biodmark severity from CON to AD, with SCD showing a small, but significant difference from CON in the EC and HPC. Results: Qualitatively, morphometry results showed a gradient of changes from CON to AD in the EC and HPC (Figure 1), especially for the left EC and right HPC, but with SCD not significantly different from CON. Furthermore, compared to CON, SCD had significant lower right lingual surface ($p = .021$), left posterior cingulate thickness ($p = .026$), right rostral anterior cingulate thickness ($p = .012$), left supramarginal surface ($p = .019$) and volume ($p = .039$), however none of those differences resisted FDR correction. Grading results (Figure 2) were similar to morphometry, with a gradient of changes from CON to AD, especially for the left EC and right HPC, but no significant difference between SCD and CON. Conclusions: Based on these results, baseline morphometric measures and TPMD grading scores for EC and HPC do not capture the difference related to the cognitive complaint between SCD and CON. Longitudinal follow-up is required to determine their positive predictive values for AD pathology.

**P3-376** CEREBRAL MICROINFARCT INFLUENCES STRUCTURAL NETWORK TOPOLOGY IN ALZHEIMER’S DISEASE AND COGNITIVE IMPAIRMENT NO DEMENTIA

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