Table S2.4 Associations of duration of cessation and cessation of alcoholic beverage consumption and risk of oral cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)	
			Both	Men
Duration of cessation				
Marron et al. (2010), pooled analysis, PB and HB case–control		> 1–4 yr cessation vs continuing consumption	0.81 (0.61–1.07)	
		5–9 yr cessation vs continuing consumption	0.77 (0.52–1.15)	
		10–19 yr cessation vs continuing consumption	0.66 (0.47–0.92)	
		≥ 20 yr cessation vs continuing consumption	0.45 (0.26–0.78)	
Cessation				
Cancela et al. (2009)[a], cohort	Incidence	Cessation vs continuing consumption		1.28 (0.73–2.23)
	Mortality	Cessation vs continuing consumption		1.16 (0.59–2.29)
Im et al. (2021a)[a,b,c], cohort		Cessation vs continuing consumption		0.56 (0.30–1.05)
Ko et al. (1995)[a], HB case–control		Cessation vs continuing consumption	0.46 (0.15–1.39)	
Zheng et al. (1997)[a], HB case–control	Tongue cancer	Cessation vs continuing consumption	0.78 (0.21–2.90)	
DeStefani et al. (2007)[a], HB case–control		Cessation vs continuing consumption		0.88 (0.63–1.24)
Marron et al. (2010), pooled analysis, PB and HB case–control		Cessation vs continuing consumption	0.60 (0.43–0.84)	
Andrade et al. (2015)[a], HB case–control	SCC only	Cessation vs continuing consumption	2.55 (1.62–4.01)	
Huang et al. (2017)[a], HB case–control	SCC only	Cessation vs continuing consumption	0.60 (0.39–0.92)	

CI, confidence interval; HB, hospital-based; PB, population-based; RR, relative risk; SCC, squamous cell carcinoma; vs, versus; yr, year or years.
[a] Relative risks and 95% confidence intervals originally presented as cessation versus lifetime abstention were recalculated to assess cessation versus continuing consumption using the method of Greenland and Longnecker (1992).
[b] Occasional consumption excluded from the continuing consumption category.
[c] Floating standard errors were used to estimate the original confidence intervals.

Table S2.6 Associations of cessation of alcoholic beverage consumption and tobacco smoking with risk of oral cancer in the International Head and Neck Cancer Epidemiology (INHANCE) consortium study (Marron et al., 2010): published and calculated odds ratios and 95% confidence intervals

Alcohol consumption status and duration of cessation	OR (95% CI)					
	Tobacco smoking status and duration of cessation					Overall
	Current	> 1–4 yr cessation	5–19 yr cessation	≥ 20 yr cessation	Never	
Original Table 4 ORs (95% CIs) with common reference group[a]						*Original Table 2*[a,b]
Current consumption	1.0 (ref)	0.66 (0.4–1.09)	0.33 (0.24–0.46)	0.18 (0.11–0.27)	0.17 (0.12–0.24)	1.0 (ref)
> 1–4 yr cessation	0.65 (0.42–1.01)	0.57 (0.29–1.14)	0.94 (0.38–2.3)	0.45 (0.12–1.72)	0.34 (0.09–1.32)	0.81 (0.61–1.07)
5–19 yr cessation	0.72 (0.52–1.01)	0.35 (0.11–1.14)	0.24 (0.11–0.52)	0.19 (0.09–0.39)	0.15 (0.06–0.39)	–
≥ 20 yr cessation	0.40 (0.18–0.88)	0.44 (0.08–2.38)	0.21 (0.08–0.56)	0.15 (0.07–0.31)	0.34 (0.12–0.93)	0.45 (0.26–0.78)
Calculated ORs (95% CIs) with smoking stratum-specific reference group[c]						*Meta-analytic*[d]
Continuing consumption	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)
> 1–4 yr cessation	0.65 (0.42–1.01)	0.86 (0.38–1.98)	2.85 (1.12–7.24)	2.50 (0.62–10.01)	2.00 (0.51–7.82)	1.31 (0.68–2.54)
5–19 yr cessation	0.72 (0.52–1.01)	0.53 (0.15–1.86)	0.73 (0.32–1.64)	1.06 (0.46–2.44)	0.88 (0.33–2.34)	0.75 (0.57–0.98)
≥ 20 yr cessation	0.40 (0.18–0.88)	0.67 (0.12–3.86)	0.64 (0.23–1.74)	0.83 (0.36–1.95)	2.00 (0.70–5.75)	0.75 (0.43–1.33)

CI, confidence interval; OR, odds ratio; ref, reference; yr, year or years.

[a] In the original INHANCE pooled analysis, there was evidence of heterogeneity among studies: two-sided test $P < 0.01$ for the tobacco smoking-stratified analyses and the overall analyses.

[b] In Table 2 in the original INHANCE publication, there were categories for 5–9 yr (OR, 0.77; 95% CI, 0.52–1.15) and 10–19 yr (OR, 0.66; 95% CI, 0.47–0.92) duration of alcohol cessation, which were combined in the tobacco smoking-stratified analysis.

[c] Odds ratios and 95% confidence intervals were recalculated to account for the common reference category using the method of Greenland and Longnecker (1992).

[d] Pooled estimate from a random-effects meta-analysis across tobacco smoking categories.

Table S2.8 Associations of duration of cessation and cessation of alcoholic beverage consumption and risk of pharyngeal cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Duration of cessation					
Takezaki et al. (2000)[a,b], HB case–control	Hypopharynx	1–9 yr cessation vs continuing consumption		1.66 (0.33–8.32)	
		≥ 10 yr cessation vs continuing consumption		2.13 (0.30–15.12)	
Marron et al. (2010), pooled analysis, PB and HB case–control	Hypopharynx/oropharynx	> 1–4 yr cessation vs continuing consumption	1.04 (0.73–1.48)		
		5–9 yr cessation vs continuing consumption	0.95 (0.61–1.49)		
		10–19 yr cessation vs continuing consumption	1.15 (0.92–1.43)		
		≥ 20 yr cessation vs continuing consumption	0.74 (0.50–1.09)		
Cessation					
Jayalekshmi et al. (2013)[a], HB cohort	Hypopharynx	Cessation vs continuing consumption		0.92 (0.42–2.04)	
Im et al. (2021a)[a,c,d], cohort		Cessation vs continuing consumption		0.88 (0.41–1.88)	
Takezaki et al. (2000)[a], HB case–control	Hypopharynx	Cessation vs continuing consumption		1.68 (0.73–3.86)	
Lee et al. (2005b)[a], HB case–control	Hypopharynx/oropharynx	Cessation vs continuing consumption		1.16 (0.41–3.27)	
DeStefani et al. (2007)[a], HB case–control		Cessation vs continuing consumption		0.87 (0.63–1.18)	
Marron et al. (2010), pooled analysis, PB and HB case–control	Hypopharynx/oropharynx	Cessation vs continuing consumption	0.98 (0.69–1.39)		
Huang et al. (2017)[a], HB case–control	Oropharynx	Cessation vs continuing consumption	0.67 (0.35–1.29)		
	Hypopharynx	Cessation vs continuing consumption	0.65 (0.33–1.29)		
Fachiroh et al. (2012)[a], FFB case–control	Nasopharynx	Cessation vs continuing consumption	1.37 (0.92–2.06)		
Feng et al. (2021)[a], PB case–control	Nasopharynx	Cessation vs continuing consumption	1.21 (0.90–1.64)	1.19 (0.87–1.63)	1.83 (0.62–5.38)

CI, confidence interval; FFB, friend- or family-based; HB, hospital-based; PB, population-based; RR, relative risk; vs, versus; yr, year or years.
[a] Relative risks and 95% confidence intervals originally presented as duration of cessation or cessation versus lifetime abstention were recalculated to assess duration of cessation or cessation versus continuing consumption using the method of Greenland and Longnecker (1992).
[b] 95% confidence intervals for the recalculated relative risks were calculated ignoring the covariances (correlations) between estimates because the data necessary to estimate the covariances were not reported.
[c] Occasional consumption excluded from the continuing consumption category.
[d] Floating standard errors were used to estimate the original confidence intervals.

Table S2.10 Associations of cessation of alcoholic beverage consumption and tobacco smoking with risk of pharyngeal cancer in the International Head and Neck Cancer Epidemiology (INHANCE) consortium study (Marron et al., 2010): published and calculated odds ratios and 95% confidence intervals

Alcohol consumption status and duration of cessation	OR (95% CI)					
	Tobacco smoking status and duration of cessation					Overall
	Current	> 1–4 yr cessation	5–19 yr cessation	≥ 20 yr cessation	Never	
Original Table 4 ORs (95% CIs) with common reference group[a]						*Original Table 2*[a,b]
Current consumption	1.0 (ref)	0.73 (0.22–2.39)	0.41 (0.21–0.8)	0.36 (0.11–1.13)	0.29 (0.07–1.27)	1.0 (ref)
> 1–4 yr cessation	0.90 (0.34–2.36)	1.01 (0.14–7.08)	0.46 (0.16–1.28)	0.61 (0.04–10.31)	0.69 (0.05–8.78)	1.04 (0.73–1.48)
5–19 yr cessation	1.19 (0.64–2.22)	0.73 (0.29–1.85)	0.77 (0.36–1.67)	0.59 (0.21–1.67)	0.29 (0.07–1.16)	–
≥ 20 yr cessation	0.82 (0.42–1.60)	0.75 (0.17–3.29)	0.37 (0.1–1.39)	0.63 (0.16–2.45)	0.51 (0.07–3.73)	0.74 (0.50–1.09)
Calculated ORs (95% CIs) with smoking stratum-specific reference group[c]						*Meta-analytic*[d]
Continuing consumption	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)
> 1–4 yr cessation	0.90 (0.34–2.36)	1.38 (0.15–13.08)	1.12 (0.34–3.73)	1.69 (0.09–32.69)	2.38 (0.14–41.14)	1.09 (0.56–2.15)
5–19 yr cessation	1.19 (0.64–2.22)	1.00 (0.23–4.39)	1.88 (0.73–4.84)	1.64 (0.37–7.32)	1.00 (0.15–6.80)	1.33 (0.84–2.08)
≥ 20 yr cessation	0.82 (0.42–1.60)	1.03 (0.16–6.71)	0.90 (0.21–3.79)	1.75 (0.31–9.79)	1.76 (0.17–18.49)	0.95 (0.56–1.61)

CI, confidence interval; OR, odds ratio; ref, reference; yr, year or years.

[a] In the original INHANCE pooled analysis, there was evidence of heterogeneity among studies: two-sided test $P < 0.01$ for the tobacco smoking-stratified analyses and the overall analyses.

[b] In Table 2 in the original INHANCE publication, there were categories for 5–9 yr (OR, 0.95; 95% CI, 0.61–1.49) and 10–19 yr (OR, 1.15; 95% CI, 0.92–1.43) duration of alcohol cessation, which were combined in the tobacco smoking-stratified analysis.

[c] Odds ratios and 95% confidence intervals were recalculated to account for the common reference category using the method of Greenland and Longnecker (1992).

[d] Pooled estimate from a random-effects meta-analysis across tobacco smoking categories.

Table S2.12 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of laryngeal cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)	
			Both	Men
Reduction				
Yoo et al. (2022), cohort		Moderate to mild vs stable moderate	1.11 (0.85–1.45)	
Change in consumption from 2009 to 2011		Heavy to mild vs stable heavy	2.10 (1.55–2.85)	
		Heavy to moderate vs stable heavy	0.75 (0.54–1.03)	
		Mild to none vs stable mild	1.10 (0.86–1.41)	
		Moderate to none vs stable moderate	1.65 (1.12–2.41)	
		Heavy to none vs stable heavy	1.51 (0.95–2.41)	
Duration of cessation				
Marron et al. (2010), pooled analysis, PB and HB case–control		> 1–4 yr cessation vs continuing consumption	1.16 (0.82–1.63)	
		5–9 yr cessation vs continuing consumption	0.88 (0.65–1.19)	
		10–19 yr cessation vs continuing consumption	0.93 (0.64–1.36)	
		≥ 20 yr cessation vs continuing consumption	0.69 (0.52–0.91)	
Cessation				
Jayalekshmi et al. (2013)[a], cohort		Cessation vs continuing consumption		0.95 (0.53–1.73)
Im et al. (2021a)[a,b,c], cohort		Cessation vs continuing consumption		0.62 (0.37–1.03)
DeStefani et al. (2004)[a], HB case–control	Supraglottis	Cessation vs continuing consumption	0.31 (0.19–0.51)	
	Glottis	Cessation vs continuing consumption	0.62 (0.38–1.02)	
Lee et al. (2005b)[a], HB case–control		Cessation vs continuing consumption		0.73 (0.17–3.07)
Marron et al. (2010), pooled analysis, PB and HB case–control		Cessation vs continuing consumption	0.79 (0.57–1.08)	
Huang et al. (2017)[a], HB case–control		Cessation vs continuing consumption	0.47 (0.21–1.03)	

CI, confidence interval; HB, hospital-based; PB, population-based; RR, relative risk; vs, versus; yr, year or years.
[a] Relative risks and 95% confidence intervals originally presented as cessation versus lifetime abstention were recalculated to assess cessation versus continuing consumption using the method of Greenland and Longnecker (1992).
[b] Occasional consumption excluded from the continuing consumption category.
[c] Floating standard errors were used to estimate the original confidence intervals.

Table S2.14 Associations of cessation of alcoholic beverage consumption and tobacco smoking with risk of laryngeal cancer in the International Head and Neck Cancer Epidemiology (INHANCE) consortium study (Marron et al., 2010): published and calculated odds ratios and 95% confidence intervals

Alcohol consumption status and duration of cessation	OR (95% CI)					
	Tobacco smoking status and duration of cessation					Overall
	Current	> 1–4 yr cessation	5–19 yr cessation	≥ 20 yr cessation	Never	
Original Table 4 ORs (95% CIs) with common reference group[a]						*Original Table 2*[a,b]
Current consumption	1.0 (ref)	0.83 (0.46–1.49)	0.44 (0.31–0.62)	0.23 (0.14–0.36)	0.13 (0.06–0.32)	1.0 (ref)
> 1–4 yr cessation	1.25 (0.41–3.86)	0.72 (0.3–1.7)	0.50 (0.2–1.22)	0.33 (0.08–1.31)	0.16 (0.04–0.68)	1.16 (0.82–1.63)
5–19 yr cessation	1.05 (0.69–1.6)	0.47 (0.17–1.34)	0.41 (0.25–0.68)	0.21 (0.07–0.71)	0.15 (0.05–0.44)	–
≥ 20 yr cessation	0.74 (0.46–1.2)	0.84 (0.24–2.95)	0.37 (0.18–0.76)	0.14 (0.06–0.34)	0.24 (0.07–0.85)	0.69 (0.52–0.91)
Calculated ORs (95% CIs) with smoking stratum-specific reference group[c]						*Meta-analytic*[d]
Continuing consumption	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)
> 1–4 yr cessation	1.25 (0.41–3.86)	0.87 (0.31–2.42)	1.14 (0.44–2.92)	1.43 (0.33–6.16)	1.23 (0.25–6.17)	1.12 (0.67–1.89)
5–19 yr cessation	1.05 (0.69–1.6)	0.57 (0.18–1.82)	0.93 (0.53–1.65)	0.91 (0.27–3.11)	1.15 (0.31–4.36)	0.97 (0.71–1.32)
≥ 20 yr cessation	0.74 (0.46–1.2)	1.01 (0.26–3.97)	0.84 (0.39–1.82)	0.61 (0.23–1.60)	1.85 (0.43–7.96)	0.80 (0.56–1.13)

CI, confidence interval; OR, odds ratio; ref, reference; yr, year or years.
[a] In the original INHANCE pooled analysis, there was evidence of heterogeneity among studies: two-sided test $P = 0.02$ for the tobacco smoking-stratified analysis and $P = 0.03$ for the overall analysis.
[b] In Table 2 in the original INHANCE publication, there were categories for 5–9 yr (OR, 0.88; 95% CI, 0.65–1.19) and 10–19 yr (OR, 0.93; 95% CI, 0.64–1.36) duration of alcohol cessation, which were combined in the tobacco smoking-stratified analysis.
[c] Odds ratios and 95% confidence intervals were recalculated to account for the common reference category using the method of Greenland and Longnecker (1992).
[d] Pooled estimate from a random-effects meta-analysis across tobacco smoking categories.

Table S2.16 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of oesophageal cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Reduction					
Yoo et al. (2022), cohort		Moderate to mild vs stable moderate	1.38 (1.13–1.70)		
Change in consumption from 2009 to 2011		Heavy to mild vs stable heavy	2.23 (1.74–2.86)		
		Heavy to moderate vs stable heavy	1.03 (0.83–1.29)		
		Mild to none vs stable mild	1.13 (0.92–1.38)		
		Moderate to none vs stable moderate	2.38 (1.79–3.17)		
		Heavy to none vs stable heavy	3.66 (2.77–4.83)		
Duration of cessation					
Ozasa et al. (2007)[a,b,c], cohort		< 5 yr cessation vs continuing consumption		1.66 (0.84–3.28)	
		5–15 yr cessation vs continuing consumption		1.22 (0.59–2.54)	
		≥ 15 yr cessation vs continuing consumption		0.46 (0.15–1.37)	
Launoy et al. (1997), HB case–control		1–5 yr cessation vs continuing consumption		2.23 (1.01–4.89)	
		6–10 yr cessation vs continuing consumption		1.86 (0.58–5.87)	
		≥ 11 yr cessation vs continuing consumption		1.15 (0.63–3.24)	
Takezaki et al. (2000)[a,d], HB case–control		1–9 yr cessation vs continuing consumption		1.16 (0.52–2.56)	
		≥ 10 yr cessation vs continuing consumption		0.80 (0.29–2.22)	
Lee et al. (2005a), HB case–control		1–5 yr cessation vs continuing consumption	1.3 (0.7–2.4)		
		6–10 yr cessation vs continuing consumption	0.8 (0.4–1.8)		
		> 10 yr cessation vs continuing consumption	0.3 (0.1–0.6)		

Table S2.16 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of oesophageal cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Rehm et al. (2007), meta-analysis, HB case–control		> 0–2 yr cessation vs continuing consumption	2.50 (2.23–2.80)		
		2–5 yr cessation vs continuing consumption	1.10 (1.03–1.18)		
		5–10 yr cessation vs continuing consumption	0.85 (0.79–0.92)		
		10–15 yr cessation vs continuing consumption	0.85 (0.79–0.92)		
		≥ 15 yr cessation vs continuing consumption	0.35 (0.31–0.39)		
Vioque et al. (2008), HB case–control	Oesophageal SCC	< 5 yr cessation vs continuing consumption	5.89 (2.01–17.25)		
		≥ 5 yr cessation vs continuing consumption	1.70 (0.79–3.66)		
	All oesophageal cancers	< 5 yr cessation vs continuing consumption	3.60 (1.34–9.69)		
		≥ 5 yr cessation vs continuing consumption	1.71 (0.86–3.41)		
Szymańska et al. (2011), HB case–control		2–4 yr cessation vs continuing consumption	2.15 (1.10–4.21)		
		5–9 yr cessation vs continuing consumption	0.89 (0.43–1.85)		
		10–19 yr cessation vs continuing consumption	0.75 (0.36–1.55)		
		≥ 20 yr cessation vs continuing consumption	0.46 (0.19–1.16)		
Wu et al. (2011)[a], PB case–control		< 5 yr cessation vs continuing consumption	5.62 (4.75–6.64)	4.96 (4.24–5.81)	
		5–10 yr cessation vs continuing consumption	2.36 (1.39–4.00)	2.12 (1.24–3.62)	
		>10 yr cessation vs continuing consumption	1.91 (1.21–3.03)	2.02 (1.29–3.27)	
Yang et al. (2017)[a], PB case–control		≤ 7 yr cessation vs continuing consumption		0.69 (0.37–1.28)	
		> 7 yr cessation vs continuing consumption		0.73 (0.39–1.37)	
Cessation					
Ishikawa et al. (2006)[a,d], cohort		Cessation vs continuing consumption		0.57 (0.18–1.76)	
Yaegashi et al. (2014)[a,b,c], cohort		Cessation vs continuing consumption		0.92 (0.50–1.70)	
Jayalekshmi et al. (2021)[a], cohort	Oesophageal SCC[c]	Cessation vs continuing consumption		0.60 (0.32–1.14)	
	All oesophageal cancers	Cessation vs continuing consumption		0.75 (0.45–1.25)	

Table S2.16 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of oesophageal cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Im et al. (2021a)[a,e,f], cohort		Cessation vs continuing consumption		0.68 (0.57–0.82)	0.95 (0.39–2.31)
Gao et al. (1994)[a], PB case–control		Cessation vs continuing consumption		1.14 (0.58–2.25)	
Takezaki et al. (2000)[a], HB case–control		Cessation vs continuing consumption		1.00 (0.63–1.59)	
Yokoyama et al. (2002)[a,g], HB case–control		Cessation vs continuing consumption		1.02 (0.42–2.48)	
Yang et al. (2005)[a], HB case–control		Cessation vs continuing consumption	0.66 (0.34–1.29)		
Lee et al. (2005a)[a], HB case–control		Cessation vs continuing consumption	0.72 (0.46–1.14)		
Wu et al. (2006)[a], HB case–control		Cessation vs continuing consumption		0.23 (0.08–0.65)	
Vioque et al. (2008)[a], HB case–control	Oesophageal SCC	Cessation vs continuing consumption	2.46 (1.11–5.44)		
	All oesophageal cancers	Cessation vs continuing consumption	2.08 (1.03–4.18)		
Szymańska et al. (2011)[a], HB case–control		Cessation vs continuing consumption	1.03 (0.66–1.63)		
Wu et al. (2011)[a], PB case–control		Cessation vs continuing consumption	5.49 (4.51–6.68)	5.85 (4.82–7.09)	4.21 (2.04–8.69)
Yang et al. (2017)[a], PB case–control		Cessation vs continuing consumption		0.67 (0.43–1.05)	

CI, confidence interval; HB, hospital-based; PB, population-based; RR, relative risk; SCC, squamous cell carcinoma; vs, versus; yr, year or years.
[a] Relative risks and 95% confidence originally presented as duration of cessation or cessation versus lifetime abstention were recalculated to assess duration of cessation or cessation versus continuing consumption using the method of Greenland and Longnecker (1992).
[b] The studies of Ozasa et al. (2007) (duration of cessation versus continuing consumption) and Yaegashi et al. (2014) (cessation versus continuing consumption) are both from the Japan Collaborative Cohort Study for Evaluation of Cancer Risk.
[c] Outcome was death from oesophageal cancer.
[d] 95% confidence intervals for the recalculated relative risks were calculated ignoring the covariances (correlations) between estimates because the data necessary to estimate the covariances were not reported.
[e] Occasional consumption excluded from the continuing consumption category.
[f] Floating standard errors were used to estimate the original confidence intervals.
[g] Continuing consumption was originally categorized into multiple categories.

Table S2.20 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of cancers of the upper aerodigestive tract

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Reduction					
Thygesen et al. (2007), cohort	Tongue, oral cavity, pharynx, larynx, and oesophagus	Reduce by ≥ 7 vs stable ± 0.9 drinks/week	0.50 (0.10–2.05)		
3–7 yr change in consumption		Reduce by −6 to −1 vs stable ± 0.9 drinks/week	1.20 (0.50–2.70)		
Yoo et al. (2022), cohort	Lip, oral cavity, and pharynx	Moderate to mild vs stable moderate	1.15 (0.96–1.38)		
Change in consumption from 2009 to 2011		Heavy to mild vs stable heavy	1.22 (0.92–1.61)		
		Heavy to moderate vs stable heavy	0.93 (0.73–1.18)		
		Mild to none vs stable mild	1.20 (1.04–1.38)		
		Moderate to none vs stable moderate	1.21 (0.90–1.63)		
		Heavy to none vs stable heavy	1.47 (1.06–2.05)		
Duration of cessation					
Takezaki et al. (1996)[a], HB case–control	Tongue, mouth, oropharynx, and hypopharynx	0–4 yr cessation vs continuing consumption	2.00 (0.91–4.39)		
		5–14 yr cessation vs continuing consumption	1.42 (0.49–4.08)		
		≥ 15 yr cessation vs continuing consumption	2.83 (0.97–8.30)		
Marron et al. (2010), pooled analysis, HB and PB case–control	Oral cavity, oropharynx, hypopharynx, and larynx	> 1–4 yr cessation vs continuing consumption	0.99 (0.69–1.43)		
		5–9 yr cessation vs continuing consumption	0.90 (0.62–1.30)		
		10–19 yr cessation vs continuing consumption	0.94 (0.75–1.18)		
		≥ 20 yr cessation vs continuing consumption	0.60 (0.40–0.89)		
Huang et al. (2017), HB case–control	SCC of the oral cavity, oropharynx, hypopharynx, and larynx	< 5 yr cessation vs continuing consumption	0.76 (0.46–1.26)		
		5–9.9 yr cessation vs continuing consumption	0.79 (0.42–1.50)		
		> 10 yr cessation vs continuing consumption	0.46 (0.27–0.79)		

Table S2.20 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of cancers of the upper aerodigestive tract

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Cessation					
Weikert et al. (2009)[a,b,c], cohort	SCC of the tongue, oropharynx, hypopharynx, larynx, and oesophagus.	Cessation vs continuing consumption		2.68 (0.29–25.07)	1.10 (0.32–3.74)
Im et al. (2021a)[a,d,e], cohort	Lip, oral cavity, pharynx, and larynx	Cessation vs continuing consumption		0.84 (0.63–1.13)	
Takezaki et al. (1996)[a,b], HB case–control	Tongue, mouth, oropharynx and hypopharynx	Cessation vs continuing consumption	2.00 (1.14–3.51)		
Marron et al. (2010), pooled analysis, HB and PB case–control	Oral cavity, oropharynx, hypopharynx, and larynx	Cessation vs continuing consumption	0.85 (0.63–1.14)		
Huang et al. (2017)[a], HB case–control	SCC of the oral cavity, oropharynx, hypopharynx, and larynx	Cessation vs continuing consumption	0.63 (0.44–0.90)		

CI, confidence interval; HB, hospital-based; PB, population-based; RR, relative risk; SCC, squamous cell carcinoma; vs, versus; yr, year or years.
[a] Relative risks and 95% confidence intervals originally presented as cessation versus lifetime abstention were recalculated to assess cessation versus continuing consumption using the method of Greenland and Longnecker (1992).
[b] Former and continuing consumption were originally categorized into multiple categories.
[c] 95% confidence intervals for the recalculated relative risks were calculated ignoring the covariances (correlations) between estimates because the data necessary to estimate the covariances were not reported.
[d] Occasional consumption excluded from the continuing consumption category.
[e] Floating standard errors were used to estimate the original confidence intervals.

Table S2.22 Associations of cessation of alcoholic beverage consumption and tobacco smoking with risk of head and neck cancer in the International Head and Neck Cancer Epidemiology (INHANCE) consortium study (Marron et al., 2010): published and calculated odds ratios and 95% confidence intervals

Alcohol consumption status and duration of cessation	OR (95% CI)					
	Tobacco smoking status and duration of cessation					Overall
	Current	> 1–4 yr cessation	5–19 yr cessation	≥ 20 yr cessation	Never	
Original Table 4 ORs (95% CIs) with common reference group[a]						*Original Table 2*[a,b]
Current consumption	1.0 (ref)	0.75 (0.49–1.14)	0.40 (0.33–0.48)	0.27 (0.17–0.42)	0.21 (0.11–0.41)	1.00 (ref)
> 1–4 yr cessation	0.94 (0.53–1.65)	0.74 (0.47–1.17)	0.44 (0.27–0.72)	0.29 (0.09–0.92)	0.24 (0.09–0.68)	0.99 (0.69–1.43)
5–19 yr cessation	0.90 (0.61–1.33)	0.42 (0.26–0.70)	0.43 (0.27–0.68)	0.31 (0.17–0.55)	0.17 (0.07–0.46)	–
≥ 20 yr cessation	0.53 (0.32–0.88)	0.55 (0.24–1.26)	0.32 (0.21–0.49)	0.25 (0.13–0.48)	0.27 (0.11–0.68)	0.60 (0.40–0.89)
Calculated ORs (95% CIs) with smoking stratum-specific reference group[c]						*Meta-analytic*[d]
Continuing consumption	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)	1.0 (ref)
> 1–4 yr cessation	0.94 (0.53–1.65)	0.99 (0.54–1.81)	1.10 (0.66–1.83)	1.07 (0.32–3.66)	1.14 (0.36–3.66)	1.03 (0.76–1.39)
5–19 yr cessation	0.90 (0.61–1.33)	0.56 (0.30–1.06)	1.08 (0.67–1.72)	1.15 (0.57–2.33)	0.81 (0.27–2.41)	0.90 (0.70–1.15)
≥ 20 yr cessation	0.53 (0.32–0.88)	0.73 (0.29–1.84)	0.80 (0.51–1.25)	0.93 (0.43–1.98)	1.29 (0.44–3.77)	0.74 (0.56–0.98)

CI, confidence interval; OR, odds ratio; ref, reference; yr, year or years.
[a] In the original INHANCE pooled analysis there was evidence of heterogeneity among studies: two-sided test $P < 0.01$ for the tobacco smoking-stratified analyses and the overall analyses.
[b] In Table 2 in the original INHANCE publication, there were categories for 5–9 yr (OR, 0.90; 95% CI, 0.62–1.30) and 10–19 yr (OR, 0.94; 95% CI, 0.75–1.18) duration of alcohol cessation, which were combined in the tobacco smoking-stratified analysis.
[c] Odds ratios and 95% confidence intervals were recalculated to account for the common reference category using the method of Greenland and Longnecker (1992).
[d] Pooled estimate from a random-effects meta-analysis across tobacco smoking categories.

Table S2.24 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of colon cancer, rectal cancer, and colorectal cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Reduction					
Hur et al. (2021)[a], cohort	Colorectum	High to low vs stable high	1.00 (0.60–1.68)		
Change in consumption from early adulthood (ages 18–22 yr) to mid-adulthood					
Yoo et al. (2022), cohort	Colorectum	Moderate to mild vs stable moderate	1.12 (1.06–1.19)		
Change in consumption from 2009 to 2011		Heavy to mild vs stable heavy	1.12 (1.03–1.23)		
		Heavy to moderate vs stable heavy	1.04 (0.96–1.13)		
		Mild to none vs stable mild	1.08 (1.03–1.12)		
		Moderate to none vs stable moderate	1.09 (0.99–1.20)		
		Heavy to none vs stable heavy	1.31 (1.17–1.46)		
Mayén et al. (2022), cohort	Colorectum	Decrease 12 g per day (continuous)	0.86 (0.78–0.95)		
Change in consumption from baseline to follow-up					
Chen et al. (2023), cohort	Colorectum	1-unit increase (i.e. reduction in consumption) in alcohol HLI score (4 = none; 3 = > 0 –< 5 g/day; 2 = 5 –< 10 g/day; 1 = 10–< 20 g/day; 0 = > 20 g/day)			0.97 (0.86–1.08)
Change in consumption from 1996–2004 to 2002–2014					
Duration of cessation					
Ozasa et al. (2007)[a,b,c], cohort	Colon	< 5 yr cessation vs continuing consumption		2.03 (0.83–4.98)	
		5–15 yr cessation vs continuing consumption		1.11 (0.38–3.22)	
		≥ 15 yr cessation vs continuing consumption		1.12 (0.33–3.76)	
	Rectum	< 5 yr cessation vs continuing consumption		2.60 (1.03–6.55)	
		5–15 yr cessation vs continuing consumption		0.64 (0.14–2.83)	
		≥ 15 yr cessation vs continuing consumption		0.88 (0.20–3.84)	

Table S2.24 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of colon cancer, rectal cancer, and colorectal cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Ho et al. (2004), HB case–control	Colorectum	< 66 mo cessation vs continuing consumption	1.37 (0.91–2.06)		
		66–180 mo cessation vs continuing consumption	0.66 (0.42–1.06)		
		> 180 mo cessation vs continuing consumption	0.52 (0.31–0.86)		
	Colon	< 66 mo cessation vs continuing consumption	1.13 (0.69–1.87)		
		66–180 mo cessation vs continuing consumption	0.62 (0.35–1.11)		
		> 180 mo cessation vs continuing consumption	0.50 (0.31–0.86)		
Cessation					
Klatsky et al. (1988)[a,d], cohort	Colon	Cessation vs continuing consumption	0.60 (0.23–1.55)		
Su and Arab, (2004)[a,d], cohort	Colon	Cessation vs continuing consumption	0.74 (0.32–1.68)		
Wei et al. (2004)[a,d,e], cohort	Colon	Cessation vs continuing consumption	0.96 (0.72–1.26)	1.03 (0.66–1.63)	0.63 (0.37–1.08)
	Rectum	Cessation vs continuing consumption	0.84 (0.49–1.45)	0.96 (0.41–2.26)	0.63 (0.24–1.62)
Wakai et al. (2005)[a,b], cohort; Ozasa et al. (2007)[a,b,c], cohort	Colon (incidence)	Cessation vs continuing consumption		1.02 (0.63–1.67)	1.51 (0.63–3.63)
	Rectum (incidence)	Cessation vs continuing consumption		1.24 (0.70–2.18)	
	Colon (mortality)	Cessation vs continuing consumption		1.35 (0.82–2.24)	
	Rectum (mortality)	Cessation vs continuing consumption		1.42 (0.80–2.52)	
Nakaya et al. (2005)[a], cohort	Colon	Cessation vs continuing consumption		0.94 (0.48–1.86)	
Breslow et al. (2011)[a,c,d], cohort	Colorectum	Cessation vs continuing consumption	1.34 (1.06–1.69)	1.30 (0.93–1.82)	1.31 (0.92–1.88)
Cho et al. (2015)[a], cohort	Colorectum	Cessation vs continuing consumption		0.54 (0.27–1.07)	
Im et al. (2021a)[a,f,g], cohort	Colorectum	Cessation vs continuing consumption		1.06 (0.90–1.25)	0.84 (0.47–1.49)
	Colon	Cessation vs continuing consumption		1.15 (0.93–1.44)	0.58 (0.26–1.28)
	Rectum	Cessation vs continuing consumption		0.97 (0.79–1.19)	1.01 (0.48–2.13)
	Right colon	Cessation vs continuing consumption		1.44 (0.59–3.54)	1.24 (0.27–5.66)

Table S2.24 Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of colon cancer, rectal cancer, and colorectal cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Le Marchand et al. (1997)[a,e], PB case–control	Left colon	Cessation vs continuing consumption		1.55 (0.64–3.73)	1.30 (0.38–4.42)
	Rectum	Cessation vs continuing consumption		1.27 (0.56–2.88)	1.50 (0.33–6.71)
Tavani et al. (1998)[a,d], HB case–control	Colorectum	Cessation vs continuing consumption	0.99 (0.79–1.25)		
	Colon	Cessation vs continuing consumption	1.03 (0.79–1.35)		
	Rectum	Cessation vs continuing consumption	0.93 (0.66–1.31)		
Ji et al. (2002)[a], PB case–control	Colon	Cessation vs continuing consumption		2.30 (1.40–3.77)	2.00 (0.54–7.44)
	Rectum	Cessation vs continuing consumption		1.83 (1.15–2.93)	
Ho et al. (2004)[a], HB case–control	Colorectum	Cessation vs continuing consumption	0.70 (0.52–0.96)		
	Colon	Cessation vs continuing consumption	0.64 (0.44–0.92)		
	Rectum	Cessation vs continuing consumption	0.79 (0.53–1.17)		
Wei et al. (2009)[a,e], PB case–control	Colorectum	Cessation vs continuing consumption	0.27 (0.13–0.53)		
	Colon	Cessation vs continuing consumption	0.33 (0.15–0.74)		
	Rectum	Cessation vs continuing consumption	0.23 (0.10–0.53)		
Lee et al. (2019)[a], HB case–control	Colorectum	Cessation vs continuing consumption		1.54 (1.08–2.20)	1.94 (1.03–3.64)
	Proximal colon	Cessation vs continuing consumption		1.68 (1.02–2.76)	
	Distal colon	Cessation vs continuing consumption		1.31 (0.81–2.10)	2.29 (1.01–5.23)
	Rectum	Cessation vs continuing consumption		1.65 (1.14–2.38)	2.27 (1.02–5.03)

CI, confidence interval; HB, hospital-based; mo, month or months; PB, population-based; RR, relative risk; vs, versus; yr, year or years.
[a] Relative risks and 95% confidence intervals originally presented as reduction, duration of cessation or cessation versus lifetime abstention were recalculated to assess cessation versus continuing consumption using the method of Greenland and Longnecker (1992).
[b] The studies of Ozasa et al. (2007) (colon and rectal cancer mortality) and Wakai et al. (2005) (colon and rectal cancer incidence) are both from the Japan Collaborative Cohort Study for Evaluation of Cancer Risk.
[c] Outcome was death from colon cancer, rectal cancer, or colorectal cancer.
[d] Continuing consumption was originally categorized into multiple categories.
[e] 95% confidence intervals for the recalculated relative risks were calculated ignoring the covariances (correlations) between estimates because the data necessary to estimate the covariances were not reported.
[f] Occasional consumption excluded from the continuing consumption category.
[g] Floating standard errors were used to estimate the original confidence intervals.

Table S2.27. Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of liver cancer

Reference, study design	Underlying disease or subgroup	Exposure categories	RR (95% CI)		
			Both	**Men**	**Women**
Reduction					
Yoo et al. (2022), cohort		Moderate to mild vs stable moderate	1.10 (1.00–1.21)		
Change in consumption from 2009 to 2011		Heavy to mild vs stable heavy	1.11 (0.96–1.28)		
		Heavy to moderate vs stable heavy	1.11 (0.99–1.26)		
		Mild to none vs stable mild	0.99 (0.92–1.06)		
		Moderate to none vs stable moderate	1.25 (1.10–1.43)		
		Heavy to none vs stable heavy	1.39 (1.20–1.62)		
Duration of cessation					
Goodman et al. (1995)[a,b], cohort		≤ 10 yr cessation vs continuing consumption		8.03 (4.39–14.70)	
		11–15 yr cessation vs continuing consumption		2.12 (1.03–4.39)	
		≥ 16 yr cessation vs continuing consumption		0.98 (0.36–2.70)	
Ozasa et al. (2007)[a,c], cohort		< 5 yr cessation vs continuing consumption		4.26 (2.63–6.88)	
		5–15 yr cessation vs continuing consumption		5.12 (3.34–7.85)	
		≥ 15 yr cessation vs continuing consumption		2.73 (1.43–5.23)	
Donato et al. (2002), HB case–control		1–5 yr cessation vs continuing consumption		5.0 (2.9–8.6)	3.0 (0.6–15.2)
		6–10 yr cessation vs continuing consumption		4.0 (2.2–7.4)	2.7 (0.5–13.6)
		11–15 yr cessation vs continuing consumption		1.6 (0.6–4.5)	1.9 (0.2–19.2)
		> 15 yr cessation vs continuing consumption		1.4 (0.6–3.1)	8.6 (1.3–56.0)
Franceschi et al. (2006)[a], HB case–control		< 5 yr cessation vs continuing consumption	7.55 (2.79–20.41)		
		≥ 5 yr cessation vs continuing consumption	3.05 (1.51–6.16)		

Table S2.27. Associations of reduction, duration of cessation, and cessation of alcoholic beverage consumption and risk of liver cancer

Reference, study design	Underlying disease or subgroup	Exposure categories	RR (95% CI)		
			Both	Men	Women
Cessation					
Kato et al. (1992)[a], cohort	All participants had liver disease	Cessation vs continuing consumption	1.41 (0.49–4.05)		
Tsukuma et al. (1993)[a,b,d], cohort	All participants had liver disease	Cessation vs continuing consumption	1.40 (0.51–3.84)		
Goodman et al. (1995)[a], cohort		Cessation vs continuing consumption		2.38 (1.53–3.70)	
Tanaka et al. (1998)[a,b,d], cohort	All participants had liver disease	Cessation vs continuing consumption	6.00 (0.97–37.09)		
Nakaya et al. (2005)[a], cohort		Cessation vs continuing consumption	2.44 (1.20–4.99)		
Ozasa et al. (2007)[a,c], cohort		Cessation vs continuing consumption		3.55 (2.76–4.57)	3.48 (1.71–7.10)
Im et al. (2021b)[a,e,f], cohort		Cessation vs continuing consumption		1.16 (0.98–1.37)	1.24 (0.61–2.53)
Rodríguez et al. (2021), cohort	All participants had ALD	Cessation vs continuing consumption	0.80 (0.53–1.19)		
	ALD with prior decompensated cirrhosis	Cessation vs continuing consumption	0.95 (0.59–1.52)		
	ALD without prior decompensated cirrhosis	Cessation vs continuing consumption	0.35 (0.13–0.94)		
Donato et al. (2002)[a], HB case–control		Cessation vs continuing consumption		3.15 (2.25–4.41)	3.11 (1.08–8.94)
Sakamoto et al. (2006)[a], HB case–control	Controls were outpatients	Cessation vs continuing consumption	1.83 (0.52–6.41)		
	Controls had chronic liver disease	Cessation vs continuing consumption	0.72 (0.39–1.34)		
Franceschi et al. (2006)[a], HB case–control		Cessation vs. continuing consumption	4.74 (2.69–8.36)		

ALD, alcohol-related liver disease; CI, confidence interval; HB, hospital-based; RR, relative risk; vs, versus; yr, year or years.
[a] Relative risks and 95% confidence intervals originally presented as duration of cessation or cessation versus lifetime abstention were recalculated to assess duration of cessation or cessation versus continuing consumption using the method of Greenland and Longnecker (1992).
[b] 95% confidence intervals for the recalculated relative risks were calculated ignoring the covariances (correlations) between estimates because the data necessary to estimate the covariances were not reported.
[c] Outcome was death from liver cancer.
[d] Alcohol cessation and/or continuing consumption was originally categorized into multiple categories.
[e] Occasional consumption excluded from the continuing consumption category.
[f] Floating standard errors were used to estimate the original confidence intervals.

Table S2.30 Associations of reduction and cessation of alcoholic beverage consumption and risk of female breast cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			All women	Premenopausal women	Postmenopausal women
Reduction					
Dam et al. (2016), cohort		7–13 to < 7 vs stable 7–13 drinks per week			0.88 (0.64–1.20)
Change in consumption from 1993–1998 to 1999–2003		≥ 14 to < 7 vs stable ≥ 14 drinks per week			1.23 (0.81–1.88)
		≥ 14 to 7–13 vs stable ≥ 14 drinks per week			1.16 (0.81–1.66)
Botteri et al. (2021), cohort		Decreased to ≤ 12 vs stable > 12 g of ethanol per day	1.27 (0.71–2.29)		
Change in consumption from 1991/1992 to 2003					
Yoo et al. (2022), cohort		Moderate to mild vs stable moderate	1.02 (0.87–1.19)		
Change in consumption from 2009 to 2011		Heavy to mild vs stable heavy	0.95 (0.68–1.32)		
		Heavy to moderate vs stable heavy	0.64 (0.43–0.97)		
		Mild to none vs stable mild	0.94 (0.88–0.99)		
		Moderate to none vs stable moderate	0.92 (0.74–1.16)		
		Heavy to none vs stable heavy	0.76 (0.49–1.17)		
Chen et al. (2023), cohort		1-unit increase (i.e. reduction in consumption) in alcohol HLI score (4 = none; 3 = > 0–< 5 g/day; 2 = 5–< 10 g/day; 1 = 10–< 20 g/day; 0 = > 20 g/day)	0.94 (0.88–1.00)		
Change in consumption from 1996–2004 to 2002–2014					
Cessation					
Simon et al. (1991)[a,b,c], cohort		Cessation vs continuing consumption	0.83 (0.32–2.16)		
Baglietto et al. (2005)[a,b], cohort		Cessation vs continuing consumption	0.93 (0.57–1.54)		
Li et al. (2009)[a,b,d], cohort		Cessation vs continuing consumption	1.08 (0.89–1.30)		

Table S2.30 Associations of reduction and cessation of alcoholic beverage consumption and risk of female breast cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			All women	Premenopausal women	Postmenopausal women
Li et al. (2010)[a,d], cohort	Overall	Cessation vs continuing consumption			0.91 (0.81–1.02)
	Ductal	Cessation vs continuing consumption			0.95 (0.82–1.09)
	Lobular	Cessation vs continuing consumption			0.83 (0.66–1.06)
	ER+PR+	Cessation vs continuing consumption			0.90 (0.77–1.04)
	ER+PR−	Cessation vs continuing consumption			0.83 (0.59–1.16)
	ER-PR−	Cessation vs continuing consumption			1.18 (0.88–1.58)
Breslow et al. (2011)[a,b,e,f], cohort		Cessation vs continuing consumption	1.52 (1.12–2.05)		
White et al. (2017)[a,b], cohort		Cessation vs continuing consumption	0.97 (0.85–1.11)		
Im et al. (2021a)[a,e,g], cohort		Cessation vs continuing consumption	1.07 (0.63–1.81)		
Rosenberg et al. (1982)[a,b], HB case–control	Other cancer controls	Cessation vs continuing consumption	0.67 (0.40–1.15)		
	Non-cancer controls	Cessation vs continuing consumption	0.79 (0.55–1.12)		
Byers and Funch (1982)[a,b,h], HB case–control		Cessation vs continuing consumption	0.53 (0.26–1.09)		
Holmberg et al. (1995)[a,i], PB case–control		Cessation vs continuing consumption			0.89 (0.55–1.45)
Royo-Bordonada et al. (1997)[a,b,c], PB and HB case–control		Cessation vs continuing consumption			1.76 (0.86–3.57)
Tung et al. (1999)[a], HB case–control		Cessation vs continuing consumption	0.49 (0.21–1.12)	1.49 (0.30–7.47)	0.38 (0.12–1.16)
Männistö et al. (2000)[a,b], PB case–control		Cessation vs continuing consumption		1.59 (0.38–6.70)	0.77 (0.26–2.29)

Table S2.30 Associations of reduction and cessation of alcoholic beverage consumption and risk of female breast cancer

Reference, study design	Subgroup	Exposure categories	RR (95% CI)		
			All women	Premenopausal women	Postmenopausal women
Li et al. (2003)[a], PB case–control	Overall	Cessation vs continuing consumption			0.85 (0.57–1.25)
	Ductal	Cessation vs continuing consumption			0.83 (0.53–1.31)
	Lobular	Cessation vs continuing consumption			0.83 (0.43–1.61)
	ER+	Cessation vs continuing consumption			0.85 (0.58–1.23)
	ER−	Cessation vs continuing consumption			1.00 (0.44–2.28)
	PR+	Cessation vs continuing consumption			0.86 (0.57–1.29)
	PR−	Cessation vs continuing consumption			0.91 (0.52–1.60)
Kawase et al. (2009)[a,b], HB case–control		Cessation vs continuing consumption	1.17 (0.48–2.87)		
Zhang and Holman (2011)[a], HB case–control		Cessation vs continuing consumption	2.13 (0.88–5.12)	3.70 (1.07–12.75)	1.24 (0.31–4.97)
Qian et al. (2014)[a], PB and HB case–control	Total	Cessation vs continuing consumption	0.90 (0.63–1.29)		
	Nigeria	Cessation vs continuing consumption	1.11 (0.65–1.87)		
	Cameroon	Cessation vs continuing consumption	0.46 (0.20–1.08)		
	Uganda	Cessation vs continuing consumption	0.98 (0.50–1.93)		

CI, confidence interval; ER, estrogen receptor; HB, hospital-based; HLI, Healthy Lifestyle Index; PB, population-based; PR, progesterone receptor; RR, relative risk; vs, versus; yr, year or years.
[a] Relative risks and 95% confidence intervals originally presented as cessation versus lifetime abstention were recalculated to assess cessation versus continuing consumption using the method of Greenland and Longnecker (1992).
[b] Continuing consumption was originally categorized into multiple categories.
[c] 95% confidence intervals for the recalculated relative risks were calculated ignoring the covariances (correlations) between estimates because the data necessary to estimate the covariances were not reported.
[d] Original study did not provide person-years, and therefore assumed risk ratio and not hazard ratio.
[e] Lifetime infrequent drinkers or occasional drinkers were excluded from the continuing consumption category.
[f] Outcome was death from breast cancer.
[g] Floating standard errors were used to estimate the original confidence intervals.
[h] Original results only showed *P* values; therefore, a test-based standard error was calculated.
[i] Analyses stratified on age ≤ 50 yr and > 50 yr as a proxy for menopausal status.

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