

 <p>UniSR Università Vita-Salute San Raffaele</p>	<p>CANDIDATURA A SUPERVISORE E PROPOSTA PROGETTO DI RICERCA</p>	<p>MO 20-5 rev. 00 del 29/11/2023 PO 20 Pag. 4 di 8</p>
---	--	--

PROGETTO

Supervisore: Prof. Massimo Filippi

Titolo /Title: Defining a multimodal machine-learning algorithm to predict disability outcomes in Frontotemporal Lobar Degeneration

Curriculum: Molecular Medicine, Neuroscience and Experimental Neurology

Link alla pagina personale del sito web di Ateneo o del polo ospedaliero di riferimento: <https://www.unisr.it/docenti/f/filippi-massimo>

Descrizione del progetto (max 3.000 caratteri spazi inclusi)

Background/gap of knowledge

Frontotemporal lobar degeneration (FTLD) is a term that encompasses progressive behavioral derangements and language deficits associated with atrophy of frontotemporal lobes. Different proteins accumulate in susceptible regions, the major ones being tau and TDP43. According to the areas affected, clinical variants range from the behavioral variant of FTD (1), to primary progressive aphasias (2) and motor phenotypes (motor neuron disease and atypical parkinsonisms) (3, 4). 30% of cases are familial, involving different genes (C9orf72, MAPT and GRN being the most common) (5). Given the multilevel heterogeneity of this syndrome, it is challenging to define predictors of disease outcomes.

Rationale and hypothesis

Extensive clinical trials for FTLD are in progress, with a demand for clearer definitions of disease outcome measures to ensure precise monitoring of therapeutic interventions. Tau and TDP43 accumulation is spatially and temporally complex and the understanding of their trajectories of deposition is incomplete. Advanced MRI can detect preclinical alterations and anticipate disease trajectories (6), providing hints for disease propagation models (i.e. through brain connectome). Various factors, such as the clinical presentation phenotype, patterns of atrophy at MRI, serum and cerebrospinal fluid (CSF) biomarkers indicating underlying (co-)pathology, and genetic influences, potentially impact which and when disease milestones will be reached. No reliable predictive model exists that could forecast the evolution of this spectrum of neurodegenerative diseases (7).

Objectives and specific aims

This study aims to investigate through a multimodal approach which predictors better forecast disease evolution in terms of milestones of disease severity. A machine learning approach will define the contribution of each baseline biomarker in predicting disease trajectories. The prediction model will be implemented with clinical measures of disease severity (CDR-FTD (8), UPDRS (9), motor signs, limb weakness, hypo/hyperreflexia), neuropsychological and neuroimaging data (atrophy, i.e. neurodegeneration), CSF and plasmatic biomarkers (neurodegeneration, inflammation, glial cell activation), and genetic data for FTLD-related mutations (determinants and modifiers of underlying pathology). Given the high variability of FTLD phenotypes, multiple outcome measures will be



UniSR

Università Vita-Salute
San Raffaele

**CANDIDATURA A SUPERVISORE E
PROPOSTA PROGETTO DI RICERCA**

MO 20-5

rev. 00 del
29/11/2023

PO 20
Pag. 5 di 8

considered to reach the highest degree of generalizability. These will include: motor outcomes (ability to walk independently), language outcomes (ability to comprehend/produce speech), behavioral outcomes (impairment in daily activity caused by behavioral alterations), executive outcomes (inability to drive, manage finances, prepare meals).

Expected outcomes

The contribution of each factor will be weighted to reach a composite disability outcome that would help clinicians predict, with a baseline assessment, pattern and rapidity of disease evolution and loss of autonomy.

Competenze che deve acquisire lo studente (Max 600 caratteri spazi inclusi):

Diagnosis, treatment and monitoring of FTLD patients. Active collection and analysis of clinical data and biological material (blood and cerebrospinal fluid). Analysis of neuropsychological data. MRI acquisition. Advanced MRI analysis. Implementation of machine learning algorithms. Drafting of research reports and articles.

Bibliografia (max. 15)

1. Rascovsky K, Hodges JR, Knopman D, Mendez MF, Kramer JH, Neuhaus J, van Swieten JC, Seelaar H, Dopper EG, Onyike CU, Hillis AE, Josephs KA, Boeve BF, Kertesz A, Seeley WW, Rankin KP, Johnson JK, Gorno-Tempini ML, Rosen H, Prioleau-Latham CE, Lee A, Kipps CM, Lillo P, Piguet O, Rohrer JD, Rossor MN, Warren JD, Fox NC, Galasko D, Salmon DP, Black SE, Mesulam M, Weintraub S, Dickerson BC, Diehl-Schmid J, Pasquier F, Deramecourt V, Lebert F, Pijnenburg Y, Chow TW, Manes F, Grafman J, Cappa SF, Freedman M, Grossman M, Miller BL. Sensitivity of revised diagnostic criteria for the behavioural variant of frontotemporal dementia. *Brain*. 2011 Sep;134(Pt 9):2456-77. doi: 10.1093/brain/awr179. Epub 2011 Aug 2. PMID: 21810890; PMCID: PMC3170532.
2. Gorno-Tempini ML, Hillis AE, Weintraub S, Kertesz A, Mendez M, Cappa SF, Ogar JM, Rohrer JD, Black S, Boeve BF, Manes F, Dronkers NF, Vandenberghe R, Rascovsky K, Patterson K, Miller BL, Knopman DS, Hodges JR, Mesulam MM, Grossman M. Classification of primary progressive aphasia and its variants. *Neurology*. 2011 Mar 15;76(11):1006-14. doi: 10.1212/WNL.0b013e31821103e6. Epub 2011 Feb 16. PMID: 21325651; PMCID: PMC3059138.
3. Shefner JM, Al-Chalabi A, Baker MR, Cui LY, de Carvalho M, Eisen A, Grosskreutz J, Hardiman O, Henderson R, Matamala JM, Mitsumoto H, Paulus W, Simon N, Swash M, Talbot K, Turner MR, Ugawa Y, van den Berg LH, Verdugo R, Vucic S, Kaji R, Burke D, Kiernan MC. A proposal for new diagnostic criteria for ALS. *Clin Neurophysiol*. 2020 Aug;131(8):1975-1978. doi: 10.1016/j.clinph.2020.04.005. Epub 2020 Apr 19. PMID: 32387049.
4. Armstrong MJ, Litvan I, Lang AE, Bak TH, Bhatia KP, Borroni B, Boxer AL, Dickson DW, Grossman M, Hallett M, Josephs KA, Kertesz A, Lee SE, Miller BL, Reich SG, Riley DE, Tolosa E, Tröster AI, Vidailhet M, Weiner WJ. Criteria for the diagnosis of corticobasal degeneration. *Neurology*. 2013 Jan 29;80(5):496-503. doi: 10.1212/WNL.0b013e31827f0fd1. PMID: 23359374; PMCID: PMC3590050.
5. Ferrari R, Manzoni C, Hardy J. Genetics and molecular mechanisms of frontotemporal lobar degeneration: an update and future avenues. *Neurobiol Aging*. 2019;78: 98-110.



UniSR

Università Vita-Salute
San Raffaele

**CANDIDATURA A SUPERVISORE E
PROPOSTA PROGETTO DI RICERCA**

MO 20-5

rev. 00 del
29/11/2023

PO 20

Pag. 6 di 8

6. Agosta F, Spinelli EG, Filippi M. Foreseeing Before Disease Onset: Brain Atrophy Progression in Genetic Frontotemporal Dementia. *Neurology*. 2022 Oct 28;10.1212/WNL.0000000000201476. doi: 10.1212/WNL.0000000000201476. Epub ahead of print. PMID: 36307220.

7. El-Wahsh S, Finger EC, Piguet O, Mok V, Rohrer JD, Kiernan MC, Ahmed RM. Predictors of survival in frontotemporal lobar degeneration syndromes. *J Neurol Neurosurg Psychiatry*. 2021 Jan 13;jnnp-2020-324349. doi: 10.1136/jnnp-2020-324349. Epub ahead of print. PMID: 33441385.

8. Knopman DS, Weintraub S, Pankratz VS. Language and behavior domains enhance the value of the clinical dementia rating scale. *Alzheimers Dement*. 2011 May;7(3):293-9. doi: 10.1016/j.jalz.2010.12.006. PMID: 21575870; PMCID: PMC3096831.

9. Goetz CG, Tilley BC, Shaftman SR, Stebbins GT, Fahn S, Martinez-Martin P, Poewe W, Sampaio C, Stern MB, Dodel R, Dubois B, Holloway R, Jankovic J, Kulisevsky J, Lang AE, Lees A, Leurgans S, LeWitt PA, Nyenhuis D, Olanow CW, Rascol O, Schrag A, Teresi JA, van Hilten JJ, LaPelle N; Movement Disorder Society UPDRS Revision Task Force. Movement Disorder Society-sponsored revision of the Unified Parkinson's Disease Rating Scale (MDS-UPDRS): scale presentation and clinimetric testing results. *Mov Disord*. 2008 Nov 15;23(15):2129-70. doi: 10.1002/mds.22340. PMID: 19025984.