# **Knowledge Translation and CAREX Canada**

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www.carexcanada.ca





#### Browse by key resource Help t

#### Related tables: Life expectancy and deaths, Births and deaths.

#### Leading causes of death, by sex (Both sexes)

		2011			
	Both sexes				
	rank	number	%		
Total, all causes of death		242,074	100.0		
Malignant neoplasms (cancer)	1	72,476	29.9		
Diseases of heart (heart disease)	2	47,627	19.7		
Cerebrovascular diseases (stroke)	3	13,283	5.5		
Chronic lower respiratory diseases	4	11,184	4.6		
Accidents (unintentional injuries)	5	10,716	4.4		
Diabetes mellitus (diabetes)	6	7,194	3.0		
Alzheimer's disease	7	6,356	2.6		
Influenza and pneumonia	8	5,767	2.4		
Intentional self-harm (suicide)	9	3,728	1.5		
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	10	3,294	1.4		

Notes: Causes of death are coded to the 10th revision of the World Health Organization's International Statistical Classification of Diseases and Related Health Problems (ICD-10). Sources: Statistics Canada, CANSIM table <u>102-0561</u>. Last modified: 2014-01-28.



Search





Analysis by: Chronic Disease Surveillance and Monitoring Division, CCDP, Public Health Agency of Canada Data source: Canadian Vital Statistics Death database at Statistics Canada

FIGURE 3.1 Lifetime probability of dying from cancer, Canada, 2007

**Canadian Cancer Statistics 2013** 



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# **CAREX Canada – a brief overview**





Originally funded as a pilot project by WorkSafe BC in 2003

Fully funded by CPAC in 2008 (renewed 2012)



# **Project goal and questions**

**Our goal:** To help lower Canadians' exposures to known and suspected carcinogens in workplaces and communities.

The projects looks to identify:

- What carcinogens are Canadians exposed to, both at work and in the community?
- Where in Canada do these exposures occur?
- **How many** people are exposed?
- How much are people exposed to?







# Workplace cancer burden

		Attributable Fraction (%) By Cancer Site and Gender						
Author and Location		Lung	Leukemia	Bladder	Skin (NMSC)	Nasal	Total	
Nurminen et al (2001)	Male	29	18.5	14.2	13.1	24	13.8	
Finland	Female	5.3	2.5	0.7	3.8	6.7	2.2	
Steenland et al (2003)	Male	8-19.2	0.8-2.8	5.6-19	1.2-6	31-43	3.3-7.3	
United States	Female	2	0.8-2.8	5.6-19	-	-	0.8-1.0	
Rushton et al (2010)	Male	21.1	0.9	7.1	7.1	46.0	8.2	
United Kingdom	Female	5.3	0.5	1.9	1.1	20.1	2.3	
Alberta Health Services,	Male	6-33	1.8-18.5	1.2-27	1.2-13.1	24-64.3	3.3-13.8	
AHS (2010), Alberta	Female	1-5.5	0.5-3	0.4-19	3-3.8	2-18.4	0.1-2.2	

Courtesy of the Occupational Cancer Research Centre (OCRC)



# **Financial burden of occupational disease**

Direct medical cost associated with these - estimated \$15.6 million

• Excludes loss of productivity and allied costs

The Ontario Cancer Research Centre (OCRC) has applied the Alberta predictions to Ontario and results suggest:

 500-2300 Ontarians will die of workplace cancer each year



# **Environmental cancer burden**

## Lung Cancer mortality

- 16% attributed to Radon (Health Canada 2012)
- 7.4% attributed to Air Pollution-PM <sub>2.5</sub> (Almaskut 2012)







Other cancer sites and exposures less clear

Drinking water exposures (arsenic, disinfection by-products) (Boyd 2007)
 Potential sites include skin, kidney,

bladder

- Exposures vary: well water versus municipal systems

# **How does CAREX Canada select carcinogens?**

• Based on evaluations made by:

International Agency for Research on Cancer



- We focus on 72 substances, ranked by IARC
- Substances were selected based on:
  - Potential for O & E exposure in Cdn setting
  - Feasibility of assessing exposure



# How does CAREX Canada carry out its work?

Where does CAREX get its data?

- We use existing data, mostly provincial and federal Canadian government data, and published data
- Transparency a key aspect of mandate

How is CAREX knowledge and dissemination reviewed?

- Scientific Advisory Committees
- Peer-reviewed publications
- Knowledge Translation Advisory Committee



# What tools and resources has CAREX created?

- Substance profiles
- Occupational exposure estimates, approach, methods
- Environmental exposure estimates, approach, methods
- Media scan of exposures (Carcinogens in the News)
- Interactive tools to explore and use CAREX data:









# **Potential uses**

- Identify groups at risk of high exposure
- Help to set priorities for prevention
- Inform exposure reduction policies
- Assess impact of changing regulations on exposures
- Identify data gaps and research priorities
- Predict future cases of disease
- Enable interprovincial (or international) comparisons



# **CAREX Canada – Knowledge Translation**

## **CAREX Staff:**

Anne-Marie Nicol Alison Palmer Joanne Telfer



- End-of-grant KT (guided by CIHR)
- Objectives:
  - Enhance access to and awareness of O&E exposure estimates
  - Build capacity to apply these estimates to guide and evaluate decisions about cancer prevention research, programs, and policies



Ian D. Graham. 2012. *Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches*. Canadian Institutes of Health Research.

COMPONENT	IDENTIFYING NEEDS Develop and refine resources and tools based on target audience needs and cancer prevention priorities	DATA MAINTENANCE Maintain estimates of exposure to known and suspected carcinogens in workplaces and communities	KNOWLEDGE TRANSFER + EXCHANGE Mobilize CAREX resources and tools to support evidence-informed decision-making via creation of actionable knowledge and capacity building	MONITORING + EVALUATION Track and evaluate impact of CAREX through a continuous improvement cycle			
ACTIVITIES	<ul> <li>Identify knowledge gaps</li> <li>Identify specific resource and tool needs and gaps</li> <li>Collaborate with experts</li> <li>Engage stakeholders</li> <li>Develop partnerships</li> </ul>	<ul> <li>Data retrieval, integration and quality assurance</li> <li>Compliance with international evaluations/classification</li> <li>Literature reviews</li> <li>Consult with experts</li> </ul>	<ul> <li>Knowledge product development</li> <li>Dissemination of knowledge products</li> <li>Capacity building activities</li> <li>Provide expert advice to stakeholders</li> </ul>	<ul> <li>Develop evaluation plan and framework</li> <li>Develop data collection tools</li> <li>Collect and analyze data</li> <li>Report on impact and progress</li> </ul>			
	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$			
OUTPUTS	<ul> <li>Consultation meetings</li> <li>Needs assessments</li> <li>Stakeholder maps, KTE plans</li> <li>Working groups</li> <li>MOUs, joint grant applications</li> </ul>	<ul> <li>Databases maintained</li> <li>Online tools maintained</li> <li>Timely responses to requests</li> </ul>	<ul> <li>Online O+E exposure estimates, tools</li> <li>eBulletins, Twitter</li> <li>Peer-reviewed and non-peer-reviewed publications</li> <li>Training modules, webinars Tailored workshops, webinars</li> <li>Scientific presentations</li> <li>Responses to data and/or information inquiries</li> </ul>	<ul> <li>Evaluation framework and plan</li> <li>Data collection tools</li> <li>Evaluation reports</li> <li>Knowledge user case studies</li> </ul>			
	↑access to occupational +	environmental carcinogen exposure estimates	in Canada (CPAC: improved access to evidence-ba	sed prevention strategies)			
STOS		↑knowledge among stakeholders of occup	ational + environmental carcinogen exposures initiative and knowledge products				
MTOs	↑ skills to apply occupational + environmental carcinogen exposure estimates to work (capacity strengthened) ↑ use of CAREX's occupational + environmental exposure estimates to guide and evaluate decisions about cancer prevention research, programs and policies						
LTOS	↑ programs, policies, and practices related to occupational + environmental carcinogen exposures informed by CAREX Canada's data and tools (includes agenda-setting)						
IMPACT	Enhanced population-based cancer prevention レ Reduced incidence of cancer						

# **Knowledge Translation and Exchange Strategy**

Applying a combination of approaches:

- Diffusion: keeping resources updated, credible, accessible
   website, publications, videos, tools
- **Dissemination**: engaging users, building capacity
  - webinars, workshops, package summaries
- Application: collaboration, partnership
  - working groups (e.g. WorkSafeBC)
  - o spinoff projects (e.g. OCRC burden grant, FNEHIN training)
  - o user networks (future)

Performing annual needs assessments, rigorous evaluation



• Yukon Workers' Comp. Health & Safety Board

- <u>WorkSafeBC</u>
- <u>Fraser Health</u>
- <u>BC Building Trades</u>
- BC Cancer Agency
- BC Min. of Energy, Mines, Natural Gas

<u>AB Min. Human</u> <u>Services</u>

• AB Health Services

• SK Min. of Health

- WCB of Manitoba
- MB Dep't of Labour and Immigration
- Cancer Care MB

 <u>Occupational Cancer</u> <u>Research Ctr (OCRC)</u>
 Canadian Cancer Society - Ontario

- NS Dep't of Health & <u>Wellness</u>
- NS Ministry of Labour
- Cancer Care NS
- WCB of Nova Scotia

- <u>FNEHIN / Assembly</u> of First Nations
- Health Canada

IRSST

INSPQ

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• Environment Canada



Surveillance of environmental & occupational exposures for cancer prevention



# **New resource: Package summaries**

Intent: respond to user needs for specific information Summarizes results, profiles, tools, methods, references Prototypes developed and currently being tested:

- Occupation (O): welder
- Industry (O): wood product manufacturing, mining
- Cancer site (O): lung
- Exposure pathway (E): outdoor air, indoor air
- Province: Nova Scotia (O&E), BC (O), Quebec (E)

#### British Columbia's Industry Overview

BC's primary resource industries, such as forestry, fishing, and agriculture, are no longer leading the province's economic growth and employment. According to the BC Government, in 2006 a majority of the workforce was employed in the retail trade, health care services, and manufacturing sectors. The industries in BC with the

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# **CAREX Canada – Occupational estimates**



**CAREX Staff:** Cheryl Peters Calvin Ge





- How many people are potentially exposed at work?
- Where do they work (industry); what do they do (occupation)?
- Where do they live and work in Canada?
- What levels are they exposed to?



# **Occupational approach – overview**



# Who is at risk? # exposed and cancer sites (Canada)

Known or suspected carcinogen	# Exposed	Confirmed	Suspected
Shiftwork with potential circadian disruption	1,900,000		Breast, prostate
Solar radiation	1,500,000	Skin	
Diesel engine exhaust	804,000	Lung	
Silica (crystalline)	380,000	Lung	Others?
Benzene	375,000	Acute non-lymphatic leukemia	ALL, multiple myeloma, NHL
Wood dust	340,000	Sinonasal, nasopharynx	
Polycyclic aromatic hydrocarbons (PAHs)	307,000	Lung, skin, bladder	
Lead	277,000		Lung, stomach
Asbestos	152,000	Lung, mesothelioma, larynx, ovary	Pharynx, colon, rectum, stomach
UV radiation (artificial sources)	141,000	Skin, eye	
			21

# Who is at risk? # exposed and cancer sites (Ontario)

Known or suspected carcinogen	# Exposed	Confirmed	Suspected
Shiftwork with potential circadian disruption	845,000		Breast, prostate
Solar radiation	449,000	Skin	
Diesel engine exhaust	263,000	Lung	
Benzene	147,000	Acute non-lymphatic leukemia	ALL, multiple myeloma, NHL
Silica (crystalline)	142,000	Lung	Others?
Polycyclic aromatic hydrocarbons (PAHs)	120,000	Lung, skin, bladder	
Lead	102,000		Lung, stomach
Wood dust	92,000	Sinonasal, nasopharynx	
Ethylbenzene	77,000		Lung, liver, kidney
Formaldehyde	63,000	Nasopharynx, leukemia	Sinonasal

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# eWORK Online



#### eWORK Online

Use the selection boxes below to filter results by Industry, Occupation, Exposure Level and CAREX Agent. For more information on a certain agent, hover or select one of the areas in the visualization below. For each CAREX agent, detailed exposure estimates and methods are available on our Profiles and Estimate page. eWORK http://www.carexcanada.ca/en/profiles and estimates/.

industry	CAREX Agent	
(All)	▼ (All)	
Occupation	☑ Benzene	Ξ
(All)	Chromium VI compounds  Cobalt	
Exposure Level	V Formaldehyde	
(All)	Lead and lead compounds, inorganic	+

#### Canadian Occupational Exposure

Filter settings: [CAREX Agent: All] [Industry: All] [Occupation: All] [Exposure Level: All]

Solar radiation	Silica, crystalline	Lead and lead	
1,476,131 exposed	381,550 exposed	compounds,	
		inorgania	

## Visit www.carexcanada.ca/en/tableau to test this new tool.

Benzene 374,444 exposed		
Wood dust	Nickel compounds 116,928 exposed	Styrene 89,009 exposed
338,486 exposed	Chromium VI compounds 111,645 exposed	Cobalt 32,668
		52,000

## Package sample – Lung cancer



Surveillance of environmental and occupational exposures for cancer prevention



### Lung Carcinogens Occupational Exposure Summary Package



## Package sample - Welder



Surveillance of environmental and occupational exposures for cancer prevention



## Welders and Related Machine Operators

Industry Summary Package



# **CAREX Canada – Environmental Estimates**





**CAREX Staff:** Eleanor Setton Karla Poplawski





- How many people are exposed or potentially exposed, and where are they?
- What levels are they exposed to?
- Which exposure pathways are important?

# **Environmental Indicators**

Working with two types of data:

1) Measured levels in exposure pathways:

Risk estimates Compare substances graphs eRISK tool Outdoor air models

2) Emission sources and levels in outdoor environments:

Relative toxicity maps Emissions Mapping Project



## **Risk estimates indicator approach – Overview**



#### CAREX CANADA ENVIRONMENTAL ESTIMATES FRAMEWORK



www.carexcanada.ca

# **Risk estimates – Comparison tables**

## Indicator: Potential Lifetime Excess Cancer Risk

DATA QUALITY

(assuming no change in measured levels)

## How many extra cancers in a population of 1 million people vs unexposed population

National average and maximum risk, based on actual measured data for each substance & exposure pathway (circa 2011)

#### IARC 1 - KNOWN CARCINOGENS

Arsenic and arsenic compounds	1
Asbestos	١
Benzene	ł
Benzo[a]pyrene	1
1,3-Butadiene	ł
Cadmium and cadmium compounds	1
Chromium (hexavalent)*	L
Diesel engine exhaust**	1
Formaldehyde	1
Nickel and nickel compounds	ľ
Radon	1
2,3,7,8-Tetrachlorodibenzo-para-dioxin	

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# **Exploring the risk estimates – eRISK tool**



- MS Access application available to users on request, with supporting manual
- Contains all the input data used for the indicators
- Audience: those working in environmental health and air quality at federal, provincial, municipal, and First Nations levels
- Allows users to change cancer potency factors, measured levels, add new foods etc.

Email us at info@carexcanada.ca for access



# **Package sample – Outdoor air**



at home, drinking water, and food and beverages. The risk estimates for each substance are national in scope and represent annual average measured levels for each carcinogen, which means that they don't capture the geographical variations that may exist across Canada. Some of our modeling work, however, does capture

# **Relative toxicity & dynamic mapping indicator**





#### PROVINCE RANKINGS

- Developed with additional grant from CIHR
- Audience: those working in environmental health and air quality at federal, provincial, municipal, and First Nations levels
- Emissions provide an indicator of outdoor air quality

Available via the Tools tab of our website.

© 2013 Cnes/Spot Image Data SIO, NOAA, U S. Navy, NGA, GEBCO lat 49.309512° lon -72.778538° elev 404 m **Google** earth

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Eye alt 1799 24 km C

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# Maps – modeled outdoor air, actual indoor air (radon)





Surveillance of environmental & occupational expos

#### ABOUT US **PROFILES & ESTIMATES TUTORIALS & TOOLS** PUBLICATIONS Home / Profiles & Estimates / Radon - Profile Radon PROFILE ENVIRONMENTAL ESTIMATE RADIATION - Known Carcinogen (IARC 1) CAS No. 10043-92-2 General Information 86: Radon 2.8,18,32,18,8 Regulations and Guidelines Main Uses

**Full Profile** 

Quick Summary



Occupational Exposures Environmental Exposures Sources

Photo: Wikimedia Commons [1] IARC Monograph Vol. 78, 2001 (Group 1)

IARC Monograph Vol. 100D, 2012 (Group 1)



# Lifetime Excess Cancer Risk by Substance – Indoor Air

Average Risk: based on average intake X cancer potency or unit risk factor from:

Health Canada	
CA OEHHA	0
US EPA	٥
Maximum Risk:	x
based on maximum	
ntake X highest cano	er
potency factor or un	it
risk factor	

	ALITY			ETIME				ER N	R MILLION		
	DATA QUALITY	0.0001	100.0	0.01		EOPL	E	0	100	000	
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IARC 1 - KNOWN CARCINOGENS											
Arsenic and arsenic compounds	GAP					*					
Asbestos	VL					0	>	0			
Benzene	Μ								0	×	
Benzo[a]pyrene	VL			٥	(	0	×				
1,3-Butadiene	L						0	0			
Cadmium and cadmium compounds	GAP					*					
Chromium (hexavalent)	GAP					*					
Diesel engine exhaust*	VL									ox	
Formaldehyde	L-M								(	x oo	
Nickel and nickel compounds	L						ĸ				
Radon	M-H										
2,3,7,8-Tetrachlorodibenzo-para-diox	in GAP					*	Y				



www.carexcanada.ca

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# **Special Topics KT: Radon**

- Radon is now recognized as a significant public health problem in Canada
  - 16% of lung cancer deaths per year (Chen 2012) ~ 3500 people
  - Leading cause of lung cancer in non-smokers
- Risk increases as exposure increases
- Preventable: Lower indoor levels will lower risk



## **Canadian risk awareness**

### Statistics Canada (HES 2009)

 "41% of Canadian had heard of radon and were aware of its impact on health"

#### Table 11

Household awareness and testing for radon, Canada and provinces

	Aware of radon <sup>1</sup>	Tested <sup>2</sup>
·	percent	°
Canada	<b>41</b>	11
Newfoundland and Labrador	41	F
Prince Edward Island	49	F
Nova Scotia	55	10 <sup>E</sup>
New Brunswick	48	F
Quebec	20	F
Ontario	45	14
Manitoba	51	13
Saskatchewan	54	12
Alberta	49	11
British Columbia	46	11

1. As a percentage of all households that did not live in an apartment.

2. As a percentage of all households that were aware of radon.

Source(s): Statistics Canada, Environment Accounts and Statistics Division, Households and the Environment Survey, 2007, CANSIM Table 153-0061.

# **Connecting agencies**











National Collaborating Centre for Environmental Health

Health Canada

Centre de collaboration nationale en santé environnementale



Santé

Canada

# Growing public and occupational health interest in Radon exposures...





In collaboration with the Ted Rogers School of Management's Centre for Labour Management Relations at Ryerson University, and with the support of the Ontario Lung Association.

### **Ontario: Building A Comprehensive Provincial Policy on Radon**

Date: May 1, 2014

Time: 8:00 AM to 4:00 PM



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## **Occupational Radon Exposure Literature Review- Canada**

Industry and Code	Number of Studies	
Oil and Gas extraction- 2111	2	
Metal Ore Mining (uranium)-2122	5	
Non-ferrous Metal Production- 3314	1	Radon
Schools – 6111	3	Radium



# **Underground work: non-mining**

Worksites that have measured higher levels of radon include:

- Subway/tunnel/ workers
- Underground nuclear depositories
- Caving
- Telecom cabling crews
- Electrical power generation
- Excavation





# Water-related worksites reporting elevated exposures

Radon is soluble in water and can be released into air through aeration, bubbling, and mixing.

Water specific worksites that have been found to have high radon levels are:

- Spas and Thermal Baths
- Fish Hatcheries
- Water Treatment Facilities

(Copes et al. 2011)









# Follow-up questions can be directed to: anicol@sfu.ca

