Risk of stroke in patients with recently symptomatic carotid stenosis

(scroll down to page 2 for the actual colour-coded table)

As an alternative to the computer model, risk tables allow the most important prognostic variables to be considered. The colour-coded risk table predicts the five-year risk of ipsilateral ischaemic stroke in patients with recently symptomatic carotid stenosis on medical treatment derived from the ECST model [1,2].

The table is based on the five variables that were both significant predictors of risk in the ECST model [1,2] and yielded clinically important subgroup-treatment effect interactions in the analysis of pooled data from the relevant trials: sex, age, time since last symptomatic event, type of presenting event(s) and carotid plaque surface morphology [3]. The risk model from which the tables were derived validated very well in the NASCET trial [3].

References:

[1] Rothwell PM, Warlow CP on behalf of the ECST Collaborators: Prediction of benefit from carotid endarterectomy in individual patients: A risk-modelling study. Lancet 1999;353:2105-2110.

[2] Rothwell PM. Z Mehta, SC Howard, SA Gutnikov, CP Warlow. From subgroups to individuals: general principles and the example of carotid endartectomy. Lancet 2005; 365; 256-65.

[3] Rothwell PM, Eliasziw M, Gutnikov SA, Warlow CP, Barnett HJ; Carotid Endarterectomy Trialists Collaboration. Endarterectomy for symptomatic carotid stenosis in relation to clinical subgroups and timing of surgery. Lancet. 2004;363:915-24.

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A table of the predicted 5-year absolute risks of ipsilateral ischaemic stroke on medical treatment in patients with recently symptomatic carotid stenosis based on sex, age, degree of carotid stenosis, type of presenting event, time since the presenting event, and plaque surface morphology. The definitions of variables are the same as those given for the associated risk model.



<65

Stroke TIA Ocular



Time since last event (weeks)



Time since last event (weeks)

<2