Debate: Administrative Dataset Registries show CAS results are worse than CEA

A. Ross Naylor MD, FRCS
Professor of Vascular Surgery
Leicester Royal Infirmary
arnaylor@hotmail.com

I have no conflicts of interest

‘real world’: 10 US State Audit

30-day death/stroke after CEA (%)

symptomatic
asymptomatic

Kresowik Sem Vasc Surg 2004

‘real world’: asymptomatic patients

death/stroke after CEA following publication of ACAS

Rothwell & Goldstein Stroke 2004
Stroke

American Stroke Association

A Division of American Heart Association


Thomas S. Riles, Robert H. Rosenwasser and Allen J. Taylor


Vascular Medicine, and Society for Vascular Surgery


Declining procedural risks after CAS in Industry sponsored ‘high risk for CEA’ Registries

Cas risks = CEA in 5/21 Registries (24%)
Cas risks higher than CEA in 5/21 Registries (24%), no stats
Cas risks sig higher than CEA in 11/21 Registries (52%)

Cas risks >3% in 9/21 Registries (43%)
Cas risks >4% in 7/21 Registries (33%)
Cas risks >5% in 1/21 Registries (5%)

'average risk' asymptomatic patients

Cas risks = CEA in 5/21 Registries (24%)
Cas risks higher than CEA in 5/21 Registries (24%), no stats
Cas risks sig higher than CEA in 11/21 Registries (52%)

Cas risks >3% in 9/21 Registries (43%)
Cas risks >4% in 7/21 Registries (33%)
Cas risks >5% in 1/21 Registries (5%)
death/stroke after CEA/CAS in 'average risk' asymptomatic patients

- CAS risks = CEA in 2/18 Registries (11%)
- CAS risks higher than CEA in 5/18 Registries (29%), no stats
- CAS risks sig higher than CEA in 11/18 Registries (61%)

death/stroke after CEA/CAS in 'average risk' symptomatic patients

- CAS risks = CEA in 2/18 Registries (11%)
- CAS risks higher than CEA in 5/18 Registries (29%), no stats
- CAS risks sig higher than CEA in 11/18 Registries (61%)

- CEA risks >6% in 1/18 Registries (11%)
- CAS risks >6% in 13/18 Registries (72%)
- CAS risks >10% in 5/18 Registries (28%)

procedural risk after urgent CEA

<table>
<thead>
<tr>
<th></th>
<th>30-day death/stoke</th>
<th>0-48 hrs</th>
<th>3-7 days</th>
<th>8-14 days</th>
<th>&gt;14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>2,596</td>
<td>11.5%</td>
<td>3.6%</td>
<td>4.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>UK</td>
<td>19,178</td>
<td>4.1%</td>
<td>2.8%</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Germany</td>
<td>47,653</td>
<td>3.0%</td>
<td>2.5%</td>
<td>2.8%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
in the ‘real world’, CAS is being performed with significantly higher procedural risks (compared to CEA) and with procedural risks well in excess of AHA guidelines, especially in symptomatic patients