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
Methods All adverse events occurring until 5-year follow-up were independently evaluated by an expert. Aneurysm occlusion was evaluated by an independent core lab using a 3-grade scale: complete occlusion, neck remnant, and aneurysm remnant.

Results The safety and efficacy populations comprised 100 patients and 95 aneurysms, respectively. No adverse event related to the device occurred after the procedure during the 5-year follow-up period. Mortality at 5 years was 7.0% (7/100 patients) including mortality related to the WEB (0/100, 0.0%), the procedure (1/100, 1.0%), and another condition (6/100, 6.0%). At 5 years, complete aneurysm and adequate occlusion were observed in 49/95 (51.6%) and 74/95 (77.9%), respectively. Retreatment rate at 5 years was low (11.6%).

Conclusions This analysis conducted in a population of patients with complex-to-treat aneurysms (wide neck bifurcation aneurysms) confirms WEB’s high safety profile. Additional evidence demonstrates good stability of aneurysm occlusion with adequate occlusion (complete occlusion or neck remnant) at 5 years in 77.9% of aneurysms with a low retreatment rate.

REFERENCES

Do you have any conflict of interest to declare?: Yes
Conflict of Interest statement Consultant for Balt, Microvention, phenox.

008 PRIMARY ROBOTIC-ASSISTED ENDOVASCULAR TREATMENT OF INTRACRANIAL ANEURYSMS
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10.1136/neurintsurg-2022-ESMINT.8

Background The aim of the study is to evaluate the technical success of primary robotic-assisted endovascular treatment of intracranial aneurysms using the CorPath GRX Robotic System.

Methods Six patients (two males and four females) with a median age of 52.5 years (42–70) underwent primary robotic-assisted endovascular treatment of intracranial aneurysms between March 30 and April 27, 2022. One patient was treated after subarachnoid hemorrhage.

Results Aneurysms originated from the internal carotid artery in three cases, the anterior communicating artery two times and once from the middle cerebral artery. Non-ruptured aneurysms were treated by flow-diverter implantation and one ruptured aneurysm was treated by coil. The technical success rate of the procedures was 100%.

Conclusions Robotic-assisted endovascular treatment of intracranial aneurysms is technically feasible.

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

009 NAUTILUS INTRASACCULAR SYSTEM: POST-MARKET EU STUDY RESULTS
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10.1136/neurintsurg-2022-ESMINT.9

Introduction The Nautilus is a novel, CE-marked, self-conforming intra sacular neck cover.

Aim of study To collect data on the safety and performance of the Nautilus in patients undergoing coil embolization of wide neck cerebral aneurysms.

Methods Consecutive patients were enrolled in this multicenter observational post-market clinical trial. The primary outcome, adequate occlusion (Raymond Roy grade I/II), was core lab adjudicated.

Results 30 patients with ruptured (47%) and unruptured (53%) aneurysms were enrolled. Twenty-eight (93%) of patients met the primary endpoint of successful aneurysm occlusion at follow-up. There were no device-related SAEs and no patients required the use of adjunctive bridging devices or retreatment.

Conclusions In this post-market cohort of ruptured and unruptured aneurysms, the Nautilus appears to be safe and effective in treating wide-neck aneurysms.

Do you have any conflict of interest to declare?: Yes
Conflict of Interest statement Research support from Stryker, Penumbra, Medtronic, and Microvention; Consultant/ownership interest in Impacerative Care, Cerebrotech, Viseon, Endostream, Rebound Therapeutics, Vastrax, BlinkTBI, Serenity, Neurotechnology Investors, Neurvana, and Cardinal Consulting.

010 THE NECESSITY OF MONITORING PLATELET RESPONSE AND ADJUSTING ANTIPLATELET AGENTS FOR ENDOVASCULAR TREATMENT OF UNRUPTURED INTRACRANIAL ANEURYSMS: A SINGLE-CENTER, RETROSPECTIVE, COHORT STUDY
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10.1136/neurintsurg-2022-ESMINT.10

Introduction To reduce thromboembolism, tailored antiplatelet regimen for endovascular treatment of unruptured intracranial aneurysms has been widely employed.

Aim of study This study aimed to analyze the efficacy of tailored antiplatelet regimen using P2Y12 reaction unit (PRU) in endovascular treatment.

Methods Patients with unruptured intracranial aneurysms treated by neurointervention from 2017 to 2020 were enrolled in this retrospective study. In the tailored group, the antiplatelet agents was changed to low-dose prasugrel according to the PRU (VerifyNow). The standard group were treated with aspirin and clopidogrel without PRU measurement. Any ischemic (transient ischemic attack and major stroke) or hemorrhagic complications in peri-procedural and follow-up periods were reported.

Result Total 1738 patients with 1960 aneurysms were included (the standard group; n=1011, tailored group; n=949). Out of 1960 aneurysms, 896 (45.7%) were treated with coil embolization, 1000 (51.0%) were stent-assisted, and 64 (3.3%) were flow diversion. The rate of ischemic complications in acute to subacute periods were not significantly different between the standard and tailored groups (1.94% vs. 1.23%, p=.24). In the subgroup analysis, the flow diverter group showed more ischemic complications in the standard group without significance (10.0% vs. 2.9%, p=.033). There was no difference in the risk of major bleeding (0.22% vs. 0.25%).