

Cancer patients are both older and have many comorbidities, including CHD, which is often severe. Several cancer treatments, such as radiotherapy, chemotherapy and immunotherapy, increase the risk of cardiovascular events and mortality. Percutaneous coronary intervention (PCI) is often required, but the presence of procoagulant states, haematological disorders such as anemia and thrombocytopenia pose challenges in the management of these patients with anticoagulants, antiplatelet drugs and PCI. PCI in cancer patients is associated with an increased risk of bleeding, in-hospital and long-term mortality, and the need for repeat revascularisation. Correct management of oncological patients with concomitant CHD will reduce the risk of periprocedural complications during PCI, at least partially by using the best surgical techniques.