

**Table 2.2. Case-control studies of iron and steel foundry workers and cancer**

Reference, study location and period	Characteristics of cases	Characteristics of controls	Exposure assessment	Organ site (ICD code)	Exposure categories	Odds ratio (95% CI)*	Adjustment for potential confounders	Comments
Blot <i>et al</i> (1983) USA	335 white men who died from 1974 to 1977 from pathologically verified primary lung cancer identified from population mortality registers. 96 % response rate.	332 men, matched to the cases by race, age, sex, county and year of death, and free from respiratory cancer or chronic respiratory disease. Response rate 94%.	Face-to face interview with next-of-kin, recording occupational history, smoking history and residential history	Lung	Employed in steel industry (“usual industry”)	2.2 (1.5-3.3)	Smoking, age	
					Employed as foundry worker, mold maker (6 cases and 1 control)	7.1 (1.2-42.3)		
Becher <i>et al</i> (1989) Poland	901 deaths from lung cancer in 1980-1985 among males in Crakow, Poland. Response rate 70.7%	875 controls selected among men dying from causes other than respiratory cancer or chronic respiratory disease, frequency matched to the cases with regard to age. Response rate 73.5%.	Next of-kin interviewed to obtain a residential, occupational and smoking history	Lung	Years of employment in foundry		Age, smoking, other occupational exposures	
					1-20 or unknown	1.28 (0.75-2.20)		
					20-30 years	1.58 (0.94-2.66)		
					>30 years	2.66 (1.31-5.42)		
Finkelstein (1994) Canada	967 men in ages 45-76 who died from lung cancer in Hamilton and Sault Ste-Marie, Ontario, 1979-1988	2827 men who died from other causes	Job and industry recorded from the death certificates. Job histories were sought from the employers.	Lung	Foundry work for >5 years	1.94 (0.75-5.2)		No smoking adjustment. Analysis limited to blue-collar workers

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Golka <i>et al</i> (1998) Germany	A hospital-based case-control study from a coal, iron and steel industry area in Germany. 412 cases of bladder cancer were identified 1984-1988.	414 patients with benign prostate hyperplasia were selected as controls	Work histories and smoking histories were obtained by a questionnaire	Bladder	Foundry workers	2.2 (0.54-9.08)	Analysis stratified by smoking, no age adjustment.	Cases and referents were of similar age.