

# Leveraging regulatory information for environmental exposure assessment in studies of cancer etiology: opportunities, strategies, and pitfalls

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# Exposure data for cancer epidemiology studies

## *De novo* exposure data collections

- Environmental samples
- Biologic media
- Surveys

## Secondary data

- Measurements collected for regulatory monitoring
- Area-based surveillance/census data
- Satellite imagery



# Common approaches and challenges in studies of environmental etiology of cancer

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## General framework

Case-control and cohort designs

Link geographically-referenced data to study participants:

- Census characteristics (e.g., neighborhood SES)
- Environmental exposures (e.g., drinking water contaminants, industrial emissions)

Individual-level information for potential confounders / effect modifiers

## Key challenges

Low levels or low frequency of exposure in ambient environment

Opportunistic – use data collected for other purposes

Relevant exposure windows not necessarily captured

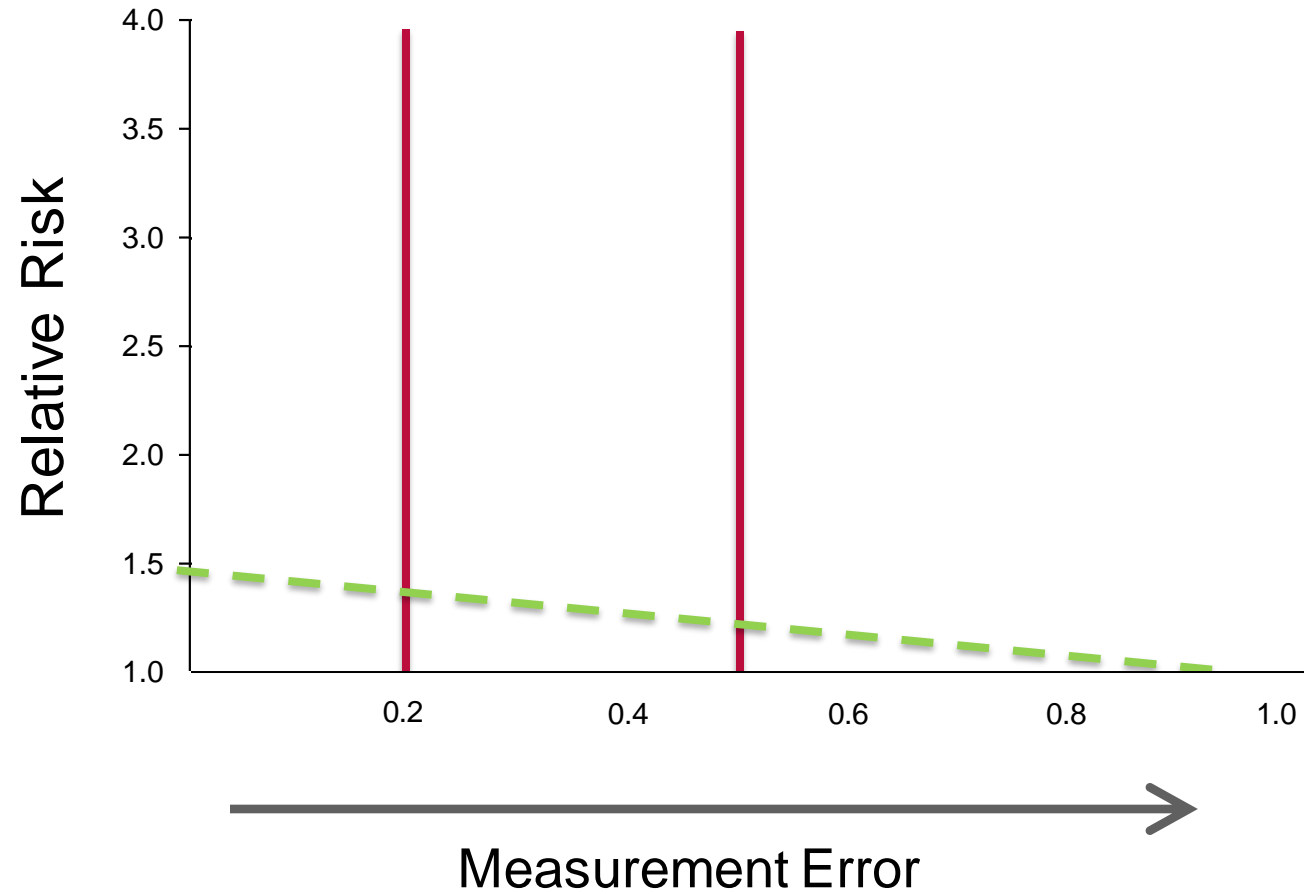
Exposures most often assessed only at residence locations

Need to estimate long-term exposure

Exposure misclassification and attenuation of effect estimates

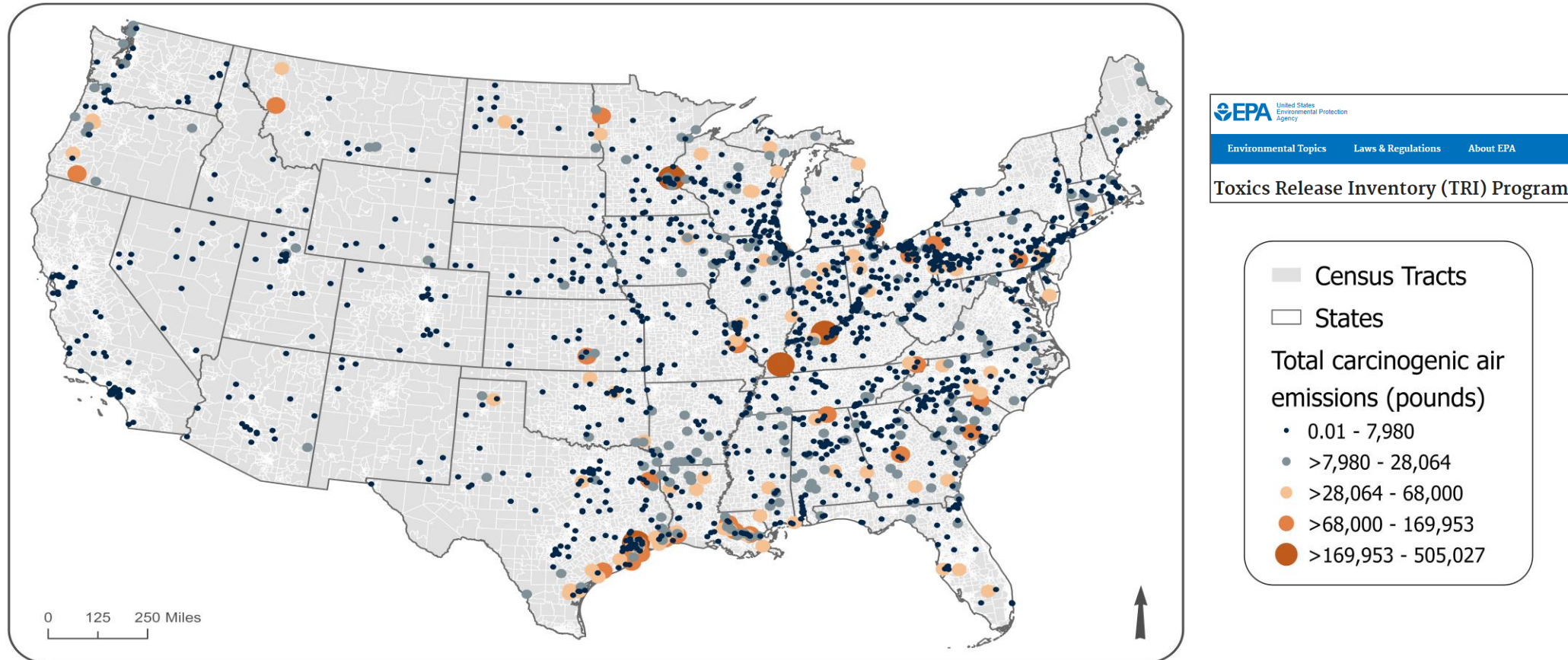
# Impact of measurement error

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# Burden of carcinogenic industrial emissions in the U.S.

- 2,254 facilities reported 12 million pounds of IARC Group 1 emissions (2018)

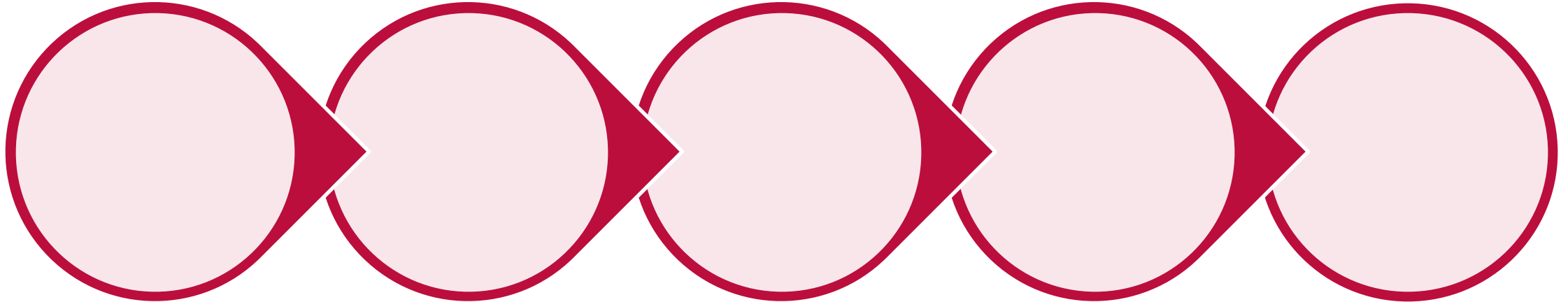


Epidemiologic evidence for IARC classification comes predominantly from worker populations, studies of environmental exposure more limited

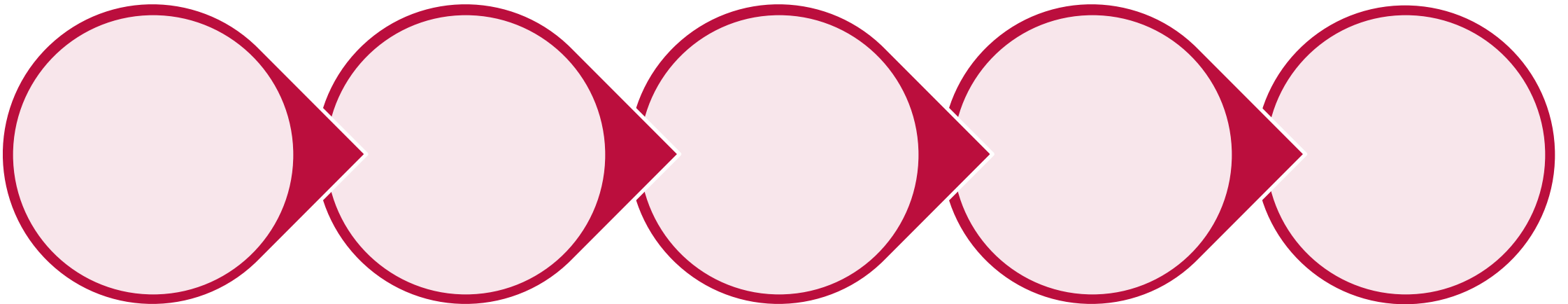
# Most Highly Emitted Carcinogens in 2018, overall and by toxicity



Overall (pounds):



Toxicity-Weighted ( $\mu\text{g}/\text{m}^3$ )



# Inequities in exposure burdens as possible driver of cancer disparities

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- People from historically underrepresented racial and ethnic groups, experiencing poverty, or with low educational attainment experience a disproportionate burden of exposure to environmental pollution
- Unequal exposure burden among populations that live near industrial facilities
- Existing studies have not quantified air emissions of specific chemicals
- Little is known about the amount of potential exposure to carcinogenic industrial air pollutants



Southern Community Law Center



Jose M. Osorio / Chicago Tribune

# Analysis of carcinogenic exposure burdens in U.S.

Evaluated air emissions of known carcinogens across U.S. census tracts using GIS methods (21 Group 1 agents)

- 2018 TRI data and 2010 Census tracts
- Multinomial logistic regression of associations with race, ethnicity and SES
  - Compared tracts with high (Q5) emissions to those with no emissions
  - Adjusted for population density



## Ethylene oxide

- Multi-site carcinogen; mutagenic & genotoxic
- Occupational studies demonstrate risk for lymphohematopoietic and breast cancers



Sterigenics is leaving Willowbrook, eliminating key source of cancer-causing ethylene oxide in Chicago's western suburbs

By MICHAEL HAWTHORNE  
CHICAGO TRIBUNE | SEP 30, 2019 AT 8:13 PM

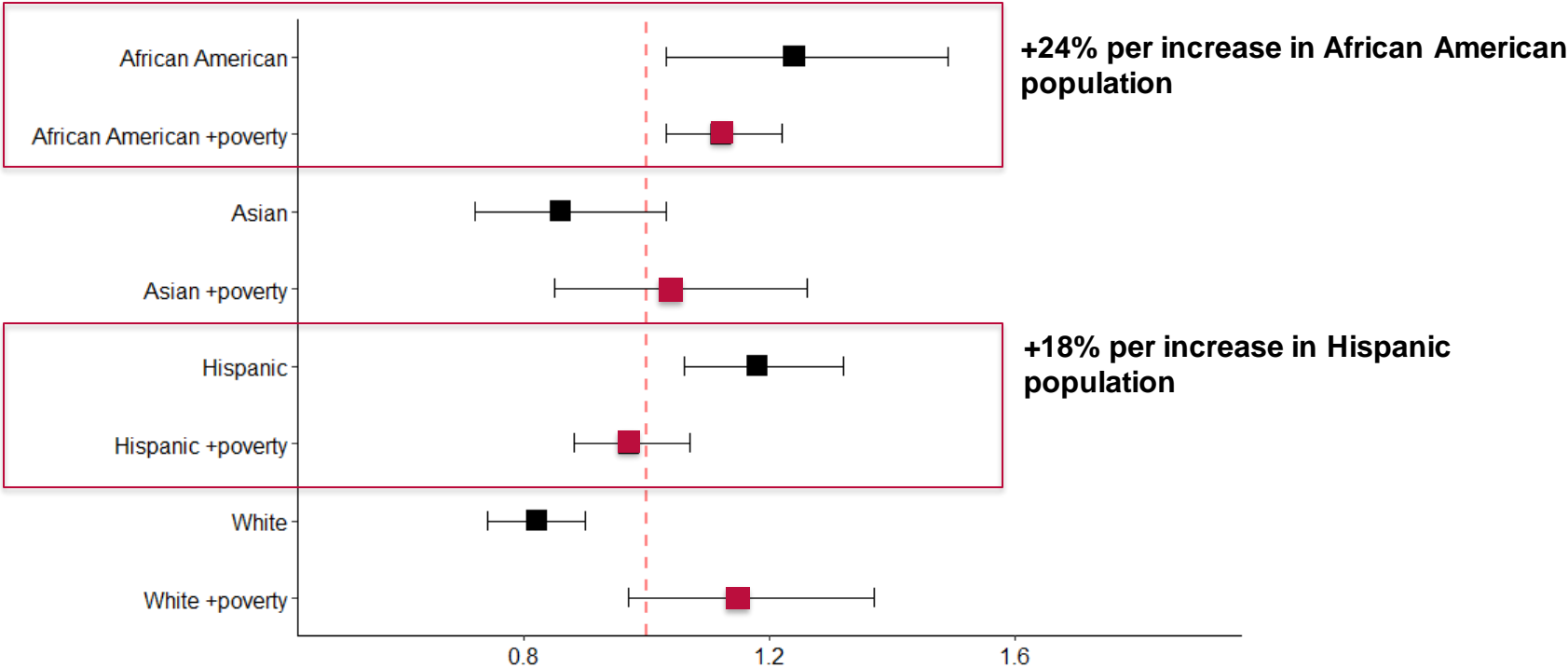
**Sterigenics settles hundreds of ethylene oxide lawsuits for \$408 million**

By Michael Hawthorne  
Chicago Tribune • Last Updated: Jan 09, 2023



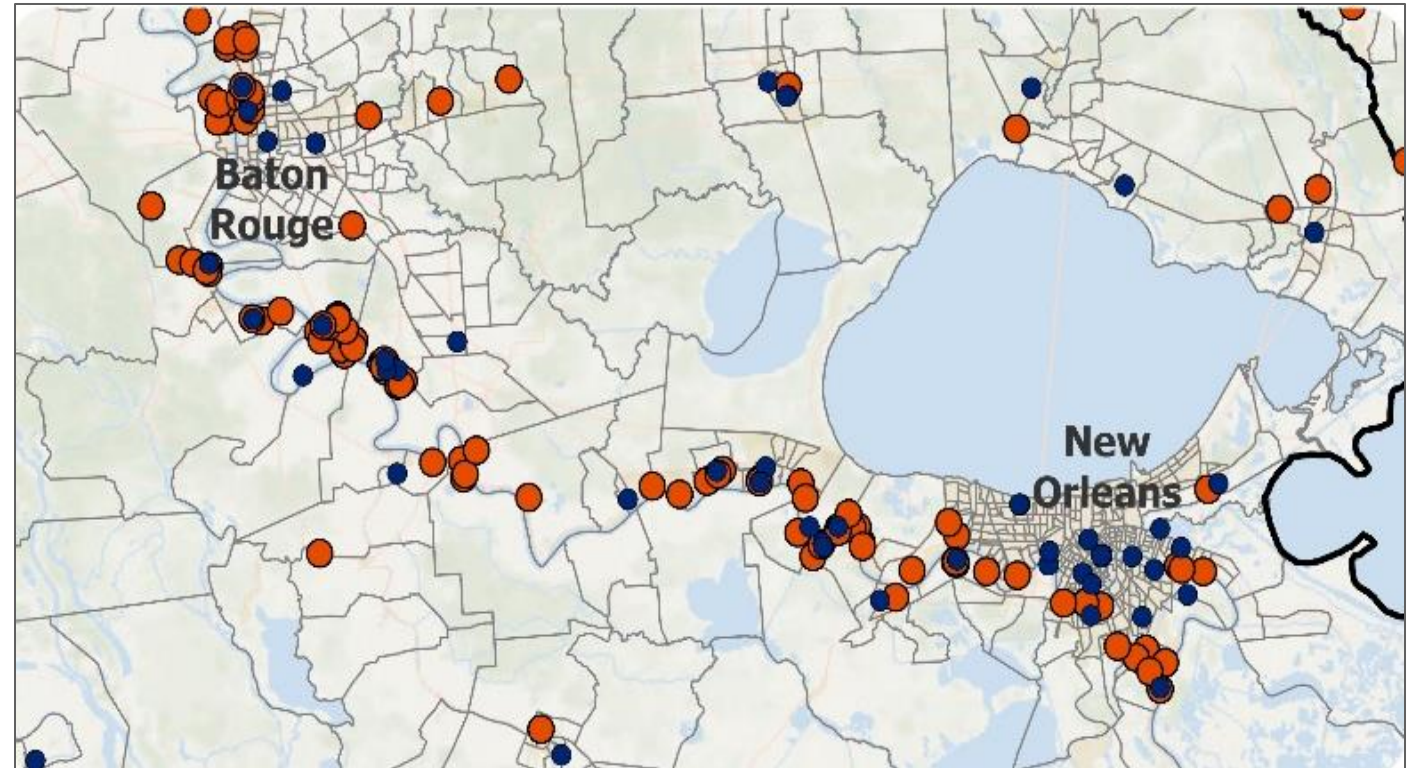
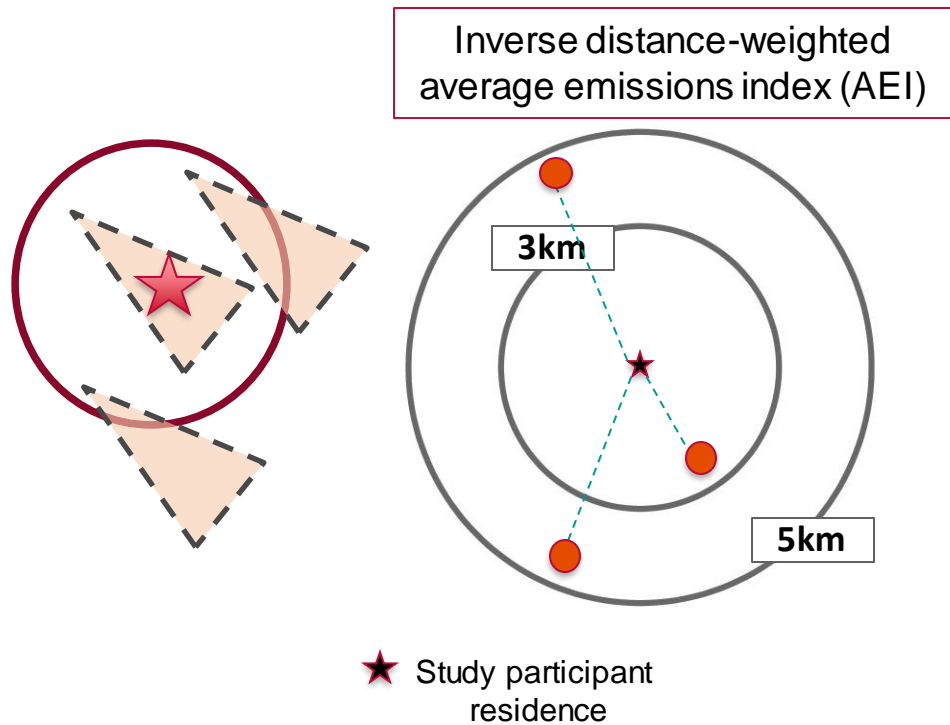
# Associations of race and ethnicity and poverty with ethylene oxide exposure burden

Distance-weighted sum of ethylene oxide emissions



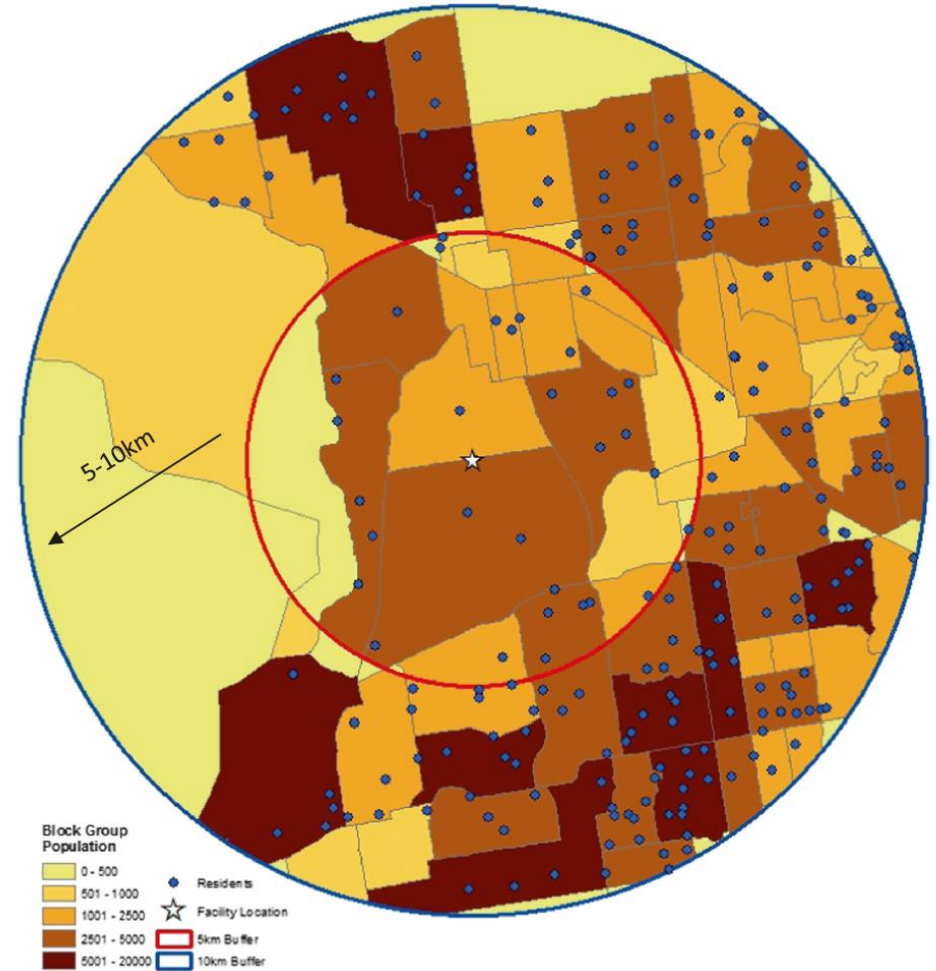
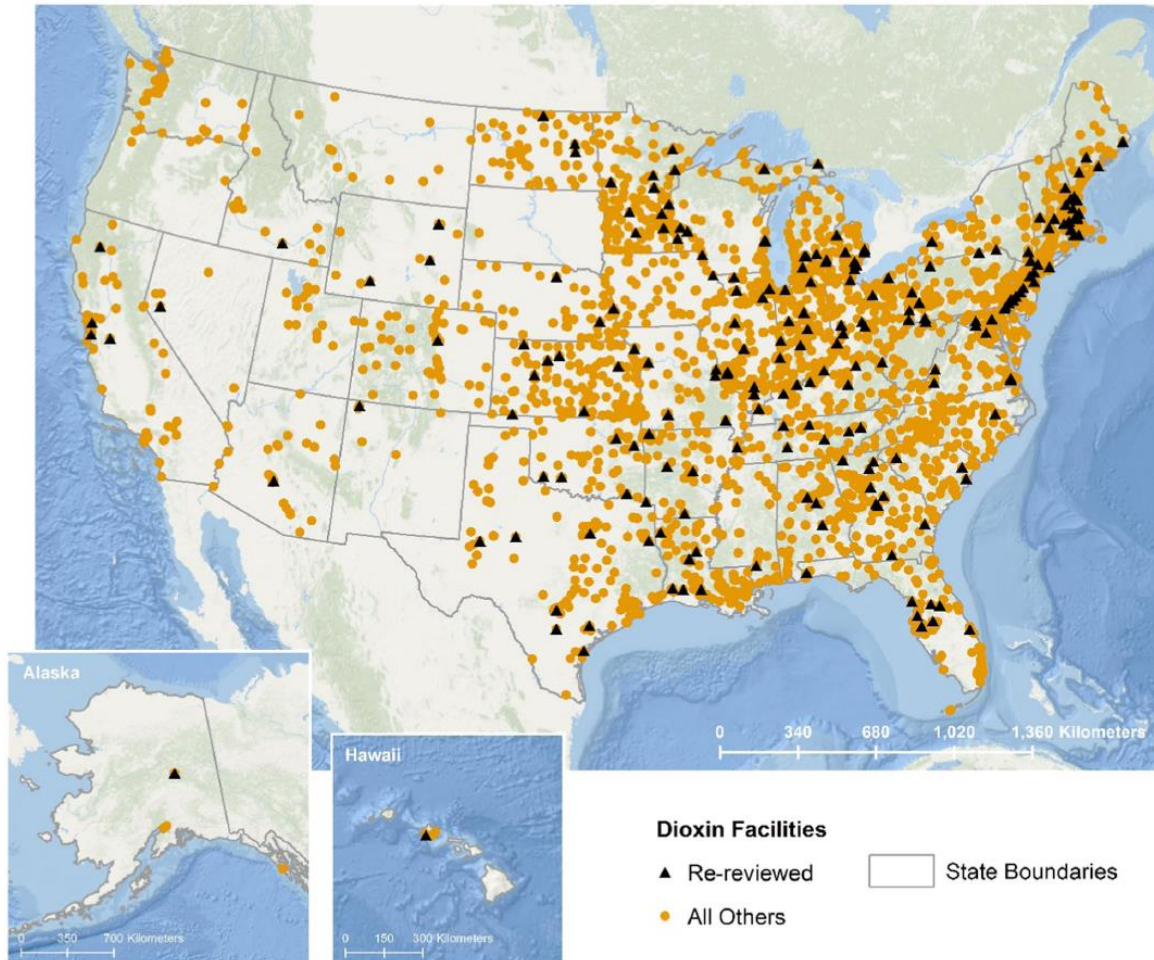
OR (95% CI) most highly exposed (Q5) vs. non-exposed tracts per 10% increase in population characteristic

# Translating point source regulatory data into an exposure estimate



$$\text{AEI} = [(200 \text{ lbs EtO}/4.7\text{km}) + (10 \text{ lbs benzene}/2.9\text{km}) + (300 \text{ lbs TCE}/4.9\text{km})]$$

# Enhancing point source exposure estimation – verifying facility locations



# Enhancing point source exposure estimation – verifying facility locations

Facility type	Prevalence within 5 km (%) <sup>a</sup>	Sensitivity	Specificity	OR <sub>observed</sub> <sup>b</sup>
All facilities	8.0	91.9	97.1	1.72
Cement kiln, hazardous + non-hazardous waste	2.0	69.0	95.8	1.24
Coal-fired power plant	7.0	95.5	98.3	1.80
Hazardous waste incinerator	1.0	95.2	97.9	1.31
Medical waste incinerator	28.0	95.0	97.2	1.89
Municipal solid waste incinerator	4.0	90.3	95.7	1.46
Sewage sludge incinerator	4.0	70.6	98.2	1.60

<sup>a</sup>Based on facilities verified in both the original review (2009 and 2016 combined) and re-review sample ( $N = 192$ ); gold standard is the verified location from re-review

<sup>b</sup>OR<sub>true</sub> = 2.0

# Enhancing point source exposure estimation – validate GIS-based exposure metrics using serum-based measures



## National Health and Nutrition Examination Survey

	PCDD		PCDF		PCB		TEQ	
Facility type	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
<b>Medical</b>	0.0049	0.0004	0.0025	0.0071	0.0049	0.0005	0.0048	<.0001
<b>Electric utility</b>	-0.0683	0.011	-0.0327	0.2462	0.0436	0.1104	0.0255	0.2725
<b>Cement kiln</b>	0.0544	<.0001	0.0285	<.0001	0.0607	<.0001	0.0265	0.0004
<b>Municipal solid waste</b>	-0.004	0.1326	-0.0012	0.1343	0.0023	0.0886	-0.0018	0.2214
<b>Sewage sludge</b>	5.1099	0.1432	0.1645	0.9274	3.0257	0.3948	0.84560	0.7056
<b>Hazardous waste</b>	-28.37	0.0001	-7.2425	0.5503	46.3843	0.4313	-0.8122	0.9526
<b>Other</b>	-0.0042	0.0001	-0.0019	0.0234	-0.0013	0.2372	-0.0033	0.0006

Facility-specific emissions indices calculated as the sum of distance-weighted emissions from all facilities of that type within 5km  $\Sigma$ (g TEQ/km<sup>2</sup>).

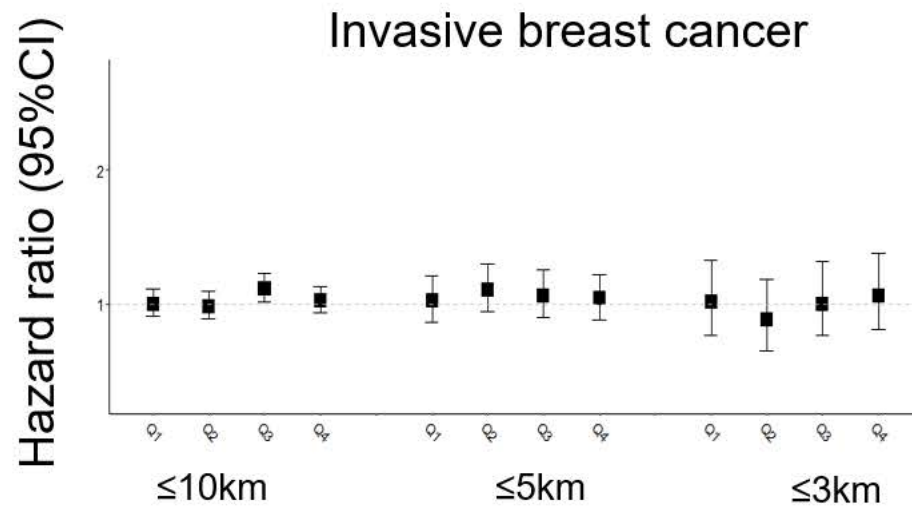
## NIH-AARP Diet and Health Study

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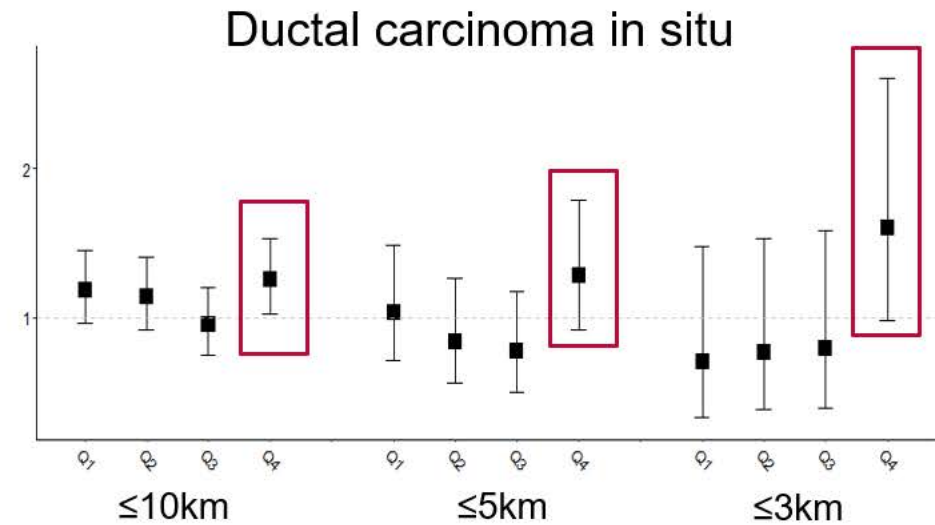
- Prospective cohort recruited from AARP membership, aged 50-71 years (N~500,000)
- Residing in 6 states and 2 cities in the U.S. at enrollment (1995-1996)
- Demographic, lifestyle, and dietary factors ascertained at enrollment
- N=6,747 incident NHL cases diagnosed through 2011



# Association between ethylene oxide emissions near the home and risk of breast cancer in the NIH-AARP cohort



Wind-adjusted IDW historical emissions (1987-1995)



Wind-adjusted IDW historical emissions (1987-1995)

No clear pattern of association with NHL or its subtypes

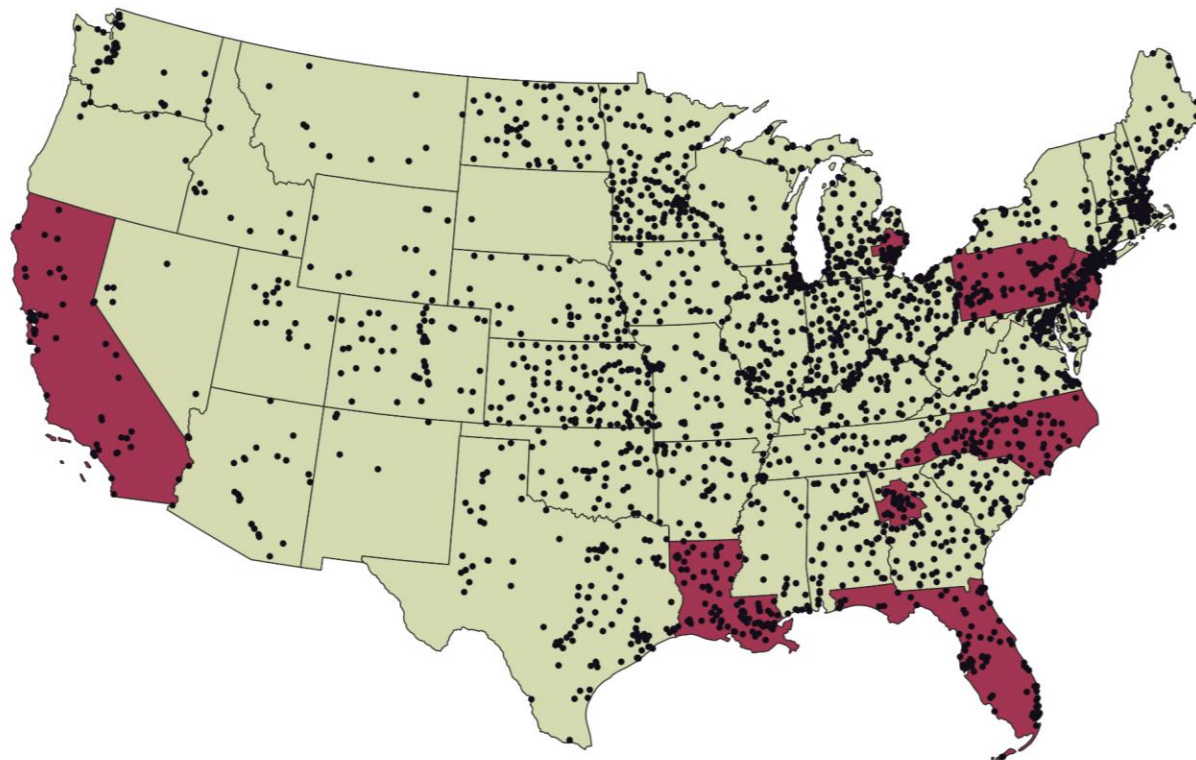
# Association between historical dioxin emissions and NHL

## 1987, 1995, and 2000 dioxin emissions inventories

- Municipal solid waste incinerators
- Medical waste incinerators
- Cement kilns
- Coal-fired power plants
- Hazardous waste incinerators
- Sewage sludge incinerators

-Verified and updated locations with satellite imagery

-Interpolated emissions estimates between years

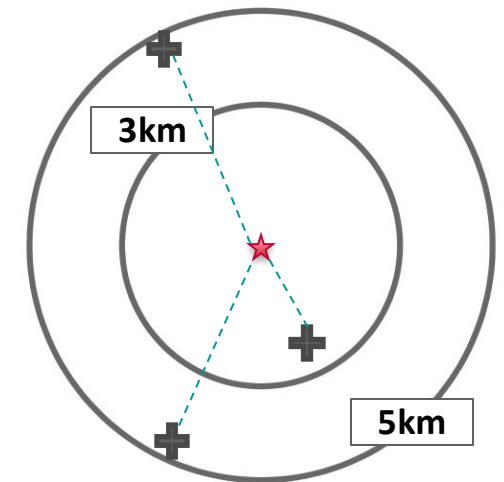




# Exposure assessment

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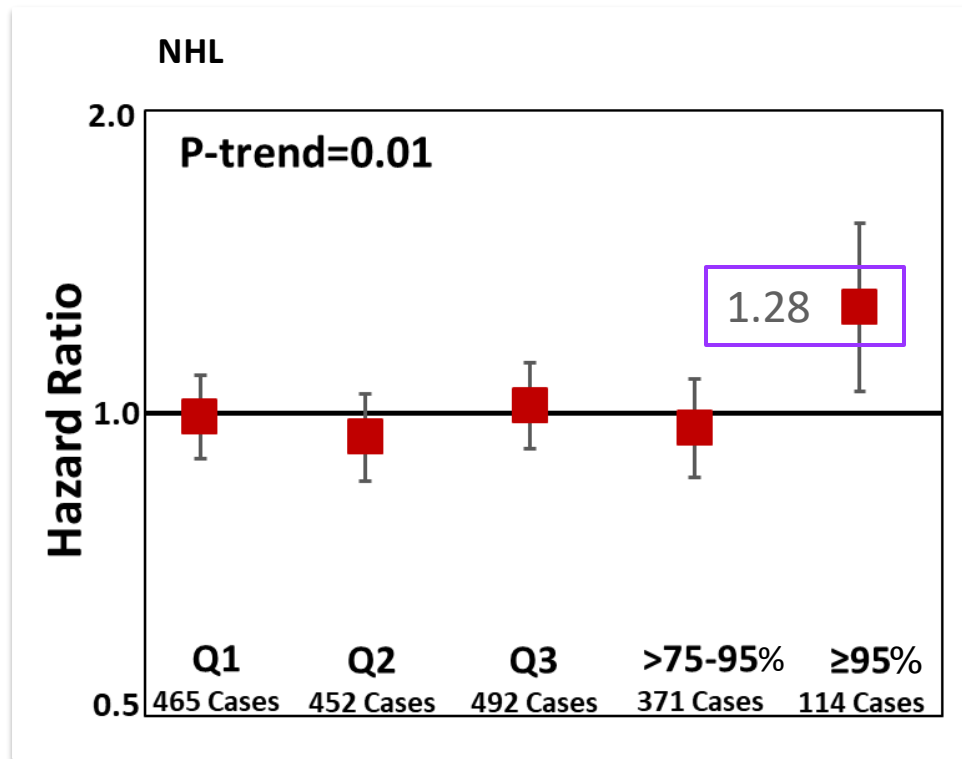
- Linked geocoded enrollment addresses to a U.S. EPA database of 4,478 historical PCDD/F sources
  - Facility type
  - Toxic equivalency quotient (TEQ) emission estimates in 1995 (toxicity relative to TCDD)
  - Imputed values back to 1980s using a linear interpolation approach [Pronk et al., 2013]
- Two exposure metrics
  - Proximity-based: **presence/absence** of dioxin facility within 3 and 5km
  - Emissions-based: distance-, wind- and toxicity-weighted average emissions index (**AEI; ng TEQ/km<sup>2</sup>**) from all facilities within 3 and 5km
    - Facility-specific AEIs



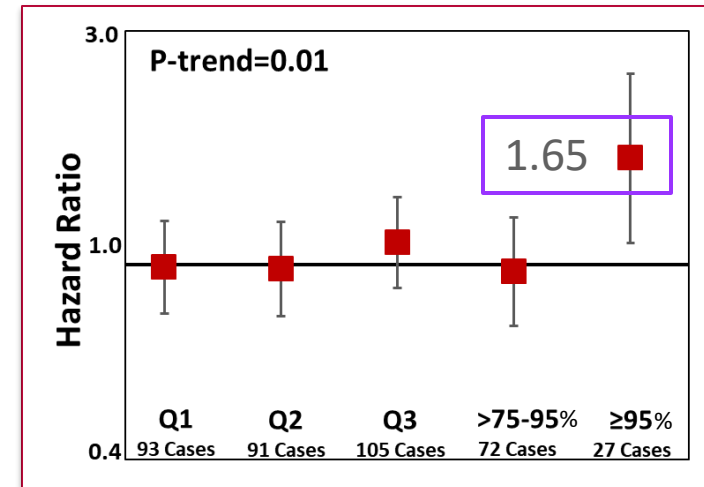
## Demographics and Proximity to Dioxin-Emitting Facilities

	Overall	Distance to nearest facility	
		≤5 km	>5km
	N=455,744	N=132,755	N=322,989
Age (mean ± sd; yr)	62.0 ± 5.4	62.0 ± 5.4	62.1 ± 5.4
Gender (% Male)	59.7	58.0	60.4
Race/Ethnicity (%)			
Non-Hispanic White	90.9	88.1	92.1
Non-Hispanic Black	4.0	7.2	2.7
Hispanic	2.0	1.8	2.1
Other/Unknown	3.1	3.0	3.2
Schooling Achieved (%)			
Less than HS or HS	25.1	28.3	23.7
Post-HS Education	32.9	30.5	34.0
College Graduate	19.1	18.2	19.4
Post-Graduate	20.0	19.9	20.0
Unknown	3.0	3.1	2.9
Median Income (thousands)	54.9 ± 23.6	53.1 ± 24.3	55.6 ± 23.3

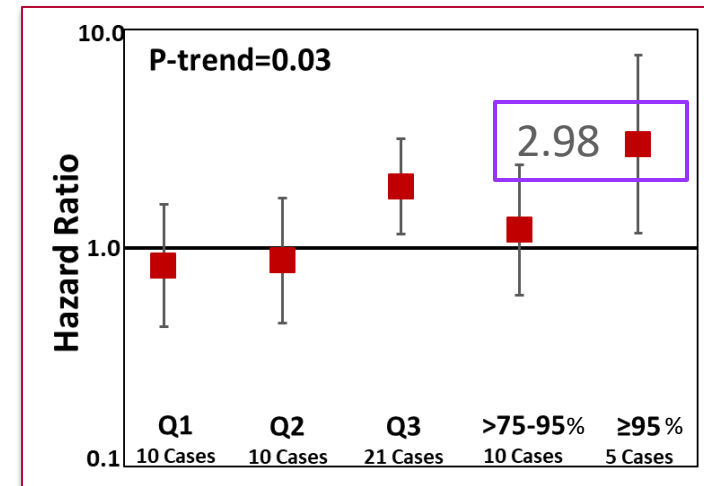
# Association between dioxin AEI within 5km of participant homes and risk of NHL in the NIH-AARP cohort (1987-1995 average)



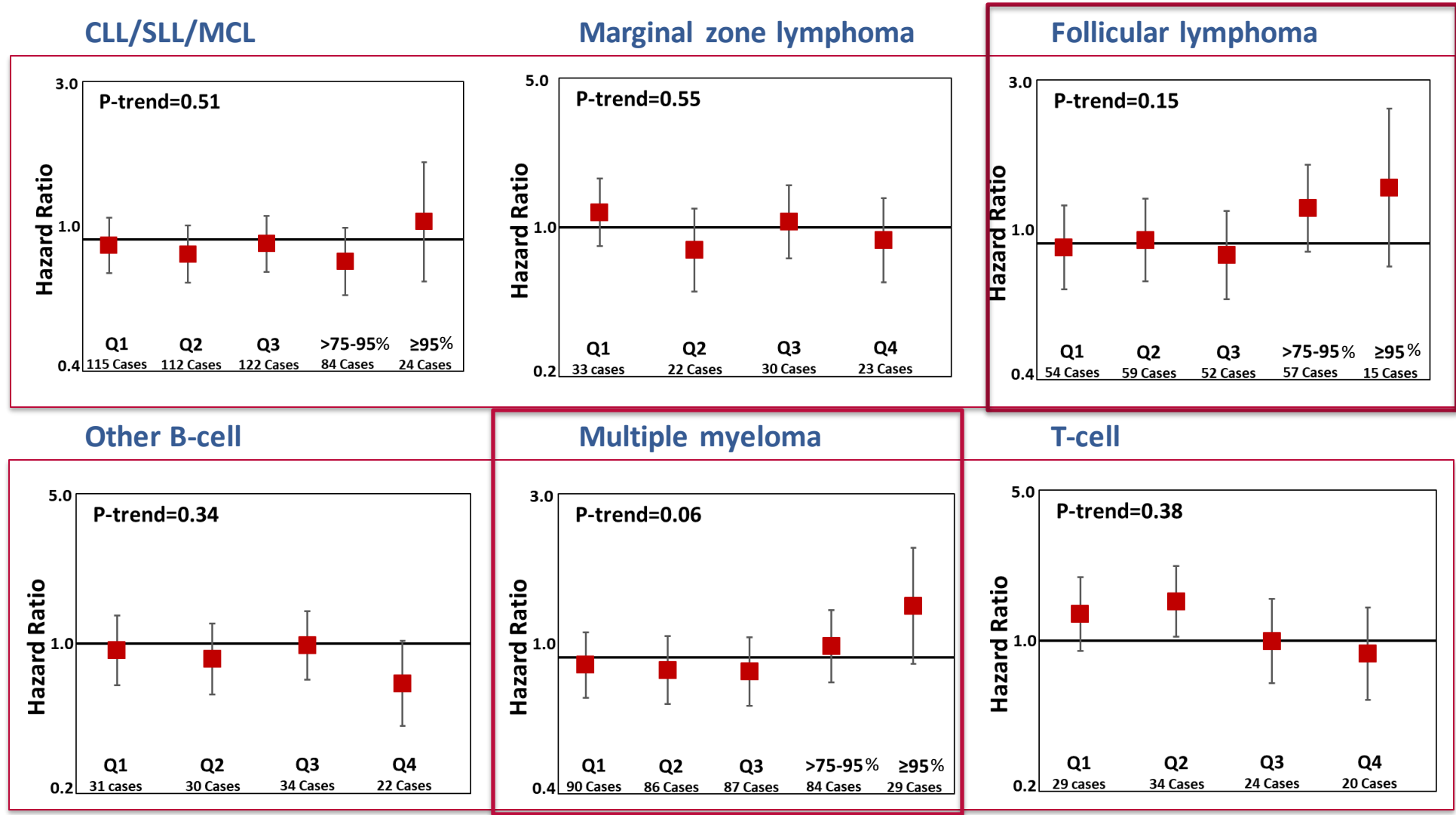
diffuse large B-cell lymphoma



lymphoplasmacytic lymphoma



# Association between dioxin AEI within 5km of participant homes and risk of NHL in the NIH-AARP cohort (1987-1995 average)



# Exposure misclassification due to residential mobility over time

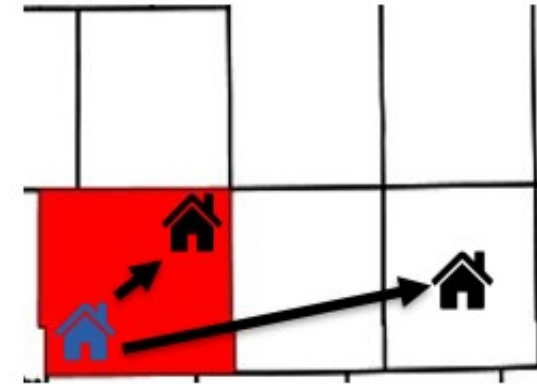
Many longitudinal studies use only the study enrollment address to assess exposure

- May be interested in past exposure and assume participant lived there previously

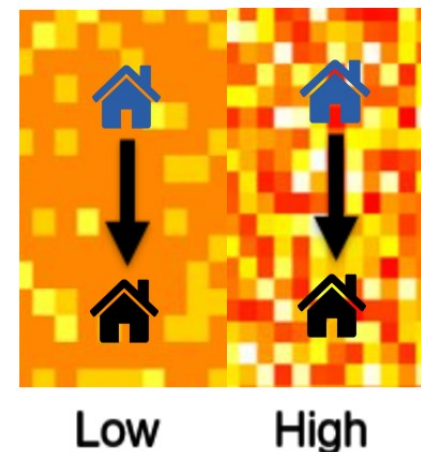
Misclassification can occur if participants moved during an exposure period of interest and this is not accounted for

**The extent depends on:**

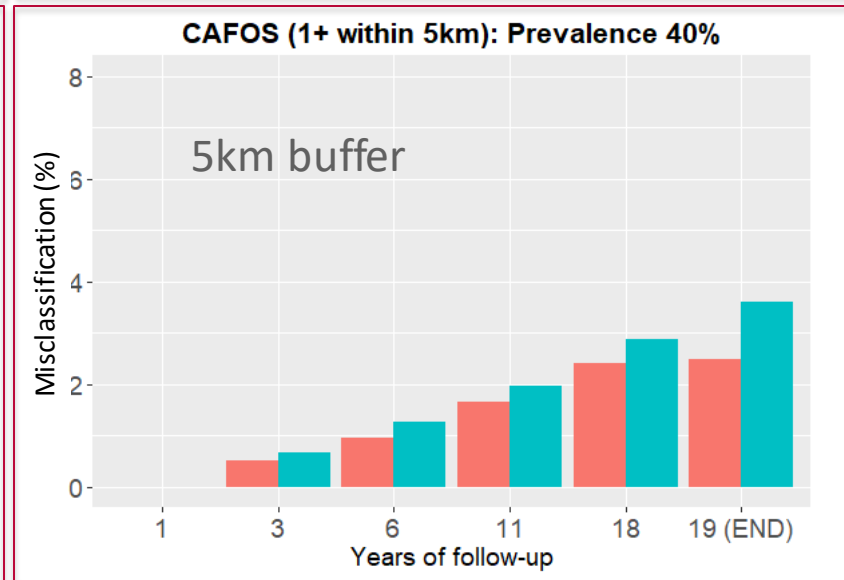
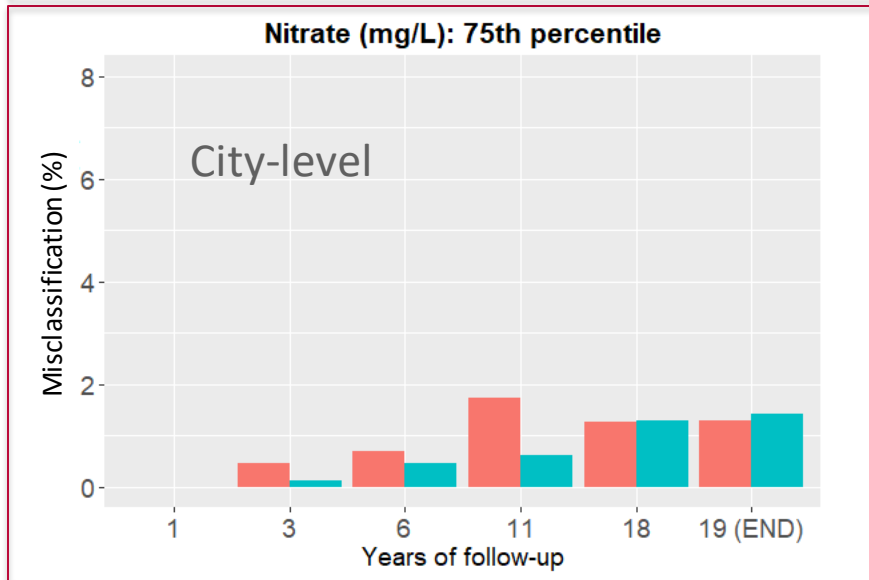
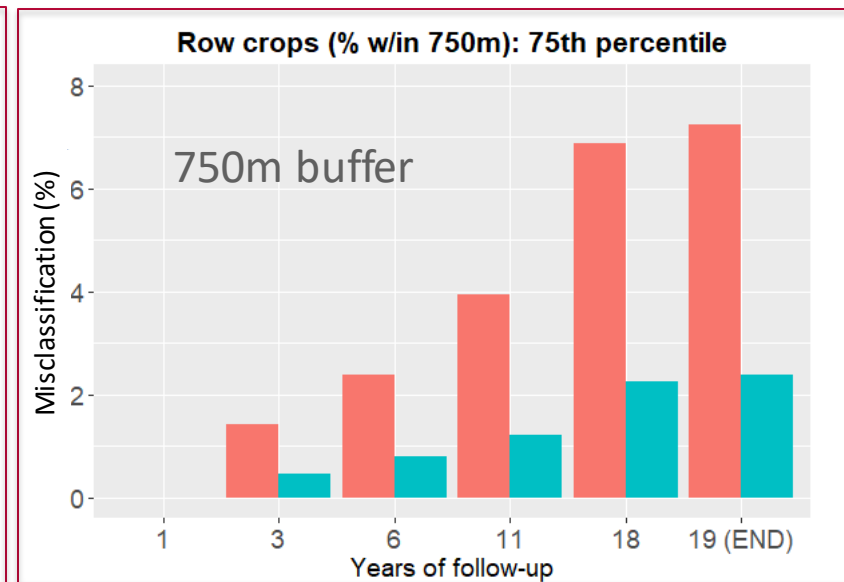
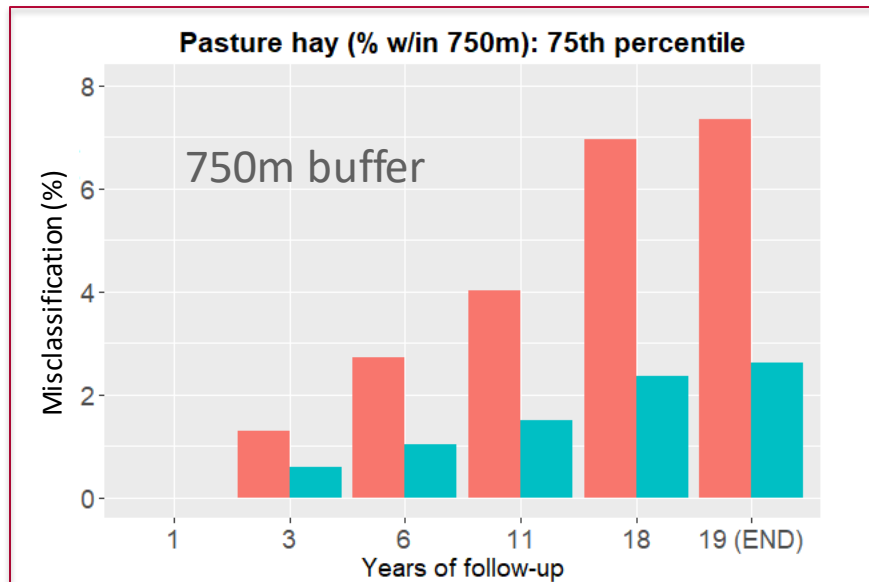
- Distance moved



- Spatial variability of the exposure

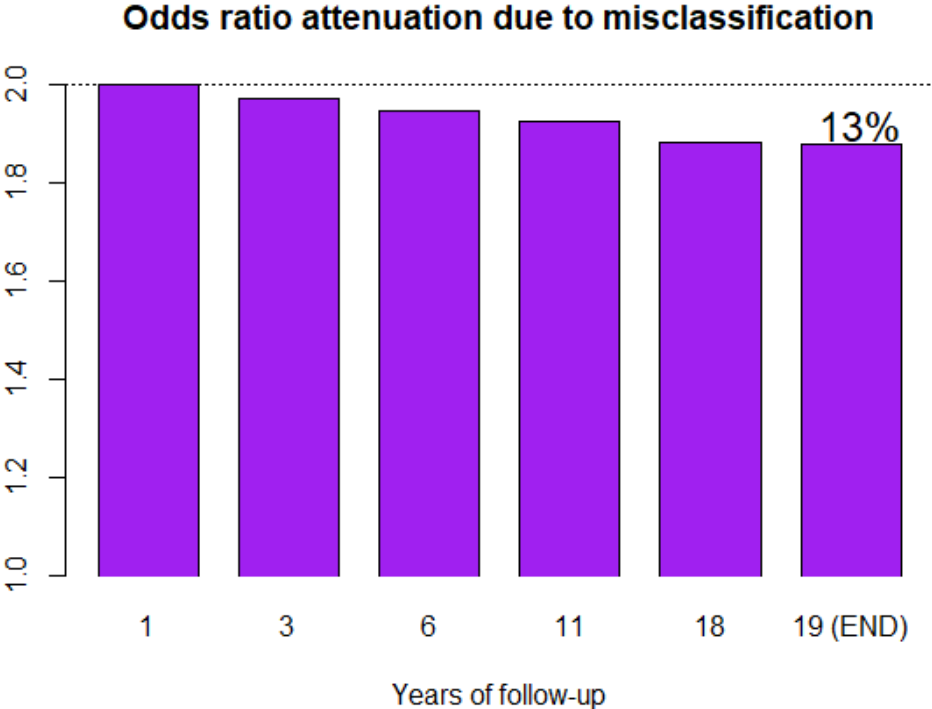
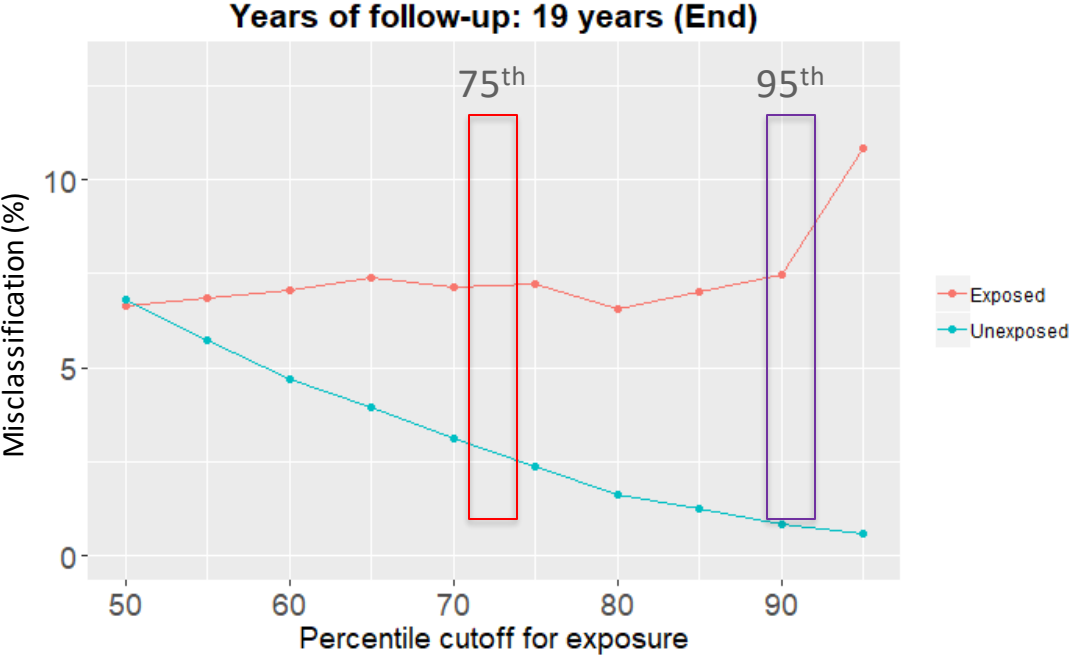


# Influence of spatial scale on extent of misclassification



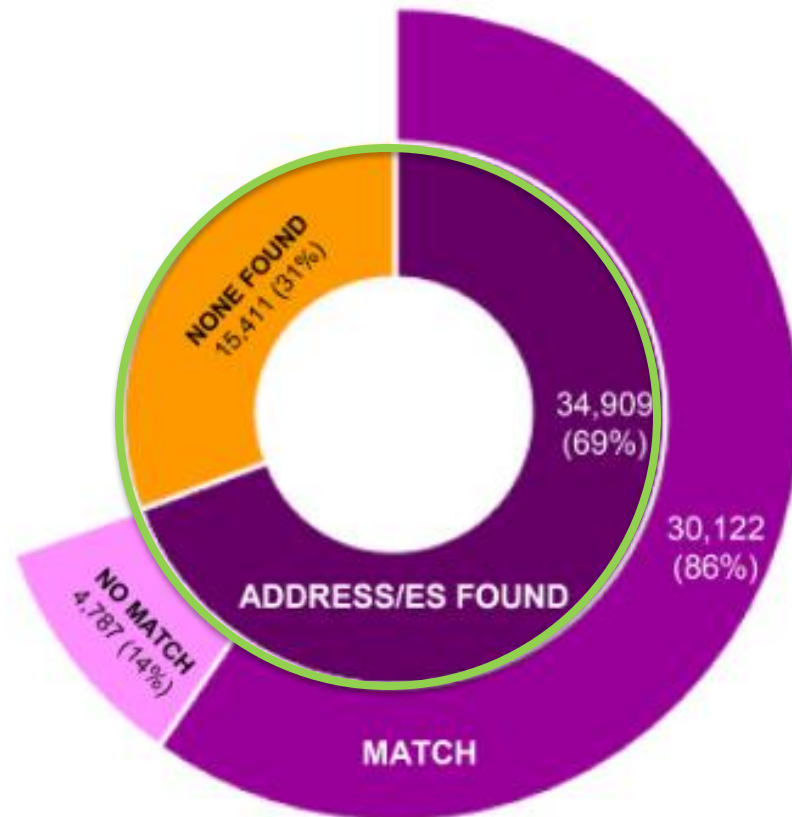
		Mobility method	
		E+	E-
Typical method	E+	Sensitivity	Misclass. Unexposed
	E-	Misclass. Exposed	Specificity

# Resulting attenuation of relative measures of association

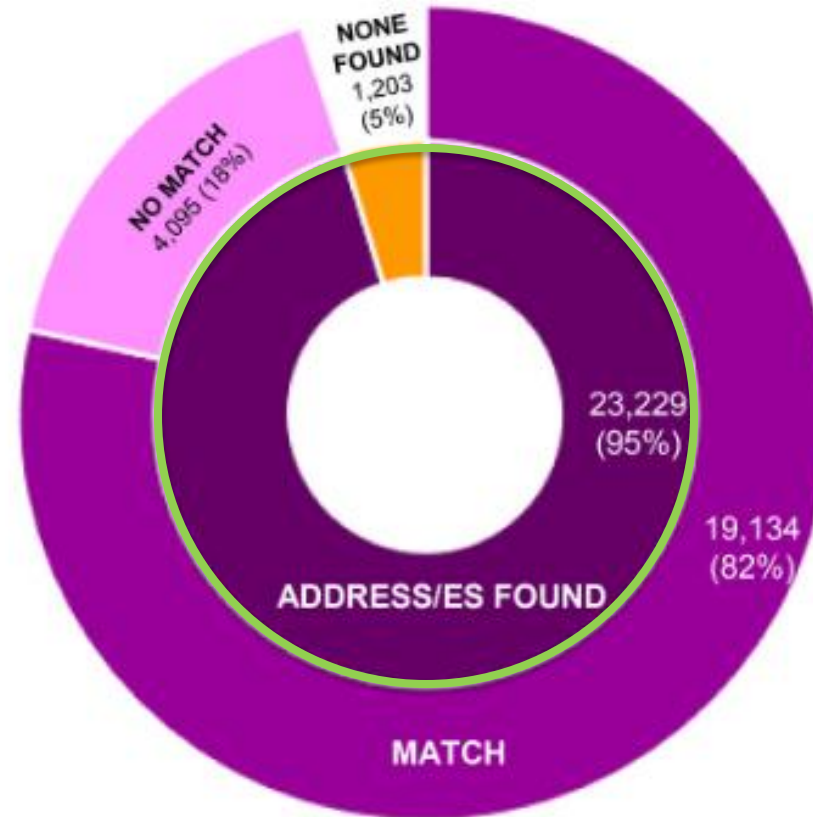


# Fill residence history gaps using commercial data sources

A. Enrollment (1995-1996)



B. Follow-up (2004-2005)





# Summary

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Epidemiologic studies of long-term exposure to environmental contaminants and cancer are important given frequency of emissions and potential disparities in exposure burdens

## **Opportunities**

- Combine GIS-based linkage/modeling, environmental monitoring, participant surveys, & other data to estimate exposure in key microenvironments
- Where historical data are available, ideally estimate exposure over the lifetime, during windows of susceptibility

## **Limitations are most commonly related to exposure assessment**

- Challenges in using data collected for surveillance and regulatory purposes
- Modeled estimates can be difficult to validate

# Acknowledgements

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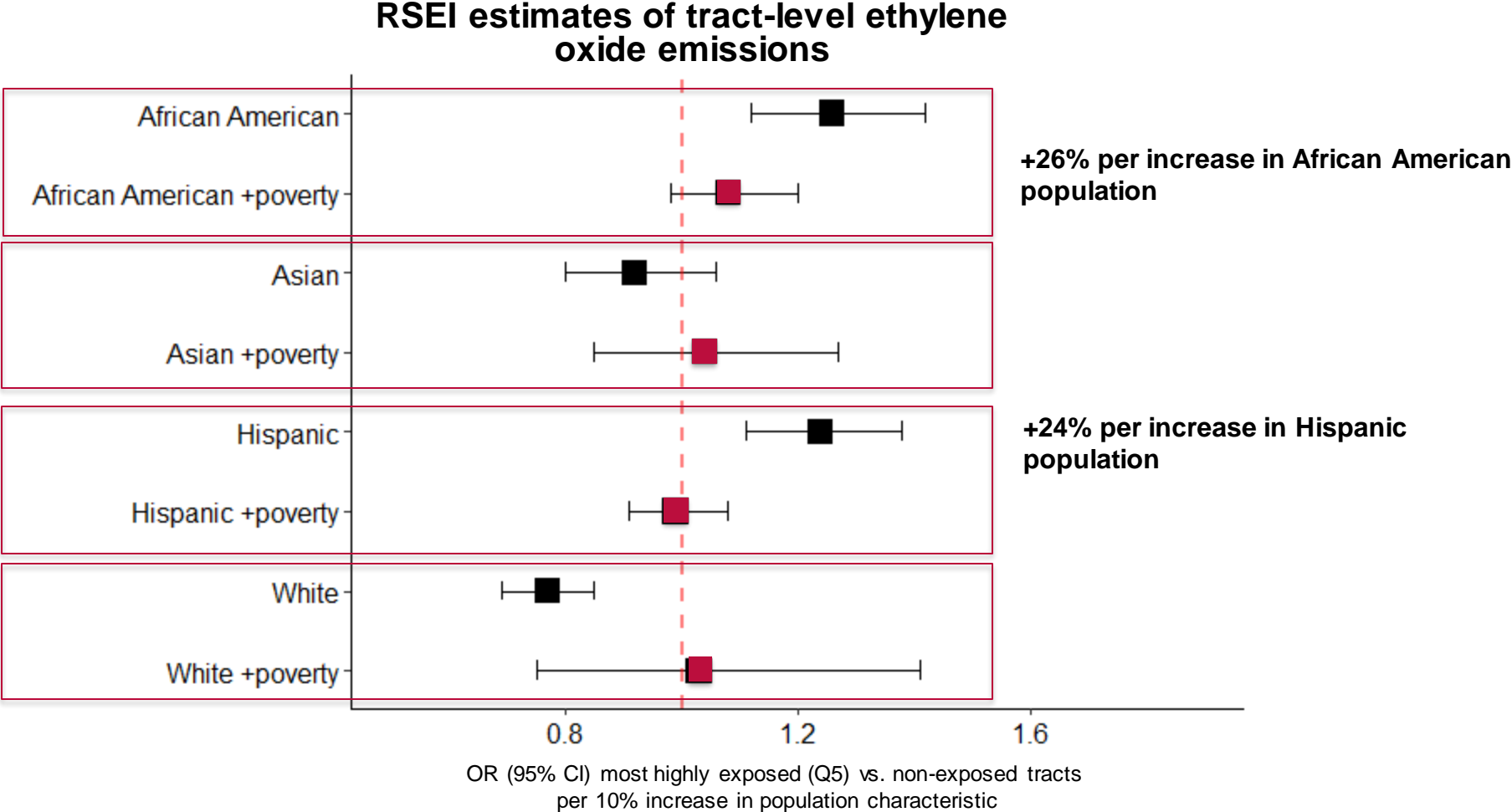


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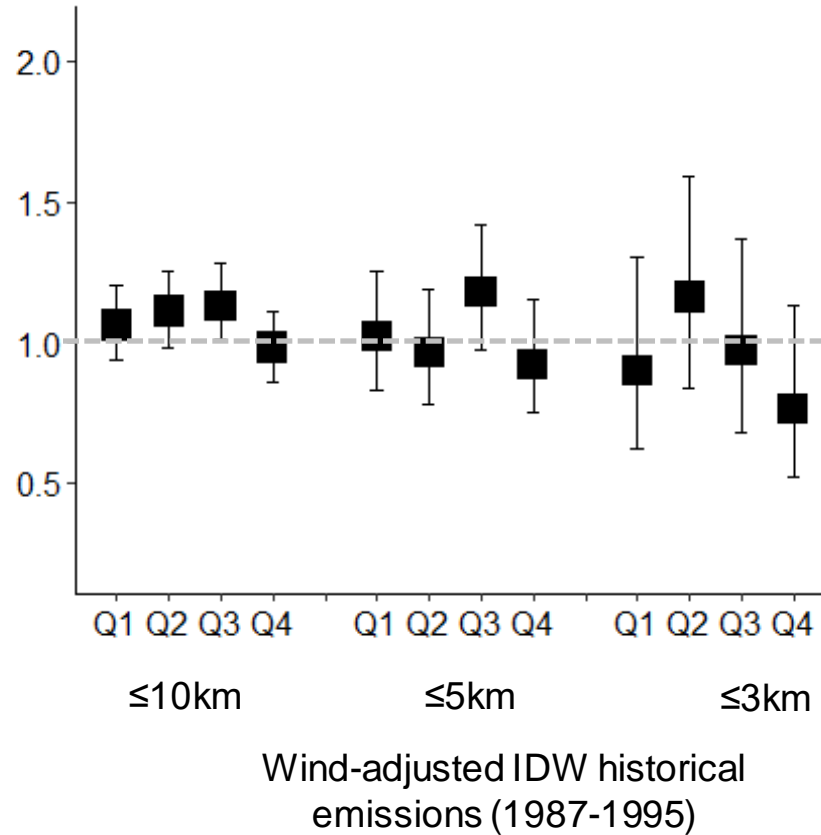
[www.cancer.gov](http://www.cancer.gov)

[www.cancer.gov/espanol](http://www.cancer.gov/espanol)

# Associations of race and ethnicity and poverty with ethylene oxide exposure burden



# Association between ethylene oxide emissions near the home and risk of non-Hodgkin lymphoma (NHL)



## By NHL histologic subtype:

-Suggestion of increased risks of follicular lymphoma and chronic lymphocytic leukemia

-Not in a dose-response fashion and analyses had sub-optimal power

Risk models adjusted for: state of residence, age, race and ethnicity, and smoking status.