Effect of drug class on association of beta-blocker with ovarian cancer survival

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Conference of Irish Association of Pharmacologists
October 2015, UCC Cork





Beta blocker indications



- Heart failure / Myocardia infarction / Angina
- Arrhythmias / Atrial fibrillation
- Supraventricular tachycardia
- Sinus tachycardia / Hypertension
- Anxiety
- Migraine
- Glaucoma
- High blood pressure

Effect on Ovarian Cancer?



Gynecologic Oncology 127 (2012) 375-378



NIH-PA Author Manuscri

Contents lists available at SciVerse ScienceDirect

Gynecologic Oncology

248 women

(23 exposed)



journal homepage: www.elsevier.com/locate/ygyno

Cancer

Impact of beta block

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Original Article

Clinical impact of selective and nonselective beta-blockers on survival in patients with ovarian cancer

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Article first published online: 24 AUG 2015

DOI: 10.1002/cncr.29392

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Cancer

Volume 121, Issue 19, pages 3444-3451, October 1, 2015



Open Access

ing ovarian cohort

6,626 women

Beta blo



Stuay

Sigrun A Johannesdottir^{1,2*}, Morten Schmidt^{1,2}, Gary Phillips³, Ronald Glaser^{4,5,6}, Eric V Yang^{5,6}
(all-cause mortality)

1425 women

(269 exposed after-baseline)

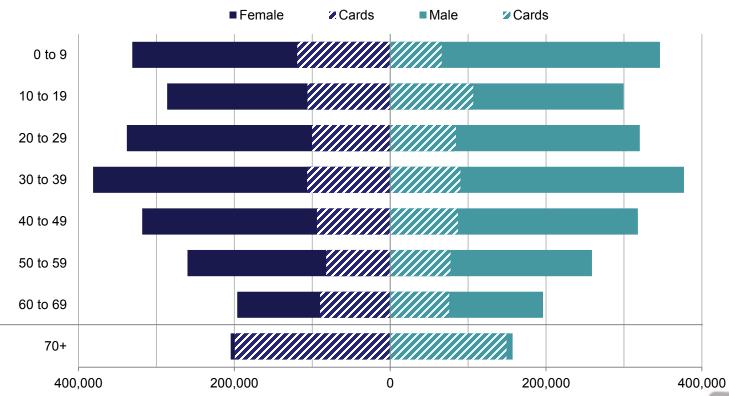
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Age and free healthcare



Irish population (and medical cards) in 2011

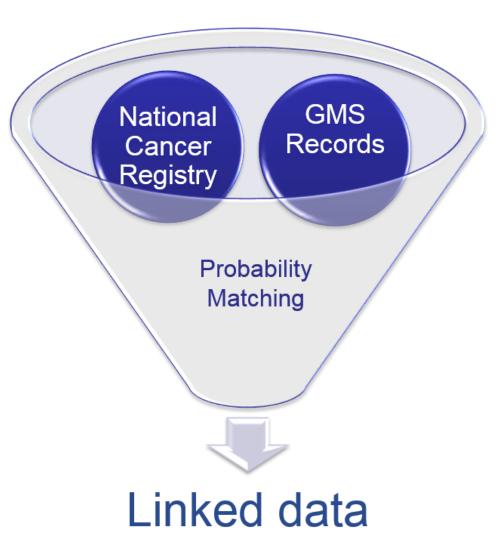




Prescription data linkage



All women diagnosed with invasive ovarian cancer (ICD10-C56) between 2001-2011 were linked to GMS card records



Methods



- Associations between any pre-diagnosis betablocker exposure and cause-specific survival using Cox regression
 - Models adjusted for: age, smoking, marital status, diagnosis year, urban/rural residence, deprivation, stage, grade, and surgery at diagnosis.
 - ➤ Alive cases censored on 31/12/2012
- Secondary: Adjusting for competing risks

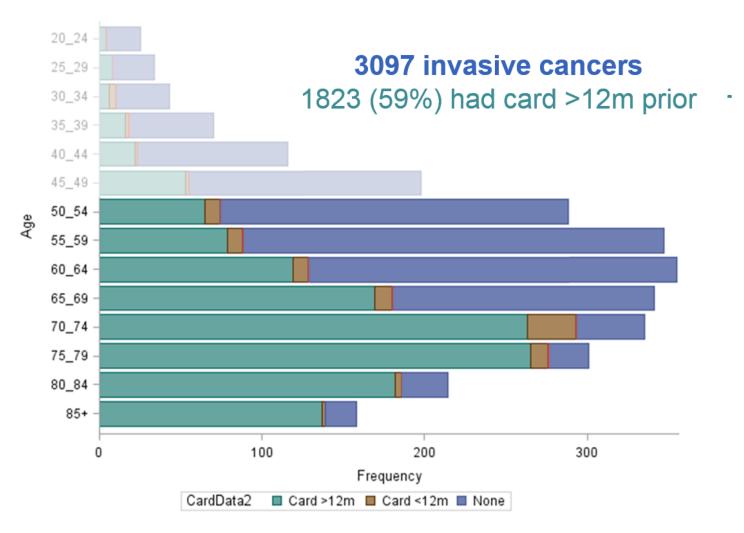
- Pre-planned subgroup analysis
 - > Selective, Non-selective, Both





Ovarian cancers 2001-2010 S





Exposure pre-diagnosis



Characteristic		N	BB (%)
Age at diagnosis	<60	325	34 (10.5)
	60-69	373	84 (22.5)
	70-79	679	189 (27.8)
	80-89	392	115 (29.3)
	90+	54	10 (18.5)
Deprivation	1 – Least dep.	236	68 (28.8)
quintile	2	200	36 (18.0)
	3	260	75 (28.8)
	4	306	64 (20.9)
	5 – Most dep.	703	159 (22.6)
Marital	Married	722	165 (22.9)
status	Single	319	68 (21.3)
	Other	782	199 (25.5)
Population density	High-Urban	639	161 (25.2)
	Intermed.Urban	368	78 (21.2)
	Rural	678	158 (23.3)

Characteristic		N	BB (%)
Smoking status	Current	277	44 (15.9)
	Never smoked	880	206 (23.4)
	Unknown	499	138 (27.7)
Grade	Well	84	19 (22.6)
	Moderately	203	47 (23.2)
	Poorly	568	128 (22.5)
	Undifferentiated	24	4 (16.7)
	Missing	944	234 (24.8)
Tumour stage	1	257	51 (19.8)
	2	148	32 (21.6)
	3	535	134 (25.0)
	4	577	153 (26.5)
	Missing	306	62 (20.3)

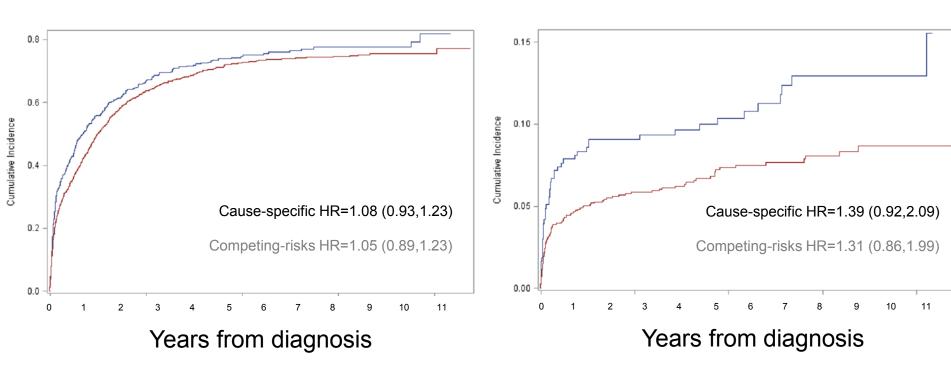
Drug Class		N	%
Class	None	1391	76%
	Selective	384	21%
	Non-selective	34	2%
	Both	14	1%

Cumulative incidence of death 5



Ovarian cancer

Other causes



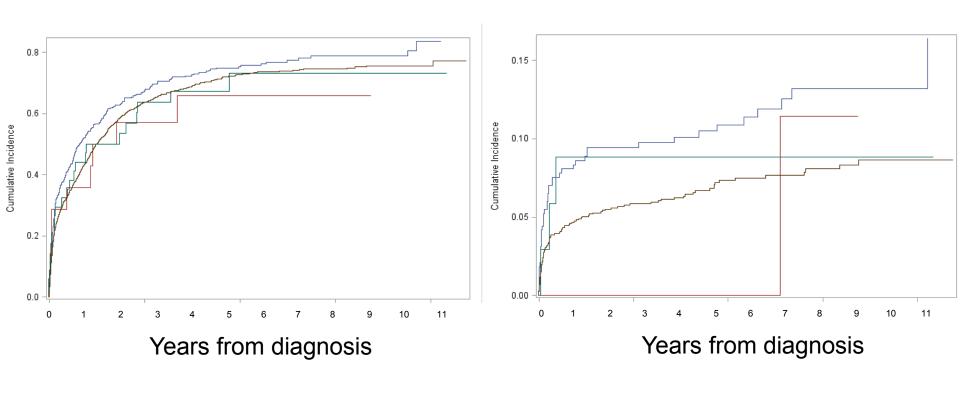
——— Any BB ——— None

Effects by drug class



Ovarian cancer

Other causes



Both (n=14)

Non-selective BB ———

None (n=1391)

Effects by drug class



Adjusted effects...

Model*		Ovarian cancer death HR (95%CI)	Other death HR (95%CI)
Test of interaction		P=0.55	P=0.37
Pre-diagnostic	Selective BB	1.11 (0.95, 1.30)	1.04 (0.88, 1.24)
	Non-selective BB	0.88 (0.56, 1.38)	0.96 (0.60, 1.53)
	Both	1.24 (0.63, 2.43)	1.41 (0.75, 2.62)

^{*}Models adjusted for age, smoking, marital status, diagnosis year, urban/rural residence, deprivation, stage, grade, and surgery at diagnosis

Conclusion



This is one of the largest observational studies of beta-blocker use in ovarian cancer:

- ➤ No association between pre-diagnostic exposure and cancer-specific survival.
- ➤ Unknown if drug class is relevant.

This analysis is being replicated in Northern Ireland (NICR) and English (CPRD) populations.







Acknowledgements



- Staff at National Cancer Registry of Ireland, in particular:
 - > The data team for linkage of GMS records,
 - > Tumour registration officers for collecting data
- HSE-PCRS for providing the GMS prescription data
- Project funding from Irish Health Research Board

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