themes identified included a preference for re-imaging patients in 3-5 days after initiating treatment to look for complete or partial clot resolution, at which point most experts would then be comfortable proceeding with revascularization if indicated, though uncertainty regarding the optimal timing of revascularization was noted. Conclusions: In cases of ILT in the "hot carotid" practice patterns of global experts show a preference for using anticoagulation and reimaging patients in 3-5 days, though there is considerable equipoise regarding the most appropriate management of these patients.

P.064

Enhancing the neuroprotective properties of edaravone using glutathione nanogel as a promising carrier for brain drug delivery in transient global ischemia in a rodent model

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Background: Edaravone (EDV) is an antioxidant that scavengs ROS, which is known to associate with pathophysiology of ischemic stroke. Low stability and bioavailability are major EDV drawbacks. Decorating nanogel surface with glutathione to target brain tissue was performed to optimize drug delivery. Methods: Nano vehicle characterization was assessed with FT-IR and HNMR. Images from the surface of nano vehicle was captured by AFM and TEM instruments. After development of mPEG-b-PLGA EDV nano particles, their effect on biochemical factors including malondialdehyde and protein carbonyl level was measured on Wistar rats under global ischemia. The level of GSH and FRAP were also measured. Results: The Size (199 nm, hydrodynamic diameter) and zeta potential (-25 mV) of optimum formulation was assessed and the calibration curve in deionized water was created at 244 nm. In-vitro drug release profile depicted a sustained release process. EDV and glutathione presence in one vehicle simultaneously, resulted in elevated spatial memory and learning along with cognitive function. In addition, significantly lower MDA and PCO, and higher level of neural GSH and FRAP were observed. Conclusions: The developed mPEG-b-PLGA EDV nanogel can be a suited vehicle for brain drug delivery of EDV, while managing to minimize the biochemical and pathophysiological alterations in ischemic-like disorder.

P.065

Comparison in outcomes by sex in acute ischemic stroke patients treated with alteplase versus tenecteplase: a subgroup analysis of AcT

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Background: Sex differences in treatment response to intravenous thrombolysis (IVT) are poorly characterized. We compared sex-disaggregated outcomes in patients receiving IVT for acute ischemic stroke in the Alteplase compared to Tenecteplase (AcT) trial, a Canadian multicentre, randomised trial. Methods: In this post-hoc analysis, the primary outcome was excellent functional outcome (modified Rankin Score [mRS] 0-1) at 90 days. Secondary and safety outcomes included return to baseline function, successful reperfusion (eTICI≥2b), death and symptomatic intracerebral hemorrhage. Results: Of 1577 patients, there were 755 women and 822 men (median age 77 [68-86]; 70 [59-79]). There were no differences in rates of mRS 0-1 (aRR 0.95 [0.86-1.06]), return to baseline function (aRR 0.94 [0.84-1.06]), reperfusion (aRR 0.98 [0.80-1.19]) and death (aRR 0.91 [0.79-1.18]). There was no effect modification by treatment type on the association between sex and outcomes. The probability of excellent functional outcome decreased with increasing onset-to-needle time. This relation did not vary by sex ($p_{interaction}$ 0.42). Conclusions: The AcT trial demonstrated comparable functional, safety and angiographic outcomes by sex. This effect did not differ between alteplase and tenecteplase. The pragmatic enrolment and broad national participation in AcT provide reassurance that there do not appear to be sex differences in outcomes amongst Canadians receiving IVT.

P.067

The decision to revascularize in symptomatic non-stenotic carotid disease: results from the Hot Carotid Qualitative study

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Background: Little evidence exists to guide the management of symptomatic non-stenotic carotid disease (SyNC). SyNC, which refers to carotid lesions with less than 50% artery stenosis, has been increasingly implicated as a cause of stroke and TIA. Methods: Semi-structured interviews with 22 stroke physicians from 16 centers were conducted as part of the Hot Carotid Qualitative Study. This study explored decision-making approaches, opinions and attitudes regarding the management of