**Instructions for use of the OSD notification forms**

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To date, occupational skin diseases (OSD) in many countries are characterised by gross underreporting as has been demonstrated in this JEADV supplement. The forms below have been designed by the EU Horizon 2020 COST Action StanDerm experts to facilitate notifications. They are intended to comprise the full spectrum of OSD, from contact dermatitis and other inflammatory work related skin disorders to occupational non-melanoma skin cancer. The idea is that these forms are used to inform the respective health authorities on OSD cases, even in countries where acknowledgement is still hampered or denied. Only if the authorities are made aware of the dimension of the prevalence of OSD will they improve the acknowledgements and preventive measures.

It is necessary to get the patients´ informed consent before sending these notification reports; a reason why it may be advisable to have the patient sign the form. The forms should be directed to the national health authorities, or, if applicable, to the statutory accident insurance bodies. National data protection regulations in the respective country should be taken into consideration; in some countries it may be advisable to notify anonymously first so that the authorities have to enquire with the notifying doctor thereafter for further details.

**How to use the occupational skin cancer notification form:** Which non-melanoma skin cancers should be notified? The risk for squamous cell carcinoma and actinic keratosis is doubled in outdoor workers, for basal cell carcinoma the risk is elevated by at least 43 % compared to the normal population. Cases should only be notified if the following tumours have occurred in occupationally exposed areas, showing actinic damage:

1. multiple actinic keratosis (incl. Bowen´s disease) >5, or
2. squamous cell carcinoma (SCC), or
3. basal cell carcinoma (BCC)

Furthermore, please only notify if the patient has been working for a long period of time (Table 1) in an outdoor profession(s), and localisation(s) of tumor(s) correspond(s) with the unprotected UV-exposed area(s). This, in most outdoor professions, will be *hands, forearms* and *face*.

If the occupational UV-dose received by an outdoor worker is higher than 40% of the total UV lifetime dose of the average population (130 SED/y), the received occupational UV radiation exposure has to be deemed relevant, as the risk for skin cancer (AK, SCC) then doubles (for details see: Wittlich M. et al., 2016). On the basis of the algorithm provided by Wittlich, the following table may be helpful for a rough orientation.

**Table 1:** Estimation of suitability for notification of an outdoor worker with non-melanoma skin cancer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age at onset of cancer** |  **40** |  **50** |  **60** |  **70** |  **80** |
| Minimum full outdoor working years required for notification of case |  12 |  15 |  18 |  21 |  24 |

Reference: Wittlich M, Westerhausen S, Kleinespel P, Rifer G, Stöppelmann W (2016) An approximation of occupational lifetime UVR exposure: algorithm for retrospective assessment and current measurements. J Eur Acad Dermatol Venereol. 2016. 30 (Suppl. 3):27-33. D

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TO THE RESPECTIVE NATIONAL HEALTH AUTHORITY

**Patient notification with suspicion of non-melanoma skin cancer**

*The risk of non-melanoma skin cancer is doubled for outdoor workers who are required to spend long periods of time working in the sun, year after year. In many European countries these solar-related cancers can be acknowledged as an occupational disease. To comply with the recommendations of the EU H2020 COST Action* ***StanDerm****, this form provides the details of a patient who has a suspicious* ***occupational*** *non-melanoma skin cancer by solar radiation. Patient consent has been provided.*

**Name of reporting person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of report: \_\_**\_\_\_\_\_\_\_\_ **Signature:**\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |
| --- | --- |
| **Full name of patient** |  |
| **Date of Birth** |  |
| **Nationality** |  |
| **Gender** | [ ]  Male [ ]  Female [ ]  Other |
| **Address** |  |

1. **Occupation(s) of the patient: years in that occupation**

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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1. **Total outdoors working time:**

 [ ]  <30% [ ] 30-70%

[ ]  >70% [ ]  Usually outdoors between 10 am and 2 pm

1. **When did the first skin cancer occur (incl. > 5 actinic keratoses)? Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Which parts of the body are affected ?**

 [ ]  capillitium [ ]  face/forehead [ ]  ears [ ]  neck

 [ ]  chest [ ]  back [ ]  arms [ ]  hands

[ ]  legs [ ]  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Diagnosis:**

[ ]  Actinic keratoses, how many: [ ]  >5 [ ]  >20 [ ]  field cancerization

 [ ]  Squamous cell carcinoma, how many: \_\_\_\_\_\_\_\_\_\_\_ histology: [ ]  YES [ ]  NO

 [ ]  Basal cell carcinoma on actinic damage: \_\_\_\_\_\_\_\_\_\_ histology: [ ]  YES [ ]  NO

 [ ]  Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which causations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are sun protection measures available at the workplace?**

 [ ]  No If Yes: [ ] hat/helmet [ ] protective clothing [ ]  sun glasses [ ]  sun screen

 [ ]  others (eg. sun shields) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  don’t know

7) **Are there options for improvement of sun protection measures at the workplace?**

 If Yes: [ ]  provision of sun protection measures at the work place

 [ ]  education for better personal use of sun protection measures

 [ ]  organizational measures, which:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If No, is job loss threatening due to occupational skin cancer: [ ]  Yes [ ]  No

TO THE RESPECTIVE NATIONAL HEALTH AUTHORITY

**Patient notification with suspicion of occupational dermatitis**

**(and other inflammatory dermatoses induced or aggravated by the occupation)**

*The risk of occupational dermatitis is significantly raised for exposed workers in wet work professions and other skin hazardous jobs, who are required to spend long periods of time working with strong irritants and/or sensitizers. In most European countries these dermatoses can be acknowledged as an occupational disease. To comply with the recommendations of the EU H2020 COST Action* ***StanDerm****, this form provides the details of a patient who has a suspicious occupational dermatosis. Patient consent has been provided.*

**Name of reporting person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of report: \_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Full name**  |  |
| **Date of Birth** |  |
| **Nationality** |  |
| **Gender** |  [ ]  Male [ ]  Female [ ]  Other |
| **Address** |  |

1. **Occupation(s) of the patient: years in that occupation**

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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1. **Dermal exposure**

[ ]  wet work, including frequent handwashing, long wearing of occlusive gloves etc.

[ ]  irritants, incl. detergents, solvents; which: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  intensive contamination, which: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  allergen exposure, which: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  high mechanical impact, which: [ ]  pressure [ ]  friction

1. **Which parts of the body are affected ?**

[ ]  hand(s) [ ]  arm(s) [ ]  face [ ]  feet

[ ]  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Diagnosis:**

 [ ]  Irritant contact dermatitis

 [ ]  Allergic contact dermatitis, which allergen(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Airborne contact dermatitis, which causation(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Contact urticaria, which causation(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Occupationally aggravated atopic dermatitis

 [ ]  Occupationally aggravated psoriasis

 [ ]  Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which causations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are skin protection measures available at the workplace?**

No [ ]

If Yes: [ ]  gloves [ ]  protective ointments [ ]  after work emollients [ ]  mild cleansers

 [ ]  others (eg. special clothing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  don’t know

1. **Are there options for improvement of skin protection measures at the workplace?**

If Yes: [ ]  provision of skin protection measures at the work place

 [ ]  education for better personal use of skin protection measures

 [ ]  organizational measures, which:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If No, is job loss threatening due to occupational skin disease: [ ]  Yes [ ]  No