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Editorial Commentary: Update on cardio-oncology: Novel cancer therapeutics and associated cardiotoxicities



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The field of cardio-oncology was born in part due to earlier studies showing how patients exposed to anthracyclines may develop heart failure. Dr. Cardinale seminal studies on cardiotoxicity related to anthracyclines and its responsiveness to heart failure medications solidified the field [1,2]. Earlier studies on trastuzumab launched it further [3]. Nowadays targeted therapies, immunotherapies, cellular therapies, etc. are keeping cardio-oncologists busier as vascular toxicities, myocarditis, arrhythmias and other side effects have entered their radar [4–7]. We take care of patients participating in phase I drug protocols, which makes critical to understand the mechanism of action of the drug to anticipate potential cardiovascular toxicities when correlating clinical findings with potential side effects. Cardiovascular toxicities should not discourage treatment if the patient does not have an imminent unstable or undiagnosed high-risk cardiovascular disease. There are times when there are limited options for oncological patients and we have to do closer surveillance of cardiotoxicities, in anticipation of significant toxicities if the benefit to harm ratio is favorable. Those types of decisions are made as a team in our institution. There has been a significant number of new cancer therapeutics entering the pharmaceutical market. Guha et al. attempts to summarize the most recent Federal Drug Administration (FDA) approved cancer therapeutics, which is a titanic effort by itself, since in 2017 FDA had 12 new drug approvals in the oncology arena [8]. Several years ago a similar document was published in The Journal of the American College of Cardiology as a review, and it became a “go-to” document to reference cardiovascular toxicities caused by cancer therapeutics [9]. Guha, et al. includes the most recently FDA approved cancer therapeutics side-effects presented in a thorough and helpful manner with a table summarizing the drugs by class, side effects and references. No doubt that Guha et al. will become a “go-to” document and fill the need for referencing newer cancer therapeutics side effects. As busy cardio-oncology specialist, we recognize that is hard to keep up to date with all the new oncologic therapeutics and its cardiovascular side effects. Guha,

et al. achieves to present the most important details that a clinical cardiologist needs to know regarding the cardiovascular toxicities of these newer agents.

Guest Editors

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