

Debate: Is Transcarotid Artery Revascularization a Revolutionary Advance?

**No, It is too Complex and There is
no Advantage for the Patient !**

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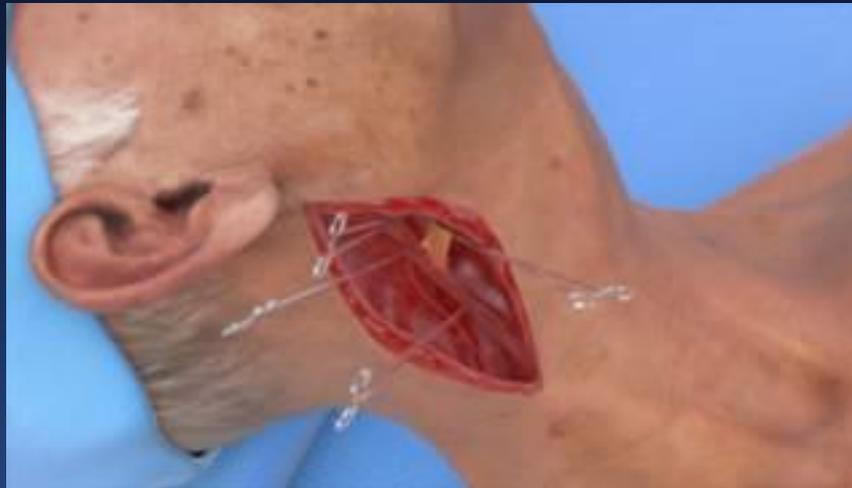
Disclosure Statement of Financial Interest

I, (Bernhard Reimers) DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

It must be clear that transcarotid artery revascularization is..

.. not an endovascular procedure

... and maybe we should compare it with TEA and not with CAS

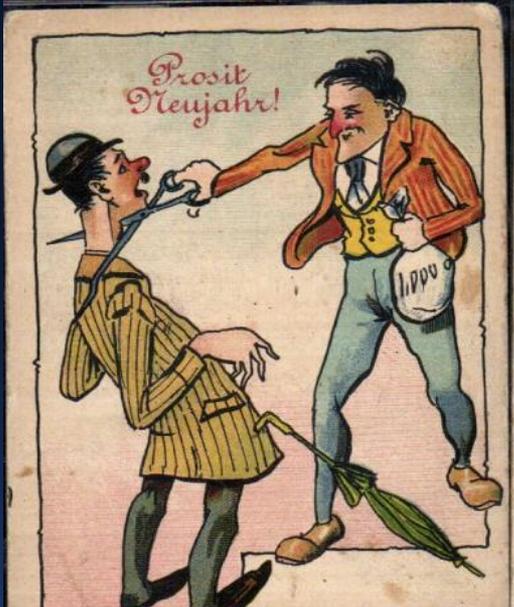


***FDA Approves First-Ever Carotid
Angioplasty Device for Neck Access***

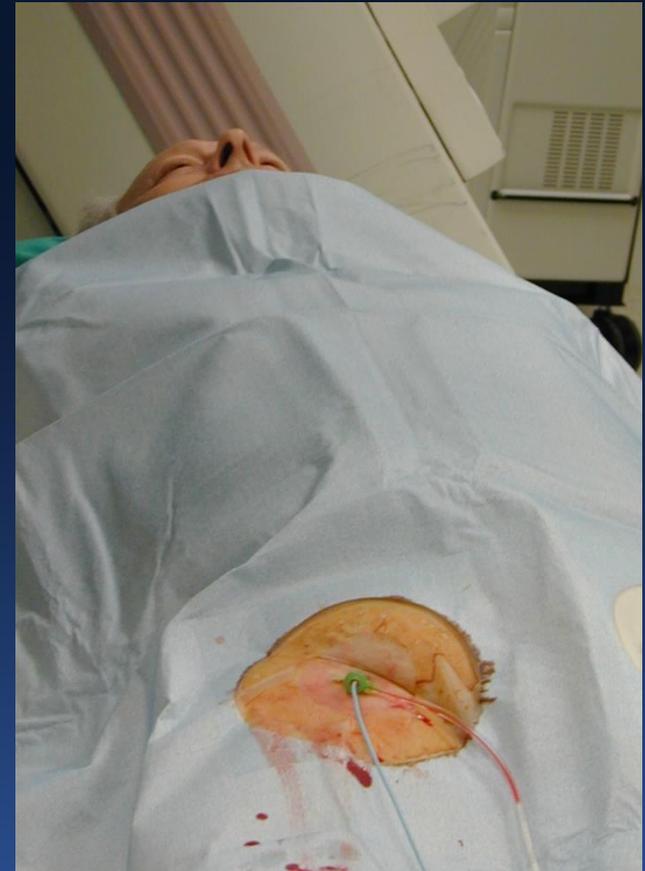
Neurology Advisor February 10, 2015

Invasiveness

transcarotid vs endovascular

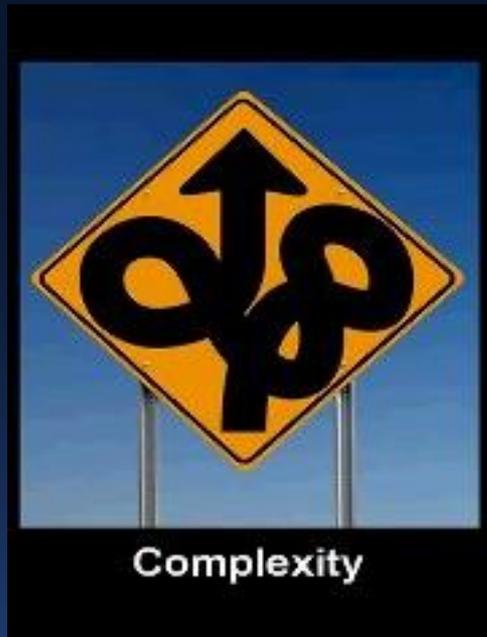


6 cm vs 6F



You judge !!

The concept of complexity and simplicity



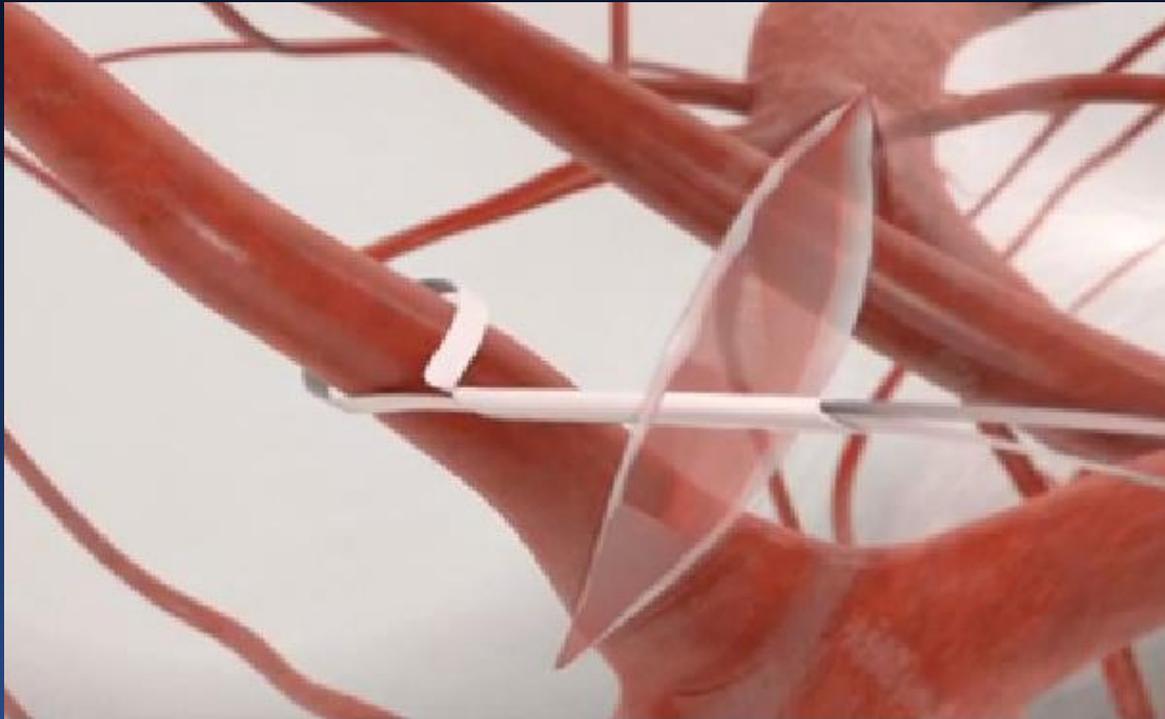
The concept of complexity and simplicity

Cut



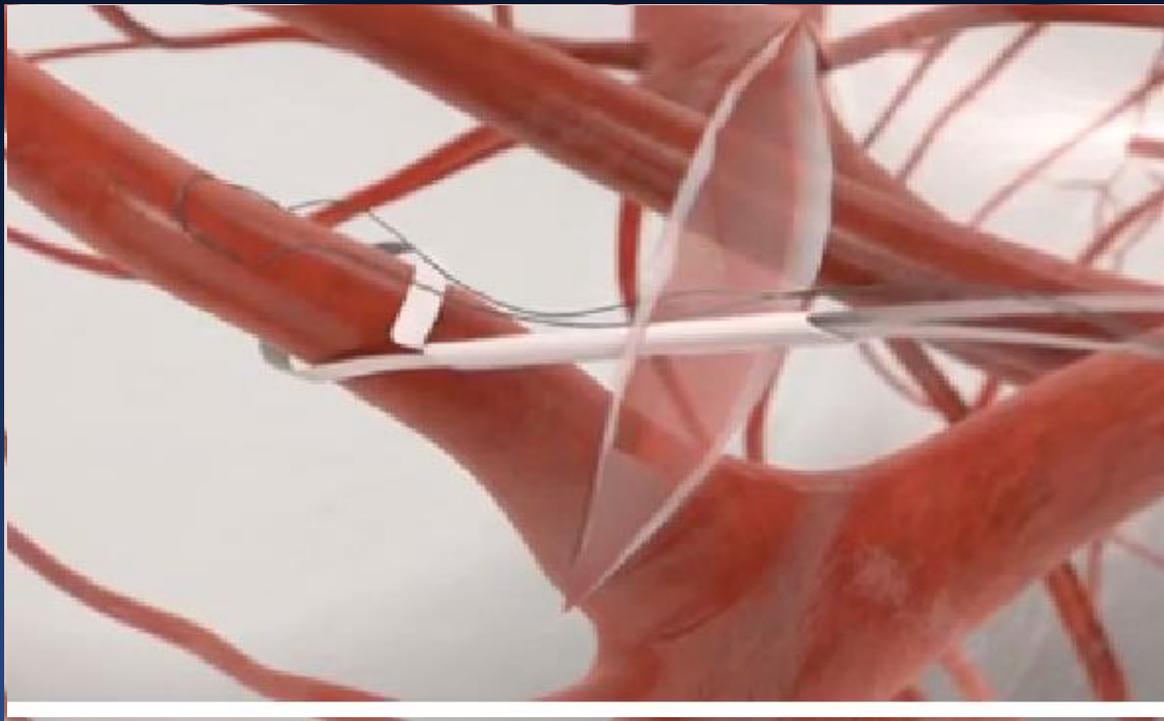
The concept of complexity and simplicity

Ligate



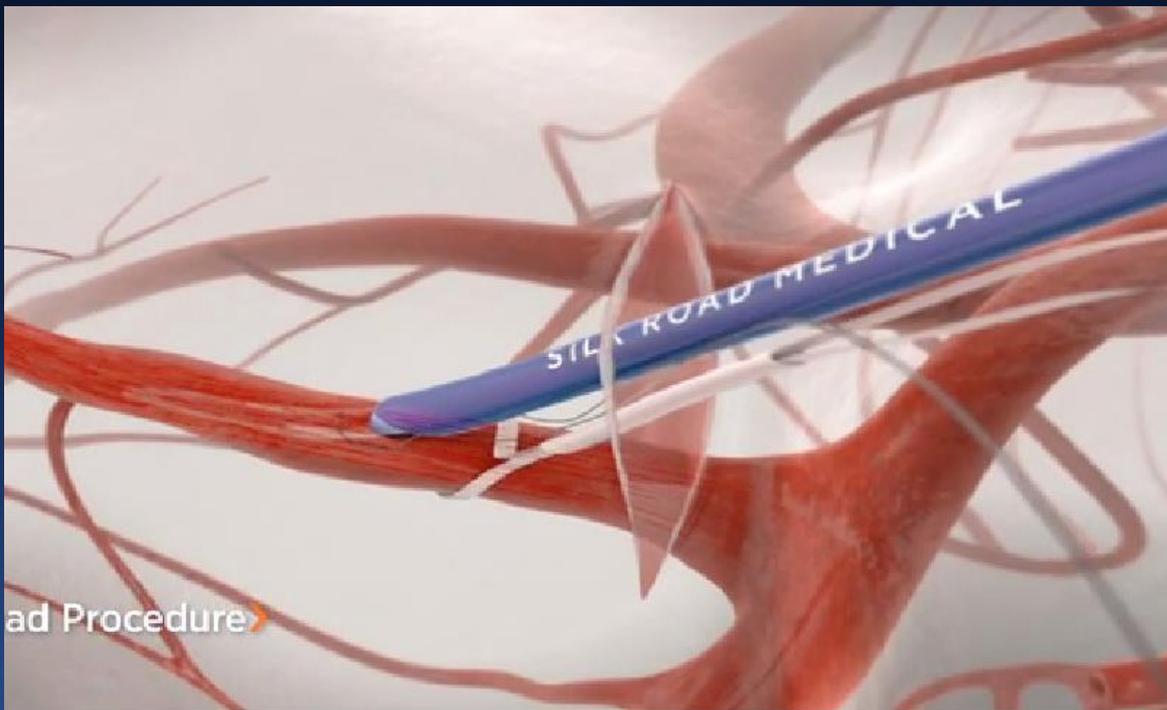
The concept of complexity and simplicity

Stitch



The concept of complexity and simplicity

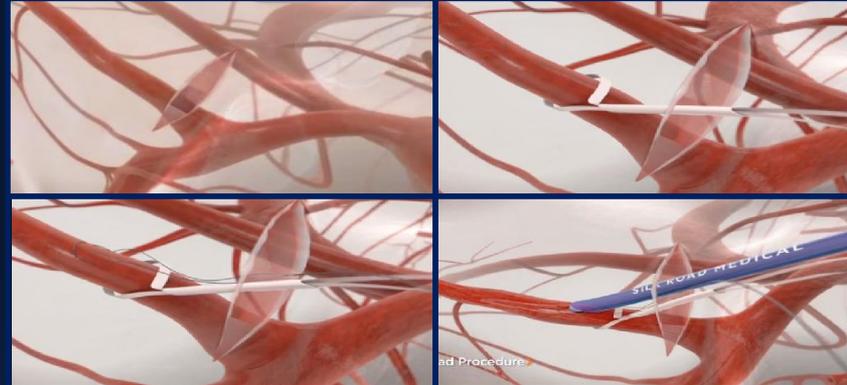
Finally put a sheath



The concept of complexity and simplicity

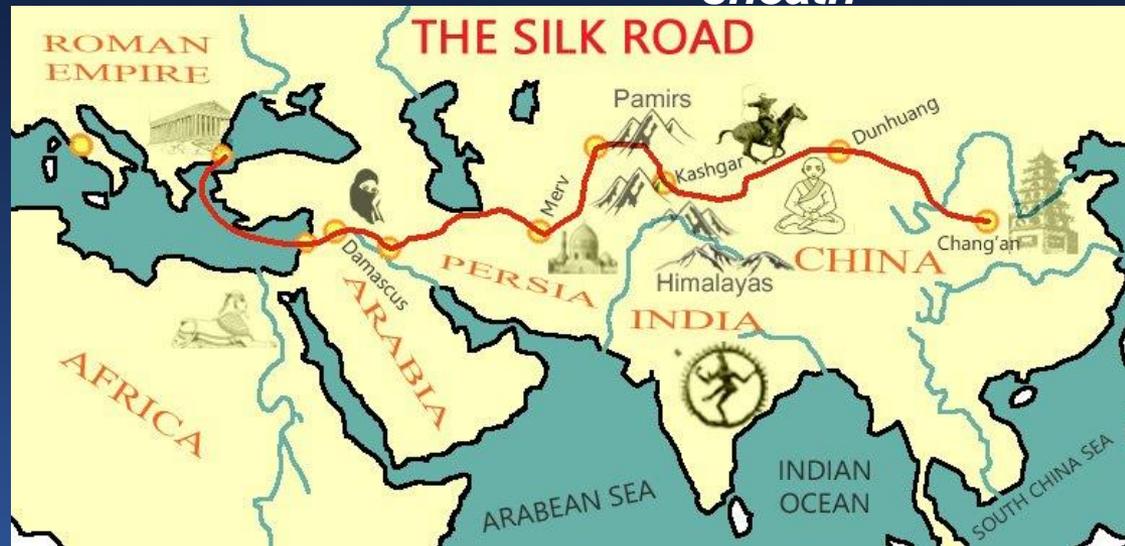
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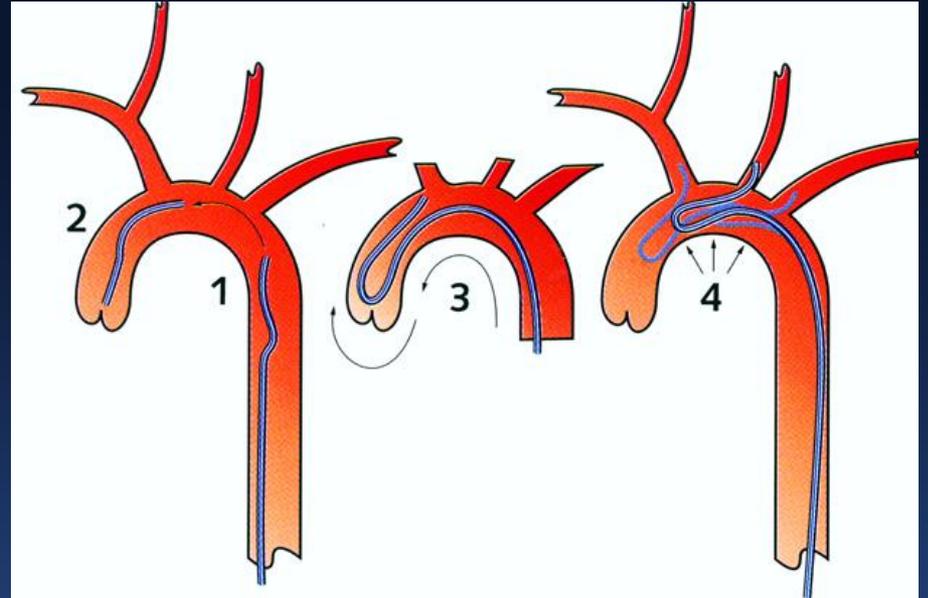
Stitch

Finally put a sheath



The Silk Road was complex also for Marco Polo

Much easier,
at least for the interventionalist

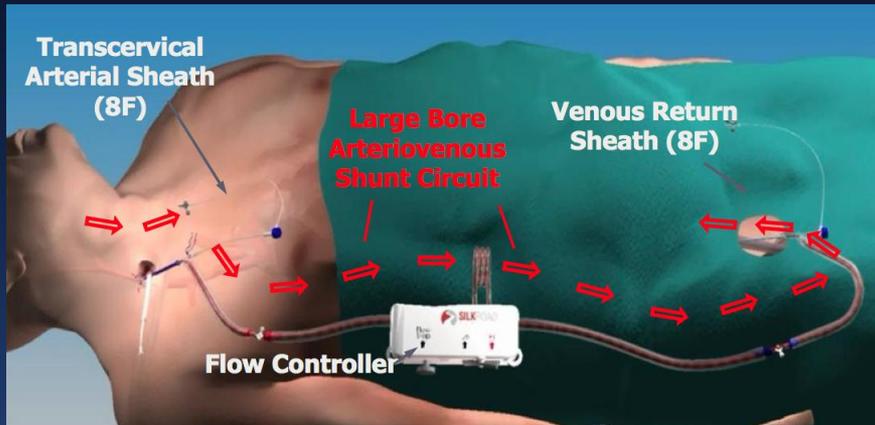


8F Mo.Ma; right radial access;
Trani C. EuroPCR 2008

**CAS using the transfemoral or the
transradial approach**

Better Results ?

Transcarotid



Endovascular



Should probably be compared
to proximal protection

Better results (30 day death/stroke/MI) ?

trial	transcarotid	proximal protection
PROOF	0 % *	
ROADSTER IDE	3.5 %	
EMPIRE		2.9 %
ARMOUR		2.7 %
European Flow Reversal Study		1.6 %

* 2.7 % cranial nerve injury

No prove !

Bigger Numbers ?

Transcarotid

Endovascular

- The PROOF Study

N=75 pts

- THE ROADSTER
IDE trial

N=141 pts

Catheterization and Cardiovascular Interventions 80:1072-1078 (2012)

A Meta-Analysis of Proximal Occlusion Device Outcomes in Carotid Artery Stenting

Robert M. Bersin,^{1*} MD, MPH, Eugenio Stabile,² MD, Gary M. Ansel,³ MD, Daniel G. Clair,⁴
MD, Alberto Cremonesi,⁵ MD, L. Nelson Hopkins,⁶ MD, Dimitrios Nikas,⁷ MD, PhD,
Bernhard Reimers,⁸ MD, Horst Sievert,⁹ MD, and Paolo Rubino,² MD

- N=2,397 pts

Much less experience

So why go transcarotid ?

**Keep
cardiologists
and
radiologists
out of the way
??**

Maybe there is some turf battle, but I do not think this is the main reason. Surgeons are better stenters than in EVA 3S

So why go transcarotid ?

Here my provocative but serious questions:

- Is there a clinical need for transcarotid access ? **NO !**
- Is there a question of reimbursement ? **YES !**
- Do the regulatory authorities force physicians to take the (more complex) **high road** ? **YES !**



