

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Annals of Epidemiology

journal homepage: www.sciencedirect.com/journal/annals-of-epidemiology

Letter to the Editor

**Re: Adjustment for duration of employment in occupational epidemiology**

ARTICLE INFO

Keywords:

Ionizing radiation
Neoplasms
Epidemiologic biases
Employee health
Mortality

Dear editors,

In regards to the recent manuscript by Ko et al., we are writing to express concerns with their conclusions regarding control of healthy worker survivor bias (HWSB) [1], namely that HWSB should be addressed, when estimating associations between cumulative occupational exposure and mortality, either by adjustment for duration of employment as a confounder in Cox proportional hazards models or by inverse probability weighting (IPW) in Cox marginal structural models. We support this effort to identify simple approaches in this area. However, we assert that their results should not be used for general recommendations, in part because one of the main findings resulted from an analytic error.

An important complexity of HWSB arises when an occupational exposure affects employment status as well as disease occurrence, and employment status also affects further exposure. These “components” of HWSB are illustrated in their Figure 2. When these components are all present, neither of the approaches recommended by Ko et al. (pg 40) are appropriate. Their suggested approaches do not fully address HWSB and they may induce further bias in estimates. Given that the authors’ approach runs counter to advice in much of the literature on HWSB in the last 30 years, further scrutiny is warranted.

The result they use to support their conclusions comes from a simulation in which workers are assigned a duration of employment *first*, exposure is then simulated for employed person-years, and mortality is simulated last. Because exposure does not impact employment in the simulation, unlike their Figure 2, the success of their approach that adjusts for duration of employment is not surprising. If employment is not affected by prior exposure, employment duration is a standard time-varying confounder, which permits standard regression methods of adjustment [2,3].

The success of the IPW approach was surprising because the type of occupational exposure-mortality studies discussed by Ko et al. inherently violate the positivity assumption, as noted by Robins et al. in the first epidemiologic paper on marginal structural models [4]. Ko et al. counter this established claim, stating “the individual can still receive at least one level of cumulative annualized radiation dose given the stratum for duration of employment. Therefore, the positivity assumption is not automatically violated” (pg 36). However, positivity must hold for

all levels of exposure assessed and not just one. Still, the results are compelling, and the authors generously provided their code for further study.

The apparent success of this method is due to offsetting biases, rather than bias control. In their simulation code, the authors collapsed all person-time after an employee left work into a single observation (i.e. collapsed multiple person-time units) and pooled these observations with all employed person-time (with one time-unit per record). Thus, the estimated propensity scores do not validly estimate exposure probabilities, a necessary condition for the validity of IPW. To assess why the authors found no bias, we repeated their first simulation scenario ($\psi = -0.3$) using their method and achieved an average weight of 0.96, which does not signal severe issues with positivity because the average stabilized weight should be close to 1.0 [5]. However, when we repeated their simulations without pooling any person-time, we estimated an average weight of 942 and a bias of ~260%, which signals a serious non-positivity issue. Additionally, Ko et al. truncated the weights at the 99th percentile (a standard default). When we repeated their simulation exactly except for truncating at the 99.5th or the 98.5th percentiles, IPW was again biased (~ -30% bias and ~ 30% bias, respectively). Weight truncation typically increases bias and reduces variance [5]. Thus, the lack of bias in their IPW approach appears to result from offsetting biases from weight-miscalculation and weight truncation, rather than valid control of HWSB.

If exposure does not affect employment (as in the simulations of Ko et al. [1]), then adjustment for employment as a time-dependent variable via adjustment or stratification is a valid approach to reducing bias. However, if exposure affects employment (e.g. by causing illness that leads to employment changes), an important aspect to HWSB, then g-methods (IPW, g-estimation, and g-computation) are needed. We have observed a number of settings in which exposure is associated with the subsequent hazard of leaving work, so we would generally advocate in favor of g-methods (e.g. [6–13]). However, IPW, as implemented by Ko et al., is not an appropriate method for reducing healthy worker survivor bias in any setting that violates the positivity assumption.

<https://doi.org/10.1016/j.annepidem.2024.08.002>

Received 4 November 2022; Accepted 27 May 2023

Available online 8 August 2024

1047-2797/© 2024 Published by Elsevier Inc.

Funding

This research was supported in part by the Intramural Research Program of the National Institutes of Health, NCI, Division of Cancer Epidemiology and Genetics (Z01CP010119), and in part by the U.S. National Cancer Institute (R01CA242852).

CRediT authorship contribution statement

David B. Richardson: Conceptualization, Writing – review & editing. **Sadie Costello:** Conceptualization, Writing – review & editing. **Stephen Bertke:** Conceptualization, Writing – review & editing. **Alexander Keil:** Conceptualization, Formal analysis, Methodology, Software, Writing – original draft, Writing – review & editing. **Kaitlin Kelly-Reif:** Conceptualization, Writing – review & editing.

Disclaimer

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

Declaration of Competing Interest

All authors declare they have no actual or potential competing financial interest.

References

- [1] Ko Y, Howard SC, Golden AP, et al. Adjustment for duration of employment in occupational epidemiology. *Ann Epidemiol* 2024.
- [2] Picciotto S, Hertz-Picciotto I. Commentary: healthy worker survivor bias: a still-evolving concept. *Epidemiology* 2015;26:213–5.
- [3] Buckley JP, Keil AP, McGrath LJ, et al. Evolving methods for inference in the presence of healthy worker survivor bias. *Epidemiology* 2015;26:204–12. <https://doi.org/10.1097/EDE.0000000000000217>.
- [4] Robins JM, Hernán MA, Brumback BA. Marginal structural models and causal inference in epidemiology. *Epidemiology* 2000;11:550–60.
- [5] Cole SR, Hernán MA. Constructing inverse probability weights for marginal structural models. *Am J Epidemiol* 2008;168:656–64.
- [6] Brown DM, Petersen M, Costello S, et al. Occupational exposure to PM2.5 and incidence of ischemic heart disease: longitudinal targeted minimum loss-based estimation. *Epidemiology* 2015;26:806–14.
- [7] Naimi AI, Cole SR, Hudgens MG, et al. Assessing the component associations of the healthy worker survivor bias: occupational asbestos exposure and lung cancer mortality. *Ann Epidemiol* 2013;23:334–41.
- [8] Keil AP, Richardson DB, Westreich D, et al. Estimating the impact of changes to occupational standards for silica exposure on lung cancer mortality. *Epidemiology* 2018;29:658–65. <https://doi.org/10.1097/EDE.0000000000000867>.
- [9] Keil AP, Richardson DB. Reassessing the link between airborne arsenic exposure among anaconda copper smelter workers and multiple causes of death using the parametric g-formula. *Environ Health Perspect* 2017;125:608–14.
- [10] Keil AP, Haber G, Graubard BI, et al. Estimating impacts of reducing acrylonitrile exposure on lung cancer mortality with the parametric g-formula. *Occup Environ Med* 2024;81.
- [11] Keil AP, Li Y, Lan Q, et al. Inverse probability weighting to estimate impacts of hypothetical occupational limits on radon exposure to reduce lung cancer. *Am J Epidemiol* 2024 (In press).
- [12] Keil AP, Richardson DB, Troester MA. Healthy worker survivor bias in the Colorado Plateau uranium miners cohort. *Am J Epidemiol* 2015;181:762–70.
- [13] Neophytou AM, Costello S, Brown DM, et al. Marginal structural models in occupational epidemiology: application in a study of ischemic heart disease incidence and PM2.5 in the US aluminum industry. *Am J Epidemiol* 2014;180:608–15. <https://doi.org/10.1093/aje/kwu175>.

Alexander P. Keil*

Occupational and Environmental Epidemiology Branch, Division of Cancer Epidemiology and Genetics, National Cancer Institute (NCI), National Institutes of Health (NIH), Department of Health and Human Services (DHHS), Bethesda, MD, USA

Kaitlin Kelly-Reif

National Institute for Occupational Safety and Health, Cincinnati, OH, USA

Sadie Costello

Division of Environmental Health Sciences, School of Public Health, University of California, Berkeley, CA, USA

Stephen Bertke

National Institute for Occupational Safety and Health, Cincinnati, OH, USA

David B. Richardson

Department of Environmental and Occupational Health, Program in Public Health, University of California, Irvine, CA, USA

* Correspondence to: 9609 Medical Center Dr., Rockville, MD 20892, USA.

E-mail address: alex.keil@nih.gov (A.P. Keil).