visit, 22/24 (92%) infants had achieved WHO motor milestones sitting without support and 8/16 (50%) SMN2 n=3/15, 3 SMN2, n=5/5 on study >13 months achieved walking alone. AEs were reported in 24/25 (96%) infants; most 20/25 (80%) had AEs that were mild/moderate in severity; 9 had serious AEs. Four infants had an AE possibly related to study drug, which resolved despite continued treatment. No new safety concerns were identified. **Conclusions:** Nusinersen continued to benefit infants who initiated treatment in a presymptomatic stage of SMA.

**Study Support:** Biogen

### B.06

**Safety and efficacy of nusinersen in infants/children with spinal muscular atrophy (SMA): part 1 of the phase 2 EMBRACE study**

**PB Shieh (Los Angeles)** G Acsci (Hartford) W Mueller-Felber (Munich) TO Crawford (Baltimore) R Richardson (St. Paul) N Natarajan (Seattle) D Castro (Dallas) S Gheuens (Cambridge) J Bhan (Cambridge) G Gambino (Maidenhead) P Sun (Cambridge) W Farwell (Cambridge) SP Reyna (Cambridge) J Vajsar (Toronto)*

doi: 10.1017/cjn.2018.94

**Background:** EMBRACE (NCT02462759) Part 1 is a randomized, double-blind, sham-procedure controlled study assessing safety/tolerability of intrathecal nusinersen (12-mg equivalent dose) in symptomatic infants/children with SMA who were not eligible to participate in ENDEAR or CHERISH. **Methods:** Eligible participants had onset of SMA symptoms at ≤6 months with 3 SMN2 copies; onset at ≤6 months, age >7 months and 2 copies; or onset at >6 months, age ≤18 months, and 2/3 copies. Safety/tolerability was the primary endpoint. Exploratory endpoints included Hammersmith Infant Neurological Examination Section 2 (HINE-2) motor milestone attainment, change in ventilator use, and growth. **Results:** EMBRACE Part 1 was terminated early based on positive results from ENDEAR. Safety/tolerability was similar to previous trials. More nusinersen-treated (11/14;79%) vs. sham–treated individuals (2/7;29%) were HINE-2 motor milestone responders. Between Day 183 and 302, mean (SD) hours of ventilator use changed by −1.236 (3.712) hours in nusinersen-treated (n=12) and +2.123 (3.023) hours in sham–treated individuals (n=7). Similar increases in weight and body length were observed in nusinersen-treated and sham–treated individuals by Day 183. **Conclusions:** In EMBRACE Part 1, nusinersen demonstrated a favorable benefit-risk profile. These results add to the aggregated efficacy, safety/tolerability data of nusinersen in SMA.

Study Supported by: Ionis and Biogen

### C.01

**Endoscopic versus open microvascular decompression of trigeminal neuralgia: a systematic review and comparative meta-analysis**

**N Zagzoog (Hamilton)* A Attar (Hamilton) R Takroni (Hamilton) M Alotabi (Hamilton) K Reddy (Hamilton)**

doi: 10.1017/cjn.2018.96

**Background:** Microvascular decompression (MVD) is commonly used in the treatment of trigeminal neuralgia with positive clinical outcomes. Fully endoscopic microvascular decompression (E-MVD) has been proposed as a minimally invasive, effective alternative, but a comparative review of the two approaches in the literature has not been conducted. **Methods:** We performed a meta-analysis comparing patient outcome rates and complications for both techniques. From a pool of 1,039 studies, 22 articles were selected for review: 12 open MVD and 10 E-MVD. The total number of patients was 6,734. **Results:** Good pain relief was achieved in 81% of MVD and 88% of E-MVD patients, with a mean recurrence rate of 14% and 9% respectively. Average rates of complications in MVD versus E-MVD included facial paresis or weakness, 9%, 3%; hearing loss,