Steven Lamm, MD, DTPH

IRIS Bi-Monthly Science Meeting

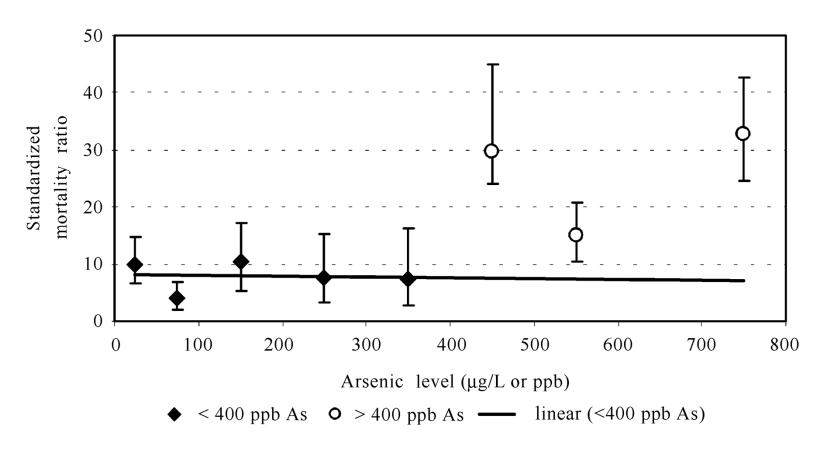
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Science Issue 3: Integrating Results of Epidemiologic Studies

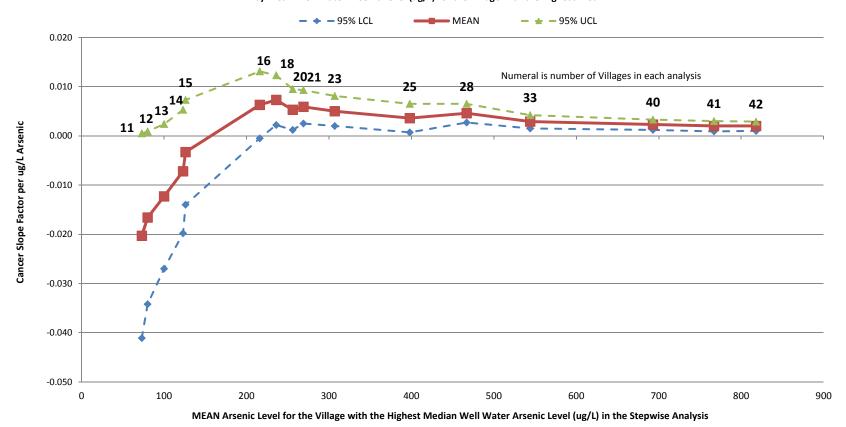
Methods to Separate out High Exposure Outcomes - SMR



Bladder Cancer Mortality (Data from Morales, 2000)

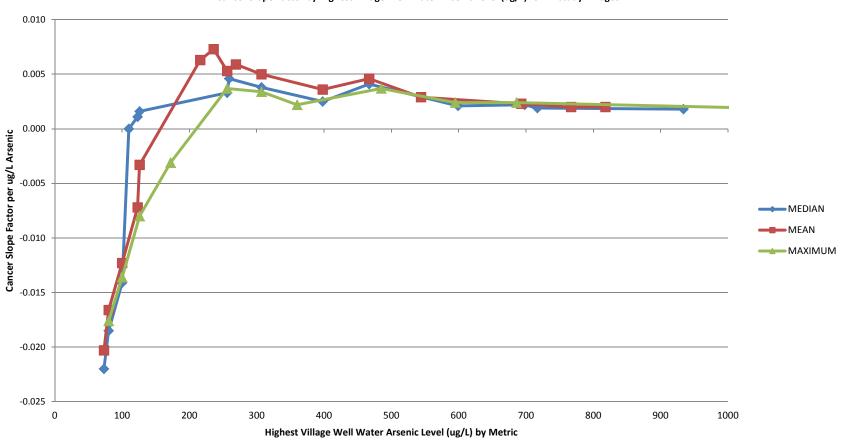
Methods to Separate out High Exposure Outcomes – Reiterative Poisson

Cancer Slope Factor with 95% Confidence Limits for Villages in Southwest Taiwan by Mean Well Water Arsenic Level (ug/L) for the Village with the Highest Mean



Comparison of Metrics





Systematic review of the Association between Lung Cancer Risk and Low Levels of Arsenic in Drinking Water

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ABSTRACT

Background: Multiple studies have demonstrated the increased risk of bladder and lung cancers with exposure to drinking water containing inorganic arsenic at levels in the hundreds of micrograms/liter. The risks at lower levels are uncertain. A systematic review and meta-analysis of the risk of bladder cancers with exposure to drinking water has found no increased risk at arsenic exposures below 200 ug/L with the exception of studies limited to tobacco smokers.1 No such analysis has been reported with respect to lung cancers.

Materials and Methods: Our comprehensive literature search yielded a final set of 11 papers with 17 study populations from 4 continents that reported the risks of lung cancer from lower levels of arsenic exposure in drinking water. Risk ratio and exposure metric data were extracted. Results were stratified into exposures at <10 ug/L, 10-100 ug/L, 100-200 ug/L, and >200 ug/L

Results: The 11 studies had 4 risk estimates in the <10 ug/L range, 18 in the 10-100 ug/L range, 9 in the 100-200 ug/L range, and 5 just above 200 ug/L. The mean and median risk estimates were 0.98 and 1.04 for <10 ug/L, 1.04 and 1.04 for 10-100 ug/L, 1.36 and 1.54 for 100-200 ug/L, and 2.22 and 1.97 for >200 ug/L. An arsenic-associated risk was seen among smokers only above 200 ug/L.

Conclusion: Lung cancer risk with exposure to arsenic in drinking water was not seen to rise at levels below 100 ug/L. Increased risks were observed at 100-200 ug/L and at >200 ug/L. These results are consistent with those of bladder cancer risk with exposure to arsenic in drinking water; However, bladder cancer studies have generally separated out the risk for smokers from that of non-

BACKGROUND

Multiple studies have demonstrated the increased risk of bladder and lung cancers with exposure to drinking water containing inorganic arsenic at levels in the hundreds of micrograms/liter.^{2,3} The risk of lung cancer at lower ingested arsenic levels are uncertain. A systematic review and meta-analysis of the risk of bladder cancers with exposure to drinking water has found no increased risk at arsenic exposures below 200 ug/L with the exception of studies limited to tobacco smokers.1 Reviews of studies of ingested arsenic and lung cancer find associations between arsenic exposure and lung cancer at high concentration levels but not at low levels.4-6

METHODS

Electronic literature bases (PubMed, Embase, Scopus, and Web of Science) were searched along with a review of those articles to assemble 20 papers with stratified arsenic concentration data before narrowing down to 11 papers that fit the inclusion/exclusion criteria. The 11 papers consisting of 17 study populations from 4 continents. Exposure estimates were either the point estimate reported in the source paper or if the source paper gave a range of exposure a midrange was calculated. Exposures were then separated into 4 strata: <10 ug/L, 10-100 ug/L, 100-200 ug/L, and >200 ug/L. Exposures greater than 250 ug/L were not used. Relative risks were extracted from the source papers or calculated for each paper using the lowest arsenic concentration as the reference. Crude data is reported where possible.

| Inclusion Criteria | Exclusion Criteria | | | |
|---|---------------------------------------|--|--|--|
| • Exposure to arsenic from drinking water | • Duplicate data | | | |
| ≥ 2 strata of arsenic concentration levels Reference group <50 ug/L, and first strata | Data Mistakes Small percentage of | | | |
| <200 ug/L | cases have exposure data | | | |
| Study must provide a relative risk or the raw data to calculate one | | | | |

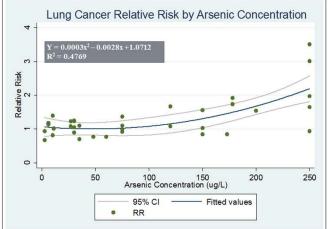
RESULTS

| | | | | | | | | | Relative Risk | | | |
|-------|------------------------------|------|-------------|--------------|------|-----------------|-----------|-----------|---------------|------------|--------------|-----------|
| Paper | Author | Year | Location | Design | Risk | Sub-Populations | Period | Outcome | <10 ug/L | <100 ug/L | 100-200 ug/L | >200 ug/L |
| 1a | Buchet ⁷ | 1998 | Belgium | Ecological | SRR | Males | 1981-1991 | Mortality | 0.94 | 0.82, 1.05 | | |
| 1b | Buchet ⁷ | 1998 | Belgium | Ecological | SRR | Females | 1981-1991 | Mortality | 0.67 | 1.40, 1.24 | | |
| 2 | Chen ⁸ | 2010 | NE Taiwan | Cohort | RR | 9 | 1991-1994 | Incidence | | 1.10, 0.99 | 1.54 | |
| 3 | Dauphine9 | 2013 | CA & NV, US | Case Control | OR | 7 | 2002-2005 | Incidence | | 0.77 | 0.85 | |
| 4a | Ferreccio ¹⁰ | 2006 | Chile | Cohort | SMR | 1985-1992 | 1985-1992 | Mortality | | | 1.03 | 3.51 |
| 4b | Ferreccio ¹⁰ | 2006 | Chile | Cohort | SMR | 1993-2002 | 1993-2002 | Mortality | | | 0.85 | 3.01 |
| 5 | Ferreccio ¹¹ | 2013 | Chile | Case Control | OR | - | 2007-2010 | Incidence | | 0.77 | | |
| 6a | Han ¹² | 2009 | ID, US | Ecological | IR | Males | 1991-2005 | Incidence | 1.14 | 1.23 | | |
| 6b | Han ¹² | 2009 | ID, US | Ecological | IR | Females | 1991-2005 | Incidence | 1.18 | 1.08 | | |
| 7a | Hopenhayn-Rich ¹³ | 1998 | Argentina | Ecological | SMR | Males | 1986-1991 | Mortality | | | 1.67, 1.92 | |
| 7b | Hopenhayn-Rich ¹³ | 1998 | Argentina | Ecological | SMR | Females | 1986-1991 | Mortality | | | 1.08, 1.74 | |
| 8a | Meliker ¹⁴ | 2007 | MI, US | Cohort | SMR | Males | 1979-1997 | Mortality | | 1.02 | | |
| 8b | Meliker ¹⁴ | 2007 | MI, US | Cohort | SMR | Females | 1979-1997 | Mortality | | 1.02 | | |
| 9 | Morales ³ | 2000 | SW Taiwan | Cohort | SMR | - | 1973-1986 | Mortality | | 0.92 | 1.56 | 1.97 |
| 10a | Mostafa ¹⁵ | 2008 | Bangladesh | Case Control | OR | Smokers | 2003-2006 | Incidence | | 1.25, 1.37 | | 1.65 |
| 10b | Mostafa ¹⁵ | 2008 | Bangladesh | Case Control | OR | Non-smokers | 2003-2006 | Incidence | | 0.90, 1.10 | | 0.94 |
| 11 | Smith ¹⁶ | 2009 | Chile | Case Control | OR | - | 1994-1996 | Incidence | | 0.7 | | |

*Adjusted relative risks are shown in italics.

The 11 studies had four results at <10 ug/L (range 0.67-1.18; mean 0.98), 18 results at 10-100 ug/L (range 0.7-1.40; mean 1.04), 9 results at 100-200 ug/L (range 0.85-1.92; mean 1.36), and 5 results at 200-250 ug/L (range 0.94-3.51; mean 2.22).

Polynomial regression of the 36 data points ($y = 0.00003x^2 - 0.0028x + 1.0712$) showed significant association for the quadratic term (p = 0.037) but not for the linear term (p = 0.42). Data points outside of the 95% CI are symmetrically distributed. The lower 95% CI exceeds 1.0 only above approximately 150 ug/L.



CONCLUSION

Polynomial regression of lung cancer relative risk on drinking water arsenic level showed a significant fit to a quadratic model. Lung cancer risk with exposure to arsenic in drinking water was not seen to rise at levels below 100 ug/L with significant risk above about 150 ug/L. Increased risks appeared at 100-200 ug/L and at >200 ug/L. The major limitations of this analysis are not being able to validate exposure values and rarely being able to stratify by smoking. Like for bladder cancers, increased risks are not seen below 100 ug/L arsenic.

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| <u>Criteria</u> | Chen 2010a | Dauphine 2013 | Ferrecio 2013b | Mostafa 2008 |
|----------------------------------|-------------------|---------------|----------------|----------------|
| Randomization | n/a | n/a | n/a | n/a |
| Allocation Concealment | n/a | n/a | n/a | n/a |
| Comparison Group | ++ | ++ | ++ | ++ |
| Confounding (Design) | ++ | ++ | ++ | ++ |
| Unintended Exposure | ++ | ++ | ++ | + |
| Experimental Conditions | n/a | n/a | n/a | n/a |
| Protocol Deviations | + | + | + | + |
| Blinding (During Study) | n/a | n/a | n/a | n/a |
| Missing Outcome data | ++ | ++ | + | + |
| Blinding (Outcome | + | ++ | + | + |
| Assessment) | | | | |
| Confounding (Analysis) | - | - | - | - |
| Exposure Characterization | ++ | + | - | _ 🛑 |
| Outcome Assessment | ++ | ++ | ++ | ++ |
| Outcome Reporting | + | + | + | + |
| Internal Validity | ++ | ++ | ++ | + |
| Risk Tier | Low Risk | Low Risk | Prob High Risk | Prob High Risk |
| with Question 11 included | | | | |
| with Question 11 excluded | Low Risk | Low Risk | Low Risk | Low Risk |

Odds Ratios and Arsenic Strata

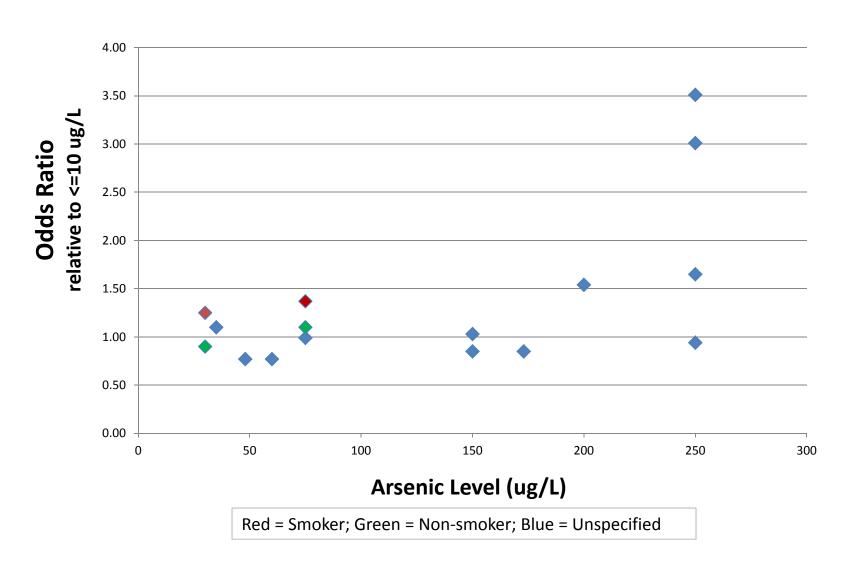
| Author | Year | Population | < 10 ug/L | < 100 ug/L | <u>~ 100-200</u> ug/L | <u>> 200 ug/L</u> |
|-----------|------|-------------------|-----------|------------|--------------------------|----------------------|
| Chen | 2010 | 11 yr F/U -> 2006 | 1.00 | 1.10, 0.99 | 1.54 | |
| Dauphine | 2013 | 2002-2005 | 1.00 | 0.77 | 0.85 | |
| Ferreccio | 2006 | 1985-1992 | 1.00 | | 1.03 | 3.51 |
| Ferreccio | 2006 | 1993-2002 | 1.00 | | 0.85 | 3.01 |
| Ferreccio | 2013 | 2007-2010 | 1.00 | 0.77 | | |
| Mostafa | 2008 | Non-smokers* | 1.00 | 0.90, 1.10 | | 0.94 |
| Mostafa | 2008 | Smokers* | 1.00 | 1.25, 1.37 | | 1.65 |

^{* 2003-2006}

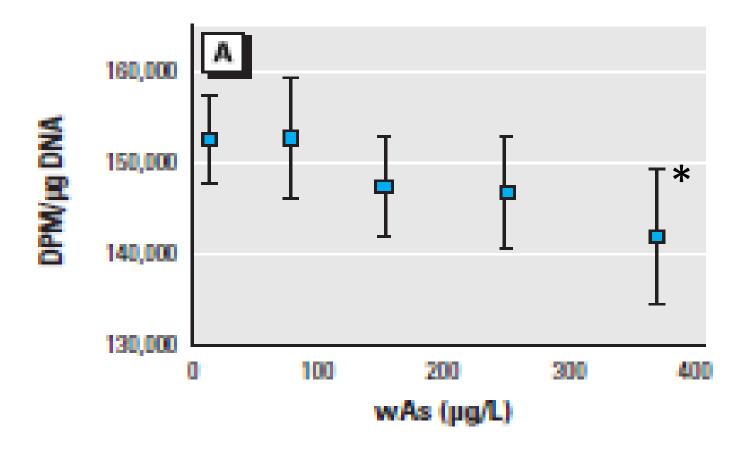
Exposure and Outcome Data

| Author | Year | As | RR |
|-----------|------|-----|------|
| Mostafa | 2008 | 30 | 1.25 |
| Mostafa | 2008 | 30 | 0.90 |
| Chen CL | 2010 | 35 | 1.1 |
| Dauphine | 2013 | 48 | 0.77 |
| Ferreccio | 2013 | 60 | 0.77 |
| Chen CL | 2010 | 75 | 0.99 |
| Mostafa | 2008 | 75 | 1.37 |
| Mostafa | 2008 | 75 | 1.10 |
| Ferreccio | 2006 | 150 | 1.03 |
| Ferreccio | 2006 | 150 | 0.85 |
| Dauphine | 2013 | 173 | 0.85 |
| Chen CL | 2010 | 200 | 1.54 |
| Ferreccio | 2006 | 250 | 3.51 |
| Ferreccio | 2006 | 250 | 3.01 |
| Mostafa | 2008 | 250 | 1.65 |
| Mostafa | 2008 | 250 | 0.94 |

Lung Cancer Odds Ratios by Arsenic Exposure Level



Niedzweicki et al. (EHP 2013)



* Statistically significantly different from lowest level

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