

2022-2023 CTR-IN Program **Multi Site Pilot Project** (NIGMS grant U54 GM104944)

# Novel methods of assessing household wood smoke exposure in the rural Mountain West

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# Novel methods of assessing household wood smoke exposure in the rural Mountain West

**Aim 1:** To test the responsiveness of **Household Exposure to Wood Smoke (HEWS)** to changes in wood smoke (WS) exposure by comparing scores between shoulder and peak heating seasons and further establish the validity of the HEWS by assessing the changes of scores with the changes in **Macrophage carbon Load (MaCL)** levels between seasons

**Aim 2:** To develop an **artificial intelligence-based algorithm** for quantifying MaCL levels that is high-throughput, scorer-independent, precise, and applicable in large-scale epidemiological studies

**Lead site:** University of New Mexico (UNM, PI Leng)

**Participating sites:** University of Alaska at Anchorage (UAA, site PI Hahn)  
 University of Montana (UM, site PI Jaffar)  
 Boise State University (BSU, site PI Marin)

Year	2021	2022	2023
Month	08-12	01 02 03 04 05 06	08 09 10 11 12 01 02 03 04 05 06

**Study development**  
 1. Response to critique  
 2. Optimize design  
 3. Revise budget  
 4. IRB amendment

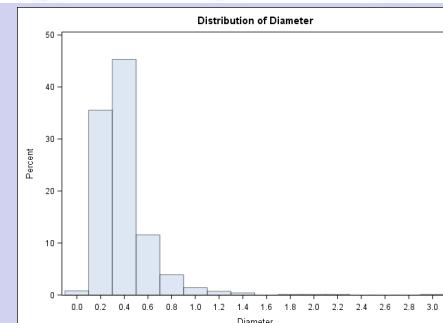
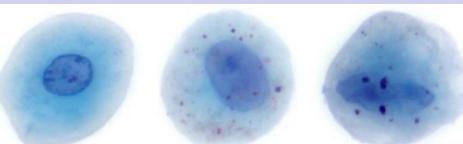
**Subject enrollment**  
 1. Screening (Q1)  
 2. Consenting (Q2)  
 3. Baseline Demographics (Q3)

**Shoulder heating**  
**Peak heating**  
 1. Wood Stove Update (Q4); 2. Update of Tobacco Use (Q5); 3. Respiratory Exacerbation (Q6); 4. Indoor PM Monitoring; 5. Daily Diary (Q7); 6. Additional Smoke Exposure (Q8); 7. HEWS (Q9); 8. SGRR (Q10); 9. Sputum and Mouthwash Collection; 10. blood draw (NM only); 11. Mouthwash form (Q11)

Figure 1. Panel Study Design and Timeline

**Subject enrollment:** use household wood stoves as the primary method for winter heating, 50-78 years old, and with and without lung comorbidities

- 1) During the past week how many hours was wood burned in the house over a 24 hours?
- 2) During the last week how often did you burn wood in your house?
- 3) Over the past week when wood was burning in the stove/fireplace I could smell smoke in the house?
- 4) Over the past week was wood burning in the stove/ fireplace while you sleep?
- 5) When the wood is burning it is your job to look after the stove/fireplace?
- 6) Over the past week when wood was burning in the stove/fireplace there was some smoke in the room?
- 7) When the wood is burning how close are you to the stove/fireplace?
- 8) Usually when wood was burning in the stove/fireplace I was in the same room?
- 9) Over the past week when you had wood burning in the stove/fireplace the door/front of the stove/fireplace was open?
- 10) Over the past week when you had wood burning in the stove/fireplace were the windows in the room open?
- 11) On average over the past week how many hours were you in the room where wood was burning to heat your house?
- 12) Typically it is your job to start the wood fire in the stove/fireplace?



**Macrophage Carbon Load**

## Household Exposure to Wood Smoke

### Expected outcomes:

The major yield will be a **validated HEWS** and an **AI-counting algorithm** for MaCL assay which collectively quantify individual exposure to indoor WS with different time frames (days for HEWS versus weeks for MaCL). These methods can be readily integrated into existing and future large-scale cohort studies addressing adverse health effects of WS exposure in the US.

## Addition of a biomarker component to understand cancer risk of wood smoke exposure (at UNM study site only)

- Group 2A human carcinogen
- Limited cancer risk evidence in humans
- Abundance of human carcinogens (e.g., polycyclic aromatic hydrocarbons) in gaseous and particulate phases of wood smoke
- Mutagenicity and carcinogenicity of wood smoke extract in both in vitro and preclinical models
- Enroll subjects who are younger (40-69 years old) and have no severe comorbidities
- Collaboration with Dr. Lan and Rothman from NCI

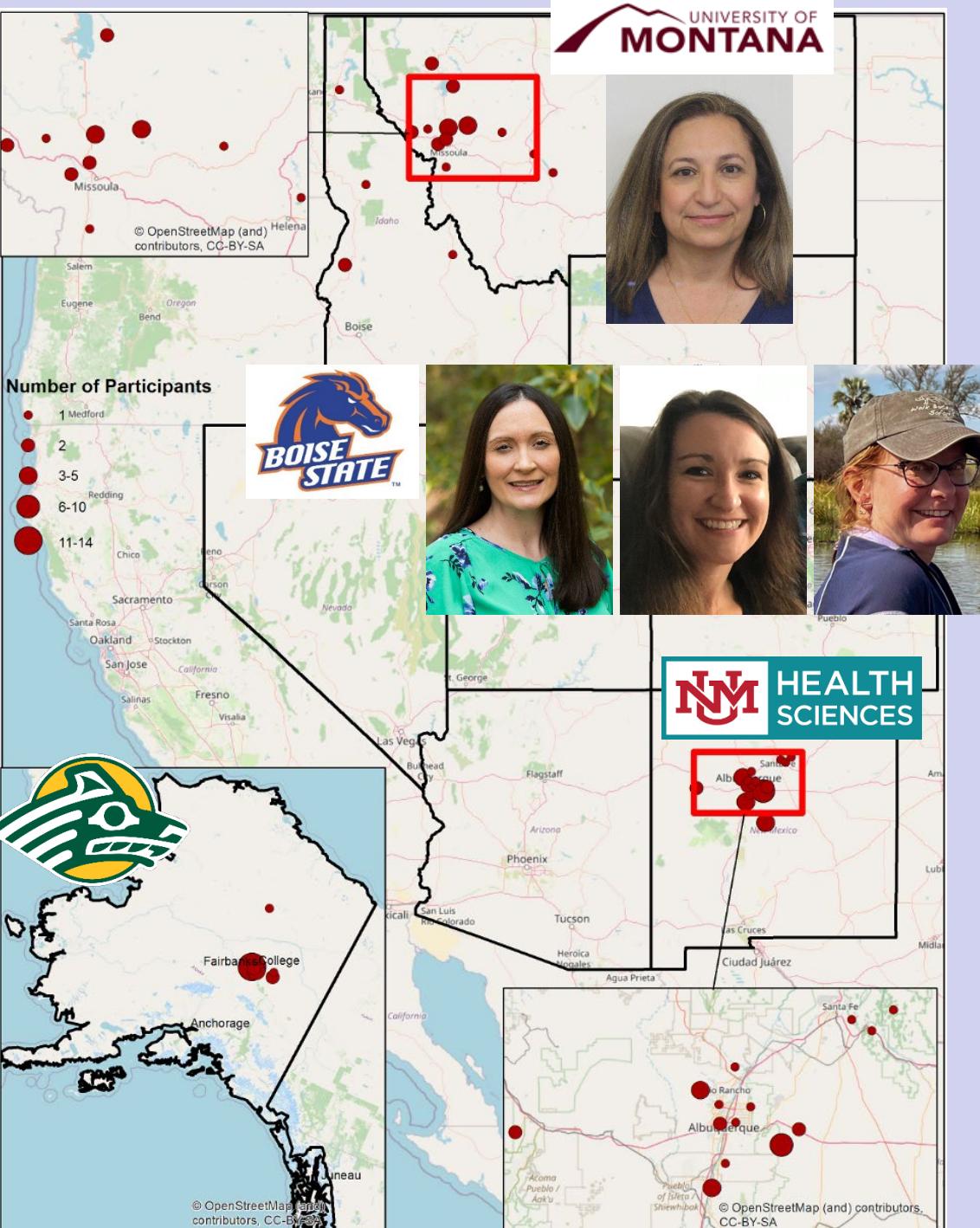
Table 2. Collection items for the Biomarker study

Item	Wood smoke exposure			Non-wood smoke exposure Peak heating
	Summer	Shoulder heating	Peak heating	
Month	Jul-Aug-Sep	Early Nov	Dec-Jan-Feb	Dec-Jan-Feb
n	50	A subset of 50*	50	25
Questionnaire				
Q4 Stove update	X	X	X	X
Q5 Tobacco use update	X	X	X	X
Q7 Daily diary	X	X	X	
Q8 Additional smoke exposure	X	X	X	X
Q9 HEWS		X	X	
Q10 SGRQ	X	X	X	X
Q11 Mouthwash form	X	X	X	X
Bio-specimen				
Sputum	X	X	X	X
Mouthwash	X	X	X	X
Blood	X		X	X
First-void urine	X	X	X	X
Nasal brush	X		X	X
Buccal scrape	X		X	X
Indoor PM monitor	X	X	X	X
Incentives	\$100	\$50	\$100	\$100

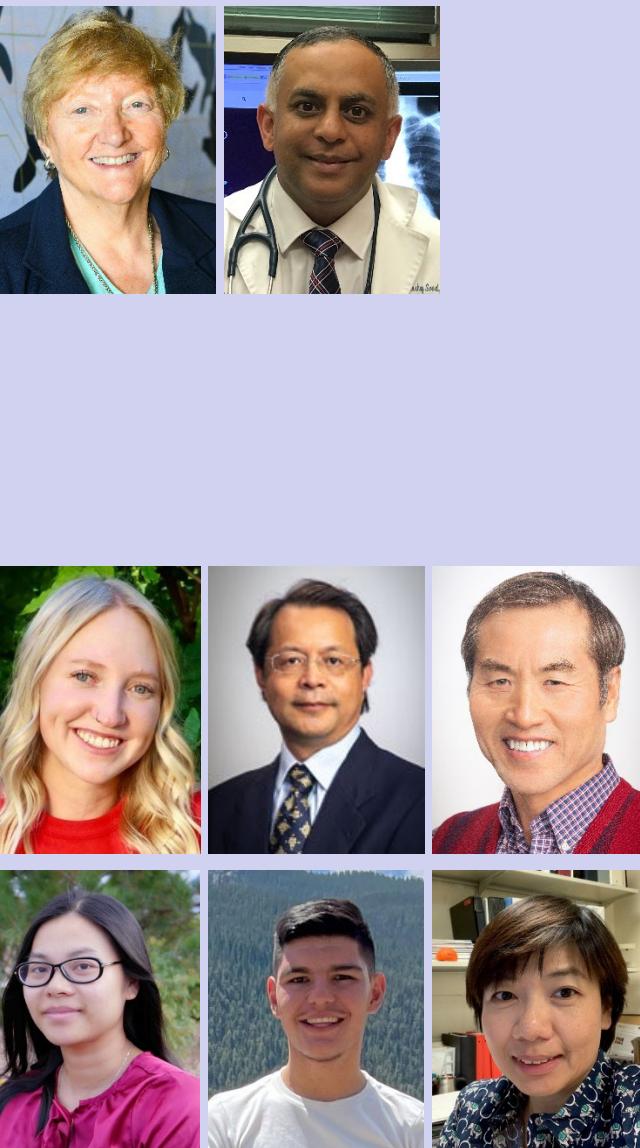
\*An invited sub-group with age 50 to 60 years old

Alaska and Idaho flip the design by doing peak heating first  
While NM and Montana maintain the original design

# Research Team



Senior faculty



# Subject enrollment

- Craigslist
- Community outreach
- Radio stations
- Homeowner associations
- UNM cancer center media
- Facebook ad (most effective)
- Independent newspaper
- Enroll household members
- Referral program

The Health Effects of Wood Smoke Survey is recruiting people. We want to learn how wood-burning stoves affect indoor air and the lungs.

## JOIN OUR V Join our Indoor Wood Burning Study and earn up to \$250

HRRC ID 21-084

**YOU CAN JOIN IF...**

- You are 40 to 69 years old;
- You use a wood-burning stove to heat your home;
- You never smoked; and
- You are generally healthy.

**WHAT WE ASK**

If you join our study, we will ask you:

- Place an air quality monitor in your home for one week each time.
- Send us phlegm samples and oral rinses.
- Take health surveys.
- Record your wood stove use and your symptoms each day for one week.
- Allow us to conduct two home visits to draw 1.5 tablespoons of blood and to collect samples of urine, nose cells and cheek cells.

**TO THANK YOU FOR JOINING**

We will send you

- A \$200 merchandise card (another \$50 for participating in a third survey)
- Your results from our study

Take a photo to go to the sign up link

<https://redcap.link/woodsmokenm>

**You Can Join If...**

- You burn wood for winter heating;
- You are 40 to 69 years old;
- You never smoked; and
- You are generally healthy.

**Click/scan to see if you are eligible or contact the study team.** <https://redcap.link/woodsmokenm>

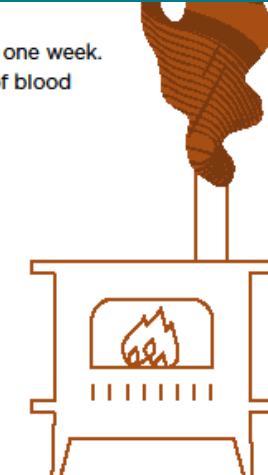
 MW CTR-IN



Cassie Rowe  
505-272-3578  
woodsmoke@salud.unm.edu

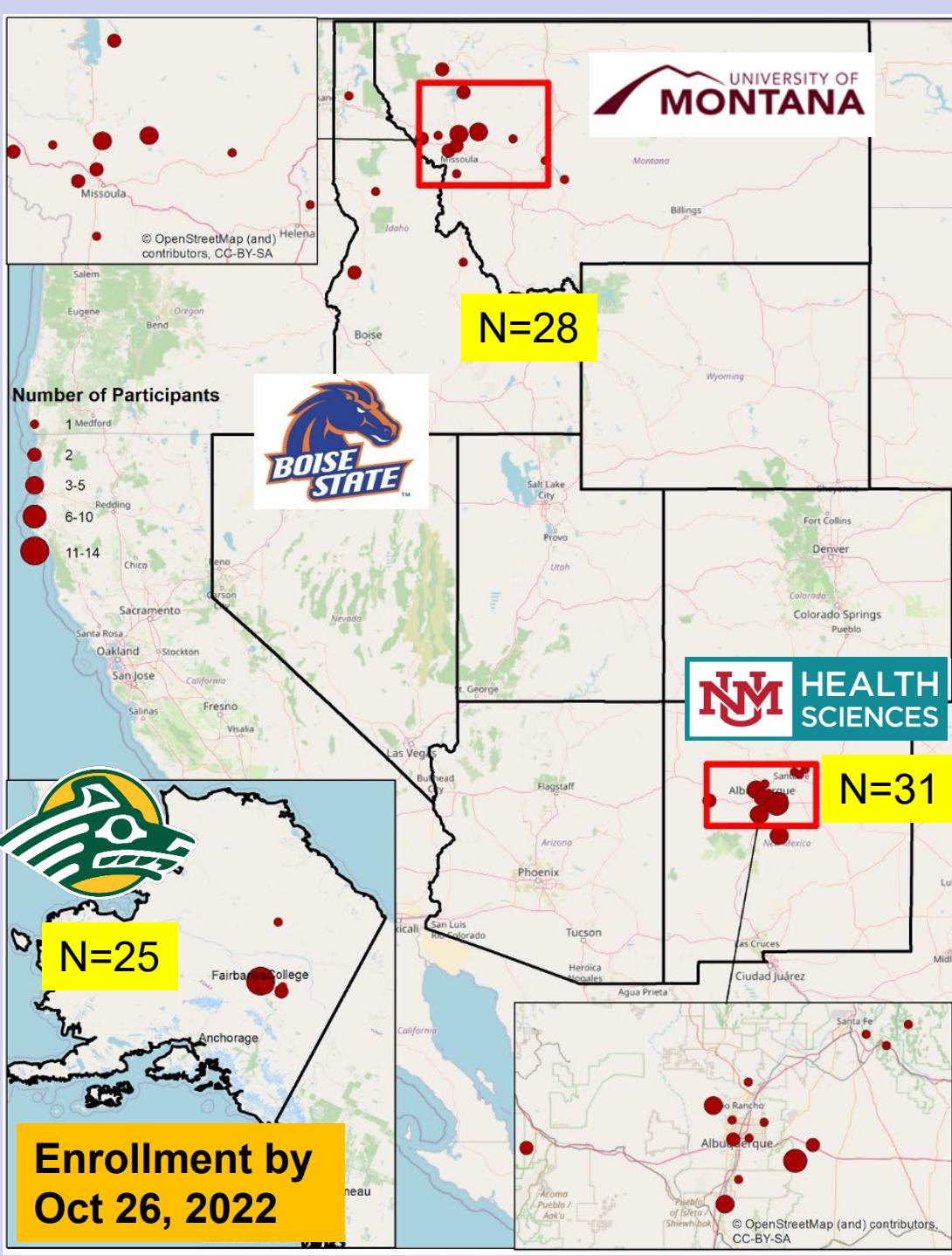
**Join our Indoor Wood Burning Study**

Find out how you could earn up to \$250 for participating



**TO LEARN MORE** Contact Cassie Rowe  
505-272-3578  
woodsmoke@salud.unm.edu

 NM COMPREHENSIVE CANCER CENTER



### Characteristics by enrollment sites

	New Mexico	Idaho/Montana	Alaska
<b>N</b>	31	28	25
<b>Age (n, %)</b>			
Under 50 years	6, 19.4%	0, 0%	1, 4%
50 – 64 years	12, 38.7%	19, 67.9%	15, 60%
65 years and above	13, 41.9%	9, 32.1%	9, 36%
<b>Non-Hispanic white (n, %)</b>	24, 85.7%	26, 92.9%	25, 100%
<b>Female sex (n, %)</b>	15, 53.6%	16, 57.1%	13, 65%
<b>College education (n, %)</b>	19, 67.9%	16, 57.1%	19, 95%
<b>Currently married (n, %)</b>	22, 78.6%	14, 50%	15, 75%
<b>Ever smokers (n, %)</b>	9, 29.0%	7, 25%	5, 20%
<b>Household annual income</b>			
Less than \$40K	9, 34.6%	9, 50%	2, 9.1%
\$40K to \$90K	5, 19.2%	3, 16.7%	5, 22.7%
More than \$90K	9, 34.6%	6, 33.3%	10, 45.5%
Declined to answer	3, 11.5%	0, 0%	5, 22.7%
<b>Exceed or meet the expenses (n, %)</b>	16, 72.8%	9, 52.9%	14, 82.3%
<b>Type of stove</b>			
Standing alone stove (n, %)	18, 78.3%	17, 94.4%	17, 100%
Fireplace insert (n, %)	5, 21.7%	1, 5.6%	0, 0%
<b>EPA certified (n, %)</b>			
Yes	12, 52.2%	11, 61.1%	9, 56.3%
No	3, 13.0%	4, 22.2%	0, 0%
Do not know	8, 34.8%	3, 16.7%	7, 43.8%
<b>Age of stove &gt;10 years (n, %)</b>	17, 73.9%	11, 61.1%	12, 70.6%
<b>Neighborhood wood smoke smell</b>			
Frequently or daily (n, %)	20, 71.4%	16, 57.2%	12, 60%

# Community outreach



## WHAT IS AHEAD?

### Shoulder-Heating Season \$50

October – November 2022

### Peak-Heating Season \$100

December 2022 – February 2023

### Summer Season \$100

May – August 2023

## WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the woodsmoke study is to assess how indoor wood burning affects air quality and health.

## Commonly asked questions:

Here are two of our FAQs about the upcoming collection season.

### Q: Which bio-specimen will I collect in the peak-heating season?

Self-Collected: sputum, mouthwash, and first-void urine  
Collected by study team: blood draw, nasal, and buccal

### Q: Is it important to connect the monitor to Wi-Fi?

It is very important to connect the air monitor to Wi-Fi to ensure that the air quality data is properly recording.

Note: If you do not have Wi-Fi, accommodations are available.

*"Research is formalized curiosity. It is poking and prying with a purpose."*

~ Zora Neale Hurston

## FACTS ABOUT THE STUDY

### How many sites are working on this study?

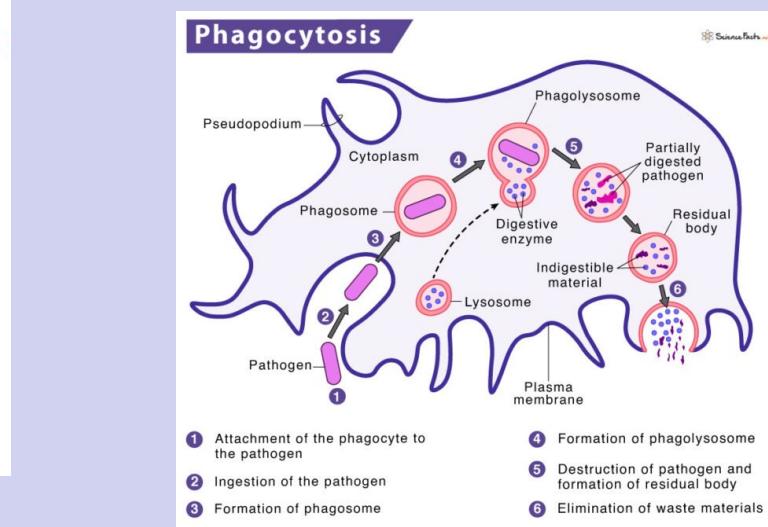
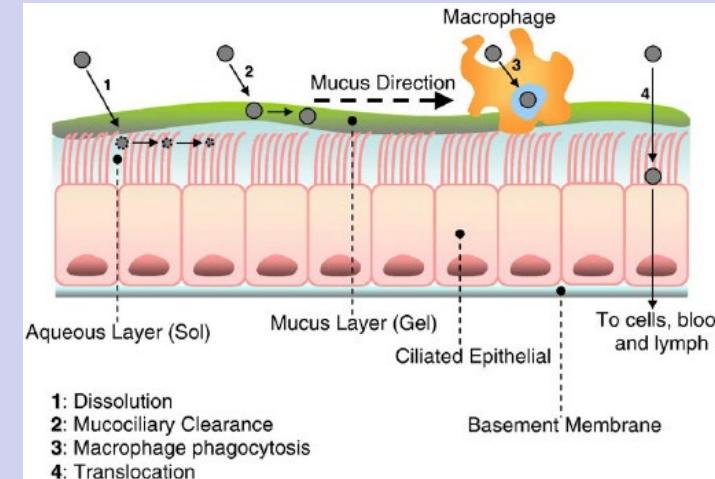
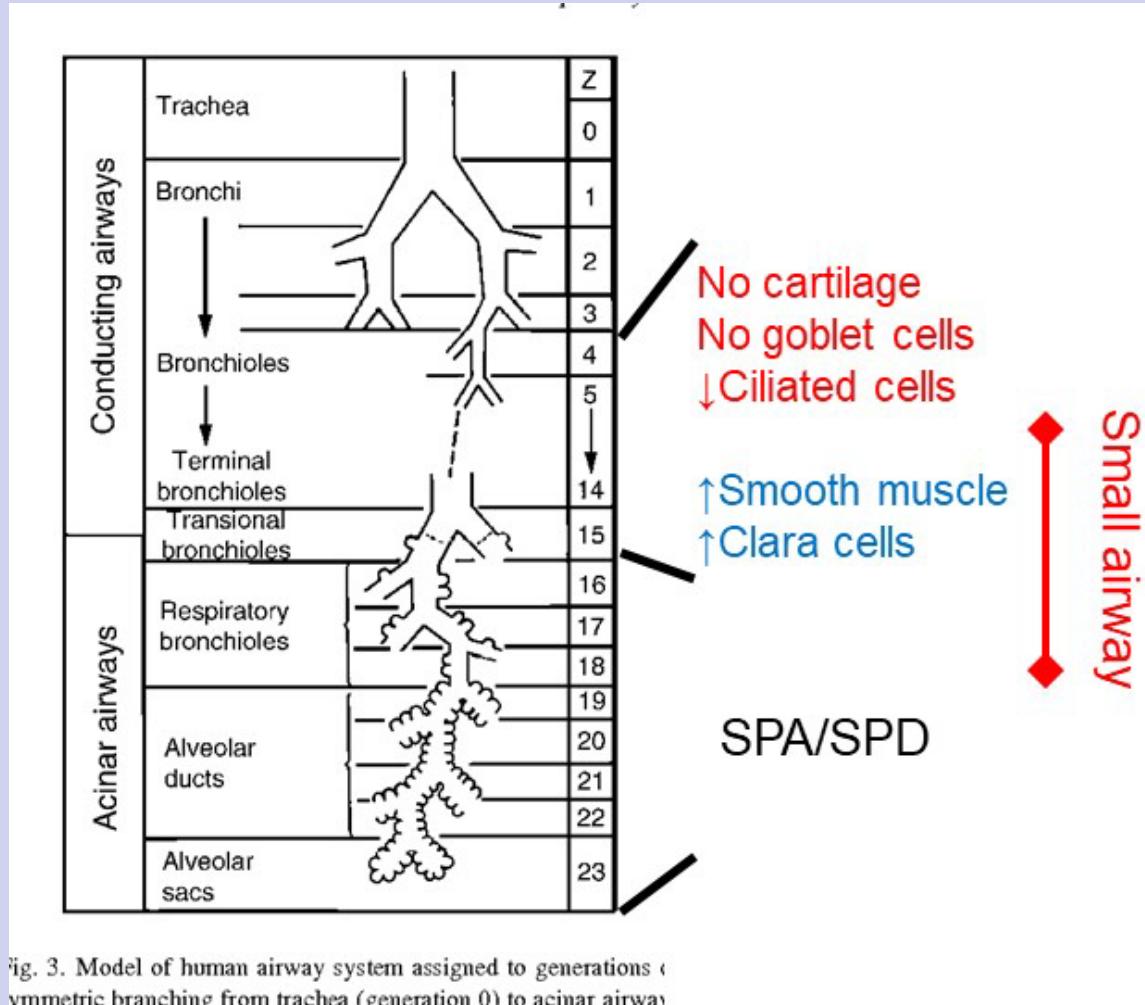
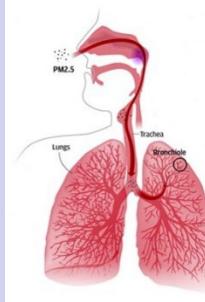
There are 4 sites: University of New Mexico, University of Montana, University of Alaska-Anchorage, and Boise State University in Idaho

### How many people are participating?

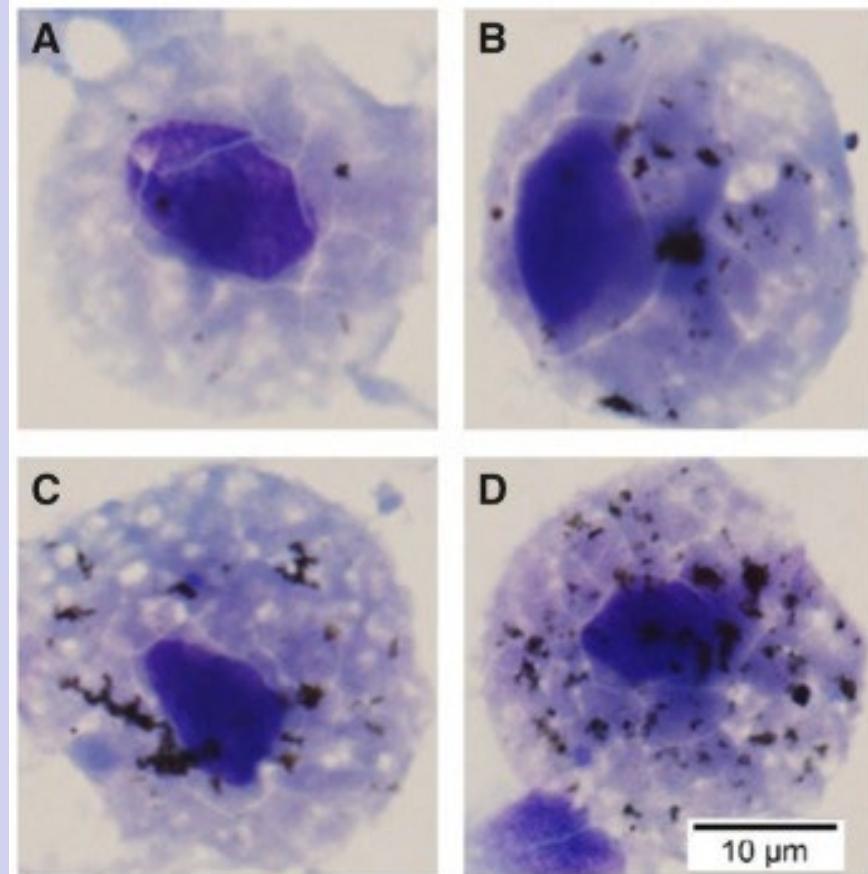
So far the wood smoke study has **82** participants! We are still enrolling people and we hope this number goes up.



# Mucociliary clearance and phagocytosis are two major mechanisms clearing inhaled combustion particles in the lungs



# Macrophage carbon load is a lung dose biomarker for black carbon particles



Carbon black packers  
Cao et al. Toxicological Sciences 2020

- Engulfed black carbon can be detected under light microscope as “black” particles with elemental carbon composition confirmed using spectrometry methods
- Provide a tool to assess lung dose from total environment exposure
- Associated with multiple pulmonary and extra-pulmonary outcomes
- Clearance of carbon particles in airway macrophages is a slow process (reduce 0.006-0.013  $\mu\text{m}^2/\text{day}$ ) and may take weeks to months to occur depending on peak exposure

# Definition of episodic elevation of combustion emitted PM2.5

- Annual PM2.5 levels range from 5.2  $\mu\text{g}/\text{m}^3$  to 7.1  $\mu\text{g}/\text{m}^3$  in Albuquerque between 2001 and 2010.
- Based on EPA air quality monitor data, we identified seven periods with elevated PM2.5 levels (daily PM2.5  $>10 \mu\text{g}/\text{m}^3$ ) over extended period of time (2 wks or more) in Albuquerque.
  - Summer: wood smoke invasion from wild fires in surrounding counties or States.
  - Winter: local wood burning for heating
- We also identified three periods with low PM2.5 levels (30-day average PM2.5 prior to sputum collection  $<4 \mu\text{g}/\text{m}^3$ ).

# Seven episodes with elevation in ambient PM2.5 levels

Period	Number of day		Mean $\pm$ SD ( $\mu\text{g}/\text{m}^3$ )	Max daily ( $\mu\text{g}/\text{m}^3$ )	Sources
	All	$\geq 10 \mu\text{g}/\text{m}^3$			
24NOV2000 - 29JAN2001	67	40	$11.9 \pm 6.1$	30.8	Local sources, e.g., heating
24JUN2002 - 07JUL2002	14	12	$14.1 \pm 7.0$	33.6	Sitgreaves National Forest, West Malpais wilderness, Gila National Forest, Cottonwood Canyon
25NOV2002 - 16DEC2002	22	15	$12.7 \pm 5.2$	19.8	Local sources, e.g., heating
03DEC2003 - 23JAN2004	52	16	$9.8 \pm 4.9$	22.0	Local sources, e.g., heating
20MAY2004 - 13JUL2004	55	22	$10.6 \pm 6.4$	46.8	Capitan Mountains, Gallinas mountains, Strayhorse, Chain of Craters Mesa, Diener, Indian Peaks, Three Forks, Grapevine Canyon, Turkey Ridge, Midnight Mesa, Gila National Forest, Tonto National Forest, Coconino National Forest, Pinaleno Mountains
29JUN2005 - 06AUG2005	39	15	$10.0 \pm 4.7$	29.3	Canyon Creek Mountains, Tonto National Forest, New River Mountains, Black Peak
22NOV2006 - 31JAN2007	71	28	$10.2 \pm 6.6$	35.6	Local sources, e.g., heating

Sputum slides collected 9-70 days post first day of episodic elevation were pulled with an average of 41 days.

# Satellite data for fires between 13JUN2004 and 13JUL2004

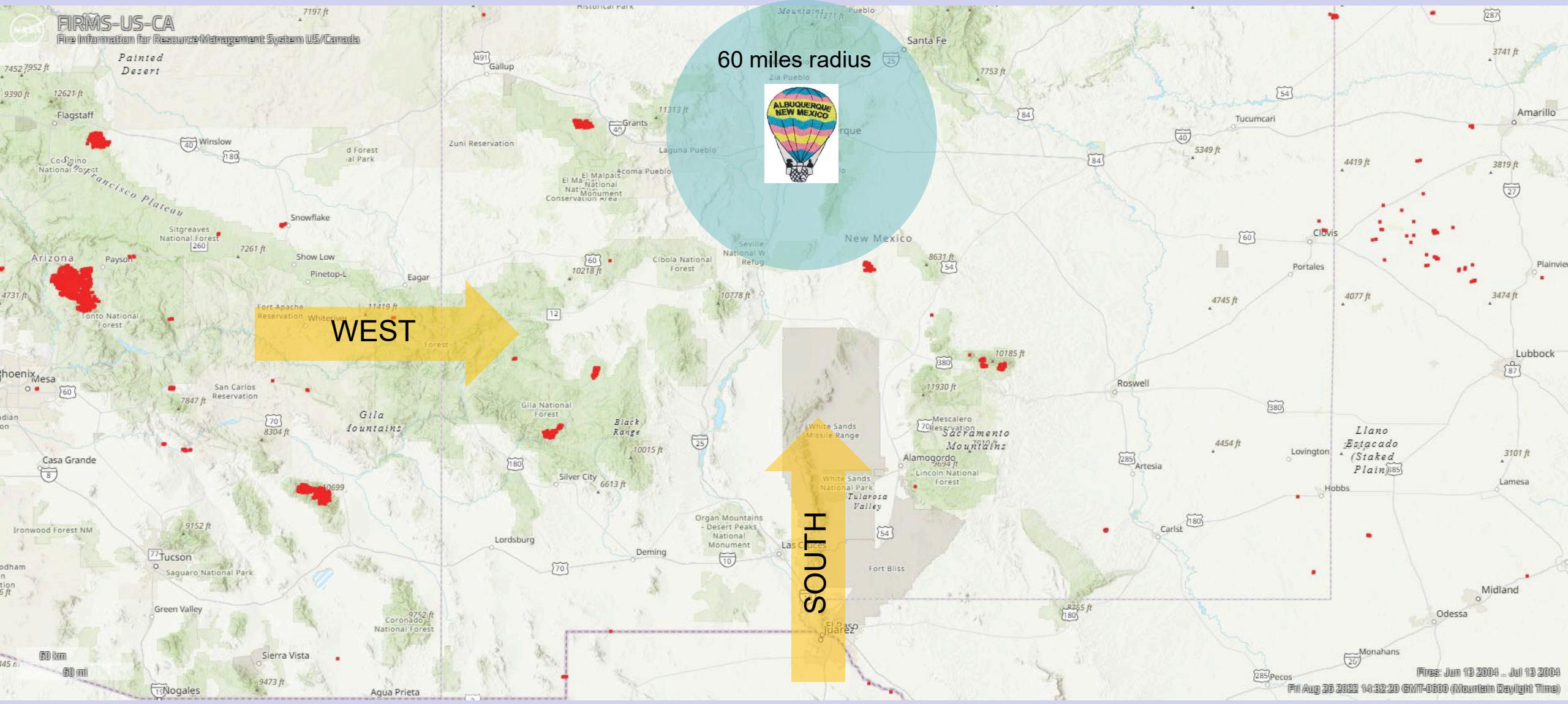
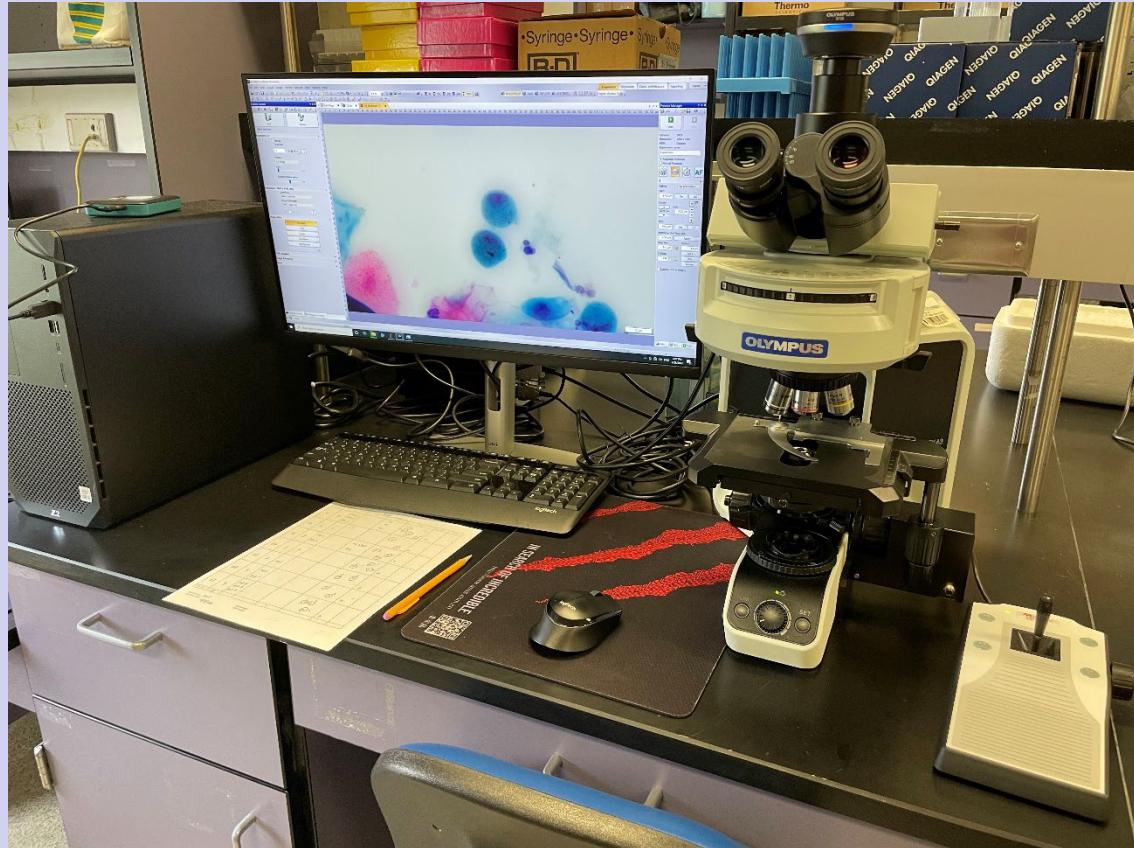


Table 1. Characteristics of the study subjects (n=88)

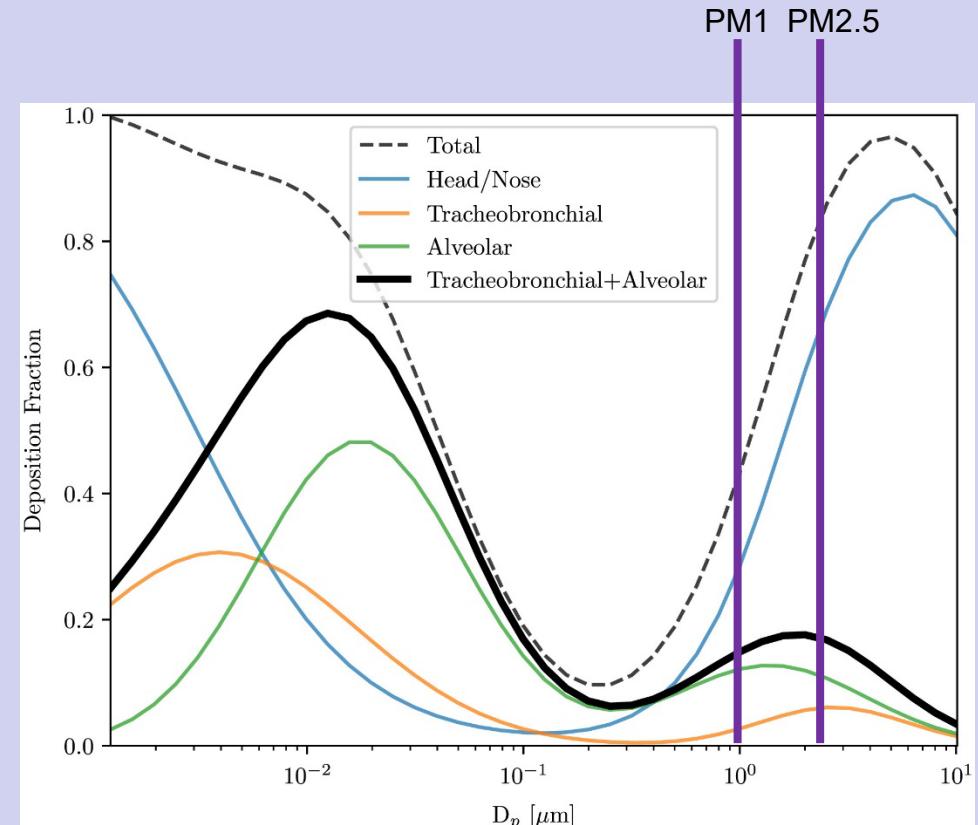
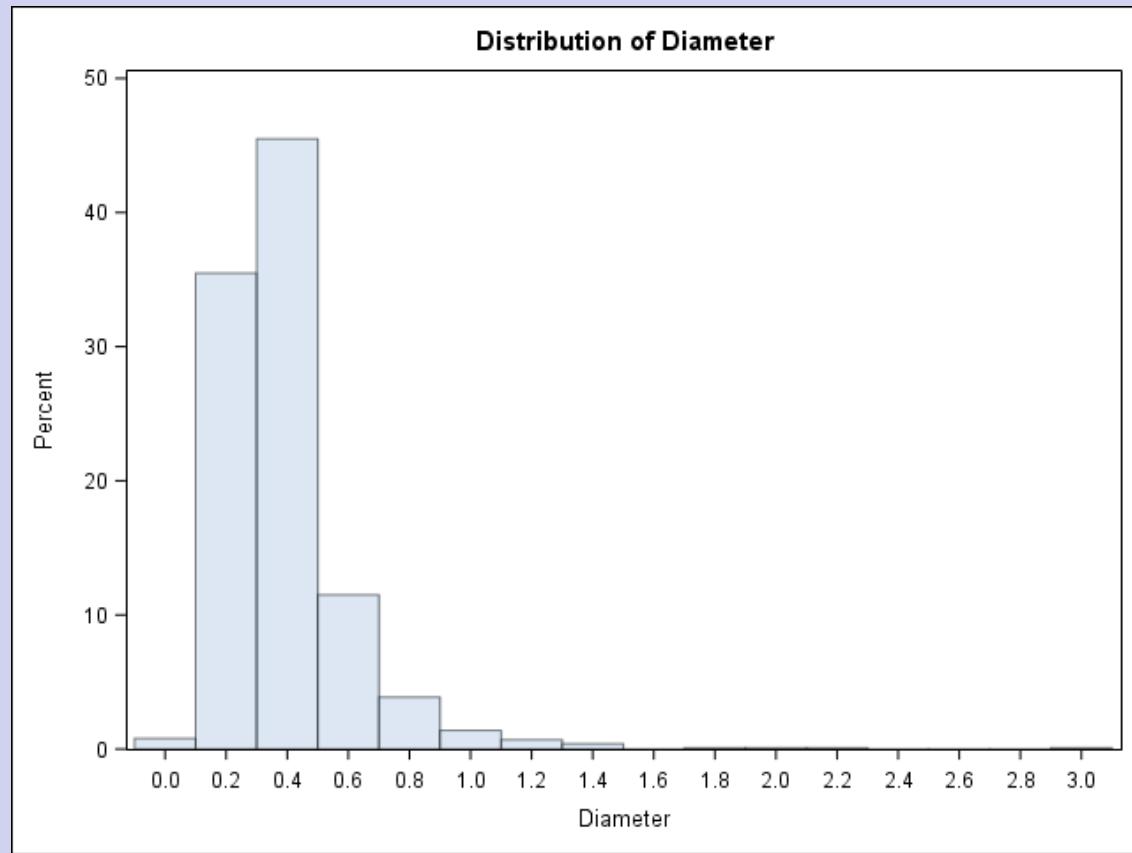
Variable	Value
n	88
Age (yr, mean $\pm$ SD)	55.3 $\pm$ 8.1
Male (n, %)	6, 6.8
Ethnicity	
Non-Hispanic white (n, %)	74, 84.1
Others (n, %)	14, 15.9
Current smoker (n, %)	58, 65.9
Packyears (mean $\pm$ SD)	42.9 $\pm$ 26.5
BMI (mean $\pm$ SD)	28.7 $\pm$ 6.2
BMI>25 (n, %)	61 (69.3)
Ever woodsmoke exposure (n, %)	21, 23.9
Plasma CC16 (n, ng/ml, mean $\pm$ SD)	48, 3.17 $\pm$ 1.64
MaCL measurements	
Area of macrophage ( $\mu\text{m}^2$ , mean $\pm$ SD)	182.3 $\pm$ 34.0
Number of particles per MA (median, Q1-Q3)	1, 1-2
Area of particles per MA ( $\mu\text{m}^2$ , median, Q1-Q3)	0.11, 0.06 - 0.21
% cell area occupied by carbons (%), median, Q1-Q3)	0.057, 0.032 - 0.115
% cells with particles (%), mean $\pm$ SD)	67.5 $\pm$ 15.5

# Image acquisition system



- Olympus BX43 mounted with a DP28 camera
- A 100× oil immersion lens
- A motorized Z drive
- Z-stack images with 100 nm as the depth interval to cover the entire cell depth
- A flattened image will be generated with most contrasted features at each depth projected
- 1 pixel = 34.5 nm

# Size distribution of 1009 engulfed individual particles ( $\mu\text{m}$ )



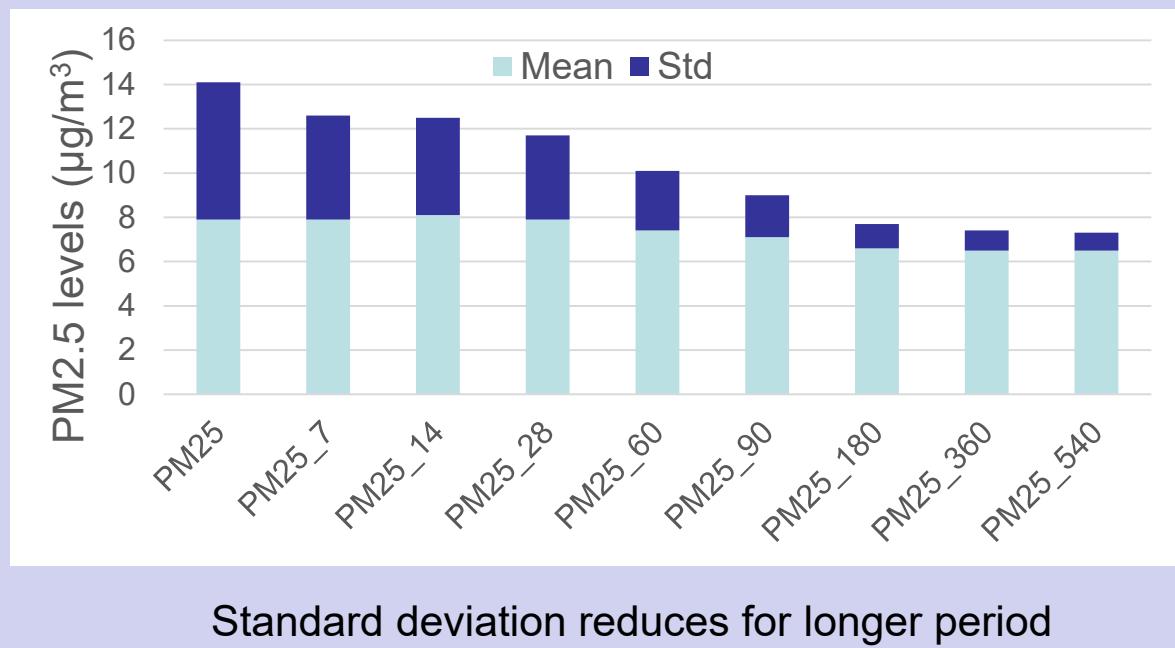
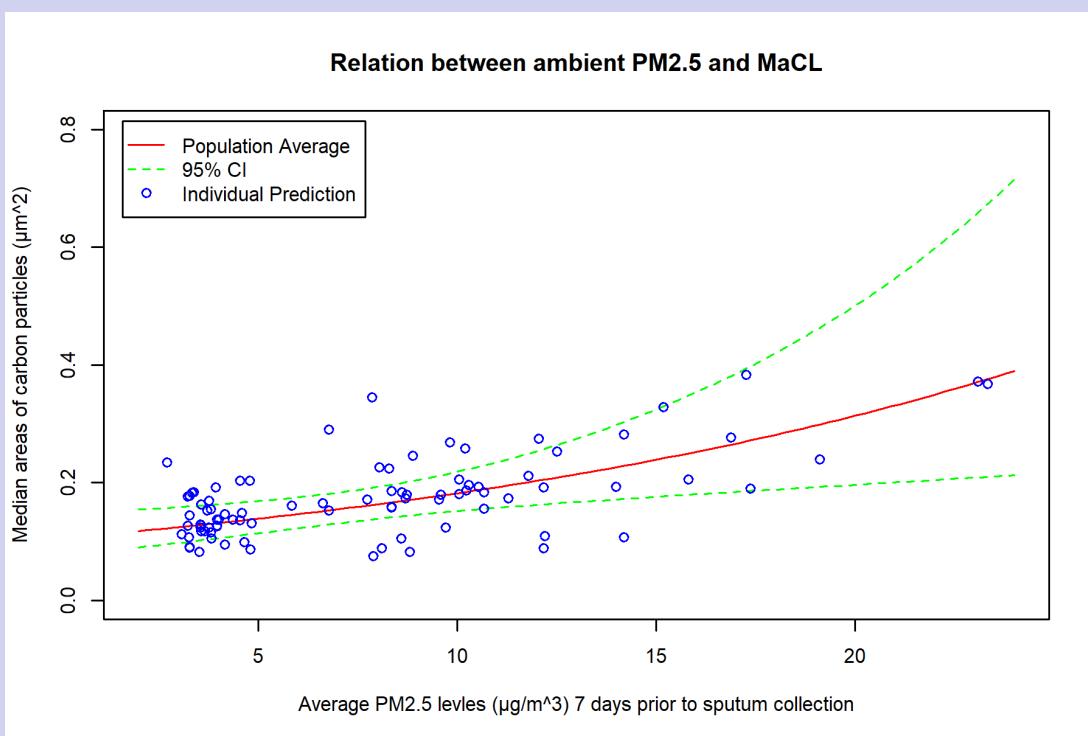
Size dependent deposition curves for PMs

98% engulfed individual particles have diameters  $< 1 \mu\text{m}$

Kodros et al. GeoHealth. 2018

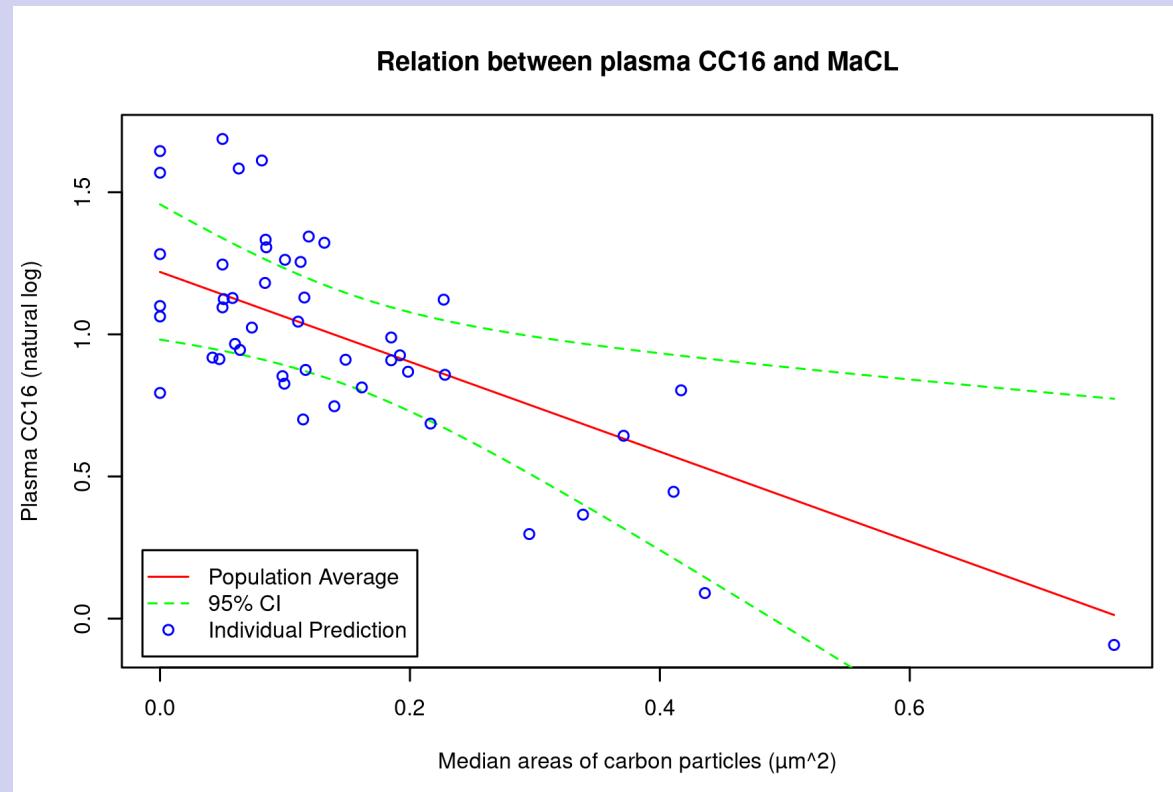
Table 2. Associations between ambient PM2.5 levels and MaCL endpoints

MaCL	Average PM2.5 level (per 5 $\mu\text{g}/\text{m}^3$ increase)								
	0d	7d	14d	28d	2m	3m	6m	12m	18m
NOP	1.23 (1.11 - 1.37)	1.48 (1.28 - 1.71)	1.46 (1.21 - 1.77)	1.41 (1.11 - 1.77)	1.59 (1.15 - 2.21)	1.96 (1.23 - 3.11)	3.68 (1.56 - 8.72)	4.53 (1.70 - 12.11)	6.87 (1.99 - 23.77)
	0.0001	<0.0001	<0.0001	0.0041	0.0056	0.0045	0.003	0.0026	0.0023
	AP	1.15 (1.00 - 1.32)	1.31 (1.12 - 1.54)	1.32 (1.10 - 1.59)	1.29 (1.03 - 1.61)	1.43 (1.04 - 1.96)	1.69 (1.06 - 2.68)	2.49 (1.12 - 5.52)	2.99 (1.14 - 7.82)
%CWP	0.055	0.0009	0.003	0.024	0.026	0.027	0.025	0.026	0.018
	1.05	3.70	4.05	3.90	6.35	9.82	15.55	17.87	21.34
	1.35	1.75	1.90	2.15	3.00	4.30	7.73	9.11	10.85
	0.44	0.038	0.035	0.075	0.039	0.026	0.048	0.053	0.053



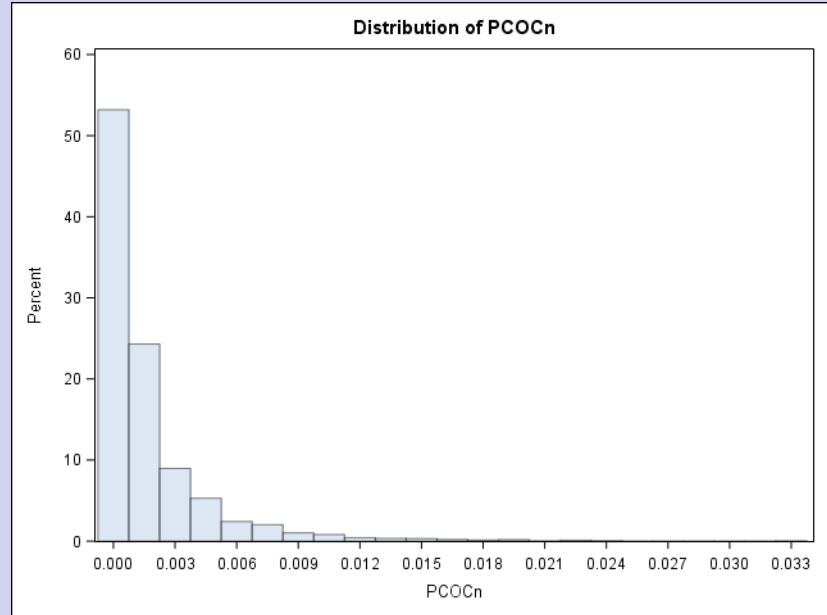
**Table 4. Associations between MaCL levels and plasma CC16 (n=48)**

MaCL variable	Unit	IQR	CC16 concentration ratio	P
NOP	count	1	0.84 (0.73 - 0.96)	0.011
AP	$\mu\text{m}^2$	0.134	0.81 (0.69 - 0.95)	0.011
%CWP	%	20.4	0.89 (0.70 - 1.13)	0.33



- MaCL was associated with lower CC16 in plasma, suggesting the injury of club cells
- Ambient PM<sub>2.5</sub> at different time frames did not affect plasma CC16 levels, suggesting importance of considering lung dose.

# Macrophages with high carbon load have more potent effects



PCOC = percentage of cell area  
occupied by carbon particles

N = 4429

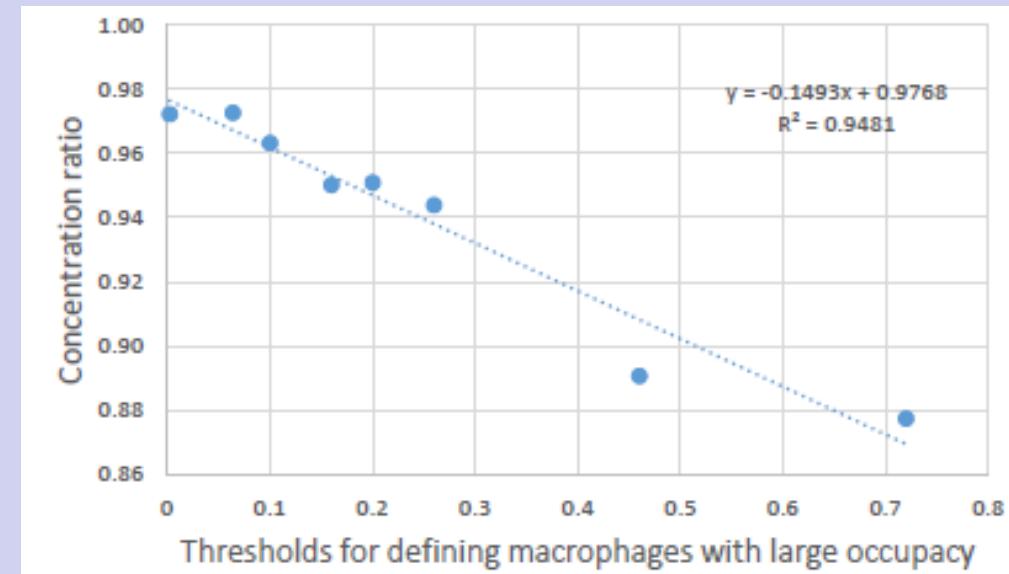
Median = 0.064%

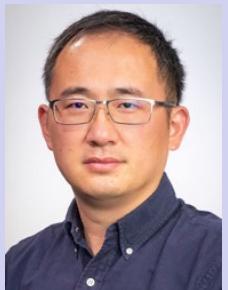
Q3 = 0.20%

95<sup>th</sup> = 0.72%

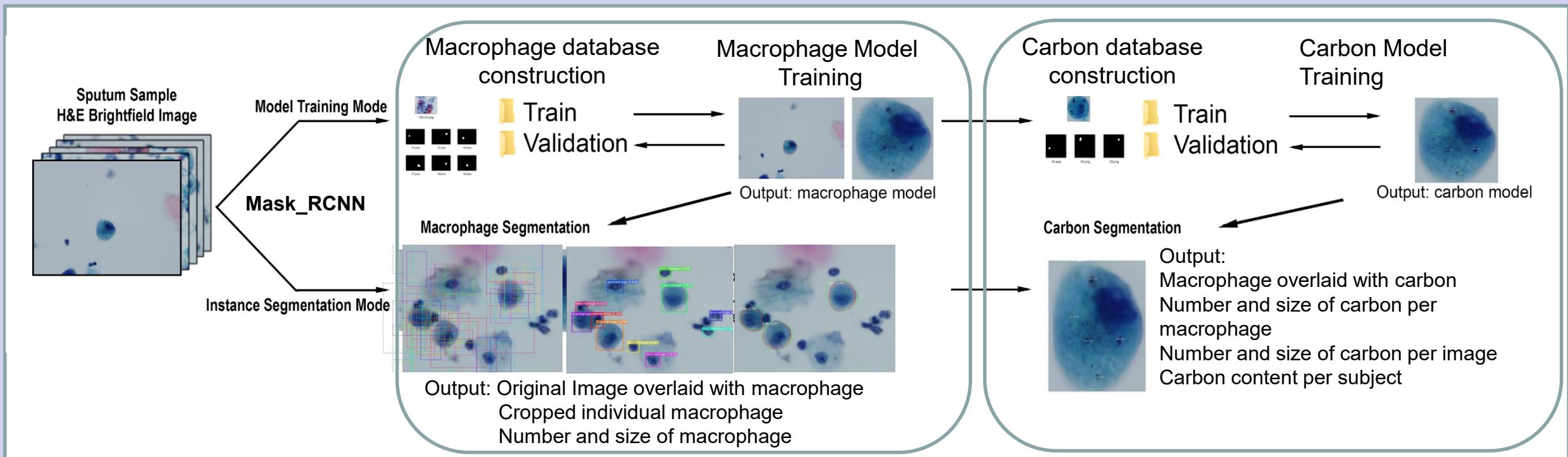
Table 5. %cell with higher carbon load and plasma CC16 (n=48)

PCOC threshold	Mean ± SD	CC16 concentration ratio	P
Minimal (0.0025%)	67.5 ± 15.5	0.97 (0.92 - 1.03)	0.33
Median (0.064%)	46.4 ± 21.2	0.97 (0.93 - 1.02)	0.22
60 <sup>th</sup> percentile (0.10%)	37.1 ± 20.3	0.96 (0.92 - 1.01)	0.10
70 <sup>th</sup> percentile (0.16%)	27.6 ± 18.1	0.95 (0.90 – 1.00)	0.046
75 <sup>th</sup> percentile (0.20%)	23.3 ± 17.0	0.95 (0.90 – 1.00)	0.064
80 <sup>th</sup> percentile (0.26%)	18.6 ± 15.2	0.94 (0.89 - 1.00)	0.059
90 <sup>th</sup> percentile (0.46%)	9.4 ± 9.5	0.89 (0.81 - 0.98)	0.018
95 <sup>th</sup> percentile (0.72%)	5.0 ± 5.5	0.88 (0.74 - 1.04)	0.13



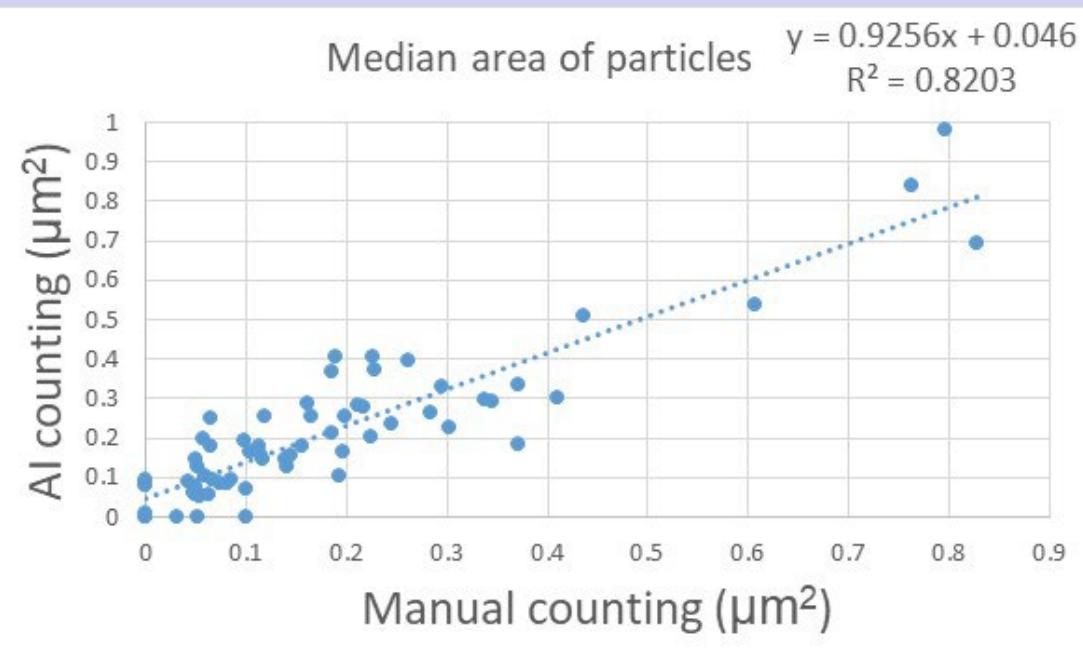


# MacLEAP: Machine-Lfor Engulfed cArbon Particles

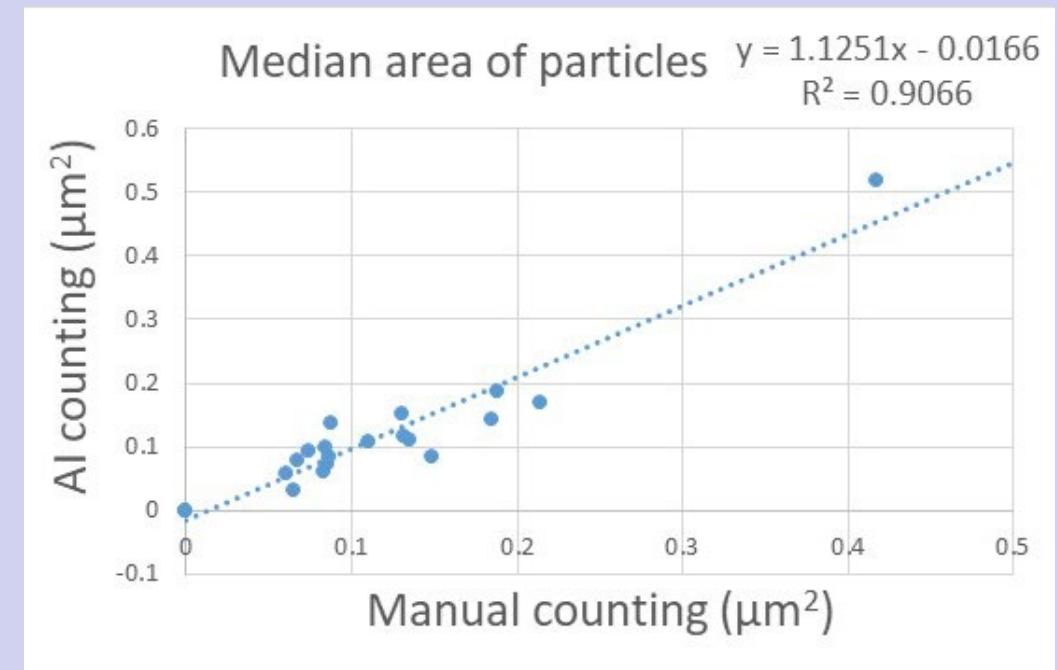


R-CNN: Region-Based Convolutional Neural Network

# MacLEAP: Machine-Learning algorithm for Engulfed cArbon Particles



Algorithm development in 66 subjects



Algorithm Validation in 22 subjects

Excellent to outstanding correlations between manual scoring and AI counting

# MacLEAP: Machine-Learning algorithm for Engulfed cArbon Particles

Table 6. Associations between ambient PM2.5 levels and MacLEAP MaCL endpoints

MaCL	Average PM2.5 level (per 5 $\mu\text{g}/\text{m}^3$ increase)								
	0d	7d	14d	28d	2m	3m	6m	12m	18m
NOP	1.13 (1.02 - 1.26)	1.32 (1.14 - 1.52)	1.33 (1.11 - 1.58)	1.27 (1.03 - 1.57)	1.38 (1.03 - 2.41)	1.57 (1.03 - 2.41)	2.19 (1.00 - 4.79)	2.50 (1.01 - 6.20)	4.00 (1.31 - 12.24)
	0.021	0.0002	0.0018	0.026	0.034	0.036	0.049	0.048	0.015
	AP	1.13 (0.98 - 1.31)	1.30 (1.10 - 1.55)	1.35 (1.11 - 1.63)	1.33 (1.06 - 1.67)	1.48 (1.07 - 2.07)	1.78 (1.08 - 2.92)	3.07 (1.28 - 7.34)	3.63 (1.26 - 10.45)
	0.081	0.0024	0.0022	0.013	0.020	0.023	0.012	0.017	0.0028

Table 7. Associations between MaCL levels and plasma CC16 in 48 LSC subjects

MaCL variable	Counting method	IQR	CC16 concentration ratio	P
Number of particles (count)	Manual	1	0.84 (0.73 - 0.96)	0.011
	AI	1.75	0.76 (0.61 - 0.95)	0.018
Area of particles ( $\mu\text{m}^2$ )	Manual	0.134	0.81 (0.69 - 0.95)	0.011
	AI	0.195	0.78 (0.63 - 0.98)	0.030

RESEARCH

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# Wood smoke exposure affects lung aging, quality of life, and all-cause mortality in New Mexican smokers

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- **Definition:** Have you ever been exposed to wood smoke for a year and longer (yes or no)

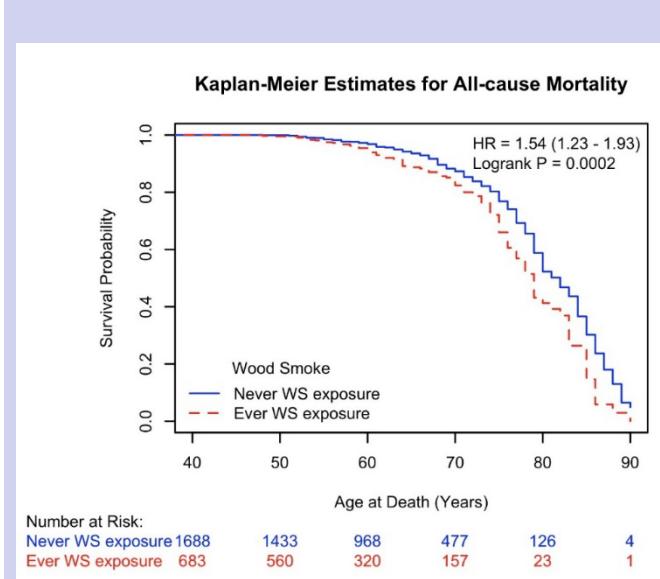
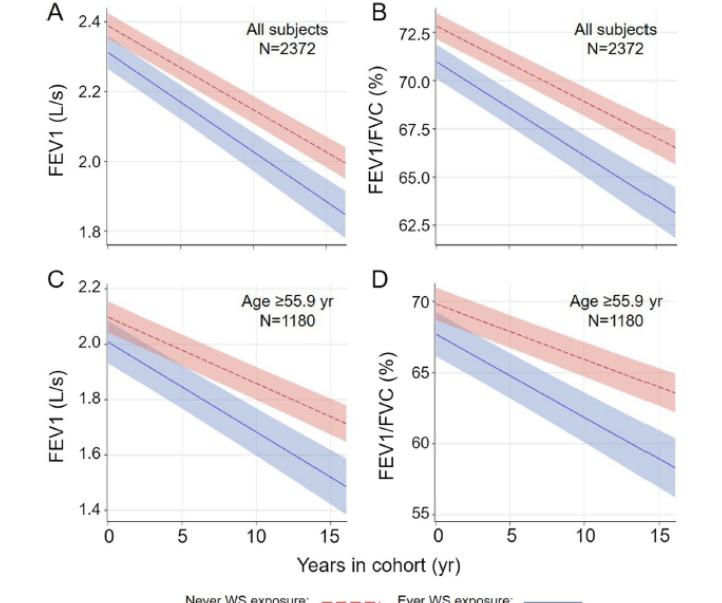
## Major findings

- Wood smoke exposure accelerates decline of FEV1 and FEV1/FVC ratio, but not FVC.
- Wood smoke exposure has multi-dimensional impact on health.
- Wood smoke exposure increases all-cause mortality partially through its adverse effects on lung health.

Wood smoke → All-cause mortality



- Health measurements**
- Objective measures: FEV1 and FEV1/FVC ratio
  - Subjective measures: SGRQ and SF-36



**Table 4** Impact of ever WS exposure on SGRQ and SF-36 scores independent of current smoking, comorbidity, airway obstruction, and CMH status at baseline

Score	Basic model <sup>a</sup>		Alternative model <sup>b</sup>	
	Estimate (SE)	P	Estimate (SE)	P
<b>SGRQ</b>				
Symptom	8.5 (0.9)	<0.0001	5.7 (0.8)	<0.0001
Activity	8.1 (1.0)	<0.0001	5.4 (0.9)	<0.0001
Impact	5.0 (0.6)	<0.0001	3.3 (0.5)	<0.0001
Total	6.9 (0.7)	<0.0001	4.6 (0.6)	<0.0001
<b>SF-36</b>				
Physical functioning	-7.0 (1.1)	<0.0001	-4.6 (1.0)	<0.0001
Role physical	-11.0 (1.6)	<0.0001	-8.1 (1.6)	<0.0001
Bodily pain	-6.9 (1.1)	<0.0001	-5.6 (1.1)	<0.0001
Role emotional	-6.2 (1.8)	0.0005	-4.0 (1.8)	0.023
Social functioning	-5.6 (1.1)	<0.0001	-3.9 (1.1)	0.0004
Mental health	-3.8 (0.9)	<0.0001	-2.9 (0.9)	0.0009
Vitality	-5.9 (1.0)	<0.0001	-4.1 (1.0)	<0.0001
General health perceptions	-6.1 (0.9)	<0.0001	-3.8 (0.9)	<0.0001

SF-36 the short form 36 health survey questionnaire, SGRQ St. George's Respiratory questionnaire, WS woodsmoke

<sup>a</sup> Basic model assessed the impact of ever WS exposure on SGRQ scores using linear mixed effects model or on SF-36 scores using generalized linear model

<sup>b</sup> Alternative model added Charlson comorbidity score ( $\geq 1$  versus 0), airway obstruction, and CMH at baseline into the basic model to assess the independent components of effects for ever WS exposure

Minimal difference of clinical importance = 4 for SGRQ scores

# Thank you for your attention!



# No covariates affecting MaCL endpoints consistently

Table 3. Associations between demographics and ever wood smoke exposure and MaCL endpoints

Variable	Comparison	NOP		AP		%CWP	
		Association	P	Association	P	Association	P
Age	Per 5 yr	0.95 (0.83 - 1.07)	0.39	0.93 (0.82 - 1.05)	0.25	-0.91 ± 1.15	0.42
Sex	Female vs male	1.01 (0.51 - 2.00)	0.98	1.00 (0.50 - 2.00)	0.99	-0.45 ± 6.50	0.95
Quit-time	<10 yr vs current	0.65 (0.41 - 1.03)	0.068	0.67 (0.43 - 4.04)	0.076	-5.76 ± 4.09	0.16
	>10 yr vs current	0.46 (0.19 - 1.12)	0.087	0.62 (0.33 - 1.15)	0.13	-8.18 ± 5.87	0.17
PY	Per 10 packyears	0.97 (0.90 - 1.05)	0.47	0.99 (0.93 - 1.06)	0.79	-0.34 ± 0.68	0.62
BMI	>25 vs ≤25	0.69 (0.48 - 1.01)	0.055	0.71 (0.48 - 1.06)	0.093	-1.33 ± 3.71	0.72
Ethnicity	NHW vs others	1.20 (0.71 - 2.03)	0.49	1.24 (0.77 - 2.00)	0.37	1.28 ± 4.65	0.78
Woodsmoke exposure	Ever vs never	1.23 (0.82 - 1.84)	0.32	1.27 (0.85 - 1.91)	0.25	8.73 ± 3.91	0.028