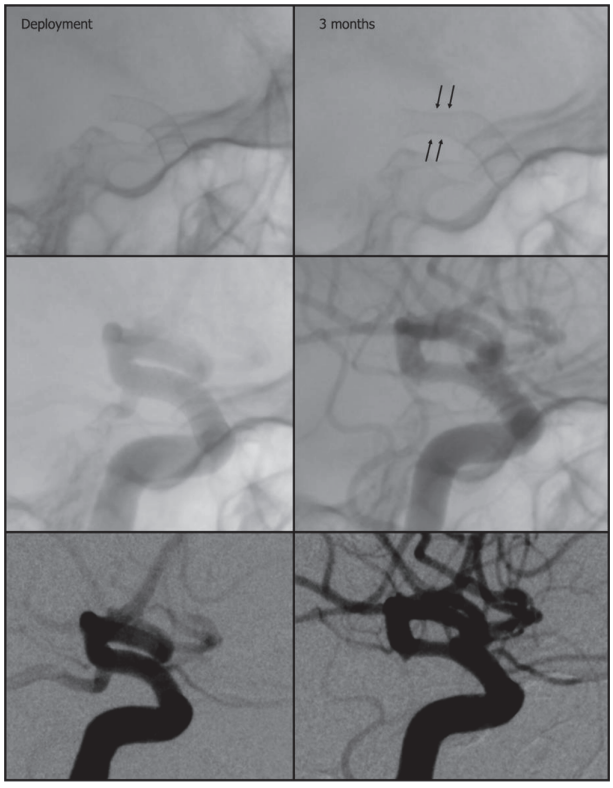
prevalence and natural history in a cohort of patients undergoing PED aneurysm treatment at our institution.

Materials and Methods 465 consecutive patient undergoing PED embolization of intracranial aneurysms between November 2011 and October 2021 were identified. Only patients with follow up catheter angiography performed within three months of treatment were included given the transient nature of the phenomenon. Also, patients who were not compliant with antiplatelet medications were excluded due to their high incidence of intimal hyperplasia. Changes in PED mechanical configuration and presence of intimal hyperplasia were noted. Treatment outcomes were also assessed.

Results 61 PED procedures performed in 60 patients met criteria. PED mechanical narrowing was observed on follow up imaging in 18/61 treatments (29.5%). Median percentage device narrowing was 16.5% and it was greater than 20% in 6 cases. Among patients with mechanical narrowing, some also demonstrated mild intimal hyperplasia, which was not hemodynamically significant. Mechanical narrowing either completely, or mostly, resolved within one-year of treatment in all instances. There were no complications associated with the phenomenon. It is unclear if the transient mechanical changes occurs in response to the initial intraoperative manipulation or secondarily manifests from the vessel wall reaction and will be a part of future study.



Abstract E-285 Figure 1

Conclusions Early changes in PED mechanical configuration following deployment appear to be common. Our initial results suggest the phenomenon is transient and not associated with complications. It is unclear if the transient mechanical changes occur in response to the intraoperative manipulation (s)/maneuvers to the stent or a secondary manifestation of transient, exuberant vessel wall reaction during active endothelialization process. It will be our endeavor to study this in a systematic fashion in future studies.

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E-286 EXPLORING THE LANDSCAPE OF CLINICAL TRIALS FOR STROKE: A SYSTEMATIC OVERVIEW OF THE CLINICALTRIALS.GOV DATABASE

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Background Clinical trials help to advance medical, endovascular, and surgical therapies to improved outcomes for individuals who sustain a stroke. We conducted a systematic overview of the ClinicalTrials.gov database to describe: 1) the distribution and characteristics of interventions in current stroke clinical trials, 2) the progress of existing trials, and 3) outcomes of completed trials.

Methods

The ClinicalTrials gov database was searched using the term 'stroke', with automated mapping to related search terms. Trials were screened based on prespecified inclusion and exclusion criteria. Included trials were categorized by stroke type (ischemic or hemorrhagic) and intervention modality (medical, surgical, or endovascular). Relevant data were extracted from the included trials, which were also connected to related published studies.

Results Of 6,486 retrieved trials, 390 (6.0%) trials with 169,724 patients were classified as interventional. In total, 318 (81.8%) were medical drug trials, 3 (0.8%) were surgical, and 69 (17.7%) were endovascular. The growth in medical trials, most of which focused on thrombolysis, outpaced the growth in endovascular trials. Most studies (206, 52.8%) were either Phase I or II, with a plurality of Phase II studies (167, 42.5%). Of all the studies, 170 (43.6%) were supported by industry. The most common primary outcome measures were modified Rankin Scale (133, 34.4%), safety and adverse events (56, 14.4%), and the incidence of symptomatic intracranial hemorrhage (38, 9.7%). In total, 10.3% (40/390) of studies were terminated, with a smaller proportion (10/390, 2.6%) withdrawn. A total of 122 (31.2%) clinical trials had corresponding published studies, of which 67 (54.9%) were classified as positive and 55 (45.1%) were negative.

Conclusions The number of clinical trials focused on stroke treatment has increased, largely driven by the increase in medical trials. The results of most published studies are promising.

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