

# Dulaglutide and Potential Risks of Pancreatic Cancer and Thyroid Cancer: A Non-Interventional PASS (H9X-MC-B013)

**First published:** 24/11/2021

**Last updated:** 17/06/2025

Study

Ongoing

## Administrative details

### EU PAS number

EUPAS32646

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### Study ID

49022

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### DARWIN EU® study

No

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### Study countries

 Finland

 Sweden

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### Study description

This study is a retrospective, non-interventional post-authorization safety study that uses real-world data from two European countries (Sweden and Finland) to evaluate the incidence of pancreatic cancer and thyroid cancer in association with dulaglutide treatment compared to other second-line anti-diabetes medications among patients with T2DM.

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## Study status

Ongoing

## Research institutions and networks

### Institutions

**IQVIA**

 United Kingdom

**First published:** 12/11/2021

**Last updated:** 22/04/2024

**Institution**

**Non-Pharmaceutical company**

**ENCePP partner**

## Contact details

### Study institution contact

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**Study contact**

[yuanyuan.wang@lilly.com](mailto:yuanyuan.wang@lilly.com)

### Primary lead investigator

Yuanyuan Wang

Primary lead investigator

## Study timelines

### Date when funding contract was signed

Actual: 07/11/2019

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### Study start date

Planned: 31/01/2022

Actual: 01/06/2024

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### Date of interim report, if expected

Planned: 31/12/2025

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### Date of final study report

Planned: 31/12/2030

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Eli Lilly & Co.

## Study protocol

[B013 05 Protocol \(a\)\\_Redacted.pdf](#) (5.12 MB)

## Regulatory

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

No

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

EU RMP category 3 (required)

## Methodological aspects

### Study type

#### Study type list

##### **Study topic:**

Human medicinal product

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##### **Study type:**

Non-interventional study

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##### **Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

##### **Data collection methods:**

Primary data collection

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**Study design:**

Retrospective, non-interventional post-authorization safety study

**Main study objective:**

To estimate the incidence rates and evaluate the potential association of pancreatic cancer and thyroid cancer (including subtypes: Papillary, Follicular, and Medullary C-cell tumor) for patients with T2DM who initiated dulaglutide compared to those who initiated other non-incretin second-line ADMs.

## Study Design

**Non-interventional study design**

Cohort

## Study drug and medical condition

**Medicinal product name**

TRULICITY

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**Study drug International non-proprietary name (INN) or common name**

DULAGLUTIDE

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**Anatomical Therapeutic Chemical (ATC) code**

(A10BJ05) dulaglutide

dulaglutide

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**Medical condition to be studied**

Pancreatic carcinoma

Thyroid cancer

## Population studied

## Short description of the study population

Adult patients with confirmed diagnosis of T2DM who initiated a second-line antidiabetic medication (ADM) during the observation period and met the related inclusion and exclusion criteria within this study.

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## Age groups

- **Adult and elderly population ( $\geq 18$  years)**

- Adults (18 to < 65 years)
    - Adults (18 to < 46 years)
    - Adults (46 to < 65 years)
  - Elderly ( $\geq 65$  years)
    - Adults (65 to < 75 years)
    - Adults (75 to < 85 years)
    - Adults (85 years and over)
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## Estimated number of subjects

325000

## Study design details

### Setting

This study will be conducted using national health registries, including data collected in outpatient and inpatient settings from Sweden and Finland.

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### Comparators

Comparison 1: dulaglutide initiators compared to non-incretin second-line ADM initiators

Comparison 2: dulaglutide initiators compared to other GLP-1 RA initiators

(excluding dulaglutide), and

Comparison 3: all GLP-1 RA initiators compared to non-incretin second-line ADM initiators.

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### **Outcomes**

Pancreatic cancer, thyroid cancer (including subtypes: Papillary, Follicular, and Medullary [C-cell tumour])

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### **Data analysis plan**

The primary analysis will be an intention to treat (ITT) approach, in which pancreatic cancer and thyroid cancer will be assessed any time after the end of an exposure latency period of 3-years.

Cox proportional hazards regression with matching on the exposure propensity score (EPS) to control for the potential confounders will be applied to compare exposure groups with respect to the outcomes of interest.

## Data management

### ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

### **Data source(s)**

Sweden National Prescribed Drugs Register / Läkemedelsregistret

Sweden National Cancer Register / Cancerregistret

Swedish Cause of Death Register

Terveydenhuollon hoitoilmoitusrekisteri (Finland Care Register for Health Care)

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### **Data source(s), other**

Sweden National Registries used: the Swedish National Patient Register, the Swedish Prescribed Drug Register, National Cancer Registry, the National Diabetes Register, the National Cause of Death Register, and the Total Population Register;

Finland National Registries used: the Finnish Care Register for Health Care (HILMO), the Register of Primary Health Care Visits (AvoHILMO), the Finnish Prescription Registers, the Finnish Cancer Registry, the Finnish Causes of Death Register, Register of Completed Education and Degrees, the Population Register, the Special Refunds Entitlement Register and regional laboratory data;

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### **Data sources (types)**

[Administrative healthcare records \(e.g., claims\)](#)

[Disease registry](#)

[Electronic healthcare records \(EHR\)](#)

## Use of a Common Data Model (CDM)

### **CDM mapping**

No

## Data quality specifications

### **Check conformance**

Yes

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**Check completeness**

Yes

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**Check stability**

Unknown

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**Check logical consistency**

Unknown

## Data characterisation

**Data characterisation conducted**

No