WEBVTT

NOTE duration:"00:14:03" NOTE recognizability:0.860

NOTE language:en-us

NOTE Confidence: 0.87287312

 $00:00:00.000 \longrightarrow 00:00:03.000$  Thanks daddy.

NOTE Confidence: 0.87287312

 $00:00:03.000 \longrightarrow 00:00:05.169$  I'll try to keep it short and sweet now.

NOTE Confidence: 0.87287312

 $00{:}00{:}05.170 --> 00{:}00{:}08.040$  Hang on, I'm the last one I.

NOTE Confidence: 0.87287312

 $00:00:08.040 \longrightarrow 00:00:11.508$  Uhm, wanna just talk quickly about

NOTE Confidence: 0.87287312

00:00:11.508 --> 00:00:15.840 a study that I'm proposing to stroke

NOTE Confidence: 0.87287312

 $00{:}00{:}15.840 \dashrightarrow 00{:}00{:}18.090$  net with several collaborators,

NOTE Confidence: 0.87287312

00:00:18.090 --> 00:00:22.277 which I'm sure many of you know, sappy.

NOTE Confidence: 0.87287312

 $00:00:22.277 \longrightarrow 00:00:27.576$  And David Ron, who is a neuroradiologist

NOTE Confidence: 0.87287312

 $00:00:27.580 \longrightarrow 00:00:31.300$  at wash U that many of you may not know.

NOTE Confidence: 0.87287312

00:00:31.300 --> 00:00:32.671 And and Jordan,

NOTE Confidence: 0.87287312

 $00{:}00{:}32.671 \dashrightarrow 00{:}00{:}35.870$  of course familiar to many of you.

NOTE Confidence: 0.87287312

00:00:35.870 --> 00:00:39.685 Essentially it is an ancillary

NOTE Confidence: 0.87287312

00:00:39.685 --> 00:00:43.336 study proposal to Captiva Captiva,

 $00:00:43.336 \longrightarrow 00:00:46.800$  which has been funded and doctor

NOTE Confidence: 0.87287312

 $00{:}00{:}46.800 \dashrightarrow 00{:}00{:}49.500$  Broderick described it earlier today.

NOTE Confidence: 0.87287312

 $00{:}00{:}49.500 \dashrightarrow 00{:}00{:}52.475$  But I do wanna touch on just

NOTE Confidence: 0.87287312

 $00:00:52.475 \longrightarrow 00:00:54.630$  a couple points quickly.

NOTE Confidence: 0.87287312

 $00:00:54.630 \longrightarrow 00:00:55.974$  Come and chat.

NOTE Confidence: 0.87287312

 $00:00:55.974 \longrightarrow 00:00:59.110$  He's talked a little bit about intracranial

NOTE Confidence: 0.87287312

 $00{:}00{:}59.196 \dashrightarrow 00{:}01{:}01.746$  athero which I'll call eye casts.

NOTE Confidence: 0.87287312

00:01:01.750 --> 00:01:05.958 But one thing that I think we don't

NOTE Confidence: 0.87287312

 $00{:}01{:}05.958 \dashrightarrow 00{:}01{:}09.750$  discuss enough is that overall worldwide

NOTE Confidence: 0.87287312

 $00:01:09.750 \longrightarrow 00:01:12.870$  it is the most common cause of stroke.

NOTE Confidence: 0.87287312

 $00{:}01{:}12.870 \dashrightarrow 00{:}01{:}16.614$  So taking into account its prevalence

NOTE Confidence: 0.87287312

 $00{:}01{:}16.614 \dashrightarrow 00{:}01{:}21.550$  and the mechanism being more common.

NOTE Confidence: 0.87287312

00:01:21.550 --> 00:01:26.638 In Asian and patients of other

NOTE Confidence: 0.87287312

00:01:26.638 --> 00:01:29.182 other underrepresented groups,

NOTE Confidence: 0.87287312

 $00:01:29.190 \longrightarrow 00:01:33.558$  it gets you to the most common cause

NOTE Confidence: 0.87287312

 $00:01:33.560 \longrightarrow 00:01:37.148$  and chatty showed you great data

 $00:01:37.150 \longrightarrow 00:01:41.756$  from Chicago that really we expect a

NOTE Confidence: 0.87287312

00:01:41.756 --> 00:01:46.860 recurrence rate of about 20% per year.

NOTE Confidence: 0.87287312

 $00:01:46.860 \longrightarrow 00:01:52.004$  If you take carotid stenosis as a comparator.

NOTE Confidence: 0.87287312

 $00{:}01{:}52.010 \dashrightarrow 00{:}01{:}53.995$  We have excellent medical and

NOTE Confidence: 0.87287312

 $00:01:53.995 \longrightarrow 00:01:54.789$  surgical treatment,

NOTE Confidence: 0.87287312

 $00:01:54.790 \longrightarrow 00:01:59.137$  so with some treatment I can expect

NOTE Confidence: 0.87287312

 $00:01:59.137 \longrightarrow 00:02:02.710$  a recurrence rate of around 2 to

NOTE Confidence: 0.87287312

00:02:02.710 --> 00:02:05.450 4% per year for carotid disease.

NOTE Confidence: 0.87287312

 $00:02:05.450 \longrightarrow 00:02:07.970$  So why did the treatments that

NOTE Confidence: 0.87287312

 $00{:}02{:}07.970 \dashrightarrow 00{:}02{:}11.080$  work so well for carotid disease

NOTE Confidence: 0.87287312

 $00:02:11.080 \longrightarrow 00:02:13.888$  not work as well for eikaas,

NOTE Confidence: 0.87287312

 $00:02:13.890 \longrightarrow 00:02:16.123$  and why do we still have such

NOTE Confidence: 0.87287312

 $00:02:16.123 \longrightarrow 00:02:18.250$  a high rate of recurrence?

NOTE Confidence: 0.87287312

 $00:02:18.250 \longrightarrow 00:02:22.372$  Well, one thing to take into account is that.

NOTE Confidence: 0.87287312

 $00:02:22.380 \longrightarrow 00:02:23.191$  When?

00:02:23.191 --> 00:02:26.435 Mens was funding multiple

NOTE Confidence: 0.87287312

 $00:02:26.435 \longrightarrow 00:02:29.679$  trials and six trials.

NOTE Confidence: 0.87287312

 $00:02:29.680 \longrightarrow 00:02:32.656$  Looking at carotid disease.

NOTE Confidence: 0.87287312

 $00:02:32.656 \longrightarrow 00:02:36.634$  Come and you could expand this further out,

NOTE Confidence: 0.87287312

 $00:02:36.640 \longrightarrow 00:02:39.377$  but I think a lot of the

NOTE Confidence: 0.87287312

 $00:02:39.377 \longrightarrow 00:02:42.039$  advances in terms of medications.

NOTE Confidence: 0.87287312

 $00:02:42.040 \longrightarrow 00:02:47.010$  Were already apparent by 2005.

NOTE Confidence: 0.87287312

 $00:02:47.010 \longrightarrow 00:02:49.890$  They had only funded one study

NOTE Confidence: 0.87287312

 $00{:}02{:}49.890 \dashrightarrow 00{:}02{:}51.810$  for intracranial athero an

NOTE Confidence: 0.87287312

 $00:02:51.901 \longrightarrow 00:02:53.837$  and subsequent to that.

NOTE Confidence: 0.87287312

 $00{:}02{:}53.840 \dashrightarrow 00{:}02{:}55.600$  Of course we had Sampras

NOTE Confidence: 0.87287312

00:02:55.600 --> 00:02:57.360 and Captiva has been funded,

NOTE Confidence: 0.87287312

 $00:02:57.360 \longrightarrow 00:03:00.636$  but I would argue that a

NOTE Confidence: 0.87287312

 $00{:}03{:}00.640 \dashrightarrow 00{:}03{:}03.320$  disproportionate amount of funding

NOTE Confidence: 0.87287312

 $00:03:03.320 \longrightarrow 00:03:07.340$  has gone to study carotid disease,

NOTE Confidence: 0.87287312

00:03:07.340 --> 00:03:12.416 and I think that in part is why?

00:03:12.416 --> 00:03:14.368 Intracranial Athero has such

NOTE Confidence: 0.87287312

 $00{:}03{:}14.368 \dashrightarrow 00{:}03{:}17.470$  a high rate of recurrence.

NOTE Confidence: 0.87287312

 $00:03:17.470 \longrightarrow 00:03:20.892$  The other thing that is of course

NOTE Confidence: 0.87287312

 $00:03:20.892 \longrightarrow 00:03:23.666$  important is that intracranial arteries

NOTE Confidence: 0.87287312

 $00:03:23.666 \longrightarrow 00:03:26.984$  are not the same as extracranial,

NOTE Confidence: 0.87287312

 $00:03:26.990 \longrightarrow 00:03:31.247$  so you can see here in broad terms that.

NOTE Confidence: 0.87287312

 $00:03:31.250 \longrightarrow 00:03:34.596$  The structure in cross section of an

NOTE Confidence: 0.87287312

 $00:03:34.596 \longrightarrow 00:03:37.139$  intracranial artery is very different

NOTE Confidence: 0.87287312

 $00:03:37.139 \longrightarrow 00:03:39.689$  than that of an extracranial,

NOTE Confidence: 0.87287312

 $00:03:39.690 \longrightarrow 00:03:44.532$  such as the carotid artery and for one thing,

NOTE Confidence: 0.87287312

 $00:03:44.532 \longrightarrow 00:03:46.628$  intracranial arteries are thinner.

NOTE Confidence: 0.87287312

 $00:03:46.630 \longrightarrow 00:03:52.189$  They sit in spinal fluid, they don't have.

NOTE Confidence: 0.87287312

 $00{:}03{:}52.189 \dashrightarrow 00{:}03{:}55.577$  By and large vasa vasorum it.

NOTE Confidence: 0.87287312

00:03:55.577 --> 00:03:59.546 It effectively is a different blood vessel,

NOTE Confidence: 0.87287312

 $00:03:59.550 \longrightarrow 00:04:01.870$  so that too I think.

 $00:04:01.870 \longrightarrow 00:04:04.766$  Is why many of the treatments that work

NOTE Confidence: 0.87287312

 $00{:}04{:}04{:}04.766 \dashrightarrow 00{:}04{:}07.879$  in carotid disease don't work intracranial,

NOTE Confidence: 0.87287312

 $00:04:07.880 \longrightarrow 00:04:12.098$  so the broad hypothesis of captive

NOTE Confidence: 0.87287312

00:04:12.098 --> 00:04:15.905 MRI is that with MRI biomarkers

NOTE Confidence: 0.87287312

00:04:15.905 --> 00:04:19.295 and I'll go into them briefly,

NOTE Confidence: 0.87287312

 $00:04:19.300 \longrightarrow 00:04:21.452$  but with this additional

NOTE Confidence: 0.87287312

 $00:04:21.452 \longrightarrow 00:04:24.142$  information we get on MRI,

NOTE Confidence: 0.87287312

 $00:04:24.150 \longrightarrow 00:04:27.293$  we will be able to better risk

NOTE Confidence: 0.87287312

 $00:04:27.293 \longrightarrow 00:04:31.210$  stratify patients with DIECASTS and.

NOTE Confidence: 0.87287312

 $00:04:31.210 \longrightarrow 00:04:33.520$  That that is very similar

NOTE Confidence: 0.87287312

 $00{:}04{:}33.520 \dashrightarrow 00{:}04{:}35.830$  to what perfuse diecasts UM

NOTE Confidence: 0.815809795384615

 $00:04:35.919 \longrightarrow 00:04:38.760$  is looking at, and I think

NOTE Confidence: 0.815809795384615

 $00:04:38.760 \longrightarrow 00:04:42.000$  both Shadi and I recognize that

NOTE Confidence: 0.815809795384615

 $00:04:42.000 \longrightarrow 00:04:45.037$  stenosis is an important metric.

NOTE Confidence: 0.815809795384615

 $00:04:45.040 \longrightarrow 00:04:46.625$  We're not saying that we

NOTE Confidence: 0.815809795384615

00:04:46.625 --> 00:04:47.893 want to supplant stenosis,

 $00:04:47.900 \longrightarrow 00:04:52.948$  but that we can add information to stenosis.

NOTE Confidence: 0.815809795384615

00:04:52.950 --> 00:04:56.408 And that may well help us identify

NOTE Confidence: 0.815809795384615

 $00:04:56.408 \longrightarrow 00:04:59.789$  patients who fail medical management.

NOTE Confidence: 0.815809795384615

 $00:04:59.790 \longrightarrow 00:05:02.884$  So in Captiva we may find that

NOTE Confidence: 0.815809795384615

 $00:05:02.884 \longrightarrow 00:05:05.344$  low dose rivaroxaban and aspirin

NOTE Confidence: 0.815809795384615

 $00:05:05.344 \longrightarrow 00:05:08.464$  lowers the rate of recurrent stroke,

NOTE Confidence: 0.815809795384615

 $00:05:08.470 \longrightarrow 00:05:10.354$  perhaps to 10%.

NOTE Confidence: 0.815809795384615

 $00:05:10.354 \longrightarrow 00:05:14.302$  But why did those 10% still

NOTE Confidence: 0.815809795384615

 $00:05:14.302 \longrightarrow 00:05:17.510$  fail medical management and?

NOTE Confidence: 0.815809795384615

00:05:17.510 --> 00:05:20.390 The multimodal MRI markers

NOTE Confidence: 0.815809795384615

 $00:05:20.390 \longrightarrow 00:05:23.990$  that were interested in UM,

NOTE Confidence: 0.815809795384615

 $00:05:23.990 \longrightarrow 00:05:27.302$  we anticipate patients will spend about

NOTE Confidence: 0.815809795384615

 $00:05:27.302 \longrightarrow 00:05:32.315$  50 minutes in the scanner in addition to.

NOTE Confidence: 0.815809795384615

 $00:05:32.315 \longrightarrow 00:05:35.690$  Sort of conventional diffusion imaging

NOTE Confidence: 0.815809795384615

 $00:05:35.690 \longrightarrow 00:05:39.084$  volumetric imaging will get standard

 $00:05:39.084 \longrightarrow 00:05:42.429$  perfusion imaging the main exposures,

NOTE Confidence: 0.815809795384615 00:05:42.429 --> 00:05:43.112 though, NOTE Confidence: 0.815809795384615

00:05:43.112 --> 00:05:46.984 will be quantitative MRA which you

NOTE Confidence: 0.815809795384615

 $00:05:46.984 \longrightarrow 00:05:49.708$  might be familiar with from the

NOTE Confidence: 0.815809795384615

00:05:49.708 --> 00:05:53.050 Vera TOS study wall shear stress,

NOTE Confidence: 0.815809795384615

 $00:05:53.050 \longrightarrow 00:05:56.350$  which is an emerging technique

NOTE Confidence: 0.815809795384615

 $00{:}05{:}56.350 \dashrightarrow 00{:}05{:}59.664$  that looks at the disruption

NOTE Confidence: 0.815809795384615

 $00:05:59.664 \longrightarrow 00:06:02.176$  of flow around plaque.

NOTE Confidence: 0.815809795384615

 $00:06:02.180 \longrightarrow 00:06:05.195$  And then inflammation of plaque

NOTE Confidence: 0.815809795384615

 $00{:}06{:}05.195 \dashrightarrow 00{:}06{:}09.309$  on vessel wall or black blood Mr.

NOTE Confidence: 0.815809795384615 00:06:09.310 --> 00:06:09.990 Uhm, NOTE Confidence: 0.815809795384615

00:06:09.990 --> 00:06:14.846 I won't show up numerous a data

NOTE Confidence: 0.815809795384615

00:06:14.846 --> 00:06:17.694 fields in this presentation,

NOTE Confidence: 0.815809795384615

 $00:06:17.700 \longrightarrow 00:06:21.102$  but these all have been shown

NOTE Confidence: 0.815809795384615

 $00:06:21.102 \longrightarrow 00:06:24.219$  in prospective studies to be

NOTE Confidence: 0.815809795384615

 $00{:}06{:}24.219 \dashrightarrow 00{:}06{:}27.187$  associated with recurrent stroke.

 $00:06:27.190 \longrightarrow 00:06:31.642$  All smaller studies and and a

NOTE Confidence: 0.815809795384615

00:06:31.642 --> 00:06:35.440 suboptimal in in various ways,

NOTE Confidence: 0.815809795384615

 $00:06:35.440 \longrightarrow 00:06:37.320$  which I won't go into.

NOTE Confidence: 0.815809795384615

 $00:06:37.320 \longrightarrow 00:06:39.560$  But certainly they have.

NOTE Confidence: 0.815809795384615

00:06:39.560 --> 00:06:42.360 Preliminary data suggesting that they

NOTE Confidence: 0.815809795384615

 $00:06:42.360 \longrightarrow 00:06:45.807$  could be predictive of recurrent stroke.

NOTE Confidence: 0.815809795384615

 $00:06:45.810 \longrightarrow 00:06:49.386$  And I think when looking at the rationale

NOTE Confidence: 0.815809795384615

 $00{:}06{:}49.386 \dashrightarrow 00{:}06{:}53.269$  for an ancillary MRI study to Captiva,

NOTE Confidence: 0.815809795384615

 $00{:}06{:}53.270 --> 00{:}06{:}53.880~\mathrm{UM},$ 

NOTE Confidence: 0.815809795384615

 $00:06:53.880 \longrightarrow 00:06:59.276$  it is an opportunity that if we miss it,

NOTE Confidence: 0.815809795384615

 $00:06:59.276 \longrightarrow 00:07:02.888$  it really would be a major loss.

NOTE Confidence: 0.815809795384615

00:07:02.890 --> 00:07:04.160 I think for the field,

NOTE Confidence: 0.815809795384615

 $00{:}07{:}04.160 \dashrightarrow 00{:}07{:}08.170$  because regardless of if Captiva

NOTE Confidence: 0.815809795384615

00:07:08.170 --> 00:07:10.090 ends up being a positive trial,

NOTE Confidence: 0.815809795384615

 $00{:}07{:}10.090 \dashrightarrow 00{:}07{:}13.594$  and I think there's ample reason

 $00:07:13.594 \longrightarrow 00:07:16.390$  to believe it will be.

NOTE Confidence: 0.815809795384615

00:07:16.390 --> 00:07:19.715 There will be trials subsequent to Captiva,

NOTE Confidence: 0.815809795384615

 $00:07:19.720 \longrightarrow 00:07:23.283$  and if we can identify the patient

NOTE Confidence: 0.815809795384615

00:07:23.283 --> 00:07:26.863 population who's going to fail the new

NOTE Confidence: 0.815809795384615

 $00:07:26.863 \longrightarrow 00:07:29.809$  standard of care of medical management,

NOTE Confidence: 0.815809795384615

 $00:07:29.810 \longrightarrow 00:07:33.200$  that is an important piece

NOTE Confidence: 0.815809795384615

 $00:07:33.200 \longrightarrow 00:07:36.720$  for trials moving forward.

NOTE Confidence: 0.815809795384615

 $00:07:36.720 \longrightarrow 00:07:39.744$  And Captiva does not have standardized

NOTE Confidence: 0.815809795384615

 $00:07:39.744 \longrightarrow 00:07:43.353$  imaging and and as somebody who does

NOTE Confidence: 0.815809795384615

00:07:43.353 --> 00:07:46.359 a lot of secondary data analysis,

NOTE Confidence: 0.815809795384615

 $00{:}07{:}46.360 \dashrightarrow 00{:}07{:}49.852$  I think it's it's a responsibility

NOTE Confidence: 0.815809795384615

 $00:07:49.852 \longrightarrow 00:07:54.078$  of mine to try to give back to

NOTE Confidence: 0.815809795384615

 $00:07:54.080 \longrightarrow 00:07:58.635$  the community by hopefully giving

NOTE Confidence: 0.815809795384615

00:07:58.635 --> 00:08:01.830 some standardized imaging and

NOTE Confidence: 0.815809795384615

 $00:08:01.830 \longrightarrow 00:08:04.590$  other imaging in addition to the

NOTE Confidence: 0.815809795384615

 $00:08:04.590 \longrightarrow 00:08:07.030$  three exposures that I mentioned.

 $00:08:07.030 \longrightarrow 00:08:09.114$  To accompany the outcome

NOTE Confidence: 0.815809795384615

00:08:09.114 --> 00:08:10.156 adjudication Captiva,

NOTE Confidence: 0.815809795384615

 $00:08:10.160 \longrightarrow 00:08:15.122$  which will be excellent and the

NOTE Confidence: 0.815809795384615

 $00:08:15.122 \longrightarrow 00:08:19.708$  final reason is that I think there

NOTE Confidence: 0.815809795384615

 $00:08:19.708 \longrightarrow 00:08:23.720$  are other hypotheses related to that

NOTE Confidence: 0.815809795384615

00:08:23.720 --> 00:08:28.054 additional Mr Data such as you know,

NOTE Confidence: 0.815809795384615

 $00:08:28.054 \longrightarrow 00:08:32.548$  do we see signal for cognitive outcomes?

NOTE Confidence: 0.815809795384615

00:08:32.550 --> 00:08:34.814 There are some cognitive

NOTE Confidence: 0.815809795384615

 $00:08:34.814 \longrightarrow 00:08:37.078$  outcomes collected in Captiva.

NOTE Confidence: 0.815809795384615

 $00:08:37.080 \longrightarrow 00:08:39.780$  But getting a standardized MRI will

NOTE Confidence: 0.815809795384615

00:08:39.780 --> 00:08:43.243 allow us to circle back and say why.

NOTE Confidence: 0.815809795384615

 $00:08:43.243 \longrightarrow 00:08:47.827$  Why do we see decline in cognitive function?

NOTE Confidence: 0.815809795384615

 $00:08:47.830 \longrightarrow 00:08:50.938$  Is it because there's cortical atrophy?

NOTE Confidence: 0.815809795384615

 $00:08:50.940 \longrightarrow 00:08:53.472$  Is it because the white matter

NOTE Confidence: 0.815809795384615

 $00:08:53.472 \longrightarrow 00:08:55.160$  hyper intensity volume increased?

00:08:57.190 --> 00:09:00.246 And I think I'll skip this because, uhm?

NOTE Confidence: 0.923471812857143

00:09:00.246 --> 00:09:02.950 It, uh, our inclusion

NOTE Confidence: 0.923471812857143

 $00:09:02.950 \longrightarrow 00:09:04.978$  exclusion mimics Captiva.

NOTE Confidence: 0.923471812857143

00:09:04.980 --> 00:09:08.032 We would want to obtain the MRI

NOTE Confidence: 0.923471812857143

 $00:09:08.032 \longrightarrow 00:09:11.530$  within 14 days of captive enrollment.

NOTE Confidence: 0.923471812857143

00:09:11.530 --> 00:09:14.494 And our primary outcome would be

NOTE Confidence: 0.923471812857143

 $00:09:14.494 \longrightarrow 00:09:17.132$  recurrent stroke in the vascular

NOTE Confidence: 0.923471812857143

00:09:17.132 --> 00:09:19.997 territory of the index stroke.

NOTE Confidence: 0.923471812857143

 $00:09:20.000 \longrightarrow 00:09:23.384$  We will have a 12 month follow up

NOTE Confidence: 0.923471812857143

 $00:09:23.384 \longrightarrow 00:09:26.927$  MRI so the study includes a baseline

NOTE Confidence: 0.923471812857143

 $00{:}09{:}26.927 \dashrightarrow 00{:}09{:}31.026$  and follow up Mr UM and that would

NOTE Confidence: 0.923471812857143

 $00:09:31.026 \longrightarrow 00:09:34.540$  allow us as a secondary outcome to

NOTE Confidence: 0.923471812857143

 $00:09:34.647 \longrightarrow 00:09:38.658$  have asymptomatic silent infarcts in

NOTE Confidence: 0.923471812857143

 $00:09:38.658 \longrightarrow 00:09:41.798$  addition to the symptomatic infarcts.

NOTE Confidence: 0.923471812857143

00:09:41.800 --> 00:09:43.198 As I mentioned,

NOTE Confidence: 0.923471812857143

 $00{:}09{:}43.198 \dashrightarrow 00{:}09{:}45.994$  will also is a tertiary outcome.

 $00{:}09{:}46.000 \dashrightarrow 00{:}09{:}49.110$  Look at cortical thickness and

NOTE Confidence: 0.923471812857143

 $00:09:49.110 \longrightarrow 00:09:50.976$  white matter hyperintensities.

NOTE Confidence: 0.923471812857143

00:09:50.980 --> 00:09:53.980 Uh, it's a pretty simple ancillary.

NOTE Confidence: 0.923471812857143

00:09:53.980 --> 00:09:57.557 We're only collecting data from the imaging,

NOTE Confidence: 0.923471812857143

 $00{:}09{:}57.560 \dashrightarrow 00{:}10{:}01.484$  so there's an MRI within 14 days and then

NOTE Confidence: 0.923471812857143

 $00:10:01.484 \longrightarrow 00:10:06.460$  one at completion of Captiva, 12 months.

NOTE Confidence: 0.923471812857143

 $00:10:06.460 \longrightarrow 00:10:10.217$  Uhm, we think will need about 300

NOTE Confidence: 0.923471812857143

 $00{:}10{:}10.217 \dashrightarrow 00{:}10{:}14.639$  patients to reliably show and outcome.

NOTE Confidence: 0.923471812857143

00:10:14.640 --> 00:10:17.538 Uhm. We mainly powered it on Q.

NOTE Confidence: 0.923471812857143 00:10:17.540 --> 00:10:18.101 Murray. NOTE Confidence: 0.923471812857143

00:10:18.101 --> 00:10:21.467 Although actually many of the assumptions

NOTE Confidence: 0.923471812857143

 $00{:}10{:}21.467 \dashrightarrow 00{:}10{:}26.080$  hold for the other exposures as well.

NOTE Confidence: 0.923471812857143

 $00:10:26.080 \longrightarrow 00:10:30.310$  And when getting those 300 patients,

NOTE Confidence: 0.923471812857143

 $00{:}10{:}30.310 \dashrightarrow 00{:}10{:}32.635$  multimodal MRI is not something

NOTE Confidence: 0.923471812857143

 $00:10:32.635 \longrightarrow 00:10:34.960$  that every site can do,

 $00:10:34.960 \longrightarrow 00:10:37.150$  and stroke net.

NOTE Confidence: 0.923471812857143

 $00{:}10{:}37.150 \dashrightarrow 00{:}10{:}40.140$  Certainly elements of the MRI

NOTE Confidence: 0.923471812857143

 $00:10:40.140 \longrightarrow 00:10:43.130$  are going to be challenging,

NOTE Confidence: 0.923471812857143

 $00:10:43.130 \longrightarrow 00:10:46.100$  although we think within the

NOTE Confidence: 0.923471812857143

 $00:10:46.100 \longrightarrow 00:10:48.476$  the realm of feasibility.

NOTE Confidence: 0.923471812857143

00:10:48.480 --> 00:10:53.639 But we are proposing picking 30 high

NOTE Confidence: 0.923471812857143

 $00:10:53.639 \longrightarrow 00:10:56.744$  enrolling sites and we think those.

NOTE Confidence: 0.923471812857143

00:10:56.744 --> 00:10:59.180 30 sites will actually account for

NOTE Confidence: 0.923471812857143

 $00:10:59.262 \longrightarrow 00:11:02.044$  about 50% of captive a sample,

NOTE Confidence: 0.923471812857143

 $00:11:02.044 \longrightarrow 00:11:05.480$  so if you look at the enrollment

NOTE Confidence: 0.923471812857143

 $00{:}11{:}05.480 --> 00{:}11{:}08.326$  in Arcadian most up to date,

NOTE Confidence: 0.923471812857143

 $00:11:08.326 \longrightarrow 00:11:11.044$  well it's a couple weeks ago.

NOTE Confidence: 0.923471812857143

00:11:11.050 --> 00:11:14.290 But what you'll see is that if you

NOTE Confidence: 0.923471812857143

 $00:11:14.290 \longrightarrow 00:11:17.666$  take all of the sites and then sort

NOTE Confidence: 0.923471812857143

 $00:11:17.666 \longrightarrow 00:11:21.740$  of focus on the top third there,

NOTE Confidence: 0.923471812857143

 $00:11:21.740 \longrightarrow 00:11:24.806$  you get at least half of the

 $00:11:24.806 \longrightarrow 00:11:27.519$  enrollments in the overall trial.

NOTE Confidence: 0.923471812857143 00:11:27.520 --> 00:11:28.173 Uhm? NOTE Confidence: 0.923471812857143

00:11:28.173 --> 00:11:31.438 The sample size of Captiva

NOTE Confidence: 0.923471812857143

00:11:31.438 --> 00:11:33.544 is about 1600 patients,

NOTE Confidence: 0.923471812857143

 $00:11:33.544 \longrightarrow 00:11:36.323$  so we think we'd have over 800

NOTE Confidence: 0.923471812857143

 $00:11:36.323 \longrightarrow 00:11:38.639$  eligible patients at the 30 sites.

NOTE Confidence: 0.668453095

00:11:40.720 --> 00:11:46.108 Arcadia CSI is enrolling quite well.

NOTE Confidence: 0.668453095

 $00:11:46.110 \longrightarrow 00:11:47.835$  We think we didn't roll

NOTE Confidence: 0.668453095

 $00:11:47.835 \longrightarrow 00:11:49.215$  even better than that,

NOTE Confidence: 0.668453095

 $00:11:49.220 \longrightarrow 00:11:52.844$  and we don't have any additional

NOTE Confidence: 0.668453095

 $00:11:52.844 \longrightarrow 00:11:56.190$  data collection apart from the MRI.

NOTE Confidence: 0.668453095

00:11:56.190 --> 00:11:59.242 Uhm, and, uh, I think I'll close

NOTE Confidence: 0.668453095

00:11:59.242 --> 00:12:01.669 there 'cause we're out of time,

NOTE Confidence: 0.668453095

 $00:12:01.670 \longrightarrow 00:12:05.009$  but thank you so much honey for

NOTE Confidence: 0.668453095

00:12:05.010 --> 00:12:08.080 letting me briefly present that. Thank

00:12:08.090 --> 00:12:11.667 you so much Adam. This was certific.

NOTE Confidence: 0.848039561428571

 $00:12:11.670 \longrightarrow 00:12:14.230$  We definitely need better treatments

NOTE Confidence: 0.848039561428571

 $00:12:14.230 \longrightarrow 00:12:16.790$  for patients with symptomatic icad.

NOTE Confidence: 0.848039561428571

00:12:16.790 --> 00:12:19.268 As you mentioned, the risk of recurrence

NOTE Confidence: 0.848039561428571

 $00:12:19.268 \longrightarrow 00:12:22.054$  is high and you know there are

NOTE Confidence: 0.848039561428571

00:12:22.054 --> 00:12:24.209 multiple reasons why patients recur,

NOTE Confidence: 0.848039561428571

 $00:12:24.210 \longrightarrow 00:12:26.338$  so it's a comprehensive.

NOTE Confidence: 0.848039561428571

 $00:12:26.338 \longrightarrow 00:12:29.530$  Understanding of these reasons is very

NOTE Confidence: 0.848039561428571

 $00{:}12{:}29.618 {\:\dashrightarrow\:} 00{:}12{:}32.658$  important than secondary prevention.

NOTE Confidence: 0.848039561428571

 $00:12:32.660 \longrightarrow 00:12:35.008$  I don't see any.

NOTE Confidence: 0.848039561428571

00:12:35.008 --> 00:12:38.530 I I see question from Kevin.

NOTE Confidence: 0.848039561428571

 $00{:}12{:}38.530 \dashrightarrow 00{:}12{:}41.250$  And I'm just gonna read the the question,

NOTE Confidence: 0.848039561428571

 $00:12:41.250 \longrightarrow 00:12:45.039$  uh, so for each of your approaches is

NOTE Confidence: 0.848039561428571

 $00:12:45.039 \longrightarrow 00:12:49.092$  the idea to one identify patients at

NOTE Confidence: 0.848039561428571

 $00:12:49.092 \longrightarrow 00:12:51.900$  higher risk or patients that may be

NOTE Confidence: 0.848039561428571

 $00:12:51.900 \longrightarrow 00:12:53.850$  more likely to benefit from mechanical

 $00:12:53.906 \longrightarrow 00:12:55.998$  intervention versus medical treatment.

NOTE Confidence: 0.824975114285714

 $00:12:57.970 \longrightarrow 00:13:01.782$  I think Kevin's question is for me, although

NOTE Confidence: 0.824975114285714

 $00:13:01.782 \longrightarrow 00:13:04.960$  it could apply to profuse eyeglasses.

NOTE Confidence: 0.902554167272728

 $00:13:07.630 \longrightarrow 00:13:09.905$  I think the idea is to identify

NOTE Confidence: 0.902554167272728

 $00:13:09.905 \longrightarrow 00:13:11.280$  patients at higher risk.

NOTE Confidence: 0.902554167272728

 $00:13:11.280 \longrightarrow 00:13:15.822$  Come with the idea of both

NOTE Confidence: 0.902554167272728

00:13:15.822 --> 00:13:18.093 understanding plaque biology.

NOTE Confidence: 0.902554167272728

 $00:13:18.100 \longrightarrow 00:13:19.796$  I didn't talk about it in my slides,

NOTE Confidence: 0.902554167272728

 $00:13:19.800 \longrightarrow 00:13:22.089$  but one of the things we really

NOTE Confidence: 0.902554167272728

 $00{:}13{:}22.089 \dashrightarrow 00{:}13{:}25.053$  want to do is look at the evolution

NOTE Confidence: 0.902554167272728

 $00:13:25.053 \longrightarrow 00:13:28.027$  of of these plagues with sort of

NOTE Confidence: 0.902554167272728

 $00{:}13{:}28.027 \dashrightarrow 00{:}13{:}29.999$  multimodal high resolution Mr.

NOTE Confidence: 0.902554167272728

00:13:30.000 --> 00:13:33.230 Over a year. But uhm,

NOTE Confidence: 0.902554167272728

 $00{:}13{:}33.230 \dashrightarrow 00{:}13{:}36.655$  that's that's secondary to being

NOTE Confidence: 0.902554167272728

 $00:13:36.655 \longrightarrow 00:13:39.342$  able to identify inclusion.

 $00:13:39.342 \longrightarrow 00:13:41.966$  Exclusion for future studies.

NOTE Confidence: 0.8941694

 $00{:}13{:}44.320 --> 00{:}13{:}46.046$  Great, thank you so much

NOTE Confidence: 0.8941694

 $00:13:46.046 \longrightarrow 00:13:47.990$  for this and thank you so

NOTE Confidence: 0.936955975

 $00:13:48.068 \longrightarrow 00:13:50.180$  much everyone for attending.

NOTE Confidence: 0.936955975

 $00{:}13{:}50.180 \dashrightarrow 00{:}13{:}52.670$  We had great sessions today.

NOTE Confidence: 0.936955975

 $00{:}13{:}52.670 \dashrightarrow 00{:}13{:}55.904$  I personally have learned so much from

NOTE Confidence: 0.936955975

 $00{:}13{:}55.904 \dashrightarrow 00{:}13{:}58.267$  each presentation and I'm sure most

NOTE Confidence: 0.936955975

00:13:58.267 --> 00:14:01.139 of us if not all feel the same way.

NOTE Confidence: 0.936955975

 $00:14:01.140 \longrightarrow 00:14:02.995$  Now I'll turn it over the Kevin.