

P.063**Endovascular Treatment of Acute Ischemic Stroke in Patients with Pre-morbid Disability: A Meta-analysis***F Bala (Calgary) B Beland (Calgary)*, A Ganesh (Calgary)*

doi: 10.1017/cjn.2021.343

Background: Practice-changing trials of endovascular thrombectomy (EVT) for acute stroke excluded patients with pre-morbid disability. Observational studies may inform the role of EVT in this population. We performed a meta-analysis to estimate the effect of EVT in patients with pre-morbid disability. **Methods:** We adhered to PRISMA guidelines and searched Medline and Embase for studies describing EVT in adults with and without pre-morbid disability with stroke. Random-effects meta-analysis was used to pool outcomes, including favorable outcomes (mRS=0-2 or return to baseline), no increase in disability at 90 days, symptomatic ICH (sICH) and 90-day mortality. **Results:** We included 8 studies with 5570 patients (mRS 3-5=863, mRS 0-2=4,707). Patients with pre-morbid disability were more likely to return to their baseline mRS (aOR 2.53, 95% CI=1.47-4.36), although they had higher 90-day mortality (aOR=2.21, 95% CI=1.66-2.93). aOR for favorable outcome (aOR=0.83, 95% CI=0.67-1.03) or sICH (aOR=1.07, 95% CI=0.74-1.54) was not significantly different between groups. **Conclusions:** Observational studies suggest that EVT is safe in patients with pre-stroke disability and may result in comparable return to pre-stroke status as in patients without such disability. These findings argue against the routine exclusion of patients with pre-morbid disability from EVT and merit validation with randomized controlled trials.

P.064**Physician Approaches to Imaging and Revascularization for Acutely Symptomatic Carotid Stenosis: Insights from the Hot Carotid Qualitative Study***A Ganesh (Calgary) B Beland (Calgary)* G Jewett (Calgary) DJ Campbell (Calgary) M Varma (Calgary) R Singh (Calgary) A Al-Sultan (Calgary) J Wong (Calgary), BK Menon (Calgary)*

doi: 10.1017/cjn.2021.344

Background: Evidence informing the choice between endarterectomy and stenting for acutely symptomatic carotid stenosis (“hot carotid”) is dated, and uncertainties remain regarding the optimal imaging modality. We sought to explore the thoughts of stroke physicians regarding the perioperative management of patients with acute symptomatic carotid stenosis. **Methods:** We conducted semi-structured interviews regarding “hot carotid” management with purposive sampling of 20 stroke physicians from 14 centres in North America, Europe, Asia, and Australia. We identified key themes using conventional qualitative content

analysis. **Results:** Timely imaging availability, breadth of information gained, and surgeon/interventionalist preference emerged as important themes informing the choice of imaging modality. Multidisciplinary decision making, operating room/angiography suite availability, and implications of patient age and infarct size were important themes related to the choice of revascularization. Areas of uncertainty included utility of carotid plaque imaging, timing of revascularization, and the role of intervention with borderline stenosis or intraluminal thrombus. **Conclusions:** Our qualitative analysis revealed themes that were important to stroke experts. Teams designing international trials will have to accommodate identified variations in practice patterns and take into consideration areas of uncertainty, such as timing of revascularization, imaging of carotid plaque and non-stenotic features of carotid disease (intraluminal thrombus, plaque morphology).

P.065**Physician Approaches to Anti-thrombotic Therapies for Acutely Symptomatic Carotid Stenosis: Insights from the Hot Carotid Qualitative Study***B Beland (Calgary)* A Ganesh (Calgary) G Jewett (Calgary) DJ Campbell (Calgary) M Varma (Calgary) R Singh (Calgary) A Al-Sultan (Calgary) J Wong (Calgary), BK Menon (Calgary)*

doi: 10.1017/cjn.2021.345

Background: Whereas the beneficial effect of antiplatelet therapy for recurrent stroke prevention is well-established, uncertainties remain regarding the optimal anti-thrombotic regimen for acutely symptomatic carotid stenosis (“hot carotid”), particularly as patients await revascularization. We sought to explore the approaches of stroke physicians to peri-procedural anti-thrombotic management of patients with “hot carotids”. **Methods:** We conducted semi-structured interviews regarding “hot carotid” management with purposive sampling of 20 stroke physicians from 14 centres in North America, Europe, Asia, and Australia. We identified key themes using conventional qualitative content analysis. **Results:** Important themes revealed from our discussion included limitations of existing clinical trial evidence, competing surgeon versus neurologist/internist preferences, and single vs dual antiplatelet therapy (DAPT) while awaiting revascularization. Areas of uncertainty included the management of stroke while on aspirin, implications of non-stenotic features of carotid disease (intraluminal thrombus, plaque morphology), the role of newer anti-platelet agents or anticoagulants, platelet aggregation testing, and how soon to start DAPT. **Conclusions:** Our qualitative analysis revealed themes that were important to stakeholders in stroke care. Teams designing international trials will have to accommodate identified variations in anti-thrombotic practice patterns and take into consideration areas of uncertainty, such as newer anti-thrombotic agents, and the implication of non-stenotic features of carotid disease.