

Development and Implementation of European Standards on Prevention of Occupational Skin diseases (StanDerm)

On behalf of the Working Group 2

#### WG 2. Development of common European standards

### **Disclosure**

### In relation to this presentation, I declare the following, real or perceived conflicts of interest

- Medical Advisor for Uriach Pharma, Genentech, Novartis
- Research Grants supported by Uriach Pharma, Novartis
- Educational activities sponsored by Uriach Pharma, Novartis, Genentech, Menarini, GSK

A conflict of interest is any situation in which a speaker or immediate family members have interests, and those may cause a conflict with the current presentation. Conflicts of interest do not preclude the delivery of the talk, but should be explicitly declared. These may include financial interests (e.g., owning stocks of a related company, having received honoraria, consultancy fees), research interests (research support by grants or otherwise), organisational interests and gifts.

#### WG 2. Development of common European standards

### What's "standard"?

Written definition, limit, or rule, approved and monitored for compliance by an authoritative agency or professional or recognized body as a minimum acceptable benchmark

## ISCH COST Action TD 1206 Previous WG 2 meeting

#### StanDerm workshops/WG meetings took place:

Berlin, 19-20 September 2013 Bern, 7-8 April 2014 Amsterdam, 6-7 October 2014 Copenhagen, 5-6 October 2015 Krakow, 12-13 October 2016

#### WG 2 meetings:

January 2015, Barcelona February 2015, Triest February 2016, Barcelona

#### **ISCH COST Action TD 1206**

Minimum Standards on Prevention, Diagnosis and Treatment of Occupational and Work-Related Skin Diseases in Europe – position paper of the COST Action StanDerm (TD 1206)

Alfonso, Jose Hernan: Norway

Bauer, Andrea: Germany

Boman, Anders: Sweden

Bubas, Marija: Croatia

Constandt, Godelieve: Belgium

Crepy, Marie-Noelle: France

Giménez-Arnau, Ana M: Spain

Goncalo, Margarida: Portugal

Macan, Jelena: Croatia

Mahler, Vera: Germany

Mijakoski, Dragan: Macedonia

Ramada Rodilla, Jose Maria: Spain

Rustemeyer, Thomas: The Netherlands

Spring, Philipp: Switzerland

Swen Malte, John: Germany

Wolfgang Uter : Germany

Wilkinson, Mark: UK

### Crucial WG 2 meeting

- ▶ February the 25th (Thursday),2016
- Barcelona

Alfonso, Jose Hernan: Norway

Bauer, Andrea: Germany

Constandt, Godelieve : Belgium

Giménez-Arnau, Ana M: Spain

Macan, Jelena: Croatia

Mahler, Vera: Germany

Ramada Rodilla, Jose Maria: Spain

Swen Malte, John:Germany

Wolfgang Uter: Germany

Wilkinson, Mark: UK



- Introduction and methodology
- Definition of work-related skin disease WRSD and OSD
- Classification of WRSD and OSD
- Diagnosis of WRSD and OSD
- Assessment of occupational exposure
- Reporting of WRSD and OSD
- Treatment of OSD and WRSD: a focus on chronic hand dermatitis (CHD) and work-related skin cancer (WRSD)
- Prevention strategies for OSD and WRSD: a focus on CHD and WRSD
- Unmet needs in prevention, diagnosis and treatment of occupational and work-related skin diseases in Europe

European countries with an implemented dualism in health care (with a specialized statutory health care insurance for diagnosis and/or treatment of OD in addition to general health insurance) (middle column) versus countries with one national health service (without differentiation between occupational and non-occupational causation of diseases) (right column)

Country	Dualism of health care (occupational versus non- occupational causation)	One global health service
Austria	×	
Belgium		×
Bulgaria		×
Croatia	×	
Czech Republic	×	
Denmark		×
Finland		×
France	×	
Germany	×	
Hungary		×
Ireland		×
Italy	x	
Lithuania	x	
Luxembourg	x	
Macedonia	x	
Malta		×
The Netherlands		×
Norway	x	
Poland		×
Portugal	x	
Romania	x	
Serbia		×
Slovakia	×	
Slovenia	×	
Spain	X	
Sweden	×	

- Introduction
- Definition of work-related skin disease (WRSD) and Occupational Skin Disease (OSD)

#### Key message

Work-related as well as occupational diseases comprise entities/conditions with an occupational contribution. However, occupational diseases are additionally defined by diverging national legal definitions. These definitions have an impact on prevention, management and compensation.

#### Classification of WRSD and OSD

#### Dermatosis arising through work or occupation

Occupational contact dermatitis, contact urticaria and allergy

Skin injury due to occupational exposure to corrosive substances

Occupational photoallergy and phototoxicity

Occupational acne and related disorders

Work-related disorders of skin pigmentation

Work-related cutaneous vascular disorders

Work-related skin infections and infestations

Skin manifestations of work-related poisoning

Occupational skin cancer ...

Other occupational skin disorder

### Occupational Skin Diseases as in ICD-II Foundation draft 21.02.2015

Robert J G Chalmers MB FRCP Consultant Dermatologist
Co-Chair and Managing Editor Dermatology Topic Advisory Group WHO ICD Revision Projec
We can adopt the short one or the long one. To be discussed.

#### Diagnosis of WRSD and OSD

- Diagnosis of occupational contact dermatoses
- UV-related occupational skin cancer

**Key message I**: Comprehensive and early diagnosis is key for prevention and management

**Key message 2**: The diagnosis of WRSD / OSD should be based on existing guidelines and should include a multi-disciplinary approach.

**Key message 3**: Patch testing is essential if contact dermatitis persists longer than 3 months or relapses

#### Assessment of occupational exposure

**Key message I:** Workplace exposure assessment is an essential part of the assessment and management of patients with WRSD/OSD.

**Key message 2:** Minimal requirements for workplace exposure assessment in diagnosis of WRSD/OSD include worker's medical and occupational history, physical examination and product labels/material safety data sheets assessment.

**Key message 3:** Full labeling of product ingredients is required on MSDS in Europe.

#### Reporting of WRSD and OSD

**Key message I**: Current registries are usually incomplete. Accurate and complete reporting is important for monitoring and effective allocation of resources

**Key message 2:** Reporting procedures should be transparent, simple and easily accessible to provide optimal care for affected workers. They contribute to preventing chronic and relapsing disease courses

**Key message 3:** The investment in reporting systems offers a substantial reduction of cost related to medical care, retraining and compensation

 Treatment of osd and wrsd: a focus on chronic hand dermatitis (CHD) and work-related skin cancer (WRSD)

**Key message I**: The treatment of work-related chronic hand dermatitis and skin cancers does not differ from the corresponding non work-related dermatoses. In addition, avoidance of the trigger factors as e.g. skin contact irritants and allergens or sun exposure at the workplace by technical and/or organizational measures is essential

**Key message 2**: The use of available guidelines for treatment of chronic hand dermatitis and non-melanoma skin cancers are recommended

Prevention strategies for OSD and WRSD : a focus on CHD and WRSD

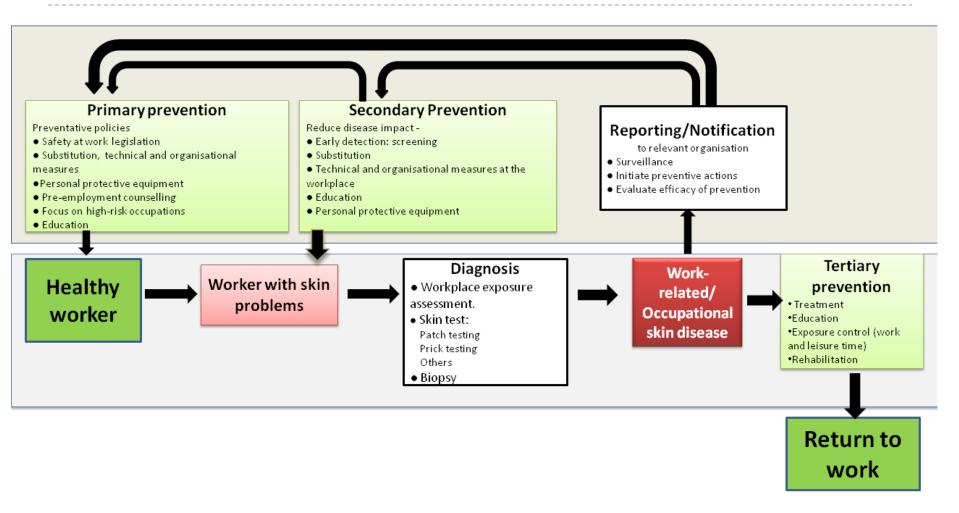
**Key message I**: The aim of primary prevention is maintaining a healthy worker by creating safe work places. This includes risk assessment at the work places and early intervention

**Key message 2**: The aim of secondary prevention is to avoid disease chronicity and/or progression by early diagnosis and intervention

**Key message 3**: The aim of tertiary prevention is medical and occupational rehabilitation of workers with an established disease

**Key message 4**: Minimal requirements for the prevention of work-related/ occupational hand dermatitis and skin cancer include regular use of personal protective equipment and regular provision of health and safety information in vocational schools and workplaces

- Unmet needs in prevention, diagnosis and treatment of occupational and work-related skin diseases in Europe
  - Research
  - Knowledge Transfer
  - Legal /socio-political approach
  - Harmonisation/Global approach



### Subject categorie MEDICINE, GENERAL & INTERNAL

#### **Subject categorie DERMATOLOGY**

- 1. Journal of investigative dermatology (IF 6.372, Q1)
- 2. Journal of the american academy of dermatology (IF 5.004, Q1)
- 3. Archives of dermatology (IF 4.306, Q1)
- 4. Experimental dermatology (IF 4.115, Q1)
- 5. British journal of dermatology (IF 4.100, Q1)
- 6. Contact Dermatitis (IF 3.747)
- 7. Acta Dermato-Veneorologica (IF 3.72)
- 8. Journal of the european academy of dermatology and venereology (IF 3.105, Q1)
- 9. American journal of clinical dermatology (IF 2.519, Q1)
- 10. Journal of dermatology (IF 2.354, Q1)
- 11. Archives of dermatological research (IF 2.270, Q2)





# Current scientific challenges of occupational skin diseases (OSD) in Europe



Thank you...

Minimum Standards on Prevention, Diagnosis and Treatment of Occupational and Work-Related Skin Diseases in Europe – position paper of the COST Action StanDerm (TD 1206)				

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