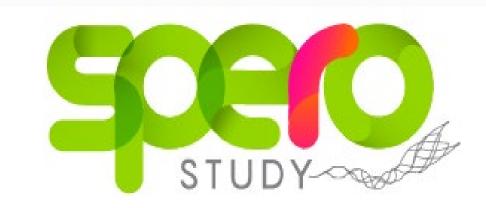
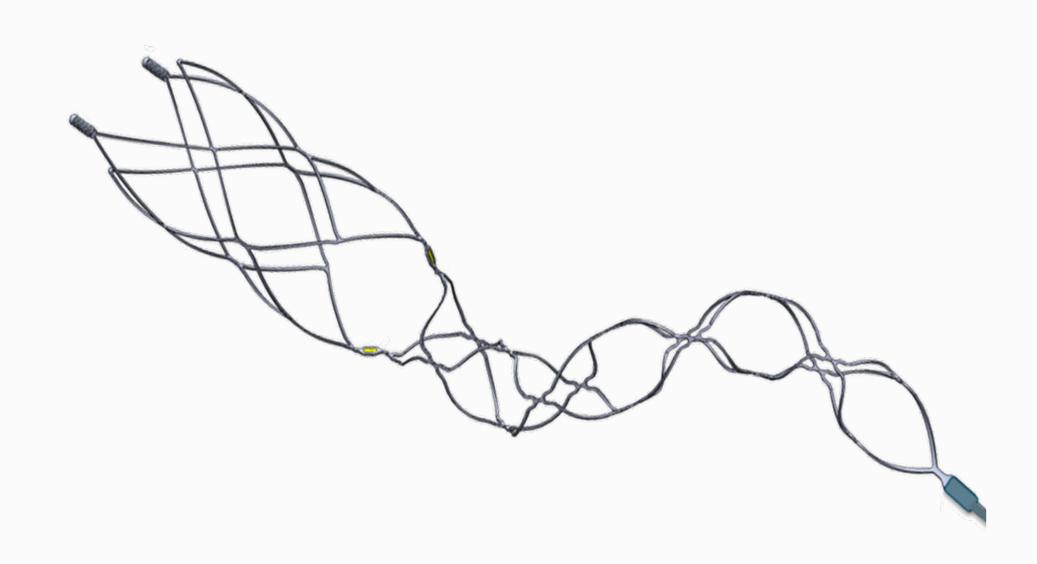
MECHANICAL THROMBECTOMY WITH NIMBUS FOR CHALLENGING OCCLUSIONS: FINAL RESULTS OF THE SPERO STUDY



Rene Van den Berg*¹, Marc Ribo², Fabian Arnberg Sandor³, Laurent Estrade⁴, John Thornton⁵, Alejandro Tomasello⁶, Vamsi Gontu³, Arnaud Karam⁴, David Hernández⁷, Frédéric Clarençon⁸, Jan-Hendrik Buhk⁹, Martin Wiesmann¹⁰, Nasreddine Nouri⁴, Nicolas Bricout⁴, Hubert Desal¹¹, Anne Christine Januel¹², Karen Doyle¹³, David S Liebeskind¹⁴, Patrick A Brouwer^{15, 16}, Tommy Andersson^{17, 18}

¹Amsterdam UMC, Department of Radiology and Nuclear Medicine, Amsterdam, Netherlands, ²University Hospital Vall D'Hebron, Department of Neurology, Barcelona, Spain, ³Karolinska University Hospital, Department of Neuroradiology, Lille, France, ⁵Beaumont Hospital, Department of Interventional Neuroradiology, Barcelona, Spain, ¹University Hospital Vall D'Hebron, Department of Interventional Neuroradiology, Barcelona, Spain, ¹Sorbonne University, Department of Neuroradiology, Paris, France, ³Asklepios Hospital Group, Department of Neuroradiology, Hamburg, Germany, ¹Ouniversity Hospital, RWTH Aachen University, Department of Neuroradiology, Aachen, Germany, ¹Ouniversity Hospital, Paris, France, ¹Sorbonne University Hospital of Purpan, Department of Neuroradiology, Nantes, France, ¹Sorbonne University of Ireland Galway, Department of Physiology and CÚRAM, SFI Research Centre for Medical Devices, Galway, Ireland, ¹University of California Los Angeles, Department of Neuroradiology, Stockholm, Sweden, ¹Karolinska University Hospital, Department of Neuroradiology, Department of Clinical Neuroscience, Stockholm, Sweden, ¹RAZ Groeninge, Departments of Radiology, Radiology, Radiology, Nortrijk, Belgium

BACKGROUND



The NIMBUS device was developed for challenging occlusions, specifically those due to tough clots which can yield suboptimal mechanical thrombectomy outcomes. The study aimed to evaluate NIMBUS in patients where the first one or two passes with another MT device did not achieve substantial reperfusion ≥ mTICI 2b.

METHODS

SPERO is a prospective, multicenter, single arm, post-market observational study. From October 2019-February 2022, the SPERO Study (NCT03898960, Cerenovus) enrolled 54 subjects at 11 European centres. NIMBUS was used following one or two failed attempts with standard MT devices. Imaging and procedure angiography were assessed by an independent core lab, 90-mRS assessments were by an independent evaluator and clot analysis was conducted by a central clot lab.

RESULTS

Demographics and Baseline Characteristics

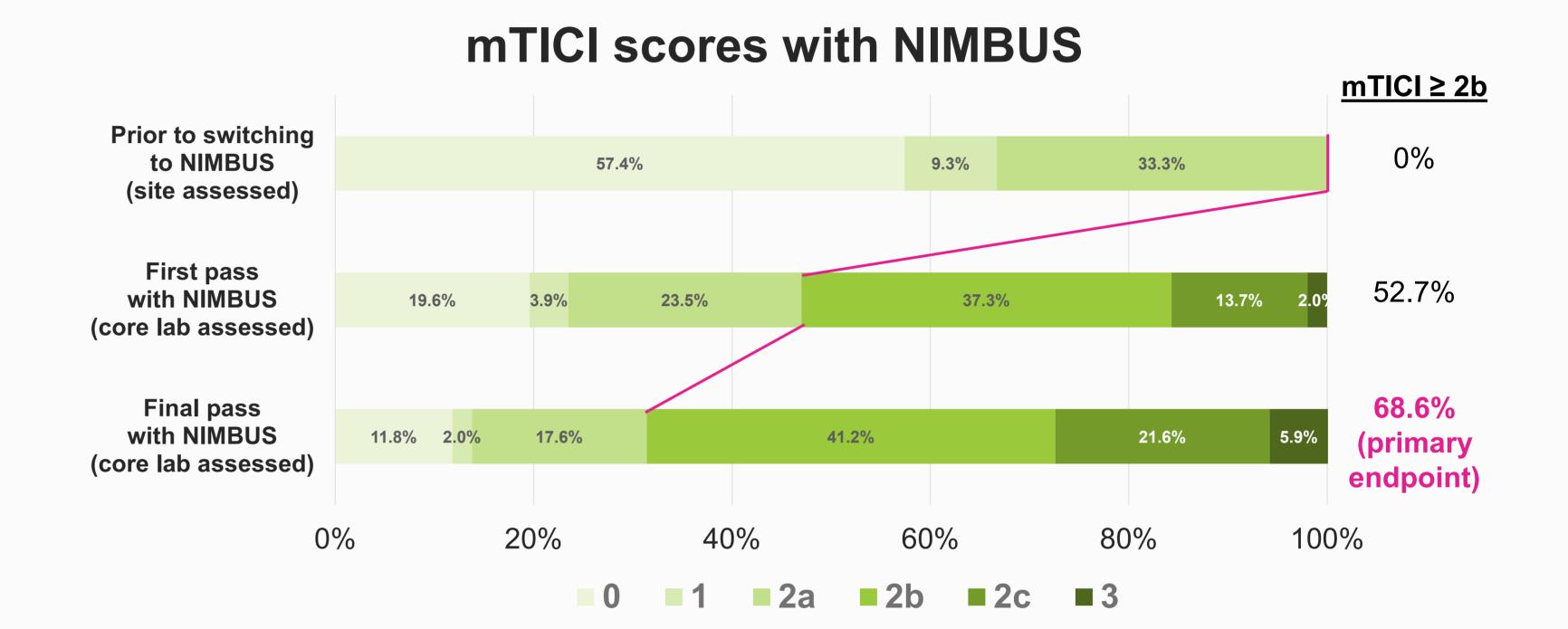
71.9±14.09
50% (27/54)
98.1% (53/54)
13.9±6.89
17.3% (9/52)
40.4% (21/52)
42.3% (22/52)
24.1% (13/54)
50.0% (27/54)
29.6% (16/54)
20.4% (11/54)
100% (54/54)
13.0% (7/54)
63.0% (34/54)

[#]core lab assessed

Procedural and Angiographic Outcomes

Total number of passes	4.6±1.72
Number of NIMBUS passes	2.2±1.13
Switched to NIMBUS at pass 2	24.1% (13/54)
Switched to NIMBUS at pass 3	75.9% (41/54)
Successful revascularization (mTICl≥2b) with NIMBUS#	68.6% (35/51)
Final mTlCl ≥2b#	79.2% (42/53)
Final mTlCl ≥2c#	37.7% (20/53)

[#]core lab assessed



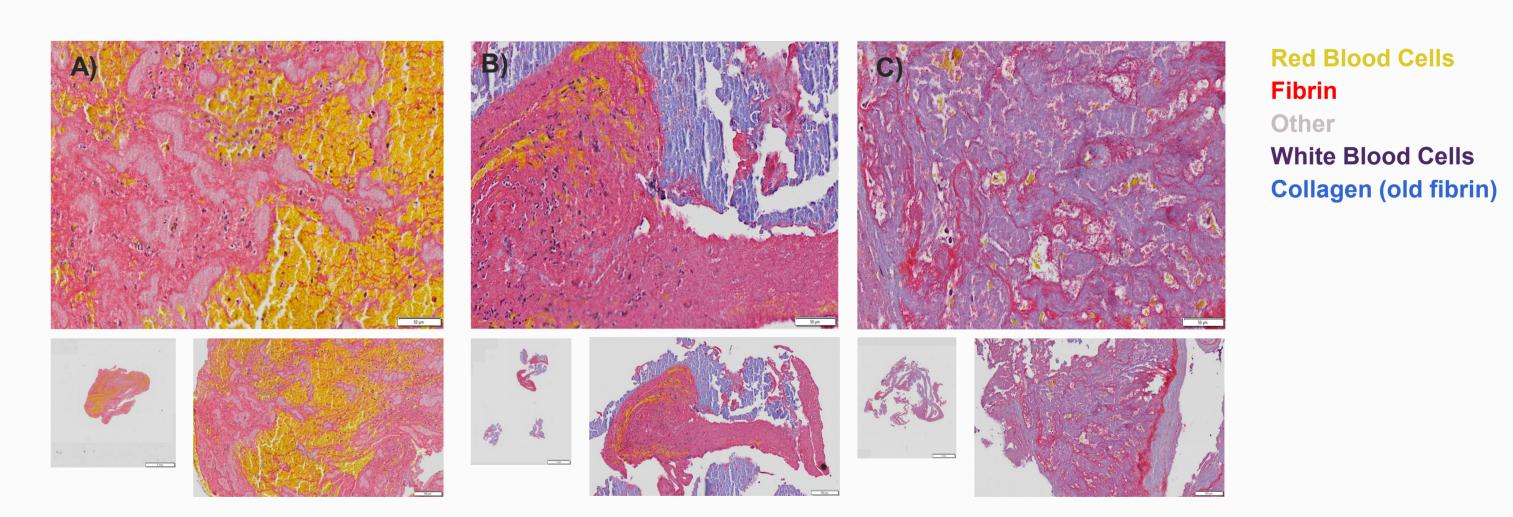
Clinical and Safety Outcomes

mRS 0-2 at 90 days*	38.9% (21/54)
All-cause mortality at 90 days	18.5% (10/54)
Embolization to new territory#	0.0% (0/54)
sICH at 24-h	3.7% (2/54)
Device-related adverse events	1.9% (1/54)
Procedure-related adverse events	11.1% (6/54)

^{*}independent assessment; #core lab assessed

Clot Retrieval

The rate of clot retrieval in first NIMBUS pass was 51.9% vs 27.8% in first procedural pass with standard MT device



Illustrative Martius Scarlet Blue Staining of clots retrieved by NIMBUS.¹ A) Median RBC Composition, B) Median Fibrin Composition, C) Lowest RBC Composition

CONCLUSION

In a real-world setting, NIMBUS achieved substantial reperfusion in nearly 70% of cases where the first one or two passes with another MT therapy were not successful. NIMBUS dislodged and retrieved nearly twice as many clots on its first attempt vs. the first pass of standard MT devices.