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

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthracyclines</td>
<td>Doxorubicin (Adriamycin); Epirubicin (Pharmorubicin ®); Daunorubicin (Daunomycin)</td>
</tr>
<tr>
<td>Targeted cancer therapies</td>
<td>Trastuzumab (Herceptin®); Bevacizumab (Avastin®)</td>
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<td></td>
<td>Tyrosine kinase inhibitors (TKIs): Imatinib (Glivec®); Sorafenib (Nexavar®); Sunitinib (Sutent®)</td>
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<tr>
<td>Hormonal therapies</td>
<td>Anti-oestrogens: Tamoxifen; Anastrozole (Arimidex®); Letrozole (Femara®)</td>
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<td>Anti-androgens: Goserelin (Zoladex®); Buserelin (Suprefact®); Surgical orchidectomy</td>
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<tr>
<td>Radiotherapy involving the heart</td>
<td>For example, left breast or mediastinal</td>
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<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

### 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.

### 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.

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

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