

たこつぼ心筋症患者においてがんは予後不良と関連がある(Abstract P6133)

がんを有するたこつぼ心筋症患者においては有害事象がより多い

Adverse events are more common in patients with takotsubo cardiomyopathy who had cancer

たこつぼ心筋症患者において、がんは死亡および再入院リスクが高いことと関連がある、と ESC Congress 2018 で発表された。入院中および退院後の有害事象を合わせて調査したところ、がんの既往またはがんを有しているたこつぼ心筋症患者は、がんを有さない患者に比べ臨床イベントのリスクが有意に高かった($p<0.01$)。退院後のイベントリスクを別々に評価したところ、がんを有さないグループに比べがんグループでは2倍高かった($p<0.01$)。入院中のイベントリスクは、がんグループにおいて有意ではないが高い傾向がみられた。

Full Text

Cancer is linked to an increased risk of death and rehospitalization in patients with takotsubo cardiomyopathy, according to research presented at the ESC Congress 2018.

Dr. Francesco Santoro, study author, University of Foggia, Italy, said: "In our study, patients with takotsubo cardiomyopathy were twice as likely to die or be readmitted to hospital within three years if they had previous or current cancer than if they did not. Patients with broken heart syndrome and cancer need strict monitoring at follow-up."

Takotsubo cardiomyopathy, sometimes referred to as broken heart syndrome, is a type of heart failure that occurs suddenly and goes away within days or weeks. Increased levels of stress hormones are thought to be one of the main drivers. Symptoms are similar to a myocardial infarction and include sudden chest pain and shortness of breath.

Around 30% of takotsubo cardiomyopathy is due to emotional triggers such as death of a spouse, anger, financial problems, or happy life events such as birthdays and weddings. Around 40% of patients have a physical trigger such as surgery, while in 30% the trigger is unknown. Prior studies have suggested that cancer may be a physical trigger.

The current study investigated the association between cancer and poor outcomes in patients with takotsubo cardiomyopathy by combining the results of three published studies on this topic in a meta-analysis. The researchers looked at adverse events that occurred while patients were in hospital with takotsubo cardiomyopathy (life threatening arrhythmias, cardiogenic shock, thromboembolism, respiratory support) as well as all-cause death and re-hospitalization for cardiovascular disease during the first three years after discharge from hospital.

A total of 554 patients admitted to hospital with takotsubo cardiomyopathy were included in the analysis. One in five patients had previous or current cancer (113 patients; 20%). Gastrointestinal cancers were the most frequent (23%), while nervous system and urinary cancers were the rarest (3% for each). Patients who had past or existing cancer were of a similar age to those who had never had cancer.

When the researchers examined the risk of in-hospital and post-discharge adverse events together, they found that takotsubo cardiomyopathy patients with past or existing cancer had a significantly higher risk of clinical events than those without (risk ratio [RR] 1.82, 95% confidence interval [CI] 1.37–2.42, $p<0.01$).

When evaluated separately, the risk of events after discharge was two-fold higher in the cancer group compared to the cancer-free group (RR 2.08, 95% CI 1.50–2.87, $p<0.01$). There was a trend towards a higher risk of in-hospital events in the cancer group, but it was not statistically significant (RR 1.30, 95% CI 0.74–2.29, $p=0.36$).

Dr. Santoro said: "We found that takotsubo cardiomyopathy patients who had ever had cancer were at greater risk of adverse events, particularly after discharge from hospital. More research is needed to clarify the reasons for this. These patients may benefit from standard therapy for heart failure, especially an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker."

Dr. Santoro noted a limitation of the study was that there was no control group of individuals without takotsubo cardiomyopathy.

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