Diagnostic accuracy of MRI for neurodegenerative parkinsonism

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The primary objective is to determine the diagnostic accuracy of the automated diagnostic software (mPDia, Heuron) using SMWI to distinguish neurodegenerative parkinsonism from patients with non-neurodegenerative parkinsonism compared with the final...

| Ethical review | Approved WMO |
|-----------------------|--|
| Status | Recruiting |
| Health condition type | Movement disorders (incl parkinsonism) |
| Study type | Observational non invasive |

Summary

ID

NL-OMON54005

Source ToetsingOnline

Brief title MRPARK

Condition

• Movement disorders (incl parkinsonism)

Synonym

idiopathic parkinson's disease, neurodegenerative parkinsonism, Parkinson]s disease

Research involving

Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum Source(s) of monetary or material Support: Heuron

Intervention

Keyword: DAT SPECT, magnetic resonance imaging, MRI, parkinsonism, Parkinson's disease, QSM, SMWI, Susceptibility map-weighted imaging

Outcome measures

Primary outcome

The diagnostic accuracy of the automated diagnostic software (mPDia, Heuron)

using SMWI, compared with the final diagnosis of the neurologist.

Secondary outcome

- Contrast ratio and size of the SN and LC on nmMRI
- Iron content of SN and basal ganglia on SWI using QSM
- T1 and T2 relaxation in different brain regions using MR STAT
- Free-water present in the SN on DTI
- Architecture of white matter tracts on DTI
- Contrast ratio and size of the SN on nmSMWI
- Hoehn & Yahr stage
- MDS UPDRS that consists of the following four parts will be filmed:
- I. Non-motor experiences of daily living (6 items)
- II. Motor experiences of daily living (20 items)
- III. Motor examination (33 items)
- IV. Motor complications (6 items)
- Red flags on the MDS criteria for the diagnosis of PD3
- Montreal cognitive assessment (MoCA)
- REM sleeping behavior disorder screening
- Non-motor symptom assessment scale
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- Beck Depression inventory (BDI)
- Environmental factors
- Sebum swap

Study description

Background summary

The pathophysiology of Parkinson*s disease (PD) is characterized by an extensive and progressive loss of dopaminergic neurons of the substantia nigra (SN). Usually, it can be well diagnosed based on its clinical symptoms. However, particularly in the early stages of the disease, not all symptoms might be present and the diagnosis remains challenging. Recently, novel MRI sequences have been developed to assess the SN. More specific, susceptibility map weighted image (SMWI) is capable of visualizing nigrosome 1 and iron deposition in the SN. These measures are altered in nigrostriatal neurodegeneration and therefore have the potential to benefit the diagnostic process in parkinsonian patients in which the diagnosis remains unclear. Recently, an automated diagnostic algorithm that utilizes this MRI sequence showed a high potential to support the diagnosis of Parkinson*s disease within a small group of patients with a clear clinical diagnosis. It is clinically relevant yet unclear, how this technique performs in patients with an uncertain clinical diagnosis.

In recent years more promising diagnostic techniques for neurodegenerative parkinsonism have been developed. MRI sequences such as neuromelanin sensitive MRI (nmMRI), quantitative susceptibility mapping (QSM), diffusion tensor imaging (DTI) and MR STAT are capable to assess differences in the SN between patients with PD and healthy controls. In addition, recent research has shown a difference in composition of sebum in patients with PD compared with healthy controls. However, these novel techniques are not yet applied in medical practice and diagnostic accuracy has to been further investigated.

Study objective

The primary objective is to determine the diagnostic accuracy of the automated diagnostic software (mPDia, Heuron) using SMWI to distinguish neurodegenerative parkinsonism from patients with non-neurodegenerative parkinsonism compared with the final diagnosis of a neurologist including the results of DAT SPECT imaging. Secondary objectives are more exploratory to investigate the diagnostic characteristics and accuracy of nmMRI, QSM, MR STAT, DTI, and composition of sebum for neurodegenerative parkinsonism.

Study design

Combined retrospective and prospective diagnostic study.

Study burden and risks

The study does not provide a direct benefit for the participants. However, the aim of this study is to assess the diagnostic accuracy of MRI for patients with CUPS. MRI does not expose patients to radiation and is more widely available. Hence, this study benefit patients with CUPS as a group. There is no known risk of harm of the procedures of this study. Therefore, disadvantage of participation is limited.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

 Age above 18
DAT-SPECT scan between January 2019 and December 2021 for clinical uncertain parkisonian syndrom

Exclusion criteria

- Indication for the DAT-SPECT other than CUPS
- Inability to provide informed consent
- Aboslute contra indication for MRI

Study design

Design

| Study type: | Observational non invasive |
|---------------------|---------------------------------|
| Intervention model: | Other |
| Allocation: | Non-randomized controlled trial |
| Masking: | Open (masking not used) |
| Control: | Active |
| Primary purpose: | Diagnostic |

Recruitment

. . .

| NL | |
|---------------------------|------------|
| Recruitment status: | Recruiting |
| Start date (anticipated): | 23-05-2022 |
| Enrollment: | 180 |
| Туре: | Actual |

Medical products/devices used

| Generic name: | mPDia;automated diagnostic software using MRI |
|---------------|---|
| Registration: | Yes - CE intended use |

Ethics review

| Approved WMO Date: | 21-01-2022 |
|----------------------------|--|
| | First submission |
| Application type: | |
| Review commission: | METC Amsterdam UMC |
| Approved WMO Date: | 11-04-2023 |
| Application type: | Amendment |
| Review commission: | MEC Academisch Medisch Centrum (Amsterdam) |
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| Approved WMO | |
| Approved WMO Date: | 23-10-2023 |
| | 23-10-2023 Amendment |
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| Date: Application type: | Amendment |
| Date: Application type: | Amendment MEC Academisch Medisch Centrum (Amsterdam) |
| Date: Application type: | Amendment MEC Academisch Medisch Centrum (Amsterdam) Kamer G4-214 |
| Date: Application type: | Amendment MEC Academisch Medisch Centrum (Amsterdam) Kamer G4-214 Postbus 22660 |

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register CCMO ID NL79240.018.22