

**LB-012** **INCIDENCE OF INTRACRANIAL HEMORRHAGE AFTER THROMBECTOMY FOR LARGE CORE INFARCTS: A SUB ANALYSIS OF THE SELECT2 TRIAL**

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**Introduction** Intracranial hemorrhage (ICH) remains a major complication of endovascular thrombectomy for stroke. Both symptomatic ICH and asymptomatic ICH have been shown to portend a worse prognosis after thrombectomy in patients with ASPECTS >6. Incidence of ICH and its effect on the outcomes after endovascular thrombectomy for patients with large cores remains unknown. This study evaluated the incidence and effect of ICH in a subset analysis of the SELECT2 trial.

**Methods** SELECT2 was a prospective, randomized, controlled, open-label, adaptive, international trial to assess endovascular thrombectomy vs medical management in patients with a large core stroke (CT ASPECTS 3-5 and/or ischemic core volume  $\geq$  50ml) due to occlusion of the internal carotid artery or the first segment of the middle cerebral artery, who presented within 24 hours of last known well. We performed a subgroup analysis of SELECT2 data to understand baseline characteristics and outcomes associated with subjects experiencing any ICH, defined by the Heidelberg bleeding criteria (HBC).

**Results** A total of 352 patients were included—172 received medical management (MM) and 180 received endovascular thrombectomy (EVT) plus medical management (EVT + MM). Any intracranial hemorrhage was observed in 34.9% (60/172) in the MM group versus 74.9% (134/180) of patients in the EVT + MM group ( $p < 0.001$ ). Hemorrhagic transformation (HBC 1a or 1b) accounted for 93% of the intracranial hemorrhages in both the MM group (56/60) and the EVT + MM group (125/134). Among those receiving

EVT + MM, successful reperfusion was achieved in 75.6% (34/45) of patients without intracranial hemorrhage versus 81.3% (109/134) of patients with intracranial hemorrhage ( $p = 0.40$ ). Early neurological worsening occurred in 8.9% (4/45) of EVT + MM patients without intracranial hemorrhage versus 29.9% (40/134) with any intracranial hemorrhage (adj. RR: 2.67, 95% CI: 1.01-7.08,  $p = 0.049$ ). This; however, did not result in statistically significant differences in 90-day mRS scores (adj. GenOR: 0.88, 95% CI: 0.68-1.13,  $p = 0.32$ ), functional independence (adj. RR: 1.10, 95% CI: 0.61-1.96,  $p = 0.57$ ), independent ambulation (adj. RR: 0.85, 95% CI: 0.61-1.20,  $p = 0.36$ ), or 90-day all-cause mortality (adj. RR: 1.09, 95% CI: 0.84-1.41,  $p = 0.52$ ) between patients with any intracranial hemorrhage versus those without, after adjusting for treatment modality, age, NIHSS, time from last known well to randomization, ASPECTS and ischemic core volume estimates.

**Conclusion** In a subset analysis of SELECT2 trial, patients receiving EVT had a higher rate of any intracranial hemorrhage when compared with those receiving medical management. Although EVT patients with ICH had a higher incidence of early neurological worsening, there was no difference in 90-day mRS, mortality and discharge dispositions between those with or without ICH.

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**LB-013** **REAL WORLD PERFORMANCE OF THE ZOOM ASPIRATION SYSTEM: INSIGHTS FROM THE NVQI-QOD REGISTRY**

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**Background** The real-world performance of the Zoom aspiration system is not well studied as compared with preliminary trials.

**Objective** To compare the real-world performance of the Zoom aspiration system with preliminary trials, using data from the NeuroVascular Quality Initiative-Quality Outcomes Database (NVQI-QOD).

**Methods** We retrospectively reviewed the NVQI-QOD Database for all cases where the Zoom aspiration catheters were used. Cases where the Zoom system was used only as a guide catheter, or as second-line were excluded. We also excluded patients with significant pre-stroke disability, or those in whom pre-stroke functional status was not recorded. For all patients, we recorded their baseline demographic information including age, sex, pre-treatment imaging. Procedural details including clot location, first pass and final mTICI scores, time to revascularization and use of adjunctive therapies were also analyzed.

**Abstract LB-012 Table 1** Hemorrhage rates by treatment received

	MM N = 172	EVT + MM N = 180
Any intracranial hemorrhage	60 (34.9%)	134 (74.9%)
Heidelberg Bleeding Classification		
No hemorrhage	112 (65.1%)	45 (25.1%)
1a	29 (16.9%)	51 (28.5%)
1b	27 (15.7%)	74 (41.3%)
1c	0 (0.0%)	4 (2.2%)
2	2 (1.2%)	1 (0.6%)
3a	1 (0.6%)	0 (0.0%)
3c	0 (0.0%)	4 (2.2%)
3d	1 (0.6%)	0 (0.0%)
Symptomatic intracerebral hemorrhage *	2 (1.2%)	1 (0.6%)