

36TH CARDIOVASCULAR NURSING & NURSE PRACTITIONERS MEETING

July 10-11, 2017 Chicago, USA

Cardiac toxicity risk of long-term use of trastuzumab in metastatic breast cancer-The importance of a cardio-oncology team

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The prognosis of patients with cancer was substantially improved by early detection and modern treatments, one of these being signalling inhibitors, alone or combined with conventional chemotherapy. Patients receiving cancer therapies may have their quality of life and survival affected by cardiotoxicity, because higher survival rates brings more patients presenting with cardiac adverse effects. Signalling inhibitors like trastuzumab have a risk of cardiovascular adverse effects including cardiac dysfunction and development of heart failure, myocardial ischemia, arrhythmia, QT prolongation, and arterial hypertension. Iatrogenic side effects of these drugs could be irreversible lesions or reversible dysfunction, but exist also the possibility of being overlapped, for example, trastuzumab may produce irreversible cardiac damage in patients with preexisting cardiac dysfunction or augment anthracyclines type I cardiotoxicity. Cardiovascular treatment may delay expression of cardiac dysfunction in these patients. Monitoring the cardiac health of patients before, during and after cancer treatment is very important. It is possible that patients eligibility for cancer therapies may be affected, and also their life expectancy. In some cases, cancer treatments may be stopped without prompt access to cardio-oncology expertise. Also, patients are not eligible for the aggressive treatments needed, remaining a potential risk of being undertreated, having treatment delays or having dose decreased. Trastuzumab, a monoclonal antibody targeted against HER 2 / erb B2 and VEGF (vascular endothelial growth factor) signalling pathways, in combination with chemotherapy improved prognosis of women with HER 2 overexpressed breast cancer. The main concern of long-term therapy with trastuzumab remains its association with potential cardiotoxicity. Although real, cardiac side effects of trastuzumab are probably overemphasized. I report the case of a woman with metastatic breast cancer, who is currently in complete remission, and who was treated with trastuzumab for more than 9 years without significant cardiac toxicity.

Biography

Cristina Florescu is lecturer at Craiova University of Medicine and Pharmacy, senior doctor in cardiology and internal medicine, has a Master degree in Health Services and is Doctor of Medicine. Her domains of interest are heart failure, echocardiography, prevention medicine and cardio-oncology.

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