**Sinonasal cancer and exposure to styrene**

We read with interest the recent article by Nissen *et al*,[1] which described a possible association of sinonasal adenocarcinoma with occupational exposure to styrene in the production of glass-reinforced plastics. Noting the limited statistical significance of their finding, and the potential for uncontrolled residual confounding by occupational exposure to wood dust, the authors called for further studies to confirm or refute the hazard.

During the 1980s we assembled a cohort of 7970 workers exposed to styrene in the British glass-reinforced plastics industry.[2] Our cohort included 3488 laminators with exposures to styrene in the order of 40-100 ppm, in many cases for a year or longer. We extended our follow up of this cohort at the end of 2012.[3] In response to the call from Nissen and colleagues for more studies, we have revisited our analysis of the most recent follow-up, examining mortality from 1946 to December 2012. Over this period, 3121 cohort members had died but we found no recorded deaths from sinonasal cancer (1.2 expected). Incident squamous cell carcinoma of the nasal sinuses had been registered in one cohort member who subsequently died of an unrelated cause, but there were no registrations of sinonasal adenocarcinoma.

In all such studies, power to detect an increased risk of sinonasal cancer is limited by the rarity of the disease, but the results of our study provide no additional support for this hazard. Our findings suggest that, if styrene does cause sinonasal cancer, then the absolute risk is likely to be small, even among workers with relatively high exposures. It would be helpful to know about the occurrence of sinonasal cancer in other cohorts of styrene-exposed workers, which like ours, were unlikely to have much exposure to hardwood dust.

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**Competing interests** None declared

**References**

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