# Cardiovascular Care for Cancer Survivors a Blind Spot for Some Physicians

The National Comprehensive Cancer Network recently released guidelines to try to bridge this gap in care.

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Health care providers under-recognize and under-address the risk of cardiovascular disease (CVD) among people who have survived cancer, Healio reports.

Steven Philips, MD, PhD, a cardiology fellow at the University of Texas Southwestern Medical Center, and Vlad G. Zaha, MD, PhD, an assistant professor in the center's cardiology division, penned a column for Cardiology Today in which they identified multiple gaps in routine CVD-related care among people who have survived cancer.

These gaps are most notable in efforts to prevent CVD among cancer survivors and to monitor them for new CVD-related health events.

In a perspective accompanying the column, Javid J. Moslehi, MD, an associate professor of medicine in the division of cardiovascular medicine at Vanderbilt University Medical Center, lamented that despite the fact that health care providers are well aware that people who have survived cancer are at risk for recurrence of their cancer, they are only now starting to clue into the population's risk for CVD.

One example of CVD risk in this population, Philips and Zaha wrote, is fulminant myocarditis, or heart inflammation, among those who have been treated for cancer with immune checkpoint inhibitors.

The cross-disciplinary subspecialty cardio-oncology has emerged to address CVD-related concerns within the cancer sphere. Clinicians can, Philips and Zaha stress, address CVD concerns among cancer patients at various stages: when people are diagnosed, while they're receiving treatment and after they have survived the malignancy.

In March, the National Comprehensive Cancer Network released new guidelines for conducting CVD-related risk assessments as a part of cancer care. They recommend that people who have

survived cancer should receive counseling about and assessment for CVD risk; receive aspirin treatment if appropriate; discuss smoking cessation; manage their diet and weight, including through exercise; be engaged in diabetes prevention and management; receive assessment of cancer medication dosages to determine cardiovascular toxicity; and, when appropriate, receive an echocardiogram, or EKG.

To read the Healio article, click here.

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