



Sassy Survivor Breast Health Alliance

Breast Cancer Treatment & Heart Health

What Survivors Need to Know

By DeBorrah Carter

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October has long been a cornerstone month for breast health and breast cancer awareness. For those of us who are survivors, advocates and educators, however, breast health is not limited to one month. It is a year-round commitment to education, early detection, informed treatment, survivorship and quality of life.

Today, breast cancer care has advanced tremendously. More people are living longer after a diagnosis, and that progress deserves to be celebrated. But longer survivorship also means we must pay attention to the whole person - including the heart.

This article began as something I wrote in 2018 about the connection between breast cancer treatment and heart disease. Much has changed since then. One important development is the growth of cardio-oncology, a field devoted to protecting cardiovascular health before, during and after cancer treatment.

My Story: Why This Matters to Me

I began advocating for breast health and breast cancer awareness in the 1990s, before my own diagnosis. I saw a gap in education, testing and support for African American women, and I wanted women in our communities to have better information and a stronger voice in their care.

In 2001, I found a lump in my left breast. My own breast cancer journey had begun. I started what became Sassy Survivor while I was in treatment, determined to provide positive, encouraging psychosocial support and breast health education to women throughout Southern California.

Years later, I began experiencing symptoms that I initially attributed to stress and everyday life: dizziness, occasional fainting, elevated blood pressure and significant swelling in my feet and ankles. By 2016, the swelling had become pronounced. During a trip to New Jersey, I developed



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difficulty breathing and was hospitalized. I was diagnosed with congestive heart failure, and a large amount of retained fluid had to be removed.

That experience changed the way I looked at survivorship. My cancer treatment had ended years earlier, yet my heart health had become part of my cancer story. It reinforced something I now tell survivors repeatedly: finishing cancer treatment does not mean we stop asking questions about the long-term effects of that treatment.

What We Know Today

Cancer treatment saves lives, but some treatments can affect the heart and blood vessels. Risk is not the same for everyone. It depends on the specific treatment and dose, a person's existing cardiovascular health and risk factors, and sometimes the combination of therapies received.

Treatments associated with cardiovascular effects can include anthracycline chemotherapy such as doxorubicin, HER2-directed therapies such as trastuzumab, some other targeted therapies and immunotherapies, and radiation involving the chest or breast. Cardiovascular effects may include weakened heart pumping function, heart failure, high blood pressure, abnormal heart rhythms, coronary artery disease and other vascular problems.

Heart problems do not always appear during treatment. Some can develop months or even years later. Survivors should keep a treatment summary and make sure their primary care clinicians and other specialists know their cancer-treatment history.

Radiation and the Heart

Modern radiation planning is designed to limit exposure to healthy organs, including the heart. For breast cancer - particularly when the left breast or chest is treated - patients can ask what heart-sparing techniques are appropriate for them. The goal is not to create fear about radiation; it is to make heart protection part of the treatment conversation.

Chemotherapy and Targeted Therapy

Anthracyclines are highly effective cancer medicines, but they can affect heart muscle in some patients. HER2-targeted therapies can also affect heart function. For people receiving treatments with known cardiovascular risks, the care team may recommend heart testing before treatment and monitoring during therapy. The exact plan should be individualized.



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The Rise of Cardio-Oncology

Cardio-oncology brings cardiology and oncology together. A cardio-oncology team can help assess cardiovascular risk, monitor heart health, manage existing heart conditions and address treatment-related cardiovascular problems while the oncology team continues to focus on treating the cancer. Not every patient needs a cardio-oncologist, but survivors should know that this specialty exists and ask whether a referral is appropriate for their situation.

A Special Word to Black Women

For Black women, the conversation about breast cancer and cardiovascular health is especially important. Disparities in breast cancer outcomes and cardiovascular disease are shaped by many factors, including access to timely care, quality of care, underlying health conditions, social and economic conditions, and structural inequities. Our response must be more than awareness. We need informed patients, coordinated care, appropriate follow-up and healthcare systems that listen when women say something does not feel right.

Survivorship Means the Whole Woman

I remain a storyteller - a griot - because stories can open doors to questions people did not know they needed to ask. My purpose is not to make anyone afraid of lifesaving cancer treatment. It is to help women become informed partners in their care. We can celebrate advances in breast cancer treatment while also protecting the heart that carries us forward.

My message to every survivor is simple: know your treatment history, know your cardiovascular risk factors, keep your follow-up appointments, speak up about new symptoms, and ask your medical team how your heart will be protected before, during and after treatment.

Questions to Carry Into Your Appointment

- **Could any of my cancer treatments affect my heart or blood vessels?**
- **What is my cardiovascular risk before treatment begins?**
- **Should I have a baseline heart test?**
- **How will my heart be monitored during treatment?**
- **If I need radiation, what will be done to protect my heart?**

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- **What symptoms should I report immediately?**
- **Do I need long-term heart follow-up after treatment ends?**
- **How will all of my healthcare providers work together?**

Symptoms We Should Not Ignore

Talk with your healthcare team about new or worsening shortness of breath, chest pain or pressure, swelling of the feet, ankles, legs or abdomen, rapid weight gain from fluid, unusual fatigue, palpitations, dizziness or fainting. Severe chest pain, severe shortness of breath, fainting or other emergency symptoms require immediate medical attention.

Survive. Thrive. Make a Difference.

"If I can save one life through this journey, then my life has not been in vain."

- DeBorrah Carter

Educational note: This material is for education and advocacy and is not a substitute for individualized medical advice. Treatment and heart-monitoring decisions should be made with your healthcare team.