# EIGHT CHANGES AT DIAGNOSIS IN SOLID TUMOURS



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# **BACKGROUND**

- Unintentional weight loss (WL) in cancer is common and associated with ↑ morbidity & mortality1
- Most WL research in advanced disease
- Rising pandemic of obesity<sup>2</sup>
- Clinical significance of any weight change (WC) - loss/gain - at diagnosis unclear

# **OBJECTIVES**

- 1. Determine prevalence of WC at solid tumour diagnosis
- 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 (T<sub>0</sub>) and 2 subsequent measures, at diagnosis (T<sub>1</sub>) and final visit (T<sub>2</sub>)
- 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% cachectic<sup>1</sup>
- 3% coded as "Abnormal Weight Loss" (ICD9)

Figure 1: Weight Change at Diagnosis

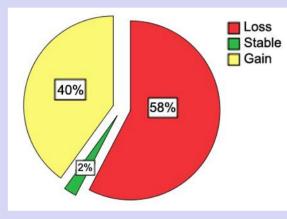
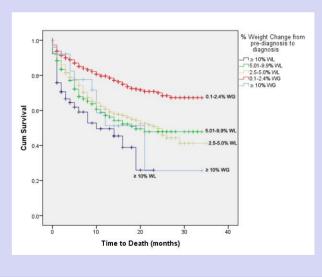


Figure 2: Cumulative Survival by % WC



# CONCLUSIONS

- 1. WC (98%) highly prevalent at T<sub>1</sub>
- Most overweight/obese → ↑ risk of sarcopenic obesity
- 3. WL typically under diagnosed
- 4. ≥ 10% WL or ≥ 10% weight gain (WG) at  $T_1$  worst prognosis
- 5. 0.1-2.4% WG appeared to be protective

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