

# Registry Sheds Light on Carotid Procedures

**A**lthough patients with atherosclerotic carotid artery disease show significantly greater comorbidities than do similar patients with non-atherosclerotic carotid artery disease, they did not have significantly greater rates of death/stroke/MI in the perioperative period or at 30 days, according to a registry study to be presented at Saturday morning's Plenary Session.

The Vascular Registry<sup>®</sup> (VR) is a Web-based database that collects long-term outcomes on carotid artery stenting (CAS) and carotid endarterectomy (CEA) patients. The VR was used to determine outcomes after CAS in patients with atherosclerotic carotid artery disease (ATH) compared with non-atherosclerotic carotid artery disease (NON), including restenosis and radiation-induced stenosis, according to Rodney A. White, MD, from Harbor UCLA Medical Center, Torrance, Calif. Dr. White will present the study on behalf of his colleagues for the Outcomes Committee of the Society for Vascular Surgery.

Up to November 2009, there were discharge data for more than 4,000 CAS patients, of which 72% had ATH. Of the remaining 28% (NON cohort), restenosis was responsible for most (76%); 16% was radiation-induced; and 8% was

# Registry Study

*continued from page 1*

attributable to other causes.

ATH patients were significantly older than their NON counterparts (72 years vs. 69 years, respectively), significantly more likely to be male (61% vs. 57%), and significantly more likely to be of Hispanic origin (5% vs. 3%). The ATH group also had a higher prevalence of preprocedural CAD, MI, VHD, CHF, arrhythmia, diabetes, and COPD; NON had a higher prevalence of preprocedural TMB/amaurosis fugax, smoking, and cancer.

The ATH group had higher rates of clinically significant intraprocedural arrhythmia (1.7% vs. 0.88%) and hypotension (6.8% vs. 1.8%), while the NON group had more acute occlusion

(0.35% vs. 0.03%). No significant differences were seen in death/stroke/MI.

However, the ATH group showed a significantly higher incidence of perioperative TIA (1.5% vs. 0.6%) and was close to statistical significance in 30-day TIA (3.2% vs. 1.7%;  $P = 0.052$ ). There were no differences in outcomes when performing gender analysis either within or between groups. Finally, there were no statistical differences in 30-day outcomes of symptomatic and asymptomatic ATH and NON patients, according to the results.

“With continued enrollment and follow-up, analysis of the Vascular Registry will supplement RCTs by providing CAS outcomes in current practice with sufficient numbers to serve as an outcome assessment tool of important patient subsets and across the spectrum of peripheral vascular procedures,” the researchers concluded. ■