ABSTRACT · OBESITYWEEK 2026

Cancer Prevalence and Associations in Treatment-seeking Telehealth Patients with Overweight/Obesity

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ABSTRACT

Background

The relationship between GLP-1 receptor agonist treatment and cancer survivorship remains an emerging area of clinical interest. In this study, we examined the prevalence of self-reported personal cancer history among patients with overweight or obesity seeking GLP-1 treatment through a telehealth platform. We also evaluated demographic and clinical characteristics associated with cancer history in this population.

Methods

This retrospective observational cohort study used de-identified real-world data (RWD) from Ro, a direct-to-patient telehealth platform and included a randomly selected population of 500,000 adults with overweight or obesity seeking GLP-1 pharmacotherapy for weight management who completed an initial intake January 1–June 30, 2026 (not all patients were deemed treatment-eligible). We performed logistic regression to evaluate the association between cancer history (Y/N) and self-reported baseline demographic and clinical factors, including age, sex, race/ethnicity, starting BMI, U.S. region, and number of obesity-related comorbidities (ORCs; 0, 1, or 2+).

Results

The sample population was 74% female and 61% White, with an average BMI of 34.1 (SD 7.1); 40% had at least one ORC. Cancer history prevalence was 3.8%. Among patients who messaged providers with details of their cancer history, breast cancer was reported most often, followed distantly by prostate and skin cancers. Sex differences varied by age. At a mean age of 43, men had 34% lower odds than women; the gap narrowed and reversed at a mean age of 68. All race/ethnicity groups had lower odds of cancer history (range: 14%-38%) as compared to Whites. Having 1 ORC was associated with a 34% increase in odds of cancer as compared to patients with none, while patients with 2 or more ORCs had 61% higher odds. Starting BMI and U.S. region did not show clinically significant associations. Menopause was added in an exploratory, female-only model adjusting for the same covariates and showed that it was associated with 41% higher odds of having a cancer history.

Conclusions

In this large telehealth population of adults with overweight or obesity seeking GLP-1 treatment, self-reported cancer history was present in a meaningful minority of patients and was associated with several expected demographic and clinical risk factors. The distribution of reported cancer types was broadly consistent with expected patterns and supports the face validity of cancer-related information collected in this care setting. Findings suggest that telehealth platforms may provide a valuable RWD source for studying cancer history, metabolic health, and GLP-1 treatment among eligible patients. Future research should evaluate longitudinal weight and metabolic outcomes following GLP-1 initiation among populations with a cancer history, including differences by cancer type as well as across characteristics of cancer-specific outcomes, such as treatment history, survivorship status, and recurrence.

Table 1. Adjusted odds ratios from multivariable logistic regression measuring the association between cancer diagnosis history and various baseline demographic and clinical characteristics.

Characteristic	Adjusted OR[1]	95% CI	*p*-value
Age (per 10-year increase)	1.86	1.84, 1.89	<0.001
Biological sex			
Female	1.00	—	
Male	0.66	0.63, 0.70	<0.001
Race/ethnicity			
White	1.00	—	
Asian or Pacific Islander	0.63	0.56, 0.71	<0.001
Black or African American	0.67	0.64, 0.71	<0.001
Hispanic or Latino	0.72	0.67, 0.76	<0.001
Native American or American Indian	0.62	0.47, 0.81	<0.001
Multiracial/Other	0.86	0.79, 0.93	<0.001
Unknown	0.81	0.73, 0.88	<0.001
BMI (per 1 kg/m², centered)	1.00	1.00, 1.00	0.4
Obesity-related comorbidities (ORC)			
0	1.00	—	
1	1.34	1.29, 1.39	<0.001
2+	1.61	1.55, 1.67	<0.001
US region			
Northeast	1.00	—	
Midwest	1.02	0.97, 1.06	0.5
South	0.97	0.93, 1.02	0.2
West	0.96	0.91, 1.00	0.067
Age (per 10 yr) × Male sex (interaction)			
Age (per 10-year increase) * Male	1.18	1.15, 1.21	<0.001

[1]OR = odds ratio; CI = confidence interval. Reference groups: Biological sex = Female; Race/ethnicity = White; ORC = 0; US region = Northeast. Age and BMI modeled continuously (centered at the sample mean, 43 years). Because the model includes an age × sex interaction, the main-effect rows are conditional: the Age row is the age effect among women (reference sex), and the Male row is the male-vs-female OR at the reference age (43 years). The interaction OR is the factor by which the per-decade age effect differs in men vs. women.

POSTER

Cancer prevalence and associations in treatment-seeking telehealth patients with overweight or obesity

Background

The relationship between GLP-1 receptor agonist treatment and cancer survivorship remains an evolving area of clinical interest.[1] Emerging evidence suggests that GLP-1 receptor agonist use and favorable metabolic health profiles may be associated with improved cancer-related outcomes, including possible beneficial effects on recurrence and long-term survivorship.[2] In this study, we examined the prevalence of self-reported personal cancer history among patients with overweight or obesity seeking GLP-1 treatment through a telehealth platform. We also evaluated demographic and clinical characteristics associated with cancer history in this population.

Methods

This retrospective observational cohort study used de-identified real-world data (RWD) from Ro, a nationwide telehealth platform and included a randomly selected population of 500,000 adults with overweight or obesity seeking GLP-1 pharmacotherapy for weight management who completed an initial intake January 1–June 30, 2026 (not all patients were deemed treatment-eligible). We performed logistic regression to evaluate the association between cancer history (Y/N) and self-reported baseline demographic and clinical factors, including age, sex, race/ethnicity, starting BMI, U.S. region, and number of obesity-related complications (ORCs; 0, 1, or 2+).

Authors

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Authors Manalac, Vaswani, Chai, Broffman, and Smith are current employees of Roman Health Ventures (Ro), the telehealth platform that supplied data for this study. Authors Sullivan and Makaroff are affiliated with the American Cancer Society.

References

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2. Tatum KL, Dahman B, Stevenson A, et al. Survival and recurrence with GLP-1 receptor agonists in breast cancer. JAMA Netw Open. 2026;9(5):e2612133. doi:10.1001/jamanetworkopen.2026.12133

Key Findings

3.8% — A meaningful minority of adults seeking GLP-1 treatment through telehealth reported a history of cancer

61% — Higher odds of cancer history in patients with 2+ ORCs (vs. none)

86% — Higher odds of cancer history in women with each 10 year increase in age

Results

The sample population was 74% female and 61% White, with an average BMI of 34.1 (SD 7.1); 40% had at least one ORC. Cancer history prevalence was 3.8%.

Among patients who messaged providers with details of their cancer history, breast cancer was reported most often, followed distantly by prostate and skin cancers.

Sex differences varied by age. At a mean age of 43, men had 34% lower odds than women; the gap narrowed and reversed at a mean age of 68. Each 10-year increase in age was associated with 86% higher odds of the outcome among women (OR 1.86, p<0.001).

All race/ethnicity groups had lower odds of cancer history (range: 14%-38%) as compared to Whites. Having 1 ORC was associated with a 34% increase in odds of cancer diagnosis as compared to patients with none, while patients with 2 or more ORCs had 61% higher odds. Starting BMI and U.S. region were not statistically significantly associated with cancer history.

Menopause was added in an exploratory, female-only model adjusting for the same covariates and showed that it was associated with 41% higher odds of having a cancer history.

Figure 1: Adjusted odds of cancer history

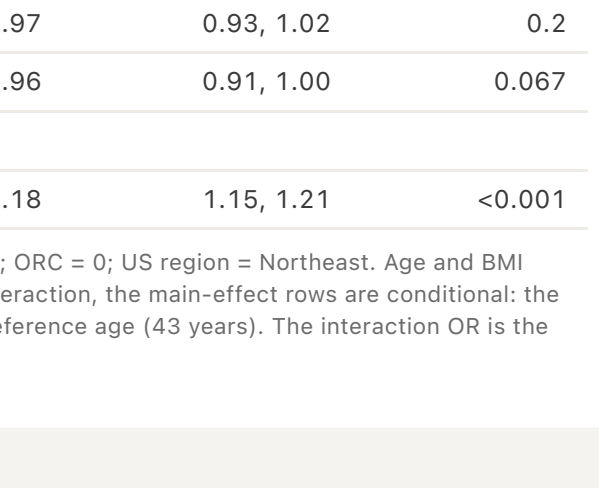


Figure 2: Adjusted odds of cancer history, men vs. women, by age

