E-Poster

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A Systematic Review of Recent Advances in Cardio-Oncology Rehabilitation (CORE) from the Perspective of Physical Medicine and Rehabilitation

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

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BACKGROUND

Although international guidelines highlight the importance of cardio-oncology rehabilitation programs (COREp), they do not include physiatrists. Given the experience of physiatrists in cardiac and oncological rehabilitation programs, this review analyzes the relevance of their inclusion in COREp and the latest published advances in this regard.

METHODS

After a systematic search in PubMed, Cochrane, and Web of Science, clinical trials (CTs) studying the effect of COREp in cancer patients with cancer treatment-related cardiotoxicity (CTRC) were selected. The studies had to be in English or Spanish and provide full-text access. The methodological differences and results of each COREp were analyzed.

RESULTS

Seven CTs (n = 347) were selected. There were significant differences in the methodology of the CTs, depending on whether they included physiatrists or not. Five demonstrated that COREp improved VO2max and physical activity levels in participants with CTRC ($p < 0.05$). Significant results regarding specific cardiotoxicity parameters were contradictory among different studies. Research by Chamradova K, et al.,[1] and Díaz-Balboa E, et al.,[2] focused exclusively on physical exercise. They didn't offer any nutrition and psychological assessment within their intervention. This was reflected in the lack of variation in these variables and the quality of life of the participants ($p < 0.05$). In contrast, Viamonte S, et al.[3] included a more comprehensive intervention, aligned with the classic goals of cardiac rehabilitation, such as improving body composition and health literacy levels ($p < 0.01$). This authors also proved that their COREp was safe and cost-effective.[4]

CONCLUSION

Cardio-oncology rehabilitation programs can improve different cardiovascular, physical fitness, and psychosocial parameters and prevent the development of CTRC. They can be safe and cost-effective. Despite this, more CTs with standardized methodology are needed. Including physiatrists in COREp and research alongside cardiologists and oncologists would help to create better protocols with comprehensive interventions.

Statement of Disclosures

None

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