

# New research finds statins don't reduce skin cancer risk

April 23 2012, by Bob Yirka

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(Medical Xpress) -- Murmurings over the past couple of years suggesting that certain statins might reduce the risk for people developing skin cancer, have proven to be unfounded. New research by a team working out of the Karmanos Cancer Institute in Detroit have found clear evidence that taking statins has no discernible impact on skin cancer rates. They have published their findings in the medical journal *Cancer*.

To reach these conclusions, the team, led by Michael Simon, turned to data acquired through the Women's Health Initiative (WHI), a study conducted by the US National Institutes of Health, first begun in 1991, to conduct research into medical issues related to older women with a focus on osteoporosis, cardiovascular disease, and most notably, cancer.

Statins are a kind of drug used to [lower cholesterol](#) levels in the blood. They do so by lowering enzymes that contribute to their buildup in the [blood stream](#). They are mainly prescribed to people to help lower the risk of heart attack or stroke due to the buildup of plaque in [veins and arteries](#). Over the past several years, some research experiments had shown that they also were able to destroy tumor growth in skin samples in the lab, and thus some thought that they might also reduce the risk for developing skin cancer. This new research indicates such claims may have been highly speculative.

The WHI study currently has data on over 120,000 women; Simon et al, sifted through the records and found that over the course of the study, which ran approximately 12 years, 8,800 [white women](#) took statins while

111,000 white women did not. In comparing those that took statins with those that did not against skin cancer rates, they discovered 89 cases of melanoma, the most serious kind of skin cancer occurred in the group that took statins and 1,111 cases occurred in those who did not. Both result in a rate very near to 9 cases in 10,000 for the white women in the study. Furthermore, the researchers found that the results were nearly the same regardless of which type of statin were being taken.

This the researchers say, shows that taking [statins](#) won't help reduce the risk of [skin cancer](#), at least for white women, though they suggest that further research could show them to be an effective therapy for treating such cancers once they've been discovered.

**More information:** Jagtap, D., Rosenberg, C. A., Martin, L. W., Pettinger, M., Khandekar, J., Lane, D., Ockene, I. and Simon, M. S. (2012), Prospective analysis of association between use of statins and melanoma risk in the Women's Health Initiative. *Cancer*. [doi: 10.1002/cncr.27497](#)

## Abstract

**BACKGROUND:** Melanoma is the most lethal form of skin cancer, with an estimated 68,130 new cases and 8700 deaths in the United States in 2010. The increasing incidence and high death rate associated with metastatic disease support the need to focus on prevention. The authors used data from the Women's Health Initiative (WHI) to assess whether 3-hydroxy-3 methylglutaryl coenzyme A inhibitors (statins) are associated with a decreased risk of melanoma.

**METHODS:** The study population consisted of 119,726 postmenopausal white women, in which 1099 cases of malignant melanoma were identified over an average ( $\pm$ standard deviation) of  $11.6 \pm 3.2$  years. All diagnoses were confirmed by medical record review and pathology reports. Information on statin use was collected at baseline and during follow-up. Self-administered and interview-administered questionnaires

were used to collect information on other risk factors. Cox proportional hazards regression was used to calculate hazard ratios (HRs) with 95% confidence intervals (CIs). Analyses investigated the association of any statin use, type, potency, lipophilic status, and duration of use with melanoma.

**RESULTS:** Statins were used by 8824 women (7.4%) at baseline. The annualized rate of melanoma was 0.09% among statin users and 0.09% among nonusers. The multivariable adjusted HR for statin users compared with nonusers was 1.14 (95% CI, 0.91-1.43). There were no significant differences in risk based on statin type, potency, category, duration, or in time-dependent models.

**CONCLUSIONS:** There was no significant association between statin use and melanoma risk among postmenopausal women in the WHI.

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