Case Control Study

Course Title: Research Methodology

Faculty: Professor Azaz Bin Sharif

Submitted by: Group One

August 1, 2025

Group One Members

Here we are:

- Md. Abdul Mannan (2517624080)
- Nafis Safwat (2517437080)
- Mirza Jannatul Ferdous (2517436080)
- Syeda Tanzim Tashfia (2517675080)
- Masuka Akther (2517512680)
- Md. Yeasir Arafat (2517101680)
- Md. Tarek Hasan (2517605080)

Overview of Case-Control Study

Definition:

- An observational study comparing individuals with a condition (cases) to those without (controls).
- Purpose: To identify whether past exposures potentially linked to the condition.

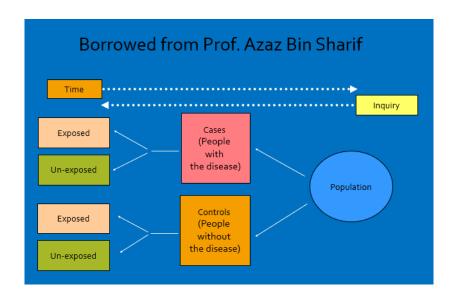
• Key Features:

- Retrospective design (looks backward in time)
- Compares exposure history between cases and controls.
- Commonly used for rare diseases or outbreak investigations

• Example:

Studying Association of Lung Cancer and Cigarette Smoking

Case-Control Study Schema



Methodological Considerations

• Case and Control Selection:

- Cases: Clearly defined, confirmed diagnosis
- Controls: Similar in age, sex, geography, etc., but without disease
- Matching helps control confounding

• Exposure Assessment:

- Use standardized, reliable methods (e.g., interviews, records)
- Apply blinding where possible to reduce interviewer bias

• Bias and Confounding:

- Recall bias: Inaccurate memory of past exposures
- Selection bias: Non-comparable case/control groups
- Confounding: Unmeasured variables influencing exposure and outcome

Sample Size Calculation

Key Inputs:

- Expected odds ratio (OR) for exposure
- Prevalence of exposure in controls
- Desired power (typically 80–90%)
- Significance level (α), usually 0.05
- Case-to-control ratio (e.g., 1:1, 1:2, 1:4)

Tools:

Epi Info, OpenEpi, G*Power

Retrospective Case-Control Study

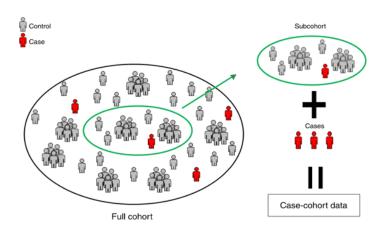
Retrospective case-control studies rely on existing records (medical records, databases) for data collection.

- Data Collection: Existing data sources like medical records, databases, etc.
- Retrospective Element: Data collected based on past events and records
- Examples:
 - Analyzing existing medical records to compare patients with a specific disease to those without, based on past risk factors identified in the records.

Study: H. pylori and Stomach Cancer (Uemura et al. 2001)

- **Design:** Retrospective case-control
- Cases: Patients with gastric cancer
- Controls: Patients without gastric cancer, undergoing endoscopy
- Exposure: H. pylori infection
- Result: Strong correlation between H. pylori infection and gastric cancer

Case-Cohort Study



Study: Occupational Risk Factors for Bladder Cancer in Men – A Dutch Case-Cohort Study (Zeegers et al. 2001)

- Design: Hospital-based matched case-control study
- Cases: 532 men from the total cohort who developed bladder cancer
- Controls: 1,630 men from the original cohort of 58,279 men
- Exposure: Paint components; Polycyclic aromatic hydrocarbons (PAHs); Diesel exhaust
- Result:
 - High exposure to paint, PAHs, diesel, and aromatic amines showed slightly increased bladder cancer risk, but not statistically significant.
 - The interaction with cigarette smoking was more consistent than the effect of occupational exposures alone.



Case-Cohort Study

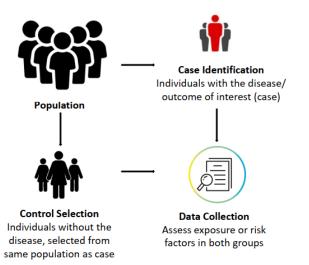
Advantages:

- Efficiency
- Cost-effectiveness
- Flexibility
- Reduced bias

Disadvantages:

- Statistical complexity
- Potential for reduced efficiency

Population Based Case-Control Study



Population Based Case-Control Study

Strengths:

- Controls from same population as cases
- Suitable for rare diseases
- Helps identify exposure-disease associations

Weaknesses:

- Recall bias
- Selection bias (non-representative controls)
- Cannot directly calculate incidence/prevalence

Matched Case-Control Study

We compare matched and unmatched case-control design using targeted maximum likelihood estimation to assess which provides more information on the marginal causal effect.

Advantages:

- Helpful when confounding factors are strong
- May increase power of small studies
- Works well for studies focusing on one factor
- Case make finding controls easier

Disadvantages:

- Difficulty in analyzing matched data
- Increased study complexity
- Difficulty in assessing does-response relationship



Study: Assessing Risk Factors Associated with Multiple Sclerosis in Kuwait (El Muzaini et al. 2020)

- Data Collection: Structured, pre-tested questionnaire via face-to-face interviews
- Cases: 110 confirmed MS patients
- Controls: 110 matched controls (matched on age ± 5 years, gender, and nationality)
- Analysis: Conditional logistic regression to identify significant associations
- Result:
 - A family history of MS significantly increased risk (adjusted matched odds ratio)
 - Vaccination against influenza A and B was associated with reduced MS risk



Hospital Based Case-Control Study

This study compares the exposure history of individuals with a specific disease (cases) to individuals without that disease (controls), all recruited from a hospital setting.

Strengths:

- Efficient for studying rare diseases
- Allow for a more focused investigation of risk factors within a specific healthcare setting

Weaknesses:

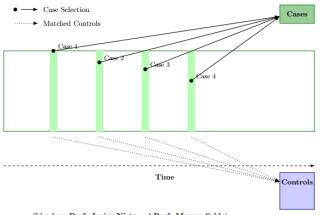
- Findings may not be generalizable to the broader population
- Selection bias (non-representative controls)
- Recall Bias

Study: Case–Control Study of HPV & Oropharyngeal Cancer (D'Souza et al., 2007)

- **Design:** Hospital-based matched case-control study
- Cases: 100 patients
- **Controls:** 200 cancer-free patients (matched by sex and age group)
- Exposure:
 - Oral HPV infection (including HPV-16 DNA via oral rinse cytology)
 - Seropositivity for HPV-16 capsid protein L1 and oncoproteins E6/E7
- Result:
 - Oral HPV-16 infection associated with oropharyngeal cancer (OR 14.6; 95% CI 6.3–36.6)
 - Seropositivity for HPV-16 L1: OR 32.2 (95% CI 14.6–71.3)



Nested Case-Control Study



(Idea from Prof. Javier Nieto and Prof. Moyses Szklo)

Study: Serum Sex Hormone Levels and Breast Cancer (Drogan et al., 1997)

- Actual Time Frame From 1977 to 1987
- Source Population 3375 postmenopausal women
- Cases: 72 women with breast cancer
- Controls: 144 without breast cancer
- Exposure: Serum estrogen and androgen levels
- **Result:** Risk of breast cancer was positively and significantly associated with serum levels of estrogens and androgens.
 - Relative Risk = 5.2 (estrogens); 6.2 (androgens)

Thank You!

Questions or Comments?

We appreciate your attention.