

Conclusion Combined use of BGC and aspiration catheter during thrombectomy may be effective in patients with anterior LVO.

Disclosure of Interest nothing to disclose

P145/93 IMPACT OF COLLATERALS STATUS ON OUTCOMES OF MECHANICAL THROMBECTOMY – IN VITRO STUDY

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Introduction The presence or lack of an extensive cerebral collateral net is becoming more widely considered as an independent prognostic factor in stroke patients.

Aim of Study We aimed to assess whether the extent of collaterals had modifying effects on first-pass recanalization (FPR) and distal emboli measures (DEM) in mechanical thrombectomy (MT).

Methods Two in-vitro neurovascular models were created: good collaterals model (GCM) and poor-collaterals model (PCM). Two models were identical up to the M2 segment of middle cerebral artery (MCA). The GCM included anastomoses of the M2-MCA branches with anterior cerebral arteries and vertebrobasilar circulation. In the PCM these anastomoses were missing. Synthetic uniform clots (stiffness=95.77 ±5.80 kPa) were embolized to the M1-MCA. In all cases MT was performed using Solumbra technique. The primary outcome measure was FPR. The secondary outcomes assessed DEM.

Results Sixty MTs were performed (thirty experiments per study arm). The overall rate of FPR was 32%. FPR was higher in GCM (57%) than in PCM (7%; p<0.001). Maximum embolus size (1.51±1.31 mm vs. 0.58±0.46 mm; p=0.001), mean embolus size (MES) (0.95±1.1 vs. 0.35±0.28; p<0.01), total area of emboli (2.49±3.45 vs. 0.41±0.64; p<0.01), and total count of emboli >1 mm (0.97±1.03 vs. 0.27±0.69; p<0.01) in the new territory as well as MES (0.78±0.88 vs. 0.39±0.56; p<0.05) and area of emboli >1 mm (2.03±8.43 vs. 1.86±3.33; p<0.01) in a previously affected territory were also lower in GCM than in PCM.

Conclusion The degree of collateral circulation may modify MT outcomes. Good collaterals might facilitate the achievement of FPR and prevent distal embolization.

Disclosure of Interest Magda Jablonska has nothing to disclose. Jiahui Li has nothing to disclose.

Riccardo Tiberi has nothing to disclose.

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P146/118 NEVA ONE REGISTRY INTERIM ANALYSIS: RECANALIZATION OUTCOMES FROM A LARGE, REAL-WORLD PATIENT COHORT

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Introduction The NeVa stent retriever has proven its safety and performance for treating large vessel occlusion (LVO) in acute ischemic stroke (AIS) across multiple clinical studies including the most recently published CLEAR Trial. This trial was conducted under rigorous scrutiny, with independent boards adjudicating outcomes. Real-world data is helpful in assessing the reproducibility of patient outcomes.

Aim of Study NeVa ONE is a multicenter, international, prospective registry designed to assess outcomes in a real-world cohort of patients.

Methods AIS LVO patients treated with NeVa either as first-line or as a rescue device are included. This interim analysis reports performance results of 175 subjects from 15 centers in 7 countries treated with NeVa used as first-line device. Study endpoints are successful (TICI2b-3) and/or complete (TICI 2c-3) recanalization at first pass (mFPE/FPE), up to three passes, and at procedure end. Secondary endpoints include neurological deterioration at 24 hours and device/procedure-related adverse events.

Results Mean patient age was 71±14 years. Most frequently reported conditions in medical history included: Hypertension (39%); Dyslipidemia (19%); Diabetes (14%) and Atrial Fibrillation (14%). Median admission-NIHSS was 16 (IQR:12–20). IV-tPA was administered in 43,1% of subjects. Occlusion sites were: ICA (23%), MCA (71%), posterior circulation (5%), and ACA (1%). Recanalization rates were: mFPE: 72.6%; FPE: 58.3%; ≤3pass eTICI 2b-3: 90.9%; ≤3pass eTICI 2c-3: 76.0%; Final eTICI 2b-3: 98.9% and final eTICI 2c-3: 83.4%.

Conclusion NeVa ONE Registry represents real-world data obtained from LVO AIS subjects treated with NeVa.

Disclosure of Interest Nothing to disclose

P147/148 TRANSRADIAL ACCESS FOR MECHANICAL THROMBECTOMY: TECHNICAL OUTCOMES AT OUR INSTITUTION

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