

Table 2.64. Case-control studies on tobacco smoking and cervical cancer: main characteristics of study design

Reference ^a Country and years of study	Number of cases and controls	Exposure assessment	Criteria for eligibility and comments
<i>Restricted to HPV positive</i>			
<i>Adjusted for HPV status</i>			
Nishino <i>et al.</i> (2008), Japan	124 cases and 125 controls	Smoking history, self assessment questionnaire	Hospital-based case-control study Cases and controls visiting Niigata University Hospital, Niigata Cancer Center Hospital, Nagoaka Red Cross Hospital or Ryukyu University Cases confirmed by surgical specimens Controls healthy Japanese women with Papanicolaou class I or II (randomly chosen from asymptomatic outpatients from the respective hospitals) Nor cases or controls history of other malignancies
Tsai <i>et al.</i> (2007) Kaohsiung county, Taiwan	171 cases with various stages of disease, 513 controls	Smoking status and second-hand smoking assessed in questionnaire (validation of the questionnaire by repeated application in a sub-sample (n=100) and by cotinine/creatinine levels in urine in a subsample of 22 smokers)	Population-based case-control study, Case-control ratio: 1:2; age matching, same area of residence, of the 171 cases: n=54 inflammation, n=58 CIN1, n=20 CIN 2, n=34 CIN3/CIS, n=5 invasive cervical cancer Urine specimens to measure cotinine/creatinine levels, HPV DNA detection by Hybrid Capture II assay for high risk HPV (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) Risk estimates on second-hand smoking not included in the table

^a Studies published after 1986, or before 1986 but not included in Volume 38 of the *IARC Monographs*
ICC, invasive cervical cancer; CIS, carcinoma *in situ*; CIN, cervical intraepithelial neoplasia