



## Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Trial

\*Please see full protocol for additional details.

### CREST-2 Schedule of Events

Evaluation	Time											
	1	2	3	4	5	6	7	8	9	10	11	12
Visit number	1	2	3	4	5	6	7	8	9	10	11	12
Month	Baseline*	Post-Procedure**	44-day	4 <sup>††</sup>	8 <sup>††</sup>	12 <sup>††</sup>	18 <sup>††</sup>	24 <sup>††</sup>	30 <sup>††</sup>	36 <sup>††</sup>	42 <sup>††</sup>	48 <sup>††</sup>
Informed Consent	X											
Demographics	X											
Medical History	X											
Interval Medical Hx			X	X	X	X	X	X	X	X	X	X
Stroke Questionnaire (QVSS)	X		X	X	X	X	X	X	X	X	X	X
Modified Rankin	X		X	X	X	X	X	X	X	X	X	X
NIHSS	X	X	X	X	X	X	X	X	X	X	X	X
Cognitive Testing	X					X		X		X		X
Ultrasound	X					X		X		X		X
CTA/MRA/CBA***	X											
Blood Pressure	X		X	X	X	X	X	X	X	X	X	X
Laboratory †	X					X		X		X		X
Carotid Plaque MRI‡	X											
Structural Brain MRI‡												X <sup>§</sup>

\*Must be collected prior to procedure or initiation of medical management therapy. \*\*NIHSS to be collected 12-36 hours post procedure. \*\*\*CBA indicates catheter-based angiogram. †Refer to following table for specific laboratory tests and required schedule. Some tests may be needed more than indicated in this table. §The brain MRI should be performed at the last scheduled visit for those patients with a planned study termination prior to the 48-month visit. Also, a brain MRI should be performed at the next scheduled visit following a suspected ipsilateral stroke event. ‡ Optional imaging completed only if patient agrees on the informed consent form. ††May be completed as a virtual or telephone visit.