

## ACST-2

# Carotid Endarterectomy vs. Carotid Artery Stenting in Asymptomatic Patients

**Purpose:** To compare carotid endarterectomy (CEA) with carotid stenting (CAS) in patients with asymptomatic carotid stenosis for long-term stroke rates over the next 5-10 years.

**Trial Design:** N=3625, international multicenter randomized trial, open label (no masking)

**Primary Endpoints:** To compare peri-procedural risks (MI, stroke and death) within the first month after allocation to CEA or CAS, and long-term (up to 5 or more years) stroke rates.

**Secondary/Other Endpoints:** Patients to be identified in which one or other procedure is clearly preferable. To assess procedural costs and stroke-related healthcare costs and quality of life.

	Carotid stenting (CAS) N=1811 n (%)	Carotid endarterectomy (CEA) N=1814 n (%)	p-value
Had a carotid procedure	1705	1736	--
Any stroke	61 (3.6)	41 (2.4)	0.06
MI (fatal or nonfatal)	5 (0.3)	12 (0.7)	0.15
Death, MI or any stroke	67 (3.9)	55 (3.2)	0.26
Death or disabling stroke	15 (0.9)	18 (1.0)	0.77
No procedural stroke or death	1748	1767	--
Any non-procedural stroke	91 (5.2)	79 (4.5)	--

**Results:** Among asymptomatic patients receiving CAS or CEA, serious complications are uncommon, and both are associated with an approximately 1% risk of disabling stroke or death.

*Death, stroke, or MI within 30 days of first carotid procedure*

