Background and Objective Chronic obstructive pulmonary disease has been increasing throughout the world. Many studies show that smoking accelerate decline in pulmonary function and smoking cessation can improve it, but there are very few studies focusing effect of smoking cessation in Japanese people. Therefore we investigated influence of smoking/smoking cessation on pulmonary function.

Subjects and Method Subjects were 3915 (55.7±10.8 years old) male who underwent medical check-up in a hospital during 2004. We compared pulmonary functions with stratified analysis among 1096 current smokers (CS), 1706 ex-smokers (ES) and 1111 never smokers (NS) using ANOVA.

Result There were significant differences respectively among the three groups, in the following order of NS, ES, CS: FEV1.0 (% Forced Expiratory Volume in 1 second) %: 82.8±5.9, 80.5±6.8, 79.8±7.2, % FEV1.0, Peak Flow, %V75, %V50 and %V25. In their 40s, 50s and 60s, ES preserved better pulmonary function than CS consistently and the subjects who quit younger showed the more favourable function.

Conclusion Smoking impaired pulmonary function obviously and smoking cessation improved pulmonary function in Japanese people as Western. However earlier cessation was related to larger improvement, even 60s-quitter had certain effect.

Introduction Because studies of the association between alcohol intake and the risk of primary liver cancer use varying cut-off points to classify alcohol intake, it is difficult to precisely quantify this association by meta-analysis of published data. Furthermore, there are limited data for women in prospective studies of the dose-specific relation of alcohol intake and the risk of primary liver cancer.

Methods We analysed original data from four population-based prospective cohort studies encompassing 174 719 participants (89 868 men and 84 851 women). After adjustment for a common set of potential confounders, including sex, age, family history of primary liver cancer, smoking status and drinking status, we calculated the HRs and 95% CIs for alcohol intakes in quartiles (excluding the lowest) compared with occasional drinkers (HR: 3.60; 95% CI 1.22 to 10.66). We conducted a meta-analysis of these studies.

Result Among 41 906 men and 58 063 women followed up for 14.4 years in median, a total of 4280 (2520 men and 1760 women) cardiovascular deaths were documented. The multivariable HRs of cardiovascular deaths with dose responses. For both men and women, they were not associated with coronary heart disease deaths. The HRs and the 95% CIs calculated in the matching technique were not grossly different.

Conclusion A lower level of sense of being relied by others was found to be associated with higher risk of cardiovascular disease mortality among middle-aged men, suggesting a protective role of altruistic psychological conditions on cardiovascular disease.

Introduction Between birth and the pre-school years, early development is influenced by the nutritional and environmental factors experienced by the mother and the father. These can significantly increase the risk of maternal and paternal grandparental deaths. The lifeexpectancy of maternal and paternal grandparental deaths shows different patterns of association with their grandchild's birth weights: the lifeways cross-generation cohort study.

Methods We analysed original data from four population-based prospective cohort studies encompassing 174 719 participants (89 868 men and 84 851 women). After adjustment for a common set of variables, we used Cox proportional hazards regression to estimate HRs and 95% CIs of primary liver cancer incidence according to alcohol intake. We conducted a meta-analysis of the HRs derived from each study.

Result During 1 964 136 person-years of follow-up, 804 primary liver cancer cases (605 men and 199 women) were identified. In male drinkers, the multivariate-adjusted HRs (95% CI) for alcohol intakes of 0.1–22.9, 23.0–45.9, 46.0–68.9, 69.0–91.9, and ≥92.0 g/day, as compared with occasional drinkers, were 0.88 (0.57 to 1.36), 1.06 (0.70 to 1.62), 1.07 (0.69 to 1.66), 1.76 (1.08 to 2.87), and 1.66 (0.98 to 2.82), respectively (p for trend=0.015). In women, we observed a significantly increased risk among those who drank ≥23.0 g/day, as compared with occasional drinkers (HR: 3.60; 95% CI 1.22 to 10.66).

Conclusion This pooled analysis of data from large prospective studies in Japan indicates that avoidance of (1) heavy alcohol drinking (≥69.0 g alcohol/day) in men and (2) moderate drinking (≥23.0 g alcohol/day) in women may reduce the risk of primary liver cancer.