

Dr. Susan Miles

BMed FRACP

Respiratory Sleep and General Medicine Physician

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6 February 2019

United Health Group

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Claim Number: 408267

RE: Mark Lancaster - [REDACTED]

Medical Report

Current issues:

1. Heavy exposure to diesel fumes, diesel exhaust, coal, crystalline silica in underground coal mines for many years
2. Symptoms of hypersensitivity to diesel fumes and diesel exhaust with eye mucous membrane irritation, breathlessness, headache, drowsiness, chest pain, muscle aching and a sensation of "feeling drugged"
3. Patent foramen ovale
4. Irritable bowel syndrome
5. Gastro-oesophageal reflux disease
6. Angioplasty to the left popliteal artery
7. SCC of the face
8. Mild asthma

Medications include: Symbicort 2 inhalations as required, Intal Forte 2mgs daily 2 puffs inhaled qid for cough, Aspirin 100mgs daily.

I have been asked to provide a medical report for Mr Mark Lancaster who I was consulted to see on the 26 September 2018, regarding symptoms suggestive of hypersensitivity to diesel fumes and exhaust.

History:

He has a background of working 23 years underground, and 13 years ago using a grader with an open cabin, with exhaust coming out over the guard and enveloping him. In recent years this exposure has made him feel nauseous and sick.

At times when the machine has been modified to reduce the outflow track, fumes would still come in over him. He has developed chest and back pains, tiredness, sore erythematous eyes, breathlessness, nausea, and being somewhat flushed. For days after he would feel mildly drowsy as if he had been drugged. There were often poor seals on the devices on the machinery and boxes to filter exhaust took approximately 2 years to be installed. He has been working in areas close to a loader emitting diesel fumes directly onto him.

He took a period of 8 weeks off work and noticed that by the 6th week he felt relatively well, but when he returned to work the symptoms recurred. At this point he had a CT scan of his lungs which showed a bit of atelectasis and scarring but no ground glass change. He has had two episodes of exposure to a diesel generator, one whilst near a trampoline at a fair where he suddenly became breathless and unwell. A similar episode occurred whilst driving near a vehicle outside the mine that was emitting diesel fumes. At one point he had mild eosinophilia on his blood tests but otherwise they have all been normal.

His other history is of very mild asthma for which he uses Symbicort and gets very few symptoms. Tilade has been used to help with his cough. His triggers seem to be dusty days and pollen and he uses an antihistamine as required. On skin test he is sensitised to Plantain and Timothy grass. He is a non-smoker.

Examination findings:

When I first met him he looked well but slightly flushed. He saturated at 96% on room air. He was in sinus rhythm at a rate of 70bpm. Heart sounds were dual, chest was clear to auscultation with no wheezes or crackles. JVP was not raised. There were no rashes on his skin and his throat was clear and there was no nasal obstruction.

His CT scan just showed some basal atelectasis and scarring but no ground glass change. He had pulmonary function testing performed at The Newcastle Lung Group reported by Dr R Tyler 19 July 2018 that were normal, with FEV1 of 3.19(99%), FVC 4.39(110%), FEV1/FVC ratio 73. He had a normal diffusing capacity at 25.8(93%). BMI was 30.

Summary:

I believe he has developed a hypersensitivity state to diesel fumes and exhaust and its constituents. Diesel has a range of constituents that can cause hypersensitivity, including nitrogen dioxide, nitric oxide, carbon dioxide, carbon monoxide, and other irritant gases and water vapours. Both diesel particulate matter and gases in diesel exhaust are highly irritative and toxic. He has also had heavy exposure to dusts, including coal dust and crystalline silica, but I cannot see evidence of silicosis or coal workers pneumoconiosis.

Diesel and crystalline silica are classified as Group 1 carcinogens by the IARC which

increases his risk of developing cancers of the lung and bladder. His exposures will also exacerbate his asthma potentially, and cause irritation to his eyes.

I believe an element of this hypersensitivity is occupationally acquired.

I advised him at this time that I believe he should not be working or living in an environment where he is exposed to diesel and diesel exhaust. I advised him to remain away from the workplace unless exposure to diesel and diesel exhaust can be eliminated. I think he will need long term follow up due to the long latency of malignancies. I did not change his asthma treatment.

I hope this report is of assistance to you

Yours sincerely,

Dr. Susan Miles
(Reviewed and Electronically Signed)

Attachment 2

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DR CHRISTIAAN BURGER
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Provider No: 5591391K

TO WHOM IT MAY CONCERN

re: Mr Mark Lancaster
Date of Birth 21/11/1962
1281 The Buckets Way
ALLWORTH 2425

Mr Mark Lancaster and his wife have moved from Singleton to Allworth via Stroud. Mr Lancaster has worked for many years as a coal miner, and has been forced to retire at a younger age than planned owing to severe respiratory disease.

After having increasing distress with shortness of breath and fatigue, nausea and poor stamina he was assessed by senior respiratory and occupational physicians. He was found to have a severe intolerance and sensitivity to diesel exhaust, related to years of diesel exposure in underground mining. He is unable to tolerate minute levels of diesel exhaust both in farming machinery and public roads.

I am very concerned about exposure to diesel exhaust from proposed quarrying activity near his property. I believe this is a significant threat to Mr Lancaster's health. I have been told that access to the proposed quarry will be near his property's boundary fence, about 250 metres away, with many heavy vehicle movements each day. He will certainly receive exposure to diesel exhaust at varying levels depending on wind direction. He has moved to his present location to be away from diesel exhaust exposure from beyond his farm.

Diesel fumes from mining operations in the region around Singleton was sufficient to cause distressing symptoms. These operations were many kilometers away, but fumes were concentrated by the number of mines and road and rail diesel exhaust, with variable wind directions delivering exposure to his farm.

I feel his disability and sensitivity should be considered in locating this proposed access road, ensuring that it avoids his property boundary as far as possible with appropriate re-routing.

Mr Lancaster is distressed at the possibility of his health being compromised, after his retirement, and moved to his present location, selected for clean air.

I am very pleased, with Mr Lancasters permission, to provide details about his health predicament should it be required.

Yours Sincerely,

A handwritten signature in cursive script, appearing to read 'B Thomas', written in black ink.

Dr B Thomas
MBBS FRACGP
27/8/2020