15y/F	Presented with acute ictus	Hemorrhagic stroke/SAH	Unilateral MMD -Left ICA stenosis at supraclinoid region, left ACA involved, posterior circulation not involved, Right ICA supplying the left MCA through AcomA	AComA aneurysm filling from right ACA	No collaterals evident
35y/M	Headache followed by loss of consciousness	Hemorrhagic stroke/IVH	Bilateral MMD-Bilateral ICA stenosis at supraclinoid region, ACA, MCA intact	No	Lenticulostriate, choroidal and thalamic collateral formation with anastomosis seen
8y/F	Presented with sudden bilateral lower limb weakness, fits, headache	Ischemic stroke/B/L ACA territory infarcts	Bilateral MMD-Bilateral ICA stenosis at supraclinoid region, posterior circulation involved	No	Lenticulostriates, choroidal and thalamic collateral anastomosis evident
43y/M	Presented with headache followed by loss of consciousness	Hemorrhagic stroke/SAH	Bilateral MMD- Bilateral ICA stenosis at supraclinoid region, posterior circulation involved	Basilar tip aneurysm	Thalamic collaterals anastomosis supplying the whole cortex
18y/F	Presented with headache followed by loss of consciousness	Hemorrhagic stroke/ICH	Unilateral MMD- Left ICA stenosis at supraclinoid region, posterior circulation not involved, posterior choroidal artery and anterior choroidal artery showed anastomosis	No	Lenticulostriate collateral anastomosis seen
3y/F	Presented with left sided weakness	Ischemic stroke/Right sided infarct	Bilateral MMD- Bilateral ICA stenosis at supraclinoid region, ACA & MCA not involved	No	Extensive lenticulostriate and choroidal collateral formation and anastomosis seen
12 y/M	Presented with fever, neck rigidity, left sided weakness	Hemorrhagic stroke/SAH Vsculitis	Unilateral MMD - Left ICA stenosis at supraclinoid region, posterior circulation not involved	Distal basilar tip aneurysm	No collaterals evident

Abstract E-021 Figure 1

in the adult age group. MMD-associated intracranial aneurysms frequently occur in patients presenting with hemorrhagic

unilateral MMD and are associated with an extremely high rate of rupture. Long-standing hemodynamic stress might contribute to the formation of an aneurysm.

Disclosures S. Ahmad: None.

E-022 VIZ RECRUIT ICH VOLUME INCREASED THE SCREENING RATE AND ENROLLMENT IN ENRICH

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Introduction Early Minimally Invasive Removal of Intracerebral Hemorrhage (ENRICH) is a RCT evaluating the efficacy of minimally invasive surgery (MIS) for ICH. AI ENRICH is a prospective trial operating within and in parallel to the ENRICH trial that utilizes an AI application, Viz RECRUIT ICH Volume, to identify and segment ICH to quickly identify potentially eligible subjects.

Methods Non-contrast CT scans performed at 3 participating US hospitals were evaluated specifically for a parenchymal hemorrhage by Viz RECRUIT ICH Volume. Participating health care professionals downloaded a phone application that allowed users to be notified for any hemorrhage ≥ 5 mL. Screening and enrollment rates are based on participating hospitals reports.

Results Over a combined period of 374 days, 20,128 CT scans were evaluated by the application, yielding a total of 110 patients that met ENRICH inclusion criteria for hematoma volume (30-80 mL). Of these, 9 patients were enrolled. The

average screening rate in months prior to the use of Viz RECRUIT ICH Volume was 5.4 patients per month. After implementation, average screening rate increased to 7.6 patients per month. The average enrollment rate prior to the use of Viz ICH VOLUME was 0.29 patients per month, which increased to 0.82 after implementation. This equated to an increase in trial enrollment of 213%.

Conclusions Artificial intelligence based programs such as Viz RECRUIT ICH Volume may help increase RCT screening and enrollment by identifying potential candidates automatically and alerting medical professionals quickly.

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E-023 PRECLINICAL AND CLINICAL ROLE OF INTERLEUKIN-6 IN THE DEVELOPMENT OF DELAYED CEREBRAL VASOSPASM AND NEURONAL CELL DEATH AFTER SUBARACHNOID HEMORRHAGE: TOWARDS A POTENTIAL TARGET THERAPY

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Introduction Delayed cerebral vasospasm (DCVS), early brain injury (EBI), and delayed cerebral ischemia (DCI) are devastating complications after aneurysmal subarachnoid hemorrhage (SAH). Interleukin (IL)-6 seems to be a key interleukin in the inflammatory response after SAH, and many studies describe a strong correlation between IL-6 and worse outcome. The aim of this study was to systematically review preclinical and clinical studies that evaluated systemic and cerebral IL-6 levels after SAH and their relation to DCVS, neuronal cell death, and DCI.

Methods We conducted two systematic literature searches using PubMed to identify preclinical and clinical studies evaluating

the role of IL-6 after SAH. Suitable articles were selected based on predefined eligibility criteria following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.

Results A total of 61 and 30 preclinical and clinical articles, respectively, were included in the systematic reviews. Of the preclinical studies in which IL-6 was measured in cerebrospinal fluid (CSF), parenchyma, and systemically, 100%, 94.4%, and 81.3%, respectively, showed increased expression of IL-6 after SAH. Preclinical results were mirrored by clinical findings in which elevated levels of IL-6 in CSF and plasma were found after SAH, correlating with DCVS, DCI, and worse outcome. Only two preclinical studies analyzed the direct inhibition of IL-6, which resulted in reduced DCVS and neuronal cell death.

Conclusion IL-6 plays a fundamental role in the onset of DCVS and DCI after SAH in preclinical animal models and clinical studies. Its inhibition might have therapeutic potential to improve the outcome of SAH patients.

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E-024 ASPIRATION THROMBECTOMY ON ACUTE ISCHEMIC STROKE PATIENTS WITH A LOW ALBERTA STROKE PROGRAM EARLY COMPUTERIZED TOMOGRAPHY SCORE

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Introduction/Purpose For patients who receive endovascular therapy for acute ischemic stroke (AIS), a lower Alberta Stroke Program Early CT Score (ASPECTS) correlates with worse outcomes. However, AIS patients with a low ASPECTS may still have a better outcome after endovascular therapy than after best medical therapy. The purpose of this study was to

Abstract E-023 Table 1 Animal and human studies measuring interleukin-6 in cerebrospinal fluid, plasma/serum, parenchyma, and the cerebral vasculature

	Animal (n=61)		Human (n=30)	
	Number (%) of studies	Number (%) of studies showing increase in IL-6	Number (%) of studies	Number (%) of studies showing increase in IL-6
IL-6 measurement				
Cerebrospinal fluid (%)	14 (22.9)	14 (100)	17 (56.7)	17 (100)
Plasma/serum (%)	16 (26.2)	13 (81.3)	23 (76.7)	23 (100)
Parenchyma (%)	36 (59)	34 (94.4)	-	-
Cerebral vasculature (%)	7 (11.4)	7 (100)	-	-