Transcranial direct current stimulation improves sustained attention in breast cancer survivors Alexandra M. Gaynor¹, Denise Pergolizzi², Yesne Alici¹, Elizabeth Ryan¹, Katrazyna McNeal¹, Tim A. Ahles¹, James C. Root¹





Memorial Sloan Kettering Cancer Center

Cancer-related Cognitive Dysfunction

- More than half of cancer survivors report difficulties with cognitive function following completion of treatment
- Self-reported memory complaints likely stem from attentional failures during encoding (Root et al., 2015; 2016)
- Greater intra-individual variability in reaction time on attention tasks, associated with variable and lapsing attention (Bernstein, Catton, & Tannock, 2014)
- Chemo-treated survivors show reductions in brain volume, activity, and connectivity in prefrontal regions (de Ruiter et al., 2011; Deprez et al., 2012) Study goals:
- 1. Test feasibility and tolerability of tDCS to prefrontal cortex in breast cancer survivors with cancer-related cognitive dysfunction
- 2. Test efficacy of prefrontal tDCS to improve sustained attention in breast cancer survivors

Attention Task

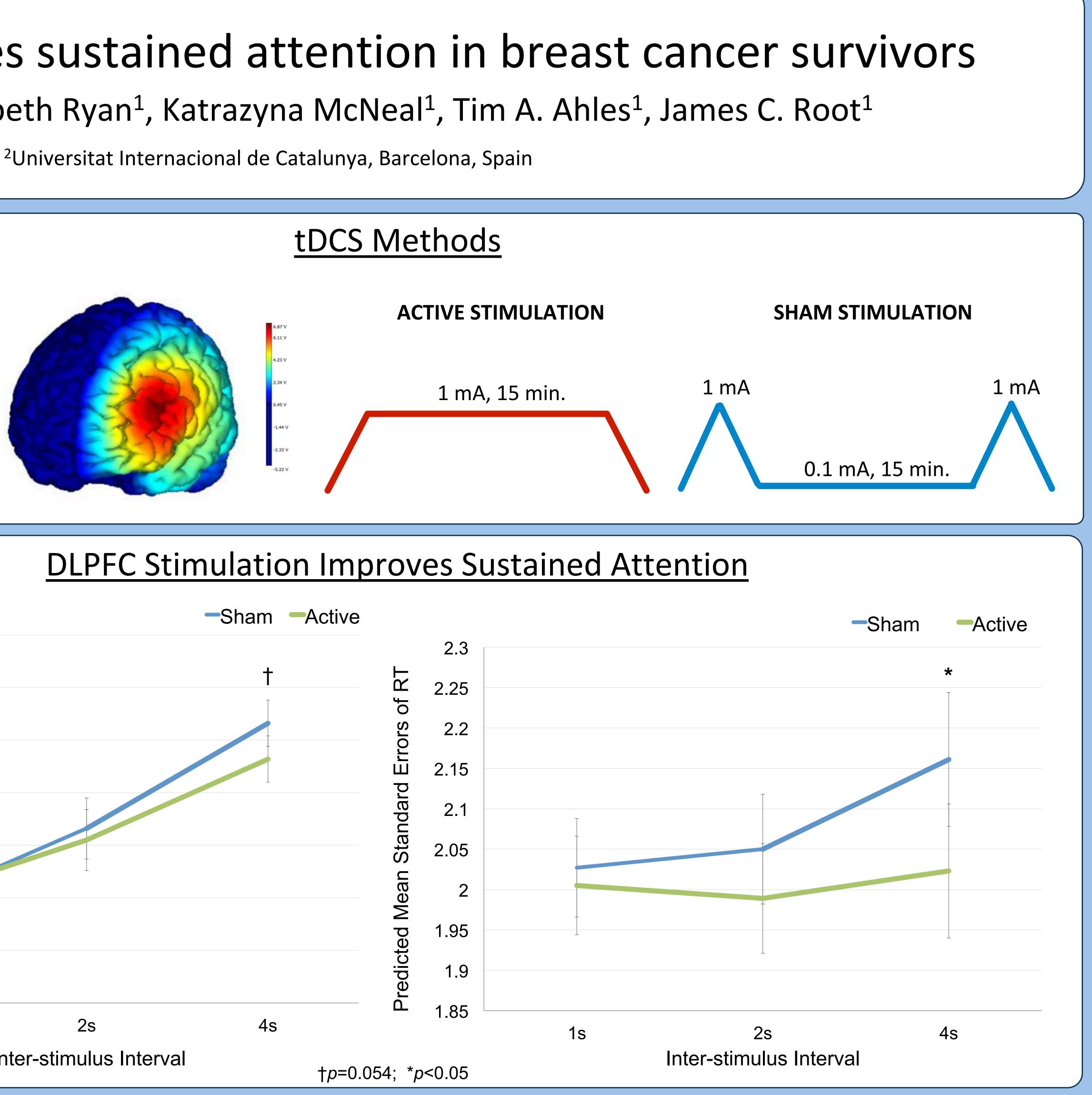
N = 16 breast cancer survivors, age 40-65 yrs Continuous Performance Test (Conners' CPT II)

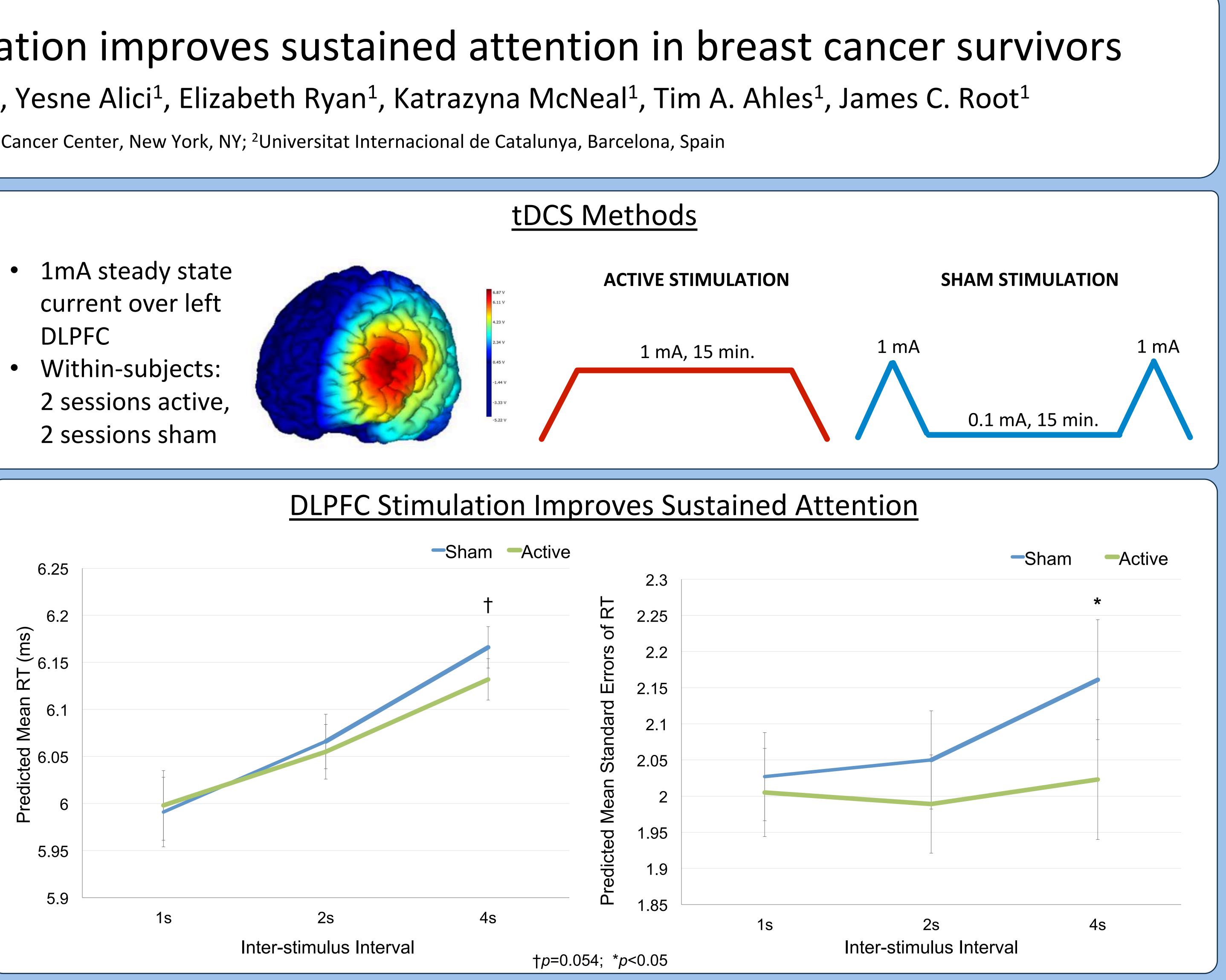


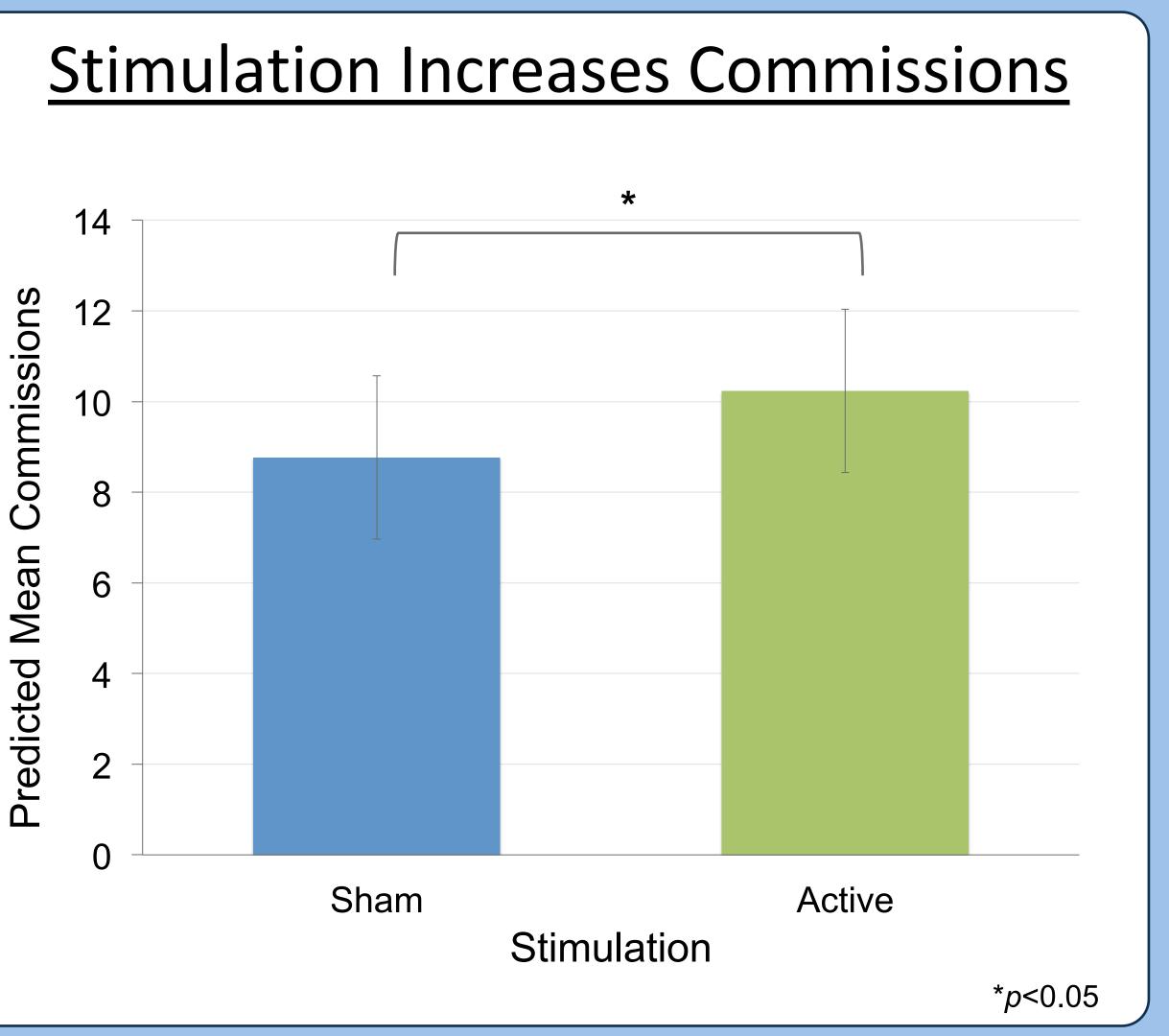
360 trials; 18 blocks with varying ISI: 1s, 2s, 4s 90% target (go), 10% non-target (no-go)

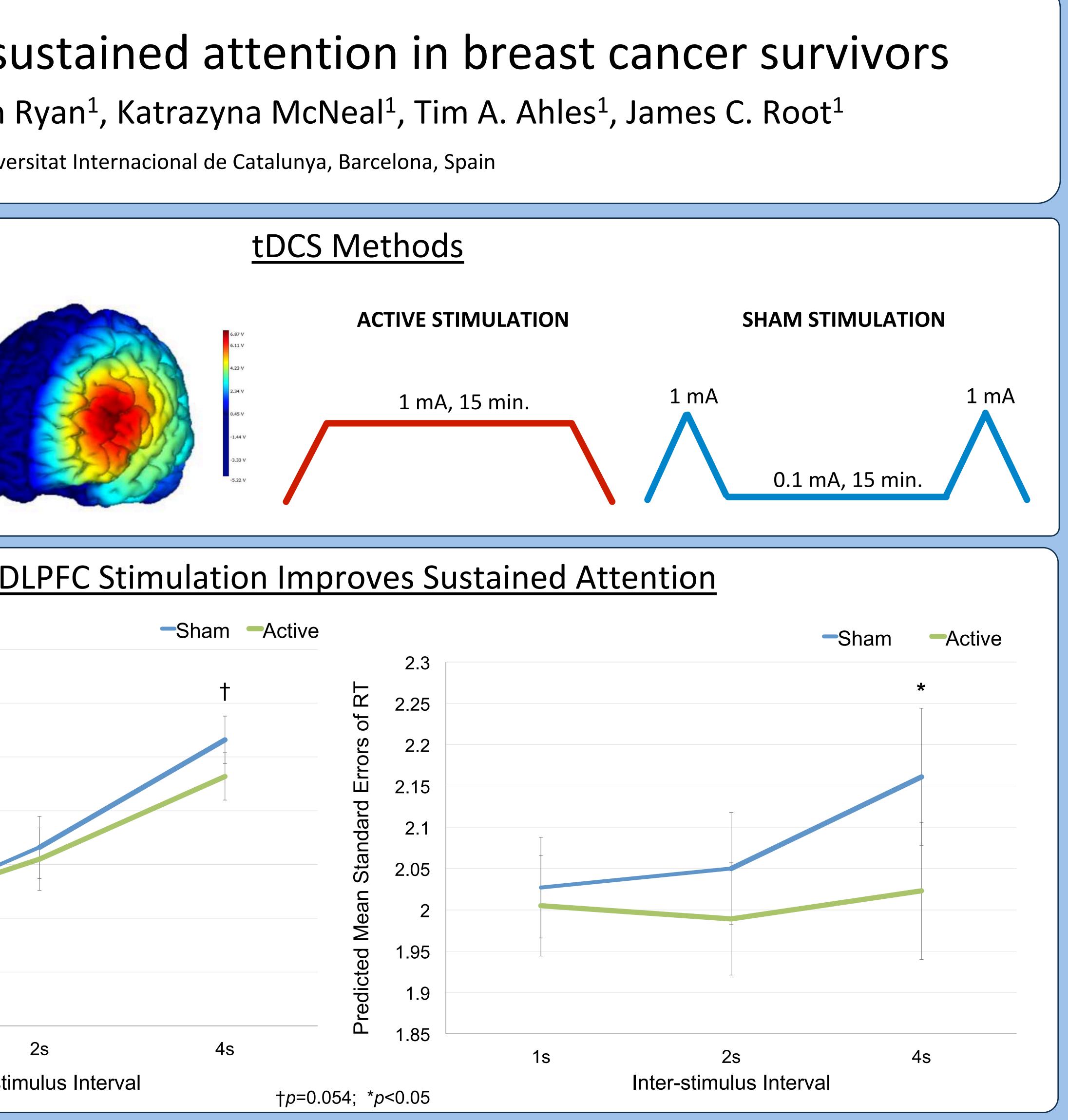
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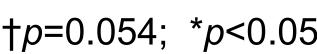
current over left DLPFC

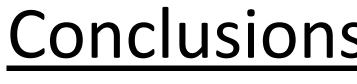


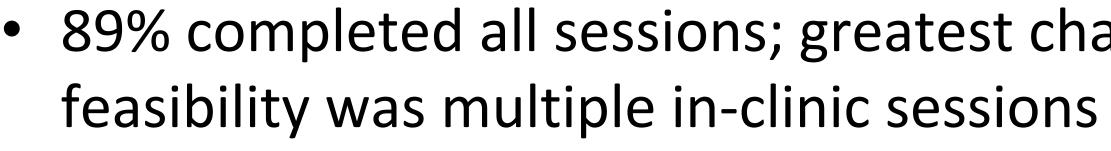












- remediate attention deficits in CRCD

Conclusions and Future Directions

• 89% completed all sessions; greatest challenge to • No significant discomfort or adverse effects Stimulation of left DLPFC is effective in improving sustained attention performance in cancer survivors • Unexpected increase in commissions may result from increased speed generalized to non-dominant task, or possible cathodal inhibition of right DLPFC • Future work should use remotely-supervised tDCS to overcome limitations of feasibility and determine effects of multiple sessions on producing long-term changes and