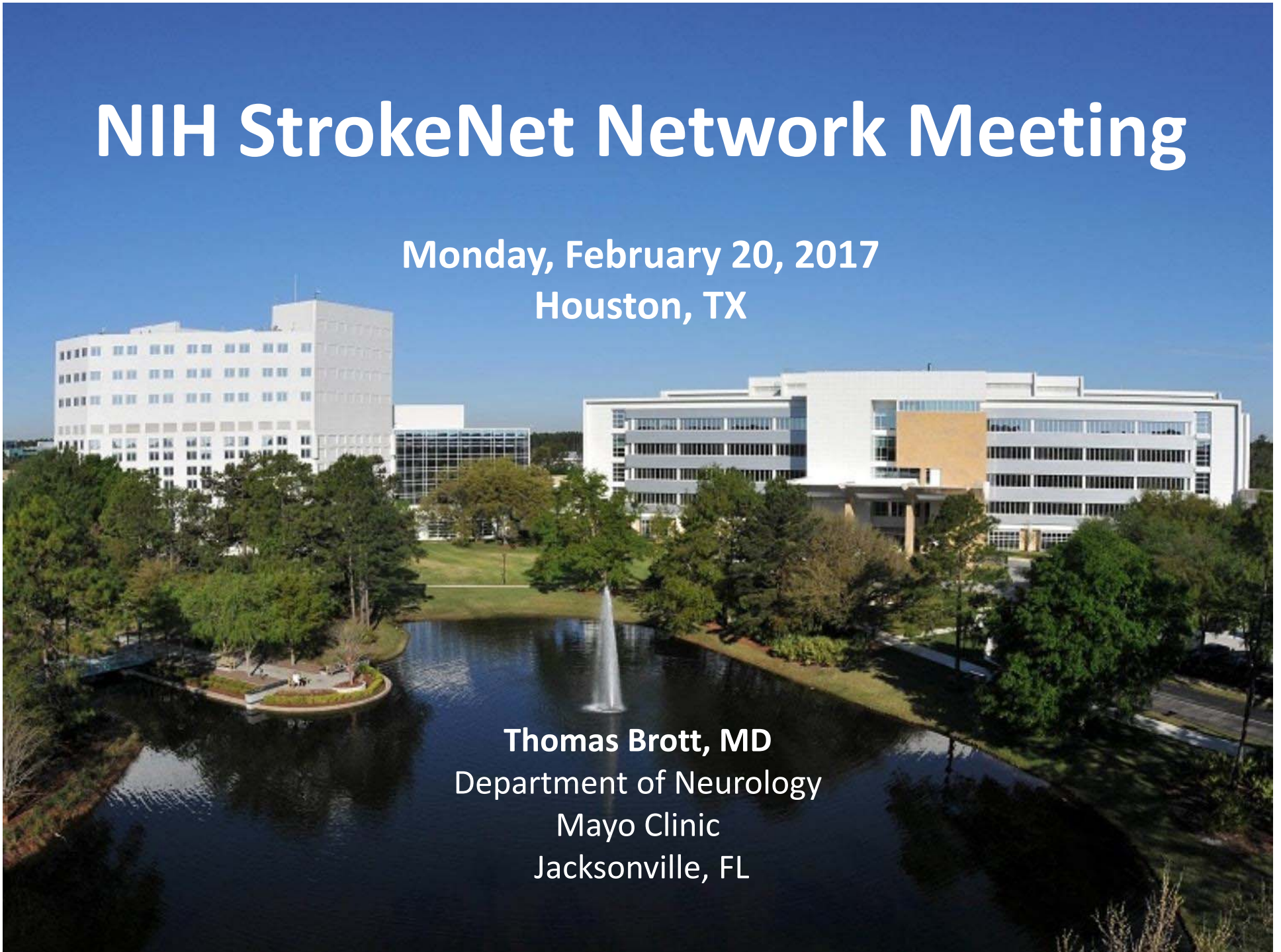


# NIH StrokeNet Network Meeting

Monday, February 20, 2017  
Houston, TX

**Thomas Brott, MD**  
Department of Neurology  
Mayo Clinic  
Jacksonville, FL



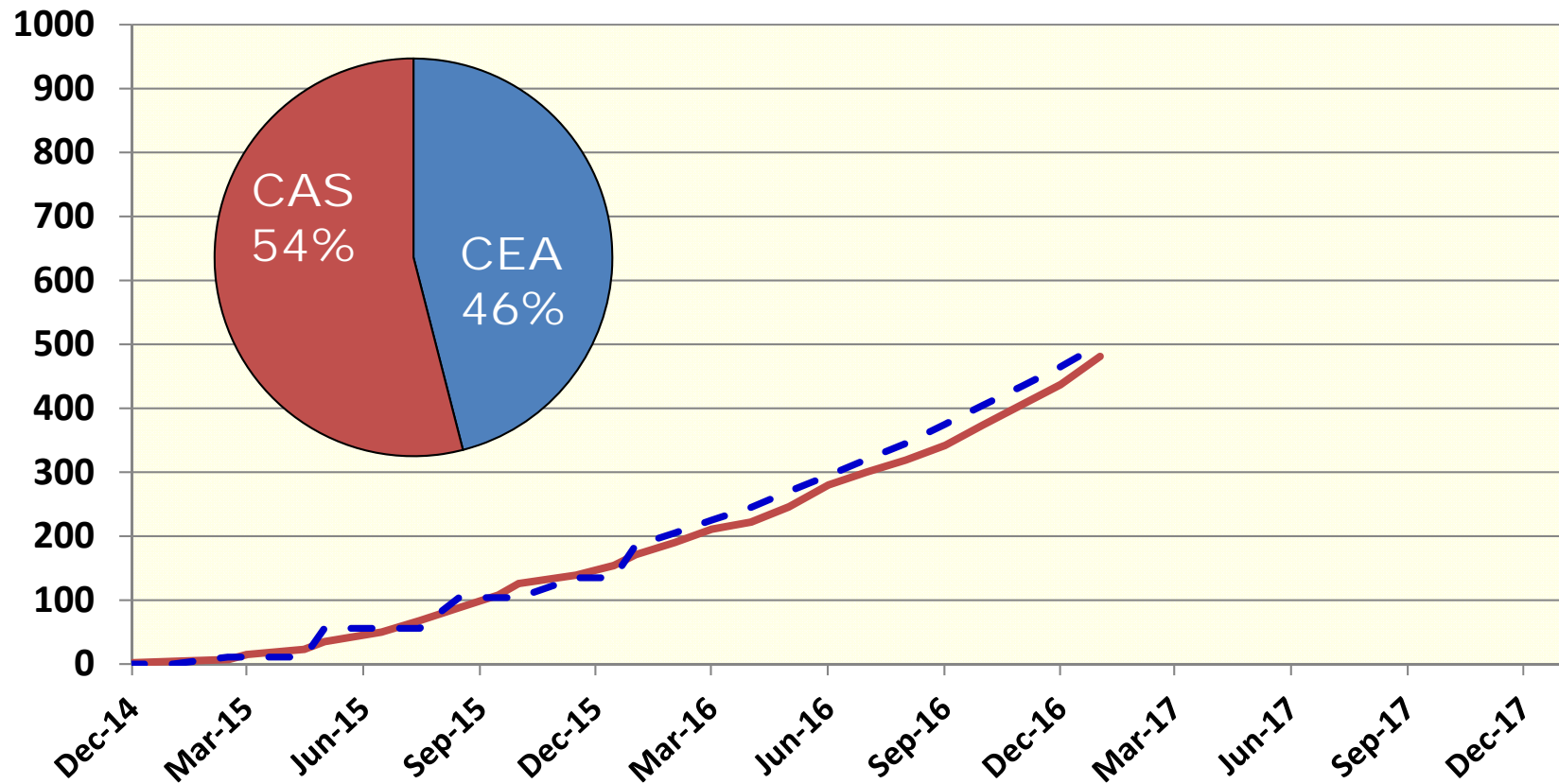
# CREST-2 Progress

- ▶ 120 Randomizing Sites
- ▶ 505 total randomizations
  - 231 CEA Trial
  - 274 CAS Trial
- ▶ 355 Surgeons reviewed by SMC
  - 321 Approved
- ▶ 318 Interventionists reviewed by IMC
  - 142 Approved

As of February 16, 2017

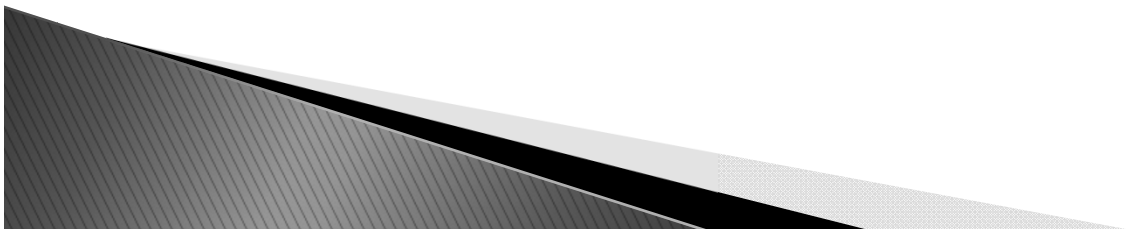


# Actual & Projected Cumulative Enrollment



As of January 31, 2017

# Survey Results: thanks



# RCC Collaborative Efforts

Bi-monthly interdepartmental study **meetings**.



Quarterly **meetings** with Neurology, Neurosurgery, Cardiology, and Vascular Surgery to review recruitment.

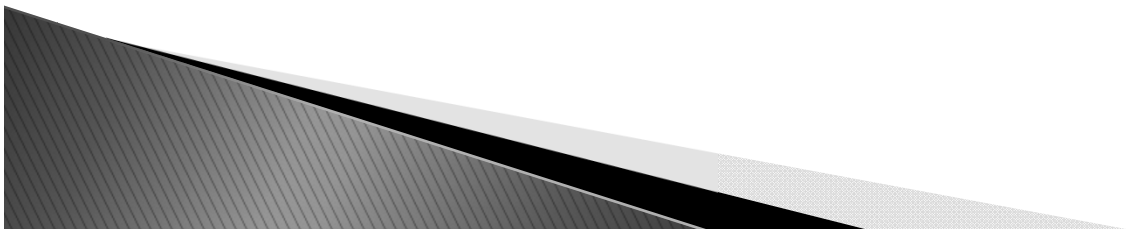
Columbia

**Meet** with Vascular Lab Manager to report significant carotid cases to Site PI.

University of Miami

RCC PI and Project Manager **meet** regularly with Site PI and Coordinator to review screening and recruitment.

MedStar Research Institute





# RCC Collaborative Efforts

Established a monthly **meeting** with RCC personnel and PI and Coordinator to discuss recruitment efforts and screening.

Northwestern University

The RCC/stroke team **faculty** are being **added** as CREST-2 investigators, so that they can provide support to the study.

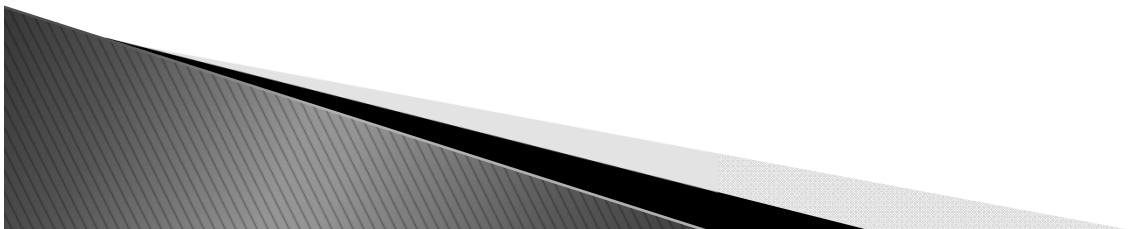
University of Michigan

Study **education sessions** with Neurology Faculty, Stroke Fellows, and Residents

University of Minnesota

RCC personnel are **working collaboratively** with vascular and neurosurgery to identify and recruit patients.

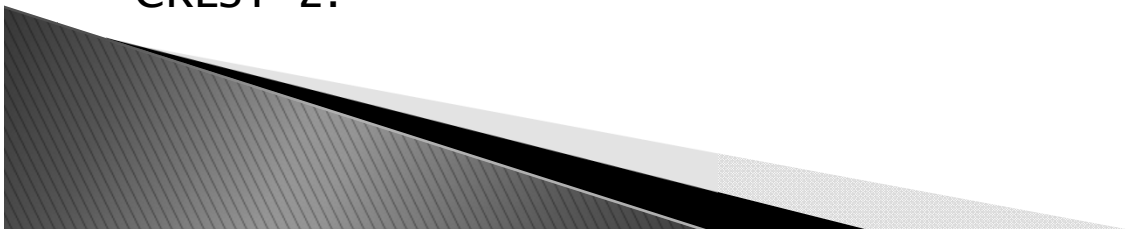
University of Pennsylvania



RCC	CEA JAN 2016 to MAY 2016	CAS JAN 2016 to MAY 2016	CEA CREST-2 GL to OCT 2016	CAS CREST-2 GL to OCT 2016
1*	168	31	2	1
2	75	33	2	10
3	N/A	13	4	0
4	106	25	5	4
5	35	41	1	0
6	30	12	1	1
7	33	29	2	0
8	23	3	2	0
9	42	19	2	0
10	46	10	N/A	N/A
11	66	44	2	0
12	29	0	3	0
13	11	7	1	1
14	27	6	1	0
15*	27	32	0	3
16	35	26	1	1
17*	37	5	1	0
18*	4	9	1	0
19	62	31	1	0
20	25	59	1	11
21	28	17	0	0
22	19	9	2	1
23	8	1	0	1
24	1	10	2	0
25*	71	36	0	0

# Interviews with Coordinators and the top 5 enrolling sites in CREST-2

- ▶ Each site has a large carotid practice: from the survey, some RCCs are at sites with large carotid practices
- ▶ PIs: 4 Cardiologists and 1 Vascular Surgeon; 2 RCC neurologists in the top 10 sites, and 3 more in the top 30.
- ▶ The PI receives the referrals, from his practice-partners and from the docs who refer to that practice; the Vascular Surgeon has an outreach-site partner
- ▶ The PI or his partners are the 1<sup>st</sup> contacts with the patient, outlining the study; the Coordinator(s) then see the patient to provide the details
- ▶ Medical therapy is presented as a foundation of treatment, including to those patients who may come anticipating a procedure.
- ▶ US lab result reviews have not helped at the 2 sites testing that technique (too many of the patients reviewed are not eligible for the study.
- ▶ Practice building tactics are used (symposia, conferences, visits to referring Doc practices) but are less important than the PI being the champion for CREST-2.

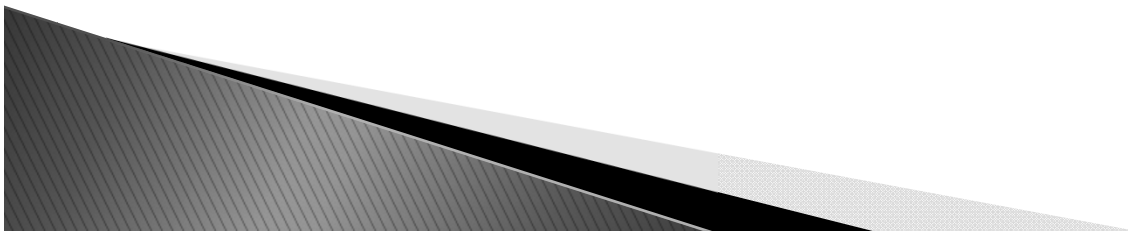




# Efforts to Consider or Reconsider

- ▶ Engage the busiest surgeon and the busiest interventionist at your site.
  - Face to face.
  - Repeat, repeat, repeat.
- ▶ Is there something you can do for their practice, their partners?
  - Joint symposia or conferences.
  - Offer your immediate availability for consultations.
- ▶ Is there something CREST-2 can do for their practice, their partners?
  - Improved risk factor results for their patients.
  - Generous sharing of the CREST-2 payments.
  - Offering the role of PI if enrollment can be stepped-up.

# Beyond Anecdote



# Summary Recruitment by StrokeNet Status (through Jan 6, 2017)

Factor	Level	Univariate			
		Recruit / Clin Mths			
StrokeNET participation	StrokeNET	106 608			
	Non-StrokeNET				

- However ... there were other powerful predictors of recruitment related to StrokeNET participation
- After adjustment for these factors, there was no difference for StrokeNET  
 (recruitment ratio = 1.00; 95% CI: 0.73 – 1.36; p = 0.98)
  - Academic vs private hospital
    - StrokeNET sites tended to be academic more than non-StrokeNET (67% vs 37%)
    - Academic sites recruit slower than private hospitals (0.20/mth vs 0.31/mth)
  - Neurologist PI vs Cardiologist PI
    - StrokeNET sites tended to be neurologist more than non-StrokeNET (47% vs 18%)
    - Sites with Neurologist PI recruit slower than cardiologists (0.18/mth vs 0.33/mth)
- Implies that
  - It is not that being in StrokeNET is associated with slow recruitment
  - Recruiting only to the CEA arm
  - Rather, the type of sites selected for StrokeNET have characteristics associated with slower recruitment in a trial like CREST-2
    - StrokeNET tended to qualify only for CEA arm more than non-StrokeNET (42% vs 17%)
    - Sites qualifying for CEA only recruit slower than those who recruit for CAS (0.13/mth vs 0.30/mth)

# In conclusion, please ask yourself these questions.

1. What do I do to help enroll into CREST-2?
  - Daily
  - Weekly
  - Monthly
2. When did I last speak about CREST-2 with a physician who has patients with carotid disease?

JUST DO IT.



# Thanks to the CREST-2 PIs, Coordinators, Investigators, and PATIENTS



[www.crest2trial.org](http://www.crest2trial.org)