# Tackling defective Prefrontal development in Mendelian Syndromes: a compelling (pre-) clinical integrative approach

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First, to define individual as well as group based neurocognitive, psychopathological and behavioural profiles for the RGNS of interest. Second, to develop and evaluate tailor-made interventions that target behavioural problems, psychopathology and...

**Ethical review** Approved WMO **Status** Recruiting

**Health condition type** Chromosomal abnormalities, gene alterations and gene variants

**Study type** Interventional

## **Summary**

#### ID

NL-OMON54120

#### **Source**

ToetsingOnline

#### **Brief title**

**Promise** 

#### **Condition**

- Chromosomal abnormalities, gene alterations and gene variants
- Developmental disorders NEC

## **Synonym**

Witteveen-Kolk syndrome; Coffin Siris syndrome; KBG syndrome; FOXP1 syndrome; Brunner syndrome; Wiedemann-Steiner syndrome

## Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Radboud Universitair Medisch Centrum

**Source(s) of monetary or material Support:** NWA grant to Sharon Kolk (ProMiSe)

## Intervention

**Keyword:** Genetic syndromre, Neurocognitive dysfunction, Neurodevelopmental disorders

## **Outcome measures**

### **Primary outcome**

- Definition of individual neurocognitive, psychopathological and behavioral profiles associated to specific RGNS.

## **Secondary outcome**

- Definition of group based detailed neurocognitive, psychopathological and behavioural age-related profiles associated to specific RGNS.
- Create an overview of the applicability of a set of validated, neurocognitive and behavioural tests adapted to the RGNS.
- Development of tailor-made interventions that target behavioural problems, psychopathology and quality of life.
- Evaluate the effect of tailor-made interventions on behavioural problems, psychopathology and quality of life.
- Identify factors that predict effect of intervention.

# **Study description**

## **Background summary**

Rare Genetic Neurodevelopmental Syndromes (RGNS) are frequently accompanied by developmental and behavioural problems and have a negative effect on the quality of life in the patients and their caregivers. Syndrome management

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currently mainly focuses on somatic characteristics. However, diagnosis and intervention targeting abnormal behaviour, neurocognitive dysfunctioning and psychopathology may very well improve quality of life and long term outcome. In this study, we will focus on five RGNS, namely Witteveen-Kolk Syndrome (WitKoS), Coffin-Siris Syndrome (CSS), KBG syndrome, FOXP1 syndrome (FOXP1S), Brunner syndrome and Wiedemann\*Steiner Syndrome (WSS), because of preliminary evidence for abnormal behaviour, neurocognitive dysfunction and associated psychopathology.

## **Study objective**

First, to define individual as well as group based neurocognitive, psychopathological and behavioural profiles for the RGNS of interest. Second, to develop and evaluate tailor-made interventions that target behavioural problems, psychopathology and quality of life in these RGNS. Third, to create an overview of the applicability of a set of validated, neurocognitive and behavioural tests adapted to RGNS. Fourth, to identify factors that predict effect of the intervention.

## Study design

This study is primarily an observational cross-sectional study and uses secondary between-subject design to define group based characteristics as well as a within-subject design to evaluate tailor-made interventions.

#### Intervention

The tailor-made, non-medical intervention is designed by an experienced multidisciplinary intradisciplinary team, constitutes the regular course of action after diagnoses, also known as standard practice and is targeted at the patient and/or caregivers. It consists of the formulation of treatment goals, psycho-education based on the strength-weakness profile and specific interventions targeting the treatment goals. These interventions are derived from behavioral therapy, cognitive behavioral therapy, acceptance and commitment therapy, Eye Movement Desensitization and Reprocessing and systemic therapy. Treatment will span 7 to 11 sessions of 45 minutes, with a maximum of one session per week and is completed after evaluation at N=1-level. After completion of personalised patient-focused treatment, a parent-focused treatment will be offered to parents of participants <18 years old with RGNS. The treatment will be offered when parents still report a high lever of behavioural problems after the individualised treatment of the child or when they report high levels of parental stress. This treatment consists of 5 to 11 group sessions of 90 minutes.

## Study burden and risks

This study can only be executed in this patient population, by its nature consisting of children and incapacitated adults. All tests and methods used are non-invasive, and all procedures that subjects need to undergo are classified as \*procedures with minimal risk and burden\* according to the guideline \*Toetsing van onderzoek met Minderjarige proefpersonen\*.

## **Contacts**

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## **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adolescents (12-15 years) Adolescents (16-17 years) Adults (18-64 years) Children (2-11 years)

## Inclusion criteria

In order to be eligible to participate in psychiatric and neuropsychological assessment for this study, all subjects (i.e., participants with RGNS and typically developing

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children) must meet all of the following criteria:

- \* Biological age above 3 years, because of reliability in diagnostic procedures.
- \* Written informed consent.
- \* Ability to speak Dutch.

Additionally a total IQ above 50 is required to be eligible for participation the treatment fase.

In addition to the inclusion criteria stated above, all participants with RGNS must meet the following criteria:

- Molecular confirmed syndrome diagnosis (i.e. confirmed pathogenic defect in SIN3A,

ARID1B/ARID1A/ARID2/SMARCB1/SMARCA4/SMARCE1/SOX11/SMARCC2, ANKRD11, FOXP1, MAOA or KMT2A)

## **Exclusion criteria**

- Subjects that also have another molecular diagnosis that is likely to contribute to their developmental phenotype
- Auditory or visual handicap, unable to sit in a chair
- Typical developing participants must not be diagnosed with a mental disorder by the DSM-5 classification system at time of inclusion.

# Study design

## **Design**

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

## Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 17-11-2022

Enrollment: 150

Type: Actual

# **Ethics review**

Approved WMO

Date: 16-11-2021

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 13-09-2022

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 25-05-2023

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

# **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 ID

CCMO NL77305.091.21