score at discharge of 5.5. We did not find intraprocedural complications and two symptomatic intracerebral hemorrhages were recorded postoperatively.

Discussion The SNACE technique is a simple, fast, safe, and effective method that has reduced the requirements to multiple passes and avoiding the use of expensive materials to reach the occlusion site. SNACE is a replicable approach without additional training requirements.

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Disclosure Boris pabon proctorship con MEDTRONIC, Micro-vention Consultant MIVI

EP56

TARGETED SINGLE LOW-DOSE INTRA-ARTERIAL BEVACIZUMAB FOR STEROID-REFRACTORY RADIATION NECROSIS OF THE BRAIN

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Introduction Phase II, single-arm, prospective trial in patients with steroid-refractory brain radiation necrosis (RN).

Aim Evaluate safety and efficacy of single low-dose targeted intra-arterial (IA) bevacizumab following osmotic blood-brain barrier disruption (BBBD).

Methods Following BBBD, 10 adults underwent targeted 2.5 mg/kg IA bevacizumab. RN, edema, headache, steroid dependency were quantified at baseline and 12-months. Data (mean $\pm$ SEM) analyzed using Wilcoxon signed-rank tests and one-way repeated measures ANOVA test of linear trend. Null hypothesis rejected for $p < 0.05$.

Results RN decreased by $74.4 \pm 5.2\%$ with significant linear trend [$F(1)=10.940$, $n=8$, $p=0.013$, effect size=0.610]. Vaso-genic edema decreased by $50.1 \pm 13.2\%$ but linear trend did not reach significance [$p=0.102$]. Headache decreased by $84.4 \pm 6.5\%$ with significant linear trend [$F(1)=9.299$, $n=8$, $p=0.019$, effect size=0.571]. Only 1/10 patients were steroid dependent 12-months after bevacizumab. 0/10 died or exhibited AEs attributed to bevacizumab alone. 4 AEs of short duration and moderate severity were probably related to BBBD (tonic/clonic seizures with altered mental status 2-hours post-procedure) or BBBD+bevacizumab (mono-ocular blurred vision with diplopia on day 1). 2/10 patients who experienced marked improvement at 3 months exhibited RN recurrence requiring intervention (surgery at 10-months; 4-cycles IV bevacizumab at 11-months, respectively).

Conclusions Single low-dose targeted intra-arterial bevacizumab led to durable radiographic and clinical improvement of RN during 12-months follow-up in 8/10 patients. To our knowledge this is the first prospective report of this novel approach in adults. Randomized trials are needed comparing targeted low-dose IA bevacizumab to multi-cycle IV bevacizumab at higher doses to determine which is longer-lasting, safer, cheaper alternative in brain RN.

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Disclosure Nothing to disclose

EP57

REAL WORLD EXPERIENCE OF THE MIVI Q™ ASPIRATION CATHETER

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Introduction The MIVI Q™ Aspiration Catheter offers a range of novel aspiration catheters that have been shown to achieve significantly greater flow rates than other intracranial aspiration catheters in vitro.¹ Little published data however exists as to how this translates in real world practise.

Aim We describe our initial experience with the MIVI Q in emergent large (TICA,M1,BA) and medium (A1,A2,M2,M3,P1, P2) vessel occlusive stroke.

Methods Data was collated from a prospectively maintained database. Patient demographics, thrombectomy technique, reperfusion scoring and disposition were assessed.

Results Twenty-nine target vessel occlusions occurring in 27 patients were included. Of these 29, 16 (55%) were large vessel and 13 (45%) medium vessel occlusions. TICI 2C/3 was achieved in 15 (94%) of large vessel occlusions with 10 (62.5%) occurring on first pass, 5 (50%) of which incorporated the simultaneous use of a stent retriever. Successful reperfusion (TICI 2C/3) was achieved in 10 (77%) medium vessel occlusions with all 10 (77%) occurring on first pass. A stent retriever was used in combination in 1 (10%). In one patient, an M2 occlusion was withdrawn proximally into the M1. This was removed with aspiration and a stent retriever. No cases of symptomatic intracranial haemorrhage were experienced.

Conclusion The MIVI Q is both safe and effective. Our real world experience supports the superior flow rates demonstrated in vitro and translates into high rates of recanalisation in large and medium vessel occlusive stroke in clinical practise.

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Disclosure Consultant for MIVI Neuroscience