













CONNECT



Real world evidence for Cardio-Oncology

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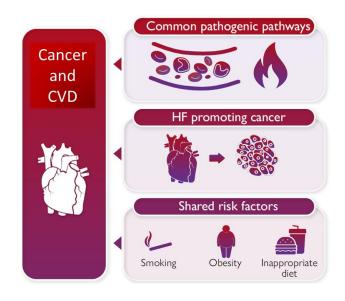


Disclosures

Speaker fees: Philips, Janssen, Daichi-Sankyo, Myocardial Solutions, Astra Zeneca, Pfizer, Beigene, Bayer not related with this presentation

Why CVD is such a big deal in patients with cancer

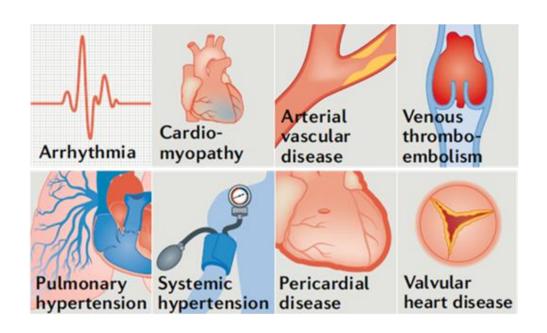
When CVD occurs before cancer



1 in 3 patients with cancer have pre-existing CVD

- Excluded from cancer trials → limited access to new cancer therapies
- CV treatment is often interrupted during cancer Tx
- High risk of CTR-CVT and cancer treatment interruption

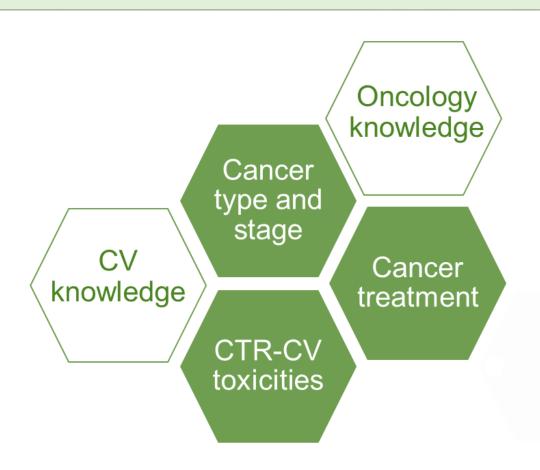
CTR-CVT impacts cancer patient's prognosis



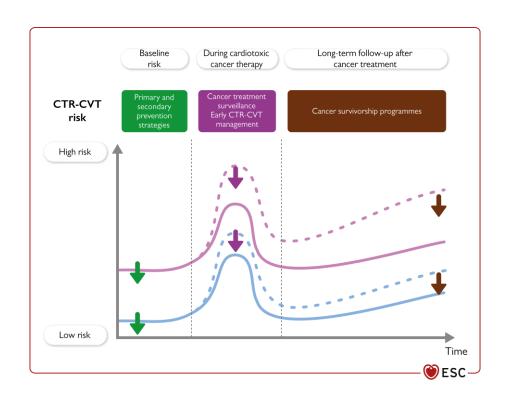
- Acute CTR-CVT limits access to optimal cancer treatment and impacts cancer and CV outcomes
- Late CTR-CVT is a competing cause of death in cancer survivors

#1 Key message

Cardio-Oncology is a teamwork



The cardio-oncology strategy: harmonizing the CV care of patients with cancer and cancer survivors



Minimize cancer treatment interruptions

Minimize CTR-CVT

Facilitate cancer treatment in HR patients

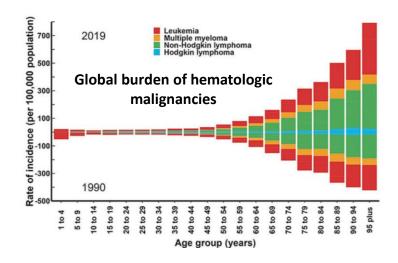
The challenges

↑ Cancer prevalence and treatment needs

Probability of developing cancer

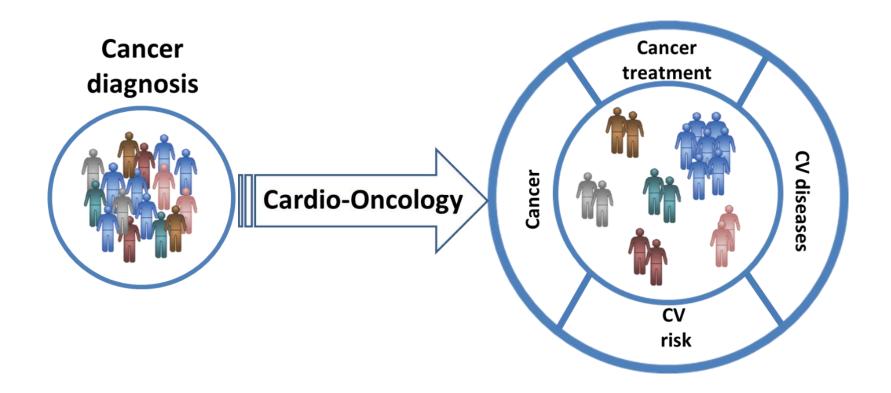
| | >60 yo | >70 yo |
|---------|---------|--------|
| Males | 1 in 7 | 1 in 3 |
| Females | 1 in 10 | 1 in 4 |

^Age and CV risk of patients with cancer



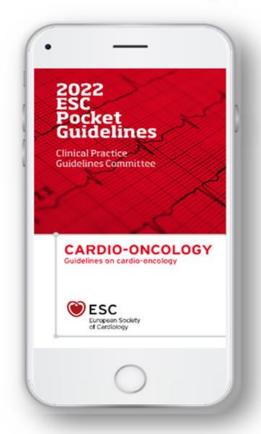
#2 Key message

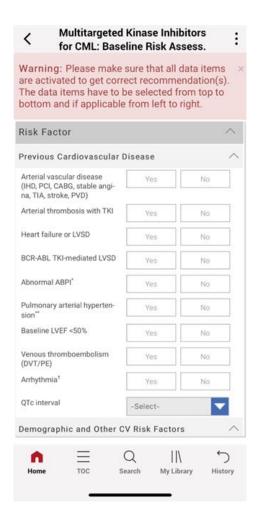
Identify patients who are at risk of CTR-CVT and involve them in their CV care



HFA-ICOS risk assessment

ESC Pocket Guidelines App





LOW RISK = no risk factor OR one MEDIUM1 RF

MEDIUM RISK = MEDIUM RFs with a total of 2-4 points

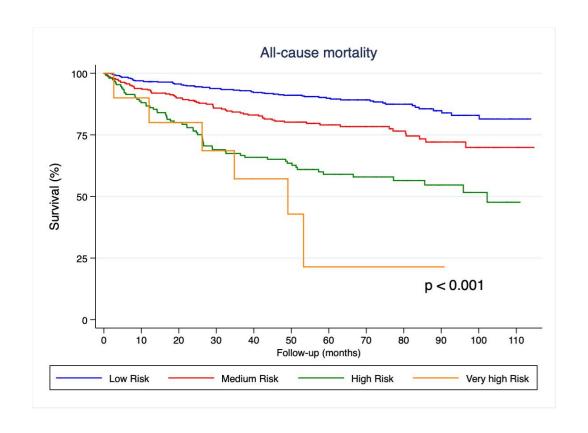
HIGH RISK = MEDIUM RFs with a total of ≥5 points OR

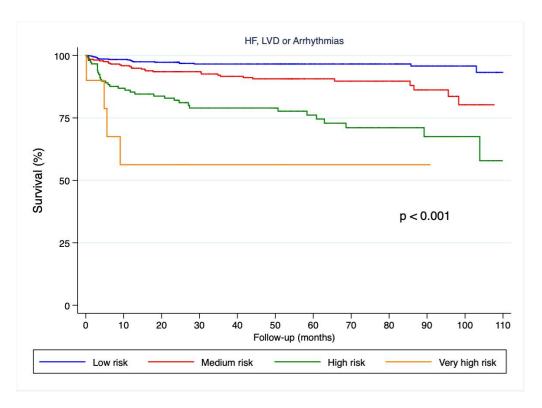
any HIGH RF

VERY HIGH RISK = any VERY HIGH RF

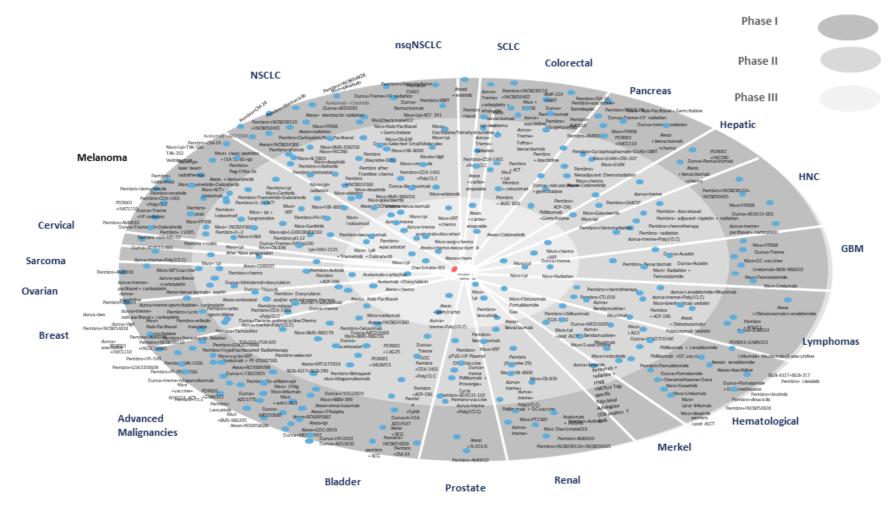
https://www.escardio.org/Guidelines/Clinical -Practice-Guidelines/Guidelines-derivativeproducts/ESC-Mobile-Pocket-Guidelines

CARDIOTOX registry



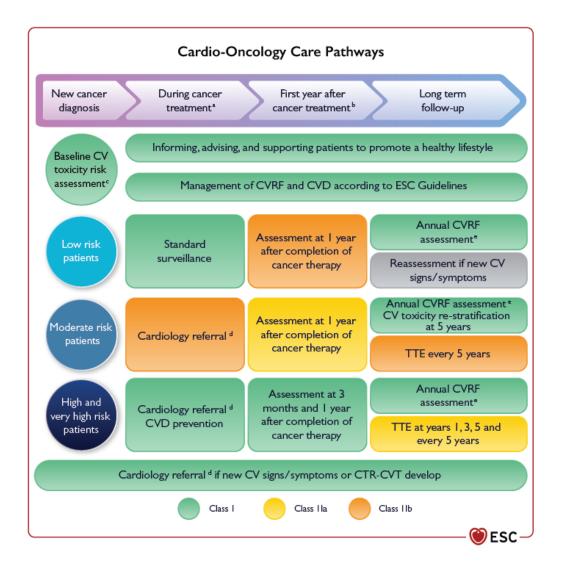


It is astonishing just with checkpoint inhibitors alone, how complex it will be to establish CV safety



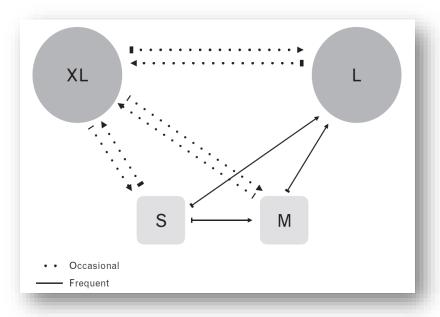
#3 Key message

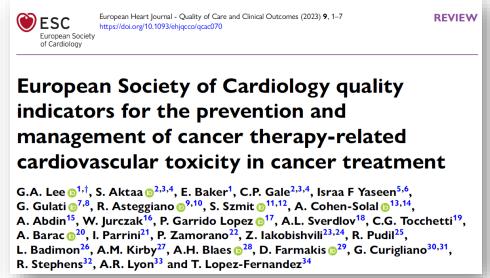
Deliver continuous
care and define
appropriate
prevention and
surveillance plans



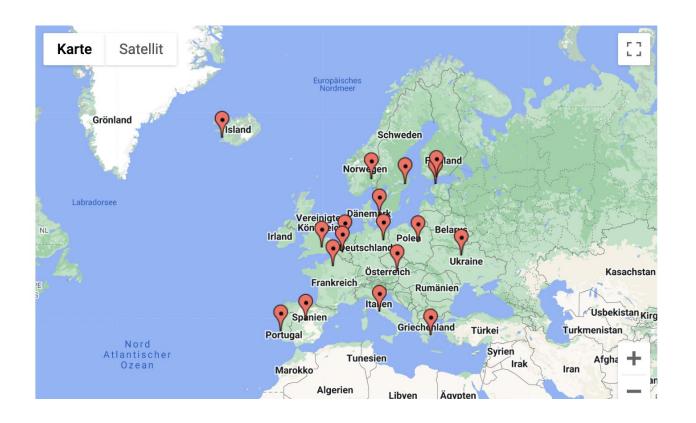
#4 Key messages

Minimize inequities in CO care access Cardio-Oncology networks and Quality Metrics





The European Clinical Model for Cardio-Oncology

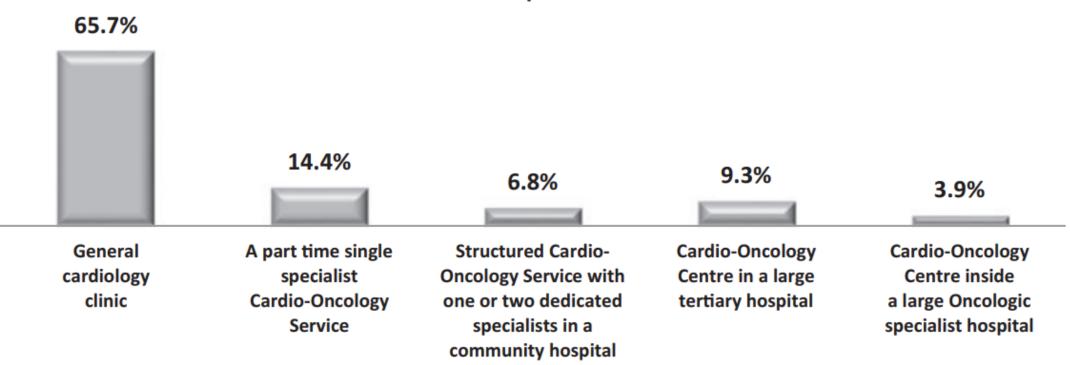


www.escardio.org/Councils/council-of-cardio-oncology/cardio-oncology-inyour-country

Cardiology care delivered to cancer patients

The results of a questionnaire survey by the Council for Cardio Oncology and Council for Cardiology Practice of the European Society of Cardiology

In your professional environment where are ambulatory cancer patients with cardiovascular health problems reviewed?



The challenges to cardio-oncology access

Limited number of dedicated CO structures for training, research and cancer patients care

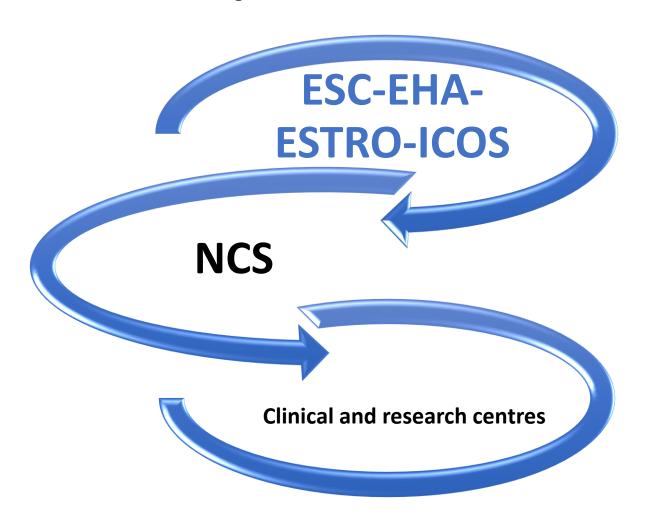
For patients

- Limited access to specialist care for screening, surveillance, and management
- Inadequate representation in clinical trials

For professionals

- No opportunities for training of fellowship programmes in cardio-oncology
- Limited information on natural history and optimal monitoring strategies

The European Model





ESC GUIDELINES

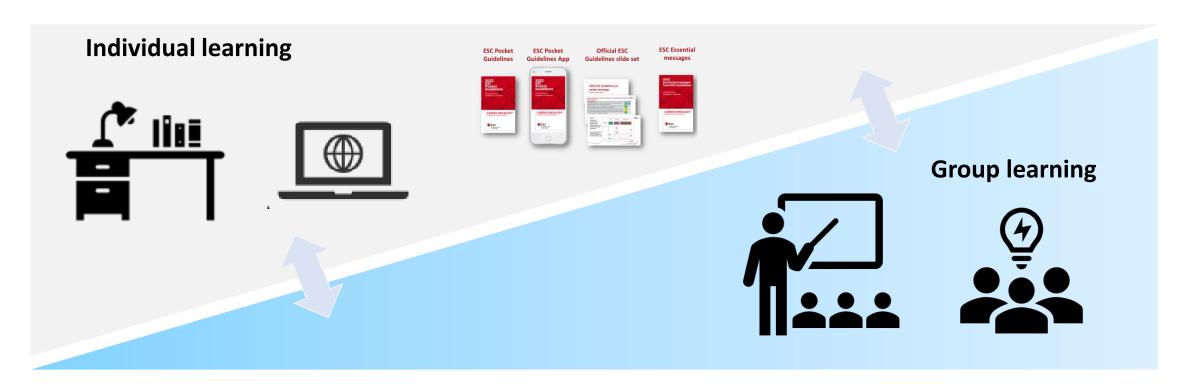
2022 ESC Guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS)

Developed by the task force on cardio-oncology of the European Society of Cardiology (ESC)

Authors/Task Force Members: Alexander R. Lyon*† (Chairperson) (United Kingdom), Teresa López-Fernández*† (Chairperson) (Spain), Liam S. Couch (Task Force Coordinator) (United Kingdom), Riccardo Asteggiano (Italy), Marianne C. Aznar¹ (United Kingdom), Jutta Bergler-Klein (Austria), Giuseppe Boriani (Italy), Daniela Cardinale (Italy), Raul Cordoba² (Spain), Bernard Cosyns (Belgium), David J. Cutter (United Kingdom), Evandro de Azambuja (Belgium), Rudolf A. de Boer (Netherlands), Susan F. Dent³ (United States of America), Dimitrios Farmakis (Cyprus), Sofie A. Gevaert (Belgium), Diana A. Gorog (United Kingdom), Joerg Herrmann³ (United States of America), Daniel Lenihan³ (United States of America), Javid Moslehi (United States of America), Brenda Moura (Portugal), Sonja S. Salinger (Serbia), Richard Stephens (United Kingdom), Thomas M. Suter (Switzerland), Sebastian Szmit (Poland), Juan Tamargo (Spain), Paaladinesh Thavendiranathan (Canada), Carlo G. Tocchetti (Italy), Peter van der Meer (Netherlands), Helena J.H. van der Pal (Netherlands), and ESC Scientific Document Group



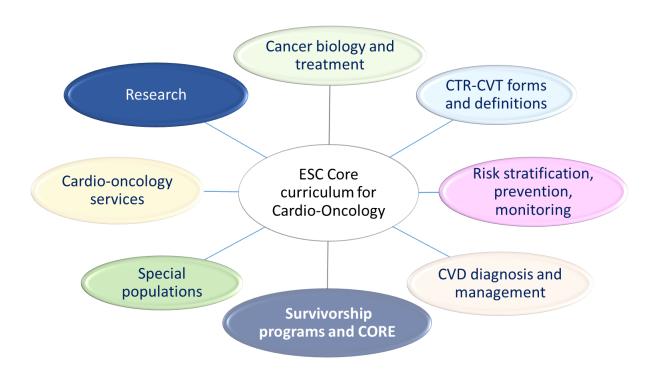
ESC Council of Cardio-Oncology education offer



https://www.escardio.org/Education/ESC-Education-by-Topic/Topic-of-the-Month/cardio-oncology

2023 ESC Core Curriculum for Cardio-Oncology

A joint initiative of the ESC Council of Cardio-Oncology and the HFA Working Group Cardio-Oncology



EPA
Level of independence
Scope and timeframe
Setting
Including
CanMEDS roles
Knowledge
Skills
Attitudes









Grupo de Cardio-Oncología







ICOS-Spain

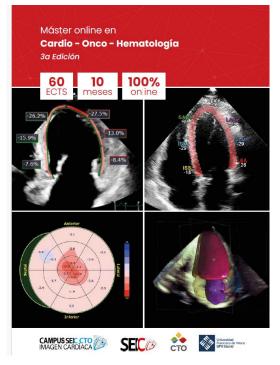


https://secardiologia.es/cientifico/grupos-de-trabajo/cardio-oncologia

Education: Online resources (webinars, campus sec)

Residency in internal medicine, cardiology or oncology

1-2 months



https://grupocto.com/campusi magencardiaca/cardio-oncohematologia/ Advanced training for fellows in cardiology or oncology

6-12 months



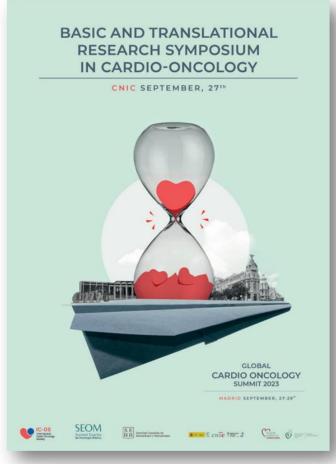




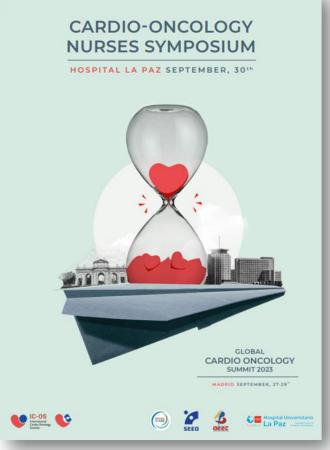
Asociación de Cardiología Clínica Grupo de Cardio-Oncología















Research

Consensus document: AF, CVRF, cancer survivors, AYA

National registries



International collaborations



Global Cardio Oncology Registry (G-COR): Registry Design, Primary Objectives, and Future Perspectives of a Multicenter Global Initiative

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Cardio-Onco-Hematología en la práctica clínica. Documento de consenso y recomendaciones

Teresa López-Fernández^{a,b,*}, Ana Martín García^{b,c}, Ana Santaballa Bel SEHH, SEMG, AEEMT, AEEC y AECC uan Antonio Virizuela Echaburu^{h,p}, Pascual Marco Vera^{h,a}, Andrés Íñigue uan Carlos Plana Gómez^{r, 1} y José Luis López Sendón Henchel^{a, 1}

Ramón García Sanz¹⁶, Pilar Mazón Ramos⁶, Sonia Velasco del Castillo⁶ Ana Martin García ⁵, Cristina Mitrof, Pilar Mazón Ramos⁶, Ramón García Sanz⁶, Manuel Barreiro-Pérez⁷, Rocío Hinojar Baydes⁶, Leopoldo Perez de Isla⁷, Si juan Antonio Virtusela⁵, Menicell Arenas⁷, Isabel Egochega Cabello, Dimpn Albert, Regina Dalman González-Gallarza-Francisco Gabolesias⁵, Juan José Mamel Angulia Sanber⁶, Vicene Jesnico Ararte Stebatoso Ayala de la bela Cardina Cabello Cardina Car

Estratificación, monitorización y control del riesgo cardiovascular en

Abordaje de la fibrilación auricular en pacientes con cáncer activo. Documento de consenso de expertos y recomendaciones



Teresa López-Fernández^{a,*}, Ana Martín-García[†], Inmaculada Roldán Rabadán[†], Cristina Mitroi[†], Pilar Mazón Ramos[†], Pablo Diez-Villanueva[†], Carlos Escobar Cervantes[‡], Concepción Alonso Martín[†], Gorzalo Luis Alonso Salinas^{*}, Meritxell Arenas[‡], Vicente Ignacio Arrarte Esteban[†], Francisco Ayala de La Peña¹, Antonio Castro Fernández¹, Héctor García Pardo¹, Ramón García-Sanz^m, José Ramón González Porras^m. Esteban López de Sá¹, Teresa Lozano¹, Pascual Marco Vera¹, Virginia Martínez Marín¹, Dolores Mesa Rubio¹, Ángel Montero¹, Gerard Oristrell¹, ando Pérez de Prado⁵, Sonia Velasco del Castillo⁵, Juan Antonio Virizuela Echaburu¹

Eduardo Zatarain-Nicolás", Manuel Anguita Sánchez^p, Juan Tamargo Menéndez

Quality programmes





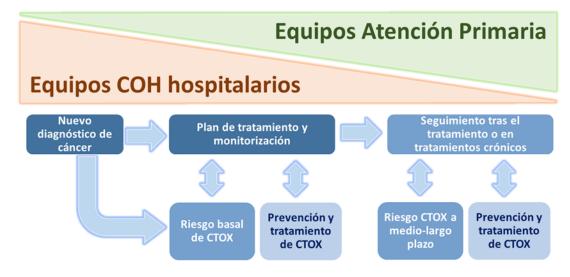
Guía para el manejo coordinado de trabajadores con cáncer y riesgo cardiovascular



https://secardiologia.es/cientifico/grupos-de-trabajo/cardio-oncologia







Programme to certify units, processes and procedures

Advocacy SMART-CARE



Patient's initiatives







Thank you!





Cardio-oncology: the way to move forward

Unlock digitally enabled research in CO: the time is now

- 1. Facilitate **comprehensive CV toxicity risk assessment** for early referrals to cardio-oncology specialists
- To analyse RWE that allows to develop truly equitable modes of education (patients and professionals) and virtual care to overcome barriers
- 3. Improve knowledge on CV toxicity mechanisms → facilitate preventive strategies

Thank you for your attention



https://secardiologia.es/cientifico/gr upos-de-trabajo/cardio-oncologia



https://www.escardio.org/Councils/council-of-cardio-oncology