

4. Article Title: “Job and Industry Classifications Associated with Sarcoidosis in A Case Control Etiologic Study of Sarcoidosis (ACCESS)”

Lead Author: Juliana Barnard, MA

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One of the goals of the ACCESS study was to investigate whether jobs that people have held in the past contribute to their risk for sarcoidosis. We asked the study participants (706 people with sarcoidosis and 706 people without sarcoidosis) to give us a summary of all of the jobs they had held for at least 6 months during their working life. For each job, we recorded job title, company name, type of business, specific job duties, year started, and total time they

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worked at that job with those duties. We analyzed these jobs to see if certain jobs or businesses had been held more often by the people with sarcoidosis or by the people who did not have sarcoidosis.

We found that certain jobs may be associated with an increased risk of sarcoidosis. Workers who reported jobs in an industry with industrial organic dust exposures (such as cabinet makers, paper mill workers, or those with agricultural exposures) were more likely to have sarcoidosis. Workers at suppliers of building materials, hardware, and gardening materials were also more likely to be a sarcoidosis case than a control (someone not diagnosed with sarcoidosis). Educators and people who work at elementary or secondary schools were more likely to have been diagnosed with sarcoidosis as well.

Some job histories were given more often by those study participants without sarcoidosis. These jobs included childcare providers or workers in the childcare industry as well as workers with metal dust or metal fume exposures.

In summary, we did not find that only one type of job or business was linked to sarcoidosis. Some of the jobs and industries we found associated with sarcoidosis were reported by only a small number of people with sarcoidosis. We did find that work at certain jobs or businesses may be related to the development of sarcoidosis. Further study of these findings is necessary to truly understand the occupational and environmental contributions to sarcoidosis risk.