# Other

## 3.2. Clinical Management

### O23 CLINICAL EXPERIENCE WITH THE NEW ARTISSE™ INTRASACCULAR DEVICE: PROCEDURAL, SAFETY AND EARLY EFFECTIVENESS OUTCOMES

[1]Markus Moehlenbruch, [2]Saleh Lamin, [3]Riitta Rautio, [4]Jens Fiehler, [5,6]Laurent Spelle. *[1]Department of Neuroradiology, Heidelberg University Hospital, Heidelberg, Germany; [2]Department of Neuroradiology, University Hospitals Birmingham National Health Service Foundation Trust, Queen Elizabeth Hospital Birmingham, Birmingham, UK; [3]Department of Radiology, Turku University Hospital, Turku, Finland; [4]Department of Neuroradiology, University Medical Center Hamburg Eppendorf, Hamburg, Germany; [5]NEURI Brain Vascular Center, Interventional Neuroradiology, Bicêtre University-Hospital, Le Kremlin-Bicetre, France; [6]Paris-Saclay University Faculty of Medicine, Le Kremlin-Bicetre, France*

10.1136/jnis-2024-ESMINT.23

**Introduction** Artisse has several advantages: An atraumatic distal tip that protects the intracranial aneurysm (IA) dome during deployment, proximal and distal marker bands offer enhanced device visibility for ease of use, a dual-layer mesh basket provides a balance of radial force and conformability for a secure fit and a flared shape helps the device appose against the IA wall and cover the neck.
**Aim of Study** Update on the clinical experience with Artisse.
**Methods** Patients with wide-neck bifurcation aneurysms (WNBAs) were enrolled in Medtronic's Innovative Neurovascular Product Surveillance Registry (INSPIRE) and treated per standard of care. INSPIRE-A continuously monitors the safety and performance of newly commercialized Medtronic devices for the treatment of IAs. Site data are monitored, safety data are assessed by an independent clinical events committee, and angiographic data are assessed by an independent core laboratory.
**Results** 60 patients have been included in the clinical experience. The IAs locations were MCA, ACA, BA, AComA, and ICA. The aneurysm dome widths ranged from 2.1-7 mm. Till date, in patients implanted with Artisse, no serious or symptomatic device-related adverse events (0%, 0/60) have been reported, as adjudicated by CEC. At 6-month imaging follow-up, complete aneurysm obliteration (RROC Class I) was reported in 76.2% (16/21) of patients. At the ESMINT Congress, updated data on safety and early outcomes will be presented for all available patients.
**Conclusion** Based on the updated clinical data, the Artisse device demonstrates procedural and early safety and promising results for effectiveness for the treatment of WNBAs.
**Disclosure of Interest** no.

### O24 PRELIMINARY EXPERIENCE OF INTRACRANIAL WIDE NECK ANEURYSM EMBOLISATION WITH ARTISSE DEVICE

[1]Alajmi Refan, [2]Cyril Dargazanli, [1]Vincent Costalat. *[1]Montpellier University Hospital, Gui de Chauliac, Montpellier, France; [2]Montpellier University Hospital, Interventional Neuroradiology, Montpellier, France*

10.1136/jnis-2024-ESMINT.24

**Introduction** The ARTISSE device is a relatively new intrasaccular embolisation device that has been designed to offer advantages over other existing intra-saccular treatment options for wide-necked aneurysms. We used it since the mid 2023 in Montpellier University Hospital for intracranial wide neck aneurysm embolisation
**Aim of Study** The goal of this study is to evaluate technical success, procedural safety, and effectiveness of ARTISSE device for the treatment of intracranial wide-neck aneurysms.
**Methods** 29 patients with intracranial wide-neck aneurysms were enrolled at Montpellier University Hospital. Before&after device deployment angiograms, post-procedure CT scan, and 6-month follow-up MRI were all reviewed. Utilisation of sim&size technology was done for better device sizing
**Results** 28 patients received the ARTISSE implant (technical success=96.5%) . Only in one patient the ARTISSE treatment was unsuccessful due to displacement of ARTISSE to the parent artery and it was replaced by flow diverter device. No primary safety event during or after procedures in all 29 patients.
**Conclusion** According to our experience, the ARTISSE device can be used to treat intracranial wide neck aneurysms with a high level of procedural safety and a high degree of technical success. Larger series with long-term follow-up are necessary to confirm our experience with ARTISSE device.

### O25 ECLIPS IMPLANT IN THE ENDOVASCULAR TREATMENT OF WIDE NECK ANEURYSMS (WNBA)

[1,2]Leif Sorensen, [2]Joost de Vries, [3]Raphael Blanc, [4]Jeremy Rempel, [5]Waleed Butt, [6]Thomas Marotta. *[1]Aarhus University; [2]Radboud University, Nijmegen, Netherlands; [3]Fondation Rothschild; [4]University of Alberta; [5]University Hospital Birmingham; [6]St. Michael's Hospital*

10.1136/jnis-2024-ESMINT.25

**Introduction** eCLIPs combines both coil retention and flow diversion by bridging the neck of WNBA. We describe eCLIPs implant experience to date using 2 delivery systems: i) via hypotube with requisite .034' microcatheter, eBRS, and ii) via guidewire, compatible with smaller microcatheters, eB.
**Aim of Study** We report the entire eCLIPs experience for safety and efficacy: 280 patients, 101 eBRS and 179 eB.
**Methods** Procedural data were collected prospectively and follow up data were collected according to usual clinical practices.
**Results** Implant procedural success rate was 88%, 82% for eBRS, 92% for eB. 35% of cases were recurrences, 20% prior rupture. Anatomy: 89% cases were basilar tip and carotid terminus locations. Mean followup 38 mo: Safety: Procedural neurologic death: 3% eBRS, 0% eB (overall 1.1%), CVA 3% eBRS, 1.1% eB (overall 1.8%), repeat procedure (all with inadequate neck-bridging) 2.5%. No patient had post-procedural thrombo-embolic or other neurologic safety events. Efficacy: Of 82 patients with eBRS implants, 61 meet eligibility criteria for a WEB-IT-patterned trial; all available 57 patients of this cohort had follow-up imaging, many with multiple imaging timepoints. Forty patients with eB implants have had follow-up > 6 months. Modified Raymond Roy Occlusion Classification (for all patients) 1 = 80%, 2 = 16%. No patient had regression of mRROC score on serial follow-up imaging.
**Conclusion** eCLIPs has a satisfactory safety profile; introduction of lower-profile eCLIPs delivery system, eliminating large microcatheters and complex sidebranch access, resulted in lower procedural complications and improved procedural success. Durable adequate occlusion is 96%.
**Disclosure of Interest** yes Co-founder Evasc Neurovascular.