

Study number:

Date of inclusion: ___/___/___

Patient sticker/label

OR

Patient name: _____

Patient ID: _____

PLEASE FILL OUT BOTH PAGES AND SCAN

Intra-arterial treatment (IAT) – Case Report Form CONTRAST

General information

Date intra-arterial treatment ___/___/___ (DD/MM/YYYY)

Name 1st interventionalist _____

Name 2nd interventionalist _____

Time registration (hh:mm)

Time of patient arrival into angiosuite _____ : _____

Time of groin puncture _____ : _____

Time of device attempts First: _____ : _____ Second: _____ : _____ Third: _____ : _____

Time recanalization (TICI≥2B) achieved or last contrast bolus _____ : _____

Time of sheath withdrawal/end of procedure _____ : _____

Anesthetic management

Anesthetic team present from the start No Yes

First/primary anesthetic management 0 - None (local only)
 1 - Local with bolus short working opiates
 2 - Moderate sedation (patient reacts purposefully to verbal/tactile stimuli)
 3 - Deep sedation (patient sleeps, no intubation)
 4 - General anesthesia (intubation)

Conversion No Yes, conversion from: _____ to: _____ (fill out numbers)

Pre-treatment

Final blood pressure before groin puncture (in angiosuite) Systolic _____ mm Hg / Diastolic _____ mm Hg

Entry Location Groin Arm Carotid
Side Left Right Both
Sheath Length Short Long
Size 5-7 Fr 8-9 Fr
Target lesion/occlusion on DSA Location ICA ICA-T M1 M2 (A1 A2 VA BA P1 P2)
(multiple options allowed) Side Multiple distal microthrombi/emboli Other: _____
 Left Right (NA)

eTICI-score before IAT on DSA (pre-TICI) 0 1 2A (<50%) 2B (50-<90%) 2C (90%-99%) 3

Treatment - main data

Performed procedure 0 - Catheterization only (no access to target lesion)
 1 - Cerebral DSA only (i.e. spontaneous recanalization or migration)
 2 - Intra-arterial treatment (use of device or IA thrombolysis)
 3 - Other (if procedure ended before thrombectomy attempt, despite target occlusion)
 4 - NO procedure performed

Please explain if '2 - IAT' was not performed: _____

Final DSA performed in two directions (PA and lateral) No Yes
Final eTICI score after IAT (post-TICI) 0 1 2A (<50%) 2B (50-<90%) 2C (90%-99%) 3

Procedural complication(s)? No Yes: (please specify below)
Distal thrombus (downstream from target thrombus) No Yes, location: _____
Dissection No Yes, location: _____
Embolization in new / other vascular territory No Yes, location: _____
Perforation No Yes, location: _____
Significant flow-limiting vasospasm(s) No Yes, location: _____
Other complication No Yes, please specify: _____

Stent and (if applicable) thrombus sent for PA? Stent: No Yes
Thrombus: No Yes

Remarks:

Study number:

Date of inclusion: ____/____/____

Patient sticker/label

OR

Patient name: _____

Patient ID: _____

PLEASE FILL OUT BOTH PAGES AND SCAN

Non-trial medication during procedure

Non-trial medication given during procedure No Yes: (please specify below)

<input type="checkbox"/> Heparin	Total dose: _____ IU
<input type="checkbox"/> Abciximab (Reopro)	Total dose: _____ mg
<input type="checkbox"/> Acetylsalicylic acid (Aspégic)	Total dose: _____ mg
<input type="checkbox"/> Nimodipine	Total dose: _____ mg
<input type="checkbox"/> Other: _____	Total dose+units: _____

Stent placement/PTA in ICA

Stent placed in ICA No Yes: before after IAT

Time of ICA stent placement _____ : _____

ICA Stent type _____ and size+units: _____

Was PTA performed No Yes: before after without stent placement

Balloon size+units _____

Attempt 1

Target lesion/occlusion location of attempt 1 (multiple options allowed) ICA ICA-T M1 M2 (A1 A2 VA BA P1 P2) Multiple distal microthrombi/emboli Other: _____

Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____

eTICI score after attempt 1 0 1 2A (<50%) 2B (50-<90%) 2C (90-99%) 3

Attempt 2

Target lesion/occlusion location of attempt 2 (multiple options allowed) ICA ICA-T M1 M2 (A1 A2 VA BA P1 P2) Multiple distal microthrombi/emboli Other: _____

Same as first attempt? No Yes (only if everything remains completely the same)

Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____

eTICI score after attempt 2 0 1 2A (<50%) 2B (50-<90%) 2C (90-99%) 3

Attempt 3

Target lesion/occlusion location of attempt 3 (multiple options allowed) ICA ICA-T M1 M2 (A1 A2 VA BA P1 P2) Multiple distal microthrombi/emboli Other: _____

Same as second attempt? No Yes (only if everything remains completely the same)

Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____

eTICI score after attempt 3 0 1 2A (<50%) 2B (50-<90%) 2C (90-99%) 3

Additional attempts No Yes, **PLEASE FILL IN SEPARATE FORM WITH ADDITIONAL ATTEMPTS**

Study number:

Date of inclusion: ___/___/___

Patient sticker/label

OR

Patient name: _____

Patient ID: _____

PLEASE FILL OUT BOTH PAGES AND SCAN

Attempt 4		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 4 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 (<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____
eTICI score after attempt 4		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

Attempt 5		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 5 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 (<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____
eTICI score after attempt 5		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

Attempt 6		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 6 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 (<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____
eTICI score after attempt 6		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

Attempt 7		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 7 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 (<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____
eTICI score after attempt 7		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

Study number:

Date of inclusion: ___/___/___

Patient sticker/label

OR

Patient name: _____

Patient ID: _____

PLEASE FILL OUT BOTH PAGES AND SCAN

Attempt 8		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 8 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 (<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____
eTICI score after attempt 8		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

Attempt 9		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 9 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 (<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____
eTICI score after attempt 9		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

Attempt 10		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 10 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 (<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____
eTICI score after attempt 10		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

Additional attempts	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please describe:	