

## Supplement

### Supplement A. Best Practices Survey for CMS (n=22) and IAC Facilities (n=6)

Questions	Responses
1. Does your facility participate in any of the following registries, clinical trials, or local databases? (select all that apply) (Select all that apply)	CREST-2/Registry, NCDR-PVI, ROADSTER 2, SCAFFOLD, SVS-VQI, None
2. Are patients routinely seen at about <u>30-days</u> post stent placement to assess neurologic status?	Yes/No
3. When patients are seen at about <u>30-days</u> for follow up, is the National Institutes of Health Stroke Scale (NIHSS) used to assess for stroke symptoms?	Yes/No/Not applicable
4. When patients are seen at about <u>30-days</u> for follow up, is the Modified Rankin Scale (mRS) used to assess for stroke symptoms?	Yes/No/Not applicable
5. Does your facility track <u>30-day</u> outcomes for stroke and death?	Yes/No
6. How is the degree of stenosis determined at the time of catheterization to confirm the decision to place a carotid stent? (Select all that apply)	Physician estimate from catheter angiogram/ Electronic caliper measurement from the catheter angiogram/ noninvasive studies (e.g., duplex ultrasound, CTA, or MRA)
7. Please indicate which of the following practices are currently carried out at your facility. (Select all that apply)	Perform NIHSS prior to procedure/ Perform MRS prior to procedure/ Perform NIHSS within <u>24-hours</u> post-procedure/ Confirm anti-coagulation with ACT >250 seconds prior to crossing lesion/ Perform noninvasive diagnostic imaging (e.g., duplex ultrasound, CTA, or MRA) at about <u>30-days</u> to assess the patency of the stented area of the carotid artery/ Treat with antiplatelet agents using dual antiplatelet regimen/ Measure percent carotid stenosis using NASCET criteria/

	Place embolic protection devices/ Assess outcomes against benchmark data for stroke and death/ Perform digital subtracted angiography (DSA) pre-carotid artery stent placement that includes both the head and neck/ Perform digital subtracted angiography (DSA) post-carotid artery stent placement that includes both the head and neck/ None of the above
8. Please indicate the number of beds at your facility.	<100/ 100 – 500 / >500
9. Approximately how many carotid artery stenting procedures are performed annually at your facility?	Number
10. How many physicians perform carotid stenting procedures at your facility?	Number
11. Physician specialties (select all that apply)	Interventional Cardiologist/ Interventional Neurologist Interventional Radiologist Neurosurgeon/ Vascular Surgeon/ Other
12. Has your facility considered becoming accredited?	Yes/No
Thank you for providing your opinions. We deeply appreciate your time and help. Below, please indicate which charity you would like to support with the \$100 donation from the IAC.	American Stroke Associations®/ Doctors without Borders/ None

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ACT – activated clotting time, CMS – Centers for Medicare and Medicaid Services, CREST-2 – Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Trial, CTA – Computed Tomography Angiography, DSA – digital subtracted angiography, IAC – Intersocietal Accreditation Commission, MRA – Magnetic Resonance Angiography, mRS – Modified Rankin Scale, NASCET – North American Symptomatic Carotid Endarterectomy Trial, NCDR-PVI - National Cardiovascular Data Registry Peripheral Vascular Intervention, NIHSS – National Institute of Health Stroke Scale ROADSTER 2 – Post-Approval Study of Transcarotid Artery Revascularization in Patients with Significant Carotid Artery Disease – The ROADSTER 2 Study, SCAFFOLD – Carotid Stent Clinical Study for the Treatment of Carotid Artery Stenosis in Patients at Increased Risk For Adverse Events From Carotid Endarterectomy, SVS-VQI – Society for Vascular Surgery Vascular Quality Initiative