Conclusion These results show good safety profile at 1 month, with low rate of neurological/neurovascular event with permanent deficit and no mortality at 30 days, confirming the safety of WEB0.017-use in intracranial aneurysm treatment, unruptured or ruptured.

REFERENCES

Do you have any conflict of interest to declare?: Yes

Conflict of Interest Statement
Consulting agreements with Microvention, Medtronic, Stryker, Cerenovus

FLOW DIVERSION FOR INTERNAL CAROTID ARTERY ANEURYSMS WITH COMPRESSION NEURO-OPTHALMOLOGIC SYMPTOMS: RESULTS FROM AN INTERNATIONAL MULTICENTER STUDY


Do you have any conflict of interest to declare?: Yes

Conflict of Interest Statement
Consulting agreements with Microvention, Medtronic, Stryker, Cerenovus

003

FLOW DIVERSION FOR INTERNAL CAROTID ARTERY ANEURYSMS WITH COMPRESSION NEURO-OPTHALMOLOGIC SYMPTOMS: RESULTS FROM AN INTERNATIONAL MULTICENTER STUDY


Introduction Data on the safety and efficacy of flow diverters (FD) for the treatment of unruptured internal carotid artery (ICA) aneurysms with compressive neuro-ophthalmological symptoms are scarce.

Aim of the Study To provide evidence compiling the largest dataset published to date.

Methods Data from nine neurointerventional departments, encompassing all patients treated since 2015 with a FD for unruptured aneurysms of the ICA with signs of compressive neuro-ophthalmological symptoms, were pooled. Data collected are 100% monitored and primary endpoints were 7.4%, 14%, and 12%. Complete occlusion at follow-up was less frequently observed in aneurysms treated with additional coil embolization (OR 0.1 [95% CI 0.01–0.86]; p=0.04).

Conclusion FDS are effective to treat patients with compressive aneurysms of the ICA causing neuro-ophthalmological symptoms, especially when treatment is initiated early after symptom onset, but severe complications are not rare.

REFERENCES

Do you have any conflict of interest to declare?: Yes

Conflict of Interest Statement Consultancy contract with MicroVention, member of the clinical study committee for a study on a flow diverter, sponsored by Microvention. Received stents from Phenox for research purposes.

004

FRED-UK: SAFETY AND EFFICACY ANALYSIS OF FRED™ JR EMBOLIC DEVICE IN ANEURYSM TREATMENT – EFFICACY AND SAFETY RESULTS AT 12–24 MONTHS


Introduction Flow diversion is a widely accepted technique for the treatment of intracranial aneurysms. Aim Study objectives are to provide safety and efficacy data on the FRED/FRED Jr devices in treatment of aneurysms in UK centers following a good clinical practice study design.

We report on full population efficacy and safety results with follow-up of 12 to 24 months post procedure.

Methods FRED UK is a prospective, multicenter study conducted in 7 UK sites.

Data collected are 100% monitored and primary endpoints independently evaluated: adverse events adjudicated by CEC and occlusion rates assessed by Corelab using Raymond scale.

Results 61 patients with 47 unruptured aneurysms and 14 ruptured aneurysms were enrolled.

Aneurysm were mainly cavernous (41%) and supraclinoid ICA locations (34%). Aneurysms treated were small (<10 mm) in 59.0%, large (10–25 mm) in 39.3% and giant (>25 mm) in 1.6%. The FRED/FRED Jr device was
successfully deployed in all 61 patients, and adjunctive devices were used in 16.4% (coils).

At 6 months, complete occlusion without parent artery stenosis was observed in 63.3% of patients, and preliminary results showed no mortality or morbidity (defined by mRS >2).

Detailed description up to long-term FU (mean = 18 months) will be available in July 2022.

**Conclusion** These results show high efficacy with stability of aneurysm occlusion (stable or improved) in 96.4% of cases. There was a low rate of neurological/neurovascular event with permanent deficit and no mortality at 6 months, validating the safety and efficacy of the FRED in UK clinical practice.

**Do you have any conflict of interest to declare?: No**

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**FLOW DIVERSION FOR RECURRENT ANEURYSMS AFTER STENT-ASSISTED COILING: MULTICENTER EXPERIENCE**

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**Introduction** There is limited data regarding the safety and efficacy of salvage flow diversion (FD) in persistent/recanalized aneurysms after stent-assisted coiling (SAC), which can occur in 15–20% of cases, with preliminary data suggesting lower efficacy in this particular subgroup.

**Aim of study** To study FD after SAC in a large multicenter cohort.

**Methods** A series of consecutive patients undergoing FD after SAC from 16 institutions were included (2011–2021) were included, with a primary outcome of angiographic occlusion and secondary outcomes of safety and complications.

**Results** Eighty-two patients (median-age 57, 69.5% females) were included. The majority of aneurysms were located in the internal carotid artery (70.7%), saccul in morphology (81.7%), with a median maximal diameter of 9 mm (IQR 5.6–15), and 51.2% initially presenting as ruptured aneurysms. The median elapsed time between initial SAC and salvage FD was 25.1 months, with Pipeline Embolization Device (PED) being the most commonly utilized FD device (95.1%). At a median follow-up of 19 months after FD, complete angiographic occlusion was achieved in 64.7% of cases, and near-complete occlusion (90–99%) in 17.6% of the cases. Permanent thromboembolic complications were encountered in 2.4% of the patients, and one procedural mortality secondary to hemorrhagic complication (1.2%). Favorable modified Rankin Scale (mRS) of 0–2 was encountered in 94.4% of patients on last available clinical follow-up.

**Conclusions** Flow diversion for recurrent aneurysms after SAC is associated with a reasonable safety and efficacy profiles, comparable to de-novo flow-diverted aneurysms.

**Do you have any conflict of interest to declare?: No**

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**ANEURYSM TREATMENT WITH WEB IN THE COMBINED POPULATION OF TWO PROSPECTIVE, MULTICENTER SERIES (WEBCAST & WEBCAST 2): 5-YEAR FOLLOW-UP**

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**Introduction** Since its introduction in the clinical practice, the WEB device has been widely evaluated in several prospective, multicenter studies conducted in Europe, USA, and Asia showing the great safety of the device and its good efficacy in short- and mid-term follow-up. Evaluation in the long-term follow-up (e.g., delayed complications, anatomical results, retreatment) is also important.

**Aims of the Study** The current analysis reports the 5-year clinical and anatomical results of WEB treatment in two European combined trial populations(WEBCAST and WEBCAST-2).