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(866) 423-7849

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## Exploring Lifestyle Behavior Changes After Breast Cancer Diagnosis & Treatment

Announcer:

You're listening to *Breaking Boundaries in Breast Cancer*, sponsored by Lilly.

Dr. Birnholz:

I'm Dr. Matt Birnholz. I'm joined by Dr. Antonio Di Meglio. He is a medical oncologist at the Gustave Roussy Institute in Paris.

Dr. Di Meglio, welcome to you.

Dr. Di Meglio:

Hi.

Dr. Birnholz:

So, Dr. Di Meglio is the first author of a study on lifestyle changes after breast cancer, and this is a prospective study among, uh, just over 8,500 women.

Dr. Di Meglio:

So, hi, yes, this is a study that comes into—in the context of a large French national cohort of breast cancer survivors that is called CANTO, CANcer TOxicities, whose aim was to understand the long-term toxicities of breast cancer treatment. And since it also collects a lot of information regarding health behaviors, we thought to do this project, uh, regarding the evolution of health behaviors over time after breast cancer diagnosis.

Dr. Birnholz:

Yeah, it's—it's a perennial question that comes up: What next? What happens with these patients? What choices do they make, um, for the better or the worse after breast cancer treatment? Um, walk us through a little bit about, uh, what you were looking for and, uh, what types of results you came across.

Dr. Di Meglio:

So, in this project we were interested in, uh, 3 main fields: physical activity behavior, smoke, and alcohol behavior. So, CANTO, this cohort collects information regarding physical activity that is patient-reported through a questionnaire developed by the WHO, which is the GPAQ 16 questionnaire. It's a questionnaire that asks questions regarding, um, work-related physical activity, fitness-related and leisure time physical activity and physical activity as a means of transportation, so moving to and from places, and we tried to understand whether patients respect or not the recommendations of WHO regarding physical activity at the time of breast cancer diagnosis and at 1 and 2 years after diagnosis, and what we found was that there's 60% of the population in this study that seemed to be sufficiently active, so to make these recommendations, but on the contrary we do have 40% of them that are not sufficiently active at each time point, and this includes almost 25 of the population that declared to have zero physical activity on a regular week, so they're completely inactive over time.

We can observe over time some changes in physical activity behavior. Particularly, we have 17% and 18% of the population at year 1 and 2 that increase their physical activity, but we also have 13% at both time points that seem to decrease their physical activity and almost 1/4 of them that remain completely inactive or insufficiently active over time. And we tried to describe the characteristics that are associated with this decreased physical activity over time, and we found that being an active smoker at the time of diagnosis or being less educated was associated with higher odds of decreasing their physical activity for these patients, so this is definitely a population

of patients that we should target for interventions that are aiming at increasing physical activity exposure.

And we did the same type of exercise with 2 other health behaviors that are smoke and alcohol behavior, and for the smoke we found that 18% of patients are active smokers at baseline, and most of them don't change behavior at year 1 and year 2 after diagnosis even though we do have 30—40% of patients that seem to reduce smoke after breast cancer diagnosis. Conversely, we focused on the patients that seemed to increase smoke to define who those patients are, and we found that patients that are older are less prone to increase smoke, and also, part—people that are partnered seem to be less prone to increase, um, smoke, um, uh, behavior. Regarding alcohol, we found that 14% of the population are, um, consumers of at least 1 alcoholic drink per day, um, and this is largely unchanged after 1 and 2 years. We still have some patients that increase their alcohol, uh, intake, their daily alcohol intake, and here we found that older age and being in a relationship, so either married or partnered or living in a couple, were associated with increased odds of, um, increased alcohol, uh, consumption per day. And one important, uh, information on the overall study was that leaner patients seemed to be more prone to increase physical activity but also to increase smoke and alcohol utilization.

So, as you can see, I think one of the final messages that we can get from this study is that not all the patients are the same. They don't follow one trajectory of health behaviors over time. There are subgroups of patients that are patients that follow differential behaviors over time, and so we need these type of studies to target interventions to specific subgroups of patients.

Dr. Birnholz:

Were you expecting, uh, different findings regarding patients in the wake of receiving a breast cancer diagnosis and/or treatment?

Dr. Di Meglio:

So, when we started this analysis, we wanted to test the hypothesis that a worst breast cancer prognosis may also push patients to improve their health behaviors over time, so we tried to understand whether, for example, tumor characteristics like breast cancer stage might be associated with, um, improved or worsened health behaviors, but what we found was that there was no associations whatsoever between physical activity behavior or smoke and alcohol behavior with breast cancer stage, so prognosis doesn't really seem to be a strong, uh, determinant of change in health behaviors over time.

Dr. Birnholz:

Fascinating. And you had mentioned, uh, using this information to create more targeted interventions. How do you see that playing out as a medical oncologist, uh, looking at patient care directly?

Dr. Di Meglio:

Yeah, so, uh, we—we've spoken about body mass index, for example, and we have seen that overweight and obese patients are particularly a subpopulation that needs support and help for physical activity im—improve over time, improvement over time, so in this setting we are planning a study that is aimed at increasing physical activity among this specific subgroup of patients. So, uh, this will be a clinical trial, so in our inclusion criteria we will definitely take in consideration the characteristics that came out from this observational study to be able to understand what patients are the ones that are most likely to benefit from a physical activity, uh, improvement intervention.

Dr. Birnholz:

Well, Dr. Di Meglio, I'm really looking forward to hearing about the ongoing results from this continuing study. Thanks so much for your time.

Dr. Di Meglio:

Thank you very much.

Dr. Birnholz:

I've been speaking with Dr. Antonio Di Meglio from the Gustave Roussy Institute in Paris, France. Again, we've been speaking about lifestyle changes after breast cancer, uh, via a prospective study. Thanks again, Dr. Di Meglio.

Dr. Di Meglio:

Thank you so much.

Dr. Birnholz:

For access to this and more episodes on breast cancer research and treatment, visit [ReachMD.com](https://ReachMD.com) where you can Be Part of the Knowledge. I'm Dr. Matt Birnholz. Thanks again for listening.

Announcer:

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