**Main question:** Are CAS or CEA superior to a modern medical therapy in the primary prevention of a carotid-related ischemic stroke?

**Primary efficacy endpoint:** cumulative rate of any stroke or death from any cause within 30 days + any ipsilateral ischemic stroke within 5 yrs of FU

**Key Inclusion and Exclusion Criteria**

- Atherosclerotic carotid stenosis ≥70% (ECST)
- Age from 50 to 85 yrs.
- No stroke or stroke-like symptoms within 180 days
- Stenosis treatable with CEA and CAS
- Preexisting disability (modified RS ≥ 2)
- Radiation induced stenosis, recurrent stenosis
- High grade tandem stenosis
- Cardiac embolism source (atrial fibrillation, prosthetic heart valve)
- Life expectancy < 5 yrs.
Oct 2014: Decision of the German Research Society (DFG) not to fund for new patients, SC decided to stop inclusion of further patients. However: already included pts should have their FU (up to 5 yrs).
No significant differences in the per-protocol analysis (one patient randomized to CEA, treated with BMT died)

SPACE-2 at one year - conclusions

- At one year CEA or CAS did not prevent more strokes than BMT alone
- Pts with BMT alone had more TIA (which was related to progressive stenosis)
- CAS did not differ from CEA in terms of safety and efficacy
- Higher restenosis rates with CAS were not associated with elevated stroke rates
- A further FU will be performed up to 5 years (Primary endpoint of SPACE-2)
- Data are for pooled analysis of ongoing trials

Thank you very much