

iSCAD Registry

Follow-Up Case Report Form
Version 21
(November 2, 2018)

iSCAD Registry

Follow-Up Case Report Form

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Site Information

Site:

Subject ID: _____

Name of person completing the form:

0. Visit Details

0.1 Was the patient seen in person? Yes No, this is a chart review

0.2 Visit: Day 30 Day 90 Day 180 Day 360 Year 2 Year 3

1. Physical Exam

1.1 Date of visit: ____ Month / ____ Day / ____ Year

1.2 Height: ____ ft. ____ in or ____ cm

1.3 Weight: ____ lbs. or ____ kg

1.4 Blood pressure: ____ / ____

1.5 Heart rate: ____ bpm

2. Symptoms

2.1 Episodes of chest pain: Yes No Not assessed

2.1.1 If Yes, Chest pain on exertion: Yes No Not assessed

2.1.2 If Yes, Duration of each episode:

Seconds at a time

< 5 minutes at a time

>5 minutes at a time

>1 hour at a time

Not assessed

2.1.3 If Yes, Character of chest pain (Select most appropriate):

Stabbing

Squeezing

Pressure

Other, please specify: _____

Not assessed

2.1.4 If Yes, Frequency of episodes:

Daily

Several times a week, but not daily

Weekly

Several times a month, but not weekly

Once a month

Less than once a month

Not assessed

2.1.5 If Yes, Severity of chest pain compared to last visit: Improved Worse No change in severity Not assessed

2.1.6 If Yes, Severity of pain on a scale from 0 to 10 (10 being most severe and 0 being no pain): _____

2.2 Shortness of breath on exertion: Yes No Not assessed

2.3 Episodes of palpitations: Yes No Not assessed

3. Medication At Time of Office Visit (Regular medication only. Do NOT include PRN medication)

3.1 Patient is on antiplatelet medication: Yes No Not assessed

3.1.1 If Yes, select all that apply:

Aspirin

Clopidogrel

Prasugrel

Ticagrelor

Other, specify:

3.2 Patient is on an anticoagulant: Yes No Not assessed

3.2.1 If Yes, select all that apply: Warfarin Direct oral anticoagulant Others, please specify: _____

3.3 Patient is on other cardiac medication: Yes No Not assessed

3.3.1 If Yes, select all that apply:

ACEI/ARB

Beta blocker

Calcium channel blocker

Diuretic

Nitrate

Ranolazine

Statin

Other, specify:

3.4 Patient is on migraine prophylaxis: Yes No Not assessed

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3.4.1 If Yes, select all that apply:

- Topiramate Valproic acid Gabapentin Tricyclic antidepressant
 Beta blocker Calcium channel blocker Other (specify): _____

3.5 Patient is on medication for anxiety or depression: Yes No Not assessed

3.5.1 If Yes, which of the two has the patient been diagnosed with? Anxiety Depression Both

3.5.2 If Yes, select all that apply:

- Selective serotonin reuptake inhibitor (SSRI) Tricyclic antidepressant
 Selective norepinephrine reuptake inhibitor (SNRI) Monoamine oxidase inhibitors (MAOI)
 Agomelatine Bupropion
 Mirtazapine Serotonin modulators (Trazodone, Nefazodone, Vilazodone)
 Atypical antipsychotic Lithium
 Buspirone Pregabalin
 Benzodiazepine Other, please specify:

4. New Events (SINCE LAST VISIT)

4.1 Has the patient been admitted for a myocardial infarction? Yes No Not assessed

If Yes, please answer the following specific to the MI

4.1.1 Date of Myocardial Infarction: _____ Month / _____ Day / _____ Year

4.1.2 Is the MI related to SCAD? Yes No Not assessed

4.1.3 Type of MI: ST elevation MI Non-ST elevation MI Not assessed

4.1.4 Peak Troponin T level: _____ Units: _____ Upper limit of normal: _____ Not assessed

4.1.5 Peak Troponin I level: _____ Units: _____ Upper limit of normal: _____ Not assessed

4.1.6 Angiogram done during admission: Yes No Not assessed

If Yes, please answer the following:

4.1.6.1 Number of angiograms:

4.1.6.1.1 Angiogram #1: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

4.1.6.1.1.1 Date of angiogram: _____ Month / _____ Day / _____ Year

4.1.6.1.1.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

4.1.6.1.1.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

4.1.6.1.1.3 Vascular access site complication occurred? Yes No Not assessed

4.1.6.1.1.3.1 If Yes, specify (select all that apply):

- Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

4.1.6.1.2 Angiogram #2: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

4.1.6.1.2.1 Date of angiogram: _____ Month / _____ Day / _____ Year

4.1.6.1.2.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

4.1.6.1.2.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

4.1.6.1.2.3 Vascular access site complication occurred? Yes No Not assessed

4.1.6.1.2.3.1 If Yes, specify (select all that apply):

- Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

4.1.6.1.3 Angiogram #3: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

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4.1.6.1.3.1 Date of angiogram: ____ Month / ____ Day / ____ Year

4.1.6.1.3.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

4.1.6.1.3.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

4.1.6.1.3.3 Vascular access site complication occurred? Yes No Not assessed

4.1.6.1.3.3.1 If Yes, specify (select all that apply):

- Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

4.1.6.1.4 Angiogram #4: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

4.1.6.1.4.1 Date of angiogram: ____ Month / ____ Day / ____ Year

4.1.6.1.4.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

4.1.6.1.4.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

4.1.6.1.4.3 Vascular access site complication occurred? Yes No Not assessed

4.1.6.1.4.3.1 If Yes, specify (select all that apply):

- Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

4.1.6.1.5 Angiogram #5: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

4.1.6.1.5.1 Date of angiogram: ____ Month / ____ Day / ____ Year

4.1.6.1.5.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

4.1.6.1.5.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

4.1.6.1.5.3 Vascular access site complication occurred? Yes No Not assessed

4.1.6.1.5.3.1 If Yes, specify (select all that apply):

- Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

4.1.7 Thrombolysis administered: Yes No Not assessed

4.1.7.1 If Yes, type (select all that apply):

- Alteplase (Activase) Anistreplase (Eminase) Reteplase (Retavase) Streptokinase (Kabikinase)
 Tenecteplase (TNKase) Other, specify:

4.1.8 Anticoagulation administered during hospitalization: Yes No Not assessed

4.1.8.1 If Yes, type (select all that apply):

- Bivalirudin Fondaparinux LMWH Unfractionated heparin
 Other, specify:

4.1.9 Antiplatelet medication administered during hospitalization: Yes No Not assessed

4.1.9.1 If Yes, select all that apply:

- Aspirin Clopidogrel GpIIb/IIIa inhibitor Prasugrel
 Ticagrelor Other, specify:

4.1.10 Other cardiac medication administered during the event: Yes No Not assessed

4.1.10.1 If Yes, select all that apply:

- ACEI/ARB Beta blocker Calcium channel blocker Diuretic
 Ranolazine Statin Nitrate (IV, PO, or SL) Other, specify:

4.2 If admitted for a MI (Section 4.1), was Percutaneous Coronary Intervention (PCI) attempted? Yes No Not assessed

If Yes, please answer the following:

4.2.1 Date of PCI: ____ Month / ____ Day / ____ Year

4.2.2 Were any stents placed? Yes No Not assessed

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4.2.2.1 If Stent placement was performed, number of stents: ___ / Not assessed

4.2.2.2 If Stent placement was performed, type of stents (select all that apply): BMS DES Bioabsorbable Not assessed

4.2.3 Type of complication (select all that apply):

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> No complication | <input type="checkbox"/> Abrupt closure | <input type="checkbox"/> Dissection | <input type="checkbox"/> Distal embolization |
| <input type="checkbox"/> No reflow | <input type="checkbox"/> Side branch loss | <input type="checkbox"/> Spasm | <input type="checkbox"/> Perforation |
| <input type="checkbox"/> Thrombus | <input type="checkbox"/> Other, specify: | | |

4.3 If admitted for a MI (Section 4.1), was Coronary Artery Bypass attempted? Yes No Not assessed

If Yes, please answer the following:

4.3.1 If Yes, Date of CABG: ___ ___ Month / ___ ___ Day / ___ ___ ___ Year

4.3.2 If Yes, type of graft (select all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Internal mammary | <input type="checkbox"/> Radial | <input type="checkbox"/> Gastroepiploic | <input type="checkbox"/> Inferior epigastric |
| <input type="checkbox"/> Saphenous vein | <input type="checkbox"/> Other, specify: | <input type="checkbox"/> Not assessed | |

4.3.3 If Yes, touchdown points (Select all that apply):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> LM | <input type="checkbox"/> LAD | <input type="checkbox"/> Diagonal | <input type="checkbox"/> Septal |
| <input type="checkbox"/> Cx/RI | <input type="checkbox"/> Obtuse marginal | <input type="checkbox"/> RCA | <input type="checkbox"/> Acute marginal |
| <input type="checkbox"/> Posterior descending | <input type="checkbox"/> Posterior ventricular | <input type="checkbox"/> Other, specify: | <input type="checkbox"/> Not assessed |

4.4 During admission for a MI (Section 4.1), did the patient require mechanical supportive therapy? Yes No Not assessed

4.4.1 If Yes, type (select all that apply): Intra-aortic balloon pump Impella device Ventricular assist device
 Transplantation Not assessed

5. Elective Procedures (SINCE LAST VISIT)

5.1 Since the last visit, did the patient have an elective angiogram that was not included in Section 4.1? Yes No Not assessed

If Yes, please answer the following:

5.1.1 Number of angiograms: _____

5.1.1.1 Angiogram #1: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.1.1.1 Date of angiogram: ___ ___ Month / ___ ___ Day / ___ ___ ___ Year

5.1.1.1.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.1.1.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.1.1.3 Vascular access site complication occurred? Yes No Not assessed

5.1.1.1.3.1 If Yes, specify (select all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Hematoma | <input type="checkbox"/> Pseudoaneurysm | <input type="checkbox"/> Acute limb ischemia | <input type="checkbox"/> Spasm |
| <input type="checkbox"/> Loss of pulse (Asymptomatic) | <input type="checkbox"/> Dissection | <input type="checkbox"/> Retroperitoneal bleed | <input type="checkbox"/> Other, specify: |

5.1.1.2 Angiogram #2: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.1.2.1 Date of angiogram: ___ ___ Month / ___ ___ Day / ___ ___ ___ Year

5.1.1.2.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.1.2.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.1.2.3 Vascular access site complication occurred? Yes No Not assessed

5.1.1.2.3.1 If Yes, specify (select all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Hematoma | <input type="checkbox"/> Pseudoaneurysm | <input type="checkbox"/> Acute limb ischemia | <input type="checkbox"/> Spasm |
| <input type="checkbox"/> Loss of pulse (Asymptomatic) | <input type="checkbox"/> Dissection | <input type="checkbox"/> Retroperitoneal bleed | <input type="checkbox"/> Other, specify: |

5.1.1.3 Angiogram #3: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.1.3.1 Date of angiogram: ___ ___ Month / ___ ___ Day / ___ ___ ___ Year

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5.1.1.3.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.1.3.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.1.3.3 Vascular access site complication occurred? Yes No Not assessed

5.1.1.3.3.1 If Yes, specify (select all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Hematoma | <input type="checkbox"/> Pseudoaneurysm | <input type="checkbox"/> Acute limb ischemia | <input type="checkbox"/> Spasm |
| <input type="checkbox"/> Loss of pulse (Asymptomatic) | <input type="checkbox"/> Dissection | <input type="checkbox"/> Retroperitoneal bleed | <input type="checkbox"/> Other, specify: |

5.1.1.4 Angiogram #4: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.1.4.1 Date of angiogram: _____ Month / _____ Day / _____ Year

5.1.1.4.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.1.4.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.1.4.3 Vascular access site complication occurred? Yes No Not assessed

5.1.1.4.3.1 If Yes, specify (select all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Hematoma | <input type="checkbox"/> Pseudoaneurysm | <input type="checkbox"/> Acute limb ischemia | <input type="checkbox"/> Spasm |
| <input type="checkbox"/> Loss of pulse (Asymptomatic) | <input type="checkbox"/> Dissection | <input type="checkbox"/> Retroperitoneal bleed | <input type="checkbox"/> Other, specify: |

5.1.1.5 Angiogram #5: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.1.5.1 Date of angiogram: _____ Month / _____ Day / _____ Year

5.1.1.5.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.1.5.2.1 If Yes, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.1.5.3 Vascular access site complication occurred? Yes No Not assessed

5.1.1.5.3.1 If Yes, specify (select all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Hematoma | <input type="checkbox"/> Pseudoaneurysm | <input type="checkbox"/> Acute limb ischemia | <input type="checkbox"/> Spasm |
| <input type="checkbox"/> Loss of pulse (Asymptomatic) | <input type="checkbox"/> Dissection | <input type="checkbox"/> Retroperitoneal bleed | <input type="checkbox"/> Other, specify: |

5.2 Since the last visit, did the patient have an elective PCI that was not included in Section 4.2? Yes No Not assessed

If Yes, please answer the following:

5.2.1 Date of PCI: _____ Month / _____ Day / _____ Year

5.2.2 Were any stents placed? Yes No Not assessed

5.2.2.1 If Stent placement was performed, number of stents: ___ / Not assessed

5.2.2.2 If Stent placement was performed, type of stents (select all that apply): BMS DES Bioabsorbable Not assessed

5.2.3 Type of complication (select all that apply):

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> No complication | <input type="checkbox"/> Abrupt closure | <input type="checkbox"/> Dissection | <input type="checkbox"/> Distal embolization |
| <input type="checkbox"/> No reflow | <input type="checkbox"/> Side branch loss | <input type="checkbox"/> Spasm | <input type="checkbox"/> Perforation |
| <input type="checkbox"/> Thrombus | <input type="checkbox"/> Other, specify: | | |

5.3 Since the last visit, did the patient have an elective CABG that was not included in Section 4.3: Yes No Not assessed

If Yes, please answer the following:

5.3.1 If Yes, Date of CABG: _____ Month / _____ Day / _____ Year

5.3.2 If Yes, type of graft (select all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Internal mammary | <input type="checkbox"/> Radial | <input type="checkbox"/> Gastroepiploic | <input type="checkbox"/> Inferior epigastric |
| <input type="checkbox"/> Saphenous vein | <input type="checkbox"/> Other, specify: | <input type="checkbox"/> Not assessed | |

5.3.3 If Yes, touchdown points (Select all that apply):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> LM | <input type="checkbox"/> LAD | <input type="checkbox"/> Diagonal | <input type="checkbox"/> Septal |
| <input type="checkbox"/> Cx/RI | <input type="checkbox"/> Obtuse marginal | <input type="checkbox"/> RCA | <input type="checkbox"/> Acute marginal |
| <input type="checkbox"/> Posterior descending | <input type="checkbox"/> Posterior ventricular | <input type="checkbox"/> Other, specify: | <input type="checkbox"/> Not assessed |

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6. New Admissions (SINCE LAST VISIT)

6.1 Did the patient present to the emergency department with cardiac symptoms (such as chest pain, shortness of breath, palpitations) but did not require admission since the last visit? Yes No Not assessed

6.1.1 If Yes, number of visits: _____

Date of visit 1: _____ Month / _____ Day / _____ Year

Date of visit 2: _____ Month / _____ Day / _____ Year

Date of visit 3: _____ Month / _____ Day / _____ Year

Date of visit 4: _____ Month / _____ Day / _____ Year

Date of visit 5: _____ Month / _____ Day / _____ Year

Date of visit 6: _____ Month / _____ Day / _____ Year

6.2 Was the patient hospitalized for angina without myocardial infarction? Yes No Not assessed

6.2.1 If Yes, number of admissions: _____

Date of admission 1: _____ Month / _____ Day / _____ Year

Date of admission 2: _____ Month / _____ Day / _____ Year

Date of admission 3: _____ Month / _____ Day / _____ Year

Date of admission 4: _____ Month / _____ Day / _____ Year

Date of admission 5: _____ Month / _____ Day / _____ Year

Date of admission 6: _____ Month / _____ Day / _____ Year

6.3 Was the patient hospitalized for decompensated heart failure since last visit? Yes No Not assessed

6.3.1 If Yes, number of admissions: _____

Date of admission 1: _____ Month / _____ Day / _____ Year

Date of admission 2: _____ Month / _____ Day / _____ Year

Date of admission 3: _____ Month / _____ Day / _____ Year

Date of admission 4: _____ Month / _____ Day / _____ Year

Date of admission 5: _____ Month / _____ Day / _____ Year

Date of admission 6: _____ Month / _____ Day / _____ Year

6.4 Did the patient experience a cerebrovascular accident (stroke or transient ischemic attack) since the last visit?

Yes No Not assessed

6.4.1 If Yes, number of events: _____

Admission 1:

6.4.1.1 Date: _____ Month / _____ Day / _____ Year

6.4.1.2 Type of CVA: Ischemic stroke Hemorrhagic stroke Transient ischemic attack Unclear

Admission 2:

6.4.2.1 Date: _____ Month / _____ Day / _____ Year

6.4.2.2 Type of CVA: Ischemic stroke Hemorrhagic stroke Transient ischemic attack Unclear

Admission 3:

6.4.3.1 Date: _____ Month / _____ Day / _____ Year

6.4.3.2 Type of CVA: Ischemic stroke Hemorrhagic stroke Transient ischemic attack Unclear

Admission 4:

6.4.4.1 Date: _____ Month / _____ Day / _____ Year

6.4.4.2 Type of CVA: Ischemic stroke Hemorrhagic stroke Transient ischemic attack Unclear

Admission 5:

6.4.5.1 Date: _____ Month / _____ Day / _____ Year

6.4.5.2 Type of CVA: Ischemic stroke Hemorrhagic stroke Transient ischemic attack Unclear

6.5 Did the patient experience a new arrhythmia requiring admission? Yes No Not assessed

If Yes, please answer the following:

6.5.1 Number of admissions:

Admission 1:

6.5.1.1 Date admitted: _____ Month / _____ Day / _____ Year

6.5.1.2 Arrhythmia requiring admission (please select all that apply):

Ventricular tachycardia

Ventricular fibrillation

Supraventricular tachycardia

Atrial fibrillation

Other (Please specify): _____

Admission 2:

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6.5.2.1 Date admitted: _____ Month / _____ Day / _____ Year

6.5.2.2 Arrhythmia requiring admission (please select all that apply):

Ventricular tachycardia

Ventricular fibrillation

Supraventricular tachycardia

Atrial fibrillation

Other (Please specify): _____

Admission 3:

6.5.3.1 Date admitted: _____ Month / _____ Day / _____ Year

6.5.3.2 Arrhythmia requiring admission (please select all that apply):

Ventricular tachycardia

Ventricular fibrillation

Supraventricular tachycardia

Atrial fibrillation

Other (Please specify): _____

7. Implantable Defibrillator (SINCE LAST VISIT)

7.1 Does the patient have an implantable cardiac defibrillator (ICD)? Yes No Not assessed

7.1.1 If Yes, since the last visit has the ICD delivered any shocks? Yes No Not assessed

If Yes, please answer the following:

7.1.1.1 Since the last visit, how many shocks did the ICD deliver? _____ Not assessed

7.1.1.2 Dates ICD fired shocks:

Shock 1: _____ Month / _____ Day / _____ Year

Shock 2: _____ Month / _____ Day / _____ Year

Shock 3: _____ Month / _____ Day / _____ Year

Shock 4: _____ Month / _____ Day / _____ Year

Shock 5: _____ Month / _____ Day / _____ Year

Shock 6: _____ Month / _____ Day / _____ Year

7.1.1.3 Reason for ICD firing (select all that apply):

Ventricular tachycardia

Ventricular fibrillation

Supraventricular tachycardia

Atrial fibrillation

Other (Please specify): _____

Does not apply

7.1.1.4 Was the firing appropriate?

Yes, all shocks fired were appropriate

There was at least one inappropriate shock fired

None of the shocks fired were appropriate

Not assessed

7.1.2 if Yes, since the last visit has the ICD delivered any anti-tachycardia (ATP) pacing? Yes No Not assessed

7.1.2.1 Reason for ATP pacing firing (select all that apply):

Ventricular tachycardia

Ventricular fibrillation

Supraventricular tachycardia

Atrial fibrillation

Other (Please specify): _____

Does not apply

7.2 If No ICD was placed, did the patient experience sudden cardiac death: Yes No

7.2.1 If Yes, date of sudden cardiac death: _____ Month / _____ Day / _____ Year

8. Cardiac Imaging (SINCE LAST VISIT)

8.1 Coronary CT angiogram performed since last visit: Yes No

8.1.1 Date: _____ Month / _____ Day / _____ Year

8.1.2 Appearance consistent with SCAD: Yes No Inconclusive Not assessed

8.1.2.1 If yes, vessel involved (select all that apply):

LM

LAD

Diagonal

Septal

Cx/RI

Obtuse marginal

RCA

Acute marginal

Posterior descending

Posterior ventricular

Other, specify:

8.1.3 Coronary tortuosity: Yes No Not assessed

8.1.4 Aortic ectasia: Yes No Not assessed

8.1.5 Other findings present? Yes No Not assessed

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8.1.6 If Yes, please describe:

8.2 Cardiac MRI performed since last visit: Yes No

8.2.1 Date: ____ Month / ____ Day / ____ Year

8.2.2 Ejection fraction: _____ % Not assessed

8.2.3 If Yes, gadolinium enhancement: Yes No Not assessed

8.2.3.1 If Yes, pattern consistent with (select all that apply):

- Myocarditis Ischemic cardiomyopathy Nonischemic cardiomyopathy Normal
 Transmural infarction Non-transmural infarction Other, specify:

8.2.3.1.1 If transmural infarction, location (select all that apply): Anterior Inferior Lateral Posterior Apex

8.2.3.1.2 If non-transmural infarction, location (select all that apply): Anterior Inferior Lateral Posterior Apex

8.3 Echocardiogram performed since last visit: Yes No

8.3.1 Date: ____ Month / ____ Day / ____ Year

8.3.2 Ejection fraction: _____ % Not assessed

8.3.3 Focal wall motion abnormalities: Yes No Not assessed

8.3.3.1 If Yes, location: Anterior Inferior Lateral Posterior Apex

8.3.4 Structural complications of myocardial infarction: Yes No Not assessed

8.3.4.1 If Yes, type (Select all that apply): Incomplete mitral leaflet closure VSD
 Myocardial rupture (non-VSD) Apical thrombus

8.3.5 Takotsubo appearance: Yes No Not assessed

8.4 Stress test performed: Yes No

8.4.1 Date ____ Month / ____ Day / ____ Year

8.4.2 Type of stress test:

- Exercise echocardiography Exercise nuclear stress test Exercise only
 Dobutamine echocardiography Pharmacologic nuclear stress test Cardiac MRI
 Not assessed

8.4.3 #METs _____ Not assessed

8.4.4 Ischemia on ECG: Yes No Not assessed

8.4.4.1 If Yes: ST Elevation ST Depression

8.4.5 Ischemia on imaging: Yes No Not assessed

8.4.5.1: If Yes, location (Select all that apply): Anterior Inferior Lateral Posterior Apex

9. Non-coronary vascular imaging (SINCE LAST VISIT)

9.1 Non-coronary vascular imaging been performed: Yes No

9.1.1 If Yes, which imaging modality (select all that apply):

- Aortogram Femoral angiogram Lower extremity angiogram
 Selective renal angiogram Upper extremity angiogram CTA aorta with lower extremity runoff
 CTA brain (intracranial) CTA neck (extracranial) CTA chest
 CTA abdomen / pelvis Duplex ultrasound of carotid arteries Duplex ultrasound of renal arteries
 MRA brain (intracranial) MRA neck (extracranial) MRA chest
 MRA abdomen / pelvis Other, specify:

9.1.2 Atherosclerosis in any of the non-coronary vascular beds: Yes No Not assessed

9.1.3 Specify any **DEFINITE** abnormal findings (select all that apply) and locations (vessel code in the APPENDIX):

No abnormal findings

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<input type="checkbox"/> Aneurysm (Please specify size underneath in cm)	Location: Size (cm):
<input type="checkbox"/> Dissection	Location:
<input type="checkbox"/> Ectasia	Location:
<input type="checkbox"/> FMD: Focal (Single smoothly tapered or concentric lesion)	Location:
<input type="checkbox"/> FMD: Multifocal (Beading)	Location:
<input type="checkbox"/> Occlusion	Location:
<input type="checkbox"/> Pseudoaneurysm (Please specify size underneath in cm)	Location: Size (cm):
<input type="checkbox"/> Stenosis	Location: % Stenosis:
<input type="checkbox"/> Tortuosity	Location:
<input type="checkbox"/> Other, specify:	Location:
9.1.4 Specify any <u>POSSIBLE</u> abnormal findings (select all that apply) and locations (vessel code in the APPENDIX):	
<input type="checkbox"/> No abnormal findings	
<input type="checkbox"/> Aneurysm (Please specify size underneath in cm)	Location: Size (cm):
<input type="checkbox"/> Dissection	Location:
<input type="checkbox"/> Ectasia	Location:
<input type="checkbox"/> FMD: Focal (Single smoothly tapered or concentric lesion)	Location:
<input type="checkbox"/> FMD: Multifocal (Beading)	Location:
<input type="checkbox"/> Occlusion	Location:
<input type="checkbox"/> Pseudoaneurysm (Please specify size underneath in cm)	Location: Size (cm):
<input type="checkbox"/> Stenosis	Location: % Stenosis:
<input type="checkbox"/> Tortuosity	Location:
<input type="checkbox"/> Other, specify:	Location:

APPENDIX: Non-coronary vessel codes

01. Internal carotid artery, left	02. Internal carotid artery, right	03. Vertebral artery, left	04. Vertebral artery, right
05. Brachial artery, left	06. Brachial artery, right	07. Renal artery, left	08. Renal artery, right
09. Celiac trunk	10. Splenic artery	11. Hepatic artery	12. Superior mesenteric
13. Inferior mesenteric	14. Common iliac artery, left	15. Common iliac artery, right	16. External iliac artery, left
17. External iliac artery, right	18. Common femoral artery, left	19. Common femoral artery, right	20. Popliteal artery, left
21. Popliteal artery, right	22. Intracranial artery	23. Other	