Table 2.14. Case–control studies of wood dust and other malignancies

Reference, study location and period	Organ site (ICD code)	Characteristics of cases	Characteristics of controls	Exposure assessment	Exposure categories	Relative risk (95% CI)*	Adjustment for potential confounders	Comments
Serraino *et al*. (1992) Friuli Venezia Giulia region, Italy, 1985–1991	Soft tissue sarcomas	93 (53 men, 40 women) patients attending the Aviano Cancer Center; response rate 100%; 100% histologically confirmed	721 patients (371 men, 350 women), excluding patients with cancer, smoking- or alcohol-related diseases	Interview-administered standardized questionnaire	Employment in furniture/upholstery - Up to 10 years - More than 10 years	 0.2 (0.0–1.5) 1.1 (0.4–2.7)	Sex. Age	
Barbone *et al*. (1994) Pordenone province, Italy, 1986–1990	Bladder cancer (188)	273 (236 men, 37 women) first diagnosed with bladder cancer in urological departments serving the Pordenone province population; response rate 100%; 97.5% histologically confirmed	573 inpatients (390 men, 183 women) admitted to the same hospitals for trauma, musculoskeletal conditions, acute surgical conditions, eye diseases, and other diseases, never diagnosed with bladder cancer; response rate 100%	Interview-administered standardized questionnaire	Ever/never employment in furniture industry Men: Women	 0.5 (0.2–1.0) 1.1 (0.1–12)	Age, smoking, coffee consumption, area of residence	
Hansen (1999) Denmark, 1970–1989	Breast cancer (174)	8767 women diagnosed with breast cancer in the Danish Cancer Registry; record linkage successful for 91%; percentage with histological confirmation unknown	8767 population female controls, matched by year of birth; record linkage success not stated	Record linkage with files of the nation-wide pension fund	Ever/never working in wood and furniture industry: - no lag - 10 years lag Employment in solvent using industries, 10 years lag: - for at least 1 year - for 10 years or more	 1.7 (0.9–3.0) 2.4 (1.0–6.0) 1.4 (1.2–1.7) 2.0 (1.4–2.8)	Socioeconomic status, age at first child, number of children	Furniture making is not analysed separately from woodworking

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Reference, study location and period	Organ site (ICD code)	Characteristics of cases	Characteristics of controls	Exposure assessment	Exposure categories	Relative risk (95% CI)*	Adjustment for potential confounders	Comments
Sharpe *et al*. (2001) metropolitan Montreal, Canada, 1979–1985	Prostate cancer (185)	557 cases from all large hospitals in metropolitan Montreal; response rate 72% (full questionnaire); percentage with histological confirmation unknown (97% in the overall series of all cancer patients)	740 population male controls, matched by age and area of residence	Interview-administered standardized questionnaire	Often/never involved in furniture painting, stripping, or varnishing as a hobby	2.1 (07–6.7)	Age, race, respondent status, family income, BMI, smoking, alcohol consumption	Agents with increased ORs after work, leisure, of work and leisure exposure: - metal dust - lubricating oil or grease - pesticides or garden sprays ORs associated with leisure only exposure were higher than those after work only exposure

* specify *p*-value if no confidence interval indicated
• Study location includes city or region, and country.
• ICD codes to be given only for some cancers, incl. upper aerodigestive tract, colorectal, uro-genitary, leukaemia, lymphoma. ICD-9, unless otherwise specified.
• Characteristics of cases: number (men, women) – source: hospital/registry/death certificate – age range – response rate – histological confirmation (%).
• Characteristics of controls: number (men, women) – source: hospital/registry/death certificate – response rate – matching to cases (age range to be given if different from that of cases).
• Exposure assessment: e.g. mailed questionnaire – structured interview – job exposure matrix – biomarker.
• RR: consider the most valid point estimate (e.g. adjusted)
• Comments, if relevant for the interpretation of the study, such as: ethnicity – type of diseases for hospital controls – proportion of next-of-kin/proxies interviewed – stratified results/interaction

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