



PCI and cancer patients: should cardiologists and oncologists improve collaboration?



A new study published in the European Heart Journal reports that patients with cancer who undergo percutaneous coronary intervention (PCI) have worse short-term clinical outcomes compared to non-cancer patients.

Approximately 6.6 million hospital patients in the US were evaluated in the study over an 11-year period. All patients underwent PCI, the most common interventional treatment in patients with coronary heart disease. PCI is undertaken as both a planned procedure as well as an emergency intervention when required.

Among the study patients, 10% who underwent the PCI procedure had either a current cancer diagnosis or a history of one. The study specifically investigated the impact of the procedure on patients with a diagnosis of prostate, breast, and colon or lung cancer.

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Findings show that patients with a current diagnosis of lung cancer were three times more likely to die in the hospital following PCI as compared to patients who did not have a cancer diagnosis. Patients with colon cancer had the greatest association with bleeding complications post-PCI compared to non-cancer patients. Patients with metastatic cancer were also found to have poor outcomes after PCI. They were also at a greater risk of post-PCI complication, major bleeding, and death.

The study was led by Prof. Mamas Mamas, Professor of Cardiology at Keele University. According to Prof. Mamas, a concurrent cancer diagnosis has an important impact on the clinical outcomes of procedures such as PCI. The extent of impact is dependent on the type of cancer, presence of metastases and current or historical diagnosis.

Dr. Jessica Potts, research associate at Keele University and the co-author of this study also points out that treatment of patients with a cancer diagnosis should be individualised as cancer is associated with a higher risk of complications. She highlights the need for greater collaboration between cardiologists and oncologists when treating such patients.

Source: [Keele University](#)

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