Table 2.15 Case-control studies (population-based) 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
Axelsson et al. (1996) Sweden 1989–1993 (interview) Case-control	Cases: 308; male lung cancer cases from pulmonary units at central hospitals, Controls: 504; The next person in the respective county who was of the same sex as the patients and closest to the patient in the order of the personal identification number. Exposure assessment method: Questionnaire; In person Interview	Lung	Coffee intake frequence < 1–2 times/week  Daily/almost daily 7–25 times/week > 25 times/week	y 13 26 134 135	1 0.94 (0.38–2.29) 1.16 (0.53–2.52) 1.6 (0.72–3.54)	Number of cigarettes/day, number of years smoked, marital status, socioeconomic job classification, vegetable class and 'other fruit or berries'	Strengths: population- based control In person direct interviews of cases and controls Limitations: case- control design
Nyberg et al. (1998) Sweden 1989–1995 Case-control	Cases: 124 (35 male, 89 female); lung cancer cases in 3 major county hospitals responsible for diagnosis and treatment of lung cancer. Controls: 235 (72 male, 163 female); Stockholm county population register Frequency matched 2:1 to cases, in strata defined by sex, age (30–49, 50–69, 70+), and 3 hospital catchment areas. Exposure assessment method: Questionnaire; Interview by telephone or in-person	Lung	Coffee intake frequence Less than daily Daily or almost daily 3 cups or more daily Trend-test p-value: 0.3	18 51 55	1 0.57 (0.27–1.22) 0.5 (0.24–1.06)	Sex, age (5 strata), catchment area (3 strata), degree of urban residence, year of exposure to risk occupations, everexposure status, years since last exposure and hour-years of exposure to environmental tobacco smoke, carrot consumption, and "other fruit consumption"	Strengths: 96% of cases were with histological or cytological confirmation for diagnosis. Population-based Never smokers only Limitations: Casecontrol design

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Hu et al. (2002) Canada	Cases: 161; Histologically confirmed	Lung	Coffee intake (cups/we	eek)		10-year age groups, province, education and	Strengths: population-based
1994–1997 Case-control	lung cancer cases Identified by Provincial Cancer		≤ 1	43	1	social class	restricted to never- smoking women
	Registry Controls:		2–7	41	0.9 (0.5–1.6)		Limitations: Case- control design
	483; Data from the National Enhanced Cancer Surveillance		8–17.5	57	0.9 (0.5–1.6)		Misclassification of exposure variables and
	System (NECSS) were frequency matched to the overall collection of cases for 18 types of cases.		> 17.5	14	0.8 (0.4–1.8)		covariates Less case-response rate (61.6%)
	Among those who completed the questionnaire $(n = 2531)$ , 483 were randomly selected to achieve 1–3 case-control ratio frequency matched by 5-year age group and province.  Exposure assessment method: Questionnaire		Trend-test p-value: 0.6	57			small sample size
Chiu et al. (2010) Hong Kong Special	Special 279; Female lung cancer cases in the largest oncology centre in Hong Kong Special Administrative Region.	Lung	Cup-years			Age, employment, years of education, total dish-	Strengths: population-based
Administrative Region, China			Never	277	1	years, smoking, family cancer history, radon index, intake of meat, pickled vegetables, dark green vegetables, yellow/orange vegetables, total fruit, supplemental multivitamins	Limitations: case- control
2002–2004 Case-control			1–10 coffee years	22	0.41 (0.21–0.78)		Single centre coffee consumption
	322; Selected from the same residential areas, frequency-matched in 10-year age groups, no-history of physician-diagnosed cancer at any site.  Exposure assessment method: Questionnaire; Diet History Questionnaire (DHQ designed by the NCI)		> 10 coffee years	14	1.3 (0.7–2.42)		low in this population

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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	
Sanikini et al. (2015) France	Cases: 2684 (2074 male, 610 female);		Coffee consumption co	ategories	Age ( $\leq$ 52, 52–60, Strengths: large $60-67$ , $>67$ ), sex, area multicentre,			
2001–2007 Case-control	Histologically confirmed primary lung cancer, aged $\leq 75$ years old	combined	Status	NR	-	of residence (Bas Rhin, Calvados,	population-based Large sample size	
	Controls: 3481 (2720 male, 761 female);		Never	97	1	Doubs/Territoire de Belfort, Haut Rhin,	comprehensive information on coffee	
	selected from general population via random digital dialing and		Ever	2562	1.08 (0.8–1.47)	Herault, Isere, Loire Atlantique, Manche,	consumption and potential confounders.	
	were frequency matched to the cases by age, sex and area of		Missing	25	-	Somme, and Vendee), CSI (continuous) and	Careful adjustment fo smoking. Analysis by histological type, sex, and smoking status. Limitations: Case- control Recall bias Non-differential misclassification of exposure	
	residence (department). Exposure assessment method: Questionnaire; face-to-face interview		Quantity (cups/day)	NR	-	occupational history (yes/no)		
			Never	97	1			
			< 2	475	1.33 (0.96–1.86)			
			2–3	502	1.03 (0.74–1.44)			
			3–5	733	0.94 (0.68–1.31)			
			≥5	838	1.07 (0.77–1.48)			
			Missing	39	-			
			Duration (years)	NR	-			
			Never	97	1			
			< 30	430	0.97 (0.68–1.37)			
			30–40	730	1.17 (0.84–1.63)			
			40–49	694	1.12 (0.8–1.56)			

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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
			≥ 49	656	1.02 (0.72–1.43)		
			Missing	77	-		
			Lifetime cumulative (cup-years)	NR	-		
			Never	97	1		
			< 62	500	1.27 (0.91–1.77)		
			62–112	540	1.03 (0.74–1.44)		
			112–184	601	0.96 (0.69–1.34)		
			≥ 184	858	0.96 (0.69–1.34)		
			Missing	88	-		
		Lung: men	Coffee consumption ca	ategories		Age (≤ 52, 52–60,	
			Status	NR	-	60–67, > 67), area of residence (Bas Rhin,	
			Never	55	1	Calvados, Doubs/Territoire de	
			Ever	2000	1.09 (0.72–1.65)	Belfort, Haut Rhin, Herault, Isere, Loire	
			Missing	19	-	Atlantique, Manche, Somme, and Vendee),	
			Quantity (cups/day)	NR	-	CSI (continuous) and occupational history	
			Never	55	1	(yes/no)	
			< 2	355	1.3 (0.83–2.04)		

Table 2.15 Case-control studies (population-based) on cancer of the lung and 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
			2–3	396	1.07 (0.69–1.67)		
			3–5	578	0.95 (0.61–1.46)		
			≥ 5	662	1.11 (0.72–1.72)		
			Missing	28	-		
			Duration (years)	NR	-		
			Never	55	1		
			< 30	280	0.93 (0.58–1.48)		
			30–40	568	1.16 (0.75–1.81)		
			40–49	576	1.17 (0.76–1.82)		
			≥ 49	537	1.02 (0.65–1.61)		
			Missing	58	-		
			Lifetime cumulative (cup-years)	NR	-		
			Never	55	1		
			< 62	357	1.24 (0.79–1.93)		
			62–112	419	1.1 (0.71–1.71)		
			112–184	484	0.98 (0.63–1.52)		
			≥ 184	694	1.06 (0.68–1.64)		
			Missing	65	-		

Table 2.15 Case-control studies (population-based) 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: women	Coffee consumption ca	ategories		Age ( $\leq$ 52, 52–60, 60–67, $>$ 67), area of
			Status	NR	-	residence (Bas Rhin, Calvados,
			Never	42	1	Doubs/Territoire de Belfort, Haut Rhin,
			Ever	562	1.25 (0.79–1.97)	Herault, Isere, Loire Atlantique, Manche,
			Missing	6	-	Somme, and Vendee), CSI (continuous) and
			Quantity (cups/day)	NR	-	occupational history
			Never	42	1	(yes/no)
			< 2	120	1.61 (0.97–2.67)	
			2–3	106	1.08 (0.64–1.83)	
			3–5	155	1.13 (0.68–1.88)	
			≥5	76	1.15 (0.69–1.94)	
			Missing	11	-	
			Duration (years)	NR	-	
			Never	42	1	
			< 30	150	1.25 (0.73–2.13)	
			30–40	162	1.47 (0.88–2.47)	
			40–49	118	1.09 (0.63–1.87)	
			≥ 49	119	1.05 (0.61–1.83)	

Table 2.15 Case-control studies (population-based) on cancer of the lung and coffee drinking (web only)

deference, location nrolment/follow-up eriod, study design	Population size, description, exposure assessment method	Organ site	Exposure category or level	Exposed cases/deaths	Risk estimate (95% CI)	Covariates controlled Comments
			Missing	19	-	
			Lifetime cumulative (cup-years)	NR		
			Never	42	1	
			< 62	143	1.53 (0.93–2.52)	
			62–112	121	1.03 (0.61–1.73)	
			112–184	117	1.13 (0.67–1.92)	
			≥ 184	164	1.09 (0.64–1.83)	
			Missing	23	-	
		Lung: subanalysis by	Coffee consumption ca	tegories		Age ( $\leq$ 52, 52–60,
		histological subtype	Never consumer	NR	1	60–67, > 67), sex, area of residence (Bas Rhin, Calvados,
		subtype	≥ 5 (cups/day)	NR	-	Doubs/Territoire de Belfort, Haut Rhin,
			Adenocarcinoma	NR	1.09 (0.73–1.64)	Herault, Isere, Loire Atlantique, Manche,
			Squamous-cell carcinoma	NR	1.04 (0.63–1.72)	Somme, and Vendee), CSI (continuous) and occupational history
			Large-cell carcinoma	NR	1.22 (0.56–2.66)	(yes/no)
			Small-cell carcinoma	NR	0.75 (0.42–1.35)	

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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: subanalysis by smoking status	Coffee consumption ca  Never consumer  ≥ 5 (cups/day)  Never smokers  Former smokers  Current smokers	NR NR NR NR NR NR	1 - 1.03 (0.54–1.94) 1.47 (0.8–2.7) 0.77 (0.42–1.44)	Age (≤ 52, 52–60, 60–67, > 67), sex, area of residence (Bas Rhin, Calvados, Doubs/Territoire de Belfort, Haut Rhin, Herault, Isere, Loire Atlantique, Manche, Somme, and Vendee), CSI (continuous) and occupational history (yes/no)	

CI, confidence interval; NR, not reported

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