Letters to the Editor

Childhood leukaemia and socioeconomic status

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In a recent issue of the journal, we were pleased to see continued interest by Smith and colleagues1 in the relationship between socioeconomic status (SES) and the development of childhood leukaemia. We agree with the authors that the completeness and representativeness of their data as well as the ability to measure deprivation in several ways are strengths of their study.

We would like to point out to the authors that although on the surface the methodology of the UK investigation was different from our recent registry-based Canadian study,2 in fact, the studies were similar. The major difference was that our study did not include enhanced surveillance to identify the childhood leukaemia cases. Due to the centralized cancer registration and treatment system in Canada, however, it is likely that our registries do not suffer from the underreporting problems which seem to have been present in the UK cancer registration.3,4 Therefore, it is likely that both studies captured most, if not all, childhood leukaemia cases. The other differences were minor. We used the entire population as our comparison group rather than selecting a subset of the population as a control group, and we included a longer time period (1985–2001 for most provinces) in the analysis. Finally, our study was unable to look at SES at different time points.

In fact, the results of two studies gave very similar results for risk associated with SES at diagnosis/reference date. For example, based on 4024 cases of acute lymphoblastic leukaemia, comparing the poorest of five categories with the richest, we found a rate ratio (RR) of 0.86 [95% confidence interval (CI) 0.78–0.95] whereas based on 1578 cases the UK study found an odds ratio (OR) of 0.90 (95% CI 0.75–1.07). Due to the larger sample size of our study, we concluded that SES was significantly associated with the risk of childhood leukaemia. Had the UK study examined cases over a longer time period, it is quite possible that they would have also found a significant association. It is clear that continued discussion of this relationship is worthwhile, since SES may very well be an important factor in childhood leukaemia risk.

References


One mechanism underlying contrasting health-economy findings

From I A JACOBS,1,* M T PODOBNY2,3 and D BILUSICH4

Tapia Granados1 recently presented health-economy findings, which in the short-term, identify the decline in mortality to slow or even temporary reverse during economic upturns. These counterintuitive 'ecological' results initiated a lively debate in the International Journal of Epidemiology2–6 as historically epidemiological results have shown adverse health outcomes among the unemployed.7,8 In response to Tapia Granados’1 short-term pro-cyclical health-economy oscillations, authors have suggested that such results represent: an ecological fallacy;2,5 may possibly represent reality;3 reveal