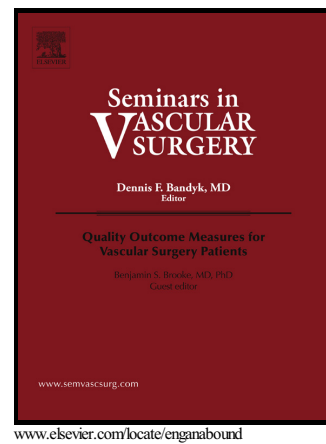


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Evolution of Carotid Atherosclerotic Disease Therapies

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Seminars in Vascular Surgery

Evolution of Carotid Atherosclerotic Disease Therapies

Guest Editor; Thomas S. Hatsukami MD

Introduction

Nearly one-fifth of ischemic cerebral strokes are thought to be attributable to extracranial carotid atherosclerotic disease. While there is strong clinical evidence to support the role of carotid endarterectomy (CEA) and carotid artery stenting (CAS) to reduce future stroke in patients with high-grade symptomatic carotid stenosis, the role of carotid revascularization in asymptomatic patients is less clear. Current guidelines for treatment of carotid atherosclerosis are based on randomized trials performed over two decades ago; and given the improvements in patient outcomes with medical therapy, a reassessment of the relative efficacy of treatment options is appropriate with clinical trials on-going.

In this issue of the *Seminars in Vascular Surgery*, the contributing authors review contemporary treatment and current controversies in the management of carotid artery atherosclerosis. Section one focuses on current strategies for improving outcome not only with medical management, but also with CEA and CAS. Brott and colleagues open the discussion with a review of the rationale, design and goals for the Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis (CREST-2) trial, a pair of clinical trials comparing outcome in patients randomized to CEA plus intensive medical therapy (IMT) versus IMT alone, and in patients randomized to CAS plus IMT versus IMT alone. Brown and Cheng follow with a discussion on optimal contemporary medical management. They also summarize the design of the European Carotid Surgery Trial 2 (ECST-2), and the differences between the European and North American (CREST-2) trials. Naylor provides a comprehensive review of the

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