

Diabete e cancro

Ricerca SUBITO?

# Diabetes and Cancer

## *Summary and recommendations*

- Diabetes (primarily type 2) is associated with increased risk for some cancers (liver, pancreas, endometrium, colon and rectum, breast, bladder). Diabetes is associated with reduced risk of prostate cancer. For some other cancer sites there appears to be no association or the evidence is inconclusive.
- The association between diabetes and some cancers may partly be due to
  - shared risk factors between the two diseases, such as aging, obesity, diet, and physical inactivity.
- Possible mechanisms for a direct link between diabetes and cancer include hyperinsulinemia, hyperglycemia, and inflammation.

## Diabetes and Cancer *Summary and recommendations*

- Healthful diets, physical activity, and weight management reduce risk and improve outcomes of type 2 diabetes and some forms of cancer and should be promoted for all.
- Patients with diabetes should be strongly encouraged by their health care professionals to undergo appropriate cancer screenings as recommended for all people in their age and sex.
- The evidence for specific drugs affecting cancer risk is limited, and observed associations may have been confounded by indications for specific drugs, effects on other cancer risk factors such as body weight and hyperinsulinemia, and the complex progressive nature of hyperglycemia and pharmacotherapy in type 2 diabetes.

## Diabetes and Cancer

### *Summary and recommendations*

- Although still limited, early evidence suggests that metformin is associated with a lower risk of cancer and that exogenous insulin is associated with an increased cancer risk. Further research is needed to clarify these issues and evaluate if insulin glargine is more strongly associated with cancer risk compared with other insulins.
- Cancer risk should not be a major factor in choosing between available diabetes therapies for the average patient. For selected patients with very high risk for cancer occurrence (or for recurrence of specific cancer types), these issues may require more careful consideration.

# Mortalità di pazienti diabetici Piemonte Veneto

	Men		Women	
	n	SMR/SIR	n	SMR/SIR
<b>Mortality</b>				
<i>All</i>	2755	<b>168</b>	2616	<b>175</b>
<i>Circulatory diseases</i>	1012	<b>169</b>	1134	<b>163</b>
<i>CHD</i>	425	<b>214</b>	367	<b>238</b>
<i>Cerebrovascular disease</i>	263	<b>156</b>	321	<b>129</b>
<i>Cancer</i>	835	<b>140</b>	521	<b>140</b>
<b>Incidence</b>				
<i>Ami</i>	658	<b>195</b>	540	<b>290</b>
<i>Stroke</i>	525	<b>182</b>	535	<b>177</b>
<b>Amputations</b>	113	<b>1022</b>	66	<b>968</b>

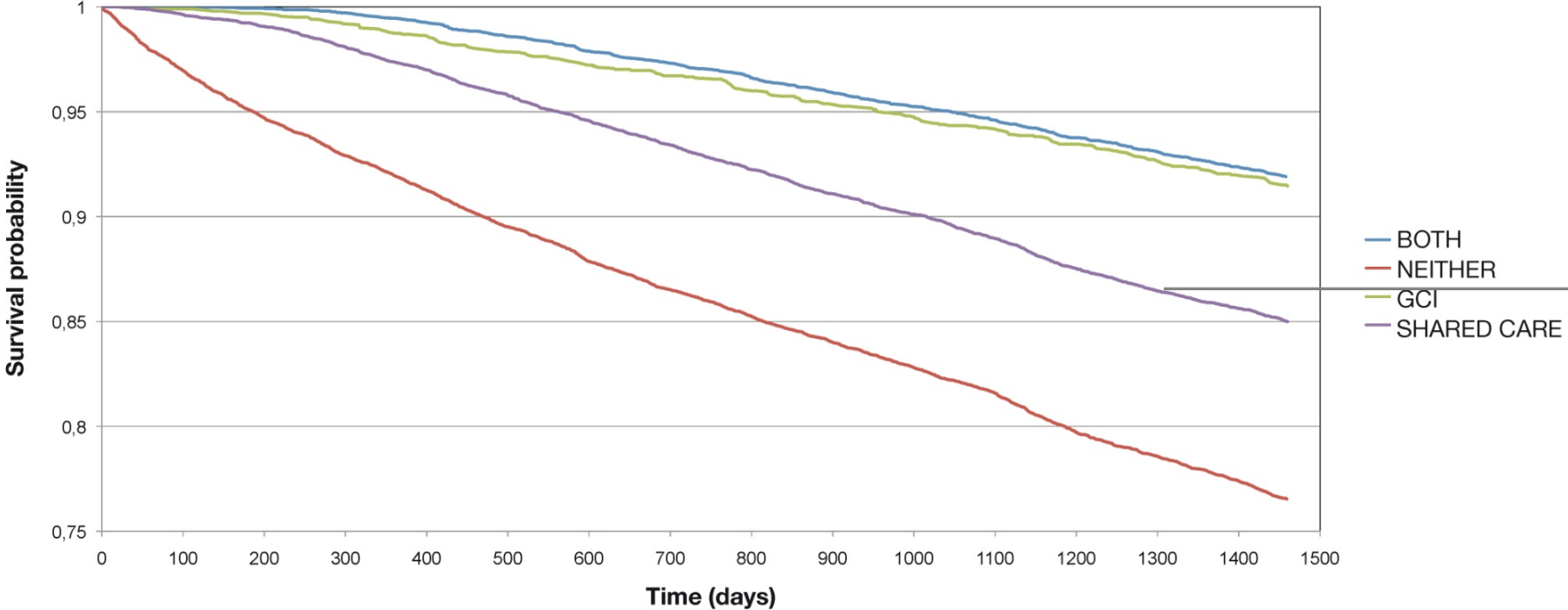
**The impact of model of care  
and adherence to screening  
guidelines on morbidity and  
mortality in diabetes.**

*The population-based Torino  
Study*

# GRUPPI PER L'ANALISI DEGLI OUTCOME

1. **“NEITHER”** model (patients seen by GP but not at diabetes clinics and with no fulfillment of GCI, i.e., poor adherence to GL)
2. **“SHARED CARE”** model (patients seen by GP and at diabetes clinics but with no fulfillment of GCI, i.e., poor adherence to GL)
3. **“GCI”** model (patients seen by GP and not at diabetes clinics but with fulfillment of GCI, i.e., fair adherence to GL)
4. **“BOTH”** model (patients seen by GP and at diabetes clinics and with fulfillment of GCI, i.e., fair adherence to GL)

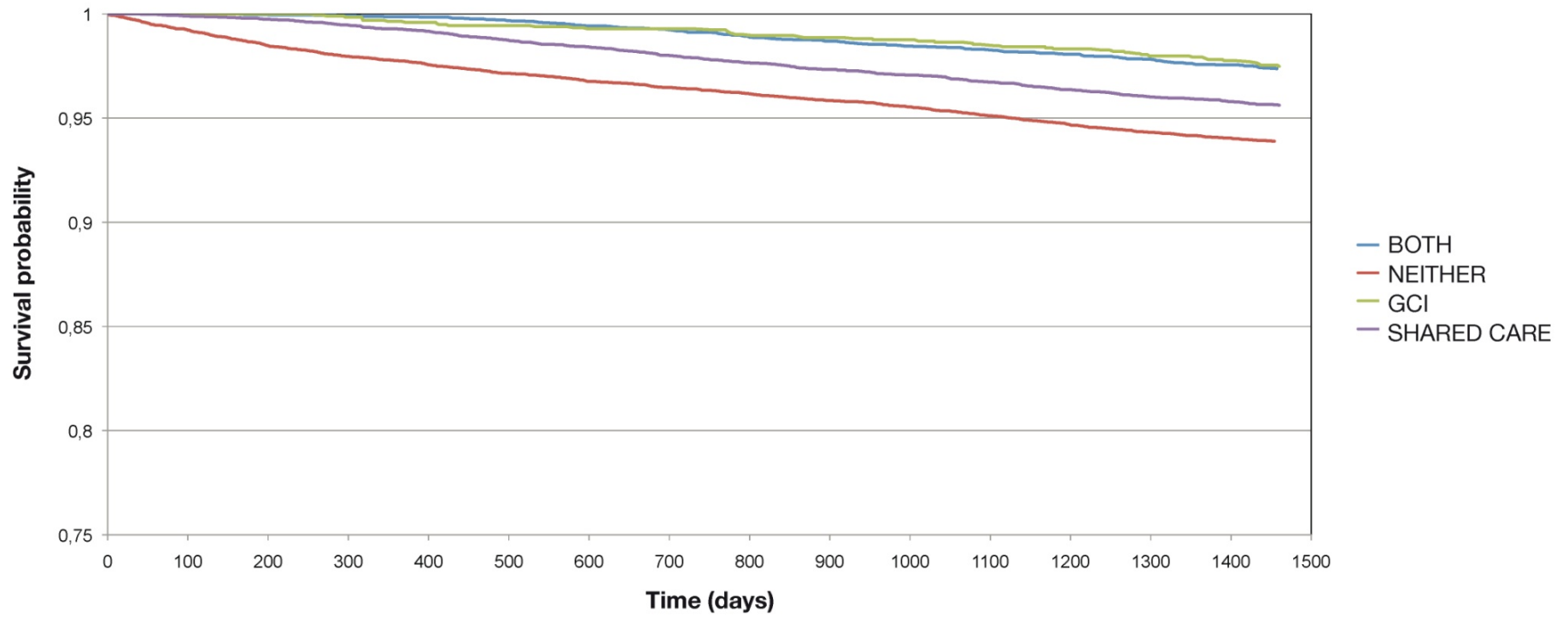
# Kaplan Meier survival curve for all-cause mortality



Giorda, submitted



## Kaplan Meier survival curve mortality from cancer



Giorda, submitted

# ASSISTENZA DIABETOLOGICA E RIDOTTO RISCHIO DI CANCRO

## *Possibili spiegazioni*

- 1. Intervento sullo stile di vita (alimentazione, peso, fumo).**
- 2. Uso di farmaci antiossidanti, “anticancro”**
- 3. Contatto peridòdico con un sanitario (medici infermieri): diagnosi precoce**

Grazie dell'attenzione