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

respect to their overall clinical outcome. Herein we describe the consumer-led adaptation of DOOR as an outcome measure for a clinical trial of a novel treatment for drug-resistant epilepsy.

Methods Seven patients with epilepsy were interviewed to determine and prioritise the outcomes to be included in the DOOR scale. Hierarchical levels were established for each outcome (3–5 per outcome). Patients then ranked each combination of outcomes to determine the DOOR scale for use in the trial.

Results Seizure freedom/reduction was the most important outcome, followed by adverse event profile, psychiatric comorbidities and lastly cognitive deficits. Seizure frequency (100% reduction; >50% reduction, >25% reduction, <25% reduction), adverse event profile (none, mild temporary, mild ongoing, moderate, severe) and psychiatric symptoms (improvement, no change, worsening) were combined to create a DOOR with 60 unique outcomes.

Conclusion The DOOR methodological framework can be adapted for therapeutic trials in epilepsy. Consumer-codesign is important for meaningful outcomes in clinical research.

2641 A TALE OF TWO PTOSES: A LEARNING CASE SERIES

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We report two cases of patients with metastatic malignancy presenting with ptosis.

Case 1:A 75-year-old man presented with 3 days of vertical diplopia. He was on combination chemotherapy and pembrolizumab for metastatic lung cancer. Examination revealed fatigable bilateral ptosis and right eye hypertropia. Eye movements were normal and there was no bulbar or limb weakness. Titin antibodies were positive and creatine kinase levels were elevated (1,406 U/L). Acetylcholine receptor (AChR) antibodies were negative. Nerve conduction studies (NCS) revealed decrement in abductor digiti mini on 3Hz repetitive nerve stimulation (RNS), suggesting probable checkpoint inhibitor-associated neuromuscular junction disorder. He stabilized with cessation of pembrolizumab and commencement of prednisolone.

Case 2:A 51-year-old woman was referred from her oncologist for ptosis and blurred vision. She was on everolimus and exemestane for metastatic breast cancer and had a history of polymyositis. Examination revealed bilateral non-fatigable partial ptosis and dilated pupils, sluggishly reactive to light and accommodation. She had complex ophthalmoplegia with impaired right eye elevation and left eye depression, and non-fatigable proximal limb weakness (likely secondary to long-standing polymyositis). AChR and anti-neuronal antibodies were negative and NCS were normal with no decrement on RNS. MRI brain demonstrated calvarial metastases with thickening of calvarial and basal meninges suspicious for leptomeningeal carcinomatosis. Lumbar puncture was declined by the patient.

Ptosis in cancer patients has a broad differential. Clinical findings such as pupillary involvement and fatigable weakness can help establish the underlying cause. This is important to guide treatment of reversible causes and to provide prognostic information.

2646 NEUROFIBROMATOSIS MODEL OF CARE PROJECT – DEVELOPMENT OF A STATE-WIDE INTEGRATED VALUE-BASED MODEL OF CARE FOR THE NEUROFIBROMATOSES

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Background The Neurofibromatoses (NF) are a group of inherited conditions that predispose to nerve sheath tumours with multi-system involvement and complex care needs. A recent survey has revealed NF patients have difficulty accessing specialised multidisciplinary NF care resulting in concerns for suboptimal patient management and health outcomes.

Objectives The paediatric and adult centralised NF services in NSW collaborated to design and implement an innovative model of care for patients with NF in NSW.

Methods A logic model was combined with a clinical redesign framework to guide the development and implementation of an innovative model of care via a mixed method multiphase design. An initial stakeholder workshop, stakeholder surveys (n=47) and interviews (n=21) were used to map out the current model of care, identify areas for improvement, and propose new solutions. A networked model of care was designed based on stakeholder feedback and implemented. A final stakeholder workshop (n=24) was held to assess stakeholder feedback on the new model and interventions to recognise areas for further development.

Results The interventions implemented included: nurse-led care, statewide NF virtual multidisciplinary meetings, joint paediatric-adult NF transition clinic, and NF outreach clinic. Resources developed to support these interventions were referral criteria for centralised NF services, referral pathways, GP and patient resources, centralised NF website, and transition care guidelines.

Conclusions A networked model of care was implemented to provide equitable access to comprehensive care for patients with NF. Measurement of outcomes are underway with clinical audits and patient surveys to evaluate effectiveness of these interventions.

2648 GOAL ATTAINMENT WITH INTEGRATED UPPER-LIMB SPASTICITY MANAGEMENT INCLUDING BOTULINUM TOXIN A (BONT-A): SUB-ANALYSIS OF AUSTRALIAN DATA FROM THE ULIS-III STUDY

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