



Type of Review:

- Local (Field Center review)
 Central (other committee member review)
 Third Reviewer
 Committee

If other investigations are evaluated in this review, please list their two-digit IDs:

ID: ID: ID: ID: ID:

I. Regardless of MESA Event status, is there Other CVD present that does not qualify as a MESA Event or Revascularization?

- No (proceed to question II)
 Yes

Non-Event (eg. Asymptomatic) CVD

Select all that apply

- Coronary Disease
 Ventricular Dysfunction
 Aortic aneurysm
 Leg PAD
 Other CVD (specify)

Specify:

II. Is a MESA Event or Revascularization Present?

- No (Proceed to Section 7)
 Yes (Proceed to Section 1)

Cardiac Endpoint Classification and Criteria

Please complete entire form. Skip sections only when indicated.

1. Myocardial infarction

- Definite
 Probable
 No MI (skip to section 2)

If 'Definite' or 'Probable' enter date of MI (MM/DD/YYYY):

A. Criteria

1. Chest Pain

- Present Absent

2. Cardiac Enzymes

- Abnormal Incomplete
- Equivocal Normal

3. ECG Serial Reading (pick one)

- Evolution of Major Q-Wave
- Evolution of ST-T Elevation with or without Q-Wave
- New LBBB
- Evolution of ST-Depression/inversion alone
- Evolution of Minor Q-Wave alone
- Single ECG with Major Q-Wave
- Single ECG with LBBB, described as new
- Absent, Uncodable or Other ECG

B. Procedure-related:

- Yes, cardiovascular
- Yes, non-cardiovascular
- No

Clear MI section

2. Resuscitated Cardiac Arrest

- Definite
- Probable
- No (skip to section 3)

If "Definite" or "Probable" enter date of Resuscitated Cardiac Arrest (MM/DD/YYYY):

Procedure-related:

- Yes, cardiovascular
- Yes, non-cardiovascular
- No

Clear Cardiac Arrest section

3. Angina Pectoris (including unstable angina):

Chest pain, tightness, or shortness of breath produced by myocardial ischemia that does not result in infarction (usually caused by coronary insufficiency).

- Definite
- Probable
- Absent (skip to section 4)

If "Definite" or "Probable" enter date of Angina (MM/DD/YYYY):

A. Criteria (check all that apply):

- Physician diagnosis of angina and receiving medical treatment for angina (e.g. nitrate, beta-blocker, or calcium channel blocker)
- CABG surgery or other revascularization procedure
- 70% or greater obstruction of any coronary artery on angiography
- Horizontal or down-sloping ST-segment depression OR abnormal ST depression OR abnormal ST elevation ≥ 1 mm on exercise OR pharmacological stress testing with pain
- Scintigraphic or echocardiographic stress test positive for ischemia
- Resting ECG shows horizontal or down-sloping ST depression or abnormal ST elevations ≥ 1 mm with pain that is not present on ECG without pain

B. Procedure-related:

- Yes, cardiovascular
- Yes, non-cardiovascular
- No

4. Congestive Heart Failure

- Definite
- Probable
- No CHF (skip to section 5)

If "Definite" or "Probable" enter date of new onset or worsened Congestive Heart Failure (MM/DD/YYYY):

A. Criteria (Check all that apply):

- Congestive Heart Failure diagnosed by physician and receiving medical treatment for CHF (e.g., diuretics, digitalis, vasodilator and/or ACE-inhibitor)
- Pulmonary edema/congestion by chest x-ray
Dilated ventricle or poor left ventricular function (e.g., low ejection fraction or wall motion abnormalities) by echocardiography, radionuclide ventriculogram (RVG)/multigated acquisition (MUGA), or other contrast ventriculography, OR evidence of left ventricular diastolic dysfunction

B. Procedure-related:

- Yes, cardiovascular
- Yes, non-cardiovascular
- No

C. Comorbid conditions (Check all that apply):

- Coronary Disease
- Valvular Disease
- Arrhythmia
- Hypertension
- Pulmonary Disease
- Pulmonary Infection
- Medications Withdrawal
- Volume Overload
- Toxins
- Unknown
- Other

Specify:

D. Ejection fraction measurement (choose one):

- Known value: percent (specify; if EF given as range, enter midpoint value)
- Less than: percent (specify)
- More than: percent (specify)
- Normal
- Low
- Unknown

E. Source of ejection fraction information (choose one):

- Trans-esophageal Echocardiography
- Trans-thoracic Echocardiography
- Cardiac Catheterization
- Nuclear Imaging (e.g. SPECT)
- Other (please specify):

Clear CHF section

5. Revascularization (on this admission)

A. Coronary Artery Bypass Graft (CABG):

Yes No

If "Yes" enter date of CABG (MM/DD/YYYY):

B. Percutaneous Transluminal coronary angioplasty (PTCA), coronary stent, or coronary atherectomy:

Yes No

If "Yes" enter date of procedure (MM/DD/YYYY):

C. Other arterial Revascularization

Yes No

(please specify):

If "Yes", enter date of other revascularization (MM/DD/YYYY):

Clear Revascularization section

6. Peripheral Arterial Disease (aorta, iliac arteries, or below):

Symptomatic disease including intermittent claudication, ischemic ulcers, or gangrene. Disease must be symptomatic and have a diagnostic procedure or require therapeutic intervention (e.g. vascular or surgical procedure for arterial insufficiency in the lowest extremities or abdominal aortic aneurism).

- Definite
 Probable
 No PAD (skip to section 7)

If "Definite" or "Probable" enter date of Peripheral Arterial Disease (MM/DD/YYYY):

A. Diagnosis (check all that apply):

- Lower extremity claudication
 Atherosclerosis of arteries of the lower extremities
 Arterial embolism and/or thrombosis of the lower extremities
 Abdominal aortic aneurysm (AAA)

B. Criteria defined by symptoms plus one or more of the following (*check all that apply*):

- Ultrasonographically- or angiographically demonstrated obstruction, OR ulcerated plaque ($\geq 50\%$ of the diameter or $\geq 75\%$ of the cross-sectional area) demonstrated on ultrasound or angiogram of the iliac arteries or below
 Absence of pulse by doppler in any major vessel of lower extremities

- Exercise test that is positive for lower extremity claudication
- Surgery, angioplasty, or thrombolysis for peripheral artery disease
- Amputation of one or more toes or part of the lower extremity due to ischemia or gangrene.
- Exertional leg pain relieved by rest and at least one of the following: 1) claudication diagnosed by a physician; or 2) ankle-arm systolic blood pressure ratio less than or equal to 0.8.
- Abdominal aortic aneurysm demonstrated by ultrasound, angiogram, CT or MRI.
- Surgical or vascular procedure for abdominal aortic aneurysm.

Clear PAD section

Complete question 7 for all investigations.

7. Did the patient die?

Yes No

If yes, then on submission you will be taken to the *Mortality Review* form

Reviewing Physician's ID: Date: Data Entry ID:

Reviewer Comments:

Clear entire form

Click on here to unselect all answers and restart.

Submit

Click Submit to enter this review.

Investigations

Click here to return to list of Investigations Needing Review without submitting review.

Send Comment

Click here to send comments.

If this review cannot be completed due to missing information, pre-baseline conditions, or other issues, please enter your comments in the Reviewer Comments field and press the 'Send Comments' button. Your comments will be forwarded to the CC Events Data Director.

Form date: 6/22/2010