

Treatment Practices for Symptomatic Intracranial Stenosis

(2006)

1. What type of physician are you?
 - a. Neurologist
 - b. Neurointerventional Radiologist
 - c. Neurosurgeon
 - d. Other
2. Did you participate in WASID?
 - a. Yes
 - b. No
3. Which of the following best describes the setting of your clinical practice?
 - a. Community-based private practice
 - b. University-hospital based
4. Which of the following represents your number of years of clinical experience since your specialty training was completed?
 - a. 1-2 years
 - b. 3-5 years
 - c. 6-10 years
 - d. 11-15 years
 - e. more than 15 years
5. Approximately, what proportion of patients in your clinical practice do you treat for stroke?
 - a. 76-100%
 - b. 51-75%
 - c. 26-50%
 - d. 15-25%
 - e. less than 15%
6. 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?
 - a. Warfarin
 - b. Antiplatelet therapy
 - c. Combination therapy (Warfarin & Antiplatelet)
 - d. Other
7. Which of the following is your preferred antiplatelet agent for MCA or CAROTID SIPHON stenosis?
 - a. Aspirin
 - b. Plavix
 - c. Aggrenox
 - d. Combination Antiplatelet
 - e. Other
8. What is your preferred COMBINATION of antiplatelet agents for MCA or CAROTID SIPHON stenosis? (check all that apply)
 - ☐ Aspirin
 - ☐ Plavix
 - ☐ Aggrenox
 - ☐ Other
9. What dose of aspirin do you typically prescribe for MCA or CAROTID SIPHON stenosis?
 - a. 81 mg/day
 - b. 325 mg/day
 - c. 650 mg/day
 - d. 1300 mg/day
 - e. Other
10. Which of the following is your preferred antithrombotic agent for the long-term treatment of symptomatic stenosis of the BASILAR or INTRACRANIAL VERTEBRAL ARTERY?
 - a. Warfarin
 - b. Antiplatelet therapy
 - c. Combination therapy (Warfarin & Antiplatelet)
 - d. Other
11. Which of the following is your preferred antiplatelet agent for BASILAR or VERTEBRAL ARTERY stenosis?
 - a. Aspirin
 - b. Plavix
 - c. Aggrenox
 - d. Combination Antiplatelet
 - e. Other
12. What is your preferred COMBINATION of antiplatelet agents for BASILAR or VERTEBRAL ARTERY stenosis? (check all that apply)
 - ☐ Aspirin
 - ☐ Plavix
 - ☐ Aggrenox
 - ☐ Other
13. What dose of aspirin do you typically prescribe for BASILAR or VERTEBRAL ARTERY stenosis?
 - a. 81 mg/day
 - b. 325 mg/day
 - c. 650 mg/day
 - d. 1300 mg/day
 - e. Other

14. In what proportion of patients who have symptomatic intracranial arterial stenosis do you currently use ANGIOPLASTY or STENTING as a therapy?

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

15. For the following 2-year rates of stroke in the territory of the intracranial artery among patients treated with best MEDICAL THERAPY, please choose the MAXIMUM 2-year rate of stroke in the territory among patients treated with STENTING that would result in stenting becoming your treatment of choice. The 2 year stenting stroke rates in the choices below already include an initial procedural stroke rate of 6-8%.

If the 2 year stroke risk with medical therapy is 25%, the 2 year risk with stenting would have to be:

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

16. If the 2 year stroke risk with medical therapy is 20%, the 2 year risk with stenting would have to be:

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

17. If the 2 year stroke risk with medical therapy is 16%, the 2 year risk with stenting would have to be:

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

18. If the 2 year stroke risk with medical therapy is 12%, the 2 year risk with stenting would have to be:

- a. 9% (i.e. 25% relative risk reduction or NNT = 33)
- b. 8% (i.e. 33% relative risk reduction or NNT = 25)
- c. 7% (i.e. 40% relative risk reduction or NNT = 20)
- d. 6% (i.e. 50% relative risk reduction or NNT = 17)
- e. 5% (i.e. 60% relative risk reduction or NNT = 14)
- f. Medical therapy would remain my treatment regardless of stenting rate.