CBD: 7.5%, 142/1894), other frontotemporal lobar degeneration (FTLD: 5.7%, 32/561), Lewy body disease (LBD: 4.1%, 49/1202), and Alzheimer disease (AD: 1.8%, 48/2687). Average age-at-symptom onset was 69.5±10.4 years. Average disease duration was 2.9±1.0 years. Prion diseases had the most rapid disease course (1.6±1.3 years). Comorbid cerebrovascular disease (25.5%), and clinically symptomatic depression (41.3%), psychoses (37.1%), and sleep disturbances (39.4%) were common across groups. Only psychosis was associated with shorter disease duration (β=-0.31 years, $CI_{95\%}$ -0.53, -0.082, controlling for age-at-symptomatic onset). Conclusions: Although prion disease commonly presented as RPD, atypical presentations of more prevalent neurodegenerative diseases accounted for most cases of RPD. Rapidly progressive variants of typical neurodegenerative diseases warrant consideration in clinical practice.

P.006

Etiologic diagnoses of rapidly progressive dementia in a prospective multicenter cohort

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Background: Accurate etiologic diagnoses are needed in patients with rapidly progressive dementia (RPD) to ensure access to symptomatic and disease-modifying therapies when available. Methods: Patients with RPD were prospectively enrolled and evaluated at Washington University (Saint Louis, MO; 2016-2019) and Mayo Clinic (Jacksonville, FL; 2020-2021). Etiologic diagnoses were independently assigned by two dementia specialists integrating clinical features and the results of diagnostic tests; disagreements were resolved via blinded review by a third specialist. Results: 160 RPD patients were enrolled and followed. Average age-at-symptom onset was 60.0±15.9 years; 50% were female. Inter-rater reliability (91% agreement; Cohen's κ=0.88, p<0.001) and clinicopathologic correlation were excellent (100% agreement in 24 patients with neuropathologic data). Autoimmune encephalitis was the leading cause of RPD (39%), followed by Alzheimer disease and related dementias (29%), Creutzfeldt-Jakob disease (15%), and other causes (15%). Patients with potentially treatable causes of RPD were younger (54.5±18.2 than those with neurodegenerative causes (67.3±9.5; p<0.001), and more likely to present with altered levels of consciousness, seizures, or CSF pleocytosis (p<0.05). Conclusions: Etiologic diagnoses can be reliably established in RPD patients using available clinical data. The prevalence of autoimmune encephalitis in this series justifies routine screening for potentially treatment-responsive causes of RPD, particularly in younger patients.

Epilepsy and EEG

P.008

Functional network reorganization in temporal lobe epilepsy: looking beyond the hippocampus

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Background: Temporal lobe epilepsy (TLE) has been redefined as a disorder associated with network-level dysfunction not limited to the epileptic zone. As such, as resting state (rs) fMRI has been used to evaluate the implicated resting state networks (RSN) and their ensuing functional impairments. However, few studies have analyzed patients with (TLE-HS) and without (TLE-nonHS) hippocampal sclerosis independently. Whereas TLE-HS often warrants surgical intervention, drug-resistant TLE-nonHS might pose challenges for diagnosis and treatment decisions. Methods: This study aimed to investigate functional connectivity changes (FC) of RSNs beyond the hippocampus using rs-fMRI. Rs-fMRI data was acquired from 16 TLE-HS and nine TLE-nonHS, along with 25 healthy controls (HC). RSNs were established using a data-driven independent component analysis approach, in order to determine significant connections between HC and patient groups ipsilateral and contralateral to the seizure focus. Results: When comparing TLE-HS to HC, FC changes were found for the dorsal-attentional (DAN), visual, fronto-parietal (FPN), sensorimotor and default-mode networks (DMN). Alterations in the DAN, DMN and FPN were found when comparing TLE-nonHS to HC. Conclusions: This study demonstrated widespread network reorganization across TLE subtypes. These FC patterns hold promise as a prognostic biomarker, and may be used to define subsequent function and dysfunction in this patient population.

P.009

Canadian Survey of the neurological care provided to women living with epilepsy: preliminary results

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Background: In Canada, approximately 300,000 women with epilepsy (WWE) are of childbearing potential. Given the unique aspects of providing care for WWE, our objective was to gather demographic and practice characteristics of health care professionals providing care for WWE to identify potential gaps. Methods: We developed a questionnaire to understand the demographic and practice characteristics of professionals providing care for WWE. We invited all French and English practitioners (physicians, physician assistants and nurse practitioners), recruited through the Canadian League Against Epilepsy (CLAE), Canadian Neurological