Form 4: Coronary Evaluation

1 Date of Coronary Evaluation

Coronary Evaluation

2 Indication for Coronary Evaluation

- Angio NOT DONE: Non-invasive test performed
- Followup from PTCA / Revascularization (to check patency)
- Non-invasive test prior to this date indicated coronary disease
- Objective evidence of graft dysfunction/CAD
- Research Protocol
- Routine, per established protocol (i.e. yearly evaluation)
- Symptoms (suggesting CHF or angina equivalent)
- Unknown
- Other, specify

2 Non-invasive test prior to this date indicated coronary disease, specify test

- Cardiac CT
- Dobutamine Stress Echo
- Exercise Test
- MRI
- Radionuclide Angiogram (MUGA)
- Resting Echo
- Stress Perfusion
- Unknown
- Other, specify

2 Angio NOT DONE: Non-invasive test performed

- Cardiac CT
- Dobutamine Stress Echo
- Exercise Stress Echo
- Exercise Test
- MRI
- Radionuclide Angiogram (MUGA)
- Resting Echo
- Stress Perfusion
- Unknown
- Other, specify

Angiography
Injection sites
Check all that apply.
- Aorta
- Left Ventricle
- Selective Left Coronary
- Selective Right Coronary
- Unknown

Method of Interpretation
(Pertains to the angiogram)
Check only one.
- Caliper
- Computer Assisted
- Visual Estimate
- Unknown

Pre-angiogram nitroglycerin
- No
- Yes
- Unknown

Angiography Results

If abnormal, indicate ISHLT CAV score
(J Heart Lung Transplant July 2010;29(7):717-27)
- 0
- 1
- 2
- 3
- Not Graded
- Unknown

- ISHLT CAV 0 (Not significant): No detectable angiographic lesion
- ISHLT CAV 1 (Mild): Angiographic left main (LM) <50%, or primary vessel with maximum lesion of <70%, or any branch stenosis <70% (including diffuse narrowing) without allograft dysfunction
- ISHLT CAV 2 (Moderate): Angiographic LM <50%; a single primary vessel >70%, or isolated branch stenosis >70% in branches of 2 systems, without allograft dysfunction
- ISHLT CAV 3 (Severe): Angiographic LM >50%, or two or more primary vessels >70% stenosis, or isolated branch stenosis >70% in all 3 systems; or ISHLT CAV 1 or CAV 2 with allograft dysfunction (defined as LVEF <45% usually in the presence of regional wall motion abnormalities)

4b

<table>
<thead>
<tr>
<th></th>
<th>L Main</th>
<th>LAD</th>
<th>LCx</th>
<th>RCA</th>
<th>PDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Visualized</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent (congenital)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild Stenosis (0% to 50%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Stenosis (51% to 70%)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe Stenosis (71% to 100%)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ectasia</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

L Main = Left Main Coronary Artery
LAD = Left Anterior Descending
LCx = Left Circumflex
RCA = Right Coronary Artery
PDA = Posterior Descending
## Coronary Flow

Functional assessment of coronary flow performed using catheter-based methods

**Abnormal Fractional Flow Reserve (FFR)** is defined as <0.75

**Abnormal Coronary Flow Reserve (CFR)** is defined as <2.0 Maximal Flow: Resting Flow

### 5a

**Fractional Flow Reserve (FFR) Performed**
- No
- Yes
- Unknown

**Vessels Studied**
- LAD
- LCx
- Left Main
- RCA
- Unknown

**FFR Abnormal for Left Main Coronary Artery (LMain)**
- No
- Yes
- Unknown

**FFR Abnormal for Left Anterior Descending (LAD)**
- No
- Yes
- Unknown

**FFR Abnormal for Left Circumflex (LCx)**
- No
- Yes
- Unknown

**FFR Abnormal for Right Coronary Artery (RCA)**
- No
- Yes
- Unknown

### 5b

**Coronary Flow Reserve (CFR) Performed**
- No
- Yes
- Unknown

**If CFR Performed, CFR abnormal**

*Abnormal is defined as: ≤2.0 Maximal Flow: Resting Flow*
- No
- Yes
- Unknown

## Intravascular Ultrasound

### 6

**Intravascular Ultrasound Performed**
- No
- Yes
- Unknown
<table>
<thead>
<tr>
<th>Vessels Studied</th>
<th>LAD</th>
<th>LCx</th>
<th>Left Main</th>
<th>RCA</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Left Main, Maximal Intimal Thickness (MIT)</td>
<td>&lt;0.3 mm</td>
<td>&gt;= 0.3mm</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Left Main, Stanford Score</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>If LAD, Maximal Intimal Thickness (MIT)</td>
<td>&lt;0.3 mm</td>
<td>&gt;= 0.3mm</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If LAD, Stanford Score</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>If LCx, Maximal Intimal Thickness (MIT)</td>
<td>&lt;0.3 mm</td>
<td>&gt;= 0.3mm</td>
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<tr>
<td>If LCx, Stanford Score</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>If RCA, Maximal Intimal Thickness (MIT)</td>
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<td>&gt;= 0.3mm</td>
<td>Unknown</td>
<td></td>
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</tr>
<tr>
<td>If RCA, Stanford Score</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</table>
# Left Ventricular Function Evaluation

## 7 Left Ventricular Function Evaluation

**Nearest to coronary angiogram**

- Yes
- No
- Unknown

## 7a Date of study

- Missing Reason:
  - Not Done
  - Unknown

## 7b Method of Interpretation

- Contrast ventriculogram
- Echocardiogram
- MRI
- Radionuclide angiogram (MUGA)
- Unknown

## 7c Left Ventricular Ejection Fraction

- Missing Reason:
  - Not Done
  - Unknown

## 7c Echo Shortening Fraction

- Missing Reason:
  - Not Done
  - Unknown

## 7d Wall Motion

- Akinesis
- Dyskinesis
- Hypokinesis
- Normal
- Not interpreted for wall motion abnormalities
- Unknown

### 7d Hypokinesis

- > 1 Segment
- 1 Segment
- Diffuse
- Unknown

### 7d Akinesis

- > 1 Segment
- 1 Segment
- Diffuse
- Unknown

### 7d Dyskinesis

- > 1 Segment
- 1 Segment
- Diffuse
- Unknown
## Dobutamine or Exercise Stress Echo

### Was Dobutamine or Exercise Stress Echo performed?
- Yes
- No
- Unknown

### Date

#### Missing Reason:
- Unknown

### Maximum Dobutamine Dose

#### mcg/kg/min

#### Missing Reason:
- Not Done
- Unknown

### Baseline

- Akinesis/dyskinesis
- Hypokinesis
- Normal

### Is there segmental hypokinesis and if so, how many segments?

- > 1 Segment
- 1 Segment
- Diffuse
- Unknown

### Is there segmental Akinesis/dyskinesis and if so, how many segments?

- > 1 Segment
- 1 Segment
- Diffuse
- less than 1
- Unknown

### Stress

- New Akinesis/dyskinesis
- New Hypokinesis
- Normal

### If Stress is New Hypokinesis

- > 1 Segment
- 1 Segment
- Diffuse
- Unknown

### If Stress is New Akinesis/dyskinesis

- > 1 Segment
- 1 Segment
- Diffuse
- Unknown

### Maximum Heart Rate Achieved

#### Missing Reason:
- Unknown

### LV Dilatation with Stress

- No
- Yes
- Unknown