

of patients as thrombectomy eligible. This is seen by the significantly high mean penumbra to infarct ratio for RAPID which may suggest a caution overestimation of penumbra to label as many patients as possible as thrombectomy eligible for the purpose of regaining lost neurological function.

Disclosures R. Rava: None. M. Mokin: 1; C; NIH grant support R21NS109575. 2; C; Canon Medical Systems Corporation, Cerebrotech, Imperative care. M. Waqas: None. J. Davies: 1; C; National Center for Advancing Translational Sciences of the National Institutes of Health under award number KL2TR001413. 3; C; Penumbra. 4; C; RIST Neurovascular. E. Levy: 2; C; Claret Medical, GLG Consulting, Guidepoint Global, Imperative Care, Medtronic, Rebound, StimMed. 4; C; NeXtGen Biologics, RAPID Medical, Claret Medical, Cognition Medical, Imperative Care (formerly the Stroke Project), Rebound Therapeutics, StimMed, Three Rivers Medical. Y. Hoi: 5; C; Canon Medical Systems Inc. A. Siddiqui: 2; C; Amnis Therapeutics, Boston Scientific, Canon Medical Systems USA Inc, Cerebrotech Medical Systems Inc, Cerenovus, Corindus Inc, Endostream Medical Ltd, Guidepoint Global Consulting, Imperative Care, Integra LifeSciences Corp, Medtronic, MicroVention, Northwest University-DSMB Chair for HEAT Trial, Penumbra, Q'Apel Medical Inc, Rapid Medical, Rebound Therapeutics Corp, Serenity Medical Inc, Silk Road Medical, StimMed, Stryker, Three Rivers Medical, Inc., VasSol, W.L. Gore & Associates. 4; C; Amnis Therapeutics, Apama Medical, Blink TBI Inc, Buffalo Technology Partners Inc, Cardinal Consultants, Cerebrotech Medical Systems, Inc, Cognition Medical, Endostream Medical Ltd, Imperative Care, International Medical Distribution Partners, Neurovascular Diagnostics Inc, Q'Apel Medical Inc, Rebound Therapeutics Corp, Rist Neurovascular Inc, Serenity Medical Inc, Silk Road Medical, StimMed, Synchron, Three Rivers Medical Inc, Viseon Spine Inc. C. Ionita: 1; C; Equipment grant from Canon Medical Systems, Cummings Foundation support. K. Snyder: 2; C; Canon Medical Systems Corporation, Penumbra Inc, Medtronic, Jacobs Institute.

E-079 PRE-HOSPITAL STROKE TRIAGE DIRECTLY TO THROMBECTOMY CAPABLE CENTERS USING NYC S-LAMS – PRELIMINARY DATA

¹B Kim*, ²J Morey, ¹L Stein, ³M Redlener, ⁴J Fifi. ¹Neurology, Icahn School of Medicine at Mount Sinai, New York, NY; ²Neurosurgery, Neurology, Icahn School of Medicine at Mount Sinai, New York, NY; ³Emergency Medicine, Icahn School of Medicine at Mount Sinai, New York, NY; ⁴Neurosurgery, Icahn School of Medicine at Mount Sinai, New York, NY

10.1136/neurintsurg-2020-SNIS.113

Introduction/Purpose Management of acute ischemic stroke (AIS) in patients with an emergent large vessel occlusion (ELVO) has changed dramatically with endovascular therapy (EVT). Stroke systems of care have evolved to ensure timely EVT in addition to IV thrombolysis (IVT). In collaboration with the Greater New York Hospital Association and American Heart Association, the Fire Department of New York (FDNY) created the first triage protocol in our region to directly route suspected ELVO patients to the nearest thrombectomy capable stroke center (TSC). We sought to describe the results of this triage protocol from initiation in April 2019 to February 2020.

Materials and Methods The FDNY and regional emergency medical advisory committee adapted the Los Angeles Motor Scale (LAMS), with the addition of 'Speech,' to develop a

clinical stroke scale for EMS personnel to use in the field: S-LAMS. With a S-LAMS score ≥ 4 , EMS contact the main operating center for permission to reroute to the nearest TSC. We conducted a retrospective review of patients triaged to our urban health system using this protocol. The main outcome was the percentage of patients successfully triaged with confirmed ELVO. Time metrics, final diagnosis, National Institute of Health Stroke Scale (NIHSS), and other AIS measures were also analyzed.

Results There were 125 patients (58% female; median age 71 \pm 15) triaged directly to a TSC. ELVO was confirmed in 32% (n=40) of patients and 26% (n=32) underwent EVT. Eight ELVO patients were ineligible for EVT due to either high Modified Rankin Score (mRS) (n=3), infarct evolution (n=3), recanalization after IVT (n=1), or lesion chronicity (n=1). A stroke diagnosis was verified in 75% (n=94) of triaged patients (71 ischemic and 23 hemorrhagic) regardless of ELVO status. The median S-LAMS score amongst ELVO patients was 6 \pm 1 (initial provider NIHSS 16 \pm 7); score for non-ELVO stroke patients was 5 \pm 1 (initial provider NIHSS 9 \pm 7). The median hospital arrival to IVT was 41 \pm 36 minutes (58% [n=72] eligible, 30% [n=37] received) and hospital arrival to groin puncture was 1 hour 42 \pm 35 minutes. The median time from EMS triage to hospital notification was 6 \pm 3 minutes and notification to arrival was 10 \pm 6 minutes. Occluded vessels included Left M1 (n=12), Left M2 (n=6), Right M1 (n=7), Right M2 (n=3), Left ICA (n=3), R ICA (n=4), and Basilar (n=1) arteries. Top non-stroke diagnoses were seizures (n=12), brain neoplasm (n=4), and transient ischemic attack (n=2).

Conclusion S-LAMS ≥ 4 correctly identified 32% ELVO and 75% stroke patients in this cohort. One quarter of triaged patients received EVT; those excluded mainly had high mRS or established infarct. Relatively short times from triage to notification and arrival, in addition to high yield of correctly triaged ELVO and AIS patients suggest benefit from this triage protocol. Non-stroke patients were diagnosed with conditions that could mimic strokes on presentation. Further analysis is indicated to compare this alternative triage protocol to traditional stroke service delivery models.

Disclosures B. Kim: None. J. Morey: None. L. Stein: None. M. Redlener: None. J. Fifi: None.

E-080 RISK FACTORS OF POST THROMBECTOMY MORTALITY IN ACUTE ANTERIOR CIRCULATION ISCHEMIC STROKE: SINGLE COMPREHENSIVE STROKE CENTER EXPERIENCE

¹A Toma*, ²A Vijayashankar, ¹N Haranalli, ²R Zampolin, ¹D Altschul, ¹A Brook, ³S Lee. ¹Radiology and Neurosurgery, Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY; ²Radiology, Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY; ³Radiology, Neurology and Neurosurgery, Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY

10.1136/neurintsurg-2020-SNIS.114

Background and Purpose Mechanical thrombectomy has significantly improved post-ischemic stroke clinical outcomes. However, the post-ischemic stroke mortality rate appears to be unchanged. We reviewed potential risk factors that can be related to mortality in patients who underwent mechanical thrombectomy.

Materials and Methods A retrospective review was conducted in acute anterior circulation ischemic stroke patients who underwent mechanical thrombectomy but expired within 90