Oncology Nutrition DPG Symposium Orlando 2014

Diabetes/Cancer Link

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Objectives

1. Case Study



Objectives

1. Case Study

2. 4 Questions



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1. Case Study

2. 4 Questions



3. Diabetes and Pancreatic Cancer

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3. Diabetes and Pancreatic Cancer

Case Presentation

Chief Complaint: Polyuria

History of Present Illness:

- 52 y/o female
- Hypertension
- Active triathlete/BMI 21
- Excessive thirst and polyuria

Case Presentation

Chief Complaint: Polyuria

Labs:



140	107	26 423
4.6	32	0.9

C-Peptide 0.7

She has new diabetes and is not making insulin

Case Presentation

Started on Metformin and referred to diabetes educator

Question

Why does a healthy, thin, 52 y/o female suddenly develop c-peptide negative diabetes?

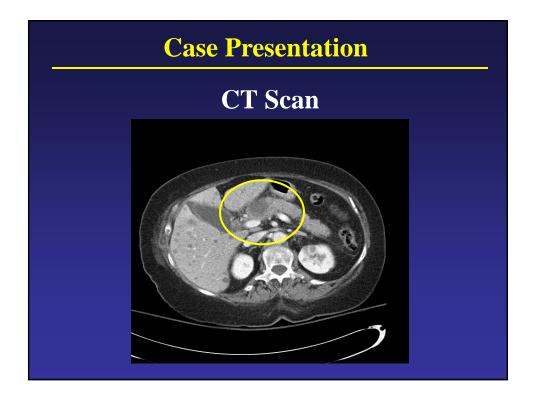
Case Presentation

9 months later...

Diabetes has been under excellent control

BMI has remained the same

Patient develops painless jaundice with pruritis, dark urine and scleral icterus



Case Presentation

What happened to this patient?

Could the new diagnosis of pancreatic cancer be related to the diabetes diagnosis?

Could this have been prevented?

Objectives

- 1. Case Study
- 2. 4 Questions



3. Diabetes and Pancreatic Cancer

- Is there an association between diabetes and cancer?
- What are the risk factors common to both cancer and diabetes?
- What are the biologic links between diabetes and cancer risk?
- Does the treatment of diabetes cause cancer?

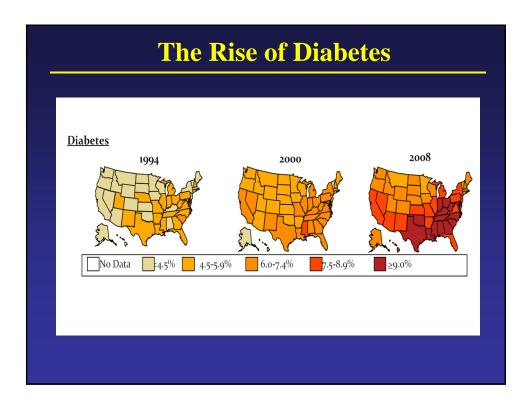
Question 1

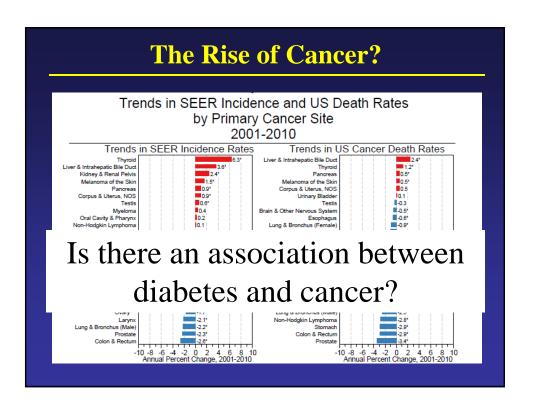
Is there an association between diabetes and cancer?

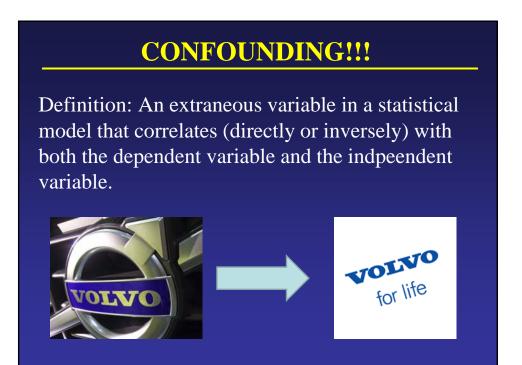


















Is there an association between diabetes and cancer?







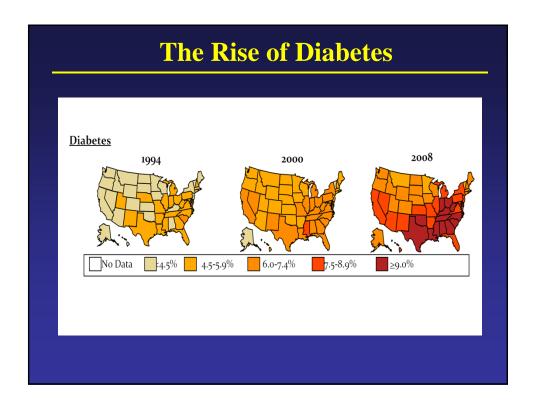
Diabetes and Cancer

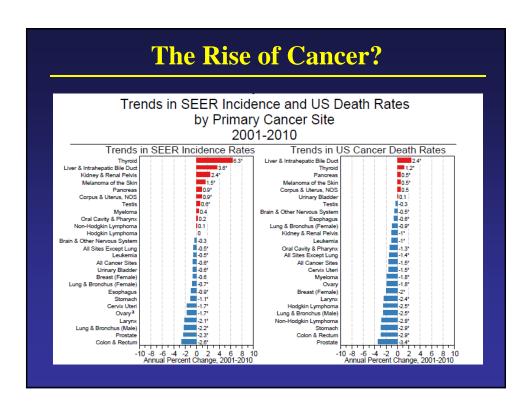
- Is the association direct hyperglycemia?
- Does diabetes alter underlying biologic factors?
- Indirect association due to common risk factors such as obesity?











Obesity the Cause?

Table 1	Dody m	sace index	and rick	of coveral	cancer types
Table I.	DOUY II	iass index	anu risk	or several	cancer types

Type of Cancer	Men RR (95% CI)*		Women RR (95% CI)*	Reference
Endometrial	-		2.89 (2.62-3.18) 1.59 (1.50-1.68)	Reeves (2007) (ref. 10)* Renehan (2008) (ref. 11)*
Esophageal adenocarcinoma	1.52 (1.33-1.74)		1.51 (1.31-1.74)	Renehan (2008) (ref. 11)‡
Postmenopausal breast	`- '		1.40 (1.31-1.49)	Reeves (2007) (ref. 10)*
Colon	1.30 (1.25-1.35)		1.12 (1.08-1.16) 1.12 (1.07-1.18)	Renehan (2008) (ref. 11) [‡] Larsson (2007) (ref. 12) [‡]
	1.53 (1.33-1.75)		1.09 (0.93-1.28)	Moghaddam (2007) (ref. 13)5
Rectal	1.24 (1.20-1.28) 1.12 (1.09-1.16)		1.09 (1.05-1.13) 1.03 (0.99-1.08)	Renehan (2008) (ref. 11) [‡] Larsson (2007) (ref. 12) [‡]
	1.27 (1.17-1.37)		1.02 (0.85-1.22)	Moghaddam (2007) (ref. 13) ⁵
	1.09 (1.06-1.12)		1.02 (1.00-1.05)	Renehan (2008) (ref. 11)‡
Thyroid	1.33 (1.04-1.70)		1.14 (1.06-1.23)	Renehan (2008) (ref. 11) [‡]
Renal	1.24 (1.15-1.34)	l	1.34 (1.25-1.43)	Renehan (2008) (ref. 11) [‡]
Pancrea tic	1.16 (1.05-1.28)		1.10 (1.02-1.09)	Larsson (2007) (ref. 14) [‡]
Ovarian	1.07 (0.93-1.23)		1.12 (1.02-1.22) 1.14 (1.03-1.27)	Renehan (2008) (ref. 11) [‡] Reeves (2007) (ref. 10) [‡]
	_		1.03 (0.99-1.08)	Renehan (2008) (ref. 11)‡
Multiple myeloma	1.11 (1.05-1.18)	l	1.11 (1.07-1.15)	Renehan (2008) (ref. 11)‡
Gallbladder	1.09 (0.99-1.21)	l	1.59 (1.02-2.47)	Renehan (2008) (ref. 11)‡
Leukemia	1.08 (1.02-1.14)		1.17 (1.04-1.32)	Renehan (2008) (ref. 11)‡
Non-Hodgkin lymphoma	1.06 (1.03-1.09)	l	1.07 (1.00-1.14)	Renehan (2008) (ref. 11) [‡]
Prostate high-grade	1.25 (1.06-1.49)	l	- "	
Prostate low-grade	0.85 (0.77-0.93)		-	Hsing (2007) (ref. 15) [‡]

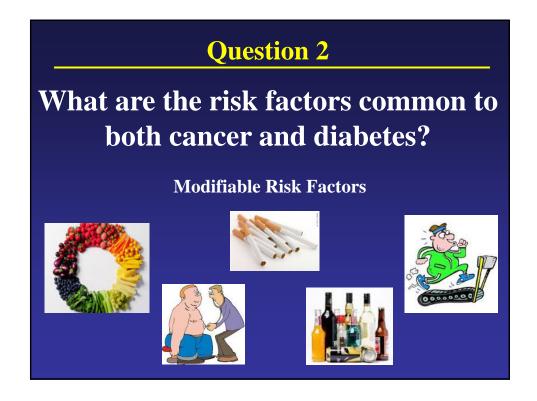
Cancer Epidemiol Biomarkers Prev 2009:18(10), October 2009

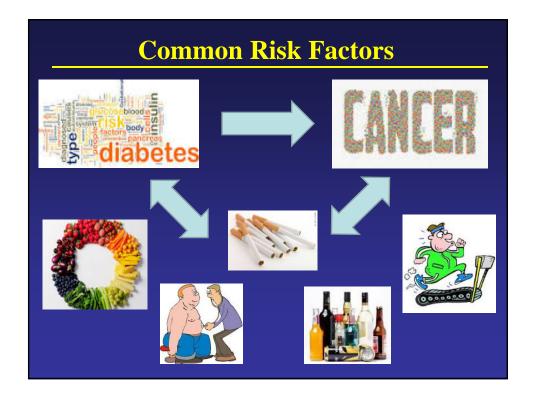
Question 1

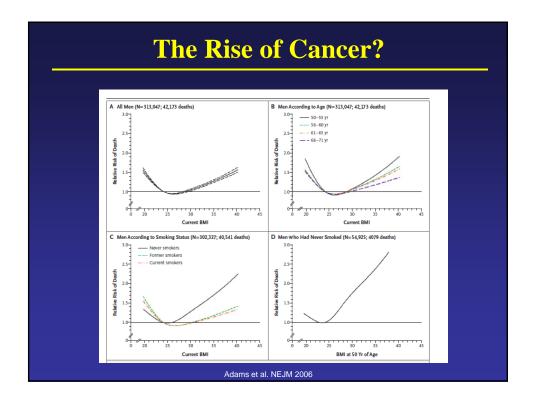
Is there an association between diabetes and cancer?

> Yes...but it is an unclear if this association is causative

Relative risk (RR) and 95% confidence interval (CI). Estimated trends in the RR associated with every 10 kg/m^2 increase in Body Mass Index (BMI). RR associated with every 5 kg/m^2 increase in BMI. RR with BMI $\geq 30 \text{ kg/m}^2$ compared to BMI $< 25 \text{ kg/m}^2$.







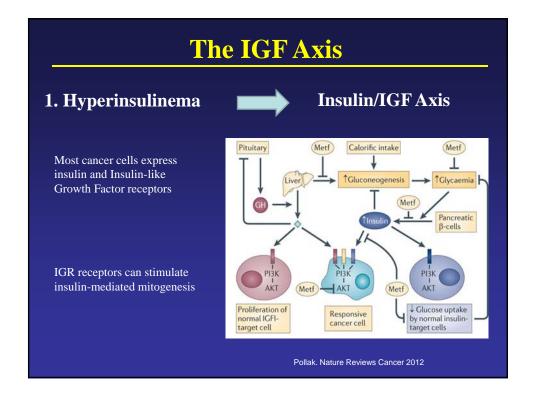
What are the risk factors common to both cancer and diabetes?

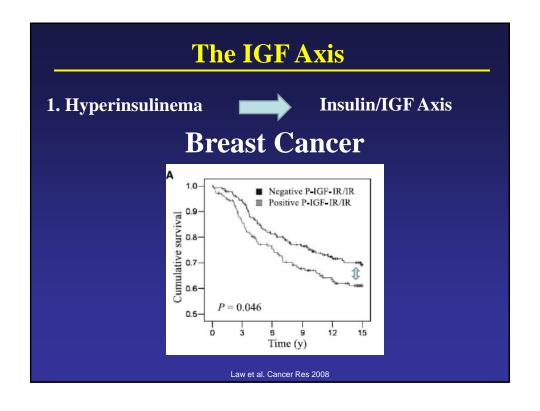
Diet, obesity, smoking, alcohol, exercise...but is this relevant?

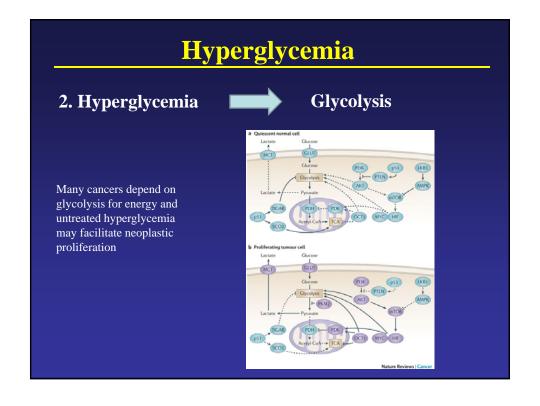
What are the possible biologic links between diabetes and cancer?

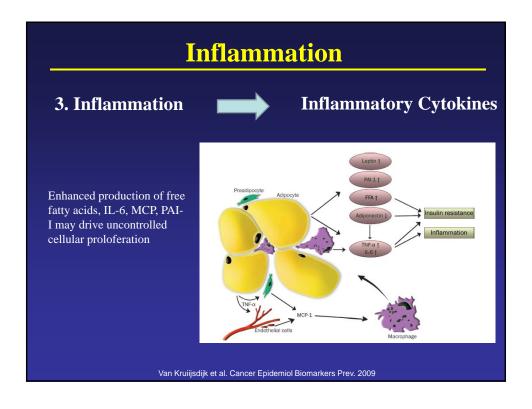
Possible Mechanisms

- 1. Hyperinsulinema Insulin/IGF Axis
- 2. Hyperglycemia Glycolysis Theory
- 3. Inflammation Cytokines









What are the possible biologic links between diabetes and cancer?

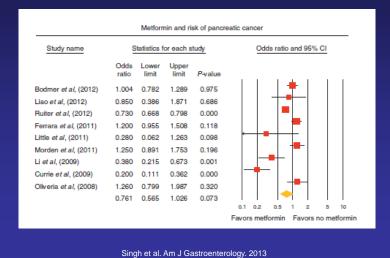
Hyperinsulinema, hyperglycemia and inflammation may play a biologically plausible role

Does the treatment of diabetes cause cancer?

Let's look at the relationship between medications and pancreatic cancer

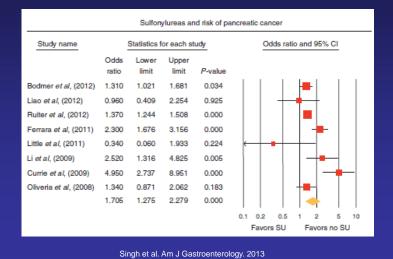
Metformin

Does the treatment of diabetes cause cancer?



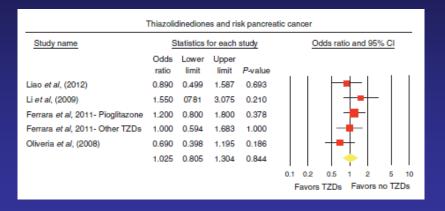
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Sulfonylureas Does the treatment of diabetes cause cancer?

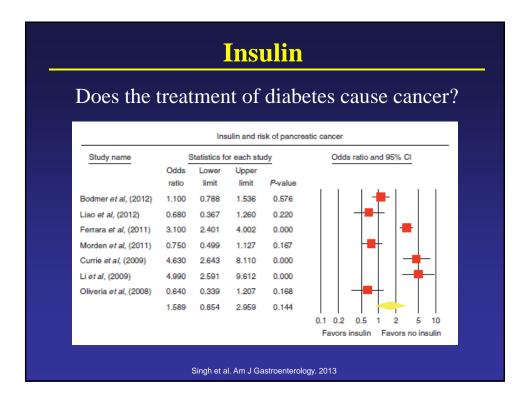


Thiazolidinediones

Does the treatment of diabetes cause cancer?



Singh et al. Am J Gastroenterology. 2013



Does the treatment of diabetes cause cancer?

There does not appear to be an association between diabetes treatment and cancer

Objectives

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2. 4 Questions

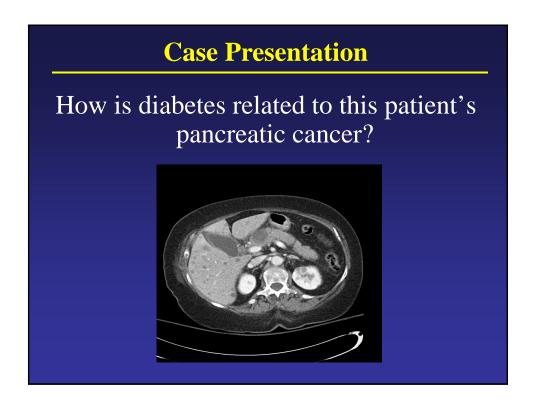


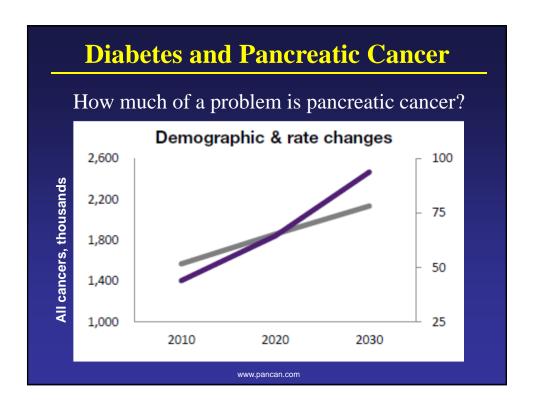
3. Diabetes and Pancreatic Cancer

Case Presentation

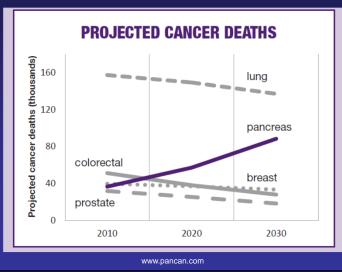
52 y/o female with newly diagnosed pancreatic cancer







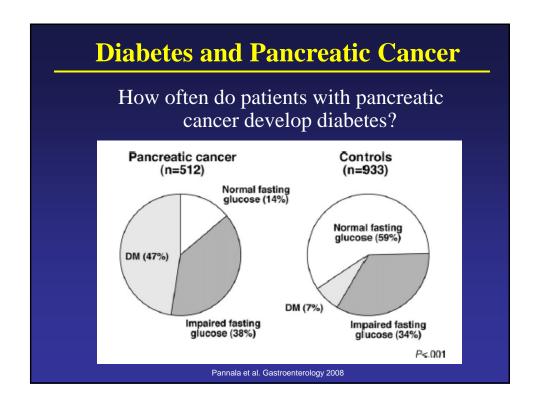
How much of a problem is pancreatic cancer?

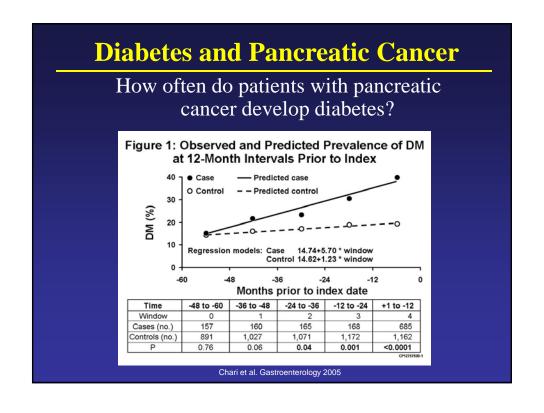


Diabetes and Pancreatic Cancer

Pancreatic Cancer is a Big Problem

Pancreatic Incidence = Pancreatic Mortality

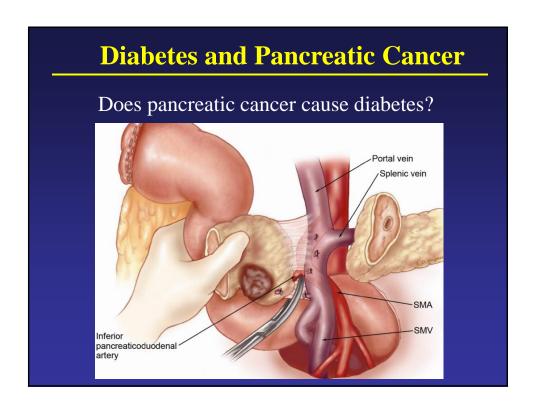


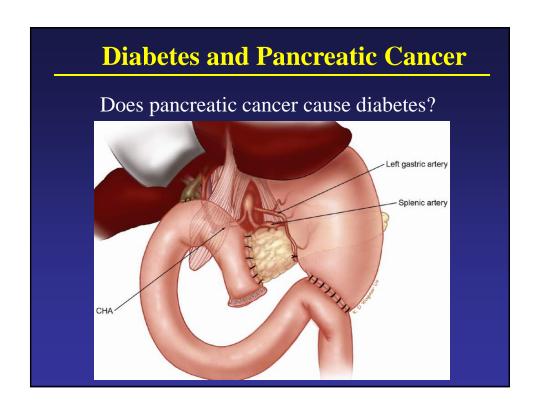


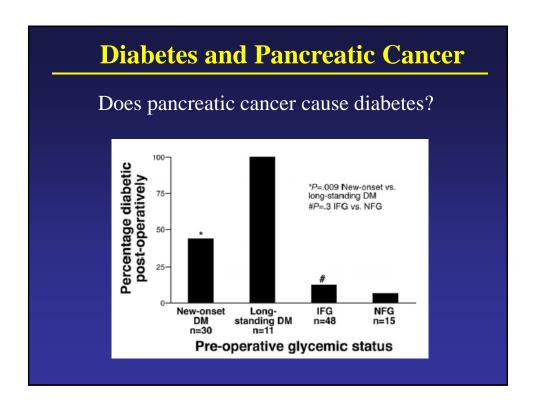
Pancreatic Cancer is associated with diabetes

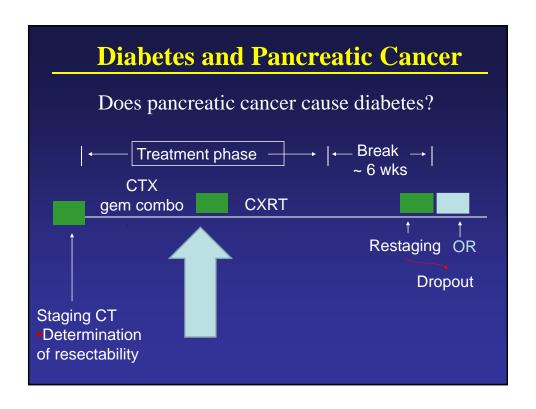
60-70% of patients with pancreatic cancer develop diabetes in the year before their diagnosis

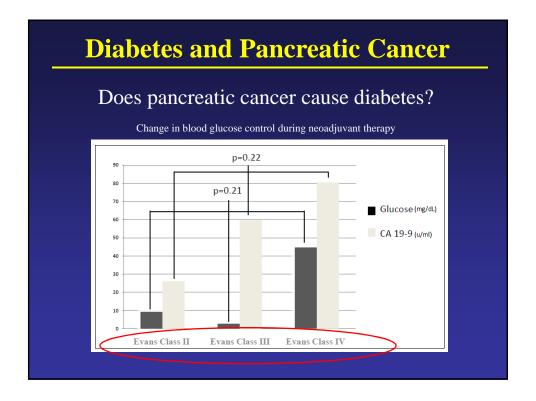
Diabetes and Pancreatic Cancer Does pancreatic cancer cause diabetes? CHA Left gastric artery







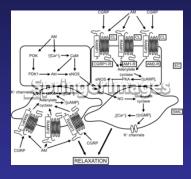




Pancreatic cancer appears to cause diabetes

Diabetes resolves after surgery and as the tumor regresses during neoadjuvant therapy, the diabetes improves

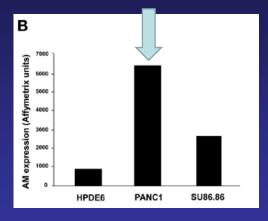
What is it about the cancer that causes diabetes?



Adrenomedullin is up-regulated in patients with pancreatic cancer and causes insulinresistance in cells and mice.

Diabetes and Pancreatic Cancer

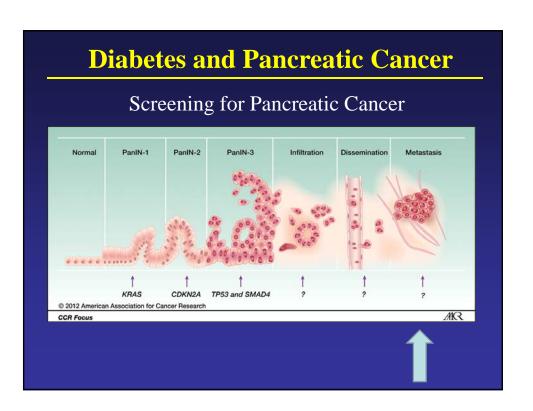
What is it about the cancer that causes diabetes?

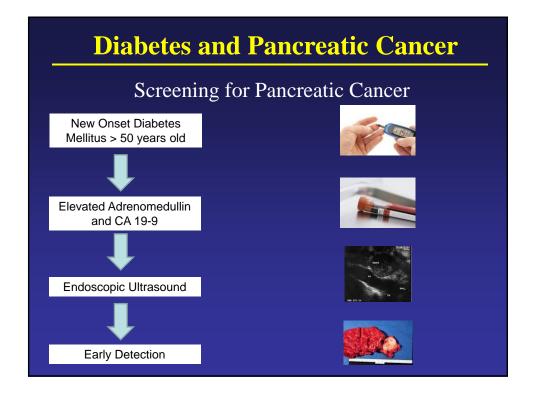


Adrenomedullin

So why do we care?

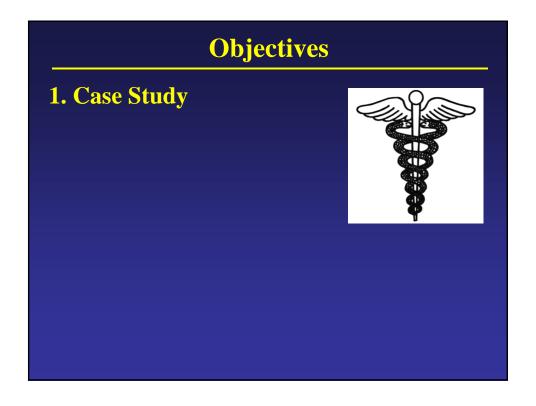
- 90% of patients with pancreatic cancer have metastasized at time of diagnosis
- There is no screening test for pancreatic cancer
- Could diabetes and adrenmedullin be used as screening tests?

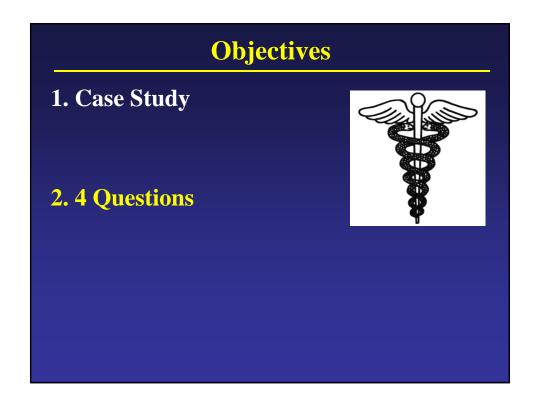




The diabetes and pancreatic cancer relationship may allow for the development of an effective screening test for this disease

Not only can diabetes contribute to cancer, it can also be caused by cancer





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1. Case Study

2. 4 Questions



3. Diabetes and Pancreatic Cancer

