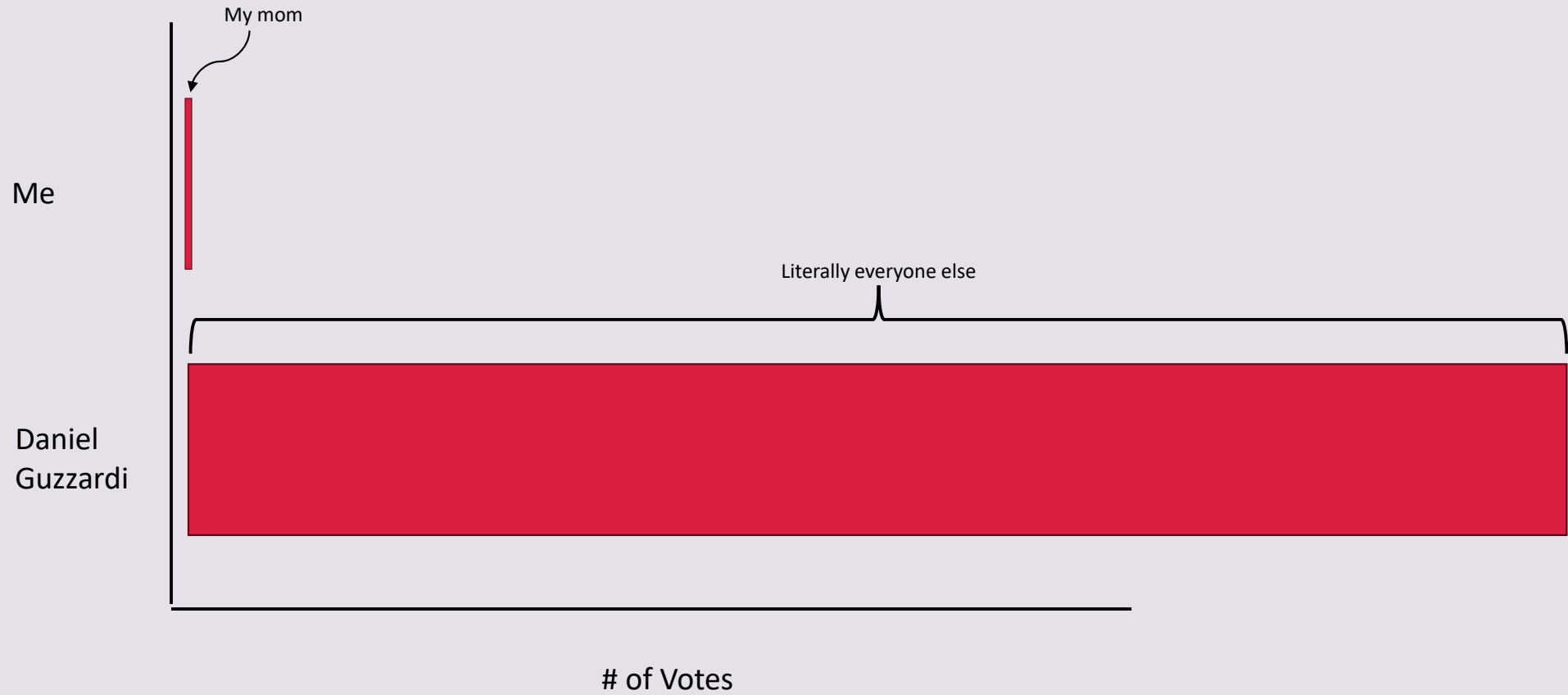


2025 WVES Debate Voting Data



WHO BENEFITS FROM A CAROTID STENT?

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WVES

PRESENTER DISCLOSURE

- I have no current relationships with commercial entities

WHO BENEFITS FROM A CAROTID STENT



GROUPS FOR CONSIDERATION

- High surgical risk patients (SAPPHIRE)
- The symptomatic patient with good life-expectancy (ICSS, CREST)
- The asymptomatic patient? (CREST-2)

HIGH SURGICAL RISK

- Defined in trials as:
 - Significant cardiopulmonary disease
 - Contralateral carotid occlusion
 - Contralateral laryngeal nerve palsy
 - Prior radical neck dissection or radiation
 - Presence of tracheostomy
 - Recurrent stenosis post-endarterectomy
 - Age >80

HIGH SURGICAL RISK

- SAPHIRE Trial

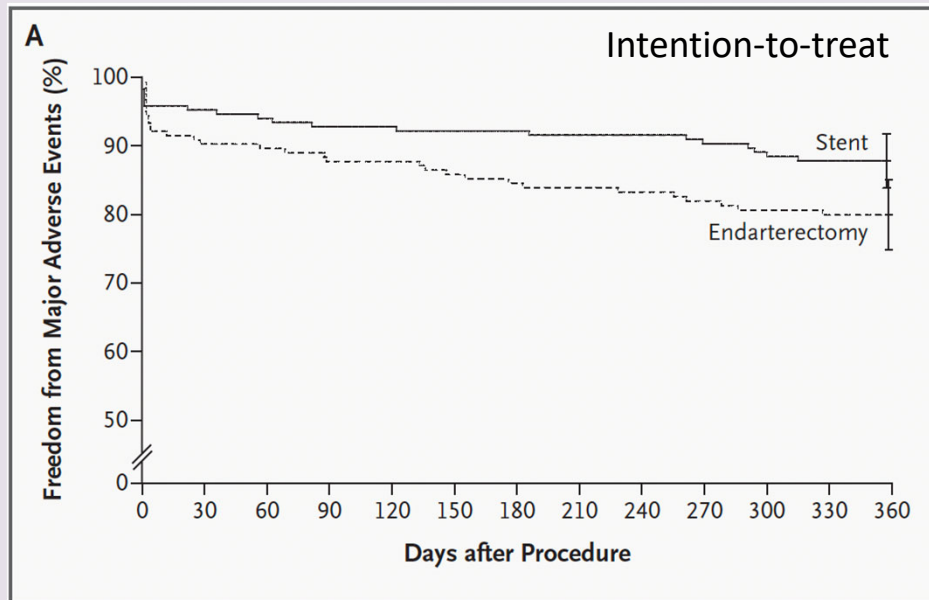
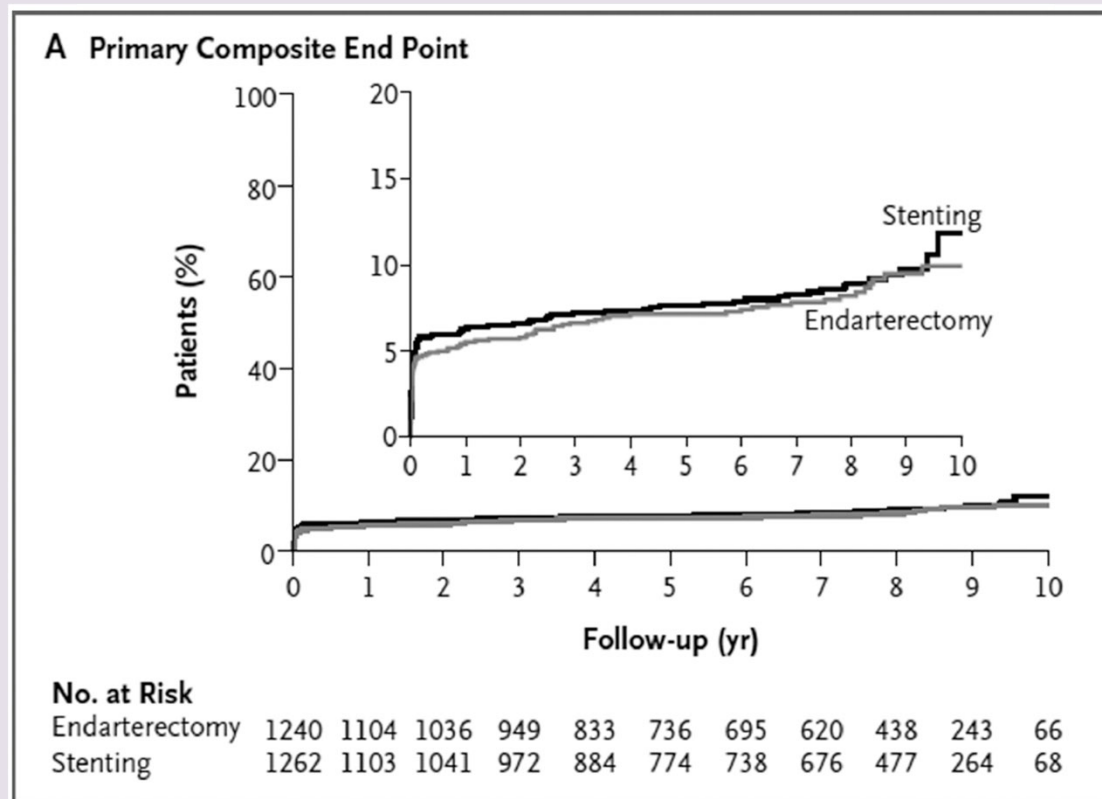


Table 3. Cumulative Incidence of Adverse Events within One Year.*

Event	Intention-to-Treat Analysis			Actual-Treatment Analysis		
	Stenting (N=167) no. (%)	Endarterectomy (N=167) no. (%)	P Value	Stenting (N=159) no. (%)	Endarterectomy (N=151) no. (%)	P Value
Death	12 (7.4)	21 (13.5)	0.08	11 (7.0)	19 (12.9)	0.08
Stroke	10 (6.2)	12 (7.9)	0.60	9 (5.8)	11 (7.7)	0.52
Major ipsilateral	1 (0.6)	5 (3.3)	0.09	0	5 (3.5)	0.02
Major nonipsilateral	1 (0.6)	2 (1.4)	0.53	1 (0.6)	1 (0.7)	0.97
Minor ipsilateral	6 (3.7)	3 (2.0)	0.34	6 (3.8)	3 (2.2)	0.37
Minor nonipsilateral	3 (1.9)	4 (2.7)	0.64	3 (2.0)	3 (2.1)	0.89
Myocardial infarction	5 (3.0)	12 (7.5)	0.07	4 (2.5)	12 (8.1)	0.03
Q-wave	0	2 (1.2)	0.15	0	2 (1.3)	0.15
Non-Q-wave	5 (3.0)	10 (6.2)	0.17	4 (2.5)	10 (6.7)	0.08
Cranial-nerve palsy	0	8 (4.9)	0.004	0	8 (5.3)	0.003
Target-vessel revascularization	1 (0.6)	6 (4.3)	0.04	1 (0.7)	6 (4.6)	0.04
Conventional end point (stroke or death at 30 days plus ipsilateral stroke or death from neurologic causes within 31 days to 1 yr)	9 (5.5)	13 (8.4)	0.36	8 (5.1)	11 (7.5)	0.40
Primary end point (death, stroke, or myocardial infarction at 30 days plus ipsilateral stroke or death from neurologic causes within 31 days to 1 yr)	20 (12.2)	32 (20.1)	0.05	19 (12.0)	30 (20.1)	0.05

THE SYMPTOMATIC PATIENT WITH GOOD LIFE EXPECTANCY



CREST-2 AND THE ASYMPTOMATIC PATIENT

Medical Management and Revascularization for Asymptomatic Carotid Stenosis

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CREST-2 AND THE ASYMPTOMATIC PATIENT

Table 2. Analysis of Primary Outcome and Components.

Variable	Stenting Trial		Endarterectomy Trial	
	Medical Therapy Alone	Stenting	Medical Therapy Alone	Endarterectomy
Primary 4-yr composite outcome*				
Event rate (95% CI) — %	6.0 (3.8 to 8.3)	2.8 (1.5 to 4.3)	5.3 (3.3 to 7.4)	3.7 (2.1 to 5.5)
Absolute difference (95% CI) — percentage points†	3.2 (0.6 to 5.9)		1.6 (–1.1 to 4.3)	
P value for difference	<u>0.02</u>		<u>0.24</u>	
Relative risk (95% CI) †	2.13 (1.15 to 4.39)		1.43 (0.78 to 2.72)	
Components of primary outcome				
Periprocedural period: stroke or death				
No. of events/no. of patients	0/629	8/616	3/623	9/617
Percent of patients with event (95% CI)	0.0 (0.0 to 0.6)	1.3 (0.6 to 2.5)	0.5 (0.1 to 1.4)	1.5 (0.7 to 2.8)
Difference (95% CI) — percentage points	–1.3 (–2.2 to 0.4)		–1.0 (–2.1 to 0.1)	
Postprocedural period: ipsilateral ischemic stroke				
No. of person-yr	1686	1714	1761	1823
No. of events/no. of patients	28/600	7/582	23/600	10/596
Annual event rate per person-yr (95% CI) — %	1.7 (1.1 to 2.4)	0.4 (0.2 to 0.9)	1.3 (0.9 to 2.0)	0.5 (0.3 to 1.0)
Relative risk (95% CI)	4.07 (1.78 to 9.31)		2.38 (1.13 to 5.00)	

CREST-2 AND THE ASYMPTOMATIC PATIENT

Let's take a closer look...

CREST-2 AND THE ASYMPTOMATIC PATIENT

- Tipping point analysis
 - Three more events in stenting arm or 4 less in medical therapy arm from stenting trial would result in loss of statistical significance.
- NNT 31 and low event rates
 - “Does the benefit observed over the 4-year time horizon of the trial justify the early increase in risk from stenting?”

WHO BENEFITS FROM A CAROTID STENT