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**Abstracts**

**EP45**

BEYOND PROXIMAL LARGE VESSEL OCCLUSIONS: OUTCOME OF MECHANICAL THROMBECTOMY IN DISTAL VESSEL OCCLUSIONS IN THE EXCELLENT REGISTRY – INTERIM ANALYSIS

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**Results** 64/532 (12.0%) patients had MeVO, and 44/532 (8.3%) had DiVO (37 M2, 4 P2, 1 A2, 1 P1, 1 M3). Final mTICI-2B was 87.1% (54/62) in MeVO vs 84.1% (37/44) in DiVO. First Pass (FP) mTICI-2c was 17.5% (11/63) in MeVO vs 6.8% (3/44) in DiVO; while the two groups had nearly identical FP-mTICI (20.6% vs 20.5%). 90-day mRS 0–2 or equal to pre-stroke was achieved in 55.4% (31/56) MeVO and in 45.9% (17/37) DiVO patients. All-cause 90-day mortality was 22.4% (13/58) in MeVO and 21.4% (9/42) in DiVO. The rate of any ICH was 50.8% (31/61) in MeVO vs 37.5% (15/40) in DiVO, while subarachnoid hemorrhage was 27.9% (17/61) and 22.5% (9/40) in MeVO and DiVO, respectively.

**Conclusions** In this interim analysis, patients with DiVO presenting with acute ischemic stroke and undergoing MT had rates of revascularization and clinical and safety outcomes comparable to MeVO. If confirmed in the full dataset, these findings can inform MT case selection.

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**EP46**

FIRST PASS EFFECT AND ASSOCIATED CLOT CHARACTERISTICS IN THE EXCELLENT REGISTRY – INTERIM ANALYSIS


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**Introduction** EXCELLENT (NCT03685578) is a prospective, single-arm, multicenter, real-world, international registry of mechanical thrombectomy (MT) with EmboTrap as first-line device. There is increasing interest in applying MT to acute distal vessel occlusion (DiVO), with limited data. This interim analysis evaluates the angiographic, clinical and safety outcomes in DiVO.

**Aim of the Study** To compare MT outcomes in Medium Vessel occlusion (MeVO) vs DiVO.

**Methods** MeVO was defined as proximal M2 and DiVO as distal M2, M3, P1, P2, and A2 occlusions. Independent core lab adjudicated occlusion location, reperfusion, and intracranial hemorrhage (ICH). 90-day mRS was completed by independent site investigators blinded to procedural data.

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10.1136/neurintsurg-2021-ESMINT.45
Introduction EXCELLENT (NCT03685578) is a prospective, single-arm, multicenter, real-world international registry of mechanical thrombectomy (MT) for stroke with the EmboTrap device as first line treatment. The study entails thrombus analysis of specimens collected with each MT pass.

Aim of the Study To compare rates of mRS 0–2 at 90 days and clot characteristics in subjects with and without first pass effect (FPE).

Methods FPE was defined as mTICI 2c/3 after one pass and non-FPE as mTICI 2c/3 after >1 pass as adjudicated by an independent core lab. Clot analysis was performed by independent central labs blinded to clinical data. mRS at 90 days was scored by investigators blinded to procedural data.

Results Overall mTICI2c/3 rates were 63.7% (326/512), FPE was achieved in 37.1% (190/512) and non-FPE in 26.6% (136/512) subjects. 90 day mRS 0–2 or equal to pre-stroke was achieved in 47.2% (75/159) with FPE and in 42.1% (51/121) non-FPE patients. All-cause 90-day mortality was 19.1% (34/178) in subjects with FPE and 26.4% (34/129) in subjects non-FPE. Major thrombus components (mean% ±SD) (34/178) in subjects with FPE and 26.4% (34/129) in subjects non-FPE as mTICI 2c/3 after >1 pass as adjudicated by an independent core lab. Clot analysis was performed by independent central labs blinded to clinical data. mRS at 90 days was scored by investigators blinded to procedural data. Results Overall mTICI2c/3 rates were 63.7% (326/512), FPE was achieved in 37.1% (190/512) and non-FPE in 26.6% (136/512) subjects. 90 day mRS 0–2 or equal to pre-stroke was achieved in 47.2% (75/159) with FPE and in 42.1% (51/121) non-FPE patients. All-cause 90-day mortality was 19.1% (34/178) in subjects with FPE and 26.4% (34/129) in subjects non-FPE as mTICI 2c/3 after >1 pass as adjudicated by an independent core lab. Clot analysis was performed by independent central labs blinded to clinical data. mRS at 90 days was scored by investigators blinded to procedural data.

Conclusions The high rate of ‘real-world’ FPE observed in EXCELLENT was associated with improved clinical outcomes. Clots retrieved with FPE had higher RBC and lower fibrin content compared to non FPE and to first pass mTICI <2c/3 e. These preliminary findings await confirmation from analysis of the full dataset.

Disclosure Seán Fitzgerald received research funding from Enterprise Ireland that is co-funded by Perfuze Ltd. Liam Mullins declares the following competing interest; Perfuze (stock options). John Thornton does not compete financial interests; Perfuze (Physician Advisory Board, stock options); Consultancy fees: Microvention, Johnson and Johnson.

Background Distal vessel occlusions represent about 25–40% of acute ischemic stroke (AIS), either as primary occlusion or secondary occlusion complicating mechanical thrombectomy (MT) for large vessel occlusion.

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