



UMC Utrecht

Acute clinical response to periprocedural stroke in carotid revascularization: A Delphi consensus analysis

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- No disclosures



Long-term outcomes of stenting and endarterectomy for symptomatic carotid stenosis: a preplanned pooled analysis of individual patient data.

Brott TG¹, Calvet D², Howard G³, Gregson J⁴, Algra A⁵, Becquemin JP⁶, de Borst GJ⁷, Bulbulia R⁸, Eckstein HH⁹, Fraedrich G¹⁰, Greving JP¹¹, Halliday A⁸, Hendrikse J¹², Jansen O¹³, Voeks JH¹⁴, Ringleb PA¹⁵, Mas JL², Brown MM¹⁶, Bonati LH¹⁷; Carotid Stenosis Trialists' Collaboration.

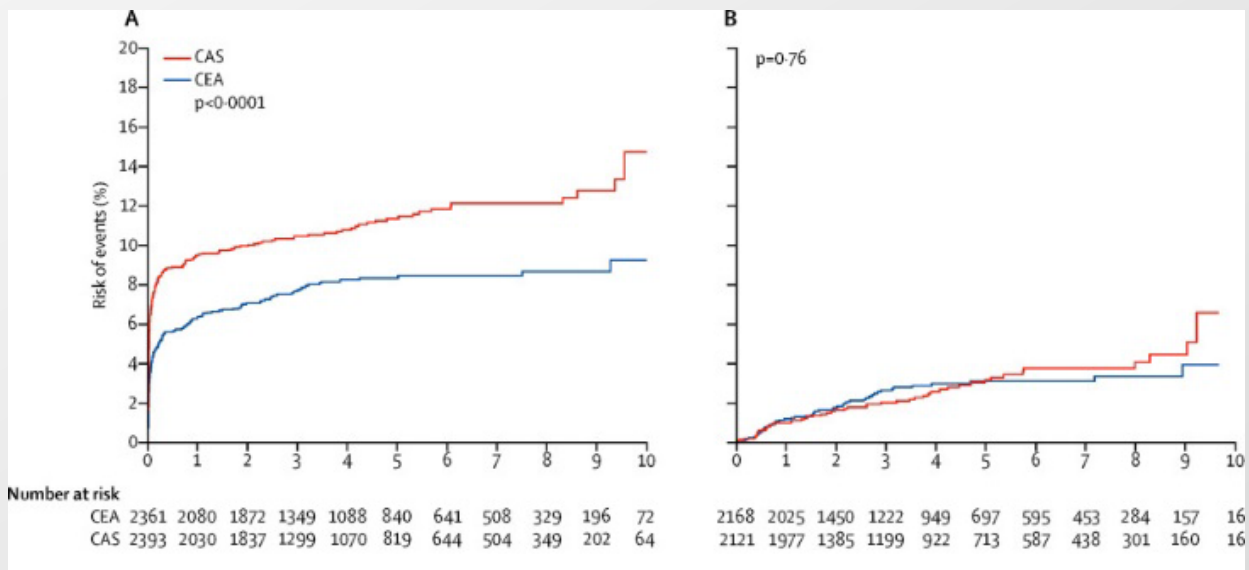


Figure 2: Kaplan-Meier estimates of risk of events for the primary outcome, postprocedural ipsilateral stroke, and the secondary outcomes of major stroke, minor stroke, and all stroke

(A) Primary outcome. (B) Postprocedural ipsilateral stroke. (C,D) Major stroke. (E,F) Minor stroke. (G,H) All stroke. The risk of events estimates are provided for all outcomes, including both periprocedural and postprocedural events on the left of the figure (A, C, E, G) and for postprocedural events only (ie, >120 days; B, D, F, H) on the right of the figure. p values are for treatment differences using the log-rank test. CAS=carotid artery stenting. CEA=carotid endarterectomy.

**In the end.....it is all about the
beginning !**

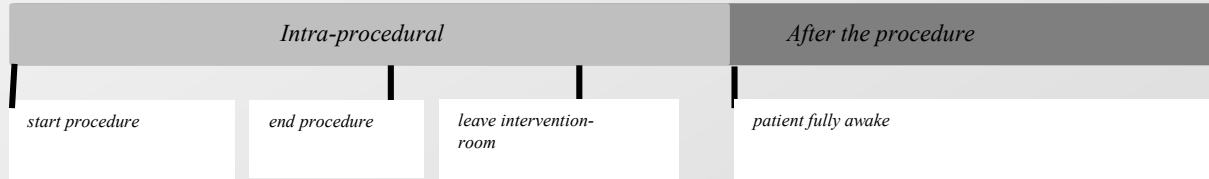
**Periprocedural events dominate outcomes
of carotid stenting and endarterectomy**

Munich Vascular Conference 2015
Gen. Jan de Borst

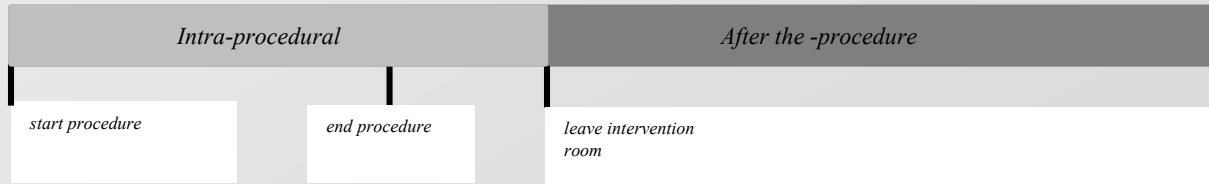
Timing of stroke

Definition of **intra-** versus **post-**procedural stroke

Procedure performed under *general anaesthesia* (symptom free interval)



Procedure performed under *local anaesthesia*



Aim

to develop a treatment algorithm if an in-hospital stroke occurred during or after CEA



Methods

- Delphi consensus study
- Multinational panel
- N=31
- Vascular surgeon or neurologist
- Expertise on stroke care
- 4 rounds

M Bjorck
S Debus
H. Eckstein
P Glovizcki
A Halliday
S Kakkos
I Koncar
A Naylor
D Radak
M Schermerhorn
H Sillessen
V Tolva
M Vega de Ceniga
F Vermassen
C Zeebregts
F Bastos Goncalves

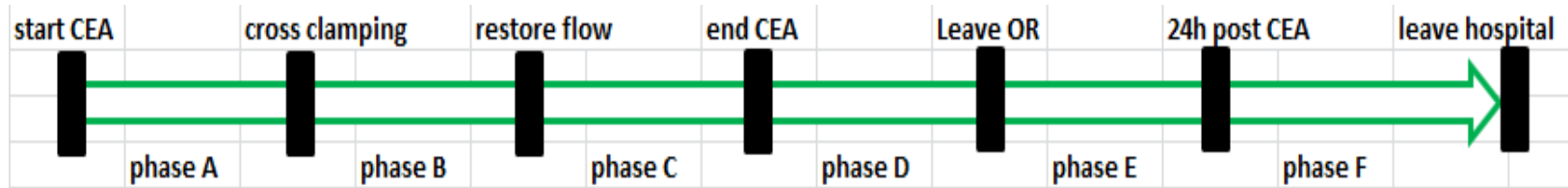
J Bismuth
JM Antti
L Bonati
T Brott
D Calvet
S Engelter
D McCabe
P Nederkoorn
P Ringleb
M Paciaroni
C Weimar
J Petersson
D Leys
E Leira
M Uytendenbogaard



Methods – Round 1

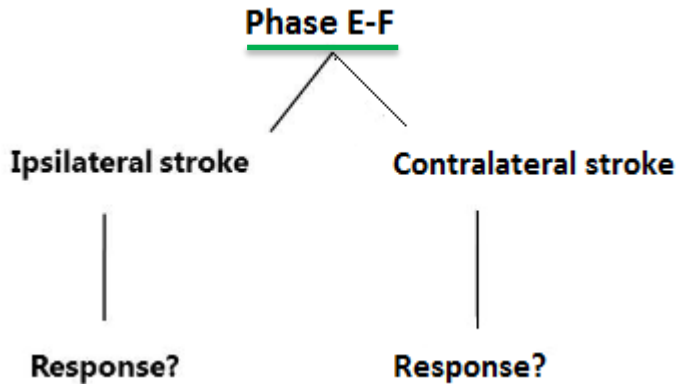
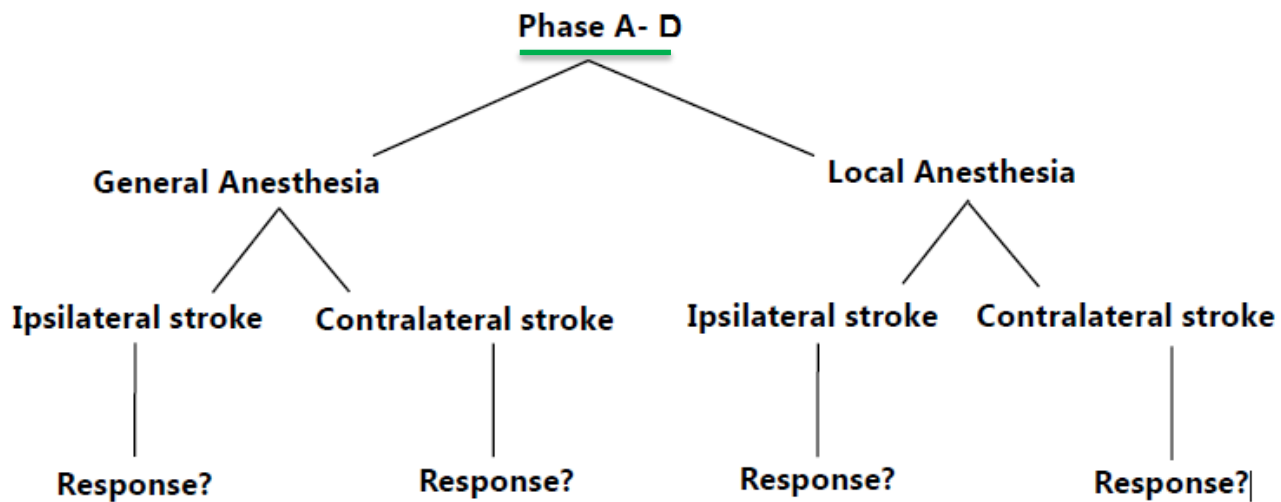
Round 1

1. Traditional division sufficient ?



2. Clinical responses
3. Stroke characteristics that may influence the response





Methods – Round 2,3,4

- a) Perform diagnostics
- b) Re-open the carotid
- c) Wait and see



Results

Response rate

Round 1: 100%

Round 2: 90%

Round 3: 87%

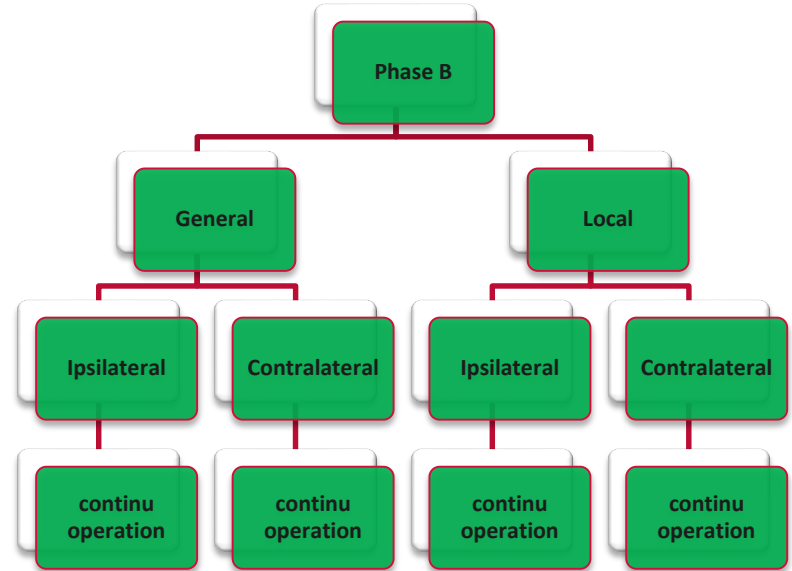
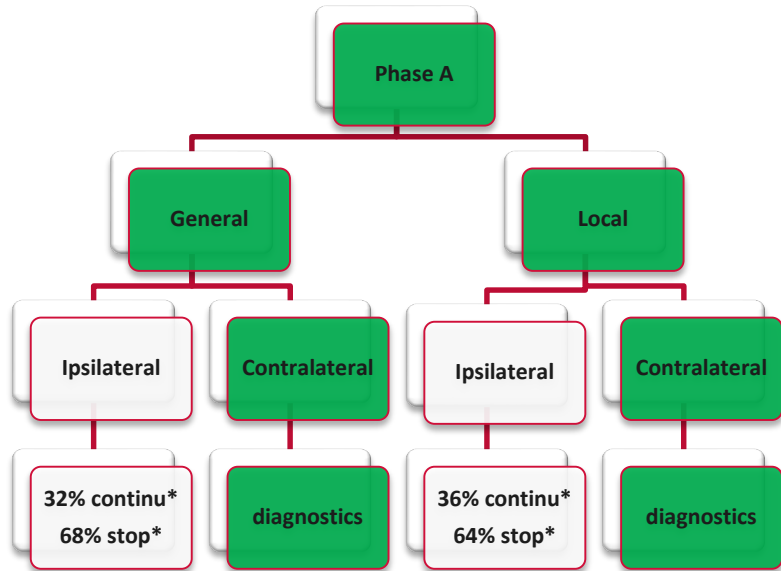
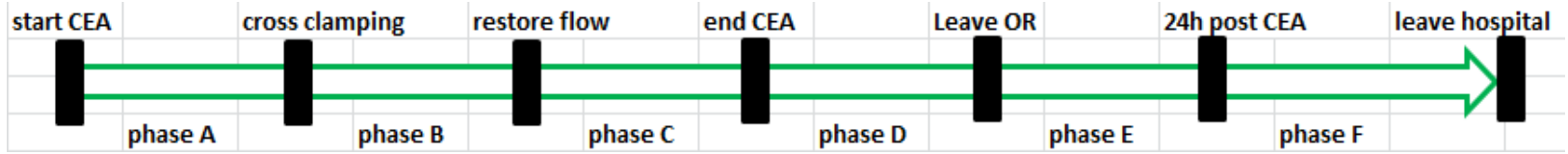
Round 4: 77% (currently running)

Consensus rate

16/20 = 80%

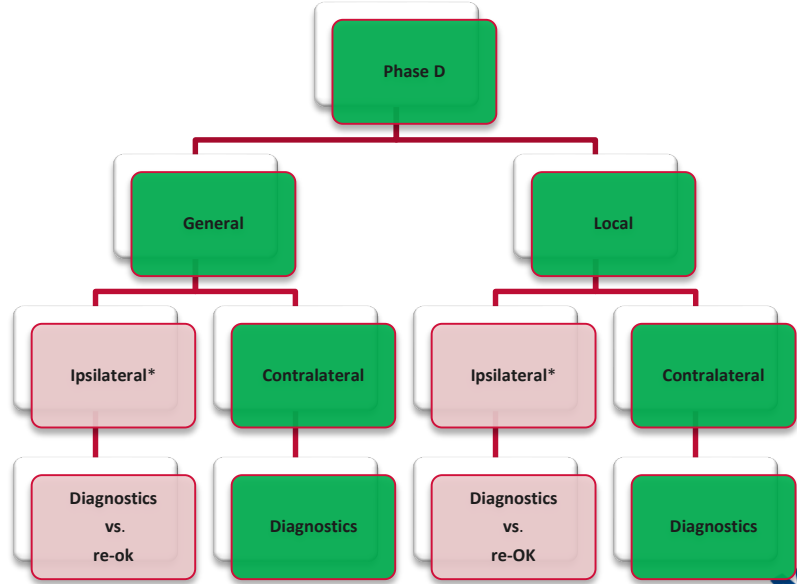
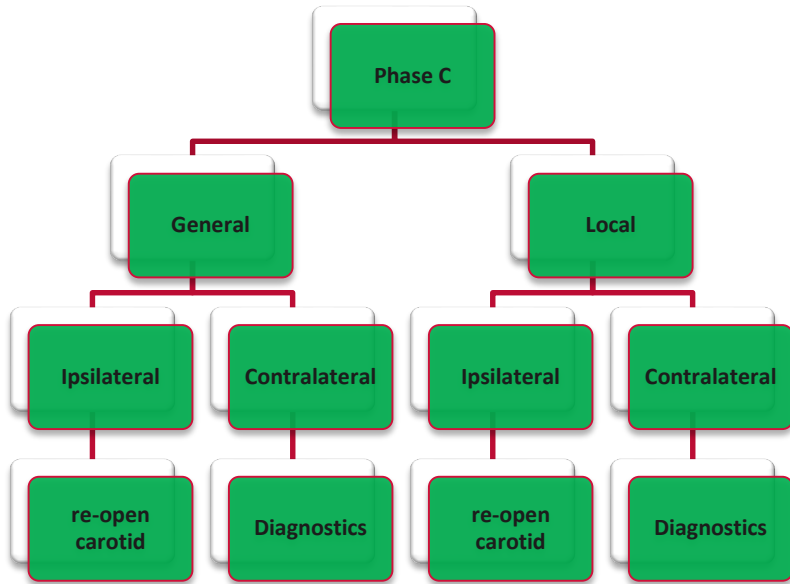
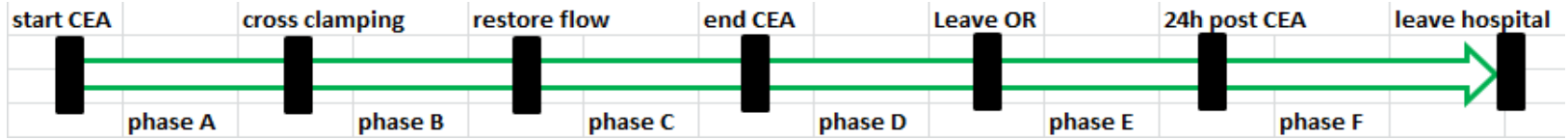


Results



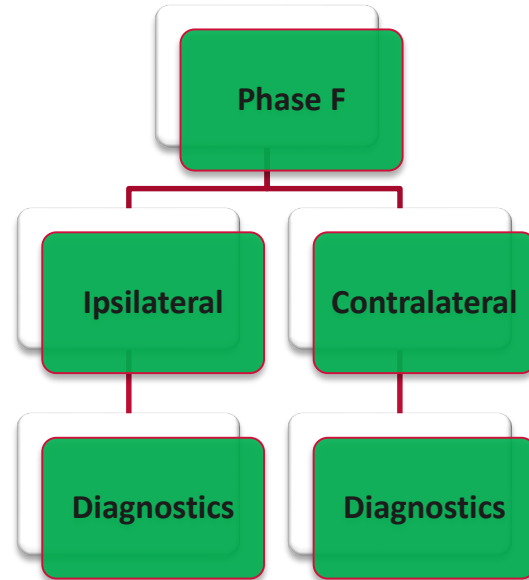
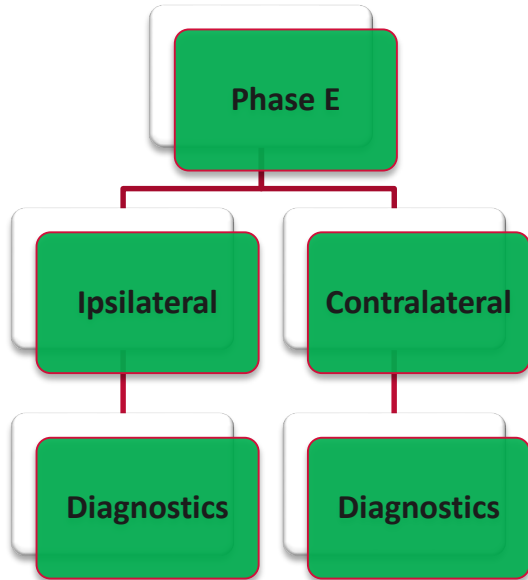
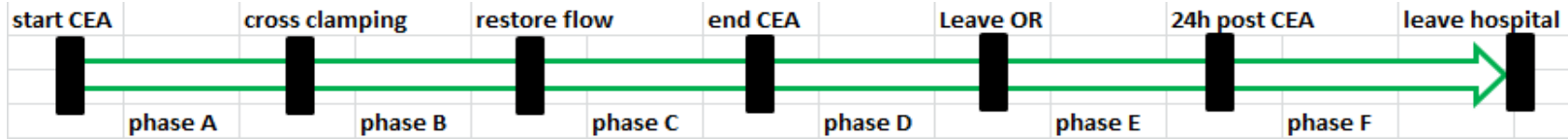
*Severe stroke: stop; mild stroke: continu

Results



* Round 4, currently running. Wake-up with stroke?

Results



Conclusion

80% consensus ~ *ongoing*

Final round is currently running
phase C [wake up with stroke?]

We would like to thank the Delphi consensus study panel!

