

Effect of Obesity and Type II Diabetes on Oral Cancer Prognosis

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Table 2. Univariate analysis to assess the relationship of factors associated with survival of OSCC patients

Aim

Oral squamous cell carcinoma (OSCC) is one of the highest-ranking cancers among both genders in Pakistan. Obesity is linked to a much higher risk for developing multiple cancer types. Individuals with Diabetes mellitus (DM) face an increased risk for developing oral cancer. Hence, the objective of this study was to identify the

r		Gender	Male	1.36	0.84				
		Mean	P value	95% Con	fidence		Female (ref)	1	
•		Survival		Interval		Age (in		1.01	1.00
ן		(months)		Lower	Upper	years)	40 5 33 00		
"				Bound	Bound	BMI (in	18.5-22.99	1	
)	Overall	52.988		47.751	58.225	kg/m2)	(Normal weight)		
f	Gender						(ref) <18.5	2.478	1.159
	Male	56.374	0.195	50.468	62.281		(Underweight)	2.770	1.133
	Female	37.172		31.479	42.866		23.0-24.99	1.350	0.655
	BMI						(Overweight)		
	<18.5 (Underweight)	29.901	.074	20.802	39.000		≥25 (Obese)	1.347	0.754
	18.5-22.99 (Normal weight)	57.988		48.726	67.250	Tumour		1.24	1.10
	23.0-24.99 (Overweight)	40.845		33.597	48.092	Size (mm)			
	≥25(Obese)	44.493		39.218	49.768				
	Tumour thickness					Tumour	Well	1	
	< 5mm	44.010	0.796	35.601	52.420	classificatio	differentiated		
	>5mm	43.234		38.717	47.750	n			
	Histological classification						Moderately	2.69	1.226
	Well differentiated	67.109	0.039*	56.831	77.388		differentiated	2 75	1 20 1
	Moderately differentiated	41.679		37.276	46.082		Poorly differentiated	3.75	1.394
	Poorly differentiated	32.493		24.362	40.623	Lymph	No (ref)		
	Lymph node involvement					Node		1	
	Νο	46.454	≤0.001	42.642	50.266	Involvemen	Yes	2.909	1.826
	Yes	32.421	*	26.626	38.216	t	103	2.303	1.020
	DM						Unknown	0.282	0.039
	Yes	45.464	0.97	33.709	57.218	Diahetes	Yes	1 54	0 918

Table 1 Mean survival time of OSCC nationts compared with							Univariate Unadjusted			
Table 1. Mean survival time of OSCC patients compared with clinicopathological characteristics, BMI, and DM status.					Variables	Reference value	HR	95.0%	% CI	Р
chineopathological characteris	Sucs, Divii, and	a Divi Stat	US.					Lower	Upper	value
					Gender	Male	1.36	0.84	2.19	0.199
	Mean	P value	95% Cor	nfidence		Female (ref)	1			
	Survival		Interval		Age (in		1.01	1.00	1.03	0.046*
	(months)		Lower	Upper	years)	18.5-22.99	1			
			Bound	Bound	BMI (in kg/m2)	(Normal weight)	T			
Overall	52.988		47.751	58.225	Kg/IIIZJ	(ref)				
Gender						<18.5	2.478	1.159	5.298	0.019*
Male	56.374	0.195	50.468	62.281		(Underweight)	, c		0.200	010 _0
Female	37.172		31.479	42.866		23.0-24.99	1.350	0.655	2.784	0.416
BMI						(Overweight)				
<18.5 (Underweight)	29.901	.074	20.802	39.000		≥25 (Obese)	1.347	0.754	2.407	0.315
18.5-22.99 (Normal weight)	57.988		48.726	67.250	Tumour		1.24	1.10	1.39	
23.0-24.99 (Overweight)	40.845		33.597	48.092	Size (mm)					<0.001
≥25(Obese)	44.493		39.218	49.768						*
Tumour thickness					Tumour	Well	1			0.055
< 5mm	44.010	0.796	35.601	52.420	classificatio	differentiated				
>5mm	43.234		38.717	47.750	n					
Histological classification						Moderately	2.69	1.226	5.903	
Well differentiated	67.109	0.039*	56.831	77.388		differentiated		4 20 4	10 1 1 0	
Moderately differentiated	41.679		37.276	46.082		Poorly	3.75	1.394	10.119	
Poorly differentiated	32.493		24.362	40.623	lymph	differentiated No (ref)				
Lymph node involvement					Lymph Node	NO (IEI)				
Νο	46.454	≤0.001	42.642	50.266	Involvemen	Maa	2 000	1 0 7 0	4 () 7	-0.001
Yes	32.421	*	26.626	38.216	t	Yes	2.909	1.826	4.637	<0.001
DM						Unknown	0.282	0.039	2.074	0.214
Yes	45.464	0.97	33.709	57.218	Diabetes	Yes	1.54	0.918	2.58	0.102

effect of obesity and DM on the prognosis of OSCC patients.

Methodology

This retrospective cohort analysis was conducted on 386 patients diagnosed and treated for OSCC at Aga Khan University Hospital, Karachi, Pakistan. Patient information was obtained from hospital medical records. Obesity was defined as having a body-mass-index (BMI) of $\geq 25 \text{ kg/m}^2$ according to the WHO Asian cut-offs for BMI. Patient BMI was correlated with diabetes status, clinicopathological features and overall survival. Kaplan-Meier survival analysis was performed, along with univariate and multivariate cox regression analysis to test the effect of obesity

and diabetes on overall survival.

Results

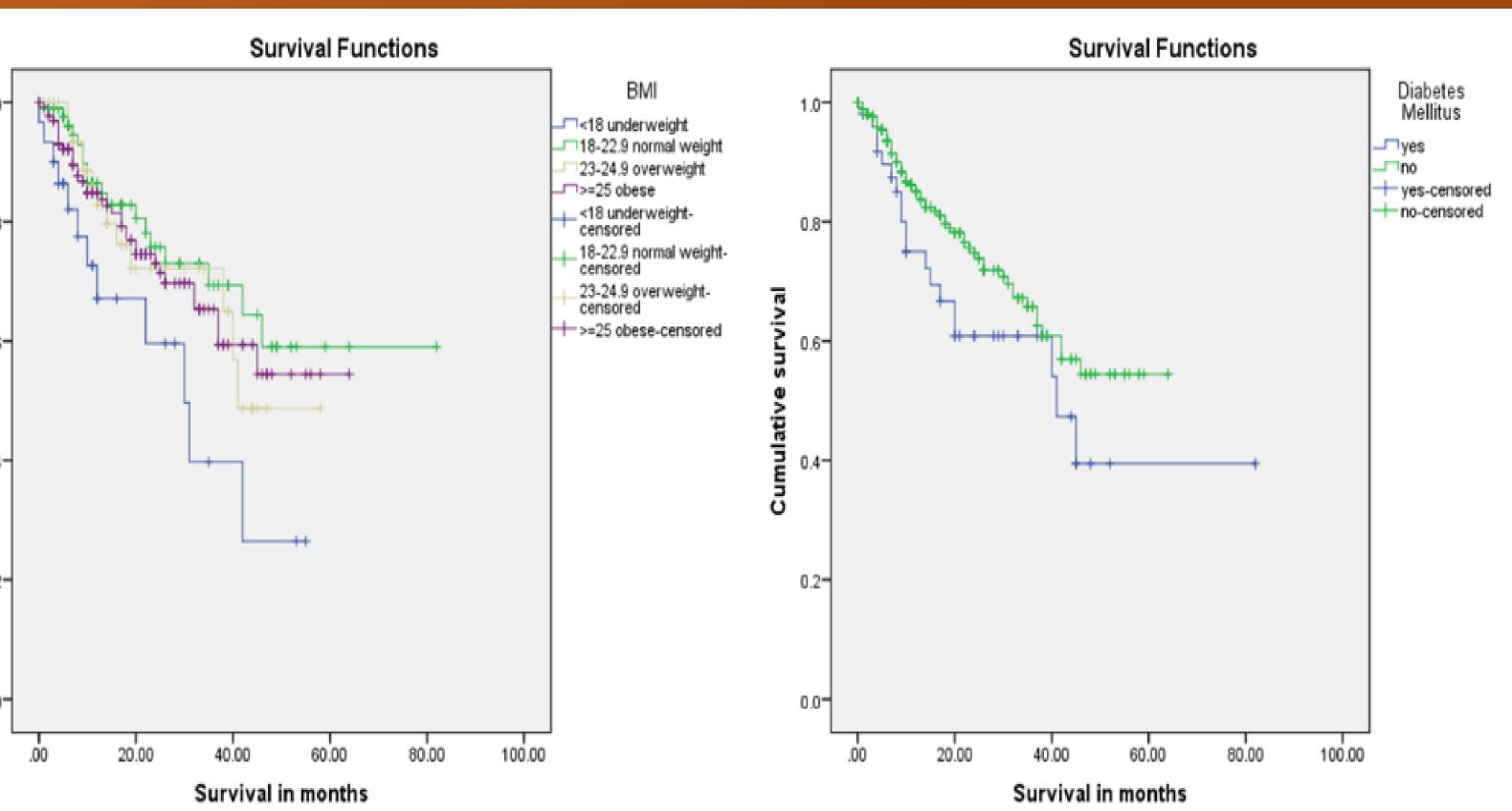
In a set of 386 patients, there were 296 males (76.7%) and 90 females (23.3%). The mean BMI was 24.4 (SD±5.25) and 42.7% of patients were found to be obese (≥25 BMI). 64 patients (16.6%) were diabetic. The risk of death was significantly higher in underweight patients (P=0.035) as compared to normal weight individuals. Diabetics had a higher mean BMI as compared to non-diabetics. However, DM was not a statistically valid predictor of survival.

33./09 57.218 Diabetes Yes 1.54 0.918 2.58 0.102 IES 43.404 45.083 41.166 49.000 No Mellitus No

Table 3. Multivariate analysis to assess the relationship of factors associated with survival of OSCC patients

Variables	Adjusted Hazard. Ratio	95% CI		P value	
Diabetes					
No (ref)	1				
Yes	1.216	0.677	2.185	0.512	
BMI					
18.5 - 22.99 (normal weight) (ref)	1				
<18.5 (underweight	2.523	1.066	5.969	0.035*	F
23.0 - 24.99 (overweight)	1.400	0.642	3.052	0.397	
≥ 25 (obese)	1.566	0.843	2.910	0.156	

Figure 1. Kaplan-Meir overall survival curves of oral squamous cell carcinoma patients according to (left) body mass index categories (underweight, normal weight, overweight and obese: *P* value = .74) and (right) diabetes mellitus status (Yes, No: P value = .97). BMI indicates body mass index.





Underweight OSCC patients were at a higher risk of death as compared to normal weight **OSCC** patients.

