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. (1986) US 1965–1968 Cohort	7355; Japanese men living in Hawaii, born in 1990– 1919 with complete follow-up and dietary questionnaires. Exposure assessment method: Questionnaire; 24- hour dietary recall history	Lung: incidence, histologically confirmed	Coffee (cups/day) 0 1–2 3–4 5+ Trend-test p-value	12 29 27 42 :: 0.19	1 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. 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. (1986) Norway 1967–1969 to 1978 Cohort	 16 555 (13 664 men, 2891 women); 2 cohorts of Norwegian men 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) ≤ 2 cups/day ≥ 7 cups/day Trend-test p-value	35 27 2: 0.02	1 1.82	Age, residence, smoking status or smoking cigs/day	95%CI not reported. Strengths: Prospective, incidence Limitations: Based on only one time of coffee intake
Stensvold and Jacobsen (1994) Norway Enrolment: 1977–1982, Follow-up until 1990 Cohort	42 973; 21 735 men and 21 238 women; age 35–54 years, participated in a cardiovascular screening in three counties of Norway. Exposure assessment method: Questionnaire	Lung	Coffee (cups/day) Men ≤ 4 56 ≥ 7 Women ≤ 4	93 17 22 54 32 8	- 1 1.4 2.4 -	Age, cigarette per day, and county of residence	Strengths: Complete follow- up by linkage of national data by national personal identification number. Limitations: Not able to adjust confounding food habit such as vegetable and fruit intake

2

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
			5–6	12	1.9		
			≥7	12	2		
Khan et al. (2004) Japan	3158; 1524 men and 1634 women; 45 health centres	Lung: lung cancer mortality	Frequency	11		Men: age, smoking, Women: age, health	Strengths: population based, prospective Limitations: small number of cases Onetime assessment for exposure
Enrolment:	prefecture.	mortanty	Men	41	-	education, health	
1984–1985, Follow-up until	40+ year old persons of from the list of 1363 randomly selected households of 50 areas using residential register. Exposure assessment method: Questionnaire		Less	NR	r	screening, smoking	
2002 Cohort			≥ several times/week	NR	0.7 (0.4–1.4)		
			Women	10	-		
			Less	NR	1		
			≥ several times/week	NR	2.1 (0.5–8)		
Guertin et al.	457 366 subject available	Lung	All coffee (cups/d	ay)		Age at study baseline,	Strengths: large scale,
US	for analysis; 50–71 year old NIH-AARP Diet and Health Study American Association of Retired Persons, Six US states (California, Florida, Louisiana, New Jersey, North Carolina,		None	510	1	smoking status, number of cigarettes smoked per day, time	of outcome. Ability to categorize decaffeinated or caffeinated.
Enrolment: 1995–1996,			< 1	987	1 (0.9–1.11)		
Follow-up until 2006			1	1122	0.97 (0.88–1.08)	of smoking cessation among former	Limitations: coffee consumption is self-report,
Cohort			2–3	4022	1.06 (0.97–1.17)	smokers, whether a participant ever smoked pipe/cigars	asking typical coffee consumption over the past year, lack data on cumulative exposure (coffee consumption is considered relatively stable over time.) Quantitative information on caffeine not available. 1/3
	Pennsylvania) Exposure assessment		4–5	1746	1.14 (1.03–1.26)		
	method: Questionnaire; 124 item FFQ Coffee consumption over the past year		≥6	809	1.27 (1.14–1.42)		

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
		Lung	Caffeinated (cups/day) Age at study baseline,				cancer cases histologically unknown
			None	510	1	smoking status,	
			≤ 1	1059	0.93 (0.83–1.03)	smoked per day, time	
			2–3	2839	1.06 (0.96–1.17)	among former	
			≥4	2004	1.18 (1.07–1.31)	smokers, whether a participant ever smoked pipe/cigars	
		Lung	Decaffeinated (cu	ps/day)		Age at study baseline, sex, current cigarette smoking status, number of cigarettes smoked per day, time of smoking accession	
			None	510	1		
			≤ 1	903	1.02 (0.92–1.14)		
			2–3	1027	1.04 (0.94–1.16)	among former	
			≥4	454	1.13 (1–1.29) sr pa	smokers, whether a participant ever smoked pipe/cigars Age at study baseline, sex	
			Trend-test p-value	e: 0.0003			
		Lung	Never smokers				
			None	66	1		
			≤ 1	188	1.13 (0.86–1.47)		
			2–3	144	0.97 (0.74–1.29)		
			≥ 4	33	1.08 (0.74–1.58)		
			Trend-test p-value	e: 0.5569			

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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
		Lung	Current smokers ($\leq 10 \ (n = 16 \ 382)$)	Age at study baseline, sex, number of	
			None	27	1	cigarettes smoked per	
			≤ 1	178	1.17 (0.78–1.76)	cessation among	
			2–3	296	1.21 (0.81–1.79)	former smokers, whether a participant	
			≥ 4	152	1.36 (0.9–2.04)	ever smoked pipe/cigars	
			Trend-test p-value	e: 0.118			
		Lung	Current smokers ((11-20) (n = 26) 081	1))	Age at study baseline, sex, number of	
			None	74	1	cigarettes smoked per day, time of smoking	
			≤ 1	266	0.9 (0.69–1.16)	cessation among	
			2–3	722	1.03 (0.81–1.31)	former smokers, whether a participant	
			≥4	556	1.14 (0.89–1.45)	ever smoked pipe/cigars	
			Trend-test p-value	e: 0.0022			
		Lung	Current smokers ((21-40)(n=20.769)	9))	Age at study baseline, sex, number of	
			None	72	1	cigarettes smoked per day, time of smoking	
			≤ 1	217	0.98 (0.75–1.28)	cessation among	
			2–3	637	1 (0.78–1.28)	tormer smokers, whether a participant	
			≥4	750	1.18 (0.93–1.51)	ever smoked pipe/cigars	

Trend-test p-value: 0.0012

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

Table 2.13 Cohort studies of	a cancer of the lung and	l coffee drinking	(web only)
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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
		Lung	Current smokers	(> 40 (<i>n</i> = 2457))		Age at study baseline, sex, number of cigarettes smoked per day, time of smoking cessation among former smokers, whether a participant ever smoked) pipe/cigars	
			None	11	1		
			≤ 1	37	1.28 (0.65–2.5)		
			2–3	85	1.2 (0.64–2.25)		
			≥4	145	1.38 (0.75–2.55)		
			Trend-test p-valu	ie: 0.2852			
Hashibe et al. (2015)	96 024 subjects for analysis; PLCO Cohort (Prostate, Lung, Colorectal, and Ovarian cancer screening	s; Lung	Coffee intake (cu	ips/day)		Age, sex, race, education, smoking status, smoking frequency, smoking duration, time since stopping smoking for past smokers	Strengths: prospective, large sample size Information on caffeine Limitations: Age at starting, duration and change of coffee drinking habits unavailable
US Enrolment:			<1	222	1		
1992–2001, Follow up from	trial)		1–1.9	137	1.03 (0.83–1.27)		
1998 until May	Exposure assessment		≥2	778	1.1 (0.94–1.28)		
2011 Cohort	method: other; Coffee drinking for the last 12 months		Per cup	NR	1.04 (1.01–1.07)		
			Trend-test p-valu	ue: 0.196			
Lukic et al.	98 405; random sample of Norwegian women aged 30–70 overall response rate: 52.7% Exposure assessment method: Questionnaire	Lung: $(n - 819)$	Total coffee consumption			Age, smoking status,	Focus on cancer total and major site of cancer
Norway 1998–2013 Cohort		(n - 017)	$\leq 1 \text{ cup/day}$	NR	1	initiation, number of pack-year smoked, exposure to smoking in childhood, duration of education, body mass index, and physical activity level	including lung Strengths: Population- based, large-scale, Questionnaire validated, Repeated measurements of coffee consumption and smoking exposure, and the use of updated information, High validity of coffee consumption,
			> 1–3 cups/day	NR	1.12 (0.86–1.44)		
			> 3–7 cups/day	NR	1.28 (0.99–1.65)		
			> 7 cups/day	NR	2.01 (1.47–2.75)		

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
	Lung: ne smokers Lung: ev smokers	Lung: never	Total coffee consu	Total coffee consumption			Limitations: no information on caffeine status.
		smokers	$\leq 1 \text{ cup/day}$	NR	1	duration of education, body mass index, and physical activity level	preparation and brewing type. residual confounding from smoking
			> 1–3 cups/day	NR	1.24 (0.58–2.69)		
			> 3–7 cups/day	NR	1.58 (0.7–1.11)		
			>7 cups/day	NR	1.42 (0.44–4.57)		
			Trend-test p-value	: 0.3			
		Lung: ever smokers	Total coffee consu	mption		Age, smoking status,	
			$\leq 1 \text{ cup/day}$	NR	1	age at smoking initiation, number of pack-year smoked, exposure to smoking in childhood, duration of education, body mass index, and physical activity level	
			>1-3 cups/day	NR	1.1 (0.84–1.45)		
			> 3–7 cups/day	NR	1.11 (0.85–1.47)		
			>7 cups/day	NR	1.46 (1.1–1.94)		
			Trend-test p-value	: 0.004			

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

CI, confidence interval; NR, not reported

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