

An Overview on Cardiotoxicity of Cancer Treatments

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DESCRIPTION

Advances in cancer treatment have significantly improved the prognosis and quality of life for many cancer patients. However, as more effective therapies have emerged, another issue has come to the forefront: Cardiotoxicity. Cardiotoxicity refers to the adverse effects of cancer treatments on the cardiovascular system, which can lead to serious heart-related complications. The use of certain chemotherapy drugs and radiation therapy in cancer treatment can pose a substantial risk to the heart, making it essential for healthcare professionals and patients to be aware of this issue and take proactive measures to mitigate its impact [1].

Cardiotoxicity can manifest in various forms, but the most common include heart failure, arrhythmias, and damage to the heart muscle. Some cancer treatments are more likely to cause cardiotoxicity than others, and the risk depends on factors like the type and dosage of the drugs, the duration of treatment, and the patient's pre-existing heart health. Cardiotoxicity can be acute, developing during or shortly after treatment, or it can be delayed, emerging months or even years later [2].

Cancer treatments and cardiotoxicity

Chemotherapy: Chemotherapy, while effective in targeting cancer cells, can have unintended consequences on the heart. Anthracyclines, such as doxorubicin, are well-known culprits of cardiotoxicity. They can cause oxidative stress and inflammation, leading to damage in the heart muscle and potentially life-threatening conditions. Newer targeted therapies like Tyrosine Kinase Inhibitors (TKIs) and immune checkpoint inhibitors can also impact the cardiovascular system, though the mechanisms may differ [3].

Radiation therapy: Radiation therapy, used to treat various cancers, can damage heart tissue, leading to conditions like coronary artery disease, valvular disease, and pericardial disease. The risk is particularly high when treating tumors close to the heart, making it crucial to carefully plan radiation treatment to minimize cardiac exposure [4].

Immune Checkpoint Inhibitors (ICIs): Immune Checkpoint Inhibitors (ICIs) have revolutionized cancer treatment, but they

can lead to immune-related adverse events, including cardiotoxicity. Myocarditis, inflammation of the heart muscle, is a notable concern with ICIs. Prompt recognition and management are essential for patients receiving these therapies [5].

Preventing and managing cardiotoxicity

Screening and monitoring: Oncologists should conduct thorough assessments of a patient's cardiovascular health before starting cancer treatment, including a baseline assessment of cardiac function using techniques like echocardiography or MUGA scans. Regular monitoring throughout treatment is critical to detect any early signs of cardiotoxicity [6].

Personalized treatment plans: The choice of cancer treatment should be personalized to the individual patient, considering their cancer type, stage, and cardiac risk factors. Lower-risk therapies or alternative regimens may be recommended for those at a higher risk of cardiotoxicity [7].

Cardioprotective medications: In some cases, cardioprotective medications, such as Angiotensin-Converting Enzyme (ACE) inhibitors and beta-blockers, can be prescribed to mitigate the effects of cardiotoxicity. These drugs can help manage blood pressure, reduce stress on the heart, and improve overall cardiovascular function [8,9].

Lifestyle modifications: Patients can take proactive steps to reduce their risk of cardiotoxicity by adopting a heart-healthy lifestyle. This includes maintaining a balanced diet, engaging in regular physical activity, and avoiding smoking and excessive alcohol consumption [10].

CONCLUSION

Cardiotoxicity is a concerning side effect of many cancer treatments that can significantly impact a patient's overall health and quality of life. While cancer therapy has made remarkable progress, healthcare providers and patients must be vigilant about the potential cardiovascular risks associated with these treatments. Through early screening, personalized treatment plans, and proactive management, the medical community can

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continue to improve the balance between effective cancer treatment and minimizing harm to the heart. As research advances, we hope to see even more effective and safer cancer treatments developed in the future, ultimately reducing the burden of cardiotoxicity on cancer patients.

REFERENCES

1. Wnorowski A, Yang H, Wu JC. Progress, obstacles, and limitations in the use of stem cells in organ-on-a-chip models. *Adv Drug Deliv Rev.* 2019;140:3-11.
2. Neumann JT, Weimann J, Sörensen NA, Hartikainen TS, Haller PM, Lehmacher J, et al. A biomarker model to distinguish types of myocardial infarction and injury. *J Am Coll Cardiol.* 2021;78(8):781-790.
3. Curigliano G, Lenihan D, Fradley M, Ganatra S, Barac A, Blaes A, et al. Management of cardiac disease in cancer patients throughout oncological treatment: ESMO consensus recommendations. *Ann Oncol.* 2020;31(2):171-190.
4. Kim H, Kamm RD, Vunjak-Novakovic G, Wu JC. Progress in multicellular human cardiac organoids for clinical applications. *Cell Stem Cell.* 2022;29(4):503-514.
5. Renu K, Abilash VG, PB TP, Arunachalam S. Molecular mechanism of doxorubicin-induced cardiomyopathy-An update. *Eur J Pharmacol.* 2018;818:241-253.
6. Ghigo A, Li M, Hirsch E. New signal transduction paradigms in anthracycline-induced cardiotoxicity. *Biochim Biophys Acta.* 2016;1863(7):1916-01925.
7. Litviňuková M, Talavera-López C, Maatz H, Reichart D, Worth CL, Lindberg EL, et al. Cells of the adult human heart. *Nature.* 2020;588(7838):466-472.
8. Schutgens F, Clevers H. Human organoids: Tools for understanding biology and treating diseases. *Annu Rev Pathol.* 2020;15:211-234.
9. Ruan Y, Guo Y, Zheng Y, Huang Z, Sun S, Kowal P, et al. Cardiovascular Disease (CVD) and associated risk factors among older adults in six low-and middle-income countries: results from SAGE Wave 1. *BMC Public Health.* 2018;18(1):1-3.
10. Badawy MA, Naing L, Johar S, Ong S, Rahman HA, Tengah DS, et al. Evaluation of cardiovascular diseases risk calculators for CVDs prevention and management: Scoping review. *BMC Public Health.* 2022;22(1):1742.