

models also identified 24-hour hemoglobin, glucose, and BP (similar AUCs:0.79-0.80,  $p=0.030$ ). **Conclusions:** FIV-mRS discrepancies are associated with pre-treatment factors like age/comorbidities; and post-treatment complications related to stroke evolution, secondary prevention, and post-acute care quality. Optimizing thrombolysis speed, BP, glucose, and hemoglobin are modifiable factors meriting further study.

## P.070

### Introducing Stroke Endovascular Thrombectomy Into A Smaller Canadian Site, Is It Safe?

*K Attwell-Pope A Penn A Henri-Bhargava S Greek M Penn J LeRoy , M Bibok*

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**Background:** Success of Endovascular Thrombectomy (EVT) requires ultra-fast access to specialized neuro imaging, neurological assessment and an angio suite with interventional radiologists. Prior access was via transport to Vancouver and outcomes were poor, with a high rate of disability or death. This appeared primarily due to long delays. **Methods:** Quality control process, in parallel to the introduction of a new intervention, EVT, to Vancouver Island, to determine if this intervention could be delivered with reasonable safety and good outcomes. Patients receiving EVT from May, 2016 until Sep, 2019 are included, with 90-day outcomes. Data was collected by stroke nurses. **Results:** The proportion of patients having a good outcome was comparable to that of the major clinical trial involving Canadian academic centres. The proportion sustaining a poor outcome was comparable to the control group in that trial population (who still received tPA treatment where possible). This was despite a median age 4.5 years greater than in that trial. **Conclusions:** EVT required coordination of multiple services. Victoria General Hospital performance in terms of speed to treatment was slower than in the published trials. This is a factor in determining outcome and is therefore an important quality improvement target moving forward.

## P.071

### Focused cardiac ultrasound in stroke: a feasibility study

*B Leis (Saskatoon) J Akhtar (Saskatoon) K Whelan (Saskatoon) B Graham (Saskatoon), G Hunter (Saskatoon)\**

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**Background:** Canadian Stroke Best Practice Recommendations recommend both cardiac monitoring and transthoracic echocardiography (TTE) to assess for cardioembolic sources of stroke. TTE has a diagnostic yield which is historically low at 5-10%. The goal of this project was to evaluate the practicality of a bedside, focused approach to TTE in ischemic stroke. **Methods:** This is a cross-sectional study evaluating patients undergoing echocardiography for evidence of possible cardioembolic stroke. It compared the standard and focused TTE imaging approaches. Of the 61 patients reported, data is currently available for 15 participants. Independent samples t-test were performed to compare measurements. **Results:** Mean time to finish image acquisition for the focused TTE was significantly shorter than the

complete TTE (12 min or less vs 30 min or more) ( $p<0.0001$ ). No cardiac sources of stroke were found by either mechanism in this cohort, representing 100% agreement between the two modalities. **Conclusions:** Focused echocardiography studies are quicker to execute and employ more affordable, portable, digital TTE devices. The test is done at bedside, reducing the need for patient transport. Image acquisition takes approximately half the time to obtain. This potentially allows for more rapid clinical decision making and can facilitate discharge from the hospital.

## P.072

### Ticagrelor vs Clopidogrel in Addition to Aspirin in Minor Ischemic Stroke/ TIA – a Systematic Review & Network Meta-Analysis (NMA)

*R Lun (Ottawa)\* S Dhaliwal (Ottawa) G Zitkyte (Ottawa) D Roy (Ottawa) B Hutton (Ottawa) R Shorr (Ottawa), D Dowlatshahi (Ottawa)*

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**Background:** Dual antiplatelet therapy (DAPT) is recommended after minor ischemic stroke/ transient ischemic attack (TIA), but Clopidogrel/ Aspirin has never been compared directly to Ticagrelor/ Aspirin. Our objective is to compare these regimens in terms of efficacy and safety. **Methods:** Medline, Embase, and Cochrane were searched for randomized controlled trials (RCTs) that enrolled adults with minor stroke/ TIA and administered antiplatelets within 72 hours. The primary efficacy outcome is recurrent stroke or death at 90 days. We performed a Bayesian-approach NMA. Between group comparisons were presented as odds-ratios (OR) with 95% credible intervals (95%CI). Sucraplots were based on calculated probabilities of rankings for individual outcomes. **Results:** 9/4014 studies were included: 5 RCTs and 4 subgroup analyses. 22,098 patients were analyzed. At 90 days, both DAPT regimens were superior to Aspirin in the prevention of recurrent stroke/ death. There was no significant difference between Clopidogrel/ ASA compared to Ticagrelor/ ASA (OR 0.90 [95%CI 0.74 – 1.09]), although Clopidogrel/ Aspirin was ranked #1 using Sucraplots. There was no significant difference between the interventions for mortality, bleeding, or adverse events. **Conclusions:** DAPT was superior to ASA in the prevention of recurrent strokes/ death, but there was no difference between Clopidogrel/ ASA and Ticagrelor/ ASA.

## P.073

### The Effect of Cancer on The Prevalence Of Stroke Survivorship In Canada – A Cross-Sectional Study

*R Lun (Ottawa)\* J Shaw (Ottawa) DC Roy (Ottawa) Y Chen (Ottawa), D Dowlatshahi (Ottawa)*

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**Background:** In Canada, it's unknown if the prevalence of stroke survivorship differs in the population with active cancer compared to those without cancer. **Methods:** We analyzed the 2015-2016 iteration of the Canadian Community Health Survey. The prevalence of stroke survivorship was compared across risk

factors using descriptive statistics. A multivariable logistic regression model was used to assess the association between cancer and prevalence of stroke survivorship. Covariates were assessed for effect modification and confounding using the maximum likelihood estimation method. **Results:** We analyzed 89,285 subjects. The prevalence of cancer and the prevalence of suffering from the effects of a stroke were 2.09% and 1.56%, respectively. Cancer was significantly associated with an increased prevalence of stroke survivorship with an odds ratio (OR) of 1.56 (95%CI: 1.24 – 1.98) after adjusting for age, sex, smoking status, education, household income, dyslipidemia, hypertension, diabetes. The association was stronger in younger age groups: the youngest age group (18 – 49 years) had the highest OR (6.49, 95%CI:2.01 – 20.94) for suffering from the effects of a stroke in association with the presence of cancer. **Conclusions:** In Canada, the presence of active cancer increases the odds of suffering from the effects of a stroke, particularly in the youngest age group.

## P.074

### Management, timing of anticoagulation and outcomes of patients with cerebral venous sinus thrombosis: a single centre chart review

G Mak (Hamilton)\* N Chan (Hamilton), K Perera (Hamilton)  
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**Background:** Cerebral venous sinus thrombosis (CVST) accounts for <1% of all strokes. Our objectives were to describe the clinical features and examine the association between timing of anticoagulation therapy and outcomes in CVST patients. **Methods:** We conducted a retrospective chart review of patients admitted to Hamilton Health Sciences from 2015 – 2020 with imaging confirmed CVST. **Results:** We included 96 patients, mean age of 47.9 (SD 18.1). The most common clinical presentation was headache (43.8%). Brain trauma was the most common identified risk factor (15.6%), while 27% of individuals had no identified cause. Most patients (57.3%) received anticoagulation within 24hrs of identified CVST, while 26% had a delay ( $\geq 48$ hrs) and 16.7% were not anti-coagulated. The rationale for delaying or not starting anticoagulation included traumatic brain injury (31.8%), neurosurgical procedure (9.1%), presence of venous infarct and/or haemorrhage (27.1%) and unclear rationale (31.8%). At a median of 8 days, more patients without clear indications for delayed or no anticoagulation were disabled (defined by modified Rankin Scale, mRS, score  $\geq 2$ ) or dead (mRS 6), compared to those anti-coagulated in 24hrs (87.5% versus 31.8%; RR 2.75; 95% CI 1.74 – 4.35). **Conclusions:** Unjustified delay in anticoagulation may result in poorer clinical outcomes in CVST patients.

## P.075

### Incidence of Stroke Associated With Antithrombotic Agent Interruption

HE Snyder (St. Catharines)\* A Cao (St. Catharines) R Rana (St. Catharines) L Li (St. Catharines), F Masood (St. Catharines)  
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**Background:** Antithrombotic medications are used in the primary and secondary prevention of ischemic stroke. Previous studies have

identified that up to 5.2% of ischemic strokes are associated with antithrombotic interruption, leading to significant mortality and healthcare burden. Our study aims to identify the prevalence of ischemic strokes presenting to a regional stroke centre associated with antithrombotic interruption, and to understand common reasons for medication interruption. **Methods:** A retrospective chart review was performed, which included 193 patients with ischemic stroke presenting to Greater Niagara General Hospital from January 2018–December 2019. Baseline demographics were recorded and patient medical records were reviewed for evidence of antithrombotic interruptions. **Results:** Table 1. **Conclusions:** Our cohort identified a significant proportion (8.3%) of ischemic strokes with documented antithrombotic interruption. Most common reasons for interruption were non-adherence and discontinuation due to previous adverse event. The results identify possible areas for improvement within patient education and safe re-initiation of antithrombotics following adverse events.

Baseline Demographics	Total Population (n=193)	
Median Age (mean)	76 (72.8)	
Male Sex (%)	107 (55%)	
Prior Ischemic Stroke (%)	65 (34%)	
Atrial Fibrillation (%)	58 (30%)	
Smoking History (%)	66 (34%)	
Dyslipidemia (%)	102 (53%)	
Hypertension (%)	144 (75%)	
Diabetes (%)	54 (28%)	
Median Baseline NIHSS	5	
Median INR	1	
<b>On Antithrombotic</b>	72 (37%)	
Antiplatelet (%)	40 (21%)	56%
Anticoagulant (%)	32 (16%)	44%
<b>Antithrombotic Interruption</b>	16 (8.3%)	
Non-adherent	5 (2.6%)	31%
Discontinued Due to Adverse Event	7 (3.6%)	44%
Perioperative/Periprocedural Discontinuation	1 (0.5%)	6%
Other/Unclear	3 (1.6%)	19%

## P.076

### Hypertensive disorders in pregnancy are strongly associated with future stroke and hypertension: A systematic review and meta-analysis

AR Switzer (Calgary)\* EE Smith (Calgary), A Ganesh (Calgary)  
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**Background:** We aimed to evaluate the association between hypertensive disorders in pregnancy (HDP) and future risk of stroke, stroke death, and hypertension. **Methods:** Systematic searches were performed in MEDLINE and EMBASE up to