The Cancer Professionals Podcast

Weight loss medications and cancer

Episode transcript

(Intro music fades in)

Paul (00:10)

With the recent surge in popularity of weight loss medications in the UK, what do professionals working in cancer care need to know?

Kirsty (00:18)

In terms of cancer care, it is early days, and we need to learn as as healthcare teams how to manage people that want to remain on GLP-1s during cancer treatment or have been on them leading up to a diagnosis and experience that significant weight loss. But as I said, there's absolutely a place for GLP-1s in cancer care

Paul (00:38)

Hello, I'm Paul and my pronouns are he/him

Carly (00:41)

And I'm Carly and I go by She Her. Welcome to the Cancer Professionals Podcast, a podcast from Macmillan. In this series, we chat to a wide range of guests sharing practical advice, clinical insights, and real experiences to help you support people living with cancer. This episode is produced in collaboration with UKONS, the UK Oncology Nursing Society.

Paul (01:01)

If you enjoy this episode, please subscribe, rate and share with your colleagues and friends. We'd also love to hear from you. Please get in touch to ask questions, give feedback or even to suggest topics you'd like us to cover by completing the short survey linked in the episode description or by emailing professionalspodcast@macmillan.org.uk.

Carly (01:23)

This episode contains conversations about obesity, eating behaviours, and weight stigma which you may find upsetting or triggering. Listener discretion is advised.

Paul (01:34)

Welcome to The Cancer Professionals Podcast. In today's episode, we're talking about medications for obesity and the important questions these raise in cancer care.

Paul (01:43)

These medications go by several names such as GLP1s, GLP1 receptor agonists, weight loss medications, and there are many brand names including Mounjaro and Wegovy. We'll explore what these medications are, what we know so far about their use around cancer treatment and how professionals can support safe, sensitive and person-centred conversations with people affected by cancer.

We're delighted to be joined by two fantastic guests today, Kirsty Clutterbuck and Kate Turney. Thank you both for joining us. And to get us started, perhaps you could each introduce yourself and tell us a little bit about your connection to this topic. And Kirsty, shall I come to you first?

Kirsty (02:27)

hi, I'm Kirsty and I'm a head and neck cancer dietitian by background and I work at the Sussex Cancer Centre in Brighton and I am also chair of the Oncology Specialist Group of the British Dietetic Association. And obesity in cancer care is a passion of mine and it's an area that I am researching at the moment and you know with the use of GLP1s really just exploding it is a area that I'm very interested in.

Paul (02:53)

Great. Thank you. I'm looking forward to the conversation today. And Kate, can I come to you?

Kate (02:59)

Hi, my name's Kate Turney. I'm an upper GI clinical nurse specialist and I work with patients suffering from oesophageal and stomach cancer as well as liver, gallbladder, pancreas and cancer of the bile ducts. My role involves supporting patients through their cancer journey from diagnosis to end of treatment and also as an upper GI specialist, much of our role is about helping the physical and emotional and practical challenges of cancer and specifically with nutrition which is something that's very important in the cancer site that I work in.

Paul (03:35)

So Kirsty, if I can come to you first, and for listeners who may be less familiar with these medicines, can you perhaps explain what medications for obesity are and how they work?

Kirsty (03:46)

Yeah, so I'll give you a bit of background and a bit of biology. GLP-1 or glucagon-like peptide-1 is a naturally occurring gut hormone, which is released when we eat food. And what this hormone does is it has a direct impact on our gastrointestinal system by slowing down the motility of food in the stomach and the intestine, which makes us fuller for longer. And GLP-1...

also prevents large swings in blood glucose levels by telling the pancreas to release insulin and it also stops the liver from sort of dumping extra sugar into the bloodstream causing those sharp rises. it also works on our brains. So we have lots of GLP1 receptors in our brains So when the gut hormone is released it signals to the brain that we've eaten and we're full up, we've got satiety and that is how the natural gut hormone works. And then we have GLP-1s or obesity management medications, which essentially are a synthetic version of the natural hormone. And they've been engineered to make the side effects like the natural hormone work longer essentially. So that digestion is even slower. and the feeling of fullness lasts longer. And it also has the synthetic versions or the medications have a greater impact on our brain telling us that we're full up.

And that's where the reduction in food cravings, the reduction in food noise comes from. And there are several licensed GLP-1 medications in the UK. We have semaglutide, which goes by the brand name Wegovy and then we have Tirzepatide which goes by the brand name Mounjaro. Licensed medications come in pre-filled injection pens or in tablet form. They are very strong medications and we know they're very effective in helping people lose weight and they're also used to help people manage their diabetes.

Paul (05:43)

It's it's a really interesting topic and we know kind of cancer and its treatments can impact a person's weight w what should professionals understand about the differences perhaps between intentional weight loss and cancer related weight loss?

Kirsty (06:01)

So we know that malnutrition in cancer care is a serious problem in terms of its complexity and its prevalence and we are understanding more about muscle health and then we are understanding the complex relationship we have between malnutrition, sarcopenia, physical frailty and cachexia. So they're different things and an individual can have one of those things but they could also have those things overlapping. And we know if someone is sarcopenic, they might not tolerate cancer treatment as well as the next person. And when I talk about sarcopenia or someone being sarcopenic, that is the gradual loss of muscle over time. And then we have something called sarcopenic obesity, which again, it's that gradual muscle loss or low muscle mass.

But that's then teamed up with higher levels of fat on the body, which adds an extra layer of clinical risk. So essentially, someone who has lost a significant amount of weight before treatment or starts treatment potentially still in the active weight loss phase, they might not tolerate treatment as well as the next person who hasn't lost that weight, for example. And obviously we are talking about GLP-1s.

They are designed to help people lose weight. So that is where we have to find that balance with these medications if someone's using them at the point of diagnosis.

Paul (07:22)

what are the main risks of GLP-1s in relation to kind of cancer care

Kirsty (07:29)

So, yeah, they are designed and very effective at helping people lose weight. But we know that when someone loses weight rapidly or there's a significant amount of weight, some of that weight will be muscle. That's unavoidable.

I just wanted to highlight a scoping review that was published last year by Dr. Adrian Brown and others which looked at the nutritional strategies being used alongside GLP-1 use and that's that scoping review found that energy intakes reduced by twenty four to thirty nine percent, which you know isn't surprising seems that GLP-1's are helping people lose weight. But the other findings are significant because

There was clearly nutrient deficiencies in people using GLP1s. So they're becoming deficient in in micronutrients essentially. And another really important finding was that up to 40% of weight loss in people using GLP1s can come from fat-free mass. So that just highlights the significant impact that GLP1s can have on someone's muscle mass, muscle strength, if nutrition strategies are not being used appropriately alongside the medication use.

And the other issue is that the side effects of GLP-1s are very similar to the side effects of treatments such as chemotherapy, radiotherapy, and immunotherapy. So if someone's on GLP-1 and receiving cancer treatment and they have nausea, change in bowel habit, reflux, reduced appetite, as the healthcare team, we... might not understand whether it's from the GLP-1 or it's from the cancer treatment.

Paul (09:06)

So Kate, in your experience, what risks do GLP-1s carry for people in relation to cancer?

Kate (09:13)

So patients who I look after in Upper GI when they meet us and have their diagnosis, if they have been on a weight loss medication, they normally have given it up by the point they reach us. And the reason for that is because the symptoms associated with upper gastrointestinal cancers sometimes overlap and mirror the same symptoms from the weight loss medications. So things like early satiety, difficulty in digesting their food and extreme weight loss. So when patients come to us if they've been on the medications, they've experienced really significant scary weight loss very quickly. So they've come off the medication because obviously it's made them feel quite poorly. So the challenge is that sometimes there's an overlap and this can raise concerns and as I said in my introduction the the the role of the CNS is to provide along with many things is to focus on the nutritional status and we soon find out more about the reasons why they're on the weight loss medications and then try and work out exactly the areas where we need to focus on to support them.

Paul (10:25)

thank you. And Kirsty, kind of what what do we know so far about the evidence base for people living with and beyond cancer using these medications for obesity and and kind of where are the biggest gaps in the research?

Kirsty (10:42)

So, you know, it there is absolutely a place for GLP-1s in cancer care. And, you know, these aren't new medications, they have been around for a long time, but the use of them has just exploded, with the majority of people self funding. So

In terms of cancer care, it is early days, and we need to learn as as healthcare teams how to manage people that want to remain on GLP-1s during cancer treatment or have been on them leading up to a diagnosis and experience that significant weight loss. But as I said, there's absolutely a place for GLP-1s in cancer care and the National Cancer Plan for England, highlights that the GLP-1s is a huge medical advancement and they are fantastic at tackling obesity. And as we know, obesity is one of the leading risk factors for certain cancers. So the use of them absolutely to reduce obesity rates.

Paul (11:36)

Kirsty, you've been involved in the development of a new resource by the British Dietetic Association on staying healthy when taking medications for obesity. Could you maybe tell us a little bit more about that?

Kirsty (11:48)

Yeah, so this is a free resource which has been developed by the Obesity Specialist Group of the British Dietetic Association. And the group recognised that there was a lack of evidence-based information around nutrition for patients and their families. So they've developed this amazing resource which is available on the British Dietetic Association website. The Oncology Specialist Group. Which I chair have had input as well as other specialist groups of the BDA. And there is an oncology specific section So as oncology professionals we can use that resource to give out to patients and it is a guide and explains the risks and the benefits of GLP-1s and how to manage their nutrition. As I said, it's aimed at patients

But healthcare professionals who are unfamiliar with this area and GLP-1s is absolutely a great place to start.

Paul (12:41)

Brilliant, thank you. And we'll definitely be able to link to some of the resources that we've talked about in our episode description and our show notes. So thank you.

Carly (12:50)

Yeah, sounds great. Really useful as well. I was interested to know, have you seen any examples or experiences of people who you've been talking to who perhaps have been taking GLP-1s maybe even before they start their treatment and continue and actually what are some of those risks or issues that you've seen?

Kirsty (13:12)

So I mean there is a growing concern within the oncology space that we are getting more people on GLP-1s at the point of diagnosis. and you know, there is reports of people being reluctant to come off them, and even being reluctant to tell the team they're on them because there is still a taboo around using these medications because we know that there's weight based discrimination

in many facets of life. And I have had a patient who was on a a GLP-1. They had been on them longer term, so they weren't really in that acute active weight loss phase. Although describing the the potential risks of remaining on the GLP-1, they were you know, they were adamant they wanted to stay on them and it's a it's about assessing that individual and and you know, the bespoke care that that individual required. And really from a dietetic point of view it's it's muscle preservation strategies. Is that person getting adequate protein consistently? Are they able to do any weight based resistance exercise? I mean I know that's very difficult during cancer treatment, but anything that they can do,

And I think the other layers of monitoring that would be required if someone wanted to stay on GLP1 is assessment of micronutrients, because we know living with obesity you you are at higher risk of micronutrient deficiencies. And also body composition monitoring, and that has to be at regular intervals. But for the patient that was under my care, they they did complete their their radiotherapy for their head and neck cancer. But you know, it was that close dietetic monitoring that was required. And

Carly (14:46)

Yeah.

Kirsty (14:46)

I think Kate you had an example of someone using them before cancer diagnosis as well.

Kate (14:52)

The patient who I met was on weight loss medication, he had diabetes, and he needed to lose quite a significant amount of weight to be in a healthy range. he'd been on them for a few months and then he started to get very severe symptoms and he became so unwell he went to see his doctor and had a discussion around the fact that he was on the weight loss medications, but it actually transpired that this patient was then found to have a pancreatic cancer. So he came off those medications very, very quickly before he even reached diagnosis. So there is a definite overlap for patients whilst on medications in the early stages before they might even know they have cancer. So I think for people to assess patients coming in with a set of symptoms, there can be many causes, but the weight with the weight loss medication being a factor,

I think we have to have very open conversations and and apart from this gentleman who obviously was on it for a specific reason, when we meet all our patients it's a question that must be asked

Carly (15:53)

Yeah, absolutely. It sounds like those questions that you're asking and those conversations you're having at that point are so important. Kirsty I think the word you mentioned was taboo. and I was interested to kind of pick up on that a little bit more around how can people have or approach those conversations with someone about GLP-1s? Perhaps someone who is continuing to take them or even thinking about taking them but approaching them in a way that's kind of sensitive but also it doesn't perpetuate or bring in maybe stigma and it's really focused on that person.

Kirsty (16:30)

Yeah. So I mean, as I said earlier, there is weight based discrimination in in many facets of life and and and it is an area that I want to explore in terms of my my research. I think as a healthcare team, it it is our responsibility j to create a safe, open and judgment free environment about talking about weight in general. You know, someone's weight history, have they faced any problems with weight?

And like Kate said, it's having that open and honest conversation Because living with obesity is an emotive topic. Having cancer is an emotive topic. So we need to make sure our our patients feel safe to talk about it with us. yeah, it's just about opening that conversation. And I think Kate you alluded to this that

It should just be a standard question we ask everyone that's starting cancer treatment. You know, we ask patients what medications they're on ready. We ask them do they smoke, do they drink alcohol? we need to ask patients if they have ever used GLP-1s or if they're on GLP-1s, because we can't, you know, have a bias going in and think, that patient they can't surely be using GLP-1s. They don't look like they use GLP-1s. That's n

Carly (17:38)

Yeah.

Kirsty (17:39)

that's not the case. We we just need to open this conversation and it just become the norm and to talk about it is they're a useful tool for helping people lose weight and for people to get the best cancer treatment we need to know all the information and we can have those conversations with people. And I

Carly (17:56)

Yeah.

Kate (17:56)

I think that from a CNS role as well the types of conversations we have and the approach we would take is to not focus so much on what the scales say or how people look but to also really encourage patients to look at food as and nutrition as treatment. we can advise on on a healthy diet and how it could be used to to help people when they've got cancer and are not

Carly (18:20)

Hmm

Kate (18:21)

feeling well, how we can use diet to help build energy levels and to try and improve how people are feeling.

(Music fades in)

Carly (18:29)

As cancer care increasingly shifts into neighbourhood community and primary care settings, there's a growing need to ensure that professionals across the system have the confidence, knowledge and support to recognise, respond to and support people living with cancer. We know that cancer is no longer solely the business of specialist teams. It is increasingly everybody's business.

Paul (18:51)

Macmillan membership has been designed to support professionals at every stage of your cancer learning journey. Whether you're a specialist working directly with people living with cancer or a member of the wider workforce who encounter cancer as part of your role, membership provides access to a growing range of resources, learning opportunities, professional networks and practical tools designed to build capability and confidence.

Carly (19:18)

To find out more about membership, visit membership.macmillan.org.uk. You can also find this link in the episode description. Now let's get back to the conversation.

(Music fades out)

Carly (19:30)

You mentioned a bit earlier, Kate, about working with other colleagues and other teams. So, for example, oncologists, you know, other dietitians, surgeons, etc. What are some of the ways in your experiences that you've seen? In terms of how CNSs can work with these other teams and other colleagues to help sort of holistically help people that you're supporting make those sort of safe, informed decisions that's right for them?

Kate (19:58)

One of the strengths of the CNS role is that we have frequent contact with our patients. It gives us an opportunity to get to know patients and get to know important details. When we've got this information, we obviously share it colleague to colleague, but we

also attend what's called a multidisciplinary team meeting on a weekly basis. And it's at that meeting that we can go primed with this information for this patient to be discussed in a room with all of the healthcare professionals together. So it's a place where we can share information, we can advocate for patients, and if they express particular wishes or thoughts or wants have concerns, this is the forum where we can discuss that. So when we share this information and everybody is aware, I think then clinical decisions

And holistic decisions and how to support patients can be made and are done in a really well-informed and and and a more appropriate outcome as well.

Carly (20:57)

Yeah, that sounds super important. Was there anything from your role, Kirsty, as a dietitian and that kind of working collaboratively with other teams that you found helpful when supporting people?

Kirsty (21:10)

Yeah, I'm just to echo really what Kate said, I think the the best care is provided of course when it's the MDT and we're working together and we're all on the same page. I think it's so important that we we share our this information and that, you know, anyone who is has used GLP-1s or is using GLP-1s during treatment, is that the whole team are aware.

Carly (21:32)

Yeah.

Kirsty (21:33)

That patient is on that medication. And if a healthcare professional isn't sure, you know, it's it's asking for, you know, help and finding out how these medications work.

Carly (21:44)

Can I just go back slightly? And one thing I was really interested about is that tension between a person's maybe wish to take medication for obesity to lose weight, but then also some of the things that we've talked about already about the risks, but also that more clinical need for people during treatment to maintain the muscle mass, you know, keep up with their nutritional intake

I was interested to know what does that support look like when there is that tension between the two?

Kirsty (22:14)

At the end of the day, you know, if a patient if a patient has capacity and they they wish to take a medication and they want to do that, that is obviously absolutely their choice

and as healthcare teams we we have to support patients in that choice. We can provide the evidence based rationale for asking them to to to pause the GLP-1s, but

You know, as healthcare teams, we can't judge someone for for wanting to stay on that medication. You know, these patients, if if they're self funding, they have invested huge amounts of money in their weight loss journey. And as I said, living with obesity is such an emotive topic. And, you know, maybe potentially someone that for many years have been told they need to lose weight and this is down to your weight. And so for

a person to come into a cancer setting and and us as the oncology team say, we think you should stop your p GLP-1 when actually they might be feeling better, they've lost weight and I think we need to be really sensitive about that. and again it's a judgment free environment and respecting the patient wishes. And if they do continue on GLP-1, we as an MDT, we we make that plan and

We don't know, we reach out for help from other professionals, other centres that might have had more experience. And I I think it's just that teamwork to really monitor that patient so closely. You know, Kate, we do make we manage our patients and we review patients very frequently in oncology because that's the nature of the treatment. But they need that extra layer of monitoring physically and I think psychologically, like you've alluded to Kate.

Carly (23:43)

Yeah, absolutely.

Kate (23:45)

And I think going back to what we've said about making sure that the whole team and is aware, all team members are alerted to the fact that they continue to take the medication so that if there were any situations where perhaps they might need to come into the hospital unplanned, people are aware that they're on this medication. So I think alerts need to be made and also a safety net plan for the patient also should be made. So just paying a lot of attention to making contingencies, making care plans and just ensuring that the patient is supported in every way you can you can.

Carly (24:22)

Yeah, that sounds like it would go such a long way. I was interested to know from both of your perspectives, what would you like to see improve in terms of practice or research or guidance in the next few years when it comes to this?

Kirsty (24:38)

so for me, you know, obesity in cancer care is is a passion of mine and I really want to move towards, you know, exploring the the bias and stigma that patients living with obesity face because we know that there is that bias and discrimination and just sort of opening the conversation about that because even unconscious bias it is still there and with more with obesity rates rising globally and and

in the UK, we are going to have more patients living with obesity during cancer care. And I don't think

Carly (25:10)

Yeah.

Kirsty (25:11)

services are necessarily always designed for people for people living with obesity in in mind. You know, for example, you know, using nutritional screening, we

need to use nutrition screening tools that are appropriate for people living with obesity. And you know, there was a systematic review last year by Dr. Shelly Coe.

examining the the the best nutrition screening tools for people living with obesity and cancer. We need to shift our mindset and make sure services are appropriate for all types of people.

Carly (25:42)

Is there anything from your perspective Kate, that you would think for the future?

Kate (25:48)

I think yeah, GLP-1s are here to stay and they're going to get more and more usage. and I think we're going to be even in my cancer site there might be more people start to to to come in where we can put this into action. But I'd like there to be

Perhaps some sort of support group provided for patients locally in local communities that are going through this. I think it's a a need that's going to become quite evident, and I think support groups where people have someone going through something similar, to have someone to talk to about their feelings and to have things

for them to be normalised and and heard. I think that would be a really great thing to see happen in the future.

Carly (26:30)

Yeah, that would be great.

Paul (26:33)

So we're kind of coming towards the end of today's episode and our usual final question for you both. What would you like listeners to take away from this episode? And Kirsty, I'll come to you first.

Kirsty (26:46)

So the main the main take home message is is really as healthcare professionals, as I said earlier, creating that safe, open, judgment free environment for patients to tell us their

weight history, problems they might have faced with weight, the use of GLP-1s or potential use of GLP-1s. and as healthcare professionals we should just be screening

the usage of GLP-1 regardless of of the patient sat in front of you. It needs to be a standard question. and early referral to specialist dietetic services I think is absolutely essential to have that specialist nutritional monitoring of f for patients.

Paul (27:23)

Really good advice there, thank you. And Kate, what would you like listeners to take away from this episode?

Kate (27:29)

it's about having those open conversations, making it part of your assessment questions to find out if patients have been on or are taking medications. It's not always obvious to us because it won't always come up on our records from the GP about medication lists. So it's very important to find out if patients have got it privately. and to approach these conversations like we do with many difficult conversations we have with understanding and approach them sensitively, which I know we all do, but it's obviously can be a tricky conversation to have.

Paul (28:07)

Yeah, it's not easy. Thank you.

Carly (28:10)

Yeah, well, thank you so much, Kate and Kirsty for this. We've covered so much in such a short period of time about this. We've talked about what GLP-1s are, what the risks are, their role in cancer care, what to look out for as well. But one of the things that really stood out to me and I'm definitely going to take away is actually, like you've just said, Kate, the really importance of having those really open, supportive conversations, but also the importance of having lots of people involved and lots of teams, lots of colleagues, and actually the role that everyone has in asking those really sensitive questions and opening up that conversation so that people feel that perhaps they're not navigating those decisions alone. So I want to say a huge, huge thank you to the both of you for joining us on The Cancer Professionals podcast.

Kirsty (29:09)

Thank you. Thank you.

Carly (29:12)

You've been listening to the Cancer Professionals Podcast, which is brought to you by Macmillan Cancer Support. If you are a health or social care professional working in cancer care, visit membership.macmillan.org.uk to find out more about Macmillan

membership, which includes a range of education and training resources and access to our learning hub. For links to the resources mentioned, see the episode description.

Paul (29:36)

If you enjoyed this episode, follow us so you don't miss our next conversation. We will be joined by Lucy Angell-John, a cancer and domestic abuse trainer to discuss domestic abuse and cancer.

Carly (29:49)

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Paul (30:01)

I'm Paul.

Carly (30:02)

And I'm Carly and you have been listening to the Cancer Professionals podcast by Macmillan Cancer Support.