## CALL FOR ABSTRACTS

## WEDNESDAY, MARCH 6, 2024

## Evening Poster Session

**Work and Environmental Respiratory Diseases *and* Updates in Occupational and Environmental Medicine**

## A picture containing person, indoor, sitting, person Description automatically generatedINSTRUCTIONS TO SUBMIT AN ABSTRACT FOR:

Work and Environmental Respiratory Diseases *and* Updates in Occupational and Environmental Medicine

## Poster Abstract Session: Wednesday, March 6, 2024, 6:30 pm- 8:30 pm

## San Francisco Marriott Fisherman’s Wharf

## CME Course Follows on March 7-9, 2024

**Rolling submissions open Tuesday, January 2, 2024**

**Rolling Acceptance Notifications begin Friday, January 12, 2024**

**Final closing submission deadline Monday, February 12, 2024**

**We are pleased to announce an in-person poster abstract session for our upcoming international CME conference at UCSF. The poster session will take place on Wednesday evening March 6 at the San Francisco Marriott Fisherman’s Wharf Hotel. We encourage the submission of abstracts addressing original quantitative or qualitative research (including pilot data, meta-analysis or policy assessment) as well as case reports or other clinical data relevant to working life or the environment or relevant to health or safety (broadly defined). Not limited to the respiratory system, examples include populations affected by: novel exposures, classic toxicants, repetitive strain injury, infectious agents, climate change, or other environmental factors. Policy issues and interventions are also of interest.**

**ABSTRACT PREPARATION**

* Abstracts must be limited to 500 words (exclusive of authors and title). Subheadings in the abstract body such as “Background,” “Materials and Methods,” “Results,” and “Conclusions” may be used, but are not required. Disclose any relevant funding support. Reference citations are not necessary.
* Abstracts must be formatted as a Microsoft Word document and be single-spaced with Arial font size 11 and 1 inch margins on all sides. Please do not send as a PDF.

## ABSTRACT TITLE

* Begin the title so that it is flush with margin at the top left-hand margin (do not indent).
* No abbreviations should be used in the title.
* Use capital letters in the title only for the beginning (first letter) of words that are routinely capitalized (i.e. first letter in first word in sentence or in a proper name).

## AUTHORS & INSTITUTIONS

* Group the authors together - last name followed by first initial and middle initial. Omit academic degrees and titles.
* The author who will present the abstract should be indicated with an asterisk\*.
* Group institutions together with name, city, state/province and country for each institution.

## ABSTRACT COVER FORM

* Complete the abstract submission cover form below with author contact information. The corresponding author should include any information that may be needed to follow-up contact. Absence of this form may interfere with our abstract acceptance notification.

## SUBMISSION AND CONFIRMATION OF RECEIPT

* Submit the abstract cover form and abstract as a single editable Word file attachment. Put “Occupational Abstract” in the subject/memo line to avoid junk mail diversion.

Email to: [Samuel.goldman@ucsf.edu](mailto:Samuel.goldman@ucsf.edu)

* You will receive a confirmation email of abstract receipt. If you *do not* receive an email confirmation within 4 working days, please contact Philina Lim at [philina.lim@ucsf.edu](mailto:philina.lim@ucsf.edu) or 415-476-4252
* Authors whose abstracts are accepted will be given details of presentation format specifications later.

**\*\*\*Please note: submitting an abstract does not constitute registration for the conference\*\*\***

**For information on conference registration click here:** <https://virtualce.ucsf.edu/oem-update>

## Work and Environmental Respiratory Diseases *and* Updates in Occupational and Environmental Medicine

## March 6, 2024, 6:30-8:30 PM

**ABSTRACT SUBMISSION FORM**

(To Be Submitted as a Single File Along with the Abstract on a Separate Page)

**TITLE OF ABSTRACT:**

**PRESENTING AUTHOR’S FULL NAME AND DEGREE:**

**ACADEMIC OR OCCUPATIONAL TITLE:**

**INSTITUTION:**

**CONTACT EMAIL:**

**CONTACT ADDRESS:**

**TELEPHONE (including country code):**

***[Provide title, authors and body of abstract on a separate new page per above instructions; please fit on one page]***

**EXAMPLE ABSTRACT FROM 2023 CME (abstract may also include 1-2 Tables/Figures, although NOT required).**

**The impact of occupational exposures on the risk of idiopathic pulmonary fibrosis – a systematic review and meta-analysis**

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**Background**

Idiopathic pulmonary fibrosis (IPF) is a progressive fibrotic pulmonary disorder of unknown etiology, characterized by a usual interstitial pneumonia (UIP) pattern. Previous meta-analyses have reported associations between occupational exposures and IPF, but higher-quality studies have been published in recent years, doubling the number of studied patients. The primary objective of the current study is to provide a contemporary and comprehensive assessment of the relationship between occupational exposures and IPF.

**Methods**

We searched Embase and Web of Science through September 2021 and PubMed through October 2022 to identify all publications on occupational exposure and IPF. We conducted a meta-analysis of the occupational burden, odds ratio, and population-attributable fraction (PAF) of exposures. Five exposure categories were analyzed: VGDF (vapors, gases, dusts, and fumes), metal dust, wood dust, silica dust, and agricultural dust. A comprehensive bias assessment was performed. The study protocol was registered to the International Prospective Register of Systematic Reviews (ID: CRD42021267808).

**Results**

Our search identified 17,937 publications. Fifteen publications contained relative risks needed to calculate pooled ORs and PAFs, and 11 additional publications reported an occupational burden within a case series. The proportion of cases with occupational exposures to VGDF was 45% [95% confidence interval (CI), 35-56], with a range of 8-17% within more specific exposure categories. The pooled OR was elevated for VGDF at 1.9 (CI, 1.4-2.6), with a pooled PAF of 24% (CI, 16-32). The pooled OR and PAF within specific exposure categories ranged from 1.6-1.8 and 4-14%, respectively. We identified some publication bias, though it was not sufficient to diminish the association between occupational exposures and IPF based on sensitivity analysis and bias assessment.

**Conclusions**

Our findings suggest that occupational exposures contribute to nearly 1 in 4 cases of IPF based upon a PAF of 24% (alongside a pooled odds ratio of 1.9). Additionally, 45% of patients with IPF report occupational exposure to VGDF. We identified some publication bias, though it was not sufficient to diminish the association between occupational exposures and IPF based on sensitivity analysis and bias assessment. This meta-analysis provides robust evidence that a considerable number of cases of IPF are attributable to inhaled occupational exposures and warrant increased consideration in the clinical care of patients and future prevention efforts.