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?
• Her physical exam is as follows:
  – BP 138/72 HR 84  RR 14  pox 98% RA  BMI 28 kg/m²
  – 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:
• 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?
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?
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?
• 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.
• Her physical exam is unremarkable; she is normotensive.

• Her EKG demonstrates:
• 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 anastrazole?