

213P PREDICTIVE MARKERS OF CARDIOTOXICITY ASSOCIATED WITH BREAST CANCER TREATMENT

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BACKGROUND

- Cardiotoxicity (CTX) associated with cancer treatments may mitigate its benefit and limit therapeutic options. Increasing evidence suggests a significant role for high-sensitivity troponin (hs-cTn) and type-B natriuretic peptide (BNP) in the detection of CTX and in the therapeutic (Tx) orientation of cancer patients.
- The aim of this study is to evaluate the predictive role of these biomarkers in the detection of CTX and, more specifically, the predictive role of hs-cTn in cardioprotective Tx orientation.

METHODS

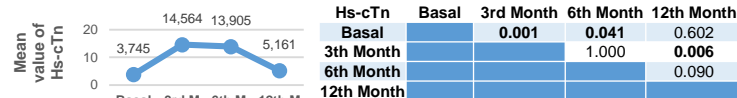
- Unicentric retrospective study of 185 breast cancer patients treated with neoadjuvant and adjuvant chemotherapy (ChT) and anti-HER2 therapy, from January 2017 to September 2019.
- All patients were evaluated by ECG, TTE and analytical study including the values of hs-cTn and BNP before the start of treatment and up to 12 months after.
- CTX = decline in EF (ejection fraction) > 10% from baseline or EF <50%.

RESULTS

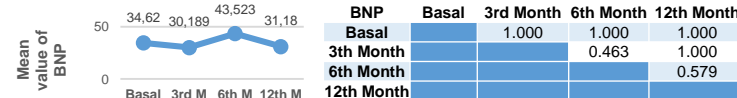
Table 1. Sample Characterization.

Characterization (n = 185)		n (%)
Gender	Male	-
	Female	185 (100)
Age (years)	Median	50
	Interval	26-76
Cardiotoxicity Risk Score	Moderate (3-4)	3 (1.6)
	High (5-6)	165 (89.2)
	Very high (>6)	17 (9.2)
Intent of Treatment	Neoadjuvant	102 (55.1)
	Adjuvant	83 (44.9)
Radiotherapy	Yes	156 (84.3)
	No	29 (15.7)
Therapeutic Scheme	Anthracyclines (AC)	102 (55)
	AC + anti-HER2 Tx	49 (27)
	Anti-HER2 Tx	28 (15)
	Other	6 (3)
Cardiac Biomarkers	Increase of Hs-cTn (≥14 ng/L)	73 (41.2)
	Significant increase of Hs-cTn (≥34 ng/L)	38 (21.3)
	Increase of BNP (≥100 pg/mL)	9 (5.1)

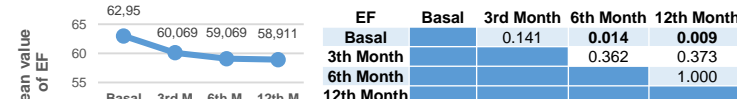
Grafic 1 and Table 2. Mean value of Hs-cTn and p value variation.



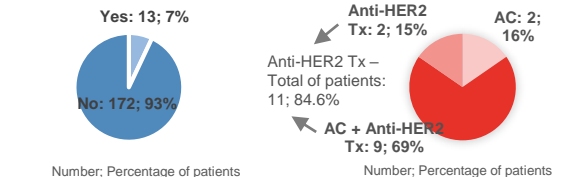
Grafic 2 and Table 3. Mean value of BNP and p value variation.



Grafic 3 and Table 4. Mean value of EF and p value variation.



→ Hs-cTn and EF variation values was more significant at the 3rd and 12th month, respectively, while BNP was greater from the 3rd to the 6th month, although not significant.



Grafics 4 and 5. CTX Population Characterization - Frequency and Therapeutic Scheme.

Anti-HER2 Tx	↔	Cardiotoxicity	p = 0.001
Hs-cTn Increase	↔	Cardiotoxicity	p = 0.56
BNP Increase	↔	Cardiotoxicity	p = 0.60
→ The development of CTx was significantly associated with Anti-HER2 Tx but not with Hs-cTn or BNP increase.			
Cardioprotective Tx	↔	↓ Cardiotoxicity	p = 0.03
→ In patients subgroup of Hs-cTn increase (n = 73), the institution of cardioprotective Tx appeared to be associated with a decrease in the occurrence of CTX.			

CONCLUSIONS

- Periodic monitoring of hs-cTn and BNP values combined with the assessment of EF in patients with breast cancer undergoing ChT treatment with AC and / or anti-HER2 Tx will identify patients at risk of CTX in a timely manner and allow early implementation of cardioprotective strategies.