

1.B VULNERABLE GROUPS

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

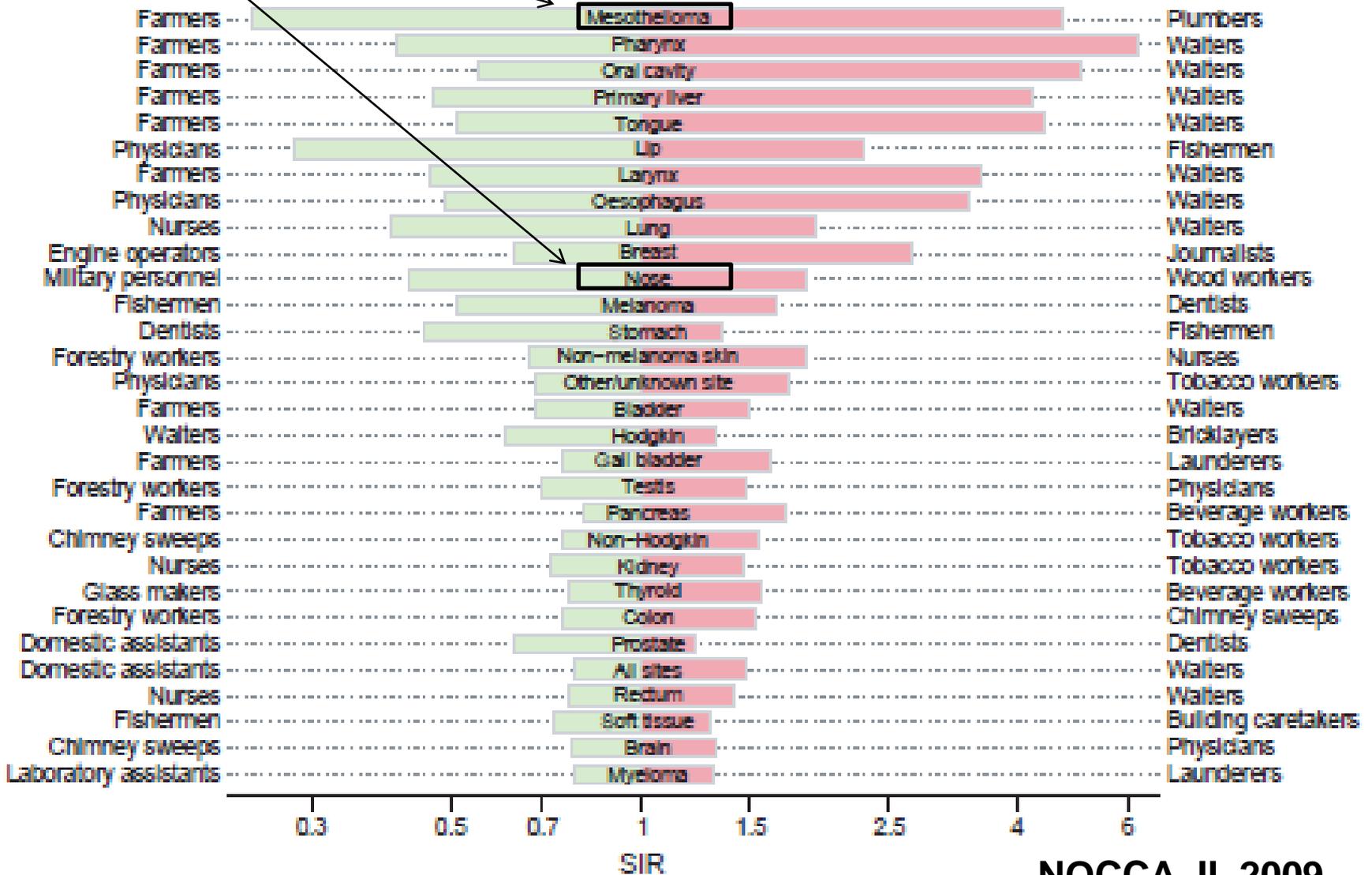
OCC. CANCER AND VULNERABLE GROUPS

- Two approaches in occupational cancers studies:
 - Exposure to cancer (E→C), burden 4%
 - Cancer to exposure approach (C→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

Men



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

- 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
 - “dirty jobs”, more exposed,
 - Outsourced workers, less occupational hygiene
 - migrant workers
 - Co-exposures with “life-style” related and other environmental carcinogens
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- 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 work-related disease ?
- Research issues
 - Research has to be more cancer specific and occupational cancer-specific

