through enrollment. The primary outcome is annualized relapse rate. Safety outcomes will include serious adverse events, meningococcal infections, and pregnancy, breastfeeding, and neonatal outcomes. Data will be collected prospectively for up to 5 years. Approximately 130 patients will be enrolled, with a maximum of around 200 patients in up to 10 countries globally. Results: N/A Conclusions: This registry will collect data to characterize the long-term effectiveness and safety of the C5ITs eculizumab and ravulizumab in patients with AQP4+ NMOSD to provide evidence on the real-world impact of C5ITs in this patient population.

P.013

Accuracy of clinical assessments with virtual care in outpatient neurological setting

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Background: Virtual neurological assessments were increasingly used and an important viable option during the COVID-19 pandemic. However, the accuracy of such assessments is unknown. Methods: Clinical records were reviewed in a predominant multiple sclerosis outpatient clinic at an academic teaching hospital from March 23rd 2020 to March 23rd 2021 during the COVID-19 pandemic. Patients assessed during this period were analyzed with an initial virtual assessment compared to subsequent in person evaluations. Results: 1036 patients were included. 27.8% (n=288) of consultations were video and 72.2% (n=748) telephone. A total of 13.8% (n=143) of virtual consultations revealed clinical disparities, specifically 13.5% (n=39) video and 13.9% (n=104) telephone consultations. Of all the 1036 cases, 2.32% (n=24) patients stated they were stable but significant changes were seen on the exam, changing the clinical impression. 11.5% (n=119) stated they were deteriorating virtually but not confirmed when examined in person, with an alternative explanation found. Conclusions: Virtual assessments were accurate in over 85% of the outpatient neurological cases during the pandemic. However, it should be noted that the in person neurological exam led to a change in clinical opinion in 13.8% of assessments. 2.32% patients described clinical stability, but different clinical management plans resulted when significant exam findings were identified.

P.014

Intravenous immunoglobulin use for central nervous system disorders in British Columbia: implementation of a provincial screening program

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Background: Intravenous Immunoglobulin (IVIg) use for Central Nervous System (CNS) conditions has increased over the last decade. In many CNS disorders, robust evidence for IVIg efficacy is still lacking. Building on the success of the British Columbia (BC) Neuromuscular IVIg utilization initiative, Guidelines for IVIg use in CNS conditions were developed. A provincial screening program was launched in 2023. Methods: For CNS IVIg, requests, diagnosis, dosing, consultation letters and treatment questionnaires were reviewed. Patient management was compared to provincial guidelines. A letter was sent to the ordering physician with the results of the review and treatment recommendations when management differed significantly from guidelines. Review of the first year's cases was conducted. Results: Over the first 11 months of the program, 79 IVIg renewal requests were reviewed. The most common diagnoses were antibody mediated autoimmune encephalitis, severe drug resistant non-surgical epilepsy and Susac's syndrome. Recommendations included dose reduction, discontinuation of IVIg, or initiation of alternative therapies for many of the requests. Conclusions: IVIg may be effective in the management of some CNS inflammatory conditions. A physician-led utilization program in BC with targeted education to ordering physicians promotes best practice. Review of year one data will inform a quality improvement cycle to optimize the guidelines.

Neuro-oncology

P.015

Spontaneous regression of acoustic schwannomas: a predictive model

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Background: Vestibular schwannomas are the most common tumour of the CPA with an annual incidence of 17.4/1 million. Approximately 5-10% of these tumours demonstrate spontaneous regression without intervention while under observation. Previous research studies have assessed patient factors and imaging characteristics through chart review to attempt to identify predictive factors of spontaneous regression. There have not been any studies where patient questionnaires are used to assess patient lifestyle factors or characteristics which may predict spontaneous regression. Methods: Using a clinical database of acoustic schwannomas treated by one team at our institution, we have identified approximately 40 patients, of a database of 900 patients, who have demonstrated significant spontaneous regression (>5mm in size reduction in one dimension) or complete resolution of their acoustic schwannoma. Clinical, radiological, and lifestyle factors are reviewed though clinical records and patient questionnaire. Regression analysis is performed. Results: Using patients who have tumors with significant spontaneous regression, we attempt to create a model that predicts regression of these tumours. Conclusions: In conclusion, this is the first study to consider patient lifestyle factors obtained through patient survey in addition to clinical and radiographic factors to attempt to create a predictive model of spontaneous regression of acoustic schwannoma.