Asymptomatic Carotid Surgery Trial

The largest multicenter randomized trial to date [1] revealed a moderate benefit for immediate CEA vs. medical management in patients age < 75 with asymptomatic stenosis ≥ 60%.

Details: 3,120 patients with≥60% stenosis by duplex ultrasound were randomized to immediate CEA (50% had CEA within 1 month, 88% within 1 year) or medical therapy at the discretion of the treating physician. Mean follow-up: 3.4 years.

Exclusion criteria included: poor surgical risk, prior ipsilateral CEA, and probable cardiac emboli. Surgeons were required to have a perioperative morbidity and mortality rate of < 6%.

The net five-year risk for all stroke or perioperative stroke or death: 6.4% in the CEA group, vs. 11.8% in the medical group ($p < 0.0001$). Fatal or disabling stroke: 3.5 vs. 6.1%. Fatal stroke alone: 2.1 vs. 4.2%. Although men and women benefited, men benefited more. CEA did not demonstrate a statistically significant benefit for patients over the age of 75. The statistical benefit was not seen in the immediate CEA group until nearly two years after surgery, despite a relatively low perioperative morbidity and mortality rate of 3.1%, (in contrast to patients with symptomatic stenosis (NASCET [2]) where the benefit was seen much earlier).

1)
Halliday A, Mansfield A, Marro J, et al. Prevention of disabling and fatal strokes by successful carotid endarterectomy in patients without recent neuro- logical symptoms: randomised controlled trial. Lancet. 2004; 363:1491–1502
2)
Hobson RW, Weiss DG, Fields WS, et al. Efficacy of Carotid Endarterectomy for Asymptomatic Carotid Stenosis. N Engl J Med. 1993; 328:221–227