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## Title

Perception and counseling for cardiac health in breast cancer survivors

# Priority 1 (Research Category)

Cardiovascular disease

## Presenters

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## Abstract

Context: Breast cancer survivors have increased cardiovascular disease (CVD) risk compared to those without cancer history. CVD is the leading cause of death for breast cancer survivors.

Objective: To assess current CVD risk counseling practices and risk perception in breast cancer survivors.

Study design and analysis: Interviews conducted with breast cancer survivors. Analysis of categorical data by frequency and quantitative variables by mean and standard deviation. Inductive qualitative analysis performed using NVIVO.

Setting: Academic Family Medicine Outpatient Practices

Population studied: Breast cancer survivors with an identified primary care provider.

Intervention/instrument: Interviews on CVD risk behaviors, risk perception, challenges with risk reduction, and previous history of risk counseling.

Outcome measures: Self-reported history of CVD, risk perception, and risk behaviors.

Results: The average age of participants (n=19) was 57 with 57% being white and 32% African American. Of interviewed women, 89.5% reported a personal history and 89.5% reported a family history of CVD. Only 52.6% had previously reported receipt of CVD counseling. Primary care providers most commonly provided the counseling (72.7%), however it was additionally provided by oncology (27.3%). Among breast cancer survivors, 31.6% perceived they were at increased CVD risk and 47.5% were unsure of their relative CVD risk compared to women their age. Factors affecting perceived CVD risk included family history, cancer treatments, cardiovascular diagnoses, and lifestyle factors. Video (78.9%) and text messaging (68.4%) were the most highly reported mechanisms through which breast cancer survivors requested to receive additional information and counseling on CVD risk and risk reduction. Commonly reported barriers to adopting risk reduction strategies (such as increasing physical activity) included time, resources, physical limitations, and competing responsibilities. Barriers specific to survivorship

status include concerns for immune status during COVID, physical limitations associated with cancer treatment, and psychosocial aspects of cancer survivorship.

Conclusions: These data suggest improving the frequency and content of CVD risk reduction counseling is needed. Strategies should identify the best methods for providing CVD counseling, and should address general barriers as well as unique challenges faced by cancer survivors.