Abstract O-016 Figure 1 M1 and M2 macrophage expression in aneurysm tissues after endovascular coiling for three treatment-to-sacrifice time groups. A) mean number of M1 macrophages; representative confocal microscopy image of M1 macrophages (60X oil magnification) at 1 month (B), 3 months (C) and 6 months (D); E) mean number of M2 macrophages; representative confocal microscopy image of M2 macrophages (60 X oil magnifications) at 1 month (F), 3 months (G) and 6 months (H). * $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$

Disclosures Z. Khashim: None. D. Daying: None. D. Yong Hong: None. S. Herting: None. T. Caracena: None. D. Jakaitis: None. D. Maitland: None. D. F. Kallmes: None. R. Kadirvel: None.

O-017 EDINBURGH'S WEB EXPERIENCE

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Purpose The Woven EndoBridge (WEB) device has recently gained FDA approval in the United States of America. To increase physician familiarity with the device, its efficacy and safety profile in general usage, we present the Edinburgh case series of WEB usage in both the elective and acute setting.

Materials and methods Data was recorded prospectively on all patients who had an aneurysm treated with the WEB device in Edinburgh between February 2014 and October 2018. The information included patient demographics, aneurysm characteristics, procedural information including the use of antiplatelet medication and the size of WEB used, procedural complications as well as clinical and angiographic follow up at three months and one year.

Results 45 acute and 46 elective cases were identified. Aneurysm sizes ranged from 2.5 mm to 10.9 mm. Median screening time was 14 minutes. Irrecoverable parent vessel occlusion occurred in 1% (1/91). WEB protrusion which required stent occurred in 3% (3/91). There were no intraoperative ruptures. The WEB device was resized in 12% of cases (11/91). At three months adequate occlusion (complete occlusion or small

neck remnant) was achieved in 92% (68/74), with 8% (6/74) significant remnant, all of which were retreated. Cumulative one year results showed 80% (33/41) adequate occlusion and 20% (8/41) aneurysm remnant, all of which were retreated with stent assisted coil embolization.

Conclusion The results confirm that the WEB device allows safe, quick and effective treatment of wide necked aneurysms, both ruptured and unruptured, in day to day practice.

Disclosures N. Dobbs: None. J. Du Plessis: None. P. Keston: None. J. Downer: None.

O-018 WEB ANEURYSM TREATMENT: 2-YEARS FOLLOW-UP IN THE 3 EUROPEAN GCP STUDIES (WEBCAST, WEBCAST 2, FRENCH OBSERVATORY)

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Introduction/Purpose Flow Disruption with WEB is an innovative endovascular approach for wide-neck bifurcation aneurysms that has been evaluated in 3 European Good Clinical Practice Studies: WEBCAST (WEB Clinical Assessment of Intracranial Aneurysm), French Observatory, and WEBCAST-2. This treatment is associated with a high safety and efficacy at one year.¹ Long-term anatomical results have been very few evaluated. The present work is presenting the 2-years safety and efficacy results in the 3 GCP studies.

Materials and methods Out of the 168 patients with 169 aneurysms initially included in the 3 GCP studies, 138 patients were clinically evaluated at 2 years and 120 patients with 121 aneurysms were evaluated by vascular imaging.