

## Welcome

*Welcome to the British Cardio-Oncology Society's newsletter.  
A members only one-stop shop for all things cardio-oncology.*

## The British Cardio-Oncology Society (BC-OS)

The British Cardio-Oncology Society was formed in 2012 by UK cardiologists and oncologists from multiple sub-specialities working on the cardiovascular effects of cancer treatment.

“Our mission is to promote research, best clinical practice and a wider understanding of the effects of cancer treatment on the cardiovascular system”

The society is an associated professional group of the [British Cardiovascular Society](#) and works closely with the [International Cardio-Oncology Society](#).

## Message from Stuart D Rosen, President of BC-OS

BC-OS continues to work to advance cardio-oncology on several fronts. In the last few months, we have been delighted to participate in our annual teaching day, along with our BCS and UCLH partners, attracting record numbers. Arjun Ghosh reports on this in more detail on page 3.

It is with pride that we also include an interview with David Austin, lead author of the pivotal PROACT trial – see page 2.

Finally, the Society is pleased to have been associated with two important documents – see page 4:

- [Guidance on the management of patients with cardiac implantable electronic devices receiving radiotherapy](#)
- [Baseline Cardiac Assessment in Individuals Receiving Immune Checkpoint Inhibitors: A Joint Consensus Statement](#)

We are also pleased to endorse, with the BHF Clinical Research Collaborative, the forthcoming:

- Strategies to enhance recruitment of female participants to CVD research

Wishing everyone a successful 2025!

*Stuart D Rosen*



## Research Focus

The PROACT study, led by Dr David Austin, has recently been published in [JACC CardioOncology](https://www.jacc.org/journal/jacc-cardio-oncology).

PROACT was a multicentre, randomised, open-label blinded endpoint trial investigating the ability of Enalapril to prevent anthracycline induced cardiotoxicity. 111 patients receiving high doses of anthracyclines to treat breast cancer or non-Hodgkin's lymphoma were randomised to receive either Enalapril or standard of care. There was no significant difference between groups for the primary endpoint, which was the development of myocardial injury, defined by a high sensitivity cardiac troponin T value of  $\geq 14\text{ng/L}$ . This study importantly adds to growing data showing that drugs targeting the renin-angiotensin system do not prevent the occurrence of anthracycline cardiotoxicity.



Link to podcast:  
<https://vimeo.com/1056457808/0352103ede>

1

### Prospective multi-centre phase 3 randomized controlled trial

124 patients consented, 13 UK sites



**111 patients randomized; 108 included in the primary analysis**



Open label trial, blinded endpoint assessment



**Patients:** Adults scheduled for 6 cycles of anthracycline based chemo for breast cancer or NHL

Excluded if **1** baseline cTnT, LVEF <50%, CI to enalapril, current use of RAAS inhibitors

Mean age: 57 years

78% female

62% breast cancer / 38% NHL

**Mean anthracycline dose: 328 mg/m<sup>2</sup>**

2

Patients randomized 1:1 to receive enalapril (target dose 10mg BD) or standard care



Followed up to 1 month after the final cycle of chemotherapy

**77% reached the target enalapril dose**  
23% titrated to 5mg BD

### Primary endpoint:



**Myocardial injury** – cTnT  $\geq 14\text{ ng/L}$  measured <72 hrs before each anthracycline dose, or 1 month after the final dose

No significant difference in myocardial injury in enalapril (78.8%) or standard care (83.3%) groups

Odds ratio 0.65 (95% CI: 0.23 to 1.78;  $P = 0.41$ )

## Recent Events

It was a busy second half of 2024 with three important conferences to update you about!

Firstly, the European Society of Cardiology's Annual Congress hit the streets of London in August with an increasing inclusion of cardio-oncology topics, abstracts and original research presentations. This was followed by a hop across the Atlantic to Minneapolis for the Global Cardio-Oncology Summit in September. This was an excellent 4-day cardio-oncology specific conference including a day focussed on breakthrough research, a nursing specific symposium, an overview of topical updates as well as a Champions League cardio-oncology competition! Lastly, back on home soil, the annual BCS/BCOS/UCLH Cancer Academy Cardio-Oncology Course was held in November 2024 and was a one-day update on contemporary cardio-oncology practice involving multidisciplinary speakers from across the UK. A variety of practical topics related to common cardio-oncology issues in haemato-oncology, medical oncology and clinical oncology patients were discussed. The MDT session was one of the highlights of the day along with the keynote lecture on CHIP by Professor George Vassiliou. The 2024 course broke attendance records and we are hoping to do even better in 2025. The course will take place in November 2025 (*date TBC*).





## Congratulations!

Congratulations to the [Liverpool Heart and Chest Hospital](#) on being awarded gold status as a centre of excellence from the International Cardio-Oncology Society!

“To achieve this, the team had to demonstrate their local and national clinical caseload, publication output, educational offerings, quality improvement projects and committee involvement.” Well done to everyone in the team!

For further information about the accreditation process please follow the [link](#).



## Upcoming Events

ESC Cardio-Oncology 2025: Inaugural meeting – Friday 20<sup>th</sup> June – Saturday 21<sup>st</sup> June 2025 (Florence, Italy). [Link to event](#)

Global Cardio-Oncology Summit 2024 – 30<sup>th</sup> October – 1<sup>st</sup> November 2024 (Cape Town, South Africa). [Link to event](#)

BCS/BCOS/UCLH Cancer Academy Cardio-Oncology Course – November 2025 (London, England). Details TBC.

## Contact us

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