

Multi-pollutant analyses in MAPLE, Medicare and ELAPSE cohorts

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Jie Chen on behalf of the ELAPSE, MAPLE and Harvard teams

ELAPSE



HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH

Background

Most air pollution epidemiological studies have focused on single-pollutant research

Limitations of single pollutant models

- Not clear whether the observed association reflects the effect of the analyzed pollutant
- Not characterizing the complexity of the exposures and their health impacts

Multi-pollutant approaches estimate:

- the **independent effect of a single pollutant** in the presence of other pollutants

Challenges in interpretation:

- Highly correlated pollutants
- Differential measurement error – the lowest ME show the most consistent association
- Pollutants treated symmetrically despite the hierarchical natural
- Inclusion of multiple pollutants supported by biologic mechanism (e.g., toxicology)

This presentation:

- Share experience in interpreting results from multi-pollutant analyses



- Stacked CanCHEC (1991, 1996, 2001); N = 7.1 million
- The Canadian Community Health Survey (CCHS); N = 0.54 million
- Age ≥ 25 y at baseline, censored at 89 y
- Follow-up until end of 2016
- Non-accidental mortality

- **PM_{2.5}**, annual average, 1x1km resolution
- **O₃**, warm season
- **O_x**, combined oxidant capacity of O₃ and NO₂

$$O_x = \frac{((1.07 \times NO_2) + (2.075 \times O_3))}{3.145}$$



Associations between PM_{2.5} and non-accidental mortality

	N deaths	Single-pollutant model	Two-pollutant model adjusting for O ₃	Two-pollutant model adjusting for O _x
Stacked CanCHEC	1,253,300	1.084 (1.073, 1.096)	1.039 (1.027, 1.051)	1.022 (1.010, 1.035)
CCHS with behavior	50,100	1.086 (1.021, 1.155)	1.016 (0.948, 1.089)	0.995 (0.924, 1.071)

HR per 10 µg/m³ PM_{2.5}

Stratified PM_{2.5} by terciles of O₃ or O_x

Stacked CanCHEC

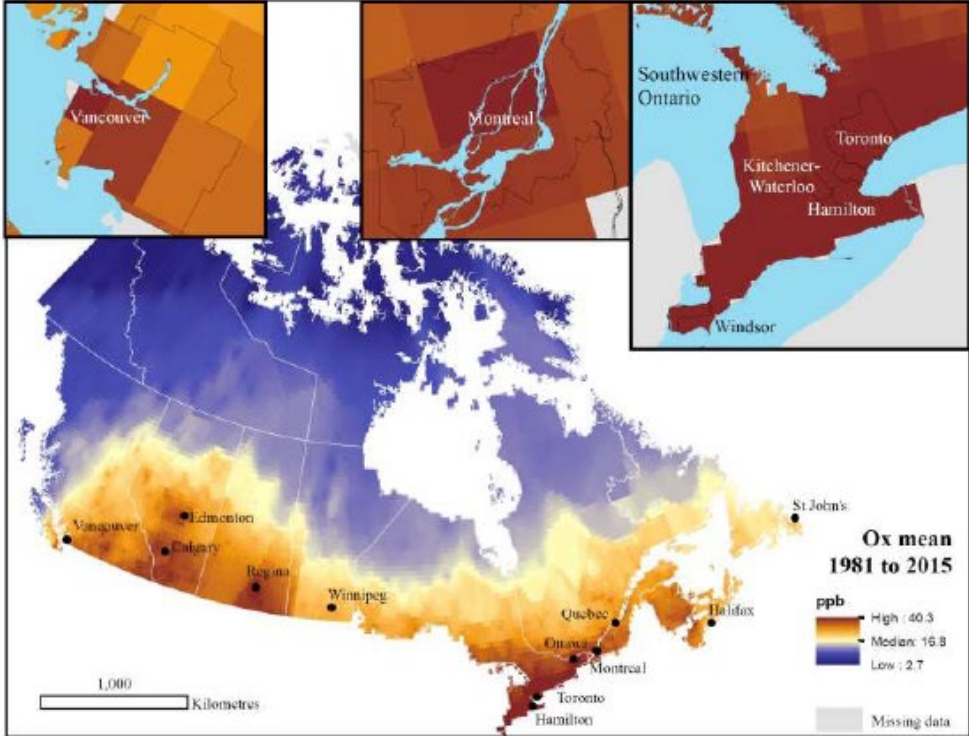
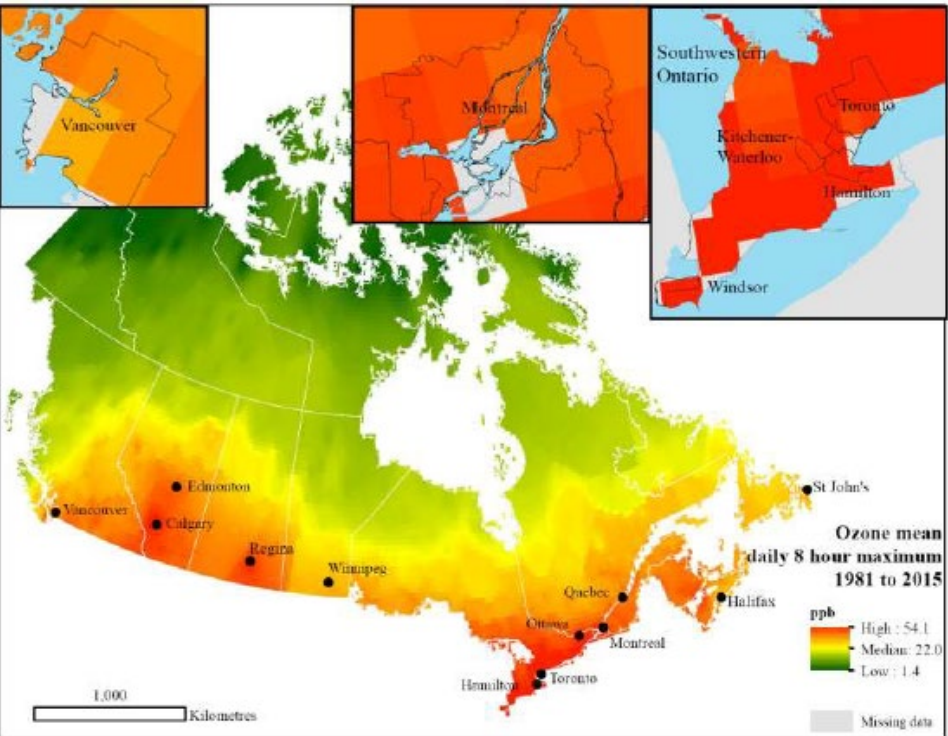
	HR for PM _{2.5} in terciles of O ₃	HR for PM _{2.5} in terciles of O _x
Lowest	1.091 (1.065, 1.118)	0.895 (0.874, 0.917)
Middle	1.041 (1.020, 1.062)	1.006 (0.985, 1.027)
Highest	1.099 (1.078, 1.120)	1.086 (1.064, 1.108)



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- The strongest association observed in areas with higher oxidant gases
- The observed impact of oxidant gases on associations for $PM_{2.5}$ concentrations likely reflects spatial variations in atmospheric processes/sources that can impact the toxicity of overall air pollution mixtures (e.g., particle aging/oxidation of organic components) and not a direct biological impact of the oxidant gases themselves

- Pooling eight ESCAPE cohorts and the Danish Nurse Cohort (N = 325,367)
 - Large administrative cohorts from seven countries in Europe (N = 28 million)
 - Age ≥ 30 y at baseline
 - Non-accidental mortality
-
- Annual average of $PM_{2.5}$, NO_2 , BC and warm season O_3 at 100x100 m resolution, year 2010
 - Two-pollutant linear models for all combinations of $PM_{2.5}$, NO_2 , BC and O_3



Air pollution and non-accidental mortality in the **pooled cohort**

Pollutant	Single pollutant HR	HR adjusted for PM _{2.5}	HR adjusted for NO ₂	HR adjusted for BC	HR adjusted for O ₃
PM _{2.5}	1.130 (1.106, 1.155)	NA	1.083 (1.054, 1.113)	1.092 (1.062, 1.123)	1.089 (1.061, 1.117)
NO ₂	1.086 (1.070, 1.102)	1.050 (1.031, 1.070)	NA	1.074* (1.038, 1.112)	1.053 (1.032, 1.074)
BC	1.081 (1.065, 1.098)	1.039 (1.019, 1.060)	1.012* (0.977, 1.048)	NA	1.044 (1.024, 1.065)
O ₃	0.896 (0.878, 0.914)	0.935 (0.913, 0.957)	0.940 (0.914, 0.966)	0.930 (0.906, 0.955)	NA

N=325,367;

HR for increase in PM_{2.5} – 5 µg/m³, NO₂ – 10 µg/m³, BC – 0.5×10⁻⁵/m, O₃ – 10 µg/m³

Air pollution and non-accidental mortality: meta-analysis of 7 **administrative cohorts**

Pollutant	Single pollutant HR	HR adjusted for PM _{2.5}	HR adjusted for NO ₂	HR adjusted for BC	HR adjusted for O ₃
PM _{2.5}	1.053 (1.021, 1.085)	NA	1.003 (0.982, 1.025)	1.021 (0.997, 1.046)	1.031 (0.999, 1.064)
NO ₂	1.044 (1.019, 1.069)	1.042 (1.020, 1.065)	NA	1.041* (1.009, 1.073)	1.040 (1.012, 1.069)
BC	1.039 (1.018, 1.059)	1.030 (1.012, 1.049)	1.004* (0.985, 1.022)	NA	1.028 (1.005, 1.051)
O ₃	0.953 (0.929, 0.979)	0.972 (0.947, 0.996)	0.987 (0.961, 1.014)	0.976 (0.948, 1.005)	NA

N= 28,153,138;

HR for increase in PM_{2.5} – 5 µg/m³, NO₂ – 10 µg/m³, BC – 0.5×10⁻⁵/m, O₃ – 10 µg/m³

- Associations observed not only for $PM_{2.5}$, but also NO_2
- $PM_{2.5}$ HR reduced with NO_2 , cannot be interpreted as an artefact related to multi-collinearity (moderate correlation and the width of CI only modestly increased)
- The NO_2 association may reflect direct effects of NO_2 or correlated combustion-related particles such as ultrafine particles.
- The reduction of the $PM_{2.5}$ HR did not imply that particles had no effect, as adjustment for NO_2 also adjusted for particles from the sources shared with NO_2 , including motorized traffic and other fossil fuel combustion sources.



Medicare

- Open cohort of Medicare enrollees (N = 68.5 million)
 - Period 2000 – 2016
 - Age \geq 65 y
 - All-cause mortality
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- Annual PM_{2.5}, NO₂ and warm season O₃, 1 × 1 km grid, 2000 to 2016

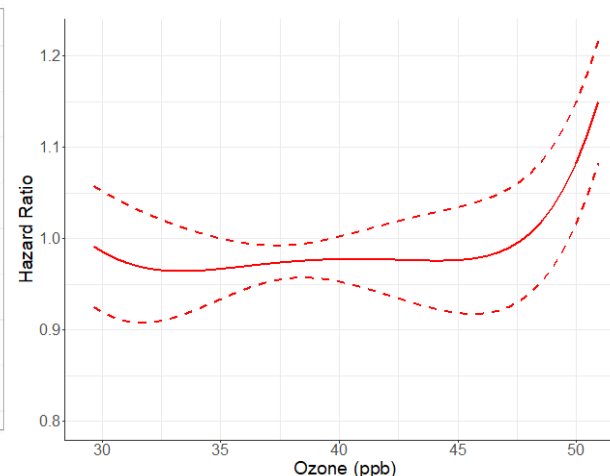
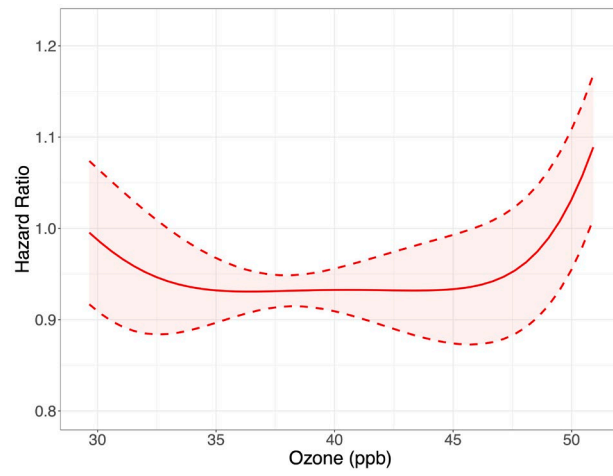
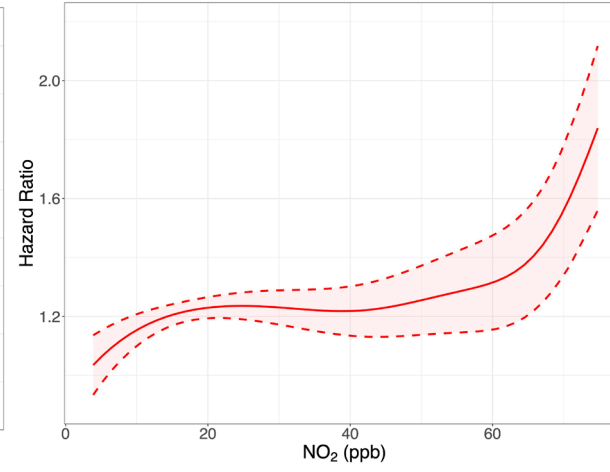
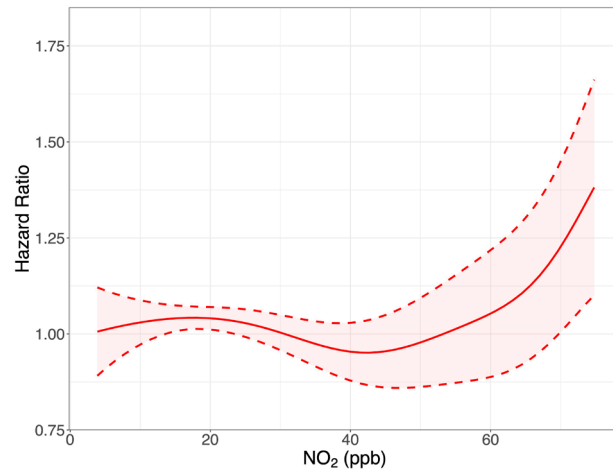
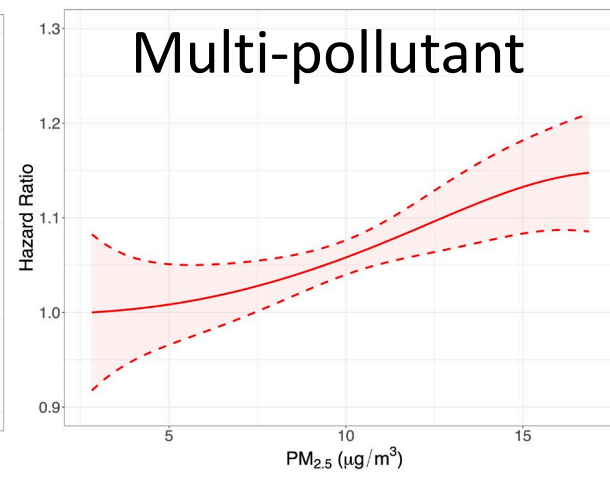
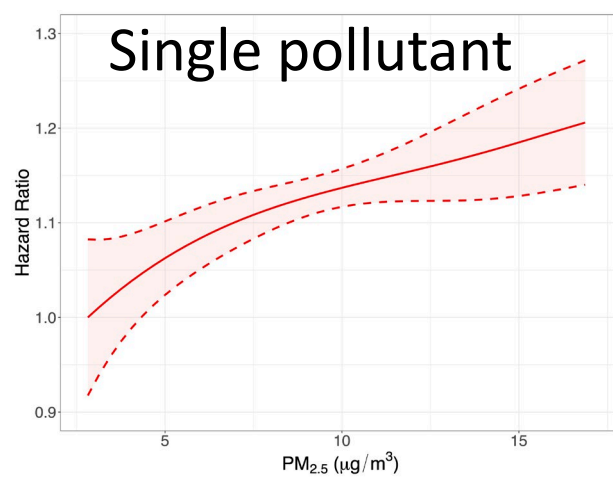


Two-pollutant linear model (Di et al., NEJM, 2017)

	Single-pollutant model	Two-pollutant model
PM _{2.5}	1.084 (1.081, 1.086)	1.073 (1.071, 1.075)
O ₃	1.023 (1.022, 1.024)	1.011 (1.010, 1.012)

HR per 10 $\mu\text{g}/\text{m}^3$ PM_{2.5} or per 10 ppb ozone

**Causal exposure-response curve:
air pollution and
all-cause mortality
(GPS matching)**



(Dominici et al.,
HEI final report, under review)

Summary

		MAPLE	ELAPSE	Medicare
Statistical methods				
	Linear two-pollutant	√	√	√
	Tercile analyses	√		
	GPS matching			√
Pollutants				
	PM _{2.5}	√	√	√
	NO ₂		√	√
	O ₃	√	√	√
	O _x	√		

- Attenuated associations between PM_{2.5} and mortality after adjusting for other pollutants
- Results should be interpreted with caution (e.g., spatial variation, emission sources, correlations)

Ongoing work related to multi-pollutant analyses

- Each team will apply multi-pollutant approaches applied by the other two teams
- The Harvard and ELAPSE teams will additionally assess O_x
- The Harvard and MAPLE teams will use the same $PM_{2.5}$ and NO_2 exposure surfaces; the ELAPSE team is not able to assign new exposures

ELAPSE



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Thanks for listening!