GLP-1 THERAPY IN CANCER PATIENTS: CURRENT EVIDENCE AND PRACTICAL APPLICATIONS

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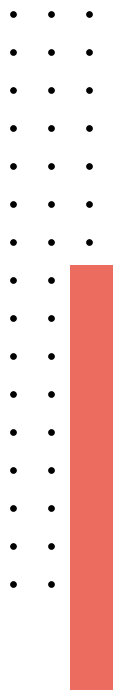
Disclosure:

The presenters have not had financial relationships with ineligible companies within the past 24 months.



OBJECTIVES

1

Review mechanism of action, indications, and evidence for GLP-1 therapies in patients with cancer

2

Identify precautions, contraindications, and adverse effects of GLP-1 utilization and risk mitigation strategies

3

Evaluate unique nutritional needs of patients with cancer on GLP-1s and key strategies to support nutrition

MECHANISM OF ACTION & EFFECTS

Glucagon-like peptide-1 (GLP-1)

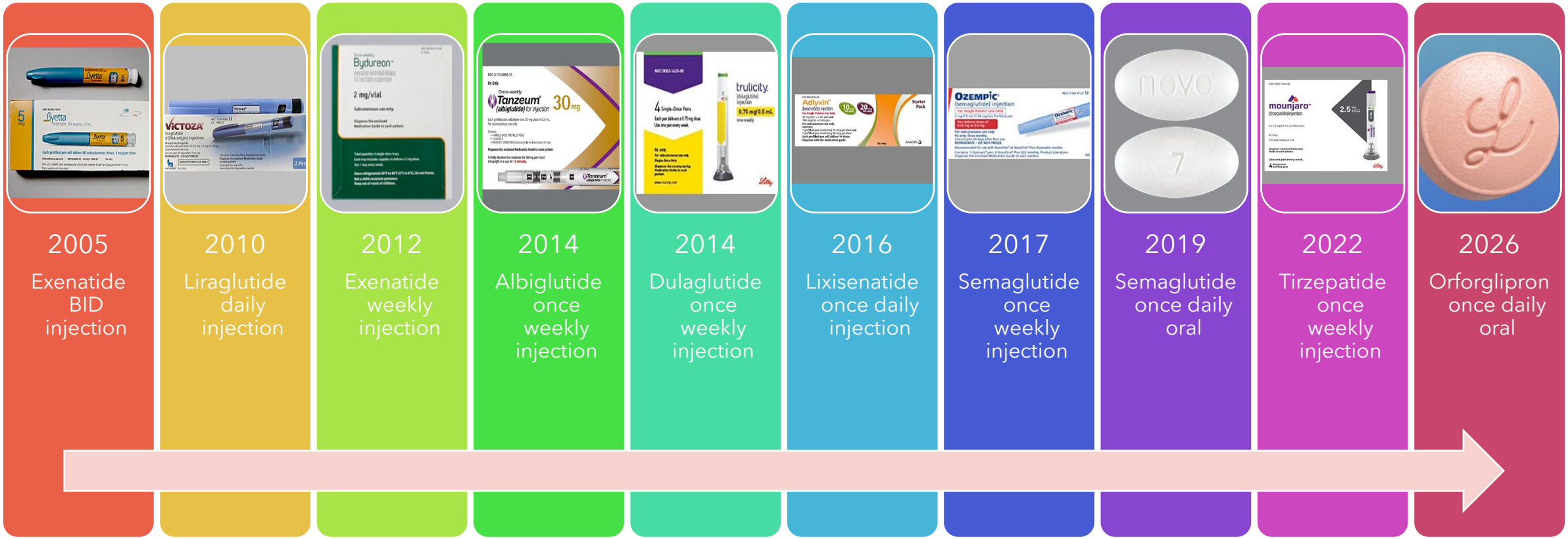
Pancreas	GI tract	Liver	Brain	Heart	Kidney	Bone	Muscle
↑ insulin secretion and synthesis ↓ glucagon secretion ↓ β cell death ↑ β cell proliferation	↓ gastric acid secretion ↓ gastric emptying	↓ Gluconeogenesis ↓ steatosis	↓ appetite ↓ inflammation ↓ reward behavior ↓ inflammation ↓ apoptosis	↑ Cardioprotection ↑ glucose uptake & utilization ↑ left ventricular function	↑ diuresis ↑ natriuresis	↑ bone formation ↑ bone mass	↑ insulin sensitivity ↑ glucose uptake

Glucose-dependent insulinotropic polypeptide (GIP)

Pancreas	GI tract	Liver	Brain	Heart	Kidney	Bone	Adipose
↑ Insulin and somatostatin secretion ↑glucagon secretion (glucose dependent) ↓ β cell death	↓ gastric acid secretion ↓ gastric emptying ↑ GLP-1 secretion by L-cells		↓? nuero-signaling mechanisms			↑ bone formation ↓ bone resorption	↑ adipogenesis, lipogenesis, and adipokine production ↑ TG clearance ↑ adipose sensitivity to insulin

Greenspan's Basic & Clinical Endocrinology, 10e. McGraw Hill; 2017. Accessed October 10, 2023.
Mol Metab. 2019 Dec:30:72-130.
Cardiovasc Diabetol. 2021 Sep 28;20(1):196.
Glucagon-Like Peptide-1 Receptor Agonists. [Updated 2024 Feb 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-.
Front Endocrinol (Lausanne). 2024 Jul 24;15:1431292.
Endocrine Reviews, Volume 47, Issue 2, April 2026, Pages 159–177.
Ther Adv Endocrinol Metab. 2025 Dec 23;16:20420188251406456.

GLP-1 AND GIP/GLP-1-RA AVAILABLE



Coming VERY Soon:

Cagrilintide + semaglutide (expected 2026/2027) - weekly injection

Retatrutide (expected 2027) - weekly injection

Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc.

Prime Therapuetics. GLP-1 Pipeline Update: November 2025.

Foundayo. Prescribing Information. Lilly USA, LLC. https://foundayo.lilly.com/hcp

GLP-1 AND GIP/GLP-1-RA: INDICATIONS

FDA Approved

- Type 2 Diabetes (T2D)
- Weight management
- Reduction of major cardiovascular events (secondary or high risk) in T2D or obesity/overweight
- Reduced progression of chronic kidney disease in T2D
- Metabolic dysfunction-associated steatohepatitis
- Obstructive sleep apnea in obesity

Non-FDA Approved

- Heart failure with preserved ejection fraction (weight management)
- Peripheral arterial disease
- Alzheimer disease
- Substance use disorder
- Polycystic ovarian syndrome
- Parkinson's disease
- Chronic obstructive pulmonary disease
- Inflammatory arthritis and psoriasis
- Osteoarthritis
- Chronic low back pain
- Depression
- Eye disorder including **neuro-ophthalmic conditions**
- Osteoporosis
- Migraines
- Asthma

Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc.
Prime Therapuetics. GLP-1 Pipeline Update: November 2025.

GLP-1S IN PATIENTS WITH CANCER

Reduction in incidence of obesity-related cancers?

Increased risk for thyroid cancer or pancreatic cancer?

Effects on survival and recurrence?

↓Obesity

↓ Obesity related cancers

Obesity Related Cancers

- Colon
- Rectum
- Gastric
- Hepatocellular
- Gallbladder
- Pancreatic
- Kidney
- Esophageal
- Meningioma
- Thyroid
- Endometrial
- Ovarian
- Postmenopausal breast

JAMA Oncology | Original Investigation

GLP-1 Receptor Agonists and Cancer Risk in Adults With Obesity

Hao Dai, PhD; Yongqiu Li, MS; Yao An Lee, MS; Ying Lu, BA; Thomas J. George, MD; William T. Donahoo, MD; Kelvin P. Lee, MD; Harikrishna Nakshatri, PhD; John Allen, PharmD; Yi Guo, PhD; Ramon C. Sun, PhD; Jingchuan Guo, MD, PhD; Jiang Bian, PhD

Retrospective cohort: Lower overall cancer risk in GLP-1 group (HR 0.83 [95%CI, 0.76-0.91]), specifically endometrial, ovarian, meningioma compared to non-GLP-1 group

Long-term cancer risk in users of GLP-1 agonists in Denmark: a nationwide emulated trial

Mads Gamborg,[a,*] Mia Klinten Grand,[b] Kathrine Grell,[b] Susanne Rosthøj,[b] Ulrik Pedersen-Bjergaard,[c,d] Christian Torp-Pedersen,[e,f] and Lina Steinrud Mørch[a,**]

Register-based emulated trial: More patients in GLP-1 group developed cancer compared to DPP4-i group (HR 1.35 [95% CI, 1.05-1.73])

Annals of Internal Medicine

REVIEW

Risk for Cancer With Glucagon-Like Peptide-1 Receptor Agonists and Dual Agonists

A Systematic Review and Meta-analysis

Albert Ko, MD*; Yu-Cheng Chang, MD*; Furkan Bahar, MD*; Tsu Hsien Wang, MD; Nutchapon Xanthavanij, MD; Chun-Chiao Yu, MS; Rebecca Jen-Ling Hsieh, MD; Xin Ya See, MD; Shao-Wei Lo, MD; Junmin Song, MD, MS; Yuan Ping Hsia, MD; Cho-Hung Chiang, MD; Xiaocao Xu, MD; Shuwen Lin, MD; and Cho-Han Chiang, MD, MMSc

Systematic review and meta-analysis: GLP-1s associated with no effect on thyroid cancer (OR 1.37 [95%CI, 0.82 to 2.31]), pancreatic cancer (OR, 0.84[CI, 0.53 to 1.35]), breast cancer (OR, 0.95 [CI, 0.60 to 1.49]), kidney cancer (OR, 1.12[CI, 0.78 to 1.60])

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ANNALS OF ONCOLOGY DRIVING INNOVATION IN ONCOLOGY

ORIGINAL ARTICLE

GLP-1 receptor agonist use and cancer risk in obese nondiabetic adults

A. H.-C. Hsu[1,2,3,4], P. T. Ramirez[1], Y.-H. Chang[5], Y.-C. Chiang[2,3,6], M. C. Santía[7], T. Meschini[8], P. Mateo-Kubach[1], A. Suri[1] & A. A. Kamat[1*]

Target trial emulation in obese, non-diabetes patients: Propensity school matching showed lower incidence of cumulative obesity related cancers in GLP-1 group

At the 2026American Society of Clinical Oncology Meeting, 24+ presentations focused on relationship between GLP-1 use and cancer – many focusing on patients with obesity.

JAMA Oncol. 2025 Oct 1;11(10):1186-1193.
Lancet Reg Health Eur. 2025 Jun 14:55:101346.
Ann Intern Med. 2025 Dec 9.
Ann Oncol. 2026 Jun 7:S0923-7534(26)00157-2.
JAMA Netw Open. 2026;9(5):e2612143.

WARNING: RISK OF THYROID C–CELL TUMORS

See full prescribing information for complete boxed warning.

- **In rodents, semaglutide causes thyroid C-cell tumors. It is unknown whether OZEMPIC® causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as the human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined (5.1, 13.1).**
- **OZEMPIC® is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk of MTC and symptoms of thyroid tumors (4, 5.1).**

JAMA Otolaryngology–Head & Neck Surgery | Original Investigation

GLP-1RA Use and Thyroid Cancer Risk

Juan P. Brito, MD; Jeph Herrin, PhD; Kavya Sindhu Swarna, MPH; Naykky M. Singh Ospina, MD; Victor M. Montori, MD; David Toro-Tobon, MD; Guillermo E. Umpierrez, MD; Rodolfo J. Galindo, MD; Yihong Deng, PhD; Mindy M. Mickelson, MA; Hui Shao, MD; Eric C. Polley, PhD; Rozalina G. McCoy, MD, MS

Prespecified secondary analysis of trial emulation: GLP-1 not associated with increased overall risk for thyroid cancer compared to DPP4i, SGLT2i, and sulfonylureas (HR 1.24 [95%CI, 0.88-1.76]), did identify higher risk in first year after GLP-1 initiation(HR 1.85 [95%CI, 1.11-3.08)

Study	Design	Results
Abi Zeid Daou C, et al.	Observational (FAERS)	↑ Association of thyroid cancer with GLP-1s
Bezin J, et al.	Nested case-control	↑ Association of all thyroid cancer and medullary thyroid cancer with GLP-1s
Alves C, et al.	Meta-analysis	No increased risk for thyroid cancer
Hu W, et al.	Meta-analysis	No increased risk for thyroid cancer
Silverii GA, et al.	Meta-analysis	↑ Association of thyroid cancer with GLP-1s, no effect on papillary/medullary individually
Nagendra L, et al.	Meta-analysis	No increased risk for thyroid cancer, pancreatic cancer, any neoplasm

JAMA Otolaryngol Head Neck Surg. 2025 Mar 1;151(3):243-252.
J Clin Invest. 2025;135(21):e194743.
Ozempic® (semaglutide) injection [package insert]. Plainsboro, NJ: Novo Nordisk Inc; 2024.

GASTROINTESTINAL CANCERS

- Hepatocellular carcinoma (HCC)
  - Treating metabolic-associated steatohepatitis (MASH) = ↓ HCC?
  - Retrospective data analysis has yielded mixed results
  - Wang, et al. (2024): Retrospective cohort in T2DM population comparting GLP-1 to non-GLP-1 DM medications
    - Identified lower risk of incident HCC in GLP-1 groups compared to insulin and sulfonylureas
    - Similar in obesity v. non-obesity
    - In patients with diagnosis of MASLD/MASH or liver fibrosis/cirrhosis, only lower risk when compared to insulin (not other DM medications)
  - Titus, et al. (2025) Retrospective propensity score-matched cohort study using data from Veterans Health Administration comparing GLP-1 to dipeptidyl peptidase-4 inhibitor (DPP4i)
    - GLP-1 users had higher incidence of HCC compared to DPP4i users (OR 1.31 [95% CI, 1.11-1.56])

- Colorectal cancer (CRC)
  - Bone Morphogenetic Protein 4 (BMP4) focus of research, exogenous GLP-1s shown to reduce BMP4 among additional mechanisms
  - Zhong, et al. (2025): Meta-analysis including 7 retrospective cohort studies to evaluate GLP-1s and risk of colorectal cancer
    - Pooled analysis revealed increased risk of CRC among patient receiving GLP-1s (RR 2.31 [95% CI, 1.82-2.93]) but not associated with GLP-1s compared to other medications (OR 1.73 [95% CI: 0.21-14.18])
  - Wang, et al. (2024): Retrospective cohort of national TriNextX population with T2D
    - Propensity matched data showed GLP-1s associated with decreased risk of CRC compared to insulin (HR 0.56 [95% CI, 0.44-0.72]), metformin (HR 0.75 [95% CI, 0.58-0.97]) SGLT2i, sulfonylureas, and thiazolidinediones

Gastroenterology. 2024 Sep;167(4):689-703.
Drug Saf. 2025 Oct;48(10):1089-1101.
BMC Gastroenterol. 2025 Aug 22;25(1):614.
Sig Transduct Target Ther 9, 234 (2024).

PANCREATIC CANCER RISK

Study	Design	Results
Azoulay L, et al.	Population-based cohort	No increased risk for pancreatic cancer
Pinto LC, et al	Meta-analysis	No increased risk for pancreatic cancer
Wang L, et al.	Retrospective cohort	Decreased risk for pancreatic cancer

Endocrinology, Diabetes & Metabolism

WILEY

Endocrinology, Diabetes & Metabolism Open Access

REVIEW ARTICLE OPEN ACCESS

Evaluating the Rates of Pancreatitis and Pancreatic Cancer Among GLP-1 Receptor Agonists: A Systematic Review and Meta-Analysis of Randomised Controlled Trials

Jimmy Wen[1] | Denise Nadora[1] | Ethan Bernstein[1] | Christiane How-Volkman[1] | Alina Truong[1] | Bethany Joy[1] | Megan Kou[1] | Zohaer Muttalib[1] | Arsh Alam[2] | Eldo Frezza[1]

- *Systematic Review and Meta-analysis*
- *Dulaglutide had highest documented risk of pancreatitis and pancreatic cancer*
- *No significant association with GLP-1 RA and pancreatic cancer (RR = 1.30 [95% CI: 0.86–1.97])*
- *GLP-1 RA use associated with increased risk of pancreatitis (RR = 1.44 [95% CI: 1.09–1.89])*

J Clin Invest. 2025;135(21):e194743.
Endocrinol Diabetes Metab. 2025 Sep 23;8(5):e70113.

SURVIVAL AND RECURRENCE

JAMA Network Open

Original Investigation | Oncology

Survival and Recurrence With GLP-1 Receptor Agonists in Breast Cancer

Kristina L. Tatum, PsyD, MS; Bassam Dahman, PhD; Aniyah Stevenson, BA; Sarah E. Williford, PhD; J. Brian Cassel, PhD; Hua Zhao, PhD; Jie Shen, PhD; Kandace P. McGuire, MD; Obinna Diala, MBBS, MPH; Racheal Oladimeji, BS; W. Greg Hundley, MD; Bernard F. Fuemmeler, PhD, MPH

Retrospective cohort with TriNetX US data:
Lower hazard of all-cause mortality in GLP-1 group with obesity (HR 0.35 [95%CI, 0.21-0.58]), and recurrence-free survival (HR 0.4 [95% CI, 0.3-0.64])

CANCER INVESTIGATION
2025, VOL. 43, NO. 10, 982–991
https://doi.org/10.1080/07357907.2025.2585512

Taylor & Francis
Taylor & Francis Group

BRIEF REPORT

Check for updates

The Influence of GLP-1 Receptor Agonists on Five-Year Mortality in Colon Cancer Patients

Raphael E. Cuomo

School of Medicine, University of California, San Diego, San Diego, California, USA

Retrospective cohort design: GLP-1s associated with lower odds of five-year mortality (OR 0.38 [95% CI: 0.21–0.64])

JAMA Network Open

Research Letter | Oncology

GLP-1 RA Use and Survival Among Older Adults With Cancer and Type 2 Diabetes

Rotana M. Radwan, PhD; Ying Lu, MS; Hao Dai, PhD; Thomas J. George, MD; Yi Guo, PhD; Jingchuan Guo, MD, PhD; Jiang Bian, PhD

Retrospective cohort design: mortality did not differ between GLP-1s and SGLT2i's, but GLP-1s associated with lower mortality than DPP4i (HR 0.6 [95% CI: 0.51–0.7])

JAMA Netw Open. 2026;9(5):e2612133
Cancer Investigation, 43(10), 982–991.
JAMA Netw Open. 2025 Jul 18;8(7):e2521887.

Monitoring for GLP-1s

Adverse effects	
Weight	
Appetite	
Nutrition	
Hemoglobin A1c	
Glucose	
Concomitant medications	diabetes meds, anti-hypertensives, heart failure therapies, oral contraceptives?, chemo?

ADVERSE EVENTS, PRECAUTIONS, & CONTRAINDICATIONS

Black Box: Medullary thyroid carcinoma, multiple endocrine neoplasia 2

Gastrointestinal (nausea, vomiting, constipation)

Pancreatitis

Gallbladder disease

Gastroparesis

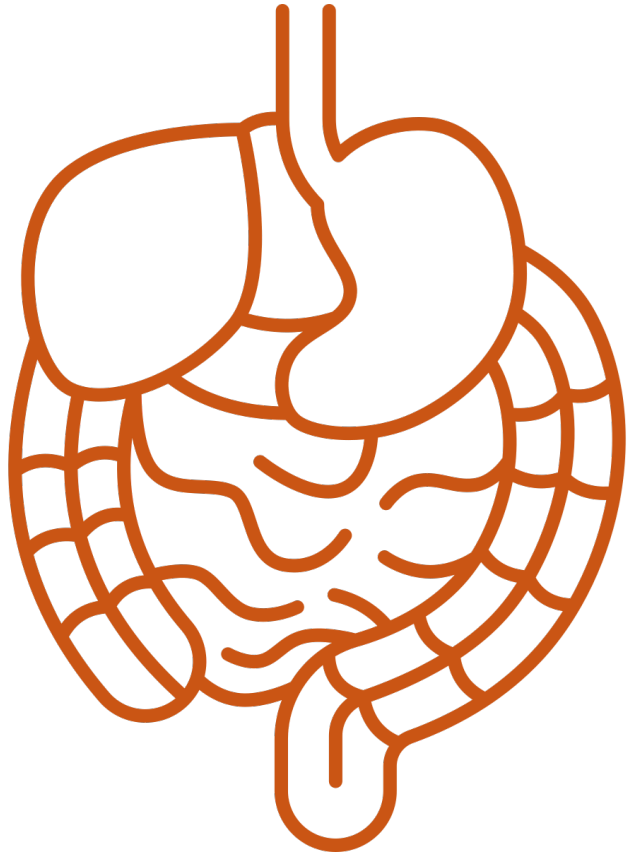
Weight loss

Retinopathy worsening

Suicidal thoughts? Alopecia?

GASTROINTESTINAL & APPETITE EFFECTS

- MOST commonly nausea, vomiting, constipation, diarrhea, decreased appetite
- GI side effects typically temporary, can be minimized by:
  - Start a low doses
  - Slow dose titration
  - Decreased meal size
  - Mindful eating
  - Decreasing high-fat or spicy food
- Appetite effects:
  - Consider risks of disordered eating
  - Need emphasis on quality nutrition sources
  - Weight loss may be beneficial, malnutrition is not
- Concerning GI adverse effects to watch for:
  - Pancreatitis
  - Gastroparesis
  - Bowel obstruction



J Clin Med. 2023 Jan; 12(1): 145.

MALNUTRITION IN THE ONCOLOGY PATIENT

- 40% of patients experience weight loss prior to diagnosis/treatment
- 40-80% of cancer patients experience malnutrition at some point during treatment
  - Dose reductions
  - Hospitalization and treatment interruption
  - Treatment toxicity
- Weight loss → decreased performance status → reduced response to treatment → reduced survival and quality of life

Oncology Nutrition for Clinical Practice. Oncology Nutrition Dietetic Practice Group of the Academy of Nutrition and Dietetics: 2013.

CRITERIA FOR MALNUTRITION

	Chronic illness		Acute illness	
Indicator	**Moderate**	**Severe**	**Moderate**	**Severe**
Energy intake	< 75% of energy needs for > 7 days	≤ 50% of energy needs for ≥ 5 days	< 75% of energy needs for ≥ 1 month	≤ 75% of energy needs for ≥ 1 month
Weight loss	1–2% 1 week 5% 1 month 7.5% 3 months	> 2% 1 week > 5% 1 month > 7.5% 3 months	5% 1 month 7.5% 3 months 10% 6 months 20% 1 year	> 5% 1 month > 7.5% 3 months > 10% 6 months >20% 1 year
Loss of subcutaneous fat	Mild	Moderate	Mild	Severe
Muscle mass	Mild	Moderate	Mild	Severe
Fluid accumulation	Mild	Moderate to severe	Mild	Severe
Grip strength	N/A	Measurably reduced	N/A	Measurably reduced

The South African Journal of Clinical Nutrition, 34(1), 22-26.

NUTRITION ASSESSMENT

Anthropometrics
- Height,/weight
- Weight change (significant?)
- Weight history

Lab values
- Endocrinology
- Electrolytes
- GI panels

Oral intake
- Appetite
- % of meal intake

Past medical history
- Co-morbidities
  - DM
  - CVD
  - CKD

Past surgical history
- Bowel resection
- ENT/oral surgery

Medication and treatment
- Chemotherapy
- Radiation
- BMT

Symptoms
- Therapy related side effects
  - N/V/D
  - **Constipation**
  - Appetite change
  - Change in taste and smell
  - Feeding difficulties

ESTIMATED NUTRITION NEEDS IN THE ADULT ONCOLOGY PATIENT

Kcal

- Cancer, repletion, weight gain
  - 30-35
- Cancer, inactive, non-stressed
  - 25-30
- Cancer, hypermetabolic, stressed
  - 35
- Sepsis
  - 25-30
- Hematopoietic cell transplant
  - 30-35
- Non-critically ill and critically ill, obese
  - 11-14 (actual body weight)
  - 22-25 (ideal body weight)

Protein

- Cancer
  - 1.0-1.5
- Cancer cachexia
  - 1.5-2.5
- Hematopoietic stem cell transplant
  - 1.5

Oncology Nutrition for Clinical Practice. Second edition. (Coble Voss A, Williams V, eds.). Academy of Nutrition and Dietetics; 2021. 77,84.

NUTRITION-RELATED SIDE EFFECT MANAGEMENT

- Individualized with diet modification based on symptoms
- Smaller, more frequent meals
  - Nausea/vomiting/diarrhea
  - Gastroparesis
  - Reflux
- GI soft foods
  - Easier to tolerate and digest, such as low fat and fiber
- Fiber
  - Increase or decrease
- Balancing meals
  - Protein and carbohydrates for blood glucose control
  - Consistency of meal intake

Obesity (Silver Spring). 2025 Aug;33(8):1475-1503.

SPECIFIC CONCERNS IN PATIENT WITH CANCER

Avoid in pancreatic cancer due to increased risk of pancreatitis

This condition usually requires a restricted diet already

Caution with adverse effects worsened by cancer or cancer therapy

Nausea, vomiting, diarrhea, constipation

Weight loss, sarcopenia

Caution with side effects that hinder adequate oral intake

GERD

Gastroparesis

Decreased appetite

Nausea

Constipation

ONCOLOGY CASE STUDY
RD VISIT 1/20/26

Assessment

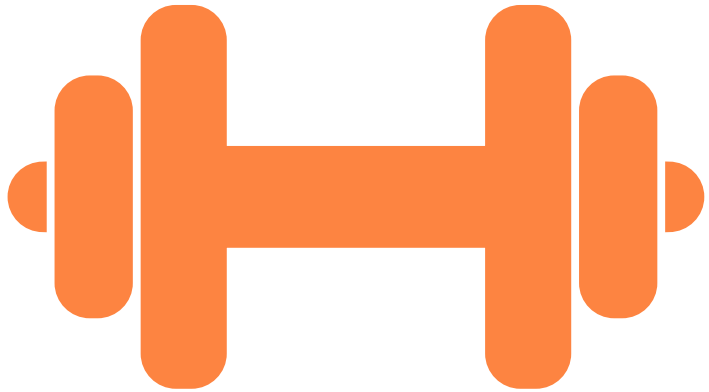
- 56 y/o male with cT3, cN2c, cM0 SCC of the epiglottis beginning chemoradiation
- Dysphagia and weight loss 20# since 10/2025
  - PEG placement planned1/29/26
    - Note: HNRC PEG tube screening includes question: Is patient on any GLP-1 agonists?
- PMHx DMII with diabetic foot ulcers s/p debridement and neuropathy on insulin and Ozempic

Plan

- D/C Ozempic upon initiation of chemotherapy per oncology
  - MD discussed risk of gastroparesis which may worsen nausea and GI side effects
  - Endocrinology follow up 1/22/26
- RD to monitor po/enteral nutrition

GLP-1 WEIGHT LOSS POTENTIALLY BENEFICIAL DURING ACTIVE THERAPY?

- Healthy weight loss 1-2 pounds per week
  - Maintenance therapy
  - Stable weight and muscle mass



- Evaluation of individual nutrition related risk and benefit
  - Calorie restriction without incurrence of malnutrition --> glucose control, decreased inflammation, reduction of circulating hormones

J Clin Oncol. 2022 Aug 1;40(22):2491-2507.
Oncology Nutrition for Clinical Practice. Second edition. (Coble Voss A, Williams V, eds.). Academy of Nutrition and Dietetics; 2021. 39, 40.

DIETARY SUPPLEMENT RECOMMENDATIONS WITH GLP-1S

- Protein
  - Animal or plant based
- Creatine monohydrate AND β-Hydroxy β-Methylbutyrate (HMB) supplementation
  - Increase muscle building and decreasing breakdown
  - Positively affect testosterone/cortisol ratios
- Multivitamin
- Fiber
  - Manage constipation/GI motility
- Work with registered dietitian for individual needs

Obesi Pillars. 2025 Sep 8:16:100209.

DIETARY SUPPLEMENT CONSIDERATIONS DURING GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST TREATMENT: A NARRATIVE REVIEW

BACKGROUND:

To our knowledge, no comprehensive, evidence-based review has addressed the topic of dietary supplementation considerations in conjunction with Glucagon-like-peptide 1 receptor agonists (GLP1-RA) for optimizing treatments.

METHOD:

We review available literature of dietary supplementation interventions among individuals with obesity, weight loss clinical trials, and adiposity-related complications. This review is meant to help guide clinicians on advantageous supplementation to combine with GLP1-RA treatment.

KEY RESULTS:

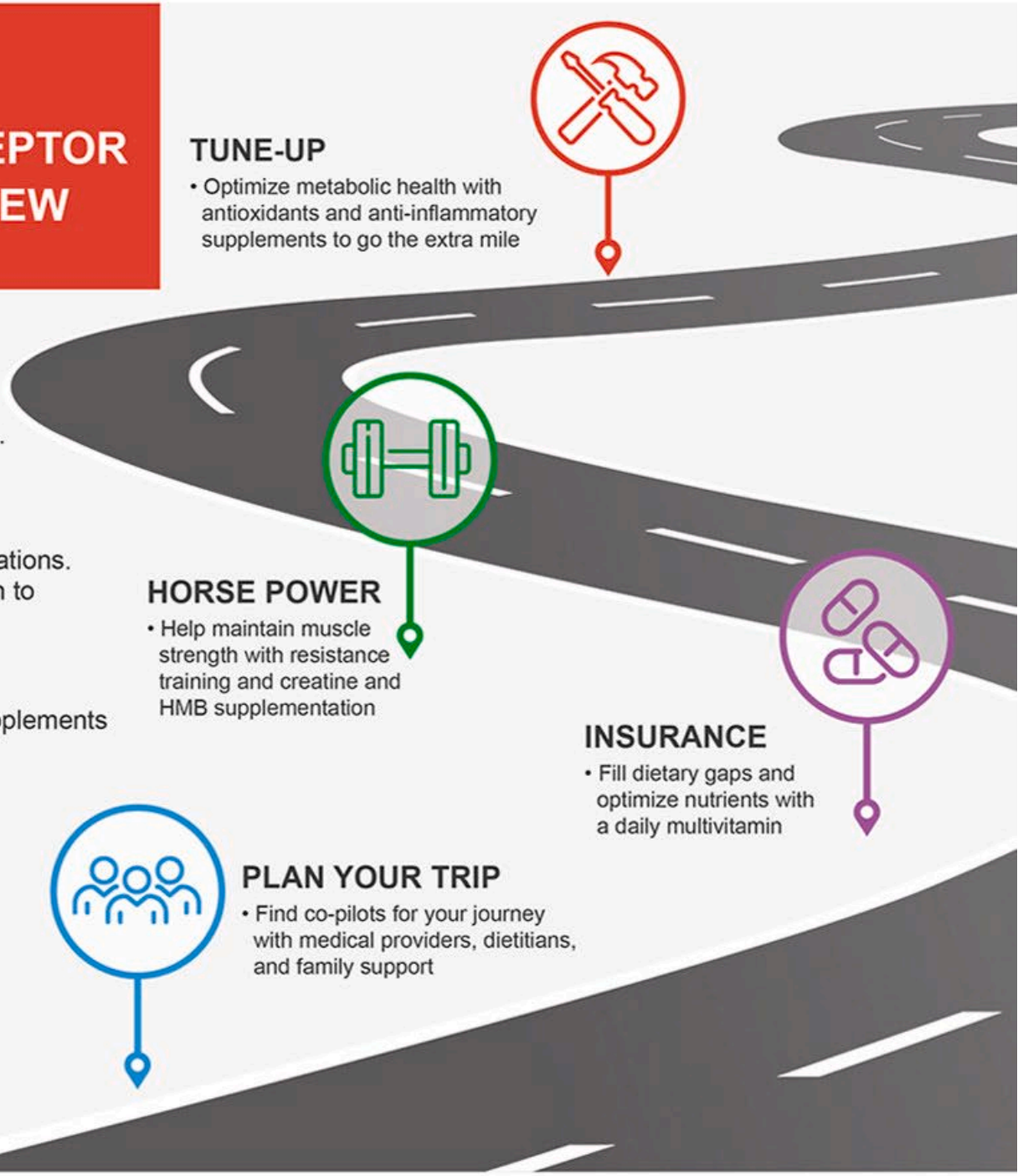
Robust data from meta-analyses provide justification for a variety of dietary supplements that may help improve unintended consequences of GLP1-RA treatments.

The road to durable obesity treatment with dietary supplementation considers the following:

- **Optimizing nutrient status**
- **Preserving muscle mass and strength**
- **Healthier metabolic outcomes**
- **Improved side effect management**

CONCLUSION:

Healthcare providers play a critical role in offering comprehensive nutritional guidance to support long-term health and potentially mitigate unintended consequences of medical weight loss.



USE OF GLP-1S IN SURVIVORSHIP

Achieving healthier body weight --> ability to increase physical activity --> reduce cancer risk

Improved dietary choices such as whole grains, fruits, vegetables, etc. -->reduce cancer risk

Blood glucose management and longevity

GLP-1 THERAPY IN CANCER PATIENTS: CURRENT EVIDENCE AND PRACTICAL APPLICATIONS

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