Top Ten Things To Know
Androgen-deprivation Therapy
and Cardiovascular Risk

1. Androgen-deprivation therapy (ADT) is a widely used treatment for prostate cancer.
2. Androgens are produced mainly in the testicles and stimulate prostate cancer cells to grow; therefore, reduction of androgen levels can halt prostate cancer cell growth.
3. Studies linking increased cardiovascular disease (CVD) have lead to greater interest among clinicians regarding the metabolic effects of ADT.
4. As a consequence of these reports, internists, endocrinologists, and cardiologists are now being consulted to evaluate and manage patients in whom ADT is being initiated.
5. This science advisory:
   a. summarizes current knowledge regarding the metabolic effects of ADT
   b. evaluates evidence linking ADT and CVD events in prostate cancer
   c. recommends primary and secondary CVD prevention strategies
6. Based on synthesis of the evidence, it is plausible that ADT could increase CVD risk on the basis of its adverse impact on increased body weight/obesity, reduced glucose intolerance, and dyslipidemia.
7. In patients who will receive ADT, clinical evaluation should include assessment of blood pressure, lipid profile, and glucose level prior to therapy.
8. Due to ADT treatment effects occurring within the first 3 months, it may be reasonable for an initial follow-up evaluation to occur within 3 to 6 months after initiation of therapy.
9. Patients with cardiac disease should receive appropriate secondary preventive measures which include lipid-lowering therapy, antihypertensive therapy, glucose lowering therapy, and antiplatelet therapy.
10. Future clinical trials of ADT should prospectively assess cardiovascular risk factors before and after ADT is begun and should prospectively monitor patients for adverse cardiovascular events and mortality.


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