



Correspondence

Cardiovascular disease in women diagnosed with endometrial cancer



We have read with great interest the study by Kitson et al. who investigated the prevalence of cardiovascular disease (CVD) risk factors in women diagnosed with endometrial cancer (EC) compared to the general population (Kitson et al., 2018). The study concluded that women undergoing primary treatment for EC have a higher prevalence of CVD risk factors than women without EC, namely obesity, hyperglycaemia and total:HDL cholesterol ratio (Kitson et al., 2018).

EC and CVD are linked since they share common risk factors and pathophysiological pathways (Amant et al., 2005). Obesity, a strong risk factor for EC development leads to unopposed oestrogen action, hyperinsulinaemia and insulin resistance, all contributing to oxidative stress and chronic inflammation, pathophysiological mechanisms common in carcinogenesis and CVD (Amant et al., 2005).

It is true, that in the UK, screening for and optimising of CVD risk factors is not routinely recommended in women with EC. However, in our gynecologic oncology unit, we routinely refer our patients upon discharge, back to their general practitioner (GP) for assessment and screening for CVD risk factors. This is an auditable material aiming for more than 95% of women undergoing screening for CVD upon discharge from our hospital. We therefore, see great value in the findings by Kitson et al. which supports our practice and will help promote similar practice to our gynecologic oncology units nationally and internationally.

The authors mention that two thirds of women with EC compared with under half of controls met the National Institute for Health and Care Excellence (NICE) criteria for introduction of statin therapy for reduction of their CVD risk (NICE: *Cardiovascular disease: Risk Assessment and Reduction, Including Lipid Modification*, n.d.). Indeed, we see a large portion of our patients in the oncology clinic who have been recently commenced on statins as well as aspirin on their first GP visit after surgery for EC. The role of aspirin for primary and secondary prevention of CVD is well established, but recently studies have suggested that aspirin could act as a chemo-preventive and adjuvant

therapeutic agent (Takiuchi et al., 2018).

A recent review, also published in *Gynecologic Oncology*, revealed decreased mortality in EC patients taking aspirin which could be the result of inhibition of metastasis via platelet inactivation and possible prostaglandin E2 suppression by aspirin (Takiuchi et al., 2018). In addition, Takiuchi et al. stipulated that aspirin is likely to have secondary benefit for CVD, a leading cause of mortality in women with EC.

We are pleased with the findings of these two recent studies from *Gynecologic Oncology* as they are supporting our current clinical practice. They should be regarded as catalysts in encouraging other gynecologic oncology units in the country to appreciate the significance of CVD in women treated for EC, and promote preventative measures to modify CVD risk factors.

References

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