
CAROTID STENTING VS. MEDICAL THERAPY IN ASYMPTOMATIC PATIENTS

KEYHANI S, ET AL. COMPARATIVE EFFECTIVENESS OF CAROTID STENTING TO MEDICAL THERAPY AMONG PATIENTS WITH ASYMPTOMATIC CAROTID STENOSIS.

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Keyhani S et al. of San Francisco Veterans Affairs Medical Center in the U.S., state that although there are studies that prove the benefits of carotid endarterectomy (CEA) in the prevention of cerebrovascular accidents (CVA) in patients with carotid stenosis, both symptomatic and asymptomatic, there are no clinical trials making a direct comparison of carotid artery stenting (CAS) to medical therapy (MT).

Since the CVA risk in patients with asymptomatic carotid lesion has gone down thanks to advances in MT, the prospective CREST-2 trial comparing MT to surgical approaches is ongoing and the results will be available in 2025. While awaiting for the results, the authors conducted a retrospective study on 219,979 patients ≥ 65 with carotid lesion that had received an image diagnosis between 2005 and 2009. The cohort of asymptomatic patients excluded patients with CVA or transient ischemic accident during the 6 months prior to the image study, as well as those that had received CAS or CEA during the same period.

The authors initially segregated patients with stenosis ≥ 65 $< 50\%$ and later identified 13,371 that had stenosis reports $> 70\%$ or description of severe, critical or almost occlusive stenosis. Time 0 was considered to be the time of the first study that showed the presence of carotid lesion. The authors selected patients with MT and those that received interventions (CAS or CEA) of similar characteristics.

After applying inclusion criteria, 551 patients were grouped as CAS, 2712 as CEA and 2509 as MT. The lower number of patients with CAS and the greater number of comorbidities (coronariopathy, COPD, use of antiangina medications) prevented the possibility of conducting a comparative study among the three groups, for which reason this trial presents the comparison among those that effectively received CAS within the first year of diagnosis and those that received MT only.

The incidence at 5 years of fatal and non-fatal CVA, as well as non-CVA related deaths was analyzed. The percentage of CVA or death in the CAS group within 30 days was 2.2%. The risk of fatal or non-fatal CVA at 5 years was 10.3% in the CAS group and 6.9% in the MT treatment group; survival at 5 years was 61.7% and 66.9%, respectively. Once statistical adjustments were applied, these differences maintained the lack of significance. All analysis indicate that CAS does not offer a significant advantage over MT in terms of CVA reduction.

Authors acknowledge some limitations of the trial because of its retrospective character, the small number of patients in the CAS group, and for having been conducted in an exclusively male population. Considering these limitations, no differences were found between patients treated with CAS and those that received MT. Further studies are required to confirm these results.