Surgical or Therapeutic Procedures Data Table

| Surgical or Therapeutic Procedure | Inpatient or Outpatient? | Start Date | End Date |
| --- | --- | --- | --- |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |
| (data to be entered by site) | Inpatient  Outpatient | (mm/dd/yyyy) | (mm/dd/yyyy) |

The interview questions that follow are provided to make certain all important surgical/procedural interventions are recorded in the preceding table.

## In-Hospital Surgeries/ Procedures

Indicate whether or not the participant/ subject received any of the following interventions while being treated in the hospital for the index stroke event.

1. Cerebrovascular Procedures (Neurosurgical and other)
   1. Thrombectomy

IF YES, which artery(ies): (choose all that apply)

MCA:

M1

M2

ICA

Basilar artery

Posterior cerebral artery

Vertebral artery

* 1. Other intracranial revascularization

IF YES, type(s) of intracranial revascularization: (choose all that apply)

Angioplasty

Stenting

Bypass/Revascularization surgery

Direct

Indirect (e.g., EDAS)

Other, specify:

* 1. Cervical carotid revascularization

IF YES, type(s) of carotid revascularization: (choose all that apply)

Carotid endarterectomy (CEA)

Carotid artery stenting (CAS)

Other, specify:

* 1. Vertebral artery revascularization

IF YES, type(s) of vertebral artery revascularization: (choose all that apply)

Angioplasty

Stenting

Surgical reimplantation

Other, specify:

* 1. Hematoma evacuation

1. Non-Vascular Neurosurgical Procedures
   1. Ventricular drainage placed

IF YES, type(s) of ventricular drainage placed: (choose all that apply)

Temporary extraventricular drain

Permanent shunt

Other, specify:

* 1. Hemicraniectomy
  2. Other non-vascular neurosurgical procedure, specify:

1. Surgical Procedures

Feeding tube placement

Tracheostomy

Other surgical procedure, specify:

1. Medical therapy for increased intracranial pressure

IF YES, type(s) of therapy for increased intracranial pressure: (choose all that apply)

Osmotic therapy

Hypertonic saline

Mannitol

Hypothermia

## Surgeries/ Procedures after Initial Discharge

Indicate whether or not the participant/ subject received or was evaluated and scheduled for a surgical/ operative procedure as a preventative therapy for stroke after initial hospital discharge for the index stroke/ TIA.

1. Surgical/ Operative preventive treatment:  Yes  No  Unknown

IF YES, type(s) of surgical/ operative preventive treatment: (choose all that apply)

Cardiac, specify:

Neurosurgical:

Encephaloduroarteriosynangiosis (EDAS)

Obliteration of vascular malformation

Other, specify:

## General Instructions

This case report form (CRF) contains data elements related to surgical and other procedure interventions the participant/ subject is treated with while in the hospital for the index stroke event or after initial discharge from the hospital.

Important note: None of the data elements included on this CRF Module is considered Core (i.e., strongly recommended for all stroke clinical studies to collect). Rather, all of the data elements are Supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Surgical or therapeutic procedure – Choose all that apply. Recommend collection during acute hospital care. In previous studies, information on surgical procedures has typically been documented in free text format, thus often precluding any meaningful analysis. We therefore propose the use of ICD-10 coding
* Inpatient or outpatient status - Choose one.
* Surgical or therapeutic procedure start date and time – Record the date/time according to the ISO 8601, the [International Standard for the representation of dates and times](https://www.iso.org/iso-8601-date-and-time-format.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).
* Surgical or therapeutic procedure end date and time - Record the date/time according to the ISO 8601, the [International Standard for the representation of dates and times](https://www.iso.org/iso-8601-date-and-time-format.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).