Numerous anti-cancer drugs can lead to long QT syndrome as a cardiotoxic side effect, which can end in sudden death. But the outcome of a long QT syndrome is not necessarily fatal. When diagnosed and managed in time, prolongation of the QTc (QT corrected for heart rate) interval is reversible. Regular QTc interval assessment is therefore, necessary to ensure the optimal care for these patients. Evaluation of the QTc interval requires timely support of the attending oncologist by a cardiologist. The idea for the presented solution was to replace the conventional interaction between oncologists and cardiologists by a smartphone APP solution supporting single-lead ECG records directly at the cancer center and sent from APP to APP to a tele-cardiologist for immediate diagnosis (named as ‘QtcTracker’).

**Background**

The single-lead ECGs were recorded using either the KardiaMobile Device by AliveCor (top left panel) or the Apple Watch (top right panel). A pdf file was created out of each ECG (bottom panel) and transferred to the QtcTracker APP of the attending oncologist. The assignment of an ECG file to the corresponding patient record was guided by the use of a unique patient ID.

**Material and Methods**

While equipping 260 German breast centers with the QtcTracker solution within two multicenter, oncologic phase III-IV trials, the centers were asked in a structured interview about their current ECG workflow, turnaround time, and satisfaction. After the implementation of the QtcTracker, the centers were contacted again to evaluate the turnaround time and satisfaction with the new solution. The interviews were performed between October and December 2018. The QtcTracker turnaround times were evaluated between September 2019 and March 2020 of in total 266 ECGs of 122 Patients. The QtcInterval was calculated according to Fridericia's formula.