

In British Columbia (BC), Ig use has increased annually; last year, expenditure exceeded 51 million dollars, 35% relating to neurological disease. Within the context of the pandemic, Ig supply is at risk of shortages. **Methods:** A focused literature review was conducted of CIDP, Guillain-Barré Syndrome (GBS), Multifocal Motor Neuropathy (MMN), Myasthenia Gravis (MG), and other neuromuscular conditions to compare BC Ig guidelines with international best practices. Provincial recommendations for Ig use were updated accordingly. **Results:** Evidence-based practices include acute and chronic Ig use in CIDP and MMN, and acute or relapse-related treatment in GBS and MG. Ig may be beneficial in other treatment-refractory inflammatory disorders such as Lambert-Eaton Myasthenic Syndrome and vasculitic neuropathy. Objective outcome measures can optimize patient care and ensure appropriate resource utilization. **Conclusions:** Updated BC guidelines emphasize using established diagnostic criteria, objective outcome measures and minimum effective Ig doses for neuromuscular conditions. Periodic literature reviews on Ig use allow guidelines to remain evidence-based.

NEUROSCIENCE EDUCATION

P.061

Stroke Care and Neurological Emergency Response Simulation (SCaNERS): Creation and Implementation into a Resident Curriculum

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doi: 10.1017/cjn.2021.341

Background: Resident physicians often observe stroke alerts before managing them alone. However, this practice exposes patients to potential harm from trainees' lack of experience. To address this, we created a acute stroke simulation course. Simulation training offers a low-risk environment for skill acquisition, complimenting the Royal College's recent transition away from a time-based to competency-based learning curriculum. The purpose of this project was to develop and implement a stroke simulation training program into resident neurology rotations at the University of Saskatchewan. **Methods:** Six high-fidelity acute stroke simulation cases were developed with the aid of a Simulation Operation Specialist. We identified objectives corresponding to Royal College Entrustable Professional Activities for Adult Neurology encompassing several diagnostic and therapeutic goals of acute stroke care. To increase fidelity, a standardized patient was recruited and trained on how to respond to neurologic exams given a specific stroke syndrome. A standardized debrief was given after each session in a safe, non-judgemental environment. **Results:** Simulation sessions have been running monthly since March 25, 2021. **Conclusions:** The creation and implementation of high-fidelity simulation training into a resident curriculum is feasible. Ongoing data is being collected to explore residents' experiences and knowledge improvement in stroke, and to assess local reductions in treatment delays.

NEUROVASCULAR, STROKE AND NEUROINTERVENTIONAL

P.062

Does the intensity of brain parenchymal contrast staining on post-recanalization dual energy head CT (DECT) of stroke patients predict the fate of brain tissue?

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doi: 10.1017/cjn.2021.342

Background: On DECT, the ratio of maximum iodine concentration within parenchyma compared to the superior sagittal sinus has been shown to predict hemorrhagic transformation. We aimed to determine if this ratio also predicts the development of an infarct. **Methods:** 53 patients with small infarct cores (ASPECTS \geq 7) and good endovascular recanalization (mTICI 2b/3) were enrolled. Maximum brain parenchymal iodine concentration as per DECT relative to the superior sagittal sinus (iodine ratio) was correlated with the development of an infarct on follow up CT. **Results:** All patients showed contrast staining, 52 developed infarcts in the area of staining. The extent of infarction (smaller, equal or larger than area of staining) did not correlate with the iodine ratio. **Conclusions:** Brain parenchyma with contrast staining on post-procedure head CT almost invariably goes on to infarct, however the extent of infarct development is not predicted by the intensity of contrast staining.

n=53 patients with successful recanalization of anterior circulation LVO infarct (TICI2b,3) with post procedural parenchymal iodine staining

F/U infarct extent	Number	Hemorrhage(n)	Iodine ratio on initial CT (median/range)
0: No infarct in area of staining	1	0	101(101-101)*
1: Infarct smaller than staining	8	0	138(64-341)*
2: Infarct equal to staining	14	0	140(74-259)*
3: Infarct larger than staining	30	6	120(23-1715)*
0,1: No or smaller infarct than staining	9	0	114(64-341)*
2,3 :equal or larger infarct than staining	44	6	126(23-1714)*
all	53	6	123(23-1714)*

There was no correlation between the degree of contrast staining on initial post procedural CT as expressed in iodine ratio and F/U infarct extent.