

(22%); and high individual risk despite community protection (5%). Different patterns of relations between the risk factors and ATOD use were found across the four latent classes. For example, among "low risk" schools, the strongest associations were found among the individual and peer-level risk factors.

**CONCLUSION:** Knowledge of school-level patterns of risk suggests that effective prevention approaches may involve targeting schools with particular profiles of risk. Community-level prevention efforts can be better designed to target particular sets of risk factors for intervention, within types of school contexts.

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**CORRELATES OF PULMONARY FUNCTION IN URBAN POLICE OFFICERS**

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**OBJECTIVE:** To characterize the correlates of pulmonary function in urban police officers; an occupational group exposed to increased work-related stressors and environmental risk factors.

**METHODS:** We calculated the percent of predicted values of forced expiratory volume in 1 second (FEV1%), forced vital capacity (FVC%), and FEV1%/FVC% in a random sample of police officers (n = 58) in the Buffalo Cardio-Metabolic Occupational Police Stress (BCOPS) study, and a comparison sample from the Buffalo, NY general population (n = 967; employed, CVD-free). We used simple linear regression to estimate coefficients between pulmonary function measures and potential correlates.

**RESULTS:** Mean values of pulmonary function were: police officers, 41.5 years, FEV1% = 102.2 ± 12.5, FVC% = 102.5 ± 13.3; general population, 46.6 years, FEV1% = 100.1 ± 14.2, FVC% = 100.8 ± 13.5. In simple linear regression models, abdominal height ( $\beta = -0.98$ ), current smoking ( $\beta = -1.97$ , compared to non-smokers), systolic blood pressure ( $\beta = -0.07$ ) and glucose ( $\beta = -0.28$ ) were associated with lower FEV1% in police. Associations of similar magnitude were obtained for the correlates of pulmonary function in the general population, with the exception of glucose ( $\beta = -0.05$ ).

**CONCLUSION:** While police officers are a unique occupational cohort, the correlates of pulmonary function were similar to the general population sample. Additionally, the 5-fold larger inverse association of glucose level with pulmonary function in police officers may warrant further study.

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**HISTOLOGIC SUBTYPE AND PANCREATIC CANCER SURVIVAL: ADDRESSING UNCONTROLLED CONFOUNDING**

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**PURPOSE:** We evaluated whether the previously reported survival advantage for patients with endocrine and mucinous pancreatic tumors persists after addressing confounding by surgery and grade in a contemporary cohort.

**METHODS:** Data were extracted from 17 Surveillance, Epidemiology and End Results registries to establish a cohort of pancreatic cancer patients (n = 20,667) who were newly diagnosed from 1988 to 2003. Histologic subtypes at diagnosis were grouped as adenocarcinoma (reference), endocrine, and mucinous tumors. Confounders were identified using a directed acyclic graph developed from existing evidence regarding prognostic factors for pancreatic cancer. We used Cox proportional hazards regression to estimate relative risks (RR) and 95% confidence intervals (CIs) for all-cause mortality after controlling for age at diagnosis, gender, race, tumor grade, stage, and surgery.

**RESULTS:** Patients with endocrine tumors had lower mortality rates than patients with pancreatic adenocarcinoma (RR = 0.33, 95% CI: 0.29, 0.37). Patients with mucinous tumors had mortality rates similar to patients with adenocarcinoma (RR = 0.97, 95%CI: 0.92, 1.03).

**CONCLUSION:** Our results indicate that the previously reported survival advantage for patients with endocrine tumors persists after controlling for surgery and grade in a contemporary cohort, but our results for mucinous tumors are not compatible with previous reports.

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**APPLICATION OF DIRECT STANDARDIZATION TECHNIQUE IN BENCHMARKING TRAUMA CENTER PERFORMANCE**

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**PURPOSE:** To overcome the injury severity mismatch among trauma patients across trauma centers (TCs) in using the Trauma and Injury Severity Score (TRISS) model, we applied the direct standardization technique to the 6 strata of TRISS probability of survival, to measure standardized mortality rate ratios (SRRs) to grade each TC into high, low and average performer, based on severely injured patients.

**METHODS:** The same software (TraumaBase®) was used to collect trauma registry data (2002-2004) from 10 participating TCs. After excluding insufficient data, 27,604