Supplementary material

Tajstra M, Blamek S, Niedziela JT, et al. Patients with cardiac implantable electronic devices undergoing radiotherapy in Poland. Expert opinion of the Heart Rhythm Section of the Polish Cardiac Society and the Polish Society of Radiation Oncology. Kardiol Pol. 2019; 77: 1106-1116. doi:10.33963/KP.15063

Patient's name and surname: PESEL:

Date of examination: ___ / ___ / _____

CONSULTATION:

FIRST	DURING RT	AFTER RT
	Total dose:	
	Fraction no:	

DEVICE DATA*:

TYPE OF DEVICE	PM SR DR CRT-P ICD VR DR DX CRT-D 3 ELECTRODES 2 ELECTRODES	
MANUFACTURER	Medtronic / Vitatron / NayaMed, Biotronik, St Jude/Abbott, Boston Scientific, Sorin, Other:_____	
IMPLANTATION DATE		
INDICATIONS FOR IMPLANTATION		
PACEMAKER DEPENDENT	YES	NO
SCD PREVENTION (APPLIES TO ICD/CRT-D)	PRIMARY	SECONDARY

PROGRAMMING THE DEVICE*:

STYMULATION MODE	AAI DDD	AAIR DDDR	VVI DDI	VVIR DDIR	VOO DOO	0V0 0D0	VDD
LOWER RATE OF STIMULATION	/MIN						
MAXIMUM RATE OF STIMULATION	/MIN						

DEVICE PARAMETERS:

	Frakcja	RA	RV	LV
Sensing [mV]	before			
	after			
Pacing threshold [V@ms]	before	____@____	____@____	____@____
	after	____@____	____@____	____@____
Impedance [Ohm]	before		HV:	
	after		HV:	
Impulse amplitude [V@ms]	before	____@____	____@____	____@____
	after	____@____	____@____	____@____
Stimulation percentage [%]				

* Mark appropriate

BATTERY [REMAINING STATUS AND/OR VOLTAGE]	years / V / %
CHARGING TIME [APPLIES TO ICD/CRT-D] [SEK] AND DATE	

RADIOTHERAPY DATA*:

Type of radiotherapy	RADICAL	PALLIATIVE
Irradiated organ		
Distance from the edge of the beam (cm)		
Total dose (Gy)		
Fraction dose (Gy)		
Dose to device (Gy)	<5Gy	>5 Gy
Beam energy (MV)	< 10 MV	>10 MV

CONCLUSIONS:

Radiotherapy-related risk: LOW MEDIUM HIGH

Radiotherapy contraindicated: YES NO

Did CIED dysfunction or adverse effects occur during RT? YES NO

Comments:

_____

_____

RECOMMENDATIONS*:

1. Audio-visual contact with the patient during irradiation is necessary.
2. Recommended monitoring of ECG during irradiation and presence of an external cardioverter-defibrillator with external stimulation function.
3. Control every _____ week(s) during radiotherapy.
4. Radiotherapy REQUIRES / DOES NOT REQUIRE the presence of a cardiologist during radiotherapy.
5. It is recommended to tape the magnet over the device during radiation, monitor ECG recording, and have a cardioverter-defibrillator in the external room (in the absence of a cardiologist).
6. Control of the device at the completion of radiotherapy, then after 1, 3 and 6 months.

Next control date: ___ / ___ / _____

Figure 1 A recommended form for cardiac implantable electronic device checkups before, during, and after radiotherapy

Abbreviations: CRT-D, cardiac resynchronization therapy-defibrillator; CRT-P, cardiac resynchronization therapy-pacemaker; DR, dual chamber; ECG, electrocardiography; ICD, implantable cardioverter-defibrillator; PM, pacemaker; RT, radiotherapy; SR, single chamber; VR, single chamber