



Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis

**Please see full protocol for entire listing of inclusion/exclusion criteria.*

Design: Two parallel, randomized clinical trials to assess in asymptomatic patients with $\geq 70\%$ carotid stenosis:

- Outcome differences between medical management and carotid endarterectomy (CEA).
- Outcome differences between medical management and carotid artery stenting (CAS).

***Selected General Inclusion Criteria:**

- $\geq 70\%$ extracranial carotid stenosis by catheter angiography **or** $\geq 70\%$ by duplex ultrasound defined by a peak systolic velocity (PSV) of at least 230 cm/s **AND** at least **ONE** of the following:
 - a. end diastolic velocity ≥ 100 cm/s, **or**
 - b. internal carotid/common carotid artery PSV ratio ≥ 4.0 , **or**
 - c. $\geq 70\%$ stenosis by CTA, **or**
 - d. $\geq 70\%$ stenosis by MRA.
- No ipsilateral stroke or TIA ≤ 180 days of randomization.

***Selected General Exclusion Criteria:**

- Prior major ipsilateral stroke, mRS ≥ 2 .
- Chronic or paroxysmal atrial fibrillation requiring anticoagulation.

***Selected Specific CEA Exclusion Criteria:**

- Reaction to anesthesia not overcome by pre-medication.
- Distal/intracranial stenosis $>$ index lesion.

***Selected Specific CAS Exclusion Criteria:**

- Type III, aortic arch anatomy.
- Angulation or tortuosity (≥ 90 degree) of the innominate and common carotid artery.
- Severe angulation or tortuosity of the internal carotid artery that precludes safe deployment of embolic protection device or stent.
- Non-contiguous lesions and long lesions (>3 cm).

For more information call 844-956-1826.

www.crest2trial.org

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