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Standard 12-Lead Electrocardiogram: A Plausible Patient Monitoring Tool for the Emerging Cardio-Oncology Programs

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The piece in the “Cardiology News” section of the *Circulation* on July 26, 2016,¹ prompted me to delve into the issue of monitoring cancer patients who have received chemotherapy and/or radiotherapy for early or late cardiovascular side-effects of such life-saving therapies. Management of cardiovascular complications of cancer therapies are progressively and rapidly systematized via the creation of multidisciplinary Cardio-Oncology or Onco-Cardiology programs, staffed by physicians from either the Cardiology or the Oncology disciplines, with particular expertise in the hybrid area of cardiovascular complications consequent to chemotherapy and/or radiotherapy, and knowledge about old and new advances and clinical introduction of modern chemotherapeutic agents and major improvements in the implementation of radiotherapy.

Many of the chemotherapeutic agents are toxic to the heart with some old drugs (e.g., doxorubicin) or new ones (e.g., trastuzumab), being well recognized to lead to reversible (type II), or irreversible (type I) cardiomyopathy.¹ Modern radiotherapy currently employs various techniques, in addition to the radiation dose reduction, aimed at attenuating the damage to the patients’ endocardium, valves, myocardium, coronary arteries, and great vessels, with notable consequence being accelerated atherosclerosis.¹

Cancer-therapy cardiomyopathy is associated with early or late reduction (sometimes insidious) of left ventricular function, or occult or overt heart failure, with or without fluid retention.

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