

Pancreatic cancer risk not higher with diabetes Rx DPP-4i

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"Though limited by sample size and the observed duration of treatment in the United States, our well-controlled population based study suggests no increased short-term pancreatic [cancer risk](#) with DPP-4i relative to SU or TZD," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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(HealthDay)—There is no increased short-term pancreatic cancer risk with dipeptidyl-peptidase-4 inhibitors (DPP-4i) compared to sulfonylureas (SU) and thiazolidinediones (TZD) for glycemic control, according to a study published online Sept. 10 in *Diabetes, Obesity and Metabolism*.

Mugdha Gokhale, from the University of North Carolina at Chapel Hill, and colleagues used Medicare claims data to assess [pancreatic cancer](#) risk among patients with no prescriptions for DPP-4i, SU, or TZD at baseline, but had at least two claims for the same drug within 180 days.

In the DPP-4i versus SU comparison, the researchers found that among the 18,179 DPP-4i initiators, 26 developed pancreatic cancer (follow-up time interquartile range, five to 18 months). In the DPP-4i versus TZD comparison, 52 of the 29,366 DPP-4i initiators developed pancreatic cancer. With DPP-4i, the hazard of pancreatic cancer was lower compared to SU (hazard ratio, 0.6; 95 percent confidence interval, 0.4 to 0.9) and similar to TZD (hazard ratio, 1.0; 95 percent confidence interval, 0.7 to 1.4). Results were not altered when the first six months of follow-up were excluded to reduce the potential for reverse causality. Among DPP-4i initiators, the probability of diagnostic work-up post-initiation was similar to TZD (risk ratio, 1.06) and SU (risk ratio, 1.06).

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