The attribution of work by dermatologists to a diagnosis of skin neoplasia

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ABSTRACT

Background: How clinical specialists in dermatology attribute work to a diagnosis of skin neoplasia has not been previously considered.

Aims: To identify the criteria used by clinical specialists in dermatology when considering the attribution of work to the diagnosis of skin malignancy and premalignancy and to survey their opinions regarding latency of exposure to causal agents and subsequent development of these lesions.

Methods: A two-phased, questionnaire based, cross-sectional study was used to survey the opinions of dermatologists reporting to the EPIDERM scheme (part of The Health and Occupational Reporting (THOR) network). Continuous variables were analysed by mean, independent two-sample t-test and the Mann-Whitney test. Non-continuous variables were analysed using the chi-square, binomial and Fisher’s exact tests.

Results: The phase one questionnaire had a 53% response rate, and showed that lesions on an exposed body part, chemical exposure at work, exposure to ionising radiation at work, the individual’s past or previous occupation title, non-solar and solar ultraviolet radiation exposure at work, all favoured the diagnosis of work-related skin neoplasia. Previous radiotherapy to the affected area, hobbies (such as sunbed use), immunosuppression and solar ultraviolet radiation exposure away from work, all opposed the diagnosis of work-related skin neoplasia. The latency of work-related skin neoplasia was suggested to be shorter for premalignant skin lesions compared to malignant lesions. Previous reporters of cases of skin neoplasia to the EPIDERM scheme had different opinions regarding work-related skin neoplasia compared with those reporters who have not previously reported to the scheme. The phase two questionnaire received twelve responses, which allowed only limited conclusions to be drawn, however the attribution criteria used by physicians appeared to differ when considering cases generally or individually.

Conclusion: There are specific risk factors that positively and negatively affect decision making regarding work-related skin neoplasia. Further investigation is required to consider the apparent differences between the behaviour of previous reporters and previous non-reporters of cases of skin neoplasia to the EPIDERM scheme and how attribution takes place in individual cases.