An International Survey Of Health Care Providers Involved In The Management Of Cancer Patients Exposed To Cardiotoxic Therapies

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Objective: It has become increasingly evident that targeted agents used in cancer therapy may negatively impact cardiovascular health. This has led to increasing interest by health care providers (HCPs) in developing multidisciplinary approaches to manage these patients. The objective of this international survey was to gain better understanding of current knowledge and practice patterns among HCPs involved in the management of cancer patients exposed to potentially cardiotoxic drugs.

Methods: Between 2012-2013, HCPs involved in the management of cardiac disease in cancer patients were surveyed using email lists from the Canadian Association of Medical Oncologists (CAMO), the Canadian Cardiovascular Society (CCS), the Canadian Cardiac Oncology Network (CCON), and the International CardiOncology Society (ICOS). The survey consisted of 14 questions related to cancer treatment-induced cardiotoxicity. Descriptive data was collected and summarized.

Results: 393 survey responses were received (77 Canadian), with a response rate of 25%. The majority of respondents were cardiologists (47%, 185/393), followed by medical oncologists (40%, 158/393). 55% of respondents were in academic practice (212/383). The majority of respondents agreed that cardiac issues are important to cancer patients (97%, 381/393); 94% felt that the diagnosis of cardiac disease had an impact on cancer prognosis (349/383), and 77% agreed that chemotherapy or radiation is an important risk factor for cardiac disease (301/393). However, only 36% of respondents felt there is an accepted definition of cardiotoxicity (109/383). Despite the high percentage (78%) of respondents who felt cardiac medications are protective during active treatment (307/393), only 51% would consider prescribing these medications up front in cancer patients (199/393).

Conclusion: There is a high level of concern for cardiac safety among HCP’s regarding active cancer therapy for patients; however, there is a lack of consensus on the definition of cardiotoxicity and uncertainty remains for optimal management in this new field of cancer care.