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## **Global Call to Action to Protect Outdoor Workers from Skin Cancer by Solar Ultraviolet Radiation Exposure**

Launched on 12 October 2023 at the 2nd Multi-Stakeholder Summit on Occupational Skin Cancer, in Berlin, Germany on the occasion of the EADV Congress (11 - 15 October 2023)

### **Introduction:**

Outdoor workers (>70 million in Europe) are a very high-risk group for non-melanoma skin cancer (NMSC)<sup>1</sup> due to occupational ultraviolet (UV) radiation exposure. In Germany, skin cancer by UV exposure is already the 3rd most frequently acknowledged occupational disease (ca. 6,000 cases/year), with most cases entitled to compensation out of all work related ailments (ca. 900 cases/year). In Europe, in the general population, NMSC is the most frequent of all cancers with a current annual increase of up to 10%. This presents a major challenge to social insurance systems and provision of medical care. Prevention is simple and easy, but frequently not implemented, especially in workplaces. Unfortunately, workplace and private UV-exposures are currently increasing due to global climate change in many regions.

### **Global Call to Action:**

**1: Policymakers should improve the legislative framework according to the ILO List of Occupational Diseases<sup>2</sup> to protect outdoor workers more effectively and build accessibility for regular screenings and thus earlier treatments. In the European Union, for instance, NMSC**

**should be officially recognized as an occupational disease. This includes:**

- Update the 2003 Schedule of Occupational Diseases to reflect the fact that NMSC caused by solar UV radiation is directly linked to occupation.
- Update Directive 2006/25/EC on artificial optical radiation to include solar UV radiation, with specific obligations on health surveillance of outdoor workers, and provide accessibility to early treatment or intervention.
- Recognize NMSC as occupational diseases in all EU member states; adopt or amend national policy instruments to cater for the needs of outdoor workers in terms of targeted prevention measures, education and compensation.

**2: Doctors, other health professionals and policymakers should cooperate to ensure standardised registration of NMSC. This includes:**

- Registration of NMSC in national population-based cancer registries (PBCR) should become compulsory, including of subsequent tumours and occupations.
- Dermatological societies should press for (inter)national initiatives to include NMSC in PBCR.
- Collecting and analysing cancer registries' data could ensure effective public health measures, early diagnoses and harmonised quality of care for affected workers across the globe.

Create incentives to encourage registration of NMSC cases in PBCR and in occupational disease registries of compensation schemes.

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<sup>1</sup> NMSC encompasses basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and actinic keratosis (AK); more correctly, these tumour entities are being referred to as "keratinocytic carcinomata". However, for the purpose of this Call to Action the widely used term NMSC will be applied.

<sup>2</sup> recently amended by the "Diagnostic and Exposure Criteria for Occupational Diseases" ([https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS\\_836359/lang-en/index.htm](https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_836359/lang-en/index.htm))

**3: Employers and Social Dialogue structures should use tools to monitor UVR exposure levels in the workplace as well as adoption of protective measures by outdoor workers. They shall also implement cost-effective technical, organisational and personal measures for sun-safe behaviour, and ensure regular skin cancer screenings for workers. This includes:**

- Implement a global measurement programme to evaluate exposure to UVR among outdoor workers during their working hours in comparison with their leisure time.
- Minimize UVR exposure at the workplace with a variety of technical (e.g. avoiding solar UVR exposure, all forms of shading), organisational (e.g. avoiding outdoor work during peak solar UVR hours, shifting working hours away from the midday heat or rather relocation of working hours in the early mornings or late afternoon, taking breaks in the shade, performing individual work tasks in the shade) and personal strategies (e.g. proper clothes [ideally long-sleeved shirts and long pants], protective brimmed headgear [i.e. broad-brimmed helmets or hats with sun shields as well as ear and neck guards], adequate sunglasses with wide, solar UVR filtering lenses, and sunscreens with a broad spectrum filter [i.e. UV-A and UV-B filter] and a sun protection factor [SPF] of preferably 50+).
- Include workplace health surveillance and regular skin cancer screening in social partner agreements.
- Frame the prevention measures for sun protection by collectively agreed provisions and practices.
- Encourage outdoor workers to get access to simple effective information tools how to protect themselves from the sun (e.g. WHO SunSmart Global UV-App, dosimeter cards, UV-index information platforms through social media), and drive behavioural change by health education and safety trainings for both employers and employees.
- Facilitating access to regular screening and monitoring for outdoor workers.
- Enhance health literacy of outdoor workers, e.g. how to self-examine their skin.

**4: Doctors and other health professionals should hone the diagnostic accuracy regarding NMSC. This includes:**

- Provide primary care and occupational physicians with the necessary diagnostic skills and incentives to identify, notify and refer cases of (occupational) skin cancer to dermatologists; making clear that NMSC in most cases is a highly chronic disease.
- Train labour inspectors and mobilise labour inspectorates to focus on advising companies and workers on prevention measures.
- Breach gaps between specializations; highlight the need for improved interdisciplinary collaboration to improve patient care.

**5: Patient advocacy groups, doctors and other health professionals as well as employers should collaborate to promote skin cancer prevention and sun-safe working practices and to address the unmet needs of outdoor workers. This includes:**

- Improve knowledge and sun protective behaviour by means of social media campaigns and awareness raising activities, with specific attention to children and young populations.
- Make use of community-based educational organizations.
- WHO and ILO should establish a good practice databank of sustainable sun safety campaigns.
- Encourage national broadcasters and private media groups to make public service announcements on sun safety for outdoor workers and the general population.

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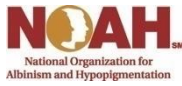
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