OSCAR

Observational Study of
Cardio-oncology cARe

ESC
Council
Cardio-Oncology

Speaker and/or advisory board fees from Bayer, Daiichi Sankyo, MSD, Janssen (Johnson&Johnson), and Gossamer Bio.

Scientific consultancy agreement between Bayer and the Department of Internal Medicine, University of Genova.

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Prospective, longitudinal, multicentre, international, observational study.

The total length of the study is 6 months and includes 3 months of basal data collection (phase 1) and 3 months of follow-up (phase 2).

Primary objectives	**1. To evaluate the current adherence to the recommendations of the ESC Guidelines on Cardio-Oncology on CTR-CVT risk stratification** **2. To describe the patterns of care of patients receiving cancer therapy, including the modalities of monitoring and the use of pharmacotherapy for CTR-CVT**

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Secondary objectives	**1. To know the global distribution of cardio-oncology patients across the four strata of CTR-CVT risk (low, moderate, high, and very high), and to understand whether there are differences in the proportion of patients with different risk profiles among centres (i.e., academic vs non-academic, cancer centres vs general or other specialties hospitals) and countries** **2. To gain insights into the accuracy of the HFA/IC-OS approach to identify high- and very high-risk patients**

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Secondary objectives	**3. To determine to which extent real-world cardio-oncology practice aligns with the recommendations of ESC Guidelines on Cardio-oncology on CTR-CVT stratification and monitoring** **4. To assess the extent to which real-world cardio-oncology practice aligns with the recommendations of the ESC Guidelines on Cardio-Oncology for the management of specific CVD in patients receiving cancer therapy, focusing on anticoagulation for atrial fibrillation/flutter or venous thromboembolism and medical therapy and revascularisation procedures for acute and chronic coronary syndromes**

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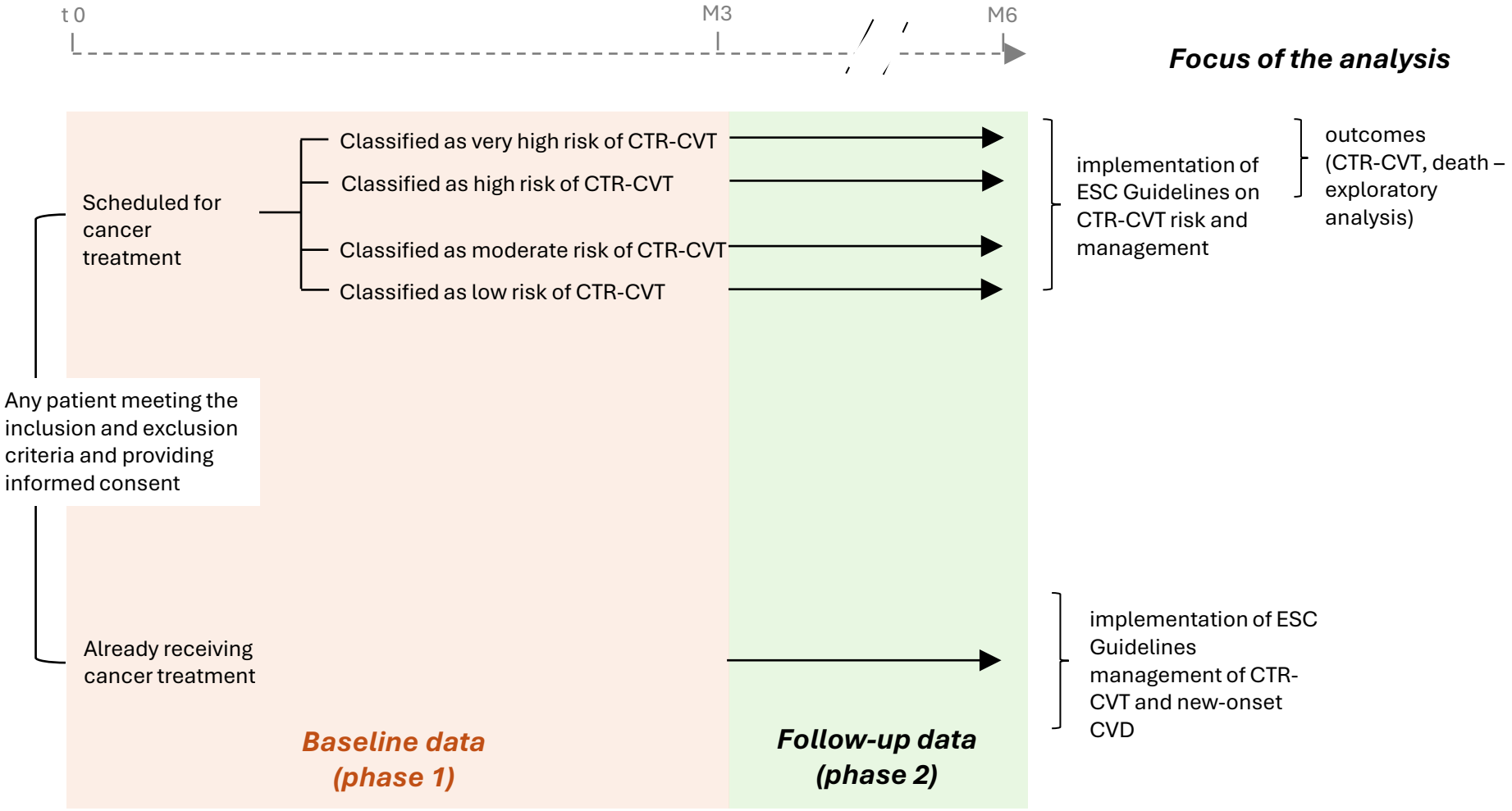
t 0
M3
M6
Focus of the analysis
Scheduled for cancer treatment
Classified as very high risk of CTR-CVT
Classified as high risk of CTR-CVT
Classified as moderate risk of CTR-CVT
Classified as low risk of CTR-CVT
implementation of ESC Guidelines on CTR-CVT risk and management
outcomes (CTR-CVT, death – exploratory analysis)
Any patient meeting the inclusion and exclusion criteria and providing informed consent
Already receiving cancer treatment
implementation of ESC Guidelines management of CTR-CVT and new-onset CVD
Baseline data (phase 1)
Follow-up data (phase 2)

Countries & Centres

57 ESC National Cardiac Societies have appointed a cardio-oncology representative. Each will nominate a National Coordinator to select participating centres ensuring balance across Northern, Eastern, Western and Southern Europe.

Non-European centres connected to the ESC Council of Cardio-Oncology may join if regulatory criteria are met.

Centre Eligibility

The National Coordinator will identify sites within her/his country to ensure a representativeness of centres and patients.

Since centres with small experience in cardio-oncology may deviate from the standards of practice, the following characteristics will be required to participate in the study:

- **the minimum volume of oncology/onco-haematology patients in the institution** is 500 per year

- of all oncology/onco-haematology patients managed at centre's institution yearly, at least 10% are referred for cardio-oncology assessment

- for centres with a cardiologist as PI, an oncologist/haematologist is formally involved as co-PI; and for centres with an oncologist/haematologist as PI, a cardiologist is formally involved as co-PI.

The proportion of academic centres will be capped at 80%.

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Population & Sample

All patients assessed during phase 1 at OSCAR centres.

≤200 patients per centre to maintain representativeness.

Inclusion Criteria

Active cancer

Undergoing or scheduled for therapy

Evaluated as outpatient at participating centre

Exclusion Criteria

No written consent

Participation in other non-standard or interventional studies

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