

FACT SHEET

The ILO (2000) International Classification of Radiographs of Pneumoconioses

A new edition of **the ILO International Classification of Radiographs of Pneumoconioses (Rev. 2000)** is now available from the ILO.

Despite important advances in respiratory medicine in many countries, disability and premature deaths arising from the inhalation of dust at work remain a serious problem of continuing concern to the ILO and WHO.

There have been some impressive technical advances in the diagnosis of lung diseases during the last 20 years but the chest radiograph remains the most common and widely used tool to identify individuals whose lungs have been affected by noxious dusts at work. The ILO's International Classification continues to provide the universally recognized way to record abnormalities on chest radiographs systematically. It is used to monitor the health of workers occupationally exposed to silica, coalmine, asbestos and other mineral and organic dust. Countless clinical and epidemiological research studies have relied on the system, and it is frequently used to describe the appearances of chest radiographs of individuals whose lungs may have been affected by their work and who are seeking compensation.

The revised (2000) Classification retains continuity with earlier editions (1950, 1958, 1968, 1971, and 1980). It is more concise than the 1980 edition, clarifies some ambiguities in earlier versions, and it modifies some of the rules for classifying pleural abnormalities. The changes are based on a comprehensive review of experience with the 1980 edition by numerous specialists in many countries and by in-depth discussions at several international meetings, including the Ninth International Conference on Occupational Respiratory Diseases in Kyoto (1997).

A distinctive feature of the revised edition is that it is accompanied by improved (digitized) copies, using state-of-the art computer techniques, of most (20) of the 22 standard radiographs that were distributed with the previous (1980) edition of the Classification. Two new standard radiographs (for pleural abnormalities and for u/u size small opacities) complete the ILO (2000) "Complete Set". A further novel feature of the revised Classification is an option to acquire a reduced number (14) of standard radiographs (the so-called "Quad Set"). The Quad Set incorporates all the abnormalities that are illustrated in the "Complete Set" (22 radiographs) by reproducing critical sections from some of the latter as quadrant images on full-size films. Users who have to classify large numbers of radiographs routinely may prefer to rely primarily on the Quad Set.

Publication of the revised (2000) Classification will be welcomed by all concerned with combating occupational lung disease in both developing and developed countries. In particular, it will play an important role in ongoing efforts to implement the joint ILO/WHO Global Programme on Elimination of Silicosis and training of occupational physicians in early detection of pneumoconioses.

For further information, please visit www.ilo.org/publns or www.ilo.org/safework
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