WHY ONLY SX CAROTID PTS NEED TO BE RxED

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WHY ONLY SX CAROTID PTS NEED TO BE RxED

WHY MOST ASYMPTOMATIC CAROTID STENOSIS PTS DO NOT NEED TO BE TREATED

KEEP IN MIND THE PHILOSOPHICAL POINTS

THINK ABOUT

- R/B RATIO
- VALUE TO PATIENT
- REMEMBER SECONDARY MOTIVES THAT INFLUENCE ALL OF US

WHY ONLY SX CAROTID PTS NEED TO BE RxED

LET'S ANSWER THIS
BY EXAMINING THE
BASIS FOR TREATING
ASX CAROTID STENOSIS
AND PROVING
IT'S NO GOOD

HARD BECAUSE YOU MAY SAY Rx OF CAROTID DISEASE MUST BE AND IS BASED ON EVIDENCE BASED MED & LEVEL I EVIDENCE THAT'S RIGHT BUT…

EVIDENCE BASED MEDICINE

THE HOLY GRAIL FOR DETERMINING MEDICAL PRACTICE

EVIDENCE BASED MEDICINE

- LEVEL I EVIDENCE THE HIGHEST LEVEL
- THE HOLIEST OF HOLY GRAILS

DEFINITION OF LEVEL I EVIDENCE

BASED ON WELL CONDUCTED RANDOMIZED CONTROLLED TRIALS

AND LEVEL I EVIDENCE
EXISTS FOR TREATING
CAROTID DISEASE
BOTH SX & ASX

THE LANDMARK TRIALS
NASCET ECST ACAS ACST ETC
RIGHT? WRONG!

LEVEL I EVIDENCE FLAWS AND WEAKNESSES

- NEWER TECHNOLOGY
- PROGRESS IN CONTROL Rx
- PATIENT SELECTION
- (IN)COMPETENCE OF MDs
- RANDOMIZATION TROUBLES
- APPLICABILITY TO REALITY
- IDEOSYNCRATIC FLAWS

WHAT IS BASIS FOR Rx WITH CEA & CAS ?

- LANDMARK TRIALS
- NASCET, ECST, ACAS, ETC
- IN SX AND ASX PTS WITH CAROTID STENOSIS CEA IS BETTER THAN MED Rx - VINTAGE I990-5

IN THESE LANDMARK ASX TRIALS (ACAS, VA, ACST)

- CEA DECREASED STROKE RATE FROM 2%/YEAR TO 1%/YR
- 16 CEAs TO PREVENT 1 STROKE; TOOK 5 YRS

WHAT IS BASIS FOR CAS ?

- CAS IS = TO CEA, THEREFORE CAS INDICATED FOR SX & ASX PTS WITH CAROTID STENOSIS
- BASED ON THIS EQUIVALENCE & THE LANDMARK TRIALS
- TOTALLY INVALID

BASIS FOR CAS IS INVALID I

- CAS EQUIVALENCE TO CEA BASED ON = AERs WITH CAS REGISTRIES & OLD LMK RCTs
- **TOTALLY INVALID**
- PTS & LESIONS NOT EQUIV

BASIS FOR CAS IS INVALID II

WHY LANDMARK TRIALS CANNOT JUSTIFY INVASIVE CAROTID TREATMENT TODAY

WHY LANDMARK TRIALS CANNOT JUSTIFY INVASIVE CAROTID TREATMENT TODAY

- CONTROLS THEN-INVALID TODAY
- **BEST MEDICAL TREATMENT HAS LEPT FORWARD** : STATINS, BETA BLOCKERS, ANTIPLATELET Rxs, BETTER DIABETES & BP CONTROL

ARE NEW MED Rxs REALLY BETTER THAN OLDER IN PREVENTING STROKES ?

STATINS – YES – SPARCL
STROKE 35:2902, 2004

BETA BLOCKERS &
BP CONTROL – YES

ANTIPLATELET Rxs ETC -YES

SO WE KNOW THAT

- THESE MEDICAL Rxs DECREASE STROKES
- IN ASX PTS CS IS BENIGN & Rx DECR STROKE RATE FROM 2% TO 1% PER YEAR WITH OBSOLETE MED Rx

SO IT IS TOTALLY LOGICAL THAT BEST CURRENT EFFECTIVE MEDICAL TREATMENT WILL BE AS GOOD AS OR BETTER THAN BOTH CAS & CEA WITH THEIR PROCEDURAL RISKS AND COST IN MOST ASX CS (> 60%) PATIENTS

THIS MEANS THAT MOST ASX PTS WITH CAROTID STENOSIS DO NOT NEED TO BE TREATED

HOWEVER

THINGS WE NEED TO KNOW

- WHICH PTS WITH ASX CS HAVE LESIONS THAT WILL → STROKE
- HEAD TO HEAD COMPARISON IN ASX (& SX) PTS OF CAS TO CEA (CREST, ICSS, ETC)
- CAS & CEA TO BEST MED Rx (TACIT, SPACE II)

WILL SUCH TRIALS HAPPEN ?

- TACIT TRIAL – CAS VS CEA VS MED Rx
- NO ONE WANTS TO FUND MED ARM - PROBABLY WON'T HAPPEN
- SPACE II PROBABLY WILL BUT NO RESULTS FOR YRS

UNTIL WE HAVE SUCH EVIDENCE CAROTID TREATMENT SHOULD LARGELY BE RESTRICTED TO SX PTS & MOST ASX PTS SHOULD GET BMRx