1.B VULNERABLE GROUPS

Wokshop on Carcinogens and work-related cancer Berlin, Sept. 3rd 2012

OCC. CANCER AND VULNERABLE GROUPS

• Two approaches in occupational cancers studies:

- Exposure to cancer ($E \rightarrow C$), burden 4%
- Cancer to exposure approach (C \rightarrow E), burden 12%
 - broader approach (work environment)
 work-related cancer
- Similar results for Lung Cancer (burden, 21%)
 Etiology gap for other cancer sites
- Work-related approach to occupational cancer
 - NOCCA



OCC. CANCER AND VULNERABLE GROUPS TRADITIONAL OCCUPATIONAL CANCERS, ALL THE REST TRADITIONAL LIFE-STYLE

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VULNERABLE GROUPS

Women

- Ageing workers (> 50)
- Young workers (15 24)
- Temporary & part-time workers
- Outsourced workers
- Low qualified migrant workers

ACTIVE RESEARCH PROJECTS

- SUMER survey (France): data collected by occupational health doctors aimed at mapping workers' exposure to chemical, physical and biological agents
- GISCOP93 survey (France): data collected by researchers aimed at recreating the work history of patients diagnosed with cancer in 3 hospitals of Paris region & improving recognition and compensation
- OCCAM project (Italy): Occupational Cancer Monitoring by automatic linkage of cancer cases (and controls) identified in Hospitals with the information available in the Social Security archives (= name of employing firm and sector in which workers are employed for each year of employment)

VULNERABLE GROUPS

Groups with higher intrinsic risks of cancer

Workers at higher risk without being more exposed

- Women of reproductive age (women, e.g. hormone-related cancers; fetus)
- Men at reproductive age??
- Young workers (15-24)
 - Developmental systems
- Individual susceptibility
 - genetic susceptibility, metabolic capacity, hormonal variability...
- Workers with a previous occupational-related cancer (exposed to a similar carcinogenic agents)
- Aging workers?
- Unemployment?

VULNERABLE GROUPS

o Groups with higher extrinsic risks of cancer

Workers more exposed to carcinogenic agents

- "blue collars"
 - more exposed to carcinogenic substance,
 - low social classes linked to higher occupational mortality etiology gap
- Temporary workers
 - o "dirty jobs", more exposed,
 - Outsourced workers, less occupational hyygiene
 - migrant workers
- Co-exposures with "life-style" related and other environmental carcinogens
- Groups with low awareness on risks
 - low-education workers (e.g. waste workers)
 - migrant workers

RESEARCH GAPS

Identifying vulnerable groups

- molecular epidemiology, genetic susceptibility
- Cancer registries NOCCA
- Understanding effects of co-exposures
 - Effects additive, more than additive?
- Descriptive epidemiology of vulnerable subgroups
 - Vulnerable groups to be included in CAREX-2

STRATEGIES: HOW TO DEAL WITH VULNERABLE GROUPS?

- Targeted toward vulnerable populations
- Dissemination of information
- Challenge the model of Labor Market ?

RETURN TO WORK

Employment rate of cancer cases goes from 78% to 64% 2-3 years after cancer (controls 73%)

People with cancer are at **higher risk of early departure** from work life:

- Higher risk of retirement due to cancer compared with controls (RR 1.27)
- Higher risk for unemployment due to disability for cancer patients compared with controls (RR 2.84)

RETURN TO WORK, WHAT WORKS

- Intervention should be tailor-made
 - Depending on individual situation and work-related problems
 - Depends on socio-political system of a country
- Early intervention
 - The longer the duration of sick-leave the more difficult to return-to-work
 - First weeks back to work are the most important
- Gradual return-to-work
 - Combining part time sick-leave with part time return-to-work
- Make return to work of cancer survivors a subject of discussion at the workplace
 - Reduce stigma on return to work of cancer survivors
- Improve attitude and support of supervisor, occupational physician
 - workplace accommodations

RETURN TO WORK – SPECIFIC ISSUES

 Return to work after a work-related cancer raises specific issues

- Is the workplace safe
- How do we deal with colleagues in case of a workrelated disease ?

Research issues

 Research has to be more cancer specific and occupational cancer-specific