**Supplemental Table.** Survey questions organized into themes with correct answers bolded.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Pre-Test****Percentage Correct\*****(n=42)** | **Post-Test Percentage Correct\*****(n=30)** | **p-value** |
| **OVERALL (22 questions)** | 68.8% + 10.3% | 79.2% + 16.2% | 0.009 |
| **Cancer treatment-related risks (6 questions)** | 71.8% + 17.1% | 84.2% + 18.3% | 0.008 |
| Dexrazoxane, an agent hypothesized to minimize cardiac injury and remodeling, has been shown to minimize risk for cardiotoxicity in the pediatric population[1-3].1. **True**
2. False
 | 48.8% | 82.8% | 0.020 |
| The risk for cardiac dysfunction decreases with time since treatment[4].1. True
2. **False**
 | 52.4% | 93.1% | 0.002 |
| Which of the following chemotherapies are most commonly associated with cardiac toxicities such as cardiomyopathy, arrhythmias, and subclinical left ventricular dysfunction[4, 5]?1. Alkylating agents
2. Antimetabolites
3. **Anthracycline antibiotics**
4. All of the above
 | 73.8% | 80.0% | 0.414 |
| Patients who are older at the time of exposure to anthracylines or radiation are more vulnerable to cardiac damage[4].1. True
2. **False**
 | 76.2% | 75.9% | 0.706 |
| Which of the following radiation fields involve the heart and place a patient at risk for cardiac late effects[4, 6, 7]?1. Chest and thorax
2. Hepatic
3. Mantle
4. Inverted Y
5. Total Body Irradiation
6. **All of the above**
 | 85.7% | 83.3% | 0.739 |
| All anthracyclines are equipotent milligram for milligram in terms of toxicity to the myocardium[4].1. True
2. **False**
 | 93.9% | 90.0% | 1.000 |
| **Patient-related risk factors (6 questions)** | 59.1% + 19.9% | 71.0% + 21.8% | 0.066 |
| Survivors in their 30s are more likely to develop obesity as measured by body mass index than their siblings[8, 9].1. True
2. **False**
 | 12.2% | 30.0% | 0.057 |
| Males are at higher risk for cardiac late effects[4].1. True
2. **False**
 | 55.0% | 63.3% | 0.739 |
| Which of the following cardiovascular risk factors/components of the metabolic syndrome increases the risk for cardiac dysfunction the most in survivors[9]?1. Obesity
2. Hyperlipidemia
3. **Hypertension**
4. Impaired glucose tolerance
 | 59.5% | 67.8% | 0.405 |
| African American patients are more at risk for cardiac late effects[4].1. **True**
2. False
 | 65.0% | 93.3% | 0.035 |
| In survivors who are at risk for congestive heart failure due to cardiotoxic cancer treatment, hypertension imparts an additional risk that is[9]:1. Less than additive
2. Additive
3. **More than additive**
 | 73.2% | 75.9% | 0.763 |
| Survivors in their 30s when compared to siblings are more likely to develop cardiovascular risk factors (metabolic syndrome)[8, 9].1. **True**
2. False
 | 97.6% | 96.4% | 0.317 |
| **Recommended Surveillance (3 questions)** | 49.6% + 26.7% | 66.7% + 27.7% | 0.025 |
| Patients who received ≥ 300 mg/m2 of anthracycline or < 300 mg/m2 of anthracycline and chest radiation who become pregnant need echocardiograms periodically during pregnancy especially during[4]:1. First trimester
2. Last trimester
3. During labor and delivery
4. A and C
5. **B and C**
6. All of the above
 | 19.1% | 41.4% | 0.134 |
|  What variables are used in the Children’s Oncology Group Long-Term Follow-Up Guidelines to determine the frequency of echocardiographic surveillance[10, 11]?1. Gender
2. Age at treatment
3. Current age
4. Radiation dose
5. Anthracycline dose
6. Previous echocardiogram showing dysfunction
7. D and E
8. C , D and E
9. **B, D, E and F**
10. All of the above
 | 45.2% | 56.7% | 0.405 |
| There is a web-based risk assessment tool that will calculate the risk for developing congestive heart failure by age 40 in survivors based on their demographics and cancer treatment[12].1. **True**
2. False
 | 85.4% | 100.0% | 0.025 |
| **Cardiac-specific Considerations (6 questions)** | 88.1% + 16.0% | 91.3% + 15.5% | 0.255 |
| Which of the following cardiac conditions are late effects of cancer treatment[4]?1. Cardiomyopathy/Congestive heart failure
2. Pericardial fibrosis
3. Valvular disease
4. Atherosclerotic heart disease
5. Arrhythmias
6. **All of the above**
 | 61.9% | 80.0% | 0.070 |
| Cancer survivors at high risk for cardiomyopathy with normal systolic function have been shown to have important differences in other measures that separate them from low risk patients. These include[13]:1. End Systolic Wall Stress (ESWS)
2. LVEDD
3. LV mass
4. Tissue doppler
5. **All of the above**
 | 75.6%  | 82.8% | 0.405 |
| In literature regarding cardiac surveillance of cancer survivors, the following serum biomarkers are elevated even in the absence of significant left ventricular dysfunction[14-16]:1. Galectin 3
2. Protein ST2
3. Troponin
4. **NT-proBNP**
 | 82.5% | 88.9% | 0.706 |
| High risk individuals should have aerobic exercise limitations in the absence of cardiomyopathy to prevent changes in wall thickness[17, 18].1. True
2. **False**
 | 83.3% | 85.7% | 0.414 |
| In long-term survivors of childhood cancer, a leading cause of morbidity and mortality – after cancer recurrence and secondary malignancies – is cardiovascular-related disease[19, 20]. 1. **True**
2. False
 | 97.6% | 100.0% | 0.326 |
| Given the intense physical demands of varsity athletics, cancer survivors at risk for cardiac late effects should be evaluated by a cardiologist prior to sports participation[21, 22].1. **True**
2. False
 | 100.0% | 96.4% | 0.317 |

\* Overall and theme percentages represent average percentage correct +/- standard deviation.

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