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Remarks on the Position Paper on Cardio-Onco-Hematology and Remarks on the Review of Cardiac Imaging Modalities for the Detection of Cardiotoxicity. Response



Puntualizaciones al documento de consenso en cardio-onco-hematología y a la revisión sobre técnicas de imagen cardíaca en detección de cardiotoxicidad. Respuesta

To the Editor,

Heart failure is one of the most concerning and best studied complications of antitumor treatments. Existing literature suggest that surveillance strategies are needed to promote early diagnosis at stages when cardiac dysfunction may be reversible with appropriate therapy.^{1–3} Regardless of the technique used for cancer treatment monitoring, it is clear that left ventricular ejection fraction alone is not sufficient to detect early myocardial injury.⁴ Current guidelines recommend echocardiography as the method of choice for the longitudinal follow-up of cancer patients.^{1–3}

The main limitations of isotopic ventriculography are both the repeated use of radiation⁵ and the limited information on heart function. In fact, the high reproducibility of left ventricular ejection fraction measurements reported in the past is not available with current gamma cameras.^{1,6}

Echocardiography offers a complete evaluation of the heart (right ventricular function, atrial function, valvular and pericardial disease)⁷ and new echo techniques, particularly myocardial deformation imaging, allow for an early diagnosis of subclinical changes in cardiac function.⁸ Therefore, in daily practice, isotopic

ventriculography is suggested only when echocardiography or cardiac-magnetic resonance imaging are not available and it has a low impact as an imaging technique for the diagnosis and prevention of cardiotoxicity.^{1–3,6}

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