

Weight loss points to better surgical outcomes for women with obesity and uterine cancer

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Physician and professor Sophia Pin is leading a promising study that suggests weight loss ahead of surgery leads to fewer complications for women living with obesity and uterine cancer. Credit: Christy Dean

Women with obesity and endometrial cancer who lose weight in advance

of surgery have fewer complications and shorter hospital stays, according to preliminary study results so promising that they are already changing the standard of care.

Sophia Pin, an assistant professor in the Department of Obstetrics and Gynecology at the University of Alberta and physician at the Cross Cancer Institute and Royal Alexandra Hospital, explained previous research has shown that [weight loss](#) before treatment for other types of surgeries reduces both surgical and patient complications.

"We wanted to examine if [weight](#) loss prior to surgery for [endometrial cancer](#) can also affect complication rates," said Pin.

"Our preliminary results are so compelling that the Lois Hole Hospital for Women is now referring any women with a new diagnosis of endometrial cancer and a body mass index over 40 to the preoperative weight loss clinic."

Endometrial cancer, also known as [uterine cancer](#), is the fourth most common cancer in women. It's also often related to obesity due to hormonal changes, including an increase of estrogen that affects the lining of the uterus.

More than 50 percent of endometrial cancer is related to obesity, and women with a BMI greater than 25 are two to four times more likely to develop uterine cancer than those with a lower BMI.

Minimally invasive surgery—which has been shown to reduce [blood loss](#), infection and all postoperative complications—is the standard of care for this type of cancer and usually leads to a cure. However, Pin explained that obesity is a significant issue in surviving endometrial cancer.

"Women with obesity have an increased risk of complications both during and after surgery," said Pin, who is also a member of the Women and Children's Health Research Institute (WCHRI). "In addition to challenges with anesthesia and ventilators, we aren't always able to do minimally invasive surgery due to reduced surgical visualization, which also increases complication risks and mortality."

For more than a year, Pin has been working with women with either pre-cancer or low-grade endometrial cancer and a BMI greater than 40. These women are referred to a preoperative weight loss clinic for three to six months before surgery, where nutritional strategies or weight loss medications are used to support weight loss.

"We are looking at measurable outcomes prior to, during and after surgery and then also assessing the patient's experience and their satisfaction, and the maintenance of weight loss," said Pin.

Although she's only halfway through the project, more than 88 percent of the women in the study have lost weight, with the average weight loss being 11.5 kilograms, or just over 25 pounds, with one individual losing 29.8 kilograms, or nearly 64 pounds.

"We've just started following up with these [women](#), one year later, to see how satisfied they are," said Pin.

"We want patients to feel supported and heard throughout the process, and feel that we're not just talking about their weight loss, but also giving them options for management for both their weight loss and for their [cancer](#)."

Provided by University of Alberta

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