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Tracking the neurodegeneration pattern of the anterior thalamic radiation in Huntington Disease

INTRODUCTION

What is Huntington's disease (HD)?

- An autosomal dominant neurodegenerative disease, affecting primarily the basal ganglia and conditioning a progressive decline in cognitive, psychiatric and motor domains
- Good model to study neurodegenerative diseases thanks to its monogenic nature (CAG) that allows to track preclinical and clinical phases of neurodegeneration [1,2]

What is the anterior thalamic radiations (ATRs)?

- A projection tract connecting anterior and mediodorsal thalamic nuclei to prefrontal and anterior cingulate cortices [3]
- As part of cortico-basal ganglia-thalamo-cortical loop, ATRs are expected to be affected [4-8] and track the neurodegeneration evolution in HD



- To describe the spatial and temporal progression of ATR neurodegeneration in GOALS 1. HD using a MRI multimodal and multivariate approach
 - 2. To infer **pathophysiological mechanisms** involved in HD neurodegeneration from the extracted biomarkers

PARTICIPANTS & METHODS

- Participants: 31 HD gene-expansion carriers (13 pre-, 18 manifest); 24 controls
- Clinical evaluation: UHDRS [9]
- Imaging assessment
- **3D T1-weighted MPRAGE sequence** to define **anatomy** (FreeSurfer GM segmentation)
- Multi-echo GRE sequence to obtain relaxometry maps [10] in order to estimate iron content
- Diffusion-weighted sequence post-processed by means of TRACULA [11,12] in order to assess white matter (WM) microstructure through mean, radial and axial diffusivities (MD, RD, AD)
- MRSpectroscopy (LCModel) [13] centered in middle portion of left ATR to quantify metabolites (NAA, Creatine, Choline, Glutamate, Glutamate/Glutamine, Inositol)

• Statistical analysis

- Three approaches for assessment of iron and WM microstructure
- Average
- Along the tract [14, 15]
- Division of ATR in three segments
- MANOVA post-hoc Tukey for subgroup comparison of diffusion indexes, relaxometry values and metabolite concentrations
- **Pearson test** for correlations between neuroimaging biomarkers and clinical measures
- **p** < **0.05** with FDR correction for multiple comparisons





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Premanifest individuals displayed increased AD in both ATR compared to controls

Manifest patients exhibited reduced microstructure integrity of both ATR with bilateral increases in MD, RD and AD related to controls and premanifest



Premanifest individuals compared to controls showed increased iron content in left ATR Manifest patients showed lower iron levels than premanifest and controls in the right ATR and higher iron levels than controls in left ATR

By segments, this reduced ATR integrity in manifest patients exhibited a gradient from subcortical WM (more affected) to deep WM (less affected) for the left ATR and was more extensive

Right ATR

and more severe for the right ATR

Left ATF



Manifest patients showed reduced NAA and creatine compared to premanifest and controls

Positive correlation between iron and glutamate in HD gene carriers (non-significant after FDR) **Negative** correlation between **creatine and MD/AD in HD gene carriers** (non-significant after FDR) **Positive** correlation between **glutamate and predicted age of onset in premanifest** individuals Negative correlation between choline and CAP in manifest patients

CONCLUSIONS

ATR disintegration began in premanifest and progressed in extent and severity in manifest • WM damage was more extensive in right ATR that could translate a higher vulnerability [16, 17] and showed a spatial gradient in left ATR in favour of the dying-back hypothesis [18, 19] • Iron increase in left ATR of premanifest individuals might uncover dysregulated myelination [20, 21] or abnormal ferritin accumulation [22] resulting in oxidative stress and ferroptosis [23, 24] NAA and creatine decreased exclusively in manifest patients suggesting neuronal loss [24] and mitochondrial dysfunction [25]

• The multimodal multivariate approach with along-the-tract analysis allow for a more comprehensive evaluation of neurodegeneration