handing (29.5%, out of 1811), hand-arm vibrations (13.9%), repetitive movements of the upper limb (10.9%), whole-body vibrations (7.6%), awkward posture of the upper limb (7.1%), and awkward body posture (4.5%).

Discussion The exposure to biomechanical overload seems to play a role in generating potentially work-related conditions. Expanding the MAREL network to other occupational disease consultation centres in 2017 and 2018, we will contribute to already existing surveillance systems (i.e. MALPROF) by the detection of new and emerging occupational diseases and risks.

Discussion Management’s general compliance to the national management referral form was good. Specific aspects of manager’s referral can be further improved. Results were discussed at service user’s forum and a re-audit is planned in the future.

AN AUDIT ON THE QUALITY OF MANAGEMENT REFERRALS TO OCCUPATIONAL HEALTH SERVICE

Introduction Managers may refer their workers for occupational health (OH) assessment when there is concern about their workers’ health. To benefit from OH services, referrals need to include necessary information to enable OH professionals carrying out assessment and communicate information back. The national management referral form has been designed for this purpose. The aim of this audit is to analyse management’s compliance to this form.

Methods Ten random new management referral forms received in May 2017 were pulled and analysed under ten separate headings;

1. Employee details,
2. Post details,
3. Job demands,
4. Current medical issues,
5. Sickness absence grid,
6. Reason for referral,
7. Description of main issues and relevant facts,
8. Specific advice requested,
9. Manager’s details and
10. Employees consent.

Results Data obtained was analysed using Excel Spreadsheet. Each completed headings were scored ten and zero score was given for incomplete heading. The results were totalled and given a final score in percentage value. The headings were further broken down into five aspects for analysis:

• Legal consent,
• Demands of duty to better inform OH (post details and job demands),
• Effect of health issues to work (current medical issues and sickness absence grid),
• Manager’s concern (reason for referral, describe the main issues and relevant facts, specific advice requested), and
• Communication (employee’s and manager’s details).

Results Manager’s compliance was 79.8%. Compliance to legal aspect was 40%. Compliance to provide information regarding demands of duty to better inform the OH was 90%. Compliance to provide information regarding effect of health to work was 85%. Compliance to provide information to aid communication was 70%. Compliance to provide information to address manager’s concerns was 100%.

Discussion Anamnesis, subjective and objective complaints, and work history are the items designated to interview sheets by law, but there were only a few sheets containing all these items. The purpose of annual health checkups is not only to detect diseases, but also to determine whether working environments are suitable for workers’ health conditions. For this reason, these items are very important but most sheets do not include it. Subjective and objective complaints were asked for in most sheets, but details of it differed across sheets. Lifetime health management and comparisons of health checkup results are difficult because of non-standardised interview sheets. We suggest the standardisation of interview sheets in the future.

CANCER INCIDENCE IN SWEDISH FIREFIGHTERS – PRELIMINARY RESULTS OF AN EXTENDED FOLLOW-UP OF THE NOCCA STUDY

Introduction Firefighters may be exposed to a wide range of carcinogens by inhalation or dermal exposure. They also work shift which may disrupt the circadian rhythm. Previous studies have been inconsistent concerning cancer risks among firefighters.
firefighters. The aim was to evaluate the cancer incidence in Swedish firefighters.

**Methods** This cohort study is based on the Swedish part of the Nordic Occupational Cancer (NOCCA) project, including 6 million people who participated in one or more population censuses in 1960, 1970, 1980 and 1990. Cancer diagnoses 1961–2009 were obtained from the Swedish Cancer Registry. We identified 8136 male firefighters. Female firefighters were excluded because there were too few. SIRs were calculated with the cancer incidence rates for the entire national population used as reference rates.

**Result** There was no excess risk for all cancer sites combined (SIR=1.01, 95% CI: 0.96 to 1.06). A statistically significant excess was found only for non-melanoma skin cancer (SIR=1.48, 95% CI: 1.20 to 1.80), although the risk did not increase with duration of employment. There was a small, but statistically significant excess of prostate cancer among firefighters who had worked 30 years or more.

**Discussion** The risk of prostate cancer was increased among long-term exposed firefighters, and a possible excess of non-melanoma skin cancer was found. An increased risk of prostate cancer has been reported in some earlier studies of firefighters, but excesses of other cancers earlier reported in association with firefighting were not confirmed. Our results do not support an overall excess risk of cancer among Swedish firefighters.