stroke occurrence among cancer patients. Methods: This is a retrospective study with our population consisting of patients presenting to the Ottawa Hospital with ischemic stroke between January 01, 2020, and December 31, 2022. Presence of right-to-left shunting is identified in patients with and without cancer diagnosis within one year of ischemic stroke. The prevalence of shunt is assessed using 95% confidence intervals (CI). Results: Among 654 patients, 495 (37% female, median age 53 years) were included in the study, in which 47 (9.5%) had active cancer, with 12 patients (25.5%, 95% CI 14 - 40) diagnosed with a shunt. In contrast, among 448 patients (90.5%) without active cancer, 133 patients (30%, 95% CI 25 - 34) were found to have a shunt. Conclusions: The prevalence of right-to-left shunting tends to be lower in patients with ischemic stroke and active cancer diagnosis. Our results are similar to a recent study indicating a higher rate of shunt among patients without cancer. Our finding does not support the hypothesis that cancer-associated stroke is related to right-to-left shunting.

P.046

Impact of telemedicine evaluation among ischemic stroke patients transferred for endovascular thrombectomy: data from the OPTIMISE registry

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doi: 10.1017/cjn.2025.10220

Background: Telemedicine evaluation for treatment of acute stroke patients with IV thrombolysis has been shown to be beneficial. Its usefulness for the evaluation of patients transferred from a primary stroke centre (PSC) to a comprehensive stroke centre (CSC) for endovascular thrombectomy (EVT) is less well defined. Methods: We retrospectively analyzed the Canadian OPTIMISE registry which included data from 20 comprehensive stroke centers across Canada between January 1, 2018, and December 31, 2022 to compare treatment metrics and early outcomes between two groups: patients evaluated by telemedicine (TM) and patients evaluated in person (non-TM) at the PSC prior to CSC transfer. Results: We included 3317 patients who were transferred from a PSC to a CSC for: 888 TM and 2429 non-TM. There were no major differences in baseline characteristics, including intravenous thrombolysis administration, though the TM group included more men. TM patients had longer onset-to-puncture times (441 vs 403 minutes, $p<0.001$) and higher symptomatic intracerebral hemorrhage (sICH) rates (7.4% vs 3.7%, $p<0.001$), but CSC door-to-puncture times and successful recanalization rates did not differ. Conclusions: Patients transferred to a CSC for EVT first evaluated by TM had similar characteristics to those evaluated in person at the PSC, but longer onset-to-puncture times and higher sICH rates.

P.047

Optimizing workflow of the initial patient visit to the stroke prevention clinic

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doi: 10.1017/cjn.2025.10221

Background: Referrals to the Stroke prevention clinic with incomplete preliminary investigations decrease clinic capacity due to additional workload and the need for follow-ups. We aimed to improve the efficacy of the initial visit by increasing the completion rate of vascular imaging. Methods: Pre-post quasi-experimental study with three phases: Phase 1: Surveillance; Phase 2: Stakeholder feedback-informed intervention development (physicians and clinic staff); and Phase 3: Implementation. Interventions included a new referral order within the provincial EMR; a specific physician triage form listing required investigations (brain imaging, vascular imaging, cardiac tracing); and a nurse-led pre-visit via telephone. The primary outcome measure was the completion of vascular imaging - assessed with multivariable logistic regression Results: The study's inclusion criteria were met by 383 patients, mean age of 67.6±13.2 years; 49% were female, 62.5% were diagnosed with vascular events. An increase in vascular imaging before the initial visit was found in Phase 3 (139/184, 75.5%) compared to Phase 1 (121/198, 61.1%, Odds ratio 1.96 95% CI 1.3-3.1; $p=0.003$). Fewer follow-up visits were required in Phase 3 (22.8%) compared to Phase 1 (31.8%, $p=0.049$). Conclusions: A uniform referral process, a standard triage process, and a nurse-led pre-visit may improve the completion of essential investigations before the patient visit.

P.048

Cost-effectiveness of tenecteplase compared to alteplase for acute ischemic stroke from a Canadian perspective

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doi: 10.1017/cjn.2025.10222

Background: Tenecteplase is a genetically-modified variant of the tissue plasminogen activator alteplase, with increased fibrin-specificity, administered as a more convenient intravenous bolus. Recent data, from the AcT trial, have shown tenecteplase to be non-inferior to alteplase in patients with acute ischemic stroke (AIS) treated within 4.5 hours from symptom onset, the direction of effect favoring tenecteplase. As a result, the Heart and Stroke Foundation of Canada has added tenecteplase to the Stroke Best Practice Recommendations. However, its cost-effectiveness in the Canadian setting remains unknown. Methods: An analysis was performed to estimate the cost-effectiveness of tenecteplase

compared to alteplase in the AIS population. The model structure combines a decision tree for the first 90 days post index stroke, where the 7 modified Rankin Scale (mRS) states are informed by the AcT trial, and a Markov model for the remainder of the lifetime horizon. Cost and utility values were derived from the literature and public sources. Canadian health care system and hospital perspectives were used. Results: This economic analysis demonstrates that tenecteplase is dominant compared to alteplase, providing more quality-adjusted life years at lower costs. Conclusions: Adding tenecteplase to hospital formularies for AIS would generate savings for the health care system while providing more benefits.

P.050

Mapping motor pathways with transcranial magnetic stimulation to predict functional outcomes in non-human primate models of chronic stroke

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doi: 10.1017/cjn.2025.10223

Background: Ischemic stroke often results in long-term motor impairments due to disrupted corticospinal pathways. Transcranial magnetic stimulation (TMS) motor mapping is a non-invasive technique used to assess corticospinal integrity by measuring motor evoked potentials (MEPs). This study investigates whether MEP amplitudes can predict impairment severity and functional performance in chronic stroke. Methods: Four non-human primates (NHPs) with chronic stroke (> six months) following transient right middle cerebral artery occlusion underwent TMS motor mapping using neuronavigation under ketamine anesthesia. Single pulses of TMS (50-70% of maximum stimulator output) were applied to the affected and contralesional primary motor cortices to elicit MEPs and assess cortical excitability. Intramuscular electromyography recorded muscle responses from the biceps, extensor digitorum longus, and abductor pollicis brevis. Neurological dysfunction was evaluated daily for three weeks using the NHP Stroke Scale, NHP Upper Extremity Motor Dysfunction Scale, and the primate Rankin Scale. Results: MEPs were present in NHP1, NHP3, and NHP4 but absent in NHP2. Stronger MEPs correlated with lower impairment severity and better functional performance, while NHP2 exhibited higher impairment and poorer performance. Conclusions: MEP presence and strength can serve as biomarkers of motor recovery potential, highlighting their role in assessing corticospinal integrity and functional outcomes.

Child Neurology (CACN)

Epilepsy and EEG

P.051

Epilepsy Absence of children, A Guinean cohort of 69 cases

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doi: 10.1017/cjn.2025.10224

Background: Absence epilepsy is a common epilepsy syndrome in children. This can have a negative impact on the cognitive abilities of preschool and school-age children. The objective was to study in the Guinean context, the epidemiological, clinical, electrophysiological, therapeutic and evolutionary aspects of this syndrome. Methods: The study included all children diagnosed with absence epilepsy based on evidence obtained from history, clinical, and electroencephalogram. Results: The cohort was made up of 41 girls and 28 boys with a sex ratio (F/M) equal to 1.46. The mean age was 8 ± 2 years with extremes of 2 and 14 years. The simple absences were observed in 42.02% of cases. The components : tonic was associated in 11.59%, clonic in 10.14%, atonic in 13.04%, automatisms in 15.94% and vegetative in 7.25%. EEG was typical in 75.36%. As monotherapy, sodium valproate was used in 92.75% and ethosuximide in 2.9%. The evolution was marked by a remission of seizures in 85.51%. During follow-up, the appearance of tonic-clonic convulsions was noted in 4.3%, myoclonus in 2.9%, a combination of myoclonus and tonic-clonic convulsions noted in 4.3%. Conclusions: Effective and efficient collaboration between stakeholders is essential for the best overall management of this syndrome with serious cognitive repercussions in children.

P.052

SYNGAP-1 developmental and epileptic encephalopathy: utility of corpus callosotomy and neuromodulation

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doi: 10.1017/cjn.2025.10225

Background: Pathogenic variants in *SYNGAP1* cause developmental and epileptic encephalopathy (DEE) and intellectual disability. Seizures are medically refractory and there is limited evidence on the use of corpus callosotomy (CC) and vagal nerve