Results Four RCTs with 988 patients, 556 patients in the EVT arm and 432 patients in the MEDT arm, were included in the meta-analysis. EVT resulted in significantly higher rates of mRS 0-3 (RR = 1.54; 95% CI: 1.16-2.04; p = 0.002) and functional independence (RR = 1.83; 95% CI: 1.08-3.08; p = 0.024), and lower rates of mortality (RR = 0.76; 95% CI: 0.65-0.90; p = 0.002) at 90-day follow-up compared to MEDT alone. However, EVT patients had higher rates of sICH (RR = 7.48; 95% CI: 2.27-24.61; p < 0.001).

Conclusions EVT conferred significant patient benefit over MEDT alone in the treatment of PC-LVO. Future studies should better define patients in whom EVT is futile and determine factors that contribute to higher rates of sICH.

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E-060 IMPROVED CATHETER DELIVERY TO LARGE VESSEL OCCLUSIONS USING TENZING 7 AND FREECLIMB 70 CATHETERS: INITIAL MULTI-CENTER EXPERIENCE

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Introduction/Purpose Previous large vessel occlusion (LVO) comparative thrombectomy device trials reported a substantial rate of crossover from first line aspiration thrombectomy (AT) to stent-retriever (SR) thrombectomy. Use of 0.070 inch 'large-bore' catheters for AT is associated with increased aspiration flow rates, first pass effect, faster recanalization, reduced procedure time and better reperfusion rates. A 0.070 inch distal inner diameter catheter, FreeClimb™ 70 (Route 92, San Mateo, CA), was recently introduced and comes packaged with a specialized delivery catheter with a tapered distal tip, Tenzing® 7 (Route 92, San Mateo, CA), which significantly reduces the ledge or space between itself and the tip of the access catheter. This is especially important with increased caliber of 'large bore' catheters, which have a greater tendency to catch on arterial side branches and encounter increased friction in tortuous vascular anatomy. We report our initial multicenter experience using the FreeClimb 70 delivered over the Tenzing 7 catheter in the treatment of large vessel occlusion stroke.

Materials and Methods After local IRB approval, we retrospectively reviewed and collected the clinical, procedural and imaging data of consecutive patients who underwent off-label AT with the FreeClimb 70 and Tenzing 7 at five institutions. The FreeClimb 70 and Tenzing 7 catheters were inserted as a unit into the guide catheter. After initial selective catheterization of the occluded vessel with Tenzing 7, the FreeClimb 70 was then advanced over the Tenzing catheter to the angiographic limit of contrast on roadmap angiography. The Tenzing was then removed and the FreeClimb 70 catheter was allowed to passively advance into the clot. Vacuum pump aspiration was then applied to the FreeClimb 70 for 2-5 minutes.

Results FreeClimb 70 was successfully delivered over the Tenzing 7 to the target occlusion in 25/25 (100%) of cases (15 M1 segment, 5 M2, 4 ICA-terminus, and 1 basilar artery occlusions). No stent-retrievers were needed for delivery. Median time from groin puncture to first pass was 12 (IQR 8-16) minutes. In 20/25 (80%) cases, a leading microwire was not needed to advance the Tenzing 7 to the target occlusion. First pass effect (mTICI 2C or 3) was achieved in 13/25 (52%). For M1 MCA occlusions, FPE (mTICI 2C or 3) was 9/15 (60%). After a median of 1 (IQR 1-3) pass, successful reperfusion (mTICI ≥ 2B) was achieved in 24/25 (96%) cases, with complete reperfusion (2C or 3) in 22/25 (88%). After the first pass, additional clot retrieval devices were used in 10/25 (40%) cases, including SR in 2/25 (8%) cases. Median groin puncture to reperfusion time was 16 (IQR 12-28) minutes. There were no procedural complications or symptomatic intracranial hemorrhages. NIHSS at discharge decreased on average 8.5 ± 5.5 from presentation. There were three patient deaths: due to respiratory failure, oliguric renal failure, and transition to comfort care for large core infarct.

Conclusions Initial clinical experience supports the use of the FreeClimb 70 catheter with Tenzing 7 for reliable access to intracranial LVO for rapid, effective and safe reperfusion. Further study is warranted.

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E-061 GLYCOPROTEIN INHIBITORS AS A STANDALONE POST-THROMBECTOMY RESCUE TREATMENT FOR INTRACRANIAL ATHEROSCLEROTIC DISEASE-RELATED STROKE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction Intracranial atherosclerotic disease (ICAD) is a major cause of stroke and presents a unique challenge with a high rate of reocclusion following mechanical thrombectomy, leading to less favorable clinical outcomes. When standard thrombectomy is unsuccessful, rescue treatments for persistent ICAD-related occlusion or stenosis are needed. Among the available options, glycoprotein inhibitors have shown promise as a potential therapeutic strategy in the setting of ICAD. This systematic review examines studies that explore the use of glycoprotein inhibitors as an acute standalone post-EVT rescue treatment for refractory occlusion or high-grade stenosis in the setting of ICAD stroke.

Methods Databases searched, including Embase, Pubmed, and Medline from the date of conception through March 1st, 2023. We included studies using GPI as the first-line rescue