

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

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: _____

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

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

A. Either: (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**)

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)

/ / Date of post-procedure duplex Doppler

Left side Right side % stenosis by this duplex Doppler

(& any comment, if stenosis remains)

Comment:

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)

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

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

D3 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, Asymptomatic Carotid Surgery Trial 2, Nuffield Department of Surgical Sciences, University of Oxford, Level 6 John Radcliffe Hospital, Headington, Oxford, OX3 9DU (fax +44 (0)1865 221 027)

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

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)

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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)

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?

D1 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 (eg, on any additional infarcts)?

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)