Towards the implementation of personalized complex care project in obese oncologic patients: managing soft evidence issues

[Introduction]

Obesity has been associated with an increased incidence and a worse prognosis for most types of cancers by a considerable body of research (JCO, 34:4197, 2016). This mounting evidence has led most experts, researchers and clinicians to recommend weight control and lifestyle interventions with the aim of reducing the risk of recurrence, especially in obese oncologic patients (JCO, 34:646, 2016). Thus, individuals involved in patient follow-up (oncologists, further health professionals, caregivers, family members...) are confronted with a situation that differs from the single presence of either cancer or obesity.

Obese patients face several specific challenges related to diagnosis and treatment of cancer, ranging from a reduced participation in cancer screening programs, lower tumor-marker expression and issues with medical imaging, altered pharmacokinetics and hormone levels and also a higher risk of minor complications after surgery (J Nat Rev Clin Oncol 10:519, 2013). From a management point of view, the concurrence of obesity and cancer requires the instauration of a personalized project complex care (PPCS), to effectively attend these patients.

However, many questions remain about how to perform this follow-up, such as the adequacy of current screening procedures, the actual effect of weight loss and lifestyle interventions on cancer recurrence or death, or how to deal with both health-care professionals and patients preconceptions surrounding cancer and obesity.

[Objectives]

The main objective of this workshop is foster discussion on existing controversies in the field of nutritional and physical activity interventions in obese oncologic patients that arise either from a weak level of available evidence, which does not allow to develop strong recommendations, or from the implicit conceptions of the patients, care-givers, doctors and other health-care providers involved in the process.

By confronting different points of view on such existing controversies, it is expected to clarify how deal with areas of unclear evidence in practice.
[Topic list]

Track 1. Nutritional screening of oncologic patients. Identifying malnutrition, from theory to practice.

- How is the nutritional screening of obese oncologic patients currently performed? What instruments are used? Have they been validated for this population?

- Which level/kind of information is really necessary? Are we taking measures that are not giving relevant information? Are there any specific indicators of nutritional status that are no taken into account and should be included? Is body composition relevant?

- What is the level of awareness of malnutrition risk of obese oncologic patients? Who is responsible for performing nutritional screenings? Who should be?

References:

Track 2.1. Recommendations on weight loss, physical activity and nutritional changes in obese oncologic patients. Intervention possibilities.

High BMI has been shown to be determinant of cancer prognosis and relapses, but data on whether weight loss can reverse risk levels remains controversial. While it seems that weight loss, and certain lifestyle modifications can improve overall wellbeing and survival, it is not so clear that it reduces the risk of relapses.

- Should we still recommend lifestyle changes and weight loss? Stop doing so? Do so, but making clear the purpose and level of evidence around these intended lifestyle changes?
- What are these changes? What kind of nutritional advice do we propose? Can be fasting an option? What sort of physical activity is more appropriate?
- Do physical activity, nutrition and weight loss act through the same mechanisms? If not, it might be plausible that small levels of weight loss together with a modest increase of physical activity or modest dietary changes can reduce relapses risk; or just the other way around. Is it possible to find a position on this?
- Depending on the type of cancers, when is the best moment on weight loss? As soon as the diagnosis of cancer before starting treatment (surgery or chemotherapy)? during the treatment? After the treatment?
- What is the limit of weight loss?
- How long continue the “weight loss” phase and after how long will be the “stability weight” phase?
References:


Track 2.2. Recommendations on weight loss, physical activity and nutritional changes in obese oncologic patients. Evidence level.

– What level of evidence is needed to establish lifestyle recommendations? How can we even achieve this level, how do we evaluate interventions? Based on what criteria? ... specifically when we know that there is such a broad range of factors that influence the effect that a nutritional or physical activity intervention can have on the outcome (prognosis, relapses), such as tumor type, treatment phase, age, gender, etc.

References:


Irwin M. Weight loss interventions and breast cancer survival: the time is now. JCO 56:4583, 2014.

Track 3. Treatment adjustment, obesity and weight loss.

Obese patients face several specific challenges related to diagnosis and treatment of cancer. Chemotherapy and hormonal therapy in obese patients with cancer is affected by altered pharmacokinetics and hormone levels. The precision of radiotherapy might be adversely affected in this population by greater skin motility and increased motion of internal organs. Obese patients also face higher risk of minor complications after surgery.

– Does obesity influence treatment effectiveness? Do dosages need to be calculated differently? Should current or adjusted weight in order to prevent toxicity while maintaining the maximum effectiveness?
– Can weight loss have a negative impact on treatment? Are there any preferable methods?

References:


Track 4. Implicit preconceptions.

- What are the implicit preconceptions of the health professionals, patients, family members that can be influencing all the previous?
- Is it possible/necessary/desirable to operate on them?

References

Gulland, A. Three in four are unaware of obesity link to cancer, says charity. BMJ 354:i4898, 2016.

### Program

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