

passes during MT were independently associated with DHC in anterior circulation EVLO patients achieving SR at the end of MT. Of these, admission glucose levels and number of passes during MT are potentially modifiable factors.

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### E-108 LONG TERM CLINICAL AND ANGIOGRAPHIC OUTCOME WITH THE INTRACRANIAL STENT FOR SYMPTOMATIC INTRACRANIAL STENOSIS

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**Background and Aims** The risk of ischemic stroke from a symptomatic stenotic intracranial artery is high despite best medical therapy (BMT). Clinicians have increasingly turned to percutaneous transluminal angioplasty and stenting (PTAS) over the last decades as an alternative therapy in high-risk patient with symptomatic ICAS. We evaluated long-term clinical outcome and restenosis rate with atherosclerotic intracranial stenosis using the Wingspan self-expanding nitinol stent system.

**Methods** The patients treated with the Wingspan in two medical center from January 2010 to December 2016 were enrolled. Target patients were affected by high-grade, symptomatic, intracranial atherosclerotic lesions, were on antithrombotic therapy and at high stroke risk. Follow up DSA was performed at 1-year. After that, image follow up was done by CTA, MRA or DSA. The patients were followed up at least 3 years.

**Results** 43 patients treated with Wingspan stent for symptomatic intracranial stenosis were enrolled in this study. The frequency for any stroke or death within 30-days was 7%. The frequency of any stroke or death after 30-day was also 7% at mean 58.7 months follow up period. The frequency of >50% restenosis on 3-year follow up image was 18%(n=8/43). There was complete occlusion in 9%(n=4/43). Reballooning was done in the other 4 patients but final occlusion was seen in 2 patients.

**Conclusions** The use of Wingspan stent in patient with >50% symptomatic intracranial stenosis is associated with good long term clinical outcome. Long term restenosis rate was not high and asymptomatic in most patients. The incidence of symptomatic infarct was low among the restenosis patients.

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### E-109 NATIONAL TRENDS SHOW IMPROVEMENT OF CLINICAL OUTCOME WITH ISCHEMIC STROKE THROUGH ADVANCES IN ENDOVASCULAR THERAPY

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**Background and Purpose** Endovascular therapy (ET) of ischemic stroke with large vessel occlusion has been proved effective by clinical trials and reported with good outcomes in real clinical settings since 2015. We aim to determine national trends of clinical outcome in ET and compare the outcomes before and after mechanical thrombectomy.

**Methods** We obtained all data from the nationwide database of Health Insurance Review & Assessment Service from 2008 to 2017. The patients with ischemic stroke who received ET were identified using International classification of disease-codes and several codes regarding to ET. In evaluating prognosis of patients receiving ET, good outcome was defined as discharge to home and poor outcomes as cerebral hemorrhage, physical disabilities and death. We analyzed the time points of ET to determine the factors affecting the prognosis. The study period was divided into three periods: 1.when stent-retriever was not used (non-ET period), 2.when it was used for off-label and non-reimbursement (transitional period), and 3.when it was reimbursed (ET period).

**Results** A total of 15,589 patients who were received ET between January 2008 and December 2017 were analyzed. Of the total subjects, 5,512 patients (35.4%) received intravenous tPA. 3,028 were treated at non-ET period, 4,113 were treated at transitional period and 5,360 were treated at ET period. The rate of home discharge was 35.9%, 39.7% and 41.7% respectively, which was statistically significant (p<0.0001). 3-months mortality were 25.7%, 22.0%, 19.5% (p<0.0001), and 1-year mortality were 34.5%, 30.1% and 26.4% (p<0.0001). There was a decrease in the likelihood of death (hazard ratio 0.693, 95% CI 0.645–0.744) in ET period. The rate of disability was 33.6%, 26.5% and 23.4% (p<0.0001).

**Conclusions** The nationwide health insurance data showed clinical outcomes of patients with ischemic stroke after ET were significantly better in the ET period in Korea.

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### E-110 PATIENT COUNSELING ON SMOKING CESSATION FOLLOWING ISCHEMIC STROKE

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**Introduction/Purpose** Ischemic stroke is the second leading cause of death in the United States. Smoking accelerates the onset of stroke, on average, by ten years. We sought to analyze the effects of smoking status following endovascular treatment (EVT) for large vessel occlusion in patients with acute ischemic stroke. Through our previously published Blood And Clot Thrombectomy Registry And Collaboration (BACTRAC) stroke tissue bank (ClinicalTrials.gov: NCT03153683), we aimed to determine the effects of smoking on the change in National Institutes of Health Stroke Scale (NIHSS) score, infarct volume, and cerebral edema volume.