Methods CLEAR was a prospective, multicenter, open label, single-arm, FDA-regulated IDE study. Core Lab adjudicated efficacy endpoints were recanalization rates, 90-day mRS 0–2; CEC assessed safety endpoints included: 90-day mortality, symptomatic ICH, and Serious Adverse Events related to procedure/device(PRSAE/DRSAE).

Results A total of 139 subjects were enrolled at 25 centers in the US and Europe. Mean age was 67 ± 13 years; 47% were female. Median NIHSS score was 16 (IQR: 12–20). Occlusions were located in ICA (10%), M1 (61%), M2 (27%), Basilar (1%), and PCA (1%). Mean time to first pass was 19 ± 12 minutes.

First-pass to eTICI 2b-3 occurred in 68.3% and to FPE (to eTICI 2c-3) was observed in 46.8%, eTICI 2c-3 within 3 NeVa passes occurred in 73.4% and eTICI 2b-3 in 89.9%; Final eTICI 2b-3 was achieved in 95.0%; and final eTICI 2c-3 in 74.8%. A good outcome (90-day mRS 0–2) was seen in 63%. CEC reported DRSAEs in 4.3% and PRSAE's in 5.8% of subjects. Mortality was 9.4% with sICH in 5.8% of subjects.

Conclusion NeVa is effective and safe for revascularization of LVO strokes and demonstrates high first-pass success with strong association with functional independence.

Disclosure of Interest Nothing to disclose.

1.2 HAEMORRHAGIC – Brain AVM/AVF, spinal vascular malformations

O12/125 CHOICE, PROSPECTIVE MULTICENTER STUDY OF ENDOVASCULAR TREATMENT FOR CEREBRAL AVMS TREATED WITH SQUID: CLINICAL AND ANGIOGRAPHIC RESULTS AT 1 YEAR

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Introduction Most brain arteriovenous malformations (bAVM) are or become symptomatic over time with a persistent risk of rupture. bAVM treatment remains challenging and standard practices continue to evolve.

Aim of Study The purpose of this study is to assess the bAVM treatment with SQUID embolic agent by embolization alone or in combination with other treatments.

Methods A European, prospective, observational, multicenter study including 21 centers was performed on patients with previously untreated bAVM followed for 1 year. The primary safety endpoint was the morbi-mortality assessed at the 3/6-month visit post endovascular phase or before any complementary treatment.

Results Between May-2018 and August-2020, 109 patients were enrolled (mean age 46.3±15, 50.5% male). bAVM were located in the left side in 55% of the cases, in the supratentorial region in 76.1% and in the eloquent site in 57.8%. Most bAVMs were Spetzler-Martin grade I-II (67%). Mean bAVM diameter was 2.3±1.5 and the nidus was small (<3 mm) in 78.9% of cases. 80.7% of the patients had a baseline mRS score of 0–2. Most patients underwent embolization alone (80.7%) and 19.3% received complementary treatment (85.7% underwent neurosurgery and 14.3% radiotherapy). The morbi-mortality related to SQUID or the procedure was 6.4% at 3/6-month and decreased to 4.9% at 1 year. No mortality related to SQUID or the procedure occurred. At 3/6-month, 63.2% of patients treated with embolization alone achieved a complete occlusion.

Conclusion These results reflect the use of SQUID in real-world conditions and confirm its safety and efficacy in the management of bAVM.

Disclosure of Interest Nothing to disclose.

2.3 ISCHEMIC – Treatment

O13/126 SAFETY AND EFFICACY OF FIRST-LINE DOUBLE STENT-RETRIEVER: THE BIFURCATION ELECTIVE THROMBECTOMY WITH DOUBLE Y STENTRETRIEVER (BETYS) PROSPECTIVE MULTICENTER REGISTRY PROTOCOL

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Introduction Rescue treatment with two simultaneous stent-retrievers (SR) achieves good results in patients with acute ischemic stroke (AIS) and clots refractory to mechanical thrombectomy with single devices; however, the feasibility of this technique as a first-line treatment remains to be determined.

Aim of Study To test the hypothesis that the use of double SR as a first-line technique in AIS has a high first-pass effect (FPE) rate without a significant increase in procedural complications.

Methods The Bifurcation Elective Thrombectomy with double Y Stentretriever (BETYS) registry is an ongoing observational, prospective, multicenter study. Patients fulfilling the inclusion criteria (AIS with carotid T or M1 MCA bifurcation occlusion, ASPECTS≥6, pre-stroke mRS≤2 and first pass with double