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 apormorphine 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 catherization 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 curent 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.

P.062

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

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