

BETA-BLOCKERS ARE ASSOCIATED WITH LOWER RISK OF PANCREATIC CANCER IN PATIENTS WITH TYPE 2 DIABETES: A POPULATION-BASED COHORT STUDY

Ka Shing Cheung

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Poster

Pancreas

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Beta-blocker use was associated with lowered pancreatic cancer risk in patients with newly diagnosed type 2 diabetes in a dose- and duration-dependent manner.

KEY POINTS

- In a retrospective cohort study of 431,261 patients with newly diagnosed type 2 diabetes followed for a mean of 9.4 years, beta-blocker use was associated with reduced pancreatic cancer risk across multiple analytical approaches (adjusted hazard ratio 0.75-0.86).
- The 18-year cumulative incidence of pancreatic cancer was 0.68% in beta-blocker users versus 0.76% in non-users.
- A dose-response relationship was observed, with each additional 1,000 cumulative defined daily doses associated with a 21% risk reduction and use of 4,000 or more cumulative defined daily doses showing an adjusted hazard ratio of 0.31.
- Duration of use showed a progressive benefit, with use for 15 years or more associated with an 89% risk reduction (adjusted hazard ratio 0.11) compared to non-use.
- Results were adjusted for 31 covariates including age, sex, smoking, glycemic control, pancreatitis, comorbidities, and concomitant medications; findings may inform risk stratification discussions in patients with newly diagnosed type 2 diabetes.

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