observed. Initial occlusion was RROC I in 12 (48%), and RROC II in 13 (52%) cases. In 17 cases FU (mean 6, range 3-11 months) was available, showing occlusion RROC I, and RROC II in each 8 (47%) cases, while one aneurysm (6%) with initially RROC II showed relevant reperfusion (RROC III) with indication to re-therapy.

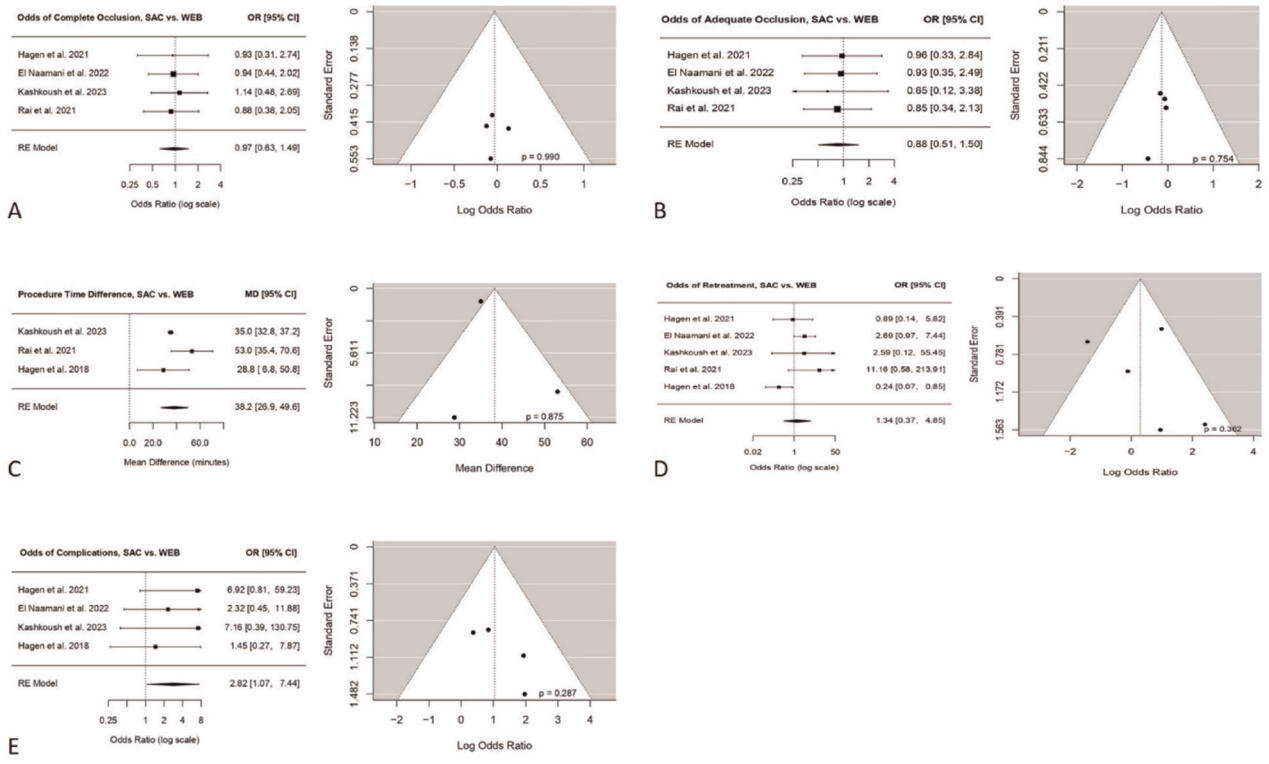
Conclusion The results of this first retrospective, multicenter analysis of the novel TED appear promising. Further prospective, multicenter studies with larger patient cohorts, and long-term FU are neccessary.

Disclosure of Interest no.

P013 WOVEN ENDOBRIDGE DEVICE OR STENT ASSISTED COILING FOR TREATMENT OF THE INTRACRANIAL BIFURCATION ANEURYSMS: A SYSTEMATIC REVIEW AND META-ANALYSIS

[1,2]Mohammad Amin Dabbagh Ohadi, [2]Amir Asef, [2]Mohammad Dashtkoohi, [2]Raha Zamani, [3]Basel Musmar, [3]Ali Zomorodi, [3]David Hasan. [1]*Department of Pediatric Neurological Surgery, Children's Medical Center, Tehran University of Medical Sciences, Tehran, Iran*; [2]*Tehran University of Medical Sciences, Tehran, Iran*; [3]*Department of Neurosurgery, Duke University Hospital, Durham, NC, USA*

10.1136/jnis-2024-ESMINT.50



Abstract P013 Figure 1

Abstract P013 Table 1

Author, Year	SAC/WEB	Age (Mean)	Gender: Female	Follow-up (Mean months, SAC/WEB)	Anterior Circulation (SAC/WEB)	Rupture number (SAC/WEB)	Dome to Neck ratio (SAC/WEB)
Hagen, 2018	67/38	57.18	71.4%	29.9/22.3	All MCA	All Unruptured	2.6/2.55
Hagen, 2021	35/21	53.79	75%	27.6/16.2	All MCA	All Ruptured	3.5/2.7
Rai, 2021	41/46	-	-	19/13	14/34	4/13	1.5/1.5
El Naamani, 2022	85/63	61.14	81.1%	18.6/10.8	30/52	15/16	1.7/1.4
Kashkoush, 2023	70/35	64.67	75.24%	18.17/7.6	48/28	All Unruptured	1.3/1.5
Total	**298/203**	**60.03**	**76.33%**	**22.15/13.46**	**194(65%)/173(85%)**	**54/50**	**1.99/1.79**

Introduction The Woven EndoBridge (WEB), an intrasaccular disruption device, offers a novel option for complex aneurysms, particularly bifurcation aneurysms.
Aim of Study In this systematic review and meta-analysis, we aim to compare the safety and efficacy of WEB devices with stent-assisted coiling (SAC) for intracranial bifurcation aneurysms.
Methods We systematically searched PubMed, Scopus, and Embase databases in October 2023 following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. We aimed to compare aneurysmal occlusion, procedural time, retreatment, and complication rates as secondary objectives. The comparison between the two techniques was performed using a weighted random-effects model, and the quality of the studies was assessed using the Newcastle-Ottawa Scale (NOS) for cohort studies.
Results The authors analyzed five studies encompassing 298 and 203 patients in SAC and WEB groups, respectively. Complete (53.8%, OR, 0.97; 95%CI: 0.63-1.49, I2= 0%) and adequate (77.8%, OR: 0.88; 95%CI: 0.51-1.5, I2= 0%) occlusion didn't differ between two groups. The overall procedural time mean difference was 38.2 minutes, significantly higher in the SAC group (95%CI, 26.9-49.6, I2=53.4%). Retreatment rates did not significantly differ between the two groups (OR: 1.34; 95%CI: 0.37-4.85, I2=61.7%). The SAC group experienced more complications during and after the operation (OR, 2.82; 95%CI: 1.07-7.44, I2=0%). The pooled follow-up duration was 22.1 and 13.5 months for the SAC and WEB groups respectively.
Conclusion The WEB demonstrates comparable efficacy in occluding bifurcation aneurysms compared to SAC, with the added benefits of reduced procedural time and lower complication rates.
Disclosure of Interest no.

P014 FINAL RESULTS OF THE SUCCESS STUDY: SUCCESS IN COMANECI-ASSIST COILS EMBOLIZATION SURVEILLANCE STUDY

[1]Jason Davies, [2]Ricardo Hanel. *[1]UBNS, University at Buffalo, USA; [2]Lyerly Neurosurgery, Baptist Medical Center Jacksonville*

10.1136/jnis-2024-ESMINT.51

Introduction Comaneci is a retrievable coil assist device that is radially adjustable and designed as an adjunct without limiting blood flow.
Aim of Study The objective of this FDA-regulated postmarket study is to assess the safety and performance of the device in US clinical practice.
Methods SUCCESS is a multicenter, single arm, open, prospective study, enrolling 90 consecutive subjects in 17 US centers. Subjects must have a wide neck (4-10 mm or dome to neck ratio <2) intracranial aneurysm, either ruptured or unruptured, that is suitable for coil embolization. Effectiveness endpoints include successful aneurysm occlusion at procedure and 6 months, and clinical outcome at 6 months. Safety endpoints include intraoperative complications.
Results Subjects were enrolled between November 2020 and October 2023 (64% unruptured, 36% ruptured) Overall, a total of 356 coils were used in these cases. Successful Occlusion at end of procedure was 87.8% (N=90), and 81.7% at 6 month follow up (N=71), good clinical outcome (mRS 0-2) was 73% at baseline, 81% at 30 days and 86% at 6 months (P<0.05). Major safety outcomes: Intraoperative thromboembolic events were reported in 5 subjects (5.5%), none were symptomatic; mortality 4.4%, all in ruptured cases; coil entanglement occurred for 1 coil out of the overall 392 coils (0.3%).
Conclusion Interim data demonstrates a high rate of successful aneurysm occlusion when using Comaneci as an assist device in wide neck aneurysms. This effect is sustainable and is accompanied by an improvement in clinical outcome. Safety profile is favorable with low thromboembolic rates.
Disclosure of Interest yes Hanel- Medtronic Consultant Stryker Consultant Cerenovous Consultant Microven4on Consultant Balt Consultant Phenox Consultant Rapid Medical Consultant Q'Apel Consultant MiVI Advisory Board eLum Advisory Board Three Rivers Medical Inc Advisory Board Shape Medical Advisory Board Corindus Advisory Board NIH Research Grant Interline Endowment Research Grant Microven4on Research Grant Stryker Research Grant CNX Research Grant InNeuroCo Investor/Stockholder Cerebrotech Investor/Stockholder eLum Investor/Stockholder Endostream Investor/Stockholder Three Rivers Medical Inc Investor/Stockholder Scien4a Investor/Stockholder RisT Investor/Stockholder BlinkTBI Investor/Stockholder Corindus Investor/Stockholder NTI Investor/Stockholder, Davies - Research Grants: NIH R21/R01, NSF SBIR, UB-CAT, Buffalo Translational Consortium, Cummings Foundation, nVidia, Google Financial Interest: QAS.ai, Rist Neurovascular, Cerebrotech, Synchron, Hyperion Consultant/Advisory Board: Medtronic, Microvention, Imperative Care, Xenter, RapidPulse, Canon, J&J National PI/Steering Committees: StrokeNET DSMB, EMBOLISE, SUCCESS, RapidPulse, SBIR/STTR, NIH NINDS/NLM Study sections.

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2.3. Treatment

P015 THE 3 AND 4MM SOLITAIRE STENT RETRIEVERS IN PRIMARY MEDIUM VESSELS OCCLUSIONS THROMBECTOMY, AN INTERNATIONAL ASSESSMENT

Simon-Pierre Docquier, Lubicz Boris, Adrien Guenego. *Department of Diagnostic and Interventional Neuroradiology, Erasme University Hospital, Brussels, Belgium*

10.1136/jnis-2024-ESMINT.52

Introduction A significant proportion of acute ischemic stroke (AIS) patients do suffer from a medium vessel occlusion (MeVO). Despite the lack of clearly established safety and efficacy through randomized trials, an increasing number of physicians are treating MeVO by performing mechanical thrombectomy.
Aim of Study Assess the efficacy of 3mm and 4mm Solitaire stentretrievers (Medtronic) in patients with AIS and a primary MeVO.
Methods A retrospective review of the MAD MT Consortium, which synthesizes prospectively maintained databases from 37 academic institutions across North America, Asia and Europe. We analyzed consecutive AIS patients who underwent mechanical thrombectomy with the Solitaire stentretriever for primary MeVO.