PROTOCOLS
1. What is your hospital name?
2. Who is the local PI for this study?
3. Does your center has a written protocol for the management of anti-thrombotic drugs in INR?

UNRUPTURED ANEURYSMS

Antiplatelet drugs
4. In case of premedication with double antiplatelet therapy (DAPT) do you use:
   • Aspirin 75 mg
   • Aspirin 160 mg
   • Aspirin 300 mg
5. In case of premedication, in first intention you use in combination with Aspirin:
   • Plavix - clopidogrel
   • Brilique - ticagrelor
   • Eftient - prasugrel
6. Do you prescribe premedication for unruptured WEB treatments?
   • No
   • Yes, aspirin alone before embolization
   • Yes, IV aspirin during embolization
   • Yes, DAPT before embolization

Drug resistances
7. Do you test for potential resistance to antiplatelet agents?
   • Yes
   • No
8. If yes, what test do you use?
   • VASP
   • LTA (Light Transmission Aggregometry) Flow Cytometry (other)
   • VerifyNow
   • PFA 100
   • Multiplate (MEA, MPA)
   • TEG Platelet Mapping ROTEM Platelet Genetic Study
   • Other (please specify)
9. In case of Plavix resistance you use:
   • Plavix loading dose
   • Switch to Prasugrel
   • Switch to Brilique
   • Other (please specify)

Double antiplatelet therapy
10. DAPT is started:
    • 7 days or more before treatment
    • 6 days before
    • 5 days before
    • 4 days before
    • 3 days before
    • 2 days before
    • 2 hours before

Heparin
11. What dosage do you use as heparin bolus?
    • 70 UI/Kg
    • 60 UI/Kg
    • 50 UI/Kg
12. Do you monitor heparin activity directly in the OR?
   - Yes
   - No
   - Comments?

13. If yes, how do you monitor heparin activity in the OR?
   - ACT
   - Heparinemia
   - APTT
   - TEG
   - Thrombin time
   - ROTEM
   - Comment?

14. Do you use IVSE heparin maintenance?
   - Yes
   - No

15. If yes, at what dose?

16. If yes, is heparin maintenance started:
   - Upon puncture
   - Delayed from puncture
   - If delayed from puncture, when is heparin maintenance started:
     - 17. At the end of the procedure, the heparin is:
       - Reversed
       - Stopped
       - Continued 24 hours
       - Continued 48 hours

Aspirin Intraoperatively
18. When treating an unruptured aneurysm with coils and without premedication, do you routinely inject a bolus of IV aspirin at the beginning of the procedure?
   - Yes
   - No

19. When treating an unruptured and not premedicated aneurysm with coils, do you systematically inject a bolus of IV aspirin at the end of the procedure?
   - Yes
   - No

20. In cases of simple coiling you prescribe aspirin treatment after embolization
   - Never
   - Systematically
   - Sometimes
   - If sometimes, in which situations?

21. If you do prescribe aspirin, for how long?

STENTED UNRUPTURED ANEURYSMS
Duration of DAPT
22. In flow-diverter stents cases do you maintain DAPT for:
   - 3 months
   - 6 months
   - 1 year
   - more

23. In single stent assisted coiling cases do you maintain DAPT for:
   - 3 months
24. In cases of “Y stenting” cases do you maintain DAPT for:
- 6 months
- 1 year
- more

25. In flow-diverter stents cases do you maintain aspirin for:
- 6 months
- 12 months
- 18 months
- 24 months
- for lifetime

26. In single stent assisted coiling cases do you maintain aspirin for:
- 6 months
- 12 months
- 18 months
- 24 months
- for lifetime

27. In cases of “Y stenting” do you maintain aspirin for:
- 6 months
- 12 months
- 18 months
- 24 months
- for lifetime

UNRUPTURED ANEURYSMS TREATED WITH WEB DEVICE

Continuation of antiplatelet therapy

28. In cases of WEB treatment, do you maintain antiplatelet therapy?
- Never
- Systematically
- In case of protrusion
- Comments:

Thromboembolic complications

29. In case of thromboembolic complication do you use as a first line drug (unruptured aneurysm):
- Reopro - Abciximab
- Agrastat - Tirofiban
- Kengrexal - Cangrelor

30. If an antiGPIIbIIIa inhibitor is used (Reopro, Agrastat), bolus dose is injected:
- Intra-arterial
- Intravenous

31. What is your detailed rescue protocol in case of thromboembolic complications?

RUPTURED ANEURYSMS

Heparin

32. In case of ruptured aneurysm, do you start heparin:
- After arterial puncture
- When the catheter is in the target vessel
- After catheterization of the aneurysm
- After the first coil
- Never
33. What dosage of bolus heparin do you use for ruptured aneurysms?
- 70 IU/Kg
- 60 IU/Kg
- 50 IU/Kg
- 40 IU/Kg
- 30 IU/KG

34. At the end of the embolization of a ruptured aneurysm, heparin is:
- Reversed
- Stopped
- Prolonged for 12 hours
- Prolonged 24 hours
- Prolonged 48 hours

35. Does the presence of a cerebral hematoma change your attitude towards heparin? If yes, please provide details below:
36. Does the presence of an EVD change your attitude towards heparin? If yes, please describe below:
37. In case of thromboembolic complication during embolization (ruptured aneurysms), do you use as first line drug:
- Reopro - Abciximab
- Agrastat - Tirofiban
- Kangrexal - Cangrelor

38. When using antiGPIIbIIIa inhibitors (Reopro, Agrastat) in the context of a ruptured aneurysm, the bolus dose is given:
- Intra-arterially
- Intravenously

RUPTURED ANEURYSMS

39. If emergency stenting is required, do you inject:
- Aspirin IV 250 mg
- Aspirin IV 300 mg
- Aspirin IV 500 mg
- No aspirin

40. If emergency stenting is required, you use:
- Plavix loading dose
- Loading dose of Brilique
- Kangrexal IV
- Agrastat IV

41. Please detail your protocol:

STROKE

42. In the acute phase of an ischemic Stroke, which IV thrombolytic is used in your center?
- Alteplase
- Tenecteplase

43. Do you use heparin at the acute phase of an acute ischemic Stroke:
- Never
  - In the absence of IV thrombolysis
  - Only for tandem occlusions

44. What is your antiplatelet protocol for carotid stenting at the acute phase of a Stroke (if IV thrombolytic is used and if IV thrombolytic is not used):

45. In case of distal residual thrombus (M3 and more distal) you use:
- Nothing
- Thrombolysis
- IA Cangrelor
- Reopro - Abciximab
• Agrastat - Tirofiban
• Mechanical treatment

46. In cases of intracranial stenosis during a MT you will:
   • Do nothing
   • Injection of antiGPIIbIIIa
   • Angioplasty
   • Stenting (+/- angioplasty)

47. Do you use Cangrelor in the acute phase of the Stroke, if yes in which situations:
48. Do you use Agrastat in the acute phase of the Stroke, if yes in which situations?
49. Do you use IV aspirin in the acute phase of the Stroke (e.g. before TM? or immediately after TM? in the absence of IV thrombolysis, other...):

CARE PATHWAY
50. In post-embolization monitoring of an unruptured intracranial aneurysm your patients are monitored:
   • ICU 6 hours or less
   • ICU between 6-12 hours
   • ICU between 12-24 hours
51. Upon discharge from the ICU, patients are managed in:
   • Continuing Care Unit / Surgical Resuscitation
   • Neurosurgical Intensive Care Unit
   • Vascular Neurology Intensive Care Unit
   • Conventional hospitalization Neurosurgery or Interventional Neuroradiology

COMMENTS
52. Free comment: