

UNITED EUROPEAN
GASTROENTEROLOGY

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Cancer risk in Primary Sclerosing Cholangitis

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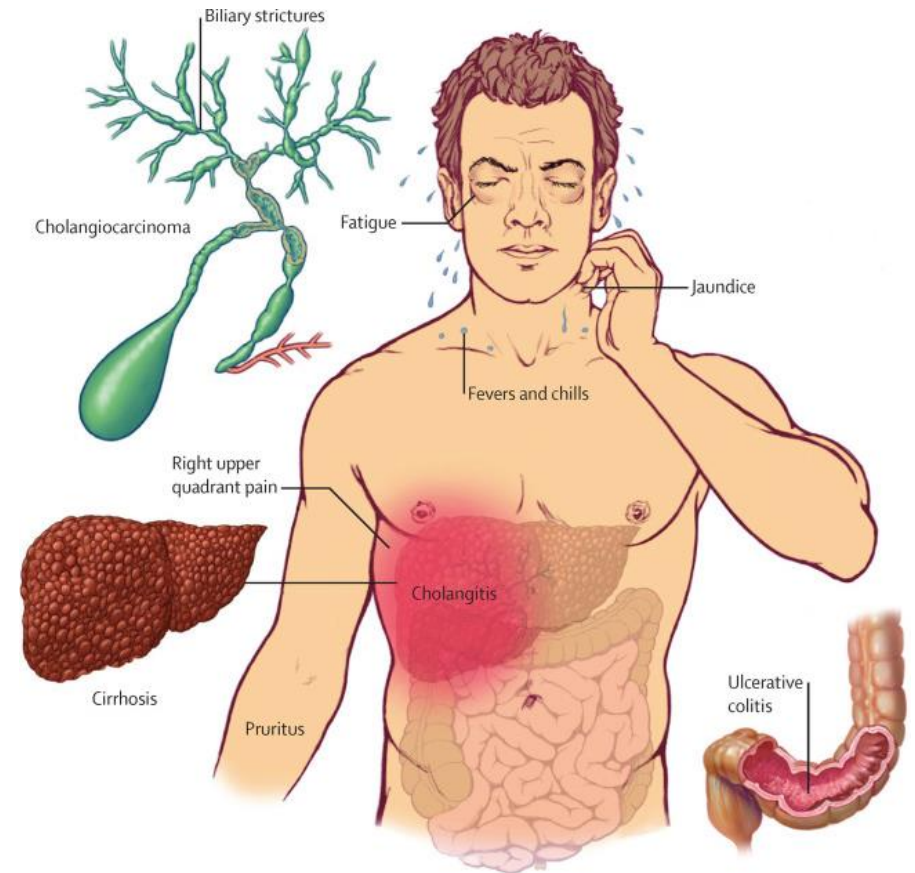
Karolinska University Hospital, Karolinska Institutet

Professor Annika Bergquist, Professor Erik von Seth, Matteo Bottai PhD, Associate Professor Caroline Nordenvall

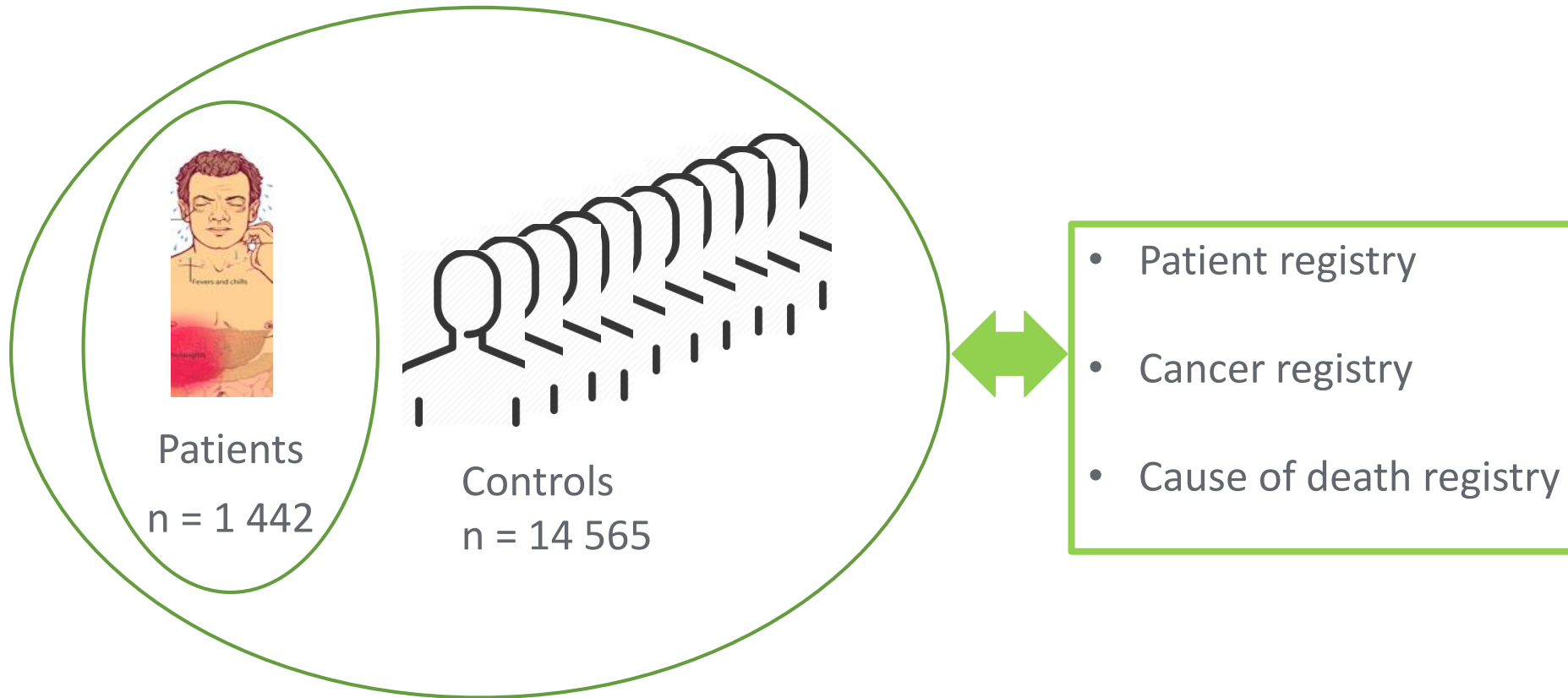
No disclosures

Primary Sclerosing Cholangitis

- ❖ Men, middle-aged, IBD
- ❖ Hepatobiliary cancer
- ❖ Colorectal cancer
- ❖ Pancreatic cancer?
- ❖ Other cancers?



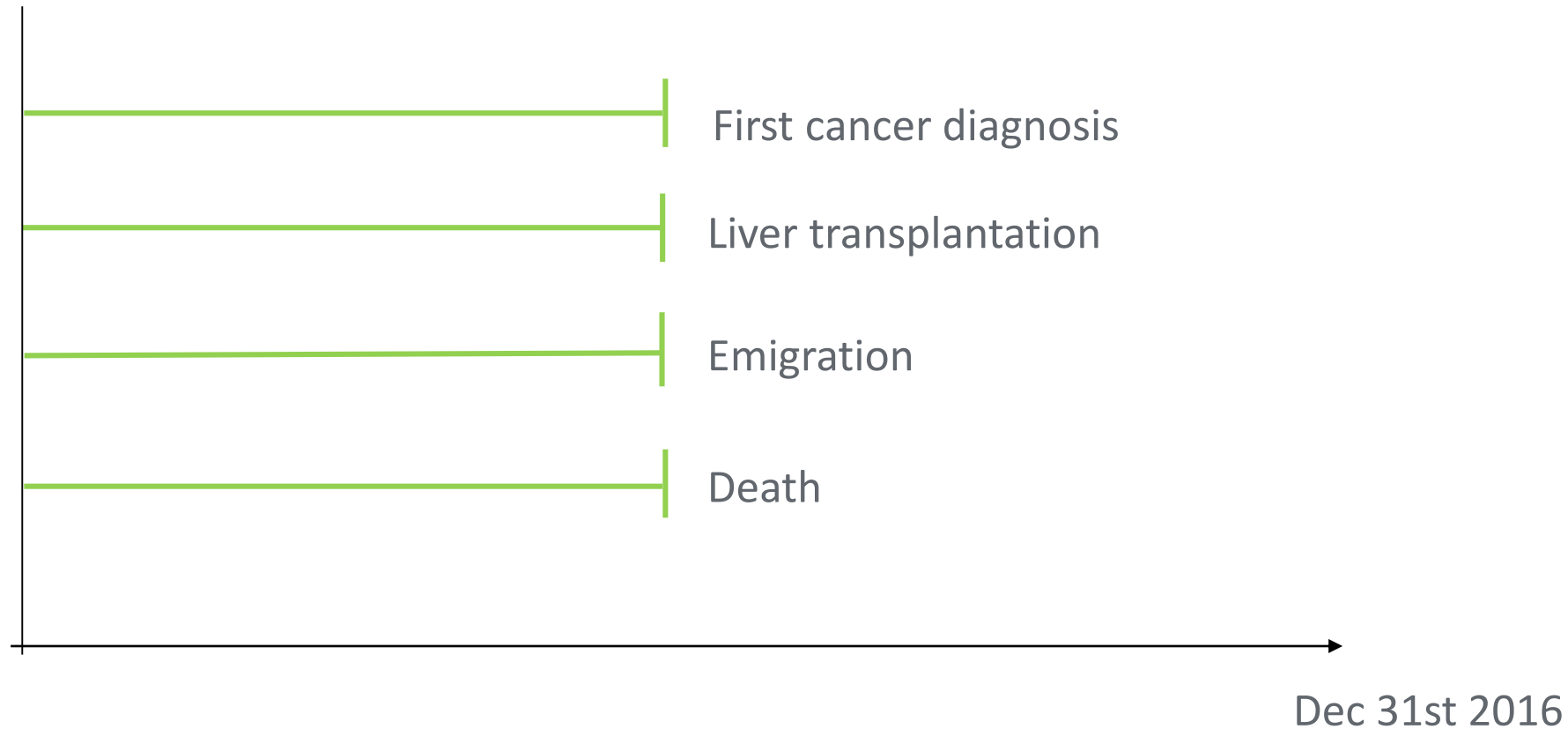
Study population



Confirmation of PSC diagnosis

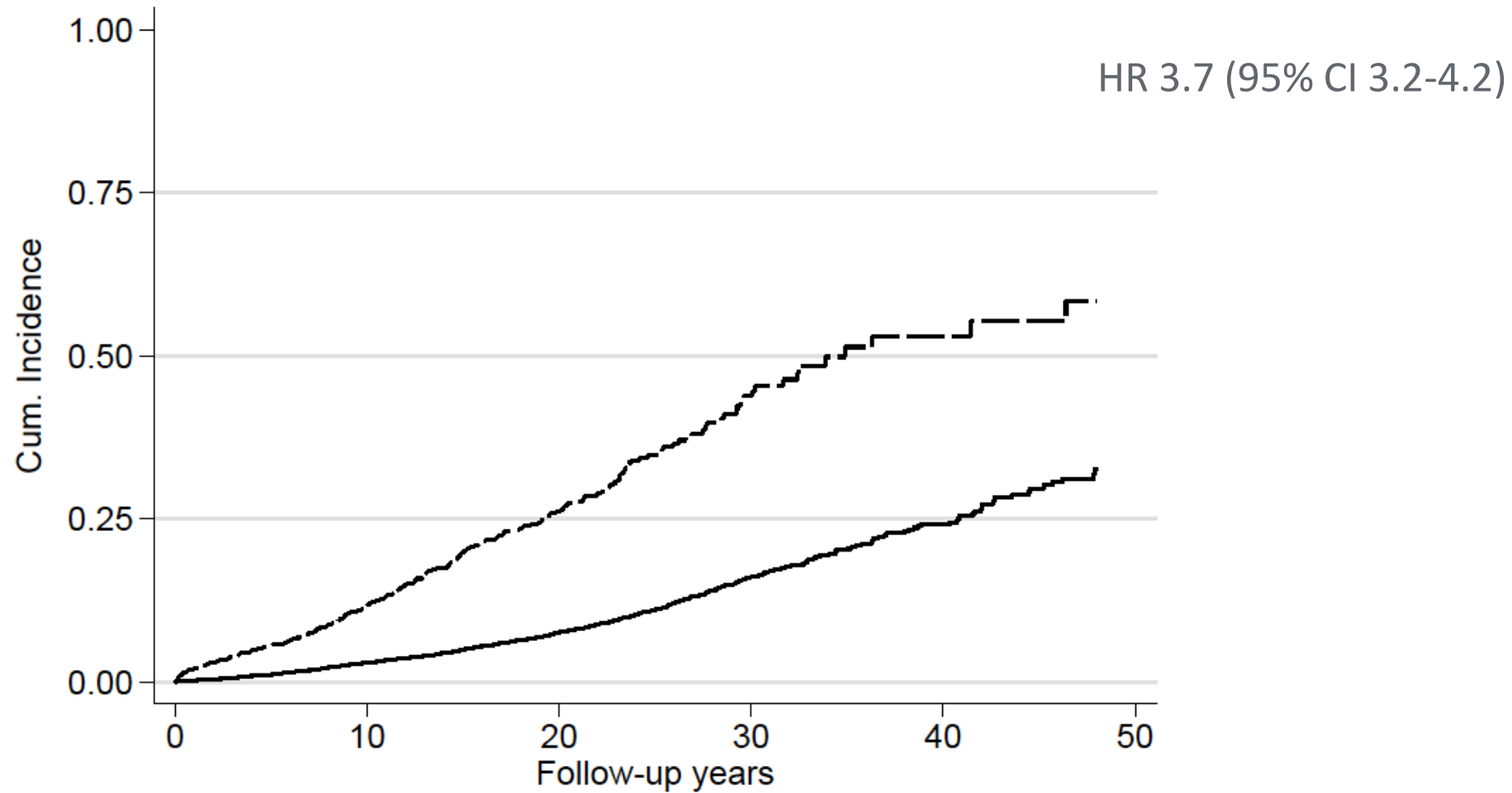
- ❖ Scrutinized medical records
- ❖ Diagnosis code x 2

Method



- Differences in categorical variables – Chi² test
- Simple incidences – Poisson regression
- Hazard ratios - Cox regression
- Cumulative incidences – Competing risk regression

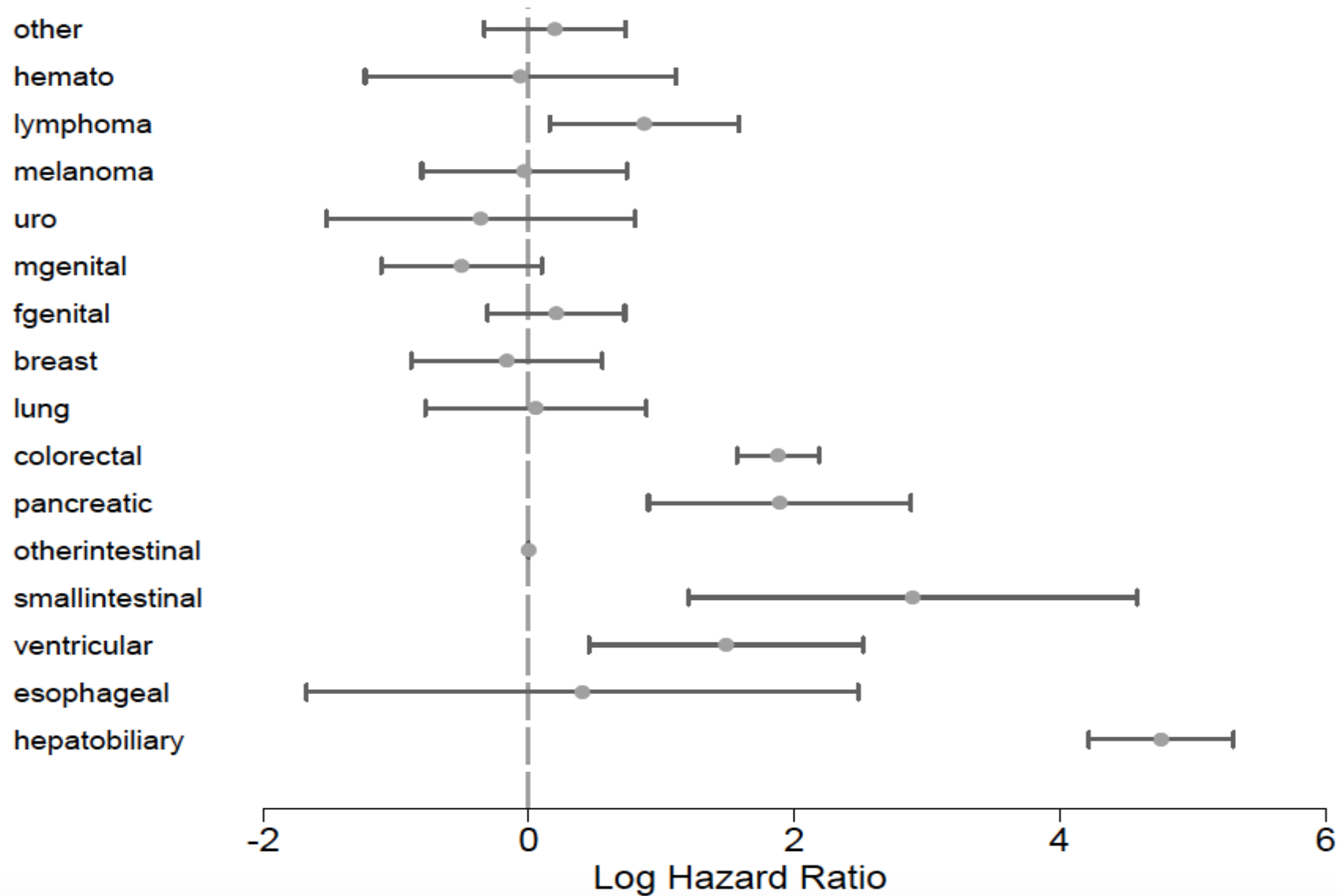
Overall risk of cancer



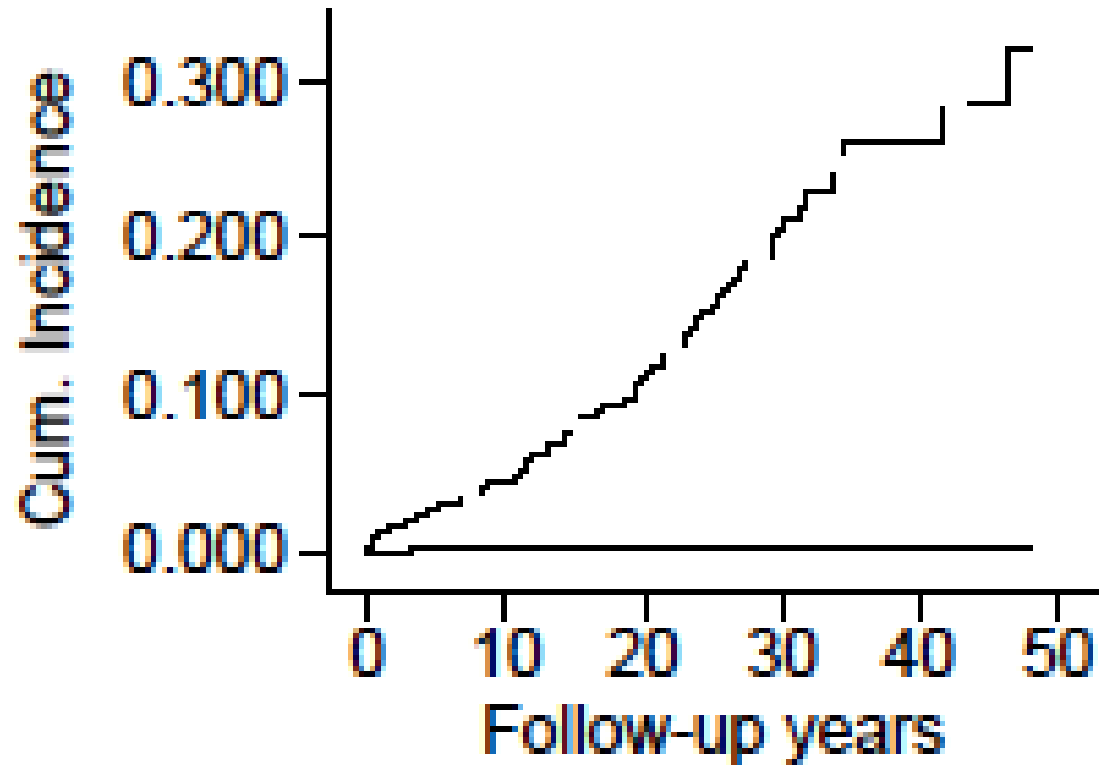
Number at risk

	0	10	20	30	40	50
Controls	14565	9613	5159	1574	263	0
Cases	1442	773	295	74	22	0

Risk of specific cancer types

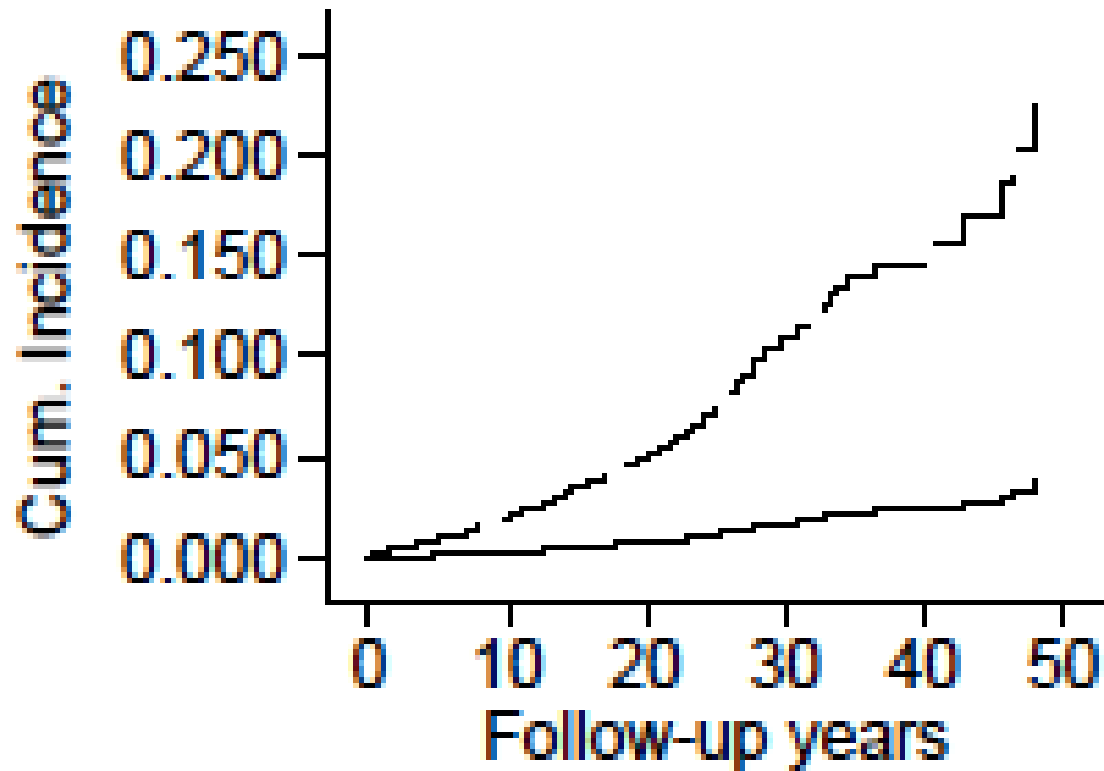


Risk of hepatobiliary cancer



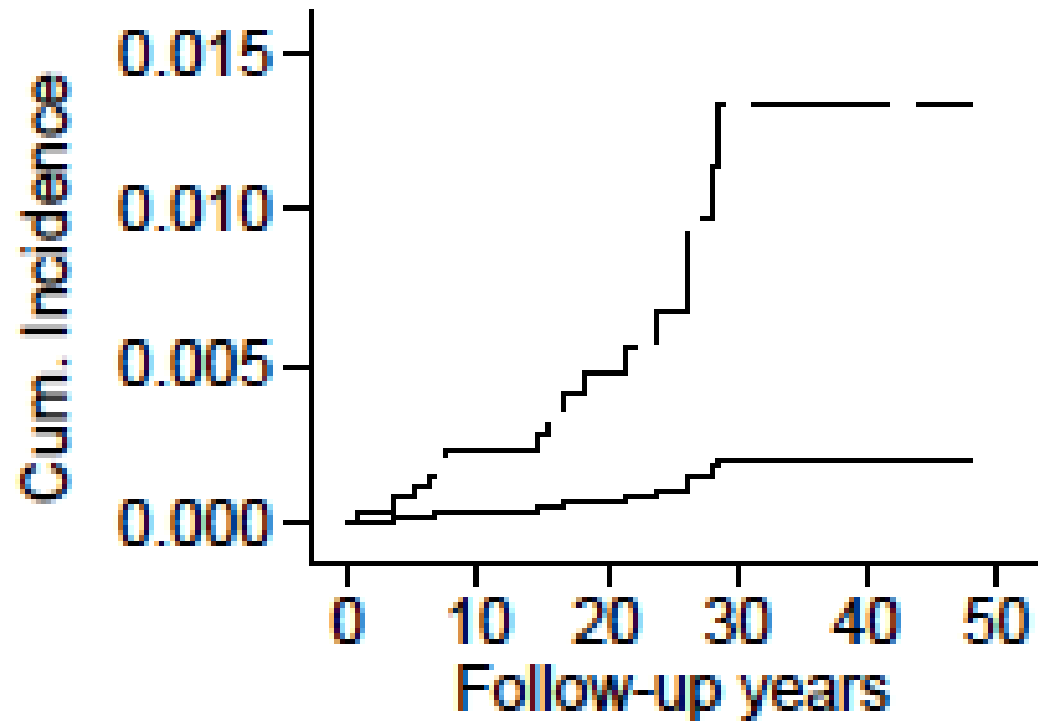
HR 117 (95% CI 67.9-201.7)

Risk of colorectal cancer



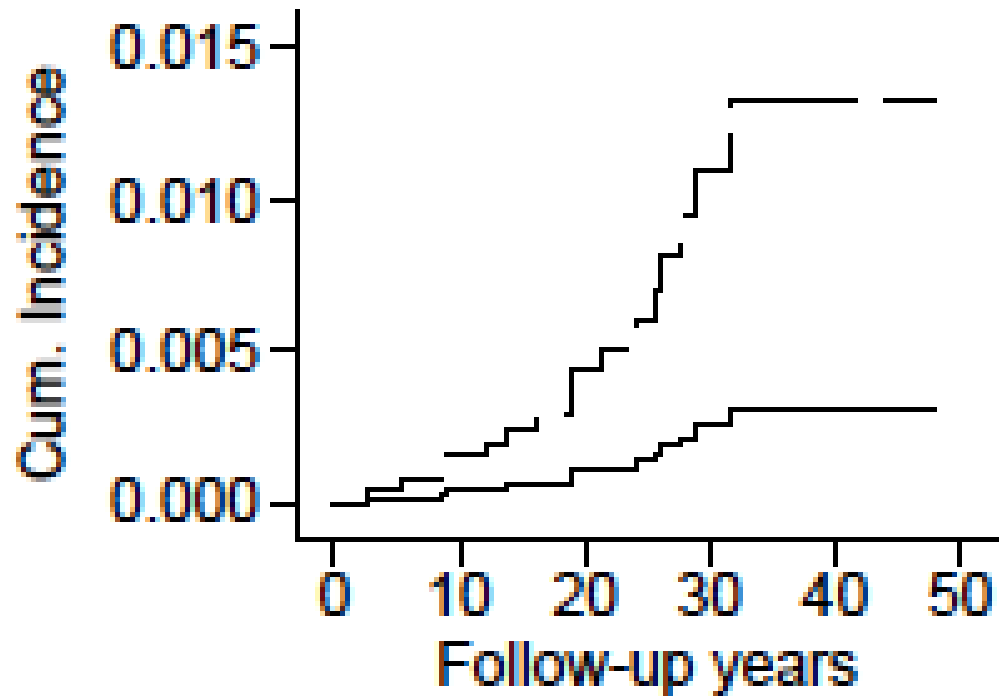
HR 6.5 (95% CI 4.8-8.9)

Risk of pancreatic cancer



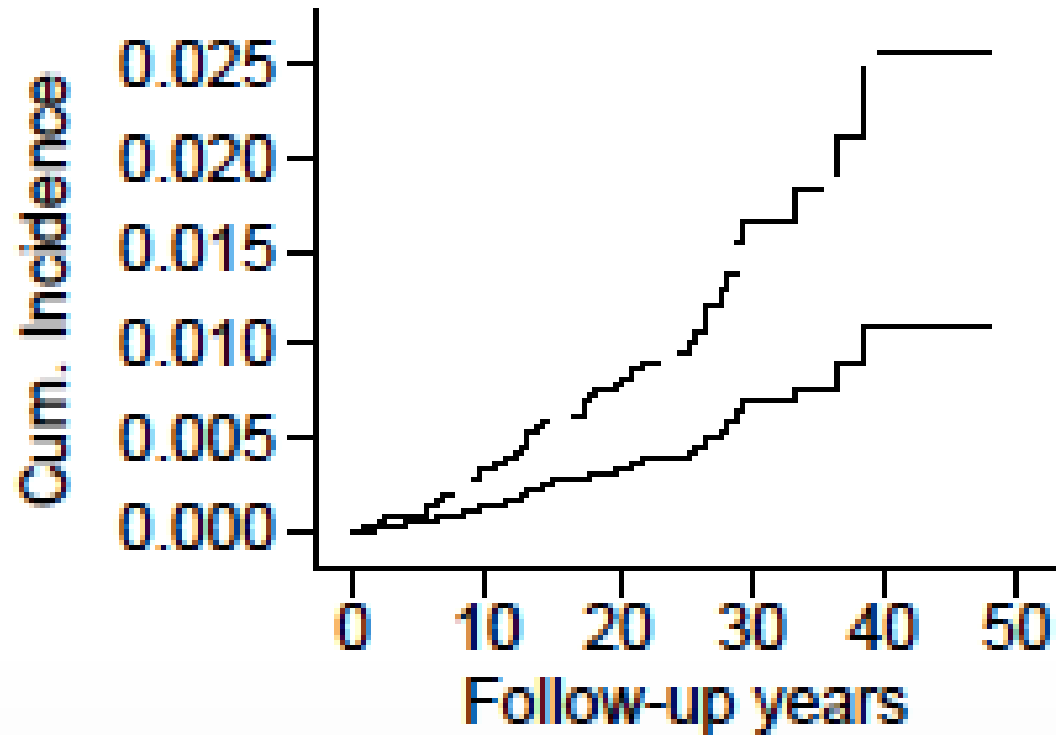
HR 6.6 (95% CI 2.5-17.8)

Risk of ventricular cancer



HR 4.4 (95% CI 1.6-12.4)

Risk of lymphoma



HR 2.4 (95% CI 1.2-4.9)

Limitations and strengths

- ❖ Limitations:
 - ❖ Tertiary center patients
 - ❖ Small numbers of cancers
 - ❖ Controls not matched for IBD

- ❖ Strengths:
 - ❖ Large cohort
 - ❖ Well defined PSC diagnosis
 - ❖ Complete follow up on outcome

Conclusion

- ❖ Increased risk of hepatobiliary cancer and colorectal cancer
- ❖ Increased risk of pancreatic cancer
- ❖ Increased risk of ventricular cancer and lymphoma needs to be confirmed in larger cohorts