located in the M1 segment and middle cerebral artery bifurcation were retrospectively obtained from participating centers and assessed for key clinical, angiographic, and cross-sectional imaging outcomes. Additional details were extracted for patients with complications.

**Results** In our multi-center cohort, complete aneurysm occlusion was achieved in 71% (17/24) of treated aneurysms. There were no deaths or disabling strokes, but non-disabling ischemic strokes occurred in 8% (2/24) of patients. For aneurysms in the M1 segment, complete aneurysm occlusion was observed in 75% (12/16) of aneurysms, aneurysm volume reduction was observed in 100% (16/16) of aneurysms, and non-disabling ischemic strokes occurred in 13% (2/16) of patients. An illustrative example of an M1 aneurysm treated with PED is provided in figure 1. For aneurysms at the middle cerebral artery bifurcation, complete aneurysm occlusion was observed in 63% (5/8) of aneurysms, aneurysm volume reduction occurred in 88% (7/8) of aneurysms, and ischemic or hemorrhagic complications occurred in 0% (0/8) of patients. 19% (3/16) of patients that remained asymptomatic in the follow-up period and underwent cross-sectional imaging had clinically silent basal ganglia infarcts identified.

**Conclusion** Pipeline embolization of cerebral aneurysms in the M1 segment and middle cerebral artery bifurcation demonstrated a 71% rate of complete aneurysm occlusion. There were no deaths or disabling strokes, but there was an 8% rate of non-disabling ischemic strokes. Further work is necessary to describe the long-term effects of silent basal ganglia infarcts caused by PED.

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**E-087 SEVERE, INTOLERABLE FATIGUE ASSOCIATED WITH A HYPER-RESPONSE TO CLOPIDOGREL**

**Purpose and Background** Clopidogrel is a commonly used antiplatelet for the prevention of thromboembolic complications following several types of neuroendovascular procedures. Its widespread use stems from its relatively low cost, good efficacy, and safety profile. However, concern has emerged for the possibility that clopidogrel may induce severe, intolerable fatigue in a small subset of patients. Thus, the purpose of this study is to systematically investigate this phenomenon and to better characterize the demographic at risk.

**Methods** We performed a dual-institution, 9-year, retrospective study of patients undergoing dual antiplatelet therapy with clopidogrel and aspirin for neuroendovascular procedures. Patients were included only if their response to clopidogrel was assessed by a VerifyNow P2Y12 (VNP) assay, which measures platelet inhibition using P2Y12 reactivity units (PRU). A hyper-response to clopidogrel is defined by a PRU < 60.

**Results** Patients were considered to have had clopidogrel-induced severe fatigue if 1) the onset of severe, intolerable fatigue followed the initiation of clopidogrel, 2) fatigue resolved or improved following a reduction in the dose of clopidogrel, 3) no hemorrhagic event occurred while on clopidogrel, and 4) fatigue could not be attributed to any other medical explanation.


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**E-080 SWITCHING FROM TRANSFEMORAL TO TRANSRADIAL ACCESS DURING NEUROENDOVASCULAR PROCEDURES: A SINGLE-CENTER RETROSPECTIVE REVIEW OF OUTCOME AND COMPLICATIONS**

**Introduction/Purpose** The transradial approach to endovascular therapy continues to gain traction as a comparable method of access to patient vasculature. Despite increasing the number of neurointerventionalist’s utilizing the technique, questions regarding patient safety and outcome continue to exist among physicians.

**Materials/Methods** A retrospective review of patient charts was conducted from a single-center located in Thousand Oaks, California, USA treated from December 2018 to June 2020. The population of patients included in this analysis are those