Appendix A

The Appraisal Standard of Newcastle/Ottawa Scale

Selection

- 1) Representativeness of the exposed group/cohort
- a) Truly representative of the average farmers or pesticides applicators in the community
- b) Somewhat representative of the average farmers or pesticides applicators in the community*
- c) Selected group of users (e.g. factory workers, volunteers)
- d) No description of the derivation of the group
- 2) Selection of the non-exposed group/cohort
- a) Drawn from the same community as the exposed group*
- b) Drawn from a different source
- c) No description of the derivation of the non-exposed group
- 3) Ascertainment of exposure
- a) Secure record (e.g. biomarkers)*
- b) Structured interview or questionnaire*
- c) Written self reports
- d) No description
- 4) Demonstration that outcome of interest was not present at start of study (Cohort Studies Only)
- a) Yes*
- b) No

Confounder

- 1) Comparability of groups on the basis of the design or analysis
- a) Study controls for age and education*
- b) Study controls for any additional factor* (e.g. alcohol consumption, smoking, and first language)

Outcome

- 1) Assessment of outcome
- a) Independent blind assessment*
- b) Record linkage*
- c) Self reports

- d) No description
- 2) Was follow-up long enough for outcomes to occur (Cohort Studies Only)
- a) Yes (select an adequate follow up period for outcome of interest)*
- b) No
- 3) Adequacy of follow up of cohorts (Cohort Studies Only)
- a) Complete fellow up all subjects accounted for*
- b) Subjects lost to follow up unlikely to introduce bias small number lost > 70% follow up, or description provided of those lost*
- c) Follow up < 70% and no description of those lost
- d) No statement

Case Control Studies:

Selection

- 1) Is the case definition adequate?
- a) Yes, with independent validation*
- b) Yes, e.g. record linkage on self reports
- c) No description
- 2) Representativeness of the cases
- a) Consecutive or obviously representative series of cases*
- b) Potential for selection biases or non stated
- 3) Selection of Controls
- a) Community controls*
- b) Hospital controls
- c) No description
- 4) Definition of Controls
- a) No history of disease (endpoint)*
- b) No description of source

Confounder

- 1) Comparability of cases and controls on the basis of design or analysis
- a) Study controls for age and education*
- b) Study controls for any additional factor*

Exposure

- 1) Ascertainment of exposure
- a) Secure record (e.g. biomarkers)*
- b) Structured interview where blind to case/control status*
- c) Interview not blinded to case/ control status
- d) Written self reports or medical record only
- e) No description
- 2) Same method of ascertainment for cases and controls
- a) Yes*
- b) No
- 3) Non-Response rate
- a) Same rate for both groups*
- b) Non respondents described
- c) Rate different and no designation
 - *: plus one point

There are five items in cross-sectional studies and eight items in cohort and case control studies, respectively. The quality of the studies was defined as follows.

Cross-sectional Studies:

Very Good Studies: 5 points

Good Studies: 4 points

Satisfactory Studies: 3 points

Unsatisfactory Studies: 0 to 2 points

Cohort / Case control Studies:

Very Good Studies: 7 to 8 points

Good Studies: 5 to 6 points

Satisfactory: 4 points

Unsatisfactory Studies: 0 to 3 points

Appendix B
Table1 Quality Appraisal (Cross-sectional Studies)

		Търгизи			,	
		Dassanaya		Fiedler		
	Cole et al	ke et al	Farahat et	et al	Korsak et al	Levin et al
Selection	1997	2009	al 2003	1997	1977	1976
1) Representativeness of the						
exposed group						
a) Truly representative of the						
average farmers or pesticides						
applicators in the community						
b)Somewhat representative of	a) (+1)	b) (+1)	c) (0)	a) (+1)	b) (+1)	b) (+1)
the average or pesticides						
applicators in the community						
c) Selected group of users						
d) No description of the						
derivation of the group						
2) Selection of the non exposed						
group						
a)Drawn from the same						
community as the exposed						
group	a) (+1)	b) (0)	b) (0)	a) (+1)	a) (+1)	b) (0)
b)Drawn from a different source						
c) No description of the						
derivation of the non exposed						
group						
3) Ascertainment of exposure						
a) Secured record (e.g.						
biomarkers)						
b) Structured interview or	b) (+1)	d) (0)	a) (+1)	b) (+1)	a) (+1)	a) (+1)
questionnaire						
C) Written self report						
d) No description						
Confounders						
1) Comparability of groups on						
the basis of the design or	b) (+1)	- (0)	a) (+1)	- (0)	- (0)	- (0)
analysis		` `			` '	
a) Study controls for age and						

education						
b) Study controls for any additional factor (e.g. alcohol consumption, smoking, and first language)						
Outcome 1) Assessment of outcome a) Independent blind assessment b) Record linkage c) Self report d) No description	a) (+1)	b) (+1)	d) (0)	b) (+1)	d) (0)	a) (+1)
Overall Score	5/5 Very Good	2/5 Unsatisfact ory	2/5 Unsatisfact ory	4/5 Good	3/5 Satisfactory	3/5 Satisfactory

Table1 Continued

Selection	London et al 1997	London et	Maizish et al 1987	Rodnitzky et l	Roldan-Tapia et al 2005
Representativeness of the exposed group a) Truly representative of the average farmers or pesticides applicators in the community b)Somewhat representative of the average or pesticides applicators in the community c) Selected group of users d) No description of the derivation of the group	b) (+1)	a) (+1)	c) (0)	c) (0)	a) (+1)
2) Selection of the non exposed group a)Drawn from the same community as the exposed group b)Drawn from a different source c) No description of the derivation of the non exposed group	a) (+1)	a) (+1)	a) (+1)	c) (0)	a) (+1)

3) Ascertainment of exposure					
a) Secured record (e.g. biomarkers)					
b) Structured interview or questionnaire	b) (+1)	b) (+1)	a) (+1)	a) (+1)	a) (+1)
C) Written self report					
d) No description					
Confounder					
1) Comparability of groups on the basis					
of the design or analysis					
a) Study controls for age and education	b) (+1)	b) (+1)	b) (+1)	- (0)	a) (+1)
b) Study controls for any additional					
factor (e.g. alcohol consumption,					
smoking, and first language)					
Outcome					
1) Assessment of outcome					
a) Independent blind assessment	1 -) (+1)	2) (0)	a) (+1)	(A) (b)	a) (±1)
b) Record linkage	b) (+1)	c) (0)	a) (+1)	d) (0)	a) (+1)
c) Self report					
d) No description		_			
Overall Score	5/5 Very	4/5	4/5	1/5	5/5
Overall Score	Good	Good	Good	Unsatisfactory	Very Good

Table1 Continued

	Rothlein			Stephens	Stephens	
	et al	Srivastava	Steenland	et al	et al	Stephens
Selection	2006	et al 2000	et al 2000	1995	1996	et al 2004
1) Representativeness of the exposed						
group						
a) Truly representative of the average						
farmers or pesticides applicators in the						
community						
b)Somewhat representative of the average	b) (+1)	c) (0)	a) (+1)	a) (+1)	a) (+1)	a) (+1)
or pesticides applicators in the community						
c) Selected group of users						
d) No description of the derivation of the						
group						

Selection of the non exposed group a)Drawn from the same community as the exposed group b)Drawn from a different source c) No description of the derivation of the non exposed group	a) (+1)	a) (+1)	a) (+1)	a) (+1)	a) (+1)	a) (+1)
3) Ascertainment of exposure a) Secured record (e.g. biomarkers) b) Structured interview or questionnaire C) Written self report d) No description	b) (+1)	a)(+1)	a) (+1)	c) (0)	a) (+1)	b) (+1)
Confounder 1) Comparability of groups on the basis of the design or analysis a) Study controls for age and education b) Study controls for any additional factor (e.g. alcohol consumption, smoking, and first language)	a) (+1)	- (0)	b) (+1)	b) (+1)	b) (+1)	- (0)
Outcome 1) Assessment of outcome a) Independent blind assessment b) Record linkage c) Self report d) No description	b) (+1)	d) (0)	a) (+1)	b) (+1)	d) (0)	b) (+1)
Overall Score	5/5 Very good	2/5 Unsatisfa ctory	5/5 Very Good	4/5 Good	4/5 Good	4/5 Good

Table2 Quality Appraisal (Cohort Studies)

		Bazylewic		Ohayo-Mit		
	Albers et al	z-Walczak	Daniell et	oko et al	Misra et al	Ross et al
Selection	2004	et al 1999	al 1992	2000	1985	2010
1) Representativeness of the exposed	2001	0. 01 1777	WI 1772	2000	1703	2010
cohort						
a) Truly representative of the average						
farmers or pesticides applicators in the						
community	-) (0)	-) (0)	-) (+1)	1.) (+1)	-) (0)	-> (+1)
b)Somewhat representative of the	c) (0)	c) (0)	a) (+1)	b) (+1)	c) (0)	a) (+1)
average or pesticides applicators in the						
community						
c) Selected group of users						
d) No description of the derivation of						
the cohort						
2) Selection of the non exposed cohort						
a)Drawn from the same community as						
the exposed cohort	b) (0)	a) (+1)	b) (0)	a) (+1)	b) (0)	b) (0)
b)Drawn from a different source	, , ,		, , ,			
c) No description of the derivation of						
the non exposed cohort						
3) Ascertainment of exposure						
a) Secured record (e.g. biomarkers)						
b) Structured interview or questionnaire	a) (+1)	a) (+1)	a) (+1)	b) (+1)	a) (+1)	b) (+1)
C) Written self report						
d) No description						
4)Demonstration that outcome of						
interest was not present at start of study	a) (±1)	a) (±1)	a) (±1)	a) (±1)	a) (±1)	a) (±1)
a) Yes	a) (+1)	a) (+1)	a) (+1)	a) (+1)	a) (+1)	a) (+1)
b) No						
Confounders						
1) Comparability of groups on the basis						
of the design or analysis						
a) Study controls for age and education	- (0)	a) (+1)	b) (+1)	- (0)	a) (+1)	a) (+1)
b) Study controls for any additional						
factor (e.g. alcohol consumption,						
the constitution,						

smoking, and first language)				Ì
				İ

Table2 Continued

Outcome 1) Assessment of outcome a) Independent blind assessment b) Record linkage	b) (+1)	d) (0)	d) (0)	c) (0)	d) (0)	d) (0)
c) Self report d) No description						
Was follow-up long enough for outcomes to occur a) Yes (select adequate follow up period for outcome of interest b) No	b) (0)	b) (0)	b) (0)	b) (0)	b) (0)	a) (+1)
a) Adequacy of follow up of cohorts a) Complete follow up-all subjects accounted for b) Subjects lost to follow up unlikely to introduce bias- small number lost- >70% follow up, or description provided of those lost c) Follow up rate<70% and no description of those lost d) No statement	b) (+1)	a) (+1)	a) (+1)	c) (0)	d) (0)	d) (0)
Overall Score	4/8 Satisfactory	5/8 Good	5/8 Good	4/8 Satisfactory	3/8 Unsatisfact ory	5/8 Good

Table3 Quality Appraisal (Case-control Studies)

Selection 1) Is the case definition adequate? a) Yes, with independent validation b) Yes, e.g. record linkage or based on self reports C) No description 2) Representativeness of the cases a) Consecutive or obviously representative series of cases b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record only	Tables Quality Applaisal (Case-	control Studies)
a) Yes, with independent validation b) Yes, e.g. record linkage or based on self reports C) No description 2) Representativeness of the cases a) Consecutive or obviously representative series of cases b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	Selection	Beseler et al 2006
b) Yes, e.g. record linkage or based on self reports C) No description 2) Representativeness of the cases a) Consecutive or obviously representative series of cases b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b) Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	1) Is the case definition adequate?	
self reports C) No description 2) Representativeness of the cases a) Consecutive or obviously representative series of cases b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status d) Written self report or medical record	a) Yes, with independent validation	
C) No description 2) Representativeness of the cases a) Consecutive or obviously representative series of cases b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b) Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	b) Yes, e.g. record linkage or based on	b) (0)
2) Representativeness of the cases a) Consecutive or obviously representative series of cases b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status d) Written self report or medical record	self reports	
a) Consecutive or obviously representative series of cases b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	C) No description	
representative series of cases b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	2) Representativeness of the cases	
b) Potential for selection biases or not stated 3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	a) Consecutive or obviously	
3) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	representative series of cases	a) (+1)
a) Selection of Controls a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	b) Potential for selection biases or not	
a) Community controls b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	stated	
b) Hospital controls C) No description 4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	3) Selection of Controls	
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4) Definition of Controls a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	b) Hospital controls	a) (+1)
a) No history of disease (endpoint) b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	C) No description	
b) No description of source Confounders 1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	4) Definition of Controls	
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1) Comparability of cases and controls on the basis of design or analysis a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	b) No description of source	
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a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	1) Comparability of cases and controls	
a) Study control for age and education b) Study controls for any additional factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	on the basis of design or analysis	1.) (+1)
factor Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	a) Study control for age and education	b) (+1)
Exposure 1) Ascertainment of exposure a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	b) Study controls for any additional	
a) Secure record(biomarkers) b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	factor	
a) Secure record(biomarkers) b)Structured interview where blind to case/control status d) (0) c) Interview not blinded to case/control status d) Written self report or medical record	Exposure	
b)Structured interview where blind to case/control status c) Interview not blinded to case/control status d) Written self report or medical record	1) Ascertainment of exposure	
case/control status d) (0) c) Interview not blinded to case/control status d) Written self report or medical record	a) Secure record(biomarkers)	
c) Interview not blinded to case/control status d) Written self report or medical record	b)Structured interview where blind to	
status d) Written self report or medical record	case/control status	d) (0)
d) Written self report or medical record	c) Interview not blinded to case/control	
	status	
only	d) Written self report or medical record	
	only	

e) No description	
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Table3 Continued

2) Same method of ascertainment for	
cases and controls	a) Vas
a) Yes	a) Yes
b) No	
3) Non-response rate	
a) Same rate for both groups	b) (0)
b) Non respondents described	b) (0)
c) Rate different and no designation	
Overall Score	5/8
Overall Score	Good