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&  
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## Recognizing cardiovascular risk with the use of hormone therapy in patients with prostate cancer

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In Chile, cardiovascular diseases and oncological diseases are highly prevalent and cause 52% of global mortality in Chile according to 2014 data. It is known that hormone therapy in prostate cancer provides alterations in the lipid profile and in the profile of the glycaemia leading to reduction of risk of events or death in men with cardiovascular disease. In 2010, the FDA gave notice that GNRH agonists therapy increased the risk of diabetes and acute myocardial infarction. The studies showed that this higher morbidity and mortality occurred in patients who had previous cardiovascular diseases, so in this group the use of GNRH agonists is recommended. It is important to perform a correct cardiovascular evaluation based on three pillars: these are the laboratory exams, cardiovascular risk calculation and an electrocardiogram. The laboratory tests are aimed at evaluating the lipid profile, the glycemic profile and being able to make the necessary adjustments for these pathologies. A percentage higher than 10% is defined as a high cardiovascular risk. From events to 10 years, finally in the electrocardiogram we must evaluate the QTc prologue, whose value is normal in men is less than 450 ms and in women less than 470 ms. we must consider the use of commonly used drugs that can prolong the QT interval. We must refer the cardiologist to all patients with a high CV risk, with a QTc greater than 480 ms and in patients with previous cardiovascular diseases. In sum, it is important that both the oncologist and the cardiologist work together to be able to leave our patient the best therapy against cancer, with the best safety profile.

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