What Are the Optimal Design Attributes for a Carotid Stent? Review of the Current and Future Options

Peter A. Schneider, MD Division of Vascular Therapy Hawaii Permanente Honolulu, Hawaii





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

- Grant/Research Support
- Consulting Fees/Honoraria
- Royalty Income

Company

- Cordis, Abbott
- Abbott, Medtronic, Gore
- Cook





Carotid Stent Design



Figure 1 ♦ (A) Precise, (B) Acculink, (C) Protégé, (D) Xact, (E) Wallstent, and (F) Cristallo Ideale.

2011

T

Muller-Hulsbeck et al. J Endovasc Ther 2009;16:168



CANDIOVASCULAN MARCH FOUNDATIO

Carotid Disease is Different Than Other Pathologies We Treat

- Primarily an embolizing disease
- An artery connected to an embolussensitive organ
- Highly variable plaque morphology
- Carotid bifurcation is often tortuous
- Artery tapers
- Bifurcation has a branch







Carotid Stent Design

We are asking carotid stents to do many things at once.

- Scaffolding
- Conformability
- Fatigue resistance
- Minimal fish-scaling for deployed stent
- Visible
- Easy to use









An amazing array of configurations







We are asking carotid stents to manage the plaque for us.





CT2O11



Vulnerable plaque with hemorrhage



Virmani et al. Pathology of carotid artery atherosclerosis. Cambridge Univ Press

And yet: Long-term results are as good with stenting as with plaque removal

Long-term stroke prevention

Restenosis



CREST N Engl J Med 2010

1 1

Caps et al. Western Vascular Society, 2011



Carotid Stent Design We need to make the first 30 days safer

- CAS related neurologic events are mutlifactorial
 - Arch and great vessel anatomy
 - Lesion morphology
 - Operator experience
 - Quality of embolic protection
 - Carotid stent attributes





Carotid Stent Design

Proximal









	PROTÉGÉ [®] RX (Tapered, 8-6mm)	RX ACCULINK [™] (Tapered, 8-6 mm)	Xact [®] (Tapered, 8-6mm)	PRECISE [®] (Straight, 8 mm)	WALLSTENT [®] (Straight, 8 mm)
Pore Diam. (mm)	1.12	1.10	1.00	1.12	0.92
Pore Size (mm2)⊐	2.65	12.50	3.46	2.43	0.948
Cell Area (mm2)	7.19	12.50	3.46	7.39	0.948
Distal					
- 10	PROTÉGÉ [®] RX (Tapered, 8-6 mm)	RX ACCULINK [™] (Tapered, 8-6mm	(Tapered, 8-6mm Xact)	PRECISE [®] (Straight, 8 mm)	WALLSTENT [®] (Straight, 8 mm)
Pore Diam. (mm)	1.08	1.06	0.96	1.12	0.92
Pore Size (mm2)	1.80	10.78	2.23	2.43	0.948
Cell Area (mm2)	4.48	10.78	2.23	7.39	0.948

TCT2011



Increased Neurologic Events With Open Cell Stents SPACE Trial

Table 4.	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		
0E rate (95% Cl)	5.5% (3.6–8.1%)	9.8% (4.6–17.8%)	14.3% (4.8–30.3%)		
		Combined OE rate: 11.0% (6.2-17.8%)			



Olav J et al. Stroke 2009;40:841



Increase in Delayed Neurologic Events With Open Cell Stents 1-30 days

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

Bosiers et al. Eur J Vasc Endovasc Surg 2007;33:135

20111





Increase in Neurologic Events With Open Cell Stents Symptomatic Patients

Table 5. *P*-values for the test that event rates differ between stents

Population	Outcome	<i>p</i> -value
Total	All events	0.018
	Post-procedural events	0.002
Symptomatic	All events	0.006
•	Post-procedural events	< 0.0001
Asymptomatic	All events	0.248
	Post-procedural events	0.790





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



Sphere penetration force



Figure 4 ◆ Measurement setup: (A) sphere penetration force, (B) stent positioned in a stiff plastic tube, and (C) test specimens: Ø 1.5 to 6.0 mm.

CT2011

T

Muller-Hulsbeck et al. J Endovasc Ther 2009;16:168



CANDIOVASCULAT



Muller-Hulsbeck et al. J Endovasc Ther 2009;16:168



6

CANDIOVASCULAN





Wholey J Endovasc Ther 2009;16:178







Covered Stent Systems





TCT2011





Carotid Stent Design Conclusion

- Make the first 30 days safer
- Cell size matters
 - More events
 - More delayed events
- Future stent design may include some type of coverage
 - Maintain conformability



