

Poster session

N=134



SDU NEWS

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 ($\geq 10,000$ mg olanzapine equivalents) was associated with breast cancer, with an adjusted OR of 1.18 (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

ORIGINAL ARTICLE
Use of antipsychotics and risk of breast cancer:
a Danish nationwide case-control study

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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)

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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
- Not to systemic anti-neoplastic treatment (chemotherapy or immune-checkpoint inhibitor)
- Curative intended treatment (n=13), palliative chemotherapy (n=34), palliative immunotherapy (n=13)

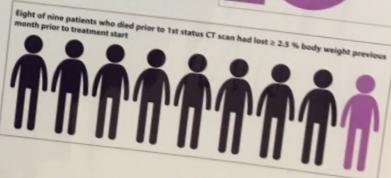
Study design:

- 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 the 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 $\geq 2.5\%$
- 9 patients (25 %) of which had lost $\geq 2.5\%$ body weight prior to commencing treatment
- Patients with pre-treatment weight loss $\geq 2.5\%$ were 4.57 times more likely to die prior to 4th cycle ($\chi^2=20.7$, $p<0.001$).



Conclusions

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



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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?

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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).^{1,2} No available follow-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 terms of

Site of recurrence

Follow-up department

Phase of Follow-up

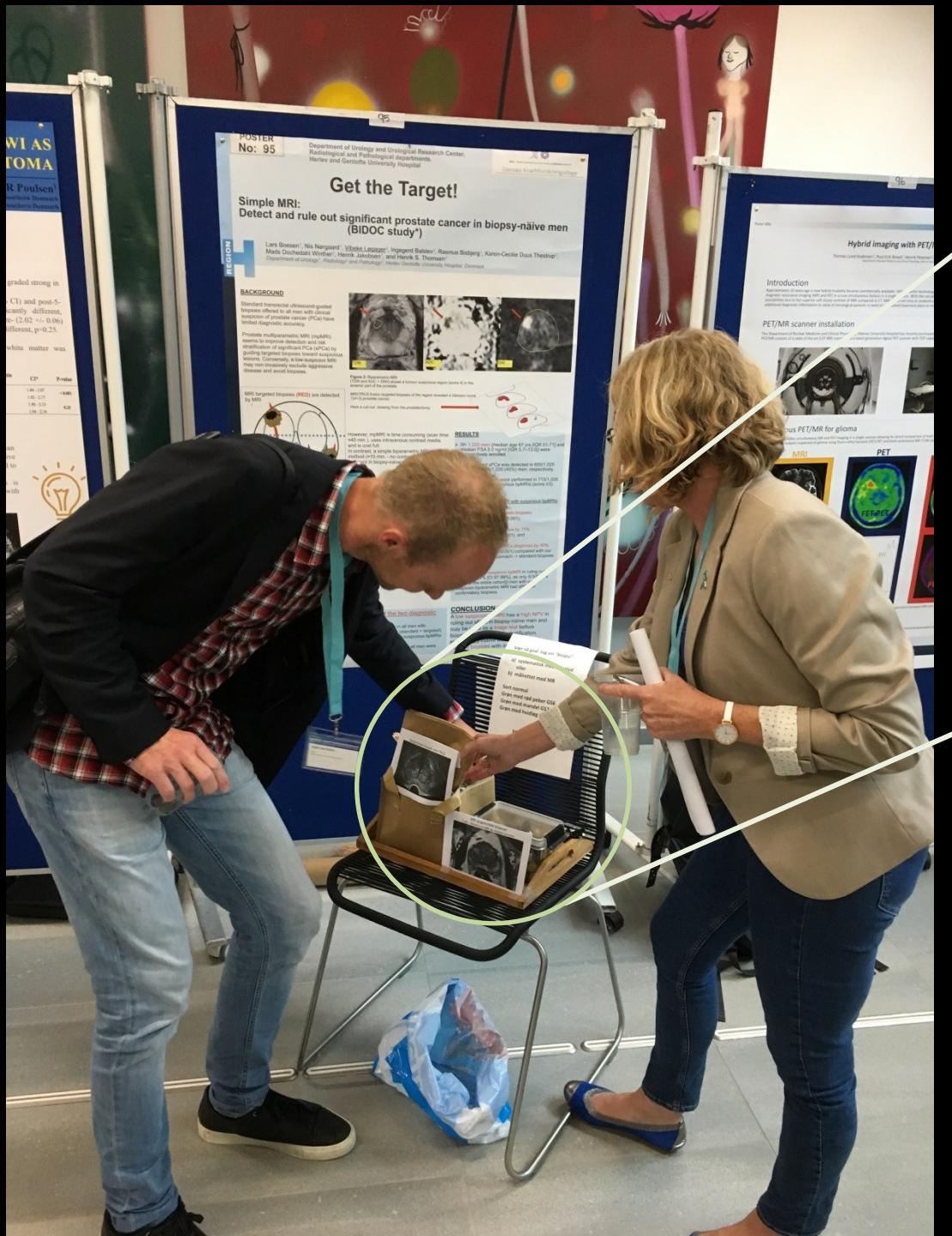
Results

	Symptomatic group (n=36)	FU group (n=137)	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	0.89
SIRT	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	65	<0.00
FDG-PET	28	72	<0.00
Others	25	33	0.34
	%	%	<0.01

The Danish follow-up and...

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

Cerebral imaging
in the follow-up?



#36 Mette Tranberg

#131 Siv Lykke Jørgensen

HPV self-sampling in cervical cancer screening

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Take home messages

- Compared with both the opt-in and control groups, sending HPV SS (self-sampling) kits directly to all non-participants was the most successful strategy in terms of increasing screening participation and attracting unscreened women into screening
- Implementation of HPV SS could increase the overall screening participation among invited women aged 30-64 years by 2 to 5%, thereby improving cervical cancer prevention
- Cytology-triage by the general practitioner (GP) was suitable

Background

- In the Central Denmark Region, the overall screening participation is 68% among women aged 30-64 years; yet, 45% of all newly diagnosed cervical cancers are found among underscreened women
- Offering home-based HPV SS to non-participants may increase screening participation
- However, the offer of a HPV SS kit (opt-in) has been reported to be less effective than sending the kit directly to all women (directly mailed)

Aim

- To evaluate the effect on participation of direct mailing and timely opt-in approaches for offering HPV SS to non-participants compared with a standard second reminder for regular cytology screening
- To measure the compliance to cytology-triage among HPV positive self-samplers

Methods

- Randomized controlled effectiveness trial
- Outcomes:
 - Participation rate 180 days post intervention (reported as intention-to-treat)
 - Compliance to cytology-triage by the GP within 90 days post test results

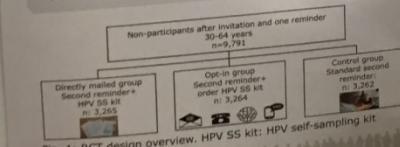


Fig. 1: RCT design overview. HPV SS kit: HPV self-sampling kit

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Competing interests: Axinis, the German provider of self-sampling devices, provided the self-sampling kits used in this study. The other authors declare no conflict of interest.

Results

- The participation rate after the intervention at 180 days was significantly higher in the directly mailed group (DM) than in the opt-in group (PD): 7.1%, 95% CI: 4.7-9.5% (DM) vs. 2.5%, 95% CI: 1.6-3.5% (PD); P=0.02 (25.2%) (PD: 12.1%, 95% CI: 10.1-14.1%)
- Compared with the opt-in approach, the directly mailed strategy made significantly more women participate in screening (P<0.001): DM: 38.0% (95% CI: 34.4-41.6%) vs. PD: 30.9% (95% CI: 27.3-34.5%)
- Effect on the compliance to cytology-triage:
 - Opt-in group: 8.7% (95% CI: 7.1-10.3%)
 - Directly mailed group: 12.1% (95% CI: 10.1-14.1%)
- The compliance to follow-up was similar between the groups:
 - Opt-in group: 90.5% (95% CI: 88.9-92.1%)
 - Directly mailed group: 90.9% (95% CI: 89.3-92.5%)
- The compliance to follow-up within 90 days was similar between the groups:
 - Opt-in group: 90.5% (95% CI: 88.9-92.1%)
 - Directly mailed group: 90.9% (95% CI: 89.3-92.5%)

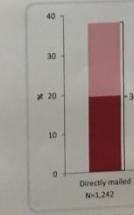


Fig. 2: Participation rate in the study as high.

