## Occupational Burden of Lung Disease Taskforce Notes 14/5/16

An executive summary of approx 3000 words (excluding table and references) will be published in the blue journal. A full version will be published online.

Key things to cover:

* PAF/PAR
* summarise and update previous reviews of the lit
* ensure robust methodology e.g. reproducible search strategy

Things not to cover:

* ?exposure assessment detail
* cancer
* detail of work done by other taskforces (e.g air pollution taskforce)

General points:

* Focus on clinically significant outcomes like symptomatic disease rather than subclinical change in biomarkers such as lung function
* Summarise and update published reviews and previous guidelines
* Disease burden is not the same as PAR
* Particular exposures may cause exposure specific disease e.g silica causing silacosis. Important to note may also contribute to other diseases e.g TB-Silica-HIV interaction.
* Social burden of disease is important and may be covered briefly; a full treatment is outside the scope of the taskforce.
* Potential audience includes government, insurers, and patient groups
* Suggest use PAF equation from [Appendix E2 of COPD global burden document](http://www.atsjournals.org/doi/suppl/10.1164/rccm.200811-1757ST/suppl_file/eisnercopd200811-1757stsuppljune03.doc)

Search strategy:

* Must be reproducible
* Consider using librarian to assist
* Agreed to use embase and not just pubmed
* Agreed not to limit search to English language
* Suggested that MESH terms be used
* Exposure search strategy to be agreed
* Disease search strategy to be set by each disease group
* Individual groups could do a meta-analysis if feeling energetic