

outcomes reviewed were strokes following the procedure, stent occlusion, non-major bleeding events, and all-cause mortality.

Results Major bleeding events were observed in 3.2% of patients on DAPT, 5.3% of patients on DAPT and an anticoagulant, and 7.7% of patients on triple therapy. However, there was no significant difference between these groups ($p=0.71$). Regarding stroke occurrence after stenting, it was noted in 6.4% of patients on DAPT alone, 3.5% of patients on DAPT and an anticoagulant, and 1.9% of patients on triple therapy ($p=0.57$).

Conclusion There is significant variability in current practices regarding the treatment regimen for patients with coexisting atrial fibrillation after SAPTA. Our data suggest that the risk of major bleeding events and the risk of recurrent strokes are the same across all three groups.

2.1. Logistics

P150 OUTCOMES OF MECHANICAL THROMBECTOMY IN ANTICOAGULATED PATIENTS WITH ACUTE ISCHEMIC STROKE: A RETROSPECTIVE, MULTICENTER, AND MULTINATIONAL STUDY

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Introduction Stroke remains a major health concern globally, with oral anticoagulants widely prescribed for stroke prevention.

Aim of Study The efficacy and safety of mechanical thrombectomy (MT) in anticoagulated patients with medium vessel occlusions (MeVO) are not well understood, we evaluated it.

Methods This retrospective analysis involved 1,733 AIS patients who underwent MT in 37 centers across America, Asia, and Europe from September 2017 to July 2021. Data on demographics, clinical presentation, treatment, and outcomes were collected. The primary outcomes were functional outcomes at 90 days post-MT, measured by modified Rankin Scale (mRS) scores. Secondary outcomes included reperfusion rates, mortality, and hemorrhagic complications. Statistical analyses included Chi-square, Mann-Whitney U test, multiple imputation for missing data, and propensity score matching (PSM) to adjust for potential confounders.

Results Of the patients, 312 (24%) were on anticoagulation therapy. Anticoagulated patients tended to be older (median age 72 vs. 64 years; $p<0.0001$) and had a higher prevalence of atrial fibrillation (73% vs. 24%; $p<0.0001$). Their baseline NIHSS scores were also higher (median 12 vs. 10; $p=0.012$). Before PSM, anticoagulated patients had lower rates of favorable 90-day outcomes (mRS 0-1: 32% vs. 39%, $p=0.033$; mRS 0-2: 46% vs. 56%, $p=0.0051$) and higher mortality (26% vs. 14%, $p<0.0001$). After PSM, there were no significant differences in outcomes between the two groups.

Conclusion Anticoagulated patients undergoing MT for AIS due to MeVO did not show significant differences in 90-day mRS outcomes, reperfusion, or hemorrhage compared to non-anticoagulated patients after adjustment for covariates.

2.3. Treatment

P151 TREVO 3 MM AND/OR AXS CATALYST 5 FOR THE TREATMENT OF MEDIUM DISTAL VESSEL OCCLUSION STROKE – RESULTS FROM THE ASSIST REGISTRY

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Introduction The effect of endovascular therapy (EVT) on the outcome of medium distal vessel occlusions (MDVO) is unclear.

Aim of Study To report the results of MDVOs treated with the Trevo-3mm-Stent-Retriever(SR) and/or the AXS-Catalyst5 distal access catheter(DAC).

Methods Data was derived from a prospective, multicenter global registry (ASSIST registry) which enrolled patients treated with operator preferred EVT technique at 71 sites from January 2019 to January 2022. Three techniques were assessed: SR classic, direct aspiration, and a combined approach. Additional inclusion criteria were (a) EVT performed with the Trevo-3mm-SR and/or AXS Catalyst5 (DAC) on the first pass and (b) an occlusion of medium/distal vessels. The primary outcome was achieving an expanded Thrombolysis in Cerebral Infarction (eTICI) score of 2c/3 on the first pass, with the primary technique as adjudicated by core lab. The primary clinical outcome measure was a 90-day modified Rankin Scale (mRS) score of 0-2.....

Results A total of 155 patients (10.4% of the ASSIST population) were included. Most patients had an M2 occlusion (93.5%). First pass eTICI reperfusion was achieved in 43.1% of the patients. No modifying effect of the frontline technique was found. The rate of mRS 0 – 2 (overall 65.0%) did not significantly differ between groups.

Conclusion The data suggests that the Trevo3mm SR and/or the AXS-Catalyst5 may be an option to treat MDVOs, but more data is needed to demonstrate safety and efficacy in this patient cohort. Further improvements are needed regarding materials and techniques to improve reperfusion results in this patient-group.