

Table 2.12. Case-control studies of combined estrogen-progestogen oral contraceptives and colorectal cancer

Reference	Country and study	Cases: controls	Relative risk (95% CI) (ever versus never users)			Comments
			Colorectal	Colon	Rectum	
Weiss et al. (1981b)	Washington State, USA	143:707	≤ 5 years: 1.3 (0.5–3.1) > 5 years: 2.0 (0.7–5.2)	1.0	2.6 (<i>P</i> = 0.09)	Adjusted for age; no significant trends with duration of use
Potter & McMichael (1983)	Adelaide, Australia	155:311		0.5 (0.3–1.2)	0.7 (0.3–1.8)	Adjusted for reproductive variables; inverse trend with duration of use
Furner et al. (1989)	Chicago, USA	90:208	0.6 (0.3–1.3)			Unadjusted
Kune et al. (1990)	Melbourne, Australia	190:200	–	1.2 (0.6–2.6)	2.04 (1.0–4.1)	Adjusted for age, parity, age at first child; no significant trend with duration of use
Peters et al. (1990)	Los Angeles, USA	327:327	–	< 5 years: 1.0 (0.6–1.8) ≥ 5 years: 1.1 (0.4–2.9)	–	Family history of cancer, parity, exercise, fat, alcohol, calcium intake; no effect of duration of use
Franceschi et al. (1991b)	Northeastern Italy	89:148	0.2 (0.0–2.0)			Unadjusted; only 1 case and 9 controls had ever used oral contraceptives.
Wu-Williams et al. (1991)	North America (NA) and China (Ch)	395:1112	–	NA: 1.2 (<i>P</i> = 0.67) Ch: 0.55 (<i>P</i> = 0.27)	NA: 0.4 (<i>P</i> = 0.04) Ch: 0.7 (<i>P</i> = 0.34)	Unadjusted (but unaltered by exercise, saturated fat, duration of residence in NA); no trend with duration of use

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Jacobs et al. (1994)	Seattle, USA	193:194	–	1.2 (0.70–1.90)	–	Adjusted for age, age at birth of first birth, vitamin intake; no trend with duration of use
Kampman et al. (1994)	the Netherlands	102:123	–	0.97 (0.46–2.03)	–	Adjusted for age, urbanization, cholecystectomy, socioeconomic level, colon cancer, family history, dietary habits
Kampman et al. (1997)	USA, KPMCP	894:1120	–	0.86 (0.67–1.10)	–	Adjusted for age, cancer family history, aspirin, caloric intake, hormonal menopausal therapy, exercise
Fernandez et al. (1998)	Italy	1232:2793	0.6 (0.5–0.9)	0.7 (0.5–0.9)	0.7 (0.5–1.1)	Adjusted for age, education, family history of cancer, body mass index, estrogen replacement therapy, energy intake; no effect with duration of use; stronger protection in recent users

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Levi et al. (2003)	Canton of Vaud, Switzerland	131:373		0.8 (0.4–1.7) ≤ 5 years: 0.7 (0.2–2.4) > 5 years: 0.9 (0.4–2.0)	Adjusted for age, education, family history of colorectal cancer, parity, fibre intake, physical activity; no trend with duration, time since first or last use	
Nichols et al. (2005)	Wisconsin State, USA	1488:4297	0.89 (0.75–1.06)	0.87 (0.72–1.06)	0.87 (0.65–1.17)	Adjusted for age, study enrolment, family history of colorectal cancer, body mass index, education, screening, smoking, hormonal menopausal therapy, alcohol, age at first birth; no effect with duration of use; greater reduced risk in recent users (rectal)
Campbell et al. (2007)	Canada	1404:1203	0.77 (0.65–0.91)			No trend in risk with duration of use.

CI, confidence interval; KPMCP, Kaiser Permanente Medical Care Program