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INCREASED CANCER INCIDENCE IN PHYSICIANS, DENTISTS AND HEALTH CARE WORKERS

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Even if little is known about cancer incidence in employees of the health care system some reports have indicated increased incidence or mortality of specific tumour types in these professions.

Methods: The Swedish Cancer Environment Register (CER) is a linkage of census data, e.g., on occupations, with the Swedish Cancer Register. In this investigation the CER was used to evaluate cancer incidence in physicians, dentists and other health care workers including nurses, nurse's assistants etc. The standardized incidence ratio (SIR) was used to estimate cancer risks for various occupational categories.

Results: An increased risk was found for all malignant tumours combined in all profession categories investigated. Tumour types with a significantly increased risk comprised bladder carcinoma and epithelial skin cancer in physicians, malignant melanoma, epithelial skin cancer and colon cancer in dentists, and a variety of tumours in other health care workers.

Discussion: This investigation showed that physicians, dentists and health care workers have an increased risk of about 10% to develop a malignant tumour. Different established or suspected carcinogens do occur in hospitals and medical and dental health centres. Such factors will be discussed in relation to the results of this investigation.

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EPIDEMIOLOGICAL STUDY OF HEAD & NECK SQUAMOUS CELL CARCINOMAS (HNSCC)

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1,793 successive cases of HNSCC were prospectively analysed from an epidemiological point of view. There were 1,731 males (mean age: 55 yrs) and 62 females (mean age: 59.5 yrs). Of them 98 % were smokers: mean age of starting = 17 yrs, mean daily consumption = 23 gr, mean total smoked before diagnosis = 306 kg, mean pack-year = 42.3. On the other hand 96 % were drinkers : mean age of starting = 20 yrs, mean daily consumption of pure alcohol = 141 gr, mean total drunk before diagnosis = 1,712 kg. Finally 1,721 pts had or had had at least one professional activity : 85 % were "blue-collar" with a large number of pts working in metallurgy, coal mine, building trade or agriculture. Comparing the tobacco and alcohol consumption of those who had had one professional exposure and of those who had'nt, we did not find any statistical difference, nor between those who had only one primary and those with several primaries at admission, nor between pts under 40 of age and pts over 40.

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CANCER INCIDENCE IN ESTONIAN MIGRANTS TO SWEDEN-

A comparison between Estonian migrants and the total Swedish and Estonian populations.

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Cancer incidence during 1974-1985 in Estonian migrants to Sweden has been compared with that in the total Swedish population and that among Estonians in Estonia using data from the Swedish and the Estonian country-wide population based cancer registries. The great majority of the Estonian immigrants studied lived in Sweden for 30 years when the follow-up with respect to cancer incidence started in this investigation. The age-standardized incidence of stomach cancer was higher in the Estonian migrants compared with that in the total Swedish population. Breast cancer incidence was lower among the migrant women and lung cancer incidence higher in migrant men. An increased incidence of colorectal cancer was also found for both sexes in the migrant population. Male lung cancer and stomach cancer showed a higher incidence in Estonian population than in the Swedish and in the migrant population, the latter showing an intermediate incidence relatively Estonians in Estonia and the entire Swedish population. In spite of long residence in Sweden, differences in cancer incidence could be noticed between the Estonian migrants and the total Swedish population.

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HEAD AND NECK CANCER (HNC) REGISTRY IN NORTHERN FRANCE (1984-1991)

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Northern France is a 3,967,622 inhabitant area (1,924,716 males and 2,042,906 females) where HNC are frequent : an HNC registry was set up in January 1984. Over a 8 yr period, 11,658 new HNC have been registered in 11,495 new patients (10,733 males: 93 % and 762 females: 7%). The percentage of females was significantly ($p < .000001$) higher in the urban area of Lille (8.5 %) when compared to others areas (6 %). The mean age was of 57 yrs (range: 17-98) for males and 61.5 yrs (range: 25-97) for females. Histological diagnosis was known in 99.1 % of cases, it was a squamous cell carcinoma in 97 %. The most frequent primary sites were oropharynx (3,296 cases), larynx (2,679), hypopharynx (2,154), oral cavity (1,800) and tongue (1,439) far from paranasal cavities (187) and nasopharynx (103). The crude annual incidence per 100,000 was 71.2 for males and 4.8 for females while it was, when adjusted on the World population, 65.8 for males and 3.6 for females. Northern France appears to have one of highest incidence of HNC in the World, with a particular incidence of oropharynx cancer (18.9 per 100,000 males).

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AGE AND CLINICAL CHARACTERISTICS IN LUNG CANCER.

Mañé JM, Estapé J, Sanchez-Lloret J, Grau JJ, Palombo H, Agustí C, Mellado B. Servei de Coordinació Oncològica. Hospital Clínic. Villarroel 170. 08036, Barcelona (Spain). We review retrospectively 1433 patients (pts) controlled in the Hospital Clínic of Barcelona, between July 1973 and November 1989. Clinical factors evaluated were tobacco, stage of disease, treatment and survival of pts operated on surgically. These factors were compared between pts aged 65 or less and those over 65. Results: we found the same prevalence of smokers. The stage of disease at the moment of diagnosis was also similar (32.8% of the pts aged 65 or less were at stage I or II vs 37.3% in the older pts). The distribution by histology showed significant differences ($p < 0.05$) with a higher percentage for squamous carcinoma in both groups (53.8% in older pts vs 44.3% in younger pts). The surgical option was carried out in 30% of the pts of ≤ 65 years and only 19.2% in the older pts ($p < 0.05$). In the surgical pts no difference was observed between the two actuarial survival curves.

Conclusion: lung cancer in the aged appears to show some different characteristics. New studies on oncogeriatrics are needed for the handling of such cases.

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PREVALANCE OF HEPATITIS C VIRUS (HCV) ANTIBODY IN CANCER PATIENTS (PTS) FROM TURKEY

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We investigated the frequency of HCV antibodies, using 2nd generation ELISA (Abbott Laboratories), in 83 cancer pts (54 males, 29 females) with a mean age of 48.2 years (range 17-82). Of the 83 pts, 11 (13.2%) were positive for HCV antibodies and this frequency was higher than the prevalence of 0.0%-0.6% reported for the normal Turkish population. The history of blood transfusion (72.7% vs 37.5%), operation (45.4% vs 30.5%), and hepatitis (9.0% vs 8.3%) were more frequent in the group with HCV antibody compared to the group without HCV antibody, but the differences were not statistically significant ($p > 0.05$). The frequency of elevated alanine aminotransferase (1.5xULN) was higher in anti-HCV positive pts compared to pts without HCV antibody ($p = 0.0015$). Our results indicate that cancer pts are vulnerable to HCV infection.