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Summary

OPTIMAL GLYCEMIC CONTROL AND VARIABILITY INDEPENDENTLY DECREASES COLORECTAL CANCER DEVELOPMENT: A TERRITORY-WIDE STUDY OF 171,270 PATIENTS WITH DIABETES MELLITUS

Wai-Kay Seto

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Colorectal

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Optimal glycemic control (HbA1c <7%) was independently associated with reduced colorectal cancer risk in patients with diabetes mellitus in a large Asian cohort study.

KEY POINTS

- Among 171,270 patients with diabetes followed for a median of 6.7 years, optimal glycemic control was associated with a 17% lower colorectal cancer risk compared to suboptimal control (HR 0.83, 95%CI 0.76-0.90).
- Colorectal cancer risk increased incrementally with rising HbA1c levels beyond 7%, from adjusted HR 1.31 for HbA1c 7.0-7.5% to HR 1.47 for HbA1c 8.0-8.5%.
- The protective effect of optimal glycemic control was observed for left-sided colon and rectal cancers but not right-sided colon cancers.
- Lower glycemic variability was also associated with reduced colorectal cancer risk (HRs 0.81-0.85), while optimal glycemic control showed no association with adenoma development.
- This study may inform colorectal cancer risk stratification strategies for clinicians managing patients with diabetes mellitus.

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