

ABCD response to possible link between increased risk of diagnosis of cancer and the use of insulin glargine (Lantus) in diabetes.

This week, 4 studies have been published on the web site of the journal *Diabetologia*, a highly respected peer reviewed scientific journal, which raise possible concern about an increased risk of diagnosis of cancer in people with diabetes using the long acting insulin glargine (Lantus)¹.

Glargine is the most widely used long-acting insulin in the UK and has been available for almost 10 years. It has been of benefit to many patients particularly those at risk of overnight hypoglycaemia .

In the largest study from a German health insurance registry, although there was no increased risk of cancer associated with Lantus compared to other insulins, when the data were adjusted for dose, there was a modest association with overall risk of diagnosis cancer, when Lantus was the only insulin prescribed.

A study performed in Sweden demonstrated no increase in overall risk of diagnosis of cancer, but there was there was an increased risk of diagnosis for breast cancer associated with Lantus insulin used alone. Two further studies performed in the UK did not confirm these results.

Interpretation of these studies is complicated by confounding factors such as the type of older patient with type 2 diabetes who would be treated with glargine alone.

The studies were based on reviews of case records recording diabetes treatment and development of cancer. All the reports are observational epidemiological studies , which CAN ONLY examine relationships and are UNABLE to show CAUSE and EFFECT. They must be seen in this respect and considered inconclusive, not least given differing results.

An extensive and thoughtful editorial reflected on the importance of the issue as the suggested link between glargine and progression of cancer was plausible. A firm statement was made that there was no evidence from this research of any harm from glargine in type 1 diabetes, in men generally , or showing any association with premenopausal breast cancer.

ABCD notes the comments of the European Medicines Agency (EMA)² and supports their investigation into this issue. ABCD also urges the international diabetes research community urgently to work with the regulatory authorities to determine what further studies are needed to clarify this issue because of the concern that will be felt by people with diabetes and specialists caring for them.

The EMEA states that:

“On the basis of the currently available data, a relationship between insulin glargine and cancer cannot be confirmed nor excluded. However, the concerns raised by the four studies require further in-depth evaluation....

Patients being treated with insulin glargine are advised to continue their treatment as normal. At this time there is no recommendation that patients should change their current treatment. In case of any concerns, patients should consult their doctor.”

At the present time, ABCD does not recommend that people using glargine (Lantus) change to another long acting insulin, but where people are concerned about the risk, and may wish to change their insulin, that they have the opportunity to discuss the situation with a diabetes specialist.

Warn patients not to stop their insulin.

References

- 1 <http://webcast.easd.org:80/press/glargine/glargine.htm>
- 2 www.emea.europa.eu/humandocs/PDFs/EPAR/Lantus/40847409en.pdf