

## Recognition of occupational cancers in Europe

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Occupational cancers are estimated to account for 4 % of all cancers. Experts in many industrial countries agree on this rate, which equates to 8 % in males and 1 % in females. These percentages are most likely underestimated where bronchopulmonary cancers are concerned, 15 to 20 % of which may be linked to breathing in carcinogens in the workplace for smokers and non-smokers alike.

### Occupational cancers in Europe are under-reported

The rate of cancers recognized as occupational diseases in European countries varies from 5 to 12 % of the workforce at the estimated rate of 4 %. The paucity of available data mask the real scale of the public health problem posed by occupational cancers, and their failure to command public attention is holding back prevention provision. Many medical and administrative policy-makers still see occupational cancers as a side issue. But of the two million cancers that occur among 450 million Europeans each year, around 100,000 are estimated to be work-related.

Many doctors in Europe lack awareness of the problems posed by occupational cancers, and more generally the links between health and working conditions. Doctors - and especially occupational health doctors, oncologists, specialists in the organs affected, and sickness insurance fund staff - have a key role to play in getting the work-related origin of some types of cancer recognized. Further training is essential. The key points are to reconstruct every step in the work history, identify periods of exposure to carcinogens at work, understand the procedures for reporting occupational cancers, and the individual, family and community stake in recognition.

### Estimates and recognition of occupational cancers. Selected European data (1999-2000)

	Population (million)	New cancers/year	Estimated occupational cancers	Cancers recognized as occupational diseases	% asbestos-related cases
France	57.3	250,000	10,000	900	83
United Kingdom	57.5	241,875	9,670	806	82
Germany	79.1	367,641	14,700	1,889	75
Belgium	10.2	46,339	1,850	149	70
Denmark	5.1	29,657	1,180	79	76
Finland	5.2	22,201	890	110	-

### Recognition and compensation in 13 European countries

At a Eurogip<sup>1</sup> European forum held in September 2000, bringing together Germany, Austria, Belgium, Denmark, Spain, Finland, France, Greece, Italy, Luxembourg, Portugal, Sweden and Switzerland, a simulation was done to compare procedures based on a case of lung cancer found in an asbestos worker suffering from asbestosis.

• A 50 year-old male former smoker. Gross pay € 2,500/ month. Off work for 8 months for lung removal and chemotherapy. Unable to return to work. Died 5 months later leaving a widow and 2 children aged 4 and 1, plus 4 children from a first marriage aged 23, 20, 18 and 17.

The compensation paid was to be analysed in light of the economic conditions in each country.

The results were :

- The disease is recognized as occupational in 10 of 13 countries, with some qualification in Greece, Italy and Sweden.
- Smoking as a contributory factor is taken into account in 3 of 13 countries (Austria, Italy, Sweden).
- It is fully compensated, except in Sweden.
- Temporary incapacity compensation for the 8 months off work ranges from € 23,000 to € 5,000, averaging € 16,000.
- The percentage permanent incapacity is 100 % in 7 countries, ranging between 60 % and 85 % in 6.

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<sup>1</sup> Groupement de l'Institution Prévention de la Sécurité sociale française pour l'Europe (French social security system prevention agency for Europe). Eurogip has just published three new reports on occupational diseases, one of which is an overview of work-related cancers in Europe, cf : [www.eurogip.fr](http://www.eurogip.fr).

- The monthly benefit paid out for permanent incapacity varies between €700 and €3,375, averaging €1,800. For this, Denmark pays a lump sum of €39,375, and Switzerland makes an award.
- Funeral cost payments vary from nothing to €3,865 (average €1,470).
- Monthly widow's benefit ranges between €260 and €1,250, averaging €690. Denmark pays a lump sum to widows (€13,467).
- Monthly child benefit runs from €75 to €500 per child, averaging €250.
- The reckonable percentage of the victim's pay used to calculate beneficiary entitlements varies from 100 % to 50 % - average 80 %.

## Wide gaps in Europe

The recognition criteria are based on schedules or lists of occupational diseases that differ widely between countries. The presumed cause principle is not accepted in all countries, and the conditions of application vary widely. Reporting procedures reflect two different systems. Where reporting is a medical responsibility, the focus is on prevention; where an individual responsibility, the focus is on the victim's rights. The amount of benefit paid out to victims varies between countries according to the reference pay and percentage of reckonable earnings. Permanent incapacity is calculated either by reference to impaired functional capacity, incapacity for work, or impaired earning capacity.

## The activities of the French Cancer League

Brochures on occupational cancers were produced in 2000 and sent out to occupational health doctors, oncologists, radiotherapists and specialists dealing with the most prevalent occupational cancers, pneumologists, ENT (ear-nose-throat) specialists, dermatologists, urologists and haematologists. The Belgian Cancer Federation took this as a model for a more comprehensive brochure addressed to professionals. Both brochures set out to inform doctors about the point and procedures of reporting, prompt them to look into their cancer patients' work histories for potential contact with workplace carcinogens, advise them on reporting or referral to an occupational pathology service. An English translation of the French brochure has been sent out to the members of the ECL (European Cancer Leagues). The French League and Belgian Federation have put together a short brochure for general practitioners, and one for teachers in technical and vocational education.

The group of French-speaking pulmonary medicine and occupational health societies (*Sociétés de Pneumologie de Langue Française et de Médecine du Travail*) have set up joint training provision to encourage French pneumologists to look for a work-related cause in all patients presenting with lung cancer. The questionnaires are published and sent out by the League.

An informative website on occupational cancers is being set up in conjunction with Sylvie Platel, who runs the League's information and resource centre. It is addressed to cancer patients, their close relatives, and the general public, and aims to provide up-to-date information on all administrative, social, regulatory and legislative aspects of occupational cancers, as well as a discussion forum.

The European working group on occupational cancers set up by the French League includes various ECL member European Cancer Leagues and is run with assistance from Prof. Jean-Claude Pairon. It has been running for the past three years, and aims to carry the message to professionals that occupational cancers are not properly compensated in Europe, to draft joint texts, boost the reporting rate, and gain better recognition for occupational cancers and better compensation. ■

French Cancer League :  
<http://www.ligue-cancer.asso.fr/>  
 European Cancer Leagues :  
<http://ecl.uicc.org/>  
 International Union Against Cancer : <http://www.uicc.org/>

## France : work-related cancers

France's National Health Watch Institute has just published a report by Ellen Imbernon on the estimated incidence of certain types of work-related cancer in France.

The report points out that occupational diseases take a big toll on public health and are a big source of social health gaps. Exposure to physical and chemical factors in the working environment is so high that about the half the social differentials in lung cancer mortality in industrial countries are thought to be due to occupational exposure; and the social status gaps are wide - 3 times more manual workers die of lung cancer than managerial staff. The share of occupational exposures to physical and chemical factors is about the same scale for bladder carcinomas, where work-related factors account for half the observed social differentials.

The report highlights the under-reporting of occupational cancers. Estimated under-reporting rates vary widely by type of cancer and type of exposure. Pleural mesothelioma and nasal carcinomas have the lowest rates of under-recognition (recognition rates are around 50 % of work-related cancers). Lung cancer recognition rates are around 20% (mainly asbestos-related lung cancer). About 10 % of leukaemias are recognized, and only 1 % of bladder carcinomas, with 7 just cases recognized out of a total number of work-related cancers of between 625 and 1,110 cases.

The full text of the report can be downloaded from URL :  
[http://www.invs.sante.fr/publications/2003/cancers\\_pro/rapport\\_cancer\\_pro.pdf](http://www.invs.sante.fr/publications/2003/cancers_pro/rapport_cancer_pro.pdf)