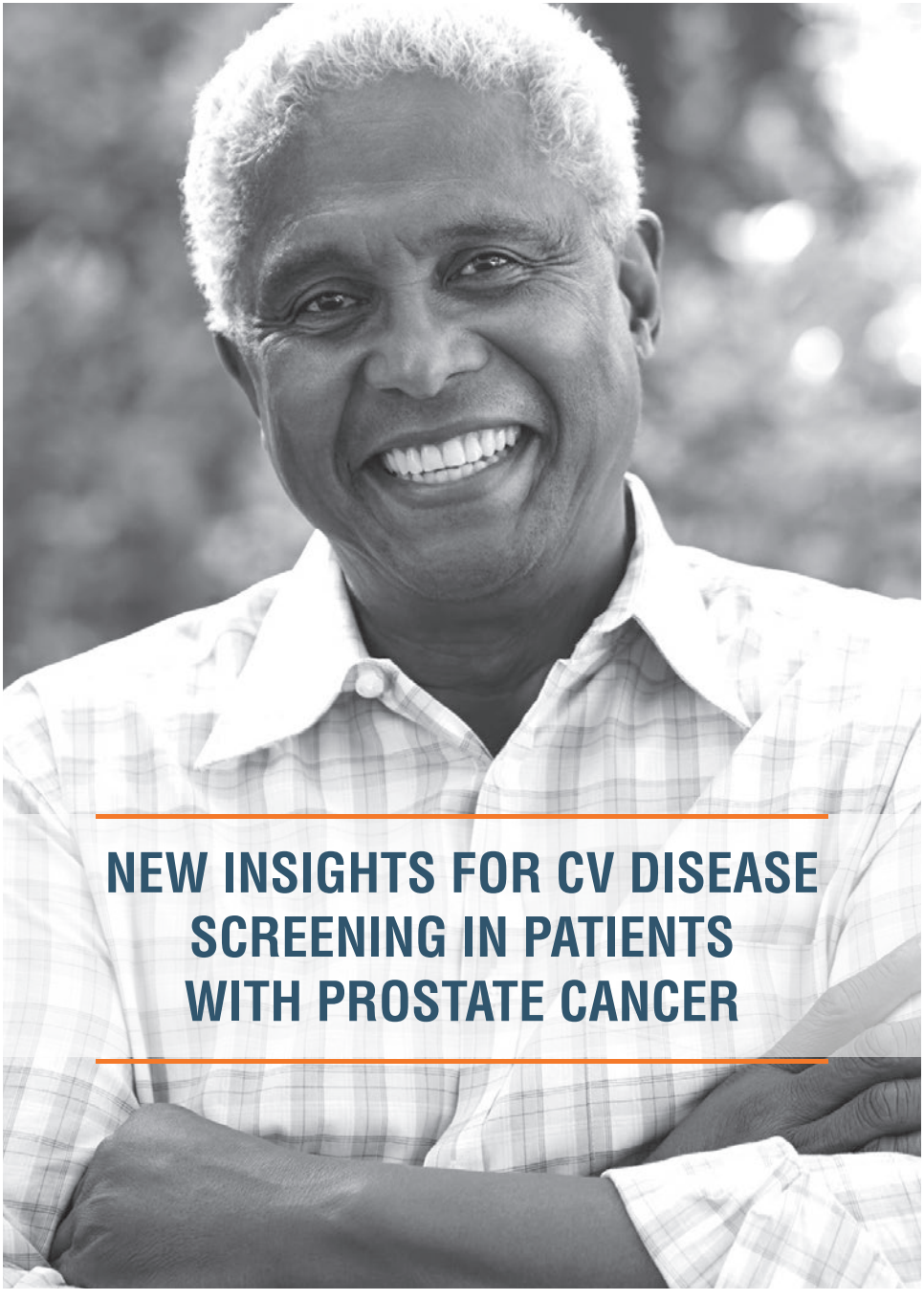

NEW INSIGHTS FOR CV DISEASE SCREENING IN PATIENTS WITH PROSTATE CANCER

REVIEW: CV HEALTH IN PROSTATE CANCER. OPTIMIZING SCREENING AND MANAGEMENT OF CARDIOVASCULAR HEALTH IN PROSTATE CANCER[1]

Optimizing CV disease screening in prostate cancer: Clinical Recommendations

An overview of the inevitable link between prostate cancer and cardiovascular disease[1]

- The prevalence of prostate cancer in North America is approximately 3 million[1]
- Cardiovascular (CV) disease is far more prevalent as approximately 100 million men and women in North America are affected or at risk[1]

The importance of CV risk screening in prostate cancer management

The coexistence of prostate cancer and CV disease is expected given the high prevalence of both conditions[1]
Physicians treating prostate cancer are increasingly required to consider the patient's CV health in making treatment decisions[1]

Risks of androgen deprivation therapy (ADT) in prostate cancer[1]

Prevalence of cardiac risk factors in patients undergoing ADT

50% had elevated CV risk
39% had a CV condition (arrhythmia, pericarditis, coronary vasospasm)
25% had pre-existing heart disease

ADT is associated with further risks including myocardial infarction and CV death[1]

These risks have led to the American Heart Association, American Cancer Society, and the American Urologic Association to jointly issue a warning on CV consequences of prostate cancer treatments[1]

IDENTIFYING PATIENTS WHO CAN BENEFIT FROM AN OPTIMAL MULTIDISCIPLINARY APPROACH TO ASSESS CV RISKS[1]

- Collect routine medical history, physical examination, baseline labs and investigations
- Identify patients with “pre-existing” CV disease using “STAMP” questions
- Determine patients who may benefit from referral to a cardio-oncology clinic
- Calculate a Framingham or equivalent risk score in patients without pre-existing CV disease and treat accordingly

STAMP

A diagnostic screening tool designed to identify high-risk patients with pre-existing CV disease[1]

STAMP simplifies identification of patients with cardiovascular disease	
S	Stroke
T	Transient ischemic attack
A	Abdominal aortic aneurysm or other aortic disease
M	Myocardial infarction, angina, or previous coronary revascularization
P	Peripheral arterial disease

Applying the presented recommendations within urology clinics should reduce the rate of potentially devastating CV events in patients with prostate cancer, decrease mortality, and improve the quality of life of patients.[1]

TREATMENT, REFERRAL AND MANAGEMENT RECOMMENDATIONS

Identifying patients who may benefit from a multidisciplinary approach

Referral criteria to Cardiologist or Internist for additional evaluation or therapy

Angina or dyspnea on a low level of activity or any significant functional class deterioration
Myocardial infarction or coronary revascularization in the last year
Cardiac patients without regular follow-up in cardiology or with the family physician
Heart failure
Atrial fibrillation/flutter
Uncontrolled hypertension
Uncontrolled diabetes
Non-optimal treatment

STAMP patients should be considered for the following:

Category	Population	Recommendation
Antithrombotic therapy	MI in past 12 months PCI with DES in past 3-12 months (or BMS in past 1 month)	ASA 81 mg daily AND P2Y12 inhibitor (ticagrelor or clopidogrel)
	All others	ASA 81 mg daily; consider either rivaroxaban 2.5 mg BID or ticagrelor 60 mg BID (or clopidogrel 75 mg daily) for higher risk patients
Lipid-lowering therapy	All	Statin therapy to target a decrease in LDL of > 50% or LDL<2.0 Additional lipid-lowering therapy if unable to reach target with maximal tolerated statin dose (as per CCS lipid guidelines)
ACE or ARB	All	ACE inhibitor, ARB if ACE -intollerant
B blocker	Angina	Target HR 55-60 bpm
	LVEF <40%	Metoprolol succinate, bisoprolol, or carvedilol at maximally tolerated HF doses
Anti-hyperglyceminc therapy	Diabetes	HbA1C <7% Consider SGLT2 inhibitor or GLP1RA as per DC guidelines
Smoking cessation	All	Benefits of nicotine repacement or pharmaco-logic therapy outweigh risks in stable patients
Physical activity and dietary modification	All	Consider cardiac rehab referrral

ACE: Angiotensin-converting enzyme; **ARB:** Angiotensin II receptor blocker; **ASA:** acetylsalicylic acid; **BID:** twice daily; **BMS:** bare metal stents; **DES:** drug-eluting stents; **LDL:** low-density lipoprotein; **CCS:** Canadian Cardiovascular Society; **HF:** heart failure; **HR:** heart rate; **LVEF:** left ventricular ejection fraction; **MI:** myocardial infarction; **PCI:** percutaneous coronary intervention

Chart adapted from Table 3 of Kenk M, Grégoire JC, Coté M-A, *et al.* Optimizing screening and management of cardiovascular health in prostate cancer: A review. *Can Urol Assoc J* 2020;14(9): E458-64. http://dx.doi.org/10.5489/cuaj.6685

PREVALENCE OF CARDIAC RISK FACTORS IN PATIENTS UNDERGOING ANDROGEN DEPRIVATION THERAPY (ADT)

50% had elevated cardiovascular (CV) risk
39% of patients had a CV condition (arrhythmia, pericarditis, coronary vasospasm)
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To complete and download the STAMP risk assessment form, or to order your printed STAMP Tear-off pads, go to: www.STAMPtool.ca

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Reference: 1. Kenk M, Grégoire JC, Coté M-A, *et al*. Optimizing screening and management of cardiovascular health in prostate cancer: A review. *Can Urol Assoc J* 2020;14(9): E458-64. http://dx.doi.org/10.5489/cuaj.6685

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