## Prior to elective anatomic lung resection (excluding pneumonectomy) which of the following do you do:

	Always	Usually	Sometimes	Rarely	Never
Order spirometry testing	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	Oreset
Calculate postoperative predicted FEV1	0	$\bigcirc$	$\bigcirc$	0	0
Order diffusion capacity (DLCO) testing	0	0	0	0	reset
Calculate postoperative predicted DLCO	0	0	0	0	reset
Repeat pulmonary function tests after neoadjuvant therapy	0	$\bigcirc$	0	0	reset
, ,,					reset
If the postoperative predicted FEV1 <pre> </pre> <p< th=""><th>and/or DLCO</th><th>is, I furth</th><th>er evaluate the p</th><th>oatient prior to</th><th>o surgery</th></p<>	and/or DLCO	is, I furth	er evaluate the p	oatient prior to	o surgery
○<60%		is, I furth	er evaluate the p	oatient prior to	<b>o surgery</b> reset
<ul> <li>&lt; 60%</li> <li>&lt;40%</li> <li>&lt;30%</li> <li>My threshold varies by surgical app</li> </ul> If the postoperative predicted FEV1	roach and/or DLCO	are less than	my threshold (fr		reset
<ul> <li>&lt; 60%</li> <li>&lt;40%</li> <li>&lt;30%</li> <li>My threshold varies by surgical app</li> </ul>	roach and/or DLCO	are less than	my threshold (fr		reset
<ul> <li>&lt; 60%</li> <li>&lt;40%</li> <li>&lt;30%</li> <li>My threshold varies by surgical app</li> </ul> If the postoperative predicted FEV1 this is confirmed on ventilation performance.	roach and/or DLCO	are less than	my threshold (fr		reset
<ul> <li>&lt; 60%</li> <li>&lt;40%</li> <li>&lt;30%</li> <li>My threshold varies by surgical app</li> </ul> If the postoperative predicted FEV1 this is confirmed on ventilation perf <ul> <li>6-minute walk test</li> </ul>	roach and/or DLCO	are less than	my threshold (fr		reset
<ul> <li>&lt; 60%</li> <li>&lt;40%</li> <li>&lt;30%</li> <li>My threshold varies by surgical app</li> </ul> If the postoperative predicted FEV1 this is confirmed on ventilation perf <ul> <li>6-minute walk test</li> <li>Stair climbing test</li> </ul>	roach and/or DLCO usion scan, I f	are less than further evalua	my threshold (fr		reset

# Prior to elective anatomic lung resection (excluding pneumonectomy), to determine whether a patient needs cardiac evaluation, I:

	Always	Usually	Sometimes	Rarely	Never
Inquire about activity/functional status	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
					reset
Calculate the Thoracic Revised Cardiac Risk Index (ThRCRI)	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
					reset
Assess for cardiovascular risk factors	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
					reset

# I refer my patients to a cardiologist to assess the risk of a perioperative major adverse cardiac event

For all patients

Only for patients with cardiovascular risk factors

Only for patients with abnormal exercise or pharmacologic stress testing

#### For patients who need additional cardiac evaluation, I begin the assessment with:

- Echocardiogram
- Exercise stress test
- Pharmacologic stress test
- Cardiopulmonary exercise testing (CPET)
- Other
- None, I refer directly to a Cardiologist

reset

#### I refer my patients with borderline pulmonary function for preoperative pulmonary rehabilitation

- Always
- O Usually
- Sometimes
- Rarely
- Never

reset

### I refer my patients with borderline pulmonary function for postoperative pulmonary rehabilitation

- Always
- Osually
- Sometimes
- Rarely
- Never

reset

reset

reset

#### **Demographics**

#### How would you characterize your clinical practice?

- General Thoracic Surgery
- Cardiothoracic Surgery with mostly Cardiac Surgery cases

### How many years have you been in practice (beyond training)?

#### Which best characterizes your practice?

- Private
- Health maintenance organization
- OUniversity/academic

#### What is your age?

<30 years old</p>
30-39 years old

