

# Next-Generation Carotid Artery Stents:

## Are Mesh/Membrane Stents Game Changers?

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# Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

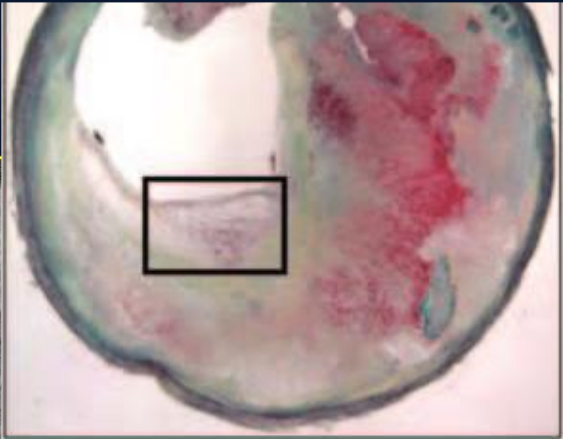
## Affiliation/Financial Relationship

- Research Study Sponsorship
- Royalty Income (modest)
- Ownership/Founder

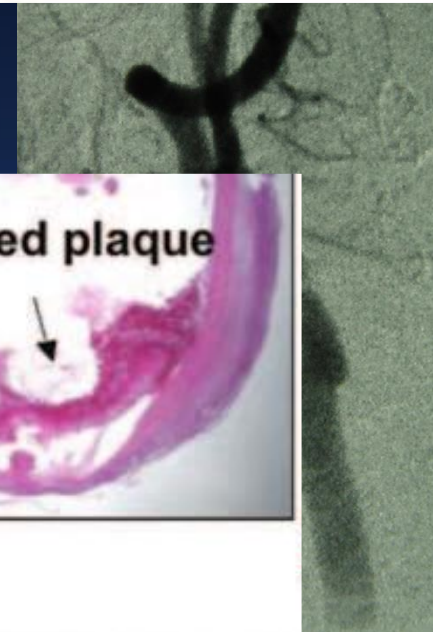
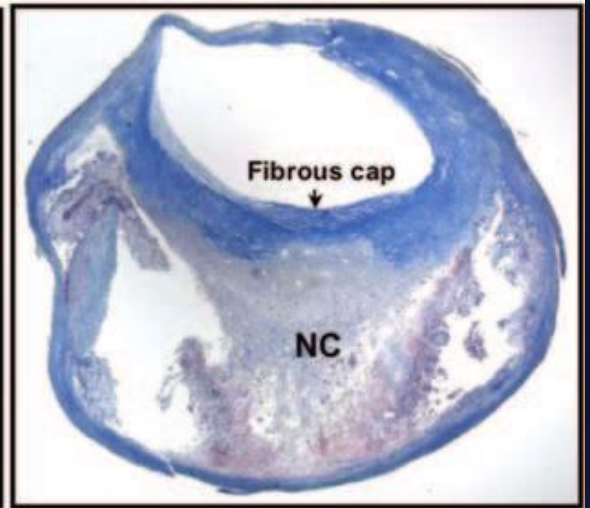
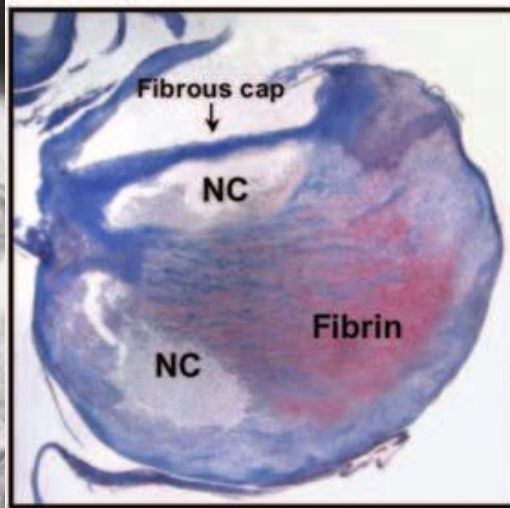
## Company

- Medtronic, Gore, Cordis (non-compensated)
- Cook Medical
- Intact Vascular

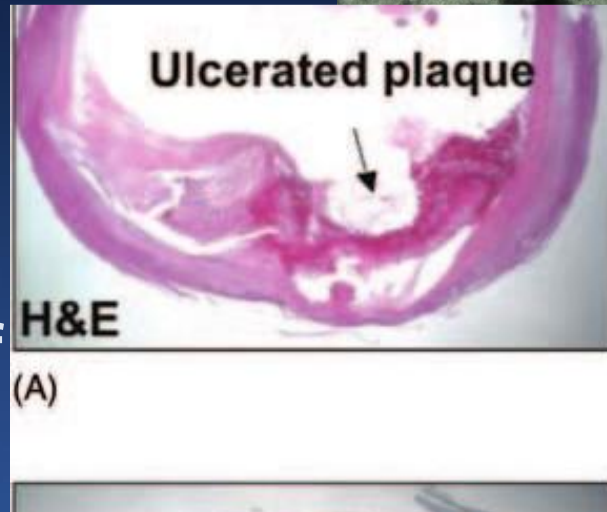
All faculty disclosures are available on the CRF Events App and online at [www.crf.org/tct](http://www.crf.org/tct)



**Vulnerable plaque with hemorrhage**



**Array of  
S**



# Why Do We Need Mesh-covered Stents?

## Carotid Stent Design

We are asking much of carotid stents.

- Scaffolding
- Lesion containment
- Conformability
- Fatigue resistance
- Minimal fish-scaling for ease of re-crossing
- Visibility
- Ease of use
- Low profile

# Delayed Neurologic Events 1-30d

## Especially with Open Cell Stents

|             | Total population |            |                        |
|-------------|------------------|------------|------------------------|
|             | Patients         | All events | Post-procedural events |
| Open cell   | 937              | 39         | 32                     |
| Closed cell | 2242             | 51         | 29                     |
| Total       | 3179             | 90         | 61                     |
| Cell type   |                  |            |                        |
| Open cell   |                  | 4.2%       | 3.4%                   |
| Closed cell |                  | 2.3%       | 1.3%                   |
| Total       | 3179             | 2.83%      | 1.9%                   |

**2/3 of neuro events were delayed (1-30d)**

**Failure of the stent!**

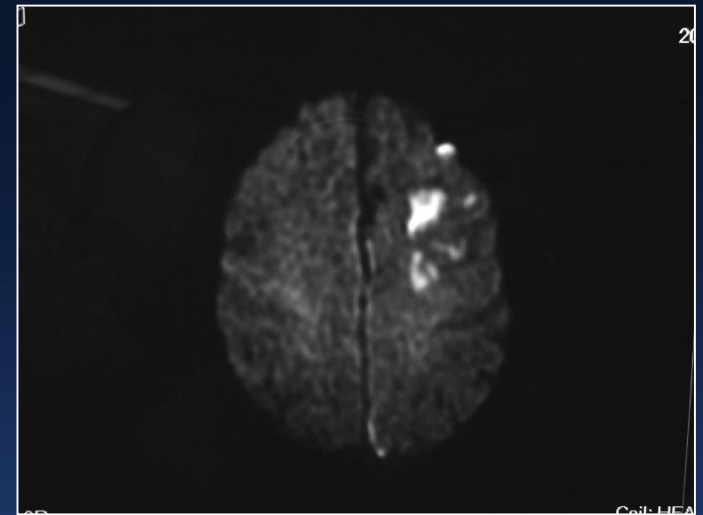
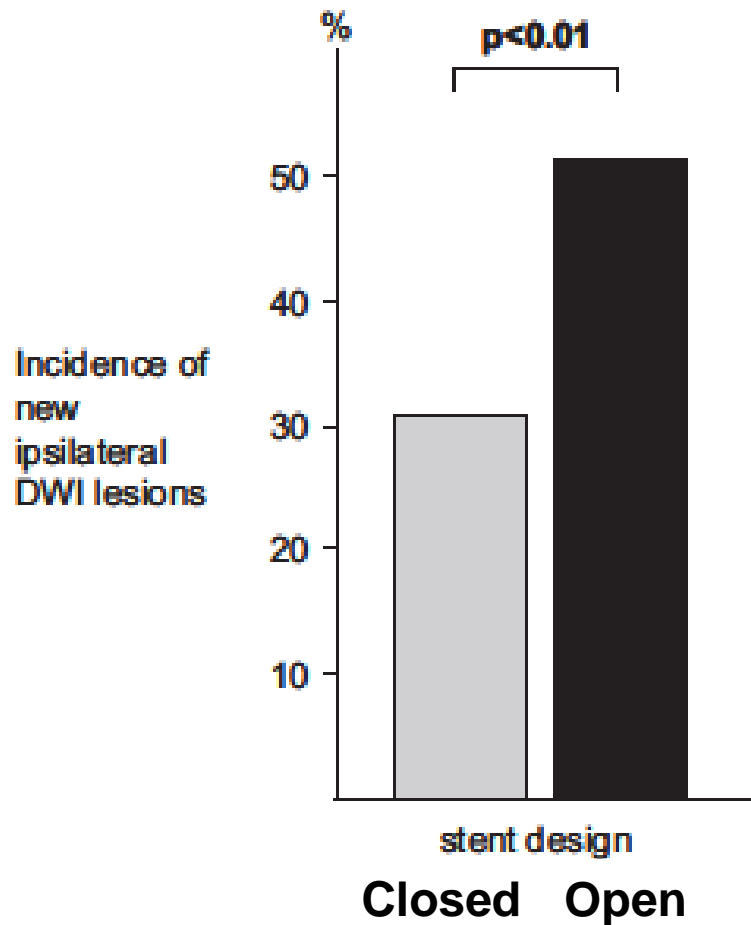
# Increased Neurologic Events With Open Cell Stents

## SPACE Trial

**Table 4. Influence of Different Stent Types on OE Rate**

| Stent            | Wallstent                           | Acculink         | Precise           |
|------------------|-------------------------------------|------------------|-------------------|
| No. of patients  | 436                                 | 92               | 35                |
| Pat. with OE     | 24                                  | 9                | 5                 |
| OE rate (95% CI) | 5.5% (3.6–8.1%)                     | 9.8% (4.6–17.8%) | 14.3% (4.8–30.3%) |
|                  | Closed                              | → Open           |                   |
|                  | Combined OE rate: 11.0% (6.2–17.8%) |                  |                   |

# New Brain Lesions After Carotid Stenting Versus Carotid Endarterectomy: A Systematic Review of the Literature



## Increased DW-MRI Hits With Open Cell Stents

# Carotid Stent Design

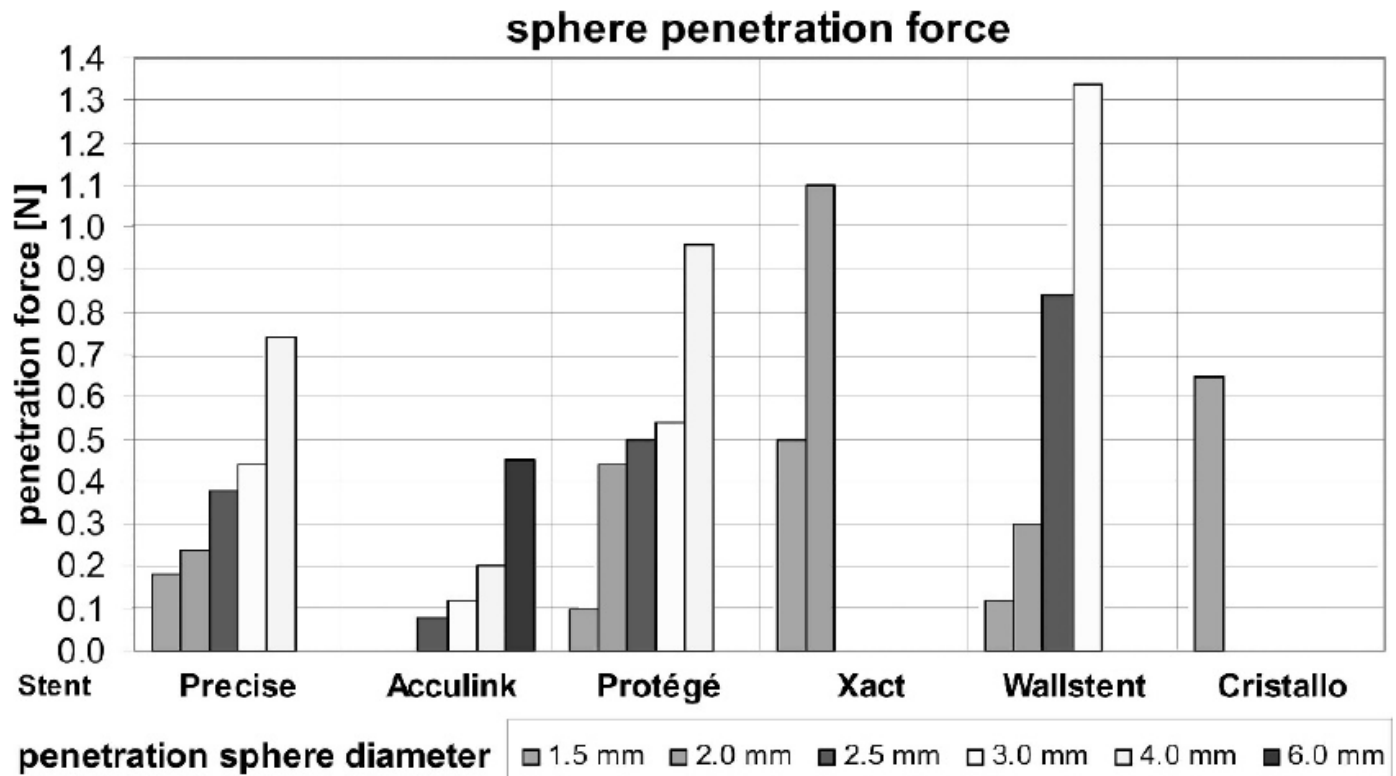
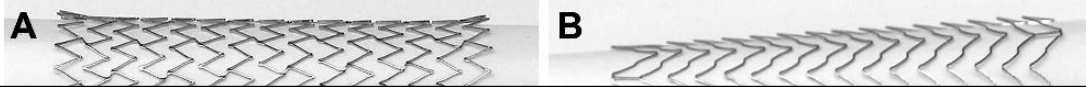
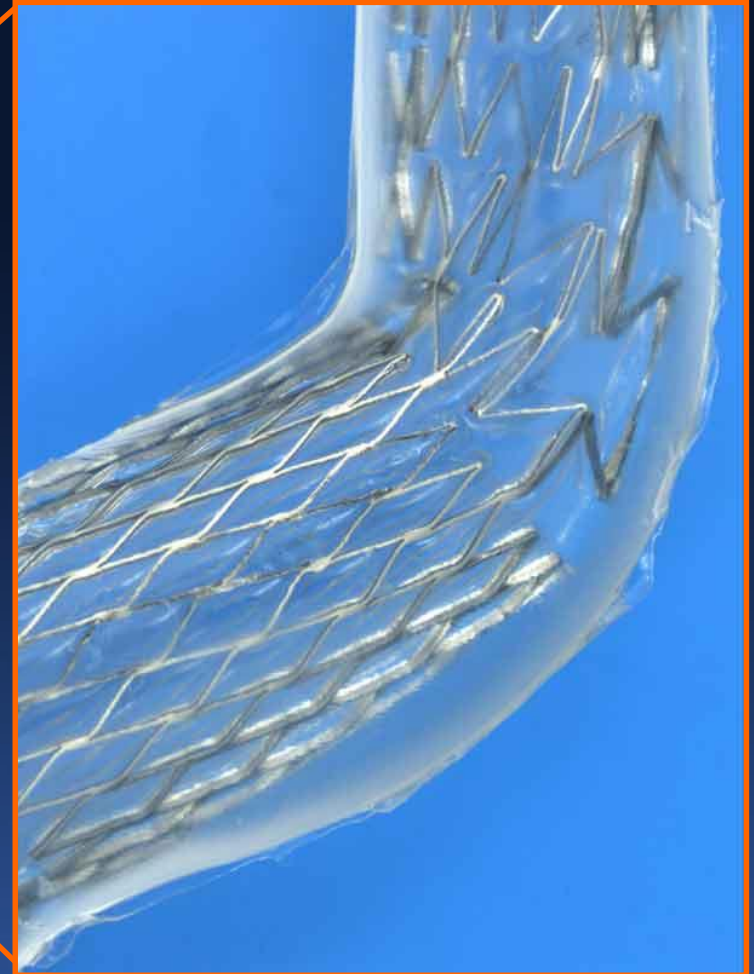
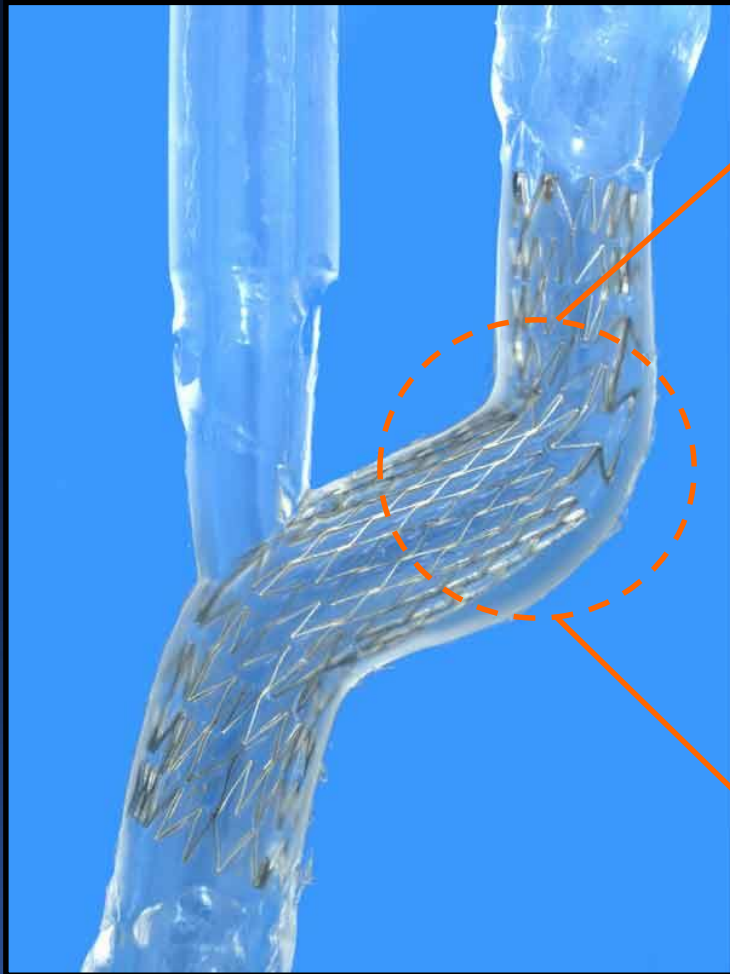


Figure 1  
Ideale.



# Carotid Stent Design

## Open Cell In Tortuous Bifurcation

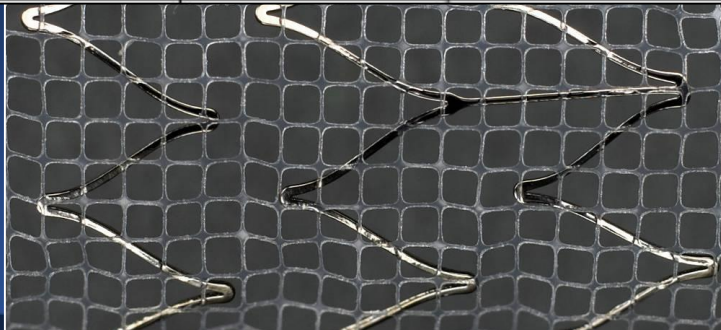


# Mesh-Covered Stents

## GORE Carotid Stent



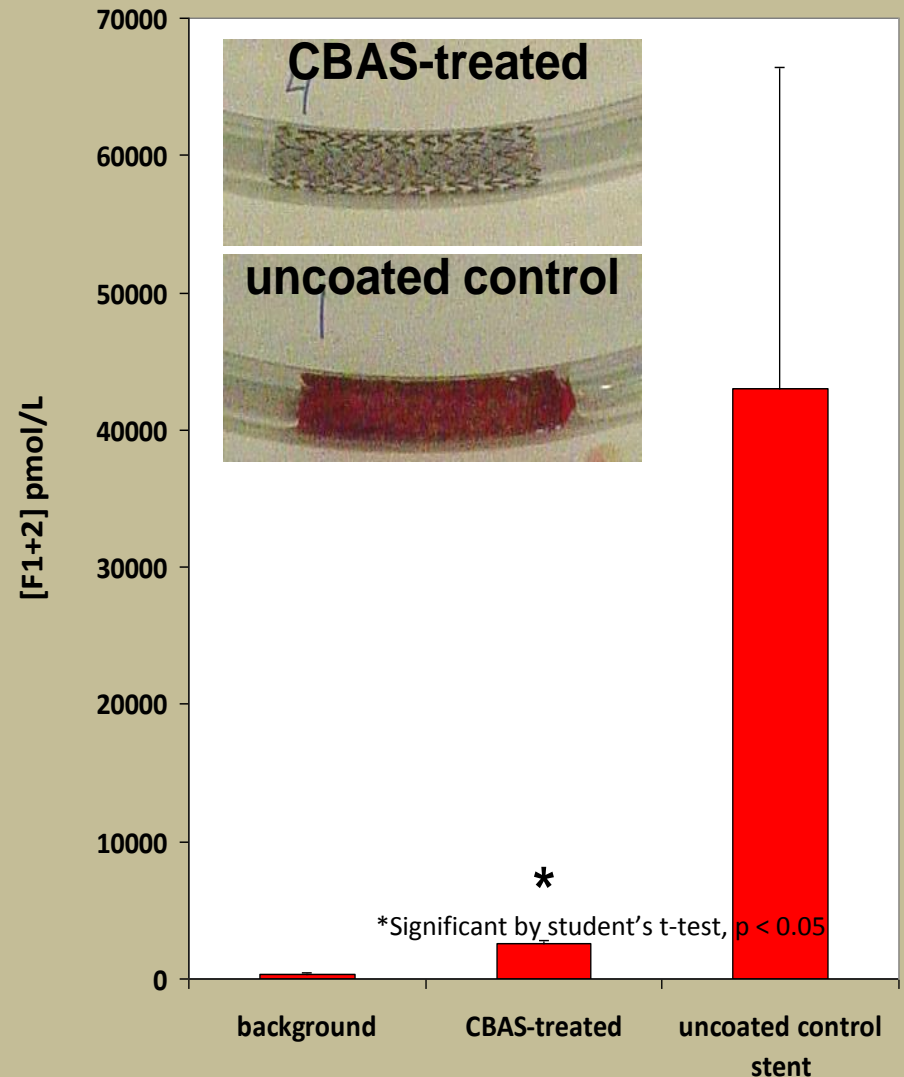
|                           |                     |                     |                               |                     |                    |                          |
|---------------------------|---------------------|---------------------|-------------------------------|---------------------|--------------------|--------------------------|
| W.L. Gore and Associates* | Abbott Laboratories | Abbott Laboratories | Boston Scientific Corporation | ev3 Inc./ Covidien  | Cordis Corporation | Medtronic, Inc./ Invatec |
| GORE® Carotid Stent       | ACCULINK® RX DEVICE | XACT® DEVICE        | WALLSTENT® MONORAIL® DEVICE   | PROTÉGÉ® RX® DEVICE | PRECISE® DEVICE    | CRISTALLO IDEALE DEVICE  |



**CAUTION:** Investigational Device.  
 Limited by United States Law to  
 Investigational Use only. Not available in  
 US. Not approved by FDA.

# Mesh-Covered Stents CBAS<sup>®</sup>-Heparin Evaluation

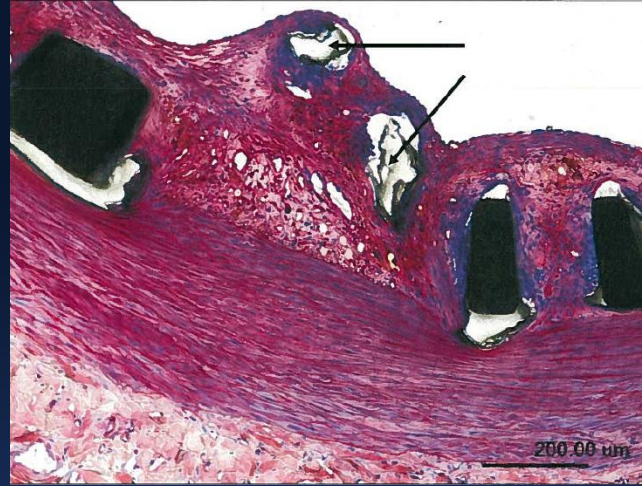
- Modified Chandler Loop - recirculating blood model
  - CBAS<sup>®</sup>-treated devices thrombus-free after a one hour exposure to human blood,
  - Untreated control device contained adherent thrombus.
- Coagulation biomarker prothrombin fragment 1 and 2 (F1+2) revealed significantly lower levels associated with CBAS<sup>®</sup>-treated GCS compared to uncoated control devices



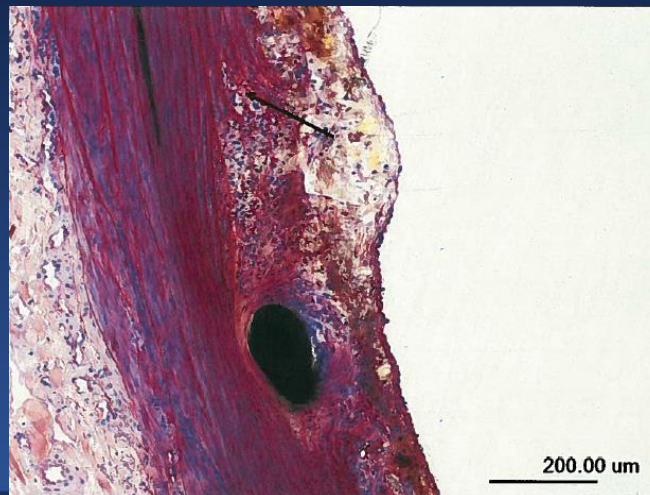
# Mesh-Covered Stents

## GORE Carotid Stent Preclinical Studies

- Canine artery model
- Biologically acceptable tissue response
  - All sidebranches and devices patent through 56 days
  - Full device endothelialization at 30 days
  - Comparatively less medial compression



GORE® Stent



Carotid  
WALLSTENT™

# Mesh-Covered Stents SCAFFOLD Trial

Design-Prospective study comparing the GORE® Carotid Stent to a performance goal developed from carotid endarterectomy outcomes

50 sites, 312 subjects.

Co-PIs-Bill Gray and Peter Schneider

Objective-Evaluate safety and efficacy of GORE® Carotid Stent in patients at increased risk for adverse events from carotid endarterectomy.

Primary endpoint-Death, stroke, or myocardial infarction through 30 days plus ipsilateral stroke between 31 days and 1 year.

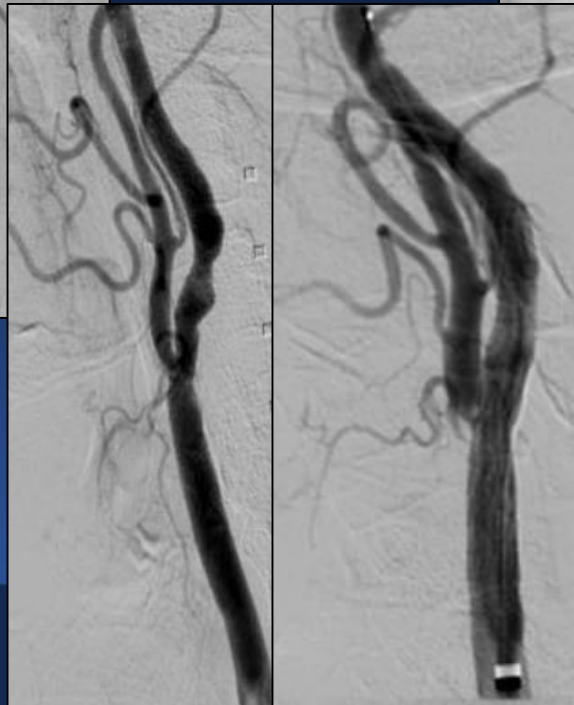
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# Mesh-Covered Stents SCAFFOLD Trial



Courtesy: C. Schonholtz



Courtesy of R. Dave

# Mesh-Covered Stents

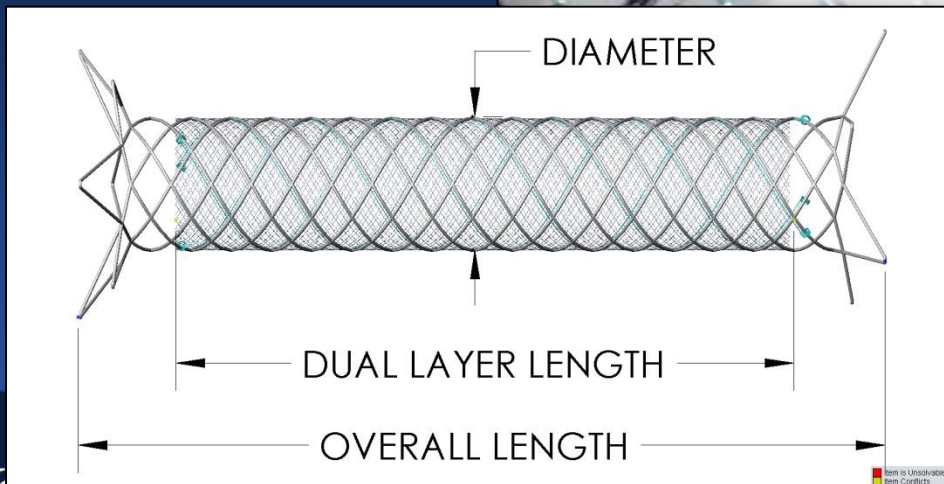
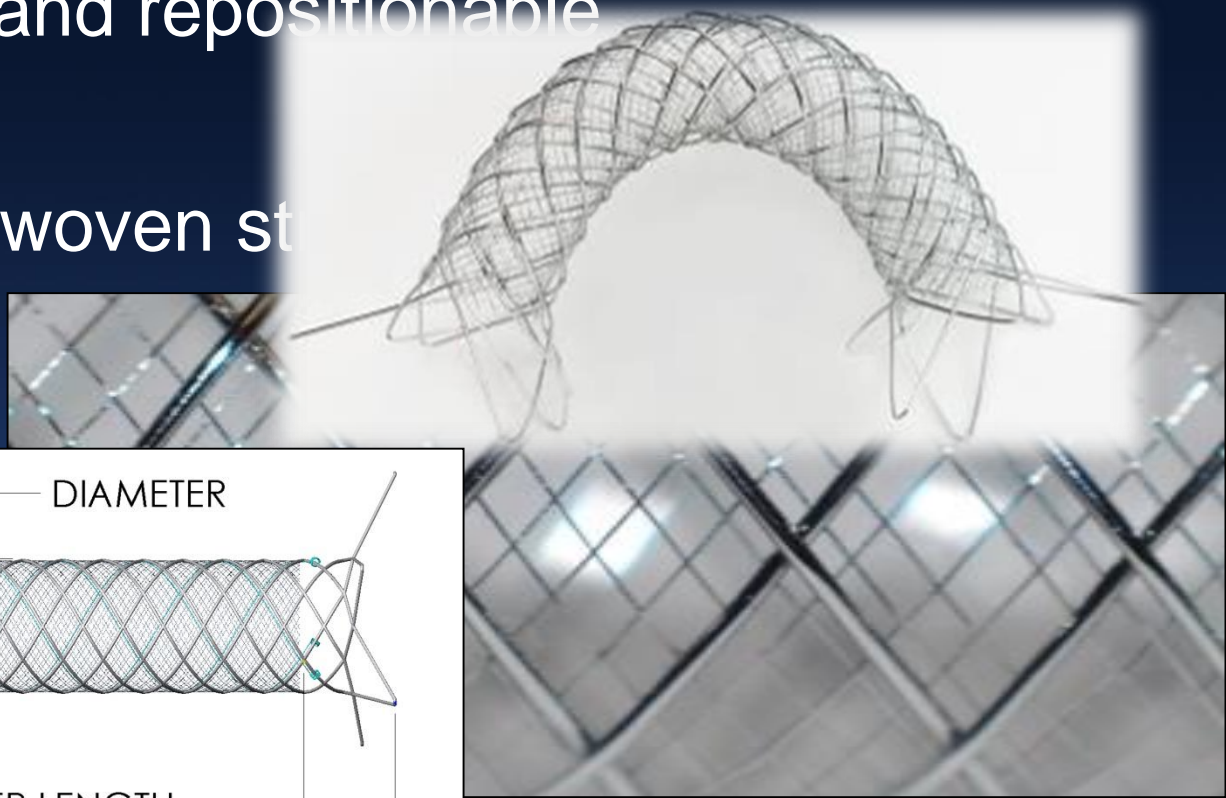
## Casper

Mesh coverage for sustained embolic prevention

Retrievable and repositionable

5Fr delivery

Closed cell, woven stent

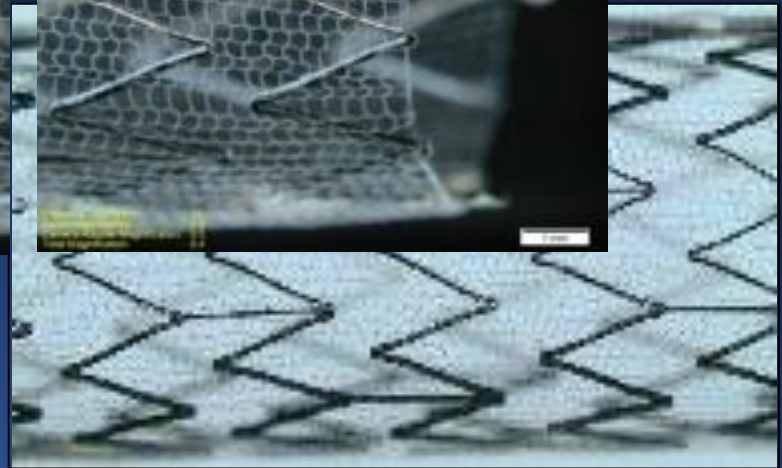
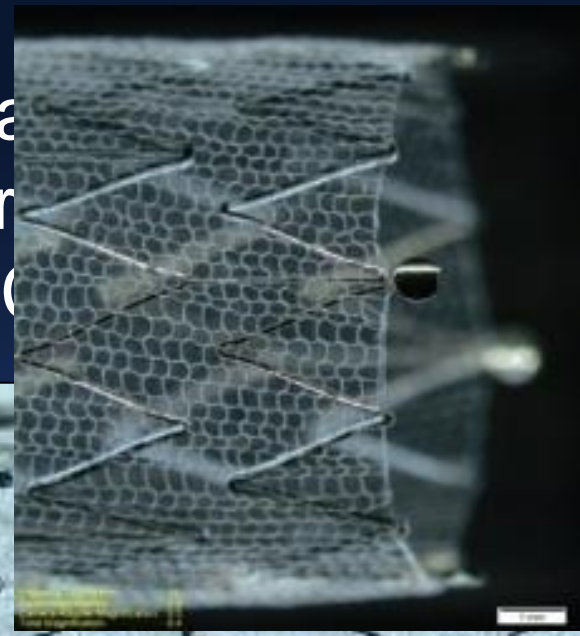


Microvention/Terumo

# Mesh-Covered Stents

## CGuard Prime EPS

Polyethylene Terephthalate (PET) 20 $\mu$  wide fiber



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InspireMD



# Mesh-Covered Stents CGuard Prime EPS



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# Mesh-Covered Carotid Stents

## Conclusion

- Goal: decrease neurologic events, especially delayed embolization through the cells of the stent.
- Future: clinically useful stent design will likely include mesh coverage.
- Balance between material type, positioning, and cell size.