

SUMMARY REPORT TO THE MEDICAL OFFICER OF HEALTH – JULY 2018**MESOTHELIOMA IN JERSEY****Potential Cancer Cluster**

In **2012** the Medical Officer of Health in Jersey was approached by a member of the public who had concerns over the number of staff [redacted] was aware of who worked [redacted] in Jersey and who had been diagnosed with, or died of, a cancer. [redacted]

The MOH agreed to undertake a scoping exercise to determine if there was any evidence that warranted further investigation. Due to the limitations of the data available this was not a scientific or epidemiologically sound study. The exercise was simply to ascertain if there appeared to be any unusual patterns in the number of people affected or the types of cancers diagnosed and to determine if there was any evidence pointing to a cancer cluster. In **2014** a confidential report was produced and a summary given to the individual. The conclusion drawn in the report was that the evidence available did not warrant further investigation.

Cancer clusters:

One in three people will develop cancer in their lives so we will all know a number of people who have or have had cancer. It will not be unusual in a small island like Jersey to know of a group of people working together or living near each other who have contracted cancer.

Cancer is not one disease but a number of different diseases each with different risk factors and causes. It is therefore necessary to establish that for any suspected cancer cluster the cancers in question are a similar group of cancers or have a related risk factor.

A cancer cluster is defined as an unusual number of cases of the same type or similar type of cancer occurring during a specific time period among people living (or working) in a defined geographical area. Thousands of cancer cluster investigations have been carried out across the world and the majority have not been able to show a link to an environmental factor. Even where a raised incidence has been found and an environmental agent suspected it has only been possible to prove a link in a small number of cases. In light of the world wide studies (and our relatively small population) even if we did find a cluster it is very unlikely that a cause could be proved.

Cancer may develop over a number of years over a number of years, not immediately after exposure to a carcinogen. There can be a gap of 20-30 years between exposure to the carcinogen and the diagnosis of a cancer. So, a suspected cancer cluster will have people who have not all lived in the same neighbourhood or worked in the same environment for long enough for their cancers to share a common cause. For example, if an individual is diagnosed with cancer in Jersey, their cancer is linked to their Jersey post code, which may not be where they were exposed to the risk factor for that cancer. Likewise a person who may have been exposed to a risk in Jersey could be diagnosed somewhere else in the world.

Summary of scoping exercise as reported:

With the data available there was no evidence of a cancer cluster in the reported sample looked at. The data did not raise any concerns that the numbers contracting or dying from

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cancer in the reported sample were above what would normally be expected in the general population of Jersey. The only real difference from population data was the age of individuals at death. There was a higher proportion dying under 65 in the sample than would be expected in the general population. However, this would be explained by recall bias (knowledge and/or recall of deaths in service are more likely to be accurate or known, compared with deaths after retirement). The actual annual number of annual deaths in the sample were very low (ranging between 0 or 3 in any one year) and deaths in service were within the expected 'normal' range for Jersey.

As the sample analysed was not (and could not be) a proper statistically random sample of the workplace population, even if any statistically robust conclusions had resulted from this data, they would not have been considered epidemiologically sound.

It was not possible to draw any statistically robust conclusions from this data but the analysis did not indicate any concerns that would warrant any further investigation

This finding was corroborated independently by a senior analyst within the South West Cancer Intelligence team and the Head of Statistics in Jersey, who reviewed all the results.

The individual then took [redacted] concern about this being an 'issue of public interest' to the then Chief Minister (Senator Ian Gorst) in **May/June 2014**. As a result the MOH and Head of Health Intelligence met with the CM to go through the findings.

Both the CM and MOH then responded in writing to the individual in **October 2014**. In her letter the MOH undertook to investigate all local deaths from mesothelioma in more detail.

Mesothelioma

The Medical Officer of Health made an undertaking in 2014 that all deaths from mesothelioma, or other asbestos-related diseases, would be followed up with the Viscount and local medical practitioners (with reference to potential exposure history as well as a full occupational history) in order to build up a prospective picture of the pattern of this disease.

A process was set up by Health Intelligence (in the Public Health Directorate) to request the occupational history and/ or any details about potential exposure risks held by either local medical practitioners or the Deputy Viscount, for all local deaths from mesothelioma.

In **March 2017** a written question was raised in the States regarding the progress with this undertaking. At that time it was reported that the process had not yielded any useful additional information that would help determine when or where any potential asbestos exposure may have occurred. Even if it had proved possible to consider detailed occupational histories for all the deaths with only 10 deaths since Jan 2014 the small numbers would make it very difficult to establish any common exposure risk.
Reference: 1240/5/1 (178) and related response from Social security 1240/5/1 (177).

In **August 2017** an FOI request re the number of individuals admitted to the hospital with mesothelioma was responded to by the HSSD Informatics team:

'Since 2011, 30 unique patients have been admitted to the Jersey General Hospital 267 times between them for either inpatient or day case episodes. The hospital has taken in between six and nine different patients over the past six years, with the number peaking at 10 in 2014. So far this year (2017), eight unique cases have been seen.'

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Mesothelioma

Mesothelioma is a malignant complication of asbestos-related disease, and is most likely to be diagnosed towards the end of a person's working life, or in retirement. In most cases, mesothelioma symptoms will not appear in an individual exposed to asbestos until many years after the exposure has occurred. The range of time from asbestos exposure to development of symptoms of an asbestos-related condition can vary between 15 and 60 years. This is why the investigation of specific occupational exposures, and their durations, as the possible cause of such diseases has long been recognised as challenging.

Even if it was possible to consider full occupational histories with regard to local deaths from mesothelioma with numbers averaging four a year it would be extremely unlikely to establish any common exposure.

- Mesothelioma is a rare disease
- The small numbers and long time lag from exposure to the development of symptoms make this a difficult disease to investigate.
- There are currently around 4 deaths from mesothelioma annually in Jersey. (Jan 2014 to Dec 2017)
- 6 to 10 individuals have attended the hospital each year with this disease over the last 6 years. (Jun 2011 to Jul 2017)

Update and Recommendation from the Head of Health Intelligence

This work has revealed that it is not possible to obtain good retrospective data about occupational history or potential exposure risk after an individual has died. The person with mesothelioma is often the best person to establish facts, so it is important to do this while the mesothelioma patient is alive and able to provide a full occupational history.

From January 2014 to December 2017 there have been a total of 16 deaths from mesothelioma. These have yielded very little useful additional information from GPs or the Deputy Viscount (see appendix for letter and data sheet). The only relevant data available has been the most recent occupation for less than half of the deceased individuals. The small numbers and very limited data available means it still has not been possible to draw any conclusions or determine any pattern.

If more information about mesothelioma deaths is required then it is recommended that a process is set up by the MOH, in discussion with local consultants and primary care medical practitioners, in order to capture more information, including a detailed occupational history, at the time of diagnosis.

Appendix 3 outlines the data it is suggested should be collected at diagnosis if this recommendation is acted on. This would need to be discussed and agreed with appropriate clinical colleagues and relevant experts on mesothelioma.

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Appendix 1: Letter to local GP's

Strategic Public Health Unit
Community and Constitutional Affairs
 Cyril Le Marquand House
 St Helier, Jersey, JE48QT
 Tel +44 (0) 1534 445786

<p><Drs Name></p> <p><Surgery Address></p>	<p><date sent></p>
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Dear Dr

At the end of 2014 I undertook to review all deaths from mesothelioma in Jersey. In 201X one of your patients had malignant melanoma as a cause of death. I would therefore be grateful if you could fill in as much information as you might have on this deceased patient on the attached form and return to me.

As you will be aware there is a strong link between occupations, place of work and mesothelioma so we are trying to collate as much background information as we can about local deaths from mesothelioma to provide some context to these deaths in Jersey.

The attached form should be posted to me at the above address or scanned and e-mailed to [redacted] at [redacted]@gov.je. If you would rather have an electronic form to complete and send back please e-mail [redacted] and [redacted] will send an electronic version to you.

If you do not have any additional information we'd still like to know as we may have to consider other ways to try to obtain this information.

In the interest of trying to build up a picture of mesothelioma on the island, particularly potential historical exposure. I would be grateful if you could start to record the information on occupational history, possible exposure to asbestos and the number of years resident in Jersey for any of your patients diagnosed with or suspected of having mesothelioma.

Thank you for your help in this matter.

Yours sincerely

Dr Susan Turnbull

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Appendix 2 : Mesothelioma data form**MESOTHELIOMA DEATHS**

Public Health are collecting additional information on all mesothelioma deaths in Jersey.

As the GP/Consultant for the deceased we'd be grateful if you could fill in the following form

with as much information as you have and return to :

Medical Officer of Health,
Public Health Directorate, 5th floor Cyril Le Marquand
House, Po Box 140, St Helier JE4 8QT

OR e-mail to: @health.gov.je

Name of deceased

Sex

Date of birth

Date of death

Age at death

Address

Place of birth

Nationality

Number of years living in Jersey

Occupational history (where they worked and for how long)

Place of work	Years worked there	OR aprox. no. of years

Exposure history - any history of possible exposure to asbestos?

Thank you in advance for your help with this.

Dr Susan Turnbull

Medical Officer of Health

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Appendix 3: Suggested data to collect at diagnosis**MESOTHELIOMA**

The Medical Officer of Health is collecting additional information on all individuals diagnosed with mesothelioma in Jersey. Please could you fill in the following form for any patients diagnosed with mesothelioma.

Forms should be returned to:
Dr S Turnbull, Medical Officer of Health

OR e-mailed to:

Name of patient	
Sex	
Date of birth	
Place of birth	
Nationality	
Number of years living in Jersey	
Address	

Diagnosis

Date of diagnosis	
Age at diagnosis	
Details of diagnosis	
Biopsy confirmation (date and pathology details)	

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Appendix 3: Suggested data to collect at diagnosis**Probable/possible exposure to asbestos**

<p>Full occupational history (place of work and for how long)</p>	
<p>Industries worked in</p>	
<p>Potential non-occupational exposure to asbestos e.g. spouse/family member working within a high risk industry, lived next to an asbestos mine or factory, renovation of houses built between 1945 and 1980</p>	
<p>Estimated length of exposure (in years)</p>	
<p>Susceptibility Any blood relatives diagnosed with mesothelioma Any other cancer diagnosed (self)</p>	

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