



## Supplementary material

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### Current Status of Cardio-Oncology in Spain: A National Multidisciplinary Survey

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##### National Cardio-oncology Working Group

To allow us to evaluate the current status of cardio-oncology in Spain, please, answer the following questions:

1. **Age:** \_\_\_\_\_ years old
2. **Sex:** ☐ Male ☐ Female
3. **Specialist:** ☐ Cardiologist ☐ Medical oncologist  
☐ Radiation oncologist ☐ Hematologist
4. **Professional Role:** ☐ Division chief ☐ Head of section  
☐ Attending physician
5. **Number of medical staff at your department:** \_\_\_\_\_
6. **Region:** \_\_\_\_\_
7. **Type of Institution:** ☐ Tertiary hospital ☐ Secondary hospital  
☐ Outpatient clinic ☐ County hospital
8. **Referral hospital population:** \_\_\_\_\_
9. **Number of beds:** \_\_\_\_\_
10. **Please indicate which of the following descriptions most accurately defines your current clinical cardio-oncology service:**
  - ☐ We have a structured cardio-oncology unit (COU).
  - ☐ We have a dedicated cardiologist in charge of the care of patients with cancer-related cardiovascular complications.
  - ☐ We do not have a structured COU.
  - ☐ None at present but we plan to add these services in the near future.

**11. In your opinion, what are the main barriers to the establishment of a COU in your center?**

- ☐ Other departmental priorities.
- ☐ Lack of funding.
- ☐ Absence of evidence-based guidelines and specialized attending physicians.
- ☐ Others (please specify): \_\_\_\_\_

**12. Do you think it is necessary to implement a structured network among different specialties involved in the care of cancer patients?**

Please score the perceived importance from 1 (least important) to 10 (most important).

1 2 3 4 5 6 7 8 9 10

**13. Do you think it is important to develop a standardized protocol for the follow-up of CV complications?**

Please score the perceived importance from 1 (least important) to 10 (most important).

1 2 3 4 5 6 7 8 9 10

**14. Do you consider it essential to identify and treat CV risk factors in cancer patients?**

Please score the perceived importance from 1 (least important) to 10 (most important).

1 2 3 4 5 6 7 8 9 10

**15. In patients scheduled to receive a potentially cardiotoxic treatment, do you perform a baseline cardiac assessment?**

- ☐ All patients are evaluated by a cardiologist.
- ☐ Patients are evaluated by a cancer specialist who decides whom to refer for cardiology consultation.
- ☐ Patients are only evaluated by a cancer specialist.
- ☐ Patients do not receive cardiac assessment at baseline.

**16. How important should monitoring patients for CV complications during cancer treatment be considered?**

Please score the perceived importance from 1 (least important) to 10 (most important).

1 2 3 4 5 6 7 8 9 10

**17. Are patients receiving cardiotoxic drugs monitored during treatment?**

- ☐ Yes, our institution has a specific protocol for cardiotoxicity.
- ☐ Yes, but monitoring is carried out without a specific protocol.
- ☐ No monitoring is done, patients are assessed only if symptoms appear.

**18. Different cardiac imaging techniques are currently available for the diagnosis of cardiotoxicity. Please indicate which techniques you use in routine clinical practice, their priority, and why.**

**a. Isotopic ventriculography (MUGA):**

- ☐ MUGA is used in your usual clinical practice.
- ☐ MUGA is not employed in your usual clinical practice.
- i. Priority (number your priority of use from 1 to 3, with 1 being the highest):
  - 1. ☐
  - 2. ☐
  - 3. ☐
- ii. If you use them, indicate the reason:
  - ☐ Availability in your center.
  - ☐ Scientific evidence.
  - ☐ Other (please specify): \_\_\_\_\_

**b. Echocardiography:**

- ☐ Echocardiography is used in your usual clinical practice.
- ☐ Echocardiography is not used in your usual clinical practice.
- i. Priority (number your priority of use from 1 to 3, with 1 being the highest):
  - 1. ☐
  - 2. ☐
  - 3. ☐
- ii. If you use them, indicate the reason:
  - ☐ Availability in your center.
  - ☐ Scientific evidence.
  - ☐ Other (please specify): \_\_\_\_\_

**c. Cardiac biomarkers (troponin, NT-proBNP):**

- ☐ Cardiac biomarkers are used in your usual clinical practice.
- ☐ Cardiac biomarkers are not used in your usual clinical practice.

i. Priority (number your priority of use from 1 to 3, with 1 being the highest):

- 1. ☐
- 2. ☐
- 3. ☐

ii. If you use them, indicate the reason:

- ☐ Availability in your center.
- ☐ Scientific evidence.
- ☐ Other (please specify): \_\_\_\_\_

**19. In relation to cancer patients who develop cardiac toxicity secondary to oncological treatments:**

☐ All are jointly evaluated by oncology, hematology, radiotherapy and cardiology to plan their treatment and follow-up.

☐ Only patients referred by the cancer specialist are evaluated by a cardiologist.

☐ Patients with cardiotoxicity are assessed only by the oncologist (hematologist or radiation oncologist) who decides on their treatment and follow-up.

☐ Other.

**20. How important is the impact of cancer treatment interruptions on cancer prognosis?**

Please score the perceived importance from 1 (least important) to 10 (most important).

1 2 3 4 5 6 7 8 9 10

**21. Do you believe long-term monitoring of cancer survivors for CV complications is valuable?**

Please score the perceived importance from 1 (least important) to 10 (most important).

1 2 3 4 5 6 7 8 9 10

**22. Please rate how strongly you agree with the following statement (1 = strongly disagree to 10 = strongly agree): "A structured network among specialties may improve the complex care of patients with cancer and cardiovascular disease".**

1 2 3 4 5 6 7 8 9 10

**23. Your institution has the following units or resources (you can check several options).**

- ☐ Cardiology department.
- ☐ Interventional cardiologist.
- ☐ Acute cardiovascular care unit.
- ☐ Critical care unit.
- ☐ Transplant program.
- ☐ Cardiac surgery department.

**24. Please estimate how many consultations (inpatient and outpatient) in the cardiology service at your institution are related to oncology patients.**

- ☐ < 100
- ☐ 100-500
- ☐ 500-1000

**25. Please estimate how many requests for echocardiography studies at your institution per year are related to oncology patients.**

- ☐ < 100
- ☐ 100-500
- ☐ 500-1000
- ☐ > 1000

**26. With regard to the previous question, what is the percentage of oncology requests in relation to the total number of echocardiograms performed by your cardiac imaging laboratory?**

- ☐ < 5%
- ☐ 5%-10%
- ☐ 10%-15%
- ☐ > 15%

**27. Please indicate the total number of new cancer cases attended annually at your department?**

- ☐ < 500
- ☐ 500-1000
- ☐ > 1000

**28. How many requests for cardiovascular imaging studies in cancer patients are performed at your institution?**

☐ < 100

☐ 100-500

☐ 500-1000

☐ > 1000

**Thank you so much for your help.**

**National Cardio-oncology Working Group**