Summary of results –

- In the DPP-4i versus SU comparison, there were 18 179 initiators of DPP-4i and 63 746 initiators of SU. 26 DPP-4i initiators and 177 SU initiators developed pancreatic cancer (interquartile range follow-up 5–18 months).
- In the DPP-4i versus TZD comparison there were 29 366 DPP-4i initiators and 26 332 TZD initiators of which 52 and 54 respectively developed pancreatic cancer.
- The risk of pancreatic cancer with initiation of DPP-4i was lower relative to SU (HR: 0.6, CI: 0.4–0.9) and similar to TZD treatment (HR: 1.0, 95% CI: 0.7–1.4). The results were virtually the same even after excluding the first 6 months of follow-up to reduce the potential for reverse causality.
- The probability of diagnostic evaluation after initiation of DPP-4i (79.3%) was similar to that for TZD (74.1%, risk ratio 1.06, 95% CI: 1.05–1.07) and SU (74.6%) (risk ratio 1.06, 95% CI: 1.05–1.07). The probability of diagnostic evaluation before treatment initiation was ~80% for all cohorts.
- Though limited by sample size and the observed duration of treatment in the US, our well-controlled population-based study suggests there is no higher short-term pancreatic cancer risk with DPP-4 inhibitor treatment relative to SU or TZD treatment.

Study citation –

Gokhale, M., Buse, J. B., Gray, C. L., Pate, V., Marquis, M. A., & Stürmer, T. (2014). Dipeptidyl-peptidase-4 inhibitors and pancreatic cancer: a cohort study.*Diabetes, Obesity and Metabolism*, *16*(12), 1247-1256.