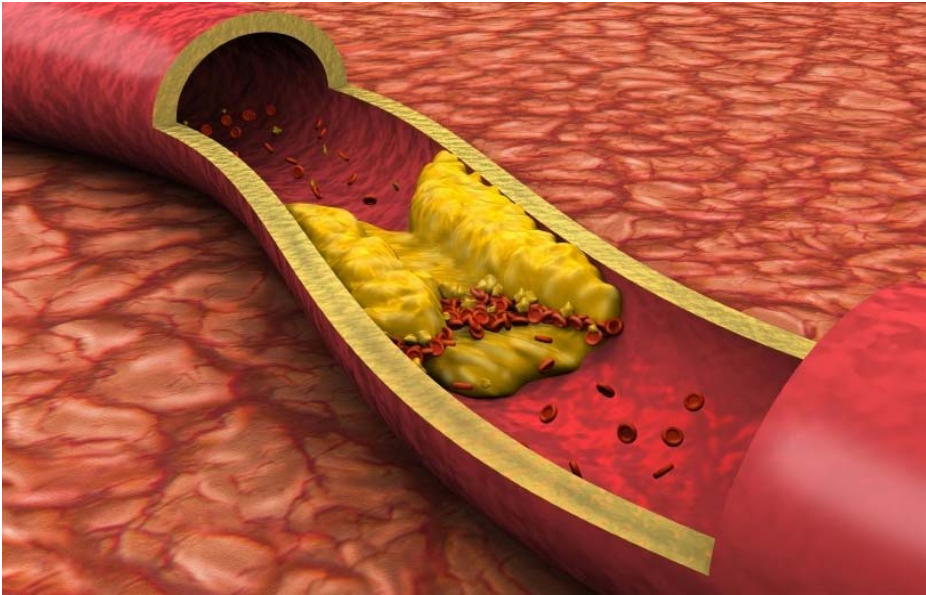


Status Of CREST-2

What Will It Tell Us And When



UNIVERSITY of MARYLAND



Primary Aims

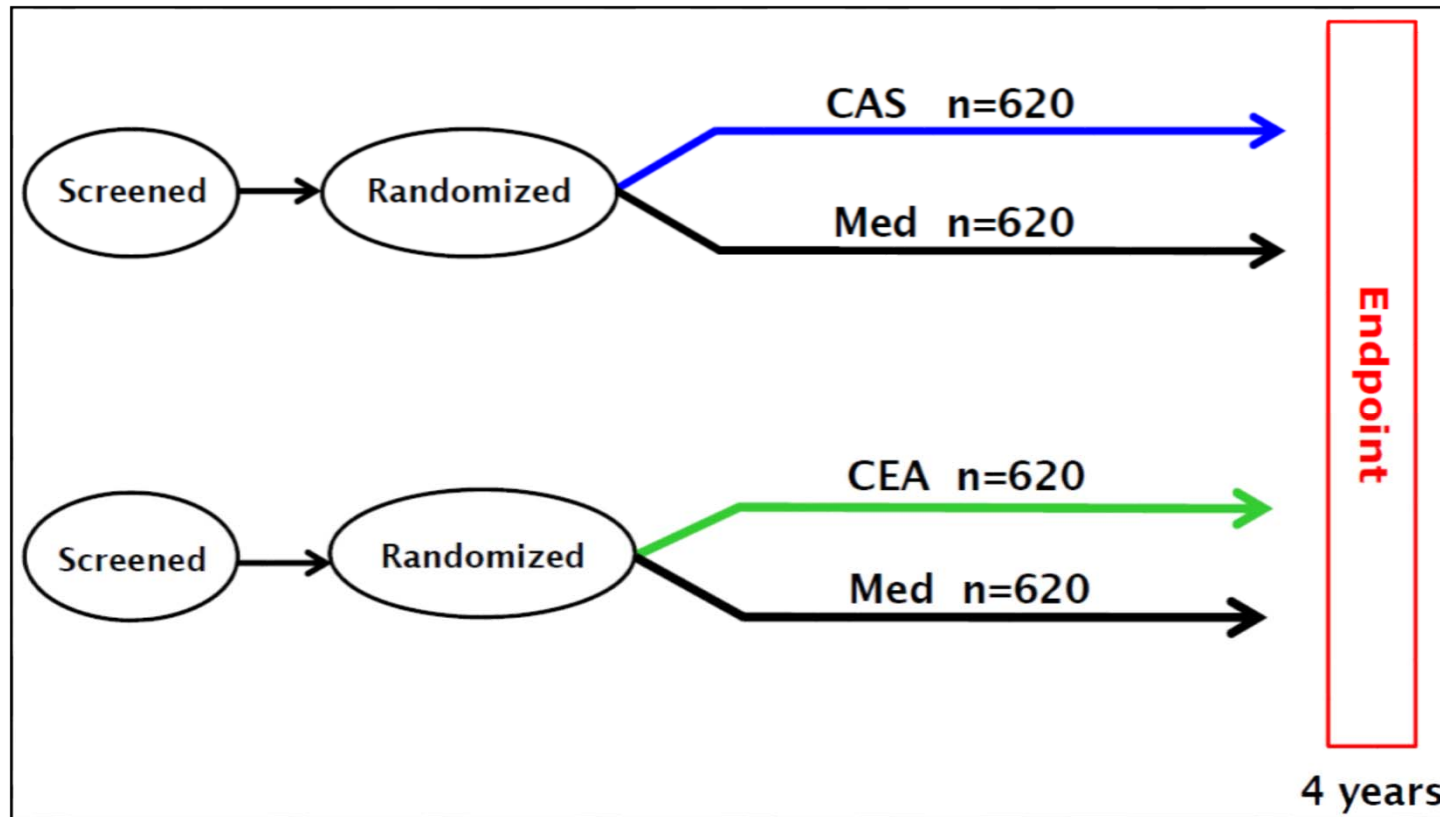
In patients with $\geq 70\%$ asymptomatic stenosis, to assess:

- The treatment differences between medical management and **CEA**
- The treatment differences between medical management and **CAS**



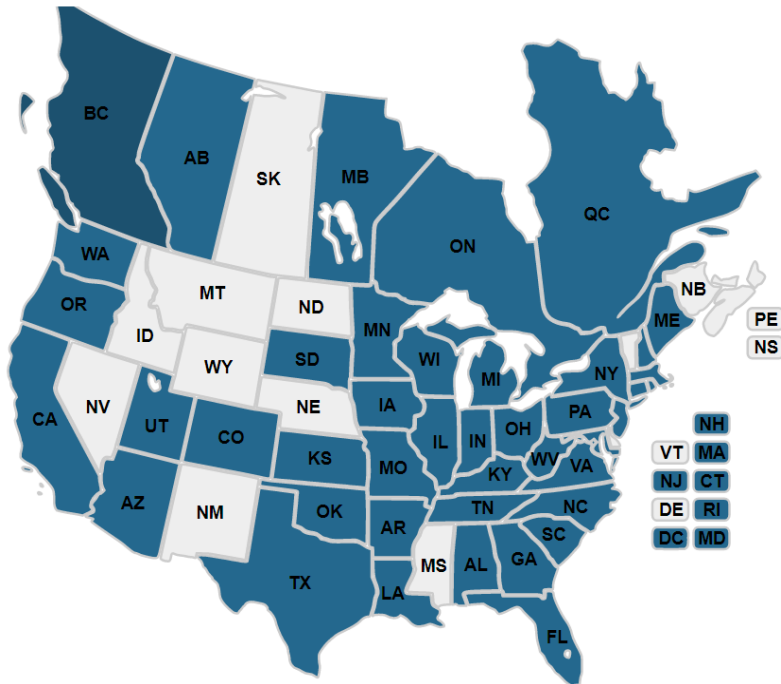
Primary endpoint: **any stroke or death** within 44 days of randomization or **ipsilateral ischemic stroke** thereafter up to 4 years

Two Concurrent Two-arm Trials

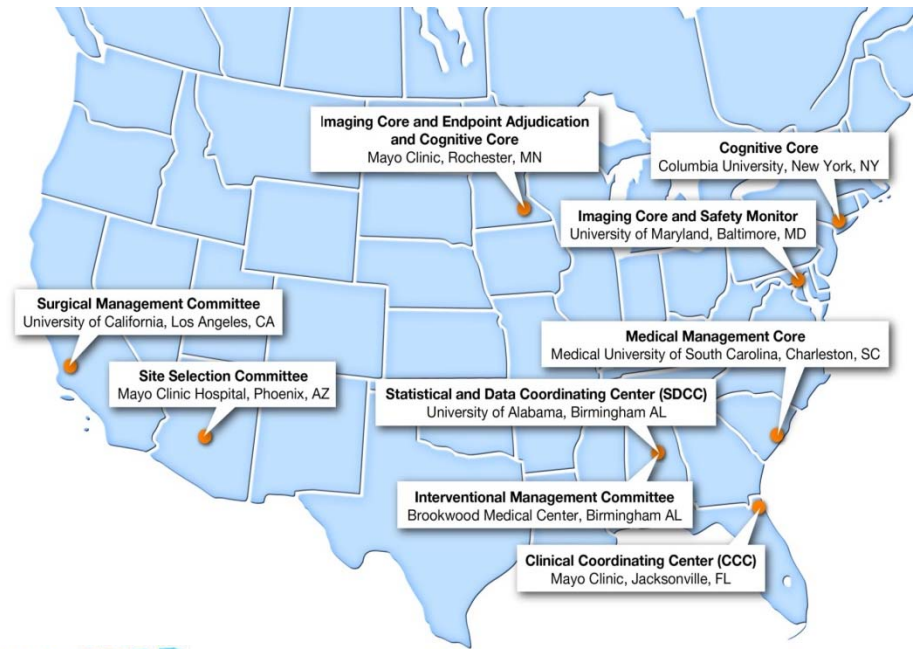


Lal BK, Meschia J, Brott TG et al. Semin Vasc Surg 2017
Howard V, Meschia J, Lal BK et al. Int J of Stroke 2017

CREST-2 Enrolling Centers



CREST-2 Core Centers



crest2trial.org

Medical Management

- ▶ CEA Trial: aspirin 325mg/d
- ▶ CAS Trial: dual antiplatelet therapy for ≥ 1 month post-procedure; then aspirin
- ▶ Both Trials: statin (PCSK9 inhibitors as needed)

Primary Risk Factor Targets

- Systolic BP < 130 mm Hg
- LDL cholesterol < 70 mg/dl

Secondary Risk Factor Targets

- Non-HDL cholesterol < 100 mg/dl
- Hemoglobin A1c $< 7.0\%$
- Smoking cessation
- Targeted weight management
- > 30 minutes of moderate exercise 3 times a week

Medical Management



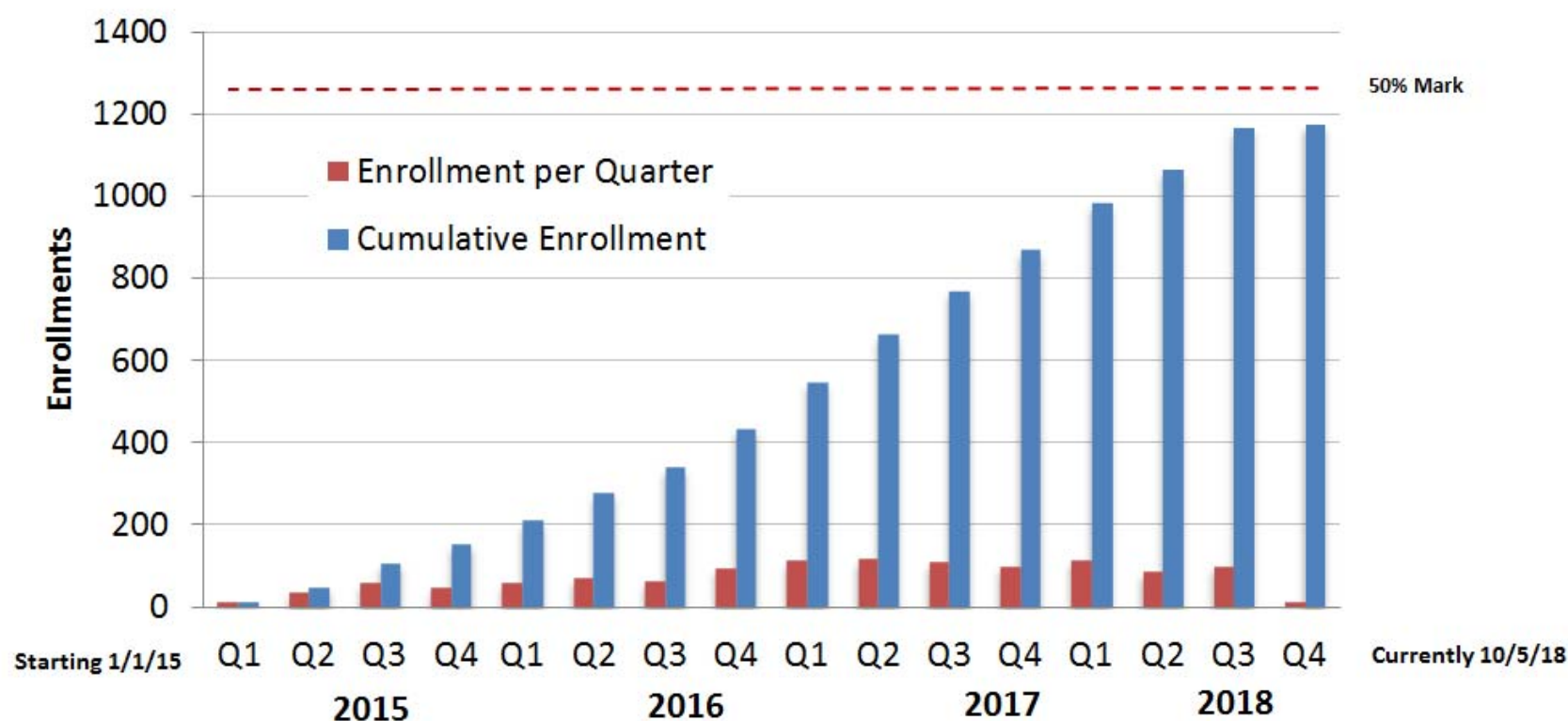
Percentage of CREST-2 enrolled patients in-target for each risk factor

<u>Risk Factor</u>	<u>Baseline</u>	<u>1 Month</u>	<u>4 Month</u>	<u>Last Follow UP</u>
SBP	63%	71%	79%	85%
LDL	43%	57%	69%	67%
Non HDL	47%	60%	67%	68%
HgA1C1	47%	47%	47%	49%
Smoking	79%	80%	81%	80%
Physical Activity	50%	54%	62%	60%
Weight	23%	25%	27%	29%

As of October 8, 2018

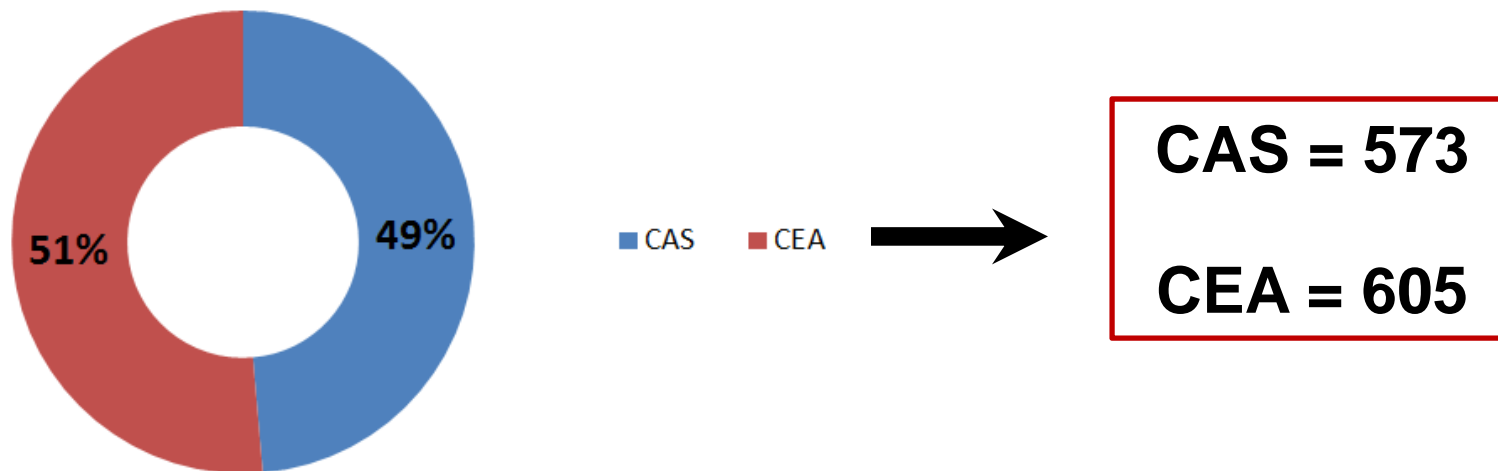
Projected vs. Actual Enrollment

Cumulative Randomizations



Enrollment

- ▶ CEA was lagging behind the CAS trial
- ▶ Not so any more!



As of October 5, 2018

Increasing Diversity

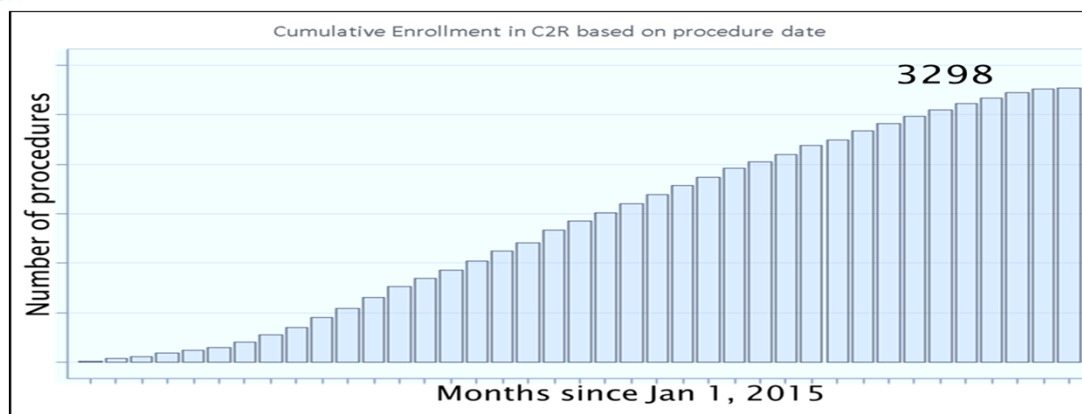
Women and Minorities Committee Activities

- ▶ Administered and analyzed survey of 90+ CREST-2 coordinators
- ▶ Piloted a 'Lunch and Learn' program in Huntsville, LA to engage primary care physicians in CREST- 2 screening
 - Generated 7 referrals of African American patients in under 2 months
- ▶ Enhanced recruitment and retention resources on CREST-2 website 'Women and Minorities' tab
- ▶ Creating additional recruitment videos and scripts for PIs and coordinators
- ▶ Contracted with Life Line screening to increase referrals to CREST-2
- ▶ Meeting with individual sites to troubleshoot barriers and promote best practices
- ▶ Hosting 2 upcoming webinars

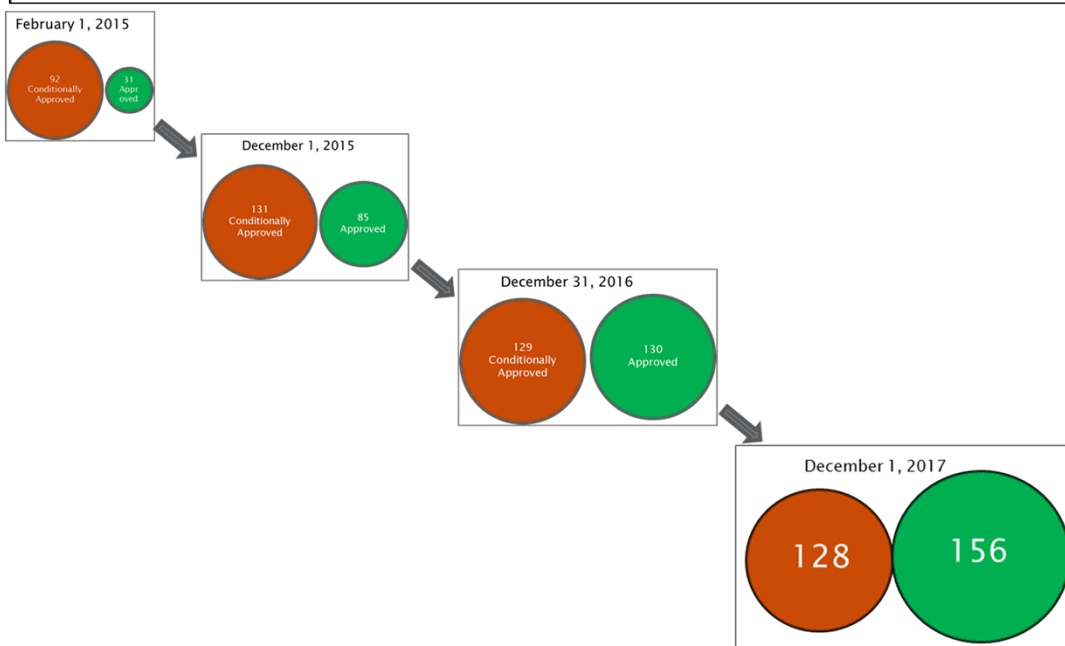


Objectives

- ▶ Rapid initiation and completion of enrollment in CREST-2 by credentialing high-quality operators
- ▶ CAS is performed safely by adequately experienced operators

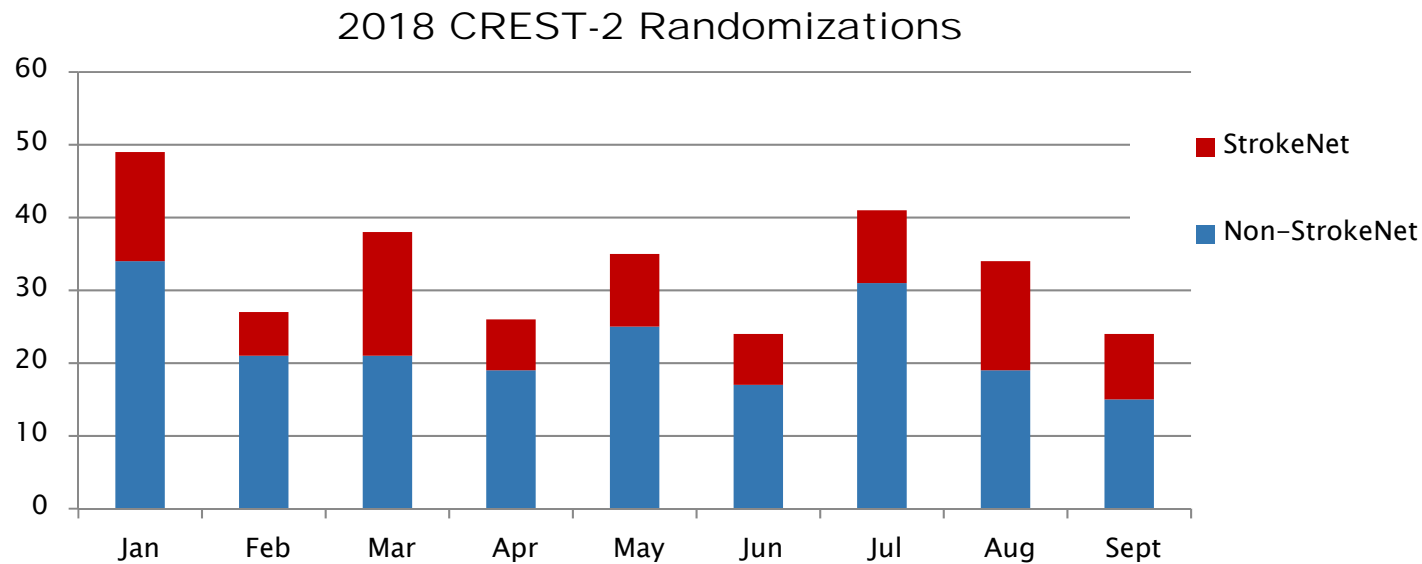


Symptomatic	44.1%
Asymptomatic- Primary atherosclerosis	38.2%
Asymptomatic- Restenosis	17.7%
30-day stroke and death	2.51%
Access site complications	3.4%
Dysrhythmia	0.7%



Brajesh K. Lal, MD – PI
Kenneth Rosenfield, MD –Co PI

StrokeNet Randomizations



Please pull out the stops to uptick CREST-2 enrollment.
If the StrokeNet sites can match the Non-StrokeNet sites, CREST-2 will be on track to meet NINDS expectations.

CREST-2/H NEEDS YOU



CREST-2