Background

A relatively small number of physicians are involved in Cardio Oncology and this may have negative Public Health implications. In 2019 The American College of cardiology (ACC) Board of Governors awarded the Florida (F) Chapter and the Cardio Oncology (CO) Section a grant to survey cardiologists and oncologists about education and resources available in CO and establish an educational program to improve access to care. We subsequently:

- Started a Cardio Oncology Committee for Florida ACC Chapter with members from different geographic areas.
- Established a strong partnership with FLASCO (Florida Chapter of ASCO) for Cardiology-Oncology collaboration in combined programs.
- Completed an educational program in basic cardio oncology for FCACC and FLASCO members, delivered electronically through the state Chapter’s electronic platforms/websites.
- Completed Survey amongst 2,500 cardiologists and 2,800 oncologists in the state of Florida utilizing FCACC and FLASCO electronic platforms.
- These surveys showed lack of awareness and knowledge in CO and these same deficiencies are likely to occur in other states (Table 1).

Methods

We aim to establish a multi-state ACC network to amplify the ACC mission at the state and local level in order to increase physician participation through surveys, local targeted educational programs, and encourage collaboration with oncologists at both academic and nonacademic settings.

We seek to foster working relationships and partnerships at the local level, particularly outside of large academic medical centers.

Table 1. Florida Survey.

<table>
<thead>
<tr>
<th>Question in the Survey</th>
<th>Oncologists</th>
<th>Cardiologists</th>
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<tbody>
<tr>
<td>Very Comfortable treating Cardio-Oncology patients.</td>
<td>14%</td>
<td>16%</td>
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<td>Cardiologists services in their communities</td>
<td>46%</td>
<td>42%</td>
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<tr>
<td>Refers to Cardio-Oncology services if available</td>
<td>93%</td>
<td>34%</td>
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<tr>
<td>Excellent cooperation between Cardiologist and Oncology</td>
<td>34%</td>
<td>34%</td>
</tr>
<tr>
<td>Lack of local Cardio Oncology educational resources</td>
<td>64%</td>
<td>20%</td>
</tr>
<tr>
<td>Attended one or 1 educational session in CO (past 3 years)</td>
<td>65%</td>
<td>55%</td>
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Oncologist referral patterns:

- 58% of the oncologists consult general cardiology and 38% consult cardiology for evaluation of potential cancer treatment related cardio-toxicity (CT).

Frequency of Oncology treatment of Possible CT:

- Most common CT seen in oncology practices:
  - CHF: 35%
  - Arrhythmia/atrial fibrillation: 43%
  - Arterial and arteriovenous occlusion: 42%

Most common barriers to establishing a cardio-oncology program:

- Knowledge: 13%
- Cost: 14%
- Skills: 13%
- Lack of CO care: 16%
- Referral bias: 16%

Conclusions

A multi-state network can increase physician engagement in CO. The ability to integrate providers at the local and state level amplifies the reach of the ACC by engaging providers who take care of a large number of patients with cancer and heart disease. Partnership with state cancer societies will improve communication, and enhance collaboration in research and patient care. Non cardio oncologists who treat a large number of patients with cancer and heart disease may benefit from basic knowledge in this growing area.

Clinical Implications

Cardiovascular disease in cancer patients has large Public Health implications given the growing population of cancer survivors with cardiovascular disease/effects of cancer treatments. Increasing awareness and participation at the state level may improve access to CO care.