



Update On All Trial Results With **CGuard** And **CGuard Prime MicroMesh Covered Stents (InspireMD):** Are They Making A Difference And Limitations With Transfemoral/ Transradial CAS: Evidence Summary And Long-Term Outcomes

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Disclosure

Speaker name: Piotr Musialek

I have the following potential conflicts of interest to report:

- Consulting/Proctoring: Abbott Vascular, Balton, Gore, InspireMD, Medtronic, Penumbra
- Employment in industry
- Stockholder in a healthcare company
- Owner of a healthcare company
- Others: ESC Stroke Council Scientific Documents Task Force
Polish Cardiac Society Board Representative for Stroke
and Vascular Interventions
CGUARDIANS FDA IDE Co-PI

The MicroNET-Covered Anti-Embolic Stent

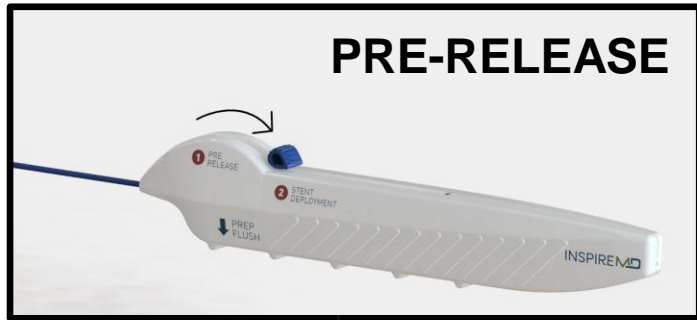


CGuard

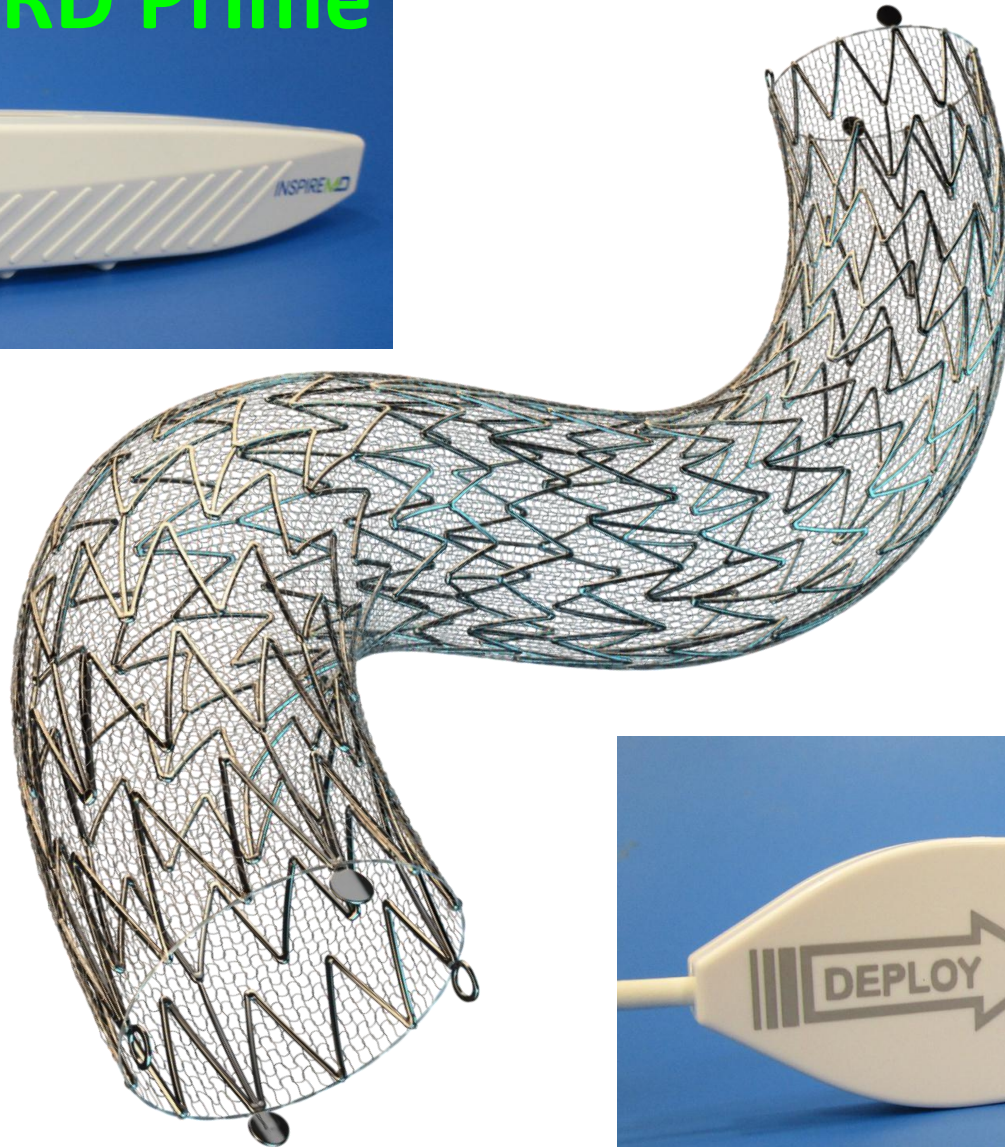
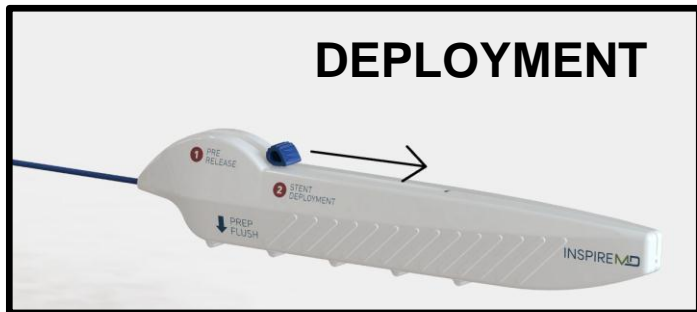
CGUARD Prime



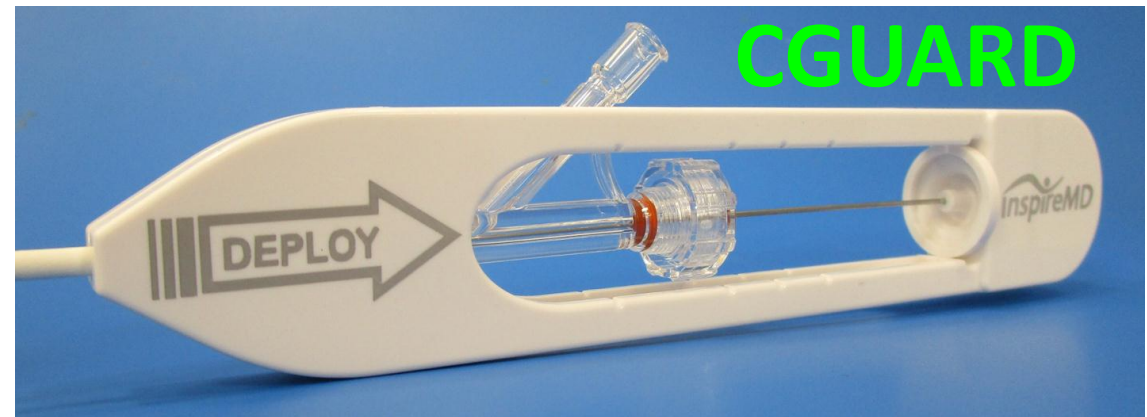
PRE-RELEASE



DEPLOYMENT



CGUARD



The **MOST 'open'** amongst open-cell stents (metallic FRAME)
& the **MOST 'close'** amongst close-cell stents (MicroNet mesh)

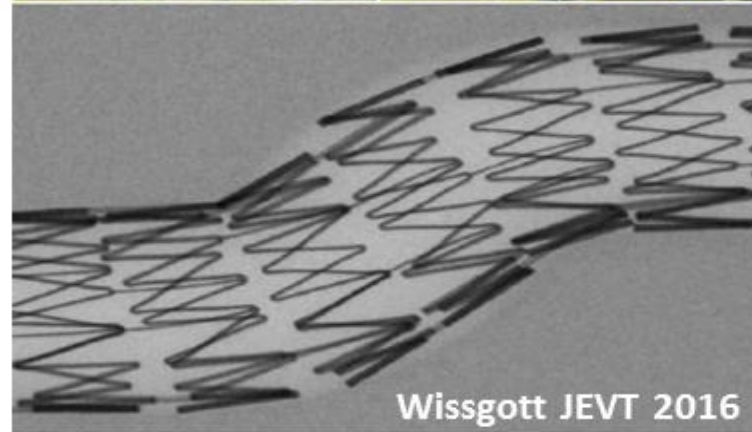
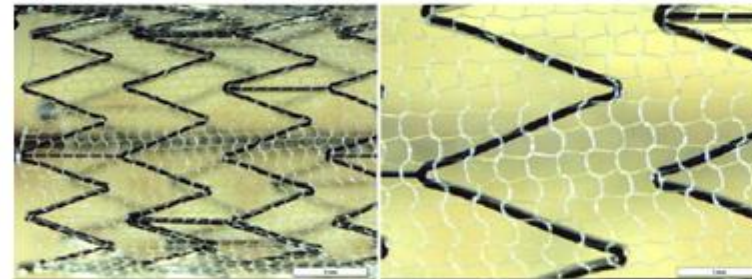


CGuard MicroNET – covered
2nd generation carotid stent

UNIQUE
mechanical
properties

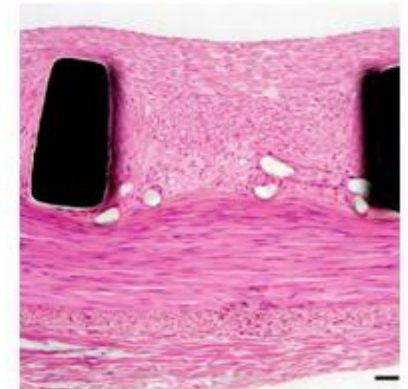
RESPECT
of anatomy

FULL
apposition



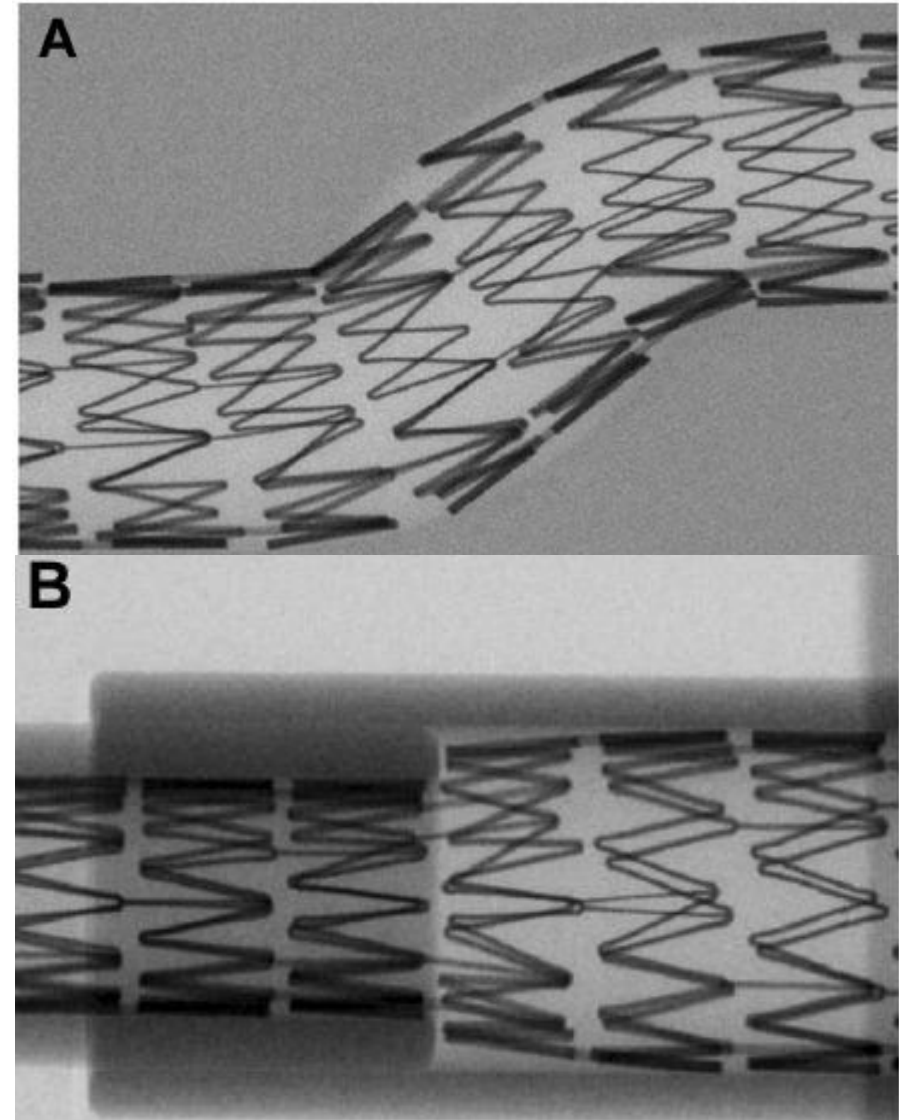
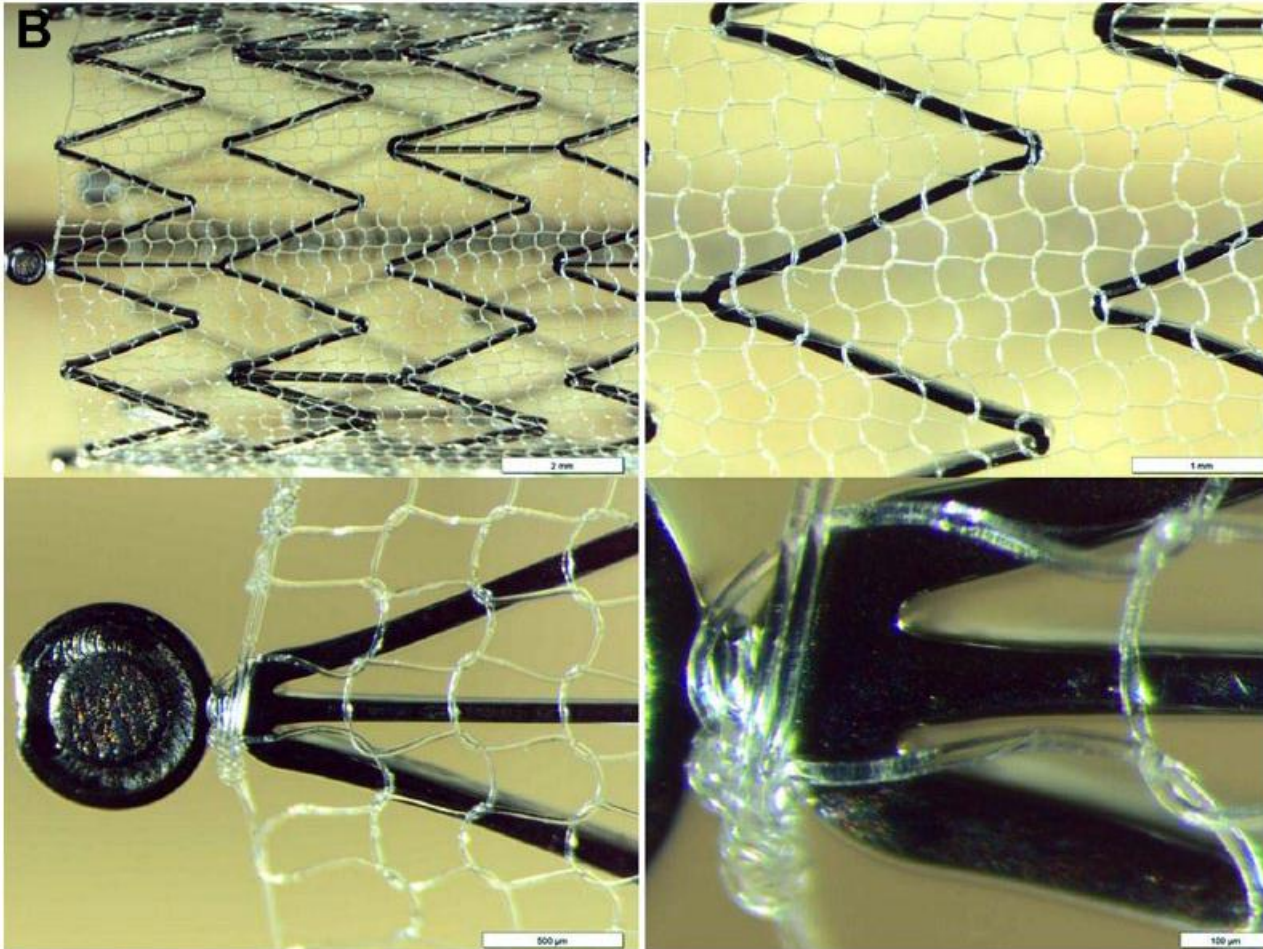
Wissgott JEVT 2016

NORMAL
healing



Clinical Results and Mechanical Properties of the Carotid CGUARD Double-Layered Embolic Prevention Stent

Journal of Endovascular Therapy
1-8
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/1526602816671134
www.jevt.org
SAGE



In the USA CGuard/CGuard Prime are Investigational Devices not yet marketed; The FDA-IDE Trial (CGUARDIANS) has been recently completed for its Primary Endpoint (2024)

CGuard/CGuard Prime is an Investigational Device in the USA



CGuard MicroNet-Covered Stent

Expanding Clinical Evidence

CGUARDIANS

FDA-IDE

NCT04900844

OPTIMA

Intravascular Evaluation
of Sympt. plaque exclusion

NCT04234854

PARADIGM 1000

High-Risk All-comers
with indication, No exclusions

NCT04271033

SIMGUARD

Greatest-Risk Patients: SIMULTANEOUS
Urgent Cardiac Surgery+CGuard

NCT04973579

FLOWGUARD

MicroNET stent in high-risk
lesions beyond carotid bif.

NCT04461717

C-HEAL

Flow-Diverter: Aneurysm
exclusion-and-healing

NCT04434456

SAFEGUARD-STROKE


CGuard in Carotid-
Related Acute Stroke

NCT05195658

TOPGUARD

CGuard in Transcervical
Flow Reversal CAS

NCT04547387



CGuard MicroNet-Covered Stent

Expanding Clinical Evidence

and...

- CGuard vs. Acculink (POWERED, DWI) RCT
- IRONGUARD 1
- IRONGUARD 2
- POLGUARD
- CGUARD "ONE-FITS-ALL" (and others...)

~ 5000 Patients

RCT

Randomized Controlled Trial

The CREST Study stent

Human carotid artery treated using a conventional stent; OCT

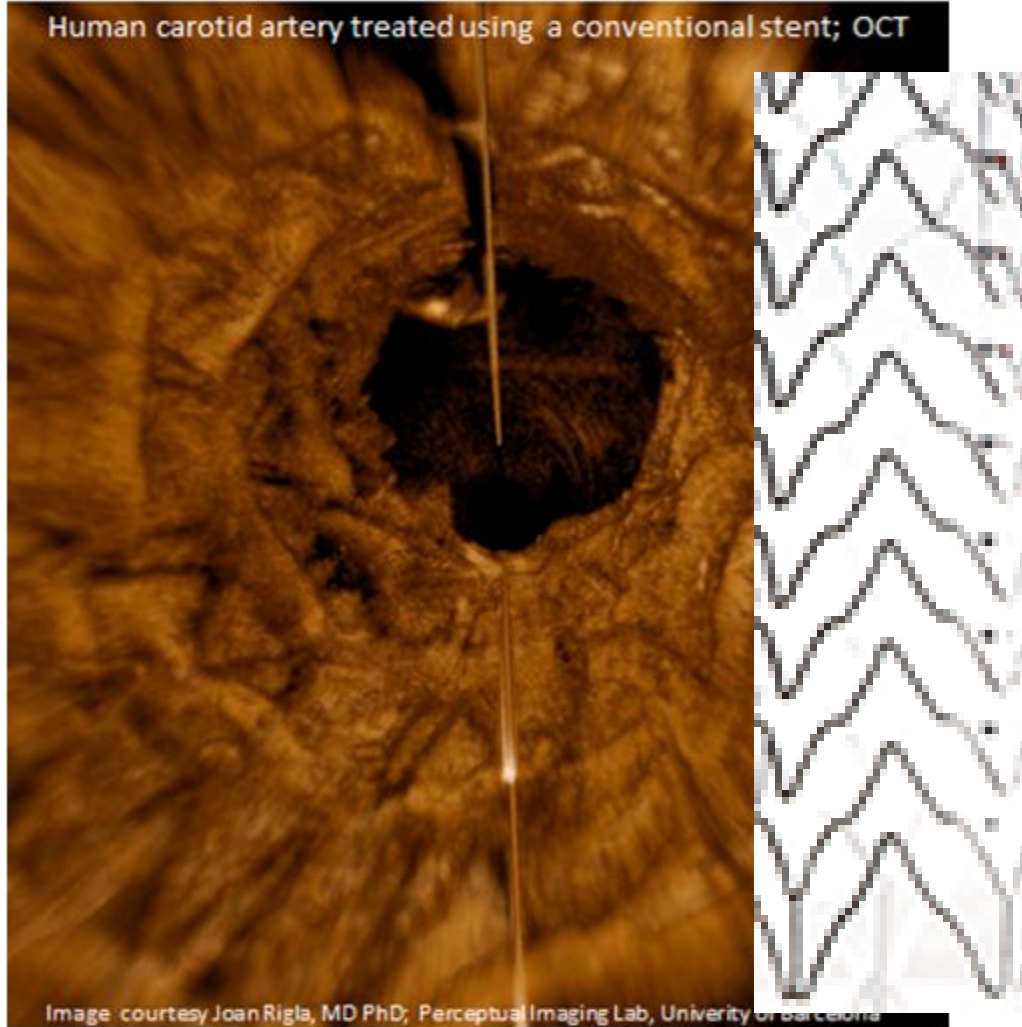


Image courtesy Joan Rigla, MD PhD; Perceptual Imaging Lab, University of Barcelona

OCT Images in: P Musialek, G deDonato
Carotid Artery Revascularization Using the Endovascular Route
In: **Carotid Interventions - Practical Guide 2022**

Randomized Controlled Trial

The CREST Study stent



Human carotid artery treated using a conventional stent; OCT

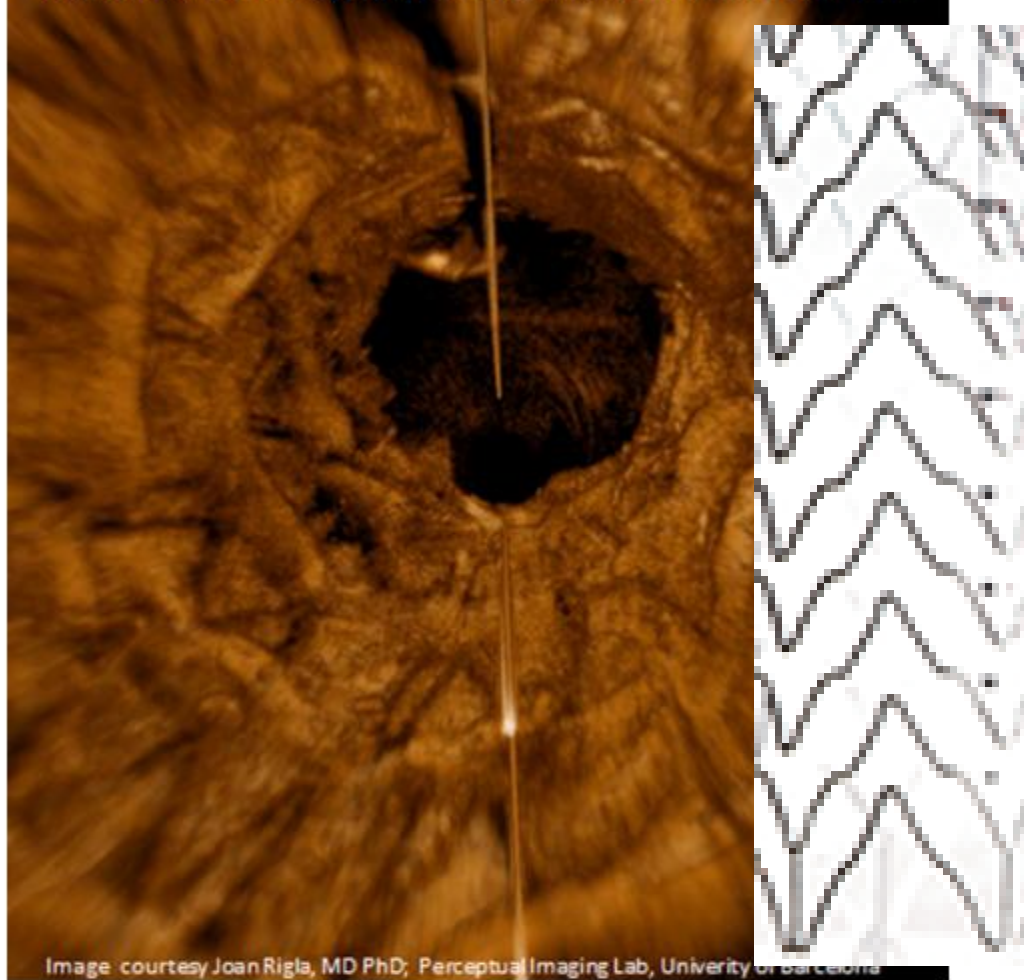
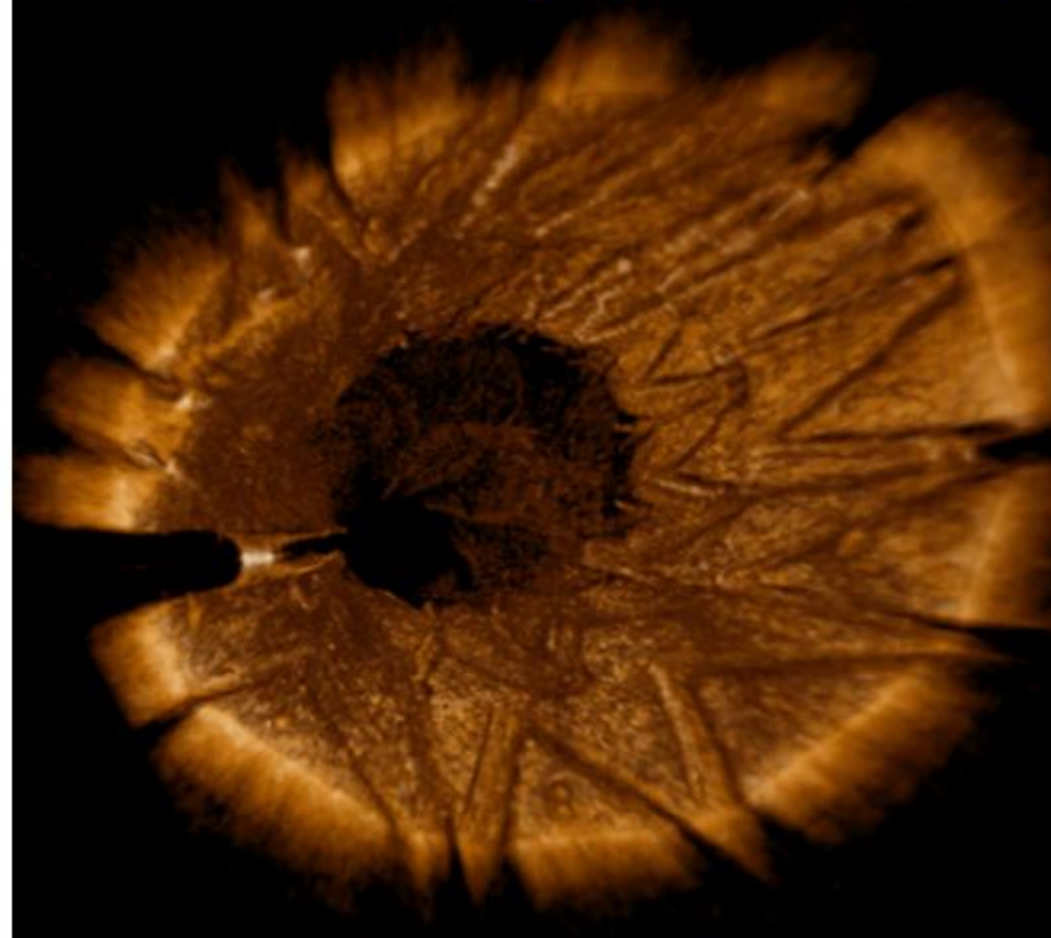


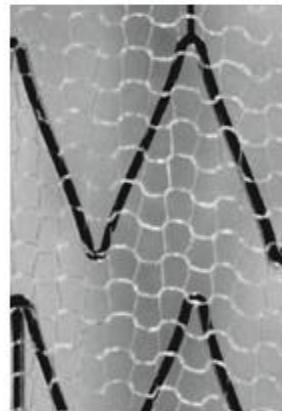
Image courtesy Joan Rigla, MD PhD; Perceptual Imaging Lab, University of Barcelona

Level-1 Evidence

Human 3D OCT, symptomatic lesion



CGuard

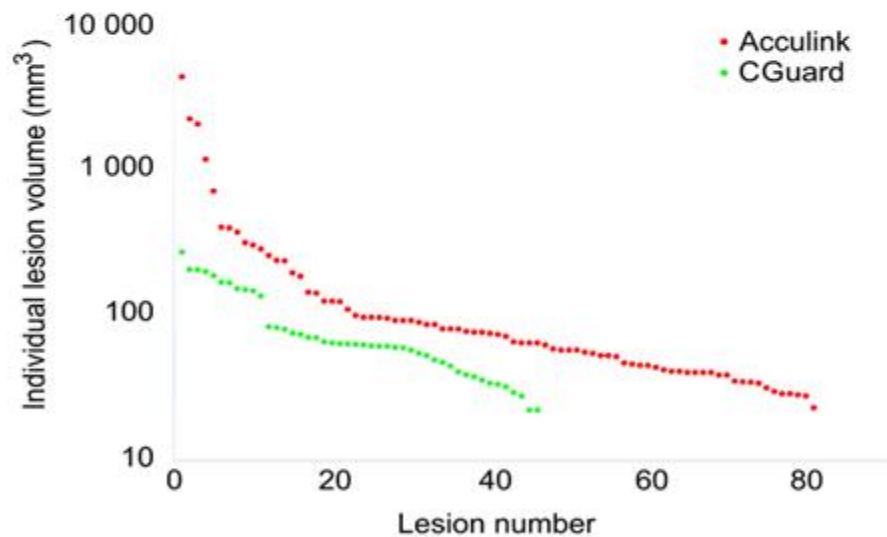


OCT Images in: P Musialek, G deDonato
Carotid Artery Revascularization Using the Endovascular Route
In: **Carotid Interventions - Practical Guide 2022**

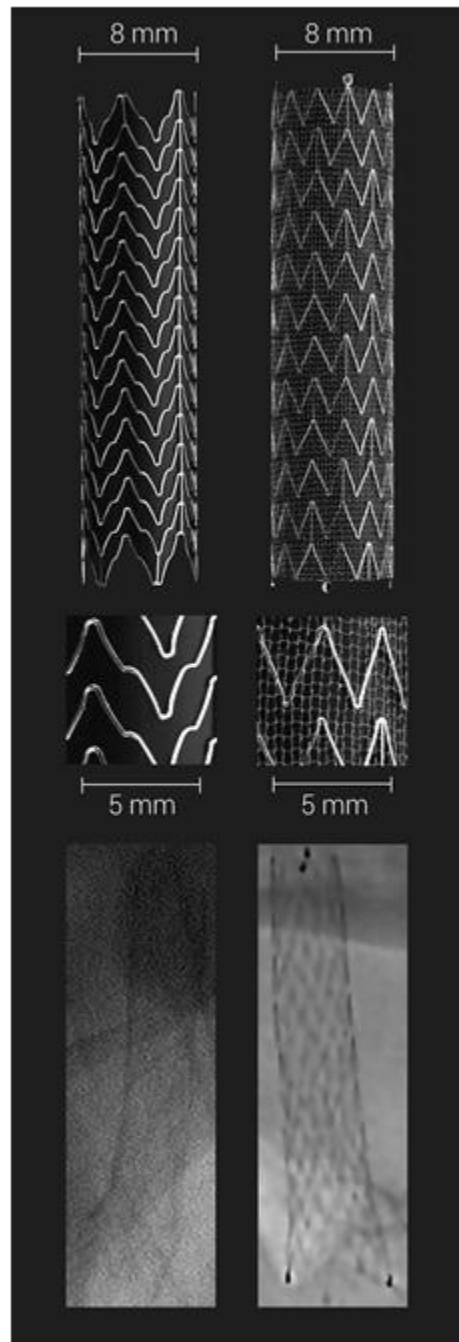
Neuro-Protective Carotid Stent System

Randomized Controlled Trial

DW-MRI Embolism raw data



JACC: CARDIOVASCULAR INTERVENTIONS VOL. 14, NO. 21, 2021
NOVEMBER 8, 2021:2377-2387

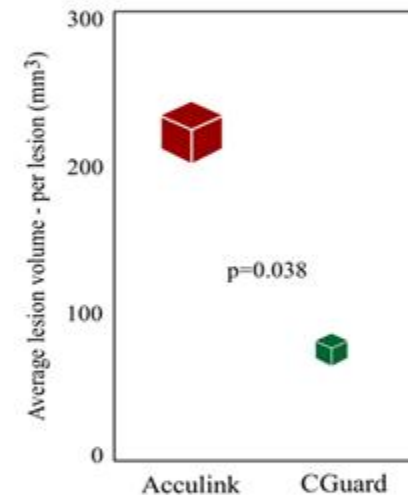


Level 1 Evidence

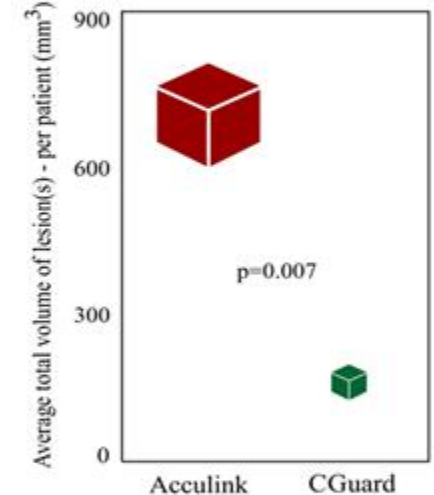
Embolitic Load to the Brain
PROFOUND REDUCTION
Acculink (CREST study device)

MicroNet-Covered Stent - CGuard

Per Lesion



Per Ipsil Haemisphere

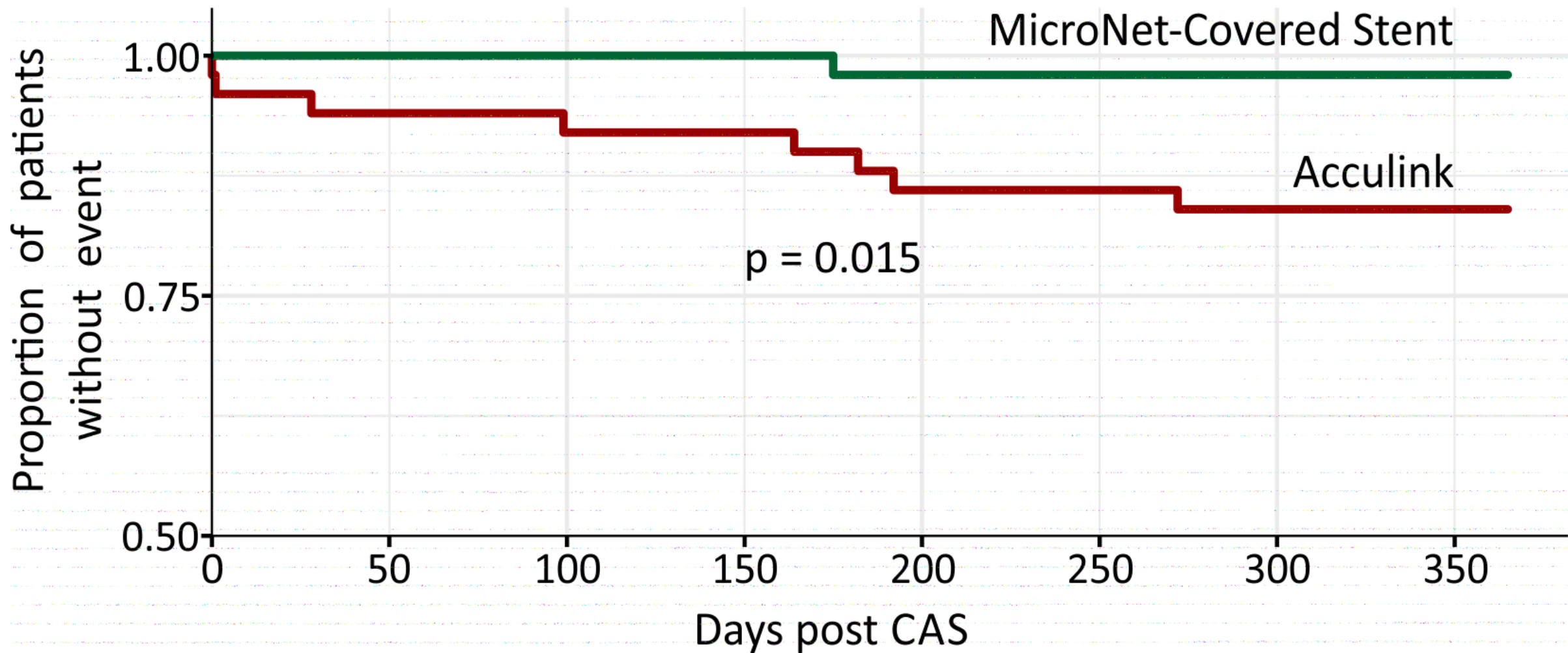


Blinded CoreLab independent analysis

CGuard MicroNET-Covered Stent

Randomized Controlled Trial of Conventional Versus MicroNet-Covered Stent in Carotid Artery Revascularization

12-month clinical data



Meta-Analyses

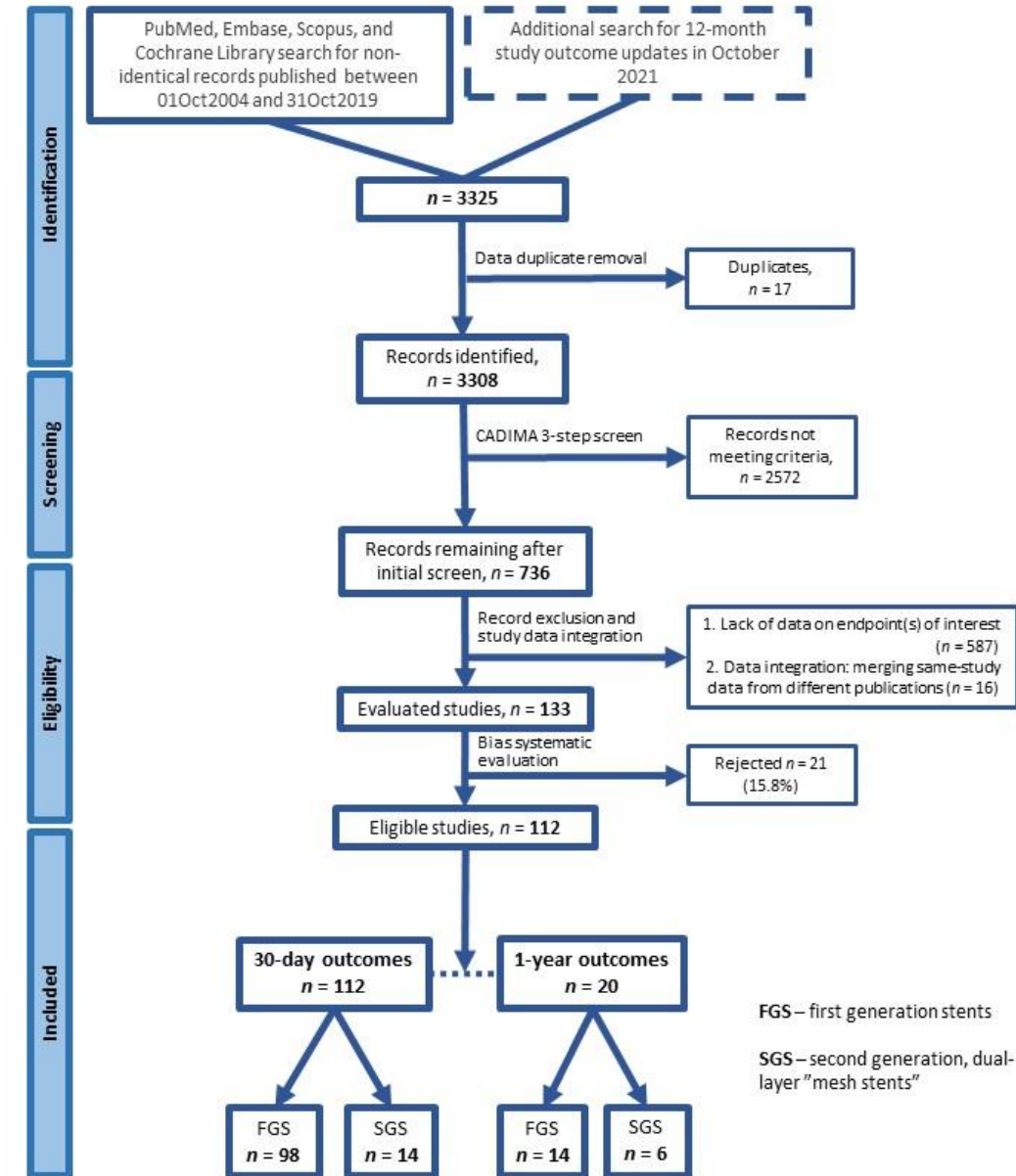
Clinical Outcomes of Second- versus First-Generation Carotid Stents: A Systematic Review and Meta-Analysis

Adam Mazurek ^{1,*}, Krzysztof Malinowski ², Kenneth Rosenfield ³, Laura Capoccia ⁴, Francesco Speziale ⁴, Gianmarco de Donato ⁵, Carlo Setacci ⁵, Christian Wissgott ⁶, Pasqualino Sirignano ⁴, Lukasz Tekieli ⁷, Andrey Karpenko ⁸, Wacław Kuczmik ⁹, Eugenio Stabile ¹⁰, David Christopher Metzger ¹¹, Max Amor ¹², Adnan H. Siddiqui ¹³, Antonio Micari ¹⁴, Piotr Pieniżek ^{1,7}, Alberto Cremonesi ¹⁵, Joachim Schofer ¹⁶, Andrej Schmidt ¹⁷ and Piotr Musialek ^{1,*} on behalf of CARMEN (CArotid Revascularization Systematic Reviews and MEta-aNalyses) Investigators

Data of **68,422** patients
from **112** eligible studies
(68.2% men, 44.9% symptomatic)

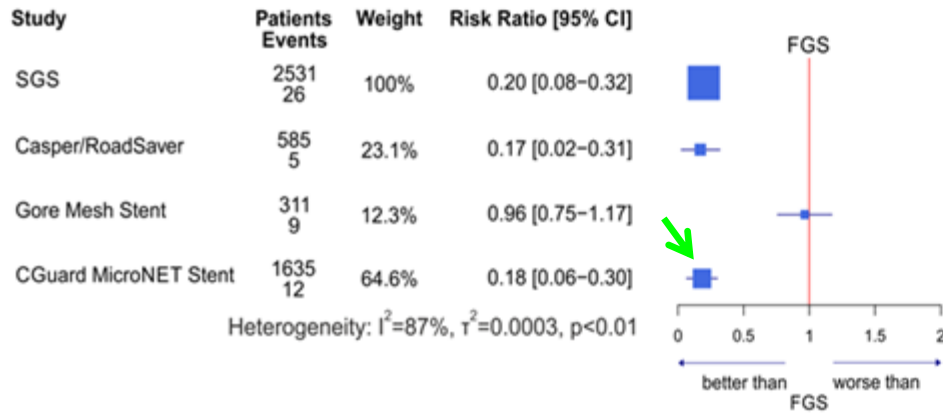
Adam Mazurek et al.
CARMEN Collaborators

CARMEN Systematic review and meta-analysis flowchart (PRISMA)

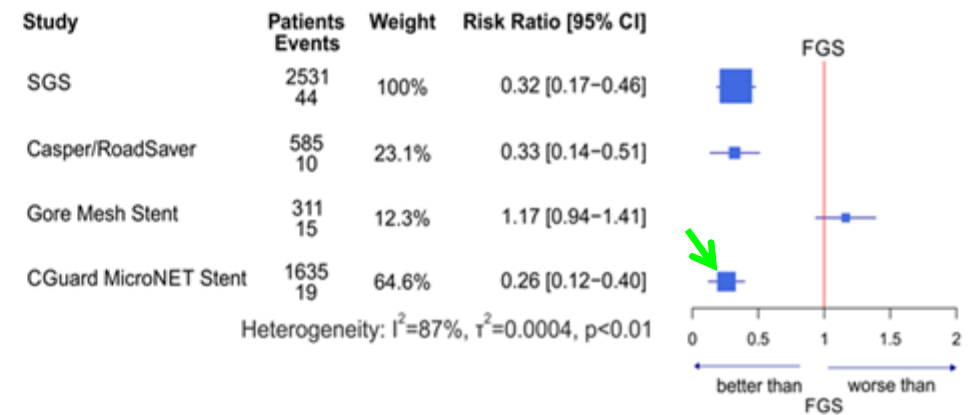


CARMEN SGS vs FGS Meta-Analysis: Main Findings

A 30-day Stroke

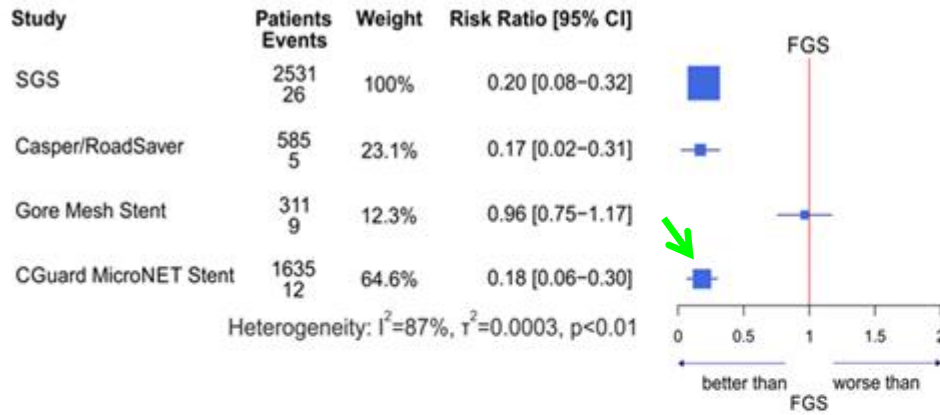


B 30-day Death/Stroke/MI

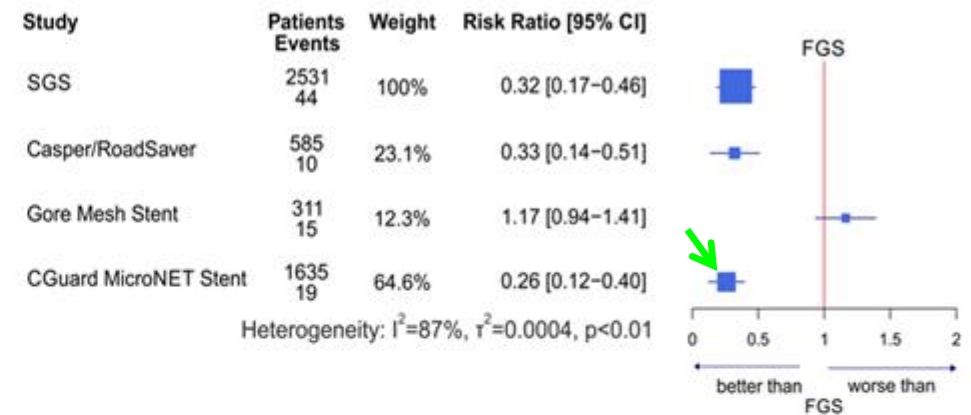


CARMEN SGS vs FGS Meta-Analysis: Main Findings

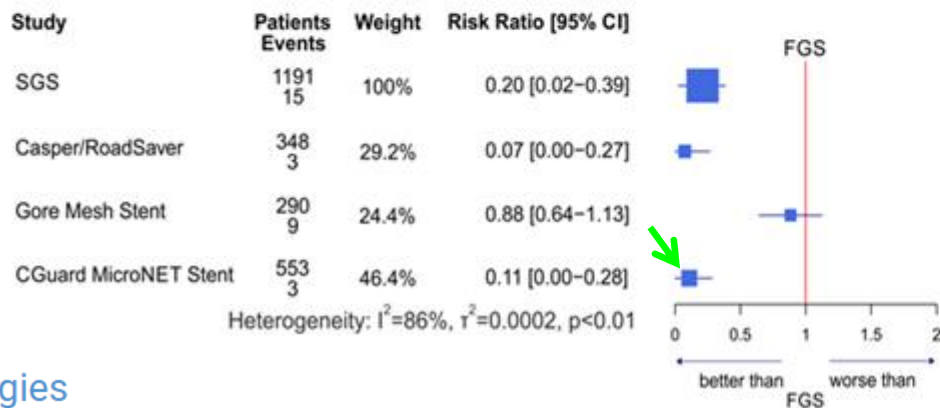
A 30-day Stroke



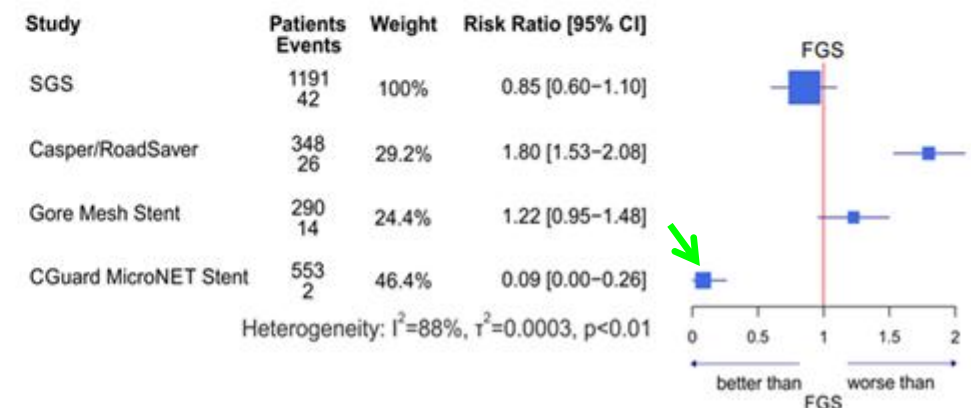
B 30-day Death/Stroke/MI



C 12-month Ipsilateral Stroke



D 12-month Restenosis

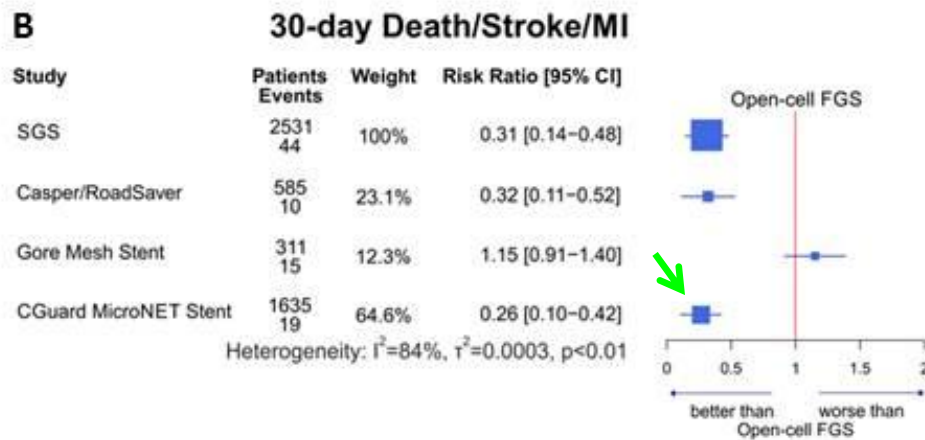
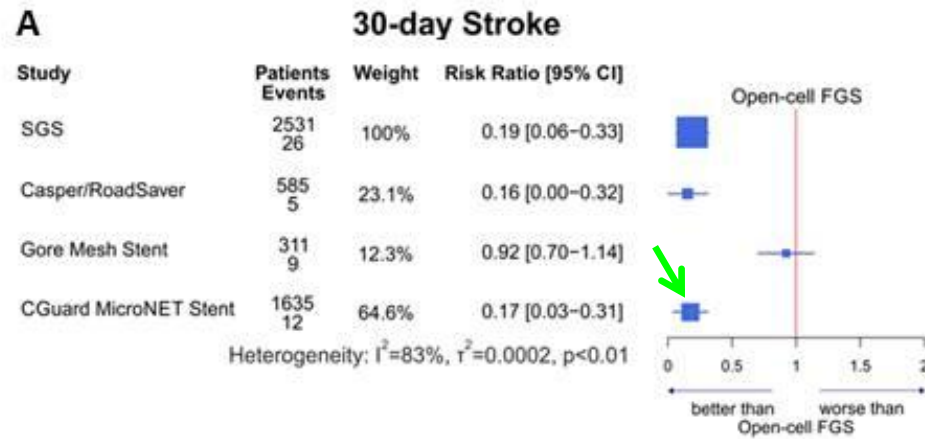


New Technologies

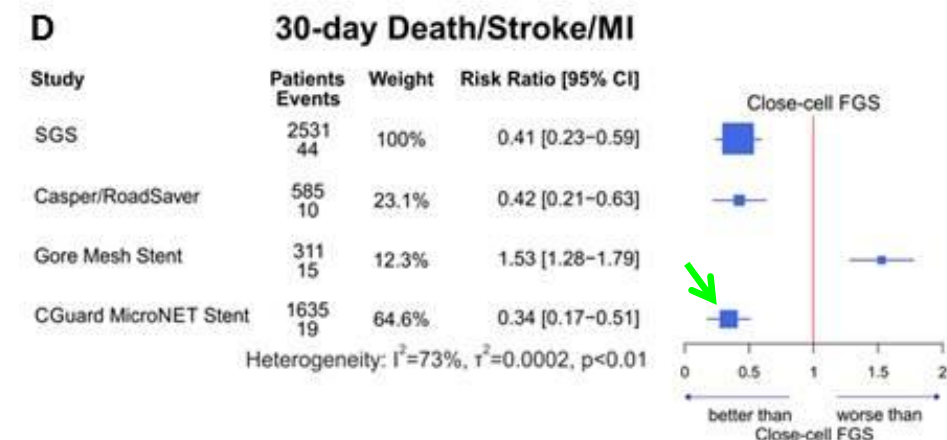
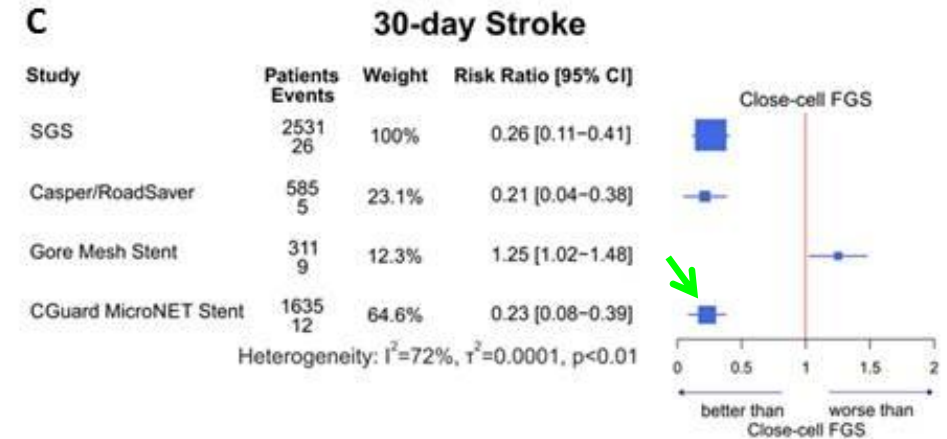
Adam Mazurek et al.
CARMEN Collaborators

CARMEN SGS vs FGS Meta-Analysis: Main Findings

Open-cell FGS as reference







Close-cell FGS as reference



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Adam Mazurek et al.
CARMEN Collaborators

Clinical Outcomes of Second- versus First-Generation Carotid Stents: A Systematic Review and Meta-Analysis

Adam Mazurek ^{1,*} , Krzysztof Malinowski ², Kenneth Rosenfield ³, Laura Capoccia ⁴, Francesco Speziale ⁴, Gianmarco de Donato ⁵ , Carlo Setacci ⁵, Christian Wissgott ⁶, Pasqualino Sirignano ⁴ , Lukasz Tekieli ⁷, Andrey Karpenko ⁸ , Waclaw Kuczmik ⁹, Eugenio Stabile ¹⁰, David Christopher Metzger ¹¹, Max Amor ¹², Adnan H. Siddiqui ¹³, Antonio Micari ¹⁴, Piotr Pieniążek ^{1,7}, Alberto Cremonesi ¹⁵, Joachim Schofer ¹⁶, Andrej Schmidt ¹⁷ and Piotr Musialek ^{1,*} [†] on behalf of CARMEN (CArotid Revascularization Systematic Reviews and MEta-aNalyses) Investigators

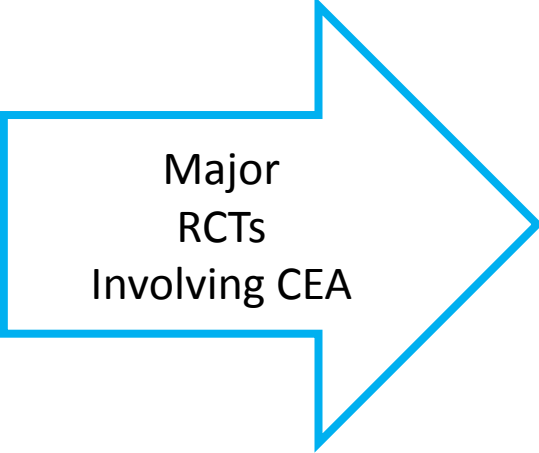
Conclusions: Pooled SGS use was associated with improved short- and long-term clinical results of CAS. Individual SGS types, however, differed significantly in their outcomes, indicating a lack of a “mesh stent” class effect. **Findings from this meta-analysis may provide clinically relevant information (...).**

LATEST TECHNIQUES FOR CAROTID REVASCULARIZATION

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

Adam MAZUREK ^{1,2 *}, Krzysztof MALINOWSKI ^{3,4}, Pasqualino SIRIGNANO ⁵, Ralf KOLVENBACH ⁶,
Laura CAPOCCIA ⁷, Gianmarco DE DONATO ⁸, Isabelle VAN HERZEELE ⁹, Adnan H. SIDDIQUI ^{10,11},
Tomaso CASTRUCCI ¹², Lukasz TEKIELI ^{1,2,13}, Matteo STEFANINI ¹⁴, Christian WISSGOTT ¹⁵,
Kenneth ROSENFELD ¹⁶, D. Christopher METZGER ¹⁷, Kenneth SNYDER ¹⁸, Andrey KARPENKO ¹⁹,
Waclaw KUCZMIK ²⁰, Eugenio STABILE ²¹, Magdalena KNAPIK ²², Renato CASANA ²³, Piotr PIENIAZEK ^{1,13},
Anna PODLASEK ^{24,25}, Maurizio TAURINO ⁵, Joachim SCHOFER ²⁶, Alberto CREMONESI ^{27,28}, Horst SIEVERT ²⁹,
Andrej SCHMIDT ³⁰, Iris Q. GRUNWALD ^{24,31}, Francesco SPEZIALE ⁷, Carlo SETACCI ⁸, Piotr MUSIALEK ^{1,2},
Carotid Revascularization systematic reviews and Meta-analyses (CARMEN) Collaborators

SGS vs CEA meta-analysis



Major
RCTs
Involving CEA

1. **CEA** pooled data

SAPPHIRE
EVA 3S
SPACE-1
ICSS
CREST
ACST-1
ACT-1
Manhaim
SPACE-2

Adam Mazurek et al.
CARMEN Collaborators
J Cardiovasc Surg 2023

SGS vs CEA meta-analysis

Major
RCTs
Involving CEA

1. CEA pooled data

SAPPHIRE
EVA 3S
SPACE-1
ICSS
CREST
ACST-1
ACT-1
Manhaim
SPACE-2

CEA in
Contemporary
Clinical Practice

2. CEA in Vascular Quality Initiative (VQI) database*

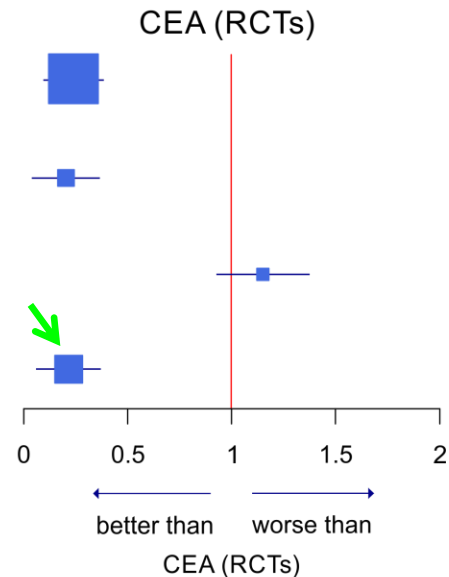
* Dakour-Aridi H, et al. *Ann Vasc Surg.* 2020;65:1-9
Columbo JA, et al. *J Vasc Surg.* 2019;69:104-109

CARMEN Collaborators
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30-day Stroke

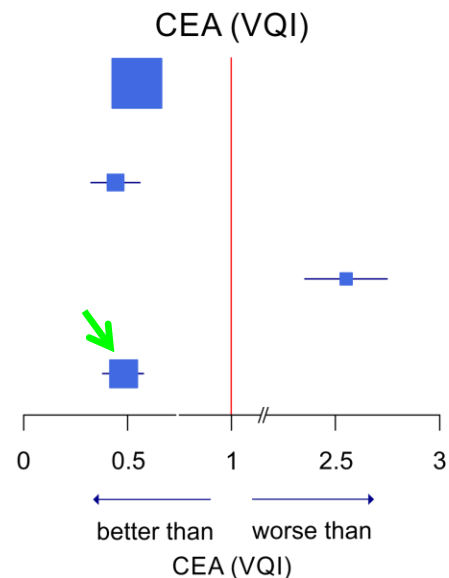
Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	2531 26	100%	0.24 [0.10–0.38]
Casper/RoadSaver	585 5	23.1%	0.20 [0.04–0.36]
Gore Mesh Stent	311 9	12.3%	1.15 [0.92–1.37]
CGuard MicroNET Stent	1635 12	64.6%	0.22 [0.07–0.36]

Heterogeneity: $I^2=71%$, $\tau^2<0.0001$, $p<0.01$



Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	2531 26	100%	0.53 [0.44–0.62]
Casper/RoadSaver	585 5	23.1%	0.44 [0.32–0.56]
Gore Mesh Stent	311 9	12.3%	2.55 [2.35–2.75]
CGuard MicroNET Stent	1635 12	64.6%	0.48 [0.39–0.57]

Heterogeneity: $I^2=40%$, $\tau^2<0.0001$, $p=0.06$



New Technologies

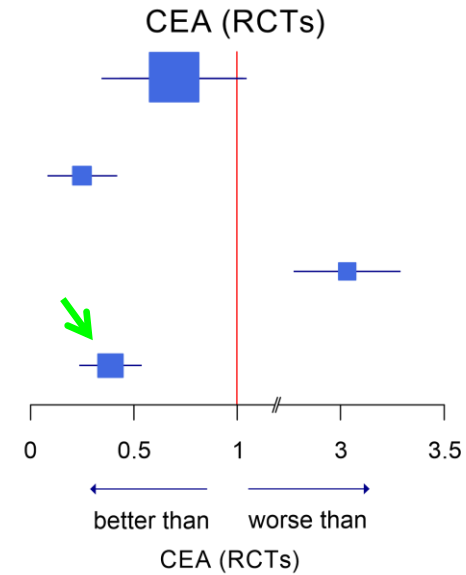
A. Mazurek et al.

CARMEN Collaborators

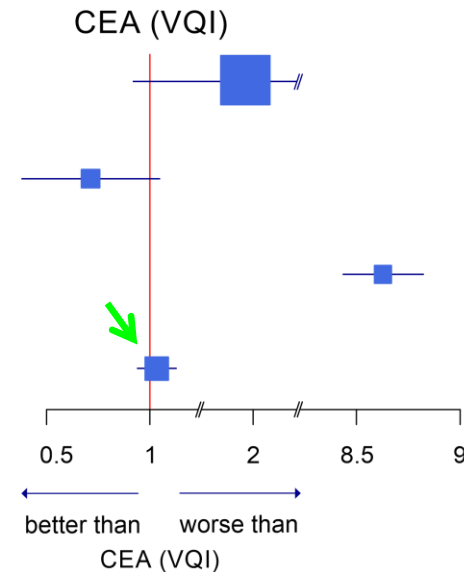
J Cardiovasc Surg 2023

12-month Ipsilateral Stroke

Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	1191 15	100%	0.69 [0.34–1.05]
Casper/RoadSaver	348 3	29.2%	0.25 [0.08–0.42]
Gore Mesh Stent	290 9	24.4%	3.07 [2.85–3.29]
CGuard MicroNET Stent	553 3	46.4%	0.38 [0.23–0.53]



Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	1191 15	100%	1.96 [0.93–2.99]
Casper/RoadSaver	348 3	29.2%	0.71 [0.37–1.05]
Gore Mesh Stent	290 9	24.4%	8.63 [8.43–8.83]
CGuard MicroNET Stent	553 3	46.4%	1.06 [0.96–1.16]



New Technologies

A. Mazurek et al.

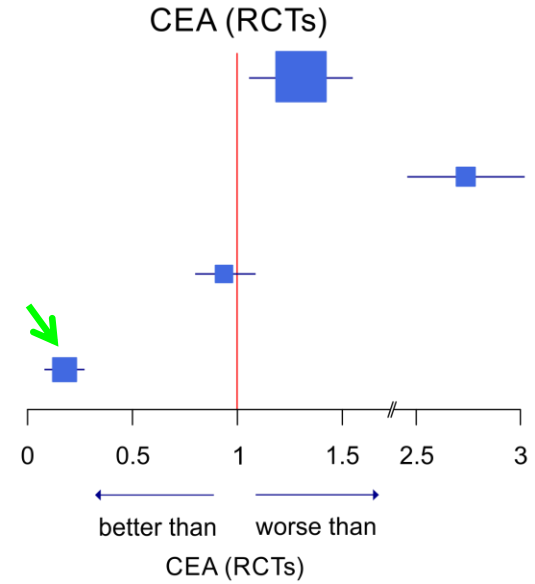
CARMEN Collaborators

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12-month Restenosis

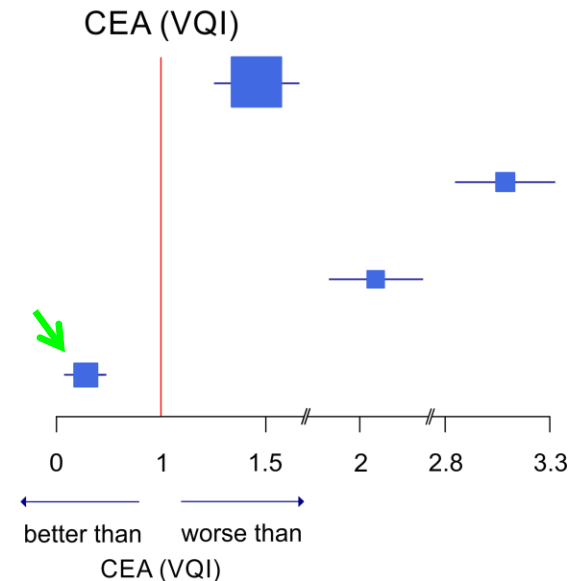
Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	1191 42	100%	1.30 [1.05–1.55]
Casper/RoadSaver	348 26	29.2%	2.75 [2.48–3.02]
Gore Mesh Stent	290 14	24.4%	0.94 [0.80–1.08]
CGuard MicroNET Stent	553 2	46.4%	0.16 [0.08–0.24]

Heterogeneity: $I^2=84\%$, $\tau^2=0.0002$, $p<0.01$



Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	1191 42	100%	1.45 [1.25–1.65]
Casper/RoadSaver	348 26	29.2%	3.08 [2.84–3.32]
Gore Mesh Stent	290 14	24.4%	2.08 [1.85–2.31]
CGuard MicroNET Stent	553 2	46.4%	0.14 [0.04–0.24]

Heterogeneity: $I^2=93\%$, $\tau^2=0.0002$, $p<0.01$



New Technologies

A. Mazurek et al.

CARMEN Collaborators

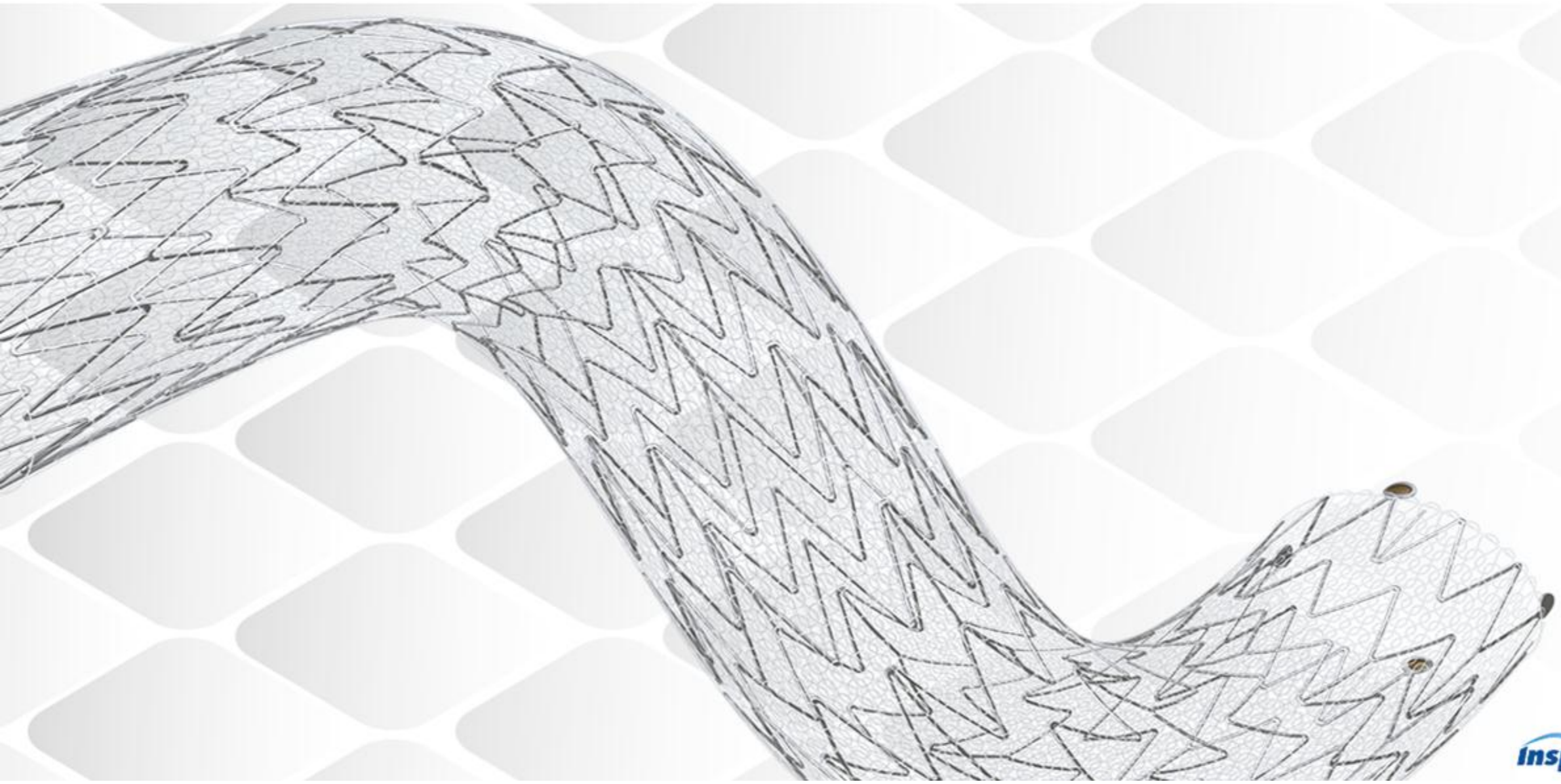
J Cardiovasc Surg 2023

FDA-IDE

FDA-IDE Clinical Trial:

CGUARDIANS

NCT 04900844



C-GUARDIANS Study Design	Prospective, multicenter, single-armed IDE Pivotal trial
Sample size/ Sites	316 Patients; 25 US and European Sites
Primary Endpoint	<i>Composite of death, stroke, MI (DSMI) at 30 days</i> or ipsilateral stroke at 1 year
Sponsor	INSPIRE MD
Principal Investigator Co- Principal Investigator	D. Chris Metzger, MD Piotr Musialek, MD
Study Enrollment Period	July, 2021 to June, 2023 (23 months)
Monitor/ CRO	Hart Clinical Consultants

Patient Demographics

Characteristic	ITT (N = 316)
Age (mean \pm SD)	69.0 \pm 6.6
% Symptomatic	24.3%
% Male	63.9%
Diabetes Mellitus	41.8%
Hypertension	92.6%
Dyslipidemia	90%
CAD	52.1%
COPD	23.8%
Current Smoker	26.4%
PVD	28.6%

D Chris Metzger @ VIVA 2023

Embololic Protection Utilized

Emboshield NAV 6 Distal embolic protection	261
MoMA Proximal embolic protection	78
Both (Nav6 and MoMa)	24
None	1

D Chris Metzger @ VIVA 2023

C-GUARDIANS 30-day Results

ITT Analysis (N = 316)	Event rate in % (n)
Death, Stroke or MI*	0.95%(3)
Death#	0.32% (1)
Any stroke#	0.95% (3)
Major Stroke#	0.63% (2)
Minor Stroke#	0.32% (1)
MI	0.0% (0)
Death or any stroke*	0.95% (3)
Death or major stroke*	0.63% (2)

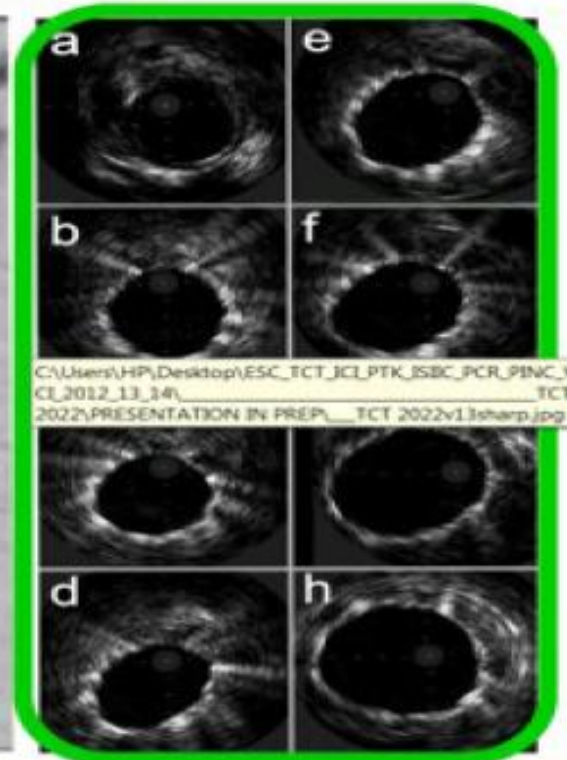
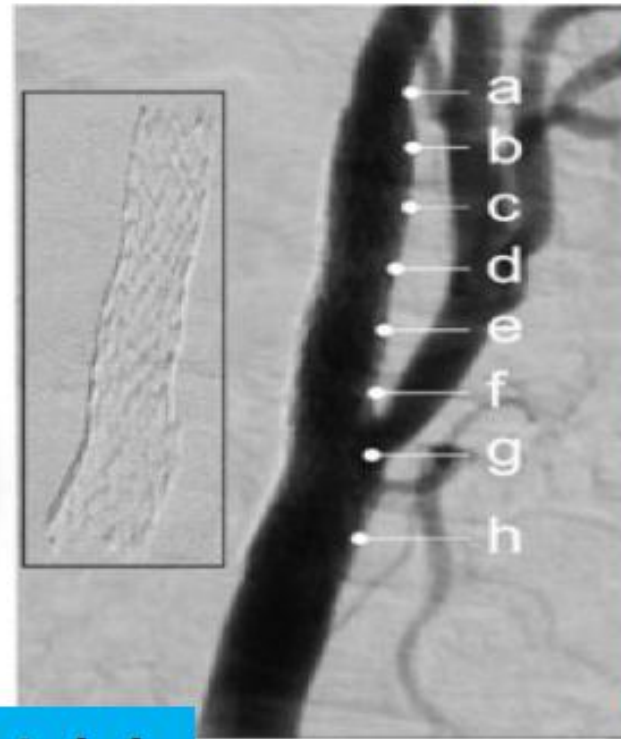
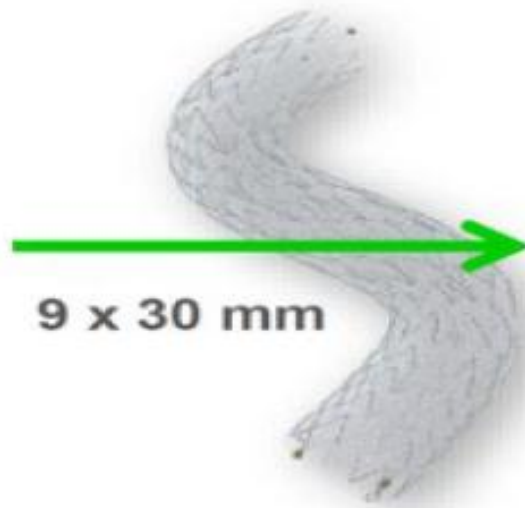
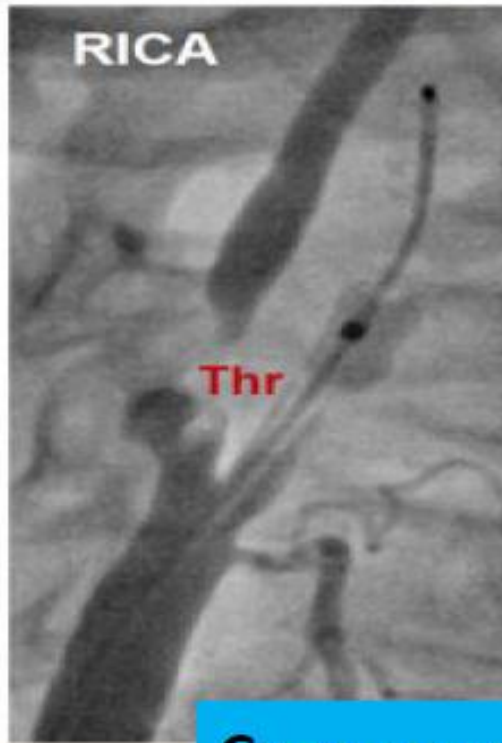
D Chris Metzger @ VIVA 2023

* Hierarchical: patient count (each patient first occurrence of the most serious event).

Non-hierarchical: event count (multiple events in each patient are counted individually).

The CGuard Stent Combines the Conformability of Open Cell Design with the High Plaque Coverage of MicroNet™

M, 52y, Right Hemisph. Stroke 5 days before



Case courtesy of Dr. Piotr Musialek

Designed to minimize plaque protrusion during and after the procedure

C-GUARDIANS Trial 1-Year Primary Endpoint Results

Event*	ITT	Per Protocol**
30-day DSMI + Ipsilateral stroke between 31 and 365 days	1.95 % (6) <2%	1.70% (5)
30-day DSMI	0.95% (3)	0.63% (2)
Ipsilateral stroke between 31 and 365 days	1.00% (3)	1.04% (3)
TLR	0.98% <1%	1.01% (3)

* Kaplan-Meier estimate for all 1-year endpoints

** Per Protocol Analysis excludes 15 patients with Major Protocol Deviations

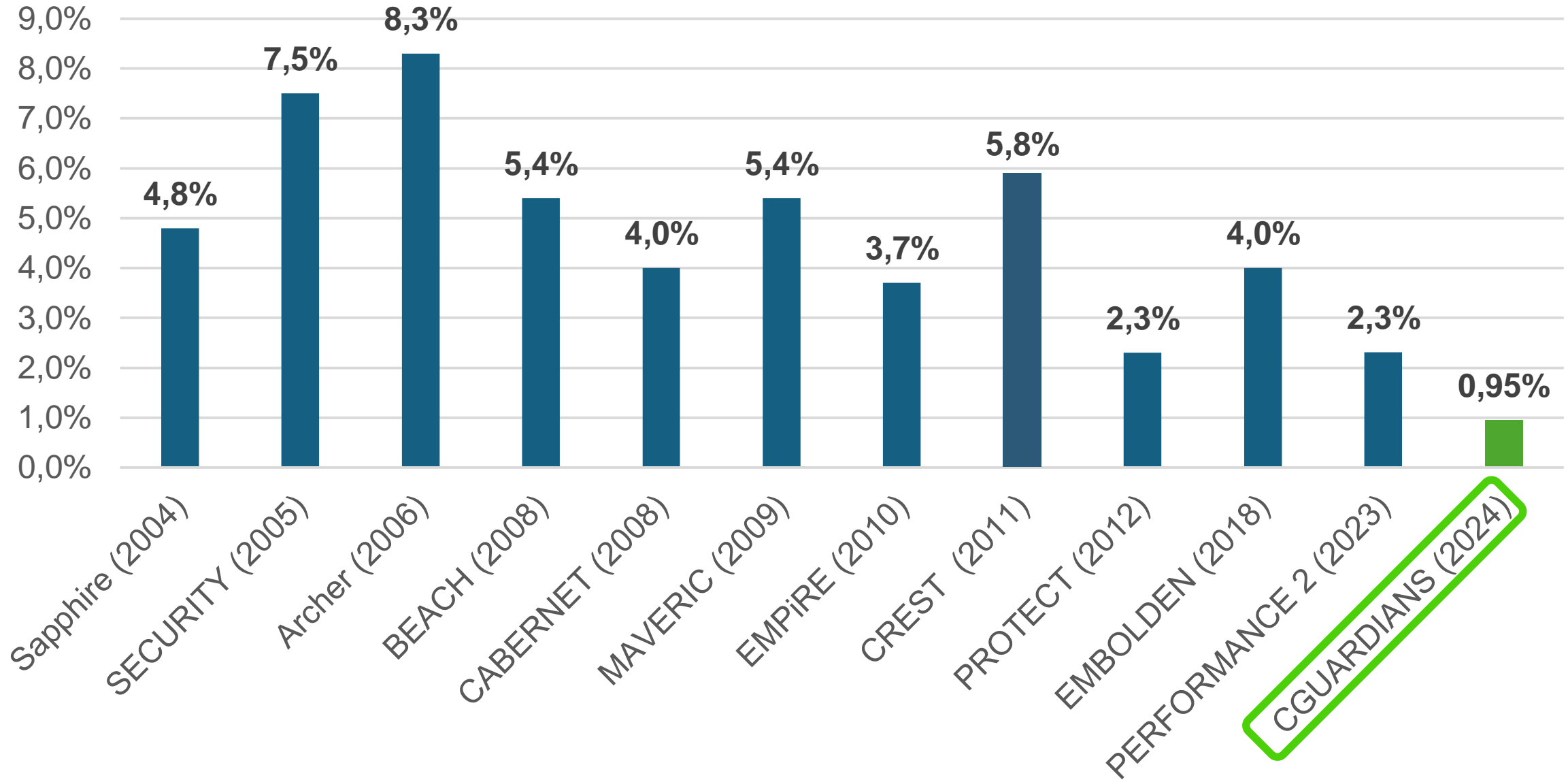
The CEC independently adjudicated all neurological, cardiac events:

- 1 minor stroke (retinal) on POD 189.
- 1 major stroke on POD 280: Prostatectomy (Antiplatelet therapy stopped).
- 1 major stroke on POD 307: Stent patent; A Fib discovered.



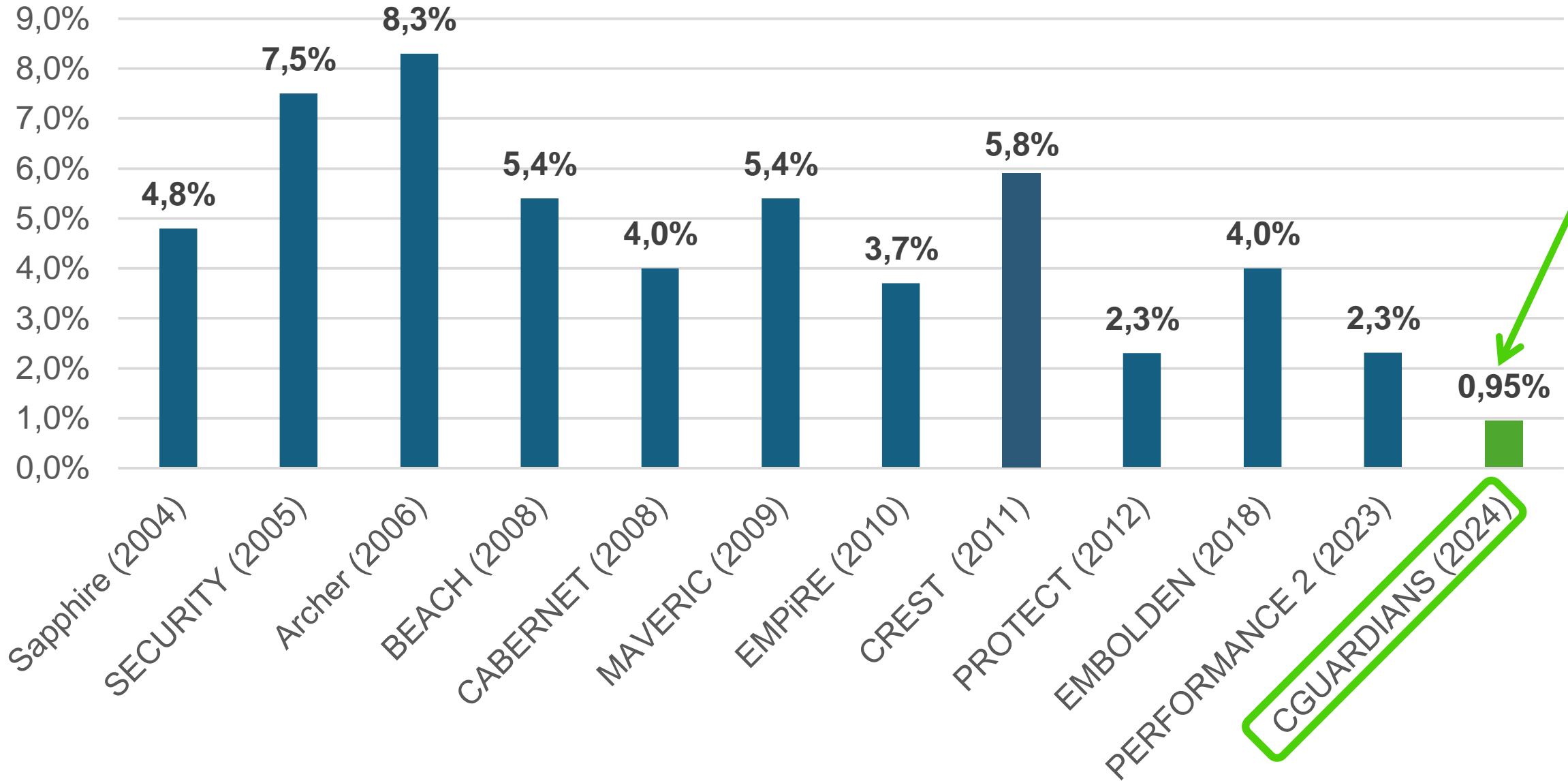
*IDE Data
in Context*

30-day Death/Stroke/MI Rate in Carotid FDA-IDE Trials



*PERFORMANCE II Data based on VIVA 2023 Presentation

30-day Death/Stroke/MI Rate in Carotid FDA-IDE Trials



BEST Clinical Outcomes EVER!

*PERFORMANCE II Data based on VIVA 2023 Presentation

Transradial

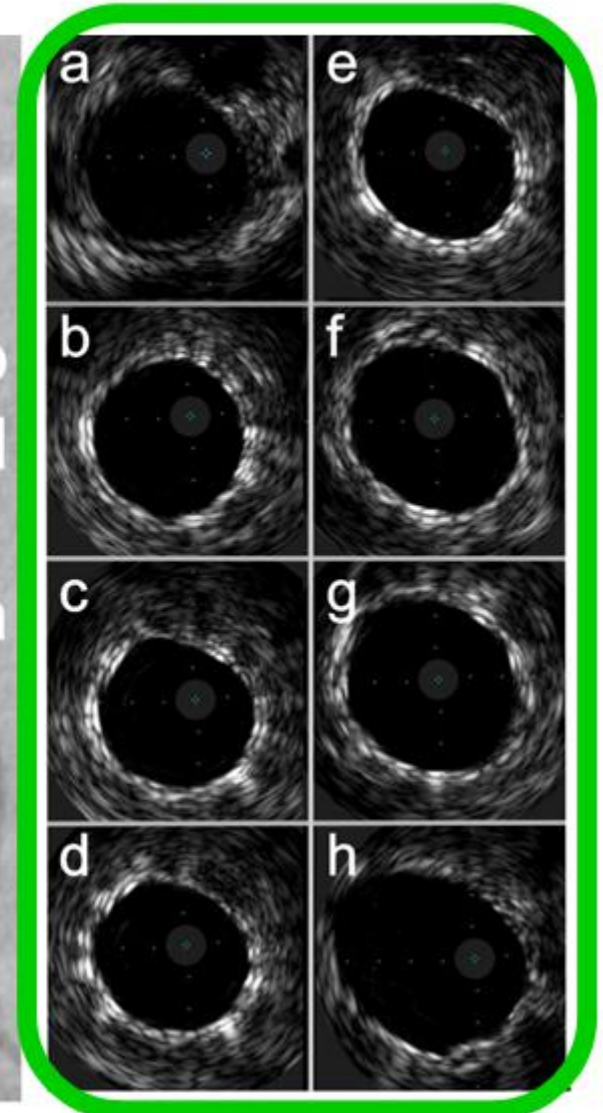
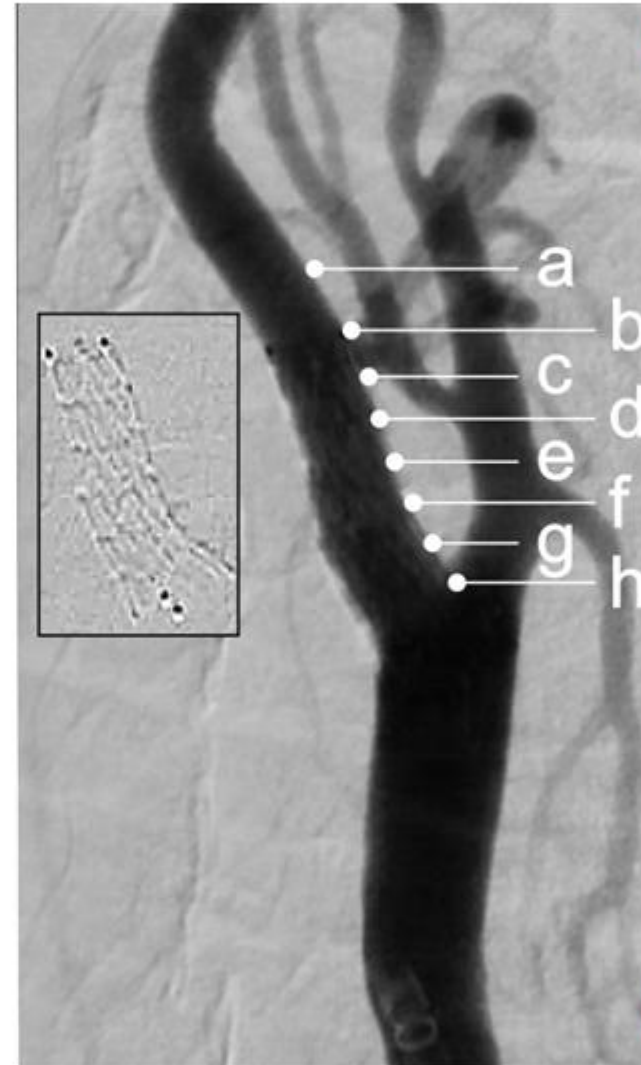
Transradial in **CGUARD OPTIMA Trial**

(NCT04234854)

M, 71y, h/o larynx RadioTx, Leriche, 2 recent R hemisp Strokes

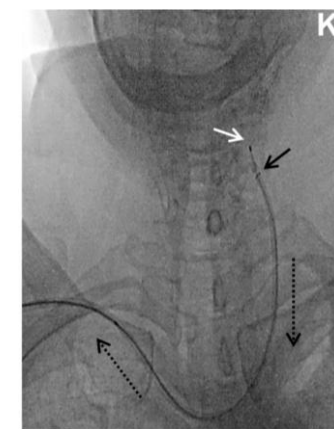
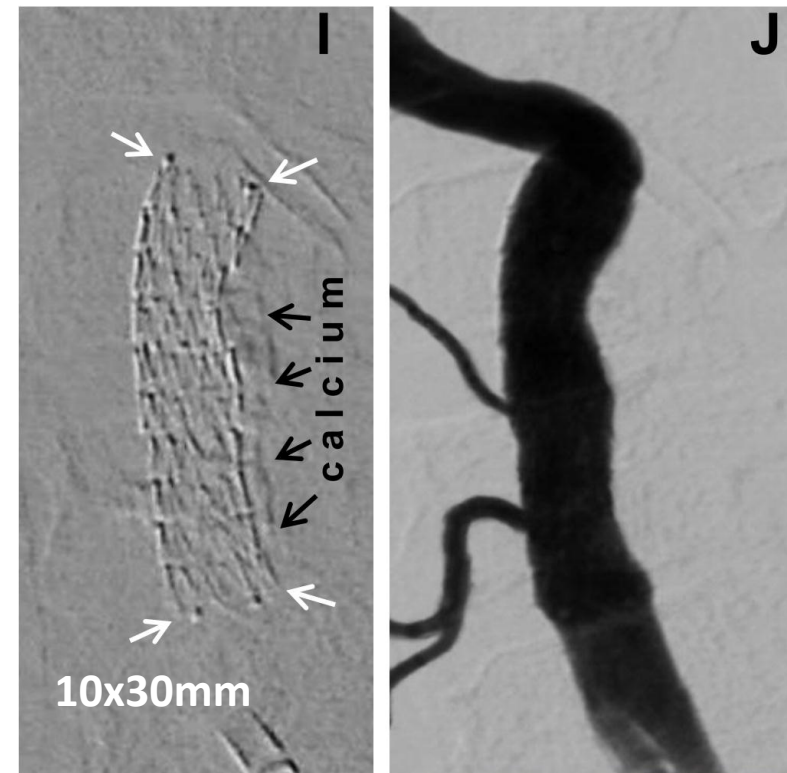
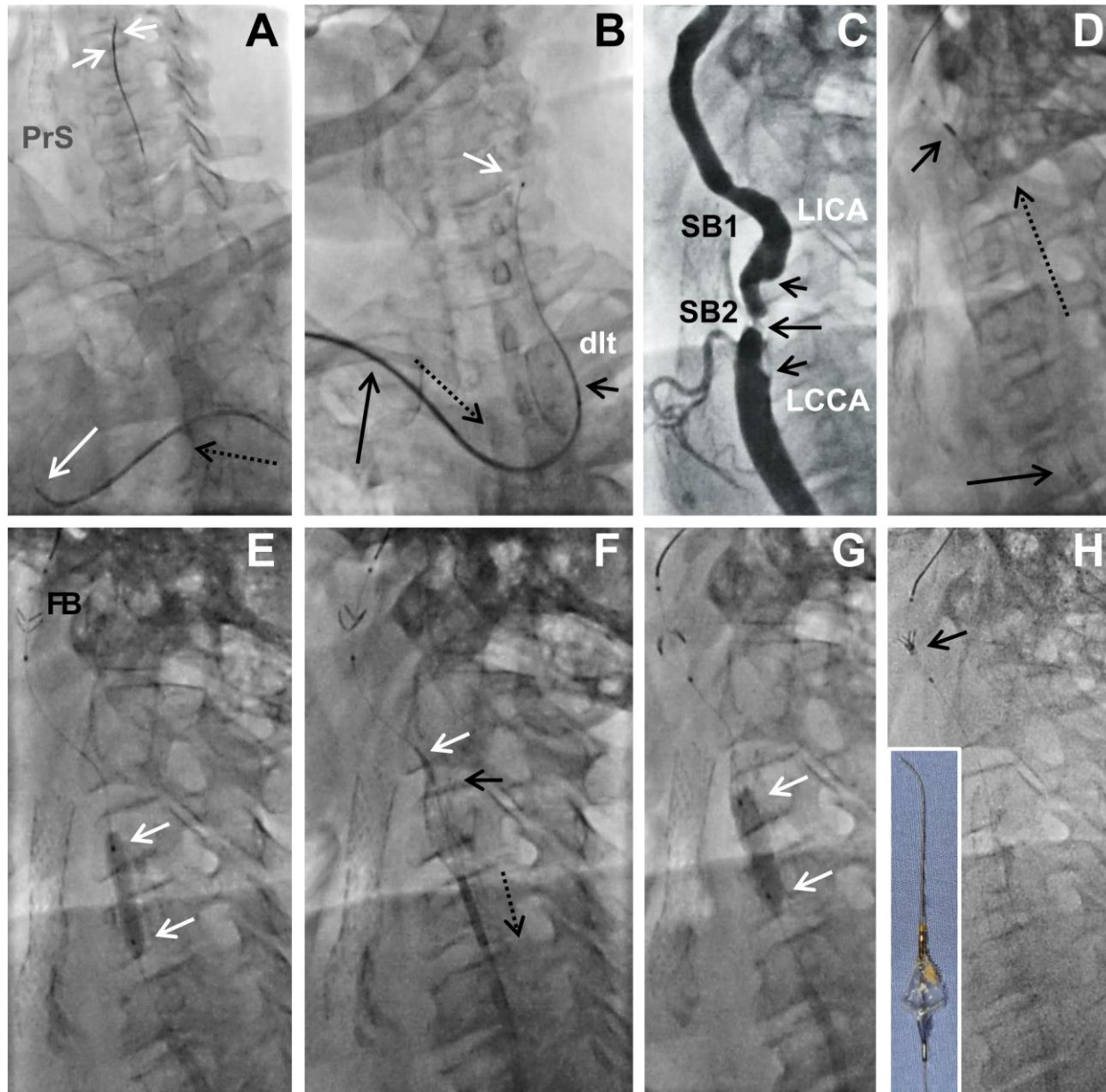


7.0 x 20 mm
→



Transradial in **PARADIGM-500**

(NCT04271033)



Trans-Carotid

TCAR



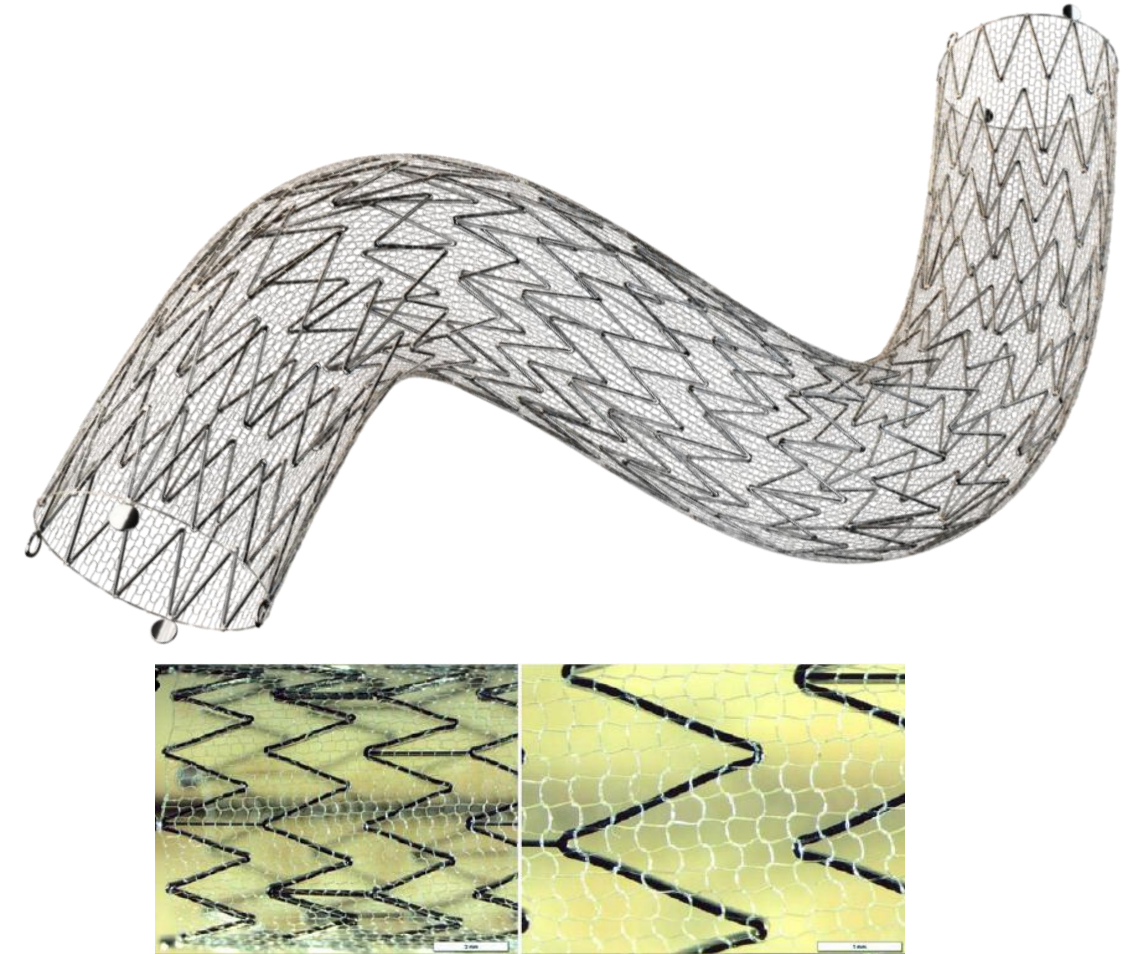
- efficient capture & removal of *intra*-procedural debris

TCAR



- efficient capture & removal of *intra*-procedural debris

CGuard



Magnified image: C. Wissgott *J Endovasc Ther.* 2016

- less embolic material *during* CAS
- sustained anti-embolic *after* CAS

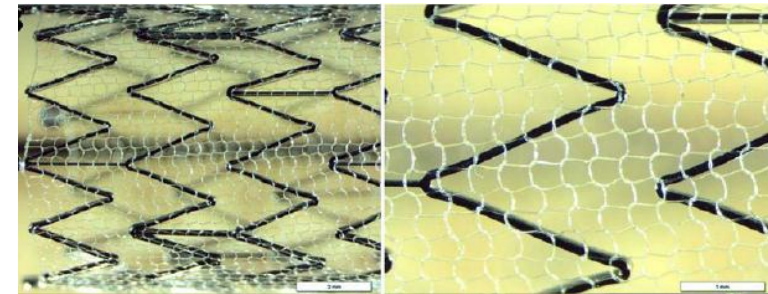
TCAR



- efficient capture & removal of *intra*-procedural debris

CGuard

TOPGUARD



Magnified image: C. Wissgott *J Endovasc Ther.* 2016

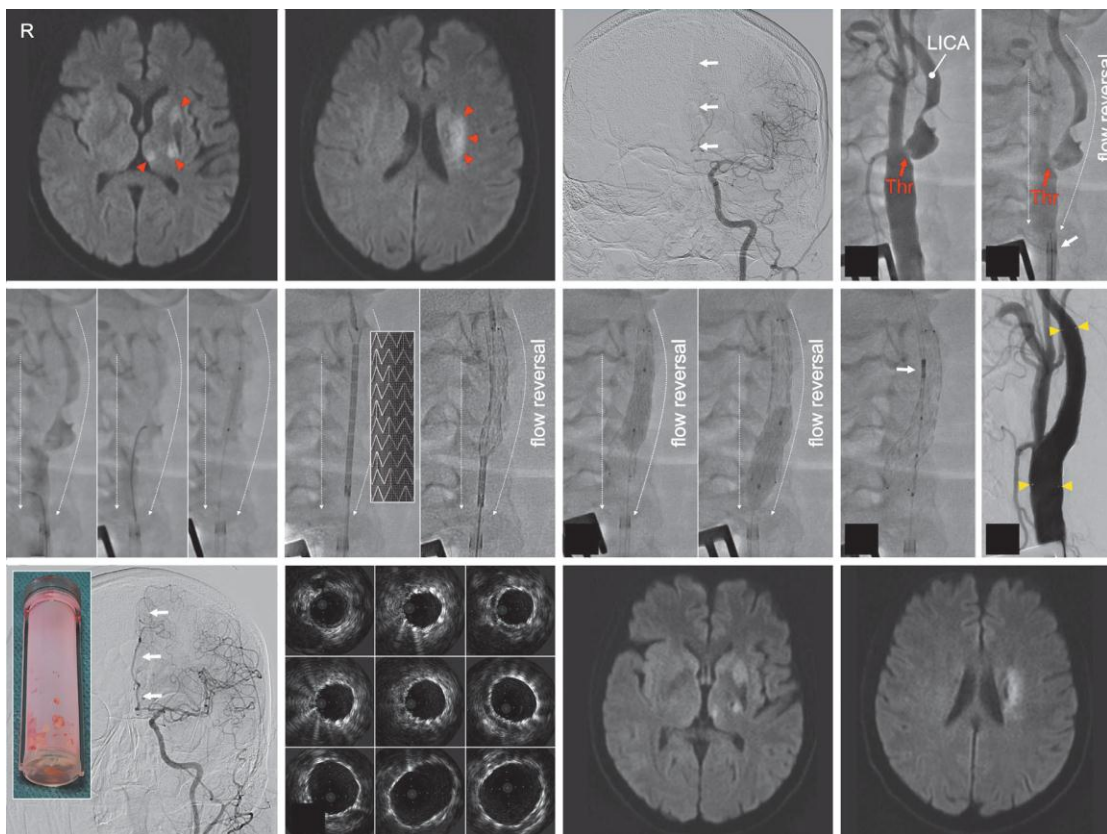
- less embolic material *during* CAS
- sustained anti-embolic *after* CAS

ORIGINAL ARTICLE

NOVEL DATA IN CAROTID-RELATED STROKE TREATMENT AND PREVENTION

Next-generation transcarotid artery revascularization: TransCarotid fLOW Reversal Cerebral Protection And CGUARD MicroNET-Covered Embolic Prevention Stent System To Reduce Strokes – TOPGUARD Study

Mariusz TRYSTULA¹, Isabelle VAN HERZEELE², Ralf KOLVENBACH³,
Lukasz TEKIELI^{4,5}, Charlotte FONTEYNE⁶, Adam MAZUREK^{4,5},
Karolina DZIERWA⁷, Jakub CHMIEL^{4,5}, Julie LINDSAY⁸, Tomasz KWIATKOWSKI¹,
Adam HYDZIK¹, Maksymilian OPLAWSKI¹, Krzysztof BEDERSKI⁹, Piotr MUSIALEK^{4,5*}



TCAR + CGUARD = TOPGUARD

(NCT04547387)

- **106 increased-risk patients / 3 centers**
- **60.4% symptomatic / 49.1% diabetic**
- **1 intra-procedural minor stroke (0.9%)**
(prior to established neuroprotection)
- **NO further clinical events by 30-d; NO ST**
- **100% stent patency @ 30-days**
PSV 0.7 (0.62-0.83)m/s
EDV 0.2 (0.18-0.21) m/s

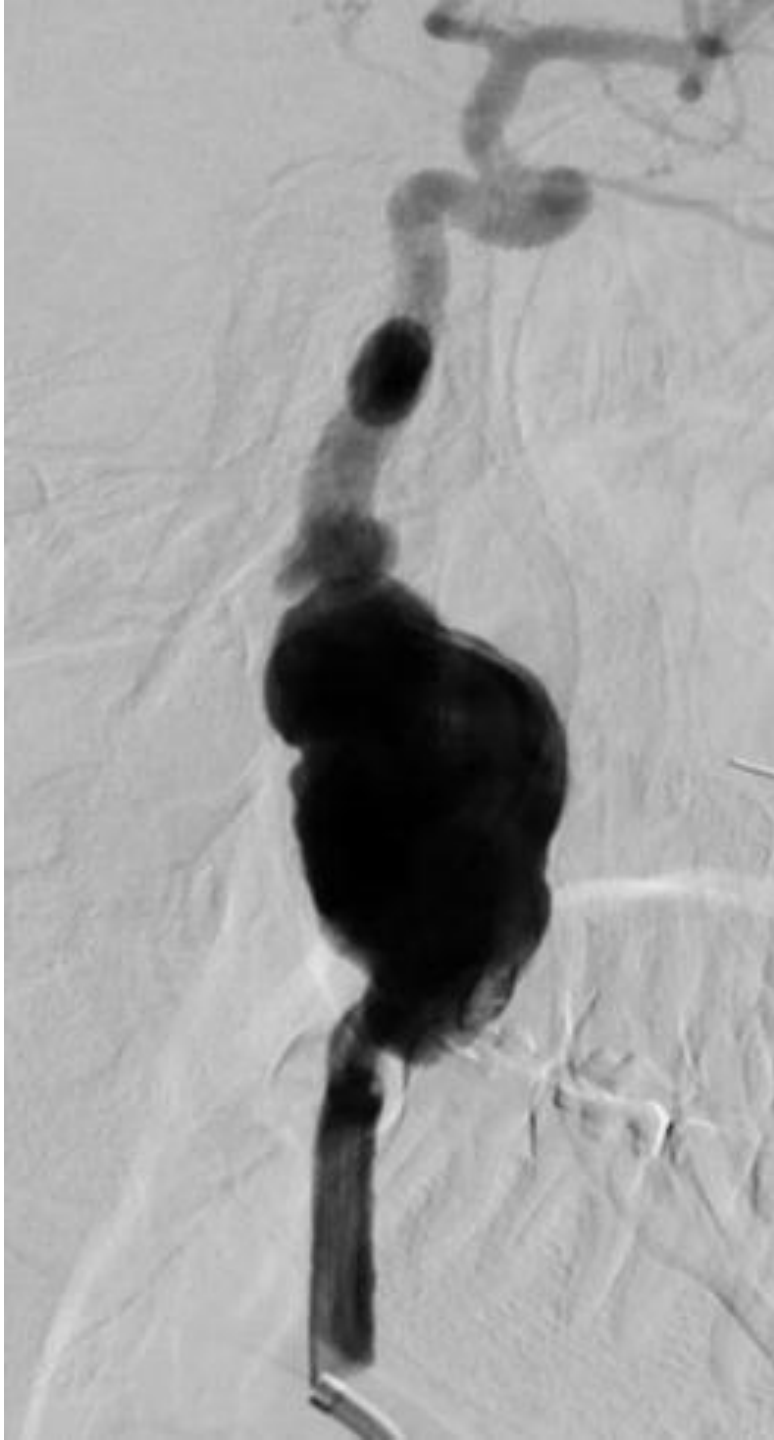
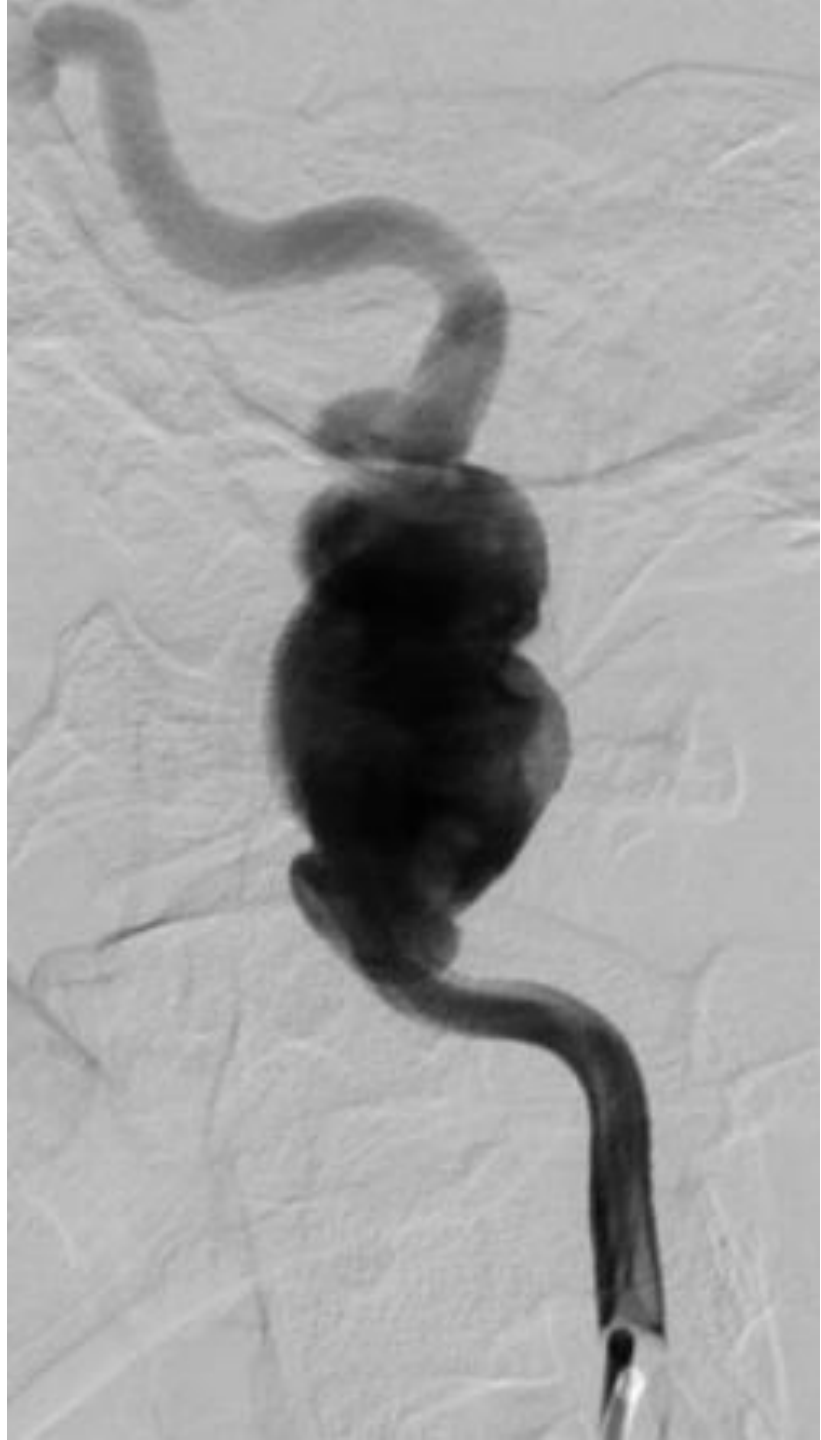
Trystula, Kolvenbach, Van Herzeele *et al.* *J Cardiovasc Surg* 2024;65:181-194.

Aneurysm
Exclusion & Healing

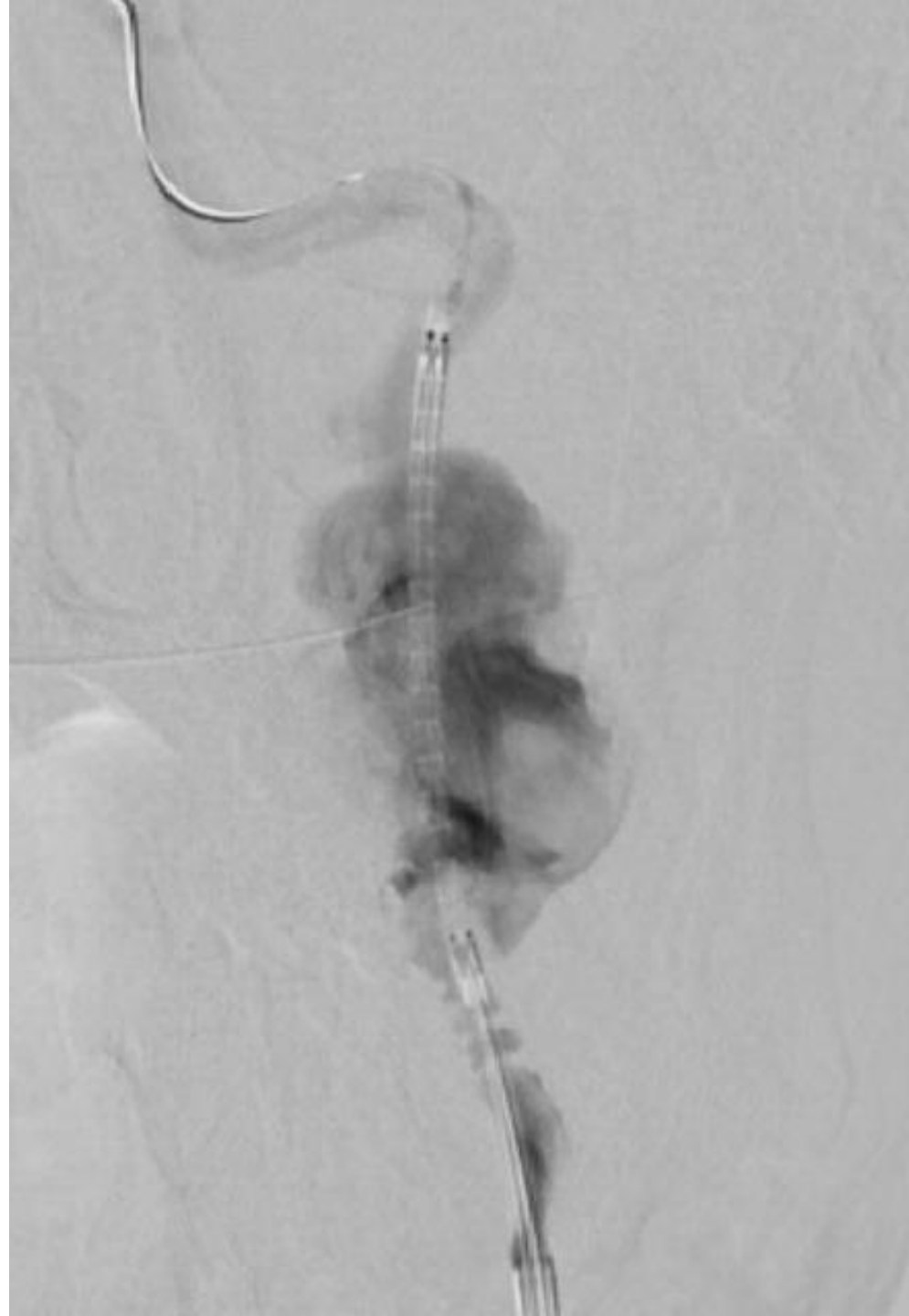
43 yo Man, highly- symptomatic



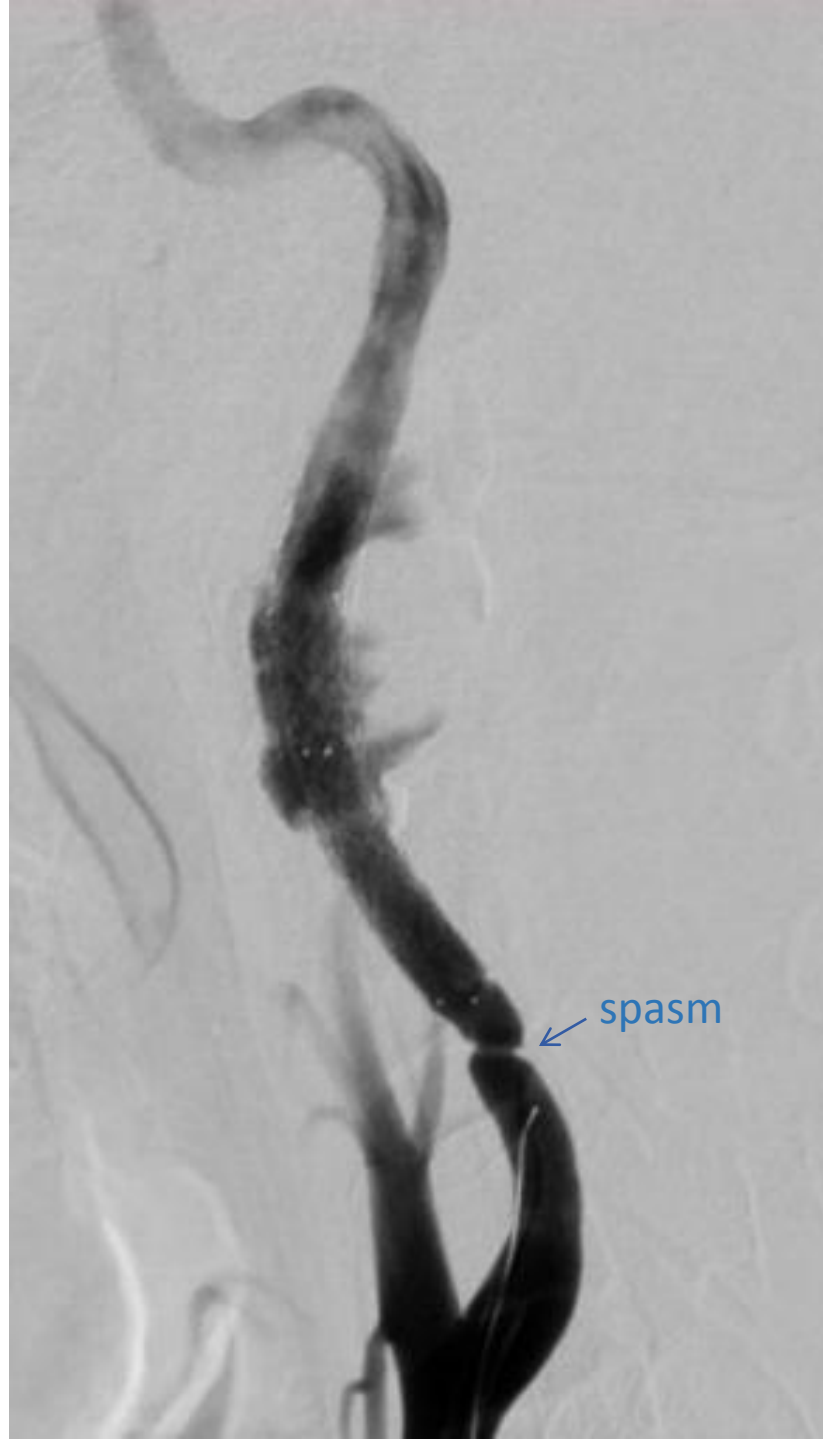
C-HEAL (NCT04434456)



C-HEAL STUDY



NCT04434456



Immediate result

C-HEAL STUDY

ANEURYSM Total Exclusion @ 72h

SPONTANEOUS HEALING

Reconstruction of
NORMAL
ANATOMY



6-mo Follow-up

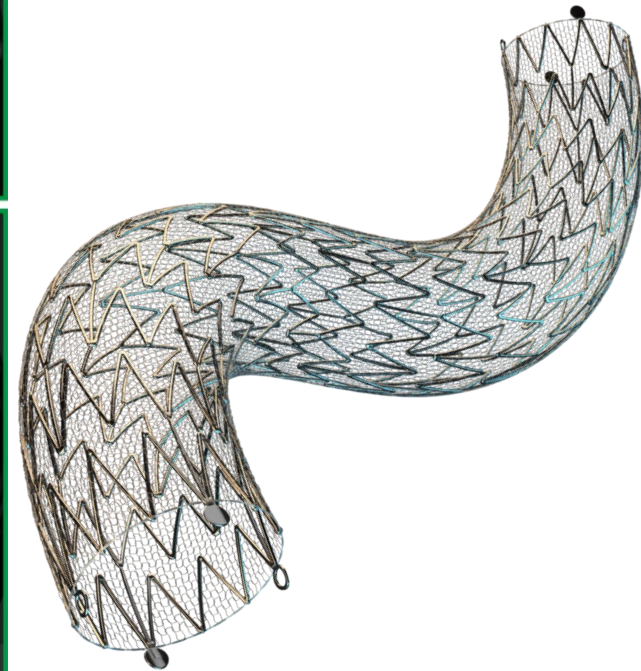
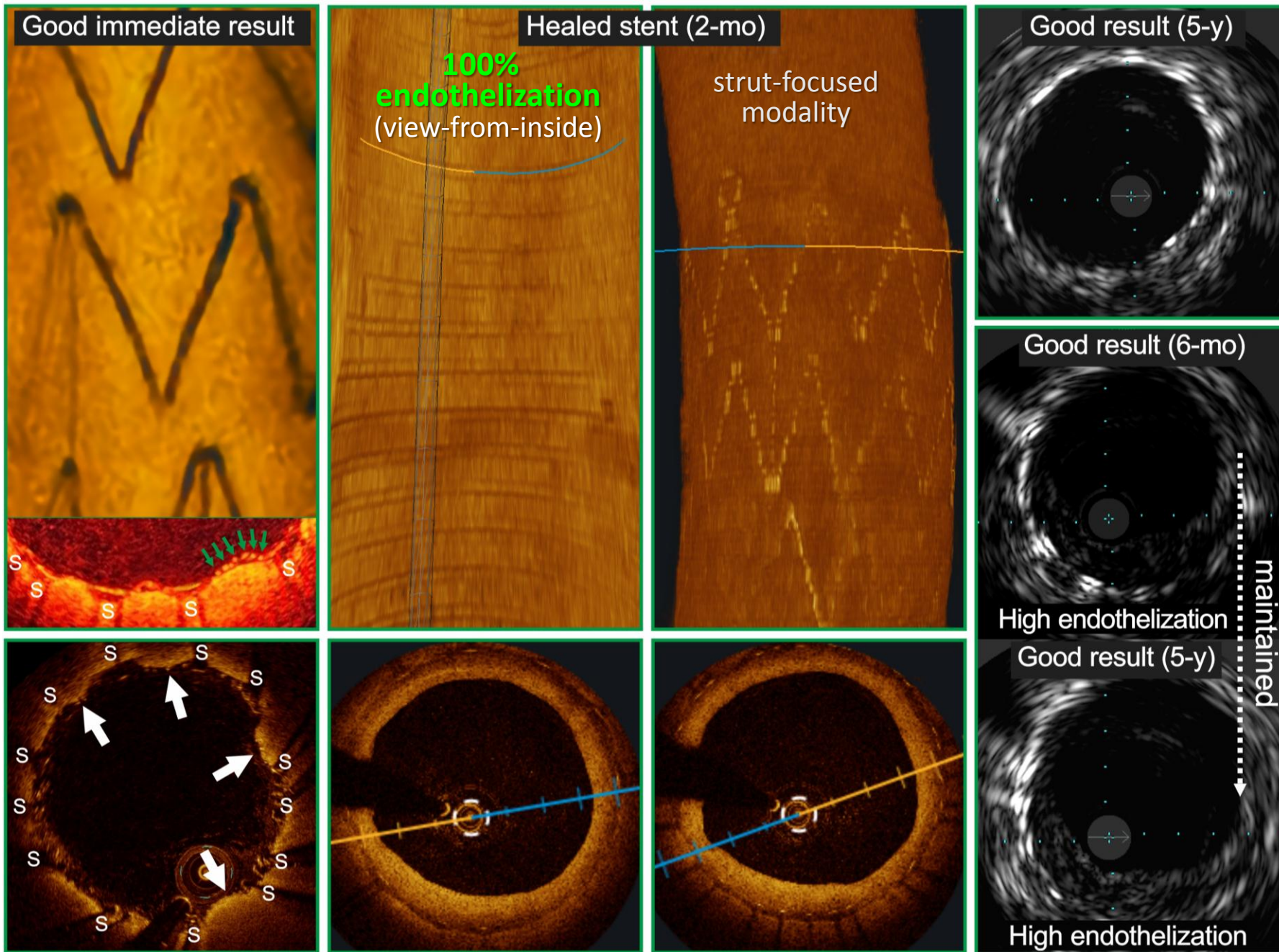


NCT04434456

Patient **CURED**

Advanced Imaging

NORMAL healing



Long-term outcomes

A Prospective, Multicenter Study of a Novel Mesh-Covered Carotid Stent

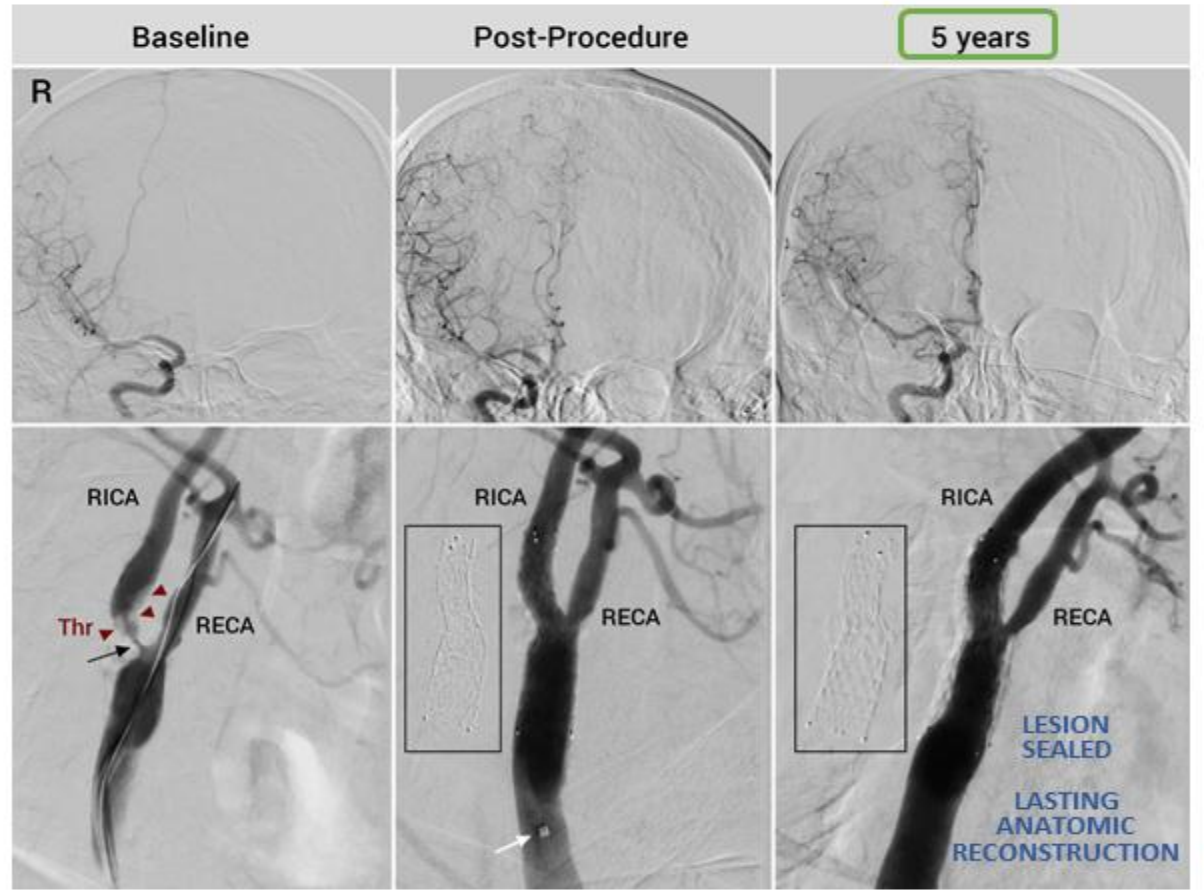
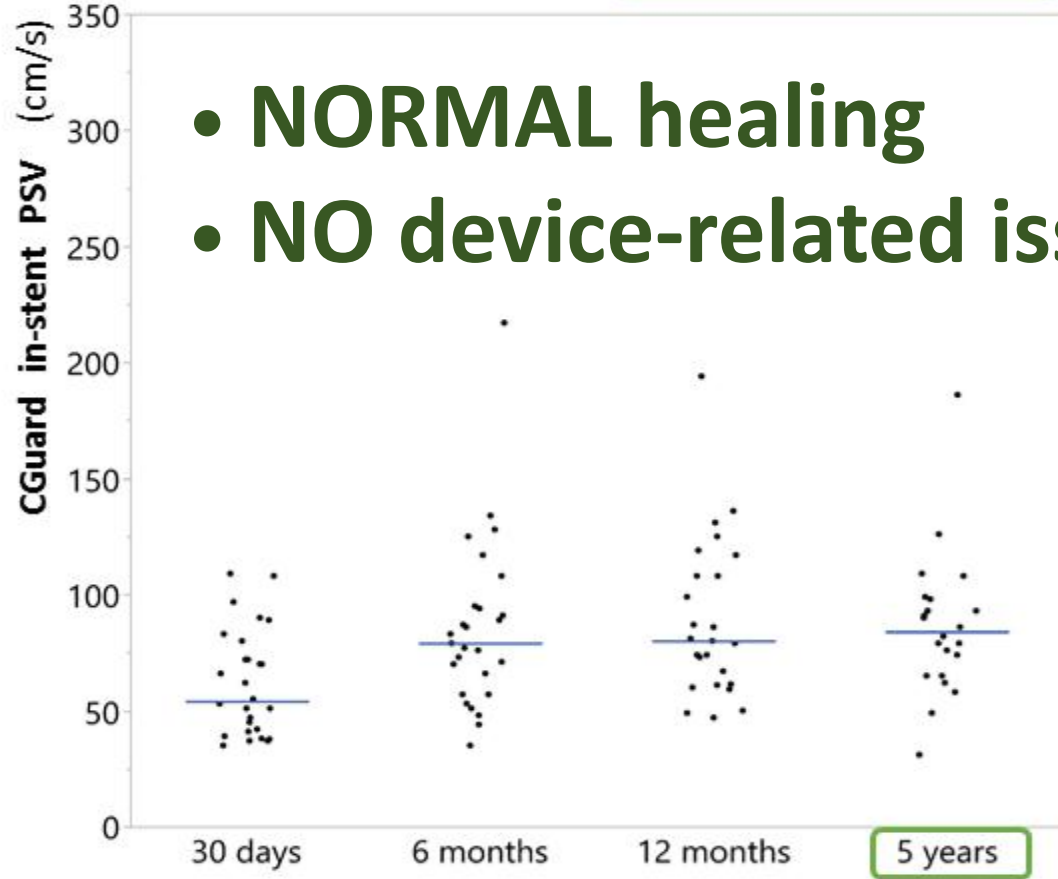
The CGuard CARENET Trial
(Carotid Embolic Protection Using MicroNet)

DW-MRI: prior to CAS, 48h post-procedure, and at 30 days

- minimized peri-procedural cerebral embolism
- eliminated post-procedural embolism *JACC Intv 2015*

CARENET: 5y data

JACC Intv 2022



Musialek... Schofer *JACC Intv 2022*

Optimized Procedures

(“Endovascular Reconstruction”)

In-stent Restenosis

in PARADIGM-500

MicroNET-Covered Stent



**with routine lesion prep.
& post-dilatation optimization**

In-stent Restenosis in PARADIGM-500

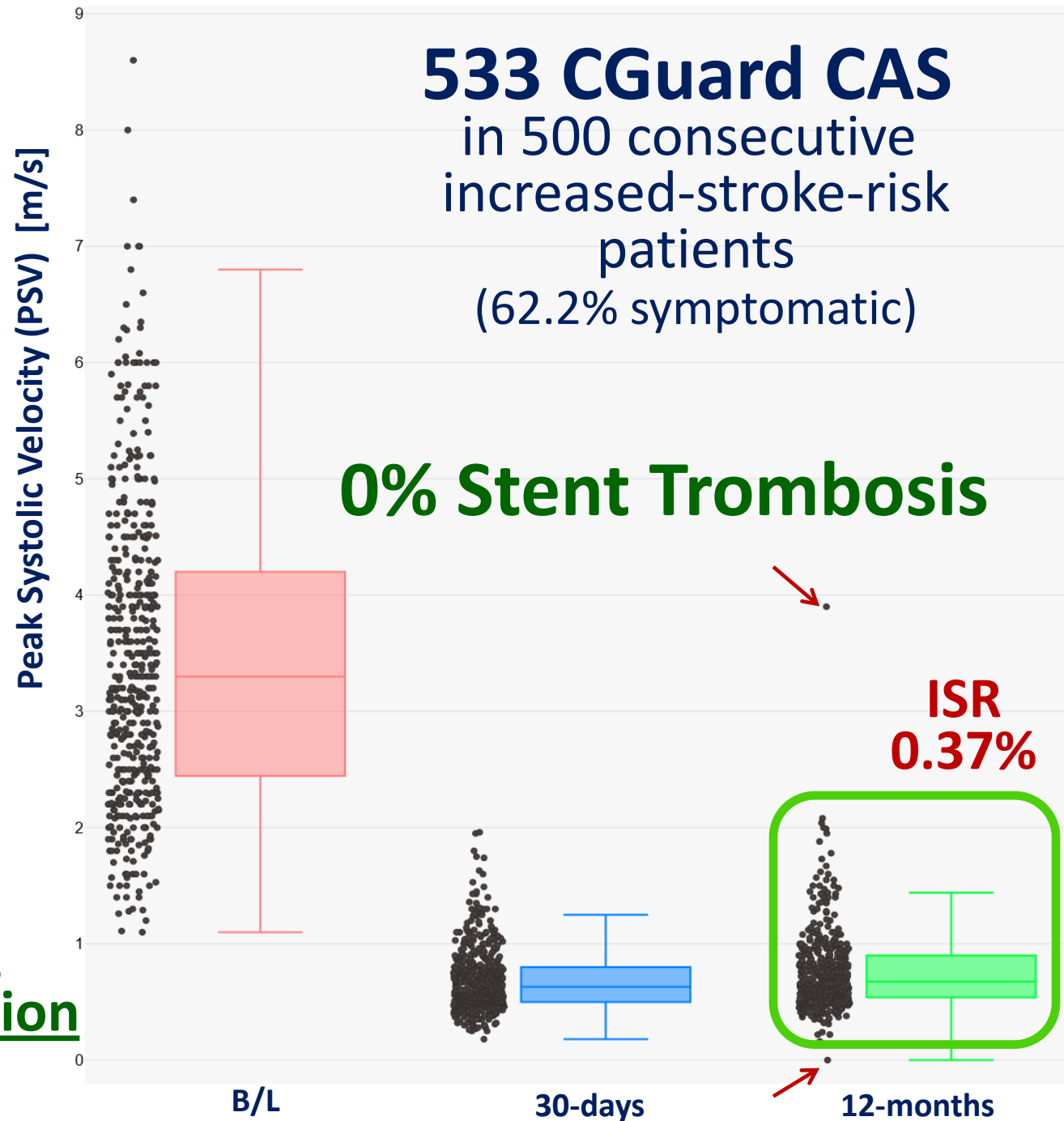
MicroNET-Covered Stent



with routine lesion prep.
& post-dilatation optimization

533 CGuard CAS
in 500 consecutive
increased-stroke-risk
patients
(62.2% symptomatic)

0% Stent Thrombosis




Carotid Lesion Management in PARADIGM-500

PREDILATATION



CGuard

Balloon Pre-dilatation performed		N=533	
No (direct)		73	13.70%
Yes		460	86.30% 
Balloon Pre-dilatation peak diameter (mm)			
	3	0.56%	(3/533)
84.05%	3.5	39.40%	(210/533)
	4	39.77%	(212/533)
	4.5	4.88%	(26/533)
	5	1.13%	(6/533)
	5.5	0.38%	(2/533)
	6	0.19%	(1/533)

Carotid Lesion Management in PARADIGM-500

POSTDILATATION



CGuard

Balloon Post-dilatation performed		N=533	
	No	0	
	Yes	533	
Balloon Post-dilatation diameter (mm)			
	4.5	9.57%	(51/533)
	5	31.52%	(168/533)
	5.5	33.02%	(176/533)
	6	17.45%	(93/533)
	6.5	3.00%	(16/533)
	7	4.13%	(22/533)
	8	1.31%	(7/533)

58.91% {

**A multi-center study of the MicroNET-covered stent in consecutive patients
with acute carotid-related stroke: SAFEGUARD-STROKE***

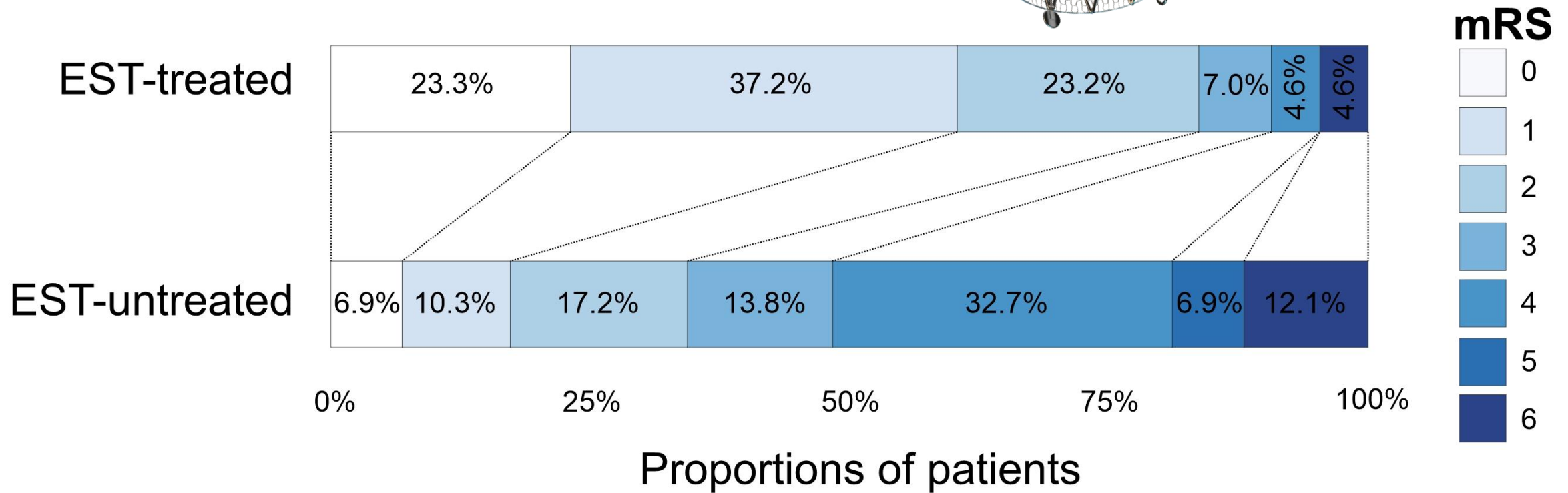
Lukasz Tekieli^{1,2,3}, Andrey Afanasiev⁴, Maciej Mazgaj⁵, Vladimir Borodetsky⁶, Kolja Sievert⁷, Zoltan Ruzsa,⁸ Magdalena Knapik^{2,9}, Audrius Širvinskas⁴, Adam Mazurek^{2,7}, Karolina Dzierwa¹⁰, Thomas Sanczuk¹¹, Valerija Mosenko^{2,2}, Małgorzata Urbanczyk-Zawadzka^{2,2}, Mariusz Trystula¹⁴, Piotr Paluszek^{1,14}, Lukasz Wiewiorka¹⁵, Justyna Stefaniak¹⁵, Piotr Pieniazek^{2,5,14}, Inga Slautaitė¹⁶, Tomasz Kwiatkowski¹⁴,

STROKE Treatment

Predictors of stent patency loss by 90 days

Univariate	Multivariate
Heparin limited to flush OR 14.3 (1.5-53.1), p=0.007	Postdilatation balloon < 5mm OR 15.2 (5.7-72.3), p<0.001
mTICI < 2b OR 12.7 (4.9-97.9), p=0.001	mTICI < 2b OR 6.3 (0.98-45.2), p=0.080
Tandem lesion OR 9.2 (1.1-28.4), p=0.030	
Postdilatation balloon < 5mm* OR 7.1 (5.4-57.9), p=0.002	
ASPECT < 8 OR 6.2 (1.3-14.1), p=0.024	

The MicroNET-Covered Stent in Acute Carotid-Related Stroke



L. Tekieli, et al. *J Cardiovasc Surg* 2024;65:231-248.

L. Tekieli et al. *Adv Interv Cardiol* 2024;20:248-254.

LATEST TECHNIQUES FOR CAROTID REVASCULARIZATION

Carotid stent as cerebral protector: the arrival of Godot

Piotr MUSIALEK ^{1, 2 *}, Ralf LANGHOFF ³, Matteo STEFANINI ⁴, William A. GRAY ^{5, 6, 7}

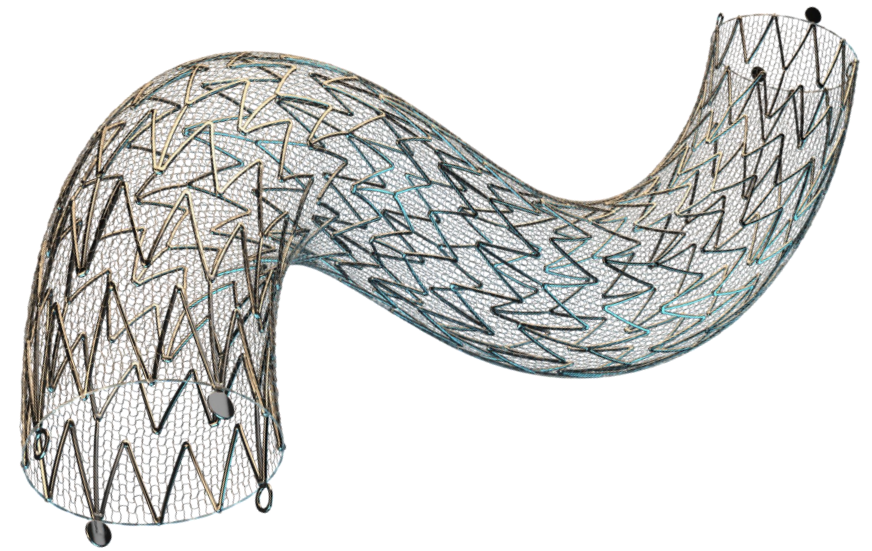
¹Department of Cardiac and Vascular Diseases, Jagiellonian University, Krakow, Poland; ²St. John Paul II Hospital, Stroke Thrombectomy-Capable Center, Krakow, Poland; ³Department of Angiology, Sankt-Gertrauden Hospital, Academic Teaching Hospital of Charité University, Berlin, Germany; ⁴Department of Radiology and Interventional Radiology, Casilino Hospital, Rome, Italy; ⁵Main Line Health, Wynnewood, PA, USA; ⁶Sidney Kimmel School of Medicine, Thomas Jefferson University, Philadelphia, PA, USA; ⁷Lankenau Heart Institute, Wynnewood, PA, USA

*Corresponding author: Piotr Musialek, Department of Cardiac and Vascular Diseases, Jagiellonian University, St. John Paul II Hospital, ul. Pradnicka 80, 31-202 Krakow, Poland. E-mail: pmusialek@szpitaljp2.krakow.pl

With respect to clinical decision-making, it is important to understand that any historic data (such as data obtained using prior-generation devices that were unable to effectively isolate the atherosclerotic lesion material) need to be viewed as having, today, a mostly historical value.

The MicroNET-Covered Self-Expandable Stent

DOCUMENTED ADVANTAGES



- **PLAQUE/THROMBUS CONTROL**
- **CAN BE OPTIMIZED**
- **ABSENCE OF FORESHORTENING/ELONGATION**
- **PLACEMENT PRECISION FEASIBILITY**
- **SEALING PROPERTIES**
- **UNPRECEDENTED -AND HIGHLY CONSISTENT!- CLINICAL TRIAL DATA**

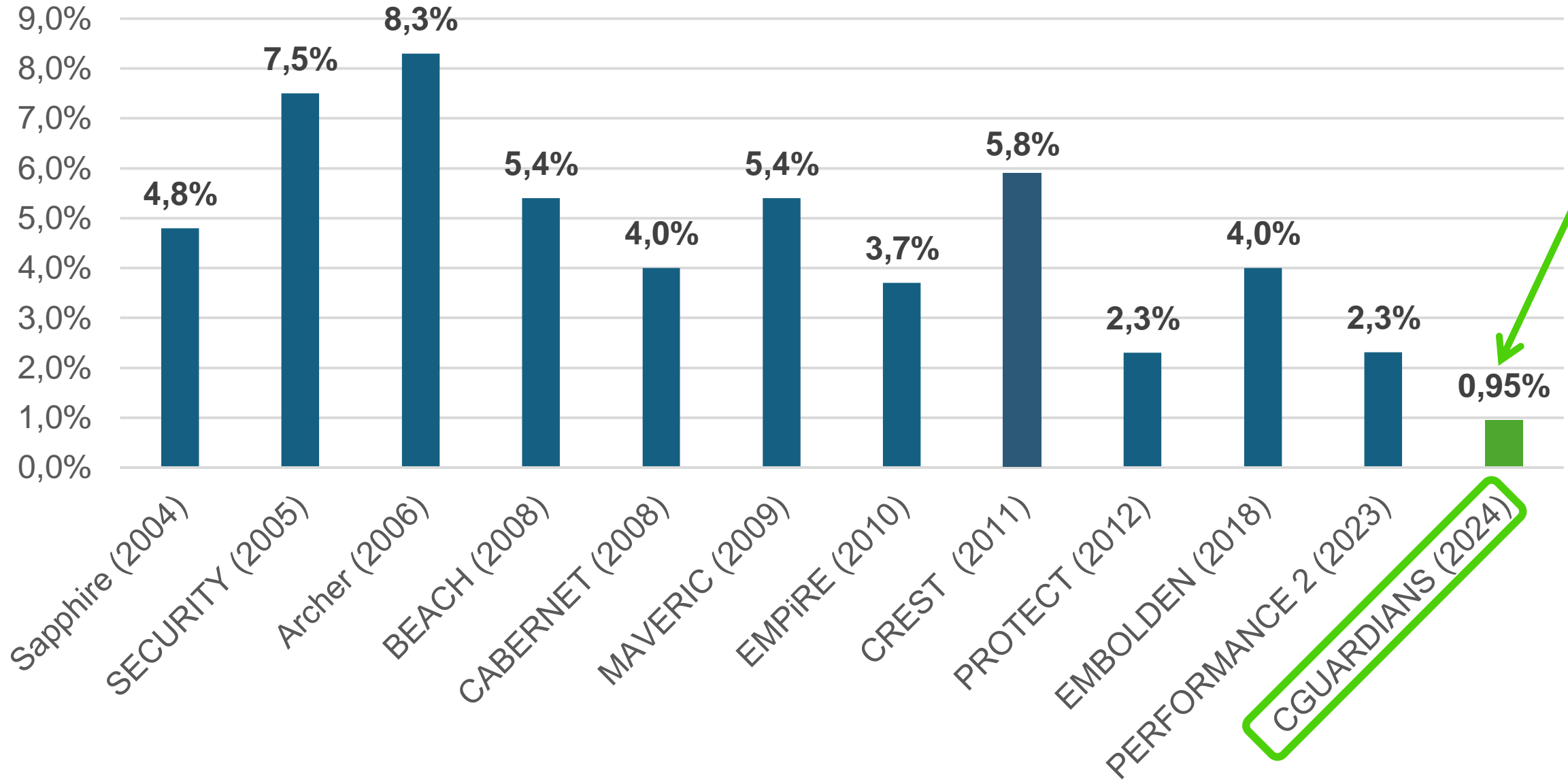
The MicroNET-Covered Self-Expandable Stent

DOCUMENTED ADVANTAGES



- **PLAQUE/THROMBUS CONTROL** (exclusion from the lumen + **Post-proc Protection**)
- **CAN BE OPTIMIZED** (zero-to-minimal residual stenosis; “**full reconstruction**”)
- **ABSENCE OF FORESHORTENING/ELONGATION**
- **PLACEMENT PRECISION FEASIBILITY** (as with balloon-mounted stents)
- **SEALING PROPERTIES** (in absence of \uparrow ISR seen with fully covered stents)
- **UNPRECEDENTED -AND HIGHLY CONSISTENT!- CLINICAL TRIAL DATA**

30-day Death/Stroke/MI Rate in Carotid FDA-IDE Trials



BEST Clinical Outcomes EVER!

*PERFORMANCE II Data based on VIVA 2023 Presentation

JP2 Krakow Team

P. Pieniazek



P. Paluszek



L. Tekieli



E. Weglarz



A. Mazurek



CGuard MicroNET-Covered Anti-Embolic Stent



A NEW
STANDARD
OF CARE