Transcript Details

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Cardio-Oncology: Key Clinical Data from ACC.23

Announcer Introduction

You're listening to Heart Matters on ReachMD. On this episode, we'll hear from Dr. Ana Barac, who is the D'Aniello Chair and director of the Inova cardio-oncology program at Inova Heart and Vascular Institute. Dr. Barac will be sharing some of the latest clinical data on cardio-oncology to come out of the American College of Cardiology's 72nd Scientific Sessions & Expo. Let's hear from her now.

Dr. Barac:

It was a absolutely fantastic meeting with excellent cardio-oncology content. Probably from science perspective, the most exciting was to see that cardio-oncology trial was selected as a late breaker and presented on Saturday morning by Dr. Tom Neilan, who was the co-PI with Dr. Marielle Scherrer-Crosbie. It was a trial that investigated the effectiveness of using statins, so it was a placebo-controlled randomized trial of 40 mg of atorvastatin as a primary prevention of cardiovascular dysfunction occurring with anthracycline treatment specifically in patients with lymphoma.

So, what that trial proposed and the rationale for the trial were small prior studies both in humans as well as animal studies suggesting that statins could attenuate LV, left ventricular dysfunction that can occur with particularly with higher doses of anthracyclines, and they tested this hypothesis in about 300 patients all treated for diffuse large B-cell lymphoma. These patients typically get about 300 mg/m2 of anthra, of doxorubicin, and they randomized them to placebo or 40 mg of atorvastatin at the beginning of the treatment. The primary endpoint of the trial was the proportion of the patients who developed LV dysfunction, which was prespecified, and that cardiac function was by design of the trial determined by cardiac MRI. The primary endpoint of the trial was positive, so more patients, there was attenuation from about 20 percent to 9 percent of development of LV dysfunction, although LVF was only minimally different between the placebo and atorvastatin at the end of the trial, which was at one year, so overall a positive trial.

Another important take-home message of that trial was that patients who were enrolled in the trial were not our typical cardiology patients, meaning our typical patients who would need statins otherwise, so all of those patients were actually excluded from the trial, so the patients who would meet criteria based on their elevated atherosclerotic cardiovascular disease score or because they have diabetes. So, if they have any guideline recommended indication for statin use, they would have not been randomized as part of this trial. So the trial really took patients who did not have high cardiovascular risk with exception of receiving anthracycline so, and I think it was, so it demonstrated feasibility and it demonstrated good safety, the tolerance was very good, and I think it showed. It's exciting to see positive signal towards less patients developing LV dysfunction.

Announcer Close

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