Transdiagnostic Analysis of White Matter Injury: Pediatric Demyelinating Disorders and a Brain Tumor Injury Model

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SickKids MABBOTT LAB brain plasticity & repair

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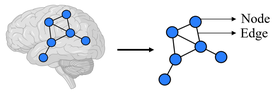
References & Digital Poster

Introduction

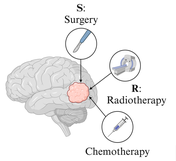
- Structural connectivity, defined by the network of white matter tracts interconnecting regions of the brain, evolves throughout development and is vulnerable to white matter injury
- **Graph theory:** a mathematical model that conceptualizes structural connectomes as a graph



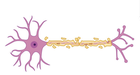
Examine the extent to which brain regions are connected (**integration**), distinguishable (**segregation**), and the importance of a given region to the network (**centrality**)

- In several clinical populations, greater segregation and reduced integration correlate with poorer cognitive outcomes

Pediatric Brain Tumor Survivors (PBTS)



Treatments for a brain tumor



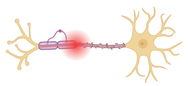
Global diffuse white matter injury

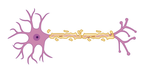
+ Disrupted brain connectivity [1,2,3,4,5,6]

Cognitive Dysfunction: ~40-100%[7], progressive and lasting cognitive decline[8]

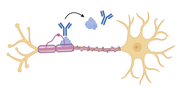
Children with a Demyelinating Disorder

Multiple Sclerosis (MS)





Myelin Oligodendrocyte Glycoprotein Antibody Disease (MOG)



Less diffuse white matter injury

↑ Segregation ↓ Integration

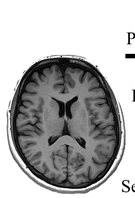
Cognitive Dysfunction: ~33%[9] and ~10-50%[10], evidence of initial compensation/recovery

- Variations in white matter injury and severity of cognitive dysfunction between patient groups suggest that structural connectivity may be differentially impacted

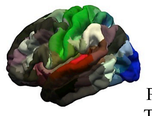
What is the impact of different types of white matter injury in pediatric brain tumor survivors and children with a demyelinating disorder on whole-brain structural connectivity?

Methods

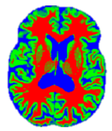
1. Network Construction: completed for a previous study



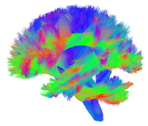
Atlas Parcellation → **Node Definition**



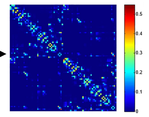
Tissue Segmentation



Probabilistic Tractography → **Edge Definition**



Structural Connectivity Matrix



2. Graph Theory Analysis of Structural Connectivity

GRETNA

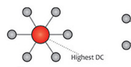
Sparsity thresholded (0.05-0.35) and binarized networks

Integration

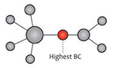
Shortest Path Length

Global Efficiency

Centrality



Degree Centrality



Betweenness Centrality

Segregation

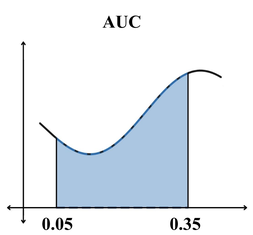
Clustering Coefficient

Modularity

Local Efficiency

3. Statistical Analysis

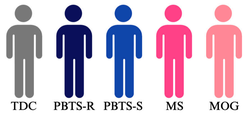
Robust regressions and post-hoc tests were used to compare **area under the curve (AUC)** measures for each graph theory metric between participant groups



Robust Regressions: modelled the relationship between each graph theory metric and several predictors while handling the presence of outliers and non-normally distributed data

- **Predictors:** Study ID (dataset 1 vs dataset 2), Group ID (TDC vs PBTS-R vs PBTS-S vs MS vs MOG), Intracranial Volume, Age, Age at diagnosis

Post-hoc contrasts:



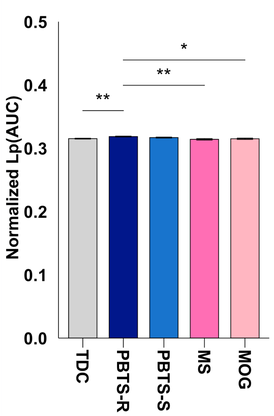
Clinical and Demographic Characteristics

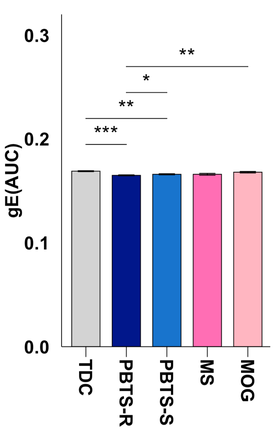
Parameter	TDC (n = 64)	PBTS-R (n = 26)	PBTS-S (n = 14)	MS (n = 19)	MOG (n = 13)
Sex (Male) (n)	29	16	8	6	3
Age (M(SD))	13.94(2.91)	14.73(2.54)	12.56(2.76)	16.64(1.07)	11.75(2.85)
Age at Diagnosis (M(SD))	-	7.04(2.42)	5.62(2.90)	13.93(2.50)	9.71(3.42)
Time Since Diagnosis (Years) (M (SD))	-	6.81(3.83)	6.39(3.13)	2.94(2.65)	2.37(2.09)
EDSS Score (M (SD))	-	-	-	1.61(0.91)	1.08(0.40)
Number of Clinical Events (M(SD))	-	-	-	2.05(1.43)	2.85(2.41)

Results

Network Integration

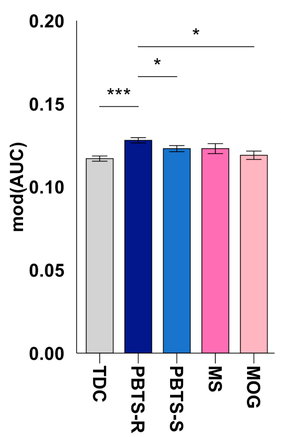
PBTS < TDC, MS, MOG

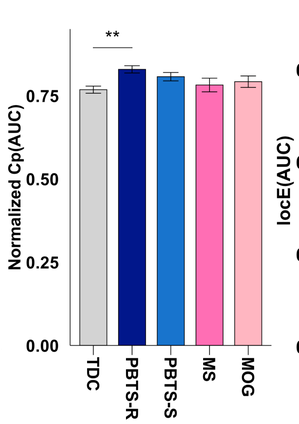


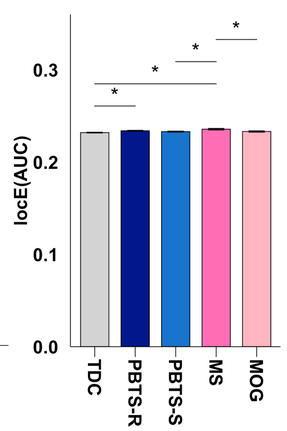


Network Segregation

PBTS-R, MS > TDC; greater disruptions for PBTS

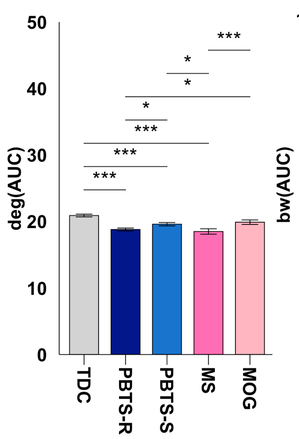


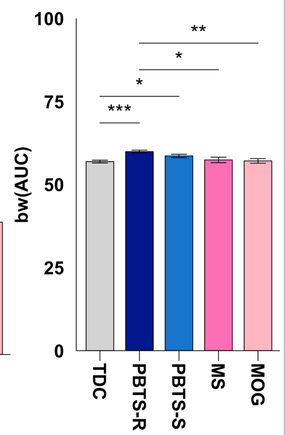




Network-Averaged Centrality

PBTS, MS < TDC, MOG



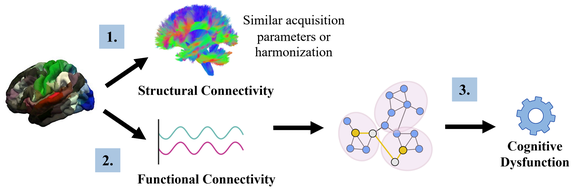


TDC= typically developing children, **PBTS** = pediatric brain tumor survivors; **R** = treated with radiation, **S** = treated with surgery, **MS** = multiple sclerosis, **MOG** = myelin oligodendrocyte glycoprotein antibody disease

$p > 0.05$ *, $p > 0.01$**, $p > 0.001$***

Conclusions

- First study to compare whole-brain structural connectivity in PBTS and children with a demyelinating disorder
- Findings indicate greater segregation of WM networks for PBTS and MS patients, and reduced integration only for PBTS
  - This suggests impairments in the structural network's ability to integrate information across distinct regions
- Widespread versus localized white matter injury in PBTS and demyelinating disorders respectively, differentially impact structural connectivity
  - Intensive treatment for a brain tumor may result in more severe disruptions to structural connectivity
  - Focal white matter lesions may result in relatively more preserved structural connectivity, especially in patients with few clinical events

Future Directions

- Limitation: brain imaging acquisition parameters were different between patient groups which may have contributed to the observed results
- Future studies should examine the relationship between structural and functional connectivity, and how this relates to cognitive functioning
  - Reduced network integration and increased segregation are associated with reduced cognitive flexibility and general intelligence in PBTS[2,11]
  - Differences in network integration and segregation may underlie the variations in the severity of cognitive dysfunction between patient groups