

Appendix 3 – 1-month post-procedure form (page 1)

ACST-2 1-MONTH POST-PROCEDURE FORM: complete about 1 month after CEA/CAS

Family name(s) of patient (PRINT)

Given name(s) of patient (PRINT)

-- ACST 6-digit patient ID (eg 41-02-34) from randomisation phone call

// Date of birth (day/month/year)

Which procedure (CEA/CAS) was first attempted on the randomised artery? **Give details below**

A. (1): CEA or (2): CAS; then (1 or 2) procedural details

Either: (1) // **Date of CEA** **AND** Name of Surgeon, Hospital & City (PRINT)

Side of intervention? (L = Left, R = Right)

Patch used? Y = YES, N = NO

Shunt used? Y/N

Or: (2) // **Date of CAS** **AND** Name of Interventionalist, Hospital & City (PRINT)

Side of intervention? (L = Left, R = Right)

Type of stent? (S = Straight, T = Tapered)

Name of stent (PRINT)

Specialty of interventionalist (S = Surgeon, R = Radiologist, C = Cardiologist, O = Other)

Cerebral protection device(s)? (N = none used, 1 = Distal balloon, 2 = Proximal occlusion, 3 = Filter)

Name(s) of CP device(s) (PRINT)

Then: (1 or 2) Procedural details (of CEA or of CAS)

Anaesthetic (L = Local, G = General)

Anti-platelet drugs used (A = Aspirin, C = Clopidogrel, O = Other, N = None); can enter 1 or 2 drugs

Hospital stay, to nearest whole day (99 = not yet discharged)

B. Post-procedure status

Ipsilateral cranial nerve damage from procedure? Y/N If **YES**, which cranial nerve? (eg, XII)

// Date of post-procedure duplex Doppler

Left side **Right side**

% stenosis by this duplex Doppler

C. Other procedures done since randomisation

Any other procedures to this artery since randomised treatment? (CEA/CAS/N = None) If **YES** give date //

Any procedures to contralateral artery since randomisation? (CEA/CAS/N = None) If **YES** give date //

D. Events within 30 days after trial procedure (please answer ALL 3 questions)

MI(s)? Y/N If **Yes**, give date // and give details on next page 

Stroke(s)? Y/N If **Yes**, give date // and give details on next page 

Death? Y/N If **Yes**, give date // and give details on next page 

E. Current status (leave blank if dead) Date patient last seen //

/ Systolic/diastolic blood pressure (mmHg)

Patient in hospital/nursing care now? Y/N (If **YES**, please **PRINT** address)

Currently on the following therapy? (Please answer **ALL 6** questions Y/N)

Aspirin Clopidogrel Other anti-platelet

Anti-coagulant Anti-hypertensive Lipid-lowering

**When completed, please keep copy in hospital notes and fax/post original(s) to
ACST Office, Dept CV Science, St George's University of London, SW17 0RE, GB
(fax +44 (0) 20 87 25 37 82)**

ACST/FU1/2/607

Appendix 3 – 1-month post-procedure form (page 2)

ACST-2 1-MONTH POST-PROCEDURE FORM: page 2 (leave page 2 completely blank unless there is a stroke, MI or death on page 1)

Family name(s) of patient (**PRINT**)
 Given name(s) of patient (**PRINT**)
-- ACST 6-digit patient ID (eg 41-02-34) from randomisation phone call

If there was any peri- or post-procedural stroke, MI or death (within 1 month), describe briefly the attempted procedure, its outcome and the patient's clinical course and current status (with any relevant comments)

Any comments (eg, details of any additional MIs or strokes):

Details of major events within 1 month of the trial procedure (page 1, part D)

Time of event(s) after procedure (hours/days: please specify)
How was the event related to the procedure?

Myocardial infarction within 1 month

- Clinical symptoms? Y/N
 Definite ST-segment changes? Y/N
 Definite enzyme changes? Y/N
 Hospitalised for this event? Y/N

Any comments:

If **YES**, length of stay (days, to the nearest whole day: 99 = not yet discharged)

Stroke within 1 month

- Type (I = Ischaemic, H = Haemorrhagic, U = Unknown)
 Stroke confirmed by CT/MRI? Y/N (If **YES**, please send copy of report to ACST-2 office)
 Status at present (modified Rankin scale 0-5; see below)
 Hospitalised for this event? Y/N

If **YES**, length of stay (days, to the nearest whole day: 99 = not yet discharged)

Death within 1 month

Cause(s) of death:
Any comments:

Modified Rankin Scale

- 0 No symptoms at all from the stroke.
- 1 No significant disability despite some symptoms: able to carry out usual duties and activities
- 2 Slight disability from the stroke: unable to carry out all previous activities but able to look after own affairs without assistance
- 3 Moderate disability from the stroke: requiring some help, but able to walk without assistance
- 4 Moderately severe disability from the stroke: unable to walk without assistance and unable to attend to own bodily needs without assistance
- 5 Severe disability from it: bedridden, incontinent and requiring constant nursing care and attention

(You do not need to send this page if it is completely blank)