

**MD Anderson 2007-0914 - (PREDICT) A Multi-Center Study in Patients Undergoing Anthracycline-Based Chemotherapy to Assess the Effectiveness of Using Biomarkers to Detect and Identify Cardiotoxicity and Describe Treatment**

*Fast Facts*

Inclusion Criteria

1. Patients age 18-85 years
2. Starting a new course of chemotherapy that includes an anthracycline (does not have to be first-line therapy and previous anthracycline use is allowed)
3. Has a life expectancy greater than 12 months

Exclusion Criteria

1. Unstable angina within 3 months of registration
2. Myocardial infarction within 3 months of registration
3. LVEF less than 50%
4. Patients receiving concurrent dexrazoxane
5. Decompensated heart failure in the last 3 months prior to registration
6. Prior symptomatic arrhythmia (within 3 months of study registration)
7. Severe pulmonary disease ( $FEV \leq 1.0$  liters), and/or pulmonary hypertension (mean pulmonary artery pressure  $\geq 60$  mmHg), and/or dependent use of oxygen
8.  $BNP \geq 200$  pg/ml or troponin  $\geq 0.4$  ng/ml  
**Note:** BNP and/or TnI resulted in a local lab within 30 days of starting anthracycline based chemotherapy may be used in determining eligibility. Results, either by the Biosite Triage Profiler or the local lab,  $\geq$  the parameters described in exclusion 3.2.8 deem the patient ineligible for participation in this study

**Pre-study Assessments (see section 5.0 for details)**

Within 14 days of study entry

1. Medical history and physical exam including height and weight, BMI, vital signs, neck exam, cardiovascular exam, abdominal exam, extremities exam
2. Cardiomyopathy risk factor assessment
3. MD Anderson Symptom Index – to be fill out by patient
4. Cardiac Symptom Review
5. Cardiac Medication Evaluation
6. Cardiac Diagnosis Log

Within 30 days of study entry

1. BNP and troponin I (to be completed by GRCOP staff)
2. Labs including TSH, lipid profile, CMP and CBC
3. Echo or MUGA and EKG

**Study Procedure**

BNP and troponin I prior to each treatment cycle. This is done by GRCOP staff.