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

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| --- | --- | --- | --- |
|  | **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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