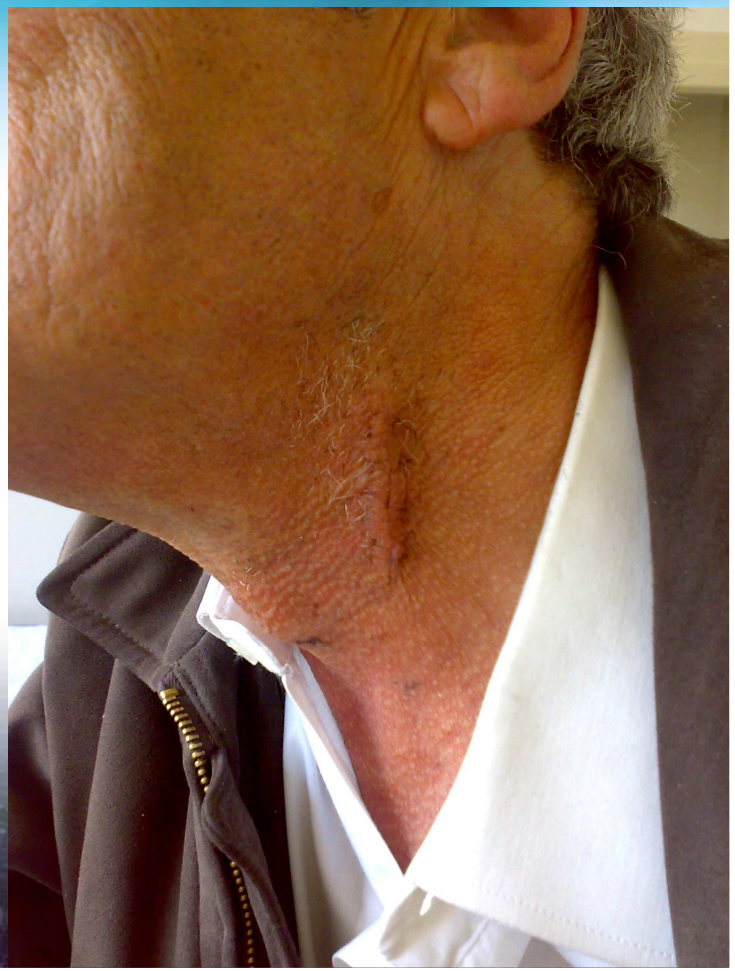
BUILDING ENDOVASCULAR SYNERGIES

MEET 2015
MULTIDISCIPLINARY EUROPEAN ENDOVASCULAR THERAPY

CEA remains the treatment of choice



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Disclosure

Speaker name:

Armando Mansilha

I have the following potential conflicts of interest to report:

☐ *Consulting*

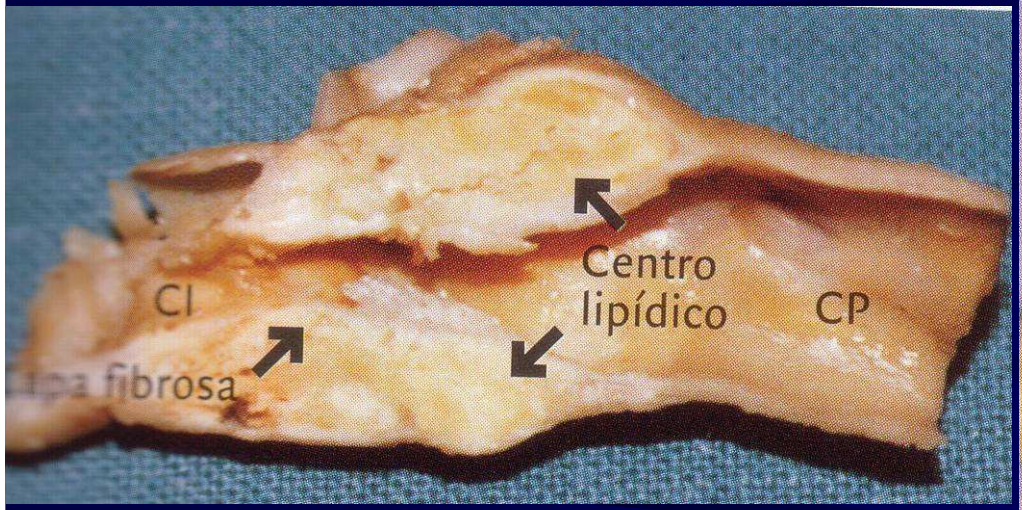
☐ *Employment in industry*

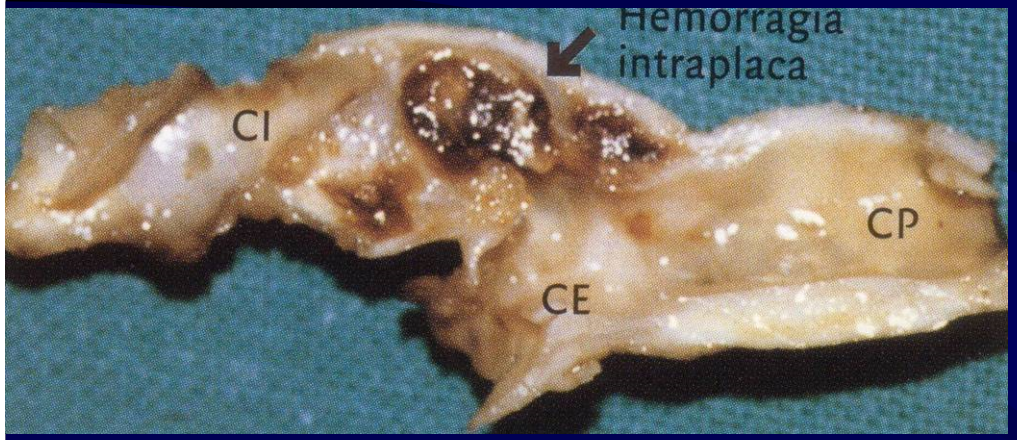
☐ *Shareholder in a healthcare company*

☐ *Owner of a healthcare company*

☐ *Other(s)*

☒ *I do not have any potential conflict of interest*


Centro
lipídico
CI
CP
Capa fibrosa


Hemorragia
intraplaca
CI
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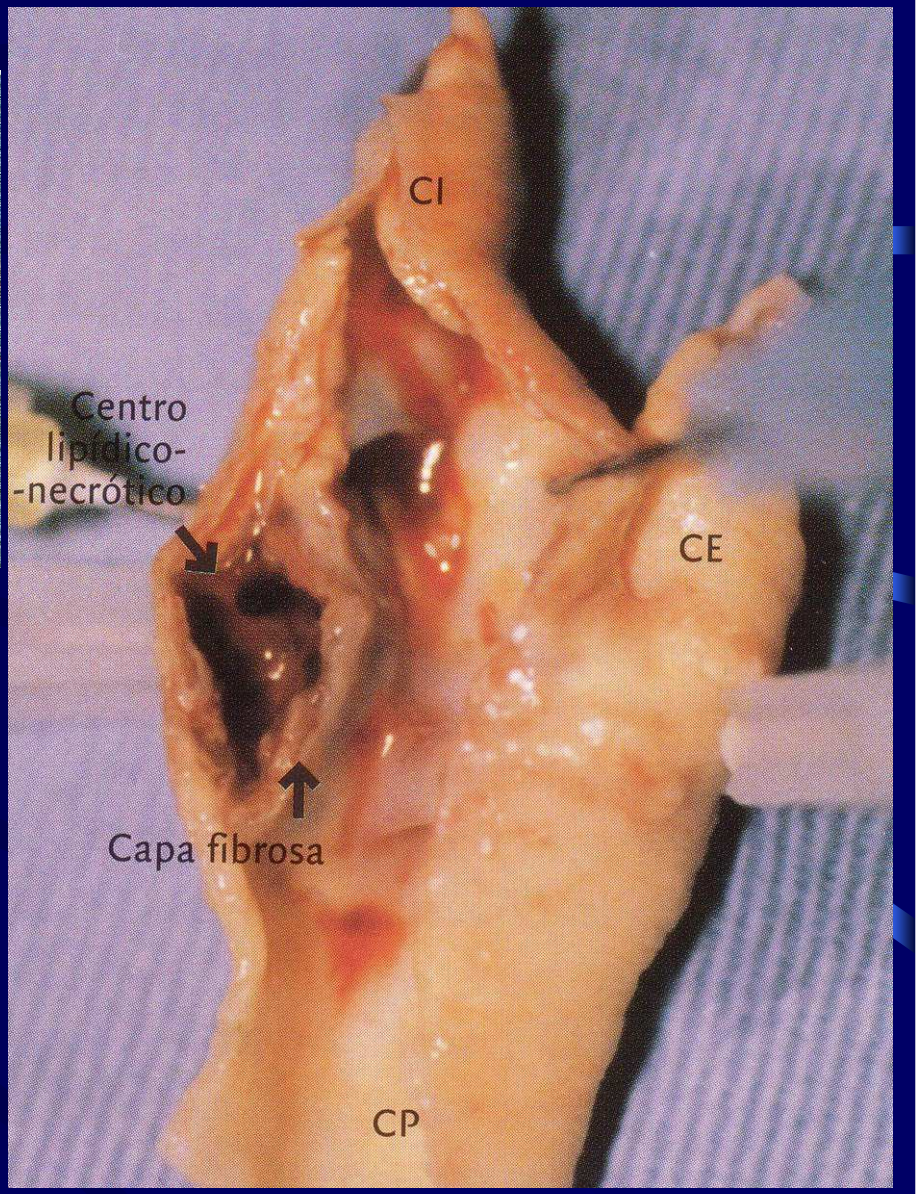
CE


CI
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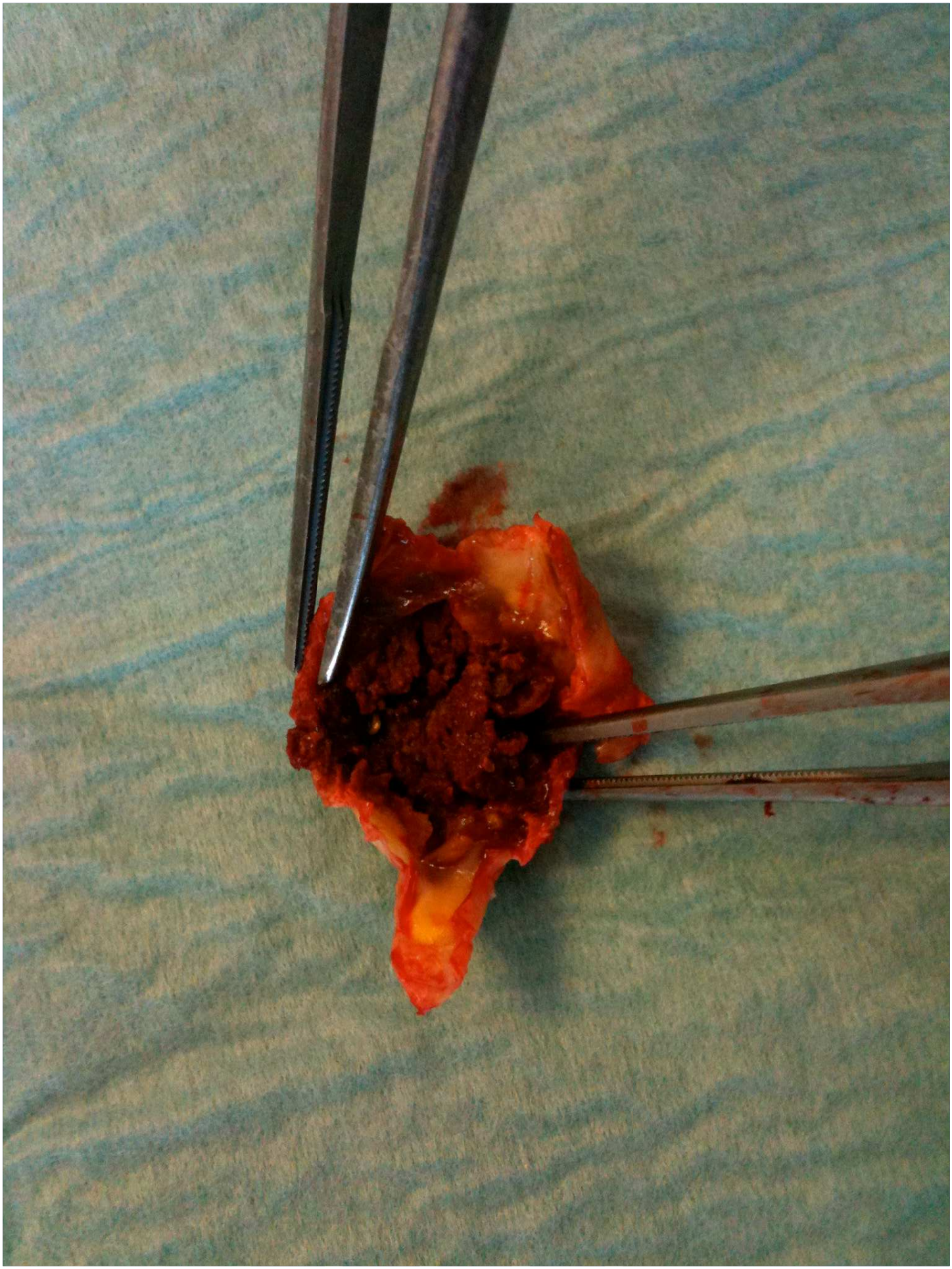
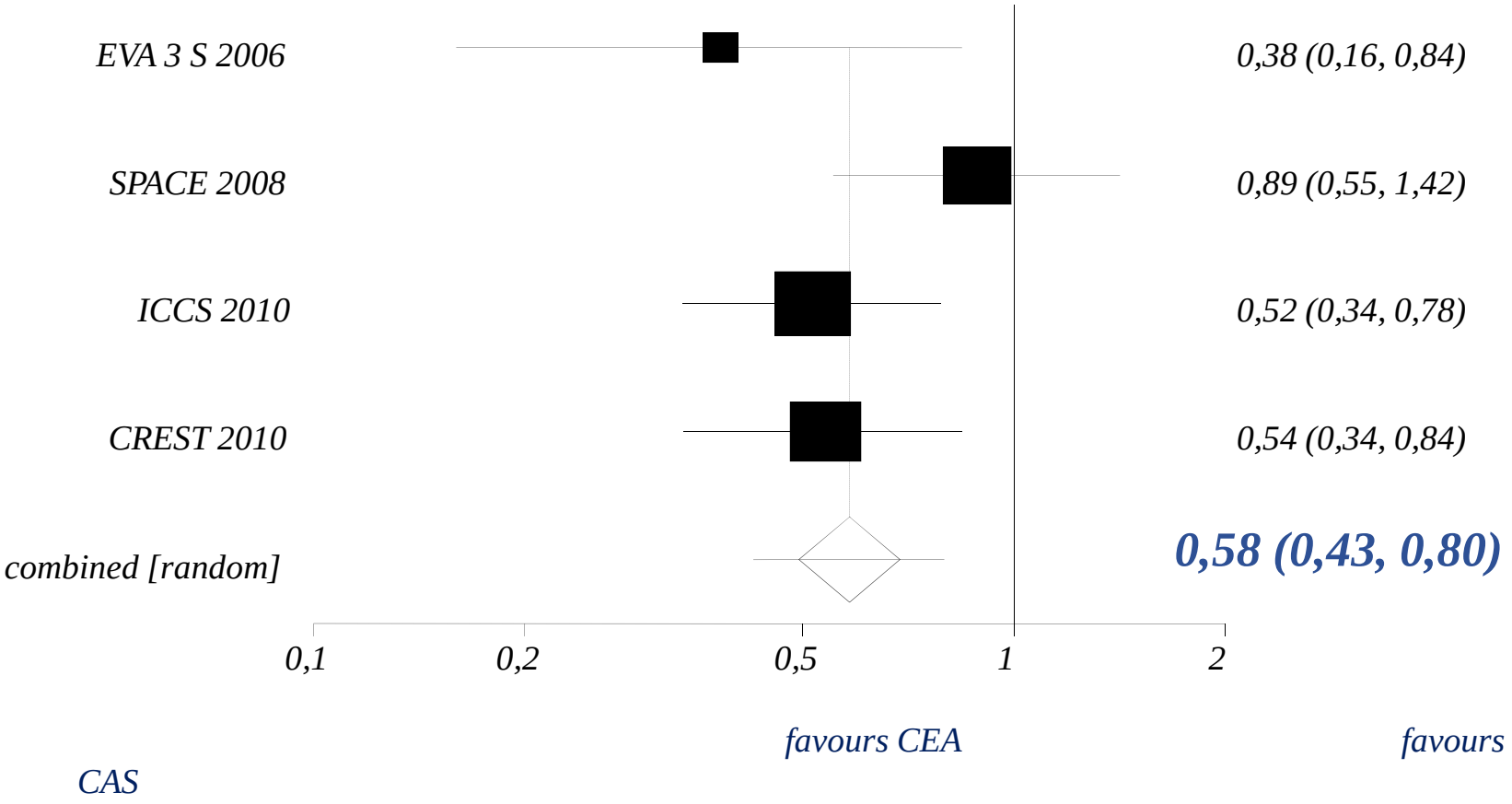
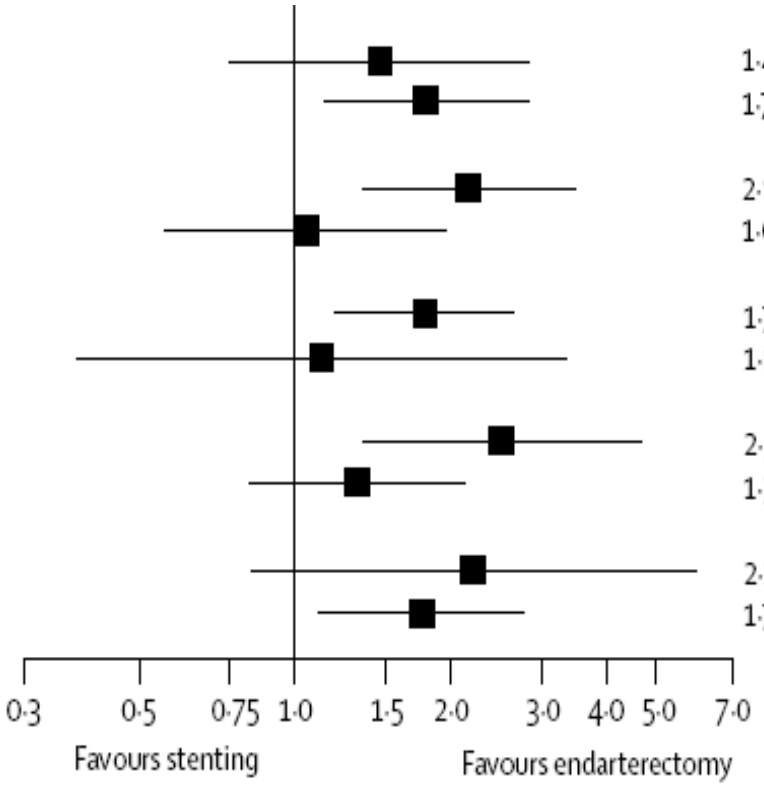


Summary of the recent RCTs (periprocedural stroke and death)



Subgroup Analysis: 120 day rate of Stroke, Death or MI

	Stenting Number of events/ number of patients (%)*	Endarterectomy Number of events/ number of patients (%)*		
Age (years)				
<70	21/394 (5·4%)	15/404 (3·7%)	1·46 (0·75–2·84)	0·62
≥70	51/459 (11·2%)	29/453 (6·5%)	1·79 (1·14–2·83)	
Sex				
Male	52/601 (8·7%)	25/606 (4·2%)	2·17 (1·35–3·50)	0·071
Female	20/252 (8·0%)	19/251 (7·6%)	1·05 (0·56–1·97)	
Centre experience				
Experienced	65/751 (8·7%)	38/760 (5·0%)	1·78 (1·19–2·65)	0·444
Supervised	7/102 (6·9%)	6/97 (6·6%)	1·13 (0·38–3·35)	
Centre recruitment				
<50 patients	33/302 (11·0%)	14/307 (4·6%)	2·51 (1·35–4·70)	0·102
≥50 patients	39/551 (7·1%)	30/550 (5·5%)	1·32 (0·82–2·12)	
Time from event to treatment‡				
≤14 days	15/205 (7·3%)	5/151 (3·3%)	2·21 (0·82–5·95)	0·68
>14 days	46/623 (7·4%)	28/668 (4·2%)	1·76 (1·12–2·78)	



Time interval between the index event and CEA or CAS

- Retrospective analysis of the index event
- 757 patients of the per-protocol-population (66%)

Any stroke or death

Intervall	CAS (n=370)	CEA (n=357)	OR (95%CI)
≤14 days	**9,3%**	**4,0%**	2,45 (0,83-8,01)
>14 days	5,6%	3,9%	1,05 (0,31-3,20)

Indication for surgery in symptomatic stenoses

ESVS	SVS	ESO Stroke

- absolutely indicated with > 70% (NASCET)
- not recommended < 50%
- within 2 weeks
- perioperative stroke/death rate < 6%

Indication for stenting in symptomatic stenoses

ESVS	SVS	ESO Stroke

- high-risk patients
- contra-indications to CEA, stenosis at a surgically inaccessible site, re-stenosis after earlier CEA, and post-radiation stenosis
- high-volume centres with documented low peri-procedural stroke and death rates or inside an RCT

Indication for surgery in asymptomatic stenoses

ESVS	SVS	ESO Stroke
> 70%, risk < 3%, males < 75 years, younger fit women		
the benefit in asymptomatic women is significantly less than in men		

Indication for stenting in asymptomatic stenoses

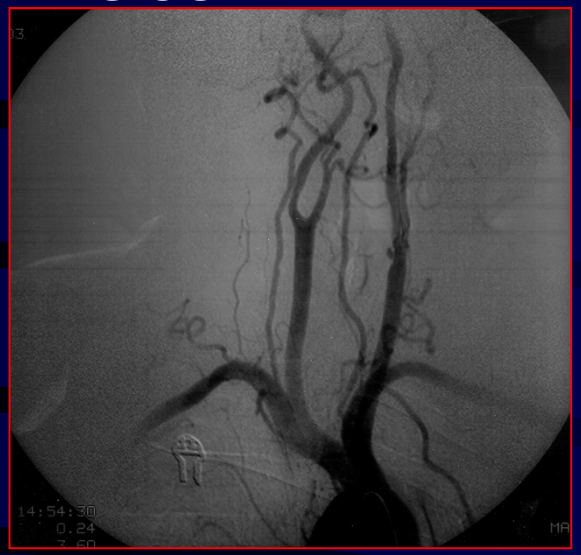
ESVS	SVS	ESO Stroke
not indicated (SVS / ESO) only as part of RCT or in high-volume centres with documented excellent results (ESVS)		

Number of strokes prevented per 1000 CEAs at five years assuming a 0% procedural risk

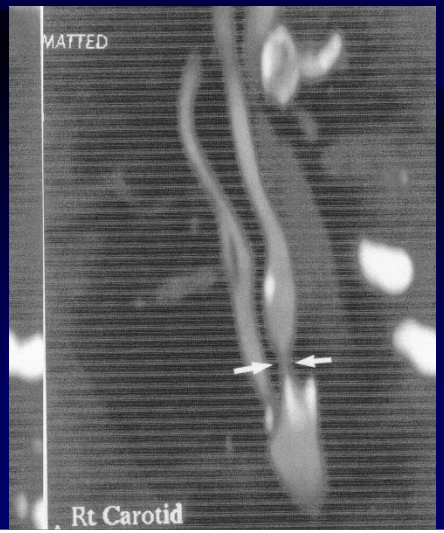
	ACAS 5y	ACST 5y	ACST 10y
5-yr stroke risk CEA	2.8%	3.5%	10.5%
5-yr stroke risk BMT	11.0%	11.8%	17.9%
Number of strokes prevented per 1000 CEA's	82 at 5 yr	83 at 5 yr	74 at 10 yr
Unnecessary interventions At 5 years per 1000 CEA's	92%	95%	93%

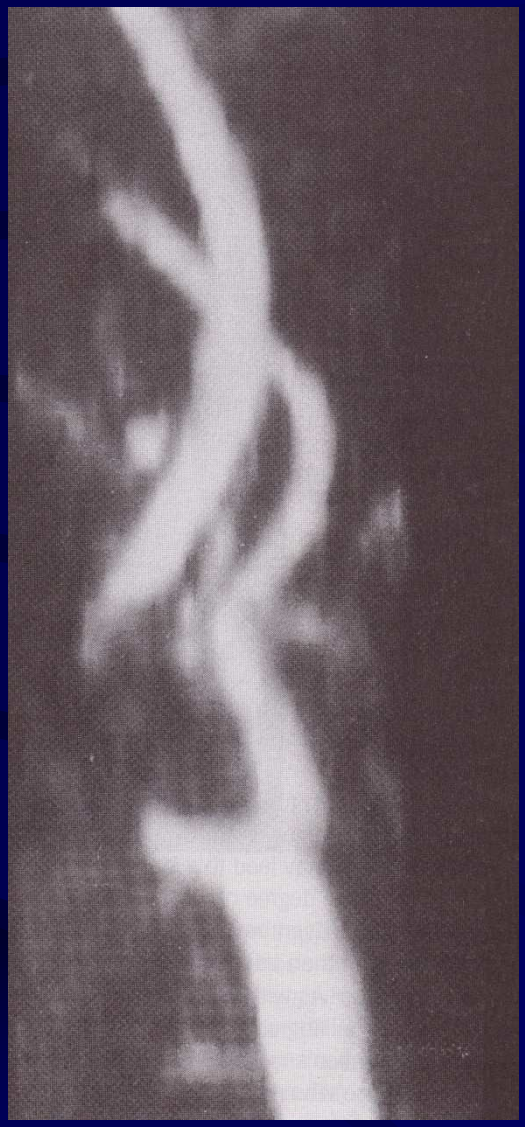
PREOPERATIVE IMAGING IN CAROTID ATEROTHROMBOSIS

DIGITAL SUBTRACTION ANGIOGRAPHY



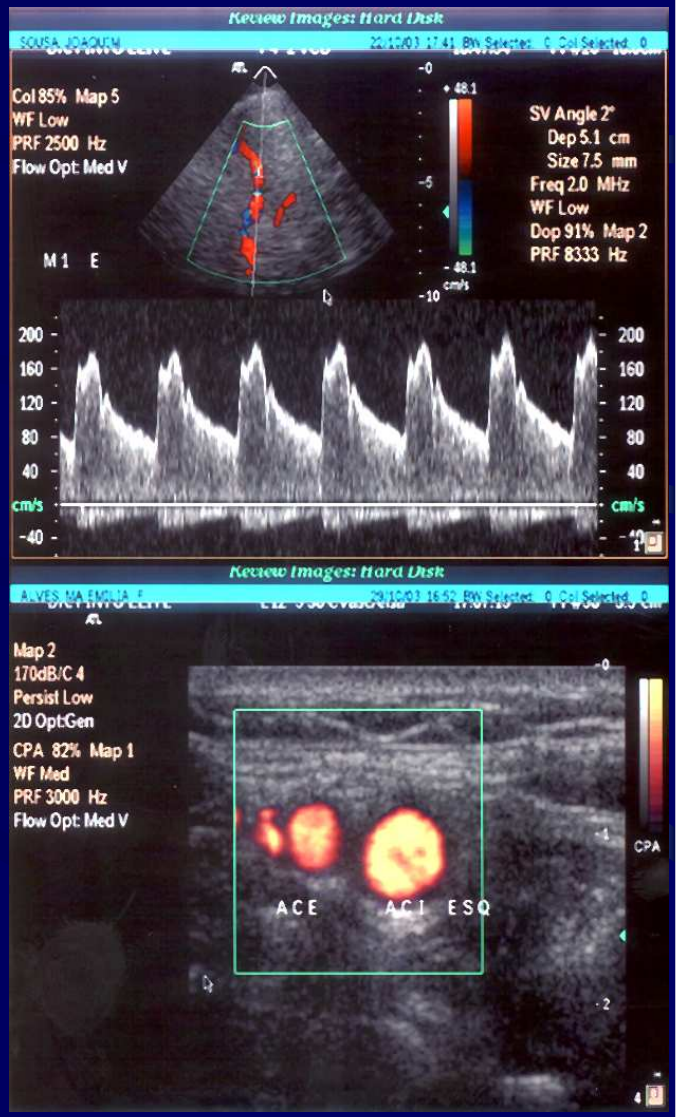
CT ANGIOGRAPHY



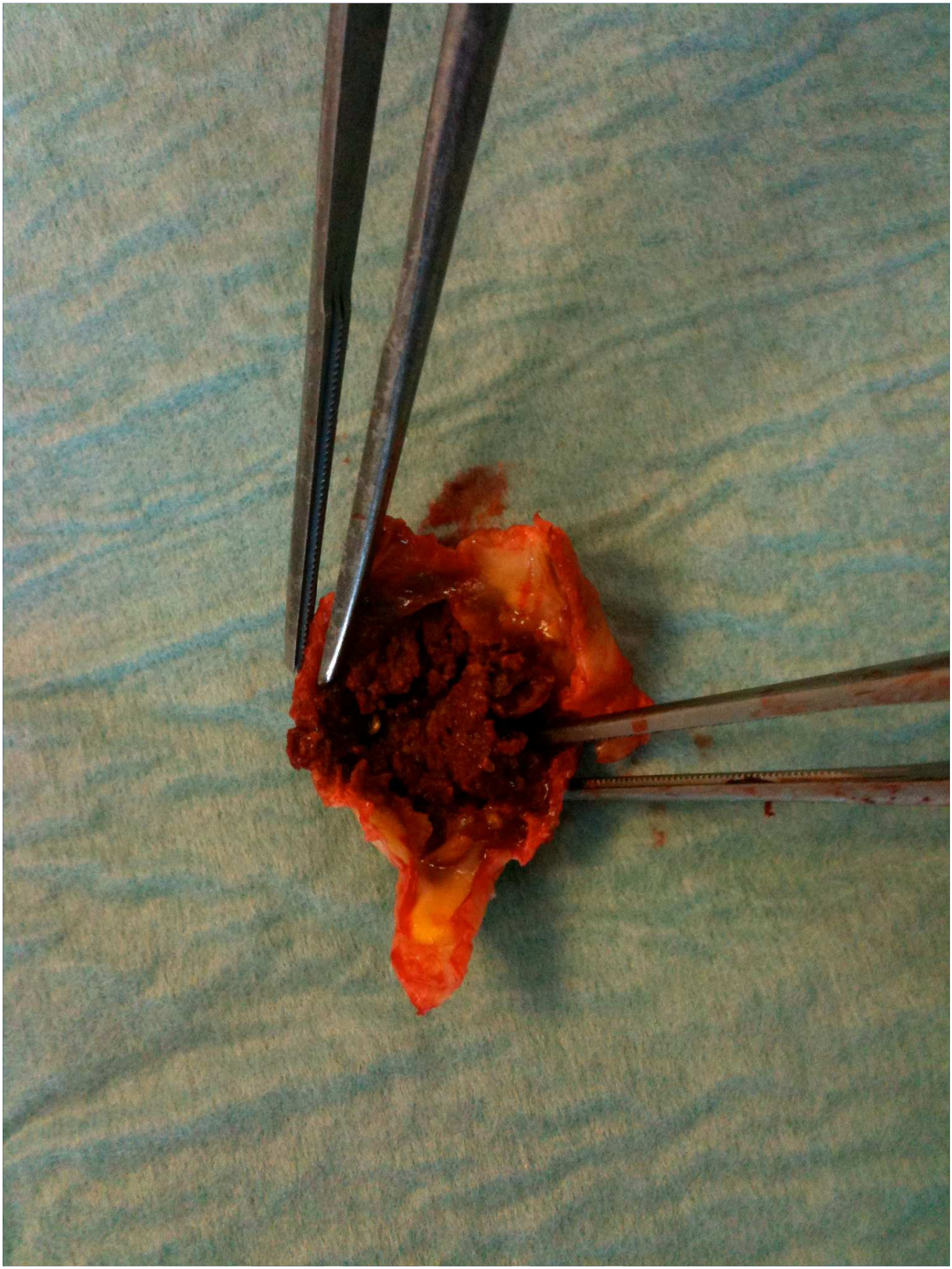


MAGNETIC RESONANCE ANGIOGRAPHY

TRANSCRANIAL DOPPLER



DUPLEX SCANNING



What's IN

- BMT always applicable
- patient-centered decision with multidisciplinar approach
- explain the results and controversy
- offer CEA to fit men under 75 and fit women under 70
- surgeon risk < 2%

What's OUT

- **mass interventions in asymptomatic patients should be considered obsolete**
- **never operate asymptomatic patients should not be considered appropriate**

What's NEEDED

- **<u>"high risk for stroke" on medical therapy</u>:**
  - **- stenosis progression**
  - **- history of contralateral stroke/TIA**
  - **- silent infarction on CT/MRI**
  - **- spontaneous embolization on TCD**
  - **- MRI detected intraplaque hemorrage**
  - **- computerized ultrasound plaque analysis**
  - **- impaired cerebral vascular reserve**

PORTO ESVS 2015 – September 23 - 25