

## Oral Presentation

## Cancer

0255

**LIFETIME CANCER RISK IN THE BRITISH RUBBER INDUSTRY: A RETROSPECTIVE COHORT WITH 49 YEAR FOLLOW-UP**

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IARC concluded (IARC, 1982, 1987) there is sufficient evidence of a causal association between occupational exposures in the rubber-manufacturing industry and cancer. However, because of the complexity and variety of substances used in the process, a great deal of uncertainty regarding which specific exposures give rise to the increases in cancer remains. Moreover, since exposures in the rubber industry have decreased considerably and efforts have been made to remove confirmed carcinogens from the production process, it is unclear if increased cancer risks are (primarily) attributable to historical exposures.

To quantitatively evaluate exposure-response associations between specific long-term occupational exposure and cancer mortality, we updated a cohort of 40 867 men aged 35+ who were employed in the British rubber industry in 1967. A previous follow-up to 1976 identified excess risk of bladder cancer in men, excess death from lung cancer across the industry and excess stomach cancer mortality in the tyre sector.

Extending the mortality follow-up to 49 years, we are currently processing mortality data from NHS Digital and linking it to a population-specific quantitative job-exposure matrix for rubber (process) dust, rubber fumes, and n-Nitrosamines based on available data from the EU- EXASRUB project.

We hope to begin exposure-response analyses in April 2017 (and present the results at the conference). Few occupational cohorts of this size have such lengthy follow-up, so the presented analyses will provide an important overview of lifetime exposure-specific cancer mortality risks of specific exposures historically and currently encountered in the industry.

## Oral Presentation

## Other

0256

**LABOUR MARKET SEGREGATION AND GENDER DIFFERENCES IN SICKNESS ABSENCE: TRENDS IN 2005–2013 IN FINLAND**

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**Introduction** Women have higher work disability rates than men, but less is known of changes in this gap over time. We examined gender differences in sickness absence trends

focusing on sectoral and occupational gender segregation in the labour market.

**Methods** We used large representative register data on Finnish wage-earners aged 25–59 and generalised estimation equations based on repeated logistic regression to estimate the annual risk of having any long-term sickness absence.

**Results** Between 2005 and 2013, the predicted proportion of those with all-cause sickness absence decreased from the initial levels of 10.6 among men and 15.1 among women by 16.7% and 13.6%, respectively. The decreases were particularly large among male and female manual workers and among female upper non-manual employees, and there was further variation between different industrial sectors. Excess decrease among men mainly coincided with the peak of the economic recession in 2009. Widening of the gender gap was not influenced by differential distributional changes by employment factors, sociodemographic factors and previous sickness absence between the employed male and female risk populations, but it was influenced by differential within-group changes in sickness absence at the time of the recession between male- and female-dominated industrial sectors and occupational classes.

**Conclusions** Widening of the gender gap in sickness absence was largely explained by excess decrease in sickness absence in male-dominated sectors and occupations which were hit especially hard during the recent economic recession. The association may be related to reduced illness behaviour among employees experiencing greater labour market insecurity.

## Poster Presentation

## Psychosocial

0257

**ASSOCIATIONS OF INDIVIDUAL LEVEL AND JOB-GROUP LEVEL ESTIMATES OF PSYCHOSOCIAL WORK FACTORS WITH DEPRESSIVE SYMPTOMS**

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**Background** Job exposure matrix (JEM) methodology is useful in occupational psychosocial epidemiology for eliminating reporting bias and analysing low-prevalence outcomes in register based populations. This investigation aims to compare patterns of associations between psychosocial factors, assessed by JEM estimates and individual-level estimates, respectively, with depressive symptoms and to test the linearity of the associations.

**Methods** In this cross-sectional analysis, we used data from the Danish Work Environment Cohort Study 2000 (n=8583) to generate JEM and individual-level estimates of quantitative demands, work pace, influence, opportunities for development, emotional demands, and role conflicts at work. JEM estimates were attained from regression models providing sex- and age specific estimates for each job-group. Depressive symptoms were measured with the MHI-5 scale of the Short Form 36 questionnaire. The shape of the association between psychosocial exposures and depressive symptoms were assessed by use of linear splines. Using F-tests we tested whether reducing model flexibility (i.e. number of splines) led to statistically significant changes in model fit.