

The Impact of Body Mass Index and Diabetes Mellitus for patients with Non-Muscle Invasive Bladder Cancer Treated with Bacillus Calmette–Guérin: MP72-05

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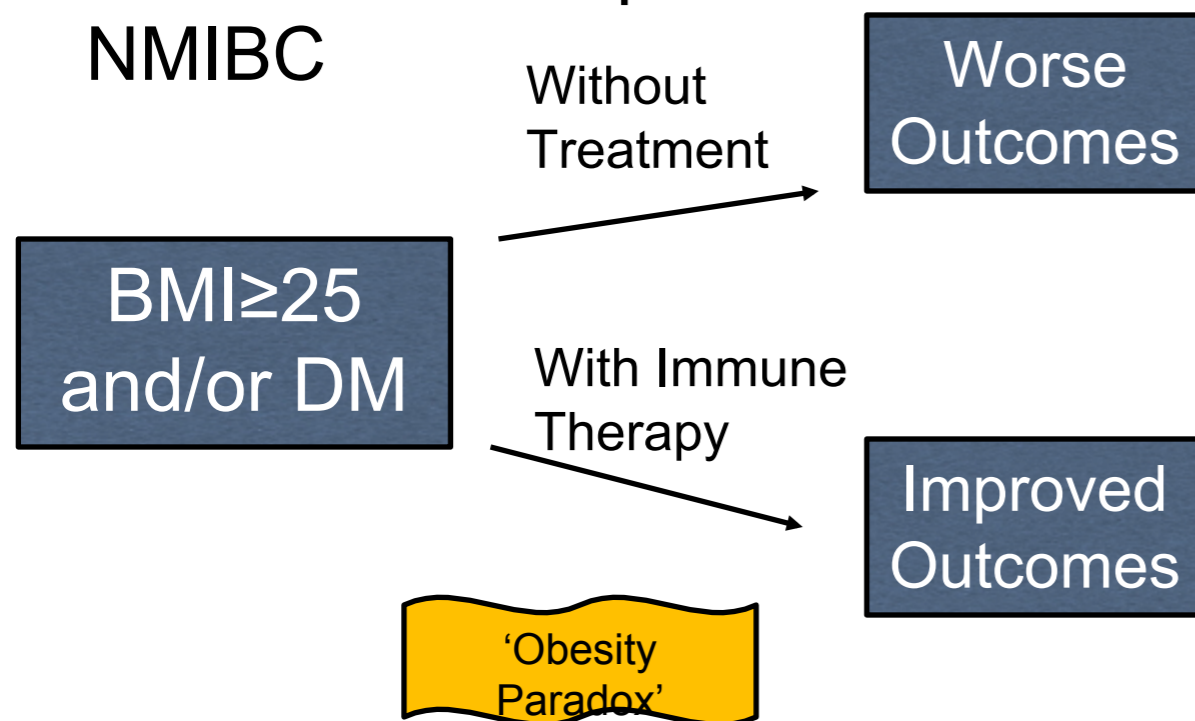
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Background/Methods

- Both elevated BMI and diabetes mellitus (DM) are associated with an increased risk of bladder cancer
- A small number of studies have demonstrated that BMI and/or DM are associated with worse or better RFS or PFS for patients with NMIBC



Hypothesis: Elevated BMI and/or DM are associated with improved outcomes for patients with NMIBC treated with BCG therapy

- Retrospective review of 583 patients who received, at a minimum, iBCG and had at least one follow-up cystoscopy at MDACC with a median f//u of 4.6 yr
- Collected data specifically regarding possible confounders of the metabolic syndrome
- Primary end points
 - RFS
 - PFS
 - OS
 - CSS

Results/Conclusions

Conclusions:

For patients with NMIBC treated with at least iBCG:

1. BMI \geq 25 or as a continuous variable is associated with improved PFS, TTP, OS, and CSS
2. DM diagnosis is associated with worse RFS

There might exist an 'obesity paradox' for patients with NMIBC.

Additional evaluation ensuring that factors of the metabolic syndrome are accounted for and mechanistic determination are warranted

Parameter	Variable	HR	95% CL		P value
Recurrence Free Survival (53% at 5 years)					
Tumors at Entry	Multiple vs. Single	1.40	1.09	1.79	0.0087
Tumor Status	Recurrent vs. Primary	1.58	1.23	2.02	0.0003
mBCG	Yes vs. No	0.194	0.14	0.28	<.0001
Diabetes	Present vs. Absent	1.58	1.17	2.13	0.0029
Progression Free Survival (80% at 5 years)					
BMI	BMI \geq 25 vs <25	0.58	0.39	0.85	0.005
BMI	Continuous	0.95	0.92	0.97	<0.0001
Prior BCG	Yes vs. No	1.9	1.1	3.3	0.0211
mBCG	Yes vs. No	0.26	0.16	0.41	<.0001
Age	Continuous	1.05	1.03	1.07	<.0001