



NIHR HTA/BUPA Foundation/University of Oxford

# Asymptomatic Carotid Surgery Trial (ACST-2)



February 2020 Newsletter

## Final Push for Recruitment!

**3,519  
Patients  
Recruited!**

With only a short period remaining to recruit, it is now more important than ever to be vigilant in our search for eligible patients.

**Recruit 1 patient a day** in order to complete recruitment for ACST2.

## Collaborator's Meeting 2020

Please register for the Collaborators Meeting in April 2020 in Oxford, UK. The registration link is here:

<https://oxford.onlinesurveys.ac.uk/acst2-collaboratorsmeeting-2020>



Or email us directly on:

[acst@nds.ox.ac.uk](mailto:acst@nds.ox.ac.uk)

We look forward to welcoming you on 17<sup>th</sup> – 18<sup>th</sup> April 2020 at Wadham College, Oxford UK.



## Collaborators Meeting Provisional Programme

### Trial Update

- ACST-2 Update
- MRI Sub-study
- 5 Year Duplex Results – Long Term and short term risk and re-stenosis

### Current Clinical Studies

- Roadmapping - Fusion technique for CAS using CTA/MR Scans
- Carotid Monitoring with somatosensory evoked potential during CEA
- 20 years of Carotid Artery Stenting - Our Experience and Results in Patients With De Novo Lesions vs. Recurrent Stenosis
- Early and Long-term Impact of Postoperative Cerebrovascular Complications After Carotid Endarterectomy
- Acute clinical response to periprocedural stroke: a Delphi Consensus Analysis
- CEA and Dementia – Long term follow up in ACST-1

### RCTs vs Real World Evidence

- Strengths and Weaknesses of German carotid registries
- What I have really learned from German Carotid registries
- The Great Swedish Debate: We don't need trials we have amazing registers!
- Generalisability of carotid trials
- CAS: Standardisation of the procedure
- Is contrast-enhanced able to identify vulnerable plaques in asymptomatic carotid atherosclerotic disease?
- Fast Track CEA protocol is safe and effective
- ECST Update
- CREST-2 Update
- OXVASC – Higher risk from tighter carotid stenosis
- Plans for ACST2 Results and Publication





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## Publication Submitted

We are happy to announce that a publication was submitted to the European Journal of Vascular & Endovascular Surgery.

***“The ACST-2 trial: A comparison of Carotid Surgery and Stenting interventions and early Medical treatments for Carotid stenosis in 3445 patients from Italy and other trial centres”***

Thank you to all of the sites. Please find a sneak peak at the abstract:

**Introduction:** The second Asymptomatic Carotid Surgery Trial (ACST-2) compares the hazards and long term benefits of carotid artery stenting (CAS) vs carotid endarterectomy (CEA). Over 3400 patients have now been enrolled; Italy, with over 800 patients, is the top recruiting country (25% total), followed by the UK (15%), Serbia (10%), Sweden (8%) and Germany (6%).

**Methods:** We compare baseline characteristics and procedural techniques used for 821 patients from 26 Italian centres with those of 2624 participants in centres from the rest of the world (RoW).

**Results:** Italian participants were around 5 years older (median ages 73 yrs Italy v 68 yrs RoW) and more often female (34% Italy v 29% RoW). Medical therapy in trial patients at entry was generally good, but tight blood pressure control (SBP < 140mmHg) appeared to be better in Italian patients (72% v 61%).

Intervention for moderate stenosis (<70%) was uncommon (1% Italy v 5% RoW). Plaque echolucency was assessed more frequently in Italy (86% v 55%), though presence of echolucent plaques was similar (48% Italy v 46% RoW).

For CEA, almost two-thirds of Italian patients had local anaesthesia, compared with one-third in RoW. Shunts were less commonly used in Italian patients (14% v 21%) as was patching (23% v 48%).

For CAS, cerebral protection devices (CPD) were commoner in Italy (99% vs 80%, RoW), as were proximal occlusion devices (25% v 13%). Closed cell stents were also used more frequently in Italian centres (54% v 42%), along with newer membrane-covered stents (17% v 7%).

**Conclusion:** ACST-2 Italian centre patients are older and more often women. Surgery under local anaesthesia is commoner, with lower shunting and patching rates. CPD use in Italian centres was almost universal and flow reversal techniques, closed and membrane-covered stents were also commoner.



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**Top Recruiters 2019**

**Top 5 Sites**

**Top 5 Countries**

**New Oxford Trial Team**



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## 2019 Data Returns

Percentage of outstanding annual follow up forms encourage people to respond to recent data chase

## Returning Patient Data to the ACST-2 Office



Please use the following address:

ACST-2 Richard Doll Building  
University of Oxford  
Old Road  
Headington  
Oxford  
Great Britain  
OX3 7ZF

If you have prepaid envelopes with other addresses destroy them and email us at [acst@nds.ox.ac.uk](mailto:acst@nds.ox.ac.uk) to tell us that you need new envelopes



If you are sending data forms to us **via email**:

Please send to [acst@nds.ox.ac.uk](mailto:acst@nds.ox.ac.uk)

- Please send data forms from your work email address.
- Please password protect the attachments and send the password in a separate email.