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## VASCULAR DISEASE

**SHORT- AND LONG-TERM OUTCOMES OF THREE APPROACHES TO CAROTID REVASCULARIZATION AMONG PATIENTS REQUIRING OPEN HEART SURGERY**

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

Monday, April 04, 2011, 3:30 p.m.-4:45 p.m.

Session Title: Endovascular Therapy - Outcomes and Innovations

Abstract Category: 13. Endovascular Therapy

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**Background:** The best approach to the management of concomitant severe carotid and coronary artery disease remains uncertain to date. We evaluated short- and long-term outcomes of three strategies: Staged carotid endarterectomy (CEA) or carotid artery stenting (CAS) followed by open heart surgery (OHS) or combined CEA and OHS.

**Methods:** From 1997 to 2009, 327 patients underwent carotid revascularization either as staged endarterectomy (n=64) or stenting (n=96) within 90 days prior to OHS or combined CEA-OHS (n=167). CAS-OHS patients had a higher prevalence of prior stroke ( $p = 0.012$ ) and prior CEA ( $p = 0.0007$ ) than CEA-OHS patients. The primary end point was all-cause mortality; secondary end points were myocardial infarction (MI), stroke, and a composite of death, MI and stroke. Outcomes were compared using Cox proportional hazards multivariable time to event analysis.

**Results:** Table 1 illustrates the adjusted hazard ratios for the primary and secondary end points. CAS-OHS had the lowest mortality. Myocardial infarction occurred more frequently after staged CEA-OHS (unadjusted  $P[\log \text{rank}] < 0.0001$ ), with similar rates of stroke among all three groups (unadjusted  $P[\log \text{rank}] = 0.23$ ).

**Conclusion:** Carotid artery stenting followed by OHS is a less invasive alternative to either staged CEA-OHS or combined CEA-OHS with no significant increased risk of long term death, MI or stroke, even in a neurologically high risk population.

Table 1: Comparison of cohorts for the primary and secondary end points

| Cohort   | Adjusted Hazard Ratio | 95% Confidence interval | P value |
|--|-----------------------|-------------------------|---------|
| Primary end point (all-cause mortality)              |                       |                         |         |
| CAS-OHS vs combined CEA-OHS                          | 0.57                  | (0.54, 0.95)            | 0.031   |
| CAS-OHS vs staged CEA-OHS                            | 1.02                  | (0.54, 1.53)            | 0.96    |
| Staged CEA-OHS vs combined CEA-OHS                   | 0.56                  | (0.31, 0.99)            | 0.049   |
| Secondary composite end point (death, MI and stroke) |                       |                         |         |
| CAS-OHS vs combined CEA-OHS                          | 1.14                  | (0.76, 1.71)            | 0.52    |
| CAS-OHS vs staged CEA-OHS                            | 0.58                  | (0.54, 0.92)            | 0.019   |
| Staged CEA-OHS vs combined CEA-OHS                   | 1.97                  | (1.34, 2.90)            | 0.0005  |