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Onco-cardiology: A multidisciplinary approach to improving cardiovascular outcomes of cancer survivors

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The United States has over 18 million cancer survivors the most likely event faced by these vulnerable patients are recurrence of malignancy or a new primary cancer, followed by a cardiovascular event. Anti-cancer therapy has made great progress at the start of the 21st century from multi-targeted therapies to targeted therapies and immunotherapy to treat solid and liquid tumors. The majority of patients whom have completed anti-cancer therapy continue their follow-up strictly in oncology centers. Cardioncology programs are rapidly developing within the United States and throughout the world in order to meet the needs of an expanding cancer survivorship from improved outcomes of anticancer therapy. The most common cardiovascular complications from anticancer therapy includes: Congestive heart failure, hypertension and QTC prolongation. In conjunction with radiation therapy, valvular disease and pericardial disease as well as ischemic heart disease can be challenging to diagnose and treat in cancer patients. There are limited randomized placebo controlled trials that have been conducted which demonstrates improved outcomes of cancer survivors most studies have been retrospective in nature therefore a great deal of practice based guidelines have been incorporated into cardio oncology clinics. Cancer patients have largely been excluded from cardiovascular clinical trials, and cardiovascular patients have been largely excluded from cancer trials. Both U S and European have largely been the result of consensus statements and modifications of current ACC, AHA, HF SA, ASCO. The use of standard of care therapy in patients with left ventricular systolic dysfunction, hypertension, and valvular disease has greatly improved the outcomes of cancer survivors.

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