

## **1. INTRODUCTION**

### **1.1. Background**

#### **1.1.1. Cancer Burden**

As one of the leading causes of death worldwide, cancer is a public health problem well known for its impact on society. Characterized by mutations of DNA (the genetic blueprint of health and homeostasis), an estimated 1,658,370 new cases of cancer were diagnosed in the USA in 2015; and over half a million died from the disease that same year<sup>[1]</sup>. Furthermore, in addition to the human toll of cancer, the financial implications, both direct (treatment and rehabilitation) and indirect (morbidity and mortality), are profound. The direct costs of cancer in the USA in 2011 was estimated to be nearly \$89 billion<sup>[2]</sup>.

#### **1.1.2. Carcinogens**

The genomic alterations that allow cancer to manifest are identified to be caused by both inherited tendencies and external/environmental elements. Non-hereditary influences include lifestyle and behavioral factors, such as smoking, along with naturally occurring exposures such as, sunlight and other household or workplace exposures. Though dependent on dose, potency, and length of exposure- any substance that can cause damage to DNA, directly or indirectly, are said to be carcinogenic<sup>[1]</sup>.

#### **1.1.3. Occupations**

It is no surprise that some occupations inherently have varying levels of exposures to potential carcinogens<sup>[3-4]</sup>. Most staggeringly may be miners; exposed to elements such as uranium, dust, chemicals, and dangerous conditions, mining is one of the most dangerous professions. Firefighters and medical professionals also consent to potentially higher levels of occupational exposures, from which we take measures to safeguard against. But one of the most common occupations, serving in our nation's military, has largely lacked attention, and research (on a broad scale), to investigate what occupational exposures may excessively render them more susceptible to certain diseases, including cancer.

#### 1.1.4. Veterans, Carcinogens & Cancer

##### 1.1.4.1. *Coast Guard*

In a study conducted assessing mortality related to specific assignments of marine inspectors within the branch of the U.S. Coast Guard, this population was compared to non-inspector officers of the same branch, as well as to national mortality standards for civilians. Though when inspectors were compared to non-inspectors, no statistically significant figures were found; inspectors and non-inspector officers were shown to have decreased all-cause life expectancy, as well as discrepant deficits for all malignant neoplasms<sup>[5]</sup>.

##### 1.1.4.2. *Agent Orange*

Between 1962 – 1971 US military forces sprayed herbicides over the thick jungle landscape of Vietnam in hopes to: eradicate the leafy green canopy that served to conceal opposition forces, destroy crops that enemy forces might depend on, and clear tall grasses and bushes from the perimeters of US bases. Since then, numerous studies have been conducted on the herbicides used: Agent Orange and several other tetrachlorodibenzo-p-dioxins (TCDDs). Once data had been stratified to statistically account for time served in Southeast Asia, it was discovered that the unit responsible for spraying, known as Operation Ranch Hand, had increased risks for prostate cancer and melanoma<sup>[6-7]</sup>.

##### 1.1.4.3. *Testicular Cancer*

Although testicular cancer only comprises 1% of all male cancers, it is the most commonly diagnosed malignancy in young men. In a French study looking at rising incidence of testicular diagnosis within the military, they found the mean patient age to be 30.8 years when compared to the general public, 37.4 years<sup>[8]</sup>. Similar findings were reported for U.S. military service men, with mean age at diagnosis approximately 29.8 (data from 1990-2003)<sup>[9]</sup>. Though age is certainly a confounding demographic, in which active military personnel have younger male populations than the general public, it is still believed that environmental exposures, particularly for technicians exposed to aviation fuels, is the cause of a rising incidence of stage 1 testicular germ cell tumors (TGCT)<sup>[8]</sup>. This was certainly

discovered to be the case for another study looking at military deployment to the Persian Gulf during the 1991 conflicts. Using national cancer registry data and information from 621,902 Gulf War veterans, testicular cancer was found to be the malignancy that was most significantly increased when compared to non-Gulf War veterans (n=726,248). Though research into the prominence of cancer among veterans has gotten more attention since the Vietnam War and the infamous Agent Orange, this study clearly linked not only a risk between veteran status, but an increased risk linked to specific deployments<sup>[10]</sup>.

#### 1.1.4.4. *Camp Lejeune*

One particular disaster to have taken place in US history, on US soil, that seems to avoid the limelight, was the continual pollution of water systems supplying a Marine Corp base in North Carolina; a base covering nearly 200 square miles of land and currently home to 54,000 people. The discovery of nearly a dozen volatile compounds (VOCs) in late 1980 was far too late to address the contamination that had been occurring since the early 1950s. It was estimated to have exposed an average of 10,000 individuals annually in areas serviced by the water systems discovered to be highly carcinogenic<sup>[11-14]</sup>.

There certainly has been a flurry of efforts since the true unveiling of this public health problem, but they regrettably fall just short of being enough. For example, the Agency for Toxic Substances and Disease Registry (ATSDR) succeeded in publishing a critical Health Assessment in 1997, which found a statistically significant association between the exposure to toxic water at Camp Lejeune and adverse pregnancy outcomes (such as small gestational age), and are still conducting valuable research on in utero assaults, however, the larger population of adults that have been exposed have had no additional support, through the form of research, to compare and evaluate their potential increased risk for poor health outcomes or malignancies<sup>[11-14]</sup>.

## 1.2. **Research Question**

Stirred by the hundreds of anecdotal stories and legal cases against the government for premature and atypical cancer clusters in veterans stationed at the specific bases known to have been supplying hundreds of thousands of service individuals with water polluted with carcinogenic toxins,

along with the plethora of published research on higher incidences of specific cancers being linked with particular military assignments (either by time frame, locale, or chemical exposure), my aim with this paper is to capture a glimpse of what insight the data from the Behavioral Risk Factor Surveillance System (BRFSS) survey of 2013 could afford on the issue of veterans and their association with all cancers (skin cancers and solid organ cancers included). In looking at veteran status as the exposure and cancer as the outcome, it was my objective to contribute to current literature through answering the following umbrella question: Is there an association between a history of serving in any branch of the military and any cancer diagnosis?

### **1.3 Hypothesis**

With previous significant findings from research conducted on similar topics, most commonly specific cancer diagnosis with unambiguous branches of military, deployments, service time, locations, or duties, I hypothesize that overall, veterans would have a higher prevalence of cancer, than civilians in the US population.

## **2. METHODS**

### **2.1. Data Source**

This study used data from the 2013 BRFSS; a Centers for Disease Control (CDC) sponsored population-based health telephone survey, initiated in 1984, that collects cross-sectional information on the health behaviors and protective characteristics of the non-institutionalized US adult population, aged 18 years or older. Conducted year-round in all 50 states, the District of Columbia, and three territories, survey respondents are identified through random-digit-dialing, which includes listed and non-listed numbers. In addition to landlines, cellular telephones have also been surveyed since 2011 and comprise approximately 20% of respondents. In 2013 the BRFSS obtained data on 491,773 individuals. And by means of complex design involving the aggregation of data by state, post-stratification weighing, ranking methodology, clustering and multistage sampling the BRFSS yields nationally representative estimates<sup>[15-17]</sup>.

## 2.2. Measures

It should also be noted that unless otherwise mentioned, for all measures, responses of *don't know/not sure* and *refused* were recoded as *missing*.

### 2.2.1. Exposure

The conceptual definition of the exposure (independent/predictor variable) is having been a member of any branch of the US armed forces. The operational definition for this variable used the BRFSS demographic question, “Have you ever served on active duty in the US Armed forces, either in the regular military or in a National Guard or military reserve unit?” It should be noted that active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. This question was asked in every state, as it is a part of a core section. Veterans are “exposed” and non-veterans/civilians are “unexposed.” My exposure is categorically binary/dichotomous. Subjects can either be veterans or not be veterans<sup>[18]</sup>.

### 2.2.2. Outcome

Although aforementioned examples focus on solid organ cancers, since there is a documented link of sun exposure associated with the occupational exposure of being a in the armed forces, as seen in a study conducted by the Department of Defense (DoD) in which active duty military personnel were seen to have higher rates of melanoma between 2000 and 2007<sup>[19]</sup>; I felt it best to combine the skin cancer data with “all/any other cancer” for the purposes of this research. Thus, the conceptual definition of the outcome (dependent/response variable) is having had any cancer (including any skin and/or non-skin /solid organ cancer diagnosis). The operational definition is devised from the questions that originally asked, “Have you ever been told you have skin cancer?” and the follow up question, “Have you ever been told you have any other type of cancer?” My outcome variable is also categorical, and binary/dichotomous. Subjects can either have (or had) cancer or not have (or had) cancer. This variable was also asked of all respondents being that is also a core module (Chronic Health Conditions, Section 7, Questions 6 & 7)<sup>[18]</sup>.

### 2.3. Analytic Sample

The US population of non-institutionalized adults, >18 years of age is the target population for the BRFSS. The 491,773 respondents in 2013, compose the sample population<sup>[16]</sup>. Of these observations a total of 741 were removed for invalid responses for the exposure of veteran status (166 answered don't know/not sure, 330 refused to answer and 245 had missing data for this variable). From the remaining 491,032 observations- an additional 2,176 were removed for invalid data for the outcome variables to the two questions pertaining to skin and any/all other cancer types. There was no missing data for the question pertaining skin cancer, but 1,121 answered don't know/not sure and another 183 refused to answer. As for the data for any/all other cancers, again there was no missing data, but 992 answered don't know/not sure and another 230 refused to answer. The resulting 488,856 essentially comprise our final analytic sample, with < 1% of the eligible population excluded, see Chart 1.

**Chart 1:** Initial Population & Final Analytic Sample

<b>Target Population</b>	Non-Institutionalized Adults (18+)
<b>Sample Population</b>	491,773 (BRFSS 2013 Respondents)
<b>Observations Removed for Invalid Data* for Exposure and/or Outcome variables</b>	2,917
<b>Analytic Sample</b>	488,856

*\*Invalid consisted of recorded answers of Don't Know/Not Sure, Refused or Missing for questions pertaining to veteran status (exposure) and both skin and non-skin cancer questions (outcome).*

### 2.4. Covariates / Confounders

The BRFSS provides information on a wide range of demographic and background characteristics. Given their relevance and presence in previous literature pertaining to the exposure and/or outcome, a total of 11 potential confounders were initially considered for this research. However, through bivariate analysis, comparisons of crude and adjusted odds ratios (ORs), as well as calculations of percent change between the two, plus model building and estimations through forward and backward stepwise estimation and deletion— six were eliminated from the final regression model: health insurance coverage, heavy drinking habits<sup>[20]</sup>, BMI>25 Overweight/Obese<sup>[21-23]</sup>, fruit intake of at least 1 serving

daily, vegetable intake of at least one serving daily, and any exercise in past 30 days; leaving: sex, age, ethnicity, doctor, and smoking.

#### 2.4.1. Sex

The variable for sex had no missing information and was a binary variable in which respondents were identified as male or female. Important to note here is that sex certainly plays a role larger than delineating gender as a demographic covariate. In addition to recognizing that cancer prevalence varies by gender, specific research on Male Breast Cancer in the veteran population, has shown discrepant care and deficits in overall survival rates when compared to their female counterparts for identical diagnosis and stage of cancer diagnosis<sup>[11]</sup>.

#### 2.4.2. Age

Investigating previously published research on the veteran population<sup>[23]</sup>, including the VetPop Initiative<sup>[36, 24]</sup>, allowed for the assessment if particular stratifications were more appropriate for this sample. Due to the nature of the outcome, and considering that 77% of cancer cases are diagnosed after 55 years of age<sup>[11]</sup>, I felt it most important to make sure we had disaggregated data before and after that critical marker and thus, did not precisely mirror the prominent data reporting trends, that often reported data for the age group 44-59<sup>[25]</sup>. In the end I used four bins for age: 18-34, 35-54, 55-64, and 65+. There was no missing data.

#### 2.4.3. Ethnic Background

In commonly published research on the veteran population, as well as research conducted by the CDC, the racial background groupings are near identical to that provided by the BRFSS<sup>[24]</sup>. However, three of the ethnic categories had less than 1% proportion of the sample, and thus I combined *American Indian or Alaskan Native* (1%), *Asian* (4.5%), *Native Hawaii or Pacific Islander* (<1%), *Multiracial* (1.3%), and *Other* (<1%). In the end, the three largest ethnic groups were represented: *White* (n=375,265, 63%), *Black* (n=39,000, 11%), and *Hispanic* (n=36,909, 16%), plus *Other* (containing the aforementioned groups). This four group arrangement consistently matches nicely with other research conducted on the veteran population<sup>[25]</sup>. According to U.S. CDC cancer statistics, the risk of developing

cancers of diverse types is not comparable across diverse ethnic groups<sup>[24]</sup>, making this demographic covariate critical to be included in our statistical analysis. In fact, as of 2012 the American Cancer Society has presented statistics revealing Hispanic populations experience cancer as the leading cause of death, when compared to non-Hispanic populations, for which heart disease is the leading cause of death<sup>[26]</sup>.

#### 2.4.4. Access to Health Care

Conceptually I wanted to include an element of “access” to health/medical care in this research to understand if there was a relationship with cancer diagnosis and veteran status. In early stages of bivariate analysis and developing the final regression model both insurance and primary care provider/doctor (PCP) data were considered to serve as a proxy for “access;” using the following two questions from the Health Care Access section of the BRFSS survey: (1) “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?; and (2) “Do you have one person you think of as your personal doctor or health care provider?”<sup>[16, 18]</sup>. With the established Veteran Affairs (VA) system and associated medical care and system afforded to veterans, you would expect that the former question pertaining to insurance coverage would result in 100% of respondents indicating they have coverage, however in bivariate analysis we found that greater than 10% of veteran respondents did not indicate they had access to health insurance coverage (n=55,242 – 11.28%). Nevertheless, in the end, insurance was excluded while the variable elaborating primary care doctor access remained in the final regression model.

#### 2.4.5. Smoking Status

Since smokers use approximately 25% of health care spending nationally<sup>[27]</sup> and since smoking status is considered to contribute to disproportions of prevalence of cancer, assessing such for our analytic sample seemed indispensable. Although smoking prevalence overall has been on a slow, though statistically significant, decline- decreasing from 21% to 19% from 2005 to 2011<sup>[27-29]</sup>, military veterans have been shown to be at high risk for nicotine dependence. Smoking rates have been found to increase



with deployment, and so much as a 9% escalation has been cited<sup>[30-32]</sup>. In one particular study of personnel serving in the first Gulf War, 7% reported starting smoking for the first time during deployment. In another study focused on American military personnel on active duty in Iraq and Afghanistan, smoking rates of >50% were revealed<sup>[30-32]</sup>. Moreover, when compared to the British, of which 29% of their military population of preexisting smokers increased cigarette consumption on deployment, the US military has witnessed an 56% increase<sup>[31, 33]</sup>.

Previous studies indicate that not only are veterans more likely to be current smokers, but the VA system found in a study, of three 500 veteran cohorts, that 43% of current smokers had an interest in clinical programs to help with smoking cessation, (77% of whom participated)<sup>[34]</sup>.

Tobacco use was assessed primarily through one question: (1) “Have you smoked at least 100 cigarettes in your entire life?”<sup>[16, 18]</sup> Those that answered no to the first question were considered non-smokers, where as those you answered yes to the first question were then promoted to elaborate as to whether they are a former or current smoker (either every day or some days). For the purpose of my research current and former smokers were combined and a binary variable was generated separating never/non-smokers from former or current smokers.

## **2.5. Statistical Analysis**

### **2.5.1. Software**

The statistical software, STATA (version 14.0)<sup>[35]</sup>, was used for all statistical analyses. In order to account for the complex survey design and report weighted and nationally representative data, survey commands were used in the statistical software.

### **2.5.2. Bivariate Analysis**

Bivariate analysis was performed to compare demographic characteristics and potential confounders among the BRFSS sample with valid data for exposure and outcome to test for covariance. Using Pearson’s chi-squared tests of independence, veteran status was compared against cancer and all covariates mentioned. Weighted data was used to generate data as presented in Table 1. P-values <0.05

were considered statistically significant, though it should be noted that all reported findings had p-values <0.001.

**Table 1: Cancer Outcome and Covariates of Interest for Veterans & Civilians: BRFSS 2013**  
 Though 11 covariates were initially assessed only those included in the final regression model have been presented below.

Veteran Status			No n=429,527 (87.47%)	Yes n=61,505 (12.53%)
Cancer	No	406,581 (89%)	361,440 (90%)	45,141 (80%)
	Yes	82,275 (11%)	66,309 (10%)	15,966 (20%)
Age	18-34	77,033 (30%)	73,005 (32%)	4,028 (14%)
	35-54	143,375 (35%)	132,066 (36%)	11,306 (27%)
	55-64	108,705 (16%)	96,721 (16%)	11,984 (18%)
	65+	159,746 (19%)	125,957 (16%)	33,789 (41%)
Sex	Male	199,865 (49%)	144,249 (44%)	55,616 (91%)
	Female	288,991 (51%)	283,500 (56%)	5,491 (8.9%)
Ethnic Background	White	374,367 (64%)	324,441 (63%)	49,926 (75%)
	Black	38,966 (12%)	34,711 (12%)	4,255 (12%)
	Hispanic	36,868 (17%)	34,598 (18%)	2,270 (7.1%)
	Other	30,326 (7.6%)	26,939 (7.9%)	3,387 (5.2%)
At least 1 Primary Care Doctor	No	79,074 (24%)	70,506 (24%)	8,568 (18%)
	Yes	408,025 (76%)	355,727 (76%)	52,298 (82%)
Smoker Status	Never	260,511 (57%)	238,844 (59%)	22,067 (39%)
	Yes (Is &/or Was)	213,477 (43%)	176,170 (41%)	37,307 (61%)

*\*All P-Values were statistically significant and <0.001*

### 2.5.3. Model Building & Excluded Covariates

All variables eliminated in either forward or backward stepwise estimations were removed, along with all covariates with non-significant regression coefficients and those with less than a ten percent change<sup>i</sup> between crude and adjusted odds ratio, (with the exception of sex which was forced into the final model despite a 3% change in odds ratio), were eliminated.

### 2.5.4. Logistic Regression

I ran separate multiple logistic regression models to assess the independent association between cancer and each demographic and potentially confounding covariate. Then multivariate logistic regression analyses were conducted to assess whether veteran status predicted the odds of cancer in the presence of three demographic confounders and two other covariates. Crude ORs, adjusted ORs and 95% confidence intervals (CIs) were calculated from these logistic regressions and are presented in Table 2. P-values <0.05 were considered statistically significant, though it should be noted that all reported findings had p-values <0.001.

## 3. RESULTS

Bivariate analysis revealed that 12.5% of respondents were veterans (n=61,505), and 11% had cancer (n=82,275). Among veterans 20% had cancer compared to 10% of non-veterans, (P<0.001). Veterans were more likely to be older when compared to non-veterans. 41% of veterans were older than 65 years, compared to 16% of non-veterans (P<0.001). Veterans were also more likely to be male. 91% of veterans were male, compared to 44% of non-veterans, (P<0.001). There were proportionally more Hispanics among non-veterans (18%) than among veterans (7.1%). However, this was not true for Whites, which were proportionally more among veterans (75%) than among non-veterans (63%), (P<0.001). Veterans were less likely to not have a PCP when compared to non-veterans, respectively 18% compared to 24% (P<0.001). And there were more current and/or former smokers among veterans (61%), when compared to non-veterans 41%, (P<0.001).

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<sup>i</sup>Investigators determine whether there is confounding by estimating the measure of association before and after adjusting for a potential confounding variable. A change in the estimated measure of association of 10% or more would be evidence that confounding was present, but if the measure of association changes by <10%, there is likely to be little, if any, confounding by that variable.

**Table 2:** Unadjusted and Adjusted Odds Ratio of Cancer Among Veterans: BRFSS 2013  
 Though 11 covariates were initially assessed only those included in the final regression model have been presented below.

Characteristics		Crude Odds Ratio (95% CI)*	Adjusted Odds Ratio (95% CI)**
Veteran	No	1.00 (ref)	1.00 (ref)
	Yes	2.29 (2.20, 2.38)	1.45 (1.38, 1.52)
Age	18-34	0.04 (0.038, 0.045)	0.061 (0.056, 0.066)
	35-54	0.16 (0.15, 0.17)	0.205 (0.196, 0.215)
	55-64	0.41 (0.40, 0.43)	0.47 (0.45, 0.49)
	65+	1.00 (ref)	1.00 (ref)
Sex	Male	1.00 (ref)	1.00 (ref)
	Female	1.31 (1.27, 1.35)	1.38 (1.33, 1.44)
Ethnic Background	White	1.00 (ref)	1.00 (ref)
	Black	0.34 (0.31, 0.36)	0.40 (0.37, 0.43)
	Hispanic	0.22 (0.20, 0.24)	0.38 (0.35, 0.42)
	Other	0.29 (0.26, 0.33)	0.44 (0.39, 0.49)
At Least 1 Primary Care Doctor	No	1.00 (ref)	1.00 (ref)
	Yes	4.14 (3.89, 4.40)	1.72 (1.61, 1.84)
Smoker Status	No, Never	1.00 (ref)	1.00 (ref)
	Yes, Former or Current	1.63 (1.58, 1.68)	1.25 (1.21, 1.30)

\*All Crude OR have P-values <0.001

\*\*All Adjusted OR have P-values <0.001

Unadjusted, non-institutionalized adults in the USA who are veterans have 2.29 the odds of any/all cancer compared to those who are non-veterans (P<0.001). Also, among the same sample population, those who are aged 18-34 years, 35-54 years, and 55-64 years have, respectively, 0.04, 0.16, and 0.41 the odds of cancer than those who are 65 years and older (P<0.001). Further, women of the same sample population, have 1.31 the odds of cancer when compared to males (P<0.001). Additionally,

blacks, Hispanics, and individuals placed in the other category respectively have 0.34, 0.22 and 0.29 the odds when compared to whites ( $P < 0.001$ ). Those with access to at least one PCP have 4.14 times the odds of a cancer diagnosis when compared to those who do not have at least one PCP ( $P < 0.001$ ). And former and/or current smokers have 1.63 times the odds of a history of or current diagnosis when compared to non-smokers ( $P < 0.001$ ). However, when adjusted the relationship between exposure/predictive variable veteran status and outcome/response variable, cancer, changes by nearly 37% when accounting for the five selected covariates: age, sex, ethnicity, doctor, and smoking. Among non-institutionalized adults in the USA those who are veterans have 1.45 the odds of cancer compared to those who are non-veterans, independent of age, sex, ethnicity, PCP and smoking status ( $P < 0.001$ ).

#### 4. **DISCUSSION**

A more thorough understanding of the occupational risks to which we expose our military is more than just an ethical concern. The costs to society and burden on quality of life is impacted, and is particularly exorbitant considering the premature and uncharacteristic manifestations of malignancies in the veteran population<sup>[5, 8-14]</sup>. This study demonstrates that, consistent with our hypothesis, veterans are associated with a higher incidence of cancer and to my knowledge, this is the first study to look at the broad association of this occupational exposure as a risk factor for any/all cancer. Though cancer-specific or branch-specific research is valuable, so too is the comprehensive understanding of the association of these two variables. I believe these findings are novel and substantively add to the literature on veterans and cancer for a myriad of reasons, including: the political and medical leverage it affords for cancer clusters<sup>ii</sup> within the veteran population that have gained little saliency<sup>[11-14]</sup>, the generalizability of the data gleaned, the impact on policy and public programming such as providing backing to cessation interventions within the veteran community<sup>[37]</sup> and the implications of the

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<sup>ii</sup> Since cancer is a common disease (approximately one in two men and one in three women, over their lifetime, will develop or die from cancer) it can be difficult to discover when true cancer clusters arise from workplace, or occupational, exposure. What constitutes a true cancer cluster, which would then demand further investigation, is the homogeneity of the cancer type within a given workplace, along with whether they are primary or metastasized cancers<sup>[3-4]</sup>.

effectiveness of the VA system, of which more than 10% of the veteran population is unaware or unsure of their available benefits.

#### **4.1. Population Comparison**

Of our analytic sample, approximately 12.52% of them indicated they are a veteran (n=61,322). The remaining 428,591 observations are non-veterans/civilians and comprise 87.48% of the sample. On Sept 30<sup>th</sup> of 2013 the US census indicated the resident population to be around 317,133,991<sup>[36]</sup>, and the Veterans Affairs (VA), through an initiative called VetPop2014, indicated that the estimated population of living veterans residing in the US to be 22,299,350 on Sept 30<sup>th</sup> of 2013<sup>[37]</sup>. These statistics indicate that our target population allegedly has a near 14% veteran population, which is less than a 2% margin from what the BRFSS portrays in their data for 2013, which translates to fairly good representation for a potentially hard to reach population due to high rates of homelessness<sup>[23, 25]</sup>.

#### **4.2. Limitations**

As with much research, limitations are a natural element in which components such as study design, sampling, measurement tools, and the measures themselves, e.g. self-reported versus clinically obtained biometrics, have the potential to be sources of confounding and could contribute to an attenuated magnitude of effect.

##### **4.2.1. Cross-Sectional Data**

The cross-sectional study design poses challenges to establishing causality considering the missing element of temporal sequence between military service and health outcomes later in life, during veteran-hood. Further, the trajectory of and nature of malignancy and cancer development and diagnosis represents a complex interplay of risk and protective factors operating at the individual-, familial-, and community-levels, and these can conspire in ways that may moderate the effect of exposures as a veteran.

##### **4.2.2. Confounders**

Although through the use of a conventional approach of multivariate analysis, confounders may originate from the study design, such as not collecting data on a potential confounder. And though the BRFSS does collect information on a great deal of health-related variables, I speculate that richness of data could be improved with specifying whether respondents were currently serving or resigned from active military duty. The phrasing of the current question/codebook allows for ambiguity. The conceptual definition of a veteran is prior servitude, not active. Thus, if an individual were state-side and were surveyed they could theoretically answer the question “Have you ever served on active duty in the US Armed forces, either in the regular military or in a National Guard or military reserve unit?” – Yes, but technically not yet be a veteran. Instead of a binary variable, value could be gained from delineating civilian, actively serving and veteran-status post resignation/discharge/retirement.

#### 4.2.3. Language

Though the CDC provides a Spanish translation for the core questionnaire and optional modules, no further language support or translations are provide. Instead the BRFSS indicates that if any particular state has a significant population of non-English speakers, the state has the option to translate the questionnaire<sup>[17]</sup>. This leaves a great deal of potential for poor quality data collection, especially since no data is available on which states chose to do so and what their process was to conduct such translations for which languages, which begs me to question the consistency and administration of the survey in languages other than English or Spanish. Without language translations for major non-English speaking groups, or with poor quality translations, we are potentially either missing millions of respondents and thus creating a sampling bias and generating less generalizable data or simply collecting poor data. The US Census reported that in 2013 61.6 million spoke a language other than English at home and of that 41% (25.1 million) were of Limited English Proficiency (LEP). Of LEPs 64% were Spanish-speakers (16.2 million) but other major languages of LEPs included: Chinese with 6% (1.6 million), Vietnamese 3% (847,000), Korean 2% (599,000) and Tagalog also approximately 2% (509,000)<sup>[38]</sup>.

### **4.3. Conclusion**

Despite the aforementioned limitations, not all of which were thoroughly discussed (such as the potential for recall bias) the BRFSS telephone survey has been shown to establish true validity and reliable measures<sup>[39-40]</sup> from which we can confidently trust that the findings presented offer some statistically sound insight to a connection between veteran status and any/all cancers.

However, further studies are needed to better understand the mechanisms through which these two variables interact. The cross sectional nature of the data does not allow for extrapolating a causal or temporal direction to their relationship, but the results do indicate significant insight that can impact future studies, policy setting, funding trends, and even physician interaction with veteran patients.



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**6. APPENDIX**

```
. use "D:\[[ COURSES ]]\11. [2508 Biostats & Data Analysis II]\[Data]\2013 BRFSS data and
documentation\LLCP2013.start\LLCP2013.start.dta", clear

. save "D:\[[ COURSES ]]\11. [2508 Biostats & Data Analysis II]\[Final Project]\Final Project
DataSet.dta"

file D:\[[ COURSES ]]\11. [2508 Biostats & Data Analysis II]\[Final Project]\Final Project
DataSet.dta saved
```

Generated new variables

Tab to look at original variable from dataset

Generate to create new variables to work with

Replace or recode to recode data as desired

Tab to check recoding of new variable

```
. tab veteran3
```

```
ARE YOU A |
          VETERAN |      Freq.    Percent    Cum.
-----+-----
           1 |    61,505     12.51    12.51
           2 |   429,527     87.39    99.90
           7 |      166      0.03    99.93
           9 |      330      0.07   100.00
-----+-----
          Total |   491,528   100.00
```

```
. gen vet=veteran3
```

(245 missing values generated)

```
. recode vet (1=1) (2=0) (7=.) (9=.)
```

(vet: 430023 changes made)

```
. tab vet
```

```
          vet |      Freq.    Percent    Cum.
-----+-----
           0 |   429,527     87.47    87.47
           1 |    61,505     12.53   100.00
-----+-----
          Total |   491,032   100.00
```

```
. tab chcocncr
```

```
(EVER TOLD) |
YOU HAD ANY |
OTHER TYPES |
      OF C |      Freq.      Percent      Cum.
-----+-----
      1 |      47,139       9.59       9.59
      2 |     443,482      90.18      99.77
      7 |         922       0.19      99.95
      9 |         230       0.05     100.00
-----+-----
    Total |     491,773     100.00
```

```
. gen can=chcocncr
```

```
. recode can (1=1) (2=0) (7=.) (9=.)
```

```
(can: 444634 changes made)
```

```
. tab can
```

```
      can |      Freq.      Percent      Cum.
-----+-----
      0 |     443,482      90.39      90.39
      1 |      47,139       9.61     100.00
-----+-----
    Total |     490,621     100.00
```

```
. tab chcscncr
```

```
(EVER TOLD) |
YOU HAD |
SKIN |
CANCER? |      Freq.      Percent      Cum.
-----+-----
      1 |      45,529       9.26       9.26
      2 |     444,940      90.48      99.73
      7 |      1,121       0.23      99.96
      9 |         183       0.04     100.00
-----+-----
    Total |     491,773     100.00
```

```
. gen skin=chcscncr
```

```
. recode skin (1=1) (2=0) (7=.) (9=.)
```

```
(skin: 446244 changes made)
```

. tab skin

skin	Freq.	Percent	Cum.
0	444,940	90.72	90.72
1	45,529	9.28	100.00
Total	490,469	100.00	

. tab \_age\_g

IMPUTED AGE |

IN SIX |

GROUPS |

	Freq.	Percent	Cum.
1	27,188	5.53	5.53
2	50,154	10.20	15.73
3	60,371	12.28	28.00
4	83,734	17.03	45.03
5	109,444	22.25	67.29
6	160,882	32.71	100.00
Total	491,773	100.00	

. gen age=\_age\_g

. recode age (1=1) (2=1) (3=2) (4=2) (5=3) (6=4)

(age: 464585 changes made)

. tab age

age	Freq.	Percent	Cum.
1	77,342	15.73	15.73
2	144,105	29.30	45.03
3	109,444	22.25	67.29
4	160,882	32.71	100.00
Total	491,773	100.00	

. tab sex

RESPONDENTS |

SEX	Freq.	Percent	Cum.
1.Male	201,275	40.93	40.93
2.Female	290,498	59.07	100.00
Total	491,773	100.00	

```
. gen sexo=sex
```

```
. recode sexo (1=0) (2=1)
```

```
(sexo: 491773 changes made)
```

```
. tab sexo
```

sexo	Freq.	Percent	Cum.
0	201,275	40.93	40.93
1	290,498	59.07	100.00
Total	491,773	100.00	

```
. tab _race
```

COMPUTED			
RACE-ETHNICITY			
GROUPING	Freq.	Percent	Cum.
1.White, nh	376,451	76.55	76.55
2.Black, nh	39,151	7.96	84.52
3.AIAn, nh	7,683	1.56	86.08
4.Asian, nh	9,510	1.93	88.01
5.NHPI, nh	1,546	0.31	88.33
6.other, nh	2,693	0.55	88.87
7.multiracial, nh	9,130	1.86	90.73
8.Hispanic	37,054	7.54	98.27
9.dk/ns/ref	8,530	1.73	100.00
Total	491,748	100.00	

```
. gen eth=_race
```

(25 missing values generated)

```
. recode eth (1=1) (2=2) (3=4) (4=4) (5=4) (6=4) (7=4) (8=3) (9=.)
```

(eth: 66636 changes made)

```
. tab eth
```

eth	Freq.	Percent	Cum.
1	376,451	77.91	77.91
2	39,151	8.10	86.01
3	37,054	7.67	93.68
4	30,562	6.32	100.00
Total	483,218	100.00	

```
. tab _smoker3
```

COMPUTED |

SMOKING |

STATUS	Freq.	Percent	Cum.
1	55,157	11.22	11.22
2	21,455	4.36	15.58
3	138,218	28.11	43.68
4	261,621	53.20	96.88
9	15,322	3.12	100.00
Total	491,773	100.00	

```
. gen smoke=_smoker3
```

```
. recode smoke (1=1) (2=1) (3=1) (4=0) (9=.)
```

(smoke: 436616 changes made)

```
. tab smoke
```



smoke	Freq.	Percent	Cum.
0	261,621	54.91	54.91
1	214,830	45.09	100.00
Total	476,451	100.00	

```
. tab persdoc2
```

MULTIPLE  
HEALTH CARE  
PROFESSIONA

LS	Freq.	Percent	Cum.
1	369,084	75.05	75.05
2	41,306	8.40	83.45
3	79,587	16.18	99.63
7	1,176	0.24	99.87
9	620	0.13	100.00
Total	491,773	100.00	

```
. gen doc=persdoc2
```

```
. recode doc (1=1) (2=1) (3=0) (7=.) (9=.)
```

(doc: 122689 changes made)

```
. tab doc
```

doc	Freq.	Percent	Cum.
0	79,587	16.24	16.24
1	410,390	83.76	100.00
Total	489,977	100.00	

```
. tab hlthpln1
```

```
HAVE ANY |
HEALTH CARE |
COVERAGE |      Freq.      Percent      Cum.
-----+-----
```

	Freq.	Percent	Cum.
1	434,627	88.38	88.38
2	55,242	11.23	99.61
7	1,023	0.21	99.82
9	881	0.18	100.00
-----+-----			
Total	491,773	100.00	

```
. gen ins=hlthpln1
```

```
. recode ins (1=1) (2=0) (7=.) (9=.)
```

(ins: 57146 changes made)

```
. tab ins
```

```
ins |      Freq.      Percent      Cum.
-----+-----
```

ins	Freq.	Percent	Cum.
0	55,242	11.28	11.28
1	434,627	88.72	100.00
-----+-----			
Total	489,869	100.00	

```
. tab _rfbmi5
```

```
OVERWEIGHT |
OR OBESE |
CALCULATED |
VARIABLE |      Freq.      Percent      Cum.
-----+-----
```

VARIABLE	Freq.	Percent	Cum.
1	163,257	33.20	33.20
2	301,795	61.37	94.57
9	26,721	5.43	100.00
-----+-----			
Total	491,773	100.00	

```
. gen owob =_rfbmi5
```

```
. recode owob (1=0) (2=1) (9=.)
```

```
(owob: 491773 changes made)
```

```
. tab owob
```

owob	Freq.	Percent	Cum.
0	163,257	35.11	35.11
1	301,795	64.89	100.00
Total	465,052	100.00	

```
. tab _rfdrhv4
```

HEAVY |  
ALCOHOL |  
CONSUMPTION |  
CALCULATED |

VA	Freq.	Percent	Cum.
1	442,353	89.95	89.95
2	25,546	5.19	95.15
9	23,874	4.85	100.00
Total	491,773	100.00	

```
. gen drink=_rfdrhv4
```

```
. recode drink (1=0) (2=1) (9=.)
```

```
(drink: 491773 changes made)
```

```
. tab drink
```

drink	Freq.	Percent	Cum.
-------	-------	---------	------

0	442,353	94.54	94.54
1	25,546	5.46	100.00
-----+-----			
Total	467,899	100.00	

`. tab _frrtlt1`

```

CONSUME |
FRUIT 1 OR |
MORE TIMES |
PER DAY |      Freq.      Percent      Cum.
-----+-----
1 |      291,757      59.33      59.33
2 |      171,326      34.84      94.17
9 |       28,690       5.83     100.00
-----+-----
Total |      491,773     100.00
    
```

`. gen fruit=_frrtlt1`

`. recode fruit (1=1) (2=0) (9=.)`

(fruit: 200016 changes made)

`. tab fruit`

fruit	Freq.	Percent	Cum.
0	171,326	37.00	37.00
1	291,757	63.00	100.00
-----+-----			
Total	463,083	100.00	

`. tab _veglt1`

```

CONSUME |
VEGETABLES |
1 OR MORE |
TIMES PER D |      Freq.      Percent      Cum.
    
```

```
-----+-----
```

1	359,902	73.18	73.18
2	101,722	20.68	93.87
9	30,149	6.13	100.00
-----+-----			
Total	491,773	100.00	

```
. gen veg=_veglt1
```

```
. recode veg (1=1) (2=0) (9=.)
```

```
(veg: 131871 changes made)
```

```
. tab veg
```

```
-----+-----
```

veg	Freq.	Percent	Cum.
0	101,722	22.04	22.04
1	359,902	77.96	100.00
-----+-----			
Total	461,624	100.00	

```
. tab exerany2
```

```
EXERCISE IN |
```

```
PAST 30 |
```

```
DAYS |
```

```
-----+-----
```

DAYS	Freq.	Percent	Cum.
1	332,429	72.20	72.20
2	125,314	27.22	99.41
7	561	0.12	99.53
9	2,154	0.47	100.00
-----+-----			
Total	460,458	100.00	

```
. gen exercise=exerany2
```

```
(31,315 missing values generated)
```

```
. recode exercise (1=1) (2=0) (7=.) (9=.)
```

(exercise: 128029 changes made)

```
. tab exercise
```

exercise	Freq.	Percent	Cum.
0	125,314	27.38	27.38
1	332,429	72.62	100.00
Total	457,743	100.00	

Generated 1-Combined Outcome Variable Using skin and can variables

Egen to create new variable from two variables

Replace or recode to recode data as desired

Tab to check recoding of new variable

```
. egen allcan = group (can skin), label
```

(2217 missing values generated)

```
. tab allcan, missing
```

group(can   skin)	Freq.	Percent	Cum.
0. No 0. No	407,191	82.80	82.80
0. No 1. Yes	35,436	7.21	90.01
1. Yes 0. No	36,975	7.52	97.53
1. Yes 1. Yes	9,954	2.02	99.55
.	2,217	0.45	100.00
Total	491,773	100.00	

```
. tab allcan, nolabel
```

```
group(can |
```

skin)	Freq.	Percent	Cum.
1	407,191	83.18	83.18
2	35,436	7.24	90.41
3	36,975	7.55	97.97
4	9,954	2.03	100.00
Total	489,556	100.00	

```
. gen allcan4=allcan
```

(2,217 missing values generated)

*\*Even though I may not use allcan4 in my project, it will be my combined data (skin and non-skin cancers) that is not going to be binary, but still categorical*

```
. recode allcan (1=0) (2=1) (3=1) (4=1)
```

(allcan: 489556 changes made)

```
. tab allcan, missing
```

group(can   skin)	Freq.	Percent	Cum.
0	407,191	82.80	82.80
1	82,365	16.75	99.55
.	2,217	0.45	100.00
Total	491,773	100.00	

```
. tab allcan, nolabel
```

group(can   skin)	Freq.	Percent	Cum.
0	407,191	83.18	83.18
1	82,365	16.82	100.00
Total	489,556	100.00	

```
. recode allcan4 (1=0) (2=1) (3=2) (4=3)
```

```
(allcan4: 489556 changes made)
```

```
. tab allcan4
```

```

group(can |
      skin) |      Freq.    Percent    Cum.
-----+-----
          0 |    407,191     83.18     83.18
          1 |     35,436     7.24     90.41
          2 |     36,975     7.55     97.97
          3 |      9,954     2.03    100.00
-----+-----
      Total |    489,556    100.00

```

Label Everything

Label Define to set new label names

Label Value to assign label to variable output options

Tab to check labeling

Label Variable to give title or label to variable

Tab to check labeling

```
. label define yn 0 "0. No" 1 "1. Yes"
```

```
. label value vet can skin allcan smoke doc owob ins drink veg fruit exercise
```

```
. label define sexo 0 "0. Male" 1 "1. Female"
```

```
. label value sexo sexo
```

```
. label define age_groups 1 "1. 18-34" 2 "2. 35-54" 3 "3. 55-64" 4 "4. 65+"
```



```
. label value age age_groups
```

```
. label define eth_groups 1 "1. White" 2 "2. Black" 3 "3. Hispanic" 4 "4. Other"
```

```
. label value eth eth_groups
```

\*Again even though I may not use allcan4 in my project, it will be my combined data (skin and non-skin cancers) that is not going to be binary, but still categorical

```
. label define allcan4 0 "0. No Solid Organ & No Skin Cancer" 1 "1. No Solid Organ But Yes Skin Cancer" 2 "2. Yes Solid Organ But No Skin Cancer" 3 "3. Yes Solid Organ and Yes Skin Cancer"
```

```
. label value allcan4 allcan4
```

```
. tab vet
```

vet	Freq.	Percent	Cum.
0. No	429,527	87.47	87.47
1. Yes	61,505	12.53	100.00
Total	491,032	100.00	

```
. tab can
```

can	Freq.	Percent	Cum.
0. No	443,482	90.39	90.39
1. Yes	47,139	9.61	100.00
Total	490,621	100.00	

```
. tab skin
```

skin	Freq.	Percent	Cum.
0. No	444,940	90.72	90.72
1. Yes	45,529	9.28	100.00

Total | 490,469 100.00

. tab allcan

allcan	Freq.	Percent	Cum.
0. No	407,191	83.18	83.18
1. Yes	82,365	16.82	100.00
Total	489,556	100.00	

. tab smoke

smoke	Freq.	Percent	Cum.
0. No	261,621	54.91	54.91
1. Yes	214,830	45.09	100.00
Total	476,451	100.00	

. tab doc

doc	Freq.	Percent	Cum.
0. No	79,587	16.24	16.24
1. Yes	410,390	83.76	100.00
Total	489,977	100.00	

. tab ins

ins	Freq.	Percent	Cum.
0. No	55,242	11.28	11.28
1. Yes	434,627	88.72	100.00
Total	489,869	100.00	

. tab owob

owob	Freq.	Percent	Cum.
0. No	163,257	35.11	35.11
1. Yes	301,795	64.89	100.00
Total	465,052	100.00	

. tab drink

drink	Freq.	Percent	Cum.
0. No	442,353	94.54	94.54
1. Yes	25,546	5.46	100.00
Total	467,899	100.00	

. tab fruit

fruit	Freq.	Percent	Cum.
0. No	171,326	37.00	37.00
1. Yes	291,757	63.00	100.00
Total	463,083	100.00	

. tab veg

veg	Freq.	Percent	Cum.
0. No	101,722	22.04	22.04
1. Yes	359,902	77.96	100.00
Total	461,624	100.00	

. tab exercise

exercise	Freq.	Percent	Cum.
0. No	125,314	27.38	27.38
1. Yes	332,429	72.62	100.00
Total	457,743	100.00	

. tab sexo

sexo	Freq.	Percent	Cum.
0. Male	201,275	40.93	40.93
1. Female	290,498	59.07	100.00
Total	491,773	100.00	

. tab age

age	Freq.	Percent	Cum.
1. 18-34	77,342	15.73	15.73
2. 35-54	144,105	29.30	45.03
3. 55-64	109,444	22.25	67.29
4. 65+	160,882	32.71	100.00
Total	491,773	100.00	

. tab eth

eth	Freq.	Percent	Cum.
1. White	376,451	77.91	77.91
2. Black	39,151	8.10	86.01
3. Hispanic	37,054	7.67	93.68
4. Other	30,562	6.32	100.00
Total	483,218	100.00	

```
. tab allcan4
```

allcan4	Freq.	Percent	Cum.
0. No Solid Organ & No Skin Cancer	407,191	83.18	83.18
1. No Solid Organ But Yes Skin Cancer	35,436	7.24	90.41
2. Yes Solid Organ But No Skin Cancer	36,975	7.55	97.97
3. Yes Solid Organ and Yes Skin Cancer	9,954	2.03	100.00
Total	489,556	100.00	

```
. label variable vet "Veteran?"
```

```
. label variable can "Has/Had Non-Skin Cancer?"
```

```
. label variable skin "Have/Had Skin Cancer?"
```

```
. label variable allcan "Has/Had ANY Cancer?"
```

```
. label variable age "Age Groups"
```

```
. label variable sexo "Sex"
```

```
. label variable eth "Ethnic Background"
```

```
. label variable doc "Has at least 1 doctor?"
```

```
. label variable smoke "Has been or is a smoker?"
```

```
. label variable allcan4 "Skin and Organ Cancers?"
```

```
. label variable ins "Has Health Insurance?"
```

```
. label variable owob "Overweight or Obese: BMI > 25?"
```

```
. label variable drink "Current Heavy Drinker?"
```

```
. label variable fruit "Consumes at least 1 Fruit per day?"
```

```
. label variable veg "Consumes at least 1 Vegetable per day?"
```

```
. label variable exercise "During the past month, participated in physical activities or exercise?"
```

```
. tab vet
```

Veteran?	Freq.	Percent	Cum.
0. No	429,527	87.47	87.47
1. Yes	61,505	12.53	100.00
Total	491,032	100.00	

```
. tab can
```

Has/Had   Non-Skin   Cancer?	Freq.	Percent	Cum.
0. No	443,482	90.39	90.39
1. Yes	47,139	9.61	100.00
Total	490,621	100.00	

```
. tab age
```

Age Groups	Freq.	Percent	Cum.
1. 18-34	77,342	15.73	15.73
2. 35-54	144,105	29.30	45.03
3. 55-64	109,444	22.25	67.29
4. 65+	160,882	32.71	100.00
Total	491,773	100.00	

```
. tab sexo
```

Sex	Freq.	Percent	Cum.
0. Male	201,275	40.93	40.93
1. Female	290,498	59.07	100.00
Total	491,773	100.00	

. tab eth

Ethnic   Background	Freq.	Percent	Cum.
1. White	376,451	77.91	77.91
2. Black	39,151	8.10	86.01
3. Hispanic	37,054	7.67	93.68
4. Other	30,562	6.32	100.00
Total	483,218	100.00	

. tab doc

Has at   least 1   doctor?	Freq.	Percent	Cum.
0. No	79,587	16.24	16.24
1. Yes	410,390	83.76	100.00
Total	489,977	100.00	

. tab smoke

Has been or   is a   smoker?	Freq.	Percent	Cum.
0. No	261,621	54.91	54.91

1. Yes	214,830	45.09	100.00
-----+-----			
Total	476,451	100.00	

. tab allcan4

Skin and Organ Cancers?	Freq.	Percent	Cum.
-----+-----			
0. No Solid Organ & No Skin Cancer	407,191	83.18	83.18
1. No Solid Organ But Yes Skin Cancer	35,436	7.24	90.41
2. Yes Solid Organ But No Skin Cancer	36,975	7.55	97.97
3. Yes Solid Organ and Yes Skin Cancer	9,954	2.03	100.00
-----+-----			
Total	489,556	100.00	

. tab ins

Has Health	Freq.	Percent	Cum.
-----+-----			
Insurance?			
0. No	55,242	11.28	11.28
1. Yes	434,627	88.72	100.00
-----+-----			
Total	489,869	100.00	

. tab owob

Overweight	Freq.	Percent	Cum.
-----+-----			
or Obese:			
BMI > 25?			
0. No	163,257	35.11	35.11
1. Yes	301,795	64.89	100.00
-----+-----			
Total	465,052	100.00	

. tab fruit



```
Consumes at |
least 1 |
Fruit per |
day? |      Freq.      Percent      Cum.
-----+-----
```

	Freq.	Percent	Cum.
0. No	171,326	37.00	37.00
1. Yes	291,757	63.00	100.00
-----+-----			
Total	463,083	100.00	

. tab veg

```
Consumes at |
least 1 |
Vegetable |
per day? |      Freq.      Percent      Cum.
-----+-----
```

	Freq.	Percent	Cum.
0. No	101,722	22.04	22.04
1. Yes	359,902	77.96	100.00
-----+-----			
Total	461,624	100.00	

. tab exercise

```
During the |
past month, |
participate |
d in |
physical |
activities |
or |
exercise? |      Freq.      Percent      Cum.
-----+-----
```

	Freq.	Percent	Cum.
0. No	125,314	27.38	27.38
1. Yes	332,429	72.62	100.00
-----+-----			
Total	457,743	100.00	

```
. tab drink
```

Current   Heavy   Drinker?	Freq.	Percent	Cum.
0. No	442,353	94.54	94.54
1. Yes	25,546	5.46	100.00
Total	467,899	100.00	

```
Generate Instudy(instudies)
```

```
Generate Instudy = 0 first
```

```
Replace to set Instudy to include only valid data
```

```
Tab to Check Instudy
```

\*I did not end up using instudy in the end, it was my original idea to only look at solid organ cancers.

```
. gen instudy=0
```

```
. replace instudy=1 if vet!=. & can!=.
```

```
(489,913 real changes made)
```

```
. tab instudy
```

instudy	Freq.	Percent	Cum.
0	1,860	0.38	0.38
1	489,913	99.62	100.00
Total	491,773	100.00	

```
. gen instudy2=0
```

```
. replace instudy2=1 if vet!=. & allcan!=.
```

```
(488,856 real changes made)
```

```
. tab instudy2
```

instudy2	Freq.	Percent	Cum.
0	2,917	0.59	0.59
1	488,856	99.41	100.00
Total	491,773	100.00	

\*I did not use instudy3 in my project I was just curious only skin cancer compared.

```
. gen instudy3=0
```

```
. replace instudy3=1 if vet!=. & skin!=.
```

```
(489,759 real changes made)
```

```
. tab instudy3
```

instudy3	Freq.	Percent	Cum.
0	2,014	0.41	0.41
1	489,759	99.59	100.00
Total	491,773	100.00	

\*If I had thought to consider cancer data stratified by non-skin vs. skin I would have used this instudy, much more interesting this way.

```
. gen instudy4=0
```

```
. replace instudy4=1 if vet!=. & allcan4!=.
```

```
(488,856 real changes made)
```

```
. tab instudy4
```

instudy4	Freq.	Percent	Cum.
----------	-------	---------	------

```

-----+-----
      0 |      2,917      0.59      0.59
      1 |    488,856     99.41     100.00
-----+-----

Total |    491,773     100.00
    
```

Obtaining survey estimates (and p-values of Pearson chi-squared tests for independence) for covariates of interest through bivariate analysis between outcome and covariates against exposure, veteran status. Output data is used for Table 1.

First, svyset to obtain weighted results

Svy= conducts bivariate analysis of analytic sample

```
. svyset _psu [pweight=_llcpwt], strata(_ststr) vce(linearized) singleunit (missing)
```

```

pweight: _llcpwt
      VCE: linearized
Single unit: missing
Strata 1: _ststr
      SU 1: _psu
      FPC 1: <zero>
    
```

```
. svy, subpop (if instudy2==1): tab allcan vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

```

Number of strata =      1,303      Number of obs      =    491,773
Number of PSUs   =    491,773      Population size     = 246,024,416
Subpop. no. obs  =      488,856
Subpop. size     = 244,739,321
Design df        =      490,470
    
```

```

-----+-----
Has/Had |
ANY      |
Cancer? |          0, No          1, Yes          Total
-----+-----
      0, No |          .9            .8            .89
           |          361440        45141         406581
    
```

1, Yes		.1	.2	.11
		66309	15966	82275
Total		1	1	1
		427749	61107	488856

-----  
 Key: column proportion  
 number of observations

Pearson:  
 Uncorrected chi2(1) = 4992.2554  
 Design-based F(1, 490470) = 1825.1922 P = 0.0000

```
. svy, subpop (if instudy2==1): tab age vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

Number of strata	=	1,303	Number of obs	=	491,773
Number of PSUs	=	491,773	Population size	=	246,024,416
			Subpop. no. obs	=	488,856
			Subpop. size	=	244,739,321
			Design df	=	490,470

Age Groups	Veteran?		Total
	0, No	1, Yes	
1, 18-34	.32	.14	.3
	73005	4028	77033
2, 35-54	.36	.27	.35
	132066	11306	143372
3, 55-64	.16	.18	.16
	96721	11984	108705
4, 65+	.16	.41	.19
	125957	33789	159746



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Design-based F(1, 490470) = 1.22e+04 P = 0.0000

```
. svy, subpop (if instudy2==1): tab eth vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

Number of strata	=	1,303	Number of obs	=	483,444
Number of PSUs	=	483,444	Population size	=	241,049,359
			Subpop. no. obs	=	480,527
			Subpop. size	=	239,764,265
			Design df	=	482,141

```
-----
```

Ethnic	Veteran?		
Background	Veteran?		
d	0, No	1, Yes	Total
-----			
1, White	.63	.75	.64
	324441	49926	374367
2, Black	.12	.12	.12
	34711	4255	38966
3, Hispa	.18	.071	.17
	34598	2270	36868
4, Other	.079	.052	.076
	26939	3387	30326
Total	1	1	1
	420689	59838	480527

```
-----
```

Key: column proportion  
number of observations

Pearson:

Uncorrected chi2(3) = 4607.3238  
Design-based F(2.99, 1.4e+06) = 296.0494 P = 0.0000

## Biostatistics and Applied Data Analysis PHP 2508

```
. svy, subpop (if instudy2==1): tab smoke vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

Number of strata	=	1,303	Number of obs	=	476,905
Number of PSUs	=	476,905	Population size	=	236,245,612
			Subpop. no. obs	=	473,988
			Subpop. size	=	234,960,517
			Design df	=	475,602

```
-----
```

Has been or is a smoker?	0, No	1, Yes	Total
0, No	.59	.39	.57
	238444	22067	260511
1, Yes	.41	.61	.43
	176170	37307	213477
Total	1	1	1
	414614	59374	473988

```
-----
```

Key: column proportion  
number of observations

Pearson:

Uncorrected	chi2(1)	= 7712.0623	
Design-based	F(1, 475602)	= 2180.5726	P = 0.0000

```
. svy, subpop (if instudy2==1): tab ins vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

Number of strata	=	1,303	Number of obs	=	489,929
Number of PSUs	=	489,929	Population size	=	244,681,387
			Subpop. no. obs	=	487,012
			Subpop. size	=	243,396,292
			Design df	=	488,626



```

-----
Has      |
Health   |
Insurance |
?        |
          |          0, No          1, Yes          Total
-----+-----
    0, No |          .18          .077          .17
          |          51307          3513          54820
          |
    1, Yes |          .82          .92          .83
          |          374752          57440          432192
          |
    Total |          1          1          1
          |          426059          60953          487012
-----

```

Key: column proportion  
number of observations

Pearson:  
Uncorrected chi2(1) = 3793.2991  
Design-based F(1, 488626) = 974.4702 P = 0.0000

```
. svy, subpop (if instudy2==1): tab doc vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

```

Number of strata = 1,303          Number of obs = 490,016
Number of PSUs   = 490,016       Population size = 244,994,897
                                     Subpop. no. obs = 487,099
                                     Subpop. size  = 243,709,803
                                     Design df    = 488,713

```

```

-----
          |          vet
          |          0          1          Total
-----+-----
    0 |          .24          .18          .24
          |          70506          8568          79074
-----

```

1		.76	.82	.76
		355727	52298	408025
Total		1	1	1
		426233	60866	487099

-----  
 Key: column proportion  
 number of observations

Pearson:  
 Uncorrected chi2(1) = 1055.9791  
 Design-based F(1, 488713) = 265.8488 P = 0.0000

```
. svy, subpop (if instudy2==1): tab drink vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

Number of strata = 1,303                      Number of obs = 468,473  
 Number of PSUs = 468,473                    Population size = 229,905,733  
    Subpop. no. obs = 465,556  
    Subpop. size = 228,620,638  
    Design df = 467,170

-----

Current		Veteran?		
Heavy				
Drinker?		0, No	1, Yes	Total
0, No		.94	.94	.94
		385112	55024	440136
1, Yes		.06	.059	.06
		22196	3224	25420
Total		1	1	1
		407308	58248	465556

-----

Key: column proportion  
 number of observations

Pearson:

Uncorrected chi2(1) = 0.2182  
 Design-based F(1, 467170) = 0.0610 P = 0.8050

```
. svy, subpop (if instudy2==1): tab owob vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

Number of strata = 1,303                      Number of obs = 465,624  
 Number of PSUs = 465,624                    Population size = 231,471,350  
    Subpop. no. obs = 462,707  
    Subpop. size = 230,186,255  
    Design df = 464,321

```
-----
```

Overweigh t or Obese: BMI > 25?	Veteran?		Total
	0, No	1, Yes	
0, No	.37	.26	.36
	146203	16169	162372
1, Yes	.63	.74	.64
	256490	43845	300335
Total	1	1	1
	402693	60014	462707

```
-----
```

Key: column proportion  
 number of observations

Pearson:

Uncorrected chi2(1) = 2709.2104  
 Design-based F(1, 464321) = 826.5618 P = 0.0000

```
. svy, subpop (if instudy2==1): tab veg vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

```
Number of strata = 1,303           Number of obs = 462,137
Number of PSUs   = 462,137       Population size = 226,617,701
                                           Subpop. no. obs = 459,220
                                           Subpop. size   = 225,332,606
                                           Design df      = 460,834
```

```
-----
```

Consumes   at least   1   Vegetable   per day?	Veteran?		Total
	0, No	1, Yes	
0, No	.23	.24	.24
	87497	13603	101100
1, Yes	.77	.76	.76
	314224	43896	358120
Total	1	1	1
	401721	57499	459220

```
-----
```

Key: column proportion  
number of observations

```
Pearson:
Uncorrected chi2(1) = 5.8702
Design-based F(1, 460834) = 1.7198 P = 0.1897
```

```
. svy, subpop (if instudy2==1): tab fruit vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

```
Number of strata = 1,303           Number of obs = 463,597
Number of PSUs   = 463,597       Population size = 227,509,101
                                           Subpop. no. obs = 460,680
```





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		389302	52675	441977
1, Yes		.06	.11	.065
		38447	8432	46879
Total		1	1	1
		427749	61107	488856

Key: column proportion  
       number of observations

Pearson:

Uncorrected chi2(1) = 1922.5103  
 Design-based F(1, 490470) = 698.9736 P = 0.0000

`. svy, subpop (if instudy2==1): tab skin vet, col obs cellwidth(20) format(%15.2g)`

(running tabulate on estimation sample)

Number of strata	=	1,303	Number of obs	=	491,773
Number of PSUs	=	491,773	Population size	=	246,024,416
			Subpop. no. obs	=	488,856
			Subpop. size	=	244,739,321
			Design df	=	490,470

Have/Had				
Skin		Veteran?		
Cancer?		0, No	1, Yes	Total
		-----		
0, No		.95	.88	.94
		392537	50978	443515
1, Yes		.05	.12	.058
		35212	10129	45341
Total		1	1	1
		427749	61107	488856

## Biostatistics and Applied Data Analysis PHP 2508

Key: column proportion  
 number of observations

Pearson:

Uncorrected chi2(1) = 4713.8733  
 Design-based F(1, 490470) = 1930.9062 P = 0.0000

```
. svy, subpop (if instudy2==1): tab allcan4 vet, col obs cellwidth(20) format(%15.2g)
```

(running tabulate on estimation sample)

Number of strata	=	1,303	Number of obs	=	491,773
Number of PSUs	=	491,773	Population size	=	246,024,416
			Subpop. no. obs	=	488,856
			Subpop. size	=	244,739,321
			Design df	=	490,470

```
-----
```

Skin and Organ	Veteran?		Total
Cancers?	0, No	1, Yes	
0, No So	.9	.8	.89
	361440	45141	406581
1, No So	.04	.093	.046
	27862	7534	35396
2 Yes So	.05	.079	.053
	31097	5837	36934
3, Yes S	.0096	.031	.012
	7350	2595	9945
Total	1	1	1
	427749	61107	488856

```
-----
```

Key: column proportion  
 number of observations



Pearson:

Uncorrected  $\chi^2(3) = 5904.4489$   
 Design-based  $F(2.96, 1.5e+06) = 783.7048$   $P = 0.0000$

Generate Dummy /Indicator Variables for Categorical Variables Age & Ethnic Groups to allow logistic regression for categorical variables

Tab variable, gen (new dummy variable name)

```
. tab age, gen(i_age)
```

Age Groups	Freq.	Percent	Cum.
1. 18-34	77,342	15.73	15.73
2. 35-54	144,105	29.30	45.03
3. 55-64	109,444	22.25	67.29
4. 65+	160,882	32.71	100.00
Total	491,773	100.00	

```
. tab eth, gen(i_eth)
```

Ethnic	Freq.	Percent	Cum.
1. White	376,451	77.91	77.91
2. Black	39,151	8.10	86.01
3. Hispanic	37,054	7.67	93.68
4. Other	30,562	6.32	100.00
Total	483,218	100.00	

Checking Created Dummy Variables

Describe new dummy variable name\* - to check

```
. describe i_age*
```

```

                storage  display  value
variable name  type      format  label    variable label
-----
i_age1         byte      %8.0g          age==1. 18-34
i_age2         byte      %8.0g          age==2. 35-54
i_age3         byte      %8.0g          age==3. 55-64
i_age4         byte      %8.0g          age==4. 65+

```

```
. describe i_eth*
```

```

                storage  display  value
variable name  type      format  label    variable label
-----
i_eth1         byte      %8.0g          eth==1. White
i_eth2         byte      %8.0g          eth==2. Black
i_eth3         byte      %8.0g          eth==3. Hispanic
i_eth4         byte      %8.0g          eth==4. Other

```

```
Conduct Crude Statistical Analysis- using dummy variables when necessary
```

```
Survey Set so you can conduct statistical analysis and run regressions with weighted data (if you haven't already)
```

```
. svyset _psu [pweight=_llcpwt], strata(_ststr) vce(linearized) singleunit(missing)
```

```

    pweight: _llcpwt
      VCE: linearized
Single unit: missing
  Strata 1: _ststr
    SU 1: _psu
    FPC 1: <zero>

```

```
Logistic Regression of Exposure and covariates of interest individually against outcome to obtain Crude Odds Ratios - See Unadjusted Column of Table 2
```

```
. svy, subpop(if instudy2==1): logistic allcan vet
(running logistic on estimation sample)
```

Survey: Logistic regression

Number of strata	=	1,303	Number of obs	=	491,773
Number of PSUs	=	491,773	Population size	=	246,024,416
			Subpop. no. obs	=	488,856
			Subpop. size	=	244,739,321
			Design df	=	490,470
			F( 1, 490470)	=	1741.94
			Prob > F	=	0.0000

```
-----
```

		Linearized					
	allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]	
	vet	2.290125	.0454665	41.74	0.000	2.202724	2.380994
	_cons	.1109011	.0009441	-258.33	0.000	.1090662	.112767

```
-----
```

```
. svy, subpop(if instudy2==1): logistic allcan i_age1 i_age2 i_age3
(running logistic on estimation sample)
```

Survey: Logistic regression

Number of strata	=	1,303	Number of obs	=	491,773
Number of PSUs	=	491,773	Population size	=	246,024,416
			Subpop. no. obs	=	488,856
			Subpop. size	=	244,739,321
			Design df	=	490,470
			F( 3, 490468)	=	3835.17
			Prob > F	=	0.0000

```
-----
```

		Linearized					
	allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]	
	i_age1	.0411986	.0017749	-74.03	0.000	.0378627	.0448284
	i_age2	.159429	.0034428	-85.03	0.000	.152822	.1663217

```
-----
```

```

i_age3 | .4140488 .0080981 -45.08 0.000 .398477 .430229
_cons | .4424886 .0048344 -74.63 0.000 .4331141 .452066

```

```

-----
. svy, subpop(if instudy2==1): logistic allcan sexo

```

(running logistic on estimation sample)

Survey: Logistic regression

```

Number of strata = 1,303           Number of obs = 491,773
Number of PSUs  = 491,773        Population size = 246,024,416
                                           Subpop. no. obs = 488,856
                                           Subpop. size   = 244,739,321
                                           Design df     = 490,470
                                           F( 1, 490470) = 297.04
                                           Prob > F      = 0.0000

```

```

-----
          |           Linearized
allcan | Odds Ratio  Std. Err.      t    P>|t|      [95% Conf. Interval]
-----+-----
      sexo |  1.309906   .0205174    17.23  0.000    1.270303   1.350743
      _cons |  .1076016   .0012753   -188.10  0.000    .1051309   .1101304

```

```

-----
. svy, subpop(if instudy2==1): logistic allcan i_eth2 i_eth3 i_eth4

```

(running logistic on estimation sample)

Survey: Logistic regression

```

Number of strata = 1,303           Number of obs = 483,444
Number of PSUs  = 483,444        Population size = 241,049,359
                                           Subpop. no. obs = 480,527
                                           Subpop. size   = 239,764,265
                                           Design df     = 482,141
                                           F( 3, 482139) = 765.74
                                           Prob > F      = 0.0000

```

```
-----
```

		Linearized				
allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]	
i_eth2	.3373969	.013249	-27.67	0.000	.3124033	.36439
i_eth3	.2179195	.0096989	-34.23	0.000	.1997155	.2377828
i_eth4	.29361	.0162083	-22.20	0.000	.2635005	.3271601
_cons	.1734219	.0013636	-222.83	0.000	.1707699	.1761152

```
-----
```

```
. svy, subpop(if instudy2==1): logistic allcan doc
```

```
(running logistic on estimation sample)
```

Survey: Logistic regression

```
Number of strata = 1,303          Number of obs = 490,016
Number of PSUs   = 490,016       Population size = 244,994,897
                                          Subpop. no. obs = 487,099
                                          Subpop. size   = 243,709,803
                                          Design df     = 488,713
                                          F( 1, 488713) = 2048.79
                                          Prob > F      = 0.0000
```

```
-----
```

		Linearized				
allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]	
doc	4.142069	.1300535	45.26	0.000	3.894853	4.404976
_cons	.0373748	.0011336	-108.36	0.000	.0352177	.039664

```
-----
```

```
. svy, subpop(if instudy2==1): logistic allcan smoke
```

```
(running logistic on estimation sample)
```

Survey: Logistic regression

```
Number of strata = 1,303          Number of obs = 476,905
Number of PSUs   = 476,905       Population size = 236,245,612
```

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```

Subpop. no. obs = 473,988
Subpop. size = 234,960,517
Design df = 475,602
F( 1, 475602) = 974.32
Prob > F = 0.0000
    
```

```

-----
          |          Linearized
allcan | Odds Ratio  Std. Err.      t    P>|t|      [95% Conf. Interval]
-----+-----
smoke |  1.626969   .0253693   31.21  0.000   1.577998   1.67746
_cons |  .0999561   .0010941  -210.40  0.000   .0978345   .1021237
-----
    
```

```
. svy, subpop(if instudy2==1): logistic allcan drink
```

(running logistic on estimation sample)

Survey: Logistic regression

```

Number of strata = 1,303          Number of obs = 468,473
Number of PSUs = 468,473        Population size = 229,905,733
                                   Subpop. no. obs = 465,556
                                   Subpop. size = 228,620,638
                                   Design df = 467,170
                                   F( 1, 467170) = 10.47
                                   Prob > F = 0.0012
    
```

```

-----
          |          Linearized
allcan | Odds Ratio  Std. Err.      t    P>|t|      [95% Conf. Interval]
-----+-----
drink |  .8886472   .0324275   -3.24  0.001   .8273099   .954532
_cons |  .1276873   .0010173  -258.34  0.000   .1257089   .1296967
-----
    
```

```
. svy, subpop(if instudy2==1): logistic allcan ins
```

(running logistic on estimation sample)

Survey: Logistic regression

Number of strata	=	1,303	Number of obs	=	489,929
Number of PSUs	=	489,929	Population size	=	244,681,387
			Subpop. no. obs	=	487,012
			Subpop. size	=	243,396,292
			Design df	=	488,626
			F( 1, 488626)	=	1129.06
			Prob > F	=	0.0000

```
-----
```

		Linearized				
	allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]
	ins	3.276813	.1157438	33.60	0.000	3.057634 3.511704
	_cons	.0438063	.0015073	-90.91	0.000	.0409495 .0468624

```
-----
```

```
. svy, subpop(if instudy2==1): logistic allcan owob
```

(running logistic on estimation sample)

Survey: Logistic regression

Number of strata	=	1,303	Number of obs	=	465,624
Number of PSUs	=	465,624	Population size	=	231,471,350
			Subpop. no. obs	=	462,707
			Subpop. size	=	230,186,255
			Design df	=	464,321
			F( 1, 464321)	=	18.10
			Prob > F	=	0.0000

```
-----
```

		Linearized				
	allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]
	owob	1.072264	.0175833	4.25	0.000	1.038349 1.107286
	_cons	.1220595	.0015808	-162.40	0.000	.1190001 .1251975

```
-----
```

```
. svy, subpop(if instudy2==1): logistic allcan veg
```

(running logistic on estimation sample)

Survey: Logistic regression

```
Number of strata = 1,303          Number of obs = 462,137
Number of PSUs   = 462,137      Population size = 226,617,701
Subpop. no. obs  = 459,220
Subpop. size     = 225,332,606
Design df        = 460,834
F( 1, 460834)   = 125.15
Prob > F         = 0.0000
```

```
-----
```

		Linearized				
allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]	
veg	1.241438	.0239998	11.19	0.000	1.19528	1.28938
_cons	.1079103	.0018446	-130.25	0.000	.1043548	.111587

```
-----
```

```
. svy, subpop(if instudy2==1): logistic allcan fruit
```

(running logistic on estimation sample)

Survey: Logistic regression

```
Number of strata = 1,303          Number of obs = 463,597
Number of PSUs   = 463,597      Population size = 227,509,101
Subpop. no. obs  = 460,680
Subpop. size     = 226,224,007
Design df        = 462,294
F( 1, 462294)   = 220.28
Prob > F         = 0.0000
```

```
-----
```

		Linearized				
allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]	

```
-----
```



```
-----+-----
      fruit |   1.278157   .0211351   14.84   0.000   1.237397   1.32026
      _cons |   .1092814   .0014406  -167.93   0.000   .106494   .1121418
-----+-----
```

```
. svy, subpop(if instudy2==1): logistic allcan exercise
```

(running logistic on estimation sample)

Survey: Logistic regression

```
Number of strata =      1,303           Number of obs   =      458,283
Number of PSUs   =      458,283       Population size = 224,951,779
                                           Subpop. no. obs =      455,366
                                           Subpop. size   = 223,666,684
                                           Design df     =      456,980
                                           F( 1, 456980) =      118.58
                                           Prob > F      =      0.0000
```

```
-----+-----
              |           Linearized
allcan | Odds Ratio   Std. Err.      t    P>|t|     [95% Conf. Interval]
-----+-----
exercise |   .8270357   .0144232   -10.89   0.000   .7992444   .8557934
      _cons |   .1466261   .0021386  -131.63   0.000   .1424938   .1508783
-----+-----
```

Running a logistic regression model with all covariates of initial interest to calculate if the %change between the crude adjusted odds is greater than 10%

```
. svy, subpop(if instudy2==1): logistic allcan vet i age1 i age2 i age3 sexo i eth2 i eth3 i eth4
owob smoke ins doc drink veg fruit exercise
```

(running logistic on estimation sample)

Survey: Logistic regression

```
Number of strata =      1,303           Number of obs   =      418,007
Number of PSUs   =      418,007       Population size = 202,111,896
                                           Subpop. no. obs =      415,090
                                           Subpop. size   = 200,826,801
```

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```

Design df          =      416,704
F( 16, 416689)    =      710.42
Prob > F          =      0.0000
    
```

	Linearized					
allcan	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]	
vet	1.424528	.0363574	13.86	0.000	1.355021	1.497599
i_age1	.0597963	.0029207	-57.67	0.000	.0543374	.0658037
i_age2	.2080847	.0049883	-65.48	0.000	.198534	.218095
i_age3	.474873	.0103306	-34.23	0.000	.4550509	.4955586
sexo	1.352575	.0289584	14.11	0.000	1.296992	1.41054
i_eth2	.4091847	.0181529	-20.14	0.000	.3751084	.4463565
i_eth3	.391097	.02006	-18.30	0.000	.3536916	.4324582
i_eth4	.4453362	.028107	-12.82	0.000	.3935184	.5039773
owob	.9338124	.0173434	-3.69	0.000	.9004311	.9684312
smoke	1.239947	.0228827	11.65	0.000	1.195899	1.285617
ins	1.079739	.0453487	1.83	0.068	.9944173	1.172382
doc	1.70028	.0624917	14.44	0.000	1.582105	1.827281
drink	.9753562	.0402781	-0.60	0.546	.8995227	1.057583
veg	1.075746	.0242983	3.23	0.001	1.029161	1.12444
fruit	1.05386	.0204133	2.71	0.007	1.014601	1.094639
exercise	.9551843	.019292	-2.27	0.023	.9181113	.9937543
_cons	.2022448	.0120539	-26.82	0.000	.1799473	.2273052

Running forward and backwards regressions to see what variables are indicated to stay in the model

```
. sw, pr(0.05): regress allcan vet i_age1 i_age2 i_age3 sexo i_eth2 i_eth3 i_eth4 smoke doc ins fruit veg exercise drink owob
```

```

begin with full model
p = 0.6179 >= 0.0500 removing drink
    
```

Source	SS	df	MS	Number of obs	=	415,090
				F(15, 415074)	=	3268.81
Model	6289.68964	15	419.312642	Prob > F	=	0.0000
Residual	53244.3076	415,074	.128276663	R-squared	=	0.1056

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```
-----+-----
Adj R-squared = 0.1056
Total | 59533.9973 415,089 .143424657 Root MSE = .35816
```

```
-----+-----
```

allcan	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
vet	.0475669	.0018591	25.59	0.000	.043923	.0512108
i_age1	-.2629614	.0018948	-138.78	0.000	-.2666751	-.2592477
i_age2	-.2199299	.0014825	-148.35	0.000	-.2228356	-.2170243
i_age3	-.137405	.0015524	-88.51	0.000	-.1404477	-.1343623
sexo	.0162458	.0012657	12.84	0.000	.0137651	.0187266
i_eth2	-.089958	.0021213	-42.41	0.000	-.0941156	-.0858003
i_eth3	-.0719267	.0022211	-32.38	0.000	-.0762801	-.0675734
i_eth4	-.0571924	.0023469	-24.37	0.000	-.0617921	-.0525926
smoke	.0194199	.0011459	16.95	0.000	.0171739	.0216659
doc	.0377014	.001687	22.35	0.000	.0343949	.0410079
ins	.0064125	.0019511	3.29	0.001	.0025883	.0102366
fruit	.0078187	.001217	6.42	0.000	.0054333	.0102041
veg	.0069759	.0014246	4.90	0.000	.0041837	.0097681
exercise	-.0064677	.0012967	-4.99	0.000	-.0090092	-.0039261
owob	-.0110992	.0011952	-9.29	0.000	-.0134419	-.0087566
_cons	.2635219	.0030384	86.73	0.000	.2575668	.2694769

```
-----+-----
```

```
. sw, pe(0.05): regress allcan vet i age1 i age2 i age3 sexo i eth2 i eth3 i eth4 smoke doc ins
fruit veg exercise drink owob
```

```
begin with empty model
p = 0.0000 < 0.0500 adding vet
p = 0.0000 < 0.0500 adding i_age1
p = 0.0000 < 0.0500 adding i_age2
p = 0.0000 < 0.0500 adding i_age3
p = 0.0000 < 0.0500 adding i_eth2
p = 0.0000 < 0.0500 adding i_eth3
p = 0.0000 < 0.0500 adding doc
p = 0.0000 < 0.0500 adding i_eth4
p = 0.0000 < 0.0500 adding smoke
p = 0.0000 < 0.0500 adding sexo
p = 0.0000 < 0.0500 adding owob
```

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p = 0.0000 < 0.0500 adding fruit  
 p = 0.0000 < 0.0500 adding veg  
 p = 0.0000 < 0.0500 adding exercise  
 p = 0.0010 < 0.0500 adding ins

Source	SS	df	MS	Number of obs	=	415,090
-----+-----				F(15, 415074)	=	3268.81
Model	6289.68964	15	419.312642	Prob > F	=	0.0000
Residual	53244.3076	415,074	.128276663	R-squared	=	0.1056
-----+-----				Adj R-squared	=	0.1056
Total	59533.9973	415,089	.143424657	Root MSE	=	.35816

allcan	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
-----+-----						
vet	.0475669	.0018591	25.59	0.000	.043923	.0512108
i_age1	-.2629614	.0018948	-138.78	0.000	-.2666751	-.2592477
i_age2	-.2199299	.0014825	-148.35	0.000	-.2228356	-.2170243
i_age3	-.137405	.0015524	-88.51	0.000	-.1404477	-.1343623
i_eth2	-.089958	.0021213	-42.41	0.000	-.0941156	-.0858003
i_eth3	-.0719267	.0022211	-32.38	0.000	-.0762801	-.0675734
doc	.0377014	.001687	22.35	0.000	.0343949	.0410079
i_eth4	-.0571924	.0023469	-24.37	0.000	-.0617921	-.0525926
smoke	.0194199	.0011459	16.95	0.000	.0171739	.0216659
sexo	.0162458	.0012657	12.84	0.000	.0137651	.0187266
owob	-.0110992	.0011952	-9.29	0.000	-.0134419	-.0087566
fruit	.0078187	.001217	6.42	0.000	.0054333	.0102041
veg	.0069759	.0014246	4.90	0.000	.0041837	.0097681
exercise	-.0064677	.0012967	-4.99	0.000	-.0090092	-.0039261
ins	.0064125	.0019511	3.29	0.001	.0025883	.0102366
_cons	.2635219	.0030384	86.73	0.000	.2575668	.2694769

Obtaining Adjusted Odds Ratios for all can- adjusting for all covariates of interest (age, sex, eth, doc and smoke) - Model 1!

Svy, subpop(if instudy==1):logistic outcome variable can, followed by exposure variable vet, followed by **ALL** covariates of interest to be included in Model

## Biostatistics and Applied Data Analysis PHP 2508

```
. svy, subpop(if instudy2==1): logistic allcan vet i_age1 i_age2 i_age3 sexo i_eth2 i_eth3 i_eth4
smoke doc
```

(running logistic on estimation sample)

Survey: Logistic regression

Number of strata	=	1,303	Number of obs	=	467,610
Number of PSUs	=	467,610	Population size	=	230,682,516
			Subpop. no. obs	=	464,693
			Subpop. size	=	229,397,421
			Design df	=	466,307
			F( 10, 466298)	=	1292.05
			Prob > F	=	0.0000

		Linearized					
	Odds Ratio	Std. Err.	t	P> t	[95% Conf. Interval]		
allcan							
vet		1.452672	.03575	15.17	0.000	1.384266 1.524458	
i_age1		.0608758	.0026998	-63.11	0.000	.0558077 .0664041	
i_age2		.2053946	.0046395	-70.07	0.000	.1964997 .2146921	
i_age3		.4672019	.009476	-37.52	0.000	.4489935 .4861487	
sexo		1.382182	.0278869	16.04	0.000	1.328591 1.437935	
i_eth2		.3993755	.0165246	-22.18	0.000	.3682662 .4331126	
i_eth3		.3803597	.0177594	-20.70	0.000	.347097 .4168101	
i_eth4		.4375514	.0257611	-14.04	0.000	.3898648 .4910708	
smoke		1.253415	.0217118	13.04	0.000	1.211575 1.296701	
doc		1.724657	.0585102	16.07	0.000	1.613708 1.843233	
_cons		.2114668	.0080409	-40.86	0.000	.1962799 .2278289	