Center Core Faculty Member, Dr. Carissa Low, is an Assistant Professor of Medicine and Psychology at the University of Pittsburgh, where she directs the Biobehavioral Oncology and Technology (BOT) Lab. Her research focuses on the interactions between behavior, biology, and patient-centered outcomes in the context of cancer, and she is investigating the use of mobile technology to detect and target risk states during cancer treatment.
Below, find Dr. Low's recently published paper, visit the BOT Lab's website, and read a preview of Center Associate Director Julia Holber's interview with Dr. Low. Visit our website to read the full interview here!

Fitbit step counts during inpatient recovery from cancer surgery as a predictor of readmission

Carissa A Low, PhD, Dana H Bovbjerg, PhD, Steven Ahrendt, MD, M Haroon Choudry, MD, Matthew Holtzman, MD, Heather L Jones, PA-C, James F Pingpank, Jr., MD, Lekshmi Ramalingam, MD, Herbert J Zeh, III, MD, Amer H Zureikat, MD

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Read the press release and the full text of Dr. Low's recent paper

Biobehavioral Oncology + Technology Lab

Visit the BOT Lab website

Julia: At our 3rd Integrative Conference last month, you presented DASH (Detecting Activity to Support Healing) at our Demo Session. What is DASH? What does it aim to do?

Carissa: DASH is a study where we’re developing an intervention to target sedentary behavior before and after cancer surgery. It’s funded by the NCI, the Center for Behavioral Health and Smart Technology, and the Aging Institute, and it’s a follow-up to our Fitbit finding. DASH uses a wearable device to detect in real-time when patients have been sitting or lying down for a long period of time, and then it suggests brief walking breaks to reduce prolonged sedentary bouts, with more frequent breaks at times when patients are feeling relatively well and asymptomatic. So, DASH will start before surgery, which research on prehabilitation has shown is a really important time point when increasing activity can set people up for a better
recovery, and then it continues through the post-operative recovery period. We’re still refining DASH and conducting usability and iterative design sessions with patients right now so we can build an intervention that meets their evolving needs while they’re waiting for and then recovering from this major surgery. We’re learning a lot so far, and we’re looking forward to finalizing the intervention and testing its effects on post-operative outcomes in a randomized trial next year.

Read the full interview here!