

Association Between Diabetes and Anemia: Evidence From NHANES and the UK Biobank

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RESULTS

Among White people aged 40–69 years in the U.S. and U.K., the adjusted odds of study participants with diagnosed diabetes also having anemia was two to four times higher than in those with normal glycemia. Over a median follow-up of 13.6 years in the UKB, 42,354 people developed anemia. The adjusted HRs for incident anemia comparing diagnosed diabetes with normal glycemia were 3.05 (95% CI 2.90–3.21) for iron deficiency anemia, 3.02 (95% CI 2.51–3.63) for anemia of chronic disease, and 4.88 (95% CI 4.23–5.63) for vitamin B₁₂ deficiency anemia. Further adjustment for inflammation, renal dysfunction, and medication use partially attenuated these associations, but they remained strong and significant.

CONCLUSIONS

Diabetes was associated with several major types of anemia. Further studies are warranted to identify the mechanisms.

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Lack of sentinel-lymph node biopsy does not alter survival in early invasive breast cancer

by Bhagun Jain and Kiera Liblik — March 18, 2025 In Oncology, Surgery Reading Time: 3 mins read

In-Depth (randomized controlled trial): This randomized, noninferiority trial whether the complete omission of axillary surgery in early-stage breast cancer treated with breast-conserving surgery was noninferior to sentinel lymph node biopsy concerning disease-free survival. To show the noninferiority of the omission group, the five-year breast disease-free survival rate had to be at least 85% and the upper limit of the confidence interval for the hazard ratio for breast disease or death had to be below 1.271. Adult women with a clinical tumor stage of T1 or T2 and node-negative status who planned to undergo upfront breast-conserving surgery were eligible for this trial. A total of 5502 were randomized in a 1:1 ratio to either undergo treatment without axillary surgery (surgery omission group, n=962) or undergo sentinel lymph node biopsy (surgery group, n=4,858). The median follow-up for this study was 73.6 months. The primary outcome analysis estimated that the five-year breast disease-free survival was 91.9% (95% confidence interval [CI], 89.9 to 93.5) among patients in the surgery omission group and 91.7% (95% CI 0.73 to 1.14) in the surgery group. This was below the prespecified noninferiority margin. The primary analysis showed apparent differences between the surgery omission and surgery group in the incidence of axillary recurrence (1% vs 3%) and death (1.4% vs 2.4%). Safety analyses indicated that patients in the surgery omission group had a lower incidence of adverse effects, such as lymphedema, arm immobility, and pain with movement. Overall, results from this study found that omission of surgical axillary staging was noninferior to sentinel lymph node biopsy after a median follow-up of 6 years in patients with clinically node-negative, T1 or T2 breast breast cancer.

Another Covid wave coming? Hong Kong and Singapore report sharp jump in cases as virus detected in sewage water

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Covid-19 is once again making headlines in Asia, with Hong Kong and Singapore witnessing a sharp rise in infections, hospitalizations, and virus activity, challenging assumptions that the disease would slow in warmer months, Bloomberg reported.

FDA NEWS RELEASE

FDA Clears First Blood Test Used in Diagnosing Alzheimer's Disease

*Test Provides Less Invasive Option, Reduces Reliance on PET Scan,
Increases Diagnosis Accessibility*

Immediate Release: May 16, 2025

The U.S. Food and Drug Administration today cleared for marketing the first in vitro diagnostic device that tests blood to aid in diagnosing Alzheimer's disease. The Lumipulse G pTau217/ β -Amyloid 1-42 Plasma Ratio is for the early detection of amyloid plaques associated with Alzheimer's disease in adult patients, aged 55 years and older, exhibiting signs and symptoms of the disease.

"Alzheimer's disease impacts too many people, more than breast cancer and prostate cancer combined," said **FDA Commissioner Martin A. Makary, M.D., M.P.H.** "Knowing that 10% of people aged 65 and older have Alzheimer's, and that by 2050 that number is expected to double, I am hopeful that new medical products such as this one will help patients."

Alzheimer's disease, a brain disorder known to slowly destroy memory and thinking skills, and, eventually, the ability to carry out the simplest tasks, is



Developing a Strategy for Prevention of Avoidable Postcolonoscopy Colorectal Cancers: Current and Future Perspectives



Colonoscopy with removal of adenomas and serrated polyps significantly decreases the risk of colorectal cancer (CRC). However, a significant number of CRCs diagnosed with the use of colonoscopy are found in individuals that underwent a colonoscopy in the years preceding the diagnosis.¹ These so-called postcolonoscopy colorectal cancers (PCCRCs) expose the limitations of colonoscopy in preventing CRC. A small percentage of PCCRCs seem to be unavoidable because they are caused by biological factors such as acceler-

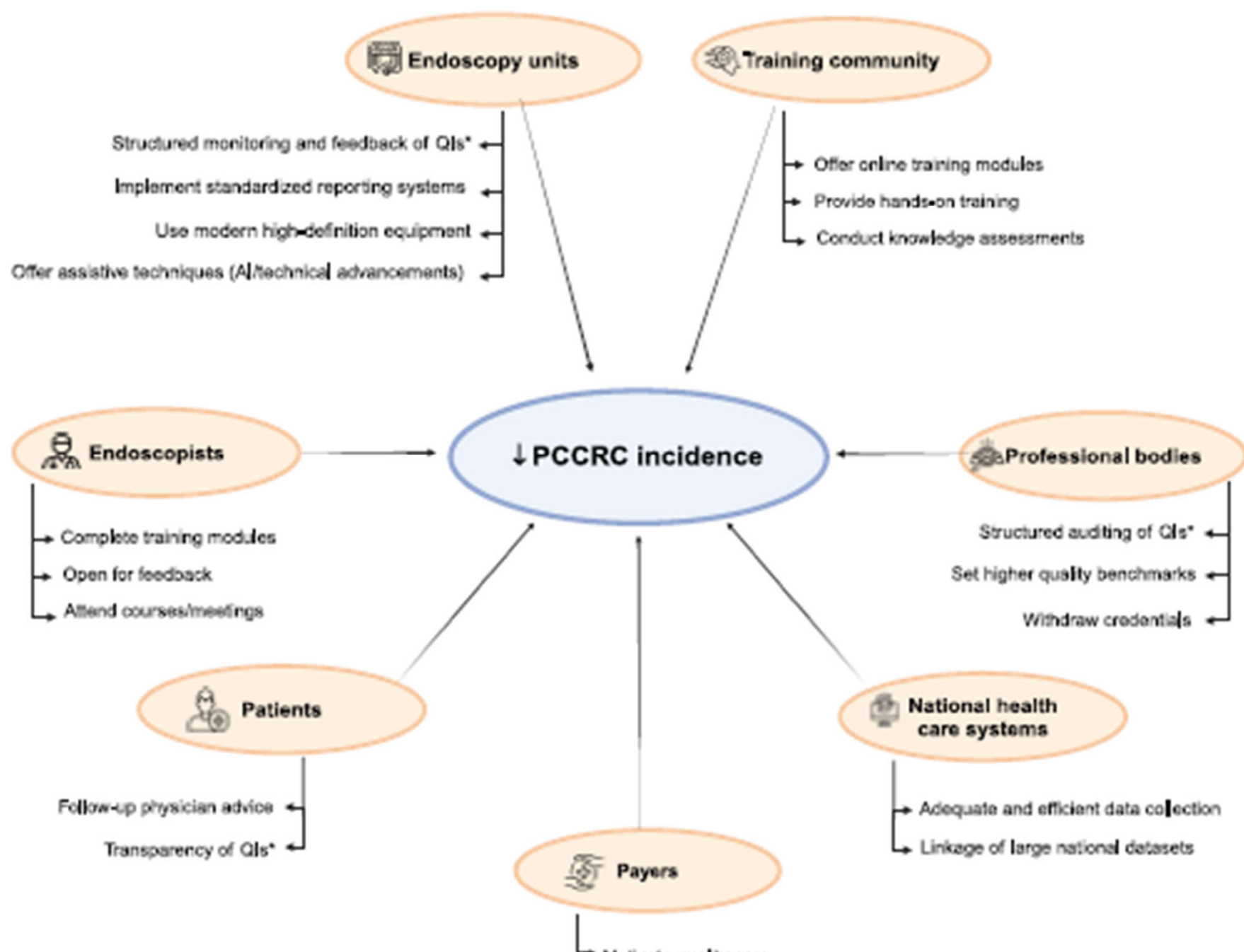
a CRC that is detected after a colonoscopy in which no cancer was detected. The WEO defined both interval (detected before the recommended surveillance interval) and noninterval PCCRCs. Noninterval PCCRCs were further classified into type A, detected at the recommended interval, type B, detected after the recommended interval, and type C, detected when no interval was agreed upon.

To enable evaluation and comparison of colonoscopy services worldwide, the WEO recommends calculating the unadjusted PCCRC rate over a minimum period of 3 years (PCCRC-3y). Since then, multiple studies have adopted this methodology, and a recently published meta-analysis reported an unadjusted PCCRC-3y rate of 7.5% in Western countries.¹

Studies included in that meta-analysis used nationwide cancer registry data aligned with nationwide colonoscopy data, including all colonoscopies performed in an entire population aged 18 years or older. As such, individuals with an increased

colonoscopy quality between settings, it is important to acknowledge that most of these studies have an average follow-up of only 5 years and therefore likely underestimate the true burden of PCCRCs.¹ Furthermore, it is important to realize that calculating PCCRC rates relies on linking large cancer registries with nationwide colonoscopy and pathology databases. In many countries, such databases may lack data for all colonoscopy indications or may contain coding errors. Such inaccurate databases can inflate PCCRC rates. For example, at a single center in the UK, 30% of cancers classified as PCCRC were either diagnosed cancers or did not meet PCCRC criteria on reevaluation.⁷

Because various factors may contribute to the occurrence of PCCRCs in practice, defining their precise cause may be challenging. Recognizing this complexity, the WEO recommends the term “most plausible explanation,” and for each individual PCCRC a root-cause analysis should help to identify areas for improvement in current clinical



Conclusion

The 2% to 8% of all CRCs that are PCCRCs pose a multifactorial challenge that we must face. We envision that only a large-scale multidisciplinary approach addressing all potential causative factors can ultimately result in lower PCCRC incidence and mortality rates. Although significant efforts have already been made to improve colonoscopy quality, it remains an ongoing challenge in which all parties have a responsibility to reduce avoidable PCCRCs.

ISMRM: Low-field MR elastography feasible in liver imaging



Amerigo Allegretto

May 16, 2025

MR elastography at 0.55-tesla (0.55T) is feasible and can produce high-quality diagnostic images, according to research presented May 14 at the International Society for Magnetic Resonance in Medicine (ISMRM) 2025 meeting in Honolulu, HI.

A team led by Michael Ohliger, MD, PhD, from the University of California, San Francisco found good agreement between spin echo and gradient echo approaches with MR elastography at 0.55T in patients with chronic liver disease (CLD), with high-quality images obtained from all patients in its pilot study.

“To our knowledge, this is the first demonstration of MR [elastography] at 0.55T in patients with CLD,” Ohliger said.

THE END