Secondary outcomes were referral rejection rate and neurology wait times. Results: Significantly more referrals were received per month post intervention (987 vs. 859, p<0.000). The number of accepted referrals did not change (p=0.147). Referral rejection rate increased from 21% to 31 % (p<0.000). Wait times increased by 16% (p=0.003). Conclusions: Referral management helped respond to increased referral requests. Despite no change in accepted referrals, wait times increased, suggesting a significant capacity problem and focus for further work.

P.033

Long-term efficacy of Efgartigimod PH20 SC in patients with chronic inflammatory demyelinating polyneuropathy: interim results from the ADHERE+ study

JA Allen (Minneapolis) J Lin (Shanghai) M Stettner (Essen) J Guptill (Durham) K Gwathmey (Richmond) G Istas (Ghent) A De Roeck (Ghent) S Kuwabara (Chiba) G Lauria (Milan) L Querol (Barcelona) N Suresh (Tampa) C Karam (Philadelphia) T Skripuletz (Hanover) S Rinaldi (Oxford) A Echaniz-Laguna (Le Kremlin-Bicetre) B Van Hoorick (Ghent) R Yamasaki (Fukuoka) H Katzberg (Toronto) PA Van Doorn (Rotterdam) RA Lewis (Los Angeles)*

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Background: Efgartigimod, a human immunoglobulin (Ig)G1 antibody Fc fragment, blocks the neonatal Fc receptor, reducing IgGs involved in chronic inflammatory demyelinating polyneuropathy (CIDP). The multi-stage, double-blinded, placebo-controlled ADHERE (NCT04281472) and open-label extension ADHERE+ (NCT04280718) trials (interim analysis cutoff: February 16, 2024) assessed efgartigimod PH20 SC in participants with CIDP. Methods: Participants with active CIDP received open-label, weekly efgartigimod PH20 SC 1000 mg during ≤12-week run-in (stage-A). Responders were randomized (1:1) to efgartigimod or placebo for ≤48 weeks (stage-B). Participants with clinical deterioration in stage-B or who completed ADHERE entered ADHERE+. Week 36 changes from run-in baseline (CFB) in adjusted Inflammatory Neuropathy Cause and Treatment (aINCAT), Inflammatory Rasch-built Overall Disability Scale (I-RODS), and grip strength scores were evaluated. Results: Of 322 stage-A participants, 221 were randomized and treated in stage-B, and 99% entered ADHERE+. Mean CFB (SE) in aINCAT, I-RODS, and grip strength scores were -1.2 (0.15) and 8.8 (1.46) and 17.5 (2.02), respectively, at ADHERE+ Week 36 (N=150). Half the participants with clinical deterioration during ADHERE stage-B restabilized on efgartigimod from ADHERE+ Week 4. Conclusions: Interim results from ADHERE+ indicate long-term effectiveness of efgartigimod PH20 SC in clinical outcomes in participants with CIDP.

P.034

Understanding and implementing multidisciplinary care for patients with neurofibromatosis 1 in British Columbia

K Chapman (Vancouver) L Marulanda (Vancouver) R Harrison (Vancouver) A Smrke (Vancouver) M Alzahrani (Vancouver) A Rotenberg (Vancouver) L Armstrong (Vancouver) J Hukin (Vancouver) H Pudwell (Vancouver) J Iles (Vancouver)*

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Background: Neurofibromatosis 1 (NF1) is a multisystem neurocutaneous disorder. Treatment involves multiple specialists. There are currently no multidisciplinary clinics for adults with NF1 in BC, which impacts communication between subspecialties. We sought perspectives of patients and providers to identify the impact of and solutions to gaps in care. Methods: Focus groups with patients (2 groups; 9 patients) and physicians (10) who see people with NF1 were conducted. Thematic content analysis was applied to the data to derive major themes. Concurrently, quarterly NF multidisciplinary rounds were initiated to enhance coordination of care. Results: Major themes emerged around the need for increased coordination and communication amongst providers. Specifically, physicians identified working in "siloed care structures", and patients and providers identified lack of awareness of expertise and barriers to accessing care. Conclusions: Focus groups enable inclusion of patient and provider perspectives in developing solutions to gaps in care. The importance of supporting interdisciplinary communication in caring for NF1 patients was confirmed in focus groups. To date, we have held multidisciplinary NF rounds, with 12 cases discussed. Disciplines represented include neurology, pediatrics, radiology, neuro-ophthalmology, neuro-otology, pathology, orthopedic plastic and neurosurgery, medical and radiation oncology, and the hereditary cancer program. Telehealth format enables participation from distributed centres across BC.

Other Multidisciplinary

P.035

Using deferred consent in emergency research: an evaluation of two prospective CT-perfusion studies

S Alcock (Winnipeg) B Blackwood (Winnipeg) M Ayroso (Winnipeg) J Shankar (Winnipeg)*

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Background: Informed consent is not always possible in emergency research particularly during life threatening situations.

Deferral of consent is an acceptable method in consenting patients; however, it is underutilized. We aim to share our experience with deferred consent. Methods: Participants in two prospective studies underwent a CT-Perfusion scan (intervention) at the time of first hospital imaging, in order not to impact clinical treatment. Deferred consent was then obtained. The primary outcome was the rate of deferred consent. The number of days to obtain consent, refusal rate, and waiver of consent rate was also reported. Results: A total of 291 patients (200 severe traumatic brain injury [TBI] and 91 out-of-hospital cardiac arrest) were enrolled between the two emergency CT-perfusion studies. Some (34/291[11.9%]) could not be reached; waiver of consent was granted by our ethics board. Deferred consent was obtained in 252/291(86.6%). The majority were consented by the partner/spouse (25.2%) and most consents took place within 7-days (76.0%) of enrollment. Five (1.7%) refused consent. Deferred consent rates were higher in the cardiac arrest population (97.8%) compared to the severe TBI population (83.7%). Conclusions: Deferred consent is an acceptable method of obtaining consent in emergency research when the intervention risk is low.

P.036

Delayed orthostatic tachycardia – is the time frame for postural orthostatic tachycardia syndrome arbitrary?

Z Siddiqi (Edmonton) D Blackmore (Edmonton)*

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Background: Postural Orthostatic Tachycardia Syndrome (POTS) is the increase in heart rate (HR) by ≥30 bpm within 10 minutes of upright posture without orthostatic hypotension (OH). This study specifcally investigated patients who develop delayed symptomatic orthostatic tachycardia (i.e. after >10 minutes) without OH. Methods: Clinical histories and laboratory tests of patients assessed for orthostatic intolerance (OI) during last 10 years were reviewed. All patients underwent autonomic tests (sweat test, heart rate variability to deep breathing/Valsalva, 45-minute head up tilt table test (TTT) and quantitative sensory testing. Results: Among 974 patients with OI, 43% (419/974) were diagnosed with POTS whereas 12.4% (121/974) had delayed orthostatic symptoms on TTT alongwith delayed orthostatic tachycardia (DOT; $\bar{x}$ = 30.3 minutes) without OH. In this cohort, mean HR increase was 51.7 bpm (range: 40-104 bpm). Other findings were significant narrowing of pulse pressure (PP) i.e. ≤25% of systolic pressure ($\bar{x}$ = 16.2%, range: 6.4% -24.3%), excessive BP oscillations and syncope (9.9%). About 1/3 (37.2%) with DOT had definite small fiber/autonomic neuropathy. Conclusions: Patients with OI may manifest delayed symptoms/DOT and maybe missed on a 10-minute TTT. The marked reduction in PP observed in these pateints signifies reduced cardiac output, possibly from peripheral blood pooling due to small fiber/autonomic neuropathy.

Stroke

P.044

The impact of working hours on rapid GFAP measurement in acute stroke: evaluation of sampling bias in an ongoing prospective study

Y Bairi (Montreal) C Brassard (Montreal) J Paul (Montreal) M Sayed (Montreal) C Margarido (Montreal) C Larochelle (Montreal) N Arbour (Montreal) C Stapf (Montreal) LC Gioia (Montreal)*

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Background: Glial fibrillary acidic protein (GFAP), a brain-specific biomarker, shows promise in differentiating intracerebral hemorrhage (ICH) from acute ischemic stroke (IS) and stroke mimics (SM). A novel point-of-care platform measures GFAP in minutes, yet requires centrifugation to obtain plasma. We aim to determine whether participants recruited in an ongoing prospective biomarker study (during working hours) differ from non-recruited patients. Methods: An exploratory analysis of undifferentiated stroke <24h from onset, where plasma GFAP levels (pg/ml) are measured (i-STAT Alinity) at hospital arrival. Clinical characteristics are compared among recruited and non-recruited patients. Results: Among the first 101 patients recruited, mean (±SD) age (70.8±14.5 years), % females (48%), and median (IQR) NIHSS (9(3-20) were similar to the 270 non-recruited patients (70.3±16.3 years, 51% females, NIHSS 7 (3-17), respectively) in the same time period. Median ASPECTS was slightly lower in recruited patients (10(9-10) vs (10(10-10)) (p=0.03). ICH and SM were more common among non-recruited (52% IS/13% ICH/32% SM) compared to recruited patients (67% IS/5% ICH/29% SM, p=0.002), while large-vessel occlusion was more common among those recruited (44% vs 19%, p=0.001). Conclusions: Clinical characteristics do not differ among recruited vs. non-recruited patients in an ongoing biomarker study, yet sampling bias exists regarding underlying stroke condition, with efforts to mitigate this going forward.

P.045

Prevalence of right-to-left shunting in stroke occurrence of patients with active cancer

SG Biglou (Ottawa) R Lun (Calgary) T Ramsay (Ottawa) M Shamy (Ottawa) M Schwerzmann (Ottawa) D Dowlatshahi (Ottawa)*

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Background: Presence of right-to-left shunt has been proposed as a mechanism of paradoxical embolism in patients with active cancer. Our study thus aims to investigate the role of shunting in