

Table 2.21. Cohort studies of consumption of alcoholic beverages and cancer of the stomach in general populations

Reference, location, name of study	Cohort description	Exposure assessment	Organ site (ICD code)	Exposure categories	No. of cases/Deaths	Relative risk (95% CI)*	Adjustment for potential confounders	Comments
Larsson <i>et al.</i> (2007), Sweden, The Swedish Mammography Cohort	61 433 women born between 1914 and 1948 and residing in Uppsala and Västmanland counties in central Sweden. The cohort was established between 1987 and. Follow up analyses in 1998 and 2005	Self-administered questionnaire	Stomach (ICD-9: 151)	<i>Alcohol intake</i> Non-drinkers 0.1–19.9 g/week 20.0–39.9 g/week ≥ 40.0 g/week <i>P</i> for trend	61 50 27 22	1.0 0.85 (0.58–1.25) 1.18 (0.73–1.91) 1.33 (0.79–2.25) 0.14	Age, education, smoking and intake of fruits and vegetables, processed meat and coffee	Results by type of beverage are shown in Table 2.24
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; 821 incident cases of cancer of the stomach	Self-administered questionnaire at baseline and 3 years later	Stomach (ICD10: C16)	<i>Alcohol intake</i> None < 2 drinks/week 3–6 drinks/week 7–24 drinks/week ≥ 15 drinks/week <i>P</i> for trend Per 10 g/d	276 220 176 109 40	1.27 (1.12–1.44) 1.00 (0.88–1.14) 1.06 (0.91–1.22) 0.79 (0.65–0.95) 1.02 (0.74–1.39) 0.8 0.93 (0.81–1.07)	Age, region, socioeconomic status, body mass index, smoking, physical activity, oral contraceptive use, hormone replacement therapy use	Floated 95% CI. 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

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Sung <i>et al.</i> (2007), Korea (Republic of) The National Health Insurance Corporation Study (NHICS Cohort)	669 570 Korean men aged 30 years or over who participated the National Health Examination Program in 1996) follow-up until 31 Dec 2002. Average 6.5 year follow-up Cases: 3 452 adenocarcinomas of the stomach	Self-administered questionnaire	Cardia and upper-third (ICD-O: C16.0–16.1) and distal cancers of the stomach (ICD-O: C16.2–16.7) adenocarcinoma (M814–857)	<i>Alcohol intake</i>				Age, body mass index, smoking and preference for saltiness in food
				0 g /day	999	1.0		
				1–14.9 g /day	946	1.0 (0.9–1.1)		
				15.0–24.9 g /day	644	1.1 (1.0–1.3)		
				≥ 25 g /day	863	1.2 (1.1–1.4)		
				<i>P for trend</i>		0.0001		
				Cardia & Upper third	0 g /day	29	1.0	
				1–14.9 g /day	36	1.3 (0.8–2.1)		
				15.0–24.9 g /day	31	1.7 (1.0–2.8)		
				≥ 25 g /day	31	1.3 (0.8–2.2)		
<i>P for trend</i>		0.59						
Distal	0 g /day	661	1.0					
1–14.9 g /day	633	1.0 (0.9–1.2)						
15.0–24.9 g /day	430	1.2 (1.0–1.3)						
≥ 25 g /day	594	1.3 (1.2–1.5)						
<i>P for trend</i>		0.0002						

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Freedman <i>et al.</i> (2007), USA, The NIH-AARP Diet and Health Study	474 606 persons (282 856 men and 191 750 women) of age above 50 years and member of American Association of Retired Persons. Established between 1995 and 1996.	Self-administered questionnaire	188 Cardia (ICD-O-3: C16.0) and 187 non-cardia cancer of the stomach (ICD-O-3: C16.1-C16.9) adenocarcinoma	<i>Alcohol intake</i>		Hazard ratio	Age, sex, fruit intake, vegetable intake, total energy, body mass, education, smoking, and usual physical activity. Results for gastric non-cardia cancers were additionally adjusted for race/ethnicity.	Overall result for all gastric cancers were not reported. Results by type of beverage are shown in Table 2.24
				Gastric cardia				
				0 drinks/day	46	1.19 (0.83–1.70)		
				> 0–1 drinks/day	86	1.00		
				> 1–3 drinks/day	29	0.99 (0.65–1.52)		
				> 3 drinks/day	27	1.57 (0.98–2.52)		
				Non-cardia				
				0 drinks/day	59	1.30 (0.93–1.82)		
> 0–1 drinks/day	88	1.00						
> 1–3 drinks/day	31	1.17 (0.77–1.77)						
> 3 drinks/day	9	0.62 (0.30–1.27)						