

Lessons from the BWE study – a weight management programme for breast cancer survivors

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SUSAN F. SMITH CENTER FOR WOMEN'S CANCERS



Obesity is associated with increased risk of mortality in women with breast cancer

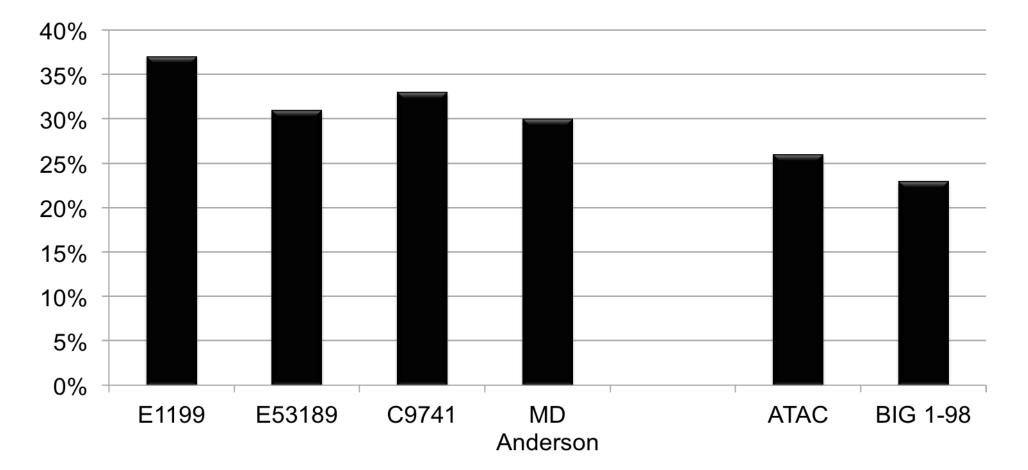
Meta-analysis of 82 studies looking at obesity and survival in breast cancer

	Breast Cancer-Specific HR [95% CI]	Overall HR [95% CI]	
All patients	1.35 [1.24-1.47]	1.41 [1.29-1.53]	
Premenopausal		1.75 [1.26-2.41]	
Postmenopausa	Ι	1.34 [1.18-1.53]	

Chan et al. Annals of Oncology 2014

...yet obesity is common in breast cancer patients

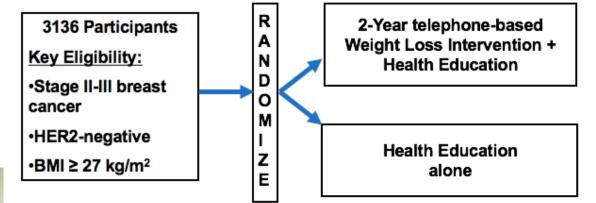
Prevalence of obesity at diagnosis in women with early breast cancer



Ligibel et al. JNCI 2015; Sparano et al. Cancer. 2012; Blanchard et al. JCO 2008

Objective: Evaluate the effect of weight loss, achieved through a lifestyle intervention, on disease recurrence and survival in overweight and obese women with breast cancer

BWE The Breast Cancer Weight Loss Trial





Conducted through the North American NCTN and NCORP network of academic and community oncology clinics

Objectives and Statistical Considerations

- Primary Objective: Assess the impact of a weight loss intervention upon Invasive Disease Free Survival
- Secondary:
 - Assess the relationship between weight loss and recurrence and survival
 - Assess the impact of the weight loss intervention upon OS, breast cancer mortality and CVD
 - Determine impact of weight loss intervention on cancer outcomes based on:
 - Hormone receptor status of the tumor
 - Menopausal status
 - Correlative endpoints (HRQOL, tissue and blood biomarkers, etc)
- Statistical Considerations
 - Study has 85% power (one-sided alpha=0.025) to detect HR 0.80
 - Equates to a 4.1% absolute reduction in recurrence in weight loss arm

How do you get patients to lose weight?

How do you administer a weight loss intervention through >1000 centers whose research experience has primarily focused on pharmacologic agents?

Develop standardized, centrally-delivered intervention

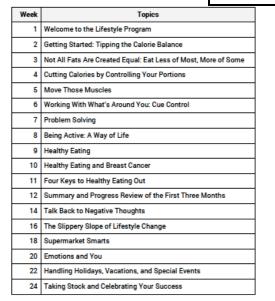
- Standard program: 2 year telephone-based weight loss program
 - Based on Diabetes Prevention Program, Look Ahead and LISA Studies
 - Content updated to reflect recent research in weight loss in breast cancer
- Centralized delivery: each patient paired with a weight loss coach, based at DFCI
- Standard intervention goals:
 - 10% weight loss
 - 500-1000 kcal/day deficit
 - Increased physical activity
 - **1**50-225 minutes moderate-intensity activity/week

Intervention Materials and Delivery

- Patients receive 42 telephone calls over 2 years
 - Weekly calls weeks 1-12
 - Biweekly months 3-12
 - Monthly months 13-24
- Each call accompanied by print/web-based materials
- Dana-Farber call center:
 - 15 coaches
 - Hours of operation: 8am-11pm ET

The BWEL Lifestyle Balance Pro Topics for the First 6 Month

The first 12 calls are scheduled once a week. The remaining calls in are once every two weeks.





The Breast Cancer Weight Loss Study

BWE

Lifestyle Participant Workbook Months 1-6

Find ways to individualize the intervention

- Patients randomized to weight loss intervention receive a number of tools to assist in achieving weight loss goals:
 - Wireless scale
 - Cookbook
 - Food scale
 - Protein meal replacement shakes
 - Activity tracker (Fitbit Charge3) with FitStar[™] subscription
- Additional materials available as part of toolbox support
 - Examples: exercise DVD's, coupons for shoes or exercise classes, alternative dietary plans and cookbooks, etc



Use technology to build connections between participants and coaches



BREAST CANCER WEIGHT LOSS TRIAL

Welcome to the Breast Cancer Weight Loss (BWEL) Study web site!

The BWEL study is looking at whether losing weight, by eating less and exercising more, changes the risk of cancer recurrence in women who have been diagnosed with early breast cancer. The study is enrolling more than 3000 women with breast cancer in the United States and Canada.

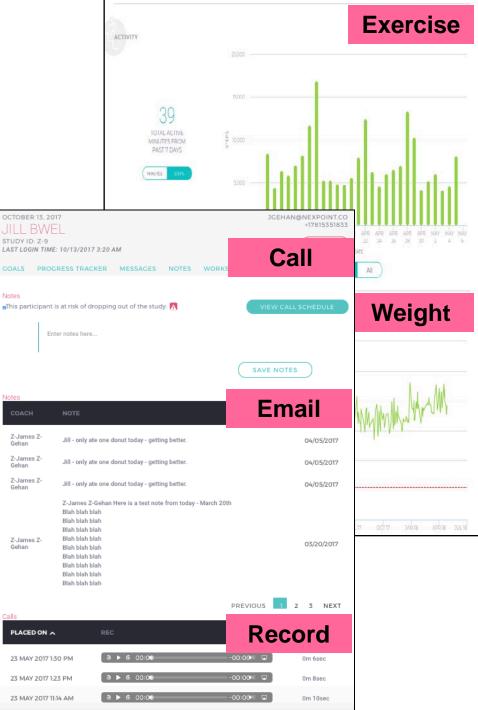
The results of this study will help us understand if losing weight after breast cancer diagnosis is important to decrease the risk of breast cancer recurrence.

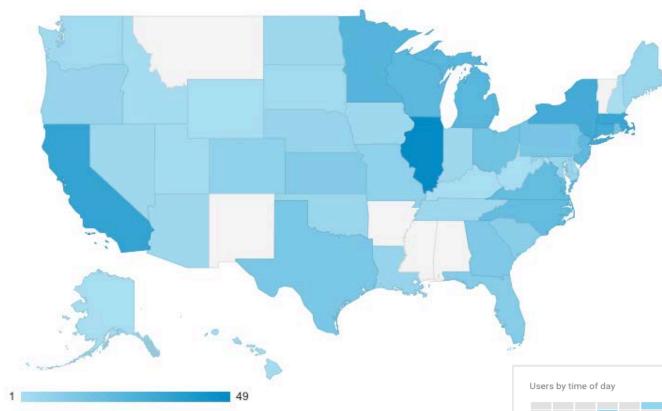
BWEL Web Application

- Enhance engagement with weight loss program
 - Import data from activity monitor, scale, health tracking aps
 - Self/coach monitoring

• Facilitate communication

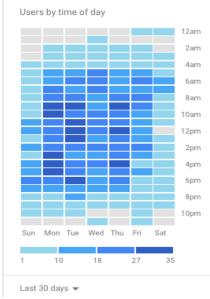
- Place calls
- Provide secure email portal
- Display call schedule
- Measure quality of intervention





BWEL app administrative capabilities

BWEL Web Application Users





Other opportunities: Correlative Science

- BWEL offers opportunity to explore biologic mechanisms underlying relationship between obesity and cancer risk/outcomes
- Longitudinal collection of biologic samples, connected to clinical outcomes
- Samples collected:
 - •Fasting blood at baseline, 6 and 24 months
 - •Malignant and benign breast tissue from primary surgery
- Goals:
 - Identify predictors of intervention benefit
 Potentially define population to whom intervention should be prescribed
 - Develop intermediate biomarkers

How are we doing?

- Trial activated August 29, 2016
- Current participating sites:
 - >1127 US sites
 - 20 Canadian sites

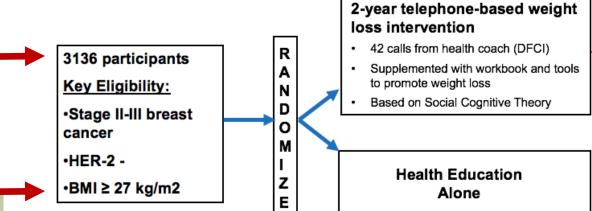
- Enrollment: 2026 patients randomized
 - 49 states
 - 1st Canadian participant enrolled November, 2017
 - Study opened to Spanish-speaking participants March, 2018
- Results expected 2024



BWEL is not the only RCT testing impact of weight loss on breast cancer recurrence

	BWEL	DIANA 5	SUCCESS C
N	3136	1241	2292
Location	US + Canada	Italy	Germany
Eligibility Stage BMI Other 	II-III ≥ 27 kg/m²	I-III None ↑ testosterone/insulin Metabolic syndrome OR ER - cancer	II-III 24-40 kg/m ²
Intervention	2-yr Weight loss	4+ yr Med diet + Ex	2-yr Weight loss
1º End point	IDFS	IDFS	DFS

BWE The Breast Cancer Weight Loss Trial





 Interim weight change analysis; stopping rule applied if difference in weight change in intervention vs control group not >4% baseline body weight

Health education +

NCT02750826

• Passed interim analysis in March 2019

Weight loss interventions in breast cancer: Lessons learned

- Patient interest in weight loss interventions after breast cancer diagnosis is high
- Significant weight loss is feasible in breast cancer survivors
- Lifestyle intervention research is challenging in breast cancer survivors (as in other populations), with outcomes potentially limited by attrition and poor intervention adherence
- Large-scale trials provide important opportunity to study mechanisms through which weight loss/related factors could impact breast cancer risk and outcomes

BWE team and support

- PI: Jennifer Ligibel
- Co-Chairs
 - Correlative Science Co-Chair: Pam Goodwin (Co-PI)
 - Health Behaviors Co-Chair: Dawn Hershman (SWOG)
 - Community Oncology Co-Chair: Judy Hopkins
 - Health Disparities Co-Chair: Electra
 Paskett
 - Breast Committee Chairs: Ann Partridge and Lisa Carey (Eric Winer)
- **Statistics:** Karla Ballman, Linda McCourt, Amylou Dueck
- Advocates: Patty Spears and Liz Frank
- Funding: CTEP, DCP, DCCPS, ACS, Komen, BCRF

- Intervention Oversight Committee:
 - Chair: Tom Wadden
 - Behavioral Science: Catherine Alfano
 - Exercise Physiology: Melinda Irwin
 - Nutrition: Marian Neuhouser
 - Call Center: Linda Delahanty
 - Remote Intervention Delivery: Cyndi
 Thomson
- Steering Committee Members
 - Vered Stearn (ECOG)
 - Julia White (NRG)
 - Rachel Ballard (NIH)
 - Worta McCaskill-Stevens (NCI)
 - Linda Nebeling (NCI)
 - Vanessa Bernstein