A prospective study of occupation and prostate cancer risk

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A Prospective Study of Occupation and Prostate Cancer Risk

Maurice P. A. Zeegers, PhD
Ingrid H. M. Friesema, MSc
R. Alexandra Goldbohm, PhD
Piet A. van den Brandt, PhD

A wide variety of occupations has been associated with prostate cancer in previous retrospective studies. Most attention has been paid to farming, metal working, and the rubber industry. Today, these results cannot be affirmed with confidence, because many associations could be influenced by recall bias, have been inconsistent, or have not been confirmed satisfactory in subsequent studies. This study was conducted to investigate and confirm these important associations in a large prospective cohort study. The authors conducted a prospective cohort study among 58,279 men. In September 1986, the cohort members (55–69 years) completed a self-administered questionnaire on potential cancer risk factors, including job history. Related job codes were clustered in professional groups. These predefined clusters were investigated in 3 time windows: 1) profession ever performed, 2) longest profession ever held, and 3) last profession held at baseline. Follow up for incident prostate cancer was established by linkage to cancer registries until December 1993. A case-cohort approach was used based on 830 cases and 1525 subcohort members. To minimize false-positive results, 99% confidence intervals (99% CI) were calculated. Although moderately decreased prostate cancer risks were found for electricians, farmers, firefighters, woodworkers, textile workers, butchers, salesmen, teachers, and clerical workers, none of the relative risks (RR) were found to be statistically significant. For road transporters, metal workers, and managers, no association with prostate cancer risk was found. Although the RR for railway workers, mechanics, welders, chemists, painters, and cooks was moderately increased, these estimates were not statistically significant. For men who reported to have ever worked in the rubber industry, we found a substantially increased prostate cancer risk, but not statistically significant (RR, 4.18; 99% CI = 0.22–80.45). For policemen, we found a substantial and marginally statistically significant increased prostate cancer risk, especially for those who reported working as a policeman for most of their occupational life (RR, 3.91; 99% CI = 1.14–13.42) or as the last profession held at baseline (RR, 4.00; 99% CI = 1.19–13.37). Most of the previously investigated associations between occupation and prostate cancer risk could not be confirmed with confidence in this prospective study. The lack of statistical significance for rubber workers could be caused by the scarcity of rubber workers in this cohort and subsequent lack of power. The results for policemen were substantial and statistically significant, although a conservative value for significance level was used. (J Occup Environ Med. 2004;46:271–279)

From the Departments of Epidemiology (Dr Zeegers, Dr van den Brandt) and HealthCare Science (Dr Friesema), Maastricht University, Maastricht, The Netherlands; and the Department of Nutritional Epidemiology, TNO Nutrition and Food Research, Zeist, The Netherlands (Dr Goldbohm).

Address correspondence to: Maurice P. A. Zeegers, PhD, Maastricht University, Department of Epidemiology, PO Box 616, 6200 MD Maastricht, The Netherlands; E-mail address: mpa.zeegers@epid.unimaas.nl.

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The rapidly increasing incidence of prostate cancer in Western countries¹ calls for attention to the etiology and prevention of this type of cancer. Many risk factors have been proposed to affect the occurrence of prostate cancer. However, despite this effort, the etiology of prostate cancer is still largely unknown, especially when compared with other common cancers.

Potential risk factors that are mentioned are diet, hormones, physical activity, marital status, family history of prostate cancer, race, circumcision, smoking, anthropometry, and occupation.^{2–15} A wide variety of occupations and occupational exposures have been associated with prostate cancer in predominantly retrospective studies. Reviews on this topic are scarce and nearly always focused on one job category.^{16–22} Most attention has been paid to farming, metal working, and the rubber industry.²³ Exposures that are linked to these occupations are herbicides and pesticides, cadmium, polycyclic aromatic hydrocarbons, and engine emissions.^{24–26}

However, there has been no profession for which an association has been decisively established. Many occupational associations could have been influenced by recall bias. Recall bias is especially hazardous in retrospective case-control studies in which cases and controls might have differential recollection of potential risk factors of cancer. Also, many occupations have been investigated insufficiently, because their frequency in the general population is too low to calculate disease risk es-

timates. The aim of this article is to investigate the association between occupation and prostate cancer risk within a prospective cohort study, which prevents recall bias. The cohort is based on 58,279 population-sampled male participants leaving a wide range of professions to be examined with sufficient frequency.

Methods

Study Population

The study design, including data collection strategies, has been described in detail previously.²⁷ In short, the cohort includes 58,279 men aged 55 to 69 years at baseline. The study population originated from 204 municipal population registries throughout The Netherlands. The case-cohort approach was used for data processing and analysis.²⁸ Cases were enumerated from the entire cohort, whereas the accumulated person-years in the cohort were estimated from a subcohort sample. Following this approach, a subcohort of 1688 men was randomly sampled from the cohort after baseline exposure measurement. The subcohort has been followed up for vital status information. No subcohort members were lost to follow up.

Follow Up

Follow up for incident cancer was established by record linkage of the full cohort to cancer registries and the Dutch national database of pathology reports.²⁹ The completeness of cancer follow up was estimated to be over 95%.³⁰ The presented analysis is restricted to cancer incidence in 7.3 years of follow up, from September 1986 to December 1993. After excluding prevalent cases with cancer other than skin cancer, a total of 1630 male subcohort members and 903 men with microscopically confirmed incident carcinomas of the prostate were available for this study. Inclusion of prevalent cases could have yield to biased results, because patients with cancer could have adjusted their lifestyle after diagnosis.

Exposure Assessment

At baseline, the cohort members completed a mailed, self-administered questionnaire on potential confounders and other risk factors for cancer. In this questionnaire, occupational history was addressed by questions on each occupation in paid employment they had ever held along with the years they had occupied those jobs with a maximum of 5 occupations. The job titles were coded using the Dutch Occupation Classification System of the "Centraal Bureau voor de Statistiek."³¹ All job codes were mutually exclusive. Related job codes were clustered in professional groups: farmer (eg, poultry farmer, lowland farmer), railway worker (eg, train guard, train driver), road transportation (eg, cap driver, truckdriver), firefighter, policeman (eg, police officer, police inspector, detective), mechanic (eg, maintenance mechanic, repairman), welder (eg, iron welder, lead solder), metalworker (eg, galvanizer, fitter), woodworker (eg, carpenter, cabinet maker), textile worker (eg, upholsterer, embroiderer), rubber worker (eg, tire vulcanize, rubber laminator), chemist (eg, physicist, laboratory attendant), painter (eg, house painter, car sprayer), electrician (eg, car electrician, electrical installation engineer), butcher (eg, butcher, poultryer), cook (eg, cook, kitchen maid), salesman (eg, shop assistant, newspaperman), teacher (eg, professor, infant schoolteacher), clerical worker (eg, counter clerk, administrator), and manager (eg, plant manager, director). A complete list of Dutch job titles organized by professional group is available on request. To minimize false-positive results, only these predefined clusters were tested in 3 time windows: 1) profession ever performed, 2) longest profession ever held, and 3) last profession held at baseline.

Statistical Analyses

Both age-adjusted and multivariable adjusted incidence rate ratios

(RR) relating the 3 time windows for each profession to prostate cancer risk were estimated using exponentially distributed failure time regression models³² with the Stata statistical software package.³³ In all analyses, the robust standard error estimation was used to account for additional variance introduced by sampling from the cohort.^{34,35} Because many associations have been tested, we have minimized the probability of false-positive results by calculation 99% confidence intervals (99% CI) rather than using a Bonferroni correction, because it is an overly severe correction³⁶ that would have caused excessive loss of sensitivity (statistical power). The following variables were included as covariates in multivariable analyses based on their independent effects in the Netherlands Cohort Study²⁻⁵ and other earlier studies on prostate cancer risk factors⁷⁻¹⁵: age (years); first-degree family history of prostate cancer (yes/no); consumption of vegetables, fruit, dairy products, meat, and alcohol (g/day); years of cigarette smoking, number of cigarettes smoked per day; level of education (no education of primary school, lower occupational training, medium occupational training, high education level [ie, university]); and level of physical activity (no, low, medium, high). Because the multivariable analyses included dietary covariates, men with incomplete or inconsistent dietary data were excluded, leaving 830 cases with prostate cancer and 1525 subcohort members available for all analyses. Sensitivity analyses showed that this exclusion did not change the results substantially. Because of sparse data, it was not possible to evaluate the occupational associations separately for advanced and localized prostate cancer cases.

Results

Most prostate cancer cases ($n = 765$, 92%) and subcohort members ($n = 1390$, 91%) provided information on their job history. Table 1 describes the covariates used in mul-

TABLE 1

Description of Potential Confounding Factors For Prostate Cancer Cases and Subcohort Members, Netherlands Cohort Study (1986–1993)

	Cases (n = 830)		Subcohort (n = 1525)	
	Mean	SD	Mean	SD
Age (years)	63.74	3.76	61.36	4.17
Vegetable consumption (g/day)	189.12	77.77	191.43	85.25
Fruit consumption (g/day)	162.43	110.45	154.15	111.73
Dairy product consumption (g/day)	307.14	193.63	308.36	214.95
Meat consumption (g/day)	104.32	40.57	105.97	43.25
Alcohol consumption (g/day)	14.65	15.76	14.58	16.59
No. of cigarettes per day	13.96	11.26	14.52	11.54
Years of cigarette smoking	30.61	16.81	28.91	15.94
	No.	Percentage	No.	Percentage
Family history of prostate cancer				
No	791	95.30	1484	97.31
Yes	39	4.70	41	2.69
Level of education				
No	230	27.91	393	25.94
Low	133	16.14	321	21.19
Medium	290	35.19	530	34.98
High	171	20.75	271	17.89
Level of physical activity				
No	112	13.69	232	15.42
Low	241	29.46	441	29.30
Medium	303	37.04	527	35.02
High	162	19.80	305	20.27

SD, standard deviation.

tivariable regression analyses for prostate cancer cases compared with subcohort members separately. On average, the cases were 63.74 (± 3.76) years old at baseline and the subcohort members were 61.36 (± 4.17) years old. The distribution of other potential confounders appeared to be comparable between cases and subcohort members, except for first-degree family history of prostate cancer, which was more frequently reported by the cases (4.70%) than by the subcohort members (2.69%) (Table 1).

For clarity, we have categorized the estimated associations into 5 levels: substantial decreased risk ($RR < 0.4$), moderately decreased risk ($0.4 \leq RR < 0.8$), no association ($0.8 \leq RR < 1.2$), moderately increased risk ($1.2 \leq RR < 2.5$), and substantially increased risk ($RR \geq 2.5$).

Substantially Decreased Risk

Incidence rate ratio estimates for professions ever performed, longest

professions ever held, and last professions held at baseline are presented in Table 2. Except for electricians, none of the investigated occupations appeared to be associated with a substantially decreased prostate cancer risk compared with the risk in the general population after multivariable adjustment. Although the effect estimate for those having worked as a electrician at baseline showed a substantial multivariable adjusted decreased prostate cancer risk ($RR_{\text{baseline}} = 0.18$), this is based on few electricians and subsequently has low power. However, also in other time windows, decreased risks for electricians were found.

Moderately Decreased Risk

We have found moderately decreased prostate cancer risks in at least one time window for: farmers ($RR_{\text{longest}} = 0.70$, $RR_{\text{baseline}} = 0.75$), firefighters ($RR_{\text{ever}} = 0.59$, $RR_{\text{longest}} = 0.69$), woodworkers ($RR_{\text{longest}} = 0.65$, $RR_{\text{baseline}} = 0.71$),

textile workers ($RR_{\text{longest}} = 0.58$, $RR_{\text{baseline}} = 0.40$), electricians ($RR_{\text{ever}} = 0.61$, $RR_{\text{longest}} = 0.48$), butchers ($RR_{\text{longest}} = 0.71$, $RR_{\text{baseline}} = 0.50$), salesmen ($RR_{\text{longest}} = 0.67$, $RR_{\text{baseline}} = 0.69$), teachers ($RR_{\text{longest}} = 0.69$, $RR_{\text{baseline}} = 0.76$), and clerical workers ($RR_{\text{ever}} = 0.74$, $RR_{\text{longest}} = 0.64$, $RR_{\text{baseline}} = 0.67$). However, none of these estimates were found to be statistically significant.

No Association

We could not identify an association with prostate cancer risk in any time window for road transporters ($RR_{\text{ever}} = 1.10$, $RR_{\text{longest}} = 0.96$, $RR_{\text{baseline}} = 1.01$), metal workers ($RR_{\text{ever}} = 0.92$, $RR_{\text{longest}} = 1.00$, $RR_{\text{baseline}} = 1.05$), or managers ($RR_{\text{ever}} = 1.14$, $RR_{\text{longest}} = 0.98$, $RR_{\text{baseline}} = 1.13$).

Moderately Increased Risk

In at least one time window, moderately increased prostate cancer risks were found for railway workers

TABLE 2
Incidence Rate/Ratios for Prostate Cancer According to Occupational History, Netherlands Cohort Study (1986–1993)

Profession	Profession ever performed				Longest profession				Profession at baseline						
	Cases*	PY†	RR	LCI‡	HCI§	Cases*	PY†	RR	LCI‡	HCI§	Cases*	PY†	RR	LCI‡	HCI§
Farmer															
Age-adjusted	704	61	8666	904	0.82	0.53	1.27	685	32	8437	534	0.72	0.40	1.29	1.33
Multivariable	657	54	7946	772	0.86	0.53	1.40	638	27	7713	449	0.70	0.36	1.36	1.46
Railway worker															
Age-adjusted	753	12	9429	142	1.07	0.39	2.94	711	6	8875	97	0.85	0.22	3.26	2.72
Multivariable	699	12	8592	126	1.41	0.48	4.14	659	6	8074	89	1.04	0.26	4.21	3.49
Road transporter															
Age-adjusted	736	29	9157	413	0.99	0.52	1.86	700	17	8721	251	0.82	0.36	1.84	1.95
Multivariable	683	28	8356	362	1.10	0.55	2.19	648	17	7948	215	0.96	0.40	2.33	2.48
Fire-fighter															
Age-adjusted	763	2	9542	28	0.57	0.05	5.92	716	1	8957	15	0.53	0.02	15.37	17.98
Multivariable	709	2	8690	28	0.59	0.05	6.33	664	1	8148	15	0.69	0.02	21.87	24.66
Policeman															
Age-adjusted	747	18	9436	134	1.31	0.52	3.33	702	15	8903	69	2.71	0.82	8.94	9.04
Multivariable	693	18	8591	127	1.62	0.62	4.27	650	15	8101	62	3.91	1.14	13.42	13.37
Mechanic															
Age-adjusted	693	72	8531	1040	1.03	0.68	1.55	679	38	8454	517	1.10	0.63	1.92	2.08
Multivariable	644	67	7781	937	1.16	0.73	1.83	630	35	7710	452	1.34	0.71	2.53	2.68
Welder															
Age-adjusted	753	12	9425	146	1.41	0.51	3.88	712	5	8899	73	1.07	0.23	4.88	3.75
Multivariable	699	12	8601	117	1.81	0.62	5.30	660	5	8112	51	1.42	0.27	7.46	5.64
Metal worker															
Age-adjusted	720	45	8915	656	0.89	0.54	1.47	692	25	8637	335	0.93	0.47	1.85	1.90
Multivariable	668	43	8089	629	0.92	0.54	1.56	641	24	7843	320	1.00	0.49	2.04	2.17
Wood worker															
Age-adjusted	740	25	9199	372	0.71	0.37	1.38	706	11	8802	170	0.56	0.22	1.43	1.42
Multivariable	688	23	8395	323	0.82	0.40	1.69	656	9	8029	134	0.65	0.22	1.94	1.92
Textile worker															
Age-adjusted	739	26	9229	341	0.89	0.45	1.73	704	13	8763	208	0.62	0.25	1.54	1.51
Multivariable	688	23	8406	312	0.86	0.41	1.78	654	11	7976	187	0.58	0.21	1.58	1.32
Rubber worker															
Age-adjusted	759	6	9563	7	4.63	0.28	75.62	716	1	8971	0	n/a	n/a	n/a	n/a
Multivariable	706	5	8711	7	4.18	0.22	80.45	665	0	8163	0	n/a	n/a	n/a	n/a
Chemist															
Age-adjusted	749	16	9346	225	1.03	0.44	2.41	708	9	8831	141	1.06	0.35	3.20	2.99
Multivariable	695	16	8536	182	1.19	0.48	2.95	656	9	8058	105	1.28	0.38	4.28	3.80
Painter															
Age-adjusted	752	13	9433	137	1.00	0.38	2.66	709	8	8897	74	1.21	0.34	4.33	3.92
Multivariable	699	12	8595	123	1.10	0.39	3.08	658	7	8103	60	1.28	0.31	5.30	4.90
Electrician															
Age-adjusted	759	6	9416	155	0.47	0.13	1.63	715	2	8897	75	0.36	0.05	2.76	2.10
Multivariable	705	6	8585	133	0.61	0.16	2.28	663	2	8095	67	0.48	0.06	3.71	2.75

TABLE 2
Continued

Profession	Profession ever performed				Longest profession				Profession at baseline											
	Cases*	PY†	RR	LCI‡	HCIS§	Cases*	PY†	RR	LCI‡	HCIS§	Cases*	PY†	RR	LCI‡	HCIS§					
Butcher	756	9	9451	120	1.07	0.33	3.42	713	4	8884	87	0.72	0.15	3.39	3	9476	95	0.51	0.09	2.80
	702	9	8605	112	1.03	0.30	3.50	661	4	8083	80	0.71	0.14	3.54	3	8631	87	0.50	0.09	2.89
Cook																				
Age-adjusted	760	5	9512	58	0.81	0.17	3.92	714	3	8942	29	0.74	0.09	5.91	4	9534	36	0.93	0.14	6.08
Multivariable	706	5	8667	51	1.21	0.23	6.48	662	3	8134	29	0.95	0.11	7.85	4	8682	36	1.17	0.17	7.90
Salesman																				
Age-adjusted	738	27	9229	341	0.94	0.48	1.83	710	7	8833	138	0.69	0.21	2.29	9	9415	155	0.74	0.25	2.16
Multivariable	687	24	8406	312	0.92	0.45	1.92	658	7	8032	131	0.67	0.19	2.37	9	8570	148	0.69	0.22	2.15
Teacher																				
Age-adjusted	721	44	9087	483	1.13	0.65	1.96	687	30	8554	417	0.91	0.49	1.72	36	9138	432	1.03	0.57	1.86
Multivariable	671	40	8270	448	0.86	0.46	1.60	637	28	7780	382	0.69	0.34	1.41	33	8321	397	0.76	0.39	1.51
Clerical worker																				
Age-adjusted	633	132	7749	1822	0.82	0.59	1.13	643	74	7798	1173	0.73	0.49	1.09	87	8277	1294	0.74	0.51	1.07
Multivariable	588	123	6986	1732	0.74	0.52	1.05	598	67	7035	1127	0.64	0.41	0.99	81	7492	1226	0.67	0.44	1.02
Manager																				
Age-adjusted	697	68	8832	738	1.24	0.79	1.95	670	47	8400	572	1.04	0.62	1.75	60	8917	653	1.21	0.76	1.95
Multivariable	645	66	8013	705	1.14	0.69	1.87	619	46	7624	538	0.98	0.55	1.73	58	8094	624	1.13	0.67	1.91

* Number of cases, no versus yes.

† Person-years in subcohort, no versus yes.

‡ Lower 99% confidence interval.

§ Higher 99% confidence interval.

|| Adjusted for age (years), fruit consumption (g/day), vegetable consumption (g/day), dairy product consumption (g/day), meat consumption (g/day), alcohol consumption (g/day), number of cigarettes smoked per day, years of cigarette smoking, first-degree family history of prostate cancer (yes, no), level of education (no, low, medium, high), and level of physical activity (no, low, medium, high).

($RR_{\text{ever}} = 1.41$), policemen ($RR_{\text{ever}} = 1.62$), mechanics ($RR_{\text{longest}} = 1.34$, $RR_{\text{baseline}} = 1.44$), welders ($RR_{\text{ever}} = 1.81$, $RR_{\text{longest}} = 1.42$) and chemists ($RR_{\text{longest}} = 1.28$, $RR_{\text{baseline}} = 1.25$), painters ($RR_{\text{longest}} = 1.28$, $RR_{\text{baseline}} = 1.35$), and cooks ($RR_{\text{ever}} = 1.21$). However, none of these estimates were found to be statistically significant.

Substantially Increased Risk

For men who reported to have ever worked in the rubber industry, we found a substantially increased prostate cancer risk, but not statistically significant ($RR_{\text{ever}} = 4.18$). For policemen, we found a substantially increased prostate cancer risk for those for who reported working as a policeman for most of their occupational life ($RR_{\text{longest}} = 3.91$) or as the last profession held at baseline ($RR_{\text{baseline}} = 4.00$). These estimates appeared to be statistically significant. After repeating all analyses with 95% confidence intervals, these RRs also appeared to be the only effect estimates that reached statistical significance (95% CI_{longest} : 1.53–9.99; 95% CI_{baseline} : 1.59–10.02). Additional analyses according to duration of longest held profession showed that the risk of prostate cancer increases 67% (95% $CI = 1.10$ –2.54) for each 10 years of occupational duty as a policeman. Almost all policemen included in this study have been working as a general police officer (18 cases and 53 subcohort members). Only 1 prostate cancer case and 3 subcohort members have worked as a police detective. Also, men who reported to have ever worked as a policeman were found to have increased prostate cancer risk (see previous paragraph).

Discussion

These data showed that the prostate cancer incidence in most occupational groups was comparable with the incidence in the general population. The few number of associations detected in the study could be explained by potential inclusion of latent or undiagnosed cases among

participants categorized as noncases, which could have led to an attenuation of risk estimates. Nevertheless, policemen appeared to have substantially higher incidence rates. Also, the incidence of prostate cancer is found to be substantially higher among workers in the rubber industry and substantially lower among electricians. However, the results of these latter professions are uncertain as a result of low numbers.

Methodology

Occupational history has been assessed by using self-administered questionnaires. Most men will remember their previous occupations because most occupations will be practiced at least several months.³⁷ The exact dates, however, might have caused difficulties because this refers to one specific moment in time. This could have biased the results for the “longest profession ever held” but not for the “profession ever performed” or the “last profession held at baseline.” The results for these different time windows, however, have been comparable for most occupational groups.

This study was performed within the general population of The Netherlands. An advantage of using such a broad and large group of men is the wide range of professions that can be examined with sufficient frequency. However, this also implies small groups of relative rare professions could not be related with prostate cancer with sufficient confidence. The large number of prostate cancer cases in this study was another important advantage.

We were not able to explain our results on the basis of confounding, because our results were essentially unchanged after incorporating into the analyses many known or suspected risk factors for prostate cancer, including age; family history of prostate cancer; consumption of vegetables, fruit, dairy products, meat, and alcohol; cigarette smoking; and level of education. It should be considered that confounding bias can

never be completely eliminated, because many determinants of prostate cancer are still unknown. Also, all potential confounders were measured at baseline. This information might not capture the changes that could have occurred before or after the baseline period. We have not adjusted for ethnicity, because all participants were white.

Previous Studies

All the occupational groups that have been investigated in this study have been studied previously in more or less detail. Therefore, our results will be compared with other studies. Reviews on this topic are rare and are all about farmers,^{16–19,21} mechanics and metal workers,²² or rubber workers²⁰

Both narrative and systematic reviews have questioned increased prostate cancer risk for farmers.^{16–19,21} Although previously reported increased risks were statistically significant, they appeared to be small and therefore clinically irrelevant. Within our study also, no considerable association or even a moderately decreased risk for prostate cancer was found.

The results from earlier studies among railway workers have not been consistent. Some found slightly to substantially increased prostate cancer risk among railway workers,^{38,39} whereas other studies found no association.^{40,41} In our study, a moderately, nonsignificant increased risk was found for profession at baseline, but no association in other time windows. No association was found for those having worked as a road transporter. This is consistent with some studies,^{24,26,42,43} although others reported decreased risks.^{25,26,39}

We investigated possible prostate cancer risk among those serving in firefighter and police forces. However, the number of firefighters with prostate cancer in our study population was too small to assess a reliable rate ratio. The number of policemen was sufficiently large; the corresponding rate ratio indicated a significant increased prostate risk, although a conservative alpha-level

was used. The rate ratio for those reporting to have worked as a policeman for most of their occupational life (RR, 3.91; 99% CI, 1.14–13.42) or as the latest profession at baseline (RR, 4.00; 99% CI, 1.19–13.37) is substantially higher than for those reporting to have ever worked as a policeman regardless of duration (RR, 1.62; 99% CI, 0.62–4.27). Because almost all policemen have been working as a general police officer, no more detailed analysis on job function was possible. Earlier studies also found increased risk ratios,^{24–26} although Finkelstein⁴⁴ found no association and Forastiere et al.⁴⁵ reported a slightly decreased risk. It is, however, unclear what carcinogen could be responsible for this increased risk. One possibility could be the radar devices that emit nonionizing, microwave radiation, but no research has been done in this field yet.⁴⁴

There does not seem to be an association between prostate cancer and metal workers and a moderate, nonsignificant increased risk for mechanics. One review on this topic concluded that mechanics and metal workers possibly run a slightly elevated risk.²² A problem with mechanics, and even more for metal workers, is the wide range of occupations within these definitions and consequently the exposure to many different possible risk factors as metals, metallic compounds, chemicals, and oils. Job titles alone are poor indicators of specific chemical exposures. Although for welding fumes, no association or even a decreased risk for prostate cancer have been reported,^{22,25,46,47} we found a moderate, nonsignificant risk for men who worked as a welder. Two other studies^{38,48} also reported an increased risk, although others could not confirm these findings.^{42,43}

For woodworkers, a nonsignificant moderately decreased risk was found. Andersen et al.⁴³ also reported a small significant decreased risk, whereas others found no association^{24,25,38,41,42,49} or an

increased risk.^{25,50,51} For textile workers, the results were not consistent with other studies. For longest profession, a relative risk of 0.58 (99% CI = 0.21–1.58) was found, whereas other studies have reported no association^{38,43,50} or increased risk ratios.^{38,46,50}

Although the relative risk for rubber workers showed a substantially increased prostate risk (RR, 4.18; 99% CI = 0.22–80.45), this was based on very few cases and subcohort members. The results are therefore not reliable. As a result of this scarcity of data, we were not able to estimate rate ratios for rubber workers in other time windows. Other articles on this topic are inconsistent.²⁰

Chemists seems to have a moderately increased risk of developing prostate cancer, as also reported by Krstev et al.,²⁶ Aronson et al.,³⁸ and Hoar and Blair.⁵⁰ However, other studies found rate ratios around 1.0^{24,38,41} or a decreased risk.^{25,43} The differences in findings could be the result of the great diversity of chemicals of which these professionals are exposed to.

For painters also a moderately increased prostate cancer risk was found. Some earlier studies^{43,52,53} did not find an association, although one study⁴² also found a moderately increased risk (RR, 1.3; 95% CI = 0.5–3.5). Major potential carcinogenic exposures of a painter, paint components and polycyclic aromatic hydrocarbons, could be a risk factor for prostate cancer.^{25,42,54}

Men who have ever worked as an electrician seem to have a moderately, nonsignificant decreased risk of developing prostate cancer. The relative risk for men who have worked as an electrician at baseline showed a substantial decreased risk (RR, 0.18; 99% CI = 0.01–2.75). However, the number of electricians in our study was very small, eg, only one case with prostate cancer reported to have worked as an electrician at baseline. Therefore, these findings are not reliable and can only

be interpreted as suggestive findings. Previous studies have found no association.^{24,25,43,53}

Moderately decreased risks were found for butchers and moderately increased risks were found for cooks. Studies about these 2 professions are not consistent. Van der Gulden et al.²⁵ reported an increased prostate cancer risk for butchers, but 3 other studies^{41,55,56} did not find a substantially altered risk. For cooks, no risk³⁸ or a decreased risk^{26,56,57} was reported.

Salesmen seem to have a moderately, nonsignificant decreased risk of developing prostate cancer. Other articles on this topic^{24,25,39,41–43,54,58,59} are equivocal. The point estimates vary between 0.68⁵⁸ and 1.78,⁵⁹ only one⁴³ being statistically significant.

For teachers, a moderately decreased association was found, which was not reported by other studies. Four earlier studies did not find an association,^{24,25,41,43} whereas 2 other studies^{26,57} found significant increased risk with point estimates between 1.3 and 3.1.

Clerical workers appear to have a moderately, but nonsignificant, decreased risk of developing prostate cancer. Only one study²⁵ has reported similar results, also nonsignificant. Most studies^{38,39,42,54,59} did not find an association. Some studies have reported small increased rate ratios.^{24–26,39,43}

Finally, the risk ratios estimated within our study for managers correspond with other publications,^{25,26,42,54,57,59} all finding no association.

Conclusion

None of the previously investigated associations between occupation and prostate cancer risk could be confirmed with confidence in this prospective study. The lack of statistical significance for rubber workers could be caused by the scarcity of rubber workers in this cohort and subsequent lack of power. The results for policemen were statistically significant, despite our conservative

false-positive rate. The reported increased prostate cancer risk of policemen is substantial and consistent within different time windows, different analyses, and consistent with other studies. At present, it is unclear what carcinogen could be responsible for this increased risk. Further research in this area is warranted.

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