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National Gallery of Australia (NGA)
GPO Box 1150 Canberra
ACT 2601 Australia

Attention: Melinda Carlisle
Assistant Manager, HRM

Dear Ms Carlisle

Thank you for your request for occupational medical advice contained in the letter to the General Manager of the ACT Office of HSA dated 22 February 2002. I recall our discussion on the matter.

It was noted from your letter that there had been a cluster of illness amongst security officers of the gallery over the last 5 years.

In particular, 5 staff of the security section had been diagnosed with cancer.

The types of cancer reported are:

- stomach cancer
- lung cancer
- bowel cancer
- bone cancer and
- breast cancer.

This issue has been approached from an **epidemiological perspective** which I believe to be the most appropriate in this sort of situation.

Although we tend to view cancer as a "dread disease" and would therefore prefer it to be a rare type problem, **cancer of one form or another is in fact very common**. Many people who develop cancer recover from it with treatment or survive for such long periods as to be considered cured, however, cancer of one form or another is the eventual cause of death of approximately one quarter of all Australians.

Although from the scientific perspective much remains to be found out about the development and causes of cancer, **different types of cancer do tend to have different causes**. The

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common exception is tobacco smoke which causes the majority of cases of lung cancer and is associated with several other types of cancer such as cancer of the larynx, bladder and cervix. Smoking is also associated with gastric ulcers.

With these five staff members, five different types of cancer are involved. With the possible exception of the bone cancer, none of the types of cancer is rare.

Lung, breast, bowel and stomach cancer are in fact common conditions in themselves and it would not be surprising to find more than one case of these common types of cancer occurring in a workplace over time because of the background incidence in the general population.

Lung cancer is most often but not always caused by cigarette smoking.

Dietary factors (low fibre, high fat diets) are thought to play a part in the causation of **bowel cancer** – there is also a hereditary tendency so people with close relatives who have developed bowel cancer are often encouraged to have examinations of the large bowel on a periodic basis. Some doctors advocate periodic testing of faeces for small amounts of blood is worthwhile as a health screening procedure for all middle aged and older adults to detect early bowel cancers.

The numbers of people who develop **stomach cancer** varies a lot between countries, there being a particularly high number of cases in Japan, China, Columbia and Finland. It is a very common type of cancer worldwide – the most common form of cancer in many countries - but the incidence is falling. In many cases there is a history of chronic inflammation of the lining of the stomach or of stomach ulcers. The organism helicobacter pylori is thought to play a role in the development of stomach cancer.

The following risk factors have been identified in relation to **breast cancer**: female sex, the risk increasing with age; long interval between menarche and menopause; older age at first full term pregnancy; obesity and a high fat diet; a family history of the condition; geographic factors; abnormalities in a previous breast biopsy. It should be noted that men can also develop breast cancer.

Although cancer can occur at any age, it does become more common with advancing years. This group bears this out - the average age of the five officers at the date of diagnosis was calculated to be 58.8 years (range 50 to 62 years of age).

My professional reading over the years has identified the possibility of physical assault as the main hazard of concern in relation to security work. As security work could also require shiftwork there could also be health issues relating to shiftwork. There are no occupational cancer causing agents associated with security work as such. With current knowledge about passive smoking, there would be a concern about a possible contribution to occurrences of lung cancer if visitors to the gallery were allowed to smoke inside.

As a member of the public, I have visited the gallery on a number of occasions, with and without other family members over the last 7 years, most recently in early February to see the Rodin exhibition. These visits have enabled me to see the work of the security staff.

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Considering the epidemiological issues, it is in my opinion exceedingly unlikely that there is any occupational cancer-causing agent responsible for this cluster of illness.

The amended list forwarded by e-mail on 27 February confirms the above. We continue to see a variety of types of cancer with a common type of cancer – bowel cancer – occurring several times. We continue to see older employees and ex-employees being affected, with an average age of 67 in year 2001 for the seven employees whose dates of birth are given. (Age at diagnosis cannot be calculated from the information provided in the additional list.)

Please contact me on 6269 2001 if any queries arise from the above.

Yours sincerely

Lark

Dr Andrew Lark MBBS FAFOM MPH
Occupational Physician, HSA, ACT Office

8 March 2002

cc General Manager, ACT Office



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