white, black, and others. Multiple variables for chronic/acute comorbidities identified associated with outcomes. After adjustment using logistic regression, race was not associated with three in-hospital outcome variables: mortality (p = 0.183), post-operative stroke (p = 0.610) and discharge disposition (p = 0.231).

Conclusions There were no differences in hospital outcome among races/ethnicities in endovascular thrombectomy outcomes for acute stroke patients in the Premier data. Racial/ethnic disparities play role for patients' selection not for patients' outcome in endovascular thrombectomy.

Disclosures S. Park: None. **M. Pilot:** None. **M. Alexander:** 1; C; Consultant for Stryker Neurovascular, Medtronic, and Penumbra, Inc. **A. Rosengart:** None.

P-009 ASPECTS DECAY DURING INTER-FACILITY TRANSFER IN PATIENTS WITH LARGE VESSEL OCCLUSION STROKES AND ITS IMPACT ON ELIGIBILITY FOR ENDOVASCULAR PROCEDURES

[1]M Mokin, [2]R Gupta, [1]W Guerrero, [1]D Rose, [1]W Burgin, [1]S Sivakanthan. *[1]University of South Florida, Tampa, FL; [2]Wellstar Neurosurgery, Marietta, GA*

10.1136/neurintsurg-2016-012589.51

Background Favorable imaging profile according to the Alberta Stroke Program Early CT Score (ASPECTS) on noncontrast head CT is a key criterion for the selection of patients with ischemic stroke from large vessel occlusion (LVO) for intra-arterial (IA) revascularization therapies.

Objective The goal of our study was to analyze factors associated with changes in ASPECTS during inter-hospital transfer and to determine their impact on eligibility for endovascular procedures.

Methods We analyzed factors associated with changes in ASPECTS during inter-hospital transfer and their potential impact on eligibility for IA stroke therapies in patients with anterior circulation ischemic strokes. Clinical and demographic characteristics between patients with favorable and unfavorable imaging on repeat CT were compared. Favorable ASPECTS profile was defined as ASPECTS $\geq$6, and unfavorable ASPECTS <6, based on the imaging criteria proposed by the AHA in the 2015 updated acute stroke guidelines.

Results Of the 50 transferred patients with anterior circulation LVO, 42 had favorable ASPECTS $\geq$6 on CT imaging performed at outside hospital. 19 (45%) of those 42 patients presented to an outside facility within 6 hours of stroke onset (mean time from symptom onset to head CT, 295 ± 61 min), whereas in 23 patients CT showed favorable ASPECTS with stroke onset beyond the 6 hour window (mean time from symptom onset to outside CT, 603 ± 224 min). Stroke evolution towards unfavorable ASPECTS occurred in 13 (31%) out of 42 patients who initially had favorable imaging profile at outside hospitals. Higher NIHSS score was the only significant predictor of ASPECTS decay, whereas other clinical characteristics such as the use of intravenous thrombolysis and site of LVO (ICA versus MCA M1/M2) were similar between both groups.

Conclusions Our study showed that during inter-hospital transfer, one out of three patients with stroke from anterior circulation LVO becomes ineligible for IA thrombectomy based on CT ASPECTS imaging criteria alone. Except for NIHSS severity, no other baseline clinical factors could identify which patients were at risk of ASPECTS deterioration. Our study indicates the critical importance of rapid transfer of all stroke patients with suspected LVO to endovascular-capable hospitals.

Disclosures M. Mokin: None. **R. Gupta:** 1; C; Zoll, WellStar foundation. 2; C; Stryker Neurovascular, Covidien, Penumbra, Rapid medical. 6; C; Penumbra, Inc. **W. Guerrero:** None. **D. Rose:** 3; C; Boehringer Ingelheim Pharmaceuticals, Chiesi-USA. **W. Burgin:** None. **S. Sivakanthan:** None.

P-010 ASSOCIATION OF CLOT BURDEN SCORE WITH RADIOGRAPHIC AND CLINICAL OUTCOMES FOLLOWING SOLITAIRE STENT RETRIEVER THROMBECTOMY: ANALYSIS OF THE SWIFT PRIME TRIAL

[1]M Mokin, [2]E Levy, [2]A Siddqui, [3]M Goyal, [4]R Nogueira, [5]D Yavagal, [6]V Pereira, [7]J Saver. *[1]University of South Florida, Tampa, FL; [2]University at Buffalo, Buffalo, NY; [3]University of Calgary, Calgary, AB, Canada; [4]Emory University, Atlanta, GA; [5]University of Miami, Miami, FL; [6]University of Toronto, Toronto, ON, Canada; [7]University of California Los Angeles, Los Angeles, CA*

10.1136/neurintsurg-2016-012589.52

Background Clot burden score (CBS) was developed as a tool to evaluate the extent of intracranial thrombus burden in patients with anterior circulation acute ischemic stroke. Its value in predicting radiographic and clinical outcomes in patients treated with endovascular stroke therapy remains unknown.

Objective To evaluate the relationship between CBS and outcomes after stent retriever thrombectomy in the interventional arm of the SWIFT PRIME trial.

Methods CBS was calculated for the endovascular arm (intravenous tPA plus Solitaire stent retriever) of SWIFT PRIME using baseline CTA. The cohort of 69 patients was divided into 3 groups according to their CBS values: CBS 0–5 (n = 14), CBS 6–7 (n = 23) and CBS 8–9 (n = 32). Association between CBS and outcomes following treatment with the Solitaire device was studied.

Results The mean age of the 69 patients who formed the study cohort was 63.2 ± 13.1, mean NIHSS score was 16.8 ± 4.5, and 55% were males. There was no difference in clinical characteristics among the 3 groups, except for the baseline ASPECTS (P = 0.049). The site of proximal occlusion varied significantly among the 3 groups (P < 0.001). Rates of successful recanalization (TICI 2 b/3), complete recanalization (TICI 3 only), and of good clinical outcome at 3 months were similar among the 3 groups. (P = 0.24, P = 0.35, and P = 0.52, respectively).

Conclusions The combination of IV thrombolysis and stent retriever thrombectomy with the Solitaire device is highly effective in achieving successful recanalization and a good clinical outcome throughout the entire range of CBS values.

Disclosures M. Mokin: None. **E. Levy:** 4; C; Intratech Medical Ltd., Blockade Medical LLC, Medina Medical. 6; C; Covidien (Medtronic), Abbott, Intratech Medical and Blockade Medical. **A. Siddqui:** 2; C; Codman & Shurtleff, Inc., Concentric Medical, ev3/Covidien Vascular Therapies, GuidePoint Global Consulting, Penumbra, Stryker, Pulsar Vascular, MicroVention, Lazarus Effect, Blockade Medical. 3; C; Codman & Shurtleff, Inc.. 4; C; Hotspur, Intratech Medical, StimSox, Valor Medical, Blockade Medical, and Lazarus Effect. **M. Goyal:** 1; C; Covidien. 6; C; Covidien. **R. Nogueira:** 2; C; Stryker. 6; C; Covidien. **D. Yavagal:** 6; C; Covidien. **V. Pereira:** 2; C; Medtronic Neurovascular, Stryker. **J. Saver:** 1; C;