

Supplementary Materials:

Online questionnaire. 1-12 and 26 were single choice questions and 13-25 multiple choice questions.

1. Are you a cardiologist?
 - a. Yes
 - b. No
2. What is your gender?
 - a. Male
 - b. Female
3. Choose the region of the country you are working in.

A list with all the 41 counties of Romania and the Capital City Bucharest was shown
4. Your main working place is:
 - a. Public outpatient clinic
 - b. Public cardiology department
 - c. Private outpatient clinic
 - d. Private cardiology department
5. Is your working place a University Center?
 - a. Yes
 - b. No
6. You are specialized in:
 - a. Clinical cardiology
 - b. Cardiovascular imaging
 - c. Heart failure
 - d. Angiography
 - e. Electrophysiology and arrhythmia
 - f. Rare cardiovascular diseases
 - e. Other
7. What is your level of training?
 - a. Cardiologist in training
 - b. Specialized cardiologist
 - c. Senior cardiologist
8. How many patients do you see in average per week?
 - a. Bellow 10
 - b. 10-20
 - c. 20-30
 - d. 30-40
 - e. 40-50
 - f. Over 50
9. Have you ever seen a patient with cardiac amyloidosis?

- a. Yes
- b. No

10. If yes, how many?

- a. 1-2
- b. 3-5
- c. 5-10
- d. Over 10

11. Do you consider cardiac amyloidosis is a rare disease?

- a. Yes
- b. No

12. Choose an average delay from the first cardiac symptoms to diagnosis in your cardiac amyloidosis patients:

- a. 0-6 months
- b. 6-12 months
- c. 12-24 months
- d. 24-36 months
- e. 36-48 months
- f. 48-60 months
- e. 60-72 months

13. What was the final diagnosis in your patients with cardiac amyloidosis?

- a. Light chain amyloidosis (AL)
- b. Variant transthyretin amyloidosis (ATTRv)
- c. Wild type transthyretin amyloidosis (ATTRwt)
- d. Inflammatory amyloidosis (AA)
- e. Other

14. Please note the organs and systems which can be affected by systemic amyloidosis:

- a. Cardiovascular system
- b. Peripheral nervous system
- c. Autonomic nervous system
- d. Digestive system
- e. Kidneys
- f. Lungs
- g. Eyes

15. Which are the characteristics that raise suspicion of cardiac amyloidosis?

- a. Heart failure with preserved/reduced ejection fraction according to the ESC guidelines for heart failure
- b. Heart failure symptoms aggravated by the conventional treatment
- c. Neuropathy with sensory or motor impairment
- d. History of bilateral carpal tunnel syndrome
- e. Spinal stenosis
- f. Macroglossia

- g. Hypotension, especially orthostatic hypotension
- h. Digestive dysmotility
- i. Difficulty urinating
- j. Nephrotic syndrome
- k. Spontaneous cutaneous ecchymosis
- l. Advanced age
- m. Association with severe aortic stenosis and severe left ventricle hypertrophy on imaging

16. What diagnostic tests would you recommend for patients with suspected amyloidosis?

- a. ECG
- b. Echocardiography
- c. Cardiac magnetic resonance
- d. Bone scintigraphy
- e. Cardiac serum biomarkers: NtproBNP, Troponin
- f. 24 hours ECG Holter
- g. Coronary angiography
- h. Extracardiac biopsy
- i. Endomyocardial biopsy
- j. Genetic tests
- k. Serum protein electrophoresis and immunofixation
- l. Serum and urinary light chain assessment

17. Which are the ECG hallmarks of cardiac amyloidosis?

- a. Low voltage
- b. Abnormal voltage to mass ratio
- c. Atrioventricular conduction delays
- d. Intraventricular conduction delays
- e. Supraventricular arrhythmias association (e.g. atrial fibrillation or flutter)
- f. Q waves in inferior leads or poor R wave progression in the precordial leads

18. Which are the echocardiographic hallmarks of cardiac amyloidosis?

- a. Biventricular hypertrophy
- b. Normal global LV systolic function
- c. Abnormal longitudinal systolic function
- d. Diastolic dysfunction with signs of elevated filling pressures
- e. Thickened valves
- f. Pericardial effusion

19. What changes are mandatory in patients with cardiac amyloidosis?

- a. Bilateral carpal tunnel syndrome
- b. Orthostatic hypotension
- c. ECG with low voltage
- d. Pseudoinfarction pattern on ECG
- e. Maximum wall thickness > 15 mm
- f. Concentric hypertrophy
- g. Restrictive filling pattern
- h. Pericardial effusion

- i. Apical sparing pattern of the bull's eye view
 - J. None of the above
20. What diagnostic tests are mandatory to establish the diagnosis of cardiac amyloidosis?
- a. ECG
 - b. Echocardiography
 - c. Cardiac magnetic resonance
 - d. Bone scintigraphy
 - e. Cardiac serum biomarkers: NTproBNP, Troponin
 - f. Coronary Angiography
 - g. Extracardiac biopsy
 - h. Endomyocardial biopsy
 - i. Genetic tests
 - j. Serum protein electrophoresis and immunofixation
 - k. Serum and urinary light chain assessment
21. What are the tests which can distinguish AL from ATTR cardiac amyloidosis?
- a. ECG
 - b. Echocardiography
 - c. Bone scintigraphy
 - d. Extracardiac biopsy
 - e. Endomyocardial biopsy
 - f. Genetic tests
 - g. Serum protein electrophoresis and immunofixation
 - h. Serum and urinary light chain assessment
22. Choose the characteristics of wild type transthyretin cardiac amyloidosis:
- a. It is an isolated cardiac disease
 - b. Could present as a multi-organ disease
 - c. It is caused by a transthyretin gene mutation
 - d. It can be observed only in people older than 70 years
 - e. It does not have a specific treatment
 - f. It can be identified in over 10% of patients with HFpEF or severe aortic stenosis
23. What do you recommend to these patients?
- a. Specific treatment initiation
 - b. Referral to a center of expertise
 - c. Systemic evaluation
 - d. To continue the heart failure treatment because there is currently no specific treatment available
24. What kind of treatment would you routinely recommend to these patients?
- a. Beta blockers
 - b. Angiotensin-converting enzyme inhibitors or sartans
 - c. Digoxin
 - d. Loop diuretics
 - e. Mineralocorticoid receptor antagonists

- f. Permanent pacemaker
- g. Implantable cardioverter defibrillator
- h. Anticoagulants

25. Choose the right disease modifying treatment for cardiac amyloidosis:

- a. Chemotherapy for AL
- b. Chemotherapy for ATTR
- c. Tafamidis for AL
- d. Tafamidis for ATTR
- e. Patisiran for AL
- f. Patisiran for ATTR

26. Would you be interested in informative materials and scientific events regarding this field?

- a. Yes
- b. No