

HEALTH: DURBAN MAN IS AFRICA'S FIRST CARDIO-ONCOLOGIST

Take heart in the cancer fight

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DURBAN'S Dr Trishun YT Singh, 67, is Africa's first cardio-oncologist.

On Thursday, Singh confirmed that he had passed the board exam set by the International Cardio-Oncology Society (Icos) and had received his results last Friday – making him the first cardio-oncologist not only in South Africa, but in Africa.

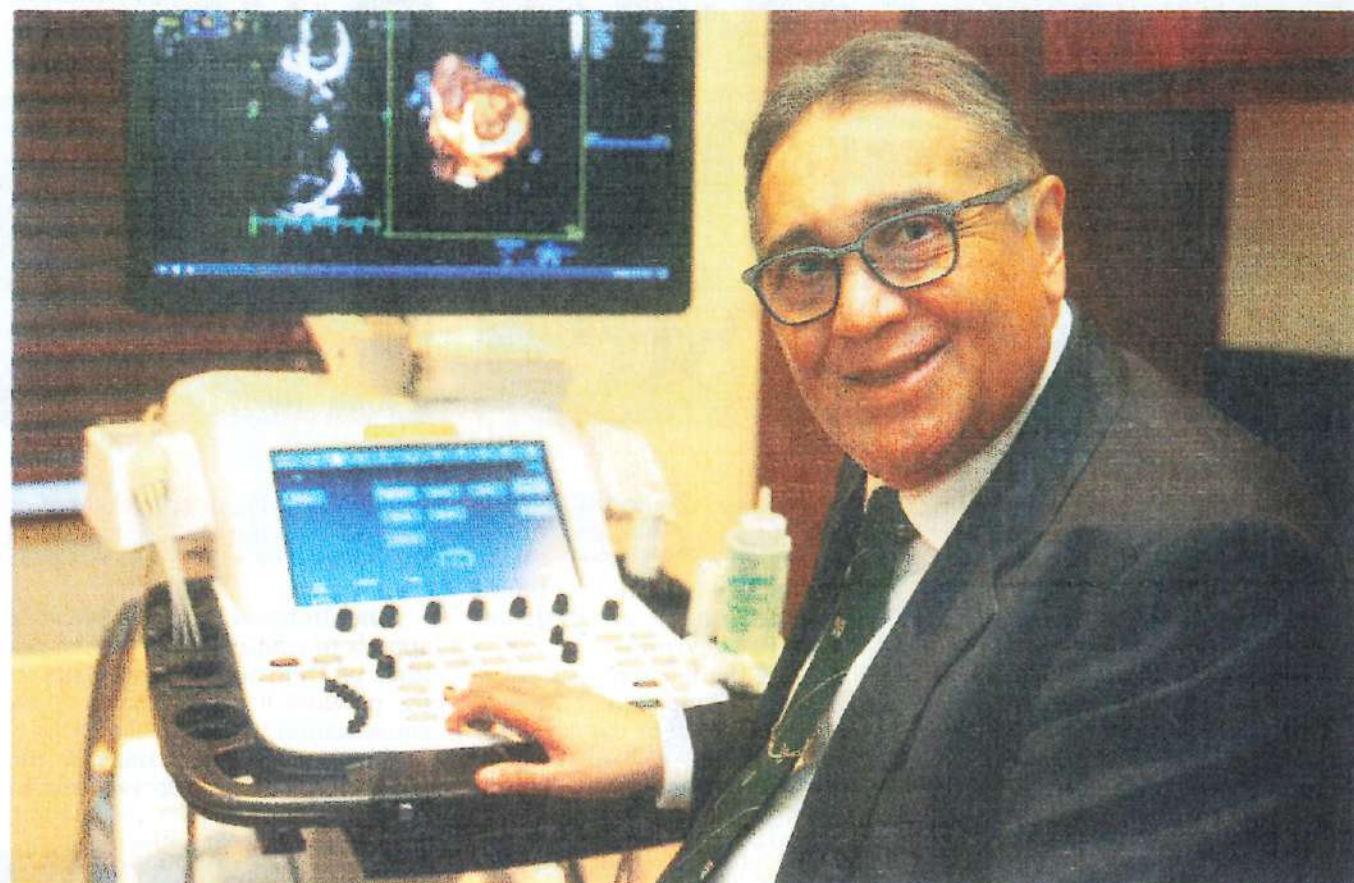
Cardio-oncology is a relatively new field and specialises in detecting and treating possible cardiovascular complications due to cancer drugs and radiotherapy.

Saying he was “absolutely elated” at having passed the exam, Singh said: “I started studying in April and was petrified to write this exam. I got up consistently at two in the morning and put in three to four hours before work. I got into the groove and started enjoying it. It allowed me to do some intense studying.

“My cardiology practice was quieter doing lockdown, so I could come home early. We would have an early supper and I could have some quality time with my wife, Camilla, before heading to bed by eight,” said Singh, adding that his wife advised him it was important to get a qualification in a field in which he was so passionate.

Singh was born in Durban and attended Sastri College. He started studying medicine at Wits University, and moved back to Durban to finish his undergraduate degree at the University of KwaZulu-Natal. This was due to his father having died in a car accident during his matric year in 1970.

He went on to specialise in cardiology, the field in which he has practised for 33 years. Then about eight years ago, he went to a cardiac conference overseas and attended an afternoon session on cardio-oncology.



DR TRISHUN Singh, who specialises in detecting and treating cardiovascular complications due to cancer treatments, has qualified as the first cardio-oncologist in Africa. | SHELLEY KJONSTAD African News Agency (ANA)

“My interest developed and I started attending cardio-oncology meetings, including London, Tel Aviv, Brazil and the US. There are 300 to 500 specialists around the world who attend these conferences and I started to know the leaders in the field. You think you will meet local colleagues at these meetings, then I realised I was the only one there from South Africa and in fact Africa.”

Seeing this gap in knowledge on the continent, Singh said his primary

goal was to raise awareness, particularly within the medical sector, of the link between cancer and heart conditions.

He said cancer treatments often resulted in heart complications later, sometimes years after the cancer has been cured. For example a patient with breast cancer treated with anthracyclines and radiotherapy may experience heart problems a few years later.

Singh's focus is on the early detection and treatment of cardiac complications of each patient, especially if

there is an underlying condition such as diabetes, hypertension, cholesterol and previous cardiac disease, before the cancer was diagnosed.

“This is a young speciality and there are many classes of cancer drugs which can have cardio-vascular effects affecting heart muscle, valves, arteries and cause heart rhythm abnormalities.

“My job is to pick up problems before they manifest.

“A baseline cardiovascular assessment must be done before

any cancer treatment starts. Cardio-oncology demands understanding the cancer drugs and the type of cancer being treated,” said Singh, adding that on-going assessment would continue during treatment and even after the all-clear for the cancer has been given, with heart complications sometimes only coming to the fore years later.

He has a particular concern for child cancer survivors, who research shows present with cardiovascular symptoms (heart failure, ischaemic heart disease) 10 years sooner than in children without cancer.

“Long-term cardiovascular surveillance for this group of patients is mandatory,” he said.

Singh added that many specialists were involved in treating different types of cancer, depending on where the cancer presented in the body, such as urologists (prostate), gynaecologists (breasts), neurologists (brain) and pathologists (blood).

“Every doctor involved with cancer care or working with cancer patients should understand the protocols and guidelines of cardio-oncology referral.”

In 2019, along with oncologist Dr Ines Buccimazza (breast and endocrine surgeon), Singh formed the Cardio-Oncology Society of Southern Africa, which is affiliated to Icos and held its first cardio-oncology meeting in Africa on March 7 in uMhlanga.

South Africa and the African continent lag behind in cardio-oncology compared to North America and Europe, with Singh adding that the society aims to teach doctors and increase membership.

“We would also like to advise the government, so we can bring this field into the public sphere and teach it in medical schools. At the moment there is no formal cardio-oncology programme at medical schools,” Singh said.