

# Cancer Survivorship: Cardiovascular Risks, Challenges and Opportunities



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# Disclosures

## Alexander R. Lyon

*Speaker, advisory board or consultancy fees and/or research grants:*

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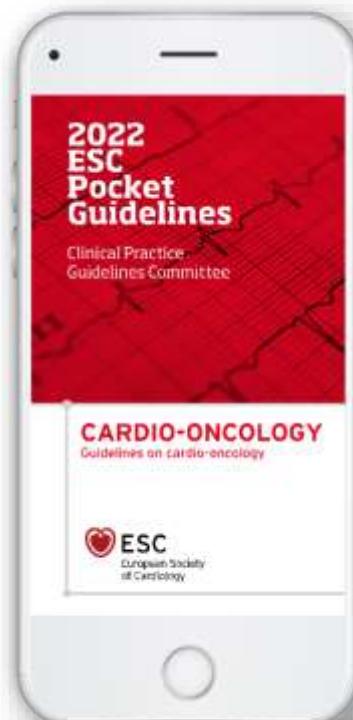
# Cancer and Cardiovascular Disease



# 2022 ESC Guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS)

Developed by the task force on cardio-oncology of the European Society of Cardiology (ESC)

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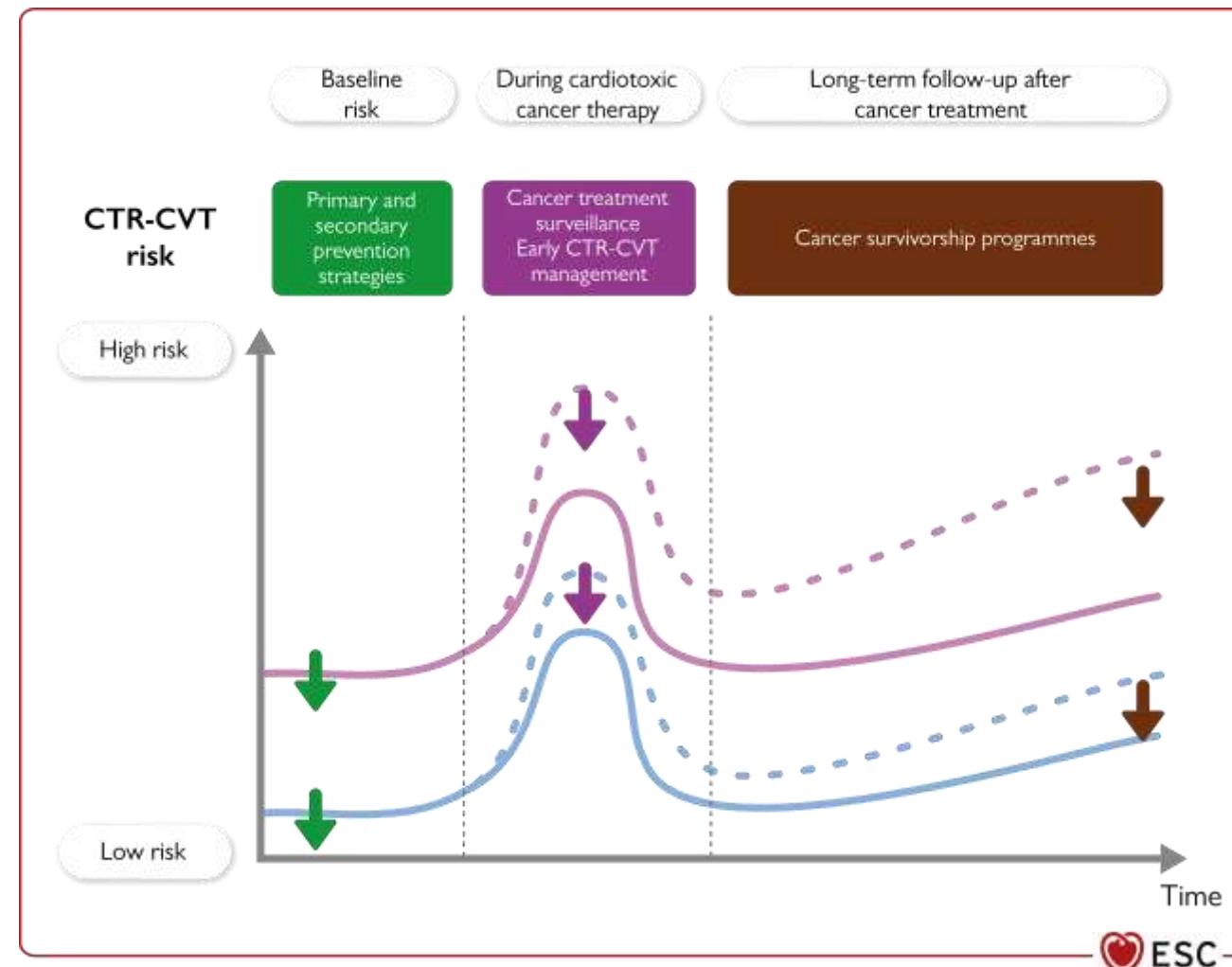
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# Dynamics of cardiovascular toxicity risk in cancer patients during their cancer therapy and follow up



# Long term surveillance in asymptomatic cancer survivors

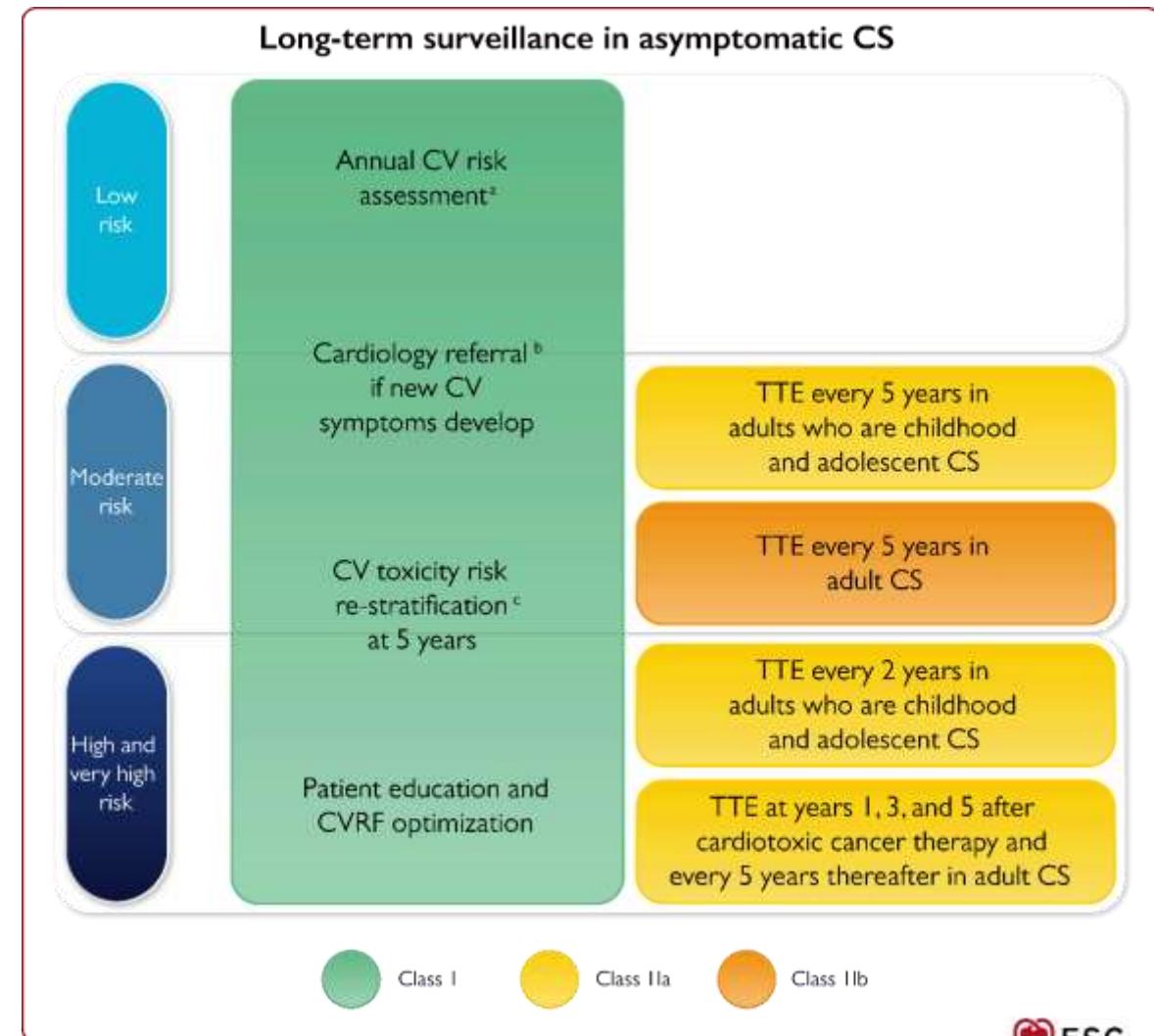
## Risk categories for asymptomatic adults who are childhood and adolescent cancer survivors

Risk category	RT dose (Gy MHD)	Total cumulative doxorubicin dose (mg/m <sup>2</sup> )	Combination therapy	
			RT dose (Gy MHD)	Total cumulative doxorubicin dose (mg/m <sup>2</sup> )
Very high risk	>25	≥400	>15	≥100
High risk	>15 to 25	250–399	5–15	≥100
Moderate risk	5–15	100–249	<5	≥100
Low risk	<5	<100	-	-

## Risk categories for asymptomatic adult cancer survivors

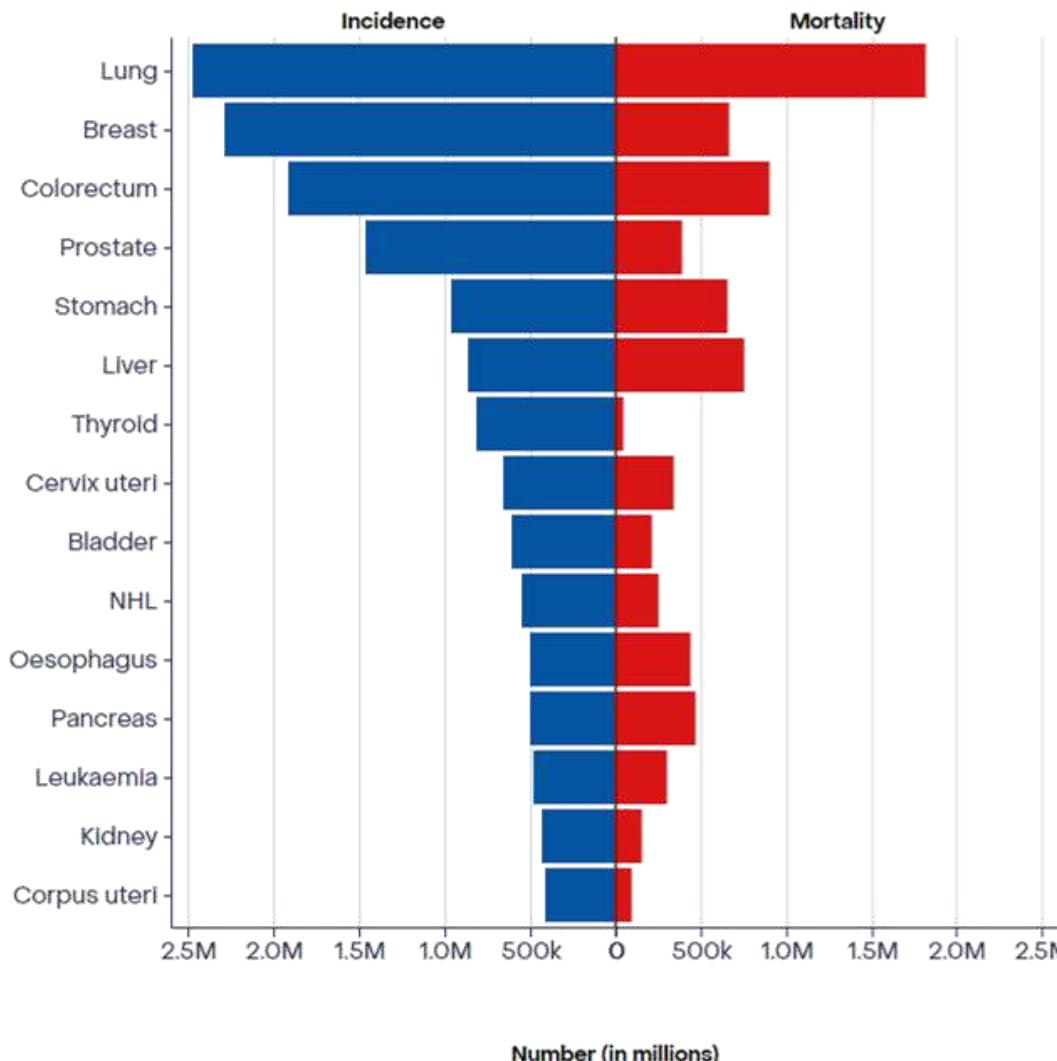
Risk category	Patient characteristics
Very high risk	<ul style="list-style-type: none"><li>Very high baseline CV toxicity risk pre-treatment</li><li>Doxorubicin ≥400 mg/m<sup>2</sup></li><li>RT &gt;25 Gy MHD</li><li>RT &gt;15 to 25 Gy MHD + doxorubicin ≥100 mg/m<sup>2</sup></li></ul>
Early high risk (<5 years after therapy)	<ul style="list-style-type: none"><li>High baseline CV toxicity risk</li><li>Symptomatic or asymptomatic moderate-to-severe CTRCD during treatment</li><li>Doxorubicin 250–399 mg/m<sup>2</sup></li><li>High-risk HSCT</li></ul>
Late high risk	<ul style="list-style-type: none"><li>RT &gt;15 to 25 Gy MHD</li><li>RT 5–15 Gy MHD + doxorubicin ≥100 mg/m<sup>2</sup></li><li>Poorly-controlled CVRF</li></ul>
Risk category	Patient characteristics
Moderate risk	<ul style="list-style-type: none"><li>Moderate baseline CV toxicity risk</li><li>Doxorubicin 100–249 mg/m<sup>2</sup></li><li>RT 5–15 Gy MHD</li><li>RT &lt;5 Gy MHD + doxorubicin ≥100 mg/m<sup>2</sup></li></ul>
Low risk	<ul style="list-style-type: none"><li>Low baseline CV toxicity risk and normal end-of-therapy cardiac assessment</li><li>Mild CTRCD during therapy but recovered by the end of cancer therapy</li><li>RT &lt;5 Gy MHD</li><li>Doxorubicin &lt;100 mg/m<sup>2</sup></li></ul>

## Long-term surveillance in asymptomatic CS



# The Cancer Epidemic: the magnitude of the problem

## Incidence and mortality per Cancer



CANCER SURVIVAL HAS DOUBLED SINCE THE 1970s

# The Cancer Epidemic: the magnitude of the problem

## How many cancer survivors are there in the world?

### European Data

- 4-4.5 million new cancer cases per annum
- 12 million cancer patients in Europe
- 12-20 million cancer survivors  
= 1 in 37-62 of European population

### Global data

#### *Prevalence*

- US population is 4.2% of world population
- Current world population 8.1 billion
- Extrapolated 420+ million cancer survivors worldwide

### US Data

- 2 million new cancer patients per annum
- 18.6 million cancer survivors  
= 1 in 18 US population\*

#### *Incidence*

- 20+ million new cancer cases per annum (WHO)
- Overall 50% 10 year mortality
- Therefore every 10 years there are 100 million new cancer survivors

\*Survival Information from the National Cancer Institute and Centers for Disease Control and Prevention

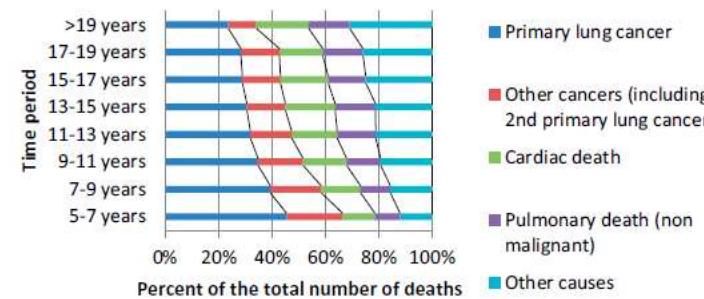
<http://www.cdc.gov/cancer/dcpc/data/>

**What is the leading cause of death  
in Cancer Survivors?**

# Cause of death in Lung Cancer Patients after 5 years from Lung Cancer Diagnosis – US SEER Database Study

Cohort of 78,701 Lung Cancer patients 5+ years after diagnosis and first t

(a) Causes of death across different time periods

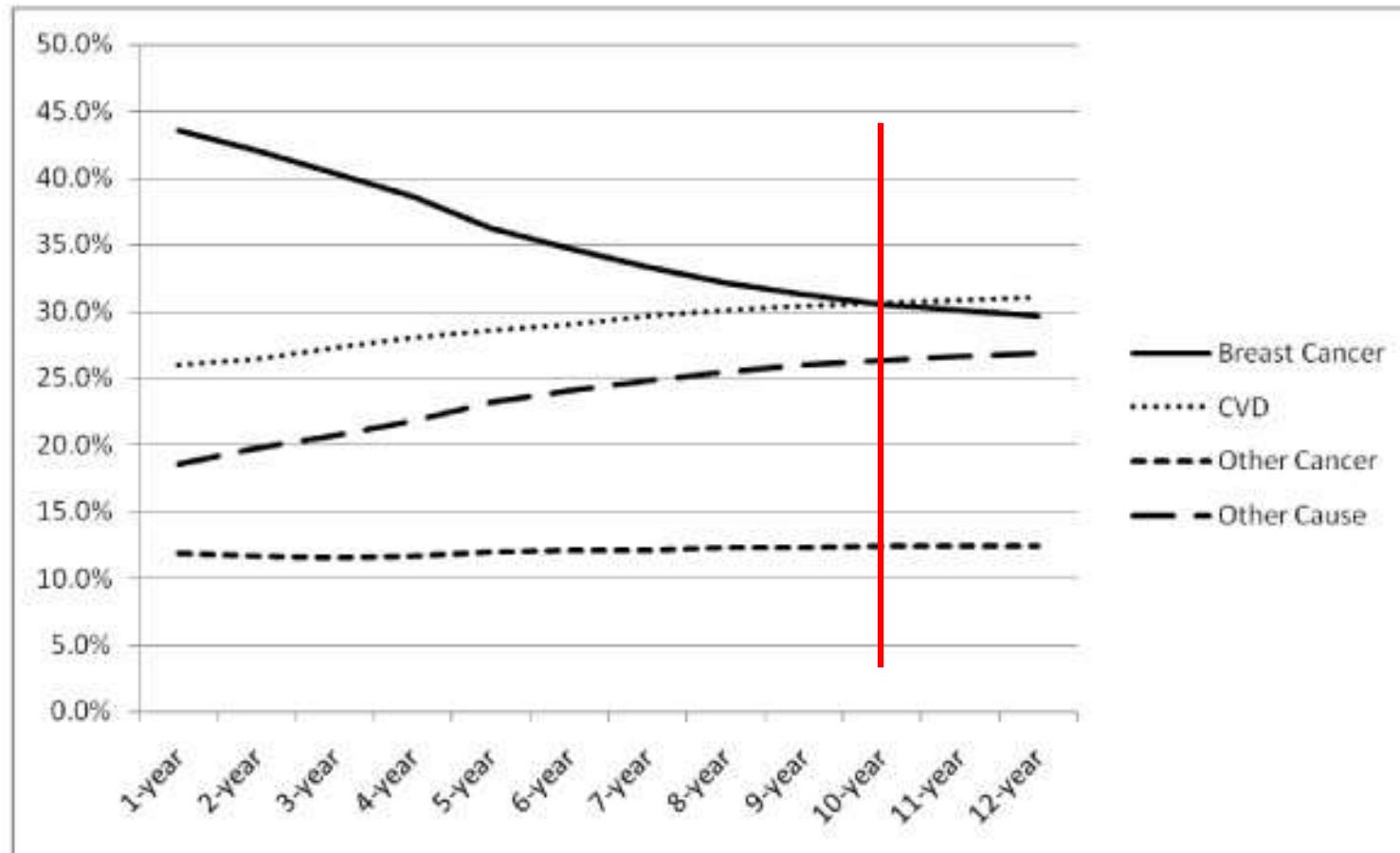


**Overall 6.8% CV Mortality**

**Figure 1.** Causes of death according to time from diagnosis of long-term (>5 years) lung cancer survivors: (a) the whole cohort; (b) patients younger than 70 years; (c) patients older than 70 years.

# Breast Cancer Survivors

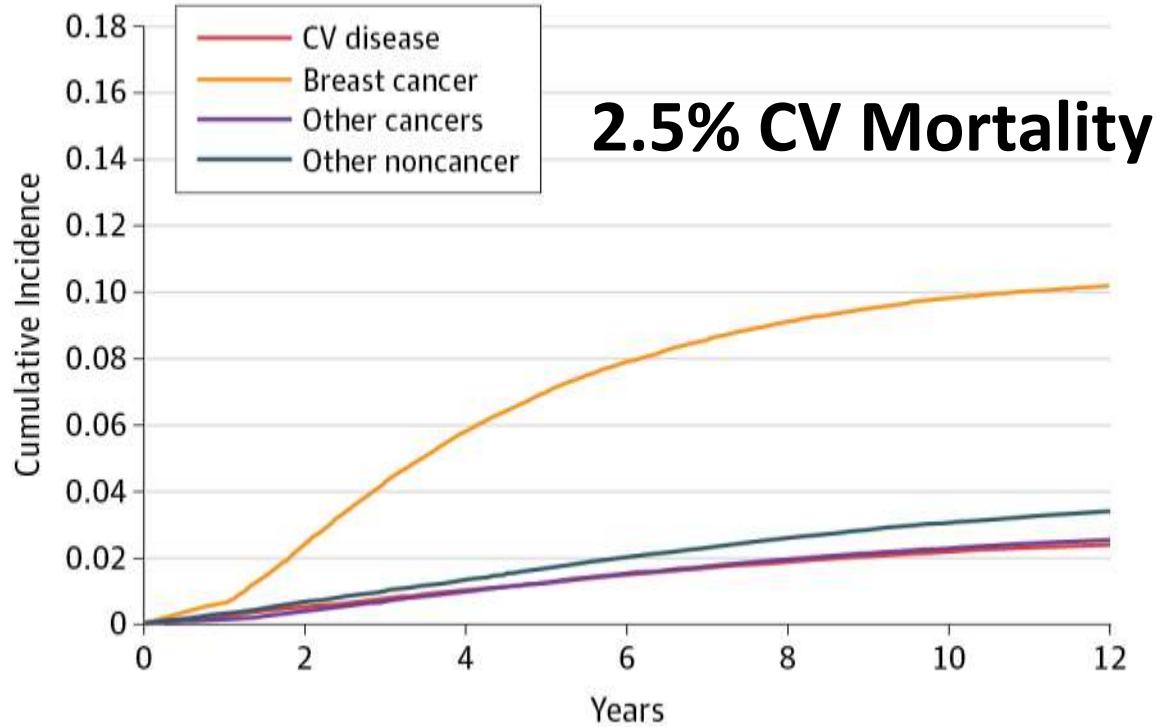
*Proportional distribution of cumulative leading causes of death by time since breast cancer diagnosis.  
US SEER database : 63,566 patients*



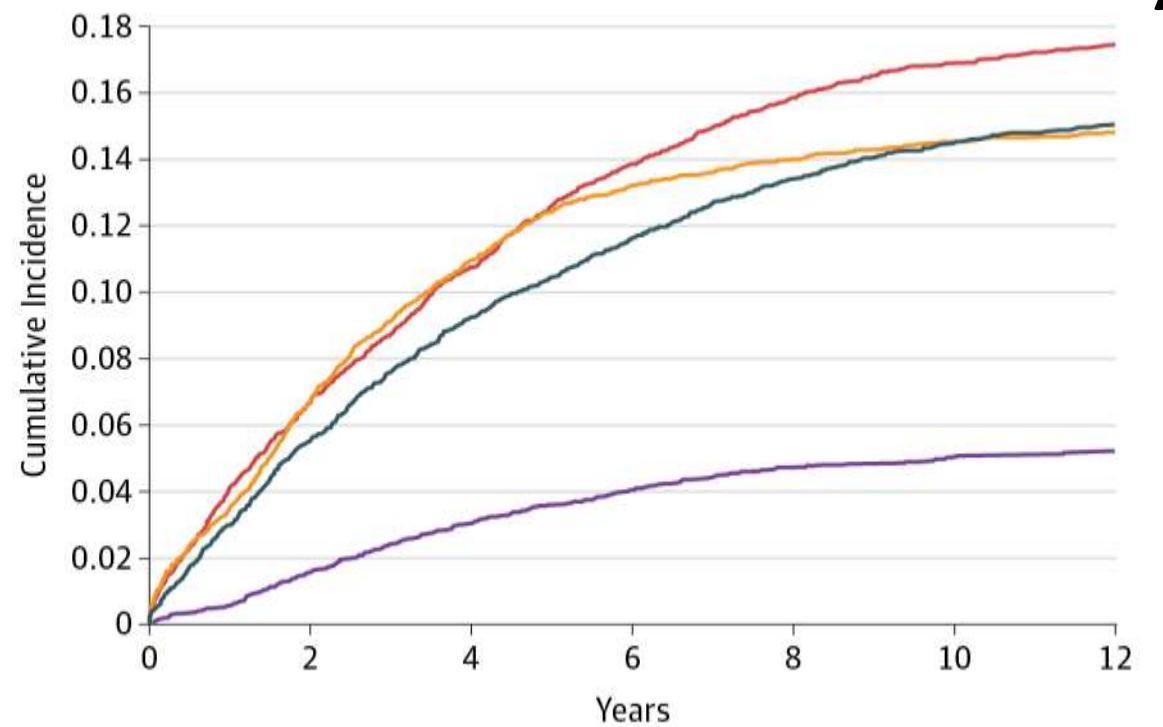
# A Population-Based Study of Cardiovascular Mortality Following Early-Stage Breast Cancer

## Cumulative Incidence of Cause-Specific Death Based on History of Cardiovascular (CV) Disease Before Breast Cancer Diagnosis

**A** Patients without CV disease



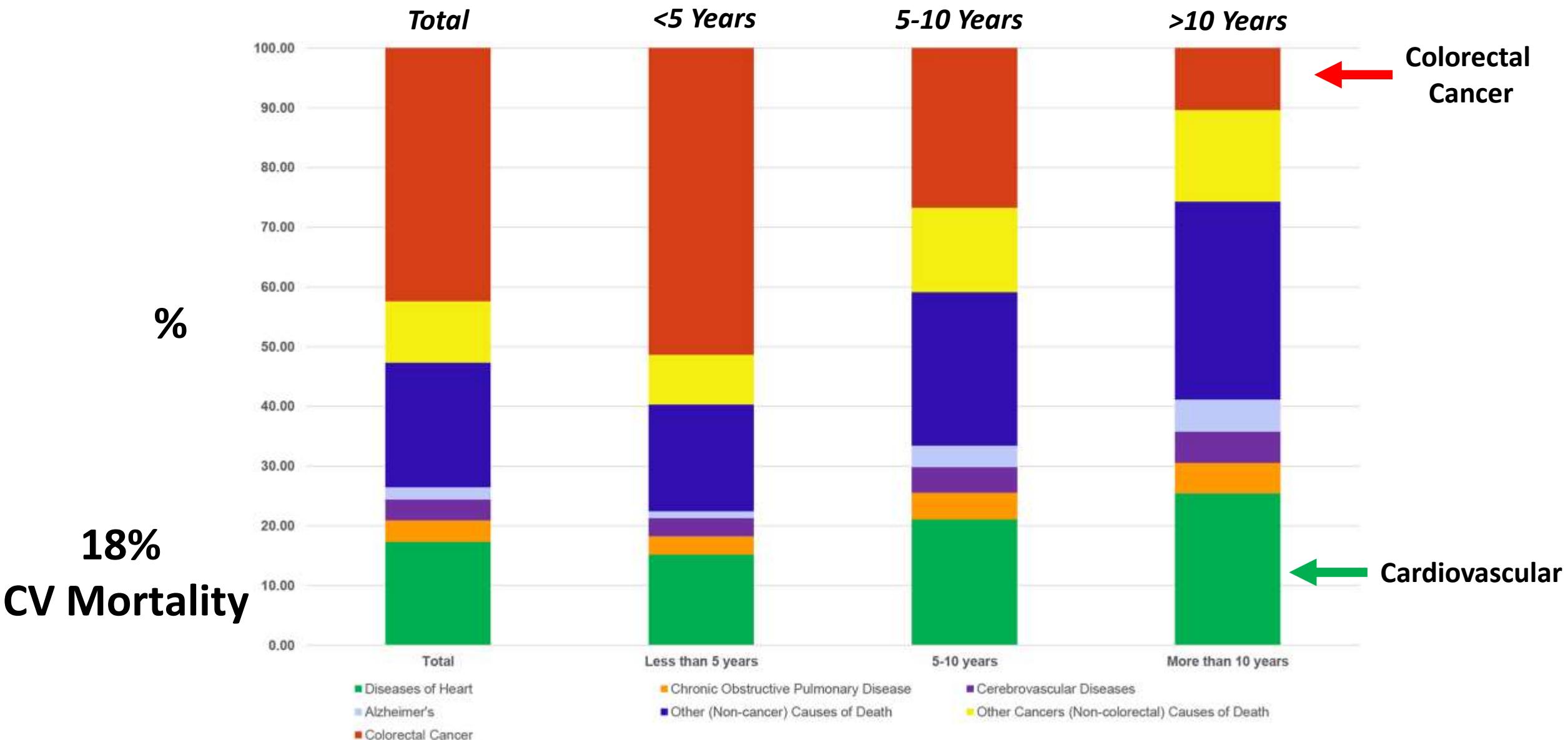
**B** Patients with CV disease



No. available 92440 86860 67481 51415 37851 25927 15539

6559 5077 3370 2206 1413 867 441

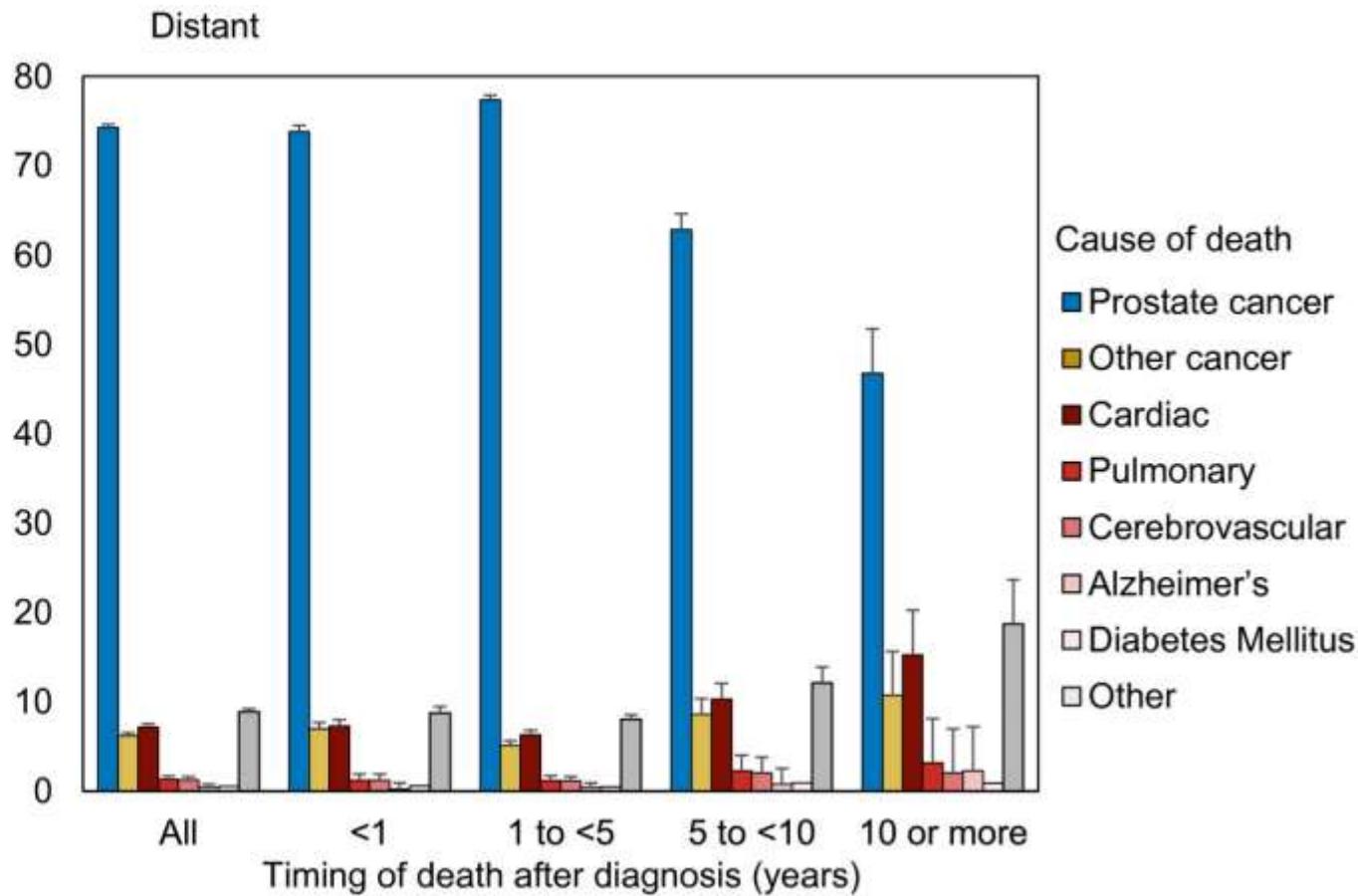
# Causes of Death Following Nonmetastatic Colorectal Cancer Diagnosis in the U.S.



# Causes of death during Prostate Cancer Survivorship

## A contemporary US population-based analysis

Deaths (%)



# Paediatric and Young Adult Cancer Survivors

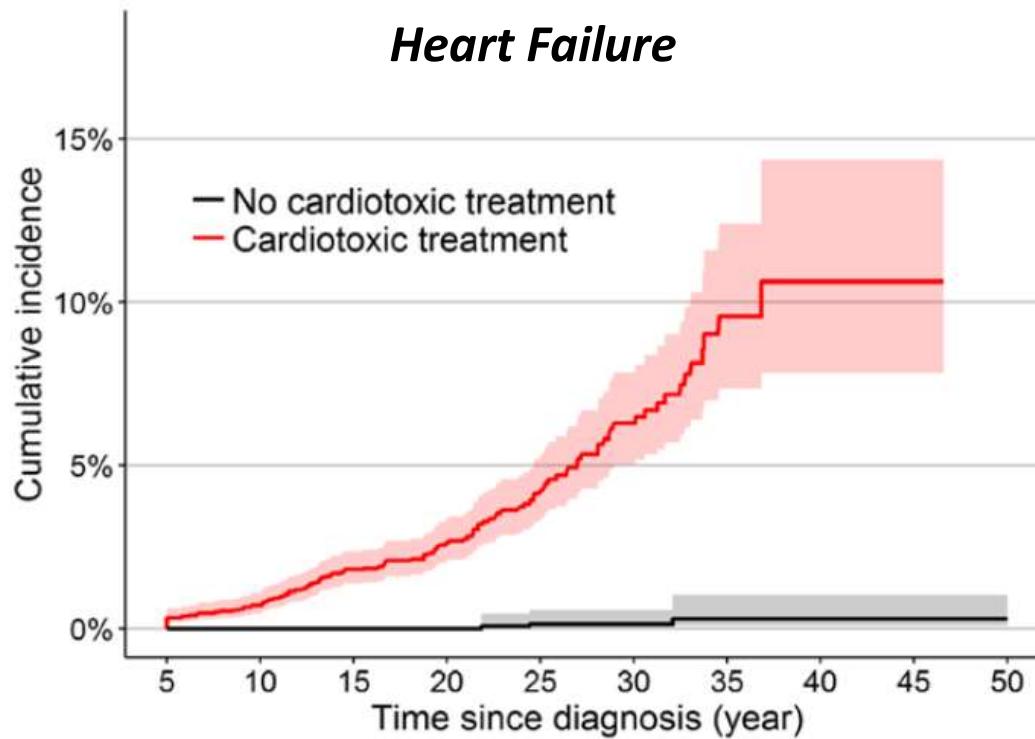


# Paediatric Oncology Survivorship agenda

- 79% of childhood cancer survivors will be alive five years after diagnosis
- ~75% will be alive 10 years after diagnosis
- In 2020 there were an estimated 500,000 survivors of childhood cancer in the USA
- 15 fold risk of developing Heart Failure
- 7 fold risk of premature mortality from CV causes
- 60% survivors exposed to Anthracycline Chemotherapy and/or chest DXT

# Risk and temporal changes of late cardiac side effects in childhood cancer survivors

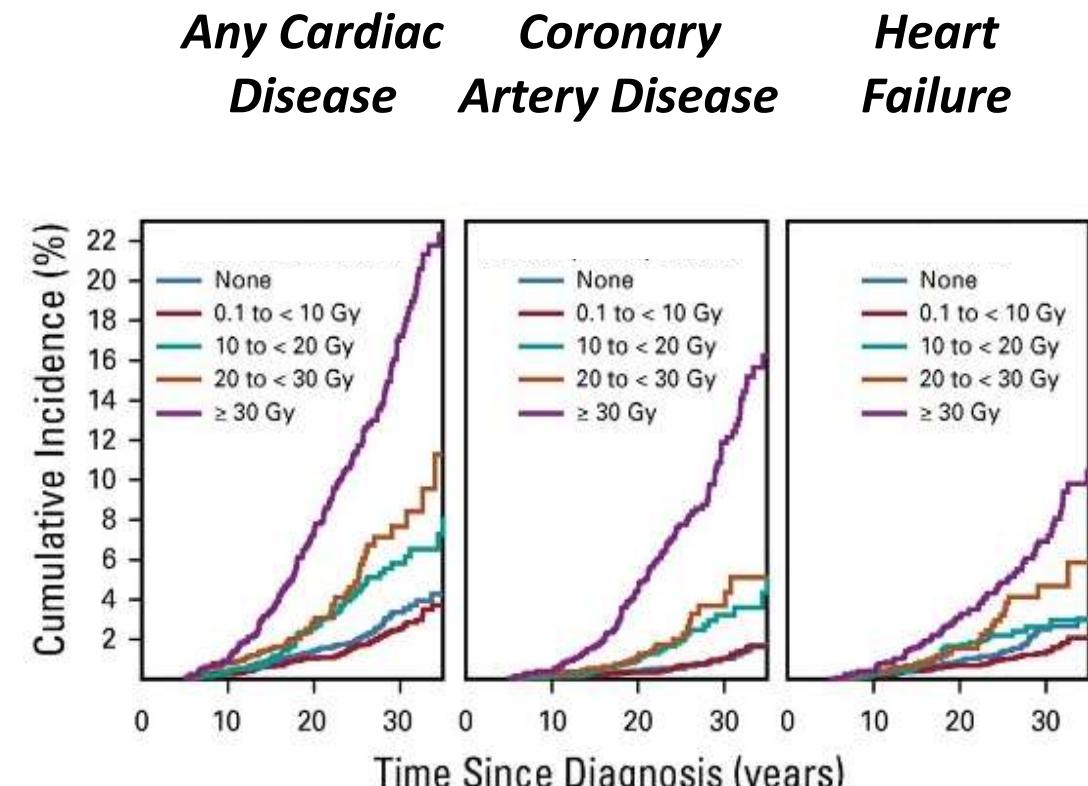
## Cardiotoxic chemotherapy



Black	2888	2672	1554	693	126	3
Red	2957	2692	1361	432	29	0

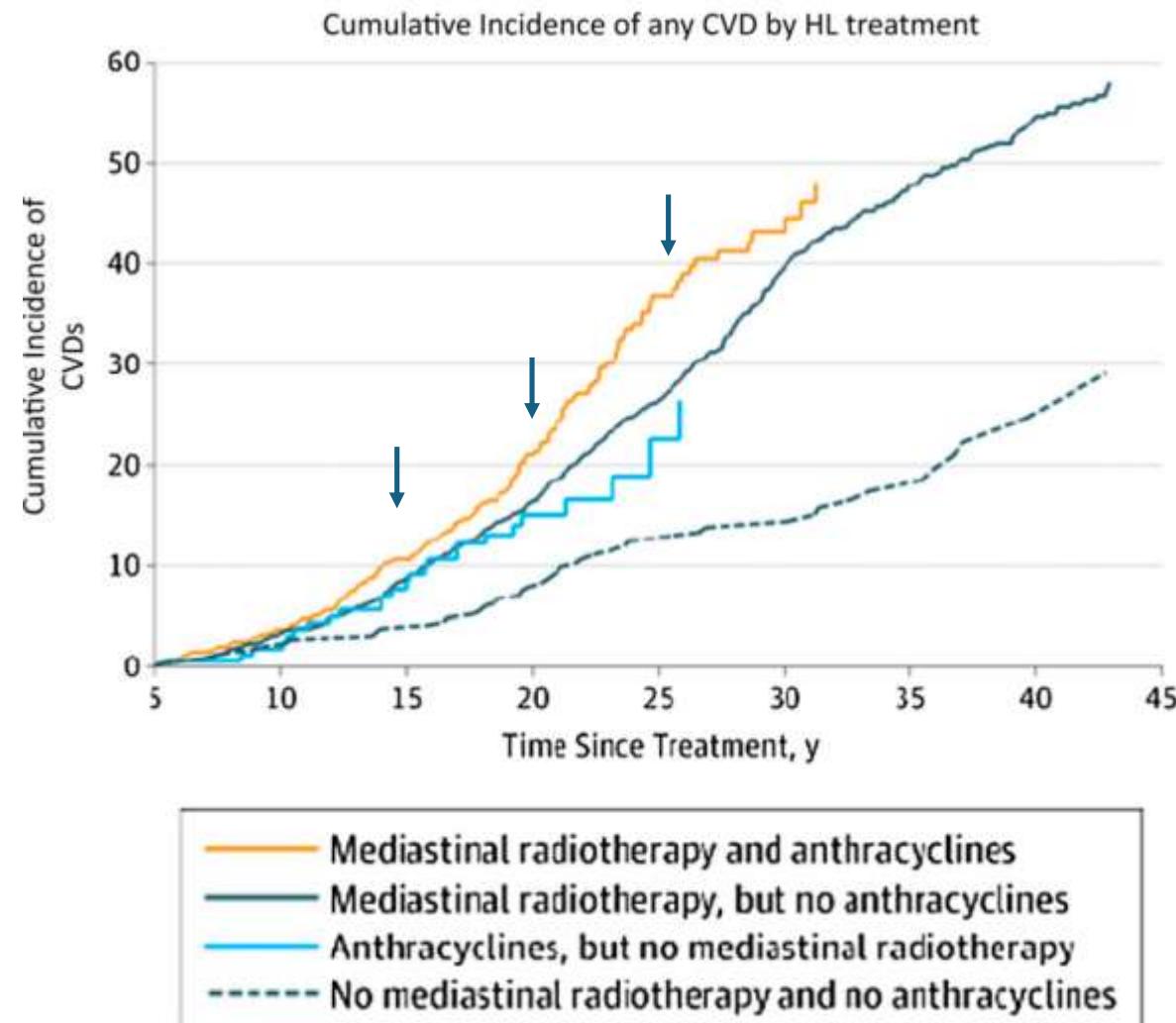
Feijen EAM et al. JAHA 2019

## Radiation therapy



Bates JE et al. J Clin Oncol. 2019;37:1090-1101

# High incidence of Cardiovascular Disease in Hodgkin Lymphoma survivors treated with radiotherapy



# Changing world of cancer and medicine



# **New Cancer Survivor Populations**

## **Cancer as a Chronic Disease**

**Chronic Myeloid Leukaemia**

**Chronic Lymphocytic Leukaemia**

**Multiple Myeloma**

**Locally Advanced Prostate Cancer**

**Metastatic HER2+ Breast Cancer**

**EGFR-mutant Lung Cancer**

**ALK-mutant Lung Cancer**

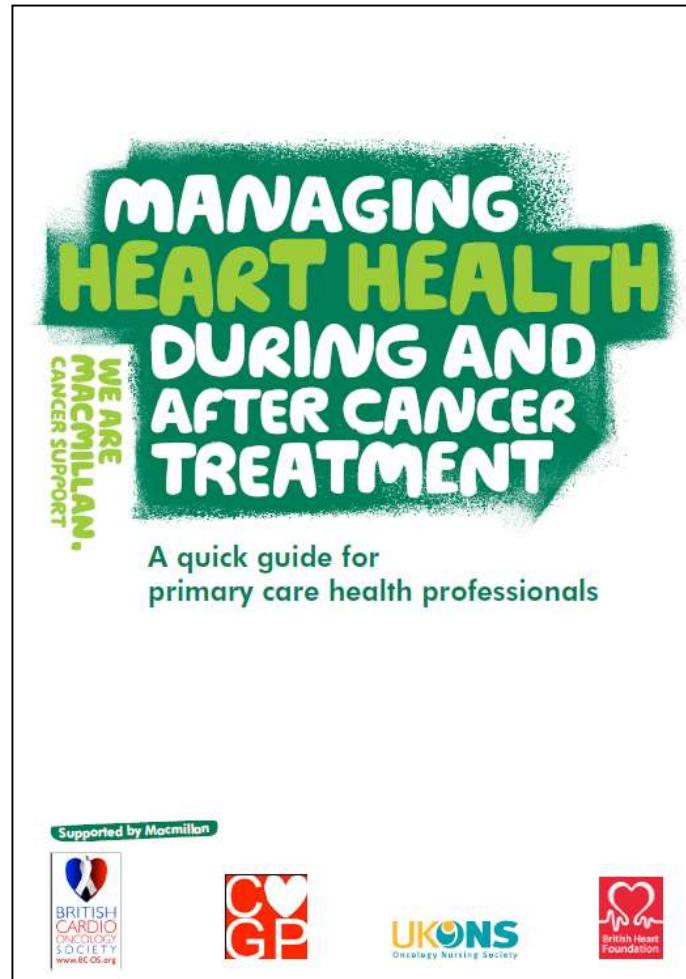


# Opportunities

- **Cardiovascular phenotyping of different survivor cohorts**
  - Recruitment from last Oncology Clinic appointment e.g. 5 year F/U
  - Survivor network groups and charities
  - Example: CARD-IO Study
- **Chronic Cancer Cohorts**
  - Example: Primary Care – Prostate Cancer and CV risk assessment
- **Prospective studies**
  - Recruitment at baseline
  - Serial surveillance during cancer treatment
  - Long term assessment after cancer treatment
    - High risk cohorts
    - Everyone
  - Example: COMPASS Network

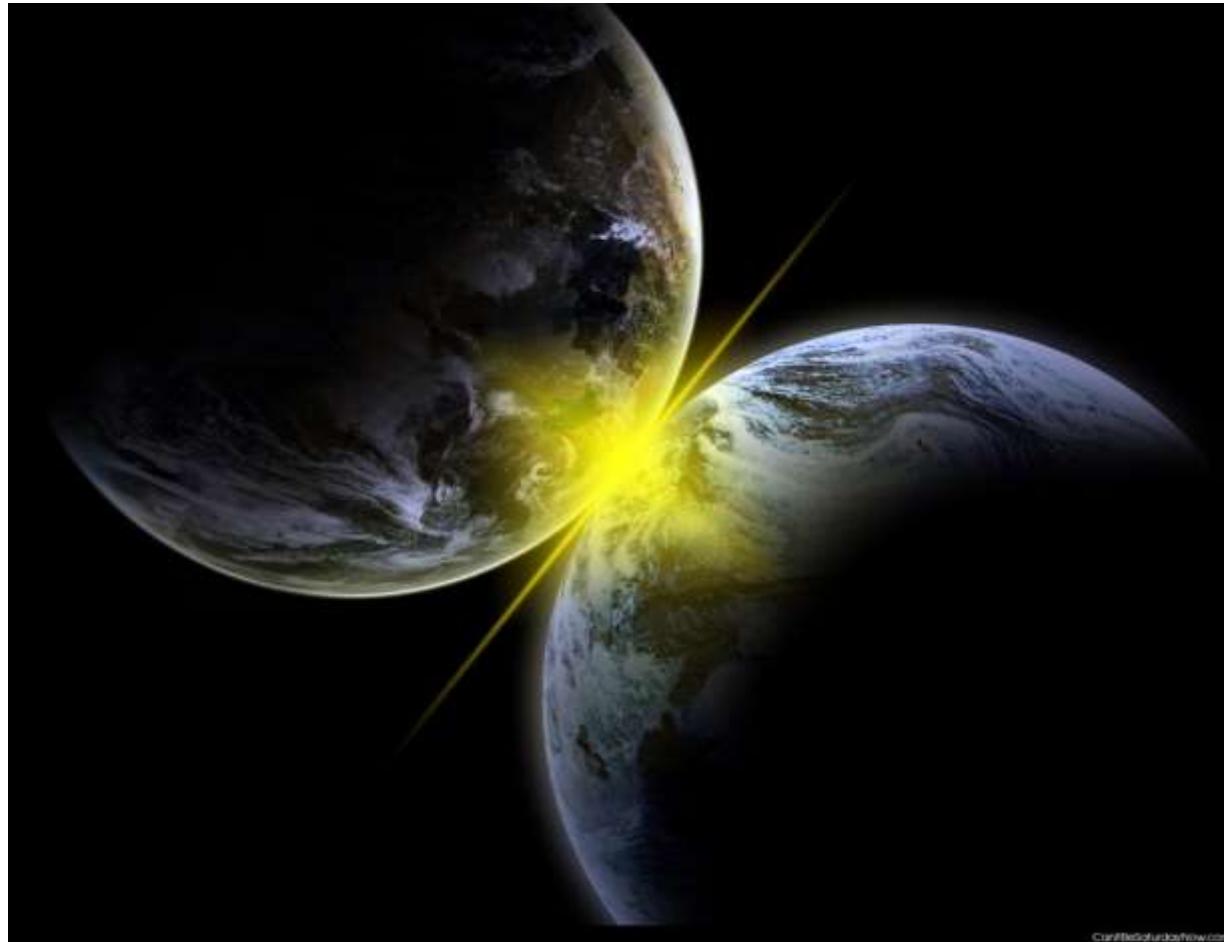
# Engaging with Primary Care

## *This is where the cancer survivors are!*

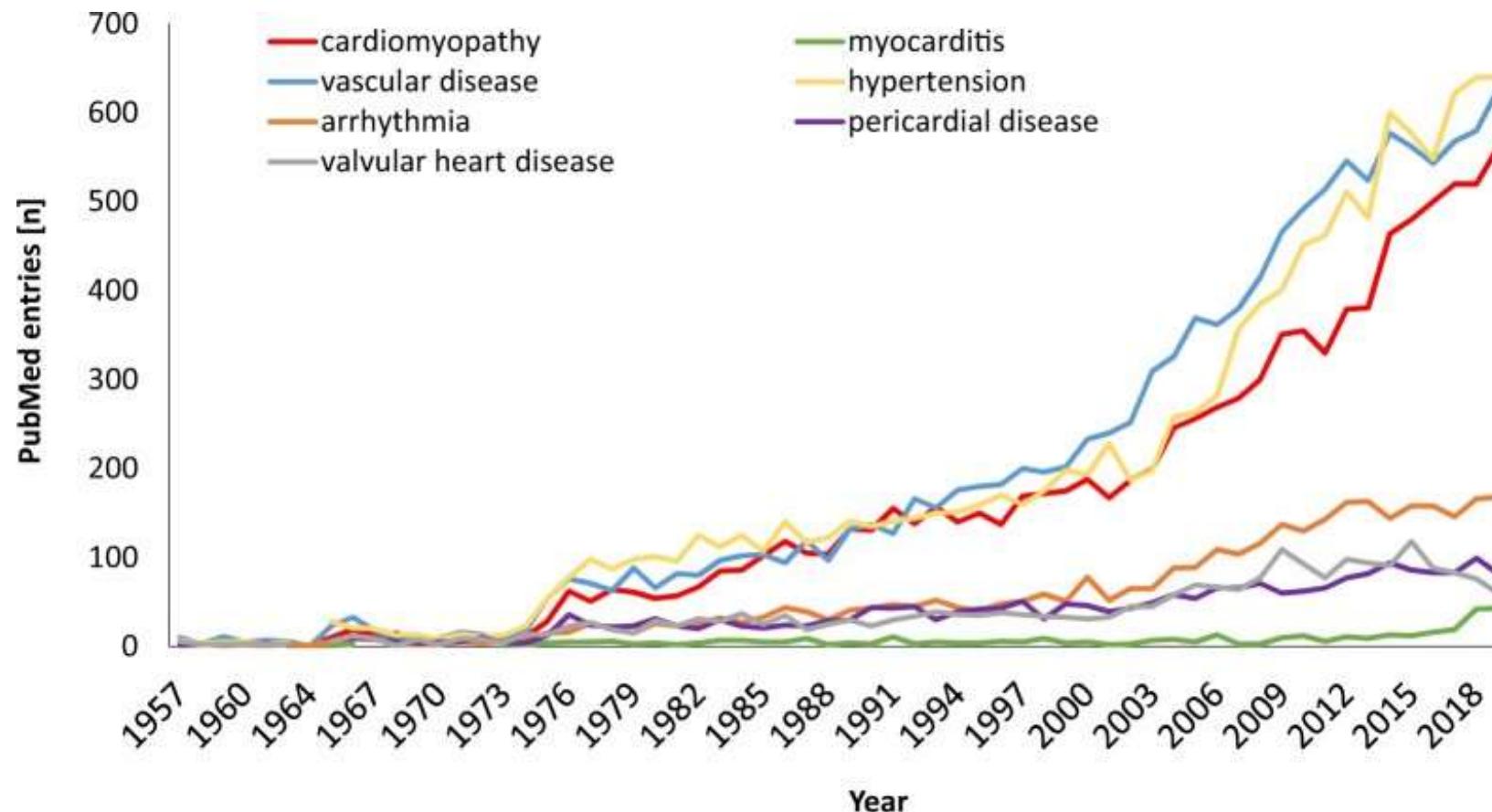


# Cancer and Cardiovascular disease

## Two Medical Worlds Collide

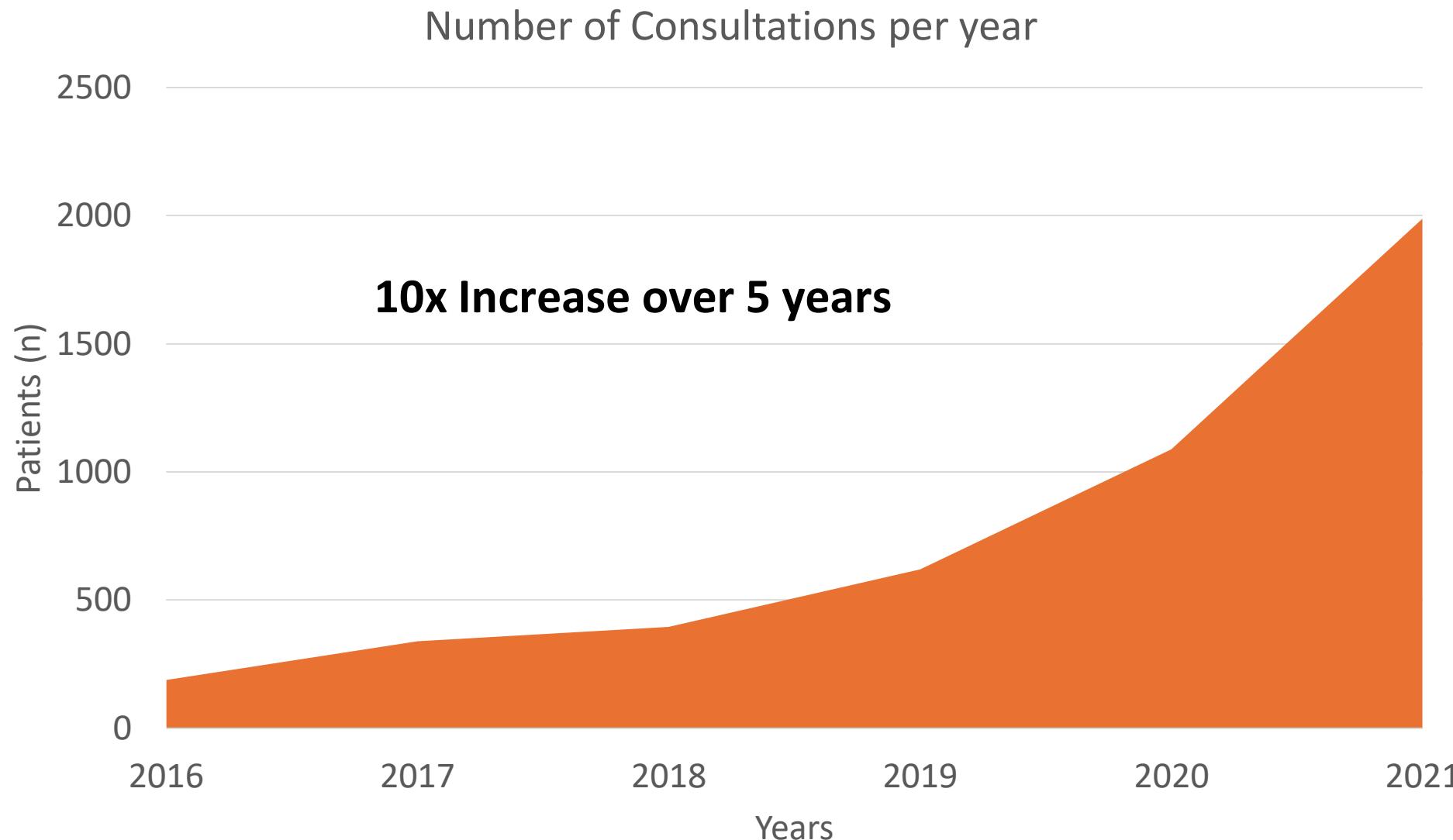


# The scope of the problem – PubMed entries



# Evolution & Growth of Cardio-Oncology

## Royal Brompton Hospital Cardio-Oncology Service

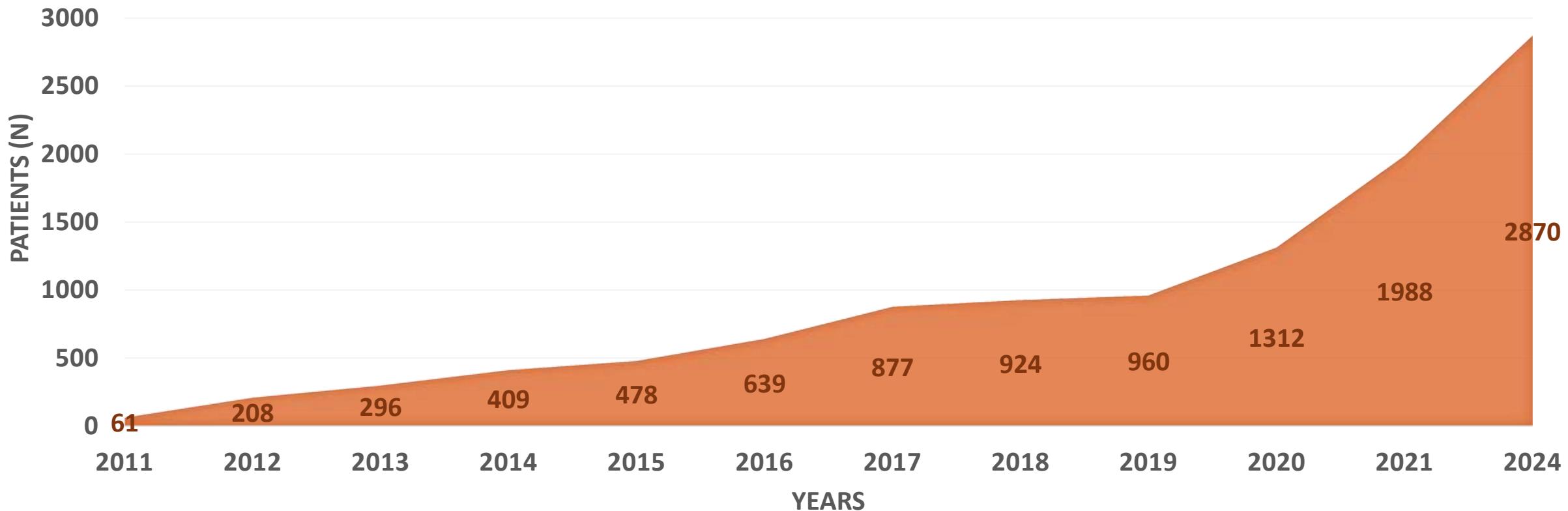


# Royal Brompton Hospital Cardio-Oncology Service

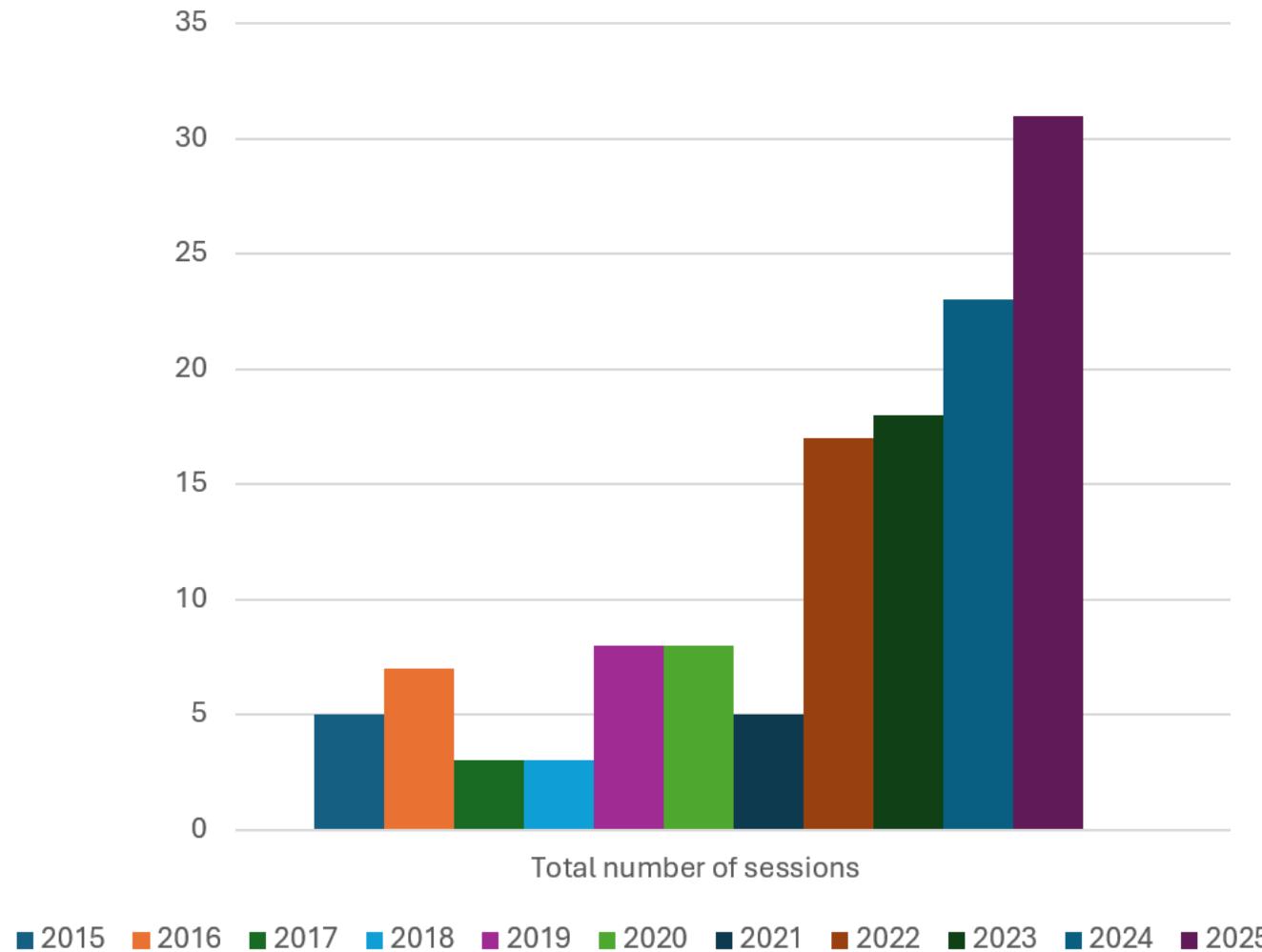
## Latest Audit Data

### Number of consultations 2011-2024

100% increase from 2016-2021 and again 2021-2024



# Total Number of Cardio-Oncology Sessions in ESC Summer Congresses 2015-2025



# ESC CARDIO ONCOLOGY 2025

The annual conference of the ESC Council of Cardio-Oncology

**The 1st launch went over our expectations!**

## Registration

2025 objective was 620 total participants;

- Attendance exceeded expectations with over 880 participants from 77 countries
- Overall, 75% European
- 4 countries from outside EU in the Top 20 including strong interest from Philippines and the US.
- Excellent local support of the Italian Community

## Scientific contributions

- 31 scientific sessions & 27 abstract based sessions
- 398 abstracts submitted
- 196 clinical cases submitted
- 96 Faculty from 26 countries

## Industry support

- 45m<sup>2</sup> of exhibition (with 5 exhibitors for this 1st edition)
- 5 sponsored sessions (4 Satellite Symposia + 1 Tutorials by the day)

20-21 June  
FLORENCE  
ITALY



[escardio.org/ESC-Cardio-Oncology](http://escardio.org/ESC-Cardio-Oncology)  
#ESCCardioOnc2025



## 2025 Delegate Breakdown Top 16 Countries

Rank	Country	Onsite
1	Italy*	97
2	Romania	70
3	Spain	61
4	United Kingdom of Great Britain and Northern Ireland	53
5	Philippines	47
6	Netherlands (The)	46
7	United States of America	38
8	Germany	31
9	Greece	24
10	Australia	23
11	France	22
12	Belgium	19
13	Albania	16
14	Canada	16
15	Poland	16
16	Bulgaria	15

# ESC Cardio-Oncology Conference 2026



## ESC CARDIO ONCOLOGY 2026

The annual conference of the ESC Council of Cardio-Oncology

19-20 JUNE  
VIENNA  
AUSTRIA



[escardio.org/ESC-Cardio-Oncology](https://escardio.org/ESC-Cardio-Oncology)  
#ESCardioOnco26

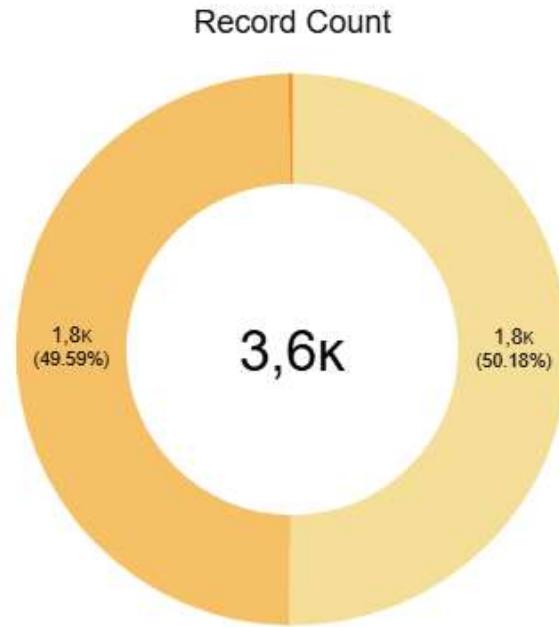


<https://www.escardio.org/Congresses-Events/Cardio-Oncology>



# ESC Council of Cardio-Oncology Membership

Active subscriptions by gender

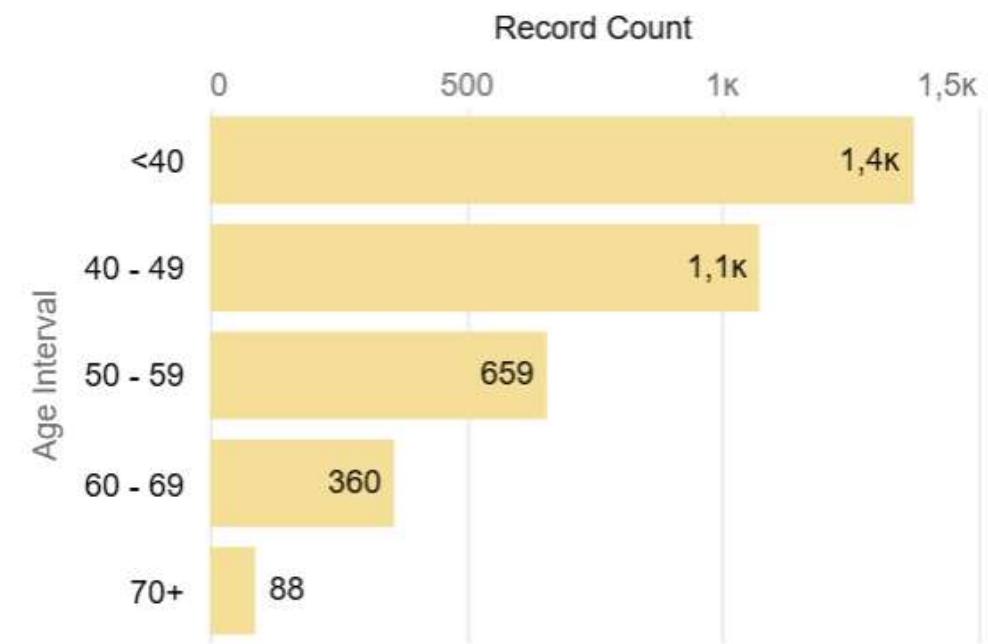


Gender

Female

Male

Active members age repartition





# Thank you

