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RSTAC Chair Update

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Non-disabling Stroke

- Thrombolysis with TNK/TPA
  - No benefit in mild stroke/non-disabling symptoms 0-4.5hrs (ARAMIS trial)
  - No benefit in mild stroke/non-disabling symptoms 0-12hrs with CTP perfusion abnormality (TEMPO-2)

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Non-disabling/Disabling Stroke

Characteristic	Nondisabling stroke, NINDS[a],[16,17]	Disabling stroke[a] TREAT Task Force[15]
1. LOC	0	NA
2. Best gaze	0	NA
3. Visual	0	≥2
4. Facial palsy	Isolated	NA
5.-6. Motor	0	Any item ≥2
7. Ataxia	Isolated	NA
8. Sensory	Isolated	NA
9. Best language	0	≥2
10. Dysarthria	Isolated	NA
11. Extinction	0	≥2

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Asymptomatic carotid stenosis

- Previous guideline
  - 50-70%: medical therapy
  - >70%: CEA/CAS if low perioperative risk (<3%) Class 2b recommendation (AHA/ASA 2024)
    - <75 years: CAS
    - >75 years: CEA
    - Women???

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CREST 2

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Medical Management and Revascularization for Asymptomatic Carotid Stenosis

Design	CREST-2 is two parallel multi-center randomized, observer-blinded endpoint clinical trials. One trial will assess treatment differences between intensive medical management alone compared to CEA plus intensive medical management. The parallel trial will assess treatment differences between intensive medical management alone compared to CAS plus intensive medical management. Intensive medical management will involve control of blood pressure, LDL cholesterol, cigarette smoking, and other vascular risk factors.

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CREST 2: PICO

- Patients: 35+ with >70% carotid stenosis, no prior ipsilateral stroke/symptoms (e.g. asymptomatic)
- Intervention 1: Carotid endarterectomy
- Intervention 2: Carotid stenting
- Control: Intensive medical therapy
- Outcome: Stroke + death in first 30 days, ipsilateral stroke in 4 yrs

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CREST 2: Best Medical Mgt

8.3.2 Target Goals for Primary and Secondary Risk Factors in CREST-2

Table 3. Target Goals for Risk Factors in CREST-2

RISK FACTOR	GOAL	MEASUREMENT
Primary Risk Factors		
LDL	<70 mg/dL	Local lab
Systolic Blood pressure	<140 mm Hg (<130 if diabetic)	Measured at each visit
Secondary Risk Factors		
Non-HDL	<100 mg/dL	Local lab
HgA1c	<7.0%	Local lab
Smoking	Cessation	Self (PACE score)
Weight Management	For initial BMI: 25 to 27 kg/m^2, target <25 kg/m^2 >27 kg/m^2, target 10% weight loss	- Weight at each visit - Height at baseline
Exercise	≥30 min moderate exercise 3 x /wk	Self (PACE score)

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CREST 2: Results

Variable	Stenting Trial		Endarterectomy Trial	
	Medical Therapy Alone	Stenting	Medical Therapy Alone	Endarterectomy
Primary 4-yr composite outcome*				
Event rate (95% CI) — %	6.0 (3.8 to 8.3)	2.8 (1.5 to 4.3)	5.3 (3.3 to 7.4)	3.7 (2.1 to 5.5)
Absolute difference (95% CI) — percentage points†	3.2 (0.6 to 5.9)		1.6 (−1.1 to 4.3)	
P value for difference	0.02		0.24	
Relative risk (95% CI)†	2.13 (1.15 to 4.39)		1.43 (0.78 to 2.72)	
Components of primary outcome				
Periprocedural period: stroke or death				
No. of events/no. of patients	0/629	8/616	3/623	9/617
Percent of patients with event (95% CI)	0.0 (0.0 to 0.6)	1.3 (0.6 to 2.5)	0.5 (0.1 to 1.4)	1.5 (0.7 to 2.8)
Difference (95% CI) — percentage points	−1.3 (−2.2 to 0.4)		−1.0 (−2.1 to 0.1)	
Postprocedural period: ipsilateral ischemic stroke				
No. of person-yr	1686	1714	1761	1823
No. of events/no. of patients	28/600	7/582	23/600	10/596
Annual event rate per person-yr (95% CI) — %	1.7 (1.1 to 2.4)	0.4 (0.2 to 0.9)	1.3 (0.9 to 2.0)	0.5 (0.3 to 1.0)
Relative risk (95% CI)	4.07 (1.78 to 9.31)		2.38 (1.13 to 5.00)	

* The primary outcome was a composite of any stroke or death in the periprocedural period (randomization through 44 days) or ipsilateral ischemic stroke in the postprocedural period (the remaining portion of the 4-year follow-up).

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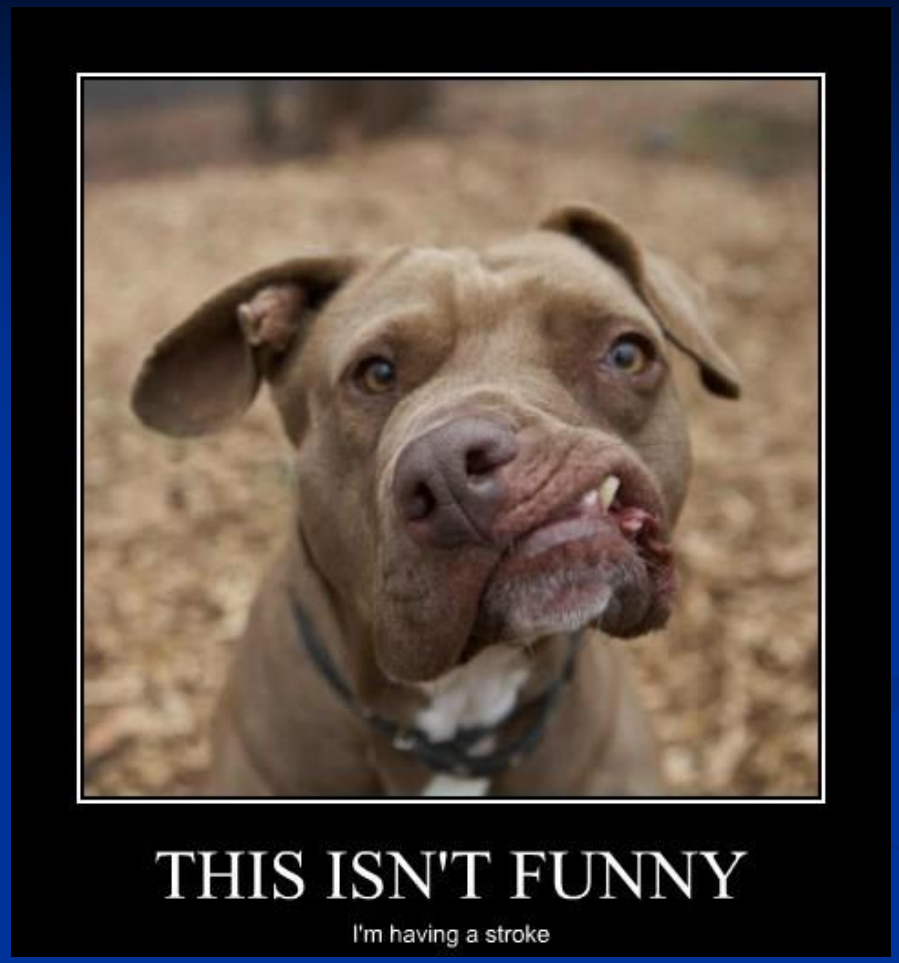

THANK YOU!