

**Cardiovascular Safety at the Heart of Cancer Care**

# Getting risk stratification right: **the clinical perspective**

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# Disclosures

Speaker and advisory board fees: Philips, Myocardial Solutions, Johnson & Johnson, Astra Zeneca, Lilly, Pfizer, Accord, Nordicpharma not related with this presentation

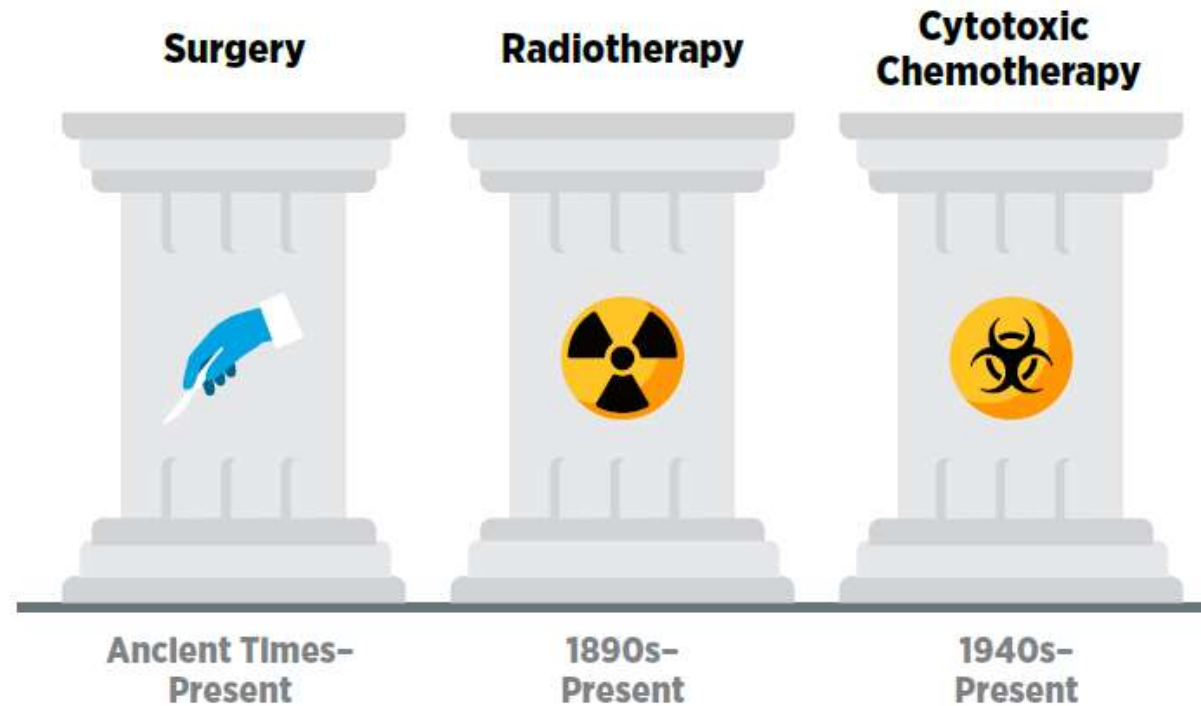
# Legacy approach: LVEF-based stratification



>50%

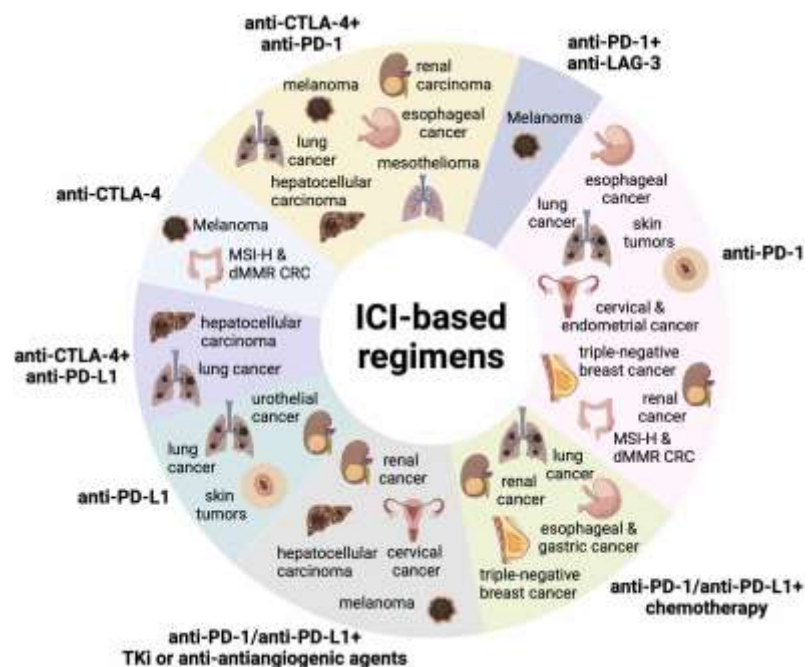


<50%



AACR Cancer Progress Report 2024

# The new era of cancer care



## Molecularly Targeted Therapy



Siegel et al., CA Cancer J Clin 2025 Jan-Feb;75(1):10-45; Tonorezos et al. Journal of the National Cancer Institute, 2024  
Cerella C et al. Pharmacol Res . 2023 Oct;196:106914.

# The CTR-CVT landscape has changed



2022 ESC Guidelines on cardio-oncology. European Heart Journal (2022) 43, 4229–4361

# What defines CTR-CVT risk?

## Clinical cases

### #1

#### 53-year-old man

- Bicuspid aortic valve (AVA 0.6cm<sup>2</sup>/m<sup>2</sup>)
- **2024 Locally advanced NSCLC (IIIB) EGFR +**
- **LVEF 65%**

### #2

#### 44-year-old women

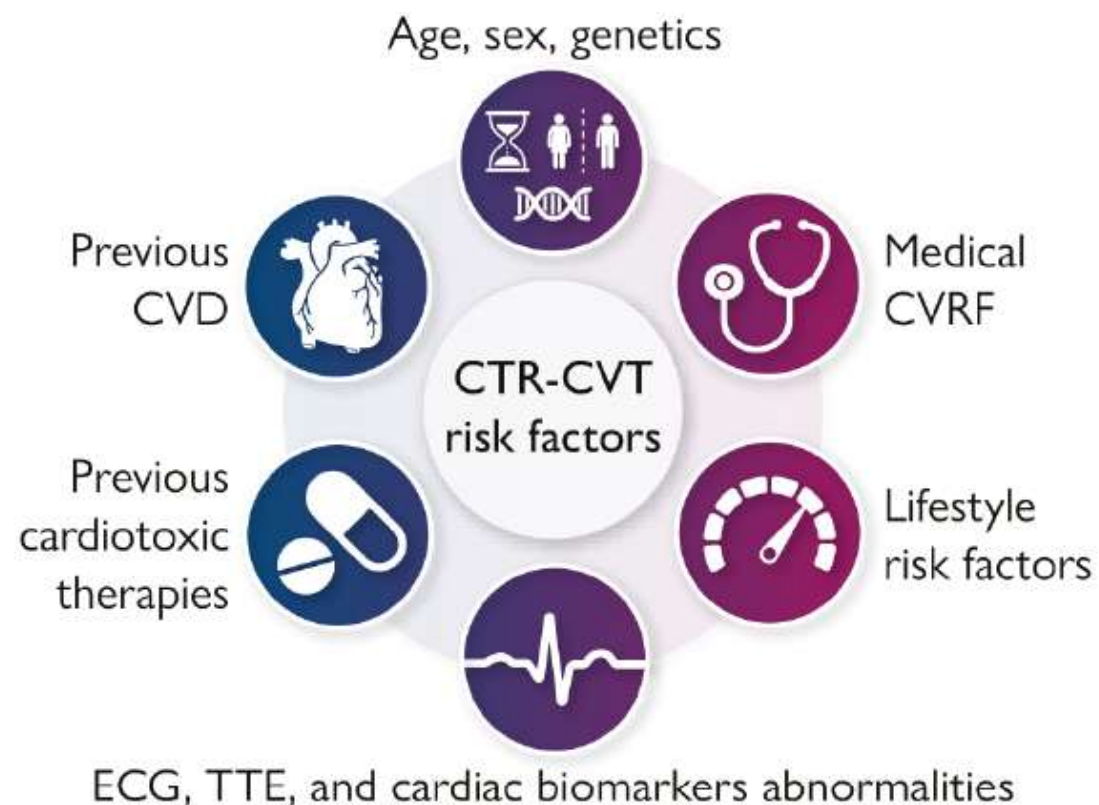
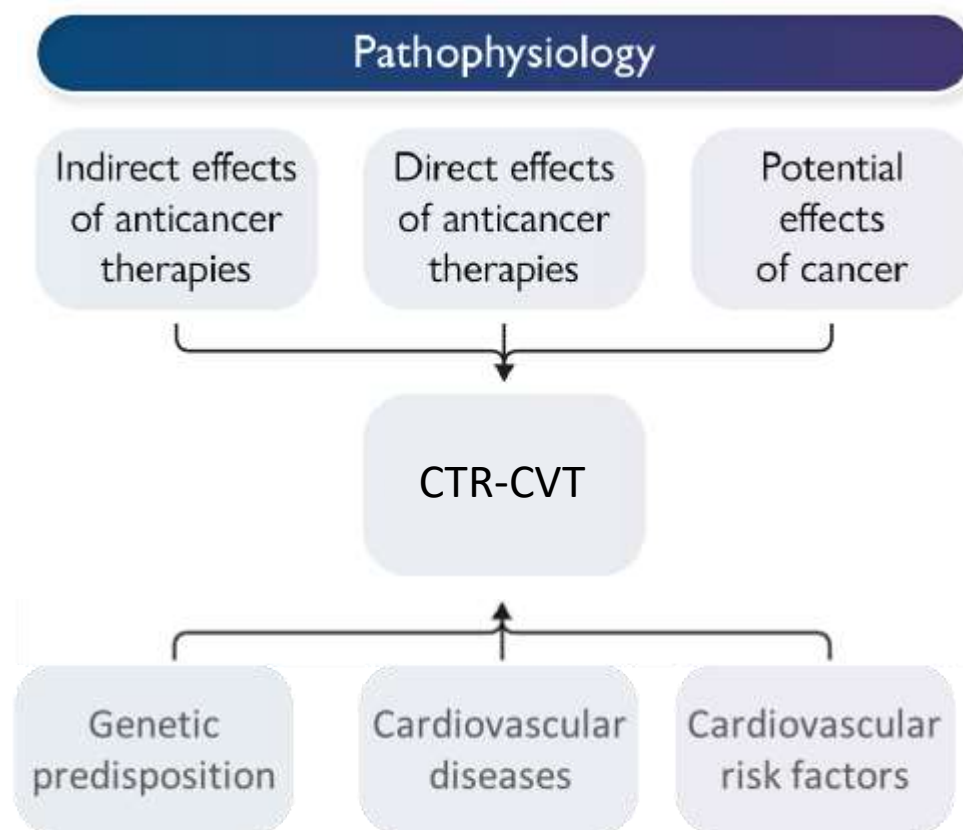
- Hodgkin lymphoma at age 17: ABVD + RT
- **2024 Triple-negative breast cancer**
- **LVEF 53%**

### #3

#### 62-year-old women

- 2004 CML Ph+
  - *Imatinib*
  - *Nilotinib*
  - *Dasatinib*
  - *Bosutinib*
  - 2024 Asciminib
- **LVEF 56%**

# What defines CTR-CVT risk?



Rakisheva A. et al Eur J Heart Fail. 2025 Nov;27(11):2084-2099.

# HFA-ICOS risk score

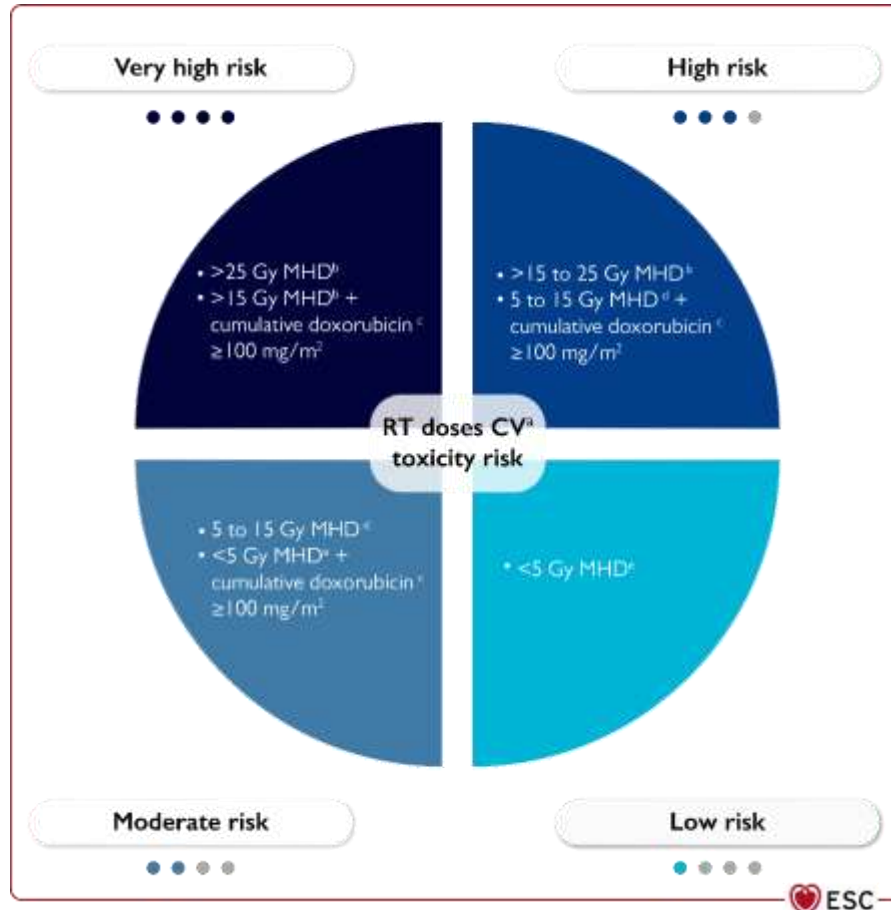
Risk factor	Score	Current cancer treatment regimen	
<b>Previous CVD</b>		<b>Previous cardiotoxic cancer treatment</b>	
HF or cardiomyopathy	Very high	Prior trastuzumab cardiotoxicity	Very high
MI or CABG	High	Prior (remote) anthracycline exposure <sup>e</sup>	Medium2
Stable angina	High	Prior RT to left chest or mediastinum	Medium2
Severe VHD	High	<b>Lifestyle risk factors</b>	
Arrhythmia <sup>a</sup>	Medium2	Current smoker or significant smoking history	Medium1
<b>Cardiac imaging</b>		Obesity (BMI > 30 kg/m <sup>2</sup> )	Medium1
Baseline LVEF < 50%	High	<b>Cardiac biomarkers (where available)</b>	
Borderline LVEF 50–54%	Medium2	Elevated baseline troponin <sup>b</sup>	Medium2
<b>Demographic and CVRF</b>		Elevated baseline BNP or NT-proBNP <sup>b</sup>	Medium2
Age ≥ 80 years	High	<b>Current cancer treatment regimen</b>	
Age 65–79 years	Medium2	Includes anthracycline before HER2-targeted therapy	Medium1 <sup>f</sup>
Hypertension <sup>c</sup>	Medium1		
DM <sup>d</sup>	Medium1		
Chronic kidney disease <sup>e</sup>	Medium1		



- Anthracycline
- HER2 targeted therapies
- VEGF inhibitors
- RAF/MEK inhibitors
- BCR-ABL inhibitors
- Multiple myeloma

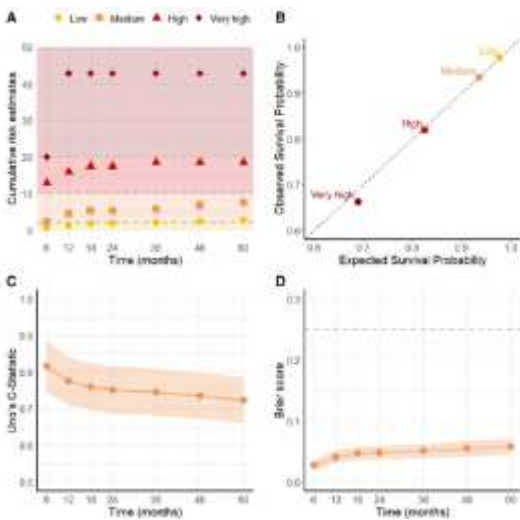
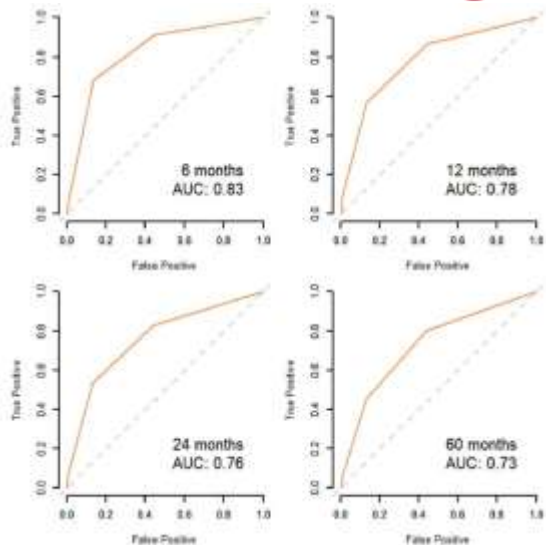
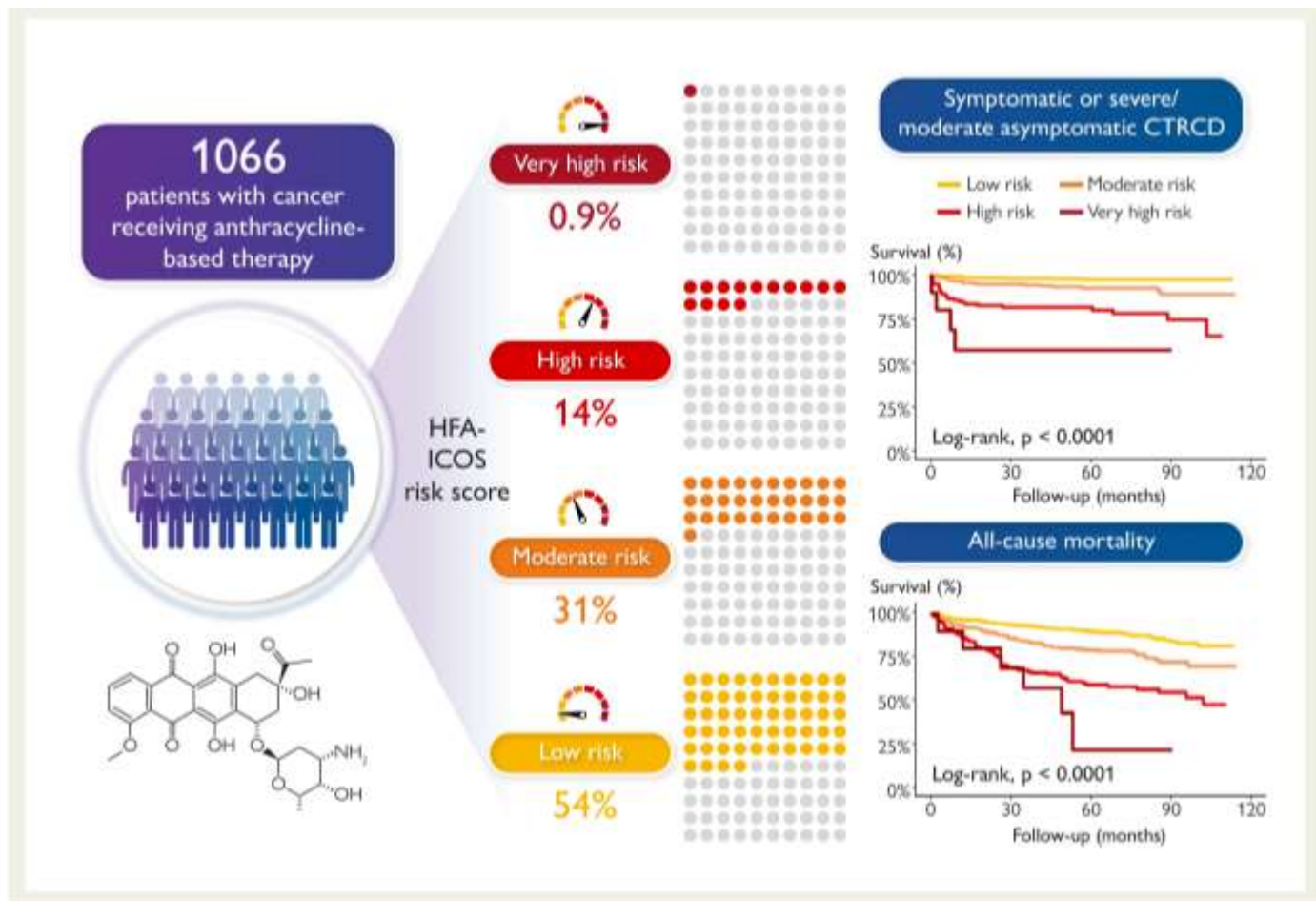
	Score	CTR-CVT risk
Low risk	0-1	<2%
Med risk	2-4	2-9%
High risk	≥5 or any HR	10-19%
Very HR	any very HR	>20%

# Thoracic radiotherapy



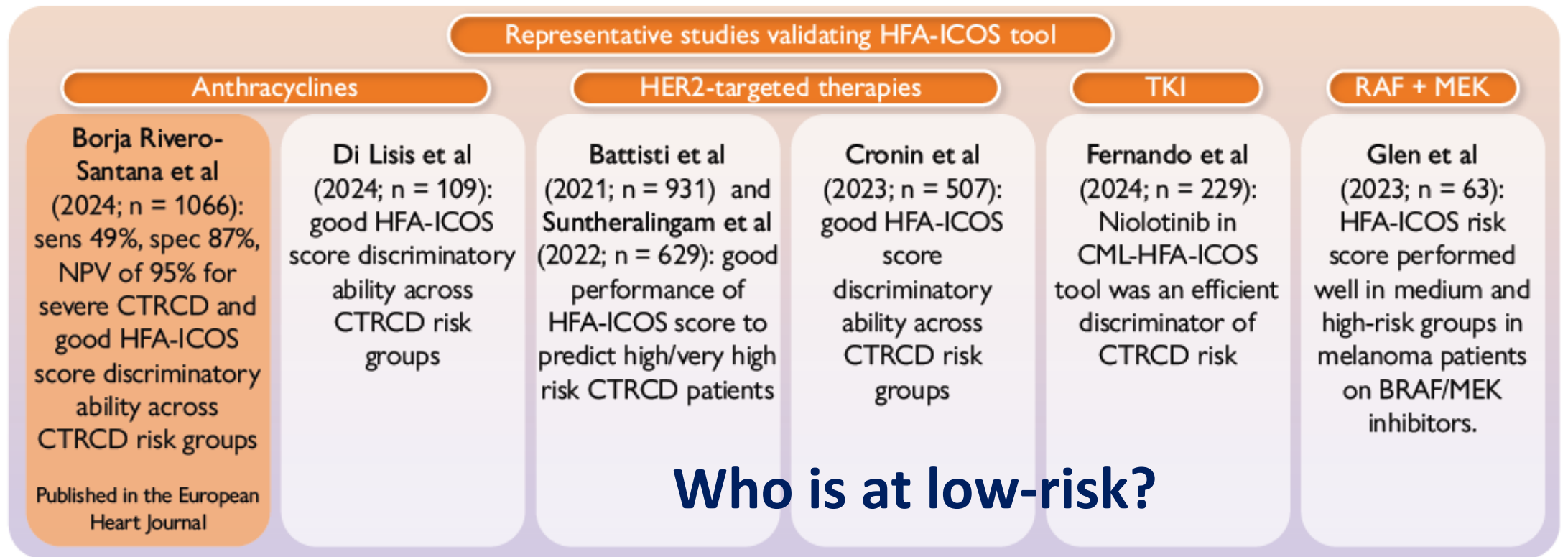
- **SCORE2/SCORE2-OP**
- **RT risk categorization based on MHD** is recommended over categorization based on prescribed dose, which may not accurately reflect cardiac radiation exposure.
- **Depending on dose distribution and exposure of specific cardiac substructures** (as well as clinical risk factors) the treatment team may judge the **patient to belong to a higher or lower risk category.**

# HFA-ICOS risk score



Rivero-Santana et al European Heart Journal (2025) 46, 273–284

# HFA-ICOS risk score



Lloyd E. Butel-Simoes , Doan T.M. Ngo, and Aaron L. Sverdlov et al *European Heart Journal* (2025) 46, 285–287

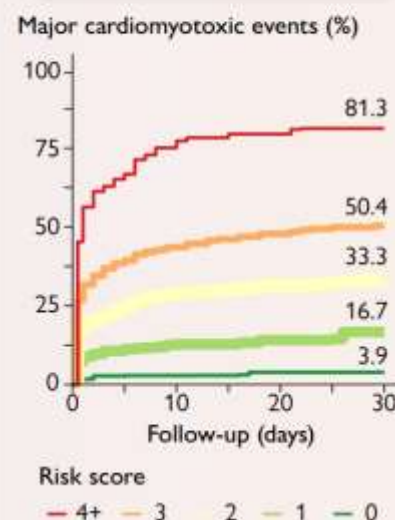
# Risk score for severe ICI-myotoxicity

## Derived risk score

Risk score parameters	Points
Active thymoma	+2
Cardiomuscular symptoms	+1
ECG: Sokolow-Lyon voltage $\leq 0.5$ mV	+1
Left ventricular ejection fraction $< 50\%$	+1
Troponin (preferentially T, otherwise I)	
• $> 20$ to 200 folds the ULN	+1
• $> 200$ to 2000 folds the ULN	+2
• $> 2000$ folds the ULN	+3

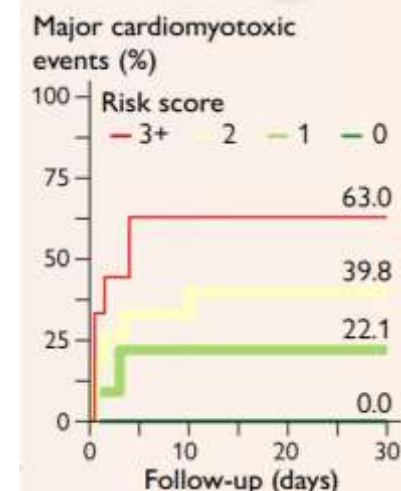
## Cumulative incidence of major cardiomyotoxic events according to risk score

AUC: 0.70 (95% CI 0.67–0.73)



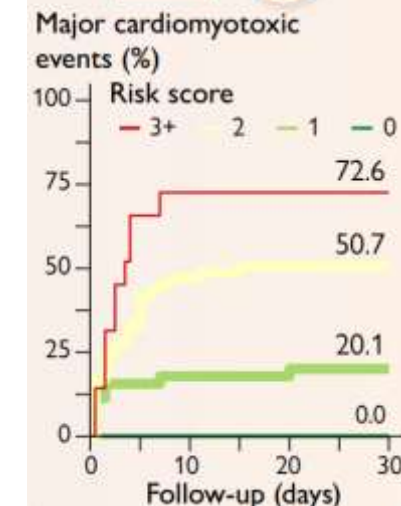
## Replication cohorts

Sorbonne University



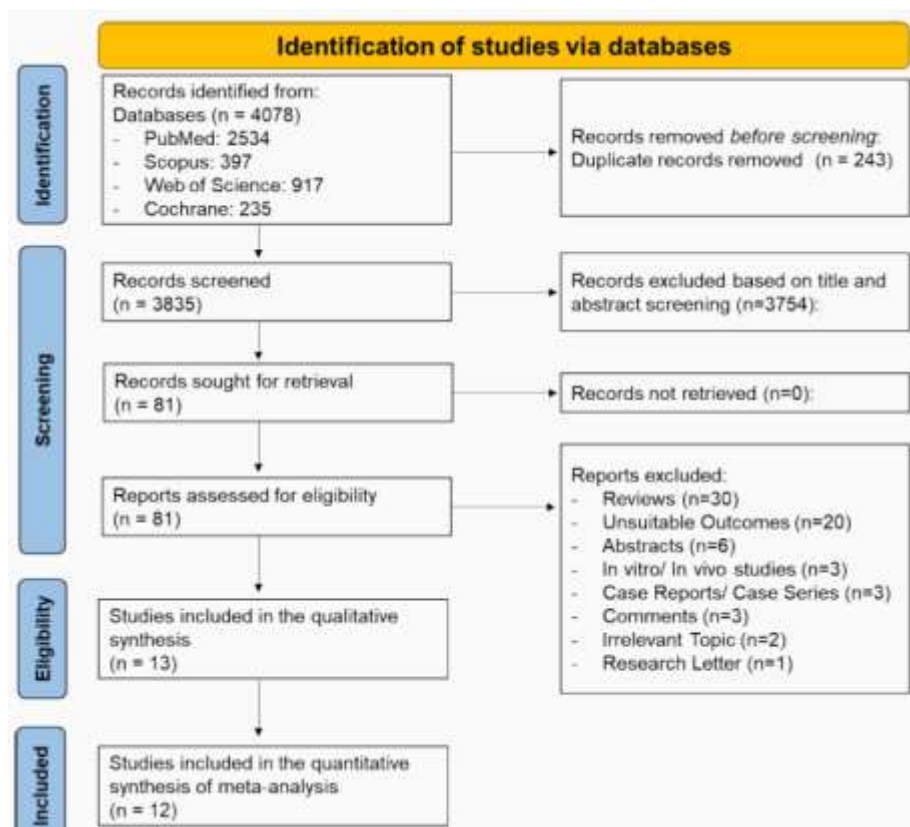
## Replication cohorts

Mass General Brigham



Power JR et al. Eur Heart J. 2025 Jun 18;ehaf315. doi: 10.1093/eurheartj/ehaf315.

# CAR-T7 baseline risk score



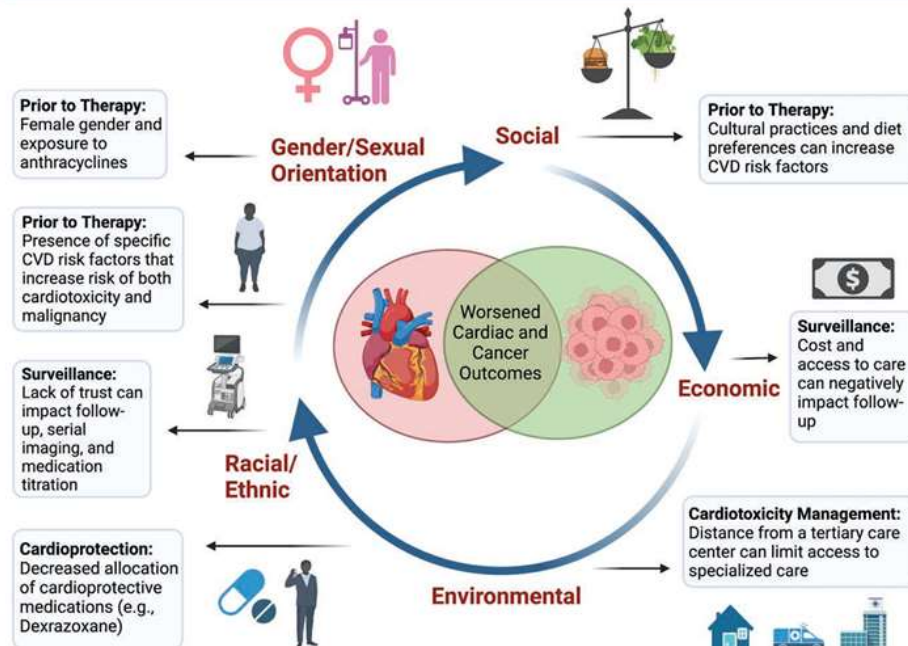
Risk factors	Points
Heart Failure	10
Atrial Fibrillation	9
Coronary Artery Disease	8
Hyperlipidaemia	2
Diabetes	2
Hypertension	1
Smoking	1

Total score	Risk level
0-8	Low
9-17	Moderate
18-25	High
26-33	Very high

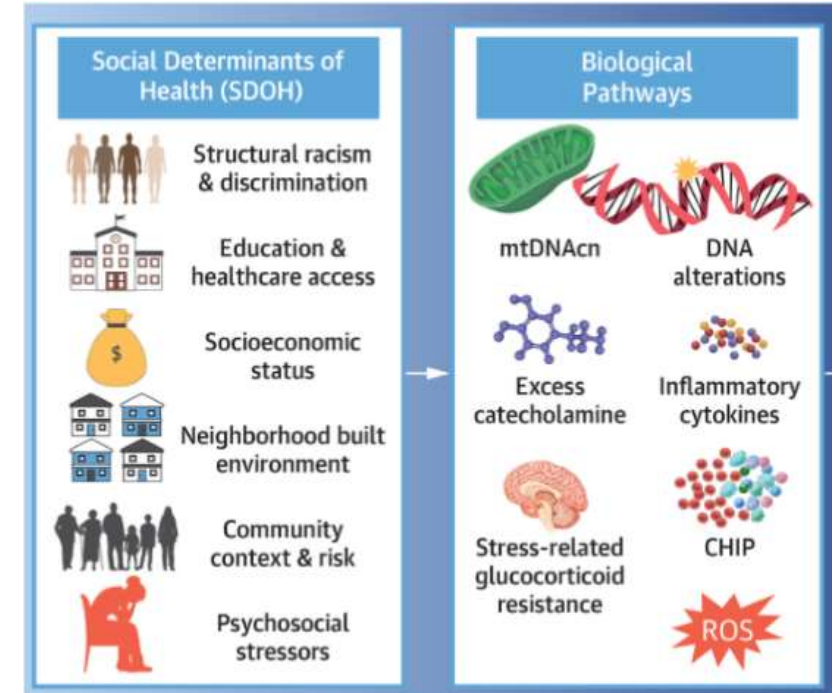
Farmakis D et al. European Journal of Haematology, 2025; 0:1–12. <https://doi.org/10.1111/ejh.70040>

# Uncovering Hidden Risks: SDOH

## Drivers of Inequity and Disparities in Cardio-Oncology

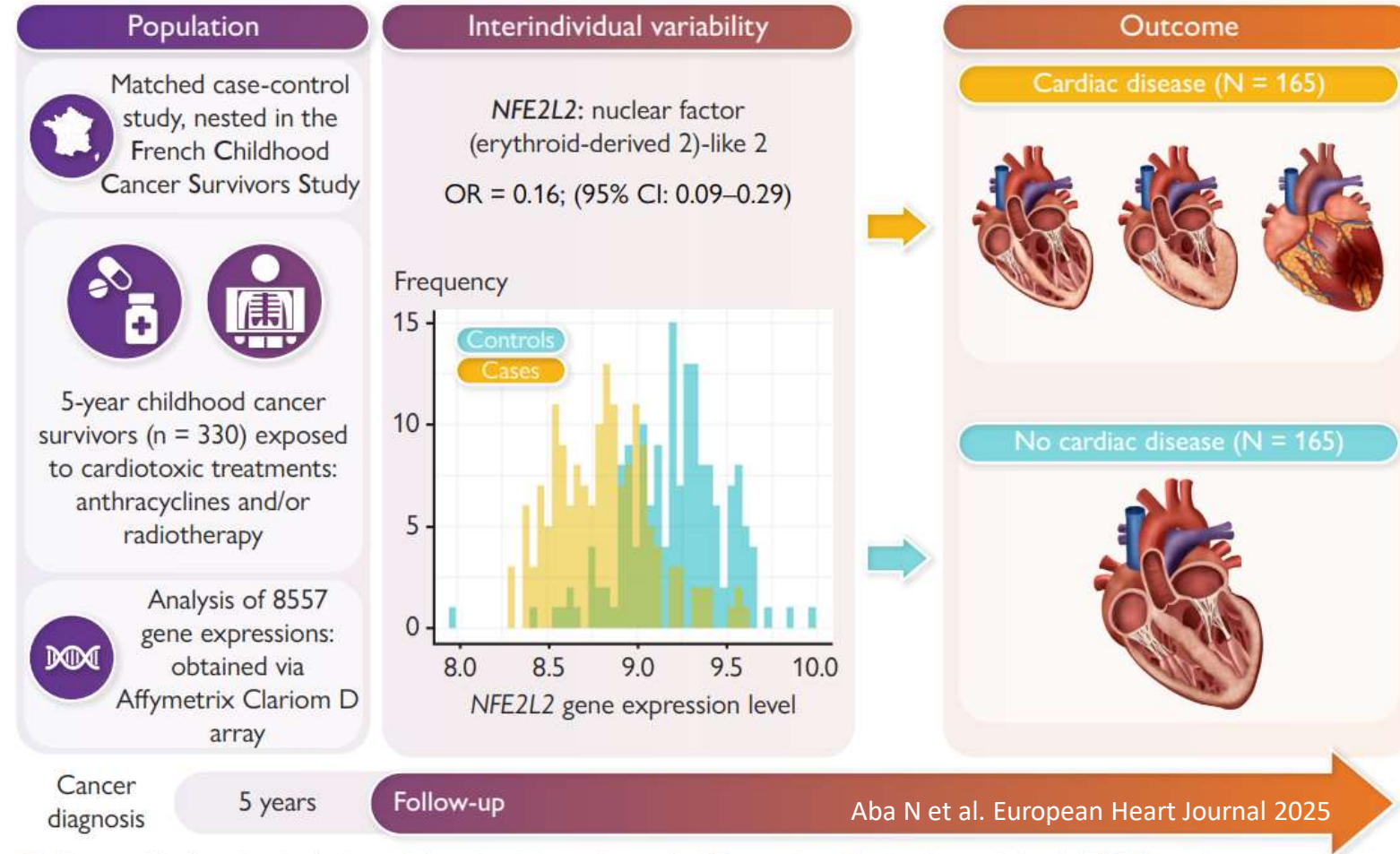


*Circulation.* 2023;148(3):297-308

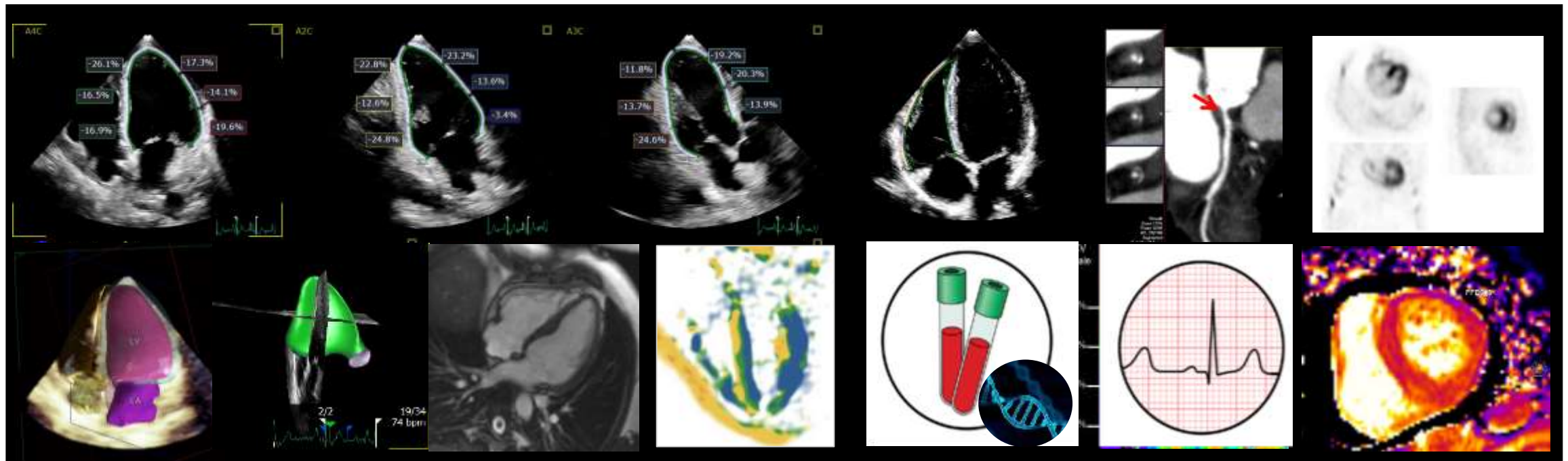


*J Am Coll Cardiol CardioOnc* 2024;6:331–346)

# Uncovering Hidden Risks: Genetics



# From LVEF to comprehensive imaging, biomarkers, genes and



# New challenges

*The supporting  
evidence is  
continually  
developing*

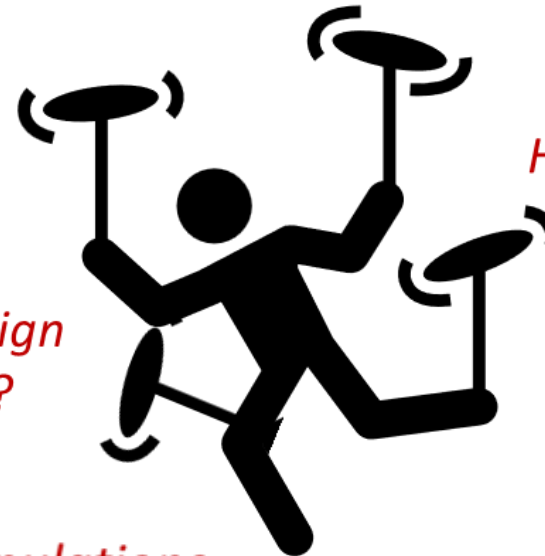
*Is there a possibility that we  
are detecting too much?*

*Where is the threshold?  
How much is too much?*

*What should guide  
our decisions?*

*Mild toxicity: warning sign  
or background noise?*

*Special populations...*



*How much toxicity can  
we safely tolerate?*

*Timely access to  
new resources*

# ESC CARDIO ONCOLOGY 2026

The annual conference of the ESC Council of Cardio-Oncology

**19-20 JUNE**  
**VIENNA**  
**AUSTRIA**

Important deadlines



**29 January 2026**

Abstract submission



**05 February 2026**

Clinical Cases submission



**#ESCCardioOnco26**

**SAVE  
THE DATES**



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Cardio-Oncology

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**Risk stratification** is essential to structure cardio-oncology strategies in an era of increasingly complex patients, novel therapies, and a growing cancer population.

## Future needs for CV toxicity risk assessment

- **Standardising CTR-CVT criteria** (definitions and grading)
- A stronger stream of **basic and translational research**
- **Adopt a risk-adapted trial approach** to CV data collection and monitoring in onco-haematology trials and RWD

# Thank you!

*To champion excellence and innovation  
by fostering future leaders in cardiovascular medicine*

[www.EuropeanHeartAcademy.org](http://www.EuropeanHeartAcademy.org)

<https://www.escardio.org/events/councils-events/esc-cardio-oncology/>