Carcinogens/Cancer

P-340 CLOSING GAPS FOR PREVENTING CERVICAL CANCER AMONG URBAN: SLUM, NON-SLUM, RURAL AND TRIBAL INDIAN HOMEMAKERS AND MANUAL LABOURERS – EXPERIENCES OF COMMUNITY RESEARCH

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Introduction Deaths due to cervical cancer remains high among women from rural and low-income settings in India. Majority of women among these settings are expected to be homemakers by occupation. Being homemakers and from low economic background, these women in society are most neglected and deprived of fundamental rights for sexual health increasing their susceptibility for genital infection and cervical cancer. Illiteracy, timidity, dependence on male partner for health-related decisions, stigma and misconceptions add to the vulnerability of these women for cervical cancer.

Material and Methods Our community based cross-sectional studies enrolled 120 tribal women and 1600 women across low-income neighborhood settings [i.e. Urban slum (500), Urban non-slum (500), rural (600)] in age group of 30-69 yrs. Different modalities of communication were used to create awareness about sexual health including cervical cancer among these groups. Understanding reluctance and barriers of these women for accessing health care facilities, these studies explored the possibilities of HPV self-sampling as a screening modality for cervical cancer.

Results and Conclusion Among 120 women in tribal settings, 55% and 38.3% were homemakers and manual laborers respectively. 95% women had not received/heard of sexual health education and did not perceive any risk of acquiring cervical cancer demonstrating low health literacy. Among 1600 women enrolled from the low-income neighborhood settings, overall, 75.9% and 12.3% women were homemakers and manual laborers respectively. 74.8% women perceived risk of getting cervical cancer but demonstrated poor care trajectory.

After creating awareness towards cervical cancer, 95.8% tribal, 89.8% urban slum, 92.8% urban non-slum and 98.1% rural women accepted HPV-Self-sampling respectively. Culturally appropriate art-based health education materials to generate awareness towards cervical cancer and HPV self-sampling as screening modality looks promising to prevent cervical cancer among these vulnerable and underprivileged homemakers from low economic settings.

P-343 GAP ANALYSIS ON OCCUPATIONAL CANCER CONTROLS IN THE OIL & GAS INDUSTRY

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Introduction As per World Health Organization media report (28 Apr 2021) petroleum industry work was associated with an increased risk of mesothelioma (ES = 2.09, CI: 1.58-2.76), skin melanoma (ES = 1.34, CI: 1.06-1.70), cancers of the prostate (ES = 1.13, CI: 1.05-1.22), urinary bladder (ES = 1.25, CI: 1.09-1.43), lung cancer (ES = 1.20; 95% CI: 1.03-1.39) and leukemia (ES = 1.47; 95% CI: 1.12-1.92). The primary source for such occupational cancer in the Oil & Gas (O & G) industry is due to Asbestos mainly crocidolite (blue asbestos – Na 2Fe II 3Fe III 2Si O2 2(OH) 2) and amosite (brown asbestos – 1.5MgO 5.5FeO 8SiO2 H2O) and aromatic compound Benzene (C6H6) The above data clearly indicates that the existing controls in the O & G facility needs to be fine-tuned. So a gap analysis has been executed on the Health & Safety Management System (HSMS) of Oil & Gas companies & the effectiveness of the existing Hierarchy of controls evaluated and the recommendations have been given.

Materials and Methods PubMed and Web of Science databases, Journals related to Occupational Cancer in Petroleum Industry have been studied. The Health and Safety Management System of two operational Oil & Gas companies have been analyzed. The existing control measures (Hierarchy of control) and its effectiveness have been analyzed.

Results and Conclusion The gap analysis recommendations as follows: The Health Impact Risk Assessment (HIRA) to be developed specific for occupational cancer and detailed Risk Assessment Matrix to be developed reinforced with competent training. A detailed Root Cause Analysis (RCA) rather than simple investigation procedure. The Respiratory Protective Equipment with Aromatic specific chemical cartridges (carcinogenic Benzene) to be well maintained, tested and training to be given to the work group for pre-inspection checks.

Others topics
conduct using a motivational interview technique by Miller and Rollnick.

**Results** It was observed that financial concerns of purchase of new equipment, liaison and budget approval for health activities from senior management, promotions or designation were at par with other technical counterparts of the industry, minimizing the difference and managing the hospital budget and Non-financial concerns of staffing and manpower, Infrastructure development, Health surveillance and awareness, School health and CSR, Motivation of paramedical staff regarding promotion, Security on social and personal perspective, Optimum usage of available resources, Fitness of employees vs sickness absenteeism – all had increased during the COVID-19 pandemic.

**Conclusions** Employee expectations were very high with demand for privileged services. Appropriate usage of services for smooth administration and prevention of wastage, strict waste control measures, 100% legal compliance, liaison with external hospitals including local government for appropriate help to be provided for the management within the legal boundaries, proactive health awareness programs on a time-weighted scale with result oriented mindset for the benefit of employees. Similar health awareness programs for dependents and society with assessment of exposure risk under CSR can be achieved by collecting the required data, analysing employee’s health status outcomes, setting of goals, awareness of roles and responsibilities, rewards and recognition, proactive approach towards Preventive medicine, collaboration with other organizations or higher centres, setting of clear guidelines, working with HRD, Focus on Telehealth and Virtual Healthcare training.

**Healthcare workers**

**P-37** MENTAL DISTRESS AMONG FEMALE PHYSICIANS WORKING IN OCCUPATIONAL HEALTH ACTIVITIES DURING THE COVID-19 PANDEMIC

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**Introduction** Depression, anxiety and stress are mental disorders that impact the quality of life of workers. Depression has symptoms of inertia, anhedonia, dysphoria, lack of interest/ involvement, self-deprecation, devaluation of life and discouragement. Anxiety is characterized by excitation of the autonomous nervous system, musculoskeletal effects, situational anxiety, subjective anxiety, and experiences. The clinical stress has difficulty to relax, nervous excitement, easy perturbation/agitation and irritability/exaggerated reaction and impatience. This study aims to present the prevalence of depressive symptoms, anxiety and stress among female physicians who worked in Occupational Health activities during the COVID-19 pandemic.

**Materials & Methods** Descriptive cross-sectional study carried out in Brazil during Sep-Nov 2020. Participants were invited through social networks, using the snowball method. The questionnaire was available on a website requesting data about sociodemographic characteristics, education, and occupational aspects and the short version of the Depression, Anxiety and Stress Scale (DASS-21).

**Results and Conclusions** Among the 249 female participants, the mean age was 46.3 years (sd 13.5). Most had a partner (64.2%), reported skin color as white (81.9%) and lived in the Brazilian Southeast region (64.6%). The average time since graduation was 12.1 years (sd 8.6). Most participants had professional activities in private sector companies (58.2%) and reported working 40 to 59 hours per week (41.3%). The prevalence of depressive symptoms was 48.6%, with 39.5% being severe or very severe, 31.4% moderate and 28.9% mild. Regarding anxiety, the prevalence was 36.5%, with 47.1% severe or very severe, 35.1% moderate and 17.6% mild. Finally, in relation to stress, its prevalence was 54.2%, with 39.9% severe or very severe, 29.6% moderate and 30.4% mild. Understanding the profile of mental disorders among medical workers is important to design prevention and health promotion strategies for this population, in order to develop quality of life, well-being and productivity.

**Carcinogens/Cancer**

**P-65** EPIDEMIOLOGICAL PROFILE OF OCCUPATIONAL PLEUROPULMONARY CANCERS IN TUNISIA

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**Introduction** Pleuropulmonary cancers (PPC) are the most frequent occupational cancers. The major problem remains the under declaration of these cancers due to their multifactorial aspect and its long latency. The aim of our study was to describe the epidemiological profile of occupational PPC.

**Methods** Retrospective cross-sectional study which had included patients with occupational PPC during the period from 2017 to November 2022 was carried out in a university hospital in Tunisia.

**Results** Twenty two occupational PPC were registered. The average age was 62±10 years. They were aged between 50 and 69 years in 68% of cases. They were smokers in 95% of cases, with an average consumption of 42 packs/year per person. The onset time of PPC after retirement age ranged from one to 32 years for 55% patients. They were smokers in 95% of cases, with an average consumption of 42 packs/year per person. The onset time of PPC after retirement age ranged from one to 32 years for 55% patients. The histological types of PPC were adenocarcinoma (41%), squamous cell carcinoma (27%), small cell carcinoma (18%) and large cell cancer (9%). One case of pleural mesothelioma was registered. Occupational sectors were construction (32%), agriculture (14%), welding (14%), metallurgy (13%) and naval reparation (9%). The carcinogens incriminated were asbestos fibres (73%), silica dust (9%), coal combustion soot (9%) and arsenic dust (9%). A medico-legal reparation of occupational PPC has been proceeded for all patients.

**Conclusion** According to our study, occupational PPC mainly affects male smokers. Asbestos remains the most responsible carcinogen. An early diagnosis in at-risk workers from the age of 50 adding to an after retirement medical follow-up is necessary.