2631 EARLY ONSET OF EFFICACY WITH ATOGEPANT FOR THE PREVENTIVE TREATMENT OF CHRONIC MIGRAINE: RESULTS FROM THE PROGRESS TRIAL

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Objectives Evaluate the time course of efficacy of atogepant for the preventive treatment of Chronic Migraine (CM).

Methods PROGRESS was a phase 3 trial which assessed the efficacy and safety of atogepant in patients with CM. This analysis evaluated the change from baseline in mean monthly migraine days (MMDs) during 4-week intervals, change in weekly migraine days during weeks 1–4, and the proportion of participants with a migraine on each day during the first 7 days of treatment.

Results 755 participants were included. Baseline MMDs ranged from 18.6 to 19.2. During weeks 1–4 of treatment, mean changes in MMDs were −6.6 for atogepant 30mg BID, −6.2 for atogepant 60mg QD, and −3.7 for placebo ($P<0.001$). This decrease was maintained during weeks 5–8 ($P<0.001$). Baseline mean weekly migraine days ranged from 4.6 to 4.8. During each week of the 1–4 weeks, mean reductions in weekly migraine days were greater in both atogepant groups compared with placebo ($P\leq0.009$). During the baseline period, daily rates of participants reporting a migraine day ranged from 66.3% to 68.4%. On the first day after treatment initiation, atogepant participants were less likely to have a migraine than placebo ($P\leq0.03$). TEAEs were reported by 56.4–63.2% participants taking atogepant, compared with 49.4% participants taking placebo. The most common TEAEs for atogepant were constipation (10.0–10.9%) and nausea (7.8–9.6%).

Conclusion Atogepant demonstrated early and sustained reduction in migraine days. Results showed a statistically significant effect as early as the first full day after study drug initiation. Atogepant was safe and well tolerated.

2632 AN ATYPICAL CASE OF NEUROPATHOLOGICALLY PROVEN SPORADIC CREUTZFELDT-JAKOB DISEASE

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Creutzfeldt-Jakob disease (CJD) is a rare neurodegenerative human prion disease with a worldwide incidence of 1-per-million. CJD typically is rapidly progressive and invariably fatal, usually within a year of diagnosis in 90% of cases. It is suggested that some cases may go under-reported due to atypical subtypes, negative supplementary testing and the low rates of brain autopsy in this population.

A 53-year-old female presented with a 3-year history of progressive dementia, and physical decline which had progressed to near complete functional incapacity. Clinical examination at this late stage revealed advanced dementia, akinetic mutism, generalized myoclonus, dystonia, rigidity and pyramidal dysfunction. Magnetic Resonance Imaging (MRI) of her brain demonstrated global parenchymal atrophy without typical T2-weighted hyperintense signal changes or diffusion restriction changes. Electroencephalography (EEG) demonstrated mild intermittent slowing without periodic sharp wave complexes. Her Cerebrospinal Fluid (CSF) demonstrated normal protein, glucose, microscopy and total Tau-protein with negative 14–3-3 protein and real-time quaking-induced conversion (RT-QuIC) assay. She underwent genetic testing with a phenotype driven exome analysis, which did not identify a disease-causing variant and specifically did not reveal a prion protein gene (PRNP) mutation. Post-mortem neuropathological examination demonstrated extensive spongiform changes with moderate degree of prion protein plaque-like aggregates diagnostic of CJD.

This case highlights the importance of the post-mortem neuropathological examination when clinical suspicion for CJD exists, but there is an atypical timeline and supplementary testing is not supportive.

2634 CYCLICAL ROZANOLIXIZUMAB TREATMENT IN GENERALISED MYASTHENIA GRAVIS (GMG): POOLED ANALYSIS OF MYCARING (PHASE 3 STUDY) AND TWO OPEN-LABEL EXTENSION STUDIES

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Objective To assess efficacy and safety of cyclical rozanolixizumab treatment, based on study MG0003 with the open-label extensions (OLEs) MG0004 (NCT04124965) and MG0007 (NCT04650854).

Methods MG0004 was an OLE study of ≤52 weekly rozanolixizumab subcutaneous infusions. In MG0007, after an initial cycle, cycles were 'symptom-driven', administered on symptom worsening (at investigator's discretion, e.g., MG-ADL increase ≥2/Quantitative Myasthenia Gravis [QMG] increase ≥3). Data were pooled for patients with ≥2 symptom-driven cycles across MycarinG, MG0004 (first 6 weeks) and MG0007 (interim data) (efficacy); ≥1 cycle across MycarinG (symptom-driven) and MG0007 (fixed/symptom-driven) (safety).

Results 127 (64.8%) patients received ≥2 symptom-driven rozanolixizumab cycles (7mg/kg, n=69; 10mg/kg, n=58). Treatment response was consistent across cycles 1–6; Day 43 mean change from baseline (CFB) in MG-ADL score for all rozanolixizumab-treated patients: Cycle 1 (n=127): −3.7; Cycle 2 (n=127): −3.9; Cycle 3 (n=98): −3.4; Cycle 4 (n=75): −3.8; Cycle 5 (n=51): −3.9; Cycle 6 (n=32): −4.5. Day 43 mean CFB in QMG score was: Cycle 1 (n=127): −5.4; Cycle 2 (n=125): −4.7; Cycle 3 (n=97): −4.7; Cycle

4 (n=74): −5.1; Cycle 5 (n=51): −4.5; Cycle 6 (n=32): −6.3. Myasthenia Gravis Composite scale reductions were consistent across cycles. Patients with >1 year participation had a median of 4 cycles in the first year. Treatment-emergent adverse events (most mild-to-moderate) occurred in 77.4% and 91.6% of patients receiving ≥1 cycle of rozanolixizumab 7mg/kg and 10mg/kg, respectively.

Conclusion Rozanolixizumab efficacy was maintained over up to 6 symptom-driven treatment cycles across multiple MG-specific endpoints with an acceptable safety profile.

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2635 CSF-VENOUS FISTULA – A RARE CAUSE OF SPONTANEOUS INTRACRANIAL HYPOTENSION

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CSF venous fistula (CVF) is a rare cause of spontaneous intracranial hypotension (SIH) which is estimated to be found in 2.5% of patients with orthostatic headaches.[1] In patients with persistent SIH symptoms, advanced imaging techniques such as magnetic resonance (MR) or computer tomography (CT) myelography are recommended to detect the location of the cerebrospinal fluid (CSF) leak. However, up to 10–15% of patients may not have a visible leak on conventional imaging.[2 3] This obviates the need for more advanced spinal imaging with intrathecal contrast administration to identify the presence of perineural cysts and draining venous networks. The main imaging modality for the diagnosis of CVFs is digital subtraction myelography (DSM), wherein the CVF is seen as a vessel filling with contrast, usually arising from a nerve root sleeve.

We describe a case of a 76-year old male who presented with chronic orthostatic headaches in which initial brain imaging demonstrated features of SIH but with no further evidence of CSF leak on conventional spinal imaging. Subsequent DSM confirmed the presence of a T9 perineural cyst with an associated CVF, in the setting of multiple thoracic perineural pseudocysts. Surgical correction with coagulation of the draining vessel, has led to improvement of his symptoms.

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2636 PITUITARY ABSCESS: A SYSTEMATIC REVIEW OF 488 CASES

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Background Pituitary abscess (PA) is a rare condition with significant mortality and morbidity. Presenting symptoms, radiological findings, endocrine abnormalities and predictors of mortality are not well understood.

Objectives To identify presenting symptoms, radiological findings, endocrinological abnormalities and predictors of mortality for PA.

Methods We systematically reviewed the literature to identify all previously reported cases of PA. Data regarding presentation, mortality, radiological findings, endocrinological abnormalities and treatment was extracted.

Results We identified 488 patients from 218 articles meeting the inclusion criteria. Mortality was 5.1%, with days to presentation (OR 1.0005,95%CI 1.0001–1.0008,p<0.01) being the only identified independent predictor of mortality. Mortality rates have decreased, with cases published prior to 2000 having higher mortality rates (OR 6.92,95%CI 2.80–17.90, p<0.001). The most common symptom was headache (76.2%), followed by visual field defects (47.3%). Classical signs of infection were only present in 43%.

The most common imaging feature on MRI was high T2 and low T1 signal of the pituitary gland with peripheral contrast enhancement. Over half (54.8%) were culture negative, with the most common bacterial organism being staphylococcus aureus (7.8%) and fungal organism being aspergillus (8.8%). The most common endocrine abnormality was hypopituitarism (41.1%). Whilst symptoms resolved in most patients, persistent endocrine abnormalities were present in the majority of patients (73.3%).

Conclusion PA is associated with significant mortality, with delayed presentation increasing risk of mortality. Ongoing endocrinological abnormalities are common. Given the non-specific clinical presentation, the appearance of high T2, low T1 and peripheral enhancement of the pituitary on MRI should prompt consideration.

2638 PATIENT-LED ADAPTATION OF DESIRABILITY OF OUTCOME RANKING (DOOR) FOR USE IN CLINICAL TRIALS IN EPILEPSY

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Objectives Clinical trials of new therapeutics are typically evaluated against the primary disease symptom with limited consideration of secondary effects be they positive or negative. Desirability of outcome ranking (DOOR) is a novel methodology that combines benefits and harms to rank patients with