Abstract P-014 Table 1 Malfunctions by catheter and outcome. Abstract table limit requires category 'Other'

Catheter	Death	Injury	No Adverse Event	Total
3 MAX	1	45	322	368
5 MAX	0	9	374	383
ACE 60	0	1	57	58
ACE 64	0	12	75	87
ACE 68	0	4	247	251
Jet 7	13	19	258	290
Penumbra 032	0	1	139	140
Penumbra 054	0	2	55	57
Other	0	5	200	174

occurred on the back table during device preparation. Detailed descriptions of unique malfunction mechanisms for each catheter are omitted from this brief abstract but are available for presentation.

Conclusion Reperfusion catheter failures resulting in injury or death are rare. These findings suggest that current methods of FDA surveillance have effectively identified outliers.

Disclosures D. Bageac: None. B. Gershon: None. R. De Leacy: None.

P-015 THE ZOOM SYSTEM DEMONSTRATES HIGHER FIRST PASS EFFECT AND FASTER REPERFUSION AS COMPARED TO A CONSECUTIVE CONTEMPORANEOUS SERIES OF ASPIRATION CATHETERS: ANALYSIS FROM A MULTICENTER RETROSPECTIVE COHORT

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Background Modern aspiration catheters have revolutionized thrombectomy outcomes. The Zoom System is series of catheters, with ID's of 0.045, 0.055, 0.071, and 0.088, that are advertised as being designed to support superior stroke thrombectomy performance. We aimed to preliminarily evaluate such claims by retrospectively assessing technical outcomes in a consecutive series of M1 ELVOs in which aspiration was the first line approach.

Methods We performed a retrospective multicenter analysis of consecutive ELVO patients with M1 occlusion treated within 24 hours from the time of last known well. Patients were divided into two cohorts: those in whom the Zoom 088 or 071 was the initial technology used to attempt reperfusion and those in whom any other aspiration catheter was used for initial reperfusion attempt. The primary outcome was excellent reperfusion (TICI $\geq$ 2C) on first pass. Secondary outcomes included the rate of excellent reperfusion and successful reperfusion (TICI $\geq$ 2B), access to successful reperfusion time, and occurrence of downstream emboli. All data was self-adjudicated. No outside funding was provided for this analysis.

Results Total of 660 patients with acute M1 occlusion who underwent thrombectomy were identified. Zoom System catheters (088 or 071) were used as primary aspiration catheter in 172 patients, while 488 patients were treated with other aspiration catheters (ranging from 064 to 074). The baseline mRS score, admission NIHSS score, the rate of intravenous thrombolytic therapy, symptom onset to hospital arrival, and use of anesthesia were not different between the cohorts. The primary outcome, first pass excellent reperfusion, was significantly higher in the Zoom System cohort (51% vs 41%, $p=0.02$). The rate of excellent reperfusion was significantly higher in the Zoom cohort (68% vs 59%, $p=0.04$), however, there was no difference in the rate of successful reperfusion (96% vs 94%, $p=0.78$). Access time to final reperfusion was significantly faster in the Zoom cohort (27 vs 35 minutes, $p<.0001$). After adjusting for confounding factors (age, thrombectomy technique, use of secondary aspiration catheter), access time to TICI 2B (30 vs 35 minutes, $p=0.028$) and final recanalization (25 vs 31 minutes, $p=0.018$) were significantly shorter in the Zoom System cohort.

Conclusion This retrospective, multicenter, consecutive real-world experience suggests that using Zoom 088 or 071 as primary aspiration catheter may demonstrate superior technical outcomes for M1 thrombectomy.

Disclosures S. Majidi: None. J. Vargas: 2; C; Cerenovus, Medtronic. 4; C; Truic. H. Hawk: None. S. Nimjee: None. A. Zakeri: None. M. Mokin: 2; C; Medtronic, Cerenovus. R. Kellogg: None. R. DeLeacy: None. G. Cortez: None. A. Aghaebrahmin: None. E. Sauvageau: None. R. Hanel: 1; C; Microvention, Stryker. 2; C; Medtronic, Microvention, Stryker, Balt, Cerenovus, Q'Apel. A. Siddiqui: 2; C; Imperitive Care, Medtronic, Microvention, Penumbra, Q'Apel, Stryker. 4; C; Imperitive Care, Q'Apel, Truic, RiSt. M. Oselkin: None. E. Marlin: None. A. Turk: 2; C; Imperitive care, stryker, medtronic, penumbra, balt, cerenovus. 4; C; imperitive care. R. Turner: 2; C; Q'Apel, Cerenovus, Medtronic, Siemens. 4; C; Q'Apel. I. Chaudry: 2; C; Medtronic, Microvention, Q'Apel. 4; C; Q'Apel. J. Milburn: None.

P-016 ASSOCIATION OF CEREBRAL MICROBLEEDS AND CLINICAL OUTCOMES FOLLOWING ENDOVASCULAR STROKE THERAPY

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Introduction/Purpose Cerebral microbleeds (CMBs) are associated with the risk of hemorrhagic and ischemic stroke. We investigated the association between presence of CMBs and clinical outcomes following endovascular therapy (EVT) for emergent large vessel occlusion (ELVO) stroke.

Materials and Methods This is a retrospective analysis of consecutive adult patients undergoing EVT for an ELVO with available pre-interventional MR imaging between 2013-2019. Pretreatment GRE MRI sequences were analyzed in all patients to explore the frequency and location of prior microbleeds. Primary outcomes included post-interventional intracerebral hemorrhage (ICH) and favorable outcome defined as functional independence with modified Rankin Scale scores of