

Characteristics and Outcomes of GLP-1 Receptor Agonist Therapy among Type 2 Diabetics with Primary Bone Sarcoma: Lower Early Complications and Improved Five-Year Survival After Resection

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INTRODUCTION:

Systemic metabolic dysregulation, including hyperglycemia, obesity, and chronic inflammation, has been linked to inferior oncologic outcomes in primary bone sarcoma. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) improve glucose control, reduce adiposity, and may exert anti-inflammatory and pro-apoptotic effects relevant to cancer. We investigated whether peri-operative GLP-1 RA exposure in type 2 diabetes mellitus (T2DM) modifies short-term morbidity and long-term oncologic outcomes following primary bone sarcoma resection.

METHODS:

This study utilized a global deidentified electronic health record network (TriNetX) to identify adults (≥ 18 years) with type 2 diabetes mellitus (T2DM) who underwent resection for a primary malignant bone tumor between 2015 and 2025. Patients with no prior history of other cancers and active GLP-1 RA treatment within 90 days before surgery constituted the GLP-1 RA(+) cohort. The GLP-1 RA(-) control cohort comprised patients with T2DM without GLP-1 RA exposure. One-to-one propensity score matching (caliper 0.1), balancing for age, sex, BMI, HbA1c, and prior diagnoses, yielded 280 matched pairs. Outcomes were assessed at 90 days (postoperative complications), 1 year, and 5 years (overall prognosis, quality of life, and healthcare utilization), with risk ratios (RR) and 95% confidence intervals (CI) calculated. A p-value < 0.05 denotes statistical significance.

RESULTS:

90 days post-op: In the short term, GLP-1 RA(+) patients had reduced:

- All-cause Mortality (RR 0.44, $p=0.006$)
 - Emergency-department visits (RR 0.61, $p=0.004$)
 - Cardiac arrhythmias (RR 0.57, $p=0.007$)
- Higher incidence of Ketoacidosis (RR 1.96, $p=0.001$)

1 year post-op: GLP-1 users had lower:

- All-cause mortality (RR 0.56, $p=0.013$)
- Inpatient admission (RR 0.46, $p=0.023$)

No significant differences in neoadjuvant treatment, side effects, remission, or secondary metastasis. Ketoacidosis rates were normalized.

5 years post-op: GLP-1 RA(+) therapy yielded lower:

- All-cause mortality (RR 0.51, $p=0.001$),
- Inpatient admissions (RR 0.44, $p=0.016$),
- Falls (RR 0.42, $p=0.004$)
- Mobility limitations (RR 0.38, $p=0.005$)

Consistently, lab results including Creatinine, BMI, and HbA1C were significantly elevated. Ketoacidosis rates were normalized.

DISCUSSION AND CONCLUSION:

Peri-operative GLP-1 RA exposure in T2DM patients undergoing primary bone sarcoma resection was associated with fewer early cardiometabolic complications and a nearly 50% relative reduction in five-year mortality. These protective effects may reflect improved metabolic control and favorable modulation of systemic inflammation or the tumor cellular environment. Randomized trials are warranted to evaluate GLP-1 RAs as an adjuvant metabolic intervention in musculoskeletal oncology.

