Status update on the ongoing trials looking at asymptomatic carotid stenosis

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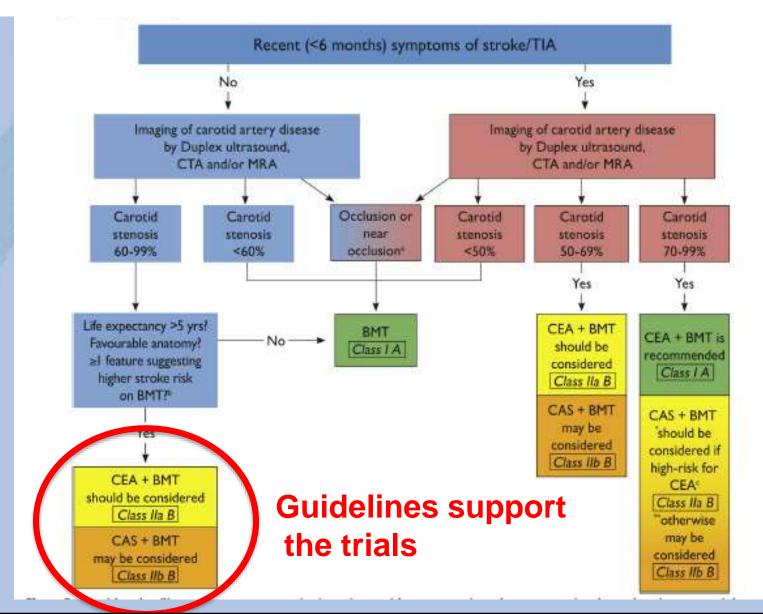
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Disclosure

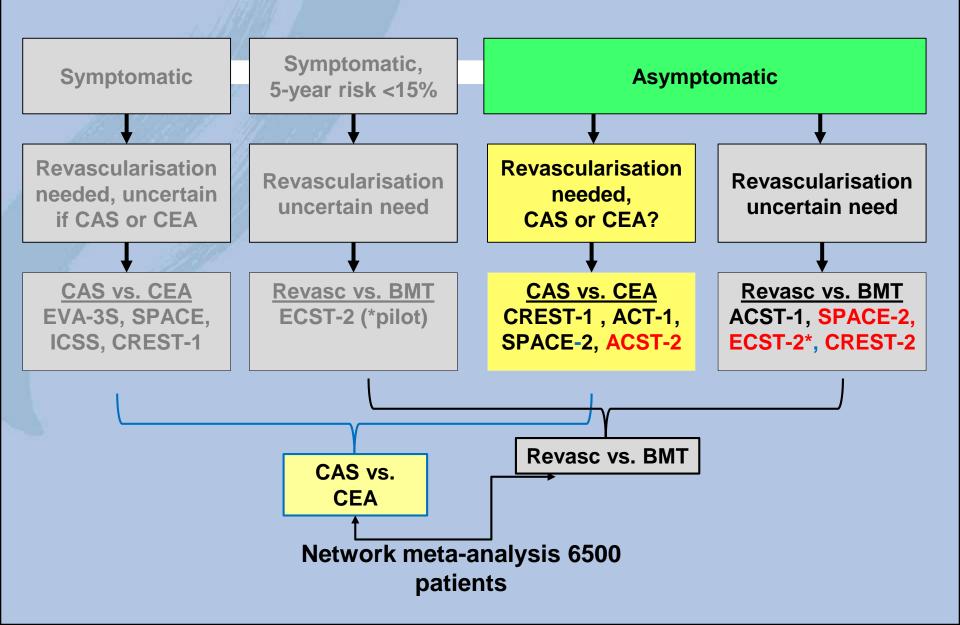
Speaker name: Alison Halliday

I do not have any potential conflict of interest

2017 Carotid and Vertebral Artery Disease: ESVS Clinical Practice Guidelines



Trials of CEA and CAS



Ongoing Trials of Asymptomatic stenosis 6500 patients

- SPACE2 complete, in follow up, 500 patients
 Tilman Reiff presentation at Munich Conference, Dec 2018
 'Stroke and TIA rates at one year in SPACE-2: BMT vs. CEA versus CAS in asymptomatic carotid stenosis'
- ECST-2 pilot, 337 patients by 5/18 no results yet symptomatic or asymptomatic moderate or severe carotid stenosis at low or intermediate risk of future stroke
- CREST 2 recruiting, now 1266/2480 patients
 two trials (CEA vs Medical treatment alone, CAS vs same, funded to 4 yr f-up
- ACST-2 nearing completion 3160/3600
 CEA vs CAS in patients thought to need intervention

CREST 2 – about halfway there

CREST-2 Study Center Locations

To find a center near you, go to the Locations Page (/locations.html). Check back often for newly added states.



119 CREST-2 Centers have enrolled a total of

1,266 of 2,480 CREST-2 Participants

CREST-2 is seeking 2,480 participants across the United States and Canada to be in this study.



ACST-2 trial (acst-2.org)



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ACST-1 Long Term Follow-up

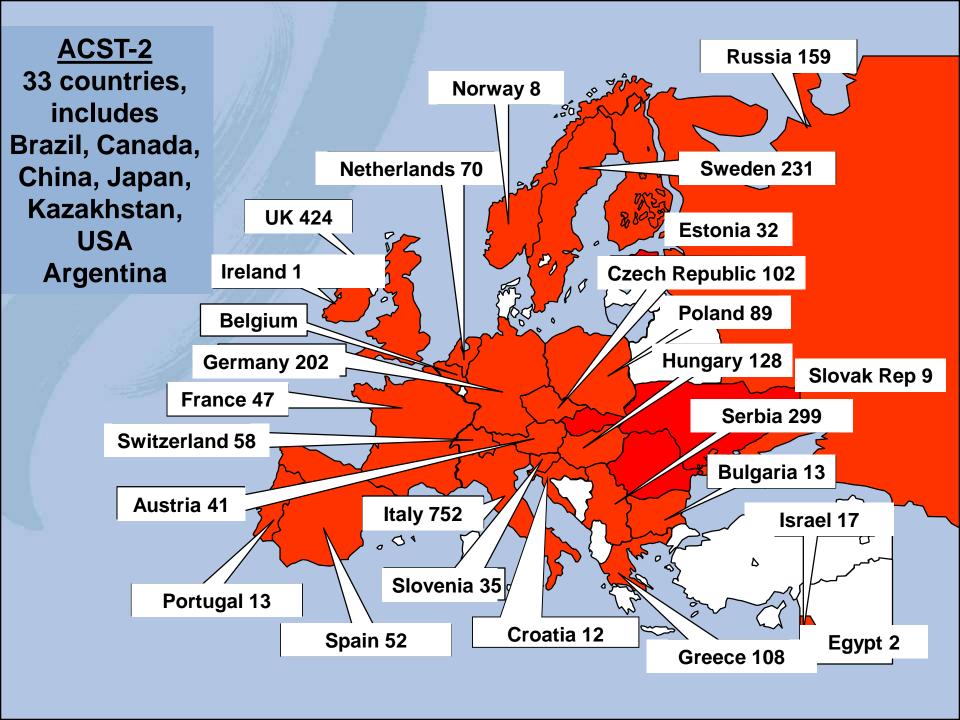
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Asymptomatic Carotid Surgery Trial (ACST-2)

ACST-2 (ISRCTN21144362) is an international randomised trial, coordinated by The ACST-2 office at The University of Oxford, comparing <u>carotid endarterectomy</u> (CEA) with <u>carotid stenting</u> (CAS) for long-term stroke prevention.

Patients in ACST-2 have tight asymptomatic carotid stenosis. We are comparing both the immediate hazards of the procedures when carried out by experienced doctors and the subsequent stroke rates over the next 5 to 10 years.



ACST-2 Recruitment target = 3600



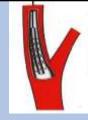
Mean follow-up

CEA: 4.0 person-years

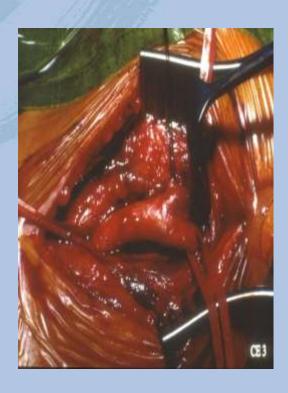
CAS: 4.0 person-years



ACST-2 CEA vs CAS



Collaborators are free to use their usual techniques





GA or LA; Primary or patch closure... Any CE marked stent. CPD not mandated



ACST-2 Medical therapy at Entry



81% lipid-lowering drugs

85% anti-hypertensive therapy

96% anti-thrombotic(anti-platelet/anti-coagulant)

Good long-term compliance (drugs + doses ascertained yearly)



CEA in ACST-2: Dec 2018



Anaesthetic	GA 60%	LA 40%	Total (n=1434)
Patch	52 %	29%	43%
Shunt use	28%	8%	20%



Modern CAS therapy in ACST-2: Dec 2018

Stent use

CPD use

Wallstent (Closed) (44%)	355
Xact	218
Adapt	10
Precise (Open) (33%)	178
Protégé® RX	127
RX Acculink	120
ViVEXX	9
Zilver	7
Cristallo Ideale (Hybrid) (14%)	
Sinus Carotid Conical RX	
Mer	1
Roadsaver (Membrane) (9%)	
CGuard	

Filter (68%)	Filterwire	285
	Emboshield	275
	Spider	214
	Accunet	77
	AngioGuard	49
	FiberNet	1
	Wirion System	1
Proximal	Moma	193
occlusion (17%)	Gore Flow Reversal	28
	T CAR	1
Distal balloon	Twin One	6
(<1%)	Viatrac	2
None (15%)		199
Total		1331

ACST-2 Procedural hazards (CEA+CAS) much lower than symptomatic trials

Disabling and fatal Stroke ≤ 30 days 1.0%

Lower than in previous trial of CEA:
1.7% (ACST-1)

Procedural competence, interventions are low-risk

ACST-2 and stenting safety

- Medical therapy in ACST-2 is good (>80%)
 Moderate and high statin regimens favoured
- Cerebral protection widely used (85%)
- Flow reversal quite common (17%)
 Mo.Ma often used
- Closed cell stents still predominate (44%)
 Membrane-mesh covered stents emerging

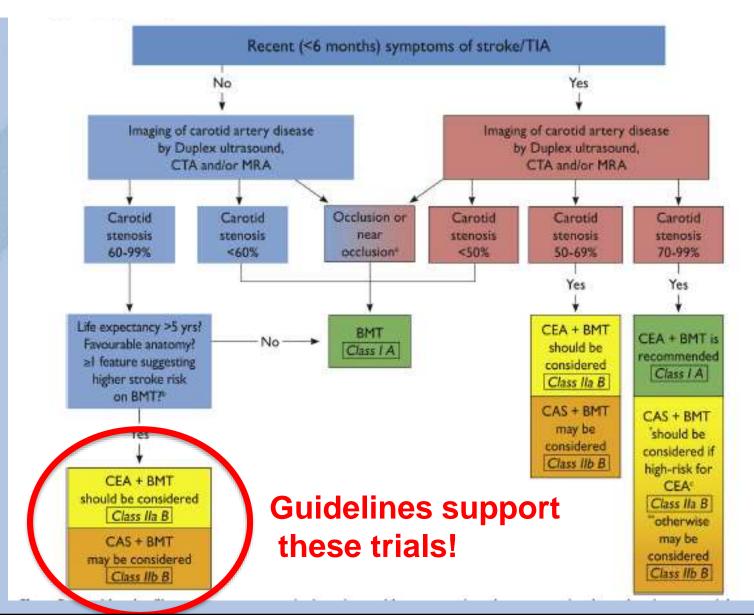


ACST-2 results expected 2021





2017 Carotid and Vertebral Artery Disease: Follow the Guidelines – randomise!



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