

of hyper-response was the pre-procedural PRU level. The optimal cut-off value of pre-procedural PRU to predict a follow-up PRU value less than 80 was 124.

**Disclosure of Interest** Nothing to disclose

**P066/124 INTEROBSERVER AGREEMENT AMONG ENDOVASCULAR NEUROSURGEONS FOR UNRUPTURED INTRACRANIAL ANEURYSMS USING A NEW GRADE OF RECOMMENDATION SYSTEM**

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**Introduction** Patients who have unruptured intracranial aneurysms (UIAs) might receive different clinical advice from different clinicians. This can be bewildering and distressing for them, as their condition could be fatal.

**Aim of Study** To analyse the levels of interobserver agreement in clinical decisions among three endovascular neurosurgeons at the same hospital using a newly developed grade of recommendation (GOR) system.

**Methods** We selected 161 consecutive patients with 202 UIAs for this study. The GOR system consists of six grades, which indicate various clinicians' recommendations, including treatment or no-treatment. The three observers reviewed medical records and digital subtraction angiography, then marked corresponding GORs for the case aneurysms. Interobserver agreement was analysed with Fleiss' kappa values.

**Results** The overall Fleiss' kappa was 0.52 among the three observers, indicating a moderate level of interobserver agreement. It was relatively high in grade 1 and grade 5. It was the lowest in grade 3. When GORs were classified as treatment, middle and no-treatment groups, the overall kappa value was 0.84, indicating almost perfect.

**Conclusion** The level of interobserver agreement was very high in terms of treatment versus no-treatment, but moderate regarding the strength of the recommendation. Further studies are needed to clarify the detailed reasons for the similarities and differences of the clinicians' recommendations.

**Disclosure of Interest** Nothing to disclose

**P067/132 CEREBRAL VASOSPASM TREATMENT USING COMANECI DEVICE – REGISTRY STUDY**

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**Introduction** Subarachnoid haemorrhage (SAH) can result in cerebral vasospasms and delayed cerebral ischemia, which contribute significantly to morbidity and mortality. The effectiveness of endovascular treatment for this condition is still a subject of debate. However, the adjustable neck-bridging device Comaneci (Rapid Medical, Yokneam, Israel) may offer a safe and effective alternative to balloon angioplasty.

**Aim of Study** The Comaneci Registry Trial is the first multi-centre registry designed to evaluate the clinical and radiologic safety and efficacy of Comaneci in angioplasty of cerebral vasospasm in a standardized manner in patients with severe cerebral vasospasm after SAH.

**Methods** All patients with severe vasospasm (>50%) in digital subtraction angiography (DSA) after aneurysmatic SAH treated with the Comaneci device as first-line therapy are included and evaluated through an angiographic vessel-by-vessel analysis using a 4-level scale as primary endpoint. All vessel-segments in anterior and posterior circulation up to M3-, A3- and P2-level are eligible for angioplasty with Comaneci. Clinical outcome is assessed with National Institutes of Health Stroke Scale (NIHSS) and modified Rankin Scale mRS.

**Results** Although the study is still ongoing, the preliminary findings have demonstrated the safety and effectiveness of the treatment for vasospasm with Comaneci as a first-line angioplasty device.

**Conclusion** The Comaneci device has the potential to serve as a first-line device for providing therapeutic benefit to patients with SAH and vasospasm. However, future prospective trials are required.

**Disclosure of Interest** Nothing to disclose

**P068/133 THE BENEFITS IF FLOW DIVERSION VERSUS COILING IN SMALL SACULAR ANEURYSMS OF ANTERIOR CIRCULATION: A MATCHED OBSERVATIONAL STUDY**

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**Introduction** Endosaccular coiling (EC) remains a gold standard treatment for small saccular aneurysms of anterior circulation (AC), however, flow diversion (FD) offers a reasonable alternative. Currently, the benefits of FD in such lesions are not well-established.

**Aim of Study** To compare safety and efficacy of FD versus EC in small saccular AC aneurysms, amenable to both methods.

**Methods** In 2016–2019, 344 consecutive cases (FD n=154, EC n=190) were enrolled. All lesions were saccular, sized ≤14 mm, located at intradural ICA or A1/M1, and untreated. Median aneurysm size was 6.6 mm (90% <10 mm), median neck diameter – 3.7 mm (72% wide-necked). Follow-up DSA available for 94.2% cases at median 9 months.

**Results** In raw cohorts FD vs EC demonstrated Raymond-Roy (RR)-1 occlusion 76.4% vs 53.2% (p<0.0001), RR1+2 – 80.6% vs 69.7% (p=0.033), retreatment – 2.6% vs 15.4% (p<0.0001), all-cause adverse events 12.6% vs 23.6% (p=0.02). In matched cohorts (67 cases each, PS difference ≤0.1 probit SD all covariates) FD vs EC exhibited RR1 occlusion – 80.3% vs 49.2% (p<0.0002), RR1+2 – 80.3% vs 63.1% (p=0.034), all-cause adverse events 17.9 vs 34.3% (p=0.033), retreatment – equal 1.5%. Rates of neurological complications, morbidity, and mortality were similar between groups in both raw and matched cohorts.

**Conclusion** In both raw and matched cohorts, FD had significantly higher rate of target aneurysm obliteration and lower rate of all-cause adverse events, with similar rates of neurological complications, morbidity, and mortality.

**Disclosure of Interest** No conflict of interests