

CAS, CEA equally effective for long-term stroke prevention

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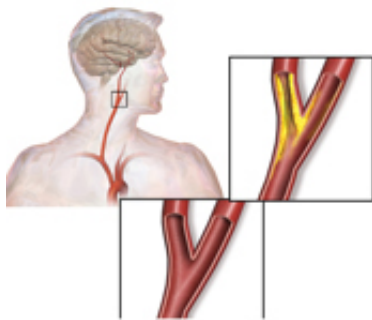


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nonfatal heart attack was highest in individuals with symptomatic versus nonsymptomatic stenosis (27.5 versus 11.0 percent; hazard ratio 2.32) and was also elevated in all CEA-treated patients (hazard ratio, 2.27).

"The collective data from this long-term trial clearly suggest that CAS and CEA are equally effective in long-term prevention of ipsilateral [ischemic stroke](#)," the authors write. "Furthermore, these observations suggest CAS may be superior in the context of overall, long-term event-free survival."

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(HealthDay)—For patients with high-grade carotid artery stenosis, carotid angioplasty and stenting (CAS) and carotid endarterectomy (CEA) are equally effective for long-term prevention of ipsilateral ischemic stroke, according to a study published in the Feb. 1 issue of the *Journal of the American College of Cardiology: Cardiovascular Interventions*.

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William H. Brooks, M.D., from Baptist Health Lexington in Kentucky, and colleagues conducted a single-center, randomized trial involving 173 symptomatic and [asymptomatic patients](#) with high-grade carotid artery stenosis (>70 percent). The authors sought to compare the long-term efficacy and durability of CAS and CEA in preventing ipsilateral ischemic stroke. Participants were randomly selected for CEA and CAS and followed for at least 10 years.

The researchers found that 50.2 percent of patients died during follow-up, mainly of nonvascular causes. Among treatment groups, there was no difference in the risk of [stroke](#) ipsilateral to the treated artery ($P > 0.05$). In the CAS group, restenosis determined by sequential ultrasound remained asymptomatic. Over the 10-year period, the combined risk of fatal or

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