

# **Female reproductive and hormonal factors with gallbladder cancer risk in Asia: A pooled analysis of the Asia Cohort Consortium**

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**WCE**

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# Female reproductive and hormonal factors with gallbladder cancer risk in Asia: A pooled analysis of the Asia Cohort Consortium

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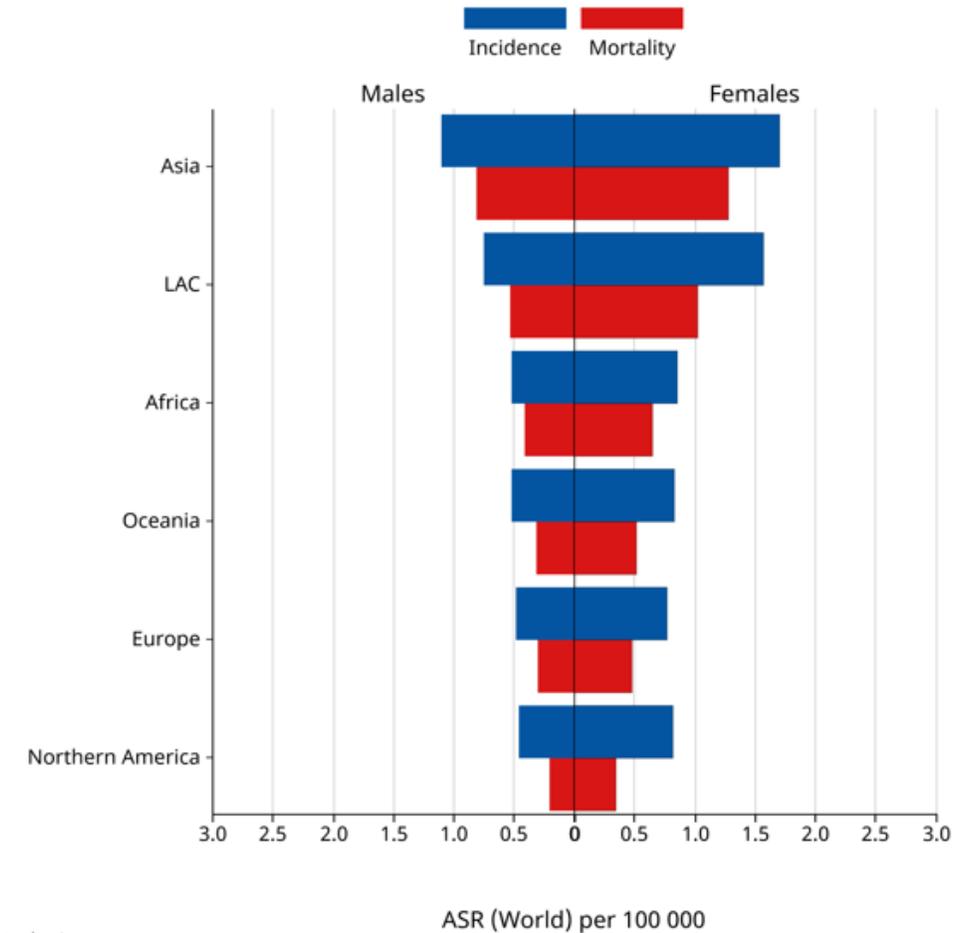
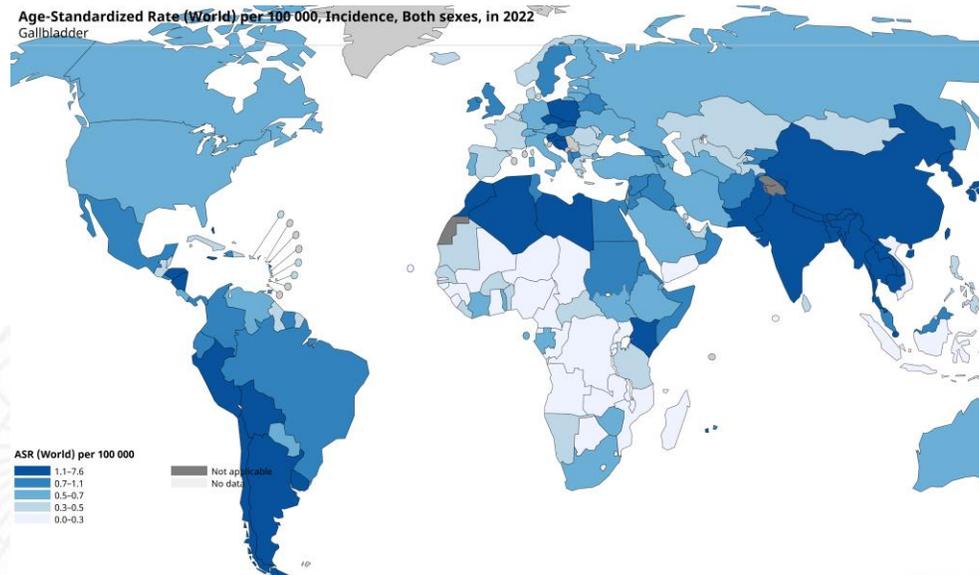
Seoul National University College of Medicine

<https://snucm.elsevierpure.com/en/persons/y-shin-9>

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# Background

- Gallbladder cancer (GBC)
- The 6th most common malignancy of the gastrointestinal tract
- More than 70% cases and deaths occur in Asia
- Poor prognosis with 5-year survival rates 10-30%
- Female dominance



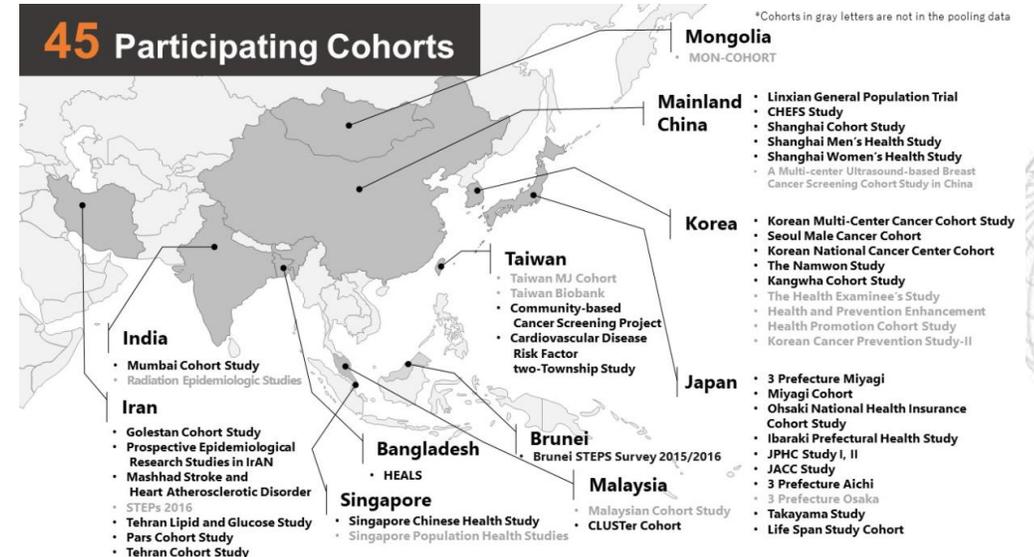
ASR (/100,000) incidence and mortality, males and females in 2022, Globocan 2022

# Risk factors of GBC

- A history of gallstones
- Obesity
- Chronic infections such as *Salmonella typhi*, *Salmonella paratyphi*, and *Helicobacter pylori*
- **Reproductive and hormonal factors**
  - Gallbladder tissue expresses estrogen and progesterone receptors
  - Elevated estrogen increases cholesterol secretion, while progesterone reduces bile acid secretion and delays gallbladder emptying → supersaturation of bile and facilitating gallstone formation
  - The Biliary Tract Cancers Pooling Project
    - An increasing number of live births
    - A later age at menarche among Asian women
    - Only four studies from three Asian countries were included

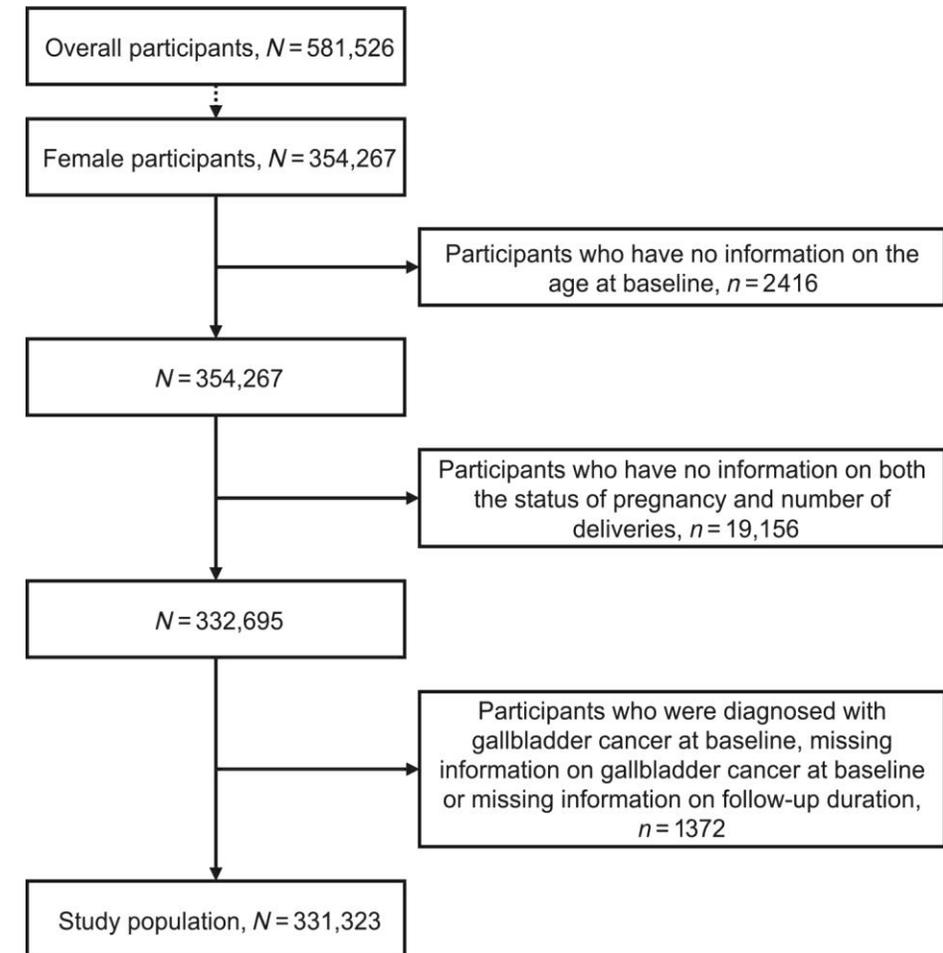
# The Asia Cohort Consortium

- Rationale
  - Serving as a platform for cross-cohort collaborative projects
  - Acting as an incubator for new cohorts
- Established in 2004
- 37 publications and 40+ ongoing projects on mortality, cancer, diabetes, etc, as of September 2024



# The aim and methods

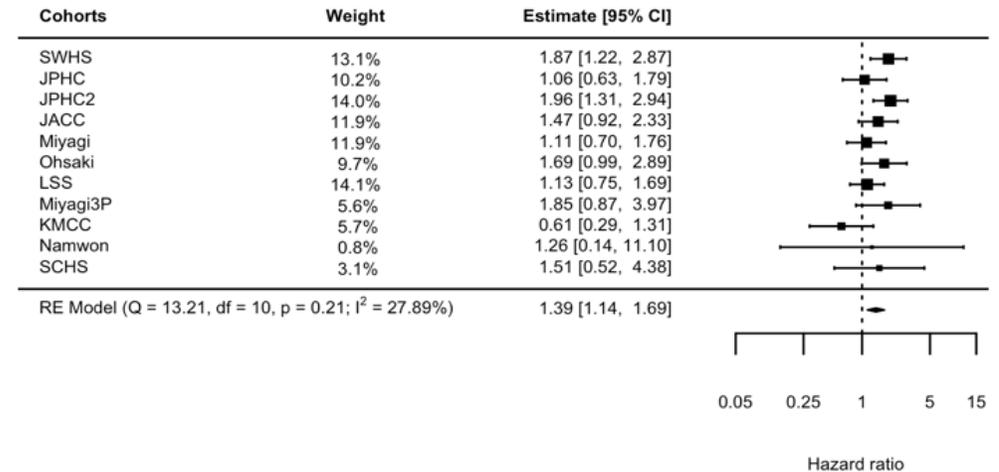
- The aim : To investigate the association between female reproductive factors and GBC risk, considering birth cohorts of Asian women
- Study design : The pooled analysis of data collected by the Asia Cohort Consortium
- 331,323 women from 12 cohorts from 4 countries (China, Japan, Korea, and Singapore)
- Cancer ascertainment: Linkage to local cancer registries (1173 GBC cases during mean of 16.5 years of follow-up)
- Analysis
  - Cox proportional hazards models to estimate the hazard ratios (HRs) and corresponding 95% confidence intervals (CIs)
  - Random effect models to pooling the cohort-specific HRs
  - Stratification by birth cohorts



# Results

- No clear associations: parity, age at the first delivery or pregnancy, breastfeeding, age at menopause, OC use, HRT use
- Later age at menarche
  - 17 years vs. 13-14 years HR 1.39 (95% CI 1.14-1.69)
- Birth cohort born in 1940 or later
  - Age at menarche: Stronger association among birth cohort born in 1940 or later  
HR 2.56 (95% CI 1.50-4.35)
  - Age at first delivery of 31 years or older HR 1.56 (95% CI 1.09-2.25) compared to women with an age at first delivery of 20 years or younger

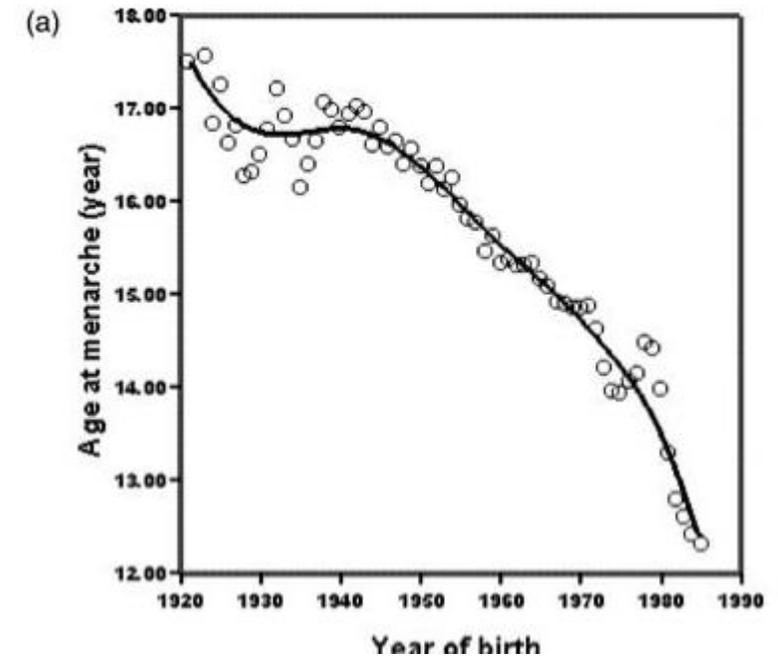
≥17 vs. 13-14 years



# Discussion

- A later age at menarche and an increased risk of GBC, especially among the birth cohort born in 1940 and later
  - Associations were generally consistent across cohort
  - Consistent with a previous pooled analysis (the Biliary Tract Cancers Pooling Project) and Korean National Health Insurance study
- Later birth cohorts
  - Experienced early menarche → Reflects nutritional status during childhood and puberty
  - A later age at first delivery or pregnancy and low parity → lower lifetime exposure to sex hormone

*Secular trend in age at menarche in Korea*



# Conclusions

- Later age at menarche and at first delivery were associated with a higher risk of GBC.
- These associations varied by birth cohort.

RESEARCH ARTICLE

Cancer Epidemiology

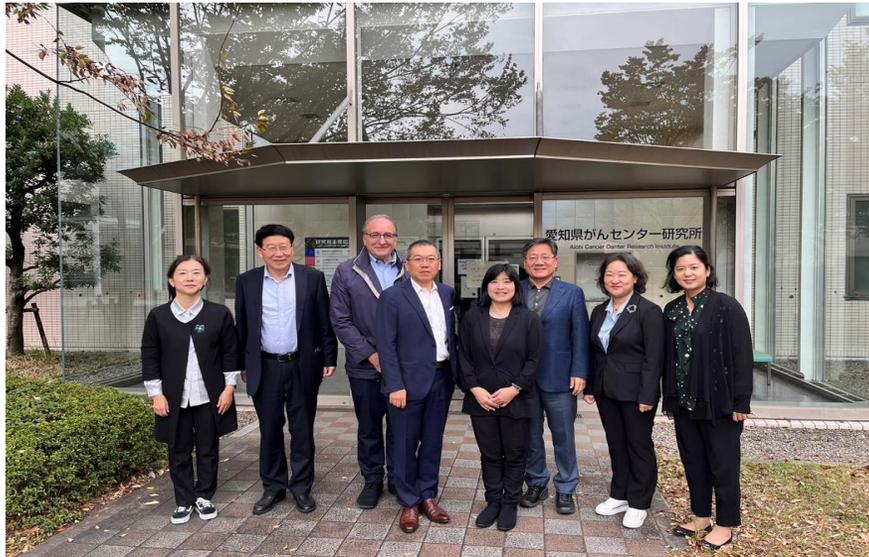
# Association of female reproductive and hormonal factors with gallbladder cancer risk in Asia: A pooled analysis of the Asia Cohort Consortium

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You-Lin Qiao<sup>30</sup>  | Nathaniel Rothman<sup>31</sup>  | Wei Zheng<sup>13</sup>  |  
Manami Inoue<sup>5</sup>  | Daehee Kang<sup>1,3</sup> 

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## Reproductive Factors Working Group Members

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## Participating cohorts

Shanghai Cohort Study  
Shanghai Women's Health Study  
Japan Public Health Center-based prospective Study 1,2  
Japan Collaborative Cohort Study  
Miyagi Cohort Study  
Ohsaki National Health Insurance Cohort Study  
Life Span Study Cohort  
Three Prefecture Cohort Study Miyagi  
Korean Multi-center Cancer Cohort Study  
Korean National Cancer Center Cohort  
The Namwon Study

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# Thank You



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