|  |
| --- |
|  **Supplementary Table 6. The role of glycemic control on all-cause mortality in incident cancer patients with T2DM in Dutch primary care: Data since 2006** |
| **Analysis** | Total n  | Death n | Person-years | Mortality rate per 1000 person years | At target HbA1c n (%) | Adjusted by age and/or gender HR (95% CI) | Fully adjusted\* HR (95% CI) |
|  |
| **Breast cancer**  |  |  |  |  |  |  |  |  |
| Primary analysis | 583 | 196 | 3600.9 | 54.4 (47.5–62.4) | 419 (71.9) | 1.32 (0.94–1.84) | 1.38 (0.96–1.98) |  |
| Per unit increase in HbA1c above 53 | 554 | 185 | 3439.3 | 53.8 (46.8–61.9) | 419 (75.6) | 1.01 (0.99–1.03) | 1.02 (0.99–1.04) |  |
| DMD <10 years | 432 | 130 | 2814.3 | 46.2 (39.1–54.6) | 331 (76.6) | **1.77 (1.14–2.75)** | **1.91 (1.20–3.04)** |  |
| Baseline age <70 years | 260 | 40 | 1869.3 | 21.4 (15.7–29.1) | 178 (68.5) | 1.40 (0.72–2.71) | 1.33 (0.65–2.73) |  |
| No history of macrovascular events† | 404 | 106 | 2642.8 | 40.1 (33.3–48.3) | 285 (70.5) | 1.30 (0.83–2.06) | 1.30 (0.77–2.19) |  |
| No insulin use | 561 | 188 | 3510.7 | 53.6 (46.6–61.5) | 407 (72.6) | 1.29 (0.92–1.83) | 1.36 (0.94–1.97) |  |
| Stage 0-II | 500 | 144 | 3185.8 | 45.2 (38.5–53.0) | 362 (72.4) | 1.26 (0.85–1.88) | 1.34 (0.87–2.06) |  |
| Chemotherapy excluded | 462 | 170 | 2823.5 | 60.2 (52.0–69.7) | 335 (72.5) | 1.27 (0.88–1.83) | 1.34 (0.90–1.99) |  |
| Radiotherapy excluded | 240 | 120 | 1263.8 | 95.0 (80.1–112.6) | 174 (72.5) | 1.09 (0.70–1.68) | 1.12 (0.69–1.81) |  |
| **Colorectal cancer** |   |   |   |   |   |   |   |  |
| Primary analysis | 748 | 331 | 4004.0 | 82.7 (74.6–91.7) | 530 (70.9) | **1.34 (1.04–1.72)** | **1.53 (1.17–1.99)** |  |
| Per unit increase in HbA1c above 53 | 701 | 306 | 3804.5 | 80.4 (72.2–89.6) | 530 (75.6) | **1.02 (1.00–1.03)** | **1.02 (1.00–1.04)** |  |
| DMD <10 years | 522 | 233 | 2907.2 | 80.1 (70.9–90.6) | 399 (76.4) | **1.41 (1.02–1.95)** | **1.66 (1.18–2.33)** |  |
| Baseline age <70 years | 268 | 76 | 1660.8 | 45.8 (36.7–57.0) | 183 (68.3) | **1.67 (1.01–2.76)** | 1.50 (0.88–2.57) |  |
| No history of macrovascular events† | 450 | 179 | 2514.1 | 71.1 (61.8–82.0) | 315 (70.0) | **1.57 (1.12–2.21)** | **1.63 (1.13–2.35)** |  |
| No insulin use | 703 | 314 | 3807.0 | 82.5 (74.2–91.7) | 512 (72.8) | **1.41 (1.08–1.83)** | **1.57 (1.20–2.07)** |  |
| Stage 0-II | 450 | 186 | 2562.0 | 72.6 (63.2–83.4) | 315 (70.0) | 1.21 (0.86–1.71) | 1.36 (0.95–1.94) |  |
| Chemotherapy excluded | 585 | 279 | 3019.2 | 92.4 (82.6–103.3) | 414 (70.8) | 1.24 (0.94–1.63) | **1.43 (1.07–1.92)** |  |
| Radiotherapy excluded | 595 | 260 | 3119.8 | 83.3 (74.2–93.6) | 427 (71.8) | **1.43 (1.09–1.89)** | **1.71 (1.27–2.31)** |  |
| **Prostate cancer** |  |  |  |  |  |  |  |  |
| Primary analysis | 427 | 154 | 2676.1 | 57.5 (49.4–67.1) | 308 (72.1) | **1.62 (1.15–2.28)** | 1.43 (0.99–2.06) |  |
| Per unit increase in HbA1c above 53 | 413 | 149 | 2622.1 | 56.8 (48.6–66.4) | 308 (74.6) | 1.02 (0.99–1.05) | 1.01 (0.98–1.04) |  |
| DMD <10 years | 318 | 117 | 2060.8 | 56.8 (47.6–67.7) | 242 (76.1) | **1.64 (1.10–2.45)** | 1.47 (0.96–2.25) |  |
| Baseline age <70 years | 178 | 40 | 1274.9 | 31.4 (23.1–42.6) | 126 (70.8) | **1.99 (1.06–3.75)** | **1.98 (1.03–3.82)** |  |
| No history of macrovascular events† | 227 | 64 | 1501.5 | 42.6 (33.5–54.2) | 170 (74.9) | 1.48 (0.85–2.57) | 1.51 (0.84–2.73) |  |
| No insulin use | 412 | 145 | 2616.8 | 55.4 (47.3–64.9) | 300 (72.8) | **1.48 (1.03–2.12)** | 1.35 (0.92–1.98) |  |
| Stage 0-II | 341 | 125 | 2163.1 | 57.8 (48.7–68.5) | 244 (71.6) | **1.56 (1.06–2.29)** | 1.44 (0.95–2.17) |  |
| Chemotherapy excluded | 427 | 154 | 2676.1 | 57.5 (49.4–67.1) | 308 (72.1) | **1.62 (1.15–2.28)** | 1.43 (0.99–2.06) |  |
| Radiotherapy excluded | 277 | 110 | 1677.6 | 65.6 (54.7–78.6) | 200 (72.2) | 1.40 (0.93–2.12) | 1.35 (0.86–2.14) |  |
| *Abbreviation: DMD, duration of diabetes; HR, hazard ratio; T2DM, type 2 diabetes.**For all the analyses, HRs were estimated among patients with a HbA1c level not at target level compared with at the target level.**\*Adjusted by age, gender, duration of diabetes, history of macrovascular events, smoking, body mass index, social economic status, metformin use, insulin use, lipid-lowering drug use, cancer stage, and baseline year as a stratification variable.**†History of macrovascular events was defined as the use of thrombocyte aggregation inhibitors or a history of angina pectoris, myocardial infarction, percutaneous transluminal coronary angioplasty, coronary artery bypass grafting, stroke, or transient ischemic attack.* |  |