

SupplementaFiguresI for:

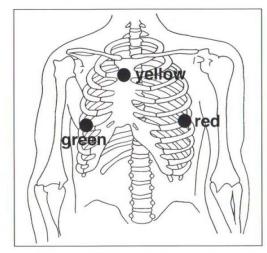
Myocardial ischemia induced by 5-fluorouracil: a prospective electrocardiographic and cardiac biomarker study Anne Dyhl-Polk et al.

Figure S1:

Del Mar Reynolds Medical

PROCEDURES USING 3, 4 AND 6 ELECTRODE PATIENT CABLES

Three electrode patient cable



Yellow CH1 - CH3	On the right sternal border at the level of the 2nd rib.
Red CH1 + CH2 +	In the left anterior axiliary line and on the 6th rib.
Green CH2 - CH3 +	In the right anterior axiliary line and on the 6th rib.

Red/Yellow = CH1 = CM5

Red/Green=CH2 = CC5

Green/Yellow = CH3 = CM5R

Procedures using 3 electrodes	90 Mb CF card	ECG Channels
Standard Mode (Start)	48 hours	1, 2 and 3
Extended Mode (Start Week)	7 days	1 and 2

Holter recording were performed for 1–3 days before treatment start and 2 days during infusion for patients receiving bolus plus 46-hour continuous infusion and 4 days during infusion for patients receiving 96-hour continuous infusion.

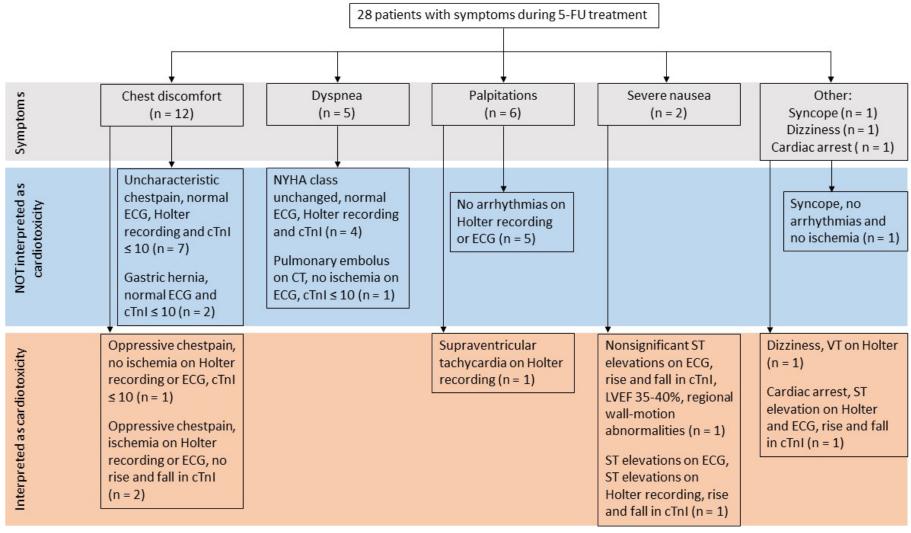
Instructions of the patients

- During recording the patients were allowed only to remove the Holter monitor briefly during showering and they received detailed instructions together with an illustration on how to apply and replace the electrodes and cables correctly.
- No instructions about physical activity during the study period were given, but the patients were instructed to record their activities in a diary.

Influence of positional movements on the ST-segment

The influence of positional movements on the ST segment were examined in a subgroup of 25 consecutive patients by obtaining 1-minute recordings in the supine, sitting and standing positions No significant ST-deviations were observed during these positional movements.

Figure S2: Diagnostic work up for patients with symptoms during 5-FU treatment



5-FU, 5-fluorouracil; ECG, electrocardiogram; cTnI, cardiac troponin I; NYHA, New York Heart Association scale; CT, computertomografi scan; LVEF, left ventricular ejection fraction.

Figure S3 a and b: Ischemic burden per day of recording for patients with colorectal cancer (a) or anal cancer (b) and myocardial ischemia during $\mathbf{1}^{st}$ cycle

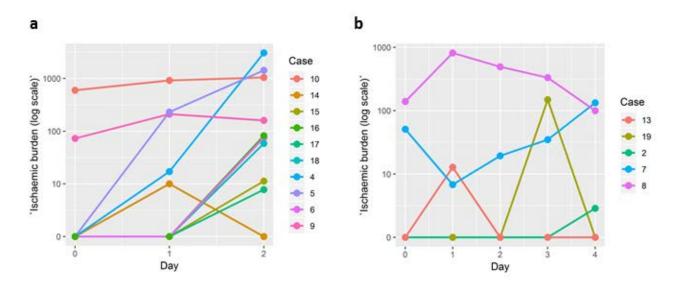


Figure S3a shows the ischemic burden on a log scale (Y-axis) per day (X-axis) of Holter recording for cases with colorectal cancer and myocardial ischemia on Holter recording during 1st cycle. Figure S3b shows the ischemic burden on a log scale (Y-axis) per day (X-axis) of Holter recording for cases with anal cancer and myocardial ischemia on Holter recording during 1st cycle. The case number refer to the case numbers in Tables S5 and S6.

Figure S4 a and b: Ischemic burden per day of recording for patients with colorectal cancer (a) or anal cancer (b) and myocardial ischemia during 2^{nd} , 3^{rd} or 4^{th} cycle

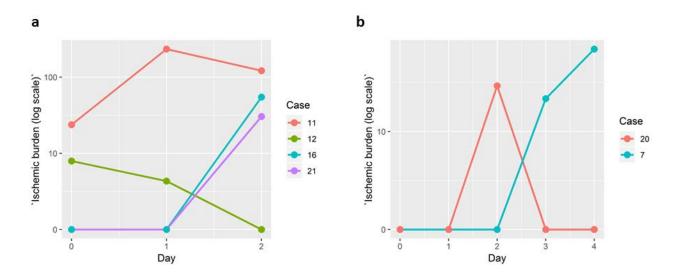


Figure S4a shows the ischemic burden on a log scale (Y-axis) per day (X-axis) of Holter recording for cases with colorectal cancer and myocardial ischemia on Holter recording in 2^{nd} , 3^{rd} or 4^{th} cycle. Figure S4b shows the ischemic burden on a log scale (Y-axis) per day (X-axis) of Holter recording for cases with anal cancer and myocardial ischemia on Holter recording in 2^{nd} , 3^{rd} or 4^{th} cycle. The case number refer to the case numbers in Tables S5 and S6.