Of individuals with PND0–2, only 22% were on highly efficacious treatments, all via clinical trial or compassionate access scheme.

Conclusions Our study is the first to demonstrate the spectrum of ATTRv in Australia. Affordable TTR genotyping and access to highly efficacious novel therapies remain substantial unmet needs in this population.

2751 PREFERENCE AND COST OF ORAL VS INTRAVENOUS METHYLPREDNISONE FOR TREATMENT OF ACUTE MS RELAPSES

[1]Meena Sharma, [1,2]Suzanne J Hodgkinson, [1]Carmel M Skinner, [1]Patience Murambiwa, [1,2]Daniel T DO'Neill. *[1]Liverpool Hospital, Liverpool, NSW, Australia*; *[2]UNSW, Sydney, NSW, Australia*

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Objectives High dose intravenous methylprednisone is the standard treatment for MS relapses. There is evidence that high dose oral methylprednisone is as effective as using the drug intravenously. However, in Australia there are substantial barriers to access the oral tablets because they are not approved by the TGA. Use of the oral formulation may have benefits in terms of health resources and patient convenience. We explored patient preference for route of administration, tolerability, and then contrast this with the cost.

Methods An online survey was sent to patients at a tertiary MS clinic asking about perceived efficacy, preference and tolerability of different formulations of methylprednisone. Costs were sought for both treatment routes and compared.

Results Fifty-two responders had received both oral and IV methylprednisolone. 65% of respondents were not dissatisfied with the oral formulation. 61% of respondents would either prefer the oral drug or had no preference. However, 75% thought that IV methylprednisone was a more effective treatment for their symptoms.

The cost per day of treatment with oral methylprednisone was $82.50 whereas with IV treatment the cost was $ 187.00.

Conclusions The cost of oral methylprednisone is substantially cheaper than the IV route. Most patients either preferred the oral formulation or had no preference, and it was comparatively well tolerated. For cost and practicality reasons we recommend services consider using the oral formulation of methylprednisolone.

2754 A CASE OF JCV ENCEPHALITIS IN AN IMMUNE-COMPROMISED PATIENT TREATED WITH ALLOGENEIC JCV-SPECIFIC CYTOTOXIC T LYMPHOCYTES

[1]Oshi Swarup*, [1,2]Charles Malpas, [1]Yael Lefkovits, [1]Joseph Smith, [1]Olivia Grimwade, [3]Mark Dowling, [3]Joanna Loh, [3]Simon Harrison, [3]John Seymour, [4]Michelle Yong, [2,5]Izanne Roos. *[1]Department of Neurology, Royal Melbourne Hospital, Parkville, Melbourne, VIC, Australia*; *[2]CORe, Department of Medicine, University of Melbourne, Melbourne, VIC, Australia*; *[3]Department of Haematology, Peter MacCallum Cancer Centre and Royal Melbourne Hospital, Melbourne, VIC, Australia*; *[4]Department of Infectious Diseases, Peter MacCallum Cancer Centre and Royal Melbourne Hospital, Melbourne, VIC, Australia*; *[5]Neuroimmunology Centre, Royal Melbourne Hospital, Melbourne, VIC, Australia*

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Background JCV encephalitis is a rare manifestation of JC virus infection of the CNS in immunocompromised individuals. There are a few emerging treatments in this domain, including CD8+ Cytotoxic T lymphocytes grown specifically to target JCV infected cells. While there are case reports of its use in patients with PML (progressive multifocal leukoencephalopathy), studies in management of JCV encephalitis are lacking.

Presentation We describe the case of a 66-year-old woman presenting with rapid cognitive decline involving multiple domains, on a background of CLL, secondary myelodysplasia and pyoderma gangrenosum managed with immunosuppression including prednisolone and mycophenolate. Further evaluation revealed atypical multifocal cortical FLAIR signal abnormalities on MRI Brain imaging, and an elevated CSF JC viral load (3245 IU/ml), leading to the diagnosis JCV encephalitis.

Management Initial management was with withdrawal of immunosuppression. She subsequently underwent HLA typing and infusion of JCV specific CD8+ Cytotoxic T lymphocytes with weekly infusions over 4 weeks. On follow up at 3 months from initial presentation and at 2 weeks following treatment completion, the CSF JC viral load had reduced significantly (223 IU/ml), inflammatory changes identified on imaging had stabilised and the deterioration in cognition had halted, however the patient remained significantly disabled.

Discussion This case demonstrates the first described case of JCV encephalitis treated with Cytotoxic T lymphocytes. The outcome was radiological and virologic improvement, accompanied by clinical stabilisation within 2 weeks of treatment completion. This case highlights the importance of early recognition and potential novel treatment options for this disabling and usually fatal infection.

2757 CASE REPORT: FOCAL SEIZURE SECONDARY TO IMMUNE CHECKPOINT INHIBITOR-INDUCED AUTOIMMUNE ENCEPHALITIS

Xi (Jessica) Jia, Manori Wijayath, Hyunmin Park. *Nepean Hospital, Kingswood, NSW, Australia*

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Background Immune checkpoint inhibitors (ICI) are a new class of therapy used to treat many advanced malignancies. There is increased recognition of rare and severe neurological immune-related adverse events(irAEs) related to ICI treatment, such as autoimmune encephalitis (AE). Seizure is one of the common manifestations of AE.

Case Description A 72-year-old man presented with new onset of refractory focal motor seizures despite treatment with levetiracetam, phenytoin and clobazam. This is on a background of advanced mesothelioma, which he was treated with 3 cycles of ipilimumab and nivolumab with good partial response. CSF studies had shown negative infection screen, and negative anti-neuronal and limbic encephalitis antibodies. MRI Brain had shown multifocal bilateral cortical and subcortical FLAIR hyperintensity, most in keeping with AE. Patient was treated with IV immunoglobulin (IVIg) and IV methylprednisolone (IVMP) with excellent response. He was discharged on anti-seizure medications(ASM) and tapering dose of prednisolone. ICI therapy was ceased due to the severe irAE. Four months later, patient had recurrent seizures. Repeat MRI Brain had shown FLAIR hyperintensity in the right occipital/parietal lobes with resolution of most previous lesions. He was re-loaded with IVIg and IVMP with