T3B CABG SURGERY FORM: T3 FORM 26 (Rev. 2)

PURPOSE: To collect data from the coronary bypass operation regarding the number of vessels bypassed, type of conduit used to bypass stenosis, and to identify any major events associated with the procedure.

PERSONS RESPONSIBLE: Certified Research Coordinator.

SOURCES OF INFORMATION: Medical record, post-operative report.

TIME OF DATA COLLECTION: At the time of the operation and during the subsequent 24 hours.

GENERAL INSTRUCTIONS: This form is to be completed each time the patient undergoes a coronary bypass operation.

Revised 6/12/90

PART I: IDENTIFICATION

1. **NAME CODE:** As previously defined for the patient.

2. **DATE OF SURGERY:** Self-explanatory.

PART II: PROCEDURE NOTES

3. **WHEN WAS THIS CABG PERFORMED?** Record the timing of the CABG relative to study treatment initiation.

4. **WHY WAS CABG PERFORMED?** Record whether the CABG was done because patient was randomized to the invasive strategy, or a patient assigned to conservative strategy reached a defined study end point, or because of another reason not mandated by the protocol.

5. **IF CABG WAS PERFORMED IN A PATIENT RANDOMIZED TO THE CONSERVATIVE STRATEGY OR THE CABG WAS "NON-PROTOCOL."** Record all reasons for CABG. Items A through G are considered to be protocol defined end points and require documentation using event forms. Items H through K are not considered to be protocol defined end points, and this CABG will be considered a major protocol violation if CABG is performed within the six weeks following study treatment and none of Items A through G is checked.

6. **PRIORITY OF CABG:**

   Emergency: Patient is undergoing CABG on an emergent basis. The patient is clinically unstable, and his/her condition requires immediate revascularization. (CABG must occur within 24 hours of the onset of the event precipitating the CABG requirement.)

   Urgent: Patient is undergoing CABG on an urgent basis. The patient may be unstable, have disease that warrants revascularization within 7 days of the precipitating event, or patient is stable but has suffered a complication or event within the past 14 days that substantially increases the risk of an adverse event (e.g., myocardial infarction) if revascularization is not undertaken.

   Elective: Patient is undergoing CABG on an elective basis. At the time of revascularization, the patient is clinically stable (Heart Failure Classification < 4), and his/her overall medical condition does not necessitate immediate revascularization.

7. **ANGINAL STATUS AT TIME OF CABG:**

   Stable: Patient is experiencing a pattern of angina that is predictably brought on by the activities in which the

patient engages. The frequency and severity of anginal episodes do not vary to a significant degree from day to day.

Unstable: A pattern of angina that is distinctly changing in severity and frequency in comparison to a previous pattern. The chest discomfort of unstable angina, while similar in quality to stable angina, may be more intense and persist for longer periods of time. Specific categories of unstable angina are: accelerating angina, recurrence of angina within 14 days after infarction, angina lasting more than 20 minutes, angina associated with transient ECG changes, and angina at rest.

Acute event: The patient is currently hospitalized for an MI or has sustained an abrupt closure following attempted PTCA.

8. **THERAPY PRE-PROCEDURE:** Record all therapies administered to the patient within the 48 hours preceding the surgery.

9. **ARTERIES GRAFTED:** Record the vessel(s) grafted and the type of conduit used (A-D as listed in the box).

10. **COMPLETE REVASCULARIZATION:** Check "yes" if all major coronary segments with $\geq$ 50% luminal diameter narrowing supplying viable myocardium are bypassed. Major coronary segments include all segments listed in the coronary artery diagram (Exhibit 1) that are 1.5 millimeters in diameter.

PART III: MAJOR EVENTS

11. **MAJOR EVENTS DURING OR WITHIN THE 24 HOURS AFTER CABG:** Check "yes" if the patient experienced any of the listed events, either in the operating room or within 24 hours after the surgery.

    A. **Death:** Check "yes" if death occurred within 24 hours after surgery. Submit Death Notification Form 15 and Cause of Death Form 16 if death has occurred.

    B. **Non-fatal cardiac arrest:** A cardiac arrest that requires CPR or countershock.

    C. **Suspected non-fatal MI:** Check "yes" if there is a reason to suspect the occurrence of myocardial infarction, defined as an episode of ischemic pain lasting > 20 minutes in duration, abnormal rise in CK to > 2 times upper limit of normal, or presence of positive CK-MB above the upper limit of normal, or the development of new Q-waves. A Myocardial Infarction Event Form 23 should be completed and submitted if this is checked "yes."

D. **Congestive heart failure (isolated):** Isolated episode of congestive heart failure documented by chest x-ray or treatment with diuretics. CHF is a difficult diagnosis. Verification by a physician statement in the medical record is required. In general, CHF is clinically manifest by one or more features including: dyspnea on exertion (DOE--shortness of breath on exertion), bilateral pedal edema, fatigue, orthopnea (sleeping on two or more pillows to facilitate breathing), paroxysmal nocturnal dyspnea (shortness of breath that awakens the patient from sleep). Other findings supporting the clinical manifestations include but are not restricted to: presence of S^3 gallup by auscultation, elevated venous jugular pressure > 8 cm H_2O by physical exam, or radiographic evidence of pulmonary congestion.

E. **Pulmonary edema (cardiac):** Acute profound left sided congestive heart failure resulting in the accumulation of intra-bronchial and alveolar fluid, reflected by pulmonary rales, a characteristic "bat-wing" appearance on the chest radiograph, and almost always associated with marked dyspnea and hypoxia. If hemodynamic measurements are performed, they will invariably show elevation of the pulmonary capillary wedge pressure above 25 mm Hg.

F. **Cardiogenic shock:** Shock defined as a systolic blood pressure < 80 mm Hg which either persists for more than one hour or requires specific treatment for at least one hour. In general, shock is associated with a low urine output, decreased mental acuity or coma, and compensatory vasoconstriction (decreased blood vessel caliper). Hypotension (very low blood pressure) without these associated manifestations of low cardiac output will not be considered as shock.

G. **Cardiac tamponade:** The appearance of the following three manifestations are typical of cardiac tamponade from intra-pericardial hemorrhage due to penetrating heart wounds, aortic dissections, and intra-pericardial rupture of an aorta, or cardiac aneurysm: decline in systemic arterial pressure, elevation of systemic venous pressure, and a small, quiet heart.

H. **Arterial embolus of extremity or loss of pulse requiring treatment:** Arterial embolus is the acute occlusion of a main or distal arterial trunk supply in a limb, due to formation and distal migration of thrombotic or atherosclerotic material, associated with decreased or loss of limb perfusion, and treated by surgical embolectomy or local thrombolytic therapy. Permanent loss of pulse is the lack of detectable distal arterial pulsations (by pulsation or Doppler examination) which had previously been observable prior to instrumentation of a more proximal arterial branch. Loss of pulse may

or may not be associated with ischemia of the affected limb.

I. **Arterial dissection requiring repair:** A tearing of an arterial wall which requires surgical repair.

J. **TIA -- transient ischemic attack:** A partial, focal, neurologic deficit which is transient in nature and completely clears within 24 hours after its onset.

K. **Stroke:** A focal neurologic deficit which appears and is still at least partially evident more than 24 hours after its onset. Submit Severe Neurologic Event Form 27 if this event has occurred.

L. **Coma:** Profound depression in the level of consciousness reflected by loss of contact with the environment and loss of spontaneous movement. Brain stem activity (respiration and response to deep pain) may or may not be preserved. Submit Severe Neurologic Event Form 27 if this event has occurred.

M. **Hypersensitivity reaction:** Allergic reaction to iodine containing radiographic contrast media or protamine, marked by the development of urticaria, wheezing, prolonged hypotension, or laryngospasm.

N. **Respiratory failure:** Inability of the patient to maintain adequate gas exchange during spontaneous ventilation, even with the assistance of supplemental oxygen. This may be reflected either by marked hypoxia (PO_2 < 50 TORR) or respiratory acidosis with PCO_2 > 45 TORR and pH < 7.30. Respiratory failure meeting the above criteria would usually require endotracheal intubation or tracheostomy, and mechanical ventilatory assistance. In the setting where a patient is receiving mechanical ventilatory assistance following surgery, respiratory failure shall be inability to wean the patient from mechanical ventilation within 48 hours of completion of the surgical procedure.

O. **Pulmonary embolus:** Occlusion (partial or complete) of one or more of the pulmonary artery branches with thrombus dislodged from the systemic venous circulation. Newly occurring acute events (e.g., within 24 hours of surgery) are often (but not always) characterized by chest pain and decreases in arterial oxygenation; increased pulmonary artery pressure and even frank hemodynamic collapse may occur. The diagnosis must be supported by a "high probability" (multiple mismatched defects) lung scan and/or a confirmatory (and more definitive) pulmonary angiogram.

P. **Renal failure requiring dialysis:** Deteriorating renal function requiring dialysis.

Q. **Re-operation for bleeding:** Re-operation to remedy bleeding post-surgery.

R. **Wound dehiscence:** The splitting or bursting open of a procedural wound.

S. **Mediastinitis:** Chart documented inflammation of mediastinum following surgery.

T. **Other Events:** Include other major events occurring during or within 24 hours after surgery.

12. **CONDITION OF PATIENT LEAVING OPERATING ROOM:** Enter condition of patient when leaving operating room according to the following criteria:

Stable: Patient is stable clinically and hemodynamically, and is receiving no more than one inotropic agent or one vasopressor.

Unstable: Patient is clinically unstable, that is, experiencing angina at rest, or is hemodynamically unstable and requires more than one inotropic agent or vasopressor, intra-aortic balloon pump, or ventricular assist device (VAD).

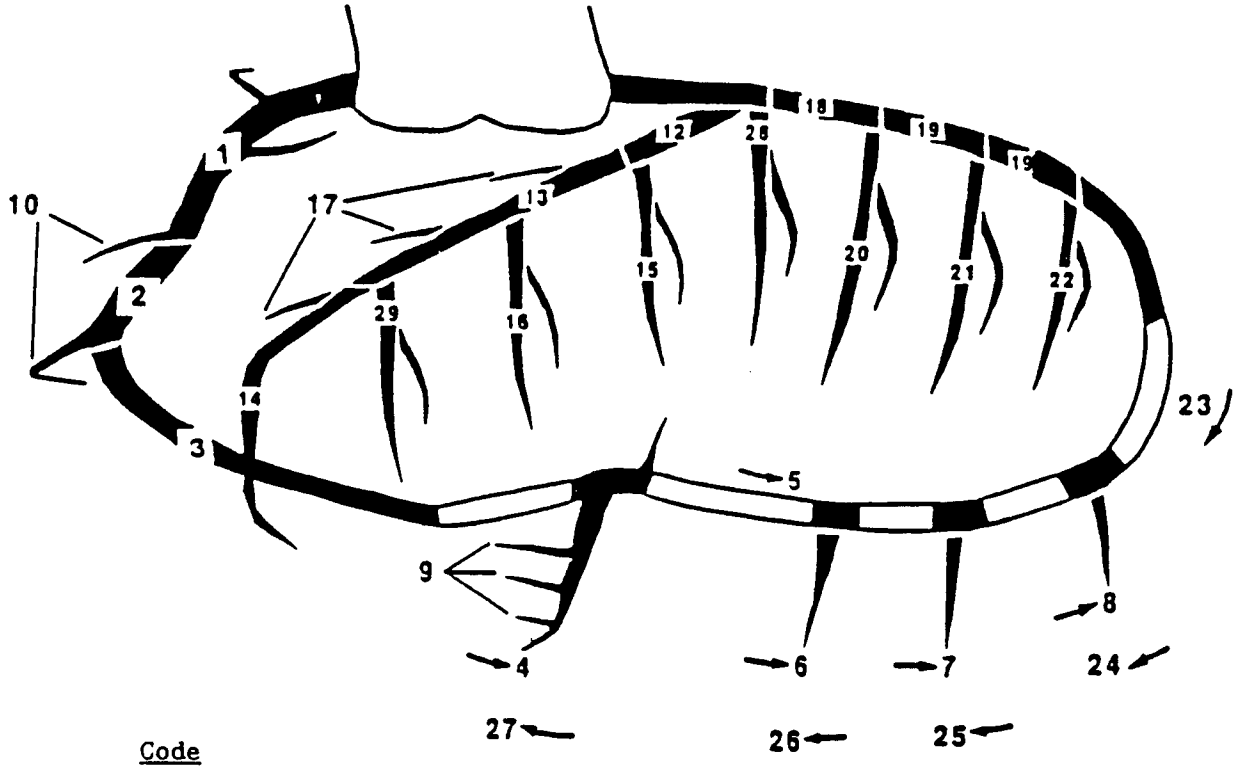
DECEASED: Self-explanatory.

PART IV: ADMINISTRATIVE MATTERS

Self-explanatory.

EXHIBIT 1

Coronary Artery Diagram



Code

01 Proximal right coronary artery (Prox RCA)
02 Mid-right coronary artery (Mid RCA)
03 Distal right coronary artery (Dist RCA)
04 Right posterior descending artery (RDPA)
05 Right posterior atrioventricular (RPLS)
06 First right posterolateral (1st RPL)
07 Second right posterolateral (2nd RPL)
08 Third right posterolateral (3rd RPL)
09 Posterior descending septal perforators (Inf septal)
10 Acute marginal (Ac marg)
11 Left main coronary artery (LMCA)
12 Proximal LAD artery (Prox LAD)
13 Mid LAD artery (Mid LAD)
14 Distal LAD artery (Dist LAD)
15 First diagonal branch (1st Diag)
16 Second diagonal branch (2nd Diag)
17 First septal perforator (1st Septal)
18 Proximal circumflex artery (Prox CX)
19 Mid circumflex artery (Mid, dist CX)
20 First obtuse marginal branch (1st Ob marg)
21 Second obtuse marginal branch (2nd Ob marg)
22 Third obtuse marginal branch (3rd Ob marg)
23 Circumflex artery AV groove continuation (LAV)
24 First left posterolateral branch (1st LPL)
25 Second left posterolateral branch (2nd LPL)
26 Third left posterolateral branch (3rd LPL)
27 Left posterior descending artery (LPDA)
28 Ramus intermedius (Ramus)
29 Third diagonal branch (3rd Diag)

Complete this form each time the patient has CABG.

Clinic No.			-	
ID No.			-	
Form Type	B	B		

PART I: IDENTIFICATION

1. Patient's NAME CODE: ---------- __ __ __ __ __

fm26day

2. Date of surgery: ---------- __ __ - __ __ - __ __
Month Day Year

PART II: PROCEDURE NOTES

3. When was this CABG performed?

cabgtimb

Less than 18 hours after study treatment initiation ---------- (1)

18 to 48 hours after study treatment initiation ---------- (2)

Greater than 48 hours after study treatment initiation but before or at six-week follow-up visit ---------- (3)

After six-week follow-up visit ---------- (4)

4. Why was this CABG performed?

cabgtype

Protocol (Invasive Strategy) ---------- (1)*

Protocol (Conservative Strategy patient with study end point) ---------- (2)

Non-protocol ---------- (3)

**If Protocol (Invasive Strategy), skip to Item 6, page 3.*

5. If Protocol CABG (Conservative Strategy Patient) or non-protocol CABG for patients in either strategy, check all the reasons for revascularization which were fulfilled at the time of performance of this surgery:

micabg
A. MI after study drug treatment ---------- (1)*

paincabg
B. Ischemic pain at rest with ECG changes meeting study criteria ------- (1)*

(*Check all that apply.*)

ischt1
1) Single episode of pain lasting at least 5 minutes with ST elevation/depression ≥ 2 mm in ≥ 2 contiguous leads -------- (1)

ischt2
2) Single episode of pain lasting at least 20 minutes with: a) ST elevation/depression ≥ 1 mm in ≥ 2 contiguous leads; or b) T-wave inversion in ≥ 2 contiguous leads ---------- (1)

ischt3
3) Two or more episodes of pain lasting at least 5 minutes with: a) ≥ 1 mm ST elevation/depression in ≥ 2 contiguous leads; or b) T-wave inversion in ≥ 2 contiguous leads --------- (1)

holtcabg
C. Notification from Holter Core Lab of abnormal Holter Test ---------- (1)*

tptcabg
D. Positive Thallium Imaging Test: a) abnormal lung uptake and ≥ 1 region with reversible hypoperfusion; or b) ≥ 2 regions with reversible hypoperfusion ---------- (1)*

ettcabg
E. Positive ETT Test: a) ischemic pain prior to completion of Stage II; or b) ≥ 2 mm ST elevation/depression with or without symptoms; or c) ≥ 10 mm Hg reduction in SBP compared to previous recording ---------- (1)*

ccsccabg
F. Post-discharge Canadian Cardiovascular Society Class III or IV angina confirmed by ETT ---------- (1)*

rangcabg
G. Rest angina requiring re-hospitalization ---------- (1)*

anatcabg
H. Coronary anatomy ---------- (1)**

pmdcabg
I. Decision of personal physician ---------- (1)**

pvcabdg
J. Clinical decision not specified by protocol ---------- (1)**

othcabg
K. Other ---------- (1)**

Specify: _____

**Submit appropriate event, ECGs and test forms to Core Laboratories and the DCC.*
***PROTOCOL VIOLATION* if surgery performed within six weeks of study treatment and none of Items A-G is checked.*

ID No.			-					
Form Type	B	B						

6. Indicate surgical priority:

cabgprio

Emergency ---------- (1)
Urgent ---------- (2)
Elective ---------- (3)

7. Patient's anginal status at time of surgery:

cabgang

Stable ---------- (1)
Unstable ---------- (2)
Acute event ---------- (3)

8. Were any of the following therapies administered during the 48 hours prior to procedure? (*Answer each item.*)

		Yes	No	Unknown
A.	Heparin ---------- prcbhep	(1)	(2)	(3)
B.	Nitrates ---------- prcbnitr	(1)	(2)	(3)
C.	Beta-Blocker therapy ---------- prcbbeta	(1)	(2)	(3)
D.	Calcium channel blockers ---------- prcbccb	(1)	(2)	(3)
E.	Persantine/sulfinpyrazone ---------- prcbpers	(1)	(2)	(3)
F.	Antiplatelet agents other than ASA or persantine ---- prcbplat	(1)	(2)	(3)
G.	Aspirin ---------- prcbasa	(1)	(2)	(3)
H.	Anticoagulant other than heparin ---------- prcbcoag	(1)	(2)	(3)
I.	Lipid-lowering agent ---------- prcblipl	(1)	(2)	(3)
J.	Diuretics ---------- prcbdiur	(1)	(2)	(3)
K.	ACE inhibitors ---------- prcbacei	(1)	(2)	(3)
L.	Vasodilator other than ACE inhibitors/nitrates or calcium channel blockers ---------- prcbdila	(1)	(2)	(3)
M.	Digitalis or derivative ---------- prcbdigi	(1)	(2)	(3)
N.	Inotropic agent ---------- prcbinot	(1)	(2)	(3)
O.	Antiarrhythmic agent ---------- prcbrhyt	(1)	(2)	(3)
P.	Fish oil therapy ---------- prcbfish	(1)	(2)	(3)
Q.	IV nitroglycerin ---------- prcbivni	(1)	(2)	(3)
R.	Thrombolytic therapy ---------- prcbthrm	(1)	(2)	(3)
S.	Intra-aortic balloon pump (IABP) ---------- prcbiabp	(1)	(2)	(3)

ID No.			-					
Form Type	B	B						

Conduit codes for use in Question 9.

A. Saphenous vein(s).
B. Left internal mammary artery.
C. Right internal mammary artery.
D. Other.

9. Arteries grafted:

		Yes	No	Conduit Used
A.	LAD ladcabg	(1)	(2)	ladcabgc
B.	1st diagonal d1cabg	(1)	(2)	d1cabgc
C.	2nd diagonal d2cabg	(1)	(2)	d2cabgc
D.	Circumflex cfcabg	(1)	(2)	cfcabgc
E.	1st obtuse marginal om1cabg	(1)	(2)	om1cabgc
F.	2nd obtuse marginal om2cabg	(1)	(2)	om2cabgc
G.	3rd obtuse marginal om3cabg	(1)	(2)	om3cabgc
H.	Ramus intermedius ricabg	(1)	(2)	ricabgc
I.	RCA rcacabg	(1)	(2)	rcacabgc
J.	PDA pdacabg	(1)	(2)	pdacabgc

10. Was revascularization complete? revscabg (1) Yes (2) No (3) Unknown

ID No.			-					
Form Type	B	B						

PART III: MAJOR EVENTS

11. Did patient experience any major events during or within 24 hours after surgery? ---------- cabgevnt (1) Yes (2) No (3) Unknown

Answer each item:

		Did not Occur	Occurred in O.R.	Occurred within 24 Hours
A. Death	dtb24	(1)	(2)*	(3)*
CARDIOVASCULAR EVENTS				
B. Non-fatal cardiac arrest	cabgca	(1)	(2)	(3)
C. Suspected non-fatal MI	cabgmi	(1)	(2)**	(3)**
D. Congestive heart failure (isolated)	cabgchf	(1)	(2)	(3)
E. Pulmonary edema (cardiac)	cabgedem	(1)	(2)	(3)
F. Cardiogenic shock	cabgshck	(1)	(2)	(3)
G. Cardiac tamponade	cabgtamp	(1)	(2)	(3)
H. Arterial embolus of extremity or loss of pulse requiring treatment	cabgembo	(1)	(2)	(3)
I. Arterial dissection requiring repair	cabgdiss	(1)	(2)	(3)
NEUROLOGIC EVENTS				
J. TIA	cabgtia	(1)	(2)	(3)
K. Stroke	cabgstrk	(1)	(2)***	(3)***
L. Coma	cabgcoma	(1)	(2)***	(3)***
ALLERGIC EVENT				
M. Hypersensitivity reaction	cabgalrg	(1)	(2)	(3)
PULMONARY EVENTS				
N. Respiratory failure (include ARDS & non-cardiac edema)	cabgards	(1)	(2)	(3)
O. Pulmonary embolus	cabgplem	(1)	(2)	(3)
RENAL EVENT				
P. Renal failure requiring dialysis	cabgdial	(1)	(2)	(3)
PROCEDURAL EVENTS				
Q. Re-operation for bleeding	cabgreop	(1)	(2)	(3)
R. Wound dehiscence	cabgwnd	(1)	(2)	(3)
S. Mediastinitis or wound infection	cabginf	(1)	(2)	(3)
OTHER EVENTS (Do not include study end point or ischemic pain.)				
T. Other events	cabgotev	(1)	(2)	(3)

Specify: _____

**Submit Death Notification Form 15 and Cause of Death Form 16.*
***Submit Myocardial Infarction Event Form 23.*
****Submit Severe Neurologic Event Form 27.*

ID No.			-					
Form Type	B	B						

12. Condition of patient leaving O.R.: ---------- cabgstat ---- Stable ($_1$)

Unstable ($_2$)

Deceased ($_3$)

↓

Submit Death Notification Form 15 to DCC within 72 hours and Cause of Death Form 16 within 14 days.

PART IV: ADMINISTRATIVE MATTERS

13. Surgeon:

Name: _____ T3 Staff No.: --- __ __ - __ __ __

14. Research Coordinator:

Signature: _____ T3 Staff No.: --- __ __ - __ __ __

15. Date form completed: ---------- __ __ - __ __ - __ __
Month Day Year

ID No.			-					
Form Type	B	B						

T3 Form 26: Variables from earlier revisions

HR24CABG Revision 1 Item 3A
When was this CABG performed?
Within 24 hours of study enrollment
1=Yes

BETWCABG Revision 1 Item 3B
When was this CABG performed?
Between 24 hours after enrollment and 6-week follow-up
1=Yes

AFTCABG Revision 1 Item 3C
When was this CABG performed?
After 6-week follow-up
1=Yes

CABGTUBE Revision 1 Item 10O
Chest tube not removed ≥ 5 days post-CABG
1=Did not Occur
2=Occurred in OR
3=Occurred within 24 hours

T3B form26

The CONTENTS Procedure

Data Set Name:	WORK.FORM26	**Observations:**	449
Member Type:	DATA	**Variables:**	88
Engine:	V8	**Indexes:**	0
Created:	8:25 Tuesday, February 10, 2004	**Observation Length:**	336
Last Modified:	8:25 Tuesday, February 10, 2004	**Deleted Observations:**	0
Protection:		**Compressed:**	NO
Data Set Type:		**Sorted:**	NO
Label:			

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Label
5	AFTCABG	Num	4	32	f26q3C: CABG after 6wk follow-up
18	ANATCABG	Num	4	84	f26q5H: Coronary anatomy
4	BETWCABG	Num	4	28	f26q3B: CABG between 24 hrs and 6 wks
77	CABGALRG	Num	4	280	f26q11M: Hypersensitivity
23	CABGANG	Num	4	104	f26q7: Anginal status at surgery
78	CABGARDS	Num	4	284	f26q11N: Respiratory failure
66	CABGCA	Num	4	236	f26q11B: Non-fatal cardiac arrest
68	CABGCHF	Num	4	244	f26q11D: Congestive heart failure
76	CABGCOMA	Num	4	276	f26q11L: Coma
81	CABGDIAL	Num	4	296	f26q11P: Renal failure
73	CABGDISS	Num	4	264	f26q11I: Arterial dissection
69	CABGEDEM	Num	4	248	f26q11E: Pulmonary edema
72	CABGEMBO	Num	4	260	f26q11H: Arterial embolus
64	CABGEVNT	Num	4	228	f26q11: Any major events
84	CABGINF	Num	4	308	f26q11S: Mediastinitis
67	CABGMI	Num	4	240	f26q11C: Suspected MI
85	CABGOTEV	Num	4	312	f26q11T: Other events
79	CABGPLEM	Num	4	288	f26q11O: Pulmonary embolus
22	CABGPRIO	Num	4	100	f26q6: Surgical priority
82	CABGREOP	Num	4	300	f26q11Q: Re-operation for bleeding
70	CABGSHCK	Num	4	252	f26q11F: Cardiogenic shock
86	CABGSTAT	Num	4	316	f26q12: Condition leaving O.R.

T3B form26

The CONTENTS Procedure

-----Alphabetic List of Variables and Attributes-----					
#	**Variable**	**Type**	**Len**	**Pos**	**Label**
75	CABGSTRK	Num	4	272	f26q11K: Stroke
71	CABGTAMP	Num	4	256	f26q11G: Cardiac tamponade
74	CABGTIA	Num	4	268	f26q11J: TIA
6	CABGTIMB	Num	4	36	f26q3: When CABG performed
80	CABGTUBE	Num	4	292	f26q10O: Chest tube not removed > 5 days
7	CABGTYPE	Num	4	40	f26q4: Why CABG performed
83	CABGWND	Num	4	304	f26q11R: Wound dehiscence
16	CCSCCABG	Num	4	76	f26q5F: Post-discharge class III or IV
49	CFCABG	Num	4	196	f26q9D: Circumflex grafted
50	CFCABGC	Char	1	327	f26q9D: Circumflex conduit
45	D1CABG	Num	4	188	f26q9B: 1st diagonal grafted
46	D1CABGC	Char	1	325	f26q9B: 1st diagonal conduit
47	D2CABG	Num	4	192	f26q9C: 2nd diagonal grafted
48	D2CABGC	Char	1	326	f26q9C: 2nd diagonal conduit
65	DTH24	Num	4	232	f26q11A: Death within 24 hrs
15	ETTCABG	Num	4	72	f26q5E: Positive ETT
88	FM26DAY	Num	8	16	f26q2: Days to surgery
2	FMTYP	Char	4	320	Form Type
13	HOLTCABG	Num	4	64	f26q5C: Abnormal holter test
3	HR24CABG	Num	4	24	f26q3A: CABG within 24 hrs of enrollment
10	ISCHT1	Num	4	52	f26q5B1: Single episode ischemic pain
11	ISCHT2	Num	4	56	f26q5B2: Ischemic pain 20 min
12	ISCHT3	Num	4	60	f26q5B3: Ischemic pain multiple episodes
43	LADCABG	Num	4	184	f26q9A: LAD grafted
44	LADCABGC	Char	1	324	f26q9A: LAD conduit
8	MICABG	Num	4	44	f26q5A: MI after treatment
87	NEWID	Num	8	8	Patient Identification
51	OM1CABG	Num	4	200	f26q9E: 1st obtuse marginal grafted
52	OM1CABGC	Char	1	328	f26q9E: 1st obtuse marginal conduit
53	OM2CABG	Num	4	204	f26q9F: 2nd obtuse marginal grafted
54	OM2CABGC	Char	1	329	f26q9F: 2nd obtuse marginal conduit

(10FEB04--08:25)

T3B form26

The CONTENTS Procedure

-----Alphabetic List of Variables and Attributes-----					
#	Variable	Type	Len	Pos	Label
55	OM3CABG	Num	4	208	f26q9G: 3rd obtuse marginal grafted
56	OM3CABGC	Char	1	330	f26q9G: 3rd obtuse marginal conduit
21	OTHCABG	Num	4	96	f26q5K: Other reason
9	PAINCABG	Num	4	48	f26q5B: Ischemic pain
61	PDACABG	Num	4	220	f26q9J: PDA grafted
62	PDACABGC	Char	1	333	f26q9J: PDA conduit
19	PMDCABG	Num	4	88	f26q5I: Decision of personal physician
34	PRCBACEI	Num	4	148	f26q8K: ACE inhibitor pre CABG
30	PRCBASA	Num	4	132	f26q8G: Aspirin pre CABG
26	PRCBBETA	Num	4	116	f26q8C: Beta-blockers pre CABG
27	PRCBCCB	Num	4	120	f26q8D: Calcium channel blocker pre CABG
31	PRCBCOAG	Num	4	136	f26q8H: Anticoagulant pre CABG
36	PRCBDIGI	Num	4	156	f26q8M: Digitalis pre CABG
35	PRCBDILA	Num	4	152	f26q8L: Vasodilator pre CABG
33	PRCBDIUR	Num	4	144	f26q8J: Diuretic pre CABG
39	PRCBFISH	Num	4	168	f26q8P: Fish oil pre CABG
24	PRCBHEP	Num	4	108	f26q8A: Heparin pre CABG
42	PRCBIABP	Num	4	180	f26q8S: IABP pre CABG
37	PRCBINOT	Num	4	160	f26q8N: Inotropic agent pre CABG
40	PRCBIVNI	Num	4	172	f26q8Q: IV nitroglycerin pre CABG
32	PRCBLIPL	Num	4	140	f26q8I: Lipid-lowering agent pre CABG
25	PRCBNITR	Num	4	112	f26q8B: Nitrates pre CABG
28	PRCBPERS	Num	4	124	f26q8E: Persantine pre CABG
29	PRCBPLAT	Num	4	128	f26q8F: Antiplatlet agents pre CABG
38	PRCBRHYT	Num	4	164	f26q8O: Antiarrhythmic agent pre CABG
41	PRCBTHRM	Num	4	176	f26q8R: Thrombolytic therapy pre CABG
20	PVCABG	Num	4	92	f26q5J: Clinical decision
17	RANGCABG	Num	4	80	f26q5G: Rest Angina requiring re-hosp
59	RCACABG	Num	4	216	f26q9I: RCA grafted
60	RCACABGC	Char	1	332	f26q9I: RCA conduit
1	REV	Num	8	0	Revision

(10FEB04--08:25)

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The CONTENTS Procedure

-----Alphabetic List of Variables and Attributes-----					
#	**Variable**	**Type**	**Len**	**Pos**	**Label**
63	REVSCABG	Num	4	224	f26q10: Revascularization complete
57	RICABG	Num	4	212	f26q9H: Ramus intermedius grafted
58	RICABGC	Char	1	331	f26q9H: Ramus intermedius conduit
14	TPTCABG	Num	4	68	f26q5D: Positive thallium imaging test

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Variable	Label	Value	N	%	<= 20
REV	Revision	0	9	2.0	*
		1	52	11.6	
		2	388	86.4	
FMTYP	Form Type	BB01	447	99.6	
		BB02	1	0.2	*
		BB03	1	0.2	*
CABGTIMB	f26q3: When CABG performed	.	61	13.6	
		1	5	1.1	*
		2	29	6.5	
		3	276	61.5	
		4	78	17.4	
HR24CABG	f26q3A: CABG within 24 hrs of enrollment	.	445	99.1	
		1	4	0.9	*
BETWCABG	f26q3B: CABG between 24 hrs and 6 wks	.	398	88.6	
		1	51	11.4	
AFTCABG	f26q3C: CABG after 6wk follow-up	.	443	98.7	
		1	6	1.3	*
CABGTYPE	f26q4: Why CABG performed	1	185	41.2	
		2	180	40.1	
		3	84	18.7	
MICABG	f26q5A: MI after treatment	.	421	93.8	
		1	28	6.2	
PAINCABG	f26q5B: Ischemic pain	.	357	79.5	
		1	92	20.5	

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Variable	Label	Value	N	%	<= 20
ISCHT1	f26q5B1: Single episode ischemic pain	.	433	96.4	
		1	16	3.6	*
ISCHT2	f26q5B2: Ischemic pain 20 min	.	407	90.6	
		1	42	9.4	
ISCHT3	f26q5B3: Ischemic pain multiple episodes	.	413	92.0	
		1	36	8.0	
HOLTCABG	f26q5C: Abnormal holter test	.	432	96.2	
		1	17	3.8	*
TPTCABG	f26q5D: Positive thallium imaging test	.	376	83.7	
		1	73	16.3	
ETTCABG	f26q5E: Positive ETT	.	379	84.4	
		1	70	15.6	
CCSCCABG	f26q5F: Post-discharge class III or IV	.	445	99.1	
		1	4	0.9	*
RANGCABG	f26q5G: Rest Angina requiring re-hosp	.	383	85.3	
		1	66	14.7	
ANATCABG	f26q5H: Coronary anatomy	.	368	82.0	
		1	81	18.0	
PMDCABG	f26q5I: Decision of personal physician	.	409	91.1	
		1	40	8.9	
PVCABG	f26q5J: Clinical decision	.	435	96.9	
		1	14	3.1	*

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Variable	Label	Value	N	%	<= 20
OTHCABG	f26q5K: Other reason	.	432	96.2	
		1	17	3.8	*
CABGPRIO	f26q6: Surgical priority	1	64	14.3	
		2	236	52.6	
		3	149	33.2	
CABGANG	f26q7: Anginal status at surgery	1	301	67.0	
		2	129	28.7	
		3	19	4.2	*
PRCBHEP	f26q8A: Heparin pre CABG	1	341	75.9	
		2	101	22.5	
		3	7	1.6	*
PRCBNITR	f26q8B: Nitrates pre CABG	1	320	71.3	
		2	123	27.4	
		3	6	1.3	*
PRCBBETA	f26q8C: Beta-blockers pre CABG	1	342	76.2	
		2	100	22.3	
		3	7	1.6	*
PRCBCCB	f26q8D: Calcium channel blocker pre CABG	1	348	77.5	
		2	94	20.9	
		3	7	1.6	*
PRCBPERS	f26q8E: Persantine pre CABG	1	54	12.0	
		2	388	86.4	
		3	7	1.6	*

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Variable	Label	Value	N	%	<= 20
PRCBPLAT	f26q8F: Antiplatlet agents pre CABG	1	1	0.2	*
		2	441	98.2	
		3	7	1.6	*
PRCBASA	f26q8G: Aspirin pre CABG	1	229	51.0	
		2	213	47.4	
		3	7	1.6	*
PRCBCOAG	f26q8H: Anticoagulant pre CABG	1	3	0.7	*
		2	440	98.0	
		3	6	1.3	*
PRCBLIPL	f26q8I: Lipid-lowering agent pre CABG	1	37	8.2	
		2	405	90.2	
		3	7	1.6	*
PRCBDIUR	f26q8J: Diuretic pre CABG	1	68	15.1	
		2	375	83.5	
		3	6	1.3	*
PRCBACEI	f26q8K: ACE inhibitor pre CABG	1	35	7.8	
		2	407	90.6	
		3	7	1.6	*
PRCBDILA	f26q8L: Vasodilator pre CABG	1	6	1.3	*
		2	436	97.1	
		3	7	1.6	*
PRCBDIGI	f26q8M: Digitalis pre CABG	1	22	4.9	
		2	420	93.5	
		3	7	1.6	*

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Variable	Label	Value	N	%	<= 20
PRCBINOT	f26q8N: Inotropic agent pre CABG	1	6	1.3	*
		2	437	97.3	
		3	6	1.3	*
PRCBRHYT	f26q8O: Antiarrhythmic agent pre CABG	1	17	3.8	*
		2	426	94.9	
		3	6	1.3	*
PRCBFISH	f26q8P: Fish oil pre CABG	2	443	98.7	
		3	6	1.3	*
PRCBIVNI	f26q8Q: IV nitroglycerin pre CABG	1	160	35.6	
		2	281	62.6	
		3	8	1.8	*
PRCBTHRM	f26q8R: Thrombolytic therapy pre CABG	1	10	2.2	*
		2	426	94.9	
		3	13	2.9	*
PRCBIABP	f26q8S: IABP pre CABG	1	46	10.2	
		2	397	88.4	
		3	6	1.3	*
LADCABG	f26q9A: LAD grafted	1	418	93.1	
		2	31	6.9	
LADCABGC	f26q9A: LAD conduit	.	32	7.1	
		A	89	19.8	
		B	302	67.3	
		C	25	5.6	
		D	1	0.2	*

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Variable	Label	Value	N	%	<= 20
D1CABG	f26q9B: 1st diagonal grafted	.	1	0.2	*
		1	132	29.4	
		2	316	70.4	
D1CABGC	f26q9B: 1st diagonal conduit	.	318	70.8	
		A	99	22.0	
		B	28	6.2	
		C	2	0.4	*
		D	2	0.4	*
D2CABG	f26q9C: 2nd diagonal grafted	.	1	0.2	*
		1	32	7.1	
		2	416	92.7	
D2CABGC	f26q9C: 2nd diagonal conduit	.	417	92.9	
		A	24	5.3	
		B	8	1.8	*
CFCABG	f26q9D: Circumflex grafted	.	2	0.4	*
		1	72	16.0	
		2	375	83.5	
CFCABGC	f26q9D: Circumflex conduit	.	377	84.0	
		A	64	14.3	
		B	5	1.1	*
		C	3	0.7	*
OM1CABG	f26q9E: 1st obtuse marginal grafted	.	1	0.2	*
		1	198	44.1	
		2	250	55.7	

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Variable	Label	Value	N	%	<= 20
OM1CABGC	f26q9E: 1st obtuse marginal conduit	.	251	55.9	
		A	174	38.8	
		B	16	3.6	*
		C	8	1.8	*
OM2CABG	f26q9F: 2nd obtuse marginal grafted	.	2	0.4	*
		1	110	24.5	
		2	337	75.1	
OM2CABGC	f26q9F: 2nd obtuse marginal conduit	.	339	75.5	
		A	96	21.4	
		B	10	2.2	*
		C	4	0.9	*
OM3CABG	f26q9G: 3rd obtuse marginal grafted	.	2	0.4	*
		1	24	5.3	
		2	423	94.2	
OM3CABGC	f26q9G: 3rd obtuse marginal conduit	.	425	94.7	
		A	19	4.2	*
		B	4	0.9	*
		C	1	0.2	*
RICABG	f26q9H: Ramus intermedius grafted	.	2	0.4	*
		1	28	6.2	
		2	419	93.3	
RICABGC	f26q9H: Ramus intermedius conduit	.	421	93.8	
		A	25	5.6	
		B	2	0.4	*
		C	1	0.2	*

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Variable	Label	Value	N	%	<= 20
RCACABG	f26q9I: RCA grafted	.	2	0.4	*
		1	194	43.2	
		2	253	56.3	
RCACABGC	f26q9I: RCA conduit	.	255	56.8	
		A	181	40.3	
		B	3	0.7	*
		C	10	2.2	*
PDACABG	f26q9J: PDA grafted	.	2	0.4	*
		1	154	34.3	
		2	293	65.3	
PDACABGC	f26q9J: PDA conduit	.	295	65.7	
		A	139	31.0	
		B	4	0.9	*
		C	7	1.6	*
		D	4	0.9	*
REVSCABG	f26q10: Revascularization complete	1	374	83.3	
		2	65	14.5	
		3	10	2.2	*
CABGTUBE	f26q10O: Chest tube not removed > 5 days	.	439	97.8	
		1	10	2.2	*
CABGEVNT	f26q11: Any major events	1	78	17.4	
		2	371	82.6	

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Variable	Label	Value	N	%	<= 20
DTH24	f26q11A: Death within 24 hrs	.	381	84.9	
		1	61	13.6	
		2	3	0.7	*
		3	4	0.9	*
CABGCA	f26q11B: Non-fatal cardiac arrest	.	371	82.6	
		1	72	16.0	
		2	4	0.9	*
		3	2	0.4	*
CABGMI	f26q11C: Suspected MI	.	371	82.6	
		1	48	10.7	
		2	19	4.2	*
		3	11	2.4	*
CABGCHF	f26q11D: Congestive heart failure	.	371	82.6	
		1	69	15.4	
		2	1	0.2	*
		3	8	1.8	*
CABGEDEM	f26q11E: Pulmonary edema	.	371	82.6	
		1	71	15.8	
		2	2	0.4	*
		3	5	1.1	*
CABGSHCK	f26q11F: Cardiogenic shock	.	371	82.6	
		1	64	14.3	
		2	5	1.1	*
		3	9	2.0	*

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Variable	Label	Value	N	%	<= 20
CABGTAMP	f26q11G: Cardiac tamponade	.	371	82.6	
		1	73	16.3	
		3	5	1.1	*
CABGEMBO	f26q11H: Arterial embolus	.	371	82.6	
		1	74	16.5	
		2	2	0.4	*
		3	2	0.4	*
CABGDISS	f26q11I: Arterial dissection	.	371	82.6	
		1	75	16.7	
		2	2	0.4	*
		3	1	0.2	*
CABGTIA	f26q11J: TIA	.	371	82.6	
		1	78	17.4	
CABGSTRK	f26q11K: Stroke	.	371	82.6	
		1	73	16.3	
		2	2	0.4	*
		3	3	0.7	*
CABGCOMA	f26q11L: Coma	.	371	82.6	
		1	76	16.9	
		2	1	0.2	*
		3	1	0.2	*
CABGALRG	f26q11M: Hypersensitivity	.	371	82.6	
		1	78	17.4	

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Variable	Label	Value	N	%	<= 20
CABGARDS	f26q11N: Respiratory failure	.	371	82.6	
		1	72	16.0	
		2	2	0.4	*
		3	4	0.9	*
CABGPLEM	f26q11O: Pulmonary embolus	.	371	82.6	
		1	78	17.4	
CABGDIAL	f26q11P: Renal failure	.	371	82.6	
		1	78	17.4	
CABGREOP	f26q11Q: Re-operation for bleeding	.	371	82.6	
		1	66	14.7	
		2	1	0.2	*
		3	11	2.4	*
CABGWND	f26q11R: Wound dehiscence	.	371	82.6	
		1	78	17.4	
CABGINF	f26q11S: Mediastinitis	.	371	82.6	
		1	78	17.4	
CABGOTEV	f26q11T: Other events	.	371	82.6	
		1	66	14.7	
		2	2	0.4	*
		3	10	2.2	*
CABGSTAT	f26q12: Condition leaving O.R.	1	426	94.9	
		2	20	4.5	*
		3	3	0.7	*

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Variable	Label	N	Mean	Std Dev	Minimum	Maximum
FM26DAY	f26q2: Days to surgery	448	57.3	118.5	1.0	804.0