



Table of Contents

Sr. No.	Topic	Pg. No.
1	Message from Patron Dr Devi Shetty	2
2	Message from ACOS Honorary General Secretary Dr Vivek Agarwala	3
3	Message from ACOS Newsletter Editor Dr Indu Bansal Aggarwal	4
4	Forthcoming Conferences - with Cardio-Oncology component Dr Bhavesh Parekh	6
5	ACOS Survey – Interim Report Dr Vivek Agarwala	7
6	ACOS Newsletter Message Dr Indu Bansal Aggarwal	8
7	ACOS Monthly Seminar – First Wednesday of each month	9
8	ACOS Recommendations Dr Hemant Madan	10
9	Recent breakthroughs in Cardio-Oncology Dr Anuprita Daddi	11
10	Brain Teaser – Crossword # 1 Dr Purvish Parikh	13
11	ACOS Office Bearers	15
12	ACOS Membership Form and Link	16

We invite suggestions and contributions from our readers.

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For any queries or suggestions, please send us an email on
indubansal@gmail.com or asiancardiooncologysociety@gmail.com



Message from ACOS Patron



Cardio-vascular disease and Cancer are the two most common conditions causing morbidity and mortality, both in India and western world. Many cancer patients already have cardio-vascular co-morbidities at the time of their cancer diagnosis and treatment of such patients is often challenging due to risk of aggravating cardiac problems. The ever-expanding scope of modern anti-cancer therapy has increased the number of long-term survivors. However, this success is compromised in several cases, due to cardio-vascular toxicities secondary to necessary cancer treatment. Both cardiologists and oncologists are concerned regarding these risks and challenges, but they often have different approaches to such situations. A collaborative approach between the two specialties is the need of the hour to overcome all the barriers and it has led to the emergence of a new sub-speciality - Cardio-Oncology.

Asian Cardio-Oncology Society (ACOS) comes as an exciting and timely initiative in the current scenario. Focus on cardio-oncology was relatively lacking in India and other Asian countries. Now, with the establishment of ACOS, a positive step has been taken to bring the discussion on cardio-oncology to the forefront. I am sure ACOS will significantly contribute towards generating interest in cardio-oncology among our oncologists & cardiologists and guide clinical research, training and expertise in this area. We will soon have dedicated cardio-oncology services being started in many centers across the country as a result of the endeavors of ACOS. This step will go a long way in bridging the gaps in cardiac care of cancer patients in our country. I am glad to be associated with this venture. I congratulate all the founder members of ACOS and wish them all the best.

Dr Devi Shetty
Chairman & Executive Director, Narayana Health
Patron, ACOS

Date – 16/12/2020



Message from ACOS Honorary General Secretary

**Dr Vivek Agarwala,
Senior Consultant
Dept. of Medical Oncology & Haemato Oncology
Narayana Health Hospital, Kolkata**



The crux of cardio-oncology is to prevent and treat cardio-vascular toxicities, during or after anti-cancer therapy, empowering oncologists to continue life-saving or life-prolonging, but potentially cardio-toxic, treatment, with the aim to achieve better overall outcomes for cancer patients. As an oncologist, I have serious doubts whether most of our cardiologists understand our concerns regarding the scope of cardio-vascular toxicities of various anti-cancer treatments. Also, I accept that many a times, oncologists are only concerned regarding the responses of anti-cancer treatments and cancer-related outcomes, often ignoring the short and long-term cardio-vascular issues. Only a team effort from cardiologists and oncologists can provide solutions to these real-life problems in our clinical practice. Such a combined cardio-oncology effort should be able to save more lives and prevent fatal cardiac events. However, awareness regarding cardio-oncology and a dedicated cardio-oncology team is lacking, even in most apex centres, in Asia. Hence, we decided to start the Asian Cardio-Oncology Society (ACOS).

Small steps in the present ... Big success in the future No matter how big or small the success is.

These were our exact thoughts a few months ago, when we formed ACOS and organized its inaugural weekly conference series from 24th September 2020 to 5th November 2020. The meetings were attended by numerous oncologists and cardiologists from around the world and were supported by several international stalwarts from the field. The response was very encouraging. Our vision is to promote awareness, knowledge and research in cardio-oncology, and to create common consensus, promoting universal standard practices. We also aim to be truly "Asian"— focussing on international collaborations and participation. We are already more than 100 members now, including members from different sub-specialities and countries. As a part of our continued efforts, we are now glad to start monthly academic meetings (under Dr Sheela Sawant, Chairperson of ACOS Scientific Committee) and our very own newsletter (under Dr Indu Bansal, Editor of ACOS Newsletter).

We welcome any suggestions and sincerely hope for assistance from all members to achieve our aims. Hopefully with all the support, ACOS shall see bigger success in future.

Regards,

Date: 16/12/2020



Message from ACOS Newsletter Editor (1/2)



Cured from cancer but dying with heart disease:

Is it like shattering of vase on a slippery floor?

Dr Indu Bansal Aggarwal

Director & Senior Consultant, Radiation Oncology

Narayana Superspeciality Hospital, Gurugram

The heartening fact is that with awareness about cancer prevention, advances not just in cancer diagnosis, radiological imaging, surgical approaches, radiation and medical oncology as well as in molecular diagnostics, the number of cancer survivors are gradually increasing. But the worrisome fact is that more than one in ten cancer patients do not die from their cancer but from heart and blood vessel problems instead. For some cancers, like breast, prostate, endometrial, and thyroid cancer, around half will die from cardiovascular disease (CVD). Among the deaths from CVD, 76% were due to heart disease, and the risk of dying from CVD was highest in the first year after a cancer diagnosis and among patients younger than 35 years.

This increased risk is because many new cancer therapies as anthracyclines, monoclonal antibodies, small molecular inhibitors as well as immunotherapies, are associated with vascular and metabolic complications. Also, the older radiation techniques used for breast, mediastinal, head and neck and abdominal radiation also gave higher radiation doses to heart, coronaries, cerebral vasculature and renal vasculature. In addition, cancer itself serves as a risk factor for vascular disease, hence increasing risk for thromboembolic events. So, vascular complications in patients with cancer represent a new challenge for the clinician and a new frontier for research and investigation.

Cancer patients have an on average 2–6 times higher CVD mortality risk than the general population. Secondly, the CVD mortality risk is evident throughout the continuum of cancer care, and entails an acute phase (early risk) and a chronic phase (late risk). Approximately one-third of cancer patients develop hypertension during the course of their disease which is the foremost modifiable risk. Chemotherapy induced cardiomyopathy carries one of the worst prognosis of all types of cardiomyopathy. Also, remember, "Angioplasties are like potato chips, one can't have just one". So, timely identification and prevention are the key for success.

Hypertension, chronic kidney disease, cardiovascular disease, and cancer have several common risk factors, including smoking, alcohol consumption, dyslipidaemia, diabetes mellitus, and obesity. In addition, certain chemotherapy drugs may directly increase this risk because of effect on endothelial function, sympathetic activity, renin angiotensin activity, nephrotoxicity, increase in vascular tone, vascular rarefaction, or renal thrombotic microangiopathy. Early cardiac adverse events related to cancer treatment may prompt the premature interruption



Message from ACOS Newsletter Editor (2/2)

of otherwise effective anticancer therapies, and late onset cardiac events may undermine the oncologic success. So, we need to look at the subtle, the hidden and the unspoken.

So, rather than a reactive approach, we advocate a proactive approach that predicts, prevents, personalises treatment and involves patient participation for total wellness. It should start before any cancer therapy is given and continues for a lifetime. Hence the need of a new discipline of medicine - cardio-oncology. Cardiac oncology addresses the spectrum of prevention, detection, monitoring and treatment of cancer patients with cardiovascular diseases or at risk of cardiotoxicity in a multidisciplinary manner. It includes a close collaboration between the patient, care-givers, medical oncologists, radiation oncologists, paediatric oncologists, cardiologists, general physicians, intervention cardiologists, social workers and nurses.

The treating clinician should keep a close watch on preventing as well as detecting cardiotoxicity in cancer survivors and should take a detailed history of chemotherapy drugs received and area, dose and time since radiation. Baroreceptor reflex failure is a common cause of hypertension after head and neck surgery and radiation. It should be kept in mind in irradiated patients of head and neck malignancies. Abdominal radiation is also an increased risk factor for hypertension. The aim of cardiovascular symptom control is to minimize the risk of end-organ damage and to enable the continuation of needed cancer therapy. Selection of cardio-protective agents in cancer patients should account for treatment specific morbidities, target organ damage and individual risk factors.

We should also remember that heart disease is a food borne disease. The whiter the bread, the sooner you are dead. It's not the hole in the doughnut where the action is, it's the doughnut itself. So, educating patient's about regularly monitoring for cardiac risk factors, lifestyle modifications, low fat diet, physical exercises, yoga and meditation should also be a part of armamentarium against battling cardiac disorders and malignancies.

The healing process demands not just science. It requires mobilising patient's positive expectations and stimulating faith in physician's ministrations. I don't know of few remedies more powerful than a carefully chosen word. Each and every patient craves caring, which is dispensed largely with words and extreme care at each and every step of treatment process. So, apart from state-of-the-art cost-effective treatment, use of best available technologies, use of effective strategies to prevent and manage complications, collaboration of various stakeholders to monitor and prevent cardiovascular effects, and use of properly chosen kind words should be in the toolkit of a physician's armamentarium. I am sure tomorrow will be an unanchored new story.



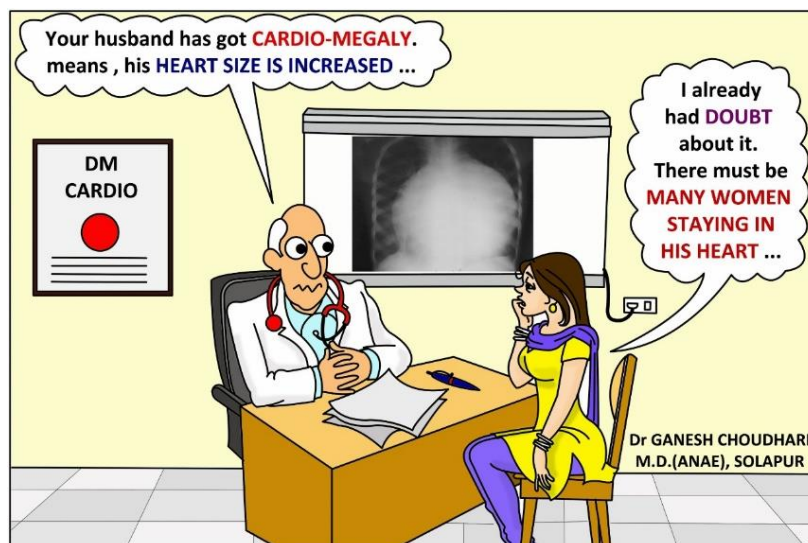
Forthcoming Conferences – with Cardio Oncology component

Compiled by Dr Bhavesh Parekh,
Senior Medical Oncologist,
Shalby Hospital, Ahmedabad



15 th January 2021 3 rd World Cardiology and Cardiac Rehabilitation Meeting, Athens, Greece	28 th and 29 th January 2021 15 th SAARC Federation of Oncologists Virtual Conference Pune & Bengaluru, India
4 th March 2021 4 th International Summit on Cardiology New York, USA	5 th to 7 th March 2021 Molecular Oncology Society Virtual Conference Udaipur, India
8 th & 9 th April 2021 2 nd World Cardiology Experts Meeting London, UK	24 th & 25 th April 2021 Indian Physician Congress 2021 Bengaluru, India
17 th May 2021 3 rd Asian Cardiology Conference Osaka, Japan	25 th & 26 th September 2021, 5 th World Cancer Congress, New Delhi, India

For a hearty laugh





ASCO Survey – Interim Report (1/2)

Knowledge, Attitude and Practice (KAP) of Cardio-Oncology amongst Doctors (ongoing)



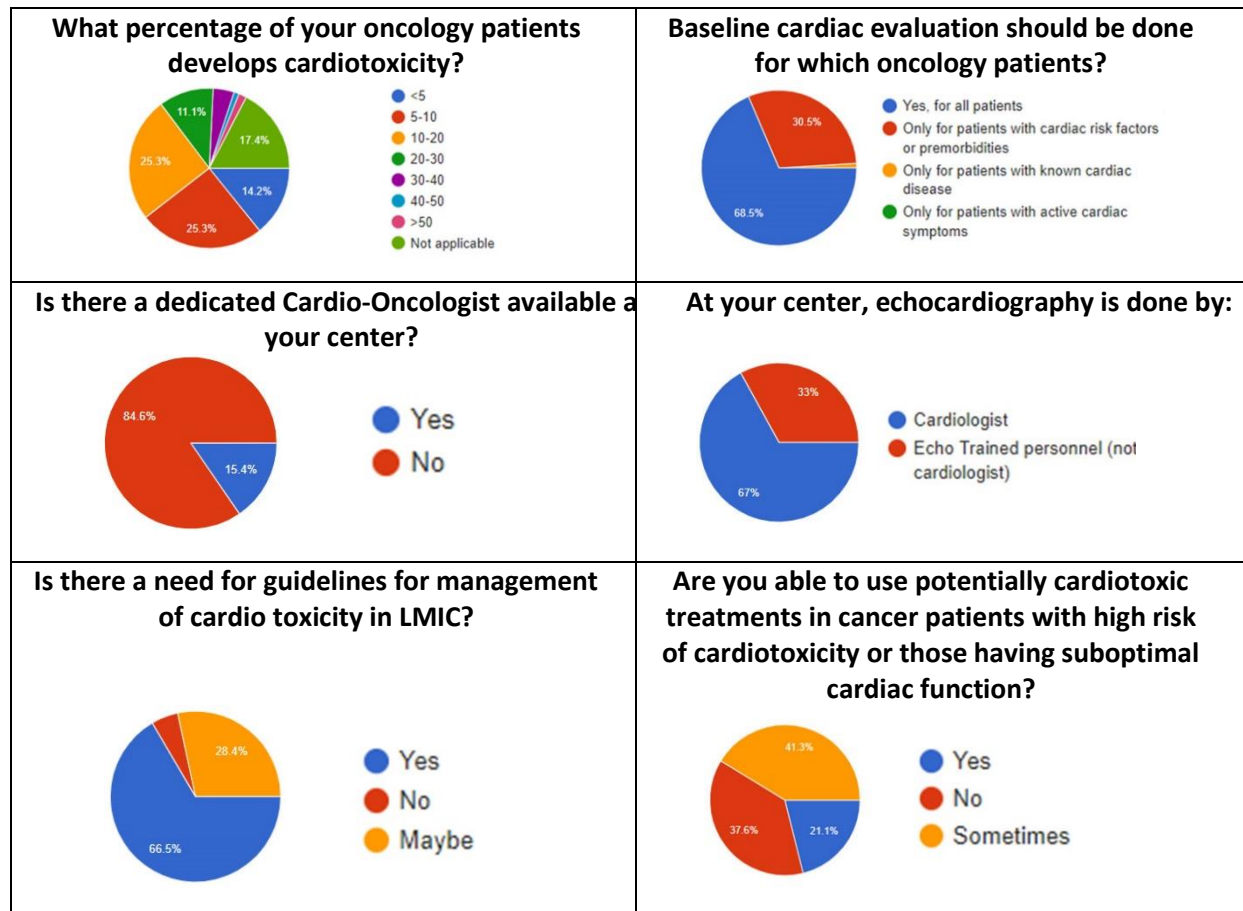
**Dr Vivek Agarwala,
Senior Consultant**

**Dept. of Medical Oncology & Haemato Oncology
Narayana Health Hospital, Kolkata**

We are conducting a survey on KAP of cardio-oncology, among doctors – especially members of ACOS, other cardiologists and oncologists practicing in India as well as different parts of the world. Here we present a snapshot of a few interesting results of the survey, during its interim report as on 20/12/20. At that time, there were a total 214 responses. The average age of the survey respondents was 45 years.

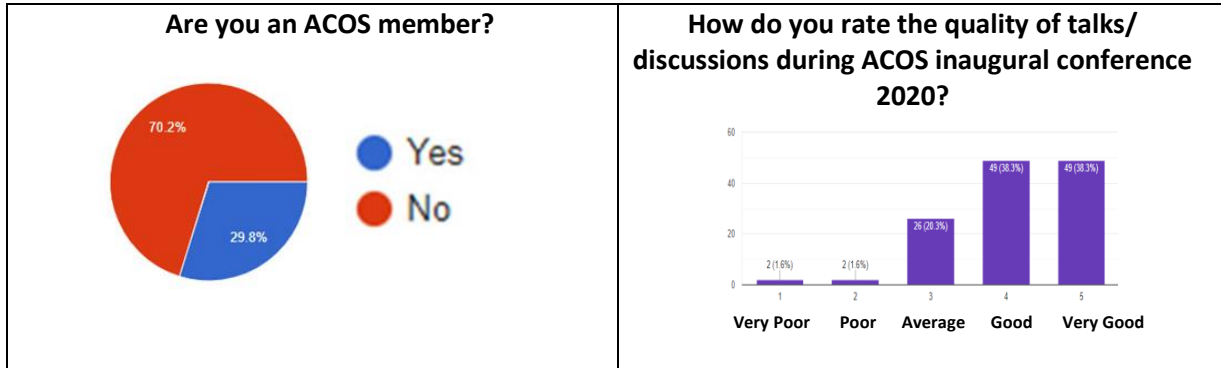
The top three speciality amongst the survey responders were medical oncology (87/215; 40.7%); cardiology (53/215; 23.4%); and radiation oncologists (43/215 20.1%).

Following are a few selected results that our members and the newsletter readers will find interesting (many questions were not compulsory):





ACOS Survey – Interim Report (2/2)



A full analysis and discussion will be presented once the survey is completed. **At present, the survey is still open. So, if you haven't participated yet, we encourage you to please click on the link below and provide us with your valuable opinion**

Interested colleagues can click on the link:

<https://docs.google.com/forms/d/e/1FAIpQLSc13BrGm7JNV6ZokYmIIL0suW1JRz07TVN6GFk88EnMF6zGmw/viewform>

ACOS Newsletter message



1. ACOS logo represents the inseparable relationship between cancer and the heart
2. The circle of Surya Namaskar represents the protective effect of yoga and exercise
3. Our mission is to make the patients cancer free but at the same time to create awareness among clinicians in protecting their heart function as well.

Dr Indu Bansal
Narayana Superspeciality Hospital, Gurugram



ACOS Monthly Seminar – First Wednesday of each month

ACOS Monthly Seminar		
First Wednesday of each month		
Series 1		
Wednesday * 6th January 2021 * 7 pm to 8:30 pm		
700	Welcome and ACOS Update	Dr Vivek Agarwala
704	Welcome to ACOS Newsletter	Dr Indu Bansal
Cardiac Imaging		
708	Basic cardiac imaging in cardio-oncology – Echocardiography with focus on how to do GLS	Dr Nitin Burkule
718	Advanced cardiac imaging in cardio-oncology including cardiac MR	Dr Elizabeth Joseph
728	Q&A (on two imaging lectures)	
Debates		
	50-year-old female with borderline cardiac fitness requiring curative treatment for locally advanced breast cancer	
	Oncology Component of Debate - "Anthracycline based chemotherapy is essential for achieving best outcomes and it is worth taking the risk"	
734	For the motion	Dr Vamshi Krishna
744	Against the motion	Dr Joydeep Ghosh
	Cardiology component of Debate - "GLS is mandatory for monitoring treatment of this patient"	
754	For the motion	Dr Navin Mathew
804	Against the motion	Dr Deepak Padmanabhan
814	Remarks on the debates - Chairperson Scientific Committee	Dr Sheela Sawant
818	Q&A (On the two debates)	
822	Update on joint ACOS session during 15 th SAARC Federation of Oncologists Conference	Dr Purvish Parikh
825	Suggestions from ACOS Members & Participants	Dr Vivek Agarwala
Next monthly ACOS Seminar on Wednesday 3rd February 2021		



ACOS recommendations

Protocol for Transthoracic Echocardiography in Oncology patients (to assess cardiotoxicity in research protocols):

Compiled by Dr Hemant Madan

Director & Senior Consultant,

Dept. of Cardiology,

Narayana Superspeciality Hospital, Gurugram



1. Timing of echocardiography in relationship to chemotherapy protocol
 - a. Number of chemotherapy cycles completed
 - b. Date of last chemotherapy cycle
 - c. Chemotherapy agents used
2. Timing of echocardiography in relationship to last radiotherapy
 - a. Start date and end date of radiotherapy
 - b. Total dose and dose per Fractions
3. Protocol for echocardiography:
 - a. Systolic Function:
 - i. Global LV systolic function:
 1. LV ejection fraction
 2. RV ejection fraction
 3. LV cavity size – diastolic and systolic
 4. MAPSE
 5. TAPSE
 6. Aortic velocity time integral
 - ii. Regional LV Systolic function – wall motion abnormality
 - b. Diastolic Function
 - i. Mitral valve inflow pattern
 - ii. LA size
 - iii. Strain pattern
 1. Global strain pattern
 2. Regional / segmental strain pattern
 3. Bulls eye plot
 - c. Valve abnormalities:
 - i. Mitral regurgitation
 - ii. Tricuspid regurgitation
 - iii. Aortic Valve
 - iv. Pulmonary Valve
 - d. Pulmonary artery hypertension - Peak systolic PA pressure by TR
 - e. Specifically look for and report pericardial effusion, vegetations, intracardiac thrombi

MAPSE – mitral annular plane systolic excursion; TAPSE – tricuspid annular plane systolic excursion; TR – Tricuspid regurgitation jet



Recent breakthroughs in Cardio-Oncology (1/2)



**Compiled by Dr Anuprita Daddi
Associate Professor &
Internal Medicine Specialist
Tata Memorial Hospital, Mumbai**

1. We congratulate Dr Susan F Dent for bringing out 1st edition of Practical Cardio-Oncology this year (2020) as its editor
2. Approaches to management of cardiovascular morbidity in adult cancer patients – cross-sectional survey among cardio-oncology experts by E. Hedayati et al shows that heterogeneity in management and treatment decisions exists across the world – resulting in differences in standard of care, a real-world problem.
3. COMP (cardio-oncology multidisciplinary practice) meeting was held in Houston Texas, January 2020 with 150+ participants.
4. Cardiotoxicity of Chemotherapy
 - a. Cardiotoxicity Surveillance and Risk of Heart Failure During HER2 Targeted Therapy by Anthony F et al showed that abnormal LVEF <55% detected during routine surveillance is a powerful indicator for high risk of development of HF during HER2 targeted therapy. LVEF decline detected on routine surveillance can prevent HF without adversely impacting breast cancer outcomes.
 - b. Carfilzomib induced cardiotoxicity in a multiple myeloma patient by Arnold Méndez-Toro et al is a case report that documents severe congestive heart failure with positive myocardial injury biomarkers together with impaired LVEF and GLS, after treatment with carfilzomib.
 - c. Early and late anthracycline-induced cardiac dysfunction: echocardiographic characterization and response to heart failure therapy by Janine A. M. Kamphuis et al has three key findings: (1) the majority of patients presented with mild LV dysfunction without LV dilatation (2) the echocardiographic phenotype was not different in patients diagnosed with early or late ACD and (3) patients with an early ACD diagnosis and prompt initiation of HF treatment were more likely to have recovery of LV function.
 - d. Severe combined cardiac and neuromuscular toxicity from immune checkpoint blockade: an institutional case series by Puja Arora et al is a series of 8 cases from single institution confirming that toxicities from ICI therapy, termed irAEs, can occur with any ICI agent, and can manifest any time during or after therapy – including fulminant fatal cardiac toxicity, electrical dysfunction, acute coronary syndrome, pericarditis, and acute systolic heart failure.



Recent breakthroughs in Cardio-Oncology (2/2)

5. The Novel Coronavirus Disease (COVID-19) Threat for Patients with Cardiovascular Disease and Cancer by Sarju Ganatra et al highlights interaction between three “Cs” COVID-19, Cancer and CVD.

6. Strain Imaging in Cardio-Oncology by Jennifer E. Liu et al is a useful primer having cases with embedded videos that illustrate a step-by-step approach to obtaining GLS measurements and common related pitfalls.

7. Patterns of Anticoagulation Use in Patients with Cancer with Atrial Fibrillation and/or Atrial Flutter by Michael G. Fradley et al was published in JACC and found that 44% of patients with cancer and AF or AFL who had an elevated risk of stroke but low risk of bleeding did not receive anticoagulation.

8. Cardiac Biomarkers During Cancer Therapy: Practical Applications for Cardio-Oncology by Jose A. Alvarez-Cardona et al has cases that illustrate how cardiac biomarkers may be used to guide clinical decision-making in cardio-oncology.

9. A case of irreversible bradycardia after rituximab therapy for diffuse large B-cell lymphoma was published by Nway Le Ko Ko and colleagues. Rituximab can affect cardiac conduction due to calcium channel property of CD20 antigen. Telemetry monitoring should be considered for patients who have baseline sinus node dysfunction or conduction abnormalities.

Joint SAARC Federation of Oncology – Asian Cardio Oncology Society Session | 24th January 2021 | 1 pm to 1:30 pm

Topic – TKIs and the Heart

Moderator – Dr Vivek Agarwala



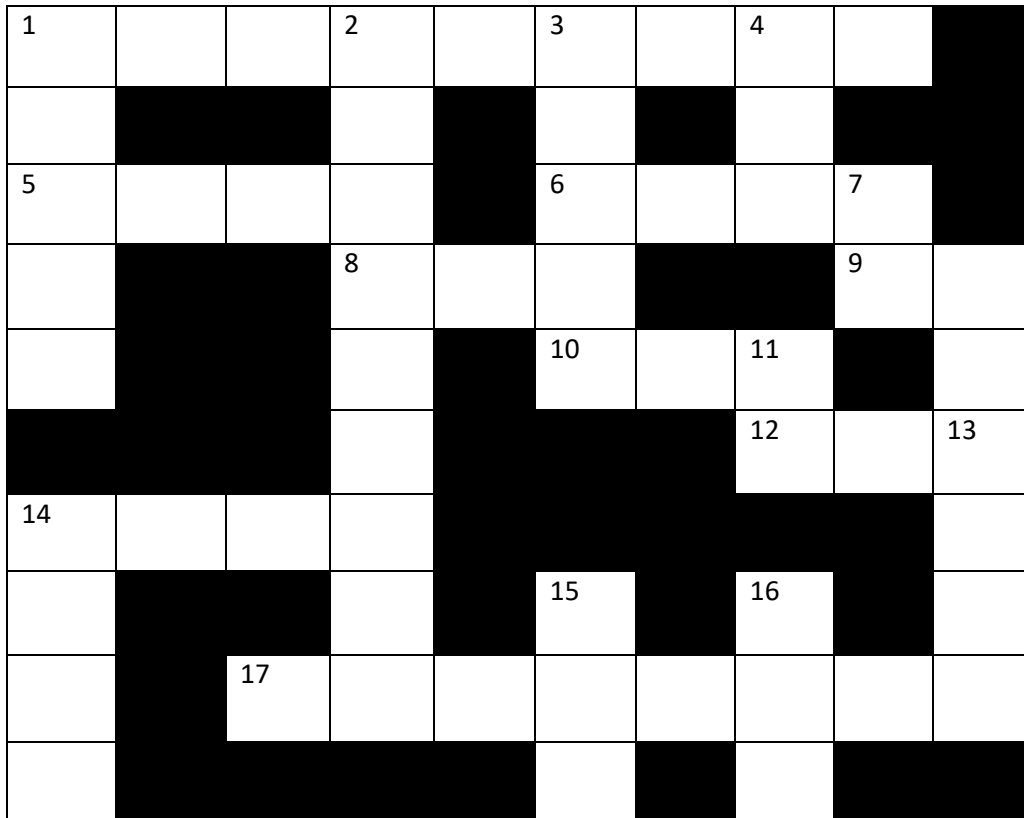
Registration Link below

https://us02web.zoom.us/meeting/register/tZluf-2rrDwoHNX6AP4B9L-cV43AU_uWeg



Brain Teaser – Crossword # 1 (1/2)

<p>Compiled by Dr Purvish Parikh, Medical Oncologist & Group Oncology Director Academic, Shalby Cancer & Research Institutes, India</p>	
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Clues Across:

1. Our society's website (8 alphabets with a "dot" in between)
5. Assuming that Immuno-Oncology drugs did not have any cardiotoxicity was ___ ___ ing to conclusions without proper evidence. (3)
6. First four letters of a chemotherapy agent that can cause congestive heart failure (4)
8. Acronym of oral targeted agent that causes QT prolongation (3)
9. When patients are required to fill QoL questionnaires it is called (2)
10. What inhibitors are used to protect the heart. (3)
12. At initial diagnosis of cancer, ___ ___ patients below age of 30 years have cardiac comorbidity. (3)
14. Acronym for biological agent used in breast cancer that commonly causes systolic heart failure. (4) (Also name of town where Arches National Park, USA is located)
17. Useful biomarker for monitoring patients for cardiotoxicity. (8)



Brain Teaser – Crossword # 1 (2/2)

Clues Down:

1. First name of cardio oncologist from UK who was recently nominated to Cardio Oncology Leadership Council of American College of Cardiology. (5)
2. Month in which ACOS was launched. (9)
3. Country to which ACOS honorary secretary belongs. (5)
4. Chemotherapy regimen that can cause acute coronary spasm is FOL ____. (3)
7. Most important end point for any clinical trial that provides level one evidence is ____. (2)
11. Common parameter in ECHO that is evaluated at baseline before commencing any therapy. (2)
13. ACOS monthly meetings are scheduled on first ____ esday. (4)
15. If Cardiotox study of Teresa Lopes comes up with an invention, to protect the intellectual property she will have to submit application to this authority (Acronym). (3)
16. Another biomarker commonly used to monitor cardiotoxicity. (3)

Key to the Crossword

			P		O							A
N		I	N	O	P	O	R	T				G
D			B		E		E					U
E							B	A	O			M
W	E		F				M					
			E	C	A		E					N
A	S				I	K	T					U
		O	X	O	D		P	M	U			J
			O		N		E					R
		O	F	N	I	.	S	O	C			A



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President

Purvish Parikh

Vice President

Hisham Ahamed

Chairperson Scientific Committee

Sheela Sawant

Honorary Secretary

Vivek Agarwala

Executive Committee

Arman Reza

Ajay Bapna

Hollis Dsouza

Jun Hua Chong

Rakesh Gopal

Randeep Singh

Taro Shiga

Venugopal Krishnan Nair

Chairperson Newsletter Committee

Indu Bansal

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Prafulla Kerkar

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Sri Lanka - Iqbal Ahamed

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USA - Avirup Guha

Representatives of Supporting Organizations

Amit Bhatt

Amit Joshi

Ghanashyam Biswas



ACOS Membership Form

First Name _____ Middle Initials _____

Last Name _____

City _____ WhatsApp _____

PIN _____ Mobile: _____

E mail: _____ @ _____

PAN Card No _____

Main Hospital Affiliation: _____

Main Designation: _____

1. Membership will be as per eligibility criteria and rules of Asian Cardio-Oncology Society.
2. Membership fees are Rs 2,500/- for the year 2021.
3. Submission of completed application form using google link is mandatory.

Payment to be made via net banking to:

Account Name : K C LLP A/c ACOS
Account Number : 5921-004-478-9221
Bank Name : HDFC Bank
Bank Branch : Prabhadevi Branch, 385 Veer Savarkar Road, Prabhadevi, Mumbai
400025
Bank IFSC Code : HDFC0000012

Signature _____

Date: _____ Place _____

**Membership request details MUST be filled online at
<https://forms.gle/umnXJGiqUSjamoAq6>**



ACOS Newsletter

www.acos.info

AsianCardioOncologySociety@gmail.com

Editor: Dr Indu Bansal

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COVID-19 Vaccine Webinar

Winning over the two Cs - COVID-19 & Cancer

12th January 2021 | 7 pm to 8:30 pm

Registration Link for the Webinar is below

https://us02web.zoom.us/meeting/register/tZEuceGgpzMrH93C1M_R1fxq_ai4PtU9il8

The Asian Cardio-Oncology Society Newsletter is Supported By

Eastern India's
No.1 Cancer Hospital
Narayana Superspeciality Hospital, Howrah



Source: Times Health Survey 2016, 2017 and 2018

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