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<th>Reference, study location &amp; period</th>
<th>Cases</th>
<th>Controls</th>
<th>Exposure assessment</th>
<th>Organ site (ICD code)</th>
<th>Exposure categories</th>
<th>Relative risk (95% CI)*</th>
<th>Adjustment for potential confounders</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Freedman et al. (2002) USA 1985–1995</td>
<td>6565 (4,492 M, 2073 F) non-melanoma skin cancer deaths; 130,261 (0 M; 130,261 F) female breast cancer deaths; 39,002 (0 M; 39,002 F) ovarian cancer deaths; 97,873 (97,873 M, 0 F) prostate cancer deaths; 153,511 (73,720 M, 79,791 F) colon cancer deaths; deaths were sourced from a database of all deaths in 24 states in the United States; participation rate 100%; histological confirmation was not provided</td>
<td>Controls were frequency matched by age, and excluded deaths from cancer and certain neurological diseases; participation rate 100%</td>
<td>Exposure to sunlight was assessed by state of residence, birthplace and occupation recorded on the death certificate</td>
<td>Female breast cancer (9), ovarian cancer (183), colon cancer (153), prostate cancer (185)</td>
<td><strong>Residential exposure to sunlight</strong>&lt;br&gt;<strong>Breast cancer</strong>&lt;br&gt;Low 1.0&lt;br&gt;Med 0.84 (0.82–0.86)&lt;br&gt;High 0.74 (0.72–0.76)&lt;br&gt;<strong>Ovarian cancer</strong>&lt;br&gt;Low 1.0&lt;br&gt;Med 0.90 (0.87–0.93)&lt;br&gt;High 0.84 (0.81–0.88)&lt;br&gt;<strong>Prostate cancer</strong>&lt;br&gt;Low 1.0&lt;br&gt;Med 0.89 (0.86–0.91)&lt;br&gt;High 0.90 (0.87–0.93)&lt;br&gt;<strong>Colon cancer</strong>&lt;br&gt;Low 1.0&lt;br&gt;Med 0.90 (0.88–0.92)&lt;br&gt;High 0.73 (0.71–0.74)</td>
<td>Age, sex, race, socioeconomic status, and physical activity.</td>
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<td>Reference, study location &amp; period</td>
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<td><strong>Colon cancer</strong></td>
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<td>Kampman et al. (2000) USA 1991–1994</td>
<td>1983 (1 095 M, 888 F) colon cancer cases were recruited from the Kaiser Permanente Medical Care Program of Northern California, an eight-county area of Utah (Davis, Salt Lake, Utah, Weber, Wasatch, Tooele, Morgan, and Summit counties), and the metropolitan Twin Cities of Minnesota (Anoka, Carver, Dakota, Heimepa, Ramsey, Scott, and Washington counties); aged 30 ± 79 years at diagnosis; 76% participation rate; 100% histologically confirmed</td>
<td>2400 (1 286 M, 1 114 F) population-based controls were recruited from the same sources as the cases; matched by 5-year age groups and by sex; participation rate 64%</td>
<td>Exposure data were collected by trained and certified interviewers. Exposure to the sun was obtained for the referent year by asking: &quot;How many hours per week, on average, did you spend outside in the daylight during [Season]?”</td>
<td>Colon cancer</td>
<td>Sun exposure</td>
<td>Men</td>
<td>Analyses of sunshine and vitamin D were adjusted for calcium intake. Analyses was stratified by sex, age at diagnosis, subsite of the colon, and family history of colorectal cancer in a first-degree relative.</td>
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Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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<td>Breast cancer</td>
<td>1788 Hispanic, African-American and non-Hispanic White women with a first primary invasive breast cancer diagnosed between 1995 and 1999 were identified through the California population-based Greater Bay Area Cancer Registry; 35–79 years; response rate 84%; participation rate not provided; 100% histologically confirmed</td>
<td>2129 population-based controls were identified through random digit dialling; matched by race, ethnicity and 5-year age group; response rate 84%; participation rate not provided</td>
<td>Interviewer administered questionnaire, portable reflectometer. Sun exposure index was based on difference between skin reflectance on usually exposed and usually unexposed body skin.</td>
<td>Breast cancer (advanced)</td>
<td><strong>Self-reported lifetime outdoor activity (hours/week)</strong></td>
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<td>Age, race/ethnicity, education, family history of breast cancer, personal history of benign breast disease, number of full-term pregnancies, breastfeeding, height, alcohol consumption, and a composite variable of body mass index, menopausal status, and history of hormone therapy use</td>
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<td><strong>Light constitutive pigmentation</strong></td>
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<td>1.29 (0.80–2.09)</td>
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<td>John et al. (2007) (contd)</td>
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<td>1.43 (0.97–2.10)</td>
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<tbody>
<tr>
<td>Knight et al. (2007) Canada 2003–2004</td>
<td>972 women with an invasive first primary breast cancer diagnosed between 1 July 2003 and 31 August 2004 were identified from the Ontario Cancer Registry; aged &lt; 70 years; response rate 72%; participation rate not provided; 100% histologically confirmed</td>
<td>1135 control women were identified through randomly selected residential telephone number lists for the province of Ontario; matched by 5-year age group; response rate 82%; participation rate not provided</td>
<td>Telephone interview</td>
<td>Breast cancer</td>
<td><strong>At ages 10 to 19</strong>&lt;br&gt;Usual days outside per week in summer&lt;br&gt;&lt; 3 1.49 (1.00–2.22) 3–4 1.23 (0.85–1.80) 5–6 0.82 (0.63–1.06) 7 1.0</td>
<td><strong>Lifetime outdoor activity episodes</strong>&lt;br&gt;&lt; 828 1.0 828–1,295 0.87 (0.67–1.12) 1,296–2,039 0.74 (0.57–0.96) &gt; 2,040 0.65 (0.50–0.85)</td>
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<td>Age, education, ethnicity, age at menarche, first degree family history of breast cancer, ever breast-fed, and age at first birth</td>
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Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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<th>Exposure categories</th>
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## Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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<td>Luscombe et al. (2001) North Staffordshire, United Kingdom 1999–2000</td>
<td>210 white northern-European men (not related to one another) with sporadic prostate cancer were recruited from the North Staffordshire Hospital; participation rate 85%; 90% histologically confirmed</td>
<td>155 patients from North Staffordshire Hospital with benign prostatic hypertrophy were chosen as controls; participation rate 85%; 79% histologically confirmed</td>
<td>Self-administered questionnaire</td>
<td>Prostate cancer</td>
<td>Mean weeks cumulative exposure per week</td>
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<td>0·83 (0·76–0·89) per unit</td>
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<td>0·85 (0·74–0·98) per week</td>
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<td>Bodiwala et al. (2003) North Staffordshire, United Kingdom, 2001–2003</td>
<td>212 northern European Caucasian prostatic adenocarcinoma patients selected from urology clinics in the North Staffordshire Hospital; participation rate 100% (though some cases could have been randomly missed)</td>
<td>135 northern European Caucasian benign prostatic hypertrophy patients selected from urology clinics in the North Staffordshire Hospital; participation rate 99%</td>
<td>Self-administered questionnaire</td>
<td>Prostatic adenocarcinoma</td>
<td>Mean weeks cumulative exposure per week</td>
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<td>John et al. (2005) San Francisco Bay, USA 1997–2000</td>
<td>450 non-Hispanic men with newly diagnosed primary advanced prostate cancer were identified through the Greater San Francisco Bay Area Cancer Registry; 40–79 years; response rate 72%; participation rate not provided; 100% histologically confirmed</td>
<td>455 controls were identified through random digit dialling; matched by race and 5-year age group; response rate 64%; participation rate not provided</td>
<td>Interviewer-administered questionnaire, and a reflectometer measured constitutive skin pigmentation on the upper underarm and facultative pigmentation on the forehead. Sun exposure index was based on difference between skin reflectance on usually exposed and usually unexposed body skin.</td>
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<td>Sun exposure index</td>
<td>Lifetime outdoor activities (h/wk)</td>
<td>1.10 (0.73–1.67)</td>
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<td>&lt; 2.7</td>
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<td>2.7–5.6</td>
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<td>1.15 (0.76–1.73)</td>
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<td>5.7–10.4</td>
<td>1.09 (0.72–1.65)</td>
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<td>10.5–19.8</td>
<td>1.10 (0.73–1.67)</td>
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<td>≥ 19.9</td>
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<td>Lifetime outdoor jobs (h/wk)</td>
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<td>1.4–5.6</td>
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<td>0.87 (0.58–1.30)</td>
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<td>0.80 (0.53–1.20)</td>
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<td>0.95 (0.64–1.42)</td>
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<td>5 (Dark)</td>
<td>0.51 (0.33–0.80)</td>
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<td>Reference, study location &amp; period</td>
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<td>Exposure assessment</td>
<td>Organ site (ICD code)</td>
<td>Exposure categories</td>
<td>Relative risk (95%CI)*</td>
<td>Adjustment for potential confounders</td>
<td>Comments</td>
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<td><strong>Haematopoietic malignancies</strong></td>
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<tr>
<td>Freedman et al. (1997) USA 1984–1991</td>
<td>33 407 (16 798 M, 16 609 F) nonHodgkin lymphoma, deaths in a 24 state mortality database; people who identified as white or African American; ≥ 20 years of age; 100% participation rate</td>
<td>65 843 (33 021 M, 32 822 F) controls selected from noncancer deaths in the database; matched by sex, race, and five year age group; 100% participation rate; 100%</td>
<td>Death certificate and United States Weather Bureau data</td>
<td>NonHodgkin lymphoma (200 and 202, excluding 202.2202.6)</td>
<td>Residence</td>
<td>Low sun 1.0 Moderate sun 0.95 (0.92–0.98) High sun 0.83 (0.81–0.86)</td>
<td>Age, sex, race, socioeconomic status, and farming occupation</td>
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<tr>
<td>van Wijngaarden and Savitz (2001) USA 1950–1986</td>
<td>188 men who had died from NHL who were employed full-time at any of five large electric utility companies in the United States for at least 6 months between 1 January 1950 and 31 December 1986; women were excluded; age was not restricted; 100% response rate</td>
<td>1880 population-based controls from the worker cohort; matched for birth year and ethnicity; controls were eligible to serve as control subjects for multiple cases</td>
<td>Exposure was classified according to work history and cumulative work-related sunlight exposure estimated</td>
<td>Non-Hodgkin lymphoma</td>
<td>Sunlight exposure during the past 11 years</td>
<td>Low sun 0 1.0 &lt; 2.16 0.7 (0.4–1.3) ≥ 2.16 to &lt; 5.08 0.8 (0.4–1.5) ≥ 5.08 to &lt; 7.58 1.1 (0.6–2.1) ≥ 7.58 0.6 (0.3–1.3)</td>
<td>Work status, social class, and exposure to solvents</td>
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<td>Sunlight exposure during the past 12–21 years</td>
<td>0 1.0 &lt; 2.47 0.7 (0.4–1.3) ≥ 2.47 to &lt; 4.40 1.3 (0.7–2.4) ≥ 4.40 to &lt; 7.40 1.0 (0.5–1.8) ≥ 7.40 0.8 (0.4–1.5)</td>
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<td>Sunlight exposure during the past 22+ years</td>
<td>0 1.0 &lt; 2.27 1.0 (0.6–2.0) ≥ 2.27 to &lt; 6.06 1.0 (0.5–1.8) ≥ 6.06 to &lt; 11.78 1.2 (0.7–2.3) ≥ 11.78 1.0 (0.5–2.0)</td>
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</table>
Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

<table>
<thead>
<tr>
<th>Reference, study location &amp; period</th>
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<th>Controls</th>
<th>Exposure assessment</th>
<th>Organ site (ICD code)</th>
<th>Exposure categories</th>
<th>Relative risk (95%CI)*</th>
<th>Adjustment for potential confounders</th>
<th>Comments</th>
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<tbody>
<tr>
<td>van Wijngaarden and Savitz (2001) (contd)</td>
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<td>Tavani et al. (2006)</td>
<td>Northern Italy 1985–1997</td>
<td>446 (256 M, 190 W) from greater Milan area and the province of Pordenone, northern Italy, with histologically confirmed NHL; age 18–79 years; response rate; participation rate 97%; 100% histologically confirmed</td>
<td>1295 (791 M, 504 W) controls admitted to hospital for a wide range of acute, non-neoplastic, nonimmune-related diseases. Admission diagnoses known to be related to long-term modifications in diet, cigarette smoking or alcohol drinking were excluded from the control group. matched by age; participation rate 97%</td>
<td>Interviewer-administered questionnaire</td>
<td>NonHodgkin lymphoma (200 and 202)</td>
<td><strong>Career sunlight exposure</strong></td>
<td>Age, sex, area of residence, education and smoking</td>
<td>Hospital-based design</td>
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</tbody>
</table>
### Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

<table>
<thead>
<tr>
<th>Reference, study location &amp; period</th>
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<th>Relative risk (95%CI)*</th>
<th>Adjustment for potential confounders</th>
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<tr>
<td><strong>Karipidis et al. (2007)</strong></td>
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<td><strong>Australia</strong></td>
<td>694 cases of NHL first diagnosed between 1 January 2000 and 31 August 2001 and notified to the NSW Central Cancer Registry; 20–74 years; participation rate 85%; 100% histologically confirmed</td>
<td>694 controls were randomly selected from the NSW and ACT Electoral Rolls; approximately matched by age, sex and region of residence at diagnosis; participation rate 61%</td>
<td>Self-administered questionnaire and computer-assisted telephone interview. Job exposure matrix applied to detailed job histories.</td>
<td>Non-Hodgkin lymphoma</td>
<td>Total occupational exposure to the sun*</td>
<td>1.0</td>
<td>Age, sex, region of residence and ethnic origin</td>
<td>*Exposure reported as tertiles</td>
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<td>1.11 (0.81–1.51)</td>
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<td>1.07 (0.78–1.47)</td>
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<td>1.32 (0.96–1.81)</td>
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<td><strong>Petridou et al. (2007)</strong></td>
<td>87 cases of childhood with non-Hodgkin lymphoma and 71 with Hodgkin lymphoma, diagnosed in Greece through the national network of childhood Hematology-Oncology Units; 0 – 14 years; participation rate 72%; 100% histologically confirmed</td>
<td>164 controls were selected and matched for age and gender among those hospitalized, in the same hospital and at the same time as the corresponding cases, for minor paediatric ailments; participation rate 90%</td>
<td>Interviewer-administered structured questionnaire</td>
<td>Non-Hodgkin lymphoma and Hodgkin lymphoma</td>
<td>Hodgkin lymphoma</td>
<td>1.0</td>
<td>Socioeconomic, perinatal and sun exposure variables</td>
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<td>0.54 (0.29–1.03)</td>
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<td>1.08 (0.79–1.48)</td>
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<td>1.46 (1.06–2.02)</td>
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<td>1.31 (0.96–1.79)</td>
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<td>1.02 (0.74–1.42)</td>
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<td>1.50 (1.09–2.08)</td>
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<td>0.83 (0.58–1.19)</td>
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<td>0.74 (0.39–1.39)</td>
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<td>0.60 (0.43–0.83)</td>
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Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

<table>
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<tr>
<th>Reference, study location &amp; period</th>
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<th>Exposure assessment</th>
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<th>Exposure categories</th>
<th>Relative risk (95%CI)*</th>
<th>Adjustment for potential confounders</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Hughes et al. (2004) New South Wales, Australia 2001–2002</td>
<td>704 (410 M, 294 F) first primary non-Hodgkin lymphoma cases (NHL) as notified to the NSW Cancer Registry or directly to the investigators; 20–74 years; response rate 85%; participation rate not provided; 100% histologically confirmed</td>
<td>694 population-based controls randomly selected from state electoral rolls; matched by age, sex and state of residence; response rate 61%; participation rate not provided</td>
<td>Self-administered questionnaire and telephone interview</td>
<td>Non-Hodgkin lymphoma – patients with diagnoses of chronic lymphocytic leukaemia, plasma cell myeloma, precursor B and T lymphoblastic leukaemia, and lymphomatoid granulomatosis grades 1 and 2 were excluded.</td>
<td>Working &amp; nonworking days sun exposure during the decades yrs from 10 to 60 years of age</td>
<td>Working &amp; nonworking days sun exposure during the decades yrs from 10 to 60 years of age</td>
<td>Age, sex, state, ethnicity, skin colour and ability to tan</td>
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Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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<tr>
<td>Hughes et al. (2004) (contd)</td>
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<td>Lifetime occupational sun exposure (history of outdoor work)</td>
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<td>Lowest exp tertile</td>
<td>1.03 (0.76–1.40)</td>
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<td>Middle exp tertile</td>
<td>1.04 (0.76–1.43)</td>
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<td>Highest tertile</td>
<td>1.21 (0.87–1.69)</td>
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<td>Vacation sun exposure in the warmer &amp; cooler months in the decade years</td>
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<td>25–50% exp quartile</td>
<td>0.98 (0.72–1.32)</td>
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<td>50–75% exp quartile</td>
<td>0.82 (0.60–1.12)</td>
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<td>Highest quartile</td>
<td>0.60 (0.43–0.85)</td>
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<td>Vacation sun exposure in the warmer months</td>
<td>Lowest exposure quartile</td>
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<td>25–50% exp quartile</td>
<td>0.78 (0.57–1.05)</td>
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<td>50–75% exp quartile</td>
<td>0.81 (0.59–1.10)</td>
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<td>Highest quartile</td>
<td>0.65 (0.47–0.91)</td>
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<td>Vacation sun exposure in the cooler months</td>
<td>Lowest exposure quartile</td>
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<td>25–50% exp quartile</td>
<td>0.87 (0.64–1.17)</td>
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<td>50–75% exp quartile</td>
<td>0.78 (0.58–1.06)</td>
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<td>Highest quartile</td>
<td>0.64 (0.46–0.88)</td>
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### Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

<table>
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<th>Adjustment for potential confounders</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Hartge et al. (2006) USA 1998–2000</td>
<td>551 (294 M, 257 F) first primary NHL cases as notified to four Surveillance, Epidemiology, and End Results (SEER) registries (Iowa, Los Angeles County, metropolitan Detroit, and metropolitan Seattle); 20 – 74 years; response rate 79%; participation rate 25%; 100% histologically confirmed</td>
<td>462 (239 M, 223 F) controls were identified from households contacted via random digit dialing (under age 65 years) and from the Centers for Medicare and Medicaid Services (CMS) population rosters (65–74 years); matched by study area, age, sex, and race; response rate 51%; participation rate 19% HIV-infected individuals (by medical record, physician-report, or self-report) were ineligible.</td>
<td>Self-administered questionnaire and computer-assisted personal interview</td>
<td>Non-Hodgkin lymphoma (ICD-O, codes 967–972; ICD-02 codes 9 590–9595, 9 670–9717, 9 823, 9 827)</td>
<td>Hours in the mid-day sun in the past 10 years</td>
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<td>&lt; 7</td>
<td>1.0</td>
<td>Age, gender, ethnicity, and centre</td>
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<td>&lt; 14</td>
<td>0.85 (0.62–1.18)</td>
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<td></td>
<td></td>
<td>&lt; 28</td>
<td>0.75 (0.54–1.05)</td>
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<td>Hours in the mid-day sun during thirties</td>
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<td>Use of sunlamp or tanning booth</td>
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<td>Only after age 20</td>
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<td>Only after age 20</td>
<td>0.92 (0.65–1.31)</td>
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<td>Before age 20</td>
<td>0.83 (0.62–1.10)</td>
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<td>0.87 (0.62–1.23)</td>
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<td>2–4 times</td>
<td>1.02 (0.72–1.46)</td>
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<td>5+ times</td>
<td>0.68 (0.47–0.97)</td>
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### Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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<th>Controls</th>
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<th>Organ site (ICD code)</th>
<th>Exposure categories</th>
<th>Relative risk (95%CI)*</th>
<th>Adjustment for potential confounders</th>
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<td>Months per year with a tan as a teenager</td>
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<td>0.94 (0.63–1.39)</td>
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<td>4–6</td>
<td>0.91 (0.60–1.39)</td>
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<td>7–12</td>
<td>0.99 (0.59–1.67)</td>
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<td>Months per year with a tan in past 10 years</td>
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<td>0.96 (0.69–1.32)</td>
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<td>0.76 (0.52–1.13)</td>
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<td>Lifetime average residential UV level</td>
<td>0.76 (0.50–1.15) per 50 RB units</td>
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<td>Telephone interview and mailed questionnaire</td>
<td>Non-Hodgkin lymphoma</td>
<td>Usual duration of sun exposure in spring (h/day)</td>
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<td>≤ 2</td>
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<td>2–4</td>
<td>1.0 (0.7–1.5)</td>
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<td>&gt; 4</td>
<td>0.9 (0.6–1.4)</td>
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<td>Usual duration of sun exposure in summer (h/day)</td>
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<td>≤ 3</td>
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<td>3–5</td>
<td>1.0 (0.7–1.4)</td>
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<td>&gt; 5</td>
<td>0.9 (0.6–1.2)</td>
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<td>Usual duration of sun exposure in fall (h/day)</td>
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<td>2–4</td>
<td>1.0 (0.7–1.4)</td>
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<td>&gt; 4</td>
<td>0.7 (0.5–1.0)</td>
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<td>Usual duration of sun exposure in winter (h/day)</td>
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<td>≤ 1</td>
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<td>&gt; 1</td>
<td>0.9 (0.7–1.2)</td>
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<td>Usual duration of sun exposure in whole year (h/week)</td>
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<td>≤ 14</td>
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<td>14–30</td>
<td>0.9 (0.6–1.2)</td>
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<td>&gt; 30</td>
<td>0.7 (0.5–1.1)</td>
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Soni et al. (2007)  
Nebraska, USA  
1999–2002  
387 (214 M, 173 F) newly diagnosed cases were identified through the Nebraska Lymphoma Study Group and area hospitals using a rapid case ascertainment system; age 20 – 75 years; participation rate 73.2%; 100% histologically confirmed  
535(281 M, 254 F) population-based controls without a history of HIV infection or cancer were randomly selected by two-stage random digit dialling from the same geographical area as the cases; matched by age (five-year age groups); participation rate 76.8%  
Telephone interview and mailed questionnaire  
Non-Hodgkin lymphoma  
Usual duration of sun exposure in spring (h/day)  
≤ 2 1.0  
2–4 1.0 (0.7–1.5)  
> 4 0.9 (0.6–1.4)  
Usual duration of sun exposure in summer (h/day)  
≤ 3 1.0  
3–5 1.0 (0.7–1.4)  
> 5 0.9 (0.6–1.2)  
Usual duration of sun exposure in fall (h/day)  
≤ 2 1.0  
2–4 1.0 (0.7–1.4)  
> 4 0.7 (0.5–1.0)  
Usual duration of sun exposure in winter (h/day)  
≤ 1 1.0  
> 1 0.9 (0.7–1.2)  
Usual duration of sun exposure in whole year (h/week)  
≤ 14 1.0  
14–30 0.9 (0.6–1.2)  
> 30 0.7 (0.5–1.1)  
Age, sex, and a family history of cancer
<table>
<thead>
<tr>
<th>Reference, study location &amp; period</th>
<th>Cases</th>
<th>Controls</th>
<th>Exposure assessment</th>
<th>Organ site (ICD code)</th>
<th>Exposure categories</th>
<th>Relative risk (95%CI)*</th>
<th>Adjustment for potential confounders</th>
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<tr>
<td>Zhang et al. (2007) Connecticut, USA 1996–2000</td>
<td>601 incident female non-Hodgkin lymphoma cases from the Rapid Case Ascertainment Shared Resource at the Yale Cancer Center; 21 – 84 years; participation rate 72%; 100% histologically confirmed</td>
<td>717 population-based female controls with Connecticut addresses selected by random digit dialing methods for those &lt; 65 years or randomly selected from files provided by the Centers for Medicare and Medicaid Service for those ≥ 65 years; matched by age; participation rate 69% for those &lt; 65 years and 47% for those ≥ 65 years</td>
<td>Interviewer-administered standardized structured questionnaire</td>
<td>Non-Hodgkin lymphoma</td>
<td>Duration of suntan (years)</td>
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<td>Race, age, family history of non-Hodgkin’s lymphoma, highest educational status, eye colour, and skin type</td>
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</tbody>
</table>

**Duration of suntan (years)**
- Never
- Tertile 1
- Tertile 2
- Tertile 3

**Months of suntan per year**
- Never
- < 3
- ≥ 3

**Duration of spending time in strong sunlight during summer (years)**
- Tertile 1
- Tertile 2
- Tertile 3

**Hours per week of time in strong sunlight during summer (years)**
- Tertile 1
- Tertile 2
- Tertile 3

**Duration of spending time in tropics (years)**
- Never
- Ever
- 1 week
- 2–3 weeks
- > 3 weeks

**Frequency of having sunburns**
- Never
- 1
- ≥ 2
<table>
<thead>
<tr>
<th>Reference, study location &amp; period</th>
<th>Cases</th>
<th>Controls</th>
<th>Exposure assessment</th>
<th>Organ site (ICD code)</th>
<th>Exposure categories</th>
<th>Relative risk (95%CI)*</th>
<th>Adjustment for potential confounders</th>
<th>Comments</th>
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</table>
| Smedby et al. (2005) Denmark and Sweden 1999–2002 | 3740 (2 184 M, 1 556 F) selected through a rapid case ascertainment system set up for the purposes of the study in Denmark and Sweden. A network of contact physicians was established with all hospital clinics in which malignant lymphomas are diagnosed and treated, involving 39 departments in Denmark and 118 in Sweden; age 18–74 years; participation rate 83%; 100% histologically confirmed | 3187 (1 767 M, 1 420 F) population-based controls randomly selected from continuously updated computerized population registers that encompass the entire Danish and Swedish populations; participation rate 71% | Telephone interview using a computer-aided questionnaire | Non-Hodgkin lymphoma, including chronic lymphocytic Leukaemia; Hodgkin lymphoma | **Non-Hodgkin lymphoma**

*Sunbathing 5–10 years ago*

- Never: 1.0
- Once/week or less: 0.9 (0.7–1.0)
- 2–3 times/week: 0.8 (0.7–0.9)
- 4 times/week or more: 0.7 (0.6–0.9)

*Sunbathing at 20 years of age*

- Never: 1.0
- Once/week or less: 0.8 (0.7–0.9)
- 2–3 times/week: 0.7 (0.6–0.9)
- 4 times/week or more: 0.7 (0.6–0.9)

*Sun vacations abroad*

- Never: 1.0
- 1–5 times: 1.0 (0.9–1.1)
- 6–20 times: 0.9 (0.8–1.0)
- > 20 times: 0.7 (0.6–0.8)

*Solaria/sun lamp use*

- Never: 1.0
- < 10 times: 1.0 (0.9–1.2)
- 10–49 times: 1.0 (0.8–1.0)
- 50 times or more: 0.8 (0.7–1.0)

*Outdoor occupation*

- Never: 1.0
- Ever: 1.1 (1.0–1.2)

*Sunburns 5–10 years before interview*

- Never: 1.0
- < 1/year: 0.9 (0.8–1.0)
- 1/year: 0.8 (0.6–0.9)
- ≥ 2/year: 0.8 (0.6–1.1)

*Sunburns at 20 years of age*

- Never: 1.0
- < 1/year: 1.0 (0.9–1.2)
- 1/year: 0.8 (0.7–0.9)
- ≥ 2/year: 0.6 (0.5–0.8)

*Sunburns in childhood*

- Never: 1.0
- < 1/year: 0.8 (0.7–1.0)
- 1/year: 0.8 (0.6–0.9)
- ≥ 2/year: 0.7 (0.6–0.9)
Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

<table>
<thead>
<tr>
<th>Reference, study location &amp; period</th>
<th>Cases</th>
<th>Controls</th>
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<th>Organ site (ICD code)</th>
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<td>Once/week or less</td>
<td>0.8 (0.6–1.0)</td>
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<td>2–3 times/week</td>
<td>0.7 (0.5–1.0)</td>
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<td>4 times/week or more</td>
<td>0.7 (0.5–1.0)</td>
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<td>Once/week or less</td>
<td>0.8 (0.5–1.2)</td>
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<td>2–3 times/week</td>
<td>0.6 (0.4–1.0)</td>
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<td>4 times/week or more</td>
<td>0.9 (0.6–1.4)</td>
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<td>Sun vacations abroad</td>
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<td>1–5 times</td>
<td>0.8 (0.6–1.0)</td>
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<td>6–20 times</td>
<td>0.7 (0.5–0.9)</td>
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<td></td>
<td>&gt; 20 times</td>
<td>0.8 (0.6–1.2)</td>
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<td>Solaria/sun lamp use</td>
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<td>&lt; 10 times</td>
<td>0.8 (0.6–1.0)</td>
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<td>10–49 times</td>
<td>0.7 (0.5–0.9)</td>
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<td>50 times or more</td>
<td>0.7 (0.5–0.9)</td>
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<td>Outdoor occupation</td>
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<td>Ever</td>
<td>1.2 (0.9–1.6)</td>
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<td>0.8 (0.6–1.0)</td>
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<td>0.7 (0.5–0.9)</td>
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<td>≥ 2/year</td>
<td>0.7 (0.4–1.0)</td>
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<td>Sunburns at 20 years of age</td>
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<td>&lt; 1/year</td>
<td>0.9 (0.7–1.3)</td>
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<td>1/year</td>
<td>0.8 (0.5–1.1)</td>
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<td>≥ 2/year</td>
<td>0.8 (0.5–1.3)</td>
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<td>Sunburns in childhood</td>
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<td>&lt; 1/year</td>
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<td>≥ 2/year</td>
<td>0.7 (0.5–1.1)</td>
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<td>Reference, study location &amp; period</td>
<td>Cases</td>
<td>Controls</td>
<td>Exposure assessment</td>
<td>Organ site (ICD code)</td>
<td>Exposure categories</td>
<td>Relative risk (95%CI)*</td>
<td>Adjustment for potential confounders</td>
<td>Comments</td>
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<td>Weihkopf et al. (2007) Germany</td>
<td>710 cases of malignant lymphoma were prospectively identified by all hospital and ambulatory physicians involved in their diagnosis and therapy; age 18–80 years; participation rate 87.4%,</td>
<td>710 population-based controls selected from the population registration office; gender, region and age-matched; participation rate 51.4%</td>
<td>Face-to-face interviews</td>
<td>Lymphoma</td>
<td><strong>Hodgkin lymphoma</strong>&lt;br&gt;<strong>Vacations at sun-exposed location (cumul. days)</strong>:</td>
<td></td>
<td>Smoking (in pack years) and alcohol consumption</td>
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<td>&gt; 350 ≤ 720 days</td>
<td>0.6 (0.4–1.0)</td>
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<td>&gt; 720 ≤ 1 190 days</td>
<td>0.4 (0.2–0.9)</td>
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<td>&gt; 1 190 days</td>
<td>0.5 (0.2–1.3)</td>
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<td><strong>Outdoor leisure activities (cumul. hrs.), vacations excluded</strong></td>
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<td>≤ 24 000 hours</td>
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<td>&gt; 24 000 ≤ 37 000 hours</td>
<td>1.4 (0.8–2.4)</td>
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<td>&gt; 37 000 ≤ 53 000 hours</td>
<td>1.3 (0.7–2.4)</td>
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<td>&gt; 53 000 hours</td>
<td>2.0 (0.8–4.8)</td>
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<td><strong>Occupational sunlight UV-exposure (cumul. hrs.)</strong></td>
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<td>&gt; 0 ≤ 1 600 hours</td>
<td>1.2 (0.6–2.4)</td>
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<td>&gt; 1 600 ≤ 7 600 hours</td>
<td>1.3 (0.5–3.1)</td>
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<td>&gt; 7 600 hours</td>
<td>1.9 (0.9–3.9)</td>
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<td><strong>Use of sunbeds (cumul.)</strong></td>
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<td>No sunbed use</td>
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<td>1–15 times</td>
<td>0.6 (0.3–1.2)</td>
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<td>16–118 times</td>
<td>1.1 (0.6–2.0)</td>
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<td>&gt; 118 times</td>
<td>1.1 (0.6–2.2)</td>
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<td><strong>B-non-Hodgkin lymphoma</strong>&lt;br&gt;<strong>Vacations at sun-exposed location (cumul. days)</strong>:</td>
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<td>≤ 350 days</td>
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<td>&gt; 350 ≤ 720 days</td>
<td>0.8 (0.6–1.1)</td>
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<td>&gt; 720 ≤ 1 190 days</td>
<td>0.7 (0.5–1.0)</td>
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<td>&gt; 1 190 days</td>
<td>0.6 (0.4–0.9)</td>
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<td><strong>Outdoor leisure activities (cumul. hrs.), vacations excluded</strong></td>
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<td>&gt; 24 000 ≤ 37 000 hrs</td>
<td>1.3 (1.0–1.7)</td>
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<td>1.3 (0.9–1.8)</td>
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<td>1.3 (0.9–2.0)</td>
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<td>Adjustment for potential confounders</td>
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<td>Weihkopf et al. (2007) (contd)</td>
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<td>Occupational sunlight UV-exposure (cumul. hrs.)</td>
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<td>0.8 (0.6–1.2)</td>
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<td>0.8 (0.5–1.2)</td>
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<td>Use of sunbeds (cumul.)</td>
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<td>16–118 times</td>
<td>0.9 (0.6–1.3)</td>
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<td>0.6 (0.4–0.9)</td>
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<td>T-non-Hodgkin lymphoma</td>
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<td>Vacations at sun-exposed location (cumul. days)</td>
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<td>&gt; 24 000 ≤ 37 000 hours</td>
<td>1.8 (0.7–4.8)</td>
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<td>&gt; 37 000 ≤ 53 000 hours</td>
<td>0.4 (0.1–2.1)</td>
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<td>&gt; 53 000 hours</td>
<td>3.3 (1.0–11.0)</td>
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<td>Occupational sunlight UV-exposure (cumul. hrs.)</td>
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<td>0.8 (0.2–2.9)</td>
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<td>&gt; 1 600 ≤ 7 600 hours</td>
<td>1.8 (0.6–5.4)</td>
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<td>Use of sunbeds (cumul.)</td>
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<td>No sunbed use</td>
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Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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<th>Relative risk (95%CI)*</th>
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<td>Boffetta et al. (2008)</td>
<td>2028 (1 135 M, 893 F) patients admitted to participating hospitals in several areas in seven European countries during 1998–2003 with newly diagnosed lymphoma or multiple myeloma; ≥ 17 years; participation rate 88%; 100% histologically confirmed</td>
<td>2124 (1 136 M, 988 F) population or hospital controls were recruited. Controls in Germany and Italy were randomly sampled from population registers, while in France, Ireland and Spain they were recruited from patients admitted to the same hospitals of the cases or to general hospitals serving the same population for various diseases, excluding neoplasms and immunological diseases; Matched by age (5-year groups), sex and study area, except in Germany where they were individually matched to cases on the same variables; participation rate 52% (population controls) and 81% (hospital controls)</td>
<td>Interviewer-administered standardized questionnaire</td>
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Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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<th>Relative risk (95%CI)*</th>
<th>Adjustment for potential confounders</th>
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| Grandin et al. (2008) France 2000–2004 | 813 recently diagnosed non-Hodgkin lymphoma, Hodgkin lymphoma, lymphoproliferative syndrome or multiple myeloma cases selected from hospitals in the French cities of Bordeaux, Brest, Caen, Lille, Nantes, and Toulouse; 20 – 75 years; participation rate 94% | 748 patients with no prior history of hematological neoplasm recruited in the same hospitals as the cases, and living in the hospital’s geographical area, were selected; matched by centre, age (± 3 years) and gender; participation rate 88% | Self-administered questionnaire and interviewer-administered questionnaire | Non-Hodgkin lymphoma, Hodgkin lymphoma, lymphoproliferative syndrome or multiple myeloma cases | Non-Hodgkin lymphoma  
Frequency of outdoor activities since leaving school (h/week)  
0–1.0  1.0–2.5  2.5–6.0  6.0–31.5 | 1.0  0.9 (0.7–1.2)  0.9 (0.7–1.3)  0.8 (0.6–1.2) | Age (5-year age groups), gender, centre, socioeconomic category, and education | Non-Caucasian subjects and subjects of unknown ethnic origin were excluded |
| | | | | Hodgkin’s lymphoma  
Frequency of outdoor activities since leaving school (h/week)  
0–1.0  1.0–2.5  2.5–6.0  6.0–31.5 | 1.0  0.9 (0.5–1.8)  0.8 (0.4–1.6)  0.7 (0.4–1.5) | | | |
| | | | | Frequency of outdoor activities in the preceding 10 years (h/week)  
0–1.5  1.5–3.5  3.5–7.5  7.5–52.5 | 1.0  1.2 (0.8–1.7)  1.0 (0.7–1.5)  0.9 (0.6–1.3) | | | |
| | | | | Aesthetic use of artificial UV radiation  
No  Yes  Occasionally Regularly | 1.0  1.1 (0.7–1.7)  1.4 (0.8–2.3)  0.5 (0.2–1.3) | | | |
| | | | | Medical use of artificial UV radiation  
No  Yes  Occasionally Regularly | 1.0  1.8 [0.7–4.5]  1.4 (0.8–2.3)  0.5 (0.2–1.3) | | | |
| | | | | All uses of artificial UV radiation  
No  Yes  Occasionally Regularly | 1.0  1.1 [0.7–1.7]  1.8 [0.7–4.5]  1.4 (0.8–2.3)  0.5 (0.2–1.3) | | | |
Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

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<td>1.1 (0.6–2.2)</td>
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<td>1.5 (0.7–3.5)</td>
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<td>Regularly</td>
<td>0.9 (0.2–4.6)</td>
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<td>Occasionally</td>
<td>1.9 (0.7–4.7)</td>
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<td>Medical use of artificial UV radiation</td>
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<td>Yes</td>
<td>0.4 (0.1–3.9)</td>
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<td>All uses of artificial UV radiation</td>
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<td>Yes</td>
<td>1.3 (0.6–2.7)</td>
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</table>
Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

<table>
<thead>
<tr>
<th>Reference, study location &amp; period</th>
<th>Cases</th>
<th>Controls</th>
<th>Exposure assessment</th>
<th>Organ site (ICD code)</th>
<th>Exposure categories</th>
<th>Relative risk (95% CI)*</th>
<th>Adjustment for potential confounders</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandin et al. (2008) (contd)</td>
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**Multiple myeloma**

Frequency of outdoor activities since leaving school (h/week)

<table>
<thead>
<tr>
<th>Exposure categories</th>
<th>Relative risk (95% CI)*</th>
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</thead>
<tbody>
<tr>
<td>0–1.0</td>
<td>1.0</td>
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<tr>
<td>1.0–2.5</td>
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<td>2.5–6.0</td>
<td>0.6 (0.3–1.4)</td>
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<td>6.0–31.5</td>
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Frequency of outdoor activities in the preceding 10 years (h/week)

<table>
<thead>
<tr>
<th>Exposure categories</th>
<th>Relative risk (95% CI)*</th>
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<tr>
<td>0–1.5</td>
<td>1.0</td>
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<tr>
<td>1.5–3.5</td>
<td>0.7 (0.3–1.7)</td>
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<tr>
<td>3.5–7.5</td>
<td>0.5 (0.2–1.2)</td>
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<td>7.5–52.5</td>
<td>0.6 (0.3–1.4)</td>
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</table>

Aesthetic use of artificial UV radiation

<table>
<thead>
<tr>
<th>Exposure categories</th>
<th>Relative risk (95% CI)*</th>
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<tbody>
<tr>
<td>No</td>
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<tr>
<td>Yes</td>
<td>1.2 (0.4–3.6)</td>
</tr>
<tr>
<td>Regularly</td>
<td>0.8 (0.1–7.3)</td>
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<tr>
<td>Occasionally</td>
<td>1.4 (0.4–4.9)</td>
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Medical use of artificial UV radiation

<table>
<thead>
<tr>
<th>Exposure categories</th>
<th>Relative risk (95% CI)*</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>0.9 (0.1–8.7)</td>
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</table>

All uses of artificial UV radiation

<table>
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<tr>
<th>Exposure categories</th>
<th>Relative risk (95% CI)*</th>
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<tbody>
<tr>
<td>No</td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>1.2 (0.4–3.1)</td>
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</tbody>
</table>
Table 2.11. Case-control studies of exposure to natural sunlight and cancers at other sites

<table>
<thead>
<tr>
<th>Reference, study location &amp; period</th>
<th>Cases</th>
<th>Controls</th>
<th>Exposure assessment</th>
<th>Organ site (ICD code)</th>
<th>Exposure categories</th>
<th>Relative risk (95%CI)*</th>
<th>Adjustment for potential confounders</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morales-Suarez-Varela et al. (2006) Denmark, Sweden, France, Germany, Italy and Spain 1995–1997</td>
<td>76 (40 M, 36 F) mycosis fungoides (MF) cases diagnosed between 1995 – 1997 were selected from Denmark, Sweden, France, Germany, Italy and Spain; age 35 – 69 years; participation rate 92%; 100% histologically confirmed</td>
<td>2904 population-based controls selected from population registries or electoral rolls in Denmark, Sweden, France, Germany, and Italy. Because no population registry was available in Spain, colon cancer controls were provided from the participating hospitals by using a selection procedure identical to that used for cases; matched by sex, age, and region; participation rate 63%</td>
<td>Interviewer-administered structured questionnaire</td>
<td>Mycosis fungoides [peripheral T-cell cutaneous lymphoma]</td>
<td>Occupational sun exposure</td>
<td>1.0</td>
<td>Age, country, number of jobs, and region</td>
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<td></td>
<td><strong>Men</strong></td>
<td>Non-exposed</td>
<td>1.4 (0.8–2.0)</td>
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<td><strong>Exposed</strong></td>
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<td><strong>Women</strong></td>
<td>Non-exposed</td>
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<td><strong>Exposed</strong></td>
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