

**Conclusions and quality of evidence from the systematic literature search for coronary artery disease surveillance in CAYA cancer survivors**

<b>Who needs surveillance?</b>	
<b>Risk of coronary artery disease in childhood, adolescent and young adult cancer survivors</b>	<b>Quality of evidence</b>
Increased risk after radiotherapy exposing the heart	⊕⊕⊕⊖ MODERATE [22-24, 29, 34, 40, 41]
Increased risk after higher doses of radiotherapy exposing the heart, especially after ≥15Gy	⊕⊕⊕⊖ MODERATE [20, 22-24, 34, 40]
The interaction between chest-directed radiotherapy and hypertension is more than additive with regard to the increased risk	⊕⊕⊖⊖ LOW [14]
The interaction between chest-directed radiotherapy and dyslipidaemia is more than additive with regard to the increased risk	⊕⊕⊖⊖ LOW [14]
No significant additive interaction between chest-directed radiotherapy and diabetes	⊕⊕⊖⊖ LOW [14]
The interaction between chest-directed radiotherapy and obesity is more than additive with regard to the increased risk	⊕⊕⊖⊖ LOW [14]
No significant effect of chemotherapy (as a group)	⊕⊕⊕⊖ MODERATE [20, 41]
No significant effect of vincristine	⊕⊕⊖⊖ LOW [24]
No significant effect of anthracycline containing chemotherapy as compared to no anthracycline containing chemotherapy when cumulative anthracycline dose is not taken into account	⊕⊕⊖⊖ LOW [23, 24, 29, 40]
No significant effect of anthracycline dose <250 mg/m <sup>2</sup> as compared to no anthracyclines	⊕⊕⊖⊖ LOW [23, 24, 40]
Increased risk after anthracycline dose ≥250 mg/m <sup>2</sup> as compared to no anthracyclines	⊕⊕⊖⊖ LOW [23, 24, 40]
No significant effect of mediastinal radiotherapy and chemotherapy (without anthracyclines) as compared to mediastinal radiotherapy only (i.e. added risk of chemotherapy)	⊕⊖⊖⊖ VERY LOW [29]
No significant effect of mediastinal radiotherapy and chemotherapy (including anthracyclines) as compared to mediastinal radiotherapy only (i.e. added risk of chemotherapy)	⊕⊖⊖⊖ VERY LOW [29]
Increased risk with male gender	⊕⊕⊖⊖ LOW [20, 23, 24, 32, 40, 41]
Increased risk of older age at treatment	⊕⊕⊕⊖ MODERATE [20, 23, 24, 32, 41]
Increased risk with dyslipidaemia	⊕⊕⊕⊖ MODERATE [14, 20, 22, 29, 40]
Increased risk with hypertension	⊕⊕⊕⊕ HIGH [14, 20, 40]
Increased risk with diabetes mellitus	⊕⊕⊕⊖ MODERATE [14, 29, 40]
Increased risk with (recent) smoking	⊕⊖⊖⊖ VERY LOW [14, 29]
Increased risk with obesity	⊕⊕⊖⊖ LOW [14]

Increased risk with an increase in the number of cardiovascular risk factors (hypertension, dyslipidaemia, diabetes, obesity)	⊕⊕⊕⊖ MODERATE [14]
<b>What surveillance modality should be used?</b>	
<b>Surveillance options for asymptomatic coronary artery disease in childhood, adolescent and young adult cancer survivors</b>	
Unknown diagnostic value of possible surveillance modalities	No studies
<b>What should be done when abnormalities are identified?</b>	
<b>Treatment of asymptomatic coronary artery disease in childhood, adolescent and young adult cancer survivors</b>	
Unknown effect of treatment with lipid-lowering agents	No studies
Unknown effect of treatment with anti-hypertensive agents	No studies
Unknown effect of lifestyle modification	No studies