

# Examples from Occupational Cancer Epidemiology

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**McGill**

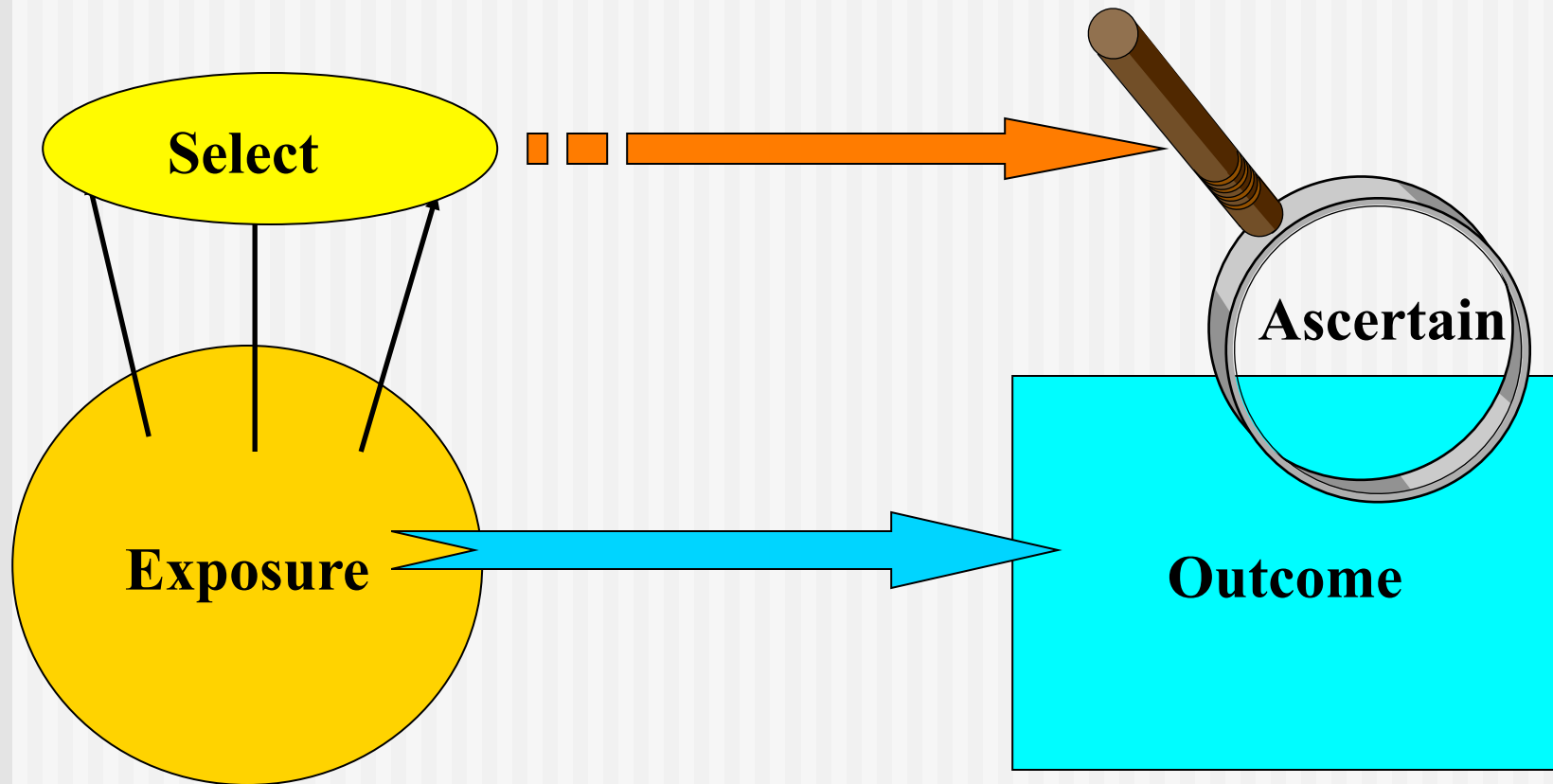
# Research Objectives: Motivated to Improve the Public's Health

To identify chemical & physical agents in the workplace and in the general environment that cause cancer in humans.

# Occupational Cancer Epidemiology

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# Cohort Studies



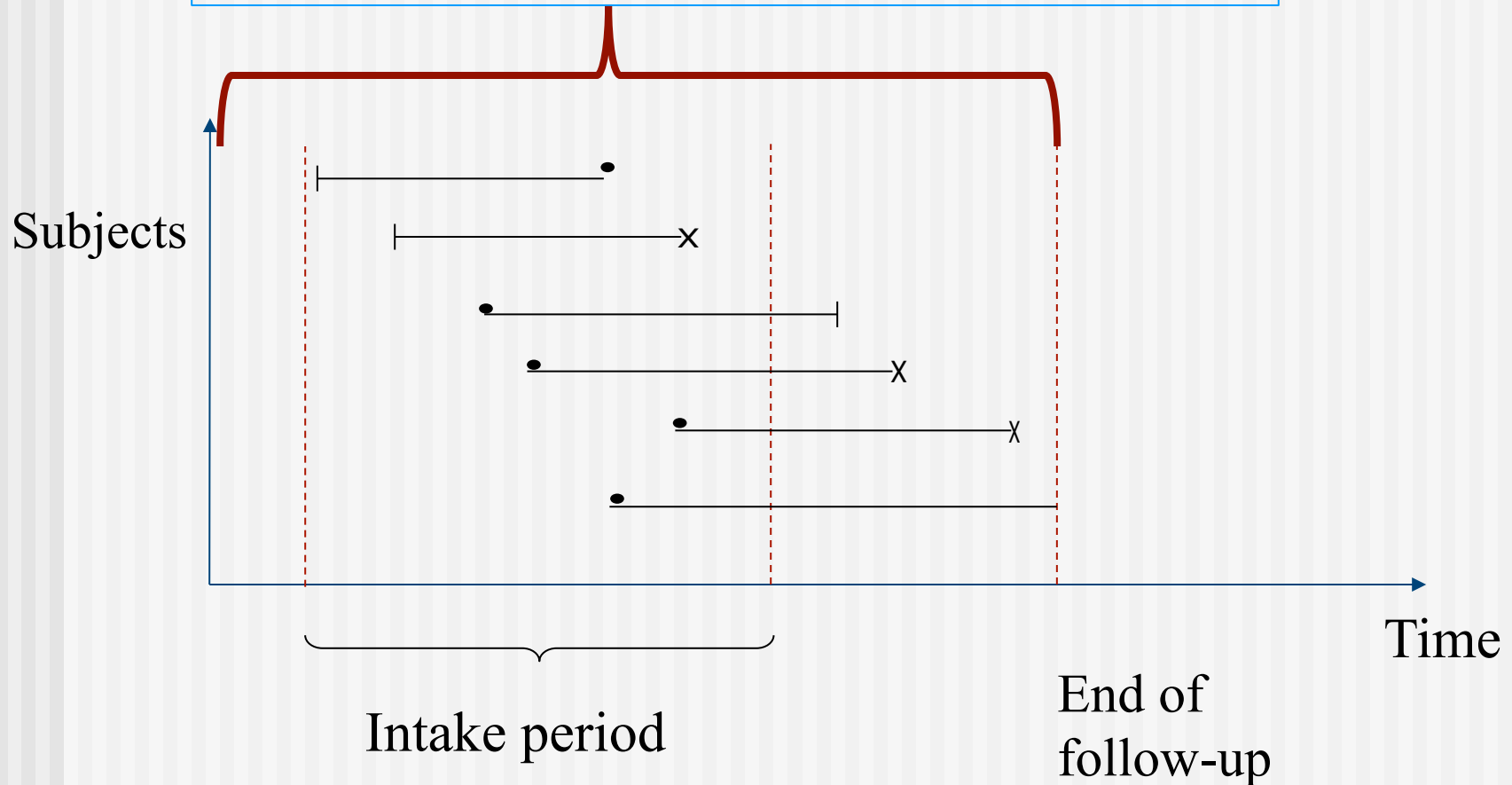
Past

**Time**

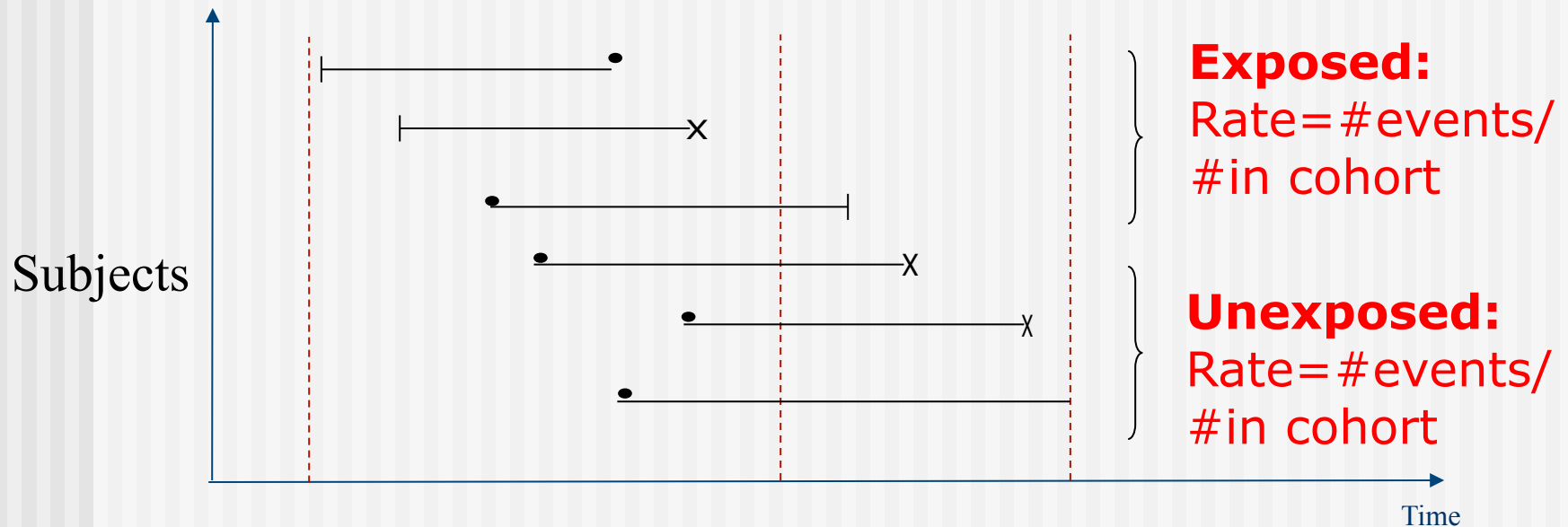
Present

# Cohort Studies

Assess exposure and other variables

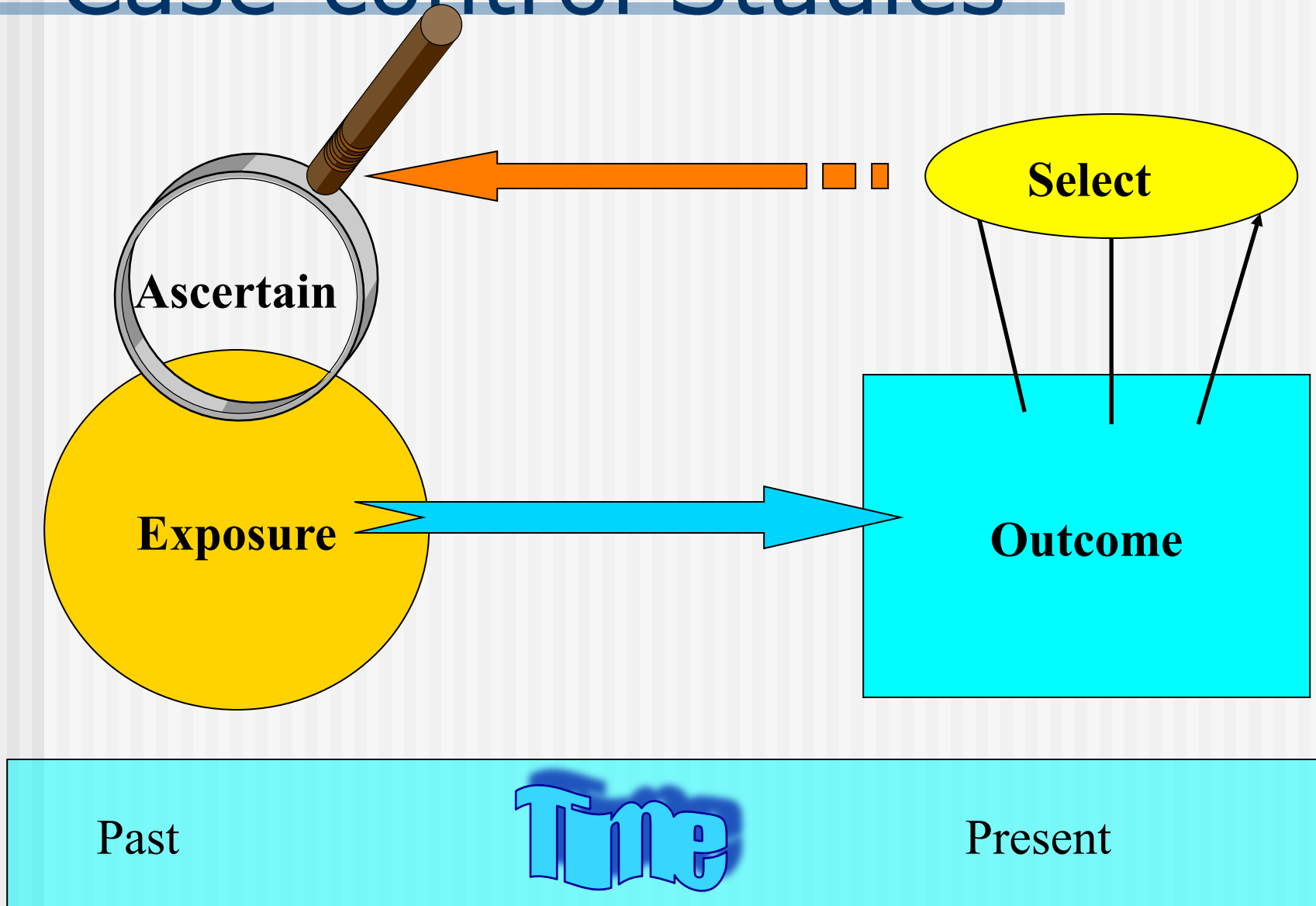


# Measure of Association



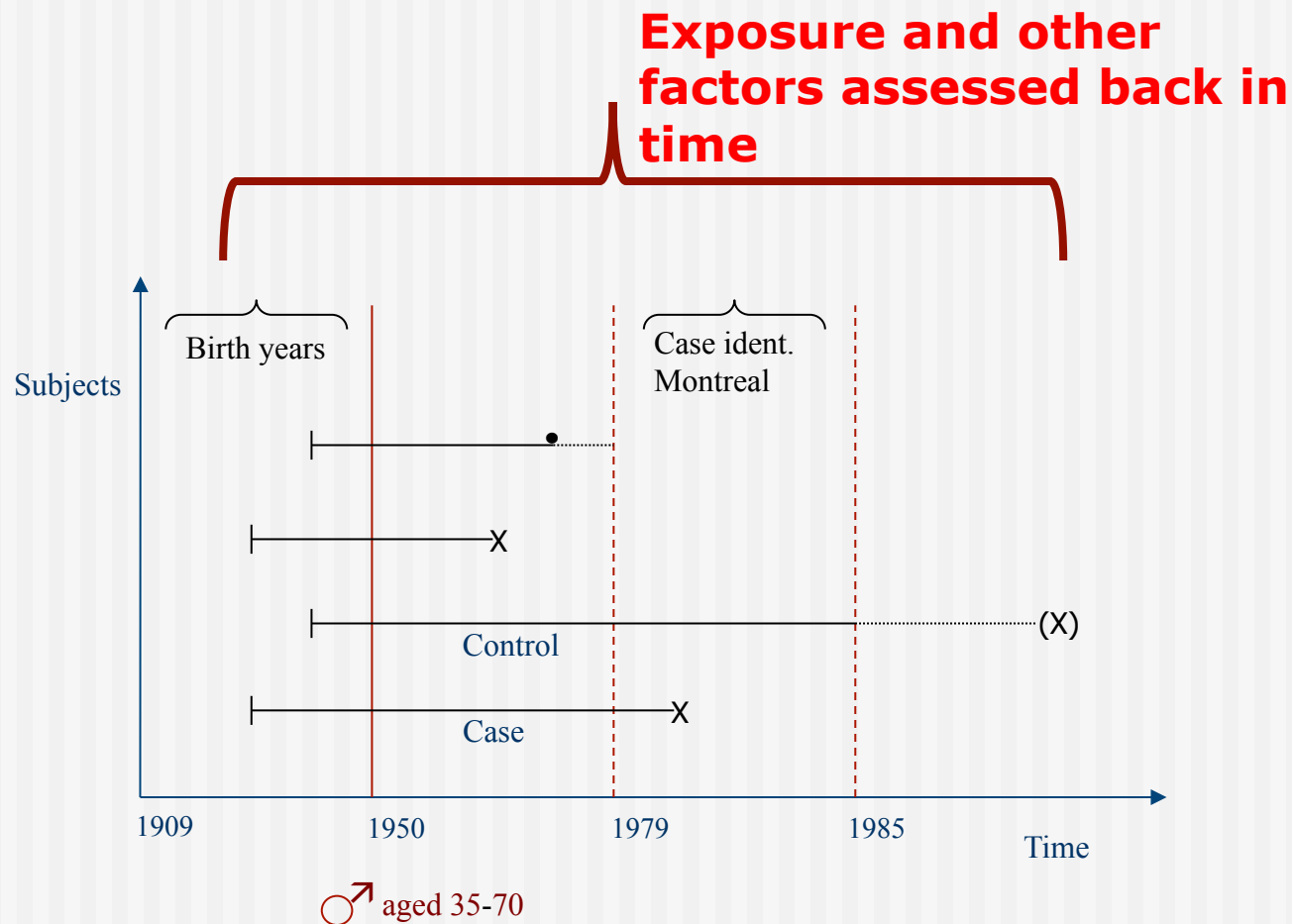
$$\text{Rate ratio} = \text{rate}(\text{exposed}) / \text{rate}(\text{unexposed})$$

# Case-control Studies



# Example – Case-Control Studies

- Case-control study of occupational risk factors for cancer on men





# Characteristics of the study design

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- Siemiatycki, “Risk factors for cancer in the workplace”, CRC Press, 1991
- Men, age 35-70, living in Montreal between 1979 & 1985
- ~20 sites of cancer, confirmed histologically
- Small (~350) population-based series of control subjects

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- Interviewer-administered questionnaire for non-occupational risk factors and **lifetime** occupational histories

# Occupational questionnaire

- General questionnaire about each job each subject ever had
- Supplemented with specific questionnaires for selected jobs (e.g. welders)

**Please answer the following questions for all positions you have held starting with the most recent, including all major job changes within one company.**

## **SECTION 1: EMPLOYER IDENTIFICATION**

**1. Please fill in the table below.**

<b>EMPLOYMENT NUMBER:</b>  __   __	
COMPANY NAME:	_____ <input type="checkbox"/> UNKNOWN
PERIOD OF EMPLOYMENT:	From:  __   __   __   __  Year To:  __   __   __   __  Year <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN
ADDRESS:	_____ MUNICIPALITY PROVINCE *
NUMBER OF WEEKS WORKED PER YEAR (ON AVERAGE):	_____ <input type="checkbox"/> UNKNOWN
NUMBER OF DAYS WORKED PER WEEK (ON AVERAGE):	_____ <input type="checkbox"/> UNKNOWN
NUMBER OF HOURS WORKED PER WEEK (ON AVERAGE):	_____ <input type="checkbox"/> UNKNOWN
PRIMARY ACTIVITY OR PRODUCT OF THE COMPANY:	_____ <input type="checkbox"/> UNKNOWN
OTHER ACTIVITIES OR PRODUCTS OF THE COMPANY:	_____ _____ _____ <input type="checkbox"/> UNKNOWN

## SECTION 2: SHIFT WORK

We would like to know what times of the day you worked.

### 2. Did you always work during the same shift?

- YES           ⇒ GO TO QUESTION 2A  
 NO             ⇒ GO TO QUESTION 2B  
 UNKNOWN   ⇒ GO TO QUESTION 2B

### 2A. If you always worked during the same shift please indicate the start and end times.

START: |\_|\_|:|\_|\_|      END: |\_|\_|:|\_|\_|      ⇒ GO TO QUESTION 3

### 2B. If you worked in shifts, please indicate the different shifts you worked. If you worked on rotation, please indicate the percentage of time you worked on each shift. For example, in the case of a rotating shift (day/night/evening) indicate 33%.

YEAR	DAY SHIFT	EVENING SHIFT	NIGHT SHIFT
FROM:  _ _ _ _  YEAR <input type="checkbox"/> UNKNOWN TO:  _ _ _ _  YEAR <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN
FROM:  _ _ _ _  YEAR <input type="checkbox"/> UNKNOWN TO:  _ _ _ _  YEAR <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN
FROM:  _ _ _ _  YEAR <input type="checkbox"/> UNKNOWN TO:  _ _ _ _  YEAR <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN
FROM:  _ _ _ _  YEAR <input type="checkbox"/> UNKNOWN TO:  _ _ _ _  YEAR <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN	START:  _ _ : _ _  <input type="checkbox"/> UNKNOWN END:  _ _ : _ _  <input type="checkbox"/> UNKNOWN ROTATION:  _ _  % <input type="checkbox"/> UNKNOWN

3. Which of the following would best describe the place where you usually worked in this job?

- FACTORY OR PLANT
- LABORATORY
- VEHICLE
- CONSTRUCTION SITE
- WAREHOUSE
- GARAGE
- OUTDOORS
- OFFICE
- STORE
- RESTAURANT
- HOTEL
- OTHER, PLEASE SPECIFY \_\_\_\_\_
- UNKNOWN

4. In what department of the company or organization did you work?

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5. We would like you to describe in detail your specific tasks. Try to describe what you did and how you did it. We are particularly interested in any materials that you manipulated or machines that you used.

(Operation and maintenance of machines, vehicles; loading, unloading containers; cleaning; substances or chemicals used – probe for functions and names)

TASKS	EQUIPMENT, IF APPLICABLE

## SECTION 3: WORK ENVIRONMENT

### DUST

9. Was there dust in the environment where you worked? (For example, coal dust, metal dust, insulation material dust, wood dust, grain dust, textile fibres, plastic dust)

- YES      ⇒ GO TO QUESTION 9A  
 NO         ⇒ GO TO QUESTION 10  
 UNKNOWN ⇒ GO TO QUESTION 10

9A. Please describe the source of the dust, frequency and duration of your exposure and whether the materials which created the dust were being used by you or by others nearby?

NAME/DESCRIPTION	DURING HOW MANY WEEKS OF THE YEAR WERE YOU EXPOSED	FOR HOW MANY HOURS PER WEEK	WHERE WAS THIS DUST COMING FROM	USED BY YOURSELF OR BY OTHERS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN	<input type="radio"/> MYSELF <input type="radio"/> OTHERS <input type="radio"/> UNKNOWN
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN	<input type="radio"/> MYSELF <input type="radio"/> OTHERS <input type="radio"/> UNKNOWN
				<input type="radio"/> MYSELF <input type="radio"/> OTHERS <input type="radio"/> .....

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- Similar questions for:
    - Smoke, fumes, gases
    - Oils, solvents, other chemicals
    - Fungicides, insecticides, herbicides, wood preservatives



## **ELECTRICAL OR ELECTRONIC TOOLS, MACHINES OR EQUIPMENT**

**13. Did you use or work less than 6 feet (1.8 meters) from any electrical motor or equipment? This would include small or large tools or appliances such as drills, sanders, washers, dryers, furnaces, machine-tools or equipment as well as conveyers, elevators, photocopying machines, large mainframe computers, etc. Do not consider a *personal computer*.**

- YES                    ⇒ GO TO QUESTION 13A
- NO                        ⇒ GO TO QUESTION 14
- UNKNOWN            ⇒ GO TO QUESTION 14

**13A. Please specify which tools, appliances or equipment were used as part of your job and indicate on average how many hours per day they were used.**

TYPE OF TOOLS, APPLIANCE OR EQUIPMENT	HOURS PER DAY
<hr/> <hr/> <hr/> <input type="checkbox"/> UNKNOWN	_ _  hours per day  <input type="checkbox"/> UNKNOWN
<hr/> <hr/> <hr/> <input type="checkbox"/> UNKNOWN	_ _  hours per day  <input type="checkbox"/> UNKNOWN
<hr/> <hr/> <hr/> 	_ _  hours per day  <input type="checkbox"/> UNKNOWN

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- Other questions on:
    - Ventilation
    - Protective equipment
    - Environmental tobacco smoke

# Occupational Coding

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- Team of chemists & industrial hygienists reviewed each job history & attributed exposure to ~300 agents

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- Coded:

- Lifetime occupations (as coded by job and industry titles)
- Lifetime exposure to ~300 agents in the workplace

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- Exposure variables

- Start/end dates of job; duration
- Concentration, coded on a 4-level ordinal scale

None

Low - Background exposure

Medium - In between

High - Handling product in concentrated form

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- Frequency, coded on 4-level interval scale

None

Low - 1-5%

Medium - 5-30%

High - >30%

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- Route of exposure, nominal

  - Respiratory

  - Cutaneous

  - Both

- Confidence of exposure, ordinal

  - “Possible”

  - “Probable”

  - “Certain”

### CHEMICAL CODE SHEET

I.D.: \_\_\_\_\_ Job no.: \_\_\_\_\_ Dates: 19\_\_ to 19\_\_ US SIC: \_\_\_\_\_ DOT: \_\_\_\_\_  
 Can SIC: \_\_\_\_\_ CCDO: \_\_\_\_\_

**Legend:**

**Physical Aspect** = Dust, Fume, Vapor/gas, Mist, Radiation.

**R** = reliability

**Y<sub>i</sub>** = year in

**Y<sub>o</sub>** = year out

**P** = % of working days exposed over the period

**FR<sub>1</sub>** = % of the day (frequency) for respiratory exposure at conc. 1

**FR<sub>2</sub>** = % of the day (frequency) for respiratory exposure at conc. 2

**FR<sub>3</sub>** = % of the day (frequency) for respiratory exposure at conc. 3

**P<sub>k</sub>** = peak exposure (Y or N)

**FC** = % of the day (frequency) of cutaneous exposure

**Skin:** Potential for skin absorption (S: ACGIH Skin notation ●: Droz, dermal toxicity ○: Droz, dermal absorption **A, B, C**)

CODE	EXPOSURE	Phys. Aspect	R	Y <sub>i</sub>	Y <sub>o</sub>	P	FR <sub>1</sub>	FR <sub>2</sub>	FR <sub>3</sub>	P <sub>k</sub>	FC	Remarks
<b>SOLIDS</b>												
	<b>INORGANIC SOLIDS</b>											
110001	Abrasives dust											
110009	Crystalline silica											
111301	Alumina											
111401	Silicon carbide											
117401	<i>Tungsten carbide</i>											
110005	Metallic dusts											
110018	Bronze dust											



# Statistical Analysis

- Wish to estimate odds ratios
- Odds ratios in a case-control study approximate rate ratios or relative risks

## Example of a 2X2 contingency table

	Cases	Controls	Total
Exposed	112	93	205
Not exposed	1890	5690	7580
Total	2002	5783	7785

Odds

$$OR = (112/1890) / (93/5690) = 3.5$$

# Confounding

- We want to ensure that other factors do not “distort” these estimates
- We use a regression model that is designed for binary outcomes (cases/controls) and can account for other factors (adjustment) [logistic regression]

# Example of confounding

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- We want to estimate the OR for the incidence of lung cancer and exposure to asbestos
- Smoking causes lung cancer
- If people exposed to asbestos smoke more than those not exposed, then smoking can confound the OR
- Solution: include smoking in the regression model

# Coding of exposure for analysis

- Exposure indices

- Duration at medium/high concentrations

**Coding:**

**conc= {0,...,3}**

**freq= {0,...,3}**

- Cumulative =

$$\sum_{\text{jobs}} \text{conc} * \text{freq} * \text{duration}$$

- "Substantial<sub>1</sub>" -  $\begin{cases} \text{conc} \geq \text{medium} & (2) \\ \text{freq} \geq \text{high} & (3) \end{cases}$

- "Substantial<sub>2</sub>" -  $\begin{cases} \text{conc} * \text{freq} > 3 \\ \text{duration} > 5 \text{ yr prior to 5} \\ \text{years before diagnosis} \end{cases}$

# Selected Results

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Site	Agent	OR (subst <sub>2</sub> )	90% CI
Lung	Crysotile asbestos	1.9	1.1-3.2
	Crystalline silica	1.4	1.0-1.8
	Wood dust	1.3	1.0-1.7
Rectum	Rayon fibres	3.5	1.6-7.8
Stomach	CO	2.4	1.6-3.7
Rectum	Synthetic fibres	2.5	1.1-5.7

# Aspects of the design

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## Strengths

- Population-based
- Relatively large case series
- Histological confirmation
- Control subjects
- Lifetime exposure data
- Confounders

## Limitations

- Low prevalence of exposure
- Control subjects
- Confounders

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# Example: Postmenopausal Breast Cancer and Occupational Exposures to Extremely Low Frequency Magnetic Fields



# Context

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- Postmenopausal breast cancer case-control study
- Montreal, 1996-7
- Main aim was to estimate risks for occupational exposures

# Study Design

- Cases/controls: pathology departments and cancer registries from the 18 major hospitals
- age 50–75, 1996-97
- Cases: malignant breast neoplasm
- Controls: 32 different types of cancer from the same hospitals as the cases

# Study Design

- Frequency-matched by hospital and age.
- Excluded: liver and intrahepatic bile duct, pancreas, lung, bronchus and trachea, brain and central nervous system, leukemias, lymphomas, non-melanoma skin cancer
- Confirmed histologically

# Design

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- Telephone & face-to-face interviews
- Most accepted or suspected risk factors
- Detailed estimates of exposure for ~300 occupational agents
- Address at time of diagnosis

# Some Relevant Findings

- Response rates:
  - Cases 81%
  - Controls 76%

**TABLE I.** Distribution of Selected Risk Factors for Incident Female Postmenopausal Breast Cancer, With Associated Age-Adjusted Odds Ratios (OR) and 95% Confidence Intervals (CI), Montreal, Canada, 1996–1997

	Interquartile range <sup>a</sup>	Age-adjusted	
		OR	95% CI
Family history (Yes/No)	—	2.2	1.6–3.1
Benign breast disease (Yes/No)	—	3.3	2.5–4.3
Years of schooling	5	1.4	1.2–1.6
Age at menarche	2	0.9	0.8–1.0
Age at 1st full-term pregnancy	5.6	1.2	1.0–1.4
Number of full-term pregnancies	2	0.9	0.8–1.0
Cumulative duration of breastfeeding (weeks)	79	0.9	0.7–1.0
Later age at bilateral oophorectomy	22	0.2	0.1–0.4
Duration of hormonal replacement therapy (months)	60	1.1	1.0–1.3
Oral contraception use (years)	7	0.9	0.8–1.2
Body mass index (kg/m <sup>2</sup> ) <sup>b</sup>			
1st quartile—mean (26.1)	3.6	1.1	1.0–1.2
Mean—90th centile (32.3)	6.2	0.9	0.7–1.1

**TABLE II.** Risks for Binary Indices of Occupational Exposure to Magnetic Fields for Incident Postmenopausal Breast Cancer, Montreal, Canada, 1996–1997

Index	No. of exposed cases	No. of exposed controls	Adjusted <sup>a</sup>		Adjusted for textiles <sup>b</sup>	
			OR	95% CI	OR	95% CI
No exposure	119	150	1		1	
Ever	437	450	1.06	0.75–1.49	1.03	0.72–1.47
Intensity > low	134	151	1.27	0.81–2.00	1.90	0.99–3.65
Substantial exposure (>5 years)						
Any	94	110	1.10	0.71–1.71	0.96	0.56–1.67
Lag of 10 years before diagnosis	91	104	1.18	0.75–1.85	1.11	0.63–1.94
Exposure before age 35 years	69	73	1.34	0.80–2.24	1.12	0.59–2.10

**TABLE III.** Risks for Duration of Occupational Exposure to Magnetic Fields for Incident Postmenopausal Breast Cancer, Montreal, Canada, 1996–1997

Duration at > low intensity	Age-adjusted	Adjusted <sup>b</sup>		Adjusted for textiles <sup>c</sup>	
	OR <sup>a</sup>	OR <sup>a</sup>	95% CI	OR <sup>a</sup>	95% CI
Lifetime exposures <sup>d</sup>	1.04	1.13	0.94–1.35	1.21	0.97–1.49
Lag of 10 years before diagnosis	1.08	1.20	0.98–1.48	1.31	1.03–1.68
Exposures before age 35 years	1.18	1.40	0.98–2.02	1.54	1.00–2.36

a Odds ratios (OR) evaluated across the interquartile range (6,000 hr).

b OR and associated 95% confidence intervals (CI) were evaluated across the interquartile range of duration of exposure and were adjusted for age, family history, age at oophorectomy, education, ethnicity, age at menarche, oral contraception use, duration of hormone replacement therapy use, total duration of breastfeeding, smoking status, alcohol consumption status, body mass index, age at first full-term pregnancy (35 weeks), and proxy respondent status.

c Adjusted for the same factors as in footnote “b,” but also for ever/never working in the textile industry.

d Lifetime exposures were computed by adding up hours of exposure to medium or high levels of ELF-MF across all jobs until the date of diagnosis, regardless of age at exposure.



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# Additional slides

## **RADIATION AND RADIOACTIVE MATERIALS**

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**14. Was radiation or radioactive materials (X-rays, U.V., microwave, radar, laser, etc.) used by you or near where you worked?**

- YES      ⇒ GO TO QUESTION 14A  
 NO        ⇒ GO TO QUESTION 15  
 UNKNOWN ⇒ GO TO QUESTION 15

**14A. What type(s) of radiation was(were) used?**

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UNKNOWN

**14B. How did you work with it and how often (hours per day)?**

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|\_|\_| hours per day

UNKNOWN

**14C. How far were you from the radiation source?**

|\_|\_| metres or |\_|\_|\_| feet

UNKNOWN

**14D. Did you wear a radiation badge (dosimeter)?**

- YES  
 NO

## **PROTECTIVE EQUIPMENT**

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### **15. Did you have to wear any protective equipment while at work?**

- YES           ⇒ GO TO QUESTION 15A  
 NO             ⇒ GO TO QUESTION 16  
 UNKNOWN   ⇒ GO TO QUESTION 16

### **15A. Please specify what protective equipment was used and the task for which it was used?**

<b>PROTECTIVE EQUIPMENT</b>	<b>ACTIVITY FOR WHICH IT WAS USED?</b>
GOGGLES	
FOOTWEAR	
APRON	
SIMPLE DUST MASK (PAPER MASK)	
FILTER CARTRIDGE RESPIRATOR	
AIR-SUPPLIED RESPIRATOR OR SELF-CONTAINED BREATHING APPARATUS	
RUBBER OR PLASTIC GLOVES	

## **WORK AREA**

We would like to know about your main worksite, work area or office (or the most typical if there were many).

### **17. What was the size of your general work area?**

WORKED OUTDOORS ⇒ IF WORKED OUTDOORS, GO TO QUESTION 17A

#### **ROOM SIZE**

- |                       |                              |   |
|-----------------------|------------------------------|---|
| <input type="radio"/> | TYPICAL OFFICE / LIVING ROOM | 100 FT <sup>2</sup> OR 9 M <sup>2</sup>   |
| <input type="radio"/> | SMALL STORE / CLASSROOM      | 600 FT <sup>2</sup> OR 55 M <sup>2</sup>  |
| <input type="radio"/> | DRUGSTORE                    | 1000 FT <sup>2</sup> OR 81 M <sup>2</sup> |
| <input type="radio"/> | LARGE GROCERY STORE          | METRO/PROVIGO                             |
| <input type="radio"/> | WAREHOUSE STORE              | COSTCO/WAL-MART                           |
| <input type="radio"/> | UNKNOWN                      |   |

#### **CEILING HEIGHT**

- |                       |                                     |                |
|-----------------------|-------------------------------------|----------------|
| <input type="radio"/> | TYPICAL OFFICE / LIVING ROOM        | 10 FT OR 3 M   |
| <input type="radio"/> | LARGE GROCERY STORE (METRO/PROVIGO) | 15 FT OR 4.5 M |
| <input type="radio"/> | WAREHOUSE STORE                     | 20 FT OR 6 M   |
| <input type="radio"/> | UNKNOWN                             |                |

### **17A. How many people were performing the same tasks as you in your work area?**

_ _ _ _ _  NUMBER OF PEOPLE <input type="checkbox"/> UNKNOWN
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### **18. What other work was being done around you?**

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### **19. What machines or processes were used by others in your work area?**

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