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DISCUSSION

Dr Marc Mitchell (*Jackson, Miss*). As I understand your data, it demonstrates good results with both carotid endarterectomy and carotid angioplasty and stenting in both men and women. I think the data makes a strong argument that women benefit from carotid interventions just as men do. On what basis do you conclude that carotid angioplasty and stenting is superior to endarterectomy in women?

Dr De Rango. Because there might be some women, as asymptomatic women, who benefit less from carotid endarterectomy and may better advantage from carotid angioplasty and stenting. We did not find any difference in outcome between genders after carotid endarterectomy when we analyzed women as a whole. We did a subgroup comparison between genders stratified by symptoms and, after carotid endarterectomy, and according to our data, the risk of stroke in asymptomatic women was higher than in asymptomatic men. On the contrary, there was no difference between genders in the perioperative and late stroke risk for either asymptomatic or symptomatic subgroups of patients after carotid angioplasty and stenting. Therefore, we believe there may

be some subgroups of women who are still at high risk from surgery and from carotid endarterectomy and could benefit from stenting.

Dr Wei Zhou (*Palo Alto, Calif*). When we analyzed risk factors for microemboli during carotid stenting, peripheral vascular disease was shown to be an independent predictor for contralateral hemisphere subclinical microemboli. In your group, there were many more patients with peripheral vascular diseases in the male cohort than the female cohort. Would you please comment on how this variable affected your outcome?

Dr De Rango. We did not find that the difference in distribution of peripheral vascular disease affected outcome. Specifically, in our multivariate analysis, there was no influence ("confounding effect") of peripheral disease on operative risks. We did not specifically analyze outcome in the subgroup of patients with peripheral disease who accounted for a small part of the overall population. Multivariate analysis, however, failed to show an association between the presence of peripheral disease and the outcome.