

Table 2.10. Meta analysis of case–control studies of *helicobacter pylori* infection and oesophageal adenocarcinoma

Reference, study location and period	Characteristics of selected studies	Detection method	Exposure categories	Relative risk* (95% CI) Pooled	Adjusted potential confounders	Comments
Rokkas <i>et al</i> (2007)	Eligible studies included <i>met all</i> the following criteria: published as full article; written in English; cohort or case-control with raw data on <i>H.pylori</i> and/or CagA- positive <i>H.pylori</i> strain prevalence in oesophageal adenocarcinoma (AC), Barrett’s oesophagus (BO); conducted in adults only; and infection confirmed by serologyand/or histology. 18 eligible studies including 3,262 patients with study-specific characteristics. 7,206 controls from 18 eligible studies with study specific characteristics.	Serology and/or histology in all 18 studies <i>H.pylori</i> +/- and CagA+/-	<i>H.pylori</i> + CagA+	<u>AC</u> 0.52(0.37–0.73) 0.51(0.31–0.83)		Fixed or random effects model as appropriate. Heterogeneity between studies evaluated with Cochran Q test.
			<i>H.pylori</i> + CagA+	<u>BO</u> 0.64(0.43–0.94) 0.39(0.21–0.76)		
Islami & Kamangar (2008)	13 cases controls or nested case-control studies were included. 840 oesophageal adenocarcinoma cases (AC) were included with 2890 matched controls were included in analysis. Selected studies did not include any studies which restricted controls to upper GI cancers or peptic disease patients	Serology and/or histology in all studies <i>H.pylori</i> positively: <i>positive histologic examination of tissue or seropositive for antibodies to whole cell or CagA seropositive to CagA IgG or positive rapid urease test</i>	<i>H.pylori</i> + CagA+ CagA-	0.56(0.46–0.68) 0.41(0.28–0.62) 1.08(0.76–1.53)	Group or individual matching for age	Summary Relative Risk (95% CI) calculated using both random effects models and fixed effect models. Random effects model reported for subgroup analysis. AC included Barrett’s with high grade dysplasia in the study.
Zhuo <i>et al.</i> (2008)	Studies were included under the following criteria: published between 1989 and 2007; cohort or case-control studies with <i>H. Pylori</i> infection confirmed by serology and/or histology; 9 studies of oesophageal adenocarcinoma including 259 cases and 1287 controls	Serology and/or histology	<i>H.pylori</i> + CagA+	0.58 (0.48–0.70) 0.54 (0.40–0.73)		Fixed or random effect model as appropriate heterogeneity calculated with chi-square based Q test