



Guidance on Treating Cardio-Oncology Patients in the Cath Lab




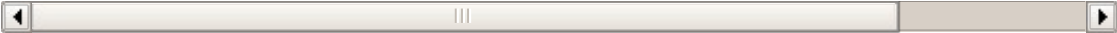
The Society for Cardiovascular Angiography and Interventions (SCAI) has released expert consensus for cardio-oncology patients treated in cardiac catheterisation labs. The document, "SCAI Expert Consensus Statement: Evaluation, Management, and Special Considerations of Cardio-Oncology Patients in the Cardiac Catheterization Laboratory," was released in *Catheterization and Cardiovascular Interventions (CCI)*, and is endorsed by the Cardiological Society of India (CSI) and Sociedad Latino Americana de Cardiologia Intervencionista (SOLACI).

The statement provides cardiologists, oncologists and internal medicine physicians guidance when treating patients with concomitant cardiovascular disease and cancer. The goal is to increase the competency of healthcare professionals in cardiology who are engaged in treating cancer patients.

While advancement in cancer therapy has resulted in a decline in cancer-related mortality, there is also an increasing need for invasive evaluation and management of cancer survivors in the cardiac catheterisation laboratory.

See Also: [Can Cancer Damage the Heart?](#)

Cezar A. Iliescu, MD, FSCAI, lead author of the document and director of the Cardiac Catheterization Laboratory at MD Anderson Cancer Center in Houston, Texas highlights the fact that there is insufficient data because cancer patients are often excluded from national percutaneous coronary interventions (PCI) registries and from most randomised trials involving PCI. That is precisely why the SCAI had to commission a consensus group to provide recommendations that are based on available published medical literature and expert opinion and experiences.



It is already established that cancer therapies can result in significant injury to the vasculature, resulting in angina, acute coronary syndromes, arrhythmias and heart failure. The guidance from SCAI highlights the review of the mechanisms of vascular toxicities in cancer patients (radiation or chemotherapy induced). It also covers other aspects of cardiovascular care including screening and cardio-protection, PCI in patients with thrombocytopenia and anaemia, fractional flow reserve, intravascular ultrasound and optical coherence tomography for complex intravascular assessment and deferring stenting. In addition, the guidelines cover non-coronary interventional procedures such as endomyocardial biopsy and pericardiocentesis, and aortic valvuloplasty and transcatheter aortic valve implantation.

Source: [The Society for Cardiovascular Angiography and Interventions](#)

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