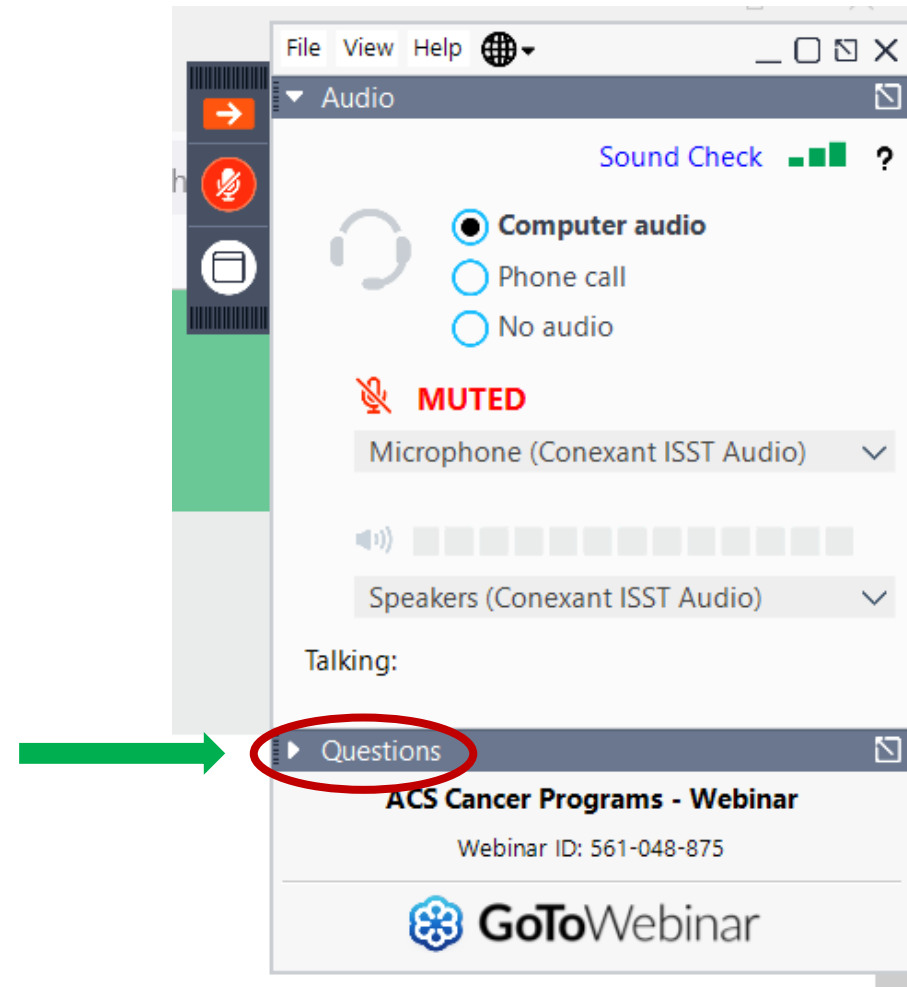


Helping Patients with Breast Cancer Survive and Thrive

November 15, 2023

Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email



Introducing our Panelist



Kathryn Schmitz, PhD, MPH, FACS, FTOS, FNAK
Professor, Hematology Oncology, University of
Pittsburgh
Hillman Cancer Center
(Vice-Chair, NAPBC Standards Committee)



Jennifer Ligibel, MD
Dana-Farber Cancer Institute
Harvard Medical School



Tracy E. Crane, PhD, RDN
Associate Professor, Medical Oncology Miller
School of Medicine
Sylvester Comprehensive Cancer Center |
University of Miami



National Accreditation Program for Breast Centers
American College of Surgeons

Exercise, Diet, and Weight Management in Breast Cancer

Jennifer Ligibel, MD

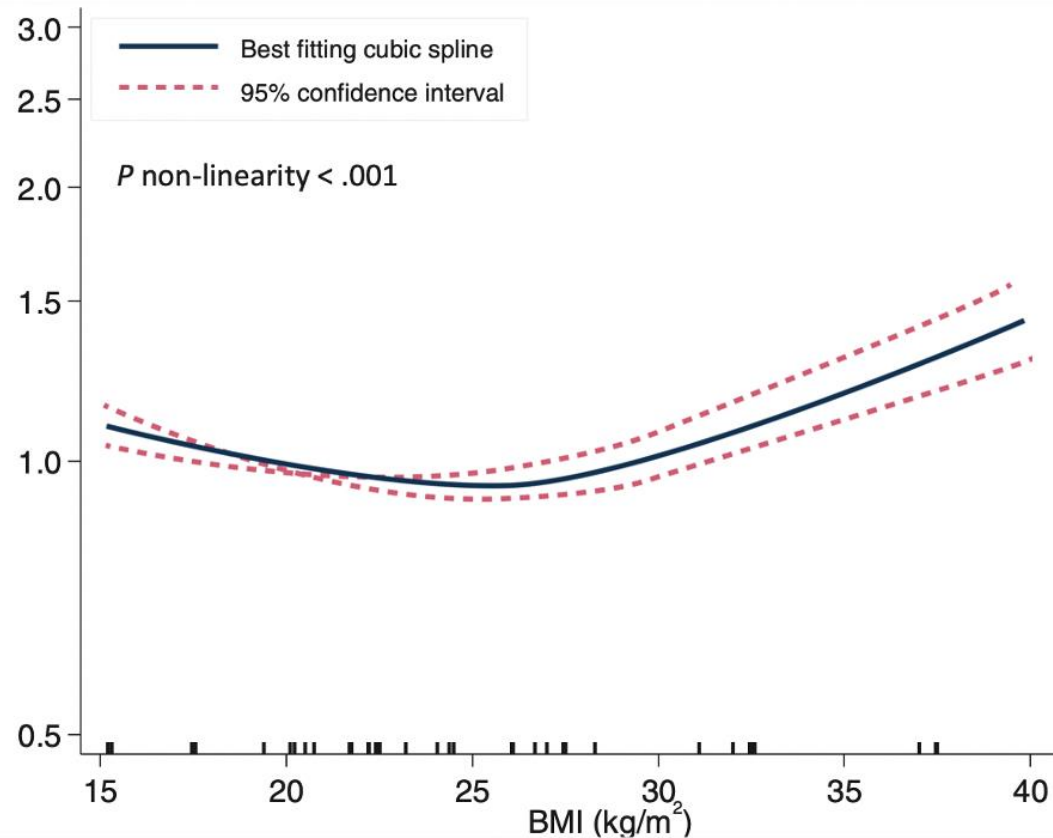
Director, Zakim Center for Integrative Therapies and Healthy Living

Dana-Farber Cancer Institute

Harvard Medical School

Obesity is a poor prognostic factor in early breast cancer

BMI and All-Cause Mortality (64 studies; 32,507 deaths)



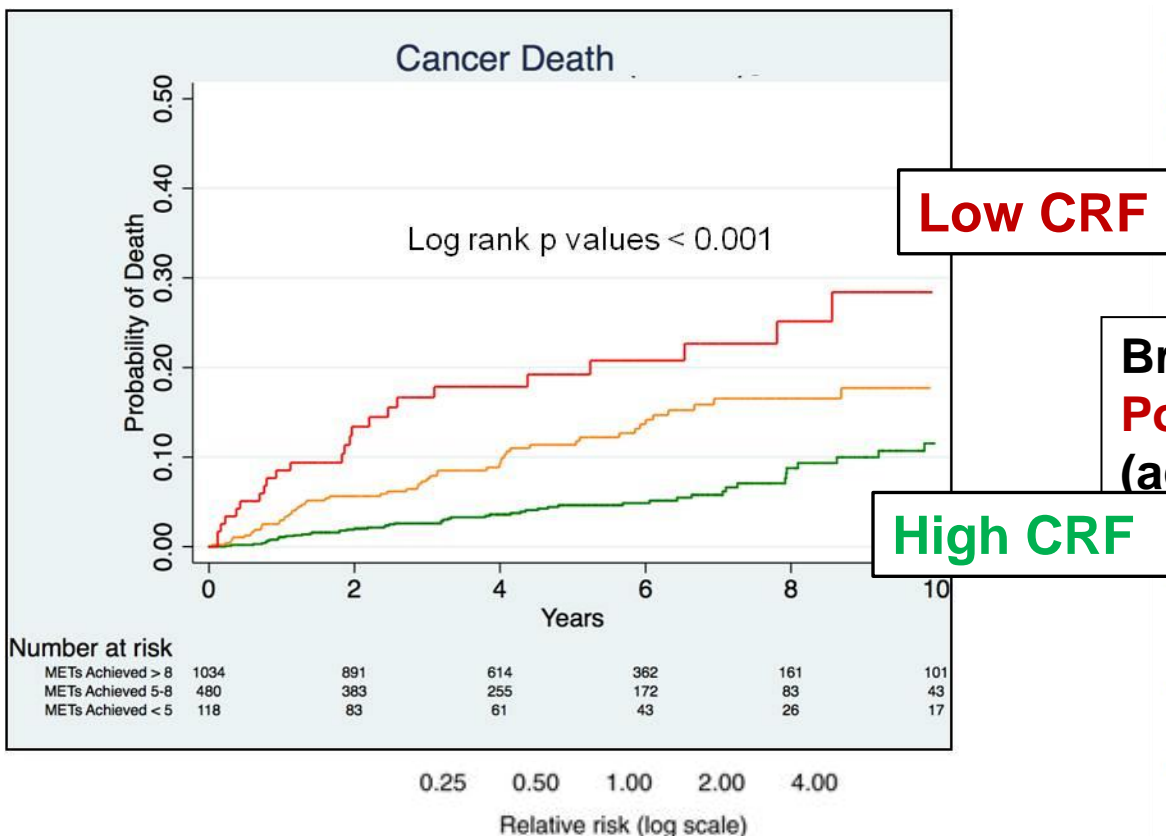
Higher BMI Also Linked To:

- Increased breast cancer mortality: **1.10** (1.06-1.14) per 5 kg/m²
- Increased risk of second cancers: **1.14** (1.04-1.26) per 5 kg/m²

Chan et al. IJC 2022

Physical activity and fitness also associated with outcomes in early-stage breast and other cancers

Cardiorespiratory fitness (CRF) and cancer-related mortality



Post-diagnosis physical activity and cancer mortality

Table 1. Individual and pooled risk estimates from prospective cohort studies that related postdiagnosis physical activity to cancer-specific mortality, by cancer site

Author, year	No. of events/cases	Effect estimate	95% CI
Breast			
Bradshaw, 2014 (10)	195/1,033	0.27	0.17-0.42
Holick, 2008 (26)	109/4,482	0.49	0.27-0.89
Borch, 2015 (9)	155/1,327	0.50	0.15-1.62
Holmes, 2005 (27)	280/2,987	0.60	0.40-0.89
Irwin, 2011 (11)	86/2,910	0.61	0.38-0.99
Irwin, 2008 (28)	115/933	0.65	0.23-1.87
Williams, 2014 (8)	46/986	0.76	0.63-0.92
de Glas, 2014 (12)	39/435	0.77	0.28-2.12
Pooled Estimate (I² = 56.6%)	1,071/9,698	0.62	0.45-0.86
Prostate			
Kenfield, 2011 (17)	112/2,705	0.42	0.20-0.88
Friedenreich, 2016 (18)	170/830	0.56	0.35-0.90
Bonn, 2015 (19)	194/4,623	0.73	0.51-1.05
Pooled Estimate (I² = 0.8%)	476/8,158	0.62	0.47-0.82
Any			
Lee, 2014 (20)	337/1,021	0.62	0.44-0.87
Inoue-Choi, 2013 (21)	184/2,017	0.72	0.47-1.10
Overall Pooled Estimate (I² = 47.9%)	3,307/38,560	0.63	0.54-0.73

**Breast, colon and prostate cancers:
Pooled effect estimate 0.62
(active vs inactive survivors)**

ASCO special articles

Exercise, Diet, and Weight Management During Cancer Treatment: ASCO Guideline

Jennifer A. Ligibel, MD¹; Kari Bohlke, ScD²; Anne M. May, PhD³; Steven K. Clinton, MD, PhD⁴; Wendy Demark-Wahnefried, PhD, RD⁵; Susan C. Gilchrist, MD, MS⁶; Melinda L. Irwin, PhD, MPH⁷; Michele Late⁸; Sami Mansfield, BA⁹; Timothy F. Marshall, PhD, MS¹⁰; Jeffrey A. Meyerhardt, MD, MPH¹; Cynthia A. Thomson, PhD, RD¹¹; William A. Wood, MD, MPH¹²; and Catherine M. Alfano, PhD¹³

Guideline Question:

For adult patients with cancer undergoing active treatment with systemic antineoplastic therapy or radiotherapy, or who are in the peri-operative period, do interventions involving exercise, diet, and/or weight control compared with no intervention, lead to meaningful improvements in outcomes related to treatment toxicity, quality of life, or cancer control?

Guideline Question

For adult patients with cancer undergoing active treatment with systemic antineoplastic therapy or radiotherapy, or who are in the peri-operative period, do interventions involving exercise, diet, and/or weight control compared with no intervention, lead to meaningful improvements in outcomes related to treatment toxicity, quality of life, or cancer control?

* Does not include recommendations for individuals with breast cancer being treated with endocrine therapy, given the extensive representation of this population in other guidelines.

Guideline Question

For adult patients with cancer undergoing active treatment with systemic antineoplastic therapy or radiotherapy, or who are in the peri-operative period, do interventions involving exercise, diet, and/or weight control compared with no intervention, lead to meaningful improvements in outcomes related to treatment toxicity, quality of life, or cancer control?

- Guideline only considers evidence from RCT's
- Guideline does not address mind-body exercise (such as yoga), dietary supplements, cancer cachexia, malnutrition, enteral feeding, or parenteral nutrition.

Guideline Question

For adult patients with cancer undergoing active treatment with systemic antineoplastic therapy or radiotherapy, or who are in the peri-operative period, do interventions involving exercise, diet, and/or weight control compared with no intervention, lead to meaningful improvements in outcomes related to treatment toxicity, quality of life, or cancer control?

Methods

- A systematic review of the literature identified systematic reviews and RCTs (with \geq 25 subjects/arm) in adults during active treatment evaluating:
 - Aerobic and resistance exercise
 - Specific diets and foods
 - Intentional weight loss and avoidance of weight gain
- Outcomes:
 - Quality of life
 - Physical function
 - Treatment toxicity
 - Cancer control (recurrence, survival, second cancers, etc)
- GRADE quality assessment labels (i.e. high, moderate, low, very low) were assigned for each outcome by the project methodologist

Evidence Base

- PubMed and the Cochrane Library searched from 1/2000 to 5/2021
- Evidence base consisted of 52 systematic reviews and 23 additional RCTs:
 - 42 SR's for exercise
 - 9 SR's for diet, and
 - 1 SR for weight management
- Most commonly studied types of cancer
 - Breast
 - Prostate
 - Lung
 - Colorectal

Guideline Recommendations

Question 1: Does exercise during cancer treatment safely improve outcomes related to QoL, treatment toxicity, or cancer control?

Recommendation 1.1. Oncology providers should recommend aerobic and resistance exercise during active treatment with curative intent to mitigate fatigue; improve cardiorespiratory fitness, physical functioning, and strength; and in some populations, improve QoL and reduce anxiety and depression. Evidence was not sufficient to recommend for or against exercise during treatment. **Oncology providers should recommend aerobic and resistance exercise during active treatment with curative intent**

Note: Exercise interventions during active treatment reduce fatigue, preserve cardiorespiratory fitness, physical functioning, and strength; and in some populations, improve QoL and reduce anxiety and depression. In addition, exercise interventions during treatment have low risk of adverse events. Evidence was not sufficient to recommend for or against exercise during treatment.

Exercise interventions during active treatment reduce fatigue; preserve cardiorespiratory fitness, physical functioning and strength; and in some populations (mostly breast cancer) improve QoL and reduce anxiety and depression

- Evidence quality: moderate to low
- Strength of recommendation: strong

Certainty of Evidence, by Outcome:

Exercise during chemotherapy or radiation*

* Showing 6 of 10 outcomes

Outcome	Sample Size	Effect estimates	Certainty of the Evidence (Quality of evidence)
VO ₂ max, mixed cancer types	Based on data from 1318 participants in 13 studies ³	Difference: SMD 0.46 higher (CI 95% 0.23 higher - 0.69 higher)	Moderate Due to serious inconsistency ^a
Fatigue, mixed cancer types	Based on data from 1788 participants in 21 studies ²⁹	Difference: SMD 0.67 lower (CI 95% 1.10 lower - 0.34 lower)	Moderate Due to serious inconsistency ^b
Self-reported physical function, mixed cancer types	Based on data from participants in 25 studies ¹⁵	Difference: SMD 0.22 higher (CI 95% 0.13 higher - 0.32 higher)	Moderate Due to imprecision ^c
Quality of life, mixed cancer types	Based on data from participants in 32 studies ¹⁵	Difference: SMD 0.16 higher (CI 95% 0.08 higher - 0.23 higher)	Moderate Due to serious imprecision ^d
Upper body strength in patients with breast cancer	Based on data from 974 participants in 8 studies ⁶	Difference: SMD 0.37 higher (CI 95% 0.25 higher - 0.50 higher)	High
Upper body strength in patients with hematologic malignancies	Based on data from 494 participants in 8 studies ¹⁷	Difference: SMD 0.20 higher (CI 95% 0.02 higher - 0.37 higher)	Low Due to serious risk of bias, due to serious imprecision ^e

Is exercise during cancer treatment safe?

- Frequency of reporting AE variable across studies
- Rate of exercise-related AE's is low
- Literature review identified 11 systematic reviews/meta-analyses reporting exercise intervention-related AE's during cancer treatment

Author	Intervention	Cancer type	Results	AMSTAR quality score (out of 11)
Scott 2018 ⁴	Aerobic and/or resistance	Mixed Of 14 during-treatment studies: 8 breast 3 prostate 1 NSCLC 1 Heme 1 Mixed	13 of 14 studies of patients receiving cancer treatment reported on adverse events. Eleven exercise-related adverse events were reported: dizziness, hypotension, syncope, chest pain, acute MI, leg pain, musculoskeletal adverse event (n=4), and tiredness.	8

Diet and weight management recommendations

Question 2: Does consuming a particular dietary pattern or food(s) during cancer treatment safely improve outcomes related to QoL, treatment toxicity, or cancer control?

Recommendation 2.1.
ketogenic or low-carbo
toxicity, or cancer control

Currently insufficient evidence to recommend for or against dietary interventions during treatment

Recommendation 2.2.
prevent infection in pa
Evidence quality: low;

Neutropenic diets (specifically diets that exclude raw fruits and vegetables) are not recommended to

Neutropenic diets (diets that omit raw fruits and vegetables) for the purpose of decreasing infection are not recommended during active treatment

Question 3: Do interventions to promote intentional weight loss or avoidance of weight gain during cancer treatment safely improve outcomes related to QoL, treatment toxicity, or cancer control?

Recommendation 3.
of weight gain interven

Currently insufficient evidence to recommend for or against weight loss/prevention of weight gain interventions during treatment

Certainty of Evidence, by Outcome:

Diet interventions during chemotherapy or radiation

Outcome	Sample size	Effect estimates	Certainty of the Evidence (Quality of evidence)
Quality of life, treatment toxicity, or cancer control	Based on data from 136 participants in 4 studies⁴⁵	Due to variability in interventions, small sample sizes, and high risk of bias, data are insufficient for drawing conclusions regarding the effect of dietary restriction on quality of life, treatment toxicity, or cancer control.	Very low Due to serious risk of bias, due to very serious indirectness, due to very serious imprecision

Evidence Gaps

- Impact of diet and weight management interventions during treatment on any outcome (QoL, patient reported outcomes, treatment toxicity, etc)
- Impact of exercise/diet/weight interventions in advanced disease
- Impact of exercise, diet or weight management interventions during treatment on treatment outcomes and on cancer recurrence, progression, or survival

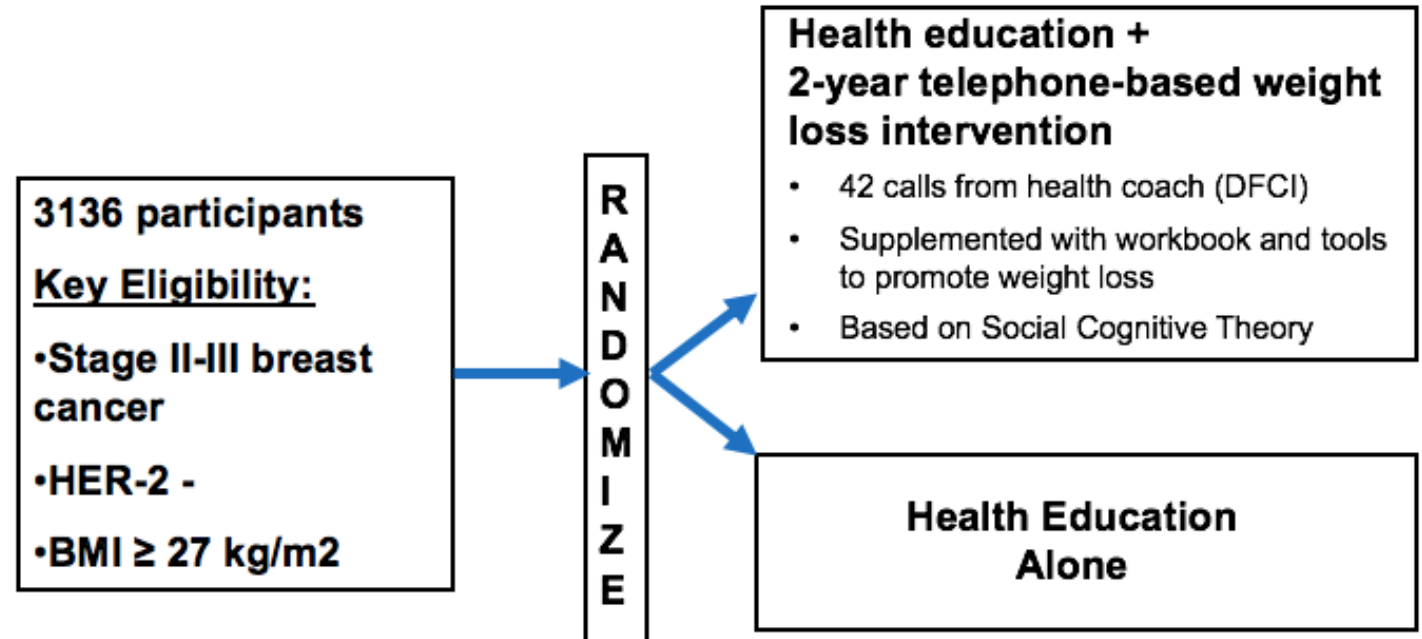
How do we fill in these gaps?

BWE

The Breast Cancer Weight Loss Trial



NCT02750826



Primary Objective:

Invasive disease-free survival

Key Secondary Objective: Weight change

BWE Weight Loss

	CONTROL (n=1173)	WLI (n=1222)	P VALUE
Absolute Weight Change at 6-months	+ 0.2 kg	- 4.4 kg	<0.0001
% Weight Change at 6-months	+ 0.3%	- 4.8%	<0.0001
Absolute Weight Change at 12-months	+ 0.7kg	- 4.4kg	<0.0001
% Weight Change at 12-months	+ 0.9%	- 4.8%	<0.0001

ENICTO: Exercise and Nutrition Interventions to Improve Cancer Treatment-Related Outcomes

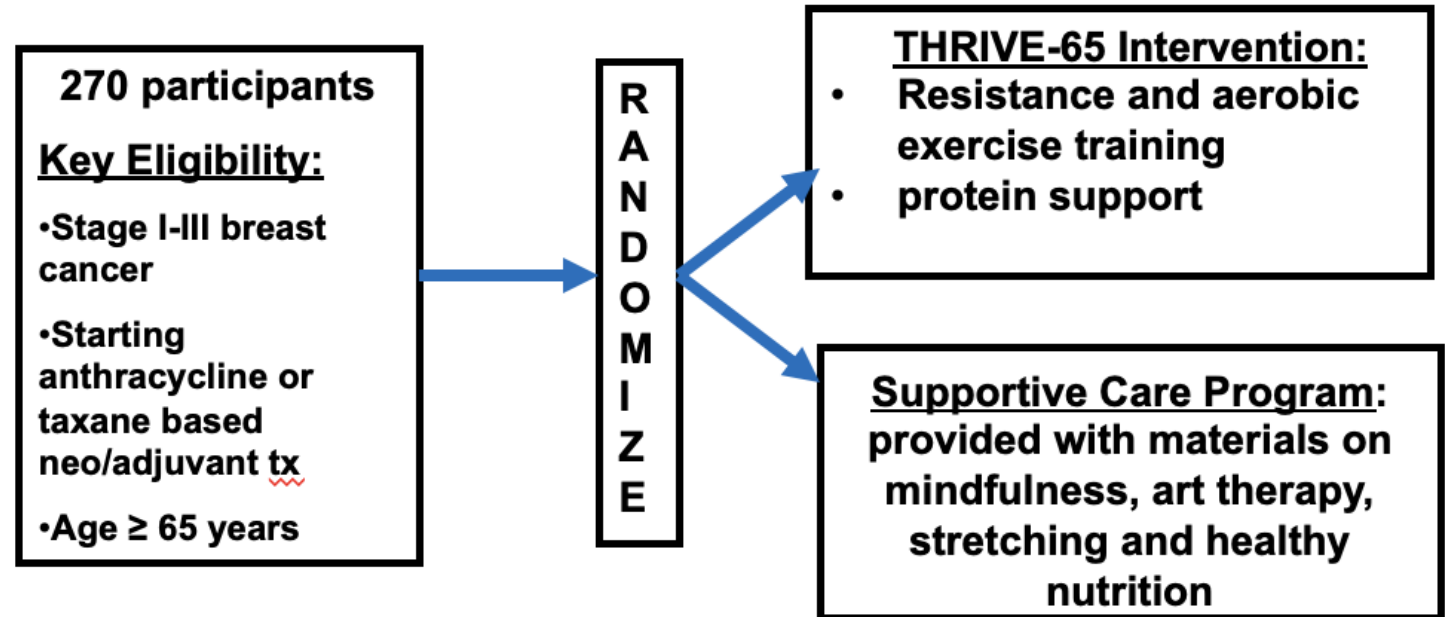
- **NCI-funded consortium (2022-2027)**
- **Primary endpoints focused on impact of lifestyle interventions during treatment on chemotherapy toxicity and received dose intensity**
- **Four projects plus coordinating center funded through U-01 mechanism:**
 - Breast
 - Ovarian
 - Colon
 - Rectal

ENICTO Consortium Sites





Exercise to Preserve Functional Status and Prevent Disability among Cancer Patients Undergoing Chemotherapy



MPI: Schmitz, Ligibel, Berger

Exercise, Diet, and Weight Management in Breast Cancer Survivors

- Observational evidence provides strong evidence that obesity and inactivity are linked to higher risk of developing and dying from cancer
- Consistent evidence from RCT's shows that exercise during cancer treatment has significant benefits for cancer patients
- Important evidence gaps remain regarding whether weight loss, increased exercise and other lifestyle interventions during and after cancer treatment will impact cancer and treatment outcomes

Nutrition and Breast Cancer - Review of the Evidence

Tracy E. Crane, PhD, RDN

Associate Professor, Medical Oncology Miller School of Medicine
Co-Lead Cancer Control Research Program & Director of Lifestyle
Medicine, Prevention and Digital Health
Sylvester Comprehensive Cancer Center | University of Miami

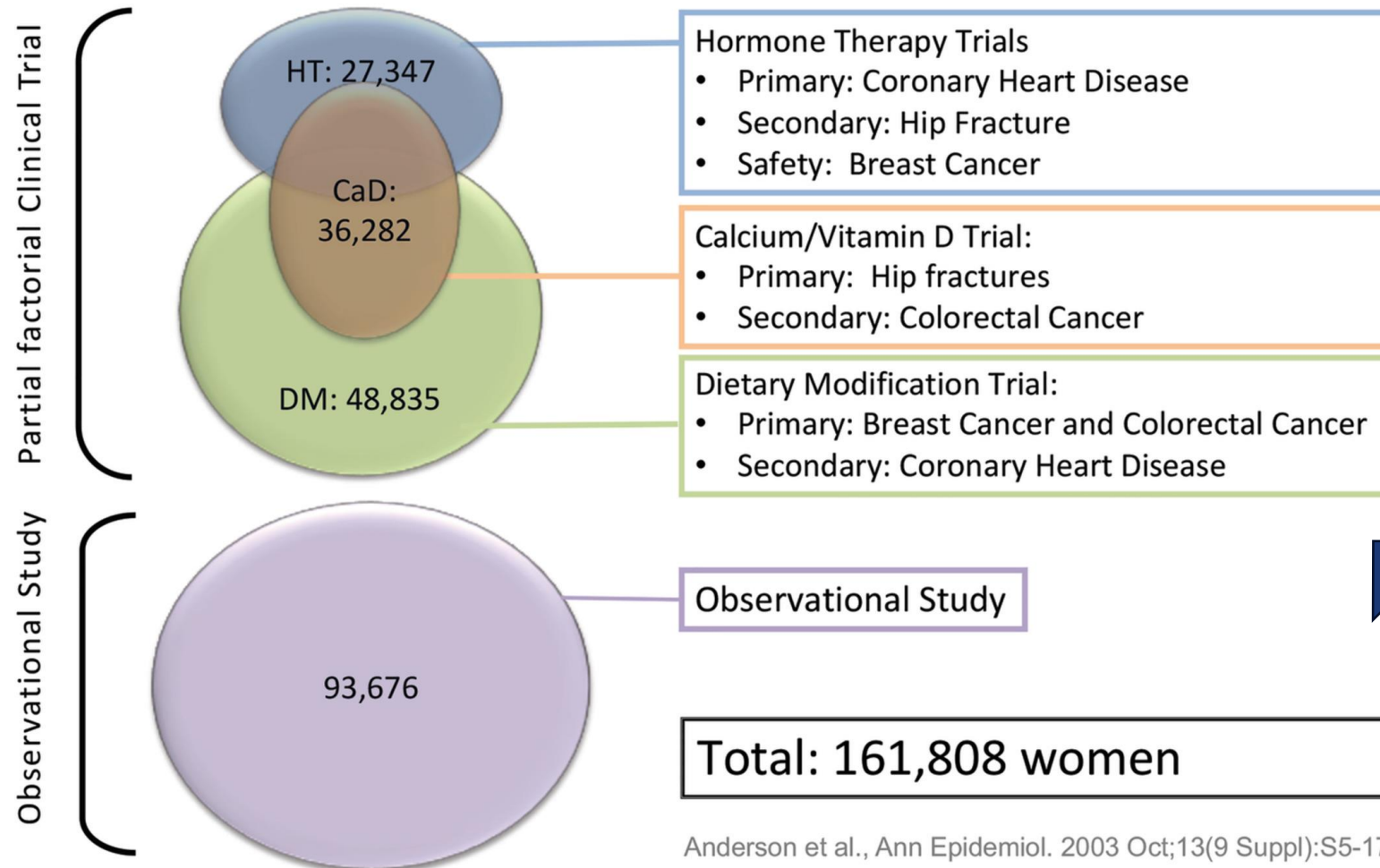
Diet and Breast Cancer Risk



- 119 studies from around the world, >12 million women and > 260,000 cases of breast cancer
- Strong evidence consuming **alcoholic drinks** INCREASES the risk of pre and post menopausal breast cancer
- Some evidence consuming **non-starchy vegetables** might decrease the risk of ER– breast cancer
- consuming foods containing carotenoids might decrease the risk of breast cancer (unspecified)
- consuming **dairy products** might decrease the risk of premenopausal breast cancer
- **diets high in calcium** might decrease the risk of pre and post menopausal breast cancer

Diet and Breast Cancer Risk RCT

WHI Components and Outcomes



Low-fat diet, with increased fruit, vegetables and whole grains.

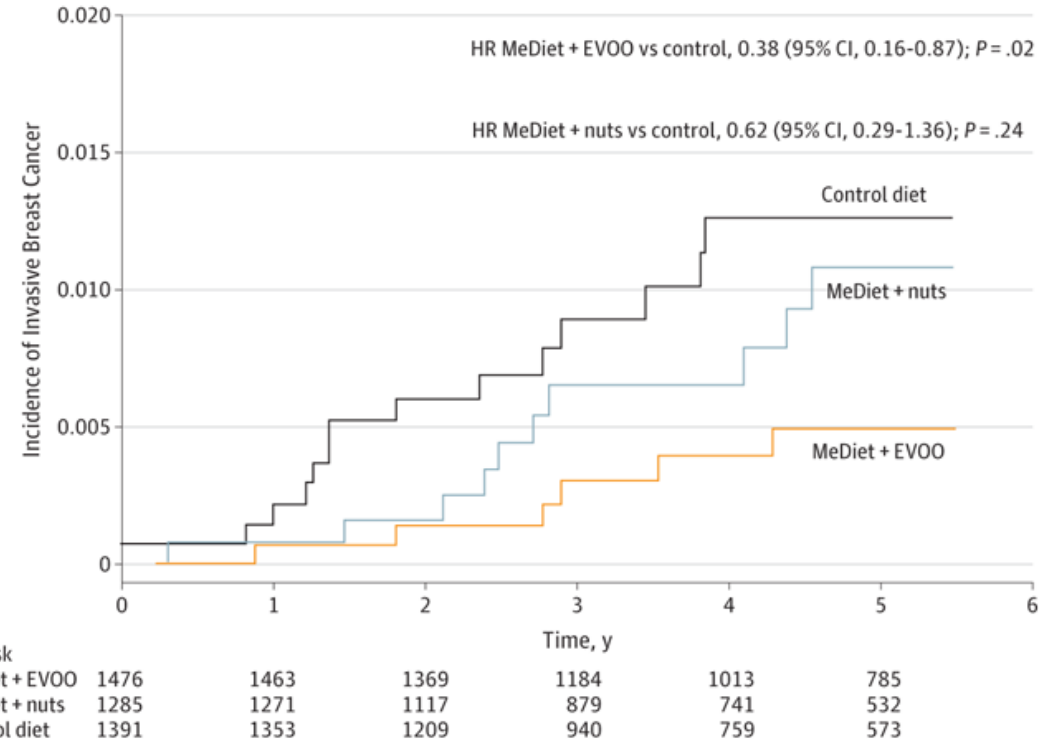
WHI

- Initial 8.5 year follow up:
 - No significant difference in breast cancer incidence (8% lower intervention, $p = 0.09$) or death from breast cancer (HR 0.67; 95% CI, 0.43-1.06, $p=0.08$)
 - In sub-group analysis ER-/PR- breast cancer had a statistically significant reduction in deaths after breast cancer (HR 0.64; 95% CI, 0.49-0.84, $p=0.02$) however deaths from breast cancer specifically was not significant
- Longer term 19.6 year follow-up:
 - Significant reduction in deaths after breast cancer (HR 0.85; 95% CI, 0.74-0.96, $p=0.01$) and breast cancer specific deaths (HR 0.79; 95% CI, 0.64-0.97, $p=0.02$)



PREDIMED Trial – diet and breast cancer risk

- Secondary analysis of women at high risk for CVD
- N = 4,282 women (2003-2009)
- Mediterranean diet (+ olive oil or nuts) vs. advice to follow a low-fat diet





National Accreditation Program for Breast Centers
American College of Surgeons

What about diet after a diagnosis of breast cancer?

NAPBC

WINS and WHEL Trials

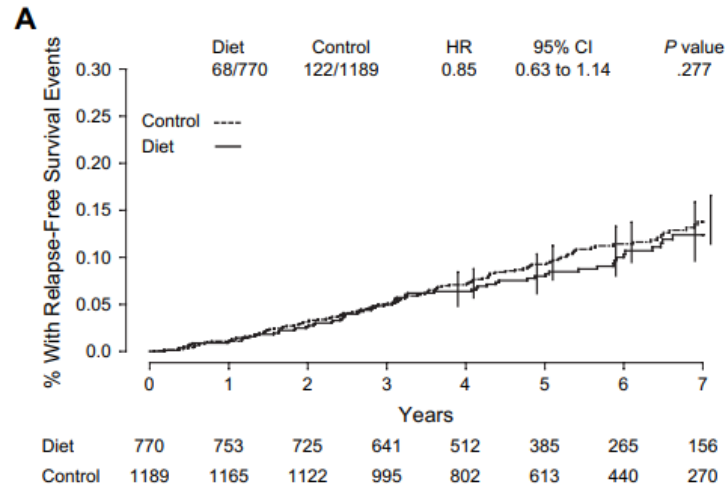


- WINS (n = 2,437)
 - ≤ 1 year of diagnosis, post-menopausal
 - Low-fat diet (<15% of calories from fat)
 - 2.6% between-group difference for breast cancer events, however this was non-significant (p=0.077)
- WHEL (n = 3,088)
 - Invasive breast cancer
 - Followed for 7.3 years
 - 5 vegetable servings, 16 oz of vegetable juice, 3 fruit servings, 30g of fiber and 20% energy from fat vs. ACS dietary guidelines
 - No reduction in breast cancer events or mortalities

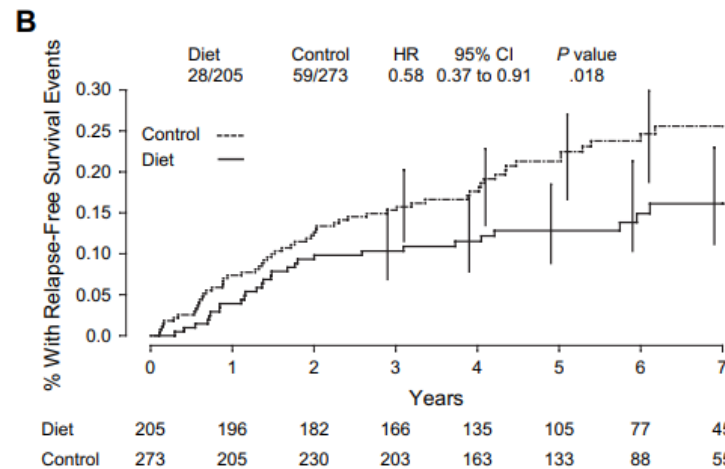
WINS and WHEL post-hoc analyses

WINS

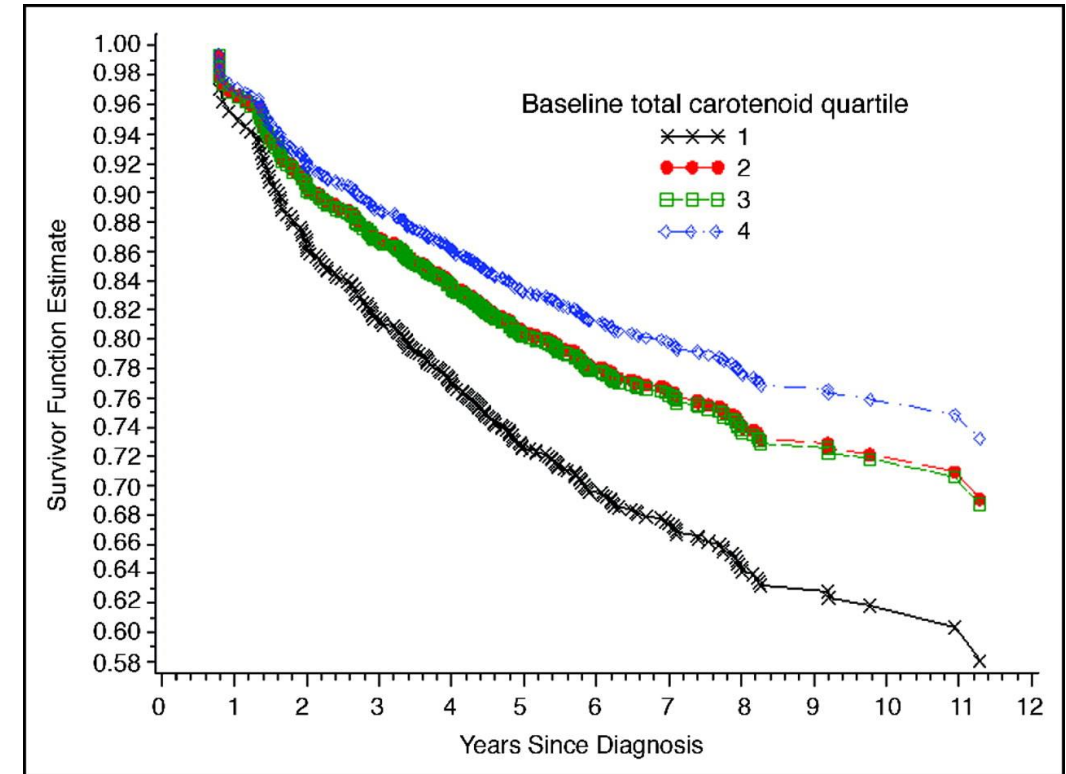
ER+ Breast Cancer



ER- Breast Cancer



WHEL



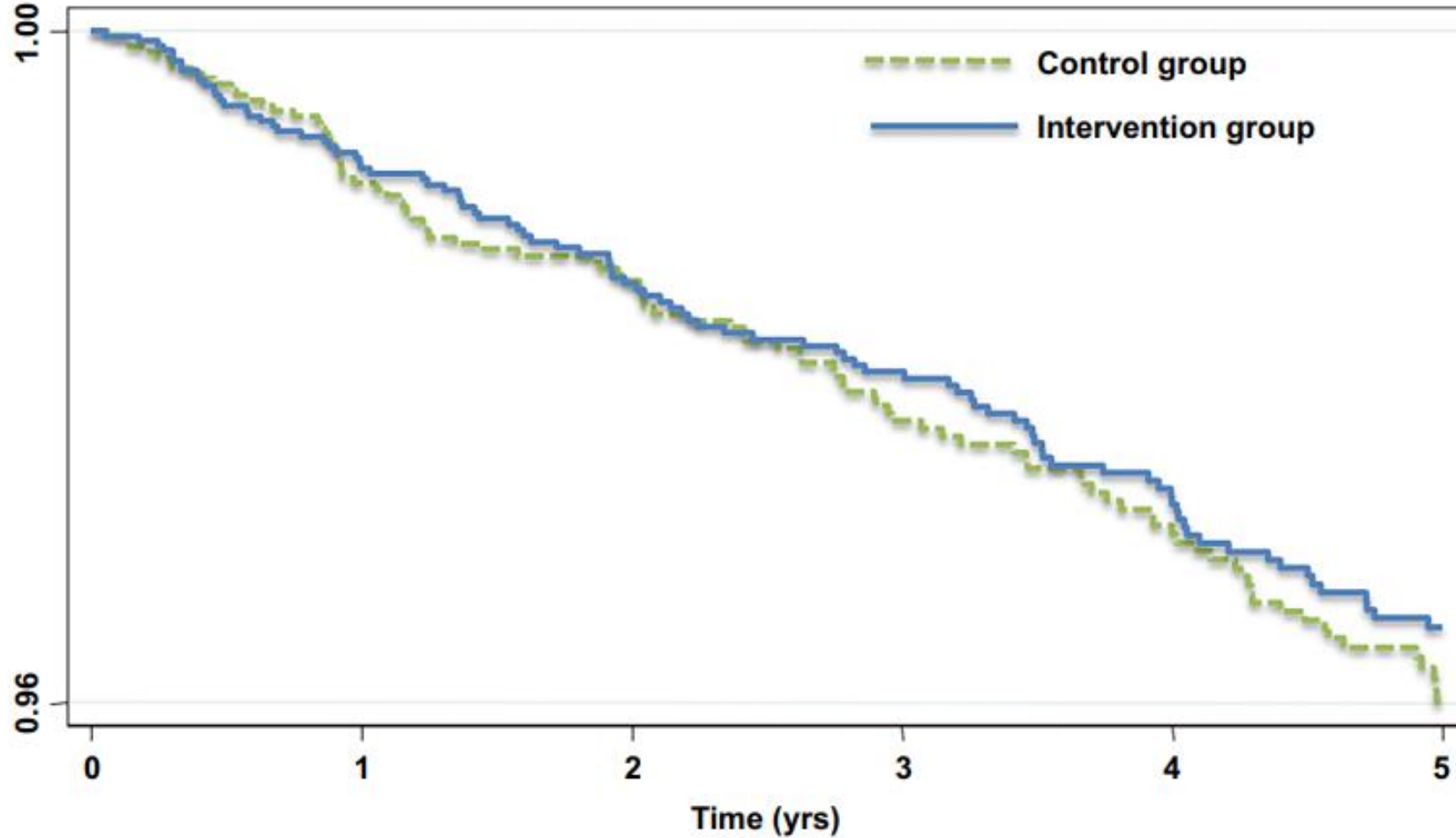
Highest quartile of plasma total carotenoid concentration had significantly reduced risk for a new breast cancer event (HR, 0.57; 95% CI, 0.37 to 0.89).

DIANA-5

- 1,542 patients with elevated risk for breast cancer recurrence (stage I-III) due to estrogen receptor–negative cancer, or metabolic syndrome, or high plasma levels of insulin or testosterone and within 5 years of treatment completion.
- Random assignment to an active dietary intervention or a control for 12 months with 5-year follow-up
 - Both groups given AICR dietary guidelines
 - Intervention diet included cooking classes, education and community meals and based on Mediterranean diet pattern
 - A priori diet index to measure the difference between recommended and discouraged foods

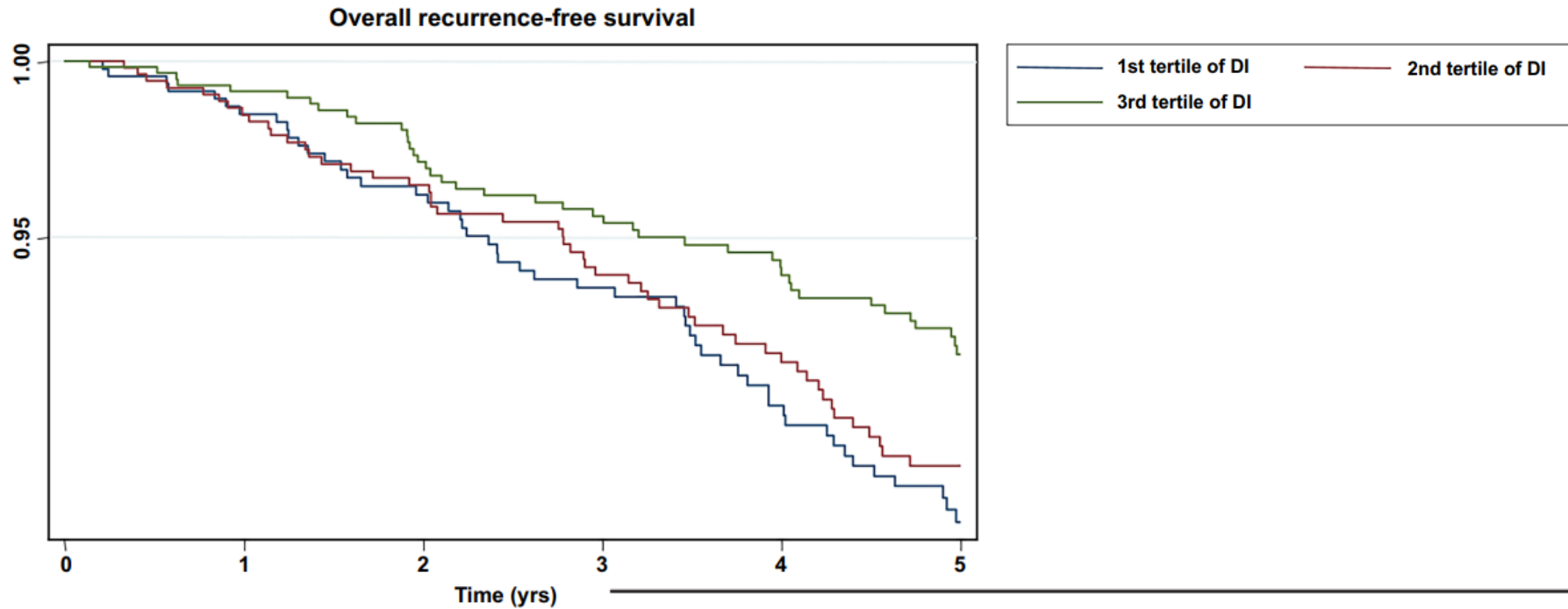
DIANA-5

Overall recurrence-free survival



No impact on recurrence of disease HR = 0.99; 95% CI: 0.69–1.40.

DIANA-5 post-hoc analysis



	Breast cancer events (n)	Dietary Index change			P _{trend}	Continuous
		1st Tertile (<+2)	2nd Tertile (+2 to +6.8)	3rd Tertile (>+6.8)		
Total population	142/1,300	1.00	0.86 (0.58- 1.29)	0.59 (0.36-0.92)	0.04	0.77 (0.60-0.96)
ER ⁻	29/265	1.0	2.58 (0.67-8.66)	2.25 (0.58-8.74)	0.81	1.45 (0.77-2.77)
ER ⁺	113/1,045	1.0	0.68 (0.42-1.09)	0.42 (0.26-0.77)	0.003	0.65 (0.49-0.86)
ER ⁺ and tamoxifen treatment	71/606	1.0	0.45 (0.24-0.85)	0.30 (0.15-0.60)	<0.001	0.54 (0.38-0.77)
ER ⁺ and aromatase inhibitors	42/444	1.0	1.26 (0.56-2.84)	1.09 (0.42-2.98)	0.62	1.06 (0.66-1.70)
ER ⁺ and premenopausal at diagnosis	66/625	1.0	0.60 (0.32-1.10)	0.24 (0.11-0.54)	<0.001	0.51 (0.35-0.74)
ER ⁺ and postmenopausal at diagnosis	47/412	1.0	0.99 (0.46-2.14)	1.27 (0.24-3.24)	0.63	1.13 (0.71-1.71)



National Accreditation Program for Breast Centers
American College of Surgeons

What about diet during treatment for breast cancer?

NAPBC

DIRECT Trial

- Women with HER2-negative stage II/III breast cancer w/ planned neoadjuvant chemotherapy (n = 131)
- Randomly assigned to fasting mimicking diet (FMD) vs. usual diet 3 days prior to and day of chemo
- FMD higher odds of radiological complete response (OR 3.16, p=0.039) vs. usual diet
- FMD higher odds of pathological response w/ 90-100% tumor cell loss (OR 4.11, p=0.016) vs. usual diet
- No differences in toxicity between groups

Prolonged Overnight Fasting and Exercise

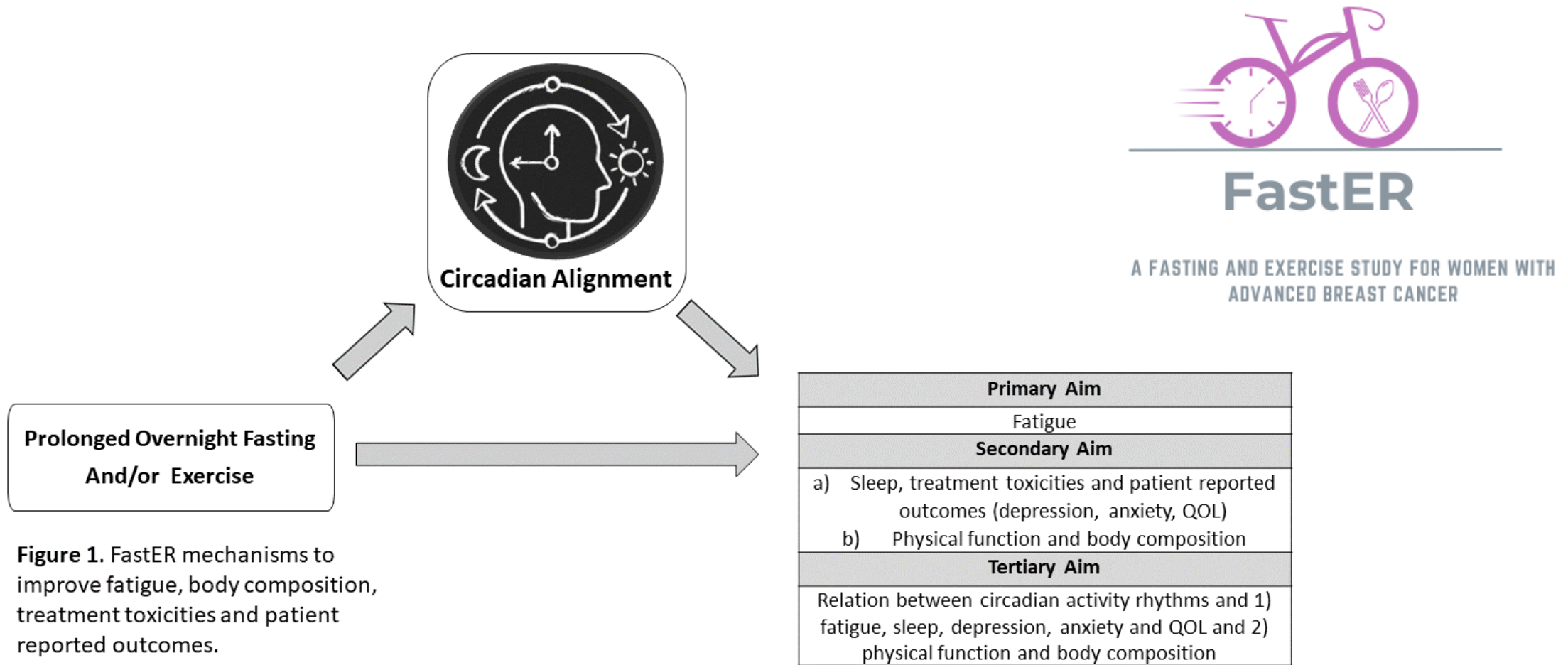


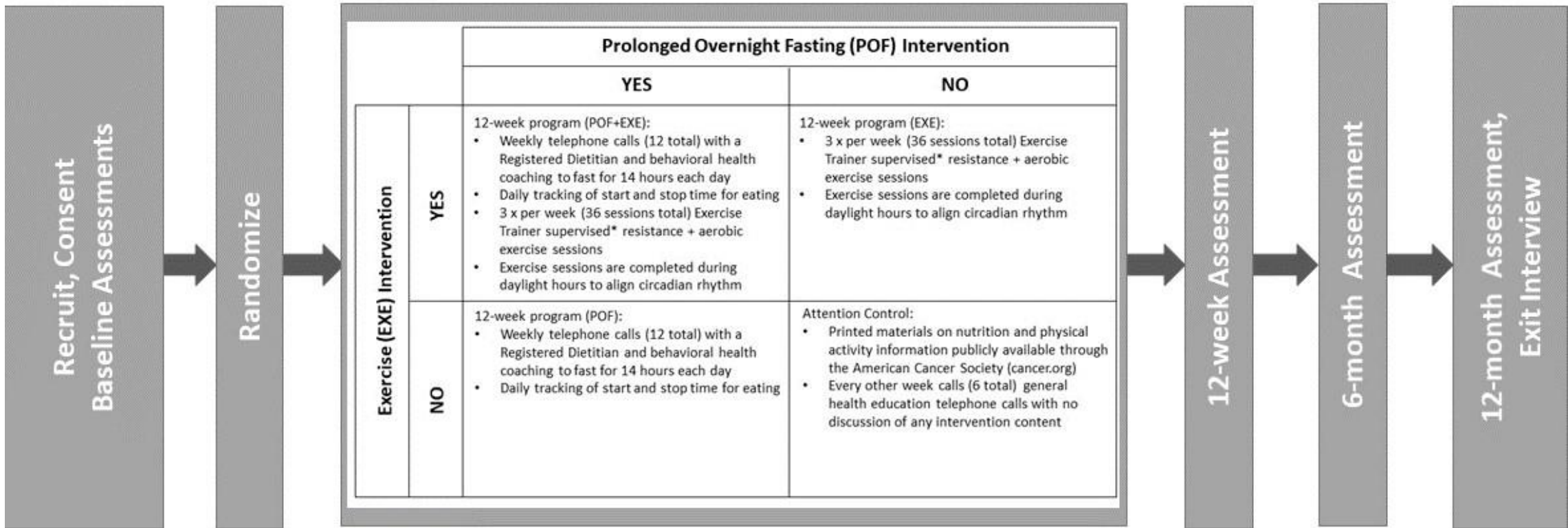
Figure 1. FastER mechanisms to improve fatigue, body composition, treatment toxicities and patient reported outcomes.

FastER Study Schema



FastER

A FASTING AND EXERCISE STUDY FOR WOMEN WITH ADVANCED BREAST CANCER



Considerations & Future Directions

- Diet is challenging to measure
- Study design and follow-up
- Complexities of diet
 - Patterns
 - Meal timing
 - Nutrients
 - Environmental & Gene Interactions





Additional research is needed to understand the impact of diet on breast cancer outcomes with specificity for tumor type and stage across the cancer continuum.



CRANE Lab @DrTracyECrane



National Accreditation Program for Breast Centers
American College of Surgeons

Exercise and Nutrition in the New NAPBC Standards

Kathryn Schmitz, PhD, MPH, FACSM, FTOS, FNAK

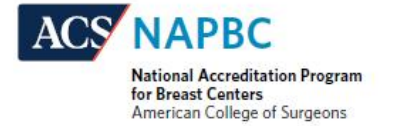
Professor, Hematology Oncology, University of Pittsburgh

Hillman Cancer Center

(Vice-Chair, NAPBC Standards Committee)

Overview

- New Standards
 - Revisions intended to focus on the patient journey
- Pilot Sites in 2023
- New Standards in effect January 2025



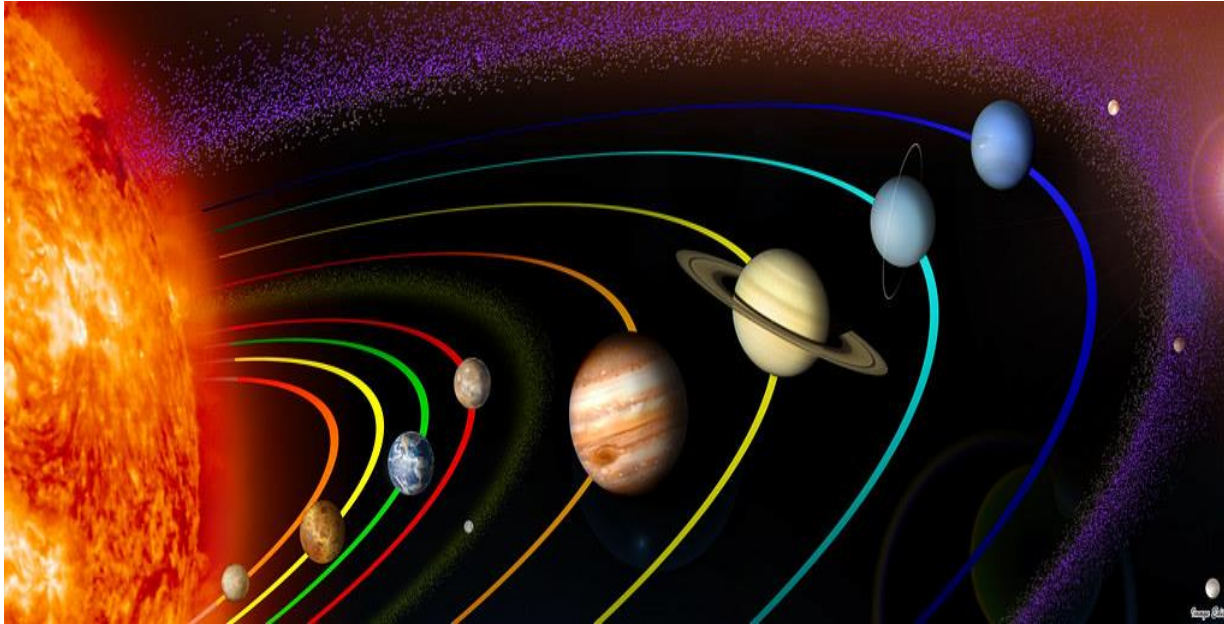
Optimal Resources for
Breast Care

2024 Standards
Released February 2023

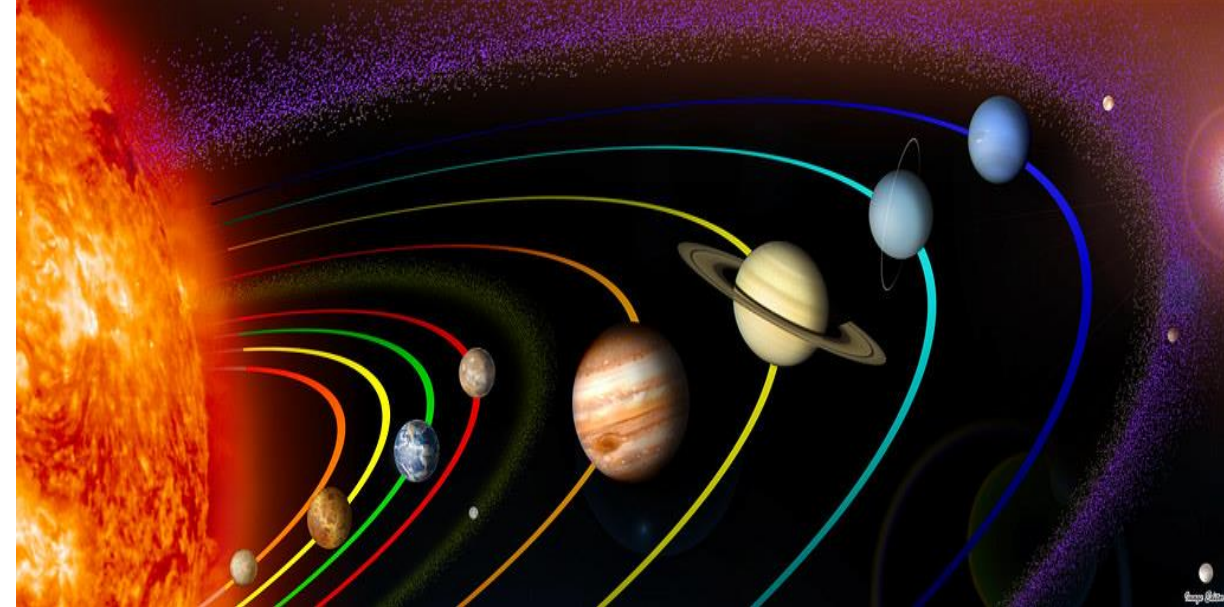
facs.org/napbc



How We Came to View



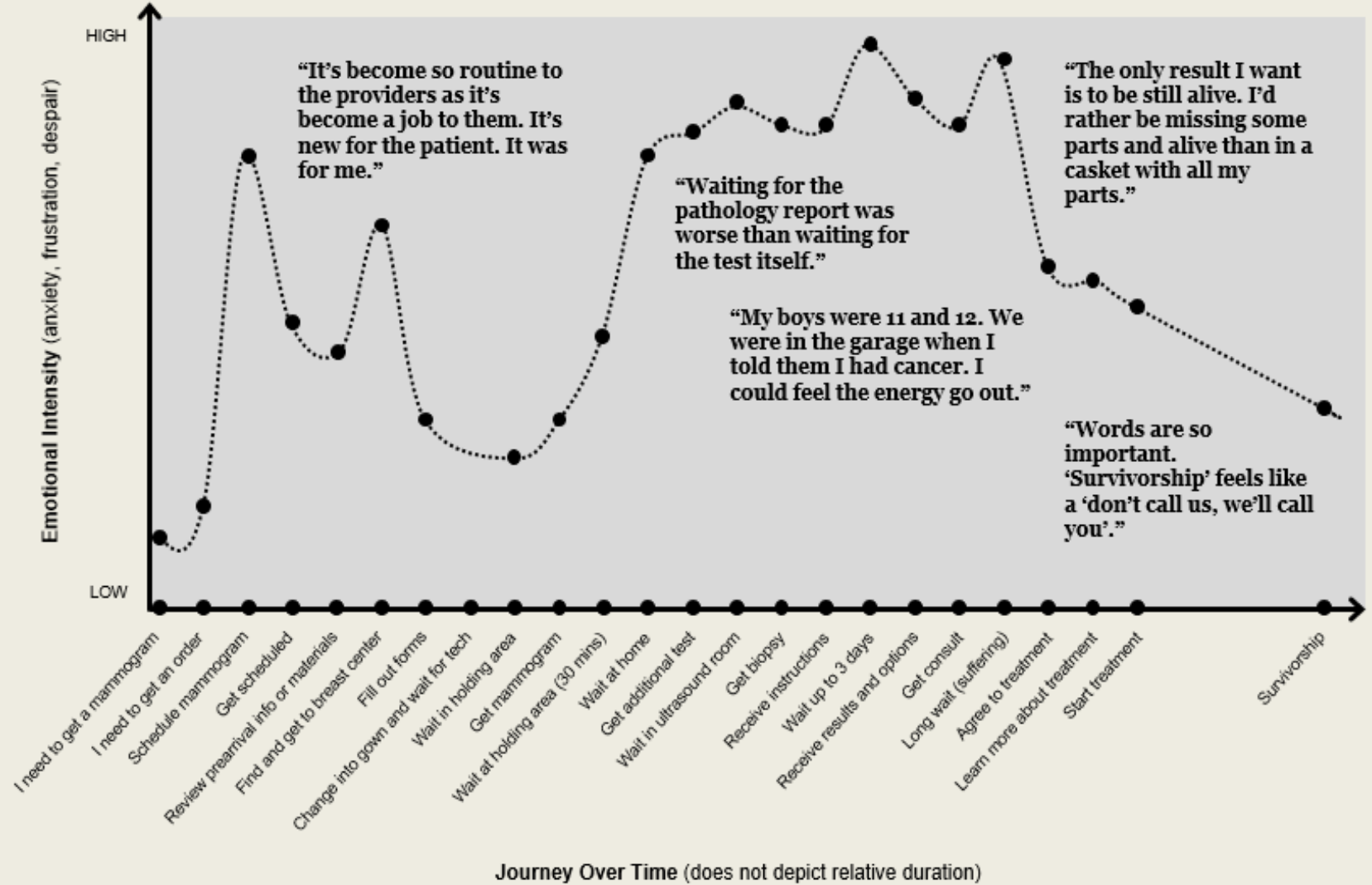
Old Model



New Model

BREAST
CANCER
JOURNEY

Intensity of the Emotional Experience across the Journey



The 2024 NAPBC Standards

Paradigm shift: Care through the patient's lens

Align with ACS emphasis on value-based care and CoC's cancer care goals

Standards will help provide high value patient care that is feasible, educational and not punitive

Adjustable, fluid with long roll out for programs to adapt and grow

Nutrition

Standard 2.3 Breast Care Team

- **Nutritionists** are specifically called out as being among the health care professionals appropriate for the Breast Program Director and Breast Program Leadership Committee to include in the Breast Care Team.

Nutrition

Standard 5.7 Comprehensive Evaluation of Patient Factors Before Treatment

- Each calendar year, the Breast Program Leadership Committee must review and assess one of multiple possible categories of patient pre-treatment evaluations
 - Evaluations for referrals to **nutrition counseling** is included in these possible categories
 - (Other options include functional assessments, evaluation for referrals to oncofertility, cardiooncology, exercise programs, genetics, physical therapy, or social well-being)

Nutrition

Standard 5.11 Medical Oncology

- Protocols must be developed and implemented for assessment of side effects of systemic therapy and appropriate referrals and interventions.
 - Multiple possible interventions to address side effects are listed including:
 - **Nutrition support is offered for patients to maintain a healthy diet while experiencing the side effects of chemotherapy**
 - Acupuncture is offered for control of chemotherapy induced neuropathy
 - Pharmacologic interventions are available to address symptoms
 - Cold caps are offered to avoid chemotherapy induced alopecia

Exercise

Standard 2.3 Breast Care Team

- **Exercise Professionals** are specifically called out as being among the health care professionals appropriate for the Breast Program Director and Breast Program Leadership Committee to include in the Breast Care Team.

Exercise

Standard 5.7 Comprehensive Evaluation of Patient Factors Before Treatment

- Each calendar year, the Breast Program Leadership Committee must review and assess one of multiple possible categories of patient pre-treatment evaluations
 - Evaluations for referrals to **exercise programs and physical therapy** are included in these possible categories
 - (Other options include functional assessments, evaluation for referrals to oncofertility, nutrition counseling, cardiooncology, genetics, or social well-being)

Exercise

Standard 5.9 Surgical Care

Standard 5.10 Reconstructive Surgery

Standard 5.11 Medical Oncology

Standard 5.12 Radiation Oncology

- Protocols must be developed for pre-treatment functional assessment and appropriate referrals to exercise, physical therapy, and/or lymphedema management
 - Specific protocol for functional assessment
 - Same protocol for pre-treatment functional assessment before surgery, chemotherapy, and radiation oncology

Functional Assessment Protocol

- Shoulder abduction
- Timed up and go



ASSESSMENT

Timed Up & Go (TUG)

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

① Instruct the patient:

When I say "Go," I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

NOTE:
Always stay by the patient for safety.

② On the word "Go," begin timing.

③ Stop timing after patient sits back down.

④ Record time.

Time in Seconds: _____

An older adult who takes ≥12 seconds to complete the TUG is at risk for falling.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi

Patient _____

Date _____

Time _____ AM PM

OBSERVATIONS

Observe the patient's postural stability, gait, stride length, and sway.

Check all that apply:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

These changes may signify neurological problems that require further evaluation.

Exercise

Standard 5.11 Medical Oncology

- Patients with breast cancer must receive the following care with documentation in the patient medical record:
 - Guideline/evidence based care
 - Pre-treatment functional assessment and appropriate referrals
 - **Exercise therapy recommendations for pain control, fatigue, depression, sleep, loss of function, and improved survival**
- Site reviewer will evaluate preselected medical records to confirm compliance with standard, including:
 - **Exercise therapy recommendations**

Exercise

Standard 5.15 Survivorship

- The NAPBC accredited program must use evidence based guidelines to develop and implement a protocol addressing persistent symptoms, functional issues, and social and behavioral determinants of health...
- Examples of evidence-based guidelines include:
 - **Referral to local or online exercise programs**
 - **Referral to outpatient rehabilitation**

Exercise

Standard 5.15 Survivorship

- The protocol to address symptoms, functional issues, and social and behavioral health must also address how patients with breast disease or breast cancer are connected to evidence-based elements of breast cancer recovery.
 - **For example, ensuring that breast cancer survivors receive referrals to exercise programming at follow-up appointments.**



In summary:

The new standards highlight **Nutrition and Exercise** in a way intended to support the patient journey, to reflect that evidence base supporting their inclusion in breast care, and recognizing that what sites have available to them will vary widely.

[www.exerciseismedicine.org/](http://www.exerciseismedicine.org/eim-in-action/moving-through-cancer/)

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