Why The Differences in RCT and Registry Results For CAS Are Important In Determining Who Benefits From CAS And Who Does Not.

Kosmas I. Paraskevas, MD / Frank J. Veith, MD, FACS
London, UK                                                        New York, USA

The 45th Annual VEITH Symposium, New York, November 13–17, 2018

Financial Disclosures:
None

Stenting versus Endarterectomy for Treatment of Carotid-Artery Stenosis

Among patients with symptomatic or asymptomatic carotid stenosis, the risk of the composite primary outcome of stroke, myocardial infarction, or death did not differ significantly in the group undergoing carotid artery stenting and the group undergoing endarterectomy.

Is carotid artery stenting a fair alternative to carotid endarterectomy for symptomatic carotid artery stenosis? A commentary on the AHA/ASA guidelines

The recent guidelines by the American Heart Association/American Stroke Association (AHA/ASA) and several other organizations recommended carotid artery stenting (CAS) as an alternative to carotid endarterectomy (CEA) for symptomatic patients. The term “alternative” may be misinterpreted as “substitute” to justify the widespread use of CAS. However, current evidence indicates that in symptomatic patients, CAS produces inferior outcomes compared with CEA. It is likely that with technical improvements, better patient selection, and better physician execution, CAS outcomes will improve in the future. CAS may then become a fair alternative to CEA at least in certain patient subgroups. Based on current evidence, however, we are not there yet and it seems unfair to spin the AHA/ASA guidelines to conclude that we are. (J Vasc Surg 2018;68:165.)

Stroke/Death Rates Following Carotid Artery Stenting and Carotid Endarterectomy in Contemporary Administrative Dataset Registries: A Systematic Review

K.J. Paraskevas, E.L. Krinsky, A.R. Naylor

The New England Journal of Medicine

Stroke: Journal of the American Stroke Association

American Stroke Association

Is carotid artery stenting a fair alternative to carotid endarterectomy for symptomatic carotid artery stenosis? A commentary on the AHA/ASA guidelines

The recent guidelines by the American Heart Association/American Stroke Association (AHA/ASA) and several other organizations recommended carotid artery stenting (CAS) as an alternative to carotid endarterectomy (CEA) for symptomatic patients. The term “alternative” may be misinterpreted as “substitute” to justify the widespread use of CAS. However, current evidence indicates that in symptomatic patients, CAS produces inferior outcomes compared with CEA. It is likely that with technical improvements, better patient selection, and better physician execution, CAS outcomes will improve in the future. CAS may then become a fair alternative to CEA at least in certain patient subgroups. Based on current evidence, however, we are not there yet and it seems unfair to spin the AHA/ASA guidelines to conclude that we are. (J Vasc Surg 2018;68:165.)
Difference in experience and expertise between CAS practitioners in RCTs and in real life.

So why is this difference?

No inclusion and exclusion criteria

No “cherry-picking”

Registries include all-comers
CEA preferable to CAS

- Patients >70 years
- Symptomatic patients
- Females

Thank you for your attention