respective area (45.2%). From those patients who chose “Femoral”, the subsequent question “What reasons influenced your answer?” was answered as following: pain (55.5%), bruising (22.2%), complications (11.1%), recovery time (22.2%), mobility (33.3%), failure of the other approach (22.2%) and comfort of puncturing the respective area (0%). When those who answered “no preference” were further questioned “why?”, 75% answered “it’s a physicians’ decision” and 25% answered “similar experiences with both radial and femoral”.

Conclusions At our institution, most patients preferred transradial over transfemoral approach. Most common reasons included pain, recovery time and bruising. Although the effectiveness and safety of transradial approach for non-diagnostic neurointervention remains uncertain and continues to technically evolve, it may be the best option for diagnostic angiograms considering the patients’ preference.

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E-132 INTRA-ARTERIAL THERAPIES VERSUS STANDARD MEDICAL TREATMENT IN ACUTE BASILAR ARTERY OCCLUSION: SYSTEMATIC REVIEW AND POOLED ANALYSIS OF DATA FROM THE LAST 2 DECADES

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Background Management of acute basilar artery occlusion (BAO) remains a challenge, carrying high morbidity and mortality rates. Most evidence about BAO management comes from observational studies evaluating either intra-arterial therapies (IAT) or standard medical treatment (SMT). The optimal modality has not been determined.

Methods We performed a systematic review of all acute BAO studies published between January 2000 and October 2020. A pooled-analysis was performed to compare IAT and SMT.

Results Data from 4616 patients were pooled (IAT=3834, SMT=782). IAT had higher rates of good-outcome (31.7% vs. 20.6%; $P<0.001$), moderate-outcome (44.4% vs 18.6%; $P<0.001$), and lower mortality (33.2% vs. 45.3%; $P<0.001$). Unadjusted odds ratios (ORs) for good-outcome (OR 1.91, 95%confidence interval [CI] 1.56-2.33), and moderate-outcome (OR 2.68, 95%CI, 2.17-3.32) significantly favored IAT, whereas mortality (OR 0.55, 95% CI 0.47-0.64) significantly

favored SMT. After adjustments for age and National Institutes of Health Stroke Scale (NIHSS) score, ORs for good-outcome (adjusted OR [adjOR] 1.14, 95%CI 0.15-8.48), moderate-outcome (adjOR 1.75, 95%CI 0.22-14.08) and mortality (adjOR 1.39, 95%CI 0.38-5.11) did not significantly favor any modality. In a secondary analysis including only studies within the stent-retriever thrombectomy era (2009-2020), adjusted ORs for good-outcome (adjOR 2.51, 95%CI 1.01-6.19) significantly favored IAT, whereas moderate-outcome (adjOR 1.67, 95%CI 0.84-3.34) and mortality (adjOR 0.55, 95%CI 0.19-1.61) did not significantly favor any modality.

Conclusions Pooled-analysis showed superior outcomes for IAT. In the stent-retriever thrombectomy era, the odds of good outcome remain significant even after adjustments for age and NIHSS score, but randomized trials are needed to establish best management.

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E-133 ENDOVASCULAR THROMBECTOMY VERSUS STANDARD MEDICAL THERAPY ALONE IN ACUTE POSTERIOR CEREBRAL ARTERY OCCLUSION: A SYSTEMATIC REVIEW AND POOLED ANALYSIS OF LITERATURE

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Introduction Acute posterior cerebral artery (aPCAO) accounts for 5-10% of all ischemic strokes and can lead to significant disability involving a varied range of neurological syndromes with visual and cognitive deficits. In spite of this significant burden, these patients were largely excluded or under-represented in the major randomized trials of mechanical thrombectomy (MT), and the benefit of this modality over medical therapy alone remains controversial and uncertain.

Methods We performed a comprehensive systematic search of Pubmed, MEDLINE and EMBASE databases following the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) guidelines. We used keywords combined with Boolean operators to increase search sensitivity and specificity: “posterior cerebral artery”; “thrombolysis”; “thrombectomy”. Patients were allocated to pooled groups based on the