

# B

## 1. Patient personal details

Name:.....  
 Insurance number:.....  
 Date of birth:.....  
 Date of intervention:.....

Country:
City:
Institute:
Operating physician:

## 2. Result of coronarography:

### Admission details:

Pulse rate (beats/min):.....  
 Blood pressure (mmHg):.....  
 O<sub>2</sub> Saturation (%):.....

### Access site (multiple choice)

If invasive pressure measurement was performed, please fill in here and fill out **FORM C**

Access site 1  right femoral  left femoral  right radial  left radial  distal right radial (snuffbox)  
 distal left radial (snuffbox)  Other: please specify:.....

Access site 2  right femoral  left femoral  right radial  left radial  distal right radial (snuffbox)  
 distal left radial (snuffbox)  Other: please specify:.....

Procedure time (min):.....  
 Fluoro time (min):.....  
 Air Kerma (Gy):.....  
 Contrast amount (ml):.....  
 Systolic blood pressure (mmHg):.....  
 Diastolic blood pressure (mmHg):.....  
 Heart frequency (beats per minute):.....

### Distribution of coronary lesions

Mark the target vessel coronary lesion(s) and the characteristics of the lesion (multiple choice)\*

- 1 prox. RCA                       9 D1
- 2 mid. RCA                         10 D2
- 3 dist. RCA                         11 prox. LCX

- |                                   |  |
|-----------------------------------|--|
| <input type="radio"/> 4 PDA-RCA   | <input type="radio"/> 12 OM1               |
| <input type="radio"/> 16 PLB-RCA  | <input type="radio"/> 13 mid and dist. LCX |
| <input type="radio"/> 5 LM        | <input type="radio"/> 14 OM2               |
| <input type="radio"/> 6 prox. LAD | <input type="radio"/> 15 PDA-LCX           |
| <input type="radio"/> 7 mid. LAD  | <input type="radio"/> 17 IM                |
| <input type="radio"/> 8 dist. LAD | <input type="radio"/> 18 PLB-LCX           |

<b>number</b>						
<b>Pressure measurement</b>						
<b>Intact</b>						
<b>Uneven</b>						
<b>&lt; 50 % diameter stenosis</b>						
<b>50-75% diameter stenosis</b>						
<b>&gt; 75% diameter stenosis</b>						
<b>Total Occlusion</b>						

SYNTAX I score: .....points

SYNTAX II score: .....points

link: <http://www.syntaxscore.com/calculator/start.htm>

## 2. Percutaneous coronary angioplasty (PTCA) performed: yes/no

Stent implanted:  yes/no

If yes, please fill out:

Location (number from previous*)	Segment length (mm)	Diameter (mm)	Total stent length (mm)	Stent type DES/BMS/BVS


(többszörösen legördülő)

### 3. Intracoronary imaging was performed: yes/no

**If performed by intravascular ultrasound (IVUS), please fill in**

pre-PCI minimum lumen area (MLA): .....mm<sup>2</sup>

post- PCI minimal stent area (MSA):.....mm<sup>2</sup>

stent malapposition (SM): yes/no

**complications after stent implantation** yes/no

*if yes, please specify:*

stent edge dissection yes/no

tissue protrusion yes/no

plaque shift yes/no

coronary spasm yes/no

**If performed by optical coherence tomography (OCT), please fill in**

pre-PCI minimal lumen area (MLA):.....mm<sup>2</sup>

post- PCI minimal stent area (MSA):..... mm<sup>2</sup>

percentage area stenosis:.....%

**complications after stent implantation** yes/no

*if yes, please specify:*

stent edge dissection yes/no

tissue protrusion yes/no

plaque shift yes/no

coronary spasm yes/no

## 4. Complications, adverse events

### 4.1. Bleeding

#### BARC Definitions

Type 0	No bleeding	
Type 1	Bleeding that is not actionable and does not cause the patient to seek treatment	
Type 2	Any clinically overt sign of hemorrhage that “is actionable” and requires diagnostic studies, hospitalization, or treatment by a health care professional	
Type 3	a. Overt bleeding plus hemoglobin drop of 3 to < 5 g/dL (provided hemoglobin drop is related to bleed); transfusion with overt bleeding	
	b. Overt bleeding plus hemoglobin drop < 5 g/dL (provided hemoglobin drop is related to bleed); cardiac tamponade; bleeding requiring surgical intervention for control; bleeding requiring IV vasoactive agents	

	c. Intracranial hemorrhage confirmed by autopsy, imaging, or lumbar puncture; intraocular bleed compromising vision	
Type 4	CABG-related bleeding within 48 hours	
Type 5	a. Probable fatal bleeding b. Definite fatal bleeding (overt or autopsy or imaging confirmation)	

Bleeding according to TIMI (single choice):  1. major  2. minor  3. minimal

**Non-CABG Related Bleeding:**

	Major	<ul style="list-style-type: none"> <li>- Any intracranial bleeding (excluding microhemorrhages &lt;10 mm evident only on gradient-echo MRI)</li> <li>- Clinically overt signs of hemorrhage associated with a drop in hemoglobin of <math>\geq 5</math> g/dL or a <math>\geq 15\%</math> absolute decrease in haematocrit</li> <li>- Fatal bleeding (bleeding that directly results in death within 7 days)</li> </ul>
	Minor	<ul style="list-style-type: none"> <li>Clinically overt (including imaging), resulting in hemoglobin drop of 3 to &lt;5 g/dL or <math>\geq 10\%</math> decrease in haematocrit</li> <li>- No observed blood loss: <math>\geq 4</math> g/dL decrease in the haemoglobin concentration or <math>\geq 12\%</math> decrease in haematocrit.</li> <li>- Any overt sign of hemorrhage that meets one of the following criteria and does not meet criteria for a major or minor bleeding event, as defined above.</li> <li>- Requiring intervention (medical practitioner-guided medical or surgical treatment to stop or treat bleeding, including temporarily or permanently discontinuing or changing the dose of a medication or study drug)</li> <li>- Leading to or prolonging hospitalization.</li> <li>- Prompting evaluation (leading to an unscheduled visit to a healthcare professional and diagnostic testing, either laboratory or imaging).</li> </ul>
	Minimal	<ul style="list-style-type: none"> <li>Any overt bleeding event that does not meet the criteria above.</li> <li>- Any clinically overt sign of haemorrhage (including imaging) associated with a &lt;3 g/dL decrease in haemoglobin concentration or &lt;9% decrease in haematocrit.</li> </ul>

Bleeding in the Setting of CABG (single choice):

- Fatal bleeding (bleeding that directly results in death)
- Perioperative **intracranial bleeding**
- Reoperation after closure of the sternotomy incision for the purpose of controlling bleeding
- Transfusion of  $\geq 5$  U PRBCs or whole blood within a 48-h period; cell saver transfusion will not be counted in calculations of blood products.

- Chest tube output >2 L within a 24-h period

#### 4.2. Procedural and/or in-Hospital Complication Type(s)

(check all that apply)

arrhythmia

*if yes, please specify* a) atrial fibrillation b) ventricular fibrillation c) asystole d) other:.....

dissection

resuscitation: *if yes*, due to ventricular tachycardia / ventricular fibrillation

Other, please specify:.....(többszörösen legördülő)

death: yes / no

*if yes: the exact time of death:..... (e.g. 10.25 or 22.45, date: year/month/day)*

Acute Myocardial Infarction

Stroke

Re-PCI

Emergency CABG

Tamponade

Pericardiocentesis

Equipment Loss

Perforation

Vascular Access Complication

Dissection/Thrombus of Donor Artery

Bleeding

Contrast induced nephropathy

Aortocoronary dissection

Radiation skin injury

**5. Multidisciplinary team (Heart team) discussion was done:** yes / no

*if yes, select team members (multiple choice):* interventional cardiologist /  
cardiothoracic surgeon / valve clinic coordinator / cardiac catheter lab and O.R. staff /  
anesthesiologist / referring cardiologist / imaging specialist

Decision (single choice): conservative therapy / surgery / PCI stent implantation

**6. Angiograms were selected and saved for 3D model reconstruction and follow-up** yes/no

**If FFR invasive pressure measurement was done, please fill in the C form/ FFR invasive pressure measurement form**

**7. Outcome**

- |  |   |
|--|---|
| 1. Death                                       | yes/no ( <i>ha igen, több ne nyíljon le</i> ) |
| 2. FFR measurement was performed               | yes/no  |
| 3. Stent implantation was done:                | yes/no  |
| 4. Patient was transferred to surgery for CABG | yes/no  |
| 5. Re PCI was done                             | yes/no  |
| 6. Discharged from hospital to home            | yes/no  |
| 7. Admitted to hospital                        | yes/no  |

*if yes, a) admitted to unit b) admitted to intensive care unit*

Length of hospital stay:.....days