of population with access with 60-minute access to ECC was evaluated statistically.

RESULTS: We included 316 ECCs in our analysis. Approximately 65% of all US residents have within one-hour access to a specialized stroke center by way of air or ground. In high-income states (median household income >$76,715), 69.0% of the population had one-hour access to ECCs. In the middle-income states (median household income $48,486 to $76,106), 49.5% of the population had one-hour access to ECCs, while only 21.4% residents of low-income states (median household income $43,567 to $48,392) one-hour access to TCCs, P-value = .01. Excluding Alaska, which does not currently have a TCC but has a median household income above 9th percentile, 82.5% of the population in high-income states would have one-hour access to TCCs. This is demonstrated in. A positive and significant relationship between economic status and percentage population with one-hour access was observed ($r = 0.44, P-value = .01$).

CONCLUSION: Significant geographic and economic disparities exist between states with regards to access to ECCs. To ensure universal access to endovascular care in the US it is imperative to recognize and overcome these disparities.

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Interhospital Transfer of Intracranial Tumor Patients Have Higher Complexity Scores than Non-transfer Patients But Do Not Experience Worse Outcomes After Tumor Resection at a Tertiary Medical Center

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INTRODUCTION: Interhospital transfer (IHT) contributes to increasing health care costs and typically accounts for increased patient morbidity and mortality compared to non-IHT patients. IHT inefficiencies leave patients vulnerable to delayed care and subsequent poor outcomes.

METHODS: We performed a single center retrospective review comparing IHT and non-IHT patients undergoing ITR from 2016–2018. Study variables included age, sex, race, surgical complexity Milan Score, modified Frailty Index (mFI), length of stay (LOS) and Clavien-Dindo Score. Chi-square and Mann-Whitney U tests were used to identify significant differences in these variables between groups, while variables predictive of transfer status were isolated with binary logistic regression.

RESULTS: Data were collected from 265 patients undergoing ITR, with 84 (31.7%) IHT patients overall. The average age was 54 (SD 14) and 49.4% men. IHT patients had a longer LOS (19.3d v 15.8d, $P = .035$). The Milan Score and mFI were also significantly higher in the IHT group ($P = .002$, $P = .033$, respectively). However, when excluding pediatric patients, mFI ceased to be significantly different between groups ($P = .57$). Milan Score was predictive of IHT status in regression analysis (OR 1.2, $P = .007$).

CONCLUSION: Transfer patients for intracranial tumor resection have higher Milan Complexity Scores and thus comprise a more surgically challenging population compared to non-transfer patients. As expected, IHT patients have longer LOS as they live further from hospital by definition. Importantly, there were no significant difference in frailty, race, sex, or post-surgical complication between the two groups. Performing more complicated cranial surgeries, without increased complication rates, fulfills the mission of academic tertiary neurosurgical centers, where the increased volume of complex cases does not lead to worse outcomes with more complex cases.

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An Evaluation of Neurosurgical Resident Education and Sentiment During the COVID-19 Pandemic: A North American Survey

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INTRODUCTION: Restrictions in elective surgery and large group gatherings as well as changes in faculty and resident schedules during the COVID-19 pandemic has led to rapid evolution of the training curriculum for neurological trainees. While necessary, these changes may have significant impact on the training of neurosurgery residents.

METHODS: A survey assessing changes to resident clinical and educational workload and their sentiment about how these changes may affect their careers was distributed electronically to neurosurgery residents in the United States and Canada.

RESULTS: One hundred ninety-seven resident responses were collected between April 17, 2020 and April 30, 2020. The survey respondents were spread over 29 states and Canada and were evenly spread across all residency levels ($P = .619$). Nearly 82% reported that the inpatient and outpatient volumes were either greatly (44.0%) or moderately (37.8%) reduced. Greater than 91% reported a significant reduction in work hours and a significant increase in resident didactics ($P < .001$). Nearly all residents surveyed (98.5%) reported that their program had converted to electronic platforms for their didactic lectures, and there was a significant increase in the time residents spent in didactic lectures. Residents reported converting the majority of their time outside of neurosurgery clinical responsibilities into watching remote didactic lectures, conducting research, and preparing for board examinations, while nearly 14% of trainees spent at least a portion of that time providing COVID-19 medical care. Senior residents were more likely to express concern about their educational experience as well as their future career prospects.

CONCLUSION: Universally, residents have experienced reduced work hours and operative case volumes. Programs have adapted by increasing didactic time and using electronic platforms. The findings suggest that senior residents may feel the effects more than their junior counterparts. This may require more acute attention from faculty with respect to preparing senior residents for moving on to fellowship or ultimate job. It is possible that this remarkable time period will prompt a critical re-appraisal of the pre-COVID-19 adequacy of educational content in our training programs, and that enhanced educational efforts driven by this pandemic may be lasting.