

Cardiac Allograft Vasculopathy Surveillance

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The ideal surveillance strategy for cardiac allograft vasculopathy in asymptomatic heart transplant patients is unclear. The purpose of this survey is to evaluate current institutional practice and clinician opinion.

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Demographics

1. Please enter the name of your heart transplant institution

2. Please enter your country of clinical practice

3. Please select your profession

- ☐ Cardiologist
- ☐ Surgeon
- ☐ Nurse
- ☐ Other (please specify)

4. Please select your number of years in independent practice in heart transplantation.

- ☐ <5 years
- ☐ 5-10 years
- ☐ >10 years

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Surveillance for CAV at your institution

For routine screening of *asymptomatic patients with normal graft function* post heart transplant:

5. Is surveillance (invasive or noninvasive) for CAV undertaken at your institution?

- ☐ Yes, only in the first year post-transplant
- ☐ Yes, only up to 2 years post-transplant
- ☐ Yes, only up to 5 years post-transplant
- ☐ Yes, only up to 7 years post-transplant
- ☐ Yes, only up to 10 years post-transplant
- ☐ Yes, only up to 15 years post-transplant
- ☐ Yes, life-long post-transplant
- ☐ No

6. At our institution, CAV surveillance (invasive or noninvasive) is performed

- ☐ At least annually
- ☐ Every 1-2 years
- ☐ Every 2 years
- ☐ Other frequency (please specify)

7. Is invasive coronary angiography undertaken for CAV surveillance at your institution? (please select one or more)

- ☐ No, coronary angiography is not available at our institution
- ☐ No, we do not have the resources
- ☐ No, we do not believe it is necessary
- ☐ No, due to the potential risk and discomfort to patients
- ☐ Yes

8. Is intracoronary imaging (e.g. IVUS, OCT) performed with invasive coronary angiography at your institution? (please select one or more)

- ☐ No, intracoronary imaging is not available at our institution
- ☐ No, we do not have the resources
- ☐ No, we do not believe it is necessary
- ☐ No, due to the potential risk and discomfort to patients
- ☐ Yes, always
- ☐ Yes, if clinically indicated or according to time post transplant as per our institutional protocol (please specify)

9. Which of the following noninvasive imaging modalities are available at your institution? (please select one or more)

- ☐ Dobutamine or exercise stress echo
- ☐ SPECT
- ☐ Perfusion PET
- ☐ Coronary CT angiography
- ☐ Perfusion cardiac MRI
- ☐ Other (please specify)

10. Is noninvasive imaging undertaken for CAV surveillance at your institution?

- ☐ Yes, mostly with dobutamine or exercise stress echo
- ☐ Yes, mostly with SPECT
- ☐ Yes, mostly with perfusion PET
- ☐ Yes, mostly with coronary CT angiography
- ☐ Yes, mostly with other modality
- ☐ No, noninvasive imaging has inadequate accuracy for detection of CAV
- ☐ No, we do not have the resources and/or expertise
- ☐ No, due to other reasons (please specify)

11. Why is the noninvasive imaging modality used for CAV surveillance at your institution the preferred modality? (please select one or more)

- ☐ Institutional expertise
- ☐ Cost efficiency
- ☐ Best supporting data on diagnostic and/or prognostic utility
- ☐ Patient safety/comfort
- ☐ Other (please specify)

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Your opinion on CAV surveillance

12. Do you believe CAV surveillance is important?

- ☐ Yes, only in the 1st year post-transplant
- ☐ Yes, only up to 2 years post-transplant
- ☐ Yes, only up to 5 years post-transplant
- ☐ Yes, only up to 7 years post-transplant
- ☐ Yes, only up to 10 years post-transplant
- ☐ Yes, only up to 15 years post-transplant
- ☐ Yes, life-long post-transplant
- ☐ No

13. Are you comfortable undertaking annual or biannual invasive coronary angiography for CAV surveillance in patients at low-risk for procedural related complications (e.g. without renal dysfunction)?

- ☐ Yes, only in the 1st year post-transplant
- ☐ Yes, only up to 2 years post-transplant
- ☐ Yes, only up to 5 years post-transplant
- ☐ Yes, only up to 7 years post-transplant
- ☐ Yes, only up to 10 years post-transplant
- ☐ Yes, only up to 15 years post-transplant
- ☐ Yes, life-long post-transplant
- ☐ No

14. Are you comfortable undertaking annual surveillance for CAV using non-invasive imaging *instead of* invasive coronary angiography?

- ☐ Yes, only after 1 year post-transplant
- ☐ Yes, only after 2 years post-transplant
- ☐ Yes, only after 3 years post-transplant
- ☐ Yes, only after 4 years post-transplant
- ☐ Yes, only after 5 years post-transplant
- ☐ Yes, only after 6 years post-transplant
- ☐ Yes, only after 7 years post-transplant
- ☐ Yes, at any time post-transplant
- ☐ No

15. If only noninvasive imaging surveillance for CAV is available, would you be comfortable using

- ☐ Only dobutamine/exercise stress echo
- ☐ Only SPECT
- ☐ Only perfusion PET
- ☐ Only coronary CT angiography
- ☐ Any available modality including stress echo, SPECT, perfusion PET or coronary CT angiography

16. Which of the following outcome measures do you believe are important in the evaluation of a noninvasive surveillance strategy for CAV? (please select one or more).

- ☐ All-cause mortality
- ☐ Cardiovascular mortality
- ☐ Retransplantation
- ☐ Myocardial infarction
- ☐ Revascularization
- ☐ Allograft dysfunction
- ☐ CAV with heart failure
- ☐ Patient satisfaction
- ☐ Cost