



# PROJECT I-A HF14- Post Viability Management Plan Form



Patient ID #:

Randomization #:

-   -

Patient ID #:

Project

Site

Number

To be completed within 3 months of Baseline viability imaging:

Today's date     /   /    
Year Month Day

(section 1 completed by co-ordinator)

1. Recommendation (check all that apply) based on the interpretation provided on the degree of viability from the imaging

- Report    CRF    Both    N/A Imaging not done

- Patient likely to benefit from revascularization or revascularization work-up
- Patient may benefit from revascularization or revascularization work-up
- Patient unlikely to benefit from revascularization
- Benefit of revascularization uncertain, recommend perfusion imaging.
- Benefit of revascularization uncertain, recommend viability imaging.
- Benefit of revascularization uncertain, consider further testing i.e.
  - perfusion imaging
  - viability imaging
  - other testing: specify \_\_\_\_\_

- Possible Non- ischemic cardiomyopathy(candidate for project IB) further testing suggested :
  - Yes specify: \_\_\_\_\_
  - No \_\_\_\_\_

*The above are based primarily on the imaging physicians interpretation of the degree of scar, viability, ischemia and Vor hibernation. It is recognized that many factors go into decisions for treatment of patients with LV dysfunction and heart failure and that recommendations based on imaging may not consider all factors. The final decision for management rests with the attending physician and the patient.*

2. Choose the most likely management plan, based on your clinical impression (check all that apply):

- Revascularization
  - Uncertain     /   /
  - PCI     /   /
  - CABG     /   /
- Revascularization workup (IC candidate)     /   /
- ICD workup (IIA candidate)     /   /
- CRT workup (IIA candidate)     /   /
- Medical Therapy
- Transplant workup
- Uncertain, Additional Testing required: Specify \_\_\_\_\_
- Uncertain, no further testing at this time

Was the Imaging recommendation followed?  Yes    No    N/A

If NO, complete Section 3





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3. Reasons imaging recommendation **NOT** followed  N/A

I. Revascularization or Revascularization Work-Up **NOT DONE** in patients with revascularization/workup imaging recommendation (check all that apply)

- Patient refusal/withdrawal
- Renal failure
- Multiple other comorbidities (age, COPD, vasculopathy)  
Specify: \_\_\_\_\_
- Cardiac event  
Specify: \_\_\_\_\_
- Symptoms stabilized
- Anatomy (check all that apply)
 

<u>Yes</u>	<u>No</u>	
<input type="radio"/>	<input type="radio"/>	Diffuse disease, anatomy not amenable to revascularization
<input type="radio"/>	<input type="radio"/>	Patent grafts, revascularization not indicated
<input type="radio"/>	<input type="radio"/>	No major flow limiting stenosis, revascularization not indicated
- Other specify: \_\_\_\_\_
- Unknown

II. Revascularization or Revascularization Work-Up **DONE** in patients with NO REVASCULARIZATION imaging recommendation (check all that apply)

- Recurrent or persistent symptoms
- LMCA disease
- Severe Proximal 3 vessel disease
- TVR for region of viability
- Aneurysmectomy required
- Valve replacement required
- Other specify: \_\_\_\_\_

**Comments**

Treating Physicians Initials:

