

# Significant association between the neurological status on admission and the in-hospital risk of stroke or death after CEA and CAS

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# Disclosure

Speaker name: **Andreas Kuehnl**

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
  
- I do not have any potential conflict of interest

## Research question:

### Neurological status on admission:

- Asymptomatic
- Amaurosis fugax
- TIA
- Minor stroke (mRS <3)
- Major stroke (mRS 3-5)
- Crescendo-TIA
- Stroke-in-evolution

CEA or CAS

In-hospital risk of  
stroke or death

Routine conditions in Germany

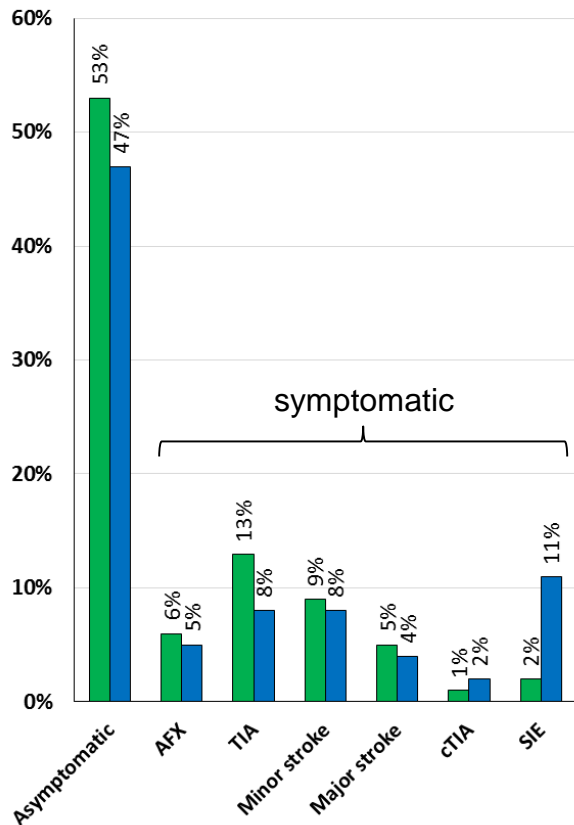
## Methods:

- Database:** Statutory quality assurance registry on carotid procedures operated by the AQUA-Institute
- Coverage:** 2009 – 2014  
99.1% of all CEA/CAS procedures in Germany
- Type of study:** Observational (secondary data analysis)
- Statistics:** Descriptive statistics  
Groups: defined by neurologic status on admission  
Outcome: any stroke or death until discharge
- Included:** 144,347 CEA and 14,794 CAS

# Results: Characteristics

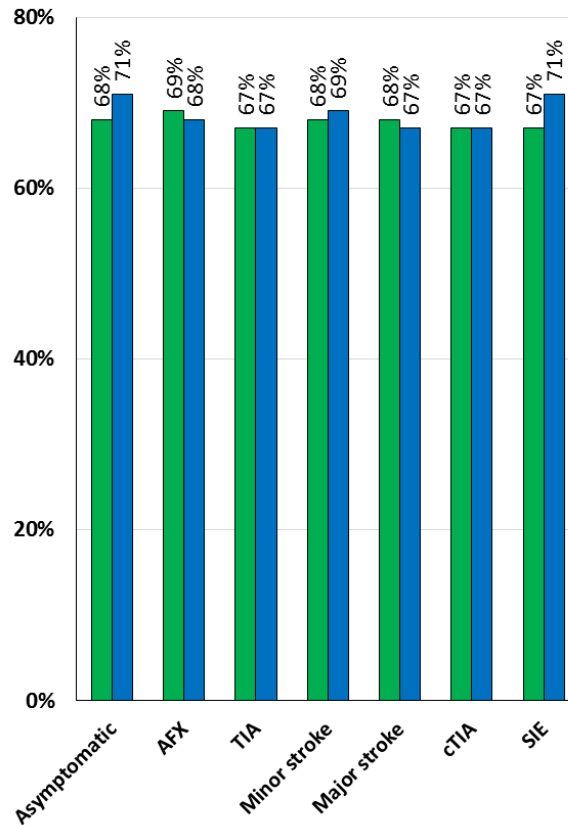
Distribution: Symptoms

■ CEA ■ CAS



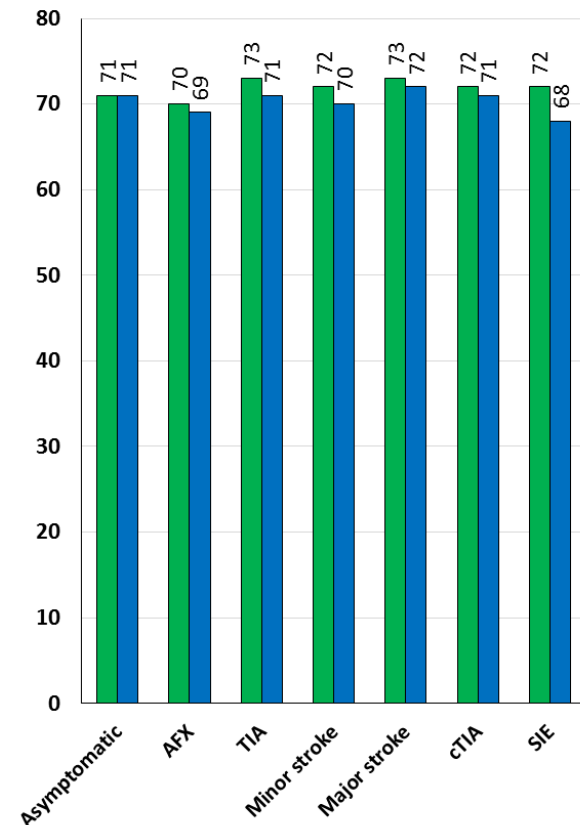
Distribution: Sex

■ CEA ■ CAS



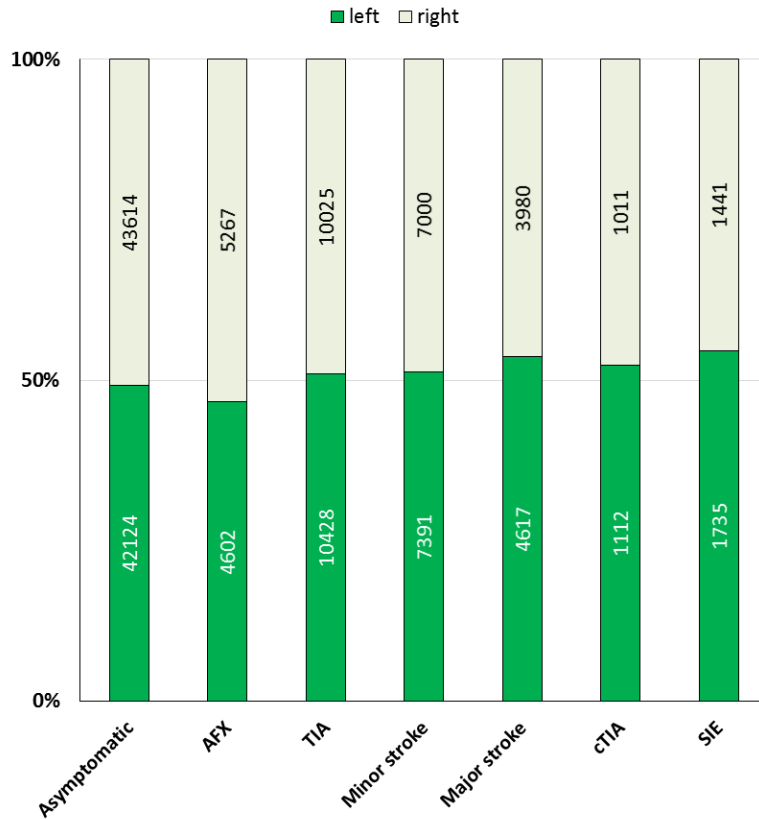
Distribution: Age

■ CEA ■ CAS

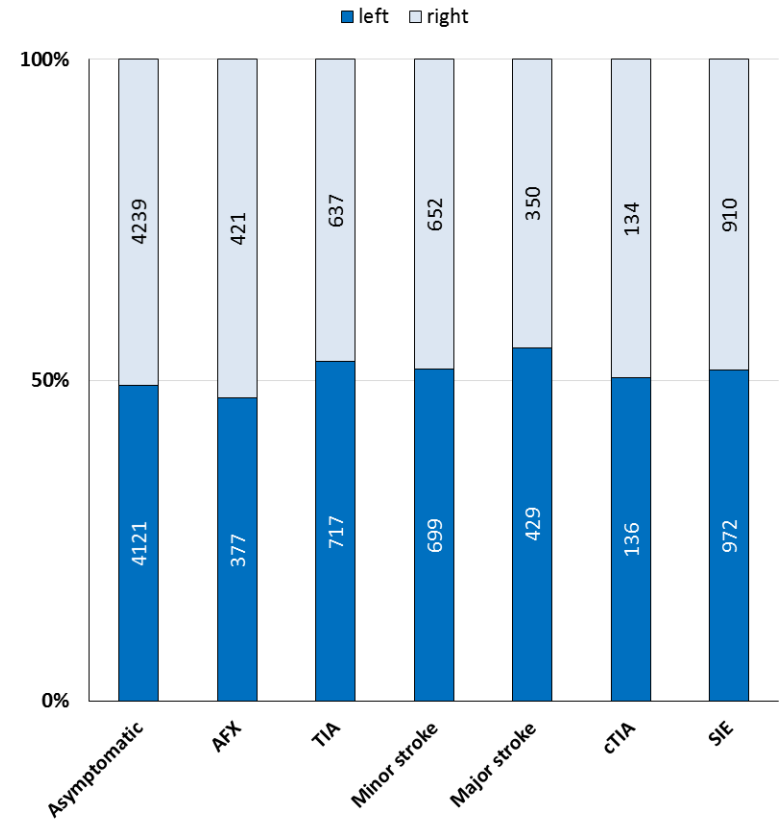


# Results: Side of treatment

CEA: Side of treatment

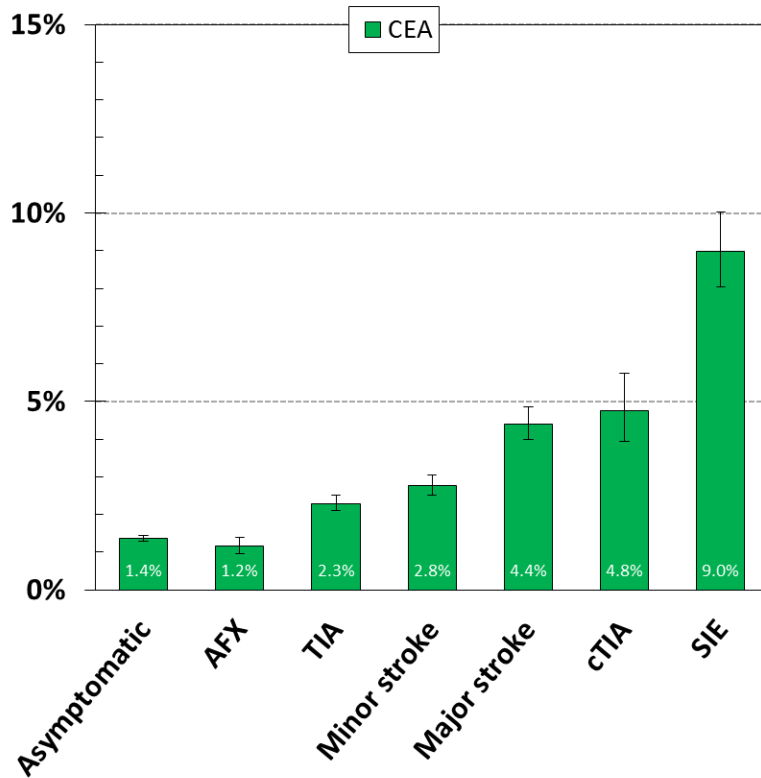


CAS: Side of treatment

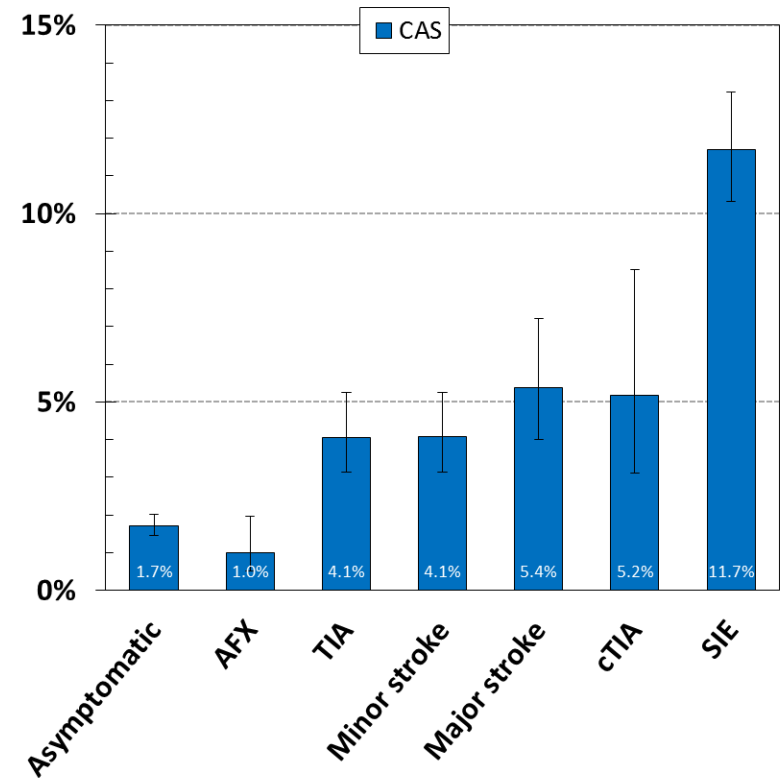


# Results: Outcome

**In-hospital risk of stroke or death**  
(crude risk, 95% CI)



**In-hospital risk of stroke or death**  
(crude risk, 95% CI)



## **Conclusion:**

**In Germany,  
under everyday conditions,  
more severe neurological symptoms on admission  
are associated with  
higher in-hospital risk of stroke or death after CEA or CAS.**





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