Carotid Artery Stenting Data Collection Elements

1. Facility name and address
2. Point-of-contact for questions with telephone number
3. Facility Medicare provider number
4. Facility is an FDA-approved site that enrolled patients in prior CAS IDE trials such as SAPPHIRE and ARCHeR. (Y/N)
5. Facility is an FDA-approved site that is participating and enrolling patients in ongoing CAS IDE trials such as CREST. (Y/N)
6. Facility is an FDA-approved site for one or more FDA post-approval studies. (Y/N)
7. Facility has a clearly delineated program for granting carotid stent privileges and for monitoring the quality of the individual interventionists and the program as a whole. (Y/N)
8. Facility had the necessary imaging equipment, device inventory, staffing, and infrastructure to support a dedicated carotid stent program. (Y/N)
9. Advanced physiologic monitoring must be available in the interventional suite. (Y/N)
10. Emergency management equipment and systems are readily available in the interventional suite. (Y/N)

The following elements will be collected for each CAS patient per facility.

11. Facility provider number
12. E-mail address
13. Patient's Medicare ID number
14. Patient's date of birth
15. Date of procedure
16. Patient is symptomatic (Y/N)
17. Patient meets high surgical risk criteria (Y/N)
18. Modified Rankin scale score if patient had stroke
19. % stenosis by angiography
20. % stenosis of 2nd lesion by angiography (if applicable)
21. Embolic Protection used (Y/N)
22. Any complications (Y/N)