compared to 1/14 LGI1-Ab+patients (p = 0.0024) and 1/12 healthy controls.

Conclusion Neuropathic pain may be present in both LGI-Ab + and CASPR2-Ab+ patients, and is immunotherapy responsive. Serum IgG from CASPR2-Ab+patients more frequently bound sensory neurons and dorsal root ganglia, suggesting pathophysiological differences which may underlie the more severe pain in these patients.

Objective To examine factors determining risk of self-reported infections and antimicrobial use in patients receiving Ocrelizumab for MS.

Methods Retrospective, observational cohort study conducted in Ocrelizumab-treated patients at the Royal Melbourne Hospital. The association of clinical and laboratory factors with self-reported infection rate and antimicrobial use were estimated using univariate and multivariable logistic regression models.

Results 185 patients were included in the study, and 176 infections were reported in 89 patients (46.1%), and in 47 patients (25.3%) antimicrobial use was identified. In univariate analyses, a higher serum IgA was associated with reduced odds of infection (OR 0.44, 95% CI 0.25 - 0.76). In multivariable analyses, older age (OR 0.94, 95% CI 0.88 - 0.99), higher serum IgA (OR 0.37, 95% CI 0.17 - 0.80) and higher serum IgG (OR 0.81, 95% CI 0.67 - 0.99) were associated with reduced odds of infection. Older age (OR 0.85, 95% CI 0.75 - 0.96) and higher serum IgA (OR 0.23, 95% CI 0.07 - 0.79) were associated with reduced odds of antimicrobial use, whilst longer MS disease duration (OR 1.22, 95% CI 1.06 - 1.41) and higher EDSS (OR 1.99, 95% CI 1.02 - 3.86) were associated with increased odds of antimicrobial use.

Conclusions Higher serum IgA, IgG and older age were associated with reduced odds of infection. Our findings highlight non-uniformity of infection risk in Ocrelizumab-treated MS patients, and substantiate the need to monitor immunoglobulin levels pre-treatment and whilst on therapy.

Introduction Ocrelizumab (OCR) is a humanised anti-CD20 + monoclonal antibody for the treatment of Multiple Sclerosis.