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 (088 or 071) used as primary aspiration catheter which are advertised as being designed to support superior stroke thrombectomy outcomes. The Zoom System are omitted from this brief abstract but are available for presentation.

Methods: We performed a retrospective multicenter analysis of FDA surveillance have effectively identified outliers. Claims by retrospectively assessing technical outcomes in a consecutive series of aspiration catheters: analysis from a multicenter retrospective cohort.

Results: Total of 660 patients with acute M1 occlusion who underwent thrombectomy were identified. Zoom System catheter (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.

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References:
A33
0 to 2 at discharge. Association of outcomes with prior CMBs was quantified using multiple logistic regression.

**Results** Among 155 patients included in the analysis (mean age 67.5, SD 1.15; 56.2% female), 20 (12.9%) had CMBs on GRE imaging prior to EVT. Among those with CMBs, 8 (40%) patients had strictly lobar, 4 (20%) had mixed cortical/subcortical, and 5 (25%) patients had high burden (>5) microbleeds. Older age, female sex, and presence of atrial fibrillation were significantly higher in patients with CMBs. Overall, 41 (26.4%) developed ICH, among whom 9 (5.8%) were symptomatic. In multivariable analysis adjusting for age, sex, presenting NIHSS, hypertension, diabetes mellitus, atrial fibrillation, intravenous tPA, and successful recanalization, there was no statistically significant association between the presence of CMB and ICH (OR 1.19, 95% CI 0.25-4.90, p=0.83) or favorable clinical outcome at discharge (OR 1.25, 95% CI 0.38-4.01, p=0.71). Results remained unchanged in subgroup analyses based on CMB location or burden.

**Conclusion** Our analysis indicates that the presence of CMB is not significantly associated with poor clinical outcome or the risk of ICH following EVT.

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