The First Consensus Document of ICCS-SPREAD Joint Committee on Carotid Artery Stenting Was Not Premature But Prophetic

To the Editor:

We read with great interest the recent Letter to Editor raising questions on the First Consensus Document of the ICCS-SPREAD Joint Committee on Carotid Artery Stenting, and we were very surprised by these comments.

Many of these concerns start from a totally different point of view, i.e., the “simplicity” of CAS (as stated in line 8). First of all, we have never considered CAS an easy procedure and we have never focused on the procedure, but we have stressed our focus on the patient experiencing a carotid stenosis. This remarkably different point of view is what led us to consider a “team approach” essential. “Economic conflict of interest” could arise only when a single solution is offered to patients by a single endovascular specialist, with a mind-set addressed to only one procedure.

Even if “the evidence of high risk is not evidence-based and is not universally shared”, we have known since the Consensus of opinion leaders in 2001 and the SAPHIRE trial that there are general and local conditions that describe patients at high risk for carotid endarterectomy.

Again, we do not think that “the selection of symptomatic patients remains a conundrum”. Grade 1 evidence has been provided in this sense, as reported in the Consensus.

Regarding training, we strongly stress the importance of a long learning curve, which can be achieved and maintained only with the numbers stated in the Consensus. Although we may agree that interventional cardiologists, as well as other specialists, were involved in the development of the CAS procedure, we believe that the heart is rather different from the brain, and that expertise cannot easily be translated from coronary to carotid arteries.

Inappropriate indications may be a real emerging problem, but the problem is even more relevant if the procedure is performed by a physician who offers the patient only one solution, without accepting a team approach.

In conclusion, we don’t believe that the publication of the ICCS-SPREAD Committee document was premature. The importance of a “team approach” and a “correct learning curve” for CAS were the key points of our early consensus, published in September 2006. Our document seems simply to have prefigured some possible inadequate outcomes (EVA-3S, N Engl J Med Oct 2006; SPACE trial, Lancet Oct 2006) that can occur if, dealing with a patient experiencing a carotid stenosis, these 2 key points are not strongly complied with.
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Alberto Cremonesi, Carlo Setacci, Gianmarco de Donato and Gian Franco Gensini
on behalf of the ICSS-SPREAD Joint Committee on Carotid Artery Stenting

Stroke. 2008;39:e21; originally published online November 29, 2007;
doi: 10.1161/STROKEAHA.107.499459

Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the
World Wide Web at:
http://stroke.ahajournals.org/content/39/1/e21

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