Study of cancer incidence among 8530 male workers in eight Norwegian plants producing ferrosilicon and silicon metal

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Abstract

Objectives—To examine the association between cancer incidence, in particular incidence of lung cancer, and duration of work among employees in eight Norwegian plants producing ferrosilicon and silicon metal.

Methods—Among men first employed during 1933–91 and with at least 6 months in these plants, the incident cases of cancer during 1953–91 were obtained from The Cancer Registry of Norway. The numbers of various cancers were compared with expected figures calculated from age and calendar time specific rates for Norwegian men during the same period. Internal comparisons of rates were performed with Poisson regression analysis. The final cohort comprised 8530 men.

Results—A total of 832 cases of cancer were observed against 786 expected (standardised incidence ratio (SIR) 1.06). Among the furnace workers an increased incidence of lung cancer (SIR 1.57) and testicular cancer (SIR 2.30) was found. Internal comparisons of rates by Poisson regression analysis among the rural furnace workers showed a positive trend between incidence of lung cancer and duration of work of 1.05 (95% confidence interval 0.88 to 1.36). Excess cases of prostate and kidney cancer were found among blue collar non-furnace workers, in particular among the mechanics.

Conclusion—The results suggest associations between furnace work and lung and testicular cancer, and between non-furnace work and prostate cancer.

Keywords: ferroalloy; lung; amorphous silica

Material and methods

The eight FeSi/Si-met plants are located in different parts of Norway, three plants in urban and five in rural areas. Six of the plants started production before 1930, and the remaining two plants in 1964 and 1967.

EXPOSURE INFORMATION

Information on the various exposure factors is limited and concerns mainly total dust. Based upon 401 personal total dust measurements among furnace workers from three of the plants during 1974–90 the median and the 5th and 95th percentile values were 4.0, 1.2, and 13.7 mg/m³. The values were declining during this period. Amorphous silica fume is suspected to constitute about 50% of the total dust exposure of the furnace workers. From total dust measurements in three plants the median exposure to amorphous silica fume for the furnace workers during 1974–91 may thus be estimated to have declined from 2.4 mg/m³ in

Ferroalloy (FeSi) is an alloy of silicon and iron in which the silicon content varies from 45% to 90% by weight in various products. The metal is produced by an electrometallurgical process with crystalline silica as the main raw material and coke and coal as the main reduction materials. Silicon metal (Si-met, elemental silicon) is manufactured with a similar process but without iron. Silicon metal is used in the aluminium industry, as a raw material in the electronics industry, and in the chemical industry. FeSi is mainly used in the production of steel and iron, but also in the chemical industry.

Manufacturing of ferroalloys—for example, FeSi/Si-met—has involved exposure to a mixture of gases, fumes, dusts, and physical factors. These include known and suspected carcinogens such as asbestos, crystalline silica, and electromagnetic fields. Three Norwegian studies of cancer incidence including workers in FeSi/Si-met plants have been published. An increased incidence of cancer of the lung, colon, and prostate was found in some but not all of the plants. Thus, it remained uncertain whether there was an increased risk of cancer associated with work in the FeSi/Si-met plants.

We have recently published a study on cause specific mortality among employees in 12 Norwegian ferroalloy plants, including eight FeSi/Si-met plants. Among men who had worked at the FeSi/Si-met furnaces at least 3 years the standardised mortality ratio (SMR) for all cancers was 1.10 (95% confidence interval 0.88 to 1.36). The SMRs for specific cancers were not examined. As the Cancer Registry of Norway has registered incident cases of cancer from 1953 we proceeded with a study of the incidence of specific cancers. The present study comprises workers from the eight FeSi/Si-met plants. The aim of this study was to examine the association between duration of work in these plants and the incidence of cancer, in particular lung cancer. The study was performed as an historical cohort study.

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1974–9 to 1.7 mg/m³ in 1986–90. Corresponding emission of silica fume in an Australian plant has been shown to be an ultrafine aerosol with geometric means of the primary particle diameters from various sources ranging from 0.03 to 0.05 µm. The diameters of the particle aggregates ranged from 0.12 to 0.18 µm. The exposure to crystalline silica has been low among the furnace workers (about 4% of total dust exposure) but may previously have been high for the few men who operated the quartz crushers. Asbestos was used until 1982 as an insulating material against heat and electric current. Between 1965 and 1975 several of these plants had a yearly consumption of 2–6 tonnes of asbestos. Some workers wore gloves and other protective working clothes containing asbestos. However, due to specialisation of work only a few workers, in particular mechanics, were highly exposed to asbestos. The exposure to polycyclic aromatic hydrocarbons (PAHs) among these workers has been low. A time weighted average for total PAHs of 10 µg/m³ has been reported in preparation of tapping spouts which is one of a few jobs with a potential exposure to PAHs.

The furnaces have increased in size and power demands from 8–10 to 40–50 MW which probably also has increased the exposure of the workers to electromagnetic fields (EMFs). Stationary measurements of the 50 Hz EMF around one of the biggest furnaces (100 000 A, 40–50 MW) showed 500 and 50 µT at distances of 0 and 10 m, respectively, from the wall of the furnace at the floor where the metal is drained out. Exposures >1000 µT may also occur in other parts of the furnace house. The electric energy is converted to heat in the furnaces which together with heat from combustion of the carbonaceous materials fuse the raw materials. This implies considerable heat radiation to the workers. It was shown in one of the plants in 1978–9 that the Botsball temperature was >25°C wet globe temperature (WGT) in all work areas examined in the furnace house. Rectal temperatures >38°C were found in all but two workers.

STUDY POPULATION

The primary male cohort consisted of 9708 men: 874 of these were removed as they were first employed before 1933; 304 (3%) were removed due to unknown vital data or deaths before 1953. The final cohort thus consists of 8530 men employed for at least 6 months and first employed in these plants during 1933–91. Employment records were the main source of individual information on employment. Variables recorded were employee’s name, date of birth, the five digit personal number, up to 10 employment periods with location of work, and the smoking habits when available. Vital status was obtained for each study subject from the records of the official population register. In Norway, people who died or emigrated before 1960 are lacking the five digit personal number. The vital data for these were individually sought by name and date of birth.

Details of cancer cases diagnosed in the period 1 January 1953 to 31 December 1991 were obtained from the Cancer Registry of Norway. Cases of cancer during this period were coded according to the seventh version of the international classification of diseases (ICD-7). Information on individual date of death was supplied by linking the cohort to Statistics Norway (the national register for causes of death). In this study each man was followed up from the beginning of 1953 or if he was employed later from the first day of employment. The observation period continued until the date of death, emigration, the occurrence of one or two primary cancers (in analyses of specific site or total cancer, respectively), or the end date of the study. Seven cases of cancer which had occurred after 1953 but before the start of employment were omitted, but the men were followed up for a second cancer. The median duration of total employment was 5.2 years. The median age at start of first and end of last employment were 26.2 and 37.3 years, respectively. The median duration of follow up was 22.5 years. The cohort was observed for 193 930 person-years. A total of 557 men (63%) had worked for at least 3 years in any department. Among these men the median duration of total employment was 11.8 years.

EXPOSURE VARIABLE

Individual information on employment periods and work areas (departments) was used as a proxy for true exposure information as industrial hygiene data were sparse and did not exist before 1974. Quantitative exposure estimation was therefore not performed and should probably not be attempted without measurement data. We have previously presented a semi-quantitative job exposure matrix for exposure to amorphous silica fume in these plants. This matrix was not applied in this study as adjustments for other relevant exposures—for example, asbestos—could not be performed. There has also been very little evidence in general of any carcinogenic potential of amorphous silica. However, the health effects have not been well studied and the health hazards may not be the same for all the various polymorphs of amorphous silica.

The concern about possible health hazards in these plants has been particularly related to furnace work. The cancer incidence among men who ever had been a furnace worker was therefore of particular interest. By contrast with these workers we defined a group of blue-collar workers who never had been furnace workers, non-furnace workers. This group was composed of mechanics, electricians, transport workers, raw material workers, packers, and building and construction workers. Most manual workers in these plants were unskilled, with the exception of electricians, and the selection among the unskilled workers to furnace or non-furnace work was assumed to be random, at least before 1980.

DATA ANALYSIS

Standardised incidence ratios (SIRs) for various sites of cancer were calculated as the ratio between the observed and the expected
Cancer incidence in Norwegian plants producing ferrosilicon and silicon metal

SIR = standardised incidence ratio. 

1/D ± 1.96 SE) with SE for ln(SIR) estimated to be 1/D1/2 where D is the number of cancers. The expected numbers of cancers were calculated with the formula exp(ln(SIR) ± 1.96 SE) with SE for ln(SIR) estimated to be 1/D1/2 where D is the number of cancers. The overall cancer incidence was highest (SIR 1.06, 95% CI 0.99 to 1.13) among men who were first employed in the period 1953-91. The SIR became unchanged if the observation period and duration of work were defined according to the employment periods in the actual type of work. In these analyses other kinds of work were not considered in the calculation of duration of specific work. The association between cancer incidence and duration of work was studied with application of lags or exposure windows in some analyses. In the exposure window analyses only exposure or work during a period defined by its duration (the width of the window) and the duration before observation were considered. A distinction between short and long term employment was made at 3 years. Some analyses were limited to men employed for the first time in this industry in 1953 or later as this was the first year of observation for cases of cancer.

Internal comparisons of rates with Poisson regression analysis were performed with the AMFIT version 1.8w program of the Epicure program package. These analyses were performed on event-time tables created with the DATAB program. Each cell of an event-time table contained time at risk, number of events, and the various covariate values—for example, the risk set updated mean of duration of work. Test for a linear trend between lung cancer and duration of work was performed by calculating the p value for the likelihood ratio test (LRT) when the continuous variable duration of work was withdrawn from the final model. The RRs and the 95% CIs were calculated by the program.

Individual data on smoking were available only for 226 men (28.4%) with a cancer and were thus insufficient for adjustments in the analyses.

Results

A total of 832 cases of cancer were observed in 796 men (SIR 1.06, 95% CI 0.99 to 1.13, table 1). The SIR became unchanged if the observation period was ended after the first case of cancer. The overall cancer incidence was highest (SIR 1.19) among men who were first employed during 1970–91. Analyses by year of occurrence of cancer among all employees showed steadily increasing SIRs from 0.51 in 1953–59 to 1.13 in 1980–91. The SIRs increased also for the first three categories of duration of work.

Table 1 Observed (Obs) and expected (Exp) numbers of cancer cases in furnace and non-furnace workers in eight FeSi/Si-met plants

<table>
<thead>
<tr>
<th>Year of employment</th>
<th>Furnace workers (n=2534)</th>
<th>Non-furnace workers (n=3384)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obs</td>
<td>Exp</td>
</tr>
<tr>
<td>1953–59</td>
<td>11</td>
<td>21.45</td>
</tr>
<tr>
<td>1960–69</td>
<td>74</td>
<td>87.60</td>
</tr>
<tr>
<td>1970–79</td>
<td>224</td>
<td>214.66</td>
</tr>
<tr>
<td>1980–81</td>
<td>523</td>
<td>462.20</td>
</tr>
</tbody>
</table>

Table 2 Observed (Obs) and expected (Exp) numbers of various cancers in furnace and non-furnace workers in eight FeSi/Si-met plants

<table>
<thead>
<tr>
<th>Cancer site (ICD-7)</th>
<th>Obs</th>
<th>Exp</th>
<th>SIR 95% CI</th>
<th>Obs</th>
<th>Exp</th>
<th>SIR 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oesophagus (150)</td>
<td>1</td>
<td>2.65</td>
<td>0.38 0.01 to 2.10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach (151)</td>
<td>12</td>
<td>18.49</td>
<td>0.65 0.34 to 1.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon (153)</td>
<td>17</td>
<td>17.18</td>
<td>0.89 0.58 to 1.58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectum (154)</td>
<td>15</td>
<td>11.63</td>
<td>1.29 0.72 to 2.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pancreas (157)</td>
<td>8</td>
<td>7.96</td>
<td>1.01 0.43 to 1.98</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose, accessory sinuses (160)</td>
<td>0</td>
<td>0.74</td>
<td>0.00 0.00 to 5.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Larynx (161)</td>
<td>2</td>
<td>3.07</td>
<td>0.65 0.08 to 2.35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trachea, bronchus, lung (162)</td>
<td>46</td>
<td>29.34</td>
<td>1.57 1.15 to 2.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleura (163)</td>
<td>1</td>
<td>0.79</td>
<td>1.27 0.03 to 7.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate (177)</td>
<td>42</td>
<td>35.79</td>
<td>1.17 0.85 to 1.59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testis (178)</td>
<td>9</td>
<td>3.91</td>
<td>2.30 1.05 to 4.37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney, ureter (180)</td>
<td>11</td>
<td>8.27</td>
<td>1.33 0.66 to 2.38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary bladder (181)</td>
<td>14</td>
<td>15.27</td>
<td>0.92 0.50 to 1.54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malignant melanoma (190)</td>
<td>7</td>
<td>7.86</td>
<td>0.89 0.36 to 1.84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin (191; excluding basal cell carcinoma)</td>
<td>5</td>
<td>6.16</td>
<td>0.81 0.26 to 1.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous system (193)</td>
<td>5</td>
<td>6.98</td>
<td>0.72 0.23 to 1.67</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, unspecified sites (199)</td>
<td>9</td>
<td>8.59</td>
<td>1.05 0.48 to 1.99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphoma (200–202)</td>
<td>7</td>
<td>8.17</td>
<td>0.86 0.34 to 1.77</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple myeloma (203)</td>
<td>7</td>
<td>3.87</td>
<td>1.81 0.73 to 3.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leukaemia (204)</td>
<td>4</td>
<td>5.44</td>
<td>0.74 0.20 to 1.88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All sites (140–209)</td>
<td>243</td>
<td>220.50</td>
<td>1.10 0.97 to 1.25</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Observed (Obs) and expected (Exp) numbers of lung cancer in furnace and non-furnace workers in eight FeSi/Si-melt plants

<table>
<thead>
<tr>
<th>Duration of work (y)</th>
<th>Obs</th>
<th>Exp</th>
<th>SIR 95% CI</th>
<th>Obs</th>
<th>Exp</th>
<th>SIR 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3</td>
<td>17</td>
<td>9.93</td>
<td>1.71</td>
<td>24</td>
<td>17.45</td>
<td>1.38</td>
</tr>
<tr>
<td>3–9</td>
<td>10</td>
<td>8.85</td>
<td>1.13</td>
<td>24</td>
<td>18.98</td>
<td>1.78</td>
</tr>
<tr>
<td>10–19</td>
<td>13</td>
<td>5.55</td>
<td>2.34</td>
<td>24</td>
<td>18.98</td>
<td>1.78</td>
</tr>
<tr>
<td>≥20</td>
<td>6</td>
<td>5.02</td>
<td>1.19</td>
<td>24</td>
<td>18.98</td>
<td>1.78</td>
</tr>
</tbody>
</table>

*Rate ratios adjusted for age (<60, 60–69, 70–79, ≥80 years), calendar time (1953–69, 1970–79, 1980–91), and duration of follow up (<10, 10–19, 20–29, ≥30 years).
†Rate ratio per year of work.

Table 4: Observed (Obs) numbers of lung cancer, the rate ratios (RRs) from Poisson regression modelling, and the standardized incidence ratios (SIRs) by cumulative duration of furnace work among 1433 furnace workers in five rural FeSi/Si-melt plants

<table>
<thead>
<tr>
<th>Duration of furnace work (y)</th>
<th>Obs</th>
<th>RR* 95% CI</th>
<th>SIR 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3</td>
<td>2</td>
<td>1.00</td>
<td>0.52</td>
</tr>
<tr>
<td>3–9</td>
<td>5</td>
<td>1.95</td>
<td>0.37 to 10.2</td>
</tr>
<tr>
<td>10–19</td>
<td>7</td>
<td>5.25</td>
<td>1.03 to 26.7</td>
</tr>
<tr>
<td>≥20</td>
<td>6</td>
<td>4.85</td>
<td>0.90 to 26.3</td>
</tr>
</tbody>
</table>

Table 5: Observed (Obs) and expected (Exp) numbers of testicular cancers with SIRs in 2006 FeSi/Si-melt furnace workers employed in 1953 or later

<table>
<thead>
<tr>
<th>Duration of work (y) in exposure window 0–5 y</th>
<th>Obs</th>
<th>Exp</th>
<th>SIR 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5-19</td>
<td>5</td>
<td>0.85</td>
<td>0.58</td>
</tr>
<tr>
<td>5–9</td>
<td>2</td>
<td>0.89</td>
<td>2.25</td>
</tr>
<tr>
<td>10–19</td>
<td>2</td>
<td>1.12</td>
<td>1.78</td>
</tr>
<tr>
<td>≥20</td>
<td>0</td>
<td>0.36</td>
<td>0.00 to 10.3</td>
</tr>
</tbody>
</table>

Age at risk of cancer (y):<20 0.01 0.00 to 267 20–29 0.92 0.50 to 1.93 30–39 1.22 1.40 to 5.93 ≥40 1.06 0.02 to 5.28
Duration of work (y) in exposure window 5–10 y: 0 2 1.31 1.35 to 5.33 0.1–5.0 7 1.91 3.67 1.48 to 7.56

Table 2 presents the incidence of the various sites of cancer among the furnace and non-furnace workers. Among the furnace workers increased SIRs were found for lung cancer (SIR 1.57), and testicular cancer (SIR 2.30). Among the non-furnace workers increased SIRs were found for prostate cancer (SIR 1.67), and cancer of the kidney and ureter (SIR 1.38). An increased total cancer SIR of 1.36 (95% CI 1.38 to 1.38) was found for short term work. This excess of lung cancer was probably explained by confounding and not by work exposures as high SIRs for lung cancer were found both for furnace and non-furnace short term workers in the urban plants (SIRs 2.47 and 1.93) whereas low SIR values were found for both groups in the rural plants (SIRs 0.52 and 0.59, respectively).

Further, the incidence of all cancers was increased in the total group of urban furnace workers (SIR 1.22) but not among all rural furnace workers (SIR 1.01). Due to these results we omitted the urban furnace workers in the following analyses of lung cancer. Table 4 shows the incidence of lung cancer among the rural furnace workers in four categories of duration of work. A significantly (p=0.03) increased RR of the incidence of lung cancer of 1.05 (95% CI 1.00 to 1.11) was found. A reanalysis with a lag of 10 years for duration of furnace work gave a non-significant and slightly weaker trend slope of 1.04 (95% CI 0.98 to 1.09). Further Poisson regression analyses (with adjustments as presented in table 4) with comparisons of the rates of lung cancer between the 1433 furnace and 2033 non-furnace workers in the rural plants showed very close rates for the category <10 years of work (RR 0.95 (95% CI 0.36 to 2.50)). However, for furnace work versus non-furnace work of ≥10 years an RR of 1.96 (95% CI 0.93 to 4.21) was found.

The further analyses of the incidence of testicular cancer was restricted to 2006 men hired for the first time in 1953 or later as excess cancers were found during the first years after employment (table 5). Five cases occurred during the first five years after the start of furnace work (SIR 5.88). Six cases occurred among men 20–9 years old (SIR 6.50), and seven of the nine cases had been employed in furnace work during the past 5 years before the cancer occurred (SIR 3.67). However, any positive association with duration of work in this period was not found. Four of the nine testicular tumours were seminomas, one was an embryonal carcinoma, two were teratomas, and two unspecified tumours.
The cancer incidence in three other groups of production workers included in the cohort is presented in table 7. Among 529 men who had ever been a ferrochromium (FeCr) furnace worker (from two plants) a significant excess of prostate cancer was found (SIR 1.67) and electricians (SIR 2.42). Further Poisson regression analyses in all non-furnace workers showed an RR of prostate cancer of 1.03/work-year (95% CI 1.00 to 1.06) when a lag of 20 years was applied and adjusted for age, calendar time, and duration of follow up. Non-significantly increased SIRs were found for all non-furnace workers who worked ≥20 years after start of work. However, there was no obvious association with duration of work. Among the various groups of workers a significantly increased incidence was found only among the mechanics (SIR 2.92). The incidence of lung cancer was not increased among the mechanics (SIR 1.22, 95% CI 0.65 to 2.09).

The cancer incidence in three other groups of production workers included in the cohort is presented in table 7. Among 529 men who had ever been a ferrochromium (FeCr) furnace worker (from two plants) a significant excess of prostate cancer was found (SIR 1.65). The five cancers of the kidney and ureter occurred all among long term furnace workers (SIR 2.33). Among 345 electrode paste production workers non-significantly increased SIRs were found for all cancers (SIR 1.29), lung cancer (SIR 1.70), and cancer of the urinary bladder (SIR 2.15). Among the long term workers in this group the corresponding SIRs were 1.09, 1.35, and 3.34, respectively. Among 66 ferrovanadium furnace workers only three cases of cancer were found (SIR 0.87).

### Discussion

The main findings from this study were the excess cases of lung and testicular cancer among the furnace workers, the positive association between the RR of lung cancer and the duration of furnace work in the rural plants, and the increased incidence of prostate cancer and cancer of the kidney and ureter among the non-furnace workers.

The results indicate an association between furnace work and lung cancer and support the hypothesis that some exposure factors connected with FeSi/Si-met furnace work increase the risk of lung cancer. The observed trend slope of 1.05 is close to the trends of the lung cancer mortality that was found in a cohort of 2570 white male workers in the diatomaceous earth industry in California. As in our study these men were exposed to both amorphous and crystalline silica but with a considerably higher exposure to crystalline silica (range of crystalline content 1%–25% of total dust). In this study and in a later study including 2342 men from the same industry, positive dose-response relations were found for lung cancer mortality with cumulative exposure to respirable crystalline silica. However, exposure to crystalline silica can probably not explain our results. The available measurements of exposure to total crystalline silica among the FeSi/Si-met furnace workers indicate values of only 0.10–0.20 mg/m$^3$. The main dust exposure to the furnace workers is assumed to be the amorphous silica fume emissions which is

### Table 6

<table>
<thead>
<tr>
<th>Cancer Site (ICD-7)</th>
<th>Obs</th>
<th>Exp</th>
<th>SIR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferrovanadium furnace workers (n=529)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All sites (140–209)</td>
<td>86</td>
<td>80.78</td>
<td>1.06</td>
<td>0.85 to 1.31</td>
</tr>
<tr>
<td>Stomach (151)</td>
<td>7</td>
<td>6.89</td>
<td>1.02</td>
<td>0.69 to 1.39</td>
</tr>
<tr>
<td>Trachea, bronchus, lung (162)</td>
<td>13</td>
<td>10.94</td>
<td>1.19</td>
<td>0.63 to 2.03</td>
</tr>
<tr>
<td>Prostate (177)</td>
<td>23</td>
<td>13.97</td>
<td>1.65</td>
<td>1.04 to 2.47</td>
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<tr>
<td>Kidney, ureter (180)</td>
<td>5</td>
<td>3.01</td>
<td>1.66</td>
<td>0.54 to 3.88</td>
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<tr>
<td>Electrode paste production workers (n=345)</td>
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<td></td>
<td></td>
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<tr>
<td>All sites (140–209)</td>
<td>35</td>
<td>27.20</td>
<td>1.29</td>
<td>0.90 to 1.79</td>
</tr>
<tr>
<td>Trachea, bronchus, lung (162)</td>
<td>6</td>
<td>3.53</td>
<td>1.70</td>
<td>0.62 to 3.70</td>
</tr>
<tr>
<td>Urinary bladder (181)</td>
<td>4</td>
<td>1.86</td>
<td>2.15</td>
<td>0.59 to 5.51</td>
</tr>
<tr>
<td>Ferrovanadium furnace workers (n=529)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All sites (140–209)</td>
<td>5</td>
<td>3.45</td>
<td>0.87</td>
<td>0.18 to 2.54</td>
</tr>
</tbody>
</table>

### Table 7

<table>
<thead>
<tr>
<th>Cancer Site (ICD-7)</th>
<th>Obs</th>
<th>Exp</th>
<th>SIR</th>
<th>95% CI</th>
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<tbody>
<tr>
<td>Ferrovanadium furnace workers (n=529)</td>
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<td></td>
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</tr>
</tbody>
</table>
different from the diatomaceous earth poly-
morph of amorphous silica. The potential role of 
the exposure to amorphous silica fume on the 
incidence of lung cancer remains uncertain 
due to the scanty previous studies in this field, 
the lack of real exposure data, and the lack of 
confounding information. An effect on the 
rates of lung cancer from exposure to asbestos 
cannot be ruled out, but the SIR of 1.27 (one 
case) for malignant mesothelioma among the 
furnace workers supports the initial suggestion of 
low exposure to asbestos.

Our results are in accordance with studies 
from other related industries—such as chro-
mium smelter workers,12 iron and steel 
workers,23 and silicon carbide production 
workers.25 The results from the present study 
do not indicate an association between FeCr 
furnace work and lung cancer.

The excess cases of testicular cancer among 
the FeSi/Si-met furnace workers was not 
expected and may have occurred by chance. 
This is also supported by the finding that seven 
of the nine cases occurred in men employed for 
the first time in 1970 or later (SIR 4.10).

However, the high incidences for the first 5 
years after the start of furnace work and for 
furnace work of any duration during the last 5 
years before cancer occurred may indicate an 
association with work. These workers are regu-
larly exposed to heat11 which has been associ-
ated with increased risk of testicular cancer.26–28 
Exposure to electromagnetic fields has also be-
en associated with development of testicular 
cancer, in particular with non-seminoma,29 
whereas excess seminomas have been found 
among metal workers.30 Only one of the nine 
furnace workers with testicular cancer had died 
of the disease (during 1962–1990). Thus, in 
cancer mortality studies in other industrial 
groups an increased incidence of testicular 
cancers may have passed unnoticed.

The increased incidence of prostate cancer 
among the non-furnace workers and the 
association with duration or work suggest an 
association with work exposures. Excess cases 
of prostate cancer were also found in the FeCr 
furnace workers and have also previously been 
found.9 10 The results are compatible with 
previous case-control studies where slightly 
increased risks of prostate cancer have been 
found for metal workers and for exposure to 
metallic dust, liquid fuel combustion products, 
lubricating oils and greases, and polycyclic 
hydrocarbons from coal.9 31 The increased 
incidence of kidney cancer among the non-
furnace workers was confined to a small excess 
of cases which occurred particularly among the 
mechanics. Further analyses did not indicate 
any associations between kidney cancer and 
duration of work, neither among all non-
furnace workers, nor among the mechanics. 
The excess kidney cancers have therefore an 
uncertain association with work exposures.

The furnace workers have also been exposed 
to high magnetic fields for most of the working 
day (about 50–500 µT). Increased numbers of 
leukaemia and brain cancers have been 
reported in some previous studies among sub-
jects exposed to EMFs.7 No excess of leukae-
mia or cancers of the nervous system was found 
among the furnace and non-furnace workers 
when compared with the national rates. The 
cancer incidence among furnace and non-
furnace workers was also analysed together 
with furnace and non-furnace workers in four 
manganese producing plants with correspond-
ing exposure to EMFs.33 The combined SIRs 
were all below 1.00 and thus did not support 
the hypothesis that exposure to EMFs in-
creases the risk of leukaemia or brain cancer.

For the electrode paste production workers 
no conclusion can be drawn on an association 
between work exposures and lung cancer due 
to the low number of cases and the lack of 
information on confounding factors. The inci-
dence of urinary bladder cancer among the 
long term workers is compatible with previous 
studies which have indicated that exposure to 
PAHs is a risk factor for bladder cancer.34 A 
study of biomarkers of exposure to PAHs in a 
subgroup of these workers found a mean 
particulate exposure to PAH of 14.4 µg/m³ 
(range 4.3–84.6 µg/m³).35

A previous study of vanadium in blood and 
urine among ferrovanadium production work-
ers found a mean vanadium concentration in the 
blood of 35.7 nmol/l among 11 people in 
this department. The mean blood vanadium 
concentration in a comparison group of six 
workers in a pig iron department was 20.2 
nmol/l.36 Among all workers in this plant, which 
mainly has produced FeSi/Si-met, a small 
excess of kidney cancer has been previously 
reported.37 However, none of the kidney 
cancers appeared among the ferrovanadium 
production workers.

VALIDITY ASPECTS

The analyses by year of cancer occurrence 
showed that for the period 1953–9 an overall 
decreased incidence of cancer was found (table 
1). This may be caused by systematic errors 
due to (a) lower detection or reporting of cases 
of cancer among these workers compared with 
the general population, (b) selective loss of 
employment records for men with a cancer 
during this period, or (c) (probably most 
important) a deficiency in the procedure of 
identifying cohort members registered with a 
cancer in the Cancer Registry which for the 
period before 1960 had to be performed 
manually. Such information bias may have 
decreased the overall SIR.

The design of this study with recruitment of 
workers from 1933 combined with start of 
observation for a cancer from 1953 may have 
volved a selection bias among those who were 
employed for the first time during 1933–52. 
This may be suspected as furnace workers 
recruited before 1960 had an incidence of lung 
cancer close to the expected value whereas 
SIRs of 2.03–2.09 were found for workers 
recruited in the remaining periods. This poten-
tial bias may have decreased the overall and 
lung cancer SIRs.

The most important bias probably concerns 
confounding, particularly as individual smok-
ing habits were not available. Among men who 
were ≤50 years in 1989–90 and employed in
four of these plants at that time the median 5 year birth cohort proportion of smokers was 58% among furnace workers, 44% in the non-furnace workers, and 40% in the general population.8 The increased incidence of lung cancer among the furnace workers may thus be partly explained by the increased prevalence of smoking in this group.

The application of employment or work duration as a proxy for exposure in these plants has probably diminished the true underlying exposure-response associations. Only occasionally will exposure duration yield a higher relative risk than exposure measures based on measures of intensity of exposure." Another disadvantage of the lack of real exposure variables is that the results have only a minor significance for workers outside this industry.

In summary, we found excess cases of lung and testicular cancer among the furnace workers. Some results indicate an association with furnace work for both cancer sites, although causal factors cannot be identified. Excess cases of prostate and kidney cancer were found among the non-furnace workers. An association was indicated between duration of non-furnace work and prostate cancer, but no association was found for kidney cancer.

This project has been supported by grants from the Work Environment Fund of the Confederation of Norwegian Business and Industry (NHO). We are grateful to the staff at the Cancer Registry of Norway for help with identification of people, linking of the cohort, and compilation of the national cancer rates, and to Ole Tormod Fure at the Safety, Health and Environmental Secretariat for the Norwegian Smelters for his assistance in the cooperation with participating plants and the financial support.

Study of cancer incidence among 8530 male workers in eight Norwegian plants producing ferrosilicon and silicon metal.
A Hobbesland, H Kjuus and D S Thelle

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