

Table 2.7. Case-control studies of Epstein-Barr virus infection markers and nasopharyngeal carcinoma (NPC)

Reference, study location and period	Characteristics of cases	Characteristics of controls	Detection method	Exposure categories	No. of exposed cases	Odds Ratio (95% CI)	Adjusted potential confounders	Comments
Mutirangura <i>et al.</i> (1998) Thailand 1996–1997	42 cases of NPC enrolled from a university hospital	82 healthy blood donor controls	EBV DNA (<i>EBNA-2</i>) in serum tested by PCR	EBV DNA – +	29 13	1.0 ∞	No	No control was positive for EBV DNA. Controls were younger than cases. Apoptosis was significantly associated with EBV DNA level.
Lo <i>et al.</i> (1999) Hong Kong	57 cases of histologically confirmed NPC enrolled from a general hospital	43 relative controls unaffected with NPC	EBV DNA (<i>Bam</i> HI-W and <i>EBNA-1</i>) in plasma tested by real-time quantitative PCR	EBV DNA – +	2 55	1.0 [375.8 (50.6-3864.3)]	No	Plasma EBV DNA levels increased with NPC stage.
Lin <i>et al.</i> (2001) Taiwan	34 newly diagnosed and 4 initially treated (by radiotherapy) cases of histologically confirmed NPC	20 patients with other head and neck cancers and 8 family members of NPC cases	EBV DNA (<i>LMP-1</i>) in nasopharyngeal swab by PCR	EBV DNA – +	2 36	1.0 ∞	No	No control had detectable EBV DNA in nasopharyngeal swab. EBV DNA in nasopharyngeal swab was positive in 6 of 59 treated NPC patients. Only one of them showed local recurrence.

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Chen <i>et al.</i> (2001) Taiwan, 1991–1994	364 incident cases of pathologically confirmed NPC enrolled from 2 medical centres	320 age- and sex-matched community controls	Anti-EBNA-1 IgA by ELISA, Anti-EBV VCA IgA by indirect immunofluorescence, and anti-EBV DNase by neutralization test.	EBNA-1			No	
				–	67	1.0		
				+	247	[93.3 (46.0–205.8)]		
				VCA IgA				
–	82	1.0						
+	276	[62.6 (34.6–118.9)]						
DNase								
–	56	1.0						
+	305	[40.9 (25.4–66.2)]						
Leung <i>et al.</i> (2004) Hong Kong 1998–2000	139 incident cases of histologically confirmed NPC	178 healthy individuals from a community centre	EBV DNA (<i>Bam</i> HI-W) in plasma by real-time quantitative PCR Anti-EBV VCA IgA by semiquantitative immunofluorescence method	Anti-EBV VCA			No	Sex distribution was different in cases and controls (74% male in cases vs. 26% male in controls).
				–	27	1.0		
				+	112	88.1 [36.9–227.6]		
				EBV DNA				
–	7	1.0						
+	132	820.3 [212.1–3638.8]						
Lin <i>et al.</i> (2004) Taiwan 1999–2002	99 newly diagnosed cases of histologically confirmed NPC	40 healthy volunteers	EBV DNA (<i>Bam</i> HI-W) in plasma by real-time quantitative PCR	EBV DNA			No	Characteristics of healthy volunteer controls were unavailable. No control had detectable EBV DNA in plasma. Overall survival and relapse-free survival were significantly lower among patients with high viral load.
				–	5	1.0		
+	94	∞						

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Fan <i>et al.</i> (2004) Hong Kong	93 untreated cases of histologically confirmed NPC	17 unaffected relatives of NPC patients and 23 healthy individuals	EBV DNA (<i>Bam</i> HI-W) in serum by real-time PCR assay Anti-EBV EA IgA and IgG by indirect immunofluorescence	EBV DNA	29	1.0 [86.1 (12.8-3537.5)]	No	Characteristics of controls were unavailable. No control was positive for anti-EBV EA IgA.
				-	64			
				Anti-EBV EA IgA	25	1.0		
				-	68	∞		
			Anti-EBV EA IgG	4	1.0			
				-	55	[20.6 (5.7-90.2)]		
Tiwawech <i>et al.</i> (2008) Thailand	75 cases of histologically confirmed NPC	44 age-matched controls (20 healthy controls and 24 non-NPC patients with cancer or other disease)	EBV <i>EBNA2</i> and <i>LMP1</i> subtype by PCR	<i>EBNA2</i> subtype	72	1.0 [1.8 (0.1-96.2)]	No	Sex distribution was different in cases and controls (69% male in cases vs 41% male in controls).
				Type1	3			
				Type2	3			
				<i>LMP1</i> subtype	31	1.0		
			Wild-type	44	[2.5 (1.1-5.8)]			
				Deletion-type				

-, negative; +, positive