

**Table 2.11. Prospective nested case–control studies of *H. pylori* and oesophageal squamous cell carcinoma**

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
Kamangar <i>et al</i> (2007) UK 1985-2001	300 cases of oesophageal squamous cell carcinoma (OSCC) from a cohort of 29,584 residents of Linxian, China, randomly selected from 1958 OSCC cases diagnosed by March 2001. Final number of OSCC cases 335 (271/300 + 64 from control subcohort that subsequently developed OSCC).	Random sample of 1050 subjects from entire baseline cohort. Reduced to 992.	Baseline serum ELISA anti <i>H.pylori</i> IgG whole cell (WC) and CagA antigens. Sera stored -70°C.	<i>Seropositivity for WC H.pylori</i> $\geq 1.0 OD$ <i>and/or for CagA</i> $\geq 0.35 OD$ <i>Seronegative WC-, CagA-</i>	254/335	<i>H.pylori+</i> 1.17(0.88–1.57)  <i>CagA+</i> 1.08(0.80–1.47)	Age, age-squared and sex.	
Simán <i>et al</i> (2007) Sweden 1974-1992	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. 37 cases squamous cell carcinoma (SCC). Cases 81.1% male; mean year of birth 1930-1932. Followed 9.2-12.1 years.	Each case matched individually to 4 controls on gender, date of birth ( $\pm 6$ months) and date of enrollment ( $\pm 6$ 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> <i>Positive</i> <i>Negative</i>  <i>CagA</i> <i>Positive</i> <i>Negative</i>	<i>H.pylori+</i> SCC 15  <i>CagA+</i> SCC 24	SCC 0.56(0.24–1.3)  SCC 1.0(0.35–3.1)	Occupation and tobacco consumption.	