

# The influence of Body-Mass Index on survival of advanced melanoma patients



<u>Pedro Fontes</u>, Dr Itamar Megiddo, Dr Tanja Mueller, Julie Clarke, Dr Sarah Barry, Prof Adam Kleczkowski University of Strathclyde and the Cancer Medicines Outcomes Programme (CMOP)

## **Research questions:**

- Does BMI influence survival in a real-world setting?
- Do changes in BMI levels during course of treatment affect chances of survival?

# Aims:

- Investigate the impact of baseline BMI on overall survival (OS)
- Explore how changes in BMI during the course of treatment could be used to develop a survival model

# Introduction

**Cohort:** 

259 patients

Advanced melanoma (Luke, J.J., et al 2017; Garbe, C., et al. 2016):

- Least common but deadliest form of skin cancer
- Represents 90% of skin cancer related deaths

## **Body-Mass Index (BMI):**

- BMI at baseline has been shown to impact survival outcomes
- Calculated with height (m) and weight (kg) at each prescription time (kg/m<sup>2</sup>)
- Categorisation according to World Health Organization standards
- Recent studies suggest that obesity in patients with advanced melanoma is associated with improved survival outcomes (McQuade J.L., et al 2018; Smith L.K., et al 2020)

# Methodology

Data:

- Real-world patients from the West of Scotland
- Treatments include chemotherapy, immunotherapy and targeted therapy
- 2784 appointments between 14<sup>th</sup> March 2008 and 30<sup>th</sup> March 2018

Survival analysis:

- Main outcome of interest was overall survival
- Kaplan-Meier curve explores the association between BMI at baseline and overall survival
- Survival model is a **Cox Proportional-hazards model** with BMI as time-varying variable to investigate possible effects of changes over time on survival

## **Inclusion criteria:**



Patients diagnosed with advanced melanoma
Over 18 years old at time of first appointment

## **Exclusion criteria:**

- Underweight (< 18.5 kg/m<sup>2</sup>)
  - Incomplete BMI values at any point of prescription

# Results - Survival model

Table 1 – Descriptive statistics for type of therapy, BMI and follow-up time at baseline

	Categories	N (%)
Type of therapy	Chemotherapy	58 (22.4)
	Immunotherapy	155 (59.8)
	Targeted therapy	46 (17.8)
BMI	Normal	68 (26.3)
	Overweight	101 (39)
	Obese	90 (34.7)
Follow-up time (months)	Median (IQR) [Range]	8 (3-15) [1-104]

BMI group	Ν	Events	Median OS months (CI)
Normal	68	54	<b>6</b> (5-10)
Overweight	101	68	<b>14</b> (10-17)
Obese	90	52	<b>12</b> (9-23)

			Hazard ratio	p-value
вмі	(N=635)	0.96 (0.93 - 1.0)		0.026 *
Therapy	Chemotherapy (N=147)	reference	ļ.	
	Immunotherapy (N=356)	0.75 (0.48 - 1.2)	<b>⊢</b>	0.22
	Targeted therapy (N=132)	0.76 (0.45 - 1.3)		0.294
SIMD	1 (N=115)	reference		
	2 (N=142)	0.74 (0.44 - 1.2)		0.255
	3 (N=102)	0.60 (0.33 - 1.1) -		0.09
	4 (N=127)	0.68 (0.39 - 1.2)		0.172
	5 (N=149)	0.72 (0.42 - 1.2)		0.221
Gender	Male (N=321)	reference		
	Female (N=314)	0.89 (0.63 - 1.3)	·	0.522
Age	(N=635)	1.00 (0.99 - 1.0)		0.95
PS	0 (N=385)	reference		
	1 (N=158)	1.76 (1.16 - 2.7)	· · · · · · · · · · · · · · · · · · ·	0.007 **
	2+ (N=30)	4.91 (2.61 - 9.2)		<0.001 ***
LDH	Normal (N=530)	reference		
	High (N=87)	2.46 (1.57 - 3.9)	· · · · · · · · · · · · · · · · · · ·	<0.001 ***

#### Survival curves for overall survival by BMI group at baseline

BMI Category 🛨 Normal 🛨 Overweight 🛨 Obese



Figure 1 – Kaplan-Meier plot stratified by BMI category at baseline

Conclusions

#### Survival curves :

• There was an association between patient BMI at baseline and survival with overweight or obese patients surviving longer than those with normal BMI.

#### Time-dependency Cox Proportional-hazards model:

• After adjusting the survival model for BMI time-dependency it is suggested that increasing BMI over the course of treatment was associated with increased survival

#### Limitations:



#### Figure 2 - Forest plot of survival model with BMI as a time-dependent covariate

Note: BMI is included as a time-dependent covariate in a multivariable Cox regression model; Other covariates are time-fixed (baseline); BMI – Body-Mass Index; SIMD – Scottish Index of Multiple Deprivation; PS – ECOG Performance Score; LDH – Lactate dehydrogenase. Chemotherapy includes dacarbazine, temozolomide and paclitaxel + carboplatin; Immunotherapy includes ipilimumab, nivolumab, pembrolizumab and ipilimumab + nivolumab; Targeted therapy includes dabrafenib, dabrafenib + trametinib and vemurafenib.

## Acknowledgements

Cancer Medicines Outcomes Programme (CMOP) is a collaborative project between NHS Greater Glasgow and Clyde and the University of Strathclyde

- Small sized cohort due to geographic limitations.
- Time-dependency models require careful interpretation as these associations may not be causal but could instead be influenced by other factors (unknown confounders).
- Further studies are needed.

### References

- Garbe, C., et al., Diagnosis and treatment of melanoma. European consensus-based interdisciplinary guideline Update 2016. Eur J Cancer, 2016. 63: p. 201-17.
- Luke, J.J., et al., Targeted agents and immunotherapies: optimizing outcomes in melanoma. Nat Rev Clin Oncol, 2017. 14(8): p. 463-482.
- McQuade JL, Daniel CR, Hess KR, Mak C, Wang DY, Rai RR, et al. Association of body-mass index and outcomes in patients with metastatic melanoma treated with targeted therapy, immunotherapy, or chemotherapy: a retrospective, multicohort analysis. The Lancet Oncology. 2018;19(3):310-22.
- Smith LK, Arabi S, Lelliott EJ, McArthur GA, Sheppard KE. Obesity and the impact on cutaneous melanoma: Friend or foe? Cancers. 2020;12(6):1583.

