



# Making the Link

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*Research that makes a Difference*



# Background

- Taking an occupational history in the clinical setting
- Linking workplace exposure with disease
- Compensation
- Prevention

# Study 1 – Patel, Leighl, Holness

- Recording of occupational history in charts of patients with lung cancer and mesothelioma
- Princess Margaret Hospital
- 2003-2004

# Study 1 – Patel, Leigh, Holness

- Lung cancer
  - 150 charts reviewed
  - Mean age 62, 61% male, 12% non-smokers
  - Smoking history documented – 83%
  - Occupational history – 20%
  - Of those 20% with Occ history
    - 60% job title (12%)
    - 40% exposure history (8%)
  - No referrals to occ med or compensation

# Study 1 – Patel, Leigh, Holness

- Mesothelioma
  - 30 charts reviewed
  - Mean age 64, 87% male
  - Occupational history – 87%
  - Of those 87% with Occ history
    - 35% job title
    - 42% exposure history
    - 69% comment re asbestos exposure
  - In 37% history identified high likelihood of asbestos exposure
  - One patient referred to workers' compensation

# Study 2 — Holness, Kudla, Liss, Hoffstein, Shargall

- Pilot test a focused exposure (lung cancer) questionnaire
- Lung cancer clinic – St Michael’s Hospital – 2007-2008
- Survey completion – hybrid of research assistant plus patient completion (29)
- 50% occupational hygiene interview (17)
- Interviews with 7 clinicians (St Mike’s and Juravinski) re barriers and facilitators to taking on occupational history

# Study 2 — Holness, Kudla, Liss, Hoffstein, Shargall

- Questionnaire
  - most common exposures - asbestos and second hand smoke
- Occupational hygiene assessment
  - Generally confirmed questionnaire responses though tended to identify fewer relevant exposures
  - 41% of those interviewed thought to be appropriate for referral to occupational health clinic and possible workers' compensation claim
- Feedback from research assistant – simplify exposure component of the questionnaire

# Study 2 — Holness, Kudla, Liss, Hoffstein, Shargall

- Interviews with clinicians
  - Knew some occupational causes of lung cancer
  - Did not obtain occupational history in a consistent way or pursue workers' compensation
- Barriers
  - Lack of knowledge
  - Time
  - Administrative bureaucracy
  - Lack of clear referral sources
- Facilitators
  - Templates for occupational history
  - Patient completion of occupational history
  - Easily accessed information re exposure and job/sector
  - Easy referral routes



# Study 2 — Holness, Kudla, Liss, Hoffstein, Shargall

- Occupational exposure tool is feasible
- Need to identify those requiring further investigation and facilitate referrals
- In this setting key focus of clinicians is diagnosis and treatment
- Who is responsible for overall care of patient?

# Study 3

— Holness, Marrett, Kudla, Oudyk, Kramer, Moore



- Next phase of occupational exposure tool
  - Simplify
  - Patient completion
  - Referral assistance
- Lung cancer clinics at Juravinski Cancer Centre
- If interested in further investigation opportunity for referral to OHCOW clinic in Hamilton

# Study 3

Holness, Marrett, Kudla, Oudyk, Kramer, Moore



- 80 surveys distributed, 62 completed
  - 29% aware of asbestos exposure
  - 23% thought asbestos exposure could have contributed to their disease
  - 27% were interested in referral
- Follow-up
  - 29 indicated interest in follow-up, 27 reached
  - 14 referred to occ hygienist at OHCOW
  - Follow-up interviews with 9

# Study 3

— Holness, Marrett, Kudla, Oudyk, Kramer, Moore



- Barriers to pursuing further investigation
  - Perceptions of exposure
  - Illness and treatment effects
  - Burden of proof
- Facilitators to pursuing further investigation
  - Perceptions of exposure
  - Increased knowledge of occupational health resources
  - Flexibility in occupational history taking by occ hygienist
- At end, 2 patients decided to file claims, 3 decided not to file and 4 were undecided

# Study 3

— Holness, Marrett, Kudla, Oudyk, Kramer, Moore



- Workplace history feasible
- Still need to refine referral process - ? on-site
- Improved understanding of barriers and facilitators – how to address

# Study 4?



- Interest in testing in additional sites with refined process