Conclusion Sedentary work defined by a wide-range group of occupations, is not a risk factor for VTE. Whether certain occupations with particularly high exposure to immobilised sitting positions are associated with thromboembolic events is not addressed.

Oral Presentation

Other

0172 "TO BE PRESENTED IN AN ACCEPTED MINI-SYMPOSIUM" ASSOCIATION BETWEEN OCCUPATIONAL LIFTING AND RHEGMATOGENOUS RETINAL DETACHMENT IN A NATIONAL COHORT OF SWEDISH MEN

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Objectives As the evidence on the possible association between lifting and retinal detachment (RD) is limited and controversial, we analysed a large population-based cohort to investigate the risk of RD arising from occupational lifting.

Methods We assessed the incidence of surgically treated RD occurring between 1991 and 2009 in a national cohort of 49,321 Swedish men conscripted for military service in 1969–1970. We applied a job exposure matrix to occupational data from the 1990 census to estimate the frequency of heavy lifting (>20–25 kg) at the workplace. We fitted Poisson regression models including lifting, myopia, income, and education level to estimate incidence rate ratios (IRR) and 95% confidence intervals of RRD.

Results We analysed 217 RD cases that occurred in 7 80 166 person-years. Estimates adjusted by myopia and socioeconomic factors support the hypothesis that the risk of RD increases among subjects lifting heavy weights at least twice per week, compared to workers not performing lifting (IRR 2.38, 95% CI 1.15–4.93, p for trend across lifting categories 0.014). Myopia was a strong negative confounder of the lifting - RD association. While RD was rare in the entire cohort (0.28 cases per 1000 person-years), the rate peaked at 7.9 per 1000 person-years among workers frequently lifting heavy loads, aged between 50 and 59 years, and affected by severe myopia.

Conclusions Our study provides evidence that performing heavy occupational lifting increases the risk of RD, while myopia and socioeconomic factors may be important negative confounders of this association.

Poster Presentation

Cancer

0173 RADIATION-INDUCED PERITONEAL MESOTHELIOMA AFTER EXTERNAL BEAM RADIOTHERAPY FOR PROSTATE ADENOCARCINOMA: A LONGITUDINAL ANALYSIS OF SEER REGISTRIES

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Objective To investigate the association between external beam radiotherapy (EBRT) for prostate adenocarcinoma (PA) and malignant peritoneal mesothelioma (MPM) using data from the US Surveillance, Epidemiology and End Results (SEER) program.

Methods We identified PA cases diagnosed in 1973–2013 among patients aged ≥45 years. The follow-up started one year after the primary diagnosis (to exclude synchronous cancers and limit surveillance bias) and ended at the diagnosis of MPM, other malignancies, death, or at the study end (12/31/2013). We estimated hazard ratios (HR) and 95% confidence intervals (95% CI) of MPM for EBRT, compared to no radiotherapy, by fitting Cox models incorporating inverse probability weights to account for age at diagnosis, race, year of diagnosis, primary cancer surgery, SEER register, and county's mesothelioma relative risk (proxy for individual asbestos exposure).

Results We observed 34 MPM cases occurring in 4,755,045 person-years (rate of 0.7 per 1 00 000 person-years, 95% CI 0.5–1.0). The risk of MPM was higher among EBRT patients (HR 2.1, 95% CI 0.9–4.8) and increased steadily with increasing latency period (1–4 years, HR 1.3, 95% CI 0.4–4.6; 5–9 years, HR 1.9, 95% CI 0.5–7.7; ≥10 years, HR 4.9, 95% CI 0.9–28). However, only 8 MPM were observed for latency periods ≥10 years.

Conclusions Our study supports the hypothesis that EBRT for PA is associated with MPM. However, the incidence of MPM in our study population was very low; future studies should focus on high-risk populations (e.g. former asbestos workers) to evaluate the clinical significance of the observed association.