

Cardiac monitoring needed for high-risk breast cancer patients

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(HealthDay)—Risk of cardiotoxicity is higher for patients receiving

trastuzumab and/or anthracyclines for the treatment of breast cancer, according to a study published in the Aug. 1 issue of *JACC: Cardiovascular Imaging*.

Mariana L. Henry, from the University of Texas MD Anderson Cancer Center in Houston, and colleagues used data from the Truven Health MarketScan (IBM Watson Health, Cambridge, Mass.) database to assess the rate of chemotherapy-related cardiotoxicity and to estimate adherence to recommendations for [cardiac monitoring](#) among 16,456 [breast cancer](#) patients (median age, 56 years) treated with chemotherapy (2009 to 2014).

The researchers found that cardiotoxicity was identified in 4.2 percent of patients. There was an increased risk of cardiotoxicity associated with therapy with trastuzumab (hazard ratio, 2.01) and anthracyclines (hazard ratio, 1.53), Deyo comorbidity scores (hazard ratios, 1.38 for scores of 1 and 2.47 for scores ≥ 2), hypertension (hazard ratio, 1.28), and valve disease (hazard ratio, 1.93). Younger patients (≤ 35 years of age and 36 to 49 years) had lower risk of cardiotoxicity versus patients ≥ 65 years (hazard ratios, 0.37 and 0.49, respectively). Guideline-adherent cardiac monitoring was identified in 46.2 percent of patients treated with trastuzumab.

"Cardiac monitoring among trastuzumab-treated patients should be a priority among high-risk [patients](#) and in the presence of comorbidities or other chemotherapies such as those using anthracyclines," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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