

## ELECTRONIC PAPER

# Integrative assessment of multiple pesticides as risk factors for non-Hodgkin's lymphoma among men

A J De Roos, S H Zahm, K P Cantor, D D Weisenburger, F F Holmes, L F Burmeister, A Blair

*Occup Environ Med* 2003;**60**:e111 (<http://www.occenvmed.com/cgi/content/full/60/9/e111>)

See end of article for authors' affiliations

Correspondence to:  
Dr A J De Roos,  
1100 Fairview Avenue  
North, MP-474,  
PO Box 19024, Seattle,  
WA 98109, USA;  
aderoo@fhcrc.org

Accepted 27 March 2003

**Background:** An increased rate of non-Hodgkin's lymphoma (NHL) has been repeatedly observed among farmers, but identification of specific exposures that explain this observation has proven difficult.

**Methods:** During the 1980s, the National Cancer Institute conducted three case-control studies of NHL in the midwestern United States. These pooled data were used to examine pesticide exposures in farming as risk factors for NHL in men. The large sample size ( $n = 3417$ ) allowed analysis of 47 pesticides simultaneously, controlling for potential confounding by other pesticides in the model, and adjusting the estimates based on a prespecified variance to make them more stable.

**Results:** Reported use of several individual pesticides was associated with increased NHL incidence, including organophosphate insecticides coumaphos, diazinon, and fonofos, insecticides chlordane, dieldrin, and copper acetoarsenite, and herbicides atrazine, glyphosate, and sodium chlorate. A subanalysis of these "potentially carcinogenic" pesticides suggested a positive trend of risk with exposure to increasing numbers.

**Conclusion:** Consideration of multiple exposures is important in accurately estimating specific effects and in evaluating realistic exposure scenarios.

Farming occupation has been associated with an increased risk of non-Hodgkin's lymphoma (NHL) in the United States and other countries.<sup>1-4</sup> Specific farming exposures contributing to the excess risk have not been clearly discerned, but pesticides have received considerable attention. Associations have been observed between NHL risk and exposure to phenoxyacetic acids, most notably 2,4-dichlorophenoxyacetic acid (2,4-D).<sup>5-10</sup> Organochlorine, organophosphate, carbamate, and triazine pesticides have also been implicated.<sup>8,9,11-14</sup>

There are several analytical challenges in studying health effects of pesticide exposures among farmers. Farmers are typically exposed to multiple pesticides during a lifetime, and pesticides are frequently used together or during the same growing season, posing a challenge for identifying specific risk factors. Although multiple and simultaneous exposures are common in epidemiology and the situation regarding pesticides is not unique, they do require large numbers to successfully identify risks from specific exposures. Many of the past studies of NHL and pesticides had limited power to adjust for potential confounding by associated pesticide exposures. Limited study power has also hindered investigation of the risk associated with common pesticide combinations.

In principle, multiple pesticide exposures should be modelled simultaneously to account for their probable correlation; however, modelling multiple pesticides can lead to imprecise estimates, particularly where exposures are infrequent. In addition, some estimates are expected to be very inaccurate, either due to chance or systematic error (such as recall bias). Hierarchical regression models, also known as multilevel or multistage models, allow the researcher to specify prior distributions for multiple effect parameters of interest (for example, pesticide effects), and to adjust the observed likelihood estimates towards these prior distributions with the objective of obtaining increased precision and accuracy for the ensemble of estimates.<sup>15-17</sup> Although the true prior distributions are rarely known, factors hypothesised to determine or explain the magnitude of the true effects of

interest can be used to specify the form of the prior distributions, whose magnitudes are then estimated.<sup>15</sup>

During the 1980s, the National Cancer Institute conducted three population based case-control studies of NHL in Nebraska,<sup>5</sup> Iowa and Minnesota,<sup>11</sup> and Kansas.<sup>7</sup> Each of these studies focused on farming exposure to pesticides, and data from the three studies have been pooled. In the pooled data, certain organophosphate<sup>12</sup> and carbamate<sup>13</sup> insecticides were positively associated with the risk of NHL. Lindane use was associated with slightly increased incidence of NHL,<sup>18</sup> whereas DDT use was not.<sup>19</sup> There was also a slightly increased incidence associated with atrazine exposure.<sup>20</sup>

We used these pooled data to conduct an analysis of exposure to multiple pesticides in farming as risk factors for NHL among men. The larger sample size provided adequate numbers of exposed persons to analyse a set of pesticide exposures simultaneously, using hierarchical regression to adjust estimates based on prior distributions for the pesticide effects. In addition, effects of the number of pesticides used and of common pesticide combinations were explored to assess the risk associated with realistic scenarios of farmers' exposures to multiple pesticides.

## METHODS

### Study population

The three case-control studies had slightly different methods of subject recruitment. In Nebraska,<sup>5</sup> all cases of NHL diagnosed between July 1983 and June 1986 among white subjects 21 years of age and older, and living in one of the 66 counties of eastern Nebraska were identified through the Nebraska Lymphoma Study Group and area hospitals. In Iowa and Minnesota,<sup>11</sup> all newly diagnosed cases of NHL among

**Abbreviations:** 2,4-D, 2,4-dichlorophenoxyacetic acid; NHL, non-Hodgkin's lymphoma; OP, organophosphorus

white men aged 30 years or older were ascertained from records of the Iowa State Health Registry from 1981 to 1983, and a special surveillance system of Minnesota hospitals and pathology laboratories from 1980 to 1982. In Kansas,<sup>7</sup> a random sample of cases diagnosed between 1979 and 1981 among white men age 21 years or older was selected from the statewide cancer registry run by the University of Kansas Cancer Data Service. Population based controls were randomly selected from the same geographical areas as the cases, frequency matched to cases by race, sex, age, and vital status at the time of interview. Potential controls were identified by random digit dialing and from Medicare records, and for deceased cases, from state mortality files.

Only one study included women; in this pooled analysis we excluded female cases and controls. Those who lived or worked on a farm when younger than 18 years of age, but not after age 18, were not asked about their pesticide use in the Nebraska study; persons with this history from any of the three studies were therefore excluded from analyses of the pooled data. Following exclusions, the study population included 870 cases and 2569 controls.

### Interviews

Interviews were conducted with the subjects or their next of kin if the subjects were dead or incapacitated. In each study, detailed questions were asked about the use of agricultural pesticides as well as other known or suspected risk factors for NHL. In Nebraska, information was obtained through questioning about the use of any pesticide, followed by prompting for selected specific pesticides, with details on the total number of years of use and average number of days per year. In Iowa and Minnesota, use was assessed by a direct question about a selected list of specific pesticides. Pesticide users were also asked the first and last year each pesticide was used. In Kansas, use of pesticides was assessed by an open ended question without prompting for specific pesticides, and duration of use and days per year were obtained for groups of pesticides (herbicides, insecticides, and fungicides), but not for each pesticide individually.

### Statistical analyses

Each pesticide for which there were data from all three studies, and to which 20 or more persons were exposed, was included in the pooled analysis. The set of pesticides examined included 47 insecticides and herbicides. Exposure to each pesticide was coded as an indicator variable for exposed (1) or not exposed (0). Because these analyses of multiple pesticides modelled the pesticides simultaneously, any subject with a missing or “don’t know” response for any one of the 47 pesticides of interest was excluded from all analyses. Following exclusion of subjects with missing data, analyses of multiple pesticides included 650 cases (74.7%) and 1933 controls (75.2%). We employed two approaches to our analyses: standard logistic regression (maximum likelihood estimation) and hierarchical regression, calculating odds ratios to estimate the relative risk associated with each pesticide. All models included variables for age (coded as a quadratic spline variable with one knot at 50 years)<sup>21</sup> and indicator variables for study site. Other factors known or suspected to be associated with NHL, including first degree relative with haematopoietic cancer, education, and smoking, were evaluated and found not to be important confounders of the associations between NHL and pesticides. The standard logistic regression models did not assume any prior distribution of pesticide effects, in contrast to the hierarchical regression modelling.

### Hierarchical regression of multiple pesticide exposures

In the first-level model of the hierarchical regression analysis, NHL disease status was regressed simultaneously on the 47 pesticide exposures, age, and study site. The maximum likelihood estimates for the 47 pesticides from the first-level model

were regressed in a second-level linear regression model as a function of prespecified prior covariates for each of the pesticides. The second-level model should incorporate what is known about each true effect parameter prior to seeing the study data.<sup>15–22</sup> Information derived from the second-level model was used to adjust the beta coefficient for each pesticide exposure according to its “prior distribution”; the beta for each pesticide was adjusted in the direction of its prior mean, or expected value (from the second-level model), with the magnitude of shrinkage dependent on the precision of its likelihood estimate (from the first-level model) and a prespecified variance of the assumed normal distribution for that parameter. SAS Proc GLIMMIX was used to run the hierarchical models. This program can be adapted for the purpose of hierarchical modelling of multiple exposures, and uses a penalised likelihood function to fit the first- and second-level models by an iterative procedure.<sup>23</sup>

Information on pesticides that would give a priori reason to believe that the true effect parameters for certain specific pesticides would be more or less similar to each other was constructed into a matrix for use in the second level of the hierarchical regression analysis (table 1). The second-level, or prior covariates, were factors hypothesised to determine the magnitude of, or explain some of the variability between, the individual true effects. The covariates were indicators of pesticide class, structure, and toxicity, used to define categories of pesticide effects which would be regarded as “exchangeable”, or as draws from a common prior distribution.<sup>15–22</sup> These “categories of exchangeability” included the groupings: insecticides (versus herbicides), organochlorines, organophosphates, carbamates, phenoxyacetic acids, triazines, amides, and benzoic acids (see table 1). In addition to categories of exchangeability, we defined a prior covariate incorporating prior evidence for carcinogenicity of the pesticide. Based on data from the United States Environmental Protection Agency’s (US EPA) Integrated Risk Information System (<http://www.epa.gov/iris/>) and the International Agency for Research on Cancer’s Program on the Evaluation of Cancer Risks to Humans (<http://monographs.iarc.fr/>), carcinogenic probability for any cancer (not limited to NHL), was defined as a continuous variable ranging between 0 and 1 (algorithm for variable definition is included as footnote to table 1).

Another component of each pesticide effect’s prior distribution was a value for the residual variance, which captures effects above and beyond those accounted for by the “group” effects of the second-level covariates, and determines the degree of shrinkage of a likelihood estimate toward its prior mean.<sup>15–22</sup> This residual variance was defined as a value relating to a range of probable values for the true effect parameter. We assumed, with 95% certainty, that the rate ratio for each pesticide, after adjusting for the second-level covariates, would fall within a 10-fold range around its prior mean (for example, between 0.5 and 5.0), by defining the prior residual variance as 0.35 (note: for a 10-fold range, residual variance =  $(\ln(10))/3.92)^2 \cong 0.35$ ), assuming normality).

Because our prior covariates were crudely defined, and because there is little information on factors that would be expected to affect the magnitude of the effect of pesticides on NHL incidence, we also performed a hierarchical regression analysis of multiple pesticides using an intercept-only model, in which all pesticide effects were assumed to arise from a common prior distribution, with a prior residual variance of 0.35. In other words, this modelling strategy assumed that there was no a priori reason to believe that any specific pesticide was more likely to be associated with NHL incidence than any other pesticide in the model.

### Number of pesticides used

We conducted analyses to estimate NHL incidence associated with the number of pesticides used, out of the total number of

**Table 1** Second-level matrix for hierarchical regression analysis, showing values of “prior covariates” for each pesticide of interest\*†

Pesticides	Insecticides	Organo-chlorines	Organo-phosphates	Carbamates	Phenoxy-acetic acids	Triazines	Amides	Benzoic acids	Carcinogenic probability
<b>Insecticides</b>									
Aldrin	1	1	0	0	0	0	0	0	0.6
Bufencarb	1	0	0	1	0	0	0	0	0.3
Carbaryl	1	0	0	1	0	0	0	0	0.3
Carbofuran	1	0	0	1	0	0	0	0	0.3
Chlordane	1	1	0	0	0	0	0	0	0.8
Copper acetoarsenite*	1	0	0	0	0	0	0	0	1.0
Coumaphos	1	0	1	0	0	0	0	0	0.3
DDT	1	1	0	0	0	0	0	0	0.8
Diazinon	1	0	1	0	0	0	0	0	0.3
Dichlorvos	1	0	1	0	0	0	0	0	0.8
Dieldrin	1	1	0	0	0	0	0	0	0.6
Dimethoate	1	0	1	0	0	0	0	0	0.3
Ethoprop	1	0	1	0	0	0	0	0	0.3
Famphur	1	0	1	0	0	0	0	0	0.3
Fly, lice, tick spray	1	0	0	0	0	0	0	0	0.3
Fonofos	1	0	1	0	0	0	0	0	0.3
Heptachlor	1	1	0	0	0	0	0	0	0.8
Lead arsenate*	1	0	0	0	0	0	0	0	1.0
Lindane	1	1	0	0	0	0	0	0	0.3
Malathion	1	0	1	0	0	0	0	0	0.3
Methoxychlor	1	1	0	0	0	0	0	0	0.3
Nicotine	1	0	0	0	0	0	0	0	0.3
Phorate	1	0	1	0	0	0	0	0	0.3
Pyrethrins	1	0	0	0	0	0	0	0	0.3
Rotenone	1	0	0	0	0	0	0	0	0.3
Tetrachlorvinphos	1	0	1	0	0	0	0	0	0.3
Toxaphene	1	1	0	0	0	0	0	0	0.8
Terbufos	1	0	1	0	0	0	0	0	0.3
<b>Herbicides</b>									
Alachlor	0	0	0	0	0	0	1	0	0.3
Atrazine	0	0	0	0	0	1	0	0	0.3
Bentazon	0	0	0	0	0	0	0	0	0.1
Butylate	0	0	0	1	0	0	0	0	0.3
Chloramben	0	0	0	0	0	0	0	1	0.3
Cyanazine	0	0	0	0	0	1	0	0	0.3
2,4-D	0	0	0	0	1	0	0	0	0.5
Dicamba	0	0	0	0	0	0	0	1	0.3
EPTC	0	0	0	1	0	0	0	0	0.3
Glyphosate	0	0	0	0	0	0	0	0	0.3
Linuron	0	0	0	0	0	0	0	0	0.5
MCPA	0	0	0	0	1	0	0	0	0.3
Metolachlor	0	0	0	0	0	0	1	0	0.5
Metribuzin	0	0	0	0	0	0	0	0	0.3
Paraquat	0	0	0	0	0	0	0	0	0.5
Propachlor	0	0	0	0	0	0	1	0	0.3
Sodium chlorate	0	0	0	0	0	0	0	0	0.3
2,4,5-T	0	0	0	0	1	0	0	0	0.5
Trifluralin	0	0	0	0	0	0	0	0	0.5

\*Carcinogenic probability value is created by combining the classifications from the IARC Monographs Programme on the Evaluation of Carcinogenic Risks to Humans and the US EPA Integrated Risk Information System. Assignment of carcinogenic probability by order of priority: 1.0 = classified as a human carcinogen on either assessment; 0.9 = probable human carcinogen in both assessments; 0.8 = probable human carcinogen in one assessment and possible human carcinogen in other assessment; 0.6 = probable human carcinogen in one assessment and unclassifiable in the other; 0.5 = possible human carcinogen in both assessments, or possible human carcinogen in one assessment and not assessed by the other group; 0.3 = not assessed by IARC or US EPA IRIS, or deemed unclassifiable in one or both assessments; 0.1 = evidence for non-carcinogenicity in either assessment.

†Used the IARC assessment for arsenic and arsenic compounds.

86 pesticides reported in all three of the pooled studies (many of these 86 pesticides were not included in the multivariable analysis of the set of 47 specific pesticides because of their infrequent use). The number of pesticides was coded using indicator variables (1 pesticide, 2–4 pesticides, 5 or more pesticides). Similar analyses were conducted for the number of insecticides and herbicides used. For those pesticides showing positive associations with NHL in the hierarchical regression analysis of 47 specific pesticides (nine pesticides total, see table 3), we conducted a similar analysis of the number of pesticides used, restricted to these “potentially carcinogenic” pesticides. In addition to logistic regression analyses, we evaluated the effect of the number of pesticides used by hierarchical regression with an intercept-only model, in which all pesticide effects (those indicating number of pesticides, as

well as the 47 specific pesticides) were assumed to have been sampled from a common prior distribution with an unknown mean and a residual variance of 0.35.

### Combined pesticide exposures

We explored the risk associated with combined pesticide exposures, defined as two pesticides used by the same person, but not necessarily at the same time. For any two pesticides for which more than 75 persons reported use of both (representing the 5% most common of all possible combinations of the 47 pesticides), and at least 20 persons reported use of each of the two individual pesticides not in combination, we evaluated potential superadditivity of pesticide effects on NHL (the appendix contains a list of the pesticide combinations evaluated). Individual and joint effects were first estimated

**Table 2** Characteristics of subjects in the study population\* and those subjects included in analyses of multiple pesticides†

Characteristics	Pooled study			Included in analyses of multiple pesticides		
	Cases (n=870)	Controls (n=2569)	OR (95% CI)‡	Cases (n=650)	Controls (n=1933)	OR (95% CI)
Study site						
Iowa/Minnesota	520 (60.9%)	1039 (40.4%)	1.0	436 (67.1%)	895 (46.3%)	1.0
Kansas	153 (17.6%)	862 (33.6%)	0.3 (0.3 to 0.4)§	101 (15.5%)	596 (30.8%)	0.3 (0.3 to 0.4)
Nebraska	187 (21.5%)	668 (26.0%)	0.5 (0.4 to 0.7)§	113 (17.4%)	442 (22.9%)	0.5 (0.4 to 0.7)
Respondent status						
Self respondent	545 (62.6%)	1413 (55.0%)	1.0	449 (69.1%)	1166 (60.3%)	1.0
Proxy respondent	325 (37.4%)	1156 (45.0%)	0.7 (0.6 to 0.9)§	201 (30.9%)	767 (39.7%)	0.7 (0.6 to 0.8)
Age (years)						
<40	53 (6.1%)	280 (11.0%)	0.7 (0.5 to 1.0)§	40 (6.2%)	211 (10.9%)	0.7 (0.5 to 1.1)
40–59	196 (22.6%)	493 (19.3%)	1.5 (1.1 to 1.9)§	160 (24.6%)	388 (20.1%)	1.6 (1.2 to 2.1)
60–79	478 (55.1%)	1261 (49.4%)	1.4 (1.1 to 1.7)§	355 (54.6%)	969 (50.1%)	1.4 (1.1 to 1.8)
≥80	141 (16.2%)	521 (20.4%)	1.0	95 (14.6%)	365 (18.9%)	1.0
Educational level						
Less than high school graduation	387 (45.2%)	1126 (44.7%)	1.0	276 (43.0%)	806 (42.4%)	1.0
High school graduation or GED¶	226 (26.4%)	629 (25.0%)	1.0 (0.9 to 1.3)	171 (26.6%)	467 (24.6%)	1.1 (0.9 to 1.3)
Some college or vocational school	151 (17.6%)	457 (18.1%)	1.0 (0.8 to 1.2)	122 (19.0%)	368 (19.4%)	1.0 (0.8 to 1.2)
College graduate or more	93 (10.9%)	308 (12.2%)	1.0 (0.7 to 1.1)	73 (11.4%)	261 (13.7%)	0.8 (0.6 to 1.1)
Ever lived or worked on a farm as an adult						
No	243 (28.1%)	780 (30.4%)	1.0	243 (37.5%)	775 (40.1%)	1.0
Yes	621 (71.9%)	1780 (69.5%)	1.1 (0.9 to 1.3)	405 (62.5%)	1157 (59.9%)	1.1 (0.9 to 1.3)
First degree relative with haematopoietic cancer						
No	792 (92.5%)	2452 (96.8%)	1.0	594 (92.8%)	1863 (96.7%)	1.0
Yes	64 (7.5%)	80 (3.2%)	2.5 (1.8 to 3.5)	46 (7.2%)	63 (3.3%)	2.3 (1.5 to 3.4)
Histological subtype						
Follicular	243 (28.0%)			196 (30.1%)		
Diffuse	334 (38.5%)			233 (35.9%)		
Small lymphocytic	99 (11.4%)			77 (11.9%)		
Other	192 (22.1%)			144 (22.2%)		

\*Pooled study population limited to males and following exclusions.

†Any observation with a missing value for any of the 47 multiple pesticides was not included in analyses.

‡Odds ratios (OR) and 95% confidence limits (CI).

§Odds ratios for the matching factors are not interpretable for their relation with NHL, but are presented for comparison to odds ratios for the subgroup included in analyses of multiple pesticides.

¶GED, General Equivalency Diploma.

using logistic regression in models including variables for the joint exposure and two individual exposures, the 45 other specific pesticides, age, and study site. Where the OR for the joint effect was 1.3 or higher, positive interaction on the additive scale was evaluated using the interaction contrast ratio (ICR =  $OR_{\text{joint exposure}} - OR_{\text{individual exposure \#1}} - OR_{\text{individual exposure \#2}} + 1$ ).<sup>24</sup> ICR values above 0.5 were considered indicative of superadditivity, and these pesticide combinations were further analysed using hierarchical regression with an intercept-only model, in which all pesticide effects (those indicating joint and individual exposures to the two pesticides, as well as the other 45 specific pesticides) were assumed to have been sampled from a common prior distribution with an unknown mean and a residual variance of 0.35.

## RESULTS

Table 2 shows characteristics of men in the pooled studies. In the control population, which was representative of this part of the midwestern United States, approximately 70% of the men had lived or worked on a farm as an adult. There was a 10% increased NHL incidence associated with living or working on a farm as an adult; this increase is similar in magnitude to meta-analyses of farming and NHL mortality and morbidity.<sup>4,25</sup> Cases were slightly more likely than controls to have been directly interviewed, to be between the ages of 40 and 79, and they were more than twice as likely to have a first degree relative with haematopoietic cancer. The subset of subjects included in analyses of multiple pesticides was less likely than those in the overall study population to be from the Kansas or Nebraska studies, to have lived or worked on a farm as an adult, or to have had a proxy respondent, and they were slightly more likely to be more highly educated; however, the

relation of these factors with case status did not differ between the overall study and the subset included in the analyses of multiple pesticides.

Use of most specific pesticides was more frequent among cases than controls; however, most of the odds ratios were not increased in the multivariable models (table 3), primarily due to adjustment for study site, since both the frequency of pesticide use and case-to-control ratios differed by study site. The results of the hierarchical regression analysis of 47 pesticides were generally similar to, but had somewhat more narrow confidence intervals than results from the logistic regression model. Only a few pesticides were associated with a possible increased NHL incidence (judged by  $OR \geq 1.3$  and lower confidence limit  $\geq 0.8$ ), including the organophosphate (OP) insecticides coumaphos, fonofos, and diazinon, the organochlorine insecticides chlordane and dieldrin, the insecticide copper acetoarsenite, and the herbicides atrazine, glyphosate, and sodium chlorate. There was also a significantly decreased risk associated with aldrin exposure. These suggested effects occurred in both the logistic and hierarchical regression analyses. For pesticides that had wider confidence intervals in the logistic regression model, odds ratios from the hierarchical model were generally closer to the null value, based on a priori assumptions about the probable magnitudes of effect. For example, we assumed that the effect of sodium chlorate would be similar to that of other herbicides and other pesticides for which there was a low carcinogenic probability, and that after accounting for these prior covariates, the rate ratio would likely fall within a 10-fold range around its expected value. Based on these assumptions, a fourfold risk associated with the use of sodium chlorate in the logistic regression analysis was adjusted to a 1.8-fold risk using hierarchical regression. Although unstable estimates were adjusted, results of the

**Table 3** Effect estimates for use of specific pesticides and NHL incidence, adjusting for use of other pesticides\*

Pesticides	Exposed [n (%)]		Logistic regression OR (95% CI)†	Hierarchical regression OR (95% CI)
	Cases (n=650)	Controls (n=1933)		
<b>Insecticides</b>				
Aldrin	47 (7.2%)	115 (5.9%)	0.5 (0.3 to 0.9)	0.6 (0.4 to 1.0)
Bufencarb‡	6 (0.9%)	12 (0.6%)	1.1 (0.3 to 3.7)	1.0 (0.4 to 2.3)
Carbaryl	30 (4.6%)	57 (2.9%)	1.0 (0.5 to 1.9)	1.1 (0.6 to 1.9)
Carbofuran	41 (6.3%)	96 (5.0%)	0.9 (0.5 to 1.6)	1.0 (0.6 to 1.7)
Chlordane	39 (6.0%)	65 (3.4%)	1.5 (0.8 to 2.6)	1.3 (0.8 to 2.1)
Copper acetoarsenite	41 (6.3%)	68 (3.5%)	1.4 (0.9 to 2.3)	1.4 (0.9 to 2.1)
Coumaphos	15 (2.3%)	22 (1.1%)	2.4 (1.0 to 5.8)	1.7 (0.9 to 3.3)
DDT	98 (15.1%)	226 (11.7%)	1.0 (0.7 to 1.3)	1.0 (0.7 to 1.3)
Diazinon	40 (6.1%)	62 (3.2%)	1.9 (1.1 to 3.6)	1.7 (1.0 to 2.8)
Dichlorvos	16 (2.5%)	37 (1.9%)	0.9 (0.4 to 2.0)	0.9 (0.5 to 1.7)
Dieldrin	21 (3.2%)	39 (2.0%)	1.8 (0.8 to 3.9)	1.4 (0.8 to 2.6)
Dimethoate‡	5 (0.8%)	11 (0.6%)	1.2 (0.3 to 5.3)	1.2 (0.5 to 2.8)
Ethoprop‡	4 (0.6%)	14 (0.7%)	0.7 (0.2 to 2.9)	0.9 (0.4 to 2.1)
Famphur	12 (1.8%)	34 (1.8%)	0.7 (0.3 to 1.7)	0.8 (0.4 to 1.5)
Fly, lice, or tick spray	162 (24.9%)	408 (21.1%)	0.9 (0.7 to 1.1)	0.9 (0.7 to 1.1)
Fonofos	28 (4.3%)	44 (2.3%)	1.8 (0.9 to 3.5)	1.5 (0.9 to 2.7)
Heptachlor	28 (4.3%)	53 (2.7%)	1.1 (0.6 to 2.4)	1.1 (0.6 to 2.0)
Lead arsenate	9 (1.4%)	25 (1.3%)	0.5 (0.2 to 1.2)	0.6 (0.3 to 1.3)
Lindane	59 (9.1%)	109 (5.6%)	1.2 (0.7 to 2.0)	1.2 (0.8 to 1.9)
Malathion	53 (8.1%)	100 (5.2%)	1.1 (0.6 to 1.8)	1.1 (0.7 to 1.7)
Methoxychlor	9 (1.4%)	20 (1.0%)	0.8 (0.3 to 2.1)	0.9 (0.4 to 1.9)
Nicotine	24 (3.7%)	50 (2.6%)	0.9 (0.5 to 1.6)	1.0 (0.6 to 1.6)
Phorate	28 (4.3%)	67 (3.5%)	0.8 (0.4 to 1.6)	0.9 (0.5 to 1.5)
Pyrethrins‡	6 (0.9%)	12 (0.6%)	1.0 (0.3 to 3.2)	1.0 (0.4 to 2.3)
Rotenone	10 (1.5%)	26 (1.4%)	0.7 (0.3 to 1.7)	0.8 (0.4 to 1.5)
Tetrachlorvinphos‡	3 (0.5%)	11 (0.6%)	0.4 (0.1 to 1.8)	0.8 (0.3 to 1.9)
Toxaphene	17 (2.6%)	34 (1.8%)	1.1 (0.5 to 2.4)	1.1 (0.6 to 2.0)
Terbufos	21 (3.2%)	50 (2.6%)	0.8 (0.4 to 1.8)	0.8 (0.5 to 1.6)
<b>Herbicides</b>				
Alachlor	68 (10.5%)	152 (7.9%)	1.1 (0.7 to 1.8)	1.0 (0.6 to 1.6)
Atrazine	90 (13.8%)	185 (9.6%)	1.6 (1.1 to 2.5)	1.5 (1.0 to 2.2)
Bentazon	22 (3.4%)	58 (3.0%)	0.7 (0.3 to 1.5)	0.8 (0.4 to 1.4)
Butylate	28 (4.3%)	56 (2.9%)	1.2 (0.6 to 2.3)	1.2 (0.7 to 2.0)
Chloramben	34 (5.2%)	81 (4.2%)	0.9 (0.5 to 1.6)	0.9 (0.5 to 1.5)
Cyanazine	37 (5.7%)	96 (5.0%)	0.6 (0.3 to 1.0)	0.6 (0.4 to 1.1)
2,4-D	123 (18.9%)	314 (16.2%)	0.8 (0.6 to 1.1)	0.9 (0.6 to 1.2)
Dicamba	39 (6.0%)	79 (4.1%)	1.2 (0.6 to 2.3)	1.2 (0.7 to 2.1)
EPTC + protectant	13 (2.0%)	29 (1.5%)	1.2 (0.5 to 3.1)	1.1 (0.5 to 2.3)
Glyphosate	36 (5.5%)	61 (3.2%)	2.1 (1.1 to 4.0)	1.6 (0.9 to 2.8)
Linuron	5 (0.8%)	22 (1.1%)	0.3 (0.1 to 1.2)	0.5 (0.2 to 1.2)
MCPA	8 (1.2%)	16 (0.8%)	1.0 (0.4 to 2.6)	0.9 (0.4 to 2.0)
Metolachlor	13 (2.0%)	37 (1.9%)	0.7 (0.3 to 1.6)	0.7 (0.4 to 1.5)
Metribuzen	20 (3.1%)	53 (2.7%)	0.8 (0.4 to 1.7)	0.8 (0.4 to 1.5)
Paraquat‡	2 (0.3%)	15 (0.8%)	0.1 (0.02 to 0.7)	0.5 (0.2 to 1.2)
Propachlor	20 (3.1%)	50 (2.6%)	1.0 (0.5 to 2.0)	1.0 (0.6 to 1.9)
Sodium chlorate‡	8 (1.2%)	7 (0.4%)	4.1 (1.3 to 13.6)	1.8 (0.8 to 4.1)
2,4,5-T	25 (3.9%)	63 (3.3%)	1.0 (0.5 to 1.9)	0.9 (0.5 to 1.6)
Trifluralin	52 (8.0%)	120 (6.2%)	0.9 (0.5 to 1.6)	0.9 (0.5 to 1.4)

\*Each estimate is adjusted for use of all other pesticides listed in table 3, age, and study site.

†Odds ratios (OR) and 95% confidence limits (CI).

‡Criteria for inclusion in the models was a pesticide use frequency of  $\geq 20$ ; however, some pesticide use frequencies are  $< 20$  in the multivariable models since observations with missing values were dropped.

hierarchical model including prior covariates and those from the hierarchical intercept-only model were virtually identical (results for intercept-only model not shown), indicating that the prior covariates representing pesticide category and carcinogenic probability were not important determinants of the variability between the observed effects, and that adjustment of estimates primarily occurred because of the a priori restriction on their variance. Indeed, a linear regression analysis of the 47 logistic regression beta coefficients for the pesticides regressed on the prior covariates found no statistically significant associations (at a significance level of  $p < 0.05$ ; results not shown).

Among the farmers who used pesticides, the number of total pesticides ever used ranged between 1 and 32, but approximately 50% of farmers reported using only one or two pesticides. There was no association between NHL incidence

and either the total number of pesticides or herbicides used (see table 4). There was a 40% increased incidence associated with the use of five or more insecticides; however, there was no apparent exposure-response trend. In an analysis of the number of “potentially carcinogenic” pesticides, NHL incidence increased by the number of pesticides used by the subject. Subjects who reported using any five or more “potentially carcinogenic” pesticides were twice as likely to be NHL cases than controls, compared to those using no pesticides. The results for “potentially carcinogenic” pesticides were highly sensitive to removal of certain pesticides from the count, including dieldrin, atrazine, or glyphosate. For example, removal of glyphosate from the count resulted in a lack of trend for increasing number of “potentially carcinogenic” pesticides (1 pesticide: OR = 1.2; 2–4 pesticides: OR = 1.2;  $\geq 5$  pesticides: OR = 1.1).

**Table 4** Effect of number of pesticides used on NHL incidence\*

Number of pesticides used	Exposed [n (%)]		Logistic regression OR (95% CL)†	Hierarchical regression OR (95% CL)
	Cases (n=650)	Controls (n=1933)		
Any pesticide				
0	370	1252	1.0	1.0
1	89 (13.7%)	230 (11.9%)	1.2 (0.8 to 1.8)	1.1 (0.9 to 1.7)
2–4	87 (13.4%)	221 (11.4%)	1.0 (0.6 to 1.6)	1.0 (0.7 to 1.5)
≥5	104 (16.0%)	230 (11.9%)	0.8 (0.4 to 1.9)	1.0 (0.5 to 1.8)
Any insecticide				
0	382	1292	1.0	1.0
1	114 (17.5%)	281 (14.5%)	1.3 (0.9 to 1.9)	1.2 (0.9 to 1.7)
2–4	86 (13.2%)	237 (12.3%)	1.0 (0.5 to 1.8)	0.9 (0.6 to 1.4)
≥5	68 (10.5%)	123 (6.4%)	1.9 (0.6 to 5.7)	1.4 (0.7 to 2.9)
Any herbicide				
0	489	1544	1.0	1.0
1	50 (7.7%)	132 (6.8%)	1.0 (0.6 to 1.9)	1.1 (0.7 to 1.7)
2–4	52 (8.0%)	132 (6.8%)	0.8 (0.4 to 1.9)	1.0 (0.6 to 1.6)
≥5	59 (9.1%)	125 (6.5%)	0.8 (0.2 to 3.3)	1.0 (0.5 to 2.2)
"Potentially carcinogenic" pesticides				
0	496	1632	1.0	1.0
1	74 (11.4%)	168 (8.7%)	1.6 (0.8 to 3.1)	1.1 (0.8 to 1.7)
2–4	68 (10.5%)	123 (6.4%)	2.7 (0.7 to 10.8)	1.3 (0.7 to 2.3)
≥5	12 (1.8%)	10 (0.5%)	25.9 (1.5 to 450.2)	2.0 (0.8 to 5.2)

\*Each estimate is adjusted for use of all pesticides listed in table 3, age, and study site.

†Odds ratios (OR) and 95% confidence limits (CL).

The analysis of 48 pesticide combinations in relation to NHL incidence revealed few joint effects of 1.3 or higher that were indicative of superadditivity (table 5). Combined exposures to carbofuran and atrazine, diazinon and atrazine, and alachlor and atrazine had estimated joint effects that were more than additive (ICR  $\geq 0.5$ ), even following shrinkage in hierarchical regression analyses. Other joint pesticide effects which seemed indicative of superadditivity in results from logistic regression analyses, such as that for atrazine and dicamba,

were probably misleading due to imprecision of estimates; these results did not hold up following shrinkage in hierarchical regression analyses, according to our prior distribution of complete exchangeability.

## DISCUSSION

Incidence and mortality rates for NHL have been generally increasing in the United States and in most industrialised countries for several decades, with an 85–100% increase in

**Table 5** Estimated individual and joint effects of pesticide combinations on NHL incidence\* †

Individual and joint pesticide exposures	Exposed [n (%)]		Logistic regression OR (95% CL)‡	Hierarchical regression OR (95% CL)
	Cases (n=650)	Controls (n=1933)		
Chlordane and DDT				
Neither	543	1687	1.0	1.0
Chlordane only	9 (1.4%)	20 (1.0%)	1.1 (0.4 to 2.7)	1.0 (0.5 to 1.9)
DDT only	68 (10.5%)	181 (9.4%)	0.9 (0.6 to 1.3)	0.9 (0.6 to 1.2)
Both	30 (4.6%)	45 (2.3%)	1.7 (0.7 to 3.2)	1.3 (0.8 to 2.3)
Carbofuran and atrazine				
Neither	557	1728	1.0	1.0
Carbofuran only	3 (0.5%)	20 (1.0%)	0.2 (0.1 to 1.1)	0.6 (0.3 to 1.3)
Atrazine only	52 (8.0%)	109 (5.6%)	1.4 (0.9 to 2.2)	1.3 (0.9 to 1.9)
Both	38 (5.9%)	76 (3.9%)	1.6 (0.8 to 3.3)	1.5 (0.9 to 2.7)
Diazinon and atrazine				
Neither	551	1730	1.0	1.0
Diazinon only	9 (1.4%)	18 (0.9%)	1.2 (0.5 to 3.1)	1.1 (0.5 to 2.3)
Atrazine only	59 (9.1%)	141 (7.3%)	1.5 (1.0 to 2.3)	1.3 (0.9 to 1.9)
Both	31 (4.8%)	44 (2.3%)	3.9 (1.7 to 8.8)	2.3 (1.2 to 4.2)
Alachlor and atrazine				
Neither	545	1695	1.0	1.0
Alachlor only	15 (2.3%)	53 (2.7%)	0.7 (0.3 to 1.3)	0.7 (0.4 to 1.3)
Atrazine only	37 (5.7%)	86 (4.5%)	1.3 (0.8 to 2.1)	1.2 (0.8 to 1.8)
Both	53 (8.2%)	99 (5.1%)	2.1 (1.1 to 3.9)	1.6 (1.0 to 2.7)
Atrazine and dicamba				
Neither	552	1729	1.0	1.0
Atrazine only	59 (9.1%)	125 (6.5%)	1.5 (1.0 to 2.4)	1.4 (0.9 to 2.0)
Dicamba only	8 (1.2%)	19 (1.0%)	0.9 (0.3 to 2.6)	1.0 (0.5 to 2.0)
Both	31 (4.8%)	60 (3.1%)	2.1 (1.0 to 4.7)	1.6 (0.9 to 2.9)

\*Effects of combined pesticide exposures were estimated in models including terms for the joint exposure, two individual exposures, the use of each other pesticide listed in table 2, age, and study site.

†Pesticide combinations considered are listed in the appendix.

‡Odds ratios (OR) and 95% confidence limits (CL).

mortality among whites and non-whites from the late 1940s to the late 1980s,<sup>26</sup> a time period relevant for this study. This increase may be partially attributed to improved diagnosis and in later years to AIDS related lymphomas, but cannot be completely explained by these factors.<sup>27</sup> Environmental factors such as pesticides could play a role in this persistent increase, since their use became more widespread during this time period.<sup>28–30</sup> Several aetiological mechanisms of pesticides in relation to NHL have been proposed, including genotoxicity and immunotoxicity,<sup>31–32</sup> increased cell proliferation,<sup>33</sup> and chromosomal aberrations.<sup>14</sup> In our analysis of multiple pesticides in farming, we found only a small number of the pesticides to be risk factors for NHL, with the highest increased risks among subjects exposed to five or more of these “potentially carcinogenic” pesticides, or those with certain combined pesticide exposures.

The large number of exposed subjects in this pooled analysis allowed adjustment for the use of other pesticides, and hierarchical regression modelling resulted in estimates that were in some instances more stable than those from logistic regression models. However, the effect estimates from the logistic and hierarchical analyses were quite similar overall, with a few standout exceptions. The hierarchical results are more conservative than those from the logistic regressions, given the uninformed nature of the prior distributions we specified, particularly in analyses of the number of pesticides used and combined pesticide exposures. For example, in the hierarchical regression analysis of the number of pesticides used, we assumed that the use of any five or more pesticides was no more likely to be associated with NHL than use of any one pesticide. A less conservative prior distribution could have been specified in which a higher probability would be placed on a positive association for the greater number of pesticides used. However, the uninformed nature of these priors seemed appropriate in a largely exploratory analysis of multiple exposures for which there is little prior knowledge about how pesticide exposures interact in relation to the risk of NHL. Both analyses showed increasing odds ratios with the number of “potentially carcinogenic” pesticides used, but the relative risks in the upper category were substantially different—25.9 for the logistic regression and 2.0 for the hierarchical analysis—probably indicating inappropriate use of logistic regression for these sparse data.

Adjustment for multiple pesticides suggested that there were few instances of substantial confounding of pesticide effects by other pesticides. Nevertheless, some previous findings in our data appear to be due to confounding by correlated pesticide exposures. In particular, a previously reported positive association for carbaryl<sup>13</sup> was not replicated in the adjusted analyses. Further analysis here revealed that carbaryl and diazinon use were highly associated ( $p < 0.001$ ), and previously reported associations of different carbaryl measures with NHL were eliminated by adjustment for diazinon, including carbaryl use, personal handling of carbaryl, and use longer than 10 years. In the previous analysis, estimates were adjusted for groups of pesticides, including a group for organophosphate insecticides,<sup>13</sup> but adjustment for specific pesticides here gave different results. Similarly, previous observations of increased NHL risk associated with use of the OP insecticides dimethoate and tetrachlorvinphos<sup>12</sup> were negligible on inclusion of other OP insecticides in the model. These findings underscore the importance of considering correlated pesticide exposures.

Our observation of increased risk associated with the use of certain OP insecticides, including coumaphos, diazinon, and fonofos, is consistent with previous analyses of the pooled data,<sup>12–20</sup> and also corroborates findings of other studies.<sup>8–34</sup> OP insecticides are known to cause cytogenetic damage, and could thereby contribute to NHL aetiology.<sup>35</sup> There are data from in vitro, animal, and human studies that show effects of several OP insecticides on the immune system,<sup>36–40</sup> indicating

another potential mechanism. OP compounds may impair immune function through pathways involving cholinergic stimulation,<sup>41</sup> or inhibition of serine esterases found in monocytes, natural killer cells, and cytotoxic T lymphocytes,<sup>42</sup> but it is unknown whether such immune effects might be chemical specific or related to general OP toxicity. Our data do not indicate an aetiological mechanism for NHL common to all OP insecticides, since increased NHL incidence was associated only with certain OPs evaluated.

We observed a possible effect of the organochlorine insecticides chlordane and dieldrin. There is some evidence that chlordane is immunotoxic, causing decreased lymphocyte function in vitro.<sup>43</sup> The concentration of chlordane in adipose tissue was higher among NHL cases than controls in a small case-control study in Sweden,<sup>44</sup> but a larger study in the United States found no such association.<sup>45</sup> Although these chemicals have been banned in the United States, their continued use in some developing countries, and bioaccumulation of their chemical residues in the food chain,<sup>46</sup> justify further research on health effects.

Use of the herbicide atrazine was associated with increased risk of NHL. Increased risk was observed in each of the three pooled studies separately, but a previous analysis of the Nebraska study data found that the risk was diminished on adjustment for use of OP insecticides and 2,4-D.<sup>20</sup> There have been few other epidemiological studies of atrazine in relation to NHL. In a cohort of triazine herbicide manufacturing workers, there was an excess number of deaths from NHL ( $n = 3$ ) among a group of men with definite or probable exposure; however, some of the cases worked in triazine related jobs for short time periods, thus clouding interpretation.<sup>47</sup> A recent NHL study where cases were further distinguished by presence or absence of the t(14;18) chromosomal translocation found that the risk of NHL associated with atrazine use was solely observed among t(14;18) positive cases, suggesting a cytogenetic mechanism.<sup>14</sup> However, there is only very limited evidence for genotoxicity of atrazine, although there are no studies in humans.<sup>48</sup> A small number of studies of atrazine on immune function in rodents and in vitro suggest a decreased lymphocyte count and cytokine production following exposure; however, these effects were not always dose dependent or statistically significant.<sup>37–48–49</sup> In our data, there was an indication of superadditive effects of atrazine in combination with carbofuran, diazinon, or alachlor. This is a factor to consider in future studies of this widely used pesticide.

Glyphosate, commercially sold as Roundup, is a commonly used herbicide in the United States, both on crops and on non-cropland areas.<sup>50</sup> An association of glyphosate with NHL was observed in another case-control study, but the estimate was based on only four exposed cases.<sup>51</sup> A recent study across a large region of Canada found an increased risk of NHL associated with glyphosate use that increased by the number of days used per year.<sup>5</sup> These few suggestive findings provide some impetus for further investigation into the potential health effects of glyphosate, even though one review concluded that the active ingredient is non-carcinogenic and non-genotoxic.<sup>50</sup>

Much attention in NHL research has focused on the herbicide 2,4-D as a potential risk factor, and several studies have observed positive associations with 2,4-D exposure.<sup>6–8–9</sup> Whereas an indicated effect of 2,4-D exposure on NHL was reported in NCI's Nebraska and Kansas studies,<sup>5–7</sup> this analysis of the pooled data found no association with having ever used 2,4-D. The null association does not result from adjustment for other pesticides, missing data, or from the hierarchical regression modelling approach, but is rather due to pooling data from the Iowa and Minnesota study, in which no association of 2,4-D with NHL incidence was observed, with data from the Nebraska and Kansas studies. The literature on the relation between 2,4-D and NHL is not consistent.<sup>32–52</sup> Some recent studies have reported excess risk among

manufacturers<sup>53</sup> and farmers,<sup>8</sup> while others have not.<sup>51</sup> The study in Nebraska,<sup>5</sup> however, observed that NHL risk increased by number of days per year of 2,4-D use, which we were unable to duplicate in the pooled analysis because of lack of such data from the other two studies. It is possible that a more refined metric incorporating frequency of use better captures relevant exposure. Some recent studies may shed light on potential mechanisms of 2,4-D in relation to NHL. A study of 10 farmers who applied 2,4-D and MCPA observed a significant reduction of several immune parameters, including CD4, CD8, natural killer cells, and activated CD8 cells (expressing the surface antigen HLA-DR), and a reduction in lymphoproliferative response.<sup>54</sup> Furthermore, a study of professional 2,4-D applicators in Kansas observed an increase in the lymphocyte replication index following application.<sup>33</sup>

This pooled study of multiple agricultural pesticides provided an opportunity to estimate the effect of each specific pesticide and certain pesticide combinations on NHL incidence, adjusted for the use of other pesticides. Overall, few pesticides and pesticide combinations were associated with increased NHL risk; this has several implications. First, it is consistent with results from bioassays where only a few of the pesticides tested have caused cancer in laboratory animals.<sup>55</sup> Although epidemiological data on cancer risks from exposure to specific pesticides are scant, it also suggests that while some pesticides may present a cancer risk to humans, many, maybe even most, pesticides do not. Second, the fact that there were few associations suggests that the positive results we observed are not likely to be due to a systematic recall bias for pesticide exposures, or selection bias for the subgroup included in the analyses of multiple pesticides. Third, although some of the positive results could be due to chance, the hierarchical regression analysis placed some restriction on the variance of estimates, theoretically decreasing the chances of obtaining false positive results. On the other hand, it is possible that the assumptions for the hierarchical regression are too restrictive and that this has increased the number of false negatives.

Certain limitations of our data hinder the inferences we can make regarding specific pesticides in their association with NHL. Our exposure metric of having ever used a pesticide is rather crude, offering no distinctions based on use by the number of years or the number of days per year. Further

exploration of observed associations by more refined exposure metrics is warranted. In addition, this analysis provides no information on the timing of pesticide use in relation to disease onset or in conjunction with the timing of other pesticides used. This has particular relevance in our analysis of “combined pesticide exposures”, in which two pesticides may or may not have been used at the same time or even during the same year. Lastly, if a study subject had a missing value for any one of the 47 pesticides evaluated, that person was excluded from analyses, resulting in analyses on a limited subset (about 75%) of the pooled study population. Although we have no way to evaluate potential bias due to missing data, some assurances are provided by the fact that cases and controls were equally likely to be included in analyses, and that there were similarities between the entire group of study subjects and subjects included in our analyses, in terms of NHL status in relation to demographic factors (table 2). If simultaneous analysis of multiple exposures is to become standard, statistical techniques to impute values for subjects with “don’t know” or missing responses should be further developed in order to prevent biased results.

Despite limitations of our study, certain inferences are possible. Our results indicate increased NHL incidence by number of pesticides used, only for the subgroup of “potentially carcinogenic” pesticides, suggesting that specific chemicals, not pesticides, insecticides, or herbicides, as groups, should be examined as potential risk factors for NHL. In addition, argument against an analysis approach focused on classes or groups of pesticides is provided by the fact that our prior covariates of pesticide classes and groups in the hierarchical regression model were not important predictors of the magnitude of observed pesticide effects. A chemical specific approach to evaluating pesticides as risk factors for NHL should facilitate interpretation of epidemiological studies for regulatory purposes. However, the importance of additionally considering multiple correlated exposures is clear.

## APPENDIX

Table A1 shows the pesticide combinations considered in analyses of joint and individual exposures.

Table A1 Pesticide combinations considered in analyses of joint and individual exposures

Insecticides	Insecticide and herbicide	Herbicides
DDT and chlordane	Aldrin and alachlor	Alachlor and atrazine
DDT and lindane	Aldrin and atrazine	Alachlor and chloramben
DDT and malathion	Aldrin and 2,4-D	Alachlor and cyanazine
DDT and fly, lice, or tick spray	Aldrin and trifluralin	Alachlor and 2,4-D
DDT and aldrin	Carbofuran and alachlor	Alachlor and dicamba
Lindane and malathion	Carbofuran and atrazine	Alachlor and glyphosate
Lindane and aldrin	Carbofuran and 2,4-D	Alachlor and trifluralin
Malathion and aldrin	Chlordane and 2,4-D	Atrazine and cyanazine
	DDT and alachlor	Atrazine and 2,4-D
	DDT and atrazine	Atrazine and dicamba
	DDT and 2,4-D	Atrazine and glyphosate
	DDT and trifluralin	Atrazine and trifluralin
	Diazinon and atrazine	Chloramben and trifluralin
	Fly, lice, or tick spray and alachlor	Cyanazine and 2,4-D
	Fly, lice, or tick spray and atrazine	Cyanazine and trifluralin
	Fly, lice, or tick spray and 2,4-D	2,4-D and trifluralin
	Fly, lice, or tick spray and trifluralin	
	Lindane and alachlor	
	Lindane and atrazine	
	Lindane and 2,4-D	
	Lindane and trifluralin	
	Malathion and alachlor	
	Malathion and atrazine	
	Malathion and 2,4-D	



.....

### Authors' affiliations

**A J De Roos, S H Zahm, K P Cantor, A Blair**, Division of Cancer Epidemiology and Genetics, National Cancer Institute, USA  
**D D Weisenburger**, University of Nebraska Medical Center, Omaha, NE, USA  
**F F Holmes**, Kansas University Medical Center, Kansas City, KS, USA  
**L F Burmeister**, University of Iowa College of Medicine, Iowa City, IA, USA

### REFERENCES

- Blair A, Dosemeci M, Heineman EF. Cancer and other causes of death among male and female farmers from twenty-three states. *Am J Ind Med* 1993;**23**:729–42.
- Blair A, Zahm SH. Agricultural exposures and cancer. *Environ Health Perspect* 1995;**103**(suppl 8):205–8.
- Keller-Byrne JE, Khuder SA, Schaub EA, et al. A meta-analysis of non-Hodgkin's lymphoma among farmers in the central United States. *Am J Ind Med* 1997;**31**:442–4.
- Khuder SA, Schaub EA, Keller-Byrne JE. Meta-analyses of non-Hodgkin's lymphoma and farming. *Scand J Work Environ Health* 1998;**24**:255–61.
- Zahm SH, Weisenburger DD, Babbitt PA, et al. A case-control study of non-Hodgkin's lymphoma and the herbicide 2,4-dichlorophenoxyacetic acid (2,4-D) in eastern Nebraska. *Epidemiology* 1990;**1**:349–56.
- Hardell L, Eriksson M, Lenner P, et al. Malignant lymphoma and exposure to chemicals, especially organic solvents, chlorophenols and phenoxy acids: a case-control study. *Br J Cancer* 1981;**43**:169–76.
- Hoar SK, Blair A, Holmes FF, et al. Agricultural herbicide use and risk of lymphoma and soft-tissue sarcoma. *JAMA*, 1986;**256**:1141–7.
- McDuffie HH, Pahwa P, McLaughlin JR, et al. Non-Hodgkin's lymphoma and specific pesticide exposures in men: cross-Canada study of pesticides and health. *Cancer Epidemiol Biomarkers Prev* 2001;**10**:1155–63.
- Woods JS, Polissar L, Severson RK, et al. Soft tissue sarcoma and non-Hodgkin's lymphoma in relation to phenoxyherbicide and chlorinated phenol exposure in western Washington. *J Natl Cancer Inst* 1987;**78**:899–910.
- Wigle DT, Semenciw RM, Wilkins K, et al. Mortality study of Canadian male farm operators: non-Hodgkin's lymphoma mortality and agricultural practices in Saskatchewan. *J Natl Cancer Inst* 1990;**82**:575–82.
- Cantor KP, Blair A, Everett G, et al. Pesticides and other agricultural risk factors for non-Hodgkin's lymphoma among men in Iowa and Minnesota. *Cancer Res* 1992;**52**:2447–55.
- Waddell BL, Zahm SH, Baris D, et al. Agricultural use of organophosphate pesticides and the risk of non-Hodgkin's lymphoma among male farmers (United States). *Cancer Causes Control* 2001;**12**:509–17.
- Zheng T, Zahm SH, Cantor KP, et al. Agricultural exposure to carbamate pesticides and risk of non-Hodgkin lymphoma. *J Occup Environ Med* 2001;**43**:641–9.
- Schroeder JC, Olshan AF, Baric R, et al. Agricultural risk factors for t(14;18) subtypes of non-Hodgkin's lymphoma. *Epidemiology* 2001;**12**:701–9.
- Greenland S. Hierarchical regression for epidemiologic analyses of multiple exposures. *Environ Health Perspect* 1994;**102**(suppl 8):33–9.
- Witte JS, Greenland S, Haile RW, et al. Hierarchical regression analysis applied to a study of multiple dietary exposures and breast cancer. *Epidemiology* 1994;**5**:612–21.
- Steenland K, Bray I, Greenland S, et al. Empirical Bayes adjustments for multiple results in hypothesis-generating or surveillance studies. *Cancer Epidemiol Biomarkers Prev* 2000;**9**:895–903.
- Baris D, Zahm SH, Cantor KP, et al. Agricultural use of DDT and risk of non-Hodgkin's lymphoma: pooled analysis of three case-control studies in the United States. *Occup Environ Med* 1998;**55**:522–7.
- Blair A, Cantor KP, Zahm SH. Non-Hodgkin's lymphoma and agricultural use of the insecticide lindane. *Am J Ind Med* 1998;**33**:82–7.
- Hoar Zahm SK, Weisenburger DD, Cantor KP, et al. Role of the herbicide atrazine in the development of non-Hodgkin's lymphoma. *Scand J Work Environ Health* 1993;**19**:108–14.
- Greenland S. Introduction to regression models. In: Rothman K, Greenland S, eds. *Modern epidemiology*. Philadelphia: Lippincott-Raven Publishers, 1998:359–99.
- Greenland S. Principles of multilevel modelling. *Int J Epidemiol* 2000;**29**:158–67.
- Witte JS, Greenland S, Kim LL, et al. Multilevel modeling in epidemiology with GLIMMIX. *Epidemiology* 2000;**11**:684–8.
- Greenland S, Rothman KJ. Concepts of interaction. In: Rothman K, Greenland S, eds. *Modern epidemiology*. Philadelphia: Lippincott-Raven Publishers, 1998:329–42.
- Blair A, Zahm SH, Pearce NE, et al. Clues to cancer etiology from studies of farmers. *Scand J Work Environ Health* 1992;**18**:209–15.
- Devesa SS, Fears T. Non-Hodgkin's lymphoma time trends: United States and international data. *Cancer Res* 1992;**52**:5432s–40s.
- Hartge P, Devesa SS. Quantification of the impact of known risk factors on time trends in non-Hodgkin's lymphoma incidence. *Cancer Res* 1992;**52**:5566s–9s.
- Palackdharry CS. The epidemiology of non-Hodgkin's lymphoma: why the increased incidence? *Oncology (Huntingt)* 1994;**8**:67–73.
- Rabkin CS, Devesa SS, Zahm SH, et al. Increasing incidence of non-Hodgkin's lymphoma. *Semin Hematol* 1993;**30**:286–96.
- Wilkinson CF. Introduction and overview. In: Baker SR, Wilkinson CF, eds. *The effect of pesticides on human health*. Princeton, NJ: Princeton Scientific Publishing Co. Inc., 1990:5–33.
- Zahm SH, Blair A. Pesticides and non-Hodgkin's lymphoma. *Cancer Res* 1992;**52**:5485s–8s.
- Zahm SH, Ward MH, Blair A. Pesticides and cancer. *Occup Med* 1997;**12**:269–89.
- Figgs LW, Holland NT, Rothmann N, et al. Increased lymphocyte replicative index following 2,4-dichlorophenoxyacetic acid herbicide exposure. *Cancer Causes Control* 2000;**11**:373–80.
- Nanni O, Amadori D, Lugaresi C, et al. Chronic lymphocytic leukaemias and non-Hodgkin's lymphomas by histological type in farming-animal breeding workers: a population case-control study based on a priori exposure matrices. *Occup Environ Med* 1996;**53**:652–7.
- Lieberman AD, Craven MR, Lewis HA, et al. Genotoxicity from domestic use of organophosphate pesticides. *J Occup Environ Med* 1998;**40**:954–7.
- Vial T, Nicolas B, Descotes J. Clinical immunotoxicity of pesticides. *J Toxicol Environ Health* 1996;**48**:215–29.
- Vos JG, Krajnc EI. Immunotoxicity of pesticides. *Dev Toxicol Environ Sci* 1983;**11**:229–40.
- Esa AH, Warr GA, Newcombe DS. Immunotoxicity of organophosphorus compounds. Modulation of cell-mediated immune responses by inhibition of monocyte accessory functions. *Clin Immunol Immunopathol* 1988;**49**:41–52.
- Lee TP, Moscati R, Park BH. Effects of pesticides on human leukocyte functions. *Res Commun Chem Pathol Pharmacol* 1979;**23**:597–609.
- Hermanowicz A, Kossman S. Neutrophil function and infectious disease in workers occupationally exposed to phosphoorganic pesticides: role of mononuclear-derived chemotactic factor for neutrophils. *Clin Immunol Immunopathol* 1984;**33**:13–22.
- Casale GP, Cohen SD, DiCapua RA. The effects of organophosphate-induced cholinergic stimulation on the antibody response to sheep erythrocytes in inbred mice. *Toxicol Appl Pharmacol* 1983;**68**:198–205.
- Newcombe DS. Immune surveillance, organophosphorus exposure, and lymphomagenesis. *Lancet* 1992;**339**:539–41.
- McConnachie PR, Zahalsky AC. Immune alterations in humans exposed to the termiticide technical chlordane. *Arch Environ Health* 1992;**47**:295–301.
- Hardell L, Liljegen G, Lindstrom G, et al. Polychlorinated biphenyls, chlordanes, and the etiology of non-Hodgkin's lymphoma. *Epidemiology* 1997;**8**:689.
- Cantor KP, Strickland PT, Brock JW, et al. Risk of Non-Hodgkin's lymphoma and prediagnostic serum organochlorines: ss-hexachlorocyclohexane, chlordane/heptachlor-related compounds, dieldrin, and hexachlorobenzene. *Environ Health Perspect* 2003;**111**:179–84.
- Nigg HNWCF, Beier RC, Carter O, et al. Exposure to pesticides. In: Baker SR, Wilkinson CF, eds. *The effect of pesticides on human health*. Princeton, NJ: Princeton Scientific Publishing Co. Inc., 1990:35–130.
- Sathiakumar N, Delzell E, Cole P. Mortality among workers at two triazine herbicide manufacturing plants. *Am J Ind Med* 1996;**29**:143–51.
- IARC. Atrazine. *IARC Monogr Eval Carcinog Risks Hum* 1999;**73**:59–113.
- Hooghe RJ, Devos S, Hooghe-Peters EL. Effects of selected herbicides on cytokine production in vitro. *Life Sci* 2000;**66**:2519–25.
- Williams GM, Kroes R, Munro IC. Safety evaluation and risk assessment of the herbicide Roundup and its active ingredient, glyphosate, for humans. *Regul Toxicol Pharmacol* 2000;**31**:117–65.
- Hardell L, Eriksson M. A case-control study of non-Hodgkin lymphoma and exposure to pesticides. *Cancer* 1999;**85**:1353–60.
- Dich J, Zahm SH, Hanberg A, et al. Pesticides and cancer. *Cancer Causes Control* 1997;**8**:420–43.
- Burns CJ, Beard KK, Cartmill JB. Mortality in chemical workers potentially exposed to 2,4-dichlorophenoxyacetic acid (2,4-D) 1945–94: an update. *Occup Environ Med* 2001;**58**:24–30.
- Faustini A, Settini L, Pacifici R, et al. Immunological changes among farmers exposed to phenoxy herbicides: preliminary observations. *Occup Environ Med* 1996;**53**:583–5.
- Blair A, Axelson O, Franklin C, et al. Carcinogenic effects of pesticides. In: Baker SR, Wilkinson CF, eds. *The effect of pesticides on human health*. Princeton, NJ: Princeton Scientific Publishing Co. Inc., 1990:201–60.