Severe Obesity in Cancer Care

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A 45-year-old woman with relapsed lymphoma named Mrs. D arrives for an appointment at the ambulatory care clinic to review the results of her recent lymph node biopsy and discuss treatment options with her oncologist. She stands in the waiting room and, when her name is called, she follows the nurse to the scale. She dreads this part of the visit. The old weight scale in the hallway cannot accommodate her weight, so she tells the nurse that she weighed herself at home this morning. At 178 cm and 190 kg, Mrs. D has a body mass index (BMI) of 60 kg/m^2 and a body surface area 3.07 m^2. The nurse averts her eyes, and the moment becomes awkward. Mrs. D is ushered into the room and instructed to have a seat. She gazes upon the chair in the examination room and tells the nurse she prefers to stand because she has been sitting all day. In reality, she cannot fit into the chairs at the cancer center because they all have arms on them and she is too wide.

The medical student comes in to talk with Mrs. D and complete the physical assessment. The examination table is too narrow for her to comfortably lie down, so the student quickly and clumsily assesses her for lymphadenopathy and splenomegaly and auscultates her chest for breath and heart sounds. While waiting to see her doctor, she hears the student laughing with one of his colleagues about Mrs. D and her weight. When her oncologist comes into the room, he quickly puts her at ease with his kind nature. Unfortunately, the computed tomography–guided biopsy did not yield a sufficient sample to histologically confirm an aggressive form of lymphoma. Although the positron-emission tomography (PET) scan and blood work results were suggestive of a new, aggressive lymphoma, she could not be enrolled into the clinical trial without tissue confirmation. The radiologists were not in favor of attempting a second biopsy because of her size, and her asthma and sleep apnea did not make her a good surgical candidate for an open biopsy.

Mrs. D has no palpable nodes to biopsy and her doctor agrees that the risks of open biopsy are too high. He recommends that she proceed with standard second-line chemotherapy and request the opinion of the stem cell transplantation clinic. The best chance at cure for her would be salvage chemotherapy followed by allogeneic stem cell transplantation. He tells her up front that her size and respiratory conditions may be a deterring factor; however, he will strongly recommend a transplantation because she is young and otherwise healthy. Aside from an inhaler and a proton pump inhibitor to treat gastroesophageal reflux disease, she does not take any other regular medications.