LINC Status Update: Is Carotid Stenting Largely Equivalent to CEA For The Majority of Patients with Significant Carotid Disease & An Indication for Revascularisation?

What Are The Open Questions?

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LEIPZIG - JANUARY 22, 2019
I HAVE NO FINANCIAL CONFLICTS BUT - LIKE EVERYONE LOTS OF BIASES
CAROTID DISEASE – ESP Rx OF ASX CAROTID STENOSIS; CAROTID STENTING (CAS); & CAS vs CEA ARE VERY CONTROVERSIAL TOPICS - FUELED BY TURF ISSUES - SELF-INTEREST & BIAS ARE REAL IN EVERYONE’S OPINIONS, TALKS & WRITINGS
I AM NOT AGAINST CEA OR CAS
CAS HAS A MAJOR ROLE AS YET UNDEFINED
SO I AM A CAS ENTHUSIAST
EVIDENCED BY OUR

1995 STUDY OF CAS IN AN IN VITRO MODEL WHICH LEAD TO ALL EMBOLIC PROTECT DEVICES
Endovascular Bath

Saline

Bath

Filter

Main Port

Sheath
RECOGNIZING MY ENTHUSIASM AND BIASES...
My opinion is that most Sx HiG CS patients should be treated by CEA or CAS, but this has not been proven in the statin era since Sx landmark trials had obsolete MED Rx controls.
HOWEVER

IN VIEW OF THE DRAMATIC ADVANCES IN MEDICAL TREATMENTS...
MY OPINION II

MOST ASX PATIENTS WITH CAROTID STENOSIS ARE BEST TREATED MEDICALLY & NOT BY CEA OR CAS

EXCEPTIONS BUT WITHOUT SOLID PROOF:
YOUNG PT W PIN HOLE STENOSIS, CL OCCLUSION, PLAQUE GROWTH OR ACTIVITY, SILENT MRI/CT STROKES OR CONTINUED TCD EMBOLIC HITS, ETC
SO WITH THOSE OPINIONS / BIASES IN MIND

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AND MY OPINIONS RE THE ANSWERS
1. FOR SYMPTOMATIC AND ASYMPTOMATIC PATIENTS - IS CAS EQUIVALENT TO CEA?

- IN HANDS OF A FEW EXPERT OPERATORS FOR APPROPRIATE PATIENTS – YES
- FOR MOST OPERATORS – NO

BECAUSE RCTs, REGISTRIES, POPULATION BASED STUDIES SHOW HIGHER STROKE RATES
2. FOR SYMPTOMATIC (SX) & ASYMPTOMATIC (ASX) PATIENTS WILL CAS BE EQUIVALENT TO CEA?

- BASED ON PROMISING RESULTS WITH TCAR (TRANSCERVICAL TRANSCAROTID ARTERY REVASCULARIZATION & MESH COVERED STENTS – YES

- THE OUTLOOK FOR CAS IS BRIGHT !!! RESULTS MAY BE BETTER THAN THOSE OF CEA
3. FOR MOST ASYMPTOMATIC (ASX) PATIENTS WITH CAROTID STENOSIS WHAT IS THE BEST Rx: CAS/CEA/BMRx?

• MUCH CONTROVERSY – BASED ON BIAS & EMOTION BECAUSE ANSWER UNKNOWN MAY NEVER BE KNOWN; RxS IN FLUX
• NEED TO PICK OUT HI RISK ASX CS PATIENTS TO Rx WITH CAS OR CEA - NOT SIMPLE
• MY GUESS: INVASIVE Rx WILL BE NEEDED IN ~ 5% OF PTS WITH Hi GRADE (70%) ASX CS
• CONTROVERSY WILL CONTINUE
4. FOR SX & ASX CS PATIENTS WILL RCTs (LEVEL 1 EVIDENCE) PROVIDE CONCLUSIVE ANSWERS?

• PROBABLY NOT
• RCTs ARE FREQUENTLY FLAWED AND ALMOST ALWAYS OUT OF DATE – ESPECIALLY IN A RAPIDLY EVOLVING AREA LIKE CAS
MY CONCLUSIONS

• Rx OF CAROTID STENOSIS WILL BE AN AREA OF GREAT INTEREST TO VSs FOR YEARS TO COME
• DISCUSSION, DEBATE AND HEATED CONTROVERSY WILL CONTINUE FOR YEARS
• FEWER PATIENTS WITH ASX CS WILL BE TREATED BY EITHER CAS OR CEA
• CAS WILL GAIN INCREASING MARKET SHARE OF PATIENTS TREATED INVASIVELY – DUE TO TCAR
THANKS FOR YOUR ATTENTION
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