

OPTIMAL GLYCEMIC CONTROL WAS ASSOCIATED WITH LOWER RISK OF PANCREATIC CANCER IN PATIENTS WITH DIABETES: A POPULATION-BASED COHORT STUDY

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Poster

Pancreas

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In a large retrospective cohort of 458,331 patients with type 2 diabetes followed for a mean of 10.8 years, optimal glycemic control (HbA1c <7% and/or fasting glucose $\leq$ 7mmol/L) was associated with substantially lower risk of pancreatic cancer development and pancreatic cancer-related mortality.

KEY POINTS

- Optimal control of both HbA1c below 7% and fasting glucose at or below 7mmol/L was associated with the lowest pancreatic cancer risk (adjusted hazard ratio 0.39, 95% CI 0.33-0.46) compared to suboptimal control
- Each 1% increase in HbA1c was associated with 46% higher pancreatic cancer risk, and each 1mmol/L increase in fasting glucose with 14% higher risk, demonstrating dose-response relationships
- Higher HbA1c levels showed stepwise increases in pancreatic cancer risk, ranging from adjusted hazard ratio 1.85 for HbA1c 7.0 to <7.5% up to 4.61 for HbA1c $\geq$ 9.0% compared to HbA1c <7%
- The study excluded pancreatic cancer cases occurring within three years of diabetes diagnosis to address reverse causality and adjusted for 28 covariates including demographics, comorbidities, and medications
- This retrospective cohort study may inform discussions about glycemic targets in patients with long-standing type 2 diabetes, though the authors note multicenter studies are needed to confirm findings

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