LEIPZIG INTERVENTIONAL COURSE
LINC
2022

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Disclosure

Speaker name:

Piotr Musialek

I have the following potential conflicts of interest to report:

- [Y] Consulting: Abbott, InspireMD, Medtronic
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [Y] Other(s): Research support: Abbott, InspireMD, SilkRoad
  Proctoring: InspireMD, Medtronic

  CGUARDIANS FDA-IDE - CoPI
- [ ] I do not have any potential conflict of interest

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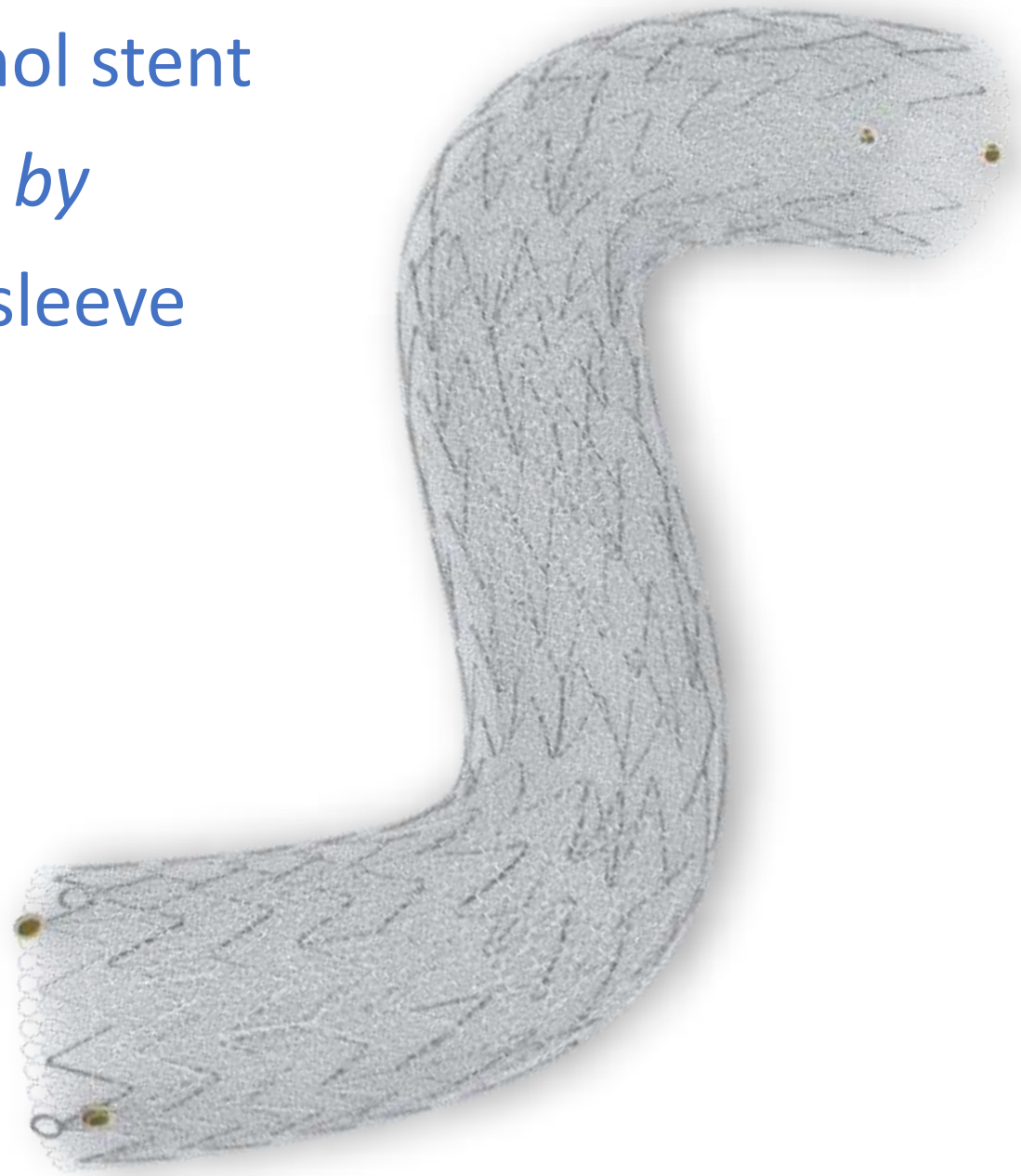
Open-cell Nitinol stent

wrapped by

a MicroNET sleeve



CGuard MicroNET – covered
2nd generation carotid stent

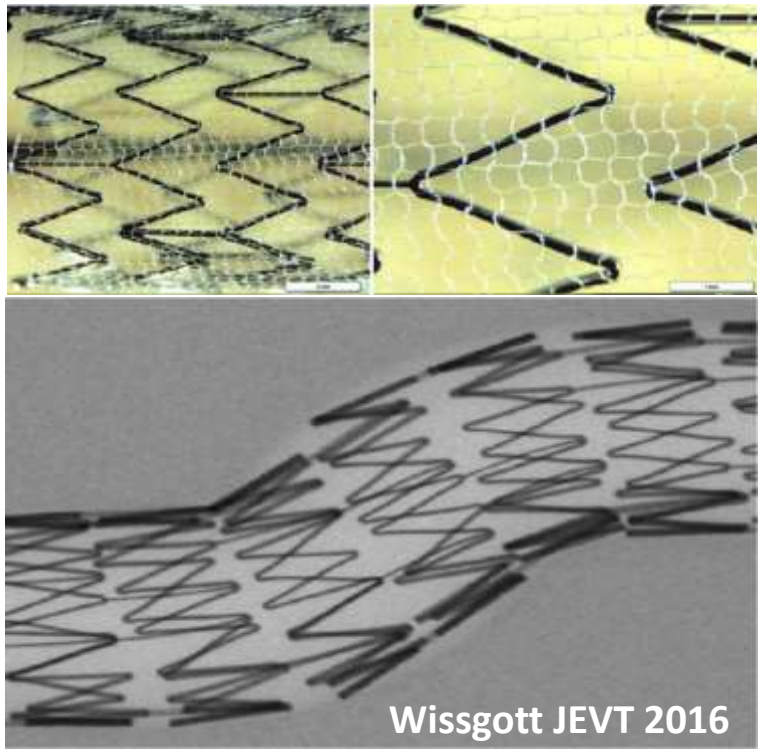
The MOST 'open' amongst open-cell stents (metallic FRAME) & the MOST 'close' amongst close-cell stents (MicroNET mesh)

CGuard MicroNET – covered
2nd generation carotid stent

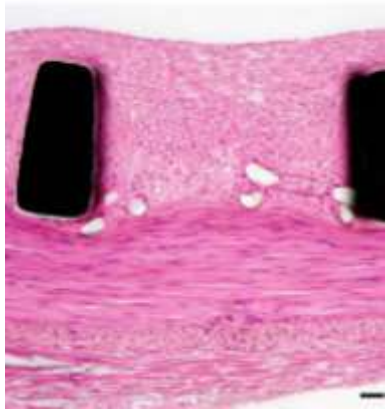
UNIQUE mechanical properties

RESPECT of anatomy

FULL apposition

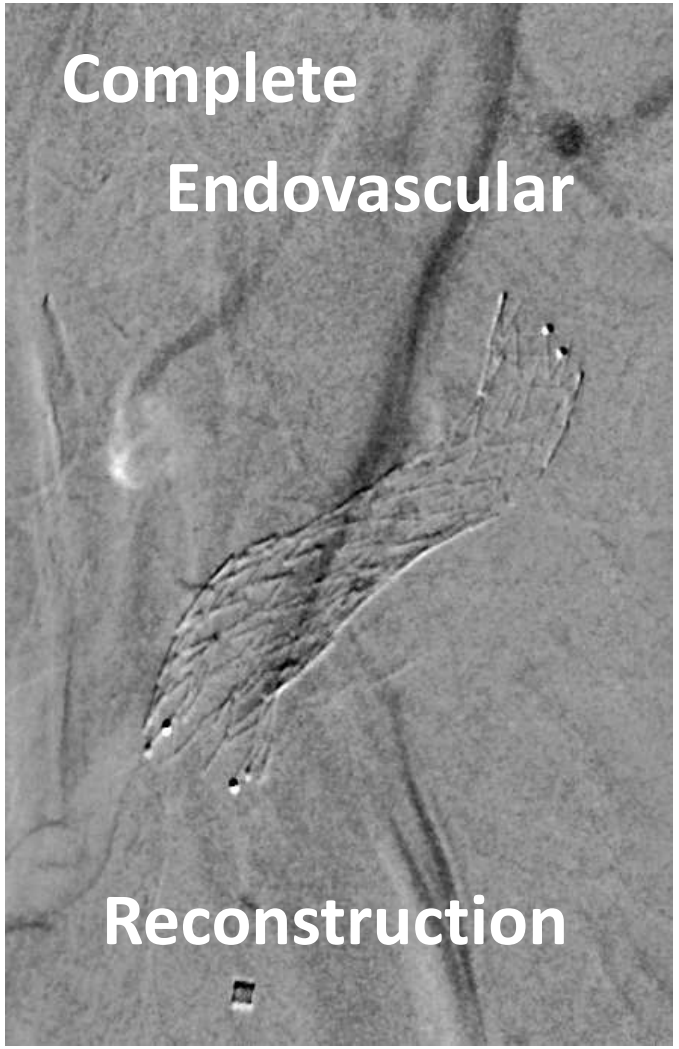


NORMAL healing



Nitinol scaffold open-cell size : 11.48 mm²
MicroNET pore diameter/area: **165 µm** / 0.023–0.032 mm²

Respecting Anatomy



Respecting Anatomy

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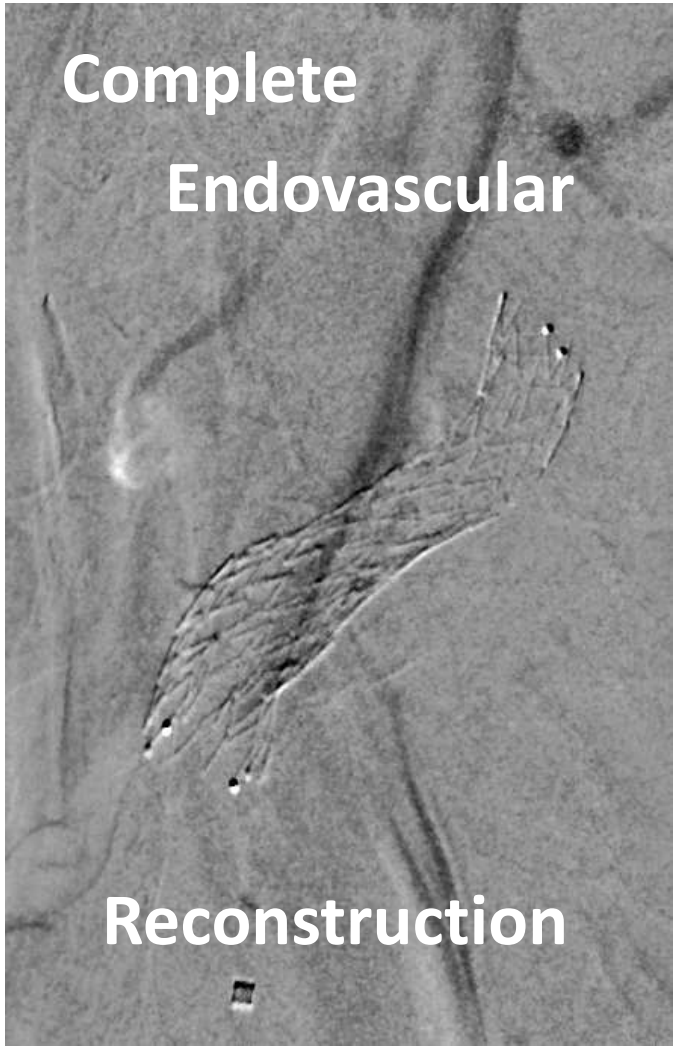

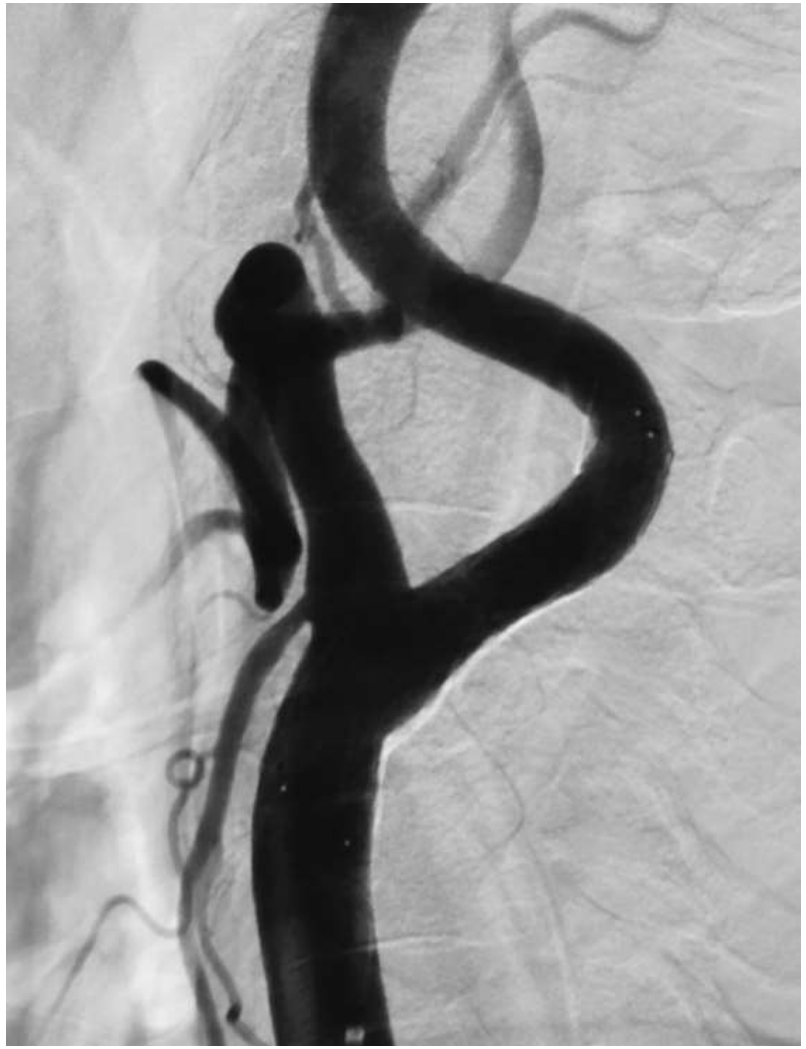

MicroNet Embolic Prevention

PARADIGM-500

Study Population:

500 Consecutive, Unselected, Patients with

- SYMPTOMATIC

or

- Increased-Stroke-Risk ASYMPTOMATIC

atherosclerotic carotid stenosis

PARADIGM-500

Hypotheses:

#1 30-d Death/Stroke <1%

#2 12-mo procedure*/device-related events <1%

*inclusive of any failure to prevent ipsilateral carotid-related stroke

PARADIGM-500

Methods:

- **Primarily-intended TF* CAS**
- **”Tailored” use of distal / proximal EPD**
- **Routine coronary-like stent optimization**

100% Study data external monitoring (CRO)

*other access routes Protocol-accepted if/when TF unfeasible or failed

PARADIGM-500

Primary endpoint:

Composite of death, stroke (major/minor) and MI

in the periprocedural period (defined as the period from CAS admission to 48 hours after CAS or to CAS-related discharge, whichever was longer) and at 30 days

PARADIGM-500

Key secondary endpoints:

- **Death/stroke by 30 days**
- **Ipsilateral stroke by 12-months and 5-years**
- **Device success**

  Acute study device success: the ability to treat the index carotid lesion using the study device (CGuard-EPS) successfully delivered and deployed at the lesion site, obtaining residual diameter stenosis <30% by quantitative angiography.

  Long-term device susccess: freedom from ISR/TLR by 12-mo/5-years

- **Procedure success**
  - **Acute procedural success**, defined as device success in the absence of any periprocedural stroke, MI, or vascular complication that would require interventional management.
  - 12-mo procedural success, defined as **freedom from ipsilateral stroke and ISR**
  - 5-year procedural success, defined as **freedom from ipsilateral stroke and ISR**

PARADIGM-500

Demographic characteristics of subjects

Variable	Measure/Level	Value
Age	n	500
	Mean(±SD)	69.96 (±8.14)
Gender:	n	500
	Female	137 (27.4%)
	Male	363 (72.6%)
Symptomatic status	n	500
	no	201 (40.2%)
	yes	299 (59.8%)

Medical history

	PARADIGM 500 (n=500)
Prior CABG	56 (11%)
Prior PCI	137 (27%)
Prior myocardial infarction	152 (30%)
Atrial fibrillation	68 (13%)
Previous neck or chest radiotherapy	35 (7%)

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PARADIGM-500

CAROTID PARADIGM REVASCULARIZATION

# Arteries/Procedures	–	533	
TF	–	514	96.4%
TR/TCR	–	19	3.6%
Prox EPD	–	259	48.6%
Dist EPD	–	274	51.4%
Study device use	–	533 CAS	100%

(NO CAS outside the study; ZERO any other stent use)

100% Study data external monitoring (CRO)

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PARADIGM-500

CAROTID PARADIGM REVASCULARIZATION

Adverse Clinical Events in PARADIGM 500

PARADIGM 500 (n=500)	Periprocedural	48 to 30 days	Up to 30 days (cumulative)	30d to 12 months	Up to 12 months (cumulative)
MACCE (MI, any stroke, death)	3	2	5	19	24
MI	1	0	1	2	3
major stroke – ipsilateral	**0**	**0**	**0**	**0**	**0**
major stroke – contralateral	0	0	0	1	1
minor stroke – ipsilateral	**2**	**0**	**2**	**0**	**2**
minor stroke – contralateral	0	0	0	0	0
retinal stroke	0	0	0	1	1
death	0	2	2	16	18

Deaths:
sepsis/urosepsis - 2, MI -1, PE -1 , CHF -1, SCD -2, brain stem stroke -1, cancer -4, bleeding -1, multiple organ failure -1, sepsis -1, COVID-19 -3

ISR: 2
1 asympt. occlusion – larynx cancer relapse with RadioTx 2 months after CAS, 1 asymptomatic restenosis @12 – treated with DEB-PTA (no relapse)

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PARADIGM-500

OUTCOMES

CAROTID PARADIGM REVASCULARIZATION

Device success	533/533	100 %
Procedure success	529/533	99.2%
30-d Death/Stroke	4/533	0.75%
30-d Death/Stroke/MI	5/533	0.94%
12-mo freedom from ipsi stroke	480/482	99.6%
12-mo freedom from ISR/TLR	480/482	99.6%
12-mo freedom from procedure* /device-related events	478/482	99.2%

*inclusive of any failure to prevent ipsilateral carotid-related stroke (**4 events**: 2 perip. minor strokes, 1 bleeding-related death, 1 TLR)

BEST POSTER ESC 2020

Long-term outcomes from the micronet-covered stent system routine use for carotid revascularization in primary and secondary stroke prevention: 5-year evidence from the PARADIGM-Extend prospective academic study

A. Mazurek[1], A. Borratyńska[2], T. Tomaszewski[2], A. Lesniak-Sobelga[1], P. Wilkolek[1], [illegible]czyk[1], M. Brozda[1], E. Sobieraj[1], M. Sikorska[1], L. Czyz[1], M. Urbanczyk[3], M. Trystula[4], T. Dra[illegible][1], P. Musialek[1]

[1]Jagiellonian University Department. of Cardiac & Vascular Diseases and Cathlab, John[illegible]ital Department of Neurology and Outpatient Neurology Clinic, Krakow, Poland, [3] John Paul II Hospital Dept. of [illegible]vascular Surgery, Krakow, Poland

CAROTID PARADIGM REVASCULARIZATION

PARADIGM-Extend = Prospective evaluation of All-comer pERcutaneous cArotID revascularization in symptomatic and increased-stroke-risk asymptomatic carotid artery stenosis using CGuard™ Micronet-covered embolic prevention stent system – clinical study extension

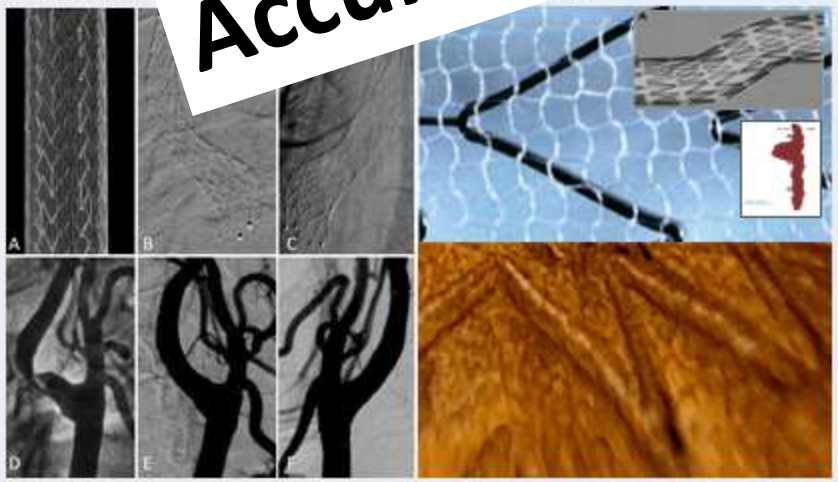
Background

The CGuard™ EPS system is a dual layer (hybrid) stent which consists of nitinol, open-cell frame wrapped with ultra-closed-cell polyethylene terephthalate (PET) MicroNet

Principal stent features:

- large open cell area of the nitinol frame (21.66 mm²)
- high flexibility and high conformability consistent with the open cell stent design
- ultra-low cell area of MicroNet (0.023-0.032mm²) with the MicroNet fibre th[illegible] "cheese grater effect"
- optimal radial force - 0.055 N/mm (comparable to the Prei[illegible]
- placement predictability/ precision and lack of fo[illegible]

Diffusion-weighted magnetic re[illegible]ion stent system effectively mi[illegible]rocedural cerebral embolism in carot[illegible]



Purpose

To evaluate long-term clinical/neurologic and duplex ultrasound (DUS) outcomes of the MicroNET-covered stent system routine use in unselected, consecutive patients with a confirmed indication for carotid revascularization for primary or secondary stroke prevention.

Methods

PARADIGM-EXTEND is in all-comer, all-referrals-tracked study with no exclusion criteria other than lack of NeuroVascular Team-determined indication. Clinically asymptomatic patients receive revascularization only in case of increased-stroke-risk characteristics. Adverse events are independently adjudicated.

- **480 patients (39-87 yo, 59.8% symptomatic, 142 women), 514 arteries - crossed 30 day follow up period**
- 100% MicroNet-covered embolic prevention stent system use (ie, not a single other stent type has been used throughout study duration).
- **Proximal/distal intra-procedural neuroprotection use was 39.2%/60.8%.**
- Large balloon/high-pressure stent optimization was routinely performed, leading to a single-digit (6.7%) mean post-procedural residual angiographic stenosis.
- Adequate heparinization, with ACT control (≥250 s)
- Independent neurologist and duplex evaluation are performed before and after (48h and 30 days, then yearly) carotid revascularization.

Peri-procedural safety and clinical outcomes:

- peri-procedural death or major ischemic stroke (IS) rate was 0%.
- two events were adjudicated as minor IS (0.42%) – extension of prior infarct scar in a patient with prolonged hypotension; diplopia, that recovered after 24h with new lesions on brain imaging
- myocardial infarction (MI) (type 2; 0.21%) - two-vessel non-revascularizable CTO.

30-day follow-ups:

- total death/stroke rate at 30 days - 0.83%, and total death/stroke/MI rate at 30 days was 1.04%
- one IS haemorrhagic transformation leading to death (0.21 %)
- one bleeding-related death (0.21%)
- no major IS by 30 days (0.0%)

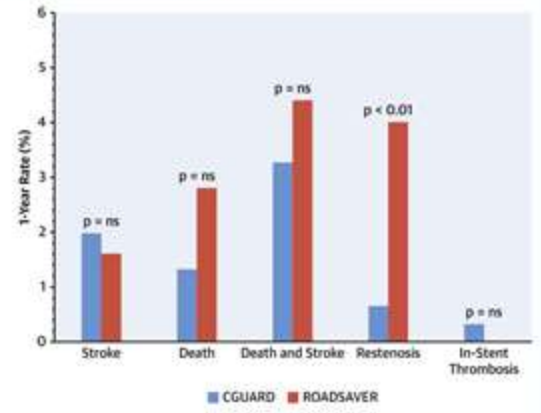
Long-term follow-up

	12 mo	24 mo	36 mo	48 mo	60 mo
	n = 354	n= 248	n= 173	n=106	n=46
Ipsilateral stroke	1*	0	0	0	1*
Any stroke	1	2	1	1	1
Stroke related death	0	0	0	0	1
MI or other non - cerebral VA	1	3	2	2	0
Restenosis	1	1	0	0	0
Any death	13	10	7	6	1

Duplex ultrasound (DUS) in-stent/ lesion velocites (m/s)

	PSV ± SD	EDV ± SD
Baseline	3.76 ± 1.34	0.64 ± 0.71
Post-procedural	0.69 ± 0.28	0.18 ± 0.09
12 mo	0.78 ± 0.40	0.21 ± 0.11
24 mo	0.76 ± 0.36	0.20 ± 0.09
36 mo	0.75 ± 0.34	0.20 ± 0.09
48 mo	0.75 ± 0.41	0.20 ± 0.08
60 mo	0.78 ± 0.50	0.20 ± 0.10

Use of Dual-Layered Stents for Carotid Artery Angioplasty: 1-Year Results of a Patient-Based Meta-Analysis; (RoadSaver-250; CGuard-306)



Stabile E et al. JACC Cardiovasc Interv. 2020;13(14):1709-1715. doi:10.1016/j.jcin.2020.05.048

Conclusions

PARADIGM-Extend long-term clinical and duplex ultrasound evidence is consistent with normal healing and sustained safety and stroke prevention efficacy of the micronet-covered embolic prevention stent system used routinely, on top of optimized medical therapy, for stroke prevention in symptomatic and increased-stroke-risk asymptomatic subjects with carotid stenosis with the NeuroVascular Team-established recommnendation for carotid artery revascularization.

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Accumulating Long-Term Outcomes

"TCAR is more invasive than TFCAS*, but appears to be dramatically safer from a neurologic standpoint."

Peter Schneider

"TCAR is more invasive than TFCAS,* but appears to be dramatically safer from a neurologic standpoint."

Peter Schneider

* a **"CAS" ≠** a **"CAS"**

HISTORICAL "CAS" is of **HISTORICAL** value **:)**

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1° I am an admirerer of Dr. Peter Schneider!

2° I am a TCAR believerer (and user! :)

LINC TODAY 2022
LEIPZIG INTERVENTIONAL COURSE
The official newspaper of LINC
Issue 1 Tuesday

"TCAR is more invasive than TFCAS,* but appears to be dramatically safer from a neurologic standpoint."

Peter Schneider

LINC TODAY 2022
LEIPZIG INTERVENTIONAL COURSE
The official newspaper of LINC
Issue 2 Wednesday

"[CAS] Using second-generation stents such as the MicroNet-covered stent is very different from CAS a decade ago."

"Competent-operator CAS (including transfemoral/ transradial CAS), using embolic prevention stents combined with tailored use of intra-procedural proximal cerebral protection, may prove superior to surgery!"

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Carotid and Supra-aortic Arteries

Eur J Vasc Endovasc Surg (2021) 61, 725–738

SYSTEMATIC REVIEW

TCAR

Editor's Choice – Early and Late Outcomes after Transcarotid Revascularisation for Internal Carotid Artery Stenosis: A Systematic Review and Meta-Analysis

George C. Galyfos [a,*,i], Ioannis Tsoutsas [b,i], Theofanis Konstantopoulos [b], Georgios Galanopoulos [b], Frangiska Sigala [a], Konstantinos Filis [a], Vassilios Papavassiliou [b]

"**Symptomatic** patients had a **higher risk of early stroke/TIA** than asymptomatic patients (2.5% vs. 1.2%; odds ratio 1.99; 95% CI 1.01 -3.92)!" *

* **TCAR** using a **single-layer** (1st gen) Carotid Stent

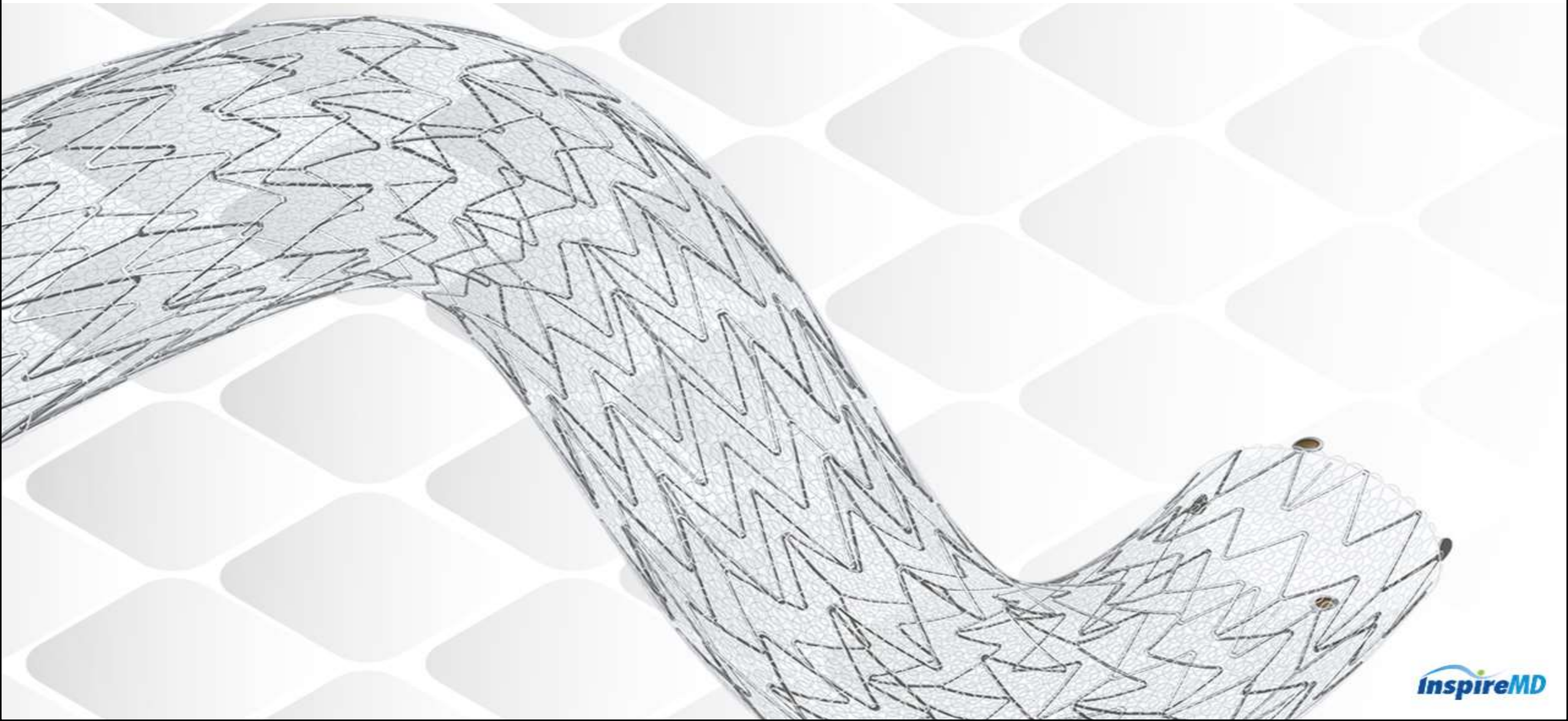
"We need to remember that a patient's preference will always be with less invasive, but safe and effective, and long-term durable, treatments."

"Patients should have a say in treatment decision-making"

FDA-IDE Clinical Trial:

CGUARDIANS

NCT 04900844



InspireMD

FDA-IDE Clinical Trial:

CGUARDIANS

NCT 04900844

Co-PIs **D. Christopher Metzger (US)**
P. Musialek (Europe)

DSMB G. Ansel – Chair, N. Hopkins, B. Gersh
CEC M. Burket – Chair, R. Sakhulja, P. Faries

Standard FDA Inclusion/Exclusion criteria for Clinically Symptomatic or Asymptomatic CS
(anatomic *or* clinical high-risk for CEA)

Primary Outcome Measure
Composite of **D+S+MI ≤ 30** days *or* **ipsilateral stroke 31–365** days post-index procedure

Recruitment goal = 315 patients
Study Centers = 18 US + 6 Europe (up to 40 total)

Multi Specialty: Interv. Cardiology, Vascular Surgery, Vascular Medicine/Angiology, Neurology, Neurosurgery

InspireMD

FDA-IDE Clinical Trial:

CGUARDIANS

NCT 04900844

ENROLLING (according to plan)

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N. Hopkins, B. Gersh
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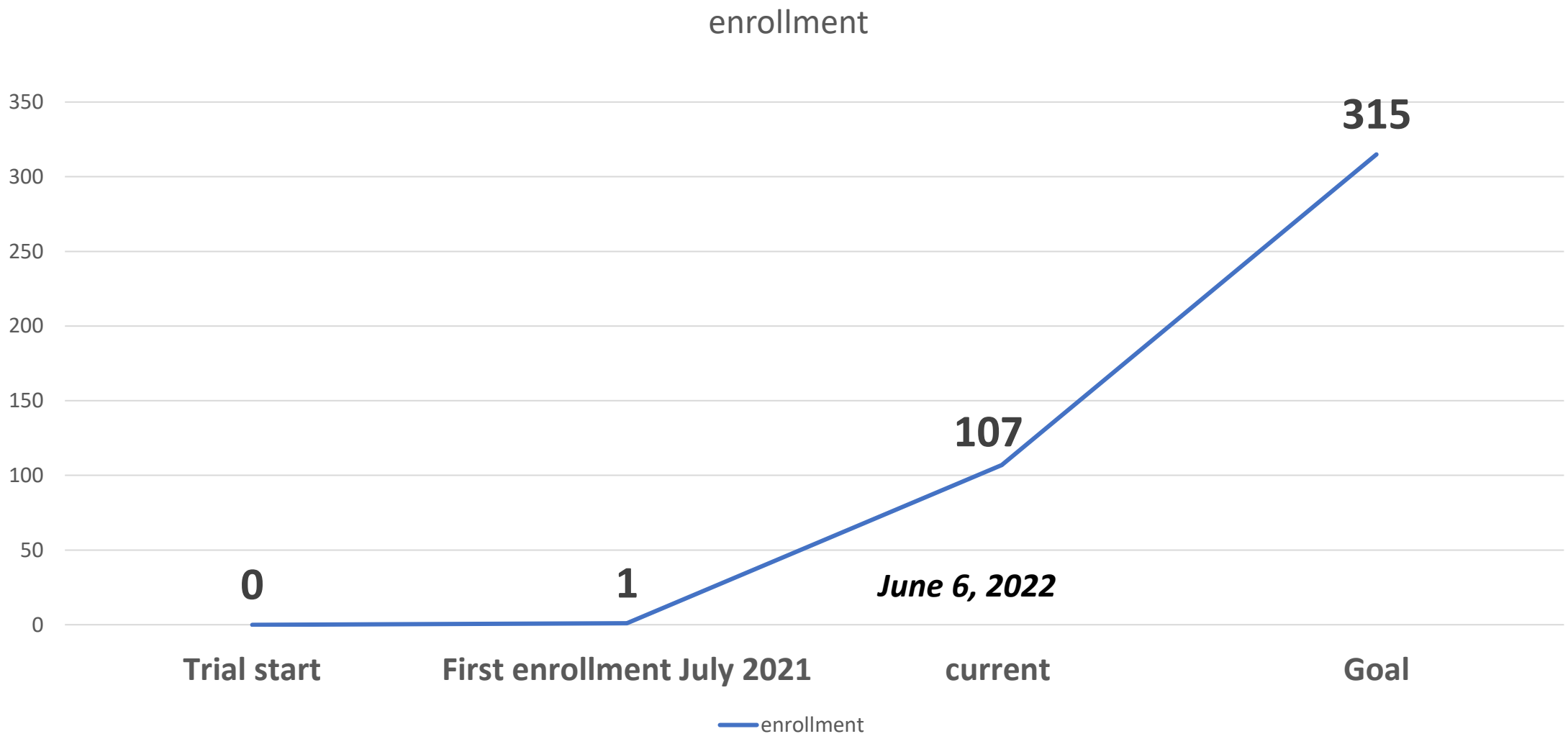


P. Pieniazek
P. Paluszek
L. Tekieli
E. Weglarz
A. Mazurek
C.GUARDIANS
FDA
INSPIREMD
EUROPE
#1
KRAKOW, POLAND
APRIL 12, 2022

FDA-IDE Clinical Trial:

CGUARDIANS

NCT 04900844

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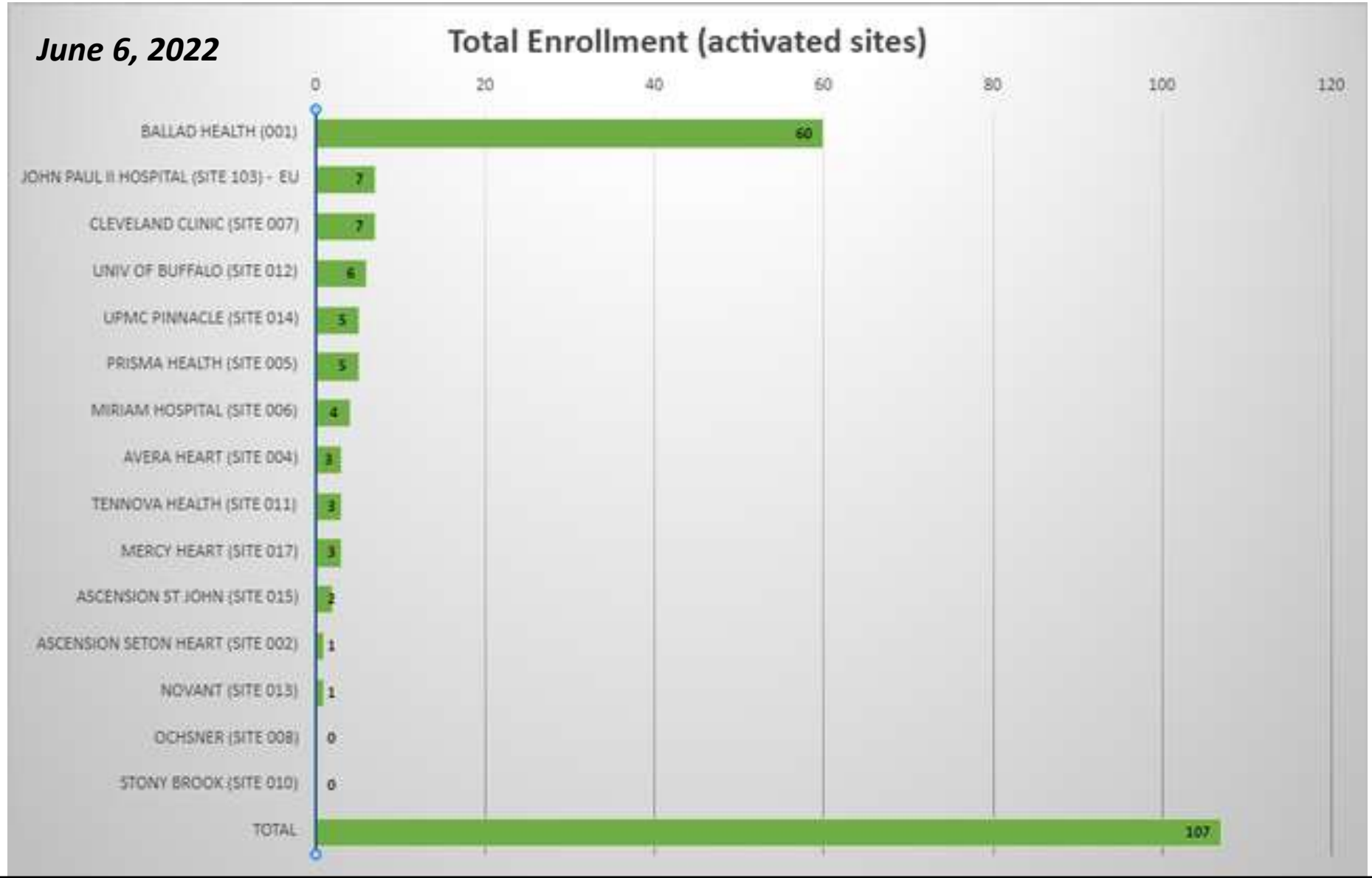
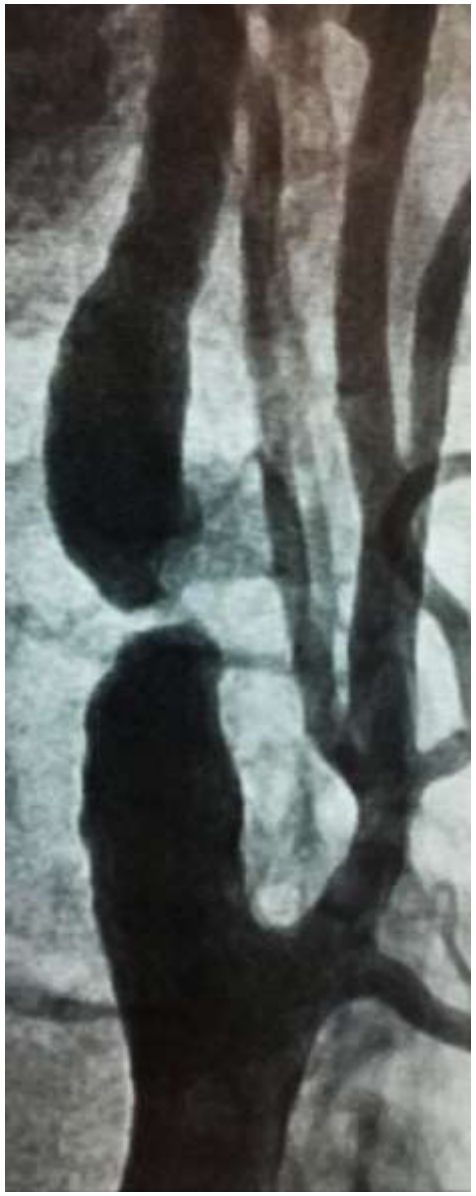
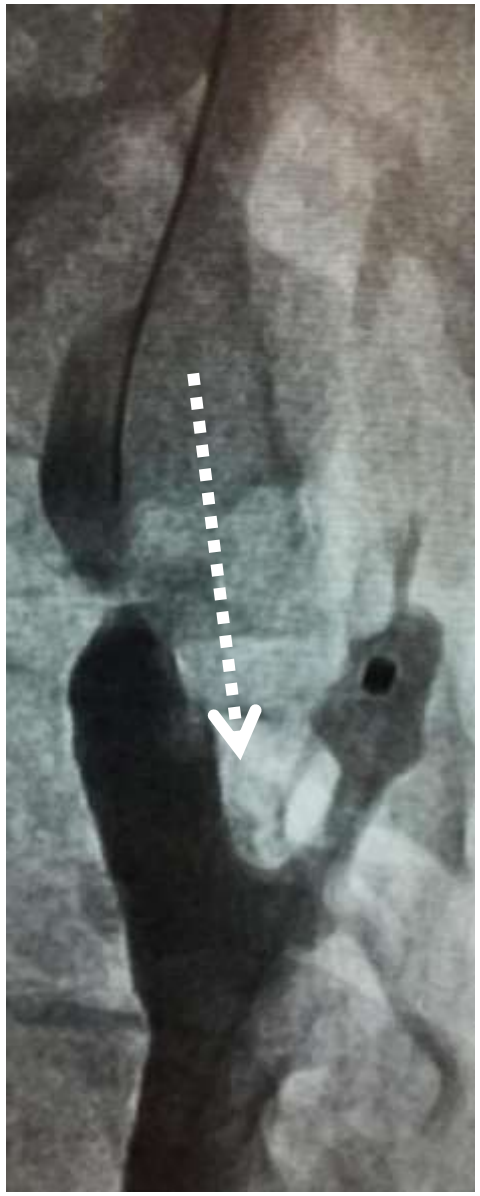
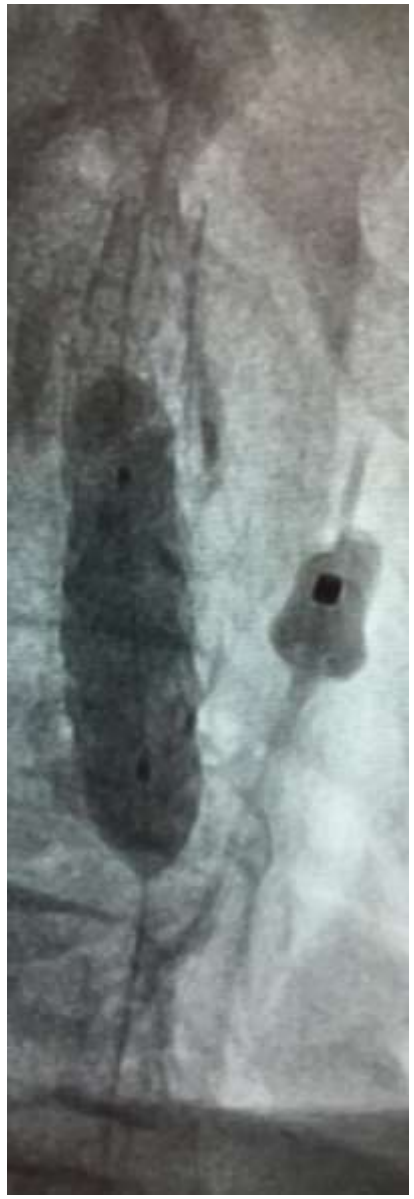
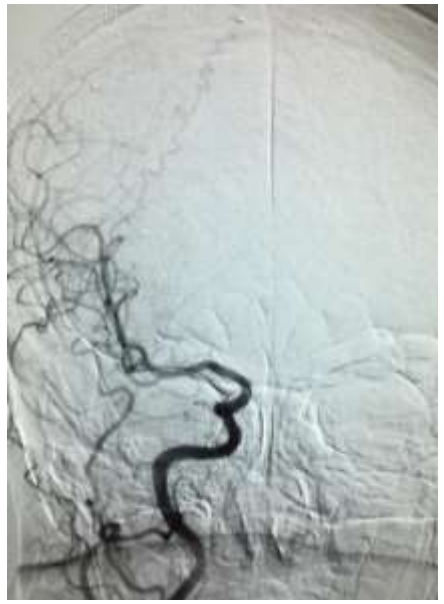
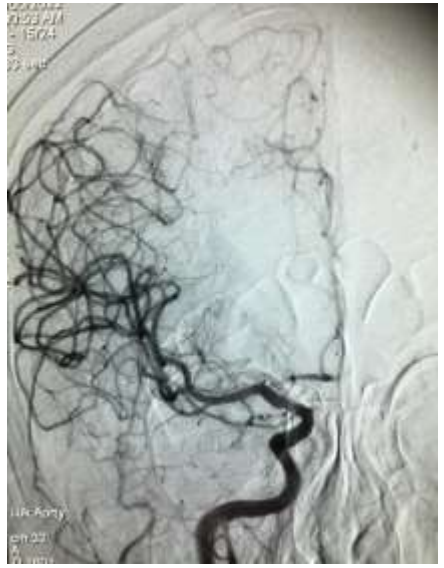
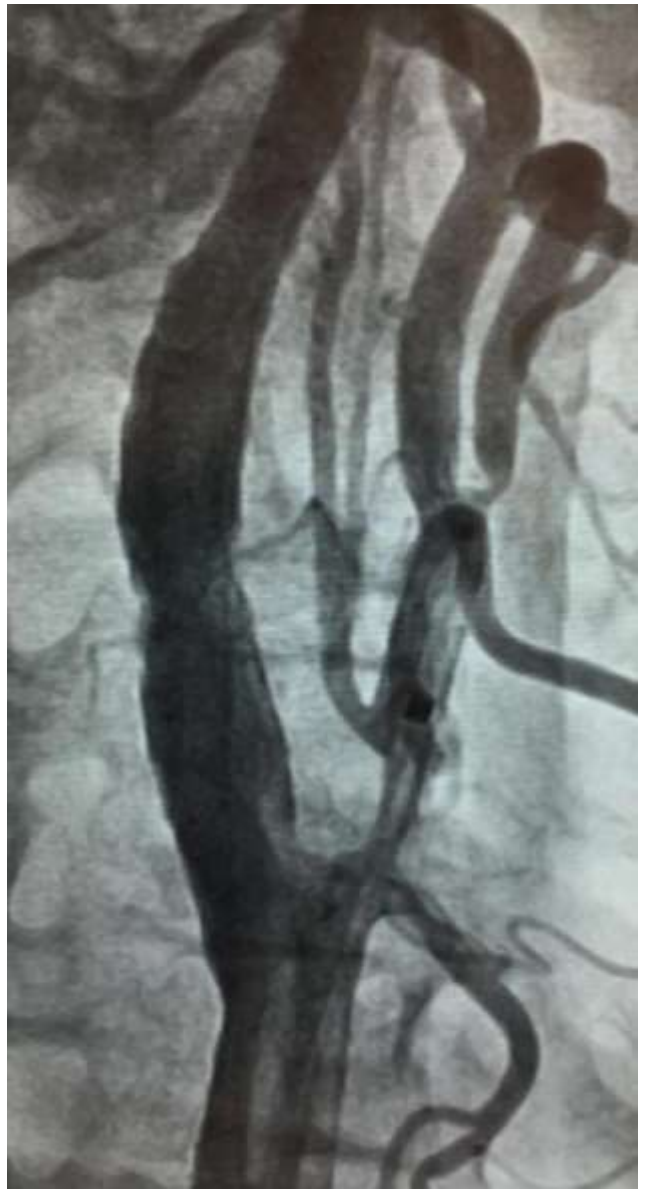


CGUARDIANS FDA IDE Krakow JP2 June2, 2022 Patient #7

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

Andrey Karpenko, MD, PhD,[a] Savr Bugurov, MD,[a] Pavel Ignatenko, MD, PhD,[a] Vladimir Starodubtsev, MD, PhD,[a] Irina Popova, MD, PhD,[a] Krzysztof Malinowski, MSc,[b] Piotr Musialek, MD, DPhil.[c]

Embolic Load to the Brain

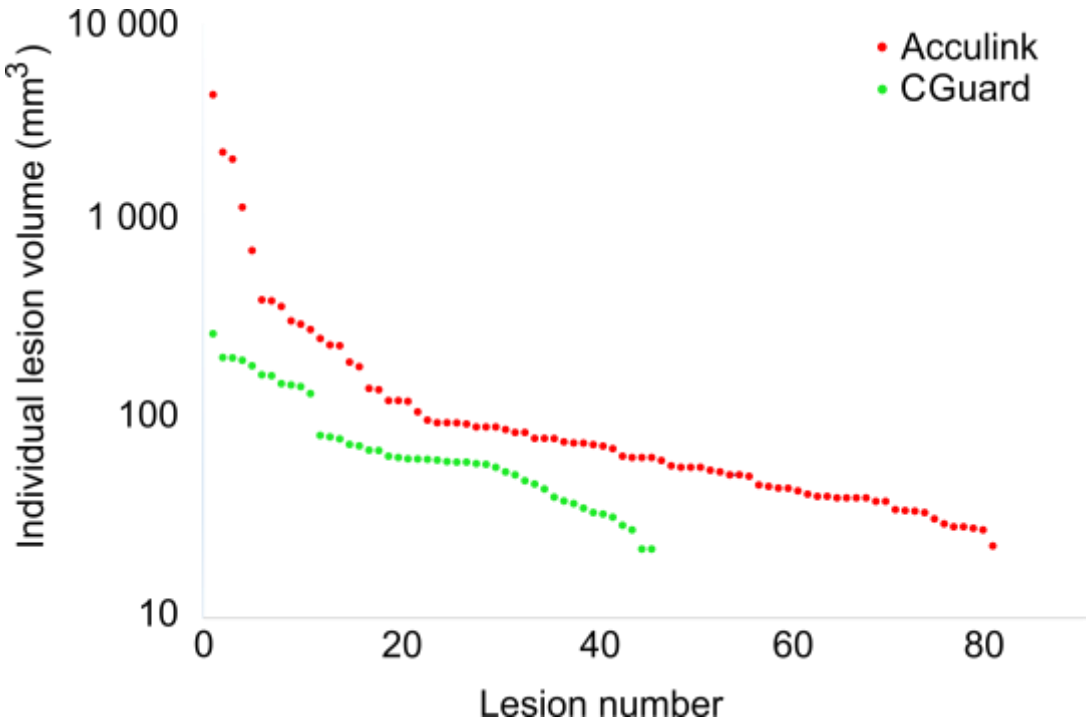
LEIPZIG INTERVENTIONAL COURSE LINC 2022

Acculink (CREST study device)

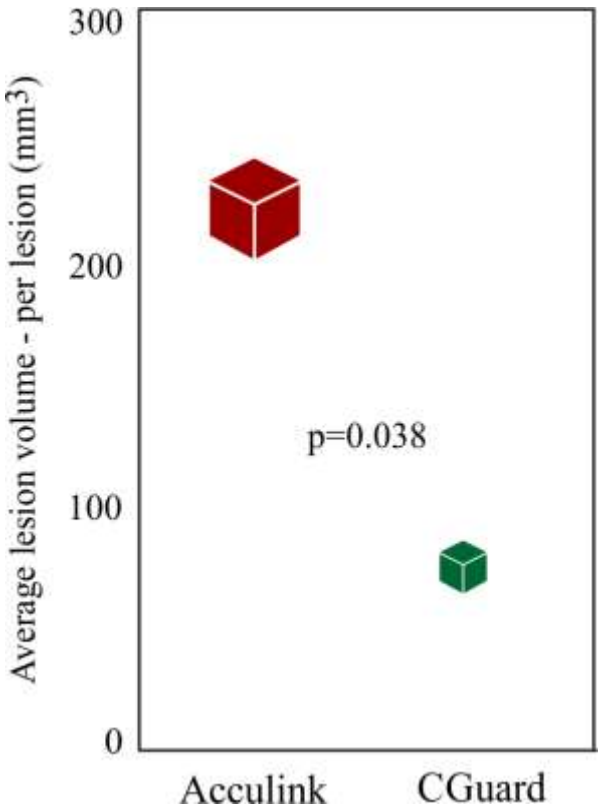
MicroNet-Covered Stent - **C**Guard

DW-MRI Embolism

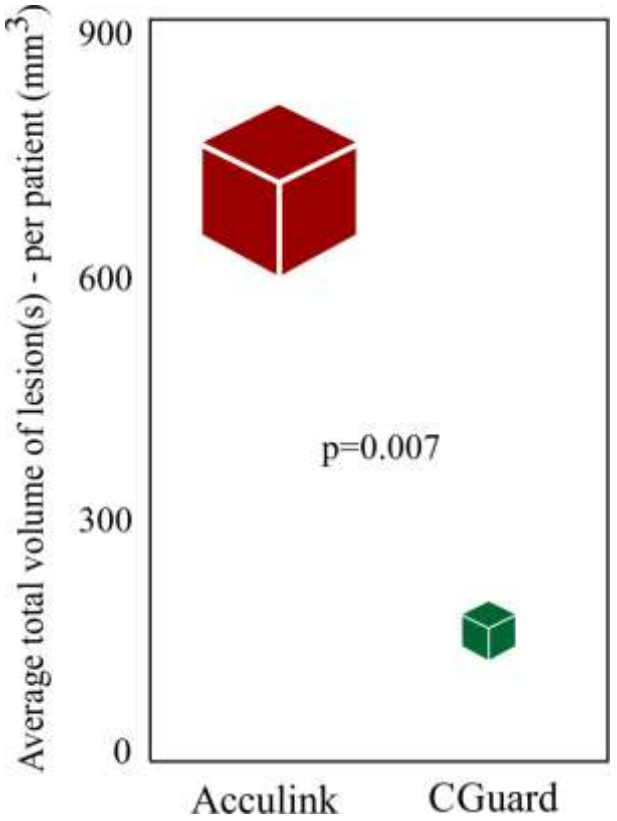
raw data



Per Lesion



Per Ipsil Haemisphere



Emboshield NAV in ALL CAS

Blinded CoreLab independent anaysis

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12-mo Follow-up: *Similar Healing Profile*

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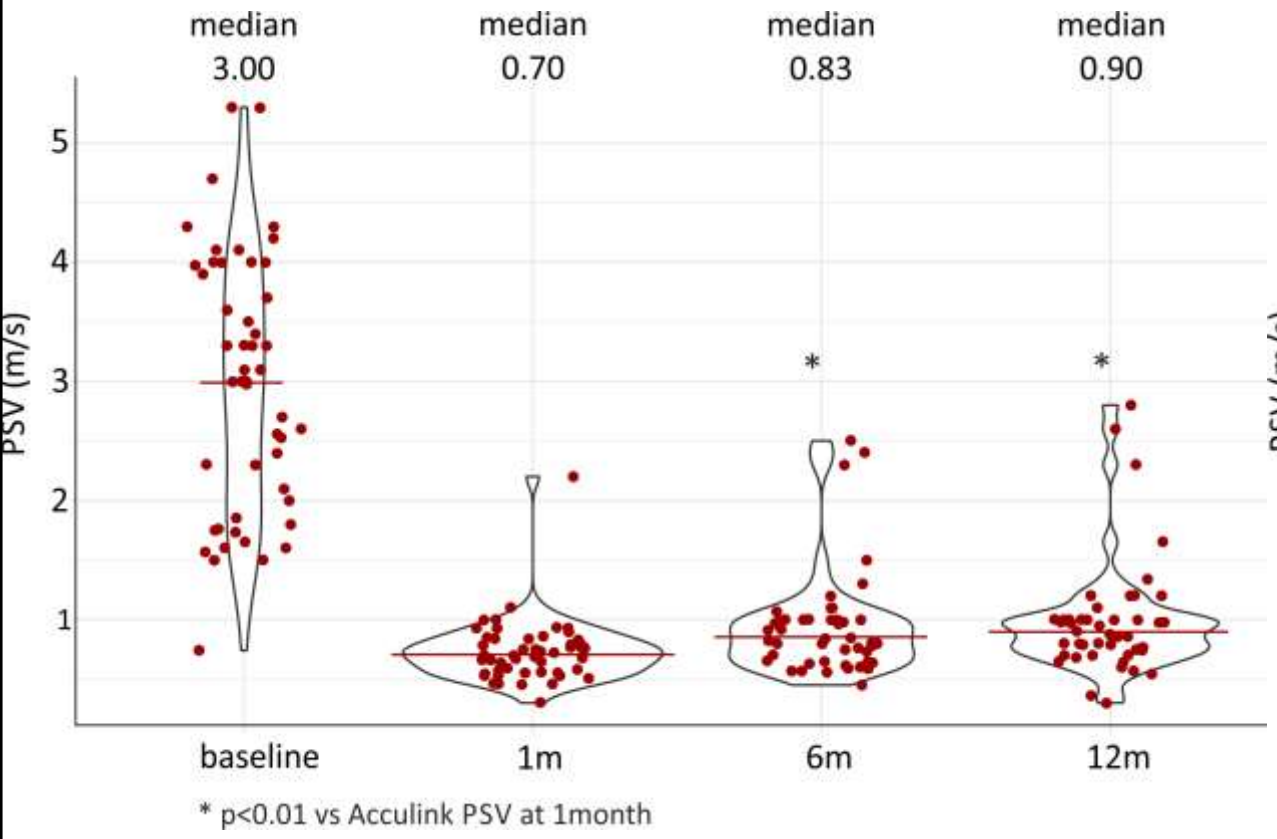
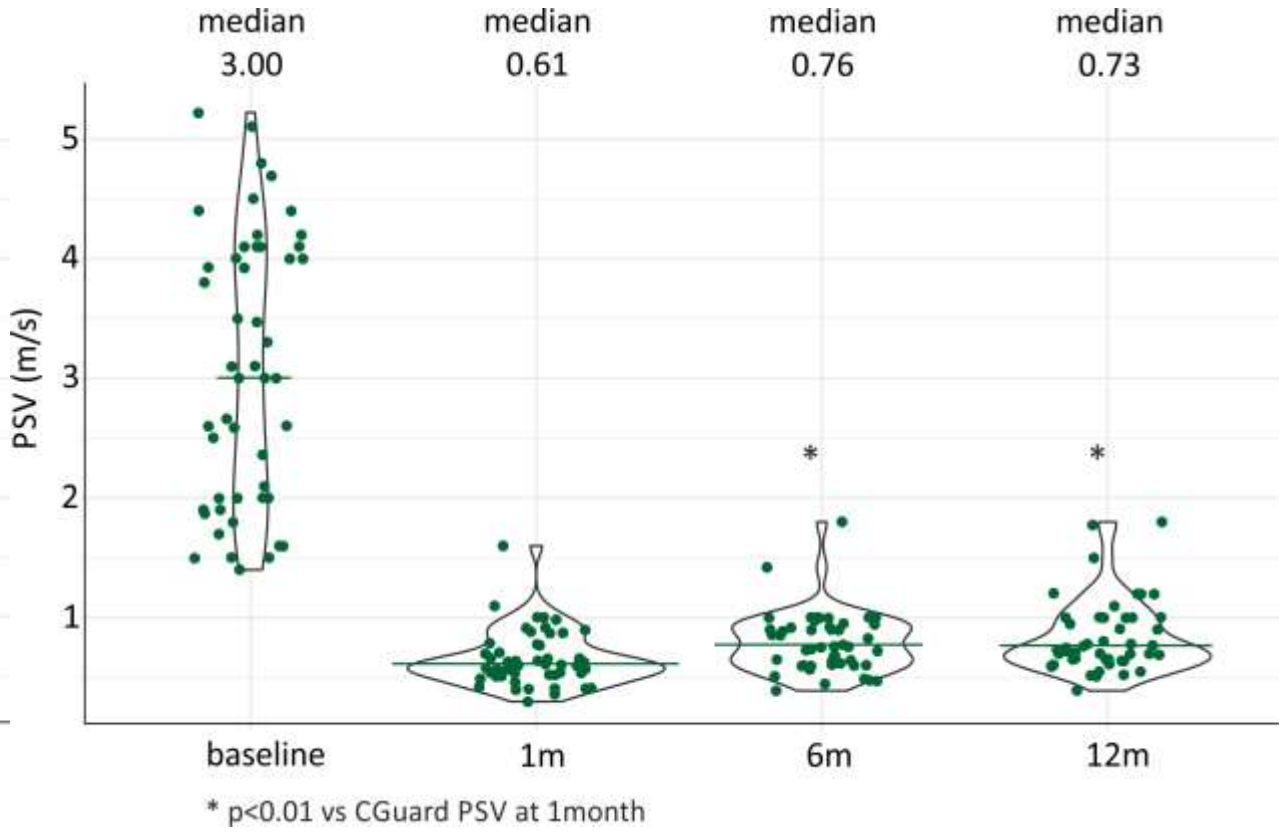
Acculink (CREST study device)



* p<0.01 vs Acculink PSV at 1month

MicroNet-Covered Stent - CGuard



* p<0.01 vs CGuard PSV at 1month

Karpenko et al. (2022, at review) cf., Bugurov S **LINC 2022** (Monday - June 6, 2022)

JACC: CARDIOVASCULAR INTERVENTIONS
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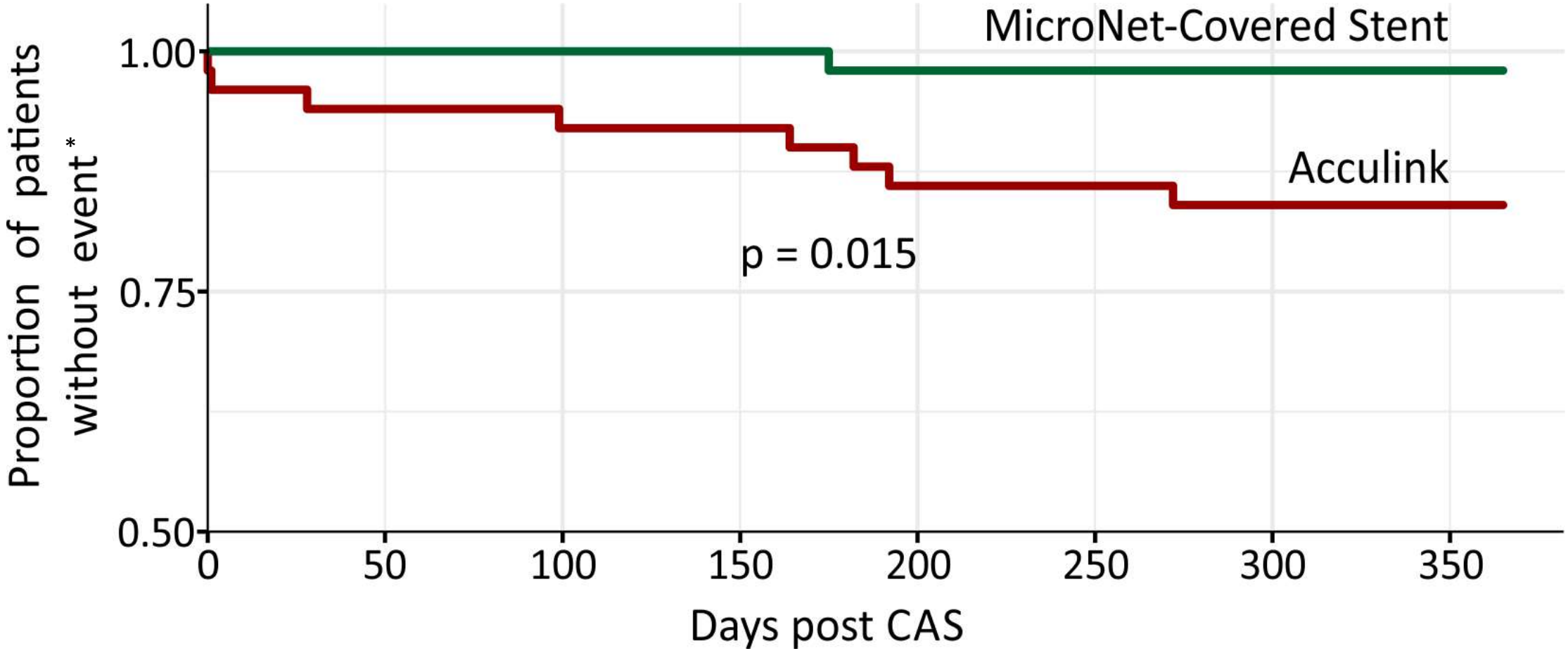
Randomized Controlled Trial of Conventional Versus MicroNet-Covered Stent in Carotid Artery Revascularization

Andrey Karpenko, MD, PhD,[a] Savr Bugurov, MD,[a] Pavel Ignatenko, MD, PhD,[a] Vladimir Starodubtsev, MD, PhD,[a] Irina Popova, MD, PhD,[a] Krzysztof Malinowski, MSc,[b] Piotr Musialek, MD, DPhil.[c]

12-mo Follow-up:

Similar Healing Profile…

BUT



* Patient-related outcomes: death/stroke/MI/ISR

Karpenko et al. (2022, at review) cf., Bugurov S **LINC 2022** (Monday - June 6, 2022)

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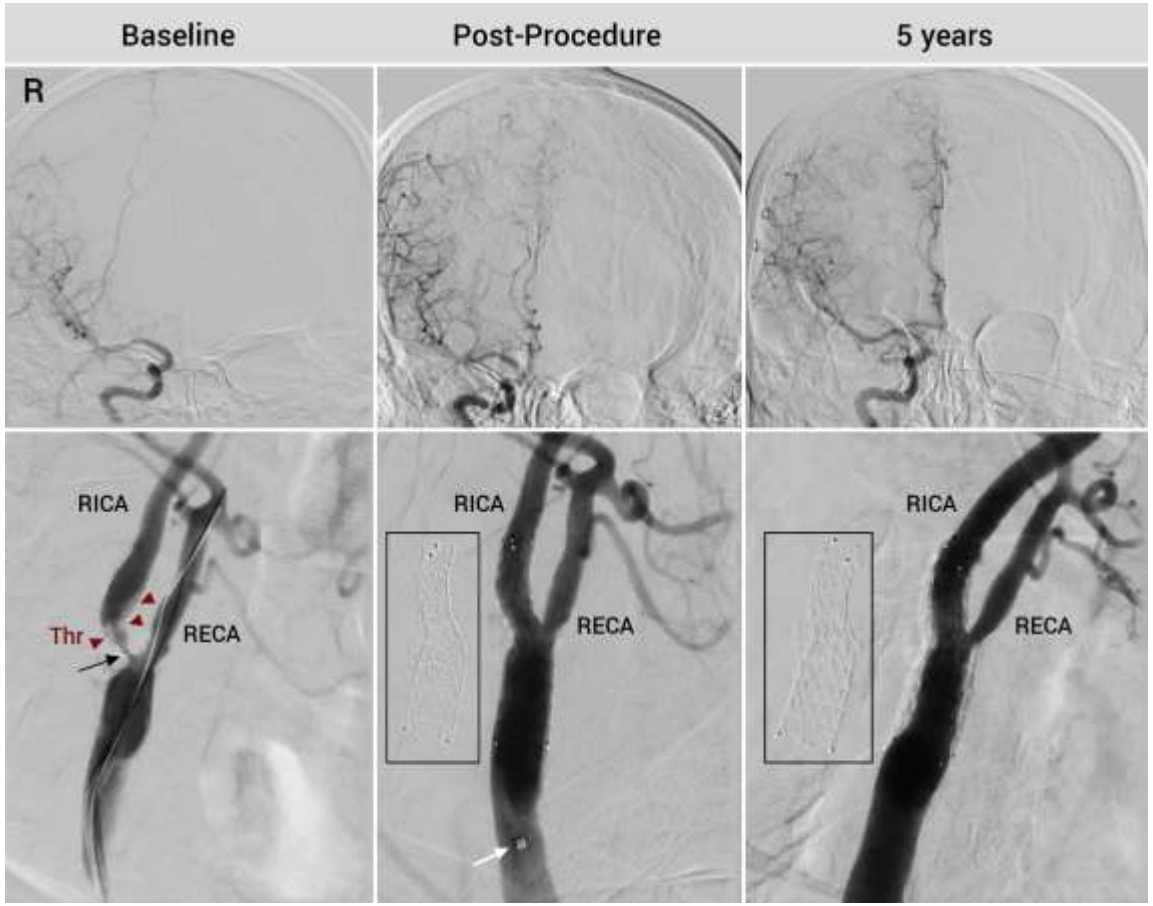
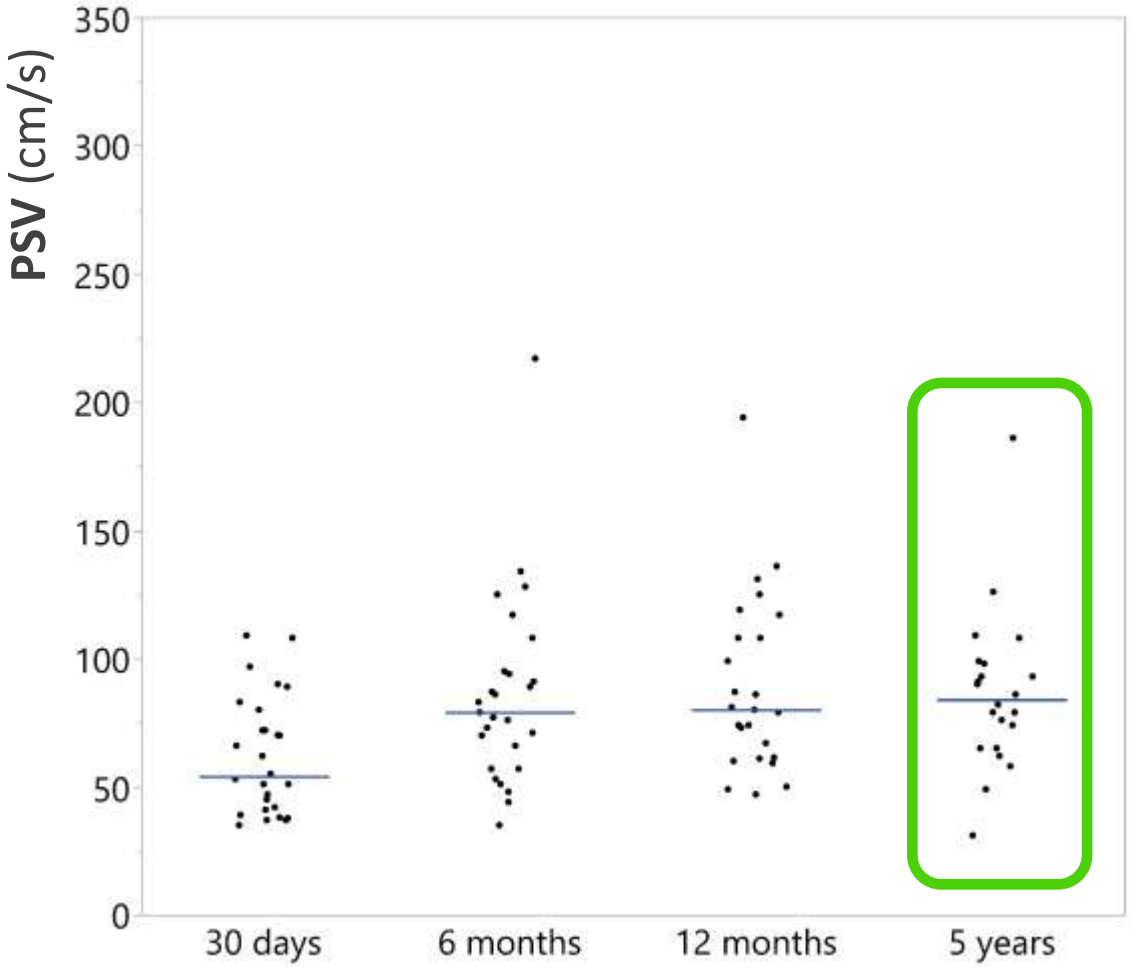
A Prospective, Multicenter Study of a Novel Mesh-Covered Carotid Stent

The CGuard CARENET Trial
(Carotid Embolic Protection Using MicroNet)

CARENET Trial

5-year follow-up





Musialek P et al. 2022 (at review)

"CAS" ≠ "CAS"

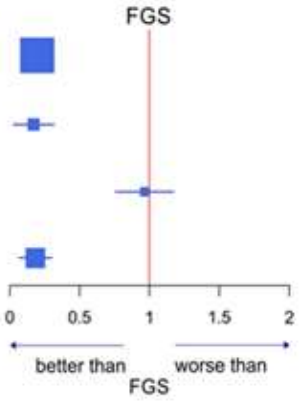
Mesh-covered (second-generation) vs single-layer (first-generation) carotid stents
(n= **68,043** patients) / **112 studies**

LEIPZIG INTERVENTIONAL COURSE LINC 2022

A 30-day Stroke

Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	2531 26	100%	0.20 [0.08–0.32]
Casper/RoadSaver	585 5	23.1%	0.17 [0.02–0.31]
Gore Mesh Stent	311 9	12.3%	0.96 [0.75–1.17]
CGuard MicroNET Stent	1635 12	64.6%	0.18 [0.06–0.30]

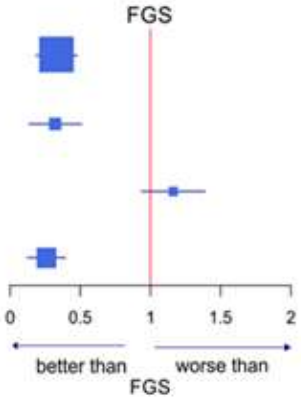
Heterogeneity: I^2=87%, τ^2=0.0003, p<0.01



B 30-day Death/Stroke/MI

Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	2531 44	100%	0.32 [0.17–0.46]
Casper/RoadSaver	585 10	23.1%	0.33 [0.14–0.51]
Gore Mesh Stent	311 15	12.3%	1.17 [0.94–1.41]
CGuard MicroNET Stent	1635 19	64.6%	0.26 [0.12–0.40]

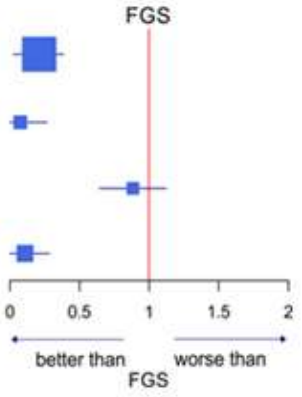
Heterogeneity: I^2=87%, τ^2=0.0004, p<0.01



C 12-month Ipsilateral Stroke

Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	1191 15	100%	0.20 [0.02–0.39]
Casper/RoadSaver	348 3	29.2%	0.07 [0.00–0.27]
Gore Mesh Stent	290 9	24.4%	0.88 [0.64–1.13]
CGuard MicroNET Stent	553 3	46.4%	0.11 [0.00–0.28]

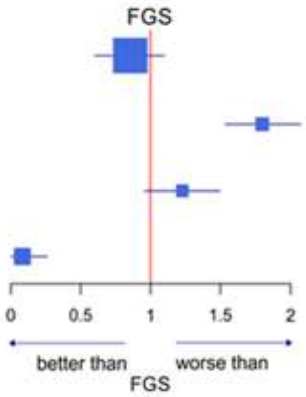
Heterogeneity: I^2=86%, τ^2=0.0002, p<0.01



D 12-month Restenosis

Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	1191 42	100%	0.85 [0.60–1.10]
Casper/RoadSaver	348 26	29.2%	1.80 [1.53–2.08]
Gore Mesh Stent	290 14	24.4%	1.22 [0.95–1.48]
CGuard MicroNET Stent	553 2	46.4%	0.09 [0.00–0.26]

Heterogeneity: I^2=88%, τ^2=0.0003, p<0.01



A Mazurek 2022
(at review)
CARMEN Collaborators
Systematic Review
and Meta-Analysis

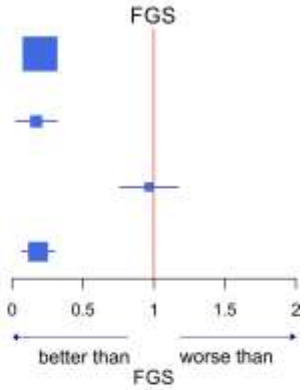
Clinical Outcomes of Second- versus First-generation Carotid Stents: A Systematic Review and Meta-analysis

LEIPZIG INTERVENTIONAL COURSE LINC 2022

30-day Stroke

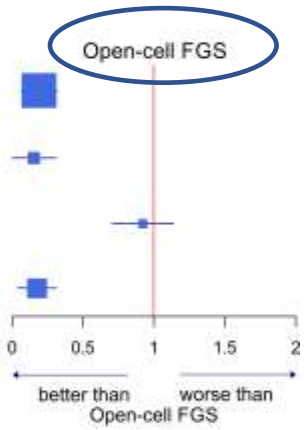
Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	2531 26	100%	0.20 [0.08–0.32]
Casper/RoadSaver	585 5	23.1%	0.17 [0.02–0.31]
Gore Mesh Stent	311 9	12.3%	0.96 [0.75–1.17]
CGuard MicroNET Stent	1635 12	64.6%	0.18 [0.06–0.30]

Heterogeneity: I^2=87%, τ^2=0.0003, p<0.01



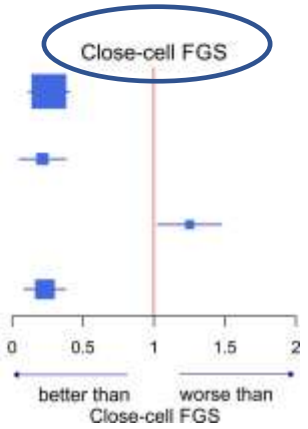
Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	2531 26	100%	0.19 [0.06–0.33]
Casper/RoadSaver	585 5	23.1%	0.16 [0.00–0.32]
Gore Mesh Stent	311 9	12.3%	0.92 [0.70–1.14]
CGuard MicroNET Stent	1635 12	64.6%	0.17 [0.03–0.31]

Heterogeneity: I^2=83%, τ^2=0.0002, p<0.01



Study	Patients Events	Weight	Risk Ratio [95% CI]
SGS	2531 26	100%	0.26 [0.11–0.41]
Casper/RoadSaver	585 5	23.1%	0.21 [0.04–0.38]
Gore Mesh Stent	311 9	12.3%	1.25 [1.02–1.48]
CGuard MicroNET Stent	1635 12	64.6%	0.23 [0.08–0.39]

Heterogeneity: I^2=72%, τ^2=0.0001, p<0.01



A Mazurek 2022
(at review)
CARMEN Collaborators
Systematic Review
and Meta-Analysis

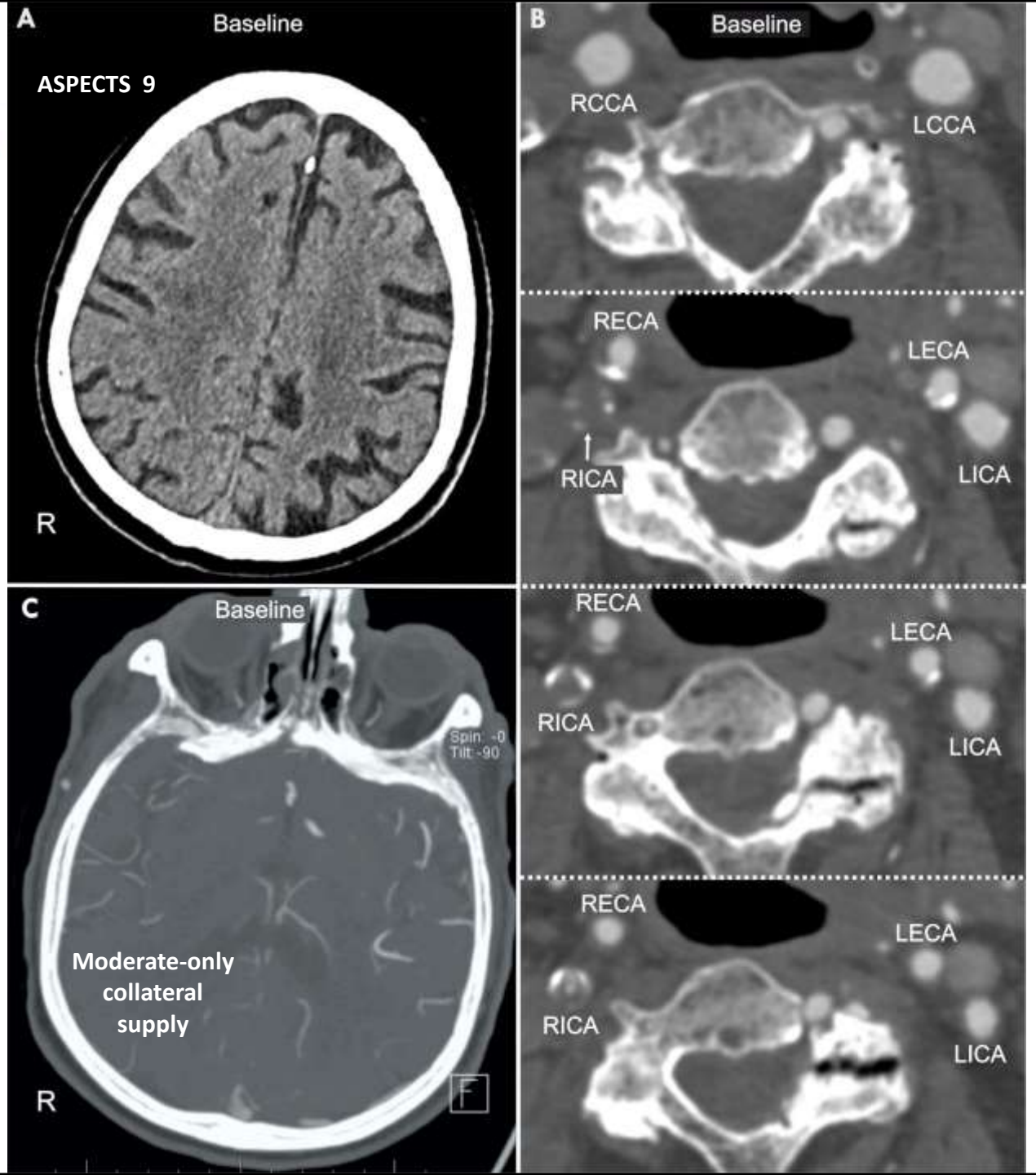
Novel Large-Diameter Controlled-Expansion Stentriever, Embolic-Prevention Stent and Flow Reversal in Large-Thrombus-Burden ICA Proximal Occlusion Stroke

Lukasz Tekieli, MD, PhD,[a,b,c] Krzysztof Banaszkiewicz, MD, PhD,[c,d] Zbigniew Moczulski, MD,[c,e] Małgorzata Urbańczyk-Zawadzka, MD,[c,e] Piotr Musialek, MD, DPhil[b,c]

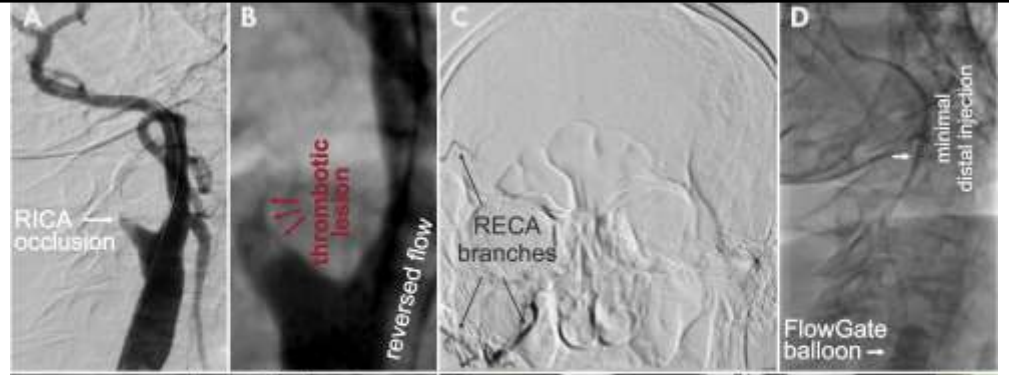
SAFE-GUARD STROKE

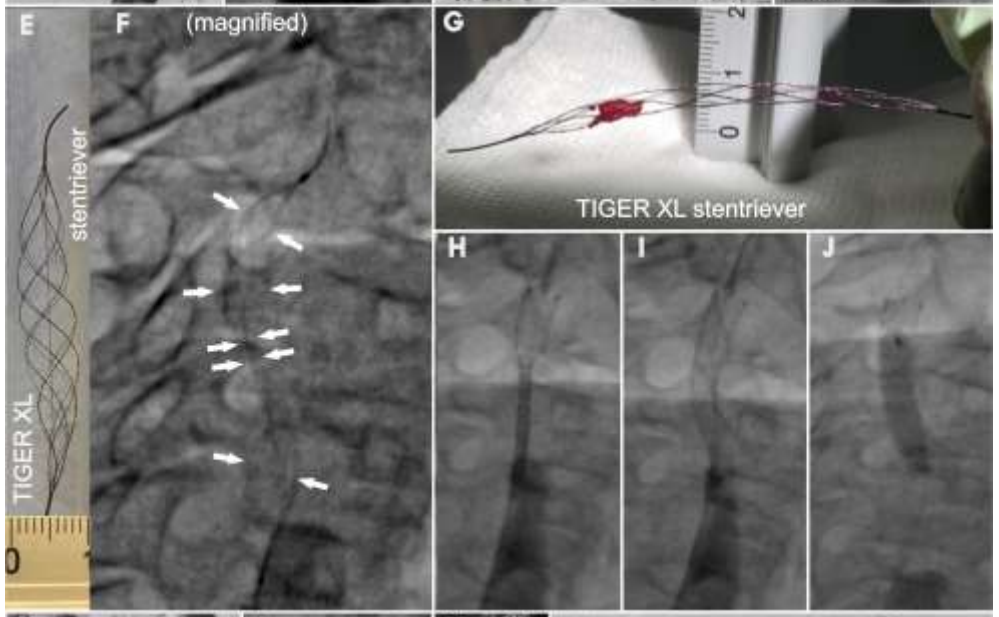
ClinicalTrials.gov Identifier: NCT05195658

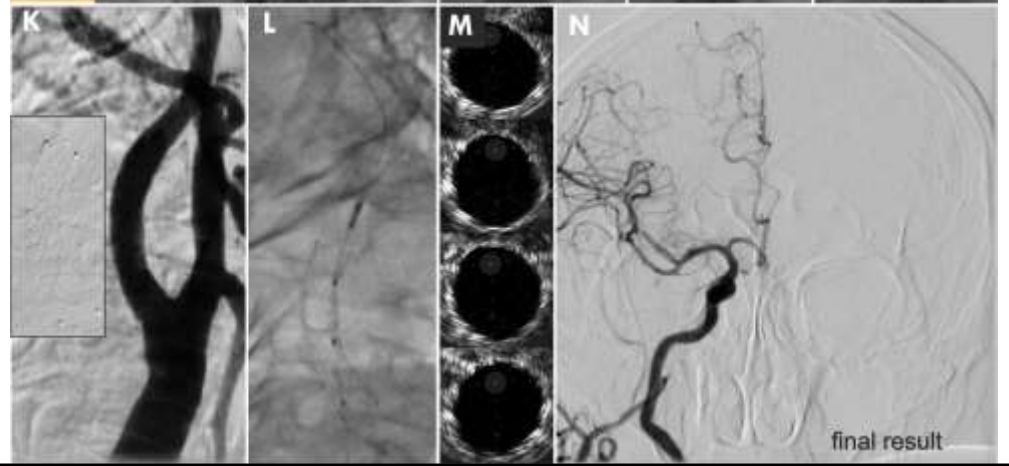
JACC: CARDIOVASCULAR INTERVENTIONS
VOL. 14, NO. 21, 2021

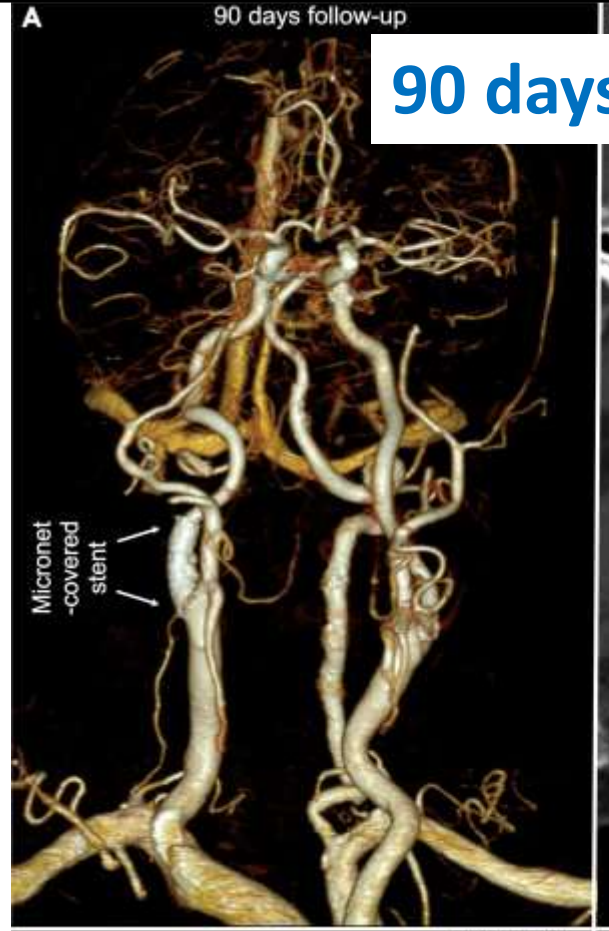


LEIPZIG INTERVENTIONAL COURSE
LINC 2022

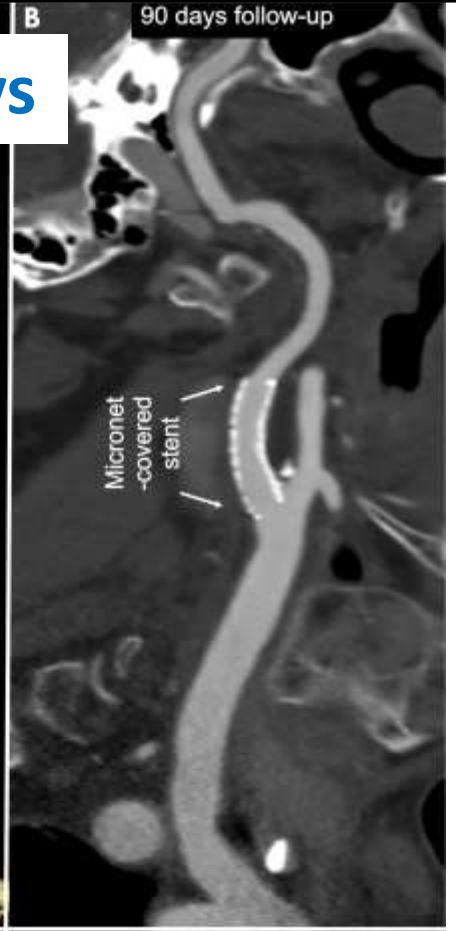


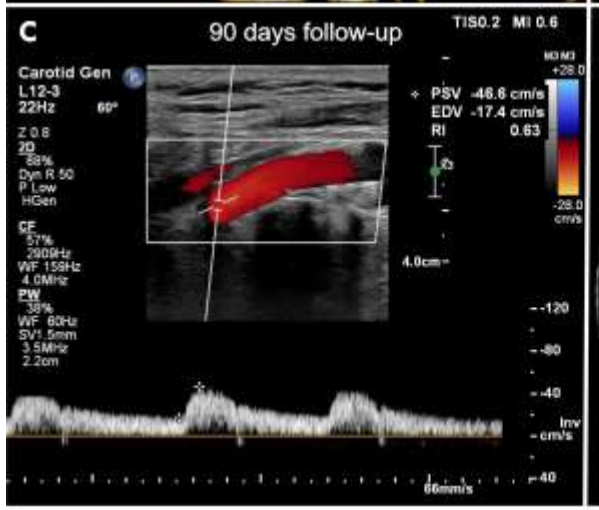


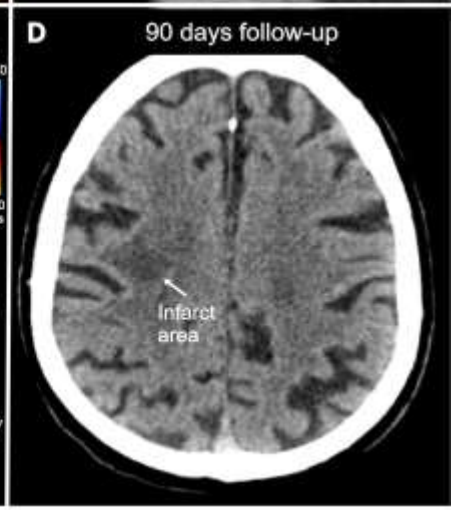




90 days







LEIPZIG INTERVENTIONAL COURSE
LINC 2022

CLINICALLY
and
ANATOMICALLY

EFECTIVE

ENDOVASCULAR
RECONSTRUCTION

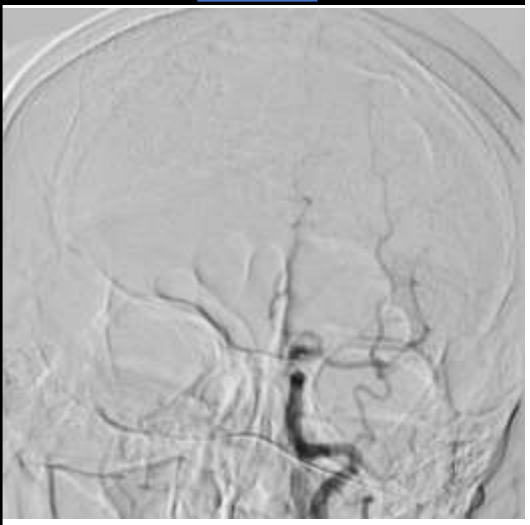
JACC Intv 2021

CGuard MicroNET Stent to treat acute ischaemic stroke

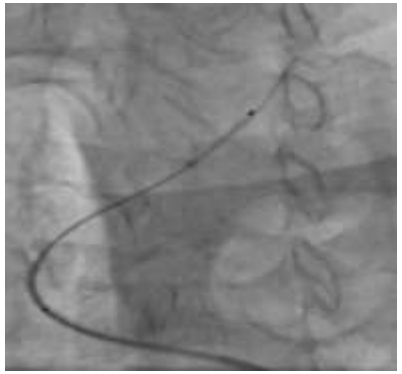
LEIPZIG INTERVENTIONAL COURSE LINC 2022

Krakowski Szpital Specjalistyczny Jana Pawla II
[redacted] STANISLAW
[redacted]-04-10 M 634708
2021-01-14 14:29:40.703000

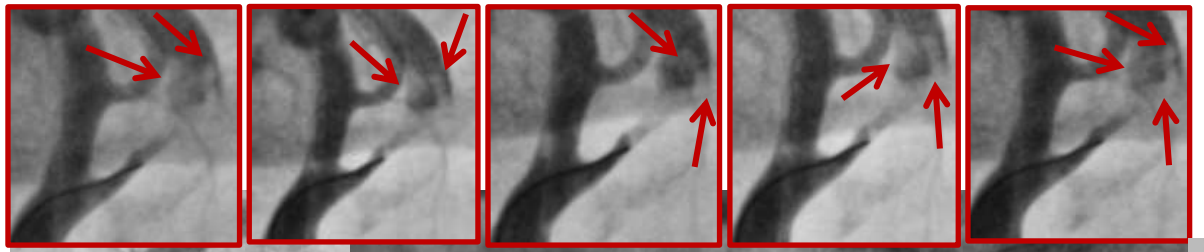
Haemodynamically critical, floating-thrombus lesion

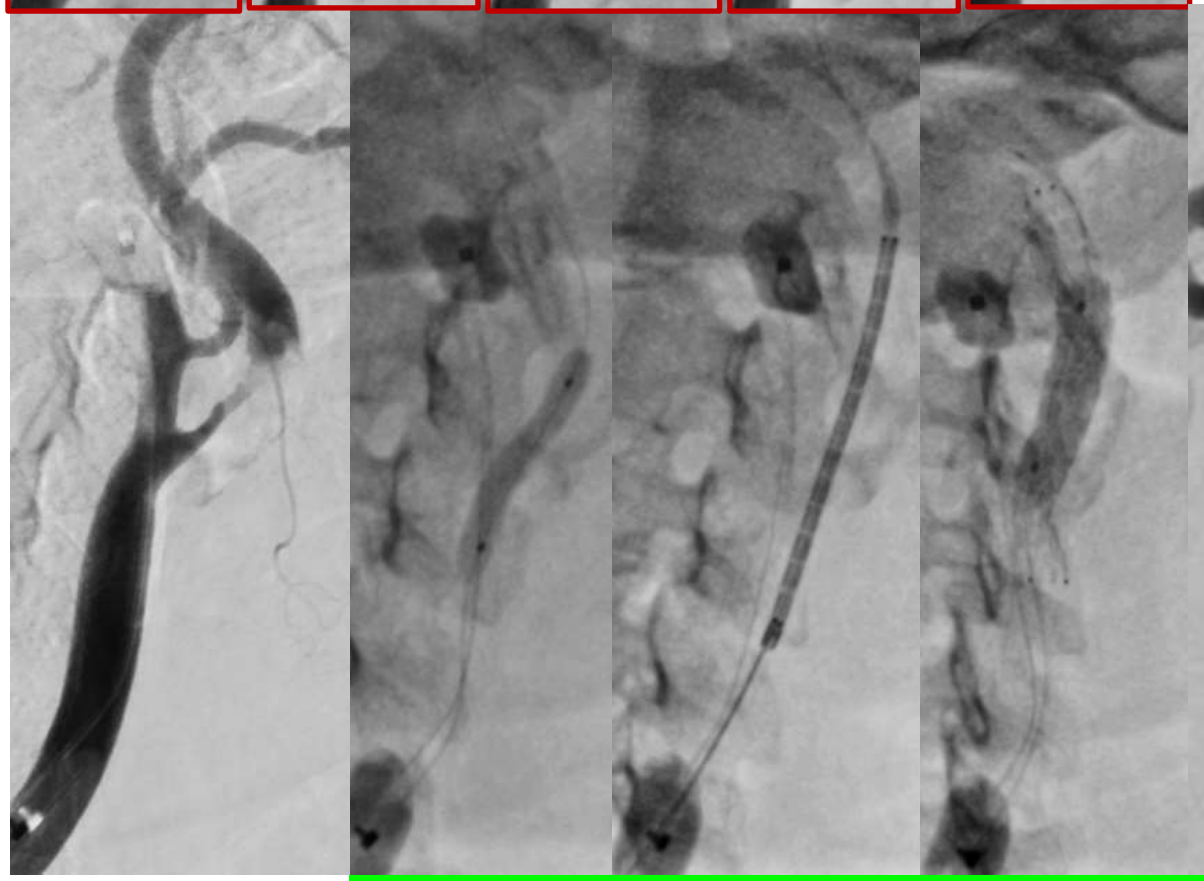


- R-limbs heamiparesis
- TOTAL motoric aphasia
- Severe sensoric aphasia



IFU-heparinization (ACT 261s)

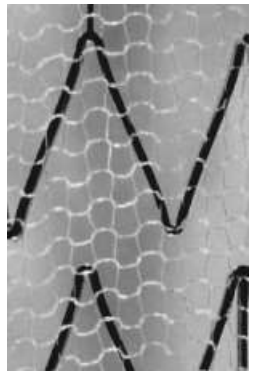




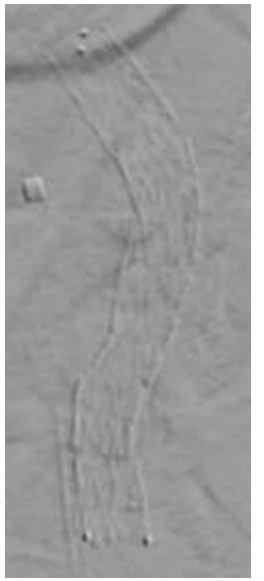
IMMEDIATE Regression of symptoms

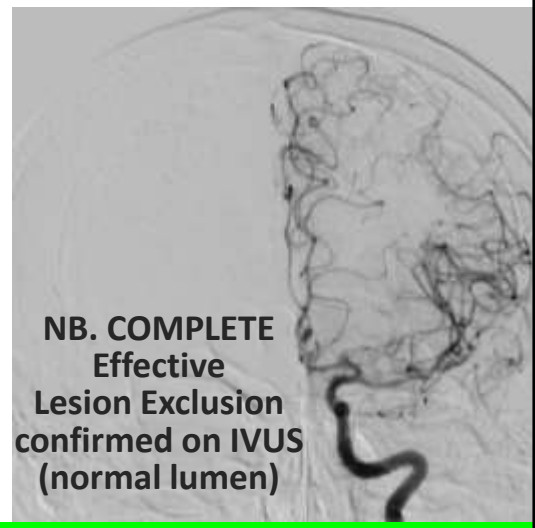
Final result

CGuard



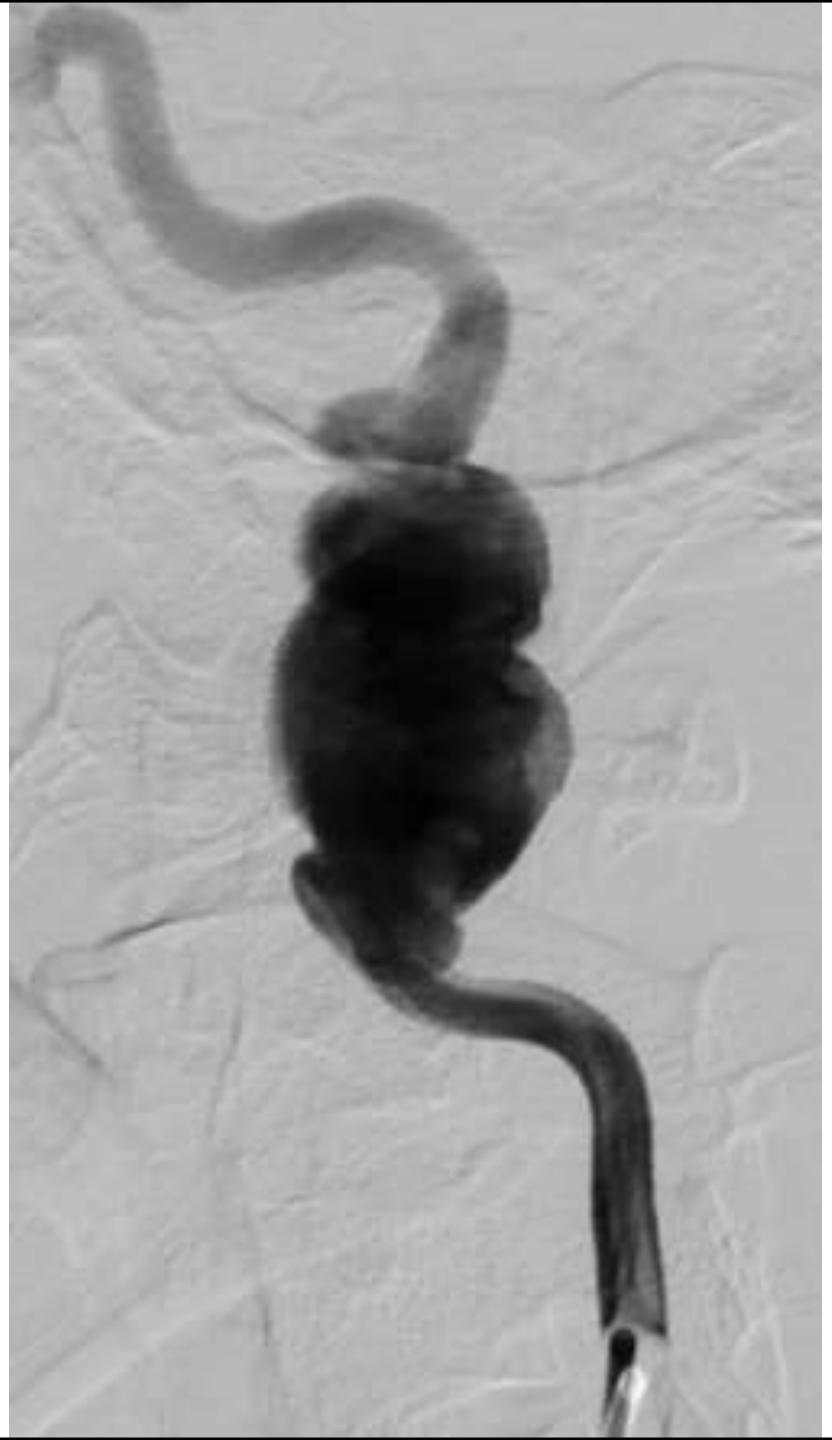
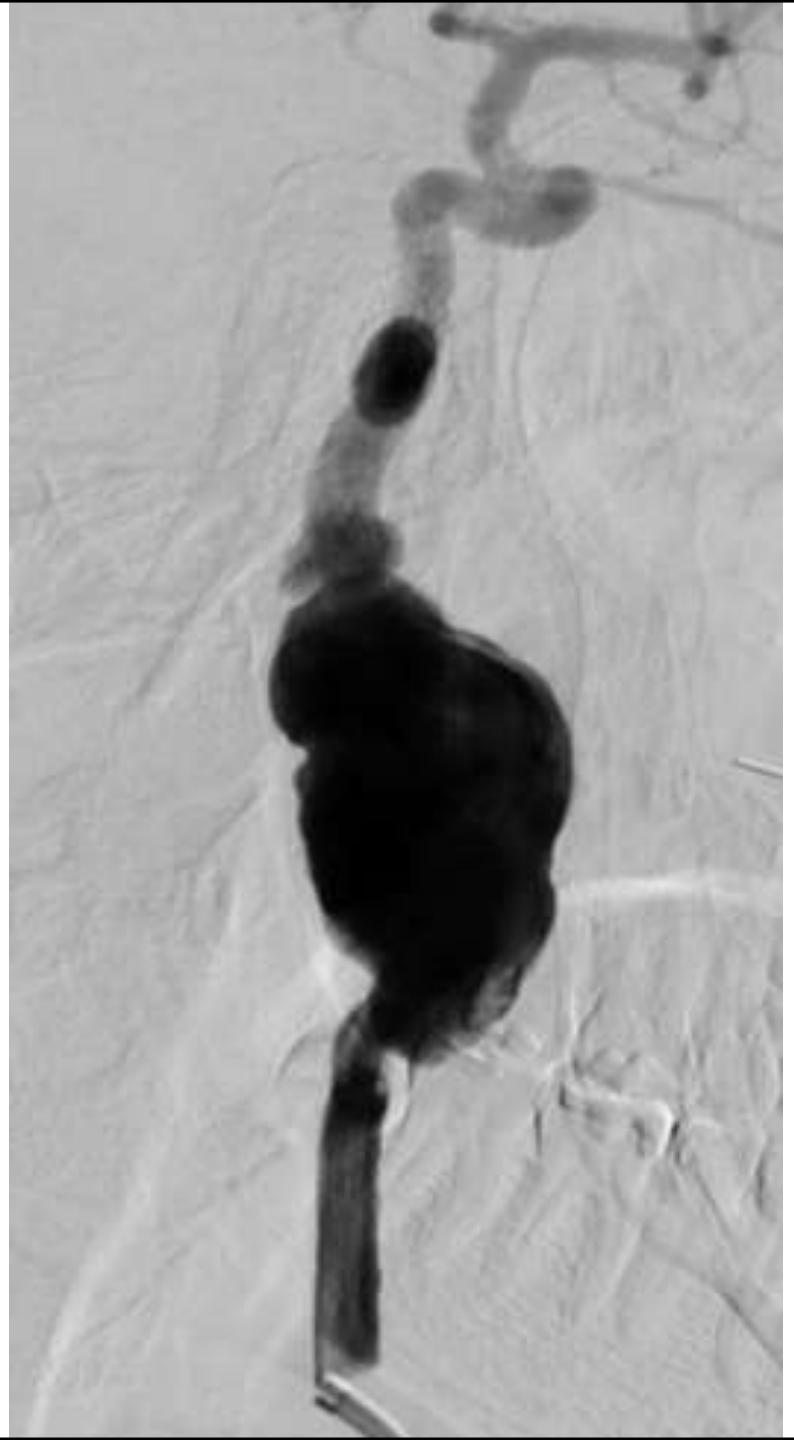
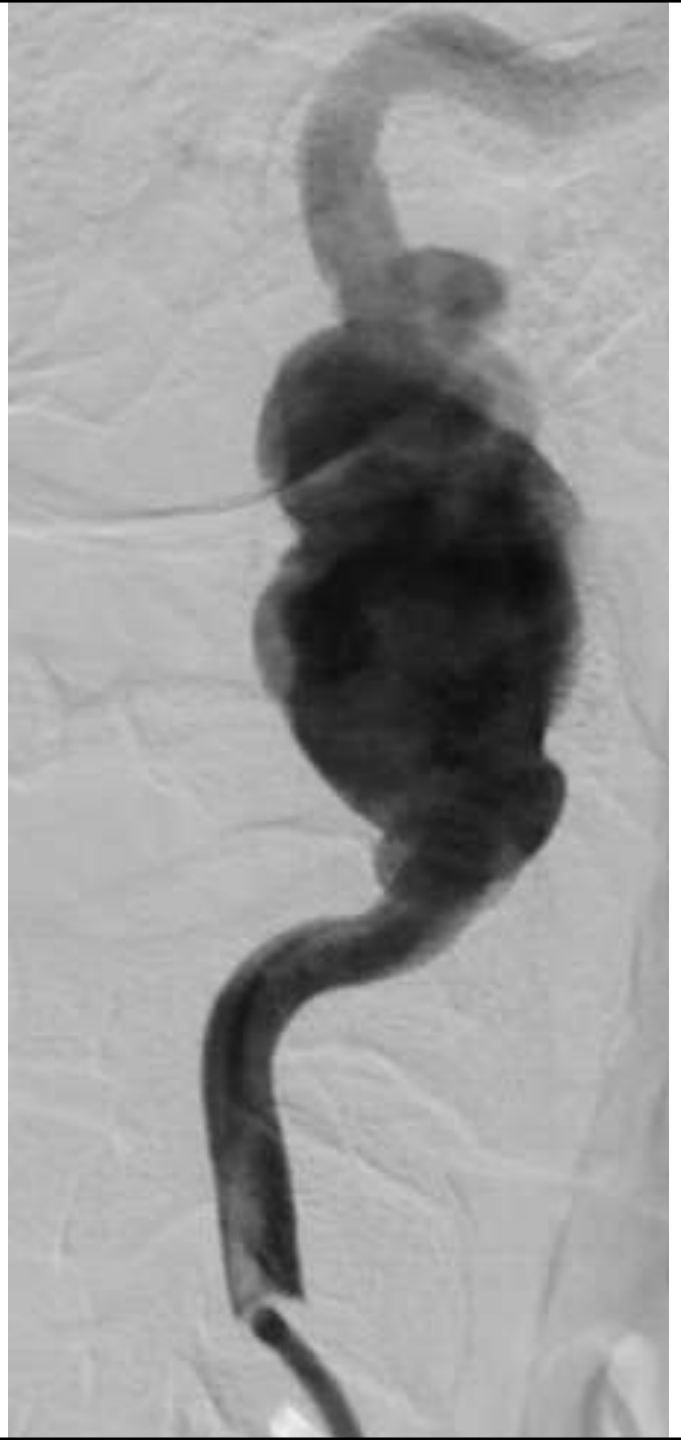
MicroNET





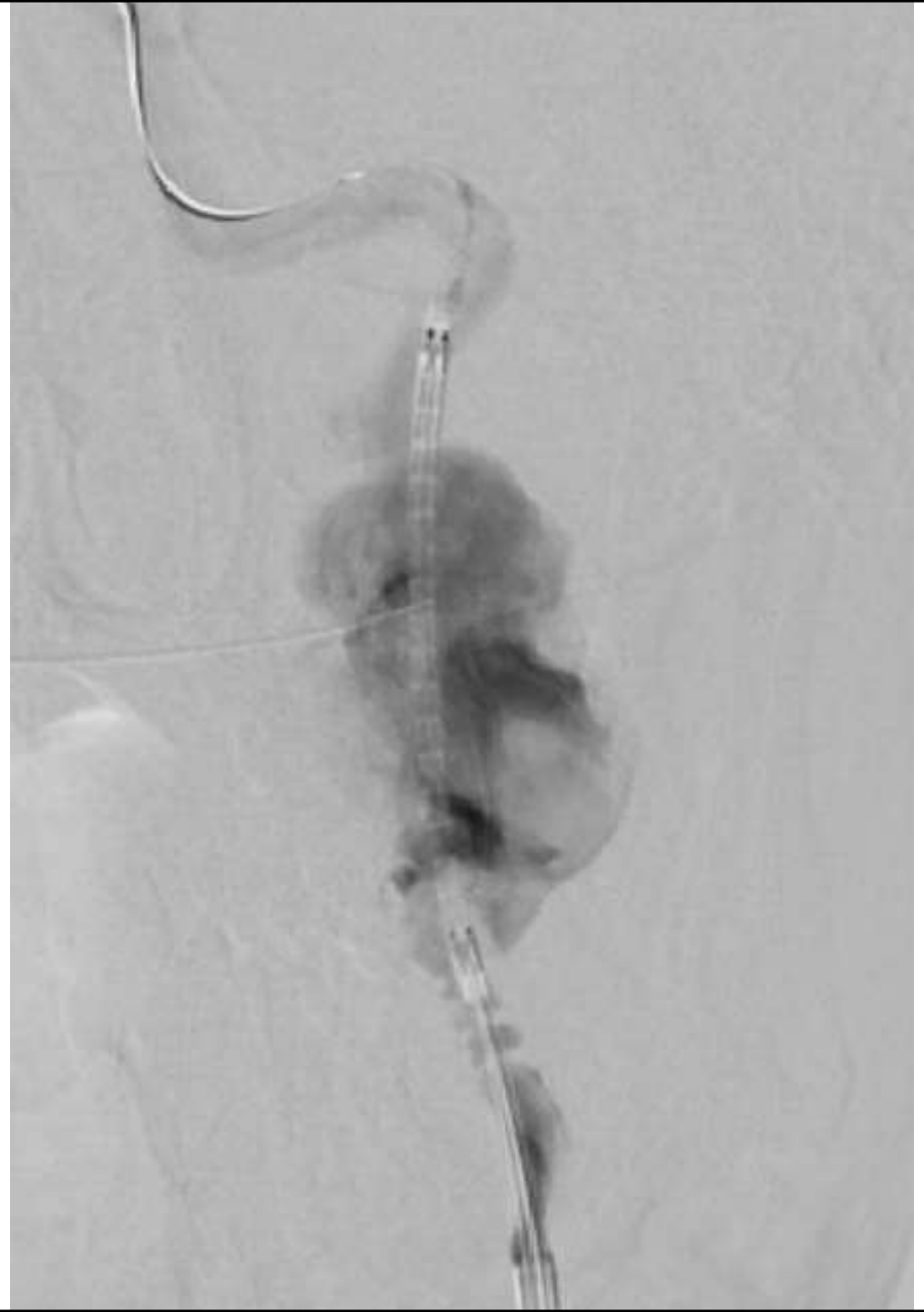
NB. COMPLETE Effective Lesion Exclusion confirmed on IVUS (normal lumen)

SAFE & uncomplicated, with optimal angiographic and clinical outcome

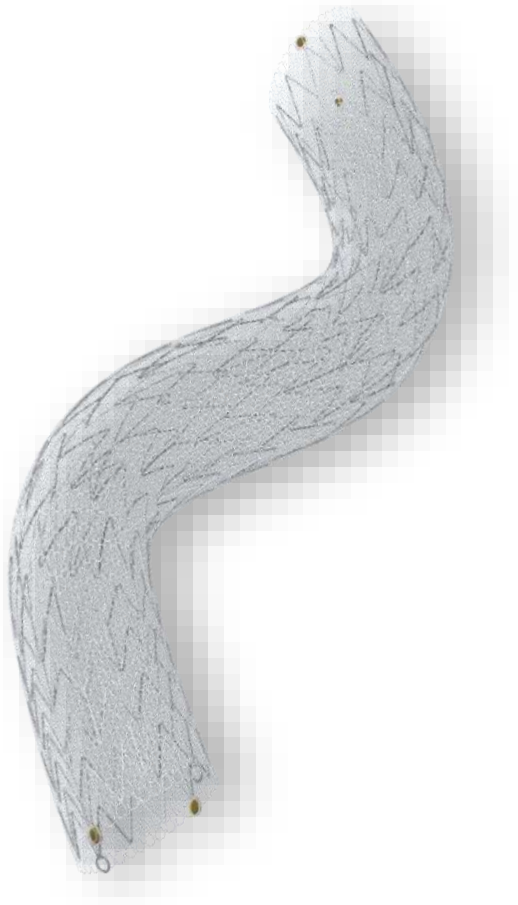




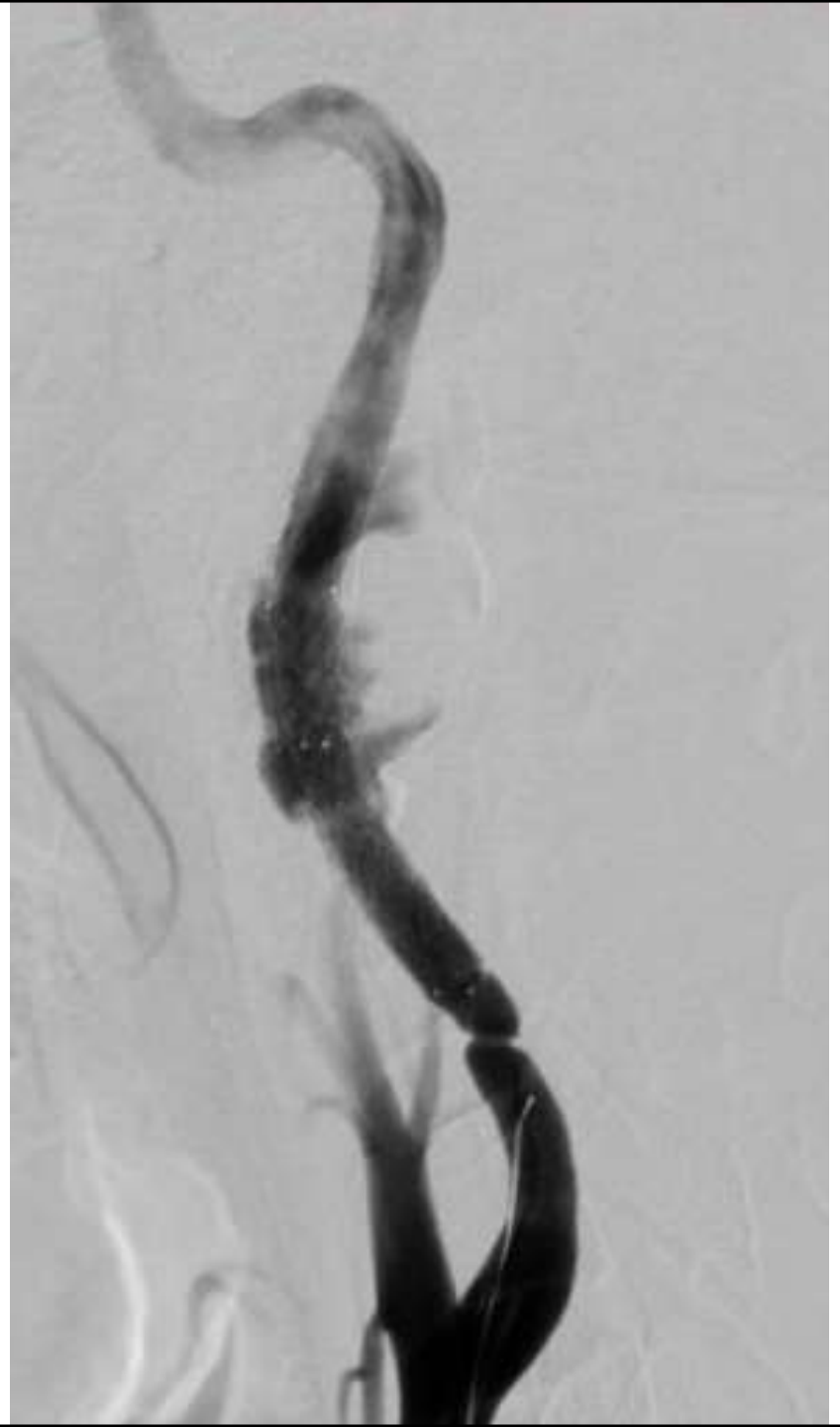
C-HEAL

STUDY



NCT04434456

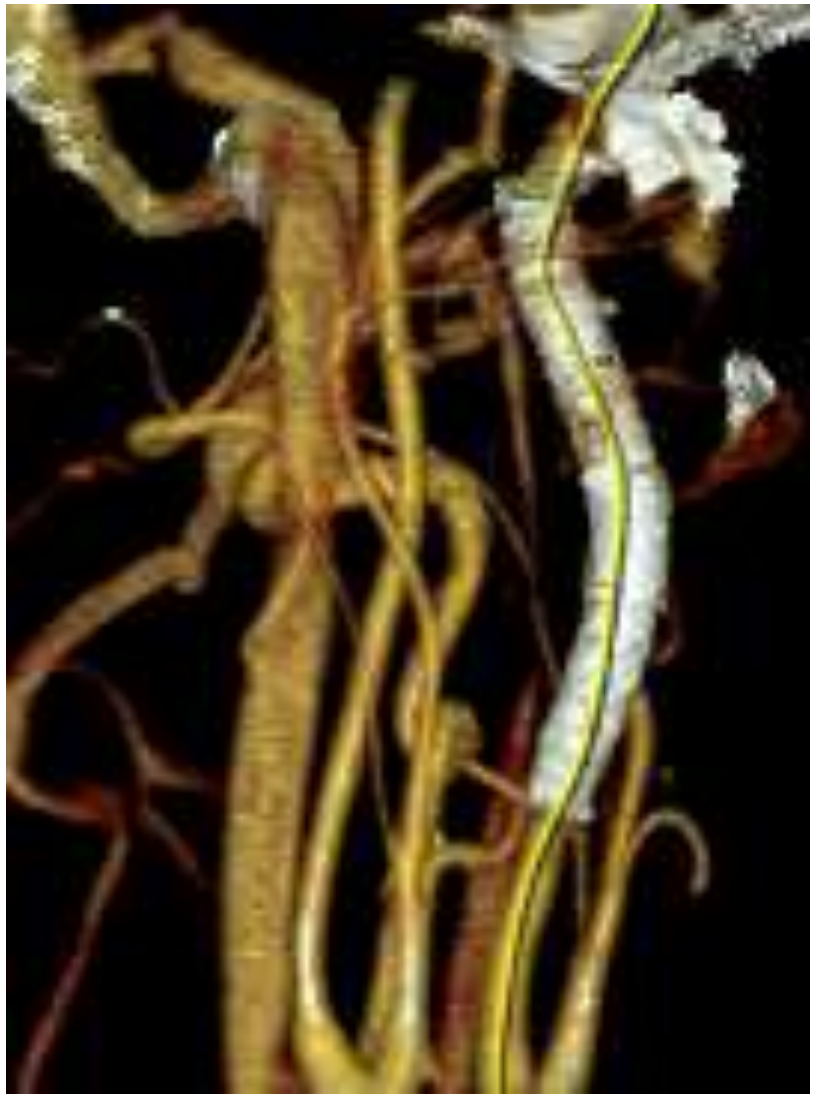




Immediate result

C-HEAL STUDY

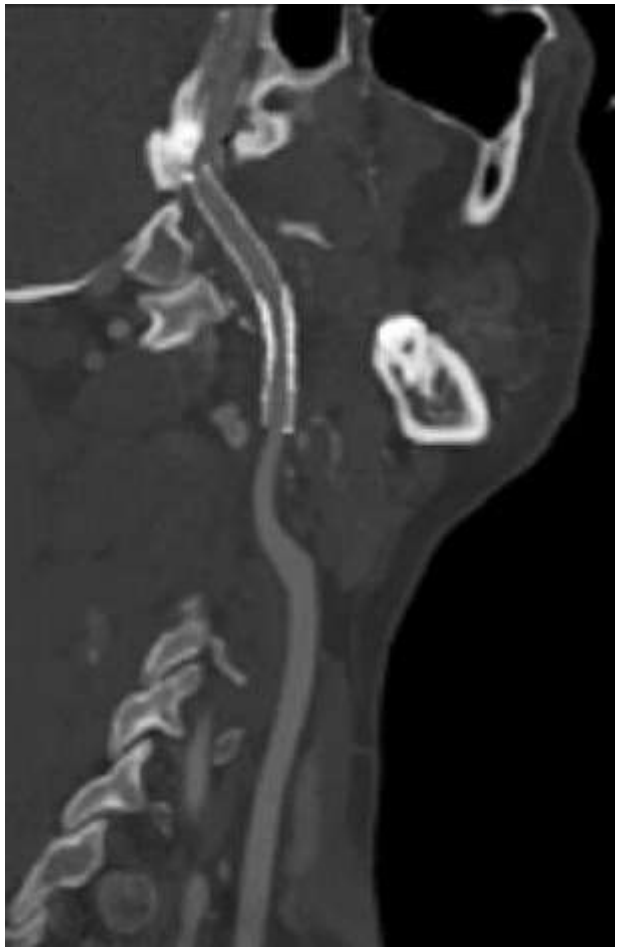
LEIPZIG INTERVENTIONAL COURSE
LINC 2022



ANEURYSM
Total Exclusion
@ 72h

SPONTANEOUS HEALING

Reconstruction of
NORMAL
ANATOMY



6-mo Follow-up

NCT04434456

Patient CURED

PARADIGM-500

Competent CAS,
with a tailored use of the access route (TF, TR, TC),
tailored use of proximal/distal EPD,
and 100% Embolic Prevention Stent use
shows
unpecedented safety and efficacy
in Aymptomatic and Increased-stroke-risk Asx pts

PARADIGM-500

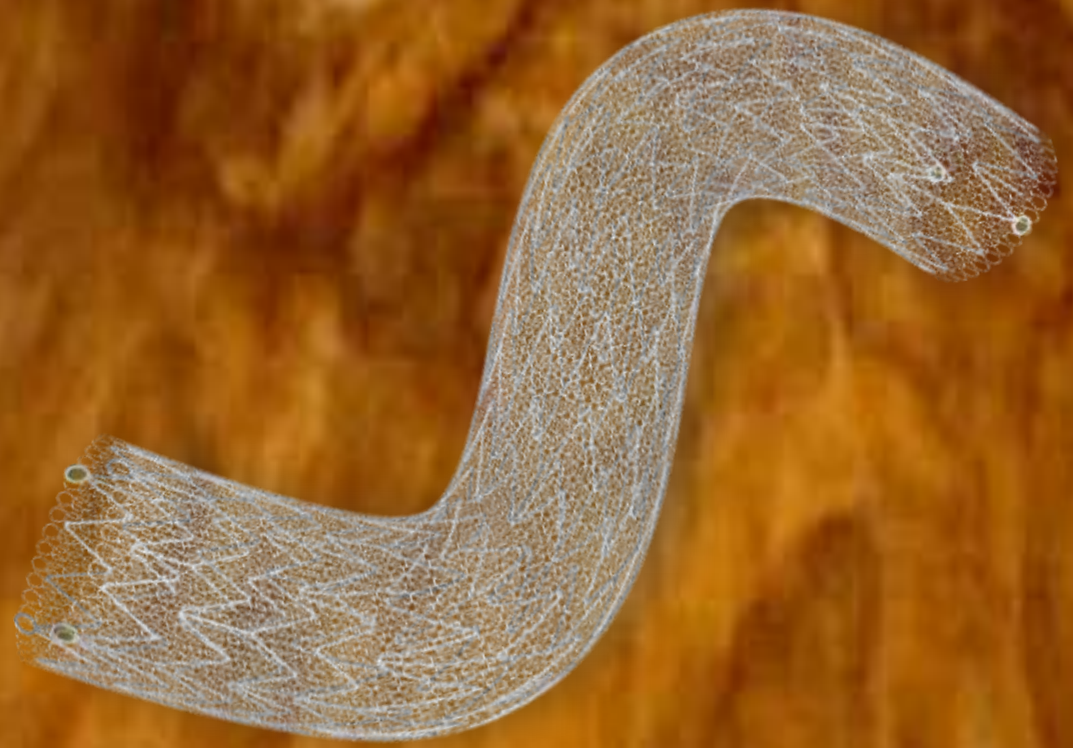
LEIPZIG INTERVENTIONAL COURSE LINC 2022

Competent CAS,
with a tailored use of the access route (TF, TR, TC),
tailored use of proximal/distal EPD,
and 100% Embolic Prevention Stent use
shows
unpecedented safety and efficacy
in Aymptomatic and Increased-stroke-risk Asx pts

New-generation endovascular management in primary and secondary prevention of carotid-related strokes is doing VERY well – and it is here to stay!

MicroNet-covered Carotid Stent

LEIPZIG INTERVENTIONAL COURSE
LINC 2022



A NEW STANDARD OF CARE

Symptomatic carotid lesion – FULLY INSULATED with CGuard MicroNET-covered stent system (OCT)

LEIPZIG INTERVENTIONAL COURSE
LINC
2022

Piotr Musialek

Jagiellonian University Dept. of Cardiac & Vascular Diseases
John Paul II Hospital, Kraków, Poland