p=0.044) and higher rates of symptomatic intracerebral hemorrhage and other hemorrhagic complications.

Conclusion Our findings suggest that while EVT does not significantly improve functional outcomes compared to BMM in DMVO, it is associated with higher risks of mortality and hemorrhagic complications. These results support a cautious approach to the use of EVT in DMVO and highlight the need for further prospective randomized trials to refine treatment strategies.

Disclosures B. Musmar: None. **N. Adeeb:** None. **A. A Dmytriw:** None. **A. Guenego:** None. **H. Salim:** None. **S. I Tjoumakaris:** None. **V. Yedavalli:** None. **P. Jabbour:** None.

O-064 INTRACRANIAL DOTTER ANGIOPLASTY USING TENZING 7 FOR SYMPTOMATIC ATHEROSCLEROTIC STENOSIS: INITIAL MULTICENTER EXPERIENCE

[1,2]F Settecase*, [3]R Khangura, [4]O Kass-Hout, [1]W Kim, [3]M Alexander, [1,2]A Gajjar, [1,2]J Kim, [5]M Pervez, [1,2]J English, [5]G Dabus. *[1]Sutter Health California Pacific Medical Center, San Francisco, CA; [2]Sutter Health Mills Peninsula Medical Center, Burlingame, CA; [3]Sutter Health Sacramento Medical Center, Sacramento, CA; [4]University of North Carolina Rex, Raleigh, NC; [5]Baptist Hospital, Miami, FL*

10.1136/jnis-2024-SNIS.64

Introduction Traditional endovascular treatment techniques for acutely symptomatic intracranial atherosclerotic disease (ICAD) include balloon angioplasty and stenting. Catheter mediated angioplasty (or 'Dotter' angioplasty) has been previously described for extracranial carotid and peripheral arteries. The Tenzing 7 (Route 92 Medical, San Mateo, CA), a novel shelf-reducing delivery catheter, has an atraumatic tapered distal tip that progressively enlarges to a 0.062 inch (1.6 mm) outer diameter (figure 1A), which may enable catheter-mediated Dotter angioplasty of ICAD, or Tenzing-plasty. We report our initial multicenter experience in treating symptomatic ICAD using Tenzing-plasty.

Methods After local IRB approvals, we performed a retrospective review of clinical, imaging, and procedural data of patients undergoing endovascular treatment for symptomatic ICAD with Tenzing-plasty as a first approach at our stroke centers from 2021–2024. All patients were treated using the Tenzing 7 delivery catheter in an off-label fashion. The Tenzing was slowly inserted across the ICAD stenosis in each case under roadmap fluoroscopic guidance (figure 1B). Subsequent adjunctive balloon angioplasty and/or stenting were performed at operator discretion.

Results We identified 28 consecutive patients with symptomatic ICAD stenosis who underwent Tenzing-plasty, either as part of an emergent large vessel occlusion mechanical thrombectomy procedure, or if medical management of ICAD had previously failed. The median age was 63 ± 12 years and 13 were female (46%). Stenosis location was: 12 M1, 7 M2, 2 ICA, 6 vertebral V4 segment, 1 basilar. The average pre-treatment ICAD stenosis was 95 ± 7%, including 13/28 patients (46%) with complete occlusion on initial angiogram. In 100% of cases, Tenzing-plasty resulted in improvement in arterial caliber after median 1 pass (IQR 1–1), with average stenosis improving to 64±15%. Subsequent balloon angioplasty was performed in 5/28 cases (18%). Stenting was performed in 12/28 (43%) cases using Atlas, Wingspan (Stryker, Fremont, CA), Onyx Resolute, Onyx Frontier (Medtronic, Minneapolis, MN), Synergy (Boston Scientific, Marlborough, MA), and Xience (Abbott, Abbott Park, IL). There were no instances of arterial perforation or symptomatic intracranial hemorrhage.

Conclusions Intracranial Dotter angioplasty as a first approach using the novel tapered tip Tenzing 7 catheter, or Tenzing-plasty, may be a feasible and safe alternative technique for improving luminal caliber and flow restoration for symptomatic ICAD lesions. Further study is warranted.

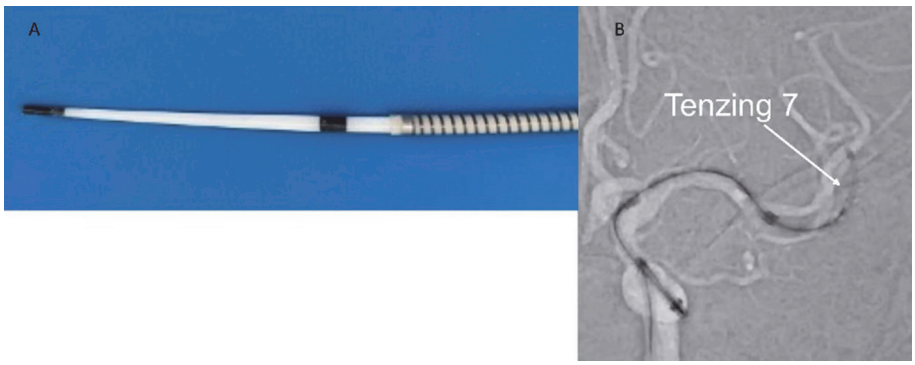
Disclosures F. Settecase: 2; C; Stryker, Route 92 Medical. 4; C; Route 92 Medical. **R. Khangura:** None. **O. Kass-Hout:** None. **W. Kim:** 2; C; Route 92 medical, Stryker. 4; C; Route 92 Medical. **M. Alexander:** 2; C; Route 92 Medical, Medtronic. **A. Gajjar:** None. **J. Kim:** None. **M. Pervez:** None. **J. English:** 2; C; Route 92 Medical, Stryker. 4; C; Route 92 Medical. **G. Dabus:** 2; C; Stryker, Microvention, Depuy Synthes Products, Inc. 3; C; Penumbra, Microvention. 6; C; Medtronic, Penumbra, Route 92 Medical.

O-065 ASPIRATION EFFICIENCIES BASED ON CLOT TO CATHETER RATIOS

H Berns*, S Robertson, W Clark, K Lewis, J Wells, M Alnajrani, A Quintero Retis, A Camisa, K Hakes, C Rapoport, S Schwartz, T Becker. *Northern Arizona University, Flagstaff, AZ*

10.1136/jnis-2024-SNIS.65

Introduction/Purpose Aspiration thrombectomy is highly effective for large vessel occlusions (LVOs). This study directly compares aspiration efficiencies of commercially available aspiration catheters at pre-determined, clinically relevant, catheter-to-clot ratios (CCRs). The catheter efficiencies of several commercially available 4F, 5F, and 6F catheters were quantified via benchtop testing by using synthetic clots. The synthetic



Abstract O-064 Figure 1