

Table 5: Evidence table – Silano et al. (2007)

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|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Study type | Retrospective case series |
| Country | Italy |
| Number of patients | N=1968 |
| Study population | Patients diagnosed with CD (with NIH criteria including histological evidence of atrophy of small bowel mucosa and serological positivity for EMA and/or anti-tTG Ab) at 20 Italian gastroenterology referral Centres between 1 st January 1982 and 31 st March 2005. 1485 female (female/male ratio: 2.6) Mean age at diagnosis of CD: 36.2 ± 13.8 years |
| Quality | <p>Silano 2007 in <u>prev guideline: check QA</u></p> <ol style="list-style-type: none"> 1. Did the study have a clearly focused aim? 2. Was the cohort recruited in an acceptable way? 3. Was the exposure accurately measured to minimise bias? 4. Was the outcome accurately measured to minimise bias? 5. Have the authors identified all important confounding factors? Have they taken account of confounding factors in the design/analysis? 6. Was the follow-up of subjects complete enough? Was the follow-up of subjects long enough? 7. What are the results? 8. How precise are the results? 9. Do you believe the results? 10. Can the results be applied to the local population? 11. Do the results fit with other available evidence? |

| | 12. What are the implications of this study for practice? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Control | none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length of follow-up | Mean duration of symptoms before diagnosis 6 ± 2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of coeliac testing | No details provided (apart from that histological evidence of atrophy in the small bowel mucosa and serological positivity for EMA and/or anti-tTG Ab were required for a diagnosis of CD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Results | <p>55 (2.09%) were diagnosed with cancer before or simultaneously at the diagnosis of CD</p> <table border="1"> <thead> <tr> <th>Malignancies observed</th> <th>Number of malignancies observed</th> <th>Number of malignancies expected^a</th> <th>SIR (95% CI)</th> <th>p value</th> </tr> </thead> <tbody> <tr> <td colspan="5">Higher risk in CD patients</td> </tr> <tr> <td>Non-Hodgkin's lymphoma</td> <td>20</td> <td>4.2</td> <td>4.7 (2.9-7.3)</td> <td><0.001</td> </tr> <tr> <td>Colon</td> <td>7</td> <td>6.2</td> <td>1.1 (0.68-1.56)</td> <td><0.001</td> </tr> <tr> <td>Small bowel</td> <td>5</td> <td>0.19</td> <td>25 (8.5-51.4)</td> <td><0.001</td> </tr> <tr> <td>Hodgkin's lymphoma</td> <td>4</td> <td>0.4</td> <td>10 (2.7-25)</td> <td>0.01</td> </tr> <tr> <td>Stomach</td> <td>3</td> <td>1</td> <td>3 (1.3-4.9)</td> <td>0.08</td> </tr> <tr> <td colspan="5">Lower risk in CD patients</td> </tr> <tr> <td>Breast</td> <td>3</td> <td>14</td> <td>0.2 (0.04-0.62)</td> <td><0.001</td> </tr> <tr> <td>Other</td> <td>13</td> <td>12</td> <td>1 (0.9-8.5)</td> <td>0.06</td> </tr> <tr> <td>Total</td> <td>55</td> <td>42.1</td> <td>1.3 (1.0-1.7)</td> <td>0.001</td> </tr> </tbody> </table> <p>^a based on specific incidence rate from WHO Globescan 2002 adjusted for the sex and age of the population The mean age at diagnosis of coeliac disease for those diagnosed with cancer before or simultaneously 47.6±10.2yrs which was significantly higher than the age at diagnosis of those who did not develop a malignancy 28.6±18.2yrs</p> | Malignancies observed | Number of malignancies observed | Number of malignancies expected ^a | SIR (95% CI) | p value | Higher risk in CD patients | | | | | Non-Hodgkin's lymphoma | 20 | 4.2 | 4.7 (2.9-7.3) | <0.001 | Colon | 7 | 6.2 | 1.1 (0.68-1.56) | <0.001 | Small bowel | 5 | 0.19 | 25 (8.5-51.4) | <0.001 | Hodgkin's lymphoma | 4 | 0.4 | 10 (2.7-25) | 0.01 | Stomach | 3 | 1 | 3 (1.3-4.9) | 0.08 | Lower risk in CD patients | | | | | Breast | 3 | 14 | 0.2 (0.04-0.62) | <0.001 | Other | 13 | 12 | 1 (0.9-8.5) | 0.06 | Total | 55 | 42.1 | 1.3 (1.0-1.7) | 0.001 |
| Malignancies observed | Number of malignancies observed | Number of malignancies expected ^a | SIR (95% CI) | p value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Higher risk in CD patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Hodgkin's lymphoma | 20 | 4.2 | 4.7 (2.9-7.3) | <0.001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Colon | 7 | 6.2 | 1.1 (0.68-1.56) | <0.001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small bowel | 5 | 0.19 | 25 (8.5-51.4) | <0.001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hodgkin's lymphoma | 4 | 0.4 | 10 (2.7-25) | 0.01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stomach | 3 | 1 | 3 (1.3-4.9) | 0.08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower risk in CD patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breast | 3 | 14 | 0.2 (0.04-0.62) | <0.001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 13 | 12 | 1 (0.9-8.5) | 0.06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 55 | 42.1 | 1.3 (1.0-1.7) | 0.001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source of funding | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conflicts of interest | Study reports that there are none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | Authors concluded that coeliac patients have an increased risk of developing cancer in relation to the age of diagnosis of CD and this result is higher for malignancies of gastro-intestinal sites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Definitions of abbreviations are given at the end of this document.