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Sacubitril/valsartan is well tolerated in patients with heart failure and a history of cancer

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Introduction: Sacubitril/valsartan has been shown to significantly reduce cardiovascular mortality and hospitalisations due to heart failure in patients with reduced ejection fraction when compared to enalapril. Until now, sacubitril/valsartan has not been evaluated in patients with a history of cancer, as these patients were excluded from the pivotal trial, PARADIGM-HF. The aim of the current study was to assess tolerability of sacubitril/valsartan in patients with a history of cancer.

Methods: We retrospectively enrolled all patients at our heart failure out-patient unit who fulfilled the indication criteria to receive sacubitril/valsartan and had a history of cancer. Fifteen patients receiving sacubitril/valsartan had a diagnosis of histologically confirmed cancer: 26.7% breast cancer (n = 4), 13.3% osteosarcoma (n = 2), 13.3% colorectal cancer (n = 2), 13.3% renal cell carcinoma (n = 2), 6.7% non-Hodgkin lymphoma (n = 1), 6.7% lung cancer (n = 1), 6.7% prostate cancer (n = 1), 6.7% bladder carcinoma and 6.7% myeloproliferative syndrome (n = 1). Surgery due to cancer was performed in 80% of patients (n = 12), 26.7% previously received chemotherapy (n = 6) and 40% radiation therapy (n = 4).

Results: Sacubitril/valsartan was withdrawn in 2 patients (13.3%) because of dizziness and pruritus respectively. After a mean follow-up of 13 ± 8 months, NYHA functional class improved significantly (mean -0.5, p = 0.001), ejection fraction as assessed by echocardiography increased (mean +6.8%, p = 0.018) and NT-proBNP was significantly decreased (mean -1552pg/ml, p = 0.026). There was no significant change in creatinine levels (+0.046 mg/dl, p = 0.564).

Conclusions: In this pilot study we were able to show that sacubitril/valsartan is generally well tolerated in patients with a history of cancer. Patients with cardiotoxicity induced heart failure can be treated and uptitrated with sacubitril/valsartan to usual dosages similarly as in other causes of heart failure. Larger studies are needed to confirm these findings in cancer patients with cardiotoxicity.