

pitfalls and diagnostic delays in this patient's evaluation. Furthermore we propose a work up for undifferentiated cases of OAS. **Results:** To accurately diagnose the underlying cause of OAS, a direct biopsy should be obtained whenever possible. The appropriate imaging sequences should be arranged as lesions in this region can be easily missed. Adjunct tests include assessment in the serum and CSF for granulomatous and infectious diseases, along with chest imaging. As many causes are PET enhancing, PET CT is a useful modality for identifying sites for biopsy. **Conclusions:** OAS can provide a diagnostic challenge for clinicians, however a systematic approach can help determine the underlying etiology.

P.090

Evaluation of Mutant Alleles of Engrailed and Invested in *Drosophila Melanogaster* Models of Parkinson Disease

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Background: Parkinson Disease (PD) is a neurodegenerative disorder, resulting in a gradual decline in voluntary movement, where lifespan remains stable. *Drosophila melanogaster* offer comparable gene sequences to those targeted in PD; among them are two transcription factors, *engrailed* (*en*) and *invested* (*inv*). **Methods:** Wild-type homozygous allele *Oregon-R* (en^+ , inv^+) was compared to heterozygous mutants of en^1 , en^4 , en^7 , en^{54} , en^{58} , inv^W , inv^{30} , and *Df* (*2R*) $en^E inv^E$. Nine climbing and aging studies were executed from crosses with w^{1118} (en^+ , inv^+) as the maternal genotype. **Results:** Independent-samples t-tests were conducted to compare the percent survival (in days). No significant differences were observed between the experimental groups and the control group. A mixed Analysis of Variance was conducted to compare climbing behaviour over time (in weeks) for all nine groups. Both main effects (group, time), and the interaction (group x time) were significant. Post hoc Fisher's Least Significant Difference tests revealed a significant difference between the control group and en^1 , en^4 , en^{54} , inv^W , and *Df* (*2R*) $en^E inv^E$ groups. **Conclusions:** These results support the hypothesis that mutations of *en*, *inv*, or both will result in a PD phenotype and consequent decreased motor function of *D. melanogaster* PD models, with or without a significant decrease in lifespan.

P.091

Consensus Guidelines for Utilization and Monitoring of Intravenous Immunoglobulin for Central Nervous System Disorders in British Columbia

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Background: Intravenous immunoglobulin (IVIG) may benefit many inflammatory central nervous system (CNS) disorders

based on multiple immunomodulatory effects. IVIG is being used in inflammatory CNS conditions however robust evidence and guidelines are lacking in many disorders. Over the last 5 years, the percentage of IVIG used for CNS indications within neurology almost doubled in British Columbia (BC), Canada. Clear local guidelines may guide rational use. **Methods:** Consensus guidelines for IVIG use for CNS indications were developed by a panel of subspecialty neurologists and the Provincial Blood Coordinating Office, informed by focused literature review. Guidelines were structured similarly to existing BC peripheral nervous system guidelines and Australian Consensus Guidelines. Utilization and efficacy will be monitored provincewide on an ongoing basis. **Results:** Categories of conditions for Possible Indication (N=11) and Exceptional Circumstance Use (N=4) were created based on level of evidence for efficacy. Dosing and monitoring recommendations were made and outcomes measures defined. Rationale for Not Indicated conditions (N=3) was included. Guidelines will be distributed to BC neurologists for feedback and re-evaluated after 1 year. **Conclusions:** IVIG use in CNS inflammatory conditions has an emerging role. Guidelines for use and monitoring of outcomes will help improve resource utilization and provide further evidence regarding effectiveness.

OTHER MULTIDISCIPLINARY

P.092

Successful implementation of a supported conversation program on an acute stroke unit

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Background: Aphasia is a life altering deficit that affects up to 40% of people living with stroke. Barriers to communication ultimately impacts the care aphasic patients receive, as well as functional recovery. The Canadian Stroke Best Practice Recommendations suggest early and frequent language interventions to improve patients with aphasia quality of life, mood, and social outcomes. **Methods:** A supported conversation (SC) program (colloquially named The Aphasia Club) was implemented on the Acute Stroke Unit (ASU). The program included aphasia awareness and assessment training, as well as creation of an aphasia tool kit and discipline specific aphasia-friendly resources. Staff were encouraged to complete a 1-hour independent course on SC through the Aphasia Institute. Speech and language pathologists (SLP) offered an additional 30-minute in-person teaching session with interdisciplinary practice professionals. Following SLP assessment, personalized communication profiles were created for patients with aphasia to help staff understand the most useful strategies for communication. **Results:** More than 50 interprofessional staff members took SC training. Staff reported increased levels of knowledge and confidence when communicating with aphasic patients. **Conclusions:** A supported communication program was successfully implemented on an ASU. Planning