

**Control Number:** 75

**Abstract Category:** Clinical Science in Cardio-Oncology

**Title:** Incidence of Cardiotoxicity in Patient with Leukemia Being Treated with Tyrosine Kinase Inhibitors

## ABSTRACT BODY

### Background

Tyrosine kinase inhibitors (TKIs) are associated with vascular toxicity and heart failure.

### Methods

We examined the incidence of cardiac toxicity in a large cohort of cancer patients who received TKIs by conducting a retrospective review of 89 patients who received TKIs (Imatinib, Nilotinib, Dasatinib, Bosutinib, Ponatinib and Ibrutinib) for leukemia (2012-2019). We evaluated the rates of heart failure (HF) hospitalizations, atrial fibrillation and abnormalities of systolic or diastolic function determined by echocardiography.

### Results

At long term follow up (4-7 years), the incidence of HF hospitalization was 2/89 (2%) and atrial fibrillation was 2/89 (2%). Pleural effusion was seen in 2/89 (2%) with Dasatinib. Cardiac mortality was 1/89 (1%) due to right HF from pulmonary hypertension and occurred after taking Nilotinib for 6 years. Demographics of patients with and without cardiac events are in Table 1. Ejection fraction (EF) assessments were available at baseline and during therapy in 27/89 (30%) patients. No patient had HF with reduced EF defined as EF < 50% at baseline. During treatment 4/27 (15%) had EF < 50%, mean EF 36% (range 15-45%). All patients' EF recovered to normal within 1 year. 11% had left atrial enlargement defined as either left atrial dimension > 4cm or volume index > 34 ml/m<sup>2</sup>.

### Conclusion

At long term follow up, TKIs are rarely associated with clinically significant HF but the incidence of subclinical HF was much higher.

### Clinical Implications

Routine echocardiographic monitoring could help in earlier detection and management of HF.

**Table****Table 1. Demographics of patients with and without clinical cardiotoxicity.**

	Without clinical cardiotoxicity	With Hospitalization for HF/AF/Pulmonary HTN
<b>Number of Patients</b>	85	4
Average Age	58	78
<b>Gender</b>		
Male	45 (53%)	2 (50%)
White	65 (76%)	3 (75%)
Black	13(15%)	1 (25%)
Hispanic	4 (5%)	0
Smoker	0	0
Obesity, BMI > 30	28%	1 (25%)
<b>Cancer type</b>		
B cell ALL	8 (9%)	1 (25%)
CML	44 (52%)	2 (50%)
CLL	2 (2%)	1 (25%)
AML	8 (9%)	0
GIST	16 (19%)	0
Other	8	0
<b>Status</b>		
Alive	68 (85%)	2 (50%)
Deceased	18 (15%)	2 (50%)
<b>Medications</b>		
ACEi	28 (33%)	2 (50%)
Beta Blocker	31 (36%)	2 (50%)
Diuretic	44 (52%)	3 (75%)
Statin	22 (26%)	2 (50%)
<b>TKI</b>		
Nilotinib	7 (8%)	3 (75%)
Dasatinib	32 (37%)	1 (25%)
Imatinib	23 (27%)	0
Bosutinib	1 (1%)	0
Ibrutinib	2 (2%)	1 (25%)
Sunitinib	1 (1%)	0
Multiple TKIs	20 (24%)	0