Findings from the American Society of Clinical Oncology Obesity Working Group

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National Obesity Collaborative Care Summit
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In addition to increased risk of heart disease and diabetes, obesity also linked to increased risk of cancer.

Calle et al. NEJM 2003; 348: 1625-38
# IARC 2016 report on Body Fatness and Cancer

<table>
<thead>
<tr>
<th>Cancer Site or Type</th>
<th>Strength of the Evidence in Humans</th>
<th>Relative Risk of the Highest BMI Category Evaluated versus Normal BMI (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophagus: adenocarcinoma</td>
<td>Sufficient</td>
<td>4.1 (3.0–7.7)</td>
</tr>
<tr>
<td>Gastric cardia</td>
<td>Sufficient</td>
<td>1.8 (1.3–2.5)</td>
</tr>
<tr>
<td>Colon and rectum</td>
<td>Sufficient</td>
<td>1.2 (1.3–1.4)</td>
</tr>
<tr>
<td>Liver</td>
<td>Sufficient</td>
<td>1.8 (1.6–2.1)</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>Sufficient</td>
<td>1.3 (1.2–1.4)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Sufficient</td>
<td>1.5 (1.2–1.8)</td>
</tr>
<tr>
<td>Breast: postmenopausal</td>
<td>Sufficient</td>
<td>1.1 (1.1–1.2)</td>
</tr>
<tr>
<td>Corpus uteri</td>
<td>Sufficient</td>
<td>7.1 (6.3–8.1)</td>
</tr>
<tr>
<td>Ovary</td>
<td>Sufficient</td>
<td>1.1 (1.1–1.2)</td>
</tr>
<tr>
<td>Kidney: renal-cell</td>
<td>Sufficient</td>
<td>1.8 (1.7–1.9)</td>
</tr>
<tr>
<td>Meningioma</td>
<td>Sufficient</td>
<td>1.5 (1.3–1.8)</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Sufficient</td>
<td>1.1 (1.0–1.1)</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>Sufficient</td>
<td>1.5 (1.2–2.0)</td>
</tr>
<tr>
<td>Male breast cancer</td>
<td>Limited</td>
<td>NA</td>
</tr>
<tr>
<td>Fatal prostate cancer</td>
<td>Limited</td>
<td>NA</td>
</tr>
<tr>
<td>Diffuse large B-cell lymphoma</td>
<td>Limited</td>
<td>NA</td>
</tr>
<tr>
<td>Esophagus: squamous-cell carcinoma</td>
<td>Inadequate</td>
<td>NA</td>
</tr>
<tr>
<td>Gastric noncardia</td>
<td>Inadequate</td>
<td>NA</td>
</tr>
<tr>
<td>Extrahepatic biliary tract</td>
<td>Inadequate</td>
<td>NA</td>
</tr>
<tr>
<td>Lung</td>
<td>Inadequate</td>
<td>NA</td>
</tr>
<tr>
<td>Skin: cutaneous melanoma</td>
<td>Inadequate</td>
<td>NA</td>
</tr>
<tr>
<td>Testis</td>
<td>Inadequate</td>
<td>NA</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>Inadequate</td>
<td>NA</td>
</tr>
<tr>
<td>Brain or spinal cord: glioma</td>
<td>Inadequate</td>
<td>NA</td>
</tr>
</tbody>
</table>

Lauby-Secretan et al. NEJM 2016
Rising prevalence of obesity has implications for cancer control efforts

- Average person in US and UK weighed 9-18kg more in 2007 than 1990

- Using SEER data to calculate attributable risk percent of cancers due to obesity, in 2007 obesity led to:
  - 38,000 cancers/year in men (4%)
  - 50,500 cancers/year in women (7%)

Obesity is also linked to cancer outcomes in potentially curable malignancies

Meta-analysis of 82 studies looking at obesity and survival in breast cancer

<table>
<thead>
<tr>
<th></th>
<th>Breast Cancer-Specific HR [95% CI]</th>
<th>Overall HR [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients</td>
<td>1.35 [1.24-1.47]</td>
<td>1.41 [1.29-1.53]</td>
</tr>
<tr>
<td>Premenopausal</td>
<td></td>
<td>1.75 [1.26-2.41]</td>
</tr>
<tr>
<td>Postmenopausal</td>
<td></td>
<td>1.34 [1.18-1.53]</td>
</tr>
</tbody>
</table>

Chan et al. Annals of Oncology 2014
ASCO Obesity Initiative

• In recognition of the growing impact of obesity on cancer incidence and mortality, ASCO selected Obesity and Cancer as a core initiative in 2013

• ASCO Energy Balance Work Group identified key challenges to incorporation of weight management/physical activity programs in cancer populations:
  • Lack of awareness of link between obesity and cancer
  • Lack of perceived “expertise” in weight management
  • Fragmentation of care between oncology and other providers
  • Lack of research
    – Testing impact of weight loss on cancer outcomes
    – Testing best methods of implementing weight management in cancer populations
  • Lack of access to effective weight management programs
ASCO Obesity Initiative Priorities

• Promote education and awareness of the links between obesity and cancer

• Develop tools and resources to help providers communicate with their patients about healthy lifestyle behaviors and encourage behavior change

• Support research to study the impact of weight loss/lifestyle change on cancer risk and outcomes

• Advocate for policies to support healthy lifestyles for the general population and cancer survivors
American Society of Clinical Oncology Position Statement on Obesity and Cancer


• Published in JCO in fall 2014
• Downloaded more than 6,000 times before January 2016
Tools and Resources: ASCO Obesity Toolkit

• Developed to provide information regarding link between obesity and cancer and to help patients make lifestyle changes

• Released May 2014

• Provider and patient materials available

• Available in English, French and Spanish

• Downloaded more than 1700 times since release; more than 150 bundles of printed materials ordered by provider groups
ASCO Research Summit on Advancing Obesity Clinical Trials in Cancer Survivors

Provide a forum to:

- Discuss the unmet needs in obesity clinical trials in cancer populations
- Review changes in funding and infrastructure relevant to this area
- Discuss research priorities
- Develop a roadmap for next steps in obesity research
- Build new scientific and funding partnerships to move research forward more efficiently
Developed a set of recommendations for next steps in oncology obesity research:

- Large scale trials testing impact of weight loss on cancer outcomes
- Concomitant dissemination and implementation research
Bridging the gaps

• Joint endeavor of ASCO, American Academy of Family Physicians and American College of Physicians

• Focused on clinical care and research in cancer survivors

• Plenary discussion focused on obesity, physical activity and weight management in cancer survivors
ASCO Obesity Initiative Next Steps

• To date, Obesity Initiative has largely focused on the oncology community

• Effects of obesity extend far beyond its impact on cancer

• The impact of any group on its own is unlikely to lead to changes in the factors that lead to obesity in the US

• Including cancer in the conversation regarding the adverse health consequences of obesity could help spur action
ASCO Multidisciplinary Obesity Work Group

• A strategic planning process was initiated to bring together representatives from various medical professional and patient organizations
  – Explore the potential for collaboration
  – Identify areas of priorities that will most benefit from cross-disciplinary approach and synergistic activities

• An in-person meeting was held on February 5th to identify a set of recommendations for collaborative opportunities for this expanded work group
Participating organizations

- Academy of Nutrition & Dietetics
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Association of Clinical Endocrinologists
- American Cancer Society
- American College of Cardiology
- American College of Obstetrics and Gynecology
- American College of Physicians
- American College of Sports Medicine
- American College of Surgeons
- American Gastroenterological Association
- American Heart Association
- American Society for Metabolic and Bariatric Surgery
- American Society of Preventive Oncology
- Endocrine Society
- National Lipid Association
- The Obesity Medicine Association
- The Obesity Society
Pre-Meeting Activities

• Participating organizations completed questionnaire regarding on-going and planned activities in the following areas
  • Provider Education and Training
  • Patient Education and Activation
  • Research
  • Policy and Advocacy

• Goal was to perform and environmental scan to determine:
  • Groups with strength in various domains
  • Areas of on-going collaboration
  • Areas of overlap
Meeting agenda

• A summary was prepared of the activities of participating groups in each of the 4 topic areas

• Organizations conducting significant work in each area gave overviews of their activities, highlighting collaborative efforts

• Meeting concluded with brainstorming session about potential areas for collaboration

• Following the meeting, a summary of recommendations was developed by the group
Environmental scan findings in provider education and training:

- In surveyed groups:
  - 54 Guidelines/recommendations
  - 13 Position Statements

- Topics include:
  - General Obesity-related: diagnosis, prevention, treatment (lifestyle, drugs, surgery)
  - Relation to comorbidities: diabetes, cardiac disease, arthritis
  - Considerations in specific populations: pediatric, pregnant, minority

- Common methods of collaboration:
  - Development of a joint guideline or statement
  - Endorsement on the part of one organization of an existing guideline/statement

- Examples:
  - *Management of Overweight and Obesity in Adults*: developed by the ACC, AHA, and TOS; endorsed by the AAFP
  - *Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Patient - 2013 Update*: Cosponsored by AACE, TOS, ASMBS
Recommendations in Education and Training

• Establish a set of core competencies that should be taught to practicing clinicians.

• Establish methods to impart needed education at an earlier level.

• Work at the hospital level to argue for increased training for providers, working from the safety angle to address issues that arise in the care of obese patients.

• Consider aligning guidelines to develop consistent information and establish core services that should be covered.

• Involve the whole care team. Engaging nursing and other professional organizations in this work is important, in particular.
Next Steps

• Currently finalizing a white paper summarizing the Work Group recommendations and identifying ASCO’s next steps

• Within ASCO, in the process of elevating the Energy Balance Work Group to a formal subcommittee of the Cancer Prevention Committee, ensuring on-going commitment to work in the area of obesity and cancer by ASCO

• Our goal is to find areas where ASCO could contribute to on-going work
Conclusions

• Obesity has a significant impact on cancer prevention and control efforts

• Increasing prevalence of obesity threatens to limit our ability to decrease the burden of cancer in years to come

• ASCO Obesity Initiative has focused on increasing awareness of the links between obesity and cancer within the oncology community

• Next steps will seek to partner with other organizations
  • Provider education and training
  • Lay population education and activation
  • Research
  • Policy and advocacy