

LEADERSHIP PAGE



Cardio-Oncology

Stronger Together



Richard J. Kovacs, MD, FACC, *President, American College of Cardiology*

Howard A. Burris III, MD, FASCO, *President, American Society of Clinical Oncology*

Cardiology and Oncology are specialties at an intersection. Both specialties have made enormous strides in the past 50 years in helping patients live longer and fuller lives. Mortality rates for cardiac disease have declined dramatically over that period (1). There are now 15 million cancer survivors in the United States alone, and that number is projected to exceed 20 million by 2026 (2). Diseases such as coronary artery disease and breast cancer are managed over decades, with the expectation of long-term survival. Now, the cardiology patient frequently intersects with the oncology patient, because in the seventh and eight decades of life and beyond, cardiac disease and cancer have similar rates of occurrence and increasingly affect the same patients (3). Our therapies intersect as well, with drugs and devices for cardiac patients and oncology patients exploiting similar mechanisms of action and molecular pathways. Finally, our specialty societies are learning from each other, as we face similar challenges in advocating for better care, in educating clinicians around the globe, and in providing value to our members.

The pace of change in the field is accelerating. The first mention of “cardio-oncology” in PubMed in 1989 has been followed by logarithmic growth in citations since the turn of the 21st Century. Clinical cardio-oncology programs are now present in most academic medical centers, in almost every state, and in many countries outside of the U.S., and the supply of trained cardio-oncologists is not meeting demand (4). The number of new cancer therapies in the development pipeline now numbers in the thousands, and the cardiovascular effects of these therapies are not yet characterized in large numbers of patients.

Our patients need us. Patients with cardiac disease who develop cancer, cancer patients with cardiovascular complications, and the caregivers for these patients all face major challenges. Any illness is accompanied by questions, worry about the future, and need for trusted clinicians to help navigate the patient and family through the maze that is modern medicine. Illness that requires multiple specialty clinicians adds the challenges of coordinating care, communicating within the team, and communicating with patients and families. Add in the challenge of dealing with patients who are living with cancer and facing long-term therapy and it is clear that cardio-oncology is a field that needs to center around the patient and design systems of care that minimize the burden on the patient by true care coordination.

The American College of Cardiology (ACC) and American Society of Clinical Oncology (ASCO) are similar specialty societies. Both organizations see a future where innovation and knowledge improve outcomes for patients. Both organizations have global presence, and are looked to for guidelines that synthesize evidence for practice. The ACC and ASCO are the premier educational providers for their specialties, and the entire care team. Both organizations seek to improve quality of life for patients and involve patients in decision making. Finally, the societies are trusted advocates for the best care.

It makes sense that the President of the ACC and President of the ASCO join together in recognition of the publication of an important new journal. The dissemination of new knowledge is a key function of our societies. As member-led organizations, the ACC and ASCO lead the fight to reduce morbidity and mortality of the 2 most common causes of

death in the United States. We stand shoulder to shoulder in the battle. We celebrate victories together and we mourn losses as colleagues. As we recognize the publication of the first edition of *JACC CardioOncology*, we celebrate a new tool to aid in the fight: to publish new knowledge, to educate our members, to foster debate, and to advance the frontiers of this growing field. Ultimately, we strive

to improve the quality of life for the patients we serve.

ADDRESS FOR CORRESPONDENCE: Dr. Richard J. Kovacs, American College of Cardiology, 2400 N Street NW, Washington, DC 20037, USA. E-mail: president@acc.org.

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