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# Large Clinical Studies press releases: Thursday, 7 May


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### CASES trial compares immediate carotid artery stenting with deferred management in acute ischaemic stroke due to tandem lesions

**(Thursday, 7 May, Maastricht, the Netherlands) At the European Stroke Organisation Conference (ESOC) 2026, researchers today presented results from the CASES trial, which investigated the optimal management of patients with acute ischaemic stroke and tandem lesions, that is, coexisting intracranial large vessel occlusion and carotid artery stenosis (≥50%) or occlusion.[1]**

The trial compared immediate carotid artery stenting (CAS) with deferred management, aiming to demonstrate the non-inferiority of immediate CAS performed during endovascular treatment (EVT).

CASES is an open-label, multicentre, international randomised controlled trial that recruited patients from 26 centres across the Netherlands and Belgium, which was funded by ZonMw and KCE Trials under the BeNeFIT programme. Eligible patients had ischaemic stroke due to a tandem lesion and were suitable candidates for EVT.

Patients were randomised to carotid artery stenting at the time of EVT or to deferred treatment, which included carotid endarterectomy, delayed CAS or best medical management. The primary outcome was the modified Rankin Scale (mRS) score at 90 days.

Safety outcomes included symptomatic intracranial haemorrhage and mortality, both assessed within 90 days. Efficacy analyses were performed in the per-protocol set and full-analysis set, including crossovers, with adjustment for prognostic confounders. The safety analysis was conducted according to the as-treated principle. The non-inferiority margin was set at 0.80.

Between 2023 and 2025, 633 patients were recruited to the CASES trial and deferred informed consent was obtained from 597 patients. Of these, 297 were assigned to immediate CAS and 300 to deferred treatment. The mean age of included participants was 72 years and the median NIHSS score at baseline was 14.

In the full analysis, the non-inferiority criterion was not met (acOR 1.06, 95% CI 0.79–1.43), but in the per-protocol set, immediate CAS was non-inferior to the deferred treatment strategy (adjusted common OR [acOR] 1.10, 95% CI 0.81–1.50).

The rates of symptomatic intracranial haemorrhage were 2.1% in the CAS group and 3.8% in the deferred treatment group (OR 0.55, 95% CI 0.29–1.40). Mortality rates were 21% in the CAS group versus 25% in the deferred treatment group (acOR 0.79, 95% CI 0.54–1.14).

The CASES trial provides new evidence that immediate CAS during EVT is safe when compared with a deferred treatment strategy among patients with acute ischaemic stroke due to atherosclerotic tandem lesions. Based on the per-protocol efficacy analysis, immediate CAS during EVT was non-inferior when compared with a deferred treatment strategy.

**END**

**References:**

1. Uyttenboogaart, M., et al. (2026). Carotid artery stenting during endovascular treatment of acute ischaemic stroke (CASES). Oral presentation. *European Stroke Organisation Conference (ESOC) 2026.*

## Intensive blood pressure treatment in atrial fibrillation did not reduce major cardiovascular events in the CRAFT trial

**(Thursday, 7 May, Maastricht, the Netherlands) At the European Stroke Organisation Conference (ESOC) 2026, researchers today presented results from the CRAFT randomised controlled trial, showing that targeting a home systolic blood pressure below 120 mmHg did not significantly reduce major cardiovascular events compared with a standard target below 135 mmHg in adults with atrial fibrillation.[1]**

While the primary outcome showed no significant difference, significant heterogeneity across subgroups suggests that a more individualised approach to blood pressure lowering may be considered in selected patients.

Patients with atrial fibrillation (AF) carry a substantially elevated risk of stroke, heart failure and cardiovascular death. Blood pressure (BP) lowering is central to cardiovascular risk reduction, but whether a more intensive target than currently recommended in guidelines confers additional benefit in AF patients remains uncertain.

The CRAFT trial was an open-label, blinded-endpoint randomised controlled trial enrolling adults aged 18 years or older with paroxysmal or persistent AF and an additional cardiovascular risk factor. Following a two-week open run-in phase, participants were randomly assigned to intensive treatment targeting a home systolic BP below 120 mmHg or standard treatment targeting below 135 mmHg.

The primary composite endpoint, analysed using a hierarchical win ratio approach, comprised cardiovascular death, stroke, myocardial infarction and hospitalisation for heart failure, in that order of priority. A total of 1,676 patients (mean age 69 years; 40% female) were randomised at 157 hospitals in China and Japan, with 838 in each group, and followed up for a mean of 2.5 years.

A mean between-group separation in home systolic BP of 8.3 mmHg was achieved over follow-up. Event counts in the intensive versus standard treatment groups were 27 versus 33 for cardiovascular deaths, 70 versus 54 for strokes, 16 versus 4 for myocardial infarctions and 104 versus 137 for hospitalisations for heart failure.

The primary hierarchical composite outcome showed no significant difference between groups (win ratio 1.02, 95% CI 0.90–1.15; p=0.76), a result consistent with time-to-first-event analysis (HR 0.97, 95% CI 0.76–1.25). Rates of serious adverse events were similar between groups (44.0% vs 45.1%).

Highly significant heterogeneity in treatment effect was observed across subgroups defined by sex and age, that is treatment benefits in younger adults and males.

Professor Craig S. Anderson, who presented the results, commented on these findings: “This trial draws attention to the importance of heart failure as a major adverse complication of AF where more intensive BP control may offer benefits in younger, more robust high-risk patients with AF.”

In conclusion, intensive BP lowering to a target below 120 mmHg did not reduce major cardiovascular events compared with standard treatment in adults with AF. The significant heterogeneity of effect across subgroups, particularly by sex and age, provides a basis for considering a more individualised approach to intensive BP lowering in this population.

**END**

**References:**

1. Anderson, C., et al. (2026). The Cardiovascular Risk Reduction in Patients with Atrial Fibrillation Trial (CRAFT): effects of intensive blood pressure control in AF patients. Oral presentation. *European Stroke Organisation Conference (ESOC) 2026.*

## COMMITS trial explores whether early motivational support can help prevent depression after stroke

**(Thursday, 7 May, Maastricht, the Netherlands) Depression affects around one in three stroke patients and can emerge early or develop over time, slowing recovery and reducing quality of life. Identifying ways to prevent depression, as well as treating symptoms once they appear, is a major priority. Despite this, effective support in the early phase after stroke remains limited. As a result, many stroke survivors do not receive timely help during a critical window for emotional recovery.**

The COMMITS trial addresses this gap by testing a structured, person-centred therapy known as Motivational Interviewing-Based Intervention (MIBI) to support emotional adjustment and reduce the risk of developing depression after stroke.[1] The intervention uses guided conversations to strengthen motivation, coping strategies and confidence, helping people to adapt emotionally in the weeks following stroke.

“Depression after stroke is common, but we still lack clear evidence on how best to intervene early to prevent emotional difficulties,” says Professor Elizabeth Lightbody, Principal Investigator of the trial. “With COMMITS, we wanted to understand whether a targeted motivational intervention could help people adjust sooner and reduce later depression.”

Conducted across 16 stroke units in the United Kingdom, the trial included 1,246 patients within 12 weeks of stroke. Participants were randomly assigned to one of three groups: MIBI alongside usual care, an attention control intervention with similar contact time, or usual care alone. Both active interventions consisted of four structured sessions delivered remotely by trained staff, reflecting a realistic and scalable approach to early emotional support.

Engagement with the intervention was high, with most participants completing all planned sessions. The study also incorporated a health economic evaluation, assessing not only clinical outcomes but also cost-effectiveness, an important consideration for wider adoption of preventive mental health support in stroke services.

The primary outcome, depressive symptoms at three months, will determine whether early improvements are due to natural recovery, the effect of regular supportive contact, or a specific preventive and therapeutic effect of the motivational interviewing approach.

By directly comparing these possibilities, COMMITS aims to provide much-needed evidence to clinical guidance in an area where recommendations are currently limited.

If effective, the intervention could offer a practical, low-intensity way to prevent depression and improve emotional wellbeing early after stroke, improving outcomes for patients during a critical phase of recovery.

**END**

**References:**

1. Lightbody, E., et al. (2026). Confirming the mechanism of motivational interviewing therapy after stroke: a multi-centre randomised controlled trial (COMMITS). Oral presentation. *European Stroke Organisation Conference (ESOC) 2026.*