Patient Information
Chemo Cardiomyopathy

BACKGROUND INFORMATION

- Chemotherapy generally works by inhibiting growth or function of active tissues within the body. The intent is to slow growth or kill tumor or cancer cells. Since the heart is also composed of active tissue (the heart is constantly pumping), some forms of chemotherapy can weaken the heart.
- Most forms of chemotherapy usually do not affect the heart. Those that are may be associated with cardiomyopathy are drugs like daunomycin, doxorubicin or Herceptin, but there are certainly others as well.
- In most cases, the heart function will recover when holding or stopping the offending agent.
- Normal heart function or ejection fraction (EF) is 55-65%, meaning that with each beat, the heart pumps 55-65% of the blood inside the heart to the rest of the body. Cardiomyopathy implies some decrease in EF to less than 50% (which is considered borderline or low normal.).

SYMPTOMS

- Shortness of breath
- Edema or swelling
- Fatigue, especially with exertion
- Unexplained weight gain
- Shortness of breath when lying down

DIAGNOSTIC TESTS

- Ultrasound of the heart (Echocardiogram)
- Stress testing (occasionally)
- Angiogram (rarely)
- Some blood tests may be helpful in making the diagnosis

TREATMENT

- The typical first step in management is removing the offending agent if possible.
- Beta-blockers (atenolol, metoprolol, carvedilol, etc) can relax the heart, lower blood pressure and slow the heart to improve filling and pumping function.
- ACE-inhibitors (lisinopril, enalapril, etc) or ARB's (losartan, candesartan, etc) can also lower blood pressure, relax the heart and improve blood flow to the kidney.
- Diuretics may be used to remove excess fluid.
- Spironolactone can also be used to remove fluid and help relax the heart.
- Pacemakers or defibrillators may be recommended in some cases.

FOR MORE INFORMATION or to make an appointment at URMC Cardiology at Highland Hospital, please call (585) 341-6780 or visit us online at www.highlandheart.urmc.edu

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