

# **FAST FACTS**

#### **Doctor Fast Facts**

Protocol Number:	1.01
Alfred HREC Number:	269/15
Protocol:	Feasibility of identification of chemotherapy induced cardiac damage using novel exercise magnetic resonance imaging in breast cancer patients and exercise training for prevention; a pilot study.
Sponsor:	Funding supported by the Jack Brockhoff Foundation
Principle Investigator:	A/Prof Andre La Gerche

# **Primary and Secondary Objectives**

### **PRIMARY OBJECTIVES**

- 1) Evaluate the feasibility of exercise testing, exercise cardiac imaging and exercise training in patients with breast cancer.
- 2) Assess whether exercise cardiac magnetic imaging is more sensitive at detecting chemotherapy induced cardiac dysfunction than traditional measures (echocardiography performed at rest).

#### **Inclusion Criteria**

- 1. Female and diagnosed with breast cancer
- 2. Aged 18-70
- 3. Live within a geographically accessible are for follow-up
- 4. Scheduled for anthracycline-based chemotherapy
- 5. Capable of walking up 2 flights of stairs without stopping

## **Exclusion Criteria**

- 1. A contraindication to anthracycline-based chemotherapy such as known structural heart disease
- Atrial fibrillation
- A contraindication to CMR such as a pacemaker or implanted metallic foreign body/device
- 4. Extensive breast reconstructive surgery or surgical advice precluding exercise for > 4 weeks

### Design

# Prospective observational study (40 subjects):

Exercise cardiac magnetic resonance imaging and cardiopulmonary testing (VO<sub>2</sub>max testing) will be performed before and after anthracycline-based chemotherapy to assess whether there is a reduction in cardiac function and fitness, respectively.

# Non-randomised sub-study (20 subjects formal exercise training, 20 subjects standard of care):

Volunteers will be offered the opportunity to participate in a structured exercise training program during chemotherapy to assess whether exercise training maintains fitness and cardiac function during chemotherapy.

Please refer to full current approved version of Protocol for more information.