CEA outcomes are improving over the years: How much

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Conflicts of Interest

- None to declare

Introduction

Outcomes if they are improving how do they affect the treatment paradigm?

Temporal Trends in the Risks of Stroke and Death due to Endarterectomy for Symptomatic Carotid Stenosis: An Updated Systematic Review

K. Rerkasem *, P.M. Rothwell h, *
Symptomatic patients

**CEA**

**CAS**

**Registry results**

6% annual reduction in stroke or death (95% CI 0.93 to 0.96, p<0.001)

5% annual reduction in death (95% CI 0.92 to 0.97, p<0.001)

**Trials results**

Clinical trials reported perioperative incidences of approximately 1.5% for stroke or death in 2008, and approximately 0.4% for death in 2007

The implications of this study for clinicians and patients are that the risks quoted from the early landmark ACST-1 and ACAS trials are out of date. New benchmarks for high-quality endarterectomy are a 36-day stroke or death rate of 1.2% and a 30-day mortality of 0.4%. The results of trials are today closely replicated in centers submitting registry data.
Outcomes are improving for patients with carotid stenosis

Carotid surgery has become significantly safer over the last 30 years with similar safety profiles in recent clinical trials and community registries. Multiple factors may be implicated:

- Increased perioperative use of statins, anti-hypertensives and dual antiplatelet therapy
- Increased operator experience
- More stringent patient selection
- Use of patching