

STOP II TRIAL
MRA SCAN

AFFIX PATIENT LABEL

HERE

SECTION A TO BE COMPLETED BY STOP II NEURORADIOLOGIST

A1. Person completing form (Name): _____ (Initials):

A2. Date of MRA procedure (Month/Day/Year): _____/_____/_____

A3. Was the patient's MRA data copied to a STOP II optical disk? ☐ 1. NO ☐ 2. YES



A3.a What is the file name of the patient's MR study on the STOP II optical disk?

A4. Is the MRA study adequate for interpretation? ☐ 1. NO ☐ 2. YES



A4.a. Reason:

☐ 1. Incomplete Study ☐ 2. Motion Artifact ☐ 3. Other → A4.b Specify: _____

RESCHEDULE STUDY WITHIN 2 WEEKS

A5. Name of Imaging Center: _____

A6. Machine/Model: _____

A7. Echo Time (ms): .

A8. Matrix: X

A9. Field-of-View (range: 6 - 20 cm): a. (if square)

b. X (if rectangular)

SECTION B TO BE COMPLETED BY STUDY COORDINATOR

B1. Reason for MRA procedure:

- | | |
|----------------------------|---|
| 1. Pre-Randomization Study | 2. Routine Follow-up Study |
| 3. Exit from Study | 4. TCD Endpoint or 3 inadequate TCD exams by at least 2 examiners |
| 5. New Neurological Event | |

↓

B1.a. Date of event (Month/Day Year) ____/____/____

B1.b. Type of event:

- | | | | |
|--|------------------------|-----------------|---------------------|
| 1. TIA | 2. Cerebral Infarction | | |
| 3. Intracranial Hemorrhage → B1.b1. Type | 1. Intraparenchymal | 2. Subarachnoid | 3. Intraventricular |
| 4. Other: B1.b2. Specify: _____ | | | |

6. Post-meningitis event → B1.c. Date of event (Month/Day/Year) ____/____/____

B1.d. Date of discharge from hospital (Month/Day/Year) ____/____/____

7. Post-head injury event → B1.e. Date of event (Month/Day/Year) ____/____/____

B1.f. Date of discharge from hospital (Month/Day/Year) ____/____/____

B2. Date optical disk with MRA study sent to the STOP II Data Coordinating Center
(Month/Day/Year):

____/____/____

SECTION C TO BE COMPLETED BY DCC DATA MANAGER

C1. Is this MRA scan being compared to a previous scan? ☐ 1. NO ☐ 2. YES

↓

Which Scan(s)?

C1.a. Pre-randomization
study dated ____/____/____

C1.b. Previous scan dated ____/____/____

SECTIONS D - F TO BE COMPLETED BY READERS

D1. Readers: a. (Name): _____ (Initials):

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b. (Name): _____ (Initials):

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D2. Date read (Month/Day/Year): _____/_____/_____

D3. Study acceptable for interpretation?

☐ 1. NO ☐ 2. YES



D3.a. Reason: _____

D4. Scan Quality (check one):

☐

1. Excellent

☐

2. Slight Artifact/Motion, Adequate

☐

3. Severe Artifact/Motion, Inadequate

D5. Are the following available for review?

1. NO

2. YES

a. Source images

☐☐

b. Targeted MIP images

☐☐

c. Unsegmented paraxial images

☐☐

E. CENTRAL REVIEW INTERPRETATION (COMPLETE TABLE FOR MRA USING THE CODES BELOW)

a. RATING	b. STATUS
1 = NORMAL 2 = STENOSIS, MILD 3 = STENOSIS, MODERATE 4 = STENOSIS, SEVERE 5 = OCCLUSION 6 = NOT ASSESSABLE 7 = DEPHASING ARTIFACT, LIKELY NORMAL	A = IMPROVED B = SAME (NO PROGRESSION) C = WORSE (PROGRESSION) D = CANNOT DETERMINE E = N/A

RATING			STATUS COMPARED TO	
			Pre-rand. Study	Previous Study
E1.	RIGHT ICA	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E2.	RIGHT MCA	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E3.	RIGHT ACA	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E4.	RIGHT PCA	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E5.	LEFT ICA	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E6.	LEFT MCA	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E7.	LEFT ACA	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E8.	LEFT PCA	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E9.	BASILAR	a. <input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>

	1. NORMAL	2. SMALL	3. NOT VISUALIZED		
E10.a RIGHT PCoA	<input type="text"/>	<input type="text"/>	<input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E11.a LEFT PCoA	<input type="text"/>	<input type="text"/>	<input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>

	1. GOOD	2. POOR	3. INDETERMINATE		
E12.a Robustness of R. hemisphere blood flow	<input type="text"/>	<input type="text"/>	<input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>
E13.a Robustness of L. hemisphere blood flow	<input type="text"/>	<input type="text"/>	<input type="text"/>	b1. <input type="text"/>	b2. <input type="text"/>

F. COMMENTS:
