



Annual

**Advances and Innovations in Endoscopic Oncology
and Multidisciplinary Gastrointestinal Cancer Care**

Optimizing Oncologic Outcome via Active Weight Management

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Disclosures

- Consultant: Nestle HealthScience, and Intuitive Surgical.
- Research: Aqua Medical and Fractyl Health.

This presentation and/or comments will be free of any bias toward or promotion of the above referenced companies or their product(s) and/or other business interests.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

This presentation has been peer-reviewed and no conflicts were noted.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon must contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- Differences among individuals in this diverse population.
- Address disparities in care, especially in terms of anti-obesity treatment.

Outline

- Epidemiology of obesity and cancer
- Weight management in cancer: Why?
- Clinical trials of obesity Rx in cancer: overview of prospective data
- Guideline recommendations
- Overview of obesity treatment in 2026
- Future considerations- Discussion



Patient Story

- 44-year-old Hispanic male, BMI 46 kg/m², Diabetes x 5 years on insulin, high blood pressure, increased cholesterol and sleep apnea. Recent diagnosis of rectal cancer, 8 cm from the anal verge. Undergoing neoadjuvant Rx with a plan for curative resection (possible low anterior resection). Patient advised to lose weight prior to surgery.
- PCP: Not comfortable prescribing GLP medications given ongoing cancer Rx
- Tries several diets, exercise- loses about 2% TBWL, no clinically significant BMI change at surgery

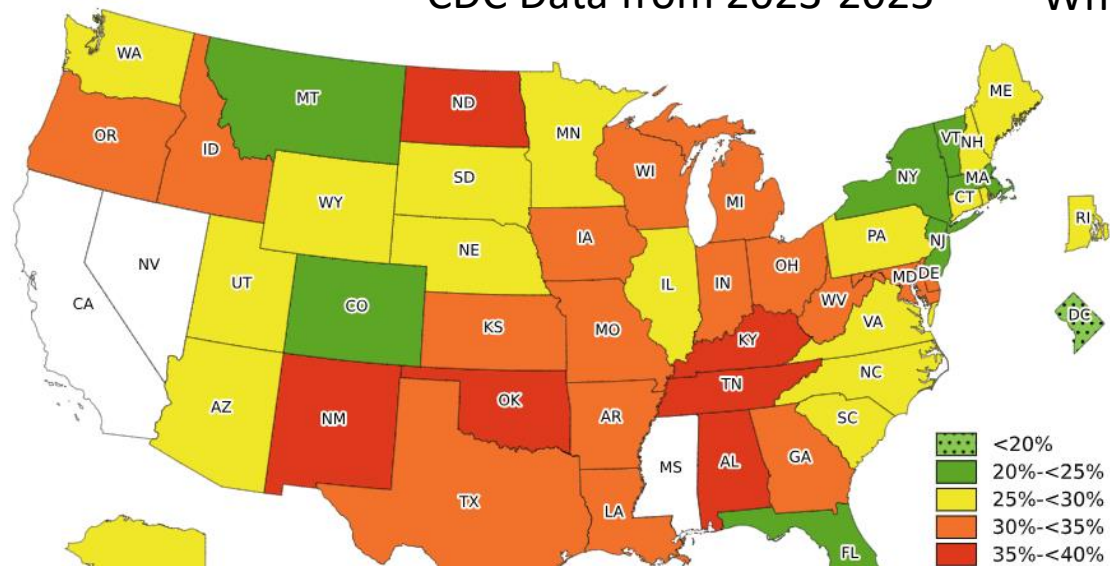
How can we change the weight trajectory of this patient?



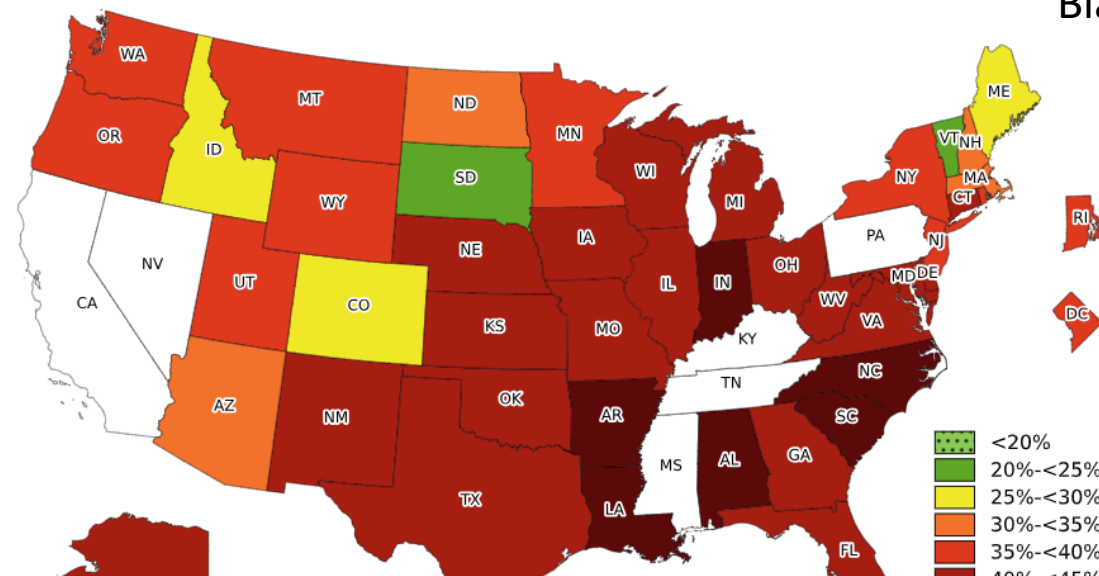
An Epidemic of Obesity Intersecting with Cancer in the US

CDC Data from 2023-2025

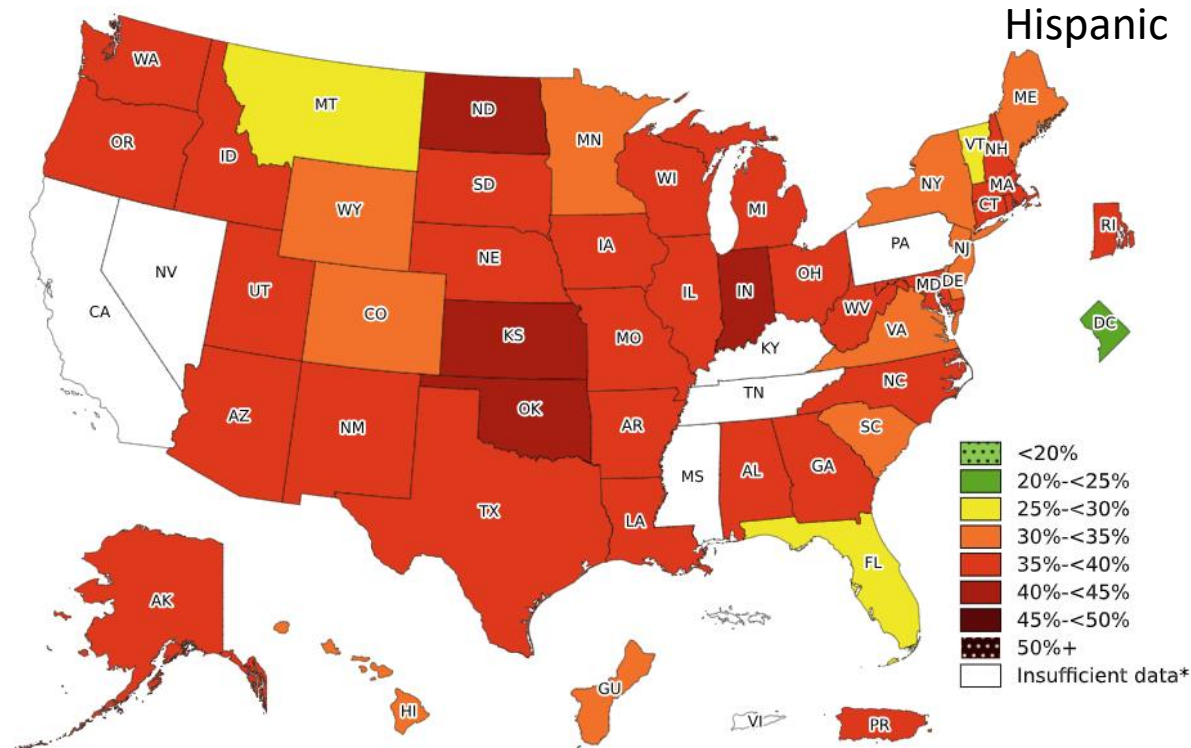
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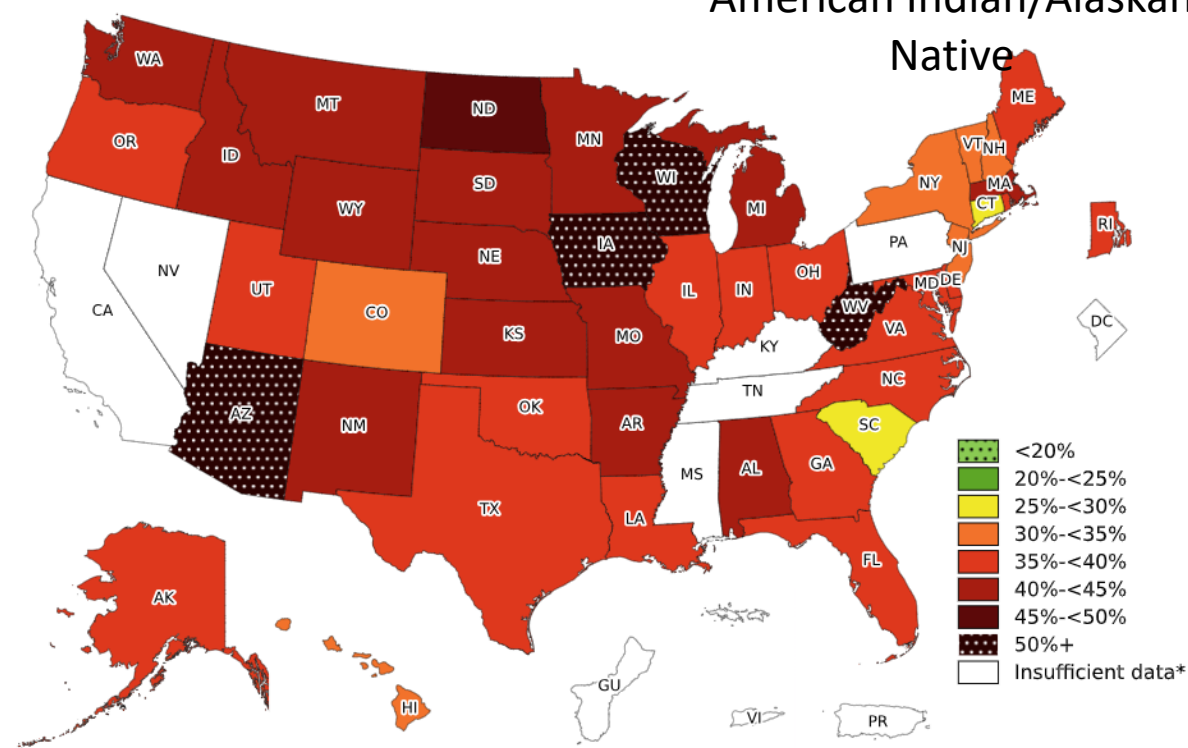


Hispanic



American Indian/Alaskan

Native



Obesity x Cancer: Cause and Effect

- 2.1 M new cancer diagnoses in the US in 2026
- 18.6 M people living with history of cancer, estimated 22 M by 2035
- Obesity is an established risk factor for several cancers, especially GI cancers
- Data on obesity prevalence in new cancer diagnoses and by cancer subtype limited

Weight Management x Cancer

Obesity as a chronic disease: stable survivors



Standard approach to Rx of obesity

Obesity treatment during active oncologic treatment



? best approach to improve oncologic outcomes

Weight management in advanced cancer



Managing nutritional intake, sarcopenia

Why Treat Obesity during Active Cancer Rx?

- Improvement in cancer specific outcomes
 - ? Survival benefit
 - ? Decrease recurrence rates
 - Bridge to Surgery: Obesity is a major predictor of surgical outcomes
 - Increased perioperative mortality
 - Prolonged hospital and ICU stay
 - Perioperative and wound complications
 - Challenge in certain surgical procedures- Low anterior and abdominoperineal resections

Clinical Trials: Obesity Rx in Cancer

Trial/Author	Study Population	Intervention	Outcome	Results
BWEL	Breast Cancer (n=3180)	2 year- Telephone based weight loss intervention	Weight loss at 1 year	4.7% TBWL vs. 1% gain (controls), effect on outcomes being evaluated, postmenopausal>pre menopausal
DEAR	Endometrial cancer undergoing fertility sparing Rx (n=72)	Diet and lifestyle intervention	Weight loss at 6 months	2.4 Kg/m2 BMI difference vs. controls
Wei et al.	Prospective, observational (n=53)	Sleeve gastrectomy/ Semaglutide/DEAR	Weight loss at 1 and 2 years	Max with surgery at 1 year, weight regain lowest in the DEAR group at 2 years

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Ligibel JA et al. JAMA Oncol 2025, Chen Y et al. Gynecol Oncol 2024, Wei Y et al. J Obstet Gynecol 2026

Clinical Trials: Obesity Rx in Cancer (2)

Trial	Study Population	Intervention	Outcome	Results
BRIDGE Study Group	Multiple cancers (n=37, multicenter)	Bariatric surgery (sleeve gastrectomy)	% undergoing neoplastic surgery, weight loss	84%-neoplastic surgery, BMI 49.9 to 39.7 at 6 months
CHALLENGE	Colon cancer, surgery+ adjuvant Rx (n=889, 55 centers, phase 3 RCT)	Exercise vs. health education, 3 years	Disease free survival	6.4% improvement in 5 yr DFS
CANOBESE	Single arm feasibility trial, n=50, BMI>30kg/m ² , new solid tumor diagnosis-active Rx	Personalized diet, lifestyle and exercise Rx	Feasibility- primary outcome, secondary weight outcomes	Ongoing trial

ASCO Guidelines

- Recommend aerobic and resistance exercise during active Rx (moderate to low evidence, Strong recommendation)
- Specific Diets: Insufficient evidence for or against specific diets
- Interventions for intentional weight loss or avoidance of weight gain: Insufficient evidence for or against to improve QoL, Rx toxicity, cancer control
- Guidelines highlight the disproportionate impact of social determinants of health on access to dietary and lifestyle interventions

Clinical Practice Statement (SAGES+SGO)

MBS integration into EC surgical treatment



Before hysterectomy to improve surgical candidacy → decreased risk of hysterectomy complications and length of hospital stay

Concomitant with hysterectomy → no increased risk of complications

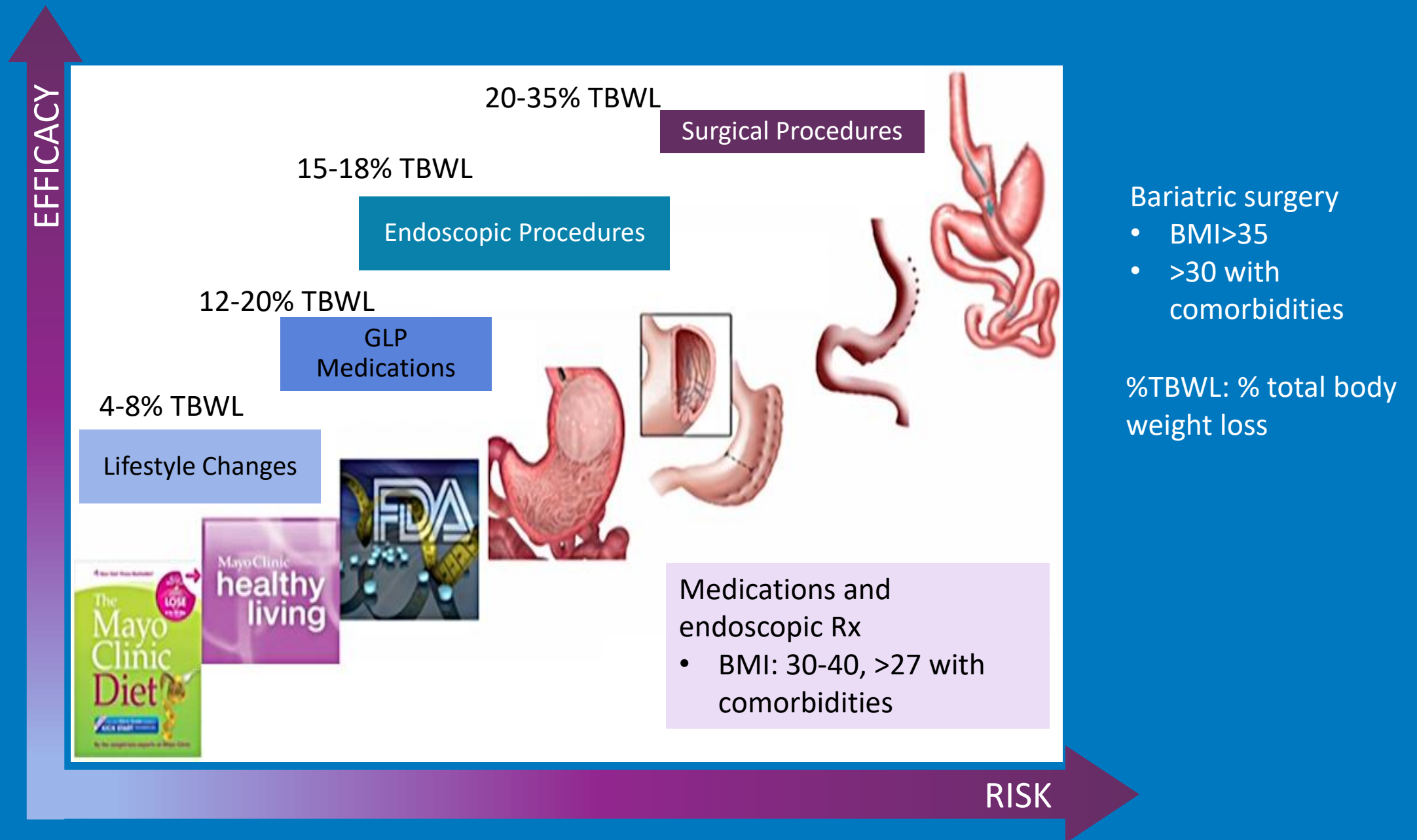
During conservative management as adjunct to improve treatment outcomes → higher likelihood of histological treatment response, increased survival, quality of life, decreased EC treatment costs

Harrington S, El Ghazal N, Tung CS, Husain F, Pan K, Ramaswamy A, Shariff F, Jardine R, McCourt C, Ghanem OM

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Harrington S et al. Gynecologic Oncol 2026, SAGES- Society of American Gastrointestinal and Endoscopic surgeons, SGO- Society of Gynecologic Oncology

Rx of Obesity in 2026: Overview



Lifestyle and Behavioral Interventions



First line intervention and adjunct to all other treatments



High-intensity intervention in a supervised program: 5-8% TBWL

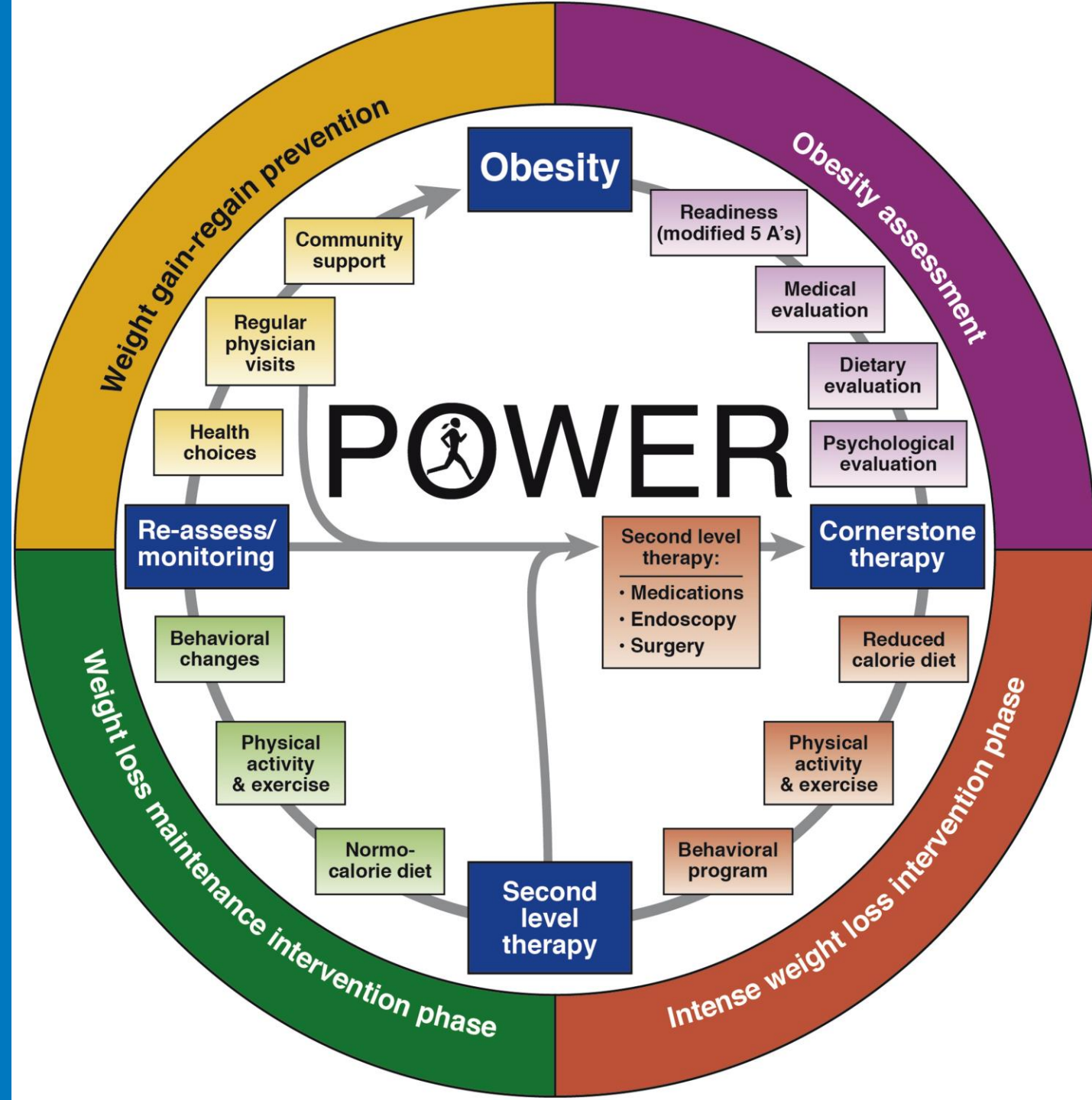


Less-intensive lifestyle program: lower risk patients



Think of obesity as a chronic disease which will require repeated interventions

Goals and Patient Outcomes for Treatment of Obesity



Practice Considerations: Current evidence

Intervention	Evidence Level	Expected Weight loss	Takeaways
Supervised Diet & lifestyle intervention	Most established in cancer (breast and endometrial)	5-8% TBWL	• Supervised medical weight loss program • Challenging to sustain
Medications (GLP Agonists)	Emerging (data mostly in survivors, not active Rx)	12-20%	• Contraindicated in papillary thyroid and neuroendocrine tumors
Endoscopy (Endoscopic sleeve gastropasty)	No oncology data (Early data as a bridge in transplant)	15-18%	• Anatomical considerations in foregut tumors
Bariatric surgery (sleeve gastrectomy>RYGB)	Moderate data (select populations)	20-35%	• Best option when severe obesity precludes oncologic surgery

Future Directions

- Structured, multidisciplinary Rx of obesity in patients with cancer
- Obesity Rx during active Rx of GI cancers- especially colorectal cancer
- Safety, tolerability and efficacy assessment in RCTs- novel drug therapies
 - Impact on body composition, sarcopenia, cancer and treatment-related anorexia/cachexia
- Combination of minimally invasive options: GLP medications +endoscopic Rx
- Bariatric surgery: what type (sleeve vs bypass), timing relative to oncologic surgery
- Impact of Rx obesity on oncologic outcomes- overall survival, recurrence rates

Thank you!



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ESG- endoscopic sleeve gastroplasty

