

# Carotid, Brachial Studies to Identify Vulnerable Patients

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## Michael R. Jaff, DO Conflicts of Interest

#### Consultant

- Abbott Vascular
- Atheromed
- Bacchus Vascular, Inc
- Baxter, Incorporated
- FlexStent, Incorporated
- Harvard Clinical Research Institute
- Hypermed, Incorporated
- I.C.Sciences, Incorporated
- Micelle, Incorporated
- Paragon IP
- Pathway Medical

#### Equity

- Access Closure, Inc.
- Icon Interventional, Inc
- Sadra Medical
- Setagon
- Square One, Inc.
- Vascular Therapies, Inc.



### Research Support

- Abbott Vascular
- Genzyme
- Board Member
  - VIVA Physicians
    - www.vivapvd.com



## How Does The Vascular Laboratory Predict Cardiovascular Risk?

- Ankle-Brachial Index
- Brachial Artery Reactivity
- Carotid Intima-Media Thickness





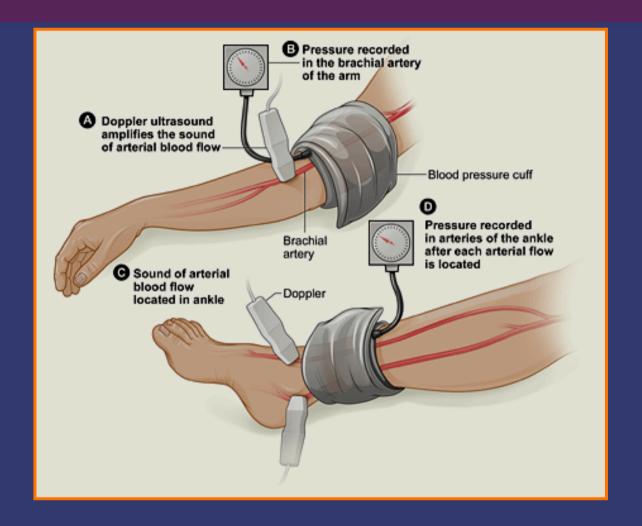
## How Does The Vascular Laboratory Predict Cardiovascular Risk?

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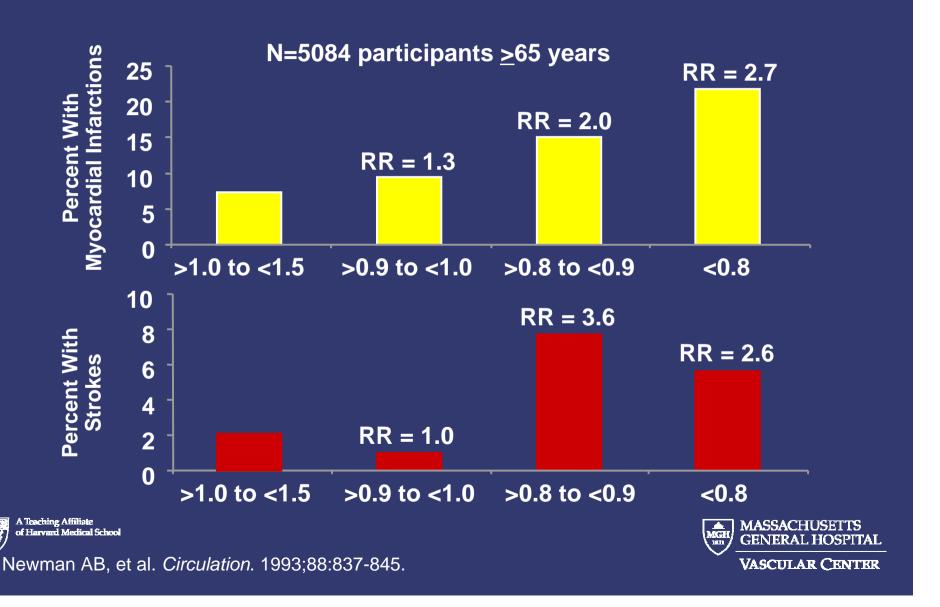
### Performance of the ABI







### Cardiovascular Health Study: Ankle-Brachial Index as a Marker for Atherosclerosis



### The HOPE Trial and PAD

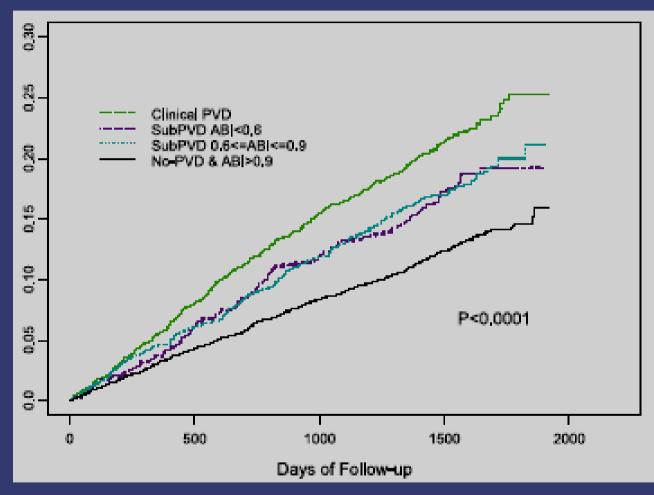
- Large scale prospective multicenter trial evaluating patients at high risk of cardiovascular disease
  - Randomized to Ramipril (4645) or Placebo (4652)
- 8986 patients had ABI measured at baseline, 2 years, and at final visit
- 1715 patients enrolled due to symptomatic PAD
- 3099 patients had no symptoms with an abnormal ABI





### **Primary Outcome**

Primary Endpoint: MI, Stroke, Death

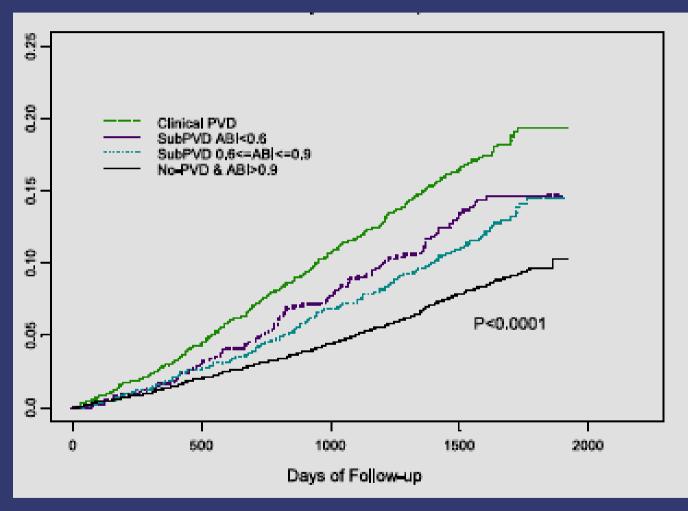






### All Cause Mortality









## How Does The Vascular Laboratory Predict Cardiovascular Risk?

Ankle-Brachial Index

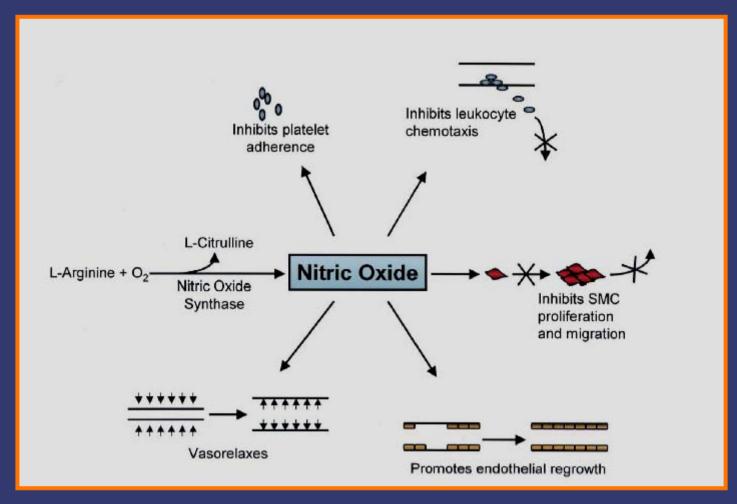
Brachial Artery Reactivity

Carotid Intima-Media Thickness





### Vascular Effects of Nitric Oxide







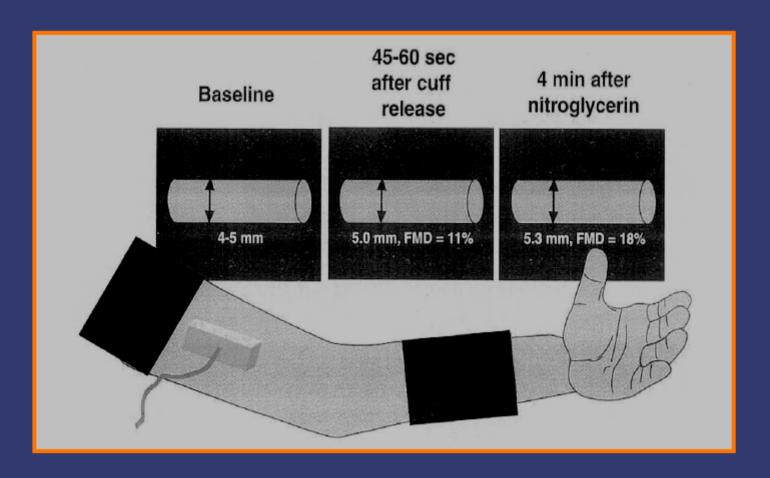
## Brachial Artery Reactivity (Flow Mediated Vasodilation)

- Blood flow through brachial artery increases in response to hyperemia
  - Blood pressure cuff on upper arm
- With sudden release, brachial artery vasodilates
  - Thought to be due to release of NO from endothelial cells
- Healthy brachial arteries
  - Increase diameter 5-15%
  - 5-6 fold increase in brachial artery flow
- Impaired endothelial function
  - Blunting of vasodilatory response
  - Actual abnormal vasoconstriction





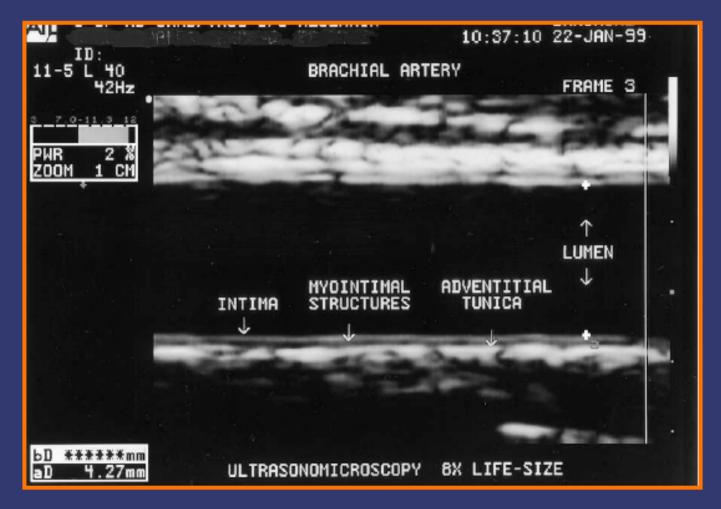
### Concept of BAFMD







# Brachial Artery High Resolution Duplex Ultrasonography







### Clinical Value of BAFMD

 Strong association between abnormal Coronary Artery Endothelial Function and abnormal BAFMD

Am J Cardiol 1998;82:1535-9

- Impaired BAFMD strongly associated with multiple cardiovascular risk factors
  - Tobacco, DM, Hyperlipidemia, Age

J Am Coll Cardiol 1994;24:1468-74





# Digital Tonometry--A Surrogate for BA Reactivity?

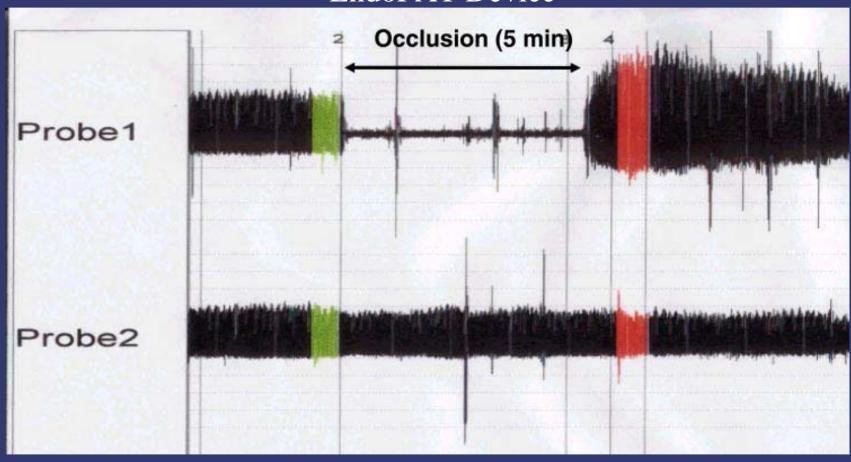






### Digital Pulse Volume Amplitude

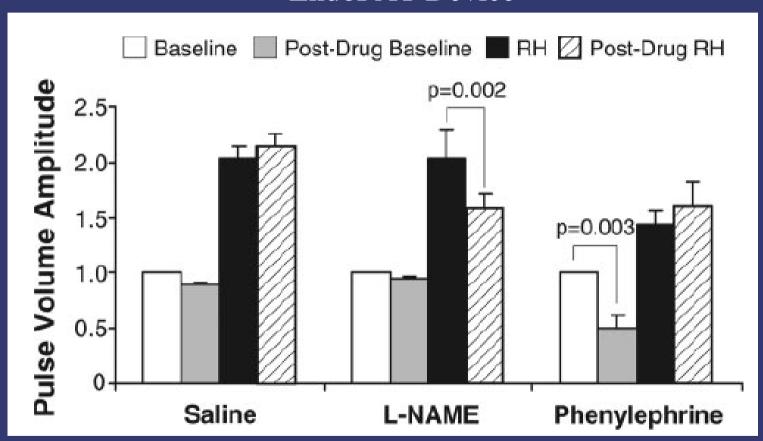
### EndoPAT Device





### Digital Pulse Volume Amplitude

### **EndoPAT Device**





## How Does The Vascular Laboratory Predict Cardiovascular Risk?

Ankle-Brachial Index

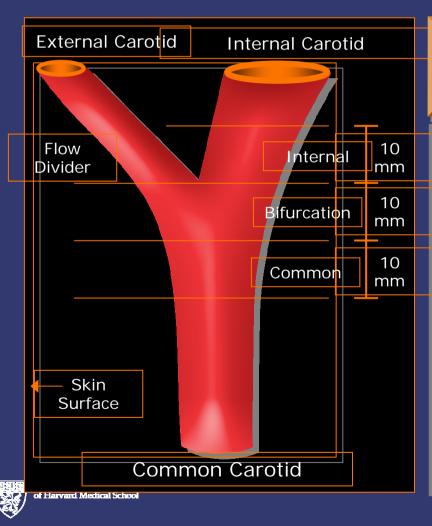
Brachial Artery Reactivity

Carotid Intima-Media Thickness





# What is Carotid Intima–Media Thickness (CIMT)?

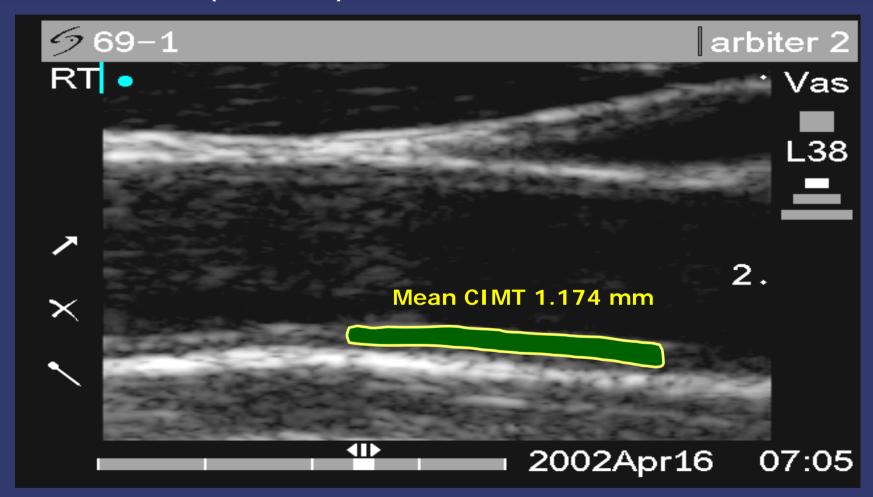


## Normal and Diseased Arterial Histology



VASCULAR CENTER

# What is Carotid Intima–Media Thickness (CIMT)?







## Mannheim Intima-Media Thickness Consensus Conference

- Where to Measure?
  - Region free of plaque at a point where a double line pattern is observed
  - Must note whether this is in the CCA, bulb, or ICA
  - Far wall is preferable
  - Measure a minimum of 10 mm vessel length
- How to Measure?
  - High resolution B-mode system with linear array transducer above 7 MHz, depth of focus 30-40 mm, frame rate >15 Hz

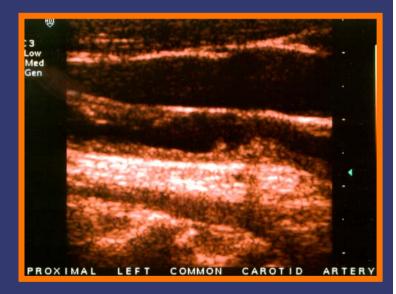


### Carotid Artery Intima-Media Thickness and Risk for Myocardial Infarction and Stroke

Duplex Ultrasonographic measurements of

Common and Internal Carotid Artery intima-media thickness

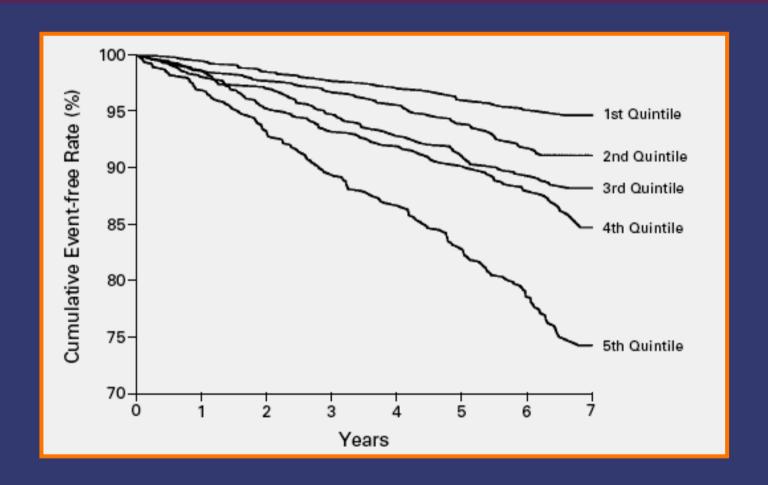
- 4476 patients ≥ 65 years with NO CLINICAL CARDIOVASCULAR DISEASE
- Primary End Points
  - New Myocardial Infarction/Stroke







### Carotid IMT and Mortality





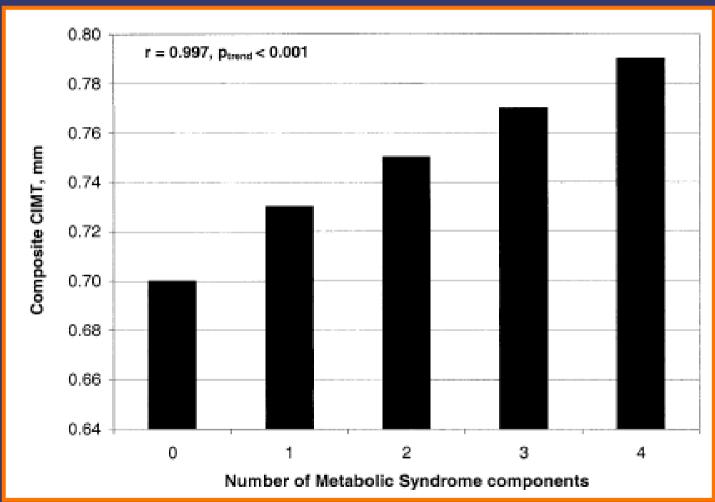
## Subclinical Atherosclerosis in Young Patients with Metabolic Syndrome— The Bogalusa Heart Study

- Of 507 pts in the Bogalusa Heart Study
  - 67 (13%) had the Metabolic Syndrome as defined by NCEP
  - 65 (13%) had the Metabolic Syndrome as defined by WHO





# Subclinical Atherosclerosis in Young Patients with Metabolic Syndrome— The Bogalusa Heart Study





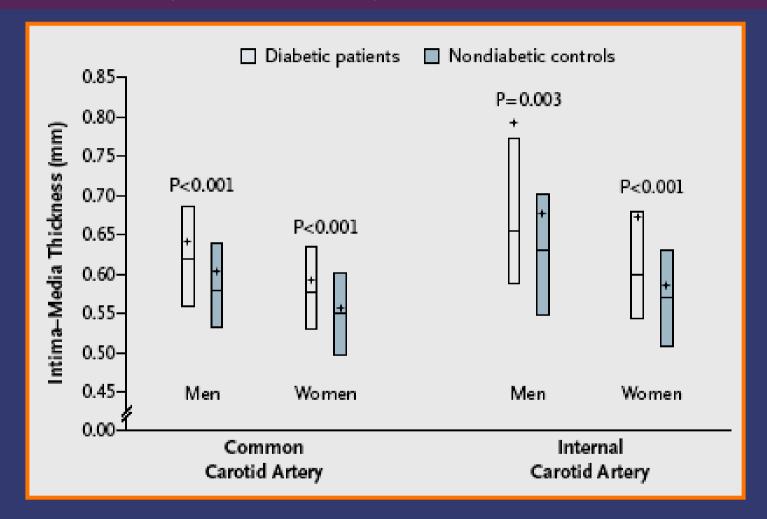


# Intensive Therapy for Type 1 DM: Impact on Carotid IMT (EDIC Trial)

- Epidemiology of Diabetes Interventions and Complications (EDIC) Trial
- 1229 patients underwent carotid IMT at 1 and 6 years
  - 611 patients assigned to conventional DM therapy
  - 618 patients assigned to intensive DM therapy



# Intensive Therapy for Type 1 DM: Impact on Carotid IMT (EDIC Trial)







# Intensive Therapy for Type 1 DM: Impact on Carotid IMT (EDIC Trial)

Variable	Change in Intima–Media Thickness of Common Carotid Artery		Change in Combined Intima–Media Thickness	
	Least-Squares Mean (95% CI)	P Value	Least-Squares Mean (95% CI)	P Value
	mm		mm	
Conventional treatment	0.046 (0.023 to 0.068)		0.007 (-0.277 to 0.292)	
Intensive treatment	0.032 (0.010 to 0.055)		-0.155 (-0.440 to 0.131)	
Difference between treatment groups	0.013 (0.003 to 0.024)	0.01	0.162 (0.031 to 0.293)	0.02





### **ARBITER 2**

### Objective

 Compare effects of niacin ER 1000 mg/d with placebo on carotid intima—media thickness (primary endpoint) over 12 months

### Study population

Patients with known CHD with good LDL-C on statin therapy

### Design

Randomized, double-blind, placebo-controlled, single-center, investigator-initiated study

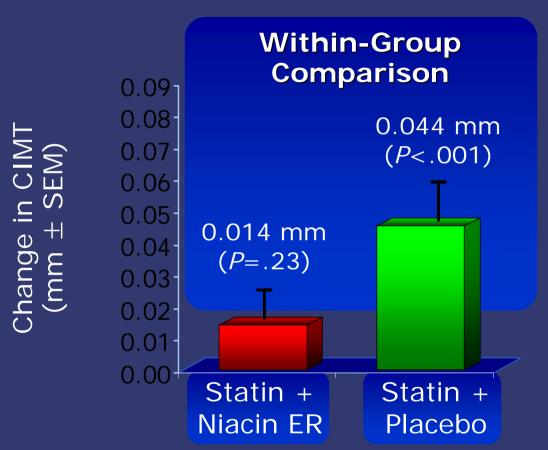
### Timeline

- Enrollment: December 2001 through May 2003
- Final follow-up: May 2004





# ARBITER 2: A CIMT at 12 Months versus Baseline



### **Statin + Niacin ER**

- Safe
- Flushing common, occurred in 2/3 of patients
- Adherence >90%

Between-group comparison: P=.08, intent-to-treat analysis of placebo > niacin ER, P=.048.

# Effect of Rosuvastatin on Progression of Carotid Intima-Media Thickness in Low-Risk Individuals With Subclinical Atherosclerosis The METEOR Trial

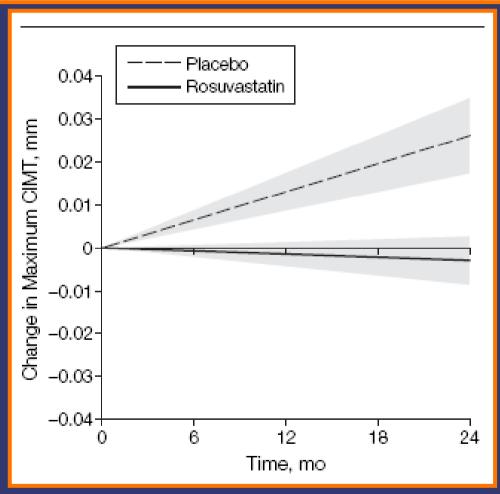
- 984 patients
- Age as sole CHD risk factor (mean 57 years) OR
- FHS score <10<sup>th</sup> percentile
- Moderate CIMT
- LDL cholesterol mean 154 mg/dL
- Randomized to
  - Rosuvastatin 40 mg/d
  - Placebo
- Followed for 4 years





# Effect of Rosuvastatin on Progression of Carotid Intima-Media Thickness in Low-Risk Individuals With Subclinical Atherosclerosis

The METEOR Trial







## Carotid IMT Is Now The Test of Choice... For Wall Street!!!!

## The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

APRIL 3, 2008

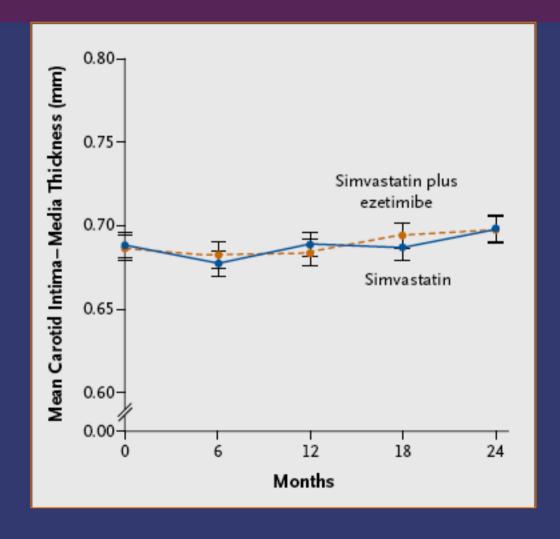
VOL. 358 NO. 14

Simvastatin with or without Ezetimibe in Familial Hypercholesterolemia





### ENHANCE: Primary Endpoint: Change in CIMT





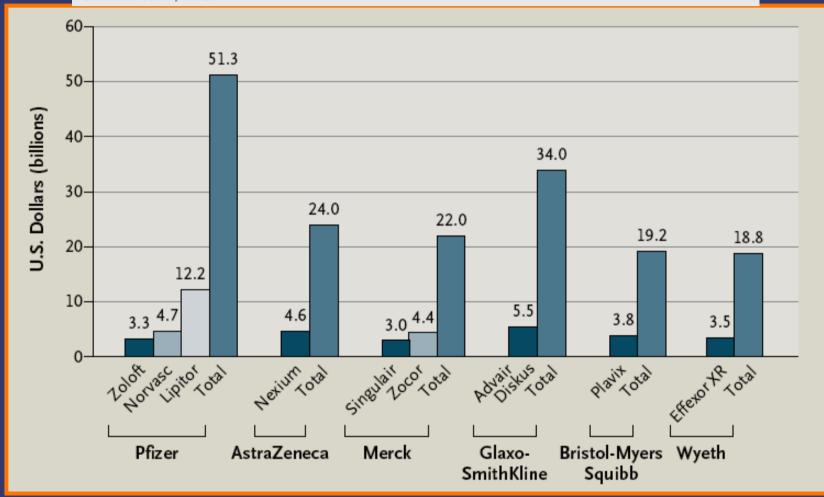


### Failure of ENHANCE and Loss of Potential Revenue

PERSPECTIVE THE DEMISE OF THE BLOCKBUSTER?

### The Demise of the Blockbuster?

David M. Cutler, Ph.D.





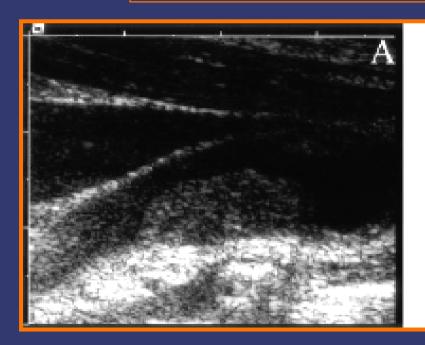


- 496 CAS procedures worldwide evaluated pre-intervention with duplex-US derived Gray Scale Median (GSM) scores
- 415 cases actually underwent CAS
  - 219 cases with embolic protection devices
- CAS Complications
  - 13 TIAs
  - 9 Minor CVAs
  - 6 Major CVAs
  - 0 Deaths





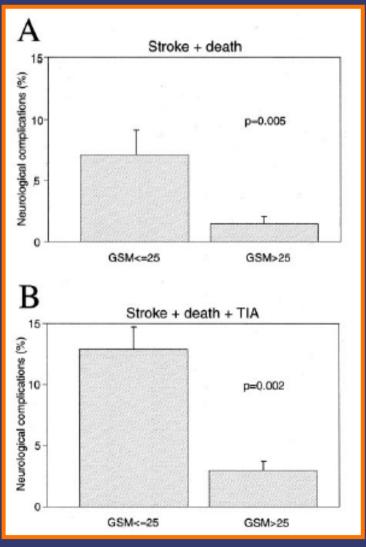
Gray Scale Median: Based on notion that echolucent plaques have higher embologenic potential than echodense plaques













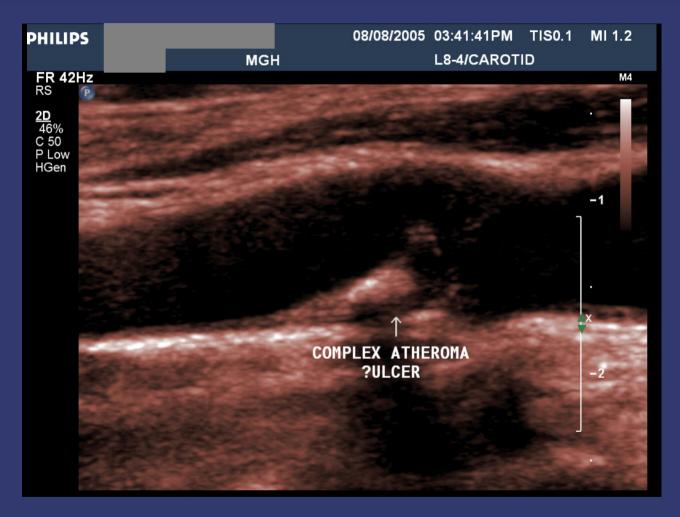


### Multiple Logistic Regression Analysis Odds Ratio of Stroke

	0R	Р	95% CI
GSM			
≤25 vs >25	7.11	0.002	2.06-24.57
Stenosis, %			
≥85 vs <85	5.76	0.010	1.51-21.91
Symptomatology			
Symptomatic vs asymptomatic	2.92	0.061	0.95-8.93
Brain CT			
Positive vs negative	2.54	0.099	0.84-7.47



# Can Carotid Duplex Ultrasonography Detect Vulnerable Plaque?

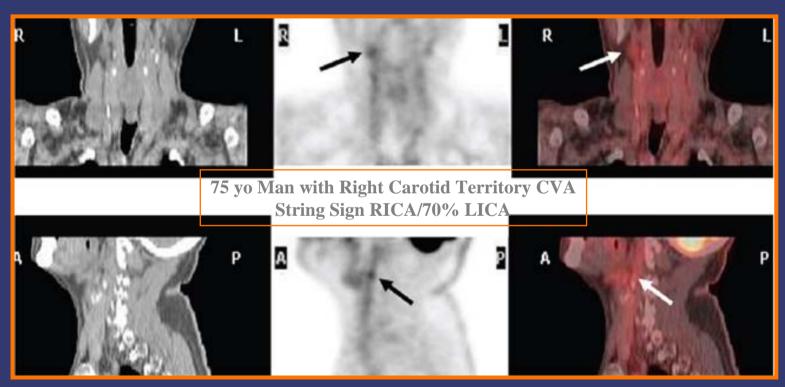






### PET/CT and MMP Content in Carotid Plaque

25 patients with carotid plaque and
 22 patients with normal carotid arteries







# PET/CT and MMP Content in Carotid Plaque

All patients with carotid stenosis ( $n = 25$ )						
Baseline	SUVmax $> 2.0 (n = 18)$	$SUVmax \le 2.0 (n = 7)$	Р			
hs-CRP (mg/dL)	2.0 ± 1.6	2.4 ± 1.3	NS			
MMP-1 (ng/mL)	$9.3 \pm 6.0$	1.4 ± 3.1	0.01			
Leukocyte count (1,000/μL)	6.4 ± 1.5	$6.3 \pm 0.9$	NS			
Patients who underwent stenting ( $n = 19$ )						
Parameter	SUVmax $> 2.0 (n = 14)$	$SUVmax \le 2.0 (n = 5)$	P			
hs-CRP (mg/dL)						
Baseline	2.1 ± 1.6	$2.6 \pm 1.4$	NS			
After stenting	2.1 ± 1.7	$2.7 \pm 1.5$	NS			
MMP-1 (ng/mL)						
Baseline	$7.6 \pm 6.7$	1.9 ± 1.2	0.02			
After stenting	14.1 ± 8.8	$6.6 \pm 0.5$	0.03			
Leukocyte count (1,000/μL)						
Baseline	6.5 ± 1.9	$5.8 \pm 0.7$	NS			
Second day	8.4 ± 1.9	7.2 ± 1.6	NS			



# Identification of Vulnerable Patients with Vascular Imaging

- Ankle Brachial Index predicts cardiovascular events and mortality
- Brachial Artery Reactivity/Digital Tonometry assesses endothelial function

 Carotid IMT associated with CV events/mortality, and is used as a surrogate for pharmaceutical trial effect



