

**Table 2.12. Case-control studies of *helicobacter 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
Wang <i>et al</i> (2003) China	63 cases of squamous cell carcinoma of oesophageal (SCC)	310 healthy subjects	Serology/ELISA Anti <i>H. pylori</i> IgG (Bioseed Co. Test kit)	<i>H.pylori</i> <i>OD</i> >12units/ml	33	1.25(0.73-2.15)	None	Determination that all cases were SCC based on information in Islami <i>et al</i> . Not reported in this manuscript. Limited information reported on controls
El Omar <i>et al</i> (2003) USA	53 cases of oesophageal squamous cell carcinoma (SCC) from multicenter study in 3 geographic areas of US.	Controls frequency matched to cases by 5-year age group and sex, selected by random digit dialling and Health Care Financing Administration roster sampling. 210 controls for <i>H.pylori</i> analysis; 224 controls for CagA analysis.	Serology/ELISA Anti- <i>H.pylori</i> antibodies	<i>H.pylori</i> +  <i>CagA</i> +	31  7	<i>H.pylori</i> + 2.11(1.15-3.90)  <i>CagA</i> + 1.75(0.65-4.71)	Age, sex, race(white, other)	Population-based study CagA Relative Risk represents CagA+ vs. <i>H.pylori</i> -. Study designed to evaluate risk associated with pro-inflamed cytokines gene polymorphism but none associated with AC or SCC.

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Ye <i>et al</i> (2004) Sweden	533 cases who provided serum including 97 newly diagnosed patients with adenocarcinoma of the oesophagus (OA). 133 gastric cardia (GCA) and a 50% sample of patients with squamous cell carcinoma of the oesophagus (OSCC) (n=85). Cases restricted to <80 years of age; all tumours histologically confirmed and 97% of biopsy/surgical specimens reviewed.	820 controls randomly selected from Swedish Population Register and frequency matched to cases on age (by 10 year strata) and sex.	Serology/ELISA anti <i>H.pylori</i> IgG and anti CagA by immunoblot assay. Serum samples stored at -20°C and then further stored at -70°C.	<i>Surface antigens (CSA)</i>	32	0.9(0.5-1.6)	Age, sex, education, body mass index, smoking status, consumption of fruits and vegetables.	Population based design.
				<i>CagA</i>	63	2.1(1.1-4.0)		
Wu <i>et al</i> (2005) Taiwan	127 cases with histologically confirmed oesophageal squamous cell carcinoma (OSCC) including 116 males, 11 females.	171 controls (161 males, 10 females) were healthy subjects from metropolitan Kaohsiung who were parents of children who served as controls in a study of childhood brain tumours and leukemia.	Serology/ELISA Anti <i>H.pylori</i> IgG using plasma stored at -70°C prior to analysis.	<i>Positive/Negative by presence or absence of red band in TEST area.</i>	28	0.51(0.27-0.96)	Age (<50, ≥50) education, cigarette smoking, alcohol consumption.	Hospital-based (2 hospitals) study continued
Iijima <i>et al</i> (2007) Sweden	73 cases of resected for superficial squamous cell carcinoma of oesophagus. All cases < 80 years of age 68.6 ± 6.6, 90% male	73 age and sex-matched controls to cases:90% male, mean age 67.7± 6.3. Controls selected from patients undergoing endoscopy for dyspepsia or for screening purposes and who had no localized lesions observed in upper gastrointestinal tracks.	Serology Anti- <i>H.pylori</i> IgG Hystology by H&E stain or Rapid Urease test of biopsy	<i>H. pylori+ If positive on serology or histology or urease</i>	60	[1.40(0.62-3.15)]		