

SOME AROMATIC AMINES AND RELATED COMPOUNDS

VOLUME 127

This publication represents the views and expert opinions of an IARC Working Group on the Identification of Carcinogenic Hazards to Humans, which met remotely, 25 May–12 June 2020

LYON, FRANCE - 2021

IARC MONOGRAPHS
ON THE IDENTIFICATION
OF CARCINOGENIC HAZARDS
TO HUMANS

Table S1.10 Review of exposure assessment quality in case–control studies on exposure to aniline

Reference	What was the study design?	What methods were used for the assessment?	What was the definition of the exposure?	Was the exposure defined well?	What route of exposure was assessed?	Could there be exposed subjects in the reference group?	Was intensity assessed well?	Was the duration of exposure assessed well?	Was cumulative exposure assessed?	Was exposure assessed prior to outcome being ascertained?	What was the timing of exposure relative to the outcome?	Are there any known carcinogen co-exposures in the industry?
Preti et al. (1988)	Hospital based case–control study	Analysis of lung air using GC-MS	Not exposure, but presence of aniline in exhaled breath	No	Not clear. Could be due to diet, smoking or endogenous	Yes, as subjects may have been exposed many years earlier which does not show up in the breath test.	No	No	No	No	The exposure was measured after the cases were identified	Uncertain
Nizamova (1991)	Case–control study	Interviews/unclear	Unclear	No	Air and contact	Uncertain	No	No	No	Uncertain	Uncertain	Yes
Feingold et al. (1992)	Population-based case–control study	Interviews of parents (not blinded to case status) for work history, linked to population-based JEM	High or medium	No	Not defined but presumably air	Unlikely since most jobs with aniline exposure were asked about.	No	No	No	No	Exposure was estimated during the year before birth	Uncertain
Alguacil et al. (2000)	Hospital-based case–control study	Interviews of subjects or next of kin about employment in different industries, with industrial hygiene expert review about potential exposure to 22 agents, including aniline	Yes/no/unknown High/low/none/unknown	No	Not defined but presumably air	Unlikely since most jobs with aniline exposure were asked about.	Yes, crudely	Yes	No	No	Exposure was assessed at time of diagnosis	Uncertain

GC-MS, gas chromatography-mass spectrometry; JEM, job-exposure matrix.

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