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CGuard Carotid EPS

An innovative concept

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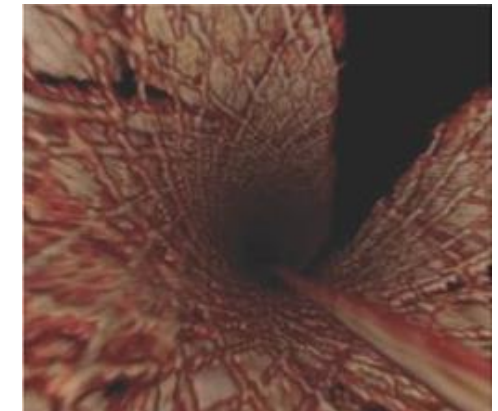
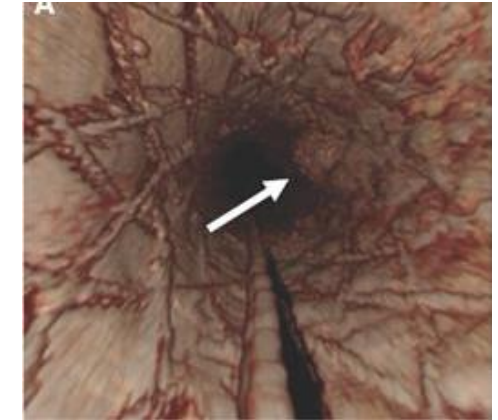
Frankfurt, Germany

Disclosures

Physician name	Company	Relationship
Horst Sievert	4tech Cardio, Abbott, Ablative Solutions, Ancora Heart, Bavaria Medizin Technologie GmbH, Bioventrix, Boston Scientific, Carag, Cardiac Dimensions, Celonova, Comed B.V., Contego, CVRx, Dinova, Edwards, Endologix, Hemoteq, Lifetech, Maquet Getinge Group, Medtronic, Mitralign, Nuomao Medtech, Mokita, Occlutech, pfm Medical, Recor, Renal Guard, Rox Medical, Terumo, Vascular Dynamics, Venus, Vivasure Medical	Consulting fees, Travel expenses, Study honoraria to institution

Background and Rationale

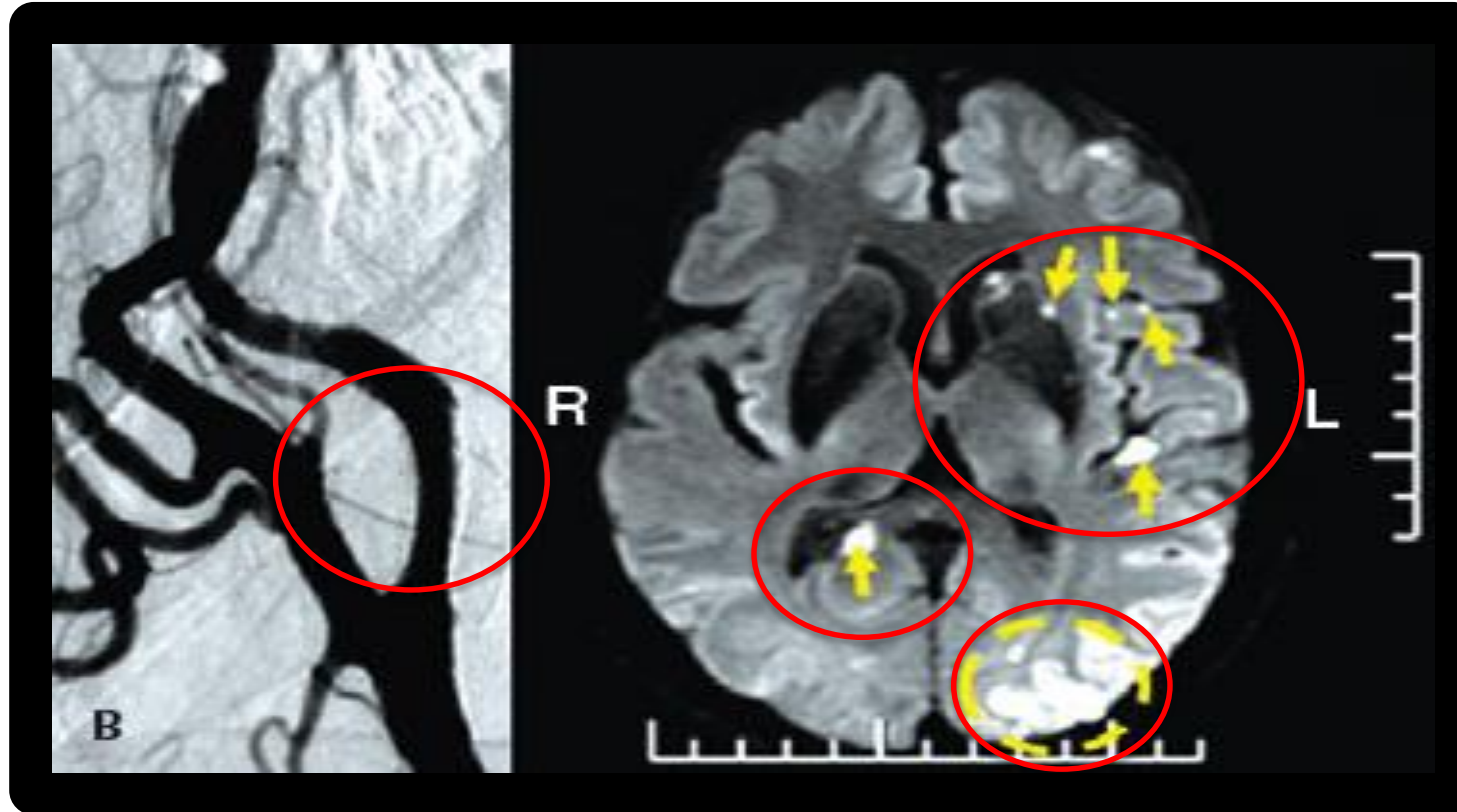
- Up to two-thirds of carotid stenting-associated strokes/TIAs occur after the procedure¹
- Plaque prolapse through the stent struts occurs in 23% to 65% of cases²
- The degree of prolapse depends on the free stent cell area²
- This explains why embolic protection devices have limited effectiveness in abolishing carotid stenting-associated strokes³
- Prevention of plaque protrusion through the struts may result in reduced embolization^{4,5,6}



1. Annals of Surgery Volume 246, Issue 4, October 2007, Pages 551-556
2. De Donato et al. Eur J Vasc Endovasc Surg. 2013;45: 579-87.
3. J Am Coll Cardiol 2012 Apr 10. 59:1383-9. 10.1016/j.jacc.2011.11.035

4. N Engl J Med 2004;351:1493-501.
5. Ann Surg 2007;246:551-6.
6. J Vasc Surg 2010;52:1367-75.

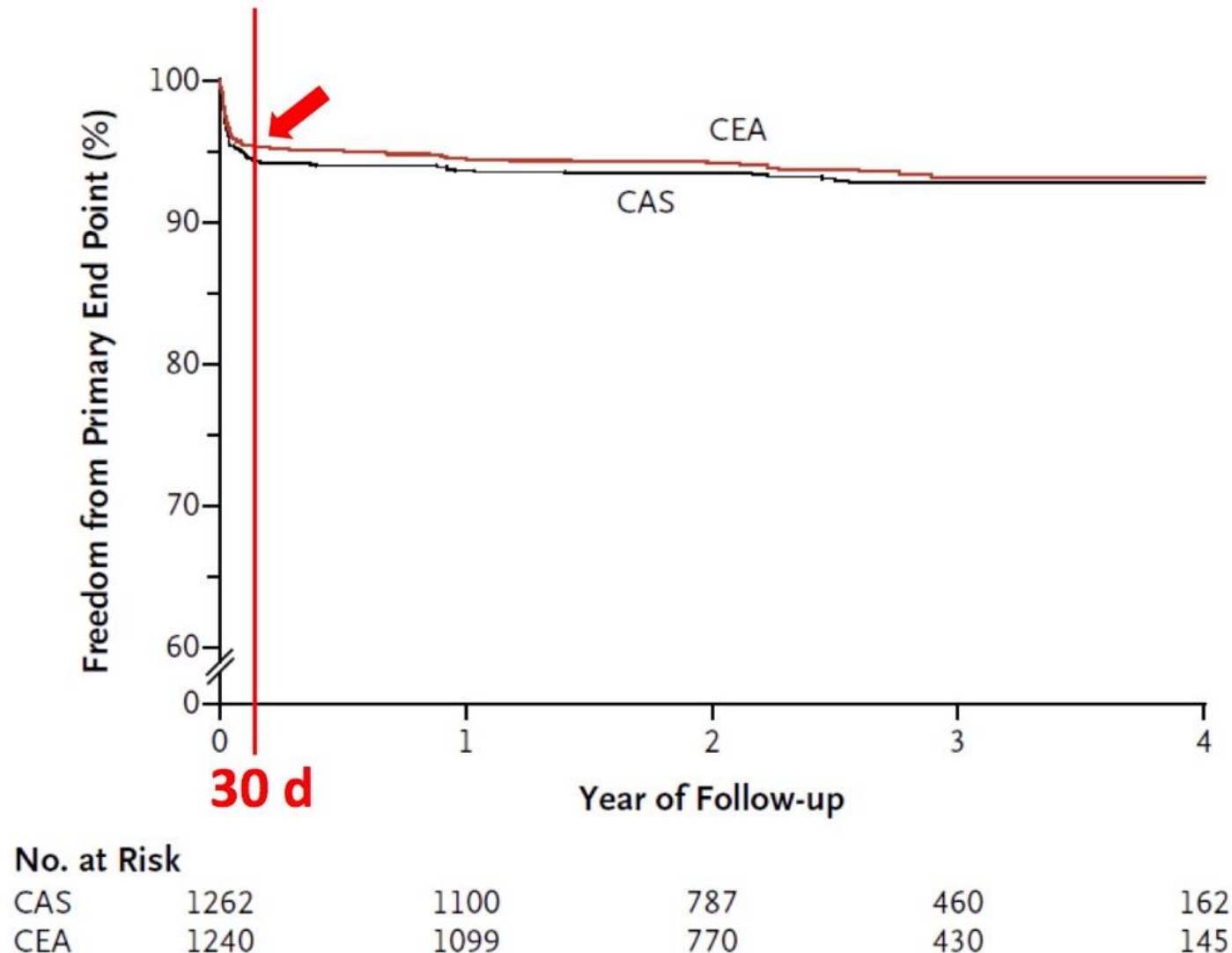
Post procedural embolization following carotid stenting is frequent



Post-Procedure

Post-intervention showing successful opening of the occluded carotid artery with conventional stenting and an MRI showing multiple micro-infarcts (obstructions) post-procedure due to liberation of embolic particles.

CREST Trial



- The **first 30 days** make the difference between CEA and CAS
- Within these first 30 days, 19/48 strokes were **post procedural**

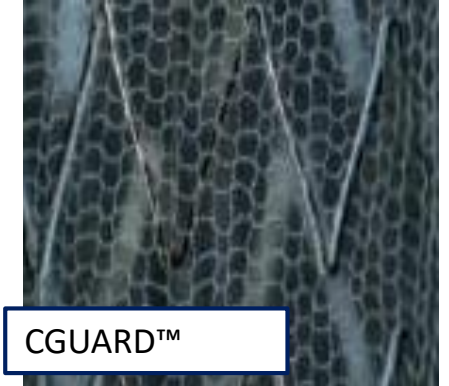
1/3 events are procedural: They could have been prevented by better embolic protection devices

STENT N = 3179	First 24-48h: PROCEDURAL EVENTS	From 48h to 30 d: POST-PROCEDURAL EVENTS	TOTAL: ALL EVENTS
X-ACT	0%	1.9%	1.9%
NEXTSTENT	0%	3.3%	3.3%
WALLSTENT	1.1%	1.2%	2.3%
PRECISE	1%	3.1%	4.1%
PROTEGE	0%	3.0%	3.0%
ACCULINK	0.5%	3.7%	4.2%
EXPONENT	5.9%	5.9%	11.8%
TOTAL (3179)	0.93%	1.9%	2.83%

2/3 of events are post-procedural: Cannot be prevented by embolic protection

Mesh Stents are Designed to Prevent Distal Embolization

- Ultrathin mesh inside or outside of the stent struts
- This “safety net” offers a greater vessel area coverage
- This prevents large plaque protrusion through the scaffold into the vessel lumen
- Mesh-Stents have identical deliverability as other stents
- They provide equivalent revascularization to conventional devices
- Designed to trap and seal thrombus and plaque against the vessel wall, preventing embolization



Mesh stents combine the best of both worlds:

- Open cell stent design with large cell area
 - for better flexibility
- Smaller pore size
 - for better plaque coverage

Mesh stents

- RoadSaver = Casper
- Gore Carotid Stent
- CGuard

What are the important differences
between these stents?

Pore Size



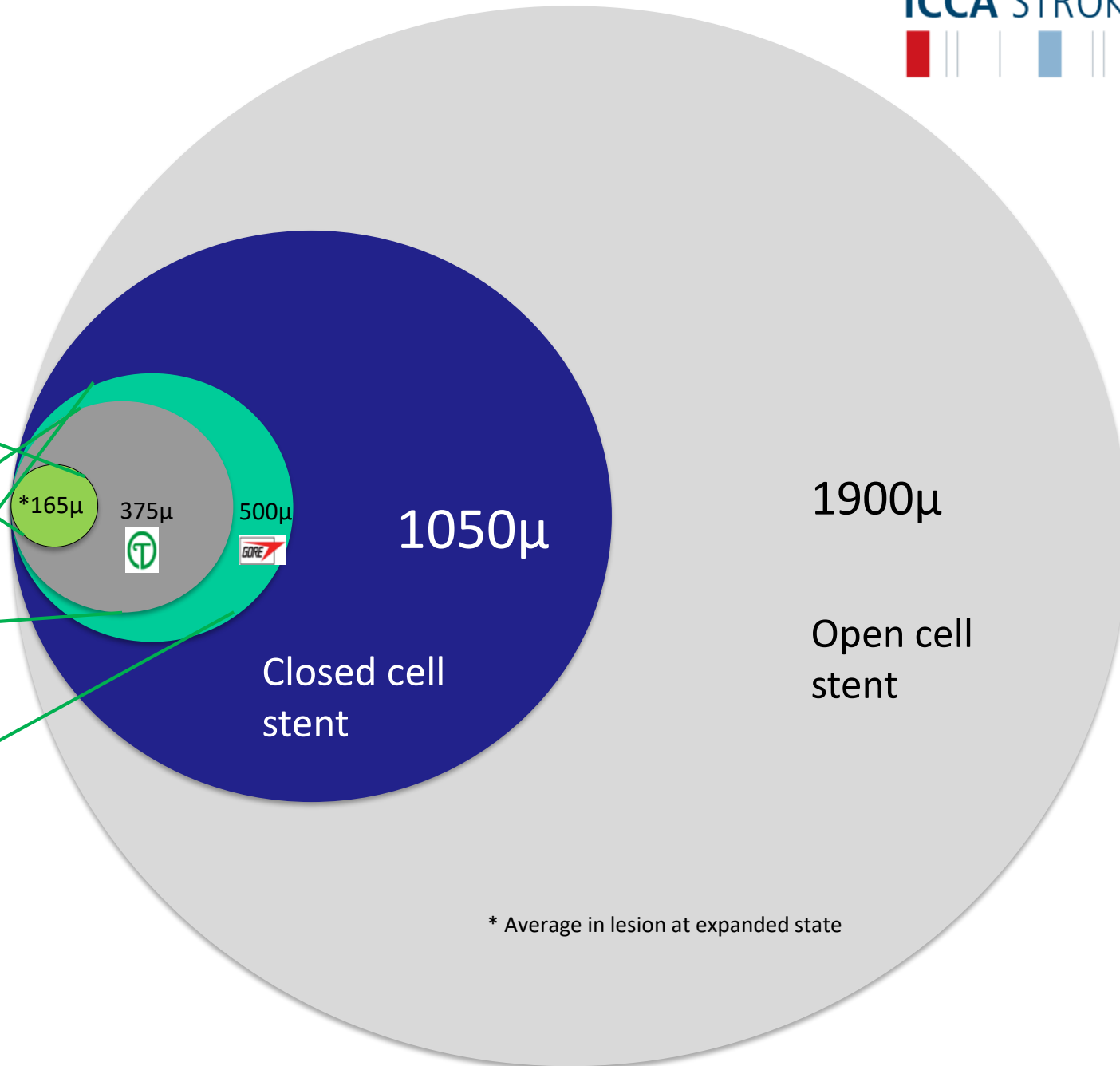
CGUARD™

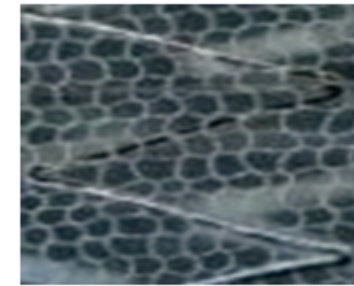
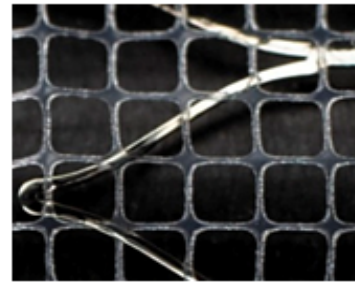


TERUMO



GORE



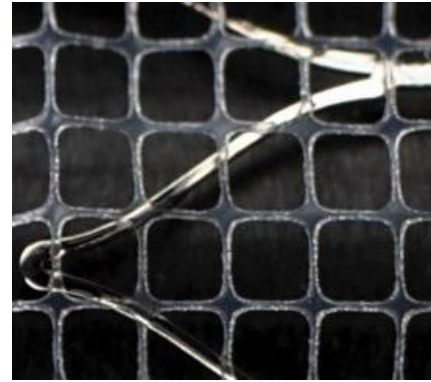
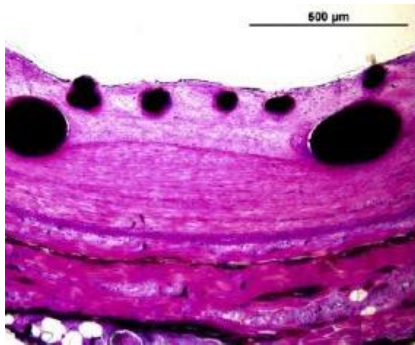


Name	RoadSaver <i>aka</i> Casper	Gore® Carotid Stent	CGuard™ Embolic Prevention Stent
Stent frame	closed-cell Nitinol	open-cell Nitinol	open-cell Nitinol
Mesh position in relation to frame	inside	outside	outside
Mesh material	Nitinol	PTFE	PET
Mesh structure	braided	inter-woven	single-fiber knitted
Pore size	375 µm	500 µm	150 - 180 µm

Dual-layer stent comparison



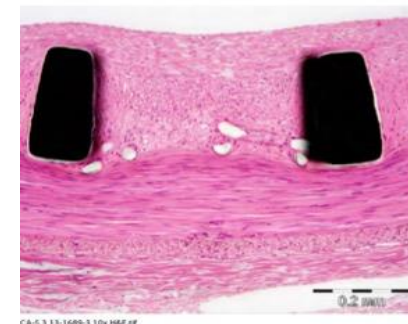
RoadSaver[®]
Casper



Gore[®]
Carotid Stent



CGuard[™] Embolic
Prevention System



Thank you!