The oncology community is well aware that cancer therapy is fraught with increased risk of cardiovascular disease (CVD). Of the almost 12 million cancer survivors in the United States, many are more likely to die of CVD than of their cancer.1-3 In fact, with the exception of people who smoke, risk factors for CVD are higher in cancer survivors than in the general adult population. It is not unusual for survivors whose cancers have 5-year or higher survival rates to die of cardiovascular disease and not their cancer.1-3 This is true for older women with breast cancer, for example, and for men with testicular cancer or after undergoing radical prostatectomy.1-3

A number of factors increase the risk of CVD for cancer survivors. Often, these people are older than the general population and may already have CVD due to non-cancer-related obesity, smoking, or a lack of exercise. In addition, they may have received cardiotoxic cancer treatments such as chemotherapy or radiation. Survivors may also have reduced their physical activity or experienced weight gain while undergoing treatment.

New research from Wake Forest Baptist Medical Center in Winston-Salem, North Carolina, shows that cardiovascular risk factors may be overlooked in survivorship care.4 In order to ascertain the scope of the problem, a team headed by Kathryn E. Weaver, PhD, assistant professor of social sciences and health policy at Wake Forest Baptist, undertook a survey of long-term survivors of gynecologic, breast, prostate, and colorectal cancers. The researchers evaluated the subjects by cardiovascular disease risk factors, by cancer site, and by race/ethnicity. The results were then compared to data from the general population in the same geographic region.4

FOCUS SURVEY VS. CHIS
The study group, which included 1,582 cancer survivors who were 4 to 14 years postdiagnosis, received the FOCUS mail survey. Data from the California Health Interview Survey (CHIS) of adults from the same geographical area were used to represent the general population. Half of the total sample studied was female and non-Hispanic white; two-thirds were 65 years or older. The survey questions asked about cardiovascular risk factors including current smoking status, hypertension, diabetes, body mass index (BMI), and physical activity. Participants were also asked whether they had talked with health care providers about lifestyle changes such as diet, exercise, and smoking cessation.

Although the current smoking risk was the same for both groups, the other risk factors for CVD were more prevalent among the cancer survivors than in the general population. In the survivor group, 62% were overweight or obese, 55% were hypertensive, 20.7% had diabetes, 18.1% were inactive, and 5.1% reported they were current smokers.4 Almost one-third of the survivors with these risk factors said they had not discussed health-promoting activities and habits with their health care providers. However, Weaver noted that cancer survivors who respond to surveys commonly overreport physical activity and underreport health-compromising behaviors, such as overweight/obesity or smoking.4

Treatment data in the survivor group could not be ascertained unless the survivors chose to provide that information when asked. Thus, the researchers could not determine if survivors’ treatment regimens contributed to their cardiovascular complications. The researchers also had no information about other cardiovascular risk factors such as hypercholesterolemia, inflammatory markers, fasting glucose, and quality of diet, and the authors suggest...
that future studies involving long-term survivors should look at a larger set of risk factors for CVD in that population.

**CVD RISK FACTORS ARE COMMON**

Weaver and colleagues concluded that cardiovascular risk factors are common among long-term survivors, but many may not be discussing lifestyle–related preventive measures with their health care providers. The researchers noted that practitioners in both primary and oncologic care do not currently work together in providing survivorship care that addresses risk factors for CVD.4

Cancer survivors unquestionably have more risk factors for cardiovascular disease than does the general adult population. Furthermore, survivors apparently do not benefit from discussions on strategies for reducing those risk factors with their health care providers.

Survivors as a group are excellent candidates for lifestyle changes, as exercise and weight loss alone can improve their stamina, strength, mood, and quality of life. Weaver calls for more awareness in the health care community and among survivors.

“Our message is that cardiovascular disease risk should be assessed as part of a comprehensive survivorship care plan because of the risk for both poor heart disease and cancer outcomes.” Weaver wrote that providers “do not have to be solely responsible for talking to survivors about lifestyle factors, but, if it is noted as part of the wellness goals for that survivor, then risk factors are more likely to be addressed by the survivors’ treatment team, including primary care.”  

**REFERENCES**