
Improving training of future cardio-oncologists



An ageing population and an increase in cancer survivors has led to significant overlap between comorbid cardiovascular disease (CVD) and cancer. Despite growing recognition of the importance and complexity of the relationship among cancer, its treatment, and CVD, the vast majority of cardiovascular (CV) professionals have little exposure to the field of cancer therapeutics and its effect on CV health.

Although the field of cardio-oncology (or onco-cardiology) is emerging at a fast pace, it is mainly restricted to a limited number of academic centres, while the majority of patients with cancer and survivors are cared for by community-based practices that lack the necessary expertise.

Structured training in cardio-oncology for CV fellows-in-training

A commentary published in *Journal of the American College of Cardiology* highlights the importance of providing the next generation of cardiovascular FITs with knowledge and training in cardio-oncology.

Structured training is "necessary to address what is a major challenge" in improving the care and quality of life of patients with cancer, say article authors Sarju Ganatra, MD (Department of Cardiovascular Medicine, Lahey Hospital and Medical Center, Burlington, MA) and Salim S. Hayek, MD (Department of Cardiovascular Medicine, Emory University School of Medicine, Atlanta, GA).

According to the authors, CV specialists need to have a thorough understanding of the complex pathophysiology that links cancer and CVD and the mechanisms of novel chemotherapeutic agents. Familiarity with the modalities to risk-stratify and detect early CV effects of cancer treatment is among the skills required for optimal care of the cancer patient. These topics, however, are not addressed in current CV training core curriculum.

The authors suggest that the three-year length of CV training programmes should allow for incorporating exposure to cardio-oncology. One option is inclusion of cardio-oncology during mandatory heart failure and other subspecialty rotations.

"Translational and clinical research is the key to advance basic understanding of the interactions of the heart with cancer and cancer therapy," Drs. Ganatra and Hayek note. "Eventually, subspecialisation in this field after general cardiology fellowship and board certification might be helpful given the complexity and dynamicity of the field."

Response: A call to action for established cardio-oncologists

Commenting on the above proposal to incorporate cardio-oncology training in general cardiology fellowship, Marielle Scherrer-Crosbie, MD, PhD (Division of Cardiovascular Medicine, Hospital of the University of Pennsylvania), says Drs. Ganatra and Hayek "are absolutely on target." To develop the cardio-oncology subspecialty, a standardised accredited training is needed, she notes.

Dr. Scherrer-Crosbie also points to a very important factor that is crucial to cardio-oncology: the necessity to have a multidisciplinary team and a multidisciplinary approach to cardio-oncology patients. The buy-in and involvement of oncologists are necessary, and the time in the oncology wards should be considered, she explains. Multidisciplinary meetings and rounds need to be incorporated in the fellowship.

"As Ganatra and Hayek remind us, fellows-in-training are eager to enter the cardio-oncology subspecialty. The ACC's cardio-oncology council and all established cardio-oncologists should recognise the enthusiasm of fellows-in-training. We should work to structure and standardise the education of future cardio-oncologists who will develop and improve this important field," Dr. Scherrer-Crosbie says.

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