

Table 2.56. Case-control studies of consumption of alcoholic beverages and cancer of the prostate^a

Reference, study location, period	Characteristics of cases	Characteristics of controls	Exposure assessment	Exposure categories	No of cases/deaths	Relative risk (95% CI)	Adjustment factors	Comments
Cox <i>et al.</i> (2006), New Zealand	Men aged 40–74 with incidental cancer between 1 April 1996–31 December 1998 registered in the National Cancer Registry; ever married, underwent vasectomy; with traceable telephone number; 953 of 1 082 eligible cases were interviewed; 923 were included in analysis	Men listed on the general electoral roll; frequency matched in 5-years groups to the cases; ever married and underwent vasectomy; with traceable telephone number; 1 260 of 1 582 eligible controls were interviewed; 1 224 were included in analysis	Telephone interview of cases and controls conducted by 3 trained interviewers. Information on: previous illness, vasectomy, smoking and alcohol consumption, PSA testing and digital rectal examination, previous urological symptoms and operations, family history of cancer and socio-demographic characteristics	<i>Alcohol consumption 1 past years</i> None 1 st quartile (low) 2 nd quartile 3 rd quartile 4 th quartile (high)	132 200 203 189 198	(ref) 1.1 (0.8–1.4) 1.1 (0.8–1.4) 1.0 (0.7–1.3) 1.1 (0.8–1.4)	Individual year of age	

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Gallus <i>et al.</i> (2007), Italy (Greater Milan, Pordenone and Gorizia-northern Italy, province of Latina, and urban area of Naples)	219 men younger than 60 years, range 45–59, median age 56 years of at all 1 249 prostate cancer cases admitted to the major teaching and general hospitals; histologically confirmed cancer of the prostate	431 male patients aged 46–59 years; median age 55 years; frequency matched to cases by age and study centre; admitted to the same hospitals as cases for acute, non-neoplastic, non-hormone-related conditions and unrelated to known risk factors for prostate cancer	Baseline questionnaire equal for all study centres; information on : socio-demographic factors, anthropometric measures, smoking, alcohol consumption, coffee consumption, physical activity, and other lifestyle habits, personal medical history and family history of cancer in first degree relatives	<i>Alcohol use (drinks/day)</i>	<i>Alcohol use</i>	OR (95% CI)	Age, study centre, education, occupational physical activity at 30–39 years, body mass index, family history of cancer	
				< 2	49	(ref)		
				2–4	108	1.5 (1.0–2.3)		
				≥ 5	62	1.3 (0.8–2.2)		
						χ^2 trend = 0.82		
				<i>Alcohol use (drinks/day)</i>				
				<i>In strata Gleason score < 7</i>				
				< 2	24	1.0 (ref)		
				2–4	54	1.6 (0.9–2.8)		
				≥ 5	21	0.9 (0.4–1.9)		
		χ^2 trend = 0.09						
			<i>In strata Gleason score ≥ 7</i>					
			< 2	11	(ref)			
			2–4	30	1.9 (0.9–4.3)			
			≥ 5	31	3.1 (1.3–7.0)			
						χ^2 trend = 0.007		
Li <i>et al.</i> (2008), China (Changchun)	28 of 29 men in the age range 54–82 years; diagnosed with prostate cancer during screening study for cancer of the prostate from June 1998 to December 2000	280 controls with a negative PSA test selected from the same study population as cases matched to cases by 2 years range age and place of employment; no history of serious diseases	Interview-based questionnaire of all cases and controls; Information on: demographics, diet, body size, smoking, alcohol consumption, marital status, medical history	<i>Alcohol consumption</i>	<i>Alcohol consumption</i>	OR (95% CI)	Crude OR	
				Never	14	(ref)		
				Previous	2	0.68 (0.15–3.11)		
				Current	108	1.13 (0.50–2.56)		
						p trend = 0.81		
				Never	14	(ref)		
Previous	2	0.67 (0.14–3.08)						
Current	108	1.11 (0.49–2.54)						
		p trend = 0.81				Education, BMI		

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De Stefani <i>et al.</i> (2009), Uruguay (Montevideo; 4 major hospitals; multisite study)	3 528 patients diagnosed with cancer and interviewed between 1996–2004 totally; 345 with cancer of the prostate	2 532 controls in total; patients admitted to the same hospitals in the same period of time for conditions not related with smoking, alcohol drinking, and without recent changes in diet; no matching were performed;	Structured questionnaire conducted by two special trained social workers; Information on : sociodemographics, occupations and their duration, self reported body size, family history of cancer in first-degree relatives, complete history of smoking, alcohol drinking, mate (herbal tea) drinking, coffee and tea drinking, history of reproductive events and FFQ (food frequency questionnaire)	<i>Drinker pattern</i> 1st tertile 2nd tertile 3rd tertile	NR NR NR	1.00 (ref) 0.69 (0.51–0.92) 0.86 (0.64–1.17) <i>p</i> trend = 0.29	Age, residence, urban/rural status, education, BMI, smoking status, years since smoking cessation, number cigarettes/day current smokers), total energy intake, all the dietary patterns	The group “Drinker pattern” includes: beer, wine, hard liquor and processed meat

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Benedetti <i>et al.</i> (2009), Canada, Montreal	374 men, aged 35–70 years old, living in Montreal area, newly diagnosed with cancer of the prostate	Population controls randomly selected from electoral lists	Interview or self-administered questionnaire	<i>Total alcohol consumption</i>			<i>Odds ratios</i>	Age, smoking status, cigarette-year, respondent status, ethnicity, census tract income, years of schooling, time since quitting
				Never weekly	69	1.00 (ref)		
				1–6 weekly	133	1.36 (0.92–2.00)		
				7+ weekly	172	1.23 (0.84–1.78)		
				<i>Beer</i>				
				Never weekly	116	1.00 (ref)		
				1–6 weekly	131	1.31 (0.94–1.83)		
				7+ weekly	127	1.36 (0.95–1.94)		
				<i>Wine</i>				
				Never weekly	201	1.00 (ref)		
				1–6 weekly	128	1.33 (0.98–1.81)		
				7+ weekly	45	0.93 (0.59–1.45)		
				<i>Spirits</i>				
Never weekly	154	1.00 (ref)						
1–6 weekly	151	1.22 (0.90–1.65)						
7+ weekly	69	1.29 (0.87–1.93)						

CI, confidence interval; NR, not reported

^a Unless otherwise noted in the comments, the ICD code for cancer of the prostate is 185