to FR group. The rates of sICH and procedural complications were comparable among both groups. Similarly, sensitivity and subgroups analyses demonstrated better outcomes with comparable safety in those who underwent RS compared to FR group.

Conclusion In patients with posterior circulation occlusion stokes who failed mechanical thrombectomy, our study suggests that RS has better outcomes with comparable safety profile. Randomized controlled studies are warranted for more concrete evidence.

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E-249 USE OF THE SCEPTER MINI IN MANAGEMENT OF CEREBROVASCULAR MALFORMATIONS: A SINGLE-CENTER EXPERIENCE AND REVIEW OF INDICATIONS

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Introduction Balloon assistance has been utilized to enhance the efficacy of endovascular embolization of cerebrovascular malformations. Recently, the advent of dual-lumen balloon catheters (DLBC) has allowed for simultaneous flow arrest and the injection of liquid embolic agents (LEA) for embolization without reflux or the creation of a proximal plug. To maximize safety and efficacy in embolization, the balloon should be placed as close as possible to the target pathology. The Scepter Mini is a new dual-lumen microballoon catheter which offers a softer balloon and smaller diameter than previous DLBCs to catheterize small-caliber distal intracranial vasculature. Here, we report on our institution's experience with the Scepter Mini microcatheter.

Methods A single-center retrospective chart review identified all patients with cerebrovascular cerebrovascular pathology (dural arteriovenous fistulas, Vein of Galen Malformations, arteriovenous malformations, intracranial aneurysms, subdural hematomas, and tumor embolizations) treated with the Scepter Mini. Clinical data, structural and hemodynamic characteristics of the pathology, and technical parameters including anatomic approach, LEA used, complications and embolization success were reviewed.

Results 110 Scepter Mini microcatheters were used during 80 procedures in the treatment of 13 pediatric and 53 adult patients. The most common pathology treated with the Scepter Mini was dural arteriovenous fistulas (29/80 procedures). 75/80 procedures were performed by transarterial approach, and the Scepter Mini was used for embolization in all but one instance where it was used as balloon assistance for the coiling of a ruptured aneurysm. Technical success was achieved in 96.3% of all cases. Near-tip entrapment of the Scepter Mini occurred in 1/110 (0.9%) uses of the catheter, which was successfully retrieved without further complication. Clinical complications unrelated to the Scepter Mini occurred postoperatively in 8/80 cases and no intraoperative reflux or vessel rupture was noted.

Conclusion We report the largest cohort to date of Scepter Mini usage in the treatment of cerebrovascular malformations. The Scepter Mini is an important tool in the treatment of cerebrovascular pathology requiring extremely distal access and allows for the safe utilization of LEAs in high-flow pathology or small-caliber tortuous vasculature.

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E-250 ETICI 2B67–3 IS AN OPTIMAL REPERFUSION BENCHMARK AND IS ACHIEVED ON THE FIRST PASS IN TWO OUT OF EVERY THREE CASES IN THE NEVA CLEAR STUDY

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Introduction/Purpose Rapid reperfusion is associated with the best clinical outcomes following thrombectomy. Multiple first pass effect (FPE) definitions exist based on the extent of reperfusion, with previous work showing that first pass eTICI (expanded Treatment in Cerebral Ischemia) 2c-3 is the optimal discriminator of good outcome. Emerging data suggest an equally beneficial effect of eTICI 2b67 compared to eTICI 2c. Using data from the CLEAR study of the NeVa device, we sought to compare outcomes following eTICI 2b67 reperfusion to determine whether it should be included into the optimal FPE definition.

Materials and Methods A secondary analysis of the prospective, multicenter, FDA-regulated CLEAR trial was conducted on the Intention to Treat (ITT) study population of 139 patients. An independent core lab prospectively adjudicated eTICI including the 2b67 threshold during the trial. Good