Poster session

N=134

SDU NEWS

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USE OF ANTIPSYCHOTICS AND RISK OF BREAST CANCER

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Some antipsychotics increases prolactin levels, which might increase the risk of breast cancer. In a Danish case-control study based on 60,360 female breast cancer patients, long-term use (≥ 10,000 mg olanzapine equivalents) was associated with breast cancer, with an adjusted OR of 1.13 (95% CI, 1.06, 1.32) and a weak dose-response pattern. Associations were similar for first- and second-generation antipsychotics (ORs 1.17 and 1.11), but also for non-prolactin inducing antipsychotics (OR 1.17). Upon stratification, positive associations were seen for estrogen receptor positive but not for estrogen receptor negative cancers (OR 1.29 vs 0.92). Overall, our results do not suggest a clinically important association between antipsychotic use and risk of breast cancer.

www.antonpottegaard.dk/antipsychbreast.pdf

British Journal of Clinical Pharmacology

ORIGINAL ARTICLE

Use of antipsychotics and risk of breast cancer: a Danish nationwide case–control study

Pre-treatment weight loss

increases risk of death prior to 4th cycle of anti-neoplastic treatment in patients with inoperable non-small cell lung cancer (LUCANU-1)

Tobberup R*, Jensen NA**, Rasmussen HH*, Holst M*, Carus A**
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Aim

To assess the risk of death before 4th cycle of systemic treatment in relation to pre-treatment weight loss in patients with newly diagnosed non-small cell lung cancer (NSCLC).

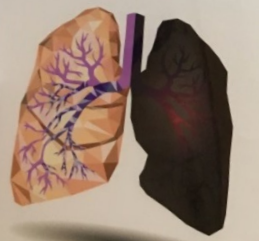
Method

Study group:

- 60 newly diagnosed patients with inoperable NSCLC
- Naïve to systemic anti-neoplastic treatment (chemotherapy or immune-checkpoint inhibitor)
- Curative intended treatment (n=13), palliative chemotherapy (n=34), palliative immunotherapy (n=13)

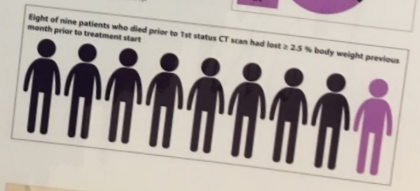
Study design:

- Prospective observation from 1st to 4th cycle of treatment
- Pre-treatment weight loss previous month was self-reported
- Patients' risk of death was calculated as odds ratio and chi-square test



Results

- 37 patients reported loss of body weight prior to commencing treatment (range 0.4-14.7 %)
- 22 patients reported weight loss greater than or equal to ≥ 2.5 %
- 9 patients died, 8 of which had lost ≥ 2.5 % body weight prior to commencing treatment
- Patients with pre-treatment weight loss ≥ 2.5 % were 4.57 times more likely to die prior to 4th cycle (χ^2=20.7, p<0.001).



Conclusions

NSCLC patients undergoing systemic anti-neoplastic treatment with ≥ 2.5 % pre-treatment weight loss are more likely to die prior to 4th cycle than patients without pre-treatment weight loss.

AALBORG UNIVERSITY HOSPITAL
Denmark

The pattern of recurrence in Danish stage I lung cancer patients in relation to the follow-up program. Are we failing to identify patients with cerebral recurrence?

N.L. Christensen, S.O. Dalton, A. Mellemgaard, J. Christensen, A.M. Kejs, T. Riis Rasmussn

Background

Evidence supporting any of the current follow-up guidelines is weak.
Denmark has a high intensity follow-up regimen with a CT of the chest and upper abdomen every three months for the first two years (early phase). Then every six months for an additional three years (late phase).
No available follw-up data from the nationwide registries.

Aim

In a population-based nested case/control study, we aimed to characterize patients with recurrence diagnosed outside the Danish follow-up program in terns of

- Site of recurrence
- Follow-up department
- Phase of Follow-up

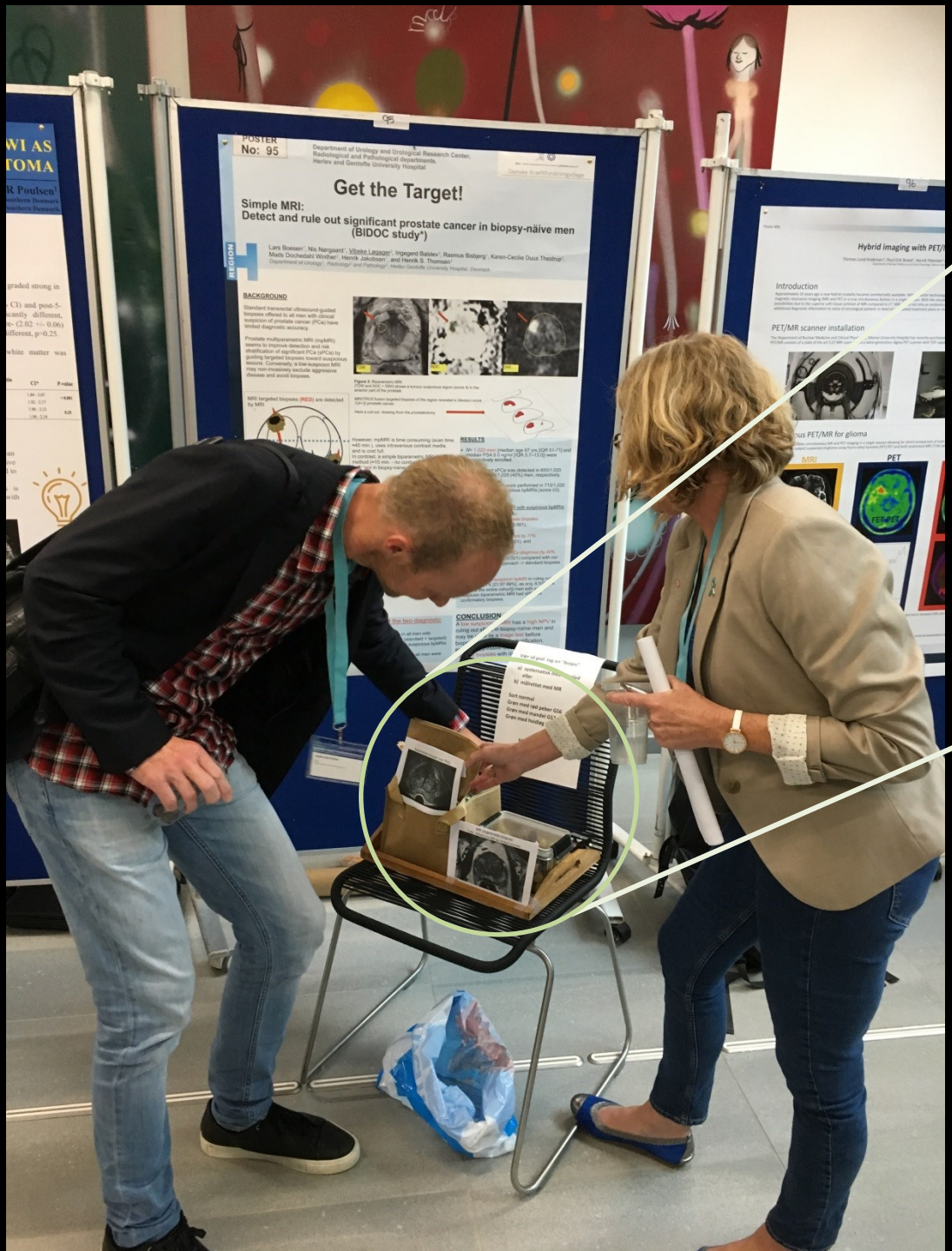
Results

	Symptomatic group (n=36) %	FU group (n=197) %	P-value
Age at diagnosis (range)*	72.2 (50-87)	71.3 (47-90)	0.58
Gender (female/male)	50/50	43/57	0.41
Primary treatment			
Surgery	69	66	0.69
SBRT	25	32	0.40
Other	6	2	0.22
Follow –up Department			
Oncology	72	68	0.62
Pulmonology	19	26	0.38
Other	8	6	0.52
Diagnostic tests (FU)			
Cerebral MRI or CT	61	6.5	<0.00
FDG PET	28	72	<0.00
	25	33	0.34
		30	<0.01

The Danish follow-up and..:

- Local recurrence
- Nodal recurrence
- CNS recurrence
- Length of interval

Cerebral imaging in the follow-up?


POSTER
No: 95
Get the Target!
Simple MRI:
Detect and rule out significant prostate cancer in biopsy-naïve men
(BIDOC study*)
BACKGROUND
RESULTS
CONCLUSION
Hybrid imaging with PET/
Introduction
PET/MR scanner installation
MRI
PET


Med venlig hilsen
Poster 95.

#36 Mette Tranberg

#131 Siv Lykke Jørgensen