Data in Brief 11 (2017) 459-468



Contents lists available at ScienceDirect

Data in Brief



Data Article

Circulating growth factors data associated with insulin secretagogue use in women with incident breast cancer



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ARTICLE INFO

Article history: Received 30 November 2016 Received in revised form 8 February 2017 Accepted 15 February 2017 Available online 22 February 2017

Keywords: Growth factor EGF FGF PDGF HGF

ABSTRACT

Oral drugs stimulating insulin production may impact growth factor levels. The data presented shows the relationship between pre-existing insulin secretagogues use, growth factor profiles at the time of breast cancer diagnosis and subsequent cancer outcomes in women diagnosed with breast cancer and type 2 diabetes mellitus. A Pearson correlation analysis evaluating the relationship between growth factors stratified by diabetes pharmacotherapy and controls is also provided.

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DOI of original article: http://dx.doi.org/10.1016/j.cyto.2016.10.017

http://dx.doi.org/10.1016/j.dib.2017.02.038

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TGF VEGF Insulin secretagogue Breast cancer Diabetes Cancer outcomes Cancer prognosis

Specifications Table

Subject area More specific sub- ject area	Clinical and Translational Research Biomarker Research, Cancer Epidemiology
Type of data	Tables
How data was acquired	Tumor registry query was followed by vital status ascertainment, and med- ical records review
·	Luminex [®] -based quantitation of growth factors (epidermal growth factor, fibroblast growth factor 2, vascular endothelial growth factor, hepatocyte growth factor, platelet-derived growth factor BB, and tumor growth factor- β) from plasma samples was conducted
	A Luminex [®] 200^{TM} instrument with Xnonent 31 software was used to
	acquire all data
Data format	Analyzed
Experimental factors	Growth factors were determined from the corresponding plasma samples collected at the time of breast cancer diagnosis
Experimental	The dataset included 97 adult females with diabetes mellitus and newly
Ieatures	only). Clinical and treatment history were evaluated in relationship with cancer outcomes and growth factor profiles. A growth factor correlation analysis was also performed.
Data source	United States, Buffalo, NY - 42° 53' 50.3592"N; 78° 52' 2.658"W
Data accessibility	The data is with this article

Value of the data

- This dataset shows the observed relationship between baseline insulin secretagogues use, circulating growth factor levels at the time of cancer diagnosis and breast cancer outcomes.
- Reported data may guide future studies evaluating pharmacotherapy-induced growth factor modulation in breast cancer.
- These observations can assist future study design in evaluating the relationship between diabetes pharmacotherapy safety and circulating growth factors levels at the time of cancer diagnosis.

1. Data

Reported data represents the observed association between use of insulin secretagogues preceding breast cancer and the growth factor profiles at the time of cancer diagnosis in women with diabetes mellitus (Table 1). Data in Table 2 includes the observed correlations between growth factors stratified by type 2 diabetes mellitus pharmacotherapy and controls. C-peptide correlation with each of the studied growth factors is presented in Table 2, however details regarding its determination from plasma, association with cancer outcomes and insulin secretagogues use has been already reported by us [2].

Table 1

Growth factor associations with cancer outcomes and insulin secretagogues use.

Biomarker	Biomarker grouping	Concentration	Control	No Secretagogue	Any Secretagogue	Unadjuste	d P-value (M	/P)	
						p^1	p ²	p ³	Global test
EGF	Median, ng/ml	-	20.26	29.60	26.63	0.002	0.041	0.330	0.003
(ng/ml)	(25th-75th)		(12.25–37.04)	(18.76–56.42)	(15.35–53.77)	(0.002)	(0.400)	(0.120)	(0.007)
	Quartiles	1.60–13.61 13.79–23.29 23.70–44.72 45.35–382.99	57 (29.4%) 51 (26.3%) 47 (24.2%) 39 (20.1%)	6 (12.8%) 10 (21.3%) 13 (27.7%) 18 (38.3%)	10 (20.0%) 12 (24.0%) 12 (24.0%) 16 (32.0%)	0.020	0.280	0.740	0.070
	OS-Based	1.60–113.10	189 (97.4%)	42 (89.4%)	47 (94.0%)	0.027	0.210	0.480	0.035
	Optimization	116.01–382.99 ª	5 (2.6%)	5 (10.6%)	3 (6.0%)	(0.080)	(0.830)	(0.440)	(0.160)
	DFS-Based	1.60–5.20 ª	12 (6.2%)	1 (2.1%)	4 (8.0%)	0.470	0.750	0.360	0.490
	Optimization	5.39–382.99	182 (93.8%)	46 (97.9%)	46 (92.0%)	(0.220)	(0.380)	(0.110)	(0.240)
FGF-2	Median, pg/ml	-	16.15	30.58	14.66	0.048	0.730	0.230	0.150
(pg/ml)	(25th–75th)		(4.32–34.43)	(7.13–49.11)	(3.20–42.68)	(0.034)	(0.600)	(0.280)	(0.080)
	Quartiles	1.60–4.18 4.76–17.34 17.51–39.78 40.30–1147.64	49 (25.3%) 51 (26.3%) 52 (26.8%) 42 (21.6%)	10 (21.3%) 9 (19.1%) 11 (23.4%) 17 (36.2%)	14 (28.0%) 13 (26.0%) 9 (18.0%) 14 (28.0%)	0.220	0.560	0.620	0.430
	OS-Based	1.60–10.15 ^a	72 (37.1%)	15 (31.9%)	19 (38.0%)	0.510	0.910	0.530	0.780
	Optimization	10.21–1147.64	122 (62.9%)	32 (68.1%)	31 (62.0%)	(0.540)	(0.830)	(0.870)	(0.780)
	DFS-Based	1.60–14.61 ª	87 (44.8%)	17 (36.2%)	25 (50.0%)	0.280	0.510	0.170	0.380
	Optimization	14.68–1147.64	107 (55.2%)	30 (63.8%)	25 (50.0%)	(0.330)	(0.400)	(0.160)	(0.290)
HGF	Median, pg/ml	-	289	347	348	0.160	0.220	0.910	0.240
(pg/ml)	(25th-75th)		(129–439)	(193–507)	(136–576)	(0.590)	(0.980)	(0.280)	(0.660)

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Biomarker	Biomarker grouping	oing Concentration Cont		Control No Secretagogue		Unadjusted P-value (MVP)			
						p^1	p ²	p ³	Global test
	Quartiles	13.02–130.22 130.72–312.56 314.96–472.00 505.37–6728.77	50 (25.8%) 52 (26.8%) 53 (27.3%) 39 (20.1%)	11 (23.4%) 10 (21.3%) 13 (27.7%) 13 (27.7%)	12 (24.0%) 11 (22.0%) 7 (14.0%) 20 (40.0%)	0.670	0.021	0.350	0.110
	OS-Based	13.02–1148.76	188 (96.9%)	45 (95.7%)	48 (96.0%)	0.660	0.670	1.000	0.700
	Optimization	1169.11–6728.77 ª	6 (3.1%)	2 (4.3%)	2 (4.0%)	(0.770)	(0.960)	(0.840)	(0.960)
	DFS-Based	13.02–919.06	185 (95.4%)	44 (93.6%)	44 (88.0%)	0.710	0.090	0.490	0.170
	Optimization	920.11–6728.77 ª	9 (4.6%)	3 (6.4%)	6 (12.0%)	(0.770)	(0.250)	(0.460)	(0.640)
PDGF-BB	Median, pg/ml	-	2055	1341	1105	0.100	0.037	0.710	0.053
(pg/ml)	(25th-75th)		(615–5402)	(309–2802)	(205–3211)	(0.043)	(0.015)	(0.850)	(0.022)
	Quartiles	60–414 440–1618 1660–4332 4355– 15,480	43 (22.2%) 47 (24.2%) 49 (25.3%) 55 (28.4%)	13 (27.7%) 12 (25.5%) 13 (27.7%) 9 (19.1%)	17 (34.0%) 14 (28.0%) 10 (20.0%) 9 (18.0%)	0.610	0.210	0.800	0.460
	OS-Based	60–2687 ^a	109 (56.2%)	34 (72.3%)	35 (70.0%)	0.046	0.080	0.800	0.046
	Optimization	2694– 15,480	85 (43.8%)	13 (27.7%)	15 (30.0%)	(0.014)	(0.035)	(0.940)	(0.017)
	DFS-Based	60– 10,400 ª	186 (95.9%)	44 (93.6%)	49 (98.0%)	0.450	0.690	0.350	0.490
	Optimization	10,944– 15,480	8 (4.1%)	3 (6.4%)	1 (2.0%)	(0.690)	(0.710)	(0.450)	(0.690)
TGF-β	Median, pg/ml	-	3007	4063	3425	0.013	0.070	0.450	0.017
(pg/ml)	(25th-75th)		(1996–4053)	(2678-4872)	(2417-4414)	(0.250)	(0.600)	(0.660)	(0.480)

	Quartiles	453–2151 2155–3157 3183–4303 4311– 12,026	57 (29.4%) 52 (26.8%) 43 (22.2%) 42 (21.6%)	7 (14.9%) 11 (23.4%) 11 (23.4%) 18 (38.3%)	9 (18.0%) 10 (20.0%) 18 (36.0%) 13 (26.0%)	0.060	0.110	0.440	0.052
	OS-Based	453–5545 ª	176 (90.7%)	39 (83.0%)	43 (86.0%)	0.130	0.330	0.680	0.260
	Optimization	5557– 12,026	18 (9.3%)	8 (17.0%)	7 (14.0%)	(0.220)	(0.890)	(0.320)	(0.480)
	DFS-Based	453–1881 ª	42 (21.6%)	6 (12.8%)	6 (12.0%)	0.180	0.130	0.910	0.160
	Optimization	1907– 12,026	152 (78.4%)	41 (87.2%)	44 (88.0%)	(0.210)	(0.470)	(0.800)	(0.370)
VEGF	Median, pg/ml	-	95.07	124.31	87.25	0.110	0.780	0.260	0.270
(pg/ml)	(25th–75th)		(40.78–189.51)	(59.38–308.06)	(42.25–192.36)	(0.190)	(0.870)	(0.380)	(0.400)
	Quartiles	1.60–43.56 44.52–97.48 97.87–192.64 194.47–4197.81	52 (26.8%) 51 (26.3%) 45 (23.2%) 46 (23.7%)	8 (17.0%) 9 (19.1%) 16 (34.0%) 14 (29.8%)	13 (26.0%) 16 (32.0%) 8 (16.0%) 13 (26.0%)	0.210	0.680	0.120	0.320
	OS-Based	1.60–37.94 ^a	45 (23.2%)	7 (14.9%)	10 (20.0%)	0.220	0.630	0.510	0.450
	Optimization	38.42–4197.81	149 (76.8%)	40 (85.1%)	40 (80.0%)	(0.150)	(0.810)	(0.570)	(0.370)
	DFS-Based	1.60–37.94 ^a	45 (23.2%)	7 (14.9%)	10 (20.0%)	0.220	0.630	0.510	0.450
	Optimization	38.42–4197.81	149 (76.8%)	40 (85.1%)	40 (80.0%)	(0.150)	(0.810)	(0.570)	(0.370)

Unadjusted p-values: p1, compares no secretagogue versus control; p2, compares any secretagogue versus control; p3, compares any secretagogue versus no secretagogue (as per Kruskal-Wallis test); global test, compares all categories (as per Wilcoxon, type 3 error test); MVP, denotes the p-value of each multivariate adjusted analysis corresponding to the earlier described unadjusted analyses. For more information, please see Section 2.7 below and our previously published analysis work flow¹. MVP = *p*-value of the multivariate adjusted analysis. Epidermal growth factor (EGF), fibroblast Growth Factor 2 (FGF-2), hepatocyte growth factor (HGF), platelet-derived growth factor BB (PDGF-BB), tumor growth factor (TGF), vascular endothelial growth factor (VEGF).

^a Overall survival (OS)- and disease-free survival (DFS)-optimized growth factor ranges associated with poorer outcomes (i.e. the group with a lower survival probability) are represented in bold.

Table 2					
Growth	factor	correlations	by	secretagogues	use.

			Una	djusted Correlatior	1	Ad	ljusted Correlation	
			Pearson	95% Confidence	n-value	Pearson	95% Confidence	n-value
Compared l	Biomarkers	Group	Correlation	Interval	p-value	Correlation	Interval	p-value
		All Subjects (n=291)	-0.098	-0.210 to 0.018	0.096	-0.136	-0.247 to -0.020	0.021
C-Peptide	EGF	Controls (n=194)	-0.104	-0.242 to 0.037	0.147	-0.141	-0.278 to 0.001	0.051
	No Secretagogue (n=43)	-0.395	-0.622 to -0.108	0.008	-0.388	-0.624 to -0.087	0.012	
		Any Secretagogue (n=54)	0.166	-0.106 to 0.416	0.226	0.229	-0.050 to 0.474	0.103
	All Subjects (n=291)	-0.161	-0.271 to -0.047	0.006	-0.178	-0.288 to -0.064	0.002	
C Pantida	EGE 2	Controls (n=194)	-0.122	-0.259 to 0.019	0.089	-0.125	-0.263 to 0.017	0.083
C-I epilde	101-2	No Secretagogue (n=43)	-0.391	-0.619 to -0.103	0.008	-0.364	-0.607 to -0.059	0.019
		Any Secretagogue (n=54)	-0.105	-0.362 to 0.168	0.448	-0.071	-0.340 to 0.208	0.618
	All Subjects (n=291)	0.035	-0.080 to 0.150	0.549	0.006	-0.109 to 0.122	0.913	
C-Pentide	HGF	Controls (n=194)	0.173	0.033 to 0.306	0.016	0.165	0.024 to 0.300	0.0219
C-I epilde	1101	No Secretagogue (n=43)	-0.204	-0.475 to 0.103	0.186	-0.275	-0.540 to 0.040	0.082
	Any Secretagogue (n=54)	-0.034	-0.299 to 0.236	0.804	-0.025	-0.299 to 0.252	0.861	
	All Subjects (n=291)	-0.111	-0.223 to 0.004	0.058	-0.093	-0.206 to 0.023	0.116	
C Dantida	DDCE DD	Controls (n=194)	-0.087	-0.176 to 0.105	0.618	-0.082	-0.222 to 0.060	0.254
C-Peptide PDGF-B	PDGF-BB	No Secretagogue (n=43)	-0.122	-0.408 to 0.185	0.432	-0.134	-0.428 to 0.185	0.405
		Any Secretagogue (n=54)	-0.068	-0.330 to 0.204	0.625	-0.049	-0.321 to 0.229	0.730
		All Subjects (n=291)	0.063	-0.053 to 0.177	0.285	0.018	-0.098 to 0.133	0.767
C Pantida	TGE B	Controls (n=194)	-0.036	-0.176 to 0.105	0.618	-0.064	-0.205 to 0.078	0.375
C-I epilde	rur-p	No Secretagogue (n=43)	0.254	-0.050 to 0.515	0.096	0.230	-0.088 to 0.505	0.150
	C-Peptide TGF-β	Any Secretagogue (n=54)	0.035	-0.235 to 0.300	0.803	0.035	-0.243 to 0.308	0.807
		All Subjects (n=291)	-0.127	-0.238 to -0.012	0.030	-0.136	-0.247 to -0.020	0.021
C Durit I	VECE	Controls (n=194)	-0.096	-0.233 to 0.046	0.184	-0.095	-0.234 to 0.047	0.189
C-Peptide	VEGF	No Secretagogue (n=43)	-0.389	-0.617 to -0.100	0.009	-0.350	-0.596 to -0.043	0.024
		Any Secretagogue (n=54)	0.068	-0.203 to 0.330	0.622	0.119	-0.162 to 0.382	0.404
		All Subjects (n=291)	0.730	0.672 to 0.780	< 0.001	0.734	0.675 to 0.783	<0.001
ECE	ECE 2	Controls (n=194)	0.717	0.641 to 0.779	<0.001	0.725	0.650 to 0.786	<0.001
EUF	гог-2	No Secretagogue (n=43)	0.812	0.677 to 0.894	< 0.001	0.824	0.689 to 0.903	< 0.001
		Any Secretagogue (n=54)	0.307	0.042 to 0.531	0.022	0.342	0.072 to 0.564	0.013
		All Subjects (n=291)	0.311	0.203 to 0.411	<0.001	0.291	0.182 to 0.394	<0.001
ECE	HCE	Controls (n=194)	0.107	-0.034 to 0.244	0.137	0.087	-0.055 to 0.226	0.229
EUF	пог	No Secretagogue (n=43)	0.544	0.291 to 0.726	< 0.001	0.583	0.332 to 0.757	< 0.001
		Any Secretagogue (n=54)	0.157	-0.115 to 0.408	0.252	0.127	-0.154 to 0.389	0.371
		All Subjects (n=291)	-0.023	-0.138 to 0.092	0.694	-0.007	-0.123 to 0.108	0.900
EGF	PDGF-BB	Controls (n=194)	0.016	-0.125 to 0.157	0.824	0.009	-0.133 to 0.151	0.898
		No Secretagogue (n=43)	-0.117	-0.403 to 0.190	0.451	-0.093	-0.393 to 0.225	0.567
		•						

Table 2 (continued)

		Any Secretagogue (n=54)	0.052	-0.219 to 0.315	0.707	-0.080	-0.348 to 0.120	0.573
		All Subjects (n=291)	0.196	0.082 to 0.304	< 0.001	0.172	0.058 to 0.282	0.003
		Controls (n=194)	0.191	0.052 to 0.323	0.007	0.165	0.023 to 0.300	0.022
EGF	TGF-β	No Secretagogue (n=43)	0.153	-0.154 to 0.433	0.324	0.170	-0.150 to 0.457	0.291
		Any Secretagogue (n=54)	0.177	-0.095 to 0.425	0.198	0.184	-0.097 to 0.437	0.193
		All Subjects (n=291)	0.621	0.545 to 0.687	<0.001	0.627	0.552 to 0.693	<0.001
FOF	VECE	Controls (n=194)	0.621	0.526 to 0.700	< 0.001	0.627	0.533 to 0.706	< 0.001
EGF	VEGF	No Secretagogue (n=43)	0.662	0.451 to 0.803	<0.001	0.691	0.483 to 0.825	<0.001
		Any Secretagogue (n=54)	0.336	0.075 to 0.554	0.012	0.366	0.101 to 0.583	0.007
		All Subjects (n=291)	0.138	0.024 to 0.249	0.018	0.133	0.018 to 0.245	0.023
		Controls (n=194)	0.003	-0.138 to 0.144	0.965	-0.004	-0.146 to 0.138	0.955
FGF-2 HGF	No Secretagogue (n=43)	0.264	-0.040 to 0.523	0.084	0.299	-0.014 to 0.558	0.058	
		Any Secretagogue (n=54)	-0.163	-0.413 to 0.110	0.236	-0.139	-0.399 to 0.142	0.328
		All Subjects (n=291)	0.059	-0.056 to 0.173	0.328	0.070	-0.046 to 0.184	0.234
		Controls (n=194)	0.124	-0.017 to 0.261	0.0835	0.117	-0.026 to 0.254	0.108
FGF-2	PDGF-BB	No Secretagogue (n=43)	-0.005	-0.305 to 0.296	0.974	0.014	-0.299 to 0.324	0.931
	Any Secretagogue (n=54)	-0.132	-0.386 to 0.141	0.338	-0.076	-0.345 to 0.203	0.592	
		All Subjects (n=291)	0.127	0.012 to 0.239	0.030	0.120	0.005 to 0.233	0.041
		Controls (n=194)	0.054	-0.087 to 0.194	0.453	0.048	-0.095 to 0.189	0.509
FGF-2	TGF-β	No Secretagogue (n=43)	0.288	-0.014 to 0.541	0.058	0.313	0.001 to 0.569	0.046
ror-2 Tor-p	Any Secretagogue (n=54)	-0.046	-0.310 to 0.225	0.74	-0.047	-0.318 to 0.232	0.743	
		All Subjects (n=291)	0.805	0.760 to 0.842	<0.001	0.805	0.760 to 0.842	<0.001
		Controls (n=194)	0.845	0.780 to 0.881	< 0.001	0.845	0.799 to 0.881	< 0.001
FGF-2	VEGF	No Secretagogue (n=43)	0.754	0.586 to 0.859	< 0.001	0.763	0.592 to 0.868	<0.001
		Any Secretagogue (n=54)	0.8	0.677 to 0.879	<0.001	0.792	0.660 to 0.876	<0.001
		All Subjects (n=291)	0.057	-0.058 to 0.171	0.328	0.074	-0.042 to 0.188	0.208
LICE	DDCE DD	Controls (n=194)	0.093	-0.048 to 0.231	0.195	0.087	-0.056 to 0.226	0.233
HGF	PDGF-BB	No Secretagogue (n=43)	-0.014	-0.313 to 0.287	0.927	0.048	-0.267 to 0.355	0.765
		Any Secretagogue (n=54)	0.247	-0.022 to 0.483	0.069	0.226	-0.053 to 0.472	0.107
		All Subjects (n=291)	0.116	0.001 to 0.228	0.048	0.091	-0.025 to 0.205	0.122
LICE	TOP 0	Controls (n=194)	0.113	-0.028 to 0.250	0.116	0.099	-0.043 to 0.238	0.170
HGF	TGF-p	No Secretagogue (n=43)	0.02	-0.282 to 0.318	0.901	-0.036	-0.344 to 0.279	0.824
		Any Secretagogue (n=54)	0.294	0.029 to 0.521	0.029	0.304	0.031 to 0.535	0.028
		All Subjects (n=291)	0.034	-0.081 to 0.149	0.562	0.032	-0.084 to 0.147	0.584
LICE	VECE	Controls (n=194)	0.031	-0.110 to 0.171	0.666	0.025	-0.118 to 0.166	0.736
ПОГ	VEGF	No Secretagogue (n=43)	0.024	-0.278 to 0.322	0.876	0.095	-0.223 to 0.395	0.557
		Any Secretagogue (n=54)	-0.091	-0.350 to 0.182	0.513	-0.078	-0.346 to 0.202	0.584
		All Subjects (n=291)	-0.120	-0.232 to -0.005	0.040	-0.103	-0.216 to 0.012	0.080
PDGF-BB	TGF-β	Controls (n=194)	-0.145	-0.280 to -0.004	0.044	-0.155	-0.290 to -0.013	0.032
		No Secretagogue (n=43)	-0.110	-0.397 to 0.197	0.481	-0.055	-0.360 to 0.261	0.734

		Any Secretagogue (n=54)	0.051	-0.220 to 0.314	0.716	0.059	-0.220 to 0.329	0.679
PDGF-BB VEC		All Subjects (n=291)	0.078	-0.037 to 0.192	0.182	0.081	-0.035 to 0.195	0.168
	VECE	Controls (n=194)	0.143	0.003 to 0.279	0.045	0.138	-0.004 to 0.275	0.056
	VEGF	No Secretagogue (n=43)	0.047	-0.257 to 0.342	0.764	-0.011	-0.321 to 0.302	0.947
		Any Secretagogue (n=54)	-0.107	-0.364 to 0.166	0.439	-0.047	-0.318 to 0.232	0.744
TGF-β	VEGF	All Subjects (n=291)	0.100	-0.016 to 0.212	0.089	0.098	-0.018 to 0.211	0.096
		Controls (n=194)	0.044	-0.098 to 0.184	0.542	0.040	-0.103 to 0.181	0.583
		No Secretagogue (n=43)	0.208	-0.099 to 0.478	0.177	0.280	-0.035 to 0.544	0.077
		Any Secretagogue (n=54)	-0.033	-0.299 to 0.236	0.810	-0.034	-0.306 to 0.244	0.814

Table 2 (continued)

Significant correlations are displayed in bolded text. The differences that are only significant in either adjusted or unadjusted correlations are further denoted by an outline. Epidermal growth factor (EGF), fibroblast Growth Factor 2 (FGF-2), hepatocyte growth factor (HGF), platelet-derived growth factor BB (PDGF-BB), tumor growth factor (TGF), vascular endothelial growth factor (VEGF).

2. Experimental design, materials and methods

Evaluation of growth factor profile association with insulin secretagogue use and BC outcomes was carried out under two protocols approved by both Roswell Park Cancer Institute (EDR154409 and NHR009010) and the State University of New York at Buffalo (PHP0840409E). Demographic and clinical patient information was linked with cancer outcomes and growth factor profiles of corresponding plasma specimen harvested at BC diagnosis and banked in the Roswell Park Cancer Institute Data Bank and Bio-Repository.

2.1. Study population

As described in the original research article by Wintrob et al. [1], all incident breast cancer cases diagnosed at Roswell Park Cancer Institute (01/01/2003-12/31/2009) were considered for inclusion (n=2194). Medical and pharmacotherapy history were used to determine the baseline presence of diabetes.

2.2. Inclusion and exclusion criteria

Inclusion criteria were as follows: minimum 18 years of age at diagnosis, presence of pre-existing diabetes at breast cancer diagnosis, and having available banked treatment-naïve plasma specimens in the Institute's Data Bank and Bio-Repository. That is, the blood had to be collected prior to the initiation of any cancer-related therapy (surgery, radiation or pharmacotherapy).

Subjects were excluded if they were male, had prior cancer history or unclear date of diagnosis, incomplete clinical records, type 1 or unclear diabetes status. For a specific breakdown of excluded subjects, please see the original research article by Wintrob et al. [1].

A total of 97 female subjects with breast cancer and baseline diabetes mellitus were eligible for inclusion in this analysis.

2.3. Control-matching approach

Each of the 97 adult female subjects with breast cancer and diabetes mellitus (defined as "cases") was matched with two other female subjects diagnosed with breast cancer, but without baseline diabetes mellitus (defined as "controls"). The following matching criteria were used: age at diagnosis, body mass index category, ethnicity, menopausal status and tumor stage (as per the American Joint Committee on Cancer). Some matching limitations applied [1].

2.4. Demographic and clinical data collection

Clinical and treatment history was documented by medical chart review. Vital status was obtained from the Institute's Tumor Registry, a local database updated biannually with data obtained from the National Comprehensive Cancer Networks' Oncology Outcomes Database. Outcomes of interest were overall survival (death from breast cancer) and disease-free survival (breast cancer recurrence and/or death). Mean overall and disease-free survival were 113.3 and 107.3 months respectively, both with a minimum follow-up of 25.6 months. For additional details concerning data collection, specific definitions regarding censoring and drug use (including the number of insulin users per analyzed group), and a comprehensive demographic report, please see the original article by Wintrob et al. [1].

2.5. Plasma specimen storage and retrieval

All the plasma specimens retrieved from long-term storage were individually aliquoted in color coded vials labeled with unique, subject specific barcodes. Overall duration of freezing time was accounted for all matched controls ensuring that the case and matched control specimens had similar overall storage conditions. Only two instances of freeze-thaw were allowed between biobank retrieval and biomarker analyses: aliquoting procedure step and actual assay.

2.6. Luminex[®] assays

A total of 6 biomarkers (epidermal growth factor, fibroblast growth factor 2, vascular endothelial growth factor, hepatocyte growth factor, platelet-derived growth factor BB, and tumor growth factor- β) were quantified according to the manufacturer protocol. The following Luminex[®] biomarker panels were utilized in this study: TGFB-64K (tumor growth factor- β), HCYTOMAG-60K (platelet-derived growth factor BB), and HAGP1MAG-12K (epidermal growth factor, fibroblast growth factor 2, vascular endothelial growth factor, and hepatocyte growth factor) produced by Millipore Corporation, Billerica, MA. C-peptide determinations were done according to the manufacturer protocol as previously reported [2].

2.7. Biomarker-pharmacotherapy association analysis

Biomarker cut-point optimization was performed for each analyzed biomarker. Biomarker levels constituted the continuous independent variable that was subdivided into two groups. Cut-point selection was determined by p-value optimization using the log rank method with respect to survival (both overall and disease-free) as the dependent variable with the condition of a minimum biomarker group size of 10 patients. The results of this analysis yielded the cut-point for each biomarker that would provide the most significant separation of a Kaplan-Meier survival probability curve by assigning the subject to their respective biomarker category, specifically above or below the identified cut-point. Thus identifying potential biomarker ranges associated with poorer outcomes, specifically, ranges associated with a lower survival probability. Quartiles were also constructed. The resultant biomarker categories were then ztested for association with type 2 diabetes mellitus therapy and controls by Fisher's exact test. The continuous biomarker levels were also tested for association with diabetes therapy and controls across groups by the Kruskal–Wallis test and pairwise by the Wilcoxon rank sum. Multivariate adjustments were performed accounting for age, tumor stage, body mass index, estrogen receptor status, and cumulative comorbidity. The biomarker analysis was performed using R Version 2.15.3. Please see the original article for an illustration of the analysis workflow [1].

Correlations between biomarkers stratified by type 2 diabetes mellitus pharmacotherapy and controls were assessed by the Pearson method. Correlation models were constructed both with and without adjustment for age, body mass index, and the combined comorbidity index. Correlation analyses were performed using SAS Version 9.4.

Funding Sources

This research was funded by the following grant awards: Wadsworth Foundation Peter Rowley Breast Cancer Grant awarded to A.C.C. (UB Grant number 55705, Contract CO26588).

Acknowledgements

Authors acknowledge the valuable help of Dr. Chi-Chen Hong with case-control matching.

Transparency document. Supporting information

Supplementary data associated with this article can be found in the online version at http://dx.doi. org/10.1016/j.dib.2017.02.038.

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