

guidelines for managing distressing motor symptoms in patients with PD and severe dysphagia, which can therefore be quite challenging. Methods: A scoping review using MEDLINE, EMBASE, CENTRAL, CINAHL, AgeLine and Psyc INFO databases (1946-2021) was conducted. Articles examining PD with dysphagia in palliative care or at end-of-life were included. Studies that included patients who were also on oral PD medications or received device-aided therapy were excluded. Results: Of 3836 articles screened for title and abstract, 274 were selected for full text review, and 20 articles were finally selected for data extraction. These included five case reports, one retrospective cohort study, one book chapter and 13 narrative reviews. Conclusions: There are very few articles addressing the issue of treatment of patients with advanced PD who are unable to take oral medications. Although rotigotine patch and apomorphine injections are most frequently recommended, there are no clinical trials in this patient population to support those recommendations.

P.060

Clinical milestones in PSP and MSA as triggers for palliative care intervention

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Background: Progressive Supranuclear Palsy (PSP) and Multiple System Atrophy (MSA) are neurodegenerative disorders with disabling morbidities and premature death. Variable illness trajectories make the timing for initiating neuropalliative care unclear. This scoping review aims to identify milestones relevant to survival and neuropalliative care in PSP and MSA. Methods: A systematic literature search was performed in Medline and EMBASE databases to identify publications investigating predictors of survival in PSP and MSA. Titles and abstracts of 2091 articles were independently screened by two reviewers and 22 research studies published after 2010 were included. Results were qualitatively combined to suggest triggers for targeted palliative care throughout the disease trajectory. Results: ‘Milestones’ are well documented, clinically relevant disease points prompting further care. Important milestones include frequent falls, cognitive impairment, severe dysarthria, severe dysphagia, wheelchair dependence, urinary catheterisation, and institutionalization. Early disease milestones include falls and cognitive impairment in PSP, and urinary catheterization and falls in MSA. Time from milestone to death is variable. Conclusions: Milestones can be used to follow disease progression and help predict survival. We propose a framework in which milestones are used as triggers for targeted neuropalliative care interventions including the early initiation of a primary palliative care or referral to specialised palliative care services.

STROKE

P.061

How neurologists screen for occult cancer in acute ischemic stroke

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Background: People with acute ischemic stroke (IS) have a higher prevalence of occult malignancy. Consensus is lacking, however, on the extent of cancer screening tests that should be offered in this population. We performed a single-center study to review current cancer screening practices in acute IS. Methods: We reviewed consecutive admissions for acute IS at our institution between January and December 2020. We defined extensive cancer screening as i) a cancer investigation test falling outside Canadian guidelines, or ii) any chest, abdomen or pelvis imaging by CT, TEP/CT or ultrasound. We compared clinical features of people with and without extensive screening with Fisher and Mann-Whitney U tests. Results: Among 171 patients with acute IS, 11 (6.4%) underwent extensive cancer screening. A lower BMI was the only clinical feature associated with extensive cancer screening ($p=0.013$). Markers that were not associated with extensive screening included age ($p=0.479$), male sex ($p=0.758$), cryptogenic etiology ($p=1.000$), infarctions in multiple vascular territories ($p=0.748$), hemoglobin ($p=0.505$), fibrinogen ($p=0.162$) and C-reactive protein ($p=0.442$). Conclusions: Common predictors of occult cancer were not associated with more extensive cancer screening in this small sample of IS. Validated clinical prediction models may help clinicians guide cancer investigations in IS.

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Physician approaches to anti-thrombotic therapies, imaging and revascularization for acutely symptomatic carotid stenosis: a hot carotid qualitative study

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Background: There are uncertainties regarding the optimal management of acutely symptomatic carotid stenosis (“hot carotids”). We sought to explore the approaches of stroke physicians to anti-thrombotic management, imaging, and revascularization in patients with “hot carotids”. Methods: We used a qualitative descriptive methodology to examine decision-making approaches of physicians regarding the management of hot