(non-bypass (LVO)). Population-weighted median and inter-quartile range were calculated for each at the national level.

Results
72,539 census tracts, 2,388 certified stroke hospitals, and 371 certified EVT-capable centers were included. The population-weighted median distance for non-bypass (non-LVO), bypass, and non-bypass (LVO) routing was 8.5 km (IQR: 4.6, 18.2), 24.8 km (IQR: 10.4, 69.3), and 31.1 km (IQR: 13.4, 83.3), respectively. The population-weighted median difference in between bypass and non-bypass routing was 11.8 km (1.8, 42.8) for non-LVO patients and 3.2 km (0.4, 9.9) for LVO patients.

Conclusions
Bypass incurs a modest distance penalty for non-LVO patients and offers a modest distance benefit for LVO patients. These differences in distance are likely insignificant to intra-hospital delays that contribute greatly to delays in EVT treatment in non-bypass transport. Based on current guidelines, bypass of the nearest stroke center for an EVT-capable center may be warranted for a majority of Americans.

Disclosures
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