Protecting the hearts of patients with cancer

Ongoing research, new technology and the work of doctors like Dinesh Thavendiranathan at the Ted Rogers Centre for Heart Research, make it possible for women like Eleonora Vargas to continue life-saving cancer treatments.

By Judy Gerstel

ELEONORA VARGAS IS A NURSE. So she’s very matter-of-fact when she talks about her medical history and what happened last year: “I had a suspicious mass. A mammogram, ultrasound and biopsy showed that I had cancer. I wasn’t expecting it, I saw the oncologist the next day. On the 12th day after diagnosis, I began chemo. I think they were worried that it was aggressive.”

In April 2015, Mrs. Vargas underwent a bilateral mastectomy. Like her husband, Mr. Vargas, who is also a nurse, working in the Cardio Unit at the Peter Munk Cardiac Care Centre (PMCC). Before they emigrated from the Philippines 18 years ago, Mr. Vargas worked in his home province as a nurse in the prison system. Unlike many people without experience in health care, the couple understands the complexities between oncology and cardiology.

And yet, when Mrs. Vargas began having breathing difficulties, heart palpitations and a sinking heart while she was being treated for Stage 2B breast cancer, she horns that it was only from thechos that I was getting tired.” It’s cardiac. Many cancer patients think, and for good reason.

“One of the biggest challenges in cardio-oncology,” says PMCC Cardiologist Dr. Paaladinesh (Dinesh) Thavendiranathan, “is that the symptoms of cancer treatment overlap with the symptoms of the cardiac effect of cancer treatment.”

Cardio-oncology is a fairly new field of collaborative medicine. The name was coined about 20 years ago. It’s also referred to as onco-cardiology. Which medical specialty name comes down to the preference of the practitioner. “Many of us trained for a long time to be called cardiologists,” Dr. Thavendiranathan says wryly. The collaborative field evolved because advances in medical science have made it possible for cancer patients, especially breast cancer patients, to live longer.

One of the important chemotherapy drugs for treating breast cancer, as well as several blood failure cancers, is anthracycline which can lead to congestive heart failure in 2 to 3 per cent of survivors. But surviving cancer can bring its own problems.

“Patients are living long enough to have complications of treatment,” says Dr. Thavendiranathan, who is the Director of the Ted Rogers Program in Cardiotoxicity Prevention, Ted Rogers Centre for Heart Research (TRCHR). Mrs. Vargas is his patient. “He’s very easy to talk to. She’s a sweetheart and incredibly, eternally optimistic,” says PMCC Nurse Practitioner Linda Belford, who is part of the EMBRACE-MRI team following Mrs. Varga’s. “I think her husband does all the worrying.”

In the meantime, the knowledge, research and technology at the TRCHR has made it possible for women like Eleonora Vargas to continue their life-saving cancer treatments, while preventing debilitating damage to their hearts.

“One of the biggest challenges in cardio-oncology is that the symptoms of cancer treatment overlap with the symptoms of the cardiac effect of cancer treatment.”

While it’s too late for Mrs. Vargas, another clinical trial at the TRCHR, part of an international study, is looking at whether using drugs such as beta blockers and ACE inhibitors when subjects begin cancer treatment may be helpful.

“Many of us trained for a long time to be called cardiologists,” Dr. Thavendiranathan says wryly. The collaborative field evolved because advances in medical science have made it possible for cancer patients, especially breast cancer patients, to live longer. And one of the important chemotherapy drugs for treating breast cancer, as well as several blood failure cancers, is anthracycline which can lead to congestive heart failure in 2 to 3 per cent of survivors. But surviving cancer can bring its own problems.

“Patients are living long enough to have complications of treatment,” says Dr. Thavendiranathan, who is the Director of the Ted Rogers Program in Cardiotoxicity Prevention, Ted Rogers Centre for Heart Research (TRCHR). Mrs. Vargas is his patient. “He’s very easy to talk to. She’s a sweetheart and incredibly, eternally optimistic,” says PMCC Nurse Practitioner Linda Belford, who is part of the EMBRACE-MRI team following Mrs. Vargas. “I think her husband does all the worrying.”

In the meantime, the knowledge, research and technology at the TRCHR has made it possible for women like Eleonora Vargas to continue their life-saving cancer treatments, while preventing debilitating damage to their hearts.

ELEONORA VARGAS IS A NURSE. So she’s very matter-of-fact when she talks about her medical history and what happened last year: “I had a suspicious mass. A mammogram, ultrasound and biopsy showed that I had cancer. I wasn’t expecting it, I saw the oncologist the next day. On the 12th day after diagnosis, I began chemo. I think they were worried that it was aggressive.”

In April 2015, Mrs. Vargas underwent a bilateral mastectomy. Like her husband, Mr. Vargas, who is also a nurse, working in the Cardio Unit at the Peter Munk Cardiac Care Centre (PMCC). Before they emigrated from the Philippines 18 years ago, Mr. Vargas worked in his home province as a nurse in the prison system. Unlike many people without experience in health care, the couple understands the complexities between oncology and cardiology.

And yet, when Mrs. Vargas began having breathing difficulties, heart palpitations and a sinking heart while she was being treated for Stage 2B breast cancer, she horns that it was only from thechos that I was getting tired.” It’s cardiac. Many cancer patients think, and for good reason.

“One of the biggest challenges in cardio-oncology,” says PMCC Cardiologist Dr. Paaladinesh (Dinesh) Thavendiranathan, “is that the symptoms of cancer treatment overlap with the symptoms of the cardiac effect of cancer treatment.”

Cardio-oncology is a fairly new field of collaborative medicine. The name was coined about 20 years ago. It’s also referred to as onco-cardiology. Which medical specialty name comes down to the preference of the practitioner. “Many of us trained for a long time to be called cardiologists,” Dr. Thavendiranathan says wryly. The collaborative field evolved because advances in medical science have made it possible for cancer patients, especially breast cancer patients, to live longer. And one of the important chemotherapy drugs for treating breast cancer, as well as several blood failure cancers, is anthracycline which can lead to congestive heart failure in 2 to 3 per cent of survivors. But surviving cancer can bring its own problems.

“Patients are living long enough to have complications of treatment,” says Dr. Thavendiranathan, who is the Director of the Ted Rogers Program in Cardiotoxicity Prevention, Ted Rogers Centre for Heart Research (TRCHR). Mrs. Vargas is his patient. “He’s very easy to talk to. She’s a sweetheart and incredibly, eternally optimistic,” says PMCC Nurse Practitioner Linda Belford, who is part of the EMBRACE-MRI team following Mrs. Vargas. “I think her husband does all the worrying.”

In the meantime, the knowledge, research and technology at the TRCHR has made it possible for women like Eleonora Vargas to continue their life-saving cancer treatments, while preventing debilitating damage to their hearts.

“One of the biggest challenges in cardio-oncology is that the symptoms of cancer treatment overlap with the symptoms of the cardiac effect of cancer treatment.”

While it’s too late for Mrs. Vargas, another clinical trial at the TRCHR, part of an international study, is looking at whether using drugs such as beta blockers and ACE inhibitors when subjects begin cancer treatment may be helpful.

“Many of us trained for a long time to be called cardiologists,” Dr. Thavendiranathan says wryly. The collaborative field evolved because advances in medical science have made it possible for cancer patients, especially breast cancer patients, to live longer. And one of the important chemotherapy drugs for treating breast cancer, as well as several blood failure cancers, is anthracycline which can lead to congestive heart failure in 2 to 3 per cent of survivors. But surviving cancer can bring its own problems.

“Patients are living long enough to have complications of treatment,” says Dr. Thavendiranathan, who is the Director of the Ted Rogers Program in Cardiotoxicity Prevention, Ted Rogers Centre for Heart Research (TRCHR). Mrs. Vargas is his patient. “He’s very easy to talk to. She’s a sweetheart and incredibly, eternally optimistic,” says PMCC Nurse Practitioner Linda Belford, who is part of the EMBRACE-MRI team following Mrs. Vargas. “I think her husband does all the worrying.”

In the meantime, the knowledge, research and technology at the TRCHR has made it possible for women like Eleonora Vargas to continue their life-saving cancer treatments, while preventing debilitating damage to their hearts.

“One of the biggest challenges in cardio-oncology is that the symptoms of cancer treatment overlap with the symptoms of the cardiac effect of cancer treatment.”

While it’s too late for Mrs. Vargas, another clinical trial at the TRCHR, part of an international study, is looking at whether using drugs such as beta blockers and ACE inhibitors when subjects begin cancer treatment may be helpful.

“Many of us trained for a long time to be called cardiologists,” Dr. Thavendiranathan says wryly. The collaborative field evolved because advances in medical science have made it possible for cancer patients, especially breast cancer patients, to live longer. And one of the important chemotherapy drugs for treating breast cancer, as well as several blood failure cancers, is anthracycline which can lead to congestive heart failure in 2 to 3 per cent of survivors. But surviving cancer can bring its own problems.

“Patients are living long enough to have complications of treatment,” says Dr. Thavendiranathan, who is the Director of the Ted Rogers Program in Cardiotoxicity Prevention, Ted Rogers Centre for Heart Research (TRCHR). Mrs. Vargas is his patient. “He’s very easy to talk to. She’s a sweetheart and incredibly, eternally optimistic,” says PMCC Nurse Practitioner Linda Belford, who is part of the EMBRACE-MRI team following Mrs. Vargas. “I think her husband does all the worrying.”

In the meantime, the knowledge, research and technology at the TRCHR has made it possible for women like Eleonora Vargas to continue their life-saving cancer treatments, while preventing debilitating damage to their hearts.