

# CLICS

Record

## 1. Demographics

1. CRF filled in by:

2. Informed consent signed

Yes  No

3. Patient ID last 4 digits (including "sifrat bikoret")

4. Year of birth

5. Gender

Male  Female

## 2. Procedure type

1. Procedure date

Procedure date should not be in the future!

2. Procedure type

- Coronary
- Structural - Valvular
- Structural - non valvular
- Peripheral
- Other

שימו לב כי אם בוצעה יותר מסוג פעולה אחת יש לבחור בשאלה זו מספר תשובות.

דוגמא 1: מטופל שעובר התערבות מלעורית תחת תמיכה של אימפלה או אקמו - יש לבחור את תשובות מס' 1 ומס' 5

דוגמא 2: מטופל שעובר צנתור כלילי וצנתור ימני באותה הפעולה - יש לבחור תשובות מס' 1 ומס' 5

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3. Procedure type:
- Right heart study
  - Myocardial biopsy
  - Pulmonary artery intervention
  - Coronary sinus reducer
  - Heart failure interventions (inter-atrial shunt, PAP monitor, etc.)
  - IABP insertion
  - Impella insertion
  - ECMO
  - Pericardiocentesis
  - Mechanical valve fluoroscopy
  - Temporary pacemaker
  - Other
- (Please select all appropriate answers)
- 

4. Type of non valvular intervention:
- LAAO
  - PFO closure
  - ASD closure
  - VSD closure
  - Mitral PVL closure
  - Aortic PVL closure
  - Other structural non valvular intervention
- 

5. Peripheral procedure type:
- Carotid - diagnostic
  - Carotid - intervention
  - Subclavian intervention
  - Ilio-femoral - diagnostic
  - Ilio-femoral - intervention
  - Renal - diagnostic
  - Renal - intervention
  - Renal nerve denervation
  - Other
- 

6. Other:

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7. Patient admission type:
- Elective (from home)
  - Hospitalized (including urgent admission from emergency department - primary PCI, unstable NSTEMI etc.)
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8. Type of coronary procedure
- Diagnostic angiography only (no PCI done)
  - Percutaneous coronary intervention (PCI)
  - Alcohol septal ablation
  - Coronary fistulae closure

9. Indication for procedure (Select all applicable):
- Stable angina
  - Unstable angina (troponin negative ACS)
  - Non STEMI
  - STEMI
  - STEMI - Late arrival (>12 hrs)
  - LBBB of unknown age
  - Out of hospital sudden death
  - Planned PCI (Staged PCI, after Heart-team discussion etc.)
  - Diagnostic cath before cardiac surgery
  - Diagnostic cath before structural percutaneous intervention (e.g. TAVI)
  - Pre / Post organ transplant
  - Heart failure symptoms
  - Other
- 
10. Cardiogenic shock  Yes  No
- 
11. Time of procedure:
- Regular working hours
  - Off-working hours / weekend

**הגדרות:****Regular working hours**

1. צנתורים שמבוצעים בימי עבודה רגילים בשעות העבודה בבוקר
2. צנתורים מתוכננים המבוצעים בססיה (לא כולל STEMI או צנתור דחוף)

**Off working hours / weekend**

1. כל צנתור המבוצע לאחר שעות העבודה הרגילות
2. צנתורים המבוצעים בסופי שבוע
3. צנתורים דחופים המבוצעים בשעות הססיה (לדוג' STEMI או צנתור דחוף אחר שבשבילו היה מוזעק צוות כונן מהבית)

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12. Non invasive test (CTA, stress test) with evidence for ischemia?  Yes  No
- 
13. Type of non invasive stress test/tests?
- Functional (e.g. Ergometry, stress echo, SPECT)
  - Anatomical - Coronary CT angiography
- 
14. Type of valvular intervention:
- Aortic - Balloon valvuloplasty
  - Aortic - Transcatheter valve implantation (TAVI)
  - Mitral - Balloon valvuloplasty
  - Mitral - Transcatheter valve implantation (TMVI)
  - Mitral - Mitral clip
  - Mitral - Other interventions
  - Pulmonic - Transcatheter valve implantation
  - Tricuspid - Transcatheter valve implantation
  - Tricuspid - Other interventions

### 3. Access

1. Arterial access:

Right radial artery  
 Left radial artery  
 Femoral artery  
 Brachial artery  
 Other  
 (Choose the approach taken, in any event. For example, if it was more than the radial femoral approach - mark "femoral approach")

2. Femoral artery hemostasis:

Manual compression  
 Angioseal  
 Exoseal  
 Perclose Proglide  
 Mynx  
 Other

### 4. Medical History

1. Diabetes mellitus?  Yes  No  
(Definition: Diabetes treated by any drugs)

2. COPD?  Yes  No

3. Chronic renal failure?  Yes  No  
(Definition: Abnormal serum creatinine level)

4. Chronic dialysis?  Yes  No  
(Including hemodialysis or peritoneal dialysis)

5. Prior stroke or TIA?  Yes  No  
(Including any ischemic stroke, hemorrhagic stroke or TIA)

6. Prior PCI?  Yes  No

7. Prior CABG or valve surgery?  Yes  No

8. Year of surgery (1980-2020):

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9. Heart failure?  Yes  No  Unknown  
(Defined as reduced cardiac function or symptoms of heart failure in the past)

10. LV ejection fraction (%)

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
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- 19
- 20
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(Based on an echo test, or any other imaging over the past 5 years - if available or known)

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11. Atrial fibrillation

- Yes  No  
(Persistent or paroxysmal)

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### 5. Coronary anatomy

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1. LM disease >50%

- Yes  No

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2. Number vessel disease (Native coronaries)

- One vessel disease  
 Two vessel disease  
 Three vessel disease  
 No vessel disease

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3. LIMA disease > 50%

- Yes  No

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4. RIMA disease > 50%

- Yes  No

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5. Number of occluded SVG or radial graft?

- 0  
 1  
 2  
 3  
 4  
 5  
 6

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6. Number of patent SVG or radial graft WITHOUT stenosis?

- 0  
 1  
 2  
 3  
 4  
 5  
 6

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7. Number of patent SVG or radial graft WITH >50% stenosis?

- 0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8

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8. FFR/iFR used?

- Yes  No

9. Clinical recommendation post diagnostic cath?
- Conservative/medical treatment
  - Immediate PCI
  - Immediate PCI with staged PCI procedure (Partial revascularization with planned additional PCI)
  - Heart team discussion
  - Planned PCI at future time
  - Cardiac surgery
  - TAVI
  - Other structural heart intervention

## 6. Percutaneous coronary intervention

1. Multivessel PCI?
- Single vessel PCI
  - Multivessel PCI
- 
2. Total number of native vessels treated:
- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
- 
3. Total number of grafts treated
- 0
  - 1
  - 2
  - 3
  - 4
  - 5
- 
4. Total number of lesions treated by PCI:
- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
- 
5. Vessel types treated:
- Native coronary
  - SVG
  - LIMA/RIMA
  - Other arterial conduit
- (Please select all appropriate answers)
- 
6. Use of embolic protection device (e.g. filter)
- Yes
  - No
- 
7. Lesion types treated:
- Native lesion
  - In stent restenosis
  - Stent thrombosis
- 
8. PCI to left main coronary artery?
- Yes
  - No
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9. PCI to LAD (Including LAD branches)?
- Yes
  - No

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10. PCI to proximal LAD?  Yes  No

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11. PCI to LCX (Including LCX branches)?  Yes  No

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12. PCI to RCA (Including RCA branches)?  Yes  No

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13. IVUS used?  Yes  No

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14. OCT used?  Yes  No

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15. Rotablator or orbital atherectomy used?  Yes  No

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16. Shockwave intravascular Lithotripsy used?  Yes  No

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17. Device types used:

- Drug eluting stent
- Bare metal stent
- Biodegradable scaffold
- Covered stent (stent graft)
- Drug coated balloon
- Cutting balloon
- Scoring balloon
- POBA
- None

(Please select all appropriate answers)

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18. Total number of balloons used:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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19. Total number of stents used:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

20. Stent type

- Xience  
 Resolute / Onyx  
 Synergy  
 Biomatrix  
 Orsiro  
 Coreflex  
 Coreflex DES  
 Elunir  
 Ultimaster  
 Cre-8  
 Promus  
 Yukon DES  
 Yukon  
 Other  
 (Please select all appropriate answers)

21. PCI procedural result:

- Success  
 Failure or aborted  
 Failed - Referred for CABG

## 7. Left Main

1. Type of LM lesion:

- Ostial  
 Body  
 Distal/Bifurcation

2. Type of LM PCI

- Protected (post-CABG)  
 Unprotected

## 8. CTO

1. PCI to chronic total occlusion (CTO)?

- Yes  No

2. Successful CTO PCI

- Yes  No

3. Final successful CTO strategy

- Retrograde  Anterograde

## 9. Bifurcation

1. PCI to bifurcation lesion?

- Yes  No

2. Medina classification of bifurcation lesion:

- 1-1-1  
 1-1-0  
 1-0-1  
 0-1-1  
 1-0-0  
 0-1-0  
 0-0-1

3. Initial bifurcation PCI approach:

- Provisional  
 Two stent technique

4. Final bifurcation PCI approach:

- Provisional  
 Two stent technique

## 10. Procedural complications

1. Procedural complications?  Yes  No
- 
2. Procedural complications (defined as a complication requiring any intervention):
- Coronary artery dissection
  - Coronary artery perforation
  - No reflow / distal embolization
  - Significant (>1.5 mm) side branch occlusion
  - Tamponade
  - Ventricular arrhythmia
  - Significant conduction abnormality requiring pacing
  - CPR
  - Urgent cardiac surgery
- (Please select all appropriate answers)

## 11. Post procedure recommendations

1. Is there indication for chronic anticoagulation (e.g. AF, VTE):  Yes  No
- 
2. Recommended anticoagulants:
- Coumadin
  - Xarelto (Rivaroxaban)
  - Eliquis (Apixaban)
  - Pradaxa (Dabigatran)
  - Other
  - No anticoagulation
- 
3. Recommended anticoagulation dose
- Full dose
  - Reduced dose
- 
4. Aspirin:  Yes  No
- 
5. Second anti-platelet:
- Clopidogrel
  - Ticagrelor
  - Prasugrel
  - None
- 
6. Access:
- Femoral
  - Apical
  - Axillary
  - Carotid
  - Direct aortic
  - Trans-septal
  - Other
- 
7. Anesthesia method
- General anesthesia
  - Conscious sedation (e.g. midazolam, fentanyl)
  - Local anesthesia only
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8. Transcatheter valve used:
- Evolute
  - Sapien
  - Portico
  - Acurate
  - Other
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9. Other valve type:
- \_\_\_\_\_

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10. Valve-in-valve procedure?  Yes  No

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11. Hospitalization after TAVI procedure:  Intensive care unit  
 Cardiology department (Non-CCU)  
 Other

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12. Other structural non valvular intervention:

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13. Device used:  Watchman  
 Amplatzer  
 Other

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14. Indication for biopsy  Post heart transplantation  
 Myocarditis  
 Other

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15. Pulmonary artery intervention type:  Balloon pulmonary angioplasty  
 Pulmonary artery thrombectomy for PE  
 Other

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Validation field

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