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Evaluating a patient on cardiotoxic chemotherapy for left ventricle dysfunction

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The evidence regarding the association of cardiac disease and cancer is increasing. Risk evaluation for cardiotoxicity is mandatory for patients undergoing chemotherapy. Evidence review states that patients diagnosed with cancer must have treatment planning with risk assessment of cardiovascular toxicity prior to initiating cancer specific treatment. Serial evaluation for patients who have risk factors for cardio-toxicity is needed to early diagnose subclinical cardiotoxicity. The recent guidelines had defined Heart Failure (HF) in cancer patients as, Stage-A HF: Patients with high risk for cardio toxicity have the risk factors such as, previous cardiotoxicity, previous CV disease, potentially toxic chemotherapy, thoracic radiotherapy and CV risk factors. Stage-B HF: Evidence of cell damage and early LV dysfunction. LV dysfunction defined by reduction of EF>10% to an EF<53, reduction GLS> 15%. Subclinical dysfunction defined as reduction of GLS with preserved EF>53%. Stage-C: Symptomatic HF. Stage-D: Refractory Symptoms. The guidelines recommend specific actions for each stage of HF in patients on chemotherapy. The goal is to prevent progression to Stage-D heart failure and to complete appropriate chemotherapy safely. There are critical concerns around new class of chemotherapy that may have acute cardiovascular toxicity rather than accumulative dose effect. We can conclude the review of guidelines and discuss ways that clinicians and centers may adopt it into practice.

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