

Patient hospital label	Hospital patient identification number	
	Surname	Date of birth dd.mm.yyyy
	First name	Biological sex <input type="radio"/> f <input type="radio"/> m

Baseline Characteristics

Mechanical support device(s) (in case of either cardiogenic shock or high-risk PCI)

☐ None ☐ Impella ☐ ECMO

General procedural characteristics

Date of procedure

dd.mm.yyyy

Access through which the PCI was finalized

☐ Femoral (Radial attempt converted to femoral counts as femoral)
☐ Radial (Brachial counts as radial)

Dose unit

☐ mGycm2 ☐ cGycm2 or uGym2

Dose (round to whole number)

PCI-specific procedural characteristics

☐ **PCI aborted** Only complete CTO procedure, intracoronary physiology and imaging

Number of treated lesions (Coronary artery lesion undergoing PCI. If two lesions are covered by two or more overlapping stents, this counts as one lesion)

Number of treated vessels

LM, LAD, LCX, RCA, or graft. If a lesion extends over several vessels only the main vessel is counted

Unprotected left main stenosis treated

☐ Yes ☐ No

Number of implanted stents

Number of used drug-eluting balloons

Intervention(s) for stent failure

☐ None
☐ Restenosis
☐ Stent thrombosis

CTO procedure

(Chronic occlusion presumably > 3 months, Subacute ACS presentation excluded)

☐ None ☐ Antegrade ☐ Retrograde

Calcium modification

☐ None ☐ Rotablation
☐ Cutting balloon ☐ Lithotripsy
☐ Scoring balloon ☐ Orbital atherectomy
☐ High-pressure balloon (RBP ≥ 30 atm)

Bifurcation

☐ None
☐ 1 stent
☐ 2 stents

Intracoronary physiology

☐ None ☐ Resting index (iFR/RFR) ☐ FFR

Intracoronary imaging

☐ None ☐ IVUS ☐ OCT

Complication

Major complication

- | | |
|---|---|
| <input type="radio"/> None | <input type="checkbox"/> Clinically overt stroke |
| <input type="checkbox"/> Emergency open heart surgery | <input type="checkbox"/> Emergency vascular surgery (non-cardiac) |
| <input type="checkbox"/> Procedural death | <input type="checkbox"/> Pericardial tamponade |

Prescribed Medication

Prescribed medication at the time of discharge from CathLab, including previously prescribed medication that will be continued

Antithrombotic medication

- | | | |
|------------------------------|--|--------------------------------|
| <input type="checkbox"/> ASA | <input type="checkbox"/> P2Y12 inhibitor | <input type="checkbox"/> N/OAC |
|------------------------------|--|--------------------------------|

If P2Y12 inhibitor, specify

- | | |
|-----------------------------------|----------------------------------|
| <input type="radio"/> Clopidogrel | <input type="radio"/> Ticagrelor |
| <input type="radio"/> Prasugrel | <input type="radio"/> Other |

Statin therapy

- | |
|---|
| <input type="radio"/> None |
| <input type="radio"/> Low-intensity (or moderate-intensity) |
| <input type="radio"/> High-intensity (Rosuvastatin \geq 20mg, Atorvastatin \geq 40mg) |

If dual antiplatelet therapy, specify duration (select closest answer)

- | | |
|--------------------------------|----------------------------------|
| <input type="radio"/> <1 month | <input type="radio"/> 6 months |
| <input type="radio"/> 1 month | <input type="radio"/> 12 months |
| <input type="radio"/> 3 months | <input type="radio"/> >12 months |

If triple antithrombotic therapy, specify duration (select closest answer)

- | | |
|-------------------------------|--------------------------------|
| <input type="radio"/> <1 week | <input type="radio"/> 3 months |
| <input type="radio"/> 1 month | <input type="radio"/> 6 months |