

## **QA/QI on Screening Patients with Cancer for the Risk of Developing Heart Disease among Internal Medicine Residents**

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**Background:** Compared with adults without a history of cancer, adults with a diagnosed malignancy have a higher 10-year ASCVD risk which is driven by the traditional risk factors and the treatment of the malignancy itself. As the number of cancer survivors continue to increase with the advances in therapeutic practices, early detection and treatment of cardiovascular disease is crucial. This QA project aims to assess if an ASCVD risk stratification is being performed on patients with prostate, lung, breast, and colorectal cancer aged 40 to 79 in the general medicine clinic of the ambulatory care center of University Hospital.

**Methods:** A convenience sample of patients with prostate, lung, breast, and colorectal cancer aged 40 to 79 treated by residents at the internal medicine clinic was obtained through retrospective chart review. Once a patient's case was identified, the chart was reviewed for internal medicine clinic encounters in the following year, and the ASCVD risk stratification practices were obtained.

**Results:** A sample of 82 patients (71 % female, mean age  $61 \pm 11.5$ ) with either prostate, lung, breast, and colorectal cancer was obtained. At the initial encounter, 12 patients (15%) were already diagnosed with cardiovascular disease. 61 of the patients (74%) were not on a statin at the beginning of the study period. ASCVD risk stratification was performed at subsequent encounters for 19 (31%) of the patients and a statin was prescribed to 5 (8%).

**Conclusion:** ASCVD risk stratification can certainly improve among adults with cancer. Only 8% of patients diagnosed with one of the four malignancies were started on a statin during our study period. ASCVD risk assessment in patients with a diagnosis of cancer with continued clinical surveillance of cardiovascular health could potentially decrease disease burden and serve a vital role in the prevention of cardiovascular morbidity and mortality.