To the Editor:

The findings of Yusuf et al¹ in this important cohort are noteworthy. However, some important conclusions may require further clarification.

Yusuf et al remark that “Patients with liquid tumors (lymphoma/leukemia) have a worse outcome than patients with solid tumors, likely as they may have concomitant infection and thrombocytopenia and hence were less likely to be given aspirin.” This could just be one of the multiple factors that led to increased mortality and morbidity in liquid tumors than solid tumors. Some other important plausible explanations were ignored, such as those in long-term follow-up studies by Specht et al² and Ng et al,³ where it has been demonstrated that survivors of Hodgkin’s disease have an increased propensity for both second malignant neoplasms and cardiovascular events. This could result from more exposure of patients with liquid tumors to adjuvant therapy (chemotherapy and radiation) than those with solid tumors, given the excellent response in the former group, and could also potentially explain the low survival rates in patients who received chemotherapy and chest radiotherapy in general.

Yusuf et al also noted that mortality due to the cardiovascular events was higher in patients with cancer compared to the general population. Notably, most patients did not have all conventional risk factors for coronary artery disease and yet suffered from clinically significant myocardial infarction. Thus, a history of cancer, especially if treated with adjuvant therapy, should be considered as a serious risk factor, which calls for aggressive preventive strategies and lifestyle modifications to prevent cardiovascular events.

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Response to Treatment and Outcomes of Acute Coronary Syndrome in the Cancer Population

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