#1 QUALITY IMPROVEMENT INCREASES COMMUNITY HOSPITAL SMOKE EXPOSURE SCREENING, EDUCATION, AND REFERRAL

1E Daniel*, 2,3MY Hamline. 1Sutter Health, Sacramento, CA; 2UC Davis Children’s Hospital, Sacramento, CA; 3Adventist Health Lodi Memorial, Lodi, CA

10.1136/jim-2022-WRMC.1

**Purpose of Study** Tobacco use starts young and is the leading cause of preventable disease, disability, and death in the United States. Secondhand smoke increases ear and respiratory infections, asthma attacks, and risk of Sudden Unexpected Infant Death. Few smoking cessation studies in inpatient pediatrics are formal quality improvement projects and most are at academic institutions. We sought to increase smoke exposure screening, smoking cessation education, and referrals in our community hospital pediatric population. By improving screening and documentation, we anticipate increased provider awareness and smoking cessation interventions.

**Methods Used** All pediatric ward, newborn nursery, and Level II nursery admissions were eligible. Interventions were education on smoke exposure screening and Helpline referrals, standardizing documentation for screening and discharge instructions, visual reminders, and Helpline wallet cards.

The **primary outcome measure** was monthly percentage of pediatric inpatients screened for smoke exposure. **Secondary outcomes** were percentage of pediatric inpatients screening positive for smoke exposure who received discharge instructions or who received a Helpline referral (self or family member). Length of stay (LOS) was monitored as a balancing measure.

Outcome measures were analyzed with statistical process control in SPC for Excel. Baseline and intervention periods for LOS were compared with t-tests.

**Summary of Results** We increased baseline average smoke exposure screening rates from 14% to 73%, meeting criteria for special cause variation (figure 1). Education on smoke exposure avoidance increased from 5% to 57%. Helpline referrals increased from 0% to 21%. There was no significant change in length of stay.

**Conclusions** Pediatrician-led smoking cessation interventions are feasible and effective in community hospital pediatric units with no significant impact on length of stay.

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#2 PILOMATRICOMA IN A CHILD WITH TURNER SYNDROME: A RARE ENTITY

1S Horowitz, K Tappin*. Valley Children’s Healthcare, Madera, CA

10.1136/jim-2022-WRMC.2

**Purpose of Study** Pilomatricoma is a rare, skin neoplasm that is often confused with dermoid or brachial cleft cysts. Julian
et al., reported that pilomatricomas are commonly misdiagnosed pre-operatively in up to 75% of cases.

We report the case of a child with Turner’s syndrome with a pilomatricoma that was diagnosed on biopsy. We review the histopathologic features and emphasize its association with Turner’s syndrome.

Methods Used Case Report.

Summary of Results 2 year old female with Turner Syndrome presented with a progressive mass above her right upper lip for 6 months.

On exam, she was well-appearing with phenotypical features of Turner’s syndrome. A 0.5 x 0.5 cm erythematous, verrucous, well circumscribed, nontender, mobile lesion was noted above her lip.

She underwent complete excision of the mass without complication. Excisional biopsy revealed the presence of viable basaloid cells and shadow cells confirming the diagnosis of pilomatricoma.

Conclusions A pilomatricoma, otherwise known as pilomatrixomas, are benign subepidermic tumors of the hair follicle matrix. The lesions occur on the face and neck with a mean age of onset between 5.8-7 years old.

Lesions are usually asymptomatic but, inflammation and ulceration can occur. The most common clinical presentation is a firm, subcutaneous lesion with an irregular surface. The overlying skin may be red, blue, or display the tent sign. Studies have reported the initial development of pilomatricomas in children with Turner’s syndrome. The exact cause of this is unknown although animal studies suggest a genetic component.

Histopathologically, a pilomatricoma appears as a mass composed of viable basaloid cells, shadow cells, calcification, and ossification. The mainstay of treatment of a pilomatricoma is complete surgical excision as the lesions do not regress spontaneously. Early excision within 12 months of diagnosis is associated with better cosmetic outcomes. Recurrence and malignant transformation is rare.

Abstract #2 Figure 1

This case highlights the importance of considering pilomatricoma as a cause of solitary skin nodules, especially when on the head, neck or upper extremities. Additionally, physicians caring for children with Turner syndrome should be aware of the prevalence of pilomatricoma in this population.

#3 MENTAL HEALTH HOPSCOTCH: IMPROVING ADOLESCENT MENTAL HEALTH ONE HOP AT A TIME

1AS Rodriguez*, 1M Flores, 1T Fildes, 1J Charbonnet, 1K Colwell, 1R Kimman. 1Fresno High School, Fresno, CA; 2University of California San Francisco Fresno, Fresno, CA

10.1136/jim-2022-WRMC.3

Purpose of Study Fresno High Women’s Alliance students continue to collaborate with UCSF Fresno pediatricians to create community action research projects on topics of adolescent concern using a ‘youth as partner’ approach. Given the social isolation and increasing depression students noticed amongst themselves and their peers due to COVID19, the Women’s Alliance teens chose to focus this last year on improving mental health amongst their peers. Mental Health Hopscotch was chosen for its simplicity and ease of use. The fact that it was created by an adolescent in response to the COVID19 pandemic provided further impetus for its use.

Methods Used Students collaborated with the school’s Social Emotional Wellness and Support team, choosing to do their mental health intervention during National Mental Health Month. They created a Mental Health ‘Sunshine’ at their school entrance, chalking positive affirmations in a sun-shaped diagram for all to see, and chalked a Mental Health Hopscotch on the sidewalk in the front of the school. Silicone bracelets with motivational quotes and mental health awareness pencils, stickers, and mini buttons were handed out to those who completed the Hopscotch. A QR code linked to Google Forms was used to survey students who completed the Hopscotch.

Summary of Results 42 students were surveyed. 12% of students reported their average stress level was ‘just right’, 38% reported they could ‘handle’ their stress, 21% felt that they were ‘getting stressed’, 19% reported they were ‘starting to lose it’, and 10% described their stress as ‘getting out of control’. Students primarily dealt with stress by listening to music (31%), exercising (19%), and sleeping (14%). Half of students surveyed reported difficulty sleeping at night, while 90% of students felt that doing Mental Health Hopscotch helped boost their mood.

Conclusions Although only a limited number of students were surveyed due to restricted numbers of students present on campus, the majority of students felt stressed with half the students reporting difficulty sleeping at night. Mental Health Hopscotch provided a simple, quick, yet no-cost approach to boost students’ mood, thus empowering teens concerned about the mental health of their peers to stage a mental health intervention on their own school grounds.

#4 DAYLIGHT SAVINGS AND PEDIATRIC EMERGENCIES

1V Wong*, 1P Enarson, 1J Lee. 1The University of British Columbia Faculty of Medicine, Vancouver, BC, Canada; 2BC Children’s Hospital, Vancouver, BC, Canada

10.1136/jim-2022-WRMC.4

Purpose of Study Daylight Savings Time (DST) is a biannual time change where during ‘spring forward,’ clocks are set forward one hour, potentially resulting in sleep deprivation for much of society. During ‘fall back,’ the opposite occurs. Circadian rhythm disruption has been shown to have effects on...
cardiovascular, neuropsychiatric, metabolic, immune-related and accidental events in adults. A 2018 study showed increased emergency department (ED) visits for adults in the time after DST. These findings have not been verified in pediatric populations and if extant, may have implications on managing ED patient volume and expectations. We hypothesized that the large-scale sleep deprivation following spring time change would result in increased ED presentations, particularly among certain presentations (neurologic, psychiatric, accidental/traumatic) that may be especially susceptible to sleep deprivation, and that the fall time change would have an opposite effect.

Methods Used We retrospectively collected and analyzed the primary medical complaint of all children (0–16 years) presenting to BC Children’s Hospital ED in the 2 weeks before and 3 weeks after the biannual DST time changes during 2011 to 2019. Incidence ratios (IR) of ED presentations were calculated over day 0 (day of time change) to day 7. IRs were calculated for all presentations and broken down by specialty.

Summary of Results After excluding infectious presentations, the IR was increased during the first week following spring time change: Monday by 6%, Tuesday by 7% and Wednesday by 6%, though the results were statistical insignificant (p > 0.05). There were significant decreases (p < 0.05) after the fall time change: Monday by 12%, Tuesday by 13% and Wednesday by 8%.

Conclusions Following the seasonal time change in the spring, there were increases in IR, though this did not reach statistical significance. There were significant decreases in IR during the three days following the fall shift. Together these findings suggest that the widespread sleep deprivation at spring time change results in adverse health effects among children, while extra sleep in the fall time change may be protective.

Circadian rhythm disruption from DST in the children shows potentially important effects on emergency visits and further study can lead to better patient care and ED preparation. This may be informative in developing policy regarding the need for DST.

Purpose of Study Adults with a history of adverse childhood experiences (ACEs) are at increased risk for chronic disease and, thus, poor health outcomes. Yet, the effect of chronic disease awareness on health outcomes in adults with ACEs has not been examined. The objective of this study was to determine the relationship between general health status and chronic disease, access to care, and awareness of chronic condition among adults with history of ACEs.

Methods Used Data from the 2019 Behavioral Risk Factor Surveillance System were analyzed. Descriptive statistics were used to determine the prevalence of ACEs, chronic disease, healthcare access, chronic disease awareness, general health status, and population characteristics. Bivariate analysis using Chi-squared test was performed on history of ACEs by all independent variables and general health status by all independent variables. Multivariable logistics regression was used to determine the relationship between general health status and ACEs, adjusting for chronic disease, healthcare access, chronic disease awareness, and demographics.

Summary of Results Of the 78,112 respondents, 63% reported being exposed to at least one ACE. History of ACEs was associated with high prevalence of chronic diseases (p < 0.002), lower healthcare coverage (p < 0.0001), lower chronic disease awareness (p < 0.006), and report of fair/poor general health status (p < 0.0001). In adjusted analyses, adults with 2, 3, and ≥4 ACE events had 1.24, 1.22, and 1.45 times increased odds of reporting fair/poor health status compared to those reporting no ACEs.

Conclusions Adults with history of ACEs face barriers to achieving good health. There is a need to expand ACEs screening in primary settings so that early intervention can improve general health outcomes.

#6 CHILDHOOD OBESITY, SOCIAL DETERMINANTS OF HEALTH, SOCIAL VULNERABILITY AND HOSPITALIZATION

J Johnson*, M Baum. Loma Linda University School of Medicine, Loma Linda, CA
10.1136/jim-2022-WRMC.6

Purpose of Study The prevalence of overweight adolescents has increased dramatically over the last decade. Although previous research has demonstrated the contribution of diet, exercise habits, and parenting on obesity rates, this early study addresses the relationship between hospitalization, social vulnerability index, social determinants of health, and childhood obesity.

Methods Used We studied children between the ages of 5 and 17.9 years, seen in inpatient (n=39) and outpatient (n=35) settings at healthcare facilities affiliated with Loma Linda University Health between January 2020 through June 2021. We collected Body Mass Index scores (BMI) and demographic information. A standardized questionnaire gathered social determinants of health information available in the electronic health record. Using home addresses, we identified the Social Vulnerability Index score (SVI) (Flanagan, 2011) associated with their census tract (Center for Disease Control, 2018). The SVI ranks each tract on four main themes: socioeconomic status, household composition and disability, minority status and language, and housing and transportation.

Summary of Results The most significant comparison were the differences in risk between the inpatient (n=39) and
outpatient (n=35) populations. Inpatients were more likely to experience Social Connection risk (p=0.046), Financial risk (p=0.0006), and Food Insecurity risk (p=0.0077) than outpatients.

When comparing patients living in the upper quartile (n=40) and the lower three quartiles (n=34) of SVI, there was little difference in BMI, Financial risk, Food Insecurity risk, Transportation risk, Physical Activity risk and Stress risk. There was similarly little difference when comparing age groups of younger versus older children.

Conclusions There are significant disparities in risk between pediatric inpatient and outpatient populations. Steps could be taken to identify inpatients with reduced resources to improve food insecurity, social connection risk, and financial risk. Although SVI is important for understanding the context of each patient, every family has unique social determinants and risks that could be addressed by physicians.

#7 SUBJECTIVE SOCIAL STATUS AND FOOD INSECURITY RELATIONSHIP WITH WEIGHT-SPECIFIC QUALITY OF LIFE AMONG LATINO ADOLESCENTS AND BETWEEN SEXES

1A Penghat*, 2KB Vander Wyst, 3A Peña, 3A Williams, 3SL Ayers, 3GQ Shaibi. 1Midwestern University Arizona College of Osteopathic Medicine, Glendale, AZ; 1G Esmailian*, 2N Patel, 2T Singer-Englar, 2S Kim, 2M Hamilton, 2J Kobashigawa. 3Arizona State University, Phoenix, AZ; 3Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

Abstract #6 Table 1 BMI ≤ 85th percentile = normal weight or underweight, BMI > 85th percentile = overweight or obese (Kuczynski, 2002). *Hisp = person of Cuban, Mexican, Puerto Rican, South/Central American, or other culture regardless of race (US Census Bureau, 2011).

<table>
<thead>
<tr>
<th></th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>p value</th>
</tr>
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<td>20</td>
<td>12</td>
</tr>
<tr>
<td>14.0-18.0</td>
<td>23</td>
<td>20</td>
<td>12</td>
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<tr>
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<tr>
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<td>27</td>
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<td><strong>BMI</strong></td>
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<td>≤ 85th percentile</td>
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<td>&gt; 85th percentile</td>
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<tr>
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<tr>
<td>Stress</td>
<td>17</td>
<td>12</td>
<td>24</td>
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<tr>
<td>Physical Activity</td>
<td>8</td>
<td>21</td>
<td>11</td>
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</tbody>
</table>

Summary of Results Mean total (64.1±24.9), self (57.3±29.3), social (69.5±25.6), and environmental (60.5±26.3) wQoL, with males reporting higher total, self, and environmental wQoL as compared to females (all p<0.05) after controlling for BMI. Overall, one-third of the cohort indicated very low food insecurity (36.2%) or marginal food insecurity (34%), which did not differ by sex. Despite no sex differences in SSS society (mean diff=-0.074, p=0.77) or SSS school (mean diff=-0.354, p=0.28), there was a positive relationship between SSS school and all scales of wQoL regardless of sex (all p<0.01). SSS school was a significant predictor of total wQoL (β=-2.44, p<0.001) and self (β=3.49, p=0.008), social (β=4.40, p<0.001), and environment (β=4.37, p<0.001) subscales. SSS school explained 9% of the variance in total, social, and environment wQoL, and 4% of the variance in self wQoL. There was an inverse relationship between FiS and all scales of wQoL, particularly for those experiencing marginal and high FiS (all p<0.03). This correlation was stronger for males for all wQoL scales at all levels of FiS except high FiS. Marginal FiS was a significant predictor of total (β=-12.94, p=0.006), self (β=-12.48, p=0.029), social (β=-12.06, p=0.013), and environment (β=-14.66, p=0.003) wQoL after controlling for sex and BMI percentile. High FiS was a significant predictor of total (β=-22.46, p<0.001), self (β=-18.56, p=0.016), social (β=-24.16, p<0.001), and environment (β=-22.76, p<0.001) wQoL after controlling for sex and BMI percentile. Marginal and high FiS explained 8% of the variance in total, social, environmental wQoL, and 3% of the variance in self wQoL.

Conclusions Among Latino youth with obesity, social status is associated with wQoL while food insecurity is inversely associated with wQoL.

Purpose of Study Social status and food insecurity (FiS) may contribute to health disparities among youth. This study aimed to evaluate whether subjective social status (SSS) and FiS are associated with weight-specific quality of life (wQoL) among Latino youth with obesity. We further explored whether relationships differed by sex.

Methods Used One-hundred and forty-one Latino youth (47% male; mean age: 15.3±0.9) with obesity completed surveys to assess SSS, perceived FiS, and wQoL (self, social, and environment). Separate linear regression models were performed to examine the relationship between SSS & FiS with wQoL, after controlling for sex and BMI percentile. Data were then stratified by sex to determine Pearson’s r for wQoL & SSS and wQoL & FiS.

Paired samples T-test and Chi-square tests were used to assess differences among groups.

After the clerkship, there was an increase in the mean score in knowledge and comfort level in recom-

Recommended Citation 10.1136/jim-2022-WRMC.7
#8 MEDICAL STUDENT KNOWLEDGE AND PERCEPTIONS OF PEDIATRIC OBESITY MANAGEMENT

K Eckert, S Thomas, M Bils, M Cox*, E Chowdry, B Scott. University of Nevada Reno School of Medicine, Reno, NV

10.1136/jim-2022-WRMC.8

Purpose of Study The prevalence of pediatric obesity continues to increase. In Nevada, approximately 40% of youth are overweight or obese and 70% of these children will remain overweight as adults. Traditional medical school curriculum does not adequately prepare students to counsel families on this subject. The purpose of this study was to evaluate the progression of third year medical student knowledge base involved in managing obesity in children and adolescents over the course of the pediatric clinical curriculum.

Methods Used 63 medical students in the third year clinical clerkship curriculum at the University of Nevada, Reno School of Medicine were given a survey to evaluate their knowledge on pediatric obesity and perceptions surrounding treatment before a six-week pediatric clerkship. During the clerkship, students received instruction on the diagnosis and treatment of obesity. At the conclusion of the clerkship, students took a post-survey to assess knowledge gained during the experience. Paired samples T-test and Chi-square tests were used to assess differences between pre- and post-scores.

Summary of Results After the clerkship, there was an increase in the mean score in knowledge and comfort level in recommending a treatment program for overweight/obese children between pre- (M=1.97, SD=0.91) and post-tests (M=3.55, SD=0.89) (t(62)=10.25, p<0.0001). There was also an increase in the mean score in their ability to effectively counsel overweight/obese children between pre- (M=2.40, SD=0.90) and post-tests (M=3.86, SD=0.77) (t(62)=10.33, p<0.0001). In addition, there was an increase in students believing in the overall efficacy of counseling in the treatment for overweight/obese children and adults between the pre- (M=2.91, SD=0.75) and post-tests (M=3.34, SD=0.76) (t(62)=3.23, p=0.0019).

Conclusions The curriculum improved student knowledge and understanding of pediatric obesity. In particular, perceived comfort and ability to counsel patients and families about obesity prevention and treatment increased. As obesity continues to be a challenge, expansion of medical student education in this area is imperative to address this problem.

Cardiovascular I

Concurrent session

12:45 PM

Thursday, January 20, 2022

#9 1-YEAR OUTCOMES OF PATIENTS UNDERGOING HEART TRANSPLANTATION DURING THE COVID PANDEMIC

G Ersmailian*, N Patel, T Singer-Englar, S Kim, M Hamilton, J Kobashigawa. 1The George Washington University School of Medicine and Health Sciences, Washington, DC; 2Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

10.1136/jim-2022-WRMC.9

Purpose of Study The ongoing COVID-19 pandemic has brought considerable challenges to heart transplantation. Most notably, towards the start of the pandemic, changes in the outpatient care of post-transplant patients were brought forward at our center to further prevent the spread of the virus and protect highly immunosuppressed recipients. For example, blood draws for immunosuppression adjustments were conducted at home and early coronary angiograms were eliminated. Video visits were conducted for post-operative months 7, 9, and 11. Despite these changes in management, formal analyses on the impact of these changes on heart transplant recipient outcomes have yet to be conducted. Now over one year removed from the pandemic’s onset, we sought to examine if the modifications in outpatient care impacted 1-year outcomes of patients transplanted during the start of the COVID-19 pandemic.

Methods Used Between March 6 and September 1, 2020, we assessed 50 heart transplant patients transplanted during the COVID-19 pandemic. These patients were compared to patients who were transplanted during the same months between 2011 and 2019 (n=482). Endpoints included subsequent 1-year survival, 1-year freedom from cardiac allograft vasculopathy (CAV: stenosis ≥ 50%), 1-year freedom from any-treated rejection, 1-year freedom from acute cellular rejection, 1-year freedom from antibody-mediated rejection, hospital and ICU length of stay, and 1-year freedom from non-fatal major adverse cardiac events (NF-MACE: MI, new CHF, PCI, ICD/pacemaker, or stroke).

Summary of Results Patients transplanted during the COVID-19 pandemic had similar outcomes compared to those of patients transplanted in years prior to the pandemic. There were no significant differences in hospital and ICU length of stay between the two groups. There were also no significant differences in 1-year survival, 1-year freedom from CAV, 1-year freedom from any treated rejection, and 1-year freedom from acute cellular or antibody mediated rejection between both groups. Patients transplanted during the pandemic had a significantly higher 1-year freedom from NF-MACE.

Abstract #9 Table 1

<table>
<thead>
<tr>
<th>Patients Transplanted During COVID Pandemic (n=50)</th>
<th>Patients Transplanted Prior to COVID Pandemic (n=482)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Year Survival</td>
<td>94.0%</td>
<td>90.5%</td>
</tr>
<tr>
<td>1-Year Freedom from CAV</td>
<td>100.0%</td>
<td>96.5%</td>
</tr>
<tr>
<td>1-Year Freedom from NF-MACE</td>
<td>98.0%</td>
<td>86.9%</td>
</tr>
<tr>
<td>1-Year Freedom from Any Treated Rejection</td>
<td>90.0%</td>
<td>84.2%</td>
</tr>
<tr>
<td>1-Year Freedom from Acute Cellular Rejection</td>
<td>90.0%</td>
<td>92.1%</td>
</tr>
<tr>
<td>1-Year Freedom from Antibody-Mediated Rejection</td>
<td>94.0%</td>
<td>94.8%</td>
</tr>
<tr>
<td>Average Length of Hospital (Days)</td>
<td>22.96 ± 37.17</td>
<td>17.21 ± 19.71</td>
</tr>
<tr>
<td>Average Length of ICU Stay (Days)</td>
<td>11.06 ± 20.61</td>
<td>8.31 ± 8.19</td>
</tr>
</tbody>
</table>
Conclusions Despite necessary changes being made to post-transplant care to mitigate the spread of COVID-19 and protect an immunosuppressed population, heart transplantation during the COVID-19 pandemic appears safe with 1-year outcomes comparable to years prior.

Abstract #10 COVID PANDEMIC AND SOCIAL MITIGATIONS IMPROVE OUTCOMES FOR HEART TRANSPLANT PATIENTS

C Washington, S Kim*, N Patel, T Singer-Englar, M Hamilton, J Kobashigawa. Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

Purpose of Study The COVID pandemic affected how our medical staff treated our heart transplant (HTx) patients during this period of time. Patients were seen virtually via telemedicine and patients self-isolated at home. What we do not know is the impact of this treatment during the COVID pandemic on HTx outcomes. As patients were self-isolating, it is possible that medication and medical compliance were increased and there may have been a decrease in non-COVID infection rates as exposure was minimized due to patients self-isolating. None of these factors have been assessed prior and, thus, we reviewed our large, single center patient population for this study.

Methods Used Between March 2020 and September 2020, we assessed 55 HTx patients who were transplanted during this period of time and followed for 6 months. Patients were self-isolating and had every other clinic visit changed to a virtual visit to minimize exposure to COVID. Endpoints for this study included 6-month survival, re-hospitalization, number of non-COVID infections (defined as the need for intravenous antibiotics), any treated rejection (ATR), and maintenance of therapeutic immunosuppressive blood levels. The study patients were then compared to a control group of the previous three years, averaging each year at the same time points of March 13, 2017, March 13, 2018, and March 13, 2019, and followed for 6 months. Each group was averaged and then compared to the study group.

Summary of Results The study group (during the COVID pandemic) demonstrated a significant decrease in re-hospitalization in the first 6 months following HTx compared to the control group. There was a numerical decrease in non-COVID infectious complications. There was no difference in survival and freedom from any-treated rejection episodes between the two groups. Reasons for rehospitalization included infections, various cardiac and renal issues, malaise, and fever.

Conclusions The COVID pandemic demonstrated that self-isolation and virtual visits resulted in fewer hospitalizations possibly due to less infectious complications. This implies that perhaps stricter restrictions for community exposure might benefit HTx patients in the 6 months following transplantation.

Abstract #11 SEX DISPARITIES IN HEART TRANSPLANT WAITLIST TIME FOLLOWING THE DONOR HEART ALLOCATION POLICY CHANGE

1Sindha*, 2T Singer-Englar, 3S Kim, 4N Patel, 5M Hamilton, 6J Kobashigawa. 1University of California Los Angeles, Los Angeles, CA; 2Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

Purpose of Study There are many reports in organ transplantation that demonstrate that there are sex discrepancies in waitlist urgent status, time on the heart transplant waitlist, waitlist mortality. There are no differences in men versus women in terms of heart disease and in terms of mortality for these two sexes. It would be expected that both men and women would have similar percentages as urgent status, especially after the new donor heart allocation policy change took place in October 2018. We chose to assess our male and female patients to establish whether there exists a difference in patients listed as urgent status on the HTx waitlist.

Methods Used Between November 2018 and December 2020 (after donor heart allocation change in October 2018), we assessed 276 patients on the HTx waitlist. Patients were followed for 6 months and censored after they were transplanted or removed from the waitlist. Percent of patients of each sex listed as urgent status (status 1, 2, 3) was recorded. Mortality on the waitlist, waitlist time, and removal from the waitlist due to being too sick were secondary endpoints.

Summary of Results After the donor heart allocation policy change in October 2018, women were significantly less likely to be listed as urgent status compared to men. For those patients listed as urgent status, there was no significant difference in mortality for women versus men on the HTx waitlist. The waitlist time was shorter for men compared to women (see table 1).

Conclusions There appears to be a sex disparity for women being less likely to be listed as urgent status on the HTx waitlist. Further studies are needed to determine whether this difference has a biologic mechanism or whether there is selection bias and/or treatment bias present in their care.

Abstract #10 Table 1

<table>
<thead>
<tr>
<th>Endpoints</th>
<th>HTx Patients Transplanted between Mar.-Sep. 2017-2019 (n=169)</th>
<th>HTx Patients Transplanted between Mar.-Sept. 2020-2021 (n=55)</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-Month Survival</td>
<td>92.7%</td>
<td>94.1%</td>
<td>0.733</td>
</tr>
<tr>
<td>6-Month Freedom from ATR</td>
<td>90.9%</td>
<td>91.1%</td>
<td>0.981</td>
</tr>
<tr>
<td>Rehospitalization within 6 Months</td>
<td>16.4% (9)</td>
<td>37.9% (64)</td>
<td>0.003</td>
</tr>
<tr>
<td>Non-COVID Infection within 6 Months</td>
<td>10.9% (6)</td>
<td>18.9% (32)</td>
<td>0.323</td>
</tr>
</tbody>
</table>

Abstract #11 Table 1

<table>
<thead>
<tr>
<th>Endpoints</th>
<th>Female patients (n=73)</th>
<th>Male patients (n=203)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-month survival</td>
<td>98.6%</td>
<td>96.6%</td>
<td>0.249</td>
</tr>
<tr>
<td>6-month freedom from severe illness</td>
<td>98.6%</td>
<td>96.1%</td>
<td>0.189</td>
</tr>
<tr>
<td>Urgent status at listing</td>
<td>28.8%</td>
<td>49.3%</td>
<td>0.003</td>
</tr>
<tr>
<td>Urgent status at removal</td>
<td>37.0%</td>
<td>59.1%</td>
<td>0.002</td>
</tr>
<tr>
<td>Average time on waitlist (days)</td>
<td>124.4 ± 164.7</td>
<td>108.3 ± 181.9</td>
<td>0.546</td>
</tr>
</tbody>
</table>
Purpose of Study In heart transplantation (HTx), donor-to-recipient size matching has been done by height and weight. More recently, predicted heart mass (PHM) has been found to be more clinically useful to reflect outcome. Using PHM, it has been demonstrated that under-sizing a donor heart for a larger recipient with high pulmonary artery pressures leads to increased mortality. It has recently been noted in the International Society for Heart and Lung Transplantation (ISHLT) registry that there may be increased risk in placing an oversized donor heart using weight into a smaller recipient. This clinical outcome has not been established using PHM. We sought to address this question in our large, single center experience using PHM.

Methods Used Between January 2010 and June 2020, we assessed 588 donor-to-recipient donor heart matches. We used PHM to assess whether there were outcome differences when the donor hearts were oversized. We divided the donor-to-recipient PHM ratio into two categories: normal (90–110%), and markedly oversized (greater than 140%, n=64), and marked differences were noted (P=0.048). Outcomes included 1-year survival, freedom from 1-year rejection (acute cellular rejection [ACR], antibody-mediated rejection [AMR]), freedom from cardiac allograft vasculopathy (CAG: stenosis ≥30%), freedom from cardiac dysfunction (defined as LVEF ≤40%), and freedom from non-fatal major adverse cardiac events (NF-MACE: myocardial infarction, new congestive heart failure, percutaneous coronary intervention, implantable cardioverter defibrillator/pacemaker implant, stroke).

Summary of Results Markedly oversized donor hearts using PHM compared to normal matching showed no difference in 1-year survival, freedom from 1-year ACR, freedom from CAV, freedom from NF-MACE, and freedom from cardiac dysfunction. There was a significantly lower 1-year freedom from AMR in the markedly oversized donor heart group which is due to more women recipients (sensitized due to previous pregnancies) in this group (71% oversize group vs. 20% normal group).

Abstract #12 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Oversized PHM [-140%] (n=64)</th>
<th>Normal PHM [90–110%] (n=524)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean PHM</td>
<td>154.86 ± 15.44</td>
<td>99.95 ± 5.53</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>1-Year Survival</td>
<td>93.8%</td>
<td>90.6%</td>
<td>0.420</td>
</tr>
<tr>
<td>1-Year Freedom from CAV</td>
<td>96.9%</td>
<td>96.6%</td>
<td>0.852</td>
</tr>
<tr>
<td>1-Year Freedom from NF-MACE</td>
<td>95.3%</td>
<td>87.2%</td>
<td>0.085</td>
</tr>
<tr>
<td>1-Year Freedom from ACR</td>
<td>92.2%</td>
<td>91.8%</td>
<td>0.899</td>
</tr>
<tr>
<td>1-Year Freedom from AMR</td>
<td>82.8%</td>
<td>94.8%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>1-Year Freedom from Right</td>
<td>100.0%</td>
<td>100.0%</td>
<td>-</td>
</tr>
<tr>
<td>Heart Failure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-Year Freedom from Cardiac</td>
<td>98.4%</td>
<td>99.0%</td>
<td>0.669</td>
</tr>
<tr>
<td>Dysfunction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-Year Freedom from Pulmonary</td>
<td>93.8%</td>
<td>95.0%</td>
<td>0.706</td>
</tr>
</tbody>
</table>

Conclusions Markedly oversized donor-to-recipient matching using PHM does not result in poor outcomes after heart transplantation. This has potential to expand the donor pool, particularly for smaller patients.

Purpose of Study The AHA 17-segment model is the preferred clinical method to define LV MI size in CMR imaging, although it can be subjective. We propose a novel measurement technique based on long-axis (LAX) CMR from a porcine model of MI to improve accuracy and reproducibility of infarct volume quantification. Data were collected from MRI exams and evaluated.

Methods Used Yucatan mini swine were subjected to 90-minute ischemia/reperfusion of the left anterior descending (LAD) coronary artery. Six-months after infarction, two observers evaluated four infarct sizing methods: myocardial infarction, new congestive heart failure, percutaneous coronary intervention, implantable cardioverter defibrillator/pacemaker implant, stroke).

Summary of Results LV infarct sizes ranges were 1.6% - 25.8% (n=10) of the left ventricle using reference standard histopathologic infarct sizing. Intraclass correlations (ICC) were calculated between two observers and averaged due to high similarity, ICC > .900. A t-test of 0.0006 and Bland-Altman plots show statistically significant differences in 17-segment model infarct size compared to histopathologic analysis while no significant difference was found when compared to our novel method with 0.8198. Linear correlation showed an R² of 0.9111 between MRI contoured infarct size and our novel MRI infarct sizing model to predict infarct size as a percentage while the R² of the 17-Seg model is 0.8197. A representative MRI from a patient is shown to be produced to demonstrate the clinical relevance of this approach.

Conclusions AHA 17-segment model provides inferior assessment of LV infarct size compared to proposed LAX infarct sizing suggesting it maybe a robust and easily implementable quantitative assessment of LV infarct size in advanced imaging.
Purpose of Study
With over 7,000 rare diseases affecting 1 in 10 Americans, longitudinal data describing the clinical course of rare diseases is essential to understand disease natural history and prepare for studies of novel treatments. Traditionally, published data associated with these diseases is limited to cross-sectional times of diagnosis and major events making inferences on the progression and trajectory of various phenotypes difficult. A prime example is Danon Disease, a rare genetic cardiac disease with a malignant outcome of death or need for heart transplantation in most males.

Methods Used
To mitigate the lack of longitudinal natural history knowledge in Danon patients, a retrospective clinical database was developed using the REDCap database program. All current and past medical history for Danon patients enrolled internationally was collected and entered into the database by two research sites. To date, this registry has enrolled over 100 patients, with roughly equal representation of males and females. This includes the collection of data on over 550 echos.

Summary of Results
To demonstrate the power of this natural history study, echocardiogram data were collected over time and examined for trends in ejection fraction (EF) of the patients’ hearts over the age during that time of their illness. Data on the eight patients with the largest number of longitudinal EF data points, prior to transplant, were extracted and graphed. The data revealed that EF drops off much earlier, at almost half the age in males compared to females and that substantial variation in EF is present for subjects, rather than a smooth, gradual decline.

Conclusions
As this natural history data continues to be analyzed, further analysis will be done that aims to look at the progression of heart disease in Danon patients prior to transplant. These trends will be imperative in not only understanding the progression of the disease to drive best clinical practices, but also to utilize as controls in clinical trials for potential treatments of Danon Disease.
#16 ATRIAL FIBRILLATION, ELECTROCONVULSIVE THERAPY, AND STROKE RISK
M Kapadia*, P Jagadish, M Hutchinson, H Lee. The University of Arizona College of Medicine Tucson, Tucson, AZ
10.1136/jim-2022-WRMC.16

Purpose of Study To review the literature on stroke risk in patients with atrial fibrillation (AF) undergoing electroconvulsive therapy (ECT) as well as anticoagulation recommendations.

Methods Used Two authors independently performed a literature review of PubMed, searching for ‘electroconvulsive therapy and atrial fibrillation.’ The resulting articles and their references were reviewed for relevance to AF and stroke risk.

Summary of Results Rozig, et al. (2018) found that ECT is not associated with an increased risk of new or recurrent stroke. Among 23 studies, we found that post-ECT cardioversion of AF to normal sinus rhythm occurred in 2 cases. Neither was associated with stroke, though this finding may be limited by low sample size. However, ECT has induced AF in at least 6 cases without stroke.

ECT requires fewer joules than does cardioversion for atrial fibrillation, and current is applied to the brain for ECT versus the heart for synchronized cardioversion. The mechanism of AF induction/cardioversion is a catecholamine surge and varied hemodynamic changes.

Because of the rarity of stroke in ECT patients, routine anticoagulation prior to ECT is controversial. Furthermore, direct electrical stimulation of the brain risks hemorrhagic stroke after ECT.

In patients with existing AF who are not anticoagulated, an alternative means of reducing cardioversion risk may involve modulation of post-ECT hemodynamic changes by beta-blockade. Beta-blockade may exacerbate bradycardia in some while reducing reflex tachycardia in others and may even decrease seizure length, thus, lowering the efficacy of ECT.

Conclusions The risk of inducing stroke by cardioversion of AF in the setting ECT is very low despite a documented risk of cardioversion. Routine anticoagulation prior to ECT remains controversial. Imaging modalities such as echocardiography or mitigation of hemodynamic effects may further reduce the risk of stroke in these patients. Areas for further study are precise assessment of cardioversion and stroke risk in AF patients and the effect of routine beta-blockade on cardioversion risk.

#17 CRITICAL ROLE OF SPECIALIZED PRO-RESOLVING MEDIATORS IN ATHEROSCLEROSIS
S Ranganajan*, P Rangchaikul, MM Radwan. Western University of Health Sciences, Pomona, CA
10.1136/jim-2022-WRMC.17

Purpose of Study Coronary artery disease is the leading cause of death worldwide with over 17.9 million deaths per year according to WHO. There has been a vast amount of research done in understanding the causes, and therefore the treatments of this disease. Our body’s inflammatory processes have been identified as a nidus of the elaborate process that ultimately leads to life-threatening cardiovascular events. However, research around understanding how the body puts an end to such naturally occurring inflammation i.e., resolution of this inflammation, is gaining traction and has shed light into new avenues for future management of CV diseases. In this narrative review we discuss the pathophysiological and molecular mechanisms of atherosclerosis including inflammation, apoptosis and efferocytosis, the recent development in the understanding of a new class of molecules called Specialized Pro-resolving Mediators (SPMs), and the impact of such findings in the realm of cardiovascular treatment options.

Methods Used We searched the MEDLINE database, PubMed restricting ourselves to original research articles as much as possible, and analyzed papers published in the last 20 years on the complex pathophysiology of atherosclerosis and the role of resolvins.

Summary of Results Specialized Pro-resolving Mediators (SPMs) is a class of molecules that acts as strong local modulators of acute inflammation. It is further classified into resolvins (E and D series), maresins, protectins, and lipoxins. Resolvins mediate resolution of inflammation through a variety of actions. Some of them are reduced chemotaxis of neutrophils by blocking the action of LTB4, a strong neutrophil chemoattractant, reduced PMN chemotaxis by effecting changes in their actin polymerization, downregulation of leukocyte integrin activation thereby reducing their response to platelet activation factor (PAF), a potent pro-inflammatory cytokine. Maresins are involved in converting pro-inflammatory phenotype of macrophage M1 to pro-resolving M2, in reducing superoxide production by TNFα and nuclear translocation of p65, which together result in a reduction of pro-inflammatory NFκB pathway. Protectins act in a pro-resolving manner by downregulating certain markers for chemotaxis such as Vascular Cell Adhesion Molecule (VCAM-1) and Monocyte Chemotactic Protein (MCP-1). Lipoxins are shown to facilitate resolution by stopping further recruitment of neutrophils, inducing nonphlogistic migration and induction of macrophages to clear apoptotic neutrophils.

Conclusions We expect to see further research in translating these findings to bedside clinical trials in the treatment of conditions with a pathophysiological basis of inflammation such as coronary artery disease, asthma, periodontal disease, etc.

Endocrinology and metabolism I
Concurrent session
12:45 PM
Thursday, January 20, 2022

#18 CORONARY ARTERY CALCIFICATION SCORING IN TRANSGENDER INDIVIDUALS
T Duro*, E Choi, P Kapsner. The University of New Mexico, Albuquerque, NM
10.1136/jim-2022-WRMC.18

Purpose of Study To assess risk factors and the prevalence of coronary artery disease (CAD) using coronary artery calcium (CAC) scoring in transgender individuals receiving gender affirming hormone therapy (GAHT).

Transgender individuals are treated with cross sex hormone therapy. These hormones alter metabolic profiles and may be...
Methods Used

This is a pilot study assessing feasibility of obtaining baseline risk profiles and CAC scores in transgender patients over the age of 18, in order to establish a baseline risk assessment and the prevalence of CAD in this population. Patients with risk factors other than smoking and family history were excluded. Difference in CAC Scores were compared to those in The Coronary Artery Risk Development in Young Adults (CARDIA) study. Baseline characteristics were compared using t-tests.

Summary of Results

Out of 25 transwomen recruited, 24 completed CAC. 3/24 (12.5%) had CAC >0. One had CAC >100. Out of 22 transmen recruited, 16 completed CAC. 2/16 (12.5%) had CAC >0. None had CAC >100. CAC scores did not correlate with the presence of risk factors. Patient data in table 1.

Conclusions

Overall, 12.5% of transgender people on GAHT had positive CAC scores. This is similar to the findings of the CARDIA study where the prevalence of positive CAC scores in the general population was 11.7%. There was a higher percentage of current smokers in transwomen who also had higher triglycerides, but a lower LDL. Transmen had a higher family history of CAD, percentage having ever smoked, and a higher hsCRP. This cross-sectional study shows that obtaining CAC scores in transgender patients is feasible and that the prevalence of positive CAC scores appears to be similar to that of the general population. A larger, longitudinal study will be performed to expand on these findings.
Abstracts

protein-protein and protein-receptor interactions, novel germ cell forms of SHBG, and clinical findings from both normal and natural mutant phenotypes. The findings from these studies were summarized and gaps in our knowledge of SHBG’s role in reproductive function were identified.

Conclusions Four unanswered questions regarding SHBG/ABP function emerged from review of the literature. 1) Is SHBG essential in the development and regulation of the reproductive system? 2) What is the identity of the cell surface receptor for SHBG? A number of studies have demonstrated specific binding and subsequent signaling, yet no receptor has been identified. 3) Does the site of SHBG synthesis and secretion matter? 4) What is the function of the germ cell form of SHBG? Germ cells have the second-highest level of expression of SHBG, but we know very little about it. These questions seem key to future research on the role of SHBG in reproduction.

Case Report Meningiomas account for 13% of CNS tumors during pregnancy and are predominantly low grade WHO I tumors. Case series have reported rapid growth of these tumors during pregnancy, particularly during the second and third trimester, likely due to factors including intra-tumoral hypervascularity and tumor growth due to high sex hormone levels and the presence of progesterone receptors on tumor cells. As a result, patients can present with neurologic and visual field (VF) deficits and in rare cases, herniation and coma. We report a case of a pregnant patient with worsening of VF deficits and panhypopituitarism due to a meningioma in the suprasellar and sellar region. A 36-year-old woman G4P3 at 20 weeks, was transferred to our facility for neurosurgical intervention for acute worsening of VF deficits. She initially presented to her ophthalmologist with a 4-month history of headaches and right-sided vision loss and was found to have a sellar mass on imaging. She then began to have nausea and vomiting, weakness, and orthostasis which necessitated admission. The patient was given i.v. hydrocortisone (HC) due to a suspicion for adrenal insufficiency with improvement in symptoms. However, after receiving steroids, she developed polydipsia and polyuria. On arrival to our facility, the patient was noted to have urinary output (UO) of up to 6 liters per day with a low urine osmolality of 53 mosm/Kg (50–600 mosm/Kg) and serum Na as high as 147 mmol/L (134–144 mmol/L). She was given desmopressin (DDAVP) with improvement in serum Na and UO. Biochemical testing also revealed secondary hypothyroidism and L-thyroxine (L-T4) was initiated. An MRI of the brain on admission showed a 3.6 cm lobulated suprasellar and sellar mass with mass effect on the optic chiasm. Formal VF testing showed complete VF loss on the right and temporal loss on the left. After review of the patient’s case by a multidisciplinary team consisting of Neurosurgery, MFM, and Endocrinology it was decided to proceed with surgery. The patient underwent left pterional craniotomy and resection of the suprasellar component of the mass with decompression of the optic chiasm. Pathology showed a meningioma, WHO Grade I. Post-operatively, VF deficits improved and on discharge from the hospital, she was continued on DDAVP, L-T4 and HC. This is a rare case of a meningioma resulting in hormonal deficiencies in the anterior and posterior pituitary along with VF deficits which likely developed due to the location and rapid growth of the tumor in the setting of pregnancy. The decision for surgery during pregnancy should be based on clinical presentation and should involve a multidisciplinary team to determine the best management that limits complications to the mother and fetus.

UNRAVELING THE MYSTERY OF THYROTOXICOSIS IN A PATIENT WITH PANHYPOPIGUITARISM

AT Chuang*, BW Hager, M Bouchonville. University of New Mexico Health Sciences Center, Albuquerque, NM

Case Report In the setting of panhypopituitarism, hypothyroidism develops as a result of TSH deficiency rather than a primary insult to the thyroid gland. We describe a case of a patient with acquired panhypopituitarism who developed severe thyrotoxicosis, which persisted despite discontinuation of replacement thyroid hormone.

A 24-year-old Hispanic female with panhypopituitarism following a craniofaryngioma resection in 2010 presented with severe thyrotoxicosis. She initially presented with anxiety and palpitations and was observed to have a mild free T4 (FT4) elevation, which prompted a reduction in her replacement dose of levothyroxine. With progression of her FT4 elevation, the levothyroxine was discontinued and she was ultimately referred to adult endocrinology when clinical presentation worsened. Upon further evaluation, she reported weight loss of more than thirty pounds, palpitations, insomnia, fatigue, muscle weakness, bilateral hand tremors, nausea, vomiting, and dizziness. She confirmed a period of several months without levothyroxine. Heart rate was 109 bpm, no proptosis was noted, thyroid examination revealed no thyromegaly, no tremors were appreciated, and there were no findings suggestive of heart failure. FT4 at that time was 7.6 ng/dL (reference 0.7–1.6 ng/dL). Thyroid peroxidase antibody and TSH receptor antibody levels were negative. Thyroid ultrasound demonstrated an atrophic left thyroid lobe; no nodules were identified. Thyroid uptake was low at 1.8% at 24 hours. This unexpected finding prompted a thyroglobulin (TG) level to distinguish between subacute thyroiditis or an ectopic source of thyroid tissue versus a low TG state such as factitious thyrotoxicosis. TG was low at 3.3 ng/ml, prompting a pharmacy query, which revealed that she was continuing to fill levothyroxine prescriptions at three pharmacies.

A more comprehensive review of her behavioral health history revealed persistent depressive disorder, PTSD, psychogenic nonepileptic seizures, and numerous recent psychosocial stressors. We approached her care in a non-confrontative manner by presenting a range of possible explanations for her clinical and laboratory findings and sharing our recommended treatment.
This case highlights an unexpected presentation of factitious thyrotoxicosis secondary to surreptitious use of levothyroxine in a patient with acquired panhypopituitarism, and the stepwise evaluation that led to this conclusion. We discuss the strategies implemented in managing this patient and review approaches to patients with factitious disorders.

#22 FEASIBILITY OF EXTENDING SLEEP IN A PILOT SAMPLE OF TEENS WITH OBESITY AND SHORT SLEEP: THE REM STUDY

1AE Bowen*, 2S Simon, 3M Cree-Green, 4KJ Nadeau, 5J Kaar. 1Children’s Hospital Colorado, Aurora, CO; 2University of Colorado Anschutz Medical Campus, Aurora, CO 10.1136/jim-2022-WRMC.22

Purpose of Study Insufficient sleep duration is common among adolescents and may contribute to insulin resistance, dysglycemia, and precursors to type 2 diabetes (T2D). Youth-onset T2D has devastating long-term effects, and thus prevention strategies for adolescents at risk for T2D are needed. Increasing total sleep time (TST) may be one such strategy. We tested the feasibility of a 4-week sleep extension intervention for adolescents treated within an outpatient weight management clinic.

Methods Used High school students aged 14–19 years with insufficient sleep (<8 hours) on school nights were recruited during the academic year. Exclusion criteria included T2D, medications that affect sleep, and a schedule that precluded participants from adhering to sleep extension (e.g., night shift employment). Following sleep monitoring at home for 1 week, a revised sleep schedule was collaboratively created with a target of increasing time in bed (TIB) by 2 hours. Participants followed this schedule for 2 weeks (W2), returned to the clinic to discuss barriers to adherence to the prescribed schedule, and then followed the revised schedule for another two weeks (W4). Feasibility was assessed by adherence to wearing sleep watch and submitting sleep diaries, improvement in TIB and TST, and self-reported barriers to following prescribed sleep schedule. Data are reported as averages ± sd or medians (min, max).

Summary of Results A total of 6 participants have been recruited for the study to-date; however, 2 were withdrawn due to COVID-19 school closures when shifted to online learning. Participants (n=4) were aged 17.0 ± 0 years, 100% Hispanic, with a BMI percentile of 98.4±0.9 kg/m². All participants completed the intervention; 99.4% adhered to Actigraphy and 65.6% to the sleep diary. At baseline, the average TIB was 7.3±1.6 hours and TST was 5.8 ±1.5 hours. Compared to baseline, W2 hours of TIB [1.2 (-0.1,2.6)] and TST [1.2 (-0.4,2.1)] increased and W4 hours of TIB [0.1 (-1.8,5.3)] and TST [0.7 (-1.5,4.1)] increased. Increased TIB was primarily achieved by shifting bedtimes earlier, while waketimes remained relatively consistent. Barriers to adherence included homework, extracurricular activities, and parents’ and youths’ variable work schedules.

Conclusions Initial findings indicate a 4-week sleep extension intervention in adolescents with short sleep seeking treatment for weight management is feasible. Participants increased TIB and TST by a median of 1.2 hours. However, additional strategies are needed to maintain such improvements. School and community efforts to delay high school start times may benefit youth at risk for T2D by enabling them to increase TST.

#23 RELATIONSHIP BETWEEN HIGH CARBOHYDRATE AND VITAMIN D INTAKE ON SLEEP QUALITY AMONG ADULT POPULATION OF UNITED STATES


Purpose of Study Quality of sleep depends on diet as carbohydrate or vitamin D. Sleep quality is challenging to study due to cost, resources, and availability of research subjects. There is a gap in the literature examining the impact of carbohydrates and vitamin D intakes on sleep quality. We aim to examine the association between carbohydrate and vitamin D intakes and sleep quality among adult US population.

Methods Used We analyzed data from the National Health and Nutrition Examination Survey 2007–2014. Carbohydrate and vitamin D intakes were categorized into three groups based on the distribution. Sleep quality was assessed using hours of sleep, have sleep problem and doctor diagnosed sleep disorder. We used chi square and multiple logistic regression to analyze the data considering the design and sample weight.

Summary of Results Of the 16,415 adults, 35% had high carbohydrate intake (>283 gm), 31% had low vitamin D intake, 36% slept <7 hours/day, 27% reported sleep problem, and 9% had sleep disorder. There was no relation between the high carbohydrate intake and low vitamin D intake and the hours of sleep (p>0.05). However, high vitamin D intake was associated with sleep disorders and troubled sleep (p<0.05) adjusting for the confounding variables. Minority, divorced/widowed, overweight/obese, smokers, with diabetes, kidney disease, depression were more likely to have low sleep hours relative to the other groups (p<0.05).

Conclusions Our study indicated no association between carbohydrate and vitamin D intakes and sleep quality. Longitudinal prospective studies are needed to examine factors associated with quality of sleep and their mechanisms.

#24 AUTOIMMUNE HEPATITIS PRESENTING AS FULMINANT HEPATIC FAILURE

NC Trang*, AS Gill, K Radick, N Karapetians, S Mishra. Kern Medical Center, Bakersfield, CA 10.1136/jim-2022-WRMC.24

Purpose of Study To present an interesting case with an atypical presentation of a rare disease.

Methods Used A single patient case report was conducted after IRB approval.

Summary of Results Autoimmune hepatitis (AIH) is a chronic inflammatory disease of the liver that typically presents with the presence of AIH-related antibodies. There are two types of AIH: type 1 is associated with anti-smooth muscle antibody (anti-SMA) and type 2 associated with anti-liver/kidney microsome type 1 antibody or anti-liver cytosol type 1 antibody. About 25% of patients with AIH are asymptomatic. Rarely, patients with AIH present with features of fulminant hepatic failure with rapidly progressive liver impairment, coagulopathy, and hepatic encephalopathy or coma.

We present a case of a 63-year-old female who presents to the hospital with altered mental status (AMS) of one day duration. Her labs were significant for acute kidney injury (AKI), elevated liver function tests, and urinalysis consistent with AIH.

J Investig Med 2022;70:110–345
with urinary tract infection (UTI). Computerized tomography (CT) abdomen and pelvis showed bilateral pyelonephritis. Urine cultures grew pan-sensitive Escherichia coli, and she was treated with 10 days of Ceftriaxone. During this course, renal function worsened with uremic-range BUN and she became oliguric, thus hemodialysis was initiated with good response in both renal indices and mental status. Patient was also found to have coagulopathy with a worsening PT/INR of 32.2-3.24. Further workup of AKI revealed proteinuria and positive atypical p-ANCA and anti-SMA, raising concern for autoimmune disease in both kidneys and liver.

**Conclusions** Our patient’s symptoms originally raised concerns for pyelonephritis secondary to a UTI. Despite a full course of antibiotics, her kidney function continued to decline until receiving dialysis. She was also determined to have fulminating hepatitis with coagulopathy followed by positive autoimmune antibodies. This course leads us to believe that the etiology of her encephalopathy was secondary to autoimmune liver and kidney disease.

The main interest of this case report lies in autoimmune hepatitis secondary to atypical p-ANCA and anti-SMA presenting as fulminating hepatic failure in the setting of AKI. Atypical p-ANCA seems to be more specific for autoimmune hepatitis than the typical p-ANCA [1]. Anti-SMA antibodies found in about 50% of type 1 AIH [1]. Both nephrology and gastroenterology recommended renal/liver biopsy for definitive diagnosis which will be done outpatient.

**#25 DIABETIC NEUROPATHIC CACHEXIA – AN UNCOMMON MIMIC**

J Gilbert*, HK McCluskey, P Gulani, A Outon. University of Colorado, Denver, CO; Beth Israel Deaconess Medical Center, Boston, MA; Jacobi Medical Center, Bronx, NY

10.1136/jim-2022-WRM.C25

**Case Report** A 52-year-old man with poorly controlled type 2 diabetes presented with four months of watery diarrhea. During this period, he also noticed an unintentional 80-pound weight loss, a ‘burning’ sensation on his anterior thighs, and new onset depression and anxiety. He had no recent history of fever, chills, or night sweats. He was not prescribed insulin, though glipizide was added to his diabetes regimen about six months prior. Physical examination revealed a cachectic man with a BMI of 18.4 kg/m2, normal vital signs, and an unremarkable rest of exam. Laboratory evaluation was notable for a white blood cell count of 21.8 x 10^9 cells/mm3, an anion gap of 26, and a glucose level of 280 mg/dL. He also had a CRP of 147.1 mg/dL and an HbA1C of 19.3%. Serology for HIV-1, HIV-2, HBsAg, and HCV were all negative, and a fecal fat test was normal. Chest x-ray was clear, a transthoracic echocardiogram showed no valvular vegetations, and CT scans of his chest, abdomen, and pelvis were completely normal.

This patient’s concerning cluster of symptoms provoked an extensive workup to rule out cancer, infection, and malabsorptive syndromes. However, this patient’s presentation matched an uncommon neuropathy syndrome found in diabetes. Diabetic neuropathic cachexia (DNC) is an extremely rare neuropathy – only 36 cases have been reported in the literature – but its unique cluster of symptoms often incites a search for a hidden malignancy or insidious infection. DNC most commonly presents in a type-2 diabetic after initiation of an oral anti-hyperglycemic medication with profound weight loss, mood symptoms, symmetric peripheral neuropathy, and painful limb paresthesias. Management of this neuropathy is directed at improving glycemic control, as most patients recover within one to two years with improvement in A1C, though some can suffer residual neurologic deficits.

**#26 UPPER EXTREMITY DEEP VENOUS THROMBOSIS SECONDARY TO THYROTOXIC PERIODIC PARALYSIS WITH ACCOMPANYING HYPERPHOSPHATEMIA AND SEVERE HYPMAGNESMIA**

JRahesh*, AL-Sukhni, B Quraishi, T Naguib. Texas Tech University Health Sciences Center, Lubbock, TX

10.1136/jim-2022-WRM.C26

**Case Report** A 20 year old male with history of drug abuse and osteoarthritis presented to the emergency department with bilateral leg weakness and feet numbness since the morning when he woke up unable to move his legs or his back and fell out of bed, after which he noticed that he had feeling in his legs but not his feet. He was found to be profoundly hypokalemic at 1.6 mmol/L and hypomagnesemic at 1.5 mg/dL. Phosphate levels were not taken but calcium was 9.0 mg/dL. These values were verified by a redraw and repeat chemistry. The patient denied nausea, vomiting, and diuretic use, but did report lose bowel movements for long months due to self-diaagnosed IBS. He also reported alcohol use of 4–6 beers 1–2 times a week for years. The patient was admitted for potassium and magnesium intravenous replacement. Chest X Ray, MRI of the cervical spine, CT scan of the brain, and drug panel were all negative.

On day 1 of hospital stay the patient’s electrolyte levels improved, with a potassium of 3.6 mmol/L a magnesium of 1.8 mg/dL, a phosphate of 4.0 mg/dL, and a calcium of 8.9 mg/dL. On day 2, he reported improved strength after working with physical therapy but did not feel at baseline. His labs indicated a potassium of 3.6 mmol/L, a magnesium of 1.8 mg/dL a phosphate of 5.0 mg/dL and a calcium of 9.3 mg/dL. His SARS-CoV2 antibody, antigen, and urine cultures were all negative. A negative TTT IgA test ruled out Celiac disease.

On day 3, potassium was 4.4 mmol/L, and magnesium was 1.7 mg/dL, and a newly elevated phosphate of 5.7 mg/dL was noted. Calcium was 9.0 mg/dL. Right arm edema and pain at the PICC line site prompted removal of the line but an ultrasound showed an occlusive DVT. A heparin drip was ordered, and a V/Q scan was negative. An asymptomatic run of ventricular tachycardia prompted an echocardiogram and troponin evaluation, but both were negative.

On day 4 his labs revealed a low TSH of <0.01 an hypomagnesemia of 1.8 mg/dL. Potassium was within normal limits. Phospate was still elevated at 5.5 mg/dL and calcium was 10.0 mg/dL.

On day 5 a low TSH of <0.01 was confirmed once again, elevated T3 9.99 pg/ml and T4 2.86 ng/dL were also noted. Potassium at this time was 4 mmol/L, magnesium was within normal limits, phosphate was elevated at 7.0 mg/dL, and calcium was 9.5 mg/dL. A PTH was also measured at this time and was found to be normal at 36.7 pg/mL. Ventricular tachycardia was attributed to hyperthyroidism, and a diagnosis of thyrototoxic periodic paralysis was made. An ultrasound of the neck showed a hypervascular thyroid consistent with Graves’


Disease or thyroiditis. Thyroid stimulating immunoglobulin was drawn, and the patient began a regimen of 10 mg methimazole 3 times daily.

On day 6 the patient had a potassium of 3.8 mmol/L, phosphate of 6.2 mg/dL, calcium of 9.6 mg/dL, and magnesium of 2.3 mg/dL. On day 7 the patient was discharged.

Healthcare delivery research I
Concurrent session
12:45 PM
Thursday, January 20, 2022

#27 DIABETES PREVENTION AT WORK: 10-YEAR FOLLOW-UP OF GLYCEMIC CONTROL AND SERUM LIPOPROTEINS IN HEALTHY WORKERS WITH AND WITHOUT HEALTH COACHING AND MONETARY INCENTIVES

1-4LW Raymond*, 1Atrea Health, Charlotte, NC; 2University of North Carolina System, Chapel Hill, NC

10.1136/jim-2022-WRMC.27

Purpose of Study Knowing of the success of lifestyle changes in the Diabetes Prevention Program, we wondered if similar results could be achieved in a workplace setting with the collaboration of an employer in the Charlotte, NC region.

Methods Used We compared diabetes incidence and serum lipoprotein concentrations in two groups. Cohort 1 comprised 304 workers (mean age 49, 88% males). Cohort 2 comprised 131 workers (age 52, 83% males). Cohort 1 received health coaching by a physician assistant or nurse practitioner who encouraged regular exercise, healthy weight, carbohydrate limitation, smoking abstinence, and blood pressure control. They compared baseline values of HbA1c with those associated with prediabetes and diabetes, ≥5.7 and ≥6.5, respectively. Cohort 1 workers also received up to $800 per year, based on the above lifestyle choices as well as HbA1c and lipoprotein levels. The latter were also measured in Cohort 2, but no incentives or health coaching were provided, other than individual letters containing their blood test results.

Summary of Results Diabetes developed over 10 years in 59 Cohort 1 participants compared to 93 expected (chi-squared = 8.56, p = 0.003) on the basis of initial HbA1c values (Zhang X et al., Diabetes Care 2010;33:1665). Workers with prediabetes decreased from 192 to 141. In Cohort 2, five participants were diagnosed with diabetes, the same number as expected. However, workers with prediabetes increased from 28 to 36.

Serum lipoproteins improved in both cohorts (table 1).

Conclusions Preventing diabetes benefits individual workers and their families. Employers who share in the health care costs of their workforce also stand to benefit substantially from diabetes prevention, as these costs are $9,601 per year higher in persons with this condition. Health coaching and monetary incentives were associated with improved glycemic control as well as lower lipoproteins. Only the latter improvement was found in the group of workers not provided either of the above interventions in this retrospective analysis. Further prospective observations may identify the respective roles of coaching and monetary incentives. Whether these improvements are associated with better outcomes in cardiovascular end points in these workers would also be of great importance.

Abstract #28 MEDICAL STUDENT PERCEPTIONS OF INTIMATE PARTNER VIOLENCE SCREENINGS IN IN-PERSON VS TELEMEDICINE SETTINGS

1J Lai*, 1A Cheng, 1,2AL Nelson, 1M Fraix, 1M Hudson. 1Western University of Health Sciences, Pomona, CA; 2University of California Los Angeles, Los Angeles, CA

10.1136/jim-2022-WRMC.28

Purpose of Study Intimate Partner Violence (IPV) is a public health crisis that impacts 25% of women and 10% of men in the US, totaling 43 million women and 38 million men. IPV screenings traditionally occurred at doctor offices, which was to be a safe space, but with the transition to telemedicine, screening is done at home. This study sought to identify potential educational and practice gaps in care surrounding IPV screenings in different settings. We aimed to understand medical students’ general experiences (personal and professional), attitudes, and perceptions of IPV screening.

Methods Used To assess student experiences with IPV screenings as both patients and clinicians-in-training, two separate IRB-approved surveys were created and beta-tested for Western U COMP/COMPNW medical students. One for those who had clinical rotations and the other for those who had not. Questions included personal experiences with in-person and telemedicine IPV screenings, how screenings were conducted, and their perceived importance. Fourth-year students were asked additional questions regarding their experiences observing patients being screened. We used descriptive analysis of the responses to determine the frequency of IPV screening and the modalities in which IPV screening was conducted in in-person and telemedicine environments.

Summary of Results 170 students participated in the study for a response rate of 13%: 140 students from the non-clinical cohort and 30 students from the clinical cohort. Overall, 36.9% of students, who had been seen for an in-person appointment, reported they had been screened for IPV, while only 12.5% of students seen in telemedicine appointments were screened. Among those with in-person appointments, screening was by written survey (31.7%), online survey (10%), and via verbal screen (58.3%). However, among those seen via telemedicine, screening was conducted by online survey (30%) and by verbal screening (70%). Healthcare staff who administered IPV screens shifted from medical assistants (MAs) (35.6%), doctors (35.6%) and nurses (26.7%) for in-
person screenings to MAs (28.6%), doctors (28.6%) and receptionists (28.6%) in the telemedicine screenings. In the clinical cohort, 56% of students observed in-person IPV screenings during rotations, compared to 8.3% of students with telemedicine experience who observed IPV screenings via telemedicine.

**Conclusions** Medical students reported IPV screening was decreased in the telemedicine setting, which could increase the risk of under detection. Virtual screening was more frequently done verbally and conducted by less trained personnel. This study is unique because it provides the perspective of medical students as both patients and healthcare providers in training and demonstrates both educational and practice gaps in this new environment.

### #29 TDAP VACCINE UPTAKE AND ATTITUDES AMONG ENGLISH AND SPANISH SPEAKING PREGNANT PATIENTS

**Purpose of Study** Despite the recommendations of The American College of Obstetrics and Gynecology, and the health benefits that administering the Tdap vaccine can have on prenatal patients and their newborns, nearly 45% of prenatal patients do not receive the vaccine. We surveyed English and Spanish speaking prenatal patients, to measure uptake and assess patient knowledge and attitudes of the Tdap vaccine. We compared the responses of English and Spanish speaking patients to identify if inconsistencies existed.

**Methods Used** Using an IRB approved protocol, we surveyed low-income patients at Harbor UCLA Medical Center Obstetrics clinic in Torrance, CA for 7 weeks in Summer 2021. Patients were at least 18 years of age and ≥ 32 weeks gestational age. Upon obtaining verbal consent, we administered a 31-question beta-tested survey in their preferred language, English or Spanish.

**Summary of Results** The response rate achieved by the survey was 97%. There was a total of 98 participants, 80 of which answered the survey in English and 18 in Spanish. 49% of subjects were Hispanic/Latino, 35% African American, 3% Caucasian and 13% were of other ethnicities. Most of our patients (67%) were between the ages of 20–30. 69% of English-speaking patients received the vaccine and 79% of Spanish speaking patients also received the vaccine. Among all our 98 participants there was an overall Tdap vaccine uptake of 70%.

The most common reason for refusal of the Tdap vaccine among English speaking patients was due to safety concerns for their baby (47%), concerns for themselves (47%) or because they believed that they did not need the vaccination (47%). While, only 4% of English-speaking patients denied the vaccine because they were unaware they required it, this was the most common reason for refusal of the vaccine by Spanish speaking patients (66%).

**Conclusions** Overall, 70% of patients received the Tdap, higher than national averages, but still short of the goal, leaving substantial numbers of women and their newborns unprotected. Both uptake and reasons for refusal of Tdap vaccine differed among English and Spanish speaking patients. This may suggest a need to look more closely at the how Tdap vaccine information is presented in both languages to ensure that the same information or information more relevant to different groups, is being relayed to all prenatal patients.
Purpose of Study

Traumatic brain injury (TBI), is a common injury amongst veterans who have served in Iraq and Afghanistan. With the number of veterans from these conflicts now approaching 3 million, it is estimated that approximately 20% have suffered at least one TBI. Beyond the structural trauma, TBI may also lead to transient, or even permanent, pituitary insufficiency. Of particular interest are the consequences of TBI-induced hypogonadotropic-hypogonadism (HG) on short and long-term health. TBI clearly presents economic implications for the nation, related both to direct medical expenses and indirect costs. The purpose of this review is to summarize the knowledge about post-TBI hypopituitarism, its screening and treatment recommendations, costs, with a special focus on the potential impacts of post-traumatic hypogonadism on naval special operators.

Methods Used

We utilized DoD, CDC, and NIH datasets on TBI’s, alongside Endocrine Society and AUA Guidelines, and finally NCBI and Google Scholar searches of the following key terms: pituitary dysfunction, traumatic brain injury, hypogonadotropic hypogonadism, hypogonadism treatment, TBI screening, hormone therapy, fertility, special operations, special forces. The aforementioned sources were used to roughly predict prevalence of post-TBI Hypogonadism in special operators, it’s potential costs and consequences, and carry over its standards for screening and treatment.

Summary of Results

According to recent estimates, the range of TBI amongst all servicemen serving in Iraq or Afghanistan, taken together from 2000 to 2016, runs from 11–23%. Persistent hypogonadotropic hypogonadism following TBI meanwhile, amongst the general population, is predicted to fall within the wide range of 8–41%. It was found that hypogonadism was associated with incidence of PTSD among other physiologic consequences such as sexual dysfunction, osteoporosis, and neurodegeneration. Recent literature has proposed post-TBI pituitary dysfunction screening and therapy among the general public, but little for post-deployment special forces or veterans specifically.

Conclusions

While we can crudely postulate from comparisons to other groups, there is a distinct lack of recent data on TBI’s in naval special forces. But, what is clear is the connection between TBI’s and subsequent pituitary dysfunction, in which hypogonadotropic hypogonadism is likely the second most common subtype. Taken together, further retrospective and prospective studies are needed to further investigate hypogonadotropic pituitary dysfunction after TBI’s acquired in the line of duty by naval special forces servicemen with the purpose of establishing screening guidelines for these servicemen and ultimately provide appropriate treatment algorithms for the preservation of their quality of life, fertility, and protection against comorbid disease.
Abstracts

inflammatory disease. Conclusions Overall, residents and fellows showed an improvement in comfort level after completion of the module. This improvement was not only evident in performing US-guided FNAs but also with FNA technique and US interpretation. Although comfort does not equate skill, at $25 per session our module is a promising alternative to costly and time-consuming simulations courses, which often cost upwards of $700 per individual. These training modules can be executed in most residency and fellowship training programs to provide accessible training of these important skills.

#34 PRE-OPERATIVE iSTOP HUDDLE FOR IMPROVED TRANSITION OF CARE OF PEDIATRIC AND NEONATAL CRITICAL CARE PATIENTS

1,2,3M Nolan*, 2,3,4A Hadley, 1,3M Baserga, 3C Pries, 3A Nicholson, 3M Harrison, 3,4N Dinh, 3,4E Prentice, 3K Miller, 1,3J Huntington, 3B Huizenga, 3,4E Durkin. 1University of Utah Health, Salt Lake City, UT; 2Michigan State University, Grand Rapids, MI; 3Helen DeVos Children’s Hospital, Grand Rapids, MI; 4Spectrum Health Medical Group, Grand Rapids, MI; 1Neonatal Associates, PHC, Grand Rapids, MI; 2Pediatric Surgeons of West Michigan, PC, Grand Rapids, MI

Purpose of Study Patients admitted to the pediatric or neonatal intensive care units (PICU or NICU) at Helen DeVos Children’s Hospital in Grand Rapids, MI, prior to their surgery are taken directly from the PICU or NICU to the operating room (OR). Therefore, these patients do not undergo a comprehensive (pre-op) checklist in the pre-op holding area. A critical care pediatric patient underwent a wrong-sided surgery, highlighting the need for a standardized approach to improve completion of the pre-op checklist and communication between the ICU and surgery teams in the perioperative period.

Methods Used Using quality improvement methodology, the NICU, PICU, pediatric surgery, and pediatric hospital medicine teams completed an A3 form and performed a gap analysis. To address the concerns identified in the root cause analysis, we developed a bedside team huddle composed of ICU, surgery, and anesthesia teams to be performed in the ICU prior to the patient being taken to the OR. We created the acronym iSTOP to outline the components of the pre-op huddle: (i) introductions; (S) surgical procedures to be performed; (T) any tubes, lines, or drains; (O) ongoing plan/intra-operative plan; (P) post-operative care and pain management plan.

Summary of Results Over the course of 90 days, 24 pre-op bedside iSTOP huddles were convened for ICU patients requiring surgery. All team members were present and all key elements of iSTOP were reviewed in over 90% of instances. Surgical site was appropriately marked 100% of the time, and pre-op checklist was completed at least 80% of the time. During this time period, there were zero serious safety events for ICU-to-OR patients.

Conclusions The iSTOP huddle improved completion rate of the pre-op checklist and enhanced care team communication and patient safety surrounding care transitions between ICU and surgical departments. This huddle format can be extended to incorporate other bedside procedures within the ICUs and other areas of the hospital.

#35 IMPACT OF A PRE-OPERATIVE CHECKLIST ON SURGICAL DELAYS IN COMPLEX SPINE SURGERY

1LN DePledge*, 1CE Drolet, 2K Nold, 3S Hermanson, 2PK Louie, 2,3Is Sethi. 1University of Washington School of Medicine, Seattle, WA; 2Virginia Mason Medical Center, Seattle, WA

Purpose of Study Adult spinal deformity surgery is associated with high rates of perioperative adverse events (AE). To minimize the risk of AEs, patients must undergo a multitude of various labs, imaging, procedures, and evaluations before surgery. This process can be complicated for both patients and providers, which can lead to surgical delays. To address this problem, Virginia Mason Neuroscience Institute created a comprehensive preoperative checklist, detailing all necessary aspects of surgical optimization. The goal of this study was to evaluate the impact of a comprehensive preoperative checklist on surgical delays in patients undergoing adult spinal deformity surgery. We hypothesized that checklist-directed optimization would reduce the number of surgical delays and need for postoperative intensive care.

Methods Used Appointed members of the complex spine surgery team were tasked with coordinating surgical optimization using a checklist from 9/1/20 to 8/1/21 (n = 51). Complex spine surgeries (to treat adult spinal deformity) between 1/1/20 and 8/31/20 (n = 142) were not medically optimized via checklist and thus served as a historical control. Indications for surgery including infection, tumor, and urgent/emergent

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10.1136/jim-2022-WRMC.35
cases were excluded. Surgeries that were delayed due to COVID, or those that deviated from the established care pathway were also excluded. Impact of the checklist on the frequency of pre-/peri-operative delays and need for postoperative intensive care were investigated. Chi-square analysis was used to interpret these data.

Summary of Results Of 235 patients scheduled for complex spine surgery, 193 met our criteria. Checklist-directed surgical optimization did not significantly reduce surgical delays, with 19.0% of surgeries experiencing a delay in the historical control group compared to 15.7% in the study group (p = 0.38). However, patients in the study group were less likely to require postoperative intensive care (11.1%) compared to the control group (25.3%) (p = 0.031).

Conclusions Checklist directed pre-surgical optimization was instituted at a single, high-volume spine surgery center. Although this intervention did not reduce the number of surgical delays, it does have the potential to increase patient safety, as use of the checklist was associated with reduced need for postoperative intensive care. Further research on ways to improve interdisciplinary coordination for preoperative optimization to reduce surgical delays is needed to maximize patient safety and minimize AEs.

Immunology and rheumatology I
Concurrent session
12:45 PM
Thursday, January 20, 2022

#36 SARS-COV-2 IMMUNE COMPLEXES ELICIT TISSUE FACTOR EXPRESSION ON HUMAN PERIPHERAL BLOOD MONOCYTES

1IT Vanturu*, 2B Wang, 3S Torres. 1University of Washington School of Medicine, Seattle, WA; 2Fred Hutchinson Cancer Research Center, Seattle, WA

Purpose of Study Innate and adaptive immune responses may play a role in severe complications of SARS-CoV-2 infection (COVID-19). The formation of virus-antibody immune complexes may result in aberrant activation of innate immune cells, including circulating monocytes. Thromboembolic complications are a hallmark of severe COVID-19, in which a hypercoagulable state is observed. Currently, the mechanism of this is poorly understood. Tissue factor, also known as Coagulation Factor III, is key to activating the clotting cascade; it is constitutively expressed extra-vascularly but can be upregulated on circulating monocytes during inflammation. Conditions that predispose patients to severe COVID-19, such as metabolic syndrome, are associated with elevated plasma levels of endothin. We postulate that aberrant inflammatory activation of monocytes via SARS-CoV-2/antibody immune complexes, in tandem with endothin, can upregulate tissue factor and induce hypercoagulability.

Methods Used Immune complexes were formed by mixing inactivated SARS-CoV-2 with Bamlanivimab (Bam), a therapeutic monoclonal antibody specific for the spike receptor-binding domain of SARS-CoV-2. Antibodies to a different domain of the spike were used to capture immune complexes, which were then detected using biotin/avidin. Effects on monocyte cell-surface expression of tissue factor were investigated using flow cytometry. Human peripheral blood mononuclear cells were cultured with SARS-CoV-2, Bam, endotoxin, and combinations of the three. Monocytes were identified by forward/side scatter and CD14 expression.

Summary of Results SARS-CoV-2 immune complexes were readily detectable by immunoassay. Immune complexes were also stable under different storage conditions. These complexes increased endotoxin-induced tissue factor expression on monocytes to a greater degree than did endotoxin alone. Incubation with neither Bam nor SARS-CoV-2 alone induced tissue factor expression.

Conclusions Antibody-mediated mechanisms are key in clearing SARS-CoV-2 infection. Our results show that the formation of virus-antibody immune complexes may also result in aberrant activation of innate immune cells, including circulating monocytes, leading to tissue factor upregulation. These results may aid in understanding the hypercoagulable state seen in SARS-CoV-2 infection. The next step is to evaluate the effect of immune complexes on in-vitro coagulation by using tissue factor-induced Factor Xa activity assays.
### Abstracts

#### #38 CONSERVATIVE MANAGEMENT OF KNEE OSTEOARTHRITIS UTILIZING BONE MARROW ASPIRATE CONCENTRATE

1. Leiby*, 2 GB Foremny, 3 J Hawley, 1 Galloway, 3 J Willford, 2, 3 JC McGinley. 1University of Washington School of Medicine, Seattle, WA; 2The McGinley Clinic, Casper, WY; 3WWAMI Medical Education Program, Laramie, WY; 4University of Washington School of Medicine, Seattle, WA

**Purpose of Study** Bone marrow aspirate concentrate (BMAC), along with conservative patient management, offers a minimally invasive option in treating chronic pain from knee osteoarthritis. Knee osteoarthritis affects 35% of adults aged 65 years and older. BMAC has been shown to decrease inflammation and improve cartilage signal on MRI. We hypothesize BMAC injections, along with conservative care, will provide short- and long-term relief of pain associated with knee osteoarthritis.

**Methods Used** A retrospective chart review was conducted to identify patients with knee osteoarthritis who received BMAC injections and conservative care in our clinic from November 2013 to November 2019. Under CT and ultrasound guidance, 60cc of bone marrow was aspirated from the posterior iliac crest. Each 60cc sample of aspirate was centrifuged, concentrated to 10cc, and injected into the knee joint under sonographic guidance. Patients were non-weight bearing utilizing crutches and a compartment specific off-loading brace for 3 weeks after the procedure and partial weight bearing with just the brace for an additional 3 weeks. All NSAIDs were held 10 days prior and 3 months following the procedure. A 0–10 patient self-reported pain scale was used as the primary outcome. Secondary outcomes included adverse events and additional treatments. Pain scores were collected on the day of treatment and fixed timepoints up to 3 years post-injection. A 2-tailed Wilcoxon signed rank test with a .05 alpha level was used to determine statistical significance between differences in reported pain level at each follow-up compared to baseline.

**Summary of Results** Forty-seven patients (71 knees, 26 males, 21 females) with an average age 64±9 years, received BMAC injections and conservative management. These patients were followed for 3 years post treatment (mean follow-up 30.1 ±11.0 months). Reported pain level was significantly reduced 3 weeks post-injection compared to baseline (47 patients, 71 knees; mean Δ -2.0 points; p<.001; table 1). Pain continued to decrease up to 3 years post-injection compared to baseline (37 patients, 54 knees; mean Δ -3.9 points; p<.001). No adverse events were reported. Thirty-seven patients (17 knees) subsequently received additional treatments including injections (10 patients, 12 knees). Three patients (5 knees) underwent knee arthroplasty. Zero patients underwent repeat BMAC injections during the 3-year follow-up period.

**Conclusions** BMAC injections, along with conservative management, represents a safe, effective, and minimally invasive treatment option for treating knee osteoarthritis pain for up to 3 years. Few patients in our study progressed to knee arthroplasty suggesting this approach to be a viable alternative to surgery.

#### #39 PREVALENCE OF FRAILTY AND ASSOCIATED FACTORS IN A NATIONAL OBSERVATIONAL COHORT OF RHEUMATIC DISEASES


**Purpose of Study** Frailty is associated with disability and early mortality and may be reversible. It is accelerated in patients with certain rheumatic musculoskeletal diseases (RMDs). The prevalence of and disease-specific factors associated with frailty across multiple RMDs is unknown.

**Methods Used** Data were acquired from FORWARD, The National Databank for Rheumatic Diseases, an observational longitudinal US registry with biannual patient questionnaires. Frailty was measured by self-reported measure: the FRAIL scale, which queries 5 items: 1) fatigue, 2) resistance (climbing stairs), 3) ambulation, 4) illnesses, and 5) loss of weight and categorizes those with ≥ 3 items as frail. Those with missing RMDs or frailty variables were excluded (N=117). Prevalence of frailty across RMDs was described. Multivariable logistic regression was performed to identify variables independently associated with being frail.

| #38 | CONSERVATIVE MANAGEMENT OF KNEE OSTEOARTHRITIS UTILIZING BONE MARROW ASPIRATE CONCENTRATE |
| #39 | PREVALENCE OF FRAILTY AND ASSOCIATED FACTORS IN A NATIONAL OBSERVATIONAL COHORT OF RHEUMATIC DISEASES |

#### Abstract #38 Table 1 Mean reported pain scores

<table>
<thead>
<tr>
<th>Time</th>
<th>Baseline</th>
<th>3 weeks</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>1 year</th>
<th>1.5 years</th>
<th>2 years</th>
<th>3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 71</td>
<td>n = 71</td>
<td>n = 71</td>
<td>n = 71</td>
<td>n = 71</td>
<td>n = 63</td>
<td>n = 58</td>
<td>n = 58</td>
<td>n = 54</td>
</tr>
<tr>
<td>Mean Pain Score</td>
<td>5.6</td>
<td>3.6*</td>
<td>3.2*</td>
<td>3.1*</td>
<td>2.3*</td>
<td>1.9*</td>
<td>1.8*</td>
<td>1.8*</td>
<td>1.7*</td>
</tr>
</tbody>
</table>

*p < .001
associated with frailty in the entire cohort and stratified by RMDs.

Summary of Results 3,348 individuals were included and 1,084 were frail (32%). RMDs evaluated were rheumatoid arthritis (71%), osteoarthritis (OA) (16%), fibromyalgia (5%), systemic lupus erythematosus (SLE) (4%), other connective tissue diseases (CTDs) (2%), spondylarthritides (1%), and vasculitis (1%). Frail participants were older (69.8±10.6) compared to non-frail (66.3±11.7) and had a higher prevalence of obesity (52% vs. 31%). The distribution of frailty was equal across RMDs (~33%) except vasculitis and CTDs, which had a lower prevalence of frailty (20% and 26%, respectively). Ambulation and fatigue were the most common frailty components across RMDs. In the primary multivariable model evaluating the entire cohort, increasing age (OR=1.05 [95%CI 1.04–1.06], female sex (OR=1.74 [95%CI 1.57–1.95]), overweight (OR=1.49 [95%CI 1.17–1.89]) and obesity (OR=3.04 [95%CI 2.42–3.82]), prior fracture (OR=1.87 [95%CI 1.56–2.26]), increased disease activity (OR=1.24 [95%CI 1.18–1.30]), and pain (OR=1.11 [95%CI 1.07–1.16]) had significant independent associations with frailty (table 1). Biologic use was associated with lower odds of frailty (OR=0.78 [95%CI 0.64–0.96]). Among the RMDs, SLE was associated with an increased odds of frailty with OA as the reference (OR=1.70 [95%CI 1.02–3.03]). Overall, disease-specific associations were similar to the primary multivariable model with obesity and disease activity maintaining statistical significance in most models.

Abstract #39 Table 1 Multivariable logistic regression evaluating factors associated with frailty in the entire cohort (N=2947)

<table>
<thead>
<tr>
<th>Variables</th>
<th>OR</th>
<th>95%CI</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>1.05</td>
<td>1.04–1.06</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Male sex</td>
<td>0.74</td>
<td>0.57–0.95</td>
<td>0.017</td>
</tr>
<tr>
<td>BMI:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>-Underweight</td>
<td>1.60</td>
<td>0.87–2.93</td>
<td>0.131</td>
</tr>
<tr>
<td>-Normal weight</td>
<td>ref</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>-Overweight</td>
<td>1.49</td>
<td>1.17–1.89</td>
<td>0.001</td>
</tr>
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<td>-Obese</td>
<td>3.04</td>
<td>2.42–3.82</td>
<td>&lt;0.001</td>
</tr>
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<td>Primary Rheumatic Diagnoses:</td>
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<tr>
<td>-Rheumatoid arthritis</td>
<td>1.18</td>
<td>0.91–1.54</td>
<td>0.217</td>
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<td>-Systemic lupus erythematosus</td>
<td>1.76</td>
<td>1.02–3.03</td>
<td>0.042</td>
</tr>
<tr>
<td>-Osteoarthritis</td>
<td>ref</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>-Fibromyalgia</td>
<td>0.98</td>
<td>0.65–1.48</td>
<td>0.936</td>
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<td>-Spondylarthritides</td>
<td>1.29</td>
<td>0.37–4.44</td>
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<td>-Vasculitis</td>
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<td>0.20–1.64</td>
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</tr>
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<td>-Connective Tissue</td>
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<td>0.75–2.77</td>
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<tr>
<td>Diseases*</td>
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<td></td>
</tr>
<tr>
<td>Fracture ever</td>
<td>1.87</td>
<td>1.56–2.26</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Disease duration (years)</td>
<td>1.01</td>
<td>1.00–1.01</td>
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<tr>
<td>Disease severity</td>
<td>1.24</td>
<td>1.18–1.30</td>
<td>&lt;0.001</td>
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<td>Pain Scale</td>
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<td>-DMARD use</td>
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<td>-Prednisone dose</td>
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Abstracts

Abstract #40 ADJUNCT THERAPIES FOR PEMPHIGUS DISEASE: A SYSTEMATIC REVIEW

Conclusions Frailty is common among RMDs affecting nearly 1 in 3 participants. Obesity, prior fracture and a diagnosis of SLE had the highest associations with frailty. Future work is needed to identify factors that predict frailty onset and potential interventions to treat frailty within RMDs.

Purpose of Study Pemphigus vulgaris (PV) and IgA Pemphigus are mucocutaneous autoimmune diseases that commonly present as painful blisters eroding the skin of the face, trunk, scalp, groin, and axillae in affected patients. The pathogenesis of pemphigus disease stems from autoantibodies against desmosomal proteins essential to maintaining keratinocyte adhesion. A histopathologic exam may reveal a reduction in desmosomal cadherin proteins and epidermal acantholysis. Currently, there is no cure for pemphigus, though corticosteroids and steroid-sparing agents are commonly used to control the proliferation of lesions and prevent disease progression. Frequently used non-steroidal agents include mycophenolate mofetil, azathioprine, IVIG and rituximab. Despite these treatment options, patients often succumb to long-term corticosteroid complications. Less-used therapies include dapsone and sulfasalazine for PV, and colchicine for IgA pemphigus which offer potential steroid-sparing alternatives with fewer adverse effects, however, their efficacies has not been clearly established. The objective of our systematic review is to investigate the use of dapsone, sulfasalazine, and colchicine in the treatment of PV and IgA pemphigus.

Methods Used We searched the PubMed database using the search terms: ‘dapsone’ ‘sulfasalazine’ ‘pemphigus vulgaris’ ‘colchicine’ ‘IgA pemphigus disease.’ Our inclusion criteria included published articles written in English between 1970–2021 exploring the use of dapsone, colchicine or sulfasalazine for pemphigus, and included case series, retrospective studies, and randomized control trials. Our exclusion criteria eliminated reports with fewer than three patients, and review articles. 275 articles were identified, of which 27 relevant studies were eligible. 15 studies were excluded after screening, resulting in 12 remaining studies.

Summary of Results 46 (63%) out of 73 patients responded to dapsone, suggestive of its efficacy as either a monotherapy or as a part of combination therapy for PV. In 65 patients receiving sulfasalazine adjunct therapy, 61 (94%) achieved clinical remission. Adequate data is lacking regarding colchicine therapy for pemphigus as the current literature only reports four IgA pemphigus patients treated with this agent.

Conclusions More research is required to elucidate an effective and safe therapy for individuals burdened with pemphigus disease. Certainly, the rarity of this condition and the difficulty in finding adequate control groups present a major barrier for holding clinical trials on alternative therapies. Going forward, dermatologists may consider the use of dapsone or sulfasalazine adjunct therapy in PV patients to slowly lower corticosteroid use as lesions begin to diminish and to prevent relapse of cutaneous flare ups for patients in remission.

1K Nguyen*, 2S Worwick. 1Western University of Health Sciences, Pomona, CA; 2University of Southern California, Los Angeles, CA

10.1136/jim-2022-WRMC.40
### Purpose of Study
Type 2 Diabetes Mellitus (T2DM) is an inflammatory disease that can alter the immune response resulting in several physiological manifestations. Glutathione (GSH), a thiol required to maintain intracellular redox state homeostasis, is classically deficient among individuals with T2DM. Glutathione also appears to be pertinent in the immune response against *Mycobacterium tuberculosis* (*Mtb*) infection. In our previous studies, we have identified L-GSH’s direct opposing effects against oxidative damage as well as its immune enhancing effects in HIV+ patients. We explored for similar effects in T2DM which also involves inflammatory and infectious states that could potentiate the replication of *Mtb* and further diminish the immune response. Specifically, our study aims to further elucidate GSH’s role in the granulomatous effector response. In this study, we attempted to uncover whether GSH deficiency in diabetic mice (db/db) impairs the formation of granulomas and the granulomatous effector response to further the understanding of the detailed mechanism of *Mtb* pathogenesis and the potential for novel therapies against the disease brought on by the infection.

### Methods Used
Db/db mice were infected with *Mtb* and treated with one of 3 regimens, either: 1) an optimal dose of rifampicin (RIF), 2) a suboptimal dose of RIF, or 3) a suboptimal dose of RIF in addition to reduced form of GSH encapsulated in liposomes (L-GSH). 3 male and 3 female mice were sacrificed for each group over the span of 3h, 2, 4 wks, 6 wks, and 8 wks post-treatment to study the collective effects of L-GSH and RIF in *Mtb* infection. Granuloma samples from each group were formalin-fixed and analyzed accordingly. We are currently measuring the survival of *Mtb* along with the levels of cytokines, free radicals and GSH in untreated, RIF-treated and RIF+GSH-treated db/db mice.

### Summary of Results
We expect to obtain the data from the aforementioned assays shortly.

### Conclusions
If our data shows a marked elevation of immune defensive cytokines and granuloma formation with concurrent reduction in *Mtb* survival and free radical production in L-GSH treated mice, then we can support our hypothesis that GSH enhances the granulomatous effector response against *Mtb* infection in T2DM. In addition, if we observe greater immune responses in RIF+GSH treated db/db mice, we may further explore the use of GSH as an adjunct therapy in *Mtb* infection in T2DM.

## #42 ACTINIC GRANULOMA: A RARE CASE OF SUN DAMAGE

1K. Nguyen*, 1C. Wong, 1E. Nguyen. 1Western University of Health Sciences, Pomona, CA; 1Riverside Community Hospital, Riverside, CA

### Case Report
A 53-year-old female with a past medical history of anxiety presented to the dermatology clinic with a pruritic eruption for six weeks. She had been gardening without gloves the day prior to the onset of the eruption. A review of systems was inconclusive. Her examination revealed diffuse red papules coalescing into plaques with mild scales involving the scalp, face, neck, torso, and upper and lower extremities including palms and soles, and sparing the ears, bilateral axillae, elbows, and knees. Her biopsy revealed solar elastosis and abundant multinucleated foreign body giant cells with ingested elastic fibers. The patient’s clinical presentation and histopathology was consistent with a diagnosis of actinic granuloma (AG). Her treatment included 20 mg of prednisone PO QAM for one month along with fluticasone 0.05% face cream BID and triamcinolone 0.1% cream BID applied to the affected skin on the body. After one month, all lesions flattened except for post-inflammatory erythema macules. Sun avoidance and daily sunscreen use was also recommended. At the most recent follow up, her lesions resolved demonstrating the efficacy of corticosteroid treatment.

## #43 COMPLETE CONGENITAL HEART BLOCK IN A NEONATE

S. Benka*, S. Sukumaran. Valley Children’s Hospital, Madera, CA

### Abstract #42 Figure 1
Solar elastosis and abundant multinucleated foreign body giant cells with ingested elastic fibers

AG is a rare skin eruption with an unknown pathogenesis, however, it is proposed that a sun-induced inflammatory response attracts giant cells to form granulomas and degrade elastic material. Lesions begin as multiple small pink papules and nodules that coalesce into demarcated, annular plaques and a hypopigmented center to form the classic ring shape. Actinic elastosis surrounds the outer annulus ring, with histiocytes and giant cells within the raised border, and the innermost central zone filled with minimal to absent elastic fibers. Lesions are commonly found on the forehead, neck, extremities, and hands. Our patient differed from the typical presentation in that she described intense pruritus associated with her eruption.

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### Abstract Table

<table>
<thead>
<tr>
<th>Variable</th>
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<th>95% CI</th>
<th>p-value</th>
</tr>
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<td>- Rheumatoid arthritis</td>
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<td>- Primary Rheumatic Diseases*</td>
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<td>- Steroid-sparing agents</td>
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</table>

*Connective tissue diseases: Sjogrens, scleroderma, mixed connective tissue disease and myositis.
Case Report Congenital heart block (CHB) in neonates is associated with high morbidity and mortality. CHB generally occurs due to the presence of maternal autoantibodies of the Ro/La family or cardiac defects.

We describe a neonate born with CHB who was found to have neonatal lupus erythematosus (NLE).

Methods Used Case Report

Summary of Results A term female infant was born by cesarean delivery at 37 weeks to a 24-year-old healthy primigravida. At delivery, the baby’s heart rate was 55 beats per minute. The patient was admitted to the neonatal intensive care unit for further evaluation and management of fetal bradycardia.

Electrocardiogram demonstrated third-degree atrioventricular (AV) block and fetal echocardiogram showed a ventricular rate of 60–65 beats per minute and an atrial rate of 116–128 beats per minute. There was good ventricular function without evidence of hydrops.

Physical exam revealed a term, well-appearing infant female with bradycardia but normal $S1$ and $S2$ without murmurs. The remainder of her examination was within normal limits. Laboratory evaluation of the infant and the mother showed positive anti-SSA/Ro and anti-SSB/La antibodies.

The baby was diagnosed with NLE and CHB. The infant’s heart rate was monitored closely but she maintained a heart rate greater than 60 beats per minute and hence was discharged home. A pacemaker was scheduled for placement as an outpatient.

Conclusions NLE is a rare acquired autoimmune disorder that occurs due to passive placental transfer of maternal autoantibodies to SSA/Ro and/or SSB/La. Anti-SSA/Ro autoantibodies are found in about 85–90% of mothers of neonates with CHB, and studies of pregnancies in anti-SSA/Ro positive mothers estimated the risk of CHB to be 1–5%.

Cardiac involvement in NLE is usually irreversible and characterized by second- or third-degree CHB. A ventricular rate of less than 35 beats per minute, hydrops fetalis, or atrioventricular valve regurgitation indicate poor fetal prognosis.

This case emphasizes the importance of considering NLE in infants with fetal bradycardia, congenital AV block or arrhythmias and evaluating the mother and infant for autoantibodies to SSA/Ro and/or SSB/La. We also highlight the need for early referral to cardiology and possible pacemaker implantation in infants who do not respond to medical therapies alone.

#44 OBJECTIVE CHARACTERIZATION OF OSTEOPATHIC LYMPHATIC PUMP TECHNIQUE EFFICACY USING SERUM COVID-19 ANTIBODY LEVELS FOLLOWING VACCINATION

A Comer*, E Lee, E Martinez, B Lovelless, P Crone, S Fuchs, H Szurmant, J Sanchez. Western University of Health Sciences, Pomona, CA

Purpose of Study Lymphatic Pump Technique (LPT) is an Osteopathic Manual Medicine technique involving external pressure to various lymphatic structures with the goal of improving lymph drainage. Because of the leukocyte content of lymph, LPT is often indicated for use as an adjuvant therapy in patients with acute or chronic infections. Previous studies have primarily characterized LPT efficacy in terms of clinical or symptomatic outcomes, typically with rather small cohorts of subjects, which has been a criticism of the technique. To address the limitations of past studies, we present a study in which the serum concentration of anti-spiked protein COVID-19 antibodies are measured in 100 subjects following treatment with LPT (experimental group) and 100 subjects without LPT treatment (control group) in conjunction with COVID-19 vaccination. The ongoing study is designed to follow the subjects for one year after the first COVID-19 vaccine.

Methods Used Subjects were split into treatment or control groups in a double-blinded randomized process. Participants returned for blood draws with the following schedule based on the day of their first vaccination: day 0 (1st vaccine), day 7, day 21 (2nd vaccine), days 28, 35, 90, 182 and, 365. In the treatment branch, LPT was performed on the day of each vacation and the following day for a total of 4 treatments. Blood draws were performed immediately prior to both vaccine administration and treatment with LPT. Blood samples were processed, and serum biobank is created. Serum anti-spiked antibody levels are to be determined using quantitative ELISA. All recruited participants were over the age of 18 and were not vaccinated. The study was approved by the Western Institutional Review Board.

Summary of Results Recruitment has been successful and is ongoing. Currently, 96 participants have been recruited. 12 participants have dropped out for various reasons, leaving 84 continuing participants. To address attrition, compensation has been changed from a total of $100 to $200, dispersed as $25 per month. A pacemaker was scheduled for placement as an outpatient.

Conclusions NLE is a rare acquired autoimmune disorder that occurs due to passive placental transfer of maternal autoantibodies to SSA/Ro and/or SSB/La. Anti-SSA/Ro autoantibodies are found in about 85–90% of mothers of neonates with CHB, and studies of pregnancies in anti-SSA/Ro positive mothers estimated the risk of CHB to be 1–5%.

Cardiac involvement in NLE is usually irreversible and characterized by second- or third-degree CHB. A ventricular rate of less than 35 beats per minute, hydrops fetalis, or atrioventricular valve regurgitation indicate poor fetal prognosis.

This case emphasizes the importance of considering NLE in infants with fetal bradycardia, congenital AV block or arrhythmias and evaluating the mother and infant for autoantibodies to SSA/Ro and/or SSB/La. We also highlight the need for early referral to cardiology and possible pacemaker implantation in infants who do not respond to medical therapies alone.

#45 ANTI-DEPRESSANTS AND COVID-19 SEVERITY: A RETROSPECTIVE STUDY OF HOSPITALIZED ADULT PATIENTS

1SH Rauchman*, 2S Mendelson, 1C Rauchman, 1A Pinkhasov, 1J Kasselman, 1AB Reiss. 1Freseno Institute of Neuroscience, Fresa, CA, 2Providence Holy Cross Medical Center, Mission Hills, CA, 3NYU Long Island School of Medicine, Mineola, NY

Purpose of Study The SARS-CoV2 virus continues to have devastating consequences worldwide. Though vaccinations have...
helped to reduce the impact of the virus, new strains still pose a threat to the unvaccinated, and to a lesser extent vaccinated, individuals. Therefore, it is imperative to identify treatments to reduce the severity of Covid-19. Recently, acute use of selective serotonin reuptake inhibitor (SSRI) antidepressants in COVID+ patients has been shown to reduce the severity of symptoms compared to placebo. Since SSRIs are a widely used anti-depressant, the aim of this study was to determine whether COVID+ patients already on SSRI treatment upon admission to the hospital had reduced mortality compared to COVID+ patients not on chronic SSRI treatment.

**Methods**
A retrospective observational study design was used. Electronic medical records of 9,044 patients with a laboratory-confirmed diagnosis of Covid-19 from 03/2020 to 03/2021 from six hospitals were queried for demographic information, admission date; discharge date and disposition; length of stay; admission diagnoses; medications on admission; comorbidities; age; gender; ethnicity; admission to ICU; ventilator use; supplemental oxygen; oxygen saturation; discontinuation of antidepressant medications upon ICU admission.

Using R, a logistic regression model was run with mortality as the outcome and SSRI status as the exposure. An adjusted logistic regression model was run to account for R age category, gender, and race. All tests were considered significant at p of 0.05 or less.

**Summary of Results**
In this sample, no patients admitted on SSRIs had them discontinued. This is consistent with current recommendations. There was no significant difference in the odds of dying between COVID+ patients on chronic SSRIs vs COVID+ patients not taking SSRIs, after controlling for age category, gender, and race. The odds of COVID+ patients on chronic SSRIs dying was 0.90 (95%CI: 0.74, 1.09; n=832) compared to COVID+ patients not on SSRIs (p=0.29; n=8211).

**Conclusions**
In times of pandemics due to novel infectious agents it is difficult, but critical to evaluate safety and efficacy of drugs that might be repurposed for treatment. This large sample size of 9,044 patients suggests that there will be no significant benefit to use of SSRIs to decrease mortality rates for hospitalized patients with Covid-19 who are not currently on SSRI medications. This study shows the utility of large clinical databases in addressing the urgent issue of determining what commonly prescribed drugs might be useful in treating COVID-19.

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**T-CELL AND ANTIBODY RESPONSES TO MRNA VACCINATION IN SARS-COV-2-CONVALESCENT SUBJECTS**

S Warner*, VL Campbell, SS Selke, DM Koelle. University of Washington School of Medicine, Seattle, WA; Fred Hutchinson Cancer Research Center, Seattle, WA

Purpose of Study
Natural and vaccine-induced immunity are important for SARS-CoV-2 control. We evaluated SARS-CoV-2-specific T cell-mediated immune responses in COVID-19 survivors followed through vaccination. We compared T cell tests from Oxford Immunotec (OI) with an in-house laboratory-developed test (LDT). Each used peptides covering Spike (S) and non-vaccine proteins within SARS-CoV-2. We hypothesized that T cell responses to S will increase after mRNA vaccination. We compared vaccine immune boost in persons previously hospitalized vs. non-hospitalized for COVID-19, and the relationship between T cell and neutralizing antibody (nAb) responses.

**Methods**
20 subjects (median age 62.7, 50% female, mostly White) with PCR-confirmed SARS-CoV-2 infection donated plasma and peripheral blood mononuclear cells (PBMCs). Samples were from a median of 49 days after recovery from COVID-19 (V0), just prior to the 1st vaccination (E01), and 2–4 weeks after each mRNA dose (E02 and E03). T cell responses were measured by interferon-gamma enzyme-linked immunospot assays (ELISPOT). We compared our LDT assay using the S and nucleocapsid (N) proteins with the OI assay including the S, N, and matrix (M) proteins.

**Summary of Results**
Strong correlation was noted between LDT and OI results for S protein at each time point (r² = 0.88, 0.85, 0.60, and 0.77, respectively). Between V0 and E02 (median of 327 days) and V0 and E03 (median of 345.5 days), there were significant increases in S-specific T cell responses (p = 0.0005 and 0.0006, respectively). No additional boost between E02 and E03 (p = 0.54) was observed. Low-level V0 responses to N and M were not boosted with vaccination.

**Conclusions**
In this sample, S-specific T cell responses to SARS-CoV-2 mRNA vaccines. T cell responses to N and M did not boost, as expected. In this cohort, primary infection severity did not impact vaccine responses 9 months later. nAb and T cell response increases were complete after one dose. This indicates that a second dose may not be needed, at least if given 3–4 weeks after the first in persons recovering from COVID-19 in the prior 9 months.
vulnerability. Limited data describes how COVID-19 severity shapes maternal & infant ab responses. Stratification by severity can help characterize the protection to the newborn. The purpose of this study is to investigate maternal SARS-CoV-2 ab concentrations during L&D by disease severity, and compare infant ab responses at birth when exposed to varying severity in utero.

Methods Used This project is part of the prospective observational cohort study COVID19 Outcomes in Mother-Infant Pairs, analyzing mother-infant dyads in the US & Brazil. Serology of 101 pregnant women in Los Angeles (delivery: April 15, 2020-May 28, 2021) were analyzed and confirmed SARS CoV-2 PCR+ during pregnancy. Maternal blood at L&D, cord blood, and infant blood at birth were analyzed by ELISA for IgA, IgG & IgM (anti-spike receptor binding domain).

Summary of Results For 101 women, 72 had matched cord blood & 86 infant specimens. 76% of women produced all 3 anti-SARS-CoV-2 IgG, IgM, and IgA; 93% had at least one positive ab class; 5% had no detectable abs. Infant serum at birth contained only IgG and no IgM or IgA. With increased duration between onset of infection & delivery, maternal IgG levels waned, and conversely, transplacental transfer ratios increased (R²=0.27). Maternal IgG levels increased with disease severity. A significant increase in infant IgG levels was observed in children born to symptomatic mothers vs asymptomatic mothers (p<0.0001). A trend towards more robust ab responses was observed in infants with severe/critical COVID-19 exposure in utero (p=0.07).

### Summary of Results
- For 101 women, 72 had matched cord blood & 86 infant specimens. 76% of women produced all 3 anti-SARS-CoV-2 IgG, IgM, and IgA; 93% had at least one positive ab class; 5% had no detectable abs. Infant serum at birth contained only IgG and no IgM or IgA. With increased duration between onset of infection & delivery, maternal IgG levels waned, and conversely, transplacental transfer ratios increased (R²=0.27). Maternal IgG levels increased with disease severity. A significant increase in infant IgG levels was observed in children born to symptomatic mothers vs asymptomatic mothers (p<0.0001). A trend towards more robust ab responses was observed in infants with severe/critical COVID-19 exposure in utero (p=0.07).

### Conclusions
Our findings demonstrate how altered maternal responses across distinct COVID-19 disease severity categories influence neonatal protection against SARS CoV-2.
Purpose of Study: The national rate of congenital syphilis (CS) has dramatically increased recently. It remains unknown if the children of the agricultural worker population (AWP) are more susceptible to CS in California. Identifying subpopulations vulnerable to transmitting CS may inform the design of intervention efforts. Thus, this study set out to determine whether CS incidence rates are associated with the female AWP in California.

Methods Used: Data from all 58 California counties were retrospectively obtained from the California Department of Public Health and United States Department of Agriculture regarding CS incidence per 100,000 live births and female AWP from December 2014 and December 2018. Female AWP per county was estimated according to the national proportion of female to male agricultural workers provided by the Department of Agriculture. Data was analyzed using geographical information systems mapping and Pearson’s correlation coefficient (r) tests.

Summary of Results: The average statewide CS incidence was 68.2 cases per 100,000 live births in 2018. CS incidence and female AWP were concentrated heavily in California’s agricultural Central Valley, with a few coastal exceptions (figure 1 A-C). CS incidence and female AWP were moderately but significantly correlated (r = 0.343; 95% confidence interval = 0.093–0.552; p < 0.001) (figure 1D).

Conclusions: Our findings provide evidence that California counties with a higher incidence of CS tend to be home to a greater number of female agricultural workers than counties with low incidence of CS. Given these findings, this study suggests the urgent need to implement culturally appropriate and enduring prenatal healthcare interventions that prioritize treatment of maternal syphilis and prevention of CS in female AWP.

Abstract #51 Figure 1: Geographical distributions of CS incidence rates (A: in 2014, B: in 2018) per 100,000 live births, and agricultural worker populations (C: in 2017). Correlation between CS Incidence (2018) and female AWP (2017) (r= 0.343; 95% CI)= 0.093–0.552; p< 0.001) (D). CS – congenital syphilis.
strategies may be developed to prevent human infection. Pathogen recognition receptors (PRRs) are part of the first line of defense against pathogens. They are hypothesized to be under balancing selection due to selection pressure on pathogens to evolve novel epitopes to evade immune recognition and on host receptors to detect pathogens. Thus, PRRs and other immune loci are expected to be among the most diverse regions of the genome. Using whole genome data from an important African snail vector, *Biomphalaria sudanica*, we hypothesize that diverse regions of the genome will be enriched with immune related loci, and that we can identify novel PRRs through annotation of these regions.

**Methods Used** Five *B. sudanica* strains (collected: Lake Victoria, Kenya) were sequenced using the PacBio and Illumina-paired-endreads. Mean inter-line diversity was calculated across the genomes and segmented into smaller windows (10–100kb). Each window with a mean inter-line diversity value >1%, had up to 1Mb of surrounding nucleotides annotated and transmembrane domains (TMDs) identified using predictive software. To determine if TMD peptides were over-represented in high-diversity regions of the genome, we compared the proportion of TMD peptides against the proportion of those in 30 randomly assigned contig regions.

**Summary of Results** 67 of 6815 windows met our nucleotide diversity threshold of 1% divergence. 421 of 818 immune-related genes associated with Schistosoma resistance in other diversity threshold of 1% divergence. 421 of 818 immune-related loci, and that we can identify novel PRRs that diverse regions of the genome will be enriched with immune related loci, and that we can identify novel PRRs.

### Conclusions

Our findings support the diversity-based approach to identifying PRRs which successfully identified known *B. glabrata* PRRs and novel PRRs in *B. sudanica* genomes. Our established list of candidate genes for pathogen recognition will provide a foundation guiding resistance studies, gene knockout and GWAS with *Biomphalaria* species.

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**Abstract #52 Table 1 Studies evaluating the association between vitamin D level and COVID-19 disease severity**

<table>
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<th>Author, year, and location</th>
<th>Controls: number (N) and mean or median age (yrs)</th>
<th>Subjects: number (N) and mean or median age (yrs)</th>
<th>Serum 25(OH)D concentration in controls vs. subjects, p-value</th>
<th>Outcome based on comorbidities and vitamin D levels, p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radukovic, 2020, Germany</td>
<td>Controls: COVID-19 outpatients, N=92, Median age=56</td>
<td>Subjects: COVID-19 inpatients, N=93, Median age=63</td>
<td>Median: 18.6 vs. 14.6 ng/mL, p&lt;0.001</td>
<td>Adjusted by age, gender, and comorbidities, VDD (&lt;12 ng/mL) was associated with invasive mechanical ventilation and death (HR 6.12 and 14.73, respectively, p&lt;0.001 for both).</td>
</tr>
<tr>
<td>Luo, 2020, China</td>
<td>Controls: Non-severe COVID-19, N=261, Median age=54.0</td>
<td>Subjects: Severe COVID-19, N=74, Median age=62.5</td>
<td>Median: 11.0 vs. 9.24 ng/mL, p&lt;0.0001</td>
<td>Adjusted by sex, age, comorbidities, BMI, smoking status, and vitamin D status, VDD (&lt;12 ng/mL) was associated with COVID-19 severity (OR 2.72, 95% CI 1.23–6.01, p=0.014), but VDD was not associated with mortality (p=1.0).</td>
</tr>
<tr>
<td>Karahan, 2021, Turkey</td>
<td>Controls: Moderate COVID-19, N=47, Mean age=56.1</td>
<td>Subjects: Severe-critical COVID-19, N=102, Mean age=67.0</td>
<td>Median: 26.3 vs. 10.1 ng/mL, p&lt;0.001</td>
<td>25(OH)D levels significantly predictive of in-hospital mortality (multivariate analysis: OR 0.927, 95%CI 0.875–0.982, p=0.01).</td>
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<tr>
<td>Jain, 2020, India</td>
<td>Controls: Asymptomatic COVID-19, N=9, Mean age=42.34</td>
<td>Subjects: Severe COVID-19, N=63, Mean age=51.41</td>
<td>Mean: 27.89 vs. 14.35 ng/mL, p&lt;0.0001</td>
<td>Fatality rate for VDD (&lt;20 ng/mL) higher than that for normal 25(OH)D (21.1% vs. 31.1%, p-value NR).</td>
</tr>
<tr>
<td>Macaya, 2020, Spain</td>
<td>Controls: Non-severe COVID-19, N=49, Median age=63</td>
<td>Subjects: Severe COVID-19, N=31, Median age=75</td>
<td>Mean: 19 vs. 13 ng/mL, p=0.145</td>
<td>Adjusted by age, gender, obesity, cardiac disease, and COX, VDD (&lt;20 ng/mL) did not significantly predict higher risk of developing severe COVID-19 (OR 3.2, 95% CI 0.9–11.4, p=0.07).</td>
</tr>
<tr>
<td>Ye, 2020, China</td>
<td>Controls: Mild/moderate COVID-19, N=50, Median age=39</td>
<td>Subjects: Severe/critical COVID-19, N=10, Mean age=65</td>
<td>Median: 22.64 vs. 15.28 ng/mL, p=0.05</td>
<td>Multivariate analysis including VDD, age, sex, renal failure, diabetes, and HTN: Statistically significant association between VDD (&lt;20 ng/mL) and severe/critical COVID-19 disease (OR 15.18, 95% CI 1.23–187.45).</td>
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<tr>
<td>Kergel, 2020, Turkey</td>
<td>Controls: COVID-19 without ARDS, N=53, Mean age=38.3</td>
<td>Subjects: COVID-19 with ARDS, N=35, Mean age=67.9</td>
<td>Mean: 21.8 vs. 16.8 ng/mL, p=0.102</td>
<td>NR</td>
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<tr>
<td>Campi, 2021, Italy</td>
<td>Controls: Severe symptomatic COVID-19 hospital ward admits, N=49, Mean age=68.82</td>
<td>Subjects: Severe symptomatic COVID-19 ICU admits, N=54, Mean age=63.67</td>
<td>Mean: 22.4 vs. 14.4 ng/mL, p&lt;0.0003</td>
<td>25(OH)D levels inversely correlated with subsequent need for ICU admission in severely symptomatic patients (RR 0.989, 95%CI 0.981–0.997, p&lt;0.01), and also inversely correlated with in-hospital mortality (p&lt;0.002).</td>
</tr>
</tbody>
</table>

**Units for vitamin D levels in two studies (Luo et al. and Ye et al.), originally reported in mmol/L, were converted to ng/mL in order to achieve consistency in the units across all studies.**

25(OH)D=25-hydroxyvitamin D, VDD=Vitamin D Deficiency, HR=Hazard Ratio, OR=Odds Ratio, RR=Relative Risk, NR=Not Reported
Summary of Results Eight studies satisfied our inclusion criteria (see table 1 below). A majority of studies showed significantly lower vitamin D levels in the more severe COVID-19 subjects compared to control patients with less severe COVID-19. Most studies that assessed COVID-19 outcomes based on vitamin D deficiency (VDD) found VDD to be associated with worse outcomes, including more severe disease and increased mortality. The limitations of this review include inter-study variability in the co-morbidities included in multivariate analysis, variability in the definition of VDD among different studies, and a lack of information on vitamin D supplements and other treatments before infection or during hospitalization in several studies. Finally, a causal relationship could not be assessed because all studies were observational, and information on the vitamin D levels before hospital admission, during healthy state, was not available in a majority of studies.

Conclusions There may be an association between lower vitamin D levels and more severe COVID-19 disease. However, larger longitudinal studies that not only measure vitamin D levels pre-COVID-19 disease but also take into account all variables, such as comorbidities and treatments that could affect disease severity, are warranted.

Abstract #53
THE USE OF VAGINAL PROBIOTICS SUPPOSITORIES IN PREVENTION OF RECURRENT URINARY TRACT INFECTIONS IN ADULT WOMEN: A LITERATURE REVIEW

D Devineni1, B Baile, C Dilyakonou, E Lee, N Lulla, K Parang, S Soni, B Afghani.
University of California Irvine School of Medicine, Irvine, CA; Children’s Hospital of Orange County, Orange, CA

Purpose of Study Urinary tract infections (UTIs) are one of the most common bacterial infections in women. Concerns over the effectiveness of antibiotics in preventing recurrent UTIs, due to antibiotic resistance and the adverse effects of antibiotics on healthy microbiota, have raised the necessity to investigate reliable non-antibiotic treatments for preventing recurrent UTIs. It has been proposed that probiotics or lactobacillus may be effective in preventing infections by restoring the normal vaginal flora. The purpose of this study is to investigate the effectiveness of vaginal probiotic suppositories for prevention of recurrent UTIs in adult women.

Methods Used
A systematic literature review was conducted through databases such as PubMed and Google Scholar. Only studies that were published after 1990, and compared use of vaginal probiotics with a control group in adult women with recurrent UTI were included. Studies with follow-up period of <6 months were excluded.

Summary of Results We found 5 studies that fit our inclusion criteria (see table 1). In majority of the studies, the frequency of recurrent UTIs was lower in patients who received probiotic vaginal suppositories when compared to controls. However, there was great variability among the studies with respect to the probiotic formulation as well as treatment dose and frequency. The applications were intermittent and varied from daily to weekly to monthly. The probiotic species used in different studies included L. Rhamnosus, L. Fermentum, and L. Crispatus. The sample sizes were small and did not divide the patients into different categories based on risk factors or co-morbidities. In addition, the bacterial cause of UTI was not mentioned in majority of the studies. Mild side effects were noted in both probiotic and control group, and included increased vaginal discharge, vaginal odor, mild irritation and dysuria.

Conclusions Our review suggests a promising role for use of intermittent vaginal probiotic suppositories for prevention of recurrent UTIs in adult women. Larger prospective studies with longer follow-up period are needed to determine the optimal probiotic dosage and frequency in different groups of patients with recurrent UTI.

Abstract #54
NUCLEATED RED BLOOD CELL EMERGENCE-TIME IN NEWBORN LAMBS FOLLOWING A DOSE OF DARBEPOETIN ALFA


Purpose of Study A high nucleated red blood cell (NRBC) count in a neonate at birth has been suggested as a biomarker for fetal hypoxia. However, it is not clear if it indicates when

### Table 1: Studies on the efficacy of intravaginal probiotics in preventing recurrent UTIs

<table>
<thead>
<tr>
<th>First author’s last name, Year of Publication, Location of study</th>
<th>Name of Probiotic</th>
<th>Duration and frequency of usage (intravaginal)</th>
<th>Number of Subjects and controls</th>
<th>Frequency of UTIs in subjects vs controls</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reid, 1992, Canada</td>
<td>L casei rhamnosus and L fermentum</td>
<td>Twice a week for 2 weeks then once monthly</td>
<td>19 vs 21</td>
<td>21% vs 47%</td>
<td>p&lt;0.05</td>
</tr>
<tr>
<td>Baerheim, 1994, Norway</td>
<td>L casei rhamnosus</td>
<td>Twice a week for 26 weeks</td>
<td>25 vs 22</td>
<td>Incidence ratio=1.4</td>
<td>95% CI=0.88 to 1.98 (p=0.05)</td>
</tr>
<tr>
<td>Reid, 1995, Canada</td>
<td>L. rhamnosus and L fermentum</td>
<td>Once a week 1 year</td>
<td>55 subjects, baseline was control</td>
<td>Episodes decreased from 6 to 1.6yr</td>
<td>p&lt;0.001</td>
</tr>
<tr>
<td>Uehara, 2006, Tokyo</td>
<td>L. Clnatus (Lactin-V)</td>
<td>Every 2 days for 1 year</td>
<td>9 Subjects, baseline was control</td>
<td>Recurrences decreased from 5.0yr to 1.3yr</td>
<td>p=0.0007</td>
</tr>
<tr>
<td>Stapleton, 2011, USA</td>
<td>L. Clnatus (Lactin-V)</td>
<td>5 days, then weekly for 10 weeks</td>
<td>50 vs 50</td>
<td>15% vs 27%</td>
<td>p&lt;0.01</td>
</tr>
</tbody>
</table>
Abstract #54 Figure 1  NRBC/μL (left) and NRBC/100 WBC (right), before (time 0) and at intervals following darbepoetin administration to five term lambs, as well as values in five similarly instrumented control lambs. Values from the darbepoetin recipients are shown by a solid black circle and those from the controls by a solid gray circle.

Abstract #55 Figure 1  The dashed line and the grey circles are preterm infants from Bangkok. The solid line and open circles are preterm infants from Utah, USA

REFERENCE INTERVALS FOR END-TIDAL CARBON MONOXIDE OF PRETERM NEONATES

1TR Christensen*, 2S Pakdeeto, 3M Bah, 1E Gerday, 4M Sheffield, 5K Christensen, 5Supapannachart, 6P Nutnaramit, 7S Sukwises, 8RK Ohls, 9RD Christensen. 1University of Utah Health, Salt Lake City, UT; 2Mahidol University Faculty of Medicine Ramathibodi Hospital, Bangkok, Thailand; 3Brigham Young University, Provo, UT

Purpose of Study Every molecule of heme metabolized to bilirubin releases one molecule of carbon monoxide (CO). On that basis, hemolysis can be detected and quantified by measuring CO in exhaled breath. We constructed reference intervals for end-tidal carbon monoxide (ETCOc) levels of neonates 28–34 weeks gestation to assess the hemolytic rate. New instrumentation allows providers to non-invasively measure ETCOc in preterm neonates with low tidal volumes and breathing rates up to 70bpm. Reference intervals for term and late preterm neonates exist, but until now none have been created for preterm neonates.

Methods Used Prospective four NICU study in Bangkok, Thailand, and Utah, USA. Neonates born between 28–34 weeks and up to 28 days old were eligible. Once informed consent was received, a modified CoSense ETCOc analyzer was used to record results. Data from the CoSense devices were linked to patient charts to obtain demographic information.

Summary of Results The first appearance of NRBC was at 24 h (mean±SD, 2757±3210 NRBC/µL vs. 0/µL in controls). Peak was 48–72 h (16,758±8434/µL vs. 0/µL in controls), followed by fewer at 96 hours (7823±7114/µL vs. 0/µL in controls). Similarly, reticulocytes peaked at 48–72 h (113,094±3210/µL vs. 10,790±5449/µL in controls), with no changes in platelets or leukocytes.

Conclusions The NRBC emergence time in newborn lambs is similar to reports from newborn humans. By extrapolation, if a neonate has a high NRBC at birth, the erythropoietic stimulus likely occurred within the interval 24 to 96 hours prior to birth.

ANEMIC AT BIRTH

10.1136/jim-2022-WRMC.54

Purpose of Study Using ten years of multihospital data, we identified neonates with ‘severe anemia at birth’, defined by a hemoglobin/hematocrit within the first six hours after birth below the 1st percentile. We determined whether caregivers recognized anemia within the first 24 hours after birth, the probable cause of the anemia, treatment given, and whether review suggested a different cause of anemia than listed in the medical record.

Methods Used Data from neonates born 2011–2020 were obtained from the Intermountain Healthcare Data Warehouse. We reviewed records of all infants with severe anemia at birth. We then categorized the cause as either; hemorrhage, hemolysis, hypoproduction, a combination of etiologies, or unable to determine.

Summary of Results Values from days one through 28 were charted and upper (>95th percentile) reference interval limits were calculated. During the entire 28 days, the ETCOc upper reference intervals of babies in Bangkok were higher than those in Utah (p<0.01). No differences were found due to sex, or earliest vs. latest gestation at birth (both p>0.1). Preterm neonates in Bangkok and Utah had higher ETCOc values during the first 48 hours after birth than thereafter (p<0.01).

Conclusions Using the reference interval chart we created, the hemolytic rate of preterm infants ≥28 weeks can be assessed. This identification allows us to focus subsequent testing to find the cause of the hemolysis, administer more intensive phototherapy, and to assure consistent in-and out-patient follow-up to those with hemolytic jaundice.
Abstract #55 Figure 1

Methods Used We analyzed births from 2011 to 2020 where FMH was diagnosed. We also evaluated potential cases among neonates receiving an emergent transfusion just after birth, whose mothers were not tested for FMH.

Summary of Results Among 297,403 births, 1375 mothers were tested for FMH (1/216 births). Fourteen percent tested positive (1/1599 births). Of those, we found 25 with clinical and laboratory evidence of FMH adversely affecting the neonate. Twenty-one received one or more emergency transfusions on the day of birth; all but two lived. We found 17 others who received an emergency transfusion on the day of birth where FMH was not tested for, but was likely; eight of those died. The 42 severe (proven + probable) cases equate to 1/7081 births. We judged that 10 of the 42 had an acute FMH, and in the others it likely had more than a day before birth.

Conclusions We estimate that we fail to diagnose >40% of our severe FMH cases. Needed improvements include: 1) education to request maternal FMH testing when neonates are born anemic, 2) education on false negative FMH tests, 3) improved FMH communications between neonatology, obstetrics, and blood bank.

FETOMATERNAL HEMORRHAGE: EVIDENCE FROM A MULTIHOSPITAL HEALTHCARE SYSTEM THAT UP TO 40% OF SEVERE CASES ARE MISSED

1VR Carr*, 2ER Henry, 1TM Bahr, 1RK Ohls, 1SJ Ilstrup, 1RD Christensen.
2University of Utah Health, Salt Lake City, UT
1,2University of Utah Health, Salt Lake City, UT; 1,2Intermountain Healthcare, Salt Lake City, UT

Purpose of Study We previously reported fetomaternal hemorrhage (FMH) in 1/9160 births, and only one neonatal death from FMH among 219,853 births. Recent reports indicate FMH is not uncommon among stillbirths. Consequently, we speculated we were missing cases among early neonatal deaths. We began a new FMH initiative to determine the current incidence.

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IRON FOLIC ACID SUPPLEMENTATION AS A PREDICTOR OF ANEMIA IN PREGNANT WOMEN IN RURAL INDIA

B Tomlin*, P Brahmbhatt, B Fassl, JW Thomas, A Judkins. University of Utah Health, Salt Lake City, UT

Purpose of Study Perinatal anemia is a massive global public health burden with an estimated global prevalence of approximately 40%. Severe anemia increases the risk of maternal mortality and can adversely affect fetal development. Adequate correction of anemia is essential for a healthy pregnancy and infant, but universal screening and monitoring is not the care standard in most LMICs. In lieu of universal screening and treatment, providing access to Iron Folic Acid (IFA) tabs is considered an effective and cost-efficient intervention to prevent and treat anemia of pregnancy. However, despite widespread availability of IFA tabs, anemia prevalence continues to be high and the presence of IFA programs may falsely reassure clinicians that patients taking them have adequate hemoglobin.
THE VALIDITY OF POINT-OF-CARE HEMOGLOBIN MEASUREMENTS IN NEONATES

Methods Used The study took place at Mota Fofalia Community Health Center (MF-CHC) in Gujarat, India operated by a public-private partnership. The University of Utah operates an academic global health program in collaboration with MF-CHC and assists the health center in sustainable capacity building in maternal-child health. As part of a community-based antenatal care (ANC) program, we recruited a cohort of pregnant women from the surrounding community to complete a standardized nutrition and health survey and participate in scheduled prenatal visits according to WHO and Indian ANC guidelines which include measurement of vital signs and ANC guideline-based interventions. At each ANC visit, a blood hemoglobin level was drawn and each participant was asked if they are currently taking IFA or Albendazole, an antiparasitic.

Summary of Results A total of 501 women were included in the study. 448 (89%) report taking IFA and 53 (11%) report not taking IFA. The average hemoglobin for those taking IFA was 10.11 g/dL (IQR 9.3–11.1) with an average gestational age at screening of 23.0 weeks while the average of those not taking was 10.41 g/dL (IQR 9.8–11.6) (p=0.28) with an average gestational age of 10.9 weeks. In the group taking IFA tablets, 97% were also taking Albendazole while only 21% of mothers not taking IFA tablets were taking Albendazole.

Conclusions In areas with a high prevalence of anemia, patient compliance with standard IFA antenatal therapy is not an adequate indicator of compliance. While it appears many mothers begin taking IFA as they become pregnant, the presence of readily available IFA therapy to the community is not sufficient in addressing perinatal anemia.

THE VALIDITY OF POINT-OF-CARE HEMOGLOBIN MEASUREMENTS IN NEONATES

Abstracts

Abstract #59 Table 1 Correlation between CBC HB and paired POC/blood gas HB

<table>
<thead>
<tr>
<th>Sample size</th>
<th>Mean Difference</th>
<th>Standard Deviation of Mean Difference</th>
<th>Pearson Coefficient (r)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC vs POC Gas within 12 hours</td>
<td>488</td>
<td>1.1</td>
<td>1.0</td>
<td>0.89, p &lt; 0.05</td>
</tr>
<tr>
<td>CBC vs POC Gas between 12–24 hours</td>
<td>243</td>
<td>1.3</td>
<td>1.0</td>
<td>0.83, p &lt; 0.05</td>
</tr>
<tr>
<td>CBC vs POC Hgb within 12 hours</td>
<td>477</td>
<td>1.0</td>
<td>1.0</td>
<td>0.87, p &lt; 0.05</td>
</tr>
<tr>
<td>CBC vs POC Hgb between 12–24 hours</td>
<td>290</td>
<td>1.3</td>
<td>1.2</td>
<td>0.75, p &lt; 0.05</td>
</tr>
</tbody>
</table>

Methods Used This is a retrospective study of patients admitted to the LAC+USC Medical Center NICU between January 2020 and April 2021 with paired Hb measurements from the laboratory-run CBC and either POC Hb from HemoCue B201 or blood gas Hb from Gem Premier 5000. Qualifying data was divided into groups based on time between different blood draws, the first comprising of measurements collected within 12 hours of each other, the second of measurements collected between 12 and 24 hours of each other. POC or blood gas Hb and CBC Hb measurements collected over 24 hours from each other were excluded. T-tests were used for analysis of continuous, normally distributed variables. Regression analysis was performed to determine the relationship between paired Hb measurements. Statistical significance was set at p < 0.05.

Summary of Results We identified 250 subjects with qualifying paired Hb values from the CBC and POC Hb or blood gas Hb. There were 488 paired CBC and blood gas Hb samples in the <12 hour group, and 243 paired samples in the 12–24 hour group. There were 479 paired CBC and POC Hb samples in the <12 hour group, and 290 paired samples in the 12–24 hour group (table 1). Correlation coefficient (R) for the CBC-blood gas Hb groups were 0.89 in the <12 hour group and 0.83 in the 12–24 hour group. Correlation coefficients for the CBC-POC Hb groups were 0.87 in the <12 hour group and 0.75 in the 12–24 hour group (figure 1).

Conclusions There was a strong correlation between paired POC Hb or blood gas Hb and CBC Hb values obtained within 12 hours of one another. Our results show that POC Hb or blood gas Hb should be considered as alternatives for CBC Hb. The patients in the NICU would benefit in prevention of iatrogenic anemia. Prospective studies with age- or weight-based grouping and planned pairing within pre-defined time periods would be beneficial in determining whether the correlation persists between POC and CBC Hb measurements in the NICU.
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#60 ALTERNATIVE WAYS OF ACQUIRING BILIRUBIN MEASUREMENT IN PRETERM AND TERM INFANTS ADMITTED TO NEONATAL INTENSIVE CARE UNIT

D Cho*, K Ramm, L Barto, R Ramanathan, M Biniwale. LAC+USC Medical Center, Los Angeles, CA

10.1136/jim-2022-WRMC.59

Purpose of Study Measuring bilirubin levels in infants admitted to neonatal intensive care unit is done to avoid hyperbilirubinemia and bilirubin toxicity. Practitioners strive to minimize blood tests to reduce patient discomfort and iatrogenic anemia. To minimize blood draws in the monitoring of bilirubin levels, we assessed the accuracy of alternative methods of measurement via blood gas analyzers and transcutaneous bilirubin monitoring.

Methods Used Using serum bilirubin as a gold standard, we analyzed the accuracy of simultaneous measurements from blood gas analyzer and transcutaneous monitoring. The accuracy of blood gas and transcutaneous bilirubin measurements was ascertained with correlation coefficient and by calculating mean differences between the serum bilirubin levels and the two alternative methods.

Summary of Results Study consisted of 86 patients with gestational ages 24 to 41 weeks. The correlation coefficient for serum bilirubin vs transcutaneous measurements was $r = 0.893$ ($p<0.00001$). The correlation coefficient was $r = 0.9283$ ($p<0.00001$) for preterm infants, and $r = 0.8392$ ($p<0.000013$) for term infants. The mean difference between serum bilirubin vs blood gas bilirubin was 0.45 with a standard deviation of 1.55 mg/dL. The correlation coefficient for serum bilirubin vs blood gas bilirubin was $r = 0.959$ ($p<0.00001$). The correlation coefficient was $r = 0.9291$ ($p<0.00001$) for preterm infants, and $r = 0.9742$ ($p<0.00001$) for term infants. The mean difference between serum bilirubin vs blood gas bilirubin was 0.21 with a standard deviation of 0.87 mg/dL.

Conclusions Both transcutaneous and blood gas analyzer bilirubin levels had a strong correlation with serum levels, with bilirubin using blood gas analyzer being slightly more accurate. We plan to continue collecting bilirubin data for a total of 6 months. If accuracy of transcutaneous or blood gas analyzer bilirubin measurements are acceptable, we plan to pursue these alternative methods of bilirubin measurements over the following 6 months and assess to what extent we were able to minimize blood draws.

Abstract #61 Table 1 Home oxygen therapy requirement against common neonatal outcomes

<table>
<thead>
<tr>
<th></th>
<th>Infants requiring home oxygen</th>
<th>Infants not requiring home oxygen</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Birth Weight (g)</td>
<td>795</td>
<td>1077</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Mean Gestational Age (weeks)</td>
<td>26</td>
<td>29</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Histologic</td>
<td>19.5</td>
<td>6.5</td>
<td>0.003</td>
</tr>
<tr>
<td>Chorionic villi (%)</td>
<td>26</td>
<td>29</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Intubation in Delivery</td>
<td>56.0</td>
<td>30.8</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Room (%)</td>
<td>18.0</td>
<td>7.0</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Surfactant Therapy (%)</td>
<td>50.7</td>
<td>39.4</td>
<td>0.024</td>
</tr>
<tr>
<td>Invasive Ventilation at 24 hours (%)</td>
<td>70.3</td>
<td>24.9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Duration of Invasive Ventilation (days)</td>
<td>33</td>
<td>9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PDA (%)</td>
<td>84.7</td>
<td>52.8</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PDA Requiring Surgery (%)</td>
<td>41.9</td>
<td>6.5</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Severe IVH (%)</td>
<td>8.1</td>
<td>1.5</td>
<td>0.014</td>
</tr>
<tr>
<td>BPD (%)</td>
<td>91.4</td>
<td>35.5</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Length of Stay (days)</td>
<td>81</td>
<td>59</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Abstract #61 Figure 1

#61 PREDICTORS OF HOME OXYGEN THERAPY IN VERY LOW BIRTH WEIGHT INFANTS

Y Shao*, A Hisey, N Nanduri, K Ramm, C Marquez, L Barto, R Ramanathan, M Biniwale. Los Angeles County University of Southern California Medical Center, Los Angeles, CA

10.1136/jim-2022-WRMC.60

Purpose of Study Very low birth weight (VLBW) infants with prolonged respiratory morbidities such as bronchopulmonary dysplasia (BPD) may need to be discharged home while receiving oxygen therapy. The risk factors causing prolonged respiratory support vary for these infants. The study was performed to characterize factors associated with VLBW infants who require oxygen therapy at discharge.

Methods Used Data on all VLBW infants was gathered from the electronic medical record between the years of 2009 and 2021 retrospectively with IRB approval obtained prior. Oxygen therapy was statistically analyzed using SPSS Version 28 statistical software against early neonatal outcomes such as ventilation, intubation, chest compressions, or surfactant, or against common neonatal morbidities, including IVH, BPD, ROP, and patent ductus arteriosus (PDA).

Summary of Results Of 560 VLBW infants, 144 (25.7%) were discharged home on oxygen. Significant maternal risk factors...
included histologic chorioamnionitis, intubation, and chest compressions at delivery. These infants had lower gestational age as well as lower birth weight. These infants were more likely to require surfactant, invasive ventilation at 24 hours, and receive additional ventilatory support including high-frequency oscillatory ventilation or jet ventilation (table 1). Infants who were discharged with home oxygen therapy were significantly more likely to have BPD and hemodynamically significant patent ductus arteriosus (PDA) requiring surgery. Associated comorbidities included retinopathy of prematurity (ROP) requiring treatment, severe intraventricular hemorrhage (IVH), and increased length of stay in NICU (table 1). Regression model revealed lower birth weight, longer duration of invasive ventilation, PDA requiring surgical intervention, and BPD to be the most significant predictors.

Conclusions The need for high-frequency ventilation such as jet and oscillatory ventilation, as well as chest compressions, is associated with home oxygen need at discharge. Additionally, VLBW infants who required home oxygen therapy were more likely to have needed invasive ventilation, delivery room intubation, and surfactant therapy. They were also more likely to have common neonatal morbidities such as BPD, severe IVH, severe ROP, and PDA.

### CONSEQUENCES OF MATERNAL BREAST MILK ANTIBODIES ON THE ABUNDANCE OF INTESTINAL MICROBES IN NEONATES

**Purpose of Study** Breast milk is an important contributor of the neonatal microbiome. Studies have associated breastfeeding with a decreased risk of acquiring inflammatory bowel disorders later in life. As breastfeeding is not possible for all mothers and children, gaining a mechanistic understanding of this process can lead to the development of early-life interventions that foster beneficial host-microbiota relationships.

We have previously shown that breast milk antibodies are important for maintaining mucosal homeostasis. Mice deficient in breast milk antibodies exhibit perturbations in mucosal immunity, including elevated T follicular helper (TfH) cell and germinal center (GC) B cell responses in the gut-associated lymphoid tissues. We hypothesize that the TfH and GC B cell response generated by the neonate in the absence of breast milk antibodies target resident mucosal bacteria and lead to long-term alterations in the abundance of gut-microbiota.

**Methods Used** We extracted DNA from intestinal-wall-associated microbes and quantified the abundance using quantitative-PCR of the bacterial 16s rRNA. We looked at both the small intestinal wall microbes and large intestinal wall microbes at ages 3, 5 and 11 weeks in maternal antibody sufficient or deficient pups. To explore the effects of TfH cells and GC B cells, we treated half of each group with anti-Inducible T-cell Co-Stimulator Ligand (anti-ICOSL) antibody, which blocks TfH and GC B cell formation. We used a paired T-test to determine the significance of our results.

**Summary of Results** We found no significant difference in the abundance of wall-associated microbes across all four groups in the small or large intestine. These data suggest that the breast milk antibody dependent response as well as the TfH-cell dependent response do not alter the abundance of wall-associated microbes.

**Conclusions** Studies are ongoing to determine if breast milk antibodies affect intestinal microbe composition. Limitations to this study may include the drinking water our mice were exposed to throughout the duration of this experiment. Due to mouse husbandry standards operations within our institution our mice were given acidified water which we have recently discovered to significantly alter their microbial composition. Our goal is to repeat this experiment with non-acidified water as we suspect any potential differences in the microbial abundance may have been masked by the effects of acidified water.

### NEONATOLOGY PULMONARY I

#### Concurrent session

**12:45 PM Thursday, January 20, 2022**

**#63 EFFECTS OF GESTATIONAL LONG-TERM HYPOXIA ON THE COLLAGEN MATRIX OF FETAL SHEEP PULMONARY ARTERIES**

**Purpose of Study** Gestational long-term hypoxia (gLTH) is a significant stressor that leads to multiple diseases including pulmonary hypertension. Evidence indicates that gLTH causes oxidative stress and inflammation, which changes cell structure and function. These effects are driven by changes in cellular metabolism, protein expression, and transcriptional regulation. Our proteomic data show that gLTH leads to vascular remodeling and specifically to reduction of collagen 1A1, 1A2, and 3A1, though the data do not delineate where in the arterial wall these changes are occurring. We hypothesized that gLTH causes loss of collagen in all arterial layers which was tested by visualizing and quantifying the collagen content in different layers of fetal pulmonary arteries.

**Methods Used** Fetal sheep pulmonary arteries from normoxic and gLTH environments were obtained and stained with picrosirius red dye (PSR) to visualize collagen in captured images of arterial biopsies by assessing the optical density (OD) of birefringence from polarized light. Fluorescence microscopy was used to capture images of the arterial samples. Data from Image J analysis of OD birefringence, inversely related to crosslinked collagen, of the various vascular layers and treatments were evaluated by analysis of variance.

**Summary of Results** The image analysis showed a significant decrease in optical density, and therefore enhanced crosslinking, in the adventitia compared to the media for all samples belonging to either normoxic or gLTH groups. However, there was no significant difference in optical density of the adventitial versus medial layers between vessels from normoxic and gLTH fetuses.

**Conclusions** The results indicate that optical density quantification can be used to detect substantial differences in collagen
Abstracts

and crosslinked structure between the medial and adventitial layers. The findings also raise the possibility that neither collagen nor its crosslinked structure may be affected by gLTH. The data provides evidence that this technique needs refinement to properly visualize the locations where modest changes in expression may occur. Secondarily, the inability of PSR stain to distinguish among certain types of collagen subtypes leaves open the possibility that a shift in the type of collagen may affect biomechanical processes that are associated with pulmonary vascular development or gLTH. The PSR red staining method may not have been definitive, but this study is an important stepstone towards developing an experimental strategy of visualizing modifications in vascular collagen isoform expression that complement contemporary analytical quantification techniques that provide unique insight into vascular structure and function.

#64

MESENCHYMAL STROMAL CELL EXTRACELLULAR VESICLES IMPROVE ALVEOLAR FORMATION IN MECHANICALLY VENTILATED PRETERM LAMBS

1E Major*, 2A Rebentisch, 3E Dawson, 4H Foreman, 5D Headden, 6Z Vordos, 7MJ Dahl, 8D Null, 9A Miisalis, 5K Kourembanas, K Albertine. 1The University of Utah School of Medicine, Salt Lake City, UT; 2University of California Davis, Davis, CA; 3University of California Davis Health System, Sacramento, CA; 4Harvard Medical School, Boston, MA

Purpose of Study Bronchopulmonary dysplasia (BPD) is histopathologically characterized as alveolar simplification in preterm infants who are chronically mechanically ventilated. Mesenchymal stromal cell extracellular vesicles (MEx) treatment improved alveolar formation in mouse neonatal hyperoxia models of BPD. We tested the hypothesis that MEx will improve alveolar formation in chronically mechanically ventilated preterm lambs.

Methods Used Preterm lambs (128d; term ~150d; ~28w human gestation) were exposed to antenatal steroids, perinatal surfactant, and resuscitated and supported by mechanical ventilation for 6–7d (Drager VNS500, SIMV). Physiological targets were PaO260–90 mmHg, PaCO245–60 mmHg, O2 saturation 88–92%, pH 7.25–7.35. One group was treated with MEx (60 x 10⁶ cell equivalents; 10 mL; n=8; 4F 4M) at hours of life 6 and 78 (iv); the control group received vehicle (MEx diluent in saline; 10 mL; n=8; 4F 4M). We used morphometry and stereology to quantitatively and semi-quantitatively assess alveolar dimensions and cell numbers in control and MEx-treated lungs.

Summary of Results Radial alveolar count and secondary septal volume density were significantly greater (* p<0.05) in the MEx-treated group compared to the control group (figure 1A and B). Distal airspace wall thickness was significantly narrower in the MEx-treated group compared to the control group (figure 1C). Normalized cleaved caspase 3 protein abundance was not different between the MEx-treated and control groups (0.71±0.05 vs 0.69±0.04, respectively). Normalized PCNA protein abundance was significantly lower in the MEx-treated group versus the control group (0.43±0.05 vs 0.55±0.05, respectively). No differences were detected between females and males.

Conclusions We conclude that MEx improved alveolar formation in chronically mechanically ventilated preterm lambs. We speculate that MEx may be an effective therapy to promote normal structural development of the lung in preterm infants who require mechanical ventilation and are at-risk of developing BPD.

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REGENERATIVE RESPONSE OF ALVEOLAR TYPE 2 CELLS TO A GENETICALLY-INDUCED MOUSE PHENOCOPY OF BRONCHOPULMONARY DYSPLASIA

1,2GA Kohbodi*, 1,2E Gao, 1,2C Li, 1,2N Peinado, 1R Ramanathan, 1,2P Minoo. 1Los Angeles County University of Southern California Medical Center, Los Angeles, CA; 2University of Southern California Keck School of Medicine, Los Angeles, CA

Purpose of Study In adult lung, alveolar type II cells (AT2s) serve as facultative stem cells. They proliferate in response to injuries to regenerate and repair the alveoli. There is lack of information on whether AT2s in immature lungs undergoing alveologenesis, such as those of preterm neonates may act as resident stem cells and undergo proliferation in response to injuries that cause BPD. Genetic inactivation of both TGFβ receptors in secondary cist myofibroblasts (SCMF) arrested alveologenesis causing a BPD phenocopy. Alveolar arrest was accompanied by decreased number of SCMF and AT2s, thus suggesting cross-communication between the two cell types during alveologenesis. To determine the mechanism, we quantified AT2 cell numbers in control and mutant lungs at postnatal days 7 and 14 (PN7 and PN14) during alveologenesis.

Methods Used A total of 12 mouse lungs, (control, n=6, and mutant, n=6) were examined at PN7 and PN14 (n=3 for each control and mutant.) Immuno-histochemistry and immuno-fluorescence were performed on multiple samples of lung tissues. AT2s were identified as SPC positive cells. Proliferating AT2s (pAT2s) were identified as SPC; Ki67 double positive cell. To correct for hypoplasia in BPD samples, all results were normalized against total lung cell, identified as DAPI positive.

Summary of Results In PN7 lungs, the ratio of AT2s to total cells (SPC+/DAPI+) was higher in mutant vs control (AT2s: 10.77% vs 8.58, respectively) likely due to reduction in DAPI+ cells that included reduced SCMF. The pAT2s remained unchanged (pAT2: mutant 0.47% vs control 0.54%). In contrast, in PN14 lungs, both total AT2s, and pAT2s decreased in the mutant lungs vs control (total AT2s: 8.62% vs 10.54%, respectively) and (pAT2: 0.50% vs 0.93%, respectively) indicating that proliferation of both SCMF and AT2s has decreased.

Conclusions In mutant lungs, TGFβ receptors inactivation decreases SCMF numbers, while AT2s are unaffected in early phases of BPD-like pathogenesis. As the phenotype and loss of SCMF become more established and widespread, inhibition of AT2 proliferation becomes measurable. Two conclusions are derived from these observations: 1) targeted SCMF have a regulatory impact on AT2 proliferation, which is a
Purpose of Study Mesenchymal stromal cell extracellular vesicles (MEx) treatment has therapeutic efficacy in murine neonatal hyperoxia models of bronchopulmonary dysplasia (BPD). Whether MEx will be beneficial in chronically ventilated preterm neonates is unknown. We tested the hypothesis that MEx will improve respiratory system physiological outcomes in chronically mechanically ventilated preterm lambs.

Methods Used Preterm lambs (128d; term ~150d; ~28w human gestation) were exposed to antenatal steroids, perinatal surfactant, and resuscitated and supported by mechanical ventilation for 6–7d (Drager VN500, SIMV). Physiological targets were PaO2 ~60–90 mmHg, PaCO2 ~45–60 mmHg, O2 saturation 88–92%, pH 7.25–7.35. One group was treated with MEx (60 x 10⁶ cell equivalents; 10 mL; n=8; 4F 4M) at hours of life 6 and 78 (IV); the control group received vehicle (MEx diluted in sterile saline; 10 mL; n=8; 4F 4M). We report daily physiological outcomes for respiratory severity score (RSS), oxygenation index (OI), Arterial-alveolar (A-a) gradient, and oxygen saturation/FiO2 (S/F) ratio. Liver and kidney function tests were assessed.

Summary of Results MEx-treated preterm lambs were ~1d younger (* p<0.05) and weighed less (**) at delivery than control lambs (figure 1A and B). MEx-treated lambs tolerated enteral feeding and maintained weight (**) whereas control lambs were less tolerant of enteral feedings and lost weight over 7d (figure 1B). RSS, OI, and A-a gradient were lower for MEx-treated group (**) compared to the control group. S/F ratio was higher for the MEx-treated group (**) compared to the control group. Neither liver nor kidney toxicity was detected. Differences were detected between females and males.

Conclusions We conclude that MEx improved respiratory system physiological outcomes in chronically mechanically ventilated preterm lambs. We speculate that MEx may be an effective therapy for appropriate functional development of the lung in preterm infants who require mechanical ventilation.
molecular determinants of interstrain susceptibility to oxygen, we performed transcriptomic analysis of the whole lung. Transcripts that most distinguished B6 from DBA mice were associated with apoptotic and cell death pathways. To test whether OxPL have a pathogenic role, we exposed E06-scFv mice-on B6 background-to same hyperoxic conditions. Unlike B6 mice, E06-scFv mice did not show activation of apoptosis and cell death related gene pathways.

**Conclusions** We observed significant increases in OxPL accumulation following acute hyperoxia exposure in the lungs of injury sensitive compared to resistant mice. OxPL accumulation in the lungs of B6 mice was associated with upregulation of apoptosis and cell death related genes. Blocking of OxPL by the secreted E06-scFv Ab resulted in a significant reduction of apoptosis protecting the lung from HALL. These data suggest that OxPL are not only a useful biomarker for hyperoxia induced lung injury but that an OxPL neutralizing antibody could be used to ameliorate or prevent HALL. Furthermore, the magnitude of interstrain variability in lung gene expression could form the basis for understanding human interindividual variability in susceptibility to oxygen induced injury.

**Abstract #68**

**ASYNCHRONOUS CHEST COMPRESSIONS WITH HIGH FREQUENCY VENTILATION IMPROVES GAS EXCHANGE DELIVERY IN ASPHYXIATED CARDIAC ARRESTED PRETERM LAMBS**

1E Giusto*, 2A Lesneski, 3H Joudi, 3M Hardie, 3Li Zeinali, 3D Sankaran, 3S Lakshminrusimha, 2P Vakil. 1University of California Davis, Sacramento, CA; 2University of California Davis, Davis, CA

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**Purpose of Study** Gas exchange is severely impaired during cardiopulmonary resuscitation (CPR) in the cardiac arrested lamb model despite ventilation with 100% O2. Optimizing gas exchange during neonatal CPR may improve cerebral oxygen delivery (cDO2), prevent rapid fluctuations in PaCO2, and stabilize cerebral blood flow. We hypothesize that asynchronous continuous chest compressions with high frequency percussive ventilation (HFPV) in preterm asphyxiated cardiac arrested lambs will result in improved gas exchange and cDO2 compared to 3:1 compression-to-ventilation (C:V) resuscitation.

**Methods Used** Time-dated preterm (~125d gestation; equivalent human ~25 weeks) fetal lambs were intubated, instrumented to measure cerebral blood flow and arterial blood pressure, and catheterized to collect venous and arterial blood. After instrumentation, lambs were asphyxiated by umbilical cord occlusion until asystole and delivered. Lambs were randomized to (1) 3:1 C:V resuscitation using a T-piece resuscitator following the neonatal resuscitation program (NRP) algorithm (control), or (2) asynchronous continuous chest compressions (120 compressions/min) with HFPV using a TXP-5 ventilator (intervention). First dose of epinephrine (0.03 mg/kg) was given at three minutes and repeated q3min until return of spontaneous circulation (ROSC). Lambs in the control group that achieved ROSC were managed on conventional ventilation and lambs in the intervention group were maintained on HFPV. Ventilation parameters and O2 were adjusted to maintain SpO2 at 90–95% and PaCO2 between 45–60 mmHg.

**Summary of Results** Eight lambs were studied and all achieved ROSC. Baseline characteristics, time to ROSC, and epinephrine doses were similar between groups (figure 1). Mean (SD) PaCO2 was 158 (24) mmHg and the mean (SD) PaO2 was 47 (42) mmHg 15 minutes post-ROSC despite maximum ventilation support and 100% O2 in the control group compared to a mean (SD) PaCO2 of 30 (11) mmHg and a PaO2 of 60 (24) mmHg in the intervention group (table 1).

**Conclusions** Resuscitation using asynchronous continuous chest compressions during HFPV is feasible with similar success of ROSC and improved gas exchange in an asphyxiated cardiac arrested neonatal lamb model. Further studies are required to validate our results and to assess lung injury by immunohistochemistry and biomarkers.

**Abstract #68 Table 1** Comparison of blood gases at fixed timepoints

<table>
<thead>
<tr>
<th>Time Point</th>
<th>PaCO2 (mm Hg)</th>
<th>PaO2 (mm Hg)</th>
<th>CaCO2 (mL O2/dL)</th>
<th>Brain DO2 (mL O2/kg/dL)*</th>
<th>FIO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>During Chest Compressions</td>
<td>153 (11)</td>
<td>13 (15)</td>
<td>2.38 (3.2)</td>
<td>0.05 (0.06)</td>
<td>1.0</td>
</tr>
<tr>
<td>15 minutes post-ROSC</td>
<td>158 (24)</td>
<td>47 (42)</td>
<td>7.05 (8.6)</td>
<td>1.97 (2.21)</td>
<td>1.0</td>
</tr>
<tr>
<td>Intervention Group (continuous asynchronous chest compressions with HFPV) During Chest</td>
<td>110 (5)</td>
<td>22 (3.1)</td>
<td>5.04 (1.8)</td>
<td>0.12 (0.11)</td>
<td>1.0</td>
</tr>
<tr>
<td>15 minutes post-ROSC</td>
<td>85 (20)</td>
<td>57 (19)</td>
<td>13 (1.4)</td>
<td>3.8 (0.14)</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Data are mean (SD) *n = 2 for intervention group

**Abstract #68 Figure 1** Comparison of baseline characteristics between groups. There was no significant difference of characteristics between groups (p > 0.05)
Early CPAP alters lung structure and mechanical function in neonatal rats

E By*, T Gonzalez, G Seedorf, B Smith, N Galambos, SH Abman, E Mandell. University of Colorado Denver School of Medicine, Aurora, CO

Purpose of Study Continuous positive airway pressure (CPAP) is an increasingly common method of non-invasive respiratory support for premature infants to avoid more invasive and potentially injurious ventilation strategies. However, the long-term effects of CPAP on the developing lung are poorly understood. Therefore, we seek to understand the effect of daily CPAP on the structure and mechanical function of the developing lung in neonatal rats.

Methods Control dams were kept in room air and allowed to give birth spontaneously. At day 1, pups were divided into three groups: pups that were secured to CPAP device and receiving daily positive pressure of 6 cm H2O (CPAP-6); pups that were secured to CPAP device and receiving daily airflow but no pressure (CTL-0); and pups that were simply removed from their cage without being secured to the CPAP device for the duration of daily experiments (CRL). Daily CPAP lasted for 2 hours on days 1–2, and 3 hours on days 3–13. At day 14, we measured lung mechanics by flexiVent (total respiratory system resistance (Rrs) and compliance (Crs)). Lung structure was determined by mean linear intercepts (MLI), radial alveolar counts (RAC), and pulmonary vessel density (PVD).

Summary of Results There were no differences in body weights between groups. CPAP-6 rats demonstrated decreased Rrs (p<0.05) compared to CTL and CTL-0, and increased Crs (p<0.01) when compared to CTL. Lungs from CPAP-6 rats showed impaired alveolarization compared to CTL as assessed by decreased RAC (p<0.05) and increased MLI (p<0.001). Pulmonary vessel density was reduced in CPAP-6 vs CTL rats (p<0.01). There were no significant differences in lung structure between CPAP-0 rats with CTL or CPAP-6 rats.

Conclusions We found that daily CPAP decreased alveolar and vascular growth and altered lung mechanics in infant rats. We speculate that although less invasive than other ventilation strategies, non-invasive positive pressure respiratory support can potentially have negative effects on the normal developing lung, but its net benefits or harm in the setting of lung disease remains uncertain.

Hemoglobin A1C as a Prognostic Indicator of Postoperative Infection Following Immediate Breast Cancer Reconstruction

CA Czajkowsky*, S Gupta. Loma Linda University School of Medicine, Loma Linda, CA

Purpose of Study Hemoglobin A1c (HgbA1c) is a marker of an individual’s glycemic exposure over a preceding 2–3 month period. Minimal evidence currently exists to support increased infection risk following mastectomy. We aimed to evaluate the association of HgbA1c with the incidence of surgical site infection (SSI) in patients undergoing mastectomy and immediate breast reconstruction.

Methods Used An institutional database was queried for patients with CPT code for reconstruction AND diagnosis code for breast malignancy for patients from January 1, 2014 to June 20, 2021. We defined SSI incidence by diagnosis or procedure for SSI within 90 days following mastectomy. A one sample t-test was performed to determine if there is a significance difference in the average HgbA1c of the standard patient population and the sample SSI group. A chi-square test was used to analyze data for correlations between SSI rates in diabetics and non-diabetics. The patients were analyzed using a standard chi-square based on a 2x2 contingency table.

Summary of Results A total of 1386 patients were included in the query; 268 of which having received a pre-op HgbA1c and with 136 having received a pre-op HgbA1c and a DM diagnosis. Only 22 patients fit our defined SSI sample group criteria. The average population HgbA1c was 6.74 (N=268), the average HgbA1c of diabetics was 7.33 (N=136), the average HgbA1c of diabetics was 6.13 (N=132). The average sample HgbA1c was 6.94 (N=22), the average HgbA1c of diabetics was 7.34 (N=17), the average HgbA1c of non-diabetics was 5.58 (N=5). The one sample t-test of the average HgbA1c value in patients with DM vs nondiabetics in the

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sample group was not significant, t(21) = -4.210, p = 3.94E-4. The chi-square test revealed diabetics more likely than non-diabetics to develop SSI following mastectomy, X^2 (1, N = 1254) = 76.43, p < .001.

Conclusions The association of HgbA1c with the incidence of surgical site infection (SSI) following undergoing mastectomy is evident. We found the presence of a DM diagnosis as a better prognostic tool for SSI than HgbA1c level alone. Chi-square analysis determined the relative risk of SSI following mastectomy in diabetic patients at 2.28x that of a nondiabetic. Considering the SSI sample group, a HgbA1c threshold of 7.34 is what we propose as presenting great additional post-surgical complication risk.

Abstract #71 THE IMPACT OF THE COVID-19 PANDEMIC ON SPINE SURGERY PRACTICE AND OUTCOMES IN AN URBAN HEALTHCARE SYSTEM

J Parekh, B Attaripour, SY Xiang*, M Siow, B Mitchell, B Shahidi. University of California San Diego, University of California San Diego, La Jolla, CA, San Diego, CA

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Purpose of Study To elucidate changes due to COVID-19 on patient demographics, surgical care, logistics, and patient outcomes in spine patients.

Methods Used This is a retrospective study of patients who had spine surgery at UCSD from 3/1/19 to 5/31/19 (pre-COVID-19) and 3/1/20 to 5/31/20 (first COVID-19 surge). 331 subjects met the study criteria. Demographic and surgical data were collected from medical records. Pain levels at pre-operative, discharge, short- (3–6 month) and long-term(9–15 month) timepoints were extracted.

Summary of Results There were no significant differences in patient demographics including age, BMI, gender, race, ethnicity, ASA rating, smoking status, or diabetes status between groups (p>0.14). The diagnostic indications for surgery (spinal manipulation, tumor/infection, spondylolisthesis, fracture) were not different between groups (p>0.13). There were no differences in operating room duration and skin-to-skin time (p>0.64), however length of stay was 4.7 days shorter during the COVID-19 pandemic (p=0.03) and more cases were classified as ‘urgent’ (p=0.04). Preoperative pain scores did not differ between groups (p=0.58), however pain levels at discharge were significantly higher in patients operated upon during COVID (p=0.04) and trended towards remaining higher in the short- (p=0.06) but not long-term (p=0.21) after surgery (table 1).

Conclusions The pandemic resulted in a greater proportion of ‘urgent’ spine surgery cases and shorter hospital length of stay. Pain levels upon discharge and at short-term timepoints were higher following surgery, however these differences did not persist in the long term.

Abstract #72 MEASURING THE CLINICAL VALUE OF SECONDARY HAND SURGERY IN PATIENTS WITH COMPLEX HAND INJURIES

J Parekh, B Attaripour, SY Xiang*, M Siow, B Mitchell, B Shahidi. University of California San Diego, University of California San Diego, La Jolla, CA, San Diego, CA

Purpose of Study The objective of this study is to assess the value of performing secondary hand surgery in a population of complex hand procedures at a quaternary referral site academic medical center.

Methods Used This was done by obtaining electronic medical records (EMR) of 166 patients over a five year period using specific keywords relating to the types of surgeries generally performed as secondary procedures such as tenolysis, contracture release, and capsulotomies. Of those patients, 50 were found to fit within the parameters of the study. For these 50 remaining patients, hand therapy data was obtained and the percentage of motion that each patient had before the secondary surgery and following the secondary surgery were calculated and this data was used to calculate the overall change in motion. A paired sample t-test was performed to determine if there is a significant difference in the average motion data in the measurements taken before and after secondary hand surgeries. One sample t-tests were performed to determine if there is a significant difference in the average change in the range of motion between common comorbidities (asthma, diabetes mellitus, hypertension, obesity, age over 45 years) or gender between the patient population and each subgroup.

Summary of Results During a median follow-up period of 8.5 months and an average follow-up period of 18.87 months, a total of 75 complications in 50 patients were recorded. The average percentage of full motion before surgery was 49.43% and the average percentage of full motion after surgery was 66% to give an overall change in motion to be +16.58%. Hand motion measurements following secondary hand surgery (M = 0.491, SD = 0.188) compared to the hand motion measurements preceding secondary hand surgery (M = 0.660, SD = 0.259) demonstrated a significantly better change in motion percent change, t(50) = 24.50, p = 4.177E-5.

Conclusions Although we speculate that we would have seen an even greater impact from secondary hand surgeries if there had been greater adherence to post-surgical hand therapy, our p value indicates results that are statistically significant. Therefore, we conclude that secondary hand surgery performed upon patients with complex hand injuries has a significant measurable impact and we believe that a similar study in a larger population would yield similar results.
Purpose of Study Malnutrition is associated with increased morbidity and mortality in patients with head and neck cancer (HNC) undergoing surgery. Despite the profound impact malnutrition has on this patient population, objective screening tools are still lacking in a clinical setting. Without a clear approach to identify malnutrition, there is currently a barrier to capturing patients with inadequate nutrition, delaying interventions that could otherwise be implemented to optimize their nutritional status. Therefore, recognizing the need for a tool, the aim of this study is to assess the ability to use the geriatric nutrition risk index (GNRI) to screen for malnutrition among HNC patients and determine if there is an association between GNRI scores and postoperative complications.

Methods Used A retrospective review of medical records was conducted for patients undergoing surgical resection at a tertiary academic hospital from June 2012 to June 2021. Patients were included if surgical excision was the primary treatment modality and if a serum albumin was obtained 6 months prior to their surgery. A total of 44 HNC patients were included in the study and analysis. Preoperative body weight and serum albumin were abstracted from medical records to calculate the GNRI.

Summary of Results Of the 44 patients included in the study, there were 30 men (68%) and 14 women (32%), with a total mean age of 62 ± 12 years. Malnutrition was defined by a GNRI score of <97.5 and was present in 27% of patients (n=12). Malnourished patients had significantly higher rates of postoperative complications and required discharge to a skilled nursing facility (SNF) more often compared to the control group.

Conclusions A low GNRI score appears to be a predictor of increased complications after head and neck surgery. The GNRI is a simple tool that utilizes serum albumin and body weight to objectively assess nutritional status. Results from this study suggest that, in the future, the GNRI may be a clinically useful approach to screen for malnutrition and identify patients who are at high risk for complications during the postoperative course.

Abstract #74

DEMOGRAPHICS, FRACTURE CHARACTERISTICS, AND TREATMENT STRATEGIES FOR PERIPROSTHETIC DISTAL FEMUR FRACTURES COMPARED TO NATIVE DISTAL FEMUR FRACTURES

Purpose of Study The incidence of periprosthetic distal femur fractures is increasing due to the increasing number of knee arthroplasties being performed in the aging population. The purpose of this study was to analyze the demographics, fracture characteristics, and treatment strategies associated with periprosthetic distal femur fractures (PDFF) compared to native distal femur fractures (NDDF) in order to identify important clinical differences between these groups that might help guide management.

Methods Used A retrospective study was conducted of 209 patients >18 years old who underwent surgical treatment for either a native distal femur fracture (NDDF) or a periprosthetic distal femur fracture (PDFF) about a total knee arthroplasty (TKA) from January, 2006 to December, 2020. Fracture classification of CT images by the Association for Osteosynthesis/Orthopedic Trauma Association (AO/OTA) was reported. Demographics, fracture characteristics, fixation constructs, and surgical outcomes were compared between subjects with PDFF vs. NDDF.

Summary of Results Out of 70 patients with PDFF, 81.1% were female and 18.6% were male, with an average age of 80 years old (range= 49–102 yrs). PDFFs were most often isolated (80%) or comminuted (85%) injuries with AO classification 33A.3 (71.4%). Out of 139 patients with NDDF, 53.2% were female and 46.8% were male with an average age of 57 years old (range =18–96 yrs). NDDFs were commonly comminuted (92.1%) injuries with AO classification 33C.2 (28.1%) or 33A.3 (25.2%). NDDFs were extra-articular (54.0%) or intra-articular (46.0%). Nearly half of subjects with PDFF (48.2%) experienced concomitant fracture of the ipsilateral knee (14.4%) or tibial plateau (15.1%). Intramedullary nailing was the most common fixation construct for both fracture groups (42.6% PDFF;36.7% NDDF). The second
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most common fixation construct for PDFF was combined nail/plate (17.3%) and lateral locking plate (20.9%) for NDFF. Patients with PDFF experienced shorter length-of-stays (6.36 days vs. 11.4 days) but had higher complication rates compared to NDFF (5.7% vs 4.4%). Incidence of low bone density (osteopenia or osteoporosis) was higher in those with PDFF compared to NDFF (55.7% vs. 19.4%).

Conclusions PDFFs frequently occur as isolated comminuted injuries with greater complication rates compared to NDFF. Though intramedullary nailing remains the most common fixation construct for both NDFF and PDFF, stabilization via combined plate/nail is increasingly being used for PDFFs. Elderly women with TKA and poor bone quality are a high risk group for PDFF. Further research should entail how physicians can improve their surgical and clinical approach for this type of fracture in the affected population.

#75 EFFECT OF ANTICOAGULANT AND ANTIPLATELET USE ON DERMATOLOGIC AND COSMETIC PROCEDURE INTRAOPERATIVE OUTCOMES

M Gruber, E Foltz*. Washington State University Elson S Floyd College of Medicine, Pullman, WA

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Purpose of Study The use of antithrombotic medications in patients is widely utilized for numerous medical conditions. Research has demonstrated that antiplatelet and anticoagulant use can influence surgical outcomes as well as prolong intraoperative times. However, sparse literature exists examining the effects of antithrombotic use on dermatologic surgery outcomes, specifically in Mohs and cosmetic flap procedures. The purpose of this study is to elucidate the relationship of anticoagulant and antiplatelet therapy on intraoperative time and closure size in dermatologic and cosmetic surgery patients. We hypothesize that those who use daily antithrombotics will have resultantly longer intraoperative times and larger closure sizes in dermatologic flap procedures.

Methods Used A retrospective medical record review was conducted of all patients who underwent Mohs or cosmetic flap surgery at Chesnut Institute of Cosmetic & Reconstructive Surgery in Spokane, Washington between March 5, 2019 and December 14, 2020. Procedures of 40 minutes duration or less were included. This yielded a total of 243 surgeries with complete information about intraoperative outcomes. Patients were stratified into 5 cohorts based on medication usage (table 1) with documentation of skin closure size and total procedure length.

Summary of Results A statistically significant reduction in intraoperative times (p-value 0.03) was observed in patients who were not taking any form of antithrombotic medication (cohort 5), as compared to patients in cohort 4 who were actively taking anticoagulant medications. Other classes of antithrombotic medication (cohorts 1-3) were associated with higher average intraoperative times relative to cohort 5, however the difference was not statistically significant. There was no statistically significant difference in closure size across the cohorts.

Conclusions The use of oral anticoagulants in patients undergoing Mohs and cosmetic flap surgeries results in significantly longer intraoperative times. Further investigation of this relationship and consideration of this finding may influence management of dermatologic and cosmetic procedures.

#76 MULTIMODAL PAIN CONTROL UTILIZING BUPRENORPHINE FOR ROBOTIC ASSISTED LAPAROSCOPIC PROSTATECTOMY: A QUALITY IMPROVEMENT COMPARISON TO CONVENTIONAL OPIOID MANAGEMENT

1M Hajjra, 1D Liu*, 1G Stee, 1L Solonish, 1H Ruckle, 1A Amasyali, 1K Shete, 1M Douglas, 1J Calvert, 1M Chang, 1T Tone, 1J Johnson, 1M Muchitsi, 1S Wraith, 1Loma Linda University Adventist Health Sciences Center, Loma Linda, CA; 2Loma Linda University School of Medicine, Loma Linda, CA

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Purpose of Study New persistent opioid use is recognized as a complication in both major and minor surgeries. Prolonged postoperative pain is often the impetus for patients seeking renewal of opioid prescriptions that can lead to persistent use and substance abuse. Clinicians have responsibilities to provide adequate pain relief and limit harmful unnecessary opioid use. By developing alternative analgesic pathways that are as effective as the opioid-inclusive analgesic protocol in managing post-operative pain levels, surgeons can decrease surgical patient’s need and access to opioids in an uncontrolled home environment. Buprenorphine, a mu receptor agonist, has been used for acute and chronic pain management since U.S FDA approval in 1981. However, few studies have tested its efficacy in perioperative administration.

Methods Used Patients with localized prostate cancer scheduled for RALP were recruited to receive either of two pathways. Forty patients received the standard opioid pathway, and forty-one patients received the buprenorphine-inclusive pathway. In this novel pathway, intravenous buprenorphine was administered intraoperatively and as needed postoperatively. Post-operative analgesic management was as standard, while avoiding non-buprenorphine opiates. Patients were administered a questionnaire regarding their post-operative complications, pain level at discharge, and at-home analgesics used at five days post-op to monitor pain control. Our primary endpoint was adequate pain control, and our secondary endpoints were analgesic consumption at home, opioid-related side effects, and patient satisfaction.

Summary of Results There was no difference between the buprenorphine group and the conventional group in length of stay (1.1 vs 1.3 days, p=0.18), pain control (0–10 scale) at the time of discharge (5.2 vs 5.7, p=0.4) and overall patient satisfaction (p=0.1). Our study demonstrates buprenorphine’s analgesic capabilities to maintain non-inferior levels of pain control, length of stay, and patient satisfaction comparable to
patients on opioid-inclusive analgesia during RALP while decreasing post-surgical and home opioid use.

Conclusions By markedly decreasing post-surgical opioids prescriptions, we can reduce the risk opioid addiction and the associated harm to the patient. This study is a proof of principle that buprenorphine use for perioperative analgesia during RALP is an alternative to traditional opioid-inclusive analgescic pathways. We believe such a strategy will decrease the incidence of opioid use disorder and have benefits including less associated healthcare spending, improved patient health and reduced social harm.

#77 RETROSPECTIVE COMPARISON OF LAMINOPLASTY VERSUS LAMINECTOMY WITH FUSION FOR TREATING CERVICAL SPONDYLOPTOTIC MYELOPATHY

1B Bakr*, 1B Van, 1B Bautista, 2RF Roberto, 1University of California Davis School of Medicine, Sacramento, CA; 2University of California Davis Health System, Sacramento, CA

Purpose of Study This study compares the outcomes, features, and costs of laminectomy and fusion (LEF) versus laminoplasty (LP) as surgical treatments for patients with cervical spondylotic myelopathy (CSM).

Methods Used Elective LEF and LP procedures performed at a single institution between 2014 and 2020 were identified. Included patients had no prior cervical spine surgery. All patients received pre- and postoperative outpatient evaluations in the outpatient clinic. Only procedures involving three or more spinal levels were included. Clinical data was collected from electronic medical records. SPSS 27 was used for statistical analysis. Hospital costs were obtained from hospital billing for a subgroup of patients for whom this information was available.

Summary of Results 135 patients were included: 76 underwent LP and 59 underwent LEF. Mean follow-up time was 14 months. Compared to LEF, LP procedures involved fewer levels (4.2 vs 4.8 levels, p < .001) and trended shorter operative time per level (47 vs 62 minutes, p < .001). Intraoperative blood loss and fluid replacement were similar between groups (p = .79 and p = .08). Patients in the LP group were discharged an average of 1.1 days earlier (p = .001). LP was not associated with higher rates of C5 palsy (p = .28). Patients who underwent LEF were five times more likely to develop wound infection or dehiscence (risk ratio = 5.2, 95% CI:1.1 to 23.4). Postoperative ground-level falls requiring an assisted lift were similar (p = .45). Both groups reported improved VAS neck pain (p = .66, p = .31, and p = .87). Opioid analgesic needs in the year before and the year after surgery were similar between groups (p = .41 and p = .33). The LP cohort had greater preoperative cervical lordosis (C2-C7 cobb angle: 11.69 vs 6.59, p = .01) and lost more lordosis postoperatively (-7.9 vs -1.8, p = .004). LEF cases at this hospital incurred 18% and 34% greater fixed and variable costs (p = .03 and p < .001).

Conclusions When used to treat patients with multilevel CSM, LP does not seem to be associated with new or worsening axial neck pain compared to LEF. Neck pain may be expected to improve similarly with either surgery. When cervical deformity is not prohibitive, LP could be offered as a less morbid and more cost-efficient alternative to LEF. Modern patient-reported outcomes and randomized controlled trials are still needed to optimize the utility of both procedures.

#78 LOWER LIMB AMPUTATIONS IN PATIENTS WITH DIABETES HOSPITALIZED WITH FOOT BURNS – A NATIONAL TRAUMA DATABANK ANALYSIS

1O Perrault, 1J Cobert, 1V Gadiraju*, 1G Gurtner, 1T Pham, 1C Shechter, 1Stanford Medicine, Stanford, CA; 2University of Rochester, Rochester, NY; 3University of Washington School of Medicine, Seattle, WA; 4University of Washington Medical Center, Seattle, WA

10.1136/jim-2022-WRMC.77

Purpose of Study Diabetes Mellitus (DM) has a significant burden in the United States and results in worsening health outcomes. Patients are at risk of peripheral neuropathy, which increases the risk of lower extremity burns, delay in burn presentation, and more complications that translate to more amputations. However, there are limited reports regarding the incidence and outcomes of DM foot burns. We aim to better understand DM health outcomes, specifically lower limb amputations, in DM foot burns at national Level 1 and 2 trauma centers.

Methods Used Implementing a retrospective cohort study design, we reviewed de-identified data on 116,796 adult admissions from 2007–2015 from the National Trauma Database (NTDB) for patient age, DM, foot burn status, sex, race/ethnicity, region, burn size, and comorbidities. An exploratory logistic regression of factors associated with lower limb amputations was performed.

Summary of Results Of the 7,963 (7%) foot burn patients, 1,338 (17%) had DM (median age 56 years [IQR: 47–65]), and 378 (28%) were male. Common comorbidities included alcohol use (2.78, [2.13, 3.61]), smoking (0.78, [0.62, 1.00]), chronic kidney disease (2.90, [1.72, 4.88]), burn size>20% (4.12, [2.96, 5.73]), African-American/Black race (1.61, [1.29, 2.01], male sex (1.61, [1.28, 2.02]), and age>40 years. There was a trend toward higher rates of C5 palsy (p = .28). Patients who sustained hospitalization for DM foot burns had greater preoperative cervical lordosis (C2-C7 cobb angle: 11.69 vs 6.59, p = .01) and lost more lordosis postoperatively (-7.9 vs -1.8, p = .004). LEF cases at this hospital incurred 18% and 34% greater fixed and variable costs (p = .03 and p < .001).

Abstract #78 Table 1: NTDB DM foot burn cohort characteristics (2007–2015)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Cohort Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (median, IQR)</td>
<td>56 (17)</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>1,338 (100)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>61 (6)</td>
</tr>
<tr>
<td>Smoking</td>
<td>24 (8)</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>73 (5)</td>
</tr>
<tr>
<td>20–29% TBSA</td>
<td>45 (3)</td>
</tr>
<tr>
<td>30–39% TBSA</td>
<td>13 (1)</td>
</tr>
<tr>
<td>&gt;40% TBSA</td>
<td>25 (2)</td>
</tr>
<tr>
<td>African-American/Black</td>
<td>340 (26)</td>
</tr>
<tr>
<td>Male</td>
<td>378 (28)</td>
</tr>
</tbody>
</table>

All values are denoted as % unless otherwise specified. Cohort is patients with DM and foot burns of >1,338 (1% of NTDB adult admissions). Only covariates of significance are included in this table. TBSA is the percentage of total body surface area affected by a burn and represents burn size.
Abstract #78 Figure 1  Rate per 10,000 of total lower limb amputations increases in DM foot burn vs. non-DM foot burn populations from 2007–2015.

Cardiovascular II
Concurrent session
3:15 PM
Thursday, January 20, 2022

#79  OUTCOME OF HOSPITALIZED HEART TRANSPLANT PATIENTS WITH COVID INFECTION AT A LARGE WEST COAST CENTER

A Mohanty*, 1S Kim, 2N Patel, 2T Singer-Englar, 2M Hamilton, 2J Kobashigawa. 1Santa Clara University, Santa Clara, CA; 2Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

Purpose of Study The COVID-19 pandemic infected large portions of the US community and infected many heart transplant (HTx) patients, but in distinct geographical patterns. HTx programs have reported mortality in the range of 23–29% and in non-transplant patients in the range of 15–17%. The impact of hospitalized HTx patients with COVID infection in a large West Coast heart transplant program has not been reported. We now report our outcomes for hospitalized patients with COVID.

Methods Used Between March 2020 and March 2021, we assessed 22 HTx patients who were admitted to the Cedars-Sinai Medical Center (CSMC) for COVID infections. COVID is known to affect many systems within the body, and we report the effects on lungs, heart, and kidney. Morbidity and mortality, including risk of death, were included within 90 days post-infection.

Summary of Results Of the 22 HTx patients hospitalized at the CSMC, 7 patients died (31.8%). All patients had COVID pneumonia requiring supplemental oxygen and 5 patients required ventilatory support. The mean peak FiO2 of the patients was 79.7%. 16 of these patients also were noted to have an increase in serum creatinine, with 6 patients requiring kidney dialysis. Cardiac function was maintained in all patients with COVID-19 and no myocarditis or cardiac dysfunction was observed. 9 patients received remdesivir and 19 patients received corticosteroids. 4 patients received tocilizumab anti-inflammatory therapy.

Conclusions COVID-19 resulted in significant morbidity and mortality in hospitalized HTx patients. The immunosuppressed state appears to be a risk factor for poor outcome and is higher compared to non-transplant hospitalized patients.

#80  IS SACUBITRIL/VALSARTAN A RISK FACTOR FOR VASOPLEgia/PRIMARY GRAFT DYSFUNCTION AFTER HEART TRANSPLANTATION?

M Oda*, 1T Singer-Englar, 2N Patel, 2S Kim, 2M Hamilton, 2J Kobashigawa. 1University of California Los Angeles, Los Angeles, CA; 2Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

Purpose of Study Primary graft dysfunction (PGD) is seen in approximately 7–29% of heart transplant (HTx) patients. Many of these patients with PGD also develop significant vasoplegia which requires high doses of intravenous vasoconstrictors. Outcomes of these patients with severe PGD is compromised within 30 days after HTx. Risk factors for the development of severe PGD have included angiotensin-converting enzyme inhibitors (ACEI). There may be a connection between ACEi and the kallikrein-kinin system whereby bradykinin is increased, thus resulting in more vasoplegia and PGD. It is not known whether the new drug sacubitril/valsartan (S/V) is also a risk factor for the development of vasoplegia/severe PGD as bradykinin is also increased with sacubitril.

Therefore, we reviewed our large HTx program to see if there is a correlation of S/V as a risk factor for this complication.
Abstract #80 Table 1  Comparison of Enresto vs. ACEi/ARB

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>Enresto (n=65)</th>
<th>ACEi/ARB control (n=65)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-year survival</td>
<td>89.2%</td>
<td>90.8%</td>
<td>0.716</td>
</tr>
<tr>
<td>1-year freedom from cardiac dysfunction</td>
<td>78.5%</td>
<td>72.3%</td>
<td>0.432</td>
</tr>
<tr>
<td>1-year freedom from NF-MACE</td>
<td>95.3%</td>
<td>87.7%</td>
<td>0.139</td>
</tr>
<tr>
<td>Development of severe PGD</td>
<td>4.6%</td>
<td>6.2%</td>
<td>1.000</td>
</tr>
<tr>
<td>Development of vasoplegia</td>
<td>29.2%</td>
<td>33.9%</td>
<td>0.706</td>
</tr>
</tbody>
</table>

Methods Used  Between 2015 and 2020, we assessed 65 HTx patients who were on S/V at the time of transplantation. Vasoplegia was defined as requiring more than 2 vasoconstricting drugs with BP systolic <90 mmHg, and PGD was defined as per the ISHLT classification scheme (within 24 hours post-transplant). These patients on S/V were compared to patients on ACEi/ARB (1:1 control group for age, sex, transplant year). Outcomes included death, cardiac dysfunction, and non-fatal major adverse cardiac events (NF-MACE: MI, new CHF, PCI, ICD/pacemaker, or stroke) in the first year after HTx.

Summary of Results  Compared to ACEi/ARB, S/V had similar risk for the development of vasoplegia or severe PGD. Furthermore, 1-year survival, and 1-year freedom from cardiac dysfunction and NF-MACE were not significantly different between groups.

Conclusions  Patients undergoing HTx on S/V do not appear to be at risk for vasoplegia or severe PGD.

#81 THE EFFECT OF HYPOMAGNESEMIA POST HEART TRANSPLANTATION

1K Rawellette*, 2N Patel, 3S Kim, 4T Singer-Englar, 5M Hamilton, 6J Kobashigawa.
1University of California Los Angeles David Geffen School of Medicine, Los Angeles, CA; 2Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

10.1136/jim-2022-WRMC.80

Purpose of Study  The calcineurin inhibitors (CNIs), including tacrolimus and cyclosporine, have revolutionized heart transplantation (HTx) in terms of maintaining low rejection rates. However, CNIs have significant side effects, such as nephropathy, hypertension, malignancy, and hypomagnesemia. It is this hypomagnesemia that has not been addressed as to whether this has an impact on outcome after HTx. Hypomagnesemia has been involved in muscle cramping and cardiac arrhythmias. Therefore, we reviewed our HTx patients and assessed magnesium (Mg) levels to assess outcome in the first 6 months after HTx.

Methods Used  Between 2015 and 2020, we assessed 65 HTx patients and recorded their Mg levels in the first 6 months after HTx. Patients with low Mg levels less than or equal to 1.8 mg/dL were assessed for complications including muscle cramping, cardiac arrhythmias, rehospitalization, rejection episodes, and death. Patients with low Mg levels were grouped into mildly low Mg levels (1.7–1.8 mg/dL) and moderately low Mg levels (1.4–1.7 mg/dL). Patients were compared to control patients who had normal Mg levels (>1.8 mg/dL) during this period of time.

Summary of Results  Patients with mildly or moderately low Mg levels compared to patients with normal Mg levels had no difference in muscle cramping, rejection episodes, cardiac arrhythmias, and use of antihypertensive medications. Kidney function was abnormal in those patients with normal magnesium levels.

Conclusions  Mild-moderate hypomagnesemia did not have significant adverse effects in heart transplant patients in terms of muscle cramping, cardiac arrhythmias, cardiac rejection, or cardiac function.

#82 ACUTE ABDOMINAL COMPLICATIONS IMMEDIATELY FOLLOWING HEART TRANSPLANTATION

1K Duggin*, 2S Kim, 3T Singer-Englar, 4N Patel, 5M Hamilton, 6J Kobashigawa, 7University of California Santa Barbara, Santa Barbara, CA; 8Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

10.1136/jim-2022-WRMC.81

Purpose of Study  It is not uncommon to have an acute abdomen immediately post-heart transplant. Patients who have atherosclerotic vascular disease (coronary artery disease) as the need for heart transplant may also have risk for ischemic bowel associated with their surgeries. In addition, patients who have had gallstones are at increased risk for having choledocystitis immediately following cardiac surgery. It has not been well established as to the frequency of these abdominal complications that warrant urgent abdominal surgery. Furthermore, the presence of increased inflammation in abdominal surgery may trigger an immune response and thereby cause a rejection episode. We sought to evaluate these complications in our large, single center experience.

Methods Used  Between 2010 and 2020, we assessed 956 HTx patients and recorded their Mg levels in the first 6 months after HTx.

Methods Used  Between 2010 and 2020, we assessed 956 HTx patients and recorded their Mg levels in the first 6 months after HTx. Patients with low Mg levels less than or equal to 1.8 mg/dL were assessed for complications including muscle cramping, cardiac arrhythmias, rehospitalization, rejection episodes, and death. Patients with low Mg levels were grouped into mildly low Mg levels (1.7–1.8 mg/dL) and moderately low Mg levels (1.4–1.7 mg/dL). Patients were compared to control patients who had normal Mg levels (>1.8 mg/dL) during this period of time.

Summary of Results  Patients with mildly or moderately low Mg levels compared to patients with normal Mg levels had no difference in muscle cramping, rejection episodes, cardiac arrhythmias, and use of antihypertensive medications. Kidney function was abnormal in those patients with normal magnesium levels.

Conclusions  Mild-moderate hypomagnesemia did not have significant adverse effects in heart transplant patients in terms of muscle cramping, cardiac arrhythmias, cardiac rejection, or cardiac function.
Abstracts

Abstract #82 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Acute Abdomen within 30 Days</th>
<th>No Acute Abdomen</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n=11)</td>
<td>(n=22)</td>
<td></td>
</tr>
<tr>
<td>30-Day Survival</td>
<td>72.7%</td>
<td>100.0%</td>
<td>0.010</td>
</tr>
<tr>
<td>1-Year Survival</td>
<td>45.5%</td>
<td>90.9%</td>
<td>0.002</td>
</tr>
<tr>
<td>Infectious</td>
<td>36.4% (4)</td>
<td>40.9% (9)</td>
<td>0.801</td>
</tr>
<tr>
<td>Complications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rejection Episodes</td>
<td>18.2% (2)</td>
<td>4.5% (1)</td>
<td>0.199</td>
</tr>
<tr>
<td>3-Month Freedom from ATR</td>
<td>90.9%</td>
<td>100.0%</td>
<td>0.083</td>
</tr>
<tr>
<td>3-Month Freedom from ACR</td>
<td>90.9%</td>
<td>100.0%</td>
<td>0.083</td>
</tr>
<tr>
<td>3-Month Freedom from AMR</td>
<td>100.0%</td>
<td>100.0%</td>
<td>1.000</td>
</tr>
</tbody>
</table>

surgery. Types of surgical interventions included hemicolec-
tomy, cholecystectomy, and exploratory laparoscopy. Compared
to the control group, the acute abdomen group had signific-
antly worse 30-day survival and 1-year survival. In the study
group, infectious complications occurred in an additional
36.4% of these patients who required rehospitalization with
administration of intravenous antibiotics. Rejection episodes
following these events was not different from the control
population.

Conclusions Acute abdomen immediately post-heart transplant
resulting in urgent abdominal surgery requiring hemicolec-
tomy and/or cholecystectomy has significant morbidity/mortality.
For patients awaiting heart transplant with gallstones, prophylactic
laparoscopic cholecystectomy might be considered.

#83 CLINICAL MANIFESTATION AND PROGNOSIS OF DIFFERENT CARDIOMYOPATHY TYPES ON THE BASIS OF GENETIC BACKGROUND

1A Paldino, 2K Medo, 3I Mestroni, 4M Merlo, 5M Taylor, 6Università degli Studi di Trieste, Trieste, Italy, 7University of Colorado Denver School of Medicine, Aurora, CO

10.1136/jim-2022-WRMC.82

Purpose of Study Cardiomyopathies (CMP) are a heterogeneous
group of heart disease characterized by structural and electrical
abnormalities lacking secondary causative etiology and fre-
cquently related to mutations in CMP genes. Recent studies in
this field have showed important phenotype overlaps between
Dilated Cardiomyopathy (DCM) and Arrhythmogenic Cardio-
myopathy (ACM), making the diagnosis a challenging task.
The aim of this study is to assess whether a classification of
CMP patients (not hypertrophic) based on genetic character-
ization outperforms in diagnostic and prognostic accuracy the
classical, phenotype-driven, diagnostic approach.

Methods Used We analyzed a population of patients affected
by genetically determined DCM and ACM, including carriers
of ‘pathogenic’ or ‘likely pathogenic’ (P/LP) variants, registered
into the Heart Disease Centers of Trieste and Denver hospi-
tals. We described the phenotype distribution in our popula-
tion with a clinical and echocardiographic evaluation based on
the different disease-related mutated genes. Then, we

#84 SEX DIFFERENCES IN DESENSITIZATION FOR PATIENTS AWAITING HEART TRANSPLANTATION: IS THERE A DIFFERENCE?

1N Yamamoto*, 2N Patel, 3T Singer-Englar, 4S Kim, 5M Hamilton, 6K Kobashigawa,
1Western University of Health Sciences College of Osteopathic Medicine of the Pacific,
Pomona, CA, 2Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

10.1136/jim-2022-WRMC.83

Purpose of Study For patients awaiting heart transplantation
(HTx) who have high levels of circulating antibodies (greater
than 70%), desensitization therapy may be indicated. This will
allow expansion of the donor pool for a compatible donor.
As women appear to be more highly sensitized (due to mul-
tiple pregnancies), it is not clear as to whether women can
benefit from desensitization therapy. We sought to answer this
question with review of our large, single center database.

Methods Used Between 2008 and 2020, we assessed 49
patients awaiting HTx who underwent desensitization therapy.
These patients were divided into groups by sex for their
response to desensitization therapy. Our desensitization proto-
cols consist of regimens including intravenous immune globu-
lin, anti-CD20 monoclonal antibody, plasmapheresis, and/or
proteosome inhibitors. A response to desensitization therapy
was assessed by the decline of the dominant circulating anti-
body determined by mean fluorescence intensity (MFI). Post-
HTx data was assessed for 1-year survival and freedom from
rejections (acute cellular rejection [ACR], antibody-mediated
rejection [AMR]). Rejection episodes were compared to a

examined the prognostic impact of the single gene/genetic
cluster in determining these outcomes: 1) all-cause mortality
and heart transplant; 2) heart failure-related death, heart
transplant or destination left ventricular assist device implanta-
tion (DHF/HTx/VAD); and 3) sudden cardiac death, sustained
ventricular tachycardia/ventricular fibrillation or appropriate
defibrillator shock (SCD/VT/VF/shock).

Summary of Results 281 patients carrying P/LP variants (82%
DCM) were included in the study. Titin (TTN) and sarcomeric
variants were the most prevalent (TTN: 95
patients, 34% of total population; SARC: 63 patients, 22% of
total population) and almost completely related to DCM phe-
notype (TTN: 100% DCM, SARC: 95% DCM); lamin
(LMNA) patients (29 patients, 10% of total population, 96%
DCM). A more heterogeneous phenotypic distribution between
DCM and ACM were noted for desmoplakin (DSP), plakoglobin
(PKP2) and filamin (FLNC) variants. Patients with uncate-
gorized DCM phenotype and carriers of DSP, PKP2, FLNC
and LMNA variants (arrhythmogenic genes) experienced more fre-
tant SCD/VT/VF/shock events (p value=0.002 and
p=0.023), compared to patients with DCM phenotype, during
follow-up (median=132 months). The analysis shows only P/
LP variants of arrhythmogenic genes, early age of onset and male
gender, were associated with an increased risk of SCD/VT/VF/
shock events during follow-up. Additionally, there were no dif-
fences in terms of HF events was significantly related to
genotype.

Conclusions In a large DCM and ACM population with a
positive genetic test for P/LP variants, the classification based
on specific genotypes is a useful tool in arrhythmic prognosti-
cation. These findings support the need of extensive genetic
testing to support CMP diagnosis and prognosis.
control group of non-sensitized patients transplanted during the same period (n=771).

Summary of Results Desensitization therapy in women appeared to be comparable to men, considering similar desensitization protocols. There were no significant differences in waitlist mortality, time on the waitlist, 1-year post-transplant survival, or 1-year freedom from ACR or AMR between the two groups. Compared to non-sensitized patients, freedom from AMR was significantly lower in both sensitized men and women (72.7% men vs. 78.9% women vs. 96.5% control group, p<0.001).

Conclusions Sensitized women awaiting HTx compared to men appear to have similar response to various desensitization regimens. Post-HTx, there was more AMR in both groups, suggesting memory B-cells may be responsible.

#85 A CASE OF POST-COVID MYOCARDITIS IN A 39 YEAR OLD FEMALE WITH PCOS AND INCIDENTAL FINDING OF CAD

S Ratnayake*, A Mesfin, L Moosavi, F Joohar, A Ghandforough. Kern Medical Center, Bakersfield, CA

10.1136/jim-2022-WRMC.84

Purpose of Study Reports of cardiovascular manifestations in the setting of COVID-19 have included arrhythmia, peri-carditis, heart failure, acute coronary syndrome, and myocarditis. Myocarditis is defined as inflammation of the heart muscle and is commonly associated with viral infection. Common symptoms of myocarditis can include chest pain, shortness of breath, as well as arrhythmia and fatigue. While endomyocardial biopsy remains the gold standard for diagnosis, clinically suspected myocarditis in low-risk patients can be established through presentation and non-invasive diagnostic findings. Here, we aim to highlight the association between coronavirus disease of 2019 infection (COVID-19) and cardiovascular complications such as myocarditis in this case report. In our case, heart catheterization demonstrated 60% stenosis of the proximal left anterior descending artery; however, this lesion was not suspected to be the culprit lesion causing myocardial injury. Etiology of injury was thought to be caused by global ischemia in the setting of post-COVID-19 infection.

Methods Used Retrospective chart review after IRB approval.

Summary of Results This is a 39-year-old Hispanic female with history of PCOS, hyperlipidemia, hypertension, Oral Contraceptive Pill, provoked Deep Vein Thrombosis and Pulmonary Embolism on Rivaroxaban, who presented to emergency department with 4 days of new onset intermittent severe substernal chest pain radiating down to her left arm. She had SARS-CoV-2 pneumonia the month prior to this presentation significant for cough, anosmia, and myalgias, which resolved without hospitalization. On arrival, she was hypertensive, tachycardic, and afibrile. Coagulation panel was normal, troponin-I was elevated at 6.25 with a peak of 9.27. Toxicology was negative for stimulants. She tested positive for SARS-CoV-2 but remained asymptomatic. Patient was started on dual anti-platelet therapy and anti-coagulation therapy. Repeat ECG showed no new changes. A second episode of chest pain revealed lateral ST-elevations and Q-waves in inferior leads. Troponin continued to downtrend. Left heart catheterization was performed with incidental finding of 60% stenosis of the proximal LAD with a smooth plaque. This patient clinically improved without further chest pain and was discharged with dual-antiplatelet therapy.

Conclusions Evaluation and tracking of clinically suspected myocarditis in the setting of COVID-19 infection may give insight into the pathophysiology of infection in cardiomyocytes due to SARS-CoV-2. This case report aims to illustrate the possible association between COVID-19 and myocarditis in the hopes of decreasing morbidity and mortality.

#86 APICAL HYPERTROPHIC CARDIOMYOPATHY MIMICKING AS MYOCARDIAL INFARCTION

1VK Narang*, 2P Chan, 3F Joohar, 4T Win. 1UCLA-Kern Medical, Bakersfield, CA; 2Ross University School of Medicine, Miramar, FL

10.1136/jim-2022-WRMC.85

Case Report

Purpose Hypertrophic cardiomyopathy (HCM) is known to have a wide spectrum of patterns. This case highlights an uncommon form of HCM called apical hypertrophic cardiomyopathy (ApHCM) which was seen to mimic myocardial infarction.

Methods Retrospective Study.

Summary A 46-year-old Punjabi male with hypertension presented to an outside hospital with chest pain and was to have elevated troponin levels of 0.31 ng/mL. Nuclear Lexiscan stress test at that time showed ‘reversible defect of the cardiac apex suggestive of ischemia’, cardiac catheterization was negative, and transthoracic echocardiogram (TTE) showed preserved left ventricular function and mild mitral regurgitation. Troponin trended down to 0.23 ng/mL and the patient was discharged.

Patient then comes to the medicine clinic to establish care and was complaining of palpitations that are intermittent and last about 2–3 minutes per episode. Patient reports that the episodes are initiated by physical activity such as walking about 100 feet and alleviated with rest. Patient denied any chest pain or shortness of breath. Positive history for heavy alcohol use, drinks 6–8 alcoholic beverages 2–3 times a week. Electrocardiogram (ECG) done in the clinic showed left ventricular hypertrophy and abnormal T waves in inferior leads. Repeat TTE showed left ventricular ejection fraction is estimated at >65% and apical to mild LV is unusually thickened
Abstracts

which is consistent with ApHCM. Patient was then referred to the cardiology clinic for further management. The patient will be treated with appropriate beta-blocker and cardiac monitoring for further risk stratification.

Conclusion There are many different spectrums to hypertrophic cardiomyopathy with the most common form being asymmetric septal hypertrophy (ASH). There is a more rare form called ApHCM which is more prevalent in the Asian population (25%) than in non-Asians (1% to 10%). Compared to the ASH, it is more sporadic and associated with more atrial fibrillation (AF) and different risk factors for sudden cardiac death (SCD). There are no current guideline recommendations for diagnosis, screening, or patient risk stratification available for ApHCM.

This case illustrates the importance of understanding and diagnosing patients with ApHCM since patient symptoms mimicked a myocardial infarction. The accurate and timely diagnosis may highly improve the clinical outcome and overall well-being of the patient.

Diversity, equity, inclusion I
Concurrent session
3:15 PM
Thursday, January 20, 2022

#87 STAKEHOLDER ENGAGEMENT EFFORTS TO IMPROVE DIVERSITY IN RARE DISEASE RESEARCH: INSPIRING NEW SCIENCE IN GUIDING HEALTHCARE IN TURNER SYNDROME (INSIGHTS) REGISTRY

Purpose of Study Turner syndrome (TS) occurs in ~1 in 2,000 females who are born with partial or complete absence of the second sex chromosome. Like many rare disease conditions, most research in TS has been focused on specific features (particularly growth), limited to single centers, included minimal diversity, and lacked community engagement. The Inspiring New Science in Guiding Healthcare in Turner Syndrome (InsighTS) Registry was developed to address these limitations.

Methods Used A Steering Committee with stakeholders comprised of researchers, multidisciplinary clinicians, and patient advocates was formed to develop the goals, infrastructure, data collection tools, protocols and engagement strategies for a national, collaborative clinic-based longitudinal registry for individuals with TS. Six institutions with multidisciplinary TS clinics across geographical regions were onboarded as recruitment sites with the goal of >80% of eligible patients enrolling with diversity in age, race, ethnicity, payer status, and timing of diagnosis. The team identified patient-centered multidisciplinary outcomes obtainable through medical records and optional additional study procedures.

Summary of Results To date, 154 participants representing all regional centers have enrolled in InsighTS with an average enrollment rate of 15 per month. The average age at enrollment was 11.9 ± 11 years (range 0-67, 16.9% ≥18 at enrollment). 18.5% identify as Hispanic/Latinx ethnicity and racial distribution includes 6.2% Asian, 13.7% Black, 71.9% White, and 11.0% Other Race. TS was identified prenatally in 30.3% of participants. The majority of participants agreed to be contacted for future studies (89%), complete annual surveys (83%) and contribute to the biobank (61%).

Conclusions Stakeholder engagement for the development of a national clinic-based registry for the rare genetic condition of TS has successfully led to a diverse cohort representative of the US population. Additional engagement strategies to increase enrollment while prioritizing diversity are underway.

#88 PARENTAL PERSPECTIVES TOWARDS COVID-19 VACCINES AND RETURN TO SCHOOL: FOCUSING ON HEALTH DISPARITIES

Purpose of Study The COVID-19 pandemic has disproportionately impacted children from low socioeconomic and minority groups. Parents encounter new decisions regarding vaccinating their child against COVID-19 and return to school in fall of 2021. Prior studies show COVID-19 vaccine hesitancy is associated with income, race, and marital status. However, few studies examine the demographics behind COVID-19 vaccine hesitancy in relation to return to school in vulnerable communities. Understanding both are crucial to addressing challenges for children with healthcare inequities.

Methods Used A cross-sectional survey was conducted at impatient and outpatient settings at an academic center and its affiliated site between September 2020 - September 2021. Parents were recruited to complete an anonymous mobile phone based survey using REDCap regarding perspectives on COVID-19 vaccines and factors affecting children’s return to school during the pandemic. Statistical analyses were performed to examine the association between demographic factors (gender, marital status, education, ethnicity, and household income), COVID-19 vaccine hesitancy, and healthcare inequities affecting return to school.

Summary of Results Of 189 respondents, 65.5% were married, 41.9% had less than college education, and 37.0% had household of >2 people. 64.6% were minorities and 53.9% were from low income families. COVID-19 vaccine acceptance was positively associated with marital status and number of household members: 60.9% of married individuals reported they would vaccinate their child compared to 30.4% of unmarried individuals (p = 0.001). 62.1% of households of >2 people would vaccinate compared to 43.1% with households 2 or less (p = 0.015, table 1). Those who accepted or rejected COVID-19 vaccines were more likely to prefer onsite school compared to those who were unsure (p = 0.020). Education, ethnicity, and income were not associated with COVID-19 vaccine acceptance (table 1) or parental decisions in having their child return to school. Those with less than college...
education, low income families, and minority groups favored returning to school because of school-provided lunches and availability of internet.

Conclusions: Our study shows that parents from all ethnicities and incomes may experience hesitancy towards COVID-19 vaccines. COVID-19 vaccine acceptance is positively associated with marital status and number of people in the household. Parents from vulnerable communities experience barriers influencing their decision of sending children back to school. Larger studies are needed to examine the underlying demographic factors behind COVID-19 vaccine hesitancy and return to school. Unique interventions are needed to target children experiencing healthcare inequities in order to increase COVID-19 vaccine confidence and promote safe return to school.

Abstract #89

TABLE 1 COVID-19 vaccine hesitancy and demographic factors

<table>
<thead>
<tr>
<th>Demographic Factor (N)</th>
<th>Yes (%)</th>
<th>Unsure (%)</th>
<th>No (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (171)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father (28)</td>
<td>19 (67.9%)</td>
<td>5 (17.9%)</td>
<td>4 (14.3%)</td>
<td></td>
</tr>
<tr>
<td>Mother (143)</td>
<td>68 (47.6%)</td>
<td>51 (35.7%)</td>
<td>24 (16.8%)</td>
<td>0.119</td>
</tr>
<tr>
<td>Marital Status (171)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmarried (56)</td>
<td>17 (30.4%)</td>
<td>25 (44.6%)</td>
<td>14 (25.0%)</td>
<td>0.001</td>
</tr>
<tr>
<td>Married (115)</td>
<td>70 (60.9%)</td>
<td>31 (27.0%)</td>
<td>14 (12.2%)</td>
<td></td>
</tr>
<tr>
<td>Educational Level (171)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College and Up (100)</td>
<td>52 (52.0%)</td>
<td>30 (30.0%)</td>
<td>18 (18.0%)</td>
<td>0.605</td>
</tr>
<tr>
<td>Grade and High School (71)</td>
<td>35 (49.3%)</td>
<td>26 (36.6%)</td>
<td>10 (14.1%)</td>
<td></td>
</tr>
<tr>
<td>Income (171)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Minority (White, Asian) (61)</td>
<td>32 (52.5%)</td>
<td>19 (31.1%)</td>
<td>10 (16.4%)</td>
<td>0.941</td>
</tr>
<tr>
<td>Minority (Hispanic, Black, Pacific Islander) (110)</td>
<td>55 (50.0%)</td>
<td>37 (33.6%)</td>
<td>18 (16.4%)</td>
<td></td>
</tr>
<tr>
<td>Number of Household Members (168)</td>
<td>44 (43.1%)</td>
<td>35 (34.3%)</td>
<td>23 (22.5%)</td>
<td>0.015</td>
</tr>
<tr>
<td>1-2 people (102)</td>
<td>35 (43.1%)</td>
<td>23 (34.3%)</td>
<td>23 (22.5%)</td>
<td></td>
</tr>
<tr>
<td>3-7 people (66)</td>
<td>51 (82.1%)</td>
<td>20 (32.3%)</td>
<td>5 (7.8%)</td>
<td></td>
</tr>
<tr>
<td>Ethnicity (171)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>46 (59.0%)</td>
<td>21 (26.9%)</td>
<td>11 (14.1%)</td>
<td>0.151</td>
</tr>
<tr>
<td>Low (&lt;50K) (93)</td>
<td>41 (44.1%)</td>
<td>35 (37.6%)</td>
<td>17 (18.3%)</td>
<td></td>
</tr>
</tbody>
</table>

Abstract #88

THE EFFICACY OF EDUCATIONAL WORKSHOPS TO IMPROVE HUMAN PAPILLOMAVIRUS LITERACY IN HISPANIC POPULATIONS

Y Hwang*, 1L Conklin*, 2J Hollar, 1N Aley, 1E Solano, 2M Edman, 1G Ochoa. 1Nova Southeastern University, Fort Lauderdale, FL; 2YMCA of South Florida, Fort Lauderdale, FL.

Purpose of Study: Hispanic populations experience disparities with regards to human papillomavirus (HPV) vaccine uptake despite ranking highest among racial groups for rates of cervical cancer. It is well-established that HPV vaccination confers a high degree of protection against HPV-related cancers. Yet barriers to HPV vaccination contribute to low rates of vaccine initiation and series completion in Hispanic populations with only 35-46% of adolescents fully vaccinated against HPV. Notably, literature suggests low health literacy as a common deterrent to vaccine uptake. The purpose of this study is to assess the utility of educational workshops in the improvement of vaccine literacy in Hispanic populations.

METHODS: Using a pre-test/post-test design, 22 HPV-related workshop sessions were delivered to a total of 287+ (n=287) high school students, which included 104+ (n=104) Hispanic students and 183+ (n=183) non-Hispanic students. The workshops were conducted online, and participants were recruited through their respective school districts. A total of 200+ (n=200) surveys were distributed, with a participation rate of 69%. The workshop content included the transmission of HPV, the HPV vaccine, and the importance of vaccination. The impact of the workshops was assessed through pre- and post-questionnaires.

RESULTS: The workshops were delivered to 41 high schools in the Los Angeles area from August to November 2021. The pre-test results showed that 70% of Hispanic students and 75% of non-Hispanic students reported feeling uncertain about HPV vaccination. After the workshop, 90% of Hispanic students and 92% of non-Hispanic students felt confident and willing to vaccinate against HPV. The data also showed a significant increase in the number of students who reported they would recommend HPV vaccination to a friend or family member (p < 0.05).

CONCLUSIONS: Educational workshops were effective in improving HPV literacy among Hispanic and non-Hispanic students. These workshops can serve as a valuable tool in increasing HPV vaccination rates in Hispanic populations.
Purpose of Study

It’s evident in academic literature that representation of underrepresented in medicine (URiM) minorities in Emergency Medicine (EM) is sparse. This disparity is more drastic amongst EM leadership. Faculty and residents are directly involved in recruiting, interviewing, and ranking potential incoming residents. The lack of URiM participation in that process impacts the potential for future URiM physicians to be appointed to EM residency leadership positions. Our study sought to identify potential areas for increased representation in the future and factors that may increase URiM involvement.

Methods Used

We administered a survey to the U.S. Emergency Medicine Residency Program Directors (PDs) listed on FREIDA, the American Medical Association (AMA) residency and fellowship database. We drafted and piloted the online survey instrument before sending it to participants via Qualtrics. Survey items focused on ethnic identity in program leadership, career preparation such as mentors and previously held roles, and strategies used to encourage URiM recruitment. Participants received one announcement email and three reminder emails following the survey distribution. We used Microsoft Excel for primary data analysis.

Summary of Results

We received 57 completed surveys. 22% of the respondents identified as URiM, of which 9% identified as Black and 7% as Latinx. The median percentage of Residents identifying as URiM was 13% (IQR, 1%-32%). Eight programs (14%) reported having at least one Chief Resident identifying as URiM. 72% of respondents reported that a mentor was instrumental in their ascension to PD. 11% reported that their mentor identified as URiM. We asked PDs to confirm which strategies they’ve implemented to encourage URiM participation (Boatright 2008). The most commonly implemented strategies were, ‘know the institution’s local and community demographics, and address those needs’ (51%), followed by ‘broaden selection criteria beyond USMLE scores to include intangibles such as leadership, community service, and other life experiences’ (49%), and ‘develop curricula to address topics on diversity, cultural competence, and implicit bias’ (47%).

Conclusions

The disparity of URiM PDs in EM may be a result of a lack of URiM mentorship. 29% of respondents were URiM but only 11% reported having a URiM mentor. This lack of mentor-mentee concordance may be an area of further study and improvement. More intentional utilization of URiM recruitment strategies could also drastically improve representation. Increased URiM participation in EM leadership has great potential to improve diversity, equity, and inclusion in EM overall.

sense of community (24%) and/or motivation (29%) regarding health equity work after the intervention. 158 participants (67.2%) reported being somewhat or very likely to stay involved in the advocacy project, and 93 participants (39.6%) reported being likely to lead a session in the future. Almost all of the JC-ALs have manifested long term projects including:

- Educational material for healthcare providers and preclinical students regarding removal of race from eGFR and adoption of cystatin C and addition of cystatin C in UCSD Health Laboratory Medicine Formula
- Learning modules for preclinical students on gender affirming and trauma informed care
- Elective on obtaining a health equity history in the emergency department

Conclusions The JC-AL schema is a feasible approach to engage trainees in the community and institution to enact change. It is a well-received component of the HET ranging from 30–100 participants at each event.

### Abstract #93

**USING VALIDATED INSTRUMENTS TO ASSESS LONELINESS, SOCIAL SUPPORT, AND BURNOUT AMONGST RACIAL AND LGBTQ+ RESIDENTS**

DA Mesa*, University of Colorado, Denver, CO

10.1136/jim-2022-WRMC.92

**Purpose of Study** There is very little data published exploring the impact that racial or sexual minority identity has on a resident’s training experience. Given that a high percentage of internal medicine training programs are predominantly white it’s important to understand the emotional and supportive barriers minority residents face. We began the important work looking into these barriers with a survey-based needs study.

**Methods Used** 174 residents enrolled in the University of Colorado Internal Medicine Residency Program were asked to participate in an online survey. This survey consisted of several validated instruments including: the PHQ-4, the MOS Social Support Survey, and the UCLA Loneliness Scale. The survey included a demographics section and each respondent utilized a unique PID to maintain anonymity. 65 out of 174 residents responded to the survey. The answers to the survey were coded and scored per the original publications. Analysis of the data was done using two tailed T-Tests in the SAS software.

**Summary of Results** The average MOS total support score was significantly lower in LGBTQ+ residents compared to Non-LGBTQ+ residents (Mean 65.80 vs. 79.16; P = 0.035). LGBTQ+ residents also trended towards having higher amounts of burnout, though this wasn’t statistically significant (Mean 0.38 vs 0.17; P = 0.19). Notably 3 out of 9 LGBTQ + residents reported feeling burnt out compared to 9 out of 56 Non-LGBTQ+ residents (33% vs 16%). Notably most of the significant findings were amongst single vs non-single residents with significance in: UCLA loneliness scale (P = 0.03), MOS total support score (P <0.0001), MOS emotional support score (P <0.0001), MOS tangible support score (P <0.0001), MOS positive interactions score (P = 0.001) and PHQ-Depression sub-domain (P = 0.025). Racial minority residents had lower average levels of burnout compared to non-minority residents (Mean 0.12 vs 0.23; P = 0.32). However, racial minority residents had lower average levels of overall social support compared to non-minority residents (Mean 73.16 vs 78.74; P = 0.270) with the tangible support subdomain score being the closest for significance (Mean 13.55 vs 15.93; P = 0.120).

**Conclusions** The sample size for the survey-based study was smaller than anticipated. However, it was large enough to find significance for LGBTQ+ residents having less social support, and also revealed higher levels of burnout. It’s also important to note that while it didn’t reach significance minority residents experienced lower average levels of overall social support. Surprisingly minorities had fewer burnout numbers which may be an indicator of increased resilience or utilization of protective mechanisms. Further research needs to be conducted to better understand the needs of LGBTQ+ and racial minority residents. Future directions include expansion nationwide to gather a larger sample size and assess for geographic differences.

### Abstract #94

**IDIOPATHIC SUBGLOTTIC STENOSIS IN NON-CAUCASIAN WOMEN**

1A Suk*, 2L. Reder, 3K. O’Dell, 5S. Vema, 4M. Harmon, 6P. Weissbrod, 3P. Krishna, 4B. Crawley, 1Loma Linda University School of Medicine, Loma Linda, CA; 7Kaiser Permanente Baldwin Hills, Los Angeles, CA; 3University of Southern California, Los Angeles, CA; 4University of California Irvine, Irvine, CA; 5University of California San Diego, La Jolla, CA; 7Loma Linda University School of Medicine, Loma Linda, CA

10.1136/jim-2022-WRMC.93

**Purpose of Study** To analyze the presentation, disease course, and treatment of idiopathic subglottic stenosis of non-Caucasian women.

**Methods Used** In this multi-institutional retrospective study, information extracted included date of birth, age at symptom onset, age and date of diagnosis, race, Cotton Meyer grade, stenosis length and distance from glottis, BMI, comorbidities, medication to manage iSGS, age at first surgery, additional treatment with serial intraluminal steroid injections, the date of each surgery, occupation, autoimmune labs, and family history of autoimmune diseases.

**Summary of Results** 35 non-Caucasian women with idiopathic subglottic stenosis were identified. Of the 35 women, 31 were Hispanic while one was African-American, two were Asian, and one was non-Hispanic mixed race. Their average BMI was 31.8 ± 2.19 kg/m² and 51.4% of the patients were obese (BMI>30). 31.4% had hypertension. Their average age of onset was 45.8 years old (95% CI, 42.2–49.3) with a range of 26–69 years old. The average age at diagnosis was 47.8 years (95% CI, 44.3–51.3) with a Charlson comorbidity index of 0.85 (95% CI, 0.42–1.28). At diagnosis, 13.4% were CM I, 43.3% were CM II and 43.3% were CM III (n=30). The average age at their first surgery was 46.8 (95% CI, 43.2–50.4) years and 17 received SILSI. While treatment type...
SCOPING REVIEW OF SOCIOECONOMIC FACTORS AND HIDRADENITIS SUPPURATIVA

1OS Cherapatkin*, 2K DeNiro. 1University of Washington School of Medicine, Seattle, WA; 2University of Washington, Seattle, WA

10.1136/jim-2022-WRMC.94

Purpose of Study Hidradenitis suppurativa (HS) is an autoimmune inflammatory disease characterized by painful boils beneath the skin. While socioeconomic factors have been linked to HS individually, there has been no scoping review that synthesizes these correlations. Our objective was to assess the published data on the associations between HS and the factors of income, education, and work.

Methods Used A search limited to English publications was conducted in PubMed, Embase, Web of Science and Cochrane from database origin to 07/26/21. The terms used were ‘hidradenitis’ combined with ‘socioeconomic,’ ‘insurance,’ ‘class,’ ‘disparities,’ ‘disparity,’ ‘education,’ ‘income,’ ‘work,’ ‘employment,’ ‘job,’ ‘insurer,’ ‘medicaid,’ or ‘professional activity.’ Eligible publications were peer-reviewed and examined the association between HS and income level, educational attainment, occupation class, employment status, work impairment, or insurance status. Records were evaluated by O.C. and K.D. In the event of a disagreement, another reviewer was available to resolve the discrepancy.

Summary of Results After duplicate removal, 413 records were screened by title/abstract. 79 full-text records were then assessed for eligibility and 33 articles met inclusion criteria. By manually searching article references, an additional 3 papers were included. 29 research articles, 6 reviews, and 1 case report from 13 different countries were qualitatively synthesized according to the defined categories of associations. 3 articles found that HS patients had lower income levels but none of those studies, after adjusting for age/sex, found that this was not significant. 6 articles elucidated an association between HS and lower educational attainment. An association between HS and lower class of occupation was found by 1 study, and 7 publications (6 articles, 1 review) demonstrated a higher probability of being unemployed as an HS patient. 16 articles, 1 case report, and 5 reviews discussed the association between HS and work impairment. A higher likelihood for HS patients to have government-funded insurance was found by 3 studies. 4 articles utilized a combination of the factors as measures of SES. 3 of them found associations between low SES and HS, while one Israeli study found the opposite.

Conclusions Our qualitative synthesis demonstrates that HS globally is linked with lower income levels, reduced educational attainment, unemployment, work impairment, and government-funded insurance coverage. Though one study found that higher SES is associated with HS, this can be explained by their usage of dermatologist-diagnosed HS patients and the fact that in Israel, dermatology encounters require co-payments unlike primary care visits. Though the directionality between HS and lower SES cannot be determined from the current research, our work shows the importance of considering SES when treating HS patients.

AMERICAN OSTEOPATHIC ASSOCIATION OTOLARYNGOLOGY AND OPHTHALMOLOGY PROGRAM CLOSURES AS A MODEL TO HIGHLIGHT CHALLENGES OF MAINTAINING GRADUATE MEDICAL EDUCATION IN HIGH NEED AREAS

1K Yo*, 2H Ahmed, 3W Robbins. 1Western University of Health Sciences, Pomona, CA; 2Loma Linda University, Loma Linda, CA; 3OhioHealth, Columbus, OH

10.1136/jim-2022-WRMC.95

Purpose of Study While 90% of former American Osteopathic Association (AOA) residency programs transitioned to Accreditation Council for Graduate Medical Education (ACGME) accreditation, surgical subspecialty programs such as otolaryngology (ENT) (62%) and ophthalmology (47%) struggled to gain accreditation. DOs have actively participated in serving underserved communities, and losing AOA surgical specialty programs may decrease access to surgical care in rural and non-metropolitan areas.

Methods Used A directory of former AOA ENT and ophthalmology programs was obtained from the American Osteopathic Colleges of Otolaryngology and Otolaryngology-Head and Neck Surgery (AOCOOC-HNS). A secured survey was sent out to 16 eligible ENT and ophthalmology program directors. The survey contained both quantitative and qualitative aspects to help assess why these programs did not pursue or failed to receive ACGME accreditation.

Abstract #96 Table 1 Percentage of remaining osteopathic ENT and ophthalmology programs from 2014–2015 to 2020–2021 academic year under the SAS

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2014-2015</th>
<th>2020-2021</th>
<th>% Total Programs Remained</th>
<th>% Initial Accreditation After Merger</th>
<th>% Continuing Accreditation</th>
<th>% Continuing Accreditation without Outcomes</th>
<th>Net Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>15</td>
<td>7</td>
<td>46.7%</td>
<td>26.7%</td>
<td>25.0%</td>
<td>6.7%</td>
<td>-53.3%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>21</td>
<td>13</td>
<td>61.9%</td>
<td>47.6%</td>
<td>0.0%</td>
<td>14.3%</td>
<td>-38.1%</td>
</tr>
</tbody>
</table>

Table 1 depicts a net decline of 53.3% and 38.1% in osteopathic ophthalmology and ENT programs from 2014-2015 to 2020-2021 academic year under the SAS.
Abstract #96 Figure 1

Summary of Results 12 of 16 eligible programs responded: 6 ophthalmology and 6 ENT program directors. 83% of respondents did not pursue accreditation (6 ophthalmology and 4 ENT programs), and 17% (2) were unsuccessful in achieving accreditation despite pursuing accreditation. Across 12 respondents, 58% (7) cited lack of hospital/administrative support and 42% (5) cited excessive costs and lack of faculty support as reasons for not pursuing or obtaining ACGME accreditation.

Conclusions The survey results reflect financial issues associated with rural hospitals. Lack of hospital/administrative support and excessive costs to transition to the ACGME were key drivers in the closures of AOA surgical specialty programs. Considering these results, we have 4 recommendations for various stakeholders, including program directors, designated institutional officials, hospital chief medical officers, and health policy experts. These recommendations include expanding Teaching Health Center Graduate Medical Education to surgical specialties, identifying and learning from surgical fields such as urology that fared well during the transition to ACGME, addressing the lack of institutional commitment and prohibitive costs of maintaining ACGME accredited subspecialty programs in under-resourced settings, and reconsidering Centers for Medicare & Medicaid Services (CMS) pool approach to physician reimbursement.

Hematology and oncology I
Concurrent session
3:15 PM
Thursday, January 20, 2022

#97 NOVEL PERINEPHRIC NEOVASCULARITY SCORING SYSTEM IN RENAL CELL CARCINOMA TUMOR STAGING

C Fater*, A Peta, N Kar, T Bui, B Roth, J Gavis-Bloom, L Limfueco, J Landman, R Houshyar, University of California Irvine, Irvine, CA

Purpose of Study Renal cell carcinoma (RCC) is the most common type of kidney cancer worldwide. Angiogenesis plays a major role in providing adequate blood flow and nutrients to promote tumor growth and RCC progression. While radiologists assess enhancement patterns of renal tumors to predict tumor pathology, to our knowledge, no formal scoring system has been created and validated to assess the level of neovascularity in RCC, despite its critical role in cancer metastases. In this study, we characterized and analyzed the level of angiogenesis in tumor-burdened kidneys and their benign counterparts. We then created and validated a scoring scale for neovascularity that can help predict tumor staging for RCC.

Methods Used After Institutional Review Board approval, the charts of patients who had undergone surgery for RCC between January 13, 2014 and February 4, 2020 were retrospectively reviewed for inclusion in this study. Inclusion criteria were a diagnosis of RCC, simple/radical nephrectomy, pre-operative contrast enhanced computed tomography (CT) scans, and complete pathology reports. Neovascularity was scored on a scale of 0 to 4 where 0 = no neovascularity detected, 1 = a single vessel <3 mm wide, 2 = a single vessel ≥3 mm wide, 3 = multiple vessels <3 mm wide, and 4 = multiple vessels ≥3 mm wide. Each patient was scored by a senior medical student and then validated by a board-certified abdominal radiologist. Statistical analysis was performed using RStudio® Version 3.5.1. Demographics and tumor characteristics were compared using a Kruskal-Wallis ANOVA or Chi-squared test; neovascular score was compared using a Wilcoxon Rank-Sum test. Statistical significance was considered as p < 0.05.

Summary of Results A total of 217 patients were included in this study. There was no significant difference in patient demographics between tumor stages. Additionally, the majority of tumor pathology was clear cell carcinoma, regardless of tumor staging. The average neovascularity score was 1.07 for pT1x tumors, 2.83 for pT2x tumors, and 3.04 for pT3x tumors. The average neovascularity score for the benign counterparts was 0.124, 0.385, and 0.458, respectively. There was a significant difference in neovascularity score between pT1x and pT2x tumors (p = 0.0046), pT1x and pT3x tumors (p <
0.0001), and benign kidneys and kidneys with RCC (p = 0.0001).

Conclusions Our novel vascular scoring system for renal cell carcinoma demonstrates a significant correlation with RCC pathological tumor staging. This scoring system may be utilized as part of a comprehensive radiological assessment of renal tumors, potentially improving tumor characterization and clinical decision making.

**Abstract #98**

**STRESS-INDUCED DIFFERENTIAL MIR-4633–5P EXPRESSION IN THYROID CANCER HEALTH DISPARITIES**

1 J Mancao*, 2 S Khan, 3 J Lee, 2 K Rood, 2 R Davis, 2 M Perez, 3 A Simental, 4 S Roy, 5 Loma Linda University School of Medicine, Loma Linda, CA; 6 Loma Linda University Department of Basic Sciences, Loma Linda, CA; 7 Loma Linda University Medical Center, Loma Linda, CA; 8 The University of Texas at El Paso, El Paso, TX

10.1136/jim-2022-WRMC.97

**Purpose of Study** Filipino Americans (FA) are known to have higher rates of thyroid cancer incidence and disease recurrence compared to European Americans (EA). FA are also known to be two times more likely to die of thyroid cancer compared to EA. Epidemiological studies in California have shown that thyroid cancer is the second most common cancer among FA women. Currently, there are no studies that demonstrate the mechanism behind these discrepancies. Evidence shows a strong correlation between obesity and more aggressive forms of thyroid cancer; obesity has an increased frequency in FA populations. The exact connection between the mechanisms of obesity and cancer is poorly understood. This epigenetic phenomenon may be due to microRNAs (miRNAs), which post-transcriptionally regulate gene expression. Dysregulated miRNA profiles have been associated with various diseases including obesity and cancer. MiRNAs are linked to different types of cancer; tumor suppressor genes and oncogenes are subject to modulation by dysregulated miRNAs. No study elucidates the association of miRNAs to tumor staging or prognosis in thyroid cancer health disparities.

**Methods Used** In this study, we determined miRNA expression profiles and found significant differences in the miRNA profiles between FA and EA thyroid cancer patients. Our pilot study showed several dysregulated miRNAs, from which we chose to assay dysregulated miR-4633–5p segments that are known to be associated with thyroid cancer signaling. We used QIAGEN’s miRNA extraction kit to obtain high-quality miRNA from paraffin-embedded thyroid tissues. We performed next-generation miRNA sequencing using equal number of FA and EA samples and identified the top ten significantly up- and down-regulated miRNAs from the pool of differentially expressed miRNAs by qPCR assays.

**Summary of Results** Our investigation demonstrated a 1.5–2-fold higher expression of an upregulated miR-4633–5p in FA versus EA miRNA samples (n=70) after normalization to controls. In contrast, miR-323b-3p showed no difference between FA and EA after normalized to controls.

**Conclusions** For our future work, we plan to analyze multiple up- and down-regulated miRNAs by qPCR, determine whether the miRNA signatures are consistent between samples from FA versus EA, and explore the use of these miRNA signature differentials for affordable and rapid thyroid cancer screening and prognosis.

**Abstract #99 Table 1 Clinical outcomes**

<table>
<thead>
<tr>
<th>Outcome by # of mets</th>
<th>Median overall survival, patients treated with complete surgical resection (months, range) Total 1 year survival</th>
<th>Median overall survival, patients treated with radiation (months, range) Total 1 year survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–3 (n = 18)</td>
<td>26.1 (0.6 – 72.6)</td>
<td>24.8 (7.1 – 35.8)</td>
</tr>
<tr>
<td>4+ (n = 12)</td>
<td>2.4 (0.2 – 60.0)</td>
<td>6 (85.7%)</td>
</tr>
<tr>
<td>Total 1 year survival</td>
<td>3 (25%)</td>
<td>11 (100%)</td>
</tr>
<tr>
<td>Outcome by # of mets</td>
<td>23.7 (0.6 – 66.2)</td>
<td>16 (88.9%)</td>
</tr>
<tr>
<td>1–3 (n = 18)</td>
<td>26.1 (0.6 – 72.6)</td>
<td>24.8 (7.1 – 35.8)</td>
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<td>4+ (n = 12)</td>
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<tr>
<td>Outcome by # of mets</td>
<td>23.7 (0.6 – 66.2)</td>
<td>16 (88.9%)</td>
</tr>
<tr>
<td>1–3 (n = 18)</td>
<td>26.1 (0.6 – 72.6)</td>
<td>24.8 (7.1 – 35.8)</td>
</tr>
<tr>
<td>4+ (n = 12)</td>
<td>2.4 (0.2 – 60.0)</td>
<td>6 (85.7%)</td>
</tr>
<tr>
<td>Total 1 year survival</td>
<td>3 (25%)</td>
<td>11 (100%)</td>
</tr>
<tr>
<td>Outcome by # of mets</td>
<td>23.7 (0.6 – 66.2)</td>
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**Purpose of Study** Melanoma of unknown primary (MUP) is clinically uncommon and is understudied as a disease. There have been studies evaluating the utility of local resection with radiation therapy for treatment of MUP. However, it has been only within the last few years that MUP has been routinely treated with targeted or immunotherapy.

**Methods Used** We conducted a retrospective review of patients with MUP treated at LAC-USC Medical Center and Norris Medical Center. We looked at all patients with a diagnosis of MUP from January 1, 2010 to December 31, 2019. We identified 31 patients with MUP. We then analyzed the level of angiogenesis in tumor-burdened kidneys with stress-induced miR-4633–5p.

**Abstract #99**

**MELANOMA OF UNKNOWN PRIMARY: A SINGLE-INSTITUTION EVALUATION OF CLINICAL OUTCOMES**

1,2 S Dwabe*, 1,2 G In. 1 Los Angeles County University of Southern California Medical Center, Los Angeles, CA; 2 Keck Hospital of USC, Los Angeles, CA

10.1136/jim-2022-WRMC.98

**Purpose of Study** Melanoma of unknown primary (MUP) is clinically uncommon and is understudied as a disease. There have been studies evaluating the utility of local resection with radiation therapy for treatment of MUP. However, it has been only within the last few years that MUP has been routinely treated with targeted or immunotherapy.

**Methods Used** We conducted a retrospective review of patients with MUP treated at LAC-USC Medical Center and Norris Medical Center. We looked at all patients with a diagnosis of MUP from January 1, 2010 to December 31, 2019. We identified 31 patients with MUP. We then analyzed the level of angiogenesis in tumor-burdened kidneys with stress-induced miR-4633–5p.

**Abstract #99 Table 1 Clinical outcomes**

<table>
<thead>
<tr>
<th>Outcome by anatomic site of metastases (months, range) Total 1 year survival</th>
<th>Median overall survival, patients treated with complete surgical resection (months, range) Total 1 year survival</th>
<th>Median overall survival, patients treated with radiation (months, range) Total 1 year survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–3 (n = 18)</td>
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Cancer Center from 2008 to December 1st, 2020. We recorded the presentation, treatment course, and outcomes of each patient within our database. Data points collected include demographic information, clinical staging, size of largest metastases, location and number of metastatic sites. Treatment modalities, including metastatectomy, and systemic therapy were reviewed. The primary outcomes studied were median overall survival and 1-year overall survival.

Summary of Results Data was collected from 32 patients identified as having MUP. Sites of melanoma metastases included lymph node, soft tissue/muscle, lung, liver, brain/leptomeningeal disease, and bone. Thirteen patients (40.6%) were found to have one metastatic tumor, 6 (18.8%) were found to have 2-3 metastases, and 13 (40.6%) were found to have 4+ metastatic tumors on presentation. Two patients were lost to follow-up shortly after their diagnosis. The 30 remaining patients had a 14.3-month median survival with 17 (56.7%) surviving past one year.

In total, 15 patients underwent surgical metastatectomy, and 18 patients were treated with immunotherapy. With all patients surviving after one year, the 13 patients who had a complete resection of their tumor burden were noted to have a median survival time of 37.0 months following their diagnosis compared to a 2.2-month median survival among the 17 patients who did not have surgery or who had incomplete resection of tumor. The 18 patients treated with immunotherapy (PD-1±CTLA-4 inhibition) were found to have a median survival time of 23.7 months with 16 (88.9%) surviving past one year. Eleven patients who were treated both with complete surgical resection and adjuvant immunotherapy, were found to have a median survival time of 35.0 months with 11 (100%) surviving past one year. When analyzing outcomes of patients with MUP based on the number of metastases, number of organs involved, and largest size of metastases, survival was correlated with less than 4 metastases and less than 2 organs involved. Size of largest metastases had no effect on survival outcomes.

Conclusions Outcomes among patients with MUP may vary, depending on treatment modality, and tumor burden. Based on our data, patients who have MUP with low burden of disease may benefit from multi-modality therapy, including both surgical metastatectomy, and immune checkpoint blockade. Further validation using larger cohorts is warranted to help confirm these findings.

#100 SECOND HITS IN NF1-TUMORS REVEAL PREVALENCE OF COPY NEUTRAL LOSS-OF-HETEROSYGOSITY IN INDIVIDUALS WITH NEUROFIBROMATOSIS TYPE 1

1 Tong*, 1 Shieh, 2 Devine. UCSF Benioff Children’s Hospital Oakland, Oakland, CA; 1University of California San Francisco, San Francisco, CA

Purpose of Study Multiple mechanisms may give rise to biallelic variants in NF1-related tumors. Deletion and copy-neutral loss of heterozygosity (LOH) are potential mechanisms of somatic NF1 loss, distinct from point mutations. Tumor mutational sequencing demonstrates co-mutations in genes in addition to NF1, which may be tumor dependent and which may help molecularly classify tumors seen in NF1. This study asks whether excised tumors from individuals with NF1 demonstrate additional gene variants and differentiates first and second hits in NF1 using paired germline and somatic sequencing.

Methods Used The hypothesis is NF1 second hits and co-mutational patterns may be found by analyzing cancer driver genes. To test this hypothesis, data from 6381 tumors previously sequenced on a 5292- cancer gene panel were analyzed to yield 391 NF1-mutated tumors. LOH analysis over NF1 was done for all cases.

Summary of Results NF1 LOH was common, seen in 133/391 tumor samples. There were 40 tumors from individuals with constitution NF1. Tumors from individuals with constitutional NF1 had more prevalent copy neutral LOH (p-value <0.0001, two proportion z-test), suggesting somatic intrachromosomal recombination. Osteosarcoma was noted in association with NF1 with copy-neutral LOH, adding to accumulating reports of this rare tumor in NF1. NF1-associated MPNST versus non-NF1-associated MPNST, harbored co-mutations in TP53 as well as CDKN2A/2B deletion. Additionally, NF1 second-hit data from tumors were informative for annotating missense variants that were conflicting in ClinVar, potentially helping to improve NF1 annotation. The results provide an additional 162 deleterious NF1 variants to add to current gene annotation efforts.

Conclusions Sequencing of paired tumor and normal samples in NF1-associated tumors uncovers a spectrum of second hits to the NF1 locus. Future work will be aimed at a mechanistic understanding of these distinct patterns of mutation and strategies aimed at mitigating tumor risk.

#101 IMPACT OF SPONSOR ON ADVANCED NON-Small CELL LUNG CANCER CLINICAL TRIAL ENROLLMENT CRITERIA

1 RA Cooper*, 2 Y Chai, 1 J Nieva. University of Southern California Keck School of Medicine, Los Angeles, CA; 2Children’s Hospital of Los Angeles Saban Research Institute, Los Angeles, CA

Purpose of Study Clinical trials use inclusion and exclusion criteria to control for confounding variables in patient populations. Largely inspired by the ASCO-Friends of Cancer Research recommendation documents (2017 and 2021), there has been a recent drive to loosen clinical trial enrollment criteria to improve generalizability in trial outcomes. We sought to determine if the sponsor of a clinical trial impacted the transparency and selection of inclusion and exclusion criteria.

Abstract #101 Figure 1 Percentage of studies with strict, loose, and no restrictions on performance status. Actual number of studies within each group are included as data labels.
Methods Used Using clinicaltrials.gov, phase 2 and 3 non-small cell lung cancer (NSCLC) drug trials were sorted into one of three sponsor categories: Industry, government/cooperative group, and academic. Fisher Exact tests were used to assess variability in strictness of specific criteria and level of transparency in listing organ function requirements. Independent sample t-tests were used to analyze differences in total number of criteria.

Summary of Results Industry sponsored NSCLC drug trials more often omit from clinicaltrials.gov complete organ function requirements compared to government/cooperative group (p = 2.3 x 10^{-10}, α = 0.01) and academic (p = 1.8 x 10^{-4}, α = 0.01) sponsored trials. Industry sponsored trials are also more likely to have stricter performance status requirements compared to government/cooperative group sponsored studies (p = 5.7 x 10^{-6}, α = 0.01).

Conclusions Industry funded NSCLC clinical trials are more rigorous in excluding patients with worse performance status and are less transparent in listing all study requirements on clinicaltrials.gov.

In the context of a ‘bad side effect’ having a ‘small chance’ of occurrence, 8% of subjects attributed ‘small chance’ to odds of 1/10; 33% to 1/100; 41% to 1/1000; and 18% to 1/100,000.

Conclusions Patients without prior radiation therapy exposure have a demonstrably different understanding than radiation oncologists of the terms ‘secondary malignancy’, ‘second tumor’, or ‘secondary tumor’. Additionally, there is great variability in patient understanding of the terms ‘rare’ or ‘small chance’. Radiation oncologists must use different and more descriptive terms for secondary malignancies and their incidence, to ensure patients are truly informed when undergoing treatment. The results of this study may have implications for all medical fields in which patients are consented for procedures associated with a risk for consequential side effects.

Purpose of Study Chemotherapy is a mainstay treatment for late-stage non-small cell lung cancer (NSCLC), yet most tumors develop resistance to these agents. Studies in our lab have shown that chemoresistant NSCLC cells overexpress the muscarinic acetylcholine receptor 1 (CHRM1). We hypothesize that CHRM1 regulates chemoresistance in NSCLC cells, and that the combination of a repurposed CHRM1 antagonist dicyclomine, clinically used to treat IBS, and a chemotherapeutic agent has the potential to sensitize and kill chemoresistant NSCLC cells.

Methods Used Chemosensitive (A549) and chemoresistant (A549R) NSCLC cells were utilized in this study. Cell survival and colony formation assays were utilized to measure DTX sensitivity by pretreating with designated drug (24 hr) before addition of DTX (48 hr). Western blot and phosphokinase array were utilized to measure protein expression and intracellular pathway activation. The designed receptors exclusively activated by designer drugs (DREADD) system was utilized to isolate CHRM1 signaling. All data are expressed as the mean ± SEM. Multiple comparisons were analyzed using one-way ANOVA with post-hoc Tukey’s analysis and single comparisons were analyzed using a two-tailed, unpaired Student’s t-test.

Summary of Results CHRM1 expression is enhanced in A549R cells, suggesting that CHRM1 may play a role in chemoresistance. This was supported by the ability of a CHRM1 agonist, dicyclomine (Dic), to sensitize A549R cells to the chemotherapeutic agent docetaxel (DTX) measured by cell survival (IC50: DTX, not reached > 1M; DTX + Dic (10μM), 49.91μM; DTX + Dic (25μM), 12.11μM). Furthermore, these results were duplicated by colony formation assay. However, activation of a CHRM1 in A549 cells by the acetylcholine mimetic carbachol did not protect cells from DTX-induced cell death, suggesting that CHRM1 expression is necessary for chemoresistance in the A549R cells, but not sufficient. A phosphokinase array was used to determine the intracellular signaling pathway activated by CHRM1, which showed increased phosphorylation of multiple kinases including CREB, EGFR, STAT3, and ERK1/2. Increased CREB phosphorylation was
TISSUE IS THE ISSUE: CHEMOTHERAPY RESPONSE SCORE (CRS) IS MOST PREDICTIVE OF RESPONSE TO NEOADJUVANT CHEMOTHERAPY IN ADVANCED, HIGH GRADE SEROUS OVARIAN CANCER

1A Krueckerocker*, 1K Kuchta, 1C Donaldson, 2D Diaz Moore, 1M Lippitt, 1G Rodriguez, 1W Watkin, 1T Jenkins Vogel. 1Washington State University, Spokane, WA; 2NorthShore University HealthSystem, Evanston, IL

Purpose of Study Favorable chemotherapy response score (CRS) has prognostic value and correlates with progression free and overall survival in advanced ovarian cancer. CRS has not been compared to other clinical measures used to gauge response to neoadjuvant chemotherapy (NACT). We sought to examine whether CRS is a better predictor of outcome compared to traditional clinical and radiographic response measures.

Methods Used Clinical data from 2003–2020 was obtained through retrospective chart review. Radiographic review pre-and post-NACT was performed via RECIST 1.1 with responses characterized as complete/near-complete (CR/NCR), partial with >50% reduction in tumor (PR>50), partial with <50% reduction in tumor (PR<50), stable disease (SD) and progressive disease (PD). Histologic response in surgical specimens was characterized using CRS 1–3. Survival was assessed using the Kaplan-Meier method with log-rank tests, and Cox regression with hazard ratios (HR).

Summary of Results 128 patients who underwent NACT for high grade serous ovarian cancer (HGSOC) were included. Increasing CRS was associated with improved recurrence free (RFS) and overall survival (OS). OS at 5 years for CRS 1, 2 and 3 was 24.7%, 57% and 73.7% (p<0.0001). More favorable radiographic response was predictive of decreased recurrence risk with RFS at 3 years for PR<50 and CR/NCR (16.3% and 54.8%, p=0.0005) but not predictive of OS. Patients with CR/NCR more commonly had CRS 3 vs CRS 1 (47.1 vs 17.7%, p=0.022). Among radiographic response groups, increasing CRS was associated with decreased risk of recurrence and death. For example, in patients with CR/NCR risk of recurrence HR 5.38 (p=0.0243) and risk of death 8.24 (p=0.006) with CRS 1 vs 3. Number of NACT cycles prior to surgery did not differ among patients regardless of CRS. Rate of R0 resection was similar among all three CRS subgroups, and for the entire cohort was 85.2%. Recurrence rates were significantly higher with CRS 1 (89.1%) and 2 (73.9%) compared to CRS 3 (38.9%) (p<0.0001). Median CA 125 prior to surgery was lower with CRS 3 compared to CRS 1 (28 vs 81, p=0.0017). Of the 12 germline BRCA2+ patients in the study, 7 (58.3%) had a pathologic CRS 3.

Conclusions Our data confirms that favorable CRS is associated with improved overall and recurrence free survival in HGSOC. While radiographic response appears predictive of recurrence, it was not associated with overall survival in our study. Among patients with similar radiographic response, CRS remained predictive of outcome and is associated with other clinical factors traditionally felt to confer favorable prognosis. Pathologic CRS is an important predictive factor in determining response to neoadjuvant chemotherapy in HGSOC and may provide the best means to characterize prognosis.
Abstracts

change from educational training programs to be utilized to make a significant impact on health outcomes and cancer mortality rates.

#106 PREDICTIVE VALUE OF THE MINUTE WALK TEST IN ONCOLOGY AND PRE-REHABILITATION: A LITERATURE REVIEW

1RC Ellis*, 2A Blough, 3M Clark. 1Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA; 2University of Kansas Medical Center, Kansas City, KS

Purpose of Study To review the predictive value of the minute walk physical function test in hematologic malignancy.

Methods Used A literature review of PubMed using the terms and synonyms of ‘hematologic cancers’ and ‘functional evaluation’ on June 3, 2021 elicited 1,256 manuscripts. After reviewing each abstract for clinical outcomes in relation to minute walk physical function tests in hematologic malignancy, and with the exclusion criteria of confounding intervention or lack of original research, we included 3 published studies.

Summary of Results Increased frailty before and during cancer treatments has been demonstrated to predict mortality, disability, and hospitalization for cancer patients. The minute walk test is an objective measurement of frailty that measures the distance walked in a set amount of time, with decreased distance walked indicative of increased frailty. While there are multiple published manuscripts documenting the association between the minute walk test and clinical outcomes in cancer patients, few studies validate this test in hematologic cancer patients. Our review found 3 studies using the minute walk test as a functional correlate for rates of mortality. Only 1 of the reviewed manuscripts reported significant increase in mortality with decreased physical function measured by the minute walk test, while the other 2 studies showed no significant change. The study that showed a significant change used a follow up period of 2 months, while the studies with nonsignificant results used a 1 to 2 year follow up.

Conclusions The frequency of nonsignificant results and the shorter follow up period of the significant results suggest that the minute walk test may be an unreliable predictor of mortality in hematologic cancers. This affects oncology and physiatry alike. The minute walk is one of multiple frailty assessments that oncologists use to determine the intensity and type of treatment a patient should receive. This would also impact physiatry, as there is a growing practice of ‘pre-rehabilitation’, of improving physical function before and during cancer treatment to improve clinical outcomes. If the minute walk test is an inaccurate predictor of mortality, then pre-rehabilitation may focus less on walking mobility. It is possible that the minute walk test may be an accurate predictor of other outcomes in this patient population, such as patient satisfaction or unplanned hospitalizations. Further research, including a meta-analysis, is necessary to determine the predictive value of the minute walking test in hematologic malignancies. As more rehabilitation and oncology practices embrace pre-rehabilitation, the need for validated and standardized methods of objectively assessing physical mobility increases.

#107 PREVENTING GROWTH FAILURE AND CHARACTERIZING MICROBIOME IN NEONATES WITH GASTROSCHISIS

1K Strobel*, 2K Kramer, 3E Fernandez, 4C Rottkamp, 5C Uy, 6L Moyer, 7SL Liebel, 8M Adam, 9P Poulan, 10K Calkins. 1University of California Los Angeles, Los Angeles, CA; 2University of California San Francisco, San Francisco, CA; 3University of California Davis, Sacramento, CA; 4University of California San Diego, La Jolla, CA; 5University of California Irvine, Irvine, CA

Purpose of Study 55% percent of infants with gastroschisis in the University of California Fetal Consortium (UCFC) have growth failure (GF). The etiology of GF is multifactorial and associated with caloric/nutrient deficiencies. Intestinal dysbiosis may play a role. In this prospective study of infants with gastroschisis, we aimed to investigate 1) if a nutritional pathway would decrease GF, and 2) the relationship between the microbiome and GF.

Methods Used The UCFC implemented a pathway to decrease GF by standardizing parenteral nutrition dosing, human milk feedings, and GF detection and treatment. Adherence was monitored, and a contemporary cohort (n=45) was compared to a historical cohort (2015–2019, n=125). GF was defined as a decline in weight or length z-score ≥0.8. Shotgun next generation sequencing of the fecal microbiome was performed in a subset of gastroschisis (n=7) and late preterm infants (n=7).

Summary of Results Good adherence to the pathway was noted. Demographics were similar for the cohorts except

Abstract #107 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Historic</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational Age (weeks)</td>
<td>37 (35–37)</td>
<td>36 (35–37)</td>
</tr>
<tr>
<td>Birth Weight (grams)</td>
<td>2482 (2168–2881)</td>
<td>2330 (1948–2644)*</td>
</tr>
<tr>
<td>Days Until Full Feeds</td>
<td>23 (18–41)</td>
<td>24 (17–33)</td>
</tr>
<tr>
<td>Days of Antibiotics</td>
<td>4 (2–7)</td>
<td>3 (1–6)</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>32 (23–60)</td>
<td>34 (26–47)</td>
</tr>
</tbody>
</table>

Cohort characteristics. Continuous variables, median (IQR). *p<0.03

Abstract #107 Figure 1 A) Heat map showing associations of bacteria with gastroschisis, delivery mode, and antibiotics; B) Dot plots showing relative abundances (log10 transformed) of species
Abstract #108 Table 1

<table>
<thead>
<tr>
<th></th>
<th>No ROP (n=23)</th>
<th>Type 1 ROP (n=11)</th>
<th>Low Grade ROP (n=17)</th>
<th>Not Treated (n=37)</th>
<th>Treated (n=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GA (weeks)</td>
<td>29.7 (2.2)</td>
<td>24.3 (1.5)*</td>
<td>26.8 (2.1)*</td>
<td>28.5 (2.5)</td>
<td>25 (2.5)*</td>
</tr>
<tr>
<td>BW 2 Scores</td>
<td>0.17</td>
<td>-0.78 (1.16)</td>
<td>-0.39 (1.28)</td>
<td>-0.16 (1.53)</td>
<td>-0.89 (1.45)</td>
</tr>
<tr>
<td>Birth Length Z</td>
<td>-0.75</td>
<td>-0.64 (1.44)</td>
<td>-0.39 (1.28)</td>
<td>-0.62 (1.35)</td>
<td>-0.80 (1.71)</td>
</tr>
<tr>
<td>Male</td>
<td>12 (55%)</td>
<td>6 (55%)</td>
<td>9 (53%)</td>
<td>18 (49%)</td>
<td>8 (57%)</td>
</tr>
<tr>
<td>Day of Life of</td>
<td>22 (17)</td>
<td>125 (37)*</td>
<td>27 (14)</td>
<td>24 (16)</td>
<td>44 (23)*</td>
</tr>
<tr>
<td>Full Feed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Lung</td>
<td>5 (22%)</td>
<td>8 (73%)*</td>
<td>14 (82%)*</td>
<td>5 (36%)</td>
<td>18 (49%)*</td>
</tr>
<tr>
<td>Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Stay</td>
<td>76 (32)</td>
<td>125 (37)*</td>
<td>96 (23)*</td>
<td>82 (30)</td>
<td>121 (34)*</td>
</tr>
</tbody>
</table>

Data is represented as mean (SD). *p

Abstracts

Purpose of Study Worldwide, 20,000 infants each year are legally blind from retinopathy of prematurity (ROP). We have demonstrated that preterm infants develop docosahexaenoic (DHA) and arachidonic acid (ARA) deficits after birth. These polyunsaturated fatty acids play an important role in regulating inflammation and angiogenesis. The aim of this research is to investigate DHA and ARA status in infants at risk for ROP.

Methods Used Inclusion criteria for this single site retrospective study: ≤ 30 weeks gestational age (GA) or ≤ birthweight (BW) < 1.5 kg, and ROP screenings until ROP development, complete vascularization, or 42 weeks postmenstrual age. DHA and ARA in the red blood cell membrane were quantified with gas chromatography-mass spectrometry. DHA, ARA, and ARA:DHA were compared throughout the first month of life, stratified by either severity of (Type 1 ROP, low grade ROP, no ROP) or treatment for ROP.

Summary of Results Table 1 depicts subject demographics. At week 1, ARA was lower in the Type 1 ROP group vs. the no ROP group (17.9±2.2% vs. 20.5±1.7%, p<0.01). At week 2, significant differences were noted in DHA and ARA (figure 1) but not ARA:DHA. No significant differences in DHA, ARA, and ARA:DHA were observed in weeks 3–4.

Conclusions This study demonstrates that preterm infants with more severe ROP, either Type 1 or ROP requiring treatment, have lower ARA and DHA levels than infants without ROP. It remains unclear if DHA and ARA supplementation shortly after birth will improve ROP outcomes.

Purpose of Study Intravenous lipid emulsions (ILEs) are an important component of parenteral nutrition (PN) for neonates with gastrointestinal disorders (GD). Neonates with GD are at high risk for parenteral nutrition associated cholestasis (PNAC) and associated complications, including liver failure, 100% soybean oil (SO) contains a high concentration of hepatotoxic phytosterols and omega-6 fatty acids, which contribute to PNAC. A composite oil (CO) containing 15% fish oil has high amounts of a-tocopherol and omega-3 fatty acids, and less phytosterols. This study aims to compare PNAC and clinical outcomes in infants with GD who received SO or CO.

Methods Used Inclusion criteria for this observational study included: 1) born between 2014 and 2019, 2) GD diagnosis (gastroschisis, omphalocele, intestinal atresia, motility disorder, volvulus, necrotizing enterocolitis, or intestinal perforation), 3) exposure to SO or CO >7 days, and 4) survival to discharge. The primary outcome was cholestasis (conjugated bilirubin >345 μmol/L). The secondary outcomes were PNAC, days to full feed, days in the neonatal unit, and abnormal movement in neonates, both potential signs of encephalopathy. We assessed whether exposure to SSRI during the third trimester of pregnancy, and dose of SSRI, are associated with a 31% (95% CI: 23–39%) increase in the odds of developing NE.

Conclusions This study suggests that a multi-institutional nutritional pathway is feasible and may decrease linear GF in infants with gastroschisis. Research is needed to determine how the microbiome contributes to GF in this population.
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Abstract #109

(gastroschisis, omphalocele, intestinal atresia, motility disorder, volvulus, necrotizing enterocolitis, or intestinal perforation), exposure to SO or CO >7 days, and 4) survival to discharge. The primary outcome was cholestasis (conjugated bilirubin (CB) >1 mg/dL). Gas chromatography/mass spectrometry was used to measure fatty acids in the red blood cell membrane in a subset of infants.

Summary of Results The mean (±SD) gestational age was 37 ±3 and 36 ±3 weeks for the SO (n=29) and CO (n=21) groups, respectively (p=0.47). The two groups were well matched for GD diagnosis (p=0.5) and number of GI surgeries (1.8±0.8 for both groups, p=0.90). Nutrition delivery was similar for the SO and CO groups, including days to full enteral feeds (33 ±32 vs. 30 ±25 days, p=0.85) and ILE days (25 ±21 vs. 30 ±27 days, p=0.77). Weight z-score declined from birth to discharge (-1.0±0.9 vs. -0.8±1.0, p<0.01 for both), but there was no difference between groups (p=0.52). There was no difference in PNAC incidence (48% vs 48%, p=0.99) and maximum CB (2.0±1.8 vs. 1.9±1.6 mg/dL, p=0.79) when the SO group was compared to the CO group (figure 1). Fatty acid profiles were similar between the two groups.

Conclusions In this study of infants with GD, when compared to infants who received SO, infants who received CO had similar fatty acid trajectories, growth, and clinical outcomes, including PNAC. Further investigation is needed to determine the optimal ILE to decrease PNAC incidence in this population.

#110 NEONATAL ENCEPHALOPATHY FOLLOWING SELECTIVE SEROTONIN REUPTAKE INHIBITOR EXPOSURE IN THE THIRD TRIMESTER OF PREGNANCY: A POPULATION-BASED STUDY


Purpose of Study About 4–8% of pregnant women are treated with selective serotonin reuptake inhibitors (SSRI). SSRI exposure in the third trimester may cause poor neonatal adaptation and abnormal movement in neonates, both potential signs of encephalopathy. We assessed whether exposure to SSRI during the third trimester of pregnancy, and dose of SSRI, are associated with neonatal encephalopathy (NE).

Methods Used In a cohort study comprising all Kaiser Permanente Northern California births ≥ 35 weeks from 2011 to 2019, we defined NE as 5-minute APGAR score <7 and abnormal level of consciousness, activity, tone, or reflexes. We used logistic regression to adjust for potential confounders.

Abstract #110 Table 1 Neurologic outcomes of neonates exposed and unexposed to SSRI

<table>
<thead>
<tr>
<th></th>
<th>No SSRI exposure in 3rd trimester (N=297,403)</th>
<th>SSRI exposure in 3rd trimester (N=8,024)</th>
<th>Risk ratio (95% CI)</th>
<th>Risk difference (95% CI)</th>
<th>NNH (assuming causality)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encephalopathy</td>
<td>1.6±1,000</td>
<td>4.4±1,000</td>
<td>2.7 (1.9–3.8)</td>
<td>2.7±1,000</td>
<td>370</td>
</tr>
<tr>
<td>Metabolic acidosis</td>
<td>16±1,000</td>
<td>21±1,000</td>
<td>1.32 (0.81–2.1)</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Apgar 5min &lt;5</td>
<td>5±1,000</td>
<td>15±1,000</td>
<td>3.3 (2.7–3.9)</td>
<td>10.5±1,000</td>
<td>95</td>
</tr>
<tr>
<td>PPV in DR</td>
<td>30±1,000</td>
<td>92±1,000</td>
<td>3.0 (2.8–3.2)</td>
<td>61±1,000</td>
<td>16</td>
</tr>
<tr>
<td>Admission to neonatal unit</td>
<td>7±1,000</td>
<td>123±1,000</td>
<td>1.7 (1.6–1.8)</td>
<td>52±1,000</td>
<td>19</td>
</tr>
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BE: Base excess; PPV: Positive pressure ventilation; DR: Delivery room; NNH: Number needed to harm.

#111 BREASTFEEDING RATE REMAINS LOW DURING COVID-19 PANDEMIC IN INFANTS WITH NEONATAL OPIOID WITHDRAWAL SYNDROME (NOWS)

A Fisher, A McDougal, M McLaren, C Fung. University of Utah Health, Salt Lake City, UT

Purpose of Study Breastfeeding is a well-established non-pharmacological way to improve severity of NOWS in infants with in-utero drug exposure. Given the barriers imposed on mothers during their inpatient stay in the COVID-19 pandemic, the purpose of this study was to assess breastfeeding rate among infants with NOWS during that time. This study also
compared the rate of breastfeeding at discharge and the trends in substance use to our published cohort at the University of Utah prior to the COVID-19 pandemic.1

**Methods Used** This was a retrospective chart review of a single academic center at University of Utah. Infants born at ≥34 weeks gestational age, between January 1-December 31, 2020, who received Neonatal Withdrawal Inventory (NWI) scoring were reviewed. Infants who received NWI for non-intrauterine drug exposure were excluded. We calculated the percentages of breastfeeding rates of eligibility, initiation, and continuation at discharge. Eligibility for breastfeeding was determined by the provider permitting such use. We additionally noted infant and maternal demographic data, modes of delivery, and drug exposures per cord toxicology screens.

**Summary of Results** Of the 125 infants reviewed, 102 infants met eligibility. Table 1 summarizes the data. Mothers of 77% infants received medication-assisted therapy (MAT) compared to only 61% in our prior study. Similar to our prior study, 21% infants had isolated opioid exposure compared to 79% with polysubstance exposure which included opioid and non-opioid substances. Sixty-five (64%) of the infants were deemed eligible to breastfeed or to receive expressed maternal milk. Fifty-seven (56%) of total, 88% of breastfeeding eligible) infants received maternal milk at least once during hospitalization. However, only 37 (36% of total, 57% of breastfeeding eligible) infants were receiving maternal milk at discharge compared to 48% in our prior study. 18 (18%) infants were discharged to adoptive family or state custody and three of them were eligible to receive maternal milk but did not due to social limitations.

**Conclusions** Despite a higher rate of maternal MAT with no change in the substance exposure rates, infants with NOWS during COVID-19 suffered from the loss of benefits of breastfeeding/breastmilk feeding. The provision of maternal milk when medically safe in infants with NOWS is vital to optimizing short- and long-term outcomes. However, in this population of vulnerable mother-infant dyads, establishing and sustaining breastfeeding remains a complex challenge particularly during the COVID-19 pandemic when additional psychosocial factors and unanticipated barriers may dominate.

**REFERENCE**

**#112** IDENTIFYING BARRIERS TO MOTHER’S MILK FEEDING IN EARLY PRETERM BLACK INFANTS IN AN URBAN NEONATAL INTENSIVE CARE UNIT

**Purpose of Study** Greater use of mother’s milk (MM) is associated with improved outcomes for preterm infants admitted to neonatal intensive care units (NICUs). Healthcare disparities exist in MM provision to preterm infants and further research is needed to better identify barriers to providing MM in high-risk populations. Our urban Level IV NICU serves a patient population who are 60% non-Hispanic Black, allowing us to better study this important demographic. The study objective was to evaluate incidence and predictors of provision of MM to early preterm non-Hispanic Black infants in Baltimore, Maryland.

**Methods Used** We performed a retrospective medical record review of non-Hispanic Black infants (as identified by their mother) born <34 weeks gestational age (GA), between 9/2014 – 12/2020 in an urban Level IV NICU. We performed bivariate analyses comparing: 1) maternal and neonatal characteristics of infants who received MM at any point during NICU admission vs. those who did not, and 2) neonatal outcomes based on exposure to any MM vs. none.

**Summary of Results** We identified 422 early preterm, non-Hispanic Black infants during the study period, of whom 332 (79%) received some MM during their NICU admission. Maternal factors associated with receiving no MM during admission included higher maternal gravidity (p=0.0011), increased parity of term deliveries (p<0.0001) and mothers with increased number of living children (p<0.0001). Maternal age and medical comorbidities such as pre-eclampsia, chronic hypertension, and diabetes did not have a significant impact on provision of MM. Infants of mothers with bipolar disorder were less likely to receive MM (p=0.0068) while those of mothers with anxiety were more likely to receive MM (p=0.0245). There was no difference in MM provision for those whose mothers had pre-existing depression or who screened positive for postpartum depression. Mothers of infants who did receive MM were significantly more likely to have had documented lactation consultation during admission (74% vs 20%, p<0.001). Infants who received no MM had higher birth weights (p<0.0001), were born less prematurely (p=0.0002), and

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<tr>
<th>Abstract #111 Table 1</th>
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<tr>
<td><strong>Infant Demographics</strong></td>
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<tr>
<td>n (%) or median (Q1, Q3)</td>
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<tr>
<td>Gestational age at delivery (weeks)</td>
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<tr>
<td>Female sex</td>
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<tr>
<td>Birth weight (grams)</td>
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<td>SGA (BW ≤ 10%)</td>
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<tr>
<td>Inborn</td>
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<td>Infants discharged to non-maternal guardianship</td>
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<td>Maternal Demographics n (%) or median (Q1, Q3)</td>
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<td>Maternal age (years)</td>
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<tr>
<td>COVID-19 tested</td>
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<td>COVID-19 positive</td>
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<tr>
<td>Caucasian/White</td>
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<tr>
<td>Other/Unknown</td>
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<tr>
<td>Primigravida</td>
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<tr>
<td>Mothers receiving medication-assisted treatment</td>
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<tr>
<td>Mode of Delivery n (%)</td>
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<tr>
<td>Vaginal</td>
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<tr>
<td>Cesarean section</td>
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<tr>
<td>Breastfeeding n (%)</td>
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<tr>
<td>Maternal milk eligible</td>
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<tr>
<td>Any maternal milk provided</td>
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<td>Breastfeeding attempted</td>
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<td>Breastfeeding at discharge</td>
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<tr>
<td>Prenatal Exposures n (%)</td>
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<tr>
<td>Opioids alone</td>
</tr>
<tr>
<td>Polysubstance (opioids + ≥ 1 nonopioid)</td>
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were more likely to have been on a ventilator (p=0.0219) during their admission, though there was no difference in rates of intraventricular hemorrhages.

Conclusions Identifying barriers to MM provision for non-Hispanic Black infants will allow clinicians to focus supportive and educational interventions. Interestingly, although medical comorbidities such as diabetes, hypertension, and depression did not lower likelihood of providing MM, having more living children did decrease incidence of MM provision. Inpatient lactation consultation had one of the strongest associations, so enhancing access to lactation consultation may significantly increase MM provision in early preterm neonates.

### Abstracts

**Abstract #113**

**IMPROVING ENTERAL FEEDING PRACTICES AND HUMAN MILK CONSUMPTION IN MULTIPLE NICUS: A QUALITY IMPROVEMENT PROJECT**

1J Parker*, 1Ulrich, 1Kapoorla, 1Vieweck, 1Shea, 1Ally, 2W Ruben, 1O Kudin, 1Elorizzo, 1Kellin, 1Ellisforth, 1G Griffiths, 1Khaleeli, 2K Marshall, 1N Whittington, 1Ellman, 1G Martin, 1NS Bhopal. 1The University of Arizona College of Medicine Phoenix, Arizona, AZ; 2Division of Neonatology, Phoenix Children’s Hospital, Phoenix, AZ

10.1136/jim-2022-WRMC.113

**Purpose of Study** Optimal nutrition is essential to overcome common disease processes in preterm and high-risk term newborns; however, introduction of enteral feedings creates a possible risk of developing necrotizing enterocolitis (NEC). NEC is a potentially devastating inflammatory disease of the gastrointestinal tract, which can result in intestinal perforation and possibly death. Simple interventions such as prioritizing human milk over formula feeds and following a standardized feeding protocol for initiating and advancing feeds are well established practices for improving outcomes and reducing NEC. Phoenix Children’s Hospital Division of Neonatology was established in 2020, providing medical services to a level 4 NICU and to two level 2 NICUs. We introduced a standardized feeding protocol and used quality improvement methodology to measure compliance with our non-surgical infants < 37 weeks, with a goal to increase compliance by > 10% and measured human milk use during hospitalization and at discharge in infants of gestational ages with a goal to increase human milk consumption by >10%.

**Methods** We collected data on our feeding practices at all 3 NICUs to measure compliance with the feeding protocol from December 2020 to July 2021. Outcomes were compared in 2 distinct epochs: Epoch 1 from December 2020 to March 2021 and Epoch 2 from April to July 2021. To increase compliance with our feeding protocol, we educated providers, and nurses about the protocol upon its roll-out. Awareness was increased by posting copies at medical provider work stations (February 2021), reviewing interim compliance data with the medical team (April 2021) and placing copies in bedside charts (May 2021).

**Summary of Results** Feeding data was tracked on 265 infants. The mean gestational age and birth weight were 36 weeks (± 3 weeks) and 2700g (± 100g). In both epochs, breast milk was used for the initial feed in 58% of all babies admitted to the NICU. The mean time to full feeds was 4 days ± 2 days in preterm infants < 34 weeks. Compliance with protocol improved with time from 72% in epoch 1 to 77% in epoch 2 in babies <37 weeks, and from 66% to 75% in babies <34 weeks. Babies discharging home exclusively on breast milk increased from 16.9% in epoch 1 to 43.5% in epoch 2. There was 1 case of medical NEC in both epochs and no cases of surgical NEC.

**Conclusions** In this quality improvement project, we improved compliance with a feeding protocol and increased exclusive human milk usage through hospital discharge. While there was 1 case of medical NEC in both epochs, there were no cases of surgical NEC in our data set.

**Abstract #114**

**CLINICAL AND ECONOMIC IMPACT OF USING EXCLUSIVE HUMAN MILK IN VERY LOW BIRTH WEIGHT INFANTS**

M Tetarbe*, M Chang, L Barton, E Tushin, R Ramanathan, R Cayabyab. University of Southern California, Los Angeles, CA

10.1136/jim-2022-WRMC.114

**Purpose of Study** The AAP recommends use of expressed breast milk (EBM) or donor human milk (DHM) in preterm infants fortified with proteins, minerals, and vitamins to ensure optimum nutrient intake. Unfortunately, the implementation of EBM/DHM fortified with human milk-based fortifiers (EHM) can place an economic burden on individual institutions raising concerns on the economic feasibility of such products. The objective of this study is to assess the clinical impact of using EHM in very low birth weight infants (VLBW) infants, and to perform a cost-benefit analysis of its use.

**Methods** Used Retrospective study of all VLBW infants admitted to neonatal intensive unit before and after the implementation on the use of EHM. Neonatal demographics and clinical outcomes such as necrotizing enterocolitis (NEC), severe retinopathy of prematurity (ROP), bronchopulmonary dysplasia (BPD), late-onset sepsis (LOS), and average length-of-stay (ALOS) were collected from January – December 2016 (before implementation) and January – December 2020 (after
Perinatal Electronic Cigarette-Exposure Combined Pre- and Postnatal Growth

Abstracts

**Purpose of Study**

An exponential increase in the use of electronic cigarettes (e-cig), including by pregnant women, exposes an increasing number of fetuses to potentially harmful e-cig chemicals with little knowledge of their repercussions. Perinatal nicotine exposure-induced asthma is associated with downregulated PPARγ signaling and upregulated Wnt signaling in the developing lung. However, the impact of maternal nicotine vaping on the developing lung is unknown. Here, we use an established rat model to determine the effect of perinatal maternal e-cig vaping on offspring pulmonary function and markers of airway contractility.

**Methods**

Pair-fed pregnant rat dams received saline, vehicle (e-cig without nicotine), or e-cig with nicotine daily from embryonic day 6 until postnatal day (PND) 21. Using an established e-cig delivery system and mimicking real-life puffing topography, dams were exposed to four-sec puffs, one puff (puff volume 35 ml) every 30s, 3h/day, and 7 days/week. Average maternal plasma nicotine level (7±4 ng/ml) using this vaping regimen is well within the range observed in perinatal cig smokers. Pups delivered spontaneously at term and breastfed ad-lib, but not directly exposed to e-cig aerosols at any time. At PND21, lung resistance and compliance were determined following the methacholine challenge. At sacrifice, the lungs were collected to determine the expression of airway contractility markers, i.e., α-SMA, Calponin, Fibronectin, Collagen I/III, and key Wnt/PPARγ signaling intermediates by qRT-PCR, immunoblotting, and immunostaining.

**Summary of Results**

After excluding deceased infants in both time periods, 45 infants were included in the pre-EHM analysis period, (mean birth weight (BW): 1034 g, mean gestational age (GA): 27.9 weeks), and 27 infants were included in the post-EHM analysis period (mean BW: 1070 g, mean GA: 28.8 weeks). Our institution’s product acquisition cost in 2020 was estimated to be $313,784. The implementation of the EHM protocol saw a reduction in the ALOS by 12.9 days and average total parenteral nutrition (TPN) use by 7 days per infant in the post-EHM group equating to a net savings of $1,176,670. While there was a small difference in the number of morbidities between the two time periods, when combining the cost avoidance to include medical NEC, and BPD, the estimated financial impact excluding insurance reimbursement rose to $1,331,130 (table 1).

**Conclusions**

Our preliminary findings suggest that implementation of exclusive human-milk feeding in VLBW infants is a cost-effective option for NICUs that can result in decrease in NEC, BPD, TPN use and length of stay for these infants at nominal cost.

**Neonatology pulmonary II**

**Concurrent session**

**3:15 PM**

**Thursday, January 20, 2022**

**#115 PERINATAL ELECTRONIC CIGARETTE-EXPOSURE INDUCES ASTHMA IN RAT OFFSETT**

A. Hab*, C. Yu, J. Liu, R. Sakurai, Y. Wang, V. Rehan. The Lundquist Institute, Torrance, CA

**10.1136/jim-2022-WRMC.114**

**Purpose of Study**

An exponential increase in the use of electronic cigarettes (e-cig), including by pregnant women, exposes an increasing number of fetuses to potentially harmful e-cig chemicals with little knowledge of its repercussions. Perinatal nicotine exposure-induced asthma is associated with downregulated PPARγ signaling and upregulated Wnt signaling in the developing lung. However, the impact of maternal nicotine vaping on the developing lung is unknown. Here, we use an established rat model to determine the effect of perinatal maternal e-cig vaping on offspring pulmonary function and markers of airway contractility.

**Methods**

Pair-fed pregnant rat dams received saline, vehicle (e-cig without nicotine), or e-cig with nicotine daily from embryonic day 6 until postnatal day (PND) 21. Using an established e-cig delivery system and mimicking real-life puffing topography, dams were exposed to four-sec puffs, one puff (puff volume 35 ml) every 30s, 3h/day, and 7 days/week. Average maternal plasma nicotine level (7±4 ng/ml) using this vaping regimen is well within the range observed in perinatal cig smokers. Pups delivered spontaneously at term and breastfed ad-lib, but not directly exposed to e-cig aerosols at any time. At PND21, lung resistance and compliance were determined following the methacholine challenge. At sacrifice, the lungs were collected to determine the expression of airway contractility markers, i.e., α-SMA, Calponin, Fibronectin, Collagen I/III, and key Wnt/PPARγ signaling intermediates by qRT-PCR, immunoblotting, and immunostaining.

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After excluding deceased infants in both time periods, 45 infants were included in the pre-EHM analysis period, (mean birth weight (BW): 1034 g, mean gestational age (GA): 27.9 weeks), and 27 infants were included in the post-EHM analysis period (mean BW: 1070 g, mean GA: 28.8 weeks). Our institution’s product acquisition cost in 2020 was estimated to be $313,784. The implementation of the EHM protocol saw a reduction in the ALOS by 12.9 days and average total parenteral nutrition (TPN) use by 7 days per infant in the post-EHM group equating to a net savings of $1,176,670. While there was a small difference in the number of morbidities between the two time periods, when combining the cost avoidance to include medical NEC, and BPD, the estimated financial impact excluding insurance reimbursement rose to $1,331,130 (table 1).

**Conclusions**

Our preliminary findings suggest that implementation of exclusive human-milk feeding in VLBW infants is a cost-effective option for NICUs that can result in decrease in NEC, BPD, TPN use and length of stay for these infants at nominal cost.
rat lung at postnatal day 12. PGR model resulted in significantly lower weights on D12 (66.9±3% for PGR only, 64.8±3.2% in IUGR+PGR). In male rat lung, PPARγD5 mRNA was increased (325±79%*) by IUGR+PGR. Similarly, in the male rat lung, PPARγD5 protein was increased by IUGR+PGR (163±14%*). In female rat lung, neither PPARγ transcript was affected. However, lung protein levels of PPARγD5 were increased in female IUGR+PGR (146±24%*).

**Conclusions** We conclude that the PPARγD5 is expressed in rat lung, and that IUGR+PGR increase expression. We speculate that increased PPARγD5 expression in male IUGR+PGR rat lungs may further impair PPARγD5 signaling, leading to impaired alveolar development.

**Abstracts**

#117 EVIDENCE FOR THE INTERGENERATIONAL PULMONARY EXPRESSION OF GENES DIFFERENTIALLY METHYLATED IN SPERM CELLS OF PERINATALLY NICOTINE EXPOSED RATS

L Afrose*, Y Wang, J Liu, C Yu, T Rho, T Dao, D Hatai, V Rehan. The Lundquist Institute, Torrance, CA

10.1136/jim-2022-WRMC.117

**Purpose of Study** Nicotine exposure to the developing fetus results in asthma that can be transmitted across generations. However, the underlying mechanism remains unknown. We recently demonstrated differential DNA methylation in the proximity of nicotine-response genes in sperms of the perinatally nicotine exposed F1 animals. Gene ontology and pathway enrichment analysis suggested a possible link between the spermatozoidal differential DNA methylation and the offspring asthma phenotype. We hypothesize that nicotine-induced spermatozoidal epigenetic changes drive the intergenerational transmission of nicotine-induced asthma. The expression of genes in F2 lungs differentially methylated in the spermatozoa of nicotine exposed F1 males was determined to test this hypothesis.

**Methods** *Sprague Dawley rat dams (F0) received nicotine (1 mg/kg, sc) or saline from embryonic day 6 (E6) until postnatal day 21 (PND21). Pups (F1) were weaned at PND21 and used as breeders to generate F2 without any subsequent exposure to nicotine in the F1 progeny.* F2 pups were weaned at PND21. At PND60, F2 males (n=20; 10 control, 10 nicotine) were sacrificed, and their lungs were collected and flash frozen for performing qRT-PCR for the top 11 differentially methylated genes (AABR07051515.1, Dio1, Gabra4, Htr6, Map4k2, Men1, Mmu, Orai2, Ras, Sec1415, and Slc7a11) in sperm cells of the nicotine exposed F1 males.

**Summary of Results** In line with data from F1 lungs, the expression of the top 2 differentially hypermethylated genes AABR07051515.1, a lincRNA, known to modulate lung function, and Dio1 (iodothyronine deiodinase 1) in the nicotine exposed F1 sperm cells was upregulated or downregulated, respectively (p ≤ 0.05), in F2 lungs. In addition, similar to the F1 progeny, Mmu and Sec1415 genes’ expression was downregulated (p ≤ 0.05) in F2 lungs of the nicotine-exposed group. In contrast, the expression of the other 7 differentially methylated genes in F1 spermatozoa did not change significantly.

**Conclusions** Our data further support the concept that perinatal nicotine exposure-induced spermatozoidal epigenetic reprogramming, specifically DNA methylation alterations in nicotine response- and lung development-related genes, likely drive the intergenerational transmission of perinatal nicotine-induced asthma.

**Grant Support** NIH (HL151769, HD127237, HD071731, and HL152915) and TRDRP (23RT-0018; 27IP-0050; and T29IR0737).

#118 THE EFFECT OF SEROTONIN DEPLETION ON HYPOXIA INDUCED NEONATAL MURINE BRONCHOPULMONARY DYSPLASIA AND PULMONARY HYPERTENSION

D Roberts*, JN Posey, J Archambault, E Nazik, C Delaney. University of Colorado – Anschutz Medical Campus, Aurora, CO

10.1136/jim-2022-WRMC.118

**Purpose of Study** Pulmonary hypertension (PH) associated with bronchopulmonary dysplasia (BPD) leads to worse outcomes in former preterm neonates. Serotonin (5-hydroxytryptamine, 5-HT) is a potent pulmonary vasoconstrictor, smooth muscle mitogen, and is increased in the lungs of infants who died with severe BDP. Tryptophan hydroxylase 1 (TPH1), the rate limiting enzyme in 5-HT synthesis, is increased in adult patients and animals with experimental PH. Serotonin signaling blockade decreases pulmonary vascular resistance and prevents pulmonary vascular remodeling in preclinical models. We hypothesized that TPH1 knock-out (KO) neonatal mice would be protected from hypoxia induced BPD associated with PH.

**Methods** Neonatal wild-type (WT) and TPH1 KO offspring were placed in hypoxia or remained in normoxia at Denver altitude for 2 weeks. To assess alveolar development, inflation fixed lungs were analyzed for surface area (SA) and mean linear intercept (MLI). To identify total number of small vessels (<30 μm), lung sections were immunostained with Factor VIII. PH was assessed by Fulton’s index and right ventricular systolic pressures (RVSP). Platelet poor plasma (PPP), platelet, and lung homogenate 5-HT levels were measured by ELISA. Data were analyzed by Prism with unpaired t-test or 2-way ANOVA with Bonferroni post-hoc analysis. Significance level p < 0.05.

**Summary of Results** At baseline, WT mice have more platelet poor plasma, platelet, and lung 5-HT than KO mice (53±6 — 91±, p<0.0001; 275±11 — 56±12, p<0.0001; 18±2 — 10±1, p<0.0044; respectively, ng/mL). TPH1 KO mice were not protected from hypoxia-induced alveolar simplification, shown by no difference compared to WT mice MLI and SA, nor were they protected against hypoxia-induced pulmonary vascular simplification, shown by no difference compared to WT mice vessel density. TPH1 KO mice were attenuated to hypoxia-induced pulmonary vasoconstriction, shown by reduction in RVSP (32±0.66 — 29±0.55, p<0.0066, mmHg). There was less PPP and platelet 5-HT in hypoxia-exposed WT mice compared to WT mice at baseline (20±2 — 53±6, p<0.0001 and 117±27 — 275±11, p<0.0001, respectively, ng/mL). There was less lung 5-HT in hypoxia-exposed KO mice than in KO mice at baseline (2±1 — 10±1, p<0.0011, ng/mL).

**Conclusions** Neonatal TPH1 KO mice are not protected against hypoxia-induced lung injury. Surprisingly, this study contradicts the current understanding of the role of 5-HT in adults with PH and in adult models of hypoxia-induced PH. We found decreased plasma and platelet 5-HT following hypoxia exposure. We speculate that decreased 5-HT observed in hypoxia may contribute to neonatal hypoxia-induced
alveolar simplification and impaired vascular development. Further studies are needed to elucidate the role of 5-HT in the developing lung.

#119 THE EFFECT OF PLATELET ALPHA GRANULE DEFICIENCY ON HYPOXIA INDUCED NEONATAL PULMONARY HYPTERTENSION

D Roberts*, JN Posey, E Nozik, C Delaney. University of Colorado – Anschutz Medical Campus, Aurora, CO

Purpose of Study Pulmonary hypertension (PH) associated with bronchopulmonary dysplasia (BPD) leads to worse outcomes in preterm neonates. Elevated platelets at birth are an independent predictor of BPD, increased platelet derived protein after birth is associated with higher rates of neonatal pulmonary vascular disease, and perinatal platelet transfusions are associated with higher rates of mortality and BPD. Circulating platelets from neonatal mice with experimental PH are increased and express a higher percentage of active αIIbβ3, a marker of platelet activation. NBEAL2 knock-out (KO) mice lack platelet alpha granules, have low platelet counts, and have decreased platelet function in vitro and in vivo. We hypothesized that NBEAL2 KO neonatal mice would be protected from hypoxia-induced PH.

Methods Used Neonatal wild-type (WT) and NBEAL2 KO offspring were placed in hypobaric hypoxia (18,000 feet) or remained in normoxia at Denver altitude for 2 weeks. PH was assessed by Fulton’s index as a marker of right ventricular hypertrophy (RVH) and right ventricular systolic pressures (RVSP). Data were analyzed by Prism with unpaired t-test or 2-way ANOVA with Bonferroni post-hoc analysis. Significance level p<0.05.

Summary of Results Right ventricular systolic pressure is higher in NBEAL2 KO mice than in WT mice at baseline (24.2±0.5 — 21.5±0.3, p<0.0001, mmHg). There is no difference between baseline right ventricular hypertrophy between NBEAL2 KO mice and WT mice (0.27±0.01 — 0.3±0.01, ns). NBEAL2 KO mice display comparable hypoxia-induced increase in RVSP compared to WT mice (29±1 — 30±1, mmHg). NBEAL2 KO mice display comparable hypoxia-induced increase in RVH compared to WT mice (0.3±0.03 — 0.4±0.03, ns).

Conclusions Platelet alpha granule deficiency is a risk factor for neonatal pulmonary vasoconstriction at baseline. Further studies are needed to elucidate the role of platelets in neonatal PH associated with BPD.

#120 METABOLITES IMPORTANT IN THE DIFFERENTIATION OF HUMAN PLURIPOTENT STEM CELLS TO LUNG PROGENITOR CELLS

1St. Leibel*, 2K. Tseu, 3A. Zhou, 4A. Hodges, 5Y. Yin, 6C. Bilodeau, 7O. Golbris, 8M. Post. 1University of California San Diego, La Jolla, CA; 2SickKids Research Institute, Toronto, ON, Canada; 3Johns Hopkins University, Baltimore, MD; 4Sanford Burnham Prebys Medical Discovery Institute, La Jolla, CA

Purpose of Study Metabolism is vital to cellular function and tissue homeostasis during human lung development. In utero, embryonic stem cells undergo endodermal differentiation towards a lung progenitor cell (LPC) fate that can be modeled in vitro using pluripotent stem cells (hPSCs). We previously showed differences in lung cell composition and gene expression between wild type and surfactant protein B (SP-B) deficient lung organoids. These differences may be impacted by changes in metabolites during early lung development. We hypothesize that SP-B deficient cells will express a different metabolomic profile compared to wt cells during the differentiation to lung progenitor cells.

Methods Used To examine metabolites that differ during endodermal differentiation, we used an untargeted metabolomics approach to evaluate the changes in metabolites at the stem cell (hPSC), definitive endoderm (DE), anterior foregut endoderm (AFE) and lung progenitor (LPC) stage between wt and SP-B deficient cell lines. At each differentiation step, the cells were sorted for surface markers specific to their differentiation stage in quadruplicate. The homogeneous cell lysates were analyzed using a Biocrates p180 metabolite kit including hexoses, amino acids, phosphatidylcholines, lysophosphatidylcholines, sphingolipids, acylcarnitines, and biogenic amines. The metabolomic multivariate data analysis was performed using XLSTAT.2016 software (Addinsoft) and MetaboAnalyst.

Summary of Results We found that the largest metabolic changes during endodermal differentiation occurred from hPSC to DE with a change from glycolytic respiration to oxidative phosphorylation. The metabolites most enriched during the differentiation from hPSC to LPC, independent of cell line, were sphingomyelin and lecithin. In the wt cell lines, metabolites for oxidation of fatty acids and tryptophan metabolism were up-regulated, while metabolites for ammonia recycling and aspartate metabolism were down-regulated. In the SP-B deficient cells, metabolites in fatty acid oxidation and carnitine synthesis were up-regulated and metabolites for amino acid metabolism, the urea cycle, and multiple energy-based pathways were down-regulated.

Conclusions Differentiation to lung progenitor cells from pluripotent stem cells resulted in increased fatty acid metabolism and decreased urea cycle and aspartate metabolism in both wt and SP-B deficient cell lines. Therefore, metabolite composition in early lung development is not influenced by the loss of SP-B expression.

#121 EFFECTS OF VITAMIN A AND VITAMIN D TREATMENT ON LUNG GROWTH AND FUNCTION IN OFFSPRING FROM MATERNAL VITAMIN D DEFICIENT RATS

1N Galambos*, 1E Bye, 1T Gonzalez, 1G Seedof, 1B Smith, 1JC Fleet, 1SH Alman, 1E Mandell. University of Colorado – Anschutz Medical Campus, Aurora, CO; 2The University of Texas at Austin College of Natural Sciences, Austin, TX

Purpose of Study Maternal vitamin D deficiency (M-VDD) is associated with perinatal pulmonary morbidities. We have demonstrated that offspring of rodent maternal VDD dams have sustained abnormalities of distal lung structure, increased airway hyperreactivity and abnormal lung mechanics. In pulmonary endothelial cells, vitamin A (VA) and vitamin D (VD) co-dimerize on retinoid x receptor. VA therapy has been shown to improve lung development in pre-clinical and clinical studies, but whether combined postnatal (PN) treatment with VA and VD further enhances lung development in offspring of M-VDD dams is unknown. Therefore,
we seek to determine if PN VA and VD supplementation improves lung development and function in offspring of M-VDD dams.

Methods Used Newborn rats from control (CTL) and M-VDD dams received daily treatment of retinoic acid (VA) alone, VA and 1,25-OHD (VD) (VA-VD) or saline (SAL) for 14 days. On DOL 14 lung structure was assessed by mean linear intercept (MLI), radial alveolar count (RAC) and pulmonary vessel density (PVD). Lung mechanics were measured using flexVent.

Summary of Results Lungs from VDD-SAL rats had increased MLI (p<0.001) and decreased pulmonary vessel density (p<0.05) as compared to CTL-SAL. VDD rats that received VA had increased RAC compared to VDD-SAL (p<0.05). VDD-SAL rats had increased resistance (p<0.01) and decreased compliance (p<0.01) as compared to CTL-SAL. VDD-VA rats had decreased clastance as compared to VDD-SAL pups (p<0.05).

Conclusions M-VDD decreases distal lung and vascular development and impairs lung function in infant rats. PN VA therapy improved RAC and decreased clastance in VDD pups. These findings suggest that abnormal lung development after PN VA therapy may improve alveolarization and lung mechanics of M-VDD pups. We speculate that M-VDD leads to persistent abnormalities in infant lung growth that may be responsive to PN VA.

#122 MATERNAL VITAMIN D DEFICIENCY ALTERS PULMONARY ENDOTHELIAL CELL GROWTH AND MRNA EXPRESSION IN NEWBORN RATS

Gasco*, E Bye, N Galambos, G Seedorf, JC Fleet, S Mandell. University of Colorado — Anschutz Medical Campus, Aurora, CO; The University of Texas at Austin College of Natural Sciences, Austin, TX

Purpose of Study Vitamin D deficiency (VDD) during pregnancy is associated with chronic lung disease in preterm infants, and the underlying mechanisms are not understood. We have shown that vitamin D (VD) preserves lung structure and prevents pulmonary hypertension (PH) in an experimental model of bronchopulmonary dysplasia, and that VD treatment increases pulmonary artery endothelial cell growth and function. However, the direct effects of maternal VDD on pulmonary endothelial cell (PEC) growth and function are unknown. Thus, we seek to determine whether PEC from newborn rats exhibit altered growth and mRNA expression at birth after exposure to maternal VDD and whether these changes persist during infancy.

Methods Used Female rats were fed VDD chow and shielded from UV-B light to achieve 25-OHD levels less than 10 ng/ml before mating. PEC were isolated from offspring of maternal VDD (VDD) or control (CTL) dams at postnatal days 0 and 14. PECs were used for proliferation assays and response to exogenous VEGF and 1,25-OHD. PEC lysates were also collected for qRT-PCR analysis.

Summary of Results PEC isolated from VDD pups at both D0 and D14 demonstrate decreased growth compared to CTL D0 and D14 (p<0.01). VEGF or 1,25-OHD treatment increased PEC growth from both D0 and D14 when compared to untreated CTL D0 and D14 PEC (p<0.01). In contrast, neither VEGF nor 1,25-OH treatment increased D0 VDD PEC growth. D14 VDD PEC showed an increased growth with VEGF treatment compared to untreated D14 VDD PEC (p<0.01). RNA isolated from D0 VDD PEC demonstrate decreased expression of KDR and eNOS and increased VEGF expression compared to D0 CTL PEC (p<0.01), no expression changes seen at D14.

Conclusions We found that D0 PEC from newborn offspring of maternal VDD dams demonstrate decreased baseline PEC growth and no responsiveness to angiogenic stimuli. At D14 VDD PEC grew poorly at baseline, and were responsive to VEGF but not 1,25-OHD treatment. We speculate that maternal VDD disrupts normal PEC function, which persists into postnatal life and may contribute to high risk for late cardiopulmonary disease.

#123 THE EFFECT OF PERINATAL NICOTINE EXPOSURE ON THE LUNG CIRCADIAN MOLECULAR CLOCK

D Hata*, Y Wang, R Sakurai, J Liu, L Afrose, T Dao, T Rho, C Yu, V Rehan. The Lundquist Institute, Torrance, CA

Purpose of Study Dysregulated peripheral circadian rhythm is associated with enhanced inflammatory response and cellular senescence. Recent studies have demonstrated an association of exposure to cigarette smoke and dysregulated peripheral molecular clock in Chronic Obstructive Pulmonary Disease (COPD) and asthma patients. This has also been confirmed in rodent models. Although developmental smoke/nicotine exposure predisposes to asthma and COPD, its impact on circadian clock genes is unknown. Here, we test the hypothesis that developmental nicotine exposure alters the molecular clock, which lasts well into adult life.

Methods Used Pair-fed pregnant Sprague-Dawley rat dams received once-daily 1mg/kg nicotine or saline diluent from embryonic day 6 (E6) to postnatal day 21 (PND21). Lungs from pups were collected on E21, PND21, or PND60 and flash-frozen for later mRNA and protein analysis. The expression of core clock genes (Bmal1, Clock, Cry1, Cry2, Per1, Per2, Rev-erba, Rev-erbβ, Rora, and Sirt1) was determined by qRT-PCR on mRNA isolated from lungs. Protein levels of key clock genes Bmal1, Clock, and Rev-erba were determined using western analysis on proteins extracted from PND 21 lungs.

Summary of Results Overall, the mRNA expression of Bmal1, Clock, Cry1, Cry2, Per1, Per2, Rev-erba, Rev-erbβ, Rora, and Sirt1 was significantly decreased (p<0.05) in the nicotine treated group vs. the control group at E21 and PND21. Perinatal nicotine exposure-induced downregulation of key clock genes Bmal1 and Rev-erba was also confirmed by their down-regulated protein levels by western analysis at PND 21. Interestingly, the expression of several down-regulated clock genes at E21 and PND21 in the nicotine-treated group was either not different or upregulated versus the control group at PND60, suggesting a dynamic response of perinatal nicotine exposure on the peripheral molecular clock.

Conclusions Perinatal nicotine exposure leads to peripheral clock dysregulation in the lung that lasts at least through adolescence. These results suggest a new mechanism that underlies the effects of perinatal nicotine-induced lung injury. Further studies are needed to determine the impact of perinatal nicotine exposure-induced dysregulated peripheral clock on lung health, gender specificity, and how long these effects last.
Association of Systemic Serotonin with Persistent Pulmonary Hypertension of the Newborn

Archambault*, C Palmer, N Nizik, C Galambos, C Delaney, University of Colorado, Aurora, CO; University of Colorado Denver – Anschutz Medical, Aurora, CO

Purpose of Study Pulmonary hypertension (PH) is a life-threatening condition that affects infants, children, and adults. However, treatment strategies are limited, and morbidity and mortality remain significant. We have previously demonstrated in robust animal models that serotonin (5-HT) contributes to the pathogenesis of experimental neonatal PH and know that infants who died due to severe lung disease have a 34-fold increase in lung 5-HT. We designed an exploratory pilot study to test the hypothesis that systemic 5-HT is increased in infants with persistent pulmonary hypertension of the newborn (PPHN).

Methods Used Near term and term infants (≥36 weeks) were recruited from NICUs at Children’s Hospital Colorado and University of Colorado Hospital beginning in March 2021. Infants with culture proven sepsis, metabolic/genetic abnormality, major cardiac defect, renal failure, or antenatal exposure to SSRIs were excluded. PH was defined on echocardiogram by an estimated systolic pulmonary artery pressure ≥40 mm Hg, end-systolic eccentricity index ≥1.16, or presence of a right-to-left shunt. 5-HT is an unstable neurotransmitter that degrades quickly; thus, we measured its more stable metabolite 5-hydroxyindolacetic acid (5-HIAA). Urine samples were collected on DOL 1 and DOL 3, and 5-HIAA was analyzed via mass spectrometry. Monthly follow up samples were collected if PH persisted. Demographics, clinical characteristics, and interventions were obtained through chart review and summarized for the patient cohort. 5-HIAA levels were summarized using medians and ranges.

Summary of Results To date, 6 infants with PPHN and 7 age-matched controls have been enrolled. 54% were male and 46% female. The mean gestational age was 38.2 weeks. All infants with PPHN were classified as having severe PH on initial echo. 83% were born with congenital diaphragmatic hernia (CDH) and 100% had a patent ductus arteriosus (PDA). 83% required vasopressors, with 60% initiated in the delivery room. 100% required steroids for blood pressure and/or respiratory support. 83% required pulmonary vasodilators with inhaled nitric oxide and sildenafil being the most common. 50% of infants with PPHN were followed for refractory PH for a mean of 2.67 months. At DOL 1, the median 5-HIAA level was 14.89 (min, max: 14.17, 19.1) in the PPHN group and 14.17 (11.56, 16.63) in the control group. At DOL 3, the median was 18 (8.89, 40.5) in the PPHN group and 15 (10.95, 17.14) in the control group.

Conclusions This study investigated the association of PPHN with systemic alterations in 5-HIAA. Our current results offer a preliminary description; however, enrollment is ongoing. With additional data we will test our hypothesis that 5-HIAA is significantly associated with PH severity. Ultimately, we aim to establish it as a noninvasive biomarker to follow treatment response and predict the later development of PH in high-risk infants.

Neuroscience I

Concurrent session

3:15 PM

Thursday, January 20, 2022

Combined Superotemporal Retinal Amyloid and Retinal Venular Tortuosity Index Predicts Verbal Memory Performance in Cognitively Impaired Subjects

Torbat*, T Sheyn, DS Sherman, MM Khasans, KL Black, PD Lyden, Y Koronyo, M Koronyo-Hamaoui, OM Dumitrescu. Western University of Health Sciences, Pomona, CA; Cedars-Sinai Medical Center, Los Angeles, CA; University of Southern California Keck School of Medicine, Los Angeles, CA; Mayo Clinic Arizona, Scottsdale, AZ

Purpose of Study Alzheimer’s disease (AD) is commonly characterized by pathognomonic amyloid-beta (Aβ) burden in the brain, and recent reports demonstrate the vital role of cerebral vascular pathology in AD development. Given that the retina is a CNS organ amenable to noninvasive imaging, our team previously pioneered retinal curcumin-fluorescence imaging (RFI) and identified a significant correlation between retinal amyloid burden in the proximal mid-periphery (PMP) of the superotemporal retina with cognitive performance and hippocampal volume. The rising hypothesis of vascular neuropathology in AD, coupled with RFI clinical feasibility targeting both vasculature and Aβ, warrants the implementation of both neurovascular and retinal Aβ for early AD detection. Considering the crucial yet unmet need for such multimodal detection models, we used RFI to examine retinal vascular parameters in relation to retinal Aβ in patients with varying neurocognitive status.

Methods Used 29 subjects underwent neuropsychometric cognitive evaluations and quantitative RFI to measure retinal amyloid burden. We also quantified vessel tortuosity index (VTI), inflection index and branching angle from segmented retinal blood vessels. Using linear regression models, we conducted correlation analyses between retinal vascular and amyloid measures in relation to various cognitive domain Z-scores.

Summary of Results Total and PMP retinal amyloid count were markedly increased in patients with cognitive impairment (CI) as compared to those with normal cognition (NC, p = 0.0012). Venous VTI was significantly different across levels of Clinical Dementia Rating (CDR) cognitive scores (p = 0.026). Patients with CI displayed considerably higher combined PMP amyloid-venous VTI index in comparison to NC subjects (p = 0.0068). Increased combined PMP amyloid-venous VTI index significantly correlated with decreased WMS-IV Z-scores (r = -0.537, p = 0.001) as well as with reduced SF-MCS-36 Z-scores (r = -0.338, p = 0.039).

Conclusions This study reveals that combined PMP amyloid count-venous VTI index may predict verbal memory loss and cognitive-related quality of life performance. Future larger investigations are needed to further refine the practical utility of RFI in a clinical setting.

Abstracts
Purpose of Study In humans, as well as other vertebrates, color vision requires the differential expression of specific cone opsins in photoreceptor cone cells. One model for the regulation of the human long and medium wavelength sensitive (LWS/MWS) opsin tandem array suggests an upstream regulatory region interacts with replicated opsin genes at random, resulting in mutually exclusive expression of a specific opsin. A similar orthologous long wavelength sensitive (lws1/lws2) array in zebrafish provides a good model for study of this regulation. However, our prior investigations into this array suggest that thyroid hormone (TH) and retinoic acid serve as trans regulators in larval/juvenile (Mitchell et al., 2015, PLOS Genetics; Mackin et al., 2019, PNAS). This study investigates whether cone opsin expression remains plastic to TH treatment in adult zebrafish, where cone distribution is considered stable.

Methods Used Adult zebrafish (6–18 months old) were treated with NaOH (0.01%, control) or TH (386 nM) for 1 or 5 days. qRT-PCR was performed on homogenized eyes. Whole retinas were treated by hybridization chain reaction in-situ and then analyzed by confocal imaging for mRNA expression.

Summary of Results In adult zebrafish, exogenous TH drastically increased lws1 expression in both 1 and 5 day-treated groups (p<1e-7, 0.01, respectively) while decreasing lws2 expression (p<0.001, 0.001). Other phototransduction-related transcripts (gngt2b, rh2–1) also demonstrated expression changes following TH treatment. Exogenous TH induced a drastic shift from lws2 to lws1 in adult zebrafish, consistent with previous studies of larvae and juveniles.

Conclusions This shift from lws2 expression to lws1 expression occurs as rapidly as 1 day when exposed to TH, which shows that cones remain highly plastic even into adulthood. Plasticity in spectral sensitivity (to be sensitive to higher wavelengths) in response to TH suggest a role in visual system function well into adulthood. These results oppose earlier models suggesting that regulation between tandemly replicated opsin genes is stochastic and fixed.

Abstracts

#126 THYROID HORMONE TREATMENT REVEALS GENE EXPRESSION PLASTICITY IN CONE PHOTORECEPTORS OF ADULT ZEBRAFISH

1,*P Thomas, 1A Farre, 1D Stenkamp. 1University of Idaho, Moscow, ID; 2University of Washington School of Medicine, Seattle, WA

10.1136/jim-2022-WRMC.125

Purpose of Study In humans, as well as other vertebrates, color vision requires the differential expression of specific cone opsins in photoreceptor cone cells. One model for the regulation of the human long and medium wavelength sensitive (LWS/MWS) opsin tandem array suggests an upstream regulatory region interacts with replicated opsin genes at random, resulting in mutually exclusive expression of a specific opsin. A similar orthologous long wavelength sensitive (lws1/lws2) array in zebrafish provides a good model for study of this regulation. However, our prior investigations into this array suggest that thyroid hormone (TH) and retinoic acid serve as trans regulators in larval/juvenile (Mitchell et al., 2015, PLOS Genetics; Mackin et al., 2019, PNAS). This study investigates whether cone opsin expression remains plastic to TH treatment in adult zebrafish, where cone distribution is considered stable.

Methods Used Adult zebrafish (6–18 months old) were treated with NaOH (0.01%, control) or TH (386 nM) for 1 or 5 days. qRT-PCR was performed on homogenized eyes. Whole retinas were treated by hybridization chain reaction in-situ and then analyzed by confocal imaging for mRNA expression.

Summary of Results In adult zebrafish, exogenous TH drastically increased lws1 expression in both 1 and 5 day-treated groups (p<1e-7, 0.01, respectively) while decreasing lws2 expression (p<0.001, 0.001). Other phototransduction-related transcripts (gngt2b, rh2–1) also demonstrated expression changes following TH treatment. Exogenous TH induced a drastic shift from lws2 to lws1 in adult zebrafish, consistent with previous studies of larvae and juveniles.

Conclusions This shift from lws2 expression to lws1 expression occurs as rapidly as 1 day when exposed to TH, which shows that cones remain highly plastic even into adulthood. Plasticity in spectral sensitivity (to be sensitive to higher wavelengths) in response to TH suggest a role in visual system function well into adulthood. These results oppose earlier models suggesting that regulation between tandemly replicated opsin genes is stochastic and fixed.

#127 EFFECTS OF METHAMPHETAMINE ON FENFLURAMINE-INDUCED HEAD-TWITCH RESPONSE AND C-FOS EXPRESSION IN MICE PREFRONTAL CORTEX

Y Sun, S Chebolu, S Skegudr, S Kamali*, N Darmani. Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA

10.1136/jim-2022-WRMC.126

Purpose of Study The head-twitch response (HTR) is evoked following stimulation of postsynaptic serotonin 2A (5-HT2A) receptors in the prefrontal cortex (PFC). D-Fenfluramine (FF) is a selective 5-HT releaser, it produces the HTR via release of serotonin from nerve terminals through the 5-HT uptake carrier working in reverse. Methamphetamine (MA) is a nonselective releaser of monoamines 5-HT, norepinephrine (NE) and dopamine (DA). We investigate whether pretreatment with either MA (1–5 mg/kg, i.p.) or the 5-HT2A receptor selective antagonist EMD 281014 (0.001, 0.005, 0.01, 0.05 mg/kg, i.p.) can alter: 1) the mean frequency of FF-induced HTR at different ages (20-, 30- and 60-day old), and 2) the expression of c-fos evoked by FF in different regions of the PFC. We also explored whether blockade of serotonergic 5-HT1A or adrenergic α2-receptors can alter the effect of MA on FF-induced HTR across the above ages.

Methods Used The HTR was observed for 30 min following the injection of FF in each mouse. We use immunohistochemistry study to evaluate the changes of c-fos expression in the PFC.

Summary of Results Pretreatment with MA (1–5 mg/kg, i.p.) dose-dependently suppressed the FF-induced HTR across different ages. MA at 1 mg/kg in 20- and 30-day old mice, and at 5 mg/kg in 60-day old mice significantly suppressed the FF-induced HTR. Pretreatment with EMD 281014 (0.001, 0.005, 0.01, 0.05 mg/kg, i.p.) also blocked the FF-induced HTR in an age- and dose-dependent manner. The selective 5-HT1A receptor antagonist WAY 106635 (0.25 mg/kg, i.p.) and the adrenergic α2-receptor antagonist RS 79948 (0.1 mg/kg, i.p.) significantly reversed the inhibitory effect of MA on the mean frequency of HTR in 20-day old mice, but not in 30- and 60-day old mice. Moreover, FF significantly increased c-fos expression in several PFC regions in 30-day old mice. Despite the inhibitory effect of MA or EMD 281014 on FF-induced HTR, pretreatment with either MA (1 mg/kg, i.p.) or EMD 281014 (0.05 mg/kg, i.p.) significantly increased c-fos expression in different regions of the PFC in 30-day old mice.

Conclusions The inhibitory effect of MA on the FF-evoked HTR appears to be mainly due to functional interactions between the stimulatory 5-HT2A - and the inhibitory 5-HT1A- and/or adrenergic α2-receptors. The MA-induced increase in c-fos expression in different PFC regions is probably due MA-evoked increases in synaptic concentrations of 5-HT, NE and/or DA. EMD 281014 failed to prevent the increase in c-fos expression induced by FF, which may be due to the increased 5-HT synaptic concentration that activates other serotonergic receptors, such as, 5-HT1A.

#128 PROGRESSION OF GEOGRAPHIC ATROPHY IN AGE-RELATED MACULAR DEGENERATION PATIENTS TREATED WITH LEVODopa

1G Mulgat*, 2RJ Snyder, 2C Christensen, 5Purrelal, 1Vanderbilt University, Nashville, TN; 2University of Arizona, Tucson, AZ; 3Des Moines University College of Osteopathic Medicine, Des Moines, IA; 4Banner University Medical Center Tucson, Tucson, AZ

10.1136/jim-2022-WRMC.127

Purpose of Study Geographic atrophy (GA) is a severe and poorly understood progression of dry age-related macular degeneration (AMD). Patients with GA are also more likely to develop choroidal neovascularization. Carbidopa-levodopa treatment has demonstrated successful reduction in neovascular AMD. In this study, we investigate the effects of carbidopa-levodopa treatment on progression of GA.

Methods Used A retrospective analysis of patients with already existing GA who participated in our proof-of-concept study was performed. Fundus autofluorescence (FAF) and optical coherence tomography (OCT) were utilized to confirm the presence of geographic atrophy. This study followed the 2018 retina consensus meeting requirements to measure geographic atrophy markers in patients. The primary outcomes measures
were complete retinal pigment epithelium and outer retinal atrophy (cRORA), hypertransmission through Bruch’s mem-
brane, and mm/year change from initiation of study drug. 
**Summary of Results** We included 5 patients with already exis-
ting geographic atrophy in 6 eyes. This cohort consented to 
carbidopa-levodopa treatment and was predominantly male (3 
patients) with a median (IQR) age of 82 (5). The mean GA 
change in cRORA 1 year before and after treatment initiation 
was -0.000433 mm/year and 0.0061 mm/year. The mean GA 
change in hypertransmission 1 year before and after treatment 
initiation was 0.0085 mm/year and 0.135 mm/year. 
**Conclusions** Geographic atrophy progressed in all eyes except 
one. According to a 2021 Ophthalmic Research meta analysis, 
the average GA growth rate seen across 23 studies was 0.33 
mm/year. Thus, our results indicate that the carbidopa-levo-
dopa treatment provides benefit in slowing progression rates 
of GA. Further studies are indicated into the pathogenesis of 
GA and the role that carbidopa-levodopa might play in its 
treatment.

**#129 HOW DO MEDICAL AND PHYSICAL THERAPY STUDENTS LEARN ABOUT CONCUSSIONS?**

1,W Cheung*, 1,Ea Tanqay, 1,L McKay, 1,D Baron. 1Western University of Health 
Sciences, Pomona, CA; 2Western University of Health Sciences College of Osteopathic 
Medicine of the Pacific, Pomona, CA; 3The University of Arizona College of Medicine 
Tucson, Tucson, AZ

10.1136/jim-2022-WRMC.128

**Purpose of Study** This study assesses medical and physical ther-
apy students’ knowledge level in concussion symptoms, diag-
nosis, and treatment. Parameters we evaluated included how 
education level, sports background, and concussion history 
influenced students’ concussion knowledge. The study assessed 
how these students learn about concussions and whether gaps 
in knowledge exist. The ultimate goal is to use the survey 
results to help educators better prepare medical and physical 
therapy students for patient care.

**Methods Used** The first phase of our study involved sending a 
14-question electronic survey to osteopathic medical schools 
across the United States, which assessed demographics, concus-
sion knowledge level, source of concussion education, and 
interest in curriculum-based learning. The second phase con-
sists of sending a similar electronic survey that expanded to 
allopathic and physical therapy schools. This survey consisted 
of 16 questions, with 2 additional demographic questions 
inquiring about gender and type of pursued degree.

**Summary of Results** Preliminary collection of over 800 
responses and analysis of the data show that 60.2% of MD, 
DO, and physical therapy students played sports in either high 
school, college, or professionally. In addition, 42.7% of partic-
ips reported sustaining at least one concussion throughout 
their lives. 26.9% of our participants reported learning about 
c onions through non-academic means, while 70% reported 
learning via academic means such as through lectures, litera-
ture reviews, or clinical rotations. Our results showed that 
80% of our participants agreed they would like more formal 
education on concussions.

**Conclusions** While data collection is still ongoing, the prelimi-
nary results of our study indicate that having a sports back-
ground or personal experience with concussion may influence 
their knowledge in concussion diagnosis and treatment. A 
large percentage of our participants learned about concussions 
through non-academic methods. While data is forthcoming, 
this may indicate that an alternative means to learning about 
c onions is through a sports background and/or concussion 
history. Participants agree that in order to solidify or supple-
ment concussion knowledge, more education is needed to best 
p repare rising health care professionals in clinical settings.
Abstracts

#131 ABSTRACT WITHDRAWN

Pulmonary and critical care
Concurrent session
3:15 PM
Thursday, January 20, 2022

#132 PLASMA NEUTROPHIL EXTRACELLULAR TRAP LEVELS CORRELATE WITH ACUTE RESPIRATORY DISTRESS SYNDROME SEVERITY

J Aoki*, F Derronne, J Rusted, D Perry, M Cody, E Harris, EA Middleton, CC Yost. University of Utah Health, Salt Lake City, UT

10.1136/jim-2022-WRMC.130

Purpose of Study Acute Respiratory Distress Syndrome (ARDS) is characterized by hypoxic respiratory failure, multi-organ dysfunction, and mortality. ARDS results from inflammatory alveolar injury precipitated by direct and indirect lung injury. Neutrophils play a central role in the pathology of ARDS and release neutrophil extracellular traps (NETs) to trap and kill pathogens. Dysregulated NET formation, however, can cause inflammatory tissue damage and exacerbate acute lung injury as in COVID-19 associated ARDS. Whether NETs participate pathogenically in non-COVID-19 associated ARDS remains unknown. We hypothesized that plasma NET levels correlate directly with disease severity and mortality in non-COVID-19 ARDS patients.

Methods Used We obtained previously collected plasma samples from patients (n=200) with moderate to severe ARDS enrolled in the Re-evaluation of Systemic Early Neuromuscular Blockade (ROSE) trial at three different time points (admission, 24 hours, and 48 hours after admission) complete with clinical outcome data through 28 days after admission. We also examined age- and gender-matched healthy donor plasma (n=20). We assayed cell-free DNA levels via fluorescence as a surrogate for NETs in each plasma sample. Clinical outcomes from ROSE trial participants were correlated with the quantification of NETs. We also assessed NET formation by neutrophils isolated from healthy adults following incubation with ARDS patient and healthy donor plasma samples using live cell imaging and confocal microscopy.

Summary of Results We demonstrated elevated cell-free DNA in ARDS plasma compared to healthy donor plasma. Deceased study participants demonstrated higher plasma cell-free DNA levels on admission and at 48 hours as compared to ARDS survivors (admission: p = 0.0045 and 48 hours: p = 0.0050). Increased cell-free DNA on admission, at 24 hours, and 48 hours also correlated with illness severity. Furthermore, ARDS plasma samples induced NET formation in vitro in neutrophils isolated from healthy donors while control plasma did not.

Conclusions NET formation is increased in plasma from patients with ARDS compared to healthy donor plasma, consistent with the inflammatory alveolar injury seen in ARDS. Additionally, plasma from ARDS patients induces NET formation in vitro in PMNs isolated from healthy adult donors. We speculate that exaggerated NET formation may serve as a novel biomarker for inflammatory lung injury in ARDS resulting from multiple etiologies and strategies targeting NET formation may improve outcomes in ARDS.

#133 PLATELET ALPHA GRANULE DEFICIENT MICE ARE PROTECTED AGAINST THE DEVELOPMENT OF HYPOXIA-INDUCED RIGHT VENTRICULAR HYPERTROPHY

1IN Posey*, 2E Nozik, 1C Delaney. 1University of Colorado Denver School of Medicine, Aurora, CO; 2University of Colorado Denver Department of Medicine, Aurora, CO

10.1136/jim-2022-WRMC.131

Purpose of Study Pulmonary Hypertension (PH) is a life-threatening disorder characterized by increased pulmonary vascular resistance, right ventricular systolic pressures (RVSPs) and right ventricular hypertrophy (RVH), driven in part by inflammation. Our previous studies have demonstrated that platelets are activated in mice with hypoxia exposure, leading to the release of the proinflammatory chemokines Platelet Factor 4 (PF4) and CCL5, contributing to hypoxia induced lung inflammation. Nbeal2 KO mice are platelet alpha-granule deficient. Alpha granules contain numerous chemokines, including PF4 and CCL5. We hypothesized that Nbeal2 KO mice would be protected from hypoxia-induced PH.

Methods Used Male and female C57BL/6 and Nbeal2 KO mice were exposed at 8–9 weeks of age to 10% hypobaric hypoxia or remained in normoxia for 21 days. Whole blood was collected via RV cardiac puncture using heparin coated syringes and analyzed immediately. RVSPs were obtained by closed-chest RV puncture. Hearts were dissected to obtain the weights of the RV and septum + left ventricle (LV). Fulton’s index, (RV/LV+S) was used to determine RV hypertrophy as an indicator of the development of PH.

Summary of Results Nbeal2 KO mice have lower platelet numbers (434 ± 43.5 - 780 ± 39.6 [x10^3/μL], p<0.001) and larger platelets, demonstrated by increased mean platelet volume (MPV) (4.7 ± 0.05 - 5.3 ± 0.04 [fL], p<0.0001) compared to WT controls. RVSP under control conditions was similar in Nbeal2 KO and WT mice (28.14 ± 0.91 - 31.04 ± 1.01 [mmHg]). There was a significantly greater hypoxia-induced increase in RVSP in Nbeal2 KO mice compared to WT mice (28.14 ± 0.91 - 31.04 ± 1.01 [mmHg], p<0.05). Though, we saw statistically higher Nbeal2 KO RVSP compared to WT, they both showed a 22% increase in RVSP with hypoxia exposure (WT CO vs. HPX 28.1 ± 0.91 - 34.5 ± 1.1 [mmHg], p<0.001; KO CO vs. HPX 31.0 ± 1.01 - 37.8 ± 0.66 [mmHg], p<0.0001). Fulton’s index under control conditions was similar between Nbeal2 KO and WT mice. (0.29 ± 0.014 - 0.29 ± 0.001). As expected, WT mice show the development of RVH when exposed to prolonged hypoxia (0.29 ± 0.01 - 0.39 ± 0.02, p<0.001). Nbeal2 KO mice did not develop hypoxia-induced RVH (0.29 ± 0.001 - 0.32 ± 0.02).

Conclusions Mice deficient in alpha granules (Nbeal2 KO) have similar hypoxia-induced pulmonary vasconstriction, but are protected against the development of RVH. Our future studies will address whether Nbeal2 KO mice demonstrate impaired platelet activation and/or decreased recruitment to the pulmonary circulation conferring protection from inflammatory mediated pulmonary vascular remodeling and PH.
EVALUATION OF THE ACCURACY OF MINIMALLY-INVASIVE CARDIAC OUTPUT MONITORS BEFORE AND AFTER CARDIOPULMONARY BYPASS

K Cheung*, N Fleming. University of California Davis, Sacramento, CA
10.1136/jim-2022-WRMC.132

Purpose of Study Cardiac output (CO) monitoring is an important tool for hemodynamic optimization. Bolus thermodilution (iCO) with a pulmonary artery catheter (PAC) remains the gold standard for CO measurement, but is invasive and has been associated with complications. This study evaluates the level of agreement of CO values measured from multiple minimally-invasive CO monitor systems before and after cardiopulmonary bypass (CPB). CCO uses a modified thermodilution technology. Cheetah is based on thoracic bioreactance. ClearSight reconstructs the brachial arterial pressure waveform from the finger arterial pressure. CNAP CO is based on continuous non-invasive arterial pressure from the finger. LiDCO is based on the radial arterial blood pressure waveform. FloTrac calculates CO from the radial arterial pulse contour.

Methods Used The IRB reviewed and approved this quality improvement study. Sixty patients were enrolled. 8 patients were excluded due to missing iCO measurements. CO measurements from 52 patients were evaluated using Bland-Altman analysis. CO values were measured simultaneously by bolus thermodilution with a PAC and the CO monitors listed above.

Summary of Results All values were not available at all time points. The Bland-Altman plots are presented in figure 1 and the corresponding values are summarized in table 1.

Conclusions Based upon percentage errors, the relative accuracy of the minimally-invasive CO monitors when compared to iCO were: CCO>Cheetah>ClearSight>FloTrac>CNAP>LiDCO. Measurements after CPB have slightly smaller percentage of
errors. Percentage error <30% is considered acceptable (Critchely et al., 1999). On this basis, the minimally-invasive CO monitors cannot replace the PAC for accurate CO measurement in cardiopulmonary bypass surgery.

A CASE OF DABBING-INDUCED LIPOID PNEUMONIA
LW Bouche*, GA Loh. Dwight David Eisenhower Army Medical Center, Fort Gordon, GA

10.1136/jim-2022-WRMC.133

Case Report
Introduction Dabbing is an emerging form of cannabis consumption. Similar to vape-associated lung injury, it can result in acute respiratory distress syndrome (ARDS), and diagnosis is often obscured by a broad infectious differential.

Case Description The patient is a 36 year old male with recurrent admissions for various infections in the setting of a spleenectomy who was admitted for an undifferentiated inflammatory syndrome. He presented with fever, leukocytosis, and eventually discharged on room air. It was discovered that the patient had been vaping with THC products including dabs. Dabs, a wax-like THC product, are likely the mechanism by which lipids were introduced into his lungs resulting in pneumonia.

Discussion This case represents a presentation of lipid pneumonia secondary to ‘dabbing,’ a relatively novel form of ingesting cannabis. There have been few reported cases of respiratory failure secondary to ‘dabbing,’ and this case identifies lipid pneumonia as the cause of lung injury. This case highlights the need for physicians to be aware of specific forms of recreational drugs and routes of delivery.

LUNG EPITHELIAL CELL ENVIRONMENT MODULATES TEMPORAL KINASE SIGNALING DYNAMICS
N DeCuzzi*, D Murphy, A Ram, M Pargett, K Chmiel, AA Zeki, J Albeck. University of California Davis, Davis, CA

10.1136/jim-2022-WRMC.136

Purpose of Study Signaling in lung epithelial cells plays a role in respiratory disease pathogenesis. ERK, NFκB, and AMPK are key kinases regulating cell growth and proliferation that are implicated in airway inflammation and disease. Importantly, ERK and AMPK display heterogenous and temporally dynamic signaling activity that can be linked to cell behavior but has yet to be investigated in the context of airway disease. We hypothesize that unique signatures of short-term oscillatory signaling activity (minutes) differentially regulate long-term (>24 hour) inflammatory responses in part via regulation of the transcription factor STAT3 at the cellular level.

Methods Used Using fluorescent biosensors and live-cell imaging, we track single-cell kinase signaling activity in our Human Bronchial Epithelial (HBE1) cell line, and primary human bronchial epithelial cells (pHBE), continuously at 6-minute intervals, both in submerged and Air-Liquid Interface (ALI) culture conditions. Computational image analysis extracts kinase signaling activity profiles in response to growth factors, and inflammatory cytokines. After 24 hours of ligand exposure, cells are fixed and immunofluorescent stain for nuclear pSTAT3 is performed to measure cellular inflammatory response.

Summary of Results Comparison of HBE1’s ERK signaling activity from control and ligand stimulated cells, reveals heterogeneous and dynamic single-cell responses to inflammatory ligands relevant to both subtypes of asthma and COPD (IL-6, IL-1β, & TNFα), that are both ligand- and concentration-dependent. Intriguingly, pHBE cells in submerged culture display dynamic and heterogeneous ERK signaling activity, that is similarly dependent on ligand and concentration, but are unique from those seen in HBE1 cells. Notably, both HBE1 and pHBE cells displayed unique ERK responses to inflammatory ligands than those of EGF treated cells. We note a similar heterogeneity in STAT3 activation dependent on inflammatory ligand, that is attenuated in the presence of metabolic perturbation and AMPK activation.

Conclusions These results support our central hypothesis and demonstrate the importance of this novel and unique approach using both airway epithelial cell lines and primary bronchial epithelial cells in ALI. Ongoing work: 1) Finishing data collection for ERK and NFκB in pHBE cells cultured in ALI, and AMPK activity in HBE1 cells, 2) Using statistical modeling to determine ERK, AMPK, and NFκB’s contribution to
modulating the STAT3 response to inflammatory ligands, and 3) Assessing how pharmacological agents alter activity profiles to modulate long-term inflammatory responses in these model systems. Our technique will reveal deeper knowledge about airway epithelial kinase signaling mechanisms relevant to asthma and COPD, and potentially, other lung diseases.

#137 THE EFFECTS OF ACUTE AND CHRONIC KIDNEY INJURY ON MORTALITY IN OLDER PATIENTS CRITICALLY ILL WITH COVID-19


10.1136/jim-2022-WRMC.135

Purpose of Study Older age is a well-recognized risk factor for increased mortality due to COVID-19. Similarly, older age is associated with high rates of critical illness and admission to intensive care units. Limited data suggests that frailty, as measured by the presence of comorbidities prior to admission, may predispose to severe illness. There is currently an inadequate description of what factors can be attributed to the increase in mortality in aged, critically ill patients with COVID-19.

Methods Used In this retrospective, cohort study, we examined 200 patients admitted to a quaternary referral center intensive care unit (ICU) with COVID-19 from March to June of 2020. Data collected included demographics, number of comorbidities, residence in assisted living or skilled nursing facilities prior to admission, vital signs, and laboratory findings at time of admission to the hospital and the ICU.

Bivariate analysis was performed with age, comorbidities, and place of residence prior to admission as independent variables and mortality, length of stay, rates, and severity of acute respiratory distress syndrome (ARDS), rates of acute kidney injury (AKI) and hemodialysis, and rates and severity of shock as dependent variables. Multivariable analysis evaluated the relationship of age, comorbidities, end organ dysfunction, and disease severity.

Summary of Results ICU mortality was positively correlated with age (p < 0.001) and number of comorbidities (p < 0.001). Furthermore, age and number of comorbidities were directly correlated with development of AKI (p = 0.012); age was inversely correlated with severity of lung disease as measured by P:F ratio (p = 0.0092). Pre-existing chronic kidney disease (CKD) was highly predictive of development of AKI (OR 6.93, p = 0.003) Multivariable analysis demonstrated that the odds of mortality were higher with increasing age (OR = 1.06 [95% CI 1.02, 1.11] per year, p = 0.005), decreased with increasing P:F ratio (OR 0.336 [95% CI 0.16, 0.61] for every increase in P:F of 50, p < 0.001), and increased with AKI requiring hemodialysis (OR = 4.61 [95% CI 1.185, 19.7], p = 0.031).

Conclusions Recognition of CKD in older adults critically ill with COVID-19 is critical in identifying those who are high risk of severe kidney dysfunction and death. CKD has been shown previously to be associated with mortality in COVID-19 and this study offers a mechanistic understanding of this relationship. This is especially important given that older patients do not seem to have the same propensity for severe lung disease seen in younger patients. The role of kidney disease in the mortality of older patients critically ill with COVID-19 needs to be better defined prospectively.

#138 EFFECT OF POSITIVE END EXPIRATORY PRESSURE IN PREVENTION OF POSTOPERATIVE PULMONARY COMPLICATIONS IN OBESE PATIENTS UNDER GENERAL ENDOTRACHEAL ANESTHESIA: SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED TRIALS

JY Choi*, MA Al-Saedy, BJ Carlson. Washington State University, Spokane, WA

10.1136/jim-2022-WRMC.136

Purpose of Study In non-obese patients, low positive expiratory pressure (PEEP) of < 5cmH2O is a widely accepted practice. Although the safety of low tidal volume plus low PEEP has been established in non-obese patients, this strategy may induce atelectasis and post-operative pulmonary complications in obese patients. In obese patients, use of PEEP > 10cmH2O has shown to prevent intraoperative atelectasis but there is no conclusive data for the postoperative complications from high PEEP. Therefore, this meta-analysis aims to compare the rate of postoperative complications (PPCs) associated with high PEEP and low PEEP in obese patients who received surgery under endotracheal general anesthesia.

Methods Used The protocol for this meta-analysis was published on PROSPERO (CRD42021224041). We searched MEDLINE, EMBASE, CENTRAL, and CINAHL databases using pre-specified search strategies. We included only RCTs that compared the effect of low PEEP and high PEEP in obese patients (BMI>30 kg/m²) who received open or laparoscopic surgeries under endotracheal general anesthesia. All patients received the tidal volume of 6–8 ml per kg of predicted body weight. Risk of bias was assessed using the Covidence review manager. Statistical analysis was conducted using Cochrane RevMan software (Mantel-Haenszel, Fixed Effects, Risk Ratio). Primary outcome was the number of PPCs. Secondary outcomes included extrapulmonary complications, intraoperative complications, and mortality during hospital stay.

Summary of Results There was no significant difference in the rate of postoperative complications between low PEEP and high PEEP groups (RR=0.93; 95%CI 0.79 to 1.10; P=0.41). We identified 4 randomized controlled trials involving 2,116 participants. Two trials had a low risk of bias, and the other two trials had an immediate and substantial risk of bias. We observed significant heterogeneity within included trials (I²=33%). Secondary outcomes were not reported by all trials. Incidence of intraoperative hypotension was reported in 3 trials and was significantly lower in the low PEEP group (RR=1.84; P<0.01).

Conclusions Overall, the evidence is not robust enough to determine the protective effect of high PEEP and low PEEP in obese patients. Out of 2,116 total participants, 1,976 participants were from 1 trial that included both laparoscopic and open abdominal surgeries. Although exclusion of the large study significantly lowered the incidence of PPCs in the low PEEP group with relative risk of (RR=8.0m P=0.05), the other trials were smaller studies and had higher risk of publication bias. More multi-center RCTs are warranted to compare the rate of PPCs between low PEEP and high PEEP in obese patients under endotracheal general anesthesia.
ALVEOLAR HEMORRHAGE DUE TO SECONDARY PULMONARY VASCULITIS IN A PATIENT WITH NEW FEATURES OF AUTOIMMUNE DISEASE

1A Garcia*, 2T Isa, 3R Garcia-Pacheco, J Obemdon. 1Ross University School of Medicine, Miramar, FL; 2Kern Medical Center, Bakersfield, CA

10.1136/jim-2022-WRMC.137

Case Report Pulmonary Vasculitis is a manifestation of a specific set of disorders pathologically defined by inflammatory destruction of blood vessels within the lungs. Secondary immune mediated vasculitis, as in autoimmune processes like rheumatoid arthritis (RA), is one subset of these disorders. We present a rare case of alveolar hemorrhage caused by pulmonary vasculitis in a patient positive for anti-CCP antibody but no laboratory or imaging to meet diagnostic criteria for RA. CASE A 50-year-old female with history of pulmonary embolism (PE) presented to the ED with three episodes of hemoptysis. She also complained of chest pain, arthralgias and fatigue. She was not on anticoagulation therapy. Family history was positive for lupus and RA in two sisters. Vital signs were stable. Labs showed ESR 36, CRP 1.53, and D-dimer 749. CT chest angiogram revealed scattered ground glass and patchy alveolar densities throughout lung fields; no evidence of PE. Flexible bronchoscopy with bronchoalveolar lavage (BAL) was diagnostic for alveolar hemorrhage. Cytology from BAL yielded numerous red blood cells and macrophages with hemosiderin granules. Autoimmune panel was significant for elevated ANA 1:80 and CCP Ab IgG >250. Patient was started on Prednisone 60 mg/day for diagnosis of alveolar hemorrhage secondary to immune mediated capillaritis and discharged home. As an outpatient, X-rays of wrists and hands revealed no inflammatory or crystal line arthropathy. Labs showed normal rheumatoid factor (RF), but persisting elevation in CRP and ESR. Methotrexate was started to prevent recurrent alveolar hemorrhage and Prednisone was continued pending rheumatology referral.

Discussion Although there have been some rare cases of diffuse alveolar hemorrhage (DAH) preceding the diagnosis of RA, DAH commonly arises as a manifestation of long-standing RA. Anti-CCP antibody is known to not only be as sensitive as RF but significantly more specific when diagnosing RA. Studies have shown a subgroup of patients testing positive for anti-CCP antibodies with no evidence of RA, who subsequently developed RA within short followup.

Conclusion The unique disease course of DAH in patients with underlying features of autoimmune disease is not well documented. Implications of positive anti-CCP antibody but no definitive diagnosis of RA in patients with lung disease still requires further investigation. Anti-CCP antibody has been shown to be highly predictive of future development of RA. Patients that present with pulmonary symptoms like hemoptysis due to autoimmune vasculitis and capillaritis should be closely monitored. Whether to initiate early treatment for RA should also be strongly considered. As such, clinicians need to remain vigilant when suspecting immune-mediated DAH in patients with unclear autoimmune disease.

USE OF STRICT SPINAL PRECAUTIONS FOR SPINAL CORD INJURIES BY SKI PATROLLERS: DO THEY WORK?

C O. Driscoll, D Deng*, E Guenther. Western University of Health Sciences College of Osteopathic Medicine of the Pacific-Northwest, Lebanon, OR

10.1136/jim-2022-WRMC.138

Purpose of Study For decades, hard backboards have been the standard of care for emergency medical personnel and ski patrollers treating known or suspected spinal cord injuries in the field. Recent studies have shown that prolonged immobilization on hard backboards can cause injuries to patients and are no longer recommended unless specific criteria are met. In 2018, the National Ski Patrol implemented guidelines consistent with the Position Statement of the National Association of EMS Physicians and the American College of Surgeons Committee on Trauma. The effectiveness of those guidelines for ski patrollers in the field are quantified in this survey study.

Methods Used This study was approved by the Western University of Health Sciences Institutional Review Board. An anonymous online survey was distributed electronically to 168 ski patrollers across the United States using contact information obtained from the National Ski Patrol website. The survey was optional, and participants voluntarily completed the survey between April 2 and April 27, 2021. A total of 19 ski patrollers responded to the survey and 19 are represented in the data. They were asked questions regarding how many backboards they used per season before and after the new guidelines were implemented, frequency of backboard-specific training, whether the mountain also has a paid patrol division, as well as confidence of their patrol utilizing the new spinal protection guidelines.

Summary of Results The majority of respondents (14 out of 19) reported a decrease of at least 5 backboards used in the season following implementation of the new guidelines. Patrols that conducted more than two backboard-specific trainings per year reported a larger decrease in backboards (6–10 per season) in the season following the new guidelines than patrols that conducted 1–2 yearly trainings (up to 5 per season). The average reduction in backboards in both patrols that have a paid division and those that do not was approximately 5 backboards per year. 10 out of 19 patrols reported that they were ‘very confident’ their patrols could implement the new guidelines and 9 out of 19 reported they were ‘somewhat confident’. No respondents reported that they were ‘not very confident’.

Conclusions The new guidelines and training from the National Ski Patrol resulted in a decrease in hard backboard use by the majority of surveyed patrols while still allowing ski patrollers to utilize potentially life-saving devices when necessary.

Surgery II

Concurrent session

3:15 PM

Thursday, January 20, 2022

DISPLACED FEMORAL NECK FRACTURES IN ELDERLY PATIENTS SHOULD NOT BE FIXED WITH CLOSED REDUCTION AND PERCUTANEOUS PINNING

1D Skerrett*, 2M Coale, 3W Lack. 1University of Washington School of Medicine, Seattle, WA; 2University of Washington Department of Medicine, Seattle, WA

10.1136/jim-2022-WRMC.139

Purpose of Study The Garden classification has been used to grade femoral neck fractures since 1961. Nondisplaced...
fractures on AP radiographs are described as Garden I or II, while displaced fractures are designated Garden III or IV. These distinctions are useful when selecting an operative treatment. In elderly patients, nondisplaced fractures are often treated with internal fixation (i.e. screws) while displaced fractures are often treated with arthroplasty. Poor bone quality in the elderly limits screw purchase and impairs healing, particularly in the setting of Garden III/IV fractures. Nonetheless, many displaced fractures in elderly patients are treated with internal fixation operations, such as closed reduction and percutaneous pinning (CRPP). This observational study compared rates of failure between displaced and nondisplaced femoral neck fractures treated with closed reduction and percutaneous pinning in Seattle.

**Methods Used** We identified 374 patients who suffered femoral neck fractures and were treated with internal fixation between 2010 and 2020 at 3 hospitals in Seattle. Patients older than 50 and fixed with CRPP met the inclusion criteria. Pathologic fractures and fractures fixed with dynamic hip screw, dynamic helical hip screw, arthroplasty, or open approach/visualized reduction were excluded. Treatment failure was defined as avascular necrosis, nonunion, or conversion to arthroplasty. 267 records met these criteria. For each patient, data was collected on displacement, age, sex, dementia status, ASA, baseline ambulation, independence, and injury mechanism. Chi-squared tests were used to assess correlation between these variables and treatment failure.

**Summary of Results** Displaced fractures treated with CRPP were significantly more likely to fail than nondisplaced fractures treated with CRPP (p < 0.00001). Absence of dementia was also associated with CRPP failure (p = 0.0197). Age, sex, ASA, baseline ambulation, independence, and injury mechanism were not found to be associated with treatment failure.

**Conclusions** In elderly patients, displaced femoral neck fractures are significantly more likely than nondisplaced fractures to fail treatment with CRPP. Initial treatment with hemiarthroplasty or total arthroplasty should therefore be considered in this demographic to reduce the risk of pain and reoperation. Absence of dementia was also correlated with treatment failure; however, dementia patients’ differing goals of care and impaired communication with caretakers confound this result. Future studies could compare outcomes between displaced fractures treated with CRPP versus arthroplasty. In addition, future work may further examine the association between absence of dementia and CRPP failure.

### #142 ALTERATIONS IN SHOULDER TENDON STRUCTURAL PROTEINS IN ATHEROSCLEROSIS

WH Fang*, S Sekhon, FG Thankam, DK Agrawal. Western University of Health Sciences, Pomona, CA

10.1136/jim-2022-WRMC.140

**Purpose of Study** Hyperlipidemia is a hallmark of the atherosclerotic process and can impact every system of the body, including the musculoskeletal system as evident from the increased comorbidity of tendinopathies in atherosclerotic patients. Indeed, lipid deposits within the extracellular matrix (ECM) have been found in tendon tissues with changes in the biomechanical properties of the tendon. However, there is limited information on the development and progression of tendon pathology in atherosclerotic patients. Here, we examined the expression status and molecular crosstalk of the ECM proteins in atherosclerosis using hyperlipidemic microswine model.

**Methods Used** Shoulder tendons tissues (N=12) from hyperlipidemic Yucatan microswine were harvested, fixed, embedded in paraffin and longitudinal thin sections were used for tissue morphology with hematoxylin and eosin (H&E), Masson trichrome, and Pentachrome staining.

Immunofluorescence staining (IF) was performed for collagen types I, III, IV, V, VI, and XVII, MMP2, and MMP9 following standard protocols. The fluorescence intensity (MFI) of each protein was quantified using ImageJ software. The variation with respect to control (tendon tissue harvested from normal swine) was calculated from the average MFI/nuclei and the results are presented as log2 fold-change (FC).

**Summary of Results** H&E staining showed disorganized ECM in atherosclerotic tissue with greater deposition of adipocytes. Trichrome staining revealed disorganization in collagen fibers with poorly defined vasculature and increased infiltration of adipocytes atherosclerotic tendons compared to the control. The pentachrome staining highlights decreased collagen expression and increased mucin deposition in the atherosclerotic tissues. Also, the atherosclerotic shoulder tendons demonstrated decreased expression of COL III (FC=-0.38 ± 1.49), COL IV (FC= -0.61 ± 1.75), and a pronounced decrease in COL XVII (FC=-1.6 ± 1.85) and COL I (FC=-2.24 ± 0.41). However, there was an increased expression of COL V (FC=1.02 ± 2.13), MMP-9 (FC=0.9 ± 0.60), and a marked increase in MMP-2 (FC=2.05 ± 1.53).

**Conclusions** The findings demonstrated that there was considerable structural alteration in ECM composition and components in hyperlipidemic tendon when compared with normal shoulder tendons. There was a decrease in collagen proteins and an upregulation of the MMP class of proteolytic enzymes. The decreased collagen and increased MMP expression are correlated with increased tendon injury and rupture. Such pathological alterations support the existence of increased co-morbidity of tendinopathies in hyperlipidemic patients.

### #143 AN INVESTIGATION IN THE EVIDENCE BASE FOR ADAPTOGENS IN WOUND HEALING AND SKIN REJUVENATION

D Sokolov*, S Gupta. Loma Linda University, Loma Linda, CA

10.1136/jim-2022-WRMC.141

**Purpose of Study** Despite having a long history of use in traditional and herbal medicine, adaptogens have recently reentered the spotlight due to their potential to augment the body’s response to stress. Originally mentioned in 1974 in a Soviet literature review as ‘New substances of plant origin that Increase non-specific resistance’, the term ‘adaptogen’ has grown to include most any compound that increases the body’s resilience against a variety of mechanisms of cellular stress. Considering that the skin is highly affected by many of these pathways, this implies a potential application for adaptogens in the context of specialties concerned with aesthetic outcomes. This study identified adaptogens with an evidence-based clinical application in the areas of skin health and wound healing.

**Methods Used** A literature search was conducted using the term ‘adaptogen’ in the article databases of Google Scholar,
Abstracts

Abstract #143 Table 1

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Included Articles</th>
<th>Pathway of action</th>
<th>Methods</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashwaganda</td>
<td>6</td>
<td>FOXO3, cortisol, NFkB, IL-8 hyaluronidase,</td>
<td>Literature Review (2), Case Study (1),</td>
<td>Decreased inflammation, decreased aging protein markers,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>testosterone</td>
<td>Research study (6)</td>
<td></td>
</tr>
<tr>
<td>Schisandra</td>
<td>10</td>
<td>ROS scavenging, antioxidant, UV/A damage</td>
<td>Literature Review (2), Research Study</td>
<td>Increased collagen synthesis, decreased damage, increased antioxidant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>reduction, elastase, MMP, glutathione,</td>
<td>(8)</td>
<td>pathways</td>
</tr>
<tr>
<td>Triphala</td>
<td>8</td>
<td>NFkB, Collagen I, antioxidant, UV/A</td>
<td>Safety study (1), Research Study (5),</td>
<td>Inhibited MMP, reduced inflammation, reduced RBC hemolysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>damage reduction</td>
<td>Case Study (2)</td>
<td></td>
</tr>
<tr>
<td>Maca</td>
<td>1</td>
<td>UV/A damage reduction</td>
<td>Research study</td>
<td>Topically applied Maca created a reduction in UV/A/B induced damage</td>
</tr>
<tr>
<td>Rhodiola Rosea</td>
<td>2</td>
<td>HG1, MMP, skin oxidative</td>
<td>Research Study (2)</td>
<td>Reduced tissue edema, reduced cell damage</td>
</tr>
<tr>
<td>Arctium Lappa</td>
<td>1</td>
<td>NFkB, INOS, TNF-alpha</td>
<td>Literature Review</td>
<td>Reduced inflammation</td>
</tr>
<tr>
<td>Ganoderma Lucidum</td>
<td>1</td>
<td>MMP, CDK2/6, p53</td>
<td>Research Study</td>
<td>Increased cell proliferation and migration</td>
</tr>
</tbody>
</table>

JSTOR, NCBI and PubMed. Upon finding mention of specific compounds, separate searches were then performed for each compound. Inclusion criteria consisted of articles pertaining to skin improvement and anti-inflammatory properties. Additionally, special attention was given to studies that used human keratinocyte cell lines. Exclusion criteria included general information articles, and articles with described benefits outside the realm of skin and regenerative capacity.

Summary of Results The number of relevant articles found spoke to a large need for further research. While there are numerous articles and studies done on the systemic benefits of various adaptogens, research specific to skin and wound healing is very limited. However, the research completed consistently shows agreement in the nature of the benefits of various adaptogens. A common theme of inflammation reduction quickly emerged through the course of the search, with the most prevalent pathway affected being NFkB. While Ashwagandha, Schisandra and Triphala held the most promise in terms of an evidence base, the number of applicable articles often corresponded with the total amount of available literature on a certain compound.

Conclusions This serves to highlight how much potential there is in this area for further research. If the benefits proposed in the current literature stood the test of clinical studies, adaptogens could become part of standard perioperative and post traumatic care.

### #144 HOW DOES DIMETHYL SULFOXIDE AFFECT IN-VITRO FAT GRAFT VIABILITY?

NM Safi*, S Gupta. Loma Linda University Adventist Health Sciences Center, Loma Linda, CA

10.1136/jim-2022-WRMC.142

Purpose of Study Since the popularization of fat grafting in the 1980s, surgeons have sought to improve the viability of the grafts. Research demonstrates that the majority of harvested cells die within hours to days of transplantation. One of the most promising interventions which may improve survival during this time are pharmacologic agents added to the graft or recipient site. Several additives have been trialed. One such compound is dimethyl sulfoxide (DMSO). In one study, rats treated with DMSO showed improved fat graft survival. Due to the challenge of studying new treatments in humans we sought to observe the impact of DMSO on viability of adipocytes in vitro.

Methods Used DMSO was added to samples of human lipoaspirate to produce three concentrations: 500:1, 2000:1, and 8000:1 and a control sans DMSO. The samples were centrifuged to isolate the fat from the aqueous fraction. Each sample was then divided into several 900µL portions and incubated with 100µL of AlamarBlue at 37°C for 4 hours. Each portion was then diluted with 3mL of saline and centrifuged to suspend the dye. Absorbance was measured at 570nm and 600nm. The experiment was repeated thrice. The patients were females aged 41, 61, and 48. Normalized absorbances were calculated by subtracting the 600nm absorbance from the 570nm absorbance.

Abstract #144 Figure 1
Summary of Results Trial #1, (figure 1), showed a decrease in absorbance across all doses of DMSO tested [ Control (0.386), 1:8000 (0.251 p = 0.004), 1:2000 (0.317), and 1:500 (0.381)]. Trial #2 (figure 2), demonstrated a dose-dependent decrease in absorbance across the three concentrations [Control (0.201) 1:8000 (0.186, p = .03), 1:2000 (0.183, p = 0.2), 1:500 (0.145, p = 0.02)]. Finally, trial #3, (figure 3) yielded an increase in absorbance at a low (1:8000) concentration of DMSO (0.182, p = 0.02) vs Control (0.140). 1:2000 and 1:500 were found to have a negative effect on absorbance (0.106 p = 0.1 and 0.102 p = 0.07, respectively).

Conclusions Our results are, thus far, inconclusive. However, we believe that there are confounds which can be eliminated. The researcher noted an inconsistent mixing of assay with fat and also noted that small variations in pipetting technique introduced bubbles in the cuvette that could affect readings. If minor technique changes rectify these errors, more consistent results are possible.

If future in vitro trials find DMSO to offer a viability benefit to graft cells, further research could be done on topical applications in humans as DMSO has been safely used topically for years.

Abstract #144 Figure 2

Abstract #144 Figure 3

#145 COMPARISON OF COMPlications IN PATiENTS WITH NORMAL AND COMPROMISED REnal FUNCTION UNDERGOING ADJUVANT RADIATION THERAPY FOLLOWING ROBOTIC-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY

1R Chen*, 2S Song, 2A Amasyali, 2C Ritchie, 2C Baas, 2D Baldwin. 1Loma Linda University, Loma Linda, CA; 2Loma Linda University Adventist Health Sciences Center, Loma Linda, CA

Purpose of Study Chronic kidney disease (CKD) and end-stage renal disease (ESRD) are associated with high morbidity and mortality. Kidney transplantation may be a life-saving therapy for these patients. However, ESRD patients with untreated prostate cancer may be excluded from transplantation due to risk for cancer progression, while patients treated with robotic-assisted laparoscopic radical prostatectomy (RALP) who have undetectable PSA’s may be cleared for immediate transplantation. Patients with detectable PSA’s may require adjuvant radiation, which may result in radiation cystitis, a clinical diagnosis ranging from mild dysuria to severe hematuria. In patients with prior RALP, adjuvant radiation therapy (XRT) may result in a higher mean radiation dose to the bladder due to its low volume and new post-surgical location, which may increase the risk for hemorrhagic cystitis. The purpose of this study was to compare the complications between patients with normal and compromised renal function undergoing adjuvant radiation therapy following RALP.

Methods Used A retrospective review was conducted of all patients in a single academic institution undergoing RALP followed by XRT between December 2006 and July 2020. Demographic variables, surgical parameters, cancer stage, outcomes and complications were compared between patients with CKD 0–2 and CKD 3–5. The primary outcome was radiation related bladder complications including hematuria, catheter insertion, blood transfusions, continuous bladder irrigation, surgical clot evacuation, and bladder fulguration. Statistical analysis was performed by Mann Whitney U and Independent T test with p<0.05 considered significant.

Summary of Results When comparing the 101 patients with CKD 0–2 who underwent RALP followed by XRT, to the 9 patients with CKD 3–5, there was no difference in age (67.7

Abstract #145 Figure 1

Abstract #145 Figure 2

Abstract #145 Figure 3

Abstract #145 Figure 4
Abstracts

vs. 63.7 yrs.), length of follow-up (39.6 vs. 38.2 mos) or cancer stage (p>0.05 for all). However, patients in the CKD 3–5 group were significantly more likely to require Foley placement for clot evacuation (33.3% vs 1.1%; p<0.01), hospitalization for continuous bladder irrigation (33.3% vs 1.1%; p<0.01), blood transfusion (33.3% vs 1.1%; p<0.01), hyperbaric oxygen treatment (33.3% vs 0%; p<0.01) and surgical fulguration (22.2% vs 1.1%; p<0.01).

Conclusions Individuals with CKD 3–5 are at significantly greater risk for severe radiation-induced hemorrhagic cystitis. Lower volume bladder combined with increased risk of coagulopathy may partly explain this finding. Adjuvant radiation should be used with caution in patients with significant renal dysfunction.

#146 FACTORS ASSOCIATED WITH SPONTANEOUS LATERAL SKULL BASE CEREBROSPINAL FLUID

JS De Armas*, E Miles, A Miller, Y Liu, N Wyckoff. Loma Linda University Medical Center, Loma Linda, CA

10.1136/jim-2022-WRMC.144

Purpose of Study Most lateral skull base CSF leaks have an identifiable cause, however, spontaneous cerebrospinal fluid (CSF) leaks do not. We aimed to determine risk factors for spontaneous lateral skull base CSF leaks.

Methods Used Retrospective chart review of all patients seen at a tertiary referral center over the last 10 years for spontaneous lateral skull base CSF leak who underwent temporal bone CT scan. Patients with spontaneous CSF otorrhea were included. Patients with lateral skull base CSF leaks secondary to known causes such as trauma, cholesteatoma, or iatrogenic were excluded. Sex and age-matched controls were randomly selected from all patients seen at the same center with temporal bone CT scan and without major otologic pathology. Demographics collected and main outcomes analyzed included age, sex, ethnicity, body mass index (BMI), smoking status, diagnosis of obstructive sleep apnea, and other comorbid medical conditions. Statistical analysis included analysis of variance, student t-test, and chi-squared between CSF leak patients and controls.

Summary of Results Fourteen patients were identified with spontaneous lateral skull base CSF leak. 32 sex and age-matched controls with CT temporal bone imaging were randomly selected. 93% of patients in the CSF leak group were female with an average age of 66.9 years. Patients in the CSF leak group had higher BMI (33.4 vs 27.4, p<0.01) with higher rates of cardiovascular disease (93% vs. 63%, p=0.04) and sleep apnea or snoring (43% vs. 3%, p<0.01).

Conclusions Risk factors associated with spontaneous lateral skull base CSF leaks include female gender, elevated BMI, OSA, and cardiovascular disease. This study was underpowered to identify potential associations between lateral skull base thickness and spontaneous lateral skull base CSF leaks.

#147 UTILITY OF Pediatric VESICOstOMY IN PROTECTING THE URINARY TRACT

J Byer*, C Ritchie, J Chamberlin. Loma Linda University School of Medicine, Loma Linda, CA; Loma Linda University, Loma Linda, CA

10.1136/jim-2022-WRMC.145

Purpose of Study In pediatric patients, a vesicostomy is a surgical option for temporary or permanent urinary diversion as a protective measure for the integrity of the patient’s urinary tract and renal system. The objective of this study is to quantify the indications for the pediatric patient population undergoing vesicostomies at an academic children’s hospital.

Methods Used We performed a retrospective chart review of all pediatric patients (0–18 years) who underwent cutaneous vesicostomy from a single tertiary children’s hospital from 2002 to 2021. Demographic information, pathological indications for vesicostomy, medical management, urinary tract infections, urodynamics, renal function, complications, and reversal of vesicostomy were evaluated. The primary outcome was improvement in hydronephrosis and vesicoureteral reflux, comparing before and after vesicostomy. Two-tailed, Student t-tests were calculated, with p values less than 0.05 considered significant.

Summary of Results At our institution, 33 pediatric patients (20 males and 13 females) underwent vesicostomy. The age at time of surgery ranged from 0 to 179 months (mean 39.2 months) with median follow-up 70.5 months (range 2–210). The indication for vesicostomy included neurogenic bladder (14), chromosomal anomalies (8), anatomical malformation (7), prune belly syndrome (4), secondary vesicoureteral reflux (3), posterior urethral valves (3), and solitary kidney (3). Two patients underwent vesicostomy prior to kidney transplant clearance and one had a vesicostomy concurrently with kidney transplant. Prior to surgery, 21 (63.6%) were started on clean intermittent catheterization and 20 (60.6%) were on an anticholinergic. Fifteen (45.5%) had ≥2 confirmed UTIs before surgery (range 0 to 11). Either unilateral or bilateral SFU Grade ≥2 Hydronephrosis was present in 25 patients (75.8%) prior to surgery and present in 12 (36.4%) after surgery (p<0.01). Vesicoureteral reflux Grade ≥2 was present in 15 patients (40.5%) prior to surgery and persistent in 5 (15.2%) after surgery (p=0.036). The median percentage of expected bladder capacity was 83.3%. Complications after vesicostomy included vesicostomy site fungal rash (23), sepsis due to a UTI (10), and renal or bladder calculi (4). Additionally, 4 developed stricture, 4 developed stomal stenosis, 8 had to catheterize the stoma to maintain patency, and 5 had bladder prolapse through the vesicostomy site with 2 requiring revisional surgery. Six underwent excision and closure of their vesicostomy. One had their cutaneous vesicostomy modified to an ileovesicostomy. Two underwent repeat vesicostomy.

Conclusions Cutaneous vesicostomy are useful and effective forms of urinary diversion in pediatric patients with unsafe urinary tracts that have otherwise been refractory to medical treatment.

#148 DOES A NEEDLE HOLDER REDUCE FLUOROSCOPIC RADIATION EXPOSURE TO THE SURGEON’S HAND COMPARED TO LEAD GLOVES AND CONVENTIONAL GLOVES?

E Joo*, C Baas, R Cher, J Hartman, JD Belle, A Amasyali, D Baldwin. Loma Linda University School of Medicine, Loma Linda, CA; Loma Linda University Adventist Health Sciences Center, Loma Linda, CA

10.1136/jim-2022-WRMC.146

Purpose of Study Fluoroscopy is commonly employed while gaining needle renal access prior to removal of kidney stones during percutaneous nephrolithotomy (PCNL). Excess radiation...
exposure has been linked to possible deleterious outcomes for both patients and surgeons. Some of the radiation the surgeon receives is due to scatter radiation, but the surgeon’s hand may be exposed to the highest radiation dose when placed directly in the fluoroscopy beam. To reduce this exposure, some surgeons wear lead gloves, and more recently, a specialized needle holder has been developed. The purpose of this study is to compare direct radiation dose to the surgeon’s hand while holding the needle with a conventional surgical glove, a lead glove, or a novel needle holder.

Methods Used A PCNL procedure was simulated using a cadaver to represent a patient and a separate cadaver arm to mimic a surgeon’s hand. Three different techniques for holding the needle were tested: holding the needle directly in the fluoroscopy beam while wearing a conventional surgical glove, holding the needle while wearing a lead glove, and using a novel needle holder designed to distance the surgeon’s hand from the direct beam. Thermoluminescent dosimeters were attached to the thumb, middle finger, hypothenar eminence, wrist of the cadaver hand, and skin of the cadaver patient, dorsal to the kidney. Five trials were performed for each treatment arm. In each trial, five minutes of fluoroscopy was delivered using automatic exposure control. Radiation doses between treatment arms were compared using ANOVA with p < 0.05 considered significant.

Summary of Results Using a lead glove resulted in a significant reduction of radiation to the surgeon’s hand compared to when the surgeon directly held the needle wearing a conventional glove (mean dose 248.4 vs. 391.9 mRad; p < 0.001). However, the greatest radiation reduction was seen when using the novel needle holder (137.3 mRad) compared to a lead glove (248.4 mRad) and a conventional glove (391.9 mRad; p < 0.001). An unexpected finding was a significant reduction in the cadaver patient’s radiation dose when the novel needle holder was used, compared to the use of a lead glove and a conventional glove (703 vs 842.90 and 816.65 mRad, respectively; p = 0.024).

Conclusions This study showed that using a needle holder during PCNL reduced radiation exposure to the surgeon’s hand compared to the use of a lead glove and a conventional glove. In addition, by removing dense objects from the radiation field, the dose to the patient was significantly less when a needle holder was used. These findings demonstrate that keeping the surgeon’s hand out of the beam will reduce radiation exposure, not only to the surgeon, but also to the patient, and may thereby decrease the risks of radiation exposure, including cancer.

#149 RISK FACTORS FOR URINARY TRACT INFECTIONS IN CHILDREN WITH PRENATAL HYDRONEPHROSIS

A Fisher*, C McKinney, C Ritchie, J Chamberlin. Loma Linda University School of Medicine, Loma Linda, CA; Loma Linda University Medical Center, Loma Linda, CA

Purpose of Study Prenatal hydronephrosis is common in pregnancy and is detected in up to 5% of pregnancies. Children with PNH are at risk of developing a UTI in childhood. The aim of this study was to determine the incidence and risk factors for urinary tract infections (UTIs) in children diagnosed with prenatal hydronephrosis.

Methods Used We performed a retrospective review of children who presented to a tertiary children’s hospital with confirmed prenatal hydronephrosis between 2012–2021. Longitudinal data was collected in demographics, imaging studies, sex, grade of hydronephrosis, presence or absence of vesicoureteral reflux, and presence or absence of dilated ureter. The primary outcome was the development of a clinically diagnosed UTI treated with antibiotics. Statistical analysis was completed using a Chi-square test, where a p < 0.05 is significant.

Summary of Results 259 children with prenatal hydronephrosis were included in the study. Of these, 51 developed UTIs. 175 of the patients underwent a voiding cystourethrogram (VCUG) to determine if vesicoureteral reflux was present. Of these, 38 patients had vesicoureteral reflux. 39.5% of these patients with reflux developed UTIs. 17.3% of patients who did not have reflux 17.3% of patients developed UTIs. (p = 0.004). Ureteral dilation was also examined. 79 patients had ureteral dilation diagnosed on ultrasound. 29.9% of these patients developed UTIs, vs 15.7% of patients without ureteral dilation developed UTIs (p = 0.011).

Conclusions In children with prenatal hydronephrosis, a dilated ureter and vesicoureteral reflux increase the risk of UTI.

#150 COMPARISON OF SMARTPHONE TO WEARABLE SENSORS FOR ASSESSMENT OF GAIT IN AN ORTHOPAEDIC CLINIC

D Ahmadian*, G Coyle, M Dohm. The University of Arizona College of Medicine Tucson, Tucson, AZ; The University of Arizona, Tucson, AZ

Purpose of Study Recently, a host of smartphone-based applications have been developed that advertise the ability to effectively measure gait kinematics compared to traditional methods. These applications, if proven to have clinical utility, would provide a more accessible and affordable alternative for measuring gait on a long-term, continual basis. Thus, the aim of this study is to compare the utility of a smartphone-based gait analysis platform to that of an inertial motion capture (IMC) wearable sensor in a clinical setting.

Methods Used Gait data was collected from 7 patients presenting to the Orthopaedic clinic over a 1-month period. During each appointment, the patient performed a Self-Paced Walking Test (SPWT) with 5 LEGSys wearable sensors attached to their thighs, shanks, and waist. After this test, the most recent

Abstract #150 Table 1

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</tr>
<tr>
<td>LEGSys Walking Speed (m/s)</td>
<td>0.963</td>
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values for the patient’s Step Length and Walking Speed were obtained from the Health application found in their iPhone and recorded in RedCap, a secure web application for managing online databases. A paired t-test was performed to compare the means of the values of Stride Length (m) and Walking Speed (m/s) recorded from the patient’s iPhone compared to that of the LEGSys sensors. This quality study was granted an IRB exemption, and patient data was de-identified before analysis.

Summary of Results Overall, the means for the iPhone and LEGSyss Stride Length were 1.13 (m) and 1.17 (m), respectively, with a p-value of 0.6. The means for the iPhone and LEGSyss Walking Speed were 0.906 (m/s) and 0.963 (m/s), respectively, with a p-value of 0.3. (Table 1).

Conclusions In this study of 7 participants, it was shown that there is not a notable difference between the mean measurements of Stride Length (m) and Walking Speed (m/s) as measured by iPhone and LEGSys wearable sensors, thus providing evidence that smartphone sensors may be useful in measuring these gait parameters. Smartphone-based gait sensors have the potential to serve as a useful clinical alternative to traditional wearable sensors in measuring gait. They are cost-effective and easily accessible in a clinical setting, saving time for the clinician during a patient encounter. Future research should focus on collecting data on more patients comparing these two technologies to increase the sample size and power of the study.

Poster session
Adolescent medicine and general pediatrics
6:00 PM
Thursday, January 20, 2022

#151 ABSTRACT WITHDRAWN

#152 IMPLEMENTING TELEHEALTH INTO PEDIATRIC TRAUMA CONSULTATIONS
S Garrison*, IP Marcin, J Galante, JL Rosenthal, TR Rinderknecht, KG Grether-Jones, MY Hamline, MJ Zwienerberg, B Haus, KM Matthews, KR Rominger, AS Sanders, R Dixon, N Kuppermann, UC Davis Health, Sacramento, CA; UC Davis Children’s Hospital, Sacramento, CA; University of California Davis Health System Department of Orthopaedic Surgery, Sacramento, CA
10.1136/jim-2022-WRMC.149

Purpose of Study We are evaluating the implementation of telehealth and image sharing services to connect pediatric trauma specialists to rural and community hospital emergency departments to create a Virtual Pediatric Trauma Center (VPTC). The goal of the study is to compare the current standard of care to the VPTC model of care with regards to the parent/family experience of care, distress, healthcare utilization, and out-of-pocket cost burden.

Methods Used We are comparing the current standard of care to the VPTC model of care with regards to: 1) the parent/family experience of care and distress at 3, 30, 60 and 90 days following a childhood injury; 2) the 30-day healthcare utilization following the injury event; and 3) the out-of-pocket costs and financial burdens experienced by parents/families 3-days and 30-days following the injury. We’ve implemented a stepped wedge trial among a stratified selection of 10 hospital EDs in Northern California, with a goal of enrolling 380 patients by November 2022. We’ve deployed pole mounted videoconferencing units with high-definition monitors, omnidirectional microphones, and remote-controlled pan-tilt-zoom cameras. Pediatric trauma providers were provided access to workstations as well as video capable mobile devices.

Summary of Results To date, 122 pediatric trauma patients have been enrolled. Protocol adherence for videoconferencing has occurred in 18 of 43 eligible patients; adherence for image sharing has occurred in 16 of 38 eligible patients. Collection rates of surveys of parent/family experience of care, distress, and financial burden surveys has been 65%. The ability of the specialty providers to connect using telemedicine has been limited by other clinical responsibilities, and protocol relies heavily on the NPs to administer telehealth communications and recommendations. Changes in implementation strategies and the workflow were made to increase the reliability and fidelity of the intervention, which will be shared in the presentation.

Conclusions Implementing telehealth into acute pediatric trauma care is challenging. Challenges include incorporating videoconferencing by busy providers and implementing project-specific platforms at partner sites. However, with this commitment, acutely injured children can receive regionalized pediatric trauma expertise at the bedside in a receiving hospital ED. Current findings illustrate the need for qualitative data to improve the family experience.

Poster Session
Behavior and Development
6:00 PM
Thursday, January 20, 2022

#153 A SURVEY OF STUDENT ATTITUDES ABOUT ONLINE LEARNING VIA THE ZOOM PLATFORM
C Bauer*, A Craft. Western University of Health Sciences, Pomona, CA
10.1136/jim-2022-WRMC.150

Purpose of Study Despite decreasing attendance at live in-person lectures, this teaching method has remained a mainstay in medical education. Prior surveys of medical students have found that M1 students attend live lectures more than M2 students, while both years utilize the lecture recordings to supplement their education. With the COVID-19 pandemic, more lecture content has moved online, with some delivered synchronously and some recorded for asynchronous review.

A study of dental students’ perception found that 44% of students felt learning ‘somewhat worsened’ and 26% thought learning ‘significantly worsened’ with the move to online platforms during COVID-19. The same study found that students preferred synchronous learning experiences despite often choosing not to attend live lectures prior to the pandemic. This study seeks to evaluate similar issues in osteopathic medical students to determine a preferred mode of
online learning, perception of their learning, and signs of burnout.

Methods Used An anonymous survey was created and distributed via email to the students in the Classes of 2022, 2023, and 2024 at the College of Osteopathic Medicine of the Pacific. The survey consisted of 8 questions, three were yes or no responses, two were categorical responses, and three questions were based on a 10-point Likert scale. A goal of a 20% return of surveys was pre-established.

Summary of Results Of the 995 students who received the survey, 292 (29.3%) completed the anonymous online survey. 54.1% of respondents were in the Class of 2024, 34.2% were in the Class of 2023, and 11.6% were in the Class of 2022. On a 10-point scale, with 1 being highly dissatisfied, 55 (18.8%) students selected a score between 1 and 4 when evaluating satisfaction with a synchronous lecture via Zoom video conference technology compared to a live-in person lecture. 231 (79.1%) students found the video conference lecture as or more helpful than an in-person lecture. 165 (56.5%) respondents noted they were MORE likely to ask a question via the video conference lecture platform, compared to an in-person lecture.

When asked how likely they were to attend live in person lectures in the future, the responses demonstrated that students were evenly distributed, with 41 students (14.1%) responding absolutely not and 45 students (15.4%) responding definitely. Overall, 171 (58.6%) students stated that synchronous video conference-based lectures could fully replace live in person lectures.

Conclusions Overall, students at this single medical school appear to have no significant preference for synchronous video conference-based lectures compared to live in-person lecture. Some students even suggested a greater willingness to participate and ask questions, whether verbally or via the chat function, during video, conference-based lectures. This preliminary data may allow for further investigation into how technology may impact the pedagogy for future generations of medical students.
prevalence rates. Results showed that while the transition to an online-based curriculum was met with mixed feelings, most students found ways to effectively adapt their study habits amidst the pandemic. Notably, students reported feeling concerned that the transition in the curriculum will negatively impact their preparedness for clinical rotations. Overall, COVID-19 was found to have a negative impact on students’ mental health according to nearly all measures. However, the majority of students also reported finding new ways to cope with their stress and anxiety levels and nearly all students reported a willingness to assist with the pandemic.

Conclusions This study demonstrates the significant detrimental effects of the pandemic on medical student mental health, which could impact the quality of care these future physicians provide. Thus, it is imperative to establish effective interventions to mitigate the negative repercussions of the pandemic.

* This work was presented in part at Rocky Vista University Appreciation Day (virtual) on October 15, 2021.

### Abstracts

**#156 SURVEYS OF THE PERCEPTIONS OF FACULTY ABOUT STRESS AND RESILIENCE**

E Salimi*, S Dulan, AL Nelson, M Hudson. Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA

10.1136/jim-2022-WRMC.153

**Purpose of Study** To find out what the faculty’s perceptions are about resilience and its relationship to academic success in osteopathic medical school. Can resilience be acquired or is it an innate trait? If it can be acquired, then can it be formally taught? Who is responsible for this formal training and when could it be provided? Should resilience be a part of the DO curriculum?

**Methods** Used This is an IRB-approved survey for all COMP faculty who interact within students in the pre-clinical years. The questionnaire was beta tested by 10 outside physicians and researchers. It consisted of 13 multiple choice questions and 2 open-ended questions. Of the 13 questions used Likert scales. Letters of invitation that outlined the study purpose and its voluntary and anonymous nature were sent with the link to the survey, conducted via Qualtrics. Faculty were asked not to participate if they were pregnant or if they anticipated that the topic might cause them discomfort. We also sent out a reminder ~3 weeks after the initial letter that thanked those who had already responded and ask them not to do so again. At the same time, select faculty were approached to see if they would be willing to encourage their colleagues to participate in the study. We calculated the response rate and percentage distribution of the answers.

**Summary of Results** The response rate is 21%. 55% of the respondents were clinical faculty, 30% basic science faculty, 5% both. 60% thought that resilience is more learned than intrinsic. 34% believed that resilience can be learned through life experiences and another 34% believed that it can be learned through informal teaching in the context of individual challenge. 35% believed that there should be a more formal screening for resilience in applicants during the admissions process while 30% disagreed. 100% believed that resilience is either very important or extremely important to a medical student’s success. 75% believed that financial burdens are either very important or extremely important to students’ stress levels to their growth as a physician. 90% believed that resilience improves student’s academic performance by a lot or a great deal. All respondents reported that they work with students in some way to increase their resilience. 65% believe that formal resilience training should be a part of the DO curriculum for students and 85% believe that faculty would benefit from formal training about how to teach resilience.

**Conclusions** Although osteopathic medicine places importance on holistic approaches to health, there are no requirements in the COCA curriculum to explicitly provide resilience training. The majority of the faculty thought that resilience is more learned than intrinsic. Therefore, it could be worthwhile to explore the possibilities of providing resilience training for both students and faculty.

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**Poster session**

**Cardiology**

6:00 PM

**#157 NOVEL CHOLESTEROL LOWERING AGENTS IN SETTING OF STATIN INTOLERANCE**

1S Noh*, 1K Mai, 1M Shaver, 1S Yong, 1M Mostaghimi, 2G Oh, 1MM Radwan. 1Western University of Health Sciences, Pomona, CA; 2University of the Pacific Thomas J Long School of Pharmacy, Stockton, CA

10.1136/jim-2022-WRMC.154

**Purpose of Study** Statins are the gold standard lipid-lowering therapy for atherosclerotic diseases. However, there is increasing evidence in support of combination therapies providing greater benefits to certain patient populations, particularly those intolerant to statins. Here, we discuss the efficacy, safety, and practical use of novel alternative and adjuvant agents that target low-density lipoprotein cholesterol (LDL-C) or lipoprotein(a) (Lp(a)).

**Methods** Used A literature review was conducted on PubMed and Google Scholar based on research and clinical trials of cholesterol modulators primarily within the past decade.

**Summary of Results** PCSK9 antibodies have been effective as adjuvant therapies in further reducing LDL-C levels and coronary atherosclerosis progression when added to statins. Importantly, the FOURIER and ODYSSEY OUTCOMES trials demonstrated that the addition of evolocumab and alirocumab remarkably reduced the risk of major cardiovascular events, respectively. Yet, expensive cost and administrative burden are impediments to practical use. PCSK9 siRNA inclisiran is an appealing alternative because of the marked reduction of LDL-C without significant adverse events as well as its lower cost and administrative burden. Bempedoic Acid (BemA) is another promising LDL-C lowering agent highlighted for its efficacy as both monotherapy and add-on to statins. BemA exhibits a favorable tolerability profile due to its exclusive activation in the liver, suggesting its potential as an alternative to statin-related myopathies. Future studies on its impact on cardiovascular outcomes may provide a greater appreciation of where BemA stands among LDL-C therapies. Antisense oligonucleotide therapies IONIS-APO(a)rx, IONIS-APO(a)Lrx, and AKCEA-APO(a)-Lrx have emerged as encouraging alternatives due to their efficacy and safety as Lp(a)-lowering agents.
Continued investigation as phase 3 trials may establish the potential of Lp(a) therapies as treatments for atherosclerotic disease. 

**Conclusions** Further investigation for all these novel approaches is needed to better appreciate the long-term efficacy, safety, and effects on cardiovascular outcomes. Overall, these cholesterol targeting therapies provide a promising outlook as alternatives for atherosclerotic patients for whom statins have been ineffective or intolerable.

**Poster session**

**Diversity, equity, inclusion research**

**6:00 PM**

**Thursday, January 20, 2022**

**#158 IMPACT OF IMPLEMENTATION OF SMART GOALS FOR RADIOLOGY TRAINEE RESEARCH AND MENTORSHIP**

**1T Bu**, 1C Fateri, 1D Kwan, 1J Glasw-Bloom, 1A Ushinsky, 1M Helmy, 1D Florioli, 1R Housey. 1University of California Irvine, Orange, CA; 2Washington University in St Louis School of Medicine Mallinckrodt Institute of Radiology, Saint Louis, MO

10.1136/jim-2022-WRMC.155

**Purpose of Study** Active research programs are particularly crucial to the field of radiology because the development of imaging technologies and subsequent translation of them into clinical practice drives the field forward. The SMART (Specific, Measurable, Attainable, Realistic, Time-bound) Goals framework is a validated goal-setting tool that has been successfully applied to medical education. In this prospective cohort study, we evaluated the implementation of the SMART Goals framework in radiology research. We hypothesized that engaging research trainees in formalized goal-setting would result in higher engagement in research and greater productivity.

**Methods Used** After Institutional Review Board approval, medical students and radiology residents from a radiology research lab at a major academic center between the academic year of August 1, 2020 to July 31, 2021 were invited to participate. Inclusion criteria were those who filled out a SMART Goals form and participated in a formal review meeting. The comparison group was comprised of lab members from previous academic years (August 1, 2016 to July 31, 2020). Productivity was assessed by the number of publications, abstracts, and grants. For purposes of streamlining the data, the acceptance year was defined as the same as the submission year to best match the timeframe during which most of the work was completed. Additionally, participants’ beliefs about their knowledge and abilities were assessed using five-point Likert scale pre- and post-surveys. Descriptive statistics and two-tailed t-tests were calculated. Statistical significance was considered to be p < 0.05.

**Summary of Results** There were 19 individuals in the post-SMART group and 28 individuals in the pre-SMART group. The mean number of publications was 0.79 and 1.54 per individual in the pre-SMART and post-SMART groups, respectively (p = 0.01). The mean number of abstracts was 1.04 and 2.37 per individual in the pre-SMART and post-SMART groups, respectively (p = 0.02). The mean number of successful grants was 0.05 and 0.347 per individual in the pre-SMART and post-SMART groups, respectively (p = 0.01). Based on survey results, participants’ knowledge and comfort with research goals increased 1.54 points (p < 0.01); with manuscript writing increased 1.21 (p < 0.01); and with abstract submission increased 0.60 points (p = 0.01).

**Conclusions** Dedicated learning goal creation through the SMART Goals framework has the potential to significantly increase the number of radiology trainees producing high-quality research, improve medical student and resident knowledge in research, and increase trainees’ confidence in their research skills.
Abstracts

#160 JOURNAL CLUB IMPLEMENTATION AS AN EDUCATIONAL TOOL FOR MEDICAL TRAINEE RESEARCH AND MENTORSHIP IN RADIOLOGY, A PILOT STUDY
D Kwan*, T Bui, C Fateri, J Glavis-Bloom, R Houshyar. University of California Irvine, Orange, CA

10.1136/jim-2022-WRMC.157

Purpose of Study Interpreting medical literature is an essential skill set for physicians to acquire as physicians must be able to determine the validity of research that may influence their practice. A baseline competency in the basic components of research (i.e., identifying bias, data interpretation, etc.) is imperative for effective clinical practice and clinical research. The purpose of this study is to assess the impact of a journal club on trainee’s confidence and knowledge base in fundamental components of research literature.

Methods Used After Institutional Review Board approval, members of the Computational Abdominal Radiology research lab, predominantly medical students and radiology residents, at a major academic center were invited to participate in this study. Journal club sessions were conducted from April to September 2021. Articles from leading peer-reviewed radiology journals were selected to highlight a specific component of research. Pre and post journal club session surveys were distributed among lab members via Microsoft Forms using Likert scales to assess trainee confidence and multiple-choice questions to assess knowledge base. Survey results were compared using a paired two-tail t-test with statistical significance set as p < 0.05.

Summary of Results On average, participants displayed an increase in confidence in topic knowledge (pre-test mean = 4.29 ± 0.31 versus post-test mean = 5.91 ± 0.33, p = 0.004). However, the difference in percent correct answers between the pre-test (mean = 0.77 ± 0.25) and post-test (mean = 0.85 ± 0.13) indicated that there was not a significant increase in correct answers after the journal club sessions (p = 0.42).

Conclusions The results of this pilot study indicate that a journal club can be effective in increasing participants’ confidence in the basic fundamentals of research, although its limited application has not yet been shown to increase aptitude. Additional journal club sessions, repeated exposure to key topics, and longer follow up beyond this pilot study are needed to better assess the efficacy of the impact of journal clubs in the setting of research and clinical mentorship in radiology.

#161 INDOOR WALKING TRACK AS OPPORTUNITY FOR OLDER ADULTS TO EXERCISE DURING WINTER IN VALDEZ, ALASKA
M Weyhrach*. University of Washington School of Medicine, Seattle, WA

10.1136/jim-2022-WRMC.158

Purpose of Study The two most recent community health need assessments performed in Valdez, Alaska identified ‘lack of physical activity/overweight’ as a top health need. 66% of Valdez adult residents are reportedly overweight or obese and about 10% report they do not engage in any form of physical activity. Rural residents are generally less physically active than their urban counterparts and disproportionately affected by chronic diseases associated with insufficient activity. Getting the amount of recommended exercise in rural areas is a challenge where lack of infrastructure, weather dependency, and safety are common barriers.

Methods Used Information was gathered in the context of a clinical immersion in Valdez, Alaska. Patient and provider interviews were conducted at the Valdez Medical Clinic to discover community health concerns and local organizations that are working to counter concerns. An interview at the Department of Parks, Recreation, and Cultural Services (DPRCS) for the City of Valdez detailed available programs, resources, and future proposals. A literature review was then conducted to examine interventions that could build on Valdez’s existing assets.

Summary of Results A literature review identifies that increasing steps per day is an easy way to start and maintain a healthy lifestyle, however this is a challenge during the extended winter months. Step count drops precipitously as snow level increases, daylight decreases, and temperatures drop. Fear of falling is a major environmental barrier for older adults in rural areas. DPRCS has an ongoing feasibility study for a new recreation facility that could include an indoor track if community members show interest. This research highlighted the potential benefits of an indoor walking track has been sent to a manager at the DPRCS. This could potentially be used to advance the current feasibility study.

Conclusions An indoor track, as part of a new recreation facility, could provide a safe, affordable, and accessible place for older adults to exercise year-round. Annual property taxes paid to Valdez by the Trans-Alaska Pipeline could provide an avenue to pay for the infrastructure. This indoor track could combat the tough environmental conditions that make exercise particularly challenging during the Valdez winter.

Poster session

Genetics

6:00 PM

Thursday, January 20, 2022

#162 VARIABLE EXPRESSIVITY IN NTRK1-CONGENITAL INSENSITIVITY TO PAIN WITH ANHYDROPSIS (CIPA)
AD Niehaus*, CG Tise, M Manning, D Stevenson. Stanford University, Stanford, CA

10.1136/jim-2022-WRMC.159

Purpose of Study Congenital insensitivity to pain with anhidrosis (CIPA) is a rare disorder caused by biallelic loss-of-function (LOF) pathogenic variants in NTRK1. NTRK1 encodes TrkA, a receptor tyrosine kinase for nerve growth factor essential for survival of autonomic sympathetic postganglionic neurons. The disorder is characterized by decreased pain perception and inability to perspire effectively, as well as varying degrees of intellectual disability for which the underlying mechanism is not well understood. Insensitivity to pain often leads to repeated injuries, oral self-mutilation, skin infections, and fractures; anhidrosis predisposes individuals to hyperthermia and seizures. Here we describe two individuals with CIPA secondary to different homozygous LOF pathogenetic variants in NTRK1 and provide further evidence of the extreme phenotypic variability of the disorder.
Methods Used Chart review, physical examination, and literature review.

Summary of Results The first individual was a male evaluated at 20-months of age with severe global developmental delay, diffuse hypotonia, and extreme self-mutilation habits including tongue-biting requiring tooth extraction and finger-biting requiring restraints/bandages. He was found to be homozygous for a novel intragenic deletion including exons 4 and 5. The second individual was a typically-developing girl evaluated at 5 years of age with a history of irritability as an infant secondary to anhidrosis, successfully recognized and since treated by her parents with cold, wet towels. She had no history of autonomic or temperature crises, severe self-mutilation, fractures, nor prior hospitalizations, but was found to be homozygous for the founder variant NTRK1 (c.851–33T>A) after parents were identified as carriers by preconception carrier testing prior to their second child.

Conclusions While the individuals described here were found to have different variants in NTRK1, the profound differences in their outcomes highlights the phenotypic variability of this disorder. These cases support a previously published hypothesis that individuals homozygous for the founder variant (c.851–33C>T) may present with a milder phenotype, despite this variant having a deleterious effect on protein structure (Wang et al., 2018). Lack of a clear genotype-phenotype correlation in the literature indicates genetic or environmental modifiers may be at play. Lastly, the value of early diagnosis should be further explored, especially if there is evidence suggesting earlier intervention improves outcomes.

Purpose of Study To report on P3H2 variants causing non-syndromic high degenerative myopia guiding precision medical care.

Methods Used Chart review, Next-generation sequencing (NGS) panel, and exome trio genetic testing.

Summary of Results A 3-year-old male with bilateral degenerative high myopia (~12.75 diopter spherical (DS)) and refractive amblyopia diagnosed at 2 years of age, was referred to genomic medicine. He was born full-term with an unremarkable prenatal and birth history. His developmental milestones were normal other than mild articulation difficulty. Family history was significant for myopia of -3.00 DS. Physical exam was normal other than midfacial hypoplasia and depressed nasal bridge. Testing in the connective tissue panel, including Stickler syndrome genes and FBN1 for Marfan’s syndrome, was negative. Several rare non-syndromic myopia genes have been reported; however, given the lack of NGS panel, an NGS panel, and exome trio was ordered. This identified two pathogenic variants in the P3H2 gene, c.1372 C>T, p.Q458* and c.1328del, p.G443Vfs* in trans, confirmed by parental testing. P3H2, also called LEPREL1, encodes the Prolyl 3-hydroxylase-2 enzyme, which performs the 3-hydroxylation of proline residues in collagens. Tissues from the eye, including the sclera, cornea (type 1), and lens capsule (type 4), are composed of collagen. The abnormal collagen molecule processing may cause weakened collagen in eye tissues. Mutations in the P3H2 gene have been associated with non-syndromic early-onset severe myopia with cataracts, lens instability, vitreoretinal degeneration, and risk of retinal detachment mostly in consanguineous families as homozygous variants. There are no reported skeletal issues or syndromic features. The variants in our proband have not been published in the past, but they have been reported once in ClinVar with different variants considered pathogenic.

Conclusions The degenerative high myopia in our proband is due to pathogenic heterozygous variants in the P3H2 gene, consistent with non-syndromic severe myopia and refractive amblyopia. This molecular diagnosis guides management of potential ocular risks and prevents unnecessary systemic evaluation, such as echocardiograms. It will influence the patient’s future lifestyle choices, such as avoiding contact sports and choosing suitable careers. It also eased parental anxiety and offered more accurate inheritance and recurrence risk counseling for patients and extended family.

Purpose of Study There are over 200 genes associated with non-syndromic and syndromic hearing loss (HL). Knowing the underlying genetic etiology helps to determine prognosis including whether it is expected to be stable vs progressive, isolated, or associated with other organ systems requiring surveillance (e.g. eyes, heart, kidneys), and when planning for cochlear implant. It guides medical management such as early access to developmental services, inform recurrence risks for the family, eligibility for future gene therapy, and avoidance of invasive imaging (e.g. CT scan) and aminoacylase. Early genetic diagnosis is critical. Due to long wait times to see a clinical geneticist, we developed a genetic counseling (GC) clinic where patients with non-syndromic HL receive genetic counseling and testing by a certified genetic counselor. The purpose of the study was to compare wait times for a consult with a GC vs clinical geneticist and determine the diagnostic yield on genetic testing for apparently non-syndromic HL. The intent was to track productivity, measure the effort allocated for this clinic, and plan adjustments and future needs.

Methods Used We conducted a retrospective chart review of patients with apparently non-syndromic HL seen in the Genetics Division at UCLA between Jan 2020–Sept 2021 (ages 2 mos-58 yrs). We separated patients into two groups: (1) seen by a clinical geneticist with a genetic counselor (MD+GC) or (2) seen only by a genetic counselor (GC-only). We compared time from referral to initial visit to return of results. Panel-based genetic testing of 150–224 genes was done in a clinical setting.

Summary of Results There were 25 patients seen by MD+GC and 17 patients seen by GC-only. The average time from referral to initial visit was 80 days for MD+GC (n=22) and 16 days for GC-only (n=17). The average time for testing was 48 days in the MD+GC group (n=25) and 79 days in the GC-only group (n=6), which varied between labs. The average time from referral to return of results was 207 days
for MD+GC (n=21) and 126 days for GC-only (n=6). The diagnostic yield on genetic testing was 53%, and up to 69% when filtered for prelingual bilateral sensorineural hearing loss. In total, 17 were positive, 5 had variants of uncertain significance, and 10 were negative (n=32). Four patients with postlingual onset HL had pathogenic variants in GJB2, MYO7A, SLC26A4, CEACAM16. Two patients with unilateral prelingual onset HL had pathogenic variants in MITF and MT-10.

Conclusions A genetic counseling (GC) clinic for non-syndromic HL was effective as measured by improved turnaround time for results, patient satisfaction, feedback from referring providers, and reimbursement by insurance. GC clinics allow genetic counselors to practice at the top of their scope and improve patient care.

### #165 UNCOMMON NEUROIMAGING FINDINGS IN INBORN ERRORS OF METABOLISM

1JA Morales*, 2EP Velez-Bartolomei, 1M Ruzhnikov, 1GM Enns, 1Stanford University, Stanford, CA; 2San Jorge Children and Women’s Hospital, San Juan

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**Purpose of Study** Inborn errors of metabolism (IEM) are often associated with neurodevelopmental/neurological features such as intellectual disability, autism, epilepsy, hearing loss, hypotonia and movement disorders.

Underlying structural brain abnormalities, like disorders of neuronal migration and/or primarily symmetric signal abnormalities of basal ganglia or white matter, are also common features for certain IEMs.

In this study, we describe two individuals with distinct IEMs: Glutaric acidemia type 1 (GA1) and Congenital disorder of glycosylation type IIa (CDGIIa), who presented with intracranial abnormalities not previously or rarely described.

**Methods Used** Literature & retrospective chart review, clinical evaluations.

**Summary of Results** 1. An 18-year-old male previously diagnosed with GA1, presented with a first-time generalized tonic-clonic seizure. Comorbidities include spastic quadriparetic cerebral palsy and lack of verbal speech, likely secondary to past metabolic crises.

Brain MRI showed diffuse cerebral white matter, basal ganglia and brainstem abnormal diffusion. Multiple subependymal nodules along the ventricular margins were also detected.

A comprehensive brain malformations gene panel was not clinically relevant.

2. A 21-year-old male with an underlying diagnosis of CDGIIa, presented with an episode of left face and arm numbness, and left facial droop at age 15 years. His comorbidities include complex partial epilepsy, hypogammaglobulinemia, beta-thalassemia intermedia, tethered cord, kyphosis, cleft lip, and portal hypertension. Brain MRI demonstrated severe narrowing of the supraclinoid internal carotid arteries concerning for Moyamoya disease. This was confirmed through cerebral angiogram, and corrected by bilateral cerebral artery bypass grafts.

**Conclusions** These specific brain imaging findings have rarely been reported in IEMs. Subependymal nodules have been found in four other patients affected by GA1, three of whom were adults. Moyamoya disease is thought to arise from either tunic intima proliferation or abnormal angiogenesis and can be associated with genetic disorders such as Down syndrome or RNF213. While the number of known patients with CDGIIa is small, none have been identified with Moyamoya disease and we are unaware of other CDG subtypes associated with this.

Given the low incidence of these rare conditions, it is not possible to determine a pathophysiologic link or direct correlation. However, in the absence of a secondary condition that could explain these findings, it is worth considering them as part of the broad phenotypic spectrum for these particular IEMs. Neuroimaging should be part of the diagnostic work-up upon presence of suggestive neurologic symptoms.

### #166 PEDIATRICS RESIDENTS AND FUNDAMENTALS OF GENETIC TESTING: SELF-PERCEIVED KNOWLEDGE AND CONFIDENCE

R Gates*, L Hudgins, LC Huffman. Stanford University, Stanford, CA

10.1136/jim-2022-WRMC.163

**Purpose of Study** Genetic testing is becoming ubiquitous in the field of medicine and is often ordered or requested by primary care providers, non-genetics subspecialists, and patients themselves. Previous studies have demonstrated that primary care providers are often not comfortable ordering genetic testing and counseling families about genetic testing results.

There have been initiatives to teach these concepts to practicing physicians via continuing medical education, however, there is no standardized training to teach resident physicians about genetic testing.

**Methods Used** This was an IRB-exempt study. In September-October 2020, we recruited all active Stanford pediatrics residents via email (n=102). Participant residents completed an investigator-developed Qualtrics electronic survey that addressed self-perceived current level of knowledge about fundamentals of genetic testing, as well as confidence discussing these fundamental issues with families. The survey included 19 items, with Likert scale and open-text response formats. Likert scale responses (Not at All/Slightly and Moderately/Very/Extremely) were combined into two response categories (Insufficiently and Adequately). Chi-Square test of independence was performed using IBM SPSS Statistics software.

**Summary of Results** Response rate was 46/102 (45%); all training levels were represented (PGY1 33%, PGY2 24%, PGY3+ 42%). Proportions of respondents who were ‘Adequately’ knowledgeable about fundamentals of genetic testing ranged from 20% to 72%. Smaller proportions of respondents were ‘Adequately’ confident discussing these concepts with families, ranging from 7% to 65%. Self-reported knowledge and confidence were highest across items for the PGY1 group, with statistically significant differences in proportions of PGY1, PGY2, and PGY3+ describing themselves as ‘Adequately’ knowledgeable of basic concepts (93%, 73%, and 53%, respectively; p=0.034) and in proportions describing themselves as ‘Adequately’ confident during discussions of genetic testing limitations (64%, 9%, and 27%, respectively; p=0.045). The majority (89%) of pediatrics residents agreed that a curriculum teaching basics of genetic testing would be helpful to them. Desired curricular topics included:
Purpose of Study Neonatal COVID-19 encephalitis is a disease that has been rarely reported during the COVID-19 pandemic. Given the rarity of the disease the signs associated with neonatal COVID-19 encephalitis may easily be confused with other encephalopathies. Here we describe a case of neonatal COVID-19 encephalitis that prompted genome sequencing due to findings on a brain MRI. Genome sequencing discovered a pathogenic variant in \textit{PTEN}, which is likely unrelated to the COVID-19 encephalitis but has serious lifelong health implications.

Methods Used Chart review.

Summary of Results The patient was a 3 week-old female who was admitted to the PICU for seizures and upper respiratory tract infection signs in the setting of COVID-19 positive contacts at home. An MRI of the head demonstrated patchy white matter degeneration interpreted by radiology as consistent with viral encephalitis or a metabolic disorder. The genetics service was then consulted and determined that the patient likely had COVID-19 encephalitis. However, out of an abundance of caution rapid trio genome sequencing was sent. The genome demonstrated a de novo pathogenic missense variant in \textit{PTEN} (chr10–89720679 C>T). This variant is well known to be pathogenic of \textit{PTEN} hamartoma tumor syndrome (PHTS). This variant was determined to be unlikely relevant to her inpatient care and the baby discharged home on Keppra five days later.

Conclusions Rapid genetic testing is a powerful tool for clinical decision support, though incidental findings may complicate genetic counseling and clinical care. There is no evidence supporting pathogenic variants in \textit{PTEN} increasing the susceptibility to COVID-19 encephalitis. Neonatal onset PHTS would also be unusual and macrocephaly would be expected and the patient was actually microcephalic. The parents opted not to learn about incidental findings, which further complicated the disclosure of results as the \textit{PTEN} variant was reported by the lab despite the fact that it was an incidental finding unrelated to the patient’s current illness. However, the parents were thankful to learn about the \textit{PTEN} variant given the risks for neurodevelopmental delay and neoplasms associated with PHTS. PHTS is associated with a variety of neoplasms, most of which are adult onset. However, follicular or papillary thyroid cancer can occur as young as seven years of age in PHTS. Thus the patient will follow up with genetics for evaluation of neurodevelopment and thyroid cancer screening.
being 38 with an average score of 31.4. This average score correlates with people having COVID conscious behaviors and agreeing or strongly agreeing with most of the OHA statements.

**Conclusions** In conclusion, these data points align with our hypothesis because they illustrate an agreement with OHA policies and a behavior that acts in accordance with that policy. Further research should include a larger sample size to better represent the population of Oregon, as well as measures to prevent survey hacking. Results could also be collected at multiple time points as the status of the pandemic is constantly in flux. When applied on a larger scale, this data could help public health officials gauge the trust of the populations they serve and lead to better health outcomes.

**#169 DOES INSURANCE STATUS INFLUENCE MATERNAL MORTALITY: A SCOPING REVIEW**

1J Hannan*, 1,2A Bertotti Metoyer. 1University of Washington, Seattle, WA; 2Gonzaga University, Spokane, WA

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Purpose of Study Maternal mortality in the US is the highest of all developed countries. Change in health insurance policy, such as extension of postpartum Medicaid, is frequently proposed as a possible solution to reduce maternal deaths. The goal of this review is to identify and summarize literature describing association of health insurance status on maternal mortality.

**Methods Used** We performed a scoping search of the databases PubMed, Web of Science Core Collection, Embase, and CINAHL using keywords related to maternal mortality and health insurance. Inclusion criteria required studies to be within the US and use empirical data from 1990 to present. Studies were excluded if they did not compare more than one insurance type or did not examine mortality separately from morbidity. Any numerical data related to mortality was extracted. Search results and articles were screened by two researchers.

**Summary of Results** Our database search yielded 894 results, of which 38 proceeded to full text screening and 17 were included in this review. Our study found that literature directly examining the association of insurance on maternal mortality is not very prevalent. Among the literature that is available, study design is varied. Units of analysis are either state aggregate data or individual mortality data. Additionally, some studies focus only on in-hospital mortality, while others include postpartum deaths within six weeks to one year of delivery. Three included studies examine state level policy, and within aggregated data, generally show increased insurance coverage rates are correlated with lower maternal mortality rates. The remaining 14 included studies use individual mortality data. Only two specifically examine insurance type as a causal factor. The other 12 examine insurance as one of many factors related to mortality and within a subsection of larger analyses, such as investigations of specific causes of maternal deaths or regional mortality case reviews. Two case control studies show a non-statistically significant effect of insurance, and one showed a higher proportion of private insurance among women who died. The remaining nine individual data studies show varying degrees of mostly beneficial correlation between being insured and reduced maternal mortality, with private insurance being more protective than Medicaid when examined. Effect size varies significantly by racial group both in state and individual data.

**Conclusions** Despite significant commentary on the topic, literature examining the effect of health insurance status on maternal mortality is scant. However, state-level research suggests that health insurance access may reduce probability of maternal mortality. This trend requires further examination at the individual level to determine mechanism and degree of effect. Understanding this effect would aid development of future health insurance policy accordingly.

**#170 INTERVENTIONS TO ADDRESS HEALTH DISPARITIES IN COLORECTAL CANCER SCREENING AMONG THE MINORITY POPULATIONS IN THE UNITED STATES**

1S Hosseinian*, 1S Afzal, 1E Bolt, 1J Gu, 1D Lee, 1P Pragath, 1S Sacchetto, 1B Afghani.

1UC Irvine school of medicine, Orange, CA; 1Children’s Hospital of Orange County, Orange, CA

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Purpose of Study Colorectal cancer in underserved or minority populations is associated with increased morbidity and mortality. Factors related to this disparity are complex and multifactorial but one of the reasons is due to lower participation rates in colorectal cancer (CRC) screening. The purpose of this study is to review the interventional studies and compile the best practices to increase CRC in minority populations.

**Methods Used** A literature review was conducted through PubMed, Google Scholar, and Sci-Hub databases using keywords: ‘colorectal cancer’ ‘screening’ ‘minority’ ‘African-American’ ‘Hispanic’ and ‘intervention.’ Inclusion criteria included interventional studies: that included a control group, consisted of a population of at least 50% minority, participants over the age of 50, and published after 2005.

**Summary of Results** A total of 8 studies satisfied our inclusion criteria (see table 1). The majority of the studies showed an improvement in CRC screening rates but the outcomes measured varied, and included fecal occult blood test, sigmoidoscopy, or colonoscopy. Interventions also varied, and included patient navigation in most of the studies and/or physician-level education in a few studies. Therefore, it was difficult to compare the interventions in different studies because of different study designs and outcomes. After intervention, the CRC screening rate ranged from 27% to 94% in different studies. It appears that interventions that were more personalized and required repetitive reminders or contact seemed to be more effective.

**Conclusions** Our literature review suggests interventional strategies are useful in increasing colorectal cancer screening in the minority population. However, even after intervention, CRC screening remained suboptimal. Larger studies are needed to identify barriers at the individual, health provider and community level and measure the impact of targeted intervention to overcome those barriers.
#171 A COMPREHENSIVE REVIEW OF WOMEN’S QUESTIONS FOLLOWING MISCARRIAGE ON DIFFERENT SOCIAL MEDIA PLATFORMS

EG Ong*, 1L Davis, 1A Sanchez, 2H Cunel, 1H Stohl, 1A Nelson, 1N Robinson. 1Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA; 2Harbor-UCLA Medical Center, Torrance, CA

Purpose of Study

The purpose of this study was to investigate common questions and the accuracy of advice related to miscarriage that women post on social media to identify any gaps in miscarriage care, counseling and give learners insight into the experience of miscarriage.

Methods

Used public social media posts from January 1st 2019 to June 30th 2021 were searched using the keywords of ‘miscarriage’, ‘preterm birth’, ‘pregnancy loss’, ‘early pregnancy loss’, ‘early fetal loss’, ‘spontaneous abortion’, ‘spontaneous pregnancy loss’ and ‘#IHadAMiscarriage’. Only public posts in English and originating from the United States were included. No private identifiable information was collected. The inclusion criteria for posts varied by site: all posts in public Facebook Miscarriage groups, YouTube videos with ≥1000 views, Reddit r/Miscarriage with ≥175 upvotes, Instagram photos with ≥50 likes and Tweets with ≥1 interaction were analyzed for mentions of questions, advice, and conflicts of interest. Each theme in a post was counted. Advice was classified into categories of ‘accurate’ if it was supported by current professional association guidelines, including the American College of Obstetricians and Gynecologists (ACOG), ‘insufficient evidence’ was advice only supported by published reports, and ‘inaccurate’ if any part was against clinical guidelines or was unsupported.

Summary of Results

For women and families experiencing miscarriage, social media has become a popular outlet and resource for support. 103 posts were identified for common themes. The most common themes identified included: questions on grief (20.4%), blame (19.4%), quality of post-partum counseling (14.6%), and lack of medical support/follow-up (13.6%). 82.9% of advice mentioned the emotional consequences of loss. 17.1% of posts offered medical advice eligible for evaluation, with the most accurate platforms being YouTube (66.6%), Instagram (100%) and Reddit (100%). The least accurate platform was Facebook (33.3%). Twitter yielded the fewest results that met the inclusion criteria.

Conclusions

Many women who post on social media struggle with grief, blame and look for better support from the medical community. The majority of the online community of women who have had miscarriages offer advice related to grief and coping with loss rather than questions regarding medical information. Thus, clinicians may advise women to use social media as a resource to connect with others in their loss and grief. Social media may also be used as an invaluable resource for learners to empathize with women and their families after miscarriage. The ability to better understand the experience and impact of miscarriage will hopefully improve the quality of miscarriage care.

Abstract #170 Table 1 Interventional studies to improve colorectal cancer (CRC) screening among the minority population

<table>
<thead>
<tr>
<th>First author, year published</th>
<th>Control and intervention definition</th>
<th>Total number of subjects (intervention group)</th>
<th>Total number of controls (standard or no intervention)</th>
<th>% Minority: African-Americans and Hispanics</th>
<th>CRC screening completion rate: Controls vs. Intervention, p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myers, 2007</td>
<td>Control: No intervention</td>
<td>Group 1: N=387</td>
<td>N=387</td>
<td>58%</td>
<td>Controls: 32.56%</td>
</tr>
<tr>
<td></td>
<td>Group 1: Standard letter</td>
<td>Group 2: N=386</td>
<td></td>
<td></td>
<td>Group 1: 45.74%</td>
</tr>
<tr>
<td></td>
<td>Group 2: Standard letter and tailored messages</td>
<td>Group 3: N=386</td>
<td></td>
<td></td>
<td>Group 2: 43.78%</td>
</tr>
<tr>
<td></td>
<td>Group 3: Standard, tailored message and phone call</td>
<td></td>
<td></td>
<td></td>
<td>Group 3: 48.45%, P &lt; 0.05</td>
</tr>
<tr>
<td>Home, 2014</td>
<td>Control: Educational Material</td>
<td>Intervention: Patient Navigator</td>
<td>N=578</td>
<td>50%</td>
<td>Controls vs intervention: 91% vs 94%, P = 0.04</td>
</tr>
<tr>
<td>Cole, 2017</td>
<td>Control: Patient Motivational Interview</td>
<td>Intervention: Patient Navigation</td>
<td>N=234</td>
<td>100%</td>
<td>Control vs intervention 1 vs 2: 8.4% vs 17.5%, P &lt; 0.01</td>
</tr>
<tr>
<td>DeGroll, 2017</td>
<td>Control: Standard Care</td>
<td>Intervention: Patient Navigation</td>
<td>N=429</td>
<td>100%</td>
<td>Control vs intervention: 53.2% vs 61.1%, P = 0.02</td>
</tr>
<tr>
<td>Ford, 2006</td>
<td>Control: Patients did not receive monthly communication from case managers</td>
<td>Intervention: Patients received monthly communications from case managers</td>
<td>N=352</td>
<td>100%</td>
<td>Control vs intervention: 51.3% vs 68.9%, P = .10</td>
</tr>
<tr>
<td>Basch, 2006</td>
<td>Control: patients were mailed printed materials</td>
<td>Intervention: Patients received a tailored telephone outreach</td>
<td>N=226</td>
<td>&gt;50%</td>
<td>Controls vs intervention: 6.1% vs 27.0%, 95% CI: 2.6, 7.7</td>
</tr>
<tr>
<td>Khankari, 2007</td>
<td>Control: baseline screening rate</td>
<td>Intervention: Mailing screening-eligible patients a physician letter. Physicians were also trained to review health literacy and ‘best practices.’</td>
<td>N=154</td>
<td>&gt;95%</td>
<td>Controls vs intervention: 11.5% vs 27.9%, P &lt; 0.001</td>
</tr>
<tr>
<td>Friedman, 2007</td>
<td>Medical residents received educational intervention</td>
<td>Control = Rate of CRC screening by residents 6 months prior to education</td>
<td>N=132</td>
<td>100%</td>
<td>Controls vs intervention: 26.7% vs 59.1%, P &lt; 0.001</td>
</tr>
</tbody>
</table>
 Purpose of Study 
There is little focus on how residents and fellows can give feedback to program faculty in residencies and fellowships in the United States. This study aims to determine if learners feel comfortable giving feedback, the preferred method of feedback, and whether this feedback correlates with a culture of camaraderie between residents and faculty. It has been shown that building camaraderie improves health outcomes for patients and improves physician wellness by creating an overall positive atmosphere.

Methods Used 
A questionnaire using both multiple choice and open response questions was sent to all 125 residents and fellows at the Riverside University Health System medical program. The survey was composed of questions regarding honesty in giving feedback, preferred feedback method, and if learners thought increased feedback helped build camaraderie. Cronbach’s alpha was calculated to determine internal validity. Descriptive statistics and a correlation coefficient were calculated from survey responses.

Summary of Results 
From the 26 responses, results showed that 54% of learners felt comfortable giving feedback to their program and 50% of learners preferred individual, anonymous, written feedback as their method of choice. There were strong correlations between the use of feedback and feelings of camaraderie. Learners who were able to provide feedback had a strong correlation with learners who felt camaraderie with their faculty (p<.001). 75% of learners who preferred one-to-one verbal feedback in general also preferred this method to improve camaraderie, compared to 14% of learners who chose group written feedback. When they differed, students chose group verbal feedback to improve camaraderie.

Conclusions 
Our study shows that allowing residents to give feedback to their mentors can increase camaraderie, which is known to improve outcomes: patient health outcomes and physician wellness. Furthermore, this study provides a look into learners perspective and leads the way for future studies to provide more causal links between learner feedback to physician wellness and patient health.

#174 THE IMPACTS OF COVID-19 ON THE SOCIAL PERCEPTIONS OF BREASTFEEDING

Purpose of Study 
There is a growing concern amongst physicians that the increased stress of COVID-19 has significantly impacted the number of women choosing to breastfeed. However, not many qualitative studies address whether COVID-19 has impacted breastfeeding perceptions. This study aims to identify hidden challenges women face while breastfeeding and to determine if those changed with the onset of the pandemic.

Methods Used 
This research was conducted manually across two social media sites, Reddit and TikTok, using the search terms ‘breastfeeding,’ ‘breastisbest,’ and ‘fedisbest.’ Posts with the most comments from pre-pandemic times [Jan 1, 2018 to March 15, 2020] were compared to the posts with the most comments from [March 15, 2020 to June 15, 2020]. Each post and comment was categorized into a theme, and thematic saturation was achieved after three comments mentioned the same theme. In order to establish a theme, there must be at least five posts speaking about that topic.

Summary of Results 
248 posts were analyzed with a total of 433 mentions of the selected themes. Fifteen themes were noted across both Reddit and TikTok, and the top 2 themes across both platforms were ‘providing medical advice’ and...
Supporting women’s breastfeeding decisions. On Reddit, ‘supporting women’s breastfeeding decisions’ was the most mentioned theme before the onset of the pandemic (37.2%), but ‘providing medical advice’ became the most mentioned theme after COVID-19 (42.4%). 60.0% of the posts on TikTok: After COVID19 included ‘providing medical advice’ while only 42.4% of the posts on Reddit noted COVID-19 positively affected breastfeeding. Some comments included the fact that not allowing visitors in hospitals and in their homes initially allowed them to successfully connect with their babies and initiate breastfeeding. Two women mentioned that they could choose to stay away from their in-laws who discouraged breastfeeding, using the excuse of the pandemic. Other comments mentioned a more flexible online work schedule allowed them to plan their meetings around scheduled breastfeeding sessions.

Conclusions Social media platforms provide a niche community for breastfeeding women to communicate with and support each other. Despite the stress of COVID-19, posts on Reddit illustrated that the pandemic positively impacted women’s abilities to breastfeed. We hope that this study encourages physicians to engage in deeper conversations with their breastfeeding patients to help them better critically analyze information online but still receive the positive community support they need.

Abstracts

#175 FUNCTION OF SOCIAL MEDIA ON PREMENSTRUAL DYSFORTHIC DISORDER

N Poladian*, A Maron, T Ghazarian, AL Nelson, Y Fernandez-Sweeney, Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA

10.1136/jim-2022-WRMC-172

Purpose of Study Premenstrual Dysphoric Disorder (PMDD) is a common and debilitating disorder that affects reproductive age women. With society’s growing reliance on social media and the emergence of various social platforms, many patients turn to social media outlets for information. This practice also holds true for women seeking information surrounding PMDD, and those investigating their symptoms. This study was designed to provide clinicians with a better understanding of the content, support, as well as wealth and accuracy of information surrounding PMDD found in a popular social media site, Reddit, often used to investigate medical topics.

Methods Used In this IRB-approved study, we analyzed the content of posts on the subreddit titled ‘PMDD,’ in public domain Reddit, from January 2020 through May 2021. Posts needed to include greater than five upvotes and at least three comments. Posts with only photos were excluded. These posts and their respective comments were manually analyzed for qualitative data, and were categorized by prevalent themes that all authors confirmed.

Summary of Results We analyzed a total of 232 posts that fulfilled the inclusion criteria. The most prevalent theme in posts regarding PMDD was expression of feelings (n=116), centered around the topics of depression, anxiety, identity crisis, rejection, and frustration about the lack of support and understanding from both their community and healthcare providers. The second most common theme was sharing of experience-based insight (n=56), which contained advice suggesting varying therapeutics and coping strategies to decrease PMDD symptom severity. While therapeutic suggestions of SSRI’s, NSAID’s, and lifestyle modifications have clinical relevance, user misconceptions were noted regarding contraceptive use and hysterectomy for PMDD symptom relief. The third most common theme was relationship complications due to PMDD (n=31). Health-related questions (n=28), such as whether a new or recurring symptom was associated with PMDD, were the least frequent. Analysis of commentary on user posts led to further identification of four themes: offering support, sharing stories/advice, validating one another’s feelings, and showing appreciation for one another’s insights.

Conclusions This study provides clinicians with insight on the interactions between patients, not observed in clinic. Reddit primarily serves for PMDD as a positive space for promoting belonging, and in doing so, may be beneficial to patients. Furthermore, identification of user frustration and discussion pertaining to failed therapies may set realistic expectations of treatment efficacy. Clinicians may inform patients about specific therapeutic misinformation seen online, promoting further open discussion between patient and physician.
the attendees strongly agreed that they felt more confident in diagnosing and 83% felt more confident treating based on those topics. Participant feedback also revealed that case-based questions and Zoom polling were an effective way to engage attendees.

Conclusions This project successfully updated six outdated internal medicine curriculum didactic sessions for internal medicine trainees and pharmacy students at NCRH. Participants reported to have an improved confidence in diagnosis and treatment on the presented topics. The plan is for future lectures to continue incorporating case-based questions and polling to emphasize teaching points using Zoom. The presentations were also sent to the site coordinator for future use and reference by NCRH trainees.

DEVELOPMENT OF A WHATSAPP-BASED PILOT PROGRAM TO IMPROVE STROKE EDUCATION AND RISK FACTOR REDUCTION IN PATIENTS WITH ARTERIAL HYPERTENSION IN HUARAL, PERU

1K. Turk*, 1J. Zunt, 2C. Abanto, 3A. Sanchez. 1University of Washington School of Medicine, Seattle, WA; 2Instituto Nacional De Ciencias Neurologicas, Lima, Peru; 3Universidad Peruana Cayetano Heredia, Lima, Peru

Purpose of Study Cerebrovascular disease and stroke are the second-leading cause of death in Peru. Despite the high burden of stroke, Peru lacks a national stroke program, and there is a shortage of neurologists, stroke units, and thrombolytic therapy, particularly in rural areas. It is imperative to reduce patients’ risk factors for stroke, especially hypertension since it is the most significant modifiable risk factor in preventing stroke. WhatsApp, one of the most popular communication platforms in Peru, provides an exciting opportunity to disseminate health information to patients. The aim of this project was to develop materials for a WhatsApp-based pilot program to improve stroke education and risk factor reduction in patients with hypertension living in rural areas of Huaral, a province in the Lima Region of Peru.

Methods Used A stakeholder analysis was conducted to identify key partners whose input was essential creating this project. Guidelines from the National Institute of Neurologic Sciences (INCN) in Peru and the American Heart Association/ American Stroke Association were used to create infographics addressing stroke awareness and risk reduction. An informative outline of the pilot program was created for Huaral Hospital partners. A cohort of patients with hypertension was identified by the Huaral Hospital Teaching and Training Unit Director. Surveys addressing patients’ stroke knowledge and comfort using WhatsApp were generated. To ensure content was medically accurate and culturally appropriate, all materials were first edited by a medical student in Peru and subsequently by Peru’s Chief of the Center of Research in Cerebrovascular Disease at the INCN.

Summary of Results Materials created for the pilot program include a detailed program outline, an informed consent adapted to WhatsApp, pre- and post-program surveys, and five educational infographics. These materials are ready to be sent to patients with hypertension in Huaral via WhatsApp. There is enthusiasm and optimism from hospital staff about the potential impact of the pilot program.

Conclusions This project will increase access to accurate stroke education for patients with hypertension living in Huaral. Now that the materials have been created, the next step is to pilot their use in the selected cohort of patients. The program’s success will be determined by comparing participants’ pre- and post-program survey responses. By using WhatsApp, this program could provide a sustainable means to improve stroke education while limiting travel and financial burdens for patients living in rural areas. If successful, this program could be replicated in other rural areas in Peru.

A CASE OF PSEUDOMONAS AERUGINOSA ASSOCIATED DIARRHEA IN A LONG-TERM HOSPITALIZED PATIENT


Purpose of Study Pseudomonas aeruginosa associated diarrheal disease is not common in adults and if seen, is mostly reported in pediatric population. It has been classified into Shanghai fever, enterocolitis and antibiotics associated diarrhea in pediatric literature. In adults, immunocompromising conditions such as malignancies, neutropenia, and admission to long-term care and intensive care unit (ICU) are known risk factors. Here we describe a case of Pseudomonas aeruginosa associated diarrhea in a long-term hospitalized patient who had rectal tube.

Methods Used Retrospective case review

Summary of Results A 53-year-old Caucasian man with a history of alcohol use disorder, hypertension, and hypothyroidism presented with myxedema coma with TSH 148 requiring intubation. He had a complicated hospital course with ventilator-associated pneumonia with MRSA, sepsis with candida, and abdominal compartment syndrome requiring decompressive laparotomy. The patient slowly recovered despite 43 days of hospitalization. Before leaving his 31 days of admission to ICU, a flexi-seal rectal tube was placed due to fecal incontinence. Five days later when he was already transferred out of the ICU, he started having loose watery stools with leukocytosis and left shift. Clostridioides difficile (C. diff.) colitis was suspected and he was placed on oral vancomycin empirically. His stool test for C.diff came back negative, and his rectal tube was subsequently removed. Imaging did not show any abscess, perforated vescic, or fistula formations. His stool culture grew heavy colony numbers of Pseudomonas aeruginosa. Vancomycin was stopped and he was started on oral ciprofloxacin 750 mg twice a day with complete resolution of his diarrhea and leukocytosis.

Conclusions Pseudomonas aeruginosa associated diarrheal disease is not common in adults. Complicated prolonged hospitalization, administration of broad-spectrum antibiotics, and immunocompromising conditions perhaps play role in colonization and eventually infection in the right setting. The role of rectal tube is unknown.
Purpose of Study HHV-8 associated Multicentric Castleman Disease (MCD) is an angiofollicular lymphoproliferative disorder that affects multiple regions of lymph nodes simultaneously. Incidence of Castleman Disease is about 6500 to 7700 in the United States, 75% of them being associated with HHV-8. All cases of MCD in HIV patiented are HHV-8 associated. Common symptoms include fever, lymphadenopathy, Hepatosplenomegaly, pulmonary involvement, edema, and ascites. Here we describe a case of HIV with fever of unknown origin in that after extensive work up diagnosed with MCD.

Methods Used This is a single case review after IRB approval.

Summary of Results A 28 year old male with history of HIV, non-abherence with antiretroviral therapy (ART) presents with constant abdominal pain, vomiting, and fevers over 5 days. CBC showed pancytopenia with a CD4 count of 27 cells/µl. and an HIV viral load of 95,200 copies/mL. Work up for Syphilis, Gonorrhea, Chlamydia, Hepatitis A/B/C, Cocci, Cryptococcus, TB, Toxoplasma, Histoplasmosis, Bartonella, Giardia, Brucella, CMV PCR, Parvo B19 PCR, Coxiella burnetii, Cryptosporidium and all of his cultures were negative. Bone marrow biopsy and culture were negative. Imaging showed diffuse lymphadenopathy in the mediastinum, hilar, axillary, retroperitoneum, iliac and inguinal lymph nodes. IR Lymph node excision and HHV-8 staining confirmed HHV-8 associated MCD with serum HHV-8 levels of 2,288,277 copies/ml. Patient was given Rituximab infusions and started on ART.

Conclusions Diagnosis of HHV-8 Multicentric Castleman Disease in HIV host could be challenging and usually is delayed. Starting antiretroviral and Rituximab is the most agreed upon therapeutic modality. This approach almost doubles the survival rate at 2 years from 42% to 90%.
The sex distribution was 58% male and 42% female, and the mean age was 33.1 ± 7.7 years. In eight studies that reported HCW roles, 63% were involved in direct patient care (doctors and nurses) while 37% provided support services (laboratory technicians, housekeeping staff and other hospital workers). In the 11 studies that included HCWs who used any HCQ PrEP, the infection rate was significantly decreased (RR 0.56, 95% CI 0.37–0.83, p = 0.0040). In the five studies that included HCWs who took at least six doses of weekly HCQ PrEP, the infection rate was reduced even further (RR 0.25, 95% CI 0.13–0.50, p < 0.0001). No deaths were recorded in either the HCQ PrEP or control group. Three studies involving 667 HCWs reported adverse events (AEs). The most common AEs were headache (8%) followed by nausea (7%) and dyspepsia (6%). No arrhythmias were reported by the HCWs. AEs were generally mild and well tolerated, as shown in one study where the HCQ discontinuation rate due to AEs was 4%.

Conclusions Weekly HCQ PrEP appeared to be safe and effective for prevention of COVID-19 in high-risk HCWs from India. Further studies of HCQ PrEP are warranted to supplement vaccines in the prevention of COVID-19.

A UNIQUE CASE OF COVID-19 PRESENTED AS FOCAL SEIZURES WITH IMPAIRED AWARENESS

R Sharma*, S Ratnavyake, H Lai, S Mishra, A Heidari. Kern Medical Center, Bakersfield, CA

10.1136/jim-2022-WRMC.179

Purpose of Study Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) has rapidly become a global pandemic with millions of confirmed cases worldwide. Encephalitis and seizure associated with COVID-19 has been seen and reported. Here described is a unique case of SARS-CoV2 infection presented with focal seizure with impaired awareness.

Methods Used A retrospective review following IRB approval. Summary of Results A 54-year-old man unvaccinated for COVID-19 with no known past medical history presented to the emergency department with altered mental status. Three days prior to presentation he complained of frontal headaches and blurry vision and one day prior his son noticed he was unable to speak. Minutes upon arrival he suffered a focal seizure for which levetiracetam was administered. He was found to be oriented to self and age with difficulty finding words answering only with ‘yes’. EEG was performed and he was diagnosed with focal seizure with impaired awareness. His chest x-ray showed multifocal bilateral hazy infiltrations. SARS-Cov2 PCR test came back positive. His brain MRI revealed 2 acute subcortical superior right frontal lobe lacunar infarcts. His lumbar puncture was negative. He suffered nine seizures of left occipital origin despite being treated with levetiracetam and valproic acid. Phenytoin was added which eventually controlled his seizure and he became fully oriented. Overcoming a tumultuous hospital course, he was also found to have newly diagnosed poorly controlled diabetes and pulmonary cavitary coccidioidomycosis. He was discharged stably on hospital day 16.

Conclusions Focal seizure with impaired awareness associated with SARS-CoV2 has not been reported. Further studies are warranted to understand the pathophysiology and definitive treatment.

METHICILLIN-RESISTANT STAPHYLOCOCCUS EPIDERMIDIS ENDOCARDITIS, FROM TUNNEL TO SPINE

1VK Narang*, 2H Sidhu, 3C D’Assumpcao, 1L Mosavi, 1TT Win, 1A Heidari. 1Kern Medical-UCLA, Bakersfield, CA; 2Ross University School of Medicine, Miramar, FL

10.1136/jim-2022-WRMC.180

Case Report Staphylococcus epidermidis is a commonly encountered species of coagulase-negative staphylococci. Its ability to produce biofilm particularly in the presence of central lines can lead into serious infections including endocarditis. Here we demonstrate a case of a 68-year-old female on hemodialysis with exposed tunnel part of her dialysis catheter resulting in infective endocarditis and spinal osteomyelitis. Methods Approval was obtained from IRB. A single patient case report was conducted. Case Presentation Patient is a 68-year-old female with End Stage Renal Disease on hemodialysis who presented with 4 weeks of worsening lumbar spine pain. Upon presentation she was afebrile. Her examination was significant for lumbar spine point tenderness and left jugular tunneled catheter entry site dehiscence exposing the catheter. Patient stated the skin over the tunnel opened five months prior. Her laboratory studies showed ESR of 100 and CRP of 25. Her blood culture grew Methicillin-resistant S. epidermidis (MRSE). Her tunneled catheter was removed, and a new catheter was placed in same area due to lack of access and stenosis of central venous on the other side. MRI lumbar spine showed near complete loss of the intervertebral disc at L4-L5 with severe erosive endplate changes.

An Interventional radiology (IR) guided bone biopsy of lumbar spine also grew MRSE. The patient persistently remained bacteremic with MRSE despite IV antibiotics. Transepigophelial echocardiogram revealed sub-aortic 0.6x0.9 cm with no signs of abscess or valvular dysfunction. Despite lack of alternative access for dialysis due to stenosis there was no choice but to remove the tunneled catheter again and temporary catheter was placed at an alternate site. IR performed balloon angioplasty for central venous stenosis and insertion of left, IJ tunneled dialysis catheter after blood cultures remained negative. Conclusion Persistent bacteremia with Staphylococcus epidermidis in the presence of central line can lead into serious and metastatic infections. This requires successful source control in addition to antibiotic therapy.

PULMONARY GIANT CAVITARY COCCIDIOIDES WITH FUNGAL BALL AND HEMOPTYSIS

1VK Narang*, 2K Dao, 2S Jaratianian, 1C D’Assumpcao, 1R Kuran, 1A Munoz, 1A Heidari. 1Kern Medical-UCLA, Bakersfield, CA; 2Ross University School of Medicine, Miramar, FL

10.1136/jim-2022-WRMC.181

Case Report Coccidioidomycosis is a fungal pneumonia with risk of cavitation in select populations, such as diabetics. Cavitary lesions can hemorrhage and have superimposed infections. We discuss a case of giant cavitary coccidioidomycosis in an...
uncontrolled diabetic presenting with hemoptysis and mycetoma.

Methods A single patient case report was conducted after approval from IRB.

Case Presentation A 48-year-old Hispanic male with diabetes, untreated pulmonary coccidioidomycosis, and history of COVID-19 infection one year prior presented with sudden hemoptysis, night sweats, and a 45-lb weight loss. He was diagnosed with coccidioidomycosis seven years prior but did not start treatment. Three years prior he was admitted elsewhere with shortness of breath. Serum coccidioidal complement fixation titer was 1:32. Imaging found a right lower lobe cavity measuring 4 x 3 cm with right sided pneumothorax and bronchopulmonary fistula. He underwent video-assisted thoracotomy with pleurodesis and treated with fluconazole for 4 months, improving his titers to 1:4. He was then lost to follow.

Upon presentation to our facility with worsening hemoptysis, he had a larger cavity measuring 10 x 8 x 7 cm in the right lower lobe with central filling mass. He hemoptysized daily while admitted. Bronchoscopy confirmed coccidioidal mycetoma by direct stain and fungal cultures. Interventional radiology performed arterial embolization of right tracheobronchial and intercostal bronchial arteries to control hemoptysis. He was restarted on fluconazole and discharged home. One week later he returned in respiratory distress with fever, shortness of breath, and hypoxemia. Imaging revealed new left lower lobe and lingular consolidations. He was thought to have aspiration of right sided cavitary material to the left lung. His oxygen requirements increased significantly, concerning for severe pulmonary coccidioidomycosis and he was placed on steroids and liposomal amphotericin B. His symptoms improved and steroid was stopped. His antifungal was switched to Posaconazole and was able to go home on room air.

Discussion Management of giant pulmonary cavitary coccidioidomycosis with mycetoma and bleeding is challenging. Poorly controlled diabetics are already at increased risk for cavitation. In a patient presenting with hemoptysis and a cavitory lesion, a multidisciplinary team consisting of pulmonology, infectious diseases, thoracic surgery and interventional radiology is essential.

Summary of Results A 17-year-old male with no significant medical history presented to our hospital after he coughed up a worm earlier that morning. He also complained of ongoing rhinorrhea and sore throat for the past four days. He denied nausea, vomiting, rash, diarrhea, fever, chills, night sweats, hematochezia, hematemesis, abdominal pain, abdominal bloating, headache, weight loss, or change in appetite. Patient stated that he was from Mexico but had been living in the United States for the past two years. A dietary history revealed that one week ago he had eaten his favorite ceviche made from fresh fish brought by a family member visiting from Ensenada, Mexico. Patient’s physical examination, lab values, and imaging were all unremarkable. He had brought the worm, which he had coughed up, to the hospital. The worm was sent to the pathology lab and identified as Pseudoterranova species. Patient was discharged with instructions to return if symptomatic. He was referred for follow-up in the outpatient setting.

Conclusion Anisakiasis is rare with current United States food handling regulations. The clinical suspicion is raised when raw fish from alternative sources of fresh seafood is consumed. Removal of the worm via endoscopy or even surgery might be necessary and is considered therapeutic. Diagnosis is made by direct visualisation of the nematode.

A CASE OF PSEUDOTERRANOVA, HAVING CEVICHE WITH SPECIAL FLAVOR

A 17-year-old Hispanic male with osteonecrosis of the mandible presented after a tooth infected with Aggregatibacter actinomycetecomitans led to osteomyelitis of the mandible. While mallet finger is a very common injury, its recovery is rarely complicated.

Preaxial polydactyly is associated with ectopic expression resulting in preaxial polydactyly. These SNVs are spread across three highly conserved sequences necessary for ZRS activity. It is surprising that peaks 1 and 2 have no detectable activity in the limb. Peak 3, however, main-

Summary of Results A 17-year-old male with no significant medical history presented to our hospital after he coughed up a worm earlier that morning. He also complained of ongoing rhinorrhea and sore throat for the past four days. He denied nausea, vomiting, rash, diarrhea, fever, chills, night sweats, hematochezia, hematemesis, abdominal pain, abdominal bloating, headache, weight loss, or change in appetite. Patient stated that he was from Mexico but had been living in the United States for the past two years. A dietary history revealed that one week ago he had eaten his favorite ceviche made from fresh fish brought by a family member visiting from Ensenada, Mexico. Patient’s physical examination, lab values, and imaging were all unremarkable. He had brought the worm, which he had coughed up, to the hospital. The worm was sent to the pathology lab and identified as Pseudoterranova species. Patient was discharged with instructions to return if symptomatic. He was referred for follow-up in the outpatient setting.

Conclusion Anisakiasis is rare with current United States food handling regulations. The clinical suspicion is raised when raw fish from alternative sources of fresh seafood is consumed. Removal of the worm via endoscopy or even surgery might be necessary and is considered therapeutic. Diagnosis is made by direct visualisation of the nematode.

MANDIBULAR OSTEOMYELITIS DUE TO AGGREGATIBACTER ACTINOMYCETECOMITANS

A 21-year-old Hispanic male with no known past medical history presented to the emergency department with a purulent right jaw and neck abscess. Two weeks prior he began having right lower tooth pain. Over the next 10 days his pain and swelling progressed, limiting his ability to open his mouth and to eat and drink. He then noticed an enlarging mass over the right jaw and neck with purulent discharge. Intolerable pain brought him to the ED. Admission CT of the soft tissue of the neck found right mandibular angle and ramus osteomyelitis, adjacent masticator and sternocleidomastoid infectious myositis, reactive right parotiditis, and severe right cervical cellulitis. There were also small periapical abscesses of the right mandibular first molar, and small pockets of localized edema in the right suprathyroid neck without organization and right upper cervical adenopathy. He was started on vancomycin and piperacillin-tazobactam. Ear nose and throat surgeon aspirated the abscess. Aspirated abscess culture grew A. actinomycetecomitans. Antibiotics were narrowed to ceftriaxone and metronidazole. ENT then performed incision and drainage of the right jaw and neck abscess and extracted two infected teeth. He was
successfully discharged on post-operative day one on moxifloxacin with goal of 6 weeks of therapy with close ENT follow up.

**Conclusion** Early recognition and treatment of periodontal infections is important to prevent complications such as abscess formation and osteonecrosis from osteomyelitis. We report a prototypical example of an acute progression of a simple toothache developing into severe osteonecrosis by a rare HACEK organism not commonly encountered requiring aggressive antibiotics and surgical management.

**Poster session**

**Morphogenesis and malformations**

6:00 PM

**Thursday, January 20, 2022**

**#188 PREAXIAL POLYDACTYLY: CHARACTERIZING SONIC HEDGEHOG REGULATION**

M Malone*, K Ball, C Pira, K Oberg. Loma Linda University School of Medicine, Loma Linda, CA; Loma Linda University Department of Basic Sciences, Loma Linda, CA; Loma Linda University, Loma Linda, CA

10.1136/jim-2022-WRMC.185

**Purpose of Study** Preaxial polydactyly is associated with ectopic Sonic hedgehog (Shh) expression in the presumptive thumb. Shh is secreted from the zone of polarizing activity (ZPA), the signaling center that directs limb development along the radioulnar (anterior-posterior) axis. Shh is necessary for development of the ulna and posterior four digits, while the thumb develops in the absence of Shh. A limb-specific enhancer, the ZPA regulatory sequence (ZRS), is necessary for Shh expression, although little is known about how the ZRS restricts Shh expression to the ZPA. Single nucleotide variations (SNVs) within the ZRS cause ectopic Shh expression resulting in preaxial polydactyly. These SNVs are spread across three highly conserved regions: peaks 1, 2, and 3. We hypothesize that one or more of these peaks is necessary for ZRS activity.

**Methods Used** Plasmids containing full-length ZRS, or each peak respectively were electroporated into Hamburger-Hamilton stage 14 chicken embryo presumptive limb buds. The embryos were incubated for 48 hours then observed by fluorescent microscopy. Fluorescent activity of each peak was then compared to that of full-length ZRS.

**Summary of Results** Constructs containing peak 1 and peak 2 have no detectable activity in the limb. Peak 3, however, maintains some activity, but markedly less than full-length ZRS.

**Conclusions** Peak 3 is necessary and sufficient for activity while peaks 1 and 2 are not, suggesting peak 3 contains core sequences necessary for ZRS activity. It is surprising that peaks 1 and 2 lack activity as many clinically relevant SNVs occur in these two regions and the reported Hand2 binding site is in peak 2. Since peak 3 activity is less than that of full-length ZRS, peaks 1 and 2 likely enhance the activity of peak 3. Further studies will assess the quantitative difference in ZRS peak activity and determine how the ZRS localizes Shh expression to the ZPA. Mapping the ZRS will clarify the role of critical sequences in Shh regulation that contribute to limb development and malformation.

**#189 VARIATIONS IN THE PERONEUS TERTIUS MUSCLE: EVOLUTIONARY AND CLINICAL PERSPECTIVES**

K Kay*, J Scott, M Wedel. Western University of Health Sciences, Pomona, CA

10.1136/jim-2022-WRMC.186

**Purpose of Study** Peroneus tertius (PT) is a muscle in the anterior compartment of the leg that functions in dorsiflexion and evasion of the foot at the ankle. PT was long thought to be unique to humans, but it is now known to be variably present...
in many other primates, including bonobos, chimpanzees, gorillas, and several species of monkeys. However, there is still disagreement between anthropologists and comparative anatomists regarding the evolutionary origin of the muscle. PT is highly variable in origin, insertion, size, and number of musculotendinous slips. Previously published studies have also reported PT to be extremely variable in terms of prevalence, ranging between 38% and 100% in different populations. Our goals are to summarize the evolutionary origin, anatomical variations, and clinical implications of the muscle.

Methods Used We synthesized information from the literature on the evolution, prevalence, variability, and clinical correlations of the PT using Google Scholar, NCBI, and ResearchGate. For statistical analysis, we measured prevalence using the number of limbs with PT present per number of legs total. In particular, we compared studies that observed the muscle in human cadavers (n=11) versus studies that used palpation on living subjects (n=11).

Summary of Results Numerous variants of PT have been identified, including an origin from the extensor hallucis longus. The muscle is occasionally doubled, in both humans and gorillas. Peroneus tertius is associated with multiple causes of ankle pain, and can be used in surgery for repair of other tendons. We found that the prevalence of PT varies depending on the method of data collection. Studies that use cadaveric dissection consistently report a significantly (p < 0.0001) higher prevalence of PT (86–100%) than studies that rely on palpation of the muscle in living subjects (38–84%).

Conclusions Although the higher prevalence of PT in humans than in other primates has been linked to the evolution of bipedality, PT is not crucial for an erect bipedal gait. Recent studies have found no significant difference in ROM or in the strength of dorsiflexion or eversion among patients with and without PT. PT has been used in tendonplasty, tendon transfer, resection surgeries, transposition to correct ankle laxity, and transplantation surgeries for foot drop. The significant difference between dissection and palpation studies in the reported prevalence of PT suggests that palpation consistently underestimated the true prevalence of the muscle. We suggest that the variability in the size and course of PT, as well as with the potential for a small PT to be difficult to palpate through the extensor retinaculum, combine to make the muscle difficult to diagnose via palpation. Although palpation studies are potentially faster and less expensive than dissection-based studies, we urge caution in interpreting their results.

Poster session
Neonatology general
6:00 PM
Thursday, January 20, 2022

Genetic associations with preeclampsia, intrauterine growth restriction, and spontaneous preterm birth

AL Baranoff*, 1,2 A Paquette, 1 Seattle Children’s Research Institute, Seattle, WA; 2 University of Washington School of Medicine, Seattle, WA

Summary of Results

Purpose of Study

Maintenance of body temperature and glucose in preterm infants is vital as these abnormalities can predispose them to many undesirable complications in early neonatal period. The present study was conducted to identify the
factors associated with hypothermia and hypoglycemia in very low birth weight (VLBW) preterm infants.

Methods Used The data consisting of VLBW infants born at our hospital was collected retrospectively from 2009 through 2021. Maternal factors, delivery room events and early neonatal morbidities were analyzed against infant’s first temperature and glucose done on admission to NICU. Hypothermia was defined as temperature <36.5°C. Hypoglycemia was defined as blood glucose <45 mg/dl on admission checked by point of care testing. IRB approval was obtained to review the data from electronic medical records. SPSS version 28 statistical software was used to analyze the data.

Summary of Results From all VLBW infants born during this period 152/642 (23.7%) had temperature below 36.5°C on admission to NICU while 104/652 (15.9%) were diagnosed to have hypoglycemia. Birth weight or gestational age had no impact on either hypothermia or hypoglycemia on NICU admission. Infants needing resuscitation including chest compressions and epinephrine administration were at highest risk for hypothermia. These infants were also noted to have metabolic acidosis and low 5 min apgar scores. Infants presented with hypoglycemia were small for gestational age (37%) vs 24% (p=0.009). Maternal medical conditions including diabetes did not put these infants at additional risk for hypoglycemia. Hypoglycemia on admission was also associated with additional risk of requiring higher ventilation as well as oxygen requirement in the first 24 hours of NICU stay.

Conclusions VLBW Infants needing resuscitation in the delivery room are at risk for hypothermia. These infants may present with metabolic acidosis on admission to NICU. Hypoglycemia on admission may predispose VLBW infants for more respiratory support.

#192 THE EFFECT OF SARS-COV-2 ON THE RATES OF BREASTFEEDING IN THE NEWBORN NURSERY

1) Wang*, 2AF Ahmed, 3R Ramanathan, 2A Yeh. 1LAC+USC Medical Center, USC, Los Angeles, CA; 2LAC+USC Medical Center, Keck School of Medicine of USC, LA, CA

Purpose of Study Exclusive breastfeeding for the first six months of life is recommended by the American Academy of Pediatrics and the Centers for Disease Control for its benefits to infant immunity, maternal-child bonding, and long-term health. While these benefits are well studied, the SARS-CoV-2 pandemic raises questions about the safety of breastfeeding among SARS-CoV-2-positive mothers. In addition, the pandemic’s effects on hospital staffing, patient-provider face-time, and healthcare access may impact breastfeeding rates. This study aims to explore the effect of the SARS-CoV-2 pandemic on breastfeeding in the newborn nursery.

Methods Used This is a retrospective cohort study comparing breastfeeding rates between neonates at LAC+USC Medical Center Newborn Nursery from January 2019 to April 2021. We defined the pre-SARS-CoV-2 group as all neonates born prior to April 2020, and the during-SARS-CoV-2 group as those born from April 2020 to April 2021. Maternal data gathered included gravidity and parity, ethnicity, age, mode of delivery, and pregnancy complications. Infant data gathered included gestational age, birth weight, sex, and hyperbilirubinemia requiring intensive phototherapy. Newborns with maternal contraindications to breastfeeding, such as positive toxicology screen, positive HIV status, incarceration, and placement in foster care were excluded. Rates of exclusive breastfeeding and any breastfeeding were calculated for each month within this time period and compared using t-test. P-value less than 0.05 was considered significant.

Summary of Results Of the 964 newborns screened in the pre-SARS-CoV-2 cohort, 913 were included. Of the 800 screened during-SARS-CoV-2 cohort, 763 newborns were included. There were no significant differences in the demographics between the two cohorts (table 1). We found a 11% decrease in the rate of exclusive breastfeeding (p <0.05) and a 4% decrease in any breastfeeding (p <0.05) during the SARS-CoV-2 period (Image 1).

Conclusions The SARS-CoV-2 pandemic had a negative impact on the rates of both exclusive breastfeeding and any

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<tr>
<th>Abstract #192 Table 1</th>
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<td>Pre-SARS-CoV2</td>
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<td>Total Newborns Born</td>
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<td>Hispanic or Latino%</td>
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<td>African American%</td>
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breastfeeding among newborns in the normal nursery from a single center in Los Angeles. These results prompted the creation of a specific task force to counter the detrimental effect of the pandemic on breastfeeding. Prospective studies would be useful in assessing the long-term effects of the SARS-CoV-2 pandemic on breastfeeding rates and associated effects on infant immunity, maternal-child bonding, and long-term health.

#195 EXPRESSED GROWTH TRENDS IN A LARGE COHORT OF ALMOST 7000 PRETERM INFANTS FROM BIRTH TO EIGHTEEN YEARS

1,2J Barnard*, 2A Defante, 1,2J Ryu. University of California San Diego, La Jolla, CA; 2Rady Children’s Hospital San Diego, San Diego, CA

Purpose of Study Despite numerous studies about the growth of preterm infants (PI) postnatally, there is still no consensus on expected growth rates for PI through childhood. The standard of care is to correct for gestational age (GA) until age two years during which time PI are expected to ‘catch up.’ In addition to correcting for GA, there may be a need to account for growth restriction. There are conflicting studies on whether infants born small for gestational age (SGA) ‘catch up’ by age two years. However, to the best of our knowledge, there are no studies with this cohort size following the growth of SGA PI over 18 years.

Methods Used This retrospective cohort study of 6916 followed infants born between 23–32 weeks over 18 years. Data was pulled from Rady Children’s Hospital electronic medical record system which includes specialists as well as over 30 general pediatrician offices. Being the main institution for follow-up of premature infants in a very large catchment area allowed for longitudinal follow up of a large cohort. Infants were categorized as SGA if their birthweight was ≤ tenth percentile birthweight for their GA, AGA if tenth to ninetieth percentile and LGA if ≥ 90th percentile based on the WHO Fetal Growth Charts. Their weights and BMIs at ages two through 18 years were categorized as below the tenth percentile, between the tenth and ninetieth percentiles and above the ninetieth percentile by CDC standards.

Summary of Results Using a Chi Squared test, preliminary results show statistically significant differences (p-values all < 0.001) in the counts of PI who are below the tenth percentile, between the tenth and ninetieth percentiles and above the ninetieth percentile by CDC standards at ages two through 18 years based on whether they were born SGA, AGA, or LGA. Those born SGA had more infants remain ‘small’ than those born AGA or LGA. But for all groups, we observed significantly more PI stay ‘small,’ less than the tenth percentile for weight, at ages two through 18 years than expected. This held true for BMI as well for ages two through 18 years for PI born SGA, AGA, or LGA with p-values all <0.001.

Conclusions As more extremely premature and very low birth weight infants are surviving, there is a need for further assessment of this subpopulation’s expected postnatal growth. The observed distribution of PI over two through 18 years differed significantly by their size at birth. Infants born SGA may continue below the tenth percentile for weight for several years and this may not be ‘abnormal’ growth for them. These infants may be seen by various specialists for failure to thrive but might just need different standards. This study validates the need for different expectations of growth for infants born growth-restricted and very premature.

#194 GENERAL MOVEMENT ASSESSMENTS IN THE SURGICAL GASTROINTESTINAL NEONATAL POPULATION

S Bell, S Espinosa*, K Kesavan, KL Calkins. University of California Los Angeles, Los Angeles, CA

Purpose of Study Infants with gastrointestinal disorders (GD) have increased survivorship with advances in neonatal medicine and surgery. GD infants are at risk for neurodevelopmental impairment; they require surgery and are at high risk for sepsis, growth failure, and prolonged hospital stays. There is evidence that the General Movement Assessment (GMA) is an early biomarker of motor delays, including cerebral palsy. Most studies have focused on extremely low birth weight infants (ELBW) and have neglected GD infants.

Methods Used In this retrospective single-site study, GD infants (i.e., gastroschisis, omphalocele, atresias) who underwent surgery within the first 90 days of life were compared to ELBW infants (2/20/18 – 5/01/2021). The primary outcome was GMA results during the writhing stage at 36–49 weeks corrected gestational age (normal or abnormal (poor repertoire (PR), cramped synchronous (CS), or chaotic)) and fidgety stage at 3–4 months corrected gestational age (normal or abnormal). Abnormal fidgety was defined as fidgety movements that were not observed or movements that have exaggerated amplitude, speed, or jerkiness.

Summary of Results There were 55 GD infants; 31 (56%) had at least one GMA. There were 33 ELBW infants; 28 (85%) with one GMA. Gestational age and birth weight were significantly different when the cohorts were compared. However, the number of surgeries were similar (1.5 (0.8) vs. 1.7 (0.9), p=0.3) for the GD and ELBW cohort, respectively (table 1). Of the GD infants, 60% had an abnormal writhing stage GMA (0% CS, 60% PR) and 20% had an abnormal fidgety
Abstracts

**Abstract #194 Table 1 Characteristics of GD and ELBW infants**

<table>
<thead>
<tr>
<th></th>
<th>GD (n=31)</th>
<th>ELBW (n=28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal age (years)</td>
<td>Mean (SD),%</td>
<td>Mean (SD),%</td>
</tr>
<tr>
<td>Cesarean%</td>
<td>48</td>
<td>89</td>
</tr>
<tr>
<td>Maternal gravida</td>
<td>2 (2)</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Maternal parity</td>
<td>2 (1)</td>
<td>1.6 (0.8)</td>
</tr>
<tr>
<td>Chorioamnionitis%</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Female%</td>
<td>39</td>
<td>50</td>
</tr>
<tr>
<td>Gestational age (weeks)</td>
<td>36 (4)</td>
<td>26 (2)*</td>
</tr>
<tr>
<td>Birth weight (kg)</td>
<td>2.5 (0.8)</td>
<td>0.7 (0.2)*</td>
</tr>
<tr>
<td>Birth length (cm)</td>
<td>45 (7)</td>
<td>32 (3)*</td>
</tr>
<tr>
<td>Birth head circumference (cm)</td>
<td>32 (4)</td>
<td>23 (2)*</td>
</tr>
<tr>
<td>Small for gestational age%</td>
<td>29</td>
<td>36</td>
</tr>
<tr>
<td>Maternal tobacco use</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Maternal illicit drug use</td>
<td>17</td>
<td>0*</td>
</tr>
<tr>
<td>Length of stay (days)</td>
<td>44 (42)</td>
<td>106 (29)*</td>
</tr>
<tr>
<td>Necrotizing enterocolitis</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Late onset sepsis</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Age of first feed (days)</td>
<td>11 (12)</td>
<td>5 (8)*</td>
</tr>
<tr>
<td>Total number of surgeries</td>
<td>1.5 (0.8)</td>
<td>1.7 (0.9)</td>
</tr>
</tbody>
</table>

*p

Purpose of Study Oxygen requirement as well as abnormal blood gas values have often been used as indicators of morbidity in the premature neonate, however, there is mixed evidence regarding its utility to predict short and long term morbidity. This study aims to assess the impact of abnormal pCO2, pH, and FiO2 values in the first 24 hours of life of very low birth weight (VLBW) infants on short and long term outcomes.

Methods Used Data on all VLBW infants was retrospectively gathered from the electronic medical record between the years of 2009 and 2021. IRB approval was obtained prior. For blood gas levels, significance was calculated based on pH of 7.15 and CO2 of 50 mm Hg. FiO2 was considered significant if the infant required 50% in the first 24 hours of life. Each category was statistically analyzed against common neonatal outcomes including intraventricular hemorrhage (IVH), bronchopulmonary dysplasia (BPD), and retinopathy of prematurity (ROP).

Summary of Results Of 564 VLBW infants studied 46.6% had an abnormal pCO2 and 53.4% had a normal pCO2. 78.7% of these infants had an abnormal pH and 19.5% had a normal pH. 87.2% had a normal FiO2 and 12.8% had an abnormal FiO2. Infants with elevated pCO2, decreased pH, and high FiO2 were significantly more likely to need intubation in the delivery room, emergently, remained intubated at 24 hours and had significantly higher days of invasive mechanical ventilation (table 1). These infants were more likely to need surfactant and had higher mortality (table 1). Lastly, these infants were at increased risk of IVH and ROP (table 1). BPD was correlated with higher FiO2 as well as low pH. Neonates with abnormal FiO2 also showed an increased risk for having abnormal MRI before discharge (51.6% vs 69.0% p = 0.034).

Conclusions Abnormal blood gas and higher FiO2 in the first 24 hours of life is associated with increased need for intubation as well as invasive mechanical ventilation in the delivery room and NICU. VLBW infants showed increased likelihood of developing long term complications including BPD, severe IVH, and severe ROP.

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**Abstract #195 ABNORMAL BLOOD GAS AND OXYGEN REQUIREMENTS IN FIRST 24 HOURS OF LIFE AS INDICATORS OF MORBIDITY IN VERY LOW BIRTH WEIGHT INFANTS**

<table>
<thead>
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</tbody>
</table>

*p

**Abstract #196 INTUBATION IN THE FIRST 24 HOURS AS AN INDICATOR OF NEONATAL MORBIDITY**

<table>
<thead>
<tr>
<th></th>
<th>Death</th>
<th>Duration of invasive ventilation</th>
<th>Intubation in delivery room</th>
<th>Emergency intubation</th>
<th>Intubated at 24 hours</th>
<th>Sulfaturation</th>
<th>Severe IVH</th>
<th>Severe ROP</th>
<th>BPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>pCO2 (&lt; 50)</td>
<td>3.0%</td>
<td>8.8%</td>
<td>37.0%</td>
<td>32.1%</td>
<td>26.6%</td>
<td>49.8%</td>
<td>2.3%</td>
<td>5.5%</td>
<td>48.4%</td>
</tr>
<tr>
<td>pCO2 (&gt; 50)</td>
<td>13.7%</td>
<td>26.4%</td>
<td>54.9%</td>
<td>55.0%</td>
<td>67.9%</td>
<td>64.3%</td>
<td>9.8%</td>
<td>21.9%</td>
<td>59.4%</td>
</tr>
<tr>
<td>pH (&lt; 7.15)</td>
<td>3.1%</td>
<td>13.9%</td>
<td>40.4%</td>
<td>37.5%</td>
<td>37.7%</td>
<td>53.4%</td>
<td>2.4%</td>
<td>8.5%</td>
<td>50.8%</td>
</tr>
<tr>
<td>pH (&gt; 7.15)</td>
<td>29.8%</td>
<td>32.8%</td>
<td>65.9%</td>
<td>65.5%</td>
<td>82.8%</td>
<td>69.8%</td>
<td>20.4%</td>
<td>36.6%</td>
<td>65.5%</td>
</tr>
<tr>
<td>FiO2 (&lt; 50)</td>
<td>4.1%</td>
<td>27.0%</td>
<td>35.6%</td>
<td>36.9%</td>
<td>36.9%</td>
<td>48.4%</td>
<td>59.2%</td>
<td>10.3%</td>
<td>4.1%</td>
</tr>
<tr>
<td>FiO2 (&gt; 50)</td>
<td>29.0%</td>
<td>29.3%</td>
<td>72.5%</td>
<td>59.0%</td>
<td>88.6%</td>
<td>59.2%</td>
<td>20.6%</td>
<td>30.4%</td>
<td>29.0%</td>
</tr>
</tbody>
</table>

**Abstract #195 Table 1**

**Abstract #196 Table 1**

stage GMA. Of the ELBW infants, 35% had abnormal writhing stage GMA (15% CS, 20% PR) and 22% had an abnormal fidgety stage GMA. Rates for abnormal GMAs were similar when the groups were compared (p= 0.1, 0.9).

Conclusions In this study, GD and ELBW infants were at high risk for abnormal GMAs. GMAs maybe a helpful tool to ensure that GD infants receive long-term follow-up and resources required to reach their developmental potential. Further longitudinal research is required to determine the accuracy of GMAs in the GD population.

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#195 ABNORMAL BLOOD GAS AND OXYGEN REQUIREMENTS IN FIRST 24 HOURS OF LIFE AS INDICATORS OF MORBIDITY IN VERY LOW BIRTH WEIGHT INFANTS

1** NS Nanduri**, 1,2** A Hisey, 1** Y Shao, 1** K Ramm, 1** L Barton, 1,3** R Ramanathan, 1,3** M Biniwale. 1Los Angeles County University of Southern California Medical Center, Los Angeles, CA; 2Drexel University College of Medicine, Philadelphia, PA; 3Loyola University Chicago Stritch School of Medicine, Maywood, IL.

10.1136/jim-2022-WRMC.192

#196 INTUBATION IN THE FIRST 24 HOURS AS AN INDICATOR OF NEONATAL MORBIDITY

1** N Nanduri**, 1,2** A Hisey, 1** Y Shao, 1** K Ramm, 1** C Marquez, 1** L Barton, 1** R Ramanathan, 1,3** M Biniwale. 1Los Angeles County University of Southern California Medical Center, Los Angeles, CA; 3Loyola University Chicago Stritch School of Medicine, Maywood, IL.

10.1136/jim-2022-WRMC.193
Purpose of Study

Delivery room intubation in the premature neonate has been previously correlated with an increased risk for neonatal morbidities such as bronchopulmonary dysplasia (BPD). Invasive ventilation for longer duration also puts these infants at similar risk. This study further assessed relationships between infants needing invasive ventilation at 24 hours of life and short-term neonatal outcomes.

Methods

Used retrospective data of preterm VLBW infants born between 2009 and 2021 at LAC/USC Medical Center for invasive ventilation at 24 hours of life and common neonatal morbidities. Institutional IRB approval was obtained. Maternal factors, delivery room interventions and standard neonatal outcomes were analyzed.

Summary of Results

Out of the 313 infants meeting inclusion criteria, 136 (43.5%) required invasive ventilation beyond 24 hours of life. Infants born to mothers with histologic chorioamnionitis were more likely to need invasive respiratory support at 24 hours. These infants had lower birth weight as well as lower gestational age. Resuscitation in the delivery room including intubation and chest compressions were also strongly correlated. These infants had a higher incidence of patent ductus arteriosus (PDA) as well as severe intraventricular hemorrhage (IVH). Bronchopulmonary dysplasia (BPD), severe retinopathy of prematurity (ROP) and MRI abnormalities by term gestation were also more often seen.

Conclusions

VLBW infants who had invasive ventilation in the first 24 hours of life were more likely to have BPD, PDA, abnormal brain MRIs, and severe ROP during their NICU stay.

### Abstract #196 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Invasive ventilation in the first 24 hours (%)</th>
<th>Non invasive ventilation in the first 24 hours (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Weight</td>
<td>749.7 ± 279 g</td>
<td>1100 ± 253 g</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Gestational Age</td>
<td>25.9 ± 2.3 weeks</td>
<td>28.1 ± 2.3 weeks</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Histologic Chorioamnionitis</td>
<td>18.7</td>
<td>6.8</td>
<td>0.002</td>
</tr>
<tr>
<td>Intubation in the delivery room</td>
<td>76.5</td>
<td>24.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Chest compressions</td>
<td>33.8</td>
<td>4.5</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Severe IVH</td>
<td>10.2</td>
<td>1.1</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PDA</td>
<td>75.2</td>
<td>31.4</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PDA requiring surgery</td>
<td>26.5</td>
<td>2.9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Abnormal brain MRI</td>
<td>61.0</td>
<td>33.7</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BPD</td>
<td>63.3</td>
<td>25.1</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Severe ROP</td>
<td>82.9</td>
<td>17.3</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Purpose of Study

Hepatitis C virus (HCV) is the leading cause of blood-borne infection globally with an associated increase from the ongoing opioid epidemic. Current recommendations call for antibody screening of HCV-exposed infants after 18 months of age or RNA testing after 2 months of age, however, studies have shown low compliance. We hypothesized that many women with HCV do not receive appropriate screening during pregnancy resulting in gaps in infant care. We seek to identify factors associated with suboptimal pediatric HCV screening that could improve screening and subsequent treatment in perinatally exposed and chronically infected children.

Methods

A retrospective chart review was completed using data obtained by Tricore Laboratories. The data assessed the yearly proportion of HCV in pregnant women who were tested from 2014–2019 at our institution, characterize their demographic and health information, and identify their infants and HCV testing status. Demographics of mothers and infants with HCV testing were compared to those without testing to determine if certain demographics portend a greater probability of follow up care for infants with possible congenital HCV infection.

Summary of Results

From 2014–2019, a total of 14,709 women delivered at our institution with 63% (n=9,310) receiving HCV testing. Of these women, 139 (1.5%) were antibody positive; 107 mother-infant pairs were included in our analysis. Only 29 infants (27%) had antibody testing and 4 infants (3.7%) received viral load testing. One child was found to be antibody and viral load positive. The majority of these infants (n=81) were discharged to their birth parent from the nursery or neonatal ICU regardless of testing status. Mean infant gestational age, mothers’ gravidity/parity, liver enzyme levels, time between initial positivity of the mother and birth of infant, and maternal viral load at prenatal care onset did not differ significantly between the infant groups. However, urine positivity for opioid replacement therapy (ORT; methadone or buprenorphine) appeared to approach significance (p=0.08) for mothers whose infants were tested. Maternal and infant ALT levels showed a 0.34 correlation.

Conclusions

Mothers receiving ORT were more likely to have infant testing completed. This could be partly due to involvement of these mothers in programs which subsequently screen their infants. Additionally, a correlation between maternal and infant ALT levels seemed to exist however it is known that LFTs can fluctuate in those with HCV and in newborns. Thus, we are unable to conclude that this finding was clinically significant especially given the small number of infants who had LFT testing.

### Abstract #197

**CHARACTERIZING RISK FACTORS AND INVESTIGATING TESTING AT BIRTH FOR CONGENITAL HEPATITIS C VIRUS INFECTION**

1. H Ko*, 2M Dodd, 3T Burunda, 1K Page, 3L Cervantes, 1J Maxwell, 1RO Castillo. 1University of New Mexico Health Sciences Center, Albuquerque, NM; 2Rhodes Group, Albuquerque, NM; 3University of New Mexico School of Medicine, Albuquerque, NM

10.1136/jim-2022-WRMC.194

Purpose of Study

Paid family leave (PFL) is associated with improved infant health, potentially through increased breastfeeding. Little is known regarding the effects of PFL on very low birthweight (VLBW) infants, a population in which human breast milk (HBM) is critical. California (CA) was the first state to implement PFL in 2004. The primary aim of this

### Abstract #198

**PAID FAMILY LEAVE AND VERY LOW BIRTHWEIGHT INFANT HEALTH OUTCOMES**

1. Feister*, 1H Lee, 2L Greenberg, 3M Parker, 4M Rossin-Slater, 5E Edwards. 1Lucile Packard Children’s Hospital at Stanford, Palo Alto, CA; 2Vermont Oxford Network, Burlington, VT; 3Boston University School of Medicine, Boston, MA; 4Stanford University, Stanford, CA

10.1136/jim-2022-WRMC.195

Purpose of Study

Paid family leave (PFL) is associated with improved infant health, potentially through increased breastfeeding. Little is known regarding the effects of PFL on very low birthweight (VLBW) infants, a population in which human breast milk (HBM) is critical. California (CA) was the first state to implement PFL in 2004. The primary aim of this
study was to determine the impact of California’s PFL program on use of HBM at discharge, necrotizing enterocolitis (NEC), and in-hospital mortality in VLBW infants.

Methods Used We conducted a quasi-experimental study by employing a difference-in-differences design using data from Vermont Oxford Network. PFL was defined as the intervention with CA as the exposed group and the rest of the Western U.S. (WUS) as the unexposed group. Singleton infants with birthweight <1500g cared for at VON participant hospitals in CA & rest of the WUS from 2001–2010 were included. Infants with early mortality or congenital anomalies were excluded. Relative risk (RR) and adjusted RR (aRR) of each outcome for infants born pre 2004 and post 2004 (the year of PFL implementation) were calculated using multivariate regression models, controlling for maternal race/ethnicity, birthweight, mode of delivery, and antenatal steroids. Trends pre/post PFL in CA vs. the WUS were compared to identify the effect of PFL on the outcomes of interest.

Summary of Results Of 41,633 infants who met inclusion criteria, both CA and WUS infants were more likely to receive HBM at discharge post vs pre PFL enactment in CA (CA RR 1.19 [95% CI 1.15–1.23], aRR 1.17 [1.11–1.24]); WUS RR 1.03 [0.99–1.07], aRR 1.04 [0.98–1.10]). Both groups had higher incidence of NEC post vs pre PFL (CA RR 1.32 [1.18–1.47], aRR 1.29 [1.15–1.45]); WUS RR 1.43 [1.25–1.64], aRR 1.43 [1.24–1.64]). Incidence of NEC was lower in CA compared to WUS throughout the study period. There were no significant differences in mortality in either group pre vs post PFL. There was a trend of increasing use of HBM at discharge in CA but not WUS both pre and post PFL. Trends in NEC and mortality did not differ between CA and WUS. Overall, no statistically significant effect of PFL on the outcomes of interest was found when comparing difference in differences.

Conclusions Implementation of PFL legislation in CA did not have a clear, significant impact on use of HBM at discharge, NEC, and mortality in VLBW infants. Inadequate duration or utilization of PFL may account for the lack of observed impact. PFL may also not be sufficient for families who spend long periods for NICU hospitalizations. Further research investigating individual level effects of PFL on VLBW infants and patterns of PFL utilization by families with infants in the NICU is warranted.

#199 TELEMEDICINE EXPOSURE AND TRAINING IN NEONATAL-PERINATAL MEDICINE FELLOWSHIP PROGRAMS: A NATIONAL SURVEY OF FELLOWSHIP DIRECTORS

1 R. Rajkumar*, 2 K. Lund, 3 T. Hyun, 4 A. Hoffman, 5 W. Lapcharoenap, 1 Oregon Health and Science University, Portland, OR; 2 University of Utah Health, Salt Lake City, UT

Purpose of Study To describe the prevalence of Neonatal-Perinatal Medicine (NPM) fellow exposure to telemedicine, and the amount and type of telemedicine training fellows receive.

Methods Used This study is a cross-sectional national survey of NPM fellowship training program directors. The survey was distributed electronically via the Organization of Neonatal-Perinatal Medicine Training Program Directors (ONTPD) listserv and answers were collected using Qualtrics.

Abstract #199 Table 1 Perception of telemedicine and fellow telemedicine training

<table>
<thead>
<tr>
<th>Perception</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine is an important aspect of NICU practice</td>
<td>2 (11.1%)</td>
<td>7 (38.8%)</td>
<td>9 (50%)</td>
</tr>
<tr>
<td>Fellows will encounter telemedicine in their future career</td>
<td>2 (11.1%)</td>
<td>4 (22.2%)</td>
<td>12 (66.7%)</td>
</tr>
<tr>
<td>Fellows should learn about telemedicine during training</td>
<td>2 (11.1%)</td>
<td>5 (27.8%)</td>
<td>12 (66.7%)</td>
</tr>
<tr>
<td>Fellows should participate in telemedicine during training</td>
<td>1 (5.6%)</td>
<td>6 (33.3%)</td>
<td>11 (61.1%)</td>
</tr>
</tbody>
</table>

Summary of Results 21 individuals responded to the survey with 18 total completed surveys. 8 (47.7%) programs had a neonatal telemedicine program. Of these, the types of consultation offered (number of programs in parentheses) included general neonatal consults (7), resuscitation guidance (3), counseling for fetal conditions or anomalies (4), perinatal viability counseling (3), remote rounding (1), and NICU follow-up (2). One program noted during the COVID pandemic, intrahospital consultations, rounds and parental visitation were being conducted via telemedicine. NPM fellows conducted the telemedicine consultations in 3 programs (37.5%). One program started fellow consultations during the first year, and two started in the second year. One program provided real-time fellow oversight by an attending during the first year of training and the other 2 indicated none was required. No programs had specific training or curriculum for fellows conducting telemedicine consultations. The overall perception of telemedicine and fellowship telemedicine training is described in table 1. Programs were generally in agreement that telemedicine is important in modern NICU practice, that fellows would likely encounter it in their careers, and that telemedicine training should be provided during fellowship.

Conclusions Telemedicine has a rapidly expanding presence in neonatology. There appears to be minimal involvement of fellows throughout NPM fellowship programs. Further studies describing fellowship telemedicine training (including platform capabilities, demonstration of proficiency, communication techniques, documentation, medicolegal aspects, and simulated encounters) as well as the impact of such training on telemedicine program effectiveness are needed. Furthermore, development of expectations and curricula for telemedicine education in NPM fellowship should be standardized and widely adopted.

#200 INFANT AND MATERNAL FACTORS ASSOCIATED WITH DEVELOPING NECROTIZING ENTEROCOLITIS IN VERY LOW BIRTH WEIGHT INFANTS

1 MA Sacks*, 2 YS Mendez, 3 FA Khan, 4 G Collin, 5 A Radulescu. 1 Loma Linda University Adventists Health Sciences Center, Loma Linda, CA; 2 Rady Children’s Hospital San Diego, San Diego, CA

Purpose of Study The purpose of this study was to understand the relationship between maternal and infant risk factors associated with developing necrotizing enterocolitis in premature infants.
Methods Used Following Institutional Review Board (IRB) approval (#5190190), this prospective study was performed at two large academic Neonatal Intensive Care Units (NICU) in southern California. Our recruitment targeted mothers of very low birth weight infants (<1500 grams). After informed consent, they completed a questionnaire including demographics, health, substance usage and socioeconomic status. The infant data was collected from birth until NICU discharge and monitored if the development of NEC.

Descriptive statistics and qualitative analysis were performed as appropriate. P values <0.05 were considered statistically significant.

Summary of Results Seventy infants were enrolled: 37 (57.9%) male and 33 (47.1%) female. Only 12 (17.1%) developed NEC. Out of NEC, 20/58 (35.7%) developed NEC during pregnancy (*p<0.05)

There were no significant differences in mechanical ventilation, vasopressors, intracranial hemorrhage, infection, or feed initiation.

Mothers of NEC infants reported, on average, more overall maternal stressors and overall number of maternal stressors during pregnancy may be risk factors for developing necrotizing enterocolitis.

Purpose of Study Breast milk provides numerous benefits to preterm infants including decreasing the risk of necrotizing enterocolitis and sepsis. Providing breast milk via direct breastfeeding versus a bottle has been shown to improve long term outcomes in term infants. As preterm infants transition from tube feeding to oral feeds, the impact of the route of oral feeds on the infants’ microbiome and metabolome is unknown. The purpose of this study is to determine if direct breastfeeding changes the preterm infants’ oral and gut microbiome and metabolome versus exclusive bottle feeding.

Methods Used This study proposes using stool, saliva and milk samples collected from a cohort of preterm infants from the study: ‘The Association Between Milk Feedings, the Microbiome and Metabolome’ (NCT04835935). This study recruited 46 babies (<34 weeks gestational age). Their clinical data was collected as well as weekly samples of milk feeds, saliva and stools until discharge. Stool samples were analyzed for microbiome and metabolomic profiles in a subcohort of 18 infants. For

Abstracts

Abstract #202 Table 1

<table>
<thead>
<tr>
<th>Neonate factors (N, %)</th>
<th>Without NEC (N=58)</th>
<th>With NEC (N=12)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>31 (53.4)</td>
<td>6 (50)</td>
<td>0.920</td>
</tr>
<tr>
<td>Gestational age in weeks, mean (range)</td>
<td>29.0 (23.4-34.7)</td>
<td>25.9 (23.0-30.6)</td>
<td>0.002*</td>
</tr>
<tr>
<td>Apgar score at 1 minute (mean)</td>
<td>5.6</td>
<td>5.2</td>
<td>0.544</td>
</tr>
<tr>
<td>Apgar score at 5 minutes (mean)</td>
<td>7.8</td>
<td>6.7</td>
<td>0.136</td>
</tr>
<tr>
<td>Singleton birth</td>
<td>44 (75.9)</td>
<td>10 (83.3)</td>
<td>0.697</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal factors (N, %)</th>
<th>Without NEC (N=58)</th>
<th>With NEC (N=12)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income less than $30,000(USD)/year</td>
<td>20 (36.4)</td>
<td>4 (40)</td>
<td>0.891</td>
</tr>
<tr>
<td>Conception age in years (mean, range)</td>
<td>30.4 (18-44)</td>
<td>31.8 (25-41)</td>
<td>0.446</td>
</tr>
<tr>
<td>Medical conditions, during pregnancy</td>
<td>23 (41.8)</td>
<td>5 (41.7)</td>
<td>0.754</td>
</tr>
<tr>
<td>Prenatal care started first trimester</td>
<td>47 (81.0)</td>
<td>10 (83.3)</td>
<td>0.595</td>
</tr>
<tr>
<td>First child</td>
<td>30 (56.6)</td>
<td>8 (66.7)</td>
<td>0.747</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal substance usage (N, %)</th>
<th>Without NEC (N=58)</th>
<th>With NEC (N=12)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking, former/during pregnancy</td>
<td>8 (13.7)</td>
<td>2 (16.7)</td>
<td>0.680</td>
</tr>
<tr>
<td>Alcohol, during pregnancy</td>
<td>3 (5.2)</td>
<td>1 (8.3)</td>
<td>0.537</td>
</tr>
<tr>
<td>Drugs, during pregnancy</td>
<td>3 (5.2)</td>
<td>2 (16.7)</td>
<td>0.201</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal stressors (mean)</th>
<th>Without NEC (N=58)</th>
<th>With NEC (N=12)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of pregnancy complications</td>
<td>0.9</td>
<td>1.1</td>
<td>0.508</td>
</tr>
<tr>
<td>History of premature child</td>
<td>0.3</td>
<td>0.1</td>
<td>0.161</td>
</tr>
<tr>
<td>Emotional stressor (N, %)</td>
<td>20 (35.7)</td>
<td>10 (83.3)</td>
<td>0.007*</td>
</tr>
<tr>
<td>Mean number of stressors</td>
<td>0.5</td>
<td>1.5</td>
<td>0.027*</td>
</tr>
</tbody>
</table>

*p<0.05, NEC: Necrotizing enterocolitis
each subject, 3 longitudinal stool samples were analyzed (at birth, 2 weeks of age, and 4–6 weeks of age). Fifty-four stool samples, including 18 meconium samples, were analyzed. Metabolites were analyzed by untargeted gas chromatography-mass spectrometry and Kruskal-Wallis H test was used for statistical analysis. Bacterial compositions were analyzed by shotgun metagenomic. Differences in bacterial community composition were compared using a permutational multivariate analysis of variance (PERMANOVA).

Summary of Results Forty-two (91%) infants experienced at least one episode of breastfeeding during their NICU stay. Only 17 infants (40%) were discharged home primarily receiving maternal breast milk. Analysis of the 54 stool samples showed there was a strong differentiation in bacterial community composition after the initiation of bottle (p = 0.014) and breast feeding (p = 0.014). This indicated changes to the stool microbiome at the onset of oral feeding following full enteral feeds via a nasogastric tube based on shotgun analysis. Metabonomic analysis showed a trend toward differentiation in the stool after initiation of bottle feeds (p = 0.07) but did not show significant difference after the initiation of breastfeeding (p = 0.31).

Conclusions While analysis of stool samples has demonstrated microbiome and metabolomic changes after the initiation of breast versus bottle feeds in a subcohort of preterm infants, the future direction is to analyze all of the stool, saliva and breast milk samples for distinct microbiome and metabolome signatures of preterm infants who were exclusively bottle fed versus breastfed.

Abstract #202 Figure 1 Difference in goal attainment by medicaid status

Summary of Results A X² test of independence showed the relation between these variables (e.g., goal attainment and Medicaid status) was significant, X² (1, N = 122) = 21.5, p = .000. Infants with mothers with commercial insurance were more likely than infants with mothers with Medicaid to attend 4 or more cares sessions per week.

Conclusions The data show a difference in participation in cares sessions at least 4 times per week or more when compared by insurance status of the mother, a proxy of socioeconomic status. Further exploration is needed to fully understand barriers to parental engagement. Assessment of potentially related factors to Medicaid status (e.g., other family demands, distance from hospital, transportation difficulties) is recommended. The findings highlight the need for NICU providers to be cognizant of social determinants to bedside engagement and consider virtual options for parents to engage in care.

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#202 VARIATIONS IN PARENT PARTICIPATION IN NURSING CARE SESSIONS IN THE NICU BY MEDICAID STATUS

S Takamatsu*, MM Cunningham, JD Dempsey, J Kelleher, AG Dempsey. University of Colorado – Anschutz Medical Campus, Aurora, CO

10.1136/jim-2022-WRMC.199

Purpose of Study Parents are faced with the challenge of navigating other external responsibilities (e.g., parenting of other children, work) while their infant is hospitalized in the NICU. Families may have financial barriers impacting stability of housing, childcare, and transportation. As a result, increasing and stabilizing engagement is a common research interest, as it is influential in skill development and caregiver efficacy. Cares sessions with nursing occur in the NICU throughout the day, offering a structured time to observe and partake in the care of the infant. Participation in cares lends itself to demonstration of skills, explanation of care, and can be helpful for parents to feel competent interacting and caring for their baby. The present study collected data on the frequency of parents’ attendance of cares sessions in the NICU. To begin to understand differences in potential social barriers to engagement, differences were compared based on mother’s Medicaid status.

Methods Used Our sample included 122 premature infants in the NICU who were part of a larger quality improvement study to enhance family engagement. Attendance of four or more cares sessions with nursing per seven days was set as the target goal. Bedside nurses entered data into the infant’s medical record. A X² test was performed to detect a difference in goal attainment by Medicaid status.

#203 PREVALENCE OF NEONATAL INTENSIVE CARE UNIT ADMISSION AMONG PATIENTS WITH GENETIC TESTING

SB Zoucha*, J Jensen, JL Bonkowsky. University of Utah Health, Salt Lake City, UT

10.1136/jim-2022-WRMC.200

Purpose of Study Genetic disease is estimated to affect many critically ill neonates, but an unbiased determination of genetic disease prevalence in Neonatal Intensive Care Units (NICU) has been unclear. Since rapid and extensive genetic testing is increasingly available and practical and can impact outcomes, there is a need for identifying best clinical practices for genetic testing use. We hypothesized that a history of NICU admission is more common in patients with known or presumed genetic disease; and that neonatal NICU characteristics can guide best use of genetic testing.

Methods Used We performed a retrospective population-based cohort analysis of children on whom genetic testing was performed at a tertiary children’s hospital. The hospital and specialists are the only providers of pediatric sub-specialty care in a 500-mile radius. We analyzed the cohort for a history of NICU admission, and clinical characteristics of the admission. We identified 3894 patients with a history of genetic testing with birthdates between 1/1/09 and 6/1/21 to identify a final cohort of 1611 patients.
**Summary of Results** Of this cohort, 132 patients with a history of NICU admissions were identified (8.2% of the cohort). Of patients with a history of NICU admission; 36% had a positive (diagnostic) genetic test result, 30% had a negative test, and 34% had an uncertain (VUS) result. Compared to children without a history of NICU admission; 38% had a positive test result, 26% negative, and 36% uncertain; differences between these groups was not significant (p = 0.34). The age at testing was lower in those with a history of NICU admission (3.4 years vs 4.6 years; p < 0.001).

**Conclusions** Our study suggests that a genetic condition is present in a minority of children with a history of NICU admission. Further work into clinical characteristics of NICU children in whom genetic diagnoses are considered will help prioritize use of genetic testing.

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**Purpose of Study** Contemporary research has increasingly explored the possibility that preterm births (PTBs), the live-birth of babies prior to 37 weeks of completed pregnancy, are associated with first trimester vaginal microbiota abnormalities; yet the association between the two remains unclear.

**Methods**

1. **A systematic literature review** was conducted to assess current evidence for the role of first trimester vaginal microbiota abnormalities driving PTBs. Following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) 2009 guidelines, scientific databases, including Medline, Embase, and the Maternity & Infant Care Database (MIDIRS), were searched from January 2009 to March 2019. The search terms used were (vagina* microb* OR vagina* bacteria OR vagina* flora OR vagina* microflora* OR vaginal dysbiosis OR bacterial vaginosis) AND (preterm OR pre term OR premature OR early term OR early birth). Details on population/sample, study design, method of microbiota determination, measures of microbiota associations with PTBs, and Lactobacillus prevalence were extracted.

**Summary of Results** Thirteen studies (nine cohort, four randomized control trial) were included in the review. The results provided strong evidence for an association between abnormal first trimester vaginal microbiota and PTBs. Specifically, low-Lactobacillus, high-diversity microbial eoniches were found to be associated with an increased likelihood of PTB outcomes. Notably, two studies reported contradictory findings showing a negative association between first trimester AVF and PTBs, and three studies reported no significant association. Possible explanations for the negative association reported in Farr et al., 2015 include regional bias and inclusion of women with chronic conditions. Selection bias was also of concern in Koumans et al., 2010, which also reported a negative association, as participant recruitment was not randomized, possibly shifting the baseline health demographic of recruited women. No definite taxa-specific trends associated with PTB were identified; however, different studies reported Mycoplasma and Ureaplasma parvum increase the odds of PTB manifestation.

**Conclusions** Associations were largely consistent and strong, suggesting vaginal flora measurements might hold the potential to enable early prediction of PTBs. It is important to note that causality and a biological mechanism for AVF-associated PTBs is not yet proven, with more research being recommended.
illness, and is associated with adverse neurodevelopmental outcomes. Although delirium is recognized in pediatric ICUs, it is not commonly diagnosed in the neonatal population. The NICU at Rady Children’s Hospital is comprised of medically complex patients that are often on multiple medications for pain and sedation. Early recognition and treatment of delirium in the NICU may be helpful in improving clinical outcomes. We conducted a QI project to implement screening for neonatal delirium in high-risk patients. Our objective is to increase delirium screening (RASS/CAPD scores) from 0% to 85% in eligible NICU patients by 10/2021. Inclusion criteria are defined as NICU patients > or = 38 weeks corrected gestational age who are mechanically ventilated > 7 days and who are receiving any sedatives or opiates.

Methods Used Multiple interdisciplinary meetings were initiated with key stakeholders to develop an algorithm for the evaluation of neonatal delirium. Completion of the RASS (Richmond Agitation and Sedation Scale) and age-adjusted CAPD (Cornell Assessment of Pediatric Delirium) scores were used as the objective tool for delirium screening. Weekly nursing compliance with RASS/CAPD score documentation (figure 1) is the primary process measure. Outcome measures include child psychiatry consultations and a diagnosis of delirium.

Summary of Results Implementation of screening and data collection began in October 2020. After implementation, data from 10/2020 through 2/2021 showed an average weekly screening compliance of 76%. Our data shows a sustained shift with an average compliance of 88%, placing us above our goal of 85% compliance. Targeted future interventions to sustain our goal include: creation of an order set in the medical record and required documentation.

Conclusions Through this QI project, we have increased awareness of neonatal delirium as a diagnosis in our NICU. Our expectation is that early recognition of delirium in our chronic patients will lead to more timely management of symptoms and decreased use of narcotic and sedative medications. This early recognition will be important to these patients’ overall recovery.

#206  IMPROVING ELECTROLYTE AND MINERAL HOMESTASIS IN EXTREMELY PREMATURE INFANTS

S Markee, J Fuller, A Yaroslaski*, E Shenk, J Maxwell. University of New Mexico Hospital, Albuquerque, NM

10.1136/jim-2022-WRMC.203

Purpose of Study Infants ≤ 28 weeks gestational age (GA) are at increased risk for developing electrolyte and mineral abnormalities due to reduced baseline bone mineral content. ~80% of fetal calcium stores are obtained in the third trimester and ~54% of extremely preterm infants have metabolic bone disease. These infants rely heavily on early parenteral nutrition (PN) to provide appropriate electrolytes, but there is limited evidence on how to optimize calcium and phosphorus. Our primary outcome is to improve calcium and phosphorus by day of life (DOL) 7 in infants ≤ 28 weeks GA. Methods Used This Quality Improvement project is currently in the fourth Plan-Do-Study-Act (PDSA) cycle. We reviewed electrolyte and PN data in infants ≤ 28 weeks GA in 2019 (cohort 0; n=16). In March 2020, we obtained daily serum calcium and phosphorus levels in infants ≤ 28 weeks GA during the first postnatal week (n=13). Upon review, a custom PN form was designed for the next cohort (n=9), introducing calcium and phosphorus in PN earlier. In our third PDSA cycle we implemented new stock fluids, which included calcium gluconate 0.5 mEq/dL, dextrose, and amino acids for immediate use following birth for those born ≤ 28 weeks GA (n=10). A comparison was made between all three prospective cohorts. Additionally, serum creatinine and ionized calcium (iCa) levels were compared. A Grubb’s analysis was used followed by a student’s t-test.

Summary of Results Mean serum calcium on DOL1 between cohort 1 and 2 were similar (6.57 ± 0.25 mg/dL and 6.74 ± 0.12 mg/dL, respectively (p = 0.6)). In cohort 3, the calcium level was noted to be lower on DOL3 compared to cohort 1 (9.6 ± 0.24 mg/dL and 9.03 ± 0.09 mg/dL, respectively (p=0.08)). Interestingly, mean serum creatinine on DOL1 nearly significantly decreased in cohort 2 (0.76 mg/dL ± 0.05 mg/dL), compared to cohort 1 (0.90 mg/dL ± 0.05 mg/dL), p=0.07. Mean serum creatinine remained < 1 mg/dL throughout the first week of life for infants in cohorts 2 and 3, while it trended higher in cohorts 0 and 1 over the first week of life.

Conclusions The new PN allowed a more consistent and gradual increase in serum calcium levels, while remaining in normal limits, during the first postnatal week. Additionally, creatinine levels were lower and iCa levels remained in goal range, requiring less therapeutic intervention. Addition of calcium gluconate to stock fluids for infants ≤ 28 weeks GA on DOL0, as seen in cohort 3, augmented the improvement and stabilization of serum calcium and creatinine levels. Surprisingly, we have found that although we have been unable to show an improvement in our serum phosphorus for this patient population, we have seen improvement in calcium and creatinine levels in the first postnatal week.

#207  IMPLEMENTATION OF A NEONATAL MASSIVE TRANSFUSION PROTOCOL

1H Ko*, 1R Griggs, 1J Raval, 2T Zamora. University of New Mexico Health Sciences Center, Albuquerque, NM; 2Regents of the University of Minnesota, Minneapolis, MN

10.1136/jim-2022-WRMC.204

Purpose of Study A Massive Transfusion Protocol (MTP) is an institutional plan created to facilitate communication, ensure timely lab monitoring and reduce delays/errors when ordering multiple blood products. Though adult and pediatric (MTPs) exist, they are ill-suited for use in the neonatal population. Given the unique nature of neonates, this population could benefit from a neonatal-specific MTP.

Methods Used A pre-implementation survey was sent out to physicians, nurse practitioners, physician assistants, and nurses in the NICU. A multi-disciplinary team was then put together, involving clinical staff from the NICU, transfusion medicine, and the transfusion committee in order to develop a neonatal-specific MTP.

Summary of Results Fifty responses were recorded to 5 questions. 64% were aware of MTPs in general. Almost all participants (96%) correctly identified that MTPs were generally used for any patients requiring large blood volume replacements and/or multiple blood products. Forty-six percent responded that they had previously experienced a clinical situation in which there was difficulty obtaining blood products. Of the 46% who experienced difficulty getting blood
products, 67% identified that the delay was mostly attributed to waiting for blood products to arrive.

Conclusions Our multi-disciplinary group collectively developed a neonatal-specific MTP to allow for a safer, timelier, and standardized approach to administering multiple blood products. Massive transfusions are rare but high-risk events in the NICU setting thus this study will hopefully improve patient outcomes related to transfusions. Our pre-implementation survey shows educational and practical barriers exist when attempting to order multiple blood products and further work will need to be done to address these barriers.

#208 HOSPITAL VARIATION IN EXTREMELY PRETERM BIRTH
GP Goldstein*, P Kan, C Phibbs, E Main, GM Shaw, H Lee. Stanford University, Stanford, CA

10.1136/jim-2022-WRMC.205

Purpose of Study To assess between-hospital variation in extremely preterm birth (EPTB) frequency when stratifying by hospital level of care, and determine the proportion of variance explained by differences in maternal and hospital factors.

Methods Used We assessed 7,072,562 births in California from 1997 to 2011, using hospital discharge, birth and death certificate data. We estimated the association between maternal and hospital factors and EPTB using multivariable regression, calculated hospital-specific EPTB frequencies and estimated between-hospital variances, intra-class coefficients, and median odds ratios stratified by hospital level of care.

Summary of Results Hospital frequencies of EPTB ranged from 0.01% to 3.0%. Between-hospital EPTB frequencies varied substantially, despite stratifying by hospital level of care and accounting for confounding factors. This variation appeared to be related to differences in a collection of hospital, maternal sociodemographic and medical factors, and other factors not accounted for in our study, such as barriers to maternal transfer prior to delivery.

Conclusions Our results demonstrate differences in EPTB frequency among hospitals when stratifying by hospital level of care. Proportion of EPTBs at level 1 and 2 NICUs should be further investigated and considered as a hospital quality measure.

Abstract #208 Figure 1 Hospital frequencies of extremely preterm birth (EPTB) among hospitals with level 1, 2 and 3A NICUs and by hospital rank

#209 PERCEIVED MOTIVATIONS AND BARRIERS OF NEONATAL NURSE PRACTITIONERS IN FELLOW EVALUATION: A PILOT CASE STUDY
N Dyess*, University of Colorado Denver School of Medicine, Aurora, CO

10.1136/jim-2022-WRMC.206

Purpose of Study Fellowship programs must provide objective performance evaluations of trainees that are formative and come from multiple evaluators including nonphysicians. The utility of multisource feedback has been well demonstrated in the literature; however, it is difficult to ensure nonphysician staff fill out evaluations. The purpose of this study is to elucidate the neonatal nurse practitioner’s (NNP’s) perceived motivations and barriers to completing fellow evaluations. As a pilot study, an additional purpose was to assess feasibility and refine methods.

The research questions guiding this study are: how do NNP’s view their role in the trainee evaluation process, what motivates NNP’s to fill out evaluations, what are the self-perceived barriers to evaluations, and how can we increase NNP evaluation of trainees.

Methods Used I performed a pilot study of a phenomenological, qualitative case study of NNP’s at the University of Colorado. A convenience sample of 3 NNP’s, selected via purposive sampling, participated in semi-structured, one-on-one interviews to explore the perceived motivations and barriers to evaluating fellows. A constructivist epistemological framework guided the study. The data was viewed through a theoretical framework inspired by Maslow’s motivation theory. Interview transcripts were coded inductively via the constant comparative method and then clustered into emergent themes using phenomenological reduction, horizontalization, imaginative variation, and thematic analysis.

Summary of Results A conceptual framework emerged from the data, consisting of five themes of driving and restraining forces to completing evaluations which interact in a process akin to a neuronal cell’s action potential. The...
Abstract #209 Table 1  Themes of driving and restraining forces and representative quotes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Driving Forces</th>
<th>Restraining Forces</th>
</tr>
</thead>
<tbody>
<tr>
<td>fellow Characteristics</td>
<td>‘If they go like above and beyond’ ‘if somethings like stuck out’ ‘just knowing that’s helpful for them or that they would appreciate the critique...’ ‘just sensing someone’s openness or reception to wanting to learn and improve in different ways impacts my willingness’ ‘if you have a really positive experience or a really negative experience then you may think to fill it out’</td>
<td>‘I don’t think I’ve known that people want feedback necessarily’ ‘most experiences are kind of like somewhere in the middle...doesn’t stick out to you in the same way’ ‘what if they’re having a bad week, what if they’re having a bad service, what if they’re having a bad day’</td>
</tr>
<tr>
<td>* extremes of behavior, pattern/repetitive behavior</td>
<td>* values feedback</td>
<td></td>
</tr>
<tr>
<td>NNP-Fellow Relationship</td>
<td>‘If I worked more closely with one of you, then I try to share ‘your relationship with the fellow, whether or not you have the same communication skills’</td>
<td>‘If I feel like there’s still a sense of hierarchy...it can feel like intimidating or strange to be critical of someone that you maybe see as your superior in some way or leader’ ‘it’s very difficult to know where your boundaries are and where the line is in as far as giving negative feedback’</td>
</tr>
<tr>
<td>* continuity/exposure</td>
<td>* perceived hierarchy</td>
<td></td>
</tr>
<tr>
<td>Evaluation Characteristics</td>
<td>‘If you’re giving positive feedback...you hope that the person that you are writing about actually sees it because you want them to know that they’re appreciated’</td>
<td>‘questions where it’s like give me an example...then I have to rack through my memory of the past month that you’ve been on service’ ‘I would be hesitant to give that exact situation because then they would know who gave that feedback’ ‘you’re thinking of one specific scenario but I don’t know where that fits in like these 3 questions that they ask about...it’s like you’re trying to fit your feedback into a mold that didn’t really go together’ you are given a random evaluation and you haven’t worked with that person in like a month’</td>
</tr>
<tr>
<td>* perceived feasibility</td>
<td>* confidentiality/anonymity</td>
<td></td>
</tr>
<tr>
<td>NNP-Evaluation Relationship</td>
<td>‘I just think that our feedback because we are in a different role is also invaluable because you will be working with other nurse practitioners in community hospitals, other nurses in community hospitals, rather than other attendings 24–7’ ‘it’s very important to have the bedside nurse and NNP...join in on that conversation because you’re not just communicating with consultants and you’re not just communicating with other attendings...you speak to an attending differently than how you speak to a NNP or bedside RN...so I feel like having a bedside RN and NNP weigh in on what you’re doing is important’</td>
<td>‘I guess I’ve never been explicitly...told about it or that we do have a role in that’ ‘in the case of constructive criticism, it’s helpful if it’s very explicit in where it goes and who’s name is on what so you at least do that in full awareness of what maybe could be the implications of the criticism you are giving’ ‘the simplest answer is no, I do not know the process for giving feedback’ ‘we get bombarded with evaluations all the time’ ‘we are inundated with a bunch of evaluations with absolutely everything we do’ everybody thinks like if I give this negative feedback, something bad is going to happen’</td>
</tr>
<tr>
<td>* knowledge of role and value (to trainee and to program)</td>
<td>* knowledge of evaluation process and outcomes</td>
<td></td>
</tr>
<tr>
<td>NNP Characteristics</td>
<td>‘If it were simplified and we can just...have a place where there is eval forms...like ok I really have something to say about this person, I don’t want to wait for an evaluation to come out, I can go online and I can click on this tab and I can fill [it] out ‘more years into the role, like I can see the differences in where a fellow stands and where they are in their career and how well they do their job’</td>
<td>‘I prefer to do it verbally, in person. ’I feel like verbal feedback is way easier, quicker, gets the point across.’ ‘I...haven’t found a way to give...constructive criticism, partly because I am trying to figure things out myself’ ‘it’s because I was a newer NNP...so I wasn’t comfortable, and didn’t really know the ropes, I guess, as far as what should be done...what should be expected’</td>
</tr>
<tr>
<td>* preferred evaluation and feedback strategies</td>
<td>* time constraints, interruptions, unprotected time</td>
<td></td>
</tr>
<tr>
<td>* new to role, knowledge of own role, knowledge of culture/system</td>
<td></td>
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</table>

The conceptual framework provides insights into the motivations and barriers to completion of fellow evaluations by NNP's that can inform measures to increase completion rates of trainee evaluations by nonphysicians.

EVALUATING A NEONATAL OPIOID WITHDRAWAL SYNDROME CURRICULUM TO IMPROVE CARE IN RURAL HOSPITALS

Purpose of Study The incidence of neonatal opiate withdrawal syndrome (NOWS) in the US has grown dramatically over the past two decades. Many rural hospitals are not equipped with resources and materials to manage best practices of these patients resulting in transfers to hospitals in bigger cities. The purpose of this study is to evaluate a curriculum we created to support rural hospitals to keep healthy infants with NOWS for observation instead of transferring them.

Methods Used The curriculum was used for quality improvement at a rural hospital and shared with providers in another state that expressed interest. To evaluate the curriculum, we conducted pre- and post-surveys of NOWS knowledge, attitudes, and care practices, plus post-curriculum interviews and focus groups.

J Investig Med 2022;70:110–345

#210
Summary of Results

Fourteen participants completed both pre- and post-curriculum surveys. They indicated an increase in knowledge and care practices, and a decrease in belief that infants with NOWS should be cared for in a critical care environment. Most respondents agreed with positively worded attitude items pre-test and post-test. Although few respondents expressed negative attitudes about mothers of infants with NOWS at pre-test, the training curriculum appeared to have no impact on such attitudes at post-test. Sixteen participants participated in focus groups or interviews. Qualitative data reinfored quantitative results, plus the need to reduce stigma and improve provider/staff interactions with patients.

Conclusions

This curriculum has strong positive impacts on NOWS knowledge and care practices. Incorporating focus on core concepts of trauma-informed care and self-regulation in future iterations of the curriculum may strengthen the opportunity to change attitudes and address the needs expressed by participants and improve care and well-being of families and babies with NOWS.

Abstract #211

EFFECTS OF POSTNATAL GLUCOCORTICOIDS ON BRAIN STRUCTURE IN PRETERM INFANTS, A SCOPING REVIEW

1Robles*, MA Eidsness, HM Feldman, SE Dubner. Stanford University School of Medicine, Stanford, CA

10.1136/jim-2022-WRMC.208

Purpose of Study

Postnatal GCs (GC) are given for many indications in infants, including the reduction in incidence and severity of bronchopulmonary dysplasia, a major risk factor for morbidity, mortality, and neurodevelopmental disability in children born preterm. Variation exists in medication, dosing, timing, and reported outcomes. Clinical neurodevelopmental outcomes after GC administration may be due, in part, to GC induced alterations in neonatal brain development. The objective of this scoping review is to identify what is known about the effects of GC treatment on brain structural development in preterm human infants in order to identify potential mechanisms by which GCs may affect later clinical neurodevelopmental outcomes and to identify gaps in the literature.

Methods Used

A search query was developed to search online databases for original research on human infants, GCs, and brain structure. Potential article titles and abstracts were screened by two reviewers to identify papers for full text review.

Summary of Results

6565 titles were identified based on the search query for title and abstract review. Inclusion and Exclusion criteria are shown in the table. 70 were included for full text review. Multiple imaging modalities and outcomes were reported.

Conclusions

GC effects on brain are of interest to a wide audience of researchers across the lifespan and across many clinical conditions. Relatively few human studies have directly assessed the effect of this intervention on early brain structural development. This study highlights the need for additional research on neonatal GCs and their potential effects on brain development.
We will continue education, data collection and analysis with the hope to achieve our measures and aims.

Adolescent medicine and general pediatrics II
Concurrent session
8:00 AM
Friday, January 21, 2022

#213 WEE NUZZLE: A QUALITY INITIATIVE TO PROMOTE NON-NUTRITIVE BREAST FEEDING IN ORDER TO INCREASE BREASTMILK AT DISCHARGE FOR PRETERM INFANTS IN THE NEONATAL INTENSIVE CARE UNIT

1S. Schulters Escalante*, 1,2J. Barnard, 1E. Clemens, 1R. Hammer, 1C. Ritter, 1K. Ko, 1J. Wood, 1S. Freeman, 1J. Cook, 1K. Weiss, 1,2SL. Leibel. 1University of California San Diego, La Jolla, CA; 2Rady Children’s Hospital San Diego, San Diego, CA.

Purpose of Study Reduced opportunities for preterm infants to practice oral feeding can contribute to issues such as delayed hospital discharge and oral aversion. Furthermore, a lack of opportunity for direct latching may discourage mothers and reduce breastmilk feeding at discharge. The NICU at Jacobs Medical Center, University of California, San Diego has a low rate of non-nutritive breast feeding (NNBF) in preterm infants due to: 1) varying practices and comfort levels, especially for preterm infants on non-invasive respiratory support (NRS), 2) lack of formal guidelines, and 3) NNBF not frequently integrated into medical team’s daily discussions or documented by bedside staff. The goals of this QI project are to support early introduction to the breast to promote latching and ultimately milk transfer, promote maternal-infant bonding, and facilitate early positive oral experiences. Our SMART AIM is to increase eligible preterm infants attempting at least one session of NNBF at least once weekly from a baseline of 0% to ≥50% by July 2022.

Methods Used To support the development of oral feeding skills, called Wee Feeds, in premature infants, a multidisciplinary team was developed that included providers, occupational and respiratory therapists, lactation consultants, nurses, and parents. A new pathway called ‘Wee Nuzzle’ was created as a pre-feeding developmental pathway primarily focusing on promoting breast feeding by encouraging Skin-to-Skin, Milk Drops, and NNBF. Premature infants ≥30 weeks are included if they are receiving enteral breast milk, are on NRS or room air, and the parent desires to do NNBF. Infants are excluded if they were intubated or within a week of extubation, have an umbilical arterial catheter, and/or have significant congenital or neurological abnormalities making it unsafe to attempt NNBF. Education for NICU staff has occurred at department meetings, nurse staff meetings and huddles, nursing fair skills day, and via multiple emails over the past 6 months. The primary process measure is percent of eligible infants attempting at least one NNBF session per week. Outcome measures include the number of preterm infants discharged home on breastmilk and time to discharge from start of Wee Nuzzle. Balancing measures include an increase in respiratory support within 24 hours of NNBF without another explanation.

Summary of Results Implementation of our project is currently ongoing. We plan to measure data monthly and implement PDSA cycles as needed.

Conclusions The oral feeding pathway, Wee Feeds, has been widely accepted and supported by all levels of staff in our NICU and we hope to gain the same support for Wee Nuzzle.

#214 IMPACT OF AGE, SEX, AND RACE ON VELOPHARYNGEAL ANATOMY WITHIN THE FIRST TWO YEARS OF LIFE

1S. Levene*, 1N. Neuberger, 1K. Barhaghi, 1A. Piccorelli, 1K. Kotlarek. 1University of Washington School of Medicine, Seattle, WA; 2Children’s Hospital Colorado, Aurora, CO; 3University of Wyoming, Laramie, WY.

Purpose of Study Children born with cleft palate typically undergo primary palatoplasty within the first 2 years of life with the goal of anatomic restoration of the palate to allow for the development of normal speech and swallowing patterns. To the best of our knowledge, no large-scale quantitative data exists regarding typical velopharyngeal (VP) structures for children within this age range. This retrospective study aimed to (1) quantify the impact of age, sex, and race on the size and orientation of VP structures during the first 2 years of life and (2) provide normative data for future comparison to infants with cleft palate. Based on existing literature, it was hypothesized that VP dimensions would not display sexual dimorphism but would display a significant racial effect.

Methods Used An a priori power analysis was completed. A retrospective chart review was completed for all patients under 24 months of age that underwent an MRI of the head for medical necessity using a 3D FLAIR sequence at a large pediatric hospital within the past 18 months. After excluding patients based on scan quality and medical diagnoses or structural conditions affecting the region of interest (e.g. cleft palate), VP measurements were obtained for 184 patients using ThermoFisher™ Amira™ software. Participants were divided into 5 groups based on corrected age. A multivariate analysis of covariance was used to assess differences in VP variables by age group while controlling for sex and race. Inter- and intra-rater reliability was completed for all variables based on 20% of participants using a Pearson product-moment correlation.

Summary of Results Inter- and intra-rater reliability were excellent (r=.90+). There was a statistically significant (p<.0001) difference between age groups based on overall combination of dependent variables after controlling for sex and race. Regarding corrected age, follow-up analyses revealed significant differences in adenoid depth (p<.0001), effective velar length (p<.0001), origin to origin distance (p<.0001), pharyngeal depth (p<.0021), sagittal angle (p<.0016), velar insertion distance (p<.0001), velar length (p<.0001), and velar thickness (p<.0001). Regarding sex, follow-up analyses revealed significant differences for effective velar length (p<.0225), levator length (p<.0001), origin to origin distance
LIMPING THROUGH A DIFFERENTIAL: AN UNCOMMON PRESENTATION TO A COMMON PEDIATRIC DIAGNOSIS

J Smith*, J Gardner, K Dreher, S Sanders. University of Arkansas for Medical Sciences, Little Rock, AR

10.1136/jim-2022-WRMC.212

Case Report A 4-year-old previously healthy boy presented to the pediatric emergency department (ED) with a one-month history of a progressively worsening limp with concerns for osteomyelitis. He was recently evaluated by an orthopedic surgeon with x-rays of the ankle showing medial metaphyseal lucency and joint effusion concerning for infection as well as distal fibular sclerosis concerning for a healing fracture. His limp progressed to the inability to bear weight due to worsening left lower extremity pain. There was no history of trauma to the area. He complained of no other bone pain.

Physical Exam Exam was notable for left ankle swelling with tenderness to palpation and pain with passive movement. The left lower extremity had normal sensation and perfusion. The liver edge was palpated several centimeters below the costal margin. No lymphadenopathy was appreciated. No rashes or bruising noted.

Diagnostic Evaluation Laboratory evaluation was significant for elevated inflammatory markers. A complete blood count revealed a borderline microcytic anemia, but was otherwise normal. Magnetic resonance image (MRI) of the ankle showed diffuse abnormal bone marrow enhancement consistent with an infiltrative process. Further questioning revealed a history of night sweats, increasing fatigue, and intermittent fevers over the past month. Lactate dehydrogenase and uric acid were elevated and a peripheral smear showed atypical lymphocytes. The patient underwent bone biopsy. No drainable fluid collection was found. Cultures did not grow bacteria. Bone marrow aspirate with flow cytometry showed 60% B-lymphocytes and normal lymphocytes. The patient was noted to have deep vein thrombosis in his mother, and antiphospholipid syndrome in grandfather. Physical exam was notable for deep vein thrombosis in his mother, and antiphospholipid syndrome in grandfather. Physical exam was notable for deep vein thrombosis in his mother, and antiphospholipid syndrome in grandfather.

Discussion Acute onset limping and acute lymphoblastic leukemia are commonly encountered problems in the ED. Extremity pain with limping carries a wide differential diagnosis in a child. Studies have shown that the initial diagnosis in a patient with limp is only correct 42% of the time. ALL often presents with diffuse bone pain; however, presentation with limp as the primary problem is rare. This case highlights the importance of a thorough history and physical exam. It was not until they were asked specifically about night sweats, weight loss, and fevers that the patient’s guardians responded in the affirmative. In the workup of the limping child, it is imperative to have malignancy on the differential even for localized bone pain.

REFERENCES


PROTEIN CONCENTRATION OF HUMAN MILK VARIES WITHIN A FEED AND OVER A 24-HOUR PERIOD

1KA Bull*, 2AC Gogel, 3JE Williams, 4Y Bonney, 5MA McGuire, 6MK McGuire. University of Washington School of Medicine, Moscow, ID; 2University of Idaho College of Agricultural and Life Sciences, Moscow, ID

10.1136/jim-2022-WRMC.213

Purpose of Study Fundamental to understanding human milk composition is determining what is a representative milk sample. Many factors can influence the concentration of some milk components, and controlling for these variables is essential to documenting ‘typical’ milk composition. While variation in lipid content has been widely studied, there is less research on macronutrients. The purpose of this study was to determine if total protein concentration varies with time of day and during a feed. We hypothesized that we would detect no differences in protein based on these factors.

Methods Used This was an epidemiologic, repeated-measures trial involving 17 healthy women from Moscow, ID and surrounding areas who were ≥18 years of age, not taking antibiotics, and nursing healthy infants. Participants were recruited as they delivered milk to each mother’s home with detailed sampling instructions, and study personnel were available (via phone) during most of the sample collection times. During d 1, participants collected milk representing the foremilk, mid-milk, and hindmilk of a feed during a single breast expression. On d 2, milk was collected 4 times (T1-T4), 6 ± 1.5 h apart, the first being between 0500-0900 h. Protein concentrations in milk were measured using a colorimetric method (Pierce BCA Protein Assay Kit) with human serum albumin (Sigma-Aldrich) as the standard. Data were analyzed using linear mixed models with participant as a random variable while assuming an autoregressive correlation structure for the repeated measures within participant as implemented in SAS (v. 9.4).

Summary of Results Contrary to our hypotheses, protein concentration varied within a feed (p = 0.0058) and over a 24-hr period (p = 0.0046). Protein concentrations of foremilk and mid-milk were lower than that of hindmilk (17.66 ± 0.46, 17.80 ± 0.46, and 18.56 ± 0.57 g/L, respectively; p =0.0210 and p=0.0015, respectively). Protein concentrations increased in a stepwise fashion over the 24-hr period (17.31 ± 0.51, 17.83 ± 0.44, 18.37 ± 0.45, and 19.15 ± 0.44 g/L at T1, T2, T3, and T4, respectively).

Conclusions Our results demonstrate that human milk protein concentration increases from the beginning to the end of a feed and over a 24-hr period. These findings contradict the majority of published studies and bring into question current published values of ‘typical’ human milk protein concentration. Our data suggest that time within a feed and time of day must be considered when collecting a representative milk sample for protein analysis.
Localized bone pain. It is imperative to have malignancy on the differential even for the affirmative. In the workup of the limping child, it is weight loss, and fevers that the patient presents with diffuse bone pain; however, presentation with the child. Studies have shown that the initial diagnosis in a patient were elevated and a peripheral smear showed atypical lympho-infiltrative process. Further questioning revealed a history as an infiltrative process.

Laboratory evaluation was significant for lab results. Diagnostic Evaluation

Liver edge was palpated several centimeters below the costal cartilage and a liver palpation was noted. The patient was found to have ascites. Further questioning revealed a history of abdominal pain and distention. Physical exam was notable for the right eye with red, injected sclera and conjunctiva.

Further studies included MR of the right orbit showing mild right proptosis, as well as right periorbita, intraorbital and extracranial intraorbital edema and enhancement. Right uveal thickening and enhancement was seen and the extraocular muscles were normal in caliber and symmetry. The globes were otherwise unremarkable and the optic nerves/sheath complexes were normal in configuration. Final MRI impression was significant for right orbital and periorbital cellulitis with retinitis and mild proptosis. Patient had a mildly elevated white blood cell count at 12.7 K/ul and was started on IV Vancomycin and Unasyn. There was no clinical response after 2 days of treatment. Ophthalmology determined that presentation was most consistent with a likely autoimmune etiology, after which prednisone treatment was started at 80 mg daily. The patient showed immediate improvement in symptoms. Primary immune screen included: Antinuclear antibodies (ANA) was positive, but titers <1:40 (titers in the range of 1:40 to 1:60 are considered low), anti-neutrophilic cytoplasmic autoantibody (ANCA), rheumatoid factor (RF), Immunoglobulin (IgG subclasses, IgM, and IgA were all normal, SSA/SSB and HLA-B27 were negative. Initial erythrocyte sedimentation rate (ESR) was 31 and normalized to 2 (normal ESR in males : ≤15 mm/hr) after being on prednisone treatment. There are no specific tests available to confirm autoimmune scleritis; however, patient was unresponsive to appropriate antibiotic therapy and highly responsive to prednisone treatment, implying an autoimmune etiology.

At the age of 14, gonadal failure and delayed puberty were diagnosed.

Conclusions Appropriate autoimmune screening should be part of the medical management of patients with KS. As presented in this case report, it is also important to be aware of eye symptoms, particularly scleritis, as the first symptom of autoimmunity in KS patients.

Purpose of Study Social media sites, such as Twitter, have been used to sample informal attitudes and messages shared about birth control between users. TikTok is a newer platform that appeals to younger users, that has not been used to study this topic. On TikTok, content creators openly share their experiences with birth control through dialogue and humorous interpretations. TikTok’s largest age group is 18-24, while Twitter’s is 30-49. Identification of sentiment about hormonal birth control in the previously untapped TikTok population could provide insight into younger patients’ attitudes towards birth control.

Methods Used In this qualitative IRB-approved study, 100 videos per hormonal birth control method (oral contraceptive pills [OCP], injections, intrauterine devices [IUD] and implant) were identified through hashtags. Given interest in user experience, we excluded videos posted by self-identified medical providers or commercial agents. Videos were then analyzed for sentiment, factual accuracy, and theme saturation.

Summary of Results 60% of the content we surveyed on TikTok was negative, while 8% was positive. A previous study on Twitter had found a majority of birth control content was neutral or positive.

TikTok content most commonly highlighted side effects (59.5%), experiences with providers (19.5%), and humor (18.5%). OCP videos discussed side effects the least (37%) and were more likely to include humor (37%). Implant (70%), IUD (67%) and injection (64%) videos focused on side effects much more than OCP videos. IUD (18%) and OCP (13%) videos were most likely to contain misinformation. IUD contained the most videos mentioning complications (17%).

We found that videos discussing short-acting methods were over twice likely to be positive (12%) compared to long-acting methods (5%). A previous study found that Tweets mentioning long-acting methods were more likely to be positive than short-acting methods.

Humor was utilized most in OCP (37%) and IUD (16%). Many of the humorous videos joked about the onset and severity of side effects, or used humor to make fun of children’s misbehavior as their motivation for using birth control. One content creator stated, ‘I take the pill so my boyfriend doesn’t have to be a teen dad’. Much of the humorous content on TikTok relied on trending audio tracks, self-deprecating jokes, and facial expressions.

Conclusions Attitudes and themes towards hormonal birth control options presented on TikTok differ from previous studies on public platforms, and introduce humor and use video formats that both resonate with the application’s younger users. Recognition of different perceptions of birth control by younger TikTok users in comparison to the older Twitter users can be used to strategically target misinformation and potentially identify generational differences in perception of birth control.
Purpose of Study

Inequalities in educational opportunities and lack of STEM identity have contributed to underrepresentation of various minority backgrounds in medical professions. We developed Kidz MedEd, an innovative pipeline program to increase STEM identity in impoverished minority youth interested in health careers through the creation of animated medical education videos and medical infographics.

Methods Used

High school students were recruited from the UCSF Fresno Doctors Academy Summer Program while pre-medical college students volunteered to provide mentorship to the high school students. Learners were divided into 3 groups containing medical, college, and high school student(s). Each group was headed by a pediatric subspecialist and met weekly via Zoom for mentorship and medical education. Animated medical education videos were created with Powtoon, with Canva used to create visually appealing medical infographics.

Summary of Results

Students learned digital literacy skills and improved their fund of medical knowledge while collaborating with both peers and near-peers to make informative infographics and videos on a variety of topics. An emphasis was placed on copy right literacy, gender and racial neutrality, and provision of medically accurate information to those with low literacy levels. Students were able to make informative infographics and videos on a variety of topics including asthma, literacy, diabetes, hepatic steatosis, hormones, obesity, and thyroid disease.

Conclusions

The Kidz MedEd project has provided underrepresented minority high school and college students from California’s impoverished Central Valley with an opportunity to gain insight into the medical field, learn valuable digital literacy skills, while simultaneously receiving mentorship from healthcare professionals. It demonstrates that educational technology can be used to create innovative medical learning experiences for high school and college students interested in health careers. Collaborations such as this can benefit both disadvantaged students who wish to gain greater exposure to the medical field and physicians who lack the time to create educational tools such as animated medical videos, infographics, and other social media content.

Cardiovascular III

Concurrent session

8:00 AM

Friday, January 21, 2022

#220

SMIDT HEART INSTITUTE TAKOTSUBO REGISTRY: ADJUDICATION METHODS

1 Maughan*, 1 O Obotu, 1 B Tjoe, 1 R Herscovici, 1 P Moy, 1 N Rojas, 1 P Marano, 1 J Wei, 1 C Shufelt, 2 C Baber Mertz. Cedars-Sinai Medical Center, Los Angeles, CA; 2Sheba Medical Center, Tel Hashomer, Israel

10.1136/jim-2022-WRMC.217

Purpose of Study

Takotsubo syndrome (TTS) is an acute transient left ventricular dysfunction often triggered by emotional or physical stressors and seen predominantly in post-menopausal women. The Smidt Heart Institute Takotsubo Registry at Cedars-Sinai Medical Center aims to understand the prevalence, recurrence and prospective status of TTS. Rigorous medical record review is needed to adjudicate the diagnosis of TTS according to the International Takotsubo (InterTAK) Diagnostic Criteria.

Methods Used

Once enrolled into the Takotsubo Registry, research staff obtain medical records of all prior TTS events from the enrollees directly (upload via HIPAA secure BOX), through medical record request using a signed medical Release of Information Authorization form, or via the electronic health record EPIC and Care Everywhere system. Once medical records are obtained, study staff detail the completion of the records and note the TTS clinical picture, hospitalization labs, TTS triggers, electrocardiograms (EKG), echocardiograms (ECHO) during admission and recover, coronary angiography and ventriculogram findings, past medical history, and past and present medications. The minimum records needed for adjudication are troponin levels with ECGs during event, ECHOs, angiography and hospitalization summary. Once medical records are complete, they are sent to be adjudicated by two board-certified cardiologists in consensus using the following InterTAK Diagnostic Criteria: 1) transient left ventricular dysfunction with or without right ventricular dysfunction presenting as apical ballooning or midventricular, basal, or focal wall motion abnormalities, typically extending beyond a single epicardial vascular distribution, 2) absence of culprit atherosclerotic coronary artery disease 3) new and reversible ECG abnormalities, 4) positive elevation in cardiac troponin, 5) absence of infectious myocarditis. Events are adjudicated on REDCap as definite TTS, probable TTS, probable not TTS and definite not TTS based on the medical record review. Enrollees receive written adjudication results.

Summary of Results

From January 2019 to July 2021, 104 of the 131 participants enrolled in the registry have been adjudicated. Of the baseline events, 101 events were adjudicated as 61 definite TTS, 22 probable TTS, 10 probable not TTS and 8 definite not TTS. Furthermore, 32 enrollees reported a total of 53 recurrent events (between 2–5 events per enrollee) which include 14 definite TTS, 11 probable TTS, 7 probable not TTS and 23 definite not TTS events.

Conclusions

The Smidt Heart Institute Takotsubo Registry aims to investigate TTS pathophysiology and gain an accurate estimation of TTS reoccurrence. Limitations of the adjudication process include time intensive collection of medical records from institutions which is a focus for improvement.

#221

RISK FACTORS FOR SEIZURES FOLLOWING HEART TRANSPLANTATION

1 L Mishalani*, 2 N Patel, 2 T Singer-Englar, 2 S Kim, 2 M Hamilton, 2 J Kobashigawa. Columbia University, New York, NY; 3Cedars-Sinai Smidt Heart Institute, Los Angeles, CA

10.1136/jim-2022-WRMC.218

Purpose of Study

Seizures following heart transplantation is not uncommon. Patients who have had previous strokes have a higher propensity to develop seizures after open heart surgery. Patients who undergo heart transplant may also have underlying atherosclerotic vascular disease and have a history of stroke or cerebral microvascular disease. Both of these entities may be a risk for developing seizures after heart transplant. It has not been well established what the frequency of seizures is and whether or not we can identify risk factors as to who will develop these seizures.
Abstracts

Abstract #221 Table 1

<table>
<thead>
<tr>
<th>Seizures Post-HTx (n=40)</th>
<th>No Seizures Post-HTx (n=520)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62.5%</td>
<td>70.8%</td>
<td>0.271</td>
</tr>
<tr>
<td>History of Diabetes</td>
<td></td>
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</tr>
<tr>
<td>37.5%</td>
<td>35.0%</td>
<td>0.750</td>
</tr>
<tr>
<td>History of Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55.0%</td>
<td>35.2%</td>
<td>0.012</td>
</tr>
<tr>
<td>History of Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.5%</td>
<td>17.1%</td>
<td>0.388</td>
</tr>
<tr>
<td>History of Atherosclerosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67.5%</td>
<td>50.2%</td>
<td>0.035</td>
</tr>
<tr>
<td>History of Smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40.0%</td>
<td>39.6%</td>
<td>0.962</td>
</tr>
<tr>
<td>History of Previous Seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.0%</td>
<td>2.9%</td>
<td>0.017</td>
</tr>
</tbody>
</table>

Abstract #221 Table 2

<table>
<thead>
<tr>
<th>Multivariate Analysis</th>
<th>Odds Ratio (95% CI)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Hypertension</td>
<td>2.193 (1.130-4.259)</td>
<td>0.020</td>
</tr>
<tr>
<td>History of Atherosclerosis</td>
<td>1.786 (0.891-3.581)</td>
<td>0.102</td>
</tr>
<tr>
<td>History of Previous Seizures</td>
<td>3.924 (1.204-12.791)</td>
<td>0.023</td>
</tr>
</tbody>
</table>

Methods Used
Between 2015 and 2020, we assessed 560 patients undergoing heart transplantation and found that 40 patients developed seizures within the first month postoperatively. We identified risk factors for these patients such as previous stroke, atherosclerotic vascular disease, previous history of seizures, history of diabetes, history of smoking, and male gender. The main endpoint was to establish the frequency of seizures following heart transplant surgery and to assess risk factors to develop seizures. These patients with seizures were compared to patients without seizures.

Summary of Results
The incidence of seizure was 7.1% following heart transplant surgery. Univariate analysis found that hypertension, history of atherosclerosis, and history of seizures were significant risk factors to developing seizures immediately postoperatively. Multivariate analysis found that only hypertension and history of previous seizures were significant for the development of seizures post-heart transplant. Patients who were on tacrolimus appear to have a lower threshold to experience seizures and these patients were subsequently switched to cyclosporine.

Conclusions
Patients undergoing heart transplant with hypertension and history of seizures are at risk to develop seizures postoperatively. These patients may be considered for prophylactic anti-seizure therapy for the first 30 days following heart transplant surgery.

Case Report
Systemic lupus erythematosus (SLE) is an autoimmune disease where the immune system can attack its own tissue and causes damage to many organs, even the heart. This case report shows a rare presentation of SLE myocarditis in an 18 year old female.

Methods
Approval was obtained from IRB. A single patient case report was conducted.

Case Presentation
A 18-year-old Filipino female with no past medical history presented to the emergency department with bilateral extremities and peripheral swelling for 10 days with recent development of oral mucosal ulcers. Patient was found to have hyponatremia and nephrotic range proteinuria; in addition to a positive family history of autoimmune disorder, an autoimmune workup was ordered. The work up showed high antinuclear antibodies titer of 1:1280 and high double-stranded DNA antibody of 6 IU/mL which was highly suspicious of SLE related cause of patient’s symptoms. Further workup with ultrasound-guided renal biopsy resulted in lupus podocytopathy. Chest x-ray showed cardiomegaly so trans-thoracic echocardiogram (TTE) was ordered to rule out pericarditis and pericardial effusion. The TTE showed left ventricular ejection fraction (LVEF) 60%. Eight days later, the patient was found to be tachycardic to 130–140s with oxygen saturation of 88% so computerized tomography angiogram of the chest was obtained. It showed no evidence of pulmonary emboli but there was right lower lobe pneumonia, right sided small pleural effusion, and borderlined cardiomegaly. Electrocardiogram showed no abnormalities but BNP was elevated to 3608 pg/mL and repeat TTE showed concentric left ventricular hypertrophy with LVEF 20% and small circumferential pericardial effusion. Guideline-directed medical therapy (GDMT) with lisinopril and carvedilol initiated. The patient was discharged with outpatient follow up.

Conclusion
SLE can affect virtually all organs by the immune system attacking its own tissue and causing widespread inflammation and tissue damage. The heart is a common affected organ usually presenting with pericarditis or premature coronary artery disease in patients with long standing disease while myocarditis is less common.

This case shows a rare presentation of SLE myocarditis in an acute setting seen with a huge decline in cardiac function over 8 days. One can argue that this could be a case of stress myocarditis due to the acute presentation. A better understanding of patients with SLE and the risk for specific cardiac manifestations of SLE should be researched for improvement of clinical outcome for future patients.

Abstract #222

MYOCARDITIS AS AN EARLY MANIFESTATION OF SYSTEMIC LUPUS ERYTHROMATOSUS IN A YOUNG FEMALE

P Chan*, V K Narang, T Jooltar, T Win. Ross University School of Medicine, Miramar, Fl; *UCLA-Kem Medical, Bakersfield, CA

Purpose of Study
Takotsubo syndrome (TTS) is an acute form of transient systolic heart failure that occurs predominantly in women, often triggered by emotional or physical stressors. The Smidt Heart Institute Takotsubo Registry at Cedars-Sinai Medical Center aims to establish a database for deep phenotyping of this syndrome.
Abstract #225 LONG-TERM CARDIAC OUTCOMES OF MULTI-SYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)

1K Ghaemian*, 1J Chuang, 1S Datta, 1A Koka, 1F Shaik, 1D Sun, 1M Sunkara, 1B Afghani.
1University of California Irvine School of Medicine, Irvine, CA; 2Children’s Hospital of Orange County, Orange, CA
10.1136/jim-2022-WRMC.222

Purpose of Study Electronic cigarettes (e-cigarettes) have increased in popularity and pose a public health crisis, demanding further research on their cardiovascular health effects to better inform future interventions. We have shown that mice treated with e-cigarettes containing nicotine develop increased serum free fatty acid levels (FFAs) and systolic dysfunction associated with inflammation. As such, we aim to study the differentially expressed genes between the hearts of e-cigarette and saline-treated mice and to define the genes controlling the physiological normalization produced by acipimox (a lipolysis inhibitor). We hypothesize that acipimox will reverse the transcriptomic changes associated with e-cigarette-induced cardiomyopathy.

Methods Used C57BL/6J wild type mice were exposed to saline, e-cigarettes, and e-cigarettes plus acipimox for 12 weeks. Left ventricular RNA was sequenced for differential gene expression and analyzed using Ingenuity Pathway Analysis (IPA) and Gene Set Enrichment Analysis (GSEA).

Summary of Results Our preliminary echocardiographic data showed that acipimox abolished the e-cigarette-induced increases in serum FFAs and cardiomyopathy. RNA-sequencing analysis showed that 79 genes were dysregulated by e-cigarette treatment, and IPA showed that these changes are associated with inflammation. 30 of these genes were normalized by acipimox treatment and are implicated in inflammation, atherosclerosis, and cardiac function. GSEA revealed that acute myocardial infarction, circadian rhythm, and G2/M DNA damage checkpoint genes are enriched in e-cigarette-treated mice compared to e-cigarette plus acipimox and saline-treated mice. Conclusions Our RNA-sequencing analysis offers a mechanistic insight into how acipimox prevents cardiomyopathy in e-cigarette-treated mice. These findings provide gene expression evidence suggesting that lipolysis is necessary for e-cigarette-induced cardiac dysfunction. This study and future studies will not only illuminate the harms involved with e-cigarettes, but will also aid in the identification of targets for intervention to address complications associated with e-cigarette usage.
Abstracts

Table 1: Cardiac characteristics and long-term outcomes in patients with multisystem inflammatory syndrome in children (MIS-C)

<table>
<thead>
<tr>
<th>Author, Location, Year</th>
<th>Mean/ Median Age (years)</th>
<th>Initial LV Dysfunction/ Decreased LVEF (%)</th>
<th>Initial Dilations (%)</th>
<th>Initial Aneurysms (%)</th>
<th>Elevated Troponin (%)</th>
<th>Myocarditis, MR, PCE (%)</th>
<th>Follow-up LV Dysfunction/Decreased LVEF (%)</th>
<th>Follow-up Dilations (%)</th>
<th>Follow-up Aneurysms (%)</th>
<th>Follow-up Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minocha et al., NYC, 2021</td>
<td>2.8</td>
<td>4/33 (13%)</td>
<td>2/33 (7%)</td>
<td>0/33 (0%)</td>
<td>7/32 (22%)</td>
<td>1/33 (5%), 5/33 (15%), 1/33 (3%)</td>
<td>0/33 (0%)</td>
<td>0/33 (0%)</td>
<td>0/33 (0%)</td>
<td>14 days</td>
</tr>
<tr>
<td>Galtone et al., Georgia, 2020</td>
<td>8</td>
<td>8/12 (67%)</td>
<td>1/12 (8%)</td>
<td>0/12 (0%)</td>
<td>-</td>
<td>MR: 12/12 (100%), PCE: 5/12 (42%)</td>
<td>1/12 (8%)</td>
<td>2/12 (17%)</td>
<td>0/12 (0%)</td>
<td>Median = 45 days</td>
</tr>
<tr>
<td>Clouser et al., USA, 2021</td>
<td>7.3</td>
<td>7/18 (39%)</td>
<td>0/18 (0%)</td>
<td>0/18 (0%)</td>
<td>-</td>
<td>PCE: 2/18 (11%)</td>
<td>1/11 (9%)</td>
<td>1/11 (9%)</td>
<td>0/11 (0%)</td>
<td>Median = 29 days</td>
</tr>
<tr>
<td>Dionne et al., USA, 2020</td>
<td>9.7</td>
<td>15/25 (60%)</td>
<td>3/25 (12%)</td>
<td>2/25 (8%)</td>
<td>2/25 (8%)</td>
<td>-</td>
<td>2/15 (13%)</td>
<td>-</td>
<td>-</td>
<td>Median = 51 days</td>
</tr>
<tr>
<td>Penner et al., UK, 2021</td>
<td>10.2</td>
<td>15/46 (33%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3/45 (7%)</td>
<td>2/46 (4%)</td>
<td>1/46 (2%)</td>
<td>1/46 (2%)</td>
<td>6 months</td>
</tr>
<tr>
<td>Kelly et al., Boston, 2020</td>
<td>3.5</td>
<td>7/12 (58%)</td>
<td>1/12 (8%)</td>
<td>1/12 (8%)</td>
<td>9/12 (75%)</td>
<td>MR: 3/12 (25%), PCE: 4/12 (33%)</td>
<td>1/8 (13%)</td>
<td>2/8 (25%)</td>
<td>1/8 (13%)</td>
<td>Median = 16.5 days</td>
</tr>
<tr>
<td>Jhuveri et al., NYC, 2021</td>
<td>11.5</td>
<td>8/15 (53%)</td>
<td>-</td>
<td>4/15 (33%)</td>
<td>-</td>
<td>MR: 8/15 (53%), PCE: 2/15 (13%)</td>
<td>3/13 (23%)</td>
<td>-</td>
<td>1/13 (8%)</td>
<td>Median = 28.1 days</td>
</tr>
<tr>
<td>Feldstein et al., US, 2021</td>
<td>9.7</td>
<td>172/539 (34%)</td>
<td>-</td>
<td>57/424 (13%)</td>
<td>-</td>
<td>PCE: 125/539 (25%)</td>
<td>1/172 (0.58%)</td>
<td>-</td>
<td>12/172 (7%)</td>
<td>1–2 weeks</td>
</tr>
<tr>
<td>Kobayashi et al., Canada, 2021</td>
<td>11.4</td>
<td>9/25 (36%)</td>
<td>2/25 (8%)</td>
<td>4/26 (16%)</td>
<td>9/23 (39%)</td>
<td>MR: 1/25 (4%), PCE: 0/25 (0%)</td>
<td>2/9 (22%)</td>
<td>-</td>
<td>-</td>
<td>1–2 months</td>
</tr>
<tr>
<td>Totals</td>
<td>2.8–11.5</td>
<td>13–60%</td>
<td>0–12%</td>
<td>0–33%</td>
<td>8–84%</td>
<td>0–23%</td>
<td>0–25%</td>
<td>0–13%</td>
<td>2 weeks–6 months</td>
<td></td>
</tr>
</tbody>
</table>

WET BERIBERI IN A PATIENT WITH ISCHEMIC CARDIOMYOPATHY AND GASTRIC BYPASS: A CASE REPORT

T Azenkot*, OM Campa. University of California Davis Health System, Sacramento, CA

Case Report: A 49-year-old woman with hypertension and Roux-en-Y gastric bypass 9 years prior presented for subacute exertional dyspnea and chest pain. Her home medications were multivitamins. On admission, blood pressure was 163/123 mmHg and heart rate 96 bpm. Hemoglobin was 12.9 g/dL. Troponin was 22 and unchanged on repeat. B-type natriuretic protein was 276 pg/mL. An electrocardiogram was without changes concerning for acute coronary syndrome. An echocardiogram showed global hypokinesis with an estimated left ventricular ejection fraction (LVEF) of 25%. Coronary angiography demonstrated complete total occlusion of the right coronary artery, though her global akinesis was out of proportion to this finding. She was discharged on guideline directed medical therapy for heart failure (HF).

Four months later, the patient returned to the emergency department for dizziness. Her blood pressure was 53/43, with improvement to 91/53 after fluids. Creatinine was 2.29 and granular casts seen on urinalysis. Her alkaline phosphatase and aspartate and alanine transaminases were 1,213 U/L, 615 U/L, and 338 U/L, respectively, a pattern consistent ischemic hepatopathy. An echocardiogram showed improved LVEF to 32% with no focal wall motion abnormalities. Thiamine level was 51 (normal 70–180) nmol/L, concerning for component of thiamine deficiency-induced cardiomyopathy, or wet beriberi. Supplementation was initiated. HF medications were held. Her dizziness and lab abnormalities resolved with fluids.

The prevalence of thiamine deficiency in patients admitted for HF is estimated to be 30% (Hanninen et al., 2006). This may be in part due to the association of diuretics, including furosemide, with increased renal excretion and decreased intestinal absorption of thiamine. Post gastric bypass patients also have a prevalence of thiamine deficiency up to 30% due to disruption of thiamine absorption in the duodenum and jejunum (Wilson, 2020). This renders patients with HF and gastric bypass, such as the present case, dually vulnerable to thiamine deficiency. Several small studies have demonstrated improved HF outcomes (i.e., improved LVEF and decreased hospital admission rates) with thiamine supplementation, though further studies are needed (Jain et al., 2015).
MALIGNANT EFFUSIONS: A RARE CASE OF SUBACUTE, SEVERE REGIONAL CARDIAC TAMPONADE

N Shamapant*, C Duarte. University of Colorado, Denver, CO

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Case Report Identify clinical manifestations of regional cardiac tamponade
Case Presentation The patient is a 31 year old female with stage IV ER+, PR+, Her2- breast cancer complicated by recurrent malignant pleural effusions who presented with worsening dyspnea. Vitals on admission included BP 121/91, HR 124, RR 32 and oxygen saturation of 99%. Shortly after admission, blood pressure dropped to 92/68 and oxygen saturation was 97% on 2L nasal cannula. On exam, patient had increased work of breathing with elevated neck veins. EKG showed low voltage QRS complexes with electrical alternans. CTA chest revealed a large pericardial effusion with no evidence of pulmonary embolus (PE). Given the pericardial effusion, a manual pulsus was checked and was negative. TTE showed a large pericardial effusion with moderate right ventricular (RV) collapse, dilated inferior vena cava and normal left ventricular systolic function. Based on the echocardiographic evidence of pericardial effusion with RV collapse in the context of worsening hypotension and tachycardia, the diagnosis of regional cardiac tamponade was made. Pericardiocentesis was performed with an opening pericardial pressure of 23mmHg and 680mL of fluid was drained with cytology confirming malignant pericardial effusion. Following the pericardiocentesis, the patient’s dyspnea and tachycardia resolved. Significant post-procedure pericardial drainage prompted placement of a pericardial window and the patient was discharged to hospice.

Discussion This patient’s presentation of dyspnea, tachycardia, progressive hypotension and distended neck veins fits multiple illness scripts including PE and cardiac tamponade. When the CTA was negative for PE, the team pursued tamponade as a possible diagnosis. Normally the lack of a pulsus paradoxus would argue against clinical tamponade physiology. However, this case is particularly unique for the echocardiographic finding of isolated RV collapse, leading to clinically significant regional tamponade. Collapse of a cardiac chamber occurs when pericardial pressure is greater than chamber pressure. Regional tamponade is often seen after procedures (pericardiectomy, cardiac surgery) or myocardial infarction where a loculated effusion or pericardial hematoma forms in a particular region1. Regional cardiac tamponade fails to produce pulsus physiology because the increased pericardial pressure is localized to the RV2. The RV’s inability to expand prevents interventricular septum from bowing into the left ventricle (LV) on inspiration. As a result, there is no compression of the LV, a phenomenon which is required for the clinical manifestation of pulsus paradoxus. This patient’s presentation of dyspnea, hypotension, and tachycardia with negative pulsus paradoxus but echocardiographic findings of pericardial effusion merited a high level of suspicion for regional cardiac tamponade.

EXTENSIVE LEFT VENTRICULAR AND MITRAL VALVE THROMBUS IN A GASTRIC CANCER PATIENT ON DIRECT ORAL ANTICOAGULANTS

1P Chan*, 2VK Narang, 2T Joolhar, 2T Win. 1Ross University School of Medicine, Miramar, FL; 2UCLA-Kern Medical, Bakersfield, CA

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Case Report Thrombotic events are a common complication of cancer but it is rare to have arterial thrombosis. This is an unusual case of left ventricular thrombus and multiple thrombi on the mitral valve while taking direct oral anticoagulants (DOAC) in a patient with stage IV gastroesophageal signet ring adenocarcinoma.

Methods Approval was obtained from the IRB at Kern Medical. A single patient chart review was conducted.

Summary A 45-year-old female with no past medical history presented to the emergency department (ED) with decreased appetite, fatigue, dysphagia, abdominal pain, and unintentional weight loss for 4 months. Initial workup with esophagogastroduodenoscopy (EGD) showed an epigastric mass that was biopsied. The pathology came back showing stage IV gastroesophageal signet ring adenocarcinoma. During this hospitalization, the patient also had a computerized tomography (CT) of the chest done which showed pulmonary emboli (PE), and was started on apixaban for PE therapy.

Four weeks later, a CT of the chest, abdomen, and pelvis was ordered for evaluation of port-a-cath placement evaluation which demonstrated a filling defect within the left ventricular apex measuring 19 x 17 mm. The patient was referred for a transthoracic echocardiogram (TTE) which revealed a large left ventricular thrombus and multiple thrombi on the mitral valve. The patient was then admitted to the hospital for initiation of anticoagulation with therapeutic Lovenox. The patient was then discharged home with therapeutic Lovenox and instructions to follow up with cardiology outpatient.

Conclusion It is well known that there is a link between thromboembolism and cancer but the underlying mechanism is poorly understood. It is believed that there are many ways the cancer cells activate the coagulation system such as having the ability to produce and secrete procoagulant/fibrinolytic substances and inflammatory cytokines. Deep vein thrombosis (DVT) and pulmonary embolism (PE) are common complications in patients with cancer but arterial thrombosis secondary to malignancy is rare. The case highlights a rare presentation of a large left ventricular thrombus and multiple thrombi in the mitral valve in a patient with stage IV gastroesophageal signet ring adenocarcinoma that was already on a DOAC for a known PE.
**Case Report** The Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) for the Pfizer BioNTech mRNA (BNT162b2) and Moderna COVID-19 vaccines in December 2020 to address rising COVID-19 infections across the nation. Clinical trials showed the vaccines to be effective and safe. Once these vaccines became publicly available, some minor adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS); they included fever, fatigue, and joint pain. Additionally, there have been cases of post-immunization myocarditis and/or pericarditis reported to VAERS.

This case series describes the clinical course of the first three adolescent patients in our hospital that presented with myocarditis or pericarditis within two to four days after administration of their first or second dose of the Pfizer mRNA covid-19 vaccine. The COVID-19 status of the patients was assessed by reverse transcription-polymerase chain reaction (RT-PCR) of nasopharyngeal swabs. Laboratory tests for all patients included a routine complete blood count, basic metabolic panel, troponin, and inflammatory markers. Two patients had testing for SARS-CoV-2/Covid-19 and other viral causes of myocarditis and pericarditis, including the Epstein-Barr virus, cytomegalovirus, parvovirus B19, respiratory syncytial virus, influenza A virus, influenza B virus, Roseola, and human herpesvirus 6. These tests were all negative.

The three cases at our hospital consisted of previously healthy male adolescents between the ages of 14 and 17 that presented with chest pain within 4 days of receiving their first or second mRNA covid-19 vaccine. On admission, they all had an abnormal electrocardiogram (EKG), elevated C-Reactive protein (CRP), and elevated troponin I levels (table 1). Brain natriuretic peptide (BNP) levels were tested in two patients and found to be within normal limits. All patients had a normal echocardiogram, except for a residual patent foramen ovale in one patient. All patients showed down-trending troponin levels and inflammatory markers as well as complete resolution of symptoms before discharge on hospital day 4. All patients had normal troponin and CRP levels at post-discharge follow-up with an outpatient pediatric cardiologist visit. No causal relationship has been proven between the vaccine and myocarditis or pericarditis. Currently, the Centers for Disease Control and Prevention (CDC) continues to recommend the COVID-19 vaccination for anyone older than twelve years old as the known risks of illness and possible severe complications far outweigh having a possible rare adverse reaction. Suspected cases of myocarditis and pericarditis after COVID-19 vaccination should continue to be reported to VAERS.

**Abstract #229**

**CARDIOVASCULAR MANIFESTATIONS IN ADOLESCENT MALES AFTER THE PFIZER COVID-19 VACCINE**

1M Arhin*, 2H Hamad, 3C Iheagwara, 4Hales. 1University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, NC; 2Geisinger Commonwealth School of Medicine, Scranton, PA; 3North Carolina State University, Raleigh, NC; 4HCA Holdings Inc, Nashville, TN.

10.1136/jim-2022-WRMC.226

**Case Report**

1. **Statistical Analysis**

   - **Table 1:** Clinical and diagnostic summary of each case

<table>
<thead>
<tr>
<th>Case</th>
<th>Age/ Sex</th>
<th>Peak CRP*</th>
<th>Admission ECG</th>
<th>RT-PCR testing for COVID19</th>
<th>Admission Discharge</th>
<th>CRP and troponin</th>
<th>CRP and troponin</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 16/ Male</td>
<td>CRP: 4.06 mg/dL</td>
<td>Non-specific ST and T wave abnormality</td>
<td>Not performed</td>
<td>CRP: 4.06 mg/dL</td>
<td>CRP: 1.45 mg/dL</td>
<td>Troponin I: 4.76 ng/mL</td>
<td>Troponin: 4.07 ng/mL</td>
</tr>
<tr>
<td>2 17/ Male</td>
<td>CRP: 6.10 mg/dL</td>
<td>Right bundle branch block</td>
<td>Negative</td>
<td>CRP: 5.0 mg/dL</td>
<td>CRP: 4.06 mg/dL</td>
<td>Troponin I: 0.26 mg/dL</td>
<td>Troponin: 1.05 ng/mL</td>
</tr>
<tr>
<td>3 14/ Male</td>
<td>CRP: 5.03 mg/dL</td>
<td>T wave inversion in lateral leads</td>
<td>Negative</td>
<td>CRP: 5.03 mg/dL</td>
<td>CRP: 4.04 mg/dL</td>
<td>Troponin I: 7.61 mg/dL</td>
<td>Troponin: 5.52 ng/mL</td>
</tr>
</tbody>
</table>

   - Serum CRP (normal range)

**Abstract #230**

**METASTATIC AND PERSISTENT BACTEREMIA WITH METHICillin-resistant STaphylococcus Aureus, ASSOCIATED WITH COVID-19 PNEUMONIA, A MANAGEMENT NIGHTMARE**

1,2 C Bemansas*, 3 C D’Assumpção, 2Fong, 2R Kuran, 2A Heidari. 1American University of the Caribbean School of Medicine BV, Curaçao, Sint Maarten (Dutch part); 2Kern Medical Center, Bakersfield, CA.

10.1136/jim-2022-WRMC.227

**Case Report**

Telavancin is a vancomycin-derivative semisynthetic lipoglycopeptide that has antimicrobial activity against resistant gram-positive organisms, namely methicillin-resistant Staphylococcus aureus (MRSA). The purpose of this study is to describe a case in which telavancin clinically failed in treating persistent MRSA bacteremia in a patient.

**Methods**

**Retrospective case review.**

**Summary of Results**

A 61-year-old man with nasal MRSA colonization and history of previous abscesses was initially admitted for severe COVID-19 pneumonia requiring high flow nasal cannula oxygen support and dexamethasone protocol as per current guidelines. He developed MRSA pneumonia and persistent polyclonal resistant MRSA bacteremia with hematogenous seeding causing lumbar vertebral osteomyelitis despite treatment with vancomycin for 5 days follow with telavancin for 11 days. MRSA susceptibility to the glycopeptide antibiotics as well as ceftaroline and daptomycin were evaluated using E-test to interpret minimum inhibitory concentration (MIC) according to the manufacturer’s instructions. Telavancin MIC was initially 0.064 but then on retest was 0.125. Since MRSA continued to grow in repeated blood cultures after 11 days, telavancin was considered to have clinically failed. He was switched to combination of ceftaroline and daptomycin and subsequently developed daptomycin associated eosinophilic pneumonia. He was started on prolonged course of prednisone. He was switched to ceftaroline and rifampin to complete 6 weeks total of antibiotics after blood sterilization. Outpatient MRSA decolonization protocol was also started just prior to discharge.
Conclusion Secondary bacterial infection associated with COVID-19 is on the rise particularly after adoption of dexamethasone as standard care in severe cases. Persistent bacteremia with MRSA complicated with metastatic seeding in this setting is not described and perhaps is due to host-pathogen mediated mechanisms. Clinical failure of telavancin in deep seeded MRSA infections has not yet been reported.

A SEVERE CASE OF RECURRENT HERPES SIMPLEX VIRUS-1 ENCEPHALITIS WITH AUTOIMMUNE COMPONENT

Case Report The incident of Human Herpes Simplex Virus-1 (HSV-1) encephalitis is 4 in one million cases worldwide. From that 5–27% can become recurrent a rare phenomenon with serious sequela. Differentials include induced autoimmune-mediated sequelae or paraneoplastic encephalitis. Knowing that 69–89% of first HSV-1 encephalitis will result in permanent neurological deficits, the degree of damage in recurrent cases is estimated to be higher. The pathophysiology of recurrent HSV-1 encephalitis and its aftermath are poorly understood. We report a case of recurrent HSV-1 encephalitis with evidence of autoimmune dysfunction.

Methods Used Retrospective Study

Summary of Results A 58-year-old Hispanic female presented elsewhere for acute onset of confusion. She was diagnosed with HSV-1 encephalitis by PCR testing of the CSF and received 28 days on intravenous (IV) Acyclovir and recovered. She presented to our facility with new onset of seizures, expressive aphasia, short-term memory loss, bowel/bladder incontinence, and unsteady gait. Her mental status declined, and diagnosis of autoimmune encephalitis was made due to negative HSV-1 PCR and brain MRI findings. A 5-day course of IV Immunglobulin and high dose methylprednisolone resulted in transient relief of her symptoms. She was discharged home with prednisone for 5 weeks. Autoimmune CSF panel showed elevated acetycholine receptor ganglionic (alpha 3) Ab at 172, and elevated VGCC Type P/Q Ab at >30, and VGCC Type N Ab at 69. She had two episodes of recurrent neurological symptoms resulted in courses of IV high dose steroid with transient relief each time CSF only was positive for mild pleocytosis with negative HSV-1 PCR. Her brain MRI continued to show progressive disease now spreading to both sides. On the third recurrence episode of rapid decline in mentation CSF came back positive for HSV-1 PCR. She was started on a 3-week course of IV Acyclovir. Follow up CSF was negative for HSV-1 PCR and she is placed on prolong course of oral valacyclovir with unknown duration perhaps lifelong.

Conclusion Differential diagnosis of recurrent encephalitis after the first episode of HSV-1 infection includes immune-mediated HSV-1 viral encephalitis vs recurrence of HSV-1 itself. Residual irreversible neurocognitive deficits are expected and may result in protracted disease. The diagnosis is challenging and prognosis is poor.

HUMAN HERPESVIRUS-6 MENINGOENCEPHALITIS IN AN IMMUNOCOMPETENT MALE

Case Report Meningoencephalitis with Human herpesvirus 6 (HHV-6) in adults is rare. It is known to occur as a result of reactivation of infected dormant brain cells during childhood, when host becomes immunocompromised in conditions such as organ or bone marrow transplantations. New primary infection in adults has also been described. Diagnosis is difficult and challenging particularly in immunocompetent adults due to low level of suspicious and undefined clinical, central spinal fluid (CSF) and neuroimaging findings. The duration and choice of antiviral also have not been well reported. We present a case of HHV-6 meningoencephalitis in an immunocompetent elderly male who presented with fever and altered mental status.

Methods A single patient case report was conducted after IRB approval.

Case Presentation Patient is a 79-year-old male with a history of dementia and diabetes mellitus who presented after being found down by a bystander. Patient arrived lethargic, tachypneic, and febrile to 39.4 °C. Physical exam was remarkable for rigid extremities with laboratory studies demonstrating a leukocyte count of 14.6x10^3 cells/mm3 without left shift and hyperglycemia to 550 mg/dL. He was empirically placed on antibiotics to cover bacterial etiologies plus acyclovir. CT of the head demonstrated moderate to severe global volume loss and periventricular leukomalacia. CSF showed WBC count of 17 with 76% monocytes and 22% lymphocytes. Extensive initial work up and all cultures came back negative. MRI brain with gadolinium found atrophic and chronic microangiopathic changes without enhancement. CSF Meningoencephalitis Panel (BioFire, BioMerieux, Salt Lake City, Utah) found HHV-6 positivity. HHV-6 serology testing found negative IgM and positive IgG. Serum HHV-6 PCR confirmed the diagnosis with > 2 million copies/mL. Patient was started on ganciclovir which resulted in significant improvement in symptoms. He was discharged to rehabilitation facility to complete a 30 day course of ganciclovir.

Conclusion HVV-6 meningoencephalitis is a serious but rare condition particularly in otherwise immunocompetent adults. Clinicians should be aware of this infection when initial work up is not diagnostic.

A CASE OF CONCURRENT DISSEMINATED COCCIDIOIDOMYCOSIS AND EMBRYONAL CARCINOMA WHEN LICE AND FLEAS COEXIST

Case Report Coccidioidomycosis (CM) is a fungal infection endemic to the southwestern United States with a wide range of clinical presentations depending on the infected organ systems. CM causes a primary pulmonary infection. 1 percent of cases disseminate, via hematogenous or lymphatic spread. It is in these cases, that more severe symptoms may present and potentially overlap with those characteristics of other systemic...
illnesses. We report a case of CM disseminated to lymph nodes in a 24-year-old man with concomitant metastatic embryonal carcinoma. It is difficult to identify the primary etiology for many components of his presentation and the relationship between these concurrent disease processes is not entirely clear. Factors that may contribute include loci minoris resistentiae or a shared immune response between infectious organisms and malignant cells.

**Case Description** 24-year-old man from the central valley of California presented with a new rash. Examination showed periorbital edema and diffuse raised, erythematous, hyperpigmented skin lesions. Differential included psoriasis and CM. CM serology showed nonreactive IgM, very weakly reactive IgG, and complement fixation (CF) titer <1:2. The patient was lost to follow-up but returned 6 weeks later with 17-pound weight loss, progression of the rash, and proximal muscle weakness. He had a heliotrope rash and elevated CK. He was prescribed prednisone 60 mg daily for dermatomyositis. 2 weeks later, he developed fevers and CM CF titer was 1:16. He was started on fluconazole 800 mg daily. 5 weeks later, he developed diffuse lymphadenopathy and imaging showed multiple pulmonary nodules, destructive lesion in the iliac bone, and retropertioneal and pelvic lymphadenopathy. CM CF titers were now 1:64 and he was started on liposomal amphotericin B. New retropertioneal and right testicular masses were then identified. Histopathology from orchietomy and retropertioneal mass biopsy revealed embryonal carcinoma while inguinal lymph node excision showed granulomatous inflammation with endosporulating spherules diagnostic for CM. He completed 9 weeks of amphotericin and bone scan showed no foci of increased uptake. He is on track to complete 4-6 cycles of chemotherapy. On subsequent clinic visits, weight was up-trending and improvement in both rash and lymphadenopathy were noted.

**Conclusion** As CM and several types of malignancies may have similar or overlapping presentations, a thorough examination and tissue sampling are generally necessary to distinguish. In rare cases, coexistence may occur. 'Läuse und Flöhe haben.' A German phrase, which translates to ‘Having lice and fleas,’ refers to having two reasons for a problem. Understanding the etiology or identifying the relationship between the concomitant conditions is essential to formulate the most appropriate treatment plan.

**#234** A RARE CASE OF NEISSERIA MENINGITIDIS PNEUMONIA IN THE ABSENCE OF MENINGITIS
J Johal, M Valdez*, HK Sandhu, S Mishra, A Heidari. Kern Medical Center, Bakersfield, CA
10.1136/jim-2022-WRMC.231

**Case Report** Neisseria meningitidis (NM) is a gram-negative diplococcus that typically colonizes the nasopharynx after inhalation of aerosolized particles containing meningococci. NM may also be transmitted via direct contact with respiratory secretions. Once local tissues are colonized, NM can invade the bloodstream, causing numerous forms of meningococcal diseases. The most common manifestations are meningitis and septicemia. Meningococcal pneumonia (MP) is a rare manifestation of meningococcal disease. The incidence of MP is estimated at 5%–15% in patients with invasive meningococcal disease. Only 344 MP cases have been documented worldwide between 1906 and 2015. At least 13 serogroups of meningococci have been identified. Serogroups A, B, C, X, Y, and W-135 are associated with meningococcal disease in humans. Y and W-135 are most associated with pneumonia. The clinical presentation of MP is indistinguishable from pneumonia caused by other infectious organisms. We report a case of an 88-year-old female with concurrent SARS-CoV-2 and NM pneumonia.

**Case Presentation** 88-year-old woman with diabetes and hypertension presented with 3-day history of dyspnea, productive cough, and subjective fevers. On presentation, she met SIRS criteria and was hypoxic. Initial labs were significant for lactate acid 2.5, procalcitonin 3.62, and testing for SARS-CoV-2 RNA positive. CXR revealed a 7cm RUL opacity. CTA chest showed a large RUL consolidation with scattered ground-glass opacities. She was initially started on Ceftriaxone 1g Q24H and Azithromycin 500 mg Q24H for community acquired pneumonia as well as a 10-day course of dexamethasone for hypoxia associated with SARS-CoV-2. Preliminary blood cultures grew gram-negative diplococci in 1 of 2 bottles and final culture revealed NM. Ceftriaxone was then increased to 2g Q24H. Patient remained alert and oriented. She denied headaches and neck stiffness. Neck was supple with no nuchal rigidity or signs of meningismus. Bronchoscopy was considered but was eventually deferred in the setting of concurrent covid pneumonia and given that symptoms improved with appropriate antibiotic therapy. Repeat blood cultures showed no growth and patient was discharged with supplemental oxygen for covid associated hypoxia and oral Amoxicillin/Clavulanic acid to complete a 14 day total course of antibiotics for MP.

**Conclusion** Neisseria Meningitidis as the underlying etiology for pneumonia should always be considered when blood or sputum cultures identify gram-negative diplococci. Early recognition is critical in order to reduce the risk of transmission to close contacts and health care personnel. Finally, given the high mortality rates associated with untreated meningococcal disease, early initiation of appropriate antibiotic therapy is essential in attempting to improve the outcomes of meningococcal disease.

**#235** GASTRIC MUCORMYCOSIS IN AN ADOLESCENT WITH NEW ONSET DIABETES MELLITUS
J Timberman*, C Kupekan. Valley Children’s Healthcare, Madera, CA
10.1136/jim-2022-WRMC.232

**Case Report** Mucormycosis is a rare angioinvasive fungal infection associated with a high mortality rate, especially in children and neonates. Recent data suggests the incidence is rising in the United States. Risk factors include diabetes, glucocorticoids, hematological malignancies and iron overload. The most frequent types of mucormycosis include rhinoorbitocerebral, pulmonary, and cutaneous disease.

Here we present a child with newly diagnosed type II diabetes mellitus who developed hematemesis and was found to have gastrointestinal mucormycosis.

**Methods Used** Case Report

**Summary of Results** A 17-year old obese male presented to the emergency department with a 1-day history of abdominal pain, vomiting and respiratory distress. Weight loss, polyuria and polydipsia were reported. He had no other significant medical or surgical history. On examination his temperature was 37.8 C, pulse 137, BP 116/77, RR 44, and Pox 96% in...
Endocrinology and metabolism II
Concurrent session
8:00 AM
Friday, January 21, 2022

#236 NEURAL CORRELATES OF OBESITY AND INFLAMMATION IN YOUTH WITH CLASSICAL CONGENITAL ADRENAL HYPERPLASIA
1,2MS Kim*, 1TA Pickering, 3DL Cotter, 1NR Fraga, 4S Luo, 1C Won, 1,2M Geffner, 1,2M Geffner, 1,2,3DL Cotter, 1NR Fraga, 1MS Kim
1,2,3Los Angeles Saban Research Institute, Los Angeles, CA; 4University of Southern California, Los Angeles, CA

Purpose of Study Patients with classical congenital adrenal hyperplasia (CAH) due to 21-hydroxylase deficiency exhibit an increased prevalence of obesity over their lifetime. We have previously shown that CAH youth exhibit smaller gray matter brain region volumes, including the prefrontal cortex (PFC), amygdala, and hippocampus, as well as white matter microstructure abnormalities. Here, we aim to study the relationship between these patterns of altered brain structure with obesity and inflammation in youth with and without CAH.

Methods Used We studied 27 youth with CAH (12.6 ± 3.4 yr, 16 females) and 35 controls (13.0 ± 2.8 yr, 20 females) via 3-T MRI, and examined the PFC and its subregions, amygdala, and hippocampus regions of interest (ROIs), as well as white matter tracts including the fornix and stria terminalis (ST). Relaimpo (relative importance for linear regression: $R^2_{\text{adj}}$) analyses identified body composition and inflammatory markers, as well as gray and white matter ROIs most associated with CAH status. Regression analyses examined associations between brain structure, CAH, and other variables.

Summary of Results Waist-to-height ratio (WHtR; $R^2_{\text{adj}} = 0.12$) and monocyte chemoattractant protein-1 (MCP-1 $R^2_{\text{adj}} = 0.21$) exhibited the strongest associations with CAH status amongst body composition variables and inflammatory markers respectively. Analysis of gray matter ROIs showed the PFC was most strongly associated with CAH status ($R^2_{\text{adj}} = 0.13$). Superior frontal (SF) was the only PFC subregion associated with all key variables: CAH status ($\beta = -0.58, P = 0.001$), WHtR ($\beta = -0.23, P = 0.009$), and MCP-1 ($\beta = -0.35, P < 0.001$). CAH youth exhibited significantly larger WHtR and MCP-1, and smaller SF volume than controls ($P \leq 0.001$ for all). White matter microstructure showed fornix and ST associations with CAH (fornix $\beta = 0.15, P = 0.02$; ST $\beta = 0.22, P < 0.001$) and WHtR (fornix $\beta = 0.36, P = 0.01$; ST $\beta = 0.35, P = 0.02$), but only ST associations with MCP-1 ($\beta = 0.30, P = 0.02$).

Conclusions Youth with CAH demonstrate an important relationship between altered gray and white matter brain structure, WHtR, and MCP-1 that could have implications for neuroinflammation and obesity in CAH.

#237 POPULATION-BASED ASSESSMENT OF CARDIOMETABOLIC-RELATED DIAGNOSES IN YOUTH WITH KLINEFELTER SYNDROME: A PEDSNET STUDY
S Davis*, N Nokoff, A Furniss, A Valentine, L Pyle, A Dempsey. University of Colorado, Denver, CO
10.1136/jim-2022-WRMC.234

Purpose of Study Diabetes and cardiovascular diseases are common among men with Klinefelter syndrome (KS) and contribute to higher morbidity and mortality. Cardiometabolic health outcomes have not been evaluated in a large population of youth with KS.

Methods Used Data from electronic health records from six pediatric institutions were used to compared the prevalence of five cardiometabolic-related outcomes among 1,080 youth with KS to 4,497 youth without KS matched for sex, age (mean 13 years at last encounter), year of birth, race, ethnicity, insurance, site, and duration of care (mean 7 years). Odds ratios (OR) and 95% confidence intervals (CI) both unadjusted and adjusted for potential covariates including obesity, testosterone, and antipsychotic use were computed using generalized estimating equations.

Summary of Results The odds of overweight/obesity (OR 1.6 (95%CI 1.4–1.8)), dyslipidemia (0.3 (2.2–3.9)), and liver dysfunction (2.0 (1.6–2.5)) were all higher in KS compared to controls. While the adjusted model attenuated the effect of KS on these outcomes, boys with KS still had 45% greater odds of overweight/obesity (CI 1.2–1.7) and 70% greater odds of liver dysfunction (1.3–2.2) compared to controls, and both dyslipidemia (1.6 (1.1–2.4)) and dysglycemia (1.8 (1.1–3.2)) were higher in KS but of borderline statistical significance when accounting for multiple comparisons. The odds of

Abstracts

Endocrinology and metabolism II
Concurrent session
8:00 AM
Friday, January 21, 2022

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1,2,3Los Angeles Saban Research Institute, Los Angeles, CA; 4University of Southern California, Los Angeles, CA

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S Davis*, N Nokoff, A Furniss, A Valentine, L Pyle, A Dempsey. University of Colorado, Denver, CO
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hypertension were not different between groups in unadjusted or adjusted models.

Conclusions This large, population-based cohort of youth with KS found a higher odds of many cardiometabolic-related diagnoses compared to matched controls. Investigation into the mechanisms that underlie risk for cardiometabolic dysfunction in youth with KS independent of obesity and testosterone is needed.

#238 REACTIVE HYPOGLYCEMIA FOLLOWING A SUGAR CHALLENGE IS ACCOMPANYED BY HIGHER INSULIN IN ADOLESCENT GIRLS WITH OBESITY

1MA Ware*, 1A Carreau, 1Y Garcia-Reyes, 1H Rahat, 1C Diniz Behn, 1M Cree-Green, 1University of Colorado – Anschutz Medical Campus, Aurora, CO; 2Rocky Vista University, Parker, CO; 3Universite Laval Faculte de medecine, Quebec, QC, Canada; 4Colorado School of Mines, Golden, CO

10.1136/jim-2022-WRMC.238

Purpose of Study Adolescent girls can present with postprandial, episodic symptoms of dizziness and excess sweating, which are often clinically disregarded. These symptoms can be associated with iatrogenic reactive hypoglycemia (RH), produced with a glucose challenge, and may relate to increased risk of insulin resistance and type 2 diabetes (T2D). We sought to determine the prevalence of and glycemic measures associated with RH among adolescent girls with obesity following an oral sugar tolerance test (OSTT).

Methods Used Secondary analysis of 112 adolescent girls with obesity (age 12–21 yrs; body mass index (BMI) ≥90th percentile). Participants completed a 4-hr OSTT (75 g glucose, 25 g fructose) and were stratified by glucose nadir between 120–240 mins: ≥60 mg/dL as RH, ≥80 mg/dL as normoglycemic (NG), and 61–79 mg/dL as indeterminate. Area under the curve (AUC) of glucose, insulin, glucagon, and C-peptide and measures of insulin sensitivity and β-cell function including oral minimal model, insulinogenic index, and oral disposition index were calculated. Demographic, physical, and metabolic characteristics between RH and NG were compared with Student’s t-tests or Mann-Whitney U tests. OSTT curves were compared with repeated measures ANOVA.

Summary of Results 12% of girls had RH (n=13) and 36% had NG (n=40). Groups were similar in age, race, ethnicity, and BMI. Glucose concentrations were lower in RH than NG when fasting (p=0.033), at 210 mins (p=0.001), and 240 mins (p<0.001). In RH, glucose nadir occurred at a median time of 210 min postprandial. RH had higher glucagon AUC for 90–240 min of the OSTT (p=0.035) and a lower insulin at 240 mins (p=0.007) confirming a counterregulatory response. Insulin AUC (p=0.074) and C-peptide AUC (p=0.054) for 0–120 min trended to be higher. Groups had similar hemoglobin a1c, family history of T2D, insulin sensitivity, and β-cell function.

Conclusions RH was relatively common in this cohort of adolescent girls with obesity and occurred at 3–4 hrs. Early higher insulin secretion preceded the counterregulatory RH responses but was not related to insulin sensitivity. Future studies should aim to further understand the long-term effects of RH during adolescence and its significance in predicting future hyperglycemia.
ORAL CONTRACEPTIVE USE IN ADOLESCENTS WITH POLYCYSTIC OVARY SYNDROME AND OBESITY IS ASSOCIATED WITH ALTERED FAT METABOLISM

1,2JL Arambulo, 1A Sinha-Hikim, 2K Roos, 1T Friedman, 1E Finn*, 1,3C Severn, 4Y Garcia-Reyes, 5MA Ware, 6H Rahat, 7M Cree-Green. 1University of Colorado, Aurora, CO; 2Children’s Hospital Colorado, Aurora, CO

Purpose of Study Polycystic ovary syndrome (PCOS) is a common endocrine condition characterized by reproductive and metabolic hormone dysregulation and increased risk for metabolic disease. Combined oral contraceptive pills (OCPs) are first-line treatment for management of hyperandrogenic symptoms and menstrual regulation, yet data on the cardiometabolic effects in youth are limited.

Methods Used Participants were enrolled in a cross-sectional trial of girls aged 12–21 years, BMI% >90th ile with PCOS per NIH 1990 criteria (NCT02157974). Measurements included anthropomorphics, fasting metabolic and hormonal assessments, 6-hour oral sugar tolerance test (OSTT), hepatic fat per MRI, DXA for body composition, and vascular function by EndoPAT and dynapulse. Area under the curve (AUC) for responses to the OSTT were calculated, as were several indices of insulin sensitivity. Participants treated with OCP’s for at least 6 months were matched 1:2 with replacement with untreated participants on BMI, race, and ethnicity. The effect of treatment was estimated with paired t-tests.

Summary of Results Data from 10 participants taking OCPs (age 15.7±1.3 years, BMI 34.2±5.6 kg/m²) were compared to that from 20 untreated girls (age 15.6±1.9, BMI 33.6±5.0). The OCP group had decreased free testosterone (p=0.001), increased sex hormone binding globulin (p=0.001), and decreased free androgen index (p=0.001). The OCP group had higher total cholesterol (p=0.045), body fat percentage (p=0.028), and serum leptin (p=0.038). The OCP group also had higher free fatty acids (FAT) and AUC (p=0.007) and glycerol AUC (p=0.011) during the OSTT. No differences between the groups were noted in glucose metabolism including fasting glucose and insulin, HOMA-IR, c-peptide, glucose AUC, or insulin AUC. Vascular function and hepatic fat fraction were similar between groups.

Conclusions Treatment with OCPs was not associated with worsening dysglycemia or markers of vascular dysfunction. However, there was evidence of altered fat metabolism, including a shift towards greater fat mass and adipose insulin resistance with persistent lipolysis. Additionally, hepatic fat was not improved. The overall therapeutic benefit of OCP’s in girls with PCOS and obesity who are at high cardiometabolic risk needs to be carefully evaluated.

ACIPIMOX PREVENTS CARDIAC DYSFUNCTION INDUCED BY ELECTRONIC CIGARETTES IN MICE

1,2CL Lao*, 3J Espinoza-Derout, 4K Hasan, 5MC Jordan, 6J Wilson, 7J Molina, 8K Luna, 9JL Arambulo, 10A Sinha-Hikim, 11R Roos, 12T Friedman. 1Charles Drew University of Medicine and Science, Los Angeles, CA; 2University of CA Los Angeles David Geffen School of Medicine, Los Angeles, CA

Purpose of Study Tobacco use is a leading cause of preventable death in the United States. In recent years, electronic cigarettes (e-cigarettes) use by youth has augmented at a disturbing rate. Cardiac dysfunction can lead to heart failure, which is responsible for 287,000 deaths each year in the United States. In a mouse model, we will analyze whether acipimox treatment can rescue the cardiac dysfunction phenotype caused by e-cigarettes with 2.4% nicotine through the inhibition of lipolysis.

Methods Used For 12 weeks, mice were exposed to saline, e-cigarettes (2.4%), and e-cigarettes plus acipimox in 12-hour cycles through specialized chambers. Acipimox (0.05%) was delivered in the drinking water. Mouse weights and food consumption data were collected weekly. Echocardiograms were used to analyze heart function.

Summary of Results Weight data indicates that acipimox decreases the rate of weight change over time when compared to both saline control and e-cigarette groups. Acipimox treatment rescued e-cigarette induced phenotypes in fraction shortening, ejection fractions and velocity of circumferential fiber shortening. Triglyceride levels were increased in e-cigarette groups but were not fully rescued after acipimox treatment. Acipimox treatment reduced circulating levels of free fatty acids (FFA), Macrophage Colony-Stimulating Factor (M-CSF), and Interleukin-6 (IL-6) when compared to e-cigarette treatment alone. Gene set enrichment analysis (GSEA) indicates that genes involved in the G2/M checkpoint were upregulated by e-cigarette treatment and rescued by acipimox treatment. Heme oxygenase 1 (HO1) and Poly(ADP-Ribose) Polymerase 1 (PARP1) protein levels were rescued after acipimox treatment.

Conclusions E-cigarette use led to an increase in free fatty acids which resulted in increased inflammation and reactive oxygen species within cardiac tissue. This resulted in DNA damage in the heart and halting of the cell cycle at the G2/M checkpoint. The DNA repair pathway was activated with increased levels of PARP1, a protein known for cellular recovery. This led to the cardiac dysfunction phenotype after e-cigarette use. Acipimox rescued this phenotype by inhibiting lipolysis and preventing downstream effects of dysfunctional adipose tissue and increased FFAs on cardiac tissue. In conclusion, the data obtained so far shows that lipolysis is necessary for the e-cigarette induced cardiac dysfunction. Lipolysis may become a new therapeutic target to curtail the harmful cardiovascular effects produced by e-cigarettes.

ACCESS TO CARE FOR METABOLIC SYNDROME AND CARDIOVASCULAR DISEASE AMONG IMMIGRANT POPULATIONS IN THE UNITED STATES

1J Beltran*, M Shaheen, D Pan. Charles Drew University of Medicine and Science, Los Angeles, CA

Purpose of Study It is estimated that one-quarter to one-third of adults meet the Metabolic Syndrome (MetS) criteria in the United States. MetS could be responsible for approximately 7% of total mortality and up to 17% of cardiovascular disease (CVD). This research aims to determine the relationship between metabolic syndrome, cardiovascular disease, and access to care by immigration status.

Methods Used We analyzed data from the National Health and Nutrition Examination Survey (NHANES) 2017–2018 using bivariate chi-square and multiple logistic regression, considering the design and sample weight. We presented the data as an adjusted odds ratio and 95% confidence interval, and a p-value of <0.05 will be considered statistically significant.
Summary of Results

Of the 5,265 adults, 19.3% were immigrants, 8.7% had CVD, and 34.3% had MetS. Immigrants had lower prevalence of CVD (5.4%) compared to non-immigrants (9.5%) (p<0.05). A higher percentage of immigrants were uninsured (24%) compared to non-immigrants (11%) (p<0.05). In the multiple logistic models, there was no significant difference in the odds of CVD, MetS, and access to care among immigrants relative to non-immigrants after adjusting for the confounding variables. Though, in four of the five risk factors for MetS, immigrants had higher odds of CVD than non-immigrants (p<0.05).

Conclusions

Though the prevalence of CVD is not statistically different from non-immigrant, immigrants are more susceptible to the risk factors of MetS which increases the likelihood of developing CVD. Resources need to be distributed to the vulnerable immigrant population to decrease the risk factors of MetS, CVD and increase access to healthcare.

CAN MEDICAL CARE PROVIDERS PREVENT HEART ATTACKS AND STROKES?

J Giannini*, J Padilla, RP Eaton, K Gonzales, DS Schade. University of New Mexico School of Medicine, Albuquerque, NM

10.1136/jim-2022-WRMC.240

Purpose of Study

Cardiovascular disease prevention is an important goal of medical care providers. In the clinical setting, we addressed whether myocardial infarctions and strokes can be prevented in asymptomatic patients with proven subclinical cardiovascular disease.

Methods

Used Two hundred sixty asymptomatic self-selected individuals requested a coronary artery calcium scan (CAC). Of these individuals, 125 had positive scans (Agatston score >1) and were recommended for medical treatment to prevent heart attacks and atherosclerotic strokes. Eighty-one individuals had zero scores and were not treated. Of the 125 individuals with positive scans, 110 followed medical treatment (rosuvastatin 10 mg/d, ezetimibe 10 mg/d, and a low cholesterol diet) and achieved a low density lipoprotein cholesterol (LDL-C) of ≤60 mg/dl. The other 15 individuals did not follow recommended treatment and maintained an elevated LDL-C.

Summary of Results

All patients were followed for an average of 3.5 years (minimum 1 year – maximum 5 years). No atherosclerotic cardiovascular events were observed in the group that achieved an LDL-C ≤60 mg/dl. The expected number of atherosclerotic cardiovascular events based on their calcium scores and published observational data was 12.6. Two patients died of non-atherosclerotic causes (an auto accident and Alzheimer’s disease.) In the non-compliant group, two heart attacks were observed (one patient died, one had a stent). No events were observed in the zero CAC group. No adverse effects of the treatment regimen occurred.

Conclusions

Medical care providers can prevent atherosclerotic heart attacks and strokes by treating asymptomatic patients who have positive calcium scores to an LDL-C goal of ≤60 mg/dl. A simple regimen of rosuvastatin, ezetimibe, and a low cholesterol diet has no major adverse effects, is inexpensive, and is acceptable by almost all patients.

Gastroenterology

Concurrent session

8:00 AM

Friday, January 21, 2022

#244 DIABETIC HYPERGlyCEnIA EXAcTERBATES INFLAMMATORY BOWEL DISEASE IN MICE WITH DIET-INDUCED OBESITY

¹-X Francis*, ¹-MC Pacheco, ¹-X Alonge, ²BA Phan, ²S Hu, ²N Schwartz, ¹-J Scarlott.
¹Seattle Children’s Hospital, Seattle, WA; ²University of Washington School of Medicine, Seattle, WA

10.1136/jim-2022-WRMC.241

Purpose of Study

Inflammatory bowel disease (IBD), obesity, and type 2 diabetes (T2D) are chronic inflammatory conditions that are increasing in prevalence. Obesogenic high-fat diets (HFD) that promote diet-induced obesity (DIO) and T2D have been shown to worsen IBD. Furthermore, comorbidity T2D in patients with IBD is a predictor of poor disease-related outcomes. To determine the mechanisms whereby T2D worsens IBD pathology, we examined the impact of hyperglycemia on disease activity in a DIO mouse model of IBD, focusing on measures of intestinal barrier integrity.

Methods

Used Wild-type C57BL/6J mice were fed HFD for 8 weeks to induce DIO and then given intraperitoneal injections of vehicle or low-dose streptozotocin (STZ) to induce hyperglycemia. At week 12, 2% dextran sodium sulfate (DSS) or vehicle control was administered in drinking water for 7 days to induce colitis. Outcomes included serial measures of body weights, blood glucose, and disease activity index (DAI) scores, which incorporate weight loss, rectal bleeding, and stool consistency. Animals were euthanized at the end of DSS course and colon tissue was collected and processed for immunohistochemical staining.

Summary of Results

As predicted, STZ administration raised mean blood glucose levels significantly compared to vehicle-treated controls (267mg/dl vs. 159mg/dl, p=0.006). Hyperglycemic mice treated with DSS (DSS/STZ) manifested clinical signs of colitis 2 days earlier than their normoglycemic counterparts (DSS/Veh), and their DAI scores were significantly higher from Days 2–7 of DSS (p<0.0001). Colon length and histologic damage scores also demonstrated higher disease burden in DSS/STZ mice (colun length 5.93cm vs. 6.88cm, p=0.0003; histologic score 8.0 vs 6.5, p=0.03). Colonic tissues demonstrated significantly decreased quantity of the tight junction protein E-cadherin (E-cad) in DSS/STZ mice compared to DSS/Veh (percent area 24.1 vs. 34.9, p=0.004), and
a similar decrease in colonic mucin barrier was detected by Alcian Blue (AB) staining (percent area 55.3 vs. 71.0, p<0.0001). Notably, measures of both colonic E-cad and AB were inversely correlated with both DAI scores and blood glucose levels.

Conclusions In DIO mice, clinical and pathological IBD outcomes are exacerbated by moderate hyperglycemia in a DSS model of colitis. We identify two potential mechanisms by which hyperglycemia contributes to intestinal pathology: 1) reduced tight-junction protein quantity in the colonic epithelium and 2) a decrease in the protective colonic mucin barrier. These results support the hypothesis that hyperglycemia induces intestinal barrier dysfunction, which, in combination with an obesogenic diet, increases the risk for IBD progression.

#245 ACCURACY OF INTRAOPERATIVE CHOLANGIOGRAM FOR THE EVALUATION OF CHOLEDOCHOLITHIASIS

1SK Choi*, 2M Syed, 2J Kim, 2JJ Kim. 1Loma Linda University School of Medicine, Loma Linda, CA; 2Loma Linda University Medical Center, Loma Linda, CA

Purpose of Study Intraoperative cholangiography (IOC) is frequently performed during cholecystectomy and considered definitive testing for evaluation of common bile duct (CBD) stones. Previous studies evaluating the accuracy of IOC for the evaluation of choledocholithiasis are inconsistent, and false-positive testing may lead to increased utilization of diagnostic ERCP. The aim of this study is to evaluate the diagnostic property of IOC and to assess the clinical outcomes of patients who underwent ERCP with or without retained choledocholithiasis.

Methods Used Consecutive hospitalized patients who received cholecystectomy with IOC at Loma Linda University Medical Center (1/2014–6/2021) were identified. Positive IOC was defined by the presence of filling defect, meniscus sign, and/or failure to drain contrast into the duodenum necessitating additional diagnostic evaluations. Definitive diagnosis of choledocholithiasis was defined by the presence of choledocholithiasis and/or sludge on any of the definitive testing for choledocholithiasis (MRCP, EUS, and/or ERCP) performed after IOC. Patients who had prior sphincterotomy or negative IOC without documented ≥2-year follow-up were excluded.

Summary of Results The mean age of 259 patients who underwent same-day cholecystectomy and IOC was 46.0±19.8 years, 189 (73%) were female, and 144 (56%) were of Latino ethnicity/race. On presentation, 22 (9%) patients had bilirubin ≥4.0g/dL, 111 (43%) had a dilated CBD ≥6 mm, and 7 (3%) had choledocholithiasis detected on abdominal ultrasound. During cholecystectomy, 103 (40%) patients had abnormal IOC including the presence of filling defect in 94 (36%), meniscus sign in 2 (1%), and failure of passage of contrast to the duodenum in 7 (3%). Subsequently 122 (46%) patients had definitive testing including ERCP in 102 (39%), MRCP in 45 (17%), and EUS in 14 (5%). Diagnostic property of IOC for choledocholithiasis are shown in the table 1. ERCP was performed at a median of 2 days (range, 0–141 days) from IOC. Of 102 patients, 8 (3%) had adverse events including pancreatitis in 6 (moderate in 3, mild in 3) and perforation in 2; five patients with adverse events received diagnostic ERCP for evaluation of false-positive IOC.

Conclusions Although IOC demonstrated high sensitivity and negative predictive value of >90% for ruling out retained CBD stones, nearly a third of the patients received diagnostic ERCP. Given adverse events associated with ERCP other less invasive definitive tests such as MRCP and EUS should be considered for evaluations of patients with positive IOC prior to ERCP.

#246 ROLE OF ETHNICITY IN PREDICTING THE SEVERITY OF LIVER FIBROSIS BY THE IMPLEMENTATION OF FOUR CLINICAL LIVER CIRRHOSIS PREDICTION MODELS AMONG HISPANIC AND CAUCASIAN WOMEN: A PILOT STUDY

1Xu LC*, 2JR Fine, 3A Molfino, 1V Medici. 1University of California Davis Health System, Sacramento, CA; 2University of California Davis, Davis, CA; 3Sapienza University of Rome, Rome, Italy

Purpose of Study To determine whether ethnicity and other risk factors can predict the severity of fibrosis or cirrhosis in women with NAFLD applying the four predictor models FIB-4, NFS, BARD, and APRI.

Methods Used We performed a retrospective study among Hispanic (n=567) and Caucasian (n=136) women with history of NAFLD (mean age 55.7 ± 11.4 SD years) at The University of California Davis Medical Center. Univariate analyses for their FIB-4, NFS, BARD, and APRI scores were conducted by using Chi-Square or Fisher’s Exact Test for categorical variables, two-sample t-test for continuous variables, and Wilcoxon-Mann-Whitney test for continuous non-parametric variables. Associations between ethnicity (Hispanic vs. Caucasian) and liver fibrosis severity calculated using the four cirrhosis predictor models were explored using backward selection multinomial logistic regression.

Summary of Results We observed that Hispanic women compared to Caucasian showed lower BMI (p<0.001), higher HDL (p<0.05), higher HbA1c (p<0.001), higher prevalence of stage 4 and 5 CKD (p = 0.005), lower prevalence of bariatric surgery (p = 0.002), lower likelihood to smoke (p = 0.002), and had lower APRI score (p = 0.03). The percentage of advanced fibrosis in each models and ethnicity was as follows: Hispanic NFS: 35.1%, BARD: 82.6%, FIB-4: 3.5%, and APRI: 1.3%; in Caucasian NFS: 36.3%, BARD 83.2%, FIB-4: 7.7%, APRI: 6.3%. The odds of having a severe
fibrosis or cirrhosis was not significantly higher in those who are Hispanic compared to Caucasian in FIB-4, NFS, BARD, and APRI (p=0.16, 0.78, 0.97, and 0.18 respectively).

**Conclusions** Based on our preliminary results, we cannot conclude that ethnicity alone can be used to predict the severity of fibrosis or cirrhosis in women with NAFLD in the multiple predictor models.

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**Abstracts**

**#247 EXAMINING CLINICAL PRESENTATION AND WORKUP OF VETERANS WITH IRRITABLE BOWEL SYNDROME IN A SINGLE MEDICAL CENTER**

PL Claassen*, 2M Riddle. 1Washington State University Elson S Floyd College of Medicine, Spokane, WA; 2VA Sierra Nevada Health Care System, Reno, NV

10.1136/jim-2022-WRMC.244

**Purpose of Study** Irritable Bowel Syndrome (IBS) is a disorder of gut-brain interaction (DGBI) that affects about 5% of the population with significant quality of life and economic impacts. Recent ACG guidelines have been established to improve diagnosis and management of IBS. Within the Veteran population, there is poor understanding of the epidemiology of DGBI despite significant occupation exposures, comorbid mental health problems and risk of deployment-associated diarrhea. Less is known about the management of DGBI in Veterans compared to other populations.

**Methods Used** As part of a quality improvement initiative, a case series analysis of Veterans seen at a new IBS Clinic was performed to better understand the patient population and their preceding diagnostic workup. Data from the VA Electronic Health Record and a standardized IBS Clinic intake form was retrieved. All charts were comprehensively reviewed to determine the dates of gastrointestinal (GI) symptom onset, first functional GI disorder diagnosis, first IBS diagnosis, as well as basic demographics, current comorbidities and medications. Descriptive analytic methods were applied.

**Summary of Results** A total of 11 Veterans referred to the IBS Clinic were included with a median age of 43 years, all male, majority Caucasian (81.8%) and predominantly from the Persian Gulf war (72.7%), post-Vietnam (18.2%) and Vietnam era (9.1%). A median of 4 (IQR 2.5–14.5) years delay between time of symptom onset to first functional GI disorder diagnosis was noted. Of those diagnosed with IBS, the phenotypes were diarrhea (57.1%), mixed (28.6%) and unclassified (14.3%). Patients had a median of 10 (IQR 6–15) comorbidities and took a median of 9 (IQR 5–10) medications (i.e. selective serotonin reuptake inhibitors) which could contribute to diarrhea. Mental health problems were very common, with 55% having post-traumatic stress disorder. Additionally, 60% of patients presented with at least one red flag symptom that warranted colonoscopy. With respect to ACG guidelines, less than 50% received testing for celiac disease and inflammatory bowel disease. Only 20% received unnecessary stool ova or parasite testing and 10% an unneeded colonoscopy.

**Conclusions** IBS is understudied in Veterans. Many of these patients have psychological comorbidities and take medications which may contribute to their symptoms. While some aspects of their workup aligned well with guidelines, others did not. Future efforts are needed to improve diagnosis and management of Veterans with DGBI.

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**#248 RISK FACTORS ASSOCIATED WITH INCREASED FIBROSIS AND STEATOSIS IN NON-ALCOHOLIC FATTY LIVER DISEASE UTILIZING TRANSPORT ELASTOGRAPHY (FIBROSCAN) IN A COMMUNITY MULTI SPECIALTY PRACTICE**

1B Stratford*, 2C Gonzales. 1Weber State University College of Science, Ogden, UT; 2Ogden Clinic, South Ogden, UT

10.1136/jim-2022-WRMC.245

**Purpose of Study** Non-alcoholic fatty liver disease (NAFLD) is associated with increased risk of fibrosis in patients with obesity, diabetes, and metabolic syndrome. Noninvasive liver assessment using FibroScan is an important part of the evaluation of these patients. The aim of this study is to assess the efficacy of the FibroScan in helping to risk stratify patients with NAFLD in order to improve patient outcomes.

**Methods Used** Over a 16 month period (3/2020 to 6/2021), 331 patients with suspected NAFLD underwent liver FibroScan assessment. A retrospective chart review was conducted for risk factors of metabolic syndrome (obesity, HTN, diabetes, sleep apnea, hyperlipidemia), FibroScan measurements of liver stiffness (MLS), steatosis, and liver biopsy outcomes.

**Summary of Results** A total of 331 patients were reviewed with a mean age of 49 years and mean BMI of 35 (range 18–58). Fifty-three percent of patient were obese (BMI > 30) and 20% were morbidly obese (BMI > 40). Metabolic risk factors were common; HTN (45%), hyperlipidemia (37%), sleep apnea (31%) and diabetes (23%). Greater fibrosis risk was seen with increased BMI (normal vs. morbidly obese BMI, mean MLS 5.5 kPa vs. 9.9 kPa, p < 0.001), metabolic risk factors (0 vs. 5 risk factors, mean MLS 5.7 kPa vs. 13.5 kPa, p < 0.0003) and presence of diabetes (no diabetes vs. diabetes, mean MLS 7.3 kPa vs. 10.3 kPa, p < 0.003). Increased steatosis scores were seen in increased BMI (normal vs. morbidly obese BMI, mean CAP 236 dB/m vs. 334 dB/m, P < 0.0001), metabolic risk factors (0 vs. 5 risk factors, mean CAP 263 dB/m vs. 340 dB/m, p < 0.0001) and presence of diabetes (no diabetes vs. diabetes, mean CAP 307 dB/m vs. 333 dB/m, p < 0.0005). Twenty-five patients underwent liver biopsy evaluation and all patients were diagnosed with non-alcoholic steatohepatitis (NASH). Stage II-III fibrosis was diagnosed in 12 patients (48%) and stage 4 bridging fibrosis/cirrhosis in 3 patients (12%).

**Conclusions** This cohort of patients undergoing Fibroscan testing in a community practice were mostly obese and had >1 metabolic syndrome risk factors. Elevated liver stiffness and steatosis were significantly correlated with increasing BMI, presence of diabetes and increased risk factors for metabolic syndrome. These results will help guide clinician utilization of Fibroscan testing in clinical practice.

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**#249 ANTIPHOSPHOLIPID ANTIBODY SYNDROME IN A YOUNG MALE WITH BILIARY ADENOCARCINOMA**

1H Ipalawatte*, 2K Radovic, 3S Mishra. 1Kern Medical Center, Bakersfield, CA; 2Ogden University School of Medicine – Barbados Campus, Bridgetown, Barbados

10.1136/jim-2022-WRMC.246

**Case Report** Cholangiocarcinoma(CC) is a rare cancer of the biliary system, common in elderly patients. Risk factors vary including alcoholic liver disease, hepatitis, HIV infection, or parasitic infection. Common associations include ulcerative...
ILEAL ENDOCRINE TUMOR WITHOUT METASTASIS

A CHALLENGING CASE OF COLITIS: INFLAMMATORY OR INFECTIOUS OR BOTH

Purpose of Study
Indeterminate colitis (IC) is a form of Inflammatory Bowel Disease (IBD), when the diagnosis of Ulcerative colitis (UC) or Crohn’s disease cannot be made due to mixture of findings. The incidence of Clostridioides difficile (C. diff) infection is 6–9% in patients with IBD, which can lead to increased risk for colectomy or death. Here we discuss a case of newly diagnosed IC with superimposed C. diff infection.

Methods Used
Retrospective chart review after IRB approval.

Summary of Results
A 26-year-old male with no known medical history presented to our facility with progressive one month history of abdominal cramping pain and bloating. This was associated with watery hematochezia up to 15 episodes per day. He had a one week history of increased frequency of bowel movements and associated weight loss of 10 pounds. Physical examination revealed tachycardia, tachypnea, and exam was significant only for weight loss. Neutrophilic leukocytosis was noted. Stool studies were negative for C.diff toxin B PCR and GDH antigen, and oral vancomycin was started. His diarrhea continued at a lesser rate of only 3–4 episodes a day. However, three days prior to presenting to the ED he noticed fresh blood in his stool, prompting him to seek medical attention. On admission he denied abdominal pain, flushing, dyspnea, or chest pain. On examination, he had mild diffuse abdominal tenderness. The patient denied any history of hepatitis, pancreatitis, peptic ulcer disease or GERD. He had never had a colonoscopy or endoscopy at this point.

On admission his labs showed acute renal failure with an SCr of 18, a BUN of 161, and bicarb of 6. After he was started on fluid resuscitation his kidney function improved and urinary output increased, and his acute kidney injury eventually resolved.

His CT abdomen was remarkable for ‘misty mesentery’ suggestive of panniculitis. There was also an enhancing nodularity of the distal small bowel mesentery in the right mid abdomen with mild to moderate circumferential bowel wall thickening of the underlying small bowel loops. In addition to this there were scattered diverticula of the sigmoid colon with no diverticulitis. The carcinoid tumor was also able to be identified on CT.

Colonoscopy showed a large 3 cm submucosal polypoid nodular mass at 10 cm distance from ileocecal junction. Biopsy reported a well differentiated neuroendocrine tumor (carcinoid), spanning at least 2 mm involving the lamina propria and submucosa. Liver ultrasound showed only hepatic steatosis with no lesions. 24hr urine HIAA was 12.5, chromogranin A 1048ng/ml and serum serotonin level of 883ng/ml. TTE showed no valvular abnormalities.

Right hemicolectomy with small bowel mass was resected, surgical pathology reported well differentiated neuroendocrine tumor, forming multiple (13) mucosal masses extending up to 2.3 cm with focal angiomylipomatous invasion and 3/18 regional lymph nodes involvement. After this, diarrhea improved, and patient followed up with a medical oncologist.

ILEAL ENDOCRINE TUMOR WITHOUT METASTASIS

VR Mendiola, J Rahesh*, B Quraishi, S Pathapati. Texas Tech University Health Sciences Center School of Medicine, Amarillo, TX

10.1136/jim-2022-WRMC.247

Case Report
A 65-year-old Caucasian male with a past medical history of hypertension and alcohol abuse presented to the ED with 2 months of watery diarrhea consisting of 3–4 episodes a day. He was transferred from an outside facility for acute renal failure, severe metabolic acidosis, diarrhea, dehydration, and hypokalemia.

Initial episodes of watery diarrhea presented with fever, chills, and nausea. Watery diarrhea increased to about 10 episodes a day during this initial course. He also reported generalized weakness and recurrent falls due to syncope. He self-medicated Ivermectin in high doses meant to be used for horses that he was able to buy from his hometown veterinarian with no prescription meant to treat his diarrhea as well as prevent Covid-19 infections. He used this drug for 10 days and reported a 20 pounds weight loss over 2 months as well as worsening oliguria.

Follow this initial course, his diarrhea continued at a lesser rate of only 3–4 episodes a day. However, three days prior to presenting to the ED he noticed fresh blood in his stool, prompting him to seek medical attention. On admission he denied abdominal pain, flushing, dyspnea, or chest pain. On examination, he had mild diffuse abdominal tenderness. The patient denied any history of hepatitis, pancreatitis, peptic ulcer disease or GERD. He had never had a colonoscopy or endoscopy at this point.

On admission his labs showed acute renal failure with an SCr of 18, a BUN of 161, and bicarb of 6. After he was started on fluid resuscitation his kidney function improved and urinary output increased, and his acute kidney injury eventually resolved.

His CT abdomen was remarkable for ‘misty mesentery’ suggestive of panniculitis. There was also an enhancing nodularity of the distal small bowel mesentery in the right mid abdomen with mild to moderate circumferential bowel wall thickening of the underlying small bowel loops. In addition to this there were scattered diverticula of the sigmoid colon with no diverticulitis. The carcinoid tumor was also able to be identified on CT.

Colonoscopy showed a large 3 cm submucosal polypoid nodular mass at 10 cm distance from ileocecal junction. Biopsy reported a well differentiated neuroendocrine tumor (carcinoid), spanning at least 2 mm involving the lamina propria and submucosa. Liver ultrasound showed only hepatic steatosis with no lesions. 24hr urine HIAA was 12.5, chromogranin A 1048ng/ml and serum serotonin level of 883ng/ml. TTE showed no valvular abnormalities.

Right hemicolectomy with small bowel mass was resected, surgical pathology reported well differentiated neuroendocrine tumor, forming multiple (13) mucosal masses extending up to 2.3 cm with focal angiomylipomatous invasion and 3/18 regional lymph nodes involvement. After this, diarrhea improved, and patient followed up with a medical oncologist.

ILEAL ENDOCRINE TUMOR WITHOUT METASTASIS

VR Mendiola, J Rahesh*, B Quraishi, S Pathapati. Texas Tech University Health Sciences Center School of Medicine, Amarillo, TX

10.1136/jim-2022-WRMC.247

Case Report
A 27yo male with history of alcohol abuse, hypertension and polysubstance abuse presented to the Emergency Department (ED) with jaundice, scleral icterus, and pruritus. He was found to have abnormal liver function tests (LFTs) during a routine evaluation with a month history of exacerbating symptoms.

In the ED, labs showed an albumin level of 3.3, alkaline phosphatase of 972, ALT 219, AST 131, direct bilirubin 5.9, total bilirubin 7, and total protein 8.6. Urine analysis showed urobilinogen of 2 and moderate bilirubin levels. At this time, there was a concern for any autoimmune processes, and further studies, found positive antinuclear antibodies and anti-MCV IgG and IgM in the serum, anti-smooth muscle antibodies. There was high suspicion for APS. Ultrasound of the abdomen showed stigma of cirrhosis with suboptimal visualization of the right liver lobe with dilated intrahepatic bile ducts. CT scan showed a mass-like bulge in the inferior aspect of the right hepatic lobe. MRCP showed a ‘beaded’ appearance of the bile ducts and obstruction at the confluence of the main hepatic ducts. CA 19–9 was elevated. Findings were highly suggestive of malignancy such as CC. He underwent ERCP with sphincterotomy with biopsy confirming biliary adenocarcinoma. He was referred for hepatobiliary surgery and further evaluation with hematology/oncology.

Conclusion
CC is a rare condition with a low 5-year survival rate (Nakeed, 1996). The faster a diagnosis is made, the more options that a patient has in terms of therapy. Our patient had CC leading him much more work up and finding CC, a condition often seen much later in life, and has APS, which is often seen in females rather than males. He did not exhibit any ulcerative colitis symptoms, which are commonly associated with CC. He deviates from many common associations.

In the real world, we may encounter atypical presentations that do not fit into previously learned models. With this case, we wanted to emphasize the importance of being vigilant, have broad differentials and early intervention based on clinical suspicion.
Diphthamide biosynthesis disorders

DPH5: A novel gene causing diphthamide biosynthesis disorders

Purpose of Study: Neurodevelopmental disorders (NDDs) are genetically heterogeneous lifelong conditions with known etiology in approximately 30% of individuals. Here, we report DPH5 (Diphthamide biosynthesis protein 5) as a novel cause of embryonic lethality, multisystem dysfunction and profound NDDs in three unrelated families. DPH5 is critical to the biosynthesis of diphthamide, a post translationally modified histidine on eEF2 (eukaryotic elongation factor 2), essential for ribosomal translocation and protein synthesis in cells.

Methods Used: Exome or genome sequencing, transgenic Dbh5 pH260R knockin (C57BL/6Ncrl-Dbh5<sup>pN110S, pR207*</sup>/Mmucd) mouse model development, patient recruitment through GeneMatcher program, ADP-ribosylation assays in DPH5<sup>ko</sup> cells transfected with pN110S, pN174fs, pR207* and p260R, site-directed mutagenesis in yeast cells for the missense variants and functional assays, computational modeling to evaluate effect of variants on DPH5 protein structure and assess its interaction with eEF2.

Summary of Results: DPH5 variants, homozygous pH260R, compound heterozygous pN110S and pR207* and homozygous pN174fs were found in three unrelated families (F1, 2 & 3). Similar craniofacial features such as broad forehead, sparse eyebrows, epicanthal folds, short upturned nose, downturned corners of the mouth, profound NDDs, CNS anomalies such as enlarged cisterna magna, cardiac features such as ventricular septal defect, pulmonary stenosis and pericardial effusion, and digital anomalies were noted. Dph5 pH260R targeted knockin mouse model generated only one homozygous (HOM) female exhibiting extremely low birthweight, craniofacial dysmorphism, polydactyly and abnormal behaviors with early death at 24-days of age. Embryonic studies of HOMs revealed abnormal head shape, exencephaly, eye anomalies, edema shortened frontonasal prominence, facial cleft and polydactyly. ADP ribosylation assays showed absent to decreased function in KO and yeast cells. Insilico modeling showed disruption of interaction of DPH5 with eEF2.

Conclusions: We provide clinical and functional evidence that DPH5 variants in three unrelated families are likely pathogenic establishing DPH5 as a novel cause of embryonic lethality or profound NDDs with multisystem involvement expanding the Diphthamide biosynthesis disorders.

Session: genetics I
Concurrent session
8:00 AM
Friday, January 21, 2022

#252 DPH5: A NOVEL GENE CAUSING DIPHTHAMIDE BIOSYNTHESIS DISORDERS

A. Egense, 1B Willis, 1P Shankar, 1J Horberg, 1L Abadzic, 1K Mayer, 1K Utz, 1K Monaghan, 1K Krieb, 1Stoel, 4Schaffarth, 4Alkayar, 5Brinkmann, 5Eriksson, 5Y Lloyd, 5R Auren. University of California Davis, Sacramento, CA; 2University of California Davis, Davis, CA; 3Goteborgs universitet, Goteborg, Sweden; 4King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia; 5Hoffmann-La Roche AG Research and Development Division, Penzberg, Germany; 6University of California Davis, Davis, CA; 7Universitat Kassel Institut fur Biologie, Kassel, Germany; 8Boston Children's Hospital, Boston, MA

Purpose of Study: MELAS (mitochondrial encephalopathy, lactic acidosis, and stroke-like episode) is a multisystem disorder caused by a known mitochondrial DNA mutation most commonly affecting the MT-TL1 gene. The majority of individuals develop symptoms between the ages of 2 to 40 years old.

When MELAS affected patients present with stroke-like symptoms, the expected etiology is the underlying mitochondrial disorder causing a stroke-like episode. Common clinical findings include stroke-like episodes, encephalopathy with seizures or altered mental status, muscle weakness, hearing impairment, peripheral neuropathy amongst others. MELAS is a condition with phenotypic variability due to multiple causes (heteroplasy, tissue distribution and threshold effect).

There are approximately 13 reported cases of macroangiopathy in patients with MELAS. We report a previously undiagnosed case of MELAS in an adult patient who presented with right middle cerebral artery (MCA) ischemic stroke and found to have severe intracranial atherosclerosis, a finding not typically reported in MELAS patients.

Methods Used: Chart review, physical examination, and literature review

Summary of Results: A 44-year-old female was evaluated for a possible mitochondrial condition given a past medical history of sensorineural hearing loss following physiologically demanding circumstances (pregnancy), type 1 diabetes and acute neurologic symptoms concerning for a stroke after removal of a cochlear implant. Molecular testing revealed a mtDNA pathogenic variant: 3243A>G (tRNA Leu gene) with 24.7% heteroplasmia, a finding highly indicative of MELAS. Head CT angiography found severe intracranial atherosclerosis involving large vessels requiring thrombectomy. Imaging noted a tapering
occlusion in a large segment of the right MCA, multifocal irregularity and moderate stenosis of the left internal carotid artery and proximal left middle cerebral artery, with diffusely narrowing caliber of the internal carotid arteries.

Conclusions Of the MELAS reported cases, intracranial large vessel involvement (macroangiopathy) is a rare finding in MELAS, described in very few individuals. Macroangiopathy can include stenosis, vasoconstriction, atherosclerosis, and aneurysms, and theoretically could be a lesser-known finding in patients with chronic MELAS. Given the severity of clinical complications in our patient, we call attention to macroangiopathy as a possible complication in patients with MELAS to inform their clinical team when preparing for invasive procedures, especially those involving intracranial vascular system.

Purpose of Study MT-ATP6 encodes a subunit of mitochondrial complex V (ATP synthase). Pathogenic variants are associated with a form of Leigh syndrome exhibiting considerable phenotypic heterogeneity and maternal inheritance. We have identified seven children from five families with MT-ATP6-associated disease who presented with low citrulline by California newborn screening (NBS). Further evaluation revealed abnormalities on plasma amino acids (PAA), urine organic acids (UOA), and acylcarnitine profile (ACP), and in several cases, maternal relatives with a similar phenotype. We report these findings and characterize the biochemical phenotype associated with MT-ATP6-associated disease.

Methods Used
Medical literature and chart review, physical examination, and laboratory testing.

Summary of Results
Seven probands were found to have a maternally-inherited homoplasmic pathogenic variant in MT-ATP6 (c.2095A>T, p.I110K) after presenting with abnormal NBS for low citrulline. Biochemical evaluation revealed PAA with low citrulline and high alanine, UOA with elevations of lactate and 3-hydroxyisovaleric acid without orotic aciduria, and ACP with elevations of propionylcarnitine (C3) and 3-hydroxyisovalerylcaritnine (C5-OH). Overall findings were suggestive of a mitochondrial disorder, as opposed to the intended primary screening target of a proximal urea cycle disorder, warranting mitochondrial DNA studies. Some maternal relatives were found to have the same biochemical phenotype as the probands (n=3), as well as clinical features of this disorder including ataxia, neuropathy, myopathy, and/or retinitis pigmentosa; others are reportedly asymptomatic.

Conclusions MT-ATP6-associated disease can present with low citrulline by NBS and a unique biochemical phenotype consisting of the triad of low citrulline, elevated C3, and elevated C5-OH, in addition to evidence of mitochondrial dysfunction by PAA and UOA. For this reason, we recommend including ACP in the evaluation of individuals who screen positive by NBS for low citrulline; maternal history and laboratory studies should also be considered. Future studies include metabolomic profiling of NBS-dried blood spots from individuals with MT-ATP6-associated disease and relevant negative and positive controls to further delineate the biochemical phenotype and aptly identify individuals with this mitochondrial disorder.

Conclusions ZSD are a group of autosomal recessive disorders caused by mutations in the PEX genes essential for peroxisomal biogenesis. Affected patients have defective lipid metabolism and cell detoxification, resulting in hypotonia, neurologic deficits, congenital malformations, adrenocortical dysfunction, and liver disease. Prevalence varies among different regions of the world and founder mutations in distinct populations have previously been reported. California’s Central Valley has a large Mixteco population compared to other parts of the United States as many of these families have emigrated from the southern Mexico states of Oaxaca, Guerrero, and Puebla. We have observed an increased frequency of ZSD at our center over the past few years in patients of Mixteco ethnicity. This study reports the spectrum of clinical and genotypic features of ZSD patients at our institution.

Methods Used
We performed a retrospective chart review by searching for ZSD patients seen at our center between 2010 and 2020 using ICD-10 codes E71.50, E71.51, E71.511, E71.518, E71.53 and E71.54, and ICD-9 code 277.86. Patients with an alternative diagnosis were excluded.

Summary of Results
Seven patients with ZSD were identified, all diagnosed over the past four years, presenting at birth with generalized hypotonia and facial dysmorphisms such as large anterior fontanelles. Two had poor visual response to light, three had lagophthalmos, and four had failed hearing tests. Four patients are now deceased and three died prior to one year of age. Although two were lost to follow-up, they both presented with severe symptoms including worsening hypotonia and poor feeding by three months of age. One patient is currently alive at 12 months of age. Biochemical testing demonstrated characteristic elevations of very long chain fatty acids. Six patients were found to be homozygous for the PEX6 novel variant c.1409G>C (p.Gly470Ala) and were of Mixteco ethnicity. One was homozygous for PEX6 c.2095–21_2095del and was the only patient with parental consanguinity. This patient’s ethnicity is unknown.

Conclusions
ZSD has a prevalence of 1:50,000 to 1:75,000 in the United States. In the Central Valley, we found an increased frequency of ZSD per zip code population in which these patients lived, ranging from 1:4,477 to 1:72,280, with a mean of 1:44,891. This over-representation of the novel PEX6 variant affecting ZSD patients of Mixteco ethnicity suggests a founder mutation within this patient population.
#256  CLINICAL FINDINGS IN CRB2-RELATED SYNDROME

1-3 M Adutwum*, 1 A Hurst, 2 G Mitra, 3 A Slavotinek. 1Children’s Hospital Oakland Research Institute, Oakland, CA; 1UCSF Benioff Children’s Hospital Oakland, Oakland, CA; 1University of Alabama at Birmingham, Birmingham, AL; 1Center for Integrative Brain Research, Seattle, WA; 4University of California, San Francisco, San Francisco, CA

Purpose of Study CRB2-related syndrome was first described as a triad of cerebral ventriculomegaly, renal findings including nephrotic syndrome (NS), and greatly elevated alpha-fetoprotein levels. Additional clinical manifestations in CRB2-related syndrome have included congenital heart defects and retinitis pigmentosa (RP). The condition is rare and caused by biallelic, pathogenic variants in the CRB2 gene. Recent reports of CRB2-related syndrome have highlighted NS which can be associated with severe presentations. The objective of this project was to compile a list of the clinical and variant data for CRB2-related syndrome.

Methods Used We conducted a literature review of reported patients with biallelic pathogenic variants in CRB2 and identified additional unreported cases. We compared clinical features, survival, and variant location in CRB2 in patients with manifestations in different body systems. For those with NS, treatments and their effectiveness were recorded.

Summary of Results We ascertained 31 patients with biallelic, pathogenic variants in CRB2; detailed information was available for the majority. 18/29 (62%) were diagnosed during pregnancy and 9/29 (31%) from 0 to 10 years of age. Two patients were diagnosed at 46 and 51 years and had RP as the sole clinical finding. Of the 30 patients with recorded outcomes, 20 (66.7%) were alive, whereas 10 (33.3%) were deceased. 7 from termination of pregnancy. An analysis of clinical findings showed that renal involvement was the most frequent (22/31; 71%), with 11 (35%) patients having only renal manifestations with NS. 17/31 (55%) patients had manifestations in multiple body systems, and cardiac findings and abnormal retinal e are each found in 3/31 (10%). Pathogenic variants were mostly located in exons 7, 8, 10, 12, and 13, with greatest representation of exon 10 in all patients, whereas exon 7 had the greatest representation in patients with only renal disease. Details of treatments and their effectiveness were inconsistently reported and prevented comparison, but one patient transiently responded to steroids and only one surviving patient required a renal transplant.

Conclusions Most patients with CRB2-related syndrome included in this review survived. The commonest clinical finding in recently reported patients with pathogenic CRB2 variants was NS. Further information is needed to determine optimal treatment and patient care.

#257  ASYMPTOMATIC THALASSEMIA: A REASON TO REFORM CURRENT SCREENING ALGORITHMS IN REGIONS OF ASIA

K Mai, K Chen*. Western University of Health Sciences, Pomona, CA

Purpose of Study Many regions in Asia including Taiwan hold a high thalassemia carrier rate. The diagnosis of thalassemia in these regions mainly consists of a screening algorithm relying on mean corpuscular volume (MCV) and mean corpuscular hemoglobin (MCH) values. However, individuals who are silent carriers and who do not phenotypically fit the screening algorithms tend to go undiagnosed, leading to future complications. While genetic screening panels may be useful in this context, a standardized regime is limited in this region. Thus, this study evaluates the clinical significance of implementing a standardized genetic screening panel for α-thalassemia. Overall, the study assesses the efficacy of this screening in identifying phenotypically asymptomatic patients who were otherwise undiagnosed, and the risk posed in passing down more severe carrier traits.

Methods Used This is a cross-sectional study utilizing next-generation sequencing (NGS) carrier screening panels to identify α-thalassemia silent carriers in a population within Taiwan. Long range PCR is followed to confirm patient’s genetic status.

Summary of Results A total of 22 patients were identified as thalassemia silent carriers. 21 out of 22 individuals (95.5%) were α-thalassemia silent carriers, with 2 of them being couples. Therefore, in this population set there is a 9.5% chance of passing down more severe alpha thalassemia carrier traits. Furthermore, only 1 out of 22 patients (4.5%) were found to be β-thalassemia carriers. These individuals were asymptomatic, and all held a MCV of >80. Of these individuals, only 4 were identified with a low hemoglobin level.

Conclusions Our data suggests the implementation of a standardized genetic screening for α-thalassemia will be beneficial in many regions within Asia, including Taiwan. Previous screening algorithms focused on measuring MCV and MCH levels. However, in this study we demonstrate that MCV and MCH levels alone may be insufficient in identifying carriers. Maintenance of this screening algorithm would thus result in false negatives within this patient population. Overall, the use of NGS-based carrier screening panels allowed for the diagnosis of individuals who were previously undiagnosed due to them not phenotypically conforming to the current regional screening algorithms. This study also allowed for the identification of individuals at an increased risk of passing down traits such alpha thalassemia carriers and hemoglobin H (HbH). The utilization of genetic screening for α-thalassemia would be cost-efficient and beneficial especially in these patients by allowing for earlier genetic counseling, education, and potential treatment to prevent costly complications later in life.

#258  LINKAGE DISEQUILIBRيوم SCORE REGRESSION ANALYSES TO DETERMINE THE GENETIC ARCHITECTURE OF THE DIFFERENCES BETWEEN DEPRESSION AND BIPOLAR DISORDER

S Asal*. University of California Los Angeles, Los Angeles, CA

Purpose of Study Psychiatric illness is a pressing health concern and there is a greater need to understand genetic differences between influencing traits. This project analyzed genome-wide differences among three genome-wide association studies (GWAS), aiming to understand genetic differences between patients with depression and bipolar disorder. Being influenced by several genes and confounding factors complicates the genetic study of these polygenic illnesses. One tool available to help understand genome wide differences from GWAS is linkage disequilibrium score regression (LDSC) which allows
for the analysis of differences among psychiatric patient cases who present with bipolar disorder (BP) or major depressive disorder (MDD) with different onsets.

Methods Used Three GWAS files were analyzed through LDSC: daner13 (case-only BP vs. MDD file), danerD (BP-onset-MDD vs. MDD file), and danerM (BP-onset-mania vs. MDD file). Unix and Python shell scripting were used to run a series of awk commands and the ldsc command-line tool was used to merge summary statistics. Once the files were merged, LDHub computed genetic correlation for psychiatric and educational traits along with the heritability of traits amongst two cohorts. The three GWAS were then compared using observed heritability values and genetic correlation of the traits.

Summary of Results The genetic correlation of 16 traits for each of the GWAS were plotted with their respective standard errors (figure 1). The heritability values for the daner13, danerD, and danerM files were 0.2184 (SE 0.0209), 0.2079 (SE 0.0478), and 0.1556 (SE 0.057), respectively. Psychiatric traits showed higher genetic correlation than educational traits with BP; PGC cross-disorder analysis and schizophrenia having the strongest correlation (>0.5) across all GWAS. Major depressive disorder and depressive symptoms had weak negative correlations across all GWAS.

Conclusions These heritability results demonstrate that genetic differences exist between MDD and BP. The greater heritability of twins in the danerD file than the danerM file could be attributed to the higher number of BP patients who are first diagnosed with MDD before switching to BP. In addition to genome-wide analyses, individual-level genotype data may also help to predict risk scores for patients who switch from MDD to BP. In the future, these genetic differences may be used to predict the course of illness in depression patients.

### Abstract #259 Figure 1

**DIFFERENT EXONS, DIFFERENT DISORDERS: ATHELIA AND BRANCHIAL SINUS ANOMALIES ARE FEATURES OF A DISTINCTIVE KMT2D-ASSOCIATED DISORDER**

1R Frankel*, 1CG Tise, 3M Sanyoura, 1J Bernstein, 3LH Philipson. 1Stanford University, Stanford, CA; 2The University of Chicago, Chicago, IL; 3University of Chicago Department of Medicine, Chicago, IL

10.1136/jim-2022-WRMC.259

Purpose of Study Here we describe two individuals with KMT2D-associated disorder to highlight distinct features, helping to define the phenotype associated with variants in this gene. In 2020, Cuvertino et al. described a cohort of nine individuals with heterozygous variants in exons 38 and 39 of KMT2D presenting with a multisystem disorder distinct from Kabuki syndrome. Overlapping clinical features of the nine individuals included typical intelligence, choanal atresia, athelia or hypoplastic nipples, branchial sinus abnormalities, neck pits, lacrimal ducts anomalies, hearing loss, external ear malformations, and thyroid abnormalities.

Methods Used Clinical evaluation, molecular sequencing, chart review, and literature review.

Summary of Results Two unrelated individuals were found to have the same de novo pathogenic variant in exon 39 of KMT2D (c.10784A>G, p.Tyr3595Cys) by exome sequencing after presenting with multiple congenital malformations. The first individual is a 27-year-old female with a coloboma, choanal atresia, congenital deafness, absent ribs, small teeth, bilateral 2nd branchial cleft sinus tracts, aplasia of the posterior semicircular canals, loose anagen hair, amastia/athelia, non-autoimmune diabetes mellitus, and typical cognitive development. The second individual is an 11-year-old female with bilateral microtia, bilateral sensorineural hearing loss, right facial nerve palsy, left sided branchial cleft cyst or pyr, bilateral breast hypoplasia, and typical development.

Conclusions Typical intelligence, branchial sinus anomalies, and amastia/athelia in females appear to be distinct features of KMT2D-associated disorder. This syndrome presents with features overlapping with other multiple malformation syndromes including Kabuki, CHARGE, and brachiootorenal syndrome. These individuals exemplify the distinct phenotype of KMT2D-associated disorder and highlight the need for a natural history study of this condition to allow for better characterization and ultimately improved diagnosis and outcomes.

### Neonatology general III

**Concurrent session**

**8:00 AM**

**Friday, January 21, 2022**

**#260**

**PREDICTIVE VALUE OF PATENT FORAMEN OVALE MEASURED AT BIRTH FOR DEVELOPMENT OF ATRIAL SEPTAL DEFECT IN EXTREMELY LOW BIRTHWEIGHT INFANTS**

S Gaffar*, B Siasis, R Cayabyab, M Ebrahimi, M Uzunyan, R Ramanathan. Los Angeles County University of Southern California Medical Center, Los Angeles, CA

10.1136/jim-2022-WRMC.257

**Purpose of Study** The foramen ovale (FO) is a fetal channel that allows right-to-left (R-L) shunting throughout fetal development. After birth, some term infants have minor incompetence of the flap valve, allowing a small left to right (L-R) shunt which usually resolves by 18 days of postnatal life. The aim of this study is to evaluate the echocardiographic change in FO size with postnatal growth to determine if progression to atrial septal defect (ASD) can be predicted in extremely low birth weight infants (ELBW).

**Methods Used** Descriptive study of all inborn ELBW infants admitted to a neonatal intensive care unit between 2015 and 2021 who had echocardiograms (ECHO) performed within
the first week of postnatal life and before discharge. Size of valve-incompetent FO was determined by measuring the width of L-R color doppler flow in coronal posterior and sagittal subcostal viewing windows. The largest measurement was taken as the diameter of the septal defect.

Summary of Results Fifty-two infants with median gestational age (GA) of 25 weeks (IQR: 24–26) and median birth weight (BW) of 733 grams (IQR: 633–835) were included in the study. First ECHO was obtained at a median postnatal day of life 2. Forty-eight infants had initial median FO diameter of 1.9 mm at birth that grew to 2.2 mm by median postmenstrual age (PMA) of 36 weeks. Majority of infants at birth (37/46, 80%) and at discharge (39/44, 89%) had L-R shunt. Only 1 infant (1.9%) at birth and 4 infants (7.7%) at discharge had a closed FO. In contrast, 4 ELBW infants born at median GA of 25 weeks (IQR: 24–26) and median BW of 700 grams (IQR: 615–748) had initial FO diameter of 3.3 mm that grew into a 6.2 mm septal defect by 38 weeks PMA. All 4 infants had L-R shunt at FO on discharge. Table 1 shows other echocardiographic parameters measured that were within normal limits.

Conclusions This study demonstrated that in ELBW infants, FO greater than 3 mm in diameter at birth enlarges with postnatal growth to possibly become a large atrial septal defect that needs echocardiographic follow up as outpatient. If these large defects remain as atrial septal defects on long term follow up, it will indicate a much higher incidence of ASD in ELBW infants compared to full term infants. Further study of a larger population of ELBW infants is needed to confirm this finding.

#261 SYSTEMIC AND END ORGAN HEMODYNAMIC CHANGES DURING BRADYCARDIC EVENTS IN INFANTS UNDERGOING THERAPEUTIC HYPOTHERMIA

1,2D Cho*, 1,2Y Wu. 1Children’s Hospital of Los Angeles, Los Angeles, CA; 2University of Southern California Keck School of Medicine, Los Angeles, CA

Purpose of Study Therapeutic hypothermia (TH) is the standard therapy for newborn hypoxic-ischemic encephalopathy (HIE). Lower temperature slows firing of sinoatrial node and can lead to sinus bradycardia. The heart rate threshold at which end organ perfusion may be compromised is unknown. We aim to investigate systemic and end-organ hemodynamic changes during bradycardic episodes.

Methods Used Continuous hemodynamic data, including heart rate (HR), mean arterial blood pressure (MBP), cardiac output (CO) by impedance cardiometry, and regional brain (CrSO₂) and renal (RrsO₂) oxygen saturation were collected prospectively and time-synchronized in infants with HIE undergoing TH (figure 1). Systemic vascular resistance (SVR) was derived using measured CO and MBP. Bradycardia was defined as sustained HRS<100 beats per minute (< 1st percentile for age) for 3 minutes. For each bradycardic episode, we selected a corresponding 3-minute period when HR>100, within a 10-minute time frame of the bradycardic event. Hemodynamic parameters were compared between the two groups (HRS<100 vs. HRS>100) and reported as medians with IQR (non-normally distributed). Mann-Whitney test was used for non-parametric comparisons.

Summary of Results Twenty infants (9 male, 11 female, mean GA 38 5/7 weeks) were included in the analysis. Cumulatively, 433 bradycardic episodes were noted and occurred in 13% (21.7 out of 160.7 hours) of the overall monitoring period.
Abstract #261 Figure 1  Sample data collection for 1 patient to illustrate continuous monitoring of hemodynamic parameters (MAP: mean arterial blood pressure, SpO2: oxygen saturation, HR: heart rate, CO: cardiac output, ChR1SO2: brain oxygen saturation, Ch2rSO2: renal oxygen saturation).

There was a significant decrease in MBP and CO, and a compensatory increase in SVR during bradycardic episodes (table 1). There was no significant difference in SaO2, CrSO2 or RrSO2.

Conclusions Although there were systemic hemodynamic alterations during bradycardia events, overall end organ perfusion and/or oxygenation remain unchanged.

Abstract #262 Table 1  Short- and long-term outcomes for infants with very low 5-minute Apgar scores

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Baseline (n=66)</th>
<th>Intervention (n=37)</th>
<th>Post (n=35)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothermia (%)</td>
<td>7 (11)</td>
<td>6 (16)</td>
<td>7 (20)</td>
<td>0.42</td>
</tr>
<tr>
<td>HIE (%)</td>
<td>16 (24)</td>
<td>11 (30)</td>
<td>7 (20)</td>
<td>0.16</td>
</tr>
<tr>
<td>HIE mild (%)</td>
<td>6 (9)</td>
<td>1 (3)</td>
<td>0</td>
<td>**</td>
</tr>
<tr>
<td>HIE moderate (%)</td>
<td>6 (9)</td>
<td>4 (11)</td>
<td>3 (9)</td>
<td>**</td>
</tr>
<tr>
<td>HIE severe (%)</td>
<td>4 (6)</td>
<td>5 (14)</td>
<td>4 (11)</td>
<td>**</td>
</tr>
<tr>
<td>HIE unknown (%)</td>
<td>4 (6)</td>
<td>5 (14)</td>
<td>4 (11)</td>
<td>**</td>
</tr>
<tr>
<td>Seizures (%)</td>
<td>4 (6)</td>
<td>5 (14)</td>
<td>7 (20)</td>
<td>0.10</td>
</tr>
<tr>
<td>Gastrostomy tube (%)</td>
<td>2 (3)</td>
<td>2 (5)</td>
<td>3 (9)</td>
<td>0.48</td>
</tr>
<tr>
<td>Conventional</td>
<td>36 (55)</td>
<td>27 (73)</td>
<td>22 (63)</td>
<td>0.18</td>
</tr>
<tr>
<td>Ventilation (%)</td>
<td></td>
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<tr>
<td>Long-term</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy (%)</td>
<td>3 (5)</td>
<td>3 (8)</td>
<td>1 (3)</td>
<td>**</td>
</tr>
<tr>
<td>Developmental</td>
<td>11 (17)</td>
<td>10 (27)</td>
<td>14 (40)</td>
<td>**</td>
</tr>
<tr>
<td>Delay (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Delay (%)</td>
<td>17 (26)</td>
<td>12 (32)</td>
<td>10 (29)</td>
<td>**</td>
</tr>
</tbody>
</table>

** p-value not calculated due to missing data

Abstract #262 Figure 1

**Purpose of Study** Low Apgar scores are a strong predictor of neonatal mortality and may be associated with poor neurologic outcomes. Our hospital’s percentage of infants born with very low Apgar scores at 5 minutes was higher than the Vermont Oxford Network national average (2.4%). We aimed to decrease the percentage of infants with Apgar scores <4 at 5 minutes of life from a mean of 5.2% (range 1–11%) to less than 2.5% and decrease the percentage of infants receiving chest compressions prior intubation from 21% to less than 5% by December 2017 and sustain through August 2021.

**Methods Used** Data was collected from January 2012 to August 2021. Four plan-do-study-act (PDSA) cycles were done from April 2015 through February 2017 including: formulated a multidisciplinary team (PDSA 1), provided 24-
hour Advanced Practice Providers (APP) coverage and education campaign for providers to secure the airway prior starting compressions (PDSA 2), initiated APP-led hands-on scenarios for rotating NICU residents (PDSA 3), and developed ‘Go Bags’ to be taken to deliveries to ensure adequate supplies. A statistical process control (SPC) p-chart was used to evaluate our primary outcome measure of 5-minute Apgar scores <4.

Summary of Results There were no demographic differences across the 3 time periods. The percentage of infants with Apgar scores <4 at 5 minutes decreased from 5.2% in the baseline and intervention period to 2.2% in the post-intervention period as special care was detected in the SPC chart with 8 points below the center line. The percentage of infants receiving chest compression prior to intubation decreased from 21% during the baseline period to 3% in the intervention and post-intervention periods (p<0.002), with a relative risk of 7.9 for infants born in the baseline period (95% CI: 1.9, 33.7).

Conclusions We were able to significantly decrease the percentage of infants with 5-minute Apgar scores <4 and percentage of infants receiving chest compressions prior to intubation which has been sustained for over 3 years. The addition of APPs as champions with a consistent presence in the NICU involved in all resuscitations and resident education has been critical to improving our care in the delivery room.

#263 VASOACTIVE THERAPY DURING THERAPEUTIC HYPOThERMIA IS LINKED TO ADVERSE OUTCOMES AT NEONATAL INTENSIVE CARE UNIT DISCHARGE

S Perugu*, 1,M Morozov, 2,D Patel, 3,J Cleary. 1Harbor-UCLA Medical Center Department of Pediatrics, Torrance, CA; 2Children’s Hospital of Orange County, Orange, CA; 3University of California Irvine, Irvine, CA

Purpose of Study Evaluate if hemodynamic parameters and vasoactive medication requirements during therapeutic hypothermia predict outcomes such as duration of mechanical ventilator support, clinical parameters, and neurodiagnostics in neonates with moderate-severe Hypoxic Ischemic Encephalopathy (HIE).

Methods Used Retrospective cohort study of thirty four neonates with moderate-severe HIE from 2010 to 2013 at a quaternary neonatal intensive care unit (NICU) with neurodevelopmental assessments until 2016. Data points were extracted from electronic medical records and supplemented by chart review. The data set was analyzed to compare differences between two groups, with vasoactives (n=18) and without vasoactives (n=16) during therapeutic hypothermia. Primary outcomes (heart rate, blood pressures and cerebral NIRS) were analyzed at five time points. Secondary outcomes were duration of mechanical ventilation, clinical and biochemical parameters, brain MRI, EEG, and Bayley III scaled and composite scores between 6–24 months.

Summary of Results There were no statistically significant differences between heart rate, blood pressure or oxygen delivery as measured by cerebral NIRS [6,12, 24, 48 and 72 hours timepoints after birth] in babies with, and without vasoactive therapies. Neonates with vasoactive requirements had more severe hypoxemia, higher blood lactate, lower albumin and hemoglobin, and require prolonged ventilation (P=0.027).

Additionally, they were 30% more likely to have abnormal background EEG with low voltage pattern during cooling (p<0.05). Almost 50% of the patients in the vasoactive group had moderate or severe brain injury on 10-12 day MRI. Despite these important differences at NICU discharge, newborns exposed to vasoactives did not have significantly worse neurodevelopmental delays at 6 months.

Conclusions Vasoactive medication requirement in babies with moderate-severe HIE predicts or perhaps contributes to adverse outcomes at NICU discharge. However, infants treated with vasoactives during cooling did not have significantly worse early neurodevelopmental delays. It is critical to comprehensively analyze if therapies are meeting their intended goal of oxygen delivery. Prognosticating risks for neurocognitive deficits in childhood thus remains as an important question for pediatric research.

#264 EFFECTS OF MATERNAL PREECLAMPSIA ON CARDIAC STRUCTURE AND FUNCTION IN VERY LOW-BIRTHWEIGHT INFANTS

GA Kohbodi*, R Cayabyab, M Ebrahimi, R Ramanathan, B Siassi. University of Southern California Keck School of Medicine, Los Angeles, CA

Purpose of Study Complications related to maternal preeclampsia (PE) are numerous, such as mortality, growth restriction, prematurity, respiratory distress, and morbidities related to neurodevelopment and cardiovascular system in later life. It has been shown in few small studies that exposure to PE can lead to cardiac remodeling in the fetus and term infants, but, this has not been studied in very low birth weight (VLBW) infants. The purpose of the study is to determine whether exposure to maternal PE is associated with hypertrophic cardiac changes and cardiac dysfunction in VLBW infants.

Methods Used We retrospectively reviewed the echocardiographic data on VLBW infants born to mothers with PE (cases) and compared them to infants not exposed to PE (controls) between January 2017 to December 2020. Cases were matched by birth weight (BW) and gestational-age (GA). Exclusion criteria were presence of congenital heart disease and no echocardiograms (ECHO) in first 7 days of life. Data was analyzed with Wilcoxon Sign Rank test and McNemar’s Test where appropriate.

Summary of Results Our data from 21 cases and controls showed that infants exposed to PE had higher lactate level at birth, significantly higher systolic blood pressure during the first three days of life and a lower rate of vasopressor use within the first 24 hours of life. On ECHO, infants exposed to PE had significantly lower ejection fraction (EF) and fractional shortening (FS) compared to controls. Patent ductus arteriosus (PDA) peak flows were lower in infants with PE compared to controls though not statistically significant. (Table 1).

Conclusions Our preliminary data show that as a result of exposure to increased resistance to flow through placenta, VLBW infants born to preeclamptic mothers have higher systemic and pulmonary vascular resistance as evidenced by elevated systolic blood pressure after birth and lower peak flow velocity through PDA. Lower EF and FS may also be due to increased systemic vascular resistance. This information may be helpful for choice of isotropic agent for treatment of infants.
with hemodynamic compromise born to mothers with PE. Data collection is ongoing to have a larger sample size to confirm these findings.

#265

COMBINING PROBABILITY SCORES TO OPTIMIZE CLINICAL USE OF THE ONLINE NEONATAL BRONCHOPULMONARY DYSPLASIA OUTCOME ESTIMATOR

1RM Leigh*, 2,3H Yeh, 1F Chou, 1Loma Linda University School of Medicine, Loma Linda, CA; 2Children’s Mercy Hospitals and Clinics, Kansas City, MO; 3University of Missouri Kansas City School of Medicine, Kansas City, MO

10.1136/jim-2022-WRMC.262

Purpose of Study Bronchopulmonary dysplasia (BPD) primarily affects extremely preterm infants and has been associated with high mortality and morbidity. An online estimator for BPD severity was developed by NICHD that may guide interventions. This study aims to investigate the optimal use of the estimator for BPD prediction.

Abstract #265 Table 1

Demographics, clinical outcomes and echocardiographic parameters

<table>
<thead>
<tr>
<th>Exposure to Maternal Preeclampsia (Cases)</th>
<th>Non-Exposure to Maternal Preeclampsia (Controls)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
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<td></td>
</tr>
<tr>
<td>Gestational age (weeks)*</td>
<td>27.9 (26.3–30.9)</td>
<td>0.09</td>
</tr>
<tr>
<td>Birth weight (g)*</td>
<td>990 (865–1,255)</td>
<td>0.58</td>
</tr>
<tr>
<td>Small for Gestational Age, n (%)</td>
<td>10 (48)</td>
<td>0.04</td>
</tr>
<tr>
<td>Male sex, n (%)</td>
<td>12 (57)</td>
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<tr>
<td>Cesarean section, n (%)</td>
<td>19 (90)</td>
<td>0.29</td>
</tr>
<tr>
<td>Antenatal steroids, n (%)</td>
<td>18 (85.7)</td>
<td>0.25</td>
</tr>
<tr>
<td>Clinical outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiomegaly on admission Chest X-Ray, n (%)</td>
<td>6 (28.6)</td>
<td>0.13</td>
</tr>
<tr>
<td>Vasopressor use within the first 24 hours, n (%)</td>
<td>1 (5)</td>
<td>0.03</td>
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<tr>
<td>Lactate Day 0 (mmol/L)*</td>
<td>3.3 (1.8–9.3)</td>
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<tr>
<td>Lactate Day 1 (mmol/L)*</td>
<td>2.9 (1.7–3.9)</td>
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<td>Lactate Day 2 (mmol/L)*</td>
<td>1.6 (1.4–2.2)</td>
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<td>Systolic blood Pressure Day 0*</td>
<td>49 (41–59)</td>
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</tr>
<tr>
<td>Systolic blood Pressure Day 1*</td>
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<td>Systolic blood Pressure Day 2*</td>
<td>49 (44–54)</td>
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<tr>
<td>Echocardiographic Data</td>
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<tr>
<td>Fractional Shortening (%) *</td>
<td>35.7 (31.8–41.9)</td>
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</tr>
<tr>
<td>Ejection Fraction (%)* *</td>
<td>69.1 (64.3–77.2)</td>
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<tr>
<td>Patent ductus arteriosus size (mm)*</td>
<td>2.2 (1.7–2.8)</td>
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<tr>
<td>Patent ductus arteriosus</td>
<td>1.31 (1–2)</td>
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<tr>
<td>Peak Flow (m/s)*</td>
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*median (interquartile range).

Abstract #265 Table 1

<table>
<thead>
<tr>
<th>Parameter</th>
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<td>Exploratory dataset for grid search</td>
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<tr>
<td>Sensitivity</td>
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<td>0.730</td>
<td>0.755</td>
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</tr>
<tr>
<td>Specificity</td>
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<td>0.742</td>
<td>0.750</td>
<td>0.738</td>
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</tr>
<tr>
<td>Positive Predictive Value</td>
<td>0.750</td>
<td>0.720</td>
<td>0.720</td>
<td>0.717</td>
<td>0.755</td>
<td>0.793</td>
</tr>
<tr>
<td>Negative Predictive Value</td>
<td>0.755</td>
<td>0.761</td>
<td>0.759</td>
<td>0.774</td>
<td>0.751</td>
<td>0.759</td>
</tr>
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<td>Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Accuracy</td>
<td>0.752</td>
<td>0.741</td>
<td>0.741</td>
<td>0.746</td>
<td>0.753</td>
<td>0.774</td>
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<td>Sensitivity</td>
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<td>0.884</td>
<td>0.810</td>
<td>0.744</td>
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<tr>
<td>Specificity</td>
<td>0.641</td>
<td>0.675</td>
<td>0.800</td>
<td>0.700</td>
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<td>0.800</td>
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<tr>
<td>Positive Predictive Value</td>
<td>0.702</td>
<td>0.717</td>
<td>0.814</td>
<td>0.760</td>
<td>0.810</td>
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<tr>
<td>Negative Predictive Value</td>
<td>0.758</td>
<td>0.794</td>
<td>0.821</td>
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</tr>
<tr>
<td>Accuracy</td>
<td>0.725</td>
<td>0.750</td>
<td>0.817</td>
<td>0.795</td>
<td>0.805</td>
<td>0.771</td>
</tr>
</tbody>
</table>

Abstract #265 Figure 1
Abstracts

Neonatology – perinatal biology I

Concurrent session

8:00 AM

Friday, January 21, 2022

#266 GESTATIONAL LONG TERM HYPOXIA AND PHENOTYPIC TRANSFORMATION OF FETAL SHEEP PULMONARY ARTERIES

M Lee, E Leslie, C Gheorghe, L Zhang, M La Frano, Loma Linda University School of Medicine, Loma Linda, CA; E University of New Mexico Health Sciences Center, Albuquerque, NM

Purpose of Study Pulmonary hypertension is a serious medical condition characterized by abnormally high blood pressures in the pulmonary circulation, which can ultimately lead to right-heart failure and other sequelae. Gestational long-term hypoxia (gLTH) is a known risk factor in the development of pulmonary arterial hypertension of the newborn. The pathophysiology of this process is not fully understood, though various processes that cause structural remodeling include enhanced cell growth and proliferation. The purpose of the current study was to test the hypothesis that gLTH would increase markers of cell growth and proliferation and decrease markers of smooth muscle differentiation.

Methods Used Pregnant sheep were divided into low- and high-altitude groups. Low-altitude sheep were transported to the Barcroft Research Station at the University of California White Mountain Research Center (3801 m) and housed there for the latter ~110 days of gestation to induce gLTH, before being transported to LLU just prior to delivery. Fetal sheep were delivered by c-section near-term at 130–140 days of gestation at LLU. Fetal pulmonary arterial segments were isolated and frozen in LN2 and stored at -80°C for subsequent analysis of metabolites as well as proteins using metabolomics and proteomics approaches along with miRNA in plasma exosomes through next-gen sequencing. Based on the results from the proteomics analysis, immunohistochemical analysis was performed as well.

Summary of Results Following gLTH there were increases in metabolomic and proteomic markers of cell proliferation and phenotypic transformation that were associated with changes in exosomal miRNA. There was a decreased expression of a number of structural proteins including myosin heavy chain 11, several collagen isoforms, along with S100 proteins, histones, Caveolin 1, and markers of cellular inflammation. Metabolomic analyses indicate there were increases in oxidative stress, the pentose phosphate shunt, and arachidonic acid metabolism. There were select changes in exosomal miRNA, including upregulation of let-7a-5p, mir-221, mir-103, mir-21 and downregulation of let-7.

Conclusions Our data provide new evidence across multiple platforms regarding the mechanistic underpinnings associated with pulmonary arterial hypertension in newborns due to gLTH. Overall, the results indicate that following gLTH ovine fetal pulmonary arteries are taking on a synthetic phenotype, which likely promotes medial wall thickening along with increases in tissue inflammation and oxidative stress. We are in the process of examining the phenotypic transformation in more depth and working to elucidate the molecular underpinnings to the disease process.

#267 IUGR DECREASES PHOSPHATIDYLCHOLINE-DHA AND LIPOPHOSPHATIDYLCHOLINE-DHA IN ASSOCIATION WITH INCREASED MFSD2A IN THE RAT LUNG


Purpose of Study Human neonates rely on adequate uptake of docosahexaenoic acid (DHA) for appropriate lung development. Low circulating neonatal DHA is associated with the development of bronchopulmonary dysplasia and is exacerbated by intrauterine growth restriction (IUGR). Lung uptake of DHA from the neonatal circulation is primarily in the form of phosphatidylcholine (PC) and lysophosphatidylcholine (LPC) DHA. Cellular uptake of PC-DHA and LPC-DHA is maximized by the omega-3 fatty acid transporter Mfsd2a, which in other tissue types increases expression under conditions of low DHA. We previously demonstrated, in a rat model, that IUGR decreases total circulating DHA in male but not female rat pups. However, the effect of IUGR on serum and lung PC-DHA and LPC-DHA, as well as on lung Mfsd2a mRNA levels is currently unknown. We hypothesize that IUGR causes sex-divergent decreases in serum and lung PC-DHA and LPC-DHA in association increased Mfsd2a in the rat.

Methods Used IUGR was induced via bilateral uterine artery ligation in pregnant Sprague Dawley rats. Control dams received anesthesia only. Rat pups were euthanized at term c-section delivery, and serum and lung tissue collected. PC-DHA and LPC-DHA were measured using GC/MS. Mfsd2a mRNA was measured using real-time RT PCR. Two-way ANOVA was used to assess interaction effects, t-test was used to assess group differences.
Summary of Results Results are IUGR as% of control±SD, *P<.05. A significant IUGR-sex interaction effect occurred for serum PC-DHA whereby IUGR decreased serum PC-DHA in male rat pups (64±7%)*, with no change in female rat pups. No other interaction effects were observed. IUGR decreased serum LPC-DHA (65±30%*). Within the lung, IUGR decreased serum PC-DHA and LPC-DHA (85±8%* and 79±23%* respectively). IUGR also increased lung Mfsd2a mRNA (159±76%*).

Conclusions IUGR decreases lung PC-DHA and LPC-DHA in rat pups in association with increased Mfsd2a mRNA expression of both sexes. In contrast, the IUGR-induced decreased serum PC-DHA is restricted to male rat pups. We speculate that upregulation of lung Mfsd2a may be a compensatory mechanism to maximize lung DHA uptake in IUGR.

#268 ATTENUATED GLUCOSE-STIMULATED INSULIN SECRETION FOLLOWING A 90-MINUTE IGF-1 INFUSION INTO FETAL SHEEP DOES NOT PERSIST IN ISOLATED ISLETS

A White*, J Stremming, LD Brown, P Rozance. University of Colorado, Aurora, CO
10.1136/jim-2022-WRMC.265

Purpose of Study Pregnancy complications such as gestational diabetes and maternal obesity, which can result in elevated insulin-like growth factor-1 (IGF-1) concentrations and fetal overgrowth, are associated with abnormal pancreatic islet development and beta cell failure later in life. We have demonstrated that a 1-week IGF-1 LR3 infusion into fetal sheep results in reduced in vivo and in vitro insulin secretion. However, acute exposure to IGF-1 enhances insulin secretion in adult rodent islets. Therefore, we hypothesized that a 90-minute IGF-1 LR3 infusion into fetal sheep would potentiate in vivo and in vitro glucose-stimulated insulin secretion (GSIS).

Methods Used Late gestation fetal sheep (n=10) were infused for 90 minutes at 6.6 μg/kg/hr with either IGF-1 LR3 (IGF-1) or vehicle control (CON). Each animal received both infusions spaced 2–3 days apart. Fetal arterial blood gases and plasma insulin, glucose, and lactate were measured. At minute 90 of infusion, and with infusates still running, GSIS was measured utilizing a hyperglycemic clamp with frequent glucose and insulin measurements. At the end of the second infusion (IGF-1, n=5; CON, n=5), fetal islets were isolated and incubated with 1.1, 2.7, or 11 mmol/L glucose or 30 mmol/L KCl and then pelleted. Insulin concentrations of the media and cell pellet were measured by ELISA. Insulin secretion was calculated as the fraction of total islet insulin secreted into the media.

Summary of Results Plasma insulin concentrations decreased during IGF-1 infusion and were 48% lower at the end of infusion compared to CON (P<0.05). Fetal arterial blood gases and plasma glucose and lactate were not different between IGF-1 and CON at the end of infusion. During the GSIS study, glucose concentrations were similar, but insulin concentrations were 66% lower with IGF-1 infusion compared to CON (P<0.0001). Insulin secretion in isolated fetal islets was not different based on infusion just prior to necropsy.

Conclusions IGF-1 LR3 infusion for 90 minutes into late gestation fetal sheep lowers plasma insulin concentrations and attenuates fetal GSIS. However, reduced insulin secretion does not persist in isolated fetal islets exposed to IGF-1 in vivo at the time of necropsy. Therefore, while acute increases in fetal IGF-1 may directly suppress insulin secretion, the beta cell in vitro retains the ability to recover GSIS. With more prolonged elevations in fetal IGF-1, beta cells become programmed to secrete less insulin in response to glucose. We speculate that chronically, but not acutely, elevated IGF-1 concentrations during the fetal period in pregnancies complicated by gestational diabetes or maternal obesity may underlie the risk of beta cell failure and diabetes later in life.

#269 THE EFFECT OF NITRIC OXIDE ON IRON-HANDLING PATHWAYS IN THE PLACENTA

P Principe*, C Mukosera, N Gray-Hutto, C Gheorghe, A Blood. Loma Linda University Department of Basic Sciences, Loma Linda, CA; Loma Linda University School of Medicine, Loma Linda, CA; Loma Linda University Medical Center, Loma Linda, CA
10.1136/jim-2022-WRMC.266

Purpose of Study Nitric oxide (NO) is an endogenous gasotransmitter with crucial roles in pregnancy under both physiological and pathophysiological conditions. NO can bind heme and non-heme iron (Fe) with high affinity, forming relatively stable iron nitrosyl compounds. In addition to preserving the bioactivity of NO, these reactions have been shown to affect the function of proteins bound to the iron and alter intracellular iron metabolism. We have recently demonstrated that placentas from preeclamptic pregnancies have significantly elevated levels of iron nitrosyl complexes (FeNOs). Therefore we hypothesized that NO added to cultured placental cells would result in production of FeNOs and altered expression of genes involved in iron homeostasis.

Methods Used This hypothesis was tested using syncytialized BeWo cells, induced with 30µM FSK. BeWo cells were treated for 24h with an NO donor (260mM), nitrite control, nitrate control or nothing as naive control. Gene expression was assessed by qPCR. Ozone-based chemiluminescence was used to measure concentrations of NO and its metabolites in culture media following each experiment.

Summary of Results Our results showed significant 3-fold and 8-fold (p<0.05) respective increases in expression of heme oxygenase 1 (HMOX1) and hepcidin antimicrobial peptide (HAMP) treated with NO donor while no significant difference was seen in the other iron homeostasis targets studied, including transferrin, transferrin receptor 1, ferroportin, and divalent metal transporter.

Conclusions These results could explain in part the mechanism behind previous reports of increased HMOX1 and HAMP levels in preeclamptic placentas and provide insight into the placental cell population mainly responsible for this interplay, the syncytiotrophoblast. Future work aims to corroborate these results in placental explants, measure levels of proteins involved in iron handling, and to investigate the effects of hypoxia on NO-mediated changes in these target genes.
ELEVATED TRIGLYCERIDE CONCENTRATIONS IN UMBILICAL CORD PLASMA FROM HUMAN INTRAUTERINE GROWTH RESTRICTED PREGNANCIES CORRELATE WITH ULTRASOUND MARKERS OF POOR FETAL WELLBEING

SS Chassen*, K Zamkaki-Berry, S Raymond-Whish, C Driver-Rigdon, J Hobkins, T Powell. University of Colorado, Aurora, CO

Purpose of Study Intrauterine growth restriction (IUGR) is associated with decreased subcutaneous fat depots in the fetus and health consequences including neurodevelopmental impairment for the child. Intrauterine brain development depends on long chain polyunsaturated fatty acids (LCPUFA), but their metabolism in IUGR pregnancies is poorly understood. Circulating fetal LCPUFA levels and their relation to ultrasound (US) markers of fetal growth and wellbeing (estimated fetal weight [EFW], umbilical artery [UA] and middle cerebral artery [MCA] Doppler) in human pregnancies have also not been elucidated. We hypothesized that LCPUFA concentrations are decreased in IUGR cord plasma and correlate with US markers of severe IUGR.

Methods Used Pregnant women with an EFW of <10th% for gestation in 2nd or 3rd trimester were included. Prenatal US was obtained every 1–4 weeks from enrollment, with UA and MCA pulsatility index (PI) assessed by Doppler. Birth weight (BW) was used to classify the infants as pathologically small (BW <5th%, IUGR), small for gestational age (BW 5–10th%, SGA), or appropriate for gestational age (BW >10th%, AGA). Cord plasma samples (umbilical vein) were collected at delivery and targeted lipidomic analyses performed by liquid chromatography mass spectrometry (LCMS) following extraction of fatty acids in triglycerides (TG), phosphatidylcholine (PC), and lysophosphatidylcholine (LPC) lipid classes. Statistical differences and correlations were assessed using student’s t test and Pearson’s coefficient.

Summary of Results Birth weights were 25% smaller (p=0.004) and UA PI 122% higher (p=0.02) in the IUGR group (n=9) compared to combined AGA/SGA group (n=12). Concentrations of all LCPUFA in the TG fraction were lower in IUGR cord plasma compared to combined AGA/SGA group (p<0.05), and negatively correlated with EFW (avg r = -0.577, p<0.05), BW (avg r = -0.592, p<0.01), and MCA PI (r = -0.469, p<0.05). LPCPUFA concentrations in the PC fraction were similar between groups, though LPC-docosahexaenoic acid (DHA) was decreased in IUGR (p<0.01).

Conclusions We found increased TG-LPCPUFA in IUGR cord plasma that correlated with US markers of compromised fetal growth. LPC-DHA (vital for brain development) is believed to be the lipid form for transport across the blood brain barrier, but our data show that LPCPUFA packaging into TG (a storage form) may occur at the expense of LPC formation. We speculate that the increased stored TG-LPCPUFA represents the fetal response to an adverse in utero environment, such as oxidative stress, and may have detrimental consequences for ultimate LPCPUFA transport to the brain for development.
Surgery III
Concurrent session
8:00 AM
Friday, January 21, 2022

#272 URINE SODIUM TO URINE CREATININE RATIO AS A MARKER OF TOTAL BODY SODIUM IN INFANTS WITH INTESTINAL FAILURE
1S Choi*, 2L Casey, 1S Albersheim, 1R Van Oerle, 4MA Irvine, 1HG Piper. 1The University of British Columbia Faculty of Medicine, Vancouver, BC, Canada; 2BC Children’s Hospital, Vancouver, BC, Canada; 3British Columbia Women’s Hospital and Health Centre, Vancouver, BC, Canada; 4BC Centre for Disease Control, Vancouver, BC, Canada; 5Simon Fraser University, Burnaby, BC, Canada
10.1136/jim-2022-WRMC.269

Purpose of Study Urine sodium (UNa) is a measure of total body sodium in infants with intestinal failure (IF) but can be misleading as it does not reflect volume status. Urine sodium to urine creatinine ratio (UNa:UCr) may offer a more accurate measure, but is not routinely used. This study compares UNa:UCr to UNa as a maker of sodium status in infants with IF.

Methods Used A retrospective review of infants with IF, from a single centre, from 2018–2020 was conducted (REB H20–00816). IF etiology, intestinal anatomy, nutritional intake, urine electrolytes and anthropometrics were collected. Linear mixed effects models adjusting for repeated measures were used to associate UNa and UNa:UCr with weight gain and sodium intake.

Summary of Results Twenty-two infants with a median gestational age of 31 weeks were included. IF etiology included gastrostomies (41%), necrotizing enterocolitis (23%), and intestinal perforation (14%). Infants had an average of 3 paired UNa and UNa:UCr measures for a total of 74 paired measurements. UNa:UCr more strongly correlated with sodium intake compared to UNa (R=0.25, p=0.032 vs. R=0.10, p=0.38). Overall, neither UNa (p=0.21) nor UNa:UCr (p=0.16) were significantly correlated with weight gain. However, for infants receiving ≤50% nutrition enterally, weight gain correlated with UNa (p=0.01) and UNa:UCr (p=0.01). UNa:UCr >35 predicted adequate growth regardless of enteral intake (92% sensitivity, 59% specificity).

Conclusions UNa:UCr is a measure of total body sodium that correlates with sodium intake in infants with IF. Our study indicates UNa:UCr >35 is associated with adequate growth and can be used to guide further validation studies.

#273 IDENTIFYING NONADHERENCE IN LIVER TRANSPLANT CANDIDATES USING SELF-REPORTED QUALITY OF LIFE
1,2J Nichols*, 2,3P Vutien, 2,4S Biggins, 2,5A Dick, 2S McCandlish, 2,5K Bambha, 2,3J Reyes, 2,3JD Perkins. 1University of Washington School of Medicine, Seattle, WA; 2Clinical and Bio-Analytics Transplant Laboratory, University of Washington, Seattle, WA; 3University of Washington Medical Center, Seattle, WA; 4Seattle Children’s Hospital, Seattle, WA
10.1136/jim-2022-WRMC.270

Purpose of Study Nonadherence remains an intractable barrier to undergoing liver transplantation (LT) for some transplant candidates and can result in candidate delisting and poor survival. Currently, there is no objective tool to evaluate pre-transplant nonadherence risk. We investigated if the Liver Disease Health-Related Quality of Life Short Form (SF-LDQOL) could help proactively identify LT candidates at risk of nonadherence.

Methods Used We conducted a retrospective cohort study of 720 adults (≥18 years old) listed for LT at the University of Washington Medical Center from 9/1/2012 to 8/30/2017, including those who completed the SF-LDQOL prior to listing. Univariable and multivariable competing risk analysis was performed to estimate the risk of delisting due to nonadherence. Results were statistically significant if P < 0.05.

Summary of Results 358 (49.7%) LT candidates responded to the SF-LDQOL prior to being listed. Ultimately, 23 (6.4%) were delisted due to nonadherence, 205 (57.3%) underwent transplantation, 79 (22.1%) died on the wait list or became too sick for transplantation, 19 (5.3%) were delisted due to cancer progression beyond the Milan Criteria, 19 (5.3%) were delisted for clinical improvement, and 13 (3.6%) remained actively listed at the end of follow up. In the multivariable competing risk analysis, SF-LDQOL responses indicating ‘poor memory’ (SHR: 2.35; 95% CI: 1.26–4.42; P=0.006) and ‘poor future outlook’ (SHR: 2.96; 95% CI: 1.01–8.62; P=0.047) and being listed for repeat LT (SHR: 16.80; 95% CI: 1.76–160.30; P=0.01) were associated with a higher risk of delisting due to nonadherence. Female sex (SHR: 0.30; 95% CI: 0.10–0.94; P=0.04) and having a history of previous abdominal surgery (SHR: 0.28; 95% CI: 0.10–0.80; P=0.02) were associated with a lower risk of delisting due to nonadherence.

Conclusions Responses in the SF-LDQOL indicating ‘poor memory’ and ‘poor future outlook’ may suggest an increased risk of nonadherence in LT candidates. Tools that assess for these specific measures may help identify those candidates in need of additional support to avoid delisting.
Abstracts

Abstract #274 Table 1  Fusion with laminectomy by location of intradural extramedullary tumor

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<th>Upper CI Bound</th>
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<td>Length of Stay &gt; 5 days</td>
<td>2.73</td>
<td>&lt;0.001</td>
<td>1.95</td>
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<td>Transfusion</td>
<td>3.15</td>
<td>&lt;0.011</td>
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<td>Myocardial Infarction</td>
<td>5.62</td>
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General Anesthesia were assessed. 30-day wound, sepsis, cardiac, pulmonary, renal, and thromboembolic complications, as well as mortality, postoperative transusions, extended length of stay, and reoperation were assessed. Bivariate analyses, including chi-squared and t-test, and multivariable logistical regression were performed.

Summary of Results Of 2,027 total patients undergoing laminectomy for IDEM, 181 (10%) also had fusion. There were 72/373 (24%) laminectomies with fusion in the cervical region, 67/801 (8%) laminectomies with fusion in the thoracic region, and 42/776 (6%) laminectomies with fusion in the lumbar region. Following adjustment, patients who received laminectomy with fusion were more likely to have increased length of stay (OR 2.23, P<0.001) and increased rate of post-operative transfusion (OR 3.15, P<0.001). Patients undergoing laminectomy in the cervical spine for IDEM had a tendency to receive additional fusion (P<0.001). Laminctomy with fusion for IDEM is associated with higher anasthesia class (P=0.046), hypertension (P=0.035), dialysis (P=0.004), and steroid use (P=0.03).

Conclusions Increased length of stay and rate of post-operative transfusion were associated with laminectomy with fusion for IDEM. Patients undergoing laminectomy in the cervical spine for IDEM had a tendency to receive additional fusion. Laminctomy with fusion was also associated increased anestesia class, hypertension, dialysis, and steroid use.

#275 TIME EFFICIENCY AND PERFORMANCE OF DISPOSABLE VERSUS REUSABLE CYSTOSCOPIES: A PROSPECTIVE, RANDOMIZED BENCHTOP COMPARISON

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Purpose of Study While reusable cystoscopes are commonly used for urologic procedures, bulky equipment and lengthy sterilization times can impact time efficiency. Disposable cystoscopes may offer advantages including increased availability, greater portability, and faster setup times. The aim of this study is to compare procedure time, cystoscope specifications, and physician satisfaction between disposable and reusable cystoscopes.

Methods Used Ten urologists (5 attendings and 5 residents) performed timed, simulated bedside cystoscopies with target identification using a prospective, randomized, crossover study design. Each subject used both a new disposable Ambu aScope 4 Cysto and a reusable Olympus CYF-5 flexible cystoscope. Afterward, participants completed a satisfaction survey. Time required for supply-gathering, setup, cystoscopy, and cleanup were compared. Image definition, field of view, deflection angle, force required for deflection, irrigation rate, weight, and working length were also compared.

Summary of Results The disposable cystoscope required less time for supply-gathering (187.5 vs. 289.4s, p<0.05), setup (203.3 vs. 327.5s, p<0.01), and cleanup (183.7 vs 356.2s, p<0.05) compared to the reusable, while cystoscopy times were similar (230.4 vs. 274.1s; p=0.575).

Optical testing showed higher image definition for the disposable cystoscope (6.30 vs 2.00 line pairs/mm, p<0.001), but a smaller field of view (66.54° vs 107.91°, p<0.001) and a lack of user-adjustable optical settings. The disposable cystoscope also had increased deflection (214° up/182° down vs 198° up/109° down, p<0.001), yet required more force to deflect 180° up (6.86 vs 4.46N, p<0.001) and 90° down (4.66 vs 3.55 N, p<0.01). The reusable cystoscope had a greater mass (325.11 vs 159.03 g, p<0.001), shorter working scope length (37.45 cm vs 38.97 cm, p<0.001), and a faster irrigation rate at 200 cm H2O (494.10 vs 387.40 ml/min, p<0.001). Post-testing, deflection was reduced for two of the ten disposable cystoscopes.

Survey results showed higher ratings in time-efficiency (9.5 vs 6.2/10, p=0.000) and overall satisfaction (9.3 vs 7.9/10, p=0.004) for the disposable cystoscope. There was no difference in ratings for maneuverability, image quality, confidence in sterility, or cystoscopy time (p>0.05 for all).

Conclusions While the disposable cystoscope had better image quality, greater deflection, and was faster to assemble and disassemble, the reusable cystoscope had greater durability, more optical settings, wider field of view, faster irrigation rates, and required less force for deflection. Knowledge of the strengths and weaknesses of each device could assist surgeons in optimizing cystoscope utilization in specific clinical scenarios. Further studies are warranted and should include relative cost-effectiveness and infection risks.

#276 SELF-DETERMINATION OF APTITUDE IN SURGICAL SPECIALITIES

M Dea*, Rocky Vista University College of Osteopathic Medicine, Parker, CO

Purpose of Study The field of surgery remains a highly coveted and competitive specialty. There are currently no standardized assessments used to assess a student’s psychomotor skills, innate aptitude and other technical surgical skills. Laparoscopic surgery involves specific skills such as a strong appreciation of depth perception, manual/bi-manual dexterity, reduced tactile feedback all with operating with increased hand tremor. This study investigated two main objectives. Firstly, to evaluate the relationship between motor skills, such as drawing, playing videogames or musical instruments and surgical simulator performance. The second objective was to evaluate how a student’s self-perception of their motor skills before and after a simulation assessment related to their actual performance.

Methods Used A cohort of unconditioned medical students defined as having no prior experience with surgical simulators completed a pre-task survey, which included demographic information, previous exposure to playing videogames, painting/drawing, playing a musical instrument, organized sports and knitting/sewing. The students also provided information on their medical specialty of interest and their own predictive
assessments of their hand-eye coordination. Participants then completed various simulation tasks, which included penalties for mistakes made, and then finished with a post-task survey.

**Summary of Results** Painting and drawing were found to be significant activities that related to the simulation scores. Additionally, the age in which participants started certain activities played a role. For painting, the effect of age had a positive direction. For playing sports, the effect had a negative direction. Participants who gave their hand-eye coordination highly beforehand significantly increased their predicted score. Additionally, the participants’ views of surgical specialties did not change even after completing the tasks as most participants who were interested in pursuing surgery indicated the same view post-simulation.

**Conclusions** It was found that starting to play sports at an older age was associated with lower scores on the simulation tasks, while starting to draw/paint at an older age was beneficial towards a higher score. Expanding on these factors can enhance surgical residency training by implementing improvement interventions earlier. With implementation of a standardized surgical simulation test, students may be able to assess their own skills, as well as their own future direction into a surgical or non-surgical specialty. By students knowing their competence in these skills, a more tailored learning approach can be created. Patients will also benefit as medical errors may potentially be reduced with increased surgical education and training. Residency program directors may also benefit by having an extra metric in which to assess surgical residency candidates, as the field becomes more competitive each year.
Conclusions The skull shape differences seen between the two surgical cohorts right after surgery were expected, given the immediate expansion that occurs with PVR. By 2-year follow-up, both surgical cohorts had morphometric results that were comparable, and both cohorts’ cranial vaults had normalized to match control CT scans. Our chart review supports differences in anesthesia exposure, blood loss, and follow-up duration. When choosing a surgical approach for SS, a holistic evaluation that considers other factors beyond the morphometric outcome may be beneficial.

Behavior and development I
Concurrent session
10:15 AM
Friday, January 21, 2022

Abstract #280 BEHAVIORAL OUTCOMES IN INDIVIDUALS WITH FRAGILE X SYNDROME AND VARYING AUTISM SEVERITY

Purpose of Study Fragile X Syndrome (FXS) individuals have developmental delay, learning disabilities and social/behavioral deficits. Approximately 60% of males and 20% of females with FXS have Autism Spectrum Disorder (ASD). Individuals with both FXS and ASD show more severe behavioral, cognitive and language problems than individuals without ASD, however the behavioral profile varies depending on ASD severity. We aim to evaluate the behavioral profile of individuals with FXS and varying degrees of Autism.

Methods Used Outcome measure data was collected from baseline behavioral questionnaires/assessments of patients (n=41, ages 6 to 25) enrolled in the UC Davis MIND Metformin Clinical Trial. Outcomes included five different self-reported questionnaires [Pediatric Quality of Life (PedsQL), Anxiety, Depression and Mood Screening (ADAMS), Aberrant Behavior Checklist (ABC), Child Sleep Habits Questionnaire (CSHQ), Swanson, Nolan and Pelham-IV (SNAP-IV)] and 2 standardized assessments (Leiter and Vineland). Autism severity was measured by the Autism Diagnostic Observation Scale (ADOS-2), which indicated ASD severity [no/mild ASD (n=8), moderate ASD (n=15), severe ASD (n=18)]. One-way ANOVA compared mean differences in behavioral outcomes among three ASD severity groups followed by Tukey’s post-hoc tests. Significance of differences was determined at p-value < 0.05.

Summary of Results The Leiter (non-verbal IQ) score of the no/mild ASD group significantly differed from the moderate ASD (p=0.0348) and severe ASD (p=0.0045) groups. The Vineland adaptive behavior composite score was significantly different between the no/mild ASD and severe ASD groups (p=0.0109) (table 1). Of the five different self-reported questionnaires, one sub-score from the Peds Quality of Life showed a significant difference between the moderate ASD and severe ASD groups (School Functioning, p=0.005). The remaining PedsQL scores (Physical Functioning, Emotional Functioning and Social Functioning), Child Sleep Health total, SNAP-IV scores, Aberrant Behavior Checklist total, Anxiety, Depression and Mood Screening scores did not show significant differences between the groups.

Conclusions Our results identified significant differences between individuals with varying autism severity in non-verbal IQ and adaptive behavior. There were no significant differences in other parent-reported behavioral measures and overall pediatric quality of life except for that related to school functioning. Increased sample size may lead to emergence of further significant differences in the other behavioral measures. Nonetheless, facilitating further school accommodations/inclusion for children with ASD can help to improve their school-related quality of life.
The influence of maternal and child behaviors, such as during play, parental well-being and cognitive and language development both during and after infant hospitalization.

Summary of Results

No significant correlations were observed between mood scores and developmental care rates normalized for the total length of stay (Depression r = 0.02, p = 0.90; Anxiety r = 0.00, p = 0.99; PTSD r = 0.02 p = 0.87). Rates of developmental care were not significantly different in mothers who were classified as qualifying for referral to mental health services (N = 19) compared to those who did not (N = 40) (Depression t = 0.48, p = 0.63, Anxiety t = -0.34, p = 0.74; PTSD t = -0.20 p = 0.85). Results were similar after controlling for factors that may have affected rates of developmental care, including SES, gestational age, and infant health.

Conclusions

While perinatal maternal mood disorders remain an important issue in the NICU, perinatal mood may not be an important factor affecting engagement in developmental care. Findings suggest that maternal engagement in developmental care activities may not serve as an appropriate indicator of mental health issues. As such, perinatal mood screeners should be implemented in infant healthcare environments, to gauge maternal mental health. Further research should be conducted to determine the extent to which perinatal screening for mental health can inform ways to improve maternal engagement in developmental care and other parenting activities both during and after infant hospitalization.

The Influence of Maternal and Child Interactive Behaviors on Early Child Development

1KN Baillie*, 1T Emery, 2J Lowe, 3S Markoe. 1University of New Mexico School of Medicine, Albuquerque, NM; 2University of New Mexico Health Sciences Center, Albuquerque, NM

Purpose of Study

The quality of interactions between children and their caregivers significantly impacts a child’s development. Positive maternal behaviors during play are associated with better self-regulation and fewer behavioral problems, while poor parental well-being is associated with increased developmental difficulties. We explored the relationship between positive and negative maternal interactive behaviors during play, parental well-being and cognitive and language development in children aged 18 months old (mo). We hypothesized positive maternal behaviors during play will positively correlate with higher Bayley Scales of Infant Development III (BSID-III) cognitive and language scores at 18 mo and poor parental well-being will lead to more negative direct behaviors and child disengagement.

Methods Used

Healthy term infants were recruited in Albuquerque, NM between 2010–2012 as part of a longitudinal study of parenting and child development (n = 40). BSID-III was used as an objective measure of cognitive and language development. Parental well-being was measured using a parental stress index (PSI) questionnaire in addition to socioeconomic status (SES). The Maternal Attention Directing Manual (S. Landry 2000) was used to code six minute free-play videos of mother-child dyads, focusing on positive maternal directing behaviors, such as ‘maintain’ and ‘introduce’ and negative behaviors, such as ‘redirect’ or ‘zaps’. Inter-rater reliability was greater than 80%.

Summary of Results

A significant positive correlation was found for BSID-III language scale and maternal frequency of maintaining behavior (R = 0.510, p = 0.000). A significant negative correlation was observed for BSID-III language scale and frequency of maternal redirecting behavior (R = -0.383, p = 0.018) and duration of redirecting (R = -0.388, p = 0.018). Using partial correlations to control for maternal education level, significant positive associations between BSID-III language score at 18 mo persisted for frequency and duration of maintaining behavior (R = 0.446, p = 0.004 and R = 0.522, p = 0.001 respectively). In addition, a significant positive correlation between the PSI parent distress scale and duration for redirecting behavior was found (R = 0.373, p = 0.042) when controlling for maternal education.

Conclusions

We demonstrate that early child language development was positively impacted by maternal maintaining behavior and negatively impacted by maternal redirecting behavior during play. Increased maternal stress levels resulted in increased redirecting behavior. Overall, these results suggest higher parental stress may have a negative impact on early child language development.
Abstracts

#284 PERINATAL DISTRESS ASSOCIATED WITH NEONATAL CONDITIONS: ANXIETY AND DEPRESSION

DL Cooke*, H Nsier, J Kelleher, J Dempsey, AG Dempsey. University of Colorado Denver School of Medicine, Aurora, CO

10.1136/jim-2022-WRMC.280

Purpose of Study The purpose of this study was to examine self-reported perinatal depression and anxiety symptomology associated with discrete fetal medical complexities seen in a Fetal Care Center (FCF) in a Children’s Hospital. Methods Used The Edinburgh Postnatal Depression Scale (EPDS) and General Anxiety Disorder (GAD-7) were administered to all patients at a major FCF as part of a quality improvement project for detection of PMADs in the center. Questionnaires were given to all women presenting for both initial and return appointments, however only data from the initially administered questionnaires were included. The EPDS is a self-report measure of depressive symptoms in antenatal populations, with a cutoff of 11.5 suggested for women with high-risk pregnancies. The GAD-7 is a standardized self-report measure of anxiety symptoms, with a cutoff of 10. Higher scores on both indicate greater symptomatology. Scores and information regarding fetal diagnoses were obtained via retrospective chart review from 141 women and examined descriptively.

Summary of Results The pattern of depressive and anxious symptomatology at first administration varied by medical diagnosis (figure 1). Within the sample 37% reported an EPDS score of 10 or greater, 21% reported an EPDS score of 12 or greater, and 20% reported a GAD-7 score of 10 or greater. Of the observed medical conditions, myelomeningocele, gastrointestinal conditions, and omphalocele were associated with the highest average rates of distress (the average EPDS scores were greater than 10 and GAD-7 scores 9 or greater). Neurologic conditions, hypoplastic left heart syndrome, twin to twin transfusion syndrome, and twins were associated with the second highest average rates of distress (average EPDS scores greater than 8 and GAD-7 scores were greater than 5.75).

Conclusions Certain fetal medical conditions appear to be associated with greater levels of distress in perinatal women. More research is needed to determine if fetal medical conditions increase risk for the development of PMADs. Women with these diagnoses may benefit from increased psychosocial monitoring and support.

#285 EDUCATIONAL NEEDS OF CHILDREN WITH SEX CHROMOSOME ANEUPLOIDIES

1,2G Thompson*, 1,2J Janusz, 1,2S Davis, 1,2N Tartaglia. 1University of Colorado Denver School of Medicine, Aurora, CO; 2Children’s Hospital Colorado, Aurora, CO

10.1136/jim-2022-WRMC.281

Purpose of Study Children with sex chromosome aneuploidies (SCAs) are at an increased risk for neurocognitive and behavioral disorders that may interfere with success in school and ultimately with quality of life, including early developmental delays, learning disabilities, executive function problems, and social communication deficits. The current study aimed to update and extend our understanding of educational supports and outcomes for students with these increasingly common genetic diagnoses.

Methods Used Parents of children with a diagnosed SCA, birth to 21 years, living in the U.S. (N=248), consented to participate in an electronic survey. Descriptive statistics were used to quantify rates of school support plans, academic accommodations, educational therapies, and school completion. Logistic regression was used to calculate group differences. An inductive qualitative thematic analysis was applied to free-text survey responses.

Summary of Results Results revealed high rates of delayed kindergarten (20%), grade retention (17%), and individualized educational programs (IEPs; 71%). Despite a clear profile of educational need, a majority of respondents with children over age 18 (N=41) reported their child successfully completed high school, and nearly half pursued post-secondary education opportunities. A majority of parents described their child’s teachers as having little to no knowledge of how SCAs can impact a child’s learning. Analysis of open-ended parent responses emphasized that challenges with reading, executive function, reduced stamina, social skills deficits, and emotional dysregulation acted as barriers to learning, and were frequently triggered by busy or noisy classroom environments. Further, skills hovering in the borderline range are common to the SCA phenotype, and are not often well served by...
special education systems challenged by limited resources and strict cut-offs for qualification. Parents reported the need to advocate strongly for their child to receive adequate school support services.

Conclusions Pediatricians should be aware of the frequent need for accommodations and individualized support plans in children with SCAs, so they can educate families and advocate for early and comprehensive evaluations and intervention plans. Our findings justify a need to train teachers and policy makers in the unique educational needs of children and adolescents with SCAs. We recommend increased collaboration between medical and educational teams and acknowledgment of the significant role the genetic condition plays in the educational experiences of students with SCAs.

Purpose of Study Sex chromosome trisomy (SCT) conditions are a group of genetic disorders characterized by an extra X or Y chromosome, including XXY/Klinefelter syndrome and XYY syndrome in males, and Trisomy X syndrome in females. In early childhood, the most common features of SCT include developmental delays, with previous studies showing that 50–70% of young children have delays that require early intervention therapies such as speech therapy and/or physical therapy. The diagnosis of SCT in the prenatal period has drastically increased over the past decade, leading to the need for developmental screening guidelines for the large group of SCT infants at risk for delays. The aim of this project is to evaluate a commonly-used standardized developmental screening measure called the Ages and Stages Questionnaire (ASQ) to determine if it is valid and effective in identifying young children with SCT with developmental delays.

Methods Used The eXtraordinarY Babies Study is a longitudinal natural history study examining developmental, medical, and psychosocial factors in children with prenatally identified SCT (XXY, XYY, or XXX). Data from the 6 and 12 month visits were used for this analysis. Parents (n=121) completed the 6 and 12 month ASQ, and results were compared to direct developmental assessment using the Bayley Scales of Infant and Child Development-III (BSID-III). Sensitivity, specificity, positive and negative predictive values were calculated for domains of communication, fine motor, gross motor, and problem solving, using both a strict ASQ cutoff (>2SD below the mean) and an expanded cutoff (>1SD below the mean).

Summary of Results The sensitivity of all analyses ranged from 0.1–0.6, all well below the standard accepted sensitivity of 0.7–0.8, except for the 12-month gross motor analysis. An expanded cut-off improved sensitivity to 0.2–0.9, but results remained below acceptable levels for a reliable screening tool. Specificity rates were high at a range of 0.7–0.10 for all analyses and fell within the standard accepted specificity of 0.7–0.9.

Conclusions Based on findings of low sensitivities and high false negative rates of the ASQ, we conclude that the ASQ is not a good measure to use in the SCT population at 6 or 12 months of age. Future analyses will compare the ASQ to other screening measures to determine if others provide acceptable statistical properties for developmental screening. Based on these results, direct developmental assessment during the first year of life should be part of the care recommendations for all children with SCT until a more rigorous screening measure is identified or developed for this at-risk population.

Diversity, equity and inclusion II
Concurrent session
10:15 AM
Friday, January 21, 2022

#287 DISPARITIES IN PARENT-DOCTOR COMMUNICATION DURING THE HOSPITALIZATION OF CHILDREN WITH MEDICAL COMPLEXITY

1ST Hussain*, 1ST Chin, 1ST Nguyen-Tang, 1ST Afghani. 1UC Irvine School of Medicine, Orange, CA; 2Children’s Hospital of Orange County, Orange, CA

10.1136/jim-2022-WRMC.283

Purpose of Study While children with medical complexity (CMC) represent less than 1% of the pediatric population, they account for one-third of pediatric health care spending. Unfortunately, there is a lack of clinical initiatives and research efforts geared towards improving their care, let alone assessing their health literacy. This population experiences frequent hospitalizations and is often inundated with medical jargon. Clear communication from providers is a key component of health literacy and empowers families to make medical decisions. The objective of this study is to assess communication among physicians and parents prior to discharge.

Methods Used A survey via REDCap was distributed to parents of CMC on the day of discharge from the hospital. The survey was based on the CAHPS Health Literacy survey, a validated tool used to examine the communication barriers that providers can target to improve patient and caretaker’s understanding. The survey was modified for the pediatric inpatient population.

Summary of Results Twenty surveys were collected. 20% said they speak English not well or none at all. About 66% of the parents had completed high school and some college and the remainder had a college or postgraduate degree. A majority of respondents (72%) identified themselves as belonging to an
ethnic minority. Overall, parents were satisfied with communication (See figure 1). All parents said that the doctor addressed concerns, but more than 30% of the respondents felt the doctor did not explain return-to-hospital precautions. 18% of the respondents endorsed that their doctor spoke to them with some level of condescending, rude, or sarcastic tone, and 30% of parents said the doctor interrupted them. A third of respondents said that their doctor never used visual aids. Limitations of this study include A) small sample size B) the study does not measure clinical outcomes, and C) as a single-center pilot study, findings may not be generalizable.

Conclusions Although parents were satisfied with communication about their child’s care, several areas were identified for improvement, such as decreasing interruptions, increasing anticipatory guidance, and utilizing visual learning methods. Larger studies are underway to address communication gaps in different complex patient populations and measure the impact of interventions on clinical outcomes, such as readmission risk.

#288 A CALL TO CREATE EVIDENCE-BASED, UPSTREAM PREVENTION PROGRAMS TARGETING YOUTH MENTAL HEALTH THAT ARE EQUITABLE ACROSS ETHNIC/RACIAL SUBGROUPS: ADVOCATES FOR ALL YOUTH (ALLY)

1J Kaar*, 2AE Bowen, 3M Pangelinan, 3A Dademathews, 4CR Studts, 5S Simon, 1L Shomaker, 1University of Colorado Anschutz Medical Campus, Aurora, CO; 2Children’s Hospital Colorado, Aurora, CO; 3Auburn University, Auburn, AL; 4Colorado State University, Fort Collins, CO

Purpose of Study Youth from disadvantaged racial/ethnic groups have higher rates of anxiety and depression compared to non-Hispanic White youth; however, are less likely to receive mental healthcare. Factors that may underlie these disparities include acculturation pressures and stressors, trauma, peer victimization and microaggressions, and discrimination. With mental health distress exacerbated during and in the wake of the COVID-19 pandemic, there is a need for evidence-based school-based programs that have the potential to reach youth who otherwise may not have access to mental healthcare.

Methods Used ALLY was created based on a review of existing school-based, mental health programs and with input from key stakeholders.

Summary of Results Prevention programs that target the improvement of individual-level protective factors exist, however, tend to not be equitable across ethnic/racial subgroups, especially among low-income Black and Hispanic communities. Schools are viewed as an attractive platform for such programs because they can alter the environment and education of a large number of youths simultaneously. Further, when implemented successfully into the school’s structure, have the potential to be integrated and sustained long-term. Despite these advantages, few school-based efforts focused on improving protective factors, such as self-efficacy and resilience, to reduce symptoms of anxiety and depression have been conducted.

Conclusions With continued increases in mental health distress, there is a need for school-based programs that have the potential to reach youth from disadvantaged backgrounds. ALLY is a school-based positive psychology program aimed to increase youth’s well-being and reduce symptoms of depression and anxiety. Facilitators are selected from the community in which the school is located and receive training in supportive conversations and cultural competency & humility as well as how to reach youth with varying cultural, gender identity, or neurodiversity differences that may exist. ALLY is examining mental health outcomes among diverse school settings in terms of program participation, efficacy, and implementation. Our findings will inform to what extent the program is efficacious among underrepresented communities.

#289 SOCIOECONOMIC DIFFERENCES ASSOCIATED WITH CONSUMPTION OF A PLANT-BASED DIET: RESULTS FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

M Gonzalez*, S Nackeeran, A Mouzannar, R Blachman. University of Miami School of Medicine, Miami, FL

Purpose of Study A plant-based diet (PBD) has been associated with potential health benefits, but factors that may affect access to and consumption of a PBD are not well defined. The purpose of this study was to determine the association between plant-based dietary content, racial, ethnic, and socioeconomic status among participants enrolled in the National Health and Nutrition Examination Survey (NHANES).

Methods Used This was a cross-sectional study using data obtained from the NHANES database. The following covariates were assessed: age, sex, race/ethnicity, educational level, marital status, smoking status, physical activity, alcohol use, history of diabetes, and hypertension. Socioeconomic status was categorized according to poverty-income ratio (PIR). Food frequency questionnaires were used to calculate plant-based diet index (PDI) and healthful plant-based diet index (hPDI). Multivariable-adjusted logistic regression was performed to determine the association between PIR, clinical, demographic, and plant-based diet indices.

Summary of Results A total of 5,037 participants were included in the final cohort. Median age of participants was 51 ± 18.5 years. Overall PDI and hPDI were 50 (46 – 54) and 52 (47 – 57), respectively. Median PDI consumption was significantly different among PIR groups (PDI, p = 0.018; hPDI, p < 0.001). On multivariable analysis, participants in the poorest socioeconomic group (PIR ≤ 130%) were more likely to have lower consumption of a healthful PDI (hPDI). Conclusions Lower socioeconomic status (PIR ≤ 130%) was associated with decreased consumption of a healthful plant-based diet. These data suggest that socioeconomic disparities
may limit consumption of healthier food and contribute to the high prevalence of adverse health conditions that exist in certain population groups.

**#290** BILLINGS, MONTANA LGBTQ+ HEALTHCARE ALLIES TRAINING

M Turner*, T Keys. University of Washington, Seattle, WA

10.1136/jim-2022-WRMC.286

**Purpose of Study** The aim of the project was to improve LGBTQ+ care in Billings (pop. 125,000 and Montana’s largest city) by offering a training to healthcare providers and support staff that educates on how to provide affirming healthcare and reduce barriers to access for the LGBTQ+ population.

**Methods Used** Bridgercare is a family planning clinic located in Bozeman that offers educational workshops such as the LGBTQ+ Healthcare Allies Training. The 3-hour training educates healthcare providers and support staff and seeks to provide a safe environment for participants to engage with facilitators and a 20-page booklet to follow along with. The evidence-based booklets are kept by participants and encouraged to be shared after training. The training is led by three facilitators, who either: have experience providing affirming care in a medical setting, belong to an LGBTQ+ community, and/or are allies of LGBTQ+ communities. Bridgercare offered to come to Billings, provide a training, and partner to establish a long-term education class for the Billings area. The training was held at a local museum. Recruitment for attending the training was done through word of mouth and social media. Post-training surveys were given following training.

**Summary of Results** 30 healthcare professionals attended the first training. Individuals came from 9 different organizations. The training consisted of administration leadership, physicians, PAs, NPs, RDs, nurses, counselors, professors, pharmacists, and care managers. Surveys indicated that 100 percent of individuals felt the training was highly beneficial and learned something. 7 people who were at the training signed up to receive info on how to become a facilitator.

**Conclusions** Given the positive feedback, next steps will be to partner with another community partner and to train 10 facilitators by December 2021. Trainings with facilitators from Billings will start January 2022. During Spring 2022, training will start to be assessed for how training is impacting LGBTQ+ care. Additional metrics to see whether training is an effective intervention may include measuring: the amount of healthcare workers with formal LGBTQ+ education, healthcare worker confidence in treating LGBTQ+ patients, and the amount of healthcare workers who believe their clinic or department adequately addresses the needs of their LGBTQ+ patients.

**#291** PRESENTATION OF ERYTHEMA IN ABSCESSES FOUND IN SKIN OF COLOR

1 Bodapati*, 2C Wong, 3S Weis. 1Western University of Health Sciences, Pomona, CA; 2University of North Texas Health Science Center, Fort Worth, TX; 3Medical City Fort Worth, Fort Worth, TX

10.1136/jim-2022-WRMC.287

**Purpose of Study** Erythema, one of the cardinal signs of inflammation, is one of the hallmark descriptors of a skin abscess. In individuals with lighter skin, such as Caucasians, erythema presents markedly differently from unaffected skin tissue. In individuals with darker skin tone, abscesses may not be as strikingly apparent when discerned based on appearance of erythema alone. The masking of erythema by darker skin tones is a result of differences in skin biology and the overall composition of skin. It highlights the need for dermatologists and medical professionals to rely on other signs of inflammation when diagnosing skin abscesses.

**Methods Used** Two cases of patients with skin abscesses were selected from University of North Texas Health Science Center and John Peter Smith Hospital. One male and one female case was selected. Photographs were captured in clinic and image analysis of erythema was performed visually.

**Summary of Results** Variance in the degree of skin pigmentation results from differences in skin composition, and this changes the appearance of erythema. Differences include denser stratum corneum, a greater ratio of eumelanin to pheomelanin, and more oval-shaped melanocytes in darker skinned individuals. Erythema is a result of pathologic increase in inflammation and red blood cells. Hemoglobin is the primary chromophore in red blood cells, and reflects visible red light, causing the typical red appearance. However, as demonstrated in these presentations, appreciating erythema visually as redness is unreliable in darker skinned individuals, because the red hue of oxyhemoglobin often presents as violaceous, brown, or black. While erythema is commonly one of the first described features of an abscess, relying on indicators such as swelling may prevent delays in diagnosis, particularly in people of color.

**Conclusions** More documentation of the presentation of inflammatory conditions in individuals with skin of color will help build knowledge in diagnosis of dermatologic conditions. Focusing on color-independent markers of inflammation may provide a more equitable approach to patient care.

**#292** DISPARITIES IN USE OF SYRINGE SERVICES PROGRAMS IN KING COUNTY, WA

1KR Salow*, 2S Glick. 1University of Washington School of Medicine, Seattle, WA; 2University of Washington Department of Medicine, Seattle, WA

10.1136/jim-2022-WRMC.288

**Purpose of Study** Syringe service programs (SSPs) are an effective harm reduction resource for people who use drugs (PWUD). Recently published cross-sectional studies found that SSPs in two East Coast cities (Miami and New York) were not reaching Black communities. Additionally, qualitative literature showed that women who use drugs experience greater stigma than men and they may feel less inclined to seek harm reduction services. No papers have been published regarding disparities among SSPs in West coast cities, which have different drug use trends and demographics. We used data from the Seattle area to identify disparities in SSP use, and hypothesized that Black PWUD, woman, and gender minorities would be underrepresented in a large Seattle SSP.

**Methods Used** We compared data from two cross-sectional surveys. One survey was conducted in 2019 at three sites that are part of Public Health – Seattle & King County’s SSP, and evaluated the demographics of 432 SSP clients. The
comparison survey, the 2018 National HIV Behavioral Surveillance Injection Drug Use (NHBS-IDU) Survey, utilized respondent-driven sampling to create a representative sample of people who inject drugs (PWID) in the region; 555 PWID in the Seattle area completed this survey.

The primary variables of interest were race and gender. Exploratory covariates included age, men who have sex with men (MSM), and housing status. We used chi-squared tests to evaluate differences between people using the SSP and PWID in the Seattle area.

**Summary of Results** The majority of SSP clients identified as white, which was similar to the demographics of the NHBS-IDU survey participants (p=0.086). American Indian/Alaska Native and Black PWUD were underrepresented in the SSP client survey (p<0.001 for both). Latinx/Hispanic and Native Hawaiian/islander PWUD were also underrepresented (p=0.014 and p=0.039 respectively). Approximately, two-thirds of SSP clients were men and one-third were women, with <1% of clients reporting another gender identity and <1% reporting being transgender. The gender of SSP clients largely reflects the same distribution seen in a community sample of PWID (p=0.378). Participants in the SSP survey tended to be younger and less likely to be experiencing homelessness than the NHBS-IDU participants (p<0.001 for both). The distribution of MSM participants in the two surveys were similar (p=0.409).

**Conclusions** This study provides further evidence that Black PWUD are underrepresented in SSPs, consistent with studies in other large US cities. Both nationally and in Seattle, overdose deaths have been increasing among Black PWUD, and harm reduction strategies are vital to reversing this trend. SSPs should explore and test ways to be more accessible to underrepresented populations.

### Abstract #292 Table 1 Comparison of SSP users and PWID in King County, WA

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>SSP Survey Participants 2019</th>
<th>NHBS-IDU Survey Participants 2018</th>
<th>χ² test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>18–29</td>
<td>101 (23.4)</td>
<td>100 (18.0)</td>
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<tr>
<td>30–39</td>
<td>163 (37.8)</td>
<td>164 (29.6)</td>
<td></td>
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<tr>
<td>40–49</td>
<td>94 (21.8)</td>
<td>127 (22.9)</td>
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<tr>
<td>50+</td>
<td>73 (16.9)</td>
<td>164 (29.6)</td>
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<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>0.378</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>147 (34.0)</td>
<td>211 (38.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>281 (65.1)</td>
<td>337 (60.7)</td>
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<td>Transgender</td>
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<td>7 (1.3)</td>
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<td>Other Gender</td>
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<td></td>
<td></td>
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<tr>
<td>Race</td>
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<td>53 (12.3)</td>
<td>125 (22.5)</td>
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<td>Indian/Alaska Native</td>
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<td>110 (19.8)</td>
<td>&lt;0.001</td>
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<td>69 (12.4)</td>
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<td>25 (4.5)</td>
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<tr>
<td>Native</td>
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<td>25 (4.5)</td>
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<td></td>
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<tr>
<td>Hawaiian/ Pacific Islander</td>
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<td></td>
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<tr>
<td>White</td>
<td>330 (76.4)</td>
<td>397 (71.5)</td>
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<td>Other</td>
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<td>10 (1.8)</td>
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<tr>
<td>No MSM</td>
<td>236 (84.0)</td>
<td>297 (86.3)</td>
<td>1.498</td>
<td>&lt;0.001</td>
</tr>
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<td>Yes MSM</td>
<td>45 (16.0)</td>
<td>47 (13.7)</td>
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<tr>
<td>Housing Status</td>
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<tr>
<td>Currently homeless</td>
<td>198 (45.8)</td>
<td>338 (60.9)</td>
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<td></td>
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<tr>
<td>Other housing status</td>
<td>234 (54.2)</td>
<td>217 (39.1)</td>
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</tr>
</tbody>
</table>

a) SSP participants could select more than one gender, while NHBS-IDU participants could not. b) Both SSP and NHBS-IDU participants could select more than one race.

### Abstract #293 CHARACTERIZATION OF LEGAL ISSUES IN A NEONATAL INTENSIVE CARE UNIT

B Haynes*, GM Morrison, I Mutrie, L Giewers. Oregon Health and Science University, Portland, OR

**Purpose of Study** There is a rising standard in pediatric care to screen for social and legal determinants of health (SDH), and to have mechanisms in place to address them. Medical-legal partnerships (MLPs) are innovative collaborations between health and legal organizations that address SDH. Through family-centered legal services, education, training and systemic advocacy, the MLP movement has impacted health outcomes, family well-being, institutional stability and policy reform. Doernbecher Children’s Hospital (DCH) introduced the first MLP in the nation to be housed within a neonatal intensive care unit (NICU). The purpose of this study is to characterize the legal needs of families in the NICU.

**Methods Used** The MLP launched in October 2020 within the NICU at a quaternary, academic medical center located in Portland, Oregon. Sociodemographic, clinical and legal information has been obtained for all MLP-assisted families (including race, ethnicity, county of residence, insurance type, primary language, gestational age at birth, birth weight, reason for admission, length of stay and health outcomes such as number of ED visits and readmissions). Health-harming legal issues were identified by a universally-provided screening tool and with routine social assessments. Descriptive statistics were utilized.

**Summary of Results** Thirty-one families have received MLP services. Most families identified as non-Hispanic (61.3%) and Caucasian (83.9%). English was the most common primary language (77.4%). The average gestational age at birth was 32.4 ± 5.1 weeks. Long term outcomes are still being collected given limited time since discharge. Fifteen cases (48.4%) involved family law; custody, child or spousal support, divorce, or paternity. Other legal needs included insurance and disability claims (3), housing instability (2), estate planning (2), employer issues (1), complications of a criminal
Conclusions MLPs are a necessary and important tool to address health-harming legal issues and protect the underserved. There are a wide variety of legal needs within the NICU setting, with family law issues being the most prevalent. By continuing to characterize the legal needs of NICU families, we hope to detect trends in patient needs and develop legislative policy solutions for this unique and deserving community.

**#294**  RISK FACTORS FOR MORBIDITY AND MORTALITY IN VERY LOW BIRTH WEIGHT INFANTS FROM RURAL VERSUS URBAN COMMUNITIES

*1DS Ondusko*, 2J Liu, 3B Hatch, 4J Profit, 5EH Carter, 6OHSU, Oregon Health and Science University, Portland, OR, US; academic/medsch, Portland, OR; 7Stanford University, Stanford, CA

10.1136/jim-2022-WRMC.290

**Purpose of Study** People living in rural and frontier areas experience higher morbidity and mortality in part due to limited access to health care. Whether rurality affects care and outcomes for very low birthweight (VLBW) infants is not well understood. This study compares prenatal factors, care patterns, and health outcomes between VLBW infants born to mothers living in rural versus urban zip codes in California.

**Methods Used** We used data from the California Perinatal Quality Care Collaborative (CPQCC) registry to conduct a population-based retrospective cohort study of VLBW infants born between 2011 and 2018. This descriptive analysis examined associations between the degree of maternal residential rurality and maternal, infant, hospital, and community/county level characteristics based on Rural Urban Commuting Area (RUCA) codes. The associations between all factors and maternal RUCA codes were stratified and compared using Chi-squared and ANOVA tests.

**Summary of Results** Our study included 38,614 VLBW infants. Of those, 36,936 were born to mothers residing in an urban area, 1,113 in a large rural area, and 561 within a small rural or isolated area. Mothers of VLBW infants who live in large rural and small rural/isolated areas were more likely to be younger, publicly insured, have education limited to high school, smoke during pregnancy, and have delayed or no prenatal care.

Infants born to mothers living in large rural and small rural/isolated areas were more likely to have their first hospital within the CPQCC network as a level 4 NICU with greater than 110 annual VLBW admissions but with less than 3500 annual deliveries compared to urban infants.

Birth weight, gestational age, and infant sex were similar across geographic groups. Survival without major morbidities decreased across the rural-urban continuum, with urban maternal residence having the highest percentage of VLBW infants surviving without major morbidities.

**Conclusions** VLBW infant survival without major morbidity decreased with increasing rurality. This descriptive study highlights various risk and protective factors which may modulate this association, and which suggest the possibility for health policy intervention.

**#295**  SURVEYS OF CALIFORNIA FAMILY PHYSICIANS AND LOS ANGELES COUNTY PHARMACISTS: PILL PRESCRIBING AND DISPENSING PRACTICES

1I Gedestad*, 2A Matlack, M Munnangi, A Nelson. Western University of Health Sciences, Pomona, CA

10.1136/jim-2022-WRMC.291

**Purpose of Study** The California Family PACT insurance program provides family planning and reproductive health services at no cost to half a million women ages 15–44 who fall below 200% of the Federal Poverty Line and who are at risk for unintended pregnancy. As shown in previous studies, women who received 13 packs (a 1 year supply) of oral contraceptives were less likely to become pregnant, conceive an unplanned pregnancy, or receive an abortion when compared to women who received one or three cycles of pills. The purpose of this study was to determine whether women insured by the Family PACT program are able to receive 13 packs of oral contraceptive pills at once from their pharmacies as now required by CA law.

**Methods Used** After we obtained a list of all pharmacies in each LA County zip code using Yellow Pages, we organized them by the 8 LA County Service Planning Areas (SPAs). We chose how many pharmacies to contact in each SPA based on the percentage of women living in each SPA. We contacted a proportional number of national and local pharmacies in each SPA based on the distribution of pharmacies in that area. A standardized secret shopper script was used by all researchers when calling pharmacies. We recorded if the pharmacy agreed to dispense 13 packs and if not, how many packs they would dispense and why, among other parameters. Pharmacies were classified as unable to determine if they stated they would need us to come into the pharmacy to determine prescription and insurance eligibility.

**Summary of Results** In total, we attempted to contact 582 pharmacies. We successfully contacted 432 pharmacies as the remaining 150 pharmacies (25.3%) did not answer or had a disconnected number (i.e. were unable to contact). Of the 432 pharmacies that were contacted, only 3.2% of pharmacies stated ‘yes’ that they could dispense 13 packs at one time. 47% stated ‘no’ they could not dispense 13 packs at one time and 49.7% did not directly answer yes or no and were classified as ‘unable to determine.’ Many pharmacies stated Family PACT ‘does not work that way’ or ‘will only cover a 3 month supply so I don’t think you can get a year’s supply anywhere.’ One pharmacy staff member stated ‘I’ve been doing this for 10 years and no insurance covers that amount.’

**Conclusions** While the regulations requiring pharmacies to disperse a one-year supply of oral contraceptive pills to Family PACT patients who have an appropriate prescription was introduced in January 2017, the lack of knowledge of this insurance program and its requirements by pharmacies in this
study is evident. With only 3.2% of pharmacies stating they would dispense 13 packs, women on Family PACT insurance face a substantial barrier to accessing the legally allowed amount of oral contraceptives and therefore are at a higher risk for unintended pregnancies.

#296 CHARACTERIZING OPIOID USER TYPES AND IDENTIFYING PRESCRIBING FACTORS CONTRIBUTING TO LONG TERM USE

1R Xu*, 2J Bone, 3R Courtemanche, 4L Yelet, 5M Bueno-Buck, 6M Simmonds, 2E Cartoni, 5G Lauder, 6D Courtemanche. 1The University of British Columbia Faculty of Medicine, Vancouver, BC, Canada; 2BC Children’s Hospital, Vancouver, BC, Canada; 3University of Toronto Temerty Faculty of Medicine, Toronto, ON, Canada

Purpose of Study Prescription opioid use is associated with subsequent risk of opioid use disorder and opioid-related death. Variability of prescription practice may further escalate this risk. This is paramount in British Columbia (BC); BC had the highest 2020 Canadian provincial opioid overdose related deaths per capita. Our recent study described BC outpatient opioid prescription patterns (2013–2017). Opioid user types (single, short, intermediate, and long-term) are characterized here with the same dataset to identify prescription factors that increase long-term use.

Methods Used Anonymized data of all BC outpatient opioid prescriptions (2013–2017): patient age and sex, prescriber type, generic drug, dose, and total days of opioid supply, was used. Incident episodes that began within the study timeline were included; those on opioid agonist therapy were excluded. Opioid episode durations: time between first and last day of prescription with none in the following 180 days. Opioid user types: single (one prescription); short-term (<90-day); intermediate (≥90-day: <10 prescriptions & <120-day supply); and long-term (≥90-day: ≥10 prescriptions over >90 days or >120-day supply).

Opioid user types were described by episode number, median total daily supply, median total MME (morphine milligram equivalents) prescribed, first prescribing specialist and first opioid prescribed. Incidence/prevalence of user types, and prescription trends were described. Hazard ratios for prescription factors associated with long-term use were estimated with cox regression models.

Summary of Results 1,920,073 incident episodes (8,635,831 prescriptions) over the 5 years were classified as single (70%), short (17%), intermediate (9%), and long-term (4%). Median episode length was 5, 13, 15, and 202 days, respectively. Median total MME prescribed was 4.5, 11.3, 13.5, and 79 MME, respectively. General practitioners were the first prescribers for >50% of episodes across all user types apart from single (45%). First opioid prescribed across all user types was codeine (50%-70%), tramadol/tapentadol (19%), and hydromorphone (5%-15%). Incidence of long-term users decreased over the 5 years (664 to 537 per 100,000) while prevalence remained similar (3000 per 100,000). Factors associated with longer episodes included initial prescription of oxycodone (HR 0.82) or hydromorphone (HR 0.85) relative to codeine; first prescriber specialty: psychiatry (HR 0.79) or diagnostic services (0.89) relative to general practice; and increasing age (HR 0.97 by 5-year increments).

Conclusions This population-level data provides a better understanding of the role of prescriber types/prescriptions and factors that contribute to increased likelihood of long-term use.

#297 BARRIERS TO ACCESSING HEALTHCARE BY THE FEMALE HOMELESS POPULATION: A SURVEY OF SERVICE PROVIDERS

A Akcam*, AL Nelson, M Fraix. Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA

Purpose of Study This study surveyed service providers to assess perceived barriers that the growing population of homeless, reproductive-age women face accessing health care from the view of those who work with them in San Diego County.

Methods Used Between October 2020 and February 2021, 25 organizations working with unsheltered women were sent links to an anonymous, voluntary survey to distribute to English-speaking employees over age 18. It assessed perceived barriers; subgroup analysis was done by participant role in the organization. IRB approval was obtained.

Summary of Results Eighteen of the contacted agencies forwarded the survey to staff; 49 members participated; 38 completed it entirely. Participating organizations included clinics (70.2%), housing programs (15%), and outreach and/or school programs (11%). Of respondents, 42% are nurses, 17% are clinicians, 15% were members of the management team, and 8.5% were nursing students.

The top ‘major barriers’ endorsed by service providers to homeless women accessing care were lack of transportation (73.8%), cost of care (71.4%), and unfamiliarity with resources (64.3%).

Regarding menstrual care, 38 participants reported that women used pads (32.5%), tampons (28%) and other products (tee shirts, socks, etc.) (25%); 60% provided menstrual supplies. Cost/unfamiliarity with places for low-cost/free products (60%), lack of privacy for use (37.5%), and lack of storage (35%) were endorsed as the top ‘major barriers’ to care by service providers.

43 participants estimated the number of clients who were sexually active; 21% estimated 25–50%; 40% estimated 50–75%, and 18.4% estimated 75%. Nearly 2/3’s said their organization provided some contraceptive supplies to homeless women; 41% provided barrier methods, 18% provided both injectable and oral birth control. Major barriers included cost (76.3%) and unfamiliarity with free contraception sites (50%).

Conclusions Unsheltered women face numerous financial and knowledge barriers to care. Based on our results, the best options to increase access to care for homeless women include decreasing costs, and educating women on locations of available products and services. Additionally, organizations like mobile clinics may benefit women more as they eliminate the transportation barrier.
Purpose of Study The United States has resettled over three million refugees and Spokane, WA is home to a community of over 10,000 refugees. There is a paucity of research on barriers and facilitators for refugee primary care access (PCA). This study sought to identify barriers and facilitators to PCA amongst resettled refugees in Spokane, WA.

Methods Used This study emphasizes community participation and was developed with local healthcare and refugee assistance organizations (CBO’s). Snowball sampling generated key informants from initial referrals from CBO’s. Eligible participants were: 1) refugees resettled in Spokane through a formal resettlement agency; 2) healthcare workers who care for refugees; 3) resettled refugees who now provide refugee services. A semi-structured interview guide was developed for each group assessing known barriers and facilitators to PCA, as well as questions developed collaboratively with CBO’s to explore refugees’ experience of the COVID-19 pandemic. Thematic analysis was performed on the transcribed interview text using an established coding schema of supply- and demand-side barriers and facilitators. Demand-side barriers are defined as individual, household or community characteristics that influence the demand for services, and supply-side as characteristics of the health system that exist beyond the control of potential health service users, such as health facilities, drugs, equipment, finances, human resources, geographic distance, etc.

Summary of Results We interview 24 individuals including refugees (N=9), care providers (N=9), and refugees who have become providers (N=6). Thematic analysis (ongoing at this time) revealed extant supply-side barriers including the complexity of the US healthcare system and inadequate interpretation. Novel supply-side barriers specific to the COVID-19 pandemic emerged such as loss of in-person interpretation services, as well as demand-side barriers including the spread of COVID misinformation. Novel supply-side facilitators include use of communication technologies to share health information. This is one of the first studies of barriers and facilitators to refugee PCA to directly engage refugees resettled on the West Coast. It is also the first such study done in Eastern Washington.

Conclusions These data contribute to the literature on refugee healthcare access in the US in general, as well as in Spokane, WA. This is among the first studies of barriers and facilitators to refugee PCA to assess the impact of the COVID-19 pandemic. These findings offer evidence for CBO’s and local and state governments to implement policies that remove barriers and leverage facilitators to refugee PCA.

Abstract #299 Table 1
TOP 10 CHIEF COMPLAINTS OF PERSONS EXPERIENCING HOMELESSNESS IN SPOKANE, WA BETWEEN JANUARY 2021 AND MARCH 2021

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th>Percent</th>
<th>Total (n=359)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound</td>
<td>38.2%</td>
<td>137</td>
</tr>
<tr>
<td>Medication-related</td>
<td>20.3%</td>
<td>73</td>
</tr>
<tr>
<td>Pain</td>
<td>18.4%</td>
<td>66</td>
</tr>
<tr>
<td>Follow-up</td>
<td>14.5%</td>
<td>52</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>12.8%</td>
<td>46</td>
</tr>
<tr>
<td>Infectious</td>
<td>11.7%</td>
<td>42</td>
</tr>
<tr>
<td>Respiratory</td>
<td>10.9%</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>9.7%</td>
<td>35</td>
</tr>
<tr>
<td>Trauma</td>
<td>8.4%</td>
<td>30</td>
</tr>
<tr>
<td>Mental Health</td>
<td>8.1%</td>
<td>29</td>
</tr>
</tbody>
</table>

#299 AN ANALYSIS OF STREET MEDICINE CHIEF COMPLAINTS AND TREATMENTS FOR THE HOMELESS POPULATION OF SPOKANE, WASHINGTON
AS Hoppe*, T Kagele, B Hall, BD Messner, A Nichols. Washington State University, Spokane, WA
10.1136/jim-2022-WRMC.295

Purpose of Study The purpose of this study is to evaluate the chief complaints treated by the Spokane Street Medicine team for purposes of resource requirements and allocation.

Methods Used In this analysis, a retrospective chart review of the RANGE Spokane Street Medicine Team was completed on encounters seen between January 2021 and March 2021. To begin this process, 359 paper charts were transcribed into a Qualtrics format for analysis. Categories included chief complaints, type of chief complaint (acute or chronic), treatment received, and demographic information. These categories were confirmed in meetings with RANGE Street Medicine team members. A qualtrics analysis of basic chief complaint and treatment frequencies was then performed. This is an ongoing analysis.

Summary of Results Primary analysis revealed that the majority of street medicine chief complaints were acute conditions. Of these, the top 5 complaints were Wounds (38.2%), Medication-Related (20.3%), Pain (18.4%), Follow-up (14.5%), and Cardiovascular (12.8%) (see table 1.1). Mental health was the 10th most common complaint. In terms of treatment, follow-ups were scheduled with local organizations for 29% of patients (33.93%). Medications were prescribed to 122 patients (39.97%). No resuscitations were performed or Narcan used.

Conclusions Wound care, medication-related complaints, and pain accounted for the majority of complaints from the Spokane, WA Street Medicine team. Follow-up proved to be another commonly addressed problem, suggesting the difficulties of continuity of care within the homeless population. As such, team resources should be directed towards wound care equipment and assisting with health coordination within the Spokane community. While there is still need for other types of acute care, the team may be best served by pursuing clinic and pharmacy connections for efficient treatment and follow-up.

#300 TEXT MESSAGING INTERVENTION TO PROMOTE CARDIAC HEALTH AND COMBAT LONELINESS DURING SOCIAL DISTANCING
1K Uehisa*, 2,3 K Watson, 2,3 T Honwicz, 2,3 M Calnon-Pres. 1University of California Los Angeles, Los Angeles, CA; 2Ronald Reagan UCLA Medical Center, Los Angeles, CA; 3University of California Los Angeles David Geffen School of Medicine, Los Angeles, CA
10.1136/jim-2022-WRMC.296

Purpose of Study The COVID-19 pandemic, with its physical distancing, can lead to loneliness, isolation, and unhealthy behaviors. We aimed to develop an intervention that could address these known cardiovascular risks and hypothesized...
that a health text-based message intervention (HTMI) could mitigate unhealthy behaviors and increase healthy behaviors. **Methods Used** We prospectively recruited 101 adults in Southern California. After informed consent, participants received HTMIs for 31 consecutive days. Self-reported health behaviors were assessed by the Health Promoting Lifestyle Profile (HPLL). Subjective loneliness was measured by the UCLA Loneliness Scale 3 (LL), and isolation was measured objectively by the Social Network Index (SNI). Surveys were analyzed via paired T test and regression analysis. HPLL and LL were scored on a 4-point scale per question. **Summary of Results** Participants’ median HPLL score increased significantly 2.67 to 2.82 signaling increased health behaviors, and the median LL score decreased signaling decreased loneliness 2.08 or 2.01. SNI showed no significant change in social contacts. 75% of participants reported increased knowledge of heart health and 81% reported increased health awareness. **Conclusions** HTMIs demonstrated rapid and efficient delivery to a population affected by the COVID-19 pandemic. HTMIs were associated with increased health behaviors and decreased self-reported loneliness.

### Abstracts

#### #301 RELATIONSHIP BETWEEN PHYSICAL ACTIVITY VITAL SIGN AND HEALTHCARE SYSTEM UTILIZATION

1,2,3C Lin, 1T Ball, 2VF McDonald, 2N Gentile, 2A Humbert. 1UV Medicine, Seattle, WA; 2University of Washington Medical Center, Seattle, WA; 3Northwell Health, New Hyde Park, NY; 4University of Washington School of Medicine, Seattle, WA

**Purpose of Study** Insufficient physical activity (PA) is a leading risk factor for major chronic diseases and all-cause mortality. Engaging in regular PA is associated with improved health, lower risks of chronic disease, and lower all-cause mortality. Insufficient PA has been associated with substantial costs to healthcare systems globally, although reports on these relationships are few, and the association between insufficient PA and healthcare utilization is less known. This study examined the association between self-reported PA with healthcare system utilization for adults in a single academic healthcare system in the United States.

**Methods Used** The Physical Activity Vital Sign (PAVS) is a standardized and validated tool for collecting self-reported PA from patients into electronic health records. PAVS data from 23,914 patients were collected at outpatient visits between 2018-2020. Association between 6 months of healthcare utilization and the concurrent and prior 6 months (12 months total) of PAVS was evaluated every 6 months for each patient. Generalized estimating equations were used to assess relationships between PAVS and hospital inpatient admissions, emergency department visits, urgent care visits, and primary care outpatient visits respectively.

**Summary of Results** Sufficient aerobic PA per public health guidelines of ≥150 mins/wk was associated with fewer hospital admissions (p<0.001), emergency department visits (p<0.001), and primary care visits (p<0.001) after adjusting for age, sex, body mass index (BMI), and race. PAVS did not show a statistically significant relationship with urgent care visits. Older patients had a larger association between PAVS and fewer hospital admissions and primary care visits (p=0.002). Sex, BMI, and race were not found to modify the association between PAVS and healthcare utilization.

**Conclusions** We found that higher PAVS is associated with fewer hospital admissions, emergency department visits, and primary care visits. In the public health setting, these findings suggest that PA may be an important modifiable risk factor for health outcomes and healthcare system utilization. Clinically, the results highlight the importance of medical providers assessing PAVS routinely with patients. Implementation of PAVS in the outpatient setting can help identify patients who need support to become more active for their health. Methods and challenges of implementing PAVS as well as increasing PA should be explored. Finally, further research is needed to understand the potential contribution of increasing PA to reductions in healthcare system costs.

#### #302 THE IMPACT OF DIRECT-TO-HOME TELEMEDICINE VISITS ON PARENT, PHYSICIAN, AND THERAPIST EXPERIENCE FOR CHILDREN WITH SPECIAL HEALTHCARE NEEDS

RD Burns*, L Davidson, S Garrison, A Favia, R Dixon, JP Marcin, SC Haynes. University of California Davis School of Medicine, Sacramento, CA

10.1136/jim-2022-WRMC.298

**Purpose of Study** Pediatric physiatrists provide necessary specialty care to children with physical disabilities. However, pediatric physiatrists are scarce and are concentrated at academic medical centers. To expand access to care for children with special healthcare needs, UC Davis created the School-Based Tele-Physiatry Assistance of Rehabilitative and Therapeutic Services (STARS) Program, a novel telemedicine program that connects pediatric physiatrists to patients receiving in-person care from a therapist at a local medical therapy unit (MTU). As a result of the COVID-19 pandemic, this model of care was disrupted, as MTUs moved to direct-to-home video visits with patients. The purpose of this qualitative study was to examine the experience of parents, therapists, and physiatrists on direct-to-home tele-physiatry visits with the goal of informing future use of telemedicine for children with special healthcare needs.

**Methods Used** Parents were recruited from a list of randomly generated parents of patients who had participated in the STARS program. All therapists and physicians providing care at the participating MTUs were invited to participate. We used a semi-structured guide based on the domains of the Practical Robust Implementation Sustainability Model (PRISM). Following principles of qualitative content analysis, two researchers separately coded each transcript for themes and subthemes using line by line coding in the Dedoose software program. Themes and sub-themes were developed using the constant comparative method and were refined by the larger study team.

**Summary of Results** Six focus groups (4 parent groups, 1 therapist group, and 1 physician group) were conducted before thematic saturation was reached. Direct-to-home telemedicine visits were more effective when physicians had previously established a therapeutic alliance with patients. Although in-person visits were perceived as higher quality, physicians, therapists, and parents identified aspects of care that improved over telemedicine, including using tools within the patient’s home for therapy, understanding the child’s environment, and practicing daily tasks. Parents saw direct-to-home video visits as a good option when their child’s condition is static, and
TELEMEDICINE AS A PREDICTOR OF POSTPARTUM FOLLOW-UP

C Arduelta*, D Coorad, M Sutton. University of Arizona College of Medicine - Phoenix, Phoenix, AZ, Valleywise Health Medical Center, Phoenix, AZ

Purpose of Study This study was part of an ongoing effort at our institution to identify characteristics in our patient population associated with long term (defined as visit between 4–12 weeks) postpartum visit (PPV) attendance and specifically examines whether initiation of telemedicine during the COVID-19 pandemic was a predictor of PPV attendance.

Methods Used A retrospective chart review was performed of patients who delivered between April 10, 2019 - August 31, 2021, and during the same time period in 2020. The main outcome of interest was percentage of deliveries with PPV follow-up in 2020 compared to 2019. Demographics including age, race/ethnicity, parity, total prenatal visits, delivery route, gestational age, birthweight, and length of newborn hospital stay were also reviewed. Statistical analysis was performed using two sample T-test or Mann-Whitney/Wilcoxon Two-Sample Test, or Chi-Squared test as appropriate. Logistic regression was used to identify independent predictors of PPV.

Summary of Results In total, 587 patients were identified in 2019 and 552 in 2020. 13 duplicate charts were removed for a total of 1126 charts in the final analysis. The 2 cohorts were determined to not be significantly different except in terms of parity which was higher in 2019. In 2020, 79% of patients were compliant with PPV, in 2019 71% were compliant. This difference was determined to be statistically significant with p-value = 0.001. 2019 PPV were conducted in-office only while 2020 PPV were offered as telemedicine or in-person. Approximately 53% of visits in 2020 were telemedicine.

Other variables predictive of postpartum follow-up included higher age, increased parity, greater total prenatal visits. Cesarean delivery was positively associated with follow-up but it was not significant. Gestational age, race/ethnicity, birthweight, and newborn length of stay were not identified as predictive of follow-up. In the logistic regression delivery year, age, prenatal visits, and parity remained significant and independent predictors of follow-up.

Conclusions This study reviewed 2 cohorts of patients during time periods before and after initiation of telemedicine postpartum visits during the COVID-19 pandemic. Previous research at our institution indicated that telemedicine follow-up was non-inferior to office follow-up for short term visits in patients with hypertensive disorders. This study expands upon this work by considering long term follow-up in all postpartum patients. Additionally, while demographic characteristics predictive of postpartum attendance have been considered elsewhere in the literature there are fewer studies examining access to telemedicine as a variable. These findings suggest telemedicine may be effective for increasing compliance with postpartum visits.

Hematology and oncology II
Concurrent session
10:15 AM
Friday, January 21, 2022

COMPREHENSIVE CARE MODEL FOR SICKLE CELL DISEASE CARE AT KERN MEDICAL

R Sharma*, L Moosavi, E Cobos. Kern Medical Center, Bakersfield, CA

Purpose of Study Sickle cell disease is the most common genetic hemoglobinopathy in the US. It affects over 100,000 individuals. Sickle cell disease is a blood disorder causing a mutation in the hemoglobin beta chain. It is characterized by acute pain episodes, emergency department visits, hospitalizations, anemia and early mortality. This disease requires a programmatic, multidisciplinary and team-based approach. Currently there are three potential models of care for sickle cell disease patients: classic comprehensive model, embedded care model and specialized medical home model. The model adapted at our institution is a blend of all the three potential models incorporating as per our institutional considerations. This study presents the results following the multidisciplinary care implementation at our institution over the last year.

Methods Used This study was approved by the Institutional Review Board of Kern Medical. A retrospective review of post initiation of a multidisciplinary care intervention at a public academic medical center was reviewed.

Summary of Results This intervention was implemented on July 13th 2020. The multidisciplinary team includes hematologist/oncologist, pharmacists, primary care physician, pain specialist, sickle cell specialist, behavioral health worker, clinical health worker, medical assistant and registered nurse. In the last six months a total of 170 patients were scheduled to be seen at the sickle cell clinic. 14 patients were admitted inpatient in the last six months which is a decrease in number compared to the data prior to implementation. 23 additional patients were newly referred from outside institutions. Our findings thus far highlight the importance of gaining patients’ trust, providing social support and providing patients with appropriate resources. In the last month we have also established a virtual reality program for pain management for patients. In December of 2020 at the state level, we also gained recognition for standardizing care for sickle cell patients.

Conclusions In conclusion, a multidisciplinary comprehensive care for sickle cell patients is a necessity. At present there are only ten sickle cell clinics in the state of California. Our academic center became one of the founding institutions of the upcoming Networking California for Sickle Cell Model. The model of care for implementation of this disease varies highly upon location, population served, financial and institutional needs.
Abstracts

**#305** FAMILY-CENTERED CARE: DEFINING THE NEED FOR CHILDCARE SUPPORT FOR CANCER PATIENTS FROM THE HEALTHCARE PROVIDER PERSPECTIVE

K Preston*, 1M MacDonald, 2P Ingledew. 1The University of British Columbia Faculty of Medicine, Vancouver, BC, Canada; 2BC Cancer Agency Vancouver Centre, Vancouver, BC, Canada

10.1136/jim-2022-WRMC.301

**Purpose of Study** Approximately 20% of newly diagnosed cancer patients are between the typical parenting ages of 20 and 54, and so many of these patients are also the primary caregivers of children. Qualitative studies focusing on this demographic indicate that patients who are parents struggle to balance their own care needs with those of their children, but to date, no research has formally evaluated the need for on-site childcare services at cancer centers. This study aims to explore the need for childcare support for cancer patients from the perspective of healthcare professionals providing care at a major Canadian cancer center.

**Methods Used** Between May and April 2021, healthcare providers at one major Canadian cancer center were invited to partake in semi-structured interviews. The interview guide was developed through consultation with a multidisciplinary team and aimed to elicit the perspectives of healthcare providers on the importance and potential benefits of childcare services for their patients. Specific questions were also designed to explore what might constitute optimal childcare solutions for patients, and how cancer centers and healthcare providers could help to address this need. Interview transcript data was interpreted using thematic analysis.

**Summary of Results** Semi-structured telephone interviews were conducted with 28 healthcare professionals providing care at a major Canadian cancer center between April and May 2021, including medical, surgical, and radiation oncologists, psychologists, general practitioners, registered nurses, radiation therapists, and social workers. Managing childcare responsibilities was described as challenging for patients, and the introduction of childcare services for patients on-site at cancer centers was seen as a way to reduce emotional and financial stress. Other identified benefits of introducing childcare support services for patients included increased system efficiency, improved treatment compliance, increased trust in providers and cancer centers, and additional emotional support for the children of patients.

**Conclusions** These results indicate that childcare issues are broadly impactful for parents battling cancer, and that providing childcare support for these patients could be highly beneficial from both a medical and social perspective. As such, these findings suggest that cancer centers could consider the implementation of childcare support services to provide a more patient-centered approach to care.

**#306** OUTCOME OF PLANNED CHECKPOINT INHIBITOR DISCONTINUATION IN METASTATIC MELANOMA PATIENTS IN A COMMUNITY ONCOLOGY PRACTICE: A CASE SERIES

L Perez*, 1W Samlowski, 1RD Lopez-Flores. 1University of Nevada Reno School of Medicine, Reno, NV; 2University of Nevada Las Vegas, Las Vegas, NV

10.1136/jim-2022-WRMC.302

**Purpose of Study** Check-point inhibitor (CKI) therapy for melanoma has dramatically changed the prognosis for patients with metastatic melanoma. Twenty to 40% of patients appear to achieve long-term remissions. It is not clear whether patients require ongoing therapy to maintain remissions or whether treatment can be safely discontinued. We evaluated a potential strategy for elective treatment discontinuation.

**Methods Used** A retrospective chart review of patients with metastatic melanoma treated with CKI based treatment was performed. Patients who underwent elective treatment discontinuation after 2 negative scans 3 months apart or had biopsies confirming complete remission (CR) were identified for analysis.

**Summary of Results** Of 139 checkpoint inhibitor treated patients, 53 individuals achieved a CR. The progression-free survival was 100% at 1 year, 95% at 3 years after treatment discontinuation, with a median duration of follow up of 31 months. Four of 53 individuals with complete remissions (7.5%) eventually relapsed. The median overall survival of the entire cohort was not reached and was 100% at 1 year, and was 95% at 3 years.

**Conclusions** In this retrospective analysis, we demonstrate an elective treatment discontinuation strategy that is generalizable to a variety of CKI ± targeted therapy regimens. We have found a high complete response duration after elective treatment discontinuation without a requirement for a specific period of therapy. We hypothesize that this approach can potentially decrease treatment related financial burden and toxicities faced by responding patients with improved quality of life.

**#307** A PROOF-OF-CONCEPT SEVERITY SCREENING TOOL FOR OPERATIONAL SAFETY REPORTS IN RADIATION ONCOLOGY


10.1136/jim-2022-WRMC.303

**Purpose of Study** While incident learning systems in radiation oncology allow departments to track and improve patient safety, reviewing and analyzing these reports remains a time-consuming human task. Here, we present a data-driven classifier to identify high-severity reports for urgent/scrutinious review.

**Methods Used** We utilized a corpus of 7,094 free-text operational safety reports from the University of Washington Department of Radiation Oncology from 2012–2021. Each report was labeled with a Near Miss Risk Index (NMRI) as part of typical clinical workflow. NMRI scores ranged from 0–4, with 0, 1, and 2 considered low-severity, and 3 and 4 considered high-severity. Approximately 15% of the reports are labeled high-severity.

Two neural network-based approaches were used to predict severity. As a baseline, we implemented a Long Short-Term Memory network with self-attention (LSTM-A) using word vectors pre-trained on PubMed texts and clinic notes. Our second model uses a compressed version of the popular BERT, DistilBERT, which was pretrained on Wikipedia text and English literature. Transformer models, like DistilBERT, use transfer learning to leverage large corpora of unannotated text and achieve state-of-the-art performance on many natural language processing (NLP) tasks.
Models were trained to predict the ordinal NMRI scores using a regression objective function, to take advantage of the ordinal scores. To assess the models as a clinical screening tool, performance was evaluated as a binary classification task where predicted scores were mapped to low- and high-severity labels. Regression training improved performance compared with binary classification training.

The reports were split into train (70%), validation (15%), and test (15%) sets. Model hyperparameters were tuned using the training and validation sets to maximize area under the receiver operating characteristic curve (AUC), and final performance was evaluated on the withheld test set.

Summary of Results Results from each approach are reported in Table 1. Although DistilBERT is a more sophisticated architecture, both models performed similarly.

While neither model completely generalized to the test set, both are shown to have predictive value. Since NMRI scores were annotated by many individuals over 9 years, scores may vary between raters and over time, limiting model performance.

Conclusions This work presents two candidate architectures for a severity screening tool for incident reports in radiation oncology. We show AUC scores up to 0.77, demonstrating that these architectures have the potential to identify safety-critical reports and reduce latency of interventions. Future work includes incorporating radiation oncology-specific text and experimenting with BERT variants that are pretrained on clinical text.

### Abstract #307 Table 1 Performance metrics on test set

<table>
<thead>
<tr>
<th>AUC</th>
<th>F1</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSTM-A</td>
<td>0.77</td>
</tr>
<tr>
<td>DistilBERT</td>
<td>0.72</td>
</tr>
</tbody>
</table>

Purpose of Study American Indian/Alaska Native (AI/AN) citizens comprise 2% of the population, both in the United States and Washington State. Among this population, cancer is the leading cause of death for females and the second for males. Radiation therapy (RT) is recommended for about 50% of cancer patients. Unfortunately, few data are available regarding the barriers to RT treatment for AI/AN populations. Our objective is to characterize the barriers AI/AN patients experience while accessing cancer care at the University of Washington Medical Center, and their affiliated hospitals, and to determine which barriers (if any) are captured and addressed in the electronic health record.

Methods Used Levesque et al. describe a ‘5A’ theoretical framework – approachability, acceptability, availability, affordability, and appropriateness – that considers supply-side factors (e.g., health systems, institutions, organizations, providers) alongside demand-side factors (e.g., individual, household, community, population), as a framework to describe the complex process patients experience utilizing healthcare. We conducted an analysis based on this framework using 36 AI/AN patient charts, focusing on their radiation oncology and social work notes from the last five years. All data were double coded. Quotes describing each barrier were used to support the coding process, and these were referred to in order to resolve any discrepancies between coders.

Summary of Results When looking specifically at the supply-side dimensions of access to oncologic services, availability/ accommodation (25.0%) and affordability (16.6%) appeared as the most common barriers to care. In contrast, a very small percentage of patient charts mentioned acceptability as a barrier to care (1.0%). Most chart descriptions did not feature demand-side abilities of patients or populations to access services (5.0%). Illustrative vignettes were also organized to represent the different types of barriers discovered in patient charts.

Conclusions AI/AN communities find it challenging to access health services (either the physical space or healthcare providers) in a timely manner, and potentially lack the economic resources to pay for healthcare services without catastrophic expenditures. Our review also uncovered the supply-side dominance in terms of dimensions of health care access. In other words, despite evidence suggesting individual-level interventions are more effective at improving access for patients, there was still an emphasis on services provided rather than self-management and health literacy approaches. It is not known whether this reflects that providers do not address demand-side dimensions of access or simply do not record it in the chart. Regardless, the findings suggest efforts to address all dimensions of access may be important to diminishing health care disparities.
failure and 1 patient succumbed to life. Common cancer types noted with concurrence CM infection in this study are colorectal, prostate, gynecologic, renal cell, gastric and skin. Onset of cancer prior to CM infection and vice versa was noted in almost equal number of patients. Only one case demonstrated simultaneous onset of cancer and CM. Extrapulmonary dissemination of CM was noted only among renal cell carcinoma and melanoma patients.

Conclusions Coexistence of coccidioidomycosis and cancer is not common but when it occurs, the interaction between the two conditions is not well understood and management is formidable. A close collaboration between oncology and infectious diseases teams is paramount.

Abstract #309 Table 1 Characteristics of cancer by location of coccidioidomycosis infection

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Pulmonary (n=9)</th>
<th>Extrapulmonary Dissemination (n=2)</th>
<th>Lymphatic Dissemination (n=1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Renal Cell Carcinoma</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Melanoma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Gynecologic Cancer</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gastric Cancer</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cancer preceded CM onset</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CM preceded cancer onset</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Simultaneous onset of CM and cancer</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

were female (35.7%) and the remaining nine were male (64.3%). A 100% PFS was reported for these patients who achieved CR with over 20 months of median follow up after elective treatment discontinuation. Median OS was not reached. CKI toxicity primarily included acute toxicity with rare, chronic unresolved toxicity over 6-month duration in two patients.

Conclusions In this retrospective case series, all patients remained in complete remission after treatment discontinuation. We hypothesized that appropriate selection of patients for early treatment discontinuation may decrease their economic burden related to ongoing treatment, limit potential toxicity, and improve quality of life.

#310 OUTCOME OF PLANNED CHECKPOINT INHIBITOR DISCONTINUATION IN METASTATIC NON-MELANOMA SOLID TUMOR PATIENTS IN A COMMUNITY ONCOLOGY PRACTICE: A CASE SERIES

Purpose of Study Checkpoint inhibitor (CKI) therapy has markedly altered the survival of patients with many solid tumors. In addition to melanoma, it appears that 10–40% of patients with other tumor types can achieve durable remissions. The duration of treatment or whether treatment can be safely stopped to maintain a complete response is controversial. Based on melanoma-derived data, we tested whether CKI treatment could be safely discontinued in patients with other solid tumors.

Methods Used A retrospective analysis was performed in adults with metastatic non-melanoma solid tumors treated with CKI-based therapy. Patients with solid tumors who achieved a complete remission on 2 sequential scans at least 3 months apart were identified from our computerized patient database. Patient data was analyzed for patient characteristics, as well as progression-free, and overall survival.

Summary of Results Sixty-nine non-melanoma solid tumor patients were treated with CKI-based regimens in our clinic and 15 achieved a complete remission (21.7%). Five patients

#311 NOVEL FLOW CYTOMETRY ANTIGENS TO DIFFERENTIATE FOLLICULAR LYMPHOMA AND DIFFUSE LARGE B-CELL LYMPHOMA

L. Schwarz*, J Fromm. University of Washington School of Medicine, Seattle, WA
10.1136/jim-2022-WRMC.307

Purpose of Study Flow cytometry can aid in the identification of blood cancers, including Non-Hodgkin’s Lymphomas. Its ability to quantify the antigen expression of cells is often used to differentiate between similar neoplasms. However, there is currently a dearth of antigens which differentiate Diffuse Large B-cell Lymphoma (DLBCL) and Follicular Lymphoma (FL). We evaluated the ability of novel antigens including CD32, CD38, CD40, CD71, and CD75 to discriminate between the two lymphomas.

Methods Used Tissue samples had been previously collected, immunohistochemically and morphologically categorized, and cryopreserved in long-term liquid N2 storage. DLBCL and FL samples were identified using an internal database, thawed, stained with a 10-color antibody panel: CD40/κ/CD32/κ/CD38/CD38/CD75/CD71/CD19/CD5, and run on a BD LSR II Flow Cytometer. Benign follicular hyperplasia (FH) samples were also processed and run as a negative control. Populations were isolated and analyzed using WoodList, an internal software program. Median fluorescence intensity (MFI) for each antigen, forward scatter (FSC), and side scatter (SSC) were collected for neoplastic cells in DLBCL and FL samples and for all B-cells in FH. Values were exported to Excel and used to create two-tailed boxplots using the maximum, minimum, median, and first (Q1) and third (Q3) quartile values. Antigens were considered ‘successful’ in differentiating the two lymphomas if there was no overlap between Q3 of one neoplasm and Q1 of another.

Summary of Results While there were apparent differences between FL and DLBCL (both germinal and non-germinal center) in the expression levels of CD32, CD38, CD40, CD44, and CD75, there was significant overlap in the plots for each of these antigens. For CD71 however, FL was adequately differentiated from both germinal and non-germinal center DLBCL. Both forward scatter and side scatter differentiated low-grade but not intermediate-grade FL from DLBCL. Incidentally, CD44 and CD32 showed the ability to separate non-germinal center from germinal center DLBCL. However, that data is limited by the low sample size of non-germinal DLBCL (n=5).
Conclusions CD71 was the sole antigen which successfully discriminated FL from both germinal and non-germinal center DLBCL in isolation. However, combining parameters, such as FSC and CD71, may better separate these two lymphomas. Further research with a more robust sample size is needed to confirm the ability of CD44 and CD32 to differentiate between germinal and non-germinal center DLBCL.

#312 FREQUENCY OF ACUTE LEUKEMIA IN PEDIATRIC PATIENTS WITH BELL Palsy

1CM Tanji*, 2LG Yamamoto. 1Hawaii Pacific Health, Honolulu, HI; 2University of Hawai’i at Mānoa, Honolulu, HI; *Kapi’olani Medical Center for Women and Children, Honolulu, HI

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Purpose of Study A recent study identified a 0.6% rate of acute leukemia in children with facial palsy. In response, the primary objective of our study was to confirm if there is a relationship between Bell Palsy and acute leukemia in children younger than 19. If found, obtaining a Complete Blood Count (CBC) screening upon Bell Palsy diagnosis would be in order and reconsideration of corticosteroid treatment, which has been shown to interfere with leukemia diagnosis, if the CBC is suspicious. If not found, this would cast serious doubt on whether a true relationship exists.

Methods Used A retrospective chart review was conducted (n=513) of patients <19 years old with Bell Palsy between April 7, 1995 to June 4, 2021. Data was collected using the hospital billing system and an electronic medical record from 4 community hospitals in Hawai’i. Statistical analyses were conducted to describe the patient demographic.

Summary of Results 53% of the patients with Bell Palsy were female and the remaining 47% were males, with around 67% of patients in the 6–12 and 13–<19 years age groups. Of the 513 pediatric patients with Bell Palsy, one patient developed leukemia, leading to an association of 0.19%. However, the patient’s leukemia diagnosis was 3.5 years after their initial Bell Palsy encounter, suggesting these two events might not be medically related.

Conclusions Our data is unable to confirm an association between Bell Palsy and acute leukemia.

Abstract #312 Figure 1 Among the 513 patients, only one patient with Bell Palsy was diagnosed with acute leukemia.

Infectious diseases II
Concurrent session
10:15 AM
Friday, January 21, 2022

#313 3-AMINOIMIDAZO[1,2-A] PYRIDINE DERIVATIVES WITH ANTIMICROBIAL ACTIVITY AGAINST STAPHYLOCOCCUS AUREUS

1L Johar*, 2E Bentley, 2D Vosburg, 1H Szurmant. 1Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA; 2Harvey Mudd College, Claremont, CA

10.1136/jim-2022-WRMC.309

Purpose of Study According to the World Health Organization (WHO), antimicrobial resistance is a serious public health issue on a global scale. Nationally, the US Centers for Disease Control and Prevention (CDC) estimate that 3 million infections are caused by antibiotic-resistant bacteria, resulting in approximately 35,900 deaths annually. Antimicrobial resistances occur when bacteria are forced to evolve due to widespread exposure to antimicrobial drugs. One way to address antimicrobial resistance is to identify novel antimicrobial compounds that can target essential microbial cellular processes. Among a diverse library of novel heterocycles produced in one of our laboratories, we previously identified one, a 3-Aminoimidazo[1,2-a]pyridine with moderate antimicrobial activity against methicillin resistant Staphylococcus aureus (MRSA). To identify the substituents of the compound necessary for killing activity and to potentially improve the initial hit compound, a medicinal chemistry approach was pursued.

Methods Used 3-aminoimidazo[1,2-a]-heterocycles were synthesized using a green, microwave-assisted Groebe-Blackburn-Bienaymé multicomponent reaction. Compounds were screened for their ability to inhibit growth of MRSA. For screening purposes, we utilized the Kirby-Bauer disk diffusion assay, according to Clinical Laboratory Standards Institute protocols. To this end, bacterial suspensions with a density equivalent to a 0.5 McFarland standard were evenly spread over fresh agar plates. Paper disks containing 100 µg of the respective compounds, vancomycin as a positive control, or no compound as a negative control were prepared. Compound and control disks were evenly distributed on the agar plates and plates were incubated for 12h at 37°C to allow growth of the bacterium. Compounds with antimicrobial activities were identified by a visible ring of growth inhibition around the respective paper disks.

Summary of Results A series of 3-aminoimidazo[1,2-a]-heterocycles were synthesized and subjected to antimicrobial screening. In addition to the previously identified active compound, a second compound was found to exhibit similar moderate antimicrobial activity against MRSA. The active compounds share 4-chlorophenyl and tert-butyl substituents and varied core heterocyclic structures. Equipped with this knowledge, further medicinal chemistry efforts are underway to improve the activity of these compounds.

Conclusions Compounds similar to the two candidates with antimicrobial activities have also been identified to have anti-inflammatory, anticancer, and anti-fibrosis effects. Thus 3-Aminoimidazo[1,2-a]pyridines and related structures have...
demonstrated a wide range of biological activities, including antimicrobial effects. Further efforts are underway to select for improved killing activity and move towards cytotoxicity studies.

THE ANTIBIOTIC SPECTRUM OF NOVEL METHIONYL-TRNA SYNTHETASE INHIBITORS


Purpose of Study As antibiotic resistance continues to increase worldwide, patient care and outcomes will decline. Therefore, it is necessary to investigate alternative biochemical pathways in bacterial lifecycles and select new drug targets for novel inhibitory compounds. One target of interest is the Methionyl-tRNA Synthetase (MetRS) enzyme which is critical in protein synthesis. Typically, Gram-positive bacteria express type-1 MetRS and Gram-negative express type-2 MetRS. The purpose of this study is to explore the efficacy of novel MetRS inhibitors on type-1 MetRS enzymes compared to control antibiotics in Gram-positive and Gram-negative bacteria.

Methods Used All preparations for bacterial growth and cultivation followed the standardized guidelines outlined by the Clinical Laboratory Standards Institute. Minimum Inhibitory Concentration (MIC) assays were performed in triplicate and repeated at least twice. The selected Gram-positive strains were non-aneuric Bacillus ssp., Listeria monocytogenes, Staphylococcus epidermidis, and the Gram-negative bacterial strains were Serratia marcescens, Pseudomonas aeruginosa, and Burkholderia cepacia. Each strain was streaked from frozen stock to strain-appropriate agar and incubated at 37°C for 24 hours. Single colony inocula were collected from the plate and cultured to the exponential growth phase in strain-specific broth. The culture was adjusted to MacFarland 0.5 standard and quantified through the absorbance reader (OD600). The microbroth dilution was completed in 96-well plates in a 2-fold dilution using novel MetRS inhibitory compounds ChemIDs: 2541, 1986, 2536, 2536, 2536, 2536, 2536, and control antibiotics. The MacFarland adjusted bacteria were added to the plates. Negative and positive controls were established in each plate and after an additional 18–24 hours of incubation at 37°C, the MIC90 was calculated from the data generated by the absorbance reader.

Summary of Results The novel MetRS inhibitors demonstrated variable yet potent inhibitory effect against type-1 MetRS enzymes in the Gram-positive strains. The MICs ranged from <0.0312–0.25 µg/mL. In most cases these MICs were more efficacious than the control antibiotics. As predicted, the compounds showed little activity in the type-2 MetRS enzymes in Gram-negative bacteria.

Conclusions In vitro testing showed potent activity against a variety of Gram-positive bacteria species. Parallel studies not reported here demonstrated in vivo activity in mouse models of MRSA infection. The compounds have excellent potential for development as selective agents for treating Gram-positive infections.

THE WALR PROTEIN OF GRAM-POSITIVE PATHOGENS AS A TARGET FOR THE DEVELOPMENT OF NEW ANTIMICLABS

L Johar*, CJ Majdi, SB Badaan, D Desolin, Z Benforda, H Szumant. Western University of Health Sciences, Pomona, CA; Université de Nîmes, Nîmes, France; Université de Bordeaux, Bordeaux, France

Purpose of Study So-called ‘two component systems’ (TCS) are the primary means by which bacteria sense and respond to their environment. They regulate important decisions such as virulence factor expression, antimicrobial resistance development, sporulation, motility to name a few. Gram-positive bacteria have a single system, the WalRK system, that is essential for viability. TCS comprise a sensor histidine kinase that auto-phosphorylates and then activates an associated response regulator/transcription factor protein by phosphoryl group transfer. Since similar proteins are not found in the animal kingdom, TCS in general and the WalRK system in particular, have been suggested as excellent targets for anti-infective agents. Past drug discovery efforts have primarily focused on the WalK histidine kinase, but multiple arguments can be made that the WalR response regulator is the better target. Utilizing a combined virtual and experimental approach, we aim to chemically target the WalR protein.

Methods Used For screening of virtual compound libraries, we utilized existing crystal structures of various WalR protein fragments to model a full-length WalR protein and define the DNA-binding site. Molecular dynamic docking simulations along with the Life Chemicals compound library were utilized to virtually identify chemical hit compounds. Standard molecular cloning and affinity purification techniques were utilized for WalR overexpression. Isothermal titration calorimetry is used for the quantification of protein/small molecule affinities.

Summary of Results A 17,000-compound library was reduced to 4354 molecules with a previously identified ability to bind to DNA-polymerases. These compounds were virtual screened for their propensity to bind to the DNA-binding surface of the WalR DNA-binding domain. Eight hit molecules were predicted to strongly associate with the defined DNA-binding interface. Of these, three compounds shared a thiazolo[4,5-d]-pyridazine core. To experimentally validate the ability of these compounds to bind to WalR we cloned, expressed, and purified to homogeneity two WalR constructs comprising either the full-length or the isolated DNA-binding domain. While the full-length protein proved largely insoluble, the isolated DNA-binding domain could be purified to homogeneity at high yields. Utilizing this construct, isothermal titration calorimetric experiments are underway to validate the hit compounds.

Conclusions Compounds that inhibit the activity of the essential WalR transcription factor could serve as antibiotics against numerous important human pathogens, including but not limited to Staphylococci, Streptococci, Bacilli and Listeria. Our research is a step forward towards identifying such molecules.
CHARACTERISTICS AND OUTCOMES OF HOSPITALIZED COVID-19 PATIENTS AND DNR

Purpose of Study
Do-not-resuscitate (DNR) orders allow patients, per their wishes, to decline cardiopulmonary resuscitation (CPR) in a cardiac or respiratory arrest event. DNR status has been linked with severe illness, advanced age, poor disease prognosis, and deteriorating health status with impending death. Conversely, DNR status has not been associated with a reduction in priority care in the intensive care units. In the current COVID-19 pandemic, patients and families are often faced with a need to make a DNR decision with limited information. Some hospital systems had to impose a unilateral DNR policy, resulting in unprecedented, unresolved ethical dilemmas. This study further investigates the characteristics and outcomes of hospitalized COVID-19 patients in association with DNR status.

Methods Used
An observational study of hospitalized patients with COVID-19 was conducted in the greater Seattle area from January 2020 to December 2020. Data was collected through review of the electronic medical record as part of the national American Heart Association COVID-19 registry. Inclusion criteria for DNR included patients with any documentation of a DNR order, partial DNR order, or advanced directive related to restricting attempts to resuscitate prior to or after arrival to the hospital. Physician Orders for Life-Sustaining Treatment form, Do Not Attempt Resuscitation form, and the Medical Orders for Scope of Treatment form were all considered as documentation of DNR. We performed a chi-square test of independence and one-way ANOVA analysis.

Summary of Results
Of the total 396 hospitalized COVID-19 patients in our registry, DNR status was available for 368 patients. Of the 368 patients, 114 (31%) were deemed to be DNR. The average age of patients who were deemed DNR was 72 years, while the average age for those who were not DNR was 55 years ($F(1,366) = 73.37$, $p < .001$). Patients with comorbidities were more likely to be DNR (34%) compared to patients with no past medical history (18%) ($\chi^2 = 6.603$, df = 1, $p = .010$). With regard to mortality, 69 out of the 114 patients with a DNR order expired (61%), while 11 out of the 254 patients without a DNR order expired (4%) ($\chi^2 = 142.768$, df = 1, $p < .001$). Of the total 80 expired patients, 86% were DNR. There was no statistically significant difference in the average length of hospitalization between the two groups ($F(1,366) = 1.44$, $p = 0.2311$).

Conclusions
Our data suggest that DNR is associated with increased mortality, age, and comorbidities. However, there were no statistically significant associations observed between sex and length of hospitalization. These results potentially reflect the overwhelming burden our healthcare system has faced during the COVID-19 pandemic when resources have been substantially limited.

COVID-19, MENTAL HEALTH STATUS, AND ADHERENCE TO PUBLIC HEALTH GUIDELINES AMONG THE ELDERLY POPULATION IN UNITED STATES

Purpose of Study
The COVID-19 virus has led to widespread economic, health, and social changes. Elderly population experience serious disease complications and isolation from their social groups. These complications may cause psychological stressors on the elderly. This study aims to elucidate if the COVID-19 pandemic has contributed to a lessened mental health status for the elderly with positive COVID-19 diagnoses or symptoms.

Methods Used
We analyzed data from NHAT’s COVID-19 Supplemental Questionnaire. The outcome variables were sleep disturbance, loneliness, depression, and anxiety, and adherence to public health guidelines. Chi-square and multiple logistic regression tests were performed.

Summary of Results
Of the 3,107 elderly participants, 2.1% had COVID-19, 3.3% had COVID-19 symptoms, 17.5% had more severe, 23% were depressed, 28% had anxiety, 19% felt lonely, and the majority follow the public health guidelines. No significant association was found between test positive for COVID-19 and the outcome variables ($p > 0.05$) except in having worse sleep and being more likely to follow public health guidelines ($p < 0.05$). Participants with mild/moderate symptoms were more likely to feel lonely than those with no symptoms ($p < 0.05$). Those with severe COVID-19 symptoms were more likely to have depression and follow public health guidelines relative to those with no symptoms ($p < 0.05$).

Conclusions
COVID-19 was associated with adherence to public health guidelines. Loneliness and depression were associated with COVID-19 symptoms. Those diagnosed with COVID-19 had a higher likelihood of sleep issues and adherence to public health guidelines. Resources are needed to help the elderly manage the changing mental health status associated with future pandemics.
community educational program will help with the complexities of understanding vaccines. This study aims to minimize vaccine hesitancy, increase the uptake of COVID-19 vaccines, and promote herd immunity.

Methods Used A COVID-19 vaccine educational program was created for a diverse audience to enhance the knowledge in underserved communities on the benefits of vaccines to prevent diseases. The training module materials presented in the program provided information on the background and significance of vaccines to the COVID-19 pandemic. Following the training, the participants completed demographics, test review questions, and a one-page survey feedback questionnaire. SPSS statistical software was used for descriptive One-Way ANOVA analysis for the data calculations.

Summary of Results After examining the results from 103 participants, an exemplary average score of 98.4% was observed for the review section. The mean average response on the Likert-scale survey questions was 'Strongly Agree' for comprehending new information about COVID-19 vaccines. One-Way ANOVA produced statistically significant p values ≤ 0.05 by SPSS. Additionally, 84 participants agreed to educate 10 additional individuals about the benefits of vaccines, expanding the population of the study to be inclusive of 840 participants.

Conclusions The community engagement educational training program demonstrated a decrease in vaccine hesitancy and promoted the uptake of COVID-19 vaccines in underserved communities, fundamentally assisting the elimination and prevention of the COVID-19 pandemic by contributing to herd immunity.

#319 EFFECTS OF GEOGRAPHY, SOCIODEMOGRAPHICS AND POLITICAL LEANING ON COVID-19 CASE-FATALITY RATE IN WEST COAST STATES

JS Gerken*, D Kuvinnen, D Zapata, I Zapata. Rocky Vista University College of Osteopathic Medicine, Parker, CO

Purpose of Study The COVID-19 pandemic, caused by the SARS-Cov-2 virus, has impacted nearly every aspect of scientific research. Many factors such as comorbidities, socioeconomic descriptors along with political associations have been associated to fatality rates. One specific factor that has continuously suspected to have a potential impact on COVID-19 fatality rates is Vitamin D deficiency. Few studies have evaluated the effect of environmental, geographic, or sociodemographic variables together on COVID-19 case-fatality rate. Our study evaluates COVID-19 case-fatality rate on a per-county basis of the Pacific Coast states using comorbidity, sociodemographic and political leaning data in conjunction with geographic variables such as average precipitation, air pollution, average temperature, latitude and elevation which have been shown to correlate to Vitamin D deficiency.

Methods Used This analysis evaluates the effect sizes of each particular factor described using Generalized Additive Models (GAM). This type of model was selected to accommodate for non-parametric evaluations of continuous predictors. Estimates obtained through these models then are standardized and sorted by their effect size and direction to allow for fair interpretation with a standardized context.

Summary of Results Our analysis showed that geographic and environmental variables associated with Vitamin D levels did not affect COVID-19 case-fatality rates; however, factors such as Medicare flu vaccination rate, voting Democrat during the 2020 Presidential Election, and being uninsured were shown to be the most important factors in reducing COVID-19 case fatality rate. Comorbidities, disproportionately higher females in a county, mental health, and voting Republican in the 2020 Presidential Election significantly increased COVID-19 case fatality rates.

Conclusions The effect of Vitamin D deficiency, indirectly measured through geographic variables, was not supported by our results. However, there were other clinically significant factors such as comorbidities, socioeconomic, and political leaning factors that influenced COVID-19 case fatality rates.

This work was presented in part at Rocky Vista University Appreciation Day (virtual) on October 15, 2021.

#320 THERAPEUTIC ANTICOAGULATION IN HOSPITALIZED PATIENTS WITH COVID-19

1C Lee*, 2T Nguyen, 2Y Hwang, 2T Buck, 2K Mun, 2D Vanteru, 1D Baral, 2D Tirschwell, 2A Kim. 1Washington State University Elson S Floyd College of Medicine, Spokane, WA; 2University of Washington School of Medicine, Seattle, WA

Purpose of Study Throughout the COVID-19 pandemic, providers observed increased rates of thrombosis and inflammation among COVID-19 patients which affected multiple organs and led to complications such as lung failure, myocardial infarction, and stroke. Furthermore, studies have shown increased D-dimer levels to be associated with worse outcomes in COVID-19 patients. A spectrum of anticoagulants is currently being used in COVID-19 patient management as needed to combat this hypercoagulable state. Current treatment guidelines and literature investigating the effects of different anticoagulants in COVID-19 patients are continuing to evolve. Here, we describe a preliminary study that investigated the effects of therapeutic anticoagulation on the outcomes of hospitalized COVID-19 patients.

Methods Used From a national registry developed by the American Heart Association, we performed a retrospective observational cohort study of hospitalized COVID-19 patients who were admitted to one of four hospitals in the Greater Seattle area from January 2020 to December 2020. Diagnosis of COVID-19 was made either clinically using hospital specific criteria, or by polymerase chain reaction testing. Medications given for therapeutic anticoagulation include parenteral unfractionated heparin, subcutaneous low molecular weight heparin full therapeutic dose, argatroban, bivalirudin, direct oral anticoagulant, and warfarin. Mortality was quantified by the number of patients who died during hospitalization or were discharged to hospice care.

Summary of Results Out of 396 hospitalized COVID-19 patients, 57 patients received one or more anticoagulants for therapeutic use. For 89% of those patients (51 out of 57), therapeutic anticoagulation was indicated due to pre-hospitalization anticoagulant use or development of myocardial infarction, pulmonary embolism, or deep vein thrombosis during hospitalization. Of those who received therapeutic anticoagulation, the survival rate was 67% (38 out of 57). On the contrary, out of the 339 patients who did not receive any type of therapeutic anticoagulation, the survival rate was 79% (267
out of 339). This difference of higher survival rate and lower mortality rate in patients who did not receive therapeutic anticoagulation was not statistically significant (p=0.066).

Conclusions Our preliminary findings indicate that therapeutic anticoagulation does not affect mortality in hospitalized COVID-19 patients. However, therapeutic anticoagulation may be necessary in high-risk patients who are more susceptible to a COVID-19 induced hypercoagulable state to reduce complications or death resulting from thromboembolic events. Further investigation is necessary with additional analyses performed to control for confounding by indication and other prognostic factors.

### Abstract #321

**SHORT-COURSE ANTIBIOTICS FOR TREATMENT OF UNCOMPLICATED COMMUNITY ACQUIRED PNEUMONIA IN PEDIATRIC PATIENTS**

1. N. Manely*, 1A M. Arunachalam, 1T. Hoang, 1E Kang, 1H Lee, 1Y Parikh, 1C. Palomino, 1B Afghani, 1UC Irvine School of Medicine, Irvine, CA; 2Children's Hospital of Orange County, Orange, CA

10.1136/jim-2022-WRMC.317

**Purpose of Study** Several studies of adults have shown that a 5-day course of antibiotics is as effective as a 10-day course in treatment of community acquired pneumonia (CAP). However, the effectiveness of short-course therapy in pediatric patients with CAP has not been well documented. The main goal of this study was to investigate the literature for studies that compare the effectiveness of short-course vs long course antibiotics in treatment of pediatric CAP.

**Methods Used** We conducted a literature search using search engines such as Google Scholar, SciHub, and PubMed. Key words used included: ‘pediatric’ ‘children’ ‘pneumonia’ ‘short-course’ ‘long-course’ and ‘treatment’. Only studies of pediatric patients with uncomplicated community acquired pneumonia (CAP) that included a control group and used high-dose amoxicillin as part of the treatment a were included in our review.

**Summary of Results** We found 4 studies that satisfied our inclusion criteria. All four studies excluded patients diagnosed with severe or complicated pneumonia and those with underlying conditions. Please see Table 1 for summary of the results. The age of children in the studies ranged from 2 months to 18 years. The investigators measured cure rates and/or relapse rates during the follow-up period of 14 to 30 days. The studies showed that a short-course of 5–7 days was not inferior to a 10–14 days of treatment. The design was different in various studies as 3 of the studies required chest radiograph as well as clinical evidence of pneumonia while one study was based on clinical diagnosis of pneumonia.

**Conclusions** The results from our literature review show that a 5–7 day antibiotic course is non-inferior to a longer course of 10 to 14 days in treatment of previously healthy children with uncomplicated community acquired pneumonia. Larger studies are warranted to determine whether these results are reproducible across different populations or non-trial conditions.

### Abstract #322

**SIN3A IS REQUIRED FOR EPIGENETIC REGULATION OF DIAPHRAGM AND LUNG DEVELOPMENT**

G. Stokes, D. McCulley*. UCSD, University of California San Diego, La Jolla, CA, La Jolla, CA

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**Purpose of Study** One of the most common and severe congenital malformations is congenital diaphragmatic hernia (CDH) which occurs in 1 out of 3500 live births with a mortality rate of 20–50%. Although abnormal diaphragm formation is the hallmark of the disease, the high mortality rate is due to abnormal lung and pulmonary vascular development causing lung hypoplasia and pulmonary hypertension. Despite the frequency and severity of CDH, little is known about the underlying developmental and genetic mechanisms responsible for the disease. Our hypothesis is that a core group of genes is required for diaphragm, lung, and pulmonary vascular development and that pathogenic variants in these genes are responsible for failure of diaphragm formation as well as defects in lung and pulmonary vascular development in

### Abstract #321 Table 1

<table>
<thead>
<tr>
<th>First Author, Year of Publication, Location of study</th>
<th>Patient Types: Duration of Short and Long Treatment</th>
<th>Number of Subjects in Short Term Group, Age Range</th>
<th>Follow Up Period</th>
<th>Outcome in Short-Course vs Long-Course Antibiotics</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennica 2021, Canada, emergency room patients</td>
<td>Emergency room patients 5 days vs 10 days</td>
<td>5-day course, N=126, 10-day course: N=126, Age range 6 m to 10 yrs</td>
<td>14–21 days</td>
<td>Clinical Cure: 85.7% vs. 84.1%</td>
<td>P=NS</td>
</tr>
<tr>
<td>Greenberg 2013, Israel, hospitalized</td>
<td>3 vs 5 yrs vs 10 days</td>
<td>3-day course: 10, 5-day course: N=56, 10-day course: N=42, Age: 6–59 months</td>
<td>30 days</td>
<td>Failure rate: 3 day vs 5 days vs 10 days: 40% vs 0% vs 0%</td>
<td>P value &lt; 0.001 for 3 days vs 5 days and 10 days but p value NS for 5 vs 10 days</td>
</tr>
<tr>
<td>Ginsburg 2020, Malawi, hospitalized and discharged</td>
<td>3 vs 5 days</td>
<td>3-day course: N=1497, 5-day course: N=1503, Age: 2 to 59 months</td>
<td>21 days</td>
<td>Treatment failure on or before day 5: 5.9% vs 5.2%, Relapse before day 14: 6.9% vs 5.8%</td>
<td>P=NS</td>
</tr>
<tr>
<td>Same 2020, United States, hospitalized and discharged</td>
<td>5–7 days vs 8–14 days</td>
<td>5–7 day group: N=167, 8–14 day group: N=270, Age: 6 months-18 years</td>
<td>30 days</td>
<td>Failure rate: 3% vs 6%</td>
<td>P=NS</td>
</tr>
</tbody>
</table>

NS=Not significant
patients. To investigate this hypothesis, we are studying the role that genetic mutations identified in patients with CDH play in diaphragm, lung, and pulmonary vascular development. In this study we investigated the role played by SIN3A, a gene containing pathogenic sequence variants identified by whole genome sequencing in patients with CDH, in diaphragm, lung, and pulmonary vascular development.

**Methods Used** To investigate the role of SIN3A, we used tissue and cell-specific deletion in diaphragm and lung mesenchymal progenitor cells in mice. The diaphragm and lung phenotypes associated with loss of SIN3A were characterized using whole mount, brightfield, and immunofluorescence imaging. Pulmonary vascular defects associated with loss of SIN3A were characterized by fluorescence imaging as well as echocardiography and right heart catheterization. The genetic mechanisms responsible for abnormal lung and pulmonary vascular development were studied using gene expression analysis with RNA collected from whole lung and sorted lung mesenchymal cells.

**Summary of Results** Loss of SIN3A in somatic mesoderm derived skeletal muscle and lateral plate mesoderm derived mesothelium resulted in abnormal diaphragm development and CDH in mice. In the developing lungs, loss of SIN3A resulted in failure of alveologenesis and pulmonary hypertension. Lung defects in SIN3A deficient mice were evident at late embryonic stages with failure of mesenchymal cell differentiation, decreased cell cycling, and increased DNA damage. Loss of SIN3A was associated with an imbalance of histone acetylation that was restored by embryonic inhibition of histone acetyltransferase.

**Conclusions** These data demonstrate the importance of genetic evaluation in structural malformations such as CDH. In the case of SIN3A loss of function, impaired epigenetic regulation of gene expression in the diaphragm and lungs resulted in failure of diaphragm formation as well as lung and pulmonary vascular defects common among patients with CDH. These defects were reversed by restoring the balance of histone acetylation.

### #323 Pattern of Hand and Foot Involvement

**First Author, Year of Presentation**

**First Author, Year of Presentation**

**First Author, Year of Presentation**

**Methods Used** To perform a retrospective review of all patients with CBS presenting to our tertiary medical center between January 1, 1998 and December 31, 2018. Patients were identified by ICD-9 and ICD-10 codes. Medical records were reviewed for demographic data and associated conditions. Clinical photographs and radiographs were reviewed to determine the pattern of limb involvement.

**Summary of Results** 138 children with CBS were identified. Upper and lower extremities were affected equally (80% and 79%, respectively). The most prevalent feature was distal limb amputation (89%) followed by constriction bands (79%) and acrosyndactyly (68%). Amputations were characterized by hypoplasia and deformed appearance of the amputated bone on radiographs. There was a strong predilection for involvement of central digits of the hands and feet with sparing of the thumb/great toe and small finger/toe. Although most features of CBS were limited to the distal extremities, some children had limb amputations proximal to the digits (17%) and proximal constriction bands (39%). The average number of involved extremities was 2.5 limbs per child, however 33% had involvement of only one limb. Children with involvement of a single limb were significantly less likely to have an associated diagnosis compared to children with multiple involved limbs (36% vs. 56%, p=0.047). The most common associated conditions were clubfoot (34%) and craniofacial anomalies (12%).

**Conclusions** Children with CBS can be categorized as having either mild or severe involvement based on the number of involved limbs and associated conditions. This characterization may provide implications for prognosis and treatment options. Future investigation of prenatal risk factors may further elucidate the etiology of this heterogeneous condition.

### #324 Biallelic Variants in GPX4 Are Associated with a Spectrum of Skeletal Anomalies, Hypotonia, and Neurodegeneration and May Increase Susceptibility to Ferropotosis

**First Author, Year of Presentation**

**First Author, Year of Presentation**

**First Author, Year of Presentation**

**Purpose of Study** Constriction band syndrome (CBS) is an uncommon congenital condition causing limb deformity, with varying clinical presentation. We sought to characterize the pattern of limb involvement in CBS by analyzing a large cohort of patients.

**Methods Used** We performed a retrospective review of all patients with CBS presenting to our tertiary medical center between January 1, 1998 and December 31, 2018. Patients were identified by ICD-9 and ICD-10 codes. Medical records were reviewed for demographic data and associated conditions. Clinical photographs and radiographs were reviewed to determine the pattern of limb involvement.

**Summary of Results** 138 children with CBS were identified. Upper and lower extremities were affected equally (80% and 79%, respectively). The most prevalent feature was distal limb amputation (89%) followed by constriction bands (79%) and acrosyndactyly (68%). Amputations were characterized by hypoplasia and deformed appearance of the amputated bone on radiographs. There was a strong predilection for involvement of central digits of the hands and feet with sparing of the thumb/great toe and small finger/toe. Although most features of CBS were limited to the distal extremities, some children had limb amputations proximal to the digits (17%) and proximal constriction bands (39%). The average number of involved extremities was 2.5 limbs per child, however 33% had involvement of only one limb. Children with involvement of a single limb were significantly less likely to have an associated diagnosis compared to children with multiple involved limbs (36% vs. 56%, p=0.047). The most common associated conditions were clubfoot (34%) and craniofacial anomalies (12%).

**Conclusions** Children with CBS can be categorized as having either mild or severe involvement based on the number of involved limbs and associated conditions. This characterization may provide implications for prognosis and treatment options. Future investigation of prenatal risk factors may further elucidate the etiology of this heterogeneous condition.

**Case Report** Biallelic loss of function variants in GPX4 are associated on an exceedingly rare pattern of malformation of Sedaghatian-type Spondylometaphyseal Skeletal Dysplasia (SSMD), brain malformations, hypotonia, and neonatal lethality. We report three long-term survivors in two unrelated families identified by whole exome sequencing to harbor a homozygous variant in GPX4 (c.455 G>A, p. R152H, based on NP_001354761.1, the mature short form of GPX4) and who extend the phenotype to include other skeletal anomalies and neurodegeneration.

Proband 1 (family 1) presented with IUGR, microcephaly (~4 SD), hypotonia, hypertrophic optic nerves, and bilateral auditory neuropathy. Skeletal survey demonstrated metaphyseal cupping and irregularity of all long bones. Spine series showed cervical platyspondyly. Serial brain MRIs revealed cerebellar atrophy and supratentorial white matter atrophy. Probands 2 and 3 (family 2) presented with infantile hypotonia and gross motor delays. Skeletal surveys revealed brachycephaly, proximal tibial metaphyseal flaring, and coxa valga. Now age 13 years, proband 2 has intractable epilepsy and has diffuse
supratentorial and infratentorial volume loss on serial brain MRIs. Proband 3 has bilateral auditory neuropathy.

GXPE4 codes for a phospholipid glutathione peroxidase enzyme that is critical for eliminating peroxidized phospholipids in membranes. It thus prevents ferroptosis, a type of regulated cell death driven by iron-dependent lipid peroxidation. Animal knockouts of Gpx4 are embryonic lethal; adult conditional Gpx4 knockout mice develop seizures, ataxia and neuronal loss (Yoo et al., 2012). Computational and cellular modeling from patient-derived fibroblasts revealed a 40% reduction in activity via destabilization of secondary protein structure which in turn disrupts the active catalytic site. This data suggests that the p.R152H variant is a hypomorphic allele that produces sufficient enzymatic function to likely allow for survival beyond infancy but may result in increased susceptibility to ferroptosis culminating in cell death, tissue damage, and neurodegeneration.

#325 EXPANDING THE PHENOTYPE OF PIK3C2A RELATED SYNDROME: REPORT OF TWO SIBLINGS WITH NOVEL FEATURES AND GENOTYPE

1C Galaneta Aina*, 2DR Blair, *A Slavotinek. 1Valley Children’s Hospital, Madera, CA; 2University of California San Francisco, San Francisco, CA

Case Report Tiosano et al. (2019) identified a novel syndrome characterized by short stature, coarse facial features, ocular and skeletal abnormalities in five individuals with homozygous loss-of-function mutations in PIK3C2A. This report describes a pair of siblings of Hispanic ethnicity with novel PIK3C2A truncating variants and a phenotype consistent with original report.

The siblings, a 5-year-old boy and 2-year-old girl, share a strikingly similar facial gestalt with coarse appearance, sparse eyebrows, prominent epicanthal folds, broad nasal bridge, prominent nasal tip and full lips. Both have sparse hair, two hair whorls, broad distal phalanges, 5th finger clinodactyly, persistence of fetal pads and flat feet. The boy is short (height Z score -2.5), while the sister has normal height (Z score -1.3). Both have developed gibbus deformity, more severe in the boy who has hypoplasia of L2 vertebral body. He has significant ocular abnormalities, including bilateral congenital cataracts, nystagmus, esotropia and high myopia, and mild to moderate, right-sided hearing impairment that has been presumed to be sensorineural loss. The sister had an uncomplicated perinatal course, whereas the boy had significant respiratory depression at birth and developed persistent pulmonary hypertension in the neonatal period. Both children have dental decay and global developmental delay. The sister had GBS sepsis at 4-weeks-old and was found to have proteinuria which persisted at 2 years of age with UP/Cre ratio range 3.4-6.5. Plasma albumin and renal ultrasound were normal. Exome sequencing analysis of both children and their mother revealed two novel PIK3C2A variants in the siblings, c.4381delC (p.Arg1461Glufs*31) and c.1555C>T (p.Arg519Ter).

Previously reported features present in these patients include short stature, congenital cataract, hearing loss, coarse facial features and scoliosis. In contrast to brother and prior patients, the sister had normal stature and she also exhibits persistent proteinuria which has not been reported. This report brings to 7 the number of patients reported with PIK3C2A-related syndrome, confirms core clinical features, establishes intra-familial variability and expands the phenotype to include proteinuria.

#326 ROHHAD MIMICKED BY A TUBB2B NOVEL VARIANT


10.1136/jim-2022-WRMC.325

Purpose of Study Although many individuals have been diagnosed with ROHHAD [rapid-onset obesity, hypothalamic, autonomic dysregulation, neuroendocrine tumor] since this condition was first defined in 2007, the genetic basis remains unknown. Here we describe individuals with ROHHAD-like presentation that underwent medical genetics evaluations. We review clinical characteristics of tubulopathies and query whether they have overlapping features with ROHHAD.

Methods Used Two individuals referred to the genetics clinic for ROHHAD had trio whole exome sequencing performed. One of the individuals was found to have a novel variant in TUBB2B. A literature search from PubMed on TUBB2B resulted in 66 articles. 16 were excluded based on a lack of clinical information. In total, 50 articles were reviewed for clinical features that have been described for TUBB2B. Prior studies on ROHHAD were reviewed.

Summary of Results Trio exome sequencing revealed a de novo missense variant in TUBB2B c.421G>A (p.Gly141Ser) at a highly conserved amino acid residue in the patient with early-onset obesity (BMI 48 by 1 year life) and additional features. A second unrelated patient had non-diagnostic exome. The individual with TUBB2B variant is a 2-year-old female with severe obesity, developmental delay, hypotonia, obstructive sleep apnea (OSA), hypertension, ocular motor apraxia, hypothryroidism, colitis, clostridium difficile infection, and anemia. The hypothalamic-pituitary axis was tested by ACTH level and stimulation testing and was not diagnostic. Variants in TUBB2B are typically associated with brain malformations and characterized by a wide spectrum of features. It is possible that early-onset obesity may be a rare presentation of TUBB2B tubulopathies since the sequencing of 74 obesity genes did not yield an additional diagnostic variant.

Conclusions A novel TUBB2B variant was identified in a patient with brain MRI findings and severe obesity. TUBB2B has been reported to be associated with developmental delay in 92% (45/49), motor impairment in 89% (32/36), microcephaly in 86% (44/51), impaired muscular tone in 87% (21/24), ocular features in 74% (17/23), seizures in 68% (34/50), behavior abnormalities 61% (8/13), and craniofacial dysmorphism in 71% (5/7) of the cases. OSA was reported in one case. An association of tubulopathies with rapid-onset obesity would be worth considering. There are numerous examples of genetic conditions with both neurodevelopmental and obesity phenotypes. Possible overlap in ROHHAD-like phenotypes and tubulopathies could involve the central nervous system, but in general, the TUBB2B condition can be discerned by genetic testing and imaging, distinguishable from classical ROHHAD, which would need tumor screening. Further studies may help elucidate the full spectrum of tubulopathies and their clinical presentations.
Purpose of Study Barth syndrome is an X-linked disorder that presents with dilated cardiomyopathy and/or left ventricular non-compaction, 3-methylglutaconic aciduria (3-MGA), neutropenia, and characteristic facial features in young males with hemizygous pathogenic variants in TAFazzin (OMIM: 300394). The finding of 3-MGA in patients with cardiomyopathy may be suggestive of Barth syndrome but is not specific to this disorder, and in some cases may misdirect the diagnostic work-up in patients with 3-MGA secondary to other etiologies. We present our institutional experience with the diagnosis and management of Barth syndrome, as well as the role of 3-MGA in the diagnostic evaluation of patients with cardiomyopathy.

Methods Used Retrospective chart review of probands with Barth syndrome evaluated at Lucile Packard Children's Hospital from January 1, 2003 to the present.

Summary of Results Seven males were diagnosed with Barth syndrome via molecular genetic testing. Cardiac findings at presentation (median age: 2 months, range: neonate to 15 years) included dilated cardiomyopathy with left ventricular non-compaction (n=5) and cardiac arrest (n=2). Urine organic acid analysis noted 3-MGA in 6 of 7 patients, though most elevations were mild. Molecular diagnosis of Barth syndrome occurred via gene panel (n=3), single gene or familial variant testing (n=2), or unspecified genetic testing (n=2), with a median time to molecular diagnosis of 4 months (range: 2 weeks to 9 years). In 4 patients, cardiac function improved over time; 2 patients required cardiac transplant; and 2 patients (including 1 transplanted patient) died from cardiac causes. Median follow-up was 9 years (range: 3 weeks to 24 years).

Conclusions Among the 7 individuals with Barth syndrome, the most common features included dilated cardiomyopathy, left ventricular non-compaction, and 3-MGA. Although 3-MGA is a classically described finding in patients with Barth syndrome, elevated 3-MGA levels are not always present. Furthermore, as 3-MGA can also be seen secondary to acute clinical states and/or mitochondrial dysfunction, reliance on 3-MGA in boys with cardiomyopathy may promote premature narrowing of the differential diagnosis and ultimately delay diagnosis of other conditions. Further investigation into the prevalence of 3-MGA in other metabolic and genetic disorders, especially those with cardiac involvement, is warranted.

EXPANDING THE PHENOTYPE OF SPARC-RELATED OSTEOGENESIS IMPERFECTA

Purpose of Study Osteogenesis imperfecta (OI) is a skeletal disorder typically associated with defects in collagen proteins, the majority due to autosomal dominant pathogenic variants in COL1A1 and COL1A2. However, OI is increasingly found to be genetically heterogeneous with other inheritance patterns observed. Recently, biallelic variants in SPARC, encoding for secreted protein, acidic, cysteine-rich (SPARC), have been reported in rare cases of autosomal recessive OI (type XVII). Literature review identified 6 cases. Here, we describe an individual who was found to have an earlier reported SPARC homozygous missense variant c.787G>A (p.Glu263Lys).

Methods Used Case report with chart and literature review.

Summary of Results The proband is a 6yo male born to consanguineous parents. Early on, he had global hypotonia with gross and fine motor delays and remains non-ambulatory. He had bilateral conductive hearing loss but normal speech development. MRI of the brain showed periventricular white matter volume loss. He did not have dentinogenesis imperfecta though did have multiple caries. At 6 months he sustained a femur fracture and subsequently developed >10 fractures requiring multiple surgeries. He developed severe thoracolumbar kyphoscoliosis with multilevel compression fractures. He also had thoracic cage deformity with bony fusion of several ribs, and generalized osteopenia. Molecular testing identified a homozygous variant in SPARC, and his brother with history of fracture after minor trauma was found to be heterozygous for the same variant.

Conclusions Our patient shares features common in the previously described cases such as early neuromuscular concerns, scoliosis, long bone and vertebral compression fractures, and delayed motor milestones, suggesting these are consistent across SPARC-related OI. Interestingly, our patient displayed white matter changes on MRI, also found in two other cases. However, our case experienced fractures at a younger age with a more severe course compared to most reports. He also had bony fusion of several ribs and hearing loss, which have not been reported in SPARC-related OI. His family history raises the possibility of mild manifestations for heterozygous carriers. Overall, our patient provides further insight into the variation of SPARC-related OI and expands on the phenotype of individuals with pathogenic variants in SPARC.

Abstracts

#327 BARTH SYNDROME: AT THE CONFLUENCE OF CARDIOLOGY, DYSMORPHOLOGY, AND BIOCHEMICAL GENETICS

S Tahata*, CG Tise, BJ Floyd, K Cusmano-Ozog. Stanford University, Stanford, CA

10.1136/jim-2022-WRMC.323

WORTH THE EFFORT: IMPROVING DISCOVERY AND CARE THROUGH A TEAM APPROACH TO AN UNUSUAL CASE OF GORLIN SYNDROME

1V Taliercio*, 1,2 Ji Zhao, 1S Boyd, 1L Bott, 1D Viskochil. 1University of Utah Health, Salt Lake City, UT; 2ARUP Laboratories, Salt Lake City, UT

10.1136/jim-2022-WRMC.325

CASE REPORT

Born with cleft lip and palate, MH later showed odontogenic keratocytes, calcification of the falx cerebri, non-union of the posterior elements of T3 vertebrae, palmar pits, and intermittent exotropia, thus meeting clinical criteria for Gorlin syndrome (GS). She had no basal cell carcinomas (BCC) or family history of BCC. She was also found to have bilateral hypoplasia of the semicircular canals with unilateral sensorineural hearing loss, as well as Kallman syndrome (hypogonadotropic hypogonadism (HH) with anosmia), none of which are an established component of GS. Despite the clinical diagnosis of GS, sequencing and deletion/duplication analysis of the TERT1 and SF1 genes and genomic SNP microarray were negative. Because of the complexity of the phenotype and the lack of molecular confirmation, she was enrolled in the Undiagnosed Disease Program and was evaluated by our team of clinicians, molecular geneticists, and data scientists.

#329
Whole genome sequencing (WGS) from the clinical laboratory identified a deep intronic PTCH1 variant (c.3+314G>T), present also in her healthy father and sibling, which was considered to be likely benign. However, when we reanalyzed the WGS data using two structural variant callers, RUFS and Smoove, we detected signals suggesting a 38.3 Mb de novo balanced inversion inv(9)(q22.3q34.2). One of the breakpoints was located in intron 2 of the PTCH1 gene. As a result, this inversion is predicted to result in either a truncated protein or mRNA subject to nonsense-mediated decay. This finding was confirmed by karyotyping, FISH analysis of metaphase chromosomes, and Sanger sequencing. Notably, the initial WGS also identified a maternally-inherited VUS in the CHD7 gene (c.8077G>C; p.Gly2693Arg), which is associated with CHARGE syndrome. The latter finding is likely to account for bilateral hypoplasia of the semicircular canals (not a known feature of GS), and possibly also for Kallman syndrome (reported in several cases of CHD7-associated conditions).

MH either has a blended phenotype due to the combined effect of de novo PTCH1 disruption and an inherited CHD7 variant or she represents an expanded phenotype of Gorlin syndrome. Pursuing and completing the diagnostic evaluation helped a) discover an unusual molecular etiology for GS; b) show the value of using novel tools to identify structural variants with WGS; c) provide more precise clinical management and counseling to the proband and her family.

This work was part UDN (U01HG007672)

### Neonatology general IV

**Concurrent session**

**10:15 AM**

**Friday, January 21, 2022**

#### Abstracts

**#331 LATE PRETERM ANTENATAL STEROID USE AND INFANT OUTCOMES IN A SINGLE CENTER**

MD Wahl*, C McEvoy, M Go. Oregon Health and Science University School of Medicine, Portland, OR

10.1136/jim-2022-WRMC.327

**Purpose of Study** Antenatal steroids (AS) have been shown to lower respiratory complications in late preterm infants (LPI) and is now part of the management of pregnancies at risk for delivery between 34 0/7- 36 6/7 weeks gestational age (GA). We aim to determine our center’s adherence to the published Antenatal Betamethasone for Women at Risk for Late Preterm Delivery (ALPS) trial (PMID26842679) and assess neonatal outcomes related to its use.

**Methods Used** We conducted a retrospective chart review of singleton mother-LPI dyads who delivered in our center from January 2019 to December 2020. We excluded those with major congenital anomalies. Data on AS use, maternal characteristics and neonatal outcomes were recorded and analyzed.

**Summary of Results** There were 175 mother-infant dyads included, 92 (53%) received AS and 83 (47%) did not receive AS (No AS) prior to delivery. Maternal characteristics between the two groups such as age, race, ethnicity, delivery mode, smoking status, gestational hypertension and preeclampsia were similar. The incidence of preterm premature rupture of membranes was 66% in the AS group compared to 52% in the No AS group (p=0.02). Diabetes was present in 20% of positive moms providing MM, 2) THC positive moms who provided no MM, 3) THC negative moms who provided MM, 4) THC negative moms who provided no MM. We performed multivariable analyses to assess the effect of THC and MM status on significant outcomes.

**Summary of Results** We identified 763 early preterm neonates, of whom 59% (n=448) were non-Hispanic Black and 31% (n=233) were non-Hispanic White. Seventeen percent (n=130) of mothers tested positive for THC. THC positive mothers were more likely to be late to prenatal care (PNC) while those who did not provide MM were more likely to receive no PNC (p<0.0001). There were no significant differences between the 4 cohorts in regards to growth restriction, oxygen requirement at 36 weeks, necrotizing enterocolitis, and ventilator requirement. However, we did find increased incidence of intraventricular hemorrhage (IVH) in infants who were THC exposed (p=0.0015), though the largest incidence overall and of grade III/IV IVH was in THC exposed infants without MM. We therefore performed logistic regression for predictors of IVH in early preterms and found that when controlling for variables such as birth weight, neither THC status (p=0.18) nor MM status (p=0.79) significantly predicted IVH in early preterms. The only significant predictors were antenatal steroids, delivery mode, and birth GA.

**Conclusions** Providing MM from THC positive women to early preterm neonates is controversial as longer term effects of this exposure are unknown. In our study, we found no evidence that providing MM from THC positive mothers was detrimental to the health of this early premature population through hospital discharge. A better understanding of longer term perinatal outcomes associated with THC exposure would inform appropriate interventions to improve clinical outcomes and safely encourage MM provision for early preterm infants.

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**#330 MATERNAL MARIJUANA USE DURING PREGNANCY AND BREASTFEEDING: ASSESSING IN-HOSPITAL OUTCOMES OF EARLY PRETERM INFANTS**

1MA Chang*, 2S Curtis, 3NL Davis. 1University of Southern California Keck School of Medicine, Los Angeles, CA; 2University of Maryland School of Medicine, Baltimore, MD

10.1136/jim-2022-WRMC.326

**Purpose of Study** Legalization and decriminalization of marijuana has been associated with increased use in women of child-bearing age. Since Tetrahydrocannabinol (THC) has been shown to pass into breastmilk, concern exists for effects of exposure prenatally and postnatally via mother’s milk (MM). Our neonatal intensive care unit (NICU) allows MM provision for infants regardless of THC status, though many will restrict MM use given concerns about effects on the neonate. Our objective was to evaluate differences in outcomes between neonates who did vs. did not have exposure to THC prenatally and postnatally via MM.

**Methods Used** We performed a retrospective medical record review of early preterm (<34 weeks gestational age, GA) neonates born 9/2014–12/2020 and admitted to our Level IV NICU. Our institution conducts universal urine toxicology and substance use screens on admitted mothers. We compared maternal and neonatal characteristics in four cohorts: 1) THC
the women in the AS group, 11% of which had pregestational diabetes (an exclusion criterion in the ALPS trial). We found 90% adherence to the ALPS protocol within our center. The AS group had a mean GA of 35.5 weeks at delivery and an average time from admission to delivery of 58.2 hours, compared to the No AS group (36.1 weeks, p<0.05 and 19.96 hours, p=0.01, respectively). Neonatal outcomes such as birth weight, need for respiratory support, hypoglycemia, NICU admission and hospital length of stay, were similar between the two groups when controlled for GA.

Conclusions We continue to see some variation in the administration of AS in the late preterm gestation. In our study, AS administration did not improve neonatal outcomes such as the need for respiratory support, NICU admission, and overall hospital length of stay, although we are underpowered for these clinical results. Our study reflects that there remains variation in the approach to women with diabetes delivering during the late preterm period. We recommend that more studies are needed to evaluate the impact of AS use in women with diabetes, as well as overall long-term impact of AS on late preterm infants.

### #333 THE INFLUENCE OF MATERNAL-CHILD INTERACTIONS DURING EARLY CHILD DEVELOPMENT AND THE IMPACT ON ANTERIOR CINGULATE CORTEX VOLUMES

S Markee*, J Phillips, D Novak, I Louie. University of New Mexico Hospital, Albuquerque, NM

10.1136/jim-2022-WRMC.328

**Purpose of Study**

Studies investigating differences in regional brain volumes in children during early childhood are limited. Many theories suggest the anterior cingulate cortex (ACC) is at the center of the brain’s self-regulatory system playing a key role in learning, emotion, impulsivity and decision making. The development and functional organization of the ACC is likely an essential step in the cerebral maturation that underlies cognitive, social and emotional development, which good parenting aims to foster. Our aim is to investigate the volume of the ACC identified with MRI and developmental outcomes in children at 18 months. We hypothesize that the volume of the ACC will be larger in children who received more positive directing behaviors from their mothers during play and that ACC volumes will be larger in children with higher cognitive and language scores as measured by the Bayley Scales of Infant Development (BSID-III).

**Methods Used**

Healthy term infants were recruited in Albuquerque, NM between 2010–2012 as part of a longitudinal study of parenting and child development. MRI scans were manually traced for volumes of the ACC(n=22). The BSID-III measured cognitive and language development. The *Maternal Attention Directing Manual* (S. Landry 2000) was used to code six minute free-play videos of maternal-child dyads, focusing on positive and negative maternal directing behaviors.

**Summary of Results**

Spearman correlation indicated a significant positive association between left-sided ACC volumes and maternal caretaker nonverbal commands (p=0.043). Increased frequency of redirect commands, a negative maternal directing behavior, was associated with smaller right ACC volumes (p=0.007); increased duration of redirect commands was negatively associated with both right-sided ACC volumes (p=0.004) and total ACC volumes (p=0.035). We also found a significant negative association between redirecting behavior and BSID-III language scores (p=0.018). Partial correlation controlling for maternal income maintained a significant negative association with redirecting commands, however nonverbal brief commands were no longer significant. No significance was seen between ACC volumes and positive maternal behaviors or BSID-III scores.

**Conclusions**

We demonstrate a significant negative correlation between the right and total ACC volumes in children whose mothers used more redirecting commands, a form of negative maternal directing behavior. A negative impact was also found between BSID-III language scores and maternal redirecting behavior. Overall, these results suggest that maternal redirecting may have a negative impact on ACC volumes and early child language development.

### Abstract #333 Table 1 Neurodevelopmental outcomes

<table>
<thead>
<tr>
<th>Immediate Cord Clamping n=34</th>
<th>Delayed Cord Clamping n=28</th>
<th>P-value</th>
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<tbody>
<tr>
<td>9–12 Months of age: Communication*</td>
<td>60 (55, 60)</td>
<td>58 (50, 60)</td>
</tr>
<tr>
<td>9–12 Months of age: Gross Motor*</td>
<td>55 (50, 60)</td>
<td>58 (48, 60)</td>
</tr>
<tr>
<td>9–12 Months of age: Fine Motor*</td>
<td>60 (50, 60)</td>
<td>55 (50, 60)</td>
</tr>
<tr>
<td>9–12 Months of age: Problem Solving*</td>
<td>55 (45, 60)</td>
<td>60 (50, 60)</td>
</tr>
<tr>
<td>9–12 Months of age: Social*</td>
<td>Immediate Cord Clamping n=16</td>
<td>Delayed Cord Clamping n=12</td>
</tr>
<tr>
<td>18–24 Months of age: Communication*</td>
<td>50 (35, 58)</td>
<td>48 (40, 50)</td>
</tr>
<tr>
<td>18–24 Months of age: Gross Motor*</td>
<td>60 (55, 60)</td>
<td>60 (55, 60)</td>
</tr>
<tr>
<td>18–24 Months of age: Fine Motor*</td>
<td>58 (50, 60)</td>
<td>53 (40, 60)</td>
</tr>
<tr>
<td>18–24 Months of age: Problem Solving*</td>
<td>53 (40, 60)</td>
<td>40 (38, 55)</td>
</tr>
<tr>
<td>18–24 Months of age: Social*</td>
<td>55 (48, 60)</td>
<td>48 (35, 55)</td>
</tr>
</tbody>
</table>

*Median (25th, 75th percentile)
Abstract #333 Table 2

Demographics and Hemoglobin levels at Birth Between Groups

<table>
<thead>
<tr>
<th>Birth weight (g)*</th>
<th>Immediate cord clamping n=83</th>
<th>Delayed cord clamping n=76</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3320 (2980, 3750)</td>
<td>3385 (3050, 3700)</td>
<td>0.99</td>
</tr>
<tr>
<td>Gestational age (wks)*</td>
<td>39 (38, 40)</td>
<td>38 (38, 40)</td>
<td>0.93</td>
</tr>
<tr>
<td>Cesarean section, n (%)</td>
<td>41 (49.4)</td>
<td>26 (34.7)</td>
<td>0.06</td>
</tr>
<tr>
<td>Hispanic Race n (%)</td>
<td>22 (26.51)</td>
<td>36 (48)</td>
<td>0.02</td>
</tr>
<tr>
<td>Maternal Pre-eclampsia, n (%)</td>
<td>12 (14.5)</td>
<td>4 (5.3)</td>
<td>0.07</td>
</tr>
<tr>
<td>Hemoglobin at 24 hours of life (g/dL)*</td>
<td>16.3 (14.7, 16)</td>
<td>17.7 (16.1, 19.1)</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

*Median (25th percentile, 75th percentile)

Methods Used
Retrospective study of term infants born at LAC+USC Medical Center and admitted to the neonatal intensive care unit between 2016–2019. Demographics, clinical data, duration of cord clamping and neurodevelopmental outcomes were collected from electronic medical records and paper records. Infants with ABO incompatibility were excluded. Ages and stages questionnaire was used to assess communication, gross and fine motor, problem solving and social skills at 9–12 months and 18–24 months of age. Data was analyzed with Wilcoxon Rank Sum and Chi Square tests.

Summary of Results
There were 174 infants included in the study, however only 62/174 (36%) and 28/174 (16%) were assessed for neurodevelopmental outcomes at 9–12 months and 18–24 months of age respectively. Demographics were not different between the two groups except for Hispanic race. Hemoglobin level was significantly higher at birth in infants with DCC. (Table 1). Median neurodevelopmental scores in any domains of ASQ at 9–12 and 18–24 months (table 2) and median hemoglobin levels at 9–12 months of age were not significantly different between ICC and DCC [12.45 (11.7, 12.8) vs. 12.2 (11.6, 13.1) p=0.84]. No infant was treated with iron.

Conclusions
Our preliminary data showed that delayed cord clamping in term infants resulted in a higher hemoglobin at birth. However, at 9–12 months of age, there was no difference in the hemoglobin levels between groups. Neurodevelopmental scores at 9–12 months and at 18–24 months were similar. No infant was diagnosed to have iron deficiency anemia. These results need to be verified in a larger sample size.

#334 IMPACT OF MATERNAL CHRONIC ILLNESS AND PLACENTAL ABNORMALITIES ON NEONATAL OUTCOMES IN VERY LOW BIRTH WEIGHT INFANTS

K Ramm*, A Hisay, NS Nanduri, Y Shao, C Marquez, L Barton, R Ramanathan, M Biniwale.
LAC+USC Medical Center, Los Angeles, CA

10.1136/jim-2022-WRMC.330

Purpose of Study
Placental abnormalities and maternal chronic illnesses are often associated with adverse neonatal outcomes including small for gestational age (SGA) and stillbirth; however, there is limited information regarding its impact on morbidities in very low birth infants. This study aims to identify the impact of maternal factors, specifically chronic illness and placental abnormalities, on short term neonatal outcomes in VLBW infants.

Methods Used
The data on VLBW infants from LAC+USC medical center between the years of 2009 to 2021 was retrospectively collected from electronic medical records after receiving IRB approval. Maternal factors included placental abnormalities, such as placenta previa, abruption, and placenta accreta and maternal chronic illnesses, such as sickle cell disease, hypertension, diabetes mellitus, hepatitis, cardiomyopathy, asthma, lupus erythematosus, obesity, and cancer. Neonatal outcomes associated with required resuscitation and ventilation were tested for significance using SPSS software version 28.

Summary of Results
Of 383 VLBW infants, 48% were born to mothers with a chronic illness and 6.6% of these infants were born to mothers with placental abnormalities. Infants born to mothers with chronic illness were likely to be delivered by c-section (88% vs 73% p=0.001) and were found to be SGA (34% vs 23% p=0.09). Only significant neonatal morbidity associated with the VLBW infants born to mothers with chronic illness was patent ductus arteriosus (PDA) (75% vs 65% p=0.02). Maternal illness did not increase the risk for any other NICU morbidities. Infants delivered due to placental factors were more likely to need resuscitation at the time of delivery (67% vs 36% p=0.02), invasive ventilation including high frequency ventilation and surfactant therapy. There was no statistically significant impact on long-term morbidities including bronchopulmonary dysplasia or abnormal MRI related to maternal illness or placental abnormality.

Conclusions
Placental abnormalities were shown to significantly affect a VLBW infant’s need for resuscitation and ventilation after birth; however, maternal chronic illnesses cause growth restriction in VLBW infants and predisposes them to have PDA. These conditions do not seem to affect long term neonatal outcomes.

Nephrology and hypertension
Concurrent session
10:15 AM
Friday, January 21, 2022

#335 ANALYSIS OF HUMORAL AND CELLULAR IMMUNE RESPONSES TO SARS-COV-2 VACCINATION (BNT162B2) IN IMMUNOCOMPROMISED RENAL ALLOGRAFT RECIPIENTS

SC Jordan*, B Shin, T Gadden, A Vo, N Ammerman, R Zhang. Cedars-Sinai Medical Center, Los Angeles, CA and Cedars-Sinai Medical Center, Los Angeles, CA

10.1136/jim-2022-WRMC.331

Purpose of Study
The SARS-CoV-2 pandemic has resulted in more than 4 million deaths worldwide. Treatments have had limited efficacy, thus the last best hope is development of
Effective vaccines. Currently available vaccines, including Pfizer (BNT162b2), demonstrated >90% efficacy against ancestral SARS-CoV-2 infection. However, this did not include an assessment of efficacy in immunocompromised individuals and was dependent on Spike RBD-IgG detection only. Recent data also demonstrate that immunocompromised transplant recipients have increased mortality after SARS-CoV-2 infection which makes efforts for the development of effective vaccine strategies more present.

**Methods Used** Here, we report on an assessment of Spike-specific IgG and CD4+/CD8+ T-cell responses to BNT162b2 in immunocompromised kidney transplant patients compared to normal controls. We also analyzed the impact of immunosuppressive regimens on immune responses to BNT162b2 assessing patients on Tacrolimus + mycophenolate + prednisone (Tac+) v. patients maintained on beclatecept + mycophenolate + prednisone (Bela+). Sixty-one kidney transplant recipients >1M post 2nd dose of the BNT162b2 mRNA vaccine had determinations of Spike-Receptor Binding Domain (RBD)-specific IgG levels and analysis of Spike-specific CD4+/CD8+ T-cell immune responses. Responses were compared to 41 age-matched healthy individuals (non-immunocompromised) controls. Fresh whole blood was collected in sodium heparinized tubes for T-cell stimulation assay. Plasma obtained was stored at -80°C for SARS-CoV-2 Spike RBD IgG analysis.

**Summary of Results** Spike-RBD IgG responses were detected in 88% of normal individuals, but only 21% of Tx patients responded at 2M post-vaccination. No healthy controls showed CD4+ T-cell reactivity to Spike proteins prior to vaccination. However, there was a significant response at 1-month post-vaccination. CD4+ T-cell responses post 2nd dose of BNT162b2 were reduced in Tx patients (93% (38 of 41) positive in healthy controls vs 31% (16 of 52) n Tx recipients, p<0.0001). After 2–3 months post 2nd BNT162b2, ~62% of transplant recipients showed positive CD4+ T-cell responses. CD8+ Spike-specific T-cells were detected in 56% healthy controls and 37% Tx recipients 1 month post-2nd dose of the BNT162b2 vaccination (P=NS). No differences were seen by immunosuppression type (Bela+ v. Tac +).

**Conclusions** In summary, we found a profound deficiency in SARS-CoV-2 Spike-RBD IgG responses after BNT162b2 vaccination (21% Tx v. 93% Normals) This is consistent with other reports. However, SARS-CoV-2 Spike-specific CD4+/CD8+ T-cell responses were seen in 47% of Tx patients. Analysis of T-cell responses to SARS-CoV-2 vaccination augments our ability to more properly define the scope and durability of immunity as T-cell immunity likely provides protection from a devastating disease.

**#336 LEFT VENTRICULAR HYPERTROPHY, ACTIVATION OF MAMMALIAN TARGET OF RAPAMYCIN (mTOR) AND SUPPRESSED AUTOPHAGY IN THE HEART BEFORE HYPERTENSION IN MICE WITH POLYCYSTIC KIDNEY DISEASE (PKD)**

OA Otto*, D Pohlner, D Atwood, C Edelstein. University of Colorado Health, Aurora, CO

10.1136/jim-2022-WRMC.332

**Purpose of Study** To determine cardiac structure and function, blood pressure (BP) and mTOR signaling in the heart in Pkd1RC/RC (RC) mice.

**Methods Used** RC mice represent a hypomorphic Pkd1 gene knock in matching a human disease variant, Pkd1 p. R3277C. 120 day old RC mice were studied that have a kidney cyst density (% of kidney ± SEM) of 13.8 ± 2.8. Serial blood pressure measurements were taken in conscious animals using a noninvasive tail-cuff system. mTOR and autophagy proteins were determined in the heart by immunoblot analysis.

**Summary of Results** See table 1. Heart weight corrected for body weight (HW/BW) was increased in RC mice. There was cardiac hypertrophy in RC mice as evidenced by increase in both intra-ventricular septum (IVS) and left ventricular wall (LVW) thickness. On echocardiogram there was increased LV mass, decreased ratio of peak velocity of early to late filling of mitral inflow (E/A ratio) indicating grade 1 diastolic dysfunction and decreased LV diastolic volume in RC mice.

**Blood pressure** was not increased in RC mice. Increased mTOR signaling resulting in suppressed autophagy are processes that are known to influence cardiac hypertrophy Polycystin (PC-1), the gene product of the Pkd1 gene, is known to modulate the mTOR pathway. We hypothesized that PKD mice that also have the gene defect in the heart should have up-regulation of mTORC1/2 in the heart. Thus, as it was unlikely that increased BP was contributing to the cardiac phenotype, we next looked at mTOR signaling and autophagy. In 70 day old mice, a time point before cardiac hypertrophy, there was an increase in mTORC1 (pAktThr308) and mTORC2 (pAktSer473) in the heart in RC mice. In addition, at 70 days old, there was suppressed autophagic flux in the heart in RC mice as evidenced by decreased LC3-II (a marker of autophagosomes) and no increase in LC3-II with bafilomycin.

**Abstract #336 Table 1** Mean values

<table>
<thead>
<tr>
<th></th>
<th>WT</th>
<th>RC</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HW/BW (g/kg)</td>
<td>0.47</td>
<td>0.53</td>
<td>≤.0001</td>
</tr>
<tr>
<td>IVS (µm)</td>
<td>1045</td>
<td>1286</td>
<td>≤.05</td>
</tr>
<tr>
<td>LVW (µm)</td>
<td>956</td>
<td>1218</td>
<td>≤.01</td>
</tr>
<tr>
<td>LV mass (mg/kg)</td>
<td>1.2</td>
<td>1.5</td>
<td>≤.05</td>
</tr>
<tr>
<td>E/A ratio</td>
<td>1.5</td>
<td>1.2</td>
<td>≤.05</td>
</tr>
<tr>
<td>LV Diast Vol (μL)</td>
<td>71</td>
<td>57</td>
<td>≤.05</td>
</tr>
<tr>
<td>Systolic/DiastolicMean BP (mm Hg)</td>
<td>116/88</td>
<td>109/84</td>
<td>NS</td>
</tr>
<tr>
<td>Hg (g/dL)</td>
<td>97</td>
<td>92</td>
<td></td>
</tr>
</tbody>
</table>

**Conclusions** There is increased heart weight, cardiac hypertrophy, increased LV mass, grade 1 diastolic dysfunction, activation of mTORC1/2 and suppressed autophagy in the heart in RC mice before the onset of hypertension.

In conclusion, factors other than hypertension like increased mTORC1/2 signaling or suppressed autophagy may play a role in causing cardiac hypertrophy in PKD mice.

**#337 ANTINEUTROPHIL CYTOPLASMIC AUTOANTIBODY NEGATIVE PAUCI-IMMUNE GLOMERULONEPHRITIS IN A YOUNG FEMALE WITH SYSTEMIC LUPUS**


Kern Medical Center, Bakersfield, CA

10.1136/jim-2022-WRMC.333
Purpose of Study Lupus associated glomerulonephritis (GN) typically presents as deposits of preformed immunoglobulins and complement within the glomeruli of the kidney. While, crescentic pauci-immune glomerulonephritis (CrGN) is commonly an anti-neutrophil cytoplasmic autoantibodies (ANCA) associated vasculitis causing rapidly progressive and necrotizing CrGN in the absence of immune complexes. We present the case of a systemic lupus erythematosus (SLE) patient with proteinuria and ANCA negative serology which was found to have pauci-immune GN on renal biopsy.

Methods Used A 23 year old woman with Systemic Lupus Erythematosus presented with generalized body aches, fatigue, and shortness of breath for 3 days. Physical examination revealed tachycardia, tachypnea, and bilateral costovertebral angle tenderness. Further testing revealed elevated Partial Thromboplastin Time and D-dimer. Labs also revealed acute kidney injury with nephrotic range proteinuria. Urine microscopy revealed granular casts of acute tubular necrosis and dysmorphic red blood cell cast leading to a possible diagnosis of proliferative glomerulonephritis or membranous nephropathy. A renal biopsy was performed revealing active and chronic pauci-immune crescentic glomerulonephritis characterized by 20% acute, 5% subacute fibrocellular and 20% remote fibrous crescents. There was 33% global glomerulosclerosis and mild-to-moderate tubulointerstitial scarring.

Summary of Results Pauci immune is a form of GN lacking immune reaction products except for minimal accumulation of fibrin and presents as a renal limited vasculitis. Distinguished by absence of circulating base membrane antibodies and negative finding on renal immunofluorescence. The likelihood of a patient to have SLE in conjunction with ANCA associated pauci-immune GN is 2%.

Conclusions ANCA negative pauci-immune CrGN is an uncommon presentation of kidney damage in the setting of SLE. Despite source, progression of disease ends with end stage renal failure in ANCA positive/ANCA negative CrGN and LN. We believe ANCA negative CrGN warrants further investigation as it may be considered a separate entity from ANCA positive CrGN, but with no change in current management aside from extrarenal systemic considerations for ANCA positive pauci-immune GN.
Conclusions CNI weaning at a large, single center appears to be safe and efficacious for select patients but sustaining RSP continues to be a challenge. Further development of other RSPs is warranted.

Abstract #339 Table 1

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>RSP initiation (n=18)</th>
<th>RSP initiation 2–5 years after HTx (n=16)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNI wean successful</td>
<td>88.9%</td>
<td>93.8%</td>
<td>1.000</td>
</tr>
<tr>
<td>RSP discontinued early</td>
<td>50.0%</td>
<td>31.3%</td>
<td>0.315</td>
</tr>
<tr>
<td>RSP discontinued due to ACR</td>
<td>16.7%</td>
<td>0.0%</td>
<td>0.230</td>
</tr>
<tr>
<td>RSP discontinued due to BNR</td>
<td>0.0%</td>
<td>6.3%</td>
<td>0.471</td>
</tr>
<tr>
<td>RSP discontinued due to death</td>
<td>16.7%</td>
<td>12.5%</td>
<td>1.000</td>
</tr>
<tr>
<td>RSP discontinued due to medication intolerance</td>
<td>11.1%</td>
<td>0.0%</td>
<td>0.487</td>
</tr>
<tr>
<td>RSP discontinued due to proteinuria</td>
<td>5.6%</td>
<td>12.5%</td>
<td>0.591</td>
</tr>
<tr>
<td>Antihypertensive medications at baseline</td>
<td>1.1 ± 1.2</td>
<td>1.1 ± 1.0</td>
<td>0.899</td>
</tr>
<tr>
<td>Antihypertensive medications 1 year after RSP initiation</td>
<td>1.3 ± 1.2</td>
<td>0.8 ± 0.8</td>
<td>0.174</td>
</tr>
<tr>
<td>Hemoglobin A1c at baseline</td>
<td>5.9 ± 0.6</td>
<td>6.6 ± 1.1</td>
<td>0.146</td>
</tr>
<tr>
<td>Hemoglobin A1c 1 year after RSP initiation</td>
<td>5.8 ± 0.7</td>
<td>5.8 ± 0.5</td>
<td>0.962</td>
</tr>
<tr>
<td>GFR at baseline</td>
<td>36.9 ± 1.1</td>
<td>36.8 ± 15.6</td>
<td>0.982</td>
</tr>
<tr>
<td>GFR 1 year after RSP initiation</td>
<td>63.7 ± 1.0</td>
<td>51.3 ± 20.4</td>
<td>0.293</td>
</tr>
</tbody>
</table>

Case Report We report on an adolescent male with end-stage renal disease, septo-optic dysplasia (SOD), degenerative high myopia, and developmental delays (DD) with 2q13 homozygous deletion and 17q12 duplication. Nephronophthisis (NPH) is a genetically heterogeneous cystic renal disorder progressing to end-stage renal disease. Mutations in NPHP1 at 2q13 cause Joubert syndrome (JS) and NPH. JS is characterized by abnormal brain MRI (molar tooth sign), hypotonia, DD, and other multi-systemic features in <30% of cases. The 17q12 microduplication syndrome is characterized by variable features including intellectual disability, hypotonia, seizures, autism, microcephaly, structural brain anomalies (focal cortical dysplasia, periventricular leukomalacia), and eye anomalies such as strabismus, astigmatism, amblyopia, cataract, coloboma, and microphthalmia.

Case Presentation An 11-year-old boy was referred to genetics for molecularly confirmed NPH. He also had DD, learning disabilities, congenital nyctagmus, SOD, amblyopia, degenerative high myopia, and hypothyroidism. A brain MRI in infancy showed heterotopia, lissencephaly, and hypoplastic septum pellucidum. Family history was non-contributory. He was diagnosed with stage 3 chronic kidney disease at age 11 when he presented with polydipsia. Renal biopsy confirmed NPH. A nephronophthisis genetic testing panel revealed homozygous NPHP1 deletion. Given his clinical features were unusual for NPHP1 disorder alone, a chromosomal microarray (CMA) was performed. This identified a homozygous 110 kb deletion at 2q13 involving the NPHP1, MALL, and SMIM37 genes and an additional pathogenic 1.45 Mb duplication at 17q12.

Parental genetic testing was declined. Discussion We describe the first reported case, to the best of our knowledge, of a patient with a dual diagnosis of NPH due to homozygous NPHP1 deletion and the 17q12 microduplication syndrome with unique ocular and neurologic findings. Although JS was considered as a potential diagnosis, SOD, degenerative high myopia, and absence of typical findings such as molar tooth sign made JS unlikely, prompting additional genetic evaluation. Homozygous deletions in NPHP1 account for approximately 21% of all NPH cases and are not typically associated with brain and eye involvement. The 17q12 duplication syndrome is the likely cause of his DD and learning disabilities. However, his specific MRI and eye findings have not been reported in 17q12 duplication. Neither NPHP1 deletion nor 17q12 duplication are known to be associated with SOD. This individual is an example of multiple genetic variations leading to a unique and complex phenotype. Future investigations and similar cases are needed to better understand the genotype/phenotype correlations and interactions.
Purpose of Study The mainstay treatment for atrial fibrillation (Afib) thromboprophylaxis is anticoagulants. However, their indication in patients with concomitant end stage renal disease (ESRD) remains complex due to increased risks of bleeding and drug-drug interactions. While the American heart association (AHA) guidelines only recommends warfarin in this context, the European Heart Rhythm Association’s (EHRA) guideline holds no recommendations currently but promotes an personalized approach factoring in patient preferences and clinical situations. This review aims to bridge this contrast and limitation by investigating novel therapeutic options that may allow for safe anticoagulation in patients with Afib and ESRD.

Methods Used We performed a comprehensive literature search for novel anticoagulants studied in the context of Afib and CKD. The databases Pubmed, ScienceDirect and Googler scholars were utilized with articles limited to a publication date of 2010 onward. Further exclusion criteria included all drugs before 2018 that are FDA approved for use in ESRD and already reviewed in the current US and European national guidelines.

Summary of Results The four anticoagulants we found matching our inclusion criteria includes Betrixaban, Fondaparinux, Tecafarin and Ichorcumab. Tecafarin has most of the benefits associated with warfarin but with less drug-drug interaction and a decrease kidney dependent metabolism. Fondaparinux and betrixaban have both demonstrated advantages in the context of lower dosage control and a lack of need for laboratory monitoring. Studies have also demonstrated a reduction in duration of hospital stay with Fondaparinux. Ichorcumab has also demonstrated the potential as a safer alternative for those at higher risks of bleeding.

Conclusions Our review suggests there are multiple novel anticoagulants that may diversify the current EHRA and AHA recommendations for patients with concomitant Afib and ESRD. Although these therapies have demonstrated non-inferiority to warfarin, higher level trials are needed to further establish their therapeutic index and efficacy in the context of Afib and ESRD.
Purpose of Study The purpose of this study was to elucidate the metabolic pathways affected by ethyl pyruvate (EP) given 24 hours after experimental traumatic brain injury (TBI).

Methods Used
18 male rats were randomized into vehicle-treated controlled cortical impact (CCI; N=9) or ethyl pyruvate-treated CCI (N=9) groups. Moderate to severe CCI injury was induced in the left parietal cortex following a 2.0 mm cortical deformation via pneumatic piston. The vehicle group (CCI Veh) was injected with 0.1M phosphate-buffered saline (PBS) and the EP treatment group (CCI EP) was injected with EP (40mg/kg, i.p.) at 0, 1, 3 and 6 hours post-injury. At 24 hours post-injury, rats were euthanized by decapitation under deep isoflurane anesthesia and tissue samples were collected from the left cortex and frozen/powdered in liquid nitrogen. Samples were shipped to Metabolon, Inc. (Durham, NC) and prepared for analyses of global metabolic profiles using Ultrahtigh Performance Liquid Chromatography-Tandem Mass Spectrometry (UPLC-MS/MS) or Gas Chromatography-Mass Spectrometry (GC-MS). MetaboAnalyst 5.0, GraphPad Prism (Version 9.2), and Sketch (Version 75) were used for statistical analyses and figure composition.

Summary of Results
Sample analysis produced 380 detected metabolites. Cystine, ascorbate (vitamin C), nicotinamide ribonucleotide (NMN), adenosine 5’-monophosphate (AMP), and adenosine from the ipsilateral cortex were all significantly altered following EP treatment 24 hours post-injury (greater than 2-fold change compared to vehicle-treated animals). The top 15 metabolites with the greatest importance from random forest analysis, along with a heatmap, are depicted in figure 1. The top 15 altered pathways associated with EP treatment are depicted in table 1, with pyruvate metabolism and TCA cycle metabolism demonstrating the lowest Holm corrected p-value. Other significant metabolic pathways include purine, cysteine and methionine, and glutathione metabolism.

Conclusions
This dosing regime of EP alters metabolic pathways associated with anti-oxidation, anti-inflammation, and metabolism that may contribute to its neuroprotective effects.

Abstract #343 Table 1
Significantly altered pathways after EP treatment 24 hours after TBI. Pathways with >1 metabolite hit and >0 impact score. Table sorted by Holm p value. A metabolite hit is defined as a significantly altered metabolite in the pathway of interest. The pathway impact is calculated as the sum of the importance measures of the matched metabolites normalized by the sum of the importance measures of all metabolites. Acetyl-CoA is seen as a key metabolite present in multiple pathways.

<table>
<thead>
<tr>
<th>Enriched Pathways</th>
<th>Holm  p</th>
<th>Impact</th>
<th>Metabolite Hits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pyruvate metabolism</td>
<td>0.0056112</td>
<td>0.15397</td>
<td>Acetyl-CoA; Phosphoenolpyruvate</td>
</tr>
<tr>
<td>Citrate cycle (TCA cycle)</td>
<td>0.0056112</td>
<td>0.03668</td>
<td>Acetyl-CoA; Phosphoenolpyruvate</td>
</tr>
<tr>
<td>Fatty acid elongation</td>
<td>0.01706</td>
<td>0.03668</td>
<td>Acetyl-CoA</td>
</tr>
<tr>
<td>Fatty acid degradation</td>
<td>0.01706</td>
<td>0.18092</td>
<td>Acetyl-CoA</td>
</tr>
<tr>
<td>beta-Alanine metabolism</td>
<td>0.01706</td>
<td>0.05597</td>
<td>Acetyl-CoA</td>
</tr>
<tr>
<td>Valine, leucine and isoleucine degradation</td>
<td>0.01706</td>
<td>0.02836</td>
<td>Acetyl-CoA</td>
</tr>
<tr>
<td>Propanoate metabolism</td>
<td>0.01706</td>
<td>0.01269</td>
<td>Acetyl-CoA</td>
</tr>
<tr>
<td>Fatty acid biosynthesis</td>
<td>0.01706</td>
<td>0.00213</td>
<td>Acetyl-CoA</td>
</tr>
<tr>
<td>Glycolysis/Gluconeogenesis</td>
<td>0.01706</td>
<td>0.24574</td>
<td>Acetyl-CoA; 2-Phospho-D-glycerate; Phosphoenolpyruvate</td>
</tr>
<tr>
<td>Purine metabolism</td>
<td>0.017575</td>
<td>0.05989</td>
<td>Adenosine 5’-monophosphate; Adenosine</td>
</tr>
<tr>
<td>Glyoxylate and dicarboxylate metabolism</td>
<td>0.017575</td>
<td>0.00794</td>
<td>Acetyl-CoA; 2-Phospho-D-glycerate</td>
</tr>
<tr>
<td>Cysteine and methionine metabolism</td>
<td>0.017586</td>
<td>0.09592</td>
<td>L-Cysteine; L-Cysteine</td>
</tr>
<tr>
<td>Glycine, serine and threonine metabolism</td>
<td>0.026461</td>
<td>0.00241</td>
<td>2-Phospho-D-glycerate; L-Cysteine</td>
</tr>
<tr>
<td>Glutathione metabolism</td>
<td>0.051481</td>
<td>0.25939</td>
<td>2-Phospho-D-glycerate; L-Cysteine</td>
</tr>
<tr>
<td>Nicotinate and nicotinamide metabolism</td>
<td>0.054644</td>
<td>0.03158</td>
<td>Nicotinamide D-ribonucleotide</td>
</tr>
</tbody>
</table>
methylprednisolone (MPSS) has neuroprotective effects, possibly through its anti-inflammatory properties. Here we analyze the effects of acute MPSS administration on tissue sparing after a cervical tSCI in a rodent model.

**Methods Used** We used 16 adult female rats randomized into three different groups: laminectomy only (n=3), SCI only (n=8), SCI+MPSS treatment (n=5). They underwent a longitudinal incision over C3-C7, then a laminectomy to expose the spinal cord at the C5 level. The rats that were in the SCI only group and the SCI+MPSS group, underwent a midline incision using an Infinite Horizon impactor at 200 kdyn. Rats that were in SCI+MPSS treatment group received one immediate post injury (60 mg/kg body weight) dose and three additional intravenous boluses (30 mg/kg body weight) of MPSS every two hours after injury. After the SCI, all animals had behavioral testing using functional locomotor (FL) scoring done 7, 10 and 14 (days post injury) dpi. Tissue sparing analysis was performed by measuring the lesion area of cross-sectional slices after immunohistochemistry (IHC) staining, which visualized anti-GFAP and anti-CD68.

**Summary of Results** All the injured animals showed forelimb motor function improvement over time after injury. However, there was no statistically significant difference in between any of the injured groups. Tissue sparing analysis showed that animals in the SCI+MPSS group had a significantly higher mean tissue sparing percentage of 86% (± 14.2). Animals in the SCI only group had a mean tissue sparing percentage of 76% (± 18.5) at the lesion area (p < 0.0001). Lesion area analysis also showed a significantly larger area of damage detected in SCI only animals with a mean difference of [0.82 mm²] compared to animals in SCI+MPSS group (p < 0.0001).

**Conclusions** These results show promising neuroprotective properties of MPSS becoming effective by promoting acute tissue sparing when given immediately after SCI, which implies increased neuronal function. Although there was no statistically significant difference in behavioral analysis between treatment groups, this is most likely due to the comparably short survival time and a similar extent of injury in all groups. More research is needed to identify new strategies to minimize the systemic side effects of MPSS and optimize the local effective dose.

**#345 ATYPICAL PARSONAGE-TURNER SYNDROME INVOLVING CRANIAL NERVES 8, 9, 10, 11 AND THE PHRENIC NERVE**

C Munhall*, K Helland. 1The University of Arizona College of Medicine Phoenix, Phoenix, AZ; 2HonorHealth, Scottsdale, AZ

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**Case Report** Parsonage-Turner syndrome, also commonly referred to as Neuralgic Amyotrophy (NA), is a condition leading to symptoms centered around the brachial plexus. It often arises as abrupt unilateral shoulder pain, followed by paresthesias and progressive weakness. Despite unclear etiology, NA has been associated with postinfectious, postsurgical, post-vaccination, and posttraumatic states. Patients are usually treated with pain management and physical therapy and usually exhibit good long-term recovery.

Although classically involving the brachial plexus, cases have been documented involving a variety of other nerves. A 2016 review in the journal of Neurology and Neurophysiology found only 22 cases with cranial nerve involvement reported in the English literature to that date. CN 10 was most commonly involved and presented most often as a laryngeal nerve palsy. The authors noted phrenic involvement in 6 out of 22 cases, three of which were asymptomatic and found via chest x-ray. This case report highlights a unique presentation of NA which exhibited involvement of cranial nerves (CN) 8, 9, 10, and 11 as well as phrenic nerve involvement.

**Case** A 70 year old man with a history of moderate bilateral sensorineural hearing loss (SNHL) vaccination. Flexible laryngoscopic exam demonstrated a sluggish true left vocal fold with impaired adduction. Imaging of the chest and neck showed no lesion impinging on CN 10, but demonstrated diaphragmatic paralysis confirmed with fluoroscopy.

The patient followed up several months later reporting new dysphonia and microaspiration. The patient was noted to have velopharyngeal insufficiency with reflux of liquids into the nasopharynx, left soft palate paresis, and right uvular deviation suggesting impairment of left CN 9 in addition to CN 10. Audologic evaluation revealed worsening of left SNHL from moderate to severe to now profound, representing involvement of CN 8. A neurologist additionally noted weakness of the left trapezius muscle consistent with a CN 11 deficit.

After 2 years of ongoing dysphonia and microaspiration despite speech therapy, the patient received a left true vocal fold injection which improved his dysphonia and aspiration risk. The patient noted ongoing dysphagia, and subsequent transesophageal manometry demonstrated absent esophageal peristalsis consistent with left CN 10 dysfunction. The involvement of left CN 8, 9, 10, 11, and phrenic nerve in addition to brachial plexopathy was a uniquely atypical presentation of NA. The atypical involvement of multiple cranial nerves in a variety of neurologic syndromes, including NA, Bell’s palsy, Guillain-Barre, and many others should be a clinical consideration for physicians when evaluating patients with multiple cranial nerve palsies.

**#346 SCREEN TIME AND CHANGES TO OCULO-PHYSIOLOGICAL MEASUREMENTS**

K Inouye*, P Davey. Western University of Health Sciences, Pomona, CA

10.1136/jim-2022-WRMC.342

**Purpose of Study** Due to the COVID-19 pandemic, the average amount of time spent in front of a screen has spiked considerably. Prior studies suggested that reading standardized text/font from an iPad causes measurable physiological and visual changes compared to paper. This is particularly evident if digital devices used at nighttime are leading to sleep disturbances. What is not known is if the use of digital devices during the day leads to measurable physiological changes compared to reading print media.

**Methods Used** We recruited 30 volunteers to evaluate whether these changes could be observed in 30 minutes using a cognitively demanding reading task. These volunteers were asked to do a total of 3 readings: iPad in well-lit room, paper in well-lit room, and iPad in dark room. Physiological and visual measurements were taken before and after readings, and patients were asked to fill out a dry eye questionnaire before and after each visit.
Abstracts

Time of Onset and Diagnosis of Voice Disorders in Patients with Chronic Cough

1JF Kim*, 2,3T Muny, 2P Krishna, 2R Saab, 2B Crawford, 1Loma Linda University School of Medicine, Loma Linda, CA; 2Loma Linda University Adventist Health Sciences Center, Loma Linda, CA; 3Drexel University College of Medicine, Philadelphia, PA

Purpose of Study Chronic cough (CC), defined as cough lasting at least eight weeks, is a complaint of up to 46% of patients referred to specialist clinics. Previously, studies have reported a relationship between CC and voice disorders. However, studies have not reported on the specific diagnosis of the voice disorder or on the time relationship between the patients' first voice complaint and the voice diagnosis made by an otolaryngologist. The data in this study examine complaints of voice changes (hoarseness) and the length of time before a diagnosis of the voice disorder.

Methods Used The first complaint of hoarseness or voice changes in 105 patients with a diagnosis of CC was identified from medical records between January 2015 and February 2020. The diagnoses of the voice disorders were determined following referral to an otolaryngologist. Inferential statistics were used to determine differences in gender, age, types of voice disorders, and the time between voice complaint and the voice diagnosis. Common comorbidities were also documented.

Summary of Results Of the 105 patients, 18 males and 87 females, data were available for 88 patients to determine that the average time between complaint of hoarseness and diagnosis of a specific voice disorder was 32.3 months (Range: 1–180 months). There was no difference in age between males and females (p=0.05). For the group, the most common diagnoses were neurogenic voice disorders, namely, vocal fold paresis (n=47) and vocal fold atrophy (n=28). Common comorbidities included allergies, gastroesophageal reflux, and airway disorders.

Conclusions This study adds to the complexity of treating chronic cough. The results of the present study suggest that neurogenic voice disorders are the most common voice diagnoses in patients with CC. Other treatments that failed to resolve the CC were explored prior to referral to an otolaryngology clinic. In reviewing the medical records, we found that patients were often referred to other specialties for treatment of gastroesophageal reflux, allergies, and various airway disorders despite their initial voice complaints. This study points out the need for team management, including an otolaryngologist, in patients experiencing hoarseness, dysphonia, or other common voice complaints along with the primary complaint of cough. The range of voice disorders and comorbidities in the cohort also demonstrates the complexity of diagnoses of chronic cough.

Sequential Intrarticular Corticosteroid and Hyaluronic Acid Provides Significant Knee Osteoarthritis Symptom Improvement

1BS Andrew*, 2T Robinson, 1McGinley, 1University of Washington School of Medicine, Seattle, WA; 2University of Wyoming College of Arts and Sciences, Laramie, WY

Purpose of Study Pain related to knee osteoarthritis (OA) is a common and growing presentation to medical facilities. Intrarticular hyaluronic acid (HA) injections along with intrarticular corticosteroid injections represent minimally invasive and cost-effective treatment options. In rare cases, the use of hyaluronic acid has resulted in pseudo sepsis. Our study evaluated the efficacy of combined corticosteroid and HA injection in treatment of pain associated with knee OA. In addition, we hypothesize that corticosteroid preceding HA injections can reduce the incidence of pseudo sepsis.

Methods Used A retrospective chart review was conducted to identify patients with pain related to knee OA treated with corticosteroid and HA (177 patients, average age 75 years, 80 females and 97 males) as well as corticosteroid alone (296 patients, average age 65 years, 216 females and 80 males). Under sonographic guidance, a corticosteroid (Group #1 - 40 mg Depo-Medrol, 25 patients, 40 mg Kenalog, 152 patients; Group #2 - 40 mg Depo-Medrol, 51 patients, 40 mg Kenalog, 241 patients, 4 mg Dexamethasone, 1 patient) was injected into the knee joint. In Group #1, under sonographic guidance, HA (Synvisc-One® 48mg) was injected 10 ± 8 days following the corticosteroid. A 0–10 patient self-reported pain scale was used as the primary outcome. For statistical analysis a repeated measures mixed effects model was used to fit the percent pain reduction values. Secondary outcomes included adverse events (pseudo sepsis) and additional treatments. Pain scores were collected prior to treatment and at 1 month, 3 months, 6 months, and 12 months post-treatment.

Summary of Results Reported pain level was reduced at all time points in both groups compared to pre-treatment levels. The overall percent reduction in pain was greater in Group 1 compared to Group 2 at all recorded time points. At one year post treatment, there was an average of 45% pain reduction of Group 1 compared to 34% in Group 2. No adverse events were reported.

Conclusions Combined intraarticular corticosteroid and HA injections demonstrated improvement in pain reduction.
compared to corticosteroid alone up to one year post treatment. In addition, the combined therapy resulted in no reported cases of pseudo sepsis. Based on our study, combined corticosteroid and HA injection represents a safe and effective treatment option in patients suffering from knee OA pain.

**RURAL GENERAL SURGERY CHALLENGES AND RESOURCE LIMITATIONS IN WASHINGTON STATE**

KC Larson*, V Lobova, S Lewis, AS Hopp. Washington State University Elson S Floyd College of Medicine, Spokane, WA

10.1136/jim-2022-WRMC.345

**Purpose of Study** Rural general surgeons operate in an environment that differs significantly from colleagues practicing in urban or academic settings. Challenges experienced by this surgical subgroup will be unique and may not be elucidated unless intentionally identified. Understanding their challenges provides insight into their research priorities and how we can best support this distinct group of surgeons going forward. As an initial starting point, we seek to form connections with and among these surgeons through personal interviews and site visits. Our end goal is creating a consortium of rural general surgeons for Washington state.

**Methods Used** We conducted a pilot mixed-methods study to explore the challenges and research priorities of rural general surgeons in Washington State. Critical access hospitals (CAH) were identified by the Washington State Department of Health having met the criteria outlined by federal designation under the Rural Hospital Flexibility Program. Surgeons practicing at CAHs were identified using online facility directories and through connections via faculty and CEOs/CMOs. Communication included email, phone calls, and mailed letters. Once identified, part 1 consisted of virtual, semi-structured interviews and surveys. Part 2 included comprehensive in-person interviews and site visits to the facility. Part 3 will include creating a consortium of rural general surgeons and further analysis of the qualitative data.

**Summary of Results** We contacted 79 rural general surgeons in Washington resulting in 25 interviews, 17 completed surveys, and 3 in-person site visits. From the interviews, Washington rural general surgeons identified the following areas of concern: blood bank and operating room supply limitations, adequacy of resident training for solo rural practice, limited staff and nurse training, minimal peer support, restricted medical subspecialty consultation, and high surgeon attrition due to high turnover of both surgeons and staff.

**Conclusions** We established a myriad of systematic healthcare concerns regarding providing quality rural general surgery care in the state of Washington. We hope to utilize this research to raise awareness of the current challenges and investigate solutions to mitigate the challenges in rural general surgery.

**COMPARISON OF MULTIPORT VERSUS SINGLE PORT VIDEO ASSISTED THORACOSCOPIC SURGERY FOR PEDIATRIC PNEUMOTHORAX**

MA Sacks*, L Goodman, YS Mendez, FA Khan, A Radulescu. Loma Linda University Medical Center, Loma Linda, CA

10.1136/jim-2022-WRMC.346

**Purpose of Study** The purpose of this study was to compare the operative outcomes of single port and multiport video assisted thoracoscopic surgery (VATS) for primary spontaneous pneumothorax (PSP).

**Methods Used** After Institutional Board Review (IRB) approval, a retrospective study of a single surgeon’s. experienced using the thoracoscopic technique during a two-year period reviewed thoracoscopic cases for PSP in children (<18 years). Seven cases classified into three traditional multiport VATS (MP-VATS) and four single port VATS (SP-VATS). Times were compared between initial chest tube placement, surgery, chest tube removal, discharge, and follow up. Morphine Milligram Equivalents (MME) were calculated for opioids using the opioid conversion guide by the Center for Disease Control.

**Summary of Results** Seven patients were included in the study. The median age was 14.88 years [range 12–17 years], but similar between the groups. Both groups had predominant male presence 67% MP and 75% SP. The average time from chest tube placement to surgery was 3.6 days (MP 4.32 vs SP 3.06, p=0.21). Operating time averaged 1.2 hours and was similar between the groups: MP 1.04 vs SP 1.33 hours (p=0.09). The estimated blood loss was higher for MP 5.33ml vs SP 2.25ml (p=0.11). Intraoperative pain medication were delivered weight-based including intravenous acetaminophen and intradermal 0.25% bupivacaine hydrochloride and epinephrine. MME were similar intraoperative and postoperative until chest tube removal. The chest tube removal occurred at 3.54 vs 3.59 days MP vs SP respectively (p<0.05). Length of stay was 10.46 vs 8.33 days for MP and SP (p=0.30). In an average of 10 months follow up, one SP patient had a recurrent pneumothorax after chest tube removal, requiring replacement of chest tube, and one MP patient required an additional surgery for contralateral PSP.

**CONCLUSION**

Conclusions In this small case series, outcomes were not significantly different for single port when compared with traditional multiport VATS for PSP. This provides a convincing basis to expand the usage for this technique and analyze with a larger group.

**FAMILY PRESENCE IN THE OPERATING ROOM**

1. SK Kamaa, 2Loma Linda; 2Z Quinones, 3W Pyke-Grimm, 1,2D Char 1Promona College, Claremont, CA; 3Stanford Medicine, Stanford, CA; 4Lucile Salter Packard Children’s Hospital at Stanford, Palo Alto, CA

10.1136/jim-2022-WRMC.347

**Purpose of Study** Care locations are becoming more fluid, with patients often moving between emergency room (ER), imaging, operating room (OR), and intensive care unit (ICU) for

**Abstract #350 Table 1**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>OR Time (hours)</th>
<th>CT* removal (days)</th>
<th>Overall LOS (days)</th>
<th>24 hours Postoperative until CT removal</th>
<th>Postoperative Surgery and anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cases</td>
<td>1.20</td>
<td>4.43</td>
<td>9.25</td>
<td>0.15</td>
<td>0.28</td>
</tr>
<tr>
<td>MP-VATS</td>
<td>1.04</td>
<td>5.54</td>
<td>10.46</td>
<td>0.19</td>
<td>0.33</td>
</tr>
<tr>
<td>SP-VATS</td>
<td>1.33</td>
<td>3.59</td>
<td>8.33</td>
<td>0.13</td>
<td>0.26</td>
</tr>
</tbody>
</table>

*p-value: 0.09; **0.02; 0.30; 0.17; 0.40; 0.41

CT: chest tube (thoracostomy); LOS: length of stay.

1. CT is chest tube (thoracostomy), 2. LOS is length of stay, 3. Significant (p<0.05)
Abstracts

Resuscitations and diagnostic procedures which will inform acute decisions. Locations like the ICU and ER often have spaces that can be rapidly converted from bedscape into operating rooms. With family presence (FP) already allowed in some of these locations, should (and if so in what contexts) families be allowed to be present in the OR similar to how they are being allowed in these other care locations?

Congenital Heart Disease (CHD) is the most common type of birth defect leading to critical illness and death in the US. Given the complexity of disease, these children repeatedly undergo invasive diagnostic and therapeutic procedures. Families often want to be present to support their children through these procedures, and want as much information as they can gather to inform difficult clinical care choices. We assessed the perceptions of clinicians caring for children with CHD about FP in the OR.

Methods Used We conducted semi-structured interviews of 7 clinicians (anesthesiologists, nurses, and surgeons) at a high-volume pediatric cardiac surgical center. We discussed previous experience with and understanding of FP, perceptions toward FP in the OR, and support needed for implementing FP to the OR. Responses were analyzed using grounded theory and a codebook was developed.

Summary of Results Several significant themes emerged including: the role of family member emotions on FP success; potential benefit of FP on reducing patient anxiety and fear, with concomitant reduction in need for sedation medications; whether FP is needed in contexts when the patient is unconscious; and, if FP might distract clinicians. Clinicians also expressed the need for structural changes to support FP particularly cultivating necessary staff who could explain what is going on to the families and policy for who is responsible for the family if they are present during procedures.

Conclusions This pilot study suggest potential benefits of FP in OR for children with CHD: 1) enhancing family understanding of clinical care to inform decision-making; 2) reducing patient anxiety and need for anesthetics or restraints; and, 3) end-of-life or serious situations where family perceptions of grief may be positively impacted by FP. However, these benefits are mitigated by possible harms: 1) medical-legal concerns will need to be addressed so clinicians feel comfortable being observed; and, 2) distractions to the care team by FP including self-consciousness, lack of training managing families’ emotions, and the possibility that certain families’ emotional states may worsen patient and team distress with consequent impact on clinicians and critical clinical workflows.

#352 CASE REPORT: ANESTHESIA MUMPS FOLLOWING OPERATIVE REPAIR OF A TRAUMATIC ORTHOPEDIC INJURY

H Hajeh*, J Miller, M Gill, J Bhandhol. Kiem Medical Center, Bakersfield, CA; Ross University School of Medicine, Miramar, Fl.

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Case Report A 25-year-old male presented to the emergency department after sustaining a gunshot wound to the left elbow. On presentation, the patient endorsed elbow pain and physical exam revealed swelling and bleeding from the site of injury. X-ray imaging showed a comminuted, intra-articular fracture of the distal humerus with fragments of shrapnel. Patient was sent to the operating room for open reduction

and internal fixation, ulnar nerve neuroplasty and fragmented bullet extraction. The surgery lasted 2 hours with no operative complications. After 8 hours postoperatively, the patient complained of swelling of the right cheek. He denied any pain or loss of sensation other than mild ‘soreness and tension’. Physical examination showed a right parotid swelling with 9.3 cm craniocaudal and 6.2 cm ventrodorsal dimensions.

Facial nerve assessment was normal with no restriction in the temporomandibular joint movement. The enlargement was firm, mobile, with no warmth nor erythema. No tenderness was elicited on palpation. Immunization records weren’t available and the patient was unable to recall his vaccination history including Mumps, Measles or Rubella. Mumps antibodies in serum test showed Mumps IgG antibodies concentration of 27.70 AU/mL and IgM antibodies titre of <1:20 denoting immunity and no acute infection. Of note, the patient denied any past post-surgical complications including similar parotid enlargements. A clinical diagnosis of ‘anesthesia mumps’ was made and the patient was managed with supportive care. On postoperative day two, the parotid gland remained swollen, however markedly decreased in size from the day prior. The patient remained otherwise asymptomatic, denying pain or discomfort. With this significant clinical improvement, the patient was discharged before complete resolution of the swelling due to the benign nature of the condition. He was scheduled for a follow up in the clinic, however the patient cancelled the appointment. A phone call appointment was arranged and the patient endorsed reduction in the size of the swelling and complete resolution 2 days after discharge.

Conclusion Although cases of anesthesia mumps are usually benign with no treatment required, they remain stressful for the patient and the physician alike if the benign nature of the condition wasn’t recognized. This warrants spreading awareness among physicians on this case and assuring the patients that such conditions are benign and complete resolution is expected.

#353 UNUSUAL CASE OF PRIMARY SMALL BOWEL BEZOAR CAUSING INTUSSUSCEPTION

MM Won*, MA Sacks, LM Leigh, L Goodman, E Tagge, A Radalescu. Loma Linda University School of Medicine, Loma Linda, CA; Loma Linda University Children’s Hospital, Loma Linda, CA.

10.1136/jim-2022-WRMC.349

Case Report Intussusception, the prolapse of one section of intestine into another, is a common cause of small bowel obstruction in pediatric patients. Bezoars are concretions of ingested foreign material. Trichobezoars, bezoars made of hair, more commonly occur in female pediatric patients. If gastric
Complex Lower Left Leg Deformity Correction with Precise System: A Case Report and Review of the Literature

Case Presentation
We present the case of an 8-year-old male with a preliminary diagnosis of appendicitis. Upon further imaging, bowel obstruction related to a small bowel to small bowel intussusception was discovered to be the probable cause. Diagnostic laparoscopy revealed an ileo-ileal intussusception caused by an ileal bezoar, with subsequent evacuation of the causative bezoar.

Conclusion
This is the second reported case of an isolated ileal trichobezoar causing intussusception. While intussusception secondary to a trichobezoar most commonly occurs due to Rapunzel syndrome, it is still possible for a intestinal trichobezoar to be present without an associated gastric trichobezoar.

A Masssive Phyllodes Tumor of the Breast

Case Report
Phyllodes tumors are fibroepithelial neoplasms that make up less than 1% of breast tumors with an average size of 6 cm. They usually arise in the third and fourth decade of life in women and the mainstay of treatment is surgical excision. Here, we present a rare case of a highly vascularized benign phyllodes tumor that weighted 7.98 kg.

Methods Used
Retrospective case report

Summary of the results
A 55-year-old female without family history of breast or ovarian cancer presented for evaluation of a non-tender growing mass in her right breast. She initially noted the mass after a mechanical injury to her right breast two years prior to presentation. On physical examination, a firm non-mobile mass was palpated. There were not any skin changes or nipple discharge.

Ultrasound of the right breast revealed a large heterogeneous lobulated mass measuring 27.5 x 21 cm, replacing a great portion of her right breast. CT chest with contrast demonstrated a large soft tissue density mass measuring 25 cm. Core needle biopsy was completed, and showed highly cellular spindle cell proliferation composed of fusiform cells with hyperchromatic nuclei and increased mitotic figures.

The Immunohistochemistry panel revealed that the lesional cells were positive with antibodies directed against Vimentin+, SMA f+, and GATA3 f+. Patient underwent a right breast mastectomy. Tumor was found to be massive with weight of 7.98 Kg and highly vascularized with venous hypertension. This led to a high amount of blood loss for which the patient received 2 units of packed red blood cells.
Gross examination of the mastectomy specimen showed multiple focal areas of ulceration, necrosis and cystic areas occasionally filled with hemorrhagic gelatinous material.

Morphological evaluation revealed spindle tumor cells arranged in long sweeping fascicles with herringbone pattern and storiform areas consistent with a benign Phyllodes tumor.

**Discussion** Phyllodes tumors are usually painless tumors with an average size of 6 cm. However, as seen in our patient, these tumors can rarely be larger than 20 cm. Etiology of these tumors remains unknown. Trauma has been previously hypothesized to be involved in development of phyllodes breast tumors through possible fibroblast growth stimulators such as endothelin-1. Our patient with a phyllodes tumor reported a breast injury preceding her diagnosis of breast cancer. Most reports of phyllodes tumors of the breast endorse surgical resection of the neoplasm as a primary treatment without focusing on intraoperative complications. During our surgery, we encountered a highly vascular tumor that led to the need for blood transfusion after implementing clamping and electrocautery technique.

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**Abstracts**

### #356 ROLE FOR SERIAL PET-CT SCANS IN FOLLOW-UP OF HPV-ASSOCIATED HEAD AND NECK CANCERS

1 C Munhall, 2 K Heland, 1 J Newell. 1 The University of Arizona College of Medicine Phoenix, Phoenix, AZ; 2 HonorHealth, Scottsdale, AZ

**Case Report** Human papillomavirus (HPV) is a sexually transmitted infection (STI) acquired through oral, skin-to-skin, or genital contact. The CDC estimates 79 million Americans are infected with HPV, making it the most prevalent STI in the country. This virus persists in 10% of people, in the epithelial linings of the oropharynx and anogenital tract. Although HPV may persist asymptptomatically, it has the potential for oncogenesis.

Increasing HPV prevalence has led to a rise in related cancers. In 2018, head and neck squamous cell cancer (HNSCC) was the sixth most common cancer worldwide, with nearly 900,000 new cases and approximately 450,000 related deaths. The incidence of HNSCC is expected to increase by 30% by 2030. While tobacco and alcohol are important risk factors for HNSCC, increasing rates of HNSCC in the U.S. are primarily due to oropharyngeal HPV infection. The diagnosis, management, and surveillance of HPV-driven HNSCC and related cancers is thus an increasingly relevant clinical consideration. In this case, we present a patient who developed a concomitant HPV-driven anal cancer, atypical after HNSCC, detected and treated early through serial PET-CT surveillance.

**Case** A 70-year-old female with a history of cervical dysplasia status post hysterectomy presented to an otolaryngologist with globus sensation and oropharyngeal swelling. Exam demonstrated a left tonsillar mass and left neck lymphadenopathy. The tonsillar mass was biopsied and found to be p16-positive squamous cell carcinoma, indicating HPV involvement. Computed tomography (CT) of the neck demonstrated two enlarged lymph nodes. She was treated with surgical resection of the mass and ipsilateral neck dissection. Serial whole-body positron emission tomography (PET-CT) scans showed no evidence of recurrence or metastases, but scans just more than 2 years after treatment revealed a second primary cancer (SPC) of the anus. This anal cancer also demonstrated p16 positivity.

The patient was treated with chemoradiation therapy with a complete response.

**Discussion** The rising prevalence of HPV infection raises the likelihood of SPCs in patients with a history of HPV-driven cancers. While approximately 90% of local recurrences occur within two years of initial treatment, this does not account for SPC development. Patients with primary HNSCC have a high risk of developing SPCs of the head and neck and rarely metastases. SPCs of the anogenital tract following HNSCC are less common, but people with any HPV-driven primary exhibit 7-fold increased risk for a SPC development. This paper hopes to highlight early detection and treatment of a SPC of the anus through whole-body PET-CT surveillance. The role of such scans in evaluating for local recurrence, metastases, and SPCs is an important question in managing patients with HPV-driven HNSCC.

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### Joint plenary session

WAFMR, WAP, WSCI, AND WSPR

Friday, January 21, 2022

1:30 PM – 4:15 PM

### #357 UPDATED CLINICAL NODAL STAGING SYSTEM FOR P16+ OROPHARYNGEAL SQUAMOUS CELL CARCINOMA ASSOCIATED WITH LOSS OF PROGNOSTIC DATA

1 K Vo*, 2 C Ladbury, 3 A Amini. 1 Western University of Health Sciences, Pomona, CA; 2 City of Hope, Duarte, CA

**Methods** Used

The NCDB was queried for patients diagnosed with p16+ OPSCC. Patients with no staging information, metastatic disease, who did not receive definitive surgery or radiation, or had unknown follow-up were excluded. The prognostic impact of nodal size, nodal quantity, nodal laterality, and ECE on overall survival (OS) were assessed using survival analysis with the Kaplan Meier method, univariable, and multivariable Cox proportional hazards regression.

**Summary of Results** A total of 21,868 patients met the inclusion criteria. On Kaplan Meier analysis, patients with more than one positive lymph node had significantly inferior OS (p < 0.001; 5-yr OS: 82% vs 86%). Patients with ECE also had inferior outcomes (p < 0.001; 5-yr OS: 82% vs 75%). A largest nodal size of >6 cm was also associated with inferior OS (p < 0.001); 5 yr OS: 66% vs 82%). Lastly, patients with contralateral or bilateral nodal involvement also had inferior OS (p < 0.001; 5 yr OS: 71% vs 84%). On multivariable Cox regression, having more than one positive node (p < 0.001; HR [95%CI]: 1.17 [1.07–1.28]), ECE (p < 0.001; HR [95%CI]: 1.28 [1.22–1.35]), and largest nodal size of >6 cm was also associated with inferior OS (p < 0.001; 5 yr OS: 66% vs 82%).
CI): 1.20 [1.04–1.38]), and a node >6 cm (p<0.001; HR [95%CI]: 1.52 [1.30–1.79]) remained associated with inferior overall survival. There was no longer a significant difference among nodes <3 cm and between 3–6 cm (p=0.56). Node laterality and was also no longer significant (p=1.00). Other factors associated with OS included age, Charlson Deyo score, insurance type, T stage, and lymphovascular invasion (LVI).

Conclusions Although the incorporation of p16+ status in OPSCC staging was an important addition to the AJCC 8th edition, the associated simplifications in the current staging system result in loss of valuable prognostic information in nodal staging, including nodal quantity and ECE, which could limit appropriate risk stratification of patients with node-positive OPSCC. Further work evaluating the impact of the updated nodal staging for p16+ OPSCC prognostication and treatment selection is warranted.

#358 TELEMEDICINE INCREASES ACCESS TO PEDIATRIC WEIGHT MANAGEMENT AMID THE COVID-19 PANDEMIC

K Fosso*; 1M Vallabhan, 1J Page-Reeves, 1S Negrete, 1A Kong. 1University of New Mexico Health Sciences Center, Albuquerque, NM; 2University of New Mexico Hospital, Albuquerque, NM

Purpose of Study From January to March 2020, the COVID-19 pandemic emerged in the US and NM forcing healthcare practices to reimage patient care. NM shelter-in-place orders started in March. Initially following these orders, telephone visits were the only option for healthcare services. The Healthy and Fit Children’s Clinic (H&FCC) at UNM leveraged telemedicine for medical management of their pediatric patients with overweight and obesity through partnership with established telemedicine clinics, transitioning within one month of the pandemic’s onset to a 100% virtual healthcare model. This study assessed this transition in relation to four objectives: patient volume, billing/reimbursement, no-show rates, and patient satisfaction.

Methods Used Improvement science methodology guided the project throughout. The clinic partnered with the HRSA-funded telemedicine project (#H2ARH3037) to implement telemedicine in the care and prevention of childhood obesity. Telemedicine clinic encounters were billed through UNM hospital. Multiple iterative convergent PDSA cycles informed step by step telemedicine implementation workflow. Information was collected from scheduled clinic visits and no shows/cancelations, billing and reimbursement, and a six-question patient satisfaction survey about their clinic visits.

Summary of Results Following telemedicine implementation (April-August 2020), the median number of patients seen per week at H&FCC increased by 120% and no-shows declined overall by 20%, which indicated a sustained positive shift above the established pandemic baseline (Jan-March 2020). Telemedicine clinic visits were billed at $122 to $177, an overall by 20%, which indicated a sustained positive shift above the established baseline, surpassing even pre-pandemic billing (April 2019-March 2020.) Over the study period, satisfaction surveys were completed by 26 patients ages 7–15 years old, eight of whom were monolingual Spanish speakers. These patients rated satisfaction with clinic visits ≥90% across all six questions compared to 83% previous global provider rating for in-person visits.

Conclusions With rising rates of childhood obesity exacerbated by substantial pandemic weight gain among youth greater than pre-pandemic rates (Woolford et al, 2021), finding an effective model for consistent feasible healthcare is crucial for accessible quality care continuity particularly for the more vulnerable underserved populations seen in NM. This study demonstrated that telemedicine has potential to improve patient outcomes, improve patient satisfaction, and receive reimbursement for services. Future steps should assess a hybrid clinic model to maximize benefits of face-to-face visits with convenience and reliability of telemedicine.

#359 A CROSS-SECTIONAL STUDY OF THE NEUROPSYCHIATRIC PHENOTYPE OF CACNA1C-RELATED DISORDER

1RU Levy*, 2K Timothy, 1J Bernstein, 1S Pasca. 1Stanford University School of Medicine, Stanford, CA; 2Timothy Syndrome Foundation, Salt Lake City, UT; 3Stanford University, Stanford, CA

Purpose of Study CACNA1C encodes the alpha subunit of the L-type calcium channel Cav1.2, which is highly expressed in brain and heart. Gain of function pathogenic variants in specific regions of CACNA1C cause Timothy syndrome (TS) with cardiac long QT syndrome, facial features, and syndactyly as well as high rates of epilepsy, autism spectrum disorder, and intellectual disability. Work from our lab found Cav1.2 is involved in cell fate specification, activity-dependent signaling, and neuronal migration, but it is unclear how this cellular pathophysiology causes neuropsychiatric symptoms. A broader spectrum of CACNA1C-related disorder is now recognized that includes isolated cardiac disease, isolated neurologic deficits, and TS. We initiated a comprehensive survey of CACNA1C-related disorder to better define the neuropsychiatric and developmental phenotype and thus better inform research into the role of calcium channels in neural development.

Methods Used Caregivers of and individuals with CACNA1C-related disorder completed an IRB-approved online survey on developmental milestones, neuropsychiatric symptoms and diagnoses, and medications trialed.

Summary of Results 17 participants completed the survey, including two parents with mosaicism. The mean age at diagnosis was 7 years (standard deviation 10.9y). 7 participants have TS type 1 with syndactyly and 2 participants have TS type 2 without syndactyly. The most common CACNA1C variant was c.1216G>A p.G406R in exon 8A or 8 (which causes TS1 or TS2, respectively) in 5 participants and 7 additional variants were reported. The most common neuropsychiatric symptoms were developmental delay in 88%, hypotonia in 65%, incoordination in 65%, autism spectrum disorder in 53% (autistic features in 77%), epilepsy in 35%, depression or anxiety in 12%, and schizophrenia in 6%. 4 participants tried medication for epilepsy or psychiatric symptoms.

Conclusions CACNA1C-related disorder encompasses a spectrum of cardiac and neuropsychiatric symptoms. In our cohort, there was a significantly increased incidence of developmental delay, neurologic symptoms such as hypotonia, incoordination, and epilepsy, and psychiatric symptoms including autistic features and mood disorders. These findings indicate the key role of Cav1.2 in brain development and the clinical
importance of screening and treating neuropsychiatric symptoms in this disorder. Future directions clinically include cohort expansion and deep phenotyping of neuropsychiatric symptoms. We are also developing 3D neural culture models of CACNA1C variants to understand the role of calcium flux in neuronal migration and cortical development.

**SYSTOLIC DYSFUNCTION AT THE TIME OF DIAGNOSIS CORRELATES WITH AMYLOID BURDEN AND PREDICTS MORTALITY IN TRANSTHYRETIN CARDIAC AMYLOIDOSIS**

1S Bukhan*, 2V Malayala, 2Z Shahid. 1Temple University, Philadelphia, PA; 2Jeanes Hospital, Philadelphia, PA

10.1136/jim-2022-WRMC.356

**Purpose of Study** Transthyretin cardiac amyloidosis (ATTR-CA) is generally considered to be associated with diastolic heart failure; however, systolic heart failure (HFpEF) can also be seen, particularly in patients with advanced disease. The mechanisms and prognostic implications of systolic dysfunction in patients with ATTR-CA have not been systematically studied, which we tried to explore in our study.

**Methods Used** In our prospective registry, the diagnosis of ATTR-CA was based on positive a PYP scintigraphy and negative serum studies for AL amyloidosis. Patients were classified as ATTR-rEF (ejection fraction, EF<40%) or ATTR-pEF (EF>40%) based on cardiac magnetic resonance imaging (CMR). CMR was used to measure global extracellular volume (ECV) for quantification of amyloid burden. Kaplan-Meier survival analysis and adjusted cox proportional hazard analysis were performed.

**Summary of Results** Of the 124 ATTR-CA patients (mean age 79.9 ± 7.4, 87% men, 90% Caucasian), 51 (41%) were ATTR-rEF. Compared to ATTR-pEF, ATTR-rEF patients were more symptomatic (NYHA-FC ≥ 3, 61% vs 26%, p<0.001), had lower prevalence of obstructive coronary artery disease (CAD) (37% vs 53%, p=0.05), worse mean diastolic dysfunction (3 vs 2.15, p<0.01), lower tricuspid annular plane systolic excursion (TAPSE <1.7, 59% vs 25%, p<0.001) and worse renal function (creatinine, 1.63 ± 0.85 vs 1.27 ± 0.55 mg/dl, p<0.01). On CMR, ATTR-rEF group had higher ECV compared to ATTR-pEF (mean ECV, 62% vs 51%, p<0.01). Over a mean follow up period of 1.5 years, 27 (22%) patients died. ATTR-rEF was associated with higher mortality compared to ATTR-pEF (35% vs 12%, p=0.002; HR 3.7, 95%CI 1.62–8.63, p<0.01). On Cox proportional hazard model adjusting for TAPSE and creatinine, reduced EF was an independent predictor of mortality (HR 3.02, 95% CI 1.30–7.10, p=0.01). When divided into EF≥ 50%, EF 41–49% and EF ≤ 40%, there was stepwise increase in risk of mortality (p<0.01).

**Conclusions** HFpEF is present in more than one-third of patients with ATTR-CA at the time of diagnosis, and is an independent predictor of mortality in ATTR-CA. ATTR-rEF patients also have higher ECVs, indicative of higher amyloid burden and potentially more advanced disease.

**Behavior and development II**

**Concurrent session**

**8:00 AM**

**Saturday, January 22, 2022**

**EFFECTS OF EXERCISE ON REALIGNING A DISRUPTED MOLECULAR CLOCK**

1ET Scholten*, 2E McCoy, 2EE Schmitt. 1University of Washington School of Medicine, Seattle, WA; 2University of Wyoming, Laramie, WY

10.1136/jim-2022-WRMC.357

**Purpose of Study** Approximately 18% of the US population work irregular shifts. This can lead to a circadian misalignment of our body’s internal molecular clock. Our clock is critical for biological processes such as hormone secretion, body temperature regulation, and sleep/wakefulness cycles. Shift work is a constant in our society so it is valuable to study mechanisms that could mitigate its negative effects. Previous research has shown that voluntary exercise has promising effects on regulatory gene frequency in peripheral tissues in mice. Therefore, the purpose of this study was to determine the effect of forced treadmill exercise on circadian rhythm realignment.

**Methods Used** 24 (n=12 males, n=12 females)C67/B1 four-month-old mice were used in this experiment. The 4 experimental conditions (n=3) included: 1) disrupted + exercise (DE), 2) disrupted + sedentary (DS), 3) non-disrupted + exercise (NDE), and 4) non-disrupted + sedentary (NDS). The disrupted groups were circadian disrupted in a separate vivarium by changing their 12 hr wake and sleep cycle by one hour every day. Pre and post dual-energy X-ray absorptiometry (DEXA) measurements were also recorded on all mice to determine changes in body composition of the experimental groups. The gastrocnemius and soleus skeletal muscles (SM) were extracted, RNA was isolated, then qRT-PCR was performed on key circadian clock genes (Bmal, Per2, Clock) to...
Abstract #362  DEVELOPMENT AND PILOT STUDY OF A BOOKLET TO SUPPORT CONVERSATIONS OF QUALITY OF LIFE AND GOALS OF CARE AMONG PARENTS EXPECTING A BABY WITH A FETAL ANOMALY

M Coquillette, 2H Nsier*, 2AG Dempsey, 1Children’s Hospital Colorado, Aurora, CO; 2University of Colorado Denver School of Medicine, Aurora, CO

10.1136/jim-2022-WRMC.358

### Purpose of Study
To develop a booklet supporting conversations of quality of life and goals of care with parents expecting a baby with a fetal anomaly. Aims: 1) assess acceptability, feasibility, demand, implementation, and practicality; 2) evaluate and refine the booklet; and 3) evaluate participants’ qualitative feedback regarding preliminary satisfaction with the booklet.

### Methods Used
A mixed-methods study involving N=20 expectant mothers presenting in a fetal care center at a children’s hospital, approached at 30–36 weeks gestation. At enrollment, participants completed a demographic and background questionnaire and were given the booklet. The booklet was adapted for fetal care from an existing aid used by surrogate decision-makers, with input from multidisciplinary healthcare staff at the study site. Participants were sent surveys 2-weeks after enrollment and 4-weeks after delivery. Outcome measures included characteristics of recruited and enrolled parents, refusal rate for participation, completion rate of

### Summary of Results
Analysis of body composition showed that the males in the DE, DS, NDE, and NDS all lost percent body fat of 14.4%, 9.7%, 10.35%, and 11.3%, respectively. Analysis of the female mice showed a decrease in the DE and DS groups of 3.3% and 11.5%, respectively, while NDE and NDS groups of female mice both increased in percent body fat of 19.75% and 10.65%, respectively. Analysis of key circadian clock genes in the SM of male mice showed no significant differences in Per2 or Bmal expression between groups, yet there was a trend toward significance (p=0.09) in Clock expression in DE mice. In the SM of female mice, there was no change in Per2 expression, but there was a trend towards significance (p=0.07) in Bmal expression in the DS group, and significance (p=0.01) in Clock expression in the DE group.

### Conclusions
Our results demonstrate that exercise does play a role in the re-entrainment of a misaligned molecular clock when examining circadian genes. The results also reveal sex-differences in gene expression, which is an important factor when considering an exercise intervention protocol for individuals that work the night shift or have a disrupted clock. We will continue to analyze gene expression in other key peripheral tissues (heart, lung, kidney) to continue to identify positive responses to an exercise protocol to re-align a disrupted circadian rhythm.

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**Abstract #362 Table 1  Study aims and related participant quotes**

<table>
<thead>
<tr>
<th>Study Aim</th>
<th>Question/Prompt (Question Type)</th>
<th>Participant Quotes (2-Week Survey)</th>
<th>Participant Quotes (4-Week Survey)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim 1: Assess feasibility, acceptability, demand, implementation, and practicality</td>
<td>Who did you talk to about the questions? (Multiple choice)</td>
<td>'My partner' (50%) 'Alone' (38%) 'My family' (13%)</td>
<td>'Alone' (100%)</td>
</tr>
<tr>
<td></td>
<td>When is the best time to give the guide to parents? (Multiple choice)</td>
<td>'Soon after fetal diagnosis' (33%) 'At a follow-up appointment' (33%) 'At the delivery planning meeting' (33%)</td>
<td>This question was not asked on the 4-week survey.</td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Aim 2: Evaluate and refine the booklet and its processes</td>
<td>The guide helped me to... (Multiple choice)</td>
<td>'Prepare for my baby's hospital stay' (71%) 'Identify family strengths' (71%) 'Identify what is most important to us in our baby's care' (57%) 'Have difficult but important conversations' (43%) 'Cope or lower stress' (29%) 'Talk to friends and family' (29%) 'Talk to the medical team' (29%) 'Understand my baby's condition' (14%)</td>
<td>'Identify family strengths' (75%) 'Understand by baby's condition' (25%) 'Identify what is most important to us in our baby's care' (25%) 'Talk to friends and family' (25%)</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td>The problems of the guide are... (Multiple choice)</td>
<td>'Topics are too stressful' (60%) 'Too long' (20%)</td>
<td>'Too long' (25%)</td>
</tr>
<tr>
<td></td>
<td>What topics are missing? (Free response)</td>
<td>None reported</td>
<td>'None, each person is looking for different things'</td>
</tr>
<tr>
<td>Aim 3: Evaluate preliminary responses of participants to the booklet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please give any comments about problems of the guide or how we can improve it (Free response)</td>
<td>'I wish it talked more about what to expect during the birth and time in the ICU' 'Topics or the way they are worded could be triggering to certain people'</td>
<td>None reported</td>
<td></td>
</tr>
<tr>
<td>Please give any other comments about the guide (Free response)</td>
<td>'Helped to ask more informed questions to our care team' 'There was good information to think about and address in the book' 'Even though it makes her [the mother] nervous, it helps prepare her for the future' 'The guide helped me come up with a plan and helped me understand the importance of being aware of any change' 'Good for those that like to journal and write down their feelings' 'I didn't find any problems in the guide; it just really helps you think deeply'</td>
<td>'I got this really close to delivery, so I had already thought all this through. Would have been great to get this when we get the diagnosis' 'We were pretty prepared, though I can see it may be helpful for families who are not' 'It helped her [the mother] talk to her family and identify strengths and weaknesses'</td>
<td></td>
</tr>
</tbody>
</table>

For multiple choice questions, the rate of endorsement is listed next to each response (%)

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J Investig Med 2022;70:110–345 289
surveys, and qualitative feedback about parent experience using the study booklet and parent perception of booklet utility.

**Summary of Results** Expectant parents expressed willingness and interest in these topics and using this booklet, with 20/21 recruited parents enrolling in the study. Feedback survey response rates were low; 50% of mothers returned at least one feedback survey. Responding participants reported multiple benefits and few concerns with the booklet. At 2-weeks, 100% of respondents indicated they had looked at the booklet and 75% of respondents at 4-weeks indicated they looked at the booklet after the baby’s birth. At 2-weeks, participants indicated moderate satisfaction (78/100 on a visual analog scale) and moderate helpfulness (63/100 on a visual analog scale). At both 2 and 4-weeks, participants indicated they would recommend this booklet to other parents in the fetal care center. Participants’ qualitative and quantitative responses about the booklet are listed in Table 1.

**Conclusions** The results of this mixed-methods study suggest this parenting population is interested in engaging in conversations about quality of life and goals of care pre-delivery, even with low-resource tools. Attition was high, likely due to the stress of parenting a medically complex child. Yet, a majority indicated it helped prepare them for their infant’s hospital stay and identify family strengths and care goals. Most indicated they would recommend the booklet to other parents of medically complex children. Future study is needed to assess this intervention style’s impact on parent mental health, parenting experience, and ability to engage in medical decision-making for their child. Future studies should investigate the efficacy of ongoing interventions given with clinician facilitation/guidance rather than a one-time intervention.

**#364 EXPANDING BEHAVIORAL PHENOTYPES IN SEX CHROMOSOME TRISOMY WITH PARENT REPORTED CHARACTER STRENGTHS**

1TG Thompson, 1J Rubin*, 1,2N Tartaglia. 1Children’s Hospital Colorado, Aurora, CO; 2University of Colorado Denver School of Medicine, Aurora, CO; 3University of North Carolina at Chapel Hill College of Arts and Sciences, Chapel Hill, NC

**Purpose of Study** Children with sex chromosome trisomy (SCT; XXY/Klinefelter syndrome, XYY, XXX) are known to have increased risks for behavioral health problems including deficits in social cognition, inattention, and increased rates of anxiety and depression. However, a more balanced description of the phenotype that includes strengths is lacking. Limited data on the strengths of school-aged children with SCT has documented profiles of extraordinary kindness, creativity, and perseverance. To date, there has been no holistic description of behaviors, including the assets, of young children with SCT. This study aimed to describe parent reported behavior and strengths in 18–36 month old children with SCT.

**Methods Used** Data were collected for the eXtraordinarY Babies longitudinal natural history study. Parents rated behaviors of their children with prenatally identified SCT (n=140) on the Child Behavior Checklist (CBCL) at ages 18m (n=67), 24m (n=103), and 36m (n=54). Descriptive statistics portrayed Internalizing (IB), Externalizing (EB), and Total Problem (TPB) behaviors at each time point. One-sample T-tests were used to compare the sample to the norming population (M=50, SD=10); one-way ANOVA compared groups (XXY=97, XYY=13, XXX=30). Parents provided free-text responses to the CBCL question: ‘Please describe the best things about your child’. Positive psychology content analysis was used to code qualitative responses for character strengths.

**Summary of Results** Results for the pooled sample revealed relatively low rates of IB (18m=39.59; 24m=41.34; 36m=44.70), EB (18m=41.34; 24m=43.00; 36m=44.96), and TPB (18m=40.53; 24m=42.43; 36m=45.72), all significantly lower than the norming population at all time points (p<.05). At 36m, boys with XYY showed significantly higher EB than boys with XXY (59.00 vs 43.16; p=0.012); small sample size in XYY limits interpretation. There were no other group differences. Parents described their children’s strengths effusively; the most frequent codes were loving, happy, sweet, humorous, curious.
Conclusions This study expands the SCT phenotype by providing a more balanced description of behavior. Results indicate that toddlers with SCT show fewer problem behaviors than the general population and parents describe many strengths of character in their young children, including loving, happy, and sweet demeanors. Future analyses will examine how behavior and strengths profiles in SCT develop over the lifespan and how they relate to a variety of psychosocial and developmental outcomes. A more thorough understanding of the phenotype, including a robust understanding of assets, can improve clinical practice and inform development of interventions.

Purpose of Study Adverse childhood experiences (ACEs) are associated with increased risk of diabetes in adulthood. However, the impact of ACEs on clinical outcomes among adults with diabetes is not well understood. We aim to elicit a better understanding of which diabetes co-morbidities have been linked to ACEs from the current literature.

Methods Used In this systematic review, we assessed the literature on relationships between ACE and diabetes clinical outcomes/co-morbidities. We searched Embase, PubMed, and ProQuest through August 12th, 2020 using keywords related to ACEs and autoimmune disease or diabetes. We scanned references of retrieved articles, and two authors independently evaluated article eligibility, extracted data, and assessed quality. We used meta-analytic methods for outcomes that were included in at least four studies to estimated pooled odds ratios (ORs) using random effects models and the inverse variance method for pooling.

Summary of Results Our search located 458 articles, of which 13 studies were eligible for inclusion, comprising a total of 16,118 individuals. Most studies used clinical samples (n/N=8/11) of African American or white patients (n=5, n=3) with type II diabetes (Type I=18.2%; pooled=27.3%). Depression was the most studied co-morbidity (n=6), followed by cardiovascular disease, obesity, HbA1c, and post-traumatic stress disorder (each were assessed twice). The pooled OR for depression among diabetic patients with moderate/high (≥2) relative to low (0–1) ACE exposure, was 2.67 (95%CI: 1.16–6.12; p=0.0537, k=5) with high heterogeneity (I²=0.95).

Conclusions We found a strong association between ACEs and depression among diabetics: additional research is needed before pooled estimates on other clinical outcomes can be calculated. Potential benefits of ACE-informed psychotherapeutic interventions for diabetic patients with high ACEs merits investigation.
Abstract #366 Figure 1

Summary of Results Of 458 unique articles, 51 were eligible for the systematic review and 14 (N=261,966 individuals) for the quantitative synthesis. Relative to none, exposure to ≥4 ACEs increased the odds of diabetes by 15% (OR=1.15, 95% CI=1.07–1.24, I² =87.2%, p=0.0004). Subgroup analyses showed OR estimates were lower among studies with higher proportions of female (β=–0.025, se=0.011, p=0.018) but not Caucasian (β=–0.0015, se=0.001, p=0.137) subjects. From a study design perspective, significant heterogeneity was explained by the number of questions used to assess ACE (β=0.007, se=0.003, p=0.013) but not each additional covariate modeled (β =–0.027, SE=0.0154, p=0.0797).

Conclusions Our results support a significant association between ACEs and diabetes in adulthood, highlighting the potential benefits of ACE screening and interventions to help reduce diabetes prevalence, particularly for men.

Abstract #367 EATING TO HONOR YOUR BODY AND LIFE: RECIPES AND INFORMATION FOR THE BLACKFEET COMMUNITY IN MONTANA

K Jones*. University of Washington School of Medicine, Seattle, WA

10.1136/jim-2022-WRMC.367

Purpose of Study On the Blackfeet Reservation, food insecurity and chronic disease are prevalent and reduce residents’ life expectancies. When American Indians were forcibly relocated, their communities began to rely on processed foods provided by the government, and over more than a century, cooking with processed foods rather than traditional foods was adopted. This project’s goal was to offer culturally-responsive nutrition education and recipes.

Methods Used An asset-based, community engagement approach was utilized during the development of this project, and involved consulting Southern Piegan Health Center, the Blackfeet Food Access and Sustainability Team (FAST), the Food Delivery Program on Indian Reservations (FDPIR), and staff at Blackfeet Community Hospital (BCH). These organizations do valuable work on nutrition education and improving the food environment on the reservation, and the goal was to supplement their efforts. The project was influenced by conversations with patients about nutrition as well as exposure to the local grocery stores and food environment. It was also shaped by literature on nutrition interventions on reservations.

Summary of Results Data from the 14 searches were extracted and screened for inclusion, extracted data, and assessed quality. For studies that estimated the association between ACEs and diabetes, we used random effects meta-analysis to examine how the resources are received by the community is the next step.

Abstract #368 ASSESSMENT OF VOLUNTEER AND CAREER FIREFIGHTER FITNESS IN A RURAL SETTING

CD Johnson*, T. Faulkner, M. Jette, A. Hall, R. Duerr. Western University of Health Sciences College of Osteopathic Medicine of the Pacific Northwest, Lebanon, OR

10.1136/jim-2022-WRMC.368

Purpose of Study Lebanon, Oregon is a rural town served by the Lebanon Fire District, which relies on both career and volunteer firefighters. Through the WesternU Lebanon Emergency Alliance we were presented with a unique opportunity to assess the physical fitness and health of both career and volunteer firefighters. In the literature reviewed, a self-reported study of 230 firefighters, volunteer members were seen to have higher rates of obesity compared to career firefighters which calls for better preventative care and health screenings for volunteers (Yoo et al., 2009). The Lebanon Fire District employs double the amount of volunteers compared to careers spread over a large rural region. Our study was designed to determine the difference in health risks, if any, that exist between career and volunteer firefighters in a rural community.

Methods Used A randomly selected sample of volunteer and career firefighters employed by the Lebanon Fire District were given a questionnaire developed to assess self-reported personal health measures including exercise frequency, flexibility, and diet. After completing the survey, each participant took part in a fitness assessment that was proctored by a trained
medical student or career firefighter. Data collected included BMI, muscle strength, flexibility, and aerobic capacity. Participants’ scores were paired with survey responses. Inclusion criteria were all fire-fighters in Lebanon, Oregon. Any high-risk participant, defined as an individual with any one of the following conditions: COPD, asthma, diabetes, angina, renal disease, shortness of breath with mild exertion, palpitations, tachycardia and known heart murmur, required physician or paramedic supervision during their fitness assessment. This study was approved by the Western University of Health Sciences Institutional Review Board.

Summary of Results Within the Lebanon Fire District there are approximately 36 career firefighters and 64 volunteer firefighters including a cohort of 12 medical students through the WesternU Lebanon Emergency Alliance (WLEA). Of the firefighters employed by the Lebanon Fire District, 55 individuals completed the survey and fitness assessment. Career VO2 max was 44 and volunteer VO2 max was 42 with a difference of 2 (P value 0.07).

Conclusions In our small pilot study, we found that career firefighters overall had better flexibility and VO2 max as compared to volunteer firefighters, but volunteer firefighters had lower BMIs compared to career firefighters. This study may be limited in that it was primarily self-reported and there were twice as many volunteer firefighters tested compared to career firefighters. Further study with a greater number of participants is indicated.

Diversity, equity and inclusion III
Concurrent session
8:00 AM
Saturday, January 22, 2022

#369 THE PRIORITY OF GENDER & RACIAL DISPARITY IN NEUROLOGY JOURNALS: A BIBLIOMETRIC ANALYSIS, 2016–2021

S Mohammed*, J Siddiqi. California University of Science and Medicine, San Bernardino, CA; Arrowhead Regional Medical Center, Colton, CA.

10.1136/jim-2022-WRMC.365

Purpose of Study Medicine and the field of neurology are not immune to gender and racial disparities present more broadly in society. Even within academia there remains a persistent lack of representation of women and racial minorities, but with the recent spotlight on discrimination it is more necessary than ever that prevailing disparities are acknowledged by medical journals and reflected in their publication priorities. This bibliometric study assesses whether social justice trends have influenced the number of articles published that discuss gender and racial disparity in the past 5 years within the top three leading neurological journals.

Methods Used The leading journals in neurology were chosen based on the SCImago Journal Rank Indicator, which measures the impact or influence of a journal, and total citations in the past 5 years. The three highest neurology journals based on those two parameters were The Lancet Neurology, Nature Reviews Neurology, and Alzheimer’s and Dementia. Online archives of each of these journals were used and a search was conducted using the key words ‘gender’, ‘race’, and ‘disparity’, to find articles related to such topics. Data was collected from September 2016 to August 2021 by counting the number of articles discussing gender or racial disparity for each month. The data was then processed into charts to provide a visual representation of how important the journal deems topics related to gender and racial inequality.

Summary of Results The results indicated that although there was a slight overall increase in coverage of the aforementioned topics, it was negligible compared to the broad impact of current social justice movements. Between the three leading journals, Nature Reviews Neurology had the fewest publications on both gender and racial disparity. Our data suggests an inadequate publication priority for scholarly work on gender and racial disparity. For our data to be relevant, it is necessary that the journals we subscribe and read in the field also reflect the topics that are pertinent today. There appears to be a disconnect between current events and leading journals in neurology. We believe that this bibliometric study, albeit limited by a relatively small sample size, reflects the larger lack of diversity and coverage on socially relevant topics in leading neurology journals. This study can be replicated to other journals and other fields as well to establish a broader view of changes or the lack thereof in medicine.

#370 RACIAL/ETHNIC DIFFERENCES IN ACCESS TO FORMAL HOME CARE AND ITS RELATION TO COGNITION AND ACTIVITY OF DAILY LIVING FUNCTIONS

T Layne*, M Shaheen, K Schrode. Charles Drew University of Medicine and Science, Los Angeles, CA

10.1136/jim-2022-WRMC.366

Purpose of Study Elderly individuals prefer to age in their home. Formal Home Care Services (FHCS) helps to support an individual’s ability to age at home. Studies have illustrated that FHCS are associated with improved Activity of Daily Living (ADL) functioning and cognition, however, there is a disparity in accessing FHCS among lower socioeconomic groups. Little research exists in the U.S. that endeavor to understand the factors associated with the lack of access to FHCS and its impacts amongst the disadvantaged groups. We aim to examine access to FHCS among African American (AA) and Latino American (LA) geriatric populations and its effect on ADLs, IADLs and cognition.

Methods Used We analyzed data related to receiving FHCS for 1,552 subjects ≥ 65 years old from the National Health and Aging Trends Study (NHATS). The outcomes included cognition, depression, injuries, mobility, and ADL function. Data was analyzed using chi square test and multiple logistic regression.

Summary of Results 25% of study subjects received FHCS [Hispanics (37%) and African Americans (36%) compared to Whites (24%), (p<0.05)]. There was no significant difference between FHCS recipients and facility care recipients in ADLs,
IADLs, cognition and depression (p>0.05). FHCS recipients were more likely to have higher injuries/hospital stays since baseline as well as an increased need for ADL assistance compared to facility care recipients (p<0.05).

Conclusions Although most Medicare beneficiaries who received home care were minorities, further analysis and investigation is needed to understand the factors associated with the poorer care outcomes observed in those who received home care.

#371 INTERVIEWING SPANISH SPEAKING PARENTS ABOUT COMMUNICATION IN THE NICU

E Batton*, L Catalan, M Freeman, C Ramos, S Hurst, K Marc-Aurele. University of California San Diego, La Jolla, CA 10.1136/jim-2022-WRMC.367

Purpose of Study To explore from whom and in what manner parents with Limited English Proficiency (LEP) receive information about their baby and to assess patient satisfaction with communication in the NICU.

Methods Used We conducted in-person interviews of Spanish speaking NICU parents using a semi-structured interview format. Parents of newborns admitted to the NICU for at least one week who identified Spanish as their preferred language were eligible. Interviews were performed by one of two bilingual providers. All interviews were audio-taped and transcribed. Transcripts were reviewed for errors by certified bilingual Spanish speakers and then translated to English. A directed content comparison approach was taken to identify contextualized segments from each interview that correspond to targeted questions. We collected newborn demographic data, length of stay, and SNAPPE II (Score for Neonatal Acute Physiology-Perinatal Extension II), a predictor of neonatal mortality.

Summary of Results Fourteen interviews were conducted. Average gestational age at birth was 33 weeks, 4 days [25.5 – 41.2] and 43% were female. Eighty-eight percent of SNAPPE-II scores at 12 hours of life were between 0 to 20 (low). The average length of stay was 45 days [9–120 days]. At the time of the interview, the infants were 32 days old on average [3–118 days]. The average interview duration was 8 minutes (5–22 minutes). Parents primarily received information from nurses and reported rarely speaking with doctors. They were more likely to receive information when they were present in the NICU and when they asked. Parents feared that interpreters were inaccurate, but no parent reported ever refusing an interpreter. They reported difficulty expressing doubts to the medical team. Parents often experienced a delay in communication, which was perceived to be as a result of not speaking English. Parents expressed variable satisfaction with the frequency of information received but almost all reported being extensively involved in their child’s care. Parents requested more bilingual providers be available in addition to electronic interpreters.

Conclusions Parents with LEP face unique challenges communicating in the NICU. Our findings can inform neonatal quality initiatives to decrease delays and burdens for families with LEP to receive timely and good communication. Future studies are needed to determine the best strategies to facilitate communication with Spanish speaking families.

#372 HOW IMPORTANT IS IT TO BE IN A COMMUNITY THAT REFLECTS YOUR RACIAL IDENTITY? EXPLORING THE EXPERIENCES OF BLACK, INDIGENOUS AND PEOPLE OF COLOR (BIPOC) STUDENTS IN RURAL & UNDERSERVED CLINICAL SETTINGS

B Cedeno Betancourt SiI*, T Keys. University of Washington School of Medicine, Seattle, WA 10.1136/jim-2022-WRMC.368

Purpose of Study Medical educators have recently begun to research clinical learning environments as experienced by BIPOC Medical students. The limited results demonstrate that BIPOC students regularly experience mistreatment and discrimination, often as microaggressions. This qualitative study aims to explore how the type of clinical settings, particularly rural and urban underserved locations impact BIPOC medical student’s experiences.

Methods Used Current self-identified BIPOC University of Washington medical students who participated and completed the Rural/Urban Opportunities Program within the last three years were invited to participate in a 90-minute focus group discussion via Zoom. The sessions were facilitated by a current medical student who utilized guided questions to explore the experiences of BIPOC students in urban/rural clinical learning environments. The guided questions were developed by the research team, and utilized in all five focus groups. From 8/4 – 9/1, 2021, five focus groups were conducted with two to four participants per focus groups and one individual interview. There was a total of 12 participants. All focus groups were transcribed and are being reviewed for thematic content. Preliminary themes were identified by the research team.

Summary of Results BIPOC students expressed general apprehensions of being placed in a rural clinical setting, more so than students who were placed in an urban underserved clinical setting, with BIPOC preceptors that serve BIPOC patients. Students placed with either a BIPOC preceptor, or within a BIPOC community tended to have a more positive clinical experience. However, being placed in an urban underserved setting is not necessarily a protector against microaggressions in the clinical setting. Students placed in a rural community with non-BIPOC preceptors who acknowledged possible microaggressions had a positive clinical experience. In general, BIPOC medical students preferred urban underserved clinical experiences over rural clinical experiences due to the belief that a rural clinical setting would result in a greater number of microaggressions.

Conclusions We found that microaggressions can take place in both urban and rural underserved clinical settings. More research needs to be done to further understand the experiences of BIPOC students to improve diversity in medical education. Immediate systemic changes include acknowledgments of the experiences BIPOC students could encounter in Rural/ Underserved clinical settings, and an avenue for safely bringing the experiences up to preceptors and faculty.
#373  THE IMPACTS OF RACE ON PREGNANCY OUTCOME IN WOMEN OF COLOR: OSTEOPATHIC MEDICAL STUDENTS’ PERSPECTIVE

I Adesina*, V Liederbauer, B Novak, AL Nelson, E Guenther. Western University of Health Sciences, Pomona, CA

10.1136/jim-2022-WRMC.369

**Purpose of Study**  The main goal of this study is to evaluate the perceptions and attitudes of medical students about the impact race has on access to quality of care as well as pregnancy outcomes in non-Hispanic Black women compared to other races.

**Methods Used**  A voluntary, anonymous 17-question survey was emailed to students at Western University of Health Sciences in Pomona, CA. Responses to most questions were rated on a 5-point Likert scale from disagree strongly to strongly agree. There was also an open-ended question for participants to share their thoughts about these issues. IBM SPSS Statistics 27 was used to run descriptive statistics and conduct chi-square analysis (a p value <0.05 was considered statistically significant). Responses from Caucasian students were compared to those who declared other races. This abstract reports the results for four of the main questions relating to these outcomes.

**Summary of Results**  The response rate was 21% (250) from the 1200 invited students. Racially, 48.0% were white, and 67% were female. First-year students made up 39.6% of the population with subsequent years in declining proportions: 23.7%, 20.8%, and 15.7% respectively. Over 85% of respondents believed that race is a strong predictor of pregnancy outcome; 66% disagreed with the statement that health problems of women of color are primarily due to personal choices they make. Over 87% of respondent agreed the color of a person’s skin can influence the quality of medical care that a person receives.

**Conclusions**  Even though studies show that Black women have maternity mortality rate 3–4 times higher than non-Hispanic White women, 15% of respondents did not recognize the impact that race had on maternal outcomes. One-third of students did not disagree with the statement that Black women are primarily responsible for their own poor health. Importantly, one in seven students was not aware of the increased mistrust women of color have of the medical system. The findings demonstrate remaining education gaps that despite limited response rate, may serve as a baseline to measure the impact of more extensive curriculum changes to teach medical students more about equality and diversity in the future.

#374  VARYING RATES OF DISABILITY EXPOSURE REPORTED ON CORE ROTATIONS WHILE OSTEOPATHIC MEDICAL STUDENTS REPORT SUPPORT FOR FORMAL DISABILITY TRAINING

1KM Lucara*, 2S Henderson, 3M Blair, 4AL Nelson, 5E Guenther. 1Western University of Health Sciences College of Osteopathic Medicine of the Pacific-Northwest, Lebanon, OR; 2Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA

10.1136/jim-2022-WRMC.370

**Purpose of Study**  In the 2014 US Census, 17.6% of adults were severely disabled. People living with a disability have self-reported higher rates of dissatisfaction regarding unmet needs in their healthcare experience and there are no standards in the Commission on Osteopathic College Accreditation curricula for treating those with disabilities. Without the accreditation standards, we sought to quantify the exposure to caring for patients with disabilities that 3rd and 4th year osteopathic medical students (OMS) get while on clinical rotations, to investigate how prepared students felt they were to care for this population. We also studied the attitudes of OMS towards formal disability training.

**Methods Used**  An anonymous, beta-tested, IRB-approved survey and clarifying disability definitions were distributed electronically to all 3rd and 4th year OMS on clinical rotations in the spring. Descriptive statistics were calculated for each question based on the denominator of individuals who responded to the specific question.

**Summary of Results**  600 surveys were distributed, and 59 responded with 40 completed. 51% of students reported exposure to caring for people with disabilities prior to medical school. 30% reported being exposed to greater than 20 patients with disabilities on rotations. Reported exposure rates to caring for patients with disabilities differed by core rotation: internal medicine (86%), psychiatry (84%), family medicine (79%), pediatrics (77%), osteopathic manipulative medicine (76%), surgery (53%), and obstetrics and gynecology (36%). Students reported the most comfort with patients with physical/ambulatory disabilities (85%) and the least comfort with sensory difficulties (50%). Using the Likert-scale, 68% reported feeling probably (4/5) or definitely (5/5) prepared to care for patients with disabilities. However, 68% also felt the current curriculum probably or definitely did not fully prepare them and thought formal disability training should be added to pre-clinical curriculum.

**Conclusions**  In this pilot study, experience with the care of individuals with disabilities was observed on all core medical rotations, but some offered minimal exposure. Overall, students were in strong support of implementing formal training in caring for patients with disabilities and the majority felt the current curriculum did not prepare them to care for these patients.

#375  AN ASSESSMENT OF ACCESS TO TOPICAL CALCINEURIN INHIBITORS FOR PEDIATRIC VITILIGO

1H Munzing*, 1,2,3H Bradding-Bennett. 1University of Washington School of Medicine, Seattle, WA; 2Seattle Children’s Hospital, Seattle, WA; 3UW Medicine, Seattle, WA

10.1136/jim-2022-WRMC.371

**Purpose of Study**  Vitiligo is an autoimmune disease that presents with depigmented patches of skin and hair. Untreated childhood vitiligo can have lasting psychosocial effects on patients and their caregivers. Many insurance companies, Medicaid in particular, consider vitiligo to be a ‘cosmetic disease’ without considering the substantial psychosocial health implications. Absence of an FDA-approved therapy for repigmentation of vitiligo offers further challenge, though off-label therapy with topical calcineurin inhibitors (TCIs) is a first-line therapy. This study examined access to TCIs among patients with Medicaid insurance compared with private insurance.

**Methods Used**  A retrospective cohort study was conducted at Seattle Children’s Hospital’s (SCH) which examined the medical records of patients (180) that were <18-years-old, seen between January 2010 and December 2020, had at least two
medical visits with a diagnosis of vitiligo, and were prescribed treatment with tacrolimus or pimecrolimus (TCI). Their records were reviewed for prescribed treatment plan, ability to access the TCI medications, and insurance type. Associations of Medicaid vs. private insurance and quality of TCI access were studied. Chi-squared statistical testing was used to determine significant differences between treatment access in Medicaid versus private-insurance patients.

**Summary of Results** Patients with Medicaid represented 66.9% of the study cohort while private insurance accounted for 33.1%. Of the Medicaid patients, 50.4% experienced ‘good access’ (no insurance issues reported) to the prescribed TCI compared to 89.5% of private-insurance patients. ‘Challenging access’ (received medication but experienced: denials initially or during treatment, limited access to more potent TCIs, or necessity to pay out-of-pocket) was reported for 41.7% of Medicaid patients and 7.0% of private-insurance patients. ‘No access’ was experienced by 7.8% and 3.5% of patients with Medicaid and private insurance, respectively. There is a statistically significant difference in the ability to appropriately access the prescribed treatment for vitiligo for private insurance versus Medicaid patients (p ≤ 0.001). Of the 29 documented prior authorization denials, 18 referenced ‘cosmetic’ conditions for the coverage denial.

**Conclusions** Insurance carriers frequently consider vitiligo to be a cosmetic condition, limiting access to prescribed TCI medications for pediatric patients. Inequity in access to prescribed treatment exists for patients with Medicaid versus private insurance coverage. Medicaid patients are much more likely to experience insurance denials, lapses in treatment coverage, out-of-pocket cost, and limited coverage of stronger TCI formulations.

### Abstracts

**Endocrinology and metabolism III**

**Concurrent session**

8:00 AM

**Saturday, January 22, 2022**

**#376 Twenty Years on—Has Patient-Centered Care Been Equally Well Integrated Among Medical Specialties?**

S Lim*, A Khorrami, RJ Wassersug, The University of British Columbia Faculty of Medicine, Vancouver, BC, Canada

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**Purpose of Study** The concept of ‘patient-centered care’ (PCC) was endorsed by a US Institute of Medicine 2001 publication, now cited >5000 times. PCC emphasizes autonomy of patients, prioritizing their subjective assessment of healthcare needs. In this study, we assessed how 6 medical specialties—pediatrics, OB-GYN, orthopedics, radiology, dermatology, and neurosurgery—have engaged with PCC plus two derivative concepts: ‘person-centered care’ (PeCC) and ‘family-centered care’ (FCC) over the past 20 years. We hypothesize that large differences in use of these terms reflect gender differences among physicians within the disciplines. Specifically, female dominated fields will have greater engagement with PCC, PeCC and FCC.

**Methods Used** Reference to PCC, PeCC and FCC in the medical literature for the 6 specialties was used as a proxy for clinical engagement of the concepts in those disciplines. We gathered our sample by cross referencing MeSH terms of PCC, PeCC & FCC and the medical subspecialty in PubMed, CINAHL, and PsycInfo. In each specialty, a Pearson correlation test elucidated the change in number of publications of each concept versus percent of female physicians.

**Summary of Results** There is significant correlation (all p < .00001) between reference to PCC in the literature and the number of women in each field except neurosurgery (p > .05). Pediatrics showed the most extensive reference to PCC followed by OB-GYN, with a significant difference between all disciplines (p < .001). When correcting for the number of papers published in the different fields, reference to PCC is ~18X more common in pediatrics than in neurosurgery. PeCC is used in pediatrics and OB/GYN far more than any other specialty. PCC use grew exponentially each year until 2016, when the trend started to flatten/decline. Conversely, PeCC references have only climbed. If this continues, within 3 years, PeCC will overtake PCC as the dominant care centricity term in academic literature. FCC is exclusively used by pediatrics.

**Conclusions** Differences in engagement with PCC, PeCC, and FCC appear to reflect true differences in face-to-face interactions within the disciplines, with high uptake in person-oriented specialties (pediatrics & OB/GYN) and low uptake in technique-oriented specialties (surgery). Our data show these differences correlate with the percentage of females in each specialty. Over the last 20 years, order of PCC uptake in the fields has not changed; the female bias has persisted. Our results do not endorse nor reject PCC/PeCC/FCC ideology. Rather, they recognize stereotypical cognitive differences between men and women. Particularly, Baron-Cohen et al (2013) have shown women are more attentive to patients’ facial expressions and underlying emotional needs. Thus, as gender proportions continue to shift, we anticipate changes to medical culture. Ideal care will embrace both stereotypical male & female modes of medical practice.

**#377 Sensitivity and Specificity of the Montreal Cognitive Assessment for Detecting Clinically Significant Cognitive Impairment in Older Adults with Type 1 Diabetes**

R. Kudma*, J Choe, L Forseca, N Chaytor. Washington State University Elson S Floyd College of Medicine, Spokane, WA

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**Purpose of Study** The Montreal Cognitive Assessment (MoCA) is a screening test used to detect cognitive impairment. Data for using MoCA in older adults with type 1 diabetes (T1D) is limited despite increased risk for cognitive impairment in this population.

**Methods Used** Older adults with T1D were administered a battery of neuropsychological measures and the MoCA. Clinically significant cognitive impairment was defined as 2 or more test performances ≥1.5 SD below demographically corrected normative data. Receiver operating curve (ROC) analysis was performed and the Youden index was used to select an optimal MoCA cutoff score.
Summary of Results: 201 older adults with T1D (mean age = 68.3, 47% female, 57% with bachelor’s degree or higher, 92% non-Hispanic white) completed both the neuropsychological test battery (47.8% impaired) and MoCA (mean = 25.5, SD = 3.1). ROC area under the curve was 0.745 [95% CI 0.678 - 0.812, p < 0.05]. The standard cutoff score of <26 resulted in sensitivity of 0.604 and specificity of 0.714, while a cutoff score of <27 resulted in a sensitivity of 0.750 and specificity of 0.610. The Youden indices for these cutoff values are 0.318 and 0.360 respectively. Minimally acceptable sensitivity (i.e., >0.80) was obtained when using a cutoff score of <28, while >0.80 specificity was obtained with a cutoff score of <25.

Conclusions: The MoCA appears to have moderate overall utility as a cognitive screening instrument in older adults with T1D. Use of the standard cutoff score of <26/30 may not adequately detect those requiring further evaluation (60% sensitivity). The optimal MoCA cutoff score (based on Youden’s Index) for detecting cognitive impairment defined by neuropsychological testing was <27/30. A score of <28 resulted in acceptable sensitivity, but was accompanied by low specificity (42%), necessitating further cognitive evaluation.

#378 SIDE EFFECT SYNERGISM BETWEEN METFORMIN AND GLP-1 RECEPTOR AGONISTS – AND A SOLUTION
IM Miles*. University of Kansas Medical Center, Kansas City, KS

Case Report: Metformin (MET) is the most widely prescribed medication for type 2 diabetes (T2DM), but it has an unfortunate gastrointestinal (GI) side effects (chiefly diarrhea, in 30% or more of patients) that limit its use in some individuals. MET raises circulating concentrations of glucagon-like peptide-1 (GLP-1), increases satiety, and in some studies delays gastric emptying. Roughly half of an oral dose of MET is not absorbed; and is thought to be responsible for bile acid malabsorption. GLP-1 receptor agonists (GLP-1RAs) are often used in combination with MET and have their own GI side effects; as many as 10–20% of subjects receiving GLP-1RAs experience nausea and/or diarrhea. We report 6 patients with type 2 diabetes who developed GI side effects when taking MET and a GLP-1RA in combination. Included were 4 males and 2 females, 70 ± 2 years old, with BMI 34±3 kg/m2 and hemoglobin A1c 7.5±0.8%. All were taking MET 2000–2500 mg/day in two divided doses before meals or otherwise on an empty stomach, with no GI side effects. When exenatide ER 2 mg weekly was added to MET, a 79 y.o. woman developed severe diarrhea, nausea and vomiting. These symptoms resolved completely when she started taking both doses of MET immediately after eating (PC). Initiation of semaglutide 0.25 mg weekly resulted in intolerable nausea in a 68 y.o. woman; her symptoms disappeared with PC administration of MET, and she subsequently had no side effects on the 0.5 mg dose. A 68 y.o. man was given dulaglutide 0.75 mg/week and tolerated it without difficulty, but when the dose was increased to 1.5 mg/week he developed severe diarrhea and nausea that resolved completely when he took a 48 h holiday from MET; symptoms did not recur when he resumed MET immediately PC. A 64 y.o. man tolerated dulaglutide 0.75 mg/week but had abdominal cramping and diarrhea with the 1.5 mg dose. There was complete remission of symptoms with PC administration of MET, and he eventually tolerated 3.0 mg/week with no GI side effects. When a 70 y.o. man increased the dose of dulaglutide from 1.5 mg/week to 3.0 mg/week he began having near-daily diarrhea. He started taking MET on a full stomach and eventually was able to take 4.5 mg dulaglutide with no adverse GI effects. A 69 y.o. man began having diarrhea and abdominal discomfort when the dose of dulaglutide was increased from 0.75 mg/week to 1.5 mg/week. With PC administration of MET, he eventually was able to take 4.5 mg/week with no GI side effects. Conclusions: These 6 cases demonstrate side effect synergism between GLP-1RAs and MET that resolved when MET was taken PC. When diarrhea occurs with initiation of a GLP-1RA, it may thus be an indirect effect mediated via MET, since GLP-1RAs do not cause bile acid malabsorption. After-meal administration of MET allows some patients to tolerate a full dose of both medications, with potential greater benefit in the treatment of T2DM.

#379 METFORMIN INDUCED LACTIC ACIDOSIS: A CASE REPORT
1P Chan*, 2E Deemer, 2L Moosavi, 2A Heidari. 1Ross University School of Medicine, Miramar, FL; 2Kern Medical Center, Bakersfield, CA

10.1136/jim-2022-WRMC.379

Purpose of Study: To present a rare case of metformin induced lactic acidosis (MALA)

Methods Used: Retrospective study

Summary of Results: Metformin is the most commonly prescribed and preferred initial drug therapy for type 2 diabetes. Metformin is the only FDA-approved biguanide, due to its lower risk for lactic acidosis. Although rare, metformin-associated lactic acidosis (MALA) has a mortality rate of 31%, which underscores the importance of early diagnosis and treatment.

We report on a 75-year-old female with diabetes mellitus type 2 with Hba1c 13.6% and hypertension presented to the emergency room complaining of 2 episodes of clear, watery diarrhea, nausea, and 2 episodes of nonbloody nonbilious emesis for 2 days. Labs were significant for acute kidney injury (AKI) with creatinine of 5.65 mg/dL, anion gap metabolic acidosis (Na of 129 mmol/L, Cl of 96 mmol/L, HCO3 of 20 mmol/L, and corrected anion gap of 19 mmol/L), and severe lactic acidosis of 8.4 mmol/L. Over 3 days, the lactic acid levels were labile at 8–9 mmol/L, despite aggressive fluid resuscitation. Computerized tomography (CT) abdomen/pelvis, retroperitoneal ultrasound, comprehensive stool panel, blood cultures, and wound cultures were negative for infection, while urinalysis and culture were positive for yeast. Patient’s kidney function progressively worsened with oliguria, requiring...
hemodialysis (HD). After 2 HD sessions, the patient's lactic acidosis and anion gap metabolic acidosis resolved.

Of note, the patient was admitted and treated 1 week prior for intractable nausea/vomiting, acute injury 1 week prior for intractable nausea/vomiting, acute injury and urinary tract infection. At discharge, the patient's labs showed blood urea nitrogen of 18 mg/dL and creatinine of 0.86 mg/dL. She was discharged with ciprofloxacin 500 mg twice daily, Metformin 500 mg twice daily, and lisinopril 2.5 mg daily.

**Conclusions** Metformin is a first-line diabetes medication with a well-known, rare, side effect of lactic acidosis. As a diagnosis of exclusion with a high mortality risk, it is imperative physicians can quickly identify and treat. The treatment for MALA is HD or continuous veno-venous hemofiltration (CVVH) and should be initiated urgently to prevent further morbidity or mortality.

Ultimately, this patient’s rapid decline following metformin initiation illustrates the importance of early recognition and treatment of MALA.

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**VITAMIN D STATUS AND CYSTIC FIBROSIS RELATED DIABETES: A RETROSPECTIVE CHART REVIEW**

1. Guanawdana*, 2Y Peng, 2M Wu, 1J Alvarez, 1T Tangrichia. 1Emory University, Atlanta, GA; 2Emory University School of Medicine, Atlanta, GA

Purpose of Study Cystic fibrosis, caused by a mutation of the cystic fibrosis transmembrane conductance regulator (CFTR) gene, often results in chronic infection and retention of mucus in the lungs. This drastically decreases the functionality of epithelial cells and has been found to be comorbid with organ dysfunctions such as the pancreas, liver, and even vas deferens. Pancreatic disorder in patients with CF has been associated with decreased absorption of fat-soluble vitamins, including A, D, E, and K, but its relationship with vitamin D hasn’t been reported [1].


Methods Used In this retrospective chart review of a longitudinal cohort study of patients identified from the Emory Clinic Data Warehouse, it was attempted to determine the relationship between vitamin D levels and the onset of CFRD. Vitamin D levels were measured via serum 25-hydroxyvitamin D (25(OH)D), with measurements taken between January 1st, 2008, and December 31st, 2012. Patients included as part of the study were CF patients in the Emory Clinic and Hospital from 2002–2012, and were stratified based on decreased vitamin D levels. Log-rank (Mantel-Cox) Tests compared the relative risk of time to CFRD onset by vitamin D status, while Chi-square tests assessed the association between the development of CFRD and vitamin D status.

Summary of Results The chi-square tests concluded that 25(OH)D< 20ng/mL and CFRD development are not independent events (P<0.05”), and log-rank (Mantel-Cox) Test showed a significant hazard ratio between time to CFRD onset and vitamin D status stratified by deficiency at 25(OH)D < 20ng/mL (95%CI: 1.2, 2.7, P< 0.05”).

Conclusions Adults with CF and 25(OH)D levels below 20ng/mL were at an increased risk of developing CFRD overall, while those below 30 ng/mL didn’t show similar correlations. As such, concentrations of 25(OH)D above 20 ng/mL may decrease risk of progression to CFRD, in those with CF.

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**THE DEVELOPMENT OF FOURNIER’S GANGRENE IN A PATIENT WITH A HISTORY OF SCROTAL ABSCESS AND UNDERLYING TYPE 2 DIABETES TREATED WITH A SODIUM-GLUCOSE COTRANSPORTER-2 INHIBITOR**


Purpose of Study Fournier’s gangrene (FG) is a life threatening disease characterized by necrotizing fasciitis of the scrotal and perineal areas. Sodium-glucose cotransporter-2 (SGLT2) inhibitors are a widely approved antihyperglycemic therapy that have been associated with an increased risk of FG. We present a case involving a diabetic patient developing FG several years after initiation of empagliflozin along with a thorough review of the literature.

Case Report Fournier’s gangrene (FG) is a life threatening disease characterized by necrotizing fasciitis of the scrotal and perineal areas. Sodium-glucose cotransporter-2 (SGLT2) inhibitors are a widely approved antihyperglycemic therapy that have been associated with an increased risk of FG. We present a case involving a diabetic patient developing FG several years after initiation of empagliflozin along with a thorough review of the literature.

Case Presentation This case involves a 72 year old Native American male veteran who was initially treated for a left scrotal abscess in 2005. It was during this admission that the veteran was first diagnosed with type 2 diabetes mellitus and started on gliplizide. Metformin, glargine, and saxaglitin were sequentially added to his regimen. In 2019, he was started on...
MATERNALLY INHERITED PTCHD1 VARIATION CAUSING NEURODEVELOPMENTAL DISORDER IN A FEMALE

1SL Cole*, 5S Nishizaki, 1L Aki Higa, 2M Dennis, 1JJ Shen. 1UC Davis, Sacramento, CA; 5University of California Davis, Davis, CA

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Purpose of Study This study aims to expand the knowledge of PTCHD1-related neurodevelopmental disorder as a potential cause of developmental delay/intellectual disability and autism spectrum disorder in females.

Methods Used Genetic workup included MECP2 single gene sequencing, chromosomal microarray, short stature panel, Russell-Silver syndrome methylation testing, intellectual disability panel, genome sequencing, and X-inactivation testing.

Summary of Results Genetic workup including MECP2 single gene sequencing, chromosomal microarray, short stature panel, and Russell-Silver syndrome methylation testing were negative. An intellectual disability panel yielded 5 variants of uncertain significance (VUS) that were not compelling. Genome sequencing yielded two likely pathogenic variants per ACMG standards: p.R90* in SCO2 (explanatory for family history of myopia) and p.Y478* in PTCHD1, both maternally inherited. This variant in PTCHD1 was not observed in large-scale databases and variation in PTCHD1 has previously been reported in association with neurodevelopmental disorders. Therefore, PTCHD1-associated neurodevelopmental disorder is inherited in an X-linked fashion, so we sought to determine if a skewed X-inactivation could cause expression in the proband and not this is a very rare condition with only ~40 patients identified worldwide, there is more information known clinically compared to our knowledge about the pathogenic mechanism of disease. We aim to use a zebrafish model to provide further insights.

Methods Used We are establishing a zebrafish model to evaluate CNKSR2-related disease. Due to a genome duplication event there are two paralogues, Cnksr2a and Cnksr2b, that are being disrupted individually and in combination, to determine the extent to which the human disease can be recapitulated. Embryos are injected with knockout DNA designed using CRISPR technology. Once hatched, several tests are performed using FishInspector to evaluate for dysmorphology, and Zebrabox to assess for seizures. FishInspector software is used to measure characteristics of wildtype zebrafish against the CNKSR2 disease model. Features evaluated include head size, eye size and spacing. For seizure evaluation, zebrafish are evaluated first in a normal state and then taken through procedures to reduce the seizure threshold. The movement and activities during each cycle are compared between wild type and the disease model.

Summary of Results At a few days of life the zebrafish were evaluated for phenotypic differences in dysmorphology and movement. Preliminary findings indicate that loss of one of the paralogues results in a statistically significant larger head size (macrocephaly) and that the CNKSR2 disease model zebrafish appear to exhibit more activity consistent with seizures compared to wild type.

Conclusions Studying human disease through zebrafish allows for comprehensive phenotyping of rare genetic conditions, and this model represents a valuable translational medicine tool in investigating future treatments such as gene therapies.
in the mother. This X-inactivation testing revealed a ratio of 100:0, consistent with a highly skewed pattern with the maternal X chromosome active while the paternal X chromosome is inactive.

Conclusions Variation in PTCHD1 has previously been reported in association with a broad phenotype of autism and developmental delay/intellectual disability (DD/ID), however this X-linked disease is rarely reported in females. Here we report a case in which a truncating variant in PTCHD1 was inherited from an unaffected mother to an 8-year old female proband with DD/ID, and for which X-inactivation studies demonstrated significant skewing towards the truncated allele. This case highlights the utility of genome sequencing and X-inactivation studies to diagnose challenging cases of X-linked disease in females that may otherwise be overlooked.

## Abstracts

### #385 CALCULATION OF BRAIN ORGANOIDS GLUCOSE CONSUMPTION. A CRITICAL FIRST STEP IN UNDERSTANDING ORGANOID METABOLISM

L Forero*, AE Lee, UM Bird, C Snethlage, A Muzi. University of California San Diego, La Jolla, CA

10.1136/jim-2022-WRMC.381

Purpose of Study Cortical organoids are in-vitro models of the human cerebral cortex. They are derived from human subjects, cultured as pluripotent stem cells, and then differentiated into self-organizing neuronal tissue. They offer a unique way to explore neuroscience in an accessible and flexible environment free of the constraints of in-vivo testing. However, their fidelity as a model for the human brain is still not entirely clear. With the goal of future use in translational research, further study is needed to compare the metabolism and physiology of organoids to functional human brain tissue. The goal of this study was to find the average glucose consumption of an in-vitro organoid and compare this with the glucose consumption of an in-vivo human brain.

Methods Used We will be using 232 established mature brain organoids derived from a healthy subject divided into six wells with 3mL each of standard neurobasal media. We will estimate weight per organoid based on previously established average values. We will measure at Time A the glucose within three 1mL samples of the organoid media using a YSI analyzer. Approximately 48 hours later, at Time B, we will take another three samples from the other three wells and again assess the glucose content via YSI analyzer. We will then analyze the glucose consumed by calculating glucose per 1 gram of tissue per day. Finally, we will compare this to known values of human cortical glucose consumption.

Summary of Results The average glucose organoid consumption per organoid was 0.035 mg of glucose in 24 hours. On average, an adult human brain consumes 120 grams of glucose in 24 hours. Estimating an average human brain weight of 1300 grams, we estimated that an adult human brain consumes 90 grams of glucose per gram of brain tissue per day. Per our findings, organoids consumed on average 26 mg of glucose per gram of brain organoid tissue per day.

Conclusions We have performed an experiment revealing the average glucose consumption of a mature cortical organoid, something that has never before been published in the medical literature. We have discovered that organoids consume approximately 1/3 of the glucose that the average human brain consumes. This information will help establish further translational potential as well as in any future experiments with organoids involving metabolism.

### #386 NEONATAL LETHALITY AND GENETIC MODIFIERS IN A NEW MOUSE MODEL OF NIEMANN-PICK DISEASE, TYPE C

1,2JL Rodriguez-Gil*, 1DE Watkins-Chou, 2FM Platt, 1WI Pavan. 1NHGRI, Bethesda, MD; 2Stanford University School of Medicine, Stanford, CA; 3University of Oxford Medical Sciences Division, Oxford, UK

10.1136/jim-2022-WRMC.382

Purpose of Study Niemann-Pick Disease, Type C (NPC) is a fatal neurodegenerative disorder that exhibits intracellular accumulation of unesterified cholesterol in late endosomes/lysosomes and marked accumulation of glycosphingolipids in neuronal tissue. NPC disease is extremely heterogeneous in the timing of clinical presentation (prenatal to adulthood) and severity. Currently there are no FDA-approved therapies that effectively increase lifespan or slow disease progression. For rare disorders such as NPC where sample size is limited, model organisms have played an essential role in the identification of genetic modifiers. We hypothesize that strain-specific variants between inbred mice will have an impact on disease severity, enabling us to identify potential genetic modifiers of NPC disease.

Methods Used We generated a new mouse model for NPC1 harboring a novel allele (Npc1<sup>100**</sup>) using CRISPR/Cas9-mediated gene targeting.

Summary of Results Neonatal lethality: During characterization of this mouse model, a significant reduction of viable homozygotes was observed (10.5% vs. 25%, p<0.0001). Interestingly, the expected genotype frequency was observed at E19.5 (25%) suggesting Npc1 mutants exhibit a previously uncharacterized lethal phenotype postnatally. We confirmed that the majority of Npc1 mutants died shortly after birth and showed signs of respiratory insufficiency. Subsequent electron microscopy analysis of lung tissues showed atypical surfactant morphology.

Genetic modifiers: We also identified strain-specific QTL affecting lifespan. Interestingly, Npc1 mutants on a B6j genetic background had a more severe visceral pathology of foam cell accumulation than Npc1 mutants on a BALB/cJ background. These underlying pathological changes translated into B6j mutants having a significantly shorter lifespan (70 days) than mutants on a BALB/cJ background (84 days; p<0.0001), suggesting strain-specific modifiers contribute to disease severity. QTL analysis of backcross N2 mutants detected significant linkage to markers on chromosomes 1 (LOD=5.57) and 7 (LOD=8.91).

Conclusions The generation of our new NPC1 mouse model facilitated the first analysis of neonatal lethality in an NPC1 model organism. This was also associated with abnormal lung surfactant pathology. A similar phenomenon has been reported in NPC patients with pre/perinatal onset. This model may serve as the first animal model for neonatal-onset NPC1. Furthermore, our study is also the first to identify genomic regions in Npc1 mutant mice containing potential modifier variants associated with changes in lifespan. Identification of modifiers will contribute to our understanding of the highly variable phenotype observed in NPC patients and advance our efforts to improve patient therapy.
Purpose of Study  

Hyperammonemia is a documented phenomenon in patients with fibrolamellar hepatocarcinoma (FH). Several proposed mechanisms for hyperammonemia in these patients, including intrahepatic shunting, increased cell breakdown from chemotherapy initiation, decreased expression of the OTC gene in tumor cells undergoing treatment with chemotherapy, or a paraneoplastic process disrupting the urea cycle. We hypothesize that the etiology of hyperammonemia in patients with FH is due to acquired ornithine transcarbamylase (OTC) deficiency.

Methods Used  

Chart review, biochemical laboratory analysis, and literature review.

Summary of Results  

Here we describe a 9-year-old girl with newly diagnosed fibrolamellar hepatocarcinoma (FH) with secondary liver failure, hyperammonemia, renal insufficiency with acute kidney injury, gastrointestinal (GI) bleed, and large portal vein thrombosis. Physical exam demonstrated evidence of portal congestion, including dilated veins on the abdomen as well as an enlarged liver. Ammonia level peaked at 370 umol/L prior to initiation of continuous renal replacement therapy (CRRT). Biochemical laboratory analysis while on CRRT included plasma amino acids with normal glutamine, normal acylcarnitine profile, and significantly elevated orotic acid in the urine. She was experiencing persistent hyperammonemia ranging from 200–250 umol/L despite CRRT, so she was treated with intravenous arginine and Ammonul (sodium phenylacetate and sodium benzoate). These medications are used in the treatment of primary OTC deficiency, and they produced a decrease in ammonia to normal levels in our patient. Other medication options, including lactulose, rifaximin, and other oral medications were not able to be given due to her ongoing GI bleed. Repeat plasma amino acids were sent once CRRT was discontinued and showed elevated glutamine.

Conclusions  

Our patient demonstrated biochemical findings (hyperammonemia, elevated glutamine, significantly elevated urine orotic acid) and response to treatment that were suggestive of acquired OTC deficiency. Acquired OTC deficiency is defined by decreased OTC activity that is independent of an OTC disease-causing variant. This evidence supports the hypothesis that acquired OTC deficiency is the etiology of hyperammonemia in FH. Surjan et al. hypothesized that the molecular mechanism is related to increased expression of a fusion protein that activates expression of Aurora kinase A. Aurora kinase A then upregulates c-Myc expression, an oncogene that targets ODC. ODC in turn catalyzes the decarboxylation of ornithine in polyamine synthesis, shunting ornithine away from the urea cycle and inhibiting OTC activity. In order to investigate this proposed mechanism, we intend to conduct further studies to measure polyamine synthesis, a downstream effect of the aforementioned mechanism.
Purpose of Study University of Nevada, Reno School of Medicine’s (UNR Med) Medical First-Year Intensive Transition (MedFIT) is a two-week orientation program that introduces matriculating students to the academic and extracurricular rigor of medical school. The established program includes a curriculum of lectures intended to introduce students to a normal week of medical school culminating in a low-stakes, professor-written lecture exam and anatomy practical. In addition, students are placed into groups and introduced to their Pack Mentor, a 2nd year medical student that serves as a longitudinal peer mentor. Previous research on UNR Med’s MedFIT has evaluated the curriculum structure through qualitative feedback with student perceptions. However, there is a lack of quantitative data analyzing the real efficacy of each session through objective assessment.

Methods Used A survey was used to evaluate the subjective efficacy of the MedFIT program as well as the objective assessment of their gained knowledge from the program, both pre- and post-MedFIT in July 2021. The survey contained a mix of Likert-style and free response questions for the perceived efficacy and receptivity to various sessions. Additionally, multiple choice questions were included to assess true efficacy through student’s retention of the information. The data collected will be evaluated using a paired t-test to compare pre- and post-MedFIT survey scores of each question. Longitudinal retention of this material and relevance to performance in medical school will be evaluated with a post Block 1 and Block 2 survey in early October and December 2021, respectively.

Summary of Results From preliminary analysis of our results, students viewed the lectures, mock lecture exam, and anatomy practical as the most helpful in preparing them for medical school. The nutrition lecture and student panels were deemed least helpful. We saw large improvements between our pre- and post-MedFIT survey scores in students’ confidence to find reputable medical sources, understand the Medical Student Performance Evaluation, and which extracurriculars are available to get involved in. Scores in comfortability regarding the Pack Mentor mentorship program or how to manage stress in medical school lacked significant change. Our largest improvements in actual efficacy include information on student body leadership positions as well as supplemental training sessions with a 51% and 49% increase in scores, respectively.

Conclusions Preliminary results indicate that MedFIT is effective at presenting salient administrative information and policies while acclimating students to medical school but that the Pack Mentor program could be an area for improvement in the future. Potential solutions might be adding in more structured interactions to allow for cohesiveness across all groups and more time for the incoming students to meet their classmates through social wellness activities.
Purpose of Study
Prostate cancer is the 3rd leading cause of death among Canadian men with radiotherapy and prostatectomy as options for each disease stage. Studies show that information about treatments and management of side effects are the most needed information for cancer patients. With ~22 billion people visiting YouTube and many cancer patients using it as a source for cancer related information, it is prudent to understand the quality of information available. This study aims to describe the quality of YouTube videos with specific focus on radiotherapy and prostatectomy and the management of treatment side effects.

Methods Used
Videos were selected by searching phrases such as ‘Prostate Cancer Radiotherapy’ or ‘Prostatectomy side effects and/or management’. The first 50 videos were recorded. A rating tool derived from similar tools for the evaluation of websites was adapted to analyse the videos for: currency, attribution, content, coverage and accuracy, DISCERN was used to score attribution and content. Materials from NCCN, UpToDate and cancer.ca were used to develop a consensus document and to evaluate accuracy and coverage of the information presented. Two raters were involved in the review to ensure consistency.

Summary of Results
Of the videos analyzed, video length ranged from one minute to one hour long and the dates of creation from 2012 to 2021. Videos were led by physicians (74%), patients (16%) or other health professionals (8%). Of the presenters, physician Video Popularity Index = 23.5 while patient presented videos = 61.4. 57% Radiotherapy videos described the procedure or the risks/benefits of the procedure while 33% provided a description of both the procedure and described risks/benefits. 53% Prostatectomy videos described the procedure or the risks/benefits of the surgery while 33% provided both a procedural description and risk/benefits. 83% Radiotherapy videos covered side effects, 60% covered quality of life, and 70% covered special considerations. In comparison, 83% prostatectomy videos covered side effects, 73% covered quality of life, and 78% covered special considerations. No misinformation was found in radiotherapy videos, however 13% had missing or ill-elaborated information for side effects. Similarly, no misinformation was found in prostatectomy videos but 19% did not discuss the procedure in depth.

Conclusions
This study provides a description of online resources available to prostate cancer patients. While most of the information is accurate, not all videos cover quality of life, or could be improved to better explain technical aspects of treatment & management of side effects. This information can be helpful for physicians and patients to navigate educational needs, improve patient understanding and increase patient independence in effective coping and management of side effects.
STRATEGIES TO IMPROVE ALCOHOL USE DISORDER POST-DISCHARGE TREATMENT ENGAGEMENT IN MCCALL, IDAHO

N Massey*. University of Washington School of Medicine, Seattle, WA

Purpose of Study Discussions with local healthcare workers from McCall, a small resort town of 3,000 nestled in the mountains of central Idaho, regarding public health issues highlighted concerning high rates of alcohol use within the community. These observations were supported by the St. Luke’s 2019 Community Health Needs Report that reported 25% of the population engaged in binge drinking in 2016 compared to the national average of 16%. Further investigation highlighted the ways a culture of substance abuse, rising costs of living, and a significant shortage of treatment options contribute to high rates of alcohol use within McCall.

Methods Used An asset-based approach was selected to investigate possible interventions to address alcohol use disorder (AUD). Input from staff at St. Luke’s McCall pointed to Recovery Oriented Community (ROC), the only local resource helping individuals with AUD. ROC is led by a group of peer-recovery coaches (PRC), individuals with lived experience in recovery that are focused on providing recovery coaching and resource navigation. Initial discussions with ROC centered around existing ideas to begin introducing hospitalized patients with AUD to PRC. This concept aims to help patients connect with recovery resources after discharge. A literature review of available data was selected to begin investigating the viability and efficacy of such a system.

Summary of Results Research thus far has demonstrated the feasibility of the proposed system and shown encouraging results including improved post-discharge treatment engagement and lower rates of alcohol use following hospitalization. This information was delivered to ROC in an effort to bolster existing discussions with St. Luke’s to develop specific policies that incorporate PRC in hospital care for patients with AUD.

Conclusions The asset-based approach used for this project allowed opportunities to assist ROC through providing evidence and support for ongoing efforts to address AUD in McCall. Most meaningfully, this project was done in a practical and relatively expedient manner with little initial capital. Future work with ROC will focus on educating providers on the benefit of PRC, the development of a strong relationship between these providers and ROC, and ongoing research into the efficacy of this system.

SUPPORT FOR PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS IN RAVALLI COUNTY, MONTANA USING AN ASSET-BASED APPROACH

IM Starke*. University of Washington School of Medicine, Seattle, WA

Purpose of Study Ravalli County, Montana has an older population, with 26.5% being 65 or older compared to just 19.3% of the state of Montana. Hospice staff note that many people move to Ravalli County to retire for the rural lifestyle and outdoor recreation. In this study, an asset-based approach was used to identify a need in Ravalli County for more support for people with dementia and their caregivers. A review of literature found that Memory Cafes are a realistic intervention.

Methods Used The Ravalli County Health Assessment was reviewed to identify epidemiological factors unique to the county. Next, interviews with a primary caregiver and hospice staff were conducted to learn about specific needs. Additionally, an interview was conducted with the Ravalli County Council on Aging (RCCOA) to recognize existing assets in the community and where there is need for more growth. Finally, literature was reviewed to identify a realistic intervention.

Summary of Results A primary caregiver and hospice staff noted that there is a need for more support for caregivers of the elderly population. The director of RCCOA informed of a plethora of services they offer to the elderly and said there is a specific need for more support for people with dementia and their caregivers. They also noted that RCCOA has resources to expand services in the community. A qualitative study from London found that Memory Cafes, which are a weekly-monthly gathering in the community for people with dementia and their caregivers, provides socialization, decreases isolation, normalizes living with dementia, and supports caregivers of people with dementia.

Conclusions People with dementia and their caregivers in Ravalli County, Montana could better be supported through the implementation of Memory Cafes. RCCOA has the resources and connections in the community to organize this service, making Memory Cafes a realistic intervention for Ravalli County. The asset-based approach was successful because it worked from the perspective of both community members and community organizations as well as the literature to identify a need and solution. Further research is needed to understand how to address barriers to implementing Memory Cafes, especially geographic barriers considering Ravalli County has a low population density.
implemented as part of the Illinois Opioid State Targeted Response project. This study implemented those who were at least 1 year in stable recovery to contact populations that were considered ‘hidden’. The method used to determine efficacy in this study was determined by the percentage of those that showed up to a linkage meeting.

**Summary of Results** The results of the Illinois Opioid State Targeted Response project showed that of those who showed up, 92% agreed to have the linkage manager schedule them a treatment intake appointment and of those, 86% initiated treatment for an overall treatment initiation rate of 47%. This is significantly better than the overall treatment initiation rate of 28% found in prior SAMHSA-sponsored 12 site HIV risk reduction projects.

**Conclusions** Because of the work already underway to expand outreach, implementing peer recovery workers as part of outreach project is something that can very realistically be done. Additionally, THS has already implemented peer-recovery albeit part of counseling rather than outreach, so this is a plausible method of expanding outreach. Next steps would include seeking out potential candidates and gathering resources needed for implementation of this program.

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**#396 AN ANALYSIS OF ORAL HISTORIES: EXPERIENCES OF NON-PHYSICIAN HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC IN PORT TOWNSEND, WASHINGTON**

K Sexton*. University of Washington School of Medicine, Seattle, WA

10.1136/jim-2022-WRMC.392

**Purpose of Study** The COVID-19 pandemic affected healthcare communities from the institutional level to the personal level. Current research focuses on the experiences of physicians during the COVID-19 pandemic; however, few studies have investigated the professional and personal impact of COVID-19 on non-physician employees of healthcare centers. Additionally, many of the narratives surrounding the COVID-19 pandemic have been centered around large urban institutions; there has been little information discussing the impact of the pandemic on rural communities. The objective of this study is to gain insight into the perspectives of non-physician healthcare workers in a rural town and bring awareness to their experiences.

**Methods Used** A deductive qualitative study of semi-structured interviews was conducted with employees from a healthcare center in a rural town. Placement site was determined by University of Washington School of Medicine’s Office of Rural Programs. A total of five non-physician employees of Jefferson Healthcare Medical Center in Port Townsend, WA were interviewed. Interviews were conducted from June 2021 through August 2021. Interview questions were formed through multiple sessions with colleagues of the National Humanities Center and the University of Washington School of Medicine. As transcripts were reviewed, themes were identified and analyzed.

**Summary of Results** Analysis revealed the following themes: (1) impact of vaccination on personal and professional identities; (2) communal responsibility throughout the COVID-19 pandemic; and (3) consequences of institutionally implemented safety measures. Additional themes centered around the emotions related to COVID-19, change, and uncertainty.

**Conclusions** This study brought insight into the experiences of non-physician healthcare workers in a rural town during the COVID-19 pandemic. Utilizing open ended questions with focused listening can give a voice to those in the community. The themes identified demonstrate the importance of recognizing the diverse experiences of community members and the value of community in a rural environment. Lastly, there is much to be gained from using a narrative-based interview style within and outside research settings.

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**Neonatology general V**

**Concurrent session**

**8:00 AM**

**Saturday, January 22, 2022**

**#397 IMPROVING SCREENING, DIAGNOSIS, AND, MANAGEMENT OF TRANSIENT HYPOGLYCEMIA IN A LEVEL III NEONATAL INTENSIVE CARE UNIT**


10.1136/jim-2022-WRMC.393

**Purpose of Study** The physiologic transition from fetal to neonatal glucose homeostasis has a nadir by 2–4 hours of life before a self-recovery. There is emerging evidence that treatment of transient hypoglycemia with intravenous (IV) dextrose may negatively impact neurodevelopmental outcomes. We explored our neonatal intensive care unit (NICU) care practices and identified practice patterns that suggest an over-diagnosis and over-treatment of normal physiologic events. We aimed to modify practice patterns to optimize screening, diagnosis, and management of transient hypoglycemia.

**Methods Used** The quality improvement population was neonates born ≥ 35 weeks gestational age at the University of Utah NICU. Infants excluded are those with congenital anomalies, hypoxic-ischemic encephalopathy, mechanical ventilation, or vasopressor infusion. Interventions were obtaining the first blood glucose measurement at 2 hours of life, standardizing the blood glucose concentration for intervention to <45 mg/dL, and providing the first enteral feed by 2 hours of life. Process measures were time to first blood glucose measurement, the number of infants receiving an IV dextrose infusion or bolus, time to first enteral feed, and total hypoglycemic events in the first 24 hours of life.

**Summary of Results** Pre-intervention n= 40 and post-intervention n=153. Mean time from birth to first blood glucose measurement increased from 49.5 (SD±17.8) to 122 minutes (SD±37.1) (p<0.001). IV dextrose infusion rate decreased from 97.5% of admissions to 41.2% (p<0.001), with a decreased rate of boluses from 32.5% of patients to 5.8% (p<0.001). Time to first enteral feed decreased significantly (per Xmr chart) from 15.8 hours of life to 3.2 hours of life (p<0.001). Blood glucose measurements <45 mg/dL in the first 24 hours of life had a non-statistically significant rise from 10.1% to 13.9%.

**Conclusions** Our practice pattern changes better identified hypoglycemia that persistent beyond the physiologic nadir
while preventing treatment of normal physiologic events. This evidence shows that early enteral feeds over IV dextrose infusions can provide initial management of transient hypoglycemia without a significant rise in total hypoglycemic events within the first 24 hours of life.

**Purpose of Study**
Children born preterm, especially those born very preterm (<32 weeks gestational age, GA) are at risk for adverse neurodevelopmental outcomes, including language and related learning disorders. Adverse language outcomes in preterm children have been attributed, in part, to the minimal amounts speech exposure that neonates are exposed to while in the neonatal intensive care unit (NICU). Experimental studies that directly expose preterm infants to maternal speech sounds in the NICU find significant improvements in health factors relevant for neurodevelopment. However, few studies have examined whether natural variations in the speech environment of the NICU are related to short-term health outcomes in preterm infants. Such data are important for optimizing the speech environment of the NICU. The purpose of this study was to examine relations between the NICU speech environment and rate of weight gain during hospitalization, an important determinant of neurodevelopmental and physical health outcomes for preterm infants.

**Methods Used**
Participants were infants born very preterm <32 weeks GA in the NICU at Stanford’s Lucile Packard Children’s Hospital (n = 20). The auditory environment of each infant was assessed at 32–36-week post-menstrual age (PMA) using a speech-counting device known as a Starling, which continuously estimates the amount of speech spoken near to the infant per 5 minute interval. Speech rates were averaged for each infant over the entirety 4-week period. Average rates of weight gain (Average grams/kilo/day) were ascertained via electronic medical chart review over the same period. Zero-order correlations and linear regressions controlling for the time infant spent in an incubator versus an open crib and starting weight at 32 weeks PMA were performed to examine associations between speech counts and average rates of weight gain.

**Summary of Results**
Results indicated that infants who heard more speech, on average, gained weight significantly more quickly than those who heard less speech (r(20) = 0.64, p < .01). Importantly, speech rate accounted for more than 40% additional variance after covariates (r²-change = .43, F(1,16) = 13.6, p < .001). Analyses further exploring rates of visitation and caloric intake as possible confounders did not reduce the size of the effects.

**Conclusions**
The present findings suggest that enhancing the amount of speech exposure that preterm infants experience in the NICU may be beneficial for promoting physical growth, an important determinant of neurodevelopment. As such, NICU policies should be modified to increase speech exposure.
SOS is determined by bone cortical thickness, density, microstructure, and elasticity. The purpose of this study is to determine the relationship between BMC, SOS, and growth parameters in preterm infants.

Methods Used In this observational prospective study, preterm infants born at ≤ 32 weeks gestational age (GA) or birth weight (BW) ≤ 1800g underwent both SOS and BMC measurements. BMC (Hologic) and SOS (Omnisense 8000P) were assessed ≤ 7 days of each other at either discharge or 40 weeks corrected GA (CGA). Absolute values were assessed for both tests as well as standardized z-scores for SOS. Pearson correlations (R²) and linear regression were used to determine the relationship between demographics, growth parameters and the two modalities.

Summary of Results 41 preterm infants with a mean GA of 29.8 weeks (SD ± 2.2) and mean BW 1315 g (± 429) had bone quality assessment at a mean GA 37.7 weeks (± 2.1). SOS was positively correlated with birth GA (R² 0.261, p < 0.05), BW (R² 0.090, p = 0.057), and birth head circumference (R² 0.101, p < 0.05). SOS was negatively correlated with CGA at the time of the test (R² 0.240, p < 0.05). BMC did not correlate with birth GA, BW, or head circumference. However, BMC positively correlated with CGA, weight, and length at the time of the test (R² 0.342, 0.794, 0.239 and p < 0.05 respectively). SOS and BMC were weakly inversely correlated (R² 0.163, p < 0.05). Conclusions SOS and BMC poorly correlate to each other in preterm infants assessed close to term GA. SOS, but not BMC, correlated with birth GA and BW. SOS showed an inverse correlation with advancing postnatal age, with z-scores decreasing from birth to several weeks of age. BMC showed a positive correlation with advancing postnatal age. Given these findings, and the availability to perform repeated SOS at the bedside, we speculate that SOS may be a safer alternative and offer more information about bone health status in growing preterm infants compared to BMC. More research is needed to better understand the roles of SOS and BMC in the assessment of preterm infant bone health.

#401 FACTORS ASSOCIATED WITH ABNORMAL BRAIN MAGNETIC RESONANCE IMAGING IN VERY LOW BIRTH WEIGHT INFANTS

NS Nanduri*, A Hisay, C Marquez, L Barton, M Binivale, R Ramanathan. Keck Hospital of USC, Los Angeles, CA

10.1136/jim-2022-WRMC.397

Purpose of Study Preterm very low birth weight infants (VLBW) are at greater risk of neurodevelopmental morbidity due to impaired brain development. Though it is clinically difficult to predict the outcome of these infants when discharged from the NICU, abnormal brain MRI findings may predict long-term consequences. Existing research shows very limited diagnostic testing done on these infants to assess neurodevelopment in the NICU. Term-equivalent MRI may indicate the need for further developmental assessments and close follow up. There is no consensus on how factors associated with various intensive care interventions link to abnormal MRI findings when these infants reach term gestation. This study aims to evaluate these factors associated with abnormal MRI findings in preterm VLBW infants.

Abstract #401 Table 1 Factors associated with brain MRI abnormalities

<table>
<thead>
<tr>
<th>Brain MRI</th>
<th>Brain MRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>normal (%)</td>
<td>abnormal (%)</td>
</tr>
<tr>
<td>Intubation in delivery room</td>
<td>40.7</td>
</tr>
<tr>
<td>Vaginal delivery</td>
<td>32.3</td>
</tr>
<tr>
<td>Highest pCO2 &gt;50 in first 24 hours of life</td>
<td>36.3</td>
</tr>
<tr>
<td>Invasive ventilation in first 24 hours</td>
<td>39</td>
</tr>
<tr>
<td>Invasive synchronized intermittent mandatory ventilation (SIMV)</td>
<td>42</td>
</tr>
<tr>
<td>High frequency oscillatory ventilation</td>
<td>30.9</td>
</tr>
<tr>
<td>High frequency jet ventilation</td>
<td>23.4</td>
</tr>
<tr>
<td>Patent ductus arteriosus</td>
<td>40.9</td>
</tr>
</tbody>
</table>

Methods Used Retrospective data of preterm VLBW infants (<1500 g) born between 2009 and 2021 at LAC + USC Medical Center was evaluated for MRI brain findings. Institutional IRB approval was obtained. An abnormal MRI was defined as abnormalities documented by pediatric neuroradiologists, including hemorrhage, periventricular leukomalacia, infarct or ischemia. Maternal factors, resuscitation at delivery, and early neonatal factors were analyzed for significant association.

Summary of Results Out of 356 infants matching inclusion criteria, 191 (52.3%) had abnormal brain MRIs. Lower gestational age (p < 0.001) correlated strongly with abnormal MRI. Infants delivered by spontaneous vaginal delivery as well as those intubated in the delivery room and with low 5 min Apgar scores were more likely to have abnormal MRI. VLBW infants with higher ventilation and oxygen requirements within the first 24 hours of life were at higher risk for developing abnormal MRI. Infants requiring invasive ventilation support beyond 24 hours of life were also more likely to have abnormal MRI, including those requiring high frequency oscillatory ventilation and jet ventilation. Incidence of abnormal MRI in infants with hemodynamically significant patent ductus arteriosus (PDA) was also significantly higher. These infants were also more likely to have initial low hematocrit (p = 0.003) and severe intraventricular hemorrhage on cranial ultrasound (p = 0.016). NICU duration of stay was longer for infants with abnormal MRI (p < 0.001). Over 50% of abnormal MRI findings were related to cerebellar abnormalities.

Conclusions VLBW infants with factors including need for intubation in the delivery room, higher ventilation and oxygen requirement in the first 24 hours of life, longer invasive ventilation, hemodynamically significant PDA, low hematocrit and abnormal cranial ultrasound predict abnormal brain MRI findings performed at term.

#402 USE OF ELECTRONIC TEXT MESSAGING OF NRP PRINCIPLES TO PEDIATRIC TRAINEES & IMPACT ON RETENTION

1F Eskandar-Afshari*, 1MP Martinez Gomez, 1S Liu, 1K Tedesco, 2AM Yeh, 2R Ramanathan, 2M Binivale. LAC+USC Medical Center, LA, CA; 3USC Keck School of Medicine, LA, CA

10.1136/jim-2022-WRMC.398

Purpose of Study Pediatric trainees have decreased exposure to neonatal resuscitation. The purpose of this study was to...
Absracts

5. WHAT ARE THE INDICATIONS FOR PULSE OXIMETRY?

- When resuscitation is anticipated
- To confirm your perception of persistent central cyanosis
- When supplemental oxygen is administered
- When positive pressure ventilation is required

WHERE SHOULD THE PULSE OXIMETER BE PLACED AND WHAT OXYGEN SATURATIONS SHOULD BE TARGETED?
The pulse oximeter should be placed on the right hand or wrist to obtain a pre-ductal saturation (see image on right).

WHAT ARE THE TARGET PRE-DUCTAL SATURATIONS AFTER BIRTH?

| Pre-ductal \( \text{SpO}_2 \) Target | 1 min | 60–65% | 2 min | 65–70% | 3 min | 70–75% | 4 min | 75–80% | 5 min | 80–85% | 10 min | 85–95% |
---|---|---|---|---|---|---|---|---|---|---|---|---|

Abstract #402 Figure 1 NRP Content pearl example

provide distance learning via text messaging of NRP principles 8th edition and assessing retention and integration of NRP skills among pediatric residents.

Methods Used This is a prospective, randomized-controlled study including Pediatrics and Medicine-Pediatrics residents. An initial survey and quiz were completed to assess baseline knowledge and confidence in neonatal resuscitation. Twenty participants were included and randomized to control group, no text messages, and intervention group, receiving biweekly NRP content pearls (Image 1) for 6-weeks. Subsequently, there was a 6-week period of no contact. All participants completed a repeat quiz at 6-weeks and 12-weeks to assess their knowledge retention. Two high fidelity simulations were completed by all participants who were scored on skills, knowledge and teamwork using a validated tool.

Summary of Results Of the 20 study participants, 16 were Pediatric residents and 4 were Medicine-Pediatrics residents. Thirty-five percent were PGY-1, 40% were PGY-2 and 25% were PGY-3. Fifty percent had less than three resuscitations for term infants and 70% had less than three resuscitations for preterm infants in the last year. Majority agreed that they needed more knowledge and experience in neonatal resuscitation. Seventy percent percent that they are not confident in leading a neonatal resuscitation. As for the initial quiz scores, Pediatric PGY-1, 2, and 3 scored 72.5%, 69.25%, and 69%, respectively. Medicine-Pediatrics PGY-1 and 2 scored 63.4% and 80%, respectively. Questions missed were due to secondary apnea, pre-birth questionnaire, volume of intravenous/intraosseous flush to be given and the chronologic sequence of transitional physiology after birth.

Conclusions Based on our initial results, it is evident that Pediatric trainees do not get enough experience, lack knowledge, and do not feel comfortable leading a neonatal resuscitation. With ongoing text messaging of NRP content pearls, we hope to show an increase in Pediatric trainees' retention of knowledge and confidence level in caring for neonates requiring resuscitation at birth.

#403 COMPARISON OF PROCALCITONIN AND HIGH SENSITIVITY C-REAETIVE PROTEIN AS SCREENING TESTS IN NEONATES FOR EARLY ONSET SEPSIS AND LATE ONSET SEPSIS

A Vachhani*, A Chambliss, M Durand, R Ramanathan, R Cayabyab. LAC+USC Medical Center, Keck School of Medicine of USC, Los Angeles, CA

10.1136/jim-2022-WRMC.399

Purpose of Study Early detection of both early onset sepsis (EOS) and late onset sepsis (LOS) in newborns is difficult as the first signs of infection are often nonspecific. A laboratory test to rapidly identify these infants would add value in improving outcomes and limiting unnecessary antibiotic exposure. The purpose of this study was to compare the utility of procalcitonin (PCT) and high sensitivity CRP (hsCRP) as screening tests for EOS and LOS.

Methods Used Retrospective study of infants admitted to the neonatal intensive care unit from August 2018-February 2021. Infants with two paired PCT and hsCRP values obtained 12–24 hours apart and with blood, urine or cerebrospinal fluid culture results were included. EOS workup was performed at ≤72 hours of life while LOS workup at >72 hours of life. Infants on antibiotics at the time of workup and those diagnosed with presumed infection, but negative cultures were excluded. Infants were classified as non-infected or infected (positive culture). Data were analyzed with Fisher-exact test or Chi Square and Wilcoxon rank sum where appropriate. Diagnostic value was determined by calculating sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) using cutoff of 10mg/L and 1.0ng/mL for hsCRP and PCT respectively.

Summary of Results A total of 359 infants received workups for EOS and 126 infants for LOS. There were 12 infants (3%) who had confirmed EOS while 21 (7%) with confirmed LOS. Demographics and outcomes of infants are shown in table 1. The sensitivity, specificity, PPV and NPV for serial measurements of PCT and hsCRP are shown in table 2. For EOS, subsequent measurements of both biomarkers led to
Abstract #403 Table 1  Demographics between groups

<table>
<thead>
<tr>
<th></th>
<th>EOS Workup (N=275)</th>
<th>LOS Workup (N=80)</th>
<th>P-value</th>
<th>LOS Workup (N=21)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational Age* ^ ^</td>
<td>34.9 (31.1, 37.6)</td>
<td>39.2 (37.3, 40.2)</td>
<td>&lt;0.01</td>
<td>37.1 (31.4, 39.4)</td>
<td>0.86</td>
</tr>
<tr>
<td>Birth Weight (g)* ^ ^</td>
<td>2285 (1850, 3120)</td>
<td>2915 (2238, 3365)</td>
<td>0.24</td>
<td>2780 (1500, 3320)</td>
<td>0.74</td>
</tr>
<tr>
<td>Small for Gestational Age</td>
<td>32 (12)</td>
<td>1 (8)</td>
<td>1.0</td>
<td>6 (9)</td>
<td>0.67</td>
</tr>
<tr>
<td>Male sex*</td>
<td>142 (52)</td>
<td>10 (83)</td>
<td>0.04</td>
<td>41 (57)</td>
<td>1.0</td>
</tr>
<tr>
<td>C-section* ^ ^</td>
<td>174 (63)</td>
<td>4 (33)</td>
<td>0.06</td>
<td>28 (44)</td>
<td>0.58</td>
</tr>
<tr>
<td>Length of stay (days)*</td>
<td>13 (6, 22)</td>
<td>14 (12, 19)</td>
<td>0.40</td>
<td>3 (2, 28)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Survival to Discharge*</td>
<td>268 (97)</td>
<td>12 (100)</td>
<td>1.0</td>
<td>72 (100)</td>
<td>0.22</td>
</tr>
</tbody>
</table>

*Median (25th percentile, 75th percentile) +N(%)  ^ ^ Some missing data in LOS patients Note: Demographic for infants with multiple LOS admission were included only once in analysis.

Abstract #403 Table 2

<table>
<thead>
<tr>
<th>Comparison of Biomarkers</th>
<th>EOS Workup</th>
<th>LOS Workup</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Lab Draw</td>
<td>PCT (mg/dL)</td>
<td>hsCRP (10 mg/L)</td>
<td></td>
</tr>
<tr>
<td>Sensitivity</td>
<td>33</td>
<td>17</td>
<td></td>
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<td>Specificity</td>
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<tr>
<td>Positive Predictive Value</td>
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<td>97</td>
<td></td>
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<tr>
<td>Negative Predictive Value</td>
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<td>96</td>
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<tr>
<td>Area under the curve</td>
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<td>Second Lab Draw</td>
<td>PCT (mg/dL)</td>
<td>hsCRP (10 mg/L)</td>
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<tr>
<td>Sensitivity</td>
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<tr>
<td>Specificity</td>
<td>97</td>
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<tr>
<td>Negative Predictive Value</td>
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<tr>
<td>Area under the curve</td>
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Abstract #404  MULTIOMICS LONGITUDINAL MODELING OF PREECLAMPTIC PREGNANCIES

C Espinosa, 1 I Marc*, 1 K Contrepois, 1 M Mofarrej, 1 IS Stelzer, 1 D Feyaarts, 1 Y Han, 1 A Tang, 1 RJ Wong, 1 GL Darmstad, 1 VD Winn, 1 GM Shaw, 1 DA Relman, 2 SR Quake, 1 MS Angst, 1 M Snyder, 1 DK Stevenson, 1 B Gaudilliére, 1 N Agharepour, 1 Stanford University School of Medicine, Stanford, CA; 2 Stanford University, Stanford, CA; 1 University of the Pacific – San Francisco Campus, San Francisco, CA

Purpose of Study  Preeclampsia is a complex disease of pregnancy of unclear pathophysiology. Specific complex changes in a woman’s physiology precede diagnosis of preeclampsia. Understanding these changes at different levels of biology can be enabled by simultaneous application of multiple assays. We developed prediction models for preeclampsia risk by analyzing six omics datasets from a longitudinal cohort of pregnant women.

Methods Used  We performed a multiomics analysis of the transcriptome, proteome, metabolome, lipidome, and microbiome from blood, urine and vaginal samples collected longitudinally during pregnancy at the Lucile Packard Children’s Hospital at Stanford University. Our discovery and validation cohort included 33 and 16 women, respectively. Prediction models were built for each omics set using the elastic net cohort included 33 and 16 women, respectively. Prediction models were built for each omics set using the elastic net learning method and their integration was performed using stacked regression. Immune system mass cytometry features and available clinical variables were subsequently integrated with the model.

Summary of Results  The multiomics model predicting which women will develop preeclampsia had high accuracy (area under the receiver operating characteristics curve (AUC) of 0.94; 95% confidence interval (CI): [0.90, 0.99]). A prediction model using only ten urine metabolites provided an accuracy equivalent to that of the model using the complete metabolomic dataset and was validated using an independent cohort (AUC=0.87; 95% CI: [0.76, 0.99]). Univariate analysis further confirmed statistical significance of proteins and metabolites chosen by the prediction model. Several proteins identified as biomarkers in our model have previously been associated with preeclampsia (e.g., LEP, VEGF-A) further validating our findings. Integration with clinical variables further improved prediction accuracy of the urine metabolome model (AUC=0.90; 95% CI: [0.80, 0.99], validated). Several biological pathways were identified to be associated with preeclampsia. Integration with the immune system data confirmed known pathological alterations associated with preeclampsia and suggested novel associations between the immune and proteomic dynamics.

Conclusions  While further validation in larger populations is necessary, these encouraging results will serve as a basis for a simple, early diagnostic test for preeclampsia.

Neonatology – perinatal biology II
Concurrent session
8:00 AM
Saturday, January 22, 2022

#404  MULTIOMICS LONGITUDINAL MODELING OF PREECLAMPTIC PREGNANCIES

10.1136/jim-2022-WRMC.400
Abstracts

#405 DISCOVERY AND VERIFICATION OF EXTRACELLULAR MIRNA BIOMARKERS FOR NON-INVASIVE PREDICTION OF PREECLAMPSIA IN ASYMPTOMATIC WOMEN
N Do*, University of California San Diego, La Jolla, CA
10.1136/jim-2022-WRMC.401

Purpose of Study Preeclampsia is a pregnancy complication characterized by new-onset high blood pressure and protein in the urine. It is the most common cause of preterm birth and the second most common cause of maternal mortality. For patients with risk factors such as chronic hypertension, diabet es, or prior affected pregnancy, daily low dose aspirin administered between 12–28 weeks of gestation has been shown to decrease preeclampsia risk. However, many patients that develop preeclampsia do not have known risk factors. Thus, effective and non-invasive screening for high-risk pregnancies may be clinically useful. This study explores extracellular miRNAs (exRNAs) in blood and other biofluids as identifiers of preeclampsia risk. In a previous study, we identified candidate miRNA biomarkers for the prediction of preeclampsia. Our aim is to validate these biomarkers of interest in an independent set of patients in a larger cohort.

Methods Used To perform this validation, we isolated the exRNA from maternal serum from a new cohort of subjects using the Plasma/Serum Circulating and Exosomal RNA Purification Kit (Shirley format, Norgen Biotech). We then used small RNA sequencing to quantify the RNA in those samples. We will also use qPCR to specifically quantify the two miRNAs comprising our top bivariate candidate biomarker, hsa-mir-516b-5p/hsa-mir-153-3p, which we showed in our original study to be correlated with preeclampsia risk.

Summary of Results exRNA of adequate quality was extracted from the maternal serum samples. The acquired sequencing data showed adequate quality for the large majority of exRNA samples, as measured by several metrics, including: total sequencing reads; percentage of miRNAs as compared to all RNA biotypes in the sample; and miRNA complexity, which indicates the number of detected distinct miRNA sequences in each sample.

Conclusions Going forward, we will perform data analysis to determine whether the candidate miRNAs from the original cohort are confirmed in the validation cohort. If the performance of the biomarkers of interest is validated, this will support their further development as clinical biomarkers for prediction of preeclampsia.

#406 BREASTFEEDING DIFFICULTY INCREASES DEPRESSIVE SYMPTOMS AND IMPAIRS MATERNAL-INFANT BONDING: A CONTENT ANALYSIS OF MATERNAL BREASTFEEDING NARRATIVES
1EA Wright*, 1A Mehta, 1AL Nelson, 1H Stohl, 1M Economidis. 1Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA; 2Harbor-UCLA Medical Center, Torrance, CA
10.1136/jim-2022-WRMC.402

Purpose of Study Protection against postpartum depression (PPD) is a commonly cited maternal benefit of breastfeeding1. However, one study found that negative breastfeeding experiences may actually increase depressive symptoms instead of reducing them. The purpose of this study is to evaluate women’s self-reported associations between breastfeeding and PPD.

Methods Used An electronic search was conducted on Reddit including original user posts with keywords ‘breastfeeding’ and ‘depression’. Relevant posts and corresponding comments (n= 384) were extracted from February 2013 to July 2021 and subject to qualitative content analysis.

Summary of Results Narratives most frequently described difficulty breastfeeding as the cause of new onset mental health symptoms (53%); however, mothers breastfeeding without difficulty were also susceptible (20%). Among mothers reporting exacerbated pre-existing mental health symptoms, a similar greater proportion described difficulty breastfeeding (17%), but still others experienced no difficulty (6%). Common words included in these posts were ‘guilt’ (17%), ‘fail’ (14%), ‘pressure’ (7%), ‘shame’ (6%), and ‘alone’ (6%), highlighting the emotional impact of breastfeeding difficulty. Only 3% of posts described breastfeeding as improving mental health symptoms. Other themes yielded from this study included weaning-induced mental health symptoms (17%) and decreased milk supply due to mental health symptoms (2%). A concerning large proportion of posts described a lack of knowledge (23%). Finally, among posts mentioning bonding (n = 99), 58% reported that breastfeeding inhibited infant bonding, versus only 1% enhanced bonding—contradicting the prevailing idea that breastfeeding stimulates bonding2. After switching to formula, 63% reported increased bonding, 8% no change, and 6% decreased bonding.

Conclusions Mothers struggling to breastfeed may not experience the classically described benefits of breastfeeding, instead exhibiting increased depressive and other mental health symptoms and impaired maternal-infant bonding. These findings highlight the need for enhanced education on breastfeeding and mental health relationships, and adjustment of practices to meet the diversity of maternal experiences.

#407 MULTIMICOS MODELING OF PRETERM BIRTH IN LOW- AND MIDDLE-INCOME COUNTRIES
CE Espinosa Bernal*, I Marc, DK Stevenson, N Aghaeepour. Stanford University School of Medicine, Stanford, CA
10.1136/jim-2022-WRMC.403

Purpose of Study Preterm birth (PTB) is the leading cause of death in children under five years of age across the globe.
Efforts to improve our understanding of PTB are hindered by its complex etiologies. Epidemiologic associations between PTB and maternal clinical history, demographic characteristics, and social determinants have been extensively described, but have been limited in inference owing to a lack of attendant biological data.

Methods Used This work employed multiomic profiling and multivariate modelling to investigate the biological signatures of some of these maternal covariates and gain insight into the epidemiological signature of PTB. Maternal covariates and plasma samples were collected during early pregnancy from a multinational cohort of 13,841 pregnant women (PTB rate of 11.4%) across four low- and middle-income countries. Plasma samples from 231 participants were further analyzed to generate proteomics, metabolomics, and lipidomics datasets.

Summary of Results An epidemiological model for the prediction of PTB achieved moderate accuracy (AUROC=0.70), highlighting the difficulty of the predictive task. Machine learning-based multiomic models had strong performance for the prediction of multiple relevant objectives, including time to delivery (Pearson’s R=0.64) and maternal covariates such as age (R=0.57), gravidity (R=0.53), and body mass index (BMI, R=0.80). The biological signature for time to delivery included fetal-associated proteins such as alpha-fetoprotein and immune proteins like PD-L1. Maternal age had a strong negative correlation with type IX collagen conserved across our multinational cohort. Gravity had an age-independent association with levels of endothelial NOS and inflammatory chemokine CXCL13, an observation further validated on an independent Stanford cohort (n=17). BMI positively correlated with adipocyte hormone leptin and structural fatty acid protein FABP4.

Conclusions These results simultaneously identify novel signatures for maternal covariates impacting PTB and shed light on potential biological and socioeconomic interventions that generalize across multiple populations.

Abstract #408 Table 1 Study demographics

<table>
<thead>
<tr>
<th>Race</th>
<th>GDM group (n, % of total GDM group)</th>
<th>Control group (n, % of total control group)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>9 (41%)</td>
<td>81 (48%)</td>
<td>90</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4 (18%)</td>
<td>33 (20%)</td>
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<td>Asian</td>
<td>9 (44%)</td>
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<tr>
<td>American Indian or Alaska</td>
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</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>169</td>
<td>191</td>
</tr>
</tbody>
</table>

#408 EARLY PREDICTION OF GESTATIONAL DIABETES MELLITUS BY IN-VIVO MAGNETIC RESONANCE IMAGING

B Lee*, K Sung, C Jianzhen, S Vangala, SU Devaskar. University of California Los Angeles, Los Angeles, CA

Purpose of Study Gestational diabetes (GDM) is a risk factor for the development of cardiovascular and metabolic disease in both mothers and their offspring, and central obesity is associated with the development of GDM. Detection of GDM in early gestation may improve health outcomes of at-risk mothers and babies. Our group and others have developed in-vivo magnetic resonance imaging (MRI) modalities suitable for monitoring pregnancies during early gestation. We hypothesized that early gestation MRI will predict the subsequent development of GDM.

Methods Used 200 women were recruited in the first trimester of pregnancy. We recorded the pregnancy course through four visits (at 11–14 weeks, 19–22 weeks, 36 weeks, and at delivery), and conducted chart reviews to gather clinical outcomes on the mother-baby dyad. Two MRIs were prospectively performed on each subject, at 14–16 weeks and 19–22 weeks. Using imaging software, placental volume was obtained by tracing placental regions of interest in three axes. Fat content was measured from the L1 through L5 vertebrae. Subcaneous fat area ratio (SFAR) was derived by assessing the subcaneous fat area normalized to the whole trunk area; visceral fat area ratio (VFAR) was derived by assessing the visceral fat area normalized to the whole visceral area.

Summary of Results A total of 191 subjects were analyzed (table 1). 169 women (88%) did not develop GDM, forming our control group. 22 women (12%) developed GDM.

SFAR did not differ between the GDM and control groups in either the first or the second MRI scans. In contrast, mean VFAR, as analyzed by the two-tailed T-test, was higher in the GDM group versus the control group, at both the first (p<0.0001) and second MRI (p=0.002). Receiver operating characteristic curves (ROC) for VFAR, using the Wilcoxon rank-sum test, revealed an area under the curve (AUC) of 0.895 (p<0.001) and 0.806 (p=0.003) for the first and second MRIs, respectively. In contrast the SFAR ROC AUCs were not predictive.

Mean placental volumes, as analyzed by two-tailed T-test, did not differ between the GDM and control group at the first MRI, but were significantly larger in GDM vs controls (p=0.01) at the second MRI. ROC AUCs for placental volumes were not predictive at the first, but predictive at the second MRI (AUC = 0.6517; p = 0.03).

Conclusions Visceral fat area and placental volume in early gestation may be predictive of the subsequent development of GDM. We speculate such early predictions set the stage for undertaking streamlined clinical trials towards developing timely interventions in improving outcomes for mothers and children.

Supported by NIH grant U01-HD087221.

Case reports II

Concurrent session

10:15 AM

Saturday, January 22, 2022

#409 PERIANAL PSUEDOVERRUOCOUS PAPULES AND NODULES PRESENTING AS SUSPECTED CHILD ABUSE

JP Wang*, K Shea. LAC+USC Medical Center/USC, Los Angeles, CA

10.1136/jim-2022-WRMC.405
Case Report Due to their sensitive location, perianal lesions often alert clinicians to potential sexual abuse. Perianal pseudoverrucous papules and nodules (PPPN), first described in patients with urostomies in 1979 under the name chronic papillomatous dermatitis, are often mistaken for condyoma acuminata due to their wart-like appearance. Early recognition and treatment of PPPN would lessen parental distress and avoid unnecessary workup for children who suffer from this illness.

Case Description The subject is a four-year-old Hispanic male who was admitted to the pediatric ward for perianal lesions, rectal pain, and itching. The patient’s lesions first appeared 8 months prior to this admission, gradually becoming larger and more numerous. The lesions were preceded by a history of constipation, minimally responsive to Miralax, and subsequent frequent and loose stools with stool-holding behaviors.

The subject was then prescribed topical mupirocin, bacitracin, lidocaine, and oral Keflex at multiple outside ED visits.

The patient was referred for inpatient management of his lesions by DCFS. He was diagnosed with severe constipation and encopresis. Dermatology clinically diagnosed PPPN without a biopsy. He underwent bowel disimpaction and was placed on an aggressive bowel regimen.

Patient was discharged on hydrocortisone, ketoconazole, and zinc oxide for four months with significant improvement of lesions. Patient was toilet trained six months after discharge with complete resolution of lesions.

Conclusion PPPN present with multiple well-demarcated and dome-shaped papules due to constant irritations. They have smooth surfaces and are about 2–10mm in diameter. Their friable textures have a tendency to ulcerate and are prone to secondary infections.

Definitive diagnosis is made by skin biopsy, useful in cases with challenging clinical course that mimic other conditions. However, most cases are diagnosed clinically.

The mainstay of treatment targets the inciting factors, including diaper use, encopresis, and colostomy bag. Therapy should be aimed to restore the skin barrier, eliminate any source of irritations, and treat superimposed infections.
Case Report  De novo missense variants involving the HMG domain of SOX4 were recently reported to cause a Coffin-Siris like syndrome characterized by global developmental delays, distinctive craniofacial features, hypotonia and 5th finger clinodactyly (OMIM # 184430). To date, only four cases have been reported in the literature (Zawerton et al, 2019). We report on a case of a young girl with global developmental delay, hypotonia, distinctive facies, cardiac anomalies, sensorineural hearing loss secondary to hypoplastic cochlear nerves and striking stereotypies, who was identified on whole genome sequencing to have a novel heterozygous de novo variant in SOX4 (c. 199A>G, p.Met67Val). The proband was the product of a 30 2/7 week uncomplicated pregnancy. At birth she was noted to have a per-membranous VSD. At eight months of age she was markedly hypotonic and poorly responsive to sound, and was found to have underdeveloped cochlear nerves. She presented to our genetics service at 19 months of age where she was noted to have pre-aural pits, small stature, and severe developmental delay. Family history was non-contributory Chromosomal microarray showed only 24 Mb of homozygosity consistent with distant consanguinity. A congenital hypotonia panel was non-diagnostic. Duo whole genome sequencing with maternal sample identified the SOX4 variant, later confirmed to be de novo. Coffin-Siris syndrome is a rare pattern of malformation characterized by growth deficiency, microcephaly, coarse facial features, intellectual disability and hypoplastic fifth finger and toenails. Of those, the majority are caused by ARID1B, which is a gene encoding the subunits of the SWI/SNF complex which is essential in chromatin remodeling. Interestingly, SOX11 is another known cause of Coffin-Siris. SOX11, together with SOX4 and SOX12 and forms the SOXC complex, with highly conserved identical DNA-binding domains, giving insight to the mechanism of pathology which we elaborate on. Individuals with SOX4 variants appear to have relatively mild dysmorphology including antverted nares, wide mouth with a cupid bow, and posteriorly rotated ears. Our proband extends this phenotype with unique features of hypoplastic cochlear nerves and severe stereotypies which we hypothesize are related to her severe hearing loss.

#412 PERITONEAL TUBERCULOSIS MIMICKING OVARIAN CANCER

1A Cox, 2C D’Assumpcao*, 3A Froush, 3A Heidari, 2AA Ramzan. 1Ross University School of Medicine, Miramar, Fl; 2Kern Medical Center, Bakersfield, CA

10.1136/jim-2022-WRMC.408

Case Report Diagnosis of peritoneal tuberculosis may be challenging. This form of extrapulmonary infection may present as abdominal and/or pelvic masses with pain, bloating, and discomfort. The clinical manifestations are similar to ovarian cancer, including elevation in tumor marker CA-125, peritoneal seeding and lymphadenopathy. Multiple diagnostic procedures are sometimes needed to make a definitive diagnosis. Methods Used Retrospective case review following IRB approval.

Summary of Results A 50-year-old Hispanic woman presented with generalized abdominal discomfort, bloating, fatigue, unintentional weight loss and night sweats. CT imaging revealed an 11 x 9 x 9 cm cystic pelvic mass associated with large volume loculated ascites, diffuse lymphadenopathy and peritoneal implants. She had an elevated CA-125 of 583 units/mL. Paracentesis was non-diagnostic. Intraperitoneal biopsies revealed diffuse granulomatous inflammation with foreign body-like multinucleated cells and no evidence of malignancy. Acid-fast stain and acid-fast bacilli (AFB) smear and culture were negative. Chest x-ray showed bilateral hilar adenopathy and a granuloma in left upper lung, with subsequent positive QuantiFERON gold. Anti tuberculous therapy was initiated with Isoniazid, rifampin, ethambutol, and pyrazinamide (RIPe). After 5 months of RIPe therapy, the CA-125 normalized and there was dramatic radiographic improvement in lymphadenopathy and peritoneal disease burden. The pelvic mass persisted and she underwent bilateral salpingo-oophorectomy. Histopathology resulted as a serous cystoadenoma with necrotizing granulomatous inflammation. The AFB smear and mycobacterium tuberculosis complex PCR were positive. The patient recovered post-operatively and was re-initiated on RIPe therapy. Mycobacterial culture and sensitivity results are pending.

Conclusion Peritoneal tuberculosis can be mistaken for ovarian cancer and thorough diagnostic evaluation is essential to ensure appropriate management and treatment.

###413 CLOSTRIDIUM PARAPUTRIFICUM IN 46-YEAR-OLD MALE WITH LIVER DISEASE

1C D’Assumpcao*, 1K Dao, 1A Heidari. 1Kern Medical Center, Bakersfield, CA; 2Ross University School of Medicine, Miramar, FL

10.1136/jim-2022-WRMC.409

Case Report Clostridium paraputrificum is an anaerobic spore forming gram positive bacilli that is part of normal human gastrointestinal flora. Less than 1% of all clostridium infections in the literature are C. paraputrificum. We report a 46 year old male with alcoholic liver disease and lower gastrointestinal hemorrhage who was found to have C. paraputrificum bacteremia.

Method Retrospective case report.

Case Presentation A 46-year-old male with heavy alcohol abuse, hypertension and congestive heart failure presented with two weeks of worsening abdominal pain that progressed to bright red blood per rectum. He was found to be in septic shock at presentation to the emergency department. He received aggressive fluid resuscitation and vasopressor support. He was diagnosed with liver cirrhosis complicated by splenomegaly and ascites shortly after admission. Ascitic fluid analysis supported diagnosis of spontaneous bacterial peritonitis. He was started in ceftriaxone. He eventually developed acute oliguric kidney injury due to shock and hepatorenal syndrome. He was placed on intermittent dialysis. Admission blood cultures grew C. paraputrificum. Metronidazole was added. Upper and lower endoscopy found large internal hemorrhoids vessels associated with rectal varices requiring banding. He continued to requiring blood transfusions daily. He was a poor candidate for colorectal surgery and outpatient dialysis. Patient and family ultimately agreed with hospice care.

Conclusion C. paraputrificum is a rarely reported cause of anaerobic septicemia. Translocation from the gastrointestinal tract is the usual path and mucosal damage should be investigated. Cirrhosis portends a poorer prognosis.

J Investig Med 2022;70:110–345


Abstracts

#414 THE NEUROSYPHILIS AND COCCIDIOIDOMYCOSIS CONUNDRUM
J. Nguyen, VE Espinoza*, A. Shah, G. Black, K. Radacic, R. Kuran, A. Heidari. Kern Medical Center, Bakersfield, CA
10.1136/jim-2022-WRMC.410

Case Report Neurosyphilis is an infection of the central nervous system caused by Treponema pallidum that can occur following initial infection. Early forms of neurosyphilis affect cerebrospinal fluid, meninges, and vasculature while later forms affect the brain and spinal cord parenchyma. We describe a case of neurosyphilis complicated by fluconazole toxicity during treatment of pulmonary coccidioidomycosis. A 26-year-old man with poorly controlled type 1 diabetes mellitus, pulmonary coccidioidomycosis, heart failure with reduced ejection fraction, left eye cranial nerve III palsy and right cranial nerve VII palsy presented to the emergency department for weakness and syncope. Physical exam was remarkable for equal pupils unreactive to light or accommodation bilaterally, point tenderness of bilateral iliac crest, and left CNIII and right CNVII palsies. MRI brain with and without contrast showed slightly diffuse increased enhancement. CXR showed left perihilar and right upper lobe infiltrates. Transesophageal echocardiogram showed an ejection fraction of 30%. Lumbar puncture (LP) performed showed WBC 5, RBC 2, glucose 48, protein 254 with cocci IgG WR CF 1:4 and an opening pressure of 14cm. Due to supratheumatic fluconazole level in the setting of disseminated cocci, fluconazole was discontinued and Cremexa was started with noted improvement of weakness. Neurology recommended repeat lumbar puncture with flow cytometry and cytology for carciomatosis meningitis, oligoclonal bands and IgG synthesis rate in addition to RPR, VLDR and FTA-ABS. Repeat LP showed WBC 3, RBC 2, glucose 78 and protein 135.9 with opening pressure 30cm of H2O. Labs showed nonreactive RPR and VDRL with reactive FTA-ABS and positive syphilis antibodies. Furthermore, cerebrospinal fluid studies showed albuminocytologic dissociation consistent with neurosyphilis. A diagnosis of late latent syphilis with bilateral posterior subcapsular cataract, and CNIII and CNVII palsy was made and the patient was then started on Penicillin G for treatment of neurosyphilis. Neurosyphilis caused by T. pallidum is rare due to spontaneous resolution in cases without an inflammatory response. This case demonstrates a unique case of late latent syphilis consistent with neurosyphilis due to history of bilateral posterior subcapsular cataract at age 18 with cranial nerves III and VII palsy.

#415 A CASE OF RAOULETTELLA PLANTICOLA BACTEREMIA IN AN IMMUNOCOMPROMISED MALE
A Garcia*, I Oberdorf, J Tsai, N Mangat, A Heidari, S Mishra, K Radacic. Ross University School of Medicine, Miramar, FL; American University of the Caribbean School of Medicine BV, Curaçao, Sint Maarten (Dutch part); Kern Medical Center, Bakersfield, CA
10.1136/jim-2022-WRMC.411

Case Report Raoulettella planticola formerly called Klebsiella planticola is a gram-negative aerobic rod that belongs to the Enterobacteriaceae family and is often established in aquatic habitat and soil. The published cases infected with R. planticola are scarce. It rarely causes infection in an immunocompetent host. In contrast, in immunocompromised patients, inoculation of R. planticola can surpass innate and adaptive host response leading to bacteremia. Here we describe a case of R. planticola bacteremia in a patient on chemotherapy who presented with fever with a recent dog bite to his right lower extremity as a potential source.

Methods A single patient case report was conducted after IRB approval.

Case Presentation A 41-year-old male with right knee osteosarcoma who was receiving infusions of Cyclophosphamide and Mesna presented to the emergency department (ED) with fever and chills for 3 days. He was bitten by his friend’s dog on the medial aspect of his right posterior calf resulting in a bleeding wound one month prior while working in the garden. One day later, he developed regional swelling and pain associated with fever which progressively worsened for almost two weeks, followed by complete self-resolution. While in ED, he was tachycardiac and febrile to 39.4°C. Imaging was unremarkable. The site of the dog bite was well healed and had no tenderness, fluctuance, erythema, or warmth. Blood cultures were drawn from peripheral and his chemotherapy port and he was started on broad-spectrum antibiotics with vancomycin and ceftipime. After two days, the blood culture from peripheral gram negative rods resembling enterics and ceftipime was replaced by meropenem. The patient became afibrile. Blood cultures identified as R. planticola, sensitive to ceftriaxone. Antibiotic therapy was switched to ceftriaxone on hospital day 4. Repeat blood cultures were negative and the patient remained afibrile for greater than 24 hours. He was discharged with at-home infusions with Ceftriaxone for 14 days.

Conclusion R. planticola is an emerging infection, particularly in oncology patients. Clinicians should be aware and include it in their differential diagnosis of any unidentified gram negative infection in immunocompromised host as failure to treat in a timely manner could result in a fatal outcome.

Healthcare delivery research IV
Concurrent session
10:15 AM
Saturday, January 22, 2022

#416 APPLICATION OF EXPLAINABLE MACHINE LEARNING IN ANALYZING SAFETY AND QUALITY REPORTS FROM A CLINICAL UNIT
10.1136/jim-2022-WRMC.412

Purpose of Study Accurate assessment of safety-related reports in the healthcare setting is essential for improving care quality, optimizing workflow, and preventing future safety incidents. At present such systems rely on a manual review process, which can be very time-consuming and difficult to standardize. The purpose of this study is to develop an explainable machine learning (ML) model for automatically identifying the severity of incident reports and streamlining quality improvement processes. We hypothesized that high severity incident reports can be automatically identified using ML methods.

314 J Investig Med 2022;70:110–345
Methods Used This study utilizes 7,095 operational quality reports collected in the radiation oncology department at the University of Washington from 2012–2021. Each report was assigned a near-miss risk index score (0–4) as part of ongoing clinical practice, rather than a separate annotation process. For this experimentation, the reports were assigned binary labels of high-severity (score of 0–2) and low-severity (score of 3–4), and the data was split into a training, validation, and test set with a 70–15–15 ratio. We chose Random Forest as the pilot model because this model has historically performed well in text classification tasks. The input features to the Random Forest model were term frequency-inverse document frequency vectors, where each dimension denotes the importance of a word. Model performance was evaluated using the area under the curve (AUC), which integrates the diagnostic ability of a binary classifier at all operating points, and F1, which is the harmonic mean of precision and recall. We then used the popular SHapley Additive exPlanations (SHAP) package to understand which words in the safety reports are most indicative of report severity.

Summary of Results Our Random Forest model achieved an AUC of 0.66 and F1 of 0.42 on the withheld test set. The dataset was annotated over a 9-year period by different clinicians as a part of clinical workflow, resulting in increased variance in scoring that negatively impacts training and prediction performance. Our results compare favorably to the manual rating process where the interrater agreement of this dataset was 37.6% (Mullen et al, 2015). The SHAP interpretability analysis indicates that the top 10 most predictive words are ‘field’, ‘shift’, ‘use’, ‘treatment’, ‘therapist’, ‘schedule’, ‘isometric’, ‘catch’, ‘wrong’, and ‘cm’, in descending order of importance.

Conclusions This study shows that ML is a viable method to analyze and score operational quality reports in the clinical healthcare setting. We present a pilot prediction model with an AUC of 0.66 and F1 of 0.42, proving that a suitable detection alert tool to triage safety-related reports for timely review. To our knowledge, this approach has not been attempted to classify reports’ severity and fills a critical unmet need as a quality improvement tool in healthcare.

#418 DIAGNOSING MELANOMA AND METASTASES USING DEEP NEURAL NETWORKS, ARTIFICIAL INTELLIGENCE, AND MEDICAL IMAGING

JH Miao*, Cornell University, New York, NY

10.1136/jim-2022-WRMC.414

Purpose of Study Cancer is one of the most common causes of death globally, impacting millions of patients worldwide. Melanomas cause a large number of deaths because of metastases. Early and accurate cancer screening is important to improve patient outcomes and potentially save lives. Detecting melanoma and metastases with high accuracy and precision is thus essential. Computer-aided detection (CAD) systems have been developed around the world to help aid healthcare professionals. In this research, a computer-aided diagnosis using artificial intelligence and medical imaging is applied to create a machine learning model to evaluate the presence of melanoma and metastases in patients.

Methods Used In this research, a deep convolutional neural network model was designed using artificial intelligence and developed to help detect the presence of melanoma in imaging scans. The machine learning model was applied to a clinical patient dataset containing over 2000 patients. Data from 60% of the patients was used to train the machine learning model, and the remaining 40% of the patient data was used for testing performance.

Summary of Results The deep learning model achieved a 83.8% sensitivity and 84.3% specificity in detecting melanoma cancer and metastases in patients.

Conclusions Therefore, computer-aided diagnoses using artificial intelligence can help detect melanoma cancer and metastases in radiologic imaging to aid patient outcomes. Especially in areas where there are fewer healthcare resources and medical professionals present, the machine learning model can help aid melanoma cancer diagnosis in underserved populations.

#419 FINANCIAL ASSESSMENT OF A HYBRID HUMAN AND ARTIFICIAL INTELLIGENCE WORKFLOW FOR FOLLOW-UP RECOMMENDATIONS FROM RADIOLOGY


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Purpose of Study Many radiology interpretations indicate the need for follow-up imaging, and adherence to these recommendations is often incomplete. Lack of follow up on these recommendations may result in poor patient outcomes. At our institution we deploy a hybrid workflow utilizing a combination of natural language processing (NLP) software to tag radiology exams and a quality and safety nurse to handle subsequent communication and documentation with referring medical providers or patients. In this study, we assess the financial costs and benefits of our institution’s hybrid workflow to determine the overall financial feasibility of this system.

Methods Used After Institutional Review Board approval, the total number of radiology scans with follow-up imaging recommendations between February 1, 2020 and January 1, 2021 were pulled for inclusion in this study. Mammography patients were excluded due to a separate, predefined screening protocol. Reports flagged as ‘overdue’ by the mPower Follow-Up Recommendation Algorithm (Nuance Communications Inc., Burlington, MA) and/or the quality and safety nurse were included to determine revenue. Revenue was calculated based on the Medicare 2020 and 2021 values for patients who had overdue clinically indicated follow-up exams, whose ordering providers were notified by the nurse, and who then completed the necessary imaging. Personnel cost of a quality and safety nurse was calculated by determining the percentage of time the nurse spent on follow-ups and multiplying this number by the average national salary of a quality and safety nurse.

Summary of Results A total of 3,011 patients were flagged as overdue. After careful review of the charts, 327 were missing orders for follow up recommended imaging. Of these 84 patients completed follow up outside of our institution or declined follow up. Quality nurse interventions led to 244 patients completing their follow-up imaging at our institution. The follow-up imaging of these patients accounted for $35,106.90 of revenue, which represents a conservative, generalizable value based on the 2020 and 2021 Medicare national rates. The quality and safety nurse spent about 60% of her time on follow-ups and therefore, personnel cost was estimated at $26,326.80.

Conclusions Our cost and revenue estimates are based off of national averages and as such will vary significantly by location. However, our analysis suggests that a hybrid human and NLP workflow for follow-up recommendations from radiology would most likely not cause financial losses for institutions. Additionally, this workflow acts as a safety net to ensure patients receive adequate follow-up imaging and markedly mitigates risks from litigation.

Purpose of Study Women in India are encouraged to deliver in health facilities through the Janani Suraksha Yojana (JSY) conditional cash-transfer scheme provided to pregnant women and accompanying frontline health workers (Accredited Social Health Activists, ASHAs). Despite additional governmental efforts catalyzed by a statewide technical-support program led by CARE India and funded by the Bill and Melinda Gates Foundation, institutional delivery rates (IDRs) among Scheduled Caste and Tribe women in West Champaran district remained 10–15 percentage points lower for multiracial than primiparous women in 2014–19. The study aims to understand the major causal mechanism that caused the disparities of the IDRs among marginalized women with increasing parties, identify high-impact intervention points, and design effective interventions.

Methods Used We integrated, analyzed, and synthesized population survey and administrative data, and background literature to formulate a system dynamics (SD) simulation model to explore patterns, generate insights, and inform future policy design to equitably increase IDRs. SD models map and quantify bidirectional relationships between components in systems and the impacts on outcome variables over time.

Summary of Results Modelling and synthesis revealed antenatal counselling from ASHAs at home appeared to motivate first-time pregnant women to deliver at a facility. However, multiparous women were more dissuaded by JSY payment delays, experience of below-expectation quality of care during past institutional deliveries, transportation problems, and lack of caregiving support at home for other children while giving birth at facilities. Over successive pregnancies, women probably become less adherent to counselling and ASHAs interact with them with reduced intensity.

Conclusions Improving quality of care, transportation-availability and antenatal counselling, and increasing and regularizing JSY payments seem important to increase IDRs among marginalized women. The current model revealed JSY payment improvement, transportation availability, making facility workforce and facility capacity functional fast, increasing ASHA work performance through nighttime street lighting, name-based tracking of beneficiaries, and reducing ASHA capacity shortages quickly, concurrently, may lead to a modest (4%) increase in IDR among primiparous women. This intervention strategy may contribute to 18%, 6%, and 14% increases in IDRs among women with parity two, three and four plus, respectively. Further model development is warranted.

Purpose of Study The COVID-19 pandemic has led to a significant increase in the utilization of telemedicine, or virtual visits with a healthcare provider through the use of technology such as phones, tablets, or computers. However, opportunities remain to explore the varying preferences, by gender, of diverse, low-income individuals toward this platform, particularly during the time of COVID-19.

Methods Used As part of a COVID-19 testing and education initiative conducted by the YMCA of South Florida, in partnership with the Housing Authority of the City of Fort Lauderdale, Florida, patients were informed and consented to receive a short text message survey on telemedicine preferences.

Conclusions Approximately 95% (95% CI 93.8%–96.3%) of patients surveyed preferred using virtual visits (video and/or phone calls) during the COVID-19 pandemic. The most common reasons were reduced risk of infection (93.6% CI 90.8%–95.1%), convenience (93.0% CI 90.4%–94.5%), and being able to get assistance with interpreting doctors’ instructions (78.9% CI 74.9%–82.7%). Women (96.2% CI 93.8%–98.0%) were more likely than men (90.6% CI 84.9%–93.9%) to prefer a virtual visit during the pandemic. Women’s preference was also driven by increased likelihood to seek help with interpreting doctor’s instructions (86.6% CI 78.5%–91.9%) versus men (64.6% CI 51.5%–75.0%). Younger people (<40 years) were more likely to prefer virtual visits than older people (65+ years) (73.2% CI 65.2%–80.1% vs. 93.1% CI 87.8%–94.8%).
A REVIEW OF THE LEVEL OF EVIDENCE IN POINT OF CARE ULTRASOUND WITHIN THE PICU

1A Walls*, 1A Willey, 1E Su. 2Phoenix Children’s Hospital, Phoenix, AZ; 2The University of Texas Health Science Center at Houston John P and Katherine G McGovern Medical School, Houston, TX

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Purpose of Study To review the last decade of point of care ultrasound research and determine the level of evidence provided as it pertains to the pediatric intensive care unit.

Methods Used A retrospective review of the current literature was performed utilizing the following publicly available databases: Pubmed, Scopus and Cochrane Databases regarding bedside point of care ultrasound in the pediatric population. Each data source was queried for the following inclusion criteria terms: ‘pediatric’, ‘ultrasound’, ‘bedside’, ‘intensive care’ and ‘critical care’. Data was collected from 2011 to 2020. Each article was subcategorized into: Case Report, Case Series, Cohort Study, Systematic Review, Meta-Analysis and Randomized Controlled Trial and provided a level of evidence (LOE) based on the respective study design. Exclusion criteria included studies performed in the neonatal intensive care unit, studies that included adults and anesthesia regional pain investigations that involved point of care ultrasound. Statistical analysis was performed on Minitab 5.0 (State College, PA).

Summary of Results A total of 122 publications met our inclusion criteria and 31 met exclusion criteria. The overall LOE in the pediatric ultrasound literature did not improve significantly from 2011 to 2020 (P=0.321) as per ANOVA calculations. However, the overall year over year number of pediatric publications increased each year except for 2015 and 2017 (0%, -3%), respectively. The average LOE increased each year except for 2013, 2017 and 2018. The most frequent publication type was the retrospective cohort study with a frequency of 31 out of the 121 (26%), reported studies. There were 11 Randomized Controlled Trials, 14 Systematic Reviews and Meta-Analysis which accounted for Level 1 and Level 2 evidence, respectively. The year over year change in Level 1 and Level 2 evidence did not significantly change over the study period (P=0.643).

Conclusions The literature regarding the use of point of care ultrasound in the critical care setting remains limited. Our investigation reveals no statistically significant improvement in the LOE over the past decade. Despite this trend, there is obvious increased interest in point of care ultrasound, as the sheer volume of articles tended to increase year over year during the study period. Our community should continue with investigations which fall into higher LOE categories in order to aid in clinical decision making at bedside and assist in the creation of practice guidelines.
Conclusions OIH is postulated to develop when the central glutamate transporter system is inhibited, increasing the amount of glutamate available to excitatory N-Methyl-D-aspartic acid (NMDA) receptors. This allows for cross talk of the neural mechanisms for pain and tolerance. Morphine targets NMDA receptors. When administered, it is neurotoxic and causes apoptotic cell death of the dorsal horn, thus sensitizing the neurons. Ketamine is a very potent inhibitor of NMDA receptors and can block the neurotoxic properties of morphine. After ketamine is discontinued, the patient does not revert back to their OIH state, thus allowing for the safe return to longer-acting opioids. Few publications have reported on the use of low-dose ketamine to manage pain during VOC. It could be considered as an adjunct analgesic agent during VOC episodes in patients that endorse persistent severe pain despite receiving high-dose opioid therapy.

#424 IMMUNE THROMBOCYTOPENIA FOLLOWING COVID-19 VACCINE
S Prasad*, M Adebayo, R Jariwal, G Petersen, E Cobos. Kern Medical Center, Bakersfield, CA
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Purpose of Study Several vaccines have been developed and are being administered against severe acute respiratory syndrome coronavirus 2. Common side effects include fever, chills, headache, myalgia, and soreness at the injection site. However, some rare adverse effects have also been reported. Cases of thrombocytopenia following COVID-19 vaccination have been reported since the initiation of mass vaccinations. We present a case of thrombocytopenia presenting with petechiae and mucosal bleeding which developed as an adverse response after first-dose administration of the Moderna COVID-19 vaccine and was refractory to first-line therapy. Treatment options for refractory thrombocytopenia are discussed.

Methods Used Retrospective case study.

Summary of Results A 58-year-old Hispanic male presented to our hospital for acute onset of mucosal bleeding, petechiae and easy bruising. He denied any previous history of spontaneous bleeding or easy bruising. Patient had received his first dose of the Moderna COVID-19 vaccine three weeks prior to the development of spontaneous bleeding. Physical examination was notable for diffuse petechiae along the arms, legs, and abdomen along with numerous oral lesions and gingival bleeding. He was noted to have a platelet count of 3 x 10^9/L with all other cell lines within normal limits. After a comprehensive and exhaustive workup of all well-known precipitants of immune thrombocytopenic purpura returned negative, a diagnosis of idiopathic thrombocytopenic purpura was made. Patient was treated with first-line therapy of platelet transfusion, high dose steroids, and intravenous immunoglobulin (IVIG) multiple times but platelet count remained refractory. We then treated the patient with romiplostim—a thrombopoietin receptor agonist—and fostamatinib—an inhibitor of spleen tyrosine kinase. The platelet count improved and his symptoms were resolved.

Conclusions Since the mechanism of COVID-19 vaccine induced thrombocytopenia is unclear, it is important to acknowledge that some patients may not respond to the standard accepted treatment with steroids and IVIG. Cases similar to ours may benefit from therapy with romiplostim and fostamatinib when first-line therapy is unsuccessful.

#425 CASE SERIES OF DIFFUSE LARGE B CELL LYMPHOMA PRESENTING AS PELVIC MASS
R Sharma*, A Heidari, E Cobos, G Petersen, AA Ramzan, R Polinieri. Kern Medical Center, Bakersfield, CA
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Purpose of Study Primary diffuse large B-cell lymphoma (DLBCL) of the pelvis is rare with a non-specific clinical presentation. Although management of this tumor is standardized with high curative rates, the prognosis depends on timely and accurate diagnosis and therapy. Presenting with non-specific clinical symptoms, a multidisciplinary approach is recommended to diagnose and treat this disease. In this case series we present two patients that presented to our institution with primary DLBCL of the pelvis initially suspected as gynecologic malignancy.

Methods Used This study was approved by the Institutional Review Board of Kern Medical. A retrospective review of both the patient’s record was performed. Literature search was conducted on PubMed and Google Scholar. The following search terms were applied: diffuse large B-cell lymphoma of the pelvis, pelvic tumors, R-CHOP.

Summary of Results A 27-year-old woman presented with intractable abdominal pain, distention and unintentional weight loss. She had large bilateral ovarian masses, peritoneal carcinomatosis and metastatic adenopathy. A CT guided biopsy of a peritoneal implant was performed. A 58-year-old woman presented with a large pre-sacral mass and inguinal adenopathy. An inguinal lymphadenectomy was performed. Pathology for both patients revealed large B-cells positive for CD45+, CD20+, TCL1+, CD4+, consistent with diffuse large B cell lymphoma (DLBCL). Both patients were treated with systemic chemotherapy and monoclonal antibody against CD20 (rituximab) in combination with Cyclophosphamide, Doxorubicin, Vincristine, Prednisone (R-CHOP). One patient completed therapy and currently has no evidence of disease and the other patient has been receiving therapy.

Conclusions Even though the incidence of DLBCL is on the rise, pelvis as the primary location remains rare. Given a high rate of cure and entirely different approach to treatment for lymphoma as compared to gynecological malignancies it is important to remember this condition in the differential diagnosis. A multidisciplinary approach between gynecology oncology, medical oncology and pathology would result in early diagnosis treatment and cure.

#426 EXTRAMEDULLARY MYELOMA OF LIVER MASQUERADING AS GALLBLADDER CARCINOMA
S Kogagata*, F Smith, M Jalapelly, J Finley, N Moka. Appalachian Regional Healthcare, Lexington, KY; Harley Medical Center, Flint, MI
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Case Report Multiple myeloma (MM) is a malignant clonal proliferation of plasma cells in the bone marrow. Extramedullary myeloma (EMM) refers to soft tissue or visceral proliferation of clonal plasma cells can occur approximately in 15% of
patients with MM. Organs involved by EMM may include skin, central nervous system, and viscera. Our case is EMM initially diagnosed as a gallbladder carcinoma.

A 76-year-old male found to have IgG Kappa MM with normal cytogenetics and 40% involvement of bone marrow.

Offered transplant after CR from bortezomib (V), dexamethasone (D) and thalidomide but patient declined. Subsequent relapse treated with carfilzomib and later daratumumab regimen.

Kappa light chains (K) increased but bone marrow negative. PET and MRI of liver with contrast confirmed liver mass and retroperitoneal lymphadenopathy but the gall bladder not visualized. The liver mass was suspected to be a gallbladder carcinoma.

CT guided biopsy of the liver mass showed proliferation of plasma cells. Given the rapid progression of K received V, D, cyclophosphamide and etoposide without cisplatin.

Initial regression of the liver lesions and K but immediate worsening. Developed rapidly evolving non-painful, firm cutaneous nodules over his anterior upper abdomen and chest (figure 1B). Skin lesion biopsy showed plasma cells. He is currently on elotuzumab V and D, but his kappa light chains continue to rise.

EMM suspected in patients with MM who have localized to a particular organ or Light chain escape. EMM can mimic a primary malignancy such as gallbladder carcinoma as in this case. EMM is aggressive with <6 month survival. Number or prior lines of therapy are associated with higher risk of extramedullary relapse. Lenolidamide and prior allogenic transplant lowered the risk of EMM. No prospective studies defining an optimal treatment strategy for extramedullary myeloma. Vemurafenib for BRAF mutation or immune therapies with CAR-T cells have shown promising results in a limited number of EMM patients.

**Abstract #427 SUPERIOR VENA CAVA SYNDROME SECONDARY TO ADULT T-CELL LYMPHOBLASTIC LYMPHOMA**

V Bustamante*, Z Aladek, O Morgan, S Mishra, K Radicic. Kern Medical Center, Bakersfield, CA

Case Report A 31-year-old Latino male presented with sharp right-sided chest and upper quadrant pain radiating to his back, worse with movement. History revealed non-productive cough, fatigue, subjective fevers, and night sweats. Patient had decreased right lower breath sounds. CT angiography with contrast revealed moderate effusion with perihilar compressive atelectasis and diffuse lymphatic adenopathy. Thoracentesis revealed exudative effusion with 81% lymphocytes. CT-guided mediastinal lymph node core biopsy showed adult T-cell lymphoblastic lymphoma, staining positive for CD3, BCL2, CD1a, TDT, and CD10.

Repeat CT angiography revealed severe SVC narrowing to 7mm. Patient was started on hyper-CVAD regimen (Cyclophosphamide, Mesna, Vincristine, Doxorubicin/Adriamycin, Dexamethasone). During bone marrow biopsy, SVC syndrome was noted. While prone, his right upper extremity and face swelled, followed by dyspnea and cough. Despite repositioning, symptoms reemerged with a positive Pemberton sign.

SVC syndrome, arising from conditions blocking blood flow through the SVC, can be a substantial contributor to mortality. In >90% of cases, SVC syndrome is caused by malignancy (e.g. T-cell lymphoblastic lymphoma). Obstruction can occur via direct tumor invasion or external compression of the vessel. Moreover, disease rate varies depending on etiology; our patient developed symptoms within 12 days, favoring malignancy. Upon getting a bone marrow biopsy, our patient showed the classic findings of SVC syndrome.

Once the patient was stable, a work-up was done for malignancy-associated SVC syndrome. Nearly all cases of SVC syndrome are diagnosed clinically, but certain diagnostic tests...
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and procedures are helpful. MRI and CT scans provide information regarding possible etiologies and, therefore, direct the approach to a tissue diagnosis. Tissue evaluation with immunohistochemistry remains the mainstay in diagnosis of lymphomas. Our patient’s immunohistochemistry was positive for tumor markers discovered in only a subset of tumors, directing towards treatment with combination chemotherapy instead of local measures (e.g., radiation therapy, percutaneous vascular procedures).

Therapeutic maneuvers for clinically stable patients such as head elevation can reduce hydrostatic pressure and relieve edema. For symptomatic patients, radiation therapy and intravascular stent placement are recommended. Nonetheless, initial management should be led by the severity of symptoms and the underlying malignancy. The primary therapy for T-cell lymphoblastic lymphoma is hyper-CVAD chemotherapy, which our patient received.

While the severity of symptoms differs widely, SVC syndrome may be fatal. Given the sporadic presentation and aggressive nature of T-cell lymphoblastic lymphoma, early recognition and identifying when to intervene are critical factors for positive patient outcome.

#428 VINBLASTINE INDUCED PARALYTIC ILEUS IN A YOUNG FEMALE WITH HODGKIN LYMPHOMA

1G Malolot*, 2P Chan, 3H Aboaid, 4N Raza, 5R Polinieri, 1Ross University School of Medicine, Miramar, FL; 2Kern Medical Center, Bakersfield, CA

Purpose of Study A rare presentation of paralytic ileus induced from Vinblastine treatment.

Methods Used Retrospective Study

Summary of Results 31-year-old female with Hodgkin lymphoma stage II presented with progressive diffuse non-radiating abdominal pain, nausea, and vomiting. Patient’s symptoms started a few days after initiation of second cycle of ABVD (Adriamycin, Bleomycin, Vinblastine, Dacarbazine) therapy. Laboratory studies were remarkable for anemia and leukopenia. Abdominal X-ray was significant for gaseous distention mostly prominent in the colon just beneath the left hemidiaphragm. Further imaging studies with Computed tomography (CT) abdomen and pelvis revealed colonic gaseous distention with moderate residual fecal material and moderate small bowel fluid-filled distention. Given high suspicion for paralytic ileus induced by Vinblastine, the patient was treated with probenecid agent metoclopramide, a stimulant laxative, and vinblastine was continued. Patients symptoms resolved with conservative management.

Conclusions Paralytic ileus is a common clinical condition that is associated with autonomic neuropathy subsequently leading to decreased bowel peristalsis. Most are often caused postoperative but a small niche of the population undergoing chemotherapy treatment with vinca alkaloids vincristine and vinblastine are susceptible with this condition. Toxicity profile of Vinblastine affecting the gastrointestinal system seems to be dose-related.

Metabolism of Vinblastine is processed by the hepatic cytochrome P450 3A. Majority of the pharmacokinetic interactions are due to previously administered drugs that are metabolized same as Vinblastine. After coadministration effects can lead to potent enzyme inducers or inhibitors. There are abundant drugs out in the market that can interfere with Vinblastine metabolism which can potentially aggregate increasing drug-related toxicity.

The importance of this case illustrates that early recognition of Vinblastine induced paralytic ileus can lead to better outcomes and shorter hospital courses as treatment as mentioned above is different based on the cause of paralytic ileus.

#429 CARCINOSARCOMA OF DUODENUM AND PANCREASES SUCCESSFULLY TREATED BY WHIPPLE’S PROCEDURE

1P Chan†, 2G Malolot, 3R Raza, 4R Polinieri, 1Ross University School of Medicine, Miramar, FL; 2Kern Medical Center, Bakersfield, CA

Purpose of Study A rare presentation of carcinosarcoma of duodenum and pancreas treated with Whipple procedure and adjuvant chemotherapy.

Methods Used Retrospective Study

Summary of Results 53-year-old female incidentally found to be anemic with hemoglobin of 7.7 g/dL and liver function test which showed alkaline phosphatase of 679 unit/L, aspartate transaminase of 129 unit/L, alanine transaminase of 220 unit/L, and bilirubin of 1.6 mg/dL on regular lab workup ordered by surgeon prior to elective lipoma removal. Due to anemia, transaminitis, and hyperbilirubinemia, computerized tomography (CT) scan of abdomen and pelvis were performed which was remarkable for 5 centimeter ulcerative mass in the second part of duodenum without evidence of metastasis. An Esophagogastroduodenoscopy (EGD) was performed which revealed non-obstructive circumferential ulcerated mass with biopsy finding may represent a sarcomatoid carcinoma or carcinosarcoma. Malignant cells stain positive with AE-1/AE-3, CD10, CA 19-9, and CK7. Patient acutely developed worsening abdominal pain and was hospitalized with gastric outlet obstruction and underwent Whipple’s procedure. Patient had a carcinosarcoma with 60% sarcomatous component on 40% adenocarcinoma component in the primary tumor. However, there were 8 out of 43 lymph nodes involved predominantly with adenocarcinoma. Final pathology was indicative for staged III carcinosarcoma of the duodenum and pancreas requiring adjuvant chemotherapy of Folfirinox for six months, patients’ follow up imaging were unremarkable and the patient has no evidence of disease.

Conclusions Carcinosarcomas are a rare malignant tumors that consists of a mixture of two components, the carcinomatous and sarcomatous elements. Commonest sites include uterus, head and neck and are extremely rare in the duodenum. Localized tumors located in the region that can potentially obstruct gastric outlet flow such as in this case ought to be resected. Whipple’s procedure has shown an efficacious role in the treatment plan. Although, given that there are no direct guidelines on treatment for such a rare carcinosarcoma, this case highlights the importance of timely diagnosis, resection, and adjuvant therapy considering there is a high risk for recurrence.
Purpose of Study Early diagnosis of lupus nephritis (LN) can be challenging since some patients do not exhibit overt clinical manifestations until advanced stages. B cell interferon-beta (IFNβ) correlates with development of B cell autoimmune phenotype. The objective of the present study is to determine if elevated IFNβ in circulating B cells can be a useful indicator for the development of more severe histopathologic features of LN.

Methods Used Flow cytometry was used to quantitate intracellular IFNβ in naïve (IgD+CD27−) CD19+ B-cells in the peripheral blood mononuclear cells (PBMCs) of a cross-sectional cohort (N=80) of patients with systemic lupus erythematosus (SLE), 33 of whom had lupus nephritis. Serologic and clinical manifestations of LN included anti-DNA, anti-Sm, C3, C4, and urine protein/creatinine ratio were determined. The correlation of B-cell IFNβ with lupus nephritis classification and histopathological findings, light, electron microscopy, and immunofluorescence (IF) for deposition of IgM, IgG, IgA, C1q, and C3 was determined in 23 of the 33 patients for whom renal biopsy data was available.

Summary of Results LN was identified in 41% of our cohort of 80 SLE patients. Naïve B-cell IFNβ was positively associated with the development of LN but not cutaneous disease. Higher levels of B-cell IFNβ also correlated with higher levels of circulating anti-dsDNA, anti-Sm, and the urinary protein/creatinine ratio. Biopty examination revealed that proliferative LN lesions (Class III, IV with or without V) characterized by significantly elevated endocapillary hypercellularity, fibrous crescent, and fibrocellular crescent were significantly associated with high B-cell IFNβ. Surprisingly, IgG, IgA, IgM, C3, and C1q deposition in the kidney was not correlated with B-cell IFNβ.

Conclusions Our results suggest that B-cell IFNβ can be used in combination with other clinical diagnostic markers to assist in identifying patients who are at high risk of developing advanced LN.

Purpose of Study Maternal antibodies have an important role in neonatal immune development, particularly in regard to gut-associated lymphoid tissue and the microbiota. Neonatal mice born to antibody-deficient (uMT-/-) mothers show both an elevation in CD4 T-cell activation and increase in microbial growth in mesenteric lymph nodes (mLN) compared to pups born to wild type mothers. These results are supported by experimental data from germ-free mice that show significantly lower CD4 activation. It is therefore hypothesized the microbiota is responsible for stimulating this observed immune response. The goal of this project was to identify differences in commensals colonizing mLN of pups born to uMT-/- mothers versus antibody-sufficient mothers (uMT ±) in order to find a candidate microbe that could be eliciting the observed CD4 T cell expansion phenotype. This is important because understanding the mechanism in which adaptive immune responses work in response to microbiota can be used to develop more effective immune-modulating therapeutic interventions.

Methods Used We compared neonatal mice born to uMT-/- dams and uMT± dams; all pups are able to produce antibodies but the uMT-/- pups did not receive antibodies via breast milk from their mothers. At day 21 of age, the mLN were harvested, homogenized, and placed in an anaerobic chamber. Each mLN was divided equally and plated on two selective growth media. When colonies formed, they were individually restreaked on the same media, then underwent 16S PCR amplification, DNA purification, and sent for sequencing. The resulting sequences were matched to bacterial species via 16S sequence identity using BLAST and the bacterial specimens were frozen for future use.

Summary of Results Sequencing revealed 60 possible bacterial species in both groups. Further broken down, 34 (57%) of these species were shared between uMT-/- and uMT±, while 21 (34%) were unique to uMT-/- and 5 (8%) were unique to uMT±. Bacterial species in the shared group fell largely into the Staphylococcus and Lactobacillus genera with a few in the Parabacteroides genus. In the uMT-/- unique group, Bifidobacterium, Escherichia, Muribaculum/Duncaniella, Bacteroides, and Streptococcus genera were identified. The uMT± unique bacteria were in the Enterococcus genus.

Conclusions Results from this project along with previous data support that receiving antibodies during the neonatal interval does affect microbial diversity, with the majority of unique bacterial species growing from uMT-/- mLN. It's possible one of these unique species is responsible for the CD4 T cell expansion phenotype observed in past experiments but further investigation is required to determine the mechanism behind how the microbiota is eliciting this T cell response.
exposure to silica in hard rock or soft rock (predominantly coal) mining.

Methods Used We conducted a population-based, random digit dial telephone survey of 2000 men aged ≥50 years in counties in Colorado, New Mexico, and Utah selected due to increased silicosis mortality mapped by the National Institute for Occupational Safety and Health. Questionnaire items assessed underground hard rock, underground coal or other soft rock mining; surface mining; other occupations involving silica exposure; cigarette smoking; and reported diagnosis of RA from a health care provider. We defined RA to require reported treatment with either corticosteroids or disease modifying anti-rheumatic drugs (DMARDs). We used multivariable logistic regression to estimate the odds of RA associated with mining employment and other silica exposure, adjusted for age, race and ethnicity (White non-Hispanic vs. all others), and smoking history (current, former, never).

Summary of Results Respondent demographics: mean age, 68.6 ±10.1 years; 82.6% White non-Hispanic; 49.4% ever smokers. Exposures included: 138 (6.9%) underground hard rock; 65 (3.3%) underground coal and other soft rock; 164 (8.2%) surface mining and processing; and 397 (19.9%) non-mining silica exposure. Outcomes: RA with corticosteroids 89 (4.5%); RA with DMARD 94 (4.7%). Exposure-associated risk is shown in table 1.

Conclusions Hard rock underground miners, surface miners, and those exposed to silica from non-mining sources are at increased risk of RA, but odds of RA were particularly elevated among soft rock underground miners.

#433 LIPOSOMAL FORMULATION OF REDUCED GLUTATHIONE DECREASES BACTERIAL LOAD AND ALTERS THE IMMUNE RESPONSE IN MYCOBACTERIUM TUBERCULOSIS INFECTION

1N Kachour, 1A Beever, 1J Owens, 2R Cao, 2A Kalloli, 2R Kumar, 1K Sasania, 1C Vaughn, 1M Singh, 2E Truong, 2C Khattaboudarian, 1C Sidjian, 1K Zakery, 1V Khamas, 1S Subbian, 1,S Venketaraman. 1Western University of Health Sciences, Graduate College of Biomedical Sciences, Pomona, CA; 2Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA; 3Rutgers University Public Health Research Center at New Jersey Medical School, Newark, NJ; 4Western University of Health Sciences College of Veterinary Medicine, Pomona, CA

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Purpose of Study Reduced form of Glutathione (GSH) has direct antimycobacterial activity at physiological concentrations and inhibits the growth of Mycobacterium tuberculosis (Mtb) within monocytes. This experiment aims to elucidate the effects of a liposomal formulation of GSH (L-GSH) on the levels of free radicals, inflammatory cytokines, and granuloma formation.

Methods Used C57BL6 (WT) mice (11 males and 11 females) were infected with approximately 1000 CFU of H37Rv strain of Mtb. Treated groups included mice treated with either 40mM L-GSH (40LGSH) or 80mM L-GSH (80LGSH) administered via drinking water. Control groups were administered mock treatment in the form of plain drinking water.

Summary of Results Mtb infection increased free radical production as measured by Malondialdehyde (MDA) and diminished the levels of reduced and total forms of GSH in the lungs. Treatment with 40LGSH resulted in a significant increase in the levels of both reduced and total form of glutathione at 2 weeks, 4 weeks and 8 weeks post-infection and total glutathione at 4 weeks and 8 weeks post-infection in lung lysates. 40LGSH treatment showed significant increase in the levels of reduced and total forms of glutathione in the plasma at 4 weeks post-infection. 80LGSH treatment significantly increased the levels of reduced and total forms of glutathione in the lung lysates at 8 weeks post-infection. Both treatments resulted in a reduction of MDA levels in lung tissue and plasma. L-GSH treatments reduced the lung area involved in granuloma formation as well as granuloma size and complexity. 40LGSH treatment decreased the bacterial burden in the lungs significantly at 4 weeks post-infection, in the spleen at 2, 4 and 8-weeks post-infection and in the liver at 4-weeks post-infection. Both treatments significantly decreased the levels of IL-6 at 4 weeks post-infection and IL-10 at 8 weeks post-infection, and significantly increased the levels of IL-2 at 2- and 8-weeks post-infection in lung lysates. 40LGSH treatment significantly increased the levels of Interferon gamma at 2-, 4- and 8-weeks post-infection in lung lysates.

Conclusions 40LGSH was more effective in increasing the levels of reduced and total forms of GSH in the lung and plasma. L-GSH treatment altered cytokine profile and reduced bacterial load, granulomatous response, and free radical levels in mice. Thus, L-GSH may be implicated as an adjuvant to standard therapy in those infected with Mtb.

#434 CREATION AND ANALYSIS OF A TRANSITION PROCESS AND TRANSFER REGISTRY: A COLLABORATIVE EFFORT OF PEDIATRIC AND ADULT RHEUMATOLOGISTS

1A Freifeld, 2KD Nowicki, 1J Pan, 1Zell, 1K Moore. 1University of Colorado Denver, Denver, CO; 2Children’s Hospital Colorado, Aurora, CO; 3University of Colorado Health, Aurora, CO

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Purpose of Study It is known that the period of transfer from pediatric to adult rheumatology is associated with poor outcomes. Reliably identifying and tracking patients before and after transfer are a prerequisite for determining risk factors and developing interventions to improve outcomes. We sought to create a streamlined transition process utilizing a registry and to identify risk factors for transfer failure.
Abstract #434 Table 1 Patient population, N=23

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Sex</td>
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<tr>
<td>Female</td>
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<tr>
<td>Male</td>
<td>4</td>
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<tr>
<td>Race</td>
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<tr>
<td>Asian/Pacific Islander</td>
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<tr>
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<tr>
<td>Insurance</td>
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<tr>
<td>Rheumatology Diagnosis</td>
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<tr>
<td>Other</td>
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<tr>
<td>Rheumatology Medications</td>
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<td>Mean number at last pediatric visit</td>
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<td>HCQ</td>
<td>3</td>
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<tr>
<td>Steroids</td>
<td>6</td>
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</table>

Methods Used This is a descriptive cohort with a plan to transfer from pediatric to adult rheumatology within the University of Colorado. Collaborating pediatric and adult rheumatologists created a transfer log to streamline tracking of patients and information sharing. Patients were retrospectively identified for inclusion over a 14 month period. We captured demographics, rheumatologic disease, disease activity, medications, hospital use, insurance status, and compliance with care plans. Data was collected by chart review and managed using REDCap.

Summary of Results Twenty-three patients were identified with plans to transfer to adult rheumatology (table 1). 70% completed a first visit in adult rheumatology with an average of 137 days from the last pediatric rheumatology visit. 30% had their first adult visit within 4 months of their last pediatric visit. In subgroup analysis, patients who did not transfer within 4 months waited a mean of 346 days before the first adult visit. Five patients never established with adult rheumatology and had a longer interval between their last 2 pediatric rheumatology visits compared to those who transferred (313 ± 136 days vs, 170.3 ± 155 days, p=0.07). Disease complexity, number of medications, and disease activity were similar between groups.

Conclusions We examined the outcomes of 23 pediatric patients with a plan to transfer care to an adult rheumatology clinic. Interestingly, disease complexity and insurance status did not appear to predict time to transfer of care. Ongoing analysis will allow for the further development of metrics for defining a successful transfer, identification of risk factors for poor transfer outcomes, and process improvement interventions.

Neonatology general VI
Concurrent session
10:15 AM
Saturday, January 22, 2022

#435 CORRELATION OF MATERNAL AND CORD BLOOD SARS-COV-2 IMMUNOGLOBULIN LEVELS IN COVID-19 DURING PREGNANCY
G Rojas*, M Alam, C Ul. University of California Irvine, Irvine, CA
10.1136/jim-2022-WRMC.431

Purpose of Study COVID-19 caused by the SARS-CoV-2 virus has led to a worldwide pandemic but the impact of SARS-CoV-2 infection during pregnancy and delivery with subsequent neonatal effects still remains unclear. It is known that pregnant women are at higher risk of viral infections given an alteration in immune response, it is therefore likely that many would have had asymptomatic COVID-19 infection at some point during pregnancy. Studies have shown that maternal antibodies can be detected in umbilical cord blood as early as the first trimester and are a reliable source of identification of maternal past and recent infections at the time of delivery. As there is potential of in-utero transmission, it is crucial to determine the significance of a positive serology test at the time of delivery.

Objectives To evaluate the presence SARS-CoV-2 antibodies in cord blood of infants born to mothers with active COVID-19 infection. The goal of this case control study is to provide a better estimate of the incidence of COVID-19 infection in pregnant women admitted to UC Irvine Medical Center, to better correlate maternal antibody levels via cord blood validation of antibodies to SARS-CoV-2, and to determine neonatal effects of maternal COVID-19 infection. We hypothesize there is a correlation between umbilical cord blood and maternal blood SARS-CoV-2 antibody levels, and that in utero vertical transmission of SARS-CoV-2 is possible.

Methods Used The study was approved by the Institutional IRB. The pregnant mothers admitted to labor and delivery floor with or without Covid-19 positive status were enrolled using informed consent. Maternal blood obtained at the time of enrollment and cord blood collected at delivery. The relevant clinical data from mother infant dyad was also collected. All samples were analyzed using a coronavirus antigen microarray containing immunologically significant antigens from SARS-CoV-2 which can detect SARS-CoV-2 immunoglobulin levels. Our research is still ongoing, but to date, eighteen paired maternal-cord blood samples were analyzed.

Summary of Results Of the 18 patients enrolled into the study, 16 were confirmed SARS-CoV-2 RT PCR positive. Maternal and neonatal characteristics were similar between Covid-19 positive and negative patients. Our microarray test showed comparable results between maternal and cord blood in detection of SARS-CoV-2 IgM and IgG levels.

Conclusions SARS-CoV-2 immunoglobulins levels in cord blood correlate with maternal levels and cord blood can be used an easy non-risky source to detect maternal and neonatal Covid-19 infection. Further enrollment and data collection is underway to confirm this association.
THE IMPACT OF CORONAVIRUS DISEASE 2019 ON PREGNANCY AND INFANT CHARACTERISTICS IN NEW MEXICO

Purpose of Study Severe Acute Respiratory Syndrome Coronavirus-1 (SARS CoV-1) and Middle East Respiratory Syndrome (MERS), two illnesses caused by a coronavirus, have been shown to affect maternal and neonatal morbidity and mortality. Coronavirus disease 2019 (COVID-19) has been shown to affect vasculature including placental changes such as microcalcifications and thrombi formation. Significant remodeling of the placenta occurs at the end of the first trimester and into the second trimester. Insults during this crucial period can affect placental size and functionality. These changes may contribute to intrauterine fetal growth restriction (IUGR). We explored the relationship between 1) antenatally-acquired maternal COVID-19 infection and fetal growth and 2) the timing of antenatal COVID-19 infection and neonatal birth weight.

Methods Used A retrospective chart review was completed using the University of New Mexico (UNM) Data Warehouse and the electronic medical record system. ICD-10 codes were used to identify those that had a positive pregnancy test and positive COVID screening test between 3/1/2020 and 3/24/2021 at UNM Hospital. Individuals who had a positive pregnancy test but a negative or undocumented COVID screening test without symptoms were included for comparison as a control group. Chi-square analysis was used to compare categorical data.

Summary of Results To date, 240 maternal charts have been reviewed with three excluded due to pregnancy termination and 237 neonatal charts have been reviewed. Thirty-four women were identified as COVID-19 positive during pregnancy, 41 women with negative testing, one woman who declined testing, and the remainder with no testing documented and no symptoms reported. Twenty-two women were identified as having COVID-19 infection in the third trimester of pregnancy, with 9% of these infants being small for gestational age. The infants born to women who were negative for COVID-19 were small for gestational age in 12% of the births. Interestingly, the incidence of delivery via cesarean section was 12% in the 41 deliveries to COVID-19 negative women. Of those positive, 27% had cesarean section deliveries, a nearly significant increase (p=0.06).

Conclusions The charts reviewed to date did not reveal any significant difference in infant growth parameters at birth in women who tested negative or positive for COVID-19 during pregnancy. However, there was an increased incidence of cesarean section deliveries in women with COVID-19 infection during pregnancy. Most women were not symptomatic, so this does not seem to be related to illness. Additional investigations are required to further delineate if this relationship persists.

DEBRIEFING PERFORMANCE IN A SIMULATION-BASED TRAINING PROGRAM IN NEONATAL RESUSCITATION: SIMULATING SUCCESS

Purpose of Study Neonatal resuscitation is a complex procedure that requires the finesse of a multidisciplinary team. The California Perinatal Quality Care Collaborative (CPQCC) and the Center for Advanced Pediatric Perinatal Education (CAPE) implemented an on-site simulation-based training program called Simulation Success at 15 NICUs over 15-months. Simulation and debriefing present an opportunity for the team to reduce errors and identify latent safety threats. There is a gap in knowledge on real-life debriefing practice for neonatal simulation. This project analyzes the debriefing performance of the NICUs through the course of the program.

Methods Used The debrief videos were anonymized and scored according to CAPE Real-Time Debriefing Evaluation tool. The fifteen sites were randomly assigned into four groups (G1, G2, G3, G4). Performance was evaluated through the ratio of trainee responses to the sum of instructor questions and instructor statements (TR:IQ+IS). A goal TR:IQ+IS was set to be greater than 3:1. Least squares linear regression was applied to the ratios, yielding a line of best fit for each group.

Summary of Results 82 total videos were included in the analysis. There were 22, 28, 17, and 15 videos for G1, G2, G3, and G4, respectively. The ratios of G1, G2, and G4 reveal no substantial trends and lie within the same order of magnitude, approaching a slope of zero. However, G3 illustrates a significant rate of change that is one order of magnitude larger than the others. All linear regressions yield a line that lie under the target ratio.

Conclusions Variations in debriefer and trainee attendance at the sites may contribute to the lack of trends in G1, G2, and G4. The absence of significant declining debrief performance
highlights the potential for sustaining debriefing in simulation-based training. G3’s trend suggests increased engagement in trainees over time. Lack of ratios near 3:1 hint that this target may be difficult to achieve in practice. Moving forward, evaluation of the simulations in tandem with debriefs may be telling, especially in the context of qualitative briefing performance and correlation to patient outcomes.

### TIME TO POSITIVITY IN BLOOD CULTURES IN A LEVEL IV NICU

1. Nishihara*, 1 C MacBrayne, 2 A Pizzati, 1 Zeng, 1 Grover, 1 Parker, 1 Children’s Hospital Colorado, Aurora, CO; 2University of Colorado, Denver, CO

10.1136/jim-2022-WRMC.434

**Purpose of Study** In the Neonatal Intensive Care Unit (NICU) setting, subtle clinical deterioration of the infant, combined with the lack of specificity in clinical signs to identify true infection often triggers an evaluation for sepsis - where cultures are obtained, and empiric antibiotics are initiated.

Limiting the duration of antibiotic exposure has potential benefits in curtailing antimicrobial resistance and reducing unwanted adverse effects.

We aimed to determine the time to positivity (TTP) of blood cultures in a free-standing level IV NICU over a 6-year period, with the goal to reassess our antimicrobial practice in the NICU.

**Methods Used** Data were extracted from the Children’s Hospital Colorado data warehouse for all patients admitted to the NICU, who had a positive blood culture between January 2013 to December 2018. These patient’s charts were reviewed for both microbiologic and clinical data. TTP was calculated based on date and time culture was collected, compared to the date and time growth was first reported. Micro-organisms were categorized into absolute pathogens, potential pathogens (e.g., CoNS, other strep), common contaminants, yeast and other less frequently identified organisms.

**Summary of Results** A total of 314 positive blood cultures were identified from 270 individuals. The mean gestational age was 34.59 weeks with an average birthweight of 2356g. Infants were categorized into absolute pathogens, potential pathogens, common contaminants, yeasts and other less frequently identified organisms.

**Conclusions** Persistently long TTP is not dependent on gestational age, birthweight, and ± maternal and peripartum factors. The TTP was found to have a strong correlation to patient outcomes, particularly sepsis, pneumonia, and respiratory distress syndrome.

### #439 MATERNAL AND PERIPARTUM RISK FACTORS THAT AFFECT C-REACTIVE PROTEIN AND PROCALCITONIN IN NON-INFECTED NEWBORNS DURING THE FIRST 72 HOURS OF LIFE

A Vachhani*, A Chambless, M Durand, R Ramanathan, R Cayabyab. LAC+USC Medical Center, Keck School of Medicine of USC, Los Angeles, CA

10.1136/jim-2022-WRMC.435

**Purpose of Study** Early detection of infection is difficult as the first signs of infection are nonspecific. Providers often rely on biomarkers to help identify these infants including high sensitivity c-reactive protein (hsCRP) and procalcitonin (PCT). Maternal and peripartum risk factors may influence hsCRP and PCT making levels difficult to interpret. The purpose of this study was to compare the effect of maternal and peripartum risk factors on hsCRP and PCT levels in non-infected infants during the first 72 hours of life.

**Methods Used** Retrospective study of infants admitted to the neonatal intensive care unit from August 2018-February 2021 who were worked up for early onset sepsis. Infants with three paired PCT and hsCRP values and blood, urine or cerebrospinal fluid culture were included. Biomarker levels were drawn at 0.1, 2 time points at 12 -24 hours intervals from birth. Demographics and laboratory results were collected. Infants were classified as non-infected and included in the study if cultures were negative and prolonged antibiotics were not continued for presumed infection. Maternal risk factors included pre-eclampsia and diabetes mellitus (DM). Peripartum risk factors included vaginal delivery, need for positive pressure ventilation (PPV) in the delivery room, presence of meconium-stained amniotic fluid (MSAF) and diagnosis of chorioamnionitis. Data was analyzed with Wilcoxon-rank sum test.

**Summary of Results** A total of 275 infants were classified as non-infected. The median (IQR) gestational age was 34.9 (33.1, 37.6) weeks and median (IQR) birth weight was 2285 (1850, 3120) grams. One hundred one (37%) of infants were born by vaginal delivery. Serial labs were drawn at time points 0, 1, 2 corresponding to median (IQR) hour of life of 1 (1, 2), 13 (12, 20), and 32 (25, 40) hours respectively. Maternal diagnosis of DM did not affect hsCRP or PCT (data not shown). Peripartum risk factors such as MSAF, chorioamnionitis and PPV at birth affected hsCRP, but not PCT. Only maternal diagnosis of pre-eclampsia affected PCT on the second timepoint (table 1).

**Conclusions** Our preliminary findings suggest that maternal and peripartum risk factors affect hsCRP more than PCT, particularly chorioamnionitis and presence of MSAF. These risk factors contributed to rise in hsCRP levels after birth making it difficult to interpret levels in infants screened for infection. Our study showed a natural rise and fall of PCT in non-infected infants, regardless of exposure to risk factors within 72 hours of life. PCT may be a more specific biomarker to screen infants at risk for infection immediately after birth in comparison to hsCRP. However, further studies are necessary to establish time-based reference ranges for PCT to increase clinical utility.

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**References**

2. Children’s Hospital Colorado, Aurora, CO; University of Colorado, Denver, CO.

10.1136/jim-2022-WRMC.434

**Methods Used** Data were extracted from the Children’s Hospital Colorado data warehouse for all patients admitted to the NICU, who had a positive blood culture between January 2013 to December 2018. These patient’s charts were reviewed for both microbiologic and clinical data. TTP was calculated based on date and time culture was collected, compared to the date and time growth was first reported. Micro-organisms were categorized into absolute pathogens, potential pathogens (e.g., CoNS, other strep), common contaminants, yeast and other less frequently identified organisms.

**Summary of Results** A total of 314 positive blood cultures were identified from 270 individuals. The mean gestational age was 34.59 weeks with an average birthweight of 2356g. Overall TTP median and interquartile range (IQR) was 21.16 (14.39, 25.48) hours. The median (IQR) TTP for gram-positive absolute pathogens and gram-negative absolute pathogens were 16.32 (12.97, 22.38) and 12.55 (11.25, 14.08) hours, respectively. Of the 314 positive culture results, 299 (95%) were initiated with antibiotics; 131 (41%) were later deemed as contaminant, and treatment discontinued. Central line associated bacterial infection was documented in 35 cases (11%). Death within 4 weeks of culture positivity was recorded in 25 (9.2%) cases.

**Conclusions** The majority of gram-positive and gram-negative pathogens were identified within 24h of blood culture collection. A substantial number of cases were later categorized as contaminants, highlighting the importance of correct sterile technique when obtaining cultures. These findings highlight opportunities for antimicrobial stewardship to limit antibiotic exposure in the NICU. The high mortality within 4 weeks of blood culture positivity warrants further study.
In the Neonatal Intensive Care Unit (NICU) performance and correlation to patient outcomes.

Lack of ratios near 3:1 hint that this target exposure in the NICU. The high mortality within 4 weeks of diagnosis of DM did not affect hsCRP or PCT (data not shown). Peripartum risk factors such as MSAF, chorioamnionitis, and other factors contributed to rise in hsCRP levels after birth making it difficult to interpret levels in infants screened for infection.

Conclusions Our preliminary findings suggest that maternal and peripartum risk factors may influence hsCRP biomarkers to help identify these infants including high sensitivity in the first 24 hours of life. Further research is needed to confirm these findings.

Abstracts

### Abstract #439 Table 1 Risk factors affecting biomarkers

<table>
<thead>
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<th>Risk Factor</th>
<th>hsCRP (mg/L)</th>
<th>PCT (ng/mL)</th>
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</thead>
<tbody>
<tr>
<td>Meconium Present</td>
<td>0.22</td>
<td>0.56</td>
</tr>
<tr>
<td>Stained Amniotic Fluid Present</td>
<td>0.25</td>
<td>0.56</td>
</tr>
<tr>
<td>Time 0 Lab Draw</td>
<td>0.3</td>
<td>0.56</td>
</tr>
<tr>
<td>(0.2, 0.7)</td>
<td>(0.15, 0.33)</td>
<td></td>
</tr>
<tr>
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<tr>
<td>(0.5, 2.4)</td>
<td>(0.06, 0.44)</td>
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<tr>
<td>Time 2 Lab Draw</td>
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<td>0.15</td>
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<tr>
<td>(0.9, 9.8)</td>
<td>(0.83, 6.55)</td>
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</tr>
<tr>
<td>Chorioamnionitis Present</td>
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<td>0.16</td>
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<td>(0.3, 0.5)</td>
<td>(0.08, 0.33)</td>
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</tr>
<tr>
<td>Time 1 Lab Draw</td>
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<td>0.16</td>
</tr>
<tr>
<td>(0.5, 2.1)</td>
<td>(0.84, 7.53)</td>
<td></td>
</tr>
<tr>
<td>Time 2 Lab Draw</td>
<td>0.8</td>
<td>0.15</td>
</tr>
<tr>
<td>(0.9, 9.8)</td>
<td>(0.83, 6.55)</td>
<td></td>
</tr>
<tr>
<td>Pre-Eclampsia Present</td>
<td>0.27</td>
<td>0.16</td>
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<tr>
<td>Time 0 Lab Draw</td>
<td>0.2</td>
<td>0.16</td>
</tr>
<tr>
<td>(0.2, 0.3)</td>
<td>(0.14, 0.34)</td>
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<tr>
<td>Time 1 Lab Draw</td>
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<td>0.16</td>
</tr>
<tr>
<td>(0.5, 3.7)</td>
<td>(0.84, 7.53)</td>
<td></td>
</tr>
<tr>
<td>Time 2 Lab Draw</td>
<td>1.9</td>
<td>0.16</td>
</tr>
<tr>
<td>(0.8, 5.8)</td>
<td>(0.84, 7.53)</td>
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<tr>
<td>Vaginal Delivery Present</td>
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<td>0.16</td>
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<td>0.16</td>
</tr>
<tr>
<td>(0.2, 0.4)</td>
<td>(0.14, 0.34)</td>
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<tr>
<td>Time 1 Lab Draw</td>
<td>1.3</td>
<td>0.16</td>
</tr>
<tr>
<td>(0.7, 5.4)</td>
<td>(1.25, 8.15)</td>
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<tr>
<td>Time 2 Lab Draw</td>
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<td>0.16</td>
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<tr>
<td>(0.7, 5.9)</td>
<td>(0.87, 3.7)</td>
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</tr>
<tr>
<td>Use of Positive Pressure at Birth Present</td>
<td>0.2</td>
<td>0.16</td>
</tr>
<tr>
<td>Time 0 Lab Draw</td>
<td>0.2</td>
<td>0.16</td>
</tr>
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<td>(0.2, 0.4)</td>
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<tr>
<td>Time 1 Lab Draw</td>
<td>1.0</td>
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<td>Time 2 Lab Draw</td>
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<td>(0.6, 4.1)</td>
<td>(0.98, 5.61)</td>
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</table>

Data are shown as median (IQR) ^ Some missing data

### Abstract #440 EXPERIENCE WITH PARENTAL LEAVE DURING PEDIATRIC FELLOWSHIP: THE FELLOW PERSPECTIVE

**Purpose of Study** To describe the experience of parental leave during pediatric fellowship training from the fellows’ perspective.

**Methods** Used A national web-survey was sent to fellows at ACGME-accredited pediatric fellowship programs, either directly or through their program.

**Summary of Results** Of the 1003 fellows who opened the survey, 761 (76%) provided information on their experience with parental leave during fellowship training. 43% reported having children, 26% planned on having another child during fellowship, and 16% are unsure. Of those with children, 59% have 1 child and 27% have 2 children. Approximately half of those with children reported having at least one child during fellowship. Of the 56% who were not planning on having a child during fellowship, only 14% stated their program’s parental leave policy (PLP) was a deterrent. The majority of respondents felt that fellowship (26%) or post-fellowship (25%) was the best time to have children. 89% of respondents did not consider PLP when ranking fellowship programs.

Of respondents who do not have children, 56% experienced colleagues who had or adopted a child during fellowship. 24% reported feeling unduly burdened by their colleague’s decision to have a child during fellowship and 13% felt their colleagues should have delayed childbearing. Of these, 47% felt that an alternative PLP may have alleviated these feelings.

Of respondents who had children during fellowship, daycare and a fellow’s partner were the primary means of childcare while the fellow is at work. 81% of fellows breastfed their children during fellowship for an average of 9 months. 82% of respondents who had a child during fellowship stated they did not experience significant financial difficulties. 56% reported receiving adequate PLP information prior to their leave and 36% reported they did not. 15% of respondents reported feeling discrimination at work while pregnant. 35% of respondents who had children during fellowship are having to extend their fellowship end date due to their parental leaves, and 34% took unpaid weeks to construct their parental leaves (average of 4 weeks). Regardless, 87% of respondents do not wish they would have delayed childbearing until after fellowship.

**Conclusions** Many pediatric fellows have children or are planning on having children during fellowship. Areas where a trainee’s experience with parental leave during pediatric fellowship could improve include increased clarity and transparency of PLP to better guide a fellow’s family planning, allowance of parental leave without having to extend training, increased paid leave to minimize unpaid leave utilization, increased advocacy on the parent fellow’s behalf to eradicate discrimination, and increased protection of co-fellows not planning on having children in fellowship.
Short and Long Term Outcomes in Late Preterm Infants Exposed to Delayed Cord Clamping Compared to Immediate Cord Clamping

O Okolo*, JY Massoumi, K Tedesco, M Chu, S Sakhamuru, L Barton, R Ramanathan, R Cayyab, University of Southern California Keck School of Medicine, Los Angeles, CA

Purpose of Study
AAP, ACOG, and NRP have recommended delayed cord clamping (DCC) for term and preterm deliveries for at least 30–60 seconds after birth. It has been established that DCC provides short term and long-term benefits. In preterm infants, DCC is associated with improved transitional circulation, higher hemoglobin, decreased need for blood transfusion, and lower incidence of necrotizing enterocolitis. The purpose of this study is to compare short-term and long-term outcomes in late preterm infants (LPT) exposed to delayed cord clamping vs. immediate cord clamping (ICC).

Methods Used
Retrospective study of preterm infants born at gestational age 34.07 to 36.6/7 weeks of gestation and admitted to the neonatal intensive care unit (NICU) between 2018–2020. Demographics, cord clamping information, laboratory values, clinical and neurodevelopmental data were extracted from electronic medical records and the neonatal database. Age and Stages Questionnaire was used to evaluate neurodevelopment at 18 months chronologic age (CA). Data was analyzed with Chi-Square or Fisher Exact Test and Wilcoxon Rank Sum test where appropriate.

Summary of Results
There were 156 infants admitted to the NICU during the study period. Preliminary analysis included 50 infants exposed to ICC and 50 infants exposed to DCC. There were 19/100 (19%) infants followed up for neurodevelopmental delay at 18 months. Infants exposed to DCC were significantly smaller, immature and with lower APGAR scores at 1 and 5 minutes compared to infants in the ICC group. Infants exposed to DCC had significantly lower median temperature on admission to the NICU and a higher rate of hypothermia defined as temperature less than 36.5 °C. One infant in the DCC group had a temperature less than 36 °C. Median hemoglobin levels at 18–36 hours of life and rate of phototherapy were not significantly different between groups. No infant exposed to DCC compared to 3 (6%) infants in ICC received packed red blood cell transfusion within the first 24 hours of life. Median hemoglobin values at 12 months CA and median ASQ scores at 18 months of CA were similar in both groups (Table 1).

Conclusions
Our preliminary data showed that DCC compared to ICC in LPT infants did not result in a higher hemoglobin at birth and at 1 year of age, and neurodevelopmental outcomes at 18 months CA was similar. DCC in immature and smaller infants can be a risk factor for hypothermia, therefore, it is important to follow recommendations by NRP to prevent this adverse effect. Data collection is continuing to increase sample size and verify these findings.
mixed model regression was used to study the relationship between the continuous variables with potential covariates.

Summary of Results We enrolled 81 preterm infants. Maternal and neonatal demographics are in the figure. RSS was significantly higher in grade 3 BPD-1.0 vs 0.23 in grade 1 BPD (p <0.0001). For every unit increase in W/L z score, RSS increased by 0.069 (p <0.0001). RSS significantly correlated with W/L z scores, percentiles, and BMI (P ≤ 0.0001) even after including postnatal steroids, gestational age, and sex in the regression model. The results remained significant after excluding infants with postnatal steroids. The mean RSS @ 40 weeks in W/L ≤ 50 was 0.009 ± 0.27 compared to 0.47 ± 0.37 in >50 percentile category (p=0.01).

Conclusions Our study is the first to show that higher BMI and W/L may adversely affect respiratory severity in BPD infants. Hence, an optimal W/L ratio should be maintained to avoid additional burdens in infants with BPD.

Abstract #442 Figure 1

![Distribution of Wilcoxon Scores for RSS](image_url)

**Abstract #442 Table 1**

<table>
<thead>
<tr>
<th>Weight/Length Category</th>
<th>Mean RSS-40 weeks</th>
<th>SD</th>
<th>P Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;50 percentile (N=11)</td>
<td>0.09</td>
<td>0.27</td>
<td>0.01</td>
</tr>
<tr>
<td></td>
<td>0.47</td>
<td>0.37</td>
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</tr>
</tbody>
</table>

**Abstract #442 Table 2**

<table>
<thead>
<tr>
<th>Maternal Demographics</th>
<th>Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>80%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>16.20%</td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>46.05%</td>
</tr>
<tr>
<td>Antenatal steroids</td>
<td>74%</td>
</tr>
<tr>
<td>PROM</td>
<td>31.65%</td>
</tr>
<tr>
<td>BMI</td>
<td>35.22 ± 10.19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neonatal Demographics</th>
<th>Mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>59%</td>
</tr>
<tr>
<td>Mean birth weight (grams)</td>
<td>0.906±0.24</td>
</tr>
<tr>
<td>Mean gestational age (weeks)</td>
<td>26.8 ± 1.77</td>
</tr>
<tr>
<td>Duration of Ventilation (days)</td>
<td>19.41 ± 28.37</td>
</tr>
<tr>
<td>Mean Wt/L z-scores @ 36 weeks CGA</td>
<td>(-0.32 ± 1.03)</td>
</tr>
<tr>
<td>Mean BMI @ 36 weeks CGA</td>
<td>12.29 ± 1.36</td>
</tr>
<tr>
<td>Mean RSS @ 36 weeks CGA</td>
<td>0.27 ± 0.45</td>
</tr>
<tr>
<td>Mean calories (Kcal/kg/d)</td>
<td>115.22±16.8</td>
</tr>
<tr>
<td>Mean protein (g/kg/d)</td>
<td>3.75 ± 0.59</td>
</tr>
<tr>
<td>Postnatal Steroids</td>
<td>26.00%</td>
</tr>
</tbody>
</table>

**Abstract #443**

**NOVEL APPLICATION OF NEONATAL POINT-OF-CARE ULTRASOUND: ULTRASOUND-GUIDED LESS INVASIVE SURFACTANT ADMINISTRATION**

1J Velasquez*, 2R Ramanathan, 2A Yeh. 1LAC+USC Medical Center, LA, CA; 2Keck School of Medicine of USC, LA, CA

**Purpose of Study** Point-of-care ultrasound (POCUS) has become a very useful tool in guiding bedside clinical management. This study aims to describe a novel and innovative application of neonatal POCUS: Ultrasound-guided Less Invasive Surfactant Administration (LISA).

**Methods Used** This is a single-center, prospective observational study conducted in a level III NICU. In our unit, LISA is performed routinely in newborns on noninvasive respiratory support needing surfactant therapy. A 16 GA x 5.25’’ BD Angiocath is adapted to deliver the surfactant. The catheter insertion was performed as per standard unit protocol. As part of the study protocol, POCUS was used to identify and confirm catheter position inside the trachea, along with video laryngoscopy in all cases to ensure the catheter passing through the vocal cords.

POCUS was performed with the linear transducer (GE LOGIQ e) positioned transversely over the suprasternal notch. The trachea can be identified in the midline position as a hyperechoic air-mucosa interface with reverberation artifacts. A palpable anatomic landmark allows for a simpler, more feasible, and reproducible technique while ensuring, based on anatomy, the visualization of the catheter in the correct position.
IS EARLY LIFE ACETAMINOPHEN EXPOSURE RELATED TO AN INCREASED RISK OF BPD?

S McKenna*, CJ Wright, L Sherlock, D Riebel, E Jensen. *University of Colorado – Anschutz Medical Campus, Aurora, CO; †The Children’s Hospital of Philadelphia, Philadelphia, PA

Purpose of Study Acetaminophen (APAP) is commonly administered to preterm infants and is increasingly used to treat the patent ductus arteriosus (PDA). Preclinical models demonstrate that the developing lung is susceptible to APAP-induced injury. Whether early life APAP exposure contributes to lung injury in preterm neonates is unknown.

Methods Used We performed a systematic literature search on PUBMED to identify randomized controlled trials evaluating APAP for prevention or treatment of a PDA. Relevant trial and clinical data including treatment group rates of BPD were abstracted. Random effects meta-analysis and meta-regression according to the mean gestational age (GA) of trial participants were performed.

Summary of Results Of 196 identified manuscripts, 12 trials with 1001 subjects were included in the final analyses (figure 1). Mean GA ranged from 25.3 to 33.6. The outcome of BPD, although variably defined, was reported for 930 subjects. Averaged across all trials, APAP exposure did not significantly increase the risk of BPD [figure 2A; RR 1.07 (0.83, 1.37)]. However, meta-regression demonstrated a possible inverse relationship between GA and BPD risk. For each week decrease in mean study GA, the risk difference for developing BPD with APAP exposure increased by 1.2% (range 3% to -0.5%; p=0.17; figure 2B). When limited to the 8 studies that compared oral APAP to oral ibuprofen, this weekly risk increase increased to 1.7% (range 4.0% to -0.6%; p=.14; figure 2C). These results bordered on statistical significance, but the power to detect true differences at lower gestational age was limited by the low number of trial participants born <28 wks. Among all 12 reviewed trials, only 127 subjects born <28 wks were randomized to APAP. The 8 trials comparing oral APAP to ibuprofen randomized only 68 subjects <28 wks to APAP.

Conclusions Data from published RCTs show no significant effect of APAP on BPD risk in preterm infants. However, a possible and concerning inverse association between the risk of BPD with APAP exposure by GA suggests possible adverse effects among the least mature infants. More data are needed to determine whether early life APAP exposure in extremely premature infants is safe.
#445 PREDICTORS AND OUTCOMES OF LATE-PRETERM NEONATES NEEDING RESPIRATORY SUPPORT IN THE DELIVERY ROOM
A Fikins*, FB Wertheimer, R Ramanathan, M Biriwale. Los Angeles County University of Southern California Medical Center, Los Angeles, CA

10.1136/jim-2022-WRMC.441

Purpose of Study The etiology and management of respiratory distress in late preterm neonates is not as well described as in the very preterm population. This study identified factors associated with delivery room (DR) positive pressure ventilation (PPV) support in the late preterm population.

Methods Used Preterm neonates with a gestational age of 34–36 weeks who were admitted to LAC+USC from 2017–2020 were included in this retrospective review. DR ventilatory support, as well as maternal history, initial lab results, and comorbid diagnoses were abstracted. Study variables were analyzed with Chi-squared and t-tests.

Summary of Results Approximately 37% [167/460] of the neonates required PPV in the DR and 92% (n=153/167) were placed on nasal cannula. Nasal continuous positive airway pressure (NCPAP) mode was most utilized (n=132), followed by high flow nasal cannula (HFNC) (n=89), nasal intermittent positive pressure ventilation (NIPPV) (n=105), and intubation (n=18). Face masks were only utilized in preparation for intubation.

Maternal factors associated with the requirement of PPV in the DR included pre-eclampsia (16.4% [45/279] vs 24.5% [39/159], p=0.044), placenta previa (2.2% [6/274] vs 9.3% [15/161], p=0.002), and placental abruption (1.1% [3/274] vs 4.9% [8/162], p=0.023). In our study, chorioamnionitis, prolonged rupture of membranes > 18 hours, substance abuse, and meconium aspiration were not significantly associated with the need for PPV. Neonatal factors are listed in Table 1.

Air leaks on initial X-ray (0% [0/279] vs 2.4% [4/164], p=0.018, respiratory distress syndrome (RDS) (0.4% [1/279] vs 14.6% [24/164], p = 0.001), and sepsis (1.8% [5/278] vs 3.5% [9/164], p=0.047) were significant comorbidities associated with the use of DR PPV support in late preterm neonates.

Conclusions Late preterm neonates who required PPV support in the DR tended to be younger, with lower APGAR scores, and higher PCO2. These infants were more likely to need invasive ventilatory support at 24 hours. Maternal conditions compromising fetal perfusion were associated with respiratory support requirements while maternal infections were not. Neonates who received PPV support in the DR were more likely to have air leaks on initial X-ray, RDS and sepsis.

#446 SURVEY OF CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) PRACTICES AMONG NEONATAL PROVIDERS IN THE UNITED STATES
R Mamidi*, K MacDonald, M Go, C McEvoy, Oregon Health and Science University, Portland, OR

10.1136/jim-2022-WRMC.442

Purpose of Study To evaluate practice variation in the initiation, management, and discontinuation of neonatal nasal CPAP (nCPAP) among the Neonatal-Perinatal section of the American Academy of Pediatrics (AAP). We hypothesized large variations in clinical practice particularly with regards to discontinuation of CPAP and use of chinstraps.

Methods Used A web-based IRB approved survey consisting of 25 questions was administered to the AAP Neonatal-Perinatal section. It inquired about the NICU size, level, and location, and evaluated approaches for initiation and management of CPAP, and methods and post-menstrual ages used to wean infants born at <32 weeks gestation off CPAP. It also assessed the use of chinstraps and rates of nipple feeding while on CPAP. Data were analyzed using descriptive statistics.

Summary of Results Overall, 857/3700 (23%) of providers (718 neonatologists and 98 neonatal fellows) consented to the survey. The majority (83%) worked in a NICU with >20 beds and 94% in a level 3 or higher. 822/830 (99%) used CPAP with 300 (36%) primarily using bubble CPAP in infants <32 weeks gestation; 229 (27%) using ventilator driven CPAP and 262 (31%) using a combination of these. In terms of the primary interface applied: 297/781 (38%) used short binasal prongs; 61 (8%) used long binasal prongs; 106 (14%) used a nasal mask; 295 (38%) used a combination of these interfaces. There was wide variation in: 1) the maximum CPAP setting applied to an infant <32 weeks gestation in the first 72 hours of life with 46/795 (6%) using 5 cmH2O; 258 (32%) using 6 cmH2O; 244 (31%) using 7 cm H2O; 216 (27%) using 8 cm H2O; 31 (4%) using ≥ 8 cm H2O; 2) the typical minimum CPAP setting prior to stopping or weaning CPAP; responses were: 224/794 (28%) decreased to 4 cmH2O; 493 (62%) to

Abstract #445 Table 1 Percent of responses for preferred method of weaning off nCPAP

<table>
<thead>
<tr>
<th>Preferred Method to Wean off nCPAP</th>
<th>% of Responses Favoring This Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directly to room air</td>
<td>37%</td>
</tr>
<tr>
<td>Wean to high or low flow nas cannula and then room air</td>
<td>59%</td>
</tr>
<tr>
<td>Increased time per day off CPAP until off</td>
<td>5%</td>
</tr>
</tbody>
</table>

Abstract #446 Table 1 Neonatal factors associated with the requirement of PPV in the DR

<table>
<thead>
<tr>
<th>Gestational age (weeks)</th>
<th>Birth weight (g)</th>
<th>5 min APGAR</th>
<th>First blood pH</th>
<th>First blood gas CO2</th>
<th>Invasive ventilation at 24 hours (%)</th>
<th>Need for surfactant (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No respiratory support in DR</td>
<td>35.5</td>
<td>2585</td>
<td>8.9</td>
<td>7.16</td>
<td>44.8</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory support in DR</td>
<td>35.1</td>
<td>2716</td>
<td>7.6</td>
<td>7.27</td>
<td>52.4</td>
<td>6.7</td>
</tr>
<tr>
<td>P-value</td>
<td>&lt;0.001</td>
<td>0.020</td>
<td>&lt;0.001</td>
<td>0.464</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
Purpose of Study Low back pain, often caused by degenerative disc disease (DDD), is one of the most common reasons for primary care and orthopedic office visits. It’s also among the costliest medical issues affecting our healthcare system. Concentrated bone marrow aspirate (BMAC) injections, along with conservative management, represent a cost-effective and minimally invasive treatment option. Our hypothesis is that BMAC injections, along with conservative care, can provide short and long-term pain reduction in patients with DDD.

Methods Used A retrospective chart review was conducted for 17 patients with DDD who received a BMAC injection along with conservative care in our clinic over the past 6 years. Each patient underwent a procedure where 60 ml of bone marrow was aspirated from the posterior iliac crest, concentrated to 10 ml, and then injected into the degenerated disc. Patients were instructed to limit activity to non-weight bearing for 3 weeks post-procedure and partial weight-bearing with a 5 lb. lifting limit for an additional 3 weeks. All NSAIDs were held 10 days prior to and 3 months following the procedure. A 0–10 patient self-reported pain scale was used as the primary outcome. Secondary outcomes included adverse events and additional treatments. Pain scores were collected prior to the initial treatment and post-treatment at 3 weeks, 6 weeks, 3 months, 6 months, 12 months, 18 months, 24 months, and 36 months. Comparisons were analyzed using a paired-samples sign test.

Summary of Results 17 patients (11 male, 6 female) with ages ranging from 27-80 years old (49.7 ±16.4 years) were included in the study with an average follow-up time of 18.2 ±16.3 months. Reported pain levels were significantly reduced at 3 months post-injection compared with baseline (13 patients; Δ-3.3 points; p = < 0.001). Additionally, pain continued to decrease up to 3 years post-injection (7 patients; Δ-4.5 points from baseline; p = 0.016). No adverse events were reported. No patients elected for surgery following treatment or received repeat BMAC injections during the 36-month follow-up period.

Conclusions Patients with DDD who were treated with BMAC, along with conservative care, experienced a significant improvement in long-term pain levels without major adverse events related to the treatment. This represents a viable minimally invasive treatment option in patients with painful DDD.
Abstracts

#449  A CLOUD-BASED PIPELINE TO PROCESS VERY PRETERM INFANT DIFFUSION MRI AND AUTOMATED FIBER QUANTIFICATION TRACTOGRAPHY

Leodriche*, D Sproul, L Bruckert, G Lemari-Usabiaga, SE Dubner, KE Travis.

Purpose of Study Preterm infants are at high risk for white matter (WM) injury detectable using advanced diffusion MRI (dMRI) methods. WM microstructural metrics derived from tractography of dMRI relate to neonatal illness and clinical outcomes. Preparing and processing dMRI data, identifying WM tracts, and extracting microstructural metrics is complex and data-intensive. Our goal was to implement a fully reproducible, cloud-based pipeline to process dMRI, perform tractography, and extract microstructural metrics in a database of infants born at <32 weeks and imaged at near-term gestational age.

Methods Used The processing pipeline utilizes Flywheel, a cloud-based data processing platform. Analyses are implemented as Dockerized containers or gears. Aligned T1-weighted (T1w) anatomical images are segmented using Infant Freesurfer. Infant Freesurfer output and a template identifying anatomical regions of interest (ROIs) are fed together into a processing gear to create ROIs in each infant subject space. dMRI data is preprocessed and the anatomical T1w data, brain mask (distinguishing brain from non-brain), output markers, and dMRI data are used to generate individual tract profiles and extract WM metrics.

Summary of Results To test our pipeline, we pre-selected a cohort of infants born <28 weeks gestation (N = 55; mean gestational age = 26.5 (1.2) weeks; mean postmenstrual age at scan = 37.1 (1.8) weeks) with both T1w and dMRI scans, intended for analysis in a future study. We segmented and extracted fractional anisotropy (FA) and mean diffusivity (MD) values for 66x corpus callosum segments. T-tests assessed consistency of different approaches to segmenting tracts (whole-brain tractography, WBT, versus region of interest-to-region of interest, ROI-to-ROI).

31 subjects (56.4%) successfully ran through the pipeline. The remaining 24 subjects were likely unsuccessful due to computational resource allocation issues. Within each corpus callosum segment, values were generated for over 90% of subjects. Mean FA and MD are shown in the table 1. Results suggest variability for some tracts. Mean FA differed between WBT and ROI in the posterior CC. Our results were consistent with published studies with regard to both WBT and ROI-to-ROI tractography.

Conclusions We successfully implemented a reproducible pipeline to analyze preterm infant dMRI data. The next steps are to verify the anatomical accuracy of our ROI approaches, resolve resource allocation issues and process remaining subjects, and expand the pipeline to include other major cerebral and cerebellar tracts. Successful implementation of the pipeline will enable reproducible analyses to address questions relevant to clinicians and researchers surrounding neonatal brain development in the context of preterm birth.

#450  ASSESSING CONCUSSION EDUCATION IN ALLOPATHIC MEDICAL AND PHYSICAL THERAPY PROGRAMS

1EA Tangg*, 1,2W Cheung, 1L McKay, 1D Aly, 1D Baron. 1Western University of Health Sciences, Pomona, CA; 2Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA; 3The University of Arizona College of Medicine Tucson, Tucson, AZ

Purpose of Study Our previous study assessed the state of concussion education and students’ interest in the subject across osteopathic medical schools in the country. The results from the first study suggested that osteopathic medical students expressed a desire to obtain a more formal concussion education in their respective programs. This study evaluates the same parameters regarding concussion symptoms, diagnosis and management, while also expanding the study population to include students from allopathic medical and physical therapy programs across the country.

Abstract #449 Table 1

<table>
<thead>
<tr>
<th>Tract</th>
<th>n</th>
<th>WBT: FA mean (SD)</th>
<th>ROI: FA mean (SD)</th>
<th>WBT: MD mean (SD)</th>
<th>ROI: MD mean (SD)</th>
<th>FA t-test statistic</th>
<th>FA t-test p-value</th>
<th>MD t-test statistic</th>
<th>MD t-test p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC-Occlusal</td>
<td>31</td>
<td>0.13 (0.06)</td>
<td>0.17 (0.07)</td>
<td>1.46 (0.21)</td>
<td>1.52 (0.19)</td>
<td>-2.27</td>
<td>0.03</td>
<td>-1.19</td>
<td>0.23</td>
</tr>
<tr>
<td>CC-Post.</td>
<td>31</td>
<td>0.11 (0.04)</td>
<td>0.14 (0.05)</td>
<td>1.48 (0.17)</td>
<td>1.57 (0.25)</td>
<td>-2.12</td>
<td>0.04</td>
<td>-1.69</td>
<td>0.1</td>
</tr>
<tr>
<td>Parietal</td>
<td>28</td>
<td>0.12 (0.05)</td>
<td>0.15 (0.05)</td>
<td>1.56 (0.42)</td>
<td>1.56 (0.16)</td>
<td>-2.55</td>
<td>0.01</td>
<td>-0.88</td>
<td>0.38</td>
</tr>
<tr>
<td>CC-Motor</td>
<td>28</td>
<td>0.14 (0.04)</td>
<td>0.15 (0.03)</td>
<td>1.51 (0.26)</td>
<td>1.56 (0.16)</td>
<td>-1.95</td>
<td>0.06</td>
<td>-0.86</td>
<td>0.39</td>
</tr>
<tr>
<td>CC-Sup. Frontal</td>
<td>28</td>
<td>0.16 (0.03)</td>
<td>0.17 (0.04)</td>
<td>1.57 (0.28)</td>
<td>1.65 (0.22)</td>
<td>-1.32</td>
<td>0.19</td>
<td>-1.11</td>
<td>0.27</td>
</tr>
<tr>
<td>CC-Ant. Frontal</td>
<td>30</td>
<td>0.15 (0.04)</td>
<td>0.17 (0.04)</td>
<td>1.55 (0.24)</td>
<td>1.62 (0.20)</td>
<td>-1.63</td>
<td>0.11</td>
<td>-1.23</td>
<td>0.22</td>
</tr>
</tbody>
</table>
ACUTE MONOCULAR VISUAL LOSS AFTER SINUS SURGERY

P Parkh, OM Dumitrascu. Mayo Clinic Arizona, Scottsdale, AZ

10.1136/jim-2022-WRM.C447

Postoperative monocular vision loss is caused by ischemic optic neuropathy (ION) or central retinal artery occlusion (CRAO). While brain MR-DWI (diffusion-weighted imaging) is not routinely used for diagnosis, recent studies have shown restricted diffusion of the optic nerve (ON) or retina may indicate acute CRAO. Here, we present a case of acute CRAO to highlight this neuroimaging finding and further therapy options.

Case Report A 71-year-old male without vascular risk factors underwent maxillary bilateral antrostomy and septoplasty for chronic sinusitis. 20–30 minutes upon awakening, he reported acute painless left eye vision loss. Visual acuity (VA) was bare light perception (left) and 20/25 (right). Facial CT was negative for pathology. Fundoscopy showed retinal whitening, cherry-red spot, narrowed arterioles with scattered segmentation, and no hemorrhage. Brain MRI showed left ON diffusion restriction and increased T2 signal (figure 1), concerning for posterior ION; however, proximal CRAO was more likely given the clinical exam. Patient received oral aspirin, intraarterial verapamil and alteplase, IV acetazolamide and dexamethasone, and topical Alphagan. At 6-month follow-up, left eye VA was no light perception. Despite extensive workup, no other etiology was found.

Discussion We present a case of proximal CRAO post-sinus surgery in which brain MR-DWI helped with lesion localization. The outcome was dismal despite therapy. Both ION and CRAO can cause postoperative vision loss. PION has normal ophthalmoscopic findings, and ON DWI due to cytotoxic edema has 81–100% sensitivity and 86–100% specificity. CRAO has retinal edema, segmentation of arterioles, and a cherry-red spot. ON DWI sensitivity and specificity are 5%/70–100%/per a recent study. In our case, the ON diffusion restriction was caused by CRAO in its narrowest part, where it enters the ON. A similar reported case of post-sinus surgery acute CRAO underwent therapy with hyperbaric oxygen (HBO) with visual improvement. American Academy of Ophthalmology recommends emergent stroke workup and antiplatelet; there is no level I data to support HBO or other treatments for CRAO. In conclusion, we highlight the combination of retinal ischemic features on fundoscopy and proximal ON diffusion restriction on MR-DWI to be diagnostic of proximal CRAO. Future studies should evaluate the accuracy and utility of MR-DWI and HBO in acute CRAO.

Published only – not presented

CLINICAL VIABILITY OF BIOMARKERS FOR TOXIC STRESS: AN INVESTIGATION

1,2 Pasumarthi*, 1Nova Southeastern University, Fort Lauderdale, FL; 2Office of the California Surgeon General, Sacramento, CA

10.1136/jim-2022-WRM.C448

Purpose of Study The toxic stress response is a biological process that may be caused by the prolonged activation of the stress response due to exposure to cumulative adversity. This process can disrupt biological systems through neuroendocrine, immunologic, and epigenetic mechanisms. The toxic stress
response has been correlated with acute and chronic illnesses, including some of the leading causes of death such as heart disease, suicide, and cancer. Early clinical identification of the toxic stress response and associated health conditions is imperative to limit potentially lifelong negative health effects. The use of clinical biomarkers stands to be a promising method of early identification of the toxic stress response. However, research around clinical biomarkers is still in its nascency and there has been little to assess the clinical viability of these biomarkers. The objective of this study is to determine the potential clinical viability of biomarkers for the toxic stress response.

Methods Used A literature review was conducted to aggregate biomarkers for the toxic stress response. Biomarkers were then scored based on invasiveness (non-invasive and invasive) and definitiveness in diagnosing the toxic stress response (not definitive, semi-definitive, and mostly definitive). Biomarkers with a low invasive score and a high definitive score were considered to have high clinical viability.

Summary of Results Biomarkers considered primary mediators of the toxic stress response, such as cortisol, epinephrine, and norepinephrine, were considered among the most clinically viable biomarkers with low invasive scores and fairly definitive scores. Some promising biomarkers with currently low clinical viability include telomere shortening and infant eye-tracking.

Conclusions This research could indicate which biomarkers might be suitable for the development of clinical guidance and which might need further research before more widespread acceptance. Areas for future research include identifying novel biomarkers for the toxic stress response and expanding the body of literature and the strength of the evidence surrounding these biomarkers.

FULMINANT HEPATIC FAILURE SECONDARY TO WILSONS DISEASE

Case Report Wilson Disease (WD) is a rare genetic disorder of impaired copper excretion causing accumulation of copper in vital organs including the liver, brain, and cornea. Diagnosis usually occurs between the ages of 5 and 35 years. Patients typically present with cirrhosis, neurological symptoms, and Kayser-Fleischer rings. Rarely, WD can present as fulminant hepatic failure necessitating liver transplant. Here, we describe a 36-year-old male with alcohol abuse with acute liver failure initially deemed secondary to alcohol. However, biochemical findings were highly suggestive of WD.

Methods Retrospective single case review after IRB approval

Case Report A 36-year-old male with a history of alcohol abuse presented to the hospital with bilateral lower extremity edema. He had no known prior liver disease and had stopped alcohol 2 months ago. Initial workup showed acute liver failure with elevated liver function tests (LFTs), and imaging findings of decompensated cirrhosis. His mentation declined, and he developed tremors and hallucinations. He was treated with diuretics, thiamine, and Ativan for alcohol withdrawal. Despite one week of treatment, his LFTs remained elevated, and his mentation declined. Further workup revealed ceruloplasmin of 13 mg/dL. Initial 24-hour urinary copper excretion was unobtainable due to his mentation, but after penicillamine challenge it was 111 mcg/24 hr. He was noted to have possible Kayser-Fleischer rings but slit-lamp exam could not be performed due to accessibility. Patient had a Leipzig score of 4, suggestive of WD. Genetic testing for ATP7B mutation was negative. Brain MRI revealed significant cerebral and cerebellar atrophy without parenchymal involvement. Liver biopsy was unobtainable due to elevated INR. After penicillamine, he had significant improvement in cognition and motor function. He was accepted to a liver transplant center.

Conclusions A history of alcohol abuse in a patient with liver failure usually leads to the suspicion of alcohol as the etiology. This case highlights the importance of a full workup to avoid anchoring bias. Our patient had a low ceruloplasmin and a high 24 hr urinary copper excretion which may suggest WD. Liver biopsy would be needed for confirmation. Early recognition and liver transplant evaluation are imperative in these patients.

COVID-19 RELATED LIFESTYLE CHANGE IS MULTIDIMENSIONAL

Purpose of Study Both, negative and positive lifestyle changes have been reported during the COVID-19 pandemic and many focused on particular areas of lifestyle. However, few studies have implemented multidimensional lifestyle measures. The work of cultural neuroscience has suggested that through self-reflection, a general pattern of self-enhancement motivation will be elicited regardless of the cultural background. We proposed that implementing a multidimensional lifestyle measure (the Short Multidimensional Inventory Lifestyle Evaluation - Confinement) with additional dimensions: Lifelong Learning, Nature/Environmental Connection, and Sense of Safety to explore its potential for clinical use, would lead to self-reflection beyond conventional measures to facilitate positive lifestyle change for health promotion and chronic illness management.

Methods Used We conducted a cross-sectional, anonymous online 40-item multidimensional survey focusing on lifestyle using social-media recruitment as a pilot. People 18 years or older were target survey respondents.

Summary of Results Among participants (n=37), 75% were female; more than more than 50% were from suburban areas, and about a third of them lived in urban areas. The results indicated changes in six dimensions with positive changes in Physical Activity, Lifelong Learning, and Sense of Safety but worse changes in Social Support and Screen Time. Whereas about equal proportion of the respondents reported positive and negative changes in Nature/Environmental Connection dimension. More than 50% of respondents indicated that taking this lifestyle survey gave insight into their lifestyle and 64% of them would do periodic lifestyle surveys or something similar to this multidimensional lifestyle survey for self-reflection.

Conclusions All three additional dimensions of the multidimensional lifestyle survey reflected lifestyle changes due to the COVID-19 pandemic beyond Physical Activity, Social
Support, and Screen Time dimensions. The proposed multidimensional lifestyle evaluation may be useful for self-reflection and further studies will be necessary to determine if the expanded lifestyle evaluation is superior for activating behavioral change.

**Case Report** Acute promyelocytic leukemia (APML) often presents with systemic symptoms such as weakness, fatigue, infections, ecchymoses and bleeding. It is usually associated with the translocation of t(15;17) causing a defect in the Retinoic Acid Receptor (RAR). However, this case reviews a 37 year old male previously treated for Acute Myeloid Leukemia (AML) who presented with APML of the eye, confirmed by biopsy. This case stresses the importance of including a fundoscopic eye exam for possible ocular involvement which is not uncommon in APML and may easily be missed. Methods IRB approval was obtained, and single case review was done.

**Summary of Results** A 37-year-old Hispanic male presented with progressively worsening generalized weakness, fatigue, shortness of breath and easy bruising for 1 week. Upon admission, patient was hemodynamically stable and afebrile. Labs were concerning for complete blood count with differential showing myelocytes at $0.2 \times 10^3$ mcL, promylocytes of $0.1 \times 10^3$ mcL, and blasts of $0.1 \times 10^3$ mcL. D-Dimer was also elevated at greater than 5000 fibrinogen equivalent units/mL. Peripheral smear was obtained which showed blast cells with Auer rods, suggesting APML. Diagnosis was confirmed with flow cytometry showing CD117 positive atypical/immature myeloid cells. FISH analysis showed t(15;17) translocation. Patient was started on All-trans Retinoic acid (ATRA) 60mg BID on with remission of APML. However, the patient developed left orbital swelling and pain on treatment day 7. CT Maxillofacial w/Contrast was obtained showing a rim-enhancing fluid collection. Ophthalmology consult was attempted but could not be done due to accessibility. Patient underwent biopsy of the eye at higher center and was consistent with APML. Patient was re-admitted at our facility and restarted on ATRA and intrathecal chemotherapy with great response.

**Conclusion** Acute leukemias generally present with systemic presentations like fever, body aches, fatigue and bleeding in APML. Ocular involvement can be due to direct infiltration of the leukemia or secondary to some blood abnormality like anemia, thrombocytopenia, or leukocytosis. Leukemic retinopaties are present in around 35.4% of leukemia patient and may present manifest after induction of chemotherapy. Clinicians should be vigilant to look for ocular involvement to prevent blindness.

**Abstracts**

**#455 ANALYSIS OF TREATMENT GUIDELINES FOR HYPEREMESIS GRAVIDARUM AND NAUSEA/VOMITING OF PREGNANCY**

A Morrow*, R McCann, B Brooks. Rocky Vista University College of Osteopathic Medicine, Ivins, UT

10.1136/jim-2022-WRMC.451

**Purpose of Study** Hyperemesis gravidarum (HG) is the most severe form of nausea and vomiting of pregnancy (NPV), or morning sickness. 2% of pregnancies in the United States are affected by HG. The condition is characterized by severe vomiting in pregnant women, especially during the first trimester, often leading to hypovolemia and weight loss. The standard of care for HG and NPV is commonly ineffective. We hypothesize that based on patient experience, the current treatment guidelines for HG are not clinically effective. Our objective is to identify the efficacy of the management protocol that is currently in place for NVP and HG.

**Methods** A survey was designed based on diagnostic criteria as well as standard demographic identifiers and the most common medications used in the treatment of HG and was distributed to NPV and HG user groups on social media.

**Summary of Results** In our study, the vast majority of women diagnosed with HG trialed at least five medications, most of which were ineffective or had severe side effects.

**Conclusions** The data presented in this research provides insight into the suffering that patients with these diagnoses face day-to-day. Establishing this gap in treatment can facilitate the development of effective treatments that will provide relief for thousands of women.

This work was presented in part at Rocky Vista University Appreciation Day (virtual) on October 15, 2021.

**#456 ACUTE PROMYELOCYTIC LEUKEMIA OF THE EYE**

R Dunn *, F Venter, S Mishra. Kern Medical Center, Bakersfield, CA

10.1136/jim-2022-WRMC.452

**Case Report** Acute promyelocytic leukemia (APML) often presents with systemic symptoms such as weakness, fatigue, infections, ecchymoses and bleeding. It is usually associated with the translocation of t(15;17) causing a defect in the Retinoic Acid Receptor (RAR). However, this case reviews a 37 year old male previously treated for Acute Myeloid Leukemia (AML) who presented with APML of the eye, confirmed by biopsy. This case stresses the importance of including a fundoscopic eye exam for possible ocular involvement – which is not uncommon in APML and may easily be missed. Methods IRB approval was obtained, and single case review was done.

**Summary of Results** A 37-year-old Hispanic male presented with progressively worsening generalized weakness, fatigue, shortness of breath and easy bruising for 1 week. Upon admission, patient was hemodynamically stable and afebrile. Labs were concerning for complete blood count with differential showing myelocytes at $0.2 \times 10^3$ mcL, promylocytes of $0.1 \times 10^3$ mcL, and blasts of $0.1 \times 10^3$ mcL. D-Dimer was also elevated at greater than 5000 fibrinogen equivalent units/mL. Peripheral smear was obtained which showed blast cells with Auer rods, suggesting APML. Diagnosis was confirmed with flow cytometry showing CD117 positive atypical/immature myeloid cells. FISH analysis showed t(15;17) translocation. Patient was started on All-trans Retinoic acid (ATRA) 60mg BID on with remission of APML. However, the patient developed left orbital swelling and pain on treatment day 7. CT Maxillofacial w/Contrast was obtained showing a rim-enhancing fluid collection. Ophthalmology consult was attempted but could not be done due to accessibility. Patient underwent biopsy of the eye at higher center and was consistent with APML. Patient was re-admitted at our facility and restarted on ATRA and intrathecal chemotherapy with great response.

**Conclusion** Acute leukemias generally present with systemic presentations like fever, body aches, fatigue and bleeding in APML. Ocular involvement can be due to direct infiltration of the leukemia or secondary to some blood abnormality like anemia, thrombocytopenia, or leukocytosis. Leukemic retinopaties are present in around 35.4% of leukemia patient and may present manifest after induction of chemotherapy. Clinicians should be vigilant to look for ocular involvement to prevent blindness.

**#457 REPARATION OF THE ION GRADIENTS: THE ROLE OF ION CHANNELS AND THEIR POTENTIAL TO GUIDE THE CLINICAL MANAGEMENT OF EXTERNALLY INDUCED SKIN WOUNDS**

1K Mai*, 1M Zhao, 1Western University of Health Sciences, Pomona, CA; 2University of California Davis, Sacramento, CA

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**Purpose of Study** The skin holds unique ion gradients that play a vital role in the process of wound healing. While the physiology behind this mechanism remains unclear, recent innovations regarding cutaneous ion channels may provide a better understanding of this biophysiological process. This is paramount because while molecular channel immunohistology has been utilized in forensic pathology to differentiate wound age postmortem, the same has not yet been reviewed for ion channels in skin wounds. Thus, a deeper comprehension of ion channels is pertinent in not only understanding ion gradient associated wound healing but would also provide a clinical significance in its potential to differentiate wound stage and wound types.

**Methods** A comprehensive literature search was used to search for over 100 studies involving ion channels in the context of skin wounds. Journal articles were reviewed from Pubmed, ScienceDirect, and Google Scholar. Inclusion criteria limited the review to ion channels studied in the context of ion gradients, wound stage determination, and types of skin wounds.

**Summary of Results** Calcium, potassium, water, sodium, and chloride gradients have been found in the skin allowing for the identification of nine channels/pumps matching our inclusion criteria. These include Kcnj8, Kcnh2, TRPV1, TRPV2,
TRPV3, TRVP4, Orai1, Na+/K+ ATPase, and AQP3 channels. Kcnh2 and Kcnj8 were found in association with the homeostatic phase of wound healing, AQP3 channels in association with the proliferative phase, and TRVP2 in association with the remodeling/maturation phase. Ion channels also have potential for differentiating different wound types. These include TRVP3 and AQP3’s association with burn wounds and Orai1’s association with UVB-induced wounds.

Conclusions Potential channels involved in the reparation of ion gradients following externally induced skin wounds were identified based on their variability and timing of expression following the event. These characteristics provided further evidence to our proposed feedback relationships between the gradients and the notion that they may play a clinical role in differentiating wound stages and types. However, there has yet been a channel identified as a main contribution to the Inflammatory stage. Instead, a combination of decreased Na+/K+, Kcnh2, and Kcnj8 expression may allow for differentiation of this stage. The ability to differentiate wounds would provide improved diagnostic accuracy in the clinical context and allow for the personalization of treatment options. Given the role of ion fluxes and resultant wound electric fields in wound healing, temporal and spatial expression of ion channels and pumps is expected to offer a significant understanding of the powerful mechanism of electric signaling in wound healing.

Abstract #458 Figure 1

NECROTIZING FASCITIS: A POTENTIAL NIDUS FOR HEPATORENAL SYNDROME

K Mai*, K Chen, R Li, P Flores. Western University of Health Sciences, Pomona, CA; Hemet Global Medical Center, Hemet, CA

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Case Report Studies proposed bacterial translocation from the GI tract as a potential source of hepatorenal syndrome (HRS). While this has been reported in a few cases, they occurred in the setting of liver trauma associated endogenous infections. Here we report a case of HRS following the onset of necrotizing fascitis (NF). Overall, suggesting that in the absence of liver trauma, spread from skin wounds may contribute to the onset of HRS.

A female patient presents with bleeding from NF extending from her bilateral flanks to her upper thighs and a history of alcoholic cirrhosis. Kidney functions were originally within normal limits, however, reached 4.40mg/dL by day 18.

Despite trials of albumin, midodrine and withholding diuretics, creatinine levels continually rose, suggesting type 1 HRS. NF was also identified through cultures isolating Enterococcus Faecalis, Staphylococcus Aureus and Klebsiella Oxytoca. CT scan further demonstrated skin interruptions, ulcers and anasarca affected regions. Routine wound care, surgical debridement, and antibiotic treatment with ceftriaxone and daptomycin was utilized.

Aside from NF, there were no other identifiable causes of HRS. The patient’s bleeding event on admission occurred closely to her onset of HRS. This suggests that hematogenous/contiguous spread of cutaneous infections or bacterial products may be responsible for the onset of HRS in those with preexisting liver diseases. We suggest early utilization of barrier therapies and antimicrobial dressings. This case further questions whether only skin wounds close to the kidneys contribute to HRS or if distal wounds may also be influential.

A RARE CASE OF ACUTE PANCREATITIS DUE TO EPSTEIN BARR VIRUS INFECTION

M Tu*, V Marquez, H Ipalawatte. Clinica Sierra Vista, Bakersfield, CA; Ross University School of Medicine – Barbados Campus, Bridgetown, Barbados

10.1136/jim-2022-WRMC.455

Case Report A common early childhood and adolescence infection Epstein Barr Virus (EBV), presents with infectious mononucleosis, upper respiratory tract infection, diarrhea, and abdominal complaints. We report a case of EBV infection with atypical manifestation of acute pancreatitis, in a healthy 17-year-old (yo) patient.

Presentation A 17 yo male with a history of fatty liver disease presented to our emergency room with a 1-day history of severe left upper and lower epigastric pain. The patient was normotensive and afebrile, with a soft and non-distended abdomen and LUQ, epigastric and LLQ tenderness with no guarding, rebound tenderness, no bruising noted. Laboratory data revealed a total white blood cell count of 13.1x10^3/μL, hemoglobin of 15.0 g/dl, platelet count of 240 x10^3/μL, prothrombin time of 15.4 s, international normalized ratio (INR) of 1.23, aspartate aminotransferase of 46 U/L, alanine aminotransferase of 104 U/L, alkaline phosphatase of 148 U/L, total bilirubin of 1.2 mg/dL, and lipase of 2,431 U/L (normal range: 0—160 U/L). Computed tomography (CT) of the abdomen and pelvis revealed acute necrotizing pancreatitis with a small unorganized acute necrotic collection, edematous pancreas, and hepatomegaly. Magnetic resonance imaging (MRI) showed necrotizing pancreatitis with moderate peripancreatic, perisplenic, and peripancreatic inflammatory fluid with no drainable fluid collection identified. No biliary ductal dilatation. No evidence of cholecithiasis or choledocholithiasis. Hepatomegaly. Splenomegaly suggesting underlying portal hypertension. On hospital day 2 patient had a temperature max of 38.6°C, tachycardic in the 120s, tachypneic in the 30s. SIRS criteria were met and septic workout was initiated and the patient started on Meropenem, with pancreatic fluid as a possible source of infection. Patient was treated for pancreatitis with guideline direct medical therapy. Viral hepatitis profiles (A, B, C), HIV RNA, and monospot test were all negative. The diagnosis of EBV infection was made by the positive result.

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of EBV immunoglobulin G(IgG)(VCA, viral capsid antigen) 129.00 unit/mL. Labs additionally showed CMV antibody IgG 3.10 unit/mL.

Discussion EBV-induced acute pancreatitis is a rare condition, the sooner an etiology can be deduced, the more options that a patient has in terms of therapy. Our patient has EBV-induced acute pancreatitis, a condition often not seen in conjunction. He did not exhibit any symptoms of infectious mononucleosis at the time of presentation, which is commonly associated with EBV infection. He deviates from many common associations. Is. With this case, we wanted to emphasize the importance of being vigilant, have broad differentials and early intervention based on clinical suspicion. For the best possible patient outcomes.

**#460 TACKLING SEVERE INTRAVENTRICULAR HEMORRHAGE IN A SINGLE CENTER LEVEL IV NICU**

EF Squire*, J Reiss, L Bain. Stanford University School of Medicine, Stanford, CA

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**Purpose of Study** Premature infants <32w gestational age are at increased risk of severe (grade 3, 4) intraventricular hemorrhage (IVH) due to immature cerebral vasculature and decreased autoregulation of cerebral blood flow. Severe IVH is associated with increased long-term morbidity and mortality in this population. There are numerous modifiable risk factors and protective factors in the antenatal, intrapartum, and postnatal time periods that are associated with decreased rates of severe IVH. This quality improvement study examines modifiable risk factors of severe IVH at a single center level IV NICU, which noted a recent increase in severe IVH rates following several years of sustained reduction after implementation of a ‘Brain Care Bundle’ targeted at IVH prevention. A retrospective chart review of all inborn babies <32w gestational age from 2010 to 2020 who were diagnosed with either grade 3 or grade IVH during their NICU stay demonstrated that some IVH risk reduction strategies such as prenatal steroid use and elimination of the use of sodium bicarbonate have been consistently used over time, however other practices such as maintaining midline head positioning for the first 3 days of life and delayed umbilical cord clamping showed variability among patients. Inconsistent use of best practices provides an opportunity to use quality improvement strategies to reinforce elements of our Brain Care Bundle and reduce severe IVH rates once again. Our goal is to reduce severe IVH rates in inborn infants <32 weeks GA by 50% from 10% to 5% over the next 2 years consistent with rates in this population across other California NICUs. We will do this by re-educating and re-enforcing our current Brain Care Bundle for NICU providers and identifying ways to improve adherence to IVH reduction strategies. We also plan to analyze additional data, specifically CO2 levels in the first week of life, in hopes of adding novel interventions to our Brain Care Bundle. We will then monitor provider compliance with our updated Brain Care Bundle as well as overall rates of severe IVH to determine the impact of our interventions.

**Methods Used** As above

**Summary of Results** As above

**Conclusions** As above

**#461 PROTECTIVE MECHANISM OF BERBERINE ON SPINAL CORD INJURY IN RATS**

1.2H Duan, 1C Hao, 1X Yang*. 1The First Hospital of Shanxi Medical University, Taiyuan, China; 2Shanxi Provincial Key Laboratory of Brain Science and Neuropsychiatric Diseases, Taiyuan, China

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**Purpose of Study** It is an important cause of neurological dysfunction for secondary inflammation after spinal cord injury. At present, there are relatively few effective drugs as an inflammatory inhibitor of spinal cord injury. Berberine is a common inflammatory inhibitor of traditional Chinese medicine extract, so we tried to explore the therapeutic significance of this drug for spinal cord injury.

**Methods Used** The SD rats were randomly divided into three groups: sham operation group (n=30), non-intervention group(n=30), and Berberine intervention group(n=30). The T10 SCI model was established by Allen’s percussion method.BBB score,SEP and MEP latency and amplitude were used to evaluate hind limb function. The water content of spinal cord was measured. The spinal cell structure was observed by HE and Nissl staining and electron microscopy. The motor function was detected by SEP(Somatosensory Evoked Potential) and MEP (motor evoked potential). BBB (Basso-Beattie-Bresnahan) score was used to evaluate the hind limb function of rats.

**Summary of Results** The BBB score of berberine in SCI model was significantly lower than that in sham operation group from postoperative day 1 to 31. Hindlimb function of Berberine intervention group began to recover faster than the non-intervention group on day 10 (p < 0.05). The latency of SEP and MEP after spinal cord injury was significantly longer than that of sham operation group (p < 0.05), but there was no significant difference in the latency of SEP and MEP between the two groups (p > 0.05). The amplitude of SEP and MEP in rats after spinal cord injury was significantly lower than that in the sham operation group (P < 0.05). In addition, after berberine treatment, the degree of spinal cord edema in rats decreased to some extent (p < 0.05).

**Conclusions** Berberine can promote the recovery of injured spinal cord to some extent, which may be related to its inflammatory inhibition.