

carotids. We conducted semi-structured interviews with 22 stroke physicians from various specialties in 16 centers across 4 continents. Results: Important themes regarding anti-thrombotic included limitations of existing clinical trial evidence, competing physician preferences, antiplatelet therapy while awaiting revascularization and various regional differences. Timely imaging availability, breadth of information gained, and surgeon/interventionalist preferences were important themes influencing the choice of imaging modality. The choice of revascularization intervention was influenced by healthcare system factors such as use of multidisciplinary review and operating room/angiography suite availability, and patient factors like age and infarct size. Many themes related to uncertainties in the management of hot carotids were also discussed. Conclusions: Our study revealed themes that are important to international stroke experts. We highlight common and divergent practices while underscoring important areas of clinical equipoise and uncertainty. Teams designing international carotid trials may wish to accommodate identified variations in practice patterns and areas of uncertainty.

P.063

Thrombolysis for acute ischemic stroke in patients with pre-morbid disability: a meta-analysis

B Beland (Calgary) F Bala (Calgary), A Ganesh (Calgary)*

doi: 10.1017/cjn.2022.164

Background: Randomized-controlled trials of thrombolysis in ischemic stroke have poorly represented patients with pre-stroke disability and the benefit of thrombolysis in this population remains uncertain. We performed a systematic review and meta-analysis to examine the outcomes of thrombolysis in patients with pre-morbid disability. Methods: In accordance with MOOSE guidelines, we retrieved studies reporting intravenous thrombolysis (IVT) in patients with pre-stroke disability (mRS=3-5) with ischemic stroke, either compared to untreated patients or to treated patients without pre-morbid disability. Primary outcome was the return to pre-morbid disability at 90-days. Results: 8 articles were included involving 103,988 patients. Patients with disability treated with IVT had better odds of returning to baseline function compared to those who did not receive IVT (OR=7.26, 95%CI=2.51-21.02). Mortality and sICH were not significantly different between patients with disability receiving IVT or not. Favourable outcomes (mRS=0-2 or return to pre-morbid mRS) and sICH were not significantly different between patients with and without disability. Mortality was three times higher in those with pre-morbid disability treated with IVT (38.2% versus 12.6%). Conclusions: Thrombolysis in patients with disability was associated with better outcomes compared to patients not receiving IVT. High-quality data comparing treated versus untreated patients with pre-morbid disability is needed to clarify this issue.

P.064

Clinical correlates of pre-morbid cancer in a consecutive sample of individuals with ischemic stroke

A Laferrière (Montreal) B Rioux (Montreal) J Tremblay (Quebec) MR Keezer (Montreal), LC Gioia (Montreal)*

doi: 10.1017/cjn.2022.165

Background: Ischemic stroke (IS) may be the first sign of an occult cancer, due to an underlying paraneoplastic prothrombotic state. Predictors of occult cancer in acute IS, however, remain unclear. We performed a single-center study to identify clinical features that may distinguish cancer-associated IS from IS without recent cancer. Methods: We reviewed consecutive admissions for acute IS at our institution between January and December 2020. Recent cancer was defined as any new diagnosis of cancer up to five years prior to IS. We compared clinical features with Fisher and chi-squared tests for categorical data, as well as t-tests and Mann-Whitney U tests for continuous data. Results: We included 169 patients in the non-cancer group and 19 in the recent cancer group (median time for cancer diagnosis: 10.5 months). The most frequent primary site was the digestive system (n=5; 33.3%). Patients with recent cancer had a significantly lower mean BMI (19.3 vs 26.4 kg/m²; p=0.013), lower mean hemoglobin (123 vs 134 g/L; p=0.015), and more frequent prior venous thrombosis (15.8% vs 1.2%; p=0.008) than cancer-free patients. Conclusions: Clinical features such as lower BMI, lower hemoglobin and prior venous thrombosis may help identify cancer-associated mechanisms, as well as guide cancer screening, in IS.

P.065

Emergency medical services activation Following Face, Arm, Speech, Time (FAST) public awareness campaigns in Quebec, Canada

V Brisette (Montreal) B Rioux (Montreal) T Choisi (Montreal), AY Poppe (Montreal)*

doi: 10.1017/cjn.2022.166

Background: Face, Arm, Speech, Time (FAST) campaigns improve stroke recognition in the general population. We assessed the effect of five consecutive FAST campaigns on emergency medical services (EMS) calls for suspected strokes in Quebec, Canada. Methods: We compared with t-tests the daily EMS call volume changes in the greater Montreal area before and after five FAST campaigns held between 2015 and 2019. We used interrupted time-series to measure changes in EMS daily call volume for suspected strokes following each FAST campaign (all calls, calls <5 hours from symptom onset, calls rated 3/3 on the Cincinnati Prehospital Stroke Scale [CPSS]) and used calls for acute headaches as a comparator. Results: After five FAST

campaigns, mean daily calls increased by 28% ($p<0.001$) for suspected strokes, compared to 10% for acute headaches ($p=0.012$). Significant increases in daily stroke calls were only observed after three campaigns (highest OR=1.26, 95% CI: 1.11, 1.43; $p<0.001$). There were no significant changes in calls after individual campaigns for strokes <5 hours from symptom onset and 3/3 CPSS strokes. Conclusions: The individual effect of FAST campaigns on daily stroke calls to EMS was inconsistent. Further refinement of FAST campaigns may help improve prompt EMS activation.

P.066

The protective effect of influenza vaccination against stroke in adults

JK Holodinsky (Calgary) C Zerna (Calgary) S Malo (Edmonton) L Svenson (Edmonton), MD Hill (Calgary)*

doi: 10.1017/cjn.2022.167

Background: Respiratory infection can be an immediate precursor to stroke and myocardial infarction (MI). Influenza vaccination is associated with reduced risk of MI. This relationship has also been suggested for stroke although it is unclear if the effect is consistent across age and risk groups. **Methods:** Using administrative data in Alberta from September 2009 – December 2018 we modelled the hazard of any stroke for individuals recently exposed (< 182 days) to the influenza vaccine compared to those without recent exposure adjusted for age, sex, anticoagulant use, atrial fibrillation, COPD, diabetes, hypertension, income quintile, and rural/urban home location. **Results:** 4,141,209 adults (29,687,899 person-years) were included; 1,769,565 (43%) received at least one vaccination in the 10-year time span. 38,126 stroke events were recorded. Adjusted for demographics and comorbidities, recent influenza vaccination significantly reduced the hazard of stroke (HR: 0.77; 95% CI: 0.76 – 0.79). This effect persisted across all stroke subtypes and across all ages and risk profiles. **Conclusions:** There is a 23% reduction in hazard of stroke among those recently vaccinated against influenza compared to those who were not. Protection extended to the entire adult population and was not limited to high-risk groups only.

P.067

Focused, bedside cardiac ultrasound in stroke: a feasibility study

B Leis (Saskatoon) J Ahktar (Saskatoon) B Graham (Saskatoon) K Whelan (Saskatoon), G Hunter (Saskatoon)*

doi: 10.1017/cjn.2022.168

Background: Canadian Stroke Best Practice Recommendations recommend both cardiac monitoring and transthoracic echocardiography (TTE) to assess for cardioembolic sources of stroke. TTE has a diagnostic yield, which is historically low at 5-10%. The goal of this project was to evaluate the practicality of a bedside, focused approach to TTE in ischemic stroke. **Methods:**

A cross-sectional study evaluating patients undergoing echocardiography for evidence of possible cardioembolic stroke was developed. It compared the standard and focused TTE imaging approaches. Of the 61 patients reported, data is currently available for 15 participants. Independent samples t-test were performed to compare measurements. **Results:** Mean time to finish image acquisition for the focused, bedside TTE was significantly shorter than the complete TTE (12 min or less vs 30 min or more) ($p<0.0001$). No cardiac sources of stroke were found by either mechanism in this cohort, representing 100% agreement between the two modalities. **Conclusions:** Focused, bedside echocardiography studies are quicker to execute and employ more affordable, portable, digital TTE devices. The test is done at bedside, reducing the need for patient transport. Image acquisition takes approximately half the time to obtain, potentially allowing for more rapid clinical decision making and facilitation of discharge from hospital.

P.068

Post-stroke orthoptic clinic assessment improves patient perceived quality of life

*J Hyndman (Saskatoon) K Whelan (Saskatoon) G Hunter (Saskatoon) C Catton (Saskatoon) R Goodkey (Saskatoon) K Hillis (Saskatoon) A Kleiter (Saskatoon) L Orsak (Saskatoon) M Racine (Saskatoon) L Schreiner (Saskatoon) K Taylor (Saskatoon) R Vols (Saskatoon), B Graham (Saskatoon)**

doi: 10.1017/cjn.2022.169

Background: Visual impairment can impact 70% of individuals who have experienced a stroke. Identification and remediation of visual impairments can improve overall function and perceived quality of life. Our project aimed to improve visual assessment and timely intervention for patients with post-stroke visual impairment (PSVI). **Methods:** We conducted a quality improvement initiative to create a standardized screening and referral process for patients with PSVI to access an orthoptist. Post-stroke visual impairment was identified using the Visual Screen Assessment (VISA) tool. Patients filled out a VFQ-25 questionnaire before and after orthoptic assessment, and differences between scores were evaluated. **Results:** Eighteen patients completed the VFQ-25 both before and after orthoptic assessment. Of the vision related constructs, there was a significant improvement in reported outcomes for general vision ($M=56.9$, $SD=30.7$; $M=48.6$, $SD=16.0$), $p=0.002$, peripheral vision ($M=88.3$, $SD=16$; $M=75$, $SD=23.1$), $p=0.027$, ocular pain ($M=97.2$, $SD=6.9$; $M=87.5$, $SD=21.4$), $p=0.022$, near activities ($M=82.4$, $SD=24.1$; $M=67.8$, $SD=25.6$), $p<0.001$, social functioning ($M=90.2$, $SD=19$; $M=78.5$, $SD=29.3$), $p=0.019$, mental health ($M=84.0$, $SD=25.9$; $M=70.5$, $SD=31.2$), $p=0.017$, and role difficulties ($M=84.7$, $SD=26.3$; $M=67.4$, $SD=37.9$), $p=0.005$. **Conclusions:** Orthoptic assessments for those with PSVI significantly improved perceived quality of life in a numerous vision related constructs, suggesting it is a valuable part of a patient's post-stroke recovery.