ACST-2

Go with the Guidelines!

"10-15% of all strokes follow thromboembolism from an asymptomatic ICA stenosis > 50%"
ESVS Guidelines, 2017

Consider for Intervention — IIa B

Asymptomatic 60-90% stenosis at increased risk of late stroke, provided perioperative risk of stroke/death is <3% and life expectancy > 5 yrs

Patients at higher risk of stroke

- History of contralateral TIA/ Stroke
- Silent ipsilateral infection
- Diabetes
- Specific plaque markers/TCD emboli
- Impaired cerebral reserve

"ACST-2 has been randomising asymptomatic patients to CEA or CAS – it is hoped that all surgeons and interventionalists will support these RCTs" *ESVS Guidelines, 2017*

Class		Evidence Level	
I	General Agreement Procedure beneficial/ effective	A	> I RCTs or meta analyses
IIa	Conflicting evidence but weight of opinion in favour	B	> I RCT or large non-randomised studies
IIb	Less well established usefulness/efficacy	C	Consensus or small studies or registries

ACST-2

Go with the Guidelines!

Medical Treatment for all	Longterm single APT (usually aspirin)	I	A
	Clopidogrel if aspirin intolerant	IIa	C
	Statin therapy	I	A
	BP lowering treatment to maintain BP < 140/90	I	A
CEA & CAS	APT periprocedure and longterm	I	B
	Continue statins	I	B
	Caution in reducing BP, but avoid uncontrolled hypertension > 180/90 mmHg	II	A
CAS only	Consider EPDs	II	C
	DAPT (aspirin/clopidogrel) for at least 1 month after	I	B
Post procedure	Independent assessment is recommended	I	C

ESC/ESVS Algorithm for Treatment of Asymptomatic Carotid Stenosis

60-99% stenosis

No recent TIA/stroke symptoms ipsilaterally

→ Yes → Life expectancy >5 yrs?

Favourable anatomy?

Higher stroke risk on BMT?

→ Yes → Consider CEA +BMT IIa B

Within ACST-2

Consider CAS + BMT IIb B

→ No → BMT I A

ACST-2

Go with the Guidelines!

"10-15% of all strokes follow thromboembolism from an asymptomatic ICA stenosis > 50%"
ESVS Guidelines, 2017

Consider for Intervention — IIa B

Asymptomatic 60-90% stenosis at increased risk of late stroke, provided perioperative risk of stroke/death is <3% and life expectancy > 5 yrs

Patients at higher risk of stroke

- History of contralateral TIA/ Stroke
- Silent ipsilateral infection
- Diabetes
- Specific plaque markers/TCD emboli
- Impaired cerebral reserve

"ACST-2 has been randomising asymptomatic patients to CEA or CAS – it is hoped that all surgeons and interventionalists will support these RCTs" *ESVS Guidelines, 2017*

Class		Evidence Level	
I	General Agreement Procedure beneficial/ effective	A	> I RCTs or meta analyses
IIa	Conflicting evidence but weight of opinion in favour	B	> I RCT or large non-randomised studies
IIb	Less well established usefulness/efficacy	C	Consensus or small studies or registries

ACST-2

Go with the Guidelines!

Medical Treatment for all	Longterm single APT (usually aspirin)	I	A
	Clopidogrel if aspirin intolerant	IIa	C
	Statin therapy	I	A
	BP lowering treatment to maintain BP < 140/90	I	A
CEA & CAS	APT periprocedure and longterm	I	B
	Continue statins	I	B
	Caution in reducing BP, but avoid uncontrolled hypertension > 180/90 mmHg	II	A
CAS only	Consider EPDs	II	C
	DAPT (aspirin/clopidogrel) for at least 1 month after	I	B
Post procedure	Independent assessment is recommended	I	C

ESC/ESVS Algorithm for Treatment of Asymptomatic Carotid Stenosis

60-99% stenosis

No recent TIA/stroke symptoms ipsilaterally

→ Yes → Life expectancy >5 yrs?

Favourable anatomy?

Higher stroke risk on BMT?

→ Yes → Consider CEA +BMT IIa B

Within ACST-2

Consider CAS + BMT IIb B

→ No → BMT I A