# Association between Pioglitazone and Bladder Cancer in a Medicare population

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## Administrative details

<b>EU PAS number</b> EUPAS13279	
Study ID	
15784	
DARWIN EU® study	
No	
Study countries United States	

## **Study description**

This study utilizes a 20% random sample of Medicare Parts A, B and D claims data from 2006-2013 (2014 data may be added if it becomes available) to conduct an incident user comparative safety retrospective cohort study. The

cohorts will include beneficiaries aged 66 or older with diabetes who initiate pioglitazone, a dipeptidyl-peptidase 4 inhibitors, or a sulfonylureas. Incident users of pioglitazone will be compared with incident users of a dipeptidyl-peptidase 4 inhibitors, or a sulfonylureas with respect to incidence of bladder cancer.

#### **Study status**

**Planned** 

## Research institutions and networks

## Institutions

## University of North Carolina at Chapel Hill

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Institution

Gillings School of Global Public Health

## Contact details

Study institution contact

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Study contact

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## **Primary lead investigator**

## Til Stürmer

**Primary lead investigator** 

# Study timelines

## Date when funding contract was signed

Planned: 01/04/2016

#### Study start date

Planned: 01/04/2016

#### Date of final study report

Planned: 31/10/2016

# Sources of funding

Other

# More details on funding

Unfunded

# Study protocol

PioBladderCancer\_SafetyProtocol\_ENCePPv25Apr2016.pdf(237.74 KB)

# Regulatory

#### Was the study required by a regulatory body?

No

## Is the study required by a Risk Management Plan (RMP)?

Not applicable

# Methodological aspects

# Study type

# Study type list

#### **Study type:**

Non-interventional study

## Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness

#### Main study objective:

Examine the effect of initiation of pioglitazone relative to dipeptidyl-peptidase 4 inhibitors and/or sulfonylureas on the incidence of bladder cancer based on a new-user active comparator design.

# Study Design

#### Non-interventional study design

Cohort

# Study drug and medical condition

#### **Anatomical Therapeutic Chemical (ATC) code**

(A10BB) Sulfonylureas

Sulfonylureas

(A10BG03) pioglitazone

pioglitazone

(A10BH) Dipeptidyl peptidase 4 (DPP-4) inhibitors

Dipeptidyl peptidase 4 (DPP-4) inhibitors

#### Medical condition to be studied

Type 2 diabetes mellitus

## Population studied

#### Age groups

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

#### **Estimated number of subjects**

150000

# Study design details

#### **Outcomes**

Incidence of invasive and in situ bladder cancer

#### **Data analysis plan**

New users of pioglitazone(PIO) will be compared with new users of dipeptidylpeptidase 4 inhibitors(DPP) or sulfonylureas(SU) with respect to incidence of bladder cancer. Propensity score weighting will be used to create pseudo-populations in which all baseline risk factors are balanced between each of the comparison cohorts (PIO vs DPP and PIO vs. SU). The date of dispensing of a second prescription within each exposure group will serve as the cohort entry date and the start of follow-up. The primary 'as-treated' analysis, will follow patients until the outcome occurs or the date of first occurrence of death, end of study (31 Dec 2013 2014 data may be added if it becomes available), end of enrollment, or change in therapy (discontinuation, switch, or augment). An additional 'intention to treat' analysis will follow patients without regard for change in therapy. See full protocol for additional details and description of secondary and sensitivity analyses.

## Data management

## Data sources

## **Data sources (types)**

Administrative healthcare records (e.g., claims)

# Use of a Common Data Model (CDM)

## **CDM** mapping

No

# Data quality specifications

Unknown			
Check completer	ness		
Unknown			

## **Check stability**

**Check conformance** 

Unknown

## **Check logical consistency**

Unknown

# Data characterisation

#### **Data characterisation conducted**

No