

To reduce cancer as the leading cause of work-related deaths in the EU, six key European institutes took the initiative to develop a voluntary action scheme to raise awareness about the risks arising from exposure to carcinogens in the workplace and exchange of good practices. This action scheme is titled 'Roadmap on carcinogens' and runs up until 2019.

The roadmap aims to raise awareness and practical knowledge exchange. Identifying smart solutions and sharing good practices between businesses and organisations, could make a tremendous difference. How? It would reduce workers' exposure to carcinogens, and it would improve the survival of many workers today and tomorrow. One of the main aims of the Roadmap on carcinogens is to share solutions between companies and organisations. Across Europe many initiatives are already being taken by local companies and organisations to apply solutions and prevent or reduce carcinogen exposure. The aim of the Roadmap is to propel these solutions towards innovative practices that are used across Europe. Therefore, sharing best practices and ideas about preventing and reducing exposure to carcinogens at work with the rest of Europe is encouraged. The second aim of the Roadmap on carcinogens is to encourage and help others to raise awareness and share knowledge. The roadmap will function as the hub of activities undertaken in industries, companies and governments. In the presentation several good practices, events and the network of the roadmap will be discussed.

1647c **GOOD PRACTICES TO PREVENT OCCUPATIONAL CANCER FROM EXPOSURE TO HAZARDOUS SUBSTANCES**

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In the EU, 1 000 000 to 1 500 000 people are diagnosed with cancer caused by exposure to carcinogenic substances during their work every year. This exposure causes a lot of personal injury and considerable social costs, also in comparison with other causes of death. Exposure to carcinogens is a major risk factor; good reason to address this by prevention at the source. This can be done by substitution of carcinogenic substances or processes, or by design of workplaces and tools in combination with frequent and careful use of dust-free tools and other good practices. The improvement potential is high and there are currently good initiatives in various sectors that create a healthy work environment. The currently available technological solutions offer great potential for improvement to reduce exposure. By better implementation, enforcement and information a lot of health profit will be gained. In order to work well, it is also important that workers are aware of the risks of carcinogens in their daily work. It is important to educate workers about the risks and the available solutions. For many of the control measures and good practices, the conditions are favourable, because there is a legal necessity: meeting the occupational exposure limit, contributing to good employment, funds are available and purchase costs are limited and cost reduction is possible on material costs and reduced cleaning costs. There are also a number of good initiatives and thus it seems possible to achieve a big effect. This presentation will give insight into various good practices and innovative technical solutions and methods in a variety of industries, which are currently available. When widely applied

these good practices can heavily reduce work-related cancer in those sectors.

1658 **THE NEW ILO LIST OF OCCUPATIONAL DISEASES: GUIDANCE NOTES ON DIAGNOSTIC CRITERIA FOR OCCUPATIONAL DISEASES INCLUDED IN THE ILO LIST**

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**Aim of special session** In 2010 the new ILO list of occupational diseases was adopted, which was established for prevention, diagnosis and compensation of occupational diseases. After the adoption, an international experts group was set up to help the International Labour Office in the preparation of guidance notes on the diagnostic criteria for the occupational diseases included in the ILO list. This group has kept a loose contact with the WHO working group on occupational diseases in ICD11. The notes cover all the groups of diseases included in the ILO list (more than 100 monographs in total). The notes also include a part on prevention in relation to each disease or diseases' groups. This minisymposium is organised to provide background information on the major issues in the process of the preparation for the Guidance Notes, the role and application of these notes, the linkage between the ILO list and the WHO ICD, the national practice and expertise on the recognition of OD. Interaction between the invited presenters and audiences is included on the arrangement of this minisymposium. During the preparation of the workshop. Prof. Tar Chin Aw suddenly passed away, Prof. Colosio will deliver a presentation also on the name of the colleague who participated in the preparation of the event and was supposed to provide a presentation.

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**1658a EXPERIENCES AND LESSONS LEARNT IN THE PREPARATION OF LISTS OF OCCUPATIONAL DISEASES AND OF THE RELATED DIAGNOSTIC CRITERIA**

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According to ILO, an occupational disease is 'Any disease contracted as a result of an exposure to risk factors arising from work activity'. In most countries, a disease is defined 'occupational' when the national authorities acknowledge its occupational origin. The main tool available to national authorities to recognise the occupational origin of a disease are the lists, but aims, contents, structure and size of the lists significantly vary, from countries which have not any list to countries having lists composed of more than hundred groups of occupational diseases, therefore harmonisation is needed. A disease can be included in a list when the evidence of its link with exposure is strong, and solid diagnostic criteria exist. The main points for definition of diagnostic criteria are clinical features, occupational history and exposure, natural history and progress of the disease, and differential diagnosis. Other parameters are the minimum intensity of the exposure necessary to cause the disease and its minimum duration, the maximum latent period, that is the maximum time that can elapse from the induction or, as surrogate, from the beginning of exposure to the onset of the disease. Finally, the criteria of a minimum induction and the maximum disease-free period (from the end of the exposure to the onset of the disease) should be fulfilled. Unfortunately, these criteria cannot be guaranteed in condition mainly 'symptom based', such as low back pain, migraine, burnout, Karoshi. Also new diseases, diseases emerging from new risks or from new presentations of know risks deserve attention. Finally, the main properties of 'good' lists and criteria are credibility (involvement of experts and availability of references), consensus (among experts, employers, employees and governments), and consistency. These criteria and needs have been considered in the preparation of the document 'International Guidance Notes on the Diagnostic Criteria of Occupational Diseases'.

**1658b OCCUPATIONAL DISEASES IN THE WORLD AND THE NEW ILO LIST**

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**Introduction** A recent study supported by the ILO indicates that 2.78 million deaths occur globally each year which are attributed to work. mortality due to work-related diseases accounts for 2.4 million (86.3%) of the total estimated deaths. Yet many countries face a problem of no and under reporting on diseases caused by work. There is a high need to help the member states of the ILO to improve their

national system on identification and recognition of occupational diseases.

**Methods** Description of the ILO activities on the identification and recognition of occupational diseases.

**Results** The ILO new list of occupational diseases revised in 2010 is being widely applied or regarded as a key point of international reference for countries who are updating their own national lists. To help member states in the detection of diseases caused by work, the ILO has organised a working group to develop guidance notes on the diagnosis of occupational diseases. This work is based on the national, regional and international practices on the identification and recognition of occupational diseases. The guidance notes will cover all the diseases included in the 2010 ILO list and be an important instrument for not only the diagnosis of occupational diseases but also their prevention, control as well as recording and reporting. This ILO work will also be harmonised with the WHO's work on occupational diseases in its ICD-11. The Guidance Notes will represent a major international effort in promoting the recording, reporting, prevention and control of occupational diseases.

**1658c THE ILO LIST OF OCCUPATIONAL DISEASES AND THE WHO ICD**

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The International Labour Organisation (ILO) Governing Body during its 307th session in March 2010 approved the updated list of occupational diseases. The 2010 ILO list contains 106 items in four categories. The World Health Organisation (WHO) is a United Nations organisation, as is ILO, and produces the International Classification of Diseases (ICD) with the current version being the 10th edition in which there are 14 199 codes. ICD serves as the international health information standard for collection, classification, processing, and presentation of disease-related data in national and international health statistics. ICD is being revised to better reflect progress in health sciences and medical practice. In line with advances in information technology, ICD-11 will be used with electronic health applications and information systems. The 60th World Health Assembly in 2007 endorsed Resolution WHA60.26 that requested WHO to determine international exposure and diagnostic criteria for early detection of occupational diseases and to include occupational causes of diseases in ICD11. An important aspect of agreement was that there would be partnership and joint action with ILO for implementation. Accordingly ILO established an expert working group for the purpose of determining exposure and diagnostic criteria for the list of occupational diseases. The work of this group has been complementary to that of the WHO working group on occupational health for ICD-11 revision and supported the inclusion of recognised occupational diseases in ICD-11. The ILO descriptions will be particularly relevant to physicians, regulators, compensation bodies and insurers, as well as to workers and their representatives. The ICD-11 will allow representation of these diagnoses with disease codes and will when fully populated also present epidemiologic, diagnostic and functioning information. These two developments therefore support common goals of disease recognition, notification and recording.