

ACST-2, a large international study comparing two types of stroke prevention

[PATIENT NAME]
[PATIENT ADDRESS, LINE 1]
[PATIENT ADDRESS, LINE 2]
[PATIENT ADDRESS, LINE 3]
[DATE]

Professor Alison Halliday, ACST office
Dept of Cardiac & Vascular Sciences
St George's University of London
London SW17 0RE, UK

[PATIENT NAME]
Study ID number: [PATIENT ID]

Dear [PATIENT],

On [DATE OF RANDOMISATION] you agreed to take part in an international study comparing two different procedures, CEA or CAS, to treat a narrowed artery in your neck in the hope of preventing stroke. I am now writing to find out how you have been since leaving hospital after having that procedure (CEA or CAS).

I need to know if you have had any kind of stroke since then and, if so, whether it still affects you. I hope that you will continue to be part of this study, and I would like to write to you again one year from now.

Please complete the short form and send it back in the envelope. If you cannot complete this form yourself, perhaps a friend, relative, carer or doctor can help. Thank you.



Dr. Alison Halliday, study director

Information you had before you joined the study (and, on the next sheet, a copy of your previous agreement to join it)

Before you joined this study, your doctor had told you that you had a narrowing in one of the arteries in your neck that supplies blood to the brain, and that this narrowing could cause a stroke. Your doctor felt that it was time to deal with this narrowing. This study compares removing the narrowing by an operation (called carotid endarterectomy, CEA) or by keeping the inside of the artery open with a wire mesh tube (a procedure called carotid artery stenting, CAS), to see which is better. The findings of this study will help people like you in the future who have a narrowing in their carotid arteries.

You were told that we would want to write to you once a year for at least 5 years to ask you how you are. If we cannot contact you, we would like to ask your family doctor (or any friends or relatives you named) how you have been.

Further information about this study is available on www.acst.org.uk

ACST-2, a large international study comparing two types of stroke prevention

[DOCTOR/FRIEND/RELATIVE NAME]
[ADDRESS, LINE 1]
[ADDRESS, LINE 2]
[ADDRESS, LINE 3]
[DATE]

Professor Alison Halliday, ACST office
Dept of Cardiac & Vascular Sciences
St George's University of London
London SW17 0RE, UK

[PATIENT NAME]
Study ID number: [PATIENT ID]

Dear [DOCTOR/FRIEND/RELATIVE NAME]

Some time ago, this patient agreed to take part in an international study of stroke prevention. I planned to write to them once a year to ask them how they have been, but this year I have had no answer. I am therefore writing to you to ask you whether you can help me. Copies of their agreement to join the study, and for me to try to contact you, are with this letter.

The main question is whether they have had any kind of stroke and, if so, whether it still affects them. If the questions cannot be answered, or if only some can be answered, please could you explain why on the second page of the questionnaire? Thank you.

Please complete the questionnaire and send it back. I hope that most or all of the questions can be answered, and I would like to write again one year from now and ask the same questions again if I cannot contact the patient directly. Thank you for your help.



Dr. Alison Halliday, study director

encl: Copy of letter recently sent by ACST office to the patient
Copy of annual questionnaire (which was for completion by the patient)

Further information about this study is available on www.acst.org.uk

International study of stroke prevention procedures (Annual questionnaire; please complete BOTH pages)

Today's date

/ / day/month/year

Patient name (please **PRINT**)

Address (please **PRINT**), if
different from that on the letter

Patient ID
(from letter, to avoid mix-ups)

(incl. tel & email, if known)

Please tick a box to say who filled out this form Patient Carer Friend/relative Other

We hope you have been well since leaving hospital after the neck artery procedure (CEA/CAS) you had when you first joined the study, but if not then please tell us.

1. Since you were last contacted / / , have you had a stroke?

Tick **Yes**, or **No**. If **YES**, what was the approximate date? / /

Which side of your body was affected? Left Right Neither side Both sides Don't know

Where were you treated? (can tick more than 1) Home Hospital/Clinic Other (eg, nursing home)

In total, how long were you in a hospital, clinic or nursing home because of it?

days, or weeks, or months, or tick if still there

Do you know the name and address of a doctor who saw you (or of the hospital you went to)?

Name (PRINT):

Address (PRINT):

2. If you have had a stroke, how are you now? (Tick ONE box)

- No symptoms from the stroke
 Minor problems, but I can carry out everything I usually do
 A few problems from the stroke, but I can manage without help
 Problems from the stroke, I now need help with things
 Because of the stroke I now need help with most things

Anything else you'd like to tell us?

3. Since your first CEA/CAS, have you had any further neck artery procedures?

- Tick box if **YES**: Operation (CEA) on my LEFT neck artery Date / (month/year, approx)
 Stent (CAS) in my LEFT neck artery Date / (month/year, approx)
 Operation (CEA) on my RIGHT neck artery Date / (month/year, approx)
 Stent (CAS) in my RIGHT neck artery Date / (month/year, approx)

If any answer is **YES**, did you have a stroke within the first month after the procedure? Yes or No

4. Which medications do you take regularly?

Please **PRINT** the names of all prescription medicines you take regularly (ie, on most days), or state **NOT KNOWN**

continued over the page...

**International study of stroke prevention procedures
(Annual questionnaire; please complete BOTH pages)**

5. Contact details

You gave us this information when you joined this study. We may need to contact one of these people if we cannot contact you when we write to you again next year.

Your family doctor	Your first friend or relative (1)	Your second friend or relative (2)



Please give new contact details, if they differ from those above
(thereby renewing your permission for us to contact them if necessary)

New name or contact details* for my family doctor (PRINT)	New name or contact details* for my first friend or relative (PRINT)	New name or contact details* for my second friend or relative (PRINT)

* (including tel. & email, if known)

Thank you very much. Do you have any comments, further information or questions?

Name of person completing this form, signature and date

Patient ID --

(from letter, to avoid mix-ups)

Please put this form in the prepaid envelope provided (no stamp is needed),

**OR post it in another envelope (with a stamp) to ACST office,
Dept of Cardiac & Vascular Sciences, St George's University of London, SW17 0RE, UK**