

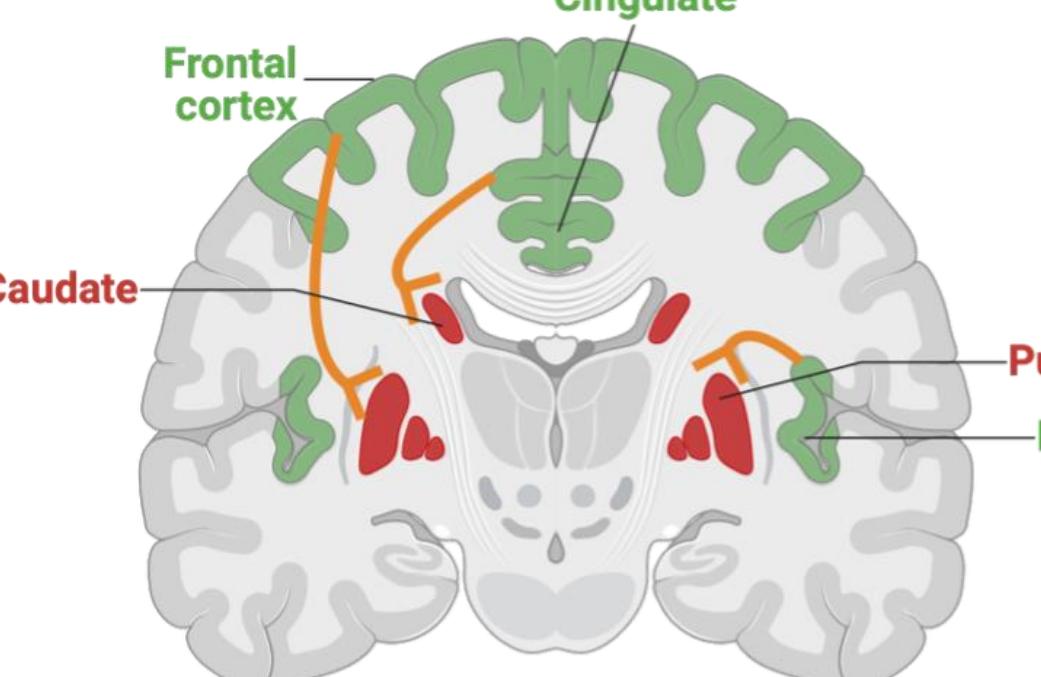
# Evidence of Antagonistic Pleiotropy: Somatomotor and Frontoparietal Network Corticostriatal Hyper-Connectivity in Huntington's Disease Gene-Expanders

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## Introduction

- Antagonistic Pleiotropy – the hypothesis that a gene confers both advantages and disadvantages (Williams, 1957, *Evolution*).
- Huntington's disease (HD) is traditionally characterized as a neurodegenerative disease (the HDCR Group, 1993, *Cell*).
- Recent evidence, however, suggests that increased CAG repeats ( $\geq 40$  CAG repeats) confers structural and cognitive advantages early in life (Neema et al., 2024, *Ann. Neurol.*).
- Neurodevelopment and neurodegeneration may in HD may be driven by hyper glutamatergic neurotransmission via corticostriatal pathways (DiFiglia, 1990, *TINS*).
- **Knowledge gap:** The effects of CAG trinucleotide gene expansion on functional neurodevelopment are unclear.



**Figure 1. Hypotheses.** Because the frontal cortices have the densest striatal connections (Carman et al., 1965, *J Neurol Neurosurg Psychiatry*; Donoghue and Herkenham, 1986, *Brain Res*; Chikama et al., 1997, *J Neurosci*), we predict that geneexpanded (GE) individuals will show increased and decreased rsFC in the somatomotor and frontoparietal networks during neurodevelopment and neurodegeneration, respectively, relative to gene nonexpanded (GNE) individuals.

## Methods

### Childhood to adult neurodevelopment in gene-expanded Huntington's disease (ChANGE-HD)

- The first prospective, multi-site observational trial to systematically document brain structure and function during the premanifest phase of HD in children and young adults.
- Participants aged 6-30 years who are at risk for HD.
- At each visit, cognitive, motor, behavioral, blood, and MRI data are collected.

Site	Group	N	Age	Right-handed	Female	CAG Repeats
CHOP	GE	89	23.13±5.53	67	62	45.15±3.59
	GNE	59	21.94±6.32	35	39	19.53±3
Columbia	GE	51	22.15±6.07	27	40	45.65±4.8
	GNE	58	21.45±5.35	23	43	20.07±4.53
Iowa	GE	108	21.52±6.03	68	76	44.3±4.23
	GNE	146	19.18±5.93	81	84	19.58±3.62
UC Davis	GE	40	21.86±7.2	23	20	43.3±3.64
	GNE	51	19.28±6.83	28	35	20.67±4.02
UT Houston	GE	43	17.35±8.44	23	27	45.84±5.39
	GNE	81	16.32±4.95	51	48	20.38±3.51
Vanderbilt	GE	48	19.32±6.67	27	34	46.52±4.64
	GNE	47	17.88±7.21	18	32	19.68±2.62
Total	-	821	-	471	540	-

**Table 1. Interim demographic data for CHAGE-HD study.** Data are stratified by data-collection site and group (GE vs. GNE). Error values represent standard deviations. CHOP = Children's Hospital of Philadelphia

## The Years-to-Onset Model

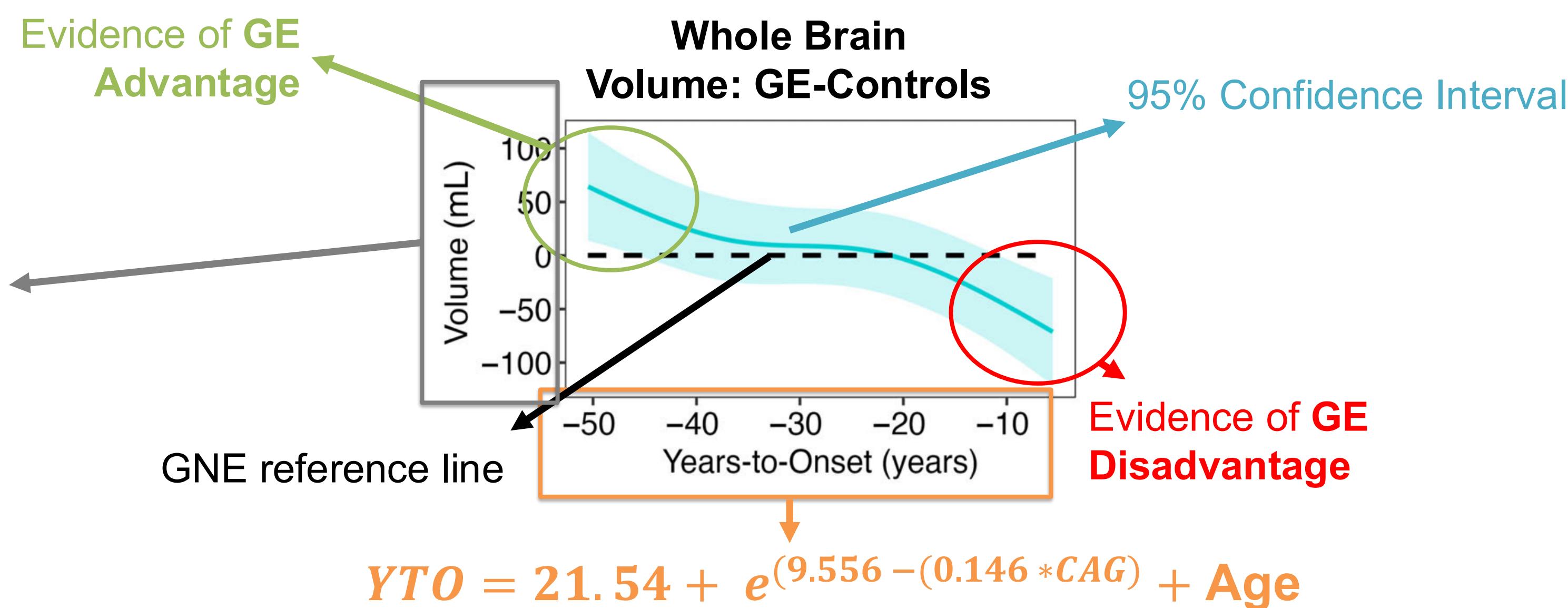


Figure 2. Example illustration of YTO model results from Neema et al. (2024; *Annals of Neurology*).

## Results

### Hyper striatal-somatomotor network rsFC in GE

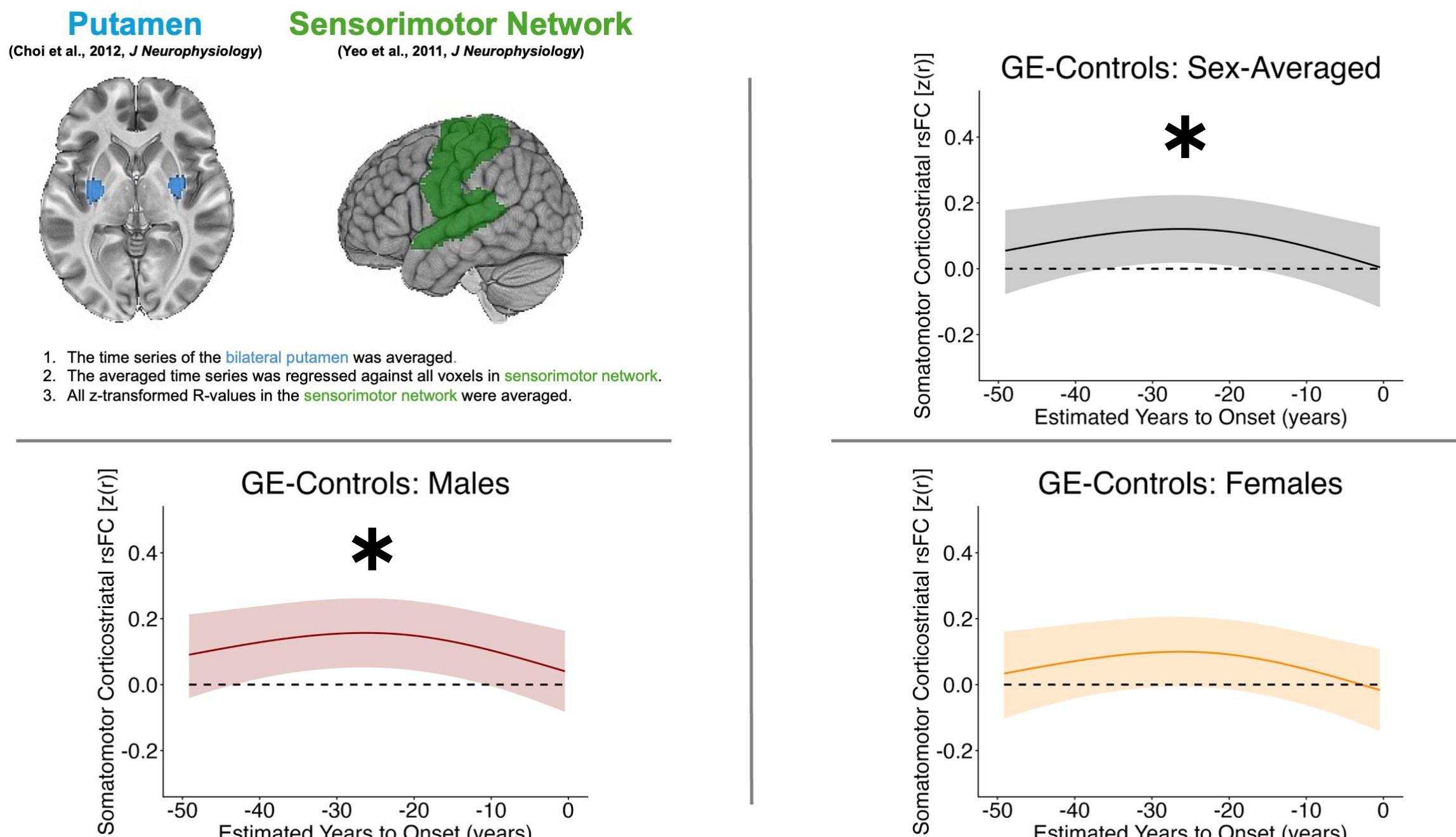


Figure 3. Years-to-onset (YTO) dependent Striatal-somatomotor rsFC changes in GE participants throughout the premanifest course of HD. \* –  $p < 0.05$ .

### Hyper striatal-frontoparietal network rsFC in GE

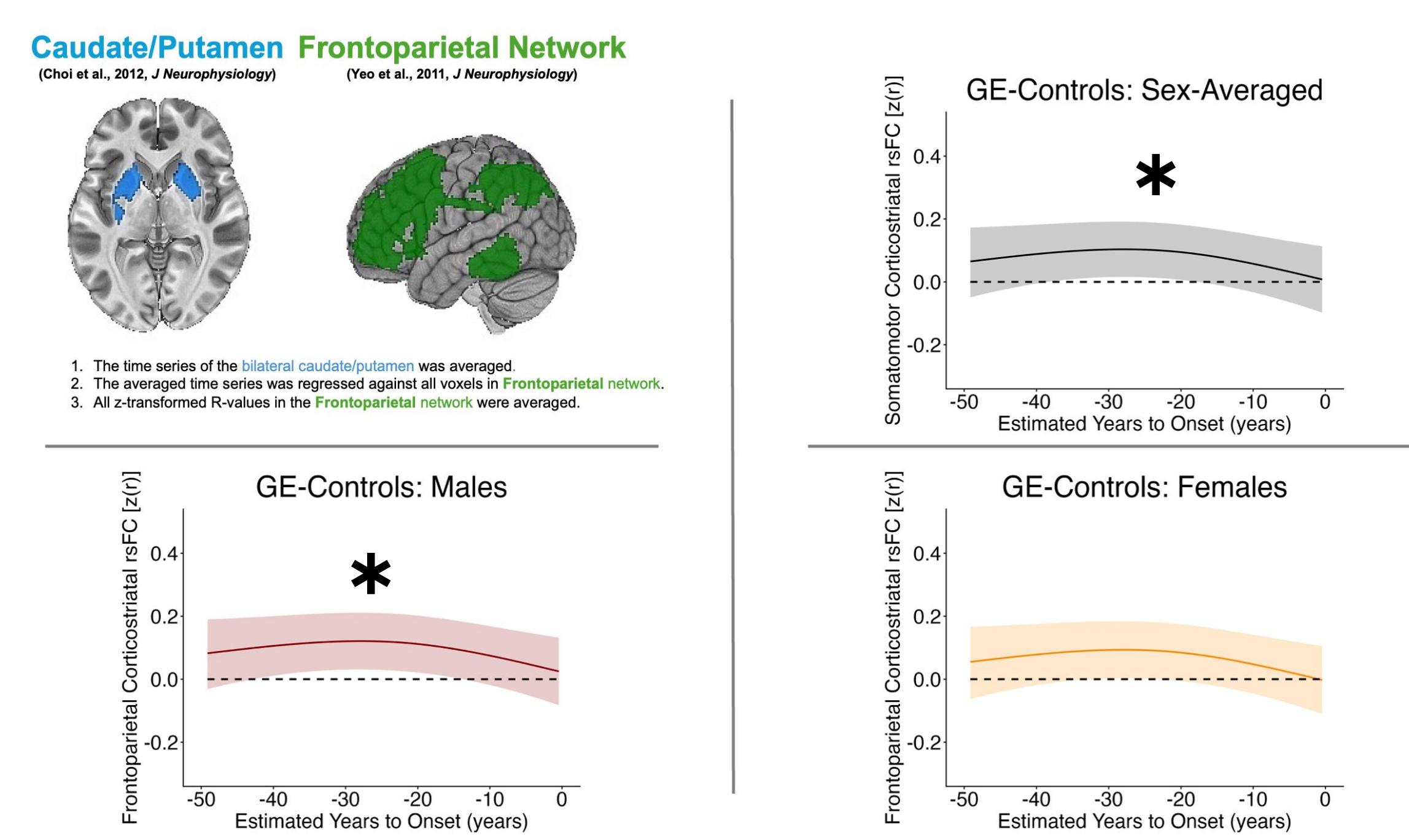


Figure 4. Years-to-onset (YTO) dependent Striatal-frontoparietal rsFC changes in GE participants throughout the premanifest course of HD. \* –  $p < 0.05$ .

## Result (cont.)

### No difference between GE and GNE DMN, VAN, and Limbic rsFC

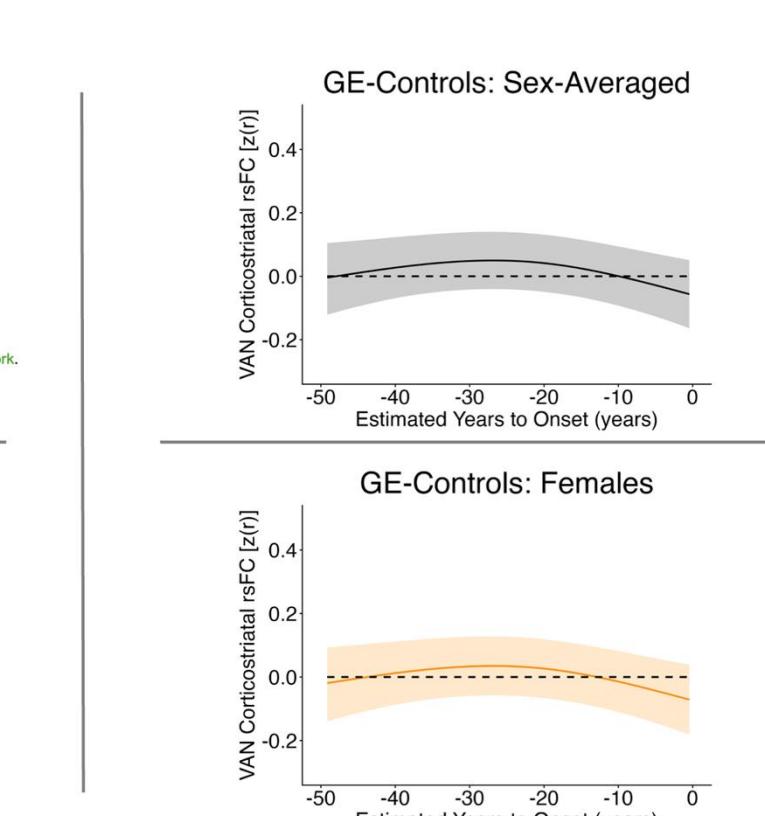


Figure 5. Years-to-onset (YTO) dependent Striatal-VAN rsFC changes in GE participants throughout the premanifest course of HD.

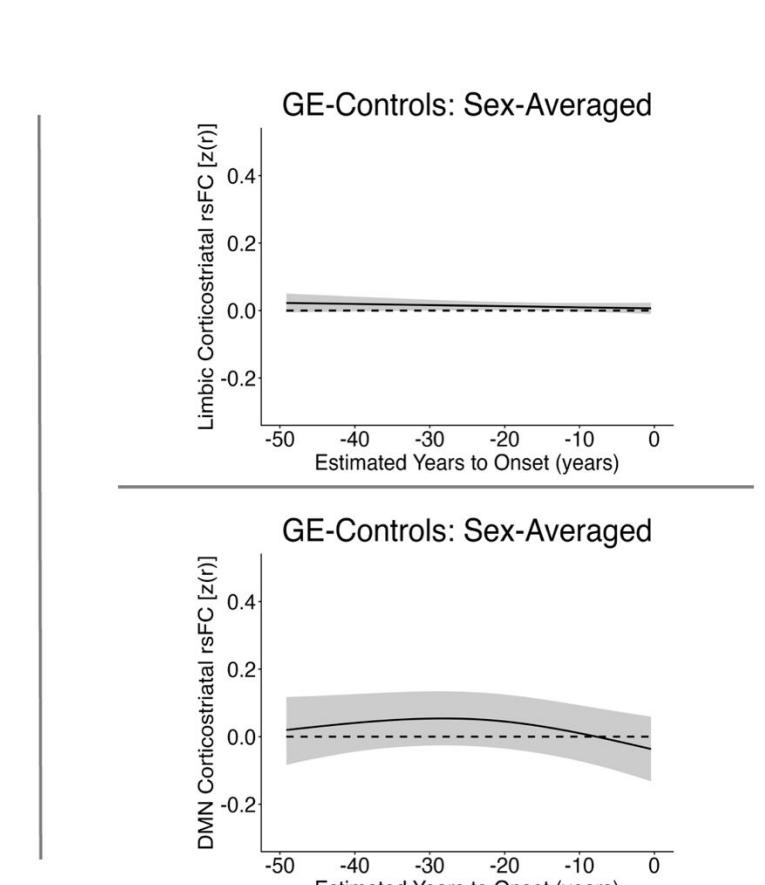


Figure 6. Years-to-onset (YTO) dependent striatal-limbic (top) and striatal-DMN (bottom) rsFC changes in GE participants throughout the premanifest course of HD.

## Summary

- Expansion of the CAG Trinucleotide on Chromosome 4 (Exon 1) is associated with increased Somatomotor and Frontoparietal network rsFC between 35 and 15 years before HD motor symptom onset
- These effects are primarily driven by males.
- We observed no evidence of this effect in other networks (e.g., VAN, DMN, and Limbic).
- We observed no evidence of neurodegenerative effects on rsFC (closer to motor symptom onset).

## Take-home message

**CAG trinucleotide overexpansion drives hyper-connectivity of the somatomotor and frontoparietal networks during neurodevelopment**