# Functional brain states predict cognitive decline 5 years after a clinically isolated syndrome

<u>I. Koubiyr</u>,<sup>1</sup> T.A.A. Broeders,<sup>2</sup> M. Deloire,<sup>3</sup> B. Brochet,<sup>1</sup> T. Tourdias,<sup>1,3</sup> J.J.G. Geurts,<sup>2</sup> M.M. Schoonheim,<sup>2\*</sup> A. Ruet<sup>1,3\*</sup>

<sup>1</sup> Univ. Bordeaux, INSERM, Neurocentre Magendie, U1215, Bordeaux, France.

<sup>2</sup> Department of Anatomy and Neurosciences, MS Center Amsterdam, Amsterdam Neuroscience, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands.

<sup>3</sup> CHU de Bordeaux, Bordeaux, France.

\* These authors share seniorship.

Short title: Dynamic functional connectivity in early MS

## Background

Cognitive impairment in multiple sclerosis (MS) occurs in the earliest stages of the disease and is related to altered functional connectivity (FC). Recent findings indicated that FC fluctuates during a scan in specific reoccurring FC patterns called "states".

#### Objective

This study aims to investigate the longitudinal evolution of dynamic FC states over 5 years following a clinically isolated syndrome (CIS) and their role in shaping cognitive impairment.

## Methods

Thirty-two patients were enrolled after their first neurological episode suggestive of MS and followed after 1 and 5 years. Twenty-eight matched healthy controls were also included at baseline.

Cognitive scores and resting-state functional MRI were determined at each follow-up visit. Each fMRI dataset was divided into windows, and connectivity matrices were calculated for each window. States were determined using k-means algorithm and dynamic state parameters were determined.

## Results

Cognitive performance was stable during the first year and declined after 5 years.

Five recurring FC states were identified. At baseline, number of transitions between states was lower in MS compared to controls (p < 0.05). Over time, the frequency of state 3 (high default-mode/limbic/sensorimotor connectivity) decreased in patients between year 1 and year 5, while frequency of state 4 (low FC in general) increased after 5 years (p < 0.05). FC of state 2 (high visual/frontoparietal/limbic connectivity) decreased over the first year, while FC of state 4 increased after 5 years (p < 0.05).

Cognitive performance at year 5 could best be predicted by the mean connectivity of state 2 at year 1.

# Conclusion

Patients with CIS showed reduced functional network dynamics at baseline. Longitudinal changes showed longer time spent in a state of low FC, but less time spent and more connectivity disturbance in more integrative states. Disturbed FC within this more integrative state was especially predictive of future cognitive decline.

#### Disclosures

I. Koubiyr is supported by a research grant from LabEx TRAIL (Translational Research and Advanced Imaging Laboratory). He received speakers' honoraria from Celgene.

T.A.A. Broeders reports no disclosures.

M. Deloire reports no disclosures.

B. Brochet reports grants from the French Ministry of Health during the conduct of the study; personal fees and non-financial support from Biogen-idec, grants from Merck-Serono, personal fees and non-financial support from Novartis, personal fees and non-financial support from Genzyme, grants, personal fees and non-financial support from TEVA, grants and non-financial support from Bayer, outside the submitted work.

T. Tourdias reports no disclosures.

J.J.G. Geurts is an editor of Multiple Sclerosis Journal. He serves on the editorial boards of Neurology and Frontiers in Neurology and is president of the Netherlands organization for health research and innovation. He has served as a consultant for or received research support from Biogen, Celgene, Genzyme, MedDay, Merck, Novartis and Teva.

M.M. Schoonheim serves on the editorial board of Frontiers in Neurology, receives research support from the Dutch MS Research Foundation and has served as a consultant for or received research support from Atara Biotherapeutics, Biogen, Celgene, Genzyme, MedDay and Merck.

A. Ruet reports grants from TEVA, during the conduct of the study; personal fees and non-financial support from Novartis, personal fees and non-financial support from Biogen, grants, personal fees and non-financial support from Roche, grants and non-financial support from Roche, grants and non-financial support from Merck, grants and non-financial support from Genzyme, non-financial support from Medday, grants from Bayer, outside the submitted work.

#### Funding

This study was supported by the Translational Research and Advanced Imaging Laboratory (TRAIL), laboratory of excellence (ANR- 10-LABX-57). The SCI-COG study was also supported by a grant from TEVA and ARSEP (Fondation ARSEP pour la recherche sur la sclérose en plaques). This work has been performed with the help of the French Observatoire of Multiple Sclerosis (OFSEP), which is supported by a grant provided by the French State and handled by the "Agence Nationale de la Recherche", within the framework of the "Investments for the Future" program, under the reference no. ANR-10-COHO-002.