

# The CAS Data Puzzle

**T**he purpose of our clinical trial endeavors is to develop a more complete understanding of vascular disease states and the techniques and technologies we employ to treat them. With

new results emerging with each passing year, we now know considerably more about challenging indications such as carotid artery stenosis than ever before. However, due to the complexity of the disease and the variances seen in individual patients, as well as significant differences in trial designs and operator training requirements, we find ourselves sorting through disparate data in the hopes of determining ideal practice standards.

Some of the trends and results noted in the major trials can be put into practice almost immediately. Importantly, we have learned a great deal about which patients not to treat with one procedure or another, although there is still much to learn in this regard. As a result of larger datasets such as that derived from the recently published CREST trial, we know more about certain patient subsets than ever before. We can also clearly see the need for further study. More information is needed in critical areas such as asymptomatic patients, outcomes with current and evolving technologies, and the role of medical management, to name just a few.

With this in mind, we have worked with *Endovascular Today* to put together this special edition, putting carotid stenting trials into context, applying the lessons learned, and identifying what must still be borne out in further study.

Throughout the feature, we have elicited the opinions of a variety of specialists who are involved in both the endovascular and open surgical management of patients with significant carotid artery disease, in order to ensure as balanced a view as possible. Alex Abou-Chebl, MD, an interventional neurologist, brings a unique perspective to this clinical arena and begins our carotid feature with a summary of the CREST trial,

which is prominently discussed throughout the articles that follow. Next, Dr. Macdonald compares and critiques the defining elements of several major contemporary carotid revascularization trials. This discussion is

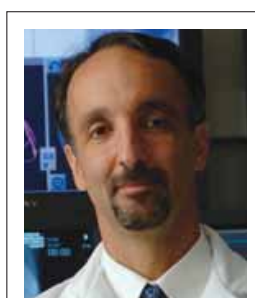
augmented by a comprehensive listing of the available clinical trial and registry data, including major randomized controlled trials, postmarket approval registries, and data on asymptomatic patients.

Next, we have participated in a candid and lively multispecialty roundtable discussion on the status of CAS from the clinical trial standpoint to implications on our everyday practices. Although the data from CREST have given us a greater overall understanding of carotid revascularization, they have also opened up a new world of questions. To flesh these out, Dr. Gray and Dr. Wes Moore discuss differing views on the degree to which MI is critical in CAS trials, CREST in particular. Drs. Nick Hopkins and Frank Veith follow this discussion with a pair of articles discussing their views on evaluating cranial nerve injury and stroke. Finally, Dr. Chris Metzger puts CREST into historical context, then offers his view on

how to apply the data to everyday practice.

In addition to the carotid focus, Mojtaba Gashti, DO, FACOS; Jason M. Radecke, MD; and Marc Curvin present a case of inadvertent innominate artery puncture repair, and Richard C. Hershberger, MD, and Ross Milner, MD, provide an update on conduit use during endovascular repair of AAAs. The issue concludes with an interesting discussion with J. Michael Tuckek, MD, on the evolution of cardiovascular surgery.

We hope you find this issue to be a helpful resource in your efforts to stay up-to-date on current trends in carotid revascularization. ■



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