



Mesothelioma cases in Hungary

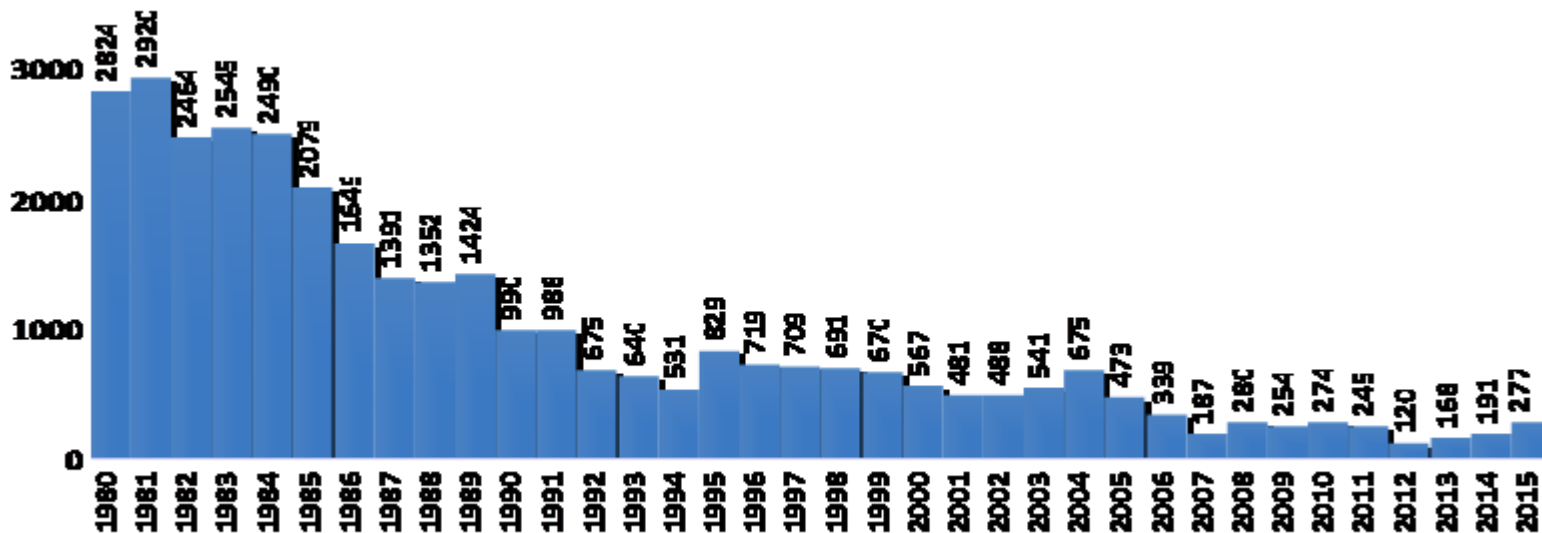
A tale of two registers by F. Kudász, A. Budavölgyi and K. Nagy

10th and 11th of
November 2016

2nd BALcanOSH
INTERNATIONAL CONFERENCE FOR
REGIONAL COLLABORATION,
BLD, SLOVENIA

Occupational diseases statistics

The number of registered occupational diseases in Hungary is decreasing.

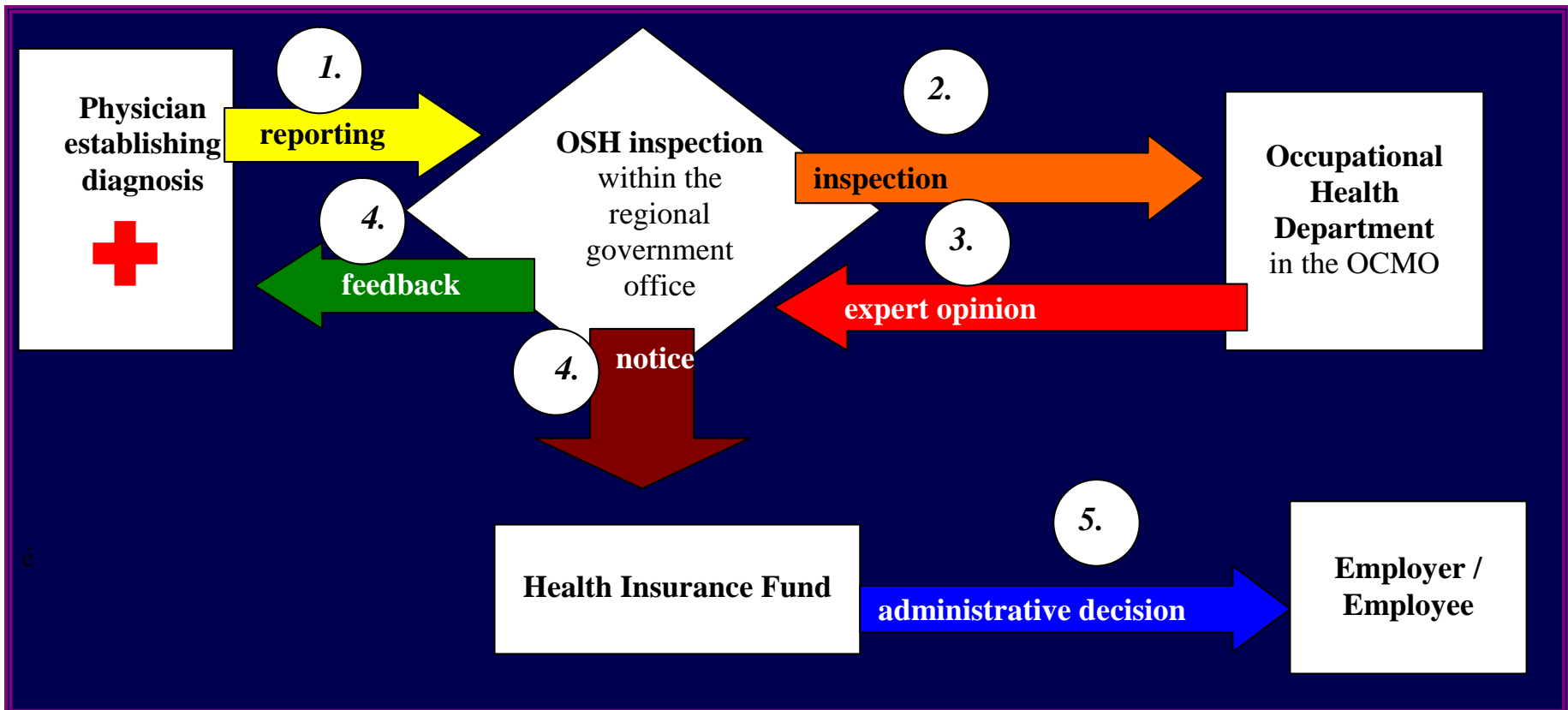


Has occupational hygiene got that better?!?

Source: data of OTH-MFF



Reporting of occupational disease in Hungary



Reasons for not reporting

Administrative burden (treating physician)

Conflict of interests (occupational physician)

Ignorance

Awareness

Indifference



What else we have?

Sources:

public health reports: e.g. infectious diseases

health care databases: e.g. health insurance

Diseases:

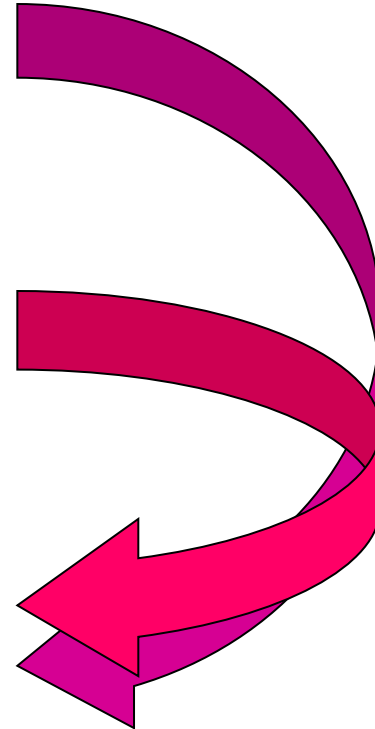
specific to exposure: e.g. asbestos-related diseases

Mesothelioma:

specific to asbestos

clear diagnostics, short duration (poor prognosis)

registered in the National Cancer Registry



National Cancer Register, Hungary

Europe Against Cancer (EU programme for MSs)

Hungarian register: National Institute of Oncology (OOI)

Since 2000

Input: from every treating medical doctor

Case: the malignant disease

Code: International Classification of Diseases (ICD-10)

C45: Mesothelioma (malignant)



Aims

Compare data of the occupational and the cancer registers (2000-2014)

Analyse mesothelioma data of the National Cancer Register

by age

by region

by date

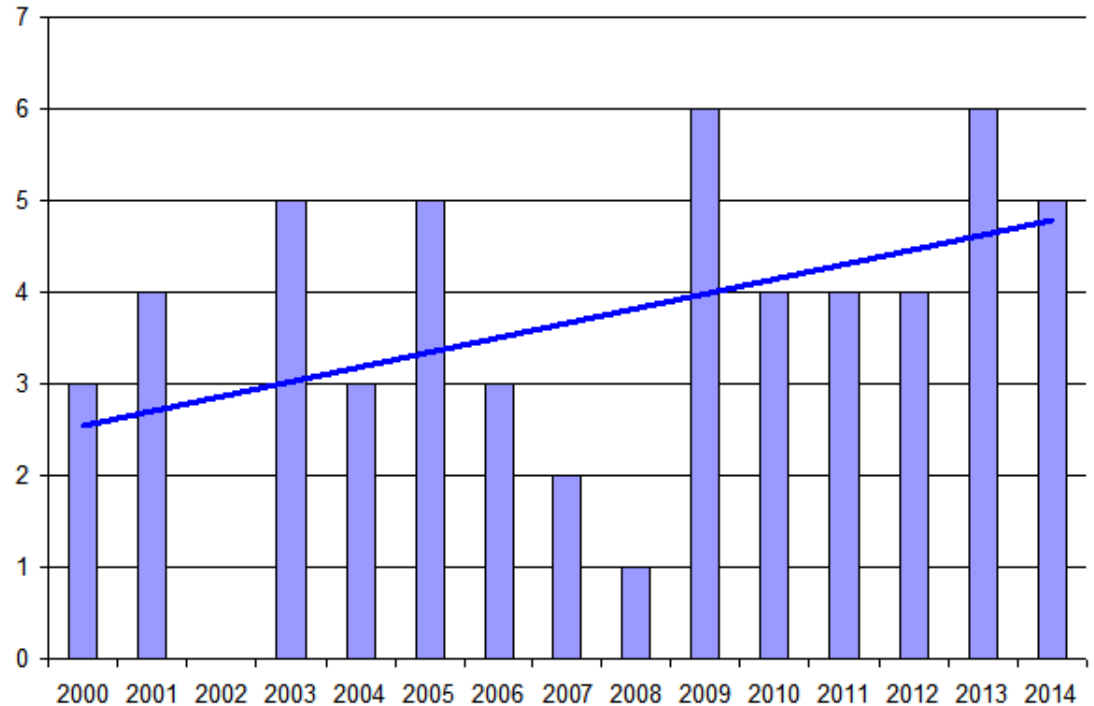


Occupational disease register

Sum: 57 occupational mesothelioma cases

Usually from asbestos product manufacturing

Sporadicly construction sector, manufacturing of carriages, dredger operator



Source: data of OTH-MFF

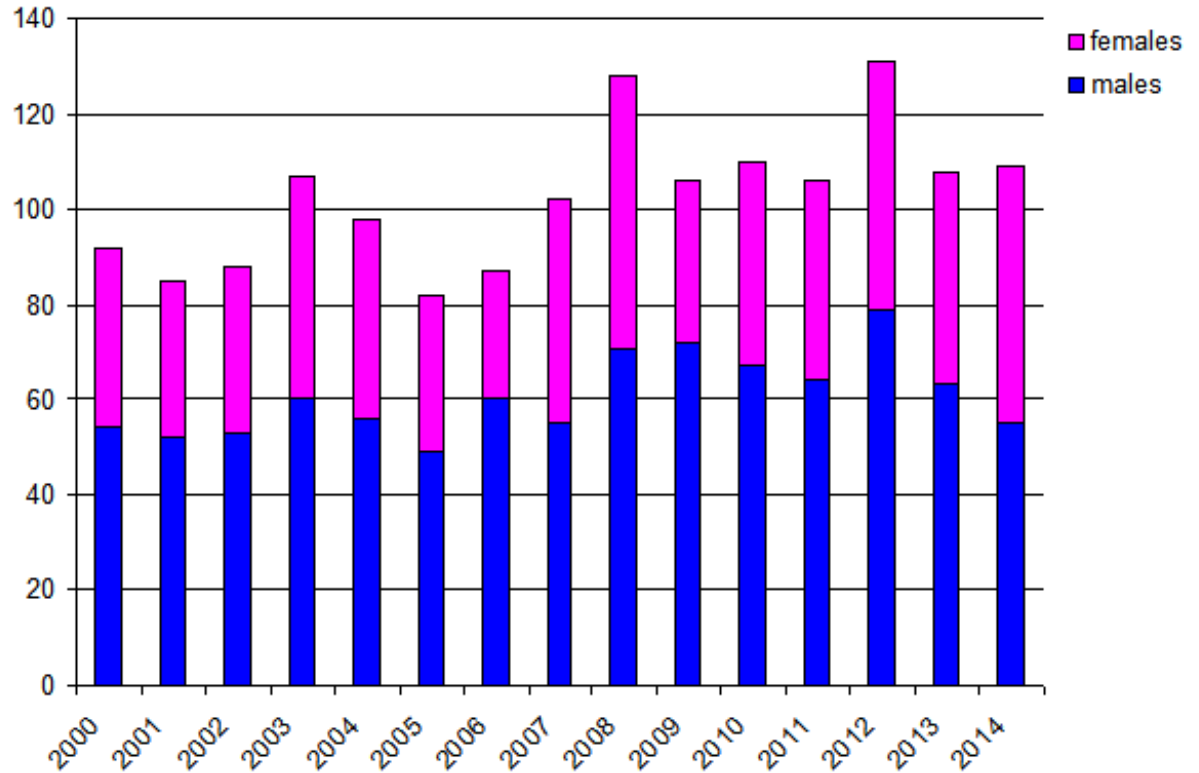


National Cancer Register

11 cases omitted (age <26 years)

Sum: 1539 cases

Increasing trend



Source: data of the National Cancer Register, Hungary



Asbestos use and morbidity peak

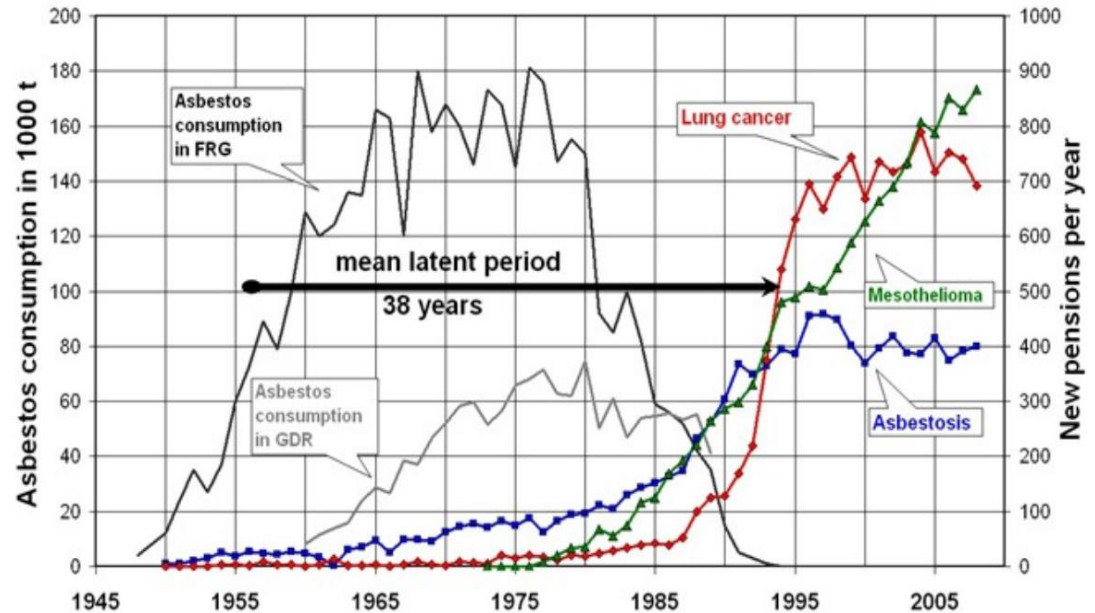
Hungarian asbestos use peaked in the 1970-1980-ies (2.87-3.29 kg/capita/year).

(Nishikawa et al. 2008)

Number of mesothelioma cases are on the rise worldwide. (Bianchi & Bianchi 2014)

Mesothelioma cases have not peaked only flattened after several decades of ban in Nordic countries. (FIOH 2014, Plato et al. 2016, Tomasson et al. 2016)

Asbestos related occup. diseases in Germany



The socio-economic costs of asbestos in Germany
M. Mattenkott

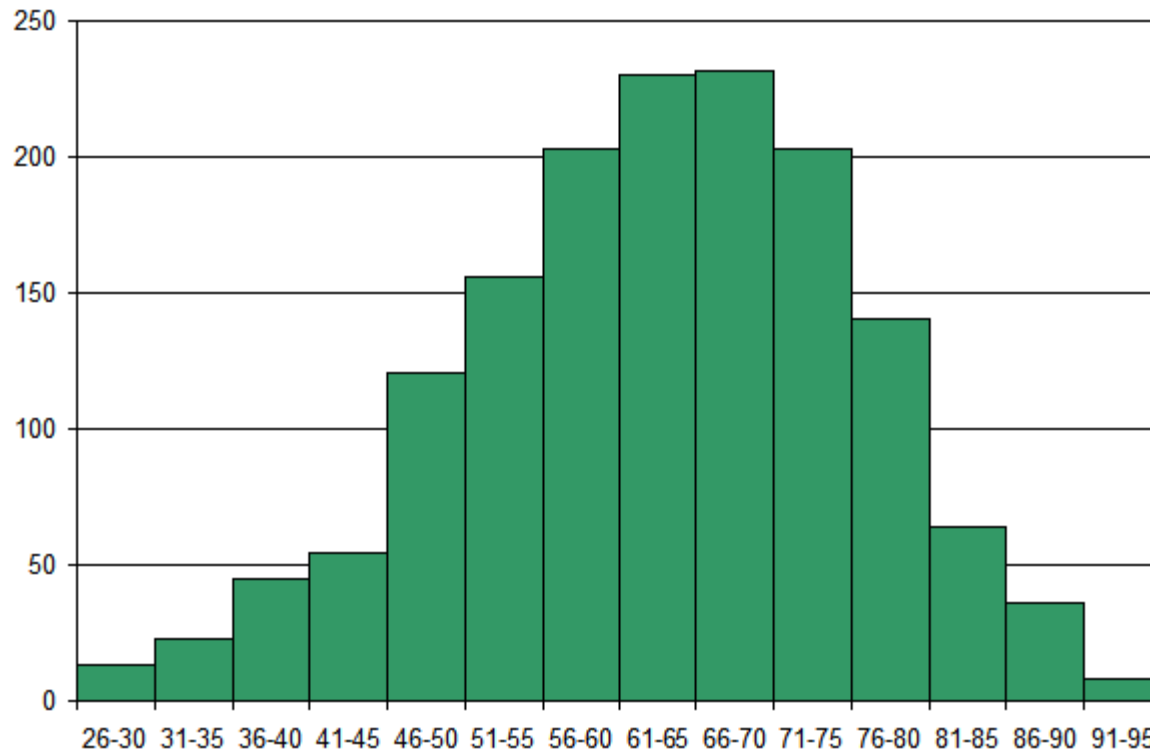
06.04.2010

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Source: Mattenkott, M.: The socio-economic costs of asbestos in Germany. BGIA, 2010



Age distribution of Hungarian mesothelioma cases



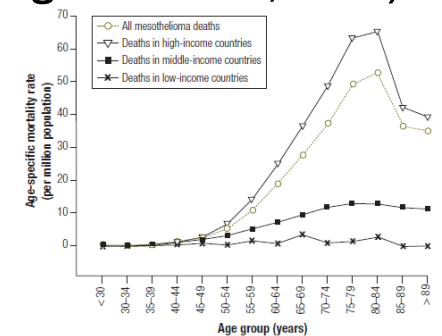
Source: data of the National Cancer Register, Hungary

Comparison:

Peak of mortality at age 75-84 for high-income countries

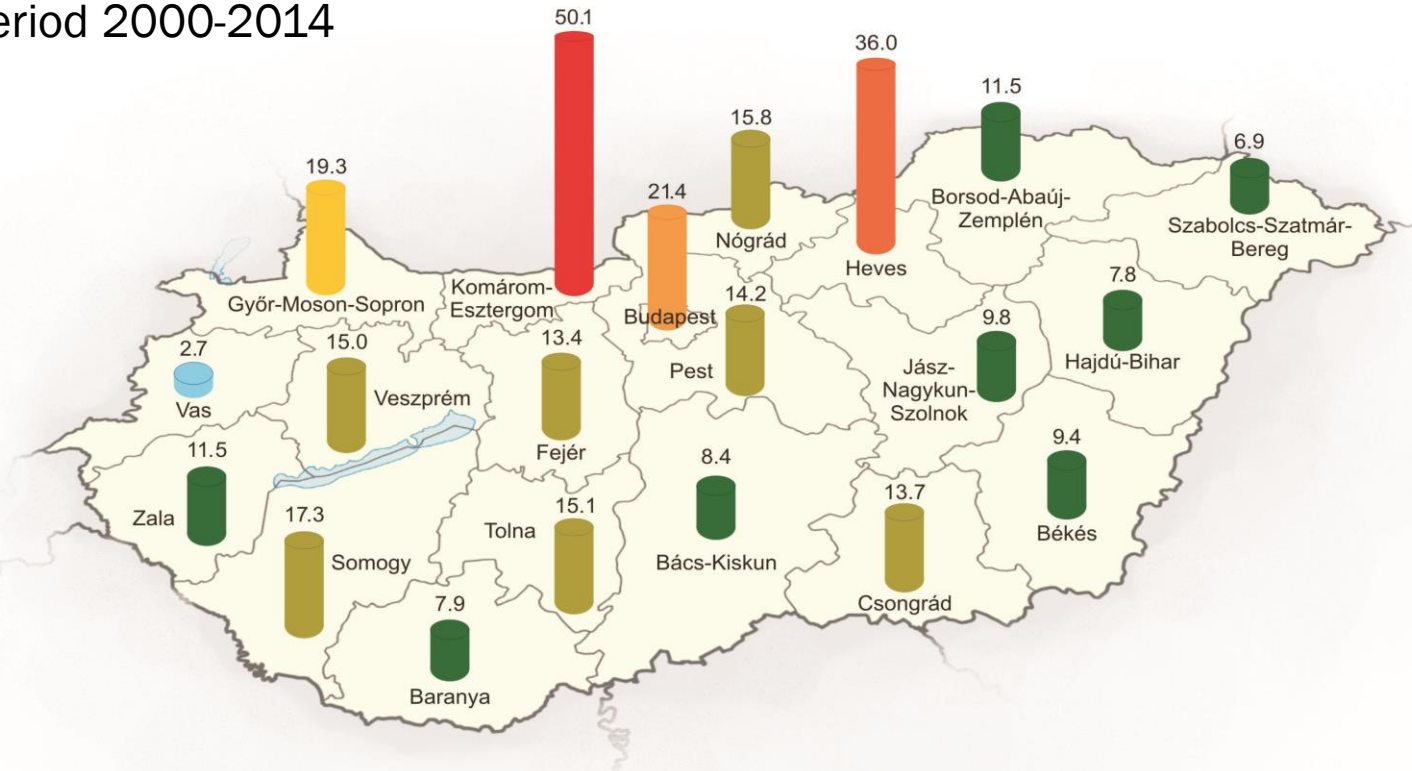
Flat and earlier curve for middle and low income countries

(Delgermaa et al., 2011)



Geographical distribution

Mesothelioma cases in Hungarian regions (cases/100 000 capita) in the period 2000-2014



Source: data of the National Cancer Register, Hungary



Mesothelioma as an “indicator”

Asbestos causes mesothelioma (IARC 2012)

For mesotheliomas occupational asbestos exposure can be confirmed in 80-90% (Rake et al. 2009, Marinaccio et al. 2015)

Indicator

for reporting awareness

of estimating asbestos related lung cancer burden (1-2 lung cancer/mesothelioma)

environmental exposures



Other register matchings

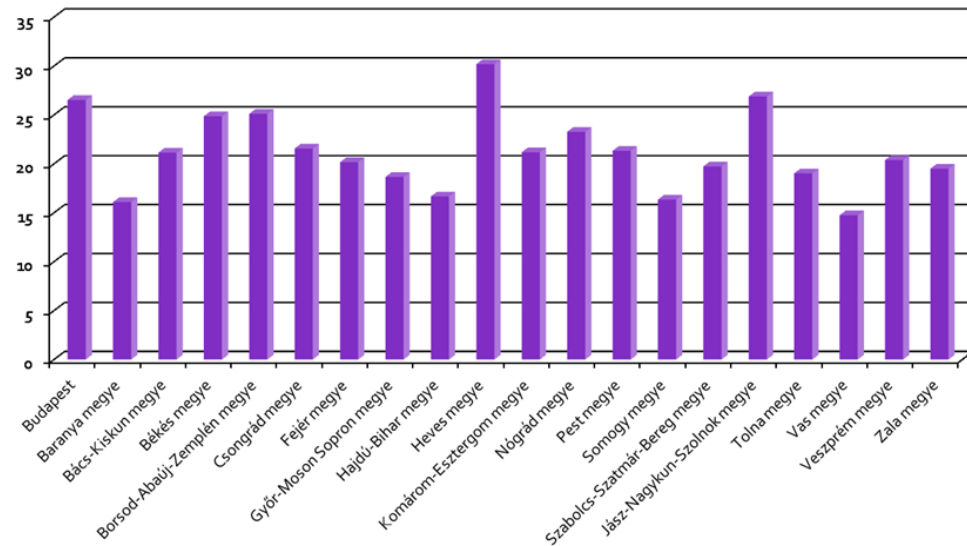
Successful

Ornithosis cases 2003-2011



Unsuccessful

Regional incidence of nasal carcinomas



Implications

Medical specialist in the curative field are not aware of occupational diseases, cancers.

Non-occupational databases may contain information relevant for occupational diseases.

Databases are growing but interconnections are not utilised.

Specific diseases or a specific disease+specific occupation should alarm for suspecting occupational origin.

Interconnection of a carcinogen exposure database with the national cancer register may yield more case discoveries.

Findings should be used in prevention measures and policy making.



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Thank you



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