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|----------|---|----------------------------------|-------|
| <b>1</b> | The number of S-ICD devices implanted in my center over the last 12 months was  | <5<br>5 to 10<br>10 to 20<br>>20 |       |
| <b>2</b> | When deciding between S-ICD and T-ICD in a patient with ischemic cardiomyopathy, with no history of VT and no indications for permanent pacing, do you take into account whether this is primary or secondary prevention? | YES                              | NO    |
| <b>3</b> | In a patient with ischemic cardiomyopathy with no history of arrhythmia and no indications for permanent pacing at the age of (...) you choose:   |                                  |       |
| <b>a</b> | <50 years   | S-ICD                            | T-ICD |
| <b>b</b> | 50-60 years   | S-ICD                            | T-ICD |
| <b>c</b> | 60-70 years   | S-ICD                            | T-ICD |
| <b>d</b> | >70 years   | S-ICD                            | T-ICD |
| <b>4</b> | In a patient with non-ischemic cardiomyopathy with no history of arrhythmia and no indications for permanent pacing at the age of (...) you choose:   |                                  |       |
| <b>a</b> | <50 years   | S-ICD                            | T-ICD |
| <b>b</b> | 50-60 years   | S-ICD                            | T-ICD |
| <b>c</b> | 60-70 years   | S-ICD                            | T-ICD |
| <b>d</b> | >70 years   | S-ICD                            | T-ICD |
| <b>5</b> | For a patient awaiting heart transplant with indications for an ICD, with no history of arrhythmia and no indications for permanent pacing, you choose  | S-ICD                            | T-ICD |
| <b>6</b> | For a patient with hypertrophic cardiomyopathy needing an ICD, with no history of arrhythmia and no indications for permanent pacing, not qualified for invasive treatment, you choose                                    | S-ICD                            | T-ICD |

<b>7</b>	For a patient with congenital heart disease (not precluding transvenous implant) qualified for an ICD, with no history of arrhythmia and no indications for permanent pacing, weighing (...) kg, you choose		
<b>a</b>	<30 kg	S-ICD	T-ICD
<b>b</b>	30-40 kg	S-ICD	T-ICD
<b>c</b>	40-50 kg	S-ICD	T-ICD
<b>d</b>	>50 kg	S-ICD	T-ICD
<b>8</b>	For a patient with Brugada syndrome qualified for an ICD, with no history of arrhythmia and no indications for permanent pacing, you choose	S-ICD	T-ICD
<b>9</b>	For a patient with long QT syndrome qualified for an ICD, with no history of arrhythmia and no indications for permanent pacing, you choose		
<b>a</b>	type 1	S-ICD	T-ICD
<b>b</b>	type 2	S-ICD	T-ICD
<b>c</b>	type 3	S-ICD	T-ICD
<b>10</b>	Do you consider T-ICD lead failure in a patient with no history of arrhythmia and no indications for permanent pacing to be an indication for S-ICD?	YES	NO
<b>11</b>	Do you consider infective complications of T-ICD in a patient with no history of arrhythmia and no indications for permanent pacing to be an indication for S-ICD?	YES	NO
<b>12</b>	If (...) type pacing is needed in a patient with previously implanted S-ICD, do you choose S-ICD removal and T-ICD implantation or adding a pacemaker to S-ICD?		
<b>a</b>	VVI	adding pacemaker	changing S-ICD to T-ICD
<b>b</b>	DDD	adding pacemaker	changing S-ICD to T-ICD
<b>c</b>	CRTP	adding pacemaker	changing S-ICD to T-ICD

**13** If a patient with previously implanted (...) type pacemaker needs an ICD do you choose to extract a pacemaker and implant T-ICD or implant S-ICD (provided that screening is positive)?

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|----------|------|--------------|------------------------------|
| <b>a</b> | VVI  | adding S-ICD | pacemaker extraction + T-ICD |
| <b>b</b> | DDD  | adding S-ICD | pacemaker extraction + T-ICD |
| <b>c</b> | CRTP | adding S-ICD | pacemaker extraction + T-ICD |

**14** What factors mostly determine that you prefer T-ICD in a patient that is eligible for S-ICD (multiple choice question)?

S-ICD cost  
follow-up at patient's residence impossible

fear of denied reimbursement if criteria of the Ministry of Health from 2019 are not met  
anatomical conditions

potential risk of conversion to T-ICD for future pacing indications