



Focused ultrasound Neuromodulation for Parkinson's disease

Tom Gilbertson
Senior Clinical Lecturer
Honorary Consultant Neurologist
Ninewells Hospital & Medical School
University of Dundee

tgilbertson@dundee.ac.uk

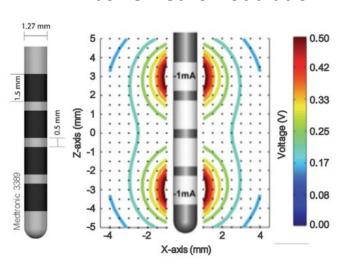




Precision interfacing with the brain...Neuromodulation

The landscape of brain neuromodulation is advancing rapidly with neurotechnology

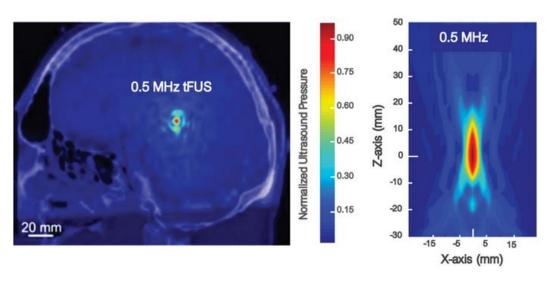
Invasive Neuromodulation



Deep Brain Stimulation (DBS)

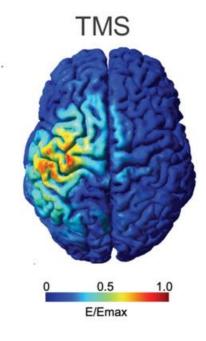
+ Sub-millimetre precision Clinical standard-of-care

Non- Invasive Neuromodulation



Focused Ultrasound Neuromodulation (LIFU)

+ Sub- centmetre precision Future clinical applications?



Transcranial Magnetic stimulation (TMS)

>cm precision
No clinical role

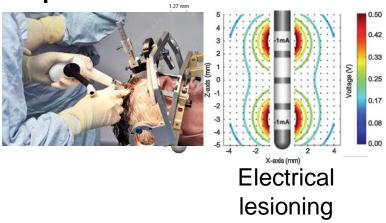


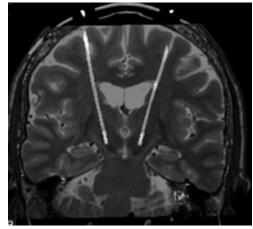
Courtesy of Dr V Marshall QUEH

Precision neuromodulation in practice

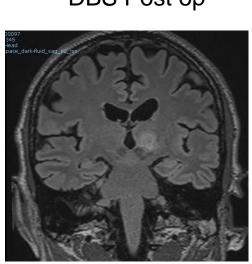
Functional neurosurgery for Parkinson's

Deep Brain Stimulation





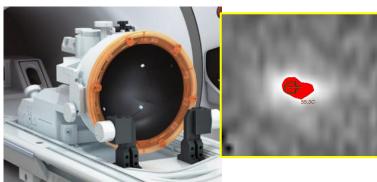
DBS Post op



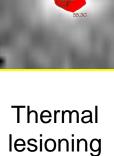
Day 1 Pos-op Thalamotomy



Focused Ultrasound ablation



1048-element Phased array **Ultrasound**





Baseline



Day 1 post op (yesterday!)



SUNRISE & PD012

Inclusion criteria and outcome measure



SUNRISE

Safety and efficacy of thalamotomy by Ultrasound for Parkinson's disease





Tremor Dominant Parkinson's disease¹

Tremor non-responsive to levodopa (>600mg in 24hours)

Follow up 1,3,6 & 12 months

Outcome measures:-

*UPDRS-III CRST*PDQ-39





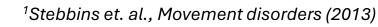
NCT04991831

Target enrolment **50** (Multicentre, Europe & North America)

Follow up annually for 5 years

Outcome measures:-

UPDRS-III CRST EQ-5D-5L, WPAI-GH (QoL)

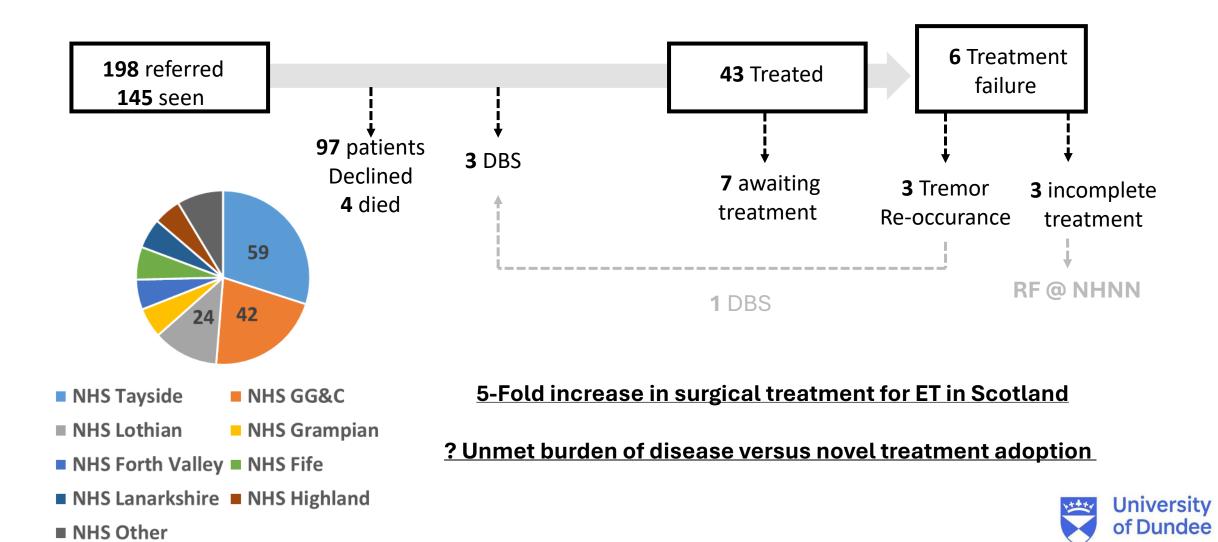




First two years of experience in of MRgFUS thalamotomy in Essential Tremor

Addressing unmet burden of disease with neurotechnology

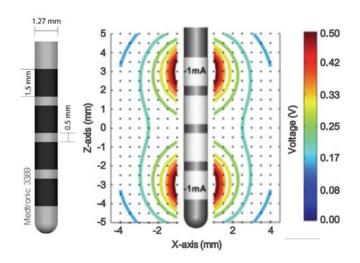
Minimum referral criteria: A) Diagnosis ET B) > 2 medication trials C) Tremor impacting on QoL



We need new targets for future non-invasive neuromodulation targets...

The landscape of brain neuromodulation is advancing rapidly with neurotechnology

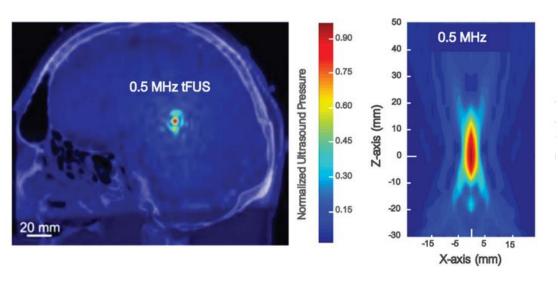
Invasive Neuromodulation



Deep Brain Stimulation (DBS)

+ Sub-millimetre precision Clinical standard-of-care

Non-Invasive Neuromodulation



Focused Ultrasound Neuromodulation (LIFU)

+ Sub- centmetre precision Future clinical applications?



What and Where of Clinical Apathy

Framework for motivated behaviour

40% of PD den Brok et. al., Mov Disorders (2015)

Poor QoL OR **2.49** [1.49-4.15] Benito-Leon et. al., Mov Dis (2012)

PD Dementia risk HR **6.34** [2.32-11.6] Fitts et. al., Parkin & Rel Dis (2015)

Abolishes QoL from DBS Martinez-Fernandez et. al, 2016 JNNP

Apathetic symptoms

Reduced initiative
Decreased participation in external activities
unless engaged by another person
Loss of interest in social events or everyday activities
Decreased interest in starting new activities
Decreased interest in the world around him or her
Emotional indifference
Diminished emotional reactivity
Less affection than usual
Lack of concern for others'

feelings or interests

Overlapping symptoms Psychomotor retardation Anhedonia Anergia

Less physical activity than usual Decreased enthusiasm about usual interests

Emotional symptoms of depression

Sadness Feelings of guilt Negative thoughts and feelings Helplessness Hopelessness Pessimism Self-criticism

Anxiety

Suicidal ideation

Pagonabarraga et. al., (2015), Lancet Neurology

Consensus criteria (2021)

Reductions of ≥2 of the following:

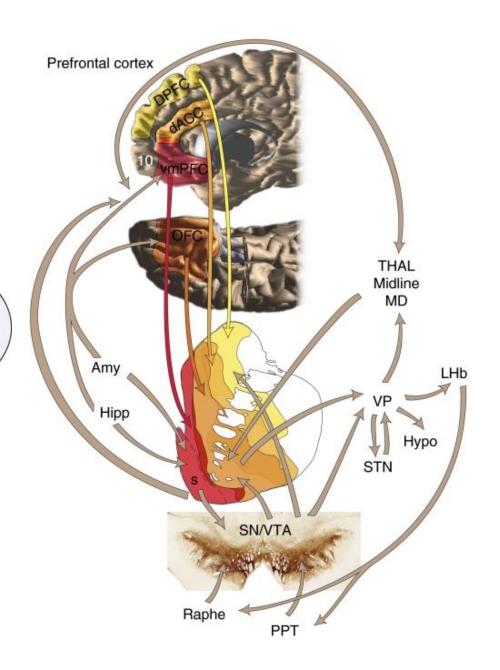
Initiative

Interest

Emotional expression/responsiveness

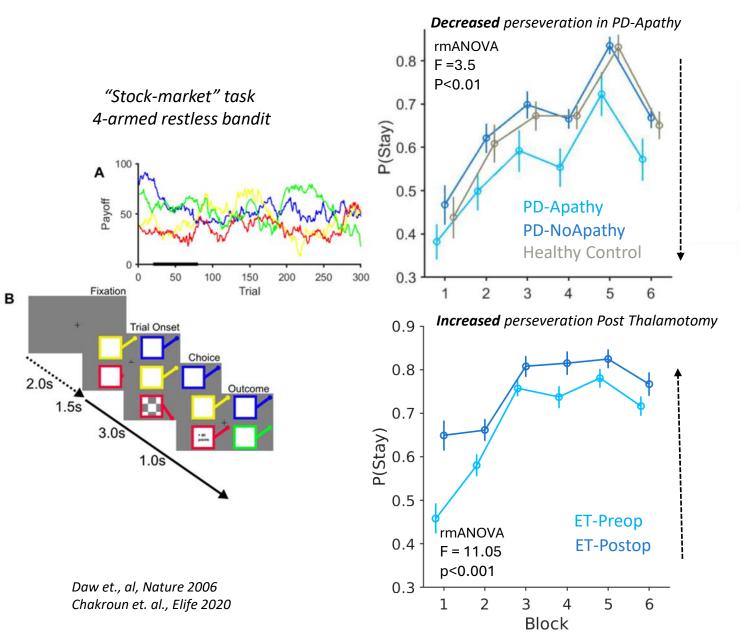
Miller DS et. al., Alzheimer's & Dem(2021)

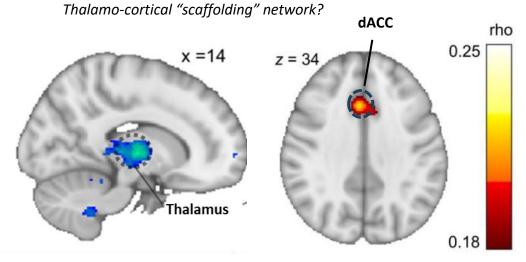




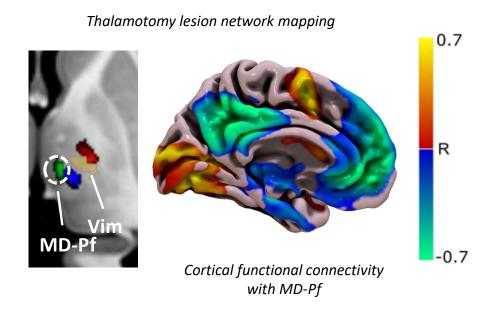
Using MRgFUS Thalamotomy to map thalamic contributions to non-motor PD symptoms

Implications for non-motor symptoms including apathy



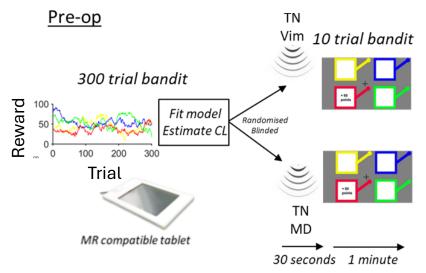


Gilmour et. al., (2024) Brain

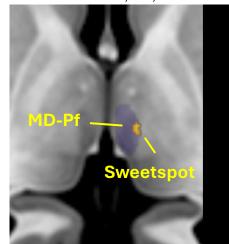


Mapping the function of the Mediodorsal thalamus with thermal neuromodulation (TN)

Exploring online effects with intra procedural cognitive testing

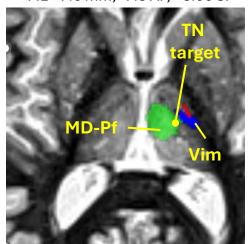


Group level co-ordinate MNI = -7.9,-17,3



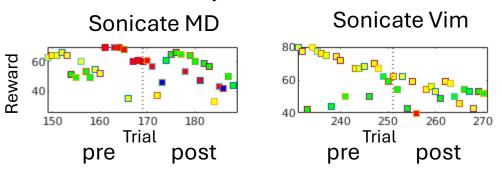
P(Stay) Voxel-wise Signed Rank Z = 3.8, p < 0.05 (FDR q = 0.05)

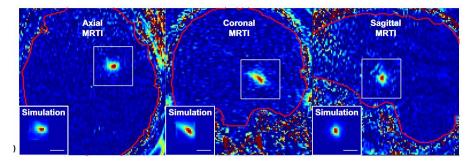
Patient co-ordinate ML +7.6 mm,+7.3 AP, +3.96 SI



+

Courtesy of Dr Isla Barnard





TN Thermometry volumetric reconstruction



Thank you for listening...

Acknowledgements:-

Professor Douglas Steele

Mr Sonnie Khan

Dr Jen MacFarlane

Dr Steve Gandy

Baljit Jagpal

Tracy Brunton

Dr Graeme Mackenzie

Dr Isla Barnard

Dr Ed Newman

Dr Vicky Marshall

Mr Mike Canty

Dr Antonella Marcerollo









