



Letter to the Editor

Clarifying the rationale supporting selective screening for asymptomatic carotid artery stenosis



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We thank Zhang and Wang [1] for their feedback regarding our manuscript [2].

The authors should note that we agree with the recommendations of the 2023 European Society for Vascular Surgery (ESVS) carotid guidelines [3] that do not support routine population screening for asymptomatic carotid stenosis (AsxCS). Nevertheless, according to the same guidelines, selective screening for AsxCS may be considered for patients with ≥ 2 vascular risk factors to optimize risk factor control and to initiate best medical therapy (Class IIb; Level of Evidence: B) [3].

As we state in our manuscript [2] - and as mentioned in the ESVS Guidelines [3] - the rationale supporting selective screening for AsxCS in specific patient subgroups is to optimize risk factor management and to initiate best medical therapy with the purpose to reduce cardiovascular morbidity and mortality, rather than to identify candidates for carotid interventions.

AsxCS patients are at high risk of cardiovascular disease (CVD) [2,3]. It is not possible to initiate measures for CVD risk reduction in AsxCS patients, if these patients have not first been identified. Identifying AsxCS leads to timely implementation of more intensive preventive measures, thereby markedly reducing CVD risk. In one study, implementing intensive medical therapy for patients with AsxCS reduced the 2-year risk of both stroke and myocardial infarction by $>80\%$ compared to usual therapy [4]. Therefore, selective carotid screening (e.g., for patients with ≥ 2 vascular risk factors [3]) enables the identification of the silent carotid disease and the timely initiation of preventive measures.

Declaration of Competing Interest

None.

References

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