BUILDING ENDOVASCULAR SYNERGIES

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MULTIDISCIPLINARY EUROPEAN ENDOVASCULAR THERAPY
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CLINICAL EVIDENCE OF CAS

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Current situation worldwide

- Controversal opinions between physicians
- Controversal interpretation of trials
- Various regulation by countries

⇨ We are today "paralysed" waiting for a strong event which could be indisputable

⇨ Dream or near futur ?

Clinical evidence 1

- Percutaneous Access
- Local anaesthesia is offered
- Painless and short hospital stay
- Less psychological trauma for elderly (not an operation)
- No nerve palsy

Clinical evidence 2

- Feasibility ≈ 100% when combining accesses
- Low non neurological complications rate except iodine contrast
- Safety acceptable
- There is no evidence that CAS provides better result in the prevention of stroke compared with CEA
- CAS offer Higher risk for elderly patients (anatomy and access)

Clinical evidence 3

Comparable risks to surgery ?

- Similar ipsi lateral brain embolization
  - ⇨ TIA & stokes , ICH
  - ⇨ Massive strokes prevented with CPD
- Contralateral and basilar infarction not existing with surgery
- Unknown long term prevention of stroke

Clinical evidence 4

1. Technique still in infancy

- Current dedicated stents not ideal

⇒ ECA lost or covered

⇒ Debris profusion with immediate or delayed (50%) infraction

⇒ Instent restenosis

- Failed Filter protection

Stent size, mal apposition , tortuosities…..

- Reverse flow limitation

Size , tolerance…….

2. Experienced interventionalists can offer comparable results to surgery

Clinical evidence 5

- Failure of trials
- They do not reflect the real world decision making
- Be aware of institutions COCHRANE or EBM experts who are not physicians
- Are they necessary ?
- Are they efficient ? ⇒ yes for comparable techniques !
- Why do they give disparate results ?

SPACE (German) **failure of equivalence** due to **lake of enrolment**.
SAPPHIRE (US) **advantage to CAS** in term of **carotid risk** (3years results, NEMJ, 2008)
EVA-3S (FRANCE) **surgeons are better than interventionists**

⇒ Future trials? **CREST** - **ECST2** …

Clinical evidence 6

- Formal indications of CAS
  - Hostile necks
  - Ostial stenosis
  - Distal and diffused stenosis
  - Severe cardiac comorbidities
- Formal contra indications
  - Floating thrombus
  - Occlusion
  - Circumferential calcification
  - Better surgical indication
- Technical advices
  - A traumatic manners
  - Know when to quit (15')
  - Access choice upon anatomy

Clinical evidence 7

- There is a lot to do by clinicals and industrials
- Be confident CAS is an extra weapon
- Comparative data with modern medical treatment may change things
- The future might be in :

⇨ 1. Drug therapy
⇨ 2. CAS
⇨ 3. Surgery

Clinical evidence 8

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- Make your choice based on :

⇨ Your personal experience (improve it)

⇨ The patient presentation

⇨ A consensual multi disciplinary decision

⇨ Be critical and selective, we can reach 0% complication rate