Dear Dr. [Name],

Nationwide, hospitals are experiencing a 40% decline in the number of patients receiving evaluations for acute stroke ([source](https://www.nejm.org/doi/full/10.1056/NEJMc2014816)). Even during the COVID-19 pandemic, it is important for stroke patients to get care as soon as possible to improve their chance of survival. According to the American Stroke Association, 80 percent of strokes are preventable – and a large percentage of the ones that happen are treatable with the right care, right away. With carotid artery disease estimated to be the source of stroke in up to a third of cases, I wanted to let you know about an innovative procedure now being offered at [Hospital] to treat high-risk patients with carotid artery disease.

TCAR has been studied extensively and is an FDA-cleared procedure. Over 15,000 procedures have been performed worldwide, and the clinical data has been excellent. Based on published clinical trials, the procedure offers several advantages:

**Better outcomes**

* TCAR results in a **low periprocedural stroke rate** of 1.4% in high surgical risk patients.[[1]](#footnote-1) This compares favorably to a 2.3% stroke rate of carotid endarterectomy (CEA) and a 4.1% stroke rate of carotid artery stenting from a trans-femoral approach (tf-CAS) in standard risk patients.[[2]](#footnote-2) This is the lowest reported stroke rate to date for any prospective, multi-center trial of carotid stenting.
* In a comparative study between TCAR and tf-CAS published in JAMA, TCAR demonstrated an **almost 50% reduction** in the relative risk for in-hospital stroke & death (1.6% vs 3.1%) and 1-year stroke & death (5.1% vs 9.6%)[[3]](#footnote-3).

**Studies show the below significantly favor TCAR when compared to CEA. This is important for your patients when less time in the hospital is necessary.4,5,6,7**

|  |  |
| --- | --- |
| * Less Risk of Myocardial Infarction * Less Risk of Cranial Nerve Injury * Less Time in OR * Less Time in the Hospital > 1 Day | * More Likely to Discharge Home * Less Clamp Time * Ability to Perform Procedure with Local Anesthesia vs. General |

**TCAR procedures for symptomatic and asymptomatic patients at high risk for surgery are now eligible for Medicare reimbursement** through the Society of Vascular Surgery sponsored TCAR Surveillance Project. This program is part of the Vascular Quality Initiative, an open registry tracking long-term clinical outcomes to promote best practices and evidence-based medicine.

If you have patients with high-grade carotid stenosis, we would be happy to see and evaluate them for TCAR. Please contact our office, [name] at [phone]. We have implemented multiple protocols to ensure the safety of your patients during this pandemic, including:

* [list COVID-19 safety protocols]

Please contact our office, [name] at [phone]. We look forward to working with you.

Sincerely,

[Doctor name]

### Referral Letter Template ###

1. J Vasc Surgery 2015; 62:1227-35 [↑](#footnote-ref-1)
2. N Engl J Med 2010;363-11-23 [↑](#footnote-ref-2)
3. JAMA 2019; 322(23): 2313-2322

   4ROADSTER: J Vasc Surg. 2015 Nov;62(5):1227-34

   5Marc Schermerhorn, MD; VEITH Symposium Presentation, November 2018

   6M. Malas, MD; VAM Presentation 2019

   7CREST Trial: N Engl J Med 2010;363:11-23 [↑](#footnote-ref-3)