

Cardiac Rehabilitation for Breast Cancer Survivors

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Alexis Beatty, MD, MAS

Associate Professor, UCSF

- Born and raised in CA
- Duke for Biomedical Engineering and MD
- Residency at MGH (Boston), Cardiology Fellowship at UCSF
- See general cardiology patients
- Study new delivery models for cardiac rehab, digital health



Research suggests that exercise and lifestyle programs can help breast cancer patients

- Improved exercise capacity
- Improved patient-reported outcomes
- Possibly:
 - Lower risk of cardiovascular events
 - Improved cardiovascular risk factors

Cardiac Rehab (CR) is a multi-component program



Physical activity



Healthy eating



Tobacco cessation

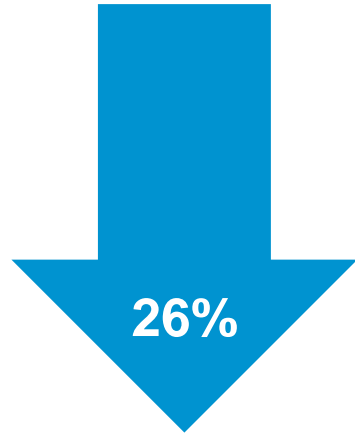


Medication
adherence

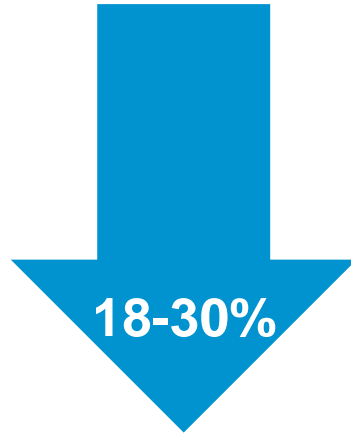


Psychosocial
wellness

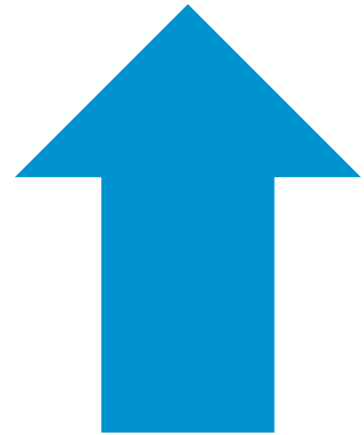
Cardiac rehab is beneficial



Cardiovascular
mortality
(coronary heart disease)



Hospitalizations



Quality of life

Can we translate cardiac rehab to
breast cancer survivors?

HEART-ACT

HEART Health **After** **C**ancer **T**reatment

Breast Cancer Survivors at San Francisco General Hospital



- Phase 1 (current)
 - Interviews with 30 people
 - Human-centered design sessions
 - English, Spanish, Cantonese
- Phase 2 (2023)
 - Pilot 12-week intervention
 - 50 people



Principles

- Individualized
- Address health behaviors that patients can manage
- Meet patients where they are



After I become aware of the benefits of exercise, I feel that it's quite beneficial to physical and mental health, and my body health has also improved. ... Previously I didn't do exercise. After doing exercise, it helps me a lot.



Not everyone can withstand such exercises. It varies from person to person. I have worry too. Some people aren't suitable for such exercises, if they do exercise with difficulty, then something wrong will happen to their body.



I do my best to eat right. And I know I had a pretty good idea of what is bad for us and what isn't. And I've seen the list of cancer causing foods, donuts, French fries, bacon, cookies. And I enjoy cooking. So it just exploring recipes, techniques of healthy food that would be enjoyable. And learning how to feed myself properly. That's essential to healing.

Summary: consensus so far...

- **Multi-disciplinary program needed and wanted**
- **Structure/delivery of program**
 - In-person and group preferred by some but Zoom/virtual has convenience
 - Professional speakers
 - Language concordant
 - Support for overcoming barriers (e.g., taxi vouchers)
- **Content**
 - Topics: Physical activity, Nutrition, Mental wellbeing, Cardiovascular risk factors, Survivorship, Other
 - Physical activity/exercise
 - Part of daily life/routine
 - Address limitations, safety and fear of doing too much/too strenuous
 - Nutrition: practical – recipes, shopping lists

Overall Patient Journey Map



Referral

Intake (in-person)

G = Group Education (in-person)

I = Individual Counseling (in-person or virtual)

E = Exercise (on own or at gym)

Graduation (in-person)

Program Components



**Each item will
have an
individualized
assessment,
goal, and
plan.**

Next steps

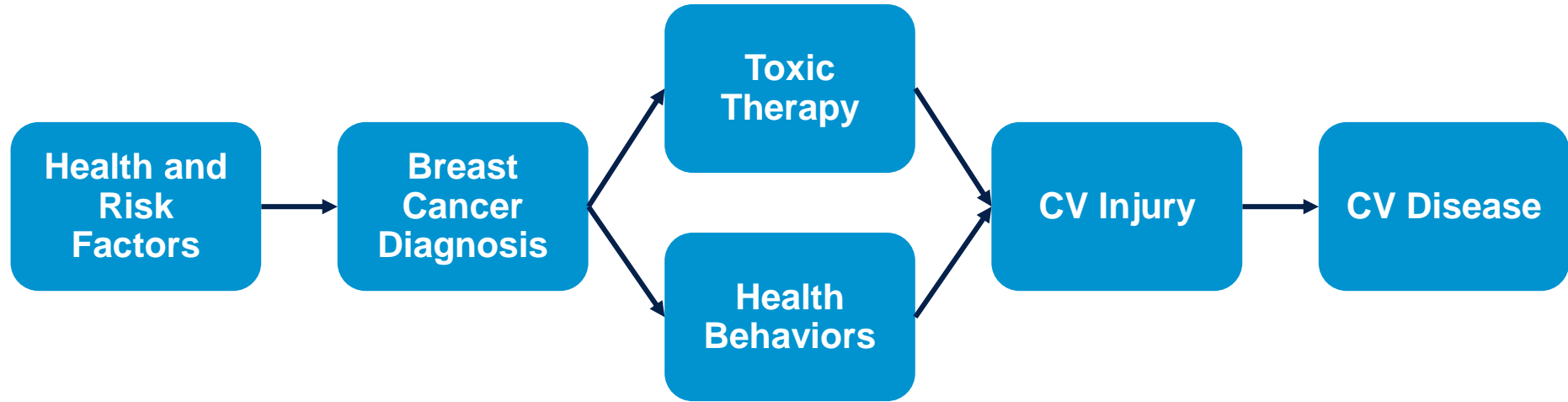
- Complete Human-Centered Design Sessions (2022)
- Begin Phase 2 – Pilot Study in 50 patients (early 2023) at ZSFG

Questions?
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Extra Slides

Breast Cancer & Cardiovascular (CV) Risk



Breast Cancer & Cardiovascular (CV) Risk

