Candesartan doesn't prevent trastuzumab cardiotoxicity

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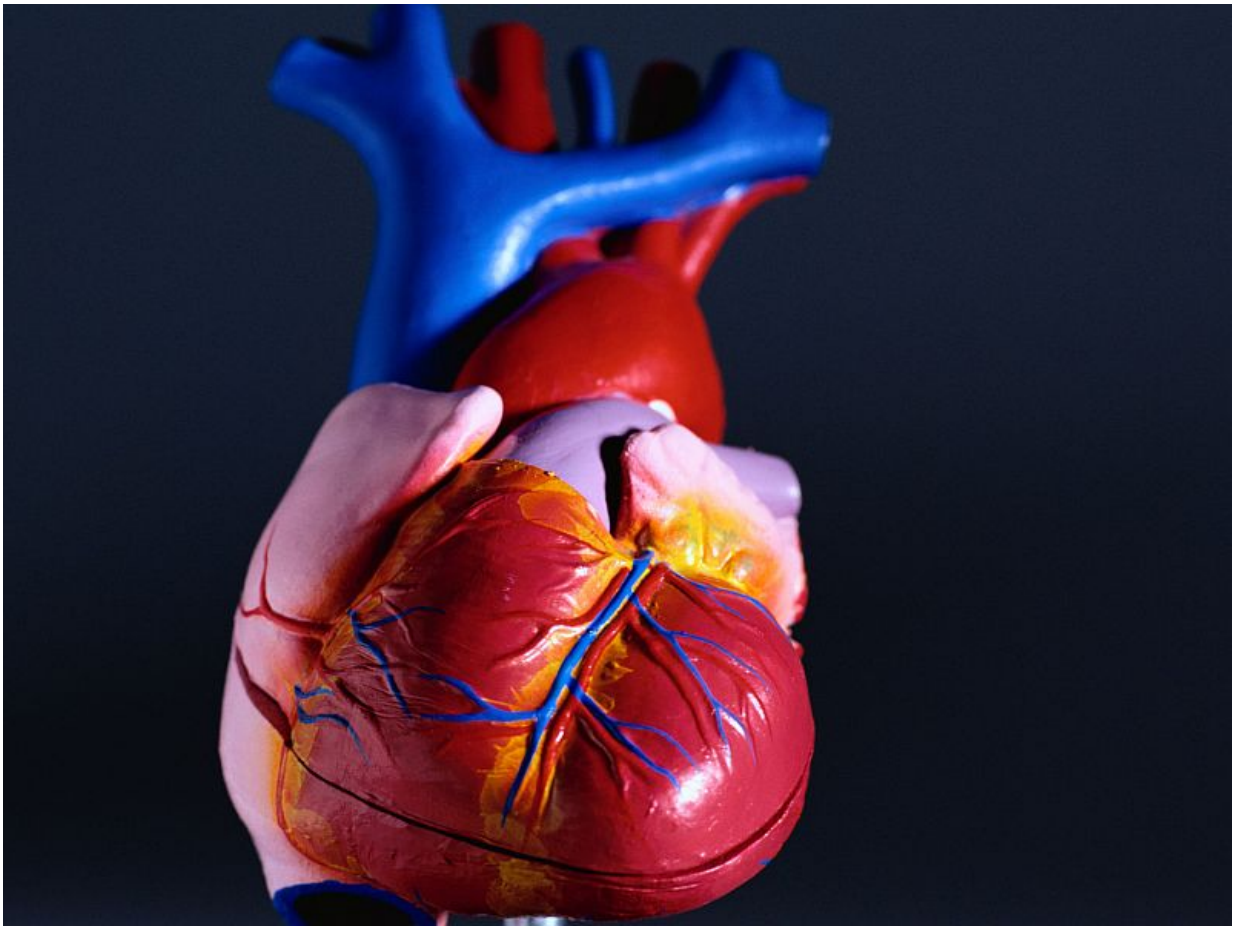

(HealthDay)—In patients with early breast cancer, candesartan does not

protect against trastuzumab-related cardiotoxic effects, according to a study published online June 23 in *JAMA Oncology*.

Annelies H. Boekhout, Ph.D., from the Netherlands Cancer Institute in Amsterdam, and colleagues conducted a randomized placebo-controlled trial involving 210 women with early breast cancer testing positive for human epidermal growth factor receptor 2. Patients were randomized to 78 weeks of candesartan (32 mg/day) or placebo (103 in each group); treatment started on the same day as the first trastuzumab treatment.

The researchers found that 36 patients manifested at least one of the two primary cardiac end points. Compared with the placebo group, there were 3.8 percent more cardiac events in the candesartan group (P = 0.58), with 19 and 16 percent in each group, respectively. The two-year cumulative incidence of cardiac events in the candesartan and placebo groups was 0.28 and 0.16, respectively (P = 0.56). Candesartan had no effect on changes in the N-terminal of the prohormone brain natriuretic peptide and high-sensitivity troponin T values; there was no correlation for these biomarkers with significant changes in left ventricular ejection fraction.

"The findings do not support the hypothesis that concomitant use of candesartan protects against a decrease in left ventricular ejection fraction during or shortly after trastuzumab treatment in early breast cancer," the authors write.

The study was supported by unrestricted financial contributions from Roche; AstraZeneca provided the study drug and placebo.

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