CT TAVI COLLABORATIVE survey monkey questionnaires

BASELINE DEMOGRAPHICS

Name of hospital and Trust

Do you work in a centre that performs TAVI?
Yes  No

What proportion of TAVI patients undergo CT TAVI prior to TAVI at your centre?
0-25%  25-50%  50-75%  75-100%

What is the estimated volume of CT TAVI in your centre per annum?
0-50  50-100  100-150  150-200   >200

Who is responsible for reporting CT TAVI at your centre?
Cardiologist  Radiologist  Both (% split)  other

CT TAVI ACQUISITION

What scanner/s are you using?
Siemens  Phillips  GE  Toshiba  other/s

Is your CT TAVI protocol:
Retrospective (whole cardiac cycle)
Prospective ECG-gated wide-padding (i.e. 30-80%)
Prospective ECG-gated narrow padding (i.e. 20-40 or 60-80%)   - please state range:

Describe your typical CT TAVI protocol?

.............................
Do you administer beta blockers?
Yes  No

What is the contrast dose of the last 5 TAVI scans?
........................................

What is the radiation dose of the last 5 TAVI scans?
........................................

Do you include vascular access assessment?
Yes  No  Sometimes (if so please state when)

If yes – what i.e. circle of Willis to femoral artery or popliteal artery, do you include carotids and subclavian?
........................................

Do you include coronary assessment?
Yes  No  Sometimes (if so please state when)

CT TAVI REPORTING

Which analysis software do you use?
........................................

Concerning TAVI CT, do you report:
systolic aortic measurements  diastolic aortic measurements  both
other (please state what)

What measurements/structures are typically included in your report? (Tick all that apply)

Aortic annulus circumference
Aortic annulus area
Aortic annulus diameter (perimeter derived)
Aortic annulus diameter (area derived)
Minimum short axis measurement Sinus of Valsalva diameter:

cusp-cusp
cusp-commissure

Extent and distribution of aortic root calcification

LVOT calcification

Number of valve cusps (e.g. bicuspid, tricuspid, quadricuspid)

Distance (height) from aortic annulus to ostia of LMS

Distance (height) from aortic annulus to ostia RCA

Distance (height) from aortic annulus to sinotubular junction (left cusp)

Distance (height) from aortic annulus to sinotubular junction (right cusp)

Distance (height) from aortic annulus to sinotubular junction (non-coronary cusp)

Presence of LAA thrombus

Presence of LVH

Presence of LV thrombus

Ascending aorta Diameter

Ascending aorta extent of calcification

Ascending aorta angulation

Aortic arch branch anatomy

Assessment of descending and abdominal aorta (tortuosity, intraluminal obstruction, calcification)

Subclavian and brachiocephalic artery luminal diameter

Subclavian and brachiocephalic artery patency

Subclavian and brachiocephalic artery tortuosity

Minimum ilio-femoral artery luminal diameter

Ilio-femoral artery patency

Ilio-femoral artery tortuosity

Optimal tube angulation data to inform fluoroscopic projection for device deployment

**TAVI Multi-Disciplinary Team meeting**

Does your centre have a TAVI MDT process?
If yes, please answer the following:

What other imaging modalities are routinely reviewed (CT, MRI, echo, other (please state..))

Is a cardiac imager (radiologist or cardiologist) present at the TAVI MDT?

Are echocardiogram reports reviewed as part of the MDT process?

Are echocardiogram images reviewed as part of the MDT process?

Are the CT reports reviewed as part of the MDT process?

Are the CT images reviewed as part of the MDT process?

Are the MRI reports reviewed as part of the MDT process?

Are the MRI images reviewed as part of the MDT process?

Are other images reviewed as part of the MDT process? If so what.....?

END OF SURVEY MONKEY