

NEW PAPER!

Quality of care and survival for people with cancer who present to hospital with heart failure

Paper Title

Acute heart failure presentation, management and outcomes in cancer patients: a national longitudinal study. <https://pubmed.ncbi.nlm.nih.gov/36888552/>

Authors

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Background

We do not know very much about the survival and quality of care of people with cancer who present with heart failure (when the heart is not able to pump blood properly). It is important to do research about this because people with cancer are more likely than the rest of the population to have heart failure – and they need to receive the best care possible.

What we aimed to do

We aimed to look at differences in the quality of care and survival experience of people with cancer who presented to hospital with heart failure compared to those without cancer.

How we did our study

We used the VICORI database (national heart audits and cancer registry) to look at people in England who were admitted to hospital with heart failure between 2012 and 2018. Of these, we identified people who had a diagnosis of breast, prostate, colorectal or lung cancer within the previous 10 years. We compared people with and without cancer in relation to: (i) how their heart failure presented; (ii) place of care (cardiology vs. non-cardiology vs. unknown ward care); (iii) medication prescribed for heart failure; and (iv) how long they survived after discharge. We took account of differences between the groups, such as age, sex and co-existing health conditions in our statistical analysis.

What we found

We found 221,953 people who presented to hospital with heart failure between 2012–2018. Of these, 12,867 had a diagnosis of breast, prostate, colorectal or lung cancer in the previous 10 years. People with prior cancer were less likely to be cared for in a cardiology ward and to receive recommended medications for blood pressure (ACE inhibitors and angiotensin receptor blockers). After discharge from hospital, survival was poor in both groups but was much worse for people with cancer. The average (median) survival was 1.6 years in people with prior cancer and 2.6 years in people without cancer. Most of the deaths (68%) in people with cancer were attributed to non-cancer-related causes.

Our recommendations/conclusions

Our study found that people presenting to hospital with heart failure had much poorer survival after discharge if they had a previous diagnosis of cancer – and that this was not simply due to dying from cancer-related causes. It is concerning that cardiologists were less likely to manage people with heart failure if they also had cancer and that recommended heart failure medications were less likely to be prescribed. We urgently need to improve the quality of care for people with cancer and heart failure.