SwissCaRe 2024

Coronary angiography and PCI

SwissRDL, Medical Registries and Data Linkage
Institute of Social and Preventive Medicine (ISPM)
University of Bern

Patient hospital label	Hospital patient identification number	
	Surname	Date of birth dd.mm.yyyy
	First name	Biological sex ○ f ○ m

Baseline characteristics

cvRF

- ○ None
- ☐ Arterial hypertension (on treatment)
- ☐ Diabetes requiring medication
- ☐ Dyslipidemia (on statin or LDL-C>2.6mmol/L)
- ☐ Smoking (active)
- ☐ Family history
- ○ cvRF unknown / not documented

Patient history

- ○ None
- ☐ Prior PCI (with or without stents)
- ☐ Prior CABG
- ○ Unknown / not documented

LVEF (By laevugram or non-invasive imaging test closest to CA)

- ○ Normal (50-70%)
- ○ Mildly reduced (40-49%)
- ○ Moderately reduced (30-39%)
- ○ Severly reduced (<30%)
- ○ Unknown / not documented

Out of hospital cardiac arrest

○ Yes ○ No

Cardiogenic shock

(SBP < 90 mmHg for 30 min or vasopressor to maintain, and lactate > 2 mmol/L)

○ Yes ○ No

Intubated

○ Yes ○ No

Mechanical support device(s)

(in case of either cardiogenic shock or high-risk PCI)

○ None ☐ Impella ☐ ECMO

Indication

Indication (only one answer)

- ○ Clinical presentation as ACS
- ○ Suspected CAD or suspected progression of known CAD
- ○ Planned valvular heart disease intervention
- ○ Follow-up after HTX
- ○ Heart failure (LVEF < 40%)
- ○ Routine follow-up (e.g. after left main PCI)
- ○ Tachy- or bradyarrhythmia
- ○ Planned vascular surgery
- ○ Planned major surgery

If ACS, please specify (Cardiac arrest patients without STEMI count as NSTEMI)

- ○ Unstable angina pectoris (new or progressive angina pectoris, according to Braunwald definition)
- ○ Non-STEMI
- ○ STEMI

If suspected CAD was indicated, please choose the following

Coronary angiography-preceeding test(s) suggesting CAD (high-pretest likelihood)

- ○ None
- ☐ Treadmill indicating ischemia
- ☐ CCTA with significant stenoses
- ☐ Stress MRI with ischemia
- ☐ Stress TTE with ischemia
- ☐ TTE with hypokinesia
- ☐ Nuclear test with ischemia

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Symptoms if suspected or stable CAD

Dyspnoe

○ Yes ○ No

Angina pectoris

○ Yes **CCS** ○ I ○ II ○ III ○ IV

○ No

Anti-anginal drugs (prior or current, betablocker, Calcium channel blocker, long-acting nitrate, Ivabradine, Ranolazine, Trimetazidine)

○ Yes ○ No

STEMI-related referral times

Date of symptoms onset

dd.mm.yyyy

Time of symptoms onset

hh:mm

○ Symptoms onset unknown / not documented

Date of hospital entry

dd.mm.yyyy

Time of hospital entry

hh:mm

Date of recanalization

dd.mm.yyyy

Time of recanalization

hh:mm

Non-STEMI-related referral times

Time between first ECG and coronary angiography

○ <24 hours ○ 24-48 hours ○ >48 hours ○ unknown / not documented

General procedural characteristics

Date of procedure

dd.mm.yyyy

Access (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)

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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 (e.g.OPN balloon)

Bifurcation
- ○ None
- ○ 1 stent
- ○ 2 stents

Intracoronary physiology
○ None ☐ Resting index (iFR/RFR) ☐ FFR

Intracoronary imaging
○ None ☐ IVUS ☐ OCT

Complication

Major complication
- ○ None
- ☐ Emergency open heart surgery
- ☐ Procedural death
- ☐ Clinically overt stroke
- ☐ Emergency vascular surgery (non-cardiac)
- ☐ Pericardial tamponade

Prescribed medication

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

Antithrombotic medication
☐ ASA ☐ P2Y12 inhibitor ☐ N/OAC

If P2Y12 inhibitor, specify
- ○ Clopidogrel
- ○ Ticagrelor
- ○ Prasugrel
- ○ Other

Statin therapy
- ○ None
- ○ Low-intensity
- ○ High-intensity (Rosuvastatin ≥ 20mg, Atorvastatin ≥ 40mg)

If dual antiplatelet therapy, specify duration (select closest answer)
- ○ <1 month
- ○ 1 month
- ○ 3 months
- ○ 6 months
- ○ 12 months
- ○ >12 months

If triple antithrombotic therapy, specify duration (select closest answer)
- ○ <1 week
- ○ 1 month
- ○ 3 months
- ○ 6 months

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