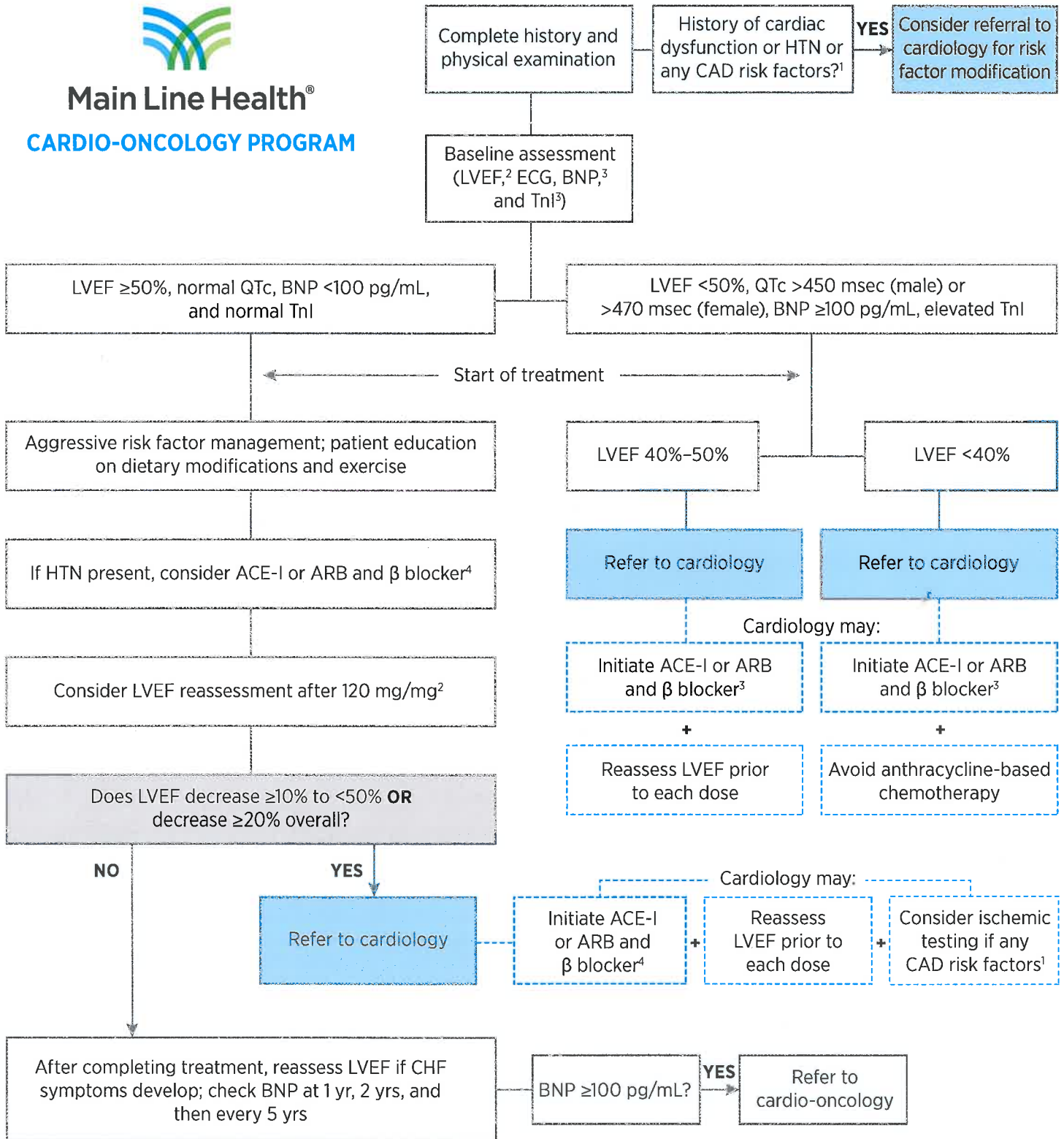


ANTHRACYCLINE GUIDELINES



Main Line Health®

CARDIO-ONCOLOGY PROGRAM



GUIDELINES FOR MANAGEMENT OF PATIENTS UNDERGOING ANTHRACYCLINE-BASED CHEMOTHERAPY (ADJUVANT SETTING).

ACE-I = angiotensin-converting enzyme inhibitor, **ARB** = angiotensin receptor blocker, **BNP** = B-type natriuretic peptide, **CAD** = coronary artery disease, **CHF** = congestive heart failure, **ECG** = electrocardiogram, **HTN** = hypertension, **LVEF** = left ventricular ejection fraction, **TnI** = troponin I.

¹CAD risk factors: male age >45, postmenopausal female, dyslipidemia, HTN, diabetes mellitus, smoking, family history of CAD.

²Highly reproducible, quantitative volumetric, non-irradiating imaging with quality control preferred. Ideally, quantitative 2D or 3D echocardiography and MRI provide these characteristics. In an individual patient, the same study modality at the same facility is recommended for serial testing. Serial global longitudinal strain imaging should be considered when available for baseline and serial systolic LV function. MUGA scan can be considered in patients with baseline LVEF 40%-50% by echocardiogram for further clarification or in morbidly obese patients.

³Consider insurance coverage for baseline BNP and TnI assessment.

⁴Recommended starting dose: lisinopril, 10 mg/day; valsartan, 40 mg/day; metoprolol succinate, 25 mg/day.