

**Table 2.65. Case-control studies of consumption of alcoholic beverages and leukaemia**

Reference, study location, period	Organ, site ICD- code	Characteristics of cases	Characteristics of controls	Exposure assessment	Exposure categories	No of cases/deaths	Relative risk (95% CI)	Adjustment factors	Comments
Chang <i>et al</i> (2004), Sweden, 2000–2002	CLL (91.1)	152 CLL identified from a network of physicians and the regional cancer registries; aged 18–74 years; 99% histologically confirmed; 75.5% response rate	480 living controls (279 men, 201 women) identified using population registries; aged 18–74 years; frequency matched to cases on sex, age ( $\pm 10$ years); 66.8% response rate	Self-administered standardized questionnaire	<i>Current versus never drinker</i>		2.4 (0.9–6.5)	Sex, age, smoking status	All subjects HIV-free; body mass index, height, education, history of rheumatoid arthritis, blood transfusion or skin cancer, occupational exposure to pesticides, dietary intake of dairy products, fried red meat, and vegetables did not confound results; for all; no association between beer or liquor and CLL
					CLL				
					<i>Ethanol from total alcohol (g/day)</i>				
					0.0–2.2		1.0		
					>2.2–8.4		1.5 (0.9–2.7)		
					>8.4–19.1		1.6 (0.9–2.9)		
					>19.1		1.6 (0.9–2.9)		
							P trend= 0.26		
					15-g increments		3.7 (0.7–18.4)		
					<i>Ethanol from wine (g/day)</i>				
					0.0–2.2		1.0		
					>2.2–8.4		1.6 (0.8–3.0)		
					>8.4–19.1		2.3 (1.2–4.4)		
					>19.1		2.4 (1.2–4.7)		
							P trend= 0.03		
					15-g increments		1.2 (0.7–2.0)		

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Monnereau <i>et al.</i> (2008), France 2000-2004 Multi Centre study: main hospitals of Bordeaux, Brest, Caen, Lille, Nantes, Toulouse	ICD-O-3 LPS: CLL: 9823/3; SLL : 9670; HCL: 9940/3	168 newly diagnosed patients, except for B-cell CLL patients, between 2000-2004; from hospitals of Bordeaux, Brest, Caen, Lille, Nantes, Toulouse ; aged 18-75 years ; LPS: 168, CLL/SLL: 132, HCL: 36	461 of 752 randomly selected patients with no history of hematological neoplasms, hospitalized in the same hospitals as cases, individually matched by center, age, gender, residential area ; a set of controls for LPS	Interview, standardized structured questionnaire, all under same conditions	<i>Alcohol consumption</i> <b>CLL</b> Never drinkers Ever drinkers <b>HCL</b> Never drinkers Ever drinkers  <i>Average number of drinks per week</i> <b>CLL</b> Never 0-3.7 3.7-10 10-21 >21 <b>HCL</b> Never 0-3.7 3.7-10 10-21 >21	20 111 4 32  79 34 35 19 23 4 15 6 5 6	1.0 (ref) 1.2 (0.7-2.1) 1.0 (ref) 1.4 (0.5-4.3)  1.0 1.3 (0.7-2.6) 1.4 (0.7-2.7) 0.8 (0.4-1.7) 1.0 (0.5-2.2) 1.0 2.7 (0.8-8.9) 0.9 (0.2-3.4) 0.9 (0.2-3.7) 0.7 (0.2-3.0)	Gender, age, centre; results did not changed after adjustment for all or some of the following potential confounders [data were not shown]: socioeconomic status, education, history of autoimmune disease, family history of cancer and lymphoma, skin characteristics, body mass index, farming activity	

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Monnereau <i>et al.</i> (2008) (contd)					<i>Type of alcohol (ever vs. never)</i> <b>CLL</b> Cider Beer Wine Aperitif Liquor <b>HCL</b> Cider Beer Wine Aperitif Liquor	16 38 94 84 4  7 13 28 28 3	1.2 (0.6-2.3) 1.0 (0.6-1.6) 1.1 (0.7-1.7) 1.2 (0.8-1.9) 0.8 (0.3-2.7)  2.0 (0.7-5.3) 1.0 (0.4-2.3) 1.2 (0.5-2.9) 2.0 (0.9-4.7) 1.8 (0.5-7.2)		

DLBCL, diffuse large B-cell lymphoma; FL, follicular lymphoma; CLL, chronic lymphocytic leukaemia; LL, lymphoplasmatic lymphoma/ Waldenstrom macroglobulinemia; MALT, marginal zone B-cell lymphoma malt type; splenic, splenic marginal zone B-cell lymphoma ; mantle, mantle-cell lymphoma; MM : multiple myeloma ; LPS, lymphoid neoplasms ; HCL, hairy cell leukaemia