

# Exercise improves global longitudinal strain in breast cancer survivors

June 27 2022

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For breast cancer survivors, higher physical activity levels are associated

with improved global longitudinal strain (GLS), according to a study published in the June 1 issue of *JACC: CardioOncology*.

Willeke R. Naaktgeboren, M.D., from The Netherlands Cancer Institute in Amsterdam, and colleagues examined the association between [physical activity](#) in a typical week in the past 12 months and [cardiac dysfunction](#) in a cohort of 559 [breast cancer survivors](#) treated at age 40 to 50 years. The association between physical activity and GLS and left ventricular ejection fraction (LVEF) was examined. The survivors had a median age of 55.5 years and a median of 10.2 years since treatment.

The researchers found that GLS was less favorable in inactive survivors compared with moderately inactive, moderately active, and active survivors (−17.1, −18.4, −18.2, and −18.5 percent, respectively), with an adjusted significant difference seen for active versus inactive survivors. Compared with inactive survivors, moderately active and active survivors had significantly lower risks of abnormal GLS (defined as greater than −18 percent) (relative risks, 0.65 and 0.61, respectively). There was no association observed for LVEF with physical activity.

"Physical activity programs may contribute to reducing cardiovascular morbidity in breast cancer survivors, particularly among those who are physically inactive," the authors write.

Two authors disclosed financial ties to the [pharmaceutical industry](#).

**More information:** Willeke R. Naaktgeboren et al, Physical Activity and Cardiac Function in Long-Term Breast Cancer Survivors, *JACC: CardioOncology* (2022). [DOI: 10.1016/j.jacc.2022.02.007](https://doi.org/10.1016/j.jacc.2022.02.007)

Amy A. Kirkham et al, Physical Inactivity, Adverse Body Composition, and Cardiac Function in Breast Cancer Survivors, *JACC: CardioOncology* (2022). [DOI: 10.1016/j.jacc.2022.03.001](https://doi.org/10.1016/j.jacc.2022.03.001)

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Citation: Exercise improves global longitudinal strain in breast cancer survivors (2022, June 27)  
retrieved 27 April 2024 from  
<https://medicalxpress.com/news/2022-06-global-longitudinal-strain-breast-cancer.html>

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