

Appropriate Systemic Therapy Dosing for Obese Adult Patients with Cancer: ASCO Guideline Update

Clinical Question	Recommendation	Evidence Rating
What are the safety and efficacy of full, weight-based dosing of cytotoxic chemotherapy in obese adults with cancer?	1. Full weight-based dosing of cytotoxic chemotherapy should be offered regardless of obesity status.	Type: Evidence based Evidence quality: Low Strength of recommendation: Moderate
Is the use of fixed-dose (dose prescribed independently of weight or BSA) cytotoxic chemotherapy ever justified? Are there unique dosing considerations for certain chemotherapeutic agents?	2. The Panel recommends limiting fixed dosing of chemotherapy to select cytotoxic agents (e.g., bleomycin). While fixed dosing of other cytotoxic chemotherapeutic agents has been used in clinical trials, evidence remains limited that fixed dosing strategies are equivalent to weight- or BSA-based dosing in terms of toxicity and efficacy.	Type: Evidence based Evidence quality: Low Strength of recommendation: Moderate
What are the safety and efficacy of approved doses of checkpoint inhibitors (fixed or weight-based) in obese adults with cancer?	3. FDA-approved prescribing information for checkpoint inhibitors should be used in all patients, regardless of obesity status.	Type: Evidence based Evidence quality: Low Strength of recommendation: Moderate
What are the safety and efficacy of approved doses of targeted therapies (fixed or weight-based) in obese adults with cancer?	4. FDA-approved prescribing information for targeted therapies should be used in all patients, regardless of obesity status.	Type: Evidence based Evidence quality: Low Strength of recommendation: Moderate
If an obese patient experiences high-grade toxicity, should systemic antineoplastic therapy doses or schedules be modified differently from modifications used for non-obese patients with cancer?	5. If an obese patient experiences high-grade toxicity from systemic antineoplastic therapy, clinicians should follow the same guidelines for dose reduction for all patients, regardless of obesity status.	Type: Informal consensus Evidence quality: Insufficient Strength of recommendation: Weak
How should BSA be calculated? Specifically, what is the best formula for use with an obese patient with cancer?	6. The Panel recommends that BSA be calculated using any of the standard formulae. There is no evidence to support one formula for calculating BSA over another.	Type: Evidence based Evidence quality: Low Strength of recommendation: Moderate