

CMO Survey - cardiac screening programs in elite sport

Consent

I have been provided with the participant information sheet (attached below) about the project 'Cardiac screening programs in elite sport survey'. I have been advised of the potential risks and burdens associated with this research, which include completing a 10 minute survey.

I understand that my participation in this research is voluntary, I am free to refuse to participate and I am free to withdraw from the research at any time. If I choose not to participate or withdraw consent it will not affect my treatment in anyway and/or my relationship with the University of Sydney.

If I have any enquiries about the research, I can contact Jessica Orchard (Ph. 02 8627 1664 or email: jessica.orchard@sydney.edu.au) who is conducting this research as part of her PhD thesis at the University of Sydney. If I have any concerns or complaints regarding the way the research is or has been conducted, I can contact the Manager, Human Research Ethics Committee, University of Sydney on phone (02) 8627 8176 or email ro.humanethics@sydney.edu.au.

1) Do you agree to participate in the research study?

- ☐ Yes, and happy for my sport to be named
- ☐ Yes, but please keep details of my sport's name anonymous in any publications
- ☐ No

2) Which sporting organisation are you Chief Medical Officer (CMO) of?

3) What is your primary specialty?

- ☐ Sport & Exercise Medicine
- ☐ Emergency Medicine
- ☐ General Practice
- ☐ Orthopedic Surgery
- ☐ Cardiology
- ☐ Other (please describe): _____

4) How many years have you been involved with your sporting organisation?

5) Does your sport have a formal cardiac screening policy?

- ☐ Yes
- ☐ No – If No, please proceed to question 15
- ☐ Unknown

6) Who issues the policy? (Tick all that apply)

- ☐ Elite organisation within Australia/New Zealand
- ☐ International Governing Body (e.g. ICC, FIFA, FINA)
- ☐ National Olympic Committee
- ☐ National Governing Body
- ☐ We refer to a generic policy, eg. Australasian College of Sport and Exercise Physicians (ACSEP) / Australian Institute of Sport (AIS)
- ☐ Unknown
- ☐ Other, please describe: _____

7) Who performs any cardiac screening for your sport's athletes? (Tick all that apply)

- ☐ Cardiologists
- ☐ Chief Medical Officer
- ☐ Other Medical Officers within your sporting organisation
- ☐ General Practitioners (GPs)
- ☐ Pathology nurses
- ☐ Other - please describe: _____

8) What is mandated? (Tick all that apply)

- ☐ Frequency of the cardiac screening
- ☐ Components of the cardiac screening (medical history, physical examination, electrocardiogram, etc.)
- ☐ Type(s) of health care providers who can perform the cardiac screening
- ☐ Guidelines for ECG interpretation
- ☐ Unknown
- ☐ Other, please describe: _____

Is screening... (select one)

- ☐ Mandatory with enforcement (e.g. no screen, no play)
- ☐ Mandatory but without enforcement
- ☐ Opt-out with written waiver
- ☐ Opt-out (oral only)
- ☐ Opt-in

9) Which type of athletes are covered by the policy?

- ☐ Adult elite athletes
- ☐ Junior elite athletes (please specify age at which screening starts: _____)
- ☐ Non-elite players

10) What cardiac screening components are included in the cardiac screening of your organisation's elite athletes (as *asymptomatic* screening – NOT as additional diagnostic testing)?

	All Athletes	Most Athletes	Some Athletes	No Athletes
Personal History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resting 12-Lead Electrocardiogram (ECG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11) How often is each component of the cardiac screening performed in your sport's elite athletes (as *asymptomatic* screening – NOT as additional diagnostic testing)?

	Not part of screening	Initial evaluation only (i.e. once per athlete per career)	More than initial evaluation but less often than annually (e.g. every 2+ years)	Annually
Personal History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resting 12-lead electrocardiogram (ECG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12) If screening ECGs are performed, which criteria are used to interpret the ECGs? (Tick all that apply)

- ☐ Not applicable (screening ECGs not performed)
- ☐ International Criteria (Sharma, 2017)
- ☐ European Society for Cardiology (Corrado, 2010)
- ☐ Stanford Criteria (Uberoi, 2011)
- ☐ Seattle Criteria (Drezner, 2013)
- ☐ Refined Criteria (Sheikh, 2014)
- ☐ Unknown
- ☐ At the discretion of each ECG reporter
- ☐ Other, please specify: _____

13) If cardiac screening tests are done (e.g., ECG, Echo, Stress test), how are these tests paid for? (Tick all that apply)

- ☐ Not applicable (cardiac screening tests not done)
- ☐ Private insurance
- ☐ Government-sponsored insurance
- ☐ National Governing Body
- ☐ National Olympic Committee
- ☐ Athlete pays personally
- ☐ Unknown
- ☐ Other, please specify: _____

14) If additional testing is required to evaluate an abnormal cardiac finding identified during the screening, how are these tests paid for? (Tick all that apply)

- ☐ Private insurance
- ☐ Government-sponsored insurance
- ☐ National Governing Body
- ☐ National Olympic Committee
- ☐ Athlete pays personally
- ☐ Unknown
- ☐ Other, please specify: _____

15) If your sport's elite athletes are not being screened with ECGs at regular intervals, what are the reasons? (Tick all that apply)

- ☐ Not applicable (athletes undergo ECG screening at regular intervals)
- ☐ Lack of access to ECG equipment
- ☐ Expense of performing and interpreting ECGs
- ☐ Lack of access to physician able to interpret ECGs
- ☐ Lack of consensus criteria for interpreting ECG in elite athletes
- ☐ Lack of evidence regarding cost-effectiveness of ECG screening
- ☐ Lack of consensus recommendations for follow-up testing for an abnormal ECG
- ☐ Lack of access to follow-up testing equipment
- ☐ Expense of performing follow-up testing for an abnormal ECG
- ☐ Lack of access to cardiologist able to guide and interpret follow-up tests
- ☐ Other, please specify: _____

16) Does your sport's periodic health evaluation include non-cardiac testing?

- ☐ No
- ☐ Yes. Please describe which other systems/tests are undertaken:

End of survey. Thank you very much for participating.