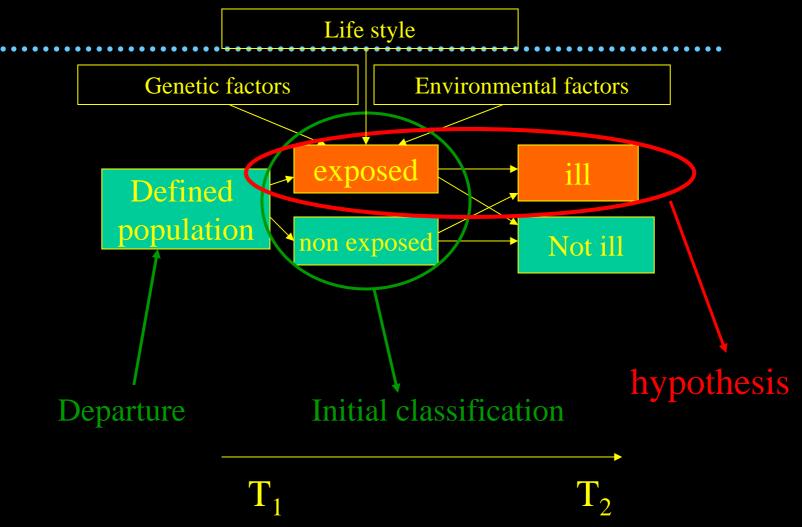
Cohort studies

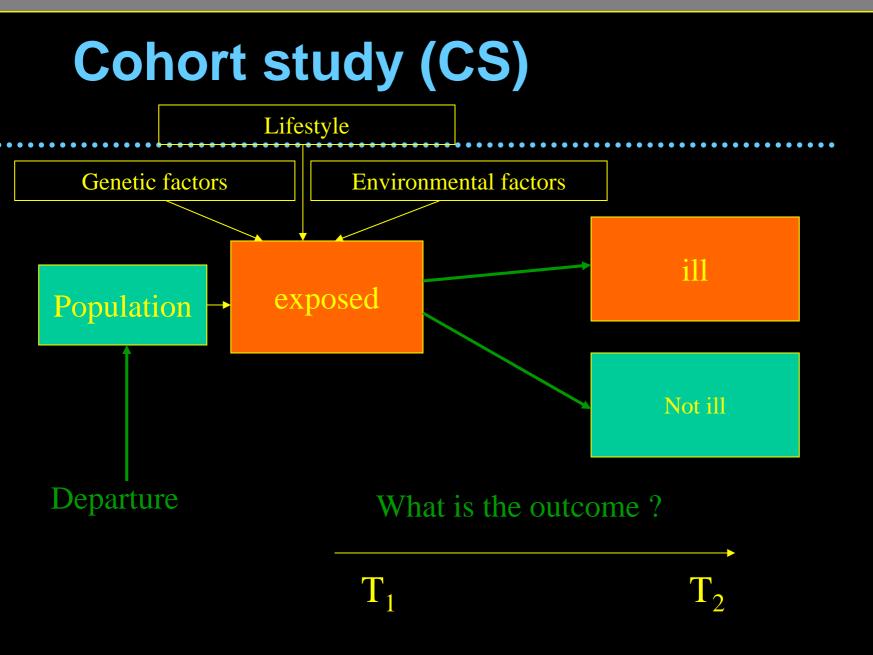
Hans Wolff

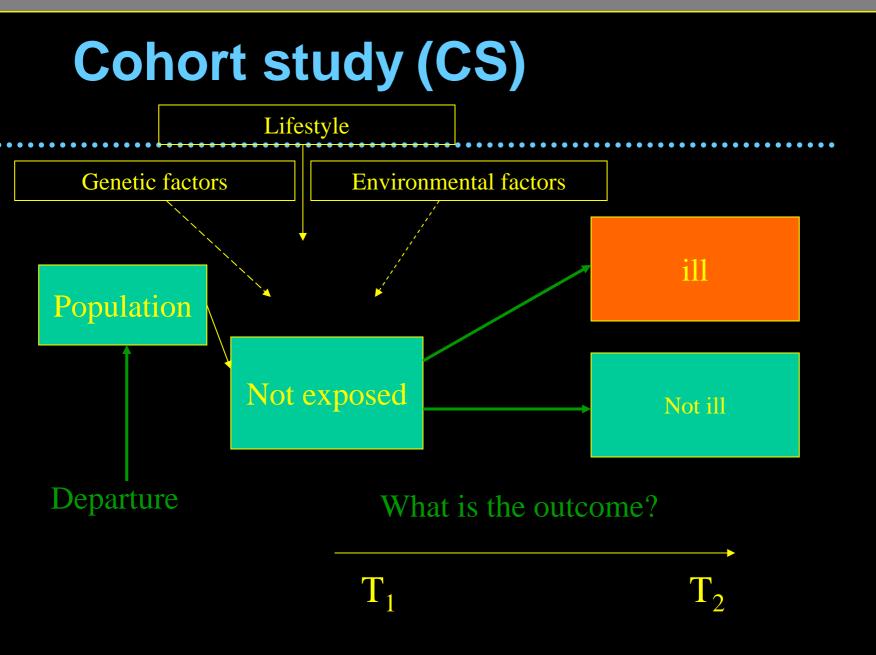
Division d'épidémiologie Clinique, Département de médecine communautaire Hans.Wolff@hcuge.ch









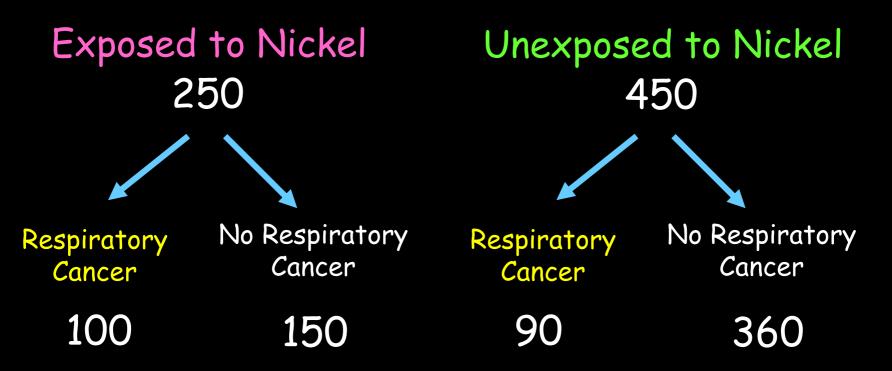


Outline

- Working Example
 - Welsh Nickel Workers Study
 - Description of the study and raw data in...
 - Breslow, N.E., Day N.E.
 Statistical Methods in Cancer Research. IARC, 1987:369-74

Cohort Design

SOUTH WALES REFINERY WORKERS



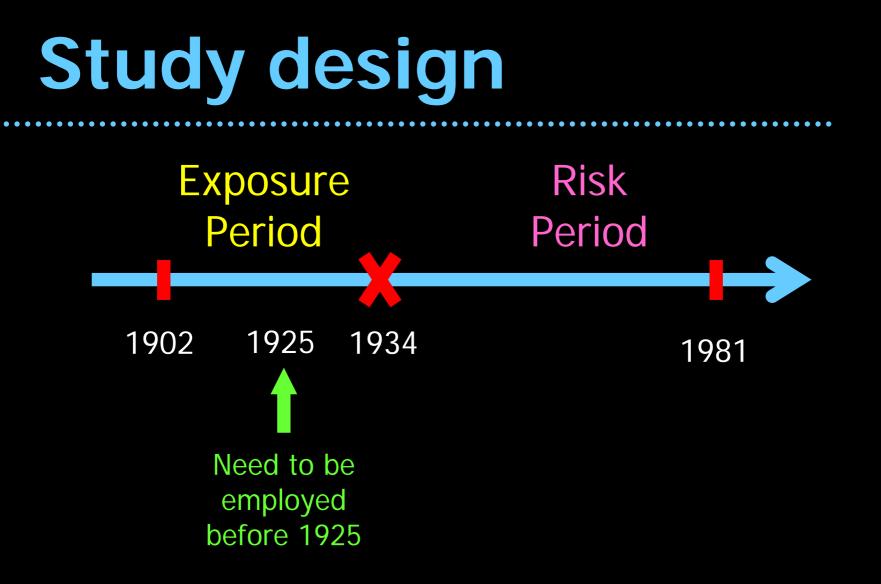
Example

	250 Exposed To Nickel	450 Unexposed To Nickel
Respiratory Cancer	100	90
Person-years	4,100	11,000
Incidence Rate	0.024/yr	0.008/yr
Relative Incidence ra	ate	3.0
Attributable Risk	0.0)16/yr

Study design

- Population: a Nickel factory of South Wales
- Nickel production by decomposition of gaseous nickel compounds
- Exposure: according to information on jobs at high risk of exposure held from 1902 to 1934
- Risk period: count cases of RC* between April 1934 to December 1981
- Outcome: respiratory, mostly lung and nasal cancer

* RC = respiratory cancer



Which is a fundamental condition for the validity of this cohort design ?

- Subjects need to be:
 - 1. A random sample of the population?
 - 2. At risk of developing lung or nasal cancer ?
 - 3. Unlikely to get colon cancer ?
 - 4. Randomized to nickel exposure ?
 - 5. Willing to answer questionnaires for many years ?

"At risk of Respiratory Cancer"

- Never had respiratory cancer: exclude prevalent cases
- Still have two lungs ... and a nose: exclude subjects who cannot travel from the denominator to the numerator

"Incident Respiratory Cancer"

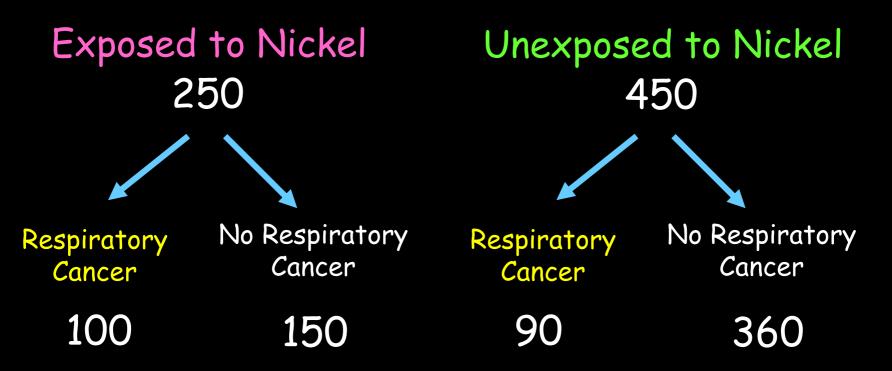
- Incident = "newly diagnosed"
- Between April 1,1934 and December 31,1981
 - Risk Period = 47 years
- Employed in the factory before 1925

What is the risk of respiratory cancer in this study ?

- 1. Probability of developing RC per 100,000 workers and per year
- 2. Probability of developing RC over 47 years
- 3. The excess probability of RC due to exposure
- 4. The ratio of the probability of RC in exposed over the probability of RC in unexposed
- 5. A synonymous for the odds of RC

Cohort Design

SOUTH WALES REFINERY WORKERS



Risk of respiratory cancer in unexposed

Unexposed to

	Nickel
Respiratory Cancer	90
Total	450
Person-years	11,000

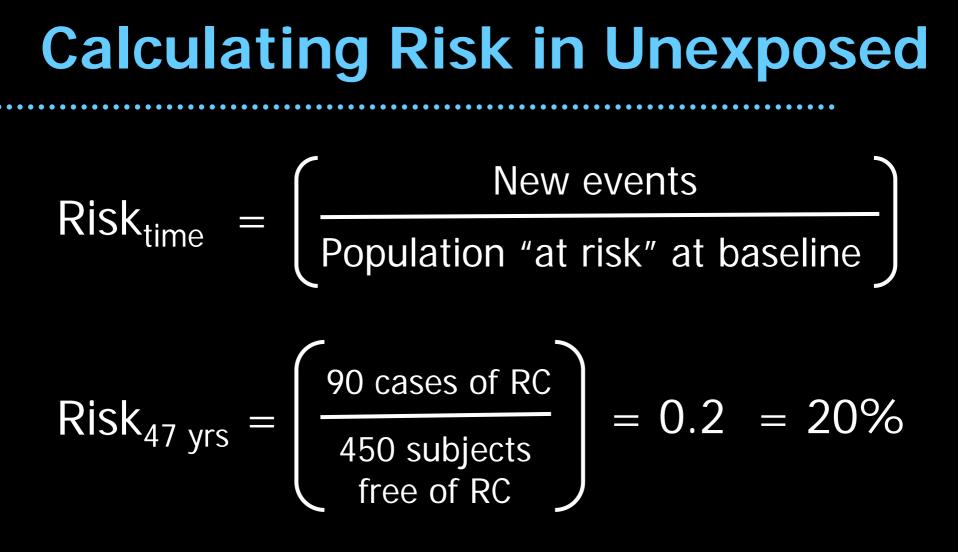
Interpretation:

Risk =

What is the risk of respiratory cancer in unexposed ?

1.
$$\begin{pmatrix} 90 \\ 450 \end{pmatrix}$$
 2. $\begin{pmatrix} 90 \\ 450-90 \end{pmatrix}$ 3. $\begin{pmatrix} 450-90 \\ 450 \end{pmatrix}$

4.
$$\left(\frac{90}{11,000}\right)$$
 5. $\left(\frac{90}{11,000-90}\right)$

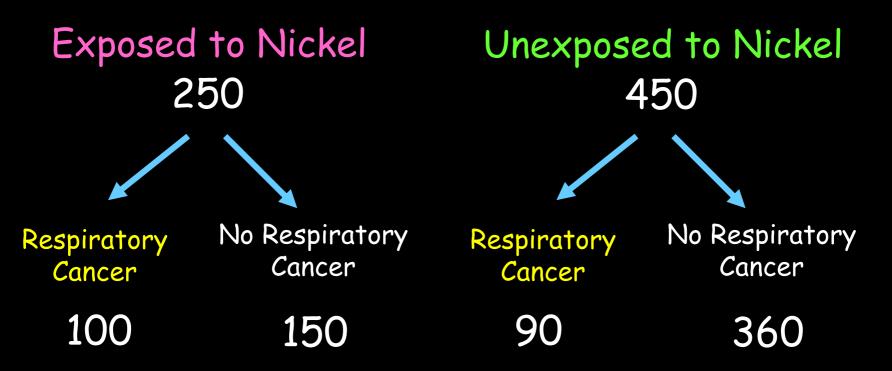


Risk in Unexposed

Interpretation: Probability of developing a respiratory cancer in workers unexposed to nickel is 20% over 47 years

Cohort Design

SOUTH WALES REFINERY WORKERS



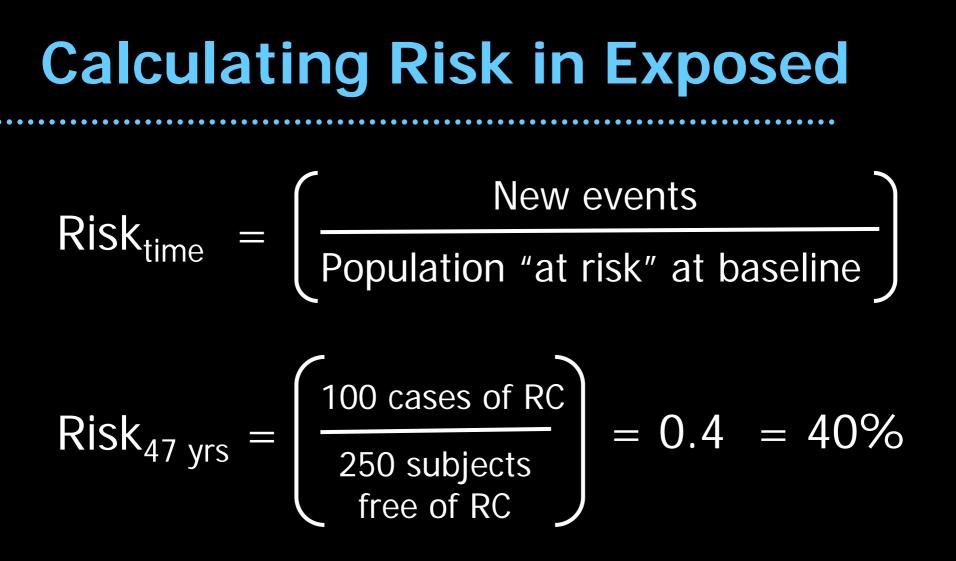
Risk of respiratory cancer in exposed to nickel

Exposed to

	Nickel
Respiratory Cancer	100
Total	250
Person-years	4,100

Risk =

Interpretation:



Risk in Exposed

Interpretation: Probability of developing a respiratory cancer in workers exposed to nickel is 40% over 47 years

What is an incidence rate of respiratory cancer in this study?

- 1. Probability of developing RC per 100,000 workers and per year
- 2. Probability of developing RC over 47 years
- 3. The excess probability of RC due to exposure
- 4. The ratio of the probability of disease in exposed over the probability of disease in unexposed
- 5. Equivalent to the odds of disease (odds of RC)

Notation

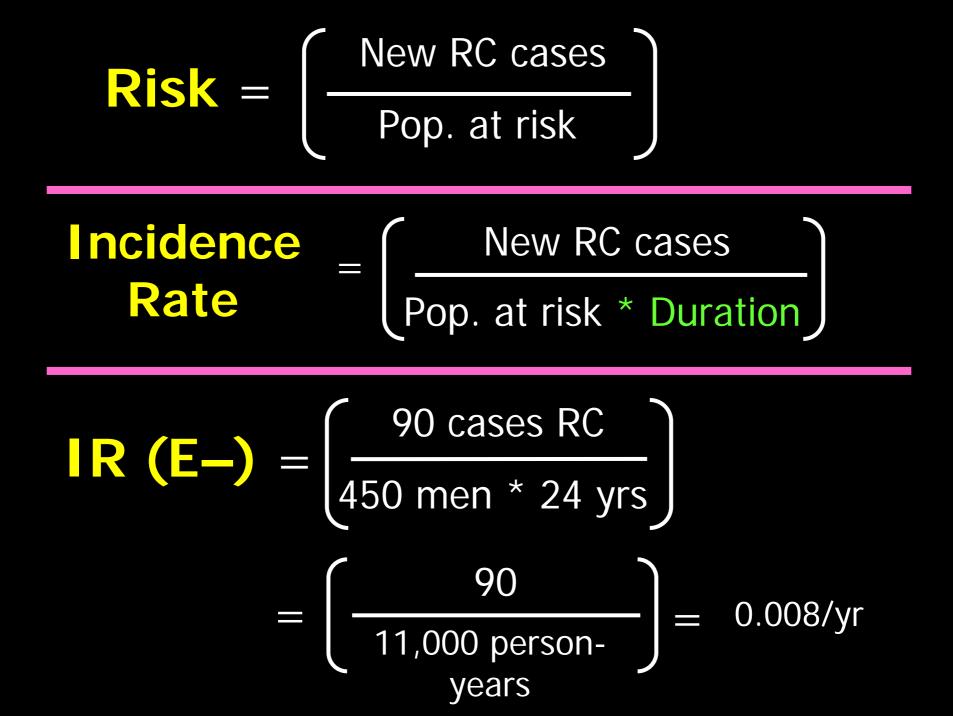
- R = Risk
- R = Incidence rate
- E+ = Exposed to nickel
- \mathbf{E} = Non-exposed to dimes
- R(E+) = Risk in exposed to nickel
- R(E+) = Incidence rate in exposed to nickel

Incidence rate (IR) = risk per unit of time

- Risk period = 47 yrs.
- Some subjects followed-up for < 47 yrs.</p>
 - E.g., cases, losses to follow-up

Solution # 1

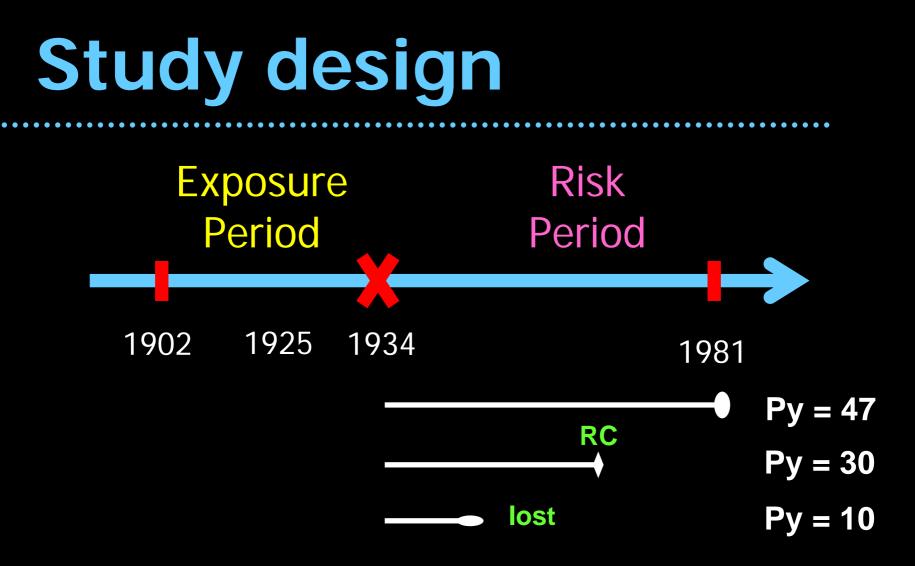
 divide risk by average duration of follow-up (24yrs)



Incidence rate (IR) = risk per unit of time

Solution # 2

- Use person-time as denominator
- I person followed for 2 years = 2 person-year
- I person followed for 1 year = 1 person-year



Example

	Exposed to Nickel	Unexposed to Nickel
Respiratory Cancer	100	90
Person-years	4,100	11,000
Incidence Rate	?	0.008

$|\mathbf{R}(\mathbf{E}+)| = \left(\frac{100 \text{ cases RC}}{4,100 \text{ person-years}}\right)$

= 0.024/yr

What is an attributable risk in this study?

- 1. The ratio of the risk of RC in exposed to Nickel over the risk in unexposed?
- 2. The risk of RC that is not due to Nickel exposure
- 3. The excess rate of RC observed in subjects exposed to nickel compared to unexposed
- 4. The number of workers that need to be exposed to nickel in order to observe an additional case of RC
- 5. All of the above

Absolute Effect: Attributable Risk (AR) (2)

AR = IR(E+) - IR(E-)

- = IR (E+) IR (E -)
- = 0.024/yr 0.008/yr = 0.016/yr
- = 16 / 1,000 / y
- = Excess IR of RC due to nickel

Attributable Risk

$$IR(E+) = (IR(E-) + AR) = (0.008 + 0.016) = 0.024$$

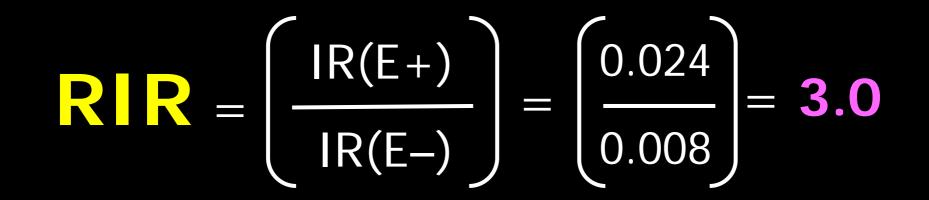
Synonymous:

- Excess Risk
- Risk Difference
- Excess Rate

What is a relative risk in this study?

- 1. The ratio of the IR of RC in exposed to nickel over the IR in unexposed?
- 2. The IR of RC that is not due to nickel exposure
- 3. The excess risk of RC observed among subjects exposed to nickel
- 4. The number of workers that need to be exposed to nickel in order to observe an additional case of RC
- 5. None of the above

Relative Effect: Relative Incidence Rate (RIR)*



* Also referred to as relative risk

Relative Effect

 Risk in exposed is a multiple of risk in unexposed

• [R(E+) = [IR(E-) * RIR] = [0.008* 3.0]= 0.024/yr

Relative Effect

Relativ	e or Ab	solut	e Effect
IR(E+)	IR(E–)	RR	AR
24	8	3.0	16
/1000/yr	/1000/yr		/1000/yr
60	20	3.0	40
/1000/yr	/1000/yr		/1000/yr

Interpretation

 Attributable risk measures clinical and public health importance of the causal relationship

Relative risk assesses strength of the association

Example:	Wrap	ping up
	250 Exposed To Nickel	450 Unexposed To Nickel
Respiratory Cancer	100	90
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Incidence Rate	0.024/yr	0.008/yr
Relative Incidence ra	ate	3.0
Attributable Risk	0.0)16/yr

Prospective Studies: Advantages

- Exposure to postulated cause is assessed before occurrence of disease
- Possible to estimate all measures of incidence and effect
- Possible to study several outcomes to one cause

Prospective Studies: Disadvantages

- Requires large investments in time, human and financial resources
- Requires large sample sizes (e.g., 110.000 nurses, 59.600 doctors, 1.2 millions volunteers)
- Not easy to reproduce (Re: consistency of the association)