

peripheral nervous systems (PNS). The quiz was pilot-tested and refined before distribution as an electronic survey to practicing neuroradiologists and fellows within newsletters from the American Society for Neuroradiology and Canadian Neurological Sciences Federation. **Results:** The quiz was begun by 45 neuroradiologists and completed in its entirety by 22. Most respondents were working at urban academic/teaching hospitals(81%) in the USA(42%). The majority (90%) report no clinical neurology rotation during their training. Respondents identified a high proportion (88%) of correct answers in questions about brainstem localizations. Fewer correct answers were selected in questions describing seizure semiology (44%) or flaccid weakness (59%). **Conclusions:** The small size of our study limits interpretation and generalizability of the findings. Identification of a potential gap in neuroradiology education relating to localization of more complex CNS and PNS presentations merits further exploration.

NEUROVASCULAR, STROKE AND NEUROINTERVENTIONAL

P.144

Patient-relevant deficit dictates EVT decision-making in low NIHSS patients with medium vessel occlusion stroke

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Background: There are no recommendations regarding endovascular treatment (EVT) for patients with acute ischemic stroke (AIS) due to primary medium vessel occlusion (MeVO). The aim of this study was to examine the willingness to perform EVT among stroke physicians in patients with mild, yet personally-disabling deficits due to MeVO. **Methods:** In an international survey consisting of 4 cases of primary MeVOs, participants were asked whether the presence of personally-disabling deficits would influence their decision-making for EVT despite the patients having low NIHSS scores. Decision rates were calculated based on physician characteristics. Clustered univariable logistic regression was performed. **Results:** 366 participants from 44 countries provided 2562 answers. 56.9% opted to perform EVT in scenarios in which the deficit was relevant to the patient's profession versus 41.0% in which no information regarding patient profession was provided (RR1.39, $p < 0.001$). The largest effect sizes were seen for female participants (RR1.68, 95%CI:1.35-2.09), participants >60 years (RR1.61, 95%CI:1.23-2.10), with more neurointervention experience (RR1.60, 95%CI:1.24-2.06), and who personally performed >100 EVTs per year (RR1.63, 95%CI:1.22-2.17). **Conclusions:** The presence of a patient-relevant deficit in low NIHSS AIS due to MeVO is an important factor for EVT decision-making. This may have relevance for the conduct and interpretation of low NIHSS EVT randomized trials.

P.145

Perceived Limits of Endovascular Treatment for Secondary Medium Vessel Occlusion Stroke

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Background: Thrombus embolization during endovascular treatment (EVT) occurs in up to 9% of cases, making secondary medium-vessel occlusions (MeVOs) of particular interest to neurointerventionalists. We sought to gain insight into the current EVT approaches for secondary MeVO stroke in an international case-based survey as there are currently no clear recommendations for EVT in these patients. **Methods:** Participants were presented with three secondary MeVO cases, each consisting of three case-vignettes with changes in patient neurological status (improvement, no change, unable to assess). Clustered multivariable logistic regression analyses were used to assess factors influencing the decision to treat. **Results:** 366 physicians from 44 countries took part. The majority (54.1%) were in favor of EVT. Participants were more likely to treat occlusions in the anterior M2/3 (74.3%; risk ratio [RR]2.62, 95%CI:2.27-3.03) or A3 (59.7%; RR2.11, 95%CI:1.83-2.42) segment, compared to the M3/4 segment (28.3%;reference). Physicians were less likely to pursue EVT in patients with neurological improvement (49.9% versus 57.0%; RR0.88, 95%CI:0.83-0.92). Interventionalists and more experienced physicians were more likely to treat secondary MeVOs. **Conclusions:** Physician's willingness to treat secondary MeVOs endovascularly is limited and varies per occlusion location and change in neurological status. More evidence on the safety and efficacy of EVT for secondary MeVO stroke is needed.

P.146

Non-contrast CT markers of intracerebral hemorrhage expansion: a predictive accuracy and reliability study

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Background: We evaluated (1) the predictive accuracy and (2) multi-observer reliability of non-contrast CT markers of hematoma expansion (HE). **Methods:** In 124 patients with spontaneous intracerebral hemorrhage, two investigators documented the presence of six density (Barras density, hypodensity, black hole, swirl, blend, fluid level) and three shape (Barras shape, island, satellite) expansion markers, with discrepancies resolved by a third rater. We defined HE