

# **Cardio-Oncology Clinical Care: The Key Questions to Ask**

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# Case Presentation 1

- 68 year old female with past medical history of breast cancer 10 years ago presents to your office because she is complaining of increased fatigue and shortness of breath.
- What are the key questions to ask regarding her past oncologic history?



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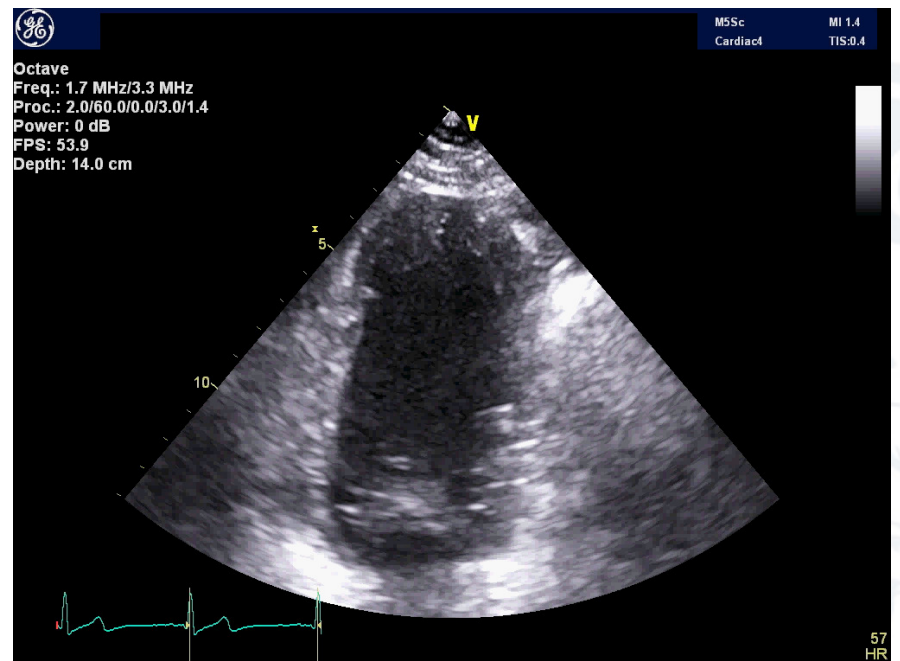
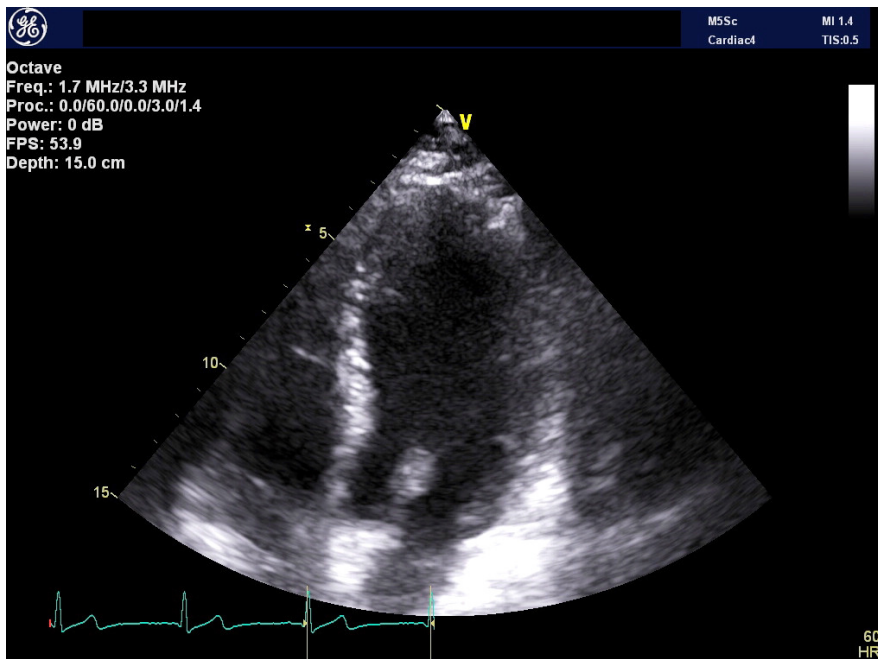
- Her physical exam is as follows:
  - BP 138/72 HR 84 RR 14 pox 98% RA BMI 28 kg/m<sup>2</sup>
  - GEN: Well appearing female, no distress
  - HEENT: JVP < 8cm, 2+ carotids w/o bruits
  - CV: RRR, no S3 or S4, 1/6 systolic murmur at apex
  - LUNGS: Clear to auscultation bilaterally
  - ABD: Soft, nontender, not distended
  - EXT: Trace edema
- What are the components of your diagnostic workup?

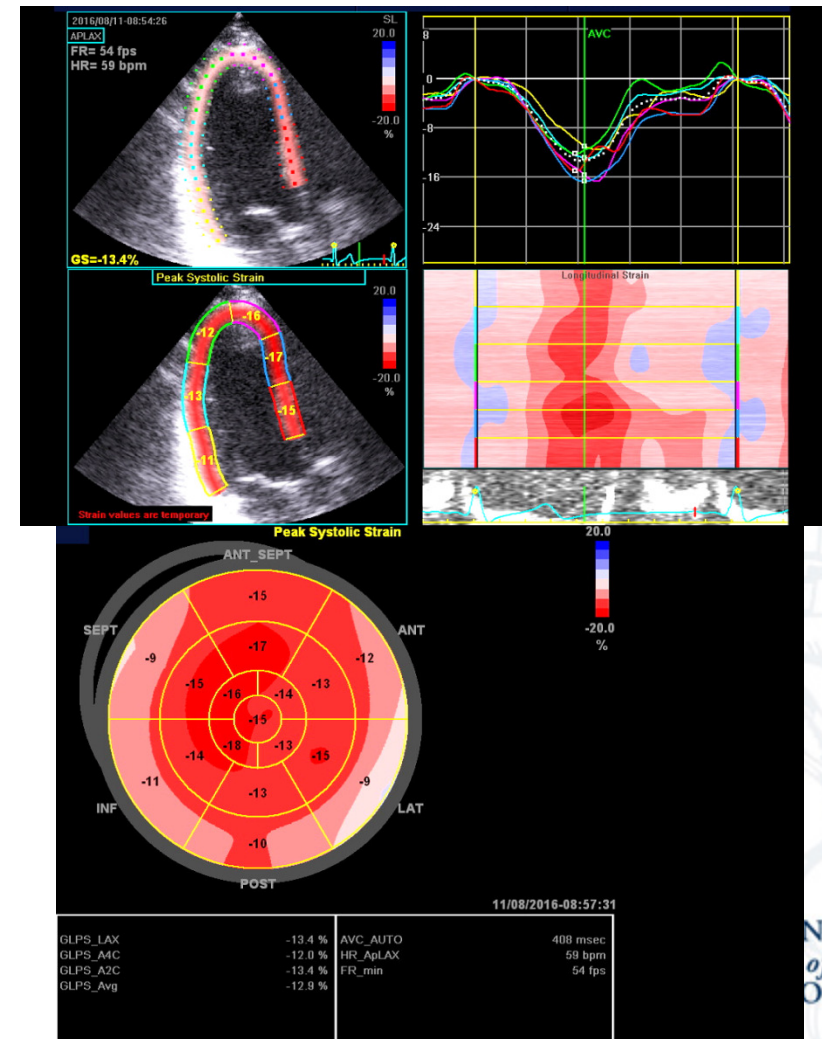
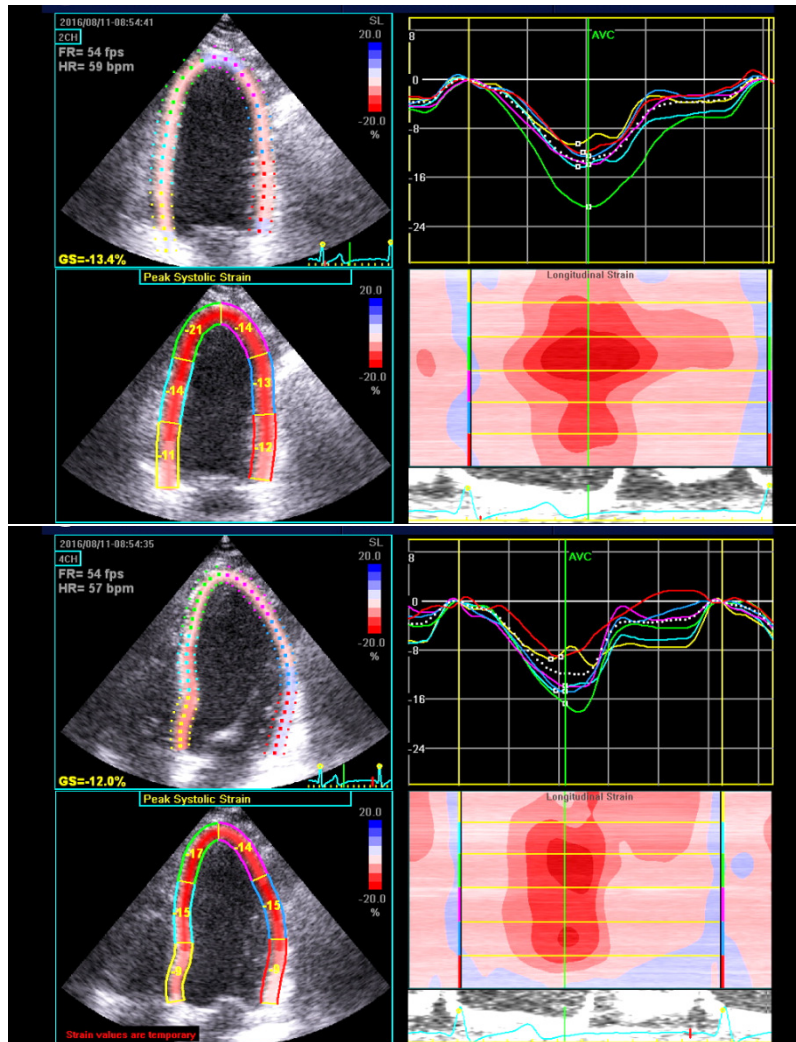
## Case Presentation 2

- A 47 year old male with a past medical history of lymphoma s/p stem cell transplant 15 years ago is referred to you for evaluation of atrial fibrillation.
- He denies any symptoms, and his physical exam is unremarkable.
- An echocardiogram reveals the following:



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- What are the key questions regarding his history, and which prior exposures place him at greatest cardiovascular risk?
- What are the additional components of his diagnostic workup?



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## Case Presentation 3

- A 52 year old male with metastatic renal cell carcinoma, obesity, hypertension and dyslipidemia is about to start sunitinib therapy.
- What facets are important to know about his hypertension history? Would you order any additional testing? What would you tell him to do once he starts sunitinib?



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## Case Presentation 4

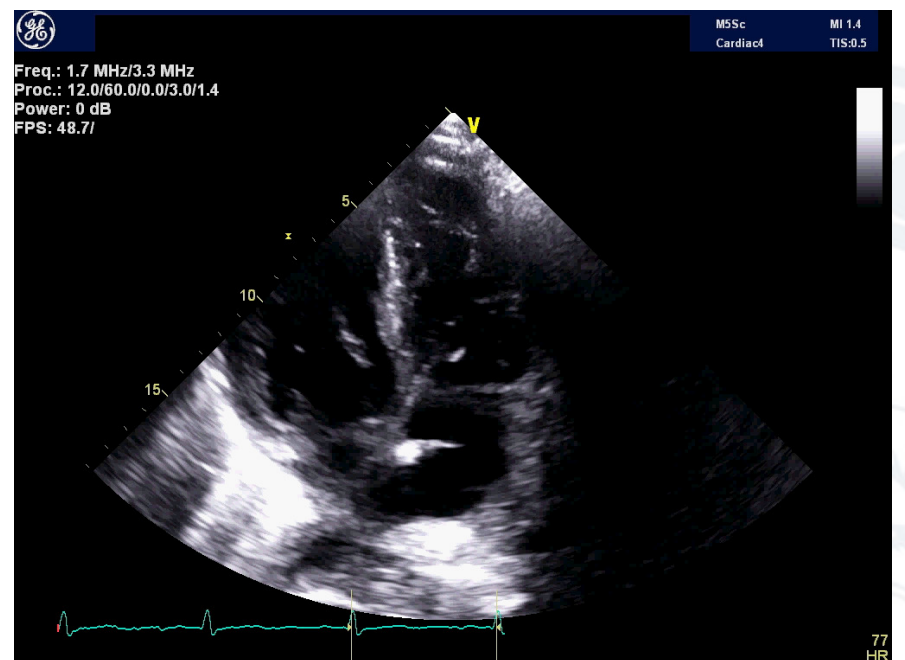
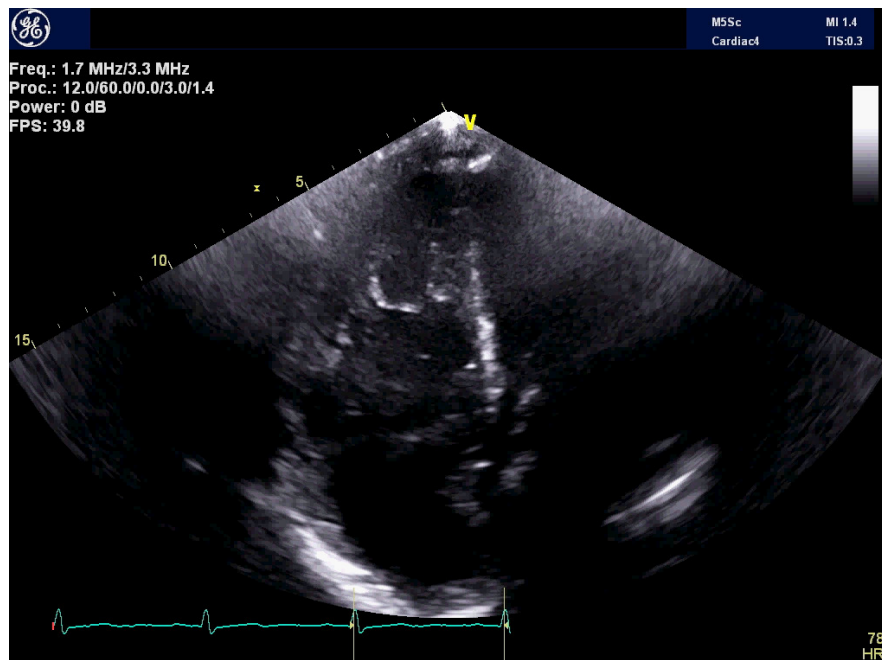
- A 60 year old male with multiple myeloma, kyphosis, and marked skeletal chest deformity secondary to fractures is treated with carfilzomib for 3 months and notes shortness of breath on exertion, mostly around the time of carfilzomib administration.
- What are key questions regarding his cardiovascular and oncologic history?

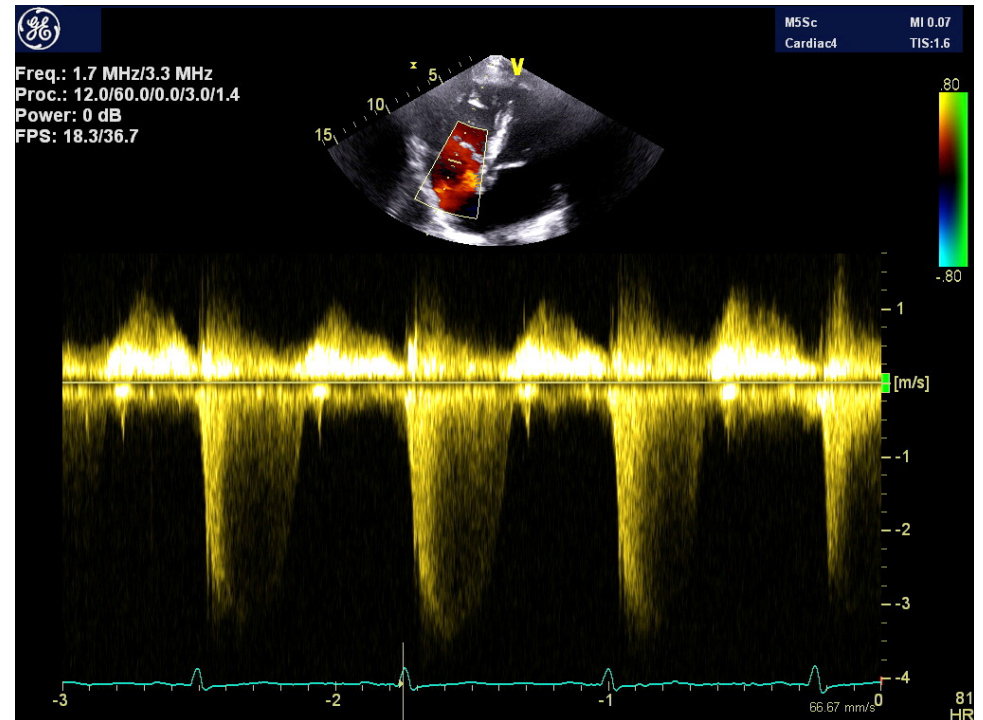
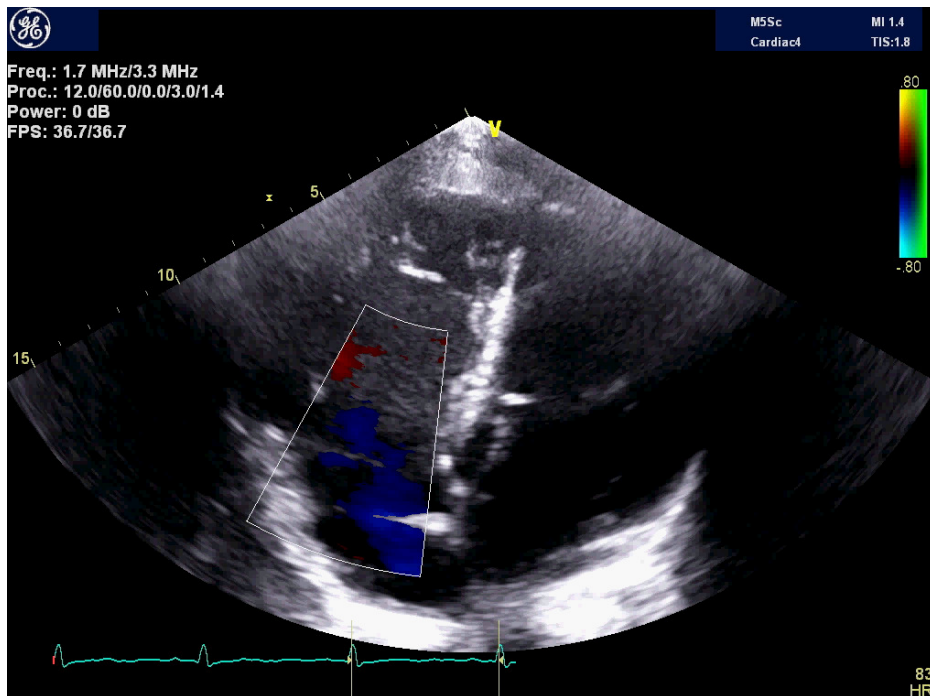


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- His physical exam demonstrates the following:
  - BP 115/72 HR 78 16 pox 92% RA
  - GEN NAD
  - HEENT: JVP to 11cm, 2+ carotids w/o bruits
  - CV: RRR, no S3 or S4, 2/6 holosystolic murmur at LUSB
  - LUNGS: Clear to auscultation bilaterally
  - ABD: Soft, nontender, not distended
  - EXT: 1+ edema
- What are the components of your diagnostic workup?

# Echocardiogram





What would you recommend in terms of management?

## Case Presentation 5

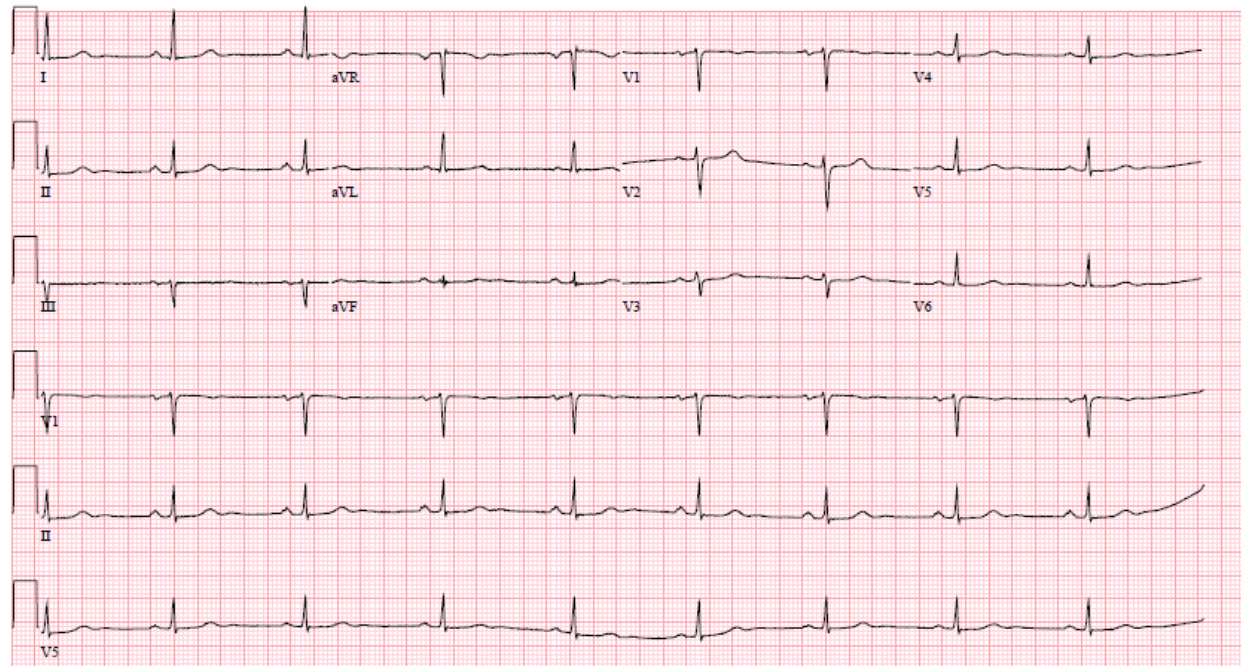
- A 67 year old female with left sided breast cancer has been treated with tamoxifen for the past 4 years.
- She received chemotherapy and radiation, but is unsure of which kind or dosages. She presents to you for cardiovascular evaluation for atypical chest pain.
- Her past medical history is significant for obesity. She has a remote history of tobacco (5 pack years, quit 15 years ago). Her family history is noncontributory.



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- Her physical exam is unremarkable; she is normotensive.
- Her EKG demonstrates:



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- What cardiovascular toxicities should you be considering? What is your diagnostic workup?
- What medications would you be considering? What is your target for her lipids?
- Would your differential diagnosis and workup be different if she was treated with anastrozole?



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