

# Anthracycline Chemo Raises Heart Failure Risk

BY FRAN LOWRY  
Orlando Bureau

ATLANTA — Postmenopausal women with breast cancer who undergo adjuvant chemotherapy with anthracycline have a significantly increased long-term risk of developing heart failure, researchers reported at the annual meeting of the American Society of Clinical Oncology.

Women aged 66-70 who received anthracycline-based chemotherapy had a

38% higher risk of developing heart failure, compared with women of similar age treated with nonanthracycline chemotherapy regimens, said Dr. Sharon H. Giordano, professor of medicine at the University of Texas M.D. Anderson Cancer Center, Houston.

Data are scant on the long-term cardiac safety of anthracycline chemotherapy in women over age 65, Dr. Giordano said in an interview.

Long-term rates and predictors of heart

failure were evaluated in a population-based cohort of older women in Medicare's Surveillance, Epidemiology and End Results (SEER) registry, which collects data on U.S. incident cancer rates. Women aged 66-90 years old with invasive breast cancer diagnosed in 1992-1999 were included.

The 31,326 women were placed in one of three groups: 27,324 received no adjuvant chemotherapy, 1,682 received adjuvant anthracyclines, and 2,320 were treated with adjuvant nonanthracycline

chemotherapy. A total of 7,414 patients had subsequent claims for heart failure.

Patient characteristics differed in each group. Those "who did not receive chemotherapy were older and had higher comorbidities than did the patients in the other two groups. The anthracycline-treated group was slightly younger and healthier than the nonanthracycline chemotherapy group," Dr. Giordano said.

Despite being younger and healthier at baseline, a substantially higher proportion of the anthracycline-treated patients had developed heart failure after 10 years.

"At 5 years of follow-up, 85% of anthracycline-treated patients remained free of heart failure, as compared to 88% of



Despite being healthier at baseline, more anthracycline-treated patients developed heart failure.

DR. GIORDANO

other patients," Dr. Giordano said. At 10 years, the differences were more pronounced, with 61% of anthracycline-treated patients being free of heart failure, compared with 74% of those treated with nonanthracycline regimens and 73% of women who received no chemotherapy.

But in women aged at least 71 years, there were no differences among the three groups. This might be the result of older women being given lower doses of adjuvant therapy or to selection bias in which only the healthiest patients would be eligible for anthracycline, she said. ■

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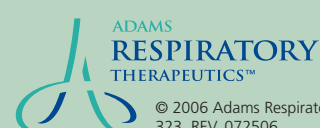
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## Isolation, Depression Hinder Cardiac Rehab

DENVER — Both social isolation and depression hampered health behaviors in a study of 492 patients who suffered acute coronary syndrome events, reported Dr. Manual Paz-Yepes at the annual meeting of the American Psychosomatic Society.

The 174 patients without life partners were significantly less likely than the 318 patients with partners to participate in cardiac rehabilitation (35% vs. 64%) or exercise (46% vs. 57%), and were more likely to smoke (15% vs. 8%) 3 months after an acute coronary syndrome (ACS) event.

Within 7 days of their ACS event and after 3 months, patients completed the Beck Depression Inventory as well as the UCLA loneliness scale, a measure of social isolation, wrote Dr. Paz-Yepes of the Cardiovascular Institute at Mount Sinai School of Medicine, New York, in a poster.

In a hierarchical regression analysis, depression, but not loneliness or partner status, was significantly tied to reduced likelihood of participation in cardiac rehab or exercise, and with reduced medication adherence. Loneliness was significantly linked with decreased medication adherence, lack of exercise, and smoking likelihood.

—Heidi Splete