Despite the contribution of anthracyclines to childhood cancer survival, these chemotherapy drugs confer a high risk of asymptomatic left ventricular (LV) dysfunction, cardiomyopathy, congestive heart failure, and death (Lipshultz et al., 2013; Mulrooney et al., 2009; Pein et al., 2004; van Dalen, van der Pal, Kok, Caron, & Kremer, 2006). Radiation of cardiovascular (CV) structures is associated with various adverse outcomes, including cardiomyopathy, constrictive pericarditis, and accelerated atherosclerosis, predisposing survivors to early onset coronary artery disease, myocardial infarction, and stroke (van der Pal, van Dalen, Kremer, Bakker, & van Leeuwen, 2005; van der Pal et al., 2012). Unfortunately, these CV effects can be progressive and frequently subclinical in the early stages (Mulrooney et al., 2009; van Dalen et al., 2006; van der Pal et al., 2005).

All available long-term follow-up (LTFU) guidelines for pediatric cancer survivors (Armenian et al., 2015; Children’s Oncology Group [COG], 2010; Dutch Childhood Oncology Group, 2010; Scottish Intercollegiate Guidelines Network, 2013; Skinner, Wallace, & Levitt, 2005) recommend evaluating LV systolic function through echocardiography or comparable imaging. Screening frequency is