outcomes of EVT in patients selected using collateral vs perfusion imaging in the late time window.

Methods We pooled individual patient-level data from seven trials and registries of EVT-treated patients in the late-time window. These studies were conducted in North America, Europe, and Korea. We collected clinical, imaging, and outcome data. We classified patients according to whether selection for EVT was done using collateral imaging alone (collateral cohort) vs perfusion plus collateral imaging (perfusion cohort). The primary outcome was the proportion of patients achieving independent 90-day functional outcome (modified Rankin scale 'mRS' 0–2). We also collected data on successful reperfusion (thrombolysis in cerebral infarction 2b-3), and symptomatic intracranial hemorrhage. We used the propensity score-weighting method to balance important predictors between the perfusion vs collateral cohorts.

Results In 608 patients from seven studies, the mean (SD) age was 67.4 (14.6) years, and 50.5% were females. The median onset/last known well to emergency arrival time was 8.8 hours and 53.2% had wake-up strokes. Both cohorts had collateral imaging and 379 patients (62.3%) also had perfusion imaging. Independent functional outcome was achieved in 43.1% overall. In the perfusion cohort, 168/379 patients (45.5%) achieved functional independence vs 94/214 (43.9%) in the collateral cohort ($P=0.71$). A logistic regression model adjusting for inverse-probability-weighting showed no difference in 90-day mRS score of 0–2 (adjusted OR 1.05, 95%CI 0.69 to 1.59, $P=0.83$) or in a favorable shift in 90-day mRS (common adjusted OR 1.01, 95%CI 0.69 to 1.47, $P=0.97$) among patients in the perfusion vs collateral cohorts.

Abstract LB-006 Figure 1

Conclusion In this pooled individual patient-level analysis from multi-national studies and registries, late window patients who were selected for EVT using collateral imaging achieved comparable functional outcomes to patients who had perfusion imaging.

Disclosures M. Almekhlafi: None. J. Thornton: None. I. Casetta: None. M. Goyal: None. N. Stefania: None. D. Herlihy: None. E. Fainardi: None. S. Power: None. V. Saia: None. A. Hegarty: None. G. Pracucci: None. A. Demchuk: None. S. Mangiafico: None. K. Boyle: None. P. Michel: None. F. Bala: None. R. Gill: None. A. Kuczyński: None. A. Ademola: None. M. Hill: None. D. Toni: None. S. Murphy: None. B. Kim: None. B. Menon: None.

LB-007 PIPELINE EMBOLIZATION DEVICES FOR THE TREATMENT OF INTRACRANIAL ANEURYSMS (PEDESTRIAN), SINGLE CENTRE REGISTRY: LONG-TERM ANGIOGRAPHIC AND CLINICAL OUTCOMES FROM 1,000 ANEURYSMS WITH PED SHIELD SUBANALYSIS

I Lylyk*, E Scrivano, J Lundquist, P Lylyk, N Perez, C Bleise, P Lylyk. *Instituto Medico ENER-Clinica La Sagrada Familia, Bs As, Argentina*

10.1136/neurintsurg-2021-SNIS.248

Background Prospective studies have established the safety and efficacy of the Pipeline™ Embolization Device (PED) for treatment of intracranial aneurysms (IA).

Objective To investigate long-term outcomes from the Pipeline Embolization Devices for the Treatment of Intracranial Aneurysms (PEDESTRIAN) Registry.

Methods The PEDESTRIAN registry data was retrospectively reviewed, which included patients (March 2006-July 2019) with complex IAs treated with PED. Patients with unfavorable anatomy and/or recurrence following previous treatment were included and excluded those with acute subarachnoid hemorrhage. The primary angiographic endpoint was complete occlusion and long-term stability. Clinical and radiological follow-up was performed at 3–6 months, 12 months, and yearly thereafter.

Results A total of 835 patients (mean age 55.9 ± 14.7 years; 80.0% female) with 1,000 aneurysms were included. Aneurysms varied in size: 64.6% were small (≤ 10 mm), 25.6% were large (11–24 mm), and 9.8% were giant (≥ 25 mm). A total of 1,214 PEDs were deployed. Follow-up angiography was available for 85.1% of patients with 776 aneurysms at 24.6 ± 25.0 months (mean). Complete occlusion was demonstrated in 75.8% of aneurysms at 12-months, 92.9% at 2–4 years, and 96.4% at >5 years. During the post-procedural period, mRS remained stable or improved in 96.2% of patients, with stability or improvement in 99.1% of patients >5 years. The overall major morbidity and neurological mortality rate was 5.8%.

Conclusion This study demonstrated high rates of long-term complete aneurysm occlusion, stable or improved functional outcomes, and low rates of complications and mortality. Clinical and angiographic outcomes improved over long-term follow-up, demonstrating endovascular treatment of IA with PED is safe and effective.

Disclosures I. Lylyk: None. E. Scrivano: 6; C; Proctor Medtronic. J. Lundquist: 6; C; Proctor Medtronic. P. Lylyk: None. N. Perez: None. C. Bleise: None. P. Lylyk: 2; C; Medtronic.

LB-008 THE CONTOUR DEVICE, A NOVEL INTRASACULAR FLOW DISRUPTER FOR THE TREATMENT OF INTRACRANIAL ANEURYSMS: EARLY EXPERIENCE AND MID-TERM FOLLOW-UP

A Biondi*, G Vitale, P Primikiris, S Ferhat, G Charbonnier. *Interventional Neuroradiology, Besancon University Hospital, Besancon, France*

10.1136/neurintsurg-2021-SNIS.249

Introduction The Contour device is a new intrasaccular flow disrupter designed to treat bifurcation and wide-neck bifurcation intracranial aneurysms. This device provides a stable scaffold framework across the aneurysm neck. The Contour is re-sheathable and re-deployable and the detachment method is electrolytic. We report our center's experience and mid-term