



ANOMALOUS AORTIC ORIGIN OF A CORONARY ARTERY (AAOCA) STUDY

CHSS DATA CENTER REGISTRATION FORM

Date placed on Registry: _____ Enrolled by: _____

Study Number: _____

OVERALL GOALS & OBJECTIVES

- Develop a registry of children and young adults with Anomalous Aortic Origin of a Coronary Artery with an interarterial, intraconal or intramural course
- Characterize the natural and unnatural history of AAOCA
- Characterize outcomes after interventions for AAOCA
- Develop models to identify patients in whom the risk of observation is greater than the risk of intervention and, conversely, patients in whom the risk of intervention is greater than the risk of observation

INCLUSION CRITERIA

Check as applicable:

- YES NO Diagnosis and/or management of AAOCA at a CHSS member institution from January 1, 1998 forward
- YES NO Age 0-30 years at time of diagnosis
- If surgical repair: i) From January 1, 1998 to January 20, 2009 for retrospective subjects **OR**
- ii) From January 21, 2009 forward for prospectively identified subjects
- YES NO Structurally normal heart or heart with small, hemodynamically insignificant lesion (e.g. patent ductus arteriosus, atrial septal defect, ventricular septal defect, mild pulmonic valvar stenosis, or bicuspid aortic valve without aortic stenosis)

Must **MEET** all inclusion criteria (must all be **YES**)

EXCLUSION CRITERIA

Check as applicable:

- YES NO Anomalous coronary from the pulmonary artery, coronary artery atresia, or other coronary artery anomalies (e.g. coronary-cameral fistula, coronary aneurysms, myocardial bridging)
- YES NO Hemodynamically significant structural heart disease, except as outlined above

Must **NOT** meet any exclusion criteria (must all be **NO**)

RECEIVED DOCUMENTS

Please check off all documents received:

- | | |
|--|--|
| <input type="checkbox"/> Copy of signed consent and authorization (as applicable) (otherwise explain: _____) | <input type="checkbox"/> MRI report and imaging CD (if performed) |
| <input type="checkbox"/> Admission slip or equivalent for demographic information | <input type="checkbox"/> ALL Exercise Test reports (if performed) |
| <input type="checkbox"/> Admission history and physical (to include height, weight, oxygen saturation, signs and symptoms) | <input type="checkbox"/> Nuclear medicine reports (if performed) |
| <input type="checkbox"/> ALL cardiac operative reports (including perfusion sheet) | <input type="checkbox"/> ECG, Holter report |
| <input type="checkbox"/> ALL echocardiogram reports & CDs (DICOM FORMAT) (including TEE, echo, stress echo) | <input type="checkbox"/> ALL Cardiac Clinic letters |
| <input type="checkbox"/> ALL catheterization reports (if performed) | <input type="checkbox"/> Discharge summary (if available) |
| <input type="checkbox"/> CT scan report and imaging CD (if performed) | <input type="checkbox"/> Initial ECG at time of diagnosis |
| | <input type="checkbox"/> Autopsy report / Death report (if applicable) |

Completed by: _____

Signature: _____

Date: _____



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