We thank Borugian et al. for their letter, but cannot agree with their interpretation of either study. Whilst we appreciate the strengths of their investigation—the number of acute lymphoblastic leukaemia (ALL) cases (n=4024)—this does not alter the fact that their findings may still be artefactual. Their study was predicated on cancer registrations accumulated over the 16-year period 1985–2001—during which time the authors themselves acknowledge that under-registration may have been as high as 5%, occurring more frequently in poorer neighbourhoods. Moreover, primarily due to missing data, a further 3% were excluded from their analyses. Such factors, coupled with other variations, could easily explain why at diagnosis a statistically significant association was observed in the poorest quintile (risk ratio [RR] 0.86 [95% confidence intervals (CI) 0.78–0.95])—this is the lowest estimate and the one that drives the trend test. Furthermore, the second lowest risk occurred in the second richest quintile [0.90 (0.82–0.99)], suggesting that socioeconomic status (SES) is not generally associated with ALL risk in children.

In contrast, the comprehensive nature of the United Kingdom Childhood Cancer Study (www.ukccs.org), together with its complete ascertainment (1578 ALL cases) and representative population-based controls (7663) permitted a far more meticulous investigation of this topic. Two measures of SES were used (based on residential area and parental occupation), and two time-points were examined (birth and diagnosis)—and no patterns or differences emerged. Accordingly, with respect to shedding light on childhood leukaemia pathogenesis, we believe that it’s timely to move-on and focus on more plausible determinants.

References


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