### Supplementary material

Gąsior P, Bryniarski K, Roleder M, et al. Knowledge of intravascular imaging in interventional cardiology practice: results of a survey on Polish interventional cardiologists. Kardiol Pol. 2019; 77: 1193-1195. doi:10.33963/KP.15077

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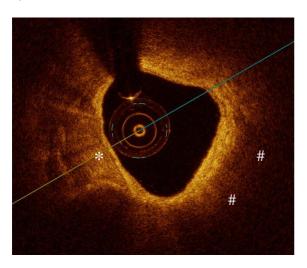
| Supplementary material 1. Self-written questionnaire                        |  |                        |                  |               |  |  |  |
|---|--|------------------------|------------------|---------------|--|--|--|
| Work experience (years):  |  |                        |                  |               |  |  |  |
| a.<br>b.<br>c.  | First operator<br>Diagnostician<br>Fellow          | <br>                   |                  |               |  |  |  |
| Number of PCI procedures performed last year :                              |  |                        |                  |               |  |  |  |
| Numb  | er of intravascular ima                            | aging procedures perfo | ormed last year: |               |  |  |  |
| Theoretical part:   |  |                        |                  |               |  |  |  |
| 1) Please sort imaging modalities from the lowest to the highest resolution |  |                        |                  |               |  |  |  |
| 2.<br>3.  | IVUS<br>OCT<br>IVUS HD<br>Angiography              |                        |                  |               |  |  |  |
|   | a) 1, 2, 3, 4                                      | b) 4, 1, 3, 2          | c) 2, 3, 1, 4    | d) 4, 3, 1, 2 |  |  |  |
| 2) What volume of contrast is required to perform OCT pullback?             |  |                        |                  |               |  |  |  |
|   | a) 10ml  | b) 20ml                | c) 30ml          | d) 40ml       |  |  |  |
| 3) What is the longest available OCT pullback?                              |  |                        |                  |               |  |  |  |
|   | a) 10mm  | b) 50mm                | c) 75mm          | d) 150mm      |  |  |  |
|   | at is OCT class recomr<br>cularization to assess r |                        |                  | cardial       |  |  |  |
|   | a) I   | b) IIa                 | c) IIb           | d) III        |  |  |  |

| revascularization for stent implantation optimization?                                       |                                  |            |              |           |  |  |  |
|--|----------------------------------|------------|--------------|-----------|--|--|--|
|  | a) I                             | b) IIa     | c) IIb       | d) III    |  |  |  |
| 5) What is the borderline thickness of thin-cap fibroatheroma to identify high-risk plaques. |                                  |            |              |           |  |  |  |
|  | a) ≤65um                         | b) <90um   | c) ≤110um    | e) <145um |  |  |  |
| 6) IVUS allows more precise detection of intravascular thrombus when compared to OCT.        |                                  |            |              |           |  |  |  |
|  | a) True                          |            | b) False     |           |  |  |  |
| 7) Which kind of plaque is associated with highest attenuation of OCT signal?                |                                  |            |              |           |  |  |  |
|  | a) Lipid b                       | ) Fibrotic | c) Calcified | d) Mixed  |  |  |  |
| 8) OCT allows more precise detection of vessel wall dissection when compared to IVUS.        |                                  |            |              |           |  |  |  |
|  | a) True                          |            | b) False     |           |  |  |  |
| 9) Which IVUS parameter is used to assess the significance of left main stenosis:            |                                  |            |              |           |  |  |  |
| a) Plaque volume   |                                  |            |              |           |  |  |  |
| c)   |                                  |            |              |           |  |  |  |
| d)   | d) Minimal lumen area            |            |              |           |  |  |  |
| e)   | e) PAV (percent atheroma volume) |            |              |           |  |  |  |
| f)   | Minimal lumen                    | diameter   |              |           |  |  |  |
| 10) IVUS overestimates the lumen area measurements when compared to OCT                      |                                  |            |              |           |  |  |  |
|  | a) True                          |            | b) False     |           |  |  |  |
| 11) IVUS optimization of stent implantation using reduces MACE rate in long term             |                                  |            |              |           |  |  |  |
| observation.   |                                  |            |              |           |  |  |  |
|  | a) True                          |            | b) False     |           |  |  |  |
| 12) IVUS provides less accurate detection of intraluminal thrombus when compared to OCT      |                                  |            |              |           |  |  |  |
|  | a) True                          |            | b) False     |           |  |  |  |
| 13) IVUS is able to evaluate intraluminal thrombus volume.                                   |                                  |            |              |           |  |  |  |
|  | a) True                          |            | b) False     |           |  |  |  |

# Practical part:

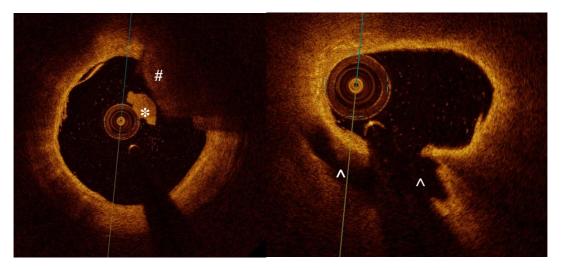
Please indicate structures marked on the images:

1)



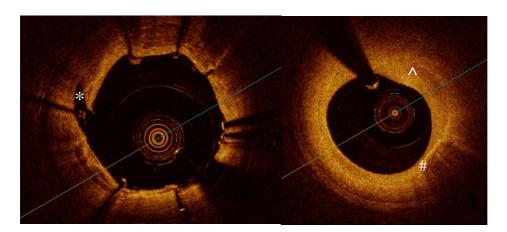
- a) \*Fibroatheroma, #Calcifications
- b) \*TICFA, #Calcifications
- c) \*Calcifications, #Lipid pool
- d) None of the above

2) both pullbacks were performed in the same vessel

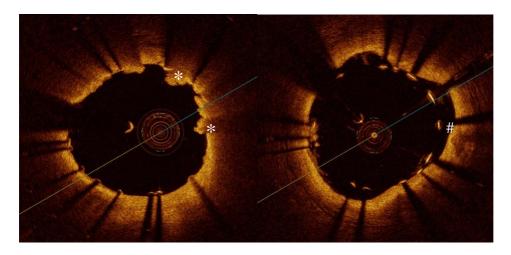


- a) \*Red thrombus, \*White thrombus, \*Dissection
- b) \*White thrombus, #Red thrombus, ^Ruptured plaque
- c) \*White thrombus, #Ruptured plaque, ^Dissection
- d) None of the above

3)

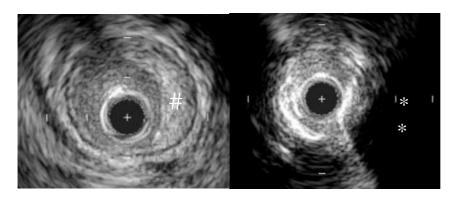


- a) \*Tissue protrusion, #Fibrotic plaque, ^Macrophages
- b) \*Dissection, #Macrophages, ^Fibrotic plaque
- c) \*Dissection, #Calcifications, ^Fibrotic plaque
- d) None of the above



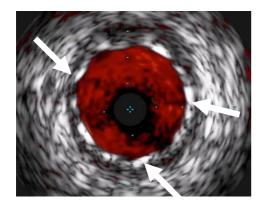
- a) \*Tissue protrusion, #Stent strut apposition
- b) \*Tissue protrusion, #Stent strut malapposition
- c) \*Dissection, # Stent strut malapposition
- d) None of the above

5)



- a) \*Fibrotic plaque , #Calcification
- b) \*Calcification , #Lipid pool
- c) \*Fibrotic plaque, #Lipid pool
- d) None of the above

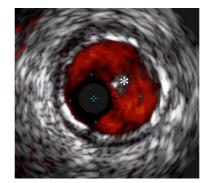
## 6) Arrows indicates



- a) Stent struts
- b) Calcifications
- c) Thrombus
- d) None of the above

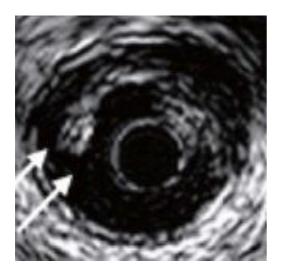
## 7) Arrows indicates





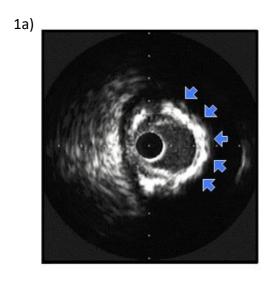
- a) \*Wire,  $\rightarrow$  Stent strut malapposition
- b) \*Thrombus,  $\rightarrow$  Proper stent strut apposition
- c) \*Stent strut malapposition,  $\rightarrow$  Proper stent strut apposition

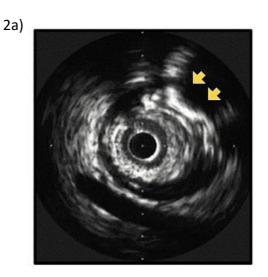
## 8) Arrows indicates



- a) Dissection
- b) Intramural hematoma
- c) Stent struts
- d) None of the above

## 9) Which severely calcified lesion is more suitable for atherectomy





- a)1a
- b) 2a
- c) 1a and 2a
- d) none of the above