



GIOVEDÌ 11

**CORSO SICOB III EDIZIONE  
MILANO 11-12 APRILE 2024**

# IL MANAGEMENT DELL'OBESITÀ

DIRETTORI DEL CORSO: MAURIZIO DE LUCA, GIUSEPPE NAVARRA

Corso sul management nutrizionale, psicologico-psichiatrico, motorio, farmacologico, endoscopico e chirurgico per i pazienti affetti da obesità.

PROVIDER SICOB  
EVENTO ACCREDITATO ECM 401500  
15 CREDITI FORMATIVI

# Obesità e cancro Nuove evidenze

GIANFRANCO SILECCHIA



SISTEMA SANITARIO REGIONALE

AZIENDA OSPEDALIERO-UNIVERSITARIA  
SANT'ANDREA



REGIONE  
LAZIO



SAPIENZA  
UNIVERSITÀ DI ROMA

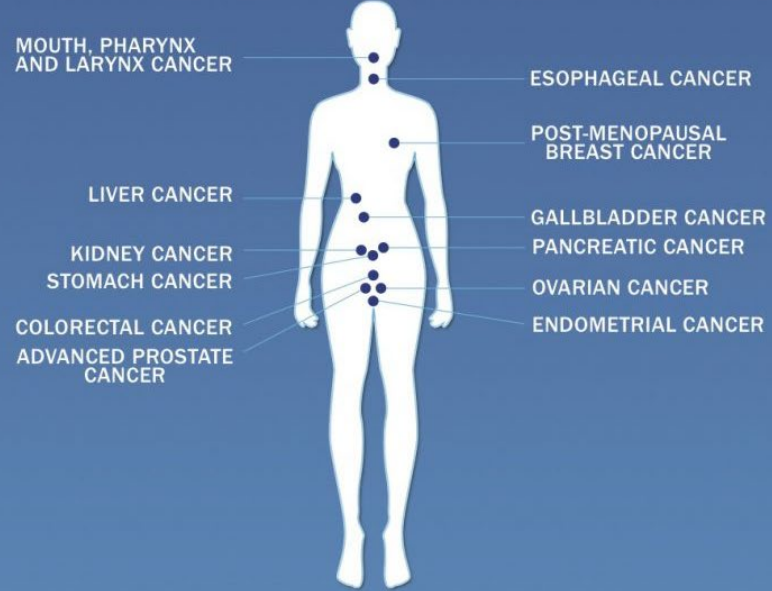
# WHAT YOU NEED TO KNOW ABOUT OBESITY AND CANCER



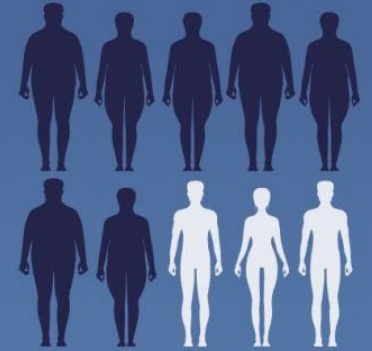
AFTER NOT SMOKING,  
**BEING AT A HEALTHY WEIGHT**  
IS THE MOST IMPORTANT THING YOU CAN DO  
TO PREVENT CANCER



## HAVING OVERWEIGHT AND OBESITY INCREASES RISK FOR 12 CANCERS

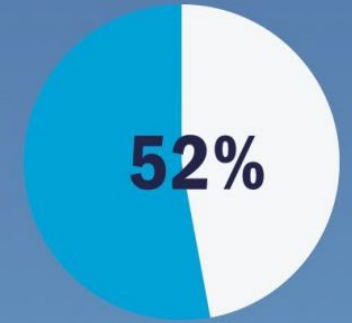


## AND YET ...



**7 in 10 Americans** currently have overweight or obesity.

## AND ...



Only about half of all Americans are even aware of the obesity-cancer link.

## PROTECT YOURSELF!

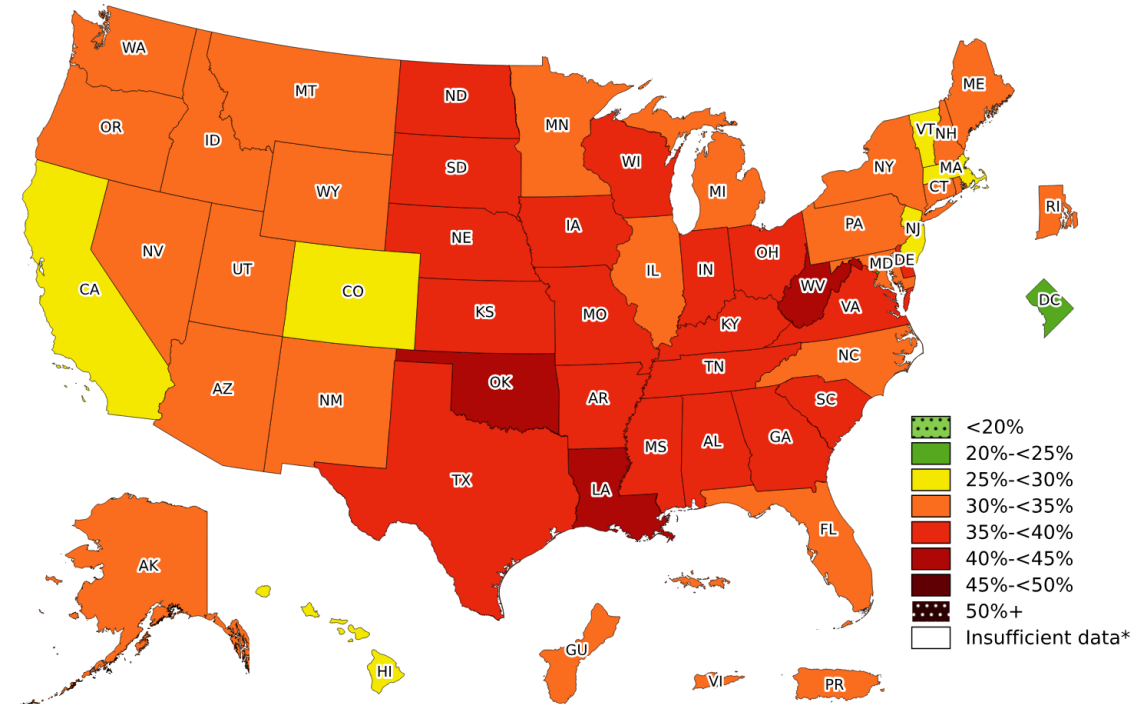
MOVE MORE



EAT SMART



For tips on getting to, and staying at a healthy weight, visit [www.aicr.org](http://www.aicr.org)



# ITALY



Number of new cases

**436 242**

Number of deaths

**193 706**

Number of prevalent cases (5-year)

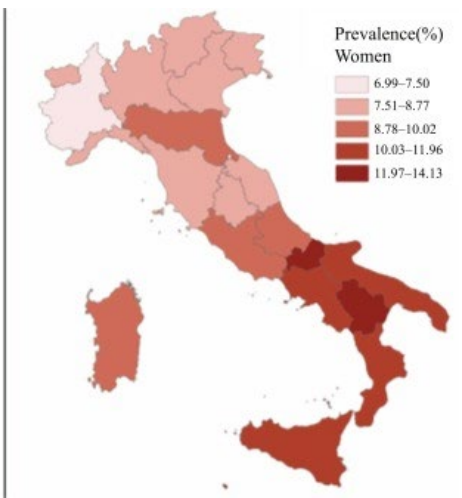
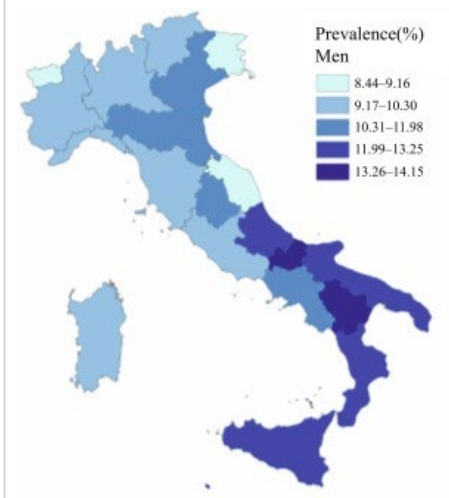
**1 294 432**

40% of adults are overweight!

10% BMI > 30

**Statistics at a glance, 2022**

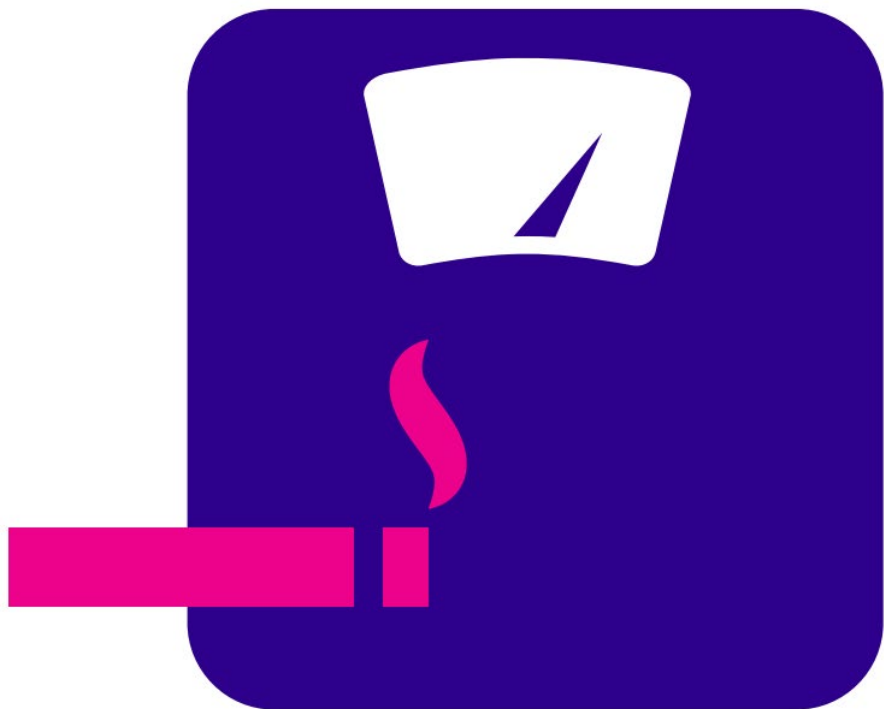
	Males	Females	Both sexes
Population	29 379 058	30 883 721	60 262 779
<b>Incidence*</b>			
Number of new cancer cases	232 150	204 092	436 242
Age-standardized incidence rate	312.1	264.1	284.5
Risk of developing cancer before the age of 75 years (cum. risk %)	30.6	25.2	27.7
Top 3 leading cancers (ranked by cases)**	Prostate Colorectum Lung	Breast Colorectum Lung	Breast Colorectum Lung
<b>Mortality*</b>			
Number of cancer deaths	103 859	89 847	193 706
Age-standardized mortality rate	113.3	79.0	94.2
Risk of dying from cancer before the age of 75 years (cum. risk %)	11.3	8.1	9.6
Top 3 leading cancers (ranked by deaths)**	Lung Colorectum Prostate	Breast Lung Colorectum	Lung Colorectum Breast
<b>Prevalence*</b>			
5-year prevalent cases	659 843	634 589	1 294 432



Buscemi et al. 2020

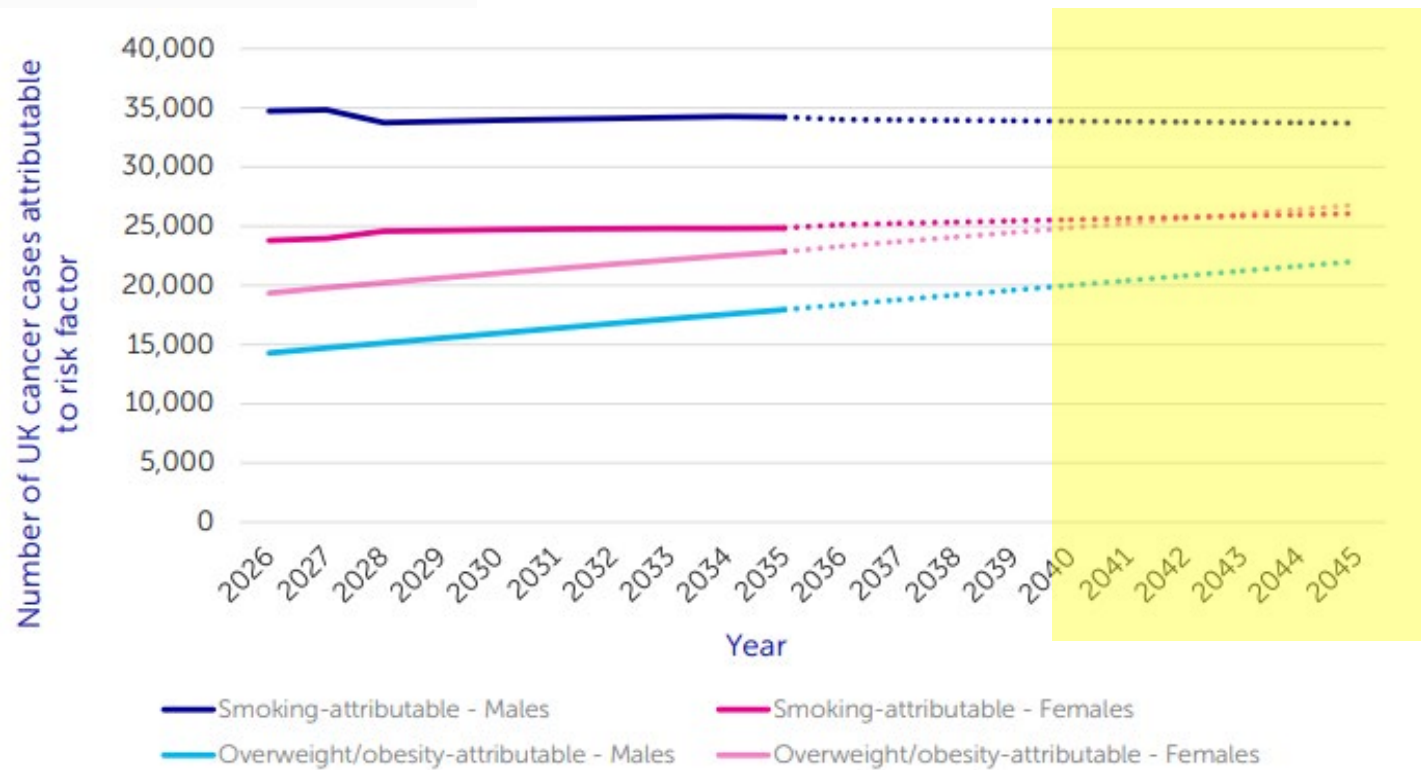
# WHEN COULD OVERWEIGHT AND OBESITY OVERTAKE SMOKING AS THE BIGGEST CAUSE OF CANCER IN THE UK?

Cancer Intelligence Team, Policy & Information Directorate,  
Cancer Research UK, September 2018



## Obesity overtakes Smoking !

### Last minute



Appendix Figure 1. Cancer cases attributable to smoking and overweight/obesity, by sex, UK projections 2026-2035, linear extrapolation 2036-2045

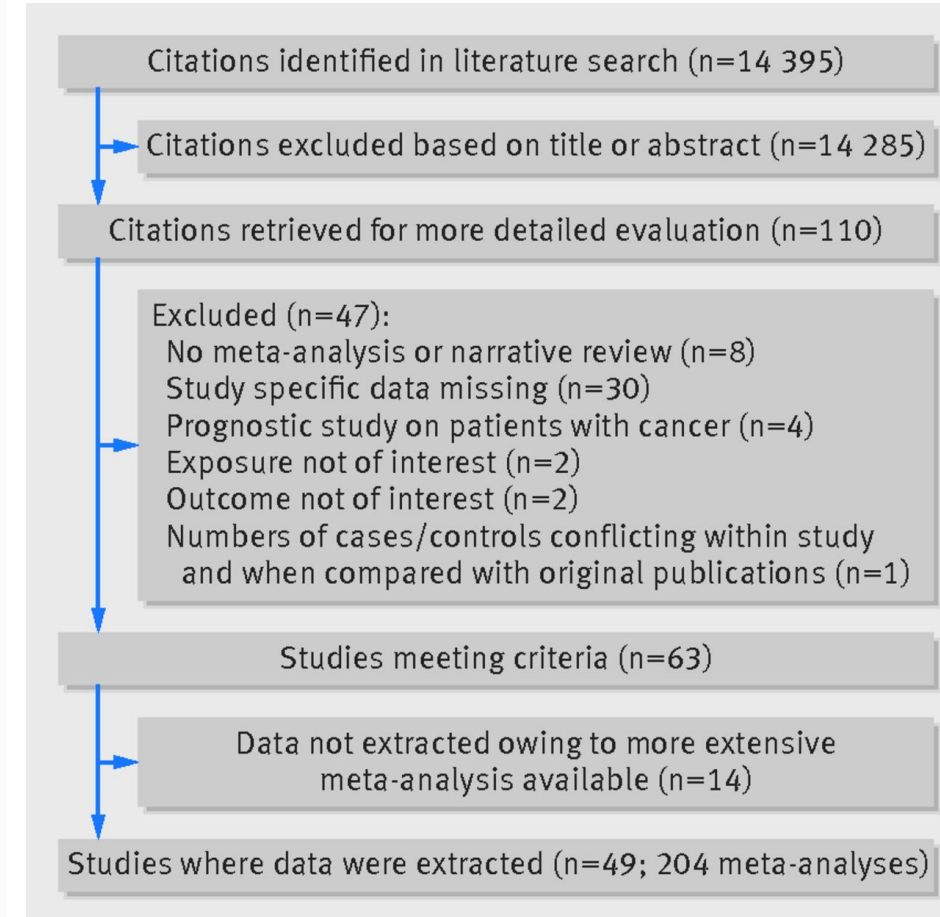
# Obesity & Cancer Link

## Adiposity and cancer at major anatomical sites: umbrella review of the literature

2017

Maria Kyrgiou,<sup>1,2</sup> Ilkka Kalliala,<sup>1</sup> Georgios Markozannes,<sup>3</sup> Marc J Gunter,<sup>4</sup> Evangelos Paraskevaïdis,<sup>5</sup> Hani Gabra,<sup>1,2</sup> Pierre Martin-Hirsch,<sup>6,7</sup> Konstantinos K Tsilidis<sup>3,8</sup>

Neoplasia	Organ	Hormone related
Esophageal adenocarcinoma	Esophagus	NO
Gastric adenocarcinoma	Stomach	NO
Multiple Myeloma	Lymphoid	NO
Colon adenocarcinoma	Colon	NO
Rectal adenocarcinoma	Rectum	NO
Cholangiocarcinoma	Biliary tree	NO
Pancreatic adenocarcinoma	Pancreas	NO
Ductal and Lobular carcinoma	Breast	YES
Endometrial		YES
Epithelial ovarian cancer	Ovary	YES
Renal cell carcinoma	Kidney	NO



- Study commissioned by the World Cancer Research Fund (WCRF) and the American Institute of Cancer Research (AICR) in 2017
- 204 meta-analyses → **strong association** between **obesity** and 11 types of **cancer**

# Certified !

- The frailty of the patient with severe obesity





# What's next

- Concordant results between Mendelian Randomization (MR) and observational studies only for 7 types of cancer (esophagus, colon, rectum, endometrium, ovary, kidney, and pancreas)
- In all cases, the risk estimates significantly stronger in MR studies than in observational studies
- Complex relationship between obesity and breast and prostate tumors → time-related

# Impact of timing



Fang, Z., Giovannucci, E.L. The timing of adiposity and changes in the life course on the risk of cancer. *Cancer Metastasis Rev* 41, 471–489 (2022)



Cancer	Early life body weight (childhood, adolescence, early adulthood)	Adulthood body weight	Adulthood weight gain	Adulthood weight loss
Premenopausal breast cancer <sup>1</sup>	–	–	–	–
Postmenopausal breast cancer <sup>2</sup>	–	+	++	–
Endometrial cancer <sup>2</sup>	+	++	++	–
Aggressive prostate cancer <sup>3</sup>	–	+	0	0
Colorectal cancer <sup>4</sup>	+	+	+	–
Liver cancer	+	+	++	–
Pancreatic cancer	++	+	+	0
Kidney cancer	+	+	+	0

+ positive association, ++ strong positive association, – inverse association, 0 limited evidence

<sup>1</sup>The inverse association of weight loss is observed in severely obese women

<sup>2</sup>The association with the postmenopausal subtype is stronger in hormone therapy non-users

<sup>3</sup>Moderate adulthood weight gain may increase risk in men who were lean early in life

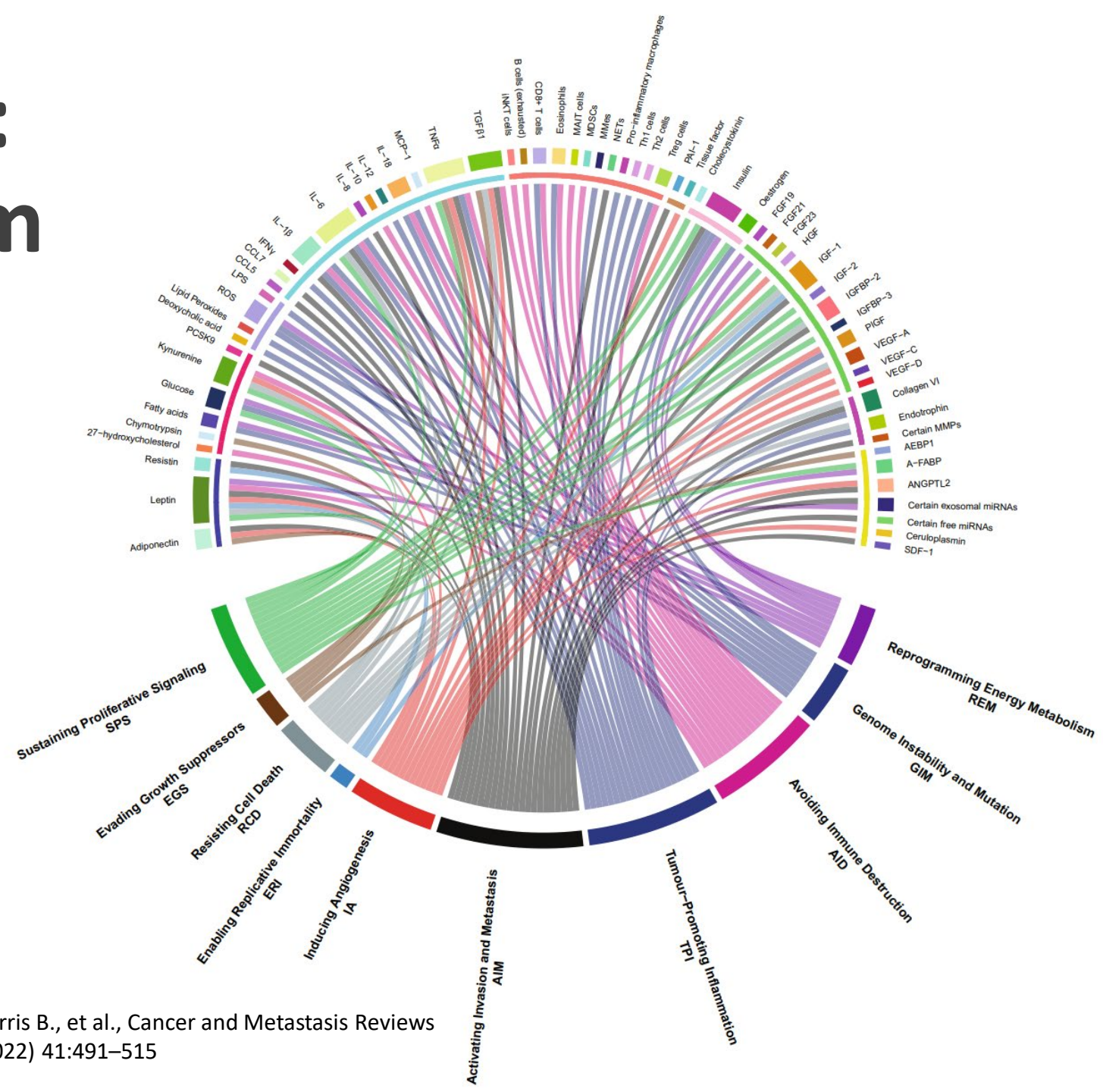
<sup>4</sup>The association of adulthood obesity is stronger in men whereas the association of early life obesity is observed to be stronger in women



# Obesity & cancer: the perfect storm

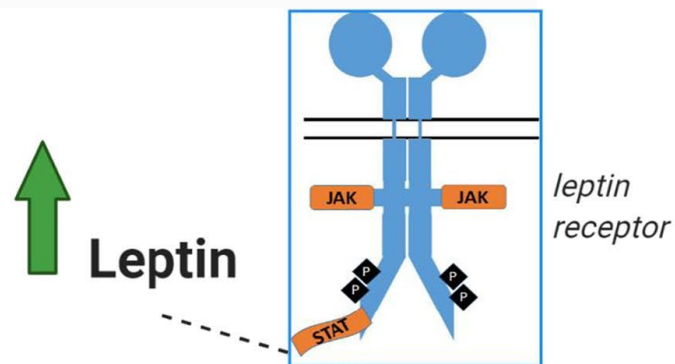
- Multifactorial

- 10 targeting pathway

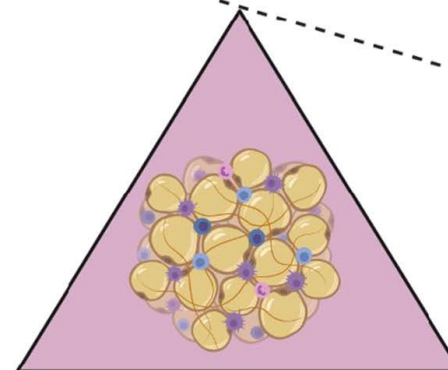


# Balance leptin/adiponectin

- The balance between leptin and adiponectin is fundamental for the regulation of cell growth
- In obesity, this balance is altered with  $\uparrow$ leptin and  $\downarrow$ adiponectin
- This imbalance creates an environment favorable to the development of cancer

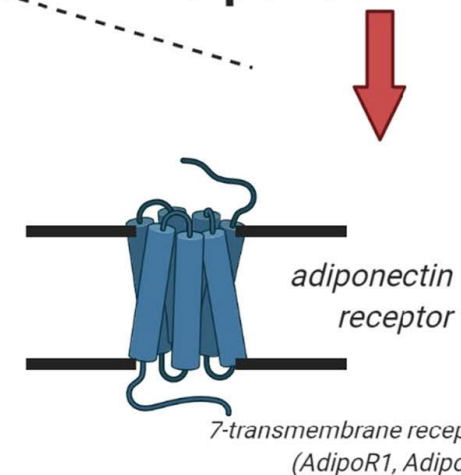


- Promotes cell division (via cyclin D)
- Inhibits apoptosis (via Bcl)
- Promotes angiogenesis (via VEGF)
- Promotes telomerase activity (via hTERT)
- Promotes EMT & metastasis (via Hedgehog)
- Promotes inflammation (via pro-inflammatory macrophages)
- Dampens immune response to tumour (via NK cells)
- Promotes cell growth (via mTOR)



- Suppresses cell growth/proliferation (via AMPK)
- Suppresses oestrogen production (via aromatase)
- Inhibits angiogenesis (via rho kinase/PKA)
- Inhibits metastasis (via AMPK)

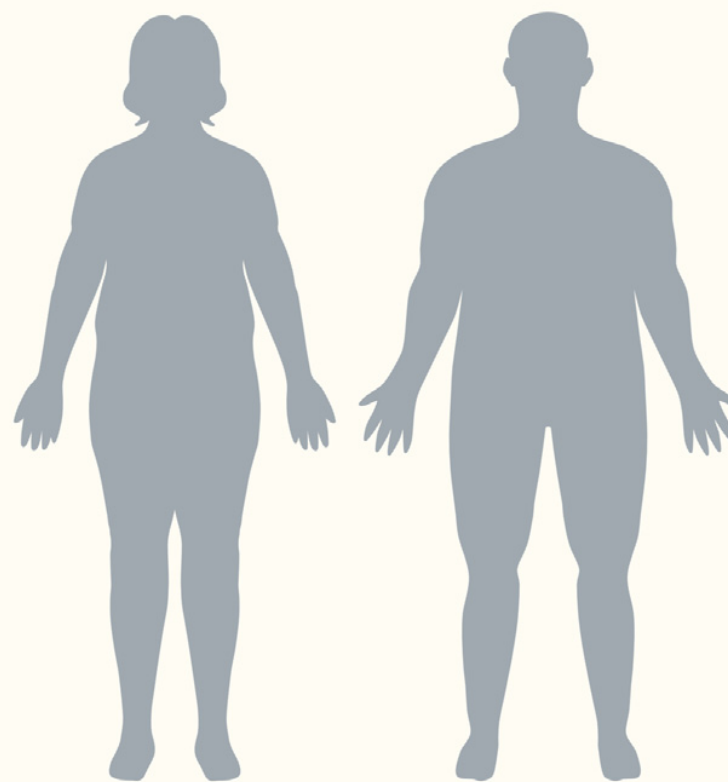
## Adiponectin



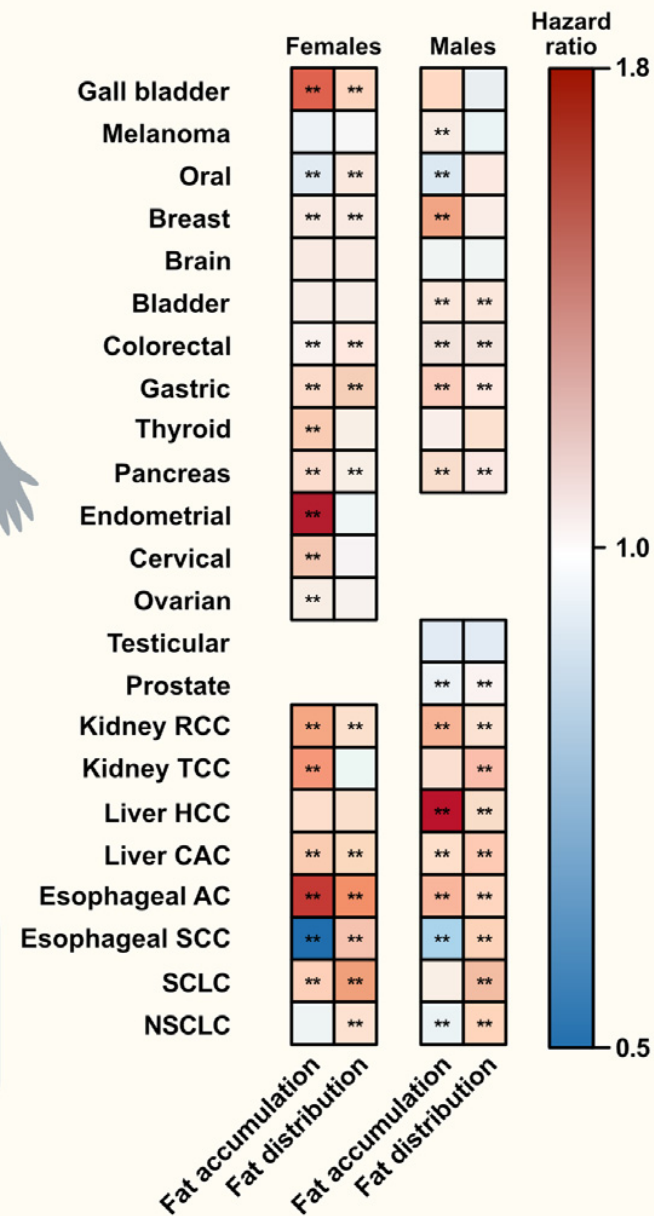
# Adiposity & Gender Cancer risk

- Prospective study of 442,519 UK Biobank pts
- 19 types of cancer & histological subtypes
- Median follow-up of 13.4 years
- Body fat accumulation and distribution have different effects on the risk of developing specific types of cancer
- The risk of cancer associated with adiposity varies depending on sex

## Heterogenous effects of adiposity on cancer risk



Abbreviations: RCC = Renal cell carcinoma, TCC = Transitional cell carcinoma, HCC = Hepatocellular carcinoma, CAC = Cholangiocarcinoma, AC = Adenocarcinoma, SCC = Squamous cell carcinoma, SCLC = Small cell lung cancer, NSCLC = Non-small cell lung cancer. \*\* = Hazard ratio differs from 1.0 at 5% false discovery rate.



# The obesity paradox: still a dogma?

- Obesity paradox: overweight seemed to favor the efficacy of therapies that stimulate the immune system against tumor cells BUT METABOLIC SINDROME.
- Diabetic patients, treated with immune-oncological molecules, obtain reduced efficacy and survival results compared to the general population
- Blood glucose levels correlated with ↑systemic inflammation indices (e.g. NLR)
- Metabolic disease associated with ↓survival
- Risk of tumor progression ↑ 20% compared to non-diabetic cancer patients

CLINICAL CANCER RESEARCH | TRANSLATIONAL CANCER MECHANISMS AND THERAPY

## Type 2 Diabetes Mellitus and Efficacy Outcomes from Immune Checkpoint Blockade in Patients with Cancer

Alessio Cortellini<sup>1,2</sup>, Antonio D'Alessio<sup>2,3</sup>, Siobhan Cleary<sup>2</sup>, Sebastiano Buti<sup>3,4</sup>, Melissa Bersanelli<sup>5</sup>, Paola Bordi<sup>5</sup>, Giuseppe Tonini<sup>1</sup>, Bruno Vincenzi<sup>1</sup>, Marco Tucci<sup>6,7</sup>, Alessandro Russo<sup>8</sup>, Francesco Pantano<sup>1</sup>, Marco Russano<sup>1</sup>, Luigia Stefania Stucci<sup>7</sup>, Maria Chiara Sergi<sup>7</sup>, Martina Falconi<sup>8</sup>, Maria Antonietta Zarzana<sup>8</sup>, Daniele Santini<sup>9</sup>, Francesco Spagnolo<sup>10</sup>, Enrica T. Tanda<sup>10,11</sup>, Francesca Rastelli<sup>12</sup>, Francesca Chiara Giorgi<sup>12</sup>, Federica Pergolesi<sup>12</sup>, Raffaele Giusti<sup>13</sup>, Marco Filetti<sup>14,15</sup>, Francesca Lo Bianco<sup>13</sup>, Paolo Marchetti<sup>16</sup>, Andrea Botticelli<sup>17</sup>, Alain Gelibter<sup>17</sup>, Marco Siringo<sup>17</sup>, Marco Ferrari<sup>18</sup>, Riccardo Marconcini<sup>18</sup>, Maria Giuseppa Vitale<sup>19</sup>, Linda Nicolardi<sup>20</sup>, Rita Chiari<sup>21</sup>, Michele Ghidini<sup>22</sup>, Olga Nigro<sup>23</sup>, Francesco Grossi<sup>23,24</sup>, Michele De Tursi<sup>25</sup>, Pietro Di Marino<sup>26</sup>, Paola Queirolo<sup>27</sup>, Sergio Bracarda<sup>28</sup>, Serena Macrini<sup>28</sup>, Alessandro Inno<sup>29</sup>, Federica Zoratto<sup>30</sup>, Enzo Veltri<sup>30</sup>, Chiara Spoto<sup>30</sup>, Maria Grazia Vitale<sup>31</sup>, Katia Cannita<sup>32</sup>, Alessandra Gennari<sup>3</sup>, Daniel L. Morganstein<sup>33,34</sup>, Domenico Mallardo<sup>31</sup>, Lorenzo Nibid<sup>35</sup>, Giovanna Sabarese<sup>35</sup>, Leonardo Brunetti<sup>1</sup>, Giuseppe Perrone<sup>35</sup>, Paolo A. Ascierto<sup>31</sup>, Corrado Ficorella<sup>36</sup>, and David J. Pinato<sup>2,3</sup>



# SPLENDID (Surgical Procedures and Long-term Effectiveness in Neoplastic Disease Incidence and Death)

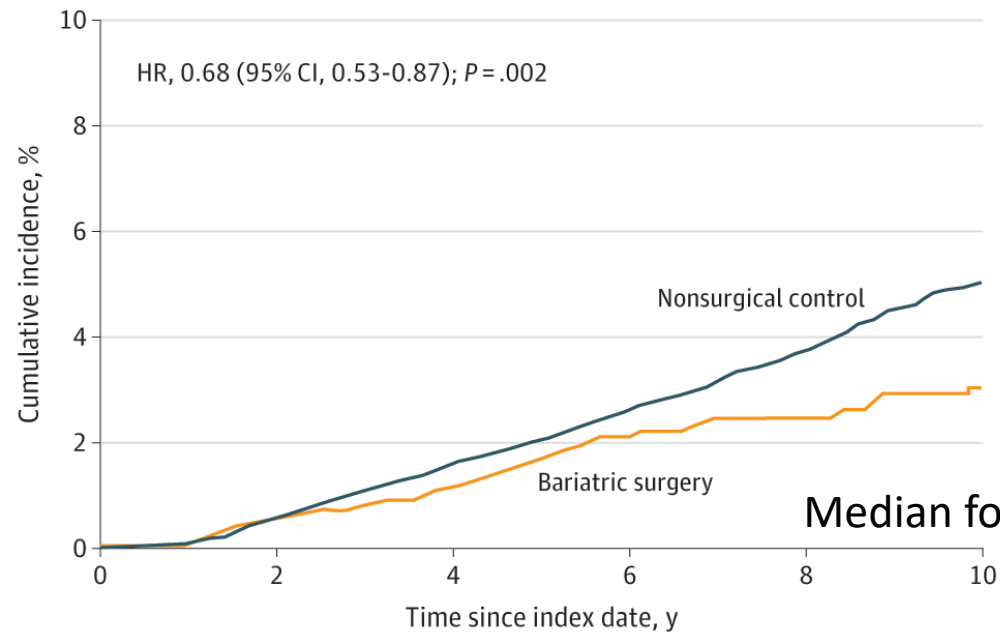
JAMA | Original Investigation 2022

## Association of Bariatric Surgery With Cancer Risk and Mortality in Adults With Obesity

Ali Aminian, MD; Rickesha Wilson, MD; Abbas Al-Kurd, MD; Chao Tu, MS; Alex Milinovich, BA; Matthew Kroh, MD; Raul J. Rosenthal, MD; Stacy A. Brethauer, MD; Philip R. Schauer, MD; Michael W. Kattan, PhD; Justin C. Brown, PhD; Nathan A. Berger, MD; Jame Abraham, MD; Steven E. Nissen, MD

Bariatric surgery (n = 5053), including RYGB and LSG, vs non-surgical treatment (n = 25,265)

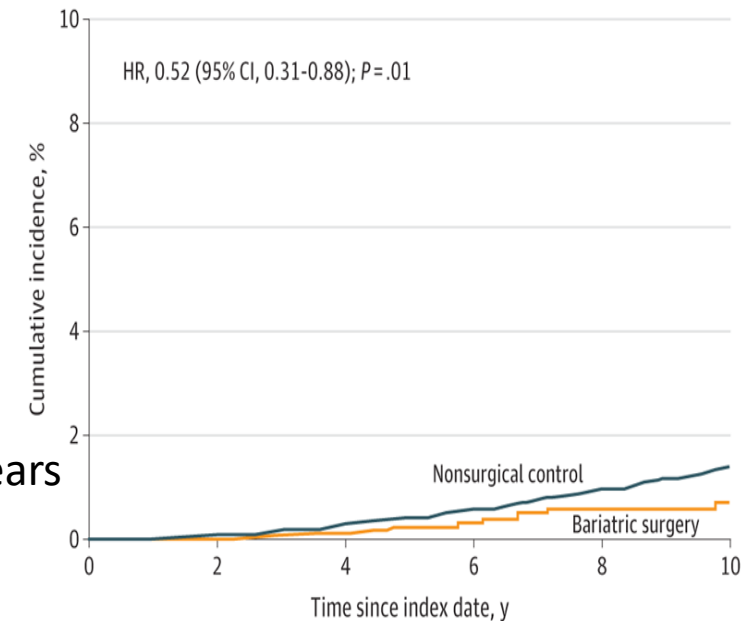
**A** Obesity-associated cancer cases



No. at risk

Nonsurgical control	25265	23796	18588	13055	8334	4571
Bariatric surgery	5053	4487	3409	2453	1588	939

**D** Cancer-related mortality



No. at risk

Nonsurgical control	25265	23898	18826	13345	8590	4778
Bariatric surgery	5053	4508	3440	2497	1622	963

Bariatric surgery ↓ risk of developing obesity-associated cancers (HR 0.68) and ↓ cancer-related mortality (HR0.52)



# Bariatric surgery & CRC

- 95 studies included, published between 1984 and 2021. Of these, 66 original articles, 27 reviews, 1 systematic review, and 1 meta-analysis
- **Effect of bariatric surgery on CRC risk → Conflicting results from cohort studies**
- ↑ cell proliferation and inflammation after RYGB from analysis of CRC biomarkers in rectal mucosa
- Alterations in gut microbiota may play a key role in the onset and development of CRC after RYGB
- Further studies are needed to confirm this link and understand the underlying mechanisms

# Bariatric surgery & CRC

International Journal of Obesity

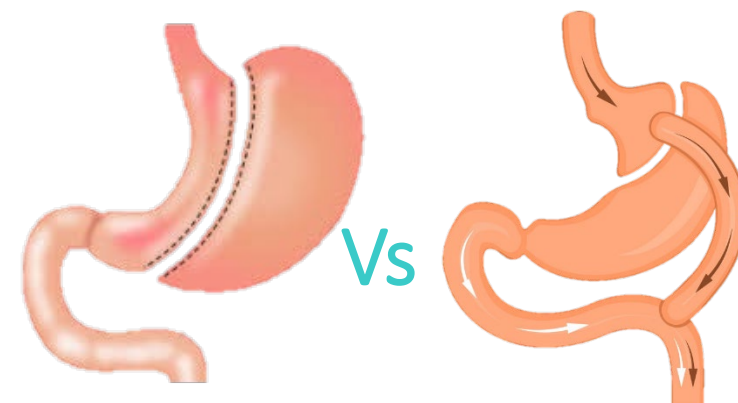
Colorectal cancer after bariatric surgery (Cric-Abs 2020): Sicob (*Italian society of obesity surgery*) endorsed national survey

Maria Chiara Ciccioriccio<sup>1,3B</sup>, Angelo Iossa<sup>1,3B</sup>, Cristian Eugeniu Boru<sup>1B</sup>, Francesco De Angelis<sup>1B</sup>, Pietro Termine<sup>1</sup>, Mary Giuffrè<sup>1</sup>, Gianfranco Silecchia<sup>1B</sup> and CRIC-ABS 2020 GROUP\*

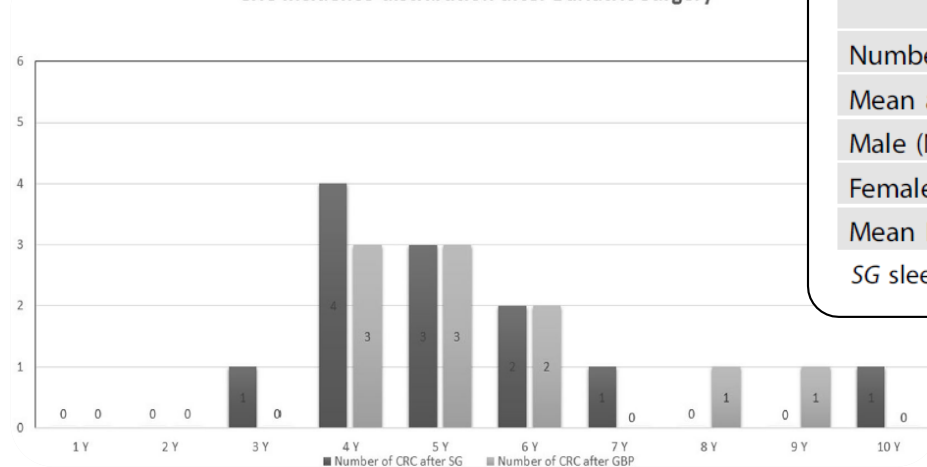
- Incidence of CRC in Italy in patients after bariatric surgery - comparing the two most widespread laparoscopic procedures worldwide: SG and RYGB



S.I.C.O.B. Società Italiana di Chirurgia dell'OBesità e delle malattie metaboliche  
**SURVEY 2020**



CRC incidence distribution after Bariatric Surgery



	SG	GBP
Number of operations (N)	14.431	6.140
Mean age ± SD (years)	42.50 ± 12	43.6 ± 13
Male (N) (%)	4.440 (30.77%)	1.704 (27.75%)
Female (N) (%)	9.991 (69.23%)	4.436 (72.24%)
Mean BMI (kg/m <sup>2</sup> )	44.21 ± 4	44.63 ± 6

SG sleeve gastrectomy, GBP gastric bypass.

	SG	GBP	P value
Male (N)	7 (58%)	6 (60%)	n.s.
Incidence (%)	0.158%	0.35%	
Female (N)	5 (42%)	4 (40%)	n.s.
Incidence (%)	0.05%	0.09%	
Mean diagnosis age (Years)	54.75 ± 3.9	56.2 ± 4.2	n.s.
Mean diagnosis BMI ± SD (Kg/2)	29.9 ± 3.91	28.5 ± 2.1	n.s.



## CRIC-ABS 2020 STUDY CONCLUSIONS

- First national survey on the incidence of CRC after laparoscopic SG and RYGB procedures promoted by SICOB
- Low incidence of CRC after 10 years of follow-up (0.10%) with no significant differences between RYGB and SG
- **Bariatric surgery does NOT appear to induce the development of neoplasia even 10 years after surgery**
- However, further studies on larger samples are needed to definitively confirm these results
- **Current scientific evidence does not support the need for routine colonoscopy after bariatric surgery.**





# Bariatric surgery & CRC

- 13 retrospective cohort studies included, published between 2008 and 2021
- ↓ 37% risk of CRC in patients who underwent bariatric surgery vs non-operated

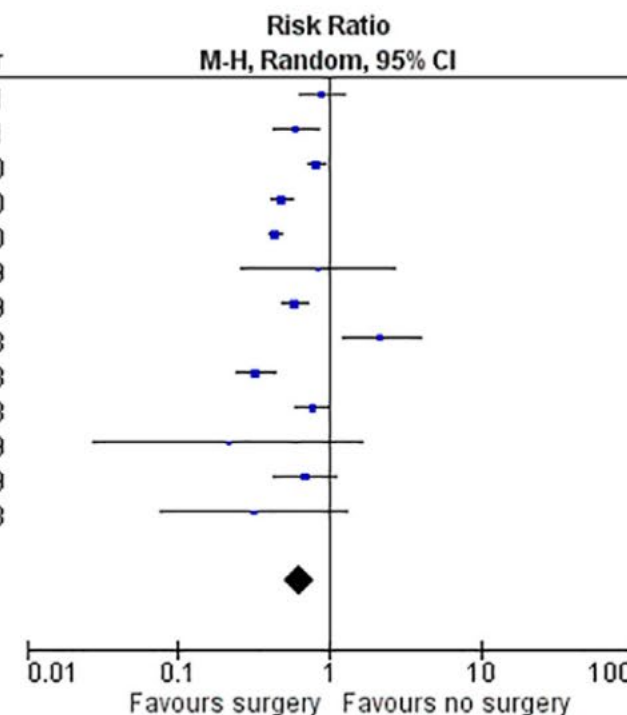
Study or Subgroup	Surgery		No surgery		Weight	Risk Ratio M-H, Random, 95% CI	Year
	Events	Total	Events	Total			
Taube 2021	58	2006	67	2038	9.0%	0.88 [0.62, 1.24]	2021
Khalid 2021	66	19272	55	9636	8.8%	0.60 [0.42, 0.86]	2021
Tsui 2020	240	71000	1334	323197	10.9%	0.82 [0.71, 0.94]	2020
Tao 2020	155	49931	3158	492427	10.7%	0.48 [0.41, 0.57]	2020
Bailly 2020	423	74131	12629	971217	11.1%	0.44 [0.40, 0.48]	2020
Kwak 2019	5	2231	6	2231	2.8%	0.83 [0.25, 2.73]	2019
Schauer 2019	105	22198	533	66427	10.3%	0.59 [0.48, 0.73]	2019
Mackenzie 2018	35	8794	16	8794	6.4%	2.19 [1.21, 3.95]	2018
Aravani 2018	43	39747	3237	962860	9.4%	0.32 [0.24, 0.43]	2018
Derogar 2013	70	15095	373	62016	9.9%	0.77 [0.60, 0.99]	2013
McCawley 2009	1	1482	11	3495	1.1%	0.21 [0.03, 1.66]	2009
Adams 2009	25	6596	52	9442	7.5%	0.69 [0.43, 1.11]	2009
Christou 2008	2	1035	35	5746	2.1%	0.32 [0.08, 1.32]	2008

Total (95% CI) 313518 2919526 100.0% 0.63 [0.50, 0.79]

Total events 1228 21506

Heterogeneity: Tau<sup>2</sup> = 0.12; Chi<sup>2</sup> = 107.96, df = 12 (P < 0.00001); I<sup>2</sup> = 89%

Test for overall effect: Z = 3.97 (P < 0.0001)





# The Impact of Bariatric Surgery on the Incidence of Colorectal Cancer in Patients with Obesity—a Systematic Review and Meta-analysis of Registry Data

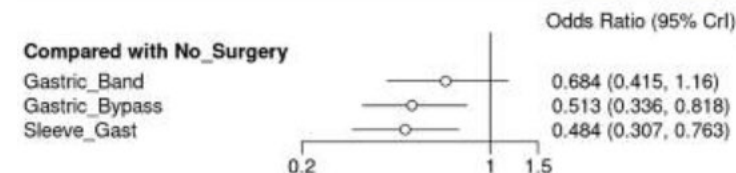
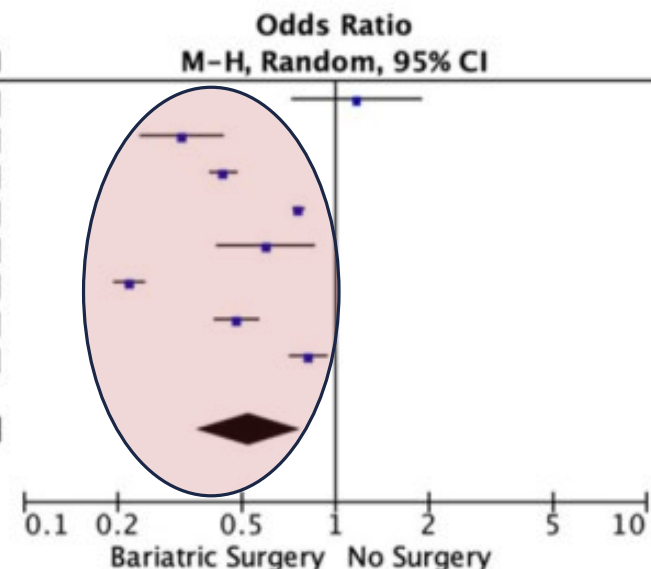
Matthew G. Davey<sup>1</sup> · Odhrán K. Ryan<sup>2</sup> · Éanna J. Ryan<sup>3</sup> · Noel E. Donlon<sup>3</sup> · Ian S. Reynolds<sup>3</sup> · Naomi M. Fearon<sup>2</sup> · Sean T. Martin<sup>2</sup> · Helen M. Heneghan<sup>2</sup>

Received: 22 April 2023 / Revised: 23 May 2023 / Accepted: 7 June 2023 / Published online: 21 June 2023  
 © The Author(s) 2023

- Risk of CRC in obese patients after bariatric surgery vs non-surgical treatment
- 11 registry studies, total 6,214,682 patients
- Bariatric surgery associated with ↓ risk of CRC
- LAGB and SG associated with the most significant reduction in CRC risk

Study or Subgroup	Bariatric Surgery		No Surgery		Weight	Odds Ratio M-H, Random, 95% CI
	Events	Total	Events	Total		
Adams 2009	25	6595	52	16037	11.0%	1.17 [0.73, 1.89]
Aravani 2018	43	39747	3237	963860	12.2%	0.32 [0.24, 0.43]
Bailly 2020	423	74131	12629	971217	13.1%	0.44 [0.40, 0.48]
Gomez 2020	3540	247015	29822	1590579	13.1%	0.76 [0.73, 0.79]
Khalid 2022	66	19272	55	9636	11.8%	0.60 [0.42, 0.86]
Lazatti 2022	329	288604	4434	851743	13.0%	0.22 [0.19, 0.24]
Tao 2019	155	49931	3158	492427	12.9%	0.48 [0.41, 0.57]
Tsui 2020	240	71000	1334	323197	12.9%	0.82 [0.71, 0.94]
<b>Total (95% CI)</b>		<b>796295</b>		<b>5218696</b>	<b>100.0%</b>	<b>0.53 [0.36, 0.77]</b>

Total events 4821 54721  
 Heterogeneity: Tau<sup>2</sup> = 0.30; Chi<sup>2</sup> = 573.99, df = 7 (P < 0.00001); I<sup>2</sup> = 99%  
 Test for overall effect: Z = 3.26 (P = 0.001)





# Risk of non-hormonal cancer after bariatric surgery: meta-analysis of retrospective observational studies

Benjamin Clapp<sup>1</sup>, Ray Portela<sup>2</sup>, Ishna Sharma<sup>3</sup>, Hayato Nakanishi<sup>4</sup>, Katie Marrero<sup>5</sup>, Philip Schauer<sup>6</sup>, Thorvardur R. Halfda Barham Abu Dayyeh<sup>8</sup>, Michael Kendrick<sup>2</sup> and Omar M. Ghanem<sup>2,\*</sup>

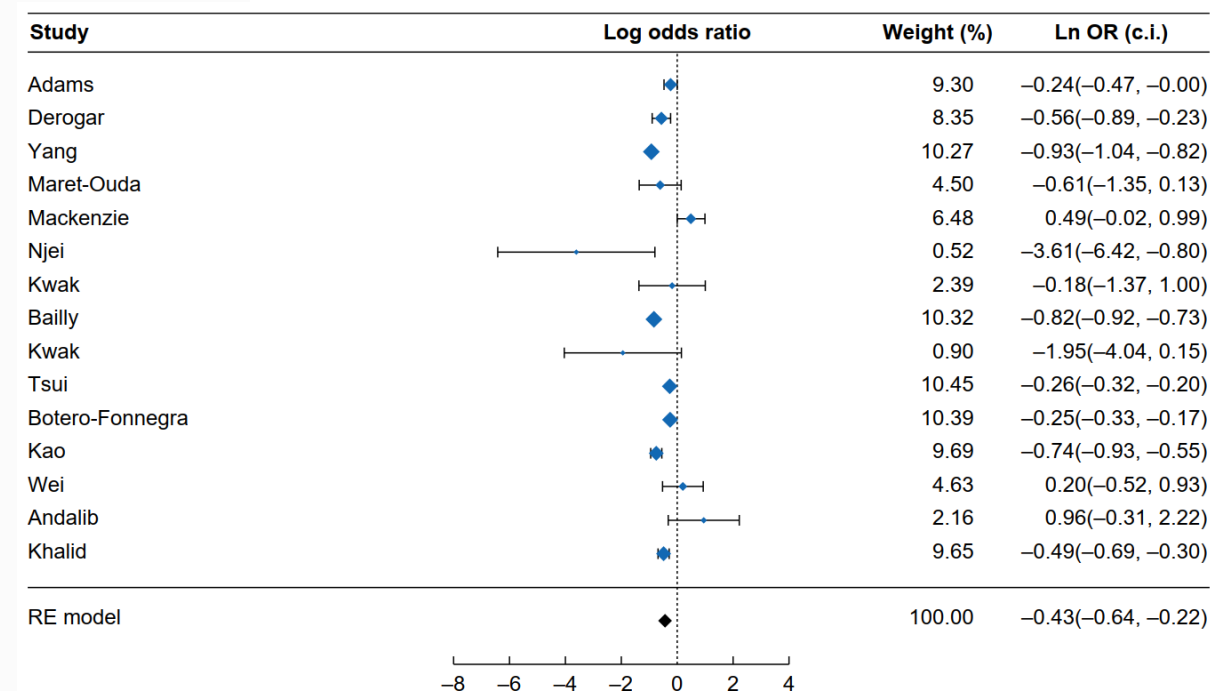
BJS, 2023, 110, 24–33

<https://doi.org/10.1093/bjs/znac343>

Advance Access Publication Date: 19 October 2022


Systematic Review

- Bariatric surgery associated with ↓ overall risk of non-hormone-related cancers
- In particular, associated with ↓ risk of liver, colorectal, kidney, esophageal, and lung cancer
- RYGB and LSG associated with ↓ risk of non-hormone-related cancers, while LAGB not
- Risk of esophageal cancer mainly ↓ after RYGB





# Need of mandatory screening in bariatric population ??

- Several obstacles limit the effectiveness of colonoscopy as a CRC screening in obese patients, including:
  - Embarrassment
  - Fear of pain
  - Operative difficulties related to the patient's size
- Pre-bariatric visits are an opportunity to raise awareness among patients about the importance of undergoing screening campaigns
- The study highlights the need to evaluate preoperative screening with colonoscopy in patients at high risk of CRC, especially men over the age of 46 
- To date, there are no clear guidelines for the preoperative evaluation of patients undergoing bariatric surgery in relation to the search for neoplasia, in particular CRC

American Journal of  
Preventive Medicine

RESEARCH ARTICLE

## Preventive Health Screening in Veterans Undergoing Bariatric Surgery

Daniel J. Stoltz, MD,<sup>1</sup> Cara A. Liebert, MD,<sup>1,2</sup> Carolyn D. Seib, MD, MAS,<sup>1,2,3</sup>  
Aida Bruun, NP-C, MSN,<sup>2</sup> Katherine D. Arnow, MS,<sup>3</sup> Nicolas B. Barreto, PhD, MPH,<sup>3</sup>  
Janey S. Pratt, MD,<sup>1,2</sup> Dan Eisenberg, MD, MS<sup>1,2,3</sup>

Surgery Today (2024) 54:80–85  
<https://doi.org/10.1007/s00595-023-02706-9>

ORIGINAL ARTICLE



## Clinical significance of colonoscopy before laparoscopic bariatric/metabolic surgery in Japanese patients

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## Obesity and overweight associated with lower rates of colorectal cancer screening in Switzerland

Fischer, Roland<sup>a</sup>; Collet, Tinh-Hai<sup>a</sup>; Zeller, Andreas<sup>b</sup>; Zimmerli, Lukas<sup>c</sup>; Gaspoz, Jean-Michel<sup>d</sup>; Giraudon, Karine<sup>a</sup>; Rodondi, Nicolas<sup>a,e</sup>; Cornuz, Jacques<sup>a</sup>

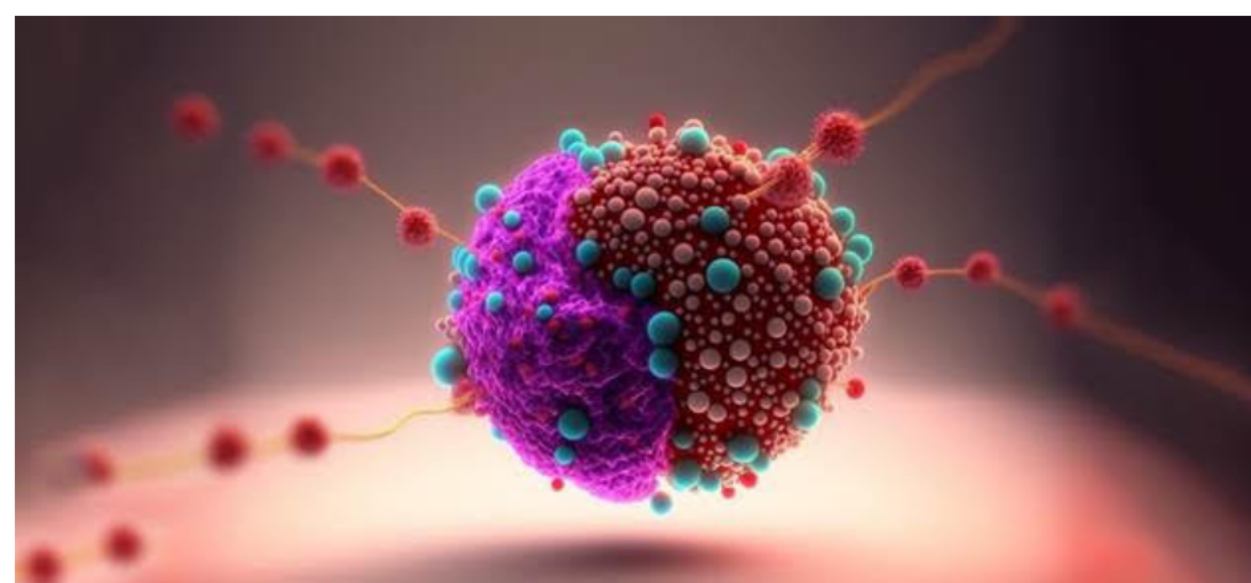
Author Information 

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# Last minute!

**S.I.C.OB.**  Società Italiana di Chirurgia dell'OBesità  
e delle malattie metaboliche



## **SURVEY INTER-SOCIETARIA OBESITÀ E TUMORI: È TEMPO DI SCREENING?**

Gentile Socio,

La continua crescita dell'incidenza dell'obesità e delle neoplasie richiede che le società scientifiche del settore affrontino congiuntamente queste patologie, nel tentativo di verificare un possibile nesso tra le due condizioni. È stato, pertanto, elaborato un breve questionario da distribuire ai soci di AIOM, AME e SIO, per verificare il loro interesse circa questo argomento e sondare la necessità di elaborare documenti societari che affrontino questo aspetto così importante per la salute pubblica.

Ti saremmo grati se potessi dedicare pochi minuti (meno di 10) rispondendo al breve questionario che segue e Ti ringraziamo per la disponibilità.

Il Presidente SICOB, Giuseppe Navarra

Il Presidente AME ETS, Renato Cozzi

Il coordinatore della Commissione AME Obesità, Marco Chianelli

Il coordinatore della Commissione AME Endocrinologia Oncologica, Alessandro Scoppola

[https://it.research.net/r/obesita\\_tumori](https://it.research.net/r/obesita_tumori)

# Take home message

1. Obesity and Cancer Link: no discussion!
2. Bariatric Surgery and Cancer: Evidence suggests bariatric surgery may have a protective effect against cancer development
3. Obesity Paradox and Cancer Treatment: No evidence supports the "obesity paradox" in immune-oncological cancer treatment
4. Timing of Obesity Matters: The timing of a person's overweight or obesity may be crucial for cancer development
5. Screening Guidelines Needed: There's a need for specific cancer screening guidelines for obese populations





GIOVEDÌ 11

**CORSO SICOB III EDIZIONE  
MILANO 11-12 APRILE 2024**

# IL MANAGEMENT DELL'OBESITÀ

DIRETTORI DEL CORSO: MAURIZIO DE LUCA, GIUSEPPE NAVARRA

Corso sul management nutrizionale, psicologico-psichiatrico, motorio, farmacologico, endoscopico e chirurgico per i pazienti affetti da obesità.

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**Grazie**  
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