

Carotid Artery Stenting during Endovascular treatment of acute ischemic Stroke (CASES) – study protocol for a multicenter randomized clinical trial

Louise Maes^{1, 2}, Theodora van Elk³, Reinoud Ph Bokkers⁴, Gert Jan De Borst⁵, Heleen Den Hertog⁶, Diederik Dippel⁷, Olivier Francois⁸, Noemie Ligot⁹, Charles Majoie¹⁰, Jo P P Peluso¹¹, Tancredi Illario¹², Ido Van den Wijngaard^{13, 14}, Aad Van der Lugt¹⁵, Laetitia Yperzeele^{16, 17}, Clark J Zeebregts¹⁸, Paul Nederkoorn¹⁹, Robin Lemmens^{1, 2}, Maarten Uyttenboogaart^{3, 4}



Background & aims

Tandem occlusions are seen in approximately 20% of patients undergoing endovascular treatment (EVT) for stroke due to intracranial large vessel occlusions (LVOs). Variation in clinical practice exists regarding the timing of the management of these lesions. Immediate carotid artery stenting (CAS) during EVT could improve cerebral blood flow, reduce the risk of early stroke recurrence and avoid a second procedure (carotid endarterectomy [CEA] or CAS). However, dual antiplatelet therapy is required in order to prevent in-stent thrombosis which could lead to an increase in hemorrhagic complications, arguing in favor of delaying the management to a later time point. The aim of this study is to assess the efficacy and safety of an immediate strategy with CAS in patients with tandem lesions undergoing EVT.

Design

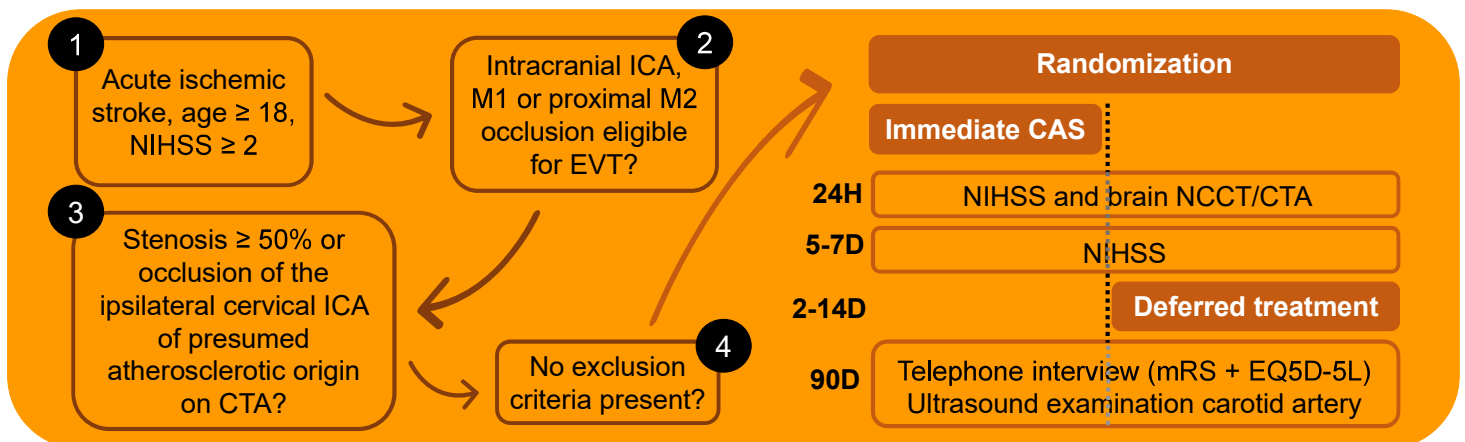
CASES is a phase 3 international multicenter randomized clinical trial with open-label treatment and blinded outcome assessment (PROBE design) and a non-inferiority design. Patients with a CT-angiography proven intracranial LVO in the anterior circulation and a symptomatic ipsilateral proximal carotid artery stenosis (>50%) or occlusion of presumed atherosclerotic origin will be randomized to either immediate CAS during EVT or to a deferred treatment strategy with CEA or CAS within two weeks or best medical management alone according to the current guidelines and depending on the functional recovery of the patient. A total of 600 patients will be included in 26 participating centers in the Netherlands and Belgium. Enrollment is expected to start in June 2023.

Outcomes

The primary endpoint is functional outcome at 90 days, assessed by the ordinal score of the modified Rankin Scale (mRS). Secondary outcomes include excellent functional outcome (mRS 0-1), good functional outcome (mRS 0-2), stroke severity measured with the National Institutes of Health Stroke Scale at 24 hours and at 5-7 day, infarct volume at 24 hours, recurrence of ischemic events, carotid re-occlusion, symptomatic intracranial haemorrhage, mortality and the quality of life at 90 days.

Summary

This study will provide high-quality data from a randomized controlled trial on the efficacy and safety of immediate CAS in patients undergoing endovascular treatment for acute ischemic stroke due to a tandem lesion.



Affiliations
¹ University Hospitals Leuven, Department of Neurology, Leuven, Belgium; ² KU Leuven - University of Leuven, Department of Neurosciences, Experimental Neurology, Leuven, Belgium; ³ University Medical Center Groningen, Department of Neurology, Groningen, Netherlands; ⁴ University Medical Center Groningen, Department of Radiology, Medical Imaging Center, Groningen, Netherlands; ⁵ University Medical Center Utrecht, Department of Vascular Surgery, Utrecht, Netherlands; ⁶ Isala, Department of Neurology, Zwolle, Netherlands; ⁷ University Medical Center Rotterdam, Department of Neurology, Erasmus MC, Rotterdam, Netherlands; ⁸ AZ Groeninge, Department of Medical Imaging, Kortrijk, Belgium; ⁹ CUB Hôpital Erasme, Université libre de Bruxelles (ULB), Department of Neurology, Brussels, Belgium; ¹⁰ University Medical Center Amsterdam, Location AMC, Department of Radiology and Nuclear Medicine, Amsterdam, Netherlands; ¹¹ University Hospitals Leuven, Division of Neuroradiology, Department of Radiology, Leuven, Belgium; ¹² CUB Hôpital Erasme, Université libre de Bruxelles (ULB), Department of Radiology/Interventional Radiology, Brussels, Belgium; ¹³ University Medical Center Leiden, Department of Neurology, Leiden, Netherlands; ¹⁴ Haaglanden Medical Center Westeinde, Department of Neurology, The Hague, Netherlands; ¹⁵ University Medical Center Rotterdam, Department of Radiology and Nuclear Medicine, Erasmus MC, Rotterdam, Netherlands; ¹⁶ University Hospital Antwerp, Antwerp Neurovascular Center and Stroke Unit, Department of Neurology, Antwerp, Belgium; ¹⁷ University of Antwerp, Translational Neurosciences Research Group, Faculty of Medicine and Health Sciences, Antwerp, Belgium; ¹⁸ University Medical Center Groningen, Division of Vascular Surgery, Department of Surgery, Groningen, Netherlands; ¹⁹ University Medical Center Amsterdam, Location AMC, Department of Neurology, Amsterdam, Netherlands

Disclosures
 This trial is funded by BeNeFIT call, being KCE in Belgium and ZonMw in the Netherlands. This research is partly funded by the Dutch Heart Foundation and the Brain Foundation Netherlands via the CONTRAST Consortium. Jo P P Peluso reports to be consultant and proctor for Microvention. Robin Lemmens is senior clinical investigator for FWO. All other authors have no relevant interests to disclose.