2024 MID-ATLANTIC CONFERENCE

12th ANNUAL CURRENT CONCEPTS IN

VASCULAR THERAPIES

2024

Hilton Virginia Beach Oceanfront
Virginia Beach, Virginia

APRIL 18-20

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12th ANNUAL CURRENT CONCEPTS IN VASCULAR THERAPIES

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Sentara Vascular Specialists

April 20th 2024

CEA, TF CAS & TCAR are Clinically Equal and CMS Decision to Deregulate was Correct

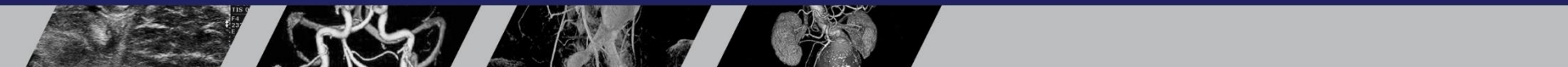
Disclosures

Disclaimer

I perform more CEA than CAS

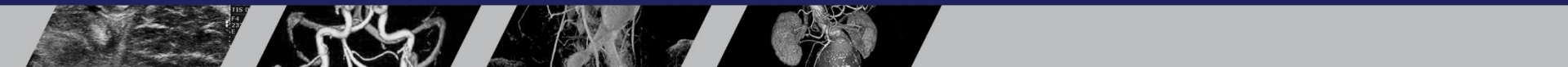
NEVERTHELESS

My goal is to convince everyone today that CAS (TCAR) is NON-INFERIOR to CEA



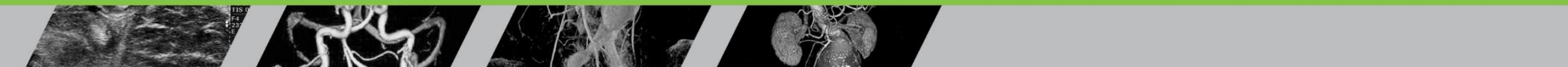
Outline

- Overview
  - CEA vs TF CAS vs TCAR
- Literature Review
  - Head to Head Results

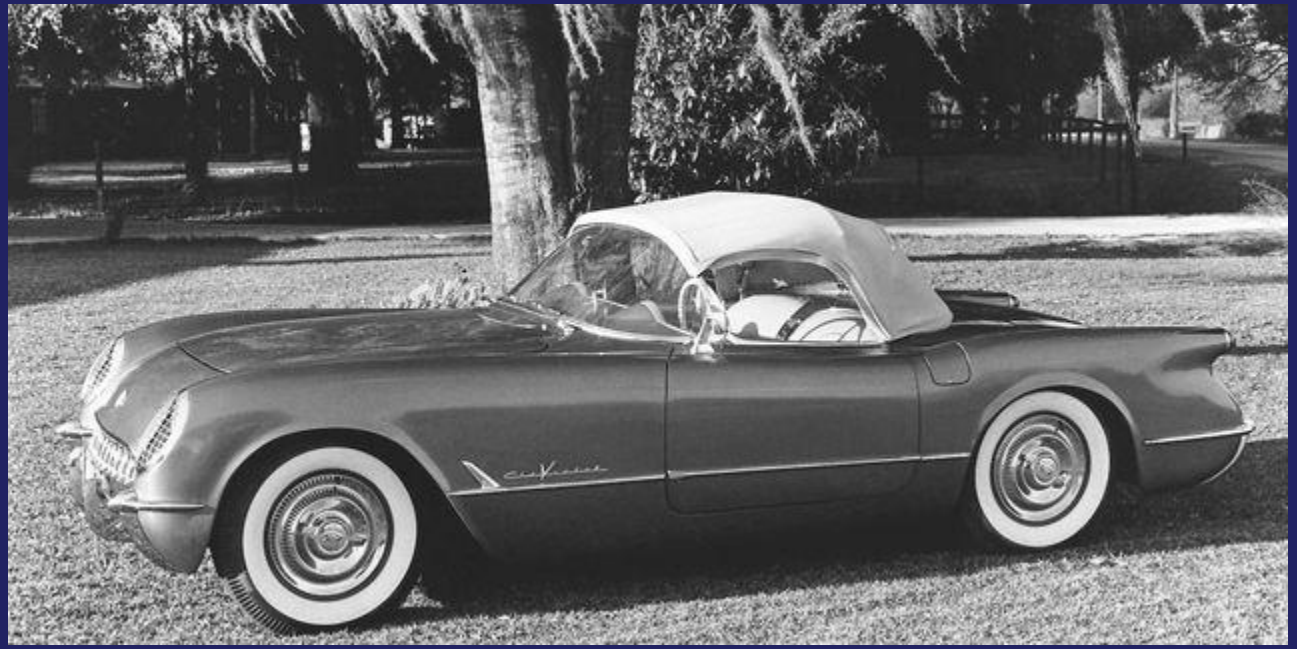


Carotid Endarterectomy - CEA

- First successful CEA was performed by Dr. Michael Debakey in 1953
- However first published report of CEA was in 1954 by Eastcott
- NOTHING has changed about the surgery in the past 70yrs!



1953 Chevy Corvette

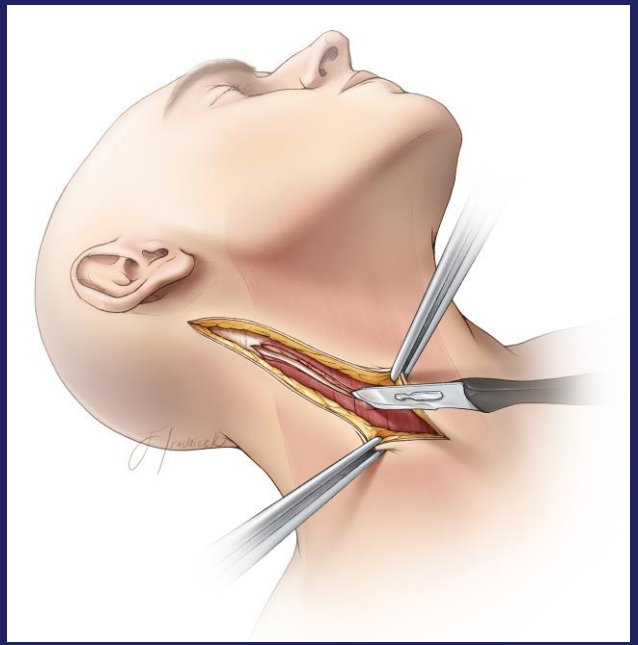


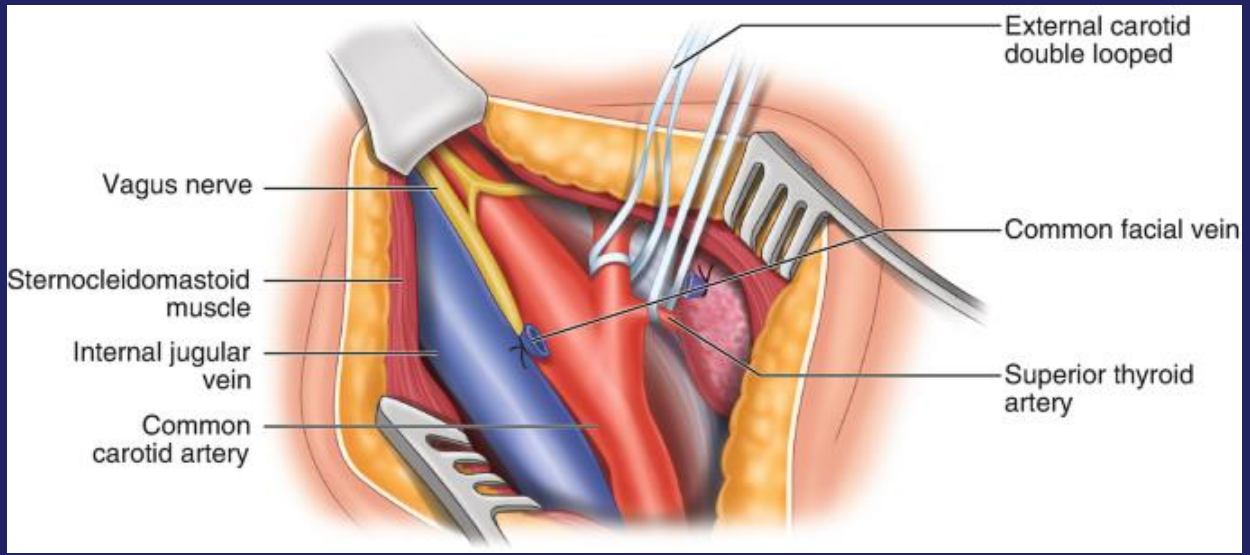
No Autopilot
No Bluetooth
No Navigation
No Power doors
No Power windows
No seat warmers

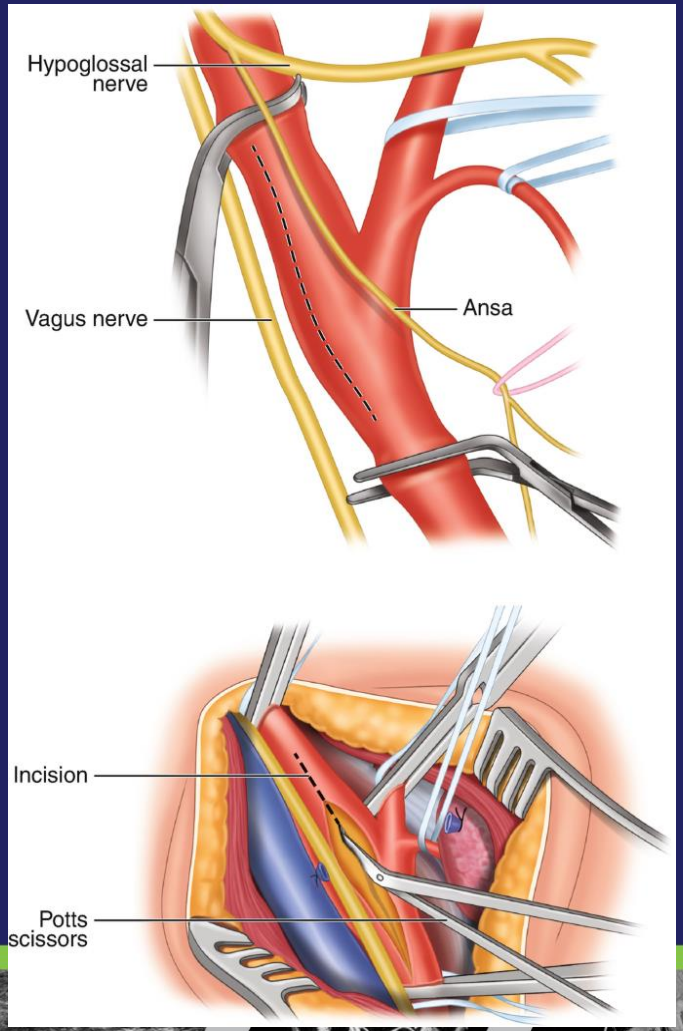
CEA Steps

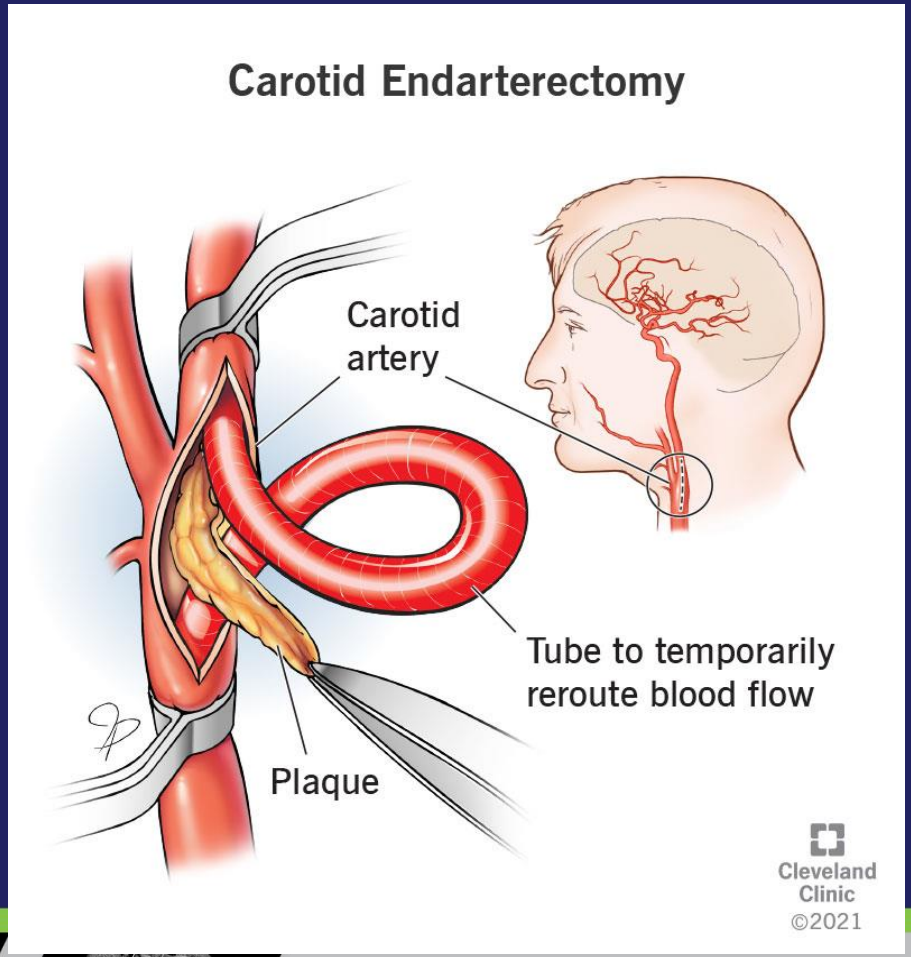
- BIG Neck incision
- Exposure of carotid artery and mobilization of veins and nerves
- Arteriotomy and +/- Shunting
- Plaque removal
- Closure with patch

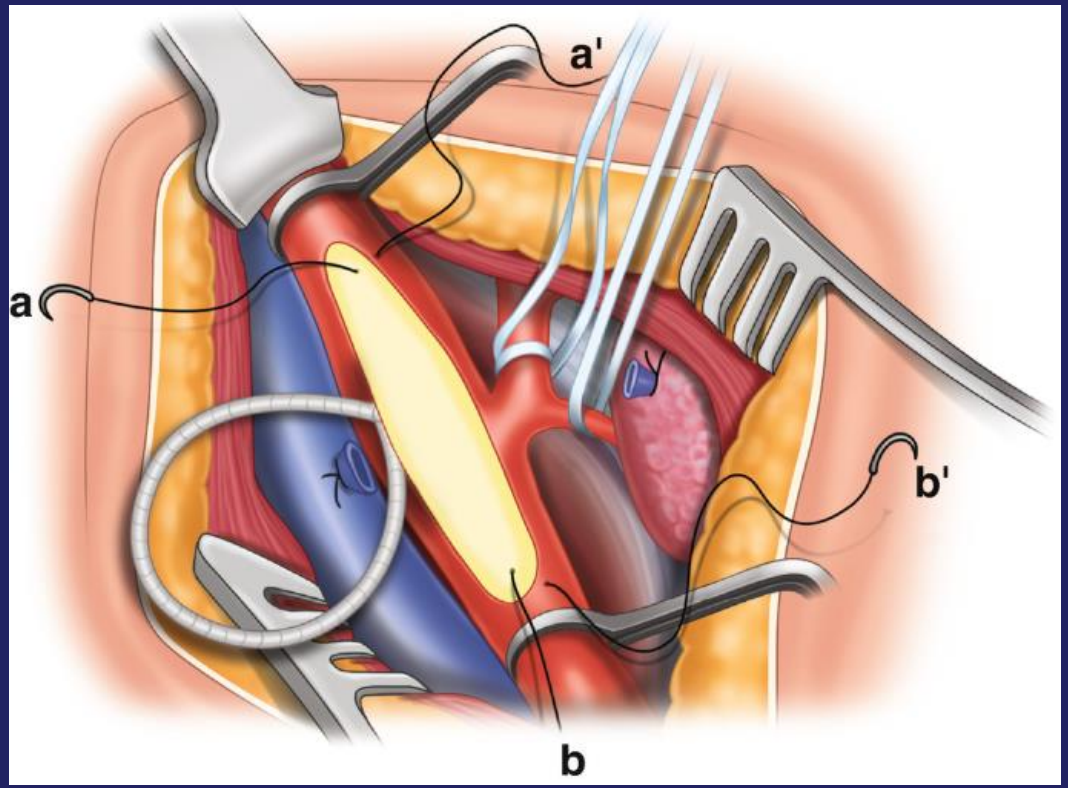
CEA Steps

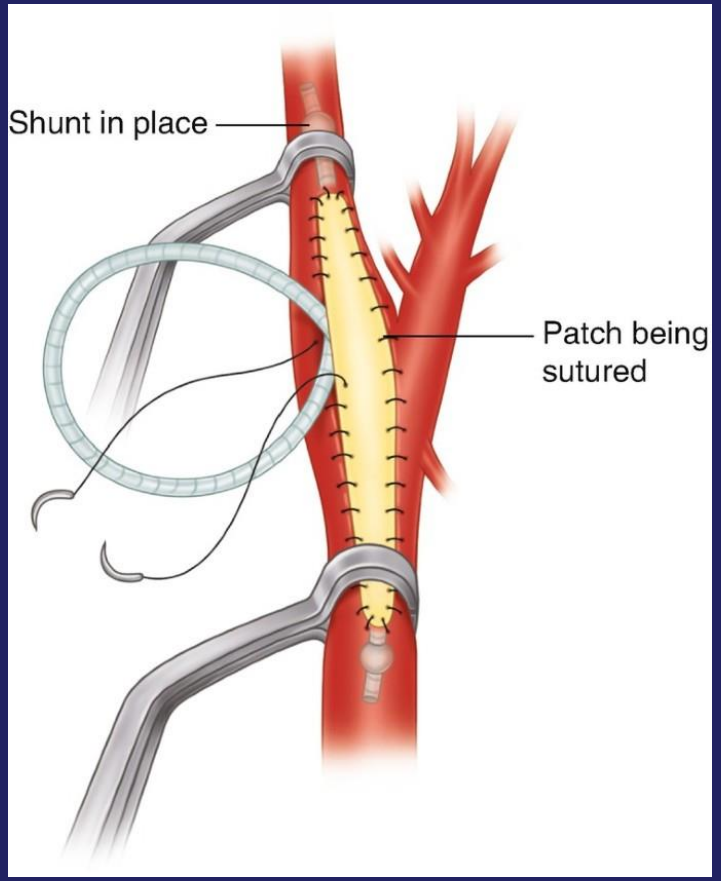


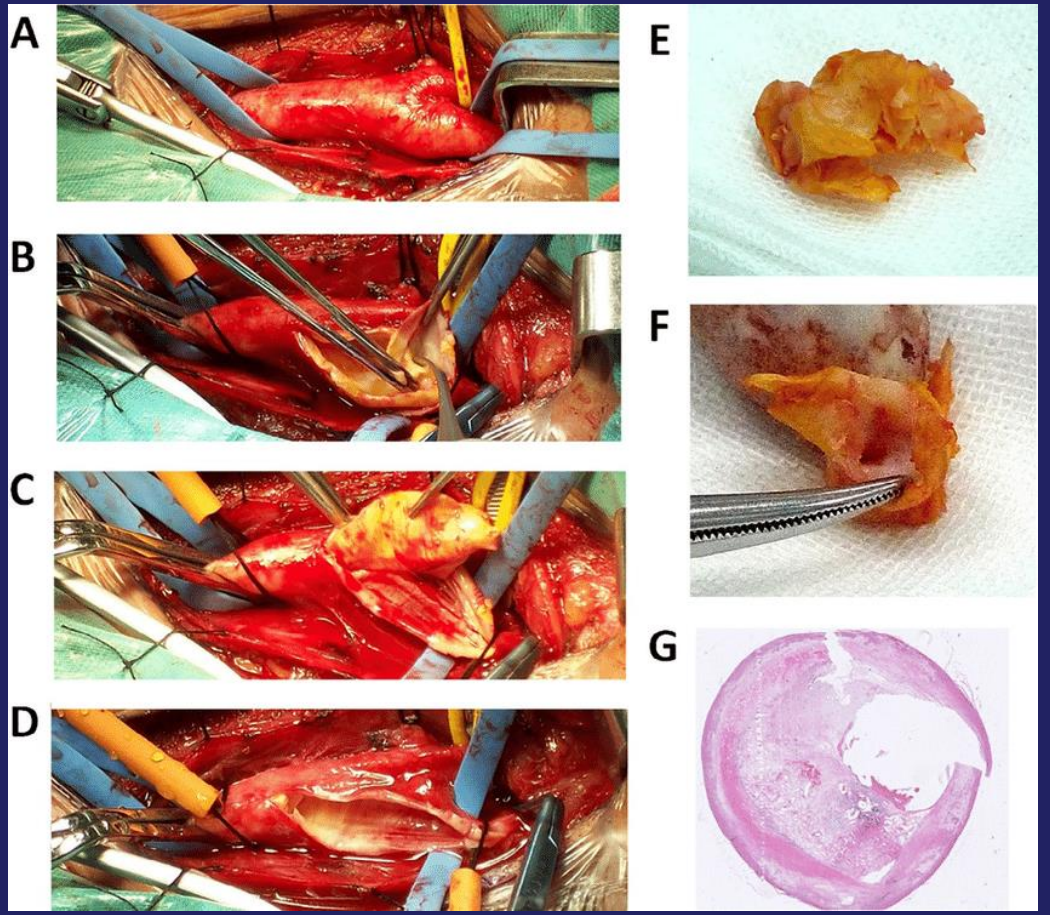

External carotid double looped
Vagus nerve
Common facial vein
Sternocleidomastoid muscle
Internal jugular vein
Superior thyroid artery
Common carotid artery


Hypoglossal nerve
Vagus nerve
Ansa
Incision
Potts scissors


Carotid Endarterectomy
Carotid artery
Tube to temporarily reroute blood flow
Plaque
Cleveland Clinic
©2021


a'
a
b'
b


Shunt in place
Patch being sutured

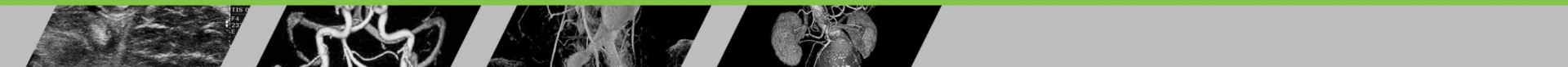

A
B
C
D
E
F
G

Complications of CEA

1. Stroke risk
2. Myocardial infarction
3. Nerve Injury
4. Infection
5. Bleeding/Hematoma
6. Clamp injury
7. Dissection from shunt placement

TF CAS - TransFemoral CA Stenting

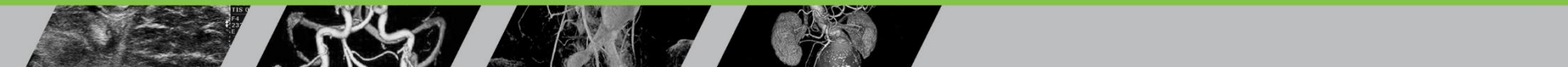
- In 1981, Klaus Mathias performed the first carotid artery balloon angioplasty
  - Several complications – elastic recoil, dissection, plaque embolization
  - Procedure abandoned
- In 1994 - Carotid stenting became popular after favorable results in coronary interventions



1994 Chevy Corvette

TF CAS - Transfemoral CA Stenting

- Indications:
  - High surgical risk patients – unstable angina, recent MI, severe pulmonary disease, severe CHF
  - Radiated neck, Presence of tracheostomy
  - Contralateral carotid occlusion
  - Prior CEA with restenosis
  - Anatomically inaccessible lesion



TF CAS Steps

- Ultrasound guided femoral artery access
- Arch and carotid angiography
- 6 Fr long sheath
- Wires and catheters
- EPD (Embolic protection device)
- Balloon
- Stent(s)

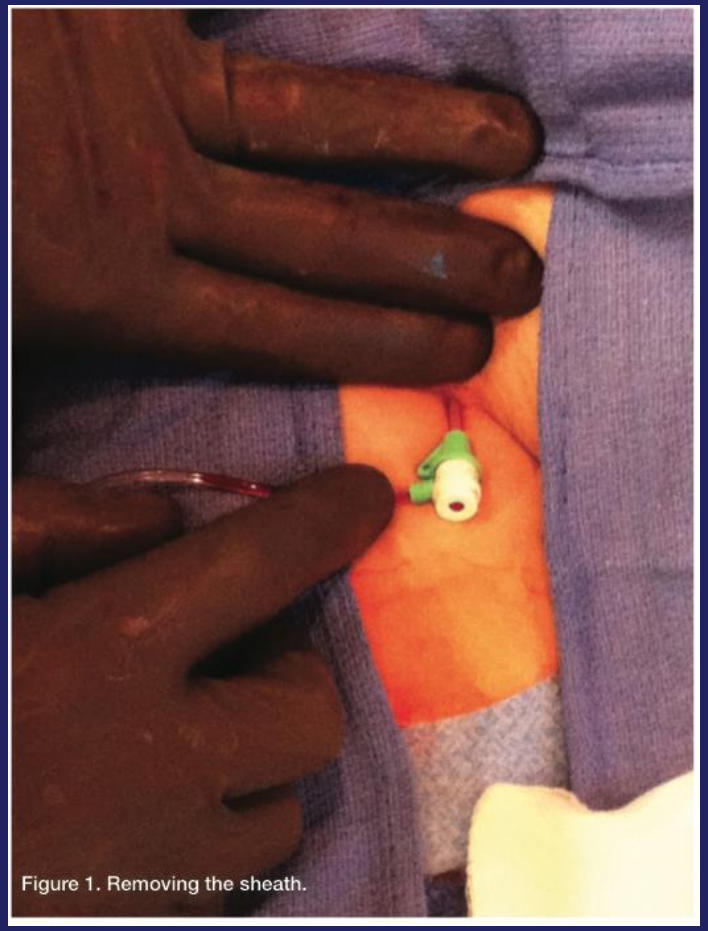
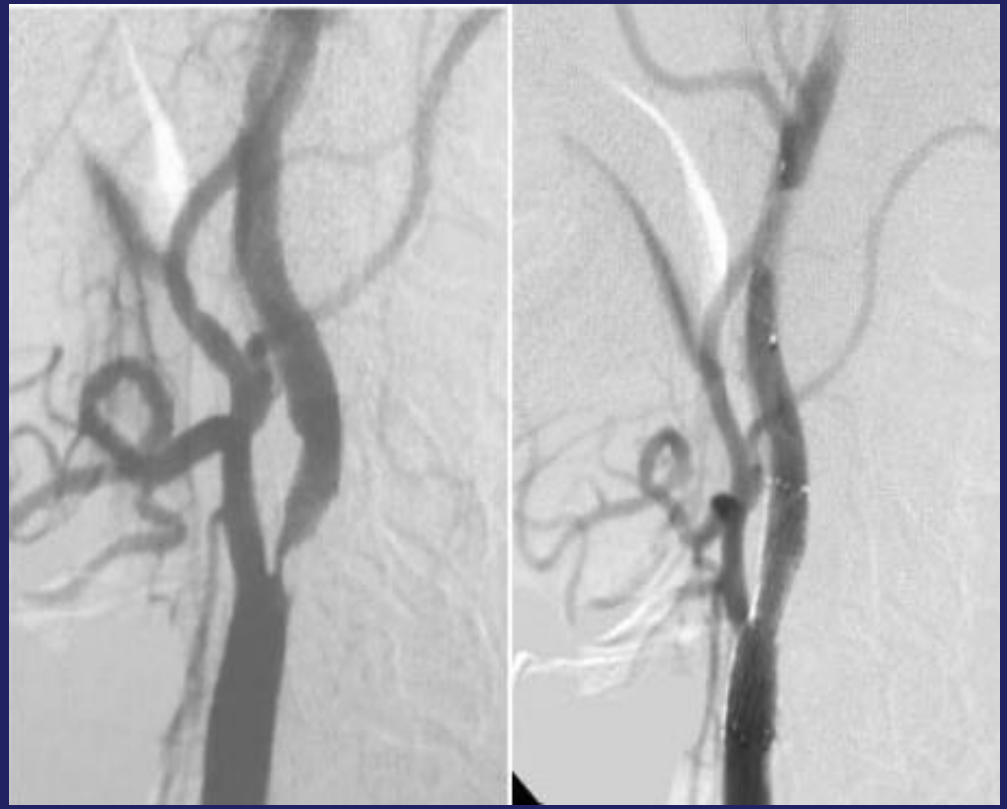
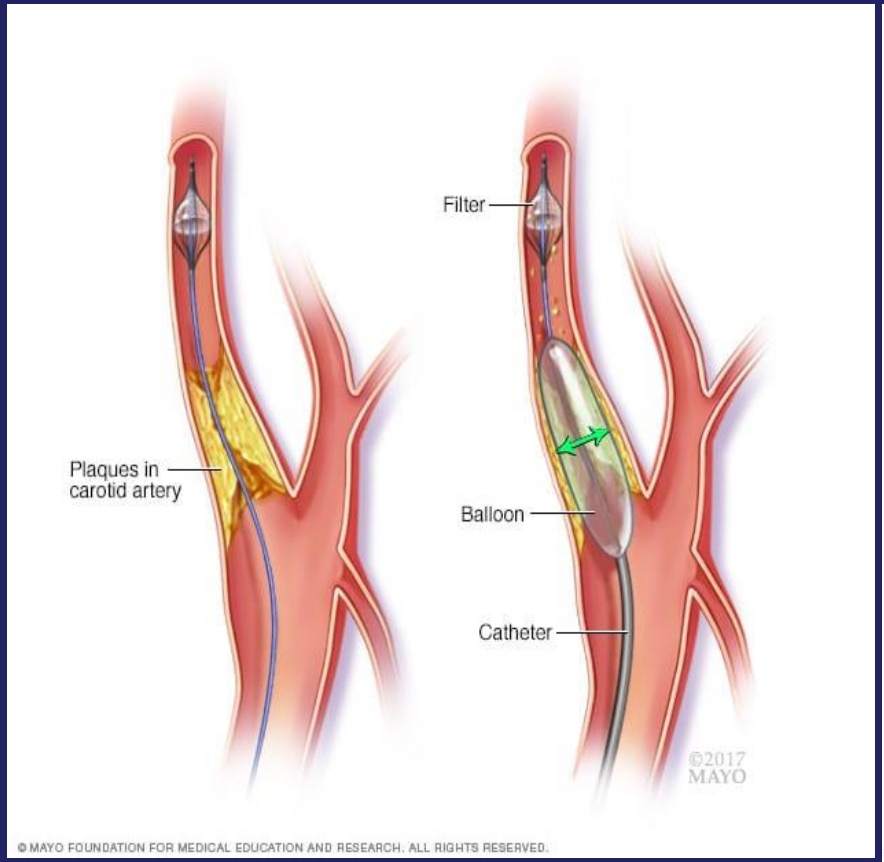
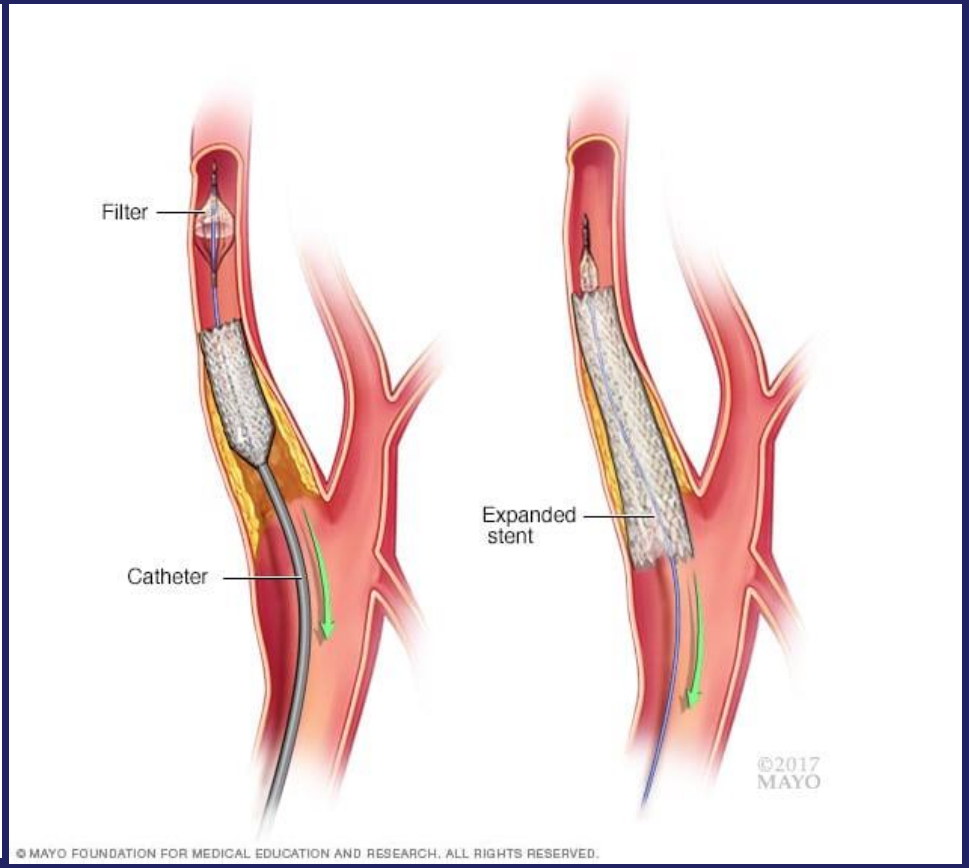
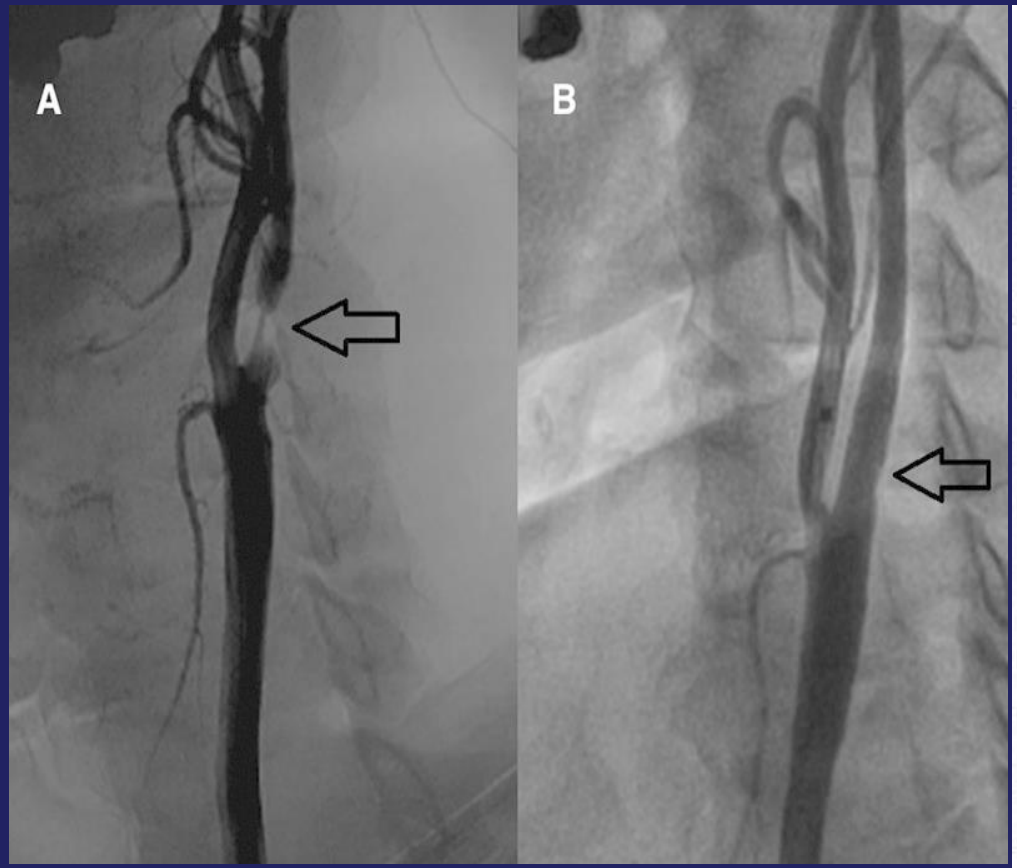


Figure 1. Removing the sheath.









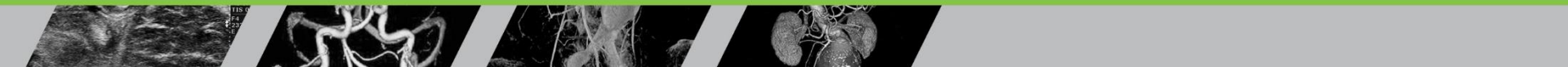
CAROTID ARTERY STENTING

PRE STENT

POST STENT

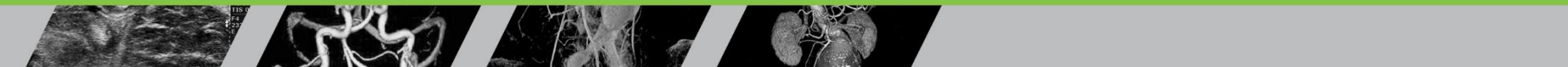
TF CAS - Data

- CREST TRIAL – *Carotid Revascularization Endarterectomy vs Stent Trial*
  - Started enrolling in 2000, but published in 2010
  - Prospective Randomized Multicenter trial comparing CEA vs CAS to determine superiority
  - NIH sponsored trial and Industry (Abbott)



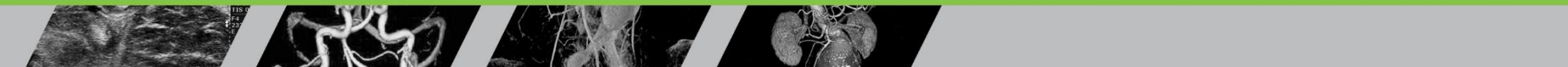
TF CAS - Data

- CREST TRIAL – *Carotid Revascularization Endarterectomy vs Stent Trial*
  - 108 Centers in USA and 8 in Canada
    - Team – Surgeon, Interventionalist, Neurologist
      - 477 Certified Surgeons, 224 Certified Interventionalists



CREST

- 2500 patients randomized to CEA vs TF CAS
  - CEA arm – were given ASA only
  - TF CAS arm – were given ASA + Plavix or ASA + Ticlid for at least 30 days
  - Post procedure every patient evaluated by Neurologist for NIHSS and modified Rankin score



CREST

- Primary Endpoints
  - CVA, MI or death during periprocedural period (within 30 days of procedure)

RESULTS

Stenting (CAS) vs. Endarterectomy (CEA):

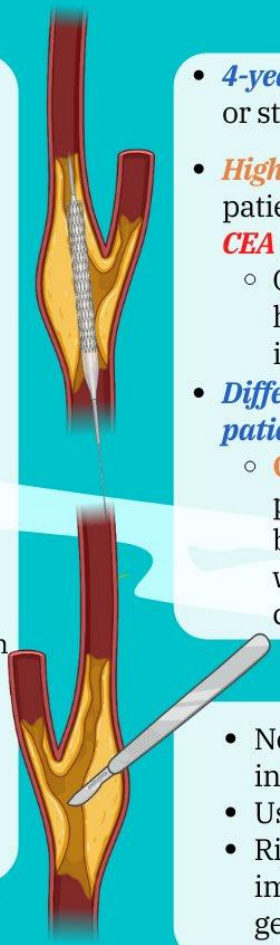
- **Primary composite outcome similar** in CAS and CEA
  - Periprocedurally (CAS 5.2% vs. CEA 4.5%)
  - 4-year followup (CAS 7.2% vs CEA 6.8%, p=0.51)
  - Similar results at 10 year follow-up [2].
- **Different rates of stroke and MI** in the perioperative period (within 30 days of randomization)
  - **Higher risk of stroke seen in CAS** (4.1% vs 2.3%, p=0.01)

* Quality of life analysis showed that stroke had greater adverse effects

  - **Higher risk of MI seen in CEA** (1.1% vs 2.3%, p=0.03)

Secondary Outcomes:

- Age differences: lower risk of primary endpoint in younger patients with CAS and older patients with CEA
  - crossover at 70 years old (p=0.02)
- No significant differences due to sex (p=0.34) or symptomatic status (p=0.84)
- Cranial Nerve palsy higher in CEA patients (0.3%, vs. 4.7%)
  * well-known complication, long-term cranial nerve deficits are rare [5].



CONCLUSIONS

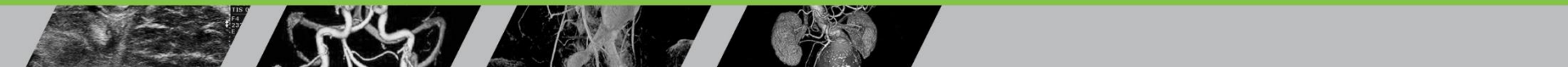
- ***4-year composite primary outcomes*** of death, MI, or stroke were similar for both CAS and CEA.
- ***Higher perioperative rates of stroke in CAS*** patients, and ***higher perioperative rates of MI in CEA*** patients.
  - Quality-of-life analysis indicated that stroke had a more negative impact. Opportunity for improvements to perioperative safety of CAS.
- ***Different outcomes were also seen based on the patient's age.***
  - **CAS** demonstrated better outcomes for patients <70 yo, while older patients had better outcomes with **CEA**. This difference was attributed to age-related vascular changes (tortuosity, calcification) [1].

LIMITATIONS

- No comparison to medical therapy (addressed in upcoming CREST-2 trial) [3].
- Use of only one stenting system (RX Acculink)
- Rigorous certification for interventionists; improved patient safety but limits generalizability to community practice

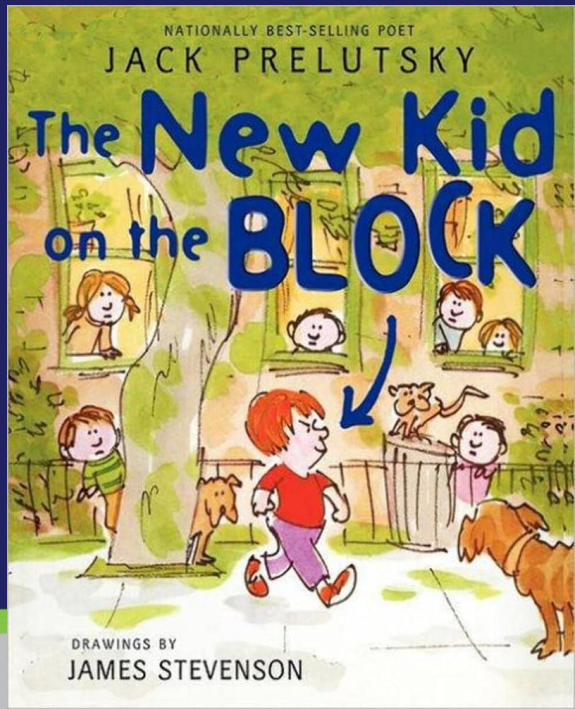
Carotid Dilemma

- CEA vs TF CAS
  - How do we decide what to do for our patient?
  - CEA has higher risk of MI
  - TF CAS has higher risk of CVA
  - Is there a way to deliver a carotid stent and keep the stroke rate low?



New Kid on the Block

- TCAR (TransCarotid Artery Revascularization)
  - First introduced in US in 2012 by Drs. Criado and Chang
  - Combination of surgery + stent
  - Commercially available in 2016



2024 Chevy Corvette

TCAR Steps

- CCA exposure at base on neck
- Percutaneous femoral vein access
- Direct sheath access into CCA
- Establish Flow Reversal
- Carotid angiography
- Balloon angioplasty (Pre-Dilation)
- Deploy Stent(s) +/- Post balloon dilatation

Dedicated TCAR® Toolset

Access	Guidewires	Neuroprotection	Carotid Stent	Balloons
✓	✓	✓	✓	✓

ENROUTE Enflate™ Transcarotid

RX Balloon Dilatation Catheter

ENHANCE® Transcarotid Peripheral Access Kit*

ENROUTE® Transcarotid Stent System*

Open vs. Closed Cell

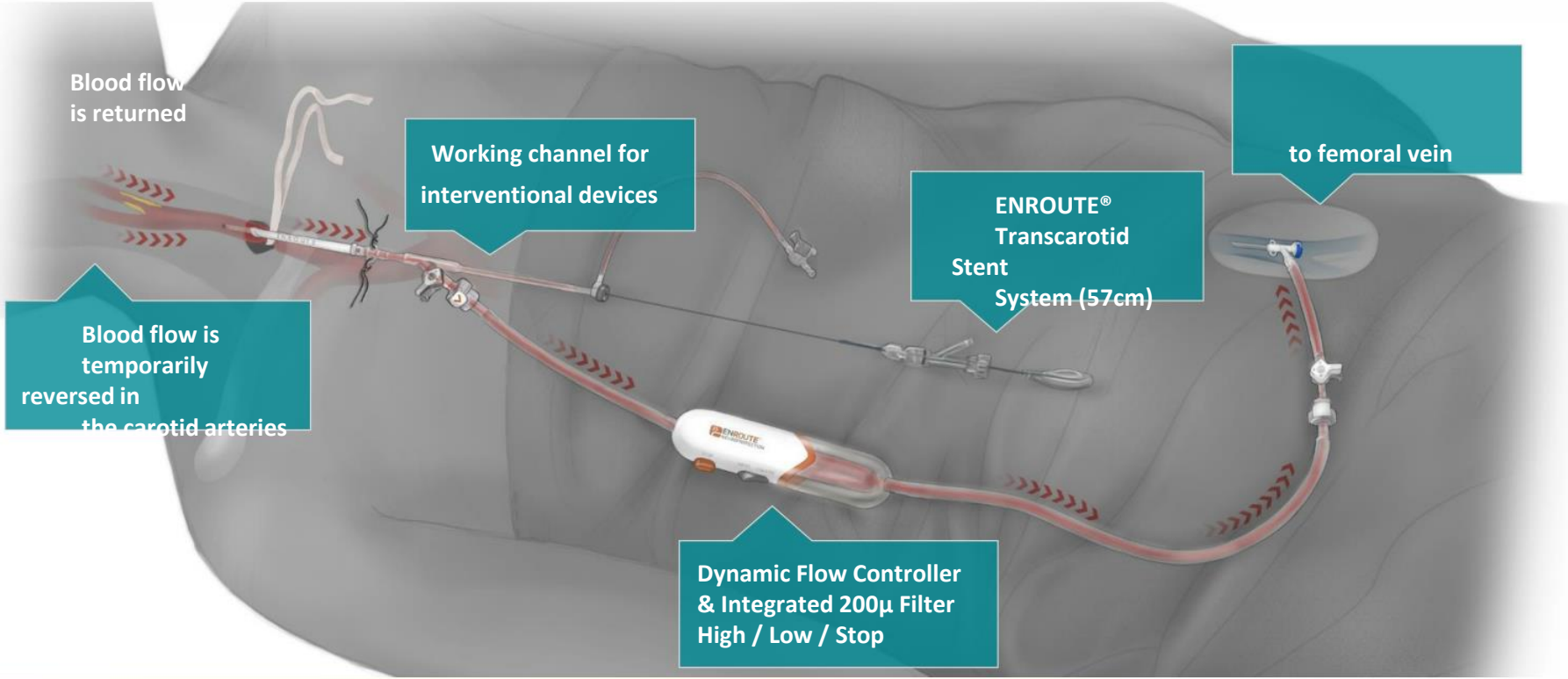
ENROUTE® 0.014" Guidewire

ENROUTE® Transcarotid Neuroprotection System*

*FDA-cleared Transcarotid Labeling for ENROUTE® Transcarotid Neuroprotection System, ENROUTE® Transcarotid Stent System, ENROUTE Enflate™ RX Balloon Dilatation Catheter, and ENHANCE® Transcarotid Peripheral Access Kit

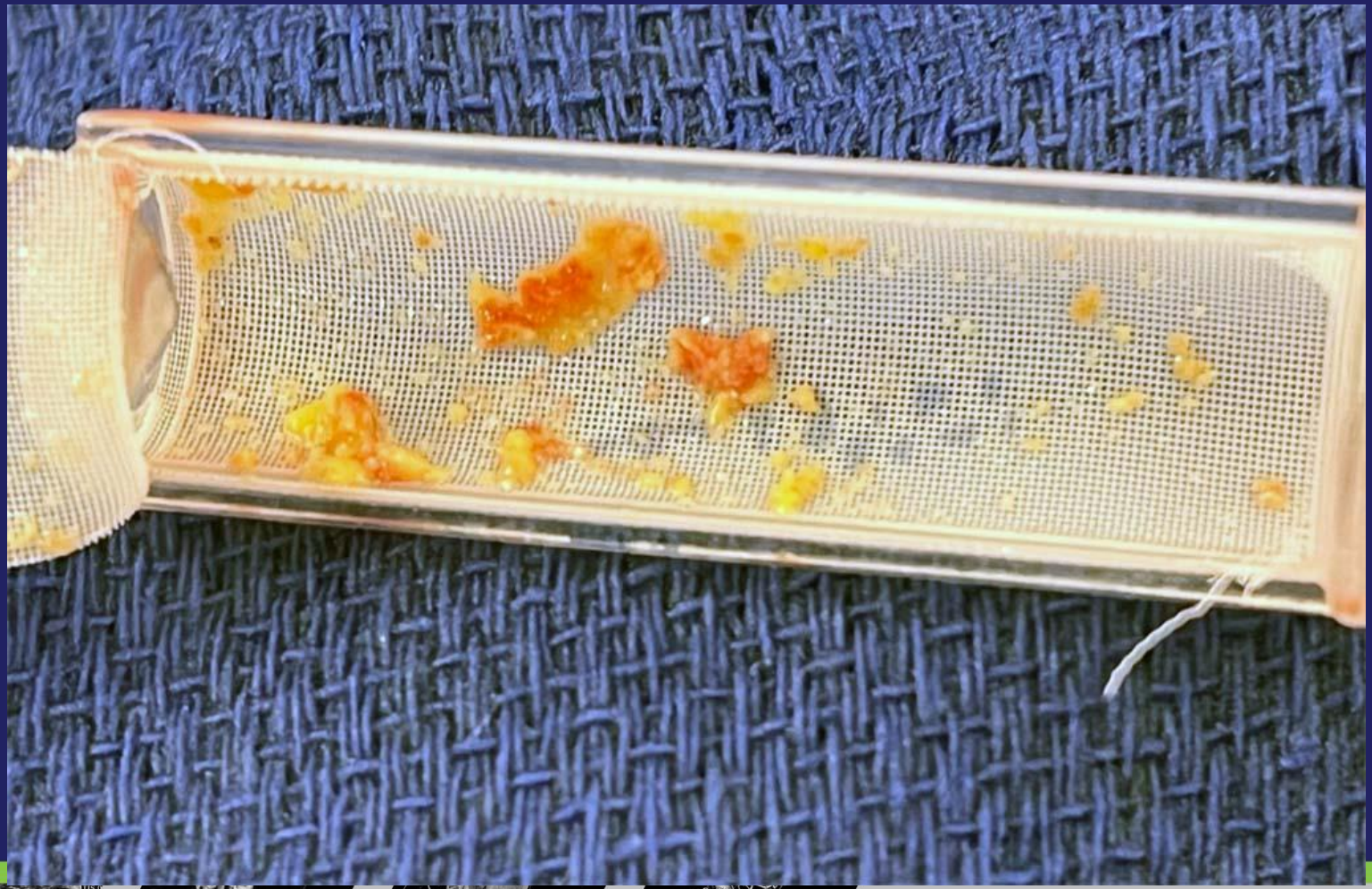
SILKROAD MEDICAL®

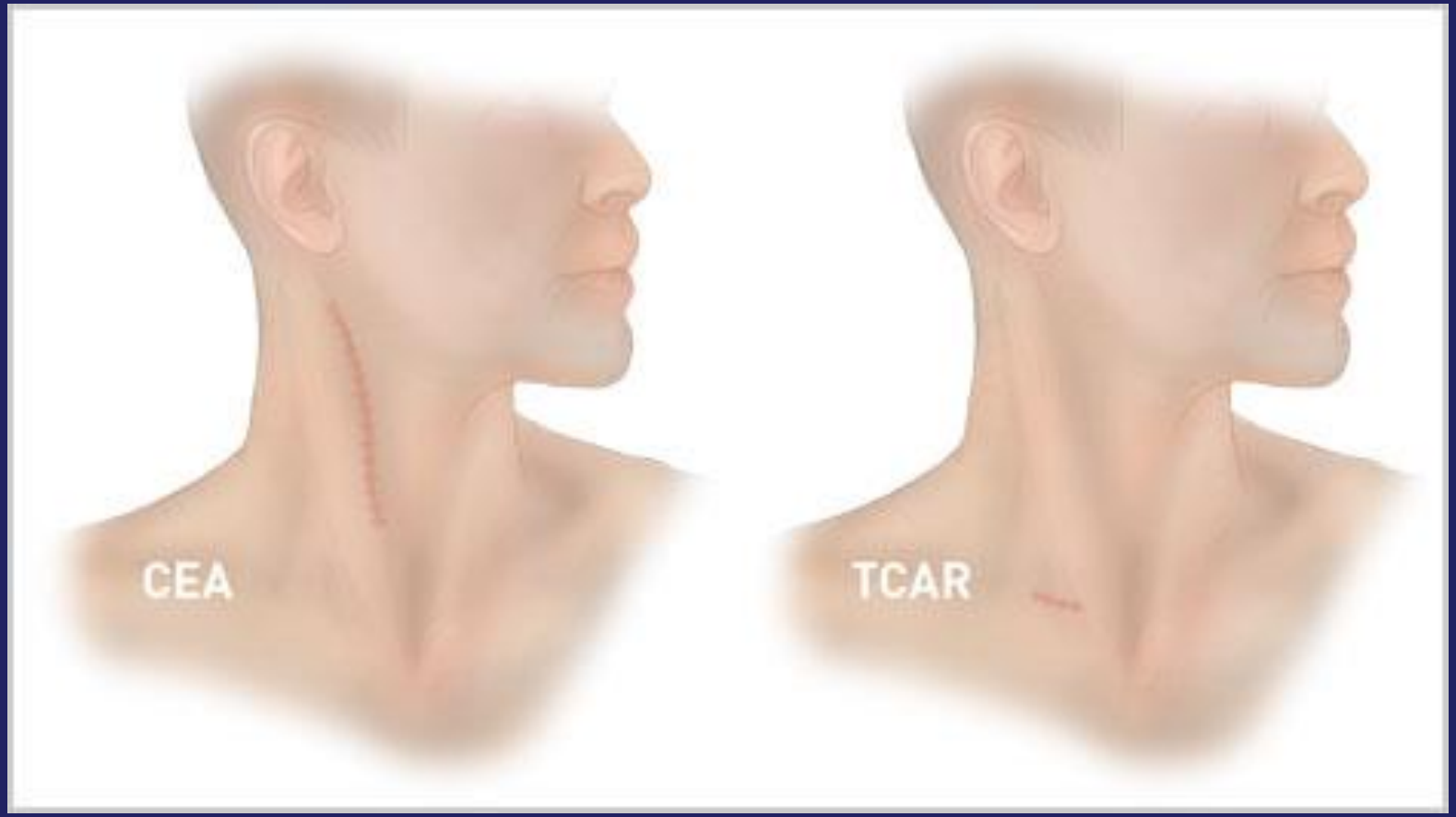
ENROUTE® Transcarotid Neuroprotection & Stent System



Surgically Inspired CEA-Like Neuroprotection

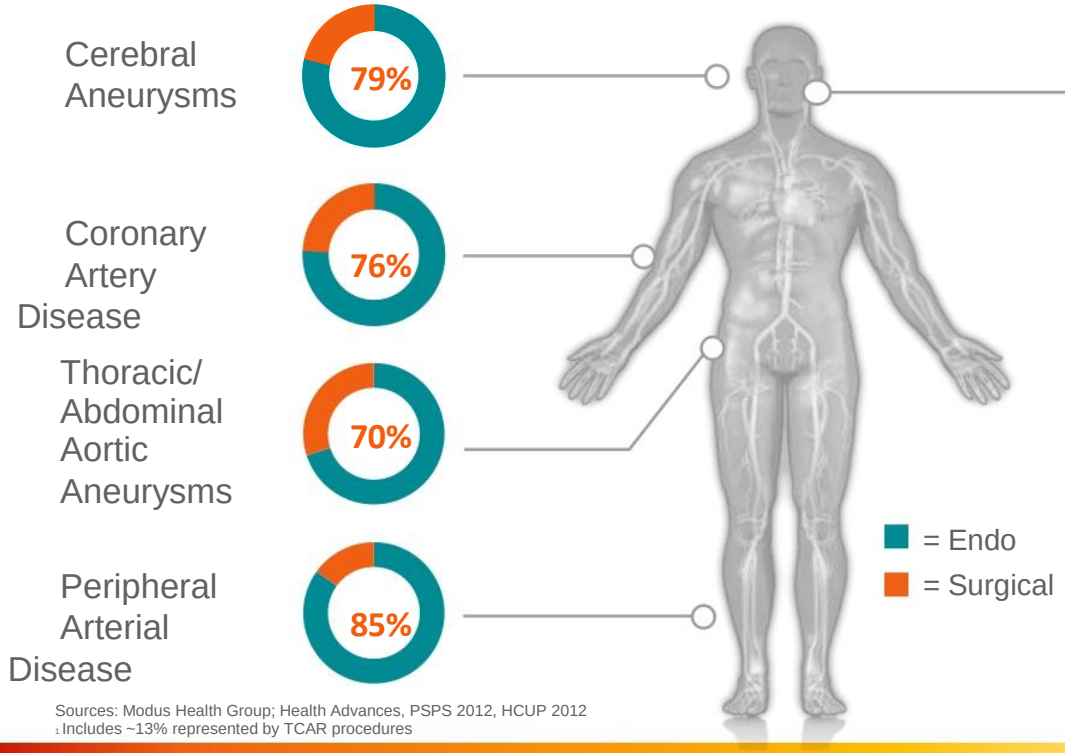
TCAR Animation Link




CEA
TCAR

The New Normal: Endovascular Procedures

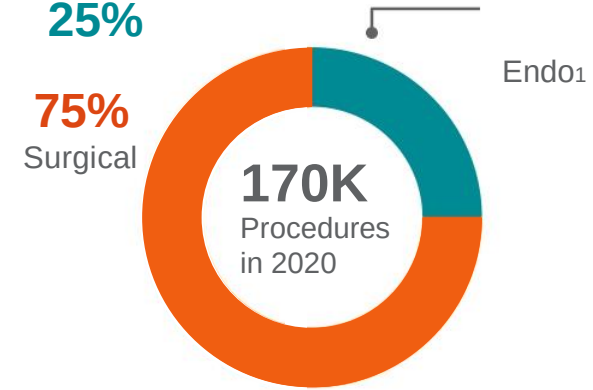
Realizing the Benefits of a Less Invasive Treatment Option



THE LAST FRONTIER:

Carotid Artery Disease: U.S.

25%



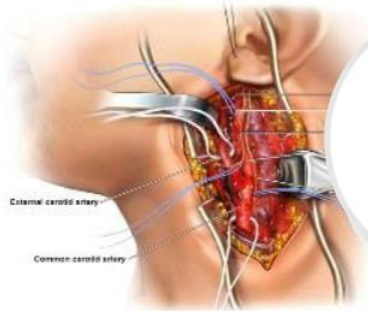
Sources: Modus Health Group; Health Advances, PSPS 2012, HCUP 2012

1 Includes ~13% represented by TCAR procedures

SILKROAD MEDICAL®

SURGICAL:
Carotid Endarterectomy (CEA)

65+ years



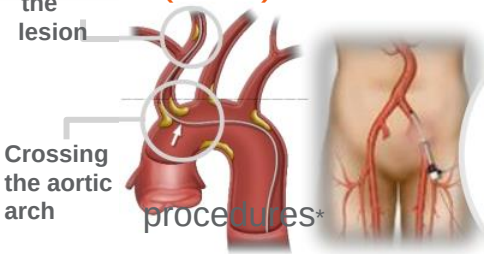
~75%
of procedures

SIGNIFICANT

A Dated Standard of Care

ENDOVASCULAR:
Transfemoral Carotid Artery Stenting (CAS)

Since the '90s



~12%
of procedures*

adverse events

A More Procedure

Source: Modus Health Group *Excludes

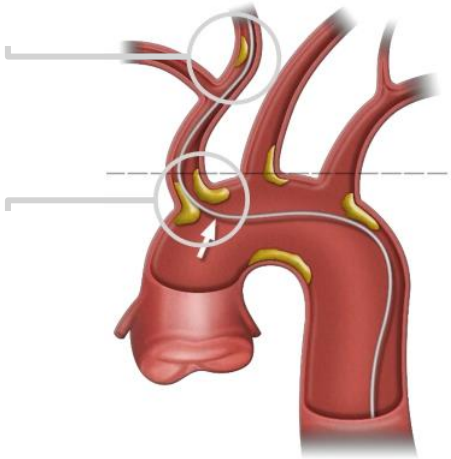
CREST Trial: Brott TG, et al. Stenting versus endarterectomy for treatment of carotid-artery stenosis. *N Engl J Med*. 2010 Jul 1;363(1):11-23.

Stent Safety and Durability

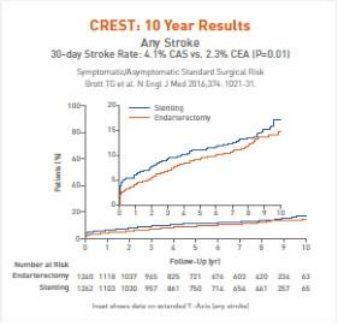
Crossing
the lesion

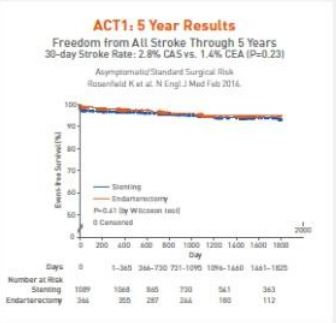
Pitfalls of a transfemoral approach

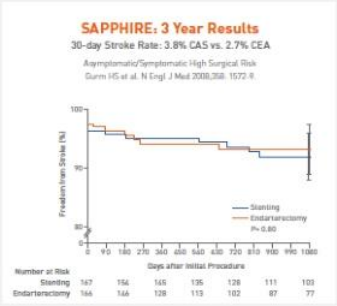
Crossing the
aortic arch

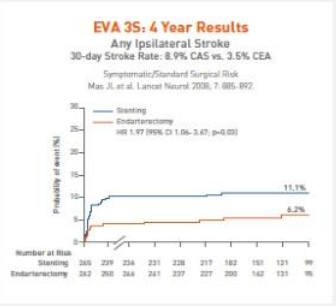


If the stent is **DELIVERED** safely, long term outcomes are equivalent to CEA





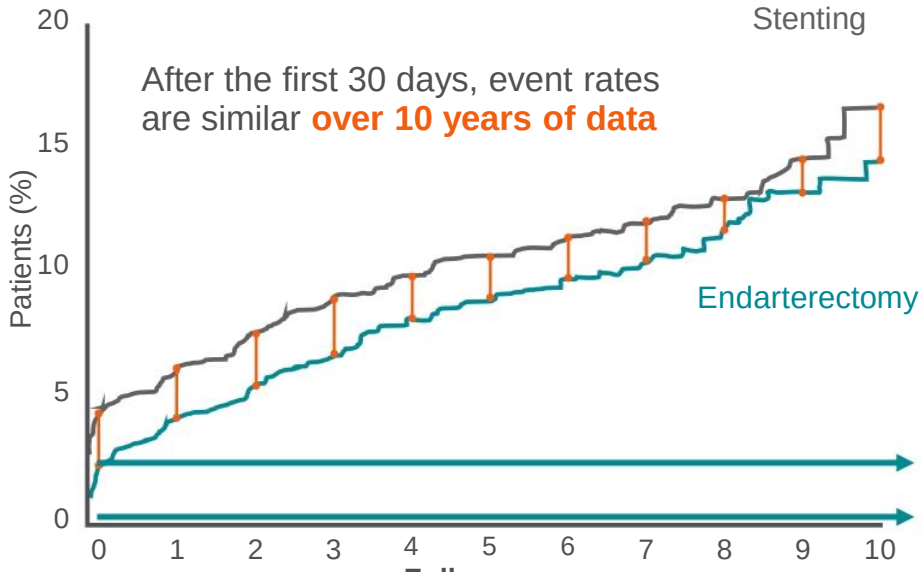




Brott TG, Calvet D, Howard G, et al. Long-term outcomes of stenting and endarterectomy for symptomatic carotid stenosis: a preplanned pooled analysis of individual patient data. *Lancet Neurol*. 2019;18(4):348-356.

CREST (10 Year Data)

C Any Stroke



No. at Risk											
Endarterectomy	1240	1118	1037	945	825	721	676	603	420	234	63
Stenting	1262	1103	1030	957	861	750	714	654	461	257	65

Opportunity:

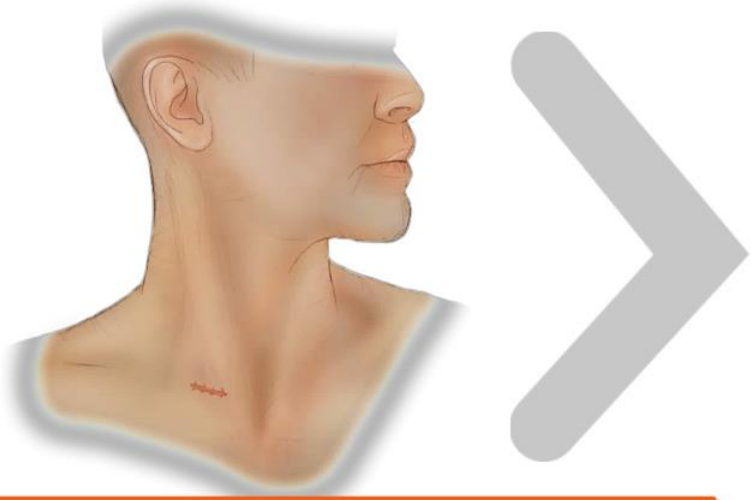
Combine low stroke rates with benefits of a less invasive procedure

TCAR is the solution that combines low periprocedural stroke rates with benefits of a less invasive procedure

Re-Intervention Data

Brott TG, et al. Long-Term Results of Stenting versus Endarterectomy for Carotid-Artery Stenosis. *N Engl J Med*. 2016;374(11):1021-1031.

TCAR Paradigm Shift: Transcarotid



The TCAR® System combines advantages from both worlds: **surgical principles** of neuroprotection and game-changing **endovascular technology**

Minimally Invasive

Avoids Aortic Arch

Avoids Cranial Nerve Plexus

High Rate Flow Reversal Neuroprotection

Accurate stenting

The Less Invasive Standard in Stroke Prevention

Benefits of a less invasive approach to carotid revascularization*

		Significantly Favors CEA	Significantly Favors TCAR
In-Hospital VQI Outcomes	Stroke	=	=
	Death	=	=

Benefit	Significantly Favors CEA	Significantly Favors TCAR
Less Risk of MI		✓
Less Risk of Cranial Nerve Injury		✓
Less Time in OR		✓
Shorter Length of Stay		✓
Less Risk of Bleeding requiring Intervention**		✓

TCAR Incision

CEA Incision

- 2021 VQI Data
- Learning Curve
- Impact of Age
- Additional MI & CNI Data

Malas MB, et al. TransCarotid Revascularization with Dynamic Flow reversal versus Carotid Endarterectomy in the Vascular Quality Initiative Surveillance Project. *Ann Surg*. 2020 Sep 15. doi: 10.1097/SLA.0000000000004496. Epub ahead of print.

*Patients matched based on symptomatic status, age, CAD, CHF, COPD, CKD, prior ipsilateral CEA, prior ipsilateral CAS, contr alateral occlusion, ASA Class and statin use

**With use of Protamine

SILKROAD MEDICAL

The Less Invasive Standard in Stroke Prevention

Operating Room Efficiencies

Procedure Time[1]

TCAR: **73 Minutes**

vs

CEA: **121 Minutes**

Ability to treat **67% more** patients vs CEA

	TCAR	CEA
OR Time (minutes)	**73**	121
Cost per minute*	$37	$37
Total OR Time Cost	**$2,701**	$4,477

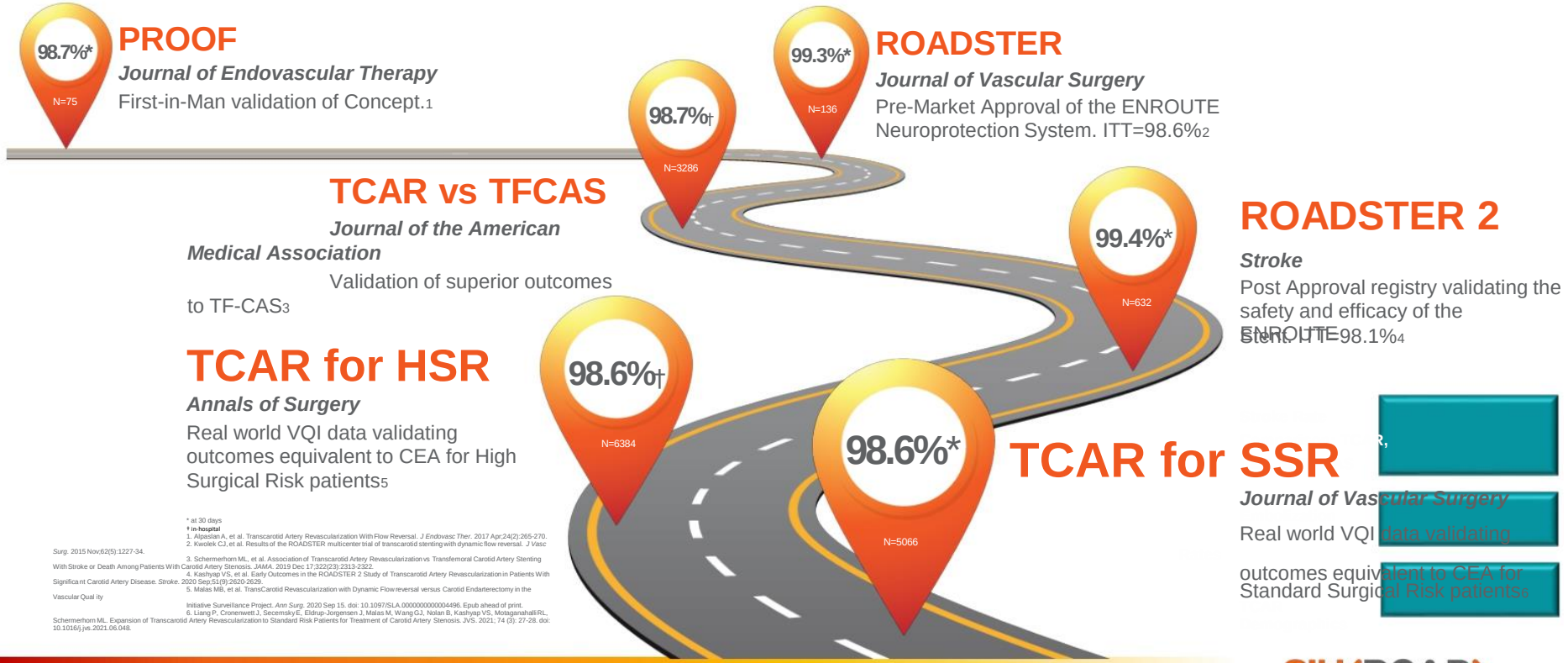
*Based on national survey average

Local anesthesia is used more often with TCAR vs CEA[2]

1. Malas MB, et al. TransCarotid Revascularization with Dynamic Flow reversal versus Carotid Endarterectomy in the Vascular Quality Initiative Surveillance Project. *Ann Surg*. 2020 Sep 15. doi: 10.1097/SLA.0000000000004496. Epub ahead of print.
2. Malas MB. Outcomes of TransCarotid Artery Revascularization (TCAR) versus Carotid Endarterectomy (CEA) in the TCAR Surveillance Project. Oral presentation at the Vascular Annual Meeting; June, 2019; Potomac, MD.

TCAR Road To Standard of Care

Driven by Consistent Freedom From Stroke Rates*



PROOF

Journal of Endovascular Therapy

First-in-Man validation of Concept.[1]

ROADSTER

Journal of Vascular Surgery

Pre-Market Approval of the ENROUTE Neuroprotection System. ITT=98.6%[2]

TCAR vs TFCAS

Journal of the American Medical Association

Validation of superior outcomes to TF-CAS[3]

ROADSTER 2

Stroke

Post Approval registry validating the safety and efficacy of the ENROUTE Stent. ITT=98.1%[4]

TCAR for HSR

Annals of Surgery

Real world VQI data validating outcomes equivalent to CEA for High Surgical Risk patients[5]

TCAR for SSR

Journal of Vascular Surgery

Real world VQI data validating outcomes equivalent to CEA for Standard Surgical Risk patients[6]

* at 30 days
† In-hospital

1. Alpdastan A, et al. Transcarotid Artery Revascularization With Flow Reversal. *J Endovasc Ther*. 2017 Apr;24(2):265-270.
2. Kwolek CJ, et al. Results of the ROADSTER multicenter trial of transcarotid stenting with dynamic flow reversal. *J Vasc Surg*. 2015 Nov;62(5):1227-34.
3. Schermerhorn ML, et al. Association of Transcarotid Artery Revascularization vs Transfemoral Carotid Artery Stenting With Stroke or Death Among Patients With Carotid Artery Stenosis. *JAMA*. 2019 Dec 17;322(23):2313-2322.
4. Kashyap VS, et al. Early Outcomes in the ROADSTER 2 Study of Transcarotid Artery Revascularization in Patients With Significant Carotid Artery Disease. *Stroke*. 2020 Sep;51(9):2620-2629.
5. Malas MB, et al. TransCarotid Revascularization with Dynamic Flow reversal versus Carotid Endarterectomy in the Vascular Quality Initiative Surveillance Project. *Ann Surg*. 2020 Sep 15. doi: 10.1097/SLA.0000000000004496. Epub ahead of print.
6. Liang P, Cronenwett J, Secemsky E, Eldrup-Jorgensen J, Malas M, Wang GJ, Nolan B, Kashyap VS, Motaganahalli RL, Schermerhorn ML. Expansion of Transcarotid Artery Revascularization to Standard Risk Patients for Treatment of Carotid Artery Stenosis. JVS. 2021; 74 (3): 27-28. doi: 10.1016/j.jvs.2021.06.048.

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PROOF Study

TCAR – First in Man Experience

PROOF Study Safety Results[1,2]	Result (n=75)
Subjects completing 30-day follow-up	71 (94.7%)
Primary Endpoint: Composite of any major stroke, myocardial infarction and death from the index procedure through the 30-day post-procedural period	0/71 (0%)
Minor stroke *Minor contralateral stroke adjudicated as not device or procedure-related*	1/71 (1.3%)
Cranial nerve injury (Hoarseness)	2/71 (2.7%)

Study	Procedure	Embolic Protection	Patients	% w/ New DW-MRI Lesions
ICSS[3]	CEA	Clamp, backbleed	107	17%
PROOF[2]	TCAR	Proximal Flow Reversal	56	23% (18% Ipsilateral)
PROFI[4]	Transfemoral CAS	Proximal occlusion (MoMA)	31	45%
ICSS[3]	Transfemoral CAS	Distal filter (various)	51	73%
PROFI[4]	Transfemoral CAS	Distal filter (Emboshield)	31	87%

[1] Pinter L, et al. Safety and feasibility of a novel transcervical access neuroprotection systemfor carotid artery stenting inthe PROOF Study. *J Vasc Surg*. 2011 Nov;54(5):1317-23.
[2] Alpaslan A, et al. Transcarotid Artery Revascularization With Flow Reversal.*J Endovasc Ther*. 2017 Apr;24(2):265-270.
[3] Bonati LH, et al. New ischaemic brain lesions on MRI after stenting or endarterectomy for symptomatic carotid stenosis: a substudy of the International Carotid Stenting Study (ICSS). *Lancet Neurol*. 2010 Apr;9(4):353-62.
[4] Bijuklic K, et al. The PROFI study (Prevention of Cerebral Embolization by Proximal Balloon Occlusion Compared to Filter Protection During Carotid Artery Stenting): a prospective randomized trial. *J Am Coll Cardiol*. 2012 Apr 10;59(15):1383-9.

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ROADSTER Study

Prospective, Multi-Center, Single-Arm Trial of TCAR in High Surgical Risk Patients with Carotid Stenosis - *Pivotal Results*

- **DESIGN:** IDE study with OPC of 11% S/D/MI at 30 days
- **OBJECTIVE:** Evaluate safety and efficacy of TCAR Procedure with ENROUTE Transcarotid Neuroprotection System
  - Direct carotid access
  - High rate flow reversal
  - FDA-approved carotid stents
- **CONCLUSION:** The results of the ROADSTER trial demonstrate that the use of the ENROUTE Transcarotid NPS is safe and effective at preventing stroke during CAS.

Demographics and Technical Results

	ROADSTER Pivotal ITT[1] (n=141)	CREST-2 CEA (n=1,240)
	High Surgical Risk	**Standard Risk**
Age (mean)	72.9 ±9	69.2 ±8.7
Age ≥75	**47%**	
Female	35%	28.5%[3]
Symptomatic	25.5%	33.6%
Local Anesthesia	**53%**	52.7%
Reverse Flow Time (median)	12.9 minutes	10.0%
		n/a

1. Kwolek CJ, et al. Results of the ROADSTER multicenter trial of transcarotid stenting with dynamic flow reversal. *J Vasc Surg*. 2015 Nov;62(5):1227-34.
2. Brott TG, et al. Stenting versus endarterectomy for treatment of carotid-artery stenosis. *N Engl J Med*. 2010 Jul 1;363(1):11-23.
3. Voeks JH, et al. Age and outcomes after carotid stenting and endarterectomy: the carotid revascularization endarterectomy versus stenting trial. *Stroke*. 2011 Dec;42(12):3484-90.
4. Gray WA, et al. Overview of the 2011 Food and Drug Administration Circulatory SystemDevices Panel meeting on the ACCULINK and ACCUNET Carotid Artery Stent System. *Circulation*. 2012 May 8;125(18):2256-64.

ROADSTER Study

Prospective, Multi-Center, Single-Arm Trial of TCAR in High Surgical Risk Patients with Carotid Stenosis - *Pivotal Results*

Clinical Results

ROADSTER[1]	PP (n=136)	ITT (n=141)	CREST-2 CEA
	High Surgical Risk	High Surgical Risk	Standard Risk
S/D/MI*	2.9%	3.5%	4.5%
Stroke	**0.7%**	**1.4%**	2.3%
Death	1.5%	1.4%	0.3%
MI	0.7%	0.7%	2.3%
Stroke/Death	**2.2%**	**2.8%**	2.6%
Cranial Nerve Injury (CNI)	0.7%	0.7%	5.3%
CNI Unresolved 6 Months	0%	0%	**2.1%**[4]

*Hierarchical

Primary Endpoint

All stroke, MI & death at 30-days

1. Kwolek CJ, et al. Results of the ROADSTER multicenter trial of transcarotid stenting with dynamic flow reversal. *J Vasc Surg*. 2015 Nov;62(5):1227-34.
2. Brott TG, et al. Stenting versus endarterectomy for treatment of carotid-artery stenosis. *N Engl J Med*. 2010 Jul 1;363(1):11-23.

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ROADSTER 2 Study

Post-Approval Study of Transcarotid Artery Revascularization in Patients With Significant Carotid Artery Disease – V. Kashyap MD; Stroke 2020

- **DESIGN:** Prospective, single arm, multicenter, post-approval study
- **OBJECTIVE:** Evaluate safety and efficacy of the TCAR Procedure with the ENROUTE Stent when used with the ENROUTE NPS and performed by a broad group of physicians with variable TCAR experience
- **CONCLUSION:** TCAR is a safe and effective procedure in a **broad user base** with varying TCAR experience levels. Excellent outcomes are achievable if you follow the protocol and society guidelines.

Demographics and Technical Results

ROADSTER 2	PP (n=632)	ITT (n=692)
Age ≥80	21.2%	21.1%
Age ≥75 Female	41.8%	42.1%
Symptomatic	32.3%	32.2%
Local Anesthesia	26.3%	26%
Reverse Flow Time (median)	28.3%	28.3%
	10.9 minutes	11 minutes

ROADSTER 2: Kashyap VS, et al. Early Outcomes in the ROADSTER 2 Study of Transcarotid Artery Revascularization in Patients With Significant Carotid Artery Disease. *Stroke*. 2020 Sep;51(9):2620-2629.

ROADSTER 2 Study

Post-Approval Study of Transcarotid Artery Revascularization in Patients With Significant Carotid Artery Disease – V. Kashyap MD; Stroke 2020

Clinical Results

ROADSTER 2	PP (n=632)	ITT (n=692)
Procedural Success	**97.9%**	**96.5%**
S/D/MI*	1.7%	3.2%
Stroke	**0.6%**	**1.9%**
Death**	0.2%	0.4%
MI	0.9%	0.9%
Stroke/Death	**0.8%**	**2.3%**
Cranial Nerve Injury***	1.3%	1.4%

*Hierarchical
**One patient expired ~2 weeks post-procedure due to ruptured AAA
***Out of the 10 patients with CNI, 6 consented to an extended follow-up at 90 days. The CNI resolved in all 6 of those patients.

Stroke Rate in the FDA Analysis Population (PP)

81% of Physicians were New to TCAR

Excellent Outcomes Achievable with Adherence to Protocol

Kashyap VS, et al. Early Outcomes in the ROADSTER 2 Study of Transcarotid Artery Revascularization in Patients With Significant Carotid Artery Disease. *Stroke*. 2020 Sep;51(9):2620-2629.

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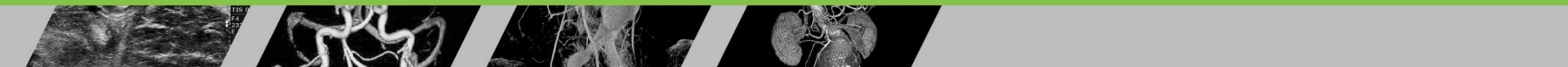
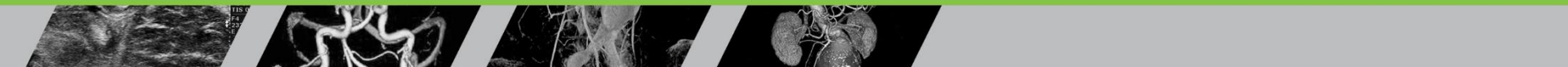
Carotid Dilemma

- CEA vs TF CAS vs TCAR
  - How do we decide what to do for our patient?
  - CEA has higher risk of MI and CNI
  - TF CAS has higher risk of CVA
  - TCAR is EQUIVALENT to CEA in Stroke risk & Death but has lower risk of MI and CNI



CMS decision to Deregulate?

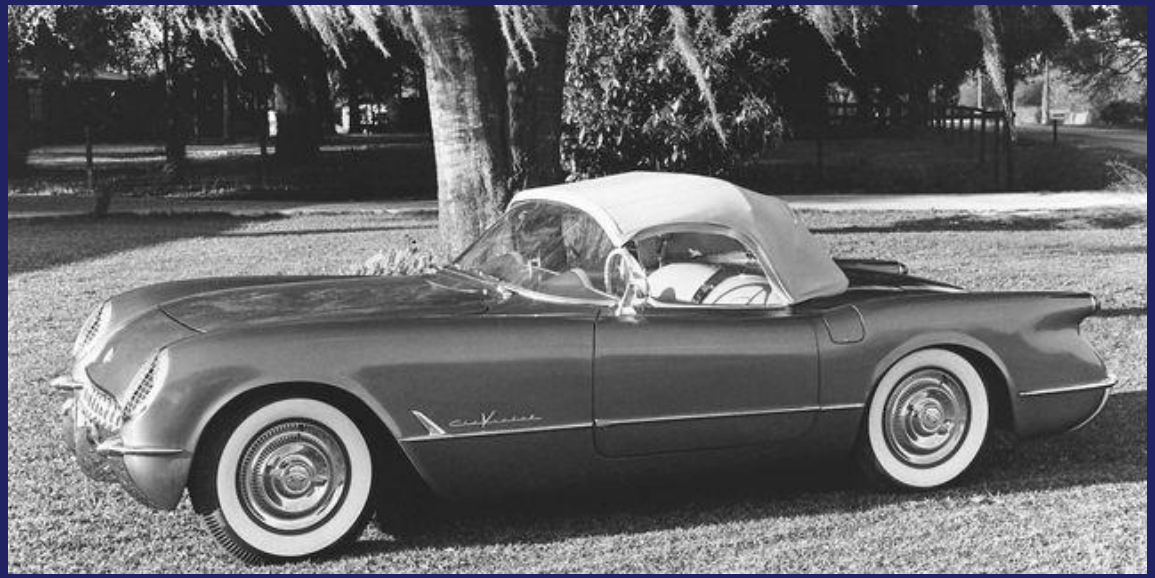
- On October 11th 2023
  - CMS statement – facilities are no longer required to be approved to perform CAS under the Carotid Artery National Coverage Determination (NCD 20.7)



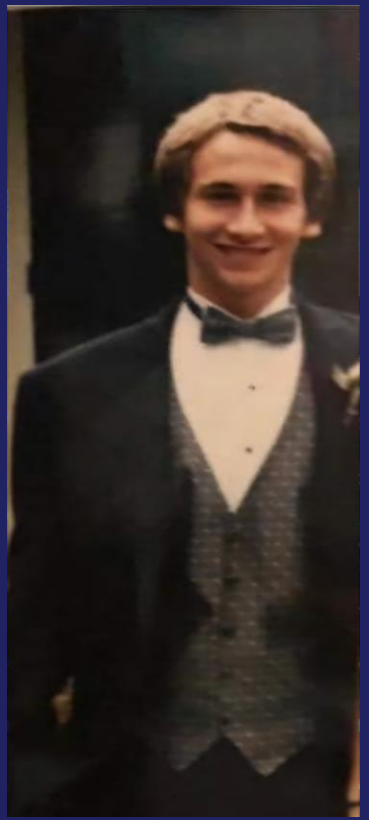
NCD 20.7 Reconsideration and Final Decision

Indications	B3. VQI-TSP* (No change)	B4. Carotid Stent Placement (Updated 10/11/2023)	B4. Carotid Stent Placement (Original thru 10/10/2023)
Clinical Criteria			
Surgical Risk Factor	• Standard Risk & High Risk		• High Risk
Symptom Status & Degree of Stenosis	• Symptomatic & ≥50% stenosis** • Asymptomatic & ≥70% stenosis**		• Symptomatic & ≥70% stenosis
Additional Criteria			
Facility Requirements	• Facility standards and approval	• Facility and physician standards for carotid stent program	• CMS facility approval and certification
Registry or Data Collection	• Registry participation (VQI-TSP)	• Not required for coverage	• Data collection
Neurological Assessments	• Not specified	• Pre & post-op neurological assessments by a neurologist or NIHSS certified HCP	• Not specified
Imaging Guidelines	• Not specified	• Duplex US and CTA/MRA or • Duplex US and DSA when non-invasive imaging is inconclusive or CTA/MRA are contraindicated	• Not specified
Shared Decision Making	• Not specified	• Shared decision-making with patients about CEA, CAS (including TCAR), and OMT before treatment	• Not specified

Which Car Do You Want?



1954 Dr. Milligan
Mobile
AKA “CEA”



Which Car Do You Want?

1994 TF
CAS

Which Car Do You Want?

2024 TCAR


Thank You
Merci
Dank Je
Obrigado
Dyakuyu
Salamat
Arigato
Grazie
Kiitos
Juspaxar
Mamana
Spasibo
Multumesc
Mochchakkeram
Asante
Vinaka
Cam on ban
Raibh Maith Agat
Chokrane
Maake
Kia Ora
Terma Kasih
Matur Nuwun
Nirringrazzjak
Dankon
Matondo
Welalin
Ua Tsaug Rau Koj