

WEIGHT CHANGES AT DIAGNOSIS IN SOLID TUMOURS

BACKGROUND

- Unintentional weight loss (WL) in cancer is common and associated with ↑ morbidity & mortality¹
- Most WL research in advanced disease
- Rising pandemic of obesity²
- Clinical significance of any weight change (WC) - loss/gain - at diagnosis unclear

OBJECTIVES

1. Determine prevalence of WC at solid tumour diagnosis
2. Establish impact of WC on prognosis

METHODS

Study Design

- Retrospective electronic medical record review (n=6477)

Inclusion Criteria

- Solid tumour malignancy diagnosis
- ≥ 18 years
- ≥ 2 documented outpatient weight (kg) measurements

Weight Change History (n=4258)

- Pre-diagnosis weight (T₀) and 2 subsequent measures, at diagnosis (T₁) and final visit (T₂)
- Percentage (%) WC stratified in 9 categories

Statistics

- Descriptive statistics
- Logistic regression
- Survival analysis

RESULTS

Demographics (n=4258)

- Mean age 61 ± 12.5 years; 54% male
- Common tumours: breast (17%), prostate (16%), lung (14%), upper GI (11%)
- Known metastatic disease: 15%
- 68% overweight/obese (WHO Classification)
- 50% pre-cachectic; 8% cachectic¹
- 3% coded as "Abnormal Weight Loss" (ICD9)

Figure 1: Weight Change at Diagnosis

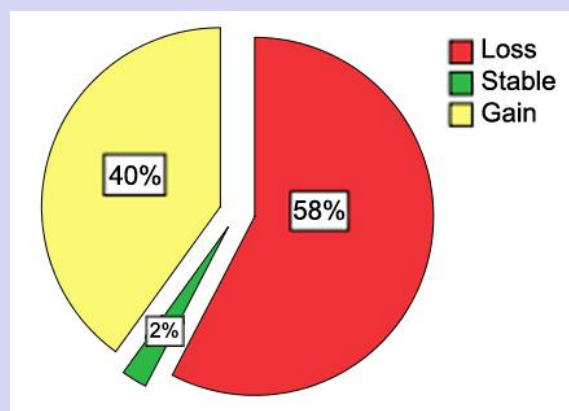
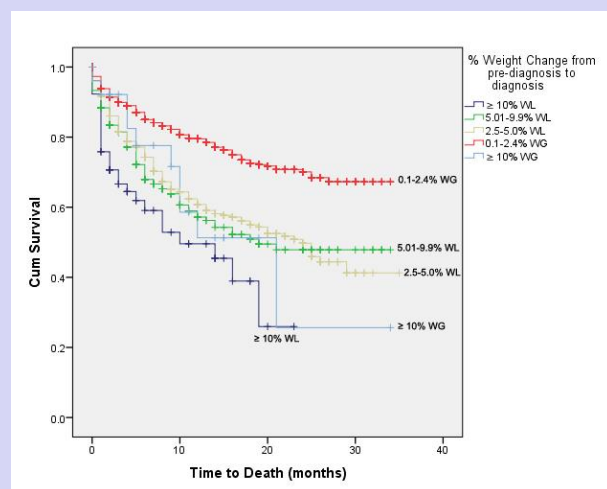


Figure 2: Cumulative Survival by % WC



CONCLUSIONS

1. WC (98%) highly prevalent at T₁
2. Most overweight/obese → ↑ risk of sarcopenic obesity
3. WL typically under diagnosed
4. ≥ 10% WL or ≥ 10% weight gain (WG) at T₁ worst prognosis
5. 0.1-2.4% WG appeared to be protective

REFERENCES

1. Fearon K, Strasser F, Anker SD, et al: Definition and classification of cancer cachexia: An international consensus framework. *Lancet Oncol* 12:489-495, 2010
2. GBD 2015 Obesity Collaborators. Health effects of overweight and obesity in 195 countries over 25 years. *N Engl J Med*. DOI: 10.1056/NEJMoa1614362