2.3 and in the TFA group was 2.5. The mean procedure time in the TRA group was 20 and in the TFA group was 18 minutes. No patient developed neurological symptoms.

Statistical analysis were concluded using StataCorp. 2017. Stata Statistical Software: Release 15. College Station, TX: StataCorp LLC.

Conclusion Our study demonstrated no access related complications both for TRA and TFA. No significant difference was found in number of vessels catheterised and procedure time. More importantly, there were more foci of MRI DWI restriction, representing SEE, in the TRA group compared to TFA. No patient experienced associated neurological symptoms, with normal neurological examination and all were discharged immediately post recovery period. Despite of the proven benefit of the TRA for cerebral angiography, its widespread use may theoretically lead to increased frequency of embolic events during cerebral angiography, which may be of clinical significance, and this warrants further investigation.

Disclosures V. Carraro do Nascimento: None. H. Rice: 2; C; Stryker, Medtronic. L. De Villiers: 2; C; Stryker, Medtronic.

LB-004

INTRAVENOUS ALTEPLASE HAS DIFFERENT EFFECTS ON THE EFFICACY OF ASPIRATION AND STENT RETRIEVER THROMBECTOMY: ANALYSIS OF THE COMPASS TRIAL

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Background There is conflicting evidence on the utility of intravenous (IV) Alteplase in patients with emergent large vessel occlusion treated with mechanical thrombectomy (MT). The goal of this study was to examine whether there were differences in procedural and technical outcomes of MT depending on whether patients received IV Alteplase prior to intervention using the COMPASS dataset.

Methods This was a post hoc analysis of the COMPASS: A trial of aspiration thrombectomy versus stent retriever thrombectomy as first-line approach for large vessel occlusion. We compared clinical, procedural and angiographic outcomes of patients with and without prior IV Alteplase administration. In order to compare outcomes in patients treated with MT according to the use of IV Alteplase, only patients presenting to the emergency department (ED) of the first hospital of arrival within 4 hours of stroke symptom onset or last known normal were included in our analysis.

Results Of the 270 patients included in the COMPASS trial, 235 (87%) arrived to the ED within the first 4 hours of stroke symptom onset and were eligible for the post-hoc analysis. (115 patients in the aspiration first and 120 in the SR first groups, respectively). Atrial fibrillation was more frequently seen in the MT only when compared to the combined group (65.5% vs 38.6%, respectively, $P < 0.001$). Other vascular risk

factors, age, NIHSS severity, and the distribution of occlusion sites showed no statistically significant difference. On univariate analysis, administration of IV Alteplase prior to MT was found to be significantly associated with favorable outcomes (modified Rankin scale [mRS] 0–2 at 3 months; 55.6% vs 40% in the MT only group, $P = 0.037$). However, on multivariate analysis only baseline (pre-stroke) mRS, admission NIHSS score and age were identified as independent predictors of favorable outcomes at 3 months. We found higher final TICI 2b/3 rates in patients without the use of Alteplase prior to the aspiration first approach (100% vs 87.9% in IV Alteplase + aspiration first MT, $P = 0.03$). In the SR first group, final TICI 2b/3 rates were identical in patients with and without IV Alteplase administration (87.5% and 87.5%, $P = 1.0$).

Conclusions Prior administration of IV Alteplase is not associated with improved procedural or clinical outcomes in patients with anterior circulation ELVO treated with MT. Alteplase may adversely affect the efficacy of aspiration first approach, but does not seem to influence the stent retriever first approach to MT.

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Cerenovus, Cerevatech Medical, Inc., 4; C; Adona Medical, Inc., Amnis Therapeutics, Bend IT Technologies, Ltd., BlinkTBI, Inc, Buffalo Technology Partners, Inc., Cardinal Consultants, LLC, Cerebrotech Medical Systems, Inc, Cerevatech Medical.

LB-005 THE INSIGHT REGISTRY: A MULTI-CENTER, MULTI-OMIC STROKE CLOT STUDY, PRELIMINARY RESULTS

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Introduction Understanding clot composition and associated genomic, epigenomic, and proteomic signatures could provide insight into thrombus biology and etiology, and aid in prognosis in stroke. We report preliminary results in the first 50 subjects enrolled in this multi-omic clot collection registry. Our objective was to report our initial results from the INSIGHT Registry, a multicentered ‘multi-omic’ analysis of thrombi associated with acute hemorrhagic and ischemic stroke.

Abstracts LB-005 Table 1 Demographics and clinical characteristics

	Ischemic Stroke (N=46)	Hemorrhagic Stroke (N=4)
Age (yrs)	67.5 (37, 92); n=46	63 (56, 70); n=4
Sex		
Male	43.5% (20/46)	50% (2/4)
Female	56.5% (26/46)	50% (2/4)
Race		
Asian	0.0% (0/46)	25% (1/4)
Black/African American	13% (6/46)	0.0% (0/4)
White	73.9% (34/46)	0.0% (0/4)
Multiracial	2.2% (1/46)	0.0% (0/4)
Other	10.9% (5/46)	75% (3/4)
Comorbidities		
History of Atrial Fibrillation	10.9% (5/46)	0.0% (0/4)
Diabetes	23.9% (11/46)	25% (1/4)
Hypertension	73.9% (34/46)	50% (2/4)
Hyperlipidemia	43.5% (20/46)	50% (2/4)
NIHSS on Admission		
Minor stroke (1–4)	15.2% (7/46)	25% (1/4)
Moderate stroke (5–15)	41.3% (19/46)	50% (2/4)
Moderate/Severe (16–20)	13% (6/46)	0.0% (0/4)
Severe stroke (≥ 21)	30.4% (14/46)	0.0% (0/4)
Missing	0.0% (0/4)	25% (1/4)
NIHSS at Discharge		
Recovered (0)	17.4% (8/46)	0.0% (0/4)
Minor stroke (1–4)	28.3% (13/46)	0.0% (0/4)
Moderate stroke (5–15)	19.6% (9/46)	75% (3/4)
Moderate/Severe (16–20)	8.7% (4/46)	0.0% (0/4)
Severe stroke (≥ 21)	4.3% (2/46)	25% (1/4)
Missing	21.7% (10/46)	0.0% (0/4)
TICI Score		
TICI 0-2A	4.3% (2/46)	NA
TICI 2B	15.2% (7/46)	NA
TICI 2C	10.9% (5/46)	NA
TICI 3	69.6% (32/46)	NA
LKW to Recanalization (Minutes)	310 (119, 7230); n=42	NA

Material and Methods Subjects age ≥18 years, treated frontline with the Penumbra System for thrombectomy or the Artemis Neuro Evacuation device for minimally invasive endoscopic intracerebral hematoma evacuation as standard of care are included. Patient demographics, medical history, radiographic, and procedural information are collected in conjunction with extracted clot and concurrent extracranial arterial blood. Upon collection, clots were placed in RNAlater for preservation of protein and RNA and peripheral blood in K2EDTA tubes, allowing sample shipment at ambient temperature. RNA isolated from clot and blood were quality controlled by TapeStation and quantified by QuBit. Protein is quantified by bicinchoninic acid (BCA) assay. Genomic DNA isolated from peripheral blood is sequenced using the Illumina Infinium Global Screening Array. Follow-up clinical assessments occur at discharge and/or day 7, and at 90 days post-procedure.

Results 50 subjects were enrolled from 8 active sites between 02/2021 and 06/2021 (table 1). As expected, most enrollments were in ischemic stroke thrombectomy (46) versus intracranial hemorrhage (4), reflecting the relative incidence and utilization of those procedures. The initial dataset provided reflects real-world results consistent with published thrombectomy studies. RNA isolated from clots had an average RNA integrity score (RIN) of 4 (±1) ranging from 2–8, while RNA isolated from systemic arterial blood averaged 5 (±2) with a range from 2–9 with 1 sample fail (n=48). Total protein isolated from clots averaged 3028ug (±5407) ranging from 32–23,451ug (n=24), while total protein isolated from blood averaged 2026ug (±1265) ranging from 241–5334 (n=48).

Conclusion These preliminary results demonstrate the real-world applicability of the INSIGHT study to typical stroke thrombectomy population. Furthermore, the tissue processing protocols are providing high-quality RNA and protein for analysis, which is currently underway.

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LB-006 COLLATERAL IMAGING OF STROKE PATIENTS IN THE LATE WINDOW PRIOR TO ENDOVASCULAR THROMBECTOMY RESULTS FROM A POOLED INDIVIDUAL PATIENT-LEVEL MULTICENTER ANALYSIS

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Background Collateral assessment using CT angiography (CTA) is promising to increase the eligibility for endovascular thrombectomy (EVT) in the late window (6–24 hours). The outcome of these patients compared to those selected using perfusion imaging is not clear. We aimed to describe the