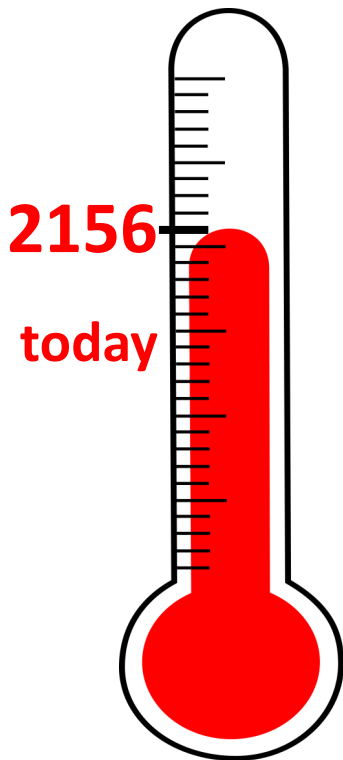




April 2016 Newsletter



Dear Colleagues,

111 patients have been randomised this year from 20 different countries; for asymptomatic carotid disease, ACST-2 remains the only large trial directly comparing CAS with CEA and providing evidence to answer critically important questions about carotid revascularisation.

This is your trial; please help recruit our FINAL 1400 patients. Keep randomising as many patients as you can—your contribution is very, very important.

With thanks and very best wishes from all of us,

Alison Halliday, Richard Bulbulia, Richard Peto, Leo Bonati and the ACST-2 Trial Office

Annual follow ups

We have now received **94%** of 2015 annual follow up forms. This is a fantastic result—thank you for all your hard work!

Data Monitoring Committee: 26th May 2016

Please send all outstanding randomisation, 1 month and Annual follow up forms to ACST-2 as soon as possible:

Fax: +44 (0)1865 221 027

CREST and ICSS - the long term results of CAS vs CEA are similar



In the early trial results for symptomatic carotid stenosis peri-procedural minor stroke risk was higher for CAS (and myocardial infarction risk was higher for CEA). **However, long-term risk of fatal or disabling stroke and functional outcome are similar for CAS and CEA.**

Click for full text articles: [CREST](#) [ICSS](#)

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ACST-1:

Our paper, "The mechanism of procedural stroke following carotid endarterectomy within the Asymptomatic Carotid Surgery Trial 1 (ACST-1)" has been accepted for publication.

Cerebrovascular Diseases (in press).

2016 RECRUITMENT LEADERS

Centre Name	Country	Patients for 2016
Novosibirsk Research Institute of Circulation Pathology	RUS	10
Medical University of Innsbruck	AUT	9
Istituto Auxologico Italiano, Milan	ITA	9
Santa Maria Hospital, Reggio Emilia	ITA	7
Serbian Clinical Centre, Belgrade	SRB	6
University of Bari	ITA	5
University of São Paulo (HCFMUSP)	BRA	5
Teaching Hospital Maribor	SVN	4
Dedinje Cardiovascular Unit, Belgrade	SRB	4
Albert Szent-Györgyi Medical Centre, Szeged	HUN	3
University of Basel	CHE	3
Malmo Vascular Centre	SWE	3
Södersjukhuset Hospital, Stockholm	SWE	3
Foothills Medical Centre, Calgary	CAN	2
Klinikum rechts der Isar der Technischen Universität Muenchen	DEU	2
Policlinico Catania, Sicily	ITA	2
St. Marina University Hospital, Varna	BGR	2
Universitätsklinik Jena	DEU	2
Städtisches Klinikum Karlsruhe	DEU	2
Freeman Hospital, Newcastle	UK	2
John Radcliffe Hospital, Oxford	UK	2
St Anne's University Hospital, Brno	CZE	2
Other (see below)	-	21
TOTAL 2016		111

Congratulations to these centres below who have recruited **one** patient so far in 2016:

- | | |
|--|--|
| <ul style="list-style-type: none"> * A.C.O. San Fillippo Neri (Rome), ITA * Azienda Ospedaliera S.G Moscati, ITA * Cheltenham General Hospital, UK * Circolo University Hospital (Varese), ITA * Guadalajara Hospital, ESP * Hull Royal Infirmary, UK * IRCCS Policlinico San Donato Milan, ITA * Kent and Canterbury Hospital, UK * NOCSAE (Modena), ITA * Nottingham University Hospital, UK * University of Dresden, DEU - <i>1st patient</i> | <ul style="list-style-type: none"> * Poznan University of Medical Sciences, POL * Rambam Medical Centre (Haifa), ISR * Semmelweis Medical University, HUN * Sendai Medical Centre, JPN * The Royal London Hospital, UK - <i>1st patient</i> * Umberto I- ASO Mauriziano (Turin), ITA * U. Klinikum Hamburg-Eppendorf, DEU * University Hospital of Antwerp, BEL * University Hospital of Merkur, HRV * University La Sapienza (Rome), ITA * University of Bologna, ITA |
|--|--|

OFFICE NEWS

We have welcomed a new Trial Assistant, **Wojciech Brudlo**, to the ACST-2 office on the 11th April.

COLLABORATORS' VIEWS

Städtisches Klinikum Karlsruhe, Germany

Professor Martin Storck, ACST-2 PI



“The scientific community is still theoretically uncertain how to treat patients with asymptomatic extracranial carotid stenosis. Current guidelines do not reflect our daily routine; conservative treatment is often neglected in high grade stenosis, and deciding ourselves between CEA and CAS is not scientific, despite recent publications showing that differences disappear in the long term (see CREST results link).

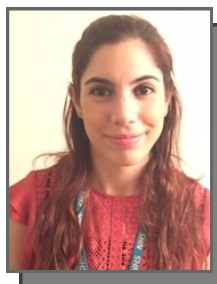
It is sometimes difficult to explain to patients why an endovascular carotid procedure may be less optimal than an “old-fashioned” surgical procedure, and why a randomization is necessary to avoid bias and to obtain clarity.

In our center, we have recruited 11 patients; a minority of all patients having treatment for asymptomatic stenosis. Our team of vascular surgeons is the most active group in the campus in screening and recruiting patients. Patients, however, need to be approached in the right way, even if specific direction has been given to them by their primary care physicians.

We are happy to work for a maximum care provider hospital in Badenia, Southwest Germany, with 1500 beds and all disciplines available on campus. We believe in our academic teaching hospital that we have the duty to contribute evidence to this important question by participating in ACST-2. Our team of doctors, nurses and also patients is proud to participate in different clinical multicentre studies to improve medical science.”

The Royal London Hospital, UK

“I was determined to get the Royal London recruiting. The ACST-2 office facilitated communication between our team members to ensure that CTAs were reviewed and decisions made. Randomisation of our first patient was quick and painless; I am confident that we will enrol more patients very soon”.



*Ozlem Redjep,
ACST-2 Co-ordinator*

Kent and Canterbury Hospital Group, UK

Dr David Hargroves, Clinical PI



“ACST-2 is a rewarding trial to be involved in. Our last three patients were randomised to stenting, their feedback has been very rewarding. They found the process very smooth and have been complimentary of the care they have received and the support from the clinical trials team.

The whole trial process, from consent to randomisation, is quite fluid; the paperwork is straightforward and self-explanatory, not much work. Our once monthly neurovascular meeting can delay recruitment, but despite this, we have recruited more patients than we predicted. The ACST-2 team have also been very helpful and are a pleasure to work with”.

University of São Paulo (HCFMUSP), Brazil

Dr Erasmo da Silva, ACST-2 PI



Dr da Silva, has written an informative article about ACST-2 in the Brazilian Society of Vascular Surgery Bulletin - São Paulo Section. This bulletin goes to approximately 2500 vascular surgeons in Brazil and also reaches Public and Private Vascular Services. On the 31st March 2016, Dr da Silva presented his team’s experience within the trial, having already randomised 16 patients for ACST-2. Dr da Silva has been a wonderful ambassador for the trial in Brazil and is currently working with several centres that are interested in joining ACST-2.

UPCOMING MEETINGS FOR 2016

4th ACST-2 Collaborators' Meeting	Belgrade	20-21st April 2016
European Society for CV & EV Surgery (ESCVS)	Belgrade	21-24 th April 2016
Charing Cross Symposium (CX)	London	26-29 th April 2016
European Stroke Organisation Conference (ESOC)	Barcelona	10-12 th May 2016
Leading Innovative Vascular Education (LIVE)	Ioannina	26-28 th May 2016
Siena Vascular Endovascular Conference (SIVEC)	Siena	5-9 th Sept. 2016
European Society for Vascular Surgery (ESVS)	Copenhagen	28-30 th Sept. 2016

ACST-2 has a stand (**Booth 211**) at the Charing Cross Symposium in London (26-29th April 2016). This year Alison Halliday, Luisa Teixeira (Recruitment Coordinator), Lynda Tully (Trial Manager) and Mary Sneade (Projects Manager) will attend the meeting.

If you are at Cx, come and see us!



PLATINUM Recruiter Status (200+ patients)

Congratulations to **Istituto Auxologico Italiano** for recruiting **200 patients**. We will be celebrating this and other extraordinary Centre achievements at our Belgrade Gala Dinner, 20th April 2016 in Dva Skadarlija Restaurant.



COLLABORATORS' MEETING BELGRADE 20/21 April 2016 ([Final Programme](#))

The meeting (Hyatt Regency) begins at 4pm Wednesday 20th, and finishes at 2pm Thursday 21st.

Hyatt Regency does not provide airport transfers so you will need a taxi (~ 20 minutes).



Gala Dinner and Prize Giving on Wednesday 20th April is at a typical Serbian restaurant **Dva Jelena Skadarlija—The Two Deer**. For a virtual tour of this lovely spot, click [here](#). There is a bus transfer from the Hyatt Regency to dinner (hotel entrance 19:15pm).

Table Football Match

Traditionally after dinner we exercise by competing in the Great Table Football Match. You can organise your own team (two members). Naturally, there is a small prize and players may compete as a Country or under any other name you like (e.g. the Stenters). Practise hard!

Questions? — please contact us (+44 1865 221 345 or acst@nds.ox.ac.uk).