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**Abstract N°: 673****Track: STUDIES****Category: 4.10 PROGNOSIS AND OUTCOME AFTER STROKE****Title: CHALLENGES OF RECANALIZATION THERAPY IN ACUTE STROKE PATIENTS TAKING DOACS.****Jessica Seetge*¹, László Szapáry¹***¹University of Pécs, Department of Neurology, Pécs, Hungary*

Background and aims: Direct oral anticoagulants (DOACs) and vitamin K antagonists (VKAs) are the recommended primary therapy for preventing acute ischemic stroke (AIS) in patients with atrial fibrillation. Nonetheless, an annual AIS risk of 1-2% endures despite their effectiveness. Intravenous thrombolysis (IVT) and mechanical thrombectomy (MT) are interventions capable of reducing AIS-related morbidity. Herein, we assess the safety and efficacy of recanalization therapy in anticoagulated patients.

Methods: Within the prospective TINL-STROKE-registry, AIS patients admitted to the Department of Neurology, between February 2023 and March 2024 were investigated. The study's objective was to assess the association between oral anticoagulant (OAC), choice of reperfusion therapy, proportion of functionally independent patients at 90 days (modified Rankin Scale [mRS] ≤ 2), and clinical improvement (National Institute of Health Stroke Scale [NIHSS] ≤ 1 or change from baseline [Δ NIHSS] ≥ 4) after 72 hours. Outcomes were compared with (ordinal) logistic regression analyses adjusted for confounding factors.

Results: 627 eligible patients (DOAC, n=72 and VKA, n=40 vs. non-anticoagulated, n=515) was included. 307 patients underwent reperfusion therapy (133 IVT, 131 MT, 43 IVT+MT), the remaining 320 received standard care (SC). Anticoagulated patients (n=112) showed less favorable outcomes than non-anticoagulated patients (n=515): 29,2% vs. 49,4% 90-day mRS ≤ 2 , 29,5% vs. 36,3% NIHSS ≤ 1 , 23,2% vs. 26,2% Δ NIHSS ≥ 4 and 90-day mortality: 26,8% vs. 13,8%. However, this difference was no longer apparent after adjustment for baseline prognostic factors.

Conclusions: Our study adds evidence to the safety and efficacy of recanalization therapy in patients with prior therapeutic anticoagulation.

On behalf of: