MAKING THE LINK BRIEFING NOTE – Why occupational history should be a core component of the clinical pathway for lung cancer patients

ISSUE:
Mesothelioma and Lung cancer may be related to workplace exposures but this fact is often not recognized. If mesothelioma and lung cancer are work-related and a workers’ compensation claim is filed there are three key benefits: 1) the worker and their family receive financial and other benefits, 2) costs related to treatment and care are appropriately allocated to the workers’ compensation system and 3) statistics will more accurately reflect the burden of occupational cancer.

THE PROBLEM:
The link between occupational exposure and the disease is most often not made. One opportunity for making the link is as the worker/patient is being assessed and treated in the health care system. While in theory an occupational history is considered an integral part of the medical history, research continues to demonstrate gaps in occupational history taking by physicians. Embedding the occupational history into the disease pathway would facilitate recognition of possible work-related cancers.

While there are limitations to the following numbers, they suggest the extent of under-recognition and under-reporting to the WSIB. In Ontario in 2009 there were 7873 new cases of lung cancer and 67 of mesothelioma. Assuming an attributable fraction for those related to asbestos exposure of approximately 9% for lung cancer and 97% for mesothelioma that would suggest 708 new lung cancers and 162 mesotheliomas related to asbestos exposure. Occupational disease claims from the WSIB (numbers to be confirmed) from 2012 include 39 lung cancers and 46 mesotheliomas. While these numbers are approximate, they suggest the potential extent of under-recognition and under-reporting.

WORK TO DATE:
A number of studies have been undertaken to examine this problem.
- In 2003-4 a retrospective chart review of lung cancer and mesothelioma patients at Princess Margaret Hospital found that while 87% of mesothelioma patient files noted occupational information only 20 % of lung cancer patient files had any occupational history information (12% current job title, 8% exposure history).
- In 2007-8 an initial pilot study was done in the lung cancer clinic at St Michael’s Hospital testing a questionnaire on exposures to known lung carcinogens. 17 patients completed exposure questionnaires followed by a detailed occupational hygiene interview and 18% were deemed to have had significant asbestos exposure. Seven clinicians were interviewed and they noted that though they knew of some occupational causes of lung cancer, they did not obtain an occupational history in a consistent way or pursue workers’ compensation. Simplification of the exposure tool was recommended.
- A second feasibility study was done in 2011-2 at the Juravinski lung cancer clinics. A total of 62 lung cancer patients completed a simplified questionnaire focused on asbestos exposure. 29% indicated asbestos exposure and 9 had an occupational hygiene assessment. 2 submitted claims, 3 did not and 4 unsure.

RECOMMENDATION:
Our results to date suggest that obtaining a focused occupational history in lung cancer clinics is possible and asbestos related cancers are identified but the process needs to be embedded in the clinical pathway rather than carried out as an additional activity conducted by those outside the clinical team.