TRACK-TBI: What Have We Learned and Where Are We Going

Geoffrey Manley, MD, PhD, on behalf of the TRACK-TBI and TED Investigators





The Many Faces of Traumatic Brain Injury





400,000+ TBI Diagnosed





1.6-3.8 million Per Year

The Many Faces of Traumatic Brain Injury





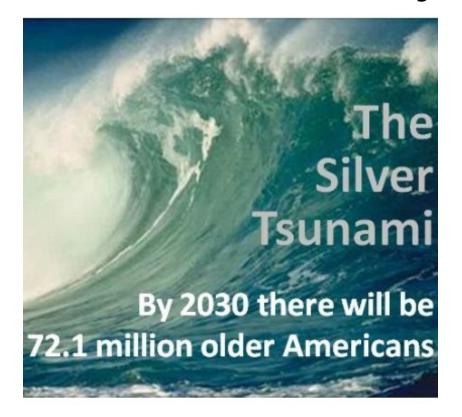


At least
4.8 million seek
medical care in the
US each year

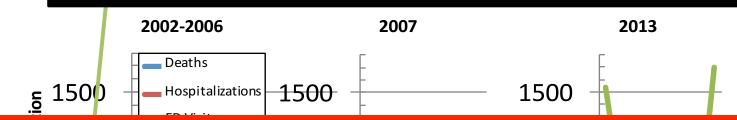
The Many Faces of Traumatic Brain Injury





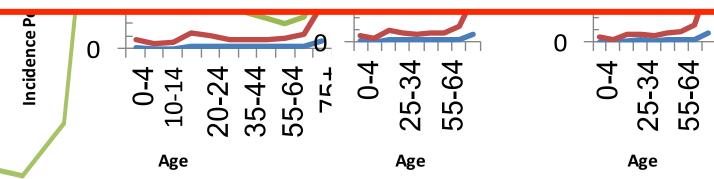


Incidence of TBI is Increasing



California: 40% Increase Over Past 10 Years

BMJ, 2018



Faul et al. TBI in the US 2002-2006. Injury Prev 2010

Traumatic Brain Injury: 2019

Classification

GCS

(Glasgow Coma Scale)

Mild Severe

Mild Concussion



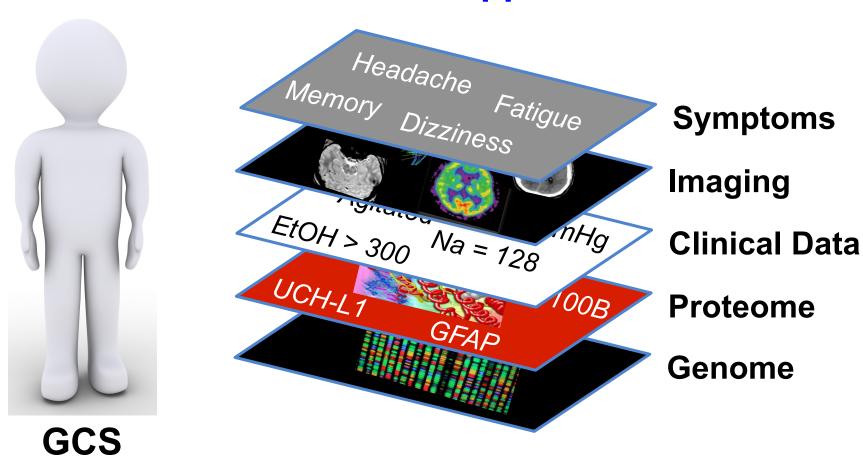
Outcome GOS

(Glasgow Outcome Scale)

PTSDVegetative Death Depression Good Recovery Cognitive

A Complex and Heterogeneous Disease

A "Precision Medicine" Approach to TBI





Prospective Longitudinal Observational Study

- 3000 subjects, including Controls

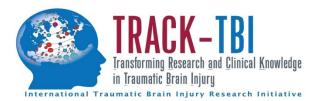
-Across the spectrum from concussion to coma

Goals

- Improve TBI diagnosis and classification/taxonomy
- Improve TBI outcome assessment
- Identify the health and economic impact of Mild TBI
- Create an "Information Commons" to promote collaboration and acceleration of TBI research

Clinical Sites

- Baylor College of Medicine/ TIRR Memorial Hermann
- 2. Denver Health Medical/ Craig Rehabilitation
- 3. Emory University
- 4. Hennepin County Medical Center
- 5. Indiana University
- 6. Medical College of Wisconsin
- 7. Spaulding Rehabilitation Hospital/ Massachusetts General Hospital
- 8. University of California, San Francisco
- 9. University of Cincinnati
- 10. University of Maryland
- 11. University of Miami
- 12. University of Pennsylvania
- 13. University of Pittsburgh
- 14. University of Utah Health Care
- 15. University of Washington
- 16. UT Austin-Seton
- 17. UT Health Houston
- 18. UT Southwestern
- 19. Virginia Commonwealth University





The Top Trauma Centers in the Country

TRACK-TBI Team



Evolving from Competitors to Collaborators

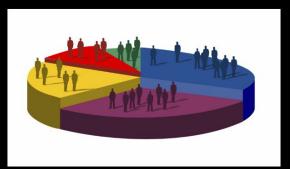
Public-Private Partnership

and

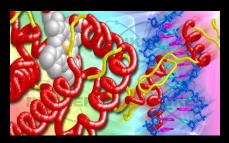


TRACK-TBI: a Precision Medicine Approach

Imaging



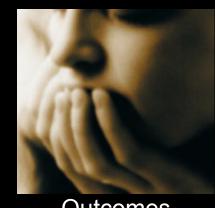
Demographics/Clinical



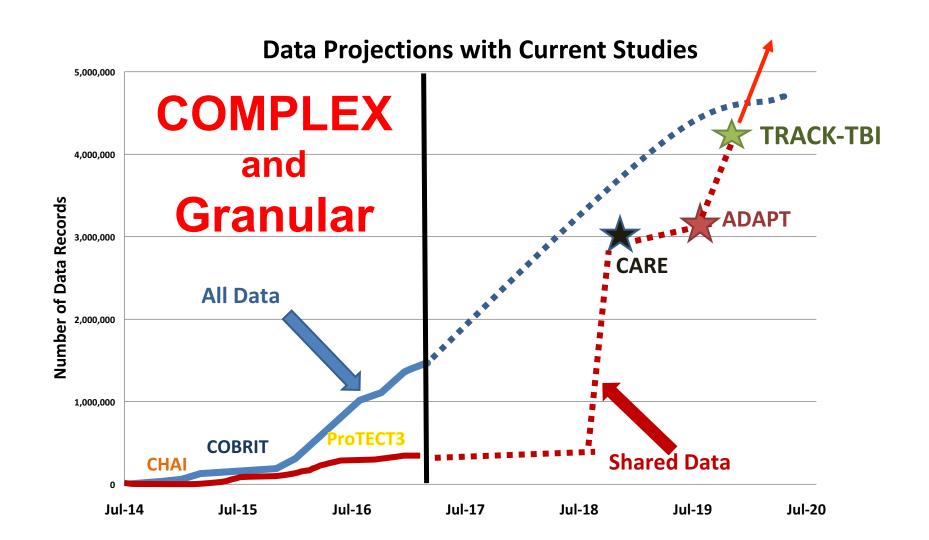
Blood-Based (GFAP)



Genetics



Outcomes



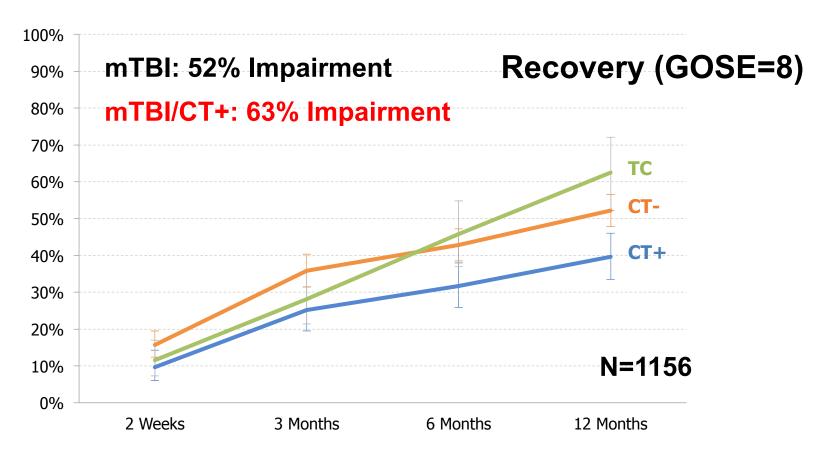
Recovery After Mild Traumatic Brain Injury in Patients Presenting to US Level I Trauma Centers A Transforming Research and Clinical Knowledge in Traumatic Brain Injury (TRACK-TBI) Study

Lindsay D. Nelson, PhD; Nancy R. Temkin, PhD; Sureyya Dikmen, PhD; Jason Barber, MS; Joseph T. Giacino, PhD; Esther Yuh, MD, PhD; Harvey S. Levin, PhD; Michael A. McCrea, PhD; Murray B. Stein, MD, MPH; Pratik Mukherjee, MD, PhD; David O. Okonkwo, MD, PhD; Ramon Diaz-Arrastia, MD, PhD; Geoffrey T. Manley, MD, PhD; and the TRACK-TBI Investigators

Nelson, et al, June 2019

63% of GCS 13-15 with a + CT Findings are Impaired at 12 months

Is "Mild" TBI Mild?



Specific Symptoms Endorsed at 12 months

Ortho

mTRI

	ШІБІ	Ortho	
Specific Symptoms Endorsed	% Endo	rsed (95% CI)	Risk Ratio (95% CI)
Headache	36% (33, 39)	9% (5, 16)	3.41 (1.88, 6.17)
Dizziness	26% (23, 29)	9% (5, 16)	2.47 (1.36, 4.49)
Nausea	10% (8, 13)	5% (2, 11)	1.44 (0.69, 3.03)
Noise sensitivity	28% (25, 31)	11% (6, 18)	2.40 (1.36, 4.24)
Sleep disturbances	36% (33, 40)	26% (18, 35)	1.37 (0.97, 1.95)
Fatigue	41% (37, 44)	22% (15, 31)	1.67 (1.16, 2.41)
Irritability/anger	33% (30, 37)	9% (5, 16)	3.50 (1.87, 6.57)
Depression/tearfulness	26% (23, 29)	11% (6, 18)	2.24 (1.27, 3.96)
Frustration/impatience	35% (31, 38)	11% (6, 18)	2.95 (1.68, 5.18)
Forgetfulness/poor memory	47% (43, 50)	11% (6, 18)	4.04 (2.31, 7.07)
Poor concentration	37% (34, 40)	11% (6, 18)	3.20 (1.82, 5.61)
Taking longer to think	41% (38, 45)	9% (5, 16)	4.33 (2.31, 8.11)
Blurred vision	20% (17, 23)	4% (1, 9)	4.69 (1.78, 12.36)
Light sensitivity	20% (17, 23)	7% (3, 13)	2.63 (1.27, 5.44)
Double vision	9% (7, 11)	1% (0, 4)	8.14 (1.14, 57.98)
Restlessness	25% (22, 28)	12% (7, 20)	1.82 (1.08, 3.06)

Translating Research Innovation into Public Health Solutions



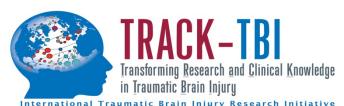


Original Investigation | Emergency Medicine

Assessment of Follow-up Care After Emergency Department Presentation for Mild Traumatic Brain Injury and Concussion Results From the TRACK-TBI Study

Seth A. Seabury, PhD; Étienne Gaudette, PhD; Dana P. Goldman, PhD; Amy J. Markowitz, JD; Jordan Brooks, BA; Michael A. McCrea, PhD; David O. Okonkwo, MD, PhD; Geoffrey T. Manley, MD, PhD; and the TRACK-TBI Investigators

- Major gaps in follow up and treatment
- Substantial number of patients with undiagnosed depression, anxiety, and other symptoms



Follow-up GCS 13-15

13 Study Sites

Washington

UCSF

UTSW

Baylor/UT Houston

Austin

Miami

Cincinnati

Penn

Pittsburgh

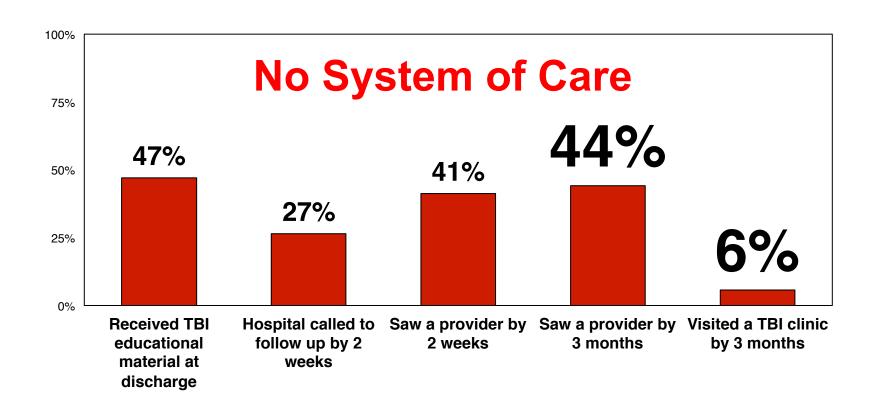
VCU

Maryland

Harvard



Follow-Up Care After Discharge

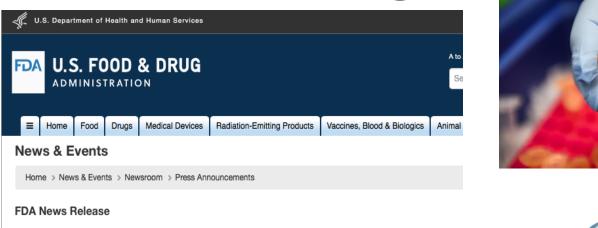


Translating Research Innovation into Public Health Solutions

Association between plasma GFAP concentrations and MRI abnormalities in patients with CT-negative traumatic brain injury in the TRACK-TBI cohort: a prospective multicentre study

John K Yue*, Esther L Yuh*, Frederick K Korley*, Ethan A Winkler, Xiaoying Sun, Ross C Puffer, Hansen Deng, Winward Choy, Ankush Chandra, Sabrina R Taylor, Adam R Ferguson, J Russell Huie, Miri Rabinowitz, Ava M Puccio, Pratik Mukherjee, Mary J Vassar, Kevin K W Wang, Ramon Diaz-Arrastia, David O Okonkwo, Sonia Jain, Geoffrey T Manley, and the TRACK-TBI Investigators†

FROM BENCH TO BEDSIDE



FDA authorizes marketing of first blood test to aid in the evaluation of concussion in adults

New quick testing option to help reduce need for CT scans, radiation exposure for patients

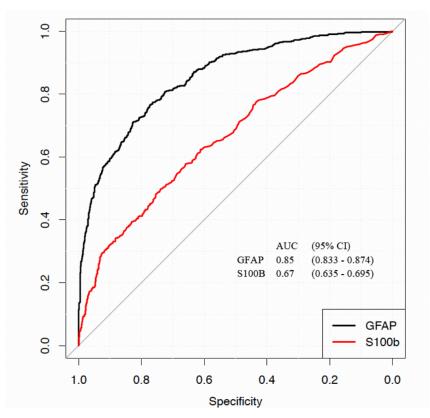


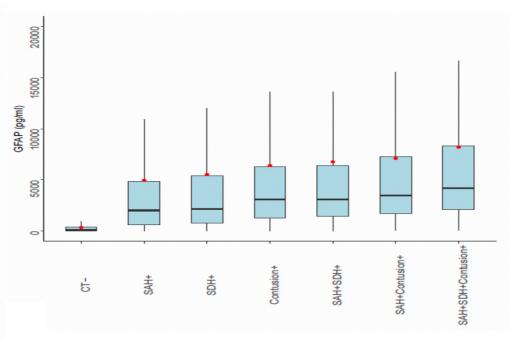
RAPID CLINICAL TRANSLATION

For Immediate Release

February 14, 2018

GFAP vs S100b for Prediction of TBI on CT



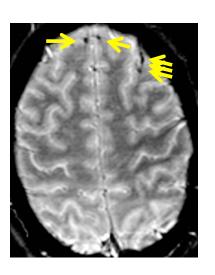


GCS 3 - 15

Imaging and Blood-Based Biomarkers







The Potential to Transform our TBI Care



Median GFAP

CT+ 949

CT- 108

CT-/MRI+ 417

CT-/MRI- 75

Ortho 13

10 pg/ml



Median GFAP

CT+ 949

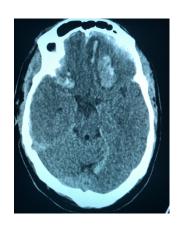
CT- 108

CT-/MRI+ 417

CT-/MRI- 75

Ortho 13

1200 pg/ml



Preliminary



Median GFAP

CT+ 949

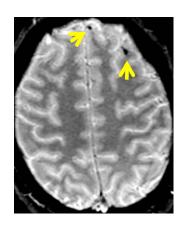
CT- 108

CT-/MRI+ 417

CT-/MRI- 75

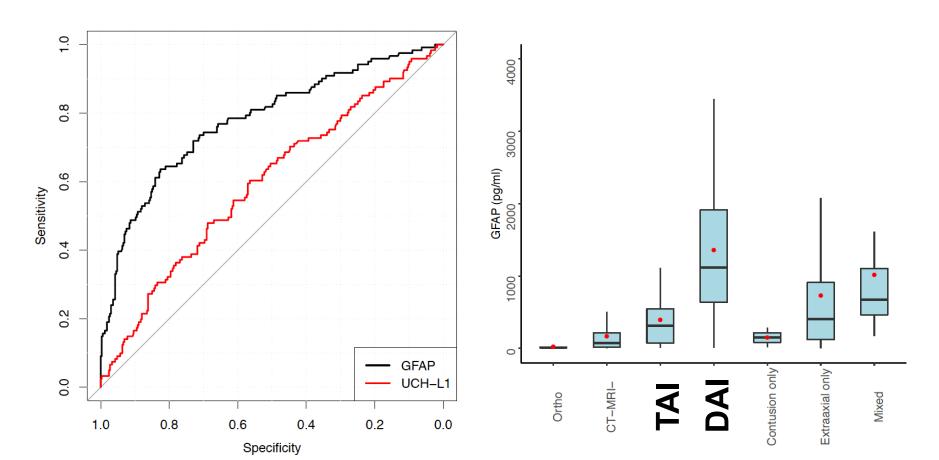
Ortho 13

200 pg/ml



Preliminary

GFAP for Prediction of TBI on MRI





Median GFAP

CT+ 949

CT- 108

CT-/MRI+ 417

CT-/MRI- 75

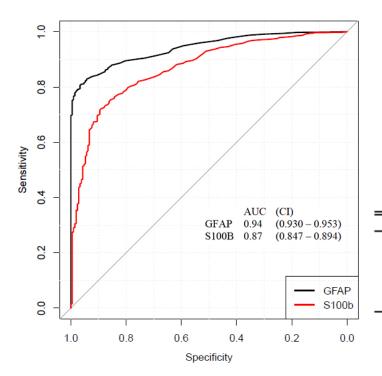
Ortho 13

50 pg/ml

TBI

GFAP for Aid in Diagnosis of TBI

GFAP (plasma) cutoffs for TBI vs Healthy Controls

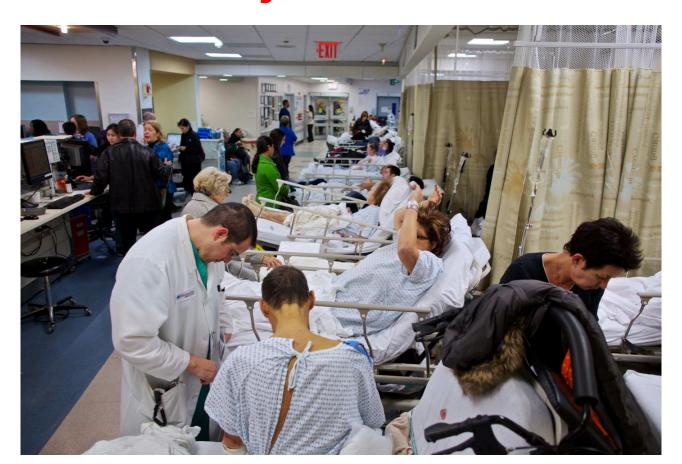


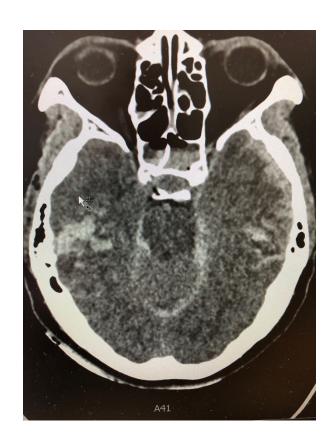
For aid in diagnosis of TBI, POC GFAP significantly outperformed core lab S100B

GFAP AUC	0.94	95% CI
0.93-0.95		
S100B AUC	0.87	95% CI 0.85-0.89
p<0.001		

Cuto	ff Sensitivity	Specificity	NPV	PPV
14.05	0.902 (0.884, 0.918)	0.775 (0.713, 0.828)	0.544 (0.502, 0.594)	0.963 (0.954, 0.972)
11.19	0.928 (0.913, 0.941)	0.646 (0.579, 0.708)	0.576 (0.524, 0.63)	0.945 (0.935, 0.955)
10.05	0.943 (0.932, 0.955)	0.632 (0.56, 0.694)	0.626 (0.573, 0.683)	0.944 (0.933, 0.953)
8.05	0.962 (0.952, 0.972)	0.536 (0.469, 0.603)	0.685 (0.623, 0.748)	0.932 (0.922, 0.941)
5.1	0.984 (0.977, 0.991)	0.402 (0.335, 0.474)	0.793 (0.717, 0.867)	0.915 (0.907, 0.925)

This is not just for "Mild" TBI







>30,000 pg/ml



Median GFAP

CT+ 949

CT- 108

CT-/MRI+ 417

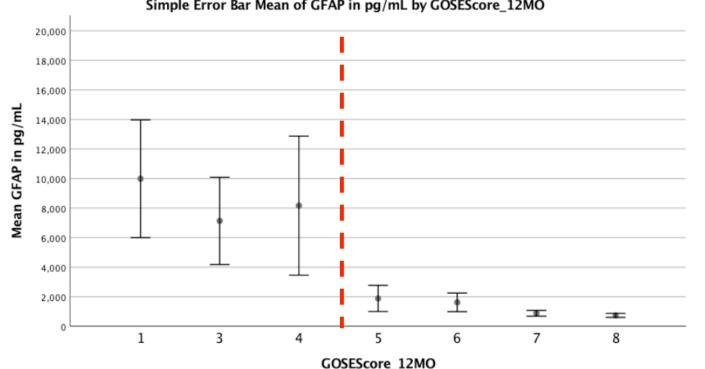
CT-/MRI- 75

Ortho 13

>30,000 pg/ml

Outcome Prognosis: 12 Months





GOSE

1 = **Dead**

2 = Vegetative

3 = Lower SD

4 = Upper SD

5 = Lower MD

6 = Upper MD

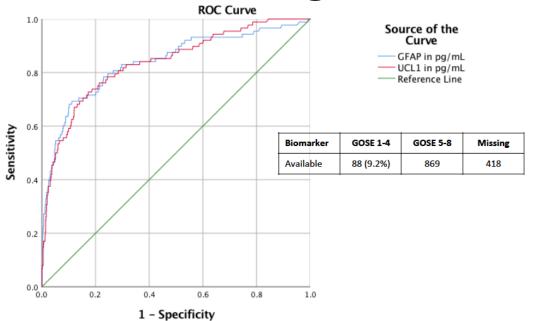
7 = Lower GR

8 = Upper GR

Error Bars: 95% CI



Outcome Prognosis: 12 Months



GOSE 1-4 vs 5-8

AUC

GFAP = 0.84

UCH-L1 = 0.84

Diagonal segments are produced by ties.

GOSE 1-4 (12-month)

Biomarker	AUC	SE	Sig.	95% CI Low	95% CI High
GFAP	0.839	0.026	0.000	0.788	0.890
UCH-L1	0.838	0.024	0.000	0.790	0.885

Translating Research Innovation into Public Health Solutions

JAMA Psychiatry | Original Investigation

Risk of Posttraumatic Stress Disorder and Major Depression in Civilian Patients After Mild Traumatic Brain Injury A TRACK-TBI Study

Murray B. Stein, MD, MPH; Sonia Jain, PhD; Joseph T. Giacino, PhD; Harvey Levin, PhD; Sureyya Dikmen, PhD; Lindsay D. Nelson, PhD; Mary J. Vassar, RN, MS; David O. Okonkwo, MD, PhD; Ramon Diaz-Arrastia, MD, PhD; Claudia S. Robertson, MD; Pratik Mukherjee, MD, PhD; Michael McCrea, PhD; Christine L. Mac Donald, PhD; John K. Yue, MD; Esther Yuh, MD, PhD; Xiaoying Sun, MS; Laura Campbell-Sills, PhD; Nancy Temkin, PhD; Geoffrey T. Manley, MD, PhD; and the TRACK-TBI Investigators

- Patients with TBI were twice as likely to develop Major Depression and PTSD as compared to orthopedic injury controls
- Identification of risk factors











Traumatic Brain Injury

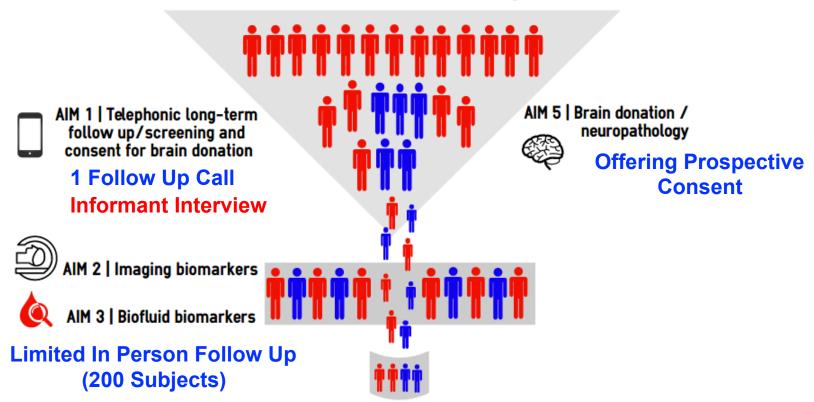


GAP



Overview of TRACK-TBI LONG Pilot

N = 3300 TBI and Control Subjects



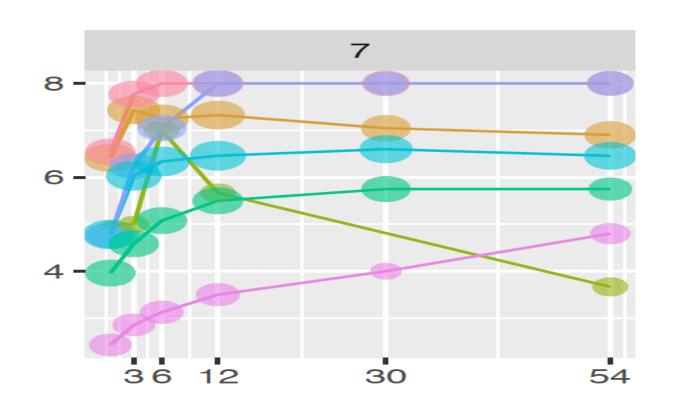
TRACK-TBI LONG Enrollment and Targets by Site*

LONG Sites	Enrolled	Total LONG Subjects Completed	Total LONG Informants Completed	LONG Subjects Completed in September	LONG target/ month
BCM-TIRR-UTH	65	61	41	12	24-34
MGH	23	25	17	6	15-21
UCSF	67	60	29	7	21-29
U Miami	17	17	7	4	8-12
U Pittsburgh	151	144	90	22	21-30
UT Austin	93	93	58	16	12-17
UTSW	5	3	3	3	9-13
U Washington	62	55	15	3	11-16
VCU	17	17	8	7	12-17
UPenn	0	0	0	0	6-8
MCW	0	0	0	0	1-2
Grand Total	500	475	268 (56%)	80	140-201

500 Enrolled

* 11 Sites Activated

TRACK-TBI: GOSE Latent Trajectories



TRACK-TBI LONG Assessments

	ТВІ	Control
Patient Interview (Long)		
9b. Worse difficulty of movement (incorporates 9a)	16/113 (14%)	2/15 (13%)
9c. Told might have Parkinson's/dementia	3/113 (3%)	0/15 (0%)
9d. Think might have Parkinson's/dementia	8/112 (7%)	0/15 (0%)
10a. Worse taking care of self (either level)	3/112 (3%)	0/15 (0%)
10b. Worse physical function	13/112 (12%)	2/15 (13%)
10c. Worse mental function	20/113 (18%)	1/15 (7%)
10d. Worse emotional function	13/113 (12%)	0/15 (0%)

N=113 TBI and 15 Ortho Controls

New Partnerships and Collaborations





Artificial Intelligence
Machine Learning
High-Performance Computing







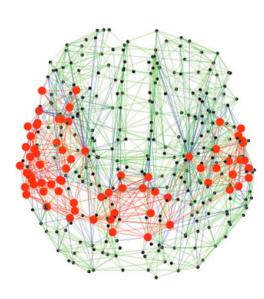
Precision Imaging for TBI



Invisible
Wounds
Uncertain Outcome

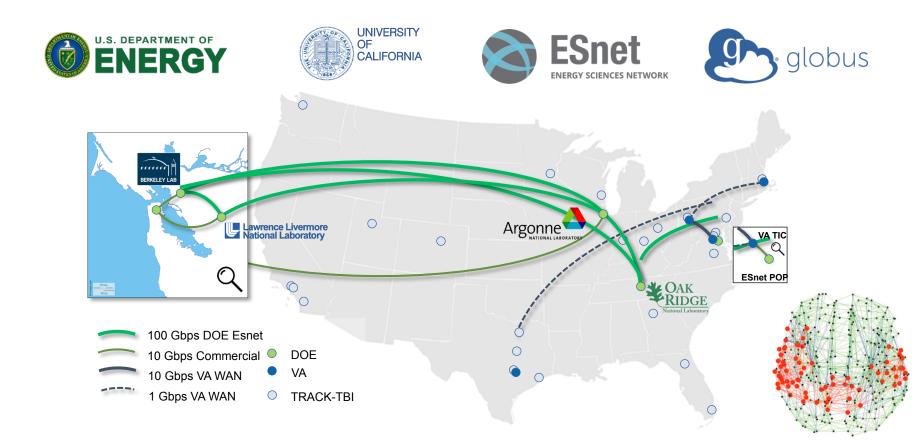


MRI Tractography

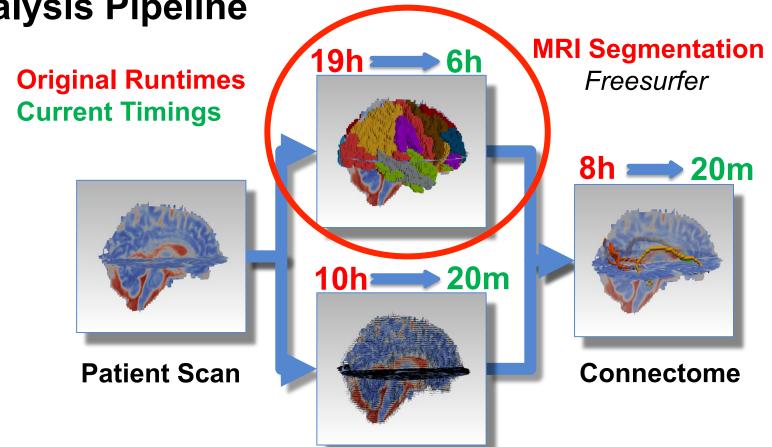


Real-Time Connectome

Bringing DOE's Data Network to ZSFG



Accelerating and Standardizing the Connectome Analysis Pipeline



Deep Learning MRI Segmentation

- Segmentation is the bottleneck of the connectome pipeline
- Model trained on 1,000s of MRIs and anatomical atlases
- Faster processing to enable downstream diagnosis/prognosis



Trained Deep learning model processes TRACK-TBI patient in ~1min

ZSFG TBI Program











Research





Community



Thank You!