Current Status Of ECST 2: What Is This RCT Comparing: What Will It Tell Us And What Is Its Progress

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Trials: Hard work but worthwhile

‘It is not the critic who counts...The credit belongs to the man (or woman) who is actually in the arena.’

Theodore Roosevelt, April 1910

An Overview of Carotid RCTs

Revascularisation 'needed'
Uncertain if CAS or CEA

CAS vs. CEA
CREST; ACT-1; SPACE-2; ACST-2

Revasc vs. BMT
ECST-2; CREST-2; ACTRIS

Revascularisation vs Good Medical Tx is a valid question

10-year risk of any stroke or perioperative death
Only patients on triple (ie, including statin) therapy before event
429 patients randomised from >30 active sites across Europe
60% Asymptomatic; 40% Lower-risk Symptomatic

- Pilot safety study now completed:
  - 320 patients with baseline brain MRI and MRI at 2 yrs
- Plaque sub-study:
  - 200 patients with plaque & brain MRI at baseline & at 2 yrs

**Intensive Medical Therapy versus CEA**

- Goal directed lipid-lowering: TC <4mmol/L
- BP<135/85mmHg
- “Optimal” anti-platelet therapy

**Primary outcome (composite):**

- Ipsilateral stroke
- TIA
- New Silent Brain Infarcts
  (Either on MRI at 2 years or during coincidental brain imaging in interim)

Expect these 2 year results in late 2021 / early 2022
All 429 patients will be followed up for up to 5 years

**ACTRIS: CEA & OMT v OMT Alone**

**Inclusion Criteria**

- Tight asymptomatic stenosis PLUS at least one marker of ipsilateral stroke risk:
  - TCD-detected microembolic signals
  - Impairment of TCD-measured cerebral vasomotor reserve
  - Intra-plaque haemorrhage on MRI
  - Rapid and severe stenosis progression

**Target = 700 patients; Results 2025**

PI Jean-Louis Mas

**ACTRIS: Includes Higher Risk Patients**

**2025**

**CEA / CAS v Good Medical Tx**

> 3000 patients
Follow-up of ~ 5 years
Pool with 5000 patients from older trials
Focus on relative risks
Identify those in whom intervention appropriate