Appendix

1. A 60 year old male has a history of hypertension, diabetes, hyperlipidemia and chronic kidney disease (CKD) with an estimated glomerular filtration rate (eGFR) of 45.  What is the most common long term outcome for a patient such as this?

* End stage renal disease (ESRD) requiring initiation of renal replacement therapy (RRT)
* Death due to cardiovascular causes
* Malignancy

2. The prevalence of coronary artery disease (CAD) in patients with CKD when compared with age and comorbidity matched patients without CKD is:

* Higher than patients without CKD
* Lower than patients without CKD
* Similar to patients without CKD

3. 65 year old male with history of long standing hypertension, diabetes and CKD (stage 4) complains of dyspnea on exertion.  He denies any chest pain.  Which of the following is/are true?

* Given no chest pain, it is unlikely that the patient has CAD.
* It is reasonable to consider CAD as a possible cause of his dyspnea on exertion.
* Dyspnea on exertion is most likely related to volume excess in setting of CKD.

4. Indicate which of these modality you prefer to diagnose clinically significant CAD in patients with CKD not on dialysis:

* Exercise Tolerance Test
* Transthoracic Echocardiogram
* Dobutamine stress echocardiography
* Myocardial Perfusion Scintigraphy (nuclear stress test)
* Coronary computed tomographic angiography (CCTA)
* Coronary angiography
* Not sure

5. Indicate which of these modalities you prefer to diagnose clinically significant CAD in patients with CKD on dialysis:

* Exercise Tolerance Test
* Transthoracic Echocardiography
* Dobutamine stress echocardiography
* Myocardial Perfusion Scintigraphy (nuclear stress test)
* Coronary computed tomographic angiography (CCTA)
* Coronary angiography
* Not sure

6. For each of the following case scenarios listed below, indicate, using the drop down choice box, whether or not you would evaluate this patient for CAD.

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| 50 year old male with polycystic kidney disease, not diabetic, non-smoker, no history of CAD, and no family history of premature CAD in any first degree relative, is about to start hemodialysis for advanced CKD 5. (1) | ▼ Evaluate for CAD (1) Do not evaluate for CAD (2) |
| 45 year old female, diabetic, with diabetic retinopathy, CKD stage 5, smoker, body mass index (BMI) 39, with uncontrolled hypertension and very little physical activity ( (2)  | ▼ Evaluate for CAD (1) Do not evaluate for CAD (2) |
| 65 year old male, non-diabetic, asymptomatic, with CKD stage 5 on hemodialysis, with no known history of CAD is being evaluated for renal transplantation. (3)  | ▼ Evaluate for CAD (1) Do not evaluate for CAD (2) |
| 60 year old female, diabetic, on maintenance hemodialysis for 1 year, is being sent for renal transplant evaluation. (4)  | ▼ Evaluate for CAD (1) Do not evaluate for CAD (2) |
| 65 year old male with failed transplant, on maintenance hemodialysis for the past 2 years has had unexplained intradialytic hypotension for the past 6 treatments that has not improved with stopping anti-hypertensive medications on dialysis days and allowing the target weight to come up. (6)  | ▼ Evaluate for CAD (1) Do not evaluate for CAD (2) |
| 55 year old female on hemodialysis for 5 years has persistent dyspnea on exertion despite maximizing fluid removal at dialysis. (7)  | ▼ Evaluate for CAD (1) Do not evaluate for CAD (2) |
| 70 year old male, diabetic, on maintenance hemodialysis for the past 3 years, found to have increasing lower extremity edema and unable to remove fluid to an adequate dry weight without hypotension. (8)  | ▼ Evaluate for CAD (1) Do not evaluate for CAD (2) |
| 60 year old female, diabetic, on maintenance hemodialysis for 10 years is admitted with flash pulmonary edema and echocardiogram performed during admission revealed an ejection fraction (EF) of 35% when 1 year prior a routine echocardiogram revealed an EF of 45-50%. (9)  | ▼ Evaluate for CAD (1) Do not evaluate for CAD (2) |

7. What is the appropriate course of therapy for the patient, medical therapy alone or percutaneous coronary intervention (PCI)/coronary artery bypass grafting (CABG) plus medical therapy?

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| 50 year old male with eGFR 15, was found to have a positive stress test as part of his renal transplantation work up. He has no angina. (1)  | ▼ Medical therapy alone (1) PCI/CABG + medical therapy (2) |
| 60 year old female with diabetes with eGFR 10 is being sent for creation of an arteriovenous fistula. She undergoes a stress test, which is positive. (2)  | ▼ Medical therapy alone (1) PCI/CABG + medical therapy (2) |
| 55 year old female with stable renal transplant is presenting to you with new onset chest pain that is present at rest. (3)  | ▼ Medical therapy alone (1) PCI/CABG + medical therapy (2) |
| 45 year old male with diabetes, stable renal transplant function, is presenting to you with new onset dyspnea on exertion (4)  | ▼ Medical therapy alone (1) PCI/CABG + medical therapy (2) |

8. Medical Therapy: What is your systolic blood pressure target for the listed patients?

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| A patient with CKD, and less than 30mg/gm (20 microgram/minute) of albuminuria. (1)  | ▼ 150 (1) 140 (2) 130 (3) 120 (4) |
| A patient with CKD and albuminuria in the range of 300mg/gm (200 microgram/minute). (2)  | ▼ 150 (1) 140 (2) 130 (3) 120 (4) |
| A patient on hemodialysis. (3)  | ▼ 150 (1) 140 (2) 130 (3) 120 (4) |

9. Indicate how likely you would be to prescribe a high-intensity statin (e.g. atorvastatin 40-80mg, rosuvastatin 20 or 40mg).

Completely Likely (1) Very Likely (2) Moderately Likely (3) Slightly Likely (4) Not at all Likely (5)

a. A 60 year old male, diabetic, on hemodialysis for 2 years presents to the emergency department with subseternal chest pain of 1 day duration. The patient has been on a stable dose of atorvastatin 20mg (moderate intensity) prior to this event. The patient undergoes cardiac catheterization and is found to have multivessel coronary artery disease and undergoes CABG.

b. A 50 year old female on maintenance hemodialysis therapy undergoes coronary angioagraphy and is found to have 2 vessel non-obstructive coronary artery disease. The patient is currently on a moderate intensity statin. She has a cholesterol panel drawn and is found to have a low density lipoprotein level of 110 mg/dL (2.845 mmol/L).

10. Thank you for taking the time to complete this survey.  We would like to ask a few demographic questions prior to completion. What is your Gender?

* Male
* Female

11. What is your profession?

* Physician
* NP
* PA

12. What is your area of specialty(ies)?

* General practice
* Nephrology
* Cardiology
* Other (Please type in below)

13. Number of years you have been in clinical practice.

* < 5 years
* 5-10 years
* >10 years

14. Country of Practice?