By Samantha Alleman

Pancreatic Cancer Associated With Recent-Onset Diabetes

Recent-onset diabetes is associated with a significantly higher risk of pancreatic cancer among African American and Latino individuals, according to the results of a population-based, prospective, cohort study published online on June 18, 2018 ahead of print publication in the *Journal of the National Cancer Institute*.

Dr V. Wendy Setiawan and colleagues enrolled 48,995 African American and Latino patients who lived in California and did not have diabetes or cancer at the time of recruitment (1993-1996). New diagnoses of diabetes were identified using California hospital discharge files, Medicare data, and questionnaires. Hazard ratios (HRs) and 95% CIs for diabetes-associated pancreatic cancer were calculated using Cox regressions.

Between baseline and 2013, 32.3% of patients (n=15,833) developed diabetes; during an average follow-up of 14 years, 408 cases of incident pancreatic cancer were identified. In general, a diagnosis of diabetes increased the risk for malignancy by more than 2-fold (HR, 2.39; 95% CI, 1.91-2.98). Among patients whose diabetes had been diagnosed within 3 years of developing pancreatic cancer, the risk was 4-fold for Latinos and 3-fold for African Americans as compared to patients without diabetes. More than half (52.3%) of the patients with both diabetes and pancreatic cancer developed diabetes in the 3 years before the diagnosis of cancer. The frequency of diabetes and recent-onset diabetes among patients who developed pancreatic cancer (31.4% and 16.4%, respectively) was significantly higher during follow-up than it was for patients who developed colorectal cancer, breast cancer, or prostate cancer.

US Food and Drug Administration Expands Tofacitinib Use to Patients With Ulcerative Colitis

On May 30, 2018, the US Food and Drug Administration (FDA) expanded the indication for the selective oral Janus kinase inhibitor tofacitinib (Xeljanz, Pfizer) for use in adults with moderate to severe active ulcerative colitis (UC). Tofacitinib previously received approval for rheumatoid arthritis and psoriatic arthritis in 2012 and 2017, respectively.

Three clinical trials demonstrated the efficacy of tofacitinib for patients with moderate to severe active UC. In two 8-week, placebo-controlled trials, 10 mg of tofacitinib administered twice a day led to remission in 17% to 18% of patients by week 8. Patients who achieved a clinical response by 8 weeks were included in a placebo-controlled trial and given tofacitinib in 5- or 10-mg doses twice a day; at 52 weeks, 34% and 41% of patients, respectively, experienced remission. Within the group of patients who achieved remission after 8 weeks, 35% and 47% had sustained corticosteroid-free remission with doses of 5 mg and 10 mg, respectively.

In patients with UC who were treated with tofacitinib, common adverse events included diarrhea, headache, increased blood creatine phosphokinase, elevated cholesterol levels, nasopharyngitis, herpes zoster, rash, and upper respiratory tract infection. Less common serious adverse events included malignancy and serious infections (eg, opportunistic infections); tofacitinib has a boxed warning for these events. The FDA does not recommend combining tofacitinib with strong immunosuppressants (eg, azathioprine, cyclosporine) or with biologic therapies for the treatment of UC.

Higher Levels of 25 Hydroxyvitamin D Linked to Lower Colorectal Cancer Risk

Levels of 25 hydroxyvitamin D (25[OH]D) between 75 and 100 nmol/L are associated with a significantly lower risk of colorectal cancer (CRC) in women and a nonstatistically significant lower risk in men.

Results from the international collaborative meta-analysis, for which Dr Marjorie L. McCullough and colleagues pooled data from 17 cohorts, were published online on June 14, 2018 ahead of print publication in the *Journal of the National Cancer Institute*. A total of 5706 patients with CRC and 7107 control patients were included, representing a broad range of circulating 25(OH)D concentrations. For 8 of the studies (30.1% of patients), the authors newly measured 25(OH)D levels in the blood; samples across the range of previously measured concentrations in the remaining studies were calibrated to the same assay.

25(OH)D levels of less than 30 nmol/L were associated with a 31% higher risk of CRC compared with levels between 50 and 62.5 nmol/L. 25(OH)D levels between 75 and 87.4 nmol/L and between 87.5 and 100 nmol/L had a 19% and 27% lower risk of CRC, respectively. No statistically significant reduction was seen beyond 100 nmol/L. The risk of CRC was 19% lower in women (relative risk, 0.81; 95% CI, 0.75-0.87) and 7% lower in men (relative risk, 0.93; 95% CI, 0.86-1.00) for each increment of 25 nmol/L in circulating 25(OH)D.