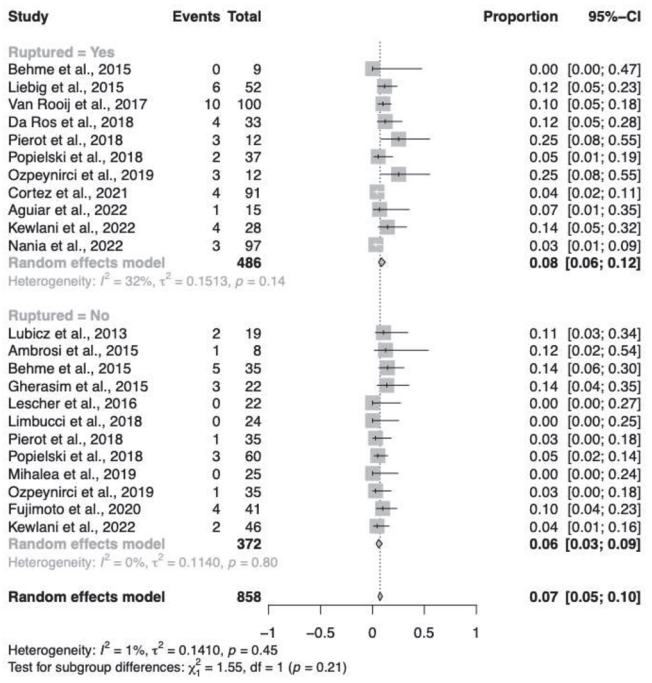

Abstract E-015 Figure 2 Forest plot for safety events

Results A total of 22 studies with 858 unique aneurysms were included in our analysis. Of those, 486 (56%) aneurysms were ruptured, and 372 (44%) were unruptured. The adequate occlusion rate at the last follow-up was similar between ruptured (81% [95% CI 75–86%; I^2=27%]) and unruptured (83% [95% CI 77–88%; I^2=8%]; $p_{\text{subgroup difference}}$=.24) aneurysms. The rate of safety events was similar between ruptured (8% [95% CI 6–12%; I^2=32%]) and unruptured (6% [95% CI 3–9%; I^2=0%]; $p_{\text{subgroup difference}}$=.16) aneurysms.
Conclusion This systematic review with meta-analysis found that WEB embolization for ruptured and unruptured aneurysms is safe and effective, with similar radiographic and safety outcomes in both scenarios. The use of the WEB device may reduce the need for open surgical procedures for complex aneurysms, leading to shorter hospital stays and faster recovery times for patients. The evidence of our findings suggests that this device can be a valuable option for complex ruptured and unruptured aneurysms.
Disclosures S. Mannam: None. **I. Matache:** None. **J. Vivanco-Suarez:** None. **S. Ajmera:** None. **G. Sioutas:** None. **M. Salem:** None. **B. Jankowitz:** None. **J. Burkhardt:** None. **V. Srinivasan:** None.

E-016 MULTICENTER EXPERIENCE WITH SELECTFLEX ACCESS CATHETERS: SAFETY, EFFICACY, AND COST EFFECTIVENESS

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Introduction The SelectFlex guide catheters (Q'apel Medical, Fremont, CA) are a novel group of 7fr. 072' distal access guide catheters with a proprietary flexible stent embedded within the distal portion of the catheter that enables shifting on the fly between track and support mode. The dual modes allow for bi-axial access for the breadth of cerebrovascular interventional cases eliminating the need for traditional tri-axial 'tower of power' constructs. The simplicity of bi-axial access streamlines the procedure, minimizes cost, and improves efficiency. We present a multicenter early user group experience which shows the SelectFlex catheters to safe and effective in a breadth of cerebrovascular interventions.
Methods A retrospective review of consecutive cases utilizing the SelectFlex guides was performed at 4 institutions from February 2020 - October 2022. IRB approval was granted from each institution.
Results A total of 366 consecutive Selectflex cases were identified: 180 were performed radially, 180 femoral, 4 transvenous. 87% of[RT1] cases were performed bi-axially. Of those, 10 required additional support. 267 cases were performed in the anterior circulation, 43 in the posterior circulation, 51 external and 4 venous. The Selectflex catheter was most commonly placed in the petro-cavernous junction (posterior genu) and V4 segment for intracranial cases. There were 130 aneurysm coilings, 121 flow diverters, 29 WEBs, 37 MMA embos, 4 sinus stents, 17 AVM/dAVF embos, 10 tumor embos, 7 carotid stents, 1 Balloon mounted stent, 1 PTA and 1 thrombectomy. There was 1 flow limiting dissection related to guide catheter access. No other significant catheter related complications occurred. Using MSRP data, cost savings using Selectflex over a tri-axial construct ranged from $50/case to $800/case depending[RT2] on the tri-axial devices used.
Conclusion Use of the Selectflex guide catheter system was found to be safe, efficacious and cost effective across the entire scope of neurointerventional procedures. The use of Select Flex guides can simplify procedures, standardize device usage across program, decrease inventory constraints and reduce cost per procedure.
Disclosures I. Chaudry: 2; C; Q'Apel. 4; C; Q'Apel. **R. Turner:** 4; C; Q'Apel. **A. Turk:** 4; C; Q'apel. **O. Tanweer:** None. **J. Burkhardt:** 2; C; Q'apel. **V. Srinivasan:** None. **B. Jankowitz:** None. **M. Salem:** None. **O. Choudhri:** 2; C; Q'apel. **R. Hanel:** None. **G. Cortez:** None. **V. Benalia:** None. **J. Vargas:** 2; C; Q'apel.

E-017 OPTICAL COHERENCE TOMOGRAPHY – INTRAVASCULAR IMAGING FOR CAROTID ARTERY STENOSIS AND STENTING

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Introduction/Purpose While vessel angiography provides good information about the vessel lumen and can identify vessel wall irregularities as well as intraluminal filling defects, it lacks in providing information about the architecture of the vessel wall itself. Optical Coherence Tomography (OCT) is an intravascular imaging modality that shows a highly defined cross-sectional image of the vessel wall composition. Currently, OCT is used in coronary interventions. We believe that OCT may be a valuable tool in characterizing carotid atherosclerotic