CONCLUSIONS The results demonstrated that construction interventions should be developed to address preventable risk factors. Young construction workers could benefit not only from enhanced work-place injury preventions, but also health behaviour interventions.

RESULTS The lifetime risk approach estimates the number of cancers attributable to the exposure in the general working population.

METHOD From July 2004 to October 2006, 1107 newly hired workers were recruited to participate in the study. Subjects completed self-reported questionnaires including demographics, medical and work history, and current symptom and work status, nerve conduction studies, and a physical exam. Surveys were repeated at 6, 18, and 36 month follow-up; 827 subjects (75%) completed all follow-ups and were included in the analysis. The outcomes of interest were presence of upper extremity symptoms and limitations in work abilities, productivity, job restrictions, lost time, and job changes due to these symptoms.

RESULTS A majority of workers (72%) reported symptoms at least once during the study, yet less than half (44–46%) reported symptoms within any single follow-up period. Similar to 31% of workers reported work limitations due to their symptoms at least once during the study, but only 15–16% within any single follow-up period.

CONCLUSIONS These results provide evidence for the dynamic nature of both MSD symptoms and work abilities over time, which has been theorised but with few explicit studies. If the risk factors for these outcomes differ, this may explain some of the lack of clarity in the current literature on work-related risk factors and MSD.

OBJECTIVES Selection of appropriate outcome measures in studies of work-related musculoskeletal disorders (MSDs) directly affects the observed exposure-response relationship. Considering that many different factors might affect different stages of disease severity, we examined disability outcomes that represent a spectrum of disease in a newly hired working population and described the transitions between various states of symptoms and disability.

OBJECTIVES Good occupational health policy requires an overall understanding of the proportion of the working population who are exposed to hazards at work. This is difficult to estimate when nearly three-quarters of the workforce are in small and medium sized companies and so not easily surveyed or monitored. We are undertaking a series of national surveys of the workforce to estimate how many people are exposed to hazards, where those people work, and to identify areas where controls could be used more effectively.

OBJECTIVES The main approaches to estimating the burden of occupational cancer are attributable risk and lifetime risk. In this presentation we will explain why we used the lifetime risk approach.

OBJECTIVES The method of being diagnosed with cancer during their life (without considering occupational exposures). The lifetime risk for the general population (LR<sub>GP</sub>) is estimated by multiplying