

Investigation of a possible cluster of cancer cases at the Morven Brown Building (University of New South Wales)

Tim Driscoll

ELMATOM Pty Ltd

Aims of this presentation

Discuss proposed approach to the investigation

Discuss proposed approaches to staff consultation

Other

Aims of the study

Provide an opinion on the likelihood of any work-related contribution to the cases of cancer identified during the study

Provide a review of the carcinogenic risks to workers

Recommend what, if any, further action might be warranted

Investigation of clusters 1

- Have all the cases been identified?
- Are all the cases of the same (or similar) type?
- Is there statistical evidence to suggest that the number of cases is in excess of what would be expected in this population?
- Do the cancer types have a known common cause, whether occupational or non-occupational?
- Did the persons diagnosed with cancer have a common occupational (or non-occupational) exposure?

Investigation of clusters 2

- Are there known workplace exposures that could have contributed to the occurrence of the cancers?
- Did the cancers occur at an appropriate time in relation to the possible workplace exposures?
- On the balance of probabilities, is it likely that the identified cancers occurred as a result of occupational exposures?
- Are there any plausible non-occupational causes for the apparent cluster?

Population of interest

Current and former UNSW staff of the Faculty of Arts and Social Sciences (or the equivalent in the past) who have worked in the Morven Brown Building at some time from the beginning of 1996 to the present

Two study phases

Review of past and current workplace carcinogenic exposures

Epidemiological analysis of cancer cases

- Consideration of individual cases
- Matching to cancer registry data

Phases likely to overlap

Overseen by Steering Committee

Proposed approach 1

Have all the cases been identified?

- obtain information from cancer registries

Are all the cases of the same (or similar) type?

- obtain information from cancer registries

Is there statistical evidence to suggest that the number of cases is in excess of what would be expected in this population?

- compare the type and rate of cancers in staff with the type and rate of cancers in the general population

Possible approach 2

Do the cancer types have a known common cause, whether occupational or non-occupational?

- literature review

Did the persons diagnosed with cancer have a common occupational (or non-occupational) exposure?

- review of staff records
- ?interview of affected persons

Possible approach 3

Are there known workplace exposures that could have contributed to the occurrence of the cancers?

- review of past exposures and work practices
- review of current exposures and work practices
- inspection of workplaces;
- observation of work activities;
- discussion with current staff;
- ?discussion with former staff;
- review of relevant documentation;
- literature review.

Possible approach 4

Did the cancers occur at an appropriate time in relation to the possible workplace exposures?

- obtain information from cancer registries and staff records

On the balance of probabilities, is it likely that the identified cancers occurred as a result of occupational exposures?

- based on all the above information

Are there any plausible non-occupational causes for the apparent cluster?

- ?investigation of non-occupational aspects of individual cases

Expected time-frame

Type of input from staff

Suggestions / comments on project methodology

Information on current exposures and work practices

Information on past exposures and work practices

?Consent to match personal details with cancer registry data

Method of input from staff

Staff meetings

Individual meetings / email / phone

Worksite inspections

Proposed feedback to staff

Staff meetings

Global emails

Staff bulletin

OH&S Committee

Steering committee minutes

Steering Committee members

?A dedicated web-page to host relevant minutes and reports

Background

Tim Driscoll

- occupational medicine and public health medicine specialist
- consultant (primarily epidemiology and OHS)
- previously head, Epidemiology Unit, NOHSC
- elmatom@optushome.com.au ; 02-98030301

Gary Foster

- consultant occupational hygienist
- previously occupational hygienist, NOHSC

Response

Comments?

Questions?

Suggestions?