

Cardiovascular complications of cancer therapy: Lv systolic dysfunction and heart failure

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Abstract

Recent advances with novel therapies give the prolonged life expectancy due to their efficacy, but many of them can induce further cardiovascular complications. Cancer therapy-related cardiac dysfunction (CTRCD) is the most common side effect of antitumor therapy, occurring in approximately 10% of the patients. Its clinical manifestation can occur immediately during the drug administration or may appear for months or years after the patient has been treated. The severity of CTRCD depends on many factors such as drug type, molecular site of action, cumulative dose, drug combination, method of administration, previous heart diseases, and patient demographics. Therefore, risk prediction, detection, and prevention of CTRCD are crucial. Development of Cardio-Oncology with the multidisciplinary team approach to cancer patient management has led to improvement in survival and the quality of life. Echocardiography with assessment of LV systolic function is the most common non-invasive method of detection and monitoring of cardiac toxicity due to anthracyclines and other chemotherapeutic agents. Biomarkers such as high sensitivity troponin I or T and B-type natriuretic peptide may be useful in CTRCD early detection before LV ejection fraction changes. Symptomatic and asymptomatic HF should be treated according to the current guidelines. ACE inhibitors and β -blockers are the cornerstones of therapy for LV dysfunction or heart failure and should be administered to patients with cancer in which CTRCD is detected. Every effort should be made to manage HF to allow chemotherapy to be continued. Still, the clinical decisions of physicians remain extremely important; when using these best clinical practices doctors should use the individual approach in management of their patients

Biography:

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Speaker Publications:

1. "Cardioprotective strategy in ST-elevation acute myocardial infarction patients after reperfusion with percutaneous coronary intervention"

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