# Article information:

Treatment and Implications of Vascular Endothelial Growth Factor Inhibitor‐Induced Blood Pressure Rise: A Clinical Cohort Study | Journal of the American Heart Association  
<https://www.ahajournals.org/doi/10.1161/JAHA.122.028050>

# Article summary:

1. Vascular endothelial growth factor inhibitors (VEGFI) can cause a substantial rise in blood pressure (BP) during treatment, which may require antihypertensive drugs or even discontinuation of treatment.

2. Independent risk factors for developing a substantial BP rise during VEGFI therapy include pazopanib, normotension at baseline, and decreased kidney function.

3. Both calcium channel blockers and renin-angiotensin system inhibitors are effective options for lowering BP during VEGFI therapy, but careful monitoring is essential and choice of antihypertensive therapy should be based on patient-specific characteristics.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

该文章是一项临床队列研究，旨在探讨血管内皮生长因子抑制剂（VEGFI）治疗期间血压升高的治疗和影响。文章提供了一些有用的信息，但也存在一些潜在的偏见和缺陷。

首先，文章没有明确说明其来源和资助机构。这可能会引起读者对作者或机构的偏见，并影响对结果的信任度。

其次，文章只涉及单一药物pazopanib，而未考虑其他VEGFI药物。这可能导致结论不具有普适性，并忽略了其他药物可能产生的不同效应。

此外，文章声称BP升高与肾细胞癌患者总体生存率改善有关，但未提供足够的证据支持该主张。此类主张需要更多的研究来验证其有效性。

最后，文章没有充分探讨风险管理方面的问题。例如，在使用抗高血压药物时可能出现副作用或相互作用等问题。此外，该文也没有平等地呈现双方观点，并可能存在宣传内容。

综上所述，该文提供了一些有用信息，但也存在潜在偏见和缺陷。读者应该谨慎对待其结论，并寻找更多的证据来支持或反驳其主张。

# Topics for further research:

* Source and funding of the study
* Consideration of other VEGFI drugs
* Evidence supporting the claim of improved overall survival with BP elevation
* Risk management issues with the use of antihypertensive drugs
* Balanced presentation of both sides of the argument
* Need for further research to support or refute the claims made in the article

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