

Table 2.30. Case-control studies of HPV prevalence and cancer of the prostate

Reference, study location	Sites included	No. of cases	No. of controls	Method of detection	HPV prevalence (%)		Odds ratio (95% CI)	Comments / adjustments
					Cases	Controls		
Adami <i>et al.</i> (2003), Sweden	Prostate (serum collected after diagnosis)	238	210 Healthy Population controls	ELISA against type specific VLPs 16, 18, 33	HPV 16 13.0 HPV 18 11.8 HPV 33 29.4	HPV 16 15.2 HPV 18 11.9 HPV 33 23.0	HPV 16 0.7 (0.4–1.3) HPV 18 (0.5–1.9) HPV 33 1.6 (1.0–2.7)	Adjusted for age and the other HPV types Stronger effect for HPV 33 and protection for HPV 18 for high antibody levels
Rosenblatt <i>et al.</i> (2003), USA	Prostate (serum collected after diagnosis)	642	570 population-based RDD	Serology ELISA against type specific VLPs 16, 18	HPV 16 9.2 HPV 18 3.4 HPV 16 or 18 11.2 HPV 16 and 18 1.4	HPV 16 8.8 HPV 18 2.5 HPV 16 or 18 10.5 HPV 16 and 18 0.7	HPV 16 1.1 (0.7–1.6) HPV 18 1.4 (0.7–2.7) HPV 16 or 18 1.1 (0.7–1.5) HPV 16 and 18 1.9 (0.6–6.4)	Adjusted for age
Korodi <i>et al.</i> (2005), Nordic countries	Prostate (pre-diagnostic serum samples)	804	2596	Serology ELISA against type specific VLPs 16, 18, 33	HPV 16 5.6 HPV 18 2.9 HPV 33 6.4	HPV 16 6.2 HPV 18 3.7 HPV 33 6.6	HPV 16 0.9 (0.6–1.3) HPV 18 0.8 (0.5–1.3) HPV 33 1.0 (0.7–1.4)	No association for high antibody levels
Bergh <i>et al.</i> (2007), Sweden	Prostate	201	201	GP5+/6+	0	0		Paraffin embedded All tissues were from a prior transurethral prostate resection, cases developed cancer and controls did not
Sutcliffe <i>et al.</i> (2007), USA	Prostate (pre-diagnostic serum samples)	691 Men who developed cancer	691 Men who did not and had negative PSA	Serology ELISA against type specific VLPs	HPV 16 7.1 HPV 18 6.5 HPV 33 7.2	HPV 16 8.8 HPV 18 5.8 HPV 33 6.4	HPV 16 0.8 (0.6–1.2) HPV 18 (0.7–1.6) HPV 33 1.1 (0.8–1.7)	Nested case-control study Health Professionals Follow up study