Methods We analyzed stroke alerts at a stroke center from January 2022 to December 2023. We prospectively applied 8 stroke screening scales (BE-FAST, LAMS, PASS, FAST-ED, EMS RACE, 3-ISS, VAN, and NIHSS) to each stroke alert in the ED and inpatient settings. The final diagnosis for each was classified as AIS-LVO or AIS-MeVO, AIS without LVO or MeVO, intracranial hemorrhage, TIA, and stroke mimic..

Results Of 221 patients where stroke screening scales were performed, 199 patients were analyzed to compare performance of 8 scales in detection of anterior circulation AIS-LVO and AIS-MeVO. The mean age was 63.8 ± 15.2 years, 62.3% were female (n=124), and 84.4% were Black (n=168). The LAMS scale had a strong performance (AUC: 0.750 [95% CI: 0.668-0.831]), followed by the FAST-ED (AUC: 0.736 [95% CI: 0.649-0.822]), and VAN (AUC: 0.735 [95% CI: 0.651-0.818]) scales. Cutoff points selected from coordinates of the ROC curves were 3, 3, and a positive VAN, respectively.

Conclusion This is the first, prospective cohort study comparing the discrimination of 8 different screening scales among stroke alerts in the ED and inpatient settings for the detection of both AIS-LVO and AIS-MeVO. We found LAMS to be the most discriminative for detection of AIS-LVO and AIS-MeVO, followed by FAST-ED and VAN.

2.2. Imaging

P132 PROGNOSTIC VALUE OF THROMBUS LOCATION AND COLLATERAL STATUS IN BASILAR ARTERY OCCLUSION: SINGLE-CENTRE RETROSPECTIVE COHORT STUDY

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Introduction Endovascular Therapy (EVT) is an effective treatment for Basilar Artery Occlusion (BAO), but selecting the right patients can be challenging. Therefore, a prognostic model such as the Basilar Artery on Computed Tomography Angiography (BATMAN) score may help predict outcomes and guide patient selection.

Aim of Study To assess the prognostic value of BATMAN score in predicting good functional status for BAO patients treated with EVT.

Methods We conducted a single-centre retrospective cohort study and analysed data from all consecutive patients who underwent EVT for BAO between January 2015 and September 2023. Patients were divided into 2 groups according to BATMAN score: good BATMAN score (gBS) group (values 7-10) and poor BATMAN score (pBS) group (0-6). Primary outcome was good functional status classified as modified Rankin Scale (mRS) score 0-3. Safety outcomes were symptomatic intracranial haemorrhage (sICH) and 90day mortality.

Results 55 patients were included in the analysis (23 gBS/32 pBS). Baseline characteristics did not differ significantly between groups. Good functional status occurred in 14 patients (61%) in gBS group and in 9 patients (28%) in pBS group (OR, 3.98; 95% CI, 1.27 to 12.41; P=0.026). sICH occurred in 1 patient (4%) in gBS group and in 3 patients (9%) in pBS group (RR, 0.46; 95% CI, 0.051 to 4.18; P=0.479). Mortality at 90 days was 26% in gBS group and 69% in pBS group (RR, 0.38; 95% CI, 0.18 to 0.78, P=0.0018).

Conclusion BATMAN score seems to be a reliable prognostic tool for patients with BAO undergoing EVT.

Disclosure of Interest no.

P133 MAIN CLINICAL VARIABLES THAT IMPACT LESION CHARACTERIZATION AND OUTCOME IN ISCHEMIC STROKE IMAGING

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Introduction Stroke remains a leading cause of worldwide morbidity and mortality. Understanding the relation between its clinical and imaging characteristics is crucial for effective management.

Aim of Study To evaluate how time since stroke onset and clinical variables affect the divergence in stroke size segmentation between non-contrast cranial computed tomography (NCCT) and apparent diffusion coefficient(ADC) imaging, using a self-developed artificial intelligence(AI) software in patients with acute ischemic anterior circulation stroke within 24 hours from symptom onset.

Methods An anonymized cohort of patients diagnosed with ischemic stroke, in whom brain magnetic resonance imaging (MRI), diffusion-weighted imaging(DWI), ADC, and NCCT were performed, with manual segmentation carried out by two neuro-interventional radiologists using the MRICroGL software to outline the ischemic area in NCCT and MRI. Divergence was established as a lesion visible on MRI but not on NCCT.

Results Seventy-seven patients with a median age of 77 years (IQR:64-85) were included, with a predominance of female sex(52%). None had a previous history of ischemic stroke, and 69% of the patients had comorbidities, arterial hypertension(62%) being the most prevalent. Lower stroke size volume in each method showed higher volume between the first 5 hours since stroke onset. Spearman's Rho correlations showed significant association: infarction size in both modalities (0.402), NIHSS at admission and mRS at discharge(0.432), and NCCT infarction volume and segmentation divergence(-0.884).

Conclusion Stroke size and progression time are crucial for enhancing diagnostic accuracy in AI training. NCCT smaller lesions showed more divergence with MRI. Beyond 5 hours from stroke onset, we found no significant difference between both images.