

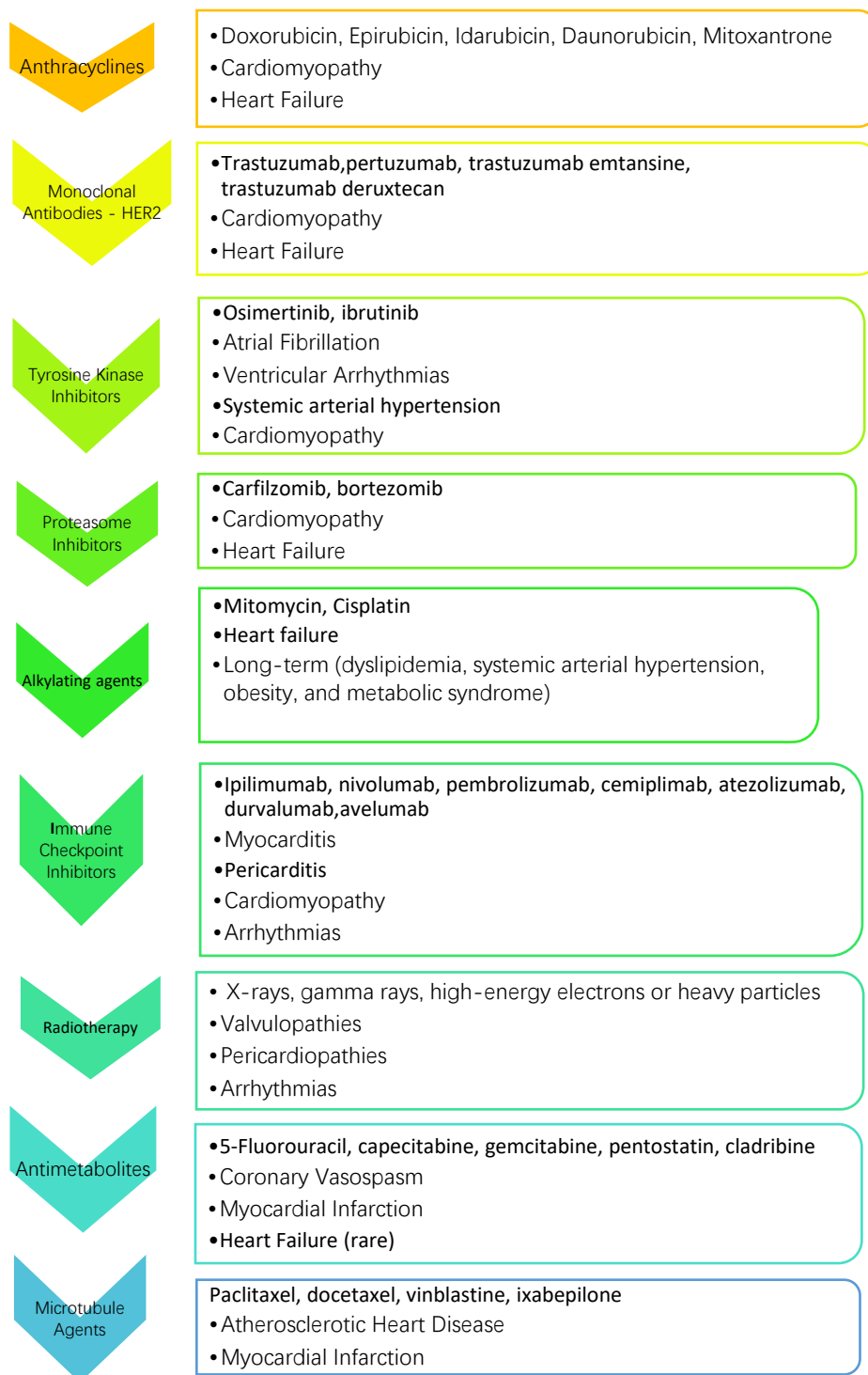


Figure S1. Chemotherapy and radiotherapy regimens associated with cardiotoxicity

Table S1. Definitions of cardiovascular toxicity related to cancer therapy (Modified and adapted from 2022 ESC Guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS)^[15]

Asymptomatic Patients	Mild	- LVEF equal to or greater than 50% - And new relative decline in GLS by > 15% from baseline - And/or new elevation of biomarkers
	Moderate	- New LVEF reduction by ≥ 10 percentage points to an LVEF of 40–49% - Or - New LVEF reduction by < 10 percentage points to an LVEF of 40–49% and either new relative decline in GLS by > 15% from baseline or new rise in cardiac biomarkers
	Severe	- New reduction in left ventricular ejection fraction less than 40%
Symptomatic Patients with Heart Failure	Mild	- Patient not requiring hospitalization, but with heart failure that does not warrant intensification of diuretic therapy
	Moderate	- Patient not requiring hospitalization but with heart failure warranting intensification of diuretic therapy
	Severe	- Heart failure requiring hospitalization

	Very Severe	- Heart failure requiring inotropic support, mechanical circulatory support, or awaiting heart transplantation
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GLS: global longitudinal strain; LVEF: left ventricular ejection fraction

Table S2. Normal values established for myocardial work

	Women	Men
GWI (mmHg%)	1,320–2,538	1,270–2,924
GCW (mmHg%)	1,543–2,934	1,650–2,807
GWW (mmHg%)	239 ± 39	238 ± 33
GWE (%)	91 ± 1	90 ± 1.6

Normal ranges established in the EACVI NORRE study (European Association of Cardiovascular Imaging Normal Reference Ranges for Echocardiography) ^[29]. GCW: Global Constructive Work; GWE: Global Work Efficiency; GWI: global myocardial work index; GWW: Global Wasted Work