**Results** The average proportion of agreement to remain usable per angle across all raters are as follows: 81.5% (5°), 66.4% (10°) down to 34.4% (30°).

**Conclusion** There is a wide variation between the raters for the initial treatment projection. Even if the angle of an IA projection differs by only 10°, already 33.6% of the resulting projections are considered as inappropriate compared to the primary selected projection. Up to a 5° angular change, the resulting IA projection is still feasible. Based on these results, an automated head repositioning suggestion can be considered in anatomically difficult conditions despite possible manual inaccuracies.

**Disclosure of Interest** Nothing to disclose.

## P072/153 ENDOVASCULAR TREATMENT OF WIDE-NECK ANEURYSM OF THE BIFURCATED ARTERY WITH THE NEUROFORM ATLAS STENT

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10.1136/jnis-2023-ESMINT.105

**Introduction** When the aneurysm neck is incorporated with the parent vessel, endovascular coiling can be technically more challenging.

**Aim of Study** This study evaluated the use of a single Neuroform Atlas stent as a safe and effective solution for complex bifurcated aneurysms.

**Methods** Seventy-six complex bifurcated intracranial aneurysms, including 49 unruptured and 27 ruptured aneurysms, were treated with Neuroform Atlas stent-assisted coil embolization. The clinical and angiographic outcomes were retrospectively analyzed.

**Results** In 68 patients (mean age, 58.3 ± 11.6 years; male/female ratio, 20 (29.4%):48 (70.6%)), 76 stents were successfully delivered to the target aneurysms, and the technical success rate was 98.6%. There was complete occlusion in 59 (77.6%) of 76 cases, neck remnants in 16 (21.1%) cases, and partial occlusion in 1 (1.3%) case. Two patients experienced treatment-related morbidity: one had branch occlusion and the other suffered from parenchymal hemorrhage, but no unruptured aneurysms showed any new neurologic symptoms at discharge. Of the 27 ruptured aneurysms, 20 had good outcomes (Glasgow Outcome Score 4 or 5) at latest follow-up (mean 12.2 months, range 6–29 months) and 1 died from initial SAH. Post-treatment angiograms showed complete occlusion in 89.1%, neck remnant in 7.8% and incomplete occlusions in 3.1%. 88.2% had at least 1 follow-up diagnostic angiography or MR angiogram (mean 12.5 ± 4.3 months; range 6–29 months) and there were 5 (7.8%) minor and 2 (3.1%) major recurrences.

**Conclusion** A single Neuroform Atlas stenting is a safe and effective method for treating wide-neck bifurcated aneurysms incorporated with parent vessels.

**Disclosure of Interest** Nothing to disclose.

## P073/162 CLEVER: CLINICAL EVALUATION OF WEB 0.017 DEVICE IN INTRACRANIAL ANEURYSMS. FINAL RESULTS FOR RUPTURED AND ENRAPTURED ANEURYSMS AT 12 MONTHS

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10.1136/jnis-2023-ESMINT.106

**Introduction** WEB is an endovascular device allowing treatment of wide-neck bifurcation aneurysms. WEB 17 has been developed to make easier the treatment and to manage smaller aneurysms.

**Aim of Study** CLEVER objective is to provide safety and efficacy data on the WEB 0.017 in treatment of ruptured and unruptured bifurcation aneurysms at 12 months.

**Methods** CLEVER is an observational, prospective multicenter study conducted in 17 European sites.

Data collected are 100% monitored and primary endpoints independently evaluated (adverse events adjudicated by CEA, occlusion rates by Corelab).

Data were analyzed on the full population as well as separately for ruptured and unruptured aneurysm. Sample size calculation is based on objective performance approach for safety and efficacy rates.

**Results** 163 patients were enrolled with 103 unruptured aneurysms and 60 ruptured aneurysms.

Aneurysms treated were ranging from 2 to 9.2 mm.

The primary safety endpoint, defined as the proportion of patients with death of any nonaccidental cause or any major stroke within the first 30 days after treatment or major ipsilateral stroke or death due to neurologic cause from day 31 to the 1 year after treatment, was 1.8%.

The primary efficacy endpoint, defined as the 12-month rate of adequate occlusion without retreatment, was 82.2%.

Detailed description of endpoints will be provided with a specific attention to the aneurysm initial presentation (ruptured vs unruptured).

**Conclusion** These results show good efficacy and safety results at 12 months, and no WEB related mortality, confirming safety and efficacy of WEB 0.017 use in unruptured and ruptured aneurysms.

**Disclosure of Interest** Istvan Szikora has a consulting agreement with Microvention. I Szikora, Chr Cognard and L Spelle served as research coordinators for the CLEVER study