CV Risk Alert in Hematologic Malignancies
Panel Discussion

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Case 1

• 21 yo female with newly diagnosed AML t(6;11)(q27; q23)

• Baseline cardiac function normal – LVEF 60%, normal diastolic function

• Underwent 7+3 induction chemotherapy with cytarabine (100mg/m^2) and daunorubicin (90mg/m^2)

• Bone marrow biopsy with refractory leukemia (28% blasts); initiated HiDAC (cytarabine 3000 mg/m^2 q12 hours x 12 doses)
• Complicated hospital course:
  – Neutropenic fever
  – Small bowel pneumatisis
  – Hand/foot syndrome
  – DVT
  – New cardiomyopathy, LVEF 30 to 35%
  – Mild MR, moderate to severe TR, PASP 76mmHg, mild RV dysfunction
  – NT-proBNP 11,116
Discussion

• Repeat BM biopsy – no AML, 5% blasts, FISH negative

• She is now being considered for allogeneic hematopoietic stem cell transplant with use of busulfan/cyclophosphamide

• CV regimen: Carvedilol 6.25mg twice daily & Lasix 20mg daily
  – BP 107/70, HR 86

• What are the CV risks? What do you advise? How would you manage her CV status?
Case 2

• 46 yo male with diffuse large B-cell lymphoma with bulky mediastinal and gastric involvement s/p treatment in 2002 presents with paroxysmal atrial fibrillation

• His cancer treatment history:
  – R-CHOP x 6 cycles
  – Mediastinal radiation
  – ICE
  – BCNU, Cytoxan, VP-16
  – Autologous stem cell transplant
  – Rituxan maintenance
Echocardiogram
Discussion

• Which treatment exposures placed him at increased risk of cardiotoxicity – Arrhythmia? Cardiomyopathy?

• What additional workup would you do?

• How would you manage his arrhythmia and cardiomyopathy?