### Table 1: Survey results multiple choice questions

#### 1. Gender

| Gender | Value |
|--------|-------|
| Male   | 44.0%  |
| Female | 56.0%  |

#### 2. Type of hospital

| Hospital Type | Value |
|---------------|-------|
| General       | 27.6%  |
| Private clinic| 10.0%  |
| Emergency     | 20.0%  |
| Unspecified   | 32.4%  |

#### 3. Years of experience

| Years | Value |
|-------|-------|
| <1    | 20.0%  |
| 1-5   | 40.0%  |
| 6-10  | 20.0%  |
| >10   | 20.0%  |

#### 4. Did you consult a colleague?

| Consultation | Value |
|--------------|-------|
| Yes          | 59.1%  |
| No           | 40.9%  |

#### 5. Is there a multidisciplinary cardio-oncology clinic in your hospital?

| Clinic          | Value |
|-----------------|-------|
| Yes             | 59.1%  |
| No              | 40.9%  |

#### 6. How many new cancer patients do you treat per month?

| Frequency | Value |
|-----------|-------|
| 1-5       | 69.0%  |
| 6-10      | 17.2%  |
| >10       | 3.0%   |

#### 7. What is an important aim of the suppression of cardiac toxicity?

| Aim | Value |
|-----|-------|
| Primary prevention | 59.1%  |
| Secondary prevention | 40.9%  |

#### 8. Is, in your opinion, monitoring for cardiotoxic side effects of cancer therapy relevant for the long-term health of cancer patients?

| Monitoring | Value |
|------------|-------|
| Yes        | 59.1%  |
| No         | 40.9%  |

#### 9. In your opinion, what is an acceptable risk for cardiotoxicity in cancer patients with curative-intent treatment?

| Risk Period | Value |
|-------------|-------|
| During cancer treatment | 59.1%  |
| Within 1 year after cancer treatment | 40.9%  |

#### 10. Which screening tools do you currently use to detect cardiotoxicity? (select all that apply)

| Tools | Value |
|-------|-------|
| 3D advanced echocardiography (GloS and VTI) | 71.4%  |
| CMR with mapping sequences | 59.1%  |
| Cardiac biomarker testing (NT proBNP or TropoI) | 63.6%  |
| ECG | 63.6%  |
| Other | 40.9%  |

#### 11. Which clinical scenarios would you usually decide to use cardiac imaging (select all that apply)

| Scenarios | Value |
|-----------|-------|
| More than 15% reduction in LVEF or absolute reduction of more than 10% to a value below 53% | 69.7%  |
| Between 5 and 10% reduction in LVEF or absolute reduction of more than 10% to a value below 53% | 30.3%  |

#### 12. Based on your clinical experience, when are cancer patients reaching cardiovascular endpoints at highest risk to develop cancer therapy-related cardiac dysfunction?

| Risk Period | Value |
|-------------|-------|
| During cancer treatment | 59.1%  |
| Within 1 year after cancer treatment | 40.9%  |

#### 13. What do you consider the highest risk to develop cancer therapy-related cardiac dysfunction?

| Risk | Value |
|------|-------|
| No evidence of coronary artery disease | 59.1%  |
| No evidence of left ventricular dysfunction | 40.9%  |

#### 14.  What is in your opinion an acceptable risk for cardiotoxicity in cancer patients with curative-intent treatment

| Risk Period | Value |
|-------------|-------|
| During cancer treatment | 59.1%  |
| Between 5 and 10% reduction in LVEF or absolute reduction of more than 10% to a value below 53% | 40.9%  |

#### 15. Based on your clinical experience, when are cancer patients reaching cardiovascular endpoints at highest risk to develop cancer therapy-related cardiac dysfunction?

| Risk Period | Value |
|-------------|-------|
| During cancer treatment | 59.1%  |
| Within 1 year after cancer treatment | 40.9%  |

#### 16. Based on your opinion, when is a potential cardiovascular endpoint considered as an indication for cardiac imaging?

| Risk | Value |
|------|-------|
| An absolute LVEF reduction of more than 15% to a value below 53% or a relative GLS reduction of more than 10% to a value below -19% | 69.7%  |
| No evidence of cardiovascular disease | 30.3%  |

#### 17. Do you use CMR with mapping sequences to assess therapy related cardiac dysfunction?

| Use | Value |
|-----|-------|
| Yes | 69.7%  |
| No  | 30.3%  |

#### 18. Do you consider (at least) one imaging test at the start of chemotherapy?

| Test | Value |
|------|-------|
| ECG  | 59.1%  |
| CMR  | 40.9%  |
| Other | 40.9%  |

#### 19. How many years of experience do you have with CMR with mapping sequences?

| Experience | Value |
|------------|-------|
| <5         | 69.7%  |
| 5-10       | 30.3%  |
| >10        | 69.7%  |

#### 20. Do you refer patients to a cardiovascular specialist for any of the following indications?

| Indications | Value |
|-------------|-------|
| Ischemic heart disease | 59.1%  |
| Valvular heart disease | 40.9%  |

#### 21. How many years of experience do you have with CMR with mapping sequences?

| Experience | Value |
|------------|-------|
| <5         | 69.7%  |
| 5-10       | 30.3%  |
| >10        | 69.7%  |

#### 22. Based on your opinion, what is the most appropriate imaging test to assess therapy related cardiac dysfunction?

| Test | Value |
|------|-------|
| ECG  | 69.7%  |
| CMR  | 30.3%  |
| Other | 6.9%   |

#### 23. Do you use CMR with mapping sequences to assess therapy related cardiac dysfunction?

| Use | Value |
|-----|-------|
| Yes | 69.7%  |
| No  | 30.3%  |

#### 24. Do you consider (at least) one imaging test at the start of chemotherapy?

| Test | Value |
|------|-------|
| ECG  | 59.1%  |
| CMR  | 40.9%  |
| Other | 40.9%  |

#### 25. How many years of experience do you have with CMR with mapping sequences?

| Experience | Value |
|------------|-------|
| <5         | 69.7%  |
| 5-10       | 30.3%  |
| >10        | 69.7%  |

#### 26. Do you refer patients to a cardiovascular specialist for any of the following indications?

| Indications | Value |
|-------------|-------|
| Ischemic heart disease | 59.1%  |
| Valvular heart disease | 40.9%  |

#### 27. How many years of experience do you have with CMR with mapping sequences?

| Experience | Value |
|------------|-------|
| <5         | 69.7%  |
| 5-10       | 30.3%  |
| >10        | 69.7%  |

#### 28. Based on your opinion, what is the most appropriate imaging test to assess therapy related cardiac dysfunction?

| Test | Value |
|------|-------|
| ECG  | 69.7%  |
| CMR  | 30.3%  |
| Other | 6.9%   |

#### 29. Do you use CMR with mapping sequences to assess therapy related cardiac dysfunction?

| Use | Value |
|-----|-------|
| Yes | 69.7%  |
| No  | 30.3%  |

#### 30. Do you consider (at least) one imaging test at the start of chemotherapy?

| Test | Value |
|------|-------|
| ECG  | 59.1%  |
| CMR  | 40.9%  |
| Other | 40.9%  |

#### 31. How many years of experience do you have with CMR with mapping sequences?

| Experience | Value |
|------------|-------|
| <5         | 69.7%  |
| 5-10       | 30.3%  |
| >10        | 69.7%  |

#### 32. Do you refer patients to a cardiovascular specialist for any of the following indications?

| Indications | Value |
|-------------|-------|
| Ischemic heart disease | 59.1%  |
| Valvular heart disease | 40.9%  |

#### 33. How many years of experience do you have with CMR with mapping sequences?

| Experience | Value |
|------------|-------|
| <5         | 69.7%  |
| 5-10       | 30.3%  |
| >10        | 69.7%  |

#### 34. Based on your opinion, what is the most appropriate imaging test to assess therapy related cardiac dysfunction?

| Test | Value |
|------|-------|
| ECG  | 69.7%  |
| CMR  | 30.3%  |
| Other | 6.9%   |

#### 35. Do you use CMR with mapping sequences to assess therapy related cardiac dysfunction?

| Use | Value |
|-----|-------|
| Yes | 69.7%  |
| No  | 30.3%  |

#### 36. Do you consider (at least) one imaging test at the start of chemotherapy?

| Test | Value |
|------|-------|
| ECG  | 59.1%  |
| CMR  | 40.9%  |
| Other | 40.9%  |

#### 37. How many years of experience do you have with CMR with mapping sequences?

| Experience | Value |
|------------|-------|
| <5         | 69.7%  |
| 5-10       | 30.3%  |
| >10        | 69.7%  |

#### 38. Do you refer patients to a cardiovascular specialist for any of the following indications?

| Indications | Value |
|-------------|-------|
| Ischemic heart disease | 59.1%  |
| Valvular heart disease | 40.9%  |
21. Would you like additional training on cardio-oncological care? (select all that apply)

Yes, especially examples from clinical practice 23 (34.8%)  10 (15.2%)  9 (13.6%)  9 (13.6%)  44 (23.2%)
Yes, especially regarding current guidelines for this population 60 (90.6%)  13 (19.7%)  10 (15.2%)  24 (36.4%)  92 (48.4%)
Yes, training regarding cardio-oncological care should be a part of the medical specialist training programme 25 (37.9%)  11 (17.2%)  10 (15.2%)  13 (19.7%)  58 (31.1%)
No, we have a cardio-oncologist who monitors and treats these patients 6 (9.1%)  4 (10.3%)  1 (3.4%)  1 (3.4%)  11 (5.8%)
No, I have sufficient knowledge 2 (3.0%)  0 (0.0%)  0 (0.0%)  2 (3.0%)  4 (2.1%)
No, I don't have any clinical experience with these patients but I would consult a cardio-oncology colleague if necessary 3 (4.5%)  4 (13.8%)  1 (3.4%)  3 (4.5%)  11 (5.8%)

22. In my hospital oncology and cardiology professionals easily contact each other if needed

Agree, we have a cardio-oncology multidisciplinary meeting 17 (25.8%)  2 (6.9%)  4 (13.8%)  1 (3.4%)  23 (12.1%)
Agree, oncologist consult cardiologists if there is a cancer patient that requires cardiac monitoring 30 (45.5%)  21 (72.4%)  15 (51.7%)  23 (12.1%)  89 (46.8%)
Disagree, no cardio-oncological care is performed. During active cancer treatment there is no focus on detecting potential cardiotoxicity Other, namely... 7 (10.6%)  0 (0.0%)  1 (3.4%)  5 (7.6%)  13 (6.8%)

23. Should cardiac monitoring of cancer patients be a priority in your opinion? (Select all that apply)

Yes, early detection of cardiotoxicity is relevant for long-term cancer and cardiovascular health 49 (65.2%)  13 (44.8%)  11 (37.9%)  28 (42.4%)  95 (50.0%)
Yes, but it is the responsibility of cardiologists to diagnose and treat cardiotoxicity in cancer patients in a timely manner 11 (16.7%)  1 (3.4%)  2 (6.9%)  4 (6.1%)  18 (9.5%)
Yes, but it is the responsibility of oncologists to refer cancer patients with symptoms of cardiotoxicity 24 (36.4%)  11 (37.9%)  9 (31.0%)  14 (24.2%)  60 (31.6%)
No, morbidity and mortality related to cardiotoxicity of cancer therapy remains unclear 2 (3.0%)  3 (10.3%)  3 (10.3%)  2 (3.0%)  10 (5.3%)
No, for cancer patients potential cardiotoxicity of cancer therapy is not a priority 2 (3.0%)  0 (0.0%)  0 (0.0%)  2 (3.0%)  2 (1.1%)

24. What is needed to improve cardio-oncological care in your hospital?

Dedicated cardio-oncologist 14 (21.2%)  11 (17.2%)  7 (24.1%)  17 (27.6%)  49 (25.8%)
Multidisciplinary meeting cardio-oncology 27 (40.9%)  2 (6.9%)  5 (17.2%)  6 (10.3%)  38 (20.0%)
More imaging capacity (Especially echocardiography and CMR) 24 (36.4%)  5 (17.2%)  7 (24.1%)  0 (0.0%)  36 (18.8%)
Nurse practitioner or physician assistant cardio-oncology 3 (4.5%)  4 (13.8%)  5 (17.2%)  0 (0.0%)  33 (17.4%)
Risk stratification algorithm 28 (42.4%)  7 (24.1%)  11 (37.9%)  24 (36.4%)  60 (31.6%)
Local protocol for cardiac monitoring and treatment of cardiotoxicity 20 (30.3%)  7 (24.1%)  15 (51.7%)  24 (36.4%)  66 (34.7%)
None of the above, cardiac surveillance is structurally performed in our hospital according to recent guidelines 22 (33.3%)  3 (10.3%)  4 (13.8%)  11 (17.2%)  47 (24.7%)

25. What is needed in the near future to improve cardio-oncological care in the Netherlands?

Cardio-oncology training 3 (4.5%)  8 (13.6%)  8 (27.6%)  28 (42.4%)  56 (29.5%)
Fellowship, including certification 2 (3.0%)  1 (3.4%)  0 (0.0%)  10 (15.2%)  31 (16.6%)
National guideline 33 (49.3%)  34 (56.9%)  17 (58.6%)  27 (40.9%)  87 (45.8%)
Other, namely... 4 (6.1%)  8 (10.6%)  1 (3.4%)  1 (1.5%)  6 (3.2%)

Other: Awareness, network, education