careful consideration of anatomy can be rewarding in providing a likely explanation and path of treatment.

REFERENCE

1. Radhakrishnan D, Goyal V, Shukla G, Bhushan Singh M. Hemi masticatory spasm: series of 8 cases. *Neurology* 2019;**92**(15 Supplement):P4.8–052.

Poster Abstract

2576 12-MONTH EFFECTIVENESS AND TOLERABILITY OF BRIVARACETAM IN PATIENTS WITH EPILEPSY SWITCHING FROM LEVETIRACETAM VS OTHER ANTISEIZURE MEDICATIONS IN THE REAL-WORLD

[1]Wendyl D'Souza*, [2]Edward Faught, [3]Pavel Klein, [4]Markus Reuber, [5]Felix Rosenow, [6]Javier Salas-Puig, [7]Victor Soto Insuga, [5]Adam Strzelczyk, [8]Bernhard J Steinhoff, [9]Jerzy P Szaflarski, [10]Herve Besson, [11]Dimitrios Bourikas, [12]Tony Daniels, [13]Florin Floricel, [14]David Friesen, [15]Cedric Laloyaux, [16]Anita Moody, [15]Veronica Sendersky, [17]Vicente Villanueva. *[1]The University of Melbourne, Melbourne, VIC, Australia; [2]Emory Epilepsy Center, Atlanta, GA, USA; [3]Mid-Atlantic Epilepsy and Sleep Center, Bethesda, MD, USA; [4]The University of Sheffield, Sheffield, UK; [5]Epilepsy Center Frankfurt Rhine-Main, Frankfurt, Germany; [6]Universitari Vall d'Hebron, Barcelona, Spain; [7]Hospital Universitario Infantil Nino Jesus, Madrid, Spain; [8]University of Freiburg, Freiburg, Germany; [9]UAB Epilepsy Center, Birmingham, AL, USA; [10]UCB Pharma, Breda, Netherlands; [11]UCB Pharma, Alimos, Greece; [12]UCB Pharma, Morrisville, NC, USA; [13]UCB Pharma, Monheim an Rhein, Germany; [14]UCB Pharma, Slough, UK; [15]UCB Pharma, Brussels, Belgium; [16]UCB Pharma, Malvern, Australia; [17]Hospital Universitario y Politecnico La Fe, Valencia, Spain*

10.1136/bmjno-2023-ANZAN.37

Objectives Assess effectiveness and tolerability of brivaracetam (BRV) in patients switching from levetiracetam (LEV) and from other antiseizure medications (ASMs).

Method Subgroup analysis of EXPERIENCE/EPD332, a pooled analysis of patient-level data from patients with epilepsy initiating BRV in clinical practice. ≥50% seizure reduction from baseline, seizure-freedom (SF; no seizures within 3 months prior to timepoint), continuous SF after baseline (CSF) and treatment-emergent adverse events (TEAEs) since prior visit were assessed at 12 months. Patients with missing data after BRV discontinuation were considered non-responders and not seizure-free.

Results 709 (43.8%) patients switched from LEV and 887 (54.8%) switched from other ASMs. Patients switching from LEV/other ASMs showed similar epilepsy duration (median: 18.0/17.0 years; n=694/864), seizure frequency at index (median: 4.0/4.3 seizures/28 days; n=537/807), number of prior ASMs (mean [SD]: 5.0 [3.7]/6.0 [3.9]; n=709/887) and incidence of psychiatric comorbidities at index (34.8%/39.7%; n=704/866). Most had focal-onset seizures at baseline (92.7%/91.9%). At index, median BRV dose was 100/50 mg/day in patients switching from LEV/other ASMs (n=699/869). Median BRV duration was 353.1/337.4 days (n=703/878). At 12 months, ≥50% seizure reduction (34.6%/38.3% [n=295/512]), SF (14.9%/13.9% [n=484/596]), CSF (11.4%/10.9% [n=484/596]) and incidence of TEAEs (9.5%/9.1%; n=525/662) were similar in patients switching from LEV/other ASMs. Somnolence (3.0%/1.7%) was the most common TEAE. The incidence of irritability was 1.3%/0.5%, and aggression was 0.8%/0.3%. BRV discontinuations in patients switching from LEV/other ASMs were 32.0%/35.8%; n=706/885).

Conclusion Effectiveness and tolerability of BRV were similar in patients switching from LEV/other ASMs.

Funding/Disclosures: UCB Pharma-sponsored.

2578 REPETITIVE COMPOUND MUSCLE ACTION POTENTIAL: A DIAGNOSTIC CLUE IN CONGENITAL MYASTHENIC SYNDROMES

[1]Shadi El-Wahsh, [1]Aicee Calma*, [1]Katrina Morris, [2]Lisa Worgan, [1]Alastair Corbett, [1]James Triplett. *[1]Neurology, Concord Repatriation General Hospital, Sydney, NSW, Australia; [2]Clinical Genetics Service, Royal Prince Alfred Hospital, Sydney, NSW, Australia*

10.1136/bmjno-2023-ANZAN.38

A 60-year-old man presented with fatigable limb-girdle weakness since the age of 4. Physical examination revealed fatigable proximal limb weakness with no ptosis, extraocular muscle weakness or bulbar dysfunction. Creatine kinase levels were normal and acetyl-choline receptor and MuSK receptor antibodies were negative. Nerve conduction studies revealed a repetitive compound muscle action potential (CMAP) following a single stimulus. Decrement was present on 3Hz repetitive nerve stimulation in proximal and distal limb muscles. Genetic analysis identified heterozygous variants in the COLQ gene, establishing a diagnosis of congenital myasthenic syndrome (CMS) due to endplate acetylcholinesterase deficiency. The patient improved with oral salbutamol therapy. A repetitive CMAP is a diagnostic clue for specific congenital myasthenic syndromes (CMS), namely COLQ deficiency and slow channel syndromes. A repetitive CMAP may also be seen in acetylcholinesterase inhibitor overuse and organophosphate poisoning. In the absence of toxicity, a repetitive CMAP in a patient with limb-girdle weakness should raise suspicion for CMS.

2581 VIVACITY MG PHASE 3 STUDY: CLINICAL TRIAL OF NIPOCALIMAB ADMINISTERED TO ADULTS WITH GENERALIZED MYASTHENIA GRAVIS

Sindhu SH Ramchandren*, Panna PS Sanga, Eriene EW Wasef, Hong HS Sun. *Research and Development, 1Janssen Research and Development, LLC, Titusville NJ, USA, Titusville, New Jersey, USA*

10.1136/bmjno-2023-ANZAN.39

Objectives Nipocalimab is a high affinity, fully human, aglycosylated, effectorless IgG1 anti FcRn monoclonal antibody that targets the neonatal Fc receptor (FcRn) with high affinity, thereby lowering IgG pathogenic antibodies in autoimmune disease. Data from Vivacity-MG, a Phase 2 randomized placebo-controlled study of nipocalimab in adult generalized myasthenia gravis (gMG), demonstrated safety, tolerability, and efficacy of nipocalimab (clinicaltrials.gov NCT03772587). We describe Vivacity-MG3. our pivotal Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Safety, Pharmacokinetics (PK), and Pharmacodynamics (PD) of Nipocalimab Administered to Adults With gMG (NCT04951622).

Methods This global study will enroll approximately 180 participants with gMG, aged 18 and older, with an insufficient clinical response to ongoing, stable standard-of-care therapy, as reflected by a Myasthenia Gravis-Activities of Daily Living (MG-ADL) score of >/= to 6 at screening and baseline, and a Myasthenia Gravis Foundation of America (MGFA) Class of IIa/b – IVa/b at screening. The study will consist of a screening period of up to 4 weeks, a 24-week double-blind placebo-controlled phase where participants will be randomly assigned in a 1:1 ratio to receive either placebo or nipocalimab