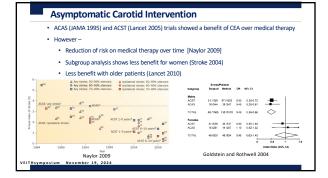




## Disclosures

- National Institutes of Health: Executive investigator/PI: COSS; SAMMPRIS, MOST, and STEP trials
- Collaborator: CASSISS and CMOSS trials
- DSMBs: Silk Road (ROADSTER and NITE trials); Penumbra (MIND and THUNDER trials); NONO (ESCAPE NEXT and FRONTIER trials)
- Microvention: LVIS Trial core labEuphrates Vascular: Stock Options
- Euphrates Vascular: Stock Option





## Asx Carotid Intervention Data

No new RCT data of intervention against medical therapy to support efficacy of intervention

- CREST Similar outcomes between CEA and CAS (NEJM 2010)
- TCAR Case series and non-randomized registry data for outcomes
- Meta-analysis– 7 studies, 24k patients similar outcomes for CEA/CAS/TCAR [Ghannam Stroke 2024]
- USPSTF 2014 and 2022 harms of screening outweigh any benefit – moderate certainty [JAMA 2024].
- Conclusion current benefit of intervention is marginal at best and may not extend to broad population with Asx stenosis

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## Factors Favoring Treatment

Objective facts make good story

Unconcious drivers

- · Many strokes are caused by carotid stenosis
- ACAS and ACST found a benefit with CEA Carotid stenosis is easily treated by CEA/CAS/TCAR with low risk
- It takes longer to explain why not to fix the stenosis inconvenient and harder
- · Patients want their problems fixed emotional
- Referring physicians want problems fixed may send elsewhere
- If they have a stroke on medical care I'll feel responsible (and so will the plaintiff's attorney) • I'll get paid more with CEA/CAS/TCAR
- The hospital makes more with CEA/CAS/TCAR this supports my clinic, OR time, team
- If I'm the first to use 100 new devices I'll be on the podium
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## Eagerly awaiting the real answers Awaiting CREST 2 and ECST 2 read outs soon ECST 2 interim data (Munich 2023) – no benefit

- Need to be focusing on high-risk subgroups
- plaque biology, ulceration, intraplaque hemorrhage hemodynamic impairment (Silvestrini Stroke 1999)
- microemboli (Madani Neurology 2011)
- Tailored interventions Future RCTs to prove relative benefits for different techniques (e.g. TCAR vs CAS/CEA for older age (Dakour-Aridi JVS 2020))
- Better devices BGC, covered stents

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