LIFEFEST2026

Nashville

# Ask the Specialists:
# Cardiovascular Health for Patients Living with GIST

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# Cardiovascular health for patients living with GIST

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THE BIG PICTURE

# Why think about heart health?

- **Patient are living longer.**
  GIST treatments now keep many patients well for years, even decades. That makes long-term health matter more than ever.

- **The heart is part of the picture.**
  Cardiovascular disease is a leading cause of death in cancer survivors, and the risk can rise well beyond the 5-year mark.

- **The good news.**
  Most heart effects of these medicines are manageable

THE MEDICINES

# What are TKIs?

Targeted therapies for your specific mutation

1

## Imatinib

Gleevec

First-line

2

## Sunitinib

Sutent

3

## Regorafenib

Stivarga

4

## Ripretinib

Qinlock

5

## Avapritinib

Ayvakit

PDGFRA

WHAT TO KNOW

# Possible cardiovascular effects

1. How likely is it, and 2. How serious?

The common effects tend to be mild and manageable — the serious ones are rare, and we watch for them.

| | | |
|---|---|---|
| COMMON | **High blood pressure** | Most common effect. Most likely with sunitinib and regorafenib, often within the first week. |
| COMMON | **Fluid retention / swelling** | Common with imatinib — around the eyes or in the legs. Usually mild and manageable. |
| UNCOMMON | **Heart muscle weakening** | Rare with imatinib (about 0.2–1.7%). Usually reversible when treatment is adjusted. |
| UNCOMMON | **Rhythm changes** | Some agents (ripretinib, sunitinib) can affect heart rhythm. Surveillance with ECGs. |
| UNCOMMON | **Vascular** | The BP-raising pills can also strain blood vessels — know the signs of a clot or stroke. |

A SIMPLE WAY TO THINK ABOUT IT

# The medicines fall into two groups

FIRST-LINE · MOST PATIENTS

## Imatinib

Gleevec

**Gentle on the heart.**

A good cardiovascular safety record — and it may even protect the heart. The main thing we watch for is **fluid and swelling** . Most people need only a light touch of monitoring.

LATER-LINE · MULTIKINASE PILLS

## Sunitinib · Regorafenib

and the newer agents, ripretinib & avapritinib

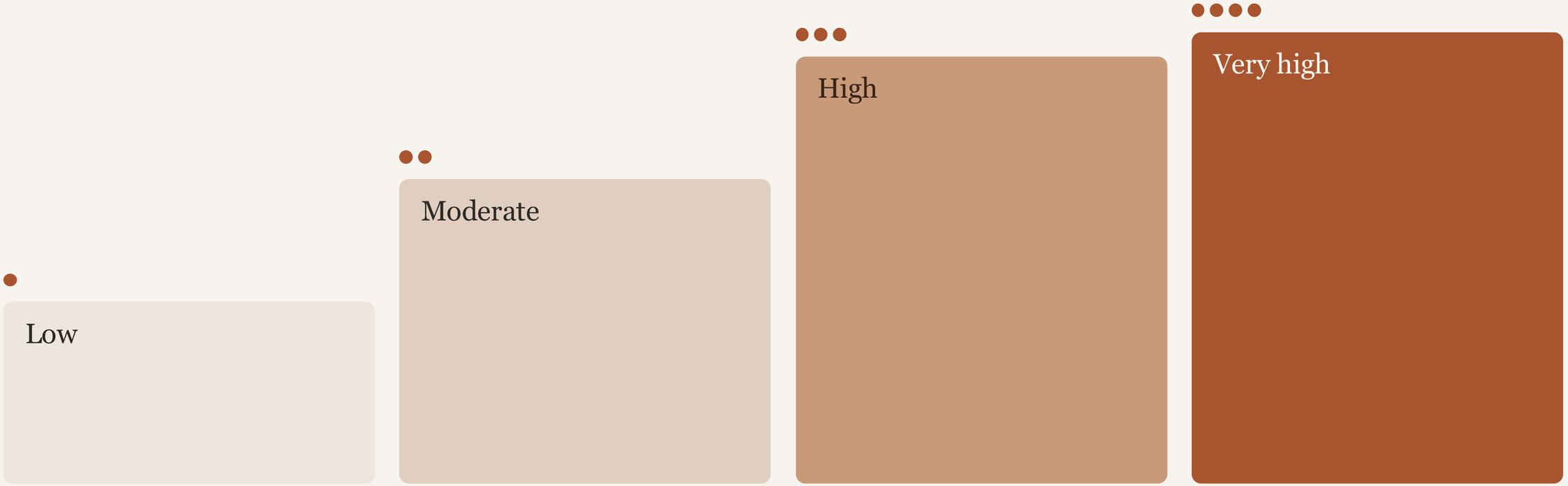
**More likely to raise blood pressure.**

These block wider growth signals, so they can push **blood pressure up** — often in the first weeks — and, less often, strain blood vessels. So we watch BP closely, especially early on.

Your exact plan depends on which medicine you're on and your own heart history

# Before you begin

Before treatment, we look at your heart — your history, blood pressure, an ECG, and blood tests, plus an echo for some. That places you on a simple risk spectrum:




Routine checks and symptom awareness.

A cardiology conversation may help.

Cardio-oncology referral to optimize and plan around you.

A personalized plan, made together before you start.

More risk means a closer watch.

KEEPING WATCH

# How we monitor

Before, during, and after — dialed up or down by your risk profile.

## Before starting

Blood pressure check

Blood work — lipids, blood sugar, kidney function

ECG (heart tracing)

Echo & a heart-strain blood test if you're higher risk

## During treatment

Home blood pressure, especially in the first weeks

ECG when the medicine calls for it

Echo + blood tests if symptoms appear

A check-in at every visit

## After & long-term

Heart risk can persist for years after treatment

We keep an eye on blood pressure and cholesterol

Ongoing heart-healthy habits matter most here

YOUR PART

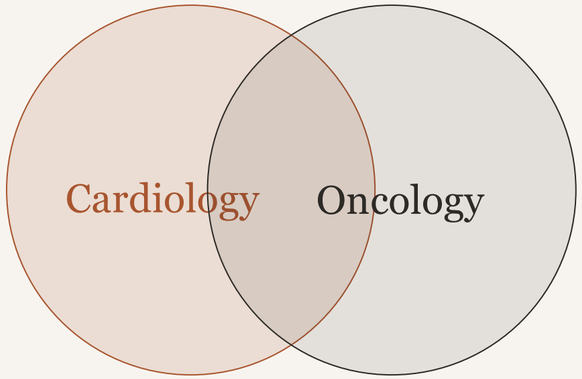
# What you can do

The heart-healthy “ABCs”

| | | |
|---|---|---|
| A | **Awareness & aspirin** | Know your risk; ask if aspirin is right for you |
| B | **Blood pressure** | Know your number — we generally aim for about 130/90 or better |
| C | **Cholesterol & cigarettes** | Manage cholesterol; stop tobacco |
| D | **Diet & diabetes** | Heart-healthy eating; keep blood sugar in range |
| E | **Exercise** | Move regularly, as much as you comfortably can |

TEAMWORK

# The role of cardio-oncology




- **A partnership.**

  Your cardiologist and oncologist work the problem together.

- **“Permissive” approach.**

  We accept some manageable heart effects and treat them, rather than stopping what works.

- **Here to keep you on therapy.**

  The job is to manage risk and side effect

- **Ask for a referral.**

  Reasonable at any point if your heart risk is higher.

# Take-home messages

1

## Most patients do well.

Serious heart problems on TKI therapy are uncommon — and imatinib, the first-line pill most people take, is gentle on the heart.

2

## Early is easy.

Checking your heart before you start, watching blood pressure, and noticing symptoms let us step in before problems grow.

3

## Talk to your team.

Reporting symptoms early opens up simple fixes: dose tweaks, heart medicines, or a referral.

THANK YOU

# Questions & discussion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