NINDS CDE Project
Stroke Version 2.0
Stroke Types and Subtypes Subgroup

The subgroup reviewed and revised the Stroke v1.0 Stroke Types and Subtypes document which includes stroke definitions and summaries of classification systems as well as a template case report form (CRF) module section. They also reviewed the Subarachnoid Hemorrhage Unruptured Intracranial Aneurysms Consult/Diagnosis CRF and determined that it would not be included in the Stroke v2.0 recommendations. Members discussed changes to the Stroke Types and Subtypes document during regular teleconference meetings and continued work on revisions via email.

The Stroke Types and Subtypes document contains information and CDEs for different types of stroke, as well as adult and pediatric populations. The subgroup included subject matter experts in both populations to review and revise the document. The CDE recommendations are aligned with other data standards such as the American Heart Association/American Stroke Association definitions for stroke and include CDEs for various classification systems commonly used in stroke clinical research. The Stroke Types and Subtypes document includes information on:

Adult Stroke
- Definitions of Clinical Stroke (Symptomatic)
- Definitions of Clinical Stroke Types (Symptomatic)
- Ischemic Stroke Subtype Classification
- Intracerebral Hemorrhage Subtype Classification Systems
- Intraventricular Hemorrhage Subtype Classification Systems
- Subarachnoid Hemorrhage Subtype Classification Systems
- Cerebral Venous Thrombosis and Stroke

Pediatric Stroke
- Definitions for Pediatric Stroke Types
- Etiologic Classification System for Childhood Arterial Ischemic Stroke
- Etiologic Classification System for Perinatal Stroke
- Etiologic Classification System for Pediatric Hemorrhagic Stroke

Some of the CDEs included within the CRF module section are classified as Core or Supplemental – Highly Recommended, as shown in the table on page 2; the remainder are Supplemental.

Issues unique to stroke, unmet needs, and unanswered questions were identified during the Stroke v2.0 CDE development process. As imaging and diagnostic testing have evolved, stroke classification systems have evolved. As imaging continues to evolve, it is likely that stroke classification systems will as well. For longitudinal studies, consistency over time in definitions is needed, but newer imaging techniques could lead to modification of CDEs for future studies.
### Summary of Core and Supplemental – Highly Recommended CDEs

<table>
<thead>
<tr>
<th>CDE Name</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth sex assigned type</td>
<td>Core</td>
</tr>
<tr>
<td>Clinical stroke time-based definition indicator; Clinical stroke tissue-based definition indicator; Clinical stroke time-based definition type; Clinical stroke tissue-based definition type; Childhood stroke type; Perinatal stroke type; Perinatal arterial ischemic stroke type</td>
<td>Supplemental – Highly Recommended</td>
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