

LETTERS TO THE EDITOR**TO THE EDITOR****More Than ‘Answers We Can Use’, We Need to Ask the Right Questions**

Re: Pelz D. CURES and the dilemma of unruptured intracranial aneurysms. Can J Neuro Sci. 2011 Mar;38(2):191-2.

We read with interest but some disappointment the editorial by Dr. David Pelz on “CURES and the Dilemma of Unruptured Intracranial Aneurysms” in the March (2011) edition of the Journal¹. Questioning medical practice in the context of a randomized controlled is usually met with a certain amount of denial and resistance, but we are alarmed that our proposal is being misinterpreted in a negative light.

Trials are an admission that current knowledge is inadequate to accurately guide clinical decisions, and unruptured cerebral aneurysms are a good case in point. The editorial states that: “We actually do know quite a lot about them” followed by a list of statistics and figures which in fact come from biased observational studies and upon which widely used but equally uncertain clinical guidelines have been formulated². It is not true that “The investigators have an a priori decision that unruptured intracranial aneurysms between 3 mm and 25 mm in diameter deserve to be treated.” We have never suggested that all such aneurysms ought to be treated! Criteria used to place limits on a pragmatic trial are not indications for treatment. CURES was designed to address the question of what to do AFTER the decision to treat an unruptured aneurysm has been made—the decision and recommendation to treat being up to the physicians managing the patient.

We strongly disagree with a comment in the editorial that we already know the answers to the important questions asked in CURES regarding anatomical results of aneurysm treatment as well as treatment complications—if we did, why would we bother doing such a difficult and costly trial? Most importantly, we would like to emphasize that the first stage of CURES is a feasibility study requiring only 260 patients, and if it indeed proves feasible then all patients will be rolled into a much larger and hopefully international trial that can win proper agency funding and ask even bigger questions about long term patient outcome after aneurysm treatment by either clips or coils. CURES is a necessary first step, and by itself will provide very useful information. It is time to stop providing only lip-service support of randomized trials for unruptured intracranial aneurysms³, and replace that with the hard work of trial participation, or at least unified support of trials being carried out by others.

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REFERENCES

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3. Pelz DM, Levy EI, Hopkins LN. Advances in interventional neuroradiology 2006. Stroke. 2007 Feb;38(2):232-4.

TO THE EDITOR**Unruptured Intracranial Aneurysms: Some Questions Answered, Many Questions Remain**

Re: Pelz D. CURES and the dilemma of unruptured intracranial aneurysms. Can J Neuro Sci. 2011 Mar;38(2):191-2.

We read with interest the thoughtful editorial written by Dr. David Pelz¹. Dr. Pelz has summarized some of the available data regarding the natural history of unruptured intracranial aneurysms (UIAs), and the morbidity and mortality of surgical clipping and endovascular coiling for these lesions. Dr. Pelz notes several significant concerns regarding the proposed feasibility trial of UIA treatment, the Canadian Unruptured Endovascular versus Surgery Trial (CURES)². In that study, Dr. Jean Raymond and colleagues propose randomization of 260 patients with 3-25 mm UIAs to either surgery or endovascular therapy.

As Dr. Pelz describes, and as noted by many others, considerable controversy remains regarding the optimal management of unruptured intracranial aneurysms. This

controversy is particularly noteworthy given that a UIA is a very common clinical entity—present in approximately 2% of the population—that is being detected with increasing frequency³, making it an important public health problem⁴.

The decisions regarding the most appropriate UIA management are complex and are optimally made based on an unbiased comparison of detailed natural history data relevant to the patient’s specific aneurysm to the intervention morbidity and mortality, taking into account numerous patient- and aneurysm-specific factors. Several retrospective, meta-analyses, and few prospective observational studies have provided natural history data regarding selected samples of patients with UIAs, and their risk of hemorrhage over the short and intermediate term. The largest prospective study of UIAs, an international multi-center epidemiological cohort study called the International Study of Unruptured Intracranial Aneurysms (ISUIA)^{5,6} enrolled over 5500 patients with UIAs. Despite the large size of this ISUIA cohort, the site- and size-specific rupture risk estimates are not reliable when one divides the cohort into location categories other than the most basic anterior circulation, posterior circulation and posterior communicating subgroups, and beyond very broad size categories. Particularly for smaller aneurysms,