

Carotid artery revascularization using second generation stents versus surgery: A meta-analysis of clinical outcomes

A. MAZUREK, K. MALINOWSKI, K. ROSENFELD, G. DEDONATO, F. SETACCI, C. WISSGOTT, F. SPEZIALE, A. KARPENKO, W. KUCZMIK, DC. METZGER, M. AMOR, I. PETROV, A. SIDDIQUI, P. PIENIAZEK, A. CREMONESI, E. STABILE, J. SCHOFFER, A. SCHMIDT, P. MUSIALEK / **CARMEN** COLLABORATORS

CARMEN: CArotid **R**evascularization systematic review and **Meta - aN**alysis

Jagiellonian University Dept. Cardiac & Vascular Diseases at John Paul II Hospital in Krakow; KCRI Dept. Statistics, Krakow, Poland; and CARMEN Collaboration Centers

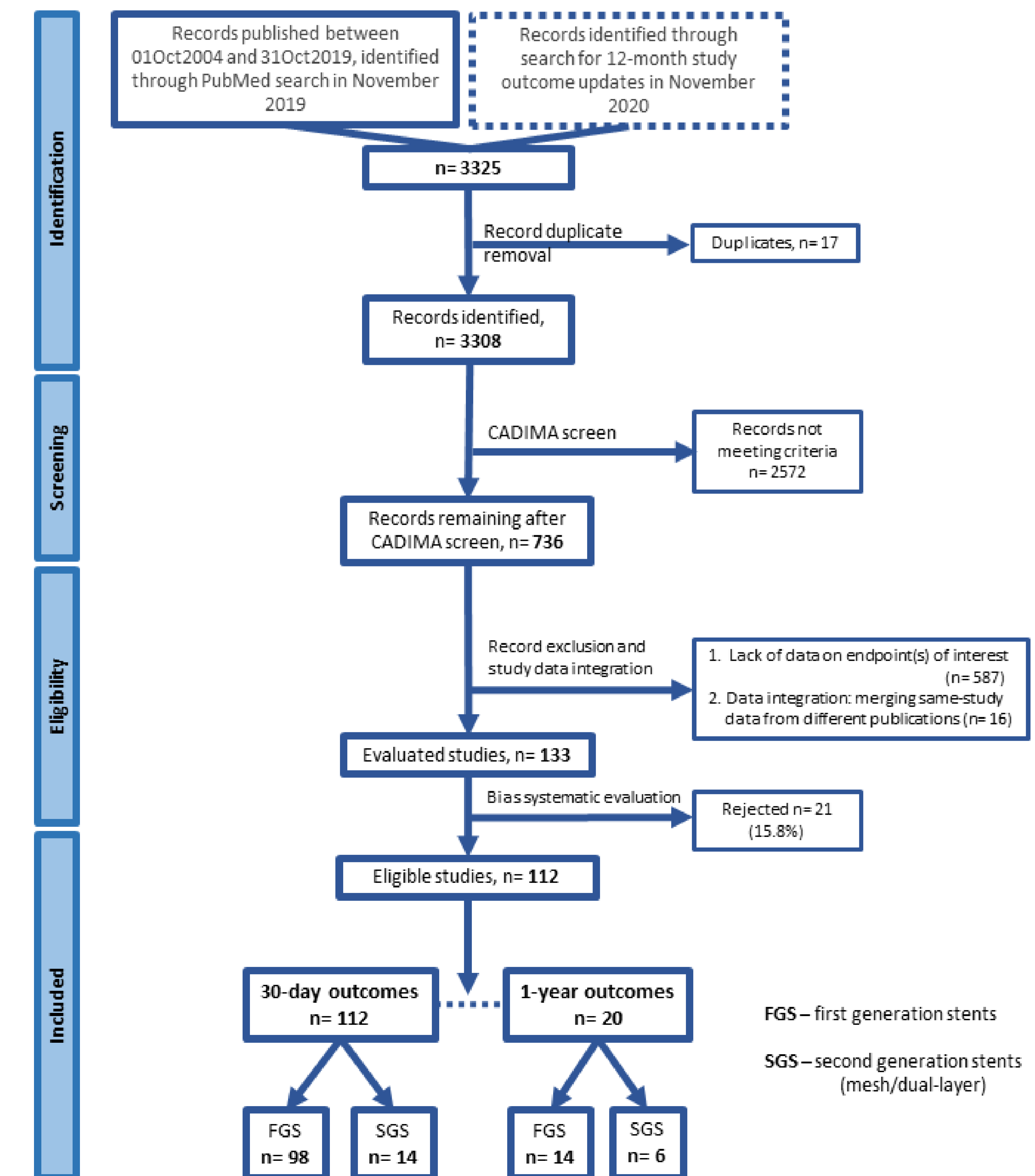
Background

Individual studies suggest that the use of second generation carotid stents (SGS; mesh-covered) may be associated with clinical outcomes that are similar (or superior) to carotid endarterectomy (CEA). Large-scale comparison is lacking.

Methods

PubMed was systematically searched for carotid stenting studies using First-Generation (single-layer) carotid stents and Second-Generation (mesh-covered) stents – SGS. Using the meta-analytical tool, SGS outcomes were compared to surgery in randomized trials (RCTs) involving CEA: *SAPPHIRE, EVA 3S, SPACE-1, ICSS, CREST, ACST-1, ACT-1, Mannheim, SPACE-2*, and to the CEA in contemporary clinical practice – **Vascular Quality Initiative (VQI)** database (PRISMA methodology). SGS and CEA data meta-analysis was performed using a random effect model.

CARMEN Systematic review and meta-analysis flowchart (PRISMA)



Disclosures: PM has served as an Advisory Board member/Consultant for Abbott, Inspire MD and Medtronic, and he is a Proctor for InspireMD and Medtronic

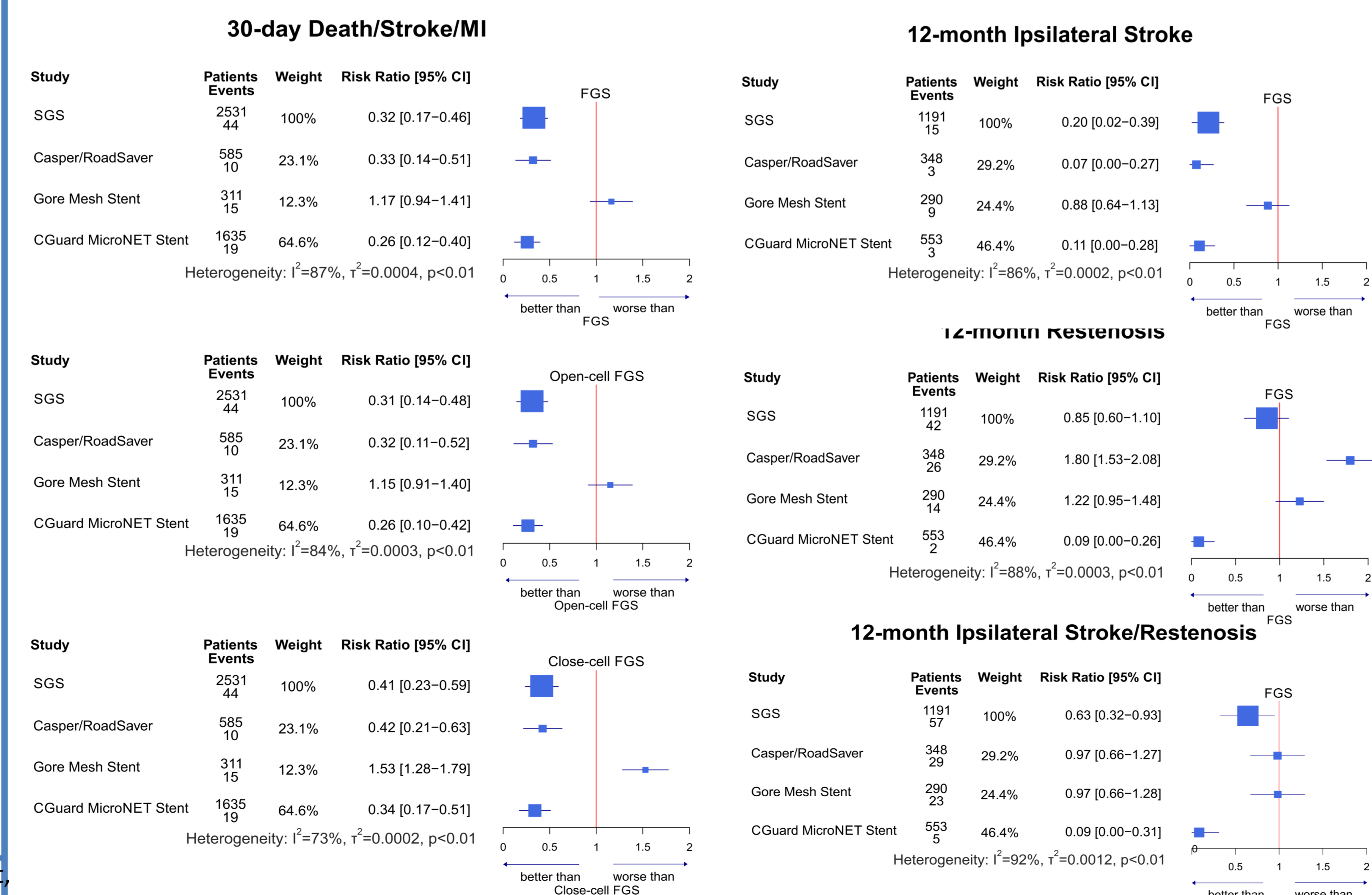
Principal findings in 169,154 meta-analyzed patients

CGUARD MicroNET Stent and RoadSaver/Casper *reduce* 30-day stroke compared to RCT/VQI CEA

12-mo ipsilateral Stroke is *reduced* with RoadSaver and CGUARD

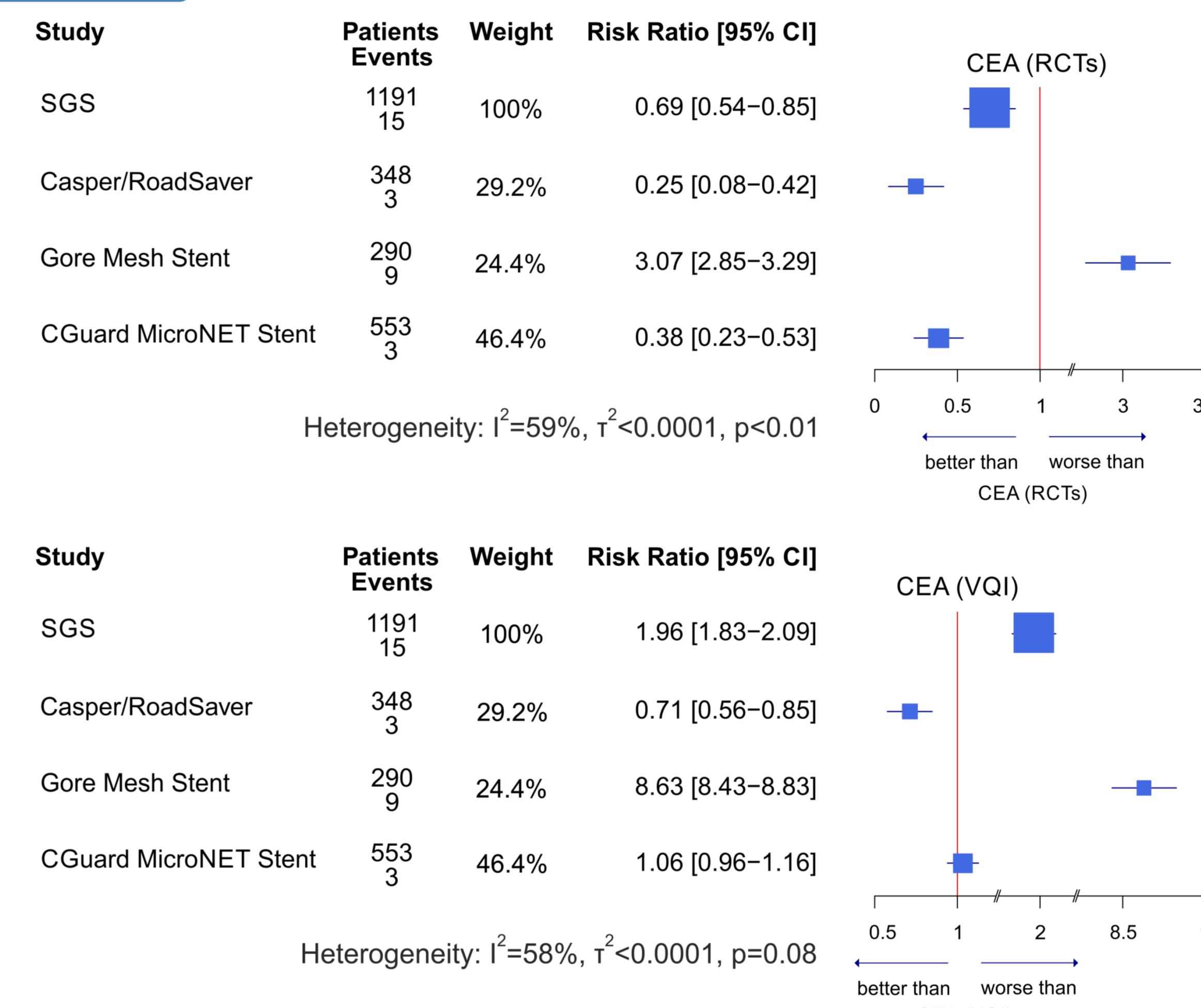
Casper/RoadSaver and Gore Stent *increase* 12-mo restenosis vs. CEA, whereas restenosis is *reduced* with the CGUARD MicroNET stent

Second-generation vs. First-generation stents comparisons

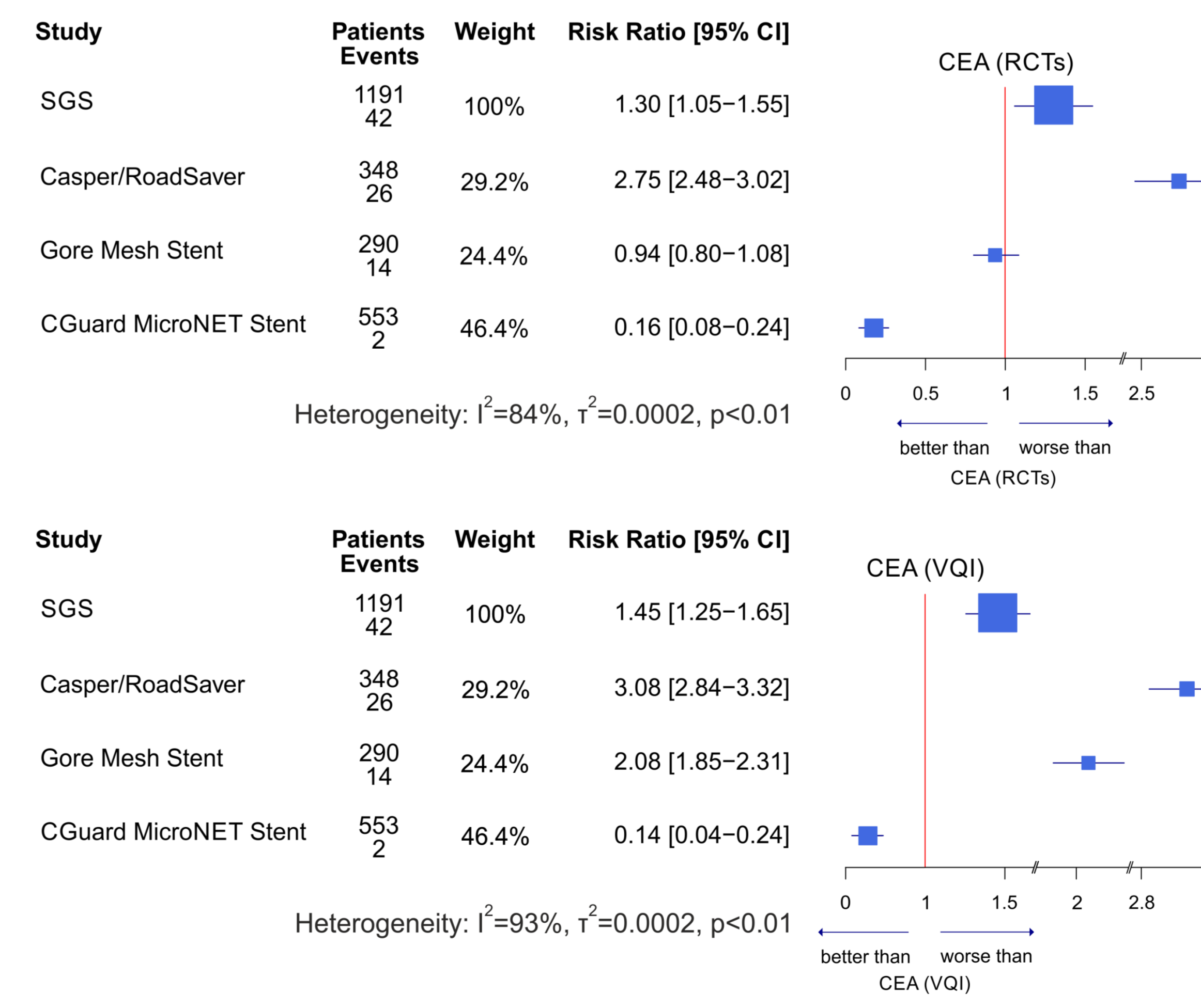


SGS vs. CEA

12-month Ipsilateral Stroke



12-month Restenosis



! NO "class" effect of SGS !

FGS = First-Generation (single-layer) carotid Stents
SGS = Second-Generation (dual-layer) carotid Stents
• Metallic (Nitinol) Mesh Inside - **Casper/RoadSaver**
• PTFE Membrane Cover outs' - **Gore Carotid Stent**
• PET MicroNET-Cover outside - **CGuard**

CEA = Carotid Endarterectomy (surgery)

Meta-Analyzed Populations Clinical Characteristics

(SGS vs CEA)	RCTs CEA	VQI CEA	SGS	p RCTs-CEA vs SGS	p VQI-CEA vs SGS
No of studies	9	2	14	-	-
No of patients	5,335*	95,776*	2,152*	-	-
Age	69.4 (1.5)	71	71.9 (2.5)	0.03	-
Male [%]	69%	61%	73%	0.71	0.29
Symptomatic [37%	23%	41%	0.75	0.83
Diabetic	29%	35%	32%	0.44	0.99
CAD	41%	27%	47%	0.75	0.35
AFib	3%	nd	3%	1.0	-
Contralateral occlusion [%]	7%	nd	16%	0.56	-

* as per published (Public Domain) data

Results

30-day Death/Stroke/MI (DSM) was 3.76% for CEA and 1.34% for SGS taken as a group ($p<0.001$). Both Casper/Roadsaver (CR) and CGuard (CG) showed a significant reduction in DSM by an absolute -2.45% and -2.70% ($p=0.002$ and $p<0.001$) whereas the Gore stent (GS) showed a non-significant increase in the event rate ($+1.11\%$, $p=0.48$). For pooled SGS's, there was no difference between SGS and CEA in 12-month combined ipsilateral stroke (IS) and restenosis (R) (4.1% vs. 4.8% ; $p=0.85$). However, there was a significant difference in the combined 12-month endpoint (IS+R) for the individual SGS (increase to 7.9% with CR, reduction to 0.6% with CG, increase to 6.6% with GS), translating into their different effect against the CEA 12-mo IS+R (CEA - 4.1%).

Conclusions

- SGS reduce 30-day stroke rate against CEA; an effect driven by MicroNET-covered CGUARD and by the RoadSaver/Casper stent.**
- 12-month adverse outcomes are *reduced* with CGUARD, *increased* with RoadSaver/Casper, and are not significantly affected by the Gore Stent.**

Findings from this meta-analysis may impact clinical decision-making in carotid revascularization.

References
1. Mazurek A et al. 2021 (at review); 2. Dakour-Arudi H et al. *Ann Vasc Surg.* 2020;65:1-9; 3. Colombo JA, et al. *J Vasc Surg.* 2019;69:104-109; 4. Karpenko A. et al. *J Am Coll Cardiol Interv.* 2021 (Nov 8);14: 2377-2387.