## CARDIOTOXICITY IN PATIENTS TREATED WITH PARP-INHIBITORS

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BACKGROUND AND METHODS	Table 1. Clinical characteristics		ТҮРЕ	OFTUMOR		TUMOR S	TAGE
PARP-inhibitors target pathogenic BRCA mutations and homologous recombination	Sex	Males: 4.7% // Females: 95.3%	Ovarian cancer	Prostate cancer 📕 Breas	t cancer	<b>.</b>	I ■IV
deficiency, representing a novel therapeutic approach in patients with this specific alteration	Median age (years)	55.0 (39.0-76.0)	5	<mark>% 2%</mark>		7	
and offering longer survival. However, their use in clinical practice has revealed a number of	History of hypertension	11.6%					7%
important cardiovascular side effects which can decrease patients' quality of life. This has been	History of diabetes	7.0%				33%	
little researched, and the information we have is scarce. We conducted an observational study	History of	16.3%					
selecting patients treated with PARP-inhibitors between January 2018 and February 2021 in	hypercholesterolemia						
our institution. The aim of this study was to assess the incidence of cardiovascular events in	Smoking habit	Non-smoker : 46.5% // Smoker: 14.0% //					53%
patients treated with PARP-inhibitors.		Former smoker: 39.5%		93%			
RESULTS	History of coronary	4.7%					
A total of 44 patients were analyzed. Cardiovascular events were as follows:	syndrome			Previous	cardiotoxic tr	eatments	
• The most frequent events were hypertension (20.5%) and palpitations (18.6%), most of	History of congestive heart failure	0.0%		56%			
them requiring cardiologic assessment and treatment with beta-blockers (16.3%) or	History of valvular disease	2.3%					
antihypertensive drugs.	History of peripheral	0.0%			39,50%		
• Approximately, 9.3% of the patients presented an ECG alteration and only 4.6%	arterial disease						
Two notions required hearits admission (neuto correspond for drame and nulmeners)	History of arrhythmia	7.0%					
• Two patients required hospital admission (acute coronally sindrome and putnonally ambolism). No notiont had to stop treatment due to condictorizity and there were no deaths	Under anticoagulant	9.3%			_		
embolism). No patient had to stop treatment due to cardiotoxicity and there were no deaths	treatment		5%			4,70%	7%
related to cardiological events.	Under antiplatelet treatment	4.7%	Cisplatin	Anthracyclines	Antiangiogenic	HER2-targeted	Thoracic RT
• 25% of the patients were referred to the cardiologist in order to optimize treatment and	Familiar history of heart	4.7%			therapy	therapy	
continued periodic reviews.	disease				Hospital Univ	ersitario	
CONCLUSIONS	PARP-inhibitor treatment received	Olaparib: 46.5%	SaludMadrid Puerta de Hierro Majadahonda				
Almost half of the patients in our study experienced some kind of cardiac event. Prospective		Niraparib: 53.5%					
studies with cardiovascular comprehensive follow-up protocols are needed. Due to the	Median duration of	10.0 (1.0 - 53.0)	<u>Corresponding author:</u>				
increased use of these drugs, it's important to highlight the role of the cardiologist in order to	treatment (months)			No conflicts of interest to declare			
optimize treatment, improve patients' symptoms and carry out a multidisciplinary approach.							