

Alamo Foundation Advocate Program

Every year the Alamo Breast Cancer Foundation provides scholarships breast cancer advocates from all over the world to attend the San Antonio Breast Cancer Symposium (SABCS).

In 2010 I was lucky enough to be the advocate from the UK. It was an exhilarating, and at times exhausting experience. The advocates had their own programme organised around the main event – this meant early mornings and late evenings. We were given briefings every evening by key speakers to help us through the day's topics and breakfast sessions to discuss key issues. The experience has helped me understand better the issues that affect us and hopefully enable me to better promote the cause of advocacy.

Each advocate was given a topic to follow throughout the conference – both papers and posters. Once at home we had to write up our chosen subject which would be published in the annual Alamo Breast Cancer Foundation Hot Topics DVD. This DVD also includes multimedia transcripts of all our evening sessions and discussions.

My topic was the effect of obesity on treatment, a topic that gave more questions than answers.

Further information on the programme can be found at www.alamobreastcancer.org

Obesity and Breast Cancer

Obesity and breast cancer are conditions we regularly read about in the media. We know that obesity or a BMI (body mass index) of over 25 can give a woman a slightly higher risk of developing breast cancer at some time in her life, but the relationship between obesity and cancer treatment although being looked at by the medical press has not been heavily publicised in the wider media world.

A session in the main hall on the first day of the 2010 San Antonio Breast Cancer Symposium (SABCS) highlighted three current studies; one from the US and two from Europe.

Each of the studies came up with slightly differing results depending on the base point of the study. The one thing that did cross over all the studies that the data used was solely based on a woman's weight at the time of the original diagnosis. This may not give a true picture of the actual effect of obesity on outcomes.

Although Sparano¹ showed little significant difference in outcomes for obese women in his study, when breaking down the data by subtype he found that women with ER positive cancer and obesity

had a significant increase in disease progression; by comparison there seemed no significant difference in the women with HER2 positive or triple negative cancers. The ER positive group were mostly older, post-menopausal and black and mainly had breast conservation surgery. They may also have had other clinical issues that were not addressed in this review. In his talk Dr Sparano said *“Certainly women with ER-positive cancers are at risk, but I wouldn’t begin to reassure the hormone receptor-negative obese women that they are not at risk. At the end of the day, the risk of obesity won’t just be present in hormone receptor-positive patients.”*

The ADEBAR trial² showed an increase in disease progression for obese women with 3 or more positive nodes at their original diagnosis, while the third study in the session (TEAM³ from Austria) which looked at obese women taking tamoxifen followed by an aromatase inhibitor and women taking tamoxifen alone, found no significant differences after 5 years. In her presentation Dr Seynaeve said *“In the TEAM population, we did not find a worse outcome in overweight obese patients compared with normal weight patient at follow-up of five years. Also we did not find differences by treatment regimen based on BMI.”*

These studies and a raft of poster presentations shown throughout the conference have raised far more questions than provided answers. We all know that obesity has a detrimental effect on our health, but does it affect the way our cancer treatments work? To understand this we require much more data on obese women presenting with a cancer diagnosis. To do this properly more work needs to be done and all the researchers have recognised this. Looking at women on diagnosis only is not the answer. Many women gain a lot of weight during treatment and can reach the obese sector later on. These women would not appear in the current studies. As well as the bare data given by the pathologist we need to know what other health and social issues could be involved and follow women closer throughout treatment. Such factors could include -

- Diabetes – could they have undiagnosed diabetes and have raised insulin levels
- Bad diets can affect immunity and general health
- Early menopause can cause an increase in weight
- Smoking
- Lack of regular exercise
- Late presentation of symptoms

After reading all the study results, differing as they are, there would seem to be enough evidence to show that remaining overweight during treatment may be a factor that causes an increase in recurrence rates and targeted programmes may be a solution.

On diagnosis all patients receive a bundle of literature giving information and help on how to cope with their treatment. There will be something on diet among them, but it is unlikely that this will be read, especially by women from poorer backgrounds. The Women’s Intervention Nutrition Study (WINS)⁴ reported that a weight loss of about 2.5kg and a small increase in exercise can have a significant difference in survival rate.

In conclusion then, in this era when obesity is a major concern throughout the western world it would seem common sense to include a weight loss and exercise regime as part of standard treatment for overweight women. They will then be guided and supported throughout the process and hopefully general health and wellbeing could be improved.

Perhaps funding spent on trials looking at the effects of obesity would be better spent on educating people on the benefits of a maintaining a healthy lifestyle and weight.

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References:

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Paper presented at the 33rd San Antonio Breast Cancer Symposium, 9 - 12 December 2010, Abstract S2-2
3. The Impact of Body Mass Index (BMI) on the Efficacy of Adjuvant Endocrine Therapy in Postmenopausal Hormone Sensitive Breast Cancer (BC) Patients; Exploratory Analysis from the TEAM Study by Caroline Seynaeve, Elysée Hille, Annette Hasenburg, et al.
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