Abstract E-025 Table 1

	Tandem lesion (N=55)
Baseline characteristics	
Age, years (mean (SD))	67.8 (10.4)
Female	36.4%
Medical history	
Atherosclerosis	14.5%
Atrial fibrillation	18.2%
Diabetes	29.1%
Hypertension	67.3%
Time from onset to hospital admission, hrs (median [IQR])	2.7 [1.6–5.9]
ASPECTS (median [IQR])	7 [6–9]
NIHSS (median [IQR])	15 [9–20]
IV tPA pre-procedure	61.8%
Procedural metrics	
Degree of stenosis in proximal (tandem) lesion, % (median [IQR])	99 [78–100]
First line of treatment in proximal (tandem) lesion	
Angioplasty only	34.5%
Aspiration only	25.5%
Stent	21.8%
Additional treatment in proximal (tandem) lesion	
Balloon angioplasty	14.5%
Stent	14.5%
First line of treatment in intracranial vessel	
Direct aspiration alone	67.3%
Direct aspiration with 3D Revascularization Device	32.7%
Number of total passes in all locations	
1	43.6%
2	14.5%
3	20.0%
4+	21.8%
Time from arterial puncture to mTICI 2b-3 else final angiogram, min (median [IQR])	33.5[22–67]
Primary endpoints	
mTICI 2b-3 post-procedure	89.1%
mRS 0–2 at 90 days	63.5%
All-cause mortality at 90 days	7.3%
Secondary endpoints	
Device-related SAEs, ≤ 24 hrs	1.8%
Device-related SAEs, overall	3.6%
Procedure-related SAEs, ≤ 24 hrs	9.1%
Procedure-related SAEs, overall	14.5%
ENT at end of procedure	5.5%
Symptomatic ICH at 24 hrs	7.3%
Vessel perforation	1.8%
Vessel dissection	5.5%

E-026

UTILIZATION OF A LARGE-BORE 088 INTRACRANIAL ACCESS CATHETER FOR COMPLEX NEUROSURGERY: EXPERIENCE WITH THE TRACSTAR LDP™ IN 127 CONSECUTIVE CASES

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Background The delivery of complex neuroendovascular devices requires a robust proximal access platform. This demand has previously been met with a 6Fr long-sheath (8Fr guide) that is placed in the proximal ICA (high cervical) or vertebral artery (V1/2) segments. We share our experience with the first 088 8Fr guide catheter designed specifically for direct intracranial access.

Methods We retrospectively reviewed a prospectively-maintained IRB-approved institutional database of the senior authors to identify all cases where the TracStar LDP (Imperative Care, Campbell, CA) was utilized. Case details were recorded including patient demographics, case type, and distal location achieved with navigation of the guide catheter. Technical success was defined as safe placement of the guide catheter to at least the petrous (anterior circulation) or vertebral artery (V3) segments (posterior circulation) or the transverse sinus for venous stenting procedures.

Results Over the 14-month study period, 127 femoral access cases were identified where the TracStar LDP guide catheter was utilized for aneurysm treatment (80% of cases, 102/127), intracranial angioplasty/stenting (13% of cases, 17/127), venous sinus stenting (3% of cases, 4/127), and other pathologies (3% of cases, 4/127). All cases utilized a direct select catheter technique for placement (no exchange). Posterior circulation placement occurred in 14% of cases (18/127). Technical success was achieved in 97% of cases (123/127). Of the 4 cases with technical failure, 75% (3/4) were in the posterior circulation and were attributed to tortuous proximal subclavian access or a small caliber vertebral origin. No symptomatic or flow-restricting vessel dissections occurred in any of the cases.

Conclusion The TracStar LDP is a safe and effective means for establishing direct 088 intracranial access. This can be achieved in a wide range of cases with extremely high rates of technical success.

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E-027

TRANS-FEMORAL 5FR DIAGNOSTIC CATHETER ANGIOGRAPHY FROM A 4FR ACCESS USING A 5/4 SLENDER RADIAL SHEATH: EXPERIENCE IN 50 CONSECUTIVE CASES

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Background Femoral access has long been the standard for diagnostic angiography but recently radial access techniques have gained popularity due to their perceived enhanced safety. The slender 5/4 radial sheath (5/4RS) (Terumo, Japan) is the commonly used sheath for radial access that allows the use of