

Study finds stenting does not improve outcomes in renal artery stenosis

PROVIDENCE – According to the findings from a national research trial, people who suffer from a narrowing of the arteries that lead to the kidneys, or renal artery stenosis, do not experience better outcomes when renal stenting is used. Instead, a comprehensive regimen of drug and medical therapies works just as well. The national study, which was led by Rhode Island Hospital researchers **LANCE DWORKIN, MD**, and **TIMOTHY MURPHY, MD**, in collaboration with multiple investiga-



Lance Dworkin, MD



Timothy Murphy, MD

tors worldwide, is published in the *New England Journal of Medicine* (NEJM). They presented the results at the annual meeting of the American Heart Association on November 18

“The use of stenting to treat patients with renal artery stenosis is a treatment that clinicians have disagreed on for some time,” said Dr. Dworkin, director of the Division of Hypertension & Kidney Disease at Rhode Island Hospital and a physician with University Medicine Foundation. He is the senior leader and study chair for the trial. “Our findings clearly show that renal artery stenting does not confer any benefit for the prevention of clinical events when added to a comprehensive, multi-factorial medical therapy.”

The CORAL (Cardiovascular Outcomes in Renal Atherosclerotic Lesions) study, which was the first randomized, controlled study to look at this issue, involved 947 participants at more than 100 sites in the U.S., Canada, South American, Europe, Australia and New Zealand. The participants all had atherosclerotic renal-artery stenosis and either systolic hypertension on two or more drugs or chronic kidney disease. They were randomly assigned to medical therapy plus renal-artery stenting or medical therapy alone.

Participants were then followed for up to seven years to

monitor for significant clinical events, such as cardiovascular or renal death, myocardial infarction, stroke, hospitalization for congestive heart failure, progressive renal insufficiency or renal replacement therapy.

“Renal-artery stenosis is a significant public health issue, so it was important that we go beyond following blood pressure and kidney function,” explained Dr. Murphy, an interventional radiologist and the

medical director of the Vascular Disease Research Center at Rhode Island Hospital. He was a co-principal investigator for the study. “To really understand what benefits, if any, stenting provided, we needed to look at significant clinical events.”

What researchers found was that renal stenting did not make a difference in outcomes for patients.

According to Dr. Dworkin, these results are significant as they will lead to a reduction in the number of renal stents that are inserted in patients who experience renal-artery stenosis. “Stents do a good job in opening the arteries, but less invasive medical therapies, which have only gotten better over time, means that patients can often avoid more invasive stenting procedures,” he said.

This study was funded by the National Heart, Lung and Blood Institute. ❖

Judge gives final approval for Landmark deal

PROVIDENCE – On November 26, Rhode Island Superior Court Judge Michael A. Silverstein approved the sale of Landmark Medical Center in Woonsocket to Prime Healthcare Services of California, with the expected closure date to be executed by Dec. 31.

The agreement includes a financial settlement to Blue Cross & Blue Shield of RI, relating to prior claims, and also included an interval of two years for BC subscribers to be covered for care at the hospital.

Landmark has been in receivership since 2008. The sale also includes the Rehabilitation Hospital of Rhode Island in North Smithfield. ❖

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