

Risk factors for mortality in cardiovascular disease and treatment for malignancy

Czynniki ryzyka zgonu z powodu chorób układu sercowo-naczyniowego i leczenie onkologiczne

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I read with interest the recent article "Assessment of risk factors for mortality in patients with cardiovascular disease and a history of treatment for malignancy" by Rydzek et al. [1].

These authors studied 326 patients with cardiovascular disease (CVD), who were receiving palliative treatment for advanced pulmonary (69.5%) and breast (30.5%) malignancies, and the objective was to evaluate the role of risk factors on surviving for a year in good clinical condition. The mean age was 67.8 ± 10 (42–89) years, 54% were men, and the main concomitant conditions were ischaemic cardiac disease, cachexia, chronic obstructive pulmonary disease, atrial fibrillation, arterial hypertension, and diabetes [1]. The role played by drugs, including tamoxifene, megestrol acetate, angiotensin-converting enzyme inhibitor (ACEI), beta-blockers, diuretics, and dexamethasone, was also discussed [1]. The authors concluded that previous radio- and/or chemotherapy for malignancy represent prognostic factors related to increased one-year mortality in this group of patients, and the study is the first one about both oncological and CVD factors influencing survival [1].

I would like to address some comments about reversible cardiotoxicity of trastuzumab in a 54-year-old woman treated for an invasive breast cancer. She was diabetic and hypertensive, and underwent surgery for IIA ductal carcinoma of the breast presenting HER2 receptors [2]. The adjuvant chemotherapy included four cycles of doxorubicin and cyclo-

phosphamide, plus four cycles of trastuzumab and paclitaxel. Before chemotherapy the echocardiogram was normal with a left ventricular ejection fraction (LVEF) of 76%, but at the seventh cycle of trastuzumab the patient had symptoms of heart failure and echocardiogram showed an LVEF of 59%. She improved significantly with the use of ACEI and a reduction of the dose of chemotherapy by 25% [2]. Four years later she remains in regular outpatient control, maintaining good clinical condition.

Mortality risk scores are important tools during patient selection for invasive procedures, especially among old-age groups, which involve individuals with higher risk of malignancy; however, prognostic factors related to malignancy and its treatment are not yet included [1]. The commented studies might stimulate the interest for researchers about these risk factors, cardiotoxicity related to chemotherapy, survival time, and better quality of life for oncologic patients.

Conflict of interest: none declared

References

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