Neuromodulation for Psychiatric Disorders

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- DBS for depression is investigational







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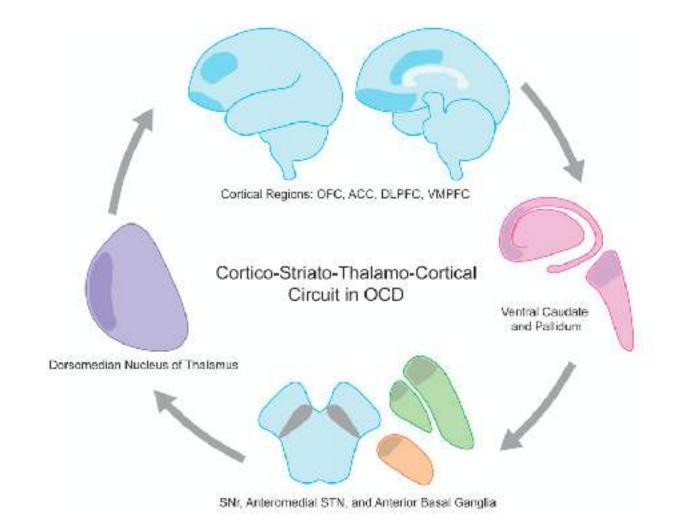
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Obsessive-Compulsive Disorder

- OCD is a psychiatric illness marked by:
 - (1) Obsessions: recurrent distressing thoughts
 - (2) Compulsions: repetitive, ritualistic behaviors
- OCD affects 2-3% of US population
- First line treatments include medication and psychotherapy
- 10-20% of OCD patients are treatment resistant



Obsessive-Compulsive Disorder



Karas et al. Frontiers in Neurosci 2019

EA Spiegel and HT Wycis

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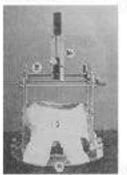
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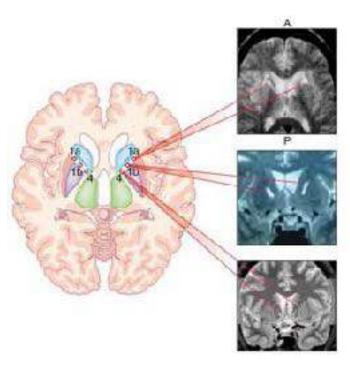
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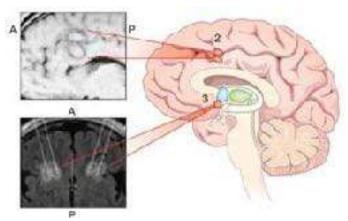
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Stereotactic ablative procedures



- 1951: Leksell (Sweden) and Tailarach (France) developed the anterior capsulotomy
- Anterior limb of the internal capsule
- Disrupt connections between the prefrontal cortex and basal ganglia

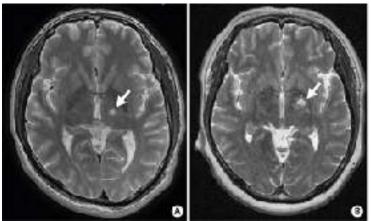
Stereotactic ablative procedures





- 1965: Knight (UK) developed the subcaudate tractotomy
- Disrupt connections between PFC and limbic structures
- 1967: Ballantine (MGH) developed the dorsal anterior cingulotomy
- Targeted the cingulate gyrus itself

Deep Brain Stimulation



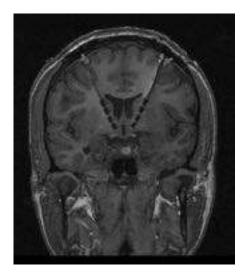
Thalamotomy





DBS OFF

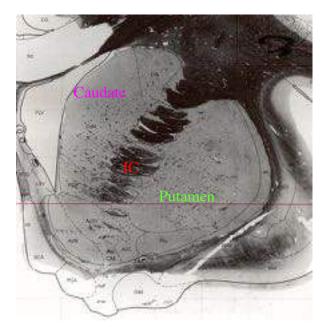
DBS for psychiatric conditions



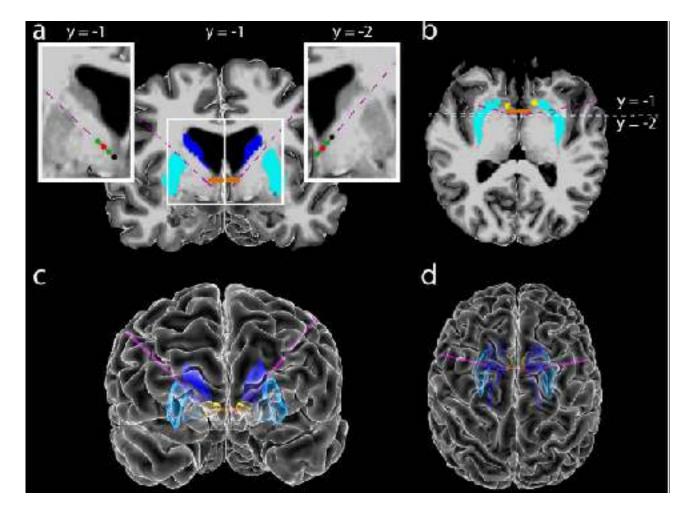
- 1999: DBS for OCD (Belgium)
- Motivated by anterior capsulotomy experience
- 4 subjects with TR OCD, beneficial effect in 3

DBS for OCD: VC/VS

- Multi-institutional study (Brown, Cleveland Clinic, U Leuven, U Florida)
- VC/VS target
- Inclusion criteria
 - OCD >= 5 years
 - Failed multiple meds of several classes, alone and in combination
 - Failed >20 sessions ERP
 - Monitored consent, repeated discussions of procedure and risks
 - FDA IDE, institutional IRB
- Enrolled 26 patients
 - Mean age 37 years, sx duration 22 years
 - Mean baseline YBOCS score 34 (max=40)



OCD Surgical Therapy: DBS

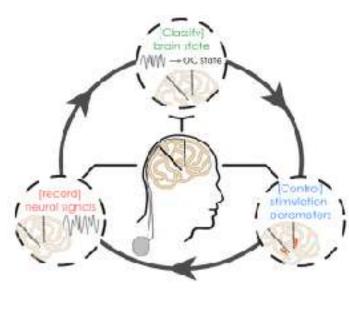


60-70% Response Rate

OCD Surgical Therapy: DBS

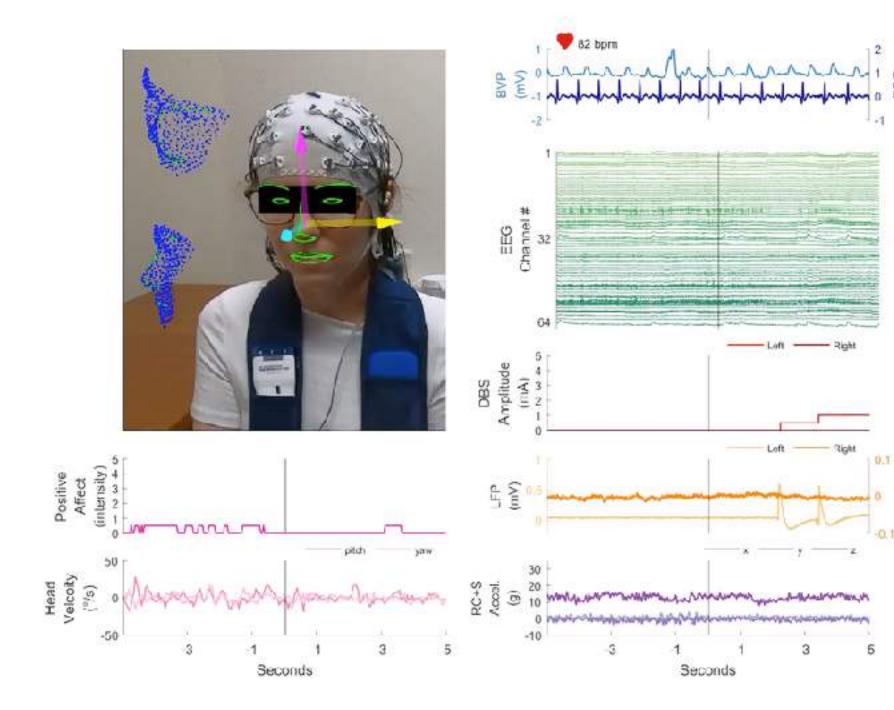








Provenza, Sheth et al. Nature Med 2021



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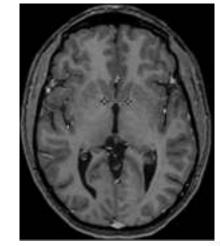
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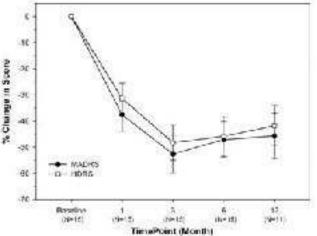
FCG

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DBS for Depression: VC/VS

- N=15
- Open-label, 3 sites: CCF, Brown, MGH
- Results
 - Significant improvement in HAM-D (57%) and MADRS (55%) scores
 - Responder (>=50% reduction) rate of 40% at 6 months, 53% at LFU
 - Remission (HAM-D & MADRS <10) rate of 20% at 6 months, 40% at LFU
- Adverse events
 - 17 events of hypomania or increased depression

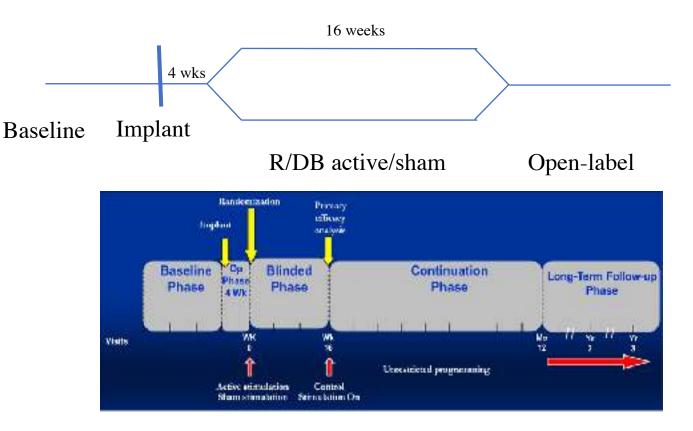




Malone et al. 2009

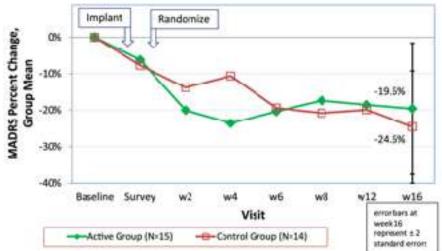
DBS for Depression: VC/VS

- Reclaim Trial: DB/sham-ctrl RCT, N=30 (out of 208)
- Sponsored by Medtronic
- 5 sites: CCF, UPMC, Penn, Brown, MGH

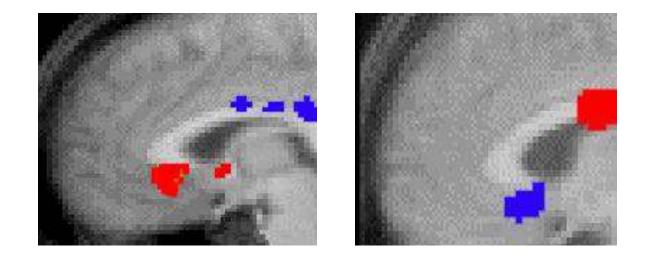


DBS for Depression: VC/VS

- DB/sham-ctrl Responder rate
 - Sham: 2/14 (14%)
 - Active: 3/15 (20%), n.s.
- Sponsor stopped enrollment at 30 (not powered to detect difference)
- Open-label Responder rate
 - 12 month: 20%
 - 18 month: 26.7%
 - 24 month: 23.3%

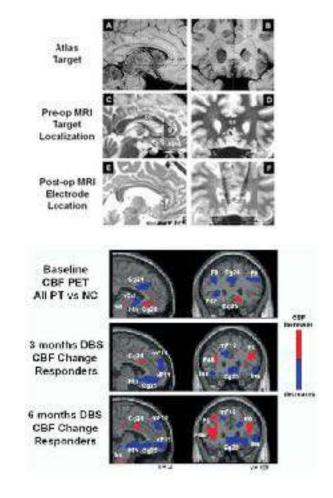


• Subgenual cingulate (SGC, CG25)

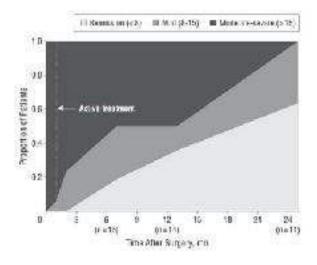


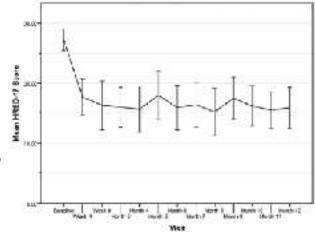
- H_2O^{15} PET studies
 - Acute sadness in healthy volunteers \rightarrow increase in CG25 blood flow
 - Pharmacological resolution of dysphoria in depressed patients → decrease in CG25 blood flow

- Pilot study, Toronto
- •N=6
 - Open-label
- Reponder rate: 4/6
- H₂O¹⁵ PET imaging showed reversal of SGC blood flow increase



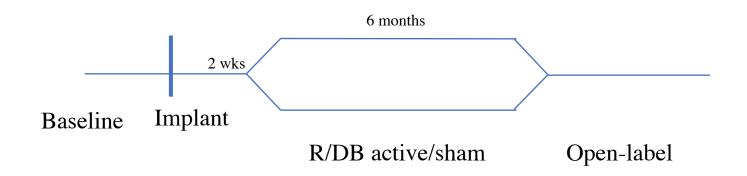
- Emory group
 - Open-label trial with sham lead-in
 - 17 patients with uni- and bipolar depression
 - Responder rate increased: 36% at 1 year to 92% at 2 years
 - 3 pts: single-blind discontinuation → rapid decline, delay in recovering response
- Multicenter study (Toronto, Montreal, Vancouver)
 - -Open-label trial
 - -21 Patients
 - –Response rate decreased: 48% at 6 months to 29% at 1 year



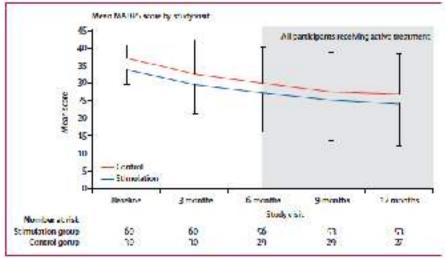


Holtzheimer et al. 2012; Lozano et al. 2012

- BROADEN trial, N=90 (out of 201 planned)
- Sponsored by St. Jude Medical (now Abbott)
- Design
 - 6 month DB/sham-ctrl RCT
 - Strict programming restrictions during DB phase



- DB sham-ctrl phase
 - Sham: 17% (expected 18.5%)
 - Active: 20% (expected 40%)
- Futility analysis: 17% chance if continued
 - Pre-determined cutoff for discontinuation was $\leq 10\%$
 - Sponsor decided to discontinue
- OL follow-up
 - 12 month: 29%
 - 18 month: 53%
 - 24 month: 49%

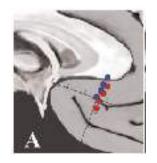


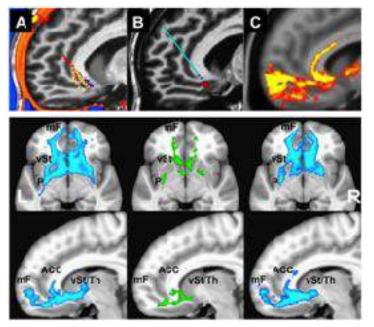
Holtzheimer et al. 2017

DBS for Depression: scc

Evolution in targeting

- Responder and non-responder sites have high anatomical overlap
- White matter connectivity between R/NR differs
 - Responders had greater WM connectivity to frontal pole, cingulum bundle , anterior thalamus
 - Electrode repositioning in 1 patient rescued NR status to R



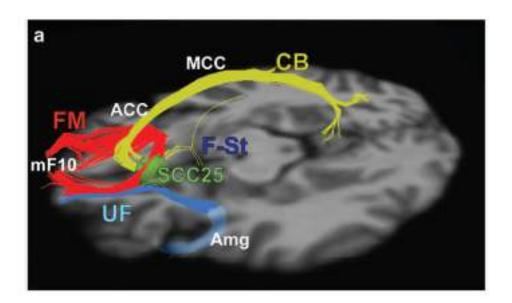


Hamani et al. 2009; Riva-Posse et al. 2014

Evolution in targeting

- N=11
- Prospective, OL
- 8/11 (73%) responders at 6 months
- 9/11 (82%) responders at 12 months

Emphasis on targeting a NETWORK, not just a region



DBS for Depression: Future work

Emory/Mt. Sinai

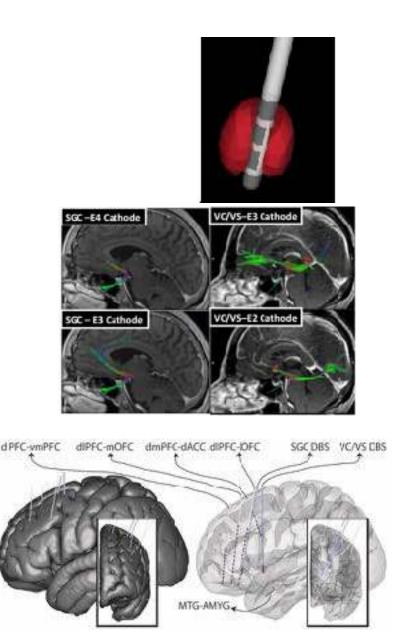
•WM/network targeting•DBS with "sensing" capability



DBS for Depression: Future work

Baylor/UTSW

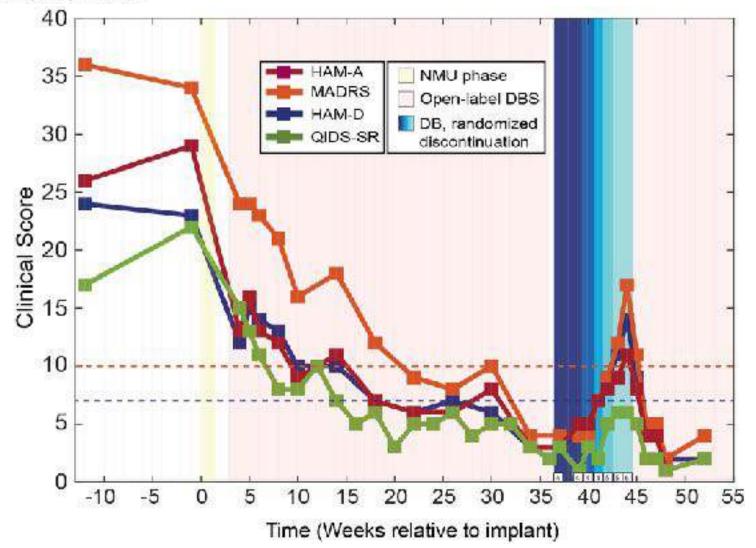
•WM/network targeting
•DBS with "steering" capability
•"Epilepsy"-style intracranial monitoring for individualized network investigation



Deep Brain Stimulation for Depression Informed by Intracranial Recordings

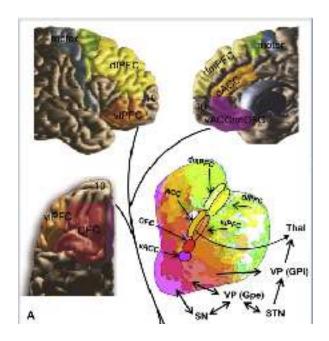
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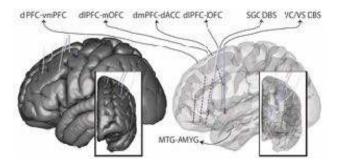
Biological Psychiatry = =, 2021;



Summary

- DBS for OCD has FDA (HDE) approval in U.S. and CE Mark in Europe
- DBS for TRD remains investigational in U.S.
- Future work will focus on targeting networks using imaging and electrophysiological markers of engagement





Thank you



