

Sciences Federation (CNSF) and Canadian Epilepsy nursing Group (CENG), to complete our online questionnaire. Results: Preliminary data show 43% were between 32–40 years of age and 76% were medical doctors. Sixty-three percent had been in practice for less than 20 years; 81% considered themselves epilepsy specialists and 66% devoted their practice entirely to epilepsy patients and 78% practiced exclusively in academic centers. Conclusions: Our data shows providers involved in the care of women with epilepsy in Canada are predominantly academic experts in epilepsy. Potential gaps in care include mid-late career physicians, non-specialized health care practitioners, and community-based practices, as less likely to provide care for WWE. This snapshot may provide future insights to the unmet needs of WWE Canada.

## P.010

### Extreme delta brush in anti-NMDAR encephalitis correlates with poor functional outcome and death

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Background: The electroencephalography (EEG) pattern extreme delta brush (EDB) is felt to be highly specific for anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis. This study aimed to characterize EEG findings in anti-NMDAR encephalitis patients looking for the proportion of abnormal EEGs, presence of EDB, and to relate EDB to clinical outcomes (Glasgow Outcomes Scale (GOS) at 6 months, need for ICU admission, and death). Methods: This retrospective single centre study included anti-NMDAR encephalitis patients who had  $\geq 1$  EEGs obtained from 2014–2021. EEGs were retrospectively analyzed by 2 reviewers. Clinical outcomes of interest were extracted through hospital and clinic chart review. Results: Twenty-one patients with anti-NMDAR encephalitis were included. Sixty-four EEGs were analyzed. Four EEGs (6.3%) were within normal limits. Focal or generalized slowing (without EDB) was seen on 44 EEGs (68.8%). EDB was seen on 16 EEGs (25.0%) in 9 of 21 patients. The presence of EDB was significantly associated with need for ICU admission ( $p=0.02$ ), poorer outcome at 6 months as per the GOS ( $p=0.002$ ), and with death ( $p=0.02$ ). Conclusions: The presence of EDB on EEG in anti-NMDAR encephalitis patients is associated with increased need for ICU admission, risk of death, and worse functional outcomes at 6 months.

## P.011

### Piano Player Hand Sign: description of a novel clinical sign elicited by cortical electrical stimulation in epileptic patients

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Background: Cortical electrical stimulation (CES) may produce different motor responses according to the brain area stimulated. In this study, we describe a new motor response characterized by finger movements such as a person playing piano, which we named the Piano Player Hand (PPH) sign. Methods: We retrospectively reviewed the CES results of 252 patients with drug-resistant epilepsy who underwent

SEEG between January 2005 and December 2019 at the Grenoble-Alpes University Hospital. The patients' characteristics, SEEG findings and CES parameters were extracted to find common clinical and anatomical features. Results: The PPH sign was identified 20 times from 12 patients, with stimulation of either the supplementary motor area (SMA), anterior cingulate gyrus (ACG), pre-SMA, middle frontal gyrus and anterior insula. It was obtained with high frequency stimulation, with intensity ranging from 0.7 to 3mA and mostly contralateral to the stimulation side (19/20). It was part of the ictal semiology of five patients. An afterdischarge was observed in five of the relevant CES. Conclusions: The PPH sign is a novel clinical sign, obtained mainly, but not exclusively, with CES of a small vicinity encompassing the SMA, pre-SMA and ACG. The PPH sign, when occurring ictally, may point to the premotor mesial frontal surface of the brain.

## P.012

### The new-onset refractory status epilepticus (NORSE/FIRES) family registry

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Background: New-onset refractory status epilepticus (NORSE) is a rare clinical presentation affecting previously healthy individuals. Febrile infection-related epilepsy syndrome (FIRES) is a subcategory of NORSE and applies when a preceding fever occurs. The NORSE/FIRES Family Registry has been developed to gain insight into risk factors and to assess the spectrum of clinical outcomes amongst survivors. Methods: Survivors, surrogates, and physicians can enter patient data into the REDCap-based registry: <https://www.norseinstitute.org/norse-registry-2>. Information collected includes medical history, clinical presentation, and quality of life, among others. Participants are invited to complete follow-up surveys for up to two years following presentation of seizures. Enrollment is ongoing in multiple languages. Results: 56 participants are enrolled from 12 countries (2–78 years, median: 12.5, IQR: 20.5, 31 survivors). At  $\geq 6$  months after onset, survivors experience a mean of  $\geq 12$  seizures per month and remain on a median of 4 (IQR: 3) anti-seizure medications. The median quality of life amongst all survivors was rated 4/10 (IQR: 3.5). Conclusions: Preliminary data suggests that survivors of NORSE/FIRES have a high seizure burden and poor quality of life. This international multi-lingual family registry will help develop hypotheses for future studies and provides an opportunity for families to contribute to the scientific understanding of this disease.

## P.013

### Stereo-encephalographic presurgical evaluation of temporal lobe epilepsy

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Background: Drug resistant epilepsy is present in nearly 30% of patients. Resection of the epileptogenic zone has been found to