**Antithrombotic therapy in carotid artery stenting and carotid endarterectomy within the Asymptomatic Carotid Surgery Trial-2 (ACST-2)**

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BACKGROUND

Stroke and myocardial infarction are infrequent but feared complications following carotid intervention, but anti-thrombotic therapy can reduce these risks. Current guidelines suggest dual anti-platelet therapy for 1 month following carotid artery stenting (CAS). In contrast, mono-therapy with either aspirin or clopidogrel is usually advised following carotid endarterectomy (CEA), due to concerns about post-surgical bleeding complications associated with more intensive regimens. The ACST-2 Collaborative Group includes a broad range of doctors from 28 countries with a major interest in carotid intervention and allows assessment of current use of anti-thrombotic therapy before, during and after CEA and CAS in patients with asymptomatic carotid stenosis.

METHODS

Questionnaires were sent to ACST-2 collaborators seeking information about the use of anti-platelet and anti-coagulant therapies during the pre-, peri- and post-operative periods in patients undergoing carotid intervention at 77 participating sites.

RESULTS

The response rate was 66/77 (86%). For CAS, 82% of sites used DAPT pre-operatively with a mean post-procedural duration of 3 months (1-12), with 9% continuing it life-long. For CEA only 31% used DAPT pre-operatively, and 24% post-operatively. Aspirin (76%) was more commonly used than clopidogrel (9%) in those prescribed mono-therapy.

CONCLUSION

Patients undergoing CAS are more likely to receive intensive anti-platelet medications than those undergoing CEA , but there is widespread variation in drugs used and the duration of therapy. More potent anti-platelet agents are now available and the role of dual or triple anti-thrombotic therapy needs to be evaluated in patients undergoing carotid intervention.