

**Table 2.6 Case-control studies of exposure to formaldehyde and cancer of the lung and laryngeal**

Reference, study location, years of study	Characteristics of cases	Characteristics of controls	Exposure assessment	Organ site (ICD code)	Exposure categories	Number of exposed cases	Relative risk (95% CI)	Adjustment for potential confounders	Comments
Andersen <i>et al.</i> (1982), Denmark, 1943–77	84 doctors (79 men, five women) registered in Denmark who died of lung cancer	252 randomly selected from official list of Danish doctors, matched on sex and age	Information on post-graduate specialization and professional career employment	Lung	Ever employed in pathology, forensic medicine or anatomy	Males 8	1.0 (0.4–2.4)		Both cases and controls were medical doctors.
Fayerweath er <i>et al.</i> (1983), USA, 1957–79	Active or pensioned employees (all men) who died of cancer (181 lung, eight larynx)	189 employees matched on sex, age, pay class and date at first employment, selected from annual payroll roster among employees active during the case's last year of employment	Job–exposure matrix to classify exposure according to frequency and intensity (continuous/ direct, intermittent, background) based on personnel and medical records and interviews with colleagues	Lung, larynx	Lung < 5 years ≥ 5 years	24 15	1.20 [0.6–2.8] 0.79 [0.4–1.6]	Tobacco smoking	Analysis included a latency period of 20 years between exposure and disease.
Coggon <i>et al.</i> (1984), United Kingdom, 1975–79	598 men ≤ 40 years old who died of bronchial carcinoma in England and Wales	1180 men who had died from any other cause, matched by year of death, district of residence and date of birth (± 2 years)	Job–exposure matrix based on classification coding, in three categories (none, low, high) of exposure	Lung (bronchial carcinoma)	All exposed occupations Occupations with high exposure	296 44	1.5 (1.2–1.8) 0.9 (0.6–1.4)		$p < 0.001$