Cardiovascular Risk Factor Management for CML Patients

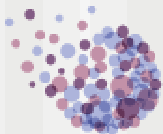
Version 2015

Note:

The goal of the following recommendations is to help the management of cardiovascular risk factors in order to optimize it. They do not supersedes the role of a cardiologist.

General recommendations:

- Create a close link to cardiologists, endocrinologists, and internists, to allow these patients to be evaluated and managed rapidly.
- Encourage the patient's family doctor to manage, evaluate and follow-up comorbidities aggressively, specifically cardiovascular risk factors
  - Facilitating pre-formatted letter



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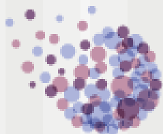
Risk Factor Modifications

All risk factors have to be controlled:

1. Dyslipidemia

- Use of statins:

- Statins are not contraindicated for patients taking a TKI. However, the choice is directed towards statins that are not metabolized by CYP3A4.
- Molecules of choice to start the drug naïve patient are:
  - rosuvastatin (most potent) 5 mg daily, or
  - pravastatin 20 mg daily, or
  - fluvastatin 40 mg daily.
- Increase as needed to achieve Canadian lipid targets (ccs.ca)[1].



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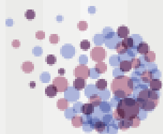
2. Arterial hypertension

- Arterial hypertension has to be controlled to achieve the following targets: <140/90 for all, except for diabetics for whom the target is <130/80.
- Management according to 2014 CHEP recommendations (www.hypertension.ca)

Antihypertensive selection:

For naive patient, we suggest to start with one of these molecules:

- Calcium channel blockers: :
  - nifedipine: 30 mg daily and increase ad 60 mg daily
  - amlodipine 5 mg daily
- Angiotensin Receptor Blocker (ARB):
  - candesartan 16 mg daily
- Thiazide diuretic:
  - hydrochlorathiazide: 12.5 mg daily and increase ad 25 mg daily
- Angiotensin Converting Enzyme (ACE) inhibitor:
  - perindopril: 2 mg daily and increase ad 4 mg daily, then increase ad 8 mg daily prn
  - trandolapril: 2 mg daily and increase ad 4 mg daily
- β-blockers :
  - metoprolol: 2 mg daily and increase ad 4 mg daily
  - bidoprolol: 5 mg daily and increase ad 10 mg daily



3. Tobacco cessation

- All efforts must be undertaken to help patients to stop smoking.
- Many subsidised program exist and should be encouraged:
  - iQuit now: iquitnow.qc.ca or 1-866-527-7383
  - Short messages against tobacco (SMAT): www.smat.ca
  - Poumon-9: 1-888-POUMON9.

4. Diabetes

- Diabetes is one of the most important risk factors for cardiovascular complications
- Diagnosis criteria:
  - Fasting glucose (8 hours) ≥ 7 mmol/L
  - HbA1c ≥ 6.5%
  - Random glucose ≥ 11.1 mmol/L
- Initial management according to Canadian diabetes guidelines (guidelines.diabetes.ca)[2]. Most of the time, begin with metformin (adjusting dose depending on renal function and effect desired), and, if this is insufficient, add additional molecules to reach targets.
- Obtain an appointment with an endocrinologist

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References

1. Anderson T.J., Gregoire J. et al.. *Can J Cardiol*, 2013;29:151-167.
2. Comité d'experts des Lignes directrices de pratique clinique de l'Association canadienne du diabète. *Can J Diabetes,* 2013;37:S1-S212.