GASTRIC CANCER IN COAL MINERS: A CASE-CONTROL STUDY IN A COAL MINING AREA

G M H SWAEN, C W H M AERDTS, F STURMANS, J J M SLANGEN, AND P KNIPSCILLD
From the Department of Epidemiology, University of Limburg, 6200 MD Maastricht, the Netherlands

ABSTRACT In collaboration with three pathology departments a case-control study was conducted in the southern part of the Netherlands to investigate the risk of gastric cancer in coal miners. Between 1 January 1973 and 31 December 1983, 323 male patients were diagnosed as having a malignant neoplasm of the stomach. For each case a control was selected from the same pathology department, matched on year of birth and regardless of diagnosis. The archives of the Central Coal Miners Pension Fund were searched to obtain information about whether or not a patient had ever worked for a coal mining company in the Netherlands. Twenty-two per cent of the patients had been registered as an underground coal miner, compared with 20% of the control group (odds ratio of 1.14, 95% confidence interval: 0.33-1.73). Those with gastric cancer who had ever worked underground in a coal mine did so for an average period of 16-9 years compared with an average of 19-7 years in the control group. The study gives no indication that the underground workers of the Dutch coal mines had a raised risk of developing a malignant neoplasm of the stomach.

Coal is of great importance to our industrialised society and will remain so in the near future. It is a major energy source for electrical power stations. Specific coals or mixtures may be carbonised into coke, which is indispensable for the iron and steel industry. Although the number of coal miners has decreased substantially during the past decades, many still work in underground coal mining all over the world. In 1983 about 300 000 workers were employed in underground coal mining operations in the European Community. Various carcinogenic substances have been identified in coal, such as benz(α)pyrene and benz(a)anthracene derivatives, but also inorganic carcinogens such as arsenic, cadmium, and chromium. It has also been postulated that dust in general is a risk factor for gastric cancer.

Inhaled coal dust reaches the gastrointestinal tract by the pulmonary clearance system, in which the bronchial mucus is moved upwards toward the larynx and then swallowed. Some investigators have noted a high incidence or mortality of gastric cancer in coal mining areas. In a coal mining region in Utah, United States, the incidence of gastric cancer was three times that of the rest of the state. In a repeat study five years later, however, this high incidence of gastric cancer did not show up. The investigators concluded that, “the previous suggestion that the high incidence of gastric cancer could be related to frequent exposure to coal carrying hydrocarbons appears to be unwarranted.” A British investigation also showed a positive relation between the incidence of gastric cancer and the dusty coal and textile industries, a relation reported earlier by Stocks and by Enterline in the United States. Enterline reported a standardised mortality ratio of 275 for gastric cancer in coal miners. In the United States a large follow-up study of 23 000 coal miners was conducted. This 10% sample of all coal miners covered by the United Mine Workers Health and Retirement Fund on 1 January 1959 was followed up until 1971. During the follow-up period, 129 died from gastric cancer compared with 92 expected. The investigator concluded that, “elevated gastric cancer is the third most consistent mortality finding for coal miners behind accidents and pneumoconiosis mortality.”

In a recent listing of carcinogenic agents and occupations coal mining was classified as an occupational group associated with a raised risk for gastric cancer. Some investigators have drawn attention to the possible confounding effect of other factors that
to coal mining. In the control group, however, there were no patients with diagnosed pneumoconiosis, although they had not been omitted by us. Table 2 gives the age distribution of the control group. For all 646 patients enrolled in the study, information was obtained about underground mining work through the files of the General Mining Fund, which is a collaborative pension and disability fund for all Dutch coal mines. Each worker of the Dutch coal mines had to pay dues to this fund from his salary. Records of these payments have been accurately kept, since the retirement benefits of the coal miners depended on them. These records still exist for all workers who were employed by the Dutch mining companies and available for this study. For each person in the study the files of the General Mining Fund were searched in a standard manner. The first personal identification used in this search was the date of birth. In the case of a match on this variable the family name was compared. To check the accuracy of the collected dates of birth, the first 500 patients were checked with the population registries. Of these 500 patients, only one had a wrongly recorded date of birth. Errors in the spelling of the family names have not resulted in an underestimation of exposure, even if the name of the patient was spelt incorrectly we were able to find his file at the General Mining Fund and subsequently obtain information about the occupational exposure to coal dust.

Results

For all 323 cases and 323 controls the archives of the General Mining Fund were searched. Table 3 shows the distribution of underground coal miners as they were observed in the 323 pairs.

The odds ratio and the 95% confidence limits were calculated by the Mantel and Haenszel method for matched pairs; from the data given in table 3 a value of 1.14 (95% confidence limits: 0.34-1.73)
was obtained. To investigate the existence of a dose response relation a break down was made by duration of underground coal mining work (table 4).

The distribution of cases over the underground categories of underground coal mining did not differ from the controls and the average duration of underground coal mining for the controls was, in fact, longer than for the cases (19-7 years for the controls compared with 16-8 for the cases).

Discussion

Previous epidemiological studies of the risk of gastric cancer among coal miners have been contradictory. Some studies have supported this hypothesis and some have not. The distribution of other factors that play a part in the aetiology of gastric cancer may account for these discrepancies. One of these factors, social class, is inversely related to the risk of gastric cancer. 16 17 Information about social class for the individual cases and controls in this study is not available. Nevertheless, it is known that the Dutch coal miners as a group earned less than the average employee before 1947 (L Kreukels, personal communication, 1984), and 79% of the coal miners in our study were employed underground before 1947. If social class had affected the findings of our study it is more likely to have resulted in an overestimation of the risk of gastric cancer rather than an underestimation. Another factor that could have influenced our results is diet since some nutritional constituents are suspect of having carcinogenic properties. 18 19 We did not collect information on the diet of our subjects and thus cannot exclude diet as a possible confounder in this study. Nevertheless, the risks for gastric cancer associated with dietary factors are small and, in order to function as a confounder, the diet of the coal miners must have differed greatly from that of the general population and must have had a preventive effect.

Further studies of the risk of gastric cancer and exposure to coal dust are needed, and we think that it is premature to regard exposure to coal dust as a risk for gastric cancer in man.

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