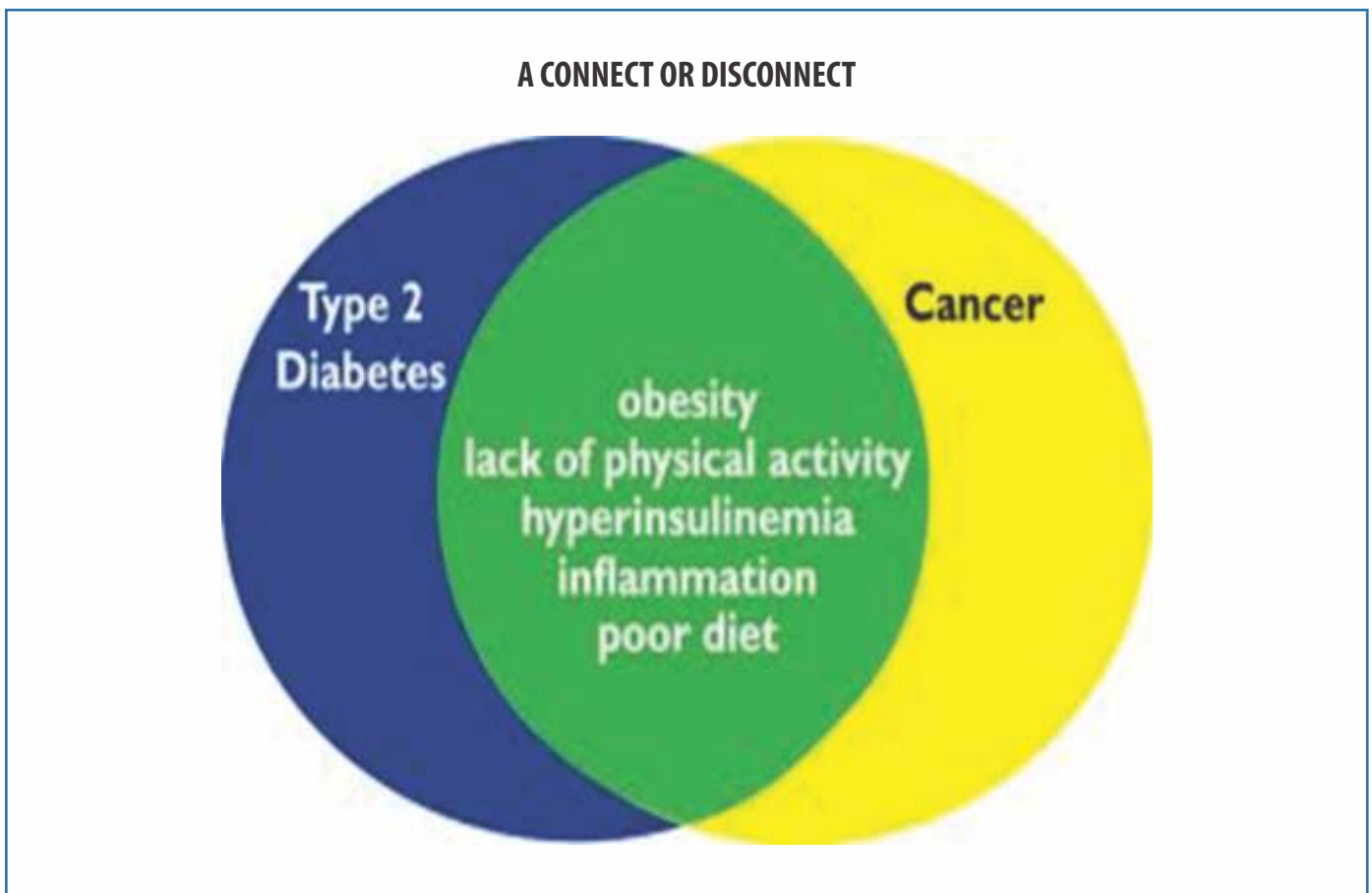


## Oncology Corner

### DIABETES AND CANCER



- 8-18% OF CANCER PATIENTS ALSO HAVE DIABETES.
- COMMON CANCERS IN T1DM-CERVICAL CANER, STOMACH CANCER
- COMMON CANCERS IN T2DM – BREAST CANCER, ENDOMETRIAL CANCER, PANCREATIC CANCER, LIVER CANCER, KIDNEY CANCER, COLON CANCER
- MAJOR FACTORS IN DIABETES THAT MAY INFLUENCE CANCER RISK – HYPERINSULINEMIA AND INSULIN RESISTANCE, INSULIN RECEPTOR OVEREXPRESSION, FETAL INSULIN RECEPTOR, GROWTH PROMOTING EFFECTS OF IGF-1
- OTHER RISK FACTORS IN DIABETES THAT MAY INFLUENCE CANCER RISK – OBESITY, HYPERGLYCEMIA, ELEVATED FATTY ACIDS, OXIDATIVE STRESS, CHRONIC INFLAMMATION
- EFFECT OF CANCER ON DIABETES IS DETERIORATION IN HBA1C LEVELS AT 12 & 24 MONTHS POST CANCER DIAGNOSIS AND TREATMENT INITIATION, WITH THE EXCEPTION OF GASTRIC SURGERIES FOR CANCER STOMACH.



## *The Medical **Bulletin***

- CERTAIN TUMORS EXHIBIT “GLUCOSE ADDICTION” , THUS HYPERGLYCEMIA CONFERS A GROWTH ADVANTAGE AND APPROPRIATE THERAPY FOR DIABETES CAN THEREFORE LIMIT TUMOR GROWTH.
- THERE ARE MORE THAN 50 TYPES OF MALIGNANCIES. THE CANCER TYPE AND ITS CORRESPONDING TREATMENT HAS DIFFERING EFFECTS ON GLYCEMIC CONTROL.
- DIFFERENCE IN OUTCOME IS INFLUENCED BY – BMI,CANCER TYPE & STAGE, HORMONR THERAPY, CHEMOTHERAPY REGIMEN, STEROIDS , ANTIEMETICS, CYTOTOXIC DRUGS RADITHERAPY, SURGERY.
- NUTRITION GOALS IN COMORBID DIABETES AND CANCER PATIENT SHOULD BE TO ACHIEVE AND MAINTAIN NOT ONLY METABOLIC CONTROL BUT ALSO ENERGY STORES, LEEAN BODY MASS AND TO MAXIMIZE THE IMMUNE SYSTEM.
- AMONGST THE BASKET OF OHA AVAILABLE, METFORMIN INHIBITS THE GROWTH OF BREAST CANCER CELL LIMES AND PROSTATE CANCER CELL LINES BY INHIBITING CELL PROLIFERATION, REDUCING COLONY FORMATION AND CAUSING PARTIAL CELL CYCLE ARREST METFORMIN ALSO SELECTIVELY KILLS CANCER STEM CELLS

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