2020 PHYSICIAN SIGN-OFF (1)

STUDY NO __ __ – __ __ __ __ __ – __ __

(PHY-1) _____ CASE, PER PHYSICIAN REVIEW 1=yes 2=no
[*strictly meets case definition*]

(PHY-1a) _____ CASE, IN PHYSICIAN'S OPINION 1=yes 2=no
[*based on all available evidence, including imaging, DWI*]

(PHY-2) ___ ___ / ___ ___ / ___ ___ Date of physician review

Need films: (circle)
MRI CT
OTHER _____

(PHY-3) _____ Initials of MD

[(PHY-3a) _____ Initials of MD reviewing films]

[(PHY-3b) _____ Initials of 2nd opinion MD] [(PHY-3c) _____ Initials of 3rd opinion MD]

[(PHY-3d) _____ **PHY1 *changed***] [(PHY-3e) _____ **PHY1a *changed***] [(PHY-3f) _____ **PHY4 *changed***]

(PHY-4) _____ PHYSICIAN'S FINAL IMPRESSION OF STROKE SUBTYPE

1=infarct 2=TIA 3=ICH 4=SAH 6=IVH
7=infarct with hemorrhagic conversion 8=unknown
10=ICH+ SAH (ICH 1^{O}) 11=ICH + SAH (SAH 1^{O})
12=venous sinus thrombosis 13= TIA w/ positive MRI

(PHY-4a) _____ If subtype is "infarct with hemorrhagic conversion," is this event:
1= symptomatic 2=asymptomatic 8=unknown

(PHY-4b) _____ CLASSIFICATION OF HEMORRHAGIC TRANSFORMATION

1 = HI-1 Hemorrhagic infarct type 1;
small petechiae along the margins of the infarct

2 = HI-2 Hemorrhagic infarct type 2;
more confluent petechiae within the infarct area but without space-occupying effect

3 = PH-1 Primary intracerebral hemorrhage type 1;
blood clot(s) NOT exceeding 30% of the infarct area with some mild space occupying effect

4 = PH-2 Primary intracerebral hemorrhage type 2;
blood clots exceeding 30% of the infarct area with substantial space occupying effect

5 = RPH-1 Remote primary intracerebral hemorrhage type 1;
small or medium sized blood clots located remote from the actual infarct;
a mild space occupying effect could be present

6 = RPH-2 Remote primary intracerebral hemorrhage type 2;
large confluent dense blood clots in an area remote from the actual infarct;
substantial space occupying effect might be present

8 = unknown

(PHY-4c) ____ Potential cause of hemorrhagic conversion
1=rt-PA 2=GP IIb / IIIa 3=study medication 4=IV heparin 5=warfarin 6=LMWH
7=other _____ 8=unknown 9=extreme HTN

(PHY-7) NOTES: _____

_____

_____

PHYSICIAN SIGN-OFF (2)

(PHY-9) _____ **IS LOCATION OF <u>ACUTE</u> ISCHEMIC / HEMORRHAGIC STROKE DOCUMENTED?**

1=yes 2=no 9=N/A

(PHY-10) **IF YES, site of lesion(s):** 1=responsible for clinical stroke 2=seen, but not responsible 8=seen, not sure

R L blank=not seen

(PHY-10A) ____ ____ parietal
(PHY-10B) ____ ____ occipital
(PHY-10C) ____ ____ temporal
(PHY-10D) ____ ____ frontal
(PHY-10E) ____ ____ caudate
(PHY-10F) ____ ____ basal ganglia
(PHY-10G) ____ ____ corona radiata
(PHY-10H) ____ ____ internal capsule
(PHY-10J) ____ ____ thalamus
(PHY-10K) ____ ____ cerebellum
(PHY-10L) ____ ____ pons

R L

(PHY-10M) ____ ____ midbrain
(PHY-10N) ____ ____ medulla
(PHY-10I) ____ ____ deep white matter NOS
(PHY-10T) ____ ____ MCA territory NOS
(PHY-10Q) ____ ____ ACA territory NOS
(PHY-10R) ____ ____ PCA territory NOS
(PHY-10S) ____ ____ scattered multiple
(PHY-10O) ____ ____ other (specify)
_____

(PHY-10P) NOTES: _____

_____

(PHY-11) _____ **IF NO, what is your *best estimate* of location of stroke based on clinical examination:**

1=right hemisphere 2=left hemisphere 3=cerebellum 4=brainstem **5=TIA**

7=other_____ 8=unknown 9=N/A

(PHY-12) _____ **Is location of stroke believed to be**: *(please always fill in)*

1=anterior 2=posterior 7= other_____ 8=unknown 9=N/A

(PHY-13) _____ **PERIVENTRICULAR WHITE MATTER DISEASE DESCRIBED** 1=yes 2=no 8=unk

(PHY-13A) _____ IF YES, classify: 1=mild 2=moderate 3=severe 4=none 8=(not graded;1-4 not mentioned)

PVWMD Descriptors: (Check words below if applicable, and/or document additional report language in "other" text field)

(PHY-13B) ____ diffuse
(PHY-13C) ____ patchy
(PHY-13D) ____ extensive
(PHY-13E) ____ minimal
(PHY-13F) ____ tiny
(PHY-13G) ____ punctate
(PHY-13H) ____ scattered
(PHY-13I) ____ other (specify)

_____

(PHY-13J) **_____ Source of PVWM Information: 1=MRI 2=CT**

Source of Imaging Information:

(PHY-5) _____ CT 1=film & report 2=report only 9=not done

(PHY-6) _____ MR 1=film & report 2=report only 9=not done

(PHY-6A) _____ If MRI was obtained, was DWI positive or negative?

1=positive 2=negative 8=unknown 9=N/A

PHYSICIAN SIGN-OFF (3)

(PHY-14) **_____ Was there a vessel occlusion identified that caused acute ischemia?** 1=yes 2=no 8=unk 9=n/a (*IF NO, SKIP TO NEXT PAGE)*

(PHY-14a) **IF YES, please mark location(s):** *(as many as applicable if multiple separate occlusions seen)*

	R	L			R	L	
(PHY-14b)	____	____	CCA	(PHY-14j)	____	____	vertebral extracranial
(PHY-14c)	____	____	ICA extracranial	(PHY-14k)	____	____	vertebral intracranial
(PHY-14d)	____	____	ICA intracranial	(PHY-14l)	____	____	PICA
(PHY-14e)	____	____	A1	(PHY-14m)	____	____	sup. cerebellar
(PHY-14f)	____	____	A2	(PHY-14n)	____	____	P1
(PHY-14g)	____	____	M1	(PHY-14o)	____	____	P2
(PHY-14h)	____	____	M2	(PHY-14p)	____		* basilar
(PHY-14i)	____	____	M3	(PHY-14q)	____	____	other _____

(PHY-15) _____**Mechanism of Occlusion?** 1=thrombus 3=dissection 7=other _____ 8=unk

Source of Vessel Occlusion Information:

(PHY-16a)	_____ CTA	1=yes	2=no	9=not done
(PHY-16b)	_____ MRA	1=yes	2=no	9=not done
(PHY-16c)	_____ ANGIOGRAM	1=yes	2=no	9=not done
(PHY-16d)	_____ CAROTID ULTRASOUND	1=yes	2=no	9=not done

PERFUSION IMAGING DATA:

(PI-1) _____ PERFUSION IMAGING PERFORMED: 1=CTP DONE 2= NO 3=MRIP
(If 1 or 3, continue)

(PI-2) _____ AUTOMATED PERFUSION PROCESSING 1=YES 2=NO 8=UNK

(PI-2A) ____WERE RESULTS ABNORMAL? 1=YES 2=NO 8=UNK

(PI-2B) ____ WAS THIS DONE IN THE IMMEDIATE ACUTE TIMEFRAME? 1=YES 2=NO

(PI-2C) ____ DOES THIS PERTAIN TO THE AREA OF THE INFARCT? 1=YES 2=NO

(PI-3) _____IF ABNORMAL, WHAT VASCULAR TERRITORY HAD ABNORMAL PERFUSION:

1=MCA 2=ACA 3=PCA 7=OTH_____

(PI-4) _____ml PENUMBRA OR HYPOPERFUSION VOLUME (USING Tmax >6sec)

(PI-5) _____ml ISCHEMIC CORE OR COMPLETED INFARCT VOLUME (using rCBF <30%)

(PI-6) _____ml TOTAL MISMATCH VOLUME (Total hypoperfusion volume - Ischemic core volume)

(PI-7) _____ MISMATCH RATIO (Total Hypoperfusion volume ÷ Ischemic Core Volume)

(PHY-17) NOTES:

_____

_____

STROKE SUBTYPE (1)

If subtype is INFARCT or TIA, indicate suspected cause; otherwise skip to STR-22:

(STR-1) ___ **SMALL VESSEL OCCLUSIVE DISEASE** 1= yes 2=no 8=unk

(STR-1a) ___ ***If yes, then classify using criteria below***

1=Brain images show deep infarct < 1.5 cm appropriate to the clinical syndrome present, which is typical lacunar, e.g., pure motor hemiparesis–face; arm & leg; or arm & leg relatively.

2=Clinical syndrome as above, but CT is negative for lesion that could explain the syndrome.

3=Brain images show deep infarct < 1.5 cm that could explain the clinical syndrome, but it is other than the classically described lacunar strokes.

(STR-2) ___ **CARDIOEMBOLIC SOURCE** 1= yes 2=no 8=unk

If NO or unk, then slash thru STR-3 to STR-15a.

(STR-3)	___ Atrial fibrillation or flutter (current or hx)	1= yes	2=no	8=unk
(STR-4)	___ MI within 2 months	1= yes	2=no	8=unk
(STR-5)	___ Cardiac thrombus on testing	1= yes	2=no	8=unk
(STR-6)	___ Valvular vegetation	1= yes	2=no	8=unk
(STR-7)	___ Prosthetic heart valve (mechanical or biological)	1= yes	2=no	8=unk
(STR-8)	___ Acute congestive heart failure	1= yes	2=no	8=unk
(STR-9)	___ Dilated cardiomyopathy **(EF ≤ 30%)**	1= yes	2=no	8=unk
(STR-10)	___ Right to left shunt with venous source	1= yes	2=no	8=unk
(STR-10a)	___ Right to left shunt **without** venous source	1= yes	2=no	8=unk
(STR-11)	___ Systemic emboli related to cardiac source (within 3 months)	1= yes	2=no	8=unk
(STR-12)	___ Akinetic segment on echo or other cardiac testing	1= yes	2=no	8=unk
(STR-13)	___ Aortic arch atheroma/ mobile thrombus (≥ 4mm)	1= yes	2=no	8=unk
(STR-14)	___ Sick sinus syndrome (documented with/without pacer)	1= yes	2=no	8=unk
(STR-15)	___ Left ventricular aneurysm	1= yes	2=no	8=unk
(STR-15a)	___ Other _____	1= yes	2=no	8=unk

(STR-16) _____ **LARGE VESSEL <u>ATHEROSCLEROSIS</u>** 1= yes 2=no 8=unk

(STR-16a) _____ ***If yes, then classify using criteria below*** (if report says severe only, this = >50%)

1=Evidence from angiogram or non-invasive tests of >50% area stenosis or occlusion consistent with atherosclerosis of an artery appropriate to the site of the infarct, e.g., common carotid, proximal internal carotid, carotid siphon, middle cerebral, basilar and distal vertebral arteries.

3=Tandem Lesion Strokes—Evidence of stenosis or distal occlusion of a large intracranial artery supplying the infarcted area with an ipsilateral proximal lesion of at least 50% stenosis or evidence for an ulcerated plaque.

<u>If potential classification of ischemic stroke/TIA is large vessel</u> (yes to STR-16)**<u>, then complete 21a-21c.</u>**

(STR-21a) _____ Location: 1=intracranial 2=extracranial 3= both 8=unknown

(STR-21b) _____ Distribution: 1=internal carotid artery 2=MCA 3=ACA 4=vertebral artery
5=basilar artery 6=PCA 7=other _____ 8=unknown
(If multiple vessels, put all that apply under #7)

(STR-21c) _____ Vessel pathology: 1=stenosis 2=occlusion 3=both

(STR-21d) _____ If stenosis of vessel, list degree of stenosis:

1=50-79% 2=80-99% 3=near occlusion 4=actual: _____% 6=multiple:_____

7=other_____

(STR-18) ___ **OTHER IDENTIFIED CAUSE OF ISCHEMIC STROKE/TIA** 1= yes 2=no 8=unk

(STR-19) If YES, specify: _____

(STR-19a) ___ If "other" cause, please classify: 1=dissection 2=cocaine use/narcotic overdose
3=surgery(peri or immed. post-op) 4= angio/cath/PTCA (peri or immed. post procedure) 5=Cancer
6=hypercoagulable 7=other _____ 10=temporal arteritis
11=venous thrombosis (cortical or sinus) 12=Carotid web (specify % stenosis in STR-19)

(STR-21) ____ **CLINICAL CLASSIFICATION OF ISCHEMIC STROKE/TIA**

1=small vessel 2=cardioembolic 3=large vessel 5=other identified cause 8=undetermined etiology

(STR-28) NOTES:

_____

_____

_____

PRIOR/SUBSEQUENT TIA SIGN-OFF *(always answer PT-13a after checking if a prior TIA is documented on the 1b page/**please check before finalizing your adjudication)***

(PT-13a) ____ WAS A PRIOR TIA DOCUMENTED ON THE 1b PAGE? 1= yes 2=no

(PT-13) _____ IS THIS A CASE per Physician Review 1=yes 2=no

(PT-14)__ __/__ __/__ __ Date of MD Review

(PT-15) _____ Initials of MD

HEMORRHAGIC STROKE: **(complete only if hemorrhage)**

(STR-22) _____ Aneurysm present 1= yes 2=no 8=unk

(STR-23) _____ AVM present 1= yes 2=no 8=unk

(STR-23a) _____ Infarct following hemorrhage 1= yes 2=no 8=unk

If ICH, complete STR-24 thru STR-26

(STR-24) _____ Cause of ICH: 1=small vessel HTN 2=amyloid 3=AVM
4=cavernous malformation 5=aneurysm 6=tumor
(STR-25) 7=other (specify) _____
8=unk 10= thrombolytics 11=no clear cause 12=anticoagulants 13=cocaine

(STR-26) _____ Location of ICH 1=deep 2=lobar 3=brain stem 4=cerebellum
7=other (specify) _____ 8=unk

(STR-27) _____ ***If SAH,*** cause: 1=aneurysm 2=AVM 3=vasculitis 4=no clear cause 7=other_____ 8=unk

(STR-29) NOTES:

_____

_____

_____