from Teva. Dr. Karni has received personal compensation in the range of $500–$4,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Neopharm. Dr. Karni has received personal compensation in the range of $500–$4,999 for serving on a Scientific Advisory or Data Safety Monitoring board for BMS. Dr. Karni has received personal compensation in the range of $5,000–$9,999 for serving as an Expert Witness for Israeli Court. The institution of Dr. Karni has received research support from Medison. The institution of Dr. Karni has received research support from Sanofi. The institution of Dr. Karni has received research support from Neopharm. Dr. Karni has received personal compensation in the range of $500–$4,999 for serving on a Scientiﬁc Advisory or Data Safety Monitoring board for Roche.

Comparison of Fixed Cell-based Assay to Radioimmunoprecipitation Assay for Acetylcholine Receptor Antibody Detection in Myasthenia Gravis
Ario Mirian, Michael Nicolle, Adrian Budhram

Objective
To compare speciﬁcity and sensitivity of a commercially available ﬁxed cell-based assay (F-CBA) to radioimmunoprecipitation assay (RIPA) for acetylcholine receptor antibody (anti-AChR) detection in myasthenia gravis (MG).

Background
Approximately 50% of ocular and 85% of generalized MG are anti-AChR positive by RIPA, the current gold standard test. Clustered live cell-based assay (L-CBA) can detect low-afﬁnity anti-AChR that are missed by RIPA, but the costly and time-consuming nature of L-CBA has restricted its use to specialized centres. A commercial F-CBA has become available for anti-AChR detection, but its diagnostic performance compared to RIPA requires evaluation.

Design/Methods
In this retrospective diagnostic cohort study we reviewed the clinical information of suspected MG patients evaluated at London Health Sciences Centre MG clinic, who were clinically classiﬁed as MG or non-MG and who had anti-AChR RIPA and then F-CBA performed. Classiﬁcation of each patient as anti-AChR F-CBA-negative/positive, RIPA-negative/positive, and MG/non-MG permitted speciﬁcity and sensitivity calculations for each assay.

Results
Six-hundred-eighteen patients were included in study analysis. The median patient age at time of sample collection was 45.8 years (range: 7.5–87.5 years) and 312/618 (50.5%) were female. Of 618 patients, 395 (63.9%) were classiﬁed as MG. Speciﬁcity of both F-CBA and RIPA was excellent (99.6% vs. 100%, P > 0.99). One F-CBA-positive patient was classiﬁed as non-MG, although in retrospect ocular MG with functional overlay was challenging to exclude. Sensitivity of F-CBA was signiﬁcantly higher than RIPA (76.7% vs. 72.7%, P = 0.002). Overall, 20/97 (21%) otherwise SNMG patients after RIPA evaluation had anti-AChR detected by F-CBA.

Conclusions
In our study anti-AChR F-CBA and RIPA both had excellent speciﬁcity, while F-CBA had 4% higher sensitivity for MG and detected anti-AChR in 21% of SNMG patients. Our ﬁndings indicate that F-CBA is a viable alternative to RIPA for anti-AChR detection.

Disclosure: Dr. Mirian has nothing to disclose. Dr. Nicolle has received personal compensation in the range of $500–$4,999 for serving on a Speakers Bureau for Alexion. Dr. Budhram has nothing to disclose.

Piloting an Advanced Neuroimmunology Elective for Neurology Residents
Sonia Kaur Singh, Rohini Samudralwar

Objective
To describe the creation of an Advanced Neuroimmunology elective for residents with a special interest in clinical neuroimmunology.

Background
There has been a dramatic change in the landscape of neuroimmune conditions with the discovery of new pathogenic autoantibodies, disease modifying therapies and wider availability of multidisciplinary care systems for patients. Most residencies do offer exposure to multiple sclerosis but with increasing interest in neuroimmunology and autoimmune neurological conditions, there is a gap in resident education to meet needs of this changing landscape.

Design/Methods
A curriculum for advanced neuroimmunology (NI) was developed for residents with special interest in clinical neuroimmunology. This two-week elective consisted of rotations through NI and afﬁliated multidisciplinary clinics to increase exposure to immune mediated neurological illnesses, appreciate their heterogeneity, and aid multidisciplinary approach. Department experts in various disease states related to neuroimmunology were contacted and based on interest and resident elective time, a schedule was set up for rotations through neuroinfectious diseases, pulmonary sarcoidosis clinic, neuro-oncology, neuropathology and rheumatology. An additional expectation was to work with the fellow on inpatient consults that came in through the 2 weeks. In addition to multiple sclerosis/neuroimmunology division didactics, residents are encouraged to attend other afﬁliated department conferences as well as present at interdepartmental meetings, such as neuro-rheumatology conference.

Results
The availability of this elective allowed increased exposure to neuroimmunological conditions outside the typical Multiple Sclerosis elective at UTHealth. It also has allowed for additional inter-departmental collaboration clinically. Since the initial pilot elective, more residents have requested this as an elective and will be surveyed about their experience.

Conclusions
There is an unmet need for MS and NI subspecialists. Exposure to the broad spectrum of neuroimmunological conditions through multidisciplinary collaborations during residency is instrumental to ensure future specialists have the foundations to adapt to this rapidly advancing ﬁeld.

Disclosure: Dr. Singh has nothing to disclose. Dr. Samudralwar has received personal compensation in the range of $500–$4,999 for serving on a Scientiﬁc Advisory or Data Safety Monitoring board for Sanofi Genzyme. Dr. Samudralwar has received personal compensation in the range of $500–$4,999 for serving on a Speakers Bureau for Biogen. Dr. Samudralwar has received personal compensation in the range of $500–$4,999 for serving on a Speakers Bureau for EMD Serono.

A Case of Pembrolizumab (Anti-PD-1) Induced Encephalitis
Anza Zahid, Meryim Poursheykhi, Mujtaba Saeed, Ivo Tremont

Objective
N/A.

Background
PD-1 Immune checkpoint inhibitors (ICI) have been associated with neurologic immune-related adverse events including meningoencephalitis and limbic encephalitis that can manifest as paraneoplastic syndromes. We present a case of suspected pembrolizumab (anti PD-1) induced limbic encephalitis presenting as episodic aphasia.

Design/Methods
N/A.