Acute Coronary Syndrome (ACS) STEMI Registry of ACCA and EAPCI

Case Report Form
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## Site Questionnaire

*(To be entered once for your centre)*

<table>
<thead>
<tr>
<th>Type of hospital</th>
<th>Private</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds in the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Surgery on site</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>MI volume per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cath lab</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>PCI on site</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, 24 hour</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Total PCI performed by the centre /year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total primary PCI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usual treatment for STEMI patients</td>
<td>Primary PCI</td>
<td>Thrombolysis</td>
</tr>
<tr>
<td>Part of a STEMI network</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Main Part

1. Inclusion Criteria

Patient signed an informed Consent

□ No*
□ Yes, date |____| |____| |__|__|__|__| (dd/mm/yyyy)

Patient’s relatives signed an informed Consent

(Patient’s relatives signed informed consent, applicable for patients very seriously ill or dying in the hospital before they can sign an informed consent)

□ No*
□ Yes, date |____| |____| |__|__|__|__| (dd/mm/yyyy)

*If No patient and relatives consent, reason: □ Patient died**
□ Patient medical state
□ Patient refuses to participate

**case report form can be completed for a patient who died at admission

Patient aged ≥ 18 years old
□ No □ Yes

STEMI patient
□ No □ Yes

An admission diagnosis of suspected STEMI occurring in the community as evidenced by the following:

Chest pain or equivalent symptoms of more than 20 minutes duration within the last 24 hours before admission □ No □ Yes

ST segment elevations or LBBB at the diagnostic ECG □ No □ Yes

2. Exclusion Criteria

Patients developing STEMI after admission for another reason in hospital □ No □ Yes

Patients developing STEMI after percutaneous coronary angioplasty or coronary bypass surgery □ No □ Yes
Items with * are mandatory

3. Patient characteristics

3.1. Basic Information

| Site | Patient ID number |

Gender* □ Male □ Female
Date of birth* |___| |___| |___| |___| (mm/yyyy)
Height |___| cm
Weight |___| kg
BMI |___| (Automatically calculated)

3.2. Patient Clinical History

Previous Myocardial Infarction □ No □ Yes □ Unknown
If yes, date of the last one |___| |___| |___| |___| (dd/mm/yyyy)
Previous angina □ No □ Yes □ Unknown
If yes, CCS class □ I □ II □ III □ IV □ Unknown

** Canadian Cardiovascular Society grading of angina pectoris:
Class I - Angina only during strenuous or prolonged physical activity
Class II - Slight limitation, with angina only during vigorous physical activity
Class III - Symptoms with everyday living activities, i.e., moderate limitation
Class IV - Inability to perform any activity without angina or angina at rest, i.e., severe limitation

Chronic heart failure □ No □ Yes □ Unknown
If yes, NYHA class □ I □ II □ III □ IV □ Unknown
Previous Stroke / TIA □ No □ II □ Yes □ Unknown
Previous PCI □ No □ Yes □ Unknown
Previous coronary artery bypasses surgery (CABG) □ No □ Yes □ Unknown
Current Smoker □ No □ Yes □ Unknown
Diabetes mellitus □ No □ Type I □ Type II
Hypercholesteromia □ No □ Yes □ Unknown
If yes, familial □ No □ Yes
If yes, confirmed by □ Genetic □ Score
Atrial fibrillation □ No □ Yes □ Unknown
Peripheral Vascular Disease □ No □ Yes □ Unknown
Current malignant (cancer) disease □ No □ Yes □ Unknown
Sleep apnoea □ No □ Yes □ Unknown
If yes, specifically treated □ No □ Yes □ Unknown
Other life limiting disease □ No □ Yes
4. Admission process

Symptom onset date and time
|____|____|____|____|____| (dd/mm/yyyy)
|____|____|____|____| (hh:mm:ss)

Call for medical help date and time
|____|____|____|____|____| (dd/mm/yyyy)
|____|____|____|____| (hh:mm:ss)

First medical contact date and time
|____|____|____|____|____| (dd/mm/yyyy)
|____|____|____|____| (hh:mm:ss)

Type of first medical contact
- General Practitioners
- Medical Ambulance
- Paramedical ambulance
- Emergency Room staff
- Others

Admission mode
- Via ambulance / EMS
- Self presented

Admission site
- Admission direct to PCI centre
- First hospital not a PCI centre

First qualifying ECG date and time
|____|____|____|____|____| (dd/mm/yyyy)
|____|____|____|____| (hh:mm:ss)

Arrival at Non PCI hospital date and time
|____|____|____|____|____| (dd/mm/yyyy)
|____|____|____|____| (hh:mm:ss)

Arrival at PCI hospital date and time
|____|____|____|____|____| (dd/mm/yyyy)
|____|____|____|____| (hh:mm:ss)

Out Of Hospital Cardiac Arrest
- No
- Yes
5. Presentation and Initial Assessment

**Qualifying ECG**
- [ ] Anterior Stemi
- [ ] Other STEMI (including presumed posterior)
- [ ] LBBB
- [ ] Pacemaker rhythm

Atrial fibrillation on qualifying ECG  
- [ ] No  
- [ ] Yes

Heart rate on qualifying ECG  
|____| bpm

**Systolic blood pressure at first presentation**  
|____| mmHg

**Killip Class**
- [ ] Class I
- [ ] Class II
- [ ] Class III
- [ ] Class IV (=cardiogenic shock)

**Ventilation options**
- [ ] No  
- [ ] Yes

If yes, please specify
- [ ] Ventilated **before** admission
- [ ] Ventilated **during** admission

**Therapeutic Hypothermia**
- [ ] None
- [ ] Yes, Femoral vein catheter
- [ ] Yes, Cold intravenous fluid
- [ ] Yes, Nasal
- [ ] Yes, External cooling pads / blankets / wraps
- [ ] Yes, Cooling caps
- [ ] Yes, Other, Specify |__________________________|
6. Treatments

6.1. Treatment intention

Intended treatment for this STEMI
- No reperfusion
- Primary PCI at this centre
- Primary PCI at another centre
- Thrombolysis

If No reperfusion intended, please specify reason
- Clinically inappropriate (i.e. comorbidity, advanced dementia, cancer, age, frailty)
- Contraindication to anticoagulation/antiplatelet therapy (i.e. recent IC bleed)
- Late presentation
- Spontaneous reperfusion
- Wrong diagnosis
- Patient refusal
- Other, specify ____________________________

6.2. Treatment given

Type of initial reperfusion therapy
- Primary PCI, Date |___|____|____|____|____|____| (dd/mm/yyyy)
  Time |___|:|___|:|___| (hh:mm:ss)
- Thrombolysis, Date|___|____|____|____|____|____| (dd/mm/yyyy)
  Time |____|:|____|:|____| (hh:mm:ss)

Specify where
- Ambulance
- ER
- CCU/ICU
- None/Not applicable

If PCI was planned but cancelled following an angiography, please specify reason
- Not applicable
- Diagnosis not STEMI (include Takotsubo cardiomyopathy, LBBB with normal coronaries)
- Diagnosis still felt to be STEMI but spontaneous reperfusion and no PCI indication (no flow limiting stenosis and TIMI 3 flow)
- For emergency CABG
- Patient died before PCI
- Other complication before PCI could be performed
- PCI felt technically inappropriate (Vessels too small / disease too distal / complexity of disease)
- Equipment failure
- Other, specify ____________________________
### 6.3. Details of coronary anatomy and PCI procedure

<table>
<thead>
<tr>
<th><strong>Coronary anatomy and PCI procedure</strong></th>
<th>□ No □ Yes, not primary □ Yes, primary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percutaneous arterial access</strong></td>
<td>□ Femoral □ Radial □ Both □ Other, specify</td>
</tr>
<tr>
<td><strong>LMS stenosis &gt; 50% or FFR less than 0.8</strong></td>
<td>□ No □ Yes, unprotected □ Yes, protected by CABG</td>
</tr>
<tr>
<td><strong>Number of epicardial territories with stenoses &gt; 50%</strong></td>
<td>□ 0 □ 1 □ 2 □ 3 □ Unknown</td>
</tr>
<tr>
<td><strong>Identifiable Culprit vessel</strong></td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>If yes, please specify the <strong>most relevant choice</strong></td>
<td>□ LMS □ LAD □ Diagonal □ Cx □ OM □ RCA □ SVG □ IM Graft □ Other, specify</td>
</tr>
<tr>
<td><strong>TIMI flow in culprit vessel PRE</strong></td>
<td>□ 0 □ 1 □ 2 □ 3 □ Unknown</td>
</tr>
<tr>
<td><strong>TIMI flow in culprit POST</strong></td>
<td>□ 0 □ 1 □ 2 □ 3 □ Unknown</td>
</tr>
<tr>
<td><strong>Thrombectomy used during PCI</strong></td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td><strong>Stent</strong></td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>If yes, please specify <strong>type</strong></td>
<td>□ BMS □ DES □ Absorbable Scaffold □ Other</td>
</tr>
<tr>
<td><strong>Non culprit lesions treated during Index PCI procedure</strong></td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td><strong>Haemodynamic support</strong></td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>If yes, please specify</td>
<td>□ Catecholamines □ IABP □ Impella □ Tandem Heart □ ECMO □ Other, Specify</td>
</tr>
</tbody>
</table>
7. During hospitalisation until discharge

<table>
<thead>
<tr>
<th>Last ejection fraction before discharge</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earliest haemoglobin level</td>
<td>g/dl</td>
</tr>
<tr>
<td>Lowest haemoglobin</td>
<td>g/dL</td>
</tr>
<tr>
<td>LDL cholesterol</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Earliest creatinine</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Glucose plasma level (first value)</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Total cholesterol (highest value)</td>
<td>mg/dL</td>
</tr>
</tbody>
</table>

**Most serious Bleeding**

<table>
<thead>
<tr>
<th>Type</th>
<th>BARC Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No bleeding</td>
</tr>
<tr>
<td>1</td>
<td>Bleeding that is not actionable and does not cause the patient to seek unscheduled performance of studies, hospitalization, or treatment by a healthcare professional; may include episodes leading to self-discontinuation of medical therapy by the patient without consulting a healthcare professional.</td>
</tr>
<tr>
<td>2</td>
<td>Any overt, actionable sign of hemorrhage (eg, more bleeding than would be expected for a clinical circumstance, including bleeding found by imaging alone) that does not fit the criteria for type 3, 4, or 5 but does meet at least on the following criteria: (1) requiring nonsurgical, medical intervention by a healthcare professional, (2) leading to hospitalization of increase level of care, or (3) prompting evaluation.</td>
</tr>
<tr>
<td>3a</td>
<td>Overt bleeding plus hemoglobin drop of 3 to &lt;5 g/dL. Any transfusion with overt bleeding.</td>
</tr>
<tr>
<td>3b</td>
<td>Overt bleeding plus hemoglobin drop ≥5 g/dL. Cardiac tamponade. Bleeding requiring surgical intervention for control (excluding dental/nasal/skin/hemorrhoid). Bleeding requiring intravenous vasoactive agents.</td>
</tr>
<tr>
<td>3c</td>
<td>Intracranial hemorrhage (does not include microbleeds or hemorrhagic transformation, dose include intraspinal). Subcategories confirmed by autopsy or imaging or lumbar puncture. Intraocular bleed compromising vision.</td>
</tr>
<tr>
<td>4</td>
<td>CABG related bleeding</td>
</tr>
<tr>
<td>5a</td>
<td>Fatal bleeding is bleeding that directly causes death with no other explainable cause. BARC fatal bleeding is categorized as either definite or probable as follows: Probable fatal bleeding (type 5a) is bleeding that is clinically suspicious as the cause of death, but the bleeding is not directly observed and there is no autopsy or confirmatory imaging</td>
</tr>
<tr>
<td>5b</td>
<td>Definite fatal bleeding (type 5b) is bleeding that is directly observed (by either clinical specimen [blood, emesis, stool, etc] or imaging) or confirmed on autopsy</td>
</tr>
</tbody>
</table>

**Cerebrovascular accident**

| No |
| Yes, haemorrhagic |
| Yes, ischemic |
| Yes, Unknown |

---

1 This concerns the last hospitalisation/hospital before patient go back home
<table>
<thead>
<tr>
<th>Site</th>
<th>Patient ID number</th>
</tr>
</thead>
</table>

### Staged PCI
- [ ] No
- [ ] Performed during the index hospitalisation
- [ ] Planned to be performed on subsequent admission
- [ ] Unknown

### CABG
- [ ] No
- [ ] Yes, emergency
- [ ] Yes, not emergency but during same in patient stay

### Re-infarction
- [ ] No
- [ ] Yes

### Stent thrombosis *(ARC definitions)*
- [ ] No
- [ ] Definite
- [ ] Probable
- [ ] Possible
- [ ] Unknown

### Mechanical complications
- [ ] No
- [ ] Yes
  - If yes, specify
    - MI/tamponade separate
      - [ ] No
      - [ ] Yes
    - VSD
      - [ ] No
      - [ ] Yes

### Heart failure
- [ ] No
- [ ] Yes

### Worst Killip class during hospital stay
- [ ] Class I
- [ ] Class II
- [ ] Class III
- [ ] Class IV

### Atrial Fibrillation
- [ ] No
- [ ] Yes
8. Discharge

Vital Status at discharge
☐ Alive  ☐ Dead

If Dead, specify
Date and time of death
|___|___|___|___|___| (dd/mm/yyyy)
|___|___|___|___|___| (hh:mm:ss)

Cause of death
☐ Non Cardiovascular  ☐ Cardiovascular  ☐ Unknown

If Alive, specify
Date of discharge
|___|___|___|___|___| (dd/mm/yyyy)

Discharge destination
☐ Home
☐ Transferred to other hospital
☐ Nursing home

Planned rehabilitation
☐ No  ☐ Yes
If yes, please specify
☐ Ambulatory  ☐ Hospital

ECG rhythm
☐ Sinus rhythm  ☐ Atrial fibrillation  ☐ Other

Final diagnosis
☐ STEMI
☐ Takotsubo
☐ Peri /Myocarditis
☐ Non cardiac cause
☐ Other
### 9. Medications

#### 9.1. Antiplatelets

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Chronic use before event</th>
<th>Pre hospital treatment</th>
<th>During first 24h after admission</th>
<th>At Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Clopidogrel</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Prasugrel</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Ticagrelor</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Ticlopidine</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Cangrelor</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Abciximab</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Eptifibatide</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Tirofiban</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
</tbody>
</table>

#### 9.2. Anticoagulants

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Chronic use before event</th>
<th>Pre hospital treatment</th>
<th>During first 24h after admission</th>
<th>At discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unfractionated heparin</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Low molecular weight heparin</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Bivalirudin</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Fondaparinux</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Warfarin</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Dabigatran</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Apixaban</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Rivaroxaban</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Edoxaban</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Other</td>
<td>☐ No ☐ Yes, specify: __</td>
<td>☐ No ☐ Yes, specify:</td>
<td>☐ No ☐ Yes, specify:</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td></td>
<td>_________________________</td>
<td>_______________________</td>
<td>_______________________</td>
<td>______________</td>
</tr>
</tbody>
</table>
### 9.3. Other cardiac medications

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Before hospital stay</th>
<th>During hospital stay</th>
<th>At discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beta-Blockers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| **ACE inhibitors**           |                      |                      |              |
| No                           | Yes                  | No                   | Yes          |

| **ARBs**                     |                      |                      |              |
| No                           | Yes                  | No                   | Yes          |

| **MRAs**                     |                      |                      |              |
| No                           | Yes                  | No                   | Yes          |

| **Sacubitril/Valsartan**     |                      |                      |              |
| (ARNI) *                    | No                   | Yes                  | No           |

| **Diuretics**                |                      |                      |              |
| No                           | Yes                  | No                   | Yes          |

| **Ivabradine**               |                      |                      |              |
| No                           | Yes                  | No                   | Yes          |

| **Statins**                  |                      |                      |              |
| (One choice)                 | No                   | Atorvastatin         | No           |
|                              | Fluvastatin          | Fluvastatin          |              |
|                              | Lovastatin           | Lovastatin           |              |
|                              | Pravastatin          | Pravastatin          |              |
|                              | Rosuvastatin         | Rosuvastatin         |              |
|                              | Simvastatin          | Simvastatin          |              |

| **Other Lipid Lowering Agents** |                      |                      |              |
| (One choice)                   | No                   | Ezetimibe            | No           |
|                                | Fibrates             | Fibrates             |              |
|                                | Evolocumab           | Evolocumab           |              |
|                                | Alirocumab           | Alirocumab           |              |
|                                | Other non-statins    | Other non-statins    |              |

| **PPIs**                     |                      |                      |              |
| No                           | Yes                  | No                   | Yes          |

| **Other**                    |                      |                      |              |
| Please specify drug name:    | No                   | Yes, specify:        | No           |

If No statin or low statin** dose at discharge:
- Contraindicated
- Not tolerated
- Patient refusal

If Contraindicated, reason:
- High CK
- Severe liver dysfunction
- Other, please specify: |________|

If not tolerated, reason:
- Myalgia
- Myopathy
- Post treatment liver dysfunction
- Post treatment kidney dysfunction
- Other, please specify: |________|

*ARNI=Angiotensin Receptor Neprilysin Inhibitor*
10. **First Part of CRF Completed, sign-off**

Answer **Yes** to the question below to confirm that you have finished and reviewed data collection for accuracy for this patient.

Only completed CRF's will be taken onto consideration for the analysis.

Then, please fill in the Follow-up CRF pages.

CRF Completed:  □ No  □ Yes

---

**Low statin dose definition**  Atorvastatin < 10 mg, Fluvastatin <= 40 mg, Lovastatin <= 20 mg,
Pravastatin <= 20 mg, Rosuvastatin < 5 mg, Simvastatin < 20 mg
Follow up

11. Follow-up one-year

Follow-up Performed: □ No □ Yes
If performed, type: □ Telephone contact □ Clinical visit
Date of follow-up [____||____||____||____] (dd/mm/yyyy)

11.1. Vital Status

Vital status □ Alive □ Dead
If Dead, specify
Date of death [____||____||____||____] (dd/mm/yyyy)
Cause of death □ Non Cardiovascular □ Cardiovascular □ Unknown
If Alive, specify
NYHA class □ I □ II □ III □ IV □ Unknown
CCS class** □ I □ II □ III □ IV □ Unknown

** Canadian Cardiovascular Society grading of angina pectoris:
Class I - Angina only during strenuous or prolonged physical activity
Class II - Slight limitation, with angina only during vigorous physical activity
Class III - Symptoms with everyday living activities, i.e., moderate limitation
Class IV - Inability to perform any activity without angina or angina at rest, i.e., severe limitation

11.2. Major clinical events

Myocardial Infarction □ No □ Yes
If yes, hospitalisation □ No □ Yes
Date of the first one [____||____||____||____] (dd/mm/yyyy)

Unstable angina □ No □ Yes
If yes, hospitalisation □ No □ Yes
Date of the first one [____||____||____||____] (dd/mm/yyyy)

Stent thrombosis □ No □ Yes
If yes, hospitalisation □ No □ Yes
Date of the first one [____||____||____||____] (dd/mm/yyyy)

Stroke □ No □ Hemorrhagic □ Ischemic □ Unknown
If stroke, hospitalisation □ No □ Yes
Date of the first one [____||____||____||____] (dd/mm/yyyy)

Heart failure □ No □ Yes
If yes, hospitalisation □ No □ Yes
Date of the first one [____||____||____||____] (dd/mm/yyyy)

11.3. Other hospitalisations

Re-hospitalisation □ No □ Yes
If yes, specify for each:

EORP / ACS-STEMI Registry CRF, Version 1.7, 12 SEP 2016
Re-hospitalisation #1

| Date | |||| | (dd/mm/yyyy) |
|------|---|---|---|---|---|
| Primary cause |

- [ ] Rhythm disorders
- [ ] Post operative bleeding
- [ ] Other CV reasons
- [ ] Other non CV reasons

Re-hospitalisation #2

| Date | |||| | (dd/mm/yyyy) |
|------|---|---|---|---|---|
| Primary cause |

- [ ] Rhythm disorders
- [ ] Post operative bleeding
- [ ] Other CV reasons
- [ ] Other non CV reasons

Re-hospitalisation #3

| Date | |||| | (dd/mm/yyyy) |
|------|---|---|---|---|---|
| Primary cause |

- [ ] Rhythm disorders
- [ ] Post operative bleeding
- [ ] Other CV reasons
- [ ] Other non CV reasons

11.4. Clinical procedures

**Angiography performed**

- [ ] No
- [ ] Yes
- [ ] Unknown

| Date of the first | |||| | (dd/mm/yyyy) |
|-------------------|---|---|---|---|---|

**PCI performed**

- [ ] No
- [ ] Yes
- [ ] Unknown

| Date of the first | |||| | (dd/mm/yyyy) |
|-------------------|---|---|---|---|---|

**CABG performed**

- [ ] No
- [ ] Yes
- [ ] Unknown

| Date of the first | |||| | (dd/mm/yyyy) |
|-------------------|---|---|---|---|---|

**ICD-implantation performed**

- [ ] No
- [ ] Yes
- [ ] Unknown

| Date of the first | |||| | (dd/mm/yyyy) |
|-------------------|---|---|---|---|---|

**Resynchronization therapy**

- [ ] No
- [ ] Yes
- [ ] Unknown

| Date of the first | |||| | (dd/mm/yyyy) |
|-------------------|---|---|---|---|---|

11.5. Laboratory and other examinations

**Heart rate**

- [ ] bpm
- [ ] Unknown

| || | bpm | Unknown |

**Systolic blood pressure**

- [ ] mmHg
- [ ] Unknown

| || | mmHg | Unknown |

**Ejection fraction**

- [ ] %
- [ ] Unknown

| || | % | Unknown |

**Creatinine**

- [ ] mg/dL
- [ ] µmol/L
- [ ] Unknown

| || | mg/dL | µmol/L | Unknown |

**LDL cholesterol**

- [ ] mg/dL
- [ ] mmol/L
- [ ] Unknown

| || | mg/dL | mmol/L | Unknown |
### 11.6. Medications

<table>
<thead>
<tr>
<th>Drugs</th>
<th>After discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antiplatelets</strong></td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Clopidogrel</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Prasugrel</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Ticagrelor</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Ticlopidine</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Other</td>
<td>☐ No ☐ Yes, please specify</td>
</tr>
<tr>
<td><em>If an antiplatelets prescribed at discharge was discontinued, please specify reason</em></td>
<td>☐ Bleeding event ☐ No current indication ☐ Patient decision ☐ Gastro Intestinal problems ☐ Other</td>
</tr>
<tr>
<td><strong>Anticoagulants</strong></td>
<td></td>
</tr>
<tr>
<td>Warfarin/Vit K antagonists</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Dabigatran</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Apixaban</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Rivaroxaban</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Edoxaban</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Other</td>
<td>☐ No ☐ Yes, please specify</td>
</tr>
<tr>
<td><strong>Other cardiac medications</strong></td>
<td></td>
</tr>
<tr>
<td>Beta-Blockers</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>ACE inhibitors</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>ARBs</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>MRAs</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Sacubitril /Valsartan (ARNI)*</td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>Statins</td>
<td>☐ No</td>
</tr>
<tr>
<td>Atorvastatin</td>
<td></td>
</tr>
<tr>
<td>Fluvastatin</td>
<td></td>
</tr>
<tr>
<td>Lovastatin</td>
<td></td>
</tr>
<tr>
<td>Pravastatin</td>
<td></td>
</tr>
<tr>
<td>Rosuvastatin</td>
<td></td>
</tr>
<tr>
<td>Simvastatin</td>
<td></td>
</tr>
<tr>
<td>Daily dose:</td>
<td></td>
</tr>
</tbody>
</table>

*ARNI=Angiotensin Receptor Neprlysyn Inhibitor*
<table>
<thead>
<tr>
<th>Site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient ID number</td>
</tr>
</tbody>
</table>

If
- No statin
- Low statin dose**
- Or since discharge:
  - Reduction in dose by any amount
  - Change from high potency statin (atorvastatin, rosvastatin, simvastatin) to low potency (fluvastatin, lovastatin, pravastatin)

Specify reason:
- Contraindicated
- Not tolerated
- Patient refusal
- Other, please specify: ______________________

If contraindicated, specify reason:
- High CK
- Severe liver dysfunction
- Other, please specify: ______________________

If not tolerated, specify reason:
- Myalgia
- Myopathy
- Post treatment liver dysfunction
- Post treatment kidney dysfunction
- Other, please specify: ______________________

Other Lipid Lowering Agents *(One choice)*
- No
- Ezetimibe
- Fibrates
- Evolocumab
- Alirocumab
- Other non-statin

**Low statin dose definition**
- Atorvastatin < 10 mg,
- Fluvastatin <= 40 mg,
- Lovastatin <= 20 mg,
- Pravastatin <= 20 mg,
- Rosuvastatin < 5 mg,
- Simvastatin < 20 mg
12. CRF Completed, sign-off

Answer Yes to the question below to confirm that you have finished and reviewed data collection for accuracy for this patient.

Only completed CRF’s will be taken onto consideration for the analysis.

CRF Completed: ☐ No ☐ Yes

Thank you!