# WEIGHT TRENDS AND PREDICTORS OF WEIGHT GAIN **IN BREAST CANCER SURVIVORS**

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## BACKGROUND

- Breast cancer (BC) is the most common cancer in women.
- Weight gain after treatment for early-stage BC is associated with a higher risk of recurrence.
- Excess adiposity is also a major risk factor for cardiovascular disease, the leading cause of non-BC related death in BC survivors.
- This study aimed to describe weight trends in a large cohort of BC survivors and to identify predictors of weight gain after BC diagnosis.

### METHODS

- This is a retrospective study of BC survivors from the prospectively consented Mayo Clinic Breast Cancer Registry, which has enrolled >10,000 patients that have been seen at least once at the Mayo Clinic in Rochester, MN for a breast cancer diagnosed within the prior year.
- We extracted data on weights at 1 year before BC diagnosis (baseline weight), and years 1, 4, and 6 after BC diagnosis to assess weight trends.
- To better understand weight trends in BC survivors, we compared them to a group of agematched women without a history of any cancer or bariatric surgery from the Rochester Epidemiology database.
- We identified BC survivors with weight gain >10% from baseline weight at years 1, 4, and 6. We then conducted univariable and multivariate logistic regression analyses to identify predictors of >10% weight gain (Data presented for 6 years only).
- Variables considered included: demographics, anthropometrics, BC clinical and pathologic characteristics, BRCA 1 and 2 genetic mutation status, and treatment.

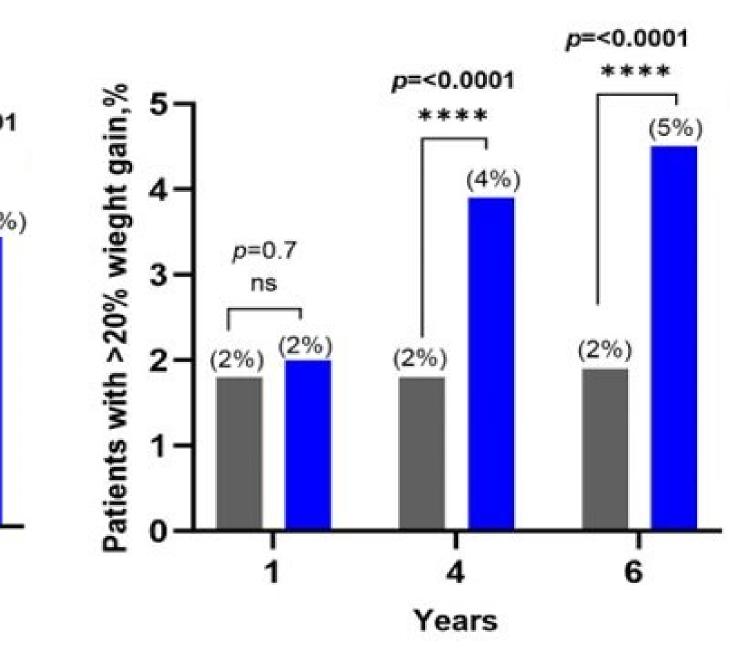
### Table 1

Age, year Baseline v BMI, kg/n Race, Whi <sup>1</sup> At breast Breast Ca Menopau Postmenc Premeno **Clinical O** Stage 0 Stage I Stage II Stage III Breast Ca Unilatera Bilateral Breast Tu Hormone ER+, Yes ( PR+, Yes Pathogen BRCA1, Ye BRCA2, Ye Surgical 1 Breast Pr Non-Breas Unilater Radiothe Radiothe Systemic Systemic Chemotl Targeted Endocrir Aroma SERM, Medica Surgical

### RESULTS

	• 4•				T	•		
1. Baseline Charact				Table 2. Weight		Survivors an	d Controls	
	BC Survivors N= 4575	Controls N= 4575	p	Weight Change %	BC Survivors	Controls	р	
ars (SD)	58.1 (12.7) <sup>1</sup>	58.1 (12.6)	0.95	$\Delta$ from baseline	+0.1 ± 9%	+0.7 ± 8 %*	0.015	
e weight, Kg (SD)	76.1 (17.7) <sup>1</sup>	74.8 (14.9)	0.12	to year 1				
′m²	<b>27.7 (6.2)</b> <sup>1</sup>	28.3 (5.6)	<0.001	$\Delta$ from baseline	+1.2 ± 11%*	+0.8 ± 9%*	0.02	
hite	4370 (95%)	3902 (85%)	<0.001	to year 4				
t cancer diagnosis				Δ from baseline to year 6	+1.6 ± 12%*	+0.7 ± 8 %*	8000.0	
Cancer Characteristics				* Significant differ	ence from has	eline i e n<0	05	
ausal Status (n = 3686)				Orgrinicant unici		ciiric, i.c. p <0.	.00	
nopausal	2529 (69%)							
opausal	1127 (31%)	Figure 1:	Propo	rtion of BC surv	vivors and co	ontrols gain	ning >10,	
Overall Stage (n = 3455)	1	>15 and 3	>20% c	of baseline weigh	nt			
	507 (15.4%)		on-BC s	survivors				
	1490 (45.2%)	<b>—</b> B(	C surviv	/ors				
	990 (30.0%)			p=<0.0001	• The pro	oportion of	:	
	308 (9.3%)	. 9		****		ors gaining		
ancer Laterality and Diame	eter (n = 4449)	بة 20 <sup>°</sup>	P	x * * * *		e baseline	•	
ral	4240 (92.7%)	t ga				s 1, 4, and	U	
	126 (2.7%)	ieght 15-	0.016	(15%)	-	compared		
umor Diameter, cm	1.8 (2.6)		*		contro	ls.		
ne Receptor Positivity	•	°°°, 10−   × 10−   (8%)	(9%)	3%) (8%)	<ul> <li>Differences were</li> </ul>			
s (n = 4575)	2682 (85.0%)	5- S- S- S- S- S- S- S- S- S- S						
s (n = 3255)	2416 (77.0%)							
nic Genetic Mutations		atien			-	d race at 4		
Yes	58 (1.3%)				years			
Yes	47 (1.0%)			Years	<b>y e e i e</b>			
Treatment	1							
Preserving Surgery	2358 (51.5%)						p=<0.0001 ****	
ast Preserving Surgery	1984 (43.4%)	ain,%		p=<0.0001	° <sup>²</sup> 5⊓	<i>p</i> =<0.0001 ****	(5%)	
eral/Bilateral Mastectomy	51%/49%	5		****	gain	(4%)		
erapy	•	wieght 10-	1000 (S. 1997)	<0.0001 *** ( <u>10%</u> )	4 digit 4 digi			
erapy, yes	1328 (29.0%)		3					
c Treatment		<b>12</b>		(7%)			(28)	
c Treatment, Yes	3298 (72.1%)	fi 5-(4%)(4	<b>1</b>   4%)	(4%)	^ 2- (2%) (2%)	(2%)	(2%)	
therapy, Yes	581 (17.5%)		(3%	2				
ed Systemic Therapy, Yes	279 (8.4%)	Patients						
rine Therapy, yes	2794 (61.1%)							
atase Inhibitors, yes	1900 (41.5%)	1	v	4 6 ears	1	4	6	
, Yes	1338 (29.2%)		T	5a1 5		Years		
, cal Ovarian Supp, Yes	206 (4.5%)	<ul> <li>We observed the same trend for weight gain of &gt;15%,</li> </ul>						
al Ovarian Supp, Yes	297 (6.5%)	and >2	20% fr	om baseline w	eight.			
11/		I						





### Table 3. Unadjust

Demographic varia Age at breast cance Baseline weight, 10 BMI,  $kg/m^2$ Race, White vs non-Ethnicity, Non-Hispa Menopause Status Menopause Status, **BC Clinical Charac** Stage I vs II and III BRCA1, Yes vs no BRCA2, Yes vs no Pathologic Charac Tumor Diameter, cm ER+ and PR+, Yes v Treatment Breast Preserving, Radiotherapy Treatr Systemic Treatment Chemotherapy, Yes Targeted Therapy, Y Endocrine Therapy, Aromatase Inhibi SERM, Yes vs nc Medical Ovarian Surgical Ovarian

- than 10%.





RESULTS

ted Univariate Analyses for >10% Weight Gain							
	Year 6						
	OR [95% CI]	р					
ables							
er diagnosis, 10 years	0.5 [0.4, 0.6]	<.0001					
kgs	0.8 [0.7, 0.9]	<.0001					
	0.94 [0.92,0.96]	<.0001					
-white	1.3 [0.6, 2.9]	0.5					
anic vs Hispanic	0.7 [0.2, 2.1]	0.5					
5							
post vs pre	0.2 [0.1, 0.3]	<.0001					
cteristics							
	0.6 [0.4, 0.7]	<.0001					
	2.2 [0.9, 5.6]	0.1					
	4.2 [1.9, 9.3]	0.0007					
cteristics							
n	1.0 [0.97, 1.04]	0.69					
vs no	0.7 [0.5, 0.9]	0.02					
Yes vs no	0.7 [0.6, 0.9]	0.002					
ment, Yes vs no	1.02 [0.80, 1.30]	0.8					
t, Yes vs no	1.8 [1.3, 2.4]	0.0001					
vs no	1.7 [1.3, 2.1]	<.0001					
les vs no	1.57 [1.15, 2.14]	0.04					
Yes vs no	1.3[1.0, 1.7]	0.02					
itors, Yes vs no	0.96 [0.8, 1.2]	0.73					
0	1.7[1.3, 2.1]	<0.0001					
Supp, Yes vs no	2.8 [1.8, 4.4]	<0.0001					
n Supp, Yes vs no	2.4 [1.7, 3.3]	<0.0001					

• The same trends were observed for years 1 and 4. Notably, after adjusting for age or menopause status and weight or BMI, only more advanced stage, BRCA 2 mutation, and the use of systemic therapy were independently associated with >10% weight gain.

In all these models, age, menopause status, weight and BMI remained the strongest risk factors for >10% weight gain.

# CONCLUSION

1. While most BC survivors do not experience weight gain after survivorship, 1 out 5 may experience excessive weight gain of more

Younger age, premenopausal status, and lower weight and BMI at BC diagnosis were the strongest predictors of weight gain during BC survivorship, followed by having a BRCA 2 mutation, more advanced stage, and receiving systemic therapy.