

Practice Plus Webinar

19th July 2023

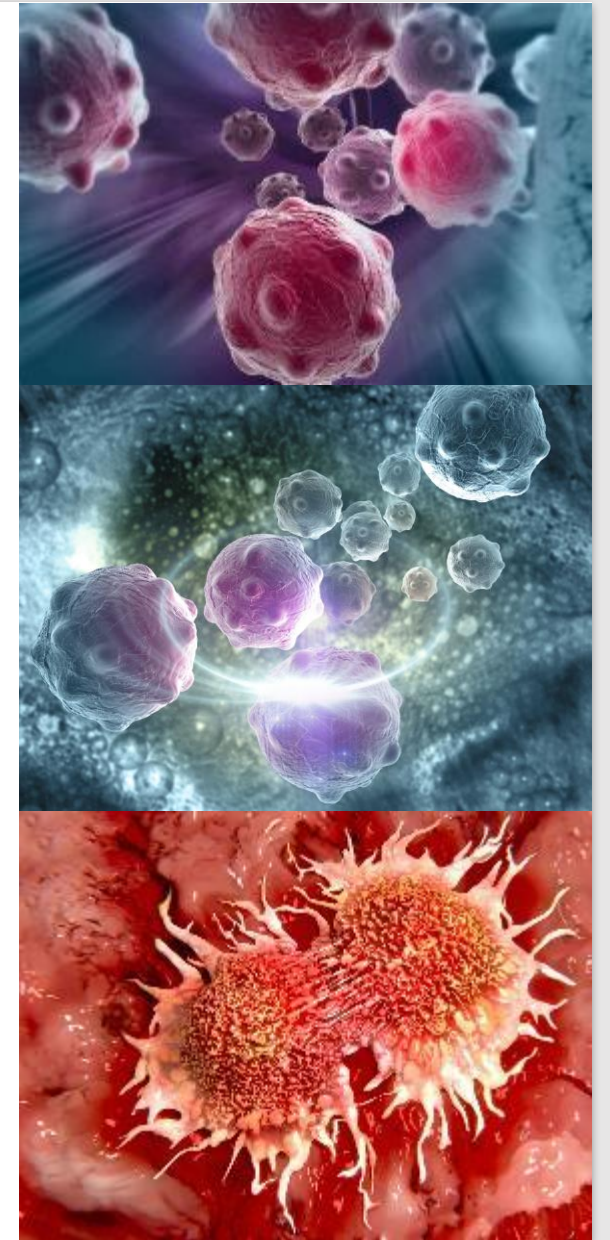
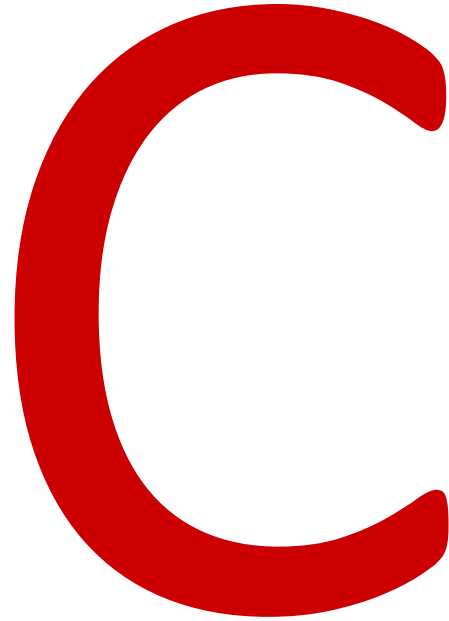
Steve Williams

Lead Clinical Pharmacist
PrescQIPP Practice Plus

PrescQIPP
Practice 

Pharma & the Big

Part II



Cardio-Oncology Balance

CANCER

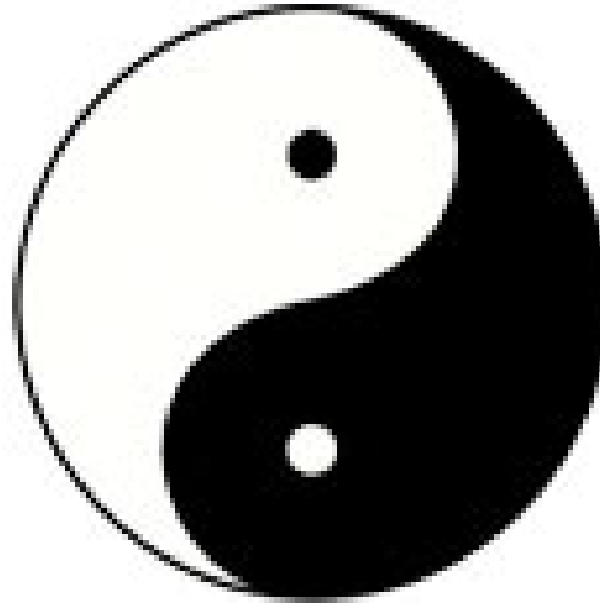
Cell division

Increased cell number

Angiogenesis

Increased
metabolic activity

Drug/toxin resistance



HEART FAILURE

Failure of cell division/
tissue repair
Cell loss

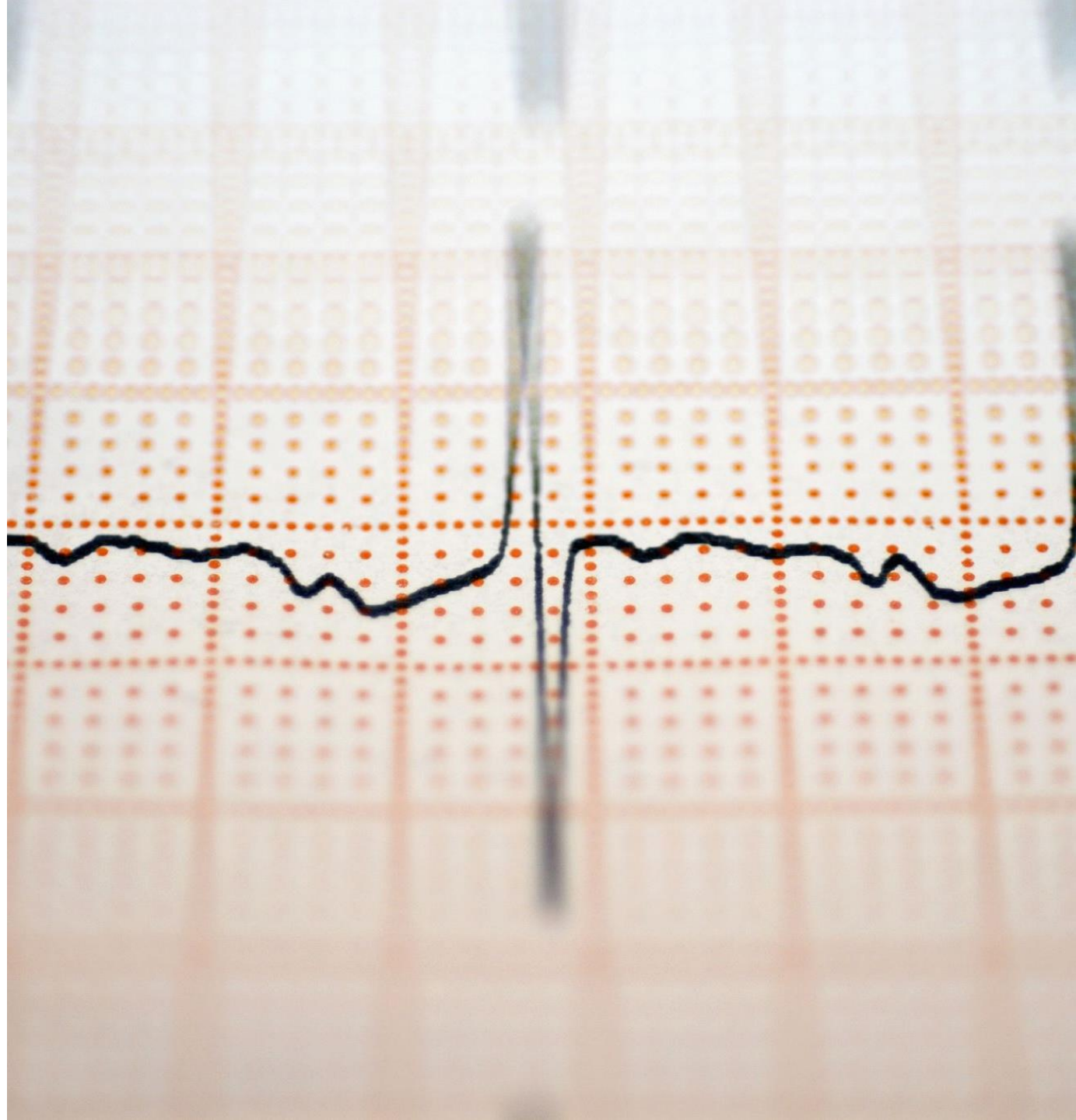
Ischaemia

Impaired/decreased
energetic efficiency

Increased sensitivity
to toxins

Cancer drugs and the heart

- Anthracyclines/ HER2 targeted therapies- heart failure
 - Dose capping
 - EF monitoring and management on trastuzumab
- TKIs- HTN, QTc prolongation, arrhythmia
 - BP monitoring/ ECGs on treatment
- Anti VEG-F agents- HTN, HF
 - BP monitoring
- GnRH agonists- atherosclerosis and MI
- Abiraterone- DM/ HTN
- ICI- immune-mediated myocarditis, pericarditis



Co-morbidities - cardiovascular

- Baseline risk assessment
- Optimise BP control and heart failure meds before commencing treatment
 - Regular monitoring and titration of drugs and doses
- ESC guidelines
 - [2022 ESC Guidelines on cardio-oncology developed in collaboration with the European Hematology Association \(EHA\), the European Society for Therapeutic Radiology and Oncology \(ESTRO\) and the International Cardio-Oncology Society \(IC-OS\) | European Heart Journal | Oxford Academic \(oup.com\)](#)

2022 ESC Guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS)

Developed by the task force on cardio-oncology of the European Society of Cardiology (ESC)

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A detailed microscopic image of a blood clot, showing a dense cluster of red blood cells (erythrocytes) held together by a network of white, fibrous strands (fibrin). The background is a dark red, suggesting the surrounding blood.

Thrombosis

- Patients with cancer have a significantly increased risk of developing a VTE and these patients also have a greater incidence of VTE recurrence
- LMWH tx of choice but DOACs used in suitable patients (bearing in mind bleeding risk, drug interactions, disease factors)
- Some treatments are thrombogenic e.g. thalidomide, lenalidomide and pomalidomide in myeloma
- SACT may increase the risk of bleeding by reducing platelet count or affecting blood vessels
- Bleeding risk increased in some cancers e.g. genitourinary cancers
- The consequences of bleeding may influence anti-coagulant treatment e.g. in brain metastases.

Diabetes and cancer



~20% of people with cancer already have an underlying diagnosis of diabetes and cancer patients are at increased risk of developing new onset diabetes



Cancer patients with diabetes have poorer self-management and increased risk of toxicities, hospital admissions and morbidity



Hyperglycaemia may result in dose reductions and early cessations of SACT, reducing efficacy and leading to poorer outcomes

Management of Glycaemic Control in Patients with Cancer. Report of a working party on behalf of the UK Chemotherapy Board and Joint British Diabetes Societies; May 2021

[JBDS-17-Oncology-Guideline-final-21.05.21.pdf \(diabetestimes.co.uk\)](#)

Barua et al. Hyperglycaemia and Survival in Solid Tumours: A Systematic Review and Meta-analysis. Clin Oncol. 2018;30(4):215-24.

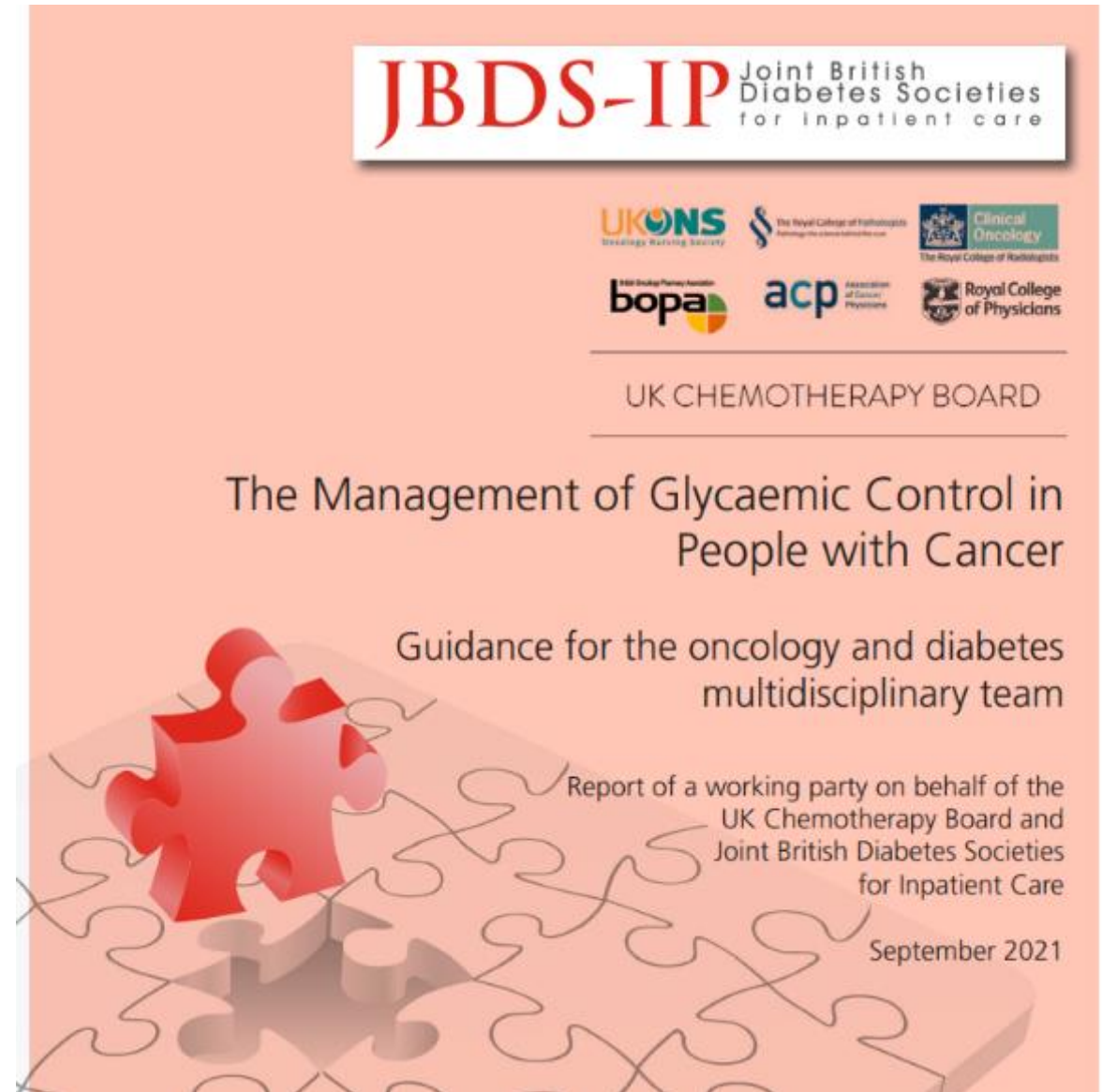


Co-morbidities - diabetes

- Steroids and some SACT agents can affect blood glucose control
- HBA1c should routinely be checked before commencing SACT
- Random plasma glucose at each treatment
 - Consider commencing (or add/increase) gliclazide if $>12\text{mmol}$ on 2 occasions
 - Inform primary care for ongoing follow up
 - Titrate in 40mg increments to a max 240mg OD
 - For patients already on sulphonylureas or meglitinides uptitrate to maximum dose, and contact local diabetes team for further advice. People not using insulin may require switching to insulin therapy, especially those already on more than one non-insulin agent

Co-morbidities - diabetes

- Immune mediated pancreatic failure (irreversible)
 - patients almost always require insulin
- [Oncology-Guideline-final-revised-20.09.21.pdf \(diabetestimes.co.uk\)](#)



Holistic care

- Managing fatigue
- Sleep hygiene
- Diet and exercise
- Mindfulness and relaxation techniques
- Psychological support
- Menopausal symptoms
- Travel health
- Skincare & Haircare
- Cosmetics



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NEW E-LEARNING Let's Communicate Cancer

By BOPA on 31st March 2021

BOPA are pleased to launch the 'Let's Communicate Cancer Series'

Let's Communicate Cancer is free and easily accessible e-learning where you can learn about cancer from basics to detail. It is presented as bite-sized videos, animation, quizzes and slide shows. The e-learning will give you confidence and knowledge to help your cancer patients – from early diagnosis through treatment.

Let's Communicate Cancer is aimed at ALL staff working in the pharmacy and beyond.

Go to www.bopa.org.uk and click on the logo or access via the Courses section. You must be a FREE or PAID member to access.

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