

April 2012 (Special edition)

Occupational cancer is the leading cause of work-related fatalities in Ontario

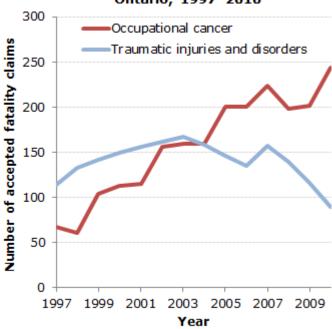
Occupational cancer occurs as a result of exposure to workplace carcinogens. These exposures may have occurred as many as 30 years prior to cancer onset. Workers who are no longer directly exposed to carcinogens continue to be at risk.¹

In Ontario, occupational cancer accounted for 63% of all accepted work-related fatality claims in 2010, far surpassing the percentage of traumatic injuries and disorders (i.e., fatal burns and amputations), which reached around 23%. Traumatic injuries and disorders had historically accounted for the majority of accepted work-related fatality compensation claims, making up approximately 51% in 1997 compared with approximately 30% of accepted occupational cancer claims that same year.

The number of accepted occupational cancer fatality claims has continued to increase over the years, from 160 in 2004 to 244 in 2010. Accepted fatality claims resulting from traumatic injuries and disorders have decreased from 158 in 2004 to 89 in 2010.

Several reasons exist for changes in the rate of acceptance of claims over time, such as changes in adjudication policies, ^{2,3} changes in the awareness of the eligibility criteria for claims and/or the association between exposure to workplace carcinogens and occupational cancer. ^{4,5} These factors may be part of the reason for the increased number of accepted claims over time.

Work-related fatalities by type, Ontario, 1997–2010



Source: Association of Workers' Compensation Boards of Canada (AWCBC) National Work Injury, Disease and Fatality Statistics 1997–2010.

- The trends for accepted work-related fatality claims have changed.
- Occupational cancers need to be better reported.
- Occupational cancers can be prevented by enforcing more stringent occupational exposure limits and increasing efforts towards toxic use reduction.

Accepted occupational cancer claims represent only a small fraction of the actual number of work-related cancers. This is thought to be primarily the result of under-reporting,^{4,5} and especially for mesothelioma, not filing a claim.⁴ The actual number of occupational cancers is therefore grossly under-represented by accepted claims statistics.⁶

From 1997 until 2010, approximately 71% of all accepted occupational cancer fatality claims were the direct result of exposure to asbestos. 7,8 Of these deaths, approximately 93% were caused by lung cancer or mesothelioma — a rare type of cancer that affects the protective lining of many internal organs.

More workers in Ontario than in any other province are exposed to asbestos. Ontario industries with the highest accepted occupational cancer fatality claims for the period between 1997 and 2010 include construction and manufacturing, both of which have a history of heavy asbestos use.

Ontario's compensated occupational cancer claims are the most costly to the system, ¹⁰ so the prevention of these cancers is a priority that will not only save the lives of workers, but also health care funds. To change these trends, it is important to further strengthen and enforce occupational exposure limits, and reduce the use of both known and suspected carcinogens and other toxic substances.

April 28 is the National Day of Mourning, which remembers workers who have been injured or who have died in the workplace. The Occupational Cancer Research Centre (OCRC) is dedicated to preventing work-related cancer through the identification and elimination of exposures to workplace carcinogens. Participate in declaring April 28th as a Day of Mourning and strive to prevent workplace deaths, illnesses, and injuries.¹¹

See the report on accepted workplace fatality claims within Ontario and Canada, available from http://occupationalcancer.ca/2012/the-examination-of-accepted-workplace-fatality-claims-within-ontario-and-canada/?qwcpp_catid=5.

Any interpretations made from the data provided by the AWCBC are from the Occupational Cancer Research Centre and do not necessarily reflect the views of the AWCBC or any of its member Boards or Commissions.

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