



Motor system: Stroke a (motor) network disorder (NX-423)

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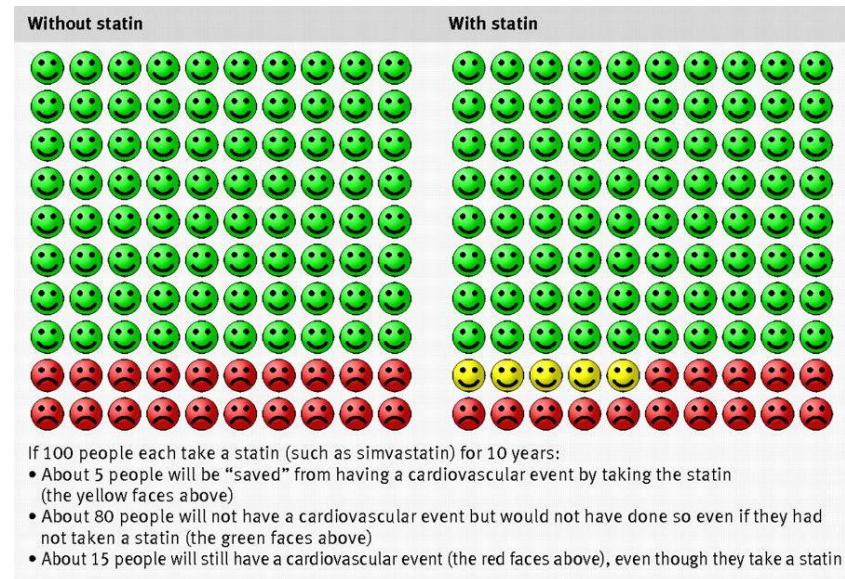
Department of Clinical Neuroscience, University Hospital of Geneva

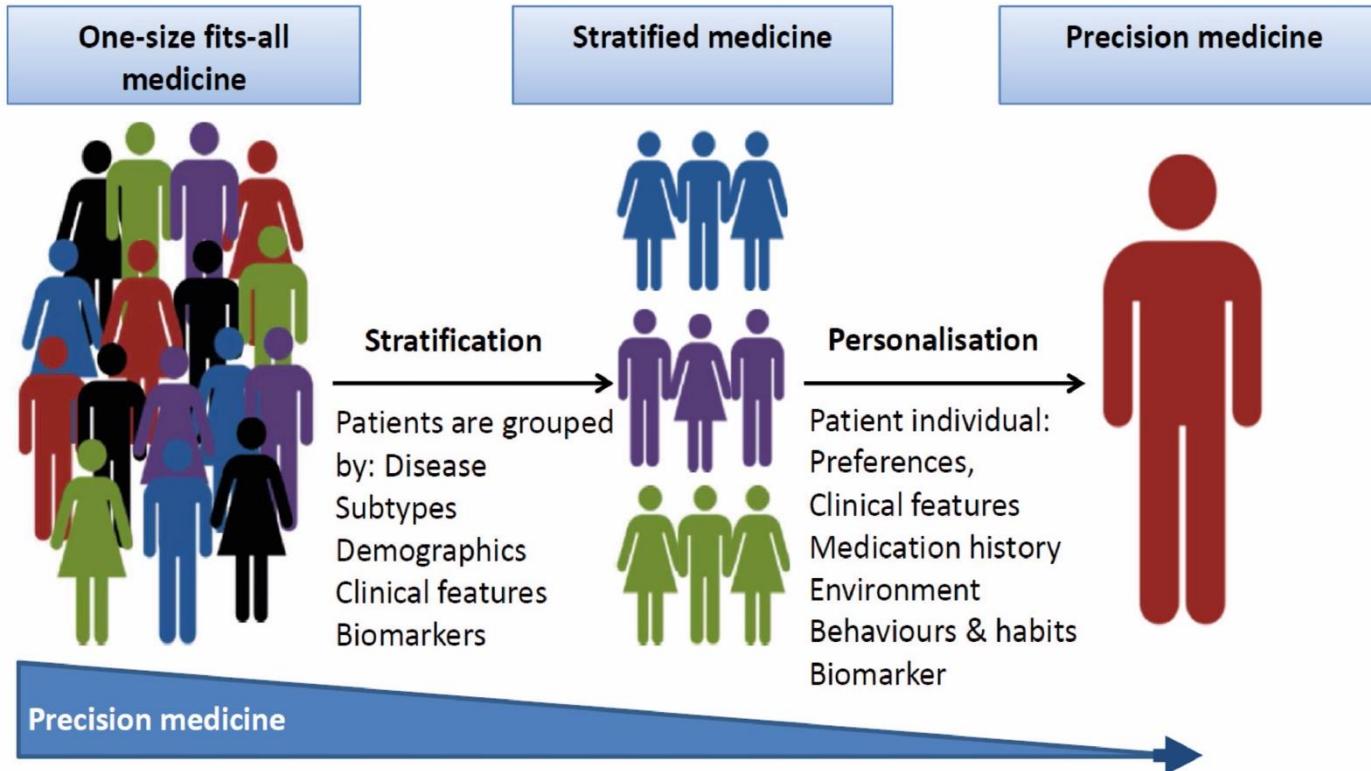
Stroke

- Epidemiology
- Relevance of personalization
- Acute personalized stroke treatment, example wake-up stroke
- Prediction of stroke recovery trajectory by means of brain connectomics
- Underlying model for target treatment for neurorehabilitation (interhemispheric competition model)
- Different approaches to enhance neurorehabilitation (e.g. BCI, NIBS)
- Means of evaluating behavior/deficits of patients (e.g., SMART Kitchen)

Why do we need personalized health for neurological disorders

- **Ideal Case Scenario Precision Medicine**
 - Good prediction of outcome
 - Good prediction of course of the disorder
 - Good prediction of treatment response
 - Tailored Treatment for the individual patient
 - Ideally NNT = 1



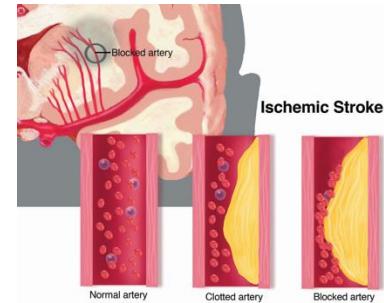


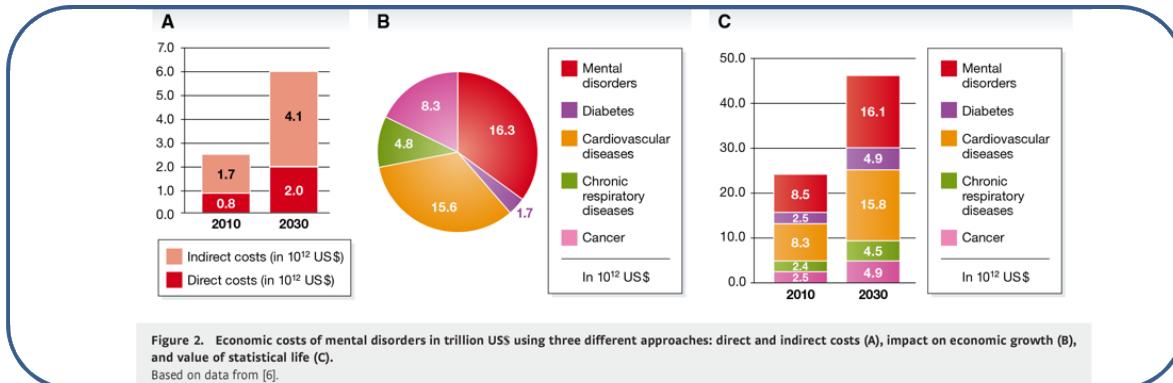
Why do we need personalized health for neurological disorders

- Ideal Case Scenario Precision Medicine
 - Good prediction of outcome
 - Good prediction of course of the disorder
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 - Tailored Treatment for the individual patient
 - Ideally NNT = 1
- **What is needed for this**
 - Excellent understanding of the disorder (mechanisms, course of disorder)
 - Biomarkers to provide prediction
 - Patient-tailored treatment strategies
 - Health technologies
 - Respective health care system for this
 - Ethical framework

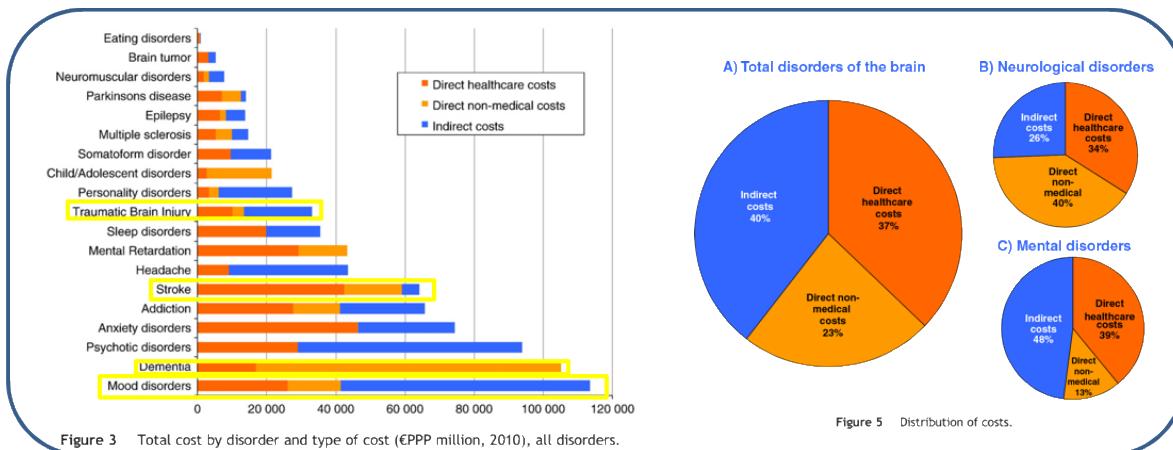
Examples of how different neurotechnology can drive personalized precision medicine

- Stroke -





Trautmann *et al.* (2016) *EMBO reports*



Gustavsson *et al.* (2011) *European Neuropsychopharmacology*

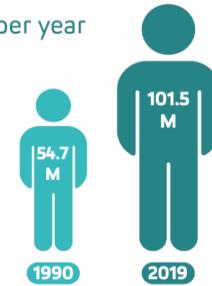


Around the world, there are
12.2 MILLION new strokes per year
ONE EVERY 3 SECONDS

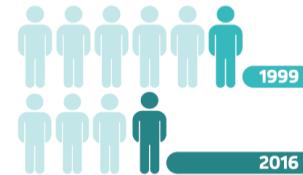
101 MILLION

people worldwide are living
with stroke aftermath

**THIS NUMBER HAS ALMOST
DOUBLED OVER THE LAST 30 YEARS**



1 in 4 people will have a
stroke in their lifetime
**THIS NUMBER HAS
INCREASED 50% OVER
THE LAST 17 YEARS**



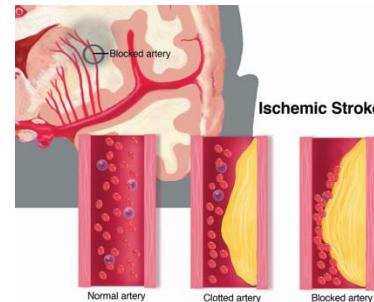
In 2019, **63%** of stroke happened in
people younger than 70 years old.

**STROKE IS NO LONGER A
DISEASE OF THE ELDERLY**

Motor impairment

- Occurs in 50 to 80% of stroke survivors
- Complete recovery occurs in less than 15% of the patients

Example Stroke



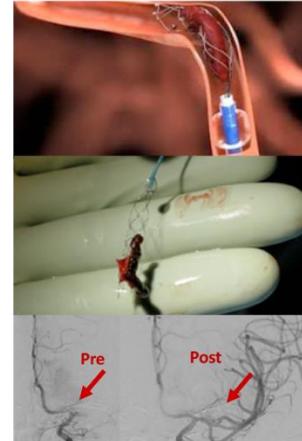
Only 15-20% fully recover!

- 85% with persisting symptoms**
- only **15% fully recover**
- >**20% of patients age <55a!**



- Impact on daily life**

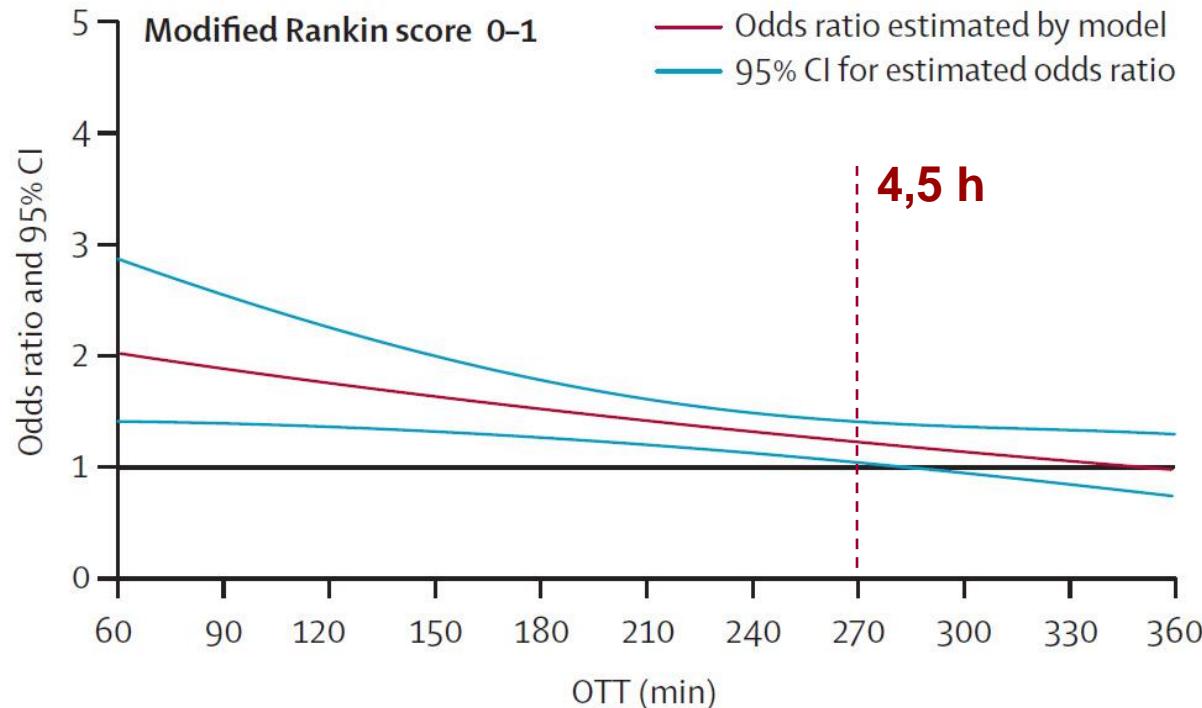
ACUTE

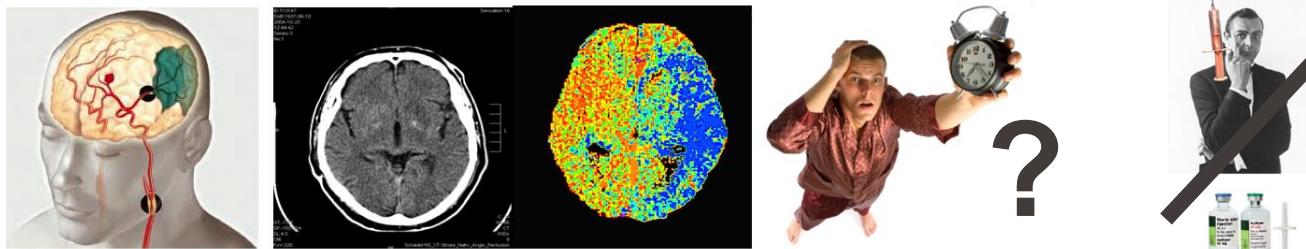


CHRONIC



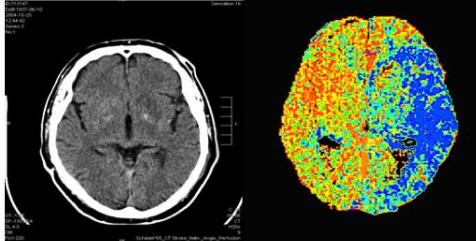
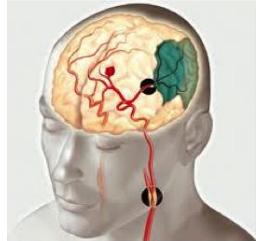
The relevance of time for the success of thrombolysis? Towards personalized prediction of outcome





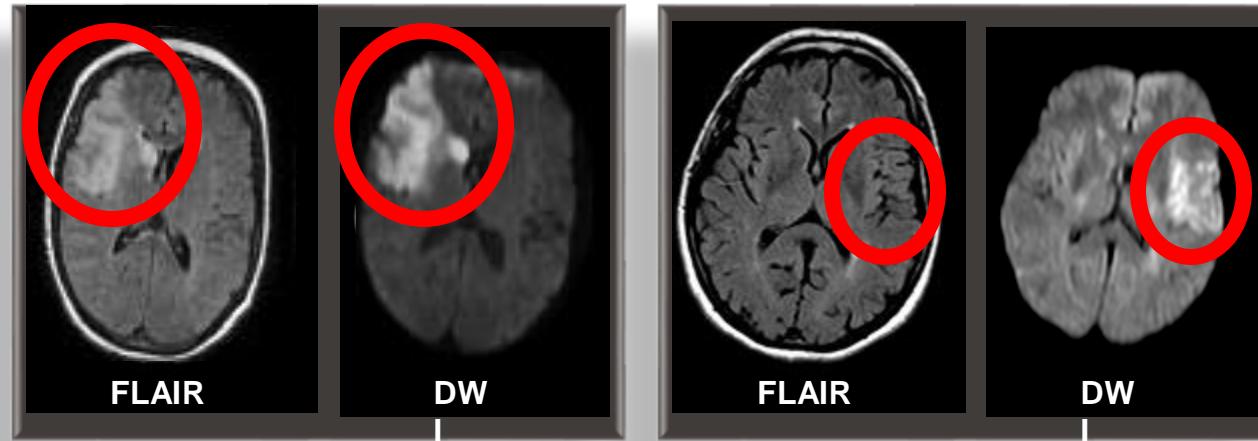
- The **personalization** of treatment here is **based** on the (**subjective**) information when the **symptoms started**
- **Problem:** start of the symptoms is often **not** clear (e.g. stroke during sleep (20%), patient cannot communicate or did not him/herself realize the symptoms)

==> **no** treatment for these patients (thrombolysis)?



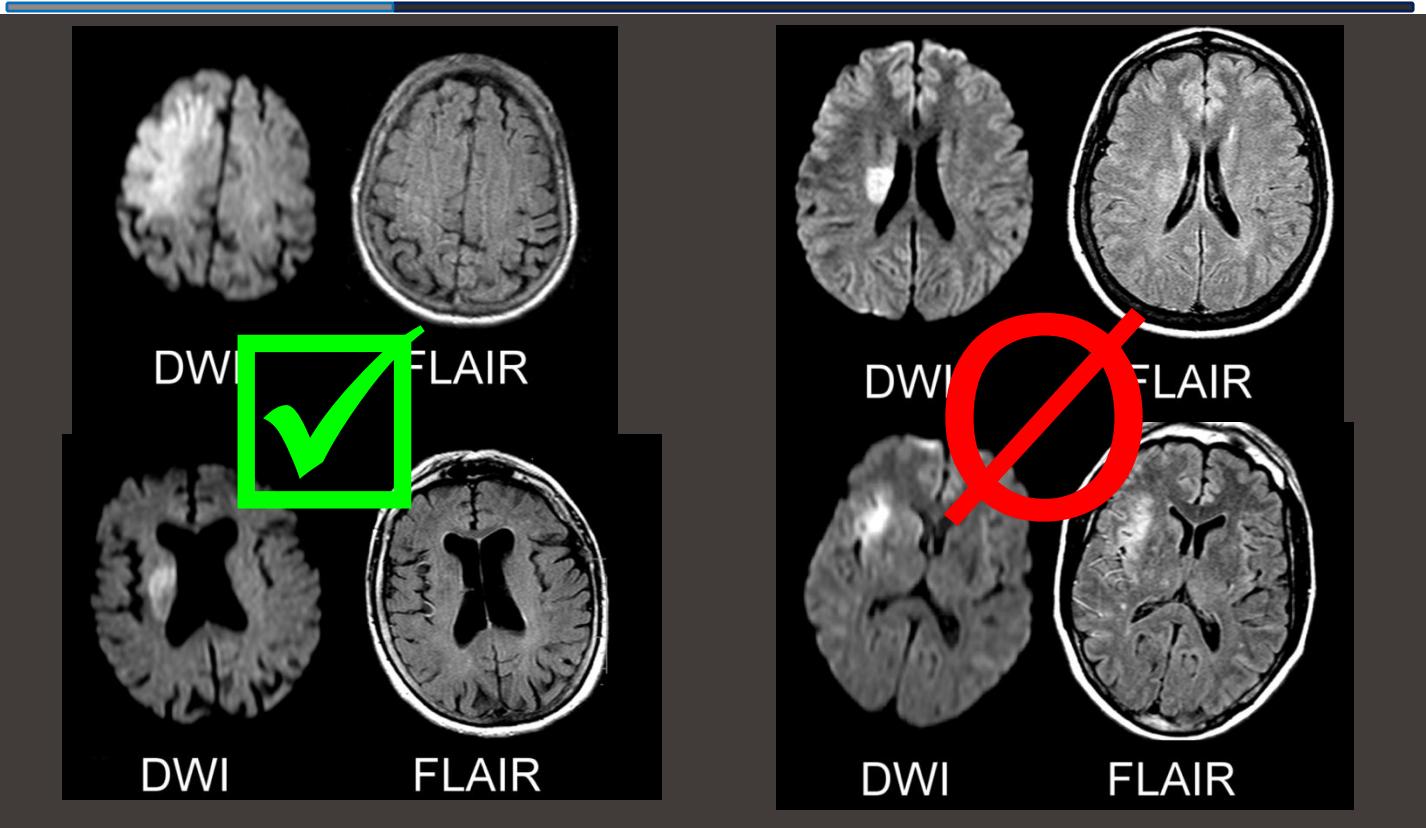
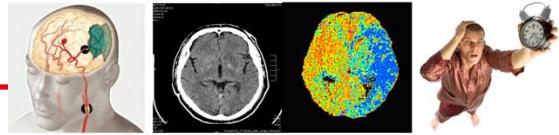
Can this problem be solved by applying technology?

- FLAIR persistent damage, DWI probable reversible damage



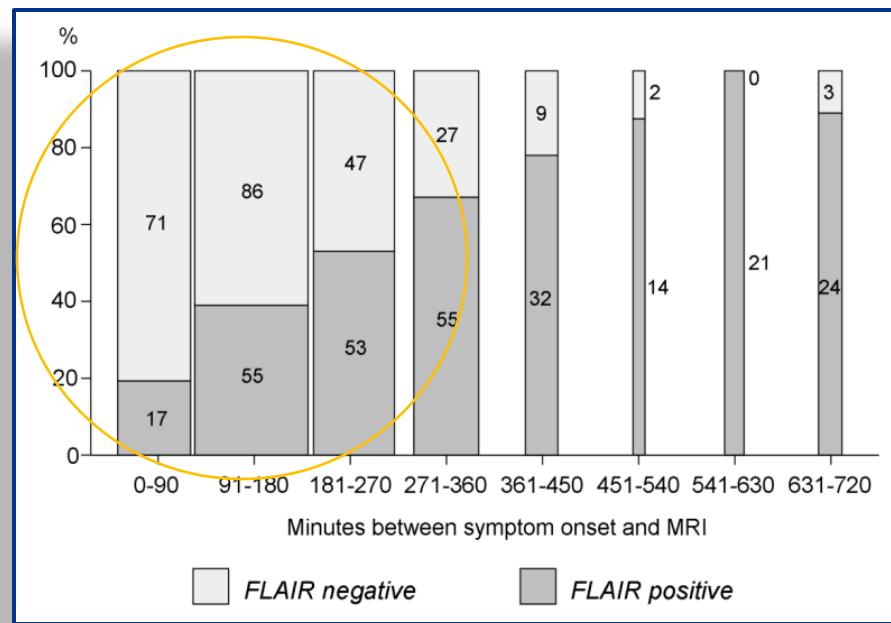
- DWI-FLAIR-Mismatch = patients might be within a time window for thrombolysis (<4.5h)?

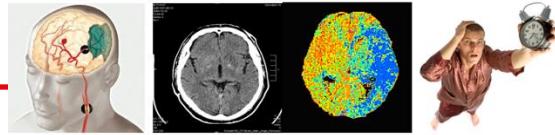
Tissue clock?



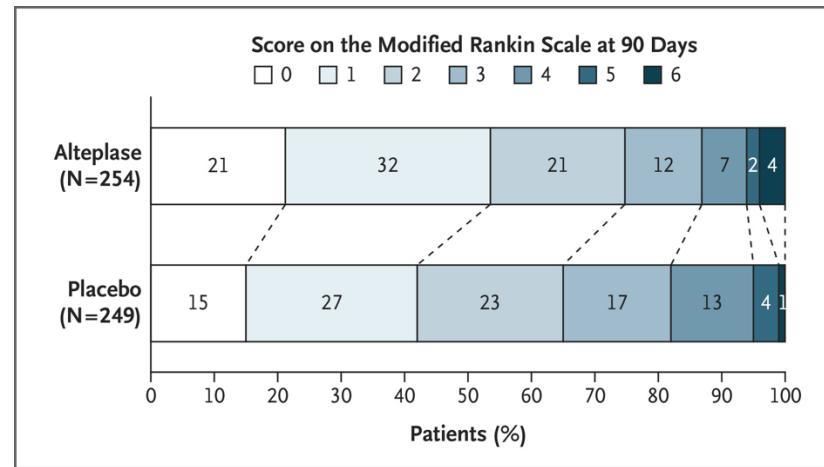
Existing big regular clinical data sets (n=543)

- search for a tissue clock -





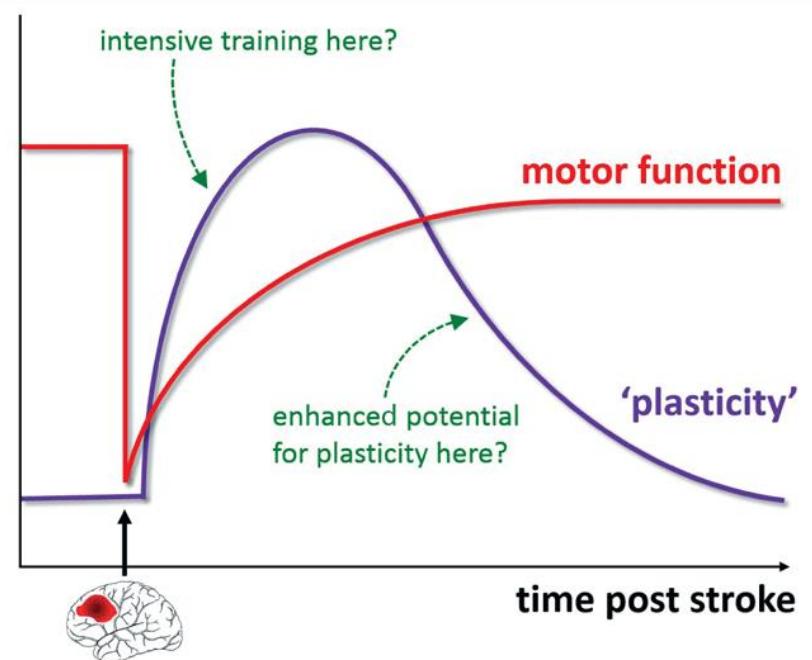
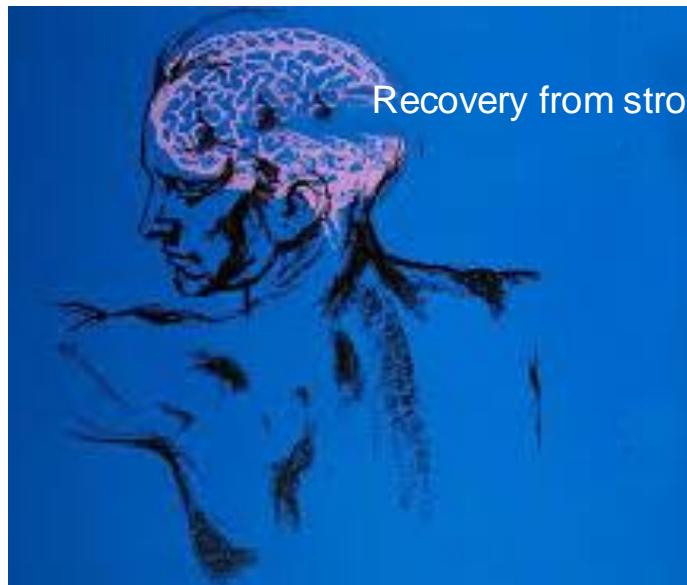
Translation into a large clinical treatment trial: Wake-Up trial



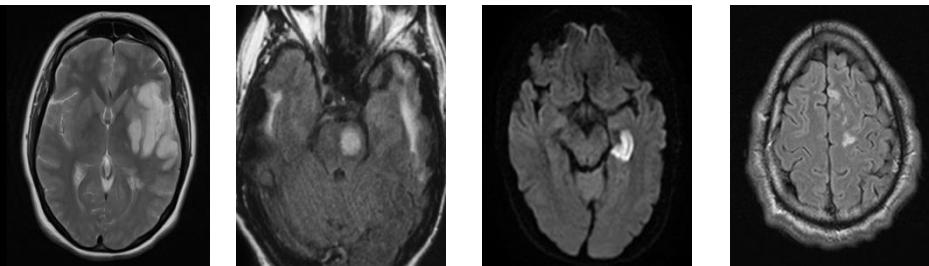
Thomalla et al. (2018) NEJM

Successful extension of thrombolysis based on a tissue clock (MRI)

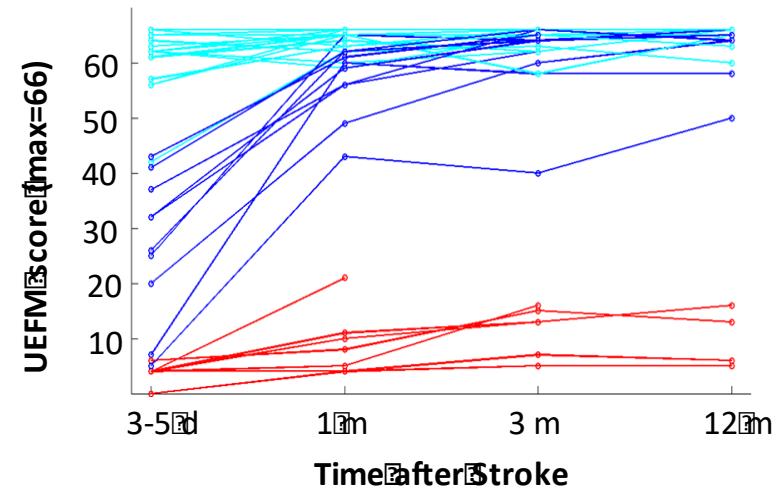
- ❑ Using (neuro-) technology, here advanced MRI imaging, allows to provide a '**tissue clock**' to achieve **patient specific** information about the stroke
- ❑ This allows **patient-tailored** treatment
- ❑ Enhances the **individual** access to an approved treatment in a **safe** and **effective** way

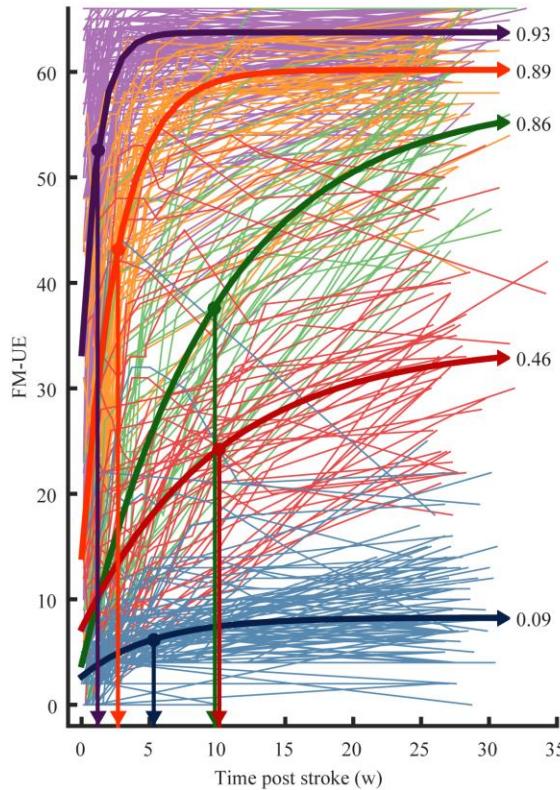


Heterogeneity in lesion location

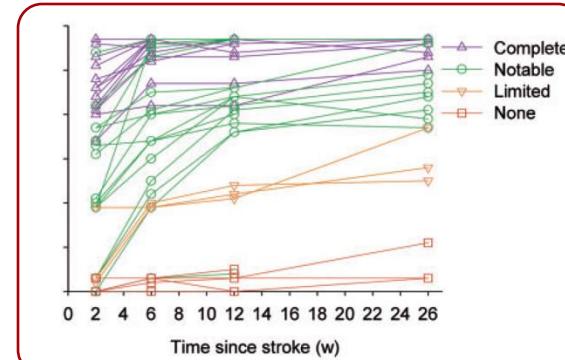


Heterogeneity in recovery

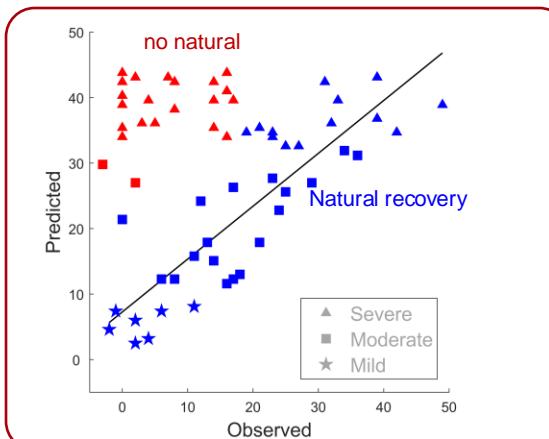




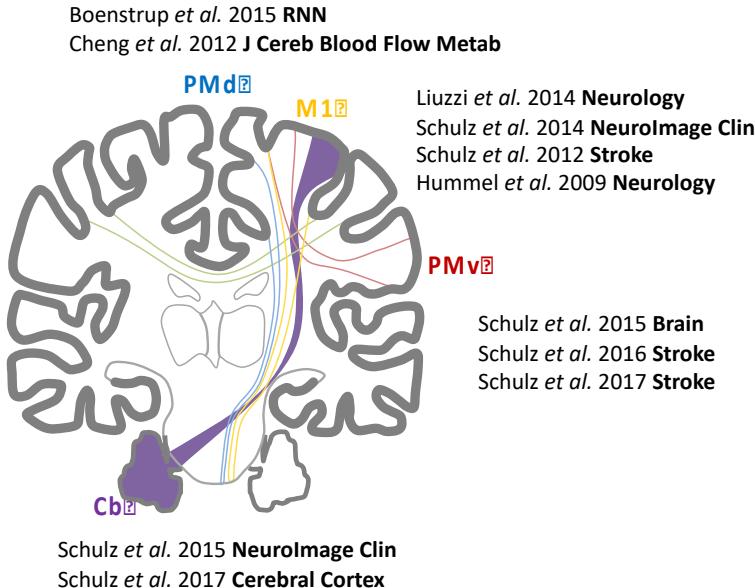
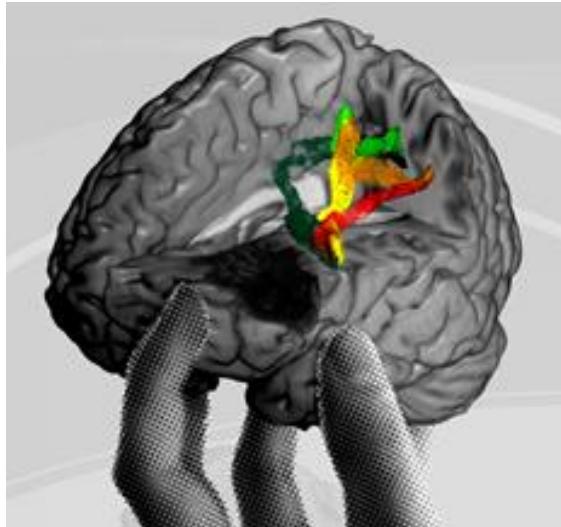
Van der Vliet et al. (2020) Ann Neurol



Stinear et al. (2011) Lancet Neurol

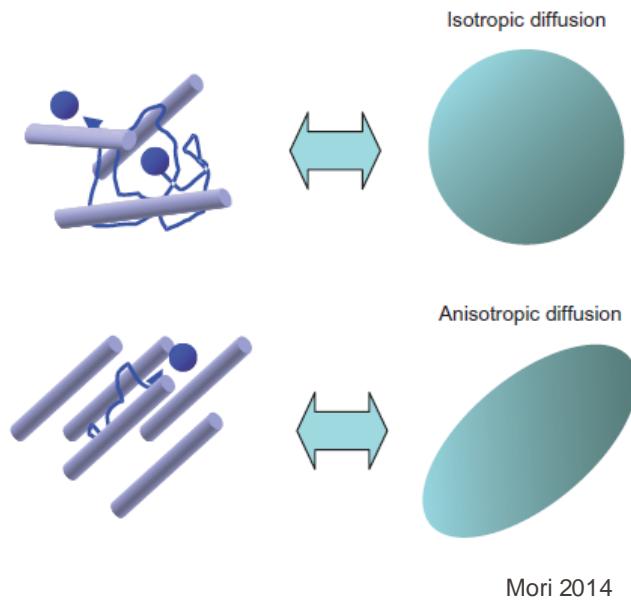


Koch et al. (2021) Brain

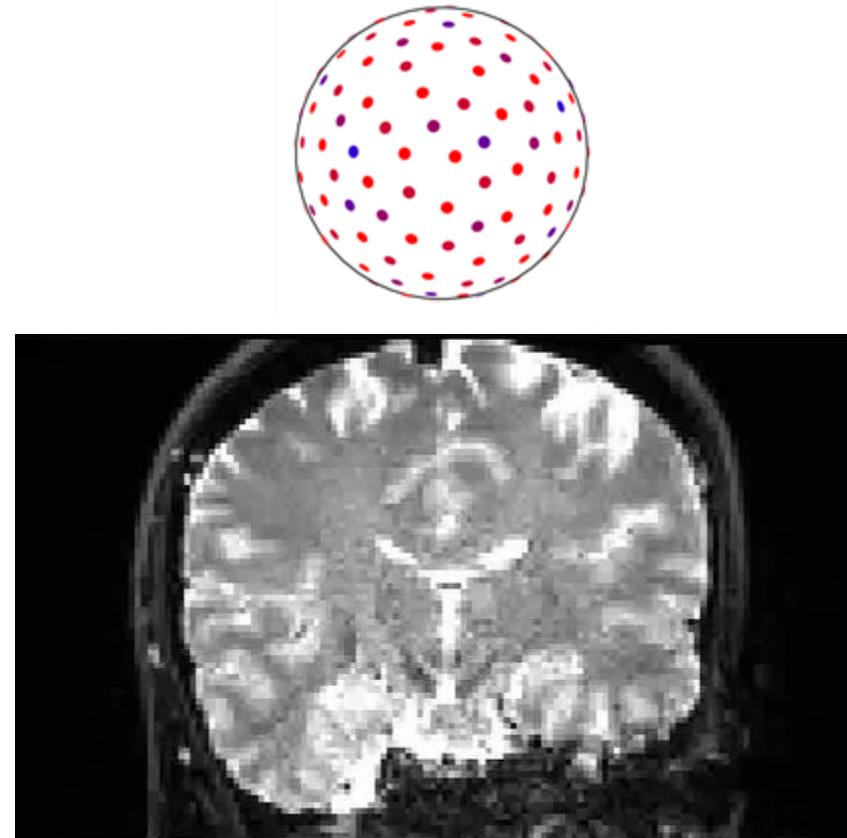


- Brain: a network with well orchestrated hubs and interactions for optimal functioning
- Stroke is a network disease (Schulz *et al.* 2012, 2015, 2017, for review Koch & Hummel 2017; Grefkes & Fink 2014)
- Massive changes and reorganization during the course of recovery

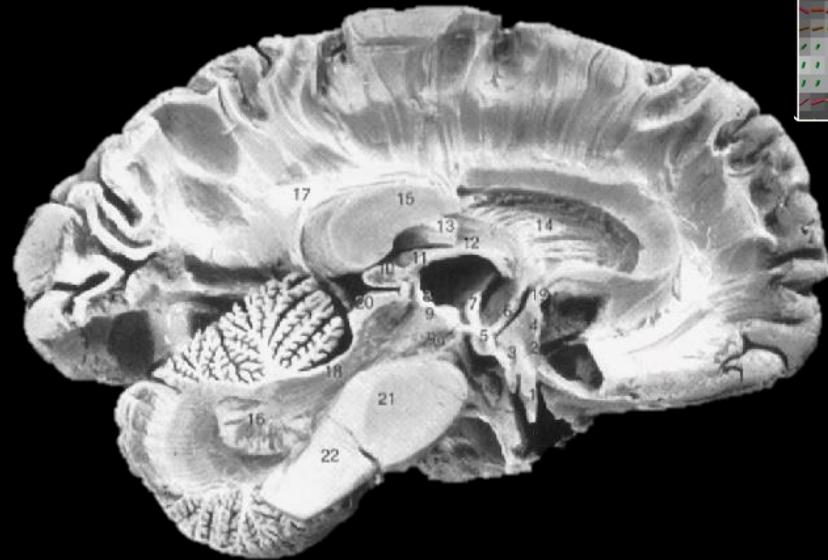
Diffusion weighted imaging (DWI)



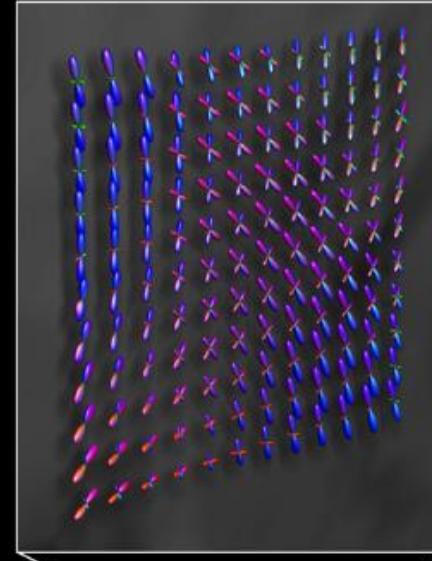
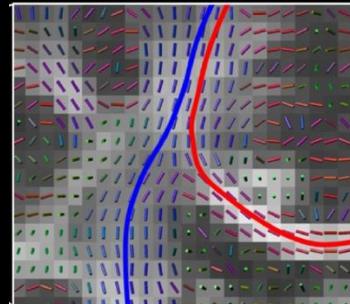
Diffusion vector scheme



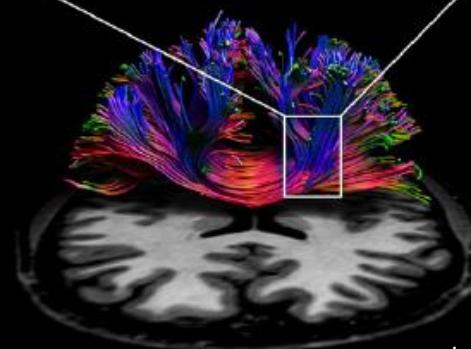
1. Tractography



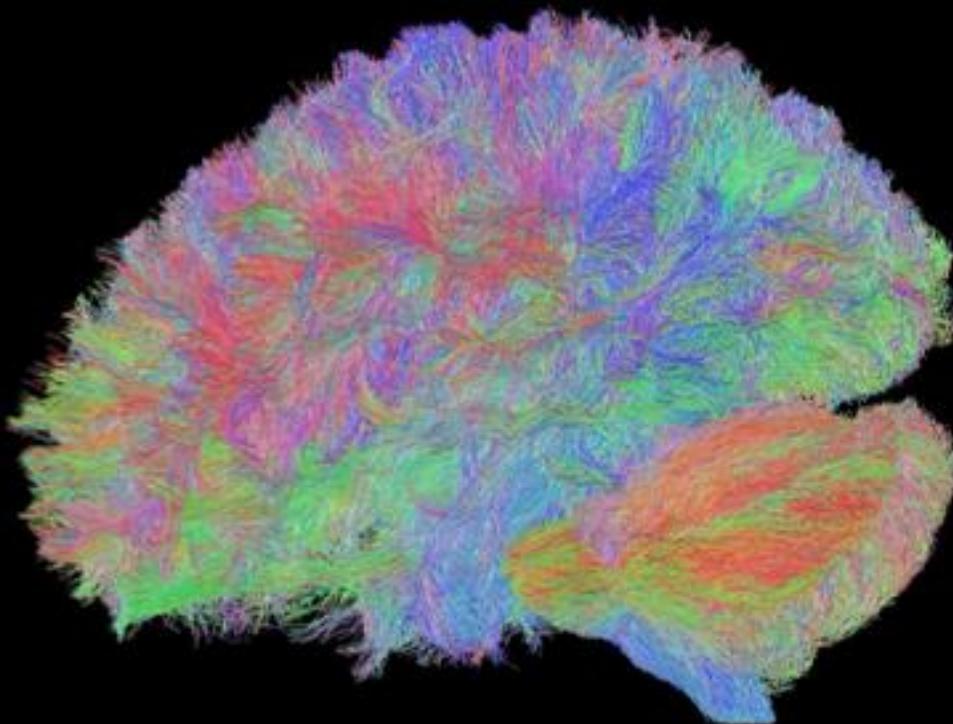
Huber 1971

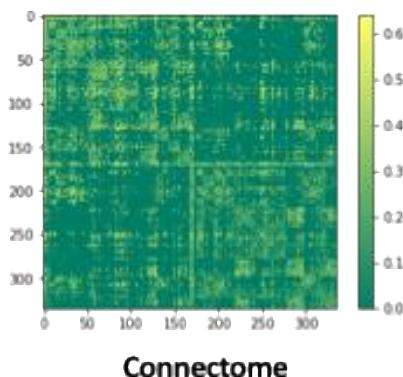
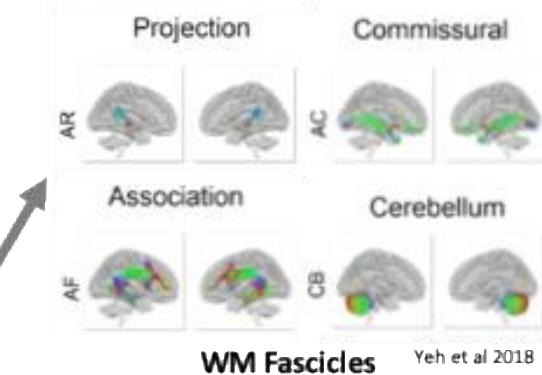
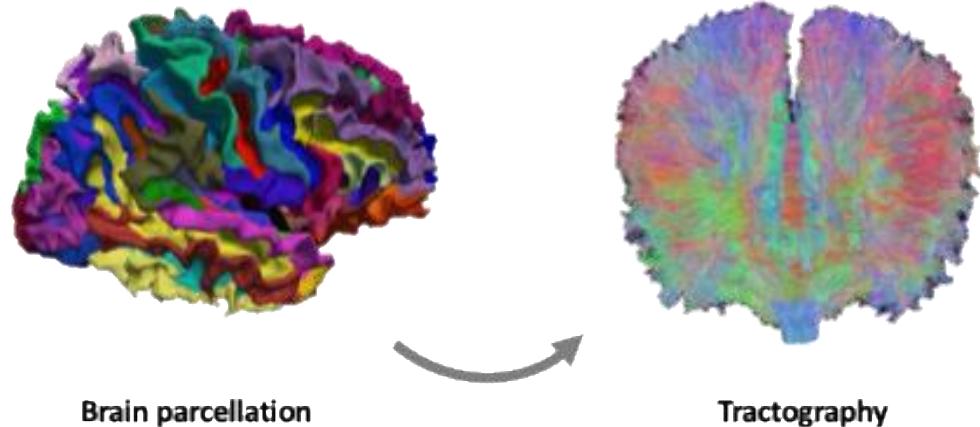


Non invasive



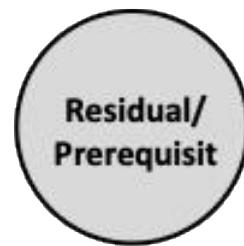
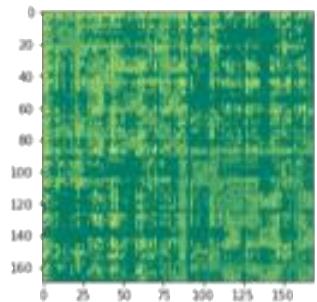
Jeurissen et al. 2019



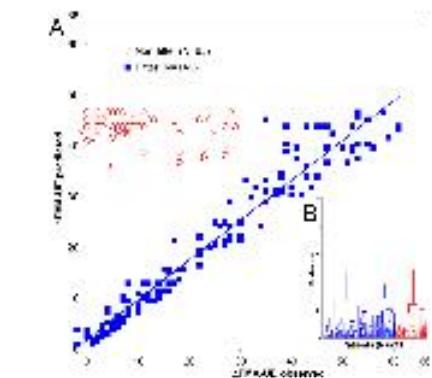


Can we predict Fitter and non Fitter using the connectome?

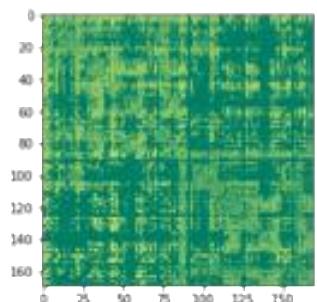
Initial Connectome 3 weeks



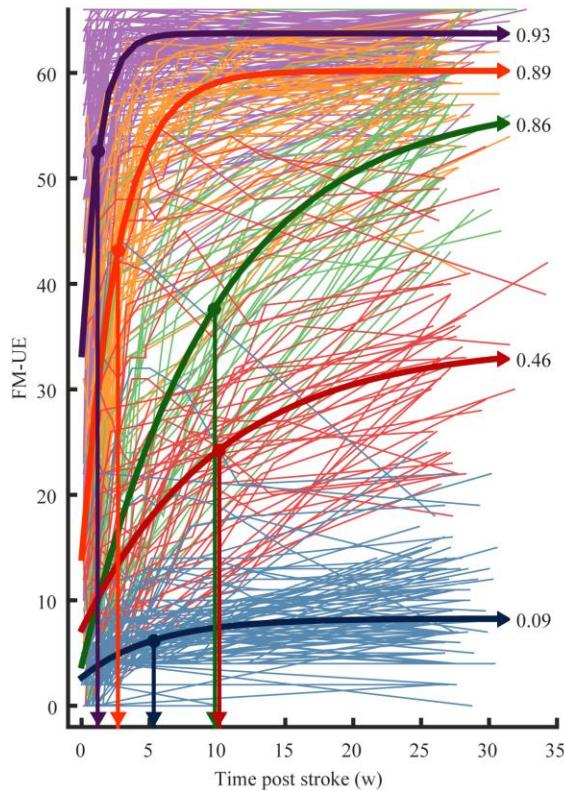
SVM - Classifier



Change in Connectome 3months – 3 weeks



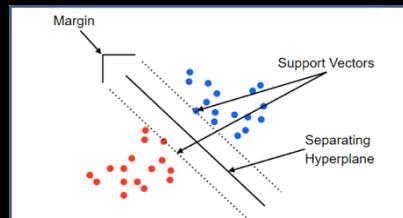
Non fitters
vs.
Fitters



Structural connectome



Support Vector Machine (SVM)
Classifiers (recovery-no recovery)



Connectome allows
Classification /prediction

Subgroup	Accuracy	Precision
Severely impaired patients	0.92	0.93
2 weeks after stroke		
Subgroup	Accuracy	Precision
Severely impaired patients	0.92	0.93
2 weeks to 3 months		

Multifocal stimulation

(Wessel *et al.* 2023; Salamanca *et al.* 2021; Raffin *et al.* 2020)

Intensive rehabilitative training

+



Stimulation of deep brain structures

Striatum (Wessel, Beanato *et al.* 2023 Nat Neuroscience)

Gamification (Ozgur *et al.* 2022)

+

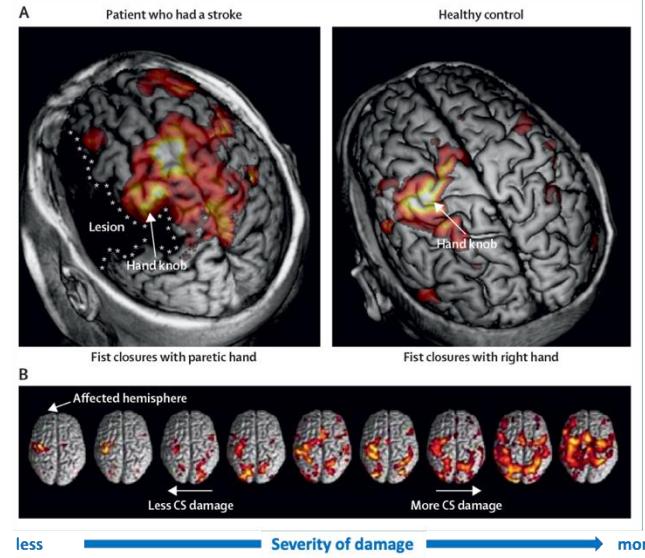
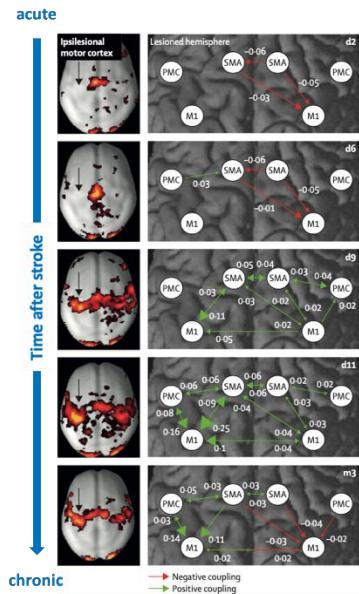
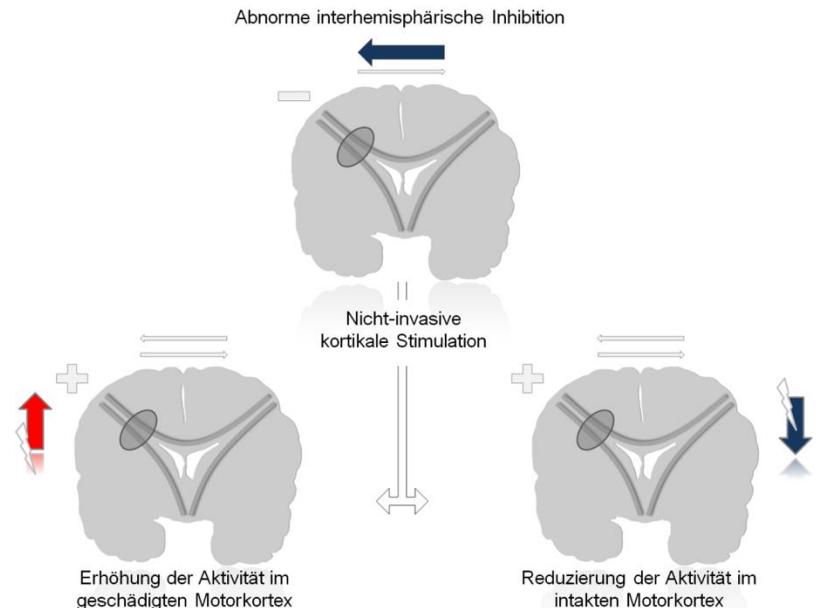
Spinal cord stimulation (Cervical)

(Powell *et al.* Nat Med 2023)

Combination with neurotechnology

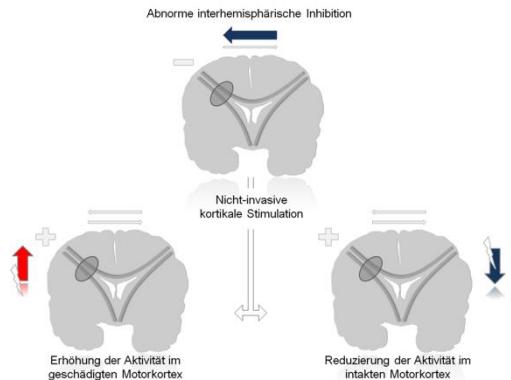
(Bigoni *et al.* 2022 Front Neurol; Bigoni *et al.* 2023 Med)

<https://healthinfo.healthengine.com.au>

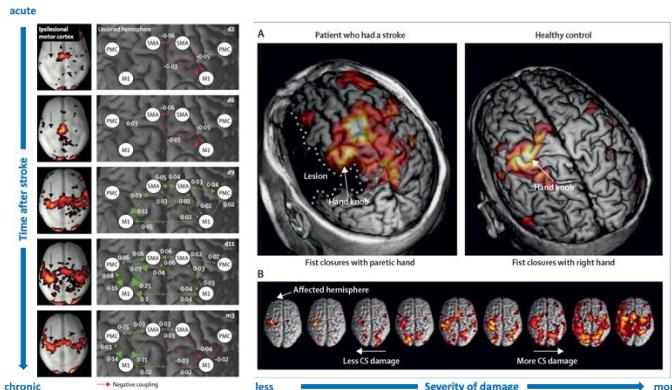


For review Di Pino et al. (2014); Hummel & Cohen (2006)

For review Guggisberg et al. (2019); Koch et al. (2017); Grefkes & Fink (2014)



For review Di Pino *et al.* (2014); Hummel & Cohen (2006)



For review Guggisberg *et al.* (2019); Koch *et al.* (2017); Grefkes & Fink (2014)

Intact hemisphere impairs residual function/recovery

- maladaptive changes
- enhanced inhibitory impact on the lesioned hemisphere

Intact hemisphere supports residual function/recovery

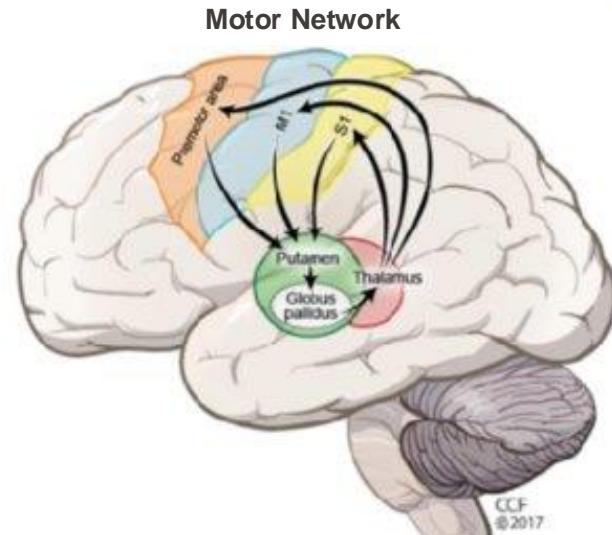
- by additional 'computational' power
- enhanced connectivity with the lesioned hemisphere
- by uncrossed projections



Impacts massively on the **NIBS** strategy
(inhibitory vs. facilitatory)

Knowledge of individual functional role will lead NIBS intervention, more homogenous and maximized effects of NIBS

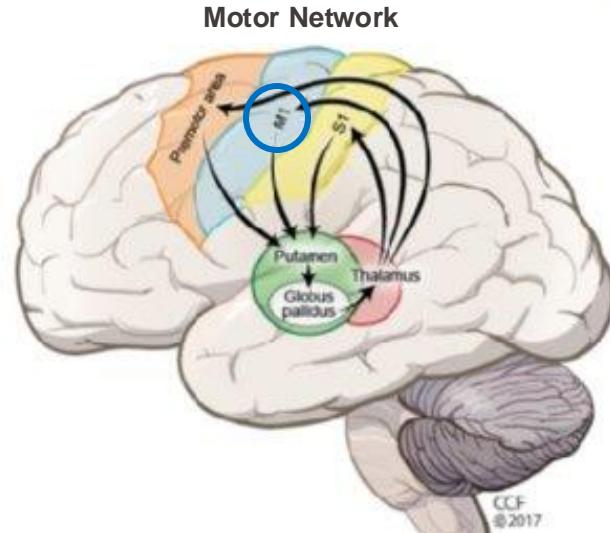
For review Lefaucheur (2020); Hummel *et al.* (2008)



e.g., Maceira-Elvira *et al.* 2022 Sci Adv, Grover *et al.* 2022 Nat Nsc; Zimerman *et al.* 2013 Ann Neurol; Draaisma *et al.* 2022 BrainStimulation



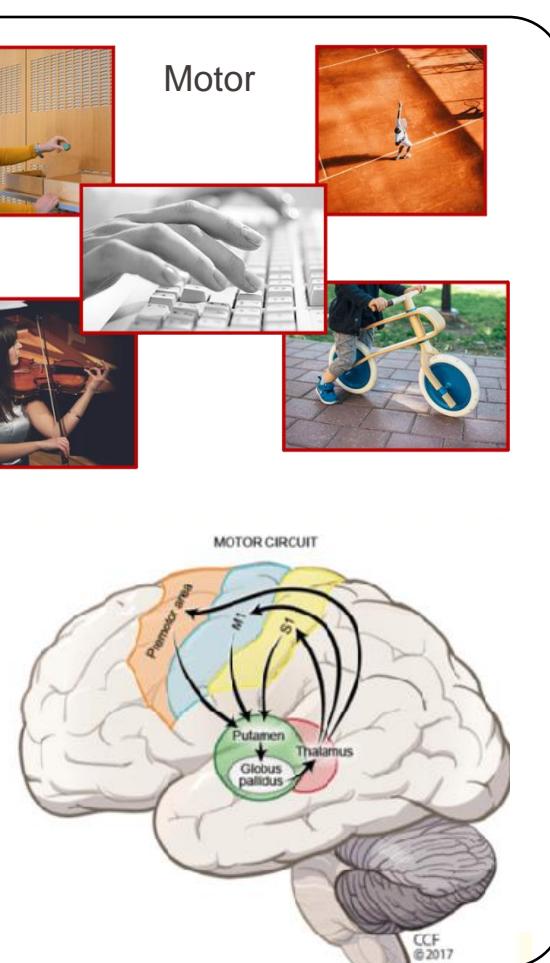
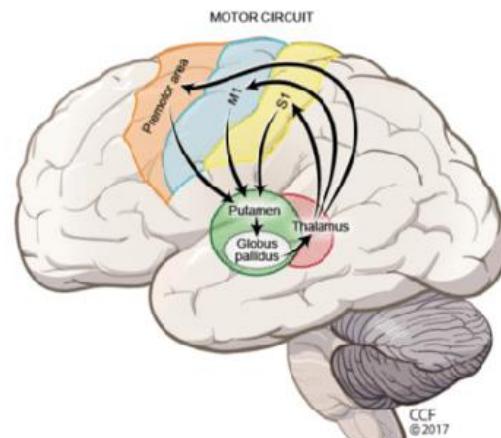
Non-invasive brain stimulation



e.g., Maceira-Elvira *et al.* 2022 *Sci Adv*, Grover *et al.* 2022 *Nat Nsc*; Zimerman *et al.* 2013 *Ann Neurol*; Draaisma *et al.* 2022 *BrainStimulation*



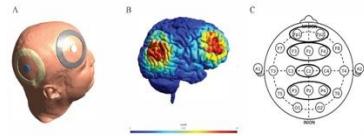
Motor



monofocal cortical NIBS



multifocal cortical NIBS



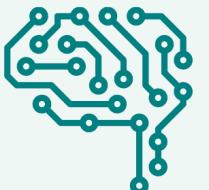
multidomain stimulation (efferent-afferent)



non-invasive deep brain stimulation (nDBS)

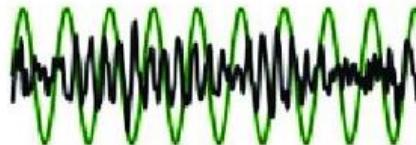


Neuroplasticity

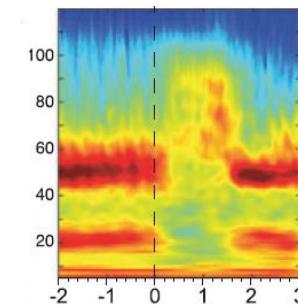


<https://integratedlistening.com>

Neuronal entrainment



Interference



Multi-technology



Bevilacqua *et al.* (2025) Brain
Beanato, Moon *et al.* (2024) Science Advances
Wessel, Beanato *et al.* (2023) Nature Neuroscience
Maceira-Elvira *et al.* (2022) Science Advances
Wessel *et al.* (2023) Cerebellum
Wessel *et al.* (2021) Sci Rep
Zimerman *et al.* (2014) Ann Neurol
Hummel *et al.* (2005) Brain

Raffin *et al.* under review

Bevilacqua *et al.* (2024) BrainStimulation
Draaisma *et al.* (2022) BrainStimulation
Salamanca *et al.* (2021) NeuroImage
Wessel *et al.* (2020) Sci Rep
Sauseng *et al.* (2009) Curr Biol
Plewnia *et al.* (2008) EJN

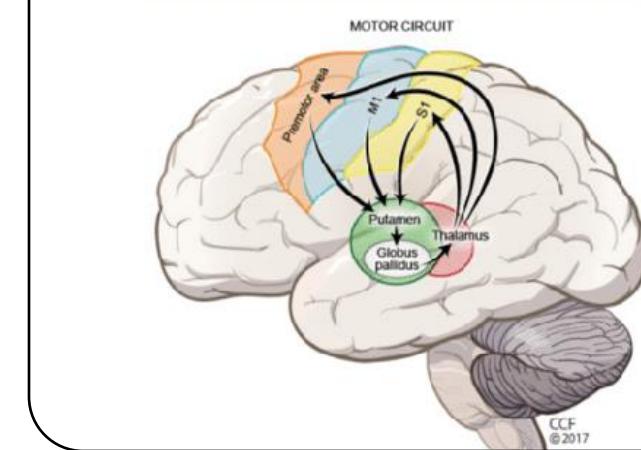
Vassiliadis *et al.* (2024) Nature Hum Beh

Renzi *et al.* (2013) J Cogn Neurosci
Liuzzi *et al.* (2010) Curr Biol
Fridman *et al.* (2004) Brain

Bigoni *et al.* (2023) MED
Bigoni *et al.* (2022) Front Neurol



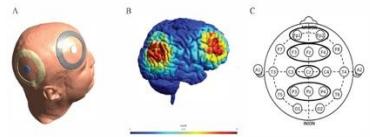
Motor



monofocal cortical NIBS



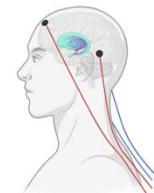
multifocal cortical NIBS



multidomain stimulation (efferent-afferent)



non-invasive deep brain stimulation (nDBS)



doi:10.1093/brain/awh369

Brain (2005), **128**, 490–499

Effects of non-invasive cortical stimulation on skilled motor function in chronic stroke

Friedhelm Hummel,^{1,2} Pablo Celnik,¹ Pascal Giraux,¹ Agnes Floel,¹ Wan-Hsun Wu,¹ Christian Gerloff² and Leonardo G. Cohen¹

Rapid Review

Non-invasive brain stimulation: a new strategy to improve neurorehabilitation after stroke?

Friedhelm C Hummel, Leonardo G Cohen

Lancet Neurol 2006; **5**: 708–12

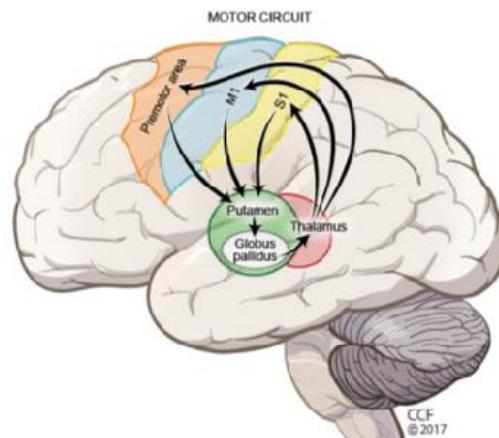
REVIEWS

Modulation of brain plasticity in stroke: a novel model for neurorehabilitation

Giovanni Di Pino, Giovanni Pellegrino, Giovanni Assenza, Fioravante Capone, Florinda Ferreri, Domenico Formica, Federico Ranieri, Mario Tombini, Ulf Ziemann, John C. Rothwell and Vincenzo Di Lazzaro



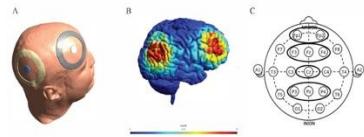
Motor



monofocal cortical NIBS



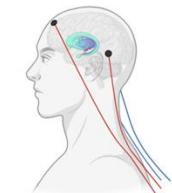
multifocal cortical NIBS



multidomain stimulation
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non-invasive deep brain stimulation (nDBS)

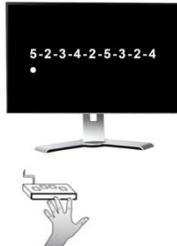




Targeting the frontoparietal network using bifocal transcranial alternating current stimulation during a motor sequence learning task in healthy older adults

L.R. Draisma^{a,b}, M.J. Wessel^{a,b,c}, M. Moyne^{a,d}, T. Morishita^{a,b}, F.C. Hummel^{a,b,*}

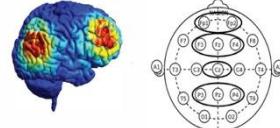
No Memory Load



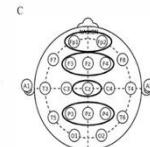
Memory Load



A



B

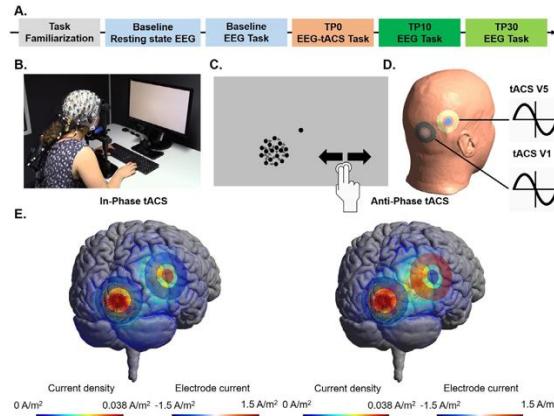


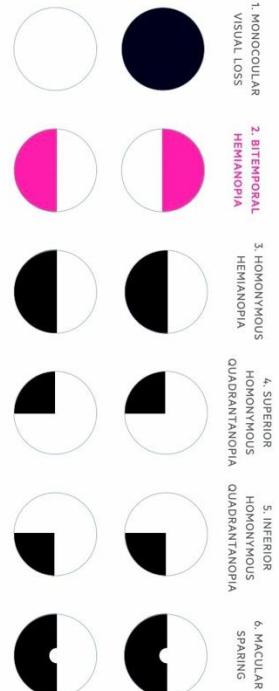
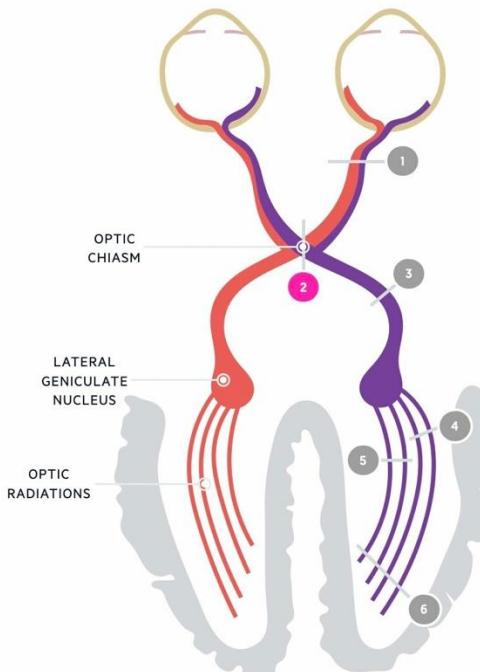
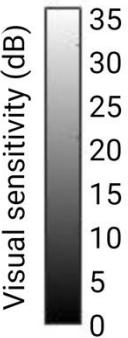
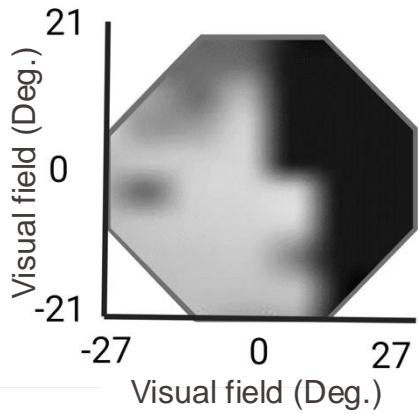
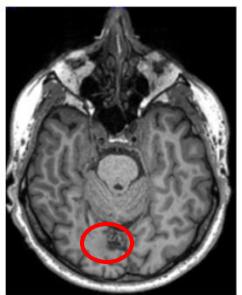
C

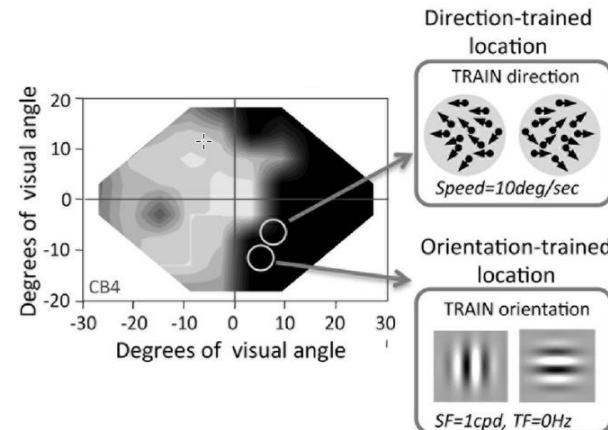
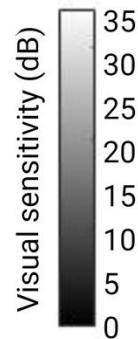
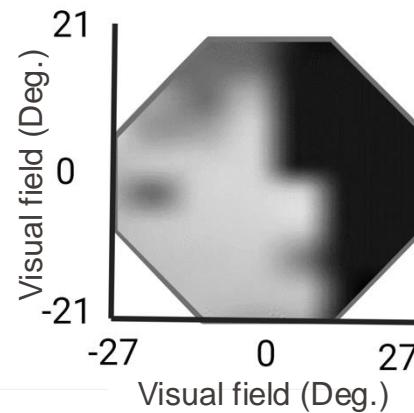
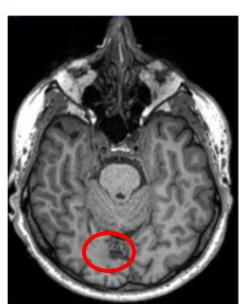


Enhancing visual motion discrimination by desynchronizing bifocal oscillatory activity

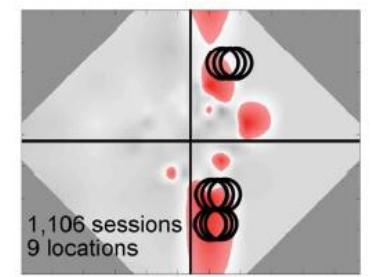
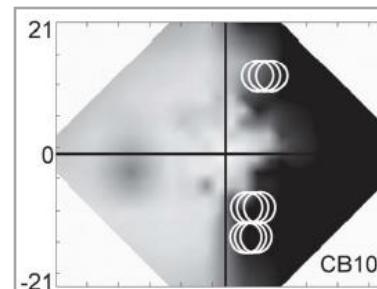
Roberto F. SALAMANCA-GIRON^{a,b}, Estelle RAFFIN^{a,b}, Sarah B. ZANDVLIET^{a,b}, Martin SEEBER^c, Christoph M. MICHEL^{c,d}, Paul SAUSENG^d, Krystel R. HUXLIN^c, Friedhelm C. HUMMEL^{a,b,f}





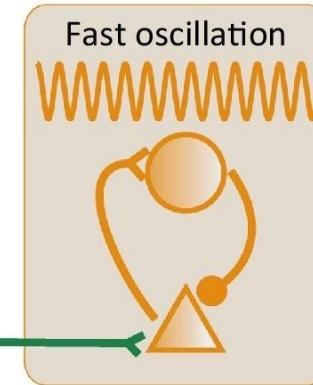
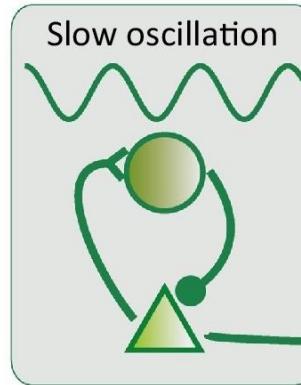
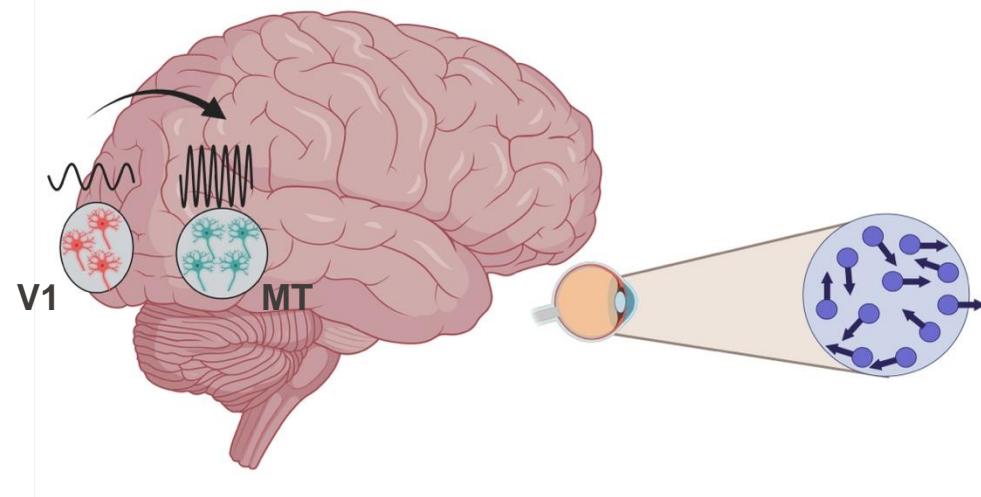


Extensive training over months



Cross-frequency inter-regional interactions

Motion processing

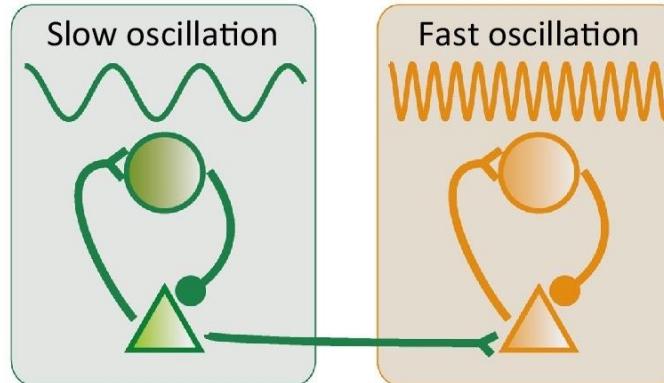
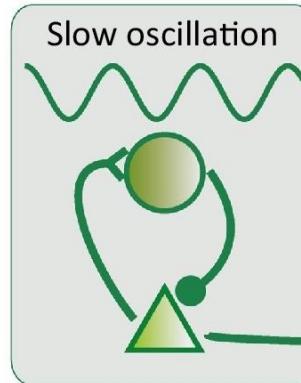
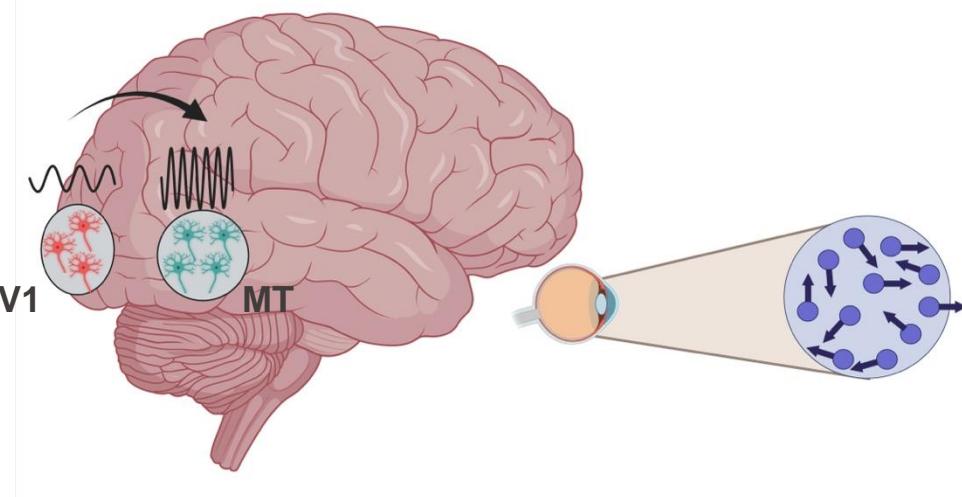


V1

MT

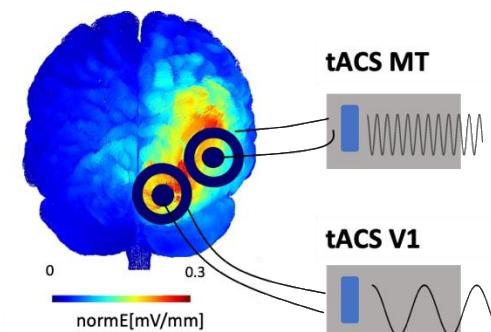
Cross-frequency inter-regional interactions

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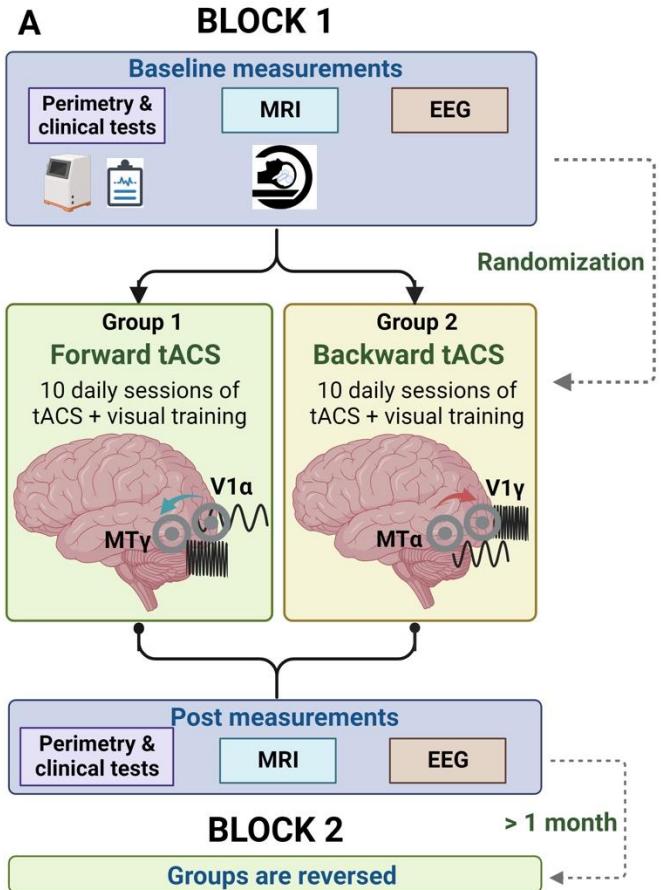
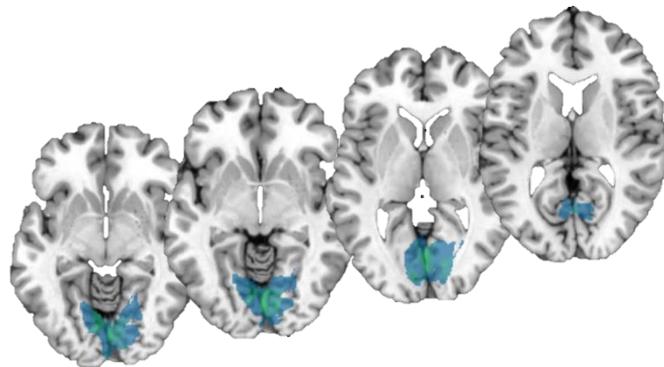


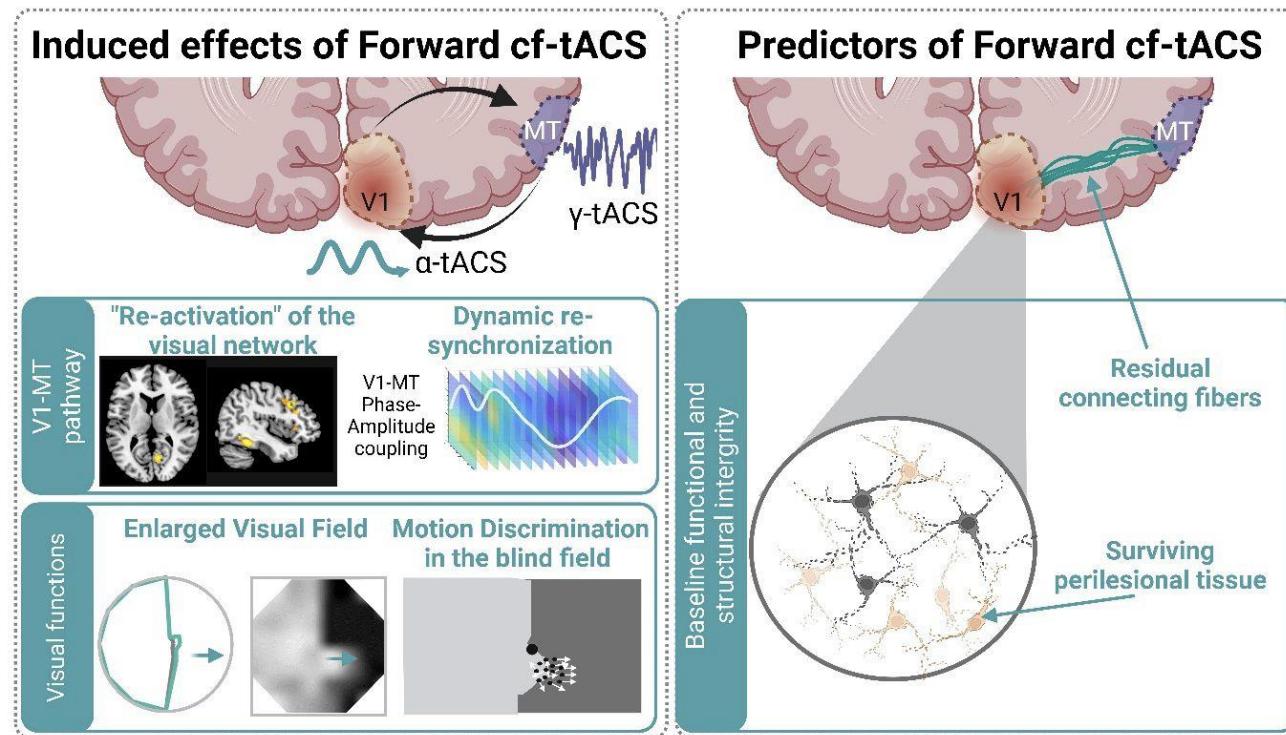
V1

MT



Physiology-inspired tACS



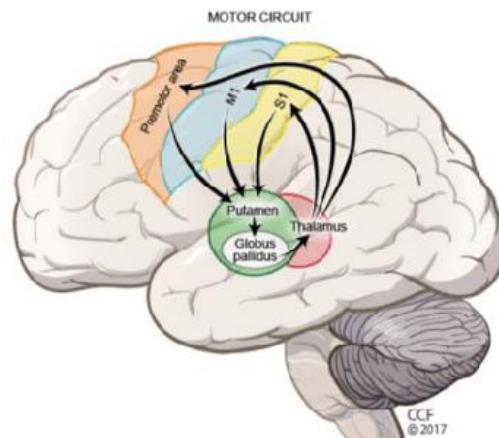


Orchestrated neuromodulation combined with visual training led to significant reduction of visual deficits in stroke patients

Treatment effects were achieved in 10 sessions over 2 weeks whereas without neuromodulation, training of several months is required for comparable effects (Cavaugh et al., 2017)



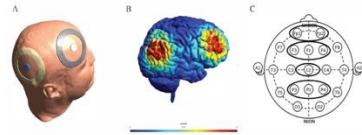
Motor



monofocal cortical NIBS



multifocal cortical NIBS

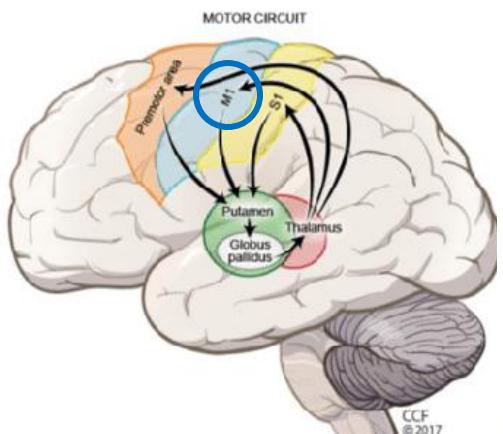


multidomain stimulation
(efferent-afferent)



non-invasive deep brain stimulation (nDBS)





SCIENCE ADVANCES | RESEARCH ARTICLE

2022 Jul 22;8(29):eabo3505.

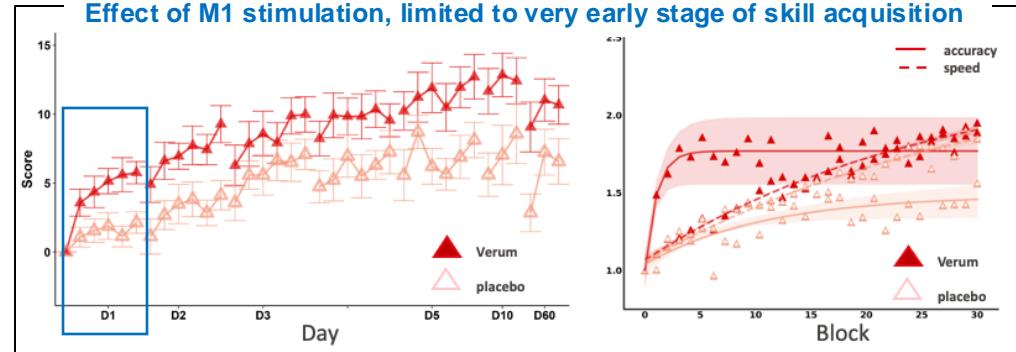
NEUROSCIENCE

Dissecting motor skill acquisition: Spatial coordinates take precedence

Pablo Maceira-Elvira^{1,2†}, Jan E. Timmermann^{3†}, Traian Popa^{1,2‡}, Anne-Christine Schmid^{1,2‡}, John W. Krakauer⁴, Takuya Morishita^{1,2}, Maximilian J. Wessel^{1,2,5}, Friedhelm C. Hummel^{1,2,6*}

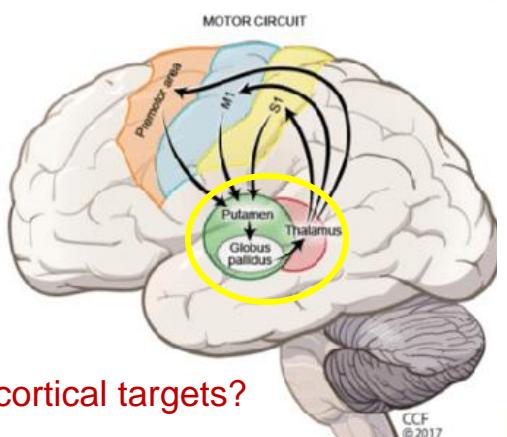


Effect of M1 stimulation, limited to very early stage of skill acquisition





Motor



Subcortical targets?

SCIENCE ADVANCES | RESEARCH ARTICLE

2022 Jul 22;8(29):eabo3505.

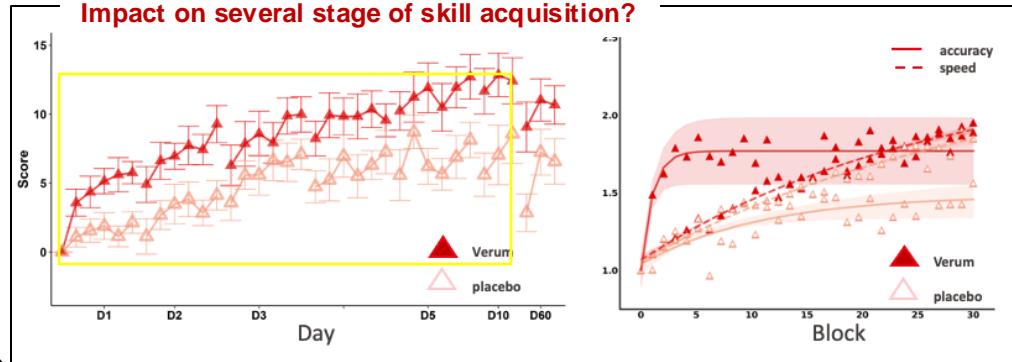
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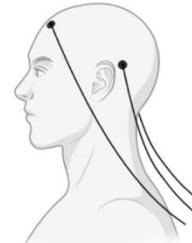
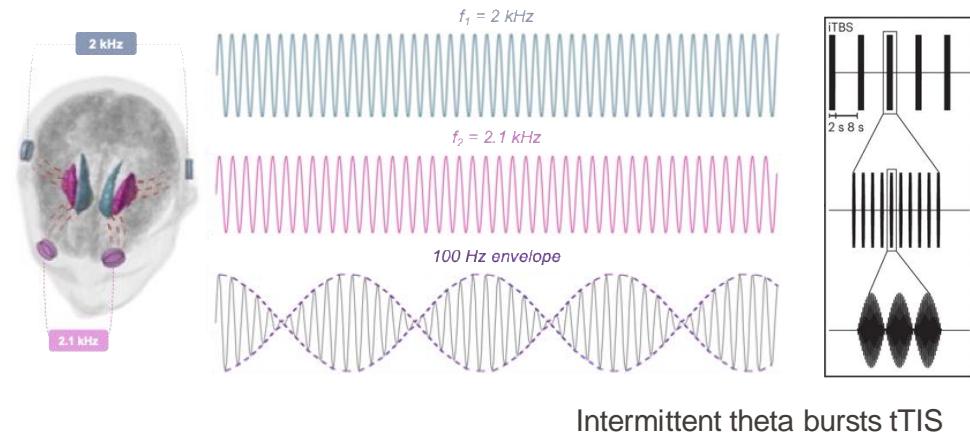
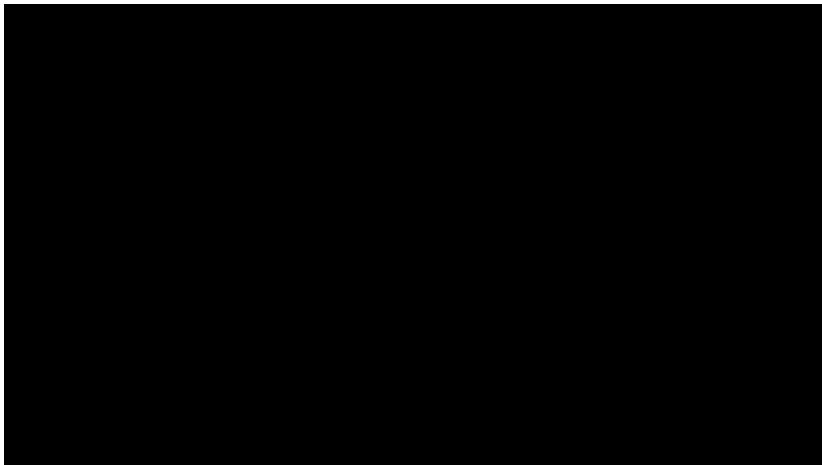
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Impact on several stage of skill acquisition?



Can striatal tTIS modulate striatal activity and improve motor learning?



Wessel, Beanato *et al.* 2023 Nature Neuroscience

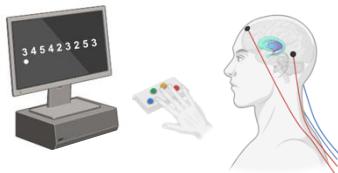
**15 TBI patients**

3 female, 12 male

age: 52.67 ± 13.6

double-blind

Cross-over

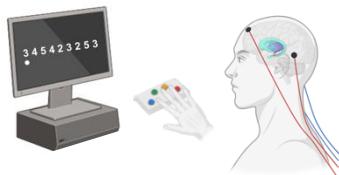


Motor Learning
tTIS or Control

- Training
- Post - assessment
- Follow-up 1 (90 min)
- Follow-up 2 (24h)

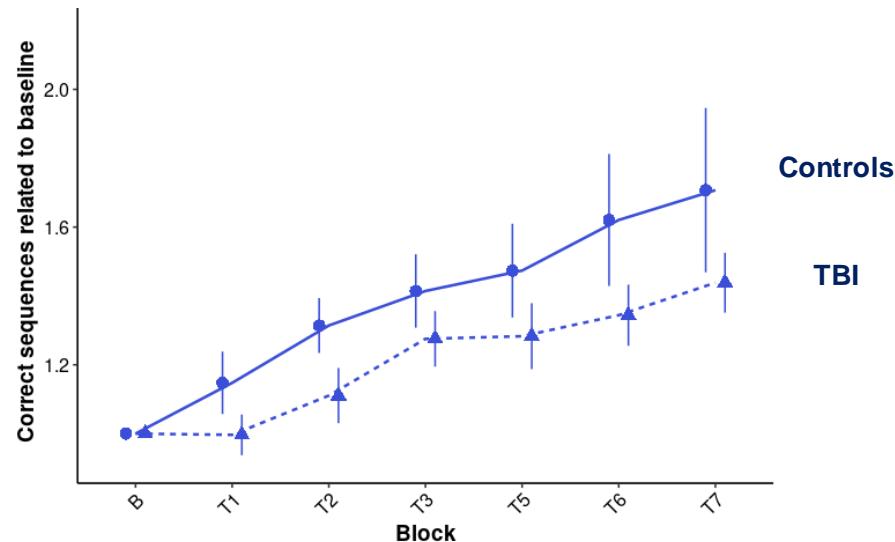
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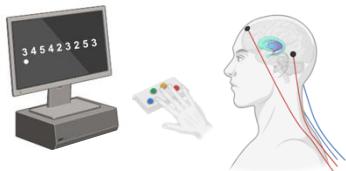
Motor Learning
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TBI vs Age-matched controls - behavior

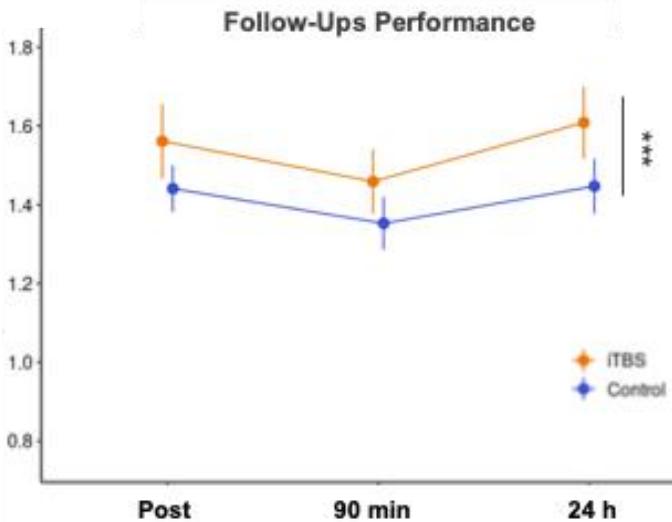
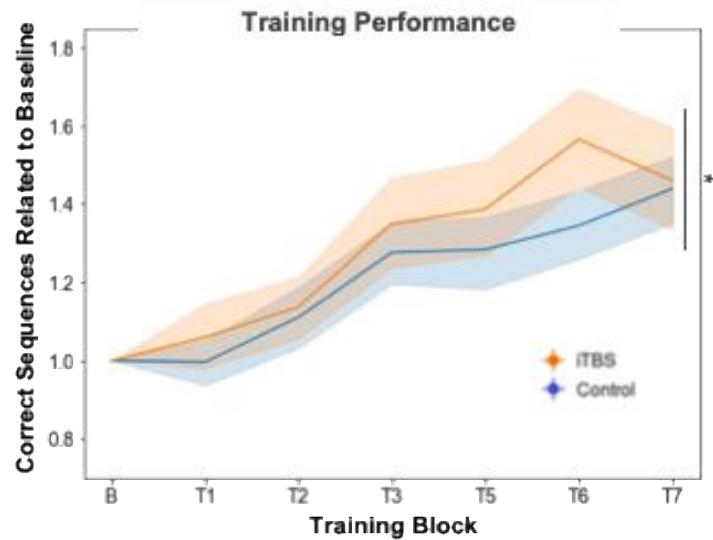
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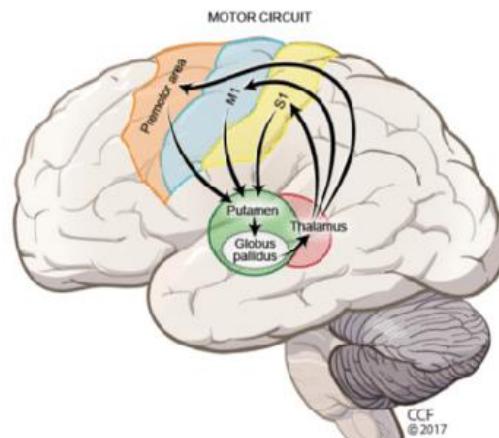
Motor Learning
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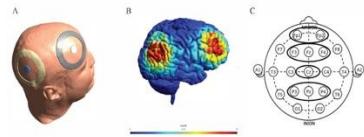
Motor



monofocal cortical NIBS



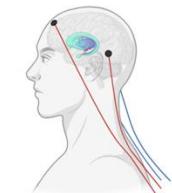
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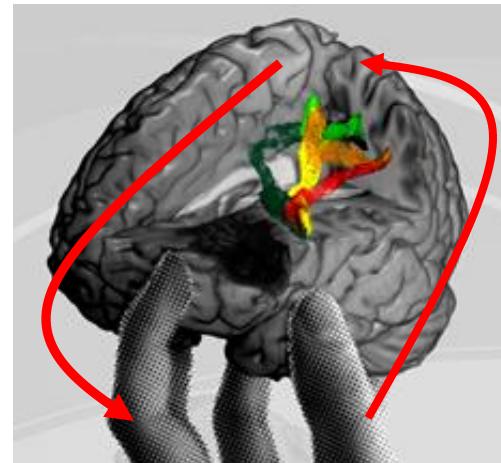
**multidomain stimulation
(efferent-afferent)**



non-invasive deep brain stimulation (nDBS)

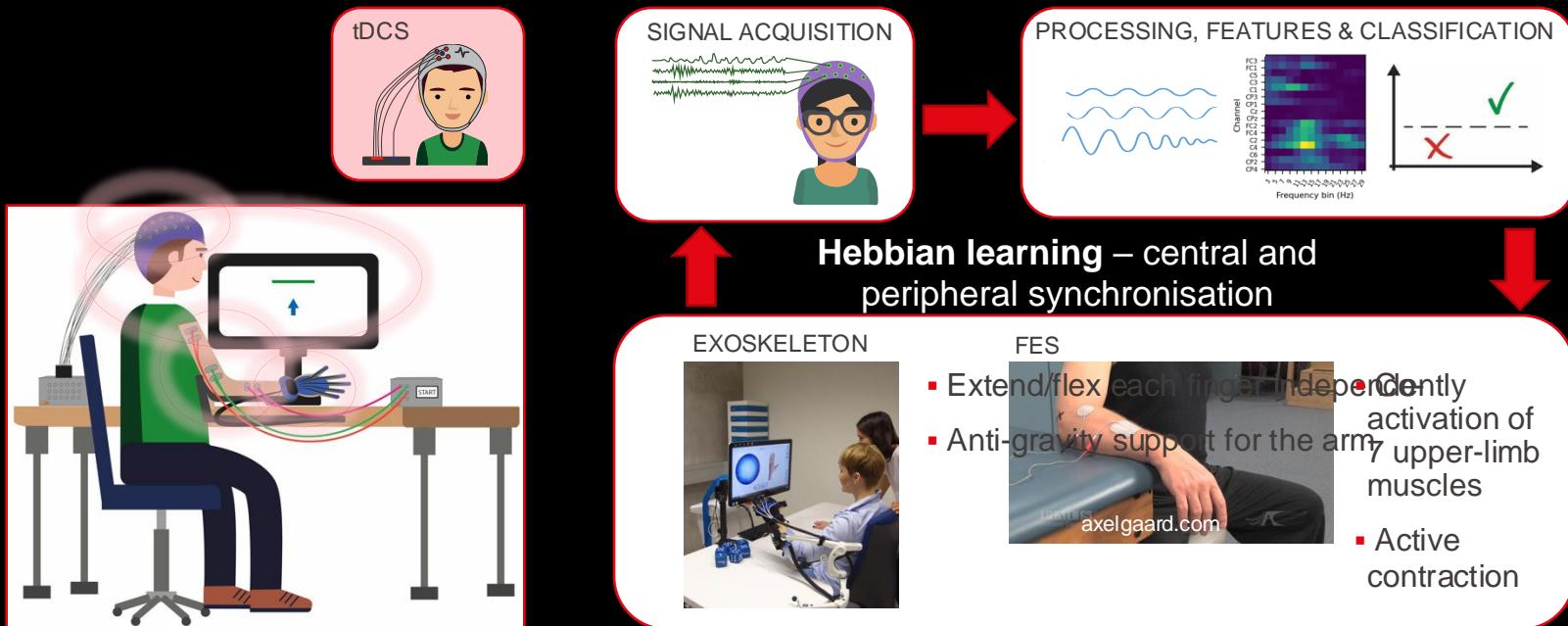


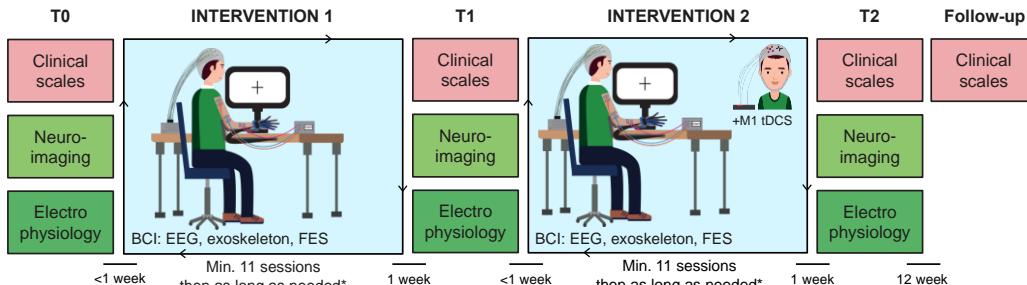
- Severely impaired patients: UEFME < 20/66, chronic stage



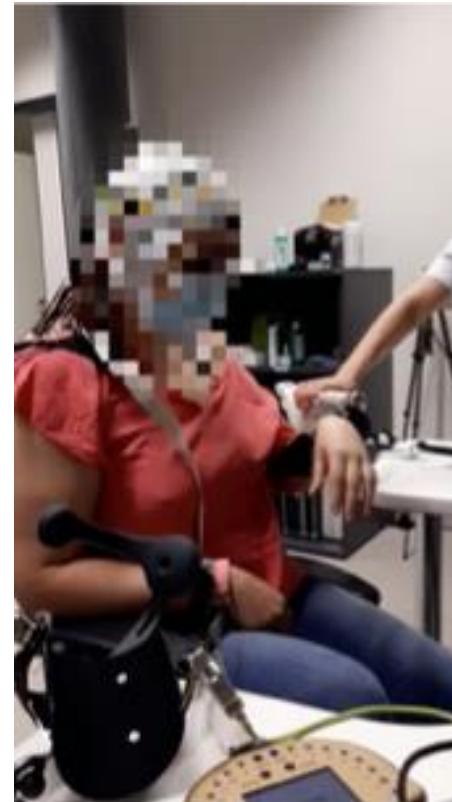
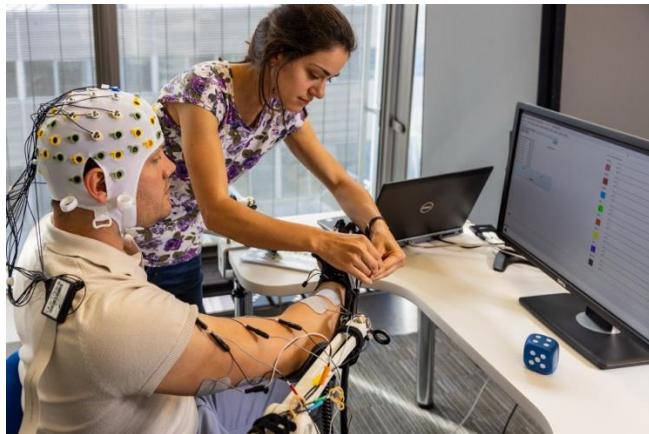
- **Combination of neurotechnologies** given in hierarchical manner:
 - brain-computer interface (**BCI**), hand **exoskeleton**, functional electrical stimulation (**FES**)
 - transcranial direct current stimulation (**tDCS**)
- **Personalized-therapy**:
 - Therapy **duration**
 - Single session – **tailored exercises**

- **Combination of neurotechnologies** given in hierarchical manner:
 - hand exoskeleton, functional electrical stimulation (FES), brain-computer interface (BCI)
 - Anodal transcranial direct current stimulation (tDCS) to motor cortex lesioned hemisphere



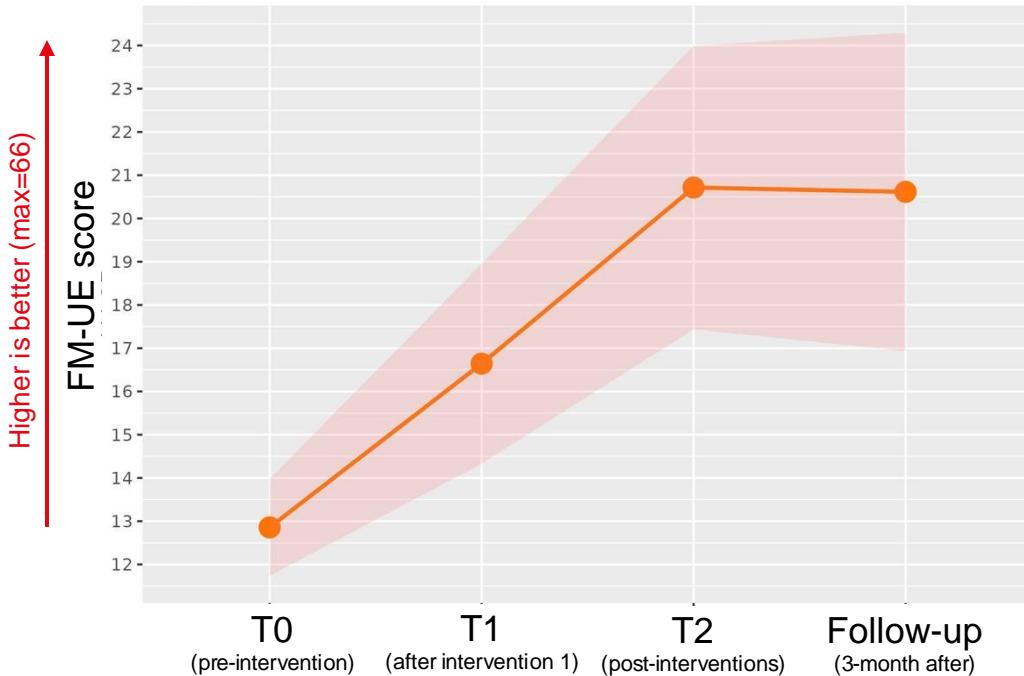


*According to motor improvement:
 $FM-UE_{Si} \leq \text{median}(FM-UE_{Si-2}, FM-UE_{Si-4}, FM-UE_{Si-6})$
 $Si = i^{\text{th}}$ (current) session



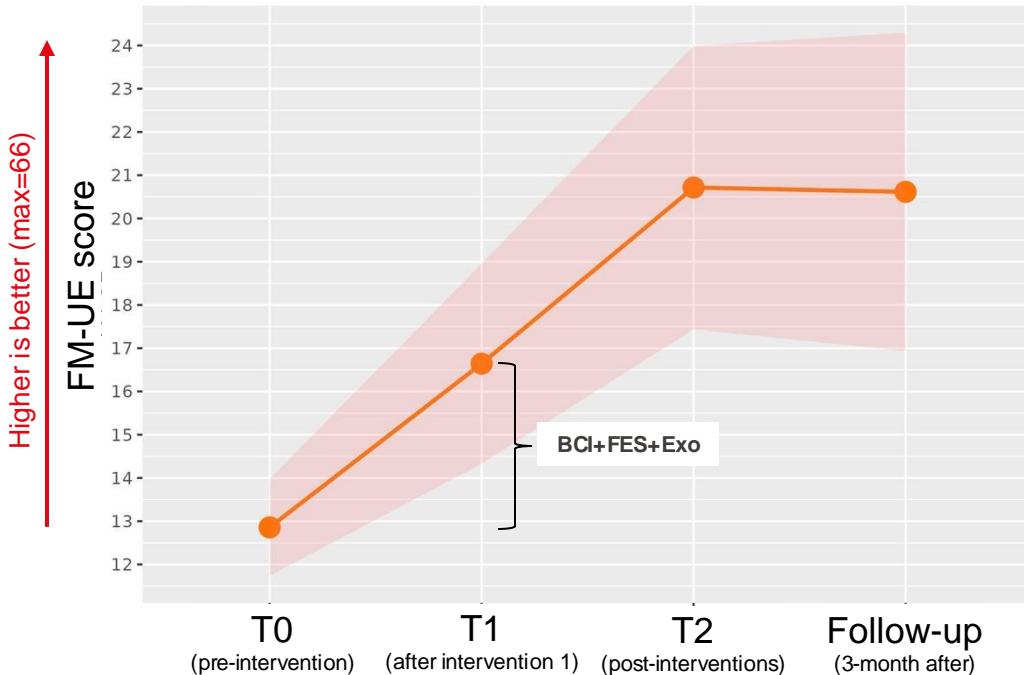
Severely impaired stroke patients: UEFME < 20/66, chronic stage

Evolution of FM-UE (n=14 Patients)



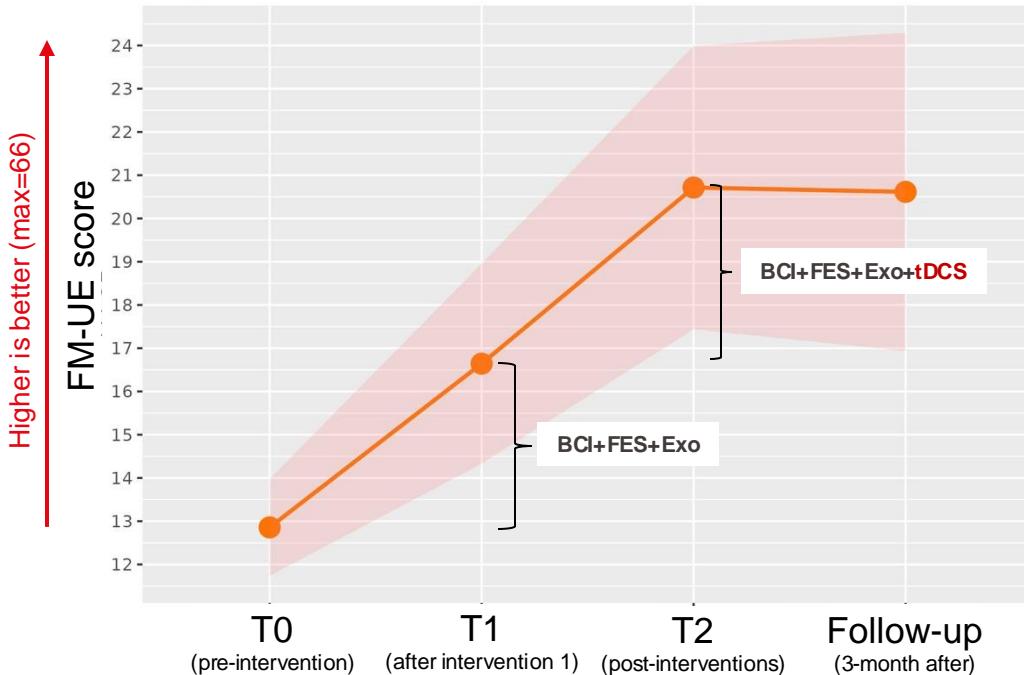
- Primary outcome met
- Average increase of **7.8 points**
- Max increase = **30 points**
- $FM-UE_{T2} > FM-UE_{T0}$
- $FM-UE_{Follow-up} \sim FM-UE_{T2}$
→ **improvement retained**

Evolution of FM-UE (n=14 Patients)



- Primary outcome met
- Average increase of **7.8 points**
- Max increase = **30 points**
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Evolution of FM-UE (n=14 Patients)



- Primary outcome met
- Average increase of **7.8 points**
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- $FM-UE_{T2} > FM-UE_{T0}$
- $FM-UE_{\text{Follow-up}} \sim FM-UE_{T2}$
→ **improvement retained**



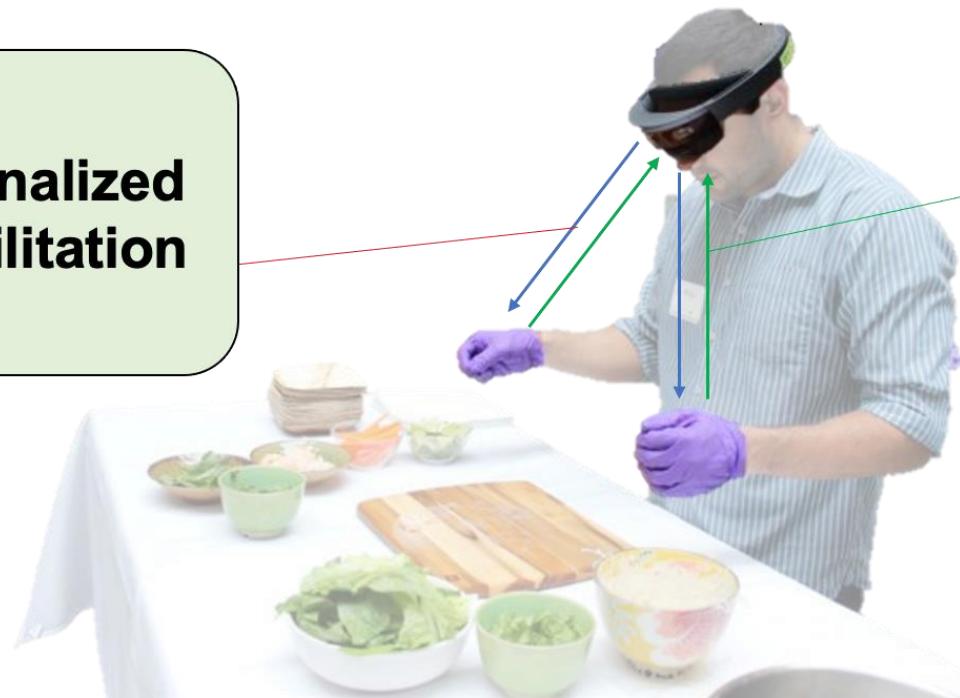
Goal:

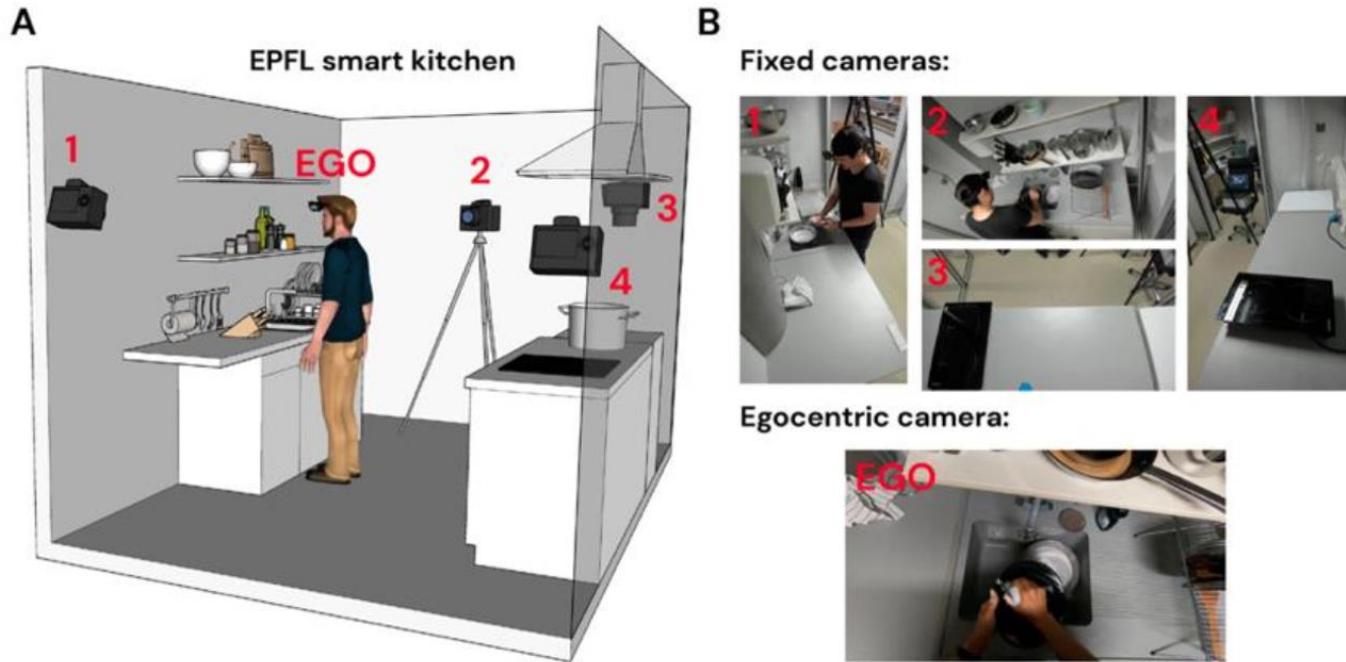
Functional assessment platform for daily life functions for neurological patients

**Personalized
rehabilitation**

**Motor
behavior
assessment**

**Fatigue
assessment**



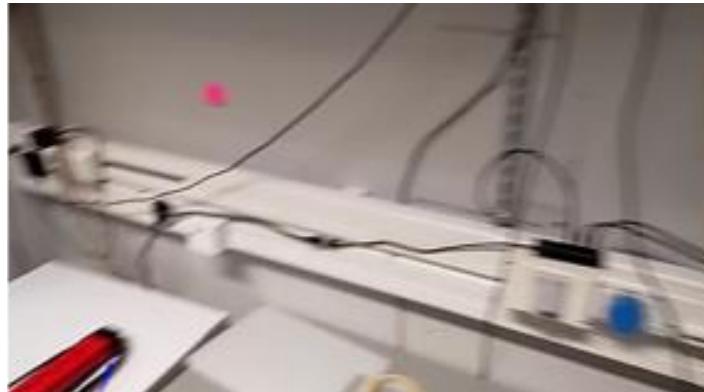


EPFL smart kitchen,

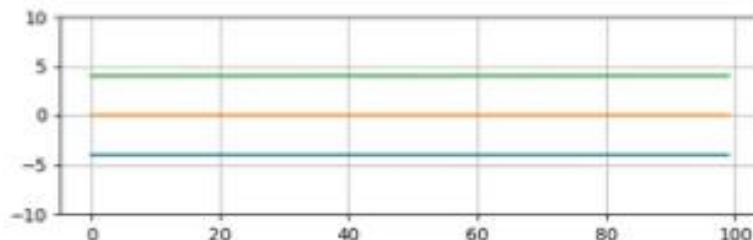
- Collect benchmarking data using multi-view RGBD cameras and sensors
 - 3D hand posture
 - 3D object pose for interactions
- **100 subjects** including patients
- **5 Hours** for each subject



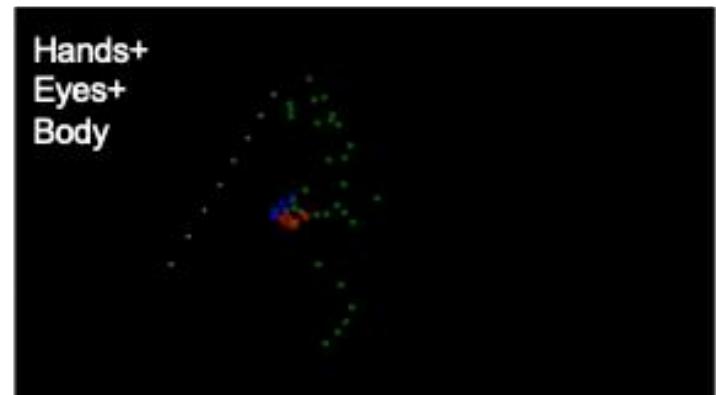
Hololens view

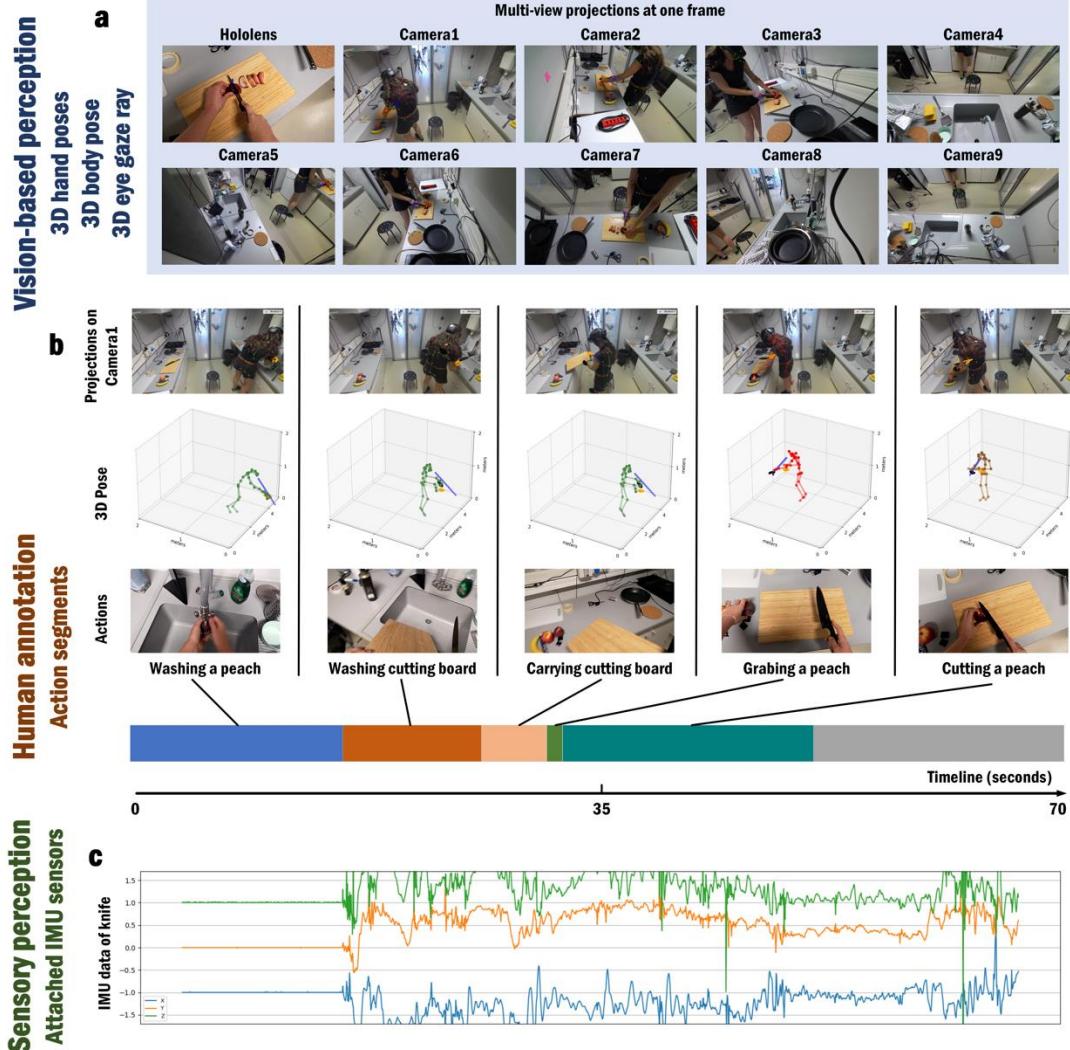


Kinect view



IMU data from knife





Stroke is

Network disorder

Personalized treatments in the acute and chronic stage are needed

Structural connectomics for prediction of course of recovery

Interhemispheric competition model as a basis for interventional startegies (but has limitations)

Different interventional approaches

Better evaluation of stroke deficits and treatment effects (SMART kitchen)

Questions?