

během léčby trastuzumabem a po ní, aby se toto riziko minimalizovalo. Všechny pacientky vhodné k léčbě trastuzumabem, a zejména ti, kteří byli dříve léčeni antracykliny a cyklofosfamidem, by měli podstoupit základní kardiologické vyšetření včetně anamnézy a fyzikálního vyšetření, elektrokardiogramu, echokardiogramu a/nebo vyšetření vícená-

sobné akvizice (MUGA) nebo magnetické rezonance. Hodnocení srdeční činnosti provedené na začátku léčby by se mělo opakovat každé 3 měsíce během léčby a každých 6 měsíců po ukončení léčby až do dosažení 24 měsíců od ukončení léčby.

Zdá se, že ostatní terapie zaměřené na HER2 mají mnohem menší riziko kar-

diotoxicity než trastuzumab a mohou být bezpečně používány u pacientů s vyšším kardiovaskulárním rizikem. Kvůli celé řadě nezodpovězených otázek je však třeba provést další studie s těmito přípravky, protože HER2 léčba má zásadní význam na výsledky léčby pacientek s HER2-pozitivním karcinomem prsu.

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