Oral Presentation

Exposure Assessment

0216 OCCUPATIONAL RADIATION DOSES IN NUCLEAR MEDICINE: A US MULTI-CENTRE STUDY

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Nuclear medicine techniques developed in the second half of the 20th century have become very sophisticated and have been used extensively in the diagnosis and treatment of disease. A surge of new dedicated radiopharmaceuticals and increased demand has led to a growing interest regarding increasing radiation exposure and possible associated health risks to the nuclear medicine technologists who perform these procedures. However, to date, very limited information has been provided on radiation doses received by nuclear medicine technologists.

In this study, we collected annual and lifetime badge dose information for United States technologists certified in nuclear medicine between 1979 and 2015. Nine large US medical institutions from several geographical locations contributed information on 208 nuclear medicine technologists, linked to historical badge dose records maintained by a major commercial dosimetry company, yielding 2618 total dose records.

The mean and median annual badge doses per technologist were 2.7 and 2.2 mSv, respectively, and more than 3% of the annual doses exceeded 10 mSv. The mean annual doses substantially increased around the year 2000, consistent with the expanded use of Positron Emission Tomography (PET). Mean and median lifetime doses of 51.4 and 32.9 mSv could be established for 45 technologists.

Doses in this sample of nuclear medicine technologists were higher than expected, compared with previously published values for nuclear workers or radiologic technologists. These results suggest that nuclear medicine technologists may be one of the most highly-exposed radiation worker populations currently.

Poster Presentation

Methodology

0217 MESOTHELIOMA AND CANCER OF THE PLEURA DEATHS – RECOVERING MISSING CASES FROM HOSPITAL RECORDS

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Background Mesothelioma is a rare cancer of high lethality associated with asbestos exposure. In several studies mesothelioma and cancer of the pleura (MCP) are analysed together because misdiagnoses or coding errors between them are common. Undercounting and underreporting of these diseases have been demonstrated, particularly where access to diagnostic resources is poor as for developing countries.

Objective To examine the performance of a probabilistic linkage used to match data from death certificates (Mortality Information System) to deaths reported in hospital records (Authorisation of Hospital Admissions of the National Health System).

Methods Cases with diagnosis coded as C45.0 - C45.9 and C38.4 (International Classification of Diseases 10thRevision) were selected from each anonymous database from 2002 to 2012, Brazil. After probabilistic linkage, matched and unmatched cases were combined in a single individual database. Linkage performance was examined by confirming matched cases based on similar datasets which includes full names, available only for the São Paulo state.

Results A total of 1059 MPC cases were found, 718 (71.7%) with records only in the Mortality Information System, 277 (23.6%) registered exclusively in the hospital database, and 57 (5.7%) matched with data in both databases. The majority of hospital unmatched cases had other cancer diagnosis as the underlying cause of death (87.4%). Linkage failed to match only five cases due to inconsistencies in birth dates or gender records.

Conclusions Probabilistic linkage can be a tool to recover missing cases of MCP in death certificates using hospital admissions records in Brazil.

Oral Presentation

Developing Countries

0218 WORK-RELATED INJURY MORTALITY AMONG CHILDREN AND ADOLESCENTS IN BRAZIL, 2000 – 2014

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Objective Fatal work-related injuries among children and adolescents cause outrage and reveal the failure in the protection of these vulnerable groups. This study estimates the work-related injuries mortality rate among Brazilian workers aged 10 to 24 years between 2000 and 2014.

Methods This is a mortality study carried out with data from the Mortality Information System, SIM, and census data from the Brazilian Institute of Geography and Statistics, IBGE. Cases were identified using data on the work-related nature of the injury, compulsory in death certificates for external causes. Estimates are separated by age ranges for which distinct protectives norms are applicable.

Results n total, there were 7484 fatal work-related injuries during the study time. Of these, 2.8% (n=208) among children from 10 to 14 years old, 9.2% (n=691) in the group

aged 15 to 17 years, and the majority (88%) were 18 years of age or older. In each age group, work-related mortality rates (per 100,000) were 1.5, 3.3 and 4.8 among males, and for girls 1.1, 0.3 and 0.3, respectively. The most common circumstance related to the injury involved transport. Farming predominates (89%) among occupations in the youngest group, falling to 48% and 18% in the older age ranges, respectively.

Conclusions Our findings reflect an unacceptable reality in Brazil, the 7th largest world economy. The agriculture industry needs to be targeted for actions to eliminating child labour and to enhancing compliance with protective standards against the worst forms and most hazardous occupations in the group of young workers

Oral Presentation

Other

0219 THE SYNERGY EXPOSURE ASSESSMENT STRATEGY

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Objective The use of measurement data in occupational exposure assessment allows more quantitative analyses of possible exposure–response relations. We describe a quantitative exposure assessment approach for the five lung carcinogens selected for the SYNERGY project, that is, asbestos, chromium-VI, nickel, polycyclic aromatic hydrocarbons (by its proxy benzo(a)pyrene (BaP)) and respirable crystalline silica. A quantitative job-exposure matrix (i.e. SYN-JEM) was developed based on statistical modelling of large quantities of personal measurements.

Methods Empirical linear models were developed using personal occupational exposure measurements from Europe and Canada, as well as auxiliary information like job (industry), year of sampling, region, an a priori exposure rating of each job (none, low, and high exposed) and sampling duration. The model outcomes were used to create SYN-JEM with a quantitative estimate of the level of exposure by job, year, and region.

Results Decreasing time trends were observed for all agents between the 1970s and 2009, ranging from −1.2% per year for personal BaP and nickel exposures to −10.7% for asbestos before a ban was implemented. Regional differences in exposure concentrations varied by agent, ranging from a factor 3.3 for chromium-VI up to a factor 10.5 for asbestos.

Conclusion We estimated time-, job-, and region-specific exposure levels for four (asbestos, chromium-VI, nickel, and RCS) out of the five considered lung carcinogens. Statistical modelling of large amounts of personal occupational exposure measurement data enabled the derivation of a quantitative general population JEM, which can be applied to the SYNERGY population.

Oral Presentation

Other

0220 ADVANCING THE PREVENTION OF LONG-TERM SICKNESS ABSENCE: CONSIDERING THE IMPACT OF THE CONTEXT OF LEGISLATION IN EFFECTIVE PREVENTIVE STRATEGIES

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Background Sickness absence is highly prevalent and has a complex multifactorial aetiology. A multitude of approaches exist aimed at health, personal, work related and cultural factors. But also the context of legislation has to be addressed when developing, evaluating or implementing preventive interventions.

Aims 1) To substantiate the role of legislation in research on the effect of strategies aimed at reducing long term sickness absence; 2) Elaborate on methodological prerequisites for advancing the evidence base of interventions, focussing on (legal) contextual factors.

Results Role of legislation can be threefold:

1. Direct, as (part of) intervention
2. Indirect, such as changing definitions of sickness absence, or (early) pensioning.
3. Facilitating/hindering factor in implementation of proven interventions

To address the context of legislation, ideally large multinational trials with large sample sizes are needed, requiring substantial resources. An alternative efficient approach might be to combine: 1) Address the impact of contextual (legal) factors by integrating contextual data from (new) trials on the effectiveness of preventive strategies by means of meta regression; 2) Use multi-regional or multi-national databases to compare intervention uptake, outcome and contextual factors in workers (registry data) testing prior hypotheses regarding the impact of legal differences on sickness absence indicators.

Conclusion Large potential gains by reducing long term sickness absence and work disability require innovative but methodologically sound approaches, and should consider the impact of the (legal) context. Enhanced access to multinational data-bases and better reporting of contextual and legal factors related to trials (extension of STROBE, CONSORT) are prerequisites.

Poster Presentation

Other

0223 OCCUPATIONAL HEAT EXPOSURES IN INDUSTRIES AND RENAL HEALTH – FINDINGS FROM INDIA

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