Type 2 Tied To Colorectal Adenoma Risk

BY HEIDI SPLETE

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF GASTROENTEROLOGY

SAN ANTONIO – Colorectal adenomas were significantly more common in adults with type 2 diabetes, compared with the general adult population, based on a study of 860 patients who underwent screening colonoscopy.

"Colonic adenomas and advanced adenomas were independently predicted by diabetes," wrote Dr. Nisheet Waghray of MetroHealth Medical Center in Cleveland, and colleagues. They presented their findings in a poster at the meeting.

Previous studies have shown a 30%-40% increase in colorectal cancer risk in adults with type 2 diabetes, but the association between type 2 diabetes and the risk of colorectal adenomas has not been well studied, the investigators explained.

The researchers reviewed colonoscopy data from 269 adults with type 2 diabetes and 591 adults without diabetes who were screened at a single medical center between January 2007 and January 2010.

All of the following findings – three or more adenomas, adenomas larger than 1 cm, a proximal location of advanced adenomas, and a higher mean number of polyps – were significantly more common in the diabetes patients than in the nondiabetics.

The percentage of patients with three or more adenomas was 14% in those with diabetes vs. 10% in the general population, and the rate of adenomas larger than 1 cm was 9.7% and 4.7%, respectively.

The average number of polyps in patients with diabetes vs. those without diabetes was 4.9 vs. 2.5. In addition, 68% of advanced adenomas in the diabetes patients were proximal, compared with 31% of those in the general population.

The average age of the patients with diabetes was 57 years, vs. 61 years in the general population, but this difference was not significant. There were no significant differences between the two groups in terms of body mass index, family history of colorectal cancer, or patient use of alcohol, tobacco, or nonsteroidal anti-inflammatory drugs. Approximately 60% of the patients in both groups were black.

The findings suggest that type 2 diabetes influences not only the number of adenomatous polyps, but also their location within the colon. More research is needed to confirm the results, but this study "adds plausibility that diabetes may play a role in the adenoma-carcinoma sequence," Dr. Waghray and colleagues noted.

The researchers said that they had no financial conflicts to disclose. ■

Olmesartan Stalls Microalbuminuria

VITALS

Major Finding: The cumulative incidence of microalbuminuria was 8.2% of patients on olmesartan vs. 9.8% of placebo patients, for a highly significant risk reduction of 23%.

Data Source: Randomized, placebo-controlled, double-blind, multicenter ROADMAP trial of 4,447 patients with type 2 diabetes and one or more other cardiovascular risk factors but with normoalbuminuria.

Disclosures: The study was funded by Daiichi-Sankyo, which manufactures olmesartan under the name Benicar.

BY MIRIAM E. TUCKER

FROM THE ANNUAL MEETING OF THE EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES

STOCKHOLM – Olmesartan significantly reduced the time to microalbuminuria in a randomized, placebo-controlled, double-blind multicenter study of 4,447 patients with type 2 diabetes.

The Randomized Olmesartan and Diabetes Microalbuminuria Prevention (ROADMAP) trial investigated whether early treatment with the angiotensin

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receptor blocker olmesartan would delay the occurrence of microalbuminuria in patients with type 2 diabetes who had at least one other cardiovascular risk factor but who had normal albumin excretion at baseline.

At baseline, the patients had a mean age of 58 years, diabetes duration of 6 years, body mass index of 30 kg/m^2, and hemoglobin A_{1c} of 7.6%. Mean blood pressure at baseline was 137/80 mm Hg, and the mean estimated glomerular filtration rate was 85 mL/min per 1.73 m^2. The patients received either 40 mg of olmesartan or placebo once daily for a median of 3.2 years.

In both groups, additional antihypertensive drug treatment other than ARBs or ACE inhibitors was used to reach the target BP of less than 130/80 mm Hg. That goal was reached by 78% of the olmesartan group and 71% of the placebo group by 48 months, Dr. Hermann Haller reported at the meeting.

The cumulative incidence of microalbuminuria was 8.2% in the olmesartan patients vs. 9.8% in the placebo group, giving a highly significant risk reduction of 23%, reported Dr. Haller of Hannover (Germany) Medical School.

Correction for the small differences in blood pressure between the two groups showed that the majority of the effect was BP-independent, he said.

Correction for the small differences in blood pressure between groups showed that most of the effect was BP-independent.

DR. HALLER

Overall cardiovascular morbidity and mortality rates were low and similar between the two groups, with 4.3% of the olmesartan group and 4.2% of the placebo group experiencing any cardiovascular event or death. Total mortality occurred in 1.2% and 1.7%, respectively. Cardiovascular mortality, however, was higher in the olmesartan group (15 deaths vs. 3 deaths, or 0.7% vs. 0.1%), possibly because of hypotensive episodes in patients with preexisting cardiovascular disease.

There were no adverse effects of olmesartan on hard renal outcomes, Dr. Haller said. ■

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