

ARDCO - Cohort on Screening Programme for Asbestos-Related Diseases

Head :Pairon Jean-Claude, INSERM UNITÉ 955 - GEIC2O INSERM

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General	
Identification	
Detailed name	Cohort on Screening Programme for Asbestos-Related Diseases
Sign or acronym	ARDCO
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	CNIL 908001 (16/04/08), amendement 10/09/10, 22/05/2015, 17/06/2016, 05/07/2017 ; CPP 1946 (11/02/02)
General Aspects	
Medical area	Cancer research Occupational Medicine
Health determinants	Occupation
Keywords	long-duration disease (LDD), pleural plaques, asbestosis, medical usage, chest CT scan, anxiety, lung cancer, mesothelioma, colon cancer, Health episodes, treatment, mortality, asbestos
Scientific investigator(s) (Contact)	
Name of the director	Pairon
Surname	Jean-Claude
Address	94010 CRÉTEIL
Phone	+ 33 (0)1 57 02 20 90
Email	jc.pairon@chicreteil.fr
Unit	INSERM UNITÉ 955 - GEIC2O INSERM
Organization	INSTITUT INTER-UNIVERSITAIRE DE MEDECINE DU TRAVAIL DE PARIS ILE DE FRANCE

Collaborations

Participation in projects, networks and consortia Yes

Funding

Funding status Public

Details CNAM (CRAMIF), ANSES

Governance of the database

Sponsor(s) or organisation(s) responsible Institut inter-universitaire de médecine du travail de Paris - Ile de France (IIMTPIF)

Organisation status Private

Presence of scientific or steering committees Yes

Additional contact

Main features

Type of database

Type of database Study databases

Study databases (details) Cohort study

Database recruitment is carried out by an intermediary A population file

Database recruitment is carried out as part of an interventional study No

Additional information regarding sample selection. Prospective Other bodies active in creating this cohort: CPAM, IIMTPIF, INSERM, University (Bordeaux), Social Security (ERSM RHONE ALPES)
Inclusion cut-off date: 01/12/2005

Database objective

Main objective 1 - To evaluate the incidence of cancer mortality (including lung and pleura cancers) in the ARDCO cohort based on work calendar and benign asbestos-related diseases (asbestosis, pleural plaques). 2 - Evaluation of the contribution of CT examinations, thoughts on examination periodicity. 3 - To assess the psychological impact of post-

occupational medical surveillance of individuals exposed to asbestos 4 - To evaluate the role of co-exposures to other carcinogens with asbestos pollution in the risk of developing cancer 5 - To contribute to defining the populations at risk of lung cancer 6 - To contribute defining optimal methods for monitoring populations previously exposed to asbestos

Inclusion criteria	Subjects affiliated with a general social security scheme, retired (or a few inactive subjects), exposed to asbestos professionally, with different age limits according to all 4 regions.
Population type	
Age	Adulthood (45 to 64 years) Elderly (65 to 79 years) Great age (80 years and more)
Population covered	General population
Pathology	
Gender	Male Woman
Geography area	Local
French regions covered by the database	Aquitaine Limousin Poitou-Charentes Auvergne Rhône-Alpes Normandie
Detail of the geography area	Multicentric cohort throughout France (4 regions): Aquitaine, Rhône-Alpes, Upper and Lower Normandy
Data collection	
Dates	
Date of first collection (YYYY or MM/YYYY)	10/2002
Date of last collection (YYYY or MM/YYYY)	2021
Size of the database	
Size of the database (number of individuals)	[10 000-20 000[individuals
Details of the number of	16000

Data

Database activity	Current data collection
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Type of data collected	Clinical data Declarative data Paraclinical data
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Clinical data (detail)	Direct physical measures Medical registration
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Declarative data (detail)	Paper self-questionnaire
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Paraclinical data (detail)	Imaging (chest CT)2002-2005- lung function test by a pulmonologist (initial assessment) for 5825 patients, then chest CT for 2350 patients in 2011-2012 and chest CT for 1339 patients in in 2018-2019
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Presence of a biobank	No
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Health parameters studied	Health event/morbidity Health event/mortality Health care consumption and services
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Care consumption (detail)	Hospitalization
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Procedures

Data collection method	Self-administered questionnaire: input from a paper questionnaire or optical input (Daptascan) - Clinical examination data collected by treating physician at baseline: input from a paper questionnaire - chest CT: optical reading from a standardised review scale
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Participant monitoring	Yes
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Monitoring procedures	Monitoring by contact with the participant (mail, e-mail, telephone etc.)
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Details on monitoring of participants	Since 2002. Programm in progress in 2020
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Links to administrative sources	Yes
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Linked administrative sources (detail)	CépiDC, Health insurance databases, Cancer registries for départements involved
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Promotion and access

Promotion

Link to the document <http://tinyurl.com/HAL-ARDCO>

Description List of publications in HAL

Link to the document <http://tinyurl.com/Pubmed-ARDCO>

Description List of publications in Pubmed

Access

Terms of data access (charter for data provision, format of data, availability delay) Data may be used by academic teams. Currently no access but no objection to opening the database to academic teams. All data access requests according to agreement by the ARDCO project National Science Council Data may not be used by industrial teams.

Access to aggregated data Access on specific project only

Access to individual data Access on specific project only