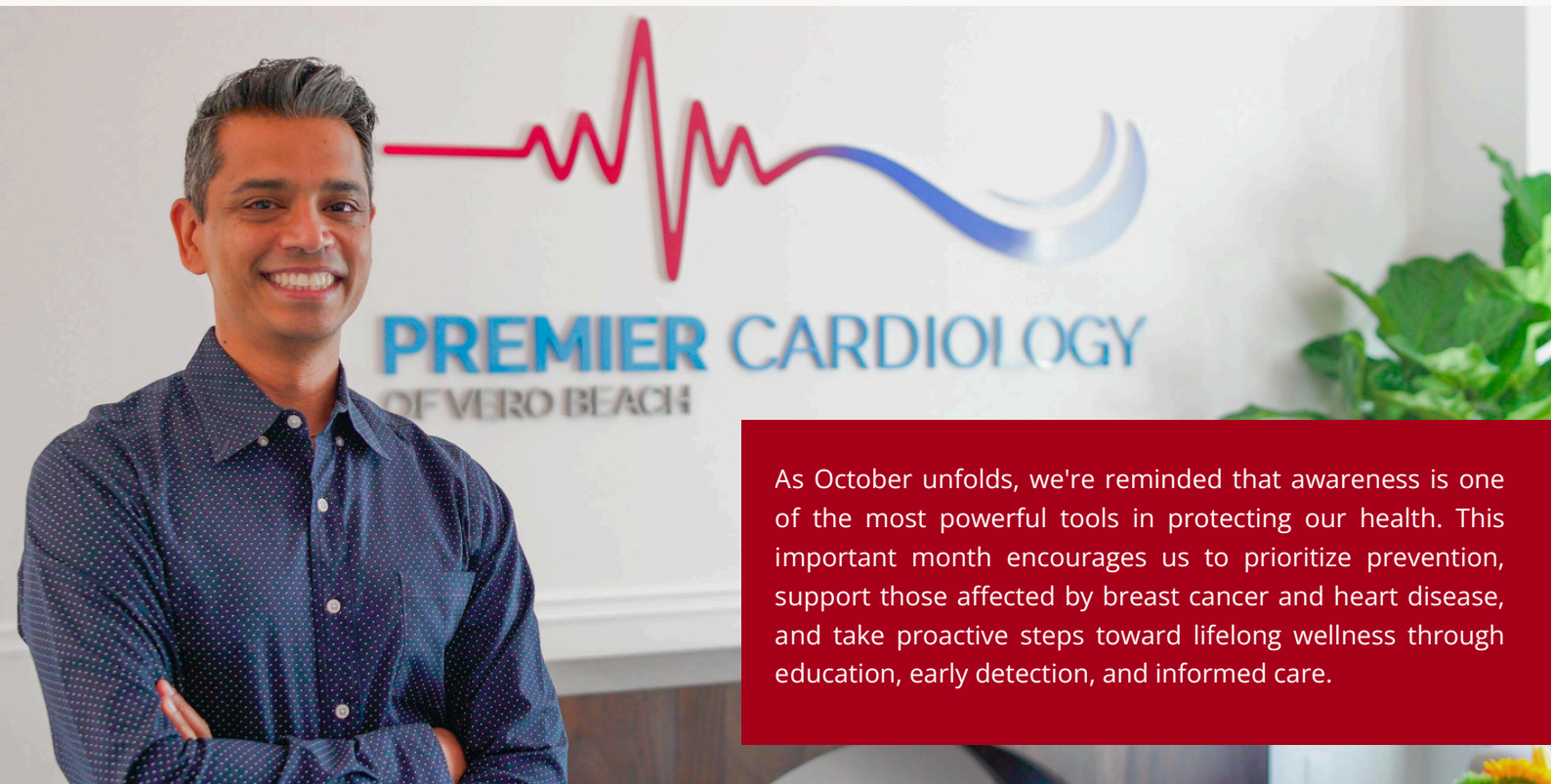


THE PREMIER PULSE

**Your Monthly Heart & Health Update from Premier
Cardiology of Vero Beach**



As October unfolds, we're reminded that awareness is one of the most powerful tools in protecting our health. This important month encourages us to prioritize prevention, support those affected by breast cancer and heart disease, and take proactive steps toward lifelong wellness through education, early detection, and informed care.

Last month we spent our time on prevention. Cholesterol numbers, calcium scores, the question of which heart scan belongs in which patient. This month we look at a different kind of patient entirely.

Cardio-oncology has been central to my work for years, and it started with a pattern I kept seeing. A patient would finish cancer treatment, ring the bell, celebrate with their family, and then show up in my office two or three years later with a heart that had quietly weakened while everyone was focused elsewhere. Nobody had done anything wrong. There simply was not a system watching for it.

There is now. That is what this field is. Cardiologists and oncologists working the same case, at the same time, with the same information, so that the treatment that saves a life does not shorten it somewhere else.

October gives us the right moment to talk about it. Breast cancer therapies are among the most studied for cardiac effects, and the survivorship population is large and growing. If you have been through treatment, or you are in it now, this issue is written for you.

I am also glad to introduce Sydney Banack-Bosetti, who joins us this month. She has spent the last decade caring for cardiac patients in this community, and our patients are going to feel the difference immediately.

As always, the most powerful thing you can do for your heart is stay informed, stay engaged, and stay in the conversation with your care team. If anything in this issue raises a question, that is exactly what your next visit is for.

— Dr. Vik Gongidi
Premier Cardiology of Vero Beach

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THIS MONTH'S CALL TO ACTION

Cancer treatment got better. That is the good news, and it is enormous. It is also the reason this issue exists.

Because as more people survive cancer, a second question arrives behind the first one. The therapies that save lives can be hard on the heart. Anthracyclines. Trastuzumab. Radiation to the chest. They work, and they carry a cost, and for years nobody was assigned to watch for it.

That is the field Dr. Gongidi has built his work around. It is called cardio-oncology, and it exists to make sure surviving cancer does not mean inheriting heart failure.

October is Breast Cancer Awareness Month, which makes this the right month to say it plainly. The American Heart Association put the point in writing in 2018: for older women, cardiovascular disease poses a greater mortality threat than breast cancer itself. Pink ribbons and red dresses are not competing campaigns. They are the same patient.

We also have someone new to introduce. Sydney Banack-Bosetti, DNP, APRN, FNP-C has joined the practice, and she brings a decade of Vero Beach cardiology with her.

Plus an autumn stew from the American Heart Association that runs 270 calories and 10 grams of fiber, and a short list of things worth doing before the month is out.

If you have been through cancer treatment, or someone you love has, read this one carefully.

Welcome to the Team: Sydney Banack-Bosetti, DNP, APRN, FNP-C

Premier Cardiology of Vero Beach is proud to welcome Sydney Banack-Bosetti, DNP, APRN, FNP-C, who joins our practice as a doctorate-prepared advanced practice registered nurse.



Sydney did not arrive at cardiology by accident. She started in nutrition, earning a Bachelor of Science in Dietetics and Nutrition from Florida State University before moving into nursing at the University of Miami. She completed her Master of Science as a Family Nurse Practitioner at Miami, then went on to earn her Doctor of Nursing Practice at the University of Florida, where she was inducted into the National Honors Society in 2018.

That path matters. It means prevention, nutrition education, and lifestyle modification are not an afterthought in her care. They are where she started.

Decade of This Community's Cardiac Care

Sydney has spent her entire clinical career caring for cardiac patients right here. She began as a Registered Nurse in the Intermediate Cardiac Care, Cardiac Step Down, and Clinical Decision Units at Indian River Medical Center. She then served nearly five years as an Advanced Registered Nurse Practitioner with Cleveland Clinic Indian River Cardiology, followed by five years with Baker Cardiology and Internal Medicine.

Her practice spans comprehensive assessment, physical examination, and diagnostic evaluation for both acute and chronic cardiovascular conditions, including ordering and interpreting laboratory data, imaging, and diagnostic procedures. She holds autonomous practice privileges from the Florida Board of Nursing and is board certified through the American Academy of Nurse Practitioners.

She Also Teaches

Since 2022, Sydney has served as faculty and clinical preceptor for Florida State University, supervising and mentoring physician assistant students in the clinical setting. She teaches patient assessment, diagnosis, and treatment planning, and guides students in developing the clinical reasoning that safe, ethical, evidence-based care requires.

She is a member of the American College of Cardiology, the American Association of Nurse Practitioners, and the Florida Coalition of Advanced Practice Nurses. She is certified in Basic Life Support and Advanced Life Support.

Welcome, Sydney.
Appointments with Sydney are available now.
Call (772) 494-0794 to schedule.

Medical Focus: Cardio-Oncology

Heart disease and cancer are the two leading causes of death in the United States. They are also, far more often than most patients realize, intertwined.

Modern cancer therapy has turned many once-terminal cancers into chronic, manageable diseases. That success created a new clinical problem. The drugs doing the saving can damage the heart, and until recently no specialty owned the job of watching for it.

Cardio-oncology is that specialty. It is built on a collaborative approach between cardiologists and oncologists to identify and manage cardiac risk before, during, and after cancer treatment.



The Problem: Cardiotoxicity

Chemotherapeutic agents including daunorubicin, trastuzumab, and proteasome inhibitors save lives, and they carry a cost. Up to 5 percent of cancer survivors develop chemotherapy-induced cardiomyopathy, a condition with a poor survival rate once it is established. The goal of this field is to never let it get established.

How We Catch It Early

- Advanced imaging. Tissue Doppler imaging and speckle tracking strain imaging have changed what is detectable. Myocardial strain technology can identify trouble roughly three months before it would show up as left ventricular dysfunction.
- Biomarkers. Troponin and BNP levels can serve as early indicators of cardiac dysfunction, particularly in patients receiving anthracycline therapy.
- Risk assessment before treatment starts. The goal is to know a patient's cardiovascular baseline before the first infusion, not after the damage.

What We Can Do About It

- Protocol adjustments. Dose adjustments and slow infusion methods reduce exposure without abandoning the treatment.
- Protective agents. Dexrazoxane has proven protective against anthracycline-induced toxicity, though it has limitations.
- Targeted cardiac therapy. ACE inhibitors and beta-blockers have been shown to decrease the incidence of heart failure in this setting.
- Anti-oxidative beta-blockers. There is no "safe dose" of anthracycline, but risk can be mitigated. Carvedilol and nebivolol are used to counteract cardiotoxicity, and statins and other novel agents are showing promise.

**This is not about treating cancer or treating heart disease.
It is about treating the patient.**

Read more at premiercardiologyvb.com/cardiooncology

MYTH Buster!

“Treatment is over, so the risk is over”

TRUTH: For some cancer therapies, the end of treatment is when the cardiac surveillance window opens, not when it closes. The 2022 ESC cardio-oncology guideline calls for a cardio-oncology team to coordinate long-term follow-up and surveillance planning after cancer therapy has finished.

Other common misconceptions:

“Cardio-oncology is only for people who already have heart problems.” → The guidelines say the opposite. Baseline cardiovascular risk assessment is recommended for every patient due to receive a potentially cardiotoxic anticancer therapy, regardless of cardiac history (Lyon et al., Eur Heart J, 2022).

“My ejection fraction is normal, so my heart is fine.” → Ejection fraction is a useful number and a blunt one. Speckle tracking strain imaging can detect changes roughly three months before they appear as left ventricular dysfunction. Normal EF today is reassuring. It is not a guarantee about next year.

“Breast cancer is the biggest health threat women face.” → Cardiovascular disease remains the leading cause of mortality in women, and for older women it poses a greater mortality threat than breast cancer itself (Mehta et al., Circulation, 2018). Screen for both. Fear neither into inaction.

The key takeaway: the two diagnoses are not separate files. They belong in the same chart, read by people who talk to each other.

Our Happy Patients



A new patient of Dr Gongidi and happy that I am. Had occasion to contact him after hours recently and the response was quick and reassuring. A truly caring physician. And support staff equally so. Glad I'm part of this practice.

J. Webs



Always greeted by the reception desk with courtesy and familiarity and always on time. The office is pleasant and has heart healthy snacks always available. I see NP Amanda Pressley who is exceptional. I feel well taken care of in this office

Barbara Carlin



Heart-Smart Recipe: Moroccan Lentil Stew with Butternut Squash

October earns a pot on the stove. This one is vegan, high in fiber, high in protein, low in sodium, and it makes eight generous servings, which means dinner tonight and lunch for the rest of the week.

Recipe courtesy of the American Heart Association | recipes.heart.org

Prep 15 min | Cook 45 min | Total 1 hour | Serves 8 | Serving size 1 1/2 cups

Ingredients

- 1 teaspoon canola oil OR 1 teaspoon corn oil
- 1 medium onion (yellow preferred), diced
- 2 garlic cloves, minced or 1 teaspoon jarred minced garlic (optional)
- 1 1/2 teaspoons ground cumin
- 1 1/2 teaspoons ground coriander
- 1 teaspoon ground cinnamon
- 1/2 teaspoon salt
- 1/4 teaspoon pepper
- 1 (2-pound) butternut squash, peeled, seeds and strings discarded, chopped into 1-inch cubes (about 4 cups) OR 1 (20-ounce) package frozen butternut squash cubes
- 5 cups low-sodium vegetable broth
- 1 (28-ounce) can no-salt-added diced tomatoes
- 1 (15-ounce) can no-salt-added lentils OR 3/4 cup dried lentils, sorted for stones and shriveled lentils, rinsed, and drained
- 3/4 cup chopped fresh cilantro
- 1 teaspoon grated lemon peel

Directions

1. In a large pot or Dutch oven, heat the oil over medium-high heat, swirling to coat the bottom. Cook the onion for 3 minutes, or until soft, stirring frequently.
2. Stir in the garlic, cumin, coriander, cinnamon, salt, and pepper. Cook for 1 minute, or until the garlic and spices are fragrant. Stir in the butternut squash, broth, tomatoes, and lentils.
3. Bring to a boil. Reduce the heat to low. Simmer, covered, for 40 minutes, or until the lentils are tender. Sprinkle with the cilantro and lemon zest.

Quick Tips from the AHA

- **Cooking tip:** ground cinnamon is not just for desserts. Consider adding it to stews and chilis for a touch of earthiness.
- **Keep it healthy:** if you cannot find no-salt-added canned lentils, opt for the dried version.
- **Substitution:** cubed acorn squash or sweet potatoes work in place of the butternut squash.

♥ Why it's heart-healthy:

- 270 calories, 17g protein, 10g dietary fiber, and 1.0g total fat per serving
- 310mg sodium and zero cholesterol, with no added sugars
- Carries the AHA's Heart Healthy and Low Sodium designations, and is vegan, high fiber, and high protein
- Dietary exchanges: 3 starch, 2 vegetable, 1 lean meat

Nutrition information reflects the American Heart Association's published values for this recipe.

👉 Get the full recipe [here](#)

This Month's Action Step

October asks two questions at once. Answer both.

This Month's Action Step

- ♥ Schedule the mammogram. National Mammography Day is October 16
- ♥ If you are in cancer treatment or have finished it, ask whether your regimen carries cardiac risk and whether a baseline assessment was done
- ♥ If you were treated with anthracyclines, trastuzumab, or chest radiation, ask us about a cardio-oncology evaluation
- ♥ Learn hands-only CPR. World Restart a Heart Day is October 16
- ♥ Book your first visit with Sydney Banack-Bosetti, DNP, APRN, FNP-C
- ♥ Make the stew. Eight servings, 270 calories, and the house will smell like October

If you're ready to take the next step, we're here to help.

📞 Schedule your Meet & Greet: (772) 494-0794

✉ info@premiercardiologyvb.com

🌐 www.premiercardiologyvb.com

Because the best care starts with awareness — and continues with action.

Warmly,

Dr. Vik Gongidi & the Premier Cardiology Team

Because every heartbeat matters.



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