

OCCUPATIONAL EXPOSURE AS A FIREFIGHTER

VOLUME 132

This publication represents the views and expert
opinions of an IARC Working Group on the
Identification of Carcinogenic Hazards to Humans,
which met in Lyon, France, 7–14 June 2022

LYON, FRANCE - 2023

IARC MONOGRAPHS
ON THE IDENTIFICATION
OF CARCINOGENIC HAZARDS
TO HUMANS

Table S2.11 Cohort studies reporting occupational characteristics of firefighters and cancer of all sites combined

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Ahn & Jeong (2015) Korea Enrolment, 1980–2007/follow-up, 1992–2007 Cohort	33 442 men employed as emergency responders for ≥ 1 mo between 1980 and 2007 with (29 453) and without (3989) firefighting experience and not deceased in 1991 Exposure assessment method: ever employed and categorical duration of employment (years) as first- or second-line firefighter and non-firefighters from employment records	All cancers combined, mortality	Duration of firefighting employment, 1-yr lag (SMR):			Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Heterogeneity of direct firefighter exposure within job title. May include both municipal and rural firefighters. <i>Strengths:</i> employment duration and internal comparison limits healthy-worker bias; only professional [career] firefighters were included in the cohort. <i>Limitations:</i> no information on personal characteristics or confounders; follow-up time was reasonably short; cohort members were fairly young; no direct measure of exposure.
			1 mo to < 10 yr	43	0.66 (0.48–0.89)		
			10 to < 20 yr	48	0.51 (0.38–0.68)		
			≥ 20 yr	76	0.59 (0.47–0.74)		
			Total	167	0.58 (0.50–0.68)		
		All cancers combined, mortality	Duration of firefighting employment, 1-yr lag (RR):				
			< 10 yr (including non-firefighters)	53	1		
			10 to < 20 yr	48	0.76 (0.51–1.12)		
			≥ 20 yr	76	1.54 (1.02–2.31)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Ahn et al. (2012) Korea Enrolment, 1980–2007/follow-up, 1996–2007 Cohort	33 416 men employed as emergency responders for ≥ 1 mo between 1980 and 2007 with (29 438) and without (3978) firefighting experience and not deceased in 1995 Exposure assessment method: ever employed and categorical duration of employment (years) as first- or second-line firefighter and non-firefighters from employment records	All cancers combined, incidence All cancers combined, incidence	Duration of firefighting employment, 1-yr lag (SIR): 1 mo to < 10 yr ≥ 10 yr Total SRR: Non-firefighters Ever employed as a firefighter	122 324 446 40 446	1.00 (0.83–1.19) 0.96 (0.86–1.07) 0.97 (0.88–1.06) 1 0.83 (0.59–1.16)	Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Heterogeneity of direct firefighter exposure within job title. May include rural and municipal firefighters. <i>Strengths:</i> employment duration and internal comparison limits healthy-worker bias; only professional [career] firefighters were included in the cohort. <i>Limitations:</i> no information on personal characteristics or confounders (except the firefighter cohort had a lower BMI and smoked less than the comparison population for the SIR analysis); follow-up time was reasonably short; cohort members were fairly young; no direct measure of exposure.

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Marjerrison et al. (2022a) Norway Enrolment, 1950– 2019/follow-up, 1960–2018 Cohort	3881 male professional [career] firefighters (most were full-time) employed in positions entailing active firefighting at any of 15 fire departments between 1950 and 2019 Exposure assessment method: employment history from personnel records	All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence	SIR: Firefighters Year of first employment (SIR): Pre-1950 1950–1969 1970 or after Time since first employment (SIR): < 20 yr 20–39 yr ≥ 40 yr Duration of employment (SIR): < 10 yr 10–19 yr 20–29 yr ≥ 30 yr	845 304 284 257 66 314 465 74 87 217 467	1.15 (1.07–1.23) 1.29 (1.15–1.44) 1.08 (0.96–1.22) 1.08 (0.95–1.22) 1.09 (0.84–1.39) 1.12 (1.00–1.25) 1.18 (1.08–1.29) 1.01 (0.79–1.27) 1.06 (0.85–1.31) 1.15 (1.00–1.32) 1.19 (1.09–1.30)	Age, calendar year	<i>Exposure assessment critique:</i> Satisfactory quality. Included firefighters with current or previous positions entailing active firefighting duties but no assessment of length of time in active firefighting positions, may include municipal and rural firefighters. <i>Strengths:</i> long length of follow-up (mean, 28 yr); near complete ascertainment of both cancer incidence and mortality; analyses by duration and timing of employment. <i>Limitations:</i> probable healthy-worker effect; no data on potential confounders apart from age, sex, and calendar time.

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Marjerrison et al. (2022b) Norway Enrolment, 1950–2019/follow-up, 1960–2018 Cohort	3881 male professional [career] firefighters (most were full-time) employed in positions entailing active firefighting at any of 15 fire departments between 1950 and 2019 Exposure assessment method: employment history from personnel records	All cancers combined, mortality	SMR: Firefighters	348	1.08 (0.97–1.20)	Age, calendar year	<i>Exposure assessment critique:</i> Satisfactory quality. Included firefighters with current or previous positions entailing active firefighting duties but no assessment of length of time in active firefighting positions. May include municipal and rural firefighters. <i>Strengths:</i> long length of follow-up (mean, 28 yr); near complete ascertainment of both cancer incidence and mortality; analyses by duration and timing of employment. <i>Limitations:</i> probable healthy-worker effect; no data on potential confounders apart from age, sex, and calendar time.
		All cancers combined, incidence	Period of follow-up (SIR):				
			1984 or before	140	1.21 (1.02–1.43)		
			1985–1994	139	1.17 (0.98–1.38)		
			1995 or after	566	1.13 (1.04–1.23)		
		All cancers combined, mortality	Period of follow-up (SMR):				
			1984 or before	84	1.25 (1.00–1.55)		
			1985–1994	70	1.12 (0.87–1.41)		
			1995 or after	194	1.02 (0.88–1.17)		
		All cancers combined, incidence	Age at diagnosis (SIR):				
			≤ 49 yr	71	1.06 (0.83–1.34)		
			50–69 yr	374	1.09 (0.98–1.20)		
			≥ 70 yr	400	1.23 (1.11–1.36)		
		All cancers combined, mortality	Age at diagnosis (SMR):				
			≤ 49 yr	16	0.83 (0.47–1.34)		
			50–69 yr	123	0.96 (0.8–1.15)		
			≥ 70 yr	209	1.20 (1.05–1.38)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Bigert et al. (2020) Sweden Enrolment 1960–1990/follow-up, 1961–2009 Cohort	8136; male firefighters identified from national censuses in 1960, 1970, 1980, and 1990. Exposure assessment method: questionnaire; ever employed and categorical duration of employment (years) as firefighter from census surveys	All cancers combined, incidence	SIR: Firefighters	1483	1.03 (0.97–1.09)	Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Unclear if individuals were active firefighter for whole employment. May include full-time, part-time, municipal, and rural firefighters. <i>Strengths:</i> near complete ascertainment of cancer incidence; long length of follow-up (mean, 28 yr); analyses stratified by calendar period of employment. <i>Limitations:</i> no data on job duties, employment type, or potential confounders (aside from age, sex, and calendar year); probable healthy-worker hire bias; potential non-differential misclassification of employment duration.
		All cancers combined, incidence	Duration of employment (SIR):				
			1–9 yr	27	0.81 (0.53–1.18)		
			10–19 yr	349	1.01 (0.92–1.14)		
			20–29 yr	461	1.03 (0.94–1.13)		
			≥ 30 yr	646	1.04 (0.97–1.13)		
			Trend-test <i>P</i> value, 0.19				
		All cancers combined, incidence	Time period (SIR):				
			1961–1975	95	0.96 (0.78–1.18)		
			1976–1990	352	1.03 (0.93–1.15)		
			1991–2009	1036	1.04 (0.97–1.10)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Kullberg et al. (2018) Stockholm, Sweden Enrolment, 1931–1983/follow-up, 1958–2012 Cohort	1080; men who worked ≥ 1 yr as a firefighter in Stockholm between 1931 and 1983. Exposure assessment method: ever employed and categorical duration of employment (years) as an urban [municipal] firefighter from annual enrolment records	All cancers combined, incidence	Follow-up period (SIR):			Birth year, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Unclear if individuals were active firefighter for whole employment. Municipal firefighters. <i>Strengths:</i> long follow-up period; near complete ascertainment of cancer incidence; analyses of duration and era of employment. <i>Limitations:</i> no data on potential confounders (aside from age, sex, and calendar year); lack of exposure assessment based on job tasks or fire responses.
			Full: 1958–2012	265	0.81 (0.71–0.91)		
			Former: 1958–1986	130	1.03 (0.86–1.23)		
		All cancers combined, incidence	Extended: 1987–2012	135	0.67 (0.56–0.79)		
			Age at risk (SIR):				
			< 50 yr	6	0.40 (0.15–0.86)		
			50–64 yr	48	0.57 (0.42–0.76)		
			≥ 65 yr	211	0.92 (0.80–1.05)		
			Trend-test <i>P</i> value, < 0.01				
		All cancers combined, incidence	Duration of employment (SIR):				
			1–9 yr	18	0.47 (0.30–0.75)		
			10–19 yr	20	0.66 (0.42–1.02)		
			20–29 yr	64	0.98 (0.77–1.26)		
			≥ 30 yr	163	0.84 (0.72–0.98)		
			Trend-test <i>P</i> value, 0.03				
		All cancers combined, incidence	Period of first employment (SIR):				
			1902–1939	116	1.01 (0.84–1.21)		
			1940–1959	122	0.90 (0.75–1.07)		
			1960–1983	27	0.35 (0.24–0.51)		
			Trend-test <i>P</i> value, < 0.01				

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Tornling et al. (1994) Stockholm, Sweden Enrolment, 1931–1983/follow-up, 1951–1986 (mortality), 1958–1986 (incidence) Cohort	1116 for mortality/1091 for incidence; male firefighters employed for ≥ 1 yr in the City of Stockholm between 1931 and 1983, identified from annual enrolment records Exposure assessment method: ever firefighter and duration (years) of firefighting employment from annual enrolment records; number of fires fought ascertained from exposure index developed from fire reports	All cancers combined, mortality	SMR: Firefighters	93	1.02 (0.88–1.25)	Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory/good quality. Enhanced exposure assessment (but based on 10% sample of reports) to differentiate exposure based on number of fires fought accounting for job position, station, and year of exposure. Municipal firefighters. <i>Strengths:</i> long follow-up period; near complete ascertainment of cancer incidence and mortality; assessed exposure to fire responses for some outcomes. <i>Limitations:</i> no data on potential confounders (aside from age, sex, and calendar year).
		All cancers combined, mortality	Age (SMR): < 50 yr	3	0.57 (0.12–1.65)		
			50–64 yr	22	0.92 (0.58–1.40)		
			≥ 65 yr	68	1.09 (0.85–1.39)		
		All cancers combined, mortality	Duration of employment (SMR): < 20 yr	9	0.85 (0.39–1.62)		
			20–30 yr	40	0.99 (0.71–1.35)		
			> 30 yr	44	1.09 (0.79–1.46)		
		All cancers combined, mortality	Latency (SMR): < 30 yr	7	0.67 (0.27–1.39)		
			30–40 yr	26	1.85 (0.81–1.83)		
			> 40 yr	60	1.00 (0.76–1.29)		
		All cancers combined, mortality	No. of fires (SMR): < 800	15	0.77 (0.43–1.27)		
			800–1000	24	0.89 (0.57–1.32)		
			> 1000	54	1.20 (0.90–1.57)		
		All cancers combined, incidence	SIR: Firefighters	127	1.00 (0.83–1.19)		
		All cancers combined, incidence	Age (SIR): < 50 yr	7	[0.74 (0.29–1.52)]		
			50–64 yr	30	0.85 (0.57–1.21)		
			≥ 65 yr	90	1.09 (0.88–1.34)		

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Tornling et al. (1994) (cont.)		All cancers combined, incidence	Duration of employment (SIR):			Age, calendar period	
			< 20 yr	16	0.89 (0.51–1.45)		
			20–30 yr	41	0.79 (0.56–1.07)		
			> 30 yr	70	1.22 (0.95–1.54)		
		All cancers combined, incidence	Latency (SIR):				
			< 30 yr	14	0.79 (0.43–1.33)		
			30–40 yr	40	1.31 (0.94–1.78)		
			> 40 yr	73	0.92 (0.72–1.16)		
		All cancers combined, incidence	No. of fires (SIR):				
			< 800	27	0.91 (0.60–1.33)		
			800–1000	37	1.09 (0.77–1.51)		
			> 1000	63	0.99 (0.76–1.26)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Petersen et al. (2018a) Denmark Enrolment, 1964–2004/follow-up, 1968–2014 Cohort	9061 male firefighters (full-time, part-time, and volunteer) identified from employer, trade union, and Danish Civil Registration System records, born 2 April 1928 or later, employed before age 60 yr and 31 December 2004, no cancer diagnosis before employment as a firefighter, and a job title/function indicating actual firefighting exposure Exposure assessment method: ever employed and categorical duration of employment (years), as well as employment type, job title/function, and work history, ascertained from civil registration, pension, employer personnel, and trade union membership records	All cancers combined excluding other skin (ICD-10, C44, C460), incidence	Reference group (SIR):			Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Includes part-time and full-time firefighters. Excluded those who did not actually fight fires. May include municipal and rural firefighters. <i>Strengths:</i> long period of follow-up; near-complete ascertainment of cancer incidence; use of three reference groups to evaluate healthy-worker bias; analyses by proxies of exposure including job task. <i>Limitations:</i> little information on potential confounders.
			Firefighters vs general population	1071	1.02 (0.96–1.09)		
			Firefighters vs sample of employees	1071	1.07 (1.01–1.14)		
		All cancers combined excluding other skin (ICD-10, C44, C460), incidence	Firefighters vs military	1071	1.01 (0.95–1.07)		
			Employment type (SIR):				
			Full-time	680	1.06 (0.99–1.15)		
			Part-time or volunteer	391	0.96 (0.87–1.06)		
		All cancers combined excluding other skin (ICD-10, C44, C460), incidence	Era of first employment (SIR):				
			Pre-1970	521	1.12 (1.02–1.22)		
			1970–1994	455	0.93 (0.85–1.02)		
			1995 or after	95	1.04 (0.84–1.27)		
		All cancers combined excluding other skin (ICD-10, C44, C460), incidence	Job function (SIR):				
			Regular	994	1.02 (0.96–1.08)		
			Specialized	77	1.12 (0.88–1.39)		
		All cancers combined excluding other skin (ICD-10, C44, C460), incidence	Age at first employment (SIR):				
			< 25 yr	527	1.12 (1.03–1.22)		
			25–34 yr	286	0.91 (0.81–1.03)		
			≥ 35 yr	213	0.95 (0.83–1.09)		

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Petersen et al. (2018a) (cont.)		All cancers combined excluding other skin (ICD-10, C44, C460), incidence	Duration of employment (SIR): < 1 yr ≥ 1 yr ≥ 10 yr ≥ 20 yr	318 753 615 447	1.14 (1.02–1.27) 0.98 (0.91–1.06) 0.94 (0.87–1.02) 0.91 (0.83–1.00)	Age, calendar period	
Petersen et al. (2018b) Denmark Enrolment, 1964– 2014/follow-up, 1970–2014 Cohort	11 775 male firefighters (full-time, part-time, and volunteer) identified from employer, trade union, and Danish Civil Registration System records, born in 1928 or later, employed before age 60 yr and 31 December 2004, and a job title/ function indicating actual firefighting exposure Exposure assessment method: ever employed and categorical duration of employment (years) as a firefighter ascertained from civil registration, pension, employer personnel, and trade union membership records	All cancers combined, mortality All cancers combined, mortality All cancers combined, mortality	Reference group (SMR): Firefighters vs sample of employees Firefighters vs military Employment type (SMR, military reference group): Full-time Part-time/ volunteer Duration of employment, full-time firefighters (SMR, military reference group): < 1 yr ≥ 1 yr ≥ 10 yr ≥ 20 yr	419 419 286 133 138 148 124 99	0.99 (0.89–1.09) 1.05 (0.95–1.16) 1.12 (1.00–1.26) 0.93 (0.77–1.1) 1.18 (0.99–1.40) 1.08 (0.91–1.26) 1.01 (0.84–1.21) 0.94 (0.76–1.15)	Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Includes part- time and full-time firefighters. Excluded those who did not actually fight fires. May include municipal and rural firefighters. <i>Strengths:</i> long period of follow-up; use of military reference group to evaluate healthy-worker bias; analyses by duration of employment. <i>Limitations:</i> few data on potential confounders.

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Webber et al. (2021) New York City, USA 2001–2016 Cohort	10 786 FDNY, 8813 CFHS; FDNY and CFHS cohorts; male firefighters who were active on 11 September 2001; FDNY cohort included men who worked at the WTC site any time between 11 September 2001 and 25 July 2002; CFHS cohort included men who were actively employed on 11 September 2001 and assumed not to be working at the WTC site Exposure assessment method: presence at WTC site from employment records and duty rosters	All cancers combined including in situ bladder cancers, incidence	Group (SIR, US reference rates): CFHS firefighters	1002	1.05 (0.98–1.12)	Age, calendar year, race/ethnicity	<i>Exposure assessment critique:</i> Satisfactory quality. Intensity of exposure at WTC captured but did not consider previous firefighter work. Qualitative assessment based on presence at the WTC site, exposures complex and probably unique to 9/11 disaster. Municipal firefighters. <i>Strengths:</i> ascertainment of cancer incidence; comparison of two firefighter cohorts to evaluate bias. <i>Limitations:</i> medical surveillance bias; young age of cohort; relatively short length of follow-up.
		All cancers combined including in situ bladder cancers, incidence	FDNY WTC firefighters	915	1.15 (1.08–1.23)		
		All cancers combined including in situ bladder cancers, incidence	SIR (2-yr adjustment for potential surveillance bias): FDNY WTC firefighters	NR	1.09 (1.02–1.16)	Age, calendar year, race/ethnicity	
		All cancers combined including in situ bladder cancers, incidence	Group (RR): CFHS firefighters	1002	1	Age on 11 September 2001, race/ethnicity	
		All cancers combined including in situ bladder cancers, incidence	FDNY WTC firefighters	915	1.13 (1.02–1.25)		
		All cancers combined including in situ bladder cancers, incidence	Group RR (2-yr adjustment for potential surveillance bias): CFHS firefighters	NR	1	Age, calendar year, race/ethnicity	
			FDNY WTC firefighters	NR	1.07 (0.96–1.18)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Zeig-Owens et al. (2011) New York City, USA Follow-up, 1 January 1996 to 31 December 2008 Cohort	9853 male FDNY firefighters who were employed for ≥ 18 mo, were active firefighters on 1 January 1996, with no prior cancer, and, if alive on 12 September 2001, also had known WTC exposure status Exposure assessment method: WTC exposed and unexposed firefighter from employment records and questionnaires	All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence	WTC-exposure status (SIR): Non-exposed Exposed SIR ratio (exposed vs non-exposed) WTC-exposure status (SIR, 2-yr adjustment for potential surveillance bias): Non-exposed Exposed SIR ratio (exposed vs non-exposed) Sensitivity analysis (SIR ratio, exposed vs non-exposed): Expanded cohort (including firefighters with first employment during follow-up) Multiple primaries included HR incident cancers (Cox regression)	135 263 NR 135 242 NR NR NR NR	0.84 (0.71–0.99) 1.10 (0.98–1.25) 1.32 (1.07–1.62) 0.84 (0.71–0.99) 1.02 (0.90–1.15) 1.21 (0.98–1.49) 1.37 (1.12–1.68) 1.30 (1.06–1.59) 1.29 (1.04–1.60)	Age, race, ethnic origin, calendar year	<i>Exposure assessment critique:</i> Satisfactory quality. Intensity of exposure at WTC captured but did not consider previous firefighter work. WTC exposure self-reported using three methods. WTC site exposures complex and probably unique to 9/11 disaster. <i>Strengths:</i> evaluation of medical surveillance bias. <i>Limitations:</i> healthy-worker hire bias; short length of follow-up; young age at end of follow-up; little information on potential confounders.

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Zeig-Owens et al. (2011) (cont.)			Late period of diagnosis (after 31 December 2004)	NR	1.34 (1.07–1.67)		
			Early period of diagnosis (before 1 January 2005)	NR	1.28 (0.99–1.67)		
			Date of diagnosis for 25 cases delayed beyond 2008	NR	1.19 (0.96–1.47)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Pinkerton et al. (2020) San Francisco, Chicago, Philadelphia, USA Enrolment, 1950–2009/follow-up, 1950–2016 Cohort	29 992 municipal career firefighters in the CFHS cohort employed by the fire departments of San Francisco, Chicago, or Philadelphia for ≥ 1 day between 1950 and 2009; exposure–response analyses limited to 19 287 male firefighters of known race hired in 1950 or later and employed for ≥ 1 yr Exposure assessment method: ever employed as a firefighter, and number of exposed days, fire-runs, fire-hours reconstructed using job-exposure matrix based on job titles and assignments and departmental work history records and historical fire-run and fire-hour data	All cancers combined, mortality All cancers combined, mortality All cancers combined, mortality All cancers combined, mortality	Fire department (SMR): San Francisco Chicago Philadelphia Overall Heterogeneity <i>P</i> value, < 0.01 Race (SMR): White Non-White Age (SMR): < 65 yr ≥ 65 yr Heterogeneity <i>P</i> value, < 0.01 Exposed-days model (HR at 8700 exposed-days vs 2500 exposed-days, 10-yr lag): Loglinear without HWSE adjustment RCS without HWSE adjustment Fully adjusted loglinear Fully adjusted RCS	655 1960 1228 3843 3684 159 1237 2606 1807 1807 1807 1807	0.95 (0.88–1.02) 1.20 (1.15–1.26) 1.11 (1.04–1.17) 1.12 (1.08–1.16) 1.14 (1.10–1.18) 0.79 (0.68–0.93) 0.96 (0.90–1.01) 1.22 (1.17–1.27) 0.92 (0.83–1.01) 0.90 (0.80–1.02) 1.14 (1.00–1.31) 1.11 (0.94–1.31)	Gender, race, age, calendar period Gender, age, calendar period Gender, race, age, calendar period Age, race, birthdate (within 5 yr), fire department	<i>Exposure assessment critique:</i> Good quality. Minimal bias in exposure assessment in internal analyses. Municipal firefighters. <i>Strengths:</i> long period of follow-up; exposure–response modelling for three metrics of exposure assessed using job-exposure matrices; adjustment for HWSE. <i>Limitations:</i> healthy-worker selection bias in external comparison analyses; little information on potential confounders.

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Pinkerton et al. (2020) (cont.)		All cancers combined, mortality	Fire-runs (Chicago and Philadelphia only) model (HR at 8800 runs vs 2100 runs, 10-yr lag):			Age, race, birthdate (within 5 yr), fire department	
			Loglinear without HWSE adjustment	1577	0.93 (0.86–1.00)		
			RCS without HWSE adjustment	1577	0.89 (0.82–0.98)		
			Fully adjusted loglinear	1577	1.02 (0.94–1.11)		
			Fully adjusted RCS	1577	1.00 (0.91–1.11)		
		All cancers combined, mortality	Fire-hours (Chicago only) model (HR at 2300 h vs 600 h, 10-yr lag)			Age, race, birthdate (within 5 yr), fire department	
			Loglinear without HWSE adjustment	1058	0.97 (0.87–1.08)		
			RCS without HWSE adjustment	1058	0.92 (0.81–1.05)		
			Fully adjusted loglinear	1058	1.08 (0.96–1.21)		
			Fully adjusted RCS	1058	1.04 (0.90–1.21)		
		All cancers combined, mortality	Time since first exposure in fire-runs (Chicago and Philadelphia only) fully adjusted loglinear model (HR for 8800 runs vs 2100 runs, 10-yr lag):			Age, race, birthdate (within 5 yr), fire department, employment duration	
			Lag to < 20 yr	NR	1.12 (0.88–1.42)		
			20 to < 30 yr	NR	1.02 (0.84–1.24)		
			≥ 30 yr	NR	0.98 (0.86–1.12)		
			LRT <i>P</i> value, 0.61				

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Daniels et al. (2015) San Francisco, Chicago, Philadelphia, USA Enrolment, 1950–2009/follow-up, 1950–2009 (mortality), 1985–2009 (incidence) Cohort	19 309; all male career firefighters in the CFHS cohort of known race who were on active duty ≥ 1 day from 1950 through 2009 in the fire departments of Chicago, Philadelphia, or San Francisco with ≥ 1 yr of employment Exposure assessment method: number of exposed days, fire-runs, fire-hours reconstructed using job-exposure matrix based on job titles and assignments and departmental work history records and historical fire-run and fire-hour data	All cancers combined, incidence	Exposed-days model (HR, RCS model, 10-yr lag): 8700 days vs 2500 days	2609	0.96 (0.87–1.05)	Age, race, fire department, birth cohort	<i>Exposure assessment critique:</i> Good quality. Minimal bias in exposure assessment in internal analyses. Municipal firefighters. <i>Strengths:</i> long period of follow-up; exposure–response modelling for three metrics of exposure assessed using job-exposure matrices. <i>Limitations:</i> little information on potential confounders.
		All cancers combined, incidence	Fire-runs (Chicago and Philadelphia only) model (HR, loglinear model, 10-year lag): 8800 runs vs 2100 runs	2197	1.01 (0.95–1.08)	Age, race, fire department, birth cohort	
		All cancers combined, incidence	Fire-hours (Chicago only) model (HR, loglinear model, 10-yr lag): 2300 h vs 600 h	1395	1.01 (0.92–1.12)	Age, race, birth cohort	
Daniels et al. (2014) San Francisco, Chicago, Philadelphia, USA Enrolment, 1950–2009/follow-up, 1950–2009 (mortality), 1985–2009 (incidence) Cohort	29 993 (24 453 for incidence analyses) male and female career firefighters in the CFHS cohort employed for ≥ 1 day in Chicago, San Francisco, or Philadelphia fire departments between 1950 and 2009 Exposure assessment method: ever employed and categorical duration of employment (years) from employment records	All cancers combined, incidence	SIR: All primary cancers	4461	1.09 (1.06–1.12)	Gender, race, age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Minimum exposure is 1 day of work as a municipal firefighter. <i>Strengths:</i> long period of follow-up; ascertained incidence outcomes; included female firefighters. <i>Limitations:</i> healthy-worker hire bias in external comparisons; little information on potential confounders.
			First primary cancer	3890	1.09 (1.06–1.12)		
		All cancers combined, incidence	SIR, women: All primary cancers	40	1.24 (0.89–1.69)	Race, age, calendar period	
		All cancers combined, incidence	Race, men (SIR, all cancers): Caucasian [White]	4181	1.10 (1.07–1.13)	Age, calendar period	
			Other	240	0.92 (0.81–1.05)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Demers et al. (1994) Seattle and Tacoma, Washington, USA Enrolment, 1944–1979/follow-up, 1974–1989 Cohort	2447 male firefighters employed for ≥ 1 yr between 1944 and 1979, alive as of 1 January 1974 and known to be a resident of one of 13 counties in the catchment area of the cancer registry for ≥ 1 mo; reference group included 1878 local male police officers Exposure assessment method: ever employed for ≥ 1 yr, and categorical duration of employment (years) in direct firefighting positions from employment records	All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence	SIR (local county rates): Firefighters IDR: Local police Firefighters Duration of exposed employment (SIR, local county rates): < 10 yr 10–19 yr 20–29 yr ≥ 30 yr Years since first employment (SIR, local county rates): < 20 yr 20–29 yr ≥ 30 yr	224 114 224 32 36 133 23 10 40 174	1.1 (0.9–1.2) 1 1.0 (0.8–1.3) 1.1 (0.8–1.6) 1.1 (0.8–1.5) 1.0 (0.9–1.2) 1.0 (0.7–1.6) 0.7 (0.3–1.4) 1.3 (0.9–1.7) 1.0 (0.9–1.2)	Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Duration (years) involved in direct firefighting (surrogate for fire smoke) was not measured equally in the two study populations. Municipal firefighters. <i>Strengths:</i> use of two comparison groups, including comparison with police officers to limit healthy-worker bias. <i>Limitations:</i> little information on potential confounders.
Demers et al. (1992a) Seattle and Tacoma, Washington, and Portland, Oregon, USA Enrolment, 1944–1979/follow-up, 1944–1989 Cohort	4401; male firefighters employed for ≥ 1 yr between 1944 and 1979 in Seattle, Tacoma, or Portland; reference group included 3676 local police officers Exposure assessment method: ever employed for ≥ 1 yr, and categorical duration (years) of exposure to fire combat from employment records	All cancers combined, mortality All cancers combined, mortality	SMR: Firefighters IDR: Local police Firefighters	291 169 291	0.95 (0.85–1.07) 1 0.97 (0.80–1.17)	Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory/good quality. Duration of years involved in fire combat (surrogate for fire smoke) was not measured equally in the three municipal firefighter populations. <i>Strengths:</i> use of two comparison groups, including comparison with police officers to limit healthy-worker bias. <i>Limitations:</i> little information on potential confounders; ascertained mortality outcomes only.

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Vena & Fiedler (1987) Buffalo, New York, USA 1950–1979 Cohort	1867 White male career firefighters employed by the City of Buffalo for ≥ 5 yr, with ≥ 1 year as a firefighter Exposure assessment method: ever-employment, timing, and duration of employment from employment records	All cancers combined, mortality All cancers combined, mortality	SMR: Firefighters Years worked as a firefighter 1–9 yr 10–19 yr 20–29 yr 30–39 yr ≥ 40 yr Latency (SMR): < 20 yr 20–29 yr 30–39 yr 40–49 yr ≥ 50 yr	102 5 7 24 34 32 10 14 29 33 16	1.09 (0.89–1.32) [0.89 (0.3–2.0)] [0.66 (0.3–1.3)] [0.87 (0.6–1.3)] [0.95 (0.7–1.3)] [2.20 (1.5–3.1)] [0.81 (0.4–1.4)] [0.68 (0.4–1.1)] [0.98 (0.7–1.4)] [1.39 (1.0–1.9)] [2.11 (1.2–3.3)]	Age, calendar period Age and calendar period, age, calendar period	<i>Exposure assessment critique:</i> Minimal quality. Only assessed ever-employment and duration of employment as a municipal firefighter. <i>Strengths:</i> long length of follow-up. <i>Limitations:</i> healthy-worker hire bias; little information on potential confounders or exposure to firefighting activities.
Feuer & Rosenman (1986) New Jersey, USA 1974–1980 Cohort	263 deceased White male firefighters in the New Jersey Police and Firemen Retirement System (firefighters vested with ≥ 10 years of service, or firefighters who died while on payroll regardless of employment duration); one reference group included 567 White male police deaths Exposure assessment method: ever employed, and categorical duration of employment (years), as a career firefighter from retirement system records	All cancers combined, mortality All cancers combined, mortality	Reference population (PMR): Firefighters vs US White men Firefighters vs NJ White men Firefighters vs White male NJ police Duration of employment (PMR): ≤ 20 yr 20–25 yr > 25 yr Latency (PMR): ≤ 22 yr 22–27 yr > 27 yr	67 67 67 15 18 34 15 22 30	[1.15 (0.90–1.45)] [1.00 (0.78–1.26)] [1.07 (0.83–1.35)] [0.91 (0.53–1.47)] [0.95 (0.58–1.47)] [1.09 (0.77–1.51)] [0.84 (0.49–1.35)] [1.10 (0.71–1.64)] [1.03 (0.71–1.45)]	Age, race	<i>Exposure assessment critique:</i> Satisfactory quality. Assessment provides duration of employment categories. May include municipal and rural firefighters. <i>Strengths:</i> comparison with other uniformed service occupation. <i>Limitations:</i> PMR study design lacks event-free follow-up time; short observation period; little information on potential confounders.

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Aronson et al. (1994) Toronto, Canada 1950–1989 Cohort	5414 male firefighters employed for ≥ 6 mo at one of six fire departments in Metropolitan Toronto any time between 1950 and 1989 Exposure assessment method: ever employed and categorical duration of employment (years) as municipal firefighter from employment records	All cancers combined, mortality	SMR: Any employment	199	1.05 (0.91–1.20)	Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Unclear if individuals were active firefighters for whole employment. Probably municipal firefighters. <i>Strengths:</i> long period of follow-up; analysis of employment duration. <i>Limitations:</i> healthy-worker hire bias; little information on confounders or exposure; ascertained mortality outcomes only.
		All cancers combined, mortality	Years since first exposure (SMR):				
			< 20 yr	28	1.21 (0.81–1.76)		
			20–29 yr	36	0.94 (0.66–1.31)		
			≥ 30 yr	135	1.06 (0.89–1.26)		
		All cancers combined, mortality	Years of employment (SMR):				
			< 15 yr	36	1.38 (0.96–1.91)		
			15–29 yr	52	0.89 (0.66–1.16)		
			≥ 30 yr	101	0.98 (0.80–1.19)		
		All cancers combined, mortality	Age (SMR):				
Guidotti (1993) Edmonton and Calgary, province of Alberta, Canada 1927–1987 Cohort	3328; all firefighters employed between 1927 and 1987 by either of the fire departments of Edmonton or Calgary Exposure assessment method: ever employed and categorical duration of employment (years) from employment records; exposure index of years weighted by exposure opportunity	All cancers combined, mortality	SMR: Any employment	92	1.27 (1.02–1.55)	Age, calendar period	<i>Exposure assessment critique:</i> Good quality. Good approach to differentiate exposure between ranks. Urban [municipal] firefighters. <i>Strengths:</i> attempt to improve the exposure surrogate “duration of employment” by weighting with the potential for exposure; long observation period. <i>Limitations:</i> relatively small cohort; no data on potential confounders.
		All cancers combined, mortality	Year of cohort entry (SMR):				
			Pre-1920	30	[1.62 (1.11–2.28)]		
			1920–29	5	[0.91 (0.33–2.02)]		
			1930–39	5	[0.75 (0.27–1.66)]		
			1940–49	22	[1.46 (0.94–2.18)]		
			1950–59	1	[1.17 (0.06–5.77)]		
			1960–69	9	[1.55 (0.76–2.85)]		
			1970–79	1	[0.43 (0.02–2.10)]		
		All cancers combined, mortality	Latency (SMR):				
			< 20 yr	13	[0.98 (0.55–1.64)]		
			20–29 yr	17	[1.05 (0.63–1.65)]		
			30–39 yr	25	[1.22 (0.80–1.77)]		
			40–49 yr	23	[1.76 (1.15–2.61)]		
			≥ 50 yr	14	[1.44 (0.82–2.36)]		

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Guidotti (1993) (cont.)		All cancers combined, mortality	Exposure index (SMR):			Age, calendar period	
			0	7	[1.67 (0.73–3.31)]		
			> 0, < 1	13	[1.96 (1.09–3.27)]		
			1–9	17	[1.44 (0.86–2.25)]		
			≥ 10	62	[1.14 (0.88–1.46)]		
		All cancers combined, mortality	Latency, exposure index = 0 (SMR):				
			< 20 yr	2	[0.98 (0.16–3.22)]		
			20–29 yr	3	[3.37 (0.86–9.17)]		
			30–39 yr	1	[1.32 (0.07–6.46)]		
			40–49 yr	1	[3.05 (0.15–15.0)]		
			≥ 50 yr	0	0 (NR)		
		All cancers combined, mortality	Latency, exposure index > 0, < 1 (SMR):				
			< 20 yr	4	[1.41 (0.45–3.40)]		
			20–29 yr	4	[2.48 (0.79–5.99)]		
			30–39 yr	4	[2.59 (0.83–6.27)]		
			40–49 yr	1	[2.20 (0.11–11.0)]		
			≥ 50 yr	0	0 (NR)		
		All cancers combined, mortality	Latency, exposure index 1–9 (SMR):				
			< 20 yr	3	[0.67 (0.17–1.84)]		
			20–29 yr	5	[2.23 (0.82–4.95)]		
			30–39 yr	5	[1.90 (0.70–4.21)]		
			40–49 yr	2	[1.53 (0.26–5.04)]		
			≥ 50 yr	2	[1.65 (0.28–5.46)]		
		All cancers combined, mortality	Latency, exposure index ≥ 10 (SMR):				
			< 20 yr	6	[1.01 (0.41–2.10)]		
			20–29 yr	8	[0.65 (0.30–1.24)]		
			30–39 yr	16	[0.98 (0.58–1.55)]		
			40–49 yr	20	[1.77 (1.11–2.69)]		
			≥ 50 yr	12	[1.44 (0.78–2.45)]		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2019) Australia Follow-up for death, 1980–2011; for cancer, 1982–2012 Cohort	39 644 female firefighters, both paid [career] (1682) and volunteer (37 962), from nine fire agencies in Australia Exposure assessment method: ever career or volunteer firefighter, ever attended an incident, tertiles of cumulative number of incidents and type of incidents attended from personnel records	All cancers combined, mortality	SMR:			Age, calendar period	<i>Exposure assessment critique:</i> Good quality. Enhanced exposure assessment to differentiate exposure based on number of incidents for volunteer firefighters. Included specific incident types, but early exposure was extrapolated from more recent data. Volunteers mainly rural. <i>Strengths:</i> study of female firefighters; includes predominantly rural firefighters; ascertained exposure to number and type of incidents. <i>Limitations:</i> short length of follow-up; young age at end of follow-up; probable healthy-worker bias; little information on confounders.
			Paid [career] firefighters	10	0.83 (0.44–1.54)		
			Volunteer firefighters	268	0.75 (0.66–0.84)		
		Volunteer firefighters who attended incidents	118	0.88 (0.73–1.05)			
		No. of incidents, all volunteers (RMR [equivalent to mortality rate ratio]):					
		Zero incidents	124	1			
		Tertile 1	33	1.07 (0.73–1.58)			
		Tertile 2	45	1.25 (0.89–1.76)			
		Tertile 3	40	1.41 (0.98–2.02)			
		Trend-test <i>P</i> value, 0.24					
		All cancers combined, mortality	No. of fire incidents, all volunteers (RMR):				
			Zero incidents	132	1		
			Tertile 1	36	1.22 (0.84–1.77)		
		Tertile 2	34	1.09 (0.75–1.60)			
		Tertile 3	40	1.45 (1.02–2.08)			
		Trend-test <i>P</i> value, 0.45					
All cancers combined, mortality	No. of structure fire incidents, all volunteers (RMR):						
	Zero incidents	200	1				
	Tertile 1	5	0.39 (0.16–0.95)				
	Tertile 2	20	1.24 (0.78–1.96)				
	Tertile 3	17	1.17 (0.71–1.92)				
	Trend-test <i>P</i> value, 0.05						

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2019) (cont.)		All cancers combined, mortality	No. of landscape fire incidents, all volunteers (RMR):			Age, calendar period	
			Zero incidents	142	1		
			Tertile 1	24	1.00 (0.64–1.54)		
			Tertile 2	34	1.14 (0.78–1.65)		
			Tertile 3	42	1.52 (1.07–2.15)		
			Trend-test <i>P</i> value, 0.08				
		All cancers combined, mortality	No. of vehicle fire incidents, all volunteers (RMR):				
			Zero incidents	207	1		
			Tertile 1	8	0.93 (0.46–1.89)		
			Tertile 2	11	0.99 (0.54–1.82)		
			Tertile 3	16	1.52 (0.91–2.53)		
			Trend-test <i>P</i> value, 0.20				
		All cancers combined, incidence	SIR:				
			Paid firefighters	28	1.15 (0.80–1.67)		
			Volunteer firefighters	1027	0.97 (0.91–1.03)		
			Volunteer firefighters who attended incidents	421	0.97 (0.88–1.07)		
		All cancers combined, incidence	No. of incidents, all volunteers (RIR) [equivalent to rate ratios]:				
			Zero incidents	418	1		
			Tertile 1	119	0.98 (0.80–1.20)		
			Tertile 2	145	1.03 (0.85–1.25)		
			Tertile 3	138	1.14 (0.93–1.38)		
			Trend-test <i>P</i> value, 0.19				

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2019) (cont.)		All cancers combined, incidence	No. of fire incidents, all volunteers (RIR):			Age, calendar period	
			Zero incidents	445	1		
			Tertile 1	122	1.03 (0.85–1.27)		
			Tertile 2	122	1.01 (0.83–1.24)		
			Tertile 3	131	1.14 (0.94–1.39)		
			Trend-test <i>P</i> value, 0.39				
		All cancers combined, incidence	No. of structure fire incidents, all volunteers (RIR):				
			Zero incidents	653	1		
			Tertile 1	40	0.74 (0.54–1.02)		
			Tertile 2	64	1.02 (0.79–1.32)		
			Tertile 3	63	1.04 (0.80–1.35)		
			Trend-test <i>P</i> value, 0.14				
		All cancers combined, incidence	No. of landscape fire incidents, all volunteers (RIR):				
			Zero incidents	478	1		
			Tertile 1	103	1.06 (0.85–1.31)		
			Tertile 2	109	0.95 (0.77–1.18)		
			Tertile 3	130	1.18 (0.97–1.43)		
			Trend-test <i>P</i> value, 0.38				
		All cancers combined, incidence	No. of vehicle fire incidents, all volunteers (RIR):				
			Zero incidents	682	1		
			Tertile 1	40	1.04 (0.76–1.44)		
			Tertile 2	42	0.96 (0.70–1.31)		
			Tertile 3	56	1.29 (0.98–1.69)		
			Trend-test <i>P</i> value, 0.28				

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2017) Australia Enrolment, date varied by agency (1998–2000)/ follow-up through 30 November 2011 (mortality) and 31 December 2010 (cancer incidence) Cohort	163 094; all male volunteer firefighters from five fire agencies enrolled on or after the date on which the agency's roll was complete and who had ever held an active firefighting role Exposure assessment method: ever volunteer firefighter, categorical volunteer duration (years) and era from service records; ever volunteer firefighter who attended an incident, tertiles of cumulative emergency incidents from contemporary incident data	All cancers combined, mortality	SMR:			Age, calendar period	<i>Exposure assessment critique:</i> Good quality. Enhanced exposure assessment to differentiate exposure based on number of incidents. Included specific incident types, but early exposure was extrapolated from more recent data. Firefighters from rural or peri-urban areas. <i>Strengths:</i> includes predominantly rural firefighters; ascertained exposure to number and type of incidents. <i>Limitations:</i> short length of follow-up; young age at end of follow-up; probable healthy-worker bias; little information on confounders.
			All volunteers	1900	0.59 (0.57–0.62)		
			Volunteers who attended incidents	1166	0.59 (0.55–0.62)		
		All cancers combined, mortality	Era of first service (SMR):				
			Pre-1970	620	0.59 (0.54–0.64)		
			1970–1994	648	0.56 (0.51–0.60)		
		All cancers combined, mortality	1995 or after	632	0.64 (0.59–0.69)		
			Duration of service (SMR):				
			> 3 mo to 10 yr	582	0.67 (0.61–0.72)		
		All cancers combined, mortality	10–20 yr	342	0.60 (0.54–0.67)		
			≥ 20 yr	949	0.55 (0.52–0.59)		
		All cancers combined, mortality	Duration of service (RMR):				
			> 3 mo to 10 yr	582	1		
			10–20 yr	342	0.91 (0.80–1.04)		
		All cancers combined, mortality	≥ 20 yr	949	0.85 (0.76–0.94)		
			Trend-test <i>P</i> value, < 0.01				
		All cancers combined, mortality	No. of incidents attended by volunteers (RMR):				
			Baseline	1082	1		
		All cancers combined, mortality	Group 1	58	1.23 (0.95–1.61)		
			Group 2	26	1.16 (0.79–1.72)		
		All cancers combined, mortality	No. of fire incidents attended by volunteers (RMR):				
			Baseline	1084	1		
		All cancers combined, mortality	Group 2	60	1.21 (0.95–1.56)		
			Group 3	22	1.11 (0.73–1.69)		
		All cancers combined, mortality	No. of structure fire incidents attended by volunteers (RMR):				
			Baseline	1108	1		
			Group 2	38	1.38 (1.00–1.91)		
			Group 3	20	1.37 (0.88–2.13)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2017) (cont.)		All cancers combined, mortality	No. of landscape fire incidents attended by volunteers (RMR):			Age, calendar period	
			Baseline	926	1		
			Group 2	171	1.08 (0.91–1.27)		
		All cancers combined, mortality	Group 3	69	1.15 (0.90–1.47)		
			No. of vehicle fire incidents attended by volunteers (RMR):				
			Baseline	1081	1		
		All cancers combined, incidence	Group 2	63	1.29 (1.00–1.66)		
			Group 3	22	1.19 (0.78–1.81)		
			SIR:				
		All cancers combined, incidence	All volunteers	7057	0.86 (0.84–0.88)		
			Volunteers who attended incidents	4491	0.85 (0.83–0.88)		
		All cancers combined, incidence	Duration of service, all volunteers (RIR):				
			> 3 mo to 10 yr	2206	1		
		All cancers combined, incidence	10–20 yr	1315	1.00 (0.93–1.07)		
			≥ 20 yr	3452	0.99 (0.93–1.04)		
			Trend-test <i>P</i> value, 0.67				
		All cancers combined, incidence	Duration of service, volunteers who attended incidents (RIR):				
			> 3 mo to 10 yr	1029	1		
		All cancers combined, incidence	10–20 yr	827	1.09 (1.00–1.20)		
			≥ 20 yr	2682	1.06 (0.98–1.14)		
			Trend-test <i>P</i> value, 0.25				
		All cancers combined, incidence	No. of incidents attended by volunteers (RIR):				
			Baseline	4184	1		
			Group 2	210	1.09 (0.95–1.26)		
			Group 3	97	1.05 (0.86–1.28)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2017) (cont.)		All cancers combined, incidence	No. of fire incidents attended by volunteers (RIR):			Age, calendar period	
			Baseline	4191	1		
			Group 2	217	1.09 (0.95–1.25)		
			Group 3	83	1.02 (0.82–1.37)		
		All cancers combined, incidence	No. of structure fire incidents attended by volunteers (RIR):				
			Baseline	4283	1		
			Group 2	142	1.20 (1.01–1.42)		
			Group 3	66	1.08 (0.84–1.37)		
		All cancers combined, incidence	No. of landscape fire incidents attended by volunteers (RIR):				
			Baseline	3566	1		
			Group 2	681	1.07 (0.98–1.16)		
			Group 3	244	1.05 (0.92–1.19)		
		All cancers combined, incidence	No. of vehicle fire incidents attended by volunteers (RIR):				
			Baseline	4191	1		
			Group 2	218	1.08 (0.94–1.24)		
			Group 3	82	1.06 (0.85–1.31)		

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2016a) Australia Enrolment, 1976–2003/follow-up, 1976–2011 (mortality), 1982–2010 (incidence, except two states, 2009) Cohort	30 057 full-time (17 394) or part-time (12 663) paid male firefighters employed at one of eight Australian fire agencies for ≥ 3 mo from start of personnel records (1976–2003, depending on agency) Exposure assessment method: employed as a part- or full-time firefighter for ≥ 3 mo, categorical employment duration (years) and era from employment records; tertiles of cumulative emergency incidents and type of incident attended from contemporary incident data	All cancers combined, mortality All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence	Firefighter status (SMR): Full-time Part-time All Firefighter status (SIR): Full-time Part-time All Duration of employment, full-time firefighters (RIR) [equivalent to rate ratios]: > 3 mo to 10 yr 10–20 yr ≥ 20 yr Trend-test <i>P</i> value, 0.58 Duration of employment, part-time firefighters (RIR): > 3 mo to 10 yr 10–20 yr ≥ 20 yr Trend-test <i>P</i> value, 0.84 Duration of employment (RIR): > 3 mo to 10 yr 10–20 yr ≥ 20 yr Trend-test <i>P</i> value, 0.74 No. of incidents attended by full-time firefighters (RIR): Tertile 1 Tertile 2 Tertile 3 Trend-test <i>P</i> value, 0.44	329 124 453 1208 485 1693 138 196 866 1 114 223 1 310 1089 102 126 180	0.81 (0.72–0.90) 0.84 (0.70–1.00) 0.81 (0.74–0.89) 1.08 (1.02–1.14) 1.11 (1.01–1.21) 1.09 (1.03–1.14) 1 1.09 (0.87–1.37) 1.08 (0.87–1.34) 1 1.07 (0.82–1.40) 0.98 (0.74–1.29) 1 1.09 (0.92–1.29) 1.05 (0.89–1.23) 1 1.29 (0.99–1.68) 1.13 (0.88–1.45)	Age, calendar period	<i>Exposure assessment critique:</i> Good quality. Enhanced exposure assessment to differentiate exposure based on number of incidents, including specific incident types. Included specific incident types but early exposure extrapolated from more recent data. Municipal firefighters. <i>Strengths:</i> internal analysis by exposure to number and type of incidents; ascertained cancer incidence. <i>Limitations:</i> healthy-worker hire bias; short length of follow-up; young age at end of follow-up; little information on potential confounders.

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2016a) (cont.)		All cancers combined, incidence	No. of fire incidents attended by full-time firefighters (RIR):			Age, calendar period	
			Tertile 1	101	1		
			Tertile 2	110	1.23 (0.94–1.62)		
			Tertile 3	197	1.21 (0.95–1.55)		
			Trend-test <i>P</i> value, 0.15				
		All cancers combined, incidence	No. of structure fire incidents attended by full- time firefighters (RIR):				
			Tertile 1	110	1		
			Tertile 2	116	1.16 (0.89–1.51)		
			Tertile 3	182	1.06 (0.83–1.35)		
			Trend-test <i>P</i> value, 0.70				
		All cancers combined, incidence	No. of landscape fire incidents attended by full-time firefighters (RIR):				
			Tertile 1	96	1		
			Tertile 2	142	1.54 (1.18–1.99)		
			Tertile 3	170	1.18 (0.92–1.53)		
			Trend-test <i>P</i> value, 0.35				
		All cancers combined, incidence	No. of vehicle fire incidents attended by full- time firefighters (RIR):				
			Tertile 1	98	1		
			Tertile 2	122	1.48 (1.13–1.93)		
			Tertile 3	188	1.34 (1.04–1.71)		
			Trend-test <i>P</i> value, 0.04				

Table S2.11 (continued)

Reference, location enrolment/follow-up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Glass et al. (2016b) Victoria, Australia Enrolment, 1971–1999/follow-up, 1980–2011 (mortality), 1982–2012 (incidence) Cohort	614; all male (611) and female (3) employed and volunteer Country Fire Authority trainers and a group of paid [career] Country Fire Authority firefighters who trained at the Fiskville site from 1971 to 1999; all analyses limited to men as no deaths or cancers were observed among women Exposure assessment method: employed or volunteer firefighter trainers and career firefighters who trained at training facility for any period of time from human resources records, categorized into risk of low, medium, and high chronic exposure to smoke and other agents based on job assignment	All cancers combined, mortality	Risk of chronic exposure (SMR):			Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Incorporated categorical level of exposure into assessment for each type of firefighter. Volunteers mainly rural, career firefighters were municipal. <i>Strengths:</i> included firefighter instructors with high potential exposure to smoke and other hazardous agents; assessed exposure based on job assignment. <i>Limitations:</i> low number of cases; young age at end of follow-up.
			Low	1	0.29 (0.01–1.64)		
			Medium	9	0.87 (0.40–1.65)		
			–Paid	4	0.89 (0.24–2.27)		
			–Volunteer	5	0.85 (0.28–1.99)		
			–Volunteer with Fiskville start date	0	0 (NR)		
			–With Fiskville human resources start date	4	0.66 (0.18–1.69)		
			High	6	1.47 (0.54–3.19)		
		All cancers combined, incidence	–With Fiskville human resources start date	6	1.70 (0.62–3.70)		
			Risk of chronic exposure (SIR):				
			Low	6	0.40 (0.15–0.87)		
			Medium	38	1.13 (0.80–1.55)		
			–Paid	16	1.26 (0.72–2.05)		
			–Volunteer	22	1.05 (0.66–1.59)		
			–Volunteer with Fiskville start date	17	0.86 (0.50–1.37)		
			–With Fiskville human resources start date	23	1.31 (0.83–1.97)		
			High	25	1.85 (1.20–2.73)		
			–With Fiskville human resources start date	24	2.06 (1.32–3.06)		

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Bates et al. (2001) New Zealand Enrolment, 1977 through June 1995/ follow-up, 1977–1995 (mortality), 1977–1996 (incidence) Cohort	4305; all male (4221) and female (84) firefighters (paid [career] and volunteer) employed as a career firefighter for ≥ 1 yr and who also worked as a career firefighter for ≥ 1 day between 1977 and 1995; all analyses limited to men due to small numbers of women Exposure assessment method: ever employed and categorical duration of employment (years) from employment records	All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence All cancers combined, incidence	Follow-up period (SIR): 1977–1996 1990–1996 Period of diagnosis (SIR): 1977–1981 1982–1986 1987–1991 1992–1996 Duration of paid service (SIR): 0–10 yr 11–20 yr > 20 yr Trend-test <i>P</i> value, 0.68 Duration of paid and volunteer service (SIR): 0–10 yr 11–20 yr > 20 yr Trend-test <i>P</i> value, 0.60 SMR: Firefighters vs male New Zealand population	118 72 8 20 35 55 28 31 39 14 33 51 42	0.95 (0.8–1.1) 1.01 (0.8–1.3) 0.62 (0.3–1.2) 0.96 (0.6–1.5) 1.06 (0.7–1.5) 0.96 (0.7–1.3) 1.03 (0.7–1.5) 1.38 (0.9–2.0) 1.19 (0.9–1.6) 0.93 (0.5–1.6) 1.75 (1.2–2.5) 1.04 (0.8–1.4) 0.81 (0.6–1.1)	Age, calendar period	<i>Exposure assessment critique:</i> Satisfactory quality. Heterogeneity of direct firefighter exposure within job classification. May include urban [municipal] and rural firefighters. <i>Strengths:</i> ascertained both incidence and mortality outcomes. <i>Limitations:</i> little information on confounders; significant loss to follow-up.

Table S2.11 (continued)

Reference, location enrolment/follow- up period, study design	Population size, description, exposure assessment method	Cancer type (histopathology), incidence or mortality	Exposure category or level	Exposed cases or deaths	Risk estimate (95% CI)	Covariates controlled	Comments
Giles et al. (1993) Melbourne, Australia Enrolment, 1917– 1989/follow-up, 1980–1989 Cohort	2865 operational active male firefighters employed between 1917 and 1989 by the Metropolitan Fire Brigade in Melbourne, Australia Exposure assessment method: ever employed from employment records	All cancers combined, incidence	SIR: Firefighters vs Victoria male rates	50	1.13 (0.84–1.48)	Age, calendar period	<i>Exposure assessment critique:</i> Minimal quality. Only ever urban [municipal] firefighter exposure. <i>Strengths:</i> ascertained cancer incidence. <i>Limitations:</i> little information on potential confounders; lack of exposure or employment duration analyses.
		All cancers combined, incidence	Attained age (SIR): < 65 yr	29	0.84 (0.56–1.20)		
		All cancers combined, incidence	≥ 65 yr	21	2.14 (1.32–2.37)		
		All cancers combined, incidence	Time since first employment (SIR): < 15 yr	6	1.18 (0.43–2.56)		
		All cancers combined, incidence	15–29 yr	14	1.40 (0.77–2.35)		
		All cancers combined, incidence	≥ 30 yr	30	1.02 (0.69–1.46)		
		All cancers combined, incidence	Duration of employment (SIR): < 15 yr	3	0.49 (0.10–1.43)		
		All cancers combined, incidence	15–29 yr	20	1.39 (0.85–2.15)		
		All cancers combined, incidence	≥ 30 yr	27	1.13 (0.74–1.64)		
		All cancers combined, incidence					

9/11, World Trade Center disaster, 11 September 2001; BMI, body mass index; CFHS, Career Firefighter Health Study; CI, confidence interval; FDNY, Fire Department of the City of New York; HR, hazard ratio; HWSE, healthy-worker survivor effect; ICD, International Classification of Diseases; IDR, incidence density ratio; LRT, likelihood ratio test; mo, month; NJ, New Jersey; NR, not reported; PMR, proportionate mortality ratio; RCS, restricted cubic splines; RIR, relative incidence ratio; RMR, relative mortality ratio [equivalent to mortality rate ratio]; RR, rate ratio; SIR, standardized incidence ratio; SMR, standardized mortality ratio; SRR, standardized rate ratio; US, United States; vs, versus; WTC, World Trade Center; yr, year.

References

- Ahn YS, Jeong KS (2015). Mortality due to malignant and non-malignant diseases in Korean professional emergency responders. *PLoS One*. 10(3):e0120305. doi:[10.1371/journal.pone.0120305](https://doi.org/10.1371/journal.pone.0120305) PMID:[25756281](https://pubmed.ncbi.nlm.nih.gov/25756281/)
- Ahn YS, Jeong KS, Kim KS (2012). Cancer morbidity of professional emergency responders in Korea. *Am J Ind Med*. 55(9):768–78. doi:[10.1002/ajim.22068](https://doi.org/10.1002/ajim.22068) PMID:[22628010](https://pubmed.ncbi.nlm.nih.gov/22628010/)
- Amadeo B, Marchand JL, Moisan F, Donnadieu S, Gaëlle C, Simone MP, et al. (2015). French firefighter mortality: analysis over a 30-year period. *Am J Ind Med*. 58(4):437–43. doi:[10.1002/ajim.22434](https://doi.org/10.1002/ajim.22434) PMID:[25708859](https://pubmed.ncbi.nlm.nih.gov/25708859/)
- Aronson KJ, Tomlinson GA, Smith L (1994). Mortality among fire fighters in metropolitan Toronto. *Am J Ind Med*. 26(1):89–101. doi:[10.1002/ajim.4700260108](https://doi.org/10.1002/ajim.4700260108) PMID:[8074127](https://pubmed.ncbi.nlm.nih.gov/8074127/)
- Bates MN, Fawcett J, Garrett N, Arnold R, Pearce N, Woodward A (2001). Is testicular cancer an occupational disease of fire fighters? *Am J Ind Med*. 40(3):263–70. doi:[10.1002/ajim.1097](https://doi.org/10.1002/ajim.1097) PMID:[11598972](https://pubmed.ncbi.nlm.nih.gov/11598972/)
- Bigert C, Martinsen JI, Gustavsson P, Sparén P (2020). Cancer incidence among Swedish firefighters: an extended follow-up of the NOCCA study. *Int Arch Occup Environ Health*. 93(2):197–204. doi:[10.1007/s00420-019-01472-x](https://doi.org/10.1007/s00420-019-01472-x) PMID:[31463517](https://pubmed.ncbi.nlm.nih.gov/31463517/)
- Burnett CA, Halperin WE, Lalich NR, Sestito JP (1994). Mortality among fire fighters: a 27 state survey. *Am J Ind Med*. 26(6):831–3. doi:[10.1002/ajim.4700260612](https://doi.org/10.1002/ajim.4700260612) PMID:[7892834](https://pubmed.ncbi.nlm.nih.gov/7892834/)
- Daniels RD, Bertke S, Dahm MM, Yiin JH, Kubale TL, Hales TR, et al. (2015). Exposure-response relationships for select cancer and non-cancer health outcomes in a cohort of US firefighters from San Francisco, Chicago and Philadelphia (1950–2009). *Occup Environ Med*. 72(10):699–706. doi:[10.1136/oemed-2014-102671](https://doi.org/10.1136/oemed-2014-102671) PMID:[25673342](https://pubmed.ncbi.nlm.nih.gov/25673342/)
- Daniels RD, Kubale TL, Yiin JH, Dahm MM, Hales TR, Baris D, et al. (2014). Mortality and cancer incidence in a pooled cohort of US firefighters from San Francisco, Chicago and Philadelphia (1950–2009). *Occup Environ Med*. 71(6):388–97. doi:[10.1136/oemed-2013-101662](https://doi.org/10.1136/oemed-2013-101662) PMID:[24142974](https://pubmed.ncbi.nlm.nih.gov/24142974/)
- Demers PA, Checkoway H, Vaughan TL, Weiss NS, Heyer NJ, Rosenstock L (1994). Cancer incidence among firefighters in Seattle and Tacoma, Washington (United States). *Cancer Causes Control*. 5(2):129–35. doi:[10.1007/BF01830258](https://doi.org/10.1007/BF01830258) PMID:[8167259](https://pubmed.ncbi.nlm.nih.gov/8167259/)
- Demers PA, Heyer NJ, Rosenstock L (1992a). Mortality among firefighters from three northwestern United States cities. *Br J Ind Med*. 49(9):664–70. doi:[10.1136/oem.49.9.664](https://doi.org/10.1136/oem.49.9.664) PMID:[1390274](https://pubmed.ncbi.nlm.nih.gov/1390274/)
- Deschamps S, Momas I, Festy B (1995). Mortality amongst Paris fire-fighters. *Eur J Epidemiol*. 11(6):643–6. doi:[10.1007/BF01720297](https://doi.org/10.1007/BF01720297) PMID:[8861847](https://pubmed.ncbi.nlm.nih.gov/8861847/)
- Eliopoulos E, Armstrong BK, Spickett JT, Heyworth F (1984). Mortality of fire fighters in Western Australia. *Br J Ind Med*. 41(2):183–7. doi:[10.1136/oem.41.2.183](https://doi.org/10.1136/oem.41.2.183) PMID:[6722044](https://pubmed.ncbi.nlm.nih.gov/6722044/)
- Feuer E, Rosenman K (1986). Mortality in police and firefighters in New Jersey. *Am J Ind Med*. 9(6):517–27. doi:[10.1002/ajim.4700090603](https://doi.org/10.1002/ajim.4700090603) PMID:[3488681](https://pubmed.ncbi.nlm.nih.gov/3488681/)
- Giles G, Staples M, Berry J (1993). Cancer incidence in Melbourne Metropolitan Fire Brigade members, 1980–1989. *Health Rep*. 5(1):33–8. PMID:[8334236](https://pubmed.ncbi.nlm.nih.gov/8334236/)
- Glass DC, Del Monaco A, Pircher S, Vander Hoorn S, Sim MR (2016b). Mortality and cancer incidence at a fire training college. *Occup Med (Lond)*. 66(7):536–42. doi:[10.1093/occmed/kqw079](https://doi.org/10.1093/occmed/kqw079) PMID:[27371948](https://pubmed.ncbi.nlm.nih.gov/27371948/)
- Glass DC, Del Monaco A, Pircher S, Vander Hoorn S, Sim MR (2017). Mortality and cancer incidence among male volunteer Australian firefighters. *Occup Environ Med*. 74(9):628–38. doi:[10.1136/oemed-2016-104088](https://doi.org/10.1136/oemed-2016-104088) PMID:[28391245](https://pubmed.ncbi.nlm.nih.gov/28391245/)
- Glass DC, Del Monaco A, Pircher S, Vander Hoorn S, Sim MR (2019). Mortality and cancer incidence among female Australian firefighters. *Occup Environ Med*. 76(4):215–21. PMID:[30674605](https://pubmed.ncbi.nlm.nih.gov/30674605/)
- Glass DC, Pircher S, Del Monaco A, Hoorn SV, Sim MR (2016a). Mortality and cancer incidence in a cohort of male paid Australian firefighters. *Occup Environ Med*. 73(11):761–71. doi:[10.1136/oemed-2015-103467](https://doi.org/10.1136/oemed-2015-103467) PMID:[27456156](https://pubmed.ncbi.nlm.nih.gov/27456156/)
- Grimes G, Hirsch D, Borgeson D (1991). Risk of death among Honolulu fire fighters. *Hawaii Med J*. 50(3):82–5. PMID:[2061032](https://pubmed.ncbi.nlm.nih.gov/2061032/)
- Guidotti TL (1993). Mortality of urban firefighters in Alberta, 1927–1987. *Am J Ind Med*. 23(6):921–40. doi:[10.1002/ajim.4700230608](https://doi.org/10.1002/ajim.4700230608) PMID:[8328477](https://pubmed.ncbi.nlm.nih.gov/8328477/)
- Harris MA, Kirkham TL, MacLeod JS, Tjepkema M, Peters PA, Demers PA (2018). Surveillance of cancer risks for firefighters, police, and armed forces among men in a Canadian census cohort. *Am J Ind Med*. 61(10):815–23. doi:[10.1002/ajim.22891](https://doi.org/10.1002/ajim.22891) PMID:[30073696](https://pubmed.ncbi.nlm.nih.gov/30073696/)
- Kang D, Davis LK, Hunt P, Kriebel D (2008). Cancer incidence among male Massachusetts firefighters, 1987–2003. *Am J Ind Med*. 51(5):329–35. doi:[10.1002/ajim.20549](https://doi.org/10.1002/ajim.20549) PMID:[18306327](https://pubmed.ncbi.nlm.nih.gov/18306327/)
- Kullberg C, Andersson T, Gustavsson P, Selander J, Tornling G, Gustavsson A, et al. (2018). Cancer incidence in Stockholm firefighters 1958–2012: an updated cohort study. *Int Arch Occup Environ Health*. 91(3):285–91. doi:[10.1007/s00420-017-1276-1](https://doi.org/10.1007/s00420-017-1276-1) PMID:[29164319](https://pubmed.ncbi.nlm.nih.gov/29164319/)
- Langevin SM, Eliot M, Butler RA, McClean M, Kelsey KT (2020). Firefighter occupation is associated with increased risk for laryngeal and hypopharyngeal squamous cell carcinoma among men from the

- Greater Boston area. *Occup Environ Med.* 77(6):381–5. doi:[10.1136/oemed-2019-106271](https://doi.org/10.1136/oemed-2019-106271) PMID:[32107319](https://pubmed.ncbi.nlm.nih.gov/32107319/)
- Lee DJ, Koru-Sengul T, Hernandez MN, Caban-Martinez AJ, McClure LA, Mackinnon JA, et al. (2020). Cancer risk among career male and female Florida firefighters: evidence from the Florida Firefighter Cancer Registry (1981–2014). *Am J Ind Med.* 63(4):285–99. doi:[10.1002/ajim.23086](https://doi.org/10.1002/ajim.23086) PMID:[31930542](https://pubmed.ncbi.nlm.nih.gov/31930542/)
- Ma F, Fleming LE, Lee DJ, Trapido E, Gerace TA (2006). Cancer incidence in Florida professional firefighters, 1981 to 1999. *J Occup Environ Med.* 48(9):883–8. doi:[10.1097/01.jom.0000235862.12518.04](https://doi.org/10.1097/01.jom.0000235862.12518.04) PMID:[16966954](https://pubmed.ncbi.nlm.nih.gov/16966954/)
- Ma F, Fleming LE, Lee DJ, Trapido E, Gerace TA, Lai H, et al. (2005). Mortality in Florida professional firefighters, 1972 to 1999. *Am J Ind Med.* 47(6):509–17. doi:[10.1002/ajim.20160](https://doi.org/10.1002/ajim.20160) PMID:[15898094](https://pubmed.ncbi.nlm.nih.gov/15898094/)
- Ma F, Lee DJ, Fleming LE, Dosemeci M (1998). Race-specific cancer mortality in US firefighters: 1984–1993. *J Occup Environ Med.* 40(12):1134–8. PMID:[9871891](https://pubmed.ncbi.nlm.nih.gov/9871891/)
- Marjerrison N, Jakobsen J, Demers PA, Grimsrud TK, Hansen J, Martinsen JI, et al. (2022b). A comparison of cancer incidence and mortality in the Norwegian Fire Departments Cohort, 1960–2018. *Occup Environ Med.* oemed-2022-108331. doi:[10.1136/oemed-2022-108331](https://doi.org/10.1136/oemed-2022-108331) PMID:[35589382](https://pubmed.ncbi.nlm.nih.gov/35589382/)
- Marjerrison N, Jakobsen J, Grimsrud TK, Hansen J, Martinsen JI, Nordby KC, et al. (2022a). Cancer incidence in sites potentially related to occupational exposures: 58 years of follow-up of firefighters in the Norwegian Fire Departments Cohort. *Scand J Work Environ Health.* 48(3):210–9. doi:[10.5271/sjweh.4009](https://doi.org/10.5271/sjweh.4009) PMID:[35015085](https://pubmed.ncbi.nlm.nih.gov/35015085/)
- Mastromatteo E (1959). Mortality in city firemen. II. A study of mortality in firemen of a city fire department. *AMA Arch Ind Health.* 20:227–33. PMID:[14422193](https://pubmed.ncbi.nlm.nih.gov/14422193/)
- McClure LA, Koru-Sengul T, Hernandez MN, Caban-Martinez AJ, Kobetz EN, Lee DJ (2021). Comparing cancer risk estimates using occupational record linkage approaches in male Florida firefighters. *Am J Ind Med.* 64(2):78–83. doi:[10.1002/ajim.23205](https://doi.org/10.1002/ajim.23205) PMID:[33283309](https://pubmed.ncbi.nlm.nih.gov/33283309/)
- Muegge CM, Zollinger TW, Song Y, Wessel J, Monahan PO, Moffatt SM (2018). Excess mortality among Indiana firefighters, 1985–2013. *Am J Ind Med.* 61(12):961–7. doi:[10.1002/ajim.22918](https://doi.org/10.1002/ajim.22918) PMID:[30421827](https://pubmed.ncbi.nlm.nih.gov/30421827/)
- Musk AW, Monson RR, Peters JM, Peters RK (1978). Mortality among Boston firefighters, 1915–1975. *Br J Ind Med.* 35(2):104–8. doi:[10.1136/oem.35.2.104](https://doi.org/10.1136/oem.35.2.104) PMID:[656333](https://pubmed.ncbi.nlm.nih.gov/656333/)
- Petersen KU, Pedersen JE, Bonde JP, Ebbenhøj NE, Hansen J (2018a). Long-term follow-up for cancer incidence in a cohort of Danish firefighters. *Occup Environ Med.* 75(4):263–9. doi:[10.1136/oemed-2017-104660](https://doi.org/10.1136/oemed-2017-104660) PMID:[29055884](https://pubmed.ncbi.nlm.nih.gov/29055884/)
- Petersen KU, Pedersen JE, Bonde JP, Ebbenhøj NE, Hansen J (2018b). Mortality in a cohort of Danish firefighters; 1970–2014. *Int Arch Occup Environ Health.* 91(6):759–66. doi:[10.1007/s00420-018-1323-6](https://doi.org/10.1007/s00420-018-1323-6) PMID:[29808435](https://pubmed.ncbi.nlm.nih.gov/29808435/)
- Pinkerton L, Bertke SJ, Yiin J, Dahm M, Kubale T, Hales T, et al. (2020). Mortality in a cohort of US firefighters from San Francisco, Chicago and Philadelphia: an update. *Occup Environ Med.* 77(2):84–93. doi:[10.1136/oemed-2019-105962](https://doi.org/10.1136/oemed-2019-105962) PMID:[31896615](https://pubmed.ncbi.nlm.nih.gov/31896615/)
- Pukkala E, Martinsen JI, Weiderpass E, Kjaerheim K, Lynge E, Tryggvadottir L, et al. (2014). Cancer incidence among firefighters: 45 years of follow-up in five Nordic countries. *Occup Environ Med.* 71(6):398–404. doi:[10.1136/oemed-2013-101803](https://doi.org/10.1136/oemed-2013-101803) PMID:[24510539](https://pubmed.ncbi.nlm.nih.gov/24510539/)
- Sama SR, Martin TR, Davis LK, Kriebel D (1990). Cancer incidence among Massachusetts firefighters, 1982–1986. *Am J Ind Med.* 18(1):47–54. doi:[10.1002/ajim.4700180106](https://doi.org/10.1002/ajim.4700180106) PMID:[2378369](https://pubmed.ncbi.nlm.nih.gov/2378369/)
- Sritharan J, Kirkham TL, MacLeod J, Marjerrison N, Lau A, Dakouo M, et al. (2022). Cancer risk among firefighters and police in the Ontario workforce. *Occup Environ Med.* 79(8):533–539. doi:[10.1136/oemed-2021-108146](https://doi.org/10.1136/oemed-2021-108146) PMID:[35354650](https://pubmed.ncbi.nlm.nih.gov/35354650/)
- Stang A, Jöckel KH, Baumgardt-Elms C, Ahrens W (2003). Firefighting and risk of testicular cancer: results from a German population-based case-control study. *Am J Ind Med.* 43(3):291–4. doi:[10.1002/ajim.10178](https://doi.org/10.1002/ajim.10178) PMID:[12594776](https://pubmed.ncbi.nlm.nih.gov/12594776/)
- Tornling G, Gustavsson P, Hogstedt C (1994). Mortality and cancer incidence in Stockholm fire fighters. *Am J Ind Med.* 25(2):219–28. doi:[10.1002/ajim.4700250208](https://doi.org/10.1002/ajim.4700250208) PMID:[8147394](https://pubmed.ncbi.nlm.nih.gov/8147394/)
- Tsai RJ, Luckhaupt SE, Schumacher P, Cress RD, Deapen DM, Calvert GM (2015). Risk of cancer among firefighters in California, 1988–2007. *Am J Ind Med.* 58(7):715–29. doi:[10.1002/ajim.22466](https://doi.org/10.1002/ajim.22466) PMID:[25943908](https://pubmed.ncbi.nlm.nih.gov/25943908/)
- Vena JE, Fiedler RC (1987). Mortality of a municipal-worker cohort: IV. Fire fighters. *Am J Ind Med.* 11(6):671–84. doi:[10.1002/ajim.4700110608](https://doi.org/10.1002/ajim.4700110608) PMID:[3605104](https://pubmed.ncbi.nlm.nih.gov/3605104/)
- Webber MP, Singh A, Zeig-Owens R, Salako J, Skerker M, Hall CB, et al. (2021). Cancer incidence in World Trade Center-exposed and non-exposed male firefighters, as compared with the US adult male population: 2001–2016. *Occup Environ Med.* 78(10):707–14. doi:[10.1136/oemed-2021-107570](https://doi.org/10.1136/oemed-2021-107570) PMID:[34507965](https://pubmed.ncbi.nlm.nih.gov/34507965/)
- Zeig-Owens R, Webber MP, Hall CB, Schwartz T, Jaber N, Weakley J, et al. (2011). Early assessment of cancer outcomes in New York City firefighters after the 9/11 attacks: an observational cohort study. *Lancet.* 378(9794):898–905. doi:[10.1016/S0140-6736\(11\)60989-6](https://doi.org/10.1016/S0140-6736(11)60989-6) PMID:[21890054](https://pubmed.ncbi.nlm.nih.gov/21890054/)
- Zhao G, Erazo B, Ronda E, Brocal F, Regidor E (2020). Mortality among firefighters in Spain: 10 years of follow-up. *Ann Work Expo Health.* 64(6):614–21. doi:[10.1093/annweh/wxaa036](https://doi.org/10.1093/annweh/wxaa036) PMID:[32253442](https://pubmed.ncbi.nlm.nih.gov/32253442/)