WEBVTT

NOTE duration:"00:14:03"

NOTE recognizability:0.860

NOTE language:en-us

NOTE Confidence: 0.87287312

00:00:00.000 --> 00:00:03.000 Thanks daddy.

NOTE Confidence: 0.87287312

00:00:03.000 --> 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 --> 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 --> 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 --> 00:00:27.576 And David Ron, who is a neuroradiologist

NOTE Confidence: 0.87287312

00:00:27.580 --> 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 --> 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,

NOTE Confidence: 0.87287312

00:00:43.336 --> 00:00:46.800 which has been funded and doctor

NOTE Confidence: 0.87287312

00:00:46.800 --> 00:00:49.500 Broderick described it earlier today.

NOTE Confidence: 0.87287312

00:00:49.500 --> 00:00:52.475 But I do wanna touch on just

NOTE Confidence: 0.87287312

00:00:52.475 --> 00:00:54.630 a couple points quickly.

NOTE Confidence: 0.87287312

00:00:54.630 --> 00:00:55.974 Come and chat.

NOTE Confidence: 0.87287312

00:00:55.974 --> 00:00:59.110 He's talked a little bit about intracranial

NOTE Confidence: 0.87287312

00:00:59.196 --> 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 --> 00:01:09.750 discuss enough is that overall worldwide

NOTE Confidence: 0.87287312

00:01:09.750 --> 00:01:12.870 it is the most common cause of stroke.

NOTE Confidence: 0.87287312

00:01:12.870 --> 00:01:16.614 So taking into account its prevalence

NOTE Confidence: 0.87287312

00:01:16.614 --> 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 --> 00:01:33.558 it gets you to the most common cause

NOTE Confidence: 0.87287312

00:01:33.560 --> 00:01:37.148 and chatty showed you great data

NOTE Confidence: 0.87287312

00:01:37.150 --> 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 --> 00:01:52.004 If you take carotid stenosis as a comparator.

NOTE Confidence: 0.87287312

00:01:52.010 --> 00:01:53.995 We have excellent medical and

NOTE Confidence: 0.87287312

00:01:53.995 --> 00:01:54.789 surgical treatment,

NOTE Confidence: 0.87287312

00:01:54.790 --> 00:01:59.137 so with some treatment I can expect

NOTE Confidence: 0.87287312

00:01:59.137 --> 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 --> 00:02:07.970 So why did the treatments that

NOTE Confidence: 0.87287312

00:02:07.970 --> 00:02:11.080 work so well for carotid disease

NOTE Confidence: 0.87287312

00:02:11.080 --> 00:02:13.888 not work as well for eikaas,

NOTE Confidence: 0.87287312

00:02:13.890 --> 00:02:16.123 and why do we still have such

NOTE Confidence: 0.87287312

00:02:16.123 --> 00:02:18.250 a high rate of recurrence?

NOTE Confidence: 0.87287312

00:02:18.250 --> 00:02:22.372 Well, one thing to take into account is that.

NOTE Confidence: 0.87287312

00:02:22.380 --> 00:02:23.191 When?

NOTE Confidence: 0.87287312

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

NOTE Confidence: 0.87287312

00:02:26.435 --> 00:02:29.679 trials and six trials.

NOTE Confidence: 0.87287312

00:02:29.680 --> 00:02:32.656 Looking at carotid disease.

NOTE Confidence: 0.87287312

00:02:32.656 --> 00:02:36.634 Come and you could expand this further out,

NOTE Confidence: 0.87287312

00:02:36.640 --> 00:02:39.377 but I think a lot of the

NOTE Confidence: 0.87287312

00:02:39.377 --> 00:02:42.039 advances in terms of medications.

NOTE Confidence: 0.87287312

00:02:42.040 --> 00:02:47.010 Were already apparent by 2005.

NOTE Confidence: 0.87287312

00:02:47.010 --> 00:02:49.890 They had only funded one study

NOTE Confidence: 0.87287312

00:02:49.890 --> 00:02:51.810 for intracranial athero an

NOTE Confidence: 0.87287312

00:02:51.901 --> 00:02:53.837 and subsequent to that.

NOTE Confidence: 0.87287312

00:02:53.840 --> 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 --> 00:03:00.636 but I would argue that a

NOTE Confidence: 0.87287312

00:03:00.640 --> 00:03:03.320 disproportionate amount of funding

NOTE Confidence: 0.87287312

00:03:03.320 --> 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?

NOTE Confidence: 0.87287312

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

NOTE Confidence: 0.87287312

00:03:14.368 --> 00:03:17.470 a high rate of recurrence.

NOTE Confidence: 0.87287312

00:03:17.470 --> 00:03:20.892 The other thing that is of course

NOTE Confidence: 0.87287312

00:03:20.892 --> 00:03:23.666 important is that intracranial arteries

NOTE Confidence: 0.87287312

00:03:23.666 --> 00:03:26.984 are not the same as extracranial,

NOTE Confidence: 0.87287312

00:03:26.990 --> 00:03:31.247 so you can see here in broad terms that.

NOTE Confidence: 0.87287312

00:03:31.250 --> 00:03:34.596 The structure in cross section of an

NOTE Confidence: 0.87287312

00:03:34.596 --> 00:03:37.139 intracranial artery is very different

NOTE Confidence: 0.87287312

00:03:37.139 --> 00:03:39.689 than that of an extracranial,

NOTE Confidence: 0.87287312

00:03:39.690 --> 00:03:44.532 such as the carotid artery and for one thing,

NOTE Confidence: 0.87287312

00:03:44.532 --> 00:03:46.628 intracranial arteries are thinner.

NOTE Confidence: 0.87287312

00:03:46.630 --> 00:03:52.189 They sit in spinal fluid, they don't have.

NOTE Confidence: 0.87287312

00:03:52.189 --> 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 --> 00:04:01.870 so that too I think.

NOTE Confidence: 0.87287312

00:04:01.870 --> 00:04:04.766 Is why many of the treatments that work

NOTE Confidence: 0.87287312

00:04:04.766 --> 00:04:07.879 in carotid disease don't work intracranial,

NOTE Confidence: 0.87287312

00:04:07.880 --> 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 --> 00:04:21.452 but with this additional

NOTE Confidence: 0.87287312

00:04:21.452 --> 00:04:24.142 information we get on MRI,

NOTE Confidence: 0.87287312

00:04:24.150 --> 00:04:27.293 we will be able to better risk

NOTE Confidence: 0.87287312

00:04:27.293 --> 00:04:31.210 stratify patients with DIECASTS and.

NOTE Confidence: 0.87287312

00:04:31.210 --> 00:04:33.520 That that is very similar

NOTE Confidence: 0.87287312

00:04:33.520 --> 00:04:35.830 to what perfuse diecasts UM

NOTE Confidence: 0.815809795384615

00:04:35.919 --> 00:04:38.760 is looking at, and I think

NOTE Confidence: 0.815809795384615

00:04:38.760 --> 00:04:42.000 both Shadi and I recognize that

NOTE Confidence: 0.815809795384615

00:04:42.000 --> 00:04:45.037 stenosis is an important metric.

NOTE Confidence: 0.815809795384615

00:04:45.040 --> 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,

NOTE Confidence: 0.815809795384615

00:04:47.900 --> 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 --> 00:04:59.789 patients who fail medical management.

NOTE Confidence: 0.815809795384615

00:04:59.790 --> 00:05:02.884 So in Captiva we may find that

NOTE Confidence: 0.815809795384615

00:05:02.884 --> 00:05:05.344 low dose rivaroxaban and aspirin

NOTE Confidence: 0.815809795384615

00:05:05.344 --> 00:05:08.464 lowers the rate of recurrent stroke,

NOTE Confidence: 0.815809795384615

00:05:08.470 --> 00:05:10.354 perhaps to 10%.

NOTE Confidence: 0.815809795384615

00:05:10.354 --> 00:05:14.302 But why did those 10% still

NOTE Confidence: 0.815809795384615

00:05:14.302 --> 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 --> 00:05:23.990 that were interested in UM,

NOTE Confidence: 0.815809795384615

00:05:23.990 --> 00:05:27.302 we anticipate patients will spend about

NOTE Confidence: 0.815809795384615

00:05:27.302 --> 00:05:32.315 50 minutes in the scanner in addition to.

NOTE Confidence: 0.815809795384615

00:05:32.315 --> 00:05:35.690 Sort of conventional diffusion imaging

NOTE Confidence: 0.815809795384615

00:05:35.690 --> 00:05:39.084 volumetric imaging will get standard

NOTE Confidence: 0.815809795384615

00:05:39.084 --> 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 --> 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 --> 00:05:56.350 which is an emerging technique

NOTE Confidence: 0.815809795384615

00:05:56.350 --> 00:05:59.664 that looks at the disruption

NOTE Confidence: 0.815809795384615

00:05:59.664 --> 00:06:02.176 of flow around plaque.

NOTE Confidence: 0.815809795384615

00:06:02.180 --> 00:06:05.195 And then inflammation of plaque

NOTE Confidence: 0.815809795384615

00:06:05.195 --> 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 --> 00:06:21.102 but these all have been shown

NOTE Confidence: 0.815809795384615

00:06:21.102 --> 00:06:24.219 in prospective studies to be

NOTE Confidence: 0.815809795384615

00:06:24.219 --> 00:06:27.187 associated with recurrent stroke.

NOTE Confidence: 0.815809795384615

00:06:27.190 --> 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 --> 00:06:37.320 which I won't go into.

NOTE Confidence: 0.815809795384615

00:06:37.320 --> 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 --> 00:06:45.807 could be predictive of recurrent stroke.

NOTE Confidence: 0.815809795384615

00:06:45.810 --> 00:06:49.386 And I think when looking at the rationale

NOTE Confidence: 0.815809795384615

00:06:49.386 --> 00:06:53.269 for an ancillary MRI study to Captiva,

NOTE Confidence: 0.815809795384615

00:06:53.270 --> 00:06:53.880 UM,

NOTE Confidence: 0.815809795384615

00:06:53.880 --> 00:06:59.276 it is an opportunity that if we miss it,

NOTE Confidence: 0.815809795384615

00:06:59.276 --> 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 --> 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 --> 00:07:13.594 and I think there's ample reason

NOTE Confidence: 0.815809795384615

00:07:13.594 --> 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 --> 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 --> 00:07:29.809 standard of care of medical management,

NOTE Confidence: 0.815809795384615

00:07:29.810 --> 00:07:33.200 that is an important piece

NOTE Confidence: 0.815809795384615

00:07:33.200 --> 00:07:36.720 for trials moving forward.

NOTE Confidence: 0.815809795384615

00:07:36.720 --> 00:07:39.744 And Captiva does not have standardized

NOTE Confidence: 0.815809795384615

00:07:39.744 --> 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 --> 00:07:49.852 I think it's it's a responsibility

NOTE Confidence: 0.815809795384615

00:07:49.852 --> 00:07:54.078 of mine to try to give back to

NOTE Confidence: 0.815809795384615

00:07:54.080 --> 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 --> 00:08:04.590 other imaging in addition to the

NOTE Confidence: 0.815809795384615

00:08:04.590 --> 00:08:07.030 three exposures that I mentioned.

NOTE Confidence: 0.815809795384615

00:08:07.030 --> 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 --> 00:08:15.122 which will be excellent and the

NOTE Confidence: 0.815809795384615

00:08:15.122 --> 00:08:19.708 final reason is that I think there

NOTE Confidence: 0.815809795384615

00:08:19.708 --> 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 --> 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 --> 00:08:37.078 outcomes collected in Captiva.

NOTE Confidence: 0.815809795384615

00:08:37.080 --> 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 --> 00:08:47.827 Why do we see decline in cognitive function?

NOTE Confidence: 0.815809795384615

00:08:47.830 --> 00:08:50.938 Is it because there's cortical atrophy?

NOTE Confidence: 0.815809795384615

00:08:50.940 --> 00:08:53.472 Is it because the white matter

NOTE Confidence: 0.815809795384615

00:08:53.472 --> 00:08:55.160 hyper intensity volume increased?

NOTE Confidence: 0.923471812857143

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 --> 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 --> 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 --> 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 --> 00:09:23.384 We will have a 12 month follow up

NOTE Confidence: 0.923471812857143

00:09:23.384 --> 00:09:26.927 MRI so the study includes a baseline

NOTE Confidence: 0.923471812857143

00:09:26.927 --> 00:09:31.026 and follow up Mr UM and that would

NOTE Confidence: 0.923471812857143

00:09:31.026 --> 00:09:34.540 allow us as a secondary outcome to

NOTE Confidence: 0.923471812857143

00:09:34.647 --> 00:09:38.658 have asymptomatic silent infarcts in

NOTE Confidence: 0.923471812857143

00:09:38.658 --> 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 --> 00:09:45.994 will also is a tertiary outcome.

NOTE Confidence: 0.923471812857143

00:09:46.000 --> 00:09:49.110 Look at cortical thickness and

NOTE Confidence: 0.923471812857143

00:09:49.110 --> 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 --> 00:10:01.484 so there's an MRI within 14 days and then

NOTE Confidence: 0.923471812857143

00:10:01.484 --> 00:10:06.460 one at completion of Captiva, 12 months.

NOTE Confidence: 0.923471812857143

00:10:06.460 --> 00:10:10.217 Uhm, we think will need about 300

NOTE Confidence: 0.923471812857143

00:10:10.217 --> 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 --> 00:10:26.080 hold for the other exposures as well.

NOTE Confidence: 0.923471812857143

00:10:26.080 --> 00:10:30.310 And when getting those 300 patients,

NOTE Confidence: 0.923471812857143

00:10:30.310 --> 00:10:32.635 multimodal MRI is not something

NOTE Confidence: 0.923471812857143

00:10:32.635 --> 00:10:34.960 that every site can do,

NOTE Confidence: 0.923471812857143

00:10:34.960 --> 00:10:37.150 and stroke net.

NOTE Confidence: 0.923471812857143

00:10:37.150 --> 00:10:40.140 Certainly elements of the MRI

NOTE Confidence: 0.923471812857143

00:10:40.140 --> 00:10:43.130 are going to be challenging,

NOTE Confidence: 0.923471812857143

00:10:43.130 --> 00:10:46.100 although we think within the

NOTE Confidence: 0.923471812857143

00:10:46.100 --> 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 --> 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 --> 00:11:02.044 about 50% of captive a sample,

NOTE Confidence: 0.923471812857143

00:11:02.044 --> 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 --> 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 --> 00:11:17.666 take all of the sites and then sort

NOTE Confidence: 0.923471812857143

00:11:17.666 --> 00:11:21.740 of focus on the top third there,

NOTE Confidence: 0.923471812857143

00:11:21.740 --> 00:11:24.806 you get at least half of the

14

NOTE Confidence: 0.923471812857143

00:11:24.806 --> 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 --> 00:11:36.323 so we think we'd have over 800

NOTE Confidence: 0.923471812857143

00:11:36.323 --> 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 --> 00:11:47.835 We think we didn't roll

NOTE Confidence: 0.668453095

00:11:47.835 --> 00:11:49.215 even better than that,

NOTE Confidence: 0.668453095

00:11:49.220 --> 00:11:52.844 and we don't have any additional

NOTE Confidence: 0.668453095

00:11:52.844 --> 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 --> 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

NOTE Confidence: 0.848039561428571

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

NOTE Confidence: 0.848039561428571

00:12:11.670 --> 00:12:14.230 We definitely need better treatments

NOTE Confidence: 0.848039561428571

00:12:14.230 --> 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 --> 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 --> 00:12:26.338 so it's a comprehensive.

NOTE Confidence: 0.848039561428571

00:12:26.338 --> 00:12:29.530 Understanding of these reasons is very

NOTE Confidence: 0.848039561428571

00:12:29.618 --> 00:12:32.658 important than secondary prevention.

NOTE Confidence: 0.848039561428571

00:12:32.660 --> 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 --> 00:12:41.250 And I'm just gonna read the the question,

NOTE Confidence: 0.848039561428571

00:12:41.250 --> 00:12:45.039 uh, so for each of your approaches is

NOTE Confidence: 0.848039561428571

00:12:45.039 --> 00:12:49.092 the idea to one identify patients at

NOTE Confidence: 0.848039561428571

00:12:49.092 --> 00:12:51.900 higher risk or patients that may be

NOTE Confidence: 0.848039561428571

00:12:51.900 --> 00:12:53.850 more likely to benefit from mechanical

NOTE Confidence: 0.848039561428571

00:12:53.906 --> 00:12:55.998 intervention versus medical treatment.

NOTE Confidence: 0.824975114285714

00:12:57.970 --> 00:13:01.782 I think Kevin's question is for me, although

NOTE Confidence: 0.824975114285714

00:13:01.782 --> 00:13:04.960 it could apply to profuse eyeglasses.

NOTE Confidence: 0.902554167272728

00:13:07.630 --> 00:13:09.905 I think the idea is to identify

NOTE Confidence: 0.902554167272728

00:13:09.905 --> 00:13:11.280 patients at higher risk.

NOTE Confidence: 0.902554167272728

00:13:11.280 --> 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 --> 00:13:19.796 I didn't talk about it in my slides,

NOTE Confidence: 0.902554167272728

00:13:19.800 --> 00:13:22.089 but one of the things we really

NOTE Confidence: 0.902554167272728

00:13:22.089 --> 00:13:25.053 want to do is look at the evolution

NOTE Confidence: 0.902554167272728

00:13:25.053 --> 00:13:28.027 of of these plaques with sort of

NOTE Confidence: 0.902554167272728

00:13:28.027 --> 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 --> 00:13:36.655 that's that's secondary to being

NOTE Confidence: 0.902554167272728

00:13:36.655 --> 00:13:39.342 able to identify inclusion.

NOTE Confidence: 0.902554167272728

00:13:39.342 --> 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 --> 00:13:47.990 for this and thank you so

NOTE Confidence: 0.936955975

00:13:48.068 --> 00:13:50.180 much everyone for attending.

NOTE Confidence: 0.936955975

00:13:50.180 --> 00:13:52.670 We had great sessions today.

NOTE Confidence: 0.936955975

00:13:52.670 --> 00:13:55.904 I personally have learned so much from

NOTE Confidence: 0.936955975

00:13:55.904 --> 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 --> 00:14:02.995 Now I'll turn it over the Kevin.