Ivabradine to prevent anthracycline-induced cardiotoxicity: an ongoing prospective randomized, open-label clinical trial

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Background
Extensive efforts are underway to find the best cardioprotective strategy for anthracycline-induced cardiotoxicity (AIC). Some BB, ACEI/ARB effectively treat chemotherapy-induced cardiotoxicity, but negative inotropic and blood-pressure-lowering effects limit their use.

Aim
To investigate the protective effects of ivabradine in cancer patients undergoing anthracycline chemotherapy (AC).

Methods
Patients were referred from medical oncologists for baseline CV risk stratification before AC.

Inclusion criteria: age 18-80 years; AC; HR ≥ 75 beats per minute (BPM).

Exclusion criteria: contraindications for ivabradine administration; use of ACFI/ARB or BB; LVEF <50%; severe valve disease; poor echogenicity.

Results
Of the 90 patients (all were women, 94% had breast cancer, mean age 49 years), 45% had heart rate ≥ 75 BPM and 32 were enrolled in the study.

Conclusions
Ivabradine is a safe, well-tolerated and potentially efficient agent to protect cancer patients against AIC, but more numerous data is needed to prove it.

References
3. Ibrahim AN et al. Effects of Ivabradine on Cardiotoxicity Induced by Doxorubicin Treatment in Rats [Internet]. Vol. 81, Cairo Univ. 2013

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