Ontologies Classes Object Properties Data Properties Annotation Properties Individuals Datatypes Clouds

Class: Occupational Exposure

Annotations (2)

rdfs:comment "Kauppinen and coworkers should be applauded for inclusion of suspected carcinogenic agents in the original CAREX project carried out 35 years ago, because the number of known occupational carcinogens has increased over time to 47 agents identified as known occupational carcinogens in 2017, compared with 28 in 2004 [54]. Three of the four selected process-generated substances discussed in this paper, namely crystalline silica, diesel motor exhaust and welding fumes, were classified by IARC as lung carcinogens (Group 1) only after the creation of CAREX. Welding fume is most often excluded from studies calculating PAFs related to occupational exposures, because it was classified as carcinogenic to the lung only in 2017 and the prevalence of the occurrence of this exposure is not easy to assess. However, exposure to welding fumes will have partly overlapped with other exposures such as hexavalent chromium in several studies. The original CAREX has inspired many consequent projects to estimate numbers and proportions of workers exposed to carcinogenic agents, and to adapt these estimates for various countries [16, 32, 33, 34, 35, 55, 56]. Nevertheless, CAREX is still being used more than 35 years after its creation, notably in the Global Burden of Disease Project [13, 57]. This may be sufficient if the objective is only to conclude that occupational carcinogens continue contributing to the global cancer burden and to justify the need for ongoing prevention and control initiatives [58]. However, if the objective is to set the departure for controlling hazardous exposures in the workplaces, it is important to conduct workplace exposure studies in more countries than what is currently done. Also, employers, worker's associations and management are more likely to 'act on what they see' in local, regional or national studies, and dust monitoring in itself might result already in lower exposure concentrations [59]. Despite evidence of declining exposure in European and North American workplaces [60], comprehensive studies of the effectiveness of workplace interventions for reducing hazardous exposure remain scarce [61]. Recently, Ohlander et al. [61] observed an improvement in the frequency and quality of intervention studies targeting exposure to chemicals and biological agents in the workplace over the last six decades and concluded that it is important to expand the evidence on (cost-) effectiveness and transferability of interventions to reduce exposure and health effects, in order to reduce occupational ill-health caused by these exposures. The prevalence of process-generated substances and others in the majority of countries including low- and middle-income countries is largely unknown because few studies have been conducted locally [13, 62, 63]. A review discussing the increasing cancer burden in Africa revealed suboptimal implementation of occupational health standards notably in the informal sector, use of outdated technologies in industry and lack of awareness of potential hazards in specific employment structures may give rise to high levels of occupational exposures. Exposures in mining and exposure to pesticides in agriculture and agents arising from the mismanagement of hazardous waste from local, industrial and transboundary sources are of particular concern [64, 65]. Process-generated substances are by far the most prominent and prevalent occupational exposures to substances even today in Europe, Canada, Australia and a few other countries, where systematic research has been done to estimate the prevalence of occupational exposure. Unfortunately, due to this limited insight, precise estimates of the number of workers exposed (on a global scale) and turnover rates in global workforces are generally not available, and therefore, the estimates of the global burden of cancer due to these exposures will remain rather imprecise and will either overestimate or (more likely) underestimate the importance of carcinogenic exposure in the workplace. Actions to reduce exposures and research to fill gaps in knowledge adapted to local settings are warranted to mitigate the occupational cancer burden, especially in low- and middle-income countries." rdfs:comment "The PAF for lung cancer due to occupational exposure has been estimated to be between 18 and 25% in men and 2-6% in women, resulting in lung cancer being the most prevalent occupational cancer [1, 2, 3]. Generally, occupational exposure to asbestos is considered to be contributing the most to the occupational PAF for lung cancer, followed by occupational exposures to respirable crystalline silica, diesel engine exhaust emissions and welding fumes. Table 2 shows examples of occupational PAFs for lung cancer for the selected process-generated substances and confirms the ranking although the PAFs vary slightly by study and study type. Together exposure to respirable crystalline silica, diesel engine exhaust emissions and

welding fumes account for half of the occupational PAF for lung cancer. If employers succeed in controlling

workplace exposures to process-generated substances, the fraction of lung cancers attributable to

Superclasses (1)

Location LC

Disjoints (691)

occupational exposures would be reduced dramatically."

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'\'Abraxane_(Paclitaxel_Albumin-stabilized_Nanoparticle_Formulation)_\'', '\'Afinitor_(Everolimus)\'',
'\'Afinitor_Disperz_(Everolimus)_\'', '\'Alecensa_(Alectinib)_\'', '\'Alimta_(Pemetrexed_Disodium)_\'',
'\'Alunbrig_(Brigatinib)_\'', '\'Alymsys_(Bevacizumab)_\'', '\'Avastin_(Bevacizumab)_\'',
'\'Cyramza_(Ramucirumab)_\'', '\'Enhertu_(Fam-Trastuzumab_Deruxtecan-nxki)_\'
\\'\'Etopophos_(Etoposide_Phosphate)_\'', \\'Exkivity_(Mobocertinib_Succinate)_\\'', \\'Gavreto_(Pralsetinib)_\\'', \\'Gemzar_(Gemcitabine_Hydrochloride)_\\'', \\'Gilotrif_(Afatinib_Dimaleate)_\\'', \\'Hycamtin_(Topotecan_Hydrochloride)_\\'', \\'Imfinzi_(Durvalumab)_\\'', \\'Imjudo_(Tremelimumab-actl)_\\'', \\'Infugem_(Gemcitabine_Hydrochloride)_\\'', \\'Iressa_(Gefitinib)_\\'', \\'Keytruda_(Pembrolizumab)_\\'',
'\'Krazati_(Adagrasib)_\", '\'Libtayo_(Cemiplimab-rwlc)_\", '\'Lorbrena_(Lorlatinib)_\",
'\'Lumakras_(Sotorasib)_\'', '\'Mekinist_(Trametinib_Dimethyl_Sulfoxide)_\'', '\'Mvasi_(Bevacizumab)_\'',
'\'Opdivo_(Nivolumab)_\", '\'Portrazza_(Necitumumab)_\", '\'Retevmo_(Selpercatinib)_\",
'\'Rozlytrek_(Entrectinib)_\", '\'Rybrevant_(Amivantamab-vmjw)_\",
'\'Tabrecta_(Capmatinib_Hydrochloride)_\'', '\'Tafinlar_(Dabrafenib_Mesylate)_\''
'\'Tagrisso_(Osimertinib_Mesylate)_\'', '\'Taxotere_(Docetaxel)_\'', '\'Tecentriq_(Atezolizumab)_\'',
'\'Tepmetko_(Tepotinib_Hydrochloride)_\'', '\'Trexall_(Methotrexate_Sodium)_\'', '\'Vizimpro_(Dacomitinib)_\'', '\'Xalkori_(Crizotinib)_\'', '\'Yervoy_(Ipilimumab)_\'', '\'Zirabev_(Bevacizumab)_\'', '\'Zykadia_(Ceritinib)_\'',
4A_NSCLC, 4B_NSCLC, Adagrasib_, Adherence_Based_on_Socioeconomics_LC, Adherence_Factors_LC,
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Adverse Reactions TREXA, Adverse Reactions VINOR, Adverse Reactions VIZIM, Adverse Reactions XALKO,
Adverse Reactions YERVO, Adverse Reactions ZIRAB, Adverse Reactions ZYKAD, Afatinib Dimaleate, Age,
Air_Pollution, Amivantamab-vmjw_, Atezolizumab_, Behavioral_Factors_LC, Beta_Carotene_Supplements_LC,
Bio Sensors LC, Biological Effects LC, Breathalyzer LC, Breathing LC, Brigatinib,
Capmatinib_Hydrochloride_, Causes_and_Risks_LC, Cemiplimab-rwlc_, Chemical_Sensors_LC,
Choosing_Quality_of_Life_-_Reasons_People_Forego_Treatment, Choosing_Survival_-
 _Deciding_to_Undergo_Treatment, Clinical_Factors_LC, Complications_LC, Contraindications_ABRAX,
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Contraindications VIZIM, Contraindications XALKO, Contraindications YERVO, Contraindications ZIRAB,
Contraindications ZYKAD, Cultural Beliefs and Perceptions, Cultural LC, Degrees of Smoking LC,
Demographic_Factors_LC, Diet_LC, Disparities_in_Incidence, Dosage_and_Administration_ABRAX,
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Dosage_and_Administration_ENHER, Dosage_and_Administration_ENTRE, Dosage_and_Administration_ERLOT,
Dosage_and_Administration_ETOP, Dosage_and_Administration_ETOPO, Dosage_and_Administration_EXKIV,
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Emotions LC, End of Life Decisions, Entrectinib, Enzymatic Sensors LC, Erlotinib Hydrochloride,
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Etoposide_, Exercise_LC, Extensive_Stage_SCLC, Family_History_LC, Gefitinib_, Genomic_Sequencing_LC, Geographical_Location, Habits_LC, HIV_Infection_LC, Immunosensors_LC, Increased_Susceptibility_LC, Indications_and_Usage_ABRAX, Indications_and_Usage_ADAGR, Indications_and_Usage_AFATI, Indications_and_Usage_AFINI, Indications_and_Usage_AFINIT, Indications_and_Usage_ALECE, Indications_and_Usage_ALIMT, Indications_and_Usage_ALUNB, Indications_and_Usage_ALYMS, Indications_and_Usage_AMIVA, Indications_and_Usage_ATEZO, Indications_and_Usage_AVAST, Indications_and_Usage_BRIGA, Indications_and_Usage_CAPMA, Indications_and_Usage_CEMIP, Indications_and_Usage_CYRAM, Indications_and_Usage_DOXOR, Indications_and_Usage_DURVA, Indications_and_Usage_ENHER, Indications_and_Usage_ENTRE, Indications_and_Usage_ERLOT, Indications_and_Usage_ETOP, Indications_and_Usage_ETOPO, Indications_and_Usage_EXKIV, Indications_and_Usage_GAVRE, Indications_and_Usage_GEFIT, Indications_and_Usage_GEMZA, 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in Specific Populations DOXOR, Use in Specific Populations DURVA, Use in Specific Populations ENHER, Use in Specific Populations ENTRE, Use in Specific Populations ERLOT, Use in Specific Populations ETOP, Use in Specific Populations ETOPO, Use in Specific Populations EXKIV, Use in Specific Populations GAVRE, Use_in_Specific_Populations_GEFIT, Use_in_Specific_Populations_GEMZA, Use_in_Specific_Populations_GILOT, Use_in_Specific_Populations_HYCAM, Use_in_Specific_Populations_IMFIN, Use_in_Specific_Populations_IMJUD, Use in Specific Populations INFUG, Use in Specific Populations IRESS, Use in Specific Populations KEYTR, Use_in_Specific_Populations_KRAZA, Use_in_Specific_Populations_LIBTA, Use_in_Specific_Populations_LORBR, Use_in_Specific_Populations_LUMAK, Use_in_Specific_Populations_LURB, Use_in_Specific_Populations_MEKIN, Use_in_Specific_Populations_METH, Use_in_Specific_Populations_MVASI, Use_in_Specific_Populations_OPDIV, Use in Specific Populations PORTR, Use in Specific Populations RAMUC, Use in Specific Populations RETEV, Use_in_Specific_Populations_ROZLY, Use_in_Specific_Populations_RYBRE, Use_in_Specific_Populations_SELPE, Use_in_Specific_Populations_SOTOR, Use_in_Specific_Populations_TABRE, Use_in_Specific_Populations_TAFIN, Use_in_Specific_Populations_TAGRIS, Use_in_Specific_Populations_TAXOT, Use_in_Specific_Populations_TECEN, Use_in_Specific_Populations_TEPME, Use_in_Specific_Populations_TOPO, Use_in_Specific_Populations_TRAME, Use_in_Specific_Populations_TREME, Use_in_Specific_Populations_TREXA, Use_in_Specific_Populations_VINOR, Use_in_Specific_Populations_VIZIM, Use_in_Specific_Populations_XALKO, Use_in_Specific_Populations_YERVO, Use_in_Specific_Populations_ZIRAB, Use_in_Specific_Populations_ZYKAD, Vinorelbine_Tartrate_, Warnings_and_Precautions_ABRAX, Warnings_and_Precautions_ADAGR, Warnings_and_Precautions_AFATI, Warnings_and_Precautions_AFINI, Warnings_and_Precautions_AFINIT, Warnings_and_Precautions_ALECE, Warnings_and_Precautions_ALIMT, 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