

Table 2.69. Pooled analyses on tobacco smoking and cervical cancer, cervical intraepithelial neoplasia (CIN) and carcinoma *in situ* (CIS) (with or without control for human papilloma virus (HPV) status)

Reference Country and years of study	Name of study	Cohorts included	Cases/deaths identification	Exposure assessment	Comments
Appleby <i>et al.</i> (2006) pooled analysis of 23 epidemiological studies	International Collaboration of Epidemiological Studies of Cervical Cancer	<p>Cohort studies Sweden (Ylitalo 1999), Manchester UK (Deacon 2000), Copenhagen DK (Kjaer 1996), Portland Kaiser USA (Schiffman 1993), Guanacaste Costa Rica (Hildesheim 2001)</p> <p>Case-control (population-based): IARC (Colombia, Spain-Bosch 1992), (Madeleine 2001), USA Adeno (Lacey 2001)</p> <p>Case-control (hospital-based): Briton Latin America (Herreo 1989), IARC (Munoz 1993, Rolon 2000, Eluf-Neto 1994, Chichareon 1998, Bayo 2002, Ngelangel 1998, Chaoiki 1998, Santos 2001, Hammouda 2005, Rajkumar 2003), Bangkok Thailand (Thomas 2001)</p>	2589 cases with squamous cell carcinoma vs. 1489 controls. 154 cases with adenocarcinoma <i>versus</i> 1288 controls	Reported in each study individually	Inclusion of studies with invasive cervical cancer, carcinoma in situ/cervical intraepithelial neoplasia grade 3 (CIN3) and information on OC use, cohort studies with min. 30 cases, case- control studies with min. 100 invasive or 200 carcinoma in situ/CIN3 cases Sub-group analyses in HPV positive women (tested by PCR → 8 studies included) defined as high- risk HPV according to Munoz 2003 NJM including HPV 16 and 18