

Framtidens kvalitetsregisterforskare – kvalitetsregisterforskning på grund- och specialistutbildningsnivå. Så här jobbar vi

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Varför just jag?

Hur kommer det att gå?

Vad kan vi göra åt det?

BIRGER STRANDELL, STOCKHOLM

The association of pernicious anemia and cancer in the same individual has, as is well known, attracted great interest for a long time. Thirty to forty cases of this kind are previously reported in the literature.

In hospital material in Stockholm and Örebro, which comprises 3,684 cases of cancer and 686 cases of pernicious anemia, both diseases were present in the same individual in 26 cases. In this material, therefore, cancer is five times as frequent in the pernicious anemia material as in pernicious anemia in the cancer material.

Cancer of the stomach occurs in half of the total cases of cancer in this series, but in 4/5 of the cases with pernicious anemia and cancer, a fact which must be considered of special significance.

The first disease to develop is pernicious anemia. After some time the cancer develops.

It is evident that the course of the diseases must generally be as follows. 1) An atrophy of the gastric mucosa membrane develops and thereby calls forth a severe change in the physiology of the stomach. 2) This manifest itself, among other ways, through the development of achylia gastrica, and later on through the development of pernicious anemia. 3) Finally this atrophy supplies the basis for the development of a cancer of the stomach.

Here in Sweden at least, therefore, we now have to deal with a new problem in pernicious anemia: the subsequent development of cancer of the stomach.

The paper is published in full in Nordisk Med. Tidskrift. 32, 1937, p.1316.

PROF H.I. KARSNER, CLEVELAND, OHIO

There will appear shortly in the American Journal of the Medical Sciences an article by one of my assistants, Dr J.R. Kahn, which proves that gastric ulcer does not occur in the course of pernicious anemia. In this study the cases of pernicious anemia were not caused by dibotriocephalus cancer, disease of the bones or other known agent. There were primary cases, with typical blood and clinical pictures, which responded to specific treatment. All were proven to have achylia. In about 1,000 cases, observed in Cleveland, Cincinnati and New York not one had gastric ulcer or gastric cancer in association with pernicious anemia.

Varför Sverige?

- NRN
- Registerdata
- Icke paranoid befolkning



"Are they gaining, Huxley?"

Dödsorsaksregistret	1952
Cancerregistret	1958
Patientdatabasen	1964
Fertilitetsregistret	(1925)
Emigrationsregistret	1969
Födelseregistret	1973
Flergenerationsregistret	(1931)
Förskrivningsregistret	2005

Cancerregistret

1958

ICD-7

3% underrapportering

Patientdatabasen

20% 1964 →

100% 1987 →

Patientdatabas

Utskrivningsdiagnos (upp till 6 st)

Operationskod

Vårdtid

Personnummerstyrt

Födelseregistret

NRN moder

NRN barn

- Karaktäristika hos moder före och under graviditet
- Förlossningsutfall
- Karaktäristika hos barnet

Flergenerationsregistret

- Födda 1932 och senare
- Vid liv 1960-01-01
- Förälder vid liv 1947-01-01

LISA-databasen (SCB)

SES

Utbildning

Deltagande i arbetslivet

Kvalitetsregiser !!

Validera

Capture-recapture

The incidence of diabetes among 0-34 year olds in Sweden: new data and better methods

Rawshani A, Landin-Olsson M, Svensson
AM, Nyström L, Arnqvist HJ, Bolinder J,
Gudbjörnsdottir S

Diabetologia. 2014 Jul;57(7):1375-81

Conclusions/Interpretation

The incidence of type 1 diabetes in patients aged 34 and younger was two to three times higher than previously reported. The PDR can be used to reliably assess incidence rates in this age group.

Socioekonomi

Impact of Socioeconomic Status on Cardiovascular Disease and Mortality in 24,947 Individuals with Type 1 Diabetes

Rawshani A, Svensson AM, Rosengren A, Eliasson B, Gudbjörnsdottir S

Diabetes Care. 2015 May 13. pii: dc150145 [Epub ahead of print]

Conclusions

Low SES increases the risk of CVD and death by a factor of 2-3 in type 1 diabetes.

Hälsoekonomi

Does disease activity at the start of biologic therapy influence health care costs in patients with RA?

Johansson K, Eriksson JK, Vollenhoven RV, Miller H, Askling J, Neovius M, ARTIS Study Group

Rheumatology (Oxford). 2015 Mar 21. pii: kev021 [Epub ahead of print]

Conclusion

Over up to 4 years of follow-up, no differences in health care costs was found after adjustment in patients starting their first biologic treatment with high vs. moderate baseline disease activity.

Biobank och familjär förekomst

Familial aggregation of arthritis-related diseases in seropositive and seronegative rheumatoid arthritis: a register-based case-control study in Sweden

Frisell T, Hellgren K, Alfredsson L,
Raychaudhuri S, Klareskog L, Askling J

*Ann Rheum Dis. 2014 Dec 12. pii: annrheumdis-2014-206133
[Epub ahead of print]*

Conclusions

Although family history of several arthritis-related diseases may be useful to predict (eg. lupus and JIA), others (eg. osteoarthritis and arthralgia) are less useful. Seropositive and seronegative RA had rather similar familial co-aggregation patterns with arthritis-related diseases, suggesting that the two RA subsets are similar in the genetic factors that overlap with these diseases.

Bot eller sot?

Huvudslutsats

Kliniska forskare i Sverige har bättre förutsättningar jämfört med resten av världen!

Det är upp till oss att förvalta detta pund!

1. Rättighet för dagens patienter
2. Internationellt ansvar
3. Ansvar för framtida generationer