What Cancer Researchers, Clinicians and Patients Say About “Game-Changing” GLP-1s

Yes, you lose weight, but there are definitely trade-offs; cancer prevention role of new weight loss drugs still being studied.

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For Dina Lorraine, going on the GLP-1 drug Zepbound in April of 2025 was a no-brainer.

“I had no energy,” said the 58-year-old public relations professional from Auburn, Washington, who’s been treated for four separate cancers over the years. “I told my oncologist I couldn’t do normal activities like walking or gardening — all of it was a struggle. Every time you do chemotherapy and take steroids, it adds weight. From breast cancer and this latest cancer, I’d gained 60 pounds.”

A year later, Lorraine has lost 70 pounds and is now doing a water-walking class. She’s got enough energy to keep up with her new grandbaby and is thinking about taking up tap dancing again, something she’s done since childhood.

“There are so many benefits, especially if you can figure out a level where you don’t have the gastrointestinal side effects,” she said of the weekly injectable drug, which works by mimicking human gut hormones that lower blood sugar, increase insulin secretion, and slow digestion so you feel full even without eating. “It gets rid of the hunger noise so you’re not constantly obsessing about the next thing you’re going to eat. I could have a plate of cookies in my house for a month and not touch them.”

The drugs’ side effects, though, have not been pleasant. Along with the occasional GI symptoms, Lorraine has lost hair and lean muscle mass and watched her “perky” reconstructed breasts disappear along with the unwanted pounds.

“I had a DIEP flap using stomach fat [to create new breasts] and they were great,” she said. “But they’re at my waist now, just skin bags. I have to go back in for revision surgery. It’s a trade-off.”

The new ‘miracle’ diet drugs

For decades, pharmaceutical companies and scientists alike have sought ways to help people lose weight, sometimes with disastrous results. Remember fen-phen, the “miracle” diet drug cocktail from the early ’90s linked to fatal heart disease and billions in legal fees?

“There have been many, many efforts to develop weight loss drugs because there’s not a one-size-fits-all for weight loss,” said Fred Hutch Cancer Center’s Marian Neuhouser, PhD, RD, head of the Cancer Prevention Program. “So for many people, these new GLP-1 drugs are a game changer. They’re helping people with diabetes stay healthy and they’ve been extremely useful for millions of people who’ve not been successful using other ways to lose weight.”

Healthy weight loss has long been a north star for cancer prevention researchers like Neuhouser.

“Obesity is linked to about 13 different cancers,” she said. “And there are a number of cancers, including prostate cancer, postmenopausal breast cancer and colorectal cancer, where survivorship outcomes are not as good in people who have obesity.”

Much of the research done at Fred Hutch, Neuhouser said, is focused on getting cancer survivors to reduce their weight through diet and exercise “so they can have a better outcome.”

Can these new drugs help prevent cancer before it starts by tackling obesity and all the dysfunctional metabolic pathways that set the stage for cancer growth like chronic inflammation, excessive estrogen production, elevated leptin, insulin resistance, increased oxidative stress, etc.?

That’s one of the burning questions surrounding the new weight loss drugs. Along with this: Can GLP-1 receptor agonists, or molecular “on switches” like Ozempic and/or dual agonists like Zepbound (made from the synthetic peptide tirzepatide), reduce the risk of metastatic recurrence in cancer survivors?

Lorraine, who was diagnosed with thyroid cancer at 29, melanoma at 39, lobular breast cancer at 49 and peritoneal carcinoma a few years ago, believes the GLP-1 she’s taking won’t just help with weight loss, it will help keep those cancers at bay.

“I think it keeps away recurrence,” she said. “Fat creates estrogen [a common fuel for breast cancers] and stores it. Being not fat reduces my risk of recurrence.”

Neuhouser is more circumspect: “We don’t know the answers to any of those cancer prevention questions yet,” she said.

The great GLP-1 trade-off

But researchers across the country — and the world — are furiously conducting studies to

determine if GLP-1s have cancer prevention potential.

Data presented at the 2026 ASCO Gastrointestinal Cancers Symposium showed GLP-1 users had a reduced risk of colorectal cancer. Other scientists are investigating whether GLP1-s can help with addiction, Alzheimer's, anxiety, arthritis, cardiovascular disease, liver function, etc.

In the meantime, the new weight loss drugs do take off weight quickly and control Type 2 diabetes well, and the word is out. KFF research shows one in five adults in the U.S. has taken one form or another and 12% of adults — that's one in eight — is currently on a GLP-1.

The only problem, as Lorraine mentioned, is the trade-off. And we're not talking Ozempic face, Ozempic butt, Ozempic hands, Ozempic personality, Ozempic breath or the Ozempic shaming that happens when people stop using the drugs and regain weight.

"The biggest thing my oncologist was concerned about was my muscle loss," she said. "He told me I'd lost a lot of lean muscle along with the fat and encouraged me to get some weights."

Neuhouser stressed this happens no matter how the weight comes off.

"All weight loss is half lean, half adipose or fat," she said. "It's no different with GLP-1 receptor agonist drugs. But weight loss happens so fast with GLP-1 drugs that it may be more noticeable in a shorter amount of time."

Lorraine boosted her protein intake to counteract this muscle loss, but Neuhouser said that alone may not be enough.

"Eating protein helps you maintain the muscle you have, but it doesn't build it," she said. "People think that if they take creatine supplements or some other protein, they're going to build muscle, but that's not correct. Exercise builds muscle."

Neuhouser is concerned that prescriptions for GLP-1 drugs are not accompanied by referrals to registered dietitians.

"Most people are not given the ability to work with a registered dietitian who can help them create healthy eating patterns while on these drugs," she said. "These drugs really decrease the appetite; some people struggle to actually eat, and some research suggests people may become malnourished because they don't know what, when, or how much to eat because they're not hungry."

That's exactly why Fred Hutch Director of Oncology Supportive Care and Screening Kerry McMillen, MS, RD, recommends patients using any kind of GLP-1 ask their oncologists for referrals to registered dietitians for guidance.

"It's so important to have subject matter expertise along the oncology spectrum to guide appropriate recommendations," she said. "Patients with questions about diet or concerns about

losing muscle should ask their providers to recommend registered dietitians and/or physical therapists."

But people don't just lose muscle. Their wallets also take a hit. Most health insurance won't cover them for weight loss, although they are often covered for diabetes, cardiovascular disease and obstructive sleep apnea, which is how Lorraine obtained her Zepbound prescription.

The high price — which can range from around $150 to over $1,500 a month, per USA Today — has created a barrier for many, but workarounds abound.

Prescriptions can be had via telehealth platforms like Ro and Hims/Hers, which have partnered with compounding pharmacies to create identical (or tweaked) GLP-1 formulations, though the U.S. Food and Drug Administration, or FDA, is currently looking at restricting this practice. In the meantime, manufacturers like Novo Nordisk, maker of the GLP-1 Wegovy (available as an injection or pill), and Eli Lilly, which makes both the injectable drug Zepbound and the new Foundayo GLP-1 pill, have also created discounted programs for employers and/or self-paying customers. Medicare, too, recently announced a GLP-1 Bridge program to help seniors access the drugs. And last week, Amazon One Medical jumped into the GLP-1 fray.

Not surprisingly, GLP-1s' popularity has also led to a raft of cheap online knockoffs, with peptide companies skirting regulations by offering their untested, FDA-unapproved drugs "for research purposes only." One emergency medicine blog reported people coming to the ER with profound hypoglycemia (low blood sugar) from using counterfeit pens filled with insulin rather than a GLP-1.

In a nutshell: buyer beware.

The last trade-off, of course, are the drugs' infamous side effects. In addition to the well-documented nausea, vomiting, heartburn, bloating, constipation, diarrhea and muscle loss, more serious side effects — think pancreatitis, gastrointestinal obstruction, thyroid tumors and vision issues — have also been reported.

GLP-1s and cancer treatment

Even so, people are eager to get their hands on GLP-1s, including people dealing with cancer.

"Many of our breast patients ask about these drugs and whether it's okay to use them during or after treatment," said Vidhya Nair, DO, a medical oncologist and medical director of Fred Hutch's Adult Survivorship Program. "Some patients are already on them, and we have to counsel that there may be compounded GI side effects when taken in combination with cancer treatment."

Nair herself is hoping to conduct a study to see if a GLP-1 might help curb the side effects and improve adherence in breast cancer patients on endocrine therapy, a common breast cancer treatment that squelches the production of estrogen.

She cited studies presented at the 2025 San Antonio Breast Cancer Symposium showing patients on GLP-1s had reduced chemotherapy-related side effects, including reduced nausea and peripheral neuropathy. (Other findings released at SABCS showed GLP-1s increased side effects with endocrine therapy.)

“I thought that data was very interesting,” Nair said. “Most people are taking it for weight loss, and many patients are getting it online or from their PCP.”

Rick Grossman, 73, a retired Seattle entrepreneur and prostate cancer patient, was prescribed Zepbound by his cardiologist to improve his severe sleep apnea.

But like Lorraine, he believes the drug will do much more.

“There are like 12 reasons that I’m taking this,” he said. “I’ve been in remission for three years — taking androgen deprivation therapy — and during that time I’ve put on 20 or 30 pounds. That extra weight impacts blood pressure, cholesterol, sleep apnea, arthritis pain and other things, like my atrial fibrillation, my herniated esophagus and my fatigue.”

His main reason for taking the drug, though, is to prevent cancer recurrence.

“Research shows people with a higher BMI have a greater chance of cancer recurrence,” he said. “We don’t know whether dieting through Zepbound reduces that or not, but I think it’s worth trying even if it’s not proven. I’ve lost 10 to 12 pounds so far and it hasn’t been that hard.”

Helping weight loss last

Unfortunately, research shows most people who go off the drugs gain their lost weight back; they also experience a sort of “metabolic whiplash” with a rebound of inflammation.

“There is no ‘GLP-1 offramp,’” said Fred Hutch psychologist Jonathan Bricker, PhD, holder of the Endowed Chair in Cancer Prevention. “Stopping a GLP-1 is not only a medication transition, but a behavioral one. Patients may be dealing with the return of appetite, cravings, food preoccupation, discouragement, and fear of weight regain, often without much structured support. They’re on their own to figure this out and that lack of support is a major gap.”

That’s why Bricker and his Health and Behavioral Innovations in Technology (HABIT) lab developed a telehealth behavioral intervention to work as a GLP-1 offramp.

“Between 50% and 80% of people who start taking GLP-1s stop by the end of the first year,” Bricker said. “We’re exploring why in a study. It’s also an opportunity to help people who are discontinuing this medication use ACT as a weight loss maintenance program.”

Like Neuhouser, Bricker stressed the importance of a behavioral change in weight loss.

“Behavioral interventions remain a core component of obesity treatment,” he said. “I think the ACT approach could be helpful since it helps people relate to cravings not as commands they must obey, but as experiences they can notice, acknowledge and let pass.”

Meanwhile, drug development and related research are exploding. Scientists at Stanford Medicine have found another molecule, BRP, that reduces appetite and body weight without the nausea, constipation, and muscle loss — at least in mice and mini-pigs. Researchers at 23andMe just published data showing “a robust genetic association with GLP1 medication weight loss efficacy and associated side effects.” And a handful of new triple-agonist receptor drugs are currently in clinical trials.

What will the future hold? Hard to say, but cancer patients like Lorraine and Grossman are fine with the trade-offs for now.

“I recognize this is something brand new and that in five years, we may be saying we made a mistake in letting everybody use it,” Grossman said. “But for right now, it’s helping me.”

SIDEBAR:

Nutritional support for those with reduced appetites

Fred Hutch’s Cook For Your Life provides healthy recipes and nutrition resources for people affected by cancer, but those with reduced appetites due to GLP-1s also may find some of the recipes helpful. For additional advice, Ask a Registered Dietitian.

- Healthy high protein meals
- High (plant-based) protein, low budget meals
- Small meals, big nutrition
- Small plates for small appetites

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