

Study number:

Date of inclusion: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **STUDY TREATMENT CRF**

### **Study Treatment**

Was immediate CAS performed: ☐ No ☐ Yes

If crossover; what was the reason: \_\_\_\_\_

#### **Report crossover to sponsor!**

Was CAS performed prior to thrombectomy: ☐ No (retrograde) ☐ Yes (antegrade)

When did PTA take place? ☐ Before stent placement ☐ Both before and after stent placement  
☐ After stent placement ☐ No PTA performed

Balloon measurements: Diameter: \_\_\_\_\_mm Length: \_\_\_\_\_mm

Time of stent placement: \_\_\_\_:\_\_\_\_

What was the type of stent used? ☐ Roadsaver (Terumo) ☐ Acculink (Abbott)  
 If other, please specify ☐ Casper (Microvention) ☐ NexStent (EndoTex)  
 (Multiple options possible) ☐ CGuard (Inspire MD) ☐ Protégé RX (Medtronic)  
☐ Wallstent (Boston Scientific) ☐ Precise Pro Rx (Cordis)  
☐ Xact (Abbott) ☐ Other: \_\_\_\_\_

Stent measurements: Length: \_\_\_\_\_mm Diameter: \_\_\_\_\_mm

Was a cerebral protection device used during EVT: ☐ No ☐ Yes

If yes, what type of cerebral perfusion protection was used: ☐ Proximal protection device ☐ Distal protection device  
 Please specify: \_\_\_\_\_

Did the patient receive a loading dose of IV aspirin 500mg during or shortly after the CAS (within 1 hour of groin closure): ☐ No ☐ Yes  
 If no, please specify: \_\_\_\_\_

Did any of the following events occur during the procedure: (multiple options possible)  
☐ Bradycardia  
☐ Hypotension  
☐ Carotid stent thrombosis  
☐ Embolization in new vascular territories  
☐ None of the above

If carotid stent thrombosis, which antiplatelet medication was administered: ☐ None ☐ Eptifibatide (Integrilin)  
☐ Tirofiban (Aggrastat) ☐ Other, \_\_\_\_\_

Total dose antiplatelet medication: \_\_\_\_\_mcg

### **(S)AE Check after study treatment**

Did the patient experience one of more (serious) adverse events: ☐ No ☐ Yes  
**If yes, please complete (S)AE form(s) in Castor and report to sponsor!**

### **Review all Data for this Visit**

Physician	Study Nurse
Date: ____/____/____	Date: ____/____/____
Signature: _____	Signature: _____
Other, comments: _____	
_____	
_____	
_____	