and CSF rheumatological, autoimmune and infectious investigations were noncontributory. Serum ACE levels were at first within normal limits. Steroid treatment stabilized symptoms and perhaps coincidentally, separate rituximab treatments were followed within days by vertigo (with a new pontine lesion) or a respiratory decompensation. A wedge lung biopsy revealed granulomatosis. Current treatment consists of mycophenolate, methotrexate with a prednisone wean. *Conclusions:* This case report reinforces the varied manifestations and mimics of sarcoidosis (including CLIPPERS) and highlights the need for a high index of suspicion despite apparently negative investigations.

Neuromuscular

P.007

Onset of facial weakness correlated with muscle strength in infantile facioscapulohumeral dystrophy (FSHD)

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Background: We investigated motor function associations with age, gender, and D4Z4 fragment size among participants with infantile FSHD. *Methods:* We collected standardized motor assessments including goniometry, manual muscle testing (MMT), quantitative muscle testing (QMT), and FSHD clinical severity scores (CSS) at 12 CINRG sites. To measure associations, we used linear regression models adjusted for age at enrollment, onset of weakness, gender, and D4Z4 repeats. *Results:* 53 participants (59% female, mean age 23.1±14.6 years) were enrolled. Weakness was most pronounced at the shoulder girdle and rectus abdominis (median MMT 30-38% of normal). Older enrollment age was associated with greater CSS ($p=0.005$) and reduced range of motion in shoulder abduction, shoulder flexion, elbow flexion, and ankle dorsiflexion (all $p<0.01$). Females and participants with larger D4Z4 repeats had milder shoulder/arm weakness and lesser disease severity (all $p<0.05$). Increased age at onset of facial weakness was significantly associated with greater total muscle strength, as measured by QMT and MMT (both $p=0.002$). *Conclusions:* We confirm the descending pattern of muscle involvement and milder disease severity in females or those with larger D4Z4 repeats. Furthermore, earlier age at onset of facial weakness was associated with greater muscle weakness. Future longitudinal assessments will describe rates of disease progression in this population.

Multidisciplinary

P.009

Physician assisted death and the neurosurgeon

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Background: The Supreme Court of Canada (SCC) recently rendered a decision striking down the Criminal Code absolute prohibition on providing assisted dying. End of life decisions are commonly encountered by neurosurgeons due to the nature of their practice. Neurosurgeons will be faced with patients requesting PAD in the near future. *Methods:* The recent SCC ruling heralds a change that will radically alter a most basic tenet that has historically guided physicians and surgeons. A subcommittee of the Canadian Neurosurgical Society (CNSS) was formed to generate a position statement to reflect the interests of both neurosurgeons and their patients. *Results:* Fundamental issues regarding the implementation of PAD identified include:

- Clarity of legislation
- The creation of an independent, third party referral service
- Effective safeguards and oversight of the entire process
- The right to "conscientious objection" on the part of hysicians who do not wish to be involved in PAD

Conclusions: The CNSS urges clarity in legislation regarding PAD and strict oversight in its implementation to reduce potential harm. We also support the creation of an independent, third party referral service which would serve to respect the conscience of those health care providers who do not wish to actively participate in PAD.

P.010

The Canadian Neurosurgery Research Collaborative (CNRC): A novel, trainee-led, nationwide multicentre research network

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Background: The goals of evidence-based neurosurgery are to improve surgical outcomes, reduce complications, and provide an objective basis for altering practice. The need for higher quality studies, typically prospective and multicentre, has been growing especially in light of the evolving complexity of neurosurgical interventions and heterogeneity of patient populations. In the United Kingdom (UK), trainee-led research collaboratives have been established to tackle this problem. Therefore, we sought to evaluate the potential role for a resident-led research collaborative in neurosurgery in Canada based on the UK experience. *Methods:* A literature review of trainee-led collaboratives was conducted utilizing PubMed and Medline. Identified articles were reviewed for study quality and clinical relevance to explore the potential benefits of collaboratives. *Results:* In the