

The Malignant Neoplasms Detected Among Diabetic Patients in Our Outpatient Clinic Over a 2-year Period

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Abstract

The major cause of death in the Japanese population is malignant neoplasms; the same is the case in diabetic patients. To obtain further insights into the earlier detection of malignant neoplasms and their primary sites, we attempted to retrospectively examine the occurrence of neoplasms in an outpatient clinic of our hospital's diabetes center over a 2-year period starting from April 2010. The outcomes of the patients with neoplasms were examined for the following 3 years. Eleven out of 375 diabetic patients (male, n=8), all of whom were over 60 years of age, were diagnosed with neoplasms. The primary sites were the pancreas (n=4), colon (n=3), stomach (n=1), breast (n=1), liver (n=1), and malignant lymphoma (n=1). The duration of diabetes mellitus was >10 years in 9 patients. Six patients had symptoms; however, the symptoms of 2 patients were vague and did not suggest a relationship with a specific organ. Five patients showed blood chemistry abnormalities and a regular endoscopic examination. In 3 of these 5 cases, an elevated hemoglobin A1c level was the only sign that led to further examinations to diagnose malignant neoplasms. Five patients died within 1 year after the diagnosis; the remaining 6 patients survived for more than 3 years with no signs of recurrence. The incidence of malignant neoplasms among diabetic patients was 3.79% over the 2-year study period. In summary, the importance of the careful examinations of patients who are older than 60 years of age with longstanding diabetes and/or whose HbA1c levels show an unexpected increase has been clarified.

Key words: Diabetes, Malignant neoplasms, HbA1c, Death caused by cancer