



ST VINCENT'S  
HOSPITAL  
MELBOURNE



The Royal  
Melbourne Hospital

# Guidelines for managing diabetes and cancer

## NADC BPDC meeting Sydney 2015

Prof Richard MacIsaac

Director of Endocrinology & Diabetes, St Vincent's Hospital Melbourne

Ms Kathleen Steele

Diabetes Education Manager, Director of Endocrinology & Diabetes,  
St Vincent's Hospital Melbourne

# Diabetes and cancer



- **Diabetes (type 2) is associated with an increased risk for some cancers**
- **The association between diabetes and some cancers may be partly due to shared risk factors (aging, obesity, diet and physical activity)**
- **Possible mechanisms for a direct link between diabetes and cancer include hyperinsulinemia, hyperglycaemia and inflammation**
- **The evidence for specific glucose lowering medications affecting cancer risk is limited**
- **Outcomes for patients with cancer and diabetes is generally worse than those with cancer without diabetes**

# Background



- Co-diagnosis of diabetes and cancer presents many challenges.
- Lack of standardized guidelines was identified as a gap in best practice management
- Diabetes Team at St Vincent's Hospital partnered with Royal Melbourne Hospital, and were successful in obtaining a grant from the Western & Central Melbourne Integrated Cancer Service (WCMICS).

# Diabetes & Cancer – Scope of the problem



- Approximately 8-18% of people with cancer have diabetes
- Local audit of 556 patients diagnosed with cancer had a co-morbid diagnosis of diabetes (14% of cancer patients).
- Rates of new onset hyperglycaemia in patients without a history of diabetes?

# Diabetes & Cancer – Hyperglycaemia



We need to:

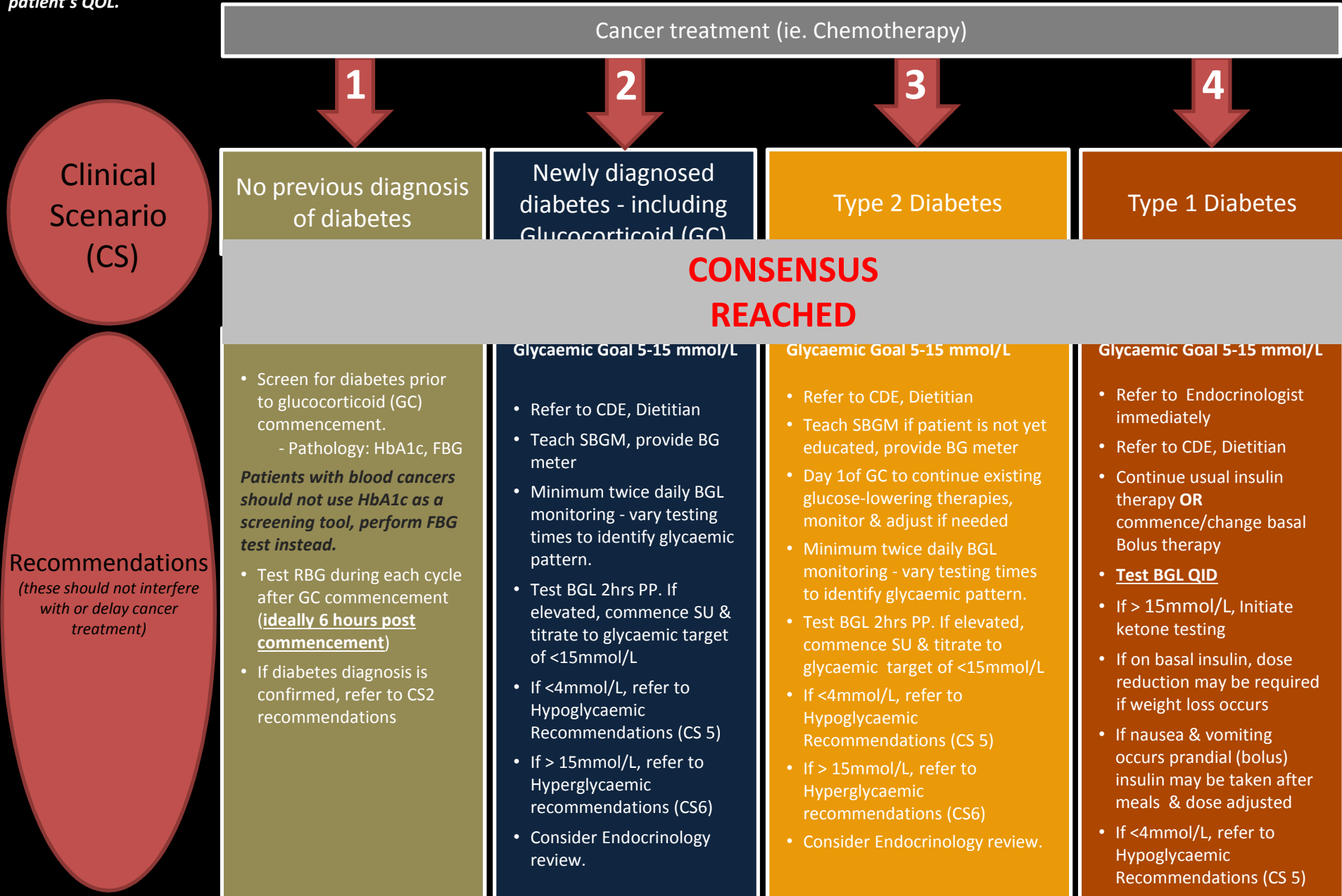
- Screen for hyperglycaemia
- Manage hyperglycaemia

# The Project ...



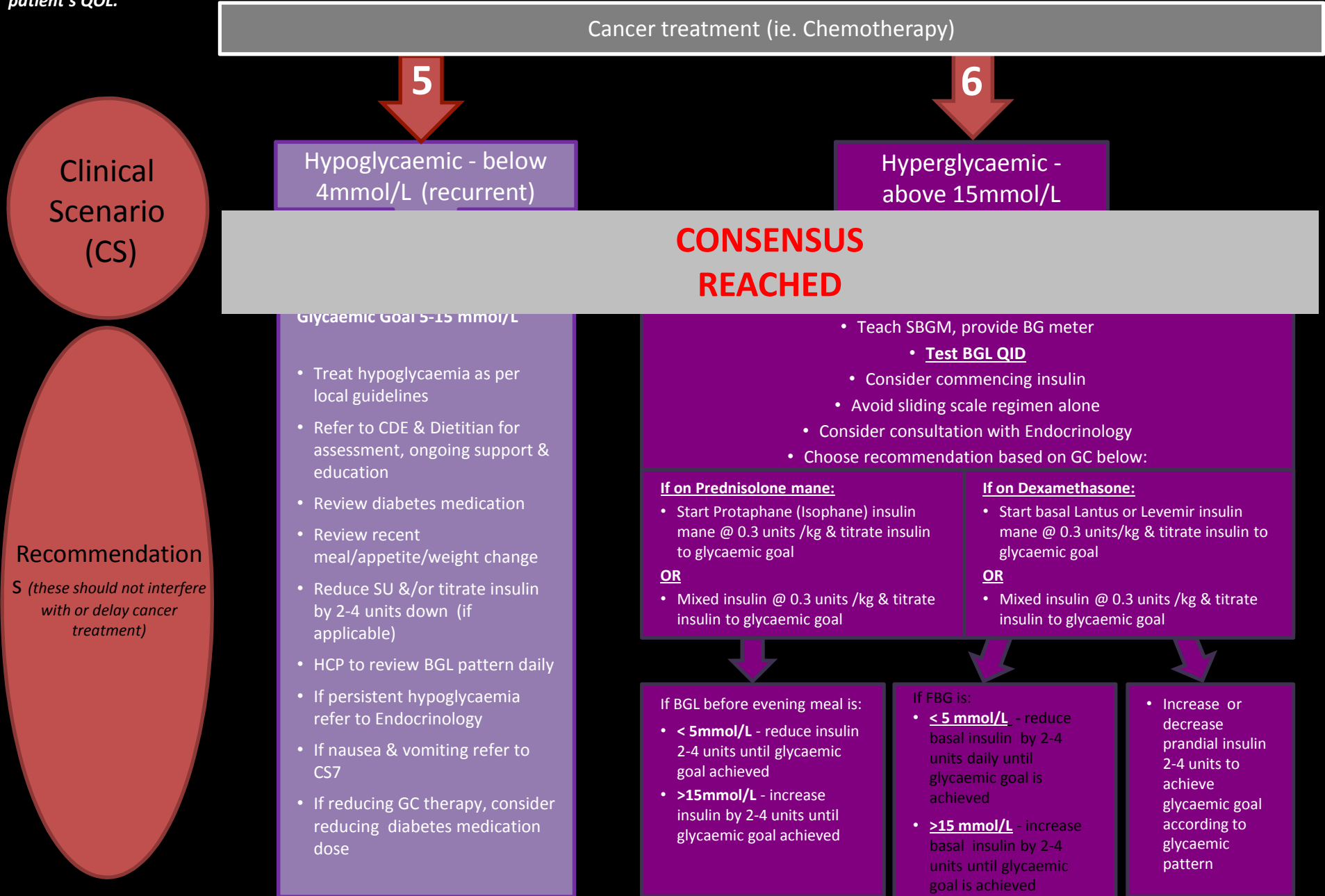
- Pre-guideline audit
- Steering committee convened & stakeholders approached
  - ✓ Pharmacists
  - ✓ Dietitians
  - ✓ Consumers
  - ✓ General Practitioners
  - ✓ Nurses
  - ✓ Oncologists
  - ✓ Hematologists
  - ✓ Endocrinologists
- Steering committee commenced draft of guidelines using best practice & steroid- induced local guidelines
- Gain consensus from professional bodies
- Pilot guidelines
- Review guidelines

These guidelines aim to provide a standardised line of care for cancer patients who are 1) at high-risk of developing diabetes, 2) already diagnosed with diabetes or 3) those on high doses of Glucocorticoids (GC). The aim is for early detection of diabetes in these patients, improving management of resulting co-morbidities and enhancing patient's QOL.



GC-glucocorticoid, HbA1c-glycated haemoglobin, FBG-fasting blood glucose, CDE-Credentialed Diabetes Educator, SBGM-Self Blood Glucose Monitoring, BG-Blood Glucose, BGL-blood glucose level, PP-post prandial, SU-Sulphonylurea, QID-4 times a day, HCP-healthcare professional.

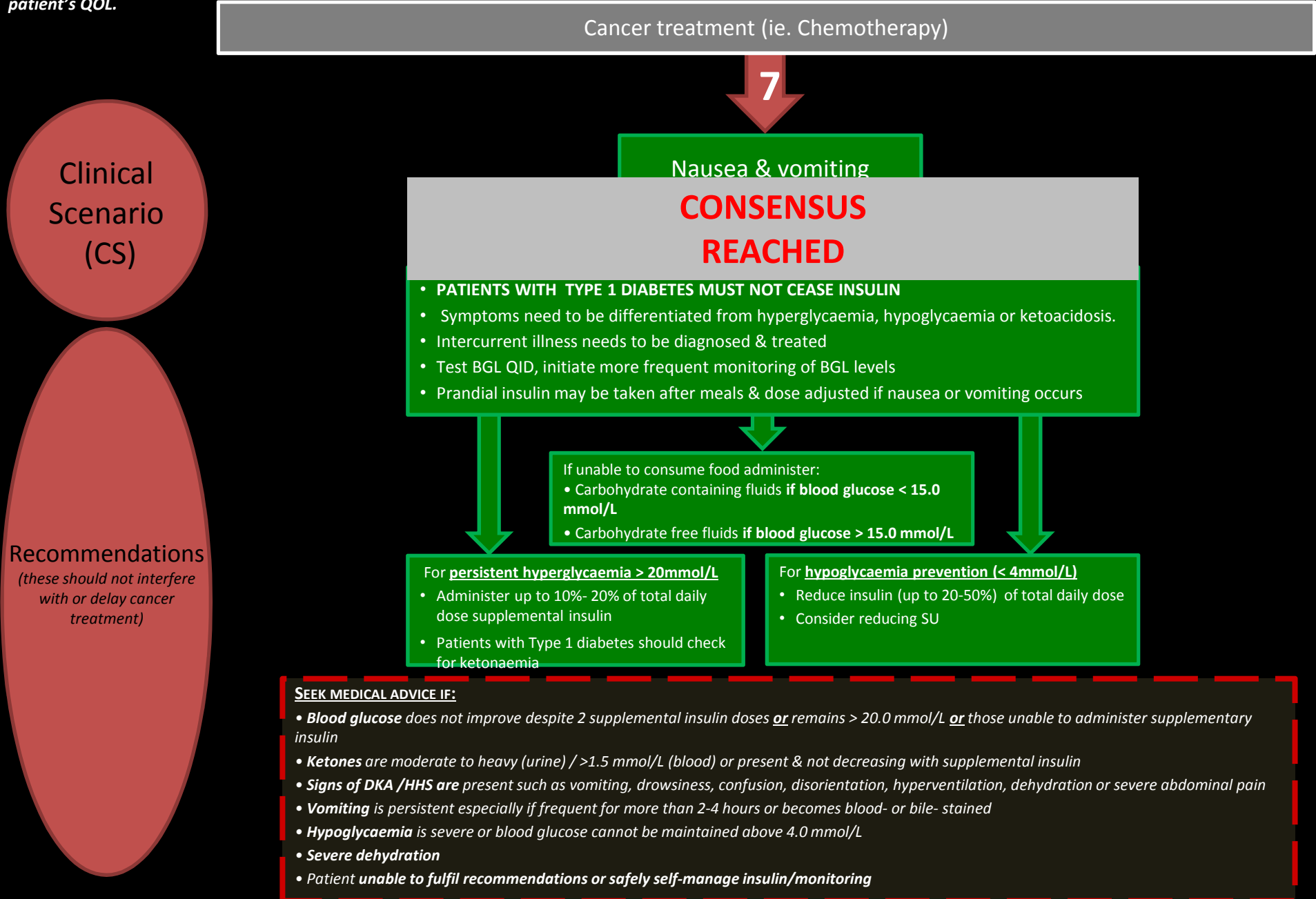
These guidelines aim to provide a standardised line of care for cancer patients who are 1) at high-risk of developing diabetes, 2) already diagnosed with diabetes or 3) those on high doses of Glucocorticoids (GC). The aim is for early detection of diabetes in these patients, improving management of resulting co-morbidities and enhancing patient's QOL.



GC-glucocorticoid, HbA1c-glycated haemoglobin, FBG-fasting blood glucose, CDE-Credentialed Diabetes Educator, SBGM-Self Blood Glucose Monitoring, BG-Blood Glucose, BGL-blood glucose level, PP-post prandial, SU-Sulphonylurea, QID-4 times a day, HCP-healthcare professional.



These guidelines aim to provide a standardised line of care for cancer patients who are 1) at high-risk of developing diabetes, 2) already diagnosed with diabetes or 3) those on high doses of Glucocorticoids (GC). The aim is for early detection of diabetes in these patients, improving management of resulting co-morbidities and enhancing patient's QOL.



Clinical Scenario (CS)

Recommendations  
*(these should not interfere with or delay cancer treatment)*

GC-glucocorticoid, HbA1c-glycated haemoglobin, FBG-fasting blood glucose, CDE-Credentialed Diabetes Educator, SBGM-Self Blood Glucose Monitoring, BG-Blood Glucose, BGL-blood glucose level, PP-post prandial, SU-Sulphonylurea, QID-4 times a day, HCP-healthcare professional.

# Plan



- Pilot local guidelines for 3 months
- Review with Steering committee
- Launch of guidelines March 2016
- For further information or comment contact  
Project Manager: [laita.bokhari@svha.org.au](mailto:laita.bokhari@svha.org.au)

# Acknowledgements

## Steering Committee Members:

Kathleen Steele, Richard Maclsaac, Elizabeth Mulrooney, Glenn Ward, Sue-Ann McLachlan, Andrew Cording, Sue Kirsas, Senthil Lingaratnam, Lesa Stewart, Graham Giles, Katie Marley, Peter Colman, Mark Rosenthal, Carmel Parlapiano, Laita Bokhari

## WCMICS

Peter MacCallum Cancer Centre

Stakeholders

Nurses and staff members of StV & RMH

ADS ADEA Scientific Meeting 2015

NADC Best Practice meeting 2015

