Lifestyle Medicine and Breast Cancer: Evidence, Lived Experience, and Action

American Cancer Society®

NATIONAL BREAST CANCER ROUNDTABLE

October 28, 2026

This session is being recorded

American Cancer Society®

NATIONAL BREAST CANCER ROUNDTABLE

Welcome



Melissa Thomas, PhD, MSPH, MSA, MCHES, C.CHW
Strategic Director
National Breast Cancer Roundtable

Housekeeping



This webinar will be recorded and will be archived on the ACS NBCRT website.



You will be muted with your video turned off when you join the webinar.



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Questions? Type them in the Question-and-Answer box at the bottom of your screen.

Ground Rules

1 **Nonpartisan Commitment & Discussion Guidelines**

ACS/ACS CAN is a nonprofit, nonpartisan organization. We believe everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer. We therefore ask that you avoid partisan topics and opinions today.

2 **ACS National Roundtable Rules for Engagement**

Rules for engagement clarify the expectations for participation by members and representatives of the ACS NBCRT. Members are expected to respect and comply with these Rules and all other applicable ACS policies.

You can reference the Rules for Engagement anytime on our website.

3 **Confidentiality**

This webinar is being recorded. Please be mindful of our conversation and respectful of others' privacy. Do not identify or discuss specific patients by name.

Agenda

1 **Current State of Breast Cancer**

2 **Lifestyle Medicine and Breast Cancer**
Amy Comander, MD, FACLM

3 **Breast Cancer Lived Experience**
Kia Lee, LBBC Leadership Volunteer

4 **Breast Cancer Lived Experience**
Amy Grosch, LBBC Leadership Volunteer

5 **Q & A**

Poll

1. True or False: Breast cancer is the **second leading cause of cancer death** among women in the United States, after lung cancer.
2. Which of the following are pillars of Lifestyle Medicine? (select all that apply)
3. True or False: Healthy lifestyle habits have been associated with improved overall health and quality of life in all phases of survivorship.
4. How confident are you in counseling patients on lifestyle changes to reduce cancer risk?

American Cancer Society®

NATIONAL BREAST CANCER ROUNDTABLE



Erin Steigleder

Director of Programs
Virginia Breast Cancer Foundation

1 in 8

Women will be diagnosed with breast cancer

Source: ACS Breast Cancer Facts and Figures 2024-2025

Breast Cancer in the US

Incidence*	**133.5**
Mortality*	**19.2**
2026 Estimates	**324,580** / **42,670**

Breast cancer is the **most** common type of cancer among women in the US and is the **second highest cause of cancer death** in women after lung cancer.

From 2012 to 2021, the incidence rate increased by **1% per year overall.**

*Average annual rate per 100,000, age-adjusted to the 2000 US standard population
SOURCES: Cancer Statistics Center (Accessed October 2026); ACS Breast Cancer Facts and Figures 2024-2025

99%

survival rate when detected at the localized stage



Source: Breast Cancer Facts and Figures 2024-2025

It is estimated that there are more than

4 million breast cancer survivors

living in the US

Source: ACS Cancer Treatment and Survivorship 2025

Welcome To

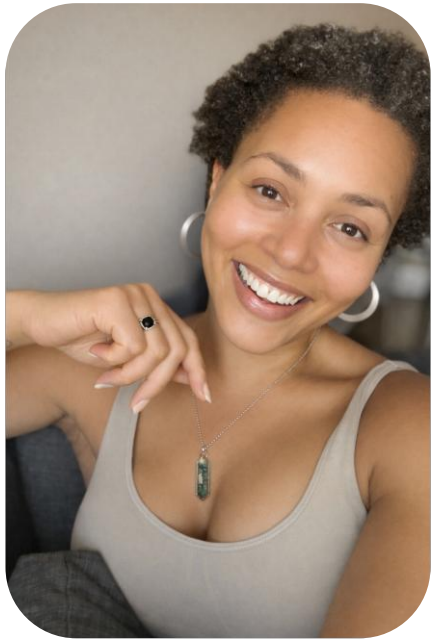


Amy H. Comander, MD, FACLM

Director of Lifestyle Medicine, Mass General Brigham Cancer Institute

Medical Director, Mass General Brigham Cancer Institute in Waltham

Instructor in Medicine, Harvard Medical School



Kia Lee

Leadership Volunteer

Living Beyond Breast Cancer



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Mass General Brigham
Cancer Institute

Lifestyle Medicine and Breast Cancer: Evidence, Lived Experience, and Action



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Objectives

1. Define the principles and core pillars of lifestyle medicine and their relevance for breast cancer survivors and those living with breast cancer.

2. Discuss practical strategies to integrate lifestyle medicine approaches into breast oncology care.

3. Learn from two Living Beyond Breast Cancer leadership volunteers about the benefits and challenges of incorporating lifestyle medicine behaviors after a breast cancer diagnosis.

What is Lifestyle Medicine?



Lifestyle medicine is an evidence-based medical specialty that applies therapeutic lifestyle interventions to treat, reverse, and prevent chronic conditions. Lifestyle medicine aims to eliminate the root cause of a disease. Evidence-based tools from lifestyle medicine are a key component of survivorship care for individuals with breast cancer.

Pillars of Lifestyle Medicine:

- Optimal nutrition
- Physical activity
- Restorative sleep
- Stress management
- Connectedness
- Risky substance avoidance

https://lifestylemedicine.org/

Lifestyle Medicine Interventions are Important for Addressing Complications that Many Experience During Breast Cancer Treatment

- Metabolic syndrome
- Cardiovascular disease
- Type 2 diabetes
- Weight gain/obesity
- Body composition changes
- Cancer-related fatigue
- Premature menopause
- Peripheral neuropathy
- Osteopenia/osteoporosis
- Cancer-related cognitive impairment
- Depression, anxiety, and stress
- Sexual health concerns

Lifestyle medicine offers tools to prevent and manage these complications.

Our Patients Want Evidence-Based Information

About the Role of Lifestyle Interventions After a Diagnosis of Breast Cancer





- Many individuals experience a feeling of “loss of control” after receiving a cancer diagnosis.[1]
- Many individuals want evidence-based information about the role of lifestyle interventions during treatment and survivorship.[2]
- ASCO survey of 2,419 cancer patients found that 75% reported making changes in their diet or exercise patterns after their diagnosis in order to improve outcome.[3]
- Cancer survivors prefer to receive lifestyle recommendations from their healthcare team.[2]

1. Ranchor et al Soc Sci Med, 2010; 2. Johnston et al. Eur J Cancer Care. 2021 3. Ligibel et al J Clin Oncol 2022

Our Patients Need Evidence-Based Information

About the Role of Lifestyle Interventions to Have the Best Outcomes

Multiple observational studies, meta-analyses and increasingly, RCTs, have demonstrated improvement in our patients' quality of life and overall health with targeted lifestyle interventions.

The time period during cancer treatment is *critical.*

- Treatment often leads to significant declines in cardiorespiratory fitness, physical functioning, and body composition.
- Our patients also experience numerous adverse side effects, such as neuropathy and fatigue.



Ligibel et al J Clin Oncol 2022

The American Cancer Society (ACS)/ASCO Breast Cancer Survivorship Guideline: Role of Health Promotion

	Recommendation
Information	Primary care clinicians should assess the information needs of the patient related to breast cancer and its treatment, side effects, other health concerns, and available support services and: • Provide or refer survivors to appropriate resources to meet these needs
Obesity	(a) Counsel survivors to achieve and maintain a healthy weight (b) Counsel survivors if overweight or obese to limit consumption of high-calorie foods and beverages and increase physical activity to promote and maintain weight loss
Physical activity	Should counsel survivors to engage in regular physical activity consistent with the ACS guideline, and specifically (a) Should avoid inactivity and return to normal daily activities as soon as possible following diagnosis (b) Should aim for at least 150 min of moderate or 75 min of vigorous aerobic exercise per week (c) Should include strengthening exercises at least 2 d per wk; emphasize strength training for women treated with adjuvant chemotherapy or hormone therapy
Nutrition	Should counsel survivors to achieve a dietary pattern that is high in vegetables, fruits, whole grains, and legumes; low in saturated fat; and limited in alcohol consumption
Smoking cessation	Should counsel survivors to avoid smoking and refer survivors who smoke to cessation counseling and resources

Abbreviation: ACS, American Cancer Society.



Runowicz et al JCO 2016

NCCN Guidelines: 2026



www.nccn.org

American Cancer Society Guideline for Diet and Physical Activity for Cancer Prevention

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- Keep body weight within the healthy range and avoid weight gain in adult life.

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- Children and adolescents should engage in at least 1 hr of moderate- or vigorous-intensity activity each day.
- Limit sedentary behavior, such as sitting, lying down, and watching television, and other forms of screen-based entertainment.

3. Follow a healthy eating pattern at all ages.

- **A healthy eating pattern includes:**
  - Foods that are high in nutrients in amounts that help achieve and maintain a healthy body weight;
  - A variety of vegetables—dark green, red, and orange, fiber-rich legumes (beans and peas), and others;
  - Fruits, especially whole fruits with a variety of colors; and
  - Whole grains.
- **A healthy eating pattern limits or does not include:**
  - Red and processed meats;
  - Sugar-sweetened beverages; or
  - Highly processed foods and refined grain products.

4. It is best not to drink alcohol.

- People who do choose to drink alcohol should limit their consumption to no more than 1 drink per day for women and 2 drinks per day for men.

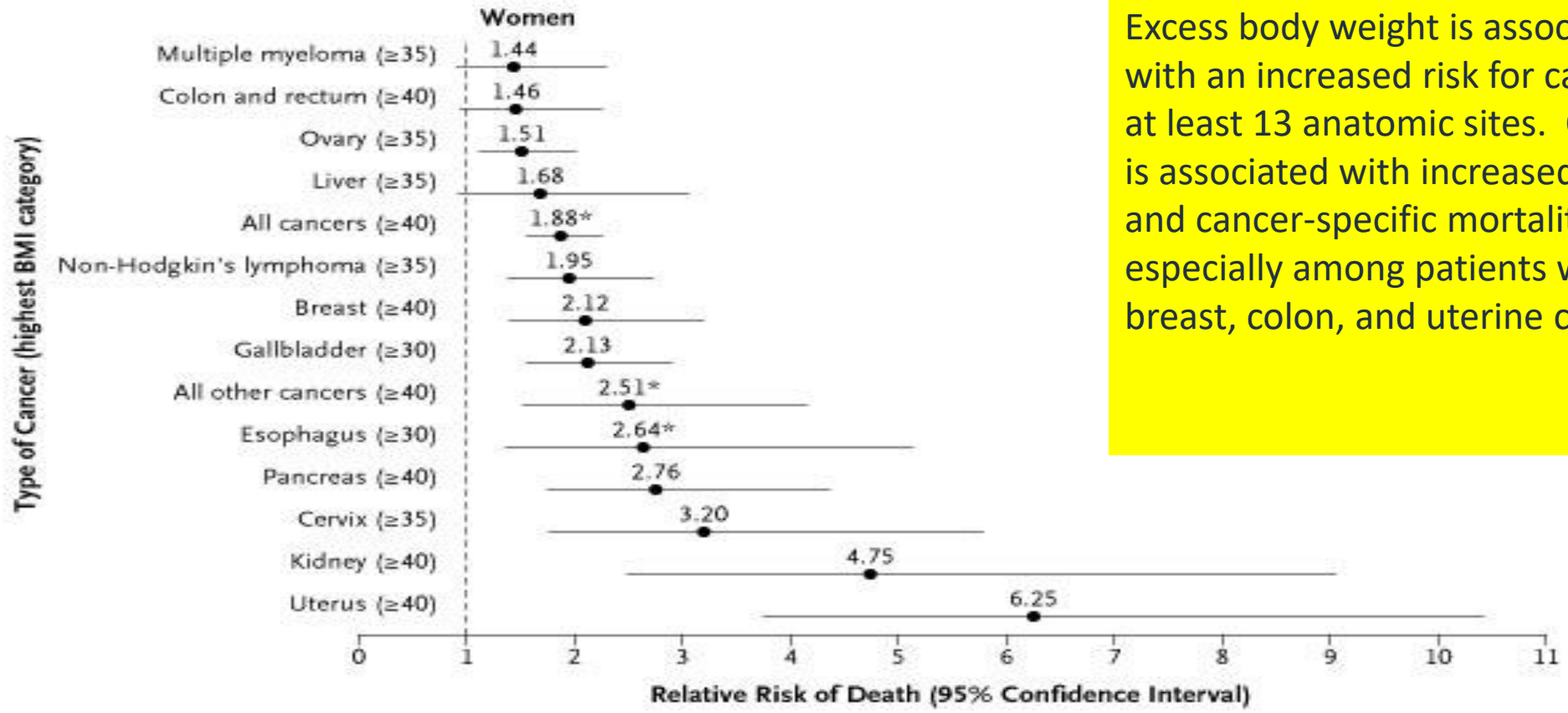
*Recommendation for Community Action

- Public, private, and community organizations should work collaboratively at national, state, and local levels to develop, advocate for, and implement policy and environmental changes that increase access to affordable, nutritious foods; provide safe, enjoyable, and accessible opportunities for physical activity; and limit alcohol for all individuals.



Rock CA Cancer J Clin 2022

Obese Individuals are at Higher Risk for Developing and Dying from Cancer



Excess body weight is associated with an increased risk for cancer of at least 13 anatomic sites. Obesity is associated with increased overall and cancer-specific mortality, especially among patients with breast, colon, and uterine cancer.

Calle, E. et al. N Engl J Med 2003;348:1625-1638

Obesity Causes an Inflammatory State

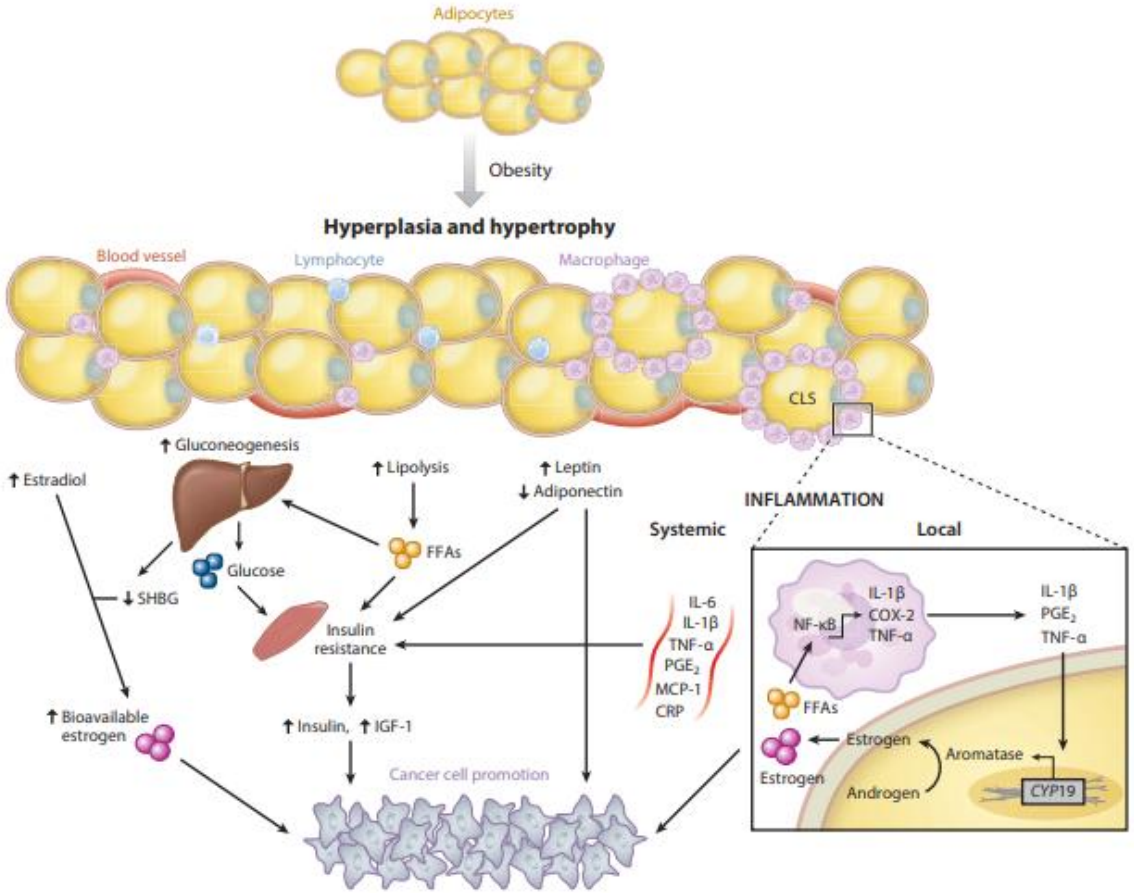


Figure 1

Local and systemic consequences of white adipose tissue dysfunction. CLS, crown-like structure; COX-2, cyclooxygenase-2; CRP, C-reactive protein; FFAs, free fatty acids; IGF-1, insulin-like growth factor-1; IL-1β, interleukin-1β; IL-6, interleukin-6; MCP-1, monocyte chemoattractant protein-1; PGE_2, prostaglandin E_2; SHBG, steroid hormone-binding globulin; TNF-α, tumor necrosis factor-α.

Adipose tissue dysfunction leads to systemic changes that can increase risk for development of cancer, including changes in levels of:
-Hormones
-Adipokines
-Inflammatory mediators

Iyengar Ann Rev Medicine 2015

24

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Physical Activity

- Physical activity is the single most impactful modifiable factor for breast cancer survivors
  - 22% reduced risk of recurrence
  - 31% reduced risk of cancer specific mortality
  - 41% reduced risk of all-cause mortality
- Post-diagnosis physical activity in breast cancer survivors results in improvements in:
  - Cancer-related fatigue
  - Depression/Anxiety
  - Sarcopenia
  - Bone health
  - Aerobic capacity
  - Weight management
  - Body image
  - Sleep patterns
  - Cancer-related cognitive impairment



1. Friedenreich CM, et al. Clin Cancer Research 2016; 2. Jayasekera et al. JAMA Network Open 2026; 3.Ligibel et al. J Clin Oncol 2022; 4. Runowicz J Clinc Onc 2016

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



Ligibel et al JCO 2022

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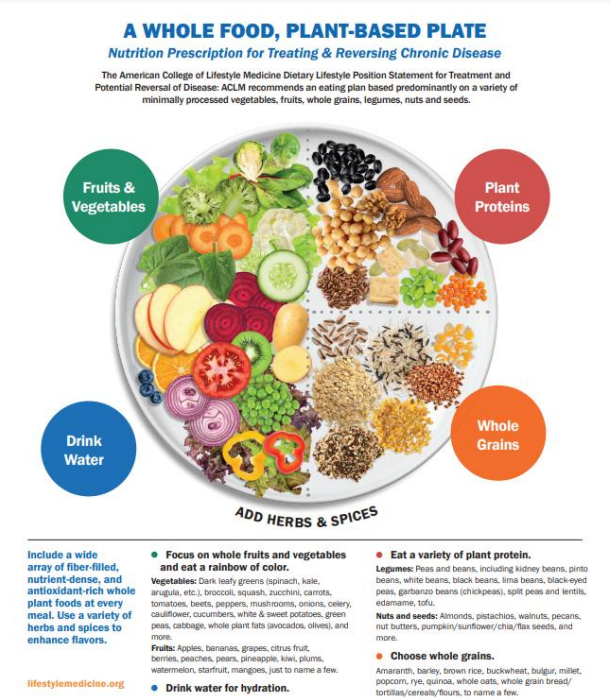
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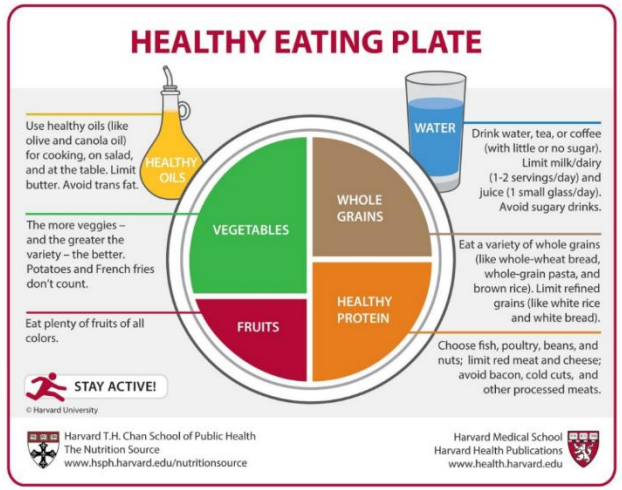


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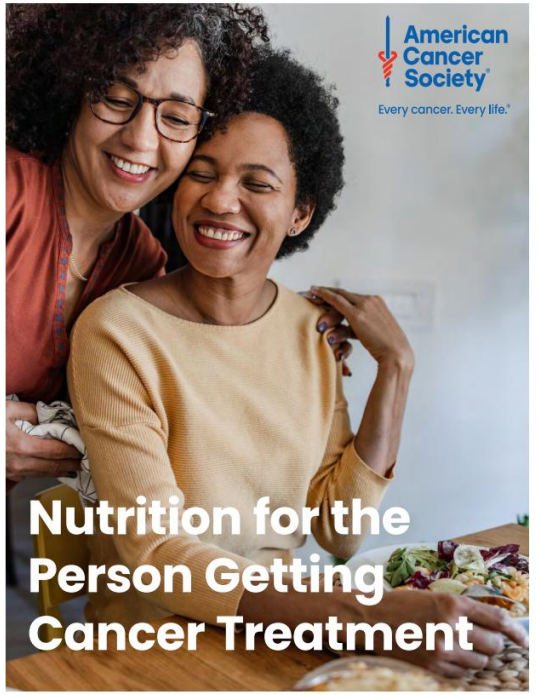
Nutrition: Focus on the Dietary Pattern



www.lifestylemedicine.org



https://www.hsph.harvard.edu/



Nutrition for the Person Getting Cancer Treatment
The guide is available in English and Spanish.
Scan the QR code to access a copy.

www.cancer.org

"Eat food. Not too much. Mostly plants." -Michael Pollan

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Rock CA Cancer J Clin 2022

Alcohol Use and Cancer

American Cancer Society

cancer.org | 1.800.227.2345

Alcohol Use and Cancer

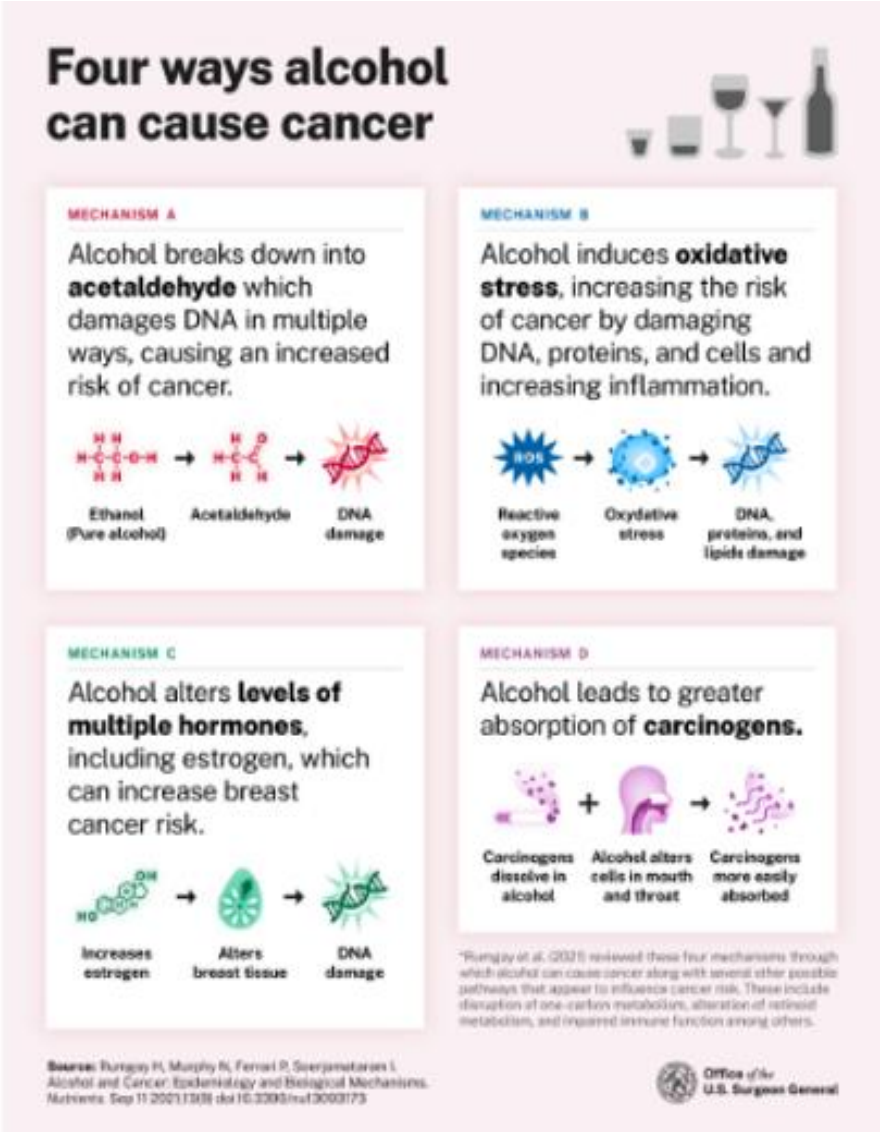
Drinking alcohol increases the risk of cancer. It is the third most common potentially avoidable cause of cancer, after cigarette smoking and excess body weight.

What types of cancer are linked to alcohol use?
Do all types of alcoholic drinks increase cancer risk?
How can drinking alcohol raise your risk of cancer?
Other health effects from drinking alcohol
What does the American Cancer Society recommend?

What types of cancer are linked to alcohol use?

Alcohol use has been linked with cancers of the:

- Mouth[1]
- Throat[2] (pharynx)
- Voice box[3] (larynx)
- Esophagus[4]
- Liver[5]
- Colon and rectum[6]
- Breast[7]
- Stomach[8]



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Strategies for Incorporating Lifestyle Medicine Into Your Oncology Care

- Use the NCCN tool to systematize screening
- Identify programs at your cancer center, your hospital, and in your community
- “Ask-Advise-Refer” framework
- Digital and telehealth options
- Start your own program!

NCCN Survivorship Assessment

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National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2026
Survivorship

NCCN Guidelines Index
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Discussion

SURVIVORSHIP ASSESSMENT (Patient Version)
Please answer the following questions:

Survivorship Concerns	Survivorship Care Survey
Cardiac Health	1. Do you have shortness of breath or chest pain after physical activities (eg, climbing stairs) or exercise? Yes/No 2. Do you have shortness of breath when lying flat, wake up at night needing to get air, or have persistent leg swelling? Yes/No
Anxiety, Depression, Trauma, and Distress	3. In the past two weeks, have you been bothered more than half the days by little interest or pleasure in doing things? Yes/No 4. In the past two weeks, have you been bothered more than half the days by feeling down, depressed, or hopeless? Yes/No 5. Has stress, worry, anger, fear of recurrence, or distress about effects of cancer treatment interfered with your life? Yes/No
Cognitive Function	6. Do you have difficulties with multitasking or paying attention? Yes/No 7. Do you have difficulties with remembering things? Yes/No 8. Does your thinking seem slow? Yes/No
Fatigue	9. Do you feel persistent fatigue despite a good night's sleep? Yes/No 10. Does fatigue interfere with your usual activities? Yes/No 11. How would you rate your fatigue on a scale of 0 (none) to 10 (extreme) over the past week? 0–10
Lymphedema	12. Since your cancer treatment, have you had any swelling, fatigue, heaviness, or fullness on the same side as your treatment that has not gone away? Yes/No
Pain	13. Have you had any pain in the past week? Yes/No 14. How would you rate your pain on a scale of 0 (none) to 10 (extreme) over the past week? 0–10
Hormone-Related Symptoms	15. Have you been bothered by hot flashes/night sweats? Yes/No 16. Have you been bothered by other hormone-related symptoms (ex, vaginal dryness, erectile dysfunction, urinary incontinence)? Yes/No
Sexual Health	17. Do you have any concerns regarding your sexual function, sexual activity, sexual relationships, or sex life? Yes/No 18. Are these concerns causing you distress? Yes/No
Fertility	19. Do you have concerns about fertility or family planning? Yes/No
Sleep Disorder	20. Are you having problems falling asleep, staying asleep, or waking up too early? Yes/No 21. Are you experiencing excessive sleepiness (ie, sleepiness or falling asleep in inappropriate situations or sleeping more during a 24-hour period than in the past)? Yes/No 22. Have you been told that you snore frequently or that you stop breathing during sleep? Yes/No
Healthy Lifestyle	23. Do you engage in regular physical activity or exercise, such as brisk walking, jogging, weight/resistance training, bicycling, swimming, etc? Yes/No ▸ 23a. If you answered "Yes," how often? 24. Excluding white potatoes, do you fill at least half of your lunch and dinner plate with fruits and/or vegetables each day? Yes/No 25. Do you have concerns about your weight? Yes/No 26. Do you take vitamins or other supplements? Yes/No
Immunizations and Infections	27. Have you received your flu vaccine this flu season? Yes/No 28. Are you up to date on your vaccines? Yes/No/Don't know
Employment/Return to Work	29. Do you have concerns about how cancer and/or cancer therapy has affected your ability to work? Yes/No

Note: All recommendations are category 2A unless otherwise indicated.

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Identify Resources in Your Practice, Hospital, or in the Community

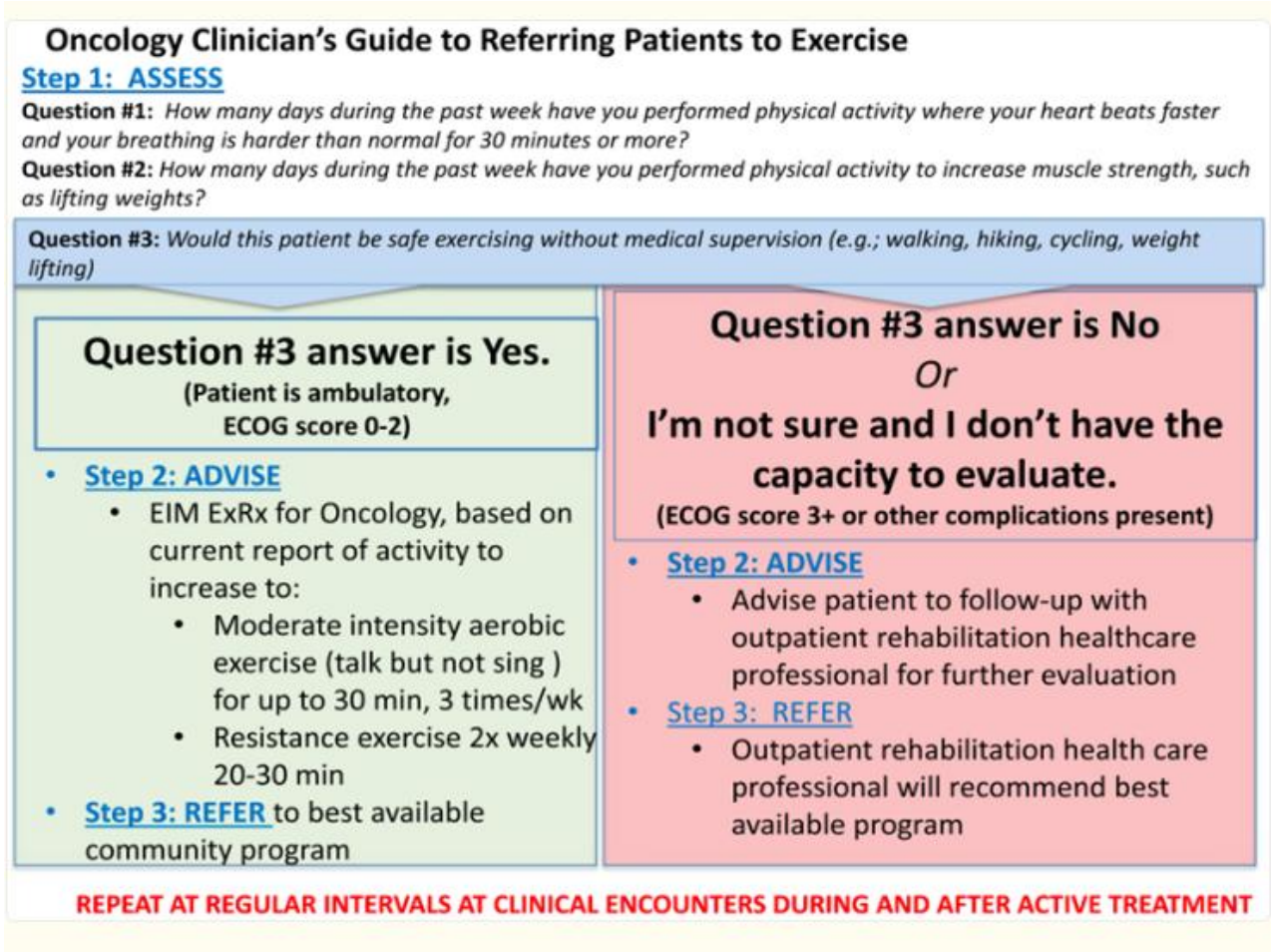
Identify what your institution already offers

- Nutrition
- Rehabilitation services
- NWH Strength in Motion Program
- Sexual health
- Psychosocial support
- Educational webinars

Identify community-based programs

- LIVESTRONG at the YMCA
- Cancer Support Community
- American Cancer Society -ACS Cares
- Silver Sneakers
- American College of Sports Medicine “Moving Through Cancer” registry

“Ask-Advise-Refer” Framework: Exercise



Oncology Clinician’s Guide to Referring Patients to Exercise

Step 1: ASSESS

Question #1: *How many days during the past week have you performed physical activity where your heart beats faster and your breathing is harder than normal for 30 minutes or more?*

Question #2: *How many days during the past week have you performed physical activity to increase muscle strength, such as lifting weights?*

Question #3: *Would this patient be safe exercising without medical supervision (e.g.; walking, hiking, cycling, weight lifting)*

Question #3 answer is Yes.
(Patient is ambulatory, ECOG score 0-2)

- **Step 2: ADVISE**
  - EIM ExRx for Oncology, based on current report of activity to increase to:
    - Moderate intensity aerobic exercise (talk but not sing) for up to 30 min, 3 times/wk
    - Resistance exercise 2x weekly 20-30 min
- **Step 3: REFER** to best available community program

Question #3 answer is No
Or
I’m not sure and I don’t have the capacity to evaluate.
(ECOG score 3+ or other complications present)

- **Step 2: ADVISE**
  - Advise patient to follow-up with outpatient rehabilitation healthcare professional for further evaluation
- **Step 3: REFER**
  - Outpatient rehabilitation health care professional will recommend best available program

REPEAT AT REGULAR INTERVALS AT CLINICAL ENCOUNTERS DURING AND AFTER ACTIVE TREATMENT

Schmitz et al. CA Cancer J Clin 2019

Write an Exercise Prescription

Moving Through Cancer

ExeRxcise is Medicine® | AMERICAN COLLEGE of SPORTS MEDICINE

Name: _____ Date: _____

Aerobic Activity 3 or more days/week

Intensity: ❑ Light (casual walk) ❑ Moderate (brisk walk) ❑ Vigorous (like jogging)

Time (minutes/day): Build up to 30 minutes/day

Type: ❑ Walk ❑ Run ❑ Bike ❑ Swim/Water Exercise ❑ Other _____

Steps/day: ❑ 2,500 ❑ 5,000 ❑ 7,000 ❑ 9,000 or more ❑ Other _____

What about aerobic activity?

- Moderate activity is at a pace where you can talk but cannot "sing." Examples: *brisk walking, light biking, water exercise* and *dancing.*
- Vigorous activity is at a pace where you have trouble talking and may be out of breath. Examples: *jogging, tennis* and *fast bicycling.*
- While the recommendation is to build up to 30 min/day, at least 3 days/week, you can exercise for any length of time. For example, you might walk:
  - 5 minutes here, 10 minutes there
  - 15 minutes daily
  - Just work your way up to 30 minutes 3 days/week
- Gradually build up to a daily step count of 7,000-9,000 steps/day.

Muscle Strength Training 2 days/week

What about strength training?

- You don't have to go to a gym. You can use elastic bands, do body weight exercises (kitchen counter push-ups, chair sit-to-stands) or lift dumbbells. Heavy work around your home also builds strength.
- Strengthen your legs, back, chest and arms. To start, try 10-15 repetitions using light effort. Build up to medium or hard effort for 8-12 repetitions. Repeat 2-4 times, 2-3 days/week.
- Give yourself a rest day between each strength training session.

Notes (local programming, specific risks or instructions):

See www.exerciseismedicine.org/movingthroughcancer for a registry of local programs.

Referrer's Signature:

How will you get started **this week?**

Schmitz et al. CA Cancer J Clin 2019 | exerciseismedicine.org

Digital and Telehealth Interventions

- Telehealth survivorship visits
- Patient-reported outcome monitoring platforms
- Telehealth-based behavioral and mental health interventions
- Mobile apps for self-management
- Wearable devices and remote activity monitoring
- AI tools:
  - AI-generated survivorship care plans
  - AI-powered patient navigation and conversational agents

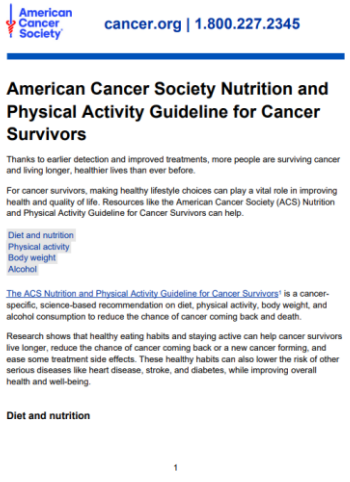
Additional Resources



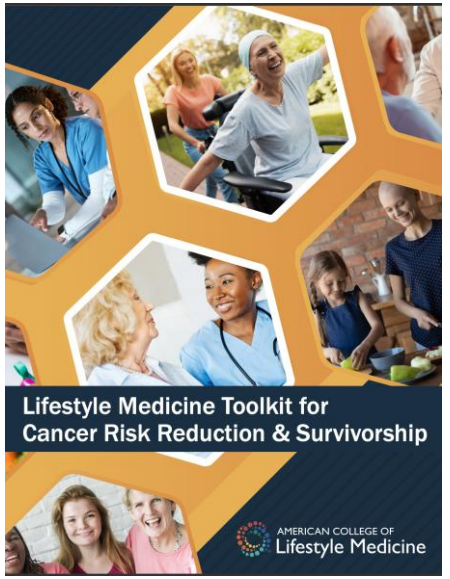
www.aicr.org



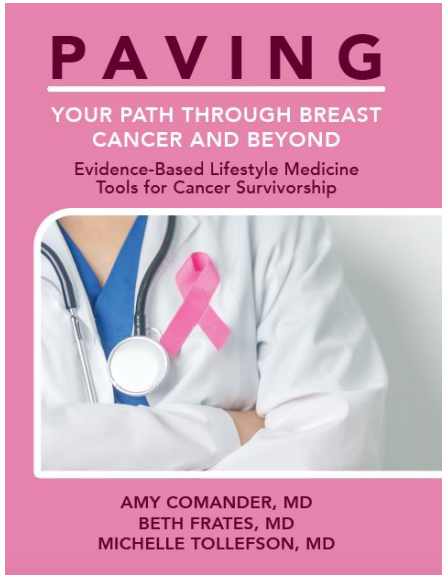
exerciseismedicine.org



cancer.org



lifestylemedicine.org



Healthylearning.com

PAVING the Path to Wellness Program for Breast Cancer Survivors and Thrivers

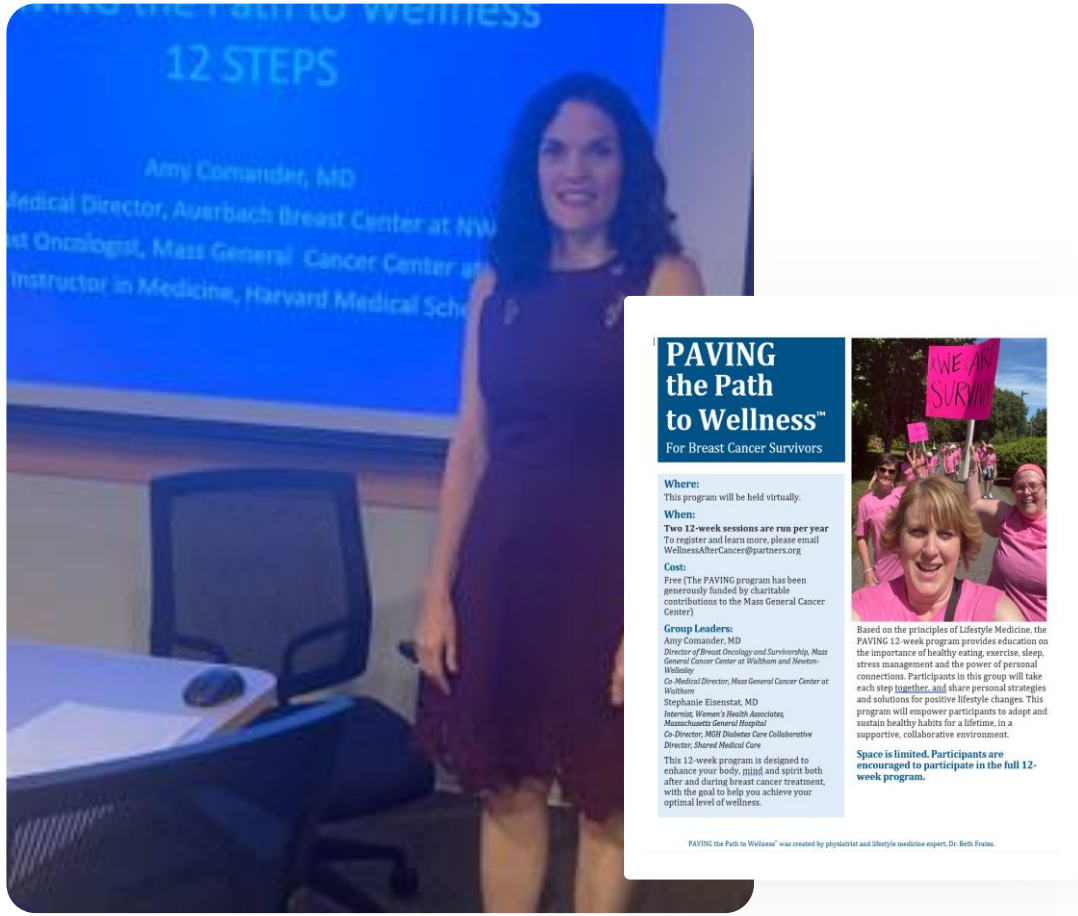
- **MISSION:** To provide education about evidence-based lifestyle interventions in order to promote health, well-being, and improve outcome after completion of initial treatment for breast cancer

- **GOALS:** To empower breast cancer survivors and thrivers with evidence-based tools from lifestyle medicine to optimize health after completion of primary cancer treatment

- **GROUP VISIT SETTING**

  - Weekly program, over 12 weeks
  - 90 min each session
  - Initially offered in person in Fall 2019, then transitioned to virtual format in Spring 2020
  - Interactive sessions

- **SOCIAL SUPPORT**



Comander et al. AJLM 2021; Lee et al J Clin Oncol 2023


Action
Variety
Investigation
Goals
Healthy Body
Physical Activity
Nutrition
Sleep
PAVING the PATH to WELLNESS
Joyful Heart
Purpose
Social Support
Energy
Peaceful Mind
Stress Resiliency
Attitude
Time Outs

Objectives

1. Define the principles and core pillars of lifestyle medicine and their relevance for breast cancer survivors and those living with breast cancer.

2. Discuss practical strategies to integrate lifestyle medicine approaches into breast oncology care.

3. Learn from two Living Beyond Breast Cancer leadership volunteers about the benefits and challenges of incorporating lifestyle medicine behaviors after a breast cancer diagnosis.



Thank you!

@DrAmyComander
acomander@mgh.Harvard.edu

Poll

1. True or False: Breast cancer is the **second leading cause of cancer death** among women in the United States, after lung cancer.
2. Which of the following are pillars of Lifestyle Medicine? (select all that apply)
3. True or False: Healthy lifestyle habits have been associated with improved overall health and quality of life in all phases of survivorship.
4. After today's webinar, how confident are you in counseling patients on lifestyle changes to reduce cancer risk?



American Cancer Society®

NATIONAL BREAST CANCER ROUNDTABLE

Resources

Screening Resources

- Breast Cancer Fact Sheet for Health Care Professionals (Multiple languages)
- Breast Cancer Fact Sheet for Patients and Caregivers (Multiple languages)
- Mammogram Fact Sheet – 7 Things to Know (Multiple languages)
- Mammogram Poster (Multiple languages)
- Breast Density and Your Mammogram Report (Multiple languages)
- Breast Cancer Screening Guidelines Infographic (Multiple languages)
- National Breast Cancer Roundtable Website: nbcrt.org
- Evidence Based Intervention Reference Guide









ACS NBCRT Risk Assessment Toolkit

Modular, digital resource

Clinic workflow diagram, provider checklist, communication scripts, readiness tool

EHR integration guide, case study templates

SCAN TO ACCESS TOOLKIT



American Cancer Society®

Cancer Risk360™

Check your risk.
Get personalized insights on your cancer risk.

Know your risk.
Talk to a doctor and get the whole picture.

Reduce your risk.
Take action by making meaningful changes.

Learn more at
cancer.org/cancerrisk

ACS ARC Network: Knowledge Translation

Knowledge Translation team, provides educational opportunities and resources for healthcare professionals to support high quality care delivery across the cancer continuum.

Check out our webpage!



Community Health Center Capacity Building

The Knowledge Translation team delivers dynamic learning experiences and practical tools that elevate UDS cancer prevention and screening efforts. This program helps clinics strengthen their skills and build effective, evidence-based systems to provide timely cancer prevention and screening —driving better outcomes for the patients and communities served.

- Webinar Series: Cancer Prevention and Early Detection for Community Health Systems
- Cancer Screening Resources for Health Care Professionals
- Cancer Screening Resources for Patients
- Webinar Series: Emerging Strategies in Early Detection

Source: ARC Network: Knowledge Translation

American Cancer Society
Every cancer. Every life.®

ACOG
American College of Obstetricians & Gynecologists



Emerging Strategies in Early Detection Webinar

Ovarian Cancer Prevention: Salpingectomy



Erin Wright, DNP, CNM
Patient Voice

Professor and Certified Nurse-Midwife
Johns Hopkins University School of Nursing
Johns Hopkins Medicine



David Shalowitz, MD, MSHP
Director of Cancer Care Delivery
Corewell Health

Senior Consultant for Implementation Strategy
American College of Obstetricians & Gynecologists



Rebecca Stone, MD, MS
Professor of Gynecology and Obstetrics
Stoddard & O'Neill Professor in Gynecologic Oncology

Johns Hopkins Medicine

Webinar Goal: Increase awareness, knowledge, and adoption of opportunistic salpingectomy as an evidence-based ovarian cancer prevention strategy.

By the end of this webinar, participants will be able to:

- Understand the evidence supporting opportunistic salpingectomy as an ovarian cancer risk-reduction strategy, including the role of the fallopian tube in ovarian cancer pathogenesis.
- Apply current ACOG clinical practice guideline to identify appropriate candidates for salpingectomy for ovarian cancer prevention.
- Effectively counsel patients using a shared decision-making approach on the benefits, risks, and limitations of opportunistic salpingectomy.

November 18, 2026
2 PM EST

Click here to register or scan the QR code.

Questions? Please email: ImplementationScience@cancer.org

Connect With Us



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Partner Acknowledgement



Funder Acknowledgement

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American Cancer Society | National Breast Cancer Roundtable

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Daiichi-Sankyo

Thank You

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