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COLORECTAL CANCER TEST USE IN THE UNITED STATES. *LA Pollack, L Seeff, M Nadel, and D Blackman (Centers for Disease Control and Prevention, Atlanta, GA, 30341)

Colorectal cancer is the second most common cause of cancer deaths in the U.S. Screening tests have been proven to decrease both incidence and mortality. This analysis was conducted to investigate the use of colorectal cancer tests in the population for which screening is recommended and evaluate trends in test use over time. We analyzed the use of fecal occult blood testing (FOBT) and sigmoidoscopy/colonoscopy for adults aged 50 and older using the 2001 Behavioral Risk Factor Surveillance System (BRFSS), a national telephone survey weighted by sex/race to be representative of each state. The age-adjusted proportion of BRFSS respondents reporting ever receiving FOBT was 44.6% and ever receiving sigmoidoscopy/colonoscopy was 47.3%. The proportion of respondents who received either test in the recommended period (FOBT within 1 year and/or sigmoidoscopy/colonoscopy within 5 years) was 49.4%, an increase from 1999 (43.6%) and 1997 (40.4%). Test use varied by sociodemographic factors; respondents with less education, lower income, lack of insurance, and no usual source of health had lower rates. Limitations include low response rates (median 51.1%) and the exclusion of persons without phones. This investigation shows that, despite modest increases in test use, colorectal cancer tests remain underutilized.

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THE UPPER MIDWEST HEALTH STUDY; A CASE-CONTROL STUDY OF PRIMARY INTRACRANIAL GLIOMAS AMONG RURAL RESIDENTS: DEMOGRAPHICS. *A.M. Ruder, M.A. Waters, T. Carreón, M. A. Butler, K. E. Davis-King, G. M. Calvert, P. A. Schulte, E. M. Ward, L. B. Connally, J. Lu, D. Wall, Z. Zivkovich, E. F. Heñeman, J. S. Mandel, R. F. Morton, D. J. Reding, and K. D. Rosenman (National Institute for Occupational Safety and Health/Centers for Disease Control and Prevention, Cincinnati, Ohio 45226)

Glioma etiology remains ambiguous, except for ionizing radiation risk. Several studies indicated farmers have excess brain cancer risk. The Upper Midwest Health Study examines intracranial glioma risk in non-urban populations in 4 states. This population-based case-control study includes histologically confirmed cases 18–80 at diagnosis frequency matched to controls selected from driver's license ages 18–64) or HCFA (ages 65–80) records. Over 90% of 873 eligible cases and over 70% of 1670 eligible controls participated. Interviews for 799 cases and 1176 controls collected farm, occupational, residential, and reproductive (women only) histories, as well as lifestyle, medical and family history data. Over 900 blood specimens and 550 post-operative tumor tissues were obtained. This is the largest case-control glioma study to date focusing on non-urban populations. Participating and refuser controls differed significantly in farming and job experience, ethnicity, education, and lifestyle. Controls were significantly older than cases, spent a significantly greater part of their lives in non-urban counties and on farms; and were more likely to have exposure to insecticides and farm animals; analyses will adjust for or be stratified by age and residence. Our a priori decision to conduct analyses with and without proxy responses will adjust for the >40% of case proxy interviews.

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A FOLLOW-UP STUDY OF U.S. ARMY RECRUITS EXPOSED TO SV40-CONTAMINATED ADENOVIRUS VACCINE. *D. E. M. Rollison, G. Gridley, S. Wacholder, and E. A. Engels (Johns Hopkins University, Baltimore, MD 21205)

Simian virus 40 (SV40), a macaque polyomavirus, was an accidental contaminant in vaccines produced in monkey kidney tissue cultures in the 1950's and early 1960's, including a parenteral adenovirus vaccine given to several hundred thousand U.S. military recruits. Some investigators have concluded from limited laboratory evidence that SV40 contributes to the etiology of human cancers. To better understand the potential cancer risk associated with SV40 infection, we conducted a retrospective follow-up study of approximately 622,000 males who entered U.S. Army service between January 1959 and December 1961. We identified brain tumors, mesothelioma, and non-Hodgkin's lymphoma (NHL) arising in this cohort of recruits 10–35 years after Army entry, using Veteran's Administration medical and administrative databases. Adenovirus vaccine exposure was assessed using individuals' dates of entry into the Army and known dates of adenovirus vaccine use (administered universally in February–April 1960, and August 1960–May 1961; not administered at all in other 1959–61 periods). Cumulative cancer incidence was calculated separately for men exposed or unexposed to adenovirus vaccine. 416 cases were identified, including 182 brain tumors, 13 mesotheliomas, and 221 NHLs. The relative risk for cancer associated with exposure to SV40-contaminated adenovirus vaccine was 0.83 (95% confidence interval (CI): 0.65, 1.05) for brain tumors, 1.16 (95% CI: 0.59, 2.32) for mesothelioma, and 0.95 (95% CI: 0.78, 1.50) for NHL. Our findings do not support an association between exposure to SV40-contaminated vaccines and risk of cancer.

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UTILIZATION OF EXAMINATION FOR SKIN CANCER AMONG U.S. ADULTS FROM 1992, 1998, AND 2000 NATIONAL HEALTH INTERVIEW SURVEYS. *M Saraiya, H. Irene Hall, T Thompson, A Hartman, K Glanz, B Rimer, and D Rose (Centers for Disease Control and Prevention, National Cancer Institute, National Center for Health Statistics, Atlanta, GA 30341)

We sought to determine the prevalence and predictors of skin cancer examination rates in the U.S. adult population in the context of rising incidence of skin cancer and inconsistent skin cancer screening recommendations. Data from the 1992, 1998 and 2000 National Health Interview Surveys were used to calculate rates for adults who had ever, or recently been examined for skin cancer (within 3 years for adults 18–39 years and in the past year for adults ≥40 years of age). Multiple logistic regression modeling was conducted to determine the most important covariates associated with recent screening among white adults. In 1992, the proportion of adult U.S. population who had ever had a skin examination was 20.6%; 20.9% in 1998; and 14.5% in 2000. The proportion with a recent skin examination was 10.3% in 1992; 11.0% in 1998, and 8.1% in 2000. White non-Hispanics reported being screened more frequently than persons in the other racial or ethnic groups. Recent skin cancer screening exams were more common among persons who had a family history of melanoma, higher education, usual source of care, and who were older (≥50 years). Frequent use of sunscreen and hats were associated with a recent skin cancer exam. In the past decade, skin cancer examination rates remain low. While the decreased prevalence of skin cancer examination seen between 1998 and 2000 could be a real decrease due to inconsistent recommendations; it is more likely an artifact of a change in wording of the question that described the exam. Continued monitoring of skin cancer examinations is important in the face of varying research results and potentially evolving science.

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