

Study number:

Date of inclusion: ___/___/___

DEFERRED TREATMENT CRF

Where was the decision regarding the deferred treatment strategy made:	<input type="radio"/> Intervention center <input type="radio"/> Referring center	<input type="radio"/> Other, _____
What was the deferred treatment strategy:	<input type="radio"/> Carotid Endarterectomy (CEA) <input type="radio"/> Best medical therapy <input type="radio"/> Carotid artery stenting (CAS)	

General procedure information

Date and time of procedure:	___/___/___ __:___	
Carotid artery treated:	<input type="radio"/> Left	<input type="radio"/> Right
Anticoagulation/antiplatelet therapy (multiple options possible):		
Pre-procedural: started on ward before procedure, During procedure: administered in anesthetic room or angiography suite, Post-procedural: Given on ward immediately after procedure.		
Pre-procedural:	During procedure:	Post-procedural:
<input type="radio"/> Aspirin	<input type="radio"/> Aspirin	<input type="radio"/> Aspirin
<input type="radio"/> Dipyridamole	<input type="radio"/> Dipyridamole	<input type="radio"/> Dipyridamole
<input type="radio"/> Clopidogrel	<input type="radio"/> Clopidogrel	<input type="radio"/> Clopidogrel
<input type="radio"/> Ticlodopine	<input type="radio"/> Ticlodopine	<input type="radio"/> Ticlodopine
<input type="radio"/> Warfarin	<input type="radio"/> Warfarin	<input type="radio"/> Warfarin
<input type="radio"/> Heparin or LMWH (therapeutic dose)	<input type="radio"/> Heparin or LMWH (therapeutic dose)	<input type="radio"/> Heparin or LMWH (therapeutic dose)
<input type="radio"/> Heparin or LMWH (prophylactic dose)	<input type="radio"/> Heparin or LMWH (prophylactic dose)	<input type="radio"/> Heparin or LMWH (prophylactic dose)
<input type="radio"/> Other antithrombotic; _____	<input type="radio"/> Other antithrombotic; _____	<input type="radio"/> Other antithrombotic; _____

Carotid Endarterectomy

Duration of procedure:	___:___	
Type of anesthetic used:	<input type="radio"/> General anesthesia <input type="radio"/> Local/Regional anesthesia <input type="radio"/> Combined local/regional and general anesthesia	
Type of reconstruction used:	<input type="radio"/> Standard endarterectomy <input type="radio"/> Eversion endarterectomy <input type="radio"/> Vein interposition	
Was a shunt used:	<input type="radio"/> No	<input type="radio"/> Yes
Occlusion time:	___:___ (Do not include shunt time if used)	
Was intra-operative neuromonitoring performed?	<input type="radio"/> EEG <input type="radio"/> Transcranial doppler (TCD) <input type="radio"/> EEG + TCD <input type="radio"/> No intra-operative neuromonitoring performed	
Did the patient experience one or more (serious) adverse events during CEA:	<input type="radio"/> No	<input type="radio"/> Yes
If yes, please complete (S)AE form(s) in Castor and report to sponsor!		

Best medical therapy

What was the reason this option was chosen:	<input type="radio"/> Patient did not recover well from stroke <input type="radio"/> Patient did not consent to intervention <input type="radio"/> Patient did not have high grade stenosis <input type="radio"/> There was no carotid stenosis/occlusion left after EVT <input type="radio"/> During follow-up, there was a complete carotid artery occlusion <input type="radio"/> Other, please specify: _____
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Carotid Artery Stenting

What was the reason this option was chosen: _____

Duration of procedure: _____:_____

- Anesthetic management:
- | | |
|--|--|
| <input type="radio"/> None (local only) | <input type="radio"/> Deep sedation |
| <input type="radio"/> None + bolus short working opiates | <input type="radio"/> General anesthesia |
| <input type="radio"/> Moderate sedation | |

- i** Moderate sedation= patient is asleep, but wakes up when spoken to or touched
 Deep sedation = patients sleeps, no intubation
 General anesthesia = intubation

- Was PTA performed, and if so when:
- | | |
|--|---|
| <input type="radio"/> PTA performed before CAS | <input type="radio"/> PTA both before and after CAS |
| <input type="radio"/> PTA performed after CAS | <input type="radio"/> No PTA performed |

Balloon measurements: Diameter: _____mm Length: _____mm

- What was the type of stent used?
 If other, please specify
 (Multiple options possible)
- | | |
|---|---|
| <input type="radio"/> Roadsaver (Terumo) | <input type="radio"/> Acculink (Abbott) |
| <input type="radio"/> Casper (Microvention) | <input type="radio"/> NexStent (EndoTex) |
| <input type="radio"/> CGuard (Inspire MD) | <input type="radio"/> Protégé RX (Medtronic) |
| <input type="radio"/> Wallstent (Boston Scientific) | <input type="radio"/> Precise Pro Rx (Cordis) |
| <input type="radio"/> Xact (Abbott) | <input type="radio"/> Other: _____ |

Stent measurements: Diameter: _____mm Length: _____mm

- Was the stent successfully deployed: No Yes

- Was a cerebral protection device used during CAS? No Yes

- If yes, what type of cerebral perfusion protection was used: Proximal protection device Distal protection device
 Please specify: _____

- Did any of the following events occur during the procedure:
- Bradycardia
 - Hypotension
 - Carotid stent thrombosis
 - Embolization in new vascular territories
 - None of the above

- If carotid stent thrombosis, was escape medication (tirofiban [Aggrastat] bolus 25microg/kg followed by 0,15microg/kg/min) used: administered: No Yes

- Did the patient experience one or more (serious) adverse events during CAS: 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: _____

