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

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

Name & address of doctor (or other

person) completing this form (**PRINT**)

ACST 6-digit patient ID (eg 41-02-34) from randomisation or consent form,

or **PRINT** patient’s main names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d d / m m / y y Date of birth (day/month/year)

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

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| **A. Either: (1) CEA; Or: (2) CAS; Then: (1 or 2) procedural details** |

Either: **(1)** d d / m m / y y **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)** d d / m m / y y **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**)

 Speciality 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)**

 Type of 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 nerves? (*eg, XII*)

 d d / m m / y y Date of post-procedure duplex Doppler Comment:

 **Left side Right side** % stenosis by this duplex Doppler

 (& any comment, if stenosis remains)

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| --- |
| C. Other procedures done since randomisation |

 Any other procedures to this artery

 since randomised treatment? (CEA/CAS/N = None) If **YES** give date d d / m m / y y

 Any procedures to contralateral artery

 since randomisation? (CEA/CAS/N = None) If **YES** give date d d / m m / y y

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

 D1 MI(s)? Y/N If **YES**, give date d d / m m / y y and give details on next page

 D2 Stroke(s)? Y/N If **YES**, give date d d / m m / y y and give details on next page

 D3 Death? Y/N If **YES**, give date d d / m m / y y and give details on next page

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

 / 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 post original(s) to ACST-2 Richard Doll Building, University of Oxford, Old Road, Headington, Oxford, UK OX3 7ZF** (March 2020)

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

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

 ACST-2 6-digit patient ID (eg 41-02-34) from randomisation or consent form,

 or **PRINT** patient’s main names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| 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)

Any comments on how the event(s) seemed to relate to the procedure?

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| --- |
| D1 Myocardial infarction within 1 month |

 Clinical symptoms? Y/N

Any comments (eg, on any additional infarcts)?

 Definite ST-segment changes? Y/N

 Definite enzyme changes? Y/N

 Hospitalised for this event? Y/N

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

|  |
| --- |
| D2 Stroke within 1 month (If more than one, comment on all below) |

 Laterality? (L = Left & R = Right carotid territory, O = Other; specify: ..........................................)

 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 from stroke at present (modified Rankin scale 0-6; see below)

 Hospitalised (or institutionalised) for this event? Y/N

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

|  |
| --- |
| D3 Death within 1 month |

Cause(s) of death

Any comments?

|  |
| --- |
| Any additional comments or information (as narrative)? |

(eg, why allocated procedure not done; how procedure went; any further MIs or strokes; timing, location, nature & severity of all strokes etc.):

**Modified Rankin Scale** (NB If patient has stroke then dies of unrelated cause, describe stroke anyway)

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.

6 Died directly or indirectly from the stroke

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