28 and/or US EPA Group C and higher). Logistic regression was used to calculate odds ratios (ORs) and 95% confidence intervals (CIs). Models were adjusted for age, province, and use of a proxy respondent.

**Results** Nearly 20 “probably” and 50 “possibly” carcinogenic pesticides were reportedly used by participants. Men who used any “probably” carcinogenic pesticide had increased odds for NHL (OR = 1.63, 95% CI: 1.23–2.16) and MM (OR = 1.56, 95% CI: 1.12–2.18), but not for STS (OR = 1.13; 95% CI: 0.81–1.58) and HL (OR = 0.99, 95% CI: 0.66–1.48) relative to men who did not use these pesticides. Similarly, men who used any “possibly” carcinogenic pesticide had higher odds for NHL (OR = 1.54, 95% CI: 1.21–1.96) and MM (OR = 1.36, 95% CI: 1.02–1.81), but not for STS and HD. The ORs were slightly larger from use of “probably” compared to “possibly” carcinogenic pesticides. These results are consistent with IARC and US EPA pesticide classifications.

**Conclusions** The use of any carcinogenic pesticide was associated with modest increases in odds for NHL and MM, but not for STS and HD. The ORs were slightly larger from use of "probably" compared to "possibly" carcinogenic pesticides. These results are consistent with IARC and US EPA pesticide classifications.

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**Abstracts**

**RISK OF MAJOR LYMPHOMA SUBTYPES AND USE OF MOBILE PHONES**

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Introduction Recent case-control studies have suggested an increase in risk of non-Hodgkin Lymphoma (NHL) among mobile phone users. We explored the association in a case-control study conducted in Sardinia Italy in 1999–2004. Methods. Three hundred twenty adult (age range 25–75) cases, first diagnosed with lymphoma along the study period, and 422 controls, randomly selected from population Registrars, frequency matched to cases by age, gender and local health unit of residence, participated to the study. In person interviews gathered information on data and age of purchase of a mobile telephone and duration of its daily use. We conducted unconditional logistic regression analysis in 322 lymphoma cases and 446 population controls, adjusting by age, gender and education.

**Results** Risk of lymphoma (all types; OR = 1.5; 95%CI 1.0 - 2.1), and particularly chronic lymphocytic leukaemia (OR = 1.8; 95%CI 1.0 - 3.4) was elevated in subjects reporting use of mobile phones, but it decreased with duration of use, and it was more elevated for the most recent purchases and for age at first purchase 56 years.

**Conclusions** Our findings contradict some assumptions about the association between use of mobile phones and cancer risk. Information bias possibly played a role Overall, our study cannot provide support to the aetiological nature of the observed associations.

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**BREAST AND CERVICAL CANCER SCREENING UTILISATION AMONG INSURED FEMALE EMPLOYEES AT A LARGE US COMPANY**

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**Objectives** Female employees enrolled in a company-sponsored health insurance plan are eligible to receive preventive care benefits. We examined the utilisation of recommended screening tests for breast and cervical cancer among female employees of a large U.S. company.

**Methods** Using health insurance claims data, we identified female employees who were continuously enrolled from 2009 through 2011. The prevalence of biennial screening mammography among employees aged 40 to 64 years and the prevalence of Pap tests in the past three years among employees aged 21 to 64 years were calculated for groups defined by demographic and work characteristics.

**Results** Among 3,972 female employees aged 40 to 64 years, 62% had at least one screening mammography in 2010 or 2011. Screening mammography utilisation did not differ substantially by race, marital status, pay-type or work location. Screening mammography utilisation was higher among employees aged 50 to 64 years (63%) compared to those aged 40 to 49 years (57%) and was higher among employees with day work schedules (64%) compared to those with rotating work schedules (51%).