



The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

Carotid Stent Guidelines: How The Society for Vascular Surgery (SVS) “Had Its Cake and Ate It Too”

Christopher J. White, M.D., FSCAI

President, Society for Cardiovascular Angiography and Interventions

Professor and System Chairman for Cardiovascular Diseases, John Ochsner Heart & Vascular Institute
Ochsner Medical Center, New Orleans, Louisiana

Practice guidelines are based upon both published evidence and expert opinion. Writing committee chairs are chosen for their leadership skills, their ability to work with diverse groups of individuals and their ability to bring a group to consensus. Some guideline committee leadership tasks, such as multispecialty guidelines, are more difficult than others. When professional medical societies agree to develop a multispecialty practice guideline, they appoint their representatives based upon their expert medical knowledge. Ideally, they also take into account their nominee's collegiality, respect toward peers and ability to achieve compromise.

The need for consensus is critical to the guideline process because it brings together the broadest constituent base. Peers identify areas where differences in expert opinion exist in order to negotiate compromises. Obviously, trust is important when striking these bargains. One can argue that the goal of the process is not to make all members of the group equally happy, but rather to make all members of the group equally unhappy. All of the delegates should feel that their ideas and suggestions were given a fair hearing by their peers. The aphorism “you can't make an omelet without breaking a few eggs” is certainly applicable to the guideline-writing process.

The guideline process can take a great deal of time, sometimes years, because the compromises being negotiated will be critical to defining the future clinical



practice and reimbursement environment. Guidelines directly impact each member's constituency, and many of the compromises require self-sacrifice for the greater good. Each sponsoring professional society has the right to review and comment on the draft document developed by the writing group. These questions and comments are returned to the writing committee to answer, explain and, when appropriate, make changes to the document. The second (revised) draft document is then returned to the sponsoring societies for their endorsement. If the leadership group of the sponsoring

DOI 10.1002/ccd24397

Published online 14 March 2012 in Wiley Online Library (wileyonlinelibrary.com).

society feels that the guideline document appropriately reflects the society's values, they then vote to endorse, and the name of their professional society is listed on the masthead of the document as testimony to their participation and support of the document. If, however, the sponsoring society does not feel that the guideline is acceptable, it is then free to not endorse the document, or it may request another round of revisions.

This process has worked for many years and has become the "standard of practice" for developing multispecialty guidelines. Obviously, a broad-based, consensus-driven guideline document, endorsed by multiple stakeholder professional societies, is a much more valuable document than several, individual, single-specialty guideline documents. Even though the guidelines are evidence-based, there may be several interpretations of the same evidence, re-emphasizing the need for compromise among the writing group members. Often, the desire of the larger group to obtain a single multispecialty consensus document is so strong that very significant compromises may be leveraged by a minority, single stakeholder society in order to retain their support. Making these difficult compromises is part of the guideline process and is to be expected. Again, this delicate balance between stakeholders requires trust. There must be constancy and fidelity by each sponsoring professional society's leadership to keep its promises and maintain its commitments.

Recently, a landmark multispecialty guideline document on the management of patients with extracranial carotid and vertebral artery disease was written and endorsed by 14 professional societies representing a very broad stakeholder group that included nursing, neurology, radiology, cardiology and surgical specialties [1]. The surgical society stakeholders included neurosurgeons and vascular surgeons. The document was long awaited, and was purposefully delayed until February 2011, in order to be able to consider the most recent data from the largest randomized clinical trial, Carotid Revascularization Endarterectomy versus Stenting Trial (CREST) [2]. In September 2011, the Society for Vascular Surgery (SVS), which had endorsed the broad-based multispecialty guideline in February 2011, published a contradictory guideline [3]. The SVS guideline reneged on the compromise recommendations made several months before, which had been endorsed by the SVS leadership. It is clear from the timing of the September 2011 publication that SVS was working on its contradictory guidelines while it was endorsing the multispecialty guideline. This abrogation of good faith among professional medical societies is unprecedented. No one can recall a professional medical society behaving this badly, breaking trust, and purposefully deceiving 13 other partner societies.

This highly deceptive act presents significant problems going forward. Can SVS ever again be trusted to keep its

"word"? What are the promises of a society that takes its responsibility to other society partners so lightly worth? If that society broke its promise once, what prevents it from doing it again? While it remains desirable to have consensus among a diverse group of clinicians who treat carotid disease, how much should the remaining 13 professional societies compromise their interests to satisfy the SVS delegates? Why would a writing group allow itself to be held hostage by one society when that society cannot be trusted to play by the agreed-upon rules?

It is not clear at this time what the consequences of this perfidious SVS behavior will be. Perhaps the membership will impeach its leadership and publicly recant its guideline in order to be accepted back into the good graces of the other 13 professional societies? The scary thought, and one that I'm sure SVS is banking on, is that there will be no consequence for its actions. The lesson the SVS will have learned is that there are no requirements for civility or honor. It marks a sad day for the House of Medicine when a professional medical society unashamedly breaks promises and self-servingly attempts to deny treatment options for patients.

What was SVS thinking? What would be gained by this duplicitous behavior? First and foremost, as a condition for its endorsement, SVS leveraged significant compromises from the other 13 members to weaken the multispecialty guideline recommendations for carotid stenting. Once SVS had achieved its goal of a "watered down" carotid stent recommendation from the multispecialty group, it was free to publish its own self-serving guideline that (contrary to the published evidence of CREST) includes no role for carotid stenting in average surgical-risk patients. The SVS found a way to "have its cake, and eat it too."

References

1. Brott TG, Halperin JL, Abbara S, et al. 2011 ASA/ACCF/AHA/AANN/AANS/ACR/ASNR/CNS/SAIP/SCAI/SIR/SNIS/SVM/SVS guideline on the management of patients with extracranial carotid and vertebral artery disease: executive summary: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the American Stroke Association, American Association of Neuroscience Nurses, American Association of Neurological Surgeons, American College of Radiology, American Society of Neuroradiology, Congress of Neurological Surgeons, Society of Atherosclerosis Imaging and Prevention, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society of NeuroInterventional Surgery, Society for Vascular Medicine and Society for Vascular Surgery Developed in collaboration with the American Academy of Neurology and Society of Cardiovascular Computed Tomography. *Vasc Med*. 2011 Feb;16(1):35-77.
2. Brott TG, Hobson RW, Howard G, et al. Stenting versus endarterectomy for treatment of carotid-artery stenosis. *N Engl J Med*. 2010 Jul 1;363(1):11-23. Epub 2010 May 26.
3. Ricotta JJ, Aburama A, Ascher E, et al. Updated Society for Vascular Surgery guidelines for management of extracranial carotid disease: executive summary. *J Vasc Surg*. 2011 Sep;54(3):832-6.