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Trastuzumab treatment-related cardiotoxicity: A storm in a teacup



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Introduction: Cardiotoxicity (CT) is the most concerning side effect of trastuzumab. It remains unclear whether the current arbitrary recommendations provide an adequate balance between preventing heart damage and curtailing a curative treatment.

Objective: The main objective of this study was to determine the incidence rate and consequences of CT during (neo) adjuvant trastuzumab treatment in a real-world scenario.

Methods: Retrospective analysis of cardiac monitoring was done during trastuzumab-based neo- and adjuvant breast cancer treatment at a large public medical hospital.

Results: Four hundred and nine (409) breast cancer patients were treated with (neo) adjuvant-based trastuzumab between 2011 and 2014. The median age was 52 years and the body mass index (BMI) 27.54 kg/m². The mean number of echo/patient was five. (Figure 1) Although none of these patients were symptomatic, all of them had their treatment delayed due to the echo findings. Twenty eight patients (75.6%) recovered their cardiac function and 9 (24.4%) had trastuzumab suspended. There were 14 deaths (6.3%) in the studied sample, being 1 (0.2%) attributed to late CE (4 years after treatment). (Figure 2)

Conclusion: Frequent monitoring of cardiac function during (neo)-adjuvant treatment was associated with 9% asymptomatic CE, mirroring large adjuvant trials results. Despite being transient, LVEF drop leads to frequent treatment delays and occasional suspensions. It remains unclear whether LVEF decline is predictive of late CE and at the same time whether treatment efficacy is compromised. A prospective study is needed to assess the optimal way to monitor which will probably implicate in better allocation of resources.



Figure 1: Variation of echocardiogram during treatment

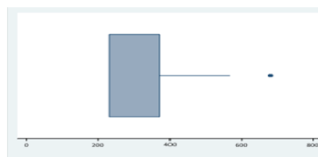


Figure 2: Incidence of cardiotoxicity during treatment

Biography

Bruno Henrique Rala De Paula has completed his Clinical Oncology formation in NCI-Brazil. He works as Oncology Researcher and Staff in Breast Cancer Hospital at NCI-Brazil. He is a young Oncologist with experience in phase 1 clinical trials. He acquired a Fellowship in Cambridge Research Institute, UK.

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