
Device detects heart dysfunction in childhood cancer survivors treated with chemo



A wireless device designed for detection of heart dysfunction in childhood cancer survivors treated with anthracycline chemotherapy was accurate and displayed a low false-negative rate as compared to cardiac magnetic resonance (CMR) imaging, according to new findings published in the journal *Clinical Cancer Research*.

"The paediatric oncology community is becoming increasingly aware that there are new issues faced by many cancer survivors that may not manifest themselves until decades after their cancer treatment is done," says lead author Saro Armenian, DO, MPH, director of the Childhood Cancer Survivorship Clinic, City of Hope, Duarte, California. "One of these issues is a higher burden of cardiovascular disease, which can result from exposure to anthracyclines [a class of chemotherapy] as part of their cancer treatment."

Due to anthracycline-induced cardiotoxicity, it is recommended that childhood cancer survivors undergo screening for the detection of heart dysfunction following the completion of their treatment. Screening via echocardiography is the standard of care for monitoring heart function, yet this technique can be highly variable. CMR imaging is an alternative screening method and is regarded as the gold standard; however, this screening approach is expensive and is not widely accessible.

Of note, less than 30 percent of these cancer survivors undergo routine recommended risk-based screening. "We need a method to facilitate the population-based screening that is being underperformed in these cancer survivors," Armenian points out.

Armenian and colleagues tested the accuracy of *Vivio*, a prototype handheld instrument which collects pulse waves and phonocardiogram data from the carotid artery. The data is then streamed wirelessly to a compatible device such as a smart phone or e-tablet. This mobile health platform negates the need for result interpretation and allows for real-time monitoring of heart health, Armenian explains.

Using a specialised algorithm, *Vivio* measures the left ventricular ejection fraction (LVEF), which is commonly used to assess heart function and measures the percentage of blood ejected from the left ventricle of the heart. An LVEF measurement of less than 50 percent may indicate signs of abnormal heart function, according to Armenian.

The researchers compared *Vivio* with both echocardiography and CMR imaging in 191 patients who had been exposed to anthracycline chemotherapy. Participants were diagnosed with cancer before 22 years of age and had completed their treatment at least two years prior to the study. Key findings of the study include:

- The average LVEF measurement from *Vivio* was comparable to that of CMR imaging (56.8 percent versus 56.5 percent, respectively).
- The average LVEF as measured by echocardiography was higher (61.7 percent), resulting in high false-negative rates.
- Using CMR imaging as the gold standard, *Vivio* displayed high sensitivity and a low false-negative rate for the identification of individuals with abnormal LVEF (85.7 and 14.3 percent, respectively).

Armenian notes however that *Vivio* is not currently intended to replace echocardiography or CMR imaging. As both echocardiography and CMR imaging generate images of the heart, these techniques can provide a more comprehensive assessment of heart health and facilitate the diagnosis of heart problems.

"One possible implementation of *Vivio* could be for preliminary screening," Armenian explains. "If the patient's heart function is below a specific threshold as measured by *Vivio*, that patient could schedule an in-depth evaluation. This way, *Vivio* could keep these survivors engaged and help to reduce the burden of inconvenient tests for individuals with a normal heart function as determined by the device."

Source: [American Association for Cancer Research](#)

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Published on : Wed, 27 Jun 2018