1.B VULNERABLE GROUPS

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

- 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