

Prostate cancer therapy can increase heart risk factors

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Androgen-deprivation therapy (ADT), commonly used to treat prostate cancer, can worsen heart risk factors and may increase the risk of heart attack and/or cardiac death, although the relationship between ADT and heart attack or cardiac death has not been definitively established, according to a science advisory published in *Circulation: Journal of the American Heart Association and CA: A Cancer Journal for Clinicians*.

The advisory, produced by a writing group of experts from the American Heart Association, American Cancer Society and American Urological Association, and endorsed by the American Society for [Radiation Oncology](#), is an evaluation of published research about the relationship between ADT and cardiovascular events and risk factors in patients with prostate cancer.

Considerable data show that ADT can increase fat mass, increase low-density lipoprotein (LDL) cholesterol — the “bad” cholesterol — and cause blood sugar abnormalities, according to the writing group.

“Based on current data, it was appropriate to conclude that there may be a relationship between ADT therapy in patients with prostate cancer and future [cardiovascular risk](#),” said Glenn N. Levine, M.D., chair of the advisory writing group and professor of medicine at Baylor College of Medicine in Houston.

While some studies have found an association between ADT and increased cardiovascular risk, other studies have not detected the

association, according to the advisory. The writing group called for future studies to prospectively analyze heart risks related to ADT whenever possible.

An increased risk with ADT was noted in 1 percent to 6 percent of the study populations. Thus, “while there may be some increased heart risk, the decision about whether to initiate ADT should be based on weighing the benefits of therapy with this potential modest risk,” he said.

Decisions about ADT should be made by the physician treating the patient for [prostate cancer](#) without referral to other specialists, according to the advisory. However, given the metabolic effects of ADT therapy, patients receiving ADT should be followed periodically by their primary care physicians.

Patients with known heart disease should always be encouraged to adopt healthy lifestyle changes and receive the appropriate preventive therapies if necessary, including lipid-lowering, blood pressure-lowering, glucose-lowering therapy and antiplatelet therapies (such as aspirin), Levine said.

Provided by American Heart Association

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