

Table 2.8. Prospective nested case–control studies of *helicobacter pylori* infection and oesophageal adenocarcinoma

Reference, study location and period	Characteristics of cases	Characteristics of controls	Detection method	Exposure categories	No. of exposed cases	Relative risk* (95% CI)	Adjusted potential confounders	Comments
de Martel <i>et al</i> (2005) USA 1964-1969	Cases and controls drawn from a cohort of 128, 922 members of an integrated health care system who participate in a multiphasic health check-up (MHC) 51 cases.	149 controls randomly selected from the cohort, matched 3 to 1 on age at MHC, sex, race, site of MHC and date of MHC.	ELISA for IgG	<i>H.pylori</i> +	19	0.37 (0.16-0.88)	Body mass index, cigarette smoking, and education.	Prospective (nested) case-control study.
				<i>CagA protein</i> +	9	0.44 (0.15-1.27)		
Simán <i>et al</i> (2007) Sweden 1974-199	Cases from Malmö Preventive Medicine Cohort (32,906 subjects) identified through the Swedish National Cancer Registry and Dept of Pathology University Hospital Malmö. The histological diagnosis and the anatomical location of all included cases confirmed by records. 12 cases of oesophageal adenocarcinoma (OA); Cases 91.7% - male; mean year of birth 1930-1932. Followed 9.2-12.1 years.	4 controls matched individually on gender, date of birth (± 6 months) and date of enrollment (± 6 months). 47 controls included in analysis.	Western blot method Helicoblot 2.1 to detect <i>H.pylori</i> and CagA seropositivity.	<i>H.pylori</i> +	4	0.50 (0.10-2.1)	Occupation and tobacco consumption.	
				<i>CagA</i> +	6	0.32 (0.3-2.1)		