Vol 116 - Monograph 01 - Drinking coffee Section 2.4 Table 2.13

Table 2.13 Cohort studies on cancer of the lung and coffee drinking (web only)

| Reference, location enrolment/ follow-up period, study design | Population size, description, exposure assessment method | Organ site | Exposure category or level | Exposed cases/deaths | Risk estimate (95\% CI) | Covariates controlled | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nomura et al. <br> (1986) <br> US <br> 1965-1968 <br> Cohort | 7355; Japanese men living in Hawaii, born in 19901919 with complete follow-up and dietary questionnaires. Exposure assessment method: Questionnaire; 24hour dietary recall history | Lung: incidence, histologically confirmed | $\begin{aligned} & \text { Coffee (cups/day) } \\ & 0 \\ & 1-2 \\ & 3-4 \\ & 5+ \\ & \text { Trend-test p-value: } \end{aligned}$ | 12 <br> 29 <br> 27 <br> 42 <br> 0.19 | 1.05 1.05 1.44 | Age at examination, year of smoking, number of cigarettes smoked per day, smoking status at exam, past smoking status | 95\%CI not reported. <br> Strengths: Prospective. Limitations: Based on only one d history of coffee intake. Lung cancer findings may be due to residual confounding by smoking as supported by the negative findings among non-smokers |
| Jacobsen et al. <br> (1986) <br> Norway <br> 1967-1969 to <br> 1978 <br> Cohort | 16555 (13 664 men, 2891 women); <br> 2 cohorts of Norwegian men <br> Probability sample of the entire male population A set of brothers of migrants to the US Exposure assessment method: Questionnaire | Lung: incidence | Coffee (cups/day) <br> $\leq 2$ cups/day <br> $\geq 7$ cups/day <br> Trend-test p-value | $\begin{gathered} 35 \\ 27 \\ 0.02 \end{gathered}$ | $1.82$ | Age, residence, smoking status or smoking cigs/day | 95\%CI not reported. <br> Strengths: Prospective, incidence <br> Limitations: Based on only one time of coffee intake |
| Stensvold and Jacobsen (1994) <br> Norway <br> Enrolment: <br> 1977-1982, <br> Follow-up until 1990 <br> Cohort | 42 973; 21735 men and <br> 21238 women; age 35-54 years, participated in a cardiovascular screening in three counties of Norway. Exposure assessment method: Questionnaire | Lung | Coffee (cups/day) <br> Men <br> $\leq 4$ <br> 5-6 <br> $\geq 7$ <br> Women <br> $\leq 4$ | 93 <br> 17 <br> 22 <br> 54 <br> 32 <br> 8 | $\begin{aligned} & 1.4 \\ & 2.4 \end{aligned}$ | Age, cigarette per day, and county of residence | Strengths: Complete followup by linkage of national data by national personal identification number. Limitations: Not able to adjust confounding food habit such as vegetable and fruit intake |

Vol 116 - Monograph 01 - Drinking coffee Section 2.4 Table 2.13

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| Reference, <br> location <br> enrolment/ <br> follow-up <br> period, study <br> design | Population size, <br> description, exposure <br> assessment method | Organ site | Exposure <br> category or <br> level | Exposed <br> cases/deaths | Risk estimate <br> (95\% CI) |
| :--- | :--- | :--- | :--- | :--- | :--- |

Vol 116 - Monograph 01 - Drinking coffee
Section 2.4 Table 2.13

Table 2.13 Cohort studies on cancer of the lung and coffee drinking (web only)


Vol 116 - Monograph 01 - Drinking coffee
Section 2.4 Table 2.13

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Vol 116 - Monograph 01 - Drinking coffee
Section 2.4 Table 2.13

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| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  | Lung | Current smokers $(>40(n=2457)$ |  |  |  |

# Table 2.13 Cohort studies on cancer of the lung and coffee drinking (web only) 

| Reference, <br> location <br> enrolment/ <br> follow-up <br> period, study <br> design | Population size, <br> description, exposure <br> assessment method | Organ site | Exposure <br> category or <br> level | Exposed <br> cases/deaths | Risk estimate <br> (95\% CI) | Covariates <br> controlled |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  | Lung: never <br> smokers | Total coffee consumption |  |  |  |

CI, confidence interval; NR, not reported

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