Masci Scholar Personal Testimony

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Spending my elective in sports cardiology was an eye-opening experience that allowed me to witness not only the clinical nuances of athlete care, but also the broader systems that make such care possible. I am deeply grateful to AIHA and my Dr. Joseph R. Masci Legacy Project scholarship, which afforded me the privilege of immersing myself in the New York City healthcare environment and learning from a field that is still in its infancy in the Philippines. This opportunity gave me both knowledge and perspective: knowledge of the science and practice of sports cardiology, and perspective on how healthcare systems, resources, and values shape the way care is delivered.

One of the first things that struck me was how seamlessly integrated the healthcare system was. The online database allowed physicians, clinics, pharmacies, and hospitals to remain synchronized, with patients also having access to their results, including medical charts and the ability to message their doctors directly. This stands in stark contrast to the fragmented record systems I am used to in the Philippines, where hospitals may have their own databases, but local clinics often have their own, while some have none. It made me reflect on how much patient safety and continuity of care depend not only on medical expertise, but also on reliable infrastructure.

The referral network I observed was another point of comparison. In New York, a single cardiac patient may have a heart failure specialist, an electrophysiologist, an interventional cardiologist, and even a lipidologist. This ensures subspecialty expertise in every domain, but also requires the patient to navigate multiple appointments for what might be minor medication changes. In the Philippines, one or two cardiologists often shoulder all of these responsibilities. While this may mean less subspecialized input, it also makes the process more efficient for patients who otherwise would struggle with travel and cost. I realized that both systems have trade-offs: one risks fragmentation, the other risks under-specialization.

Dr. Patricia Guevarra outside Northwell Lenox Hill Hospital, where she completed and elective in sports cardiology in July 2025.

Diagnostics illustrated another systemic gap. Abroad, stress ECGs, echocardiograms, TEEs, nuclear scans, CCTA, and cardiac MRI are routinely available in the outpatient setting as covered costs through insurance. These allow for proactive diagnosis and prevent the progression of disease into hospitalization.

In the Philippines, many of these tests are reserved for inpatients or those who can afford private care. The difference, of course, is largely enabled by robust insurance systems abroad, supported by extensive documentation and administrative staff. Though burdensome, these checkpoints ensure that patients receive high-quality preventive care. The Philippines is envisioning something similar through the Universal Health Care Law but we are still grappling with the challenges of the law's implementation with lack of needed infrastructure to transition.

Clinically, one case that left a deep impression on me was of a patient with hypertrophic cardiomyopathy (HCM). In the past, patients with HCM were told to refrain from sports altogether, but I learned that the field has shifted toward shared decision-making. Through studies like LIVE-HCM, we now recognize that patients with HCM can continue to engage in sports with careful counseling and defined exercise parameters. This represented a broader philosophical shift in medicine: from restricting lives out of fear, to enabling patients to live fully with informed guidance. It was inspiring to see how this approach empowered patients to reclaim their passions in sports safely.

I also thought about how sports cardiology might develop in the Philippines. University hospitals, with their large athlete populations, are natural starting points for pre-participation screening programs.

Yet I realized how little local data we have, even on the incidence of sudden cardiac death among Filipino athletes. The risk factors for our population may also be different: high prevalence of hypertension, diabetes, and smoking at younger ages; the presence of congenital heart disease or Brugada syndrome; and socioeconomic barriers to consistent follow-up. Moreover, rheumatic heart disease (RHD) remains common in our country — a condition rarely addressed in international sports cardiology guidelines. This raises important questions about whether and how patients with RHD can participate in athletics.

These reflections reminded me that while it is vital to learn from global best practices, it is equally necessary to generate our own data and guidelines that respond to the unique needs of Filipinos.

Finally, my elective gave me space to explore future directions, particularly the role of technology. I presented on the potential application of artificial intelligence in sports cardiology research, especially in classifying premature ventricular contractions (PVCs) as benign or malignant. Such tools could help triage athletes who need further testing while reducing unnecessary anxiety for those with harmless findings. It was encouraging to imagine how technology could be leveraged not only in high-income countries but also adapted to resource-limited settings like ours, where efficiency and accessibility are crucial.

Scenes from the exercise stress lab at Northwell Lenox Hill Hospital in New York.

Looking back, I am filled with gratitude for the privilege of this experience. Without the support of my scholarship, I would not have been able to stand in one of the most advanced healthcare systems in the world, learn from experts in sports and preventive cardiology, and bring home insights that may someday shape my practice.

More than the knowledge of diagnostics or guidelines, what I take away is a vision: that sports cardiology is not just about preventing sudden death in athletes, but about helping people live active, meaningful lives despite their diagnoses. My hope is that I can carry these lessons forward, contributing to a version of sports cardiology that is not only world-class but also responsive to the realities and dreams of Filipino patients.