

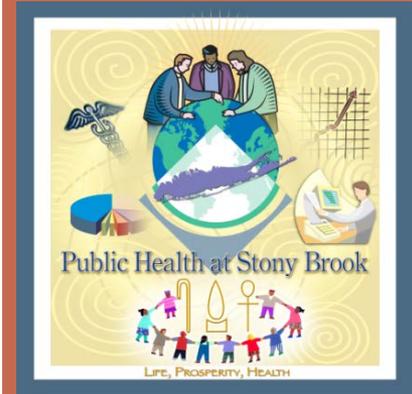
# PERSPECTIVES ON TIMING OF EXPOSURE IN AN EPIDEMIOLOGIC STUDY OF ARSENIC: TEMPORAL MEASURES, EXPOSURE LIFELINES, EXPOSURE ERROR, AND UNCERTAINTY

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Stony Brook  
University



EPA Temporal  
Exposures  
Workshop,  
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# OUTLINE

- **Lifetime Exposure to Arsenic in Drinking Water in a Bladder Cancer Case-Control Study**
  - **Typical Presentation of Results: Summary Measures of Exposure**
  - **Temporal Terms**
  - **Strategy for Visualizing Life-Course Exposure**
  - **Reporting Epidemiologic Associations Over the Life-Course**
  - **Strategy for Incorporating Error in Exposure in the Epidemiologic Estimate**
  - **Multiple Testing**

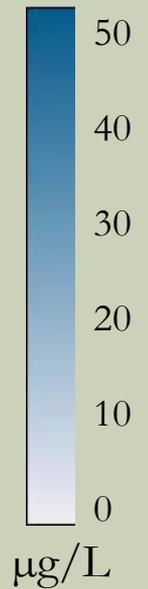
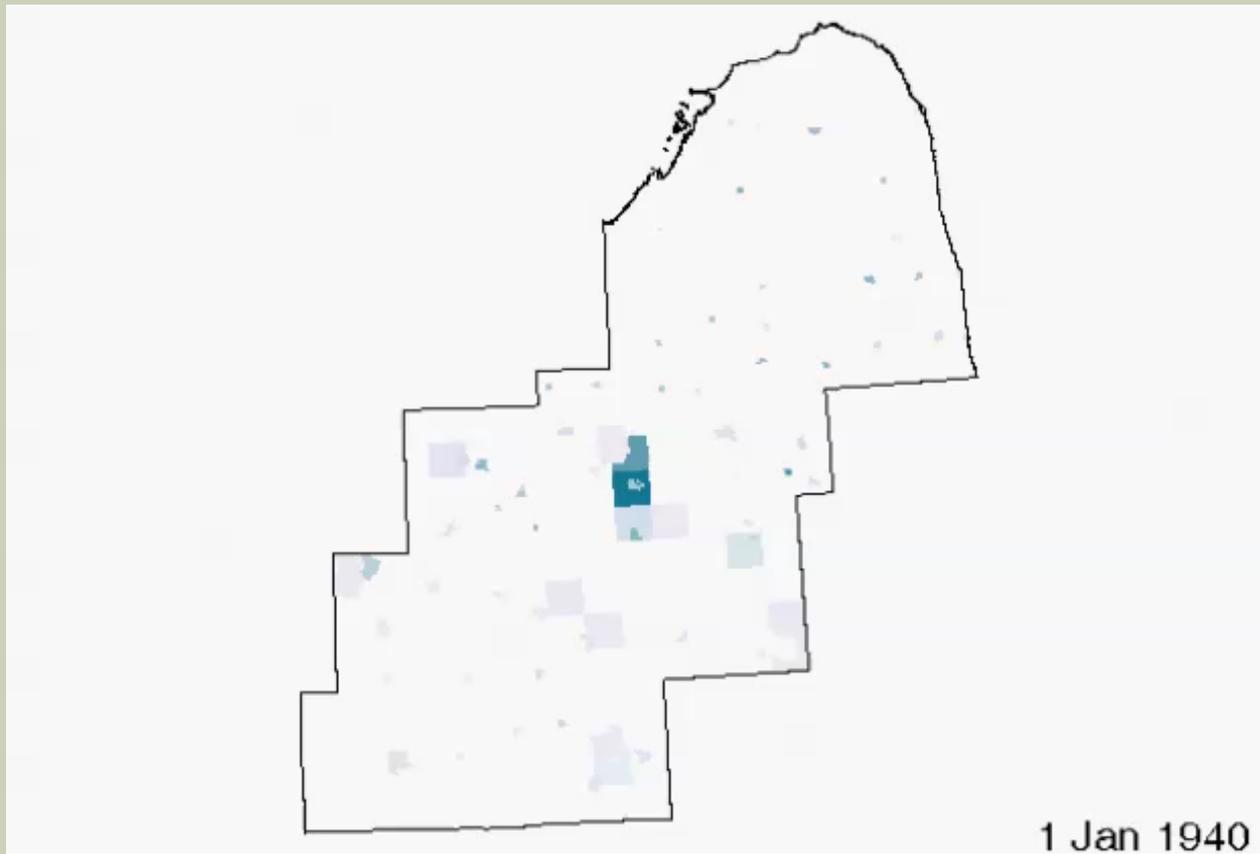
# LIFETIME EXPOSURE TO ARSENIC IN DRINKING WATER

- Bladder cancer case-control study in 11 county study area of southeastern Michigan
- Public water supplies
- Private wells
- Residential mobility (and occupational mobility)
- Water supplies outside of study area
- Monte Carlo simulation analysis and biomarker analyses suggests drinking water most important route in this part of Michigan



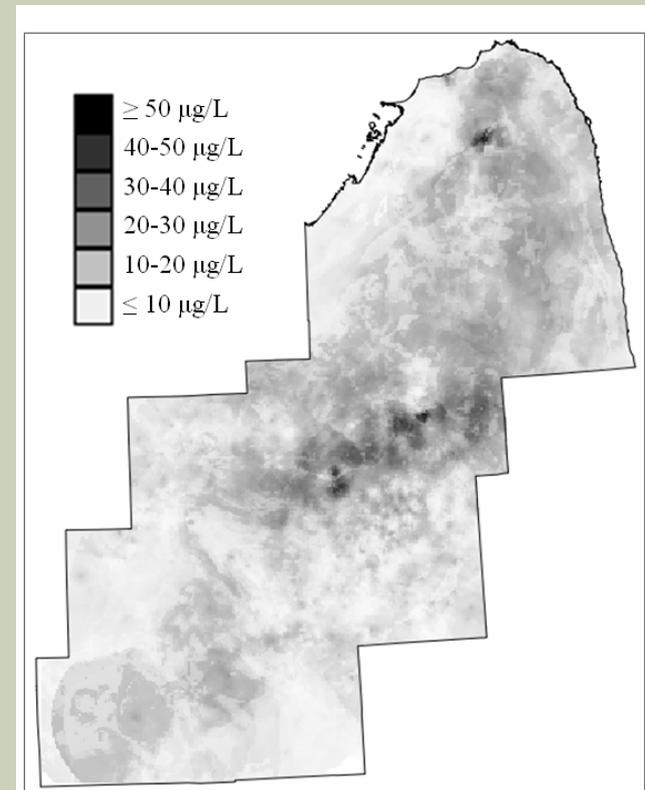
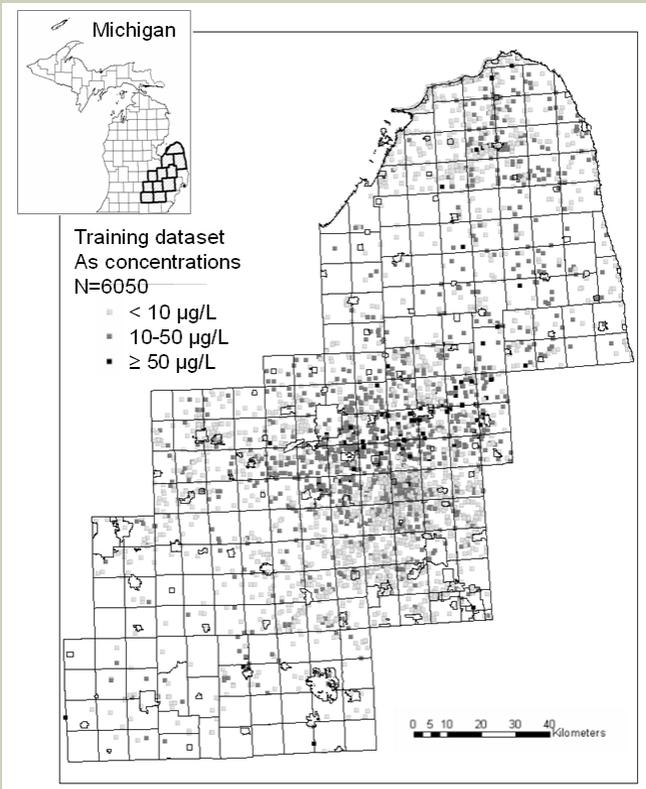
Meliker et al., 2010, *Cancer Causes and Control* 21: 745-757.  
Meliker et al., 2007, *Intl Arch Occup & Env Health* 80: 184-197.  
Meliker et al., 2006, *Intl J Hygiene & Env Health* 209: 399-411.

# HISTORICAL ARSENIC IN PUBLIC WATER SUPPLIES



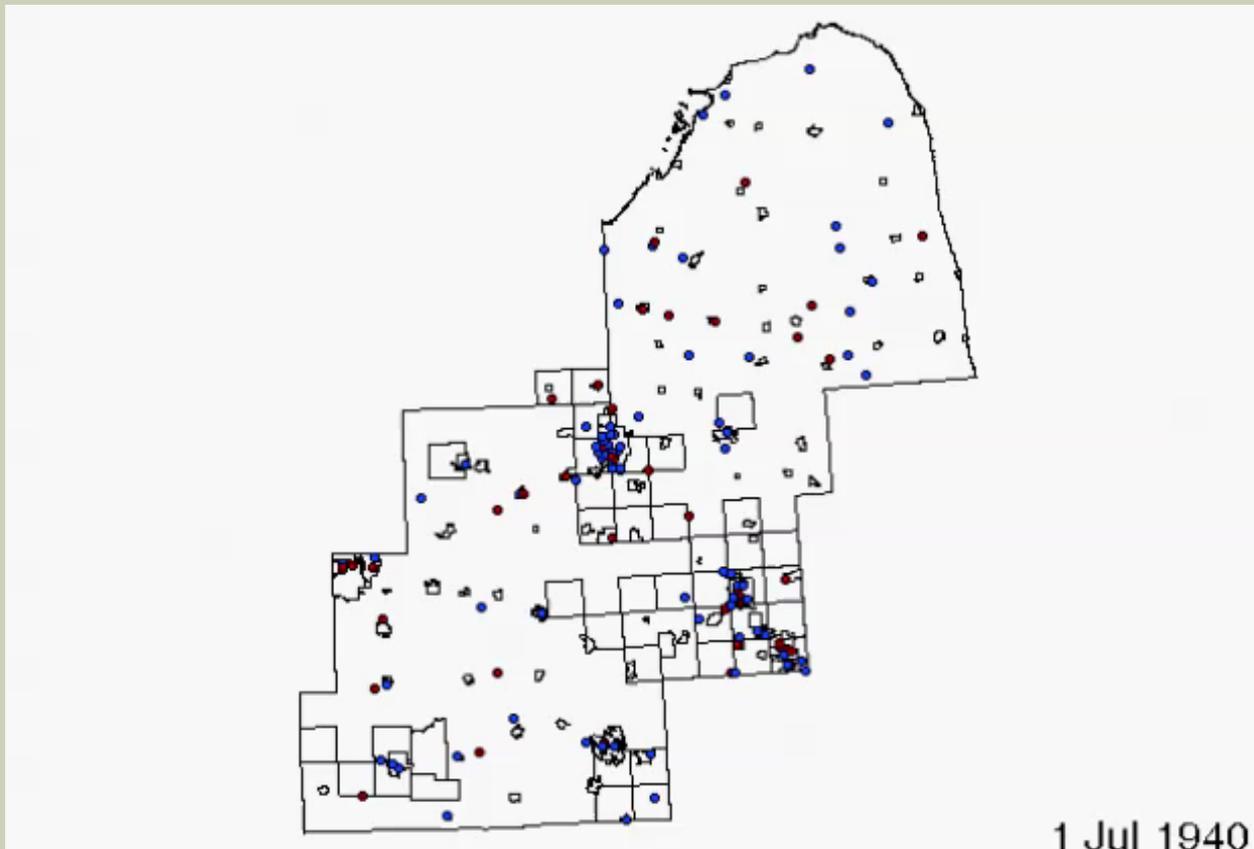
# PAST PRIVATE WELLS

- One of the principal challenges in reconstructing historical arsenic exposure
  - Geostatistical model (Meliker et al., 2008, *Env Research* 106: 42-50; Goovaerts et al., 2005, *Water Resources Research* 41: W07013.



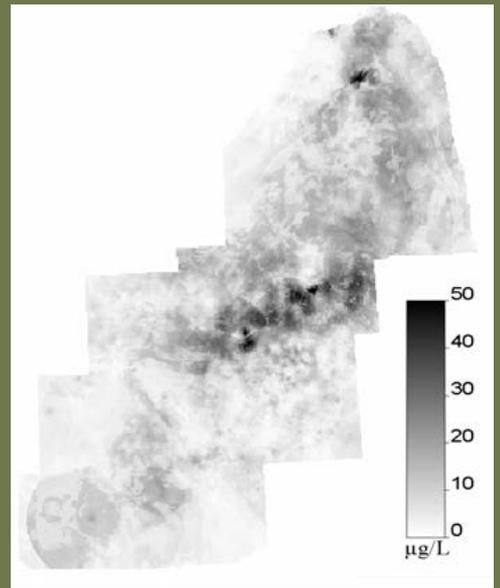
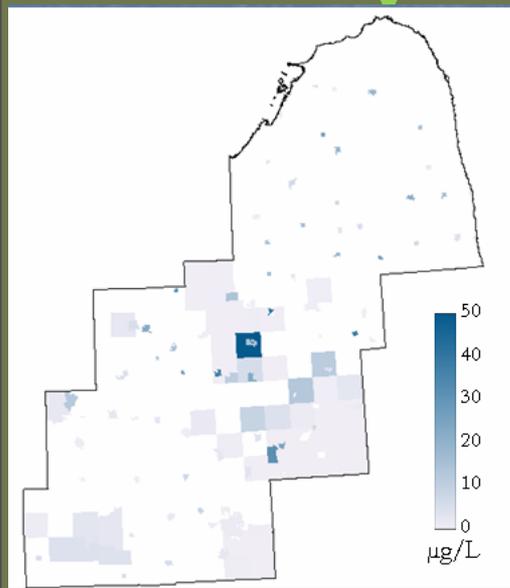
# INDIVIDUAL MOBILITY HISTORIES

99% of person-years reported for both cases and controls  
64,040 person-years



### Residential History Dataset

Participant ID	Year In	Year Out	Address	City	Geographic Coordinates	Water Source	Arsenic Concentration Estimate
2	1930	1940	XX Main St.	Bad Axe	X,Y	Community Supply	Retrieve from Public Supply Dataset
2	1940	1983	XX State St.	Montrose	X,Y	Community Supply	Retrieve from Public Supply Dataset
2	1983	1987	XX Genesee Rd.	Grand Blanc	X,Y	Private Well	Retrieve from Geostatistical Model
2	1987	2004	XX Liberty St.	Jackson	X,Y	Community Supply	1.75 µg/L
3	1942	1966	XX Lapeer Rd.	Lapeer	X,Y	Private Well	Retrieve from Geostatistical Model
3	1966	2004	XX Williams St.	Lapeer	X,Y	Community Supply	0.31 µg/L



ID	Year In	Year Out	Arsenic Estimate	Data Source
2	1930	1940	14.12 µg/L	Public Supply Data
2	1940	1979	12.58 µg/L	Public Supply Data
2	1979	1983	0.30 µg/L	Public Supply Data
2	1983	1987	8.50 µg/L	Geostatistical Model
2	1987	2004	1.75 µg/L	Analyzed by Staff
3	1942	1966	7.50 µg/L	Geostatistical Model
3	1966	2004	0.31 µg/L	Analyzed by Staff

Town Name	Year In	Year Out	Arsenic Estimate
Bad Axe	1920	2000	14.12 µg/L
Montrose	1920	1979	12.58 µg/L
Montrose	1979	2000	0.30 µg/L

Geographic Coordinates	Year In	Year Out	Arsenic Estimate
X, Y	1983	1987	8.50 µg/L
X, Y	1942	1966	7.50 µg/L

# ESTIMATES OF EXPOSURE AND ERROR OVER THE LIFE-COURSE

ID	Year In	Year Out	Arsenic Estimate	Error Estimate	Data Source
2	1930	1940	14.12 µg/L	3.51 µg/L	Public Supply Data
2	1940	1979	12.58 µg/L	2.31 µg/L	Public Supply Data
2	1979	1983	0.30 µg/L	0.04 µg/L	Public Supply Data
2	1983	1987	8.50 µg/L	10.43 µg/L	Geostatistical Model
2	1987	2004	1.75 µg/L	0.30 µg/L	Analyzed by Staff
3	1942	1966	7.50 µg/L	5.23 µg/L	Geostatistical Model
3	1966	2004	0.31 µg/L	0.25 µg/L	Analyzed by Staff

Measurement error (measured values)

SD (public supply data + geostatistical model)

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# MULTIVARIATE-ADJUSTED<sup>a</sup> ORs AND 95% CIs FOR LIFETIME AVERAGE ARSENIC IN DRINKING WATER AND BLADDER CANCER

	Cases <sup>b</sup> (no.)	Controls <sup>b</sup> (no.)	OR	95% CI
<b>Arsenic Concentration in Water (TWA)</b>				
Continuous (per 5 µg/L increase)	407	564	1.07	0.94, 1.22
Categorical				
<1 µg/L	187	264	1.00	
1-10 µg/L	182	180	0.88	0.67, 1.17
>10 µg/L	38	37	1.19	0.71, 1.99
<b>Arsenic Intake from Water (TWA)<sup>c</sup></b>				
Continuous (per 5 µg/day increase)	394	534	1.03	0.93, 1.14
Categorical				
<1 µg/day	189	252	1.00	
1-10 µg/day	162	234	0.86	0.64, 1.14
>10 µg/day	43	48	1.07	0.66, 1.72

<sup>a</sup>Adjusted for cigarette smoking history, education, history of employment in high-risk occupation, family history of bladder cancer, age, race, and sex.

Little impact from adjustment.

# MULTIVARIATE-ADJUSTED ORs AND 95% CIs, STRATIFIED FOR FLUID CONSUMPTION

Home Water Consumption Above 1 L/day				
	Cases (no.)	Controls (no.)	OR	95% CI
Arsenic Concentration in Water (TWA)				
Continuous (per 5 µg/L increase)	202	262	1.23	1.00, 1.52
Categorical				
<1 µg/L	79	123	1.00	
1-10 µg/L	104	124	1.15	0.76, 1.74
>10 µg/L	19	15	1.88	0.85, 4.17
Home Water Consumption Above 1 L/day and Above Median Percentage of Fluids that Contain Water from Home				
	Cases (no.)	Controls (no.)	OR	95% CI
Arsenic Concentration in Water (TWA)				
Continuous (per 5 µg/L increase)	101	120	1.33	1.00, 1.76
Categorical				
<1 µg/L	36	58	1.00	
1-10 µg/L	52	55	1.48	0.80, 2.74
>10 µg/L	13	7	3.71	1.20, 11.42

# MIGHT ALSO CONSIDER TIME WINDOWS OF EXPOSURE

Metric I: Arsenic Concentration in Water at Home	No. of Cases	No. of Controls	Unadjusted Model OR (95%CI)	Adjusted* Model OR (95%CI)
<b>Age 20-29</b>				
<5 µg/L	171	363	1.00	1.00
5-10 µg/L	32	34	<b>2.00 (1.19, 3.34)</b>	1.60 (0.92, 2.76)
>10 µg/L	15	35	0.91 (0.48, 1.71) p <sup>b</sup> =0.37	0.63 (0.33, 1.24) p <sup>b</sup> =0.63
<b>Age 30-39</b>				
<5 µg/L	166	345	1.00	1.00
5-10 µg/L	22	41	1.12 (0.64, 1.93)	1.13 (0.64, 2.02)
>10 µg/L	31	44	1.46 (0.89, 2.40) p <sup>b</sup> =0.14	1.13 (0.67, 1.92) p <sup>b</sup> =0.55
<b>Age 40-49</b>				
<5 µg/L	151	335	1.00	1.00
5-10 µg/L	29	41	1.57 (0.94, 2.62)	1.62 (0.94, 2.77)
>10 µg/L	34	40	<b>1.89 (1.15, 3.10)</b> p <sup>b</sup> =0.005	1.55 (0.92, 2.63) p <sup>b</sup> =0.04
<b>Age 50-59</b>				
<5 µg/L	141	304	1.00	1.00
5-10 µg/L	21	33	1.37 (0.77, 2.46)	1.25 (0.68, 2.32)
>10 µg/L	22	35	1.36 (0.77, 2.40) p <sup>b</sup> =0.19	1.24 (0.67, 2.28) p <sup>b</sup> =0.39
<b>Age 60-69</b>				
<5 µg/L	100	200	1.00	1.00
5-10 µg/L	15	21	1.43 (0.71, 2.89)	1.20 (0.56, 2.57)
>10 µg/L	9	12	1.50 (0.61, 3.68) p <sup>b</sup> =0.22	1.78 (0.67, 4.75) p <sup>b</sup> =0.24

\*Adjusted for smoking (ever/never), race (Black/white/other), gender, age, education.

<sup>b</sup> = p value for test of trend.

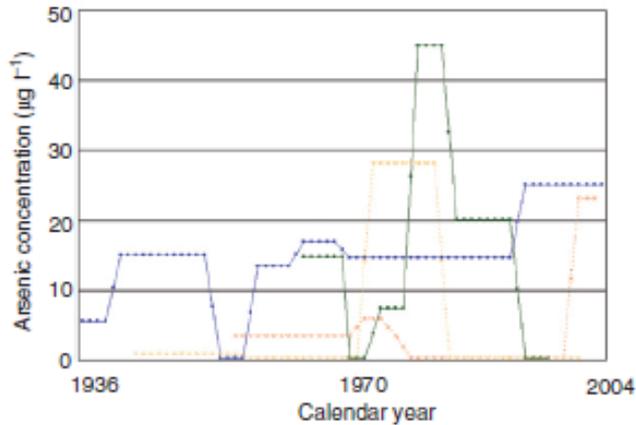
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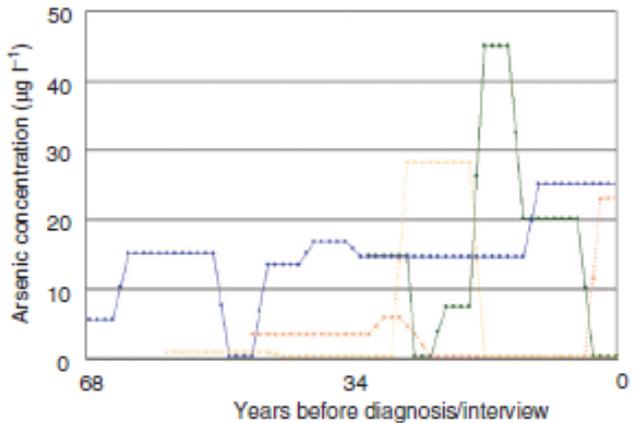
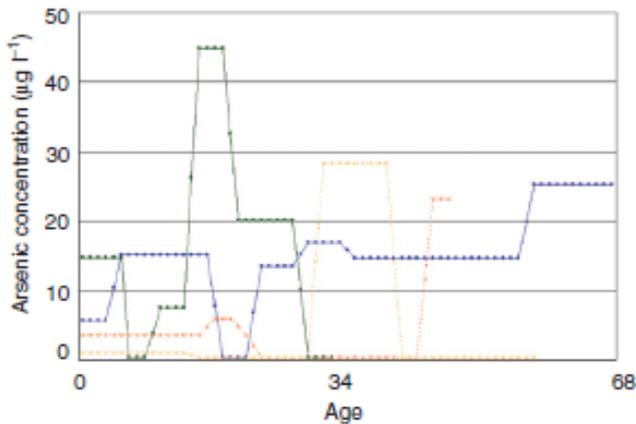
# TEMPORAL TERMINOLOGY

- Duration
- Frequency
- Magnitude (typically expressed in units of concentration multiplied by time (e.g.,  $(\text{mg}/\text{m}^3) * \text{h}$ ))
  
- Cumulative exposure (e.g.,  $(\text{mg}/\text{m}^3) * \text{years}$ )
- Time-weighted average (TWA) exposure ( $(\text{mg}/\text{m}^3)$  per year)
- Peak exposure
  
- Time-specific exposures
  - Time windows
  - Temporally continuous
  - Which measure of time: age, calendar year, years prior to diagnosis, or others (years since menarche/or since beginning an occupation)

# EXAMPLE: TIME-SPECIFIC EXPOSURES



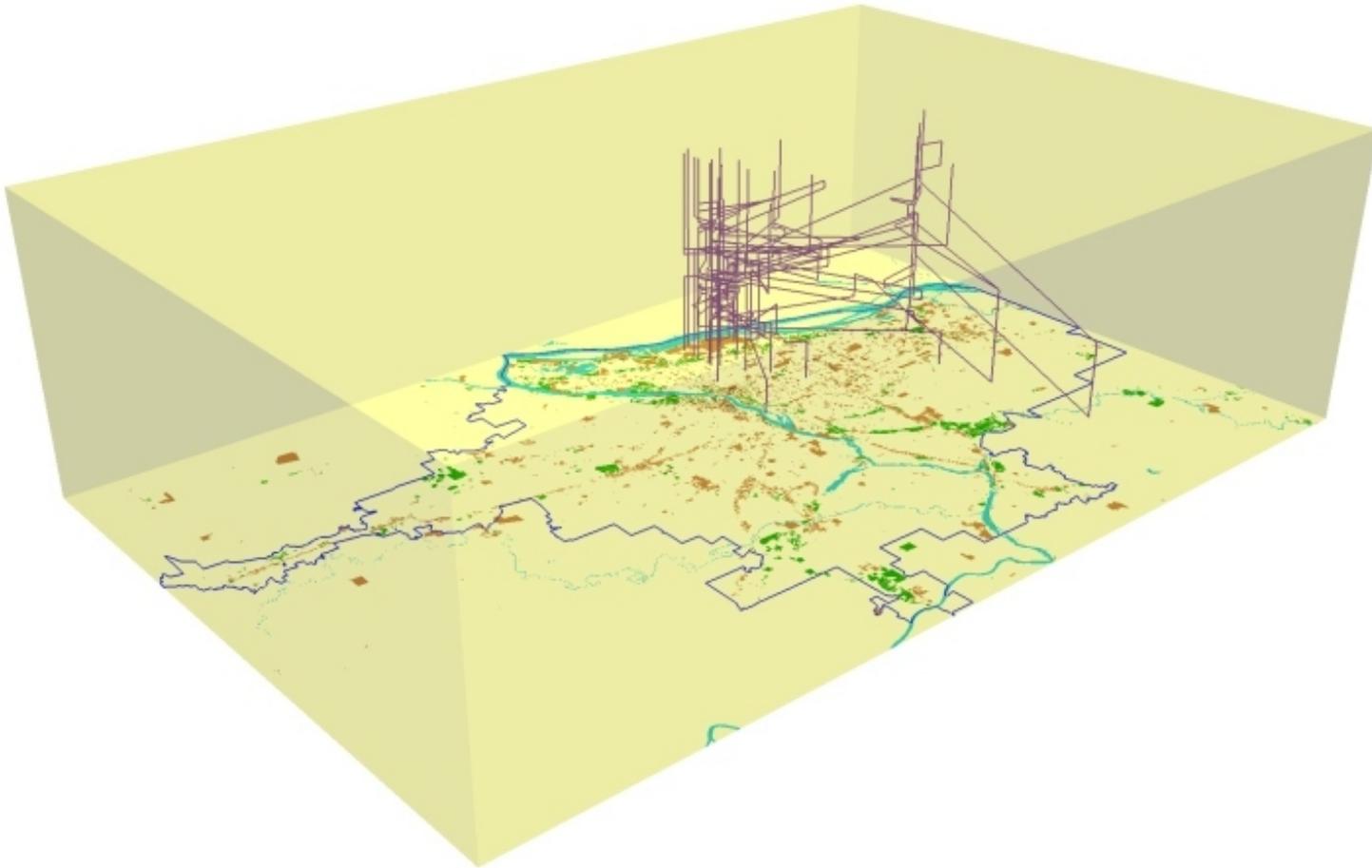
Lifetime exposure to arsenic in drinking water for two cases (dark lines) and two controls (orange lines)



# OUTLINE

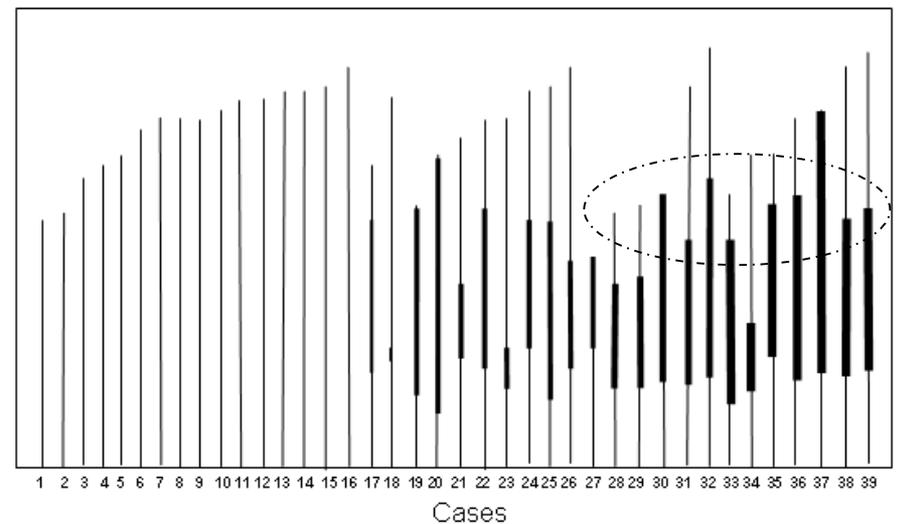
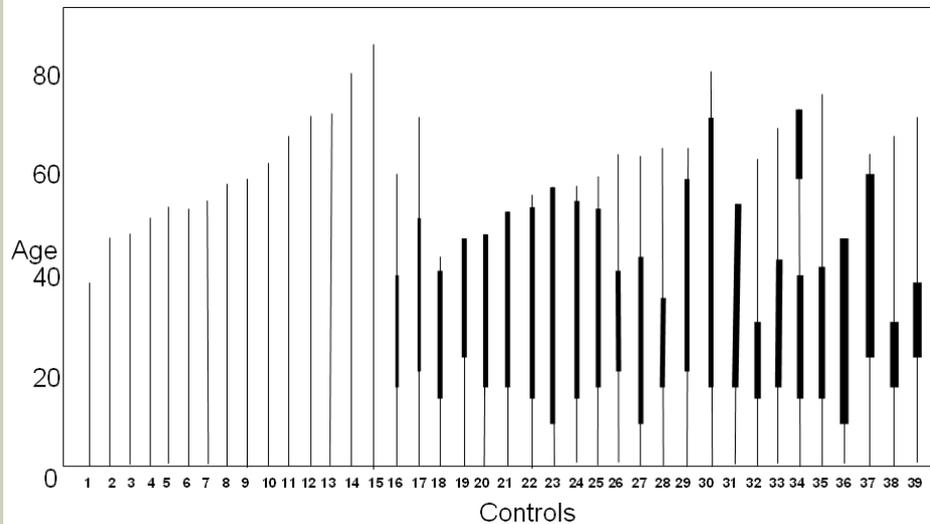
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# GEOSPATIAL LIFELINES



From  
Mei Po Kwan

# EXPOSURE LIFE-LINES FOR CIGARETTE SMOKING



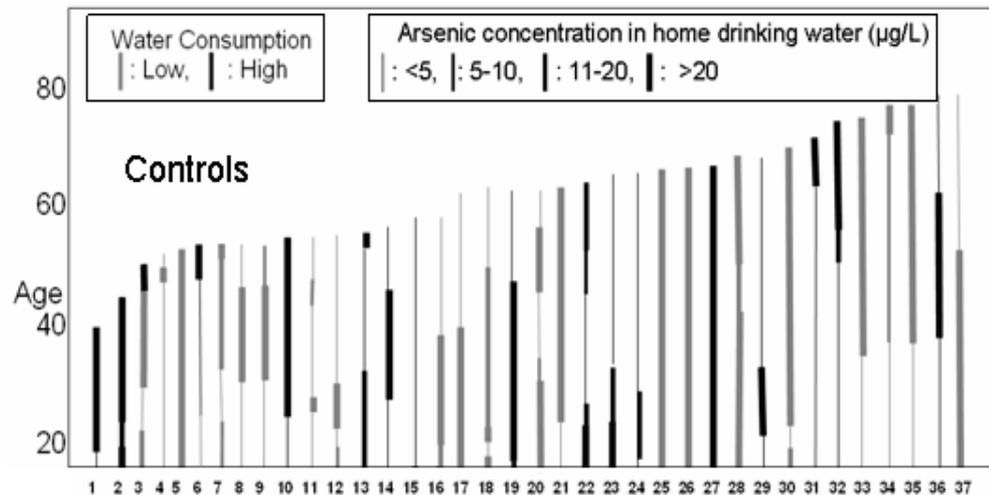
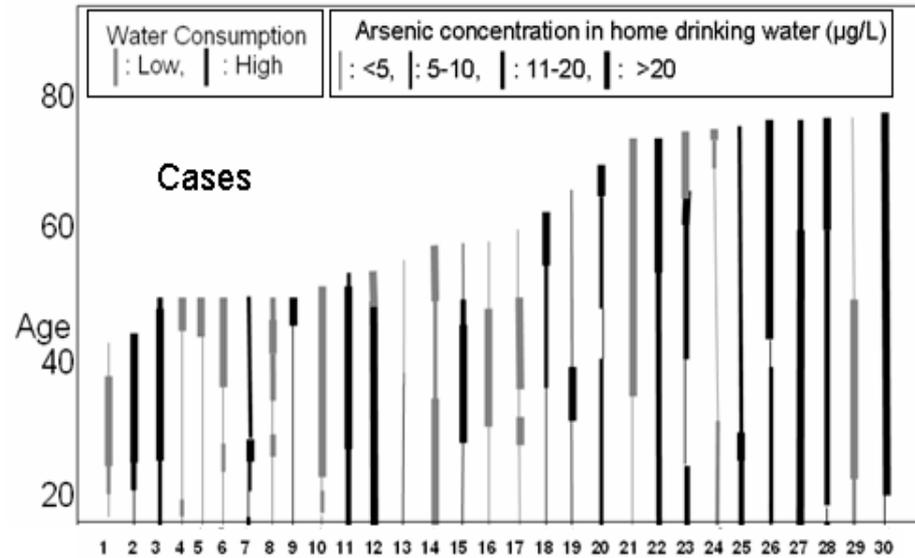
Number of cigarettes/day:

| = 0, | = 1-10, | = 11-20, | = 21-30, | = >31

- Thickness of life-line increases with higher frequency of cigarettes smoked.
- There appear to be more heavy smokers around 40-50 years old among cases, compared with controls.

Meliker et al., 2005, J. Geographic Systems 7: 49-66.

**Exposure Life-Lines for Cases and Controls Exposed to > 20 µg/L in Home Drinking Water at Some Point in Their Lives, and Their Water Consumption History.**



**Individual Participants**

# EXPOSURE LIFELINES: COMMENTS

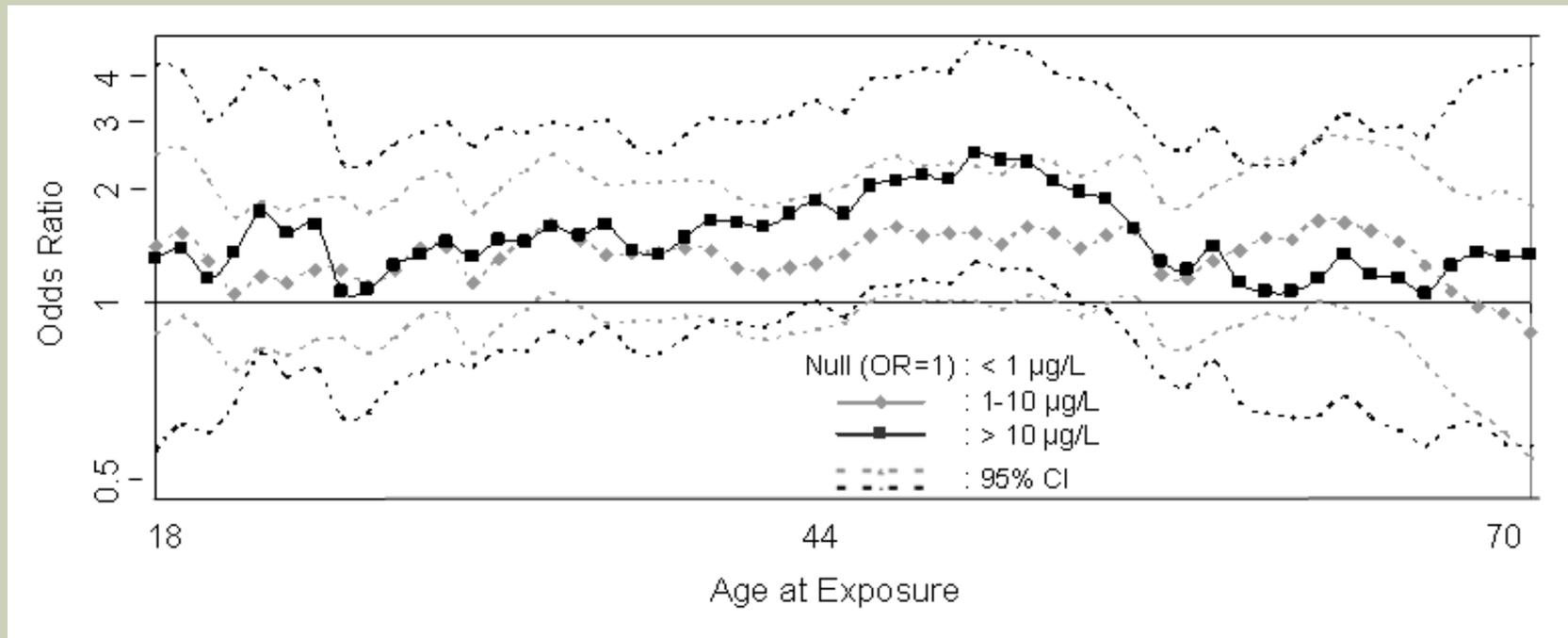
- Useful for visualization of timing of exposure and disease patterns
- Able to stratify or show results across 2 sets of categories
- Difficult to visualize large amounts of data
- Unable to control for important covariates (age, race, sex)

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# RESULTS USING YEARLY EXPOSURES

- Considered age, calendar year, years prior to diagnosis
  - Moving 5-year averages over each year of a participant's life



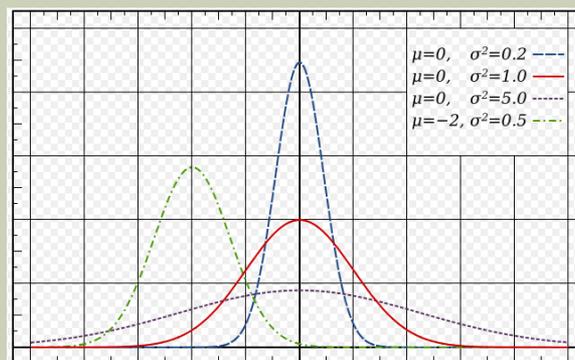
Only observe significant effects using age as temporal measure.  
 Among those who consume >1 L/day of water from home.  
 Not associated with age at diagnosis.

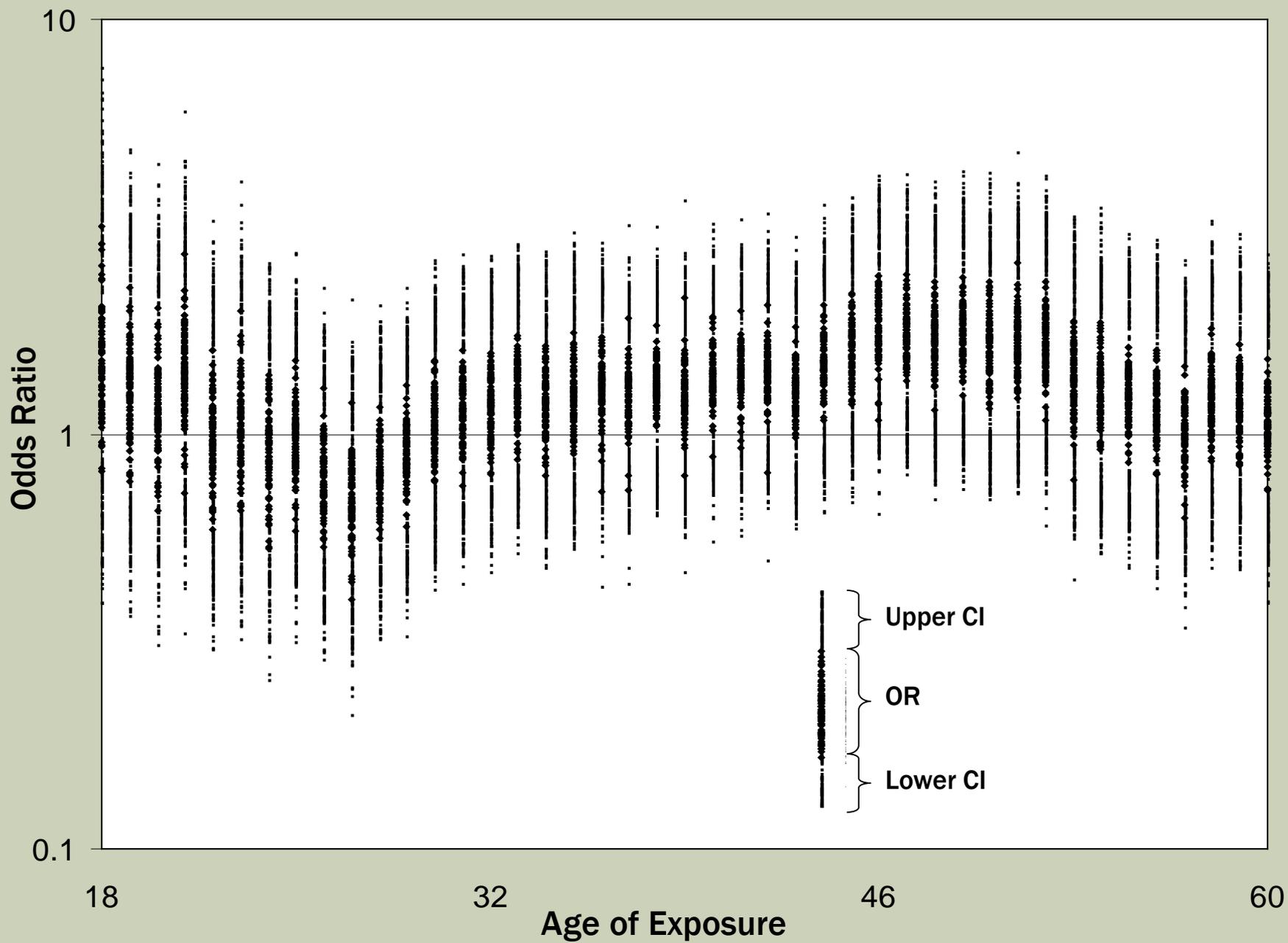
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# INCORPORATING DISTRIBUTIONS OF ERROR IN EXPOSURE: APPROACH

- Instead of only using point estimates of exposure, incorporate distributions of error in the estimate of exposure
  - Estimates of error terms in exposure from different databases
  - Draw exposure estimates from a probability distribution (e.g., normal)
  - Distribution is individual-level, and can be time-varying
- Evaluate exposure-disease relationship
  - Repeat 99 times (or more)
  - Generate a range of possible risk estimates
- Propagate error in the exposure estimate through the epidemiologic analysis





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# STUDY POWER

- Most studies do not have adequate power to include a multiple testing adjustment (Bonferroni; false discovery rate, etc.)
  - These adjustments would require substantially more sample size.
  - False positives are a distinct possibility

# CONCLUSIONS FOR THE EPI STUDY

- Overall, little evidence of association using summary exposure metric (TWA)
  - Possible association when stratified by high water consumption and low consumption of other liquids
- Some evidence of elevated risk when individuals are exposed to arsenic in drinking water in their 40s.
  - Evidence remains to some extent when propagating exposure error through the model.
- Difficult to explain why risk might increase when individuals are exposed in their 40s.
- No significant associations using calendar year or years prior to diagnosis as the temporal measures.
- Observed temporally-specific association may be a false positive

# CONCLUSIONS FOR TEMPORAL EXPOSURES

- Temporal resolution (years, days, hours, minutes)
- Temporal measure (since birth; prior to diagnosis; calendar year, etc.)
- Utility of visualizations?
- Errors in exposure over the life-course
- Multiple testing
- A strategy might be to treat results of temporally-specific analyses as exploratory; and if results are compelling then to design a follow-up study to confirm them.

# ACKNOWLEDGMENTS

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  - University of Michigan: Jerome Nriagu, Al Franzblau, David Schottenfeld, Mark Wilson, Melissa Slotnick, Stacey Fedewa, Zorimar Rivera-Nuñez, Kathy Welch
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  - Stony Brook University/BYU: Chantel Sloan
- Numerous staff who have assisted with data collection, sample analysis, and data and project management
- Study Participants

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**BioMedware**  
Software for the Environmental and Health Sciences

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Thank you!

