Abstract E-199 Table 1 Patients, aneurysms and device characteristics

	Age	Location	Type of Aneurysm	Size (maximal diameter)	UA/RA	Size of Surpass Evolve	Intraprocedural Complication	Post Procedural Complication	Immediate Radiological Outcome (OKM)
1	58	Right ICA	Saccular	10 mm	UA	4x15 mm	No	No	A3
2	61	Left ICA	Saccular	4 mm	UA	4.5x20 mm	No	No	A1
3	56	Left ICA	Saccular	5 mm	UA	5x20 mm	No	No	B3
4	62	Right ICA	Saccular	4 mm	UA	4.5x15 mm	No	No	C2
5	52	Left ICA	Saccular	4 mm	UA	4.5x17 mm	No	No	C3
6	52	Left MCA trunk	Saccular	4 mm	UA	3.25x12 mm	No	No	B3
7	66	Basilar trunk	Saccular	6 mm	RA	4x12 mm + 4x12 mm	No	No	C2
8	57	Left MCA trunk	Saccular	3 mm	UA	2.5x12 mm	No	No	C3
9	72	Right ICA	Saccular	10 mm	UA	4.5x25 mm	No	No	B2
10	59	Left Vertebral	Saccular	3 mm	RA	3.25x17 mm	No	No	B2
11	30	Left ICA	Saccular	3 mm / 3 mm	UA	4.5x17 mm	No	No	B3
12	64	Right ICA	Saccular	6 mm	UA	4x12 mm	No	No	C3
13	66	Right ICA	Saccular	4 mm	UA	4.5x17 mm	No	No	A3
14	61	Left ICA	Saccular	24 mm	UA	5x20 mm	No	No	B3
15	52	Right ICA	Saccular	15 mm	UA	5x20 mm	No	No	A3
16	48	Left ICA	Saccular	4 mm	UA	5x20 mm	No	No	A1
17	48	Right ICA	Saccular	6 mm	UA	5x20 mm	No	No	A3
18	60	Left ICA	Saccular	18 mm	UA	4x20 mm	No	No	A3
19	41	Left ICA	Saccular	7 mm	UA	4.5x15 mm	No	No	A3
20	32	Left ICA	Saccular	10 mm	UA	4x17 mm	No	No	B3
21	32	Left ICA	Saccular	4 mm	UA	4.5x17	No	No	A3
22	70	Right ICA	Saccular	14 mm	UA	4.5x15 mm + 4.5x12 mm	No	No	A3
23	42	Right ICA	Saccular	18 mm	UA	4.5x25 mm	No	No	B3
24	49	Right ICA	Saccular	7 mm	UA	5x15 mm	No	No	A2
25	68	Right ICA	Blister	3 mm	UA	4.5x12 mm	No	No	A1
26	55	Right Vertebral	Fusiform	6 mm	RA	3.25x20 mm	No	No	C3
27	52	Vertebrobasilar	Fusiform	28 mm	RA	5x40 mm	No	No	B3

RA, ruptured aneurysm; UA, unruptured aneurysm; OKM, O'Kelly Marotta Classification

results from intracranial aneurysms treated with this new generation flow diverter device, SE.

Results Twenty-eight aneurysms (86% unruptured) were treated with twenty-nine SE devices. All procedures were technically successful. In one aneurysm (case #26), a coil was used to secure the thrombosis. At discharge, all patients had a modified Rankin score of 0–2. No intraprocedural or thromboembolic complications were encountered. One subarachnoid hemorrhage (SAH) occurred one week after the treatment (case #22), and this patient died due to SAH. The median follow-up time was two months (range; 0–6 months). The radiological follow-up data was available for nine patients (33%); two aneurysms were occluded during the follow-up period.

Conclusions Our initial experience with the new generation SE indicates that the device is safe to use. The new generation SE provides reliable deployment and lower foreshortening. Mid-term and long-term follow-up examinations will be needed to provide data on longer term safety outcomes.

Disclosures K. Alpay: None. **R. Rautio:** 2; C; Microvention, Stryker, Medtronic. **J. Numminen:** None. **M. Sinisalo:** None.

E-200 GENDER AND RACIAL DISPARITY IN OUTCOME OF ANEURYSMAL SUBARACHNOID HEMORRHAGE IN THE UNITED STATES

S Majidi*, A Mehta, B Yim, K Yaeger, R De Leacy, J Mocco, J Fifi. *Neurosurgery, Mount Sinai Hospital, New York, NY*

10.1136/neurintsurg-2020-SNIS.231

Background Aneurysmal subarachnoid hemorrhage (aSAH) is associated with a high rate of morbidity and mortality. We aimed to assess the prognostic impact of gender and race in these patients.

Methods The Nationwide Inpatient Sample (NIS 2006–2016) was utilized to identify patients presenting with aSAH as primary diagnosis. Patient age, sex, race/ethnicity, insurance status, socioeconomic status, comorbidities, type of the hospital and treatment modality used for aneurysm repair were extracted. The previously validated NIS-SAH Severity Scale was used to estimate the clinical severity. Discharge destination and in-hospital mortality were used as outcome measures. The impact of race and gender on clinical outcome was analyzed using multivariate regression models.

Results A total of 19,512 patients with aSAH were identified. Mean age (±SD) was 54 (±0.1). Sixty seven percent of the patients were female, 49% white and 13% black. Female patients were 4 years older (55 vs 51, p<0.0001), and had higher numbers of comorbidities. There was no difference in the NIS-SAH Severity Scale score between the two genders. Women had significantly lower odds of good clinical outcome (defined as discharge to home or acute rehabilitation facility) after adjusting for confounding factors [OR, (95% CI); p-value: 0.88, (0.81–0.96); p<0.0001]. In regard to race, Hispanic patients [OR, (95% CI); p-value: 1.49, (1.29–1.72); p<0.0001] and Asians [OR, (95% CI); p-value: 1.33, (1.07–1.64); p<0.0001] had higher odds of good clinical outcome after adjusting for age, gender, SAH severity, comorbidities and treatment modality. Lower odds of mortality was observed in black [OR, (95% CI); p-value: 0.55, (0.46–0.66); p<0.0001] and Hispanic patients [OR, (95% CI); p-value: 0.72, (0.59–0.88); p=0.001] compared to the white patients.

Conclusions In this nationally representative study, women and white patients had disproportionately higher likelihood of poor clinical outcome. Lower rate of mortality is seen among black and Hispanics.

Disclosures S. Majidi: None. **A. Mehta:** None. **B. Yim:** None. **K. Yaeger:** None. **R. De Leacy:** None. **J. Mocco:** None. **J. Fifi:** None.