

Bijdrage van nieuwe epidemiologische studies aan de onderbouwing van de classificatie van dieselmotoremissies als humaan carcinogeen

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Monograph 105

Carcinogenicity of diesel-engine and gasoline-engine exhausts and some nitroarenes



In June, 2012, 24 experts from seven countries met at the International Agency for Research on Cancer (IARC; Lyon, France) to assess the carcinogenicity of diesel and gasoline engine exhausts, and some nitroarenes. These assessments will be published as Volume 105 of the IARC Monographs.1

The most influential epidemiological studies assessing cancer risks associated with diesel-engine exhausts investigated occupational exposure among non-metal miners, railroad workers, and workers in the trucking industry. The US miners study included a cohort analysis³ and a nested case-

with 20 years of employment roughly doubling the risk after adjusting for tobacco smoking. When this study was extended with an exposure assessment involving contemporary measurements and exposure reconstruction on the basis of elemental carbon, positive trends were observed



International Agency for Research on Cancer



PRESS RELEASE Nº 213

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IARC: DIESEL ENGINE EXHAUST CARCINOGENIC

Lyon, France, June 12, 2012 -- After a week-long meeting of international experts, the International Agency for Research on Cancer (IARC), which is part of the World Health Organization (WHO), today classified diesel engine exhaust as carcinogenic to humans (Group 1), based on sufficient evidence that exposure is associated with an increased risk for lung cancer.



Outline

- IARC evaluation process
- Exposure to diesel engine exhaust (DEE)
- Human cancer evidence of DEE
 - Evidence available at previous evaluation
 - New epidemiological evidence



"The encyclopaedia of carcinogens"

The IARC Monographs evaluate

- Chemicals
- Complex mixtures
- Occupational exposures
- Physical and biological agents
- Lifestyle factors

More than 900 agents have been evaluated

- ➤ 107 are carcinogenic to humans (Group 1)
- 63 are probably carcinogenic to humans (Group 2A)
- > 271 are possibly carcinogenic to humans (Group 2B)



Lorenzo Tomatis 1929-2007

National and international health agencies use the *Monographs*

- As a source of scientific information on known or suspected carcinogens
- As scientific support for their actions to prevent exposure to known or suspected carcinogens



IARC Evaluations - Subgroup Work

Cancer in humans

- □ *Sufficient evidence*
- □ *Limited evidence*
- ☐ *Inadequate evidence*
- ☐ Evidence suggesting lack of carcinogenicity

Cancer in experimental animals

- □ *Sufficient evidence*
- □ *Limited evidence*
- ☐ *Inadequate evidence*
- ☐ Evidence suggesting lack of carcinogenicity

Mechanistic and other relevant data

- Mechanistic data "weak," "moderate," or "strong"?
- Mechanism likely to be operative in humans?

Overall evaluation

- □ Group 1 Carcinogenic to humans
- ☐ Group 2A Probably carcinogenic to humans
- □ Group 2B *Possibly carcinogenic to humans*
- □ Group 3 Not classifiable as to its carcinogenicity to humans
- □ Group 4 *Probably not carcinogenic to humans*



IARC Evaluations – Dimensions and Classes

EVIDENCE IN EXPERIMENTAL ANIMALS

	Sufficient	Limited	Inadequate	ESLC		
Sufficient	Group 1 (carcinogenic to humans)					
Limited	Group 2A (probably carcinogenic)	Group 2B <i>(possibly carcinogenic)</i> (exceptionally, Group 2A)				
EVIDENCE IN HUMANS	Cura and an					
Inadequate	Group 2B (possibly carcinogenic)	Gro	Group 3 <i>(not classifiable)</i>			
ESLC				Group 4		



Mechanistic Data can be Pivotal when the Human Data are not Conclusive

EVIDENCE IN EXPERIMENTAL ANIMALS

	Sufficient	Limited	Inadequate	ESLC	
Sufficient	Group 1				
Limited	↑1 strong evidence in exposed humans Group 2A ↑2A belongs to a mechanistic class where other members are classified in Groups 1 or 2A Group 2B (exceptionally, Group 2A)				
IN HUMANS	mechanism also	↑2A belongs to a mechanistic class ↑2B with supporting evidence from mechanistic and	↑2A belongs to a mechanistic class ↑2B with strong evidence from mechanistic and		
Inadequate	operates in humans Group 2B ◆3 strong evidence mechanism does not operate in humans	other relevant data Group 3	other relevant data	Group 3	
ESLC		Group 3		Group 4	



Overall Evaluation – Vol 105, Diesel Engine Exhaust

- There is sufficient evidence for the carcinogenicity in humans of DEE. DEE causes lung cancer. Also, a positive association between DEE and bladder cancer has been observed.
- There is sufficient evidence for the carcinogenicity in experimental animals of whole diesel engine exhaust.
- Overall evaluation
 DEE is carcinogenic for humans



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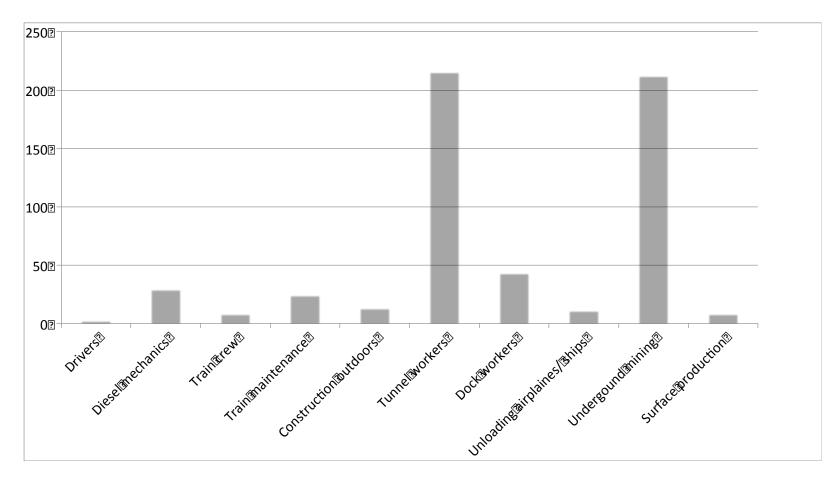


Exposure to DEE

- Diesel engines are predominantly used for heavy duty equipment
 - trains converting to diesel locomotive mainly after World War
 - heavy-duty trucks dieselized primarily during the mid and late 1950s.
- Occupational exposure prevalence (ever)
 - European Union: 12 million workers
 - North America: 12 million workers



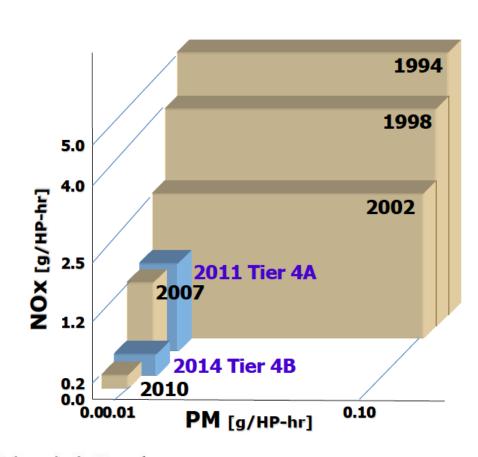
Average DE Exposure Levels (EC ug/m3) by Occupational Categories





DEE Qualitatively Changes Overtime

Evolution of US Heavy Duty Diesel Emission Standards



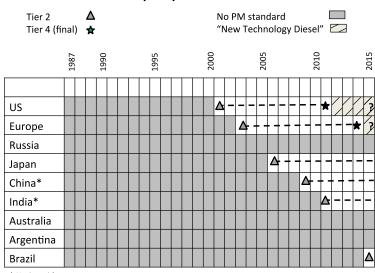






DEE Qualitatively Changes Overtime

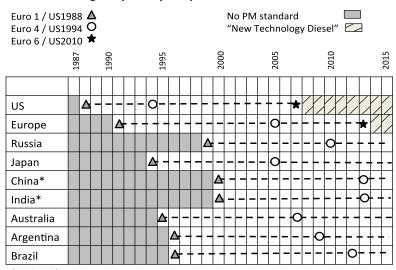
Implementation Schedule of Global Nonroad Heavy Duty Diesel Emission Standards



^{*} Nationwide

Data from dieselnet http://www.dieselnet.com/standards/

Implementation Schedule of Global On-highway Heavy Duty Diesel Emission Standards



^{*} Nationwide

Data from dieselnet http://www.dieselnet.com/standards/



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Previous Human Evidence

- Moderate increase in risk of lung cancer at levels of exposure experienced by workers (RR 1.33, 95% 1.24 - 1.44, based on 29 risk estimates; Bhatia et al., 1998)
- Some evidence of a modest increase in risk of bladder cancer among workers exposed to diesel exhaust (RR 1.1 - 1.3; Boffetta and Silverman, 2001)
- Inconsistent evidence for multiple myeloma, pancreas, prostate, larynx, kidney cancer



Relative Risks Lung Cancer and Diesel Exposure

TABLE 3. Summary of Pooled Relative Risks

Group	Number	RR	95% CI	χ² Heterogeneity	Adjusted 95% CI*
All studies	29	1.33	1.27-1.40	58.0	1.24-1.44
Case-control studies	14	1.33	1.21-1.47	20.5	1.18–1.51
Cohort studies	15	1.33	1.26-1.42	37 <i>.</i> 5	1.21-1.47
Internal comparison group	8	1.43	1.32-1.55	11.0	1.29-1.58
External comparison group	7	1.22	1.12-1.34	20.0	1.04-1.44
Smoking adjusted	16	1.35	1.22-1.49	23.4	1.20-1.52
Smoking not adjusted	13	1.33	1.25-1.41	34.5	1.20-1.47
Subanalysis by occupation	24	1.37	1.30-1.46	48.4	1.27-1.49
Railroad workers	6	1.44	1.30-1.59	5.6	1.30-1.60
Equipment operators	3	1.11	0.95-1.29	4.3	0.89-1.38
Truck drivers	10	1.49	1.36-1.64	9.8	1.36-1.65
Bus workers	-5	1.24	1.07-1.43	14.8	0.93-1.64

^{*} Heterogeneity-adjusted confidence intervals using method described by Shore et al.6



Relative Risks Lung Cancer and Diesel Exposure

TABLE 5. Observed Risks by Employment Duration in Studies Using Internal Comparisons

Reference	Туре	Smoking Adjusted	Occupation	Subgroup (Years)	RR	95% CI
Boffetta et al,12	CC	Yes	Diesel-exposed	1–15	0.52	0.15-1.86
1990				16-29	0.7	0.34-1.44
Damber &	CC	Yes	Driver	≥30 1–19	1.49 1	0.72-3.11 0.7-1.5
Larsson, 14 1987	CC	res	Driver	1-19 ≥20	1.2	0.7-1.3
Garshick et al,41	CC	Yes	Railroad worker	5-19	1.02	0.72-1.4
1987				≥20	1.64	1.18-2.2
Garshick et al,13	RC	No	Railroad worker	1–4	1.2	1.01-1.44
1988				5–9	1.24	1.06-1.44
				10–14	1.32	1.13-1.56
Haves et al 18 1000	CC	Yes	Equipment ansestes	≥15 <10	1.72	1.27-2.33
Hayes et al, 18 1989	CC	ies	Equipment operator	<10 ≥10	1.5 1.3	0.4-4.3 0.6-3.1
			Truck driver	<10	1.5	0.8–1.3
			Truck diliver	≥10	1.5	1.1-1.9
			Bus driver	<10	1.1	0.6-2.1
				≥10	1.6	0.9-2.8
Steenland et al,39	CC	Yes	Diesel truck driver	1-24	1.27	0.7-2.27
1990				25-34	1.26	0.74-2.16
C	~~	v	D :1 1 1	≥35	1.89	1.04-3.42
Swanson et al, ¹¹ 1993	CC	Yes	Railroad worker	1–9 ≥10	1.57	0.8-3.11
1333	_		Heavy truck driver	≥10 1–9	2.46 1.56	1.24–4.87 0.95–2.58
			TICAYY HUCK UNIVER	10-19	1.67	0.87-3.18
				≥20	2.44	1.43-4.16



Weaknesses

- Lack of control for confounding
 - Smoking
- Insufficient (quantitative) exposure assessment
- Lack of dose-response within and across occupations



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