On August 19, 2014, The Society for Cardiovascular Angiography and Interventions (SCAI) announced that the “SCAI Expert Consensus Statement for Renal Artery Stenting (RAS) Appropriate Use” is available online ahead of print in *Catheterization and Cardiovascular Interventions*. The document advises that RAS to open blockages in the kidney arteries may benefit patients who have historically been excluded from modern clinical trials.

According to SCAI, for patients whose condition is not controlled by medication, treating blocked arteries with angioplasty and stenting may help reduce blood pressure and prevent progression of the disease. Although recent randomized controlled trials, including the CORAL trial on cardiovascular outcomes in renal atherosclerotic lesions, have failed to demonstrate the benefit of RAS over optimal medical therapy, there were patients whose condition might be improved by RAS who were excluded from the trial.

SCAI stated that the document—which is based on an expert panel review of scientific data—recommends that patients most likely to benefit from RAS are those with cardiac disturbance syndrome or “flash” pulmonary edema, patients whose high blood pressure has not been controlled by three or more medications at maximal tolerated doses, and patients with blockages in both kidneys or severe blockages in a single functioning kidney in whom blood pressure or renal dysfunction cannot be managed medically.

In contrast, the expert panel recommends that patients with mild or moderate blockages (< 70%), those with long-standing loss of blood flow, and those with complete blockage of the renal artery are typically not good candidates for RAS. The panel advised that it is unknown whether RAS can improve symptoms in patients with heart failure over the long-term.

In addition, the expert consensus statement reviews the evidence and expert opinion on the performance of renal artery angiography and intervention with stents. The panel delineates the best practices for assessing arterial narrowing that is intermediate (ie, 50%–70%), which often does not limit blood flow.

The article’s lead author is Sahil A. Parihk, MD, Assistant Professor of Medicine at Case Western Reserve University School of Medicine and Director of the Interventional Cardiology Fellowship Program at University Hospitals Case Medical Center in Cleveland, Ohio.

In SCAI’s announcement, Dr. Parihk commented, “The CORAL trial answered many of our questions about RAS, but some patients who are seeking treatment today were not included in CORAL, including patients in whom optimal medical therapy failed. The new recommendations were developed to help physicians evaluate treatment options for the broad range of patients with renal artery disease.” He added, “Most practicing physicians performing these procedures will find this guidance particularly helpful in assessing renal artery disease in the future.”

As noted by SCAI, this article is the fourth in a series of recommendations developed by SCAI to help interventionists determine the best course of treatment for patients with peripheral artery disease. Earlier documents in the series include recommendations for the endovascular treatment of aortoiliac arteries on May 28, femoropopliteal arteries on June 12, and infrapopliteal arteries on July 18.