

# Carotid artery revascularization:

# A systematic review and meta-analysis comparing clinical outcomes of second vs. first generations stents

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on behalf of **CARMEN** Collaborators

**CA**rotid **R**evascularization systematic review and **ME**ta-a**N**alysis



# Disclosure

Speaker name:

Adam Mazurek MD, PhD

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

✓ I do not have any potential conflict of interest

# Introduction



 Comparisons of data in individual studies suggest that the use of second-generation carotid stents (SGS; dual-layer, mesh-covered) may improve clinical outcomes.



Casper/RoadSaver

Gore Carotid Stent

CGuard MicroNET Stent

• This has not been systematically evaluated.



# Purpose

# Are the 30-day and 12-month outcomes for SGS *different* than those for first-generation stents (FGS) ?

2. Is there a '*class effect*' for SGS ?

 FGS – first generation stents
 SGS – second generation stents (mesh/dual-layer)

# **METHODS**



We performed a systematic review and meta-analysis (PRISMA\* methodology) of clinical studies that have used First-generation carotid stents (FGS; open or close-cell) and Second-generation carotid stents (SGS).

- 1. Evaluation of typically reported 30-day and 12-month endpoints.
- 3. PubMed search ('carotid' + 'stent' + 'trial' or 'study').
- 4. Prespecified criteria for record initial screening (CADIMA<sup>#</sup>).
- 5. Prespecified criteria for study eligibility.
- 6. Cumulative data integration.
- 7. Random effect model meta-analysis.
- 8. Endpoints compared for FGS (open/close-cell) vs SGS (as a group and per individual stent types RoadSaver/Casper Stent, Gore Stent, CGuard MicroNET Stent)



# Carotid revascularization outcomes of interest

- Random search for typical 30-day outcomes and 12-month outcomes in carotid revascularization studies (2004-2019)
- Identification of: 50 studies with 30-day outcomes
   50 studies with 12-month outcomes
- Typically-reported **30-day outcomes**: **DEATH (D)** 
  - (any) STROKE (S)
  - **MYOCARDIAL INFARCTION (MI)**
- Typically-reported 12-mo outcomes: ipsilateral STROKE (IS) RESTENOSIS (R/ISR)

#### **CARMEN** Systematic review and meta-analysis flowchart (PRISMA)

Identification

Screening



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#### **CARMEN** Systematic review and meta-analysis flowchart (PRISMA)

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### Data Quality: Study Bias Systematic Assessment



Severe bias (red) was reason for rejection.

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### Stent type comparisons: Pooled populations characteristics



	FGS	SGS	р	Open-cell FGS	Close-cell FGS	p open vs close	p open vs SGS	p close vs SGS
No of studies	98	14	-	29	12	-	-	-
No of patients	65,891*	2,152*	-	20,676*	7,598*	-	-	-
Age [mean] ± SD	70.1 (2.8)	71.9 (2.5)	0.02	70.4 (3.2)	69.3 (3.4)	0.60	0.32	0.13
Male [%]	68%	73%	0.046	68%	66%	0.92	0.12	0.15
Symptomatic [%]	45%	41%	0.40	43%	50%	0.61	0.94	0.45
Diabetic [%]	34%	32%	0.43	35%	36%	0.71	0.88	0.61
CAD [%]	51%	47%	0.55	48%	55%	0.59	0.98	0.98
AF [%]	6%	3%	0.37	3%	ND	-	0.99	-
Contralateral occlusion [%]	10%	16%	0.22	10%	12%	0.87	0.63	0.99

**FGS** – first generation stents; **SGS** – second generation stents (mesh/dual-layer)

\*Data per total number of patients as per published patient characteristics

## 30-day Death/Stroke/MI: FGS vs SGS





# 30-day Death/Stroke/MI: open-cell FGS vs SGS





### 30-day Death/Stroke/MI: close-cell FGS vs SGS





### 30-day Stroke: FGS vs SGS





### 12-month Ipsilateral Stroke/ISR: FGS vs SGS





### 12-month Ipsilateral Stroke: FGS vs SGS





### 12-month **ISR**: FGS vs SGS







# SGS vs <u>CEA</u>

SGS – second generation stents (mesh/dual-layer)



# Purpose

# Is there a difference in **30-day 12-month** outcomes

# for SGS vs CEA ?



# CEA vs SGS: Populations Characteristics



	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 [mean] ± SD	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	
AF [%]	3%	nd	3%	1.0	-	
Contralateral						
occlusion [%]	7%	nd	16%	0.56	-	
<b>FGS</b> – first generation stents; <b>SGS</b> – second generation stents (mesh/dual-layer)						

\* as per published characteristics of study patients

# 30-day Death/Stroke/MI: RCT CEA vs SGS











### 30-day Stroke: RCT CEA vs SGS

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### 30-day Stroke: VQI CEA vs SGS





### 1-year Ipsilateral Stroke/Restenosis: RCT CEA vs SGS





### 1-year Ipsilateral Stroke/Restenosis: VQI CEA vs SGS





# 1-year Ipsilateral Stroke: RCT CEA vs SGS







### 1-year Ipsilateral Stroke: VQI CEA vs SGS



Risk	95%-CI	Risk Ratio [95% CI]
0.0036	[0.0031; 0.0041]	1
0.0031	[0.0000; 0.0091]	0.85 [0.74-0.96]
0.0026	[0.0000; 0.0127]	0.71 [0.56-0.85]
0.0172	[0.0023; 0.0322]	4.79 [4.62-4.97]
0.0000	[0.0000; 0.0062]	0.00 [0.00-0.11]

### 1-year Restenosis: RCT CEA vs SGS







### 1-year Restenosis: VQI CEA vs SGS





# Conclusions: 30-day outcomes

- Casper/RoadSaver and CGuard MicroNET Stent superior to FGS as a group (and superior to both open- and close-cell stents)
- **J** stroke with Casper/RoadSaver and **J** stroke with CGuard MicroNET Stent vs RCT-CEA and VQI-CEA

• NO class-effect of SGS in relation to FGS or CEA





#### • SGS superior to FGS

outcome driven by

 $\downarrow$  in ipsi stroke with CGuard MiroNET Stent  $\downarrow$  in restenosis with CGuard MiroNET Stent

- SGS similar to CEA in 12-month ipsilateral stroke
- SGS have a differential effect on restenosis in relation to CEA
   ↑ restenosis with Casper/RoadSaver and Gore Stent
   ↓ restenosis with CGuard MicroNET Stent
- NO class-effect in SGS