



Cardio-Oncology Referral Form

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Patient's Details

Name:		Date of Birth:		Medicare number:	
Contact Number:		Email:			
Preferred location:	☐ Coburg ☐ Gisborne ☐ Epworth				

Services Requested (For repeat services, specify frequency to allow automatic recurring bookings)

☐ ECG (with QTc monitoring) ☐ Once only ☐ Repeat every: weeks months ☐ Until further notice ☐ For: months	☐ Holter (with QTc monitoring) ☐ Once only ☐ Repeat every: weeks months ☐ Until further notice ☐ For: months
☐ 7-day event monitor (with QTc monitoring) ☐ Once only ☐ Repeat every: weeks months ☐ Until further notice ☐ For: months	☐ Echo (with Strain) Auto consult if GLS or EF abnormal ☐ Once only ☐ Repeat every: weeks months ☐ Until further notice ☐ For: months

☐ **Consultation** - Urgency: ☐ Urgent (<48 hrs) ☐ Semi-urgent (<10 business days) ☐ Non-urgent (next available)

- Referral Reason:

- ☐ Baseline risk assessment (pre-therapy)
- ☐ Cardiotoxicity prevention
- ☐ CV risk factor optimisation in survivorship
- ☐ Cardiotoxicity management (on-therapy
Cancer therapy related cardiac dysfunction)

- Additional information:

Clinical Details

Cancer history

Planned future therapy (agent, regimen, start date)

Current medications

Previous cancer therapy (agent)

Cardiovascular risk factors

Previous cardiac imaging? (attach report if yes)

Referring Practitioner Details

Name:		Phone:	
Provider Number:		Date:	
Practice/Hospital:		Signature:	
Email:			

HFA-ICOS Baseline Cardio-Oncology Risk Assessment (HER2-Targeted Therapies: trastuzumab · pertuzumab · Transtuzumab emtansine · tucatinib · trastuzumab deruxtecan · neratinib · lapatinib)

Work through Steps 1 to 3 in order. Stop and assign the risk category as soon as a step applies.

STEP 1 – Very High Risk Factors (any one present VERY HIGH RISK, stop here)

- ☒ Heart failure or cardiomyopathy ☐ Prior trastuzumab cardiotoxicity

STEP 2 – High Risk Factors (any one present HIGH RISK, stop here)

- ☐ Myocardial infarction or CABG ☐ Baseline LVEF <50% ☐ Severe valvular heart disease
☐ Stable angina ☐ Age ≥ 80 years

STEP 3 – Medium Risk Factors (tick all that apply, sum the points)

2 POINTS EACH

- ☐ Borderline LVEF 50–54%
☐ Arrhythmia (AF, flutter, VT, or VF)
☐ Elevated baseline troponin
☐ Elevated baseline BNP or NT-proBNP
☐ Age 65–79 years
☐ Prior (remote) anthracycline exposure
☐ Prior radiotherapy to left chest / mediastinum

1 POINT EACH

- ☐ Hypertension
☐ Diabetes mellitus
☐ Chronic kidney disease
☐ Current regimen includes anthracycline before
☐ HER2 therapy
☐ Current smoker / significant smoking history
☐ Obesity (BMI >30)

Total medium risk points: (0 ticks × 2) + (0 ticks × 1) = TOTAL = 0

Category	Criteria	Management
☐ Low	0–1 point	Continue treatment with routine cardiovascular surveillance.
☐ Moderate	2–4 points	Closer CV monitoring; manage CV risk factors; consider cardio-oncology referral.
☐ High	Any Step 2 factor, or ≥5 points	Discuss risks/benefits of therapy; initiate closer cardiac monitoring; refer for cardio-oncology assessment.
☐ Very High	Any Step 1 factor	As for High risk, with urgent cardio-oncology referral before starting therapy.

Note: Any patient who develops cardiotoxicity during therapy should be referred to cardiology regardless of initial risk category. This tool is a decision-support aid and does not replace clinical judgement. Source: Lyon AR, Dent S, Stanway S, et al. Eur J Heart Fail. 2020;22(11):1945–1960 · 2022 ESC Cardio-Oncology Guidelines · mdcalc.com/calc/10643

RECOMMENDED SURVEILLANCE FREQUENCY (PER ESC CARDIO-ONCOLOGY GUIDELINES)

Therapy	Recommended monitoring	Trigger for early review
Trastuzumab / HER2-targeted therapy	TTE with LVEF and GLS every 3 months during treatment (Class I). Baseline TTE prior to cycle 1.	Automatic cardiology review if LVEF or GLS abnormal (LVEF <50% and/or relative GLS decline >15% from baseline).
Anthracycline chemotherapy	ECG and TTE with GLS at baseline; frequency during treatment per baseline risk category (low/moderate: consider at ≥250 mg/m ² doxorubicin-equivalent; high/very high: before each cycle from C1–C6)	New symptoms, cTn/NP rise, or GLS decline >15%
VEGF inhibitors	Baseline ECG (low to high risk). Baseline TTE for high/very high-risk patients; clinical + BP review with each cycle; echocardiography as clinically indicated.	New hypertension, HF symptoms, or QTc prolongation.
Immune checkpoint inhibitors	Baseline ECG + troponin all patients; TTE at baseline for high-risk patients; cTn/NP surveillance every cycle for first 3 cycles.	Any troponin rise, new arrhythmia, or conduction abnormality – urgent review, hold ICI.
Proteasome inhibitors	Baseline ECG + TTE prior to cycle 1. Clinical + BP review with each cycle.	New heart failure symptoms. cTn/NP rise.