



Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Trial

*Please see full protocol for additional details.

Periprocedural Anti-thrombotic Therapy for all Carotid Stent Patients

Medication	Pre-Procedure	Intra-Procedure	Post-Procedure	Post-Discharge
Heparin*	PRN	Maintain ACT 250-300 sec*	PRN**	None
Aspirin (The commercially available aspirin doses may vary for international sites)	325 mg po bid daily [†] (Begin 48 hrs prior)	None	325 mg [†] 1 tablet po daily for 30 days	70-325 mg [†] 1 tablet po daily thereafter
Generic clopidogrel	75 mg po bid daily (Begin 48 hrs prior)	None	75 mg 1 tablet po daily for 30 days	---
Ticagrelor	180 mg po once [‡]	None	90 mg po bid for 30 days	---
Prasugrel	60 mg po once as loading dose and then 10 mg po q.d. [§]	None	10 mg 1 tablet po daily for 30 days	---
Atorvastatin ^{§§}	Statin reload of atorvastatin of a total of 80 mg (or dose equivalent of other statin – see Table 4 in the protocol) ^{††}	None	Continue on the dose of statin started on the day of randomization until the 44-day follow-up visit to achieve an LDL of <70 mg/dl.	Continue on the dose of statin started on the day of randomization to achieve an LDL of <70 mg/dl.

*Bivalirudin may be substituted for heparin. Use in accordance with manufacturer's instructions. ACT's are not collected when bivalirudin is used as the procedural anticoagulant. **Heparin may be given post-procedure as needed. [†]May be substituted with doses as low as 70 mg mg tablet if patient cannot tolerate 325 mg dosage. [‡]Dose is for those not currently taking ticagrelor. Refer to section 8.3.1.1 of the protocol if patient is already on ticagrelor or prasugrel. [§] If patient <60 kg or 132 pounds, consider 5 mg p.o. q.d. for prasugrel dose. ^{§§}Patients with a documented intolerance to statins will not be required to be started on statin therapy prior to or following CAS procedure. ^{††}For example, a patient already taking 40 mg of atorvastatin would take an extra dose of 40 mg of atorvastatin.

Periprocedural Anti-thrombotic Therapy for all Carotid Endarterectomy Patients

Medication	Pre-Procedure	Intra-Procedure	Post-Procedure
Heparin*	PRN	--	PRN**
Aspirin (The commercially available aspirin doses may vary for international sites)	325 mg po daily [†] (Begin 48 hrs prior)	None	70-325 mg [†] 1 tablet po daily thereafter
Atorvastatin ^{§§}	Statin reload of atorvastatin of a total of 80 mg (or dose equivalent of other statin – see Table 4 in the protocol) ^{††}	None	Continue on the dose of statin started on the day of randomization to achieve an LDL of <70 mg/dl.

*Bivalirudin may be substituted for heparin. Use in accordance with manufacturer's instructions. ACT's are not collected when bivalirudin is used as the procedural anticoagulant. **Heparin may be given post-procedure as needed. [†] All patients should receive antiplatelet therapy consisting of aspirin 325 mg p.o. daily unless they are already taking aspirin at doses between 70 – 325 mg. For those patients intolerant to aspirin 325 mg po qd, acceptable alternatives include: clopidogrel 75 mg po qd, ticagrelor 90 mg po bid), or prasugrel 10 mg po qd (if patient <60 kg or 132 pounds, consider 5 mg p.o. q.d.). ^{§§}Patients with a documented intolerance to statins will not be required to be started on statin therapy prior to or following CEA procedure. ^{††}For example, a patient already taking 40 mg of atorvastatin would take an extra dose of 40 mg of atorvastatin.