#### PTCA PROCEDURES: T3 FORM 6B (Rev. 2)

**PURPOSE:** To collect data relevant to the PTCA procedure in order to monitor the immediate results, complications within 24 hours, and location of dilatation(s) performed.

**PERSONS RESPONSIBLE:** Certified Research Coordinator, Certified T-3 Angioplasty Operator.

**SOURCES OF INFORMATION:** Cineangiograms, medical record, cardiac catheterization technical worksheet, PTCA report, and persons performing procedure.

TIME OF DATA COLLECTION: Immediately after the PTCA and during the subsequent 24 hours.

GENERAL INSTRUCTIONS: This form is completed every time the patient undergoes an attempted PTCA procedure. An attempted procedure is defined as one in which a patient undergoes left heart catheterization and a guiding catheter is introduced into the patient's body. Each stage of a staged procedure as well as a repeat PTCA for abrupt reclosure occurring outside the catheterization laboratory or repeat PTCA for restenosis requires a separate form.

For patients who undergo PTCA initially and have CABG within 24 hours of the PTCA, record any major events that occur prior to the CABG on the PTCA Form 6B. Events that occur during or within 24 hours after the CABG should be recorded only on the CABG form.

The original Form 6B is sent to the DCC. The cineangiograms with labels attached and a special shipping log are sent to the Qualitative Core Laboratory. The Form 6B is not sent to the Qualitative Core laboratory.

PART I: IDENTIFICATION

- 1. NAME CODE: As previously defined for the patient.
- 2. DATE AND TIME OF PTCA: Record the date of the PTCA procedure being described on this form, and record in military time the estimated time that the patient arrived in the catheterization laboratory.

#### PART II: PROCEDURE NOTES

- 3. When was PTCA performed? Record the timing of the PTCA procedure relative to treatment initiation.
- 4. Why was PTCA performed? Record whether the PTCA was done because patient was randomized to the invasive strategy, or a patient assigned to the conservative strategy reached a defined study end point, or because of another reason not mandated by the protocol.
- 5. If PTCA was performed in a patient randomized to the conservative strategy or the PTCA was "non-protocol": Record all reasons for PTCA. 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 PTCA will be considered a major protocol violation if PTCA is performed within the six weeks following study treatment and none of the Items A through G is checked.

#### 6. PRIORITY OF PTCA:

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

**Urgent:** Patient is undergoing PTCA 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 PTCA 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 PTCA:

**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. **PTCA ATTEMPTED AT THE SITE OF PRESUMED OCCLUSION OR ISCHEMIA-RELATED ARTERY:** Check "yes" if a PTCA was attempted at the site of the culprit artery. If the culprit artery cannot be determined, check "no."
- 9. PTCA ATTEMPTED AT OTHER LESIONS: Self-explanatory.
- 10. THERAPY PRE-PROCEDURE: Record all therapies administered to the patient during the 48 hours preceding the PTCA procedure.
- 11. FOR EACH LESION ATTEMPTED: Record the lesion code from the coronary diagram, the percent stenosis before PTCA, the TIMI perfusion grade 0-3 before PTCA, the percent stenosis post-PTCA, the TIMI perfusion grade immediately post-PTCA and the outcome for the lesion attempted.

TIMI Perfusion Grade:

Grade 0 = No perfusion: No antegrade flow beyond the point of occlusion.

Grade 1 = Penetration without perfusion: The contrast material
 passes beyond the area of obstruction, but "hangs
 up" and fails to opacify the entire coronary bed
 distal to the obstruction for the duration of the
 cine run.

- Grade 2 = Partial perfusion: The contrast material passes across the obstruction and opacifies the coronary bed distal to the obstruction. However, the rate of entry of contrast into the vessel distal to the obstruction and/or its rate of clearance from the distal bed are perceptibly slower than its entry into and/or clearance from comparable areas not perfused by the previously occluded vessel, e.g., the opposite coronary artery or the coronary bed proximal to the obstruction.
- **Grade 3 = Complete perfusion:** Antegrade flow into the bed distal to the obstruction occurs as promptly as into the bed proximal to the obstruction <u>and</u> clearance of contrast material from the involved bed is as rapid as from an uninvolved bed in the same vessel or the opposite artery.
- 12. THROMBOLYTIC THERAPY ADMINISTERED DURING PROCEDURE: Check "yes" if the patient received a thrombolytic agent while the patient was still in the catheterization lab for the PTCA procedure.
- 13. CONDITION OF PATIENT LEAVING CATHETERIZATION LABORATORY: Check the condition according to the following criteria:

**Stable:** Patient is clinically and hemodynamically stable upon leaving the catheterization laboratory.

**Unstable:** Patient is clinically unstable, that is, experiencing angina at rest or is hemodynamically unstable (low output requiring pressors, intra-aortic balloon pump).

Deceased: Self-explanatory.

- 14. DID OPERATOR PLAN TO ATTEMPT ADDITIONAL PROCEDURE WITHIN 2 WEEKS: Check "yes" if it is known that the initial PTCA procedure was planned as a staged event and the operator plans to do additional angioplasty at a separate setting within the following 2 weeks.
- 15. **POST PTCA THERAPY:** Check "yes" if the patient received any of the following therapies within 24 hours after leaving the laboratory.

Thrombolytic therapy: e.g. Alteplase, streptokinase, urokinase. Intra-aortic balloon pump: Self-explanatory. IV nitroglycerin: Self-explanatory. Heparin: If patient received heparin after the procedure, record the total number of hours the heparin was administered, even if the patient received heparin for more than 48 hours. Fish oils: Self-explanatory. Aspirin: Self-explanatory. Persantine: Self-explanatory. Dextran: Self-explanatory.

16. WAS REVASCULARIZATION COMPLETE: Check "yes" if at the end of the procedure all lesions in major coronary segments supplying viable myocardium are <50% stenosed. Major coronary segments are all segments listed on the coronary diagram whose diameter is at least 1.5 mm.

#### PART III: MAJOR EVENTS

- 17. MAJOR EVENTS DURING OR WITHIN THE 24 HOURS AFTER PTCA: Check "yes" if the patient experienced any of the listed events, either in the catheterization laboratory or within 24 hours after the PTCA procedure.
  - A. Death: Check "yes" if death occurred within 24 hours after PTCA. 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. Transient abrupt reclosure: Obstruction of contrast flow in the dilated segment where there previously had been a patent segment and documented antegrade flow. For an initial subtotal lesion prior to PTCA, transient abrupt closure describes total obstruction during the PTCA procedure or within the 24 hours following the PTCA procedure, that is reversed either mechanically or pharmacologically. In a situation where the dilated segment was closed at the beginning of the PTCA procedure (e.g., the PTCA operator is attempting to open a total occlusion), transient abrupt closure should only be used

to describe the outcome if there was a period of vessel patency during the PTCA procedure documented by normal antegrade contrast flow beyond the vessel with balloon dilatation equipment removed from the vessel followed by closure of the vessel during the PTCA procedure or within the 24 hours following the PTCA procedure.

- Sustained abrupt closure: Sustained obstruction Ε. of contrast flow in the dilated segment where there previously had been a patent segment and documented antegrade flow. For an initial subtotal lesion prior to sustained abrupt closure describes total PTCA, obstruction that is still present at termination of the PTCA procedure or abrupt closure that occurs within the 24 hours following the PTCA procedure and is not reversed either mechanically or pharmacologically. In a situation where the dilated segment was closed at the beginning of the PTCA procedure (e.g., the PTCA is attempting to open a total occlusion), sustained abrupt closure should only be used to describe the outcome if there was a period of vessel patency during the PTCA procedure documented by normal antegrade contrast flow beyond the vessel with balloon dilatation equipment removed from the vessel followed by closure of the vessel (that is not reversed either mechanically or pharmacologically) during the PTCA procedure or within the 24 hours following the PTCA procedure.
- F. 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<sup>3</sup> gallup by auscultation, elevated venous jugular pressure > 8 cm H<sub>2</sub>0 by physical exam, or radiographic evidence of pulmonary congestion.
- G. 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.

- H. 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.
- I. 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.
- J. Hemorrhage requiring transfusion: Bleeding sufficient to require a transfusion of packed red blood cells. Submit Hemorrhagic Event Form 24 if event has occurred.
- Arterial embolus of extremity or loss of pulse requiring Κ. treatment: Arterial embolus is the acute occlusion of a main or distal arterial trunk supply in a limb, due to distal migration of thrombotic or formation and 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.
- L. Hypotension requiring treatment: Reduction in systolic blood pressure to < 90 mm Hg, or reduction by ≥ 30 mm Hg compared to baseline value which persists for more than one minute and requires a fluid bolus > 500 cc, Trendelenburg position, or pressor support (dopamine, leafafed, etc.) to restore baseline blood pressure.
- M. TIA -- transient ischemic attack: A partial, focal, neurologic deficit which is transient in nature and completely clears within 24 hours after its onset.

7

- N. 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 event has occurred.
- 0. 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 event has occurred.
- P. Hypersensitivity reaction: Allergic reaction to iodine containing radiographic contrast media or protamine, marked by the development of urticaria, wheezing, prolonged hypotension, or laryngospasm.
- Q. 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, < 50 TORR) or respiratory acidosis with PCO, > 45 TORR and pH < Respiratory failure meeting the above criteria 7.30. 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.
- R. 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 PTCA) 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.
- S. Renal failure requiring dialysis: Deteriorating renal function requiring dialysis.

- T. Emergency CABG: Patient's condition is clinically unstable such that coronary bypass surgery is performed within 24 hours of PTCA procedure.
- U. Other Events: Check "yes" and specify any other major event occurring within 24 hours after PTCA.

#### PART IV: ADMINISTRATIVE MATTERS

Self-explanatory.

#### THROMBOLYSIS IN MYOCARDIAL ISCHEMIA

PTCA PROCEDURES FORM 6B

T3 Form 6B Rev. 2 06/11/90 Page 1 of 10

Complete this form each time the patient undergoes an attempted PTCA procedure.

Clinic No.			-				
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#### PART I: IDENTIFICATION

1.	Patient's NAME CODE:		
0			bday
2.	Date and time of PTCA:	Day	Year
	A. Military time:	ptcahr. Hours	and a second sec

#### PART II: PROCEDURE NOTES

3.	. When was this PTCA performed?	ptcatimb
	Less than 18 hours after study treatment initiation	····· (1 )
	18 to 48 hours after study treatment initiation	····· ( <sub>2</sub> )
	Greater than 48 hours after study treatment initiation but before or at six-week follow-up visit	····· ( <sub>3</sub> )
	After six-week follow-up visit	(4)

4. Why was this PTCA performed?

p	-	$\sim$	2	+ -	57	n	
	L	し	a	L	УΙ	Ρ	

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 PTCA (Conservative Strategy Patient) or non-protocol PTCA for patients in either strategy, check all the reasons for revascularization which were fulfilled at the time of performance of this angioplasty: A. MI after study drug treatment			T3 Form 6B Rev. 2 06/11/90 Page 2 of 10	
<ul> <li>B. Ischemic pain <u>at rest</u> with ECG changes meeting study criteria<sup>1</sup>.<sup>(1)</sup>.<sup>(1)</sup></li> <li>4</li> <li>(Check all that apply.) <ol> <li>Single episode of pain lasting at least 5 minutes with ST elevation/depression ≥ 2 mm in ≥ 2 contiguous leads (1)</li> <li>Single episode of pain lasting at least 20 minutes with: ischt2 <ol> <li>ST elevation/depression ≥ 1 mm in ≥ 2 contiguous leads; or b) T-wave inversion in ≥ 2 contiguous leads (1)</li> </ol> </li> <li>Two or more episodes of pain lasting at least 5 minutes ischt3 with: a) ≥ 1 mm ST elevation/depression in ≥ 2 contiguous leads (1)</li> <li>Rostification from Holter Core Lab of abnormal Holter Test (1) * holtptc</li> <li>Positive Thallium Imaging Test: a) abnormal lung uptake and ≥ 1 region with reversible hypoperfusion (1) * totptca ≥ 2 regions with reversible hypoperfusion (1)*</li> </ol></li></ul>	<u>f</u>	<u>for pa</u> zation	patients in either strategy, check all the reasons for revasculari- on which were fulfilled at the time of performance of this angioplasty:	
<ul> <li>1) Single episode of pain lasting at least 5 minutes with ST elevation/depression ≥ 2 mm in ≥ 2 contiguous leads (1)</li> <li>2) Single episode of pain lasting at least 20 minutes with: ischt2 <ul> <li>a) ST elevation/depression ≥ 1 mm in ≥ 2 contiguous leads;</li> <li>or b) T-wave inversion in ≥ 2 contiguous leads (1)</li> </ul> </li> <li>3) Two or more episodes of pain lasting at least 5 minutes ischt3 <ul> <li>with: a) ≥ 1 mm ST elevation/depression in ≥ 2 contiguous leads (1)</li> </ul> </li> <li>3) Two or more episodes of pain lasting at least 5 minutes ischt3 <ul> <li>with: a) ≥ 1 mm ST elevation/depression in ≥ 2 contiguous leads (1)</li> </ul> </li> <li>C. Notification from Holter Core Lab of abnormal Holter Test (1) * holtptc <ul> <li>D. Positive Thallium Imaging Test: a) abnormal lung uptake and ≥ 1 region with reversible hypoperfusion; or b) tptptca ≥ 2 regions with reversible hypoperfusion</li></ul></li></ul>				
<ul> <li>1) Single episode of pain lasting at least 5 minutes with ST elevation/depression ≥ 2 mm in ≥ 2 contiguous leads (1)</li> <li>2) Single episode of pain lasting at least 20 minutes with: ischt2 <ul> <li>a) ST elevation/depression ≥ 1 mm in ≥ 2 contiguous leads;</li> <li>or b) T-wave inversion in ≥ 2 contiguous leads (1)</li> </ul> </li> <li>3) Two or more episodes of pain lasting at least 5 minutes ischt3 with: a) ≥ 1 mm ST elevation/depression in ≥ 2 contiguous leads; or b) T-wave inversion in ≥ 2 contiguous leads (1)</li> <li>C. Notification from Holter Core Lab of abnormal Holter Test (1) * holtptc</li> <li>D. Positive Thallium Imaging Test: a) abnormal lung uptake and ≥ 1 region with reversible hypoperfusion; or b) tptptca ≥ 2 regions with reversible hypoperfusion</li></ul>		Γ	(Check all that apply.)	
<ul> <li>a) ST elevation/depression ≥ 1 mm in ≥ 2 contiguous leads; or b) T-wave inversion in ≥ 2 contiguous leads (1)</li> <li>3) Two or more episodes of pain lasting at least 5 minutes ischt3 with: a) ≥ 1 mm ST elevation/depression in ≥ 2 contiguous leads; or b) T-wave inversion in ≥ 2 contiguous leads (1)</li> <li>C. Notification from Holter Core Lab of abnormal Holter Test (1) * holtptc</li> <li>D. Positive Thallium Imaging Test: a) abnormal lung uptake and ≥ 1 region with reversible hypoperfusion; or b) tptptca ≥ 2 regions with reversible hypoperfusion (1) *</li> <li>E. Positive ETT Test: a) ischemic pain prior to completion of Stage II; or b) ≥ 2 mm ST elevation/depression with or ettptca without symptoms; or c) ≥ 10 mm Hg reduction in SBP compared</li> </ul>			1) Single episode of pain lasting at least 5 minutes with	
<pre>with: a) ≥ 1 mm ST elevation/depression in ≥ 2 contiguous leads; or b) T-wave inversion in ≥ 2 contiguous leads (1)</pre> C. Notification from Holter Core Lab of abnormal Holter Test (1)* holtptc D. Positive Thallium Imaging Test: a) abnormal lung uptake and ≥ 1 region with reversible hypoperfusion; or b) tptptca ≥ 2 regions with reversible hypoperfusion (1)* E. Positive ETT Test: a) ischemic pain prior to completion of Stage II; or b) ≥ 2 mm ST elevation/depression with or ettptca without symptoms; or c) ≥ 10 mm Hg reduction in SBP compared			a) ST elevation/depression $\geq 1$ mm in $\geq 2$ contiguous leads;	
<ul> <li>D. Positive Thallium Imaging Test: a) abnormal lung uptake and <ul> <li>≥ 1 region with reversible hypoperfusion; or b)</li> <li>≥ 2 regions with reversible hypoperfusion</li></ul></li></ul>			with: a) $\geq 1$ mm ST elevation/depression in $\geq 2$ contiguous	
<ul> <li>≥ 1 region with reversible hypoperfusion; or b) tptptca</li> <li>≥ 2 regions with reversible hypoperfusion</li></ul>		С.	Notification from Holter Core Lab of abnormal Holter Test $\cdots$ (1)* holter	ltptca
of Stage II; or b) $\geq 2$ mm ST elevation/depression with or ettptca without symptoms; or c) $\geq 10$ mm Hg reduction in SBP compared		D.		
to previous recording (1)*		E.	of Stage II; or b) $\geq 2$ mm ST elevation/depression with or ettptca	
F. Post-discharge Canadian Cardiovascular Society Class III CCSCPtca or IV angina confirmed by ETT (1)*		F.	rost-discharge canadran cardiovascular socrecy crass in	
rangptca G. Rest angina requiring re-hospitalization (1)*		G.	rangptca Rest angina requiring re-hospitalization (1)*	
H. Coronary anatomy $\frac{anatptca}{\binom{1}{1}}$		Н.		
I. Decision of personal physician $(_1)**$		I.	Decision of personal physician	
pvptca J. Clinical decision not specified by protocol (, )**		J.	Clinical decision not specified by protocol $(_1)$ **	
$C_{1}$ Sther $C_{1}$ Sther		K.	Other $(_1) **$	
Specify:			Specify:	

\*Submit appropriate event, ECGs and test forms to Core Laboratories and the DCC.

\*\*<u>PROTOCOL VIOLATION</u> if angioplasty performed within six weeks of study treatment and none of Items A-G is checked.

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T3 Form 6B Rev. 2 06/11/90 Page 3 of 10

6. Indicate priority of PTCA:

### ptcaptio

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

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

# ptcaang Stable (1) Unstable (2) Acute Event (3)

#### ptcaocc

8.	Was PTCA attempted at the site(s) of the presumed occlusion or			
	stenosis responsible for the ischemia?	- (1)	( <sub>2</sub> )	(3)
		Yes	No	Unknown

## ptcasite

9.	Was PTCA attempted at other lesion sites?	$(_{1})$	( <sub>2</sub> )	(3)
		Yes	No	Unknown

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Form Type	P	В					

T3 Form 6B Rev. 2 06/11/90 Page 4 of 10

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

			<u>Yes</u>	No	<u>Unknown</u>
Α.	Heparin	prpthep	(1)	(2)	(3)
В.	Nitrates	prptnitr	( <sub>1</sub> )		(3)
C.	Beta-Blocker therapy	prptbeta	( <sub>1</sub> )	( <sub>2</sub> )	(3)
D.	Calcium channel blockers	prptccb	-	-	-
		prptpers	(1)		
E.	Persantine/sulfinpyrazone	protolat		(2)	-
F.	Antiplatelet agents other than ASA or persantine -		(1)	( <sub>2</sub> )	(3)
G.	Aspirin			(2)	(3)
Н.	Anticoagulant other than heparin	prpucoag	(1)	(2)	(3)
I.	Lipid-lowering agent	prpuipi	(1)	(2)	(3)
J.	Diuretics	prptdiur	(1)	(2)	(3)
К.	ACE inhibitors	prptacei	(1)	( <sub>2</sub> )	(3)
L.	Vasodilator other than ACE inhibitors/nitrates or calcium channel blockers	prptdila			
м	Digitalis or derivative				
М.					
Ν.	Inotropic agent				
0.	Antiarrhythmic agent				
Ρ.	Fish oil therapy	prptiisn	(1)	(2)	(3)
Q.	IV nitroglycerin	prptivni	( <sub>1</sub> )	(2)	(3)
R.	Thrombolytic therapy	prptthrm	(1)	(2)	(3)
S .	Intra-aortic balloon pump (IABP)	prptiabp	(1)	(2)	(3)

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T3 Form 6B Rev. 2 06/11/90 Page 5 of 10

Refer to the diagram at the end of this form to answer Question 11.

11.	Comp	lete th	is section for each lesion attempted by operator.		
	Α.	Locion	Code:	lesiona	
	n.	Lesion		lesapre	
		(1)	Stenosis pre-PTCA		<u> </u>
		(2)	TIMI Perfusion Grade pre-PTCA	grdapre	
				logopogt	(0-3)
		(3)	Stenosis post-PTCA	lesapost	%
		(1)	TIMI Perfusion Grade post-PTCA	grdapost	
		(4)	Timi reliasion drade post-rick		(0-3)
		(5)		lesarslt	/ \
		(5)	PTCA outcome*	( <sub>1</sub> ) ( <sub>2</sub> ) Success Partial	( <sub>3</sub> ) Failed

В.	Lesion	Code	les	ionb	
	(1)	Stenosis pre-PTCA	les	bpre	s
		TIMI Perfusion Grade pre-PTCA	grdl	opre	°
	(2)	TIMI Periusion Grade pre-PICA			(0-3)
	(3)	Stenosis post-PTCA	les	opost	
	(4)	TIMI Perfusion Grade post-PTCA	grdb	post	
			lesk	orslt	(0-3)
	(5)	PTCA outcome*	( <sub>1</sub> ) Success		
			0400035	I GT GT GT GT	r ar r r r r

*PTCA Outcome:
Success - a $\geq$ 20% improvement in luminal diameter narrowing and the
residual stenosis is $< 50$ % with no decline in flow grade.
<u>Partial</u> - a $\geq$ 20% improvement in luminal diameter narrowing or the
residual stenosis is $< 50$ % with no decline in flow grade.
<u>Failed</u> - a < 20% improvement in luminal diameter
narrowing and the residual stenosis is $\geq 50$ %.

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Form Type	P	В				

T3 Form 6B Rev. 2 06/11/90 Page 6 of 10

9

Refer to the diagram at the end of this form to answer Question 11.

11. Complete this section for each lesion attempted by operator. (Continued)

 C. Lesion Code:
 lesionc

 (1)
 Stenosis pre-PTCA

 (2)
 TIMI Perfusion Grade pre-PTCA

(2)			(0-3)
(3)	Stenosis post-PTCA	lescpost	8
(4)	TIMI Perfusion Grade post-PTCA		`
(4)	Timi reflusion Grade post-rick		(0-3)
(5)	PTCA outcome*	lescrslt	(3)
		Success Partial	Failed

D.	Lesion	Code:	lesiond	
υ.		Stenosis pre-PTCA	lesdpre	
	(1)		arddoro	*
	(2)	TIMI Perfusion Grade pre-PTCA	graapre	(0-3)
	(3)	Stenosis post-PTCA	lesdpost	95
	(4)	TIMI Perfusion Grade post-PTCA	arddpost	
	(4)			(0-3)
	(5)	PTCA outcome*	$\begin{array}{c} \text{lesdrslt} \\ \hline \\ \hline \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	•

*PTCA Outcome	:
<u>Success</u>	- $a \geq 20$ % improvement in luminal diameter narrowing and the
	residual stenosis is < 50% with no decline in flow grade.
<u>Partial</u>	- $a \ge 20$ % improvement in luminal diameter narrowing or the
	residual stenosis is < 50% with no decline in flow grade.
<u>Failed</u>	- a < 20% improvement in luminal diameter
	narrowing and the residual stenosis is $\geq$ 50%.

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Form Type	P	В					

T3 Form 6B Rev. 2 06/11/90 Page 7 of 10

Refer to the diagram at the end of this form to answer Question 11.

11.	Comp	lete th	is section for each lesion attempted by operator.	(Continued)	
	E.	Lesion	Code:	lesione	
	. تا	(1)	Stenosis pre-PTCA	lesepre	 %
		(2)	TIMI Perfusion Grade pre-PTCA	ardepre	
			Stenosis post-PTCA	lesepost	(0-3)
		(3)	TIMI Perfusion Grade post-PTCA	grdepost	<u> </u>
		(5)	PTCA outcome*	leserslt	
					141100

F	Torion	Code:	lesior	ıf	
F.		Stenosis pre-PTCA	locfor	re	
	(1)	TIMI Perfusion Grade pre-PTCA	ardfn	ce	°
		Stenosis post-PTCA	lesfpo	ost	-3)
	(3)	TIMI Perfusion Grade post-PTCA			*
	(*)	The following of the post find the second seco	lesfr	slt $\overline{(0)}$	-3)
	(5)	PTCA outcome*	( <sub>1</sub> ) ( Success Part		

:
- $a \ge 20$ % improvement in luminal diameter narrowing and the
residual stenosis is $< 50$ % with no decline in flow grade.
- $a \ge 20$ % improvement in luminal diameter narrowing or the
residual stenosis is $< 50$ % with no decline in flow grade.
- a < 20% improvement in luminal diameter
narrowing and the residual stenosis is $\geq$ 50%.

ID No.			-				
Form Type	P	В					

T3 Form 6B Rev. 2 06/11/90 Page 8 of 10 thrmbotx 12. Was thrombolytic therapy administered during procedure? ------ ( $_1$ ) ( $_2$ ) ( $_3$ ) No Unknown Yes Condition of patient upon leaving Cath Lab: 13. ptcastat Stable ----- (1 ) Unstable ----- (2) ŧ If deceased, Submit Death Notification Form 15 and Cause of Death Form 16. futptca At the end of this procedure, did the PTCA operator plan to attempt 14. Were any of the following therapies administered within 15. 24 hours post-angioplasty? (Answer each item.) No Unknown Yes A.ptcathrmB.Intra-aortic balloon pump (IABP)ptcaiabp $\begin{pmatrix} 1 \\ 2 \end{pmatrix}$  $\begin{pmatrix} 3 \\ 3 \end{pmatrix}$ C.IV nitroglycerinptcanitr $\begin{pmatrix} 1 \\ 2 \end{pmatrix}$  $\begin{pmatrix} 3 \\ 3 \end{pmatrix}$ D.Heparinptcahep $\begin{pmatrix} 1 \\ 1 \end{pmatrix}$  $\begin{pmatrix} 2 \\ 2 \end{pmatrix}$  $\begin{pmatrix} 3 \\ 3 \end{pmatrix}$ ŧ Indicate duration of infusion post-procedure: ptcahdr hours. Yes No Unknown E. Fish oil ptcafishF. Aspirin (1) (2) (3)Destran (1) (2) (3)ptcapers (1) (2) (3)ptcapers (1) (2) (3)ptcadex (1) (2) (3)ptcadex (1) (2) (3)16. Was revascularization complete? (1) (2) (3)

ID No.			-				
Form Type	P	В					

T3 Form 6B Rev. 2 06/11/90 Page 9 of 10

#### PART III: MAJOR EVENTS

\*

.

# 17. Did patient experience any major events during or within

Answe	r each item:	Did Not	Occurred	<u>Occurred</u> <u>Within 24 Hours</u>
Α.	Death dth24	<u>Occur</u>		
		(1)	(2)*	( <sub>3</sub> )*
В.	Non-fatal cardiac arrest ptcaca	( )	( )	$\langle \rangle$
		$\begin{pmatrix} 1 \end{pmatrix}$	$\binom{2}{2}$	
D.	Transient abrunt realequire ptcatrcl	$\begin{pmatrix} 1 \end{pmatrix}$	( <sub>2</sub> )**	( <sub>3</sub> )**
D. F	Transient abrupt reclosure ptcatrcl Sustained abrupt reclosure ptcasrcl	$\begin{pmatrix} 1 \end{pmatrix}$	( <sub>2</sub> )	$\begin{pmatrix} 3 \end{pmatrix}$
Ε.	Congestive heart failure (isolated)	$\begin{pmatrix} 1 \end{pmatrix}$	( <sub>2</sub> )	$\begin{pmatrix} 3 \end{pmatrix}$
F.	Pulmonary edema (cardiac) - ptcaedem	$\begin{pmatrix} 1 \end{pmatrix}$	(2)	$\begin{pmatrix} 3 \end{pmatrix}$
G. H.	Cardiogenic shock	$\begin{pmatrix} 1 \end{pmatrix}$	( <sub>2</sub> )	$\begin{pmatrix} 3 \end{pmatrix}$
п.	Cardiac tamponadeptcatamp	$\begin{pmatrix} 1 \end{pmatrix}$	( <sub>2</sub> )	$\begin{pmatrix} 3 \end{pmatrix}$
I. J.	Hemorrhage requiring transfusion Ptcahen	$\begin{pmatrix} 1 \\ 1 \end{pmatrix}$	$\binom{2}{2}$	$\begin{pmatrix} 3 \end{pmatrix}$
J. У	Arterial embolus of extremity or ptcaem		( <sub>2</sub> )***	( <sub>3</sub> )***
К.	Arterial embolus of extremity or product			
т	loss of pulse requiring treatment	(1)	( <sub>2</sub> )	(3)
L.	Hypotension requiring treatment ptcalb	( <sub>1</sub> )	( <sub>2</sub> )	(3)
	NENDALASTA EUROPA			
	NEUROLOGIC EVENTSptcatiaTIAptcastrkStrokeptcacomaComaptcacoma			<i>,</i> ,
М.	TIA ptcastrk	(1)	( <sub>2</sub> )	(3)
Ν.	Stroke	(1)	(2)***	* ( <sub>3</sub> )****
0.	Coma	(1)	(2)***	* (3)****
	ALLERGIC EVENT ptcaalrg			
Ρ.	Hypersensitivity reaction ptcaalrg	(1)	( <sub>2</sub> )	(3)
	PULMONARY EVENTS			
Q.	Respiratory failure (include ARDS & ptcaards non-cardiac edema)			
	non-cardiac edema)	$\binom{1}{1}$	( <sub>2</sub> )	(3)
R.	Pulmonary embolus ptcaplem	(1)	( <sub>2</sub> )	(3)
	RENAL EVENT ptcadial			
S.	Renal failure requiring dialysis	(1)	( <sub>2</sub> )	(3)
	PROCEDURAL EVENTS			
Τ.	Emergency CABG	(1)	( <sub>2</sub> )	(3)
		-	-	-
	OTHER EVENTS ptcaotev			
υ.	Other events	(1)	( <sub>2</sub> )	(3)
		-	-	-
	Specify:			
		_		
		-		
	Death Notification Form 15 and Cause of .	Death For	-m 16.	
**Submít	Myocardial Infarction Event Form 23.			
	Hemorrhagic Event Form 24.			
****Submit	Severe Neurologic Event Form 27.			
	- 			

ID No.		_	-				
Form Type	P	В					

ptcaevnt

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T3 Form 6B Rev. 2 06/11/90 Page 10 of 10

#### PART IV: ADMINISTRATIVE MATTERS

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18.	Was the cineangiogram and shipping 2 Qualitative Core Lab?	log mailed to	the		_	
		A. Reason	not sent:			
		C.	equired in annot be lo ther	cated		( <sub>2</sub> )
		S	pecify:			
19.	PTCA Operator:					
	Name:		T3 Staff	No.:		
20.	Research Coordinator:					
	Signature:	<u></u>	T3 Staff	No.:		<u> </u>
21.	Date form completed:			 Month	 Day	Year

ID No.			-					]
Form Type	P	В						

TJ Form 68 Diagram



29 Third diagonal branch (3rd Diag)

28 Ramus incormedius (Ramus)

27 Laft posterior descending artery (LPDA)

- T3 Form 6B: Variables from earlier revisions
- HR24PTCA Revision 1 Item 3A When was this PTCA performed? 1=Within 24 hours of study enrollment
- BETWPTCA Revision 1 Item 3B When was this PTCA performed? 1=Between 24 hours after enrollment and 6-week follow-up
- AFTPTCA Revision 1 Item 3C When was this PTCA performed? 1=After 6-week follow-up

T3 Form 6B: Data Set Revisions

The following items were recoded:

FormType 1 record changed from PBO2 to PB02

Item 11A Lesion Code A 1 record changed from code 48 (invalid code) to missing

Item 11B Lesion Code B 1 record changed from code 34 (invalid code) to missing

The	<b>CONTENTS</b>	Procedure
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Data Set Name:	WORK.FORM6B	<b>Observations:</b>	672
Member Type:	DATA	Variables:	120
Engine:	V8	Indexes:	0
Created:	13:50 Friday, January 30, 2004	<b>Observation Length:</b>	512
Last Modified:	13:50 Friday, January 30, 2004	<b>Deleted Observations:</b>	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

	-	Alphabo	etic List of	Variables a	and Attributes
#	Variable	Туре	Len	Pos	Label
8	AFTPTCA	Num	4	44	f6Bq3C: PTCA after 6wk follow-up
20	ANATPTCA	Num	4	92	f6Bq5H: Coronary anatomy
7	BETWPTCA	Num	4	40	f6Bq3B: PTCA 24 hrs - 6 wks
18	CCSCPTCA	Num	4	84	f6Bq5F: Post-discharge class III or IV
97	DTH24	Num	4	348	f6Bq17A: Death
15	ETTPTCA	Num	4	72	f6Bq5E: Positive ETT test
120	FM6BDAY	Num	8	16	f6Bq2: Days to PTCA
2	FMTYP	Char	4	436	Form Type
85	FUTPTCA	Num	4	304	f6Bq14: Additional procedure within 2 wk
51	GRDAPOST	Num	4	208	f6Bq11A4: Grade post PTCA lesion A
49	GRDAPRE	Num	4	204	f6Bq11A2: Grade pre PTCA lesion A
57	GRDBPOST	Num	4	224	f6Bq11B4: Grade post PTCA lesion B
55	GRDBPRE	Num	4	220	f6Bq11B2: Grade pre PTCA lesion B
63	GRDCPOST	Num	4	240	f6Bq11C4: Grade post PTCA lesion C
61	GRDCPRE	Num	4	236	f6Bq11C2: Grade pre PTCA lesion C
69	GRDDPOST	Num	4	256	f6Bq11D4: Grade post PTCA lesion D
67	GRDDPRE	Num	4	252	f6Bq11D2: Grade pre PTCA lesion D
75	GRDEPOST	Num	4	272	f6Bq11E4: Grade post PTCA lesion E
73	GRDEPRE	Num	4	268	f6Bq11E2: Grade pre PTCA lesion E
81	GRDFPOST	Num	4	288	f6Bq11F4: Grade post PTCA lesion F
79	GRDFPRE	Num	4	284	f6Bq11F2: Grade pre PTCA lesion F
17	HOLTPTCA	Num	4	80	f6Bq5C: abnormal Holter test

## The CONTENTS Procedure

	-	Alphabo	etic List of	Variables a	and Attributes
#	Variable	Туре	Len	Pos	Label
6	HR24PTCA	Num	4	36	f6Bq3A: PTCA within 24 hrs
12	ISCHT1	Num	4	60	f6Bq5B1: single episode ischemic pain
13	ISCHT2	Num	4	64	f6Bq5B2: ischemic pain 20 min
14	ISCHT3	Num	4	68	f6Bq5B3: ischemic pain multiple episodes
50	LESAPOST	Num	5	445	f6Bq11A3: Stenosis post PTCA lesion A
48	LESAPRE	Num	5	440	f6Bq11A1: Stenosis pre PTCA lesion A
52	LESARSLT	Num	4	212	f6Bq11A5: PTCA Outcome lesion A
56	LESBPOST	Num	5	455	f6Bq11B3: Stenosis post PTCA lesion B
54	LESBPRE	Num	5	450	f6Bq11B1: Stenosis pre PTCA lesion B
58	LESBRSLT	Num	4	228	f6Bq11B5: PTCA Outcome lesion B
62	LESCPOST	Num	5	465	f6Bq11C3: Stenosis post PTCA lesion C
60	LESCPRE	Num	5	460	f6Bq11C1: Stenosis pre PTCA lesion C
64	LESCRSLT	Num	4	244	f6Bq11C5: PTCA Outcome lesion C
68	LESDPOST	Num	5	475	f6Bq11D3: Stenosis post PTCA lesion D
66	LESDPRE	Num	5	470	f6Bq11D1: Stenosis pre PTCA lesion D
70	LESDRSLT	Num	4	260	f6Bq11D5: PTCA Outcome lesion D
74	LESEPOST	Num	5	485	f6Bq11E3: Stenosis post PTCA lesion E
72	LESEPRE	Num	5	480	f6Bq11E1: Stenosis pre PTCA lesion E
76	LESERSLT	Num	4	276	f6Bq11E5: PTCA Outcome lesion E
80	LESFPOST	Num	5	495	f6Bq11F3: Stenosis post PTCA lesion F
78	LESFPRE	Num	5	490	f6Bq11F1: Stenosis pre PTCA lesion F
82	LESFRSLT	Num	4	292	f6Bq11F5: PTCA Outcome lesion F
47	LESIONA	Num	4	200	f6Bq11A: Lesion Code A
53	LESIONB	Num	4	216	f6Bq11B: Lesion Code B
59	LESIONC	Num	4	232	f6Bq11C: Lesion Code C
65	LESIOND	Num	4	248	f6Bq11D: Lesion Code D
71	LESIONE	Num	4	264	f6Bq11E: Lesion Code E
77	LESIONF	Num	4	280	f6Bq11F: Lesion Code F
11	MIPTCA	Num	4	56	f6Bq5A: MI after treatment
119	NEWID	Num	8	8	Patient Identification
23	OTHPTCA	Num	4	104	f6Bq5K: Other reason

## The CONTENTS Procedure

	-	Alphabo	etic List of	Variables a	and Attributes
#	Variable	Туре	Len	Pos	Label
10	PAINPTCA	Num	4	52	f6Bq5B: ischemic pain w/ecg changes
21	PMDPTCA	Num	4	96	f6Bq5I: Personal physician decision
38	PRPTACEI	Num	4	164	f6Bq10K: ACE inhibitors pre PTCA
34	PRPTASA	Num	4	148	f6Bq10G: Aspirin pre PTCA
30	PRPTBETA	Num	4	132	f6Bq10C: Beta-blocker pre PTCA
31	PRPTCCB	Num	4	136	f6Bq10D: Calcium Channel Blocker pre PTC
35	PRPTCOAG	Num	4	152	f6Bq10H: Other anticoagulant pre PTCA
40	PRPTDIGI	Num	4	172	f6Bq10M: Digitalis pre PTCA
39	PRPTDILA	Num	4	168	f6Bq10L: Other vasodilator pre PTCA
37	PRPTDIUR	Num	4	160	f6Bq10J: Diuretics pre PTCA
43	PRPTFISH	Num	4	184	f6Bq10P: Fish oil therapy pre PTCA
28	PRPTHEP	Num	4	124	f6Bq10A: Heparin pre PTCA
46	PRPTIABP	Num	4	196	f6Bq10S: IABP pre PTCA
41	PRPTINOT	Num	4	176	f6Bq10N: Inotropic agent pre PTCA
44	PRPTIVNI	Num	4	188	f6Bq10Q: IV nitroglycerin pre PTCA
36	PRPTLIPL	Num	4	156	f6Bq10I: Lipid lowering agent pre PTCA
29	PRPTNITR	Num	4	128	f6Bq10B: Nitrates pre PTCA
32	PRPTPERS	Num	4	140	f6Bq10E: Persantine pre PTCA
33	PRPTPLAT	Num	4	144	f6Bq10F: Other antiplatelet pre PTCA
42	PRPTRHYT	Num	4	180	f6Bq10O: Antiarrhythmic pre PTCA
45	PRPTTHRM	Num	4	192	f6Bq10R: Thrombolytic pre PTCA
112	PTCAALRG	Num	4	408	f6Bq17P: Hypersensitivity reaction
25	PTCAANG	Num	4	112	f6Bq7: Anginal status
113	PTCAARDS	Num	4	412	f6Bq17Q: Respiratory failure
92	PTCAASA	Num	4	328	f6Bq15F: Aspirin post PTCA
98	PTCACA	Num	4	352	f6Bq17B: Non-fatal cardiac arrest
116	PTCACABG	Num	4	424	f6Bq17T: Emergency CABG
102	PTCACHF	Num	4	368	f6Bq17F: CHF
111	PTCACOMA	Num	4	404	f6Bq17O: Coma
94	PTCADEX	Num	4	336	f6Bq15H: Dextran post PTCA
115	PTCADIAL	Num	4	420	f6Bq17S: Renal failure

## The CONTENTS Procedure

	-	Alphabo	etic List of	Variables a	and Attributes
#	Variable	Туре	Len	Pos	Label
103	PTCAEDEM	Num	4	372	f6Bq17G: Pulmonary edema
107	PTCAEMBO	Num	4	388	f6Bq17K: Aterial embolus
96	PTCAEVNT	Num	4	344	f6Bq17: Events during/post PTCA
91	PTCAFISH	Num	4	324	f6Bq15E: Fish oil post PTCA
118	PTCAFORM	Num	4	432	f6Bq18: Cineangiogram mailed
90	PTCAHDR	Num	5	500	f6Bq15D1: Duration heparin post PTCA
106	РТСАНЕМО	Num	4	384	f6Bq17J: Hemorrhage req tranfusion
89	PTCAHEP	Num	4	320	f6Bq15D: Heparin post PTCA
3	PTCAHR	Num	4	24	f6Bq2AHR: Time of ptca - hour
87	PTCAIABP	Num	4	312	f6Bq15B: IABP post PTCA
108	PTCALBP	Num	4	392	f6Bq17L: Hypotension
99	PTCAMI	Num	4	356	f6Bq17C: Suspect MI
4	PTCAMIN	Num	4	28	f6Bq2AMIN: Time of ptca - min
88	PTCANITR	Num	4	316	f6Bq15C: Nitroglycerin post PTCA
26	PTCAOCC	Num	4	116	f6Bq8: PTCA at presumed occlusion
117	PTCAOTEV	Num	4	428	f6Bq17U: Other events
93	PTCAPERS	Num	4	332	f6Bq15G: Persantine post PTCA
114	PTCAPLEM	Num	4	416	f6Bq17R: Pulmonary embolus
24	PTCAPRIO	Num	4	108	f6Bq6: PTCA priority
95	PTCAREVS	Num	4	340	f6Bq16: Revascularization complete
104	PTCASHCK	Num	4	376	f6Bq17H: Cardiogenic shock
27	PTCASITE	Num	4	120	f6Bq9: PTCA at other site
101	PTCASRCL	Num	4	364	f6Bq17E: Sustained abrupt reclosure
84	PTCASTAT	Num	4	300	f6Bq13: Status leaving Cath Lab
110	PTCASTRK	Num	4	400	f6Bq17N: Stroke
105	PTCATAMP	Num	4	380	f6Bq17I: Cardiac tamponade
86	PTCATHRM	Num	4	308	f6Bq15A: Thrombolytic post PTCA
109	PTCATIA	Num	4	396	f6Bq17M: TIA
5	PTCATIMB	Num	4	32	f6Bq3: When PTCA performed
100	PTCATRCL	Num	4	360	f6Bq17D: Transient abrupt reclosure
9	PTCATYPE	Num	4	48	f6Bq4: Why PTCA performed

## The CONTENTS Procedure

	Alphabetic List of Variables and Attributes								
#	# Variable Type Len Pos Label			Label					
22	PVPTCA	Num	4	100	f6Bq5J: Clinical decision				
19	RANGPTCA	Num	4	88	f6Bq5G: Angina requiring re-hospitalizat				
1	REV	Num	8	0	Revision				
83	THRMBOTX	Num	4	296	f6Bq12: Thrombolytic therapy during proc				
16	ТРТРТСА	Num	4	76	f6Bq5D: postive Thallium Imaging test				

T3B form6b

Variable	Label	Value	Ν	%	<= 20
REV	Revision	0	14	2.1	*
		1	91	13.5	
		2	567	84.4	
FMTYP	Form Type	PB01	524	78.0	
		PB02	121	18.0	
		PB03	22	3.3	
		PB04	5	0.7	*
PTCATIMB	f6Bq3: When PTCA performed		107	15.9	
		1	12	1.8	*
		2	145	21.6	
		3	259	38.5	
		4	149	22.2	
HR24PTCA	f6Bq3A: PTCA within 24 hrs		660	98.2	
		1	12	1.8	*
BETWPTCA	f6Bq3B: PTCA 24 hrs - 6 wks		591	87.9	
		1	81	12.1	
AFTPTCA	f6Bq3C: PTCA after 6wk follow-up		660	98.2	
		1	12	1.8	*
РТСАТҮРЕ	f6Bq4: Why PTCA performed		2	0.3	*
		1	281	41.8	
		2	207	30.8	
		3	182	27.1	
MIPTCA	f6Bq5A: MI after treatment		637	94.8	
		1	35	5.2	

T3B form6b

Variable	Label	Value	N	%	<= 20
PAINPTCA	f6Bq5B: ischemic pain w/ecg changes		560	83.3	
		1	112	16.7	
ISCHT1	f6Bq5B1: single episode ischemic pain			97.6	
		1	16	2.4	*
ISCHT2	f(Da5D2) iashamia nain 20 min		628	02.5	
ISCH12	f6Bq5B2: ischemic pain 20 min	1	028 44	93.5 6.5	
		1	44	0.5	
ISCHT3	f6Bq5B3: ischemic pain multiple episodes		623	92.7	
		. 1	49	7.3	
HOLTPTCA	f6Bq5C: abnormal Holter test		664	98.8	
		1	8	1.2	*
TPTPTCA	f6Bq5D: postive Thallium Imaging test		597	88.8	
		1	75	11.2	
ETTPTCA	f6Bq5E: Positive ETT test	•	570		
		1	102	15.2	
COSCRECA	K Daf E. Daat diasharaa alaas III ar W		661	00.4	
CCSCPTCA	f6Bq5F: Post-discharge class III or IV	1	11	98.4 1.6	*
		1	11	1.0	
RANGPTCA	f6Bq5G: Angina requiring re-hospitalizat		547	81.4	
		1	125	18.6	
ANATPTCA	f6Bq5H: Coronary anatomy		602	89.6	
		1	70	10.4	
PMDPTCA	f6Bq5I: Personal physician decision		594	88.4	
		1	78	11.6	

T3B form6b

Variable	Label	Value	Ν	%	<= 20
PVPTCA	f6Bq5J: Clinical decision		644	95.8	
		1	28	4.2	
OTHPTCA	f6Bq5K: Other reason		638	94.9	
		1	34	5.1	
PTCAPRIO	f6Bq6: PTCA priority		2	0.3	*
		1	40	6.0	
		2	263	39.1	
		3	367	54.6	
PTCAANG	f6Bq7: Anginal status		2	0.3	*
		1	439	65.3	
		2	203	30.2	
		3	28	4.2	
PTCAOCC	f6Bq8: PTCA at presumed occlusion		2	0.3	*
		1	657	97.8	
		2	8	1.2	*
		3	5	0.7	*
PTCASITE	f6Bq9: PTCA at other site		2	0.3	*
		1	69	10.3	
		2	600	89.3	
		3	1	0.1	*
PRPTHEP	f6Bq10A: Heparin pre PTCA		1	0.1	*
		1	531	79.0	
		2	133	19.8	
		3	7	1.0	*

T3B form6b

Variable	Label	Value	Ν	%	<= 20
PRPTNITR	f6Bq10B: Nitrates pre PTCA		1	0.1	*
		1	485	72.2	
		2	177	26.3	
		3	9	1.3	*
PRPTBETA	f6Bq10C: Beta-blocker pre PTCA		1	0.1	*
		1	511	76.0	
		2	151	22.5	
		3	9	1.3	*
PRPTCCB	f6Bq10D: Calcium Channel Blocker pre PTC		1	0.1	*
		1	566	84.2	
		2	96	14.3	
		3	9	1.3	*
PRPTPERS	f6Bq10E: Persantine pre PTCA		1	0.1	*
		1	151	22.5	
		2	513	76.3	
		3	7	1.0	*
PRPTPLAT	f6Bq10F: Other antiplatelet pre PTCA		1	0.1	*
		1	4	0.6	*
		2	656	97.6	
		3	11	1.6	*
PRPTASA	f6Bq10G: Aspirin pre PTCA		1	0.1	*
		1	630	93.8	
		2	32	4.8	
		3	9	1.3	*
			-		
					<u> </u>

T3B form6b

Variable	Label	Value	Ν	%	<= 20
PRPTCOAG	f6Bq10H: Other anticoagulant pre PTCA		1	0.1	*
		1	4	0.6	*
		2	658	97.9	
		3	9	1.3	*
PRPTLIPL	f6Bq10I: Lipid lowering agent pre PTCA		1	0.1	*
		1	75	11.2	
		2	588	87.5	
		3	8	1.2	*
PRPTDIUR	f6Bq10J: Diuretics pre PTCA		2	0.3	*
		1	43	6.4	
		2	618	92.0	
		3	9	1.3	*
PRPTACEI	f6Bq10K: ACE inhibitors pre PTCA		1	0.1	*
		1	38	5.7	
		2	624	92.9	
		3	9	1.3	*
PRPTDILA	f6Bq10L: Other vasodilator pre PTCA		1	0.1	*
		1	3	0.4	*
		2	659	98.1	
		3	9	1.3	*
PRPTDIGI	f6Bq10M: Digitalis pre PTCA		1	0.1	*
		1	22	3.3	
		2	640	95.2	
		3	9	1.3	*

T3B form6b

Variable	Label	Value	N	%	<= 20
PRPTINOT	f6Bq10N: Inotropic agent pre PTCA		1	0.1	*
		1	8	1.2	*
		2	653	97.2	
		3	10	1.5	*
PRPTRHYT	f6Bq10O: Antiarrhythmic pre PTCA		1	0.1	*
		1	26	3.9	
		2	635	94.5	
		3	10	1.5	*
PRPTFISH	f6Bq10P: Fish oil therapy pre PTCA		1	0.1	*
		1	5	0.7	*
		2	657	97.8	
		3	9	1.3	*
PRPTIVNI	f6Bq10Q: IV nitroglycerin pre PTCA		1	0.1	*
		1	270	40.2	
		2	390	58.0	
		3	11	1.6	*
PRPTTHRM	f6Bq10R: Thrombolytic pre PTCA		1	0.1	*
		1	22	3.3	
		2	615	91.5	
		3	34	5.1	
PRPTIABP	f6Bq10S: IABP pre PTCA		1	0.1	*
		1	7	1.0	*
		2	655	97.5	
		3	9	1.3	*

T3B form6b

Variable	Label	Value	N	%	<= 20
LESIONA	f6Bq11A: Lesion Code A		3	0.4	*
		1	71	10.6	
		2	81	12.1	
		3	34	5.1	
		4	10	1.5	*
		6	2	0.3	*
		12	153	22.8	
		13	89	13.2	
		14	9	1.3	*
		15	14	2.1	*
		16	6	0.9	*
		17	3	0.4	*
		18	52	7.7	
		19	51	7.6	
		20	52	7.7	
		21	16	2.4	*
		22	6	0.9	*
		23	7	1.0	*
		27	2	0.3	*
		28	11	1.6	*
GRDAPRE	f6Bq11A2: Grade pre PTCA lesion A		25	3.7	
ORDAI RE	10Dq11A2. Glade ple 1 TEA lesion A	0	55	8.2	
		1	52	7.7	
		2	121	18.0	
		3	419	62.4	
		5	417	02.4	
GRDAPOST	f6Bq11A4: Grade post PTCA lesion A		26	3.9	
		0	27	4.0	
		1	6	0.9	*
		2	17	2.5	*
		3	596	88.7	

T3B form6b

Variable	Label	Value	N	%	<= 20
LESARSLT	f6Bq11A5: PTCA Outcome lesion A	•	2	0.3	*
		1	605	90.0	
		2	27	4.0	
		3	38	5.7	
LESIONB	f6Bq11B: Lesion Code B		533	79.3	
		1	7	1.0	*
		2	15	2.2	*
		3	10	1.5	*
		4	4	0.6	*
		5	2	0.3	*
		6	1	0.1	*
		7	1	0.1	*
		9	1	0.1	*
		12	9	1.3	*
		13	26	3.9	
		14	8	1.2	*
		15	10	1.5	*
		16	1	0.1	*
		17	2	0.3	*
		18	5	0.7	*
		19	10	1.5	*
		20	12	1.8	*
		21	9	1.3	*
		22	2	0.3	*
		23	1	0.1	*
		25	1	0.1	*
		28	2	0.3	*

T3B form6b

Variable	Label	Value	N	%	<= 20
GRDBPRE	f6Bq11B2: Grade pre PTCA lesion B	•	540	80.4	
		0	8	1.2	*
		1	6	0.9	*
		2	16	2.4	*
		3	102	15.2	
GRDBPOST	f6Bq11B4: Grade post PTCA lesion B		541	80.5	
		0	6	0.9	*
		1	2	0.3	*
		2	6	0.9	*
		3	117	17.4	
LESBRSLT	f6Bq11B5: PTCA Outcome lesion B		532	79.2	
		1	122	18.2	
		2	6	0.9	*
		3	12	1.8	*
LESIONC	f6Bq11C: Lesion Code C		644	95.8	
		2	1	0.1	*
		3	5	0.7	*
		13	4	0.6	*
		14	2	0.3	*
		15	3	0.4	*
		18	5	0.7	*
		19	3	0.4	*
		20	4	0.6	*
		22	1	0.1	*

T3B form6b

Variable	Label	Value	Ν	%	<= 20
GRDCPRE	f6Bq11C2: Grade pre PTCA lesion C		645	96.0	
		0	3	0.4	*
		1	1	0.1	*
		2	4	0.6	*
		3	19	2.8	*
GRDCPOST	f6Bq11C4: Grade post PTCA lesion C		645	96.0	
		0	3	0.4	*
		2	2	0.3	*
		3	22	3.3	
LESCRSLT	f6Bq11C5: PTCA Outcome lesion C		644	95.8	
		1	23	3.4	
		2	1	0.1	*
		3	4	0.6	*
LESIOND	f6Bq11D: Lesion Code D		670	99.7	
		20	2	0.3	*
GRDDPRE	f6Bq11D2: Grade pre PTCA lesion D		670	99.7	
		2	1	0.1	*
		3	1	0.1	*
GRDDPOST	f6Bq11D4: Grade post PTCA lesion D	•	670	99.7	
		3	2	0.3	*
LESDRSLT	f6Bq11D5: PTCA Outcome lesion D	•	670	99.7	
		1	2	0.3	*
LESIONE	f6Bq11E: Lesion Code E	•	671	99.9	
		4	1	0.1	*

T3B form6b

Variable	Label	Value	Ν	%	<= 20
GRDEPRE	f6Bq11E2: Grade pre PTCA lesion E		671	99.9	
		3	1	0.1	*
GRDEPOST	f6Bq11E4: Grade post PTCA lesion E		671	99.9	
		2	1	0.1	*
LESERSLT	f6Bq11E5: PTCA Outcome lesion E		671	99.9	
		1	1	0.1	*
LESIONF	f6Bq11F: Lesion Code F		672	100.0	
LESION	Tobq111. Lesion Code F	•	072	100.0	
GRDFPRE	f6Bq11F2: Grade pre PTCA lesion F		672	100.0	
GIEFTIE		•	072	100.0	
GRDFPOST	f6Bq11F4: Grade post PTCA lesion F		672	100.0	
LESFRSLT	f6Bq11F5: PTCA Outcome lesion F		672	100.0	
THRMBOTX	f6Bq12: Thrombolytic therapy during proc		1	0.1	*
		1	27	4.0	
		2	641	95.4	
		3	3	0.4	*
PTCASTAT	f6Bq13: Status leaving Cath Lab		2	0.3	*
		1	653	97.2	
		2	17	2.5	*
FUTPTCA	f6Bq14: Additional procedure within 2 wk		1	0.1	*
TUTTICA	105q14. Additional procedure within 2 WK	1	22	3.3	
		2	639	95.1	
		3	10	1.5	*
		-	10	1.0	
			L		

T3B form6b

Variable	Label	Value	Ν	%	<= 20
PTCATHRM	f6Bq15A: Thrombolytic post PTCA		1	0.1	*
		1	5	0.7	*
		2	660	98.2	
		3	6	0.9	*
PTCAIABP	f6Bq15B: IABP post PTCA		1	0.1	*
		1	14	2.1	*
		2	651	96.9	
		3	6	0.9	*
PTCANITR	f6Bq15C: Nitroglycerin post PTCA		1	0.1	*
		1	394	58.6	
		2	262	39.0	
		3	15	2.2	*
PTCAHEP	f6Bq15D: Heparin post PTCA		1	0.1	*
		1	594	88.4	
		2	64	9.5	
		3	13	1.9	*
PTCAFISH	f6Bq15E: Fish oil post PTCA		1	0.1	*
		1	10	1.5	*
		2	650	96.7	
		3	11	1.6	*
PTCAASA	f6Bq15F: Aspirin post PTCA		1	0.1	*
		1	600	89.3	
		2	59	8.8	
		3	12	1.8	*

T3B form6b

Variable	Label	Value	N	%	<= 20
PTCAPERS	f6Bq15G: Persantine post PTCA		1	0.1	*
		1	155	23.1	
		2	503	74.9	
		3	13	1.9	*
PTCADEX	f6Bq15H: Dextran post PTCA		1	0.1	*
		1	13	1.9	*
		2	645	96.0	
		3	13	1.9	*
PTCAREVS	f6Bq16: Revascularization complete		1	0.1	*
		1	445	66.2	
		2	221	32.9	
		3	5	0.7	*
PTCAEVNT	f6Bq17: Events during/post PTCA		1	0.1	*
		1	84	12.5	
		2	586	87.2	
		3	1	0.1	*
DTH24	f6Bq17A: Death		603	89.7	
		1	67	10.0	
		3	2	0.3	*
PTCACA	f6Bq17B: Non-fatal cardiac arrest	•	588	87.5	
		1	79	11.8	
		2	5	0.7	*
PTCAMI	f6Bq17C: Suspect MI		588	87.5	
		1	65	9.7	
		2	5	0.7	*
		3	14	2.1	*

T3B form6b

Variable	Label	Value	Ν	%	<= 20
PTCATRCL	f6Bq17D: Transient abrupt reclosure		588	87.5	
		1	64	9.5	
		2	14	2.1	*
		3	6	0.9	*
PTCASRCL	f6Bq17E: Sustained abrupt reclosure		588	87.5	
		1	73	10.9	
		2	1	0.1	*
		3	10	1.5	*
PTCACHF	f6Bq17F: CHF		588	87.5	
		1	80	11.9	
		2	1	0.1	*
		3	3	0.4	*
PTCAEDEM	f6Bq17G: Pulmonary edema	•	588	87.5	
		1	81	12.1	
		2	1	0.1	*
		3	2	0.3	*
PTCASHCK	f6Bq17H: Cardiogenic shock	•	588	87.5	
		1	79	11.8	
		2	1	0.1	*
		3	4	0.6	*
PTCATAMP	f6Bq17I: Cardiac tamponade		588	87.5	
		1	84	12.5	
РТСАНЕМО	f6Bq17J: Hemorrhage req tranfusion		588	87.5	
		1	71	10.6	
		3	13	1.9	*

T3B form6b

Variable	Label	Value	N	%	<= 20
РТСАЕМВО	f6Bq17K: Aterial embolus		588	87.5	
		1	80	11.9	
		2	1	0.1	*
		3	3	0.4	*
PTCALBP	f6Bq17L: Hypotension		588	87.5	
		1	62	9.2	
		2	9	1.3	*
		3	13	1.9	*
PTCATIA	f6Bq17M: TIA		588	87.5	
		1	84	12.5	
PTCASTRK	f6Bq17N: Stroke		588	87.5	
		1	84	12.5	
PTCACOMA	f6Bq17O: Coma		588	87.5	
		1	84	12.5	
PTCAALRG	f6Bq17P: Hypersensitivity reaction		588	87.5	
		1	82	12.2	
		2	2	0.3	*
PTCAARDS	f6Bq17Q: Respiratory failure		588	87.5	
		1	82	12.2	
		3	2	0.3	*
PTCAPLEM	f6Bq17R: Pulmonary embolus		588	87.5	
		1	84	12.5	
PTCADIAL	f6Bq17S: Renal failure		588	87.5	
		1	84	12.5	

T3B form6b

Variable	Label	Value	Ν	%	<= 20
PTCACABG	f6Bq17T: Emergency CABG		588	87.5	
		1	73	10.9	
		2	3	0.4	*
		3	8	1.2	*
PTCAOTEV	f6Bq17U: Other events		588	87.5	
		1	61	9.1	
		2	12	1.8	*
		3	11	1.6	*
PTCAFORM	f6Bq18: Cineangiogram mailed		2	0.3	*
		1	541	80.5	
		2	129	19.2	

T3B form6b

Variable	Label	Ν	Percentile	Value	n	<= 20
LESAPRE	f6Bq11A1: Stenosis pre PTCA lesion A	670	5	65	34	
			25	80	190	
			50	90	172	
			75	95	133	
			95	100	141	
			100	100	0	*
LESAPOST	f6Bq11A3: Stenosis post PTCA lesion A	668	5	0	48	
			25	20	305	
			50	20	0	*
			75	30	186	
			95	75	96	
			100	100	33	
LESBPRE	f6Bq11B1: Stenosis pre PTCA lesion B	139	5	50	9	*
			25	70	36	
			50	80	34	
			75	90	37	
			95	100	23	
			100	100	0	*
LECODOCT	P D a 11 D 2: Stamparia most DTC A logica D	138	5	0	13	*
LESBPOST	f6Bq11B3: Stenosis post PTCA lesion B	138	25	20	53	
			25 50	20 25	53 5	*
			30 75	23 35	3 34	
			95	95	27	
						*
			100	100	0	
			100	100	6	*

T3B form6b

Variable	Label	N	Percentile	Value	n	<= 20
LESCPRE	f6Bq11C1: Stenosis pre PTCA lesion C	28	5	60	3	*
			25	70	7	*
			50	80	7	*
			75	90	6	*
			95	100	5	*
			100	100	0	*
LESCPOST	f6Bq11C3: Stenosis post PTCA lesion C	28	5	0	2	*
			25	20	6	*
			50	30	12	*
			75	40	2	*
			95	100	6	*
			100	100	0	*
LESDPRE	f6Bq11D1: Stenosis pre PTCA lesion D	2	5	65	1	*
			25	65	0	*
			50	67.5	0	*
			75	70	1	*
			95	70	0	*
			100	70	0	*
LESDPOST	f6Bq11D3: Stenosis post PTCA lesion D	2	5	20	2	*
			25	20	0	*
			50	20	0	*
			75	20	0	*
			95	20	0	*
			100	20	0	*

T3B form6b

Variable	Label	Ν	Percentile	Value	n	<= 20
LESEPRE	f6Bq11E1: Stenosis pre PTCA lesion E	1	5	50	1	*
			25	50	0	*
			50	50	0	*
			75	50	0	*
			95	50	0	*
			100	50	0	*
LEGEDOGT	(CD-11E). Glassic sect DECA lasis se E	1	5	20	1	*
LESEPOST	f6Bq11E3: Stenosis post PTCA lesion E	I	5 25	30 30	1 0	*
			23 50	30	0	*
			75	30	0	*
			95	30	0	*
			100	30	0	*
LESFPRE	f6Bq11F1: Stenosis pre PTCA lesion F	0	100		0	*
LESFPOST	f6Bq11F3: Stenosis post PTCA lesion F	0	100		0	*
		50.4	_	-	22	
PTCAHDR	f6Bq15D1: Duration heparin post PTCA	584	5 25	7	32 129	
			23 50	16 22	129 143	
			30 75	30	145	
			95	91	133	
			100	382	27	
			100	502	21	

T3B form6b

Variable	Label	Ν	Mean	Std Dev	Minimum	Maximum
FM6BDAY	f6Bq2: Days to PTCA	672	61.9	143.4	1.0	1223.0
PTCAHR	f6Bq2AHR: Time of ptca - hour	650	11.9	3.2	3.0	24.0
PTCAMIN	f6Bq2AMIN: Time of ptca - min	650	22.3	18.0	0.0	59.0