

TIPS FOR MANAGING HEART HEALTH DURING AND AFTER CANCER TREATMENT

Main audience: Primary care professionals

Some cancer treatments can lead to heart problems, especially in patients with pre-existing cardiovascular (CV) risk factors. It is recommended that heart health is monitored and managed before, during and after cancer treatment. This is especially important for people with a cancer diagnosis and pre-existing heart conditions, or those receiving potentially cardiotoxic treatments.

For more detail, please see *Managing Heart Health during and after cancer treatment – a guide for primary care health professionals*, available from be.macmillan.org.uk, product code MAC15722_Guide or download from macmillan.org.uk/HeartGuide.

Cardiotoxic cancer treatments	
	Examples
Anthracyclines	Doxorubicin (<i>Adriamycin</i>); Epirubicin (<i>Pharmorubicin</i> ®); Daunorubicin (<i>Daunomycin</i>)
Targeted cancer therapies	Trastuzumab (<i>Herceptin</i> ®); Bevacizumab (<i>Avastin</i> ®) Tyrosine kinase inhibitors (TKIs): Imatinib (<i>Glivec</i> ®); Sorafenib (<i>Nexavar</i> ®); Sunitinib (<i>Sutent</i> ®)
Hormonal therapies	Anti-oestrogens: Tamoxifen; Anastrozole (<i>Arimidex</i> ®); Letrozole (<i>Femara</i> ®) Anti-androgens: Goserelin (<i>Zoladex</i> ®); Buserelin (<i>Suprefact</i> ®); Surgical orchidectomy
Radiotherapy involving the heart	For example, left breast or mediastinal Note: Level of risk following breast radiotherapy varies according to the technique used – modern heart-sparing radiotherapy carries a lower risk of cardiotoxicity than older methods.

Before cancer treatment

- Advise patients on how to optimise their heart health, using the Macmillan booklet *Heart Health and Cancer Treatment* (MAC14637) – in particular physical activity, healthy diet and smoking cessation.
- Consider all CV risk factors prior to cancer treatment and optimise without delaying cancer care pathways (eg control of hypertension, diabetes, dyslipidaemias).

During hospital-based treatment or hormonal treatments:

- **During chemotherapy, ANY CV symptom, however mild, should be investigated, irrespective of previous cardiac history.**
- Be aware of the cardiotoxic risks of treatment (as per patient's cancer Treatment Summary)
- READ code cancer treatment and the risk of CV disease. For codes, see page 7 of the 'Managing Heart Health' guide macmillan.org.uk/HeartGuide
- During hormonal therapy, monitor weight, diabetes status and cholesterol.
- Alert the oncology team to any changes to the patient's CV medication or status.
- Continue to review CV disease risk during long term cancer treatment.

For further information and resources please visit be.macmillan.org.uk/cot

After cancer treatment has finished:

- Discuss the Treatment Summary with the patient, including long term effects and the importance of a healthy lifestyle. Offer the Macmillan booklet *Heart Health and Cancer Treatment* (MAC14637).
- Begin regular cardiac function testing (by primary or secondary care) no later than 6 months after end of high risk cardiotoxic treatments, then (if results normal and patient is asymptomatic) at 5-yearly intervals.
- At least annually, screen people with CV risk factors, even if asymptomatic, for risk factors/co-morbidities eg hypertension, diabetes, dyslipidaemia, overweight/obesity.
- People with metastatic disease should be monitored and managed in the same way as people without metastases.

Criteria for referral to Cardiology

- Abnormal cardiac function or CV symptoms detected during surveillance.
- Any new cardiac abnormality in symptomatic patients with established CVD.
- Treated with cardiotoxic chemotherapy or radiotherapy involving the heart and are pregnant or planning to become pregnant.
- Treated with cardiotoxic chemotherapy or radiotherapy involving the heart and who wish to compete at a high level of exercise.