S Rohrmann et al. Am J Epidemiol. (2006) Vol.164 p 1103–1114
Ethanol Intake and Risk of Lung Cancer in the European Prospective Investigation into Cancer and Nutrition (EPIC)

This very large prospective study include corrections for all the known confounding variables. It found a very uncertain relationship between daily alcohol consumption and risk of lung cancer. It is just possible that the data show a protective effect between 10 and 30 g/day (1 to 3 drinks) and an excess risk between 30 and 70 g/day. This was by far the largest and most thorough study in our experience and casts doubt on many previous studies which show an excess risk of the order 20%.

[Editor's note: studies of lung cancer aetiology often include corrections for alcohol exposure. This correction may not actually have anything to do with alcohol but with some covariates. In any case, the link between consumption and risk is very weak. Alcohol could still aggravate other exposures.]

A Smith et al. International Journal of Epidemiology (2006) Vol.35 p 1504–1513
Childhood leukaemia and socioeconomic status: fact or artefact? A report from the United Kingdom childhood cancer study (UKCCS)

Studies of causation tend to include a correction for socio-economic-status. Consensus has been that higher status (wealth) was associated with increased risk of childhood leukaemia. The present study finds no evidence in support of this view. In addition there was no evidence of a link with cancers of all kinds. The study was of very significant size n = 4,430 for all cancers and n = 1,578 for leukaemia alone.

W Anees et al. Thorax (2006) Vol.61 p 751 - 755
FEV_1 decline in occupational asthma

Rate of change of FEV_1 (forced expiratory volume in 1 second) is a strong predictor of long term outcome. FEV_1 varies with age in the absence of disease at a rate of 25 ml/yr [however, precision any single measurement may be no better than 300 ml].

In this research the rate of decline of FEV_1 was measured before and after removal from exposure to an occupational allergen. 44 patients were observed throughout pre removal, recovery and post removal phases.

Pre removal the rate of decline was 111 (±24) ml per year. During recovery FEV_1 decline was halted or partly reversed, after recovery, the rate of decline was 26 ml per year.

[Editor's note: such information is valuable in determining attributable loss]

CM Villaneuva et al. Am J Epidemiol (2007) Vol.165 p148–156
Bladder Cancer and Exposure to Water Disinfection By-Products through Ingestion, Bathing, Showering, and Swimming in Pools

When disinfection by products exceed 50 µg/l in drinking water the risk of bladder cancer (assuming long term exposure) is approximately doubled. OR = 2.1 (95% CI = 1.1 to 4.1). The risk was lower when exposure was via bathing.

[Editor's note: retrospective exposure assessment. Dose response results were not systematic]

PR Salameh et al. European Journal of Epidemiology (2006) Vol.21 p 681–688
Chronic bronchitis and pesticide exposure: a case–control study in Lebanon

Exposure to pesticides was associated with chronic bronchitis (OR = 2.5 [95% CI = 1.5 – 3.9]). Occupational use presented the highest association (15.9 [3.5 – 72.4]), followed by regional exposure (3.7 [2.0 – 6.7]). Risk increased with cumulative exposure.

Exposure was assessed by questionnaire: ''Have you ever used pesticides in your work?'' ''Have you ever used pesticides out of your work (for house or garden treatment...)?'' ''Do you live in a region heavily treated by pesticides?'' ''Do you live in the proximity of a heavily treated field by pesticides?''...

[Editor's note: the associations reported here are very strong and unusual.]