

## POSTER ABSTRACTS

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### Pharmacoepidemiology 50

#### **Preliminary Results of the CARE Study: NSAIDs Use and Recurrent Colorectal Cancer**

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**Background:** Chronic inflammation has received increasing attention as a causal factor in many diseases, including gastrointestinal cancers. Evidence has emerged to indicate that use of non-steroidal anti-inflammatory drugs (NSAIDs) are chemopreventive for primary colorectal cancer. We investigate the hypothesis that NSAID use may also be protective for recurrent colorectal cancer.

**Methods:** In a retrospective cohort study of 1025 patients with primary colon cancer diagnosed between 1990-2000 at two health care systems (Henry Ford Health System and HealthPartners), we examined the effect of NSAID use (current use versus non-use) on colorectal cancer recurrence. Patients were followed from the date of diagnosis until date of colorectal cancer recurrence, death, or last known follow-up. We classified each day of follow-up according to NSAID use recorded in the prescription claims databases as follows: 1) current use, prescription days supply indicated that patient was actively using NSAID and 2) non-use, person-time accumulating beginning 30 days after a prescription days supply (to allow for wash-out or sporadic use). A minimum of thirty-days supply was required before a patient contributed person-time to current use. We compared the incidence rates of recurrence among current NSAID users to that of non-users.

**Results:** On average, follow-up was 4.7 years. Preliminary results indicate current NSAID use was associated with a 42% reduction in the rate of recurrence (rate ratio=0.58; 95% confidence interval 0.19-1.83). Data collection is still ongoing.

**Conclusions:** Current NSAIDs use appears in our preliminary results to be protective for recurrent colorectal cancer.