

The burden of occupational cancer in Great Britain

Technical Annex 5: Bladder cancer

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The aim of this project was to produce an updated estimate of the current burden of occupational cancer specifically for Great Britain. The primary measure of the burden of cancer used was the attributable fraction (AF), ie the proportion of cases that would not have occurred in the absence of exposure. Data on the risk of the disease due to the exposures of interest, taking into account confounding factors and overlapping exposures, were combined with data on the proportion of the target population exposed over the period in which relevant exposure occurred. Estimation was carried out for carcinogenic agents or exposure circumstances that were classified by the International Agency for Research on Cancer (IARC) as Group 1 or 2A carcinogens with strong or suggestive human evidence. Estimation was carried out for 2004 for mortality and 2003 for cancer incidence for cancer of the bladder, leukaemia, cancer of the lung, mesothelioma, non-melanoma skin cancer (NMSC), and sinonasal cancer.

The proportion of cancer deaths in 2004 attributable to occupation was estimated to be 8.0% in men and 1.5% in women with an overall estimate of 4.9% for men plus women. Estimated numbers of deaths attributable to occupation were 6,259 for men and 1,058 for women giving a total of 7,317. The total number of cancer registrations in 2003 attributable to occupational causes was 13,338 for men plus women. Asbestos contributed the largest numbers of deaths and registrations (mesothelioma and lung cancer), followed by mineral oils (mainly NMSC), solar radiation (NMSC), silica (lung cancer) and diesel engine exhaust (lung and bladder cancer). Large numbers of workers were potentially exposed to several carcinogenic agents over the risk exposure periods, particularly in the construction industry, as farmers or as other agricultural workers, and as workers in manufacture of machinery and other equipment, manufacture of wood products, land transport, metal working, painting, welding and textiles. There are several sources of uncertainty in the estimates, including exclusion of other potential carcinogenic agents, potentially inaccurate or approximate data and methodological issues. On balance, the estimates are likely to be a conservative estimate of the true risk. Future work will address estimation for the remaining cancers that have yet to be examined, together with development of methodology for predicting future estimates of the occupational cancers due to more recent exposures.

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