**PRADA Primary Results**

**Prevention of Cardiac Dysfunction During Adjuvant Breast Cancer Therapy**

**Purpose**: To evaluate cardio protection using the beta-blocker metoprolol and/or angiotensin receptor blocker, candesartan, in early breast cancer patients who receive adjuvant treatment containing anthracyclines with or without trastuzumab and radiation.

**Trial Design**: Randomized, 2 x 2 factorial, placebo-controlled, double-blinded; N= 126 women, ages 18-70, with early breast cancer. Left ventricular ejection fraction ≥ 50%. Treatment time 10-61 weeks. Metoprolol (100 mg daily) and/or candesartan (32 mg daily) compared to placebo.

**Primary Endpoint**: a change in left ventricular ejection fraction (LVEF) from baseline to the completion of adjuvant therapy determined by CMRI.

<table>
<thead>
<tr>
<th>Trial Results</th>
<th>candesartan</th>
<th>placebo</th>
<th>P value</th>
<th>metoprolol</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVEF Decline</td>
<td>↓ 0.6%</td>
<td>↓ 2.6%</td>
<td>0.021</td>
<td>None</td>
</tr>
</tbody>
</table>

**Conclusions**: In early breast cancer patients who receive adjuvant treatment containing anthracyclines with or without trastuzumab and radiation, left ventricular ejection fraction was not improved by the addition of the beta-blocker, metoprolol, but was improved with the addition of the angiotensin receptor blocker, candesartan.


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