In this issue of Occupational Medicine

The In-Depth Review 'Employment and the Common Cancers’ is of interest to readers as it deals with aspects of common (non-occupational) cancer care and the return to work process [1–4]. Allied to this we also publish a number of papers concerned with cancer and its impact on work. Amir and colleagues [5] studied the issue of survivorship from cancer and return to the workplace. The authors surveyed almost 800 UK occupational physicians and sought their views about return to work following cancer survival. Occupational physicians felt that referral behaviour by managers was different for employees with cancer and there were significant barriers to returning to work following treatment. The barriers identified included delayed referral to occupational health services, poor communication between health professionals and employers, inadequate knowledge base of occupational physicians and poor understanding of the potential assistance occupational physicians can provide. The authors conclude that there is a significant unmet need amongst cancer survivors for help with return to the workplace.

In a further original paper on this theme, Calvio and colleagues [6] carried out a web-based survey of occupationally active survivors of malignant brain tumours. Compared to a control group, survivors reported more fatigue, anxiety, depression and cognitive limitations including problems with working memory, executive functioning and attention. These were findings at 4 years post diagnosis but the authors findings suggest that these limitations may remain for up to 10 years of follow-up.

In another paper included in the in-depth review, de Boer and Frings-Dresen [3] indicate that although many survivors do not have work-related problems, there is ample room for improving the guidance of cancer patients in their return to work process. Programmes addressing return-to-work and re-integration issues are potentially valuable in all phases of the treatment and rehabilitation process.

Still on a cancer theme, Nicholas and colleagues [7] carried out a questionnaire study on 2865 airline pilots and risk factors for skin cancer. Below 20 years flying experience, the risk factors appeared to be those traditionally known to be causal such as skin type and history of sunburn. However, for those pilots with more than 20 years experience, flying time at high altitude appeared as a risk factor in addition. Finally, regarding cancer research, in a case–control study of 694 non-Hodgkin lymphoma cases, Karipidis and colleagues [8] did not find any evidence of a link with occupational ionizing radiation exposure. This is consistent with previous studies.

Elsewhere in this issue a paper on the psychological impact of the London 2005 bombings on the London Ambulance Service is of interest in using the Trauma Screening Questionnaire as a method of assessing probable post-traumatic stress disorder in this study [9]. The questionnaire can also be used in clinical settings. The reference list cites the original paper for those interested in following this up.

The paper by Moore et al. [10] provides support for a shorter recording period for serial peak expiratory flow rates which may improve compliance among those self-recording peak flow and shorten the period of investigation prior to diagnosis.

The final paper highlighted examines the impact of green tea and coffee drinking on the biological monitoring of workers exposed to toluene [11]. Those that consume these drinks can have false-positive urinary hippuric acid results if working with toluene. The impact of food and drink on biological monitoring results is an area that readers may wish to consider for future research.

Eugene Waclawski
Assistant Editor

References