Conclusion Majority of LHS-ACLVO and of RHS-ACLVO patients present with the impairment of language and neglect, respectively. In comparison to 24-hour NIHSS, rescue of these deficits by MT is an independent and a better predictor of functional independence and lower mortality.


P-012 THROMBECTOMY ASPIRATION POST-MARKET STUDY IN ACUTE STROKE: THE TAPAS STUDY

Introduction The Q Aspiration Catheter offers a novel design in which the proximal three-quarters of the catheter shaft is replaced with a pusher wire and the aspiration source is attached directly to the 8F guide catheter. This design results in an increased aspiration force due to the larger 8F guide catheter lumen. This first clinical study was designed to provide initial safety and performance data on the Q Aspiration Catheter. The study was a multi-center, observational, post market study utilizing the Q Catheter as first-line therapy during mechanical thrombectomy for acute ischemic stroke in Spain.

Methods Patients with AIS treated with MT using the Q Aspiration Catheter as first line therapy between March 2019 and January 2020 were identified at four high volume centers in Spain. Patients 18-85 years of age who had anterior or posterior LVO with an ASPECTs score 6-10 and were within 8 hours of onset/last known well were eligible to participate. Baseline demographics, procedural data, post procedure neuroimaging, and clinical outcomes were reported. A follow up visit was conducted to assess mRS.

Results A total of 45 patients provided written informed consent. Average patient age at presentation was 72.4 (range 49-84) and 53.3% were male. Thrombolytic therapy was given in 46.7% (21/45) and NIHSS was 14.4 (range 1-26) at presentation. Occlusion site was 42 (94%) in the anterior circulation: ICA-T in 9 patients (20%), M1 MCA in 25 (56%), and M2 MCA in 8 (18%). Occlusion site in the posterior circulation was 3 (6%). The Q Catheter was successfully delivered to the occlusion 89% (40/45) of the time, successful delivery increased to 96% (43/45) when including a stent retriever for anchoring. Successful revascularization of final mTICI 2b-3 was achieved in 93% of patients (42/45). First pass success of mTICI 2b-3 with only a Q Catheter aspiration was achieved in 49% (21/43), this increased to 56% (24/43) when a stent retriever was used as an anchor. Overall successful revascularization using the Q Catheter, alone or with a stent retriever, was 77% (33/43). Three patients required angioplasty and an implantable stent due to intracranial stenosis of atherosclerotic plaque. ENT occurred in 2% (1), sICH rate was 2% (1) and not related to the device or procedure, mortality during the study period was 13% (6). During the study period, 55.5% of the subjects had a Modified Rankin score of 0-2 at follow up.

Conclusion The Q Aspiration Catheter is a novel technology that showed comparable deliverability and revascularization.