

# **Report of the EASD Diabetes and Cancer Task Force in Relation to the Second Diabetes and Cancer Research Consortium (DCRC) Meeting, Banff, March 2011**

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## **Summary:**

The EASD Diabetes and Cancer Task Force (hereafter referred to as the “Task Force”) was formally established in February 2011, with a 3-year window of activity. Its scope is as follows:

1. To advise on the support of research workshops, for example, the DCRC workshops;
2. To advise and assist the EFSD diabetes and cancer research grant scheme;
3. To advise and assist in the process of selection of awards/fellowships for diabetes and cancer research trainees;
4. To advise and assist in the process of selecting diabetes and cancer symposia (for example, topics and speakers at the EASD annual conference or the biennial European Multidisciplinary Cancer Congress);
5. To explore ways of improving interactions with the oncology community concerning associations between diabetes, diabetes treatment and cancer and cancer prognosis;
6. To develop mechanisms to implement the transfer of research observations in this field to clinical practice;
7. To explore and develop mechanisms for better harmonization of basic science research in diabetes and cancer.

This report will summarize the background of the Task Force, its relationship with the Diabetes and Cancer Research Consortium (hereafter referred to as “the Consortium”), and the measures that have been taken to-date (March 2011) towards fulfilment of the Task Force objectives.

## **Background**

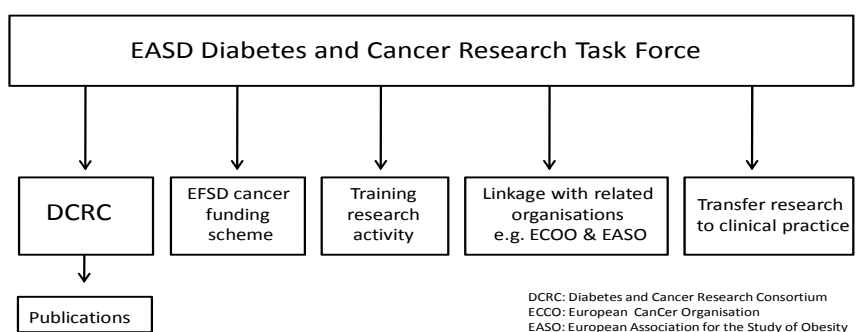
Publication of the “famous four” papers in Diabetologia triggered enormous interest in the associations between diabetes and cancer. By the same token, the papers themselves highlighted many existing methodological pitfalls of analysis, not to mention the daunting complexity of some of the problems which have been identified. The President of EASD therefore convened an informal

working group to consider ways of moving the area forward, with particular emphasis on the need to establish uniform validated criteria for conducting descriptive studies in this area, and to consider the possibility of conducting adequately powered analyses based upon pooled data from large populations. This resulted in the formation of the Consortium, and subsequently of the Task Force.

The first meeting of the Consortium was held in Copenhagen on 14-15 June 2010, organized by the Danish Cancer Society in collaboration with Steno Diabetes Center. It was attended by representatives of the Danish, Finnish, Scottish and Swedish national diabetes registries, and of the Canadian ACHORD registry. Groups working in Manchester and Cardiff were also represented, as well as the Danish, Finnish and Thames Cancer Registries. It was agreed that participation in the Consortium would be open to any group with appropriate data and expertise, conditional upon their willingness to share these data and/or methodologies in a workshop environment.

The second meeting reported here reflected widening participation in the Consortium, with representation from the Ontario registry in addition to the founding groups, together with representatives from FDA and Kaiser Permanente. Against the background of a well-received but unsuccessful grant application to EFSD in 2010, a Chinese group led by Professor Ning was contacted and invited to the Banff meeting, but no response was received from this group. The evolving aims and objectives of the Consortium are described in the following section.

The Task Force was created, against this background, to ensure that EASD is represented in the deliberations of the Consortium, to provide it with a reporting mechanism, and to ensure that the objectives of EASD (see above) are fulfilled in a timely manner. The role of the Task Force is thus to achieve the practical outcomes specified by the EASD within the broader scope of the activities of the Consortium i.e. the Task Force has objectives beyond the Consortium, but the Consortium represents an important visible aspect of the Task Force.



## The Aims and Objectives of the Consortium

The agreed focus for the activities of the Consortium, confirmed at the Banff meeting, is as follows:

### Methodology:

- Establishment of minimal desirable criteria to meet for performance of descriptive studies in cancer epidemiology and –survival, and pharmacoepidemiology in the diabetes field.
- Implementation of a mechanism for pooling data and conducting combined analyses

### Issues to be addressed:

- What is the temporal relationship between onset of diabetes and cancer incidence?
- What is the relationship between diabetes status at cancer diagnosis, treatment and prognosis?
- To what extent is cancer risk (incidence and prognosis) modified by diabetes treatments?

## Summary of Banff Meeting

(attached)

## Ongoing Activities relevant to the Objectives of the EASD Task Force

1. Establishment of webpage. A website for the rapid dissemination of information within the Consortium has been established, <http://staff.pubhealth.ku.dk/~bxc/DCRC/>. We envisage a separate sub-site for the Task Force, where the particulars for our endeavor will be posted.
2. Establishment of Writing groups:
  - A Framework to Evaluate the Impact of Diabetes on Mortality in Patients with Cancer (Renehan, Hsin-Chieh, Johnson, Wild, Gale, Møller). *Status – advanced draft circulated*
  - Timing of Cancer Incidence in Relation to Diabetes Onset (Carstensen, Johnson, Bowker, Witte). *Status – work in progress*
  - Diabetes, smoking and colorectal cancer: a meta-analysis (Renehan, Campbell, Wild, Buchan) *Status – advanced draft by 1<sup>st</sup> April*
  - A common analytic framework for glucose-lowering therapies and cancer risk (Carstensen, Johnson, Bowker, Witte ) *Status – work in progress*
3. Support for future workshops and symposia (Renehan).
  - 3.1 The 3<sup>rd</sup> DCRC meeting will be held on 27<sup>th</sup> and 28<sup>th</sup> February 2012 in either Manchester, UK or at the ECCO (European CanCer Organisation) headquarters in Brussels, Belgium. Announcement will be before the end of April.

3.2 Through the combined efforts of the EASD and ECCO Presidents (Professors U Smith and M Baumann), there will be a *Diabetes, obesity and cancer* symposium (2 hours) at the European Multidisciplinary Cancer Congress in Stockholm on 26<sup>th</sup> September, 2011. This will be chaired by Renehan and an appointed EASD representative.

4. Support of EFSD activities (Renehan) – second grant round awards meeting 25<sup>th</sup> May 2011, Dusseldorf, Germany.
5. Exchange visits
  - Visit of Samantha Bowker to Cardiff, February 2010
  - Dr Calypse Agborsangaya (from Finnish Cancer Registry to Jeff Johnson unit, Canada)
  - Others (early discussions between Daniel Witte and Canadian groups)

## **Summary and Conclusion**

In summary, the Banff meeting represented an important step forward in the collaborative effort to understand the relationship between diabetes and cancer. Specific writing tasks have been allocated and will address two central issues: the timing of cancer diagnosis in relation to the diagnosis of diabetes or intensification of diabetes therapy, and the reasons underlying the observed increased mortality in people with diabetes who are diagnosed with cancer, as compared with non-diabetics. Both will be submitted for publication in the coming months.

The major methodological development has been to implement practical arrangements for pooling data and joint analysis. A number of important issues still need to be resolved, but the process is now under way. Once the practical difficulties have been overcome, the Consortium will be uniquely well placed to investigate the relationship between the therapies used for diabetes and the risk of several (common and less common) cancer types.