

表S-14 コーヒーと肝がんとの関連に関するコホート研究 (サマリータブル)

Reference	Study period	Sex	Study population			Event	Number of incident cases or	Strength of association
			Number of subjects	Ranged age	Number of subjects			
Inoue M	2005 (1)	Men	43,109	40-69 yr		Incidence	250	↓ ↓ ↓
		Women	47,343	40-69 yr		Incidence	84	↓ ↓ ↓
Shimazu T	2005 (2)	Men and women	61,107	40+ yr		Incidence	117	↓ ↓
Kurozawa Y	2005 (3)	Men	46,399	40-79 yr		Death	287	↓ ↓ ↓
		Women	64,289	40-79 yr		Death	114	↓ ↓ ↓

表S-15 コーヒーと肝がんとの関連に関するケースコントロール研究 (サマリータブル)

Reference	Study period	Sex	Study subjects			Number of controls	Strength of association
			Ranged age	Number of cases	Number of controls		
Ohfuji S	2006 (1)	Men and women	Not specified	73		253	↓ ↓ ↓
Tanaka K	2007 (2)	Men and women	40-79 yr	209		1,308 community controls	↓ ↓ ↓
							275 hospital controls
						381 CLD patients	↓

表S-16 大豆製品と肝がんとの関連に関するコホート研究 (サマリーテーブル)

Reference	Study period	Sex	Study population			Event	Number of incident cases or deaths	Strength of association
			Number of subjects	Ranged age	Death			
Hirayama T	1966-1982	Men	122,261	>=40 yr	Death	788 (liver cancer) or 123 (primary liver cancer)	↓ ↓ (soy bean paste soup)	

表S-17 大豆製品と肝がんとの関連に関するケースコントロール研究 (サマリーテーブル)

Reference	Study period	Sex	Study subjects			Strength of association
			Ranged age	Number of cases	Number of controls	
Fukuda K	1993 (1)	Men and women	40-69 yr	368	485	-- (tofu)
Sharp GB	2005 (2)	Men and women	Not specified	176	560	-- (tofu) ↓ (miso soup)

野菜・果物以外の食品とがんとの関連に関する引用文献リスト

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緑茶と全がんとの関連に関するケースコントロール研究

該当なし

胃がん

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肝がん

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表S-18 BMIと全がんととの関連に関するコホート研究(サマリテーブル)

References	Study population				Strength of association						
	Author	Year	(Ref. No.)	Study period	Number of subjects	Ranged age	Event	Number of incident cases or deaths (follow-up period)	Reference category	Low	High
Ishii	1998	(1)	1987-1995	Men	5,686	27-89	Death	193	22-24	-	-
				Women	6,963	27-89	Death	91	22-24	-	-
Inoue M	2004	(2)	1990-2001	Men	42,903	40-69	Incidence	2,763	23.0-24.9	↑	↑
				Women	46,834	40-69	Incidence	1,933	23.0-24.9	-	-
				Men	42,903	40-69	Death	1,181	23.0-24.9	↑	↑
				Women	46,834	40-69	Death	648	23.0-24.9	↑	↑
Kuriyama S	2005	(3)	1984-1992	Men	12,485	40+	Incidence	1,004	18.5-24.9	-	-
				Women	15,054	40+	Incidence	668	18.5-24.9	-	↑

表S-19 BMIと胃がんとの関連に関するコホート研究(サマリナーテーブル)

Author	References		Study period	Sex	No. of subjects	Study subjects			Strength of association
	Year	(Ref. No.)				Ranged age	Event	Number of cases	
Kuriyama	2005	(1)	1984-1992	Men	12,485	40+	Incidence	307	-
				Women	15,054			112	-

表S-20 BMIと胃がんとの関連に関するケースコントロール研究(サマリナーテーブル)

Author	References		Study period	Sex	Ranged age	Study subjects		Strength of association
	Year	(Ref. No.)				Number of cases	Number of controls	
Inoue M	2002	(1)	1988-1998	Women (postmeno- pausal)	39-82 yr	365	1,825	-

表S-21 BMIと大腸がんとの関連に関するコホート研究(サマリーテーブル)

References	Study period	Sex	Number of subjects	Age	Event	Study population		Magnitude of association*		
						Number of incident cases or deaths	Colon	Rectum	Colorectum	
Shimizu et al. 2003 (1)	1993-2000	Men	13,392	35+ yr	Incidence	162	↑↑↑	—	—	NA
		Women	15,659	35+ yr	Incidence	130	—	—	—	NA
Tamakoshi et al. 2004 (2)	1988-99	Men	43,171	40-79 yr	Death	127	—	NA	NA	NA
		Women	58,775	40-79 yr	Death	122	↑↑↑	NA	NA	NA
Kuriyama et al. 2005 (3)	1984-92	Men	12,485	40+ yr	Incidence	155	—	↑↑	↑	↑
		Women	15,054	40+ yr	Incidence	115	↑↑	—	—	↑↑↑
Otani et al. 2005 (4)	1990-2001	Men	49,158	40-69 yr	Incidence	626	↑↑	↑	↑	↑
		Women	53,791	40-69 yr	Incidence	360	—	—	—	—

NA, not available

* ↑ ↑ ↑ or ↓ ↓ ↓ ↓ ↓, strong; ↑ ↑ or ↓ ↓ ↓, moderate, ↑ or ↓ ↓, weak; —, no association (see text for more detailed definition)

表S-22. BMIと大腸がんとの関連に関するケースコントロール研究(サマリーテーブル)

References	Study period	Sex	Age	Study subjects		Magnitude of association*		
				Number of cases	Number of controls	Colon	Rectum	Colorectum
Kotake et al. 1995 (1)	1992-94	Men and women	Not specified	363 (M:214, F:149)	363 (M:214, F:149)	↓	—	NA
Isomura et al. 2006 (2)	2000-03	Men	20-74 yr	456	470	↑↑	↑↑	NA
		Women	20-74 yr	322	297	—	—	NA

NA, not available

* ↑ ↑ ↑ or ↓ ↓ ↓ ↓ ↓, strong; ↑ ↑ or ↓ ↓ ↓, moderate, ↑ or ↓ ↓, weak; —, no association (see text for more detailed definition)

表S-23 BMIと肺がんとの関連に関するコホート研究(サマリナーグループ)

References		Study population					Strength of association		
Author	Year	No.	Study period	Sex	Number of subjects	Age range	Event	Number of incident cases or	Strength of association
Kuriyama S	2005	(1)	1984-1992	Men	12,485	40+	Incidence	1004	—
				Women	15,054	40+	Incidence	668	↑
Kondo T	2007	(2)	1988-1999	Men	29,350	40-79	Death	348	↑

表S-24. BMIと肺がんとの関連に関するケースコントロール研究(サマリナーグループ)

References		Study subjects				Strength of association		
Author	Year	No.	Study period	Sex	Age range	Number of cases	Number of controls	Strength of association
Kanashiki M	2005	-1	1997-2003	Men	50-79	230	690	↓ ↓
				Women	50-79	133	399	—

表S-25 BMIと乳がんとの関連に関するコホート研究(サマリナーテーブル)

Author	Year	(Ref. No.)	Study population				Number of incident cases or deaths	Strength of association	
			Study period	Sex	Number of subjects	Ranged age			Event
Key TJ	1999	(1)	1969-1993	Women	34,759	NA	Incidence	427	↑
Kuriyama S	2005	(2)	1984-1992	Women	15,054	40yr or over	Incidence	115	↑
								33 premenopausal	—
								65 postmenopausal	↑ ↑ ↑

表S-26. BMIと乳がんとの関連に関するケースコントロール研究(サマリナーテーブル)

References		Study subjects						Strength of
Author	Year	(Ref. No.)	Study period	Sex	Ranged age	Number of cases	Number of controls	
Kyogoku S	1990	(1)	1975-1978	Women	45-79yr	121 postmenopausal	363 postmenopausal	—
Kato I	1992	(2)	1990-1991	Women	20yr or over	459 premenopausal	459	↑ ↑
Wakai K	1994	(3)	1990-1991	Women	20yr or over	300	446 postmenopausal	↑ ↑
						168 premenopausal	472 premenopausal	↑ ↑
						127 postmenopausal	390 postmenopausal	↑ ↑ ↑
Hu YH	1997	(4)	1989-1993	Women	25yr or over	87 premenopausal	202 premenopausal	↓ ↓ ↓
						67 postmenopausal	159 postmenopausal	↑
Ueji M	1998	(5)	1990-1997	Women	26-69yr	65 premenopausal	96 premenopausal	↓ ↓
						54 postmenopausal	89 postmenopausal	↑
Tung HT	1999	(6)	1990-1995	Women	NA	190 premenopausal	119 premenopausal	—
						186 postmenopausal	282 postmenopausal	↑ ↑
Hirose K	2003	(7)	1988-2000	Women	18yr or over	2,385	19,013	—
						1,332 premenopausal	11,943 premenopausal	
						1,039 postmenopausal	6,932 postmenopausal	↑ ↑

BMI とがんとの関連に関する引用文献リスト

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BMI と全がんとの関連に関するケースコントロール研究

該当なし

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研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の 編集者名	書 籍 名	出版社名	出版地	出版年	ページ

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
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Tobacco Smoking and Lung Cancer Risk: An Evaluation Based on a Systematic Review of Epidemiological Evidence Among the Japanese Population

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Received December 19, 2005; accepted March 12, 2006; published online May 30, 2006

Background: Although tobacco smoking is the best established risk factor for lung cancer, the association is not as strong among Japanese as among Western populations. It would be of value, therefore, to quantify that association in Japan based on a systematic review of epidemiological evidence for the primary prevention of lung cancer.

Methods: Original data were obtained from MEDLINE searches using PubMed, supplemented with manual searches. The evaluation of associations was based on the strength of evidence and the magnitude of the association, together with biological plausibility as previously evaluated by the International Agency for Research on Cancer. A meta-analysis was also conducted to estimate the summary measure of those associations.

Results: A total of 8 cohort studies and 14 case-control studies were identified, almost all of which consistently showed a strong association of current smoking with the risk of lung cancer. The summary relative risk for current smokers versus never smokers was estimated as 4.39 (95% confidence interval 3.92–4.92) for men and 2.79 (95% confidence interval 2.44–3.20) for women. Cohort studies and case-control studies gave reasonably consistent summary measures. The summary relative risks were 11.7 and 2.30 for squamous cell carcinoma and adenocarcinoma, respectively, in men, and were 11.3 and 1.37 correspondingly in women.

Conclusion: There is convincing evidence that tobacco smoking strongly increases the risk of lung cancer in the Japanese population, with the relative risk for current smokers compared with never smokers measuring around 4.4 for men and 2.8 for women.

Key words: systematic review – epidemiology – smoking – lung neoplasms – Japanese

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INTRODUCTION

Although tobacco smoking is the best established risk factor for lung cancer, the association between smoking and that risk is not as strong among Japanese as among Western populations. The relative risk (RR) of current smokers is much smaller in Japan than in Western countries, where the RR reaches more than 10 in men (1). This may mean that the epidemiological information on smoking and lung cancer from Western countries is not directly applicable to Japanese.

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