the percentage of IVIg used for CNS indications within neurology almost doubled in British Columbia (BC), Canada. Clear local guidelines may guide rational use. Methods: Consensus guidelines for IVIG use for CNS indications were developed by a panel of subspecialty neurologists and the Provincial Blood Coordinating Office, informed by focused literature review. Guidelines were structured similarly to existing BC peripheral nervous system guidelines and Australian Consensus Guidelines. Utilization and efficacy will be monitored provincewide on an ongoing basis. Results: Categories of conditions for Conditionally Approved (N=11) and Exceptional Circumstance Use (N=5) were created based on level of evidence for efficacy. Dosing and monitoring recommendations were made and outcomes measures defined. Rationale for Not Indicated conditions (N=2) was included. Guidelines were distributed to BC neurologists for feedback. This system will be re-evaluated after 1 year. Conclusions: IVIG use in CNS inflammatory conditions has an emerging role. Guidelines for use and monitoring of outcomes will help improve resource utilization and provide further evidence regarding effectiveness.

Neuro-oncology

P.109

Isolated central nervous system lymphoma in the inpatient setting: a case series

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Background: Isolated central nervous system lymphomas (CNS-L) has non-specific clinical presentations causing delays in diagnosis and treatment. This retrospective case series aims to characterize these challenges in the inpatient setting. Methods: Chart review of biopsy-proven CNS-L cases (n=10) presenting to Vancouver General Hospital from 2018-2020: diffuse (8/10) and intravascular (2/10) large B-cell lymphomas were included. Results: Median age was 69 years (31-83); 50% were female; 9/10 immunocompetent, 1/10 had well-controlled HIV. Neurologic symptoms at presentation: ataxia (7/10), paresis (4/10), dysphagia (4/10), dysarthria (2/10), and cognitive decline (4/10). Median time from symptom onset to admission with paresis, ataxia, dysphagia, or dysarthria was 3 days (1-14), compared to 84 days (28-384) with transient/vague symptoms. Median time from admission to biopsy was 25 days (5-148). 4/10 received steroid prior to biopsy. 1/10 had solitary lesion on MRI, 8/10 had ≥2 lesions. Diagnosed on lumbar puncture (0/10), skin biopsy (1/10), vitreous biopsy (1/10), brain biopsy (8/10), autopsy (1/10). 4/10 survived, 6/10 died; median time from admission to mortality was 133 days (61-342). Conclusions: Many factors lead to delays in diagnosis and treatment of CNS-L, including non-specific clinical presentations and time to brain biopsy for definitive diagnosis. Earlier recognition and reducing biopsy delays may help achieve earlier diagnosis.

Neuroimaging

P.111

In vivo hippocampal mGluR5 abnormalities predict MTLE post-surgical outcome

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Background: PET imaging of [^{11}C]ABP688 shows reduced hippocampal mGluR5 availability in mesial temporal lobe epilepsy (MTLE) patients, however the relation with post-surgical outcomes is unclear. Here, we tested whether [^{11}C]ABP688 binding in hippocampal subfields vulnerable to glutamate excitotoxicity is related to post-surgical outcome. Methods: [^{11}C]ABP688-PET was obtained from 31 unilateral MTLE patients and 30 controls. Hippocampal subfields were automatically segmented into 1) CA1-3, 2) CA4/dentate gyrus (DG), 3) Subiculum and manually corrected. Partial volume corrected [^{11}C]ABP688 non-displaceable binding potential (BP_{ND}) was calculated in the subfields and compared between seizure-free and non-seizure-free patients. Results: [^{11}C]ABP688 BP_{ND} was significantly reduced in ipsilateral CA1-3 & CA4/DG ($p<0.001$) compared to controls. No difference was seen in Subiculum. Ipsilateral CA1-3 [^{11}C]ABP688 BP_{ND} was lower in seizure-free ($p=0.012$; Engel Ia, n=13) vs non-seizure- free (Engel Ic-III, n=10) patients, and this effect was independent of subfield volume. In a subset of patients with [^{18}F]FDG-PET, CA1-3 [^{11}C]ABP688 BP_{ND} was significantly lower in seizure-free patients ($p=0.03$), while no difference was found for [^{18}F]FDG uptake. Conclusions: Reduced CA1-3 mGluR5 availability was associated with post-surgical seizure-freedom independent of atrophy and hypometabolism. Thus, [^{11}C]ABP688-PET may offer a potential biomarker for surgical outcomes and may be particularly relevant for pre-surgical workup in MRI- and [^{18}F]FDG-negative MTLE patients.

Neuromuscular Disease and EMG

P.112

Clinical and Electrophysiological characteristics of anti-nodal/paranodal antibodies in chronic inflammatory demyelinating polyradiculoneuropathy patients

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Background: CIDP is an autoimmune polyneuropathy. Antibodies against the Node of Ranvier have been described, NF155, NF140/186 and contactin-1. Methods: A retrospective review of patients with CIDP who tested positive for antinodal/paranodal