

**Table 2.70. Cohort studies of consumption of alcoholic beverages and cancer of the skin**

Reference, location, name of study	Cohort description	Exposure assessment	Exposure categories	No. of cases/deaths	Relative risk (95% CI)	Adjustment factors	Comments
<b>Malignant melanoma</b>							
Allen <i>et al.</i> (2009) United Kingdom Million Women Study 1996–2001	Analytical cohort of 1 280 296 women who attended breast cancer screening clinic; recruited 1996–2001; aged 50–64 years; follow-up until 2006; 2 456 incident malignant melanoma cases	Self administered questionnaire at baseline and 3 years later	Usual intake (drinks/week) None < 2 3–6 7–24 ≥ 15  P-trend  Per 10 g/d	460 765 609 468 157   1999	(Floated 95% CI) 0.80 (0.73–0.88) 1.00 (0.93–1.07) 1.00 (0.92–1.08) 0.96 (0.88–1.05) 1.17 (1.00–1.37)  0.3  1.04 (0.97–1.12)	Age, region, socioeconomic status, body mass index, smoking, physical activity, oral contraceptive use, hormone replacement therapy	Alcohol intake of < 2 drinks/week taken to be the reference group; no difference by beverage type (wine versus other drinks) or by red, white or both types of wine
<b>Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)</b>							
Ansems <i>et al.</i> (2008), Queensland, Australia 1992–2002 Numbour Skin Cancer Study	Prospective cohort study. 1 360 adult residents of Numbour selected in 1992 – 1996 and monitored for BCC and SCC until the end of 2002	Intake of five alcoholic beverages (beer, red wine, white wine, sherry or port, and spirits was assessed as part of a 129-item self-administered questionnaire.	<b>BCC</b> <i>Intake of alcohol</i> Abstainers Moderate High <b>SCC</b> <i>Intake of alcohol</i> Abstainers Moderate High	118 395 151  51 120 64	1.00 1.32 (0.92–1.90) 1.05 (0.65–1.65)  1.00 0.89 (0.53–1.49) 0.94 (0.49–1.80)	Multivariable adjusted model for both BCC and SCC: age, sex, β-carotene treatment, sunscreen treatment, elastosis of the neck, leisure time sun exposure, and history of skin cancer before 1992. Also for BCC: occupational sun exposure; and for SCC: number of pack-years smoked until 1992, skin colour	No significant association was found for total alcohol intake, or intake of beer, white wine, red wine or sherry and port. However, among those with a prior skin cancer history, a significant increased risk of SCC with high intake of sherry and port (2.5; 95% CI: 1.1–5.7) was found.