

A Novel Database Lookup Method for Deep Brain Stimulation Network Mapping

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1. INTRODUCTION

Clinical outcomes following deep brain stimulation (DBS) to the subthalamic nucleus (STN) in **Parkinson's disease** (PD) can be **predicted based on functional connectivity (FC)** seeding from stimulation sites [1].

Previously, to do so, optimal connectivity was condensed to a single map, which was then compared with connectivity profiles of patients in other cohorts.

AIM:

We developed a revised strategy, which stores each patient's **FC profile** and **clinical improvements** in a **lookup database** and quantifies **pairwise similarities** to predict unseen patients. Novel patient's FC is compared to each entry in the database. Based on similarities, a weighted average of improvements in database patients is formed to predict outcomes in the unseen patient.

2. METHODS

PATIENTS: 51 PD-STN patients that underwent surgery at Charite Berlin.

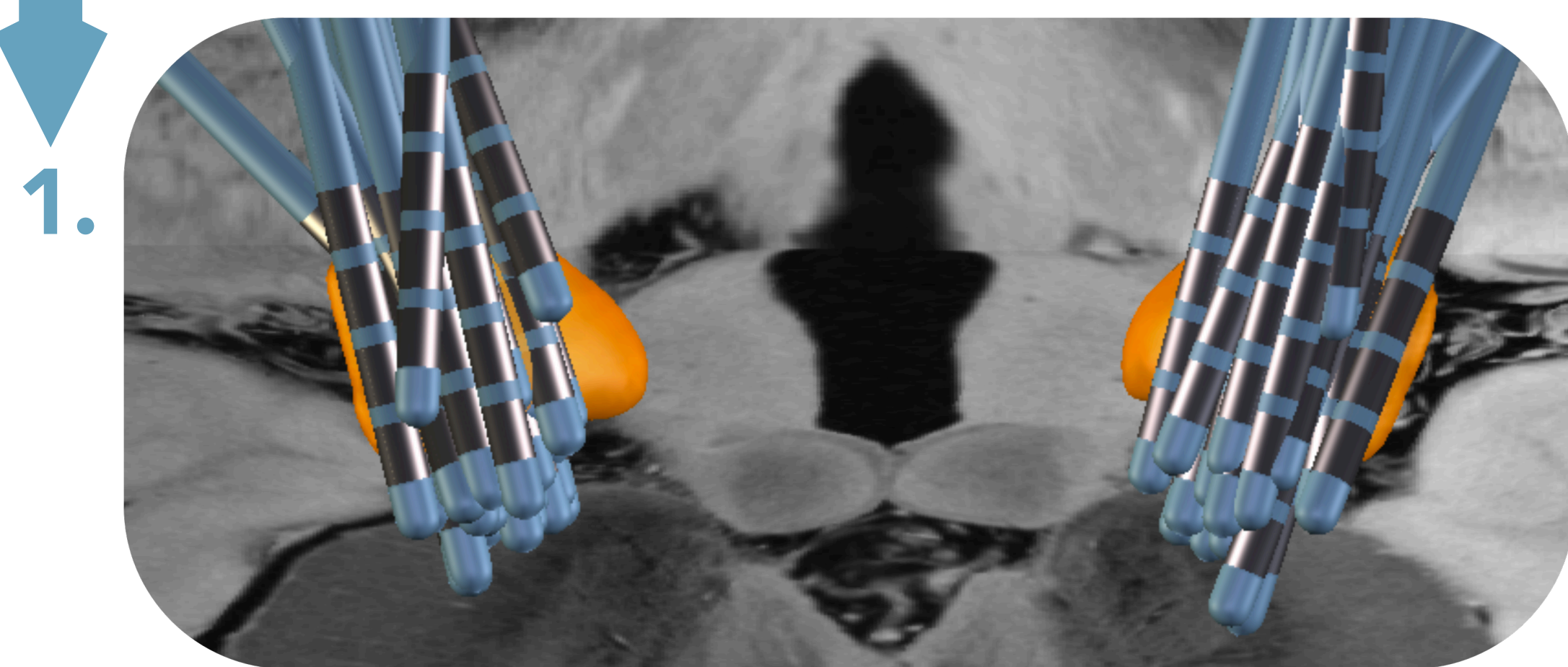
CLINICAL IMPROVEMENT: Unified Parkinson's disease rating scale III (UPDRS-III).

CONNECTOME: Normative resting-state connectome calculated from 1,087 scans included in the Human Connectome Project [2].

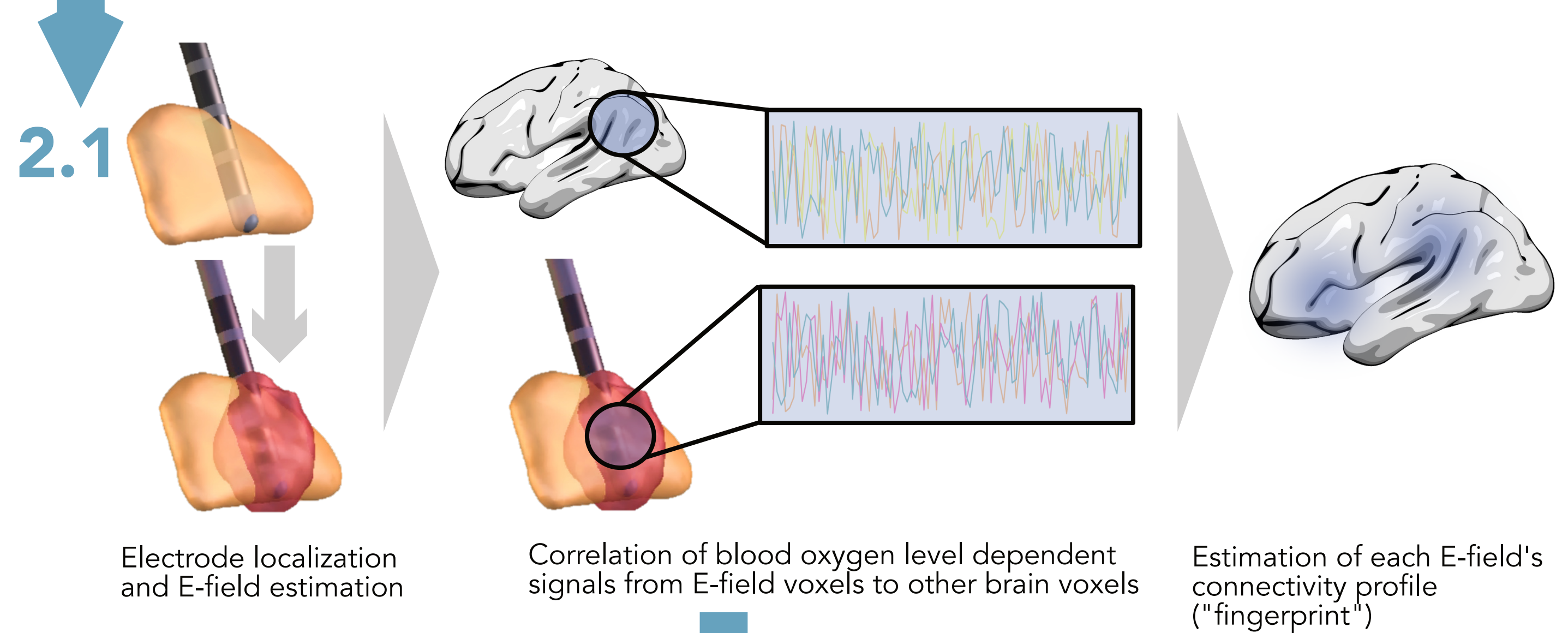
METHODOLOGICAL WORKFLOW:

(1) DBS electrode placement and stimulation volumes (E-fields) were reconstructed using Lead-DBS software. FC fingerprints were estimated by seeding from E-fields using the normative connectome.

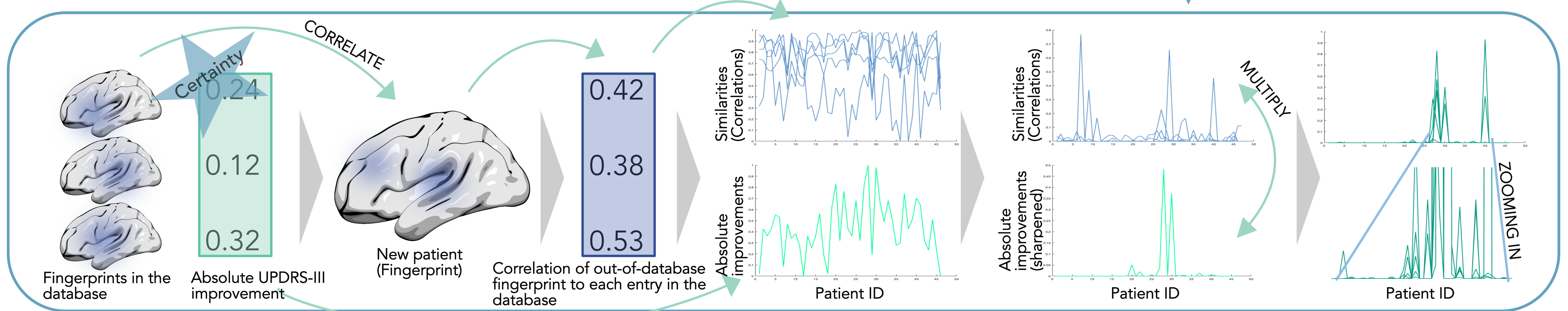
(2) Lookup Database method was used to predict clinical improvement in unseen patients (multiple cross-validation designs).



DBS electrode placement in the sample of 51 patients. Electrode reconstructions shown in blue, together with STN (orange) as defined by the DISTAL atlas [3].

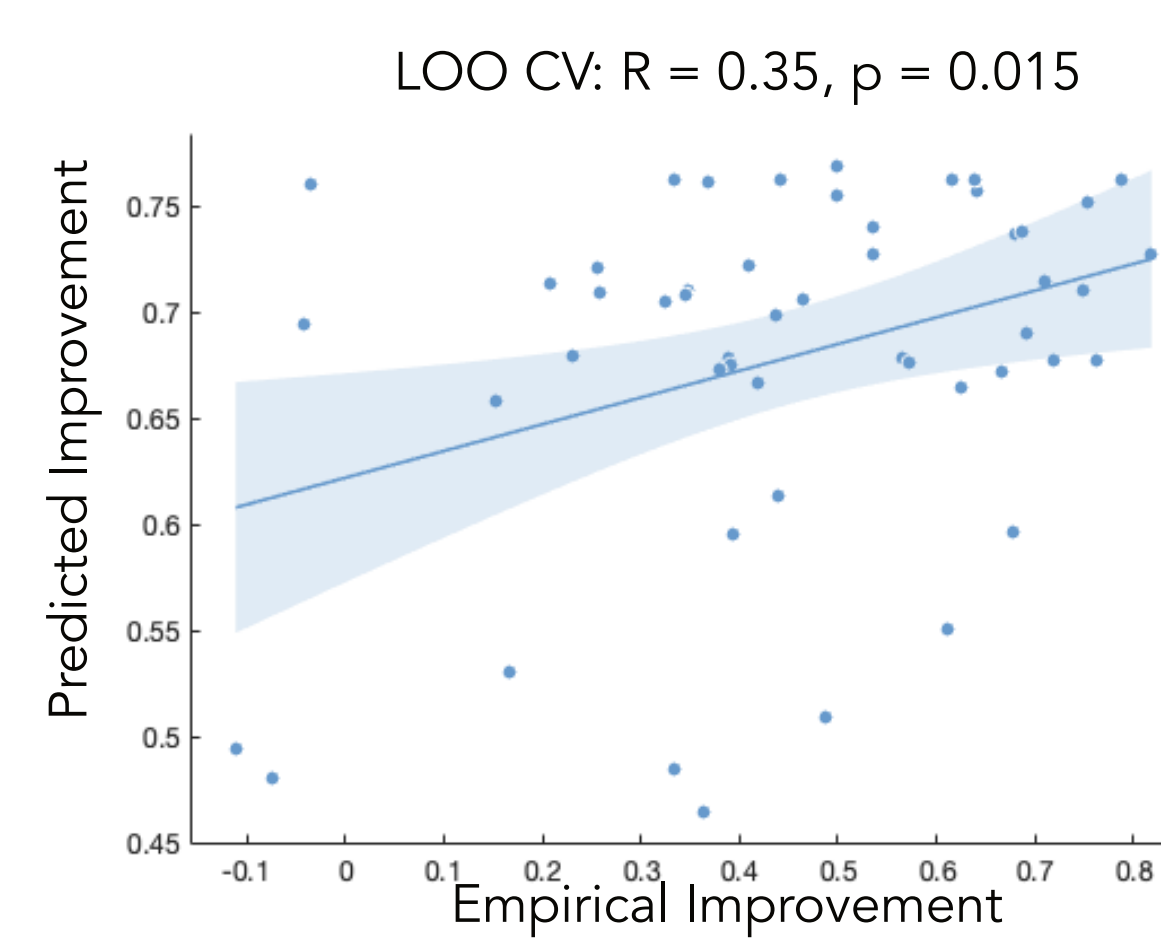
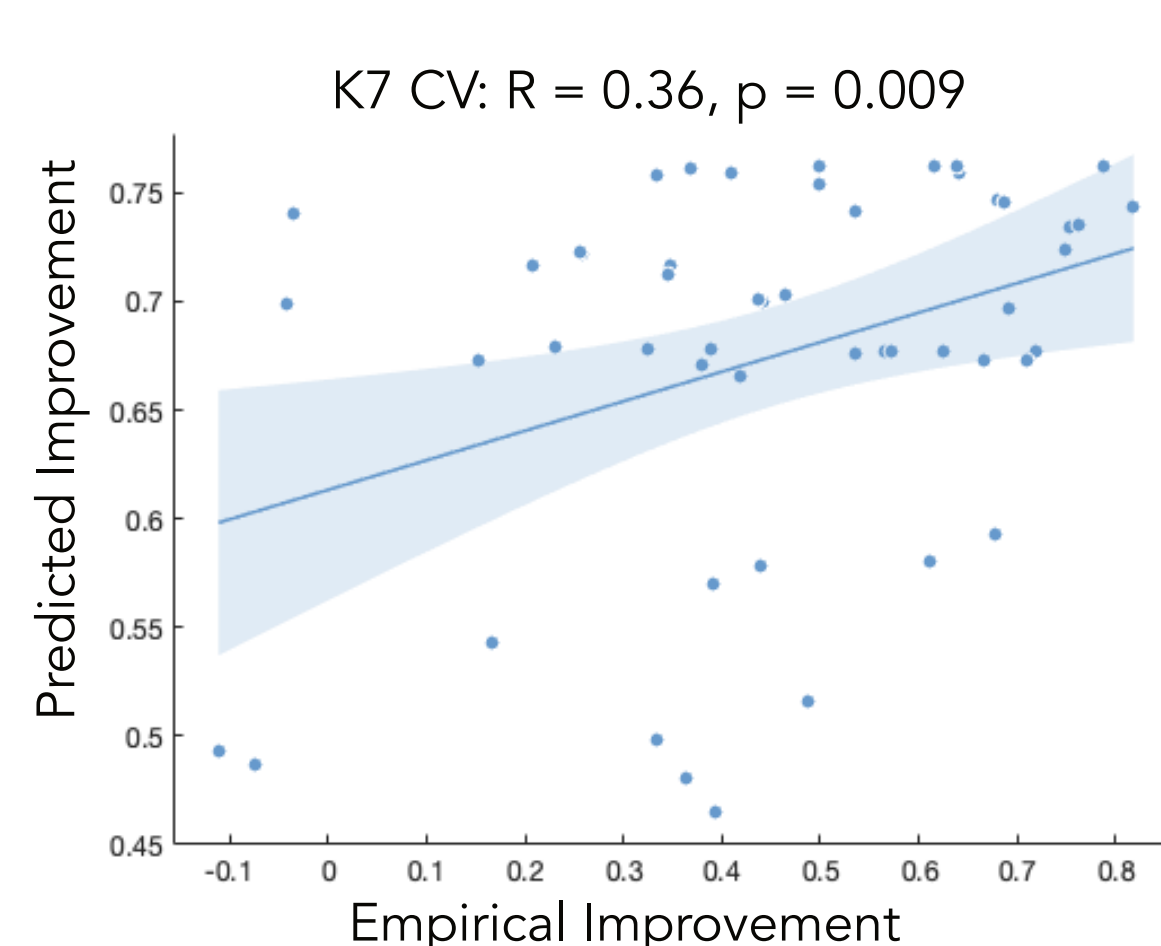
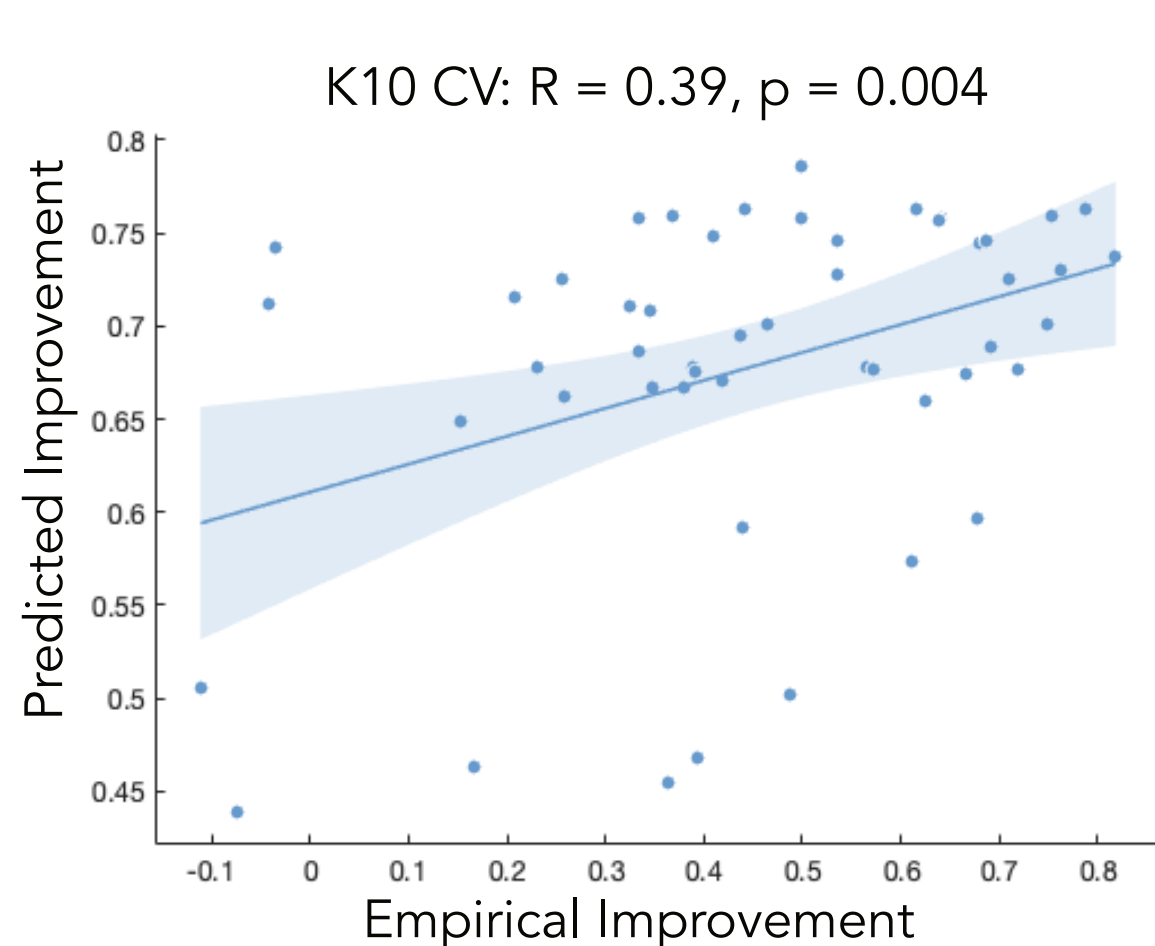


2.2 METHODOLOGICAL WORKFLOW



Database with brain functional connectivities can be used to predict DBS related clinical improvement.

3.



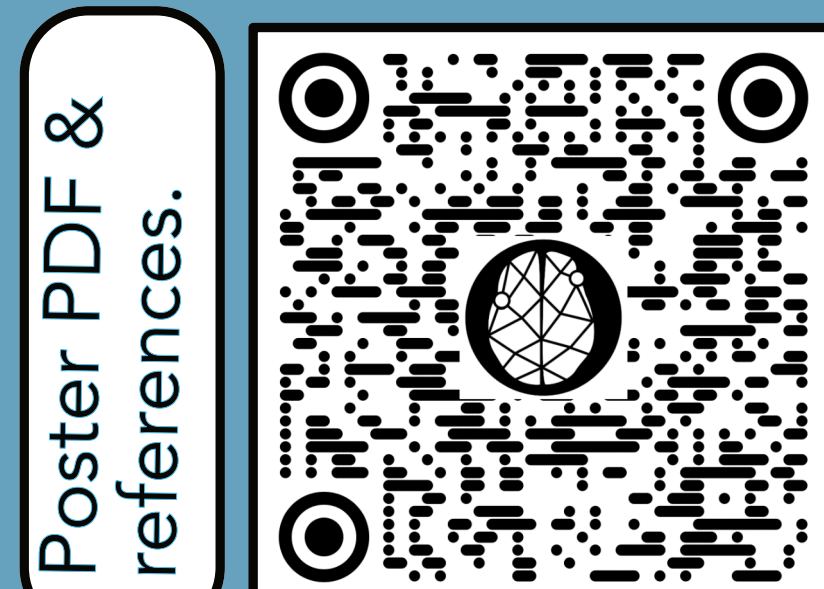
3. RESULTS

Correlations between **estimated** and **empirical UPDRS-III** improvements for different types of cross-validations were:

K10: Pearson's $R = 0.39$, $p = 0.004$

K7: Pearson's $R = 0.36$, $p = 0.009$

Leave-one-out: Pearson's $R = 0.35$, $p = 0.015$



Poster PDF & references.

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4. CONCLUSIONS

We introduce a **novel method for DBS network mapping** using a lookup database. Potential advantages include:

- Model retains **more information** from the original data.
- Direct prediction** of clinical response variable.
- Certainty variable added to account for the **ceiling effect**.