Results FPE was achieved in 43.1% of MT procedures (44/102). Overall, double-SR achieved a non-significantly higher %FPE than single-SR (49% vs. 37.2%, p=0.230). The difference between techniques was not clearly evidenced on the right side of the anatomy (39.1% vs 47.8%; p=0.552). However, double-SR significantly outperformed single-SR on the left side (57.1% vs 28.6%, p=0.031), where 25% of MCA occlusions (10/40) extended into both M2 divisions, and the presence of the saddle thrombus lead to procedural failure of single-SR.

Conclusions Under certain anatomical conditions, the double-SR technique combined with distal aspiration may induce a higher %FPE than single-SR. The perks of using double-SR as the primary approach are highlighted when treating saddle occlusions.

REFERENCES

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

**P62 CONTINUING EARLY MTICI 2B REPERFUSION DURING MECHANICAL THROMBECTOMY IS NOT BENEFICIAL FOR ALL PATIENTS**

1P Steffen*, N van Horn, R McDonough, M Deb-Chatterji, A Legiani, G Thomalla, Fiehler, Flottmann. University Medical Center Hamburg-Eppendorf, Department for Diagnostic and Interventional Neuroradiology, Hamburg, Germany; 2University of Calgary, Foothills Medical Center, Department of Clinical Neurosciences, Calgary, Canada

**Introduction** Successful reperfusion (mTICI2c/3) and a low number of passes are key determinants for good clinical outcome in acute stroke patients since the number of retrieval attempts correlate negatively with functional outcome. Final mTICI2c/3 is superior to final mTICI2b(3), but it remains unclear if this is true for the subgroup of patients with early (≤2 retrieval attempts) mTICI2b reperfusion who are secondarily improved to mTICI2c/3.

**Aim of this Study** The goal of this study was to analyse if patients benefit clinically when early mTICI2b was continued.

**Methods** 362 consecutive patients with acute stroke due to M1-occlusion who received MT were retrospectively analysed. mTICI score was assessed after each retrieval attempt and M1-occlusion who received MT were retrospectively analysed. The goal of this study was to analyse if successful reperfusion (mTICI2c/3) and a low number of passes are key determinants for good clinical outcome in acute stroke patients since the number of retrieval attempts correlate negatively with functional outcome. The number of retrieval attempts may diminish the potential functional benefit.

**Conclusion** Continuing MT after early mTICI2b might improve functional outcome of the patients who are successfully converted to mTICI2c/3 but an increase in complications due to further retrieval attempts may diminish the potential functional benefit.

**REFERENCES**

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

**Conflict of Interest Statement** Dr. Thomalla reports personal fees from Acandis, grants and personal fees from Bayer, personal fees from Bristol Myers Squibb/Pfizer, personal fees from Boehringer Ingelheim, personal fees from Daiichi Sankyo, personal fees from Portola, and personal fees from Stryker outside the submitted work. Dr. Fiehler reports grants and personal fees from Acandis, grants and personal fees from Cerentovus, grants and personal fees from Medtronic, grants and personal fees from Microvention, personal fees from Penumbra, and personal fees from Phenox outside the submitted work; and chief executive officer of Eppdata. Dr. Flottmann reports personal fees from Eppdata GmbH outside the submitted work. The other authors report no conflicts.

**P63 CAROTID STENTING VERSUS CAROTID ENDARTERECTOMY FOR SYMPTOMATIC CAROTID WEB: A SYSTEMATIC REVIEW AND META-ANALYSIS**

M Benger*, N Mansoor, S Sciaccia, J Siddiqui, P Balasundaram, N Kandasamy, T Booth, J Lynch, Kings College Hospital, Department of Neuroimaging, London, UK

**Introduction** Carotid webs are increasingly recognised as a cause of recurrent stroke even in patients receiving anticoagulant or antiplatelet therapy. Carotid stenting (CAS) and endarterectomy (CEA) have both been used to treat the disease but the optimal therapy has not yet been established.

**Aims of study** To compare outcomes of CAS and CEA to treat carotid web in the published literature using systematic and meta-analytic techniques.

**Methods** The review was prepared in accordance with PRISMA guidelines. A systematic search was performed in the PubMed, EMBASE, and the Cochrane CENTRAL Library for all published studies on the treatment of symptomatic carotid web up to January 1 2022. Studies reporting procedural technical details and outcomes including disease recurrence, periprocedural complications, and mortality were included.

**Results** 33 published items were identified including 133 patients. There were no prospective randomised controlled trials and all studies were retrospective case series. 68% of patients underwent CAS and 32% CEA. The mean age of CAS patients was 41 years and CEA patients 53 years. Technical success of the procedure was 100% in both groups and there were no recurrent stroke or TIAs in follow up period. There were no deaths reported at 30-days or at long term follow-up.
Conclusions CEA and CAS have both been used to treat carotid webs although CAS is more commonly reported in the published literature. Both procedures appear highly effective at preventing recurrent stroke. The safety profile of both procedures is good with no deaths recorded.

REFERENCES

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

P64 NIMBUS GEOMETRIC CLOT EXTRACTOR FOR TOUGH CLOTS: SPERO STUDY RESULTS AND CLOT COMPOSITION


Introduction The NIMBUS Geometric Clot Extractor was specifically developed for fibrin rich tough clots which are considered challenging to remove using standard mechanical thrombectomy (MT) techniques. Study aim The SPERO Study (NCT03898960, Cerenovus) aimed to evaluate the use of NIMBUS in patients with challenging clots and analyse the composition of retrieved thrombus. Methods Fifty-four subjects were enrolled at 11 European centres between October 2019 and February 2022. Use of NIMBUS was permitted after 1 or 2 MT attempts failed to achieve substantial reperfusion mTICI≥2b, regardless of whether or not clot material was retrieved. Any MT technique allowed after 3 NIMBUS passes. Clot from 27 cases was analysed by blinded central labs. Key clot composition findings are presented below; full results, including the primary endpoint (core lab adjudicated eTICI≥2b after last NIMBUS pass) will be presented at the conference, following database lock in June 2022. Results Mean age was 71.9±14.0yrs, with mean time since onset of 8.4±5.32hrs (median 6.3); 24.1% subjects received IV-IA. NIMBUS was used after an average of 1.8 failed MT passes (22.2% and 77.8% after 1 and 2 passes, respectively). Composition analysis revealed 44.9±25.7% RBC and 33.6±16.9 fibrin in first procedural pass (non-NIMBUS) vs 27.4±19.1% RBC and 42.0±16.2% fibrin for clot retrieved with the first pass of NIMBUS. Conclusions In challenging cases with tough clot, first pass of NIMBUS retrieved clot richer in fibrin and lower in RBC content than clot retrieved with the first pass of standard MT devices.

REFERENCES

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


P65 "DIRECT TRANSFER TO ANGIO SUITE" (DTAS) ENABLING VIA UTILIZATION OF PHILIPS’ ADVANCED 3D NEURO-IMAGING PROTOTYPE TECHNOLOGY


Introduction “Direct Transfer to Angio Suite” (DTAS) enabling via utilization of Philips’ advanced 3D neuro-imaging prototype technology. Objectives & aims Utilization of the new Philips’ advanced 3D neuro-imaging prototype technology and cone beam angi-suite CTA instead of standard multi-detector CT to enable “Direct Transfer to Angio Suite” (DTAS). Methods We utilized the Philips’ advanced 3D neuro-imaging prototype technology for pre- and post-thrombectomy assessment. AngioLab non-contrast CT and CTA acquisitions during DTAS has been utilized for LVO cases transfer. Pre-procedural ASPECT score and post-procedural detection of IPH or SAH has been obtained with the Philips’ advanced 3D neuro-imaging prototype technology. The door-to-puncture timing in these patients has also been recorded and compared with that associated to standard “Direct Transfer to Computed Tomography suite” (DTCT) for patients necessitating of an additional stop in the ED for further/repetitive imaging acquisition.