

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/obesity-and-cancer-screening-national-trends-and-disparities-revealed/39649/>

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Obesity and Cancer Screening: National Trends and Disparities Revealed

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Vance Albaugh, who's an Assistant Professor of Metabolic Surgery at Pennington Biomedical Research Center and Louisiana State University. He'll be discussing recent findings on the link between severe obesity and lower cancer screening rates. Here's Dr. Albaugh now.

Dr. Albaugh:

There are several knowledge gaps, and really, the clinical concern came out of our multidisciplinary clinic that I work in, where we see a very wide range of individuals at a very wide range of body mass indexes or body weights. And so we know that there's a very strong association with cancer and obesity, and there's been some data to show that obesity may be associated with less cancer screening or access issues.

And so earlier this year, our research team published the first ever extreme obesity prevalence study in the United States, and we showed that the fastest growing group of individuals within the country is this higher BMI group of individuals—folks with a BMI greater than 50 or greater than 60. And so our question in this study was, as BMI increases, does that have an effect on routine cancer screening nationally? Is there a difference or an association there?

We used what's called the Behavioral Risk Factor Surveillance System, or BRFSS. It is a telephone-based survey. It's coordinated by the U.S. Centers for Disease Control. And so it has what's called a complex survey design that allows a sampling of a smaller group—several million people—and then you'll be able to extrapolate up to what may be happening on a national level.

In the BRFSS, they have a number of standardized questions specifically about routine cancer screening, and so we used the answers to those questions. And they ask the participants, "What is your body weight? What is your height?" And so you can calculate a body mass index based on that. And then we looked at, in individuals at various BMIs, the association on whether or not people have had particular routine cancer screening—so things like colonoscopies for colorectal cancer or fecal occult blood testing, pap smears for cervical cancer, mammography for breast cancer, and PSA for prostate cancer. We had a little over two million people in the cohort overall, and we used some fancy regression modeling and adjusted for age, sex, race, and some other things that we know affect cancer screening.

And the key findings were that, typically, as body mass index or as body weight increased, the likelihood of someone having these routine cancer screening tests actually decreased for many of these tests. Just in general, colonoscopy was less frequent in individuals with a higher BMI. We actually saw an increase in fecal occult blood testing, which is interesting. We saw that pap testing was much less frequent in individuals with a body mass index greater than 50. Mammography tended to be less, but after we adjusted for some things, that eliminated the differences there. But clearly, there was a trend for decreased mammography at higher body mass index. And then PSA was actually increased in some individuals with less severe obesity, and not really significantly different at a very high obesity. But clearly, there are some differences because of someone's body mass index that should not exist in what should be routine clinical care.

Announcer:

That was Dr. Vance Albaugh discussing the potential link between severe obesity and lower cancer screening rates. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!