

46. In this case-control study from Siena, 36 male cases diagnosed between 1963 and 1981 by local medical services were compared with 164 male controls admitted to the medical clinic at Siena for all causes except nasal neoplasia, matched by age and time of admission. The area was chosen because 7.7% of men and 4.3% of women in the 1971 census were actively employed in the wooden furniture industry. Among those who had ever worked in the wood or furniture industry (woodworkers or cabinetmakers), the OR for nasal cancer was 4.7 (95% CI 1.7-12.8), but for adenocarcinoma it rose to 89.7 (95% CI 19.8-407.3). Among seven cases from the wooden furniture industry, one was exposed for six years, one for 10 years, and the others for more than 30 years. An estimate was made of incidence, for which data were restricted to the province of Siena: the incidence rate ratio for any histology of nasal cancer was 3.0 (95%CI 0.8-11.1) and that for adenocarcinoma was 35.9 (95% CI 6.5-198.4). No risk estimates were presented for histological subtypes other than adenocarcinoma, but only one of 17 cases of squamous cell carcinoma (and two of 14 other cancer types) had worked in the wood and furniture industry, as compared with 4 of 5 cases of adenocarcinoma.

Hernberg *et al*, 1983a; 1983b

47. All new cases of sinonasal cancer in Denmark, Finland and Sweden during 1978-80 (167 cases with 18 adenocarcinomas and 95 squamous cell carcinomas) were identified through national cancer registries (and in Denmark, also, several oncology centres). Controls were selected from the same registries and were cases of colonic or rectal cancer. Standard telephone interviews collected histories of all jobs lasting a year or more up to the 10 years before diagnosis. Hygienists assessed and coded the intensity, duration and calendar time of exposures – e.g. "heavy" in the furniture industry if work involved grinding, drilling and planing; "moderate" in sawmill workers and carpenters at construction sites. Those with moderate and heavy exposure were combined and compared with those with light or no exposure (i.e. sawmill workers and carpenters were mixed in with furniture workers); no data were presented by intensity, duration or calendar time of exposure. The OR for exposure to hardwood dust only was 2.0 (95% CI 0.2 -21.0), that for softwood dust only was 3.3 (95% CI 1.1-9.4), and that for exposure both to hardwoods and to softwood dusts was 12.0 (95% CI 2.4-59.2). Cases were often cabinetmakers; but several were sawmill workers and construction carpenters, while a case of adenocarcinoma occurred in