

The Great (south) Swedish Debate;

How do we treat the ASx patients that are not eligible for ACST-2 or turn down enrolment?



Battle of Lund 1676, casualties; 9000

The ASx war

International guidelines from 23 countries;
on 50-99% stenosis,
28 guidelines for ASx on "average surg risk patients"
75% CEA maybe or yes
• 86% CAS maybe or not
•(Stroke 2015)

Real life - ASx CAS/CEA proportion;

- 90/10% US
- 60/40% Germany + Italy
- 15/85% Canada + Australia
 - 8/92% Sweden
 - 0/100% Denmark

Symptomatic

Asymptomatic



- Should ASx patients be treated outside studies?
- If yes, which patient will benefit from procedure?
- and, is it appropriate to use stenting?



The Swedish south smorgasbord of speakers

- Anders Gottsäter

BMT; The #1 option for patients with Asx not randomized in clinical trials

- Håkan Pärsson

CEA the obvious choice

- Katarina Björres

If chance seems too hazardous – crave CAS

- Gunnar Plate

Patient's choice

- X-exam: audience/Skiöldebrand