

Epidemiology

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SMOKING HABITS AND ANTISMOKING ACTIVITIES AMONG HEALTH PERSONNEL IN ITALY. Arciti C.*, Persici P., Pistone M., Barbieri A.*, Robbiati S.†, Salvadori P.S., Masironi R.●, Quaranta M.✠, Santi L.
*Italian League against Cancer, Genoa; †National Institute for Cancer Research, Genoa - ‡Dept. of Medicine, Hospital of Ala, Trent; §Health Service USL 18, Empoli (FI); ●E.M.A.S.H. Geneva; ✠Department of Oncology, Hospital of Bari. The Italian League against Cancer in collaboration with the Institute for Cancer Research in Genoa has been carrying out a survey on the smoking rates, attitudes and beliefs of a representative sample of hospital health workers, doctors and nurses from various cities in Italy. The survey was carried out by distributing a self administered open-ended multiple choice anonymous questionnaire to health professionals: the response rate was over 70%. 5642 questionnaires were returned, out of which 1601 were from hospitals in the city of Genoa. 377 from hospitals in Empoli, a city near Florence, 1970 from Trent and 497 from Mantua, 272 from Apulia region, 562 from Cagliari and 366 from Palermo. The results showed marked differences of smoking prevalence amongst health professionals working in clinical care area. The percentages of smokers among doctors concerning their sex, are: in Genoa 37% of males and 30% of females; in Palermo 38% and 42%; in Empoli 33% and 25%; in Cagliari 34% and 37%; in Trent 30% and 22%; in Apulia region 31% and 39%; in Mantua 28% and 21%. Similar trend are observed among nurses. Concerning the activities of doctors about counselling it emerged that few doctors who are smokers advise their patients against smoking (i.e. in Genoa 43%, in Mantua 30%), with respect to the non smoking doctors (87.5% and 70% respectively).

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TRENDS IN SURVIVAL AFTER CHILDHOOD CANCER IN DENMARK, 1943-87
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Survival from cancer in childhood and adolescence was studied in a population-based study of 8312 cases in children aged 0-19 notified to the Danish Cancer Registry during 1943-87. Five-year survival rates from all malignant neoplasms increased from 23% (1943-52) over 33% (1963-72) to 64% (1983-87). Between 1973-77 and 1983-87, five-year survival rates increased from 32 to 62% for leukaemia, from 40 to 70% for ALL, from 35 to 54% for non-Hodgkin's lymphoma and from 25 to 49% for bone tumours. Improvement in survival rates from CNS neoplasms was first observed in 1968-72 (46%); the rate subsequently reached 66% (1983-87). A significant increase in survival rates from Wilms' tumour was seen between 1960 (19%) and 1980 (81%). Up to 1972, the five-year survival rate from germ-cell neoplasms was approximately 40%; among patients diagnosed in 1983-87, 76% survived for five years. Average annual lethality rate decreased by 2.5% for all malignant neoplasms in 1943-72 and by 4.4% in 1973-87. Lethality rates were similar for boys and girls during 1943-72 but was significantly better for girls subsequently. A marked effect of age at diagnosis was seen in the early registration period, where lethality rate for the age-group 0-9 years was substantially higher compared to that in the age group 10-19 years.

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ITALIAN PROGRAMMES AGAINST SMOKING Arciti C.*, Persici P., Pistone M., Barbieri A., Santi L.●, *Italian League against Cancer, Genoa; ●National Institute for Cancer Research, Genoa. A wide antismoking program for the prevention of cancer and cardiovascular disease is ongoing from 1981 in Liguria Region, coordinated by the National Cancer Institute of Genoa and the Italian League against cancer of Genoa. The program entails several initiatives addressed to different target groups: school-children and teachers, women, military personnel, physicians and nurses. A preliminary enquiry on the attitudes and habits towards smoking is always required and carried out by the distribution of questionnaires to the various groups involved in the program. A broad school based antismoking program involves each year a growing number of students aged 5 to 18 with their teachers (about 10.000 in the year 92/93). Meetings are delivered by experts to group of 20-40 students with the aid of specific audiovisual material, periodically updated. Additional informative material, leaflets and posters prepared on purpose, are distributed to both school-children and teachers. An educational program on primary prevention of smoking related health hazards, which involves military recruits, career soldiers, medical officers, includes lectures and distribution of informative material. A series of initiatives are addressed to women at different ages to sensitize them not only about the usual tobacco damages but also those regarding pregnancy, oral contraception and so on. Surveys are carrying out in several Italian hospital to assess the smoking habits of doctors and their attitudes and practices towards counselling patients against smoking.

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FOOD AND COLORECTAL ADENOMATOUS POLYPS. A MULTICENTER HOSPITAL-BASED CASE-CONTROL STUDY IN SOUTHERN ITALY.
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Few epidemiologic studies have evaluated the risk of adenoma related to food consumption. AIM: To explore the association between foods and colorectal adenomas (A) by means of a hospital case-control study in a low risk Mediterranean area (Apulia Southern Italy).

MATERIAL and METHODS. Cases: all the incident subjects with a histologically confirmed A found between January 1990-June 1993 by four endoscopy units (EUs) in the region. Controls: all the "polyps free" subjects after total colonoscopy, derived from the same EUs. Exclusion criteria: FAP, multiple adenomatosis (more than 15 polyps), colorectal cancer or other cancers, IBD, diverticulosis. Within the recruited subjects, 121 were the controls, 201 had one or more A (cases), 11 failed within the exclusion criteria and in 24 the diagnosis was of non-A. The cases were subdivided according to the size of removed adenomas: 104 (66% males) < 1 cm (A<10mm) and 97 (71% males) > 1 cm (A>10mm). The exposure was assessed by means of a food frequency questionnaire including 70 foods and beverages, administered by one interviewer per centre. Single food items were grouped as suggested in (1), subdivided in tertiles of consumption, and the odds ratio (OR) for tertile of consumption and trend were analysed using multiple logistic regression. **RESULTS.** A<10mm: the consumption of dried fruit (OR=23, p=0.017) was the only significant risk factor: vegetable (raw and cooked) shown a weak protection. A>10mm: cereals (OR=3.5 p=0.041) dried-fruit (OR=2.1 p=0.029) and caster sugar (20% increased risk per 5 g/day, p=0.014) were risk factors. The consumption of more than 90g/day of chicken and fish is a protective factor (OR=0.395 Ct 0.1-1.0). **CONCLUSIONS.** The preliminary results of this study suggest that the added sugar is a major dietary risk factor for A, as found also by two other studies conducted in the Mediterranean area (2,3). Overall it is shown that Mediterranean dietary pattern in our area could explain the low risk at a population level of colorectal cancer. **REFERENCES** (1) Davidson & Passmore. Human Nutrition and Dietetics: Churchill Livingstone. Edinburgh, 1986 (2) Macquart-Moulin G. et al. Int. J. Cancer 1987;40:179-88. (3) Benito et al. Int. J. Cancer 1993;53:213.