of the brain showed a diffusely enhancing lobulated mass situated within the frontal horn of the right lateral ventricle with extension into the foramen of Monro and obstructive hydrocephalus. Results: The patient underwent an interhemispheric trans-callosal approach with gross total resection and relief of her hydrocephalous. Pathological examination showed clusters of highly pleomorphic neuron-like cells without evidence of neoplastic glial cells. Histopathological and immunohistochemistry findings were consistent with the diagnosis of gangliocytoma (World Health Organization grade 1). Conclusions: Gangliocytomas are rare low-grade CNS neoplasms that can present in an older population within unusual locations and should be included within the differential whenever a suspicious lesion is encountered.

P.144

Dural arteriovenous fistulas with associated intracranial tumors: review of literature

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Background: Intracranial dural arteriovenous fistulas (DAVF) are relatively rare vascular malformations. While the pathophysiology of their formation is unknown, they are believed to be acquired lesions related to intracranial venous hypertension and dura sinus thrombosis. There have been rare reports of intracranial tumors associated with DAVF. Here we complete a systematic search of the literature. Methods: A systematic PRISMA search of the literature was conducted to identify papers in which an intracranial tumor was associated with sinus thrombosis and DAVF. 24 relevant studies were identified and analyzed, along with a case illustration. Results: A total of 38 cases of DAVF formation with concomitant intracranial tumor were identified. The median age was 60, the majority of tumors being meningiomas (71%), and involved primarily the transverse sigmoid sinus (52%) and superior sagittal sinus (16%). The most cases involved an occlusion (39%) or partial occlusion (24%) of the related sinus. The DAVF were classified as Borden Types I (35%), II (32%) or III (24%). Endovascular treatment was the most common intervention (56%), followed by a combined approach (28%) vs surgery alone (16%), all reporting resolution. Conclusions: This highlights that DAVFs can be rarely associated with intracranial tumors, and highlights the patterns of these lesions and their treatments.

P.145

RANO-BM response criteria verification study in a SRS-treated cohort

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Background: Brain metastases are frequently seen in neurosurgical practice. Standardised criteria are created to better classify these common pathologies in research studies. This study's goal was to evaluate RANO-BM criteria's current thresholds in a cohort of patients with brain metastases managed by SRS. Methods: We performed a retrospective metastasis-level analysis of patients treated with SRS for brain metastases. The data collected included cohort demographics, metastases characteristics, outcomes, and the rate of true positives, false negatives, true negatives and false positives as defined by RANO-BM criteria at last follow-up before second SRS. Results: 251 metastases in 50 patients were included in the analysis. RANO-BM criteria using current thresholds yielded a sensitivity of 38%, a specificity of 95%, a positive predictive value of 71% and a negative predictive value of 84%. Modified RANO-BM criteria using absolute diameter differences of 2.5 mm yielded a sensitivity of 83%, a specificity of 87%, a positive predictive value of 67% and a negative predictive value of 94%. Pseudoprogression occurred significantly earlier than tumor progression, with a median time of onset of 6.9 months and 12.1 months respectively. Conclusions: Current RANO-BM criteria unreliably identifies clinically relevant tumor progression, but are useful in assessing diameter increases caused by tumor progression and pseudoprogression.

Neurocritical Care

P.146

Exploring the Canadian management of aSAH and delayed cerebral ischemia

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Background: Delayed Cerebral Ischemia (DCI) is a complication of aneurysmal subarachnoid hemorrhage (aSAH) and is associated with significant morbidity and mortality. A paucity of high-quality evidence is available to guide the management of DCI. As such, our objective was to evaluate practice patterns of Canadian physicians regarding the management of aSAH and DCI. Methods: The Canadian Neurosurgery Research Collaborative (CNRC) performed a cross-sectional survey of Canadian neurosurgeons, intensivists, and neurologists who manage aSAH. The survey was distributed to members of the Canadian Neurosurgical and Neurocritical Care Societies, respectively. Responses were analyzed using quantitative and qualitative methods. Results: The response rate was 129/340 (38%). Agreement among respondents included the need for intensive care unit admission, use of clinical and radiographic monitoring, and prophylaxis for prevention of DCI. Indications for starting hyperdynamic therapy varied. There was discrepancy in the proportion of patients felt to require intravenous milrinone, intra-arterial vasodilators, or physical angioplasty for treatment of DCI. Most respondents reported their facility does not utilize a