complications were more likely for cases performed on Wednesdays, with 17.4% (49/282) (p = 0.01) of cases needing axial neuroimaging and 9.6% (27/282) (p = 0.024) of cases resulting in clinical complications prior to patient discharge.

**Conclusions**
Our exploratory analysis demonstrated a higher rate of post-treatment axial neuroimaging and clinical complications for patients electively treated on Wednesdays. While the precise reasons for this trend are unclear, it warrants further investigation to identify practice patterns that may unnecessarily contribute to complications or added cost.

**Disclosures**
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**Introduction**
M2 occlusion occurs in about 13% of acute ischemic stroke (AIS) patients. More than half of patients with M2 do not achieve recanalization with IV-tPA and some patients are ineligible for IV-tPA therapy. We aimed to evaluate functional and safety outcomes of Endovascular thrombectomy (EVT) vs Medical Therapy (MT) in acute ischemic stroke (AIS) patients with M2 occlusion.

**Methods**
We conducted a systematic search of PubMed, MEDLINE, EMBASE, and Cochrane Library databases from inception to February 2022 using keywords (‘M2 occlusion’, ‘Stroke’; and ‘thrombectomy’). The primary outcome variable was 90-day modified Rankin scale score of 0–2 (mRS 90-day), and secondary outcome variables included 90-day mortality, and rate of symptomatic intracranial hemorrhage (sICH). Random effects model was fit to odds ratios.

**Results**
Five studies with 1467 patients, 711 in the EVT arm and 756 in the MT arm, were included in the meta-analysis. EVT for M2 occlusion had higher favorable outcome (mRS 90-day of 0–2) rate more than MT [Odds ratio (OR): 1.89, 95% CI: 1.18 to 3, P value=0.007] and lower mortality [OR: 0.45, 95% CI: 0.26 to 0.77, P value=0.004] with similar risk of sICH [OR: 1.02, 95% CI: 0.32–3.2, P value=0.96].

**Conclusion**
EVT treatment of M2 occlusions trended toward superior functional outcomes and reduced mortality compared with MT without increased risk of sICH.

**Disclosures**
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