

## Pediatric Neuroradiology: Biomarker Challenges and Opportunities

#### P. Ellen Grant MD MSc

Kaethe Beutler MD Harvard Professor of Pediatrics and Professor of Radiology, Harvard Medical School Founding Director, Fetal-Neonatal Neuroimaging & Developmental Science Center

Director of Faculty Affairs, Department of Radiology

Director of Research, Maternal Fetal Care Center

Boston Children's Hospital

#### Disclosures

Aspect Imaging, consultant
TracInnovations, collaboration
SyMRI, collaboration





# Fetal Neonatal Neuroimaging and Developmental Science Center (FNNDSC)

**Imaging MRI** Informatics & Al MEG/EEG **NIRS** 

March 2023:

15 Faculty

7 Post Docs

3 Admin

16 Research Staff

26 Student Interns

Non-significant Risk Devices

> \$40M in

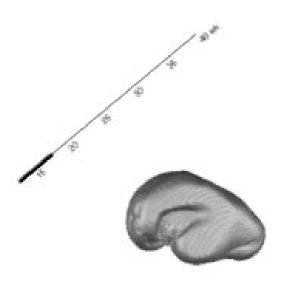
active funding

Fetus, Infant, Toddler

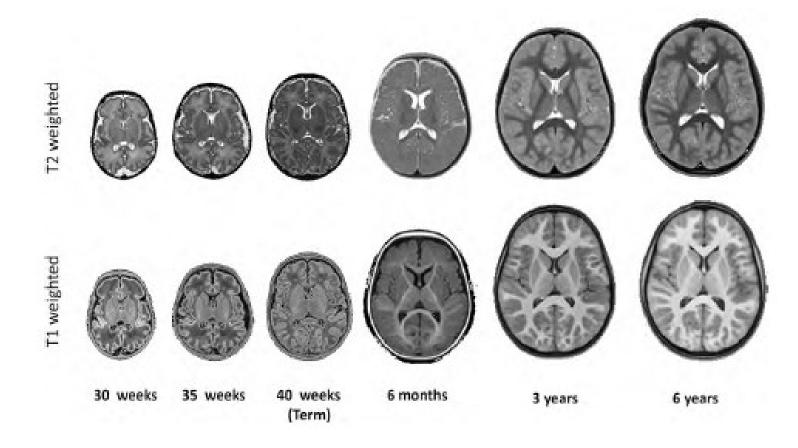




## Rapid Growth and Development



Lana Vasung, MD PhD



Batalle et al. J Child Psychol Psychiatr 2017





### Biomarkers for Lesion Detection, Outcome Prediction

ADC Maps

Injury peaks at different days in different babies

- Need to determine optimal day for prediction based on multiple factors
   20-40% disagreement between readers Goergen et al. Clinical Radiology 2014.
- Need consensus reads/training
- Expensive, time consuming and impossible to translate to clinical practice

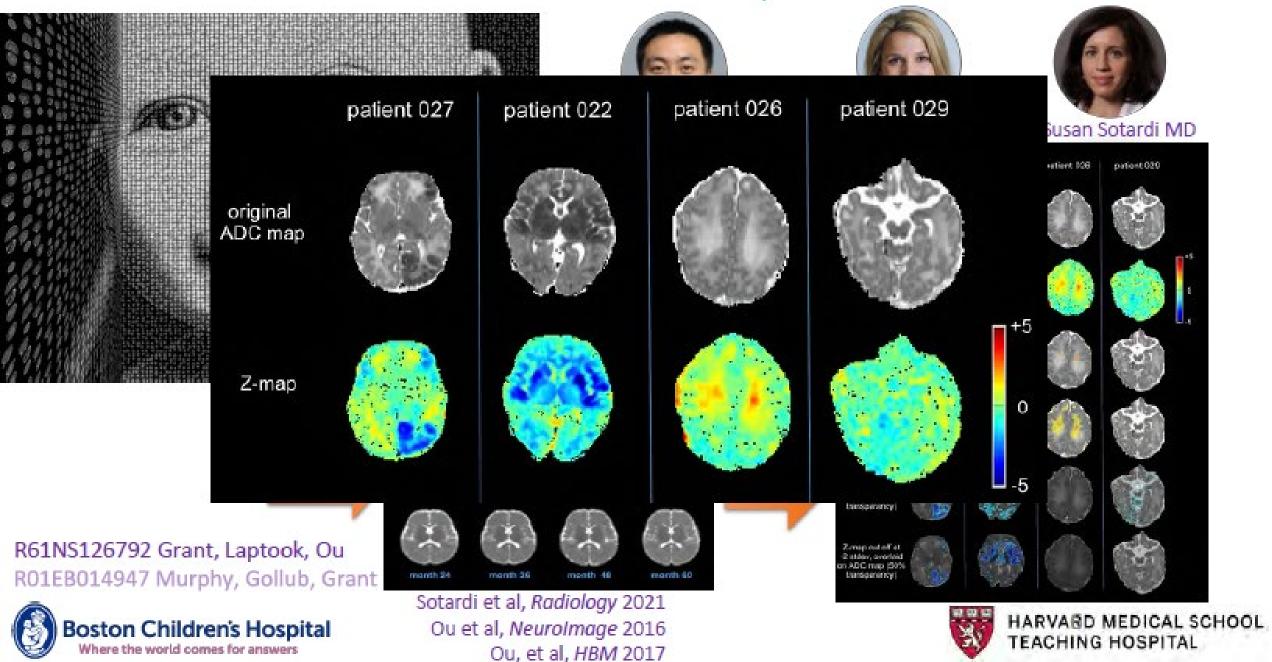


 RCT of new treatments for neonatal Hypoxic Ischemic Injury use qualitative scoring of single time point MRI (4 – 10 days) as an early outcome measure

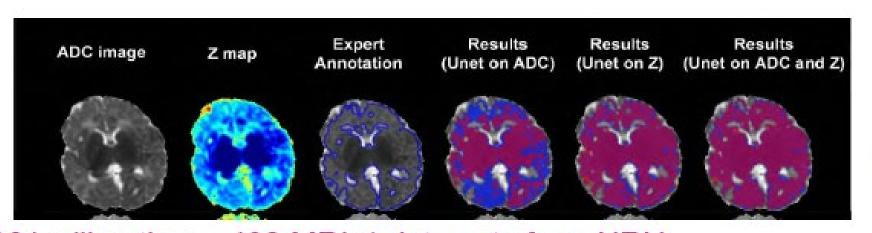




## Biomarkers for Lesion Detection, Outcome Prediction



## Biomarkers for Lesion Detection, Outcome Prediction



R61 will gather ~ 430 MRI+\* data sets from NRN
R21 will release ~ 202 MRI+ data sets from MGH/BCH
MICCAI competition for lesion detection approved
Goal: Robust lesion detection, optimal MRI timing for outcome prediction
for use in RCT and in clinical practice

\*EEG reads\_clinical data elements

\*EEG reads, clinical data elements NRN = Neonatal Research Network

Zhang, ..., Grant, Ou; under review, 2023

R61NS126792 Grant, Laptook, Ou R21NS121735 Ou



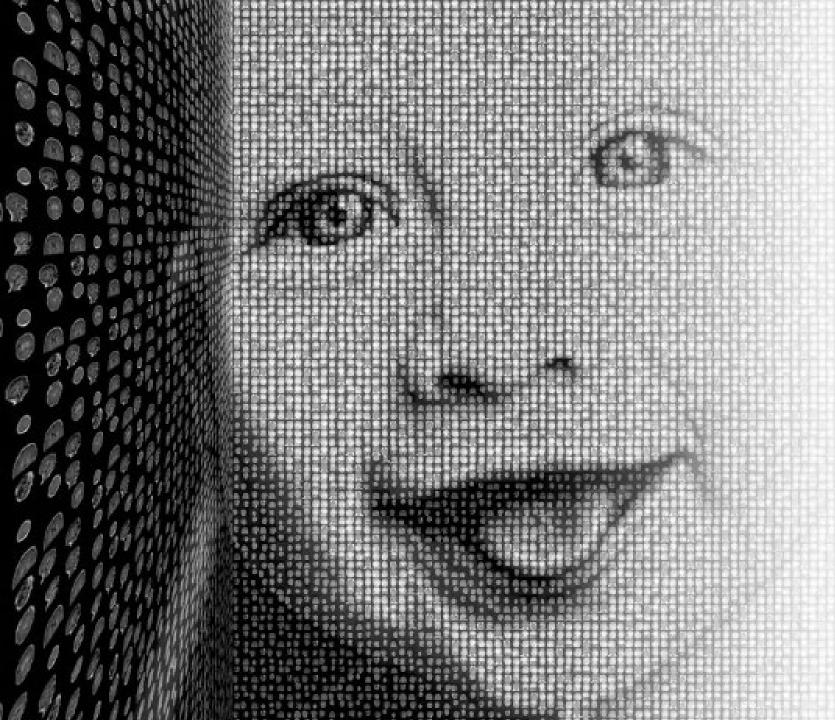
#### Comparison with the state-of-the-art

Dice=0.52 by Murphy, ..., de Vries, et al; 2017

Dice=0.82 by us; 2022



Yangming Ou PhD



# Can We Leverage Clinical Volumes?

- BCH does > 12,000
   brain MRIs per year
- If all major pediatric hospitals standardized
   1 - 3 sequences and shared data...

Engaging clinical imaging societies such as ASPNR, SPR, RSNA, ACR could make this happen...

### Non-lesional Biomarkers, Outcome Prediction

#### Investigational ASO treatment for an Ataxia Telangectasia



Baseline at 2.5 yrs

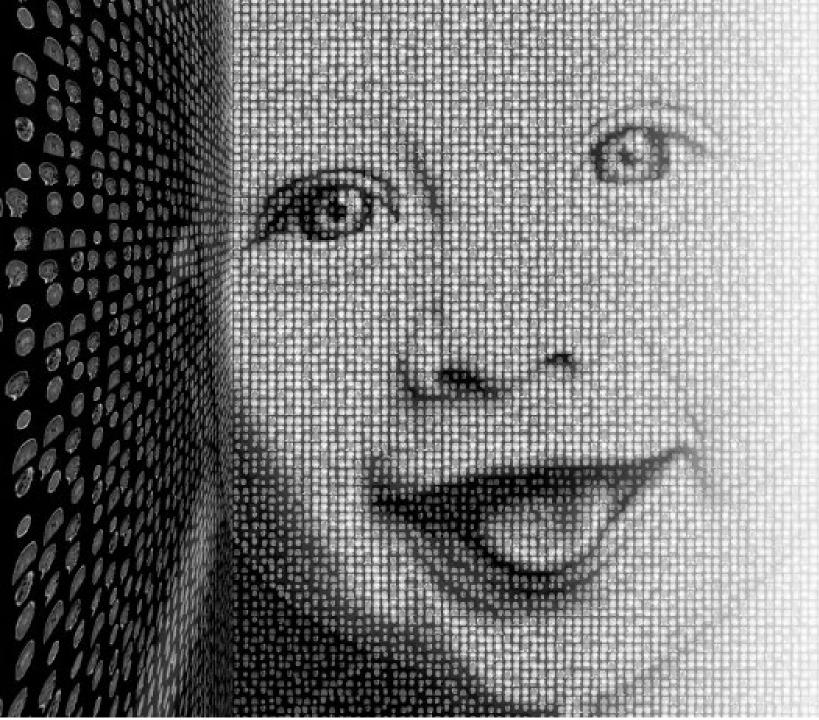
Follow up at 3.75 yrs

Follow up at 5.42 yrs

- Pediatric disorders often rare any many have bespoke treatments
- No guidelines for imaging and no easy to access to pediatric imaging databases to compare







# Can we Leverage Public Datasets?

- Downloaded and curated >36,000 brain MRIs and data elements from >11 studies worldwide for lifespan project (0-100y)
   ~ 400 aged 0-5y
- HBCD gathering ~7,000 longitudinal datasets 0-5y

Need to provide guidelines to sites doing clinical trials to match these acquisitions...

# Non-lesional Biomarkers, Outcome Prediction Brain Age Estimation

	N <sub>camples</sub>	Age range [Median]	Male/Female
MGHBCH (He et al., 2020)	428	0-6 [1.7]	226/202
NIH-PD (Evans et al., 2006)	1211	0-22.3 [9.8]	585/626
ABIDE-I (Di Martino et al., 2014)	567	6.47-56.2 [14.8]	469/98
BGSP (Holmes et al., 2015)	1570	19-53 [21]	665/905
BeijingEN	180	17-28 [21]	73/107
IXI	556	20.0-86.3 [48.6]	247/309
DLBS (Park et al., 2012)	315	20-89 [54]	117/198
OASIS-3 (LaMontagne et al., 2018)	1222	42-97 [69]	750/472
ABCD (Volkow et al., 2018)	8639	9-11 [9.91]	4508/4131
CMI (Alexander et al., 2017)	1765	5-21.9 [10.1]	1117/648
CoRR (Zuo et al., 2014)	252	6-60 [20.4]	148/104
	16,705	0-97 years	8905/7800

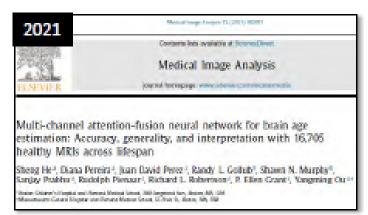
Method	MAE (years)				
	Axial	Coronal	Saginal	Fusion.	
RosNot18 [20]	3.45±0.17	$3.38 \pm 0.07$	$3.87 \pm 0.10$	3.25±0.09	
BagNet-ResNet18 [19]	$5.13 \pm 0.21$	$6.29 \pm 0.81$	$5.57 \pm 0.17$	5.46±0.34	
VGG [36]	3.48±0.16	$3.29 \pm 0.09$	$3.67 \pm 0.13$	$3.11\pm0.12$	
BagNet-VGG [19]	4.08±0.09	5.87±0.25	$5.11 \pm 0.32$	4.75±0.19	
Global-Transformer [38]	$3.97 \pm 0.26$	$5.39 \pm 0.71$	$5.34 \pm 0.22$	$4.11 \pm 0.29$	
Local-Transformer [22]	$3.50 \pm 0.10$	$3.32 \pm 0.10$	$3.78 \pm 0.13$	$3.28 \pm 0.03$	
Global-Local Transformer	2.87±0.11	>2.97±0.07	$3.14 \pm 0.02$	$2.70 \pm 0.03$	



Yangming Ou PhD

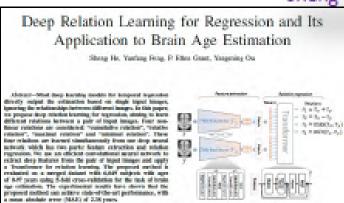


Sheng He PhD





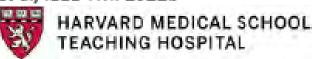
He et al, IEEE TMI 2022a



He et al, ISBI 2020; He et al, Med Image Ana 2021

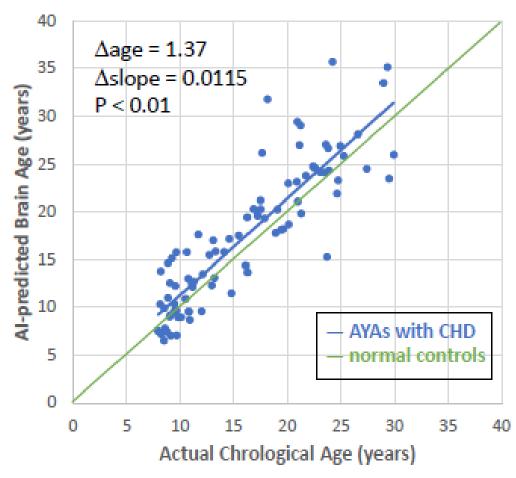


He et al, IEEE TMI 2022b



### Non-lesional Biomarkers, Outcome Prediction





#### Contributing Factors

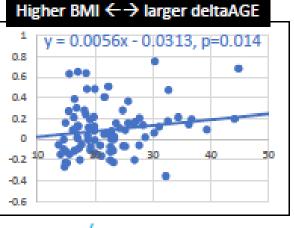
- Demographics
  - o Sex
  - o age at MRI
  - o BMI

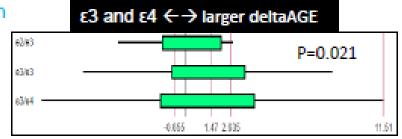
#### Genetics

- High brain expressed (HBE) gene, yes/no
- Chromatin-modifying (CHR) gene, yes/no
- Neurodevelopmental disorder (NDD) gene, yes/no
- Constrained (PLI) gene, yes/no
- ApoE (£2/£2, £2/£3, £3/£3, £3/£4, £4/£4)

#### Socioeconomics status (SES)

- Mother education
- Father education
- Family income



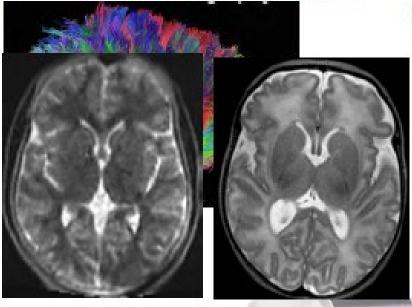




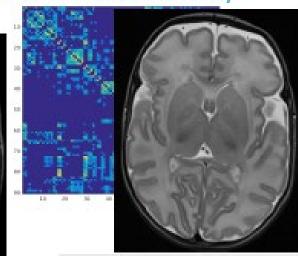


## Modality and MR Scanner Choices

Diffusion Imaging / Structural Connectivity



Resting state fMRI Functional Connectivity





NO structural or functional connectivity



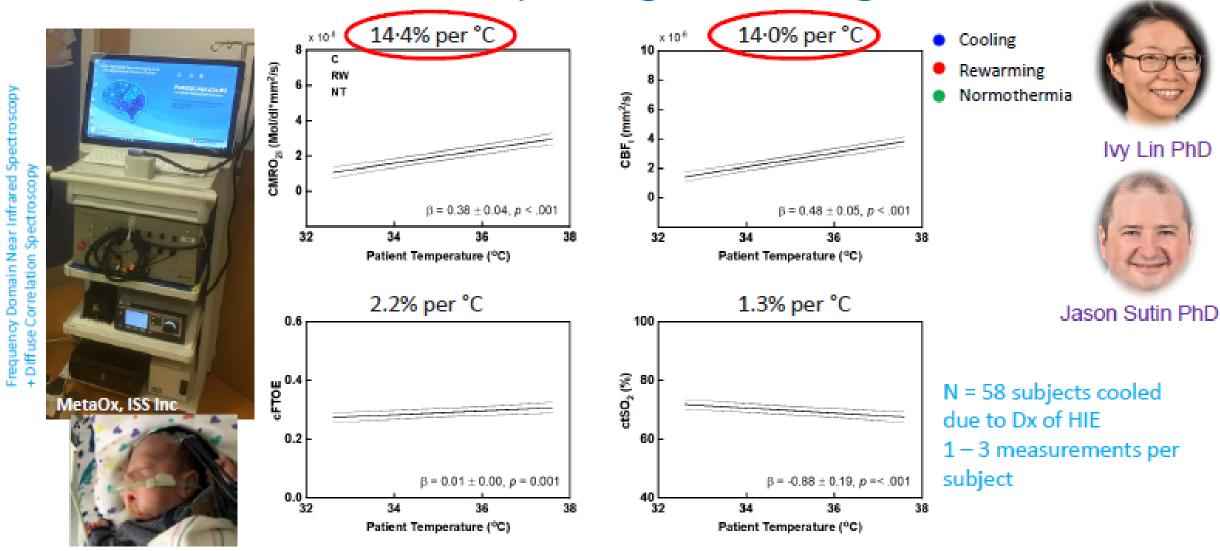
Quantitative T1, T2, PD







#### Bedside Biomarkers for Physiological Change, Outcome

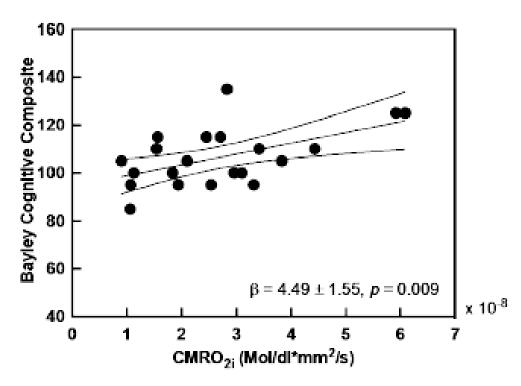




Sutin et al, eBiomedicine under revision



#### Bedside Biomarkers for Physiological Change, Outcome



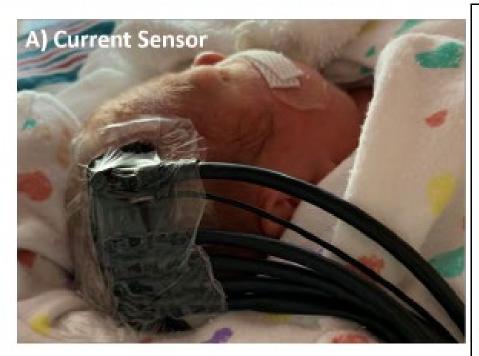
Sutin et al, eBiomedicine under revision

- N=22 neonates with hypoxic ischemic encephalopathy
- Treated with therapeutic hypothermia
- Frontal CMRO<sub>2</sub> after TH was only predictor of 18-month outcomes measured with BSIDIII
- No correlation with MRI injury score (16/22 had normal MRIs)





#### Bedside Biomarkers for Physiological Change, Outcome

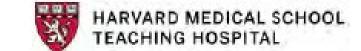




- Bedside high temporal resolution direct measure of cerebral oxygen consumption, CBF
- Develop physiological biomarkers for novel neonatal therapies aimed at neuroprotection
  - o cerebrovascular resistance, autoregulation, critical closing pressure
- Framework for data driven explorations and future REAL TIME data analytics in the cloud

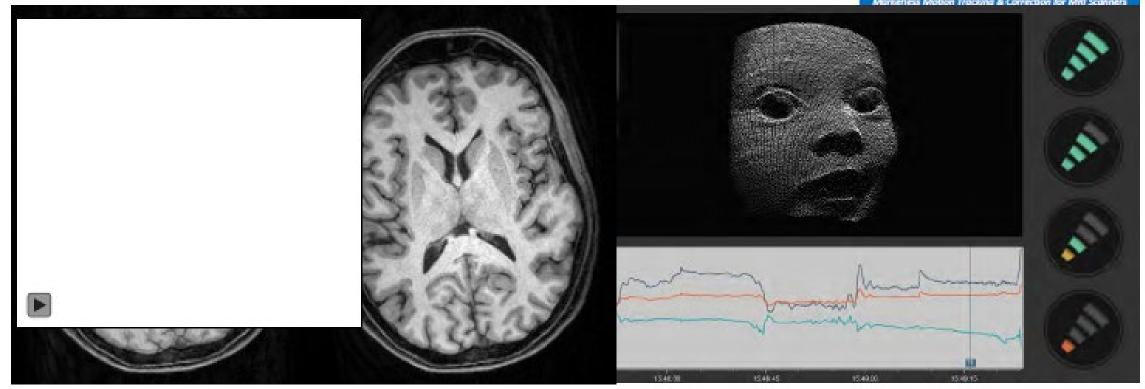






#### Motion



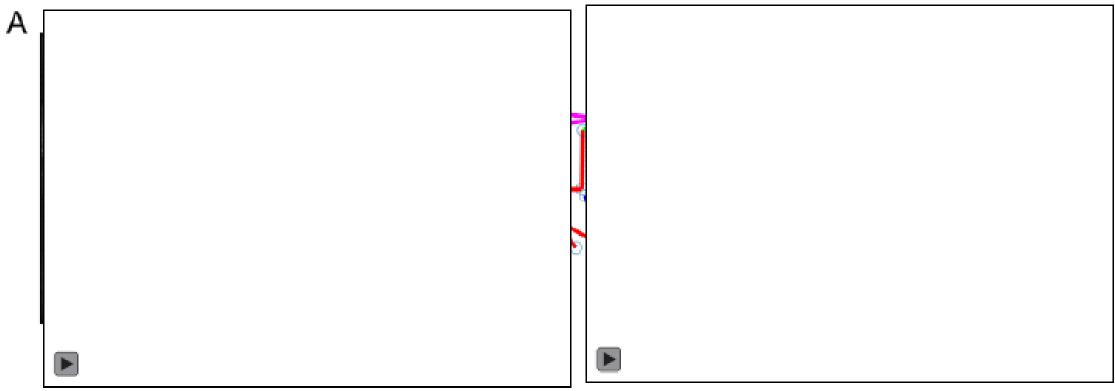


- Motion degrades image quality and can cause artificial differences
- Motion provides information on phenotype
- We need to discover ways to quantify and correct for motion





#### Motion



- Motion degrades image quality and can cause artificial differences
- Motion provides information on phenotype
- We need to discover ways to quantify and correct for motion



R01FB032708

R01HD100009



## Diversity Challenges

- Recruitment / Retention
  - o Access to diverse communities can be limited even in routine clinical practice
  - o Current databases limited representation or don't identify race, ethnicity
- Skin color
  - Dark skin colors are a challenge for quantitative optical imaging
- Motion
  - Infants of anxious mothers and with certain pathologies are less likely to fall asleep for an MRI or hold still for other studies
- Head shape and size
  - Limits quality of MRI and Magnetoencephalography





### Pediatric Neuroimaging Biomarkers

- Challenging due to rapid changes in size, morphology and contrast as brain undergoes a critical period of self-organization
- Altered developmental trajectories may only become apparent years later, once the affected brain regions have become functional, therefore early biomarkers are essential
- Pediatric diseases are heterogenous collections of many different disorders without a dominant disease (ie no "Alzheimer's" for pediatrics)
- Need large data sets to combine multiple biomarkers leverage prior studies across the lifespan, birth cohorts and clinical data
- Optimal modality for biomarker depends on time course, mechanism, magnitude of expected response in relation to development





Faculty



E. Abaci Turk PhD



B. Ahtam PhD



A. Chung PhD



B. Gagoski PhD



Sheng He PhD





R01EB032708 R01HL152358 R01HD065762 R01HD100009 U01DA055353 R01HD076258 R61NS126792 R01HD079484







R01HL135061

R01EB020613

R01EB024343

R01EB014947



K. Im PhD



I. Lin PhD



S. Morton MD PhD



Y. Okada PhD



Y, Ou PhD



J. Stout, PhD



R. Pienaar PhD



J. Sutin PhD



E. Tamilia PhD



L. Vasung MD PhD



H. Yun, PhD



