposure

such as welding, painting, and electroplating is mixed. An alternative approach to looking for an increased risk in these industries is to review evidence relating to chromium exposures to determine whether they might fall within the range where there is a doubled risk of cancer.

A research group at Utrecht University is currently supporting the Dutch compensation scheme in this area and is undertaking related analytical work. There may be an opportunity to engage with this group and explore collaboration, as they have indicated a willingness to share insights. Such an approach could avoid duplication of effort and maximise the value of any commissioned research.

The IIAC agreed that further work should be considered. The following key questions were identified to inform the scope of commissioned research:

1. Would a systematic review of the evidence on lung cancer risk in welders, painters and electroplaters be likely to provide information that would support the assessment?
2. Can occupational exposure levels to chromium be reliably identified and characterised for these worker groups?
3. Is it possible to refine existing exposure–response relationships to allow occupational exposure estimates to be translated into quantitative lung cancer risk estimates?

The overarching aim is to determine whether the available evidence can support a sufficiently robust exposure–response model that could be used to inform risk assessment and potential eligibility criteria for compensation purposes.

There was further discussion, but no further clear questions emerged. Attention was drawn to the potentially confounding effect of smoking.

It was agreed that a visual representation of the assessment process could assist both members and external stakeholders in understanding how evidence is considered and how recommendations are developed. Members also agreed that a draft set of research questions should be developed to inform any future commissioning exercise. Options for commissioning research, including approaching universities or undertaking a formal tender exercise, would be explored. The RWG further agreed that a proposed approach for progressing this work should be developed for consideration by Council.

A member volunteered to draft some generic questions.

6. Future Work Programme:

6.1 Hearing loss in call centre workers

While members agreed there was insufficient evidence to justify further work specifically on call centre workers, they noted that wider issues relating to occupational hearing loss remained of interest. It was agreed that an appropriate expert should be approached to discuss current evidence and emerging issues in occupational hearing loss at a future meeting.

6.2 Trauma – PTSD, Anxiety psychological problems from a traumatic experience at work

- To be discussed at a later date

7. Evaluation of Evidence in relation to IIDB

- 7.1 The European Food Standards Agency paper on the weight of evidence approach was discussed.
- 7.2 A paper on Job Exposure Matrices (JEMs) had been circulated in advance of the meeting. The discussion highlighted the potential value of using JEMs to link job titles with estimated levels of exposure risk, taking into account both occupation and duration of employment. This could provide a more consistent and evidence-based approach to assessing exposure histories.

Members noted that a JEM-based approach may assist the UK in evaluating eligibility for compensation schemes and could support more efficient administration, particularly for occupations where exposure risks are well understood and can be reliably mapped against job histories. The Council agreed that further consideration should be given to the potential application of JEMs within the UK context.

- 7.3 A member outlined developments in the Netherlands, where the government has recently refreshed its compensation scheme. The Dutch approach adopts a more flexible threshold than the UK system, with eligibility based on demonstrating a ‘presumably plausible’ link with exposure. In relation to asbestos and silica exposures, rather than assuming that a claimant has had the mean exposure for any particular job, their risk is based on exposure of one standard deviation above the mean. That makes allowance for variation in exposure within jobs and the possibility that the individual has had greater than average exposure.

8. AOB

None from members or observer.