

# Cortex gradient mapping shows heightened network hierarchy in presymptomatic Frontotemporal Dementia

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## INTRODUCTION

A brain **network hierarchy** is thought to emerge during neurodevelopment. It is assumed this organisation allows information encoding and integration, **from sensation to cognition** (Mesulam, 1998).

Recent work has applied a **novel decomposition framework** to represent connectomes in low-dimensional space; **gradient mapping**. The principal gradient, which explains the most variance in connectivity, **separates immediate environment sensory processes from transmodal integration processes** (Fig 2).

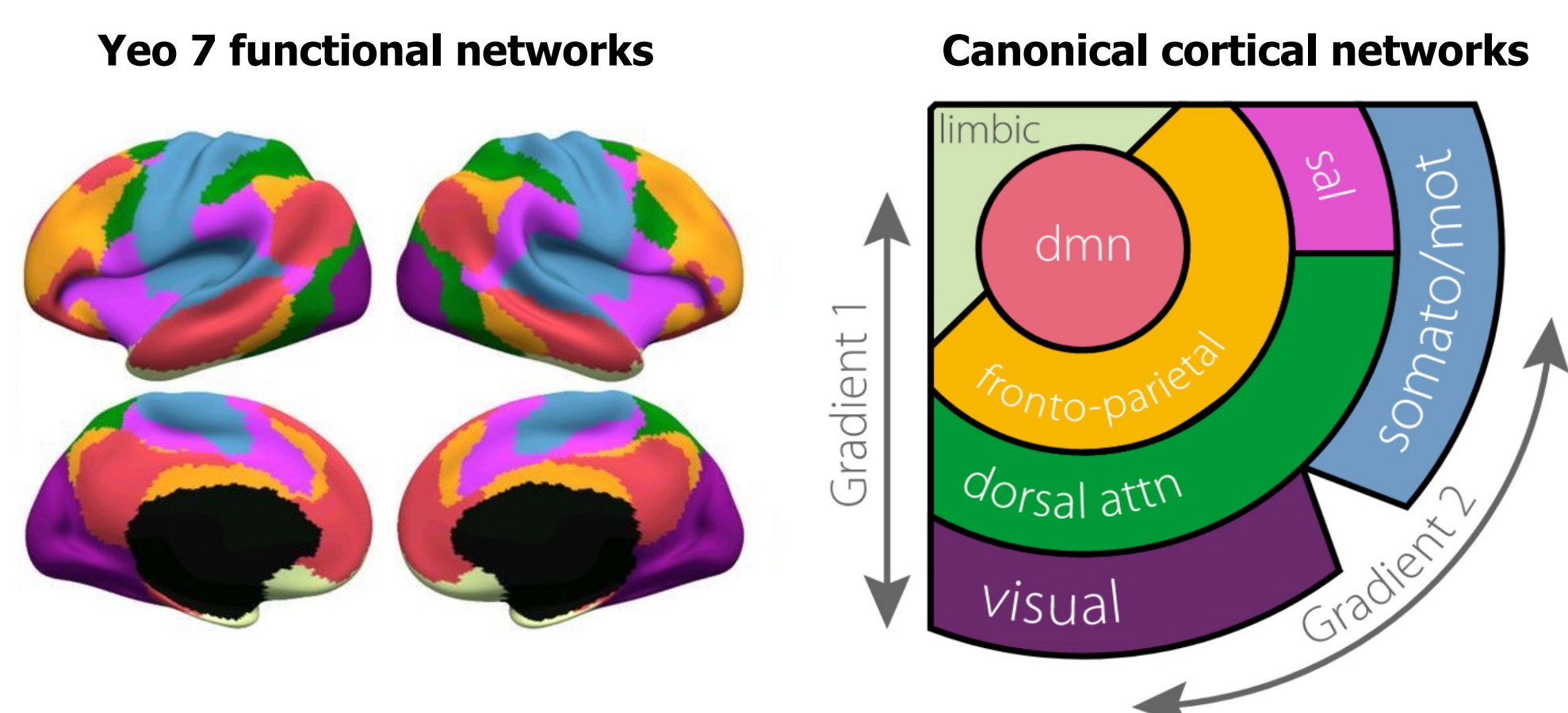


Fig 1 Yeo et al., 2011

Fig 2 Margulies et al., 2016

→ This project investigated connectome gradients in microtubule-associated protein tau (MAPT) mutation carriers, at presymptomatic (PS) and symptomatic (Symp) Frontotemporal Dementia (FTD) stages

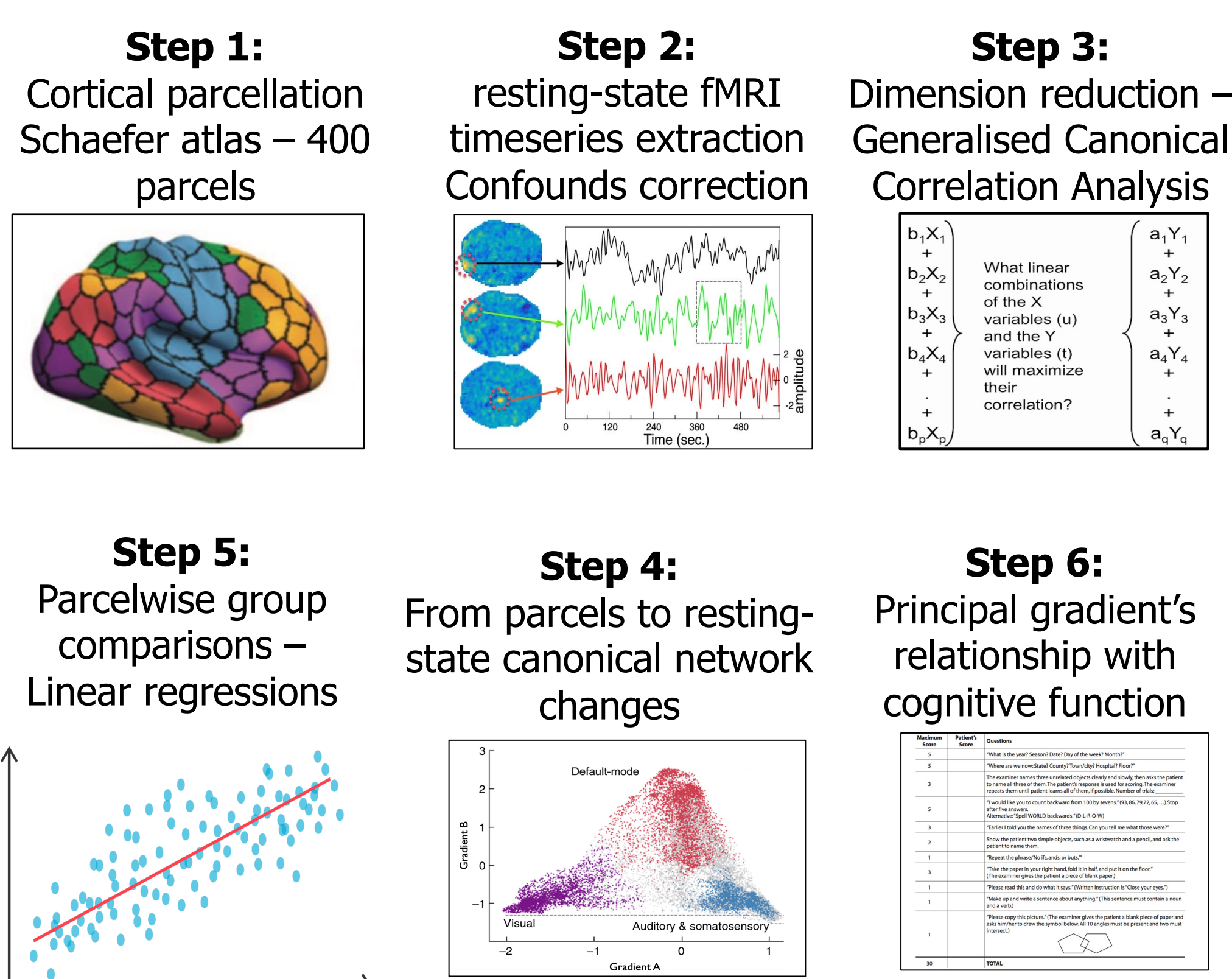
## METHODS

Sample demographic details

	N	Age	Sex	EYO	MMSE
Controls	110	42.3±11.8	60:50	-	29.4±1.0
PS MAPT	66	39.5±11.4	38:28	13.1±11.9	29.5±1.0
Symp MAPT	36	55.2±9.8	12:24	-	25.0±4.6

Age, EYO, MMSE: group mean ± SD; Sex: (females:males).

## Whole-brain connectome gradient mapping pipeline



## CONCLUSIONS

**Segregation** of unimodal and transmodal networks is essential for **cognitive function** and is overall well maintained even in disease.

### Disrupted network hierarchy found in Symp MAPT

→ significant shift of extreme end networks (Sensorimotor & DMN) towards the centre, consistent with previous findings of a constriction of connectivity space in other clinical populations  
→ significant changes of middle networks (Salience & Frontoparietal) showing changes within the hierarchy

### PS MAPT showed early significant changes compared to controls in Dorsal Attentional network

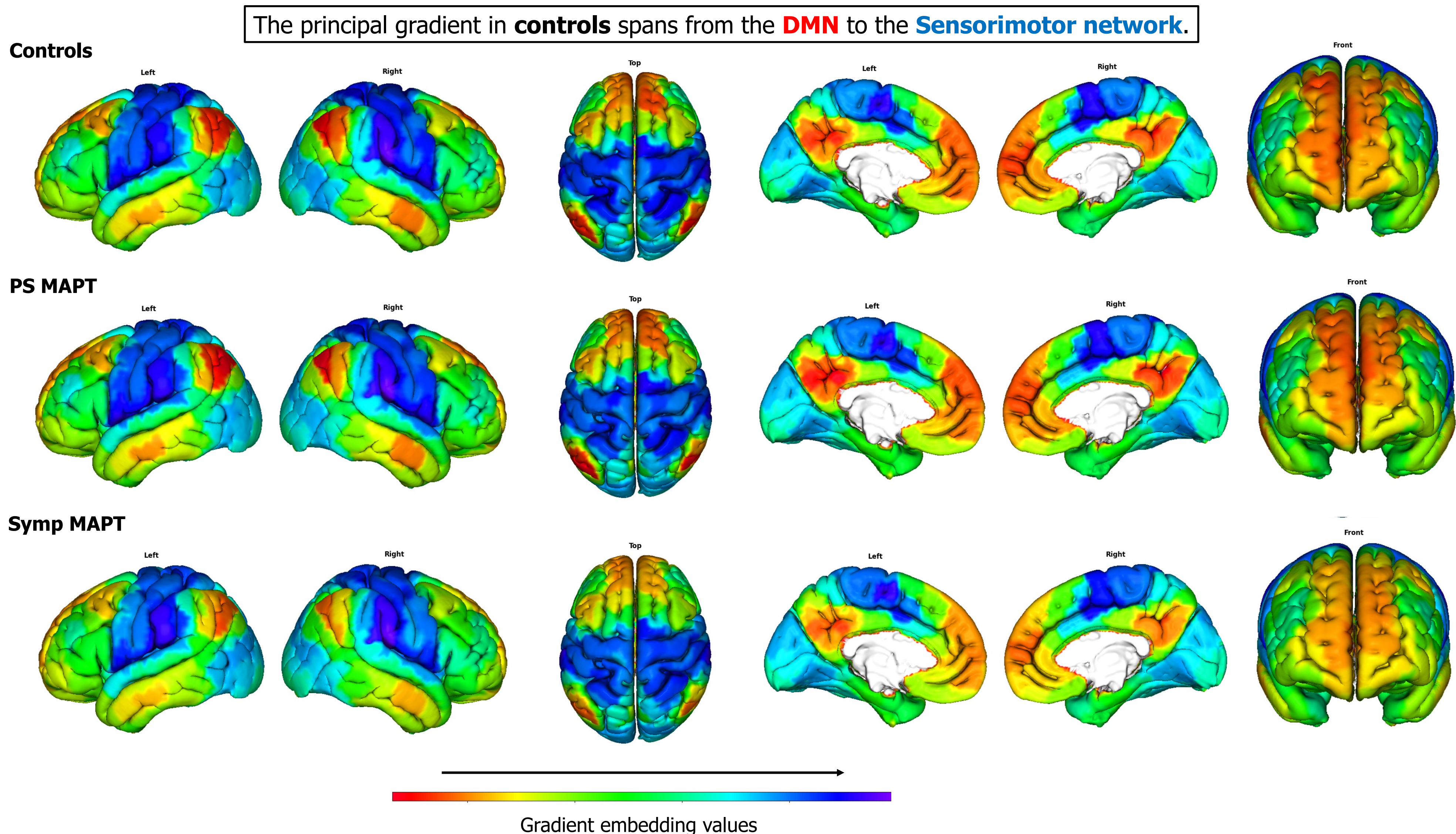
→ this is a new finding which has not been previously reported  
→ gradient mapping identifies network changes in both groups which other frameworks have not put forward before

### PS MAPT mutation carriers didn't always show network changes in the direction of Symp MAPT (Salience & DMN)

→ the core DMN hub involving the precuneus/posterior cingulate cortex may drive such findings suggesting a heightened network hierarchy which could be a compensatory mechanism prior to symptom onset

## RESULTS

### 1. Principal gradient



### 2. Principal gradient network-level group differences

**Mixed model** comparing parcel principal gradient values in PS and Symp MAPT groups to controls within each network, adjusted for age, sex and mutation type.

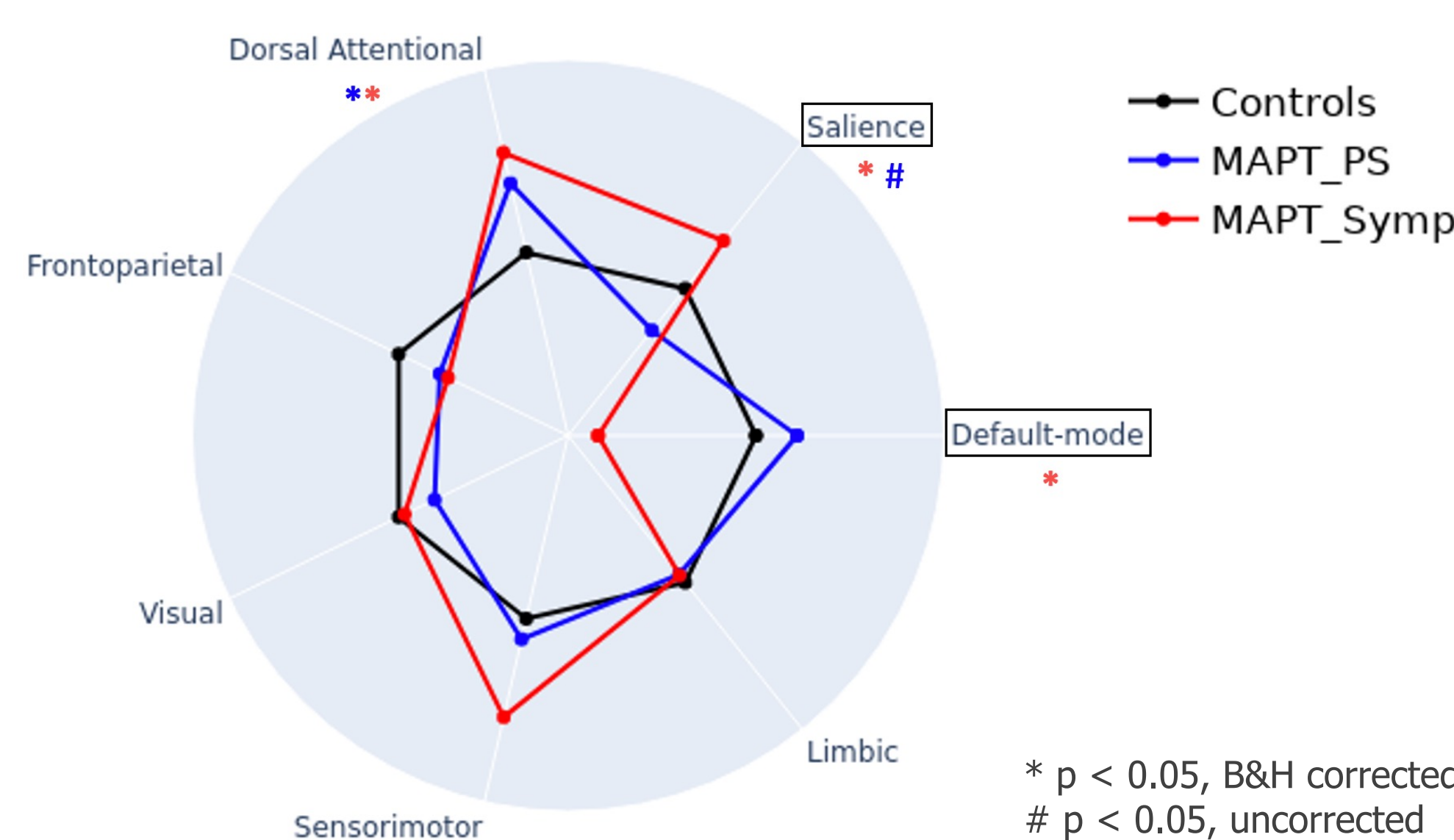


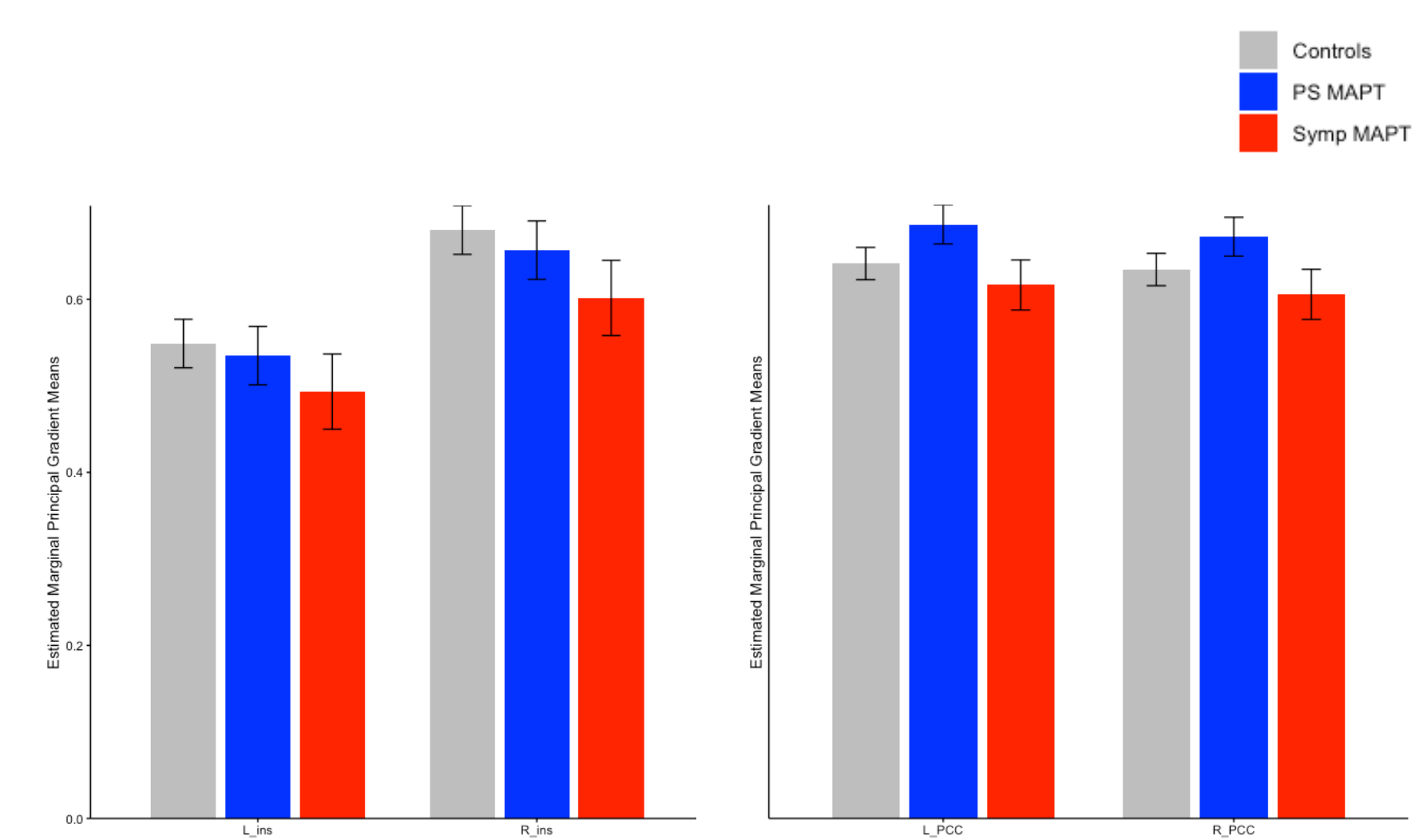
Diagram showing mean z-score principal gradient values for each network in PS and Symp MAPT groups based on control group.

- Symp MAPT show significantly different principal gradient values compared to controls within Dorsal Attentional, Salience, Default-mode and Sensorimotor networks (p<0.044, B&H corrected).
- PS MAPT show early significant changes in the Dorsal Attentional network in the direction of changes found in Symp MAPT (p=0.015, B&H corrected).
- PS MAPT show an opposite pattern of early changes compared to Symp MAPT for the Salience (p=0.024, uncorrected) and Default-mode (p=non-sig) networks.

### 3. Principal gradient parcel group differences

Principal gradient values of parcels within core hubs of Salience (bilateral insula) and Default-mode (bilateral precuneus/posterior cingulate cortex) networks were averaged.

**Mixed model** comparing PS and Symp MAPT groups to controls for each of these core hubs, adjusted for age, sex and mutation type.



Mean principal gradient values for each hub across groups.

- None of the group comparisons reached statistical significance but trends can be observed.
- On average, neither the left or right insular is the hub causing PS MAPT to show a reverse Salience pattern change compared to Symp MAPT.
- On average, the precuneus/posterior cingulate cortex hub does suggest involvement in the overall DMN pattern reversal in PS MAPT compared to Symp MAPT.

## PERSPECTIVES

Our findings in PS MAPT may result from neurodevelopmental effects rather than compensatory mechanisms: PS MAPT < 30 years old have been found to show **higher TIV & cognition** (Finger et al., 2022).

**Potential for early disease identification and predicting treatment outcomes in therapeutic studies** requires further investigation: longitudinal, larger samples and in other genetic groups.

Investigating **between different mutations is needed** as MAPT carriers have been found to show mutation-specific progression patterns (Young et al., 2021).

Get in touch to discuss further!



## ACKNOWLEDGMENTS

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