

## Risk of non-Hodgkin lymphoma under hypothetical interventions with guaranteed positivity

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Figure 2: Distribution of nonzero exposure for three distinct confounder and

Supported exposure limit = target limit

Supported exposure limit < target limit

No limit (all observed exposures > target limit)

Exposure to soluble MWF  $(mg/m^3)$ 

Distribution: Post-intervention Observed

Target exposure limit:  $0.25 \text{ mg/m}^3$ 

exposure histories at k=2 before and after applying the supportable

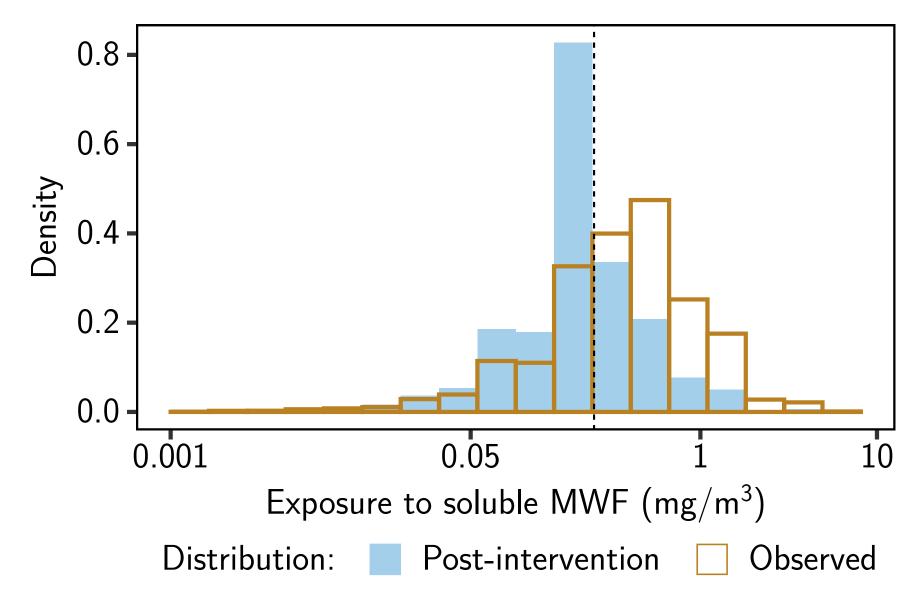
## Backgound

- Non-Hodgkin Lymphoma (NHL) incidence was associated with exposure to soluble metalworking fluid (MWF) in a Cox analysis of the United Auto Workers-General Motors (UAW-GM) cohort
- Unlike traditional regression analysis, causal inference methods
  - Can adjust for time-varying confounding affected by past exposure
  - Estimate population effects of hypothetical interventions
- Causal inference in statistics requires positivity, which is not always assessed or addressed
- Here, we specified supportable interventions on soluble MWF exposure in the UAW-GM cohort that guarantee positivity
- We estimated the effect of supportable interventions on NHL risk in the UAW-GM cohort (1985-2015) using the hazard-extended iterative conditional expectation (ICE) parametric g-formula
- Unlike the classic parametric g-formula, ICE g-formula estimators do not require parametric specification of the full joint distribution of the confounders, exposure, and outcome

## Target and supportable exposure limits

- Suppose we want to know the effect of capping exposures at a target exposure limit, but estimation may not be supported by observed data
- Instead, we define **supportable exposure limits** for every time *k* and unique combination of confounder and exposure histories  $(l_k, \bar{a}_{k-1})$ 
  - Limit at greatest observed exposure  $\leq$  **target limit**, if exists
  - No limit, if all observed exposures > target limit
- Propensity scores for exposure at the supportable exposure limits are guaranteed to be strictly positive
- Supportable intervention rule for every  $(\overline{I}_k, \overline{a}_{k-1})$ , reduces exposures  $a_k$  above the **supportable exposure limit** to that limit, but allows exposures below to vary naturally (Figures 1 and 2)
- Applying the supportable intervention rule to the observed data induces the intervention distribution, which defines the stochastic dynamic intervention with guaranteed positvity

Figure 1: Marginal distribution of nonzero exposure at k=2 before and after applying the supportable intervention rule



Target exposure limit:  $0.25 \text{ mg/m}^3$ 

intervention rule

30 -

10 -

30 -

10

Table 1: Demographic characteristics of the full cohort and the NHL cases

0.2

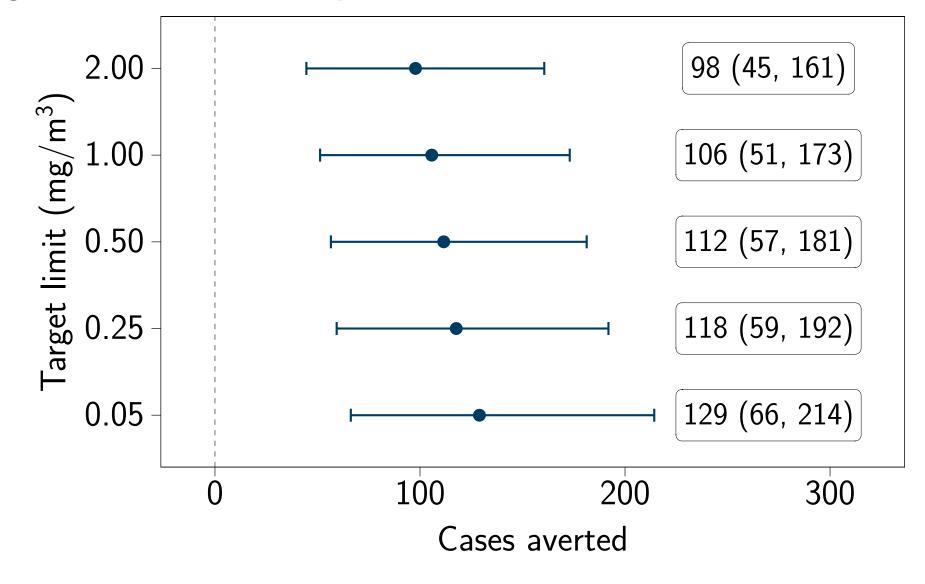
	Study population	NHL cases
N (person-years)	33,134 (794,733)	339 (5,809)
Race		
White	21,315 (64%)	250 (74%)
Black	6,250 (19%)	40 (12%)
Unknown	5,569 (17%)	49 (14%)
Sex	, ,	, ,
Male	30,249 (87%)	206 (89%)
Female	4,499 (13%)	25 (11%)
Years at work	15.2 (7.0, 26.6)	21.0 (7.8, 29.9)
Cumulative exposure	4.33 (1.71, 10.69)	5.43 (2.19, 14.33)

Statistics shown are count (percent) or median (first and third quartiles).  $^{\triangleright}$  Among those who were ever-exposed; units in mg/m $^{3}$ ·year.

#### Affiliations and acknowledgements

# Main results

Figure 3: Counterfactual number of cases averted under supportable intervention rules based on five different target exposure limits and no censoring, with 95% bootstrap confidence intervals.



- There would have been **502 NHL cases** if there were no censoring
- Stronger target exposure limits monotonically reduced NHL risk
- Setting the target exposure limit at the NIOSH recommended **exposure limit**  $0.5 \text{ mg/m}^3$  for total particulate mass derived from MWF would have averted 112 (95% CI: 57, 181) NHL cases

## **Conclusions and discussion**

- Stronger limits on exposure to soluble MWF provide stronger protections against NHL
- During the anticipated rebound in domestic manufacturing, protecting worker health should be a priority
- We evaluated supportable interventions with guaranteed positivity and therefore avoid extrapolation
- We expect uniformly-enforced target exposure limits to have even stronger protective effects
- The classic parametric g-formula estimator can also estimate effects of supportable intervention rules, but requires many more parametric assumptions than ICE g-formula estimators

#### References

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