



A Synthesis of the Visible and the Invisible: Integrating 3D, Strain and Biomarkers into Clinically Meaningful Guidelines

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EXPERT CONSENSUS STATEMENT

Expert Consensus for Multimodality Imaging Evaluation of Adult Patients during and after Cancer Therapy: A Report from the American Society of Echocardiography and the European Association of Cardiovascular Imaging

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Montreal, Quebec, Canada; Chicago, Illinois; Oslo, Norway; Liege, Belgium; New York, New York; Lisbon, Portugal;
Hobart, Australia; Rochester, Minnesota*

Central idea

Share with you the process by which these guidelines were established, and its conclusions, in this rapidly emerging field.

The oncologist (Cancer)
The cardiologist (The heart)
The intersection (Communication)

Main ideas

- Through an **understanding of the various types of cardiotoxicities**, the cardiologist has a better grasp of the importance of his role in providing a reproducible measure of cardiac function.
- **Echocardiography** is the cornerstone in the cardiac imaging evaluation of patients undergoing cancer therapy.
- In a laboratory with 2-D capabilities, monitoring of LVEF for the detection of cardiotoxicity should always include **the modified Simpson rule**.

Main ideas

- **3-D echocardiography** is the preferred technique for monitoring cardiac function and for the detection of cardiotoxicity.
- **Global longitudinal strain** by speckle-tracking imaging has emerged as a sensitive marker for the prediction of later cardiotoxicity.
- An **integrated approach** using imaging and biomarkers may be of utility and provide incremental value in predicting toxicity