

## Appendix C: Intracranial Stenosis Treatment Post-SAMMPRIS

The following is an anonymous survey about your treatment preferences for intracranial stenosis. Please answer all of the following questions and note that responses to certain questions will prompt follow up questions. Thank you!

1 What type of physician are you? (Check 1 only)

- a. Neurologist but not an interventionist
- b. Neurology Interventionist
- c. Neuroradiologist
- d. Neurosurgeon
- e. Other

If Other, please indicate: \_\_\_\_\_

2 Did you participate in WASID? (Check 1 only) Yes No

3 Did you participate in SAMMPRIS? (Check 1 only) Yes No

4 Which of the following best describes the setting of your clinical practice? (Check 1 only)

- a. Community-based private practice
- b. University-hospital based
- c. Other

If Other, please explain: \_\_\_\_\_

5 Which of the following represents the number of years of clinical experience since your specialty training was completed? (Check 1 only)

- a. 1-2 years
- b. 3-5 years
- c. 6-10 years
- d. 11-15 years
- e. more than 15 years

6 Approximately, what proportion of patients in your clinical practice do you treat for stroke? (Check 1 only)

- a. 76-100%
- b. 51-75%
- c. 26-50%
- d. 15-25%
- e. less than 15%

### **Antithrombotic treatment of MCA or carotid siphon stenosis:**

7 Which of the following is your preferred antithrombotic agent for the long-term treatment of symptomatic stenosis of the MIDDLE CEREBRAL ARTERY (MCA) or CAROTID SIPHON? (Check 1 only)

- a. anticoagulation with warfarin or newer anticoagulant
- b. antiplatelet therapy alone
- c. combination anticoagulant + antiplatelet
- d. other

If Other, please explain: \_\_\_\_\_

Which of the following is your preferred antiplatelet agent for symptomatic MCA or CAROTID SIPHON stenosis? (Check 1 only)

- a. aspirin alone
- b. clopidogrel alone
- c. combination aspirin + clopidogrel
- d. Aspirin and dipyridamole
- e. other

If Other, please explain: \_\_\_\_\_

What DOSE of aspirin do you typically prescribe for MCA or CAROTID SIPHON stenosis? (Check 1 only)

- a. 81 mg/day
- b. 325 mg/day
- c. 650 mg/day
- d. 1300 mg/day
- e. other

If Other, please explain: \_\_\_\_\_

How long do you prescribe combination aspirin + clopidogrel after presentation? (Check 1 only)

- a. 7 days
- b. 30 days
- c. 90 days
- d. indefinitely
- e. other

If Other, please explain: \_\_\_\_\_

**Antithrombotic treatment of vertebral or basilar stenosis:**

8 Which of the following is your preferred antithrombotic agent for the long-term treatment of symptomatic stenosis of the BASILAR or VERTEBRAL ARTERIES? (Check 1 only)

- a. anticoagulation with warfarin or newer anticoagulant
- b. antiplatelet therapy alone
- c. combination anticoagulant + antiplatelet
- d. other

If Other, please explain: \_\_\_\_\_

Which of the following is your preferred antiplatelet agent for BASILAR or VERTEBRAL ARTERIES stenosis? (Check 1 only)

- a. aspirin
- b. clopidogrel
- c. combination aspirin + clopidogrel
- d. Aspirin and dipyridamole
- e. other

If Other, please explain: \_\_\_\_\_

What DOSE of aspirin do you typically prescribe for symptomatic BASILAR or VERTEBRAL ARTERY stenosis? (Check 1 only)

- a. 81 mg/day
- b. 325 mg/day
- c. 650 mg/day
- d. 1300 mg/day
- e. other

If Other, please explain: \_\_\_\_\_

How long do you prescribe combination aspirin + clopidogrel after presentation? (Check 1 only)

- a. 7 days
- b. 30 days
- c. 90 days
- d. indefinitely
- e. other

If Other, please explain: \_\_\_\_\_

**Endovascular treatment:**

9 In what proportion of patients who have symptomatic intracranial arterial stenosis do you currently recommend ANGIOPLASTY or STENTING as therapy? (Check 1 only)

- a. More than 50%
- b. 26-50%
- c. 10-25%
- d. less than 10%
- e. None

What procedure do you recommend? (Check 1 only)

- a. angioplasty only
- b. angioplasty and stenting with self-expanding stent
- c. angioplasty and stenting with balloon-expandable stent
- d. other

If Other, please explain: \_\_\_\_\_

10 In your practice, what do you consider "failure of maximal medical therapy?" Stroke despite: (Check 1 only but combinations of a, b, and c provided as options too.)

- a. use of antithrombotic treatment
- b. use of aggressive medical therapy to manage risk factors regardless of BP and LDL levels achieved
- c. use of aggressive medical therapy to manage risk factors AND achievement of SBP < 140 and LDL < 70
- d. both a. and b.
- e. both a. and c.
- f. other

If Other, please explain: \_\_\_\_\_

- 11 How do you treat patients who have failed medical therapy?
- Assess for compliance and/or intensify medical therapy
  - Recommend angioplasty or stenting
  - Other

If Other, please explain: \_\_\_\_\_

12 Which patient characteristics make you MORE likely to recommend ANGIOPLASTY or STENTING? (Select the 4 most important) (Please answer even if you don't usually recommend endovascular treatment)

- recent symptoms
- stroke rather than TIA presentation
- severe stenosis
- anterior circulation location of stenosis
- impaired collaterals
- symptoms attributed to hypoperfusion through stenotic artery
- presence of diabetes
- presence of smoking
- young age
- gender
- race or ethnicity
- patient requests treatment

**Impact of the SAMMPRIS Trial on your practice:**

13 Have the results of SAMMPRIS changed the way you manage patients with symptomatic intracranial stenosis? (Check 1 only) yes no

If no, please explain: \_\_\_\_\_

In what area(s) has the results of SAMMPRIS changed the way you manage patients with this disease? (check all that apply)

- Stopped recommending endovascular treatment
- Combine antiplatelet medications
- Use of statins for treating LDL < 70
- Blood Pressure medications to target SBP < 140 (< 130 in diabetics)
- Incorporating a lifestyle program
- Other

If Other, please explain: \_\_\_\_\_

**Potential benefit of new endovascular treatments:**

**For the following 1-year rates of stroke in the territory of the intracranial artery among patients treated with AGGRESSIVE MEDICAL THERAPY, please choose the MAXIMUM 1-year rate of stroke in the territory among patients treated with a new endovascular procedure that would result in the procedure becoming your treatment of choice. Assume that the peri-procedural risk of stroke is responsible for half of the total 1-year risks provided for the endovascular treatment. \*Note: for answers NNT = number needed to treat.**

14 If the 1 year stroke risk with aggressive medical therapy is 25%, the 1 year risk with the new procedure would have to be: (Check 1 only)

- a. Aggressive medical management would remain my treatment regardless
- b. 10% (i.e. 60% relative risk reduction or NNT =7)
- c. 12.5% (i.e. 50% relative risk reduction or NNT= 8)
- d. 15% (i.e. 40% relative risk reduction or NNT =10)
- e. 17% (i.e. 33% relative risk reduction or NNT =13)
- f. 19% (i.e. 25% relative risk reduction or NNT =17)

15 If the 1 year stroke risk with aggressive medical therapy is 20%, the 1 year risk with the new procedure would have to be: (Check 1 only)

- a. Aggressive medical management would remain my treatment regardless
- b. 8% (i.e. 60% relative risk reduction or NNT = 8)
- c. 10% (i.e. 50% relative risk reduction or NNT =10)
- d. 12% (i.e. 40% relative risk reduction or NNT =13)
- e. 13% (i.e. 33% relative risk reduction or NNT =14)
- f. 15% (i.e. 25% relative risk reduction or NNT =20)

16 If the 1 year stroke risk with aggressive medical therapy is 16%, the 1 year risk with the new procedure would have to be: (Check 1 only)

- a. Aggressive medical management would remain my treatment regardless
- b. 6% (i.e. 60% relative risk reduction or NNT =10)
- c. 8% (i.e. 50% relative risk reduction or NNT =13)
- d. 10% (i.e. 40% relative risk reduction or NNT =17)
- e. 11% (i.e. 33% relative risk reduction or NNT =20)
- f. 12% (i.e. 25% relative risk reduction or NNT =25)