

00:00:00.000 --> 00:00:02.600 Support for Yale Cancer Answers
00:00:02.600 --> 00:00:05.200 comes from AstraZeneca, providing
00:00:05.285 --> 00:00:07.429 important treatment options for
NOTE Confidence: 0.926669299602509
00:00:07.429 --> 00:00:10.645 various types and stages of cancer.
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00:00:10.650 --> 00:00:14.110 More information at astrazeneca-us.com.
NOTE Confidence: 0.926669299602509
00:00:14.110 --> 00:00:15.558 Welcome to Yale Cancer
NOTE Confidence: 0.926669299602509
00:00:15.558 --> 00:00:17.006 Answers with your host,
00:00:17.010 --> 00:00:18.830 Doctor Anees Chagpar.
00:00:18.830 --> 00:00:20.765 Yale Cancer Answers features the
00:00:20.765 --> 00:00:23.146 latest information on cancer care by
NOTE Confidence: 0.926669299602509
00:00:23.146 --> 00:00:24.670 welcoming oncologists and specialists
NOTE Confidence: 0.926669299602509
00:00:24.670 --> 00:00:27.227 who are on the forefront of the
NOTE Confidence: 0.926669299602509
00:00:27.227 --> 00:00:28.985 battle to fight cancer. This week,
00:00:28.990 --> 00:00:30.805 it's a conversation about obesity
00:00:30.805 --> 00:00:32.620 and cancer with Doctor Ania
00:00:32.620 --> 00:00:33.742 Jastreboff. Doctor Jastreboff
00:00:33.742 --> 00:00:35.612 is an assistant professor
NOTE Confidence: 0.926669299602509
00:00:35.612 --> 00:00:37.456 of medicine in endocrinology and
NOTE Confidence: 0.926669299602509
00:00:37.456 --> 00:00:39.878 metabolism at Yale School of Medicine,
00:00:39.880 --> 00:00:42.058 where Doctor Chagpar is
00:00:42.058 --> 00:00:43.510 professor of surgical oncology.
00:00:44.130 --> 00:00:46.426 We all know a

00:00:46.426 --> 00:00:49.139 little bit about obesity.
00:00:49.140 --> 00:00:51.254 We know it's an epidemic in this
00:00:51.254 --> 00:00:53.105 country and you actually spend
00:00:53.105 --> 00:00:54.865 your days studying obesity.
00:00:54.870 --> 00:00:57.418 Tell us a little bit about what
00:00:57.418 --> 00:00:59.878 exactly you study and how you got
00:00:59.880 --> 00:01:01.176 interested in that.
00:01:01.176 --> 00:01:02.796 I'm an obesity medicine
00:01:02.796 --> 00:01:04.538 physician trained in endocrinology
00:01:04.540 --> 00:01:06.460 here at Yale, and I see
00:01:06.460 --> 00:01:08.233 patients for obesity and help
00:01:08.233 --> 00:01:09.909 care for them specifically
00:01:09.910 --> 00:01:11.298 using anti-obesity medications.
00:01:11.298 --> 00:01:13.380 I also conduct studies in
00:01:13.440 --> 00:01:14.920 patients who have obesity
00:01:14.920 --> 00:01:17.237 to try and figure out what some
00:01:17.237 --> 00:01:19.510 of the causes of obesity may be
00:01:19.510 --> 00:01:21.478 and how we can help them.
00:01:21.480 --> 00:01:23.120 Let's talk about that.
00:01:23.120 --> 00:01:24.101 First of all,
00:01:24.101 --> 00:01:26.063 how big a problem is obesity?
00:01:26.070 --> 00:01:27.710 I mean, everybody talks about
00:01:29.350 --> 00:01:30.658 how it's an epidemic,
00:01:30.660 --> 00:01:32.628 everybody is getting bigger.
00:01:32.630 --> 00:01:33.862 Is that really true?
00:01:33.862 --> 00:01:36.470 The rates of obesity in the United
00:01:36.470 --> 00:01:38.534 States are very high right now.
00:01:38.540 --> 00:01:40.829 If you look at our whole population,
00:01:40.830 --> 00:01:42.142 2/3 of Americans either
00:01:42.142 --> 00:01:43.454 have obesity or are overweight.
00:01:43.460 --> 00:01:45.819 So we're talking about about 200 million

00:01:45.820 --> 00:01:47.700 individuals in the United States
 00:01:47.700 --> 00:01:49.204 of the American population,
 00:01:49.210 --> 00:01:51.484 for example, 46% would qualify to
 00:01:51.484 --> 00:01:53.435 take an anti-obesity medication
 00:01:53.435 --> 00:01:55.626 and of those only 2% actually
 00:01:55.626 --> 00:01:57.506 are treated with a medication.
 00:01:57.510 --> 00:01:59.395 We're going to get
 00:01:59.395 --> 00:02:01.280 back to the treatment of
 00:02:01.280 --> 00:02:03.542 obesity. But first I want
 00:02:03.542 --> 00:02:05.050 to understand the definition.
 00:02:05.050 --> 00:02:07.472 So you said there's a bunch
 00:02:07.472 --> 00:02:10.008 of people who are obese and then
 00:02:10.008 --> 00:02:12.132 there are a bunch of people
 00:02:12.209 --> 00:02:14.469 who are overweight, what's
 00:02:14.470 --> 00:02:16.370 the definition here?
 00:02:16.370 --> 00:02:18.351 Patients with obesity, and we tend to
 00:02:18.351 --> 00:02:20.764 say it that way rather than defining
 00:02:20.764 --> 00:02:22.634 the individual by their disease,
 00:02:22.640 --> 00:02:24.290 so in general,
 00:02:24.290 --> 00:02:25.610 we don't say patients,
 00:02:25.610 --> 00:02:27.590 we say patients who have diabetes,
 00:02:27.590 --> 00:02:29.900 not diabetic patients and in the same way,
 00:02:29.900 --> 00:02:32.210 although it's easy to
 00:02:32.210 --> 00:02:34.520 define the individual by their disease,
 00:02:34.520 --> 00:02:36.500 we don't want to do that.
 00:02:36.500 --> 00:02:38.480 So we don't say obese individuals,
 NOTE Confidence: 0.943657159805298
 00:02:38.480 --> 00:02:40.130 we say individuals with obesity.
 00:02:40.130 --> 00:02:41.780 And what does that mean?
 00:02:41.780 --> 00:02:43.500 An individual with obesity
 00:02:43.500 --> 00:02:45.596 would have a body mass index

00:02:45.596 --> 00:02:47.738 of greater than or equal to 30.
 00:02:47.740 --> 00:02:50.813 An individual who is overweight
 00:02:50.813 --> 00:02:53.433 would have a body mass index
 00:02:53.433 --> 00:02:56.228 of 20 of greater than or equal to 25.
 00:02:56.230 --> 00:02:57.698 And what exactly is
 00:02:57.700 --> 00:02:59.180 this body mass index?
 00:03:03.240 --> 00:03:05.820 So body mass index is actually a
 00:03:05.820 --> 00:03:08.040 measure that came out of Epidata.
 00:03:08.040 --> 00:03:09.512 It looks at populations,
 00:03:09.512 --> 00:03:11.630 it's an easy way, for example,
 00:03:11.630 --> 00:03:15.535 for us to get an idea of how
 00:03:15.535 --> 00:03:18.067 many people have obesity or are overweight.
 00:03:18.070 --> 00:03:21.078 So it is a measure that takes into
 00:03:21.078 --> 00:03:24.156 account both your height and your weight.
 00:03:24.160 --> 00:03:26.715 So if you look at the units
 00:03:26.715 --> 00:03:29.029 kilograms divided by meters squared,
 00:03:29.030 --> 00:03:31.280 you're basically weighing the
 00:03:31.280 --> 00:03:33.976 individual as well as asking what
 00:03:33.976 --> 00:03:36.190 their height is to figure out
 00:03:36.190 --> 00:03:38.520 on average what their body mass
 00:03:38.520 --> 00:03:40.818 index is and so basically
 00:03:40.818 --> 00:03:42.834 in terms of health outcomes,
 00:03:42.834 --> 00:03:44.458 people have looked at
 00:03:44.460 --> 00:03:46.896 what are the healthiest body mass
 00:03:46.900 --> 00:03:47.785 indexes?
 00:03:47.785 --> 00:03:50.340 If you have a higher body mass index,
 00:03:50.340 --> 00:03:52.146 do you have an increased risk for
 00:03:52.146 --> 00:03:53.380 certain obesity related diseases?
 00:03:54.000 --> 00:03:55.953 And for the people who are
 00:03:55.953 --> 00:03:57.409 out there listening and going,
 00:03:57.410 --> 00:03:59.955 first of all, what the heck is NHANES,

00:03:59.955 --> 00:04:02.430 and I'm going to let you get back to that
 00:04:02.500 --> 00:04:04.900 but but this whole idea of looking at
 00:04:04.900 --> 00:04:07.142 your weight over your height so we kind
 00:04:07.142 --> 00:04:09.052 of get it right like taller people
 00:04:09.052 --> 00:04:11.040 should be a little bit heavier,
 00:04:11.040 --> 00:04:12.450 they are taller
 00:04:12.450 --> 00:04:14.185 and shorter people might be a
 00:04:14.185 --> 00:04:15.575 little bit light lighter because,
 00:04:15.580 --> 00:04:16.716 well, they are shorter.
 00:04:16.716 --> 00:04:18.420 But to put it into context,
 00:04:18.420 --> 00:04:19.840 if you're thinking about,
 00:04:19.840 --> 00:04:22.059 I don't know how many kilograms I
 00:04:22.059 --> 00:04:24.669 am and how many meters I am.
 00:04:24.670 --> 00:04:26.956 There are calculators on line absolutely,
 00:04:26.960 --> 00:04:30.396 so can you just Google BMI Calculator?
 00:04:30.400 --> 00:04:32.312 All of these calculators will
 00:04:32.312 --> 00:04:33.840 pop up, absolutely.
 00:04:33.840 --> 00:04:37.500 I will tell you that I have friends who have
 00:04:37.500 --> 00:04:41.098 done this who do fit into the obese category.
 00:04:41.100 --> 00:04:44.529 And they are like I am not obese.
 00:04:44.530 --> 00:04:47.586 I mean, I might be a little bit
 00:04:47.586 --> 00:04:49.496 pleasantly plump, but
 00:04:49.496 --> 00:04:51.406 is this a real thing?
 00:04:51.410 --> 00:04:54.126 So you were about to tell us
 00:04:54.126 --> 00:04:55.680 that these categories are
 00:04:55.680 --> 00:04:57.276 actually associated with actual
 00:04:57.276 --> 00:04:59.670 health outcomes.
 00:04:59.670 --> 00:05:02.729 It's not like we're labeling
 00:05:02.729 --> 00:05:05.689 people to label them,
 00:05:05.690 --> 00:05:07.909 and that has
 00:05:07.909 --> 00:05:09.450 a particular health outcome.

00:05:09.450 --> 00:05:11.160 Is that right?
00:05:11.160 --> 00:05:11.502 That's correct,
00:05:11.502 --> 00:05:13.559 and it's a really great point
00:05:13.560 --> 00:05:15.947 that you bring up, because for example,
00:05:15.950 --> 00:05:17.834 if someone is a bodybuilder and
00:05:17.834 --> 00:05:20.268 they have a lot of muscle while
00:05:20.268 --> 00:05:22.108 muscle weighs more than fat,
00:05:22.110 --> 00:05:24.238 so their body mass index might be
00:05:24.238 --> 00:05:26.357 higher and they might not necessarily
00:05:26.357 --> 00:05:28.257 have an unhealthy BMI,
00:05:28.260 --> 00:05:30.306 so it's not a perfect measure,
00:05:30.310 --> 00:05:32.020 but in the general public,
00:05:32.020 --> 00:05:34.756 most patients, if they have a higher BMI,
00:05:34.760 --> 00:05:35.903 that doesn't mean
00:05:35.903 --> 00:05:38.570 that they have a much higher muscle
00:05:38.646 --> 00:05:40.872 mass as compared to body fat mass
00:05:40.872 --> 00:05:43.378 and then to answer your question,
00:05:43.380 --> 00:05:44.784 obesity is a disease,
00:05:44.784 --> 00:05:47.662 so we use these cut offs in general
00:05:47.662 --> 00:05:50.070 to help us define who is at
00:05:50.070 --> 00:05:52.480 higher risk for certain diseases.
00:05:52.480 --> 00:05:53.996 Just like you said,
00:05:53.996 --> 00:05:55.891 because they have the chronic
00:05:55.891 --> 00:05:57.024 disease of obesity.
00:05:57.024 --> 00:05:58.920 So let's talk about that.
00:05:58.920 --> 00:06:01.974 What are these medical conditions
00:06:01.974 --> 00:06:04.903 that obesity is a precursor to
00:06:04.903 --> 00:06:08.111 or is a risk factor for?
00:06:08.120 --> 00:06:11.344 Because some of
00:06:11.344 --> 00:06:14.897 us have been there.
00:06:14.900 --> 00:06:18.085 You think,

00:06:18.090 --> 00:06:21.590 well I was born pudgy.
00:06:24.390 --> 00:06:26.991 It is not my fault and
00:06:26.991 --> 00:06:29.977 there are certain conditions that if you
00:06:29.977 --> 00:06:32.790 continue on that trajectory as I once did,
00:06:32.790 --> 00:06:35.940 it really does put you at risk.
00:06:35.940 --> 00:06:38.052 So let's talk about what does
00:06:38.052 --> 00:06:40.490 obesity put you at risk for?
00:06:40.490 --> 00:06:43.290 You brought up a good point actually,
00:06:43.290 --> 00:06:46.077 because you said it's not my fault, and
00:06:46.077 --> 00:06:47.762 it's actually nobody's fault if
00:06:47.762 --> 00:06:49.630 they have overweight or obesity.
00:06:49.630 --> 00:06:51.718 It is not a lifestyle choice.
00:06:51.720 --> 00:06:54.224 So 2/3 of Americans did not wake up
00:06:54.224 --> 00:06:56.437 one morning and decide, I'm going
00:06:56.437 --> 00:06:58.327 to have overweight or obesity,
00:06:58.330 --> 00:07:00.412 or I'm going to be overweight
00:07:00.412 --> 00:07:01.453 or have obesity,
00:07:01.460 --> 00:07:03.340 so it's really understanding that
00:07:03.340 --> 00:07:05.891 there's a physiology that drives us to
00:07:05.891 --> 00:07:07.727 eat certain amounts and certain foods.
00:07:07.730 --> 00:07:09.806 So it's hormones and fat tissue.
00:07:09.810 --> 00:07:11.748 They release certain factors that then
00:07:11.748 --> 00:07:14.339 affect the brain that affect eating behavior.
00:07:14.340 --> 00:07:16.428 And that's exactly what I study
00:07:16.428 --> 00:07:17.472 in my science.
00:07:17.480 --> 00:07:19.130 I actually investigate neural
00:07:19.130 --> 00:07:20.450 mechanisms or brain mechanisms
00:07:20.450 --> 00:07:21.989 of overweight and obesity,
00:07:21.990 --> 00:07:24.406 and so it's a great point that you
00:07:24.406 --> 00:07:26.685 bring up because it's nobody's fault
00:07:26.685 --> 00:07:29.487 that they have the disease of obesity

00:07:29.487 --> 00:07:32.394 and it's our job to try and figure out
00:07:32.400 --> 00:07:35.176 how to help those patients in terms of
00:07:35.176 --> 00:07:37.257 what obesity increases your risk for.
00:07:37.257 --> 00:07:38.992 There's well over 200
00:07:38.992 --> 00:07:40.033 obesity related diseases,
00:07:40.040 --> 00:07:42.322 so some of the common ones that
00:07:42.322 --> 00:07:44.491 you might think about are things
00:07:44.491 --> 00:07:46.735 like Type 2 diabetes or heart
00:07:46.735 --> 00:07:48.709 disease and what we're here to
00:07:48.710 --> 00:07:50.705 potentially discuss today are
00:07:50.705 --> 00:07:52.700 also certain types of cancers,
00:07:52.700 --> 00:07:55.088 so we can't say that obesity causes this
00:07:55.088 --> 00:07:56.282 percent of cancer, but
00:07:56.290 --> 00:07:59.494 we do know that

NOTE Confidence: 0.918119609355927

00:07:59.494 --> 00:08:02.279 obesity increases your risk for certain
00:08:02.280 --> 00:08:05.070 types of cancers.
00:08:05.870 --> 00:08:08.264 So the cancers that may be
00:08:08.264 --> 00:08:09.860 associated with increased risk
00:08:09.860 --> 00:08:12.248 if you have obesity are post
00:08:12.248 --> 00:08:13.442 menopausal breast cancer,
00:08:13.450 --> 00:08:15.042 oesophageal and gastric cancer,
00:08:15.042 --> 00:08:16.634 pancreatic and colorectal cancer,
00:08:16.640 --> 00:08:17.858 and kidney cancer.
00:08:19.080 --> 00:08:21.768 And also endometrial cancer so there's
00:08:21.768 --> 00:08:24.488 certain types of cancers that we know
00:08:24.490 --> 00:08:26.686 are associated with obesity and
00:08:26.686 --> 00:08:29.614 when you think about 2/3
00:08:29.614 --> 00:08:31.924 of the American population being
00:08:31.924 --> 00:08:35.290 overweight or having obesity,
00:08:35.290 --> 00:08:37.930 now all of these people have

00:08:38.003 --> 00:08:39.943 risk factors for developing
 00:08:39.943 --> 00:08:42.550 one of the myriad of cancers.
 00:08:44.430 --> 00:08:45.934 Post menopausal breast cancer,
 00:08:45.934 --> 00:08:48.202 for example, is pretty darn common.
 00:08:48.202 --> 00:08:50.462 That's right and so as
 00:08:50.462 --> 00:08:51.966 we think about that,
 00:08:51.970 --> 00:08:54.595 a lot of people think,
 00:08:54.595 --> 00:08:57.250 not only is it not my fault,
 00:08:57.250 --> 00:08:59.749 but there's really very little I can
 00:08:59.749 --> 00:09:02.530 do about it because let's face it,
 00:09:02.530 --> 00:09:04.042 it is bloody difficult,
 00:09:04.042 --> 00:09:05.554 especially to lose weight.
 00:09:05.560 --> 00:09:07.317 Yes, absolutely.
 00:09:07.317 --> 00:09:10.796 How exactly do we lower that risk?
 NOTE Confidence: 0.935803592205048
 00:09:10.800 --> 00:09:12.785 How exactly do we confront
 00:09:12.785 --> 00:09:14.770 this as you put it,
 00:09:14.770 --> 00:09:16.358 a chronic condition called
 00:09:16.358 --> 00:09:17.549 overweight or obesity?
 00:09:17.550 --> 00:09:19.530 I's another great point
 00:09:19.530 --> 00:09:22.490 that you bring up and actually we don't
 00:09:22.490 --> 00:09:25.124 have the evidence yet to say that
 00:09:25.124 --> 00:09:27.870 if you have obesity or overweight,
 00:09:27.870 --> 00:09:30.649 that losing weight will decrease your risk.
 00:09:30.650 --> 00:09:33.458 What we have at this point is knowing
 00:09:33.458 --> 00:09:36.385 that if your normal weight for certain
 00:09:36.385 --> 00:09:39.000 types of cancers you may have a
 00:09:39.000 --> 00:09:41.886 lower risk, but that doesn't
 00:09:41.886 --> 00:09:45.101 mean that we shouldn't try to have
 00:09:45.101 --> 00:09:47.894 a lower BMI or to treat obesity.
 00:09:47.900 --> 00:09:50.130 An as you pointed out,

00:09:50.130 --> 00:09:52.800 it's very difficult to lose weight,
00:09:52.800 --> 00:09:55.440 and it's more difficult
00:09:55.440 --> 00:09:57.690 to maintain that weight loss,
00:09:57.690 --> 00:10:01.695 so there are different ways that we do this,
00:10:01.700 --> 00:10:03.920 and both start with changing diet,
00:10:03.920 --> 00:10:05.700 physical activity, and also,
00:10:05.700 --> 00:10:07.480 as I mentioned earlier,
00:10:07.480 --> 00:10:09.092 with anti-obesity medications.

NOTE Confidence: 0.930720269680023

00:10:09.092 --> 00:10:11.510 There are FDA approved anti-
00:10:11.586 --> 00:10:12.910 obesity medications
00:10:12.910 --> 00:10:16.168 that we can use to help people lose weight,
00:10:16.170 --> 00:10:18.634 and that's what I do in my
00:10:18.634 --> 00:10:20.150 clinical practice at Yale.
00:10:20.150 --> 00:10:21.910 There are also other interventions
00:10:21.910 --> 00:10:24.090 such as bariatric surgery and there
00:10:24.090 --> 00:10:26.238 is some evidence that having bariatric
00:10:26.238 --> 00:10:28.464 surgery may decrease your risk for
00:10:28.464 --> 00:10:30.289 certain obesity related cancers.
00:10:30.290 --> 00:10:31.730 So because that was
00:10:31.730 --> 00:10:34.626 one of the things that I was going

NOTE Confidence: 0.941755294799805

00:10:34.630 --> 00:10:37.754 to bring up is that if you say that
00:10:37.754 --> 00:10:40.717 you know obesity is a risk factor
00:10:40.717 --> 00:10:42.745 for developing certain cancers,
00:10:42.750 --> 00:10:44.538 but we don't know that losing
00:10:44.538 --> 00:10:46.850 weight is going to reduce that risk,
00:10:46.850 --> 00:10:49.048 then people are like, you know what
00:10:49.050 --> 00:10:51.255 it's too damn tough to lose weight,
00:10:51.260 --> 00:10:52.830 I'm not going to bother.
00:10:52.830 --> 00:10:54.090 But if bariatric surgery

00:10:54.090 --> 00:10:55.665 actually does reduce your risk,
 00:10:55.670 --> 00:10:57.374 one would think that maybe one
 00:10:57.374 --> 00:10:59.285 of the mechanisms for that is
 00:10:59.285 --> 00:11:00.709 that bariatric surgery actually
 00:11:00.710 --> 00:11:02.280 helps you to lose weight.
 00:11:02.280 --> 00:11:04.268 And so exactly what
 00:11:04.268 --> 00:11:05.750 you're saying and inferring
 00:11:05.750 --> 00:11:07.320 and that's been the thought.
 00:11:07.320 --> 00:11:09.786 The idea is that we need data now to
 00:11:09.786 --> 00:11:11.901 support that and other ways of treating
 00:11:11.901 --> 00:11:13.676 obesity may help reduce risk.
 00:11:13.680 --> 00:11:15.444 And that's one of the things
 NOTE Confidence: 0.93593555688858
 00:11:15.444 --> 00:11:17.736 I'm interested in, is to look at
 00:11:17.736 --> 00:11:19.481 specifically if helping people lose
 00:11:19.481 --> 00:11:21.358 weight with anti obesity medications
 00:11:21.358 --> 00:11:23.596 if that will help decrease their
 00:11:23.596 --> 00:11:24.996 risk for developing cancer.
 00:11:24.996 --> 00:11:27.390 And this could be in people who
 00:11:27.459 --> 00:11:29.169 have overweight or obesity and
 00:11:29.169 --> 00:11:31.519 they have had cancer in their past.
 00:11:31.520 --> 00:11:34.000 Or it could be in patients who have
 00:11:34.000 --> 00:11:36.320 a higher risk for having cancer,
 00:11:36.320 --> 00:11:38.210 for example because of their genetics
 00:11:38.210 --> 00:11:40.429 or because of a family history.
 00:11:40.430 --> 00:11:42.698 To see if we can help prevent
 00:11:42.698 --> 00:11:44.210 the development of cancer.
 00:11:44.430 --> 00:11:47.778 For a long time I was
 NOTE Confidence: 0.929587423801422
 00:11:47.778 --> 00:11:50.190 praying for some sort of pill,
 00:11:50.190 --> 00:11:52.815 a magic bullet pill that would help

00:11:52.815 --> 00:11:55.569 me to lose weight and now you're
00:11:55.570 --> 00:11:58.434 telling me that such a pill exists?
00:11:58.434 --> 00:12:02.087 I would say there are no magic pills.
00:12:02.090 --> 00:12:05.170 But we do have medications to treat obesity.
00:12:05.170 --> 00:12:07.666 So there are five that are approved by
00:12:07.666 --> 00:12:10.537 the FDA for long-term obesity treatment,
00:12:10.540 --> 00:12:12.880 and there's one that is FDA
00:12:12.880 --> 00:12:14.440 approved for shorter term.
00:12:14.440 --> 00:12:15.940 If you think about it,
00:12:15.940 --> 00:12:17.440 obesity is a chronic disease.
00:12:17.440 --> 00:12:20.140 For example,
00:12:20.140 --> 00:12:21.874 If somebody has high blood pressure
00:12:21.874 --> 00:12:24.003 and you treat them with a medicine
00:12:24.003 --> 00:12:25.533 to lower their blood pressure
00:12:25.540 --> 00:12:27.340 what would happen if
00:12:27.340 --> 00:12:28.540 their blood pressure improves?
00:12:28.540 --> 00:12:30.340 What happens if you take that
00:12:30.340 --> 00:12:31.540 blood pressure medicine away?
00:12:31.540 --> 00:12:33.217 Their blood pressure goes up, exactly.
00:12:33.217 --> 00:12:35.415 So if you treat someone with a chronic
00:12:35.415 --> 00:12:37.365 disease of obesity with an anti
00:12:37.365 --> 00:12:39.338 obesity medicine and they lose weight,
00:12:39.340 --> 00:12:41.740 what happens if you take that medicine away,
00:12:41.740 --> 00:12:42.944 they get obese again.
00:12:42.944 --> 00:12:44.449 They gain back the weight, and so the idea is that
these medicines,
00:12:47.470 --> 00:12:48.766 when you take them,
00:12:48.766 --> 00:12:50.710 you have to take them lifelong
00:12:50.781 --> 00:12:52.776 until we come up with a better
00:12:52.776 --> 00:12:54.870 solution or a better medication.
00:12:54.870 --> 00:12:57.550 Most patients, if they would like to lose,

00:12:57.550 --> 00:12:59.230 you know 5 to 10%,
00:12:59.230 --> 00:13:01.589 one medicine might do 5 to 10%
NOTE Confidence: 0.929587423801422
00:13:01.590 --> 00:13:03.270 of their total body weight, and
00:13:03.270 --> 00:13:05.854 one medicine may be able to help them
00:13:05.854 --> 00:13:08.638 if they want to lose more than that.
00:13:08.640 --> 00:13:10.656 Usually it's more than one medication.
00:13:10.660 --> 00:13:12.669 Let's talk about these medications
00:13:12.670 --> 00:13:14.445 because I'm quite certain that
NOTE Confidence: 0.934933722019196
00:13:14.445 --> 00:13:16.220 you've probably peaked the interest
00:13:16.220 --> 00:13:18.468 of a lot of our listeners who are
00:13:18.468 --> 00:13:20.468 thinking that for years
00:13:20.468 --> 00:13:22.490 they've been told that the way
00:13:22.490 --> 00:13:24.534 to lose weight is diet and exercise.
00:13:24.540 --> 00:13:26.268 And adopting healthy behaviors.
00:13:26.270 --> 00:13:27.700 And now you're saying, well,
00:13:27.700 --> 00:13:30.211 you know what you can take a pill every
00:13:30.211 --> 00:13:32.579 day for like the rest of your life,
00:13:32.580 --> 00:13:34.876 but that can help you to lose weight.
00:13:34.880 --> 00:13:36.302 I know that that's going
00:13:36.302 --> 00:13:38.030 to be a longer conversation
00:13:38.030 --> 00:13:39.906 so first we're going to take a
00:13:39.906 --> 00:13:41.759 short break for a medical minute.
00:13:41.760 --> 00:13:43.846 Please stay tuned to learn more about
00:13:43.846 --> 00:13:45.490 obesity and cancer with my guest
00:13:45.490 --> 00:13:47.506 doctor Ania Jastreboff.
00:13:47.506 --> 00:13:49.268 Support for Yale Cancer Answers comes from
AstraZeneca,
00:13:49.270 --> 00:13:51.680 a biopharmaceutical business with
00:13:51.680 --> 00:13:54.727 a deep rooted heritage in oncology

00:13:54.727 --> 00:13:57.492 and a commitment to developing
00:13:57.492 --> 00:13:59.704 cancer medicines for patients.
00:13:59.710 --> 00:14:03.090 Learn more at astrazeneca-us.com.
00:14:03.090 --> 00:14:06.037 This is a medical minute about genetic
00:14:06.037 --> 00:14:08.599 testing which can be useful for
00:14:08.599 --> 00:14:11.035 people with certain types of cancer
00:14:11.035 --> 00:14:13.778 that seem to run in their families.
00:14:13.780 --> 00:14:16.300 Patients that are considered at risk
00:14:16.300 --> 00:14:18.791 should receive genetic counseling and testing so
00:14:18.791 --> 00:14:21.011 informed medical decisions can be based
00:14:21.011 --> 00:14:23.639 on their own personal risk assessment.
00:14:23.640 --> 00:14:25.460 Resources for genetic counseling and
00:14:25.460 --> 00:14:27.280 testing are available at federally
00:14:27.336 --> 00:14:29.388 designated comprehensive cancer centers.
00:14:29.390 --> 00:14:31.034 Interdisciplinary teams include geneticists,
00:14:31.034 --> 00:14:32.292 genetic counselors, physicians,
00:14:32.292 --> 00:14:33.156 and nurses
00:14:33.156 --> 00:14:36.180 who work together to provide risk assessment
00:14:36.180 --> 00:14:38.820 and steps to prevent the development
00:14:38.820 --> 00:14:39.700 of cancer.
00:14:39.700 --> 00:14:41.460 More information is available
00:14:41.460 --> 00:14:42.340 at yalecancercenter.org.
00:14:42.340 --> 00:14:45.808 You're listening to Connecticut public radio.
00:14:45.810 --> 00:14:46.190 Welcome
00:14:46.190 --> 00:14:48.080 back to Yale Cancer Answers.
00:14:48.080 --> 00:14:50.754 This is doctor Anees Chagpar
00:14:50.754 --> 00:14:53.077 and I'm joined tonight by my
00:14:53.077 --> 00:14:55.632 guest doctor Ania Jastreboff.
00:14:55.640 --> 00:14:57.992 We're talking about obesity and cancer
00:14:57.992 --> 00:14:59.976 and everybody knows that obesity
00:14:59.976 --> 00:15:02.058 is an epidemic in this country.

00:15:02.060 --> 00:15:04.580 2/3 of people in this country are
00:15:04.580 --> 00:15:06.475 either overweight or have obesity
00:15:06.475 --> 00:15:08.713 and we know that being overweight
00:15:08.713 --> 00:15:11.075 or having obesity is an increased
00:15:11.075 --> 00:15:13.005 risk factor for developing a
00:15:13.005 --> 00:15:14.912 whole slew of different cancers.
00:15:14.912 --> 00:15:16.802 Not to mention heart disease,
00:15:16.810 --> 00:15:17.959 diabetes, vascular problems,
00:15:17.959 --> 00:15:19.108 strokes, heart attacks.
00:15:19.110 --> 00:15:22.374 The list goes on and on, and all of us
00:15:22.374 --> 00:15:24.330 every year make New Year's resolutions,
00:15:24.330 --> 00:15:26.930 me included, that I'm going to lose weight.
00:15:26.930 --> 00:15:29.044 I always thought that the only way
00:15:29.044 --> 00:15:31.497 to do that was diet and exercise,
00:15:31.500 --> 00:15:32.152 eat healthy,
00:15:32.152 --> 00:15:34.108 those kinds of things,
00:15:34.110 --> 00:15:36.273 but our guest today
00:15:36.273 --> 00:15:38.615 is telling us that there are
00:15:38.615 --> 00:15:40.300 some medications that can help.
00:15:40.300 --> 00:15:42.208 Ania, tell us about these
00:15:42.208 --> 00:15:43.890 medications that you talked about.
00:15:43.890 --> 00:15:46.498 You said that there are five that are
00:15:46.498 --> 00:15:49.100 FDA approved, most of them for chronic use,
00:15:49.100 --> 00:15:50.740 one some for shorter term use.
00:15:50.740 --> 00:15:52.540 Tell us more about them.
00:15:52.540 --> 00:15:53.614 What are they?
00:15:53.614 --> 00:15:55.046 How are they prescribed?
00:15:55.050 --> 00:15:56.840 What are the side effects?
00:15:56.840 --> 00:15:58.640 Who's eligible to use them?
00:15:58.640 --> 00:16:01.862 If I want to lose 5 or 10 pounds,
00:16:01.870 --> 00:16:02.230 can I take one?

00:16:02.230 --> 00:16:05.456 First the indication for
 00:16:05.456 --> 00:16:07.962 use of these medications should be discussed
 00:16:07.970 --> 00:16:11.106 In general the indication
 00:16:11.106 --> 00:16:14.738 would be a body mass index of greater than or
 00:16:14.738 --> 00:16:18.093 equal to 30 or a body mass index of greater
 00:16:18.093 --> 00:16:21.288 than or equal to 27 with a comorbidity, so
 00:16:21.290 --> 00:16:24.195 I would say with the obesity
 00:16:24.195 --> 00:16:26.686 related disease, those would be
 00:16:26.686 --> 00:16:28.756 something like Type 2 diabetes,
 00:16:28.760 --> 00:16:30.840 hypertension or high blood pressure,
 00:16:30.840 --> 00:16:32.910 high cholesterol, obstructive sleep apnea.
 00:16:32.910 --> 00:16:35.400 Those would be obesity related diseases,
 00:16:35.400 --> 00:16:37.990 so you could have a slightly lower
 00:16:37.990 --> 00:16:40.800 BMI and still take these medicines.
 00:16:40.800 --> 00:16:42.460 The medicines are relatively
 00:16:42.460 --> 00:16:44.950 newer, some of them,
 00:16:44.950 --> 00:16:47.440 but they're comprised of older medications.
 00:16:47.440 --> 00:16:48.667 So for example,
 00:16:48.667 --> 00:16:52.000 two of the medicines were approved in 2012,
 00:16:52.000 --> 00:16:53.140 and two in 2014.
 00:16:53.140 --> 00:16:55.368 So that's why a lot of people
 00:16:55.368 --> 00:16:57.558 are learning about them now.
 00:16:57.560 --> 00:17:00.899 One of them is called CONTRAVE.
 00:17:00.900 --> 00:17:02.765 It's a combination of Naltrexone/Bupropion
 00:17:05.350 --> 00:17:07.504 Naltrexone is used for
 NOTE Confidence: 0.927379429340363
 00:17:07.504 --> 00:17:10.053 people who may abuse alcohol or
 NOTE Confidence: 0.927379429340363
 00:17:10.053 --> 00:17:12.475 are addicted to opiates and it stops
 00:17:12.544 --> 00:17:14.902 that action whereas Bupropion
 00:17:14.902 --> 00:17:17.222 is both an antidepressant as well

00:17:17.222 --> 00:17:18.706 as a smoking cessation medication.

00:17:18.710 --> 00:17:21.454 So the idea is that they both potentially

00:17:21.454 --> 00:17:23.934 work on cravings and so those two

00:17:23.934 --> 00:17:26.500 were put together into a medication.

00:17:26.500 --> 00:17:29.516 Another one is a combination of Phentermine

00:17:29.520 --> 00:17:32.152 and Topiramate and Topiramate

NOTE Confidence: 0.927379429340363

00:17:32.152 --> 00:17:34.419 is used for seizures and migraines.

00:17:34.420 --> 00:17:37.269 Phentramin has been used since the 1950s,

00:17:37.270 --> 00:17:40.393 if not before and was approved by the FDA

00:17:40.393 --> 00:17:44.209 for weight and for obesity treatment.

00:17:44.210 --> 00:17:46.418 And those two were put together

00:17:46.418 --> 00:17:49.732 to also be used as an anti-obesity

00:17:49.732 --> 00:17:52.366 medication and that's called Qsymia,

00:17:54.410 --> 00:17:56.298 and another medication called Liraglutide

00:17:56.298 --> 00:17:59.130 is actually a hormone that

00:17:59.201 --> 00:18:00.586 is made in your gut.

00:18:00.590 --> 00:18:03.938 It's called GL P1 and it is naturally made

00:18:03.938 --> 00:18:07.286 in our body and increases when we eat,

00:18:07.290 --> 00:18:10.202 and we know that individuals who have

00:18:10.202 --> 00:18:12.800 obesity or overweight make less of this,

00:18:12.800 --> 00:18:15.472 and so we give it back to them

00:18:15.472 --> 00:18:18.319 and it helps people feel full.

00:18:18.320 --> 00:18:20.966 There are receptors in the brain for

00:18:20.966 --> 00:18:23.785 GIP and most of these medications

00:18:23.785 --> 00:18:26.593 work in the brain and

00:18:26.593 --> 00:18:28.558 liraglutide is approved for weight.

00:18:28.560 --> 00:18:30.600 It's also approved

00:18:30.600 --> 00:18:32.490 as an anti-obesity medication,

00:18:32.490 --> 00:18:34.758 it's also approved for diabetes treatment,

NOTE Confidence: 0.927379429340363

00:18:34.760 --> 00:18:37.420 so those are three of the medications
00:18:37.420 --> 00:18:40.050 and there are a couple of others.
NOTE Confidence: 0.927379429340363
00:18:40.050 --> 00:18:42.318 So Orlistat has been on the
00:18:42.318 --> 00:18:43.830 market since the 1990s.
00:18:43.830 --> 00:18:46.504 It's actually over the counter as All
00:18:46.504 --> 00:18:48.369 and prescription strength as Xenical,
00:18:48.370 --> 00:18:50.614 and that is a medicine that
00:18:50.614 --> 00:18:52.899 helps you absorb 1/3 less fat.
00:18:52.900 --> 00:18:54.826 A lot of people don't necessarily
00:18:54.826 --> 00:18:57.504 like it because it can give you
00:18:57.504 --> 00:18:59.709 gastrointestinal side effects like diarrhea,
00:18:59.710 --> 00:19:02.026 but that is also a medication
00:19:02.030 --> 00:19:05.360 that is used and has been used for obesity
00:19:05.360 --> 00:19:07.797 treatment and then another medication,
00:19:07.800 --> 00:19:10.390 the fifth one that is approved for
00:19:10.390 --> 00:19:12.823 long-term use is called Belviq and
00:19:12.823 --> 00:19:15.307 the generic name is lorcaserin
00:19:15.307 --> 00:19:17.978 and that medicine works on serotonin
00:19:17.978 --> 00:19:20.158 receptors in the brain again
00:19:20.160 --> 00:19:22.890 to help with things like craving
00:19:22.890 --> 00:19:25.138 and potentially helping us in
00:19:25.138 --> 00:19:27.567 terms of its action in the brain.
00:19:27.570 --> 00:19:30.754 Now if you were to ask me specifically
00:19:30.754 --> 00:19:33.669 how each of these medicines work,
00:19:33.670 --> 00:19:36.190 the answer is we don't quite know,
00:19:36.190 --> 00:19:37.905 and that's because we're still
00:19:37.905 --> 00:19:39.620 trying to work out exactly what
00:19:39.678 --> 00:19:41.588 causes and contributes to obesity.
00:19:41.590 --> 00:19:43.972 And then there is a short-term
00:19:43.972 --> 00:19:46.259 medication which I mentioned which is

00:19:46.259 --> 00:19:48.787 phentermine and that can be used alone.
00:19:48.790 --> 00:19:49.150 Technically,
00:19:49.150 --> 00:19:51.670 it's only FDA approved for short-term use,
00:19:51.670 --> 00:19:53.878 but it is a medication that
00:19:53.878 --> 00:19:55.990 people do use long term as
00:19:55.990 --> 00:19:58.936 well. So all of these drugs
00:19:58.940 --> 00:20:00.400 all have different
00:20:00.400 --> 00:20:01.867 mechanisms of action, right?
00:20:01.867 --> 00:20:04.436 Some of them make you feel fuller.
00:20:04.440 --> 00:20:07.376 Some of them prevent you from absorbing fat.
00:20:07.380 --> 00:20:09.582 Some of them work on your
00:20:09.582 --> 00:20:11.050 brain and serotonin receptors.
00:20:11.050 --> 00:20:13.530 Some of them prevent cravings.
00:20:13.530 --> 00:20:14.700 Are they all efficacious?
00:20:16.260 --> 00:20:17.820 Do they all work?
00:20:17.820 --> 00:20:18.990 So that is
00:20:18.990 --> 00:20:20.880 a wonderful question. The answer
00:20:20.880 --> 00:20:23.670 is they don't all work in everyone.
00:20:23.670 --> 00:20:26.559 So the question is, how do we pair the
00:20:26.559 --> 00:20:29.516 right medications with the right patient?
00:20:29.520 --> 00:20:32.194 And at this point there's no way
00:20:32.194 --> 00:20:35.379 of knowing that if I give you or
00:20:35.379 --> 00:20:37.329 any patient a certain medication
00:20:37.417 --> 00:20:40.049 that they will lose weight on it.
00:20:40.050 --> 00:20:41.618 And at this point,
00:20:41.618 --> 00:20:44.800 because obesity medicine is a very new field,
00:20:44.800 --> 00:20:46.324 we're still learning basically
00:20:46.324 --> 00:20:48.610 right now we try and assess
00:20:48.610 --> 00:20:51.277 if you had cravings,
NOTE Confidence: 0.927376687526703
00:20:51.280 --> 00:20:53.560 I might tend towards one medicine,

00:20:53.560 --> 00:20:55.465 or if it's larger portions
 00:20:55.465 --> 00:20:57.370 and you've never quite felt full,
 00:20:57.370 --> 00:20:59.656 I would use a different medication.
 00:20:59.660 --> 00:21:02.220 But there's no way for me to know
 00:21:02.220 --> 00:21:04.673 for sure that you'll respond to
 00:21:04.673 --> 00:21:07.277 that medication and down the road
 00:21:07.280 --> 00:21:09.566 the goal would be, for example,
 00:21:09.570 --> 00:21:12.118 to have data both from knowing what
 00:21:12.118 --> 00:21:14.518 your obstacles or barriers might be,
 00:21:14.520 --> 00:21:16.830 as well as potentially genetic information.
 00:21:16.830 --> 00:21:19.147 So taking a blood test and potentially
 NOTE Confidence: 0.927376687526703
 00:21:19.147 --> 00:21:21.054 knowing which medicine might work better
 00:21:21.054 --> 00:21:23.230 for you, we're not quite there yet.
 00:21:23.230 --> 00:21:26.750 And so we have to work with what we have.
 00:21:26.750 --> 00:21:29.310 At this point we try a medicine
 00:21:29.310 --> 00:21:31.462 to see if a person loses
 00:21:31.462 --> 00:21:33.470 weight over approximately 3 months,
 00:21:33.470 --> 00:21:35.354 give or take, and obviously monitor
 00:21:35.354 --> 00:21:37.628 for side effects and things like that.
 00:21:37.630 --> 00:21:39.230 And then if it's working,
 00:21:39.230 --> 00:21:40.190 we continue it.
 00:21:40.190 --> 00:21:41.150 If it's not,
 00:21:41.150 --> 00:21:43.390 then we change it for another medicine
 00:21:43.390 --> 00:21:46.910 or if it's working a bit but not a whole lot,
 00:21:47.590 --> 00:21:48.610 we add on another medicine
 00:21:48.610 --> 00:21:48.940 so
 00:21:48.940 --> 00:21:50.308 you mentioned side effects,
 00:21:50.308 --> 00:21:52.640 which was another question that I had,
 00:21:52.640 --> 00:21:53.660 because you know,
 00:21:53.660 --> 00:21:56.670 every time you look at any kind of pill,

00:21:56.670 --> 00:21:59.302 I mean, you can take a Tylenol, right?
 00:21:59.302 --> 00:22:01.558 And if you read the label of all
 00:22:01.558 --> 00:22:03.729 of the potential side effects,
 00:22:03.730 --> 00:22:05.410 it can get really harrowing.
 00:22:05.410 --> 00:22:07.444 So what are the side effects
 00:22:07.444 --> 00:22:09.100 of these drugs?
 00:22:09.100 --> 00:22:10.740 Is that something that people
 00:22:10.740 --> 00:22:13.140 really need to keep in mind before
 00:22:13.140 --> 00:22:15.150 they start taking one of them?
 00:22:15.150 --> 00:22:17.166 Sure, so exactly as you said,
 00:22:17.170 --> 00:22:19.210 every medicine has potential side effects.
 00:22:19.210 --> 00:22:21.238 There's not one general side effect
 00:22:21.238 --> 00:22:23.749 that all of these medications have.
 00:22:23.750 --> 00:22:26.012 What I would say is that
 00:22:26.012 --> 00:22:27.143 gastrointestinal side effects,
 00:22:27.150 --> 00:22:29.364 so something like nausea or potentially
 00:22:29.364 --> 00:22:32.060 vomiting are the most common side effects.
 00:22:32.060 --> 00:22:34.706 Overall, if I had to pick one,
 00:22:34.710 --> 00:22:36.625 these medications can have
 00:22:36.625 --> 00:22:38.157 different side effects depending
 00:22:38.157 --> 00:22:39.997 on which one you're taking.
 00:22:40.000 --> 00:22:42.646 They all work in the brain,
 NOTE Confidence: 0.930775821208954
 00:22:42.650 --> 00:22:45.289 so some of them can affect mood,
 00:22:45.290 --> 00:22:47.558 so that's another potential side effect.
 00:22:47.560 --> 00:22:49.080 Having increased or improved
 00:22:49.080 --> 00:22:50.600 mood or potentially having
 00:22:50.600 --> 00:22:52.140 decreased or or sadder mood,
 00:22:52.140 --> 00:22:53.982 so those are things that we
 00:22:53.982 --> 00:22:55.210 monitor for very carefully.
 00:22:55.210 --> 00:22:56.740 We also monitor things like

00:22:56.740 --> 00:22:57.964 blood pressure and pulse,
00:22:57.970 --> 00:22:59.788 because some of them can affect
00:22:59.788 --> 00:23:01.350 those vital signs as well,
00:23:01.350 --> 00:23:03.054 and the most important thing in
00:23:03.054 --> 00:23:05.859 all of this is that we want to keep
00:23:05.859 --> 00:23:07.464 our patients safe while helping
00:23:07.529 --> 00:23:09.629 them to get to a healthier weight.
00:23:09.630 --> 00:23:10.250 So when
00:23:10.250 --> 00:23:12.698 you say we want to keep them safe,
00:23:12.700 --> 00:23:15.010 what do you mean? Are some of the
00:23:15.073 --> 00:23:17.617 side effects really problematic and harmful?
00:23:17.620 --> 00:23:18.547 Well, for example,
00:23:18.547 --> 00:23:20.710 if you have high blood pressure
00:23:20.710 --> 00:23:22.621 I wouldn't choose a medicine that could
00:23:22.621 --> 00:23:24.129 potentially increase your blood pressure.
00:23:24.130 --> 00:23:25.708 I would make sure that your
00:23:25.708 --> 00:23:27.130 blood pressure is controlled and
00:23:27.130 --> 00:23:28.406 choose a different medication.
00:23:28.410 --> 00:23:30.307 While we were doing that and then
00:23:30.307 --> 00:23:32.061 potentially add that one on once
00:23:32.061 --> 00:23:33.536 your blood pressure was controlled.
00:23:34.100 --> 00:23:36.280 So this all sounds really,
00:23:36.280 --> 00:23:38.160 really wonderful.
00:23:38.160 --> 00:23:40.510 It sounds like it's something
00:23:40.510 --> 00:23:42.796 that we now should not have
00:23:42.800 --> 00:23:45.385 2/3 of Americans suffering with
00:23:45.385 --> 00:23:47.453 these conditions because for
00:23:47.453 --> 00:23:50.305 a long time we used to always
00:23:50.305 --> 00:23:52.810 say if only there was a pill.
00:23:52.810 --> 00:23:56.716 Well now it sounds like there there's a pill,
00:23:56.720 --> 00:23:59.330 so why don't people take it?

00:23:59.330 --> 00:24:00.200 So that's
00:24:00.200 --> 00:24:01.484 a great question.
00:24:01.484 --> 00:24:04.990 I think again there's no magic pill.
00:24:04.990 --> 00:24:06.856 And if you think about these
00:24:06.856 --> 00:24:07.789 anti obesity medications,
00:24:07.790 --> 00:24:10.589 if the weight loss for each one on average,
00:24:10.590 --> 00:24:12.450 let's say is 5 to 10%
00:24:12.450 --> 00:24:14.943 if you respond to it, which means that
00:24:14.943 --> 00:24:16.809 some people don't lose any weight.
00:24:16.810 --> 00:24:18.670 Some people lose 5 to 10%
00:24:18.670 --> 00:24:20.230 of their total body weight,
00:24:20.230 --> 00:24:21.780 and some people lose more.
00:24:21.780 --> 00:24:23.650 Some people can lose 20% of
00:24:23.650 --> 00:24:24.890 their total body weight.
00:24:24.890 --> 00:24:26.450 But again, with multiple medicines,
00:24:26.450 --> 00:24:28.898 there's a few factors that kind of
00:24:28.898 --> 00:24:31.426 are a barrier to using these medications.
00:24:31.430 --> 00:24:34.220 One is that obesity medicine is a new field.
00:24:34.220 --> 00:24:36.596 None of us when we were going through
00:24:36.596 --> 00:24:38.050 medical school learned about
00:24:38.050 --> 00:24:40.745 obesity and how to treat it,
00:24:40.745 --> 00:24:42.470 these medicines weren't around.
00:24:42.470 --> 00:24:43.694 And so again,
00:24:43.694 --> 00:24:46.550 these are new and we're learning about
00:24:46.637 --> 00:24:49.304 them and how we can treat obesity.
00:24:49.310 --> 00:24:52.117 Another really big barrier
00:24:52.120 --> 00:24:53.676 besides education and understanding
00:24:53.676 --> 00:24:56.010 that there are ways of treating
00:24:56.072 --> 00:24:57.350 is insurance coverage.
00:24:57.350 --> 00:24:58.445 So for example,
00:24:58.445 --> 00:25:00.635 Medicaid and Medicare do not cover

00:25:00.635 --> 00:25:03.376 any of these anti obesity medications.

00:25:03.380 --> 00:25:04.430 The brand ones.

00:25:04.430 --> 00:25:06.530 So basically what we try and

00:25:06.530 --> 00:25:09.039 do is potentially use generics.

00:25:09.040 --> 00:25:09.754 But again,

00:25:09.754 --> 00:25:12.253 Medicaid and Medicare do not cover these,

00:25:12.260 --> 00:25:14.570 and there aren't generics for all of

00:25:14.570 --> 00:25:16.919 these in terms of private insurers,

00:25:16.920 --> 00:25:18.705 there's a percentage that do

00:25:18.705 --> 00:25:19.776 cover these medications,

00:25:19.780 --> 00:25:22.636 but there is a percentage that do not,

00:25:22.640 --> 00:25:24.430 and if they cover one,

00:25:24.430 --> 00:25:26.220 they may not cover others.

NOTE Confidence: 0.931647181510925

00:25:26.220 --> 00:25:27.294 So, for example,

00:25:27.294 --> 00:25:29.800 if I give you medicine A and

00:25:29.800 --> 00:25:32.664 you happen to not respond to that one,

00:25:32.670 --> 00:25:35.169 they may not cover the other ones.

00:25:35.170 --> 00:25:37.438 So one of the big barriers is

00:25:37.438 --> 00:25:39.110 lack of insurance coverage,

00:25:39.110 --> 00:25:41.616 and I think that is a very,

00:25:41.620 --> 00:25:42.688 very significant barrier.

00:25:43.000 --> 00:25:46.050 So when you see patients

00:25:46.050 --> 00:25:49.100 who are overweight or obese,

00:25:49.100 --> 00:25:51.484 I mean, do you go straight to a

00:25:51.484 --> 00:25:53.778 medication or is it that these are

00:25:53.778 --> 00:25:55.869 really people who have tried to

00:25:55.869 --> 00:25:57.859 lose weight in conventional ways?

00:25:57.860 --> 00:25:58.871 They've tried diet.

00:25:58.871 --> 00:26:00.219 They have tried exercise.

00:26:00.220 --> 00:26:02.236 Or is it that

00:26:02.240 --> 00:26:04.599 because on the on the other hand,
00:26:04.600 --> 00:26:06.290 you could think, well,
00:26:06.290 --> 00:26:08.306 I don't really need to workout,
00:26:08.310 --> 00:26:08.982 right?
00:26:08.982 --> 00:26:12.020 Watch what I eat and we've had
00:26:12.020 --> 00:26:13.720 nutritionists and dietitians
00:26:13.720 --> 00:26:16.129 on this show who talk about eating
00:26:16.129 --> 00:26:17.749 a healthy plant based diet.
00:26:17.750 --> 00:26:19.342 People could say,
00:26:19.342 --> 00:26:20.536 forget about that.
00:26:20.540 --> 00:26:22.652 I can eat chocolate cake and
00:26:22.652 --> 00:26:24.332 pizza and
00:26:24.332 --> 00:26:26.780 I'll take my pill and I will still
00:26:26.853 --> 00:26:29.223 lose weight. How does that
00:26:29.223 --> 00:26:31.247 work that dichotomy between
00:26:31.247 --> 00:26:33.491 what I'll call the conventional
00:26:33.491 --> 00:26:35.322 standard way of losing weight,
00:26:35.322 --> 00:26:37.779 diet and exercise versus taking a pill.
00:26:37.780 --> 00:26:40.244 I mean can you take a pill
00:26:40.244 --> 00:26:41.300 without worrying about
00:26:41.300 --> 00:26:42.356 the other part?
00:26:42.356 --> 00:26:44.820 It's a very complicated question.
00:26:44.820 --> 00:26:47.375 I would say that the majority of
00:26:47.375 --> 00:26:50.149 patients who come to see me have worked
00:26:50.150 --> 00:26:51.962 really hard to try to
00:26:51.962 --> 00:26:54.005 lose weight or even maintain their
00:26:54.005 --> 00:26:56.315 weight and not gain anymore weight.
00:26:56.320 --> 00:26:58.342 I don't think I've seen any
00:26:58.342 --> 00:27:00.439 patient who has really not tried.
00:27:00.440 --> 00:27:01.812 And again,
00:27:01.812 --> 00:27:03.527 I specialize in obesity medicine,

00:27:03.530 --> 00:27:05.924 so by the time they see me,
 00:27:05.930 --> 00:27:07.302 they've really tried everything.
 00:27:07.302 --> 00:27:08.612 These medicines,
 00:27:08.612 --> 00:27:11.100 the way that we think that they work
 00:27:11.176 --> 00:27:13.815 is they help to change your physiology.
 00:27:13.820 --> 00:27:14.840 So, for example,
 00:27:14.840 --> 00:27:17.220 you may not have the same craving
 00:27:17.295 --> 00:27:19.855 for sugar or for potato chips or ice
 00:27:19.855 --> 00:27:22.336 cream that you may have had before
 00:27:22.336 --> 00:27:24.453 and we don't understand that yet.
 NOTE Confidence: 0.935168862342834
 00:27:24.453 --> 00:27:26.511 But they may potentially help in
 00:27:26.511 --> 00:27:28.158 changing your physiology so you
 00:27:28.158 --> 00:27:29.543 can make the healthier choices
 00:27:29.543 --> 00:27:31.491 that were so difficult
 00:27:31.491 --> 00:27:33.256 to make in the beginning,
 00:27:33.260 --> 00:27:34.181 but to sustain,
 00:27:34.181 --> 00:27:36.772 and so really what we think is that
 00:27:36.772 --> 00:27:39.010 these medicines are helping to change
 00:27:39.010 --> 00:27:41.325 the set point of where your body
 00:27:41.325 --> 00:27:43.922 wants to be in terms of its fat mass.
 00:27:43.922 --> 00:27:44.226 Now,
 00:27:44.226 --> 00:27:46.504 if you're doing a diet and exercise
 00:27:46.504 --> 00:27:48.778 or I call it micro environment
 00:27:48.778 --> 00:27:51.092 change because I don't want to put
 00:27:51.092 --> 00:27:53.084 any of the blame on the patient,
 00:27:53.084 --> 00:27:54.380 it's not their fault.
 00:27:54.380 --> 00:27:56.030 But if you're changing things
 00:27:56.030 --> 00:27:57.350 in your micro environment.
 00:27:57.350 --> 00:27:59.486 Again, are you changing your Physiology?
 00:27:59.490 --> 00:28:01.975 So if you're changing what you're eating,

00:28:01.980 --> 00:28:04.828 so say you start eating all whole foods,
00:28:04.830 --> 00:28:05.895 lots of vegetables,
00:28:05.895 --> 00:28:07.670 cutting out highly processed foods,
00:28:07.670 --> 00:28:09.644 cutting out any foods that have
00:28:09.644 --> 00:28:11.590 ingredients that you can't pronounce,
00:28:11.590 --> 00:28:13.485 then are you changing your
00:28:13.485 --> 00:28:15.380 Physiology and will it long-term
00:28:15.452 --> 00:28:17.636 be easier for you to sustain that?
00:28:17.640 --> 00:28:20.488 We don't know the answer to that yet.
00:28:20.490 --> 00:28:22.961 What we do know is that potentially
00:28:22.961 --> 00:28:24.756 these medicines change your Physiology
00:28:24.756 --> 00:28:27.436 and maybe you can sustain some of those
00:28:27.499 --> 00:28:29.509 changes that you couldn't before.
00:28:29.510 --> 00:28:31.220 In terms of physical activity,
00:28:31.220 --> 00:28:33.188 there are so many benefits for
00:28:33.188 --> 00:28:34.980 physical activity for cancer,
00:28:34.980 --> 00:28:36.348 that is something that,
00:28:36.348 --> 00:28:37.716 in terms of prevention,
00:28:37.720 --> 00:28:39.430 has really been looked at.
00:28:39.430 --> 00:28:41.663 An an is still being looked at
00:28:41.663 --> 00:28:43.190 and potentially very helpful,
00:28:43.190 --> 00:28:45.242 but in terms of physical activity
00:28:45.242 --> 00:28:46.610 as patients lose weight,
00:28:46.610 --> 00:28:49.004 they tend to be able to be
00:28:49.004 --> 00:28:50.030 more physically active.
00:28:50.030 --> 00:28:51.398 They're more comfortable and
00:28:51.398 --> 00:28:53.108 they're able to do more.
00:28:53.110 --> 00:28:54.094 So in essence,
00:28:54.094 --> 00:28:56.062 I think that using these medications
00:28:56.062 --> 00:28:57.859 can help our patients make
00:28:57.859 --> 00:28:59.614 these changes that we've been

00:28:59.620 --> 00:29:01.560 working with them on long-term.
00:29:01.560 --> 00:29:03.936 Dr. Ania Jastreboff is an
00:29:03.936 --> 00:29:05.520 assistant professor of Medicine
00:29:05.580 --> 00:29:07.068 in endocrinology and metabolism
00:29:07.068 --> 00:29:09.300 at the Yale School of Medicine.
00:29:09.300 --> 00:29:10.852 If you have questions,
00:29:10.852 --> 00:29:12.404 the address is canceranswers@yale.edu
00:29:12.404 --> 00:29:14.547 and past editions of the program
00:29:14.547 --> 00:29:16.503 are available in audio and written
00:29:16.566 --> 00:29:18.198 form at Yalecancercenter.org.
00:29:18.200 --> 00:29:21.040 We hope you'll join us next week to
00:29:21.040 --> 00:29:23.811 learn more about the fight against
00:29:23.811 --> 00:29:26.775 cancer here on Connecticut Public Radio.