carotids. We conducted semi-structured interviews with 22 stroke physicians from various specialties in 16 centers across 4 continents. Results: Important themes regarding anti-thrombotic included limitations of existing clinical trial evidence, competing physician preferences, antiplatelet therapy while awaiting revascularization and various regional differences. Timely imaging availability, breadth of information gained, and surgeon/interventionalist preferences were important themes influencing the choice of imaging modality. The choice of revascularization intervention was influenced by healthcare system factors such as use of multidisciplinary review and operating room/angiography suite availability, and patient factors like age and infarct size. Many themes related to uncertainties in the management of hot carotids were also discussed. Conclusions: Our study revealed themes that are important to international stroke experts. We highlight common and divergent practices while underscoring important areas of clinical equipoise and uncertainty. Teams designing international carotid trials may wish to accommodate identified variations in practice patterns and areas of uncertainty.

P.063

Thrombolysis for acute ischemic stroke in patients with pre-morbid disability: a meta-analysis

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Background: Randomized-controlled trials of thrombolysis in ischemic stroke have poorly represented patients with pre-stroke disability and the benefit of thrombolysis in this population remains uncertain. We performed a systematic review and meta-analysis to examine the outcomes of thrombolysis in patients with pre-morbid disability. Methods: In accordance with MOOSE guidelines, we retrieved studies reporting intravenous thrombolysis (IVT) in patients with pre-stroke disability (mRS=3-5) with ischemic stroke, either compared to untreated patients or to treated patients without pre-morbid disability. Primary outcome was the return to pre-morbid disability at 90-days. Results: 8 articles were included involving 103,988 patients. Patients with disability treated with IVT had better odds of returning to baseline function compared to those who did not receive IVT (OR=7.26, 95%CI=2.51-21.02). Mortality and sICH were not significantly different between patients with disability receiving IVT or not. Favourable outcomes (mRS=0-2 or return to pre-morbid mRS) and sICH were not significantly different between patients with and without disability. Mortality was three times higher in those with pre-morbid disability treated with IVT (38.2% versus 12.6%). Conclusions: Thrombolysis in patients with disability was associated with better outcomes compared to patients not receiving IVT. High-quality data comparing treated versus untreated patients with pre-morbid disability is needed to clarify this issue.

P.064

Clinical correlates of pre-morbid cancer in a consecutive sample of individuals with ischemic stroke

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Background: Ischemic stroke (IS) may be the first sign of an occult cancer, due to an underlying paraneoplastic prothrombotic state. Predictors of occult cancer in acute IS, however, remain unclear. We performed a single-center study to identify clinical features that may distinguish cancer-associated IS from IS without recent cancer. Methods: We reviewed consecutive admissions for acute IS at our institution between January and December 2020. Recent cancer was defined as any new diagnosis of cancer up to five years prior to IS. We compared clinical features with Fisher and chi-squared tests for categorical data, as well as t-tests and Mann-Whitney U tests for continuous data. Results: We included 169 patients in the non-cancer group and 19 in the recent cancer group (median time for cancer diagnosis: 10.5 months). The most frequent primary site was the digestive system (n=5; 33.3%). Patients with recent cancer had a significantly lower mean BMI (19.3 vs 26.4 kg/m^2; p=0.013), lower mean hemoglobin (123 vs 134 g/L; p=0.015), and more frequent prior venous thrombosis (15.8% vs 1.2%; p=0.008) than cancer-free patients. Conclusions: Clinical features such as lower BMI, lower hemoglobin and prior venous thrombosis may help identify cancer-associated mechanisms, as well as guide cancer screening, in IS.

P.065

Emergency medical services activation Following Face, Arm, Speech, Time (FAST) public awareness campaigns in Quebec, Canada

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Background: Face, Arm, Speech, Time (FAST) campaigns improve stroke recognition in the general population. We assessed the effect of five consecutive FAST campaigns on emergency medical services (EMS) calls for suspected strokes in Quebec, Canada. Methods: We compared with t-tests the daily EMS call volume changes in the greater Montreal area before and after five FAST campaigns held between 2015 and 2019. We used interrupted time-series to measure changes in EMS daily call volume for suspected strokes following each FAST campaign (all calls, calls <5 hours from symptom onset, calls rated 3/3 on the Cincinnati Prehospital Stroke Scale [CPSS]) and used calls for acute headaches as a comparator. Results: After five FAST