

$Response Evaluation In Neurofibromatosis Schwannomatosis \\INTERNATIONAL COLLABORATION$

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REINS Functional Group Update

June 23, 2023 Andrea Gross, MD

Functional Group Update

- Skeletal Manifestations of NF1
 - NF1 Bone Outcome Measurements Landscape
 - Development of Dystrophic Scoliosis Score
 - Ongoing Projects: Scoliosis in MRI vs Radiographs retrospective review
- Gastrointestinal Issues in NF1
- Future Plans for Functional Committee



NF1 Skeletal Endpoints Landscape Manuscripts

- Potential Endpoints for Assessment of Bone Health in Persons with NF1
 - Submitted for REiNS supplement, currently under revision
 - Summarizes possible techniques for evaluating overall bone health in future NF1 trials
 - Includes suggestions for what should be included in a future NF1 Bone Natural History Study



Technique	Possible Endpoint(s)	Advantages
Dual-energy X-ray Absorptiometry (DXA)	Areal Bone Mineral Density (aBMD) (g/cm²) Bone Mineral Content (BMC) (g) Bone mineral apparent density (BMAD) Height-adjusted z-scores Trabecular bone score (TBS)	Available at most centers Normal values available for children and adults at multiple body sites (lumbar spine, femoral neck, total hip, whole & sub-total body)
Quantitative Ultrasound (QUS)	Bone Transmission Time (BTT, μs) Amplitude-dependent speed of sound (AD-SoS, m/s) Ultrasound Bone Profile Index (UBPI) Broadband ultrasonic attenuation (BUA)	 No radiation portability of apparatus Lower costs Utilization in infants
Quantitative Computed Tomography (QCT); Muti-	Total, trabecular and cortical area (cm²)	Better ability for the measurement of bone size, geometry
Detector Quantitative Computed Tomography (MDQCT) and Peripheral Quantitative Computed	Total, trabecular and cortical volumetric bone mineral density (vBMD) (g/cm³)	and strength with the separation of the bone and muscle compartments
Tomography (pQCT)	Endosteal and periosteal circumference (cm)	· Assessment of volumetric BMD
Tomography (peer)	Section modulus (mm³) Bone strength index (BSI, mm³) Strength strain Index (SSI) Finite element analysis (FEA)	pQCT with low radiation exposure (< 0.01 mSv ³⁰)
Radiographs	Ratio of cortical width to total width Ratio of cortical area to total cross-sectional area Cortical Thickness Index (ratio of the outer diaphyseal diameter minus the intramedullary canal inner diameter to the diaphyseal diameter)	Minimal radiation with limited inter- and intra-institutional variability
Magnetic Resonance Imaging Techniques	High Resolution Trabecular imaging: Ultrashort echo time imaging Quantitative susceptibility mapping (QSM) Magnetic resonance spectroscopy (MRS)	 No ionizing radiation May be able to use sequences already obtained for evaluation of NF1 related tumors
Markers of bone formation	N-propeptide of type 1 collagen (P1NP) Alkaline phosphatase (ALP) Bone-specific alkaline phosphatase (bone ALP) Osteocalcin (OC)	
Markers of bone resorption	C-terminal cross-linking Telopeptide of type I collagen (CTX) N-terminal telopeptide of type 1 collagen (NTX) Hydroxyproline Urinary Pyridinium cross-links Urinary calcium: creatinine ratio	
Markers of General Calcium-Phosphorous	Total calcium	
Metabolism	lonized calcium	
	Phosphorus Magnesium Parathyroid hormone (PTH) 25-OH vitamin D (25OHD)	

NF1 and Scoliosis

 Ongoing: Retrospective review of scoliosis radiographs vs MRIs

The degree of spinal curvature and changes in degree of curvature visualized on MRI can be directly correlated with the degree of spinal curvature seen in standard standing scoliosis radiographs (Cobb angle) obtained at the same time point

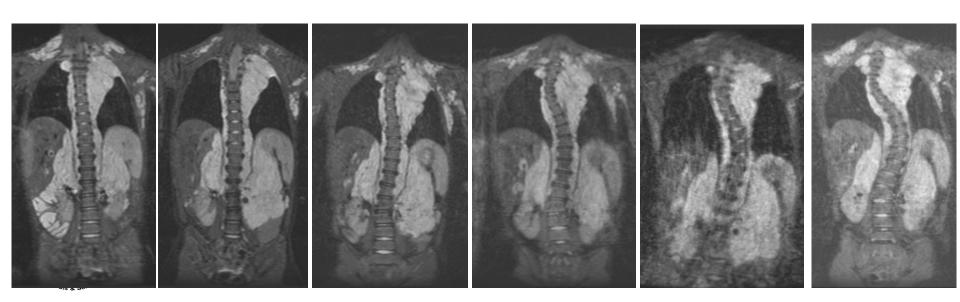






NF1 and Scoliosis

- Next Project: Developing Dystrophic Scoliosis score to be able to track changes over time
- Challenge: How to score evolution over time beyond the Cobb angle

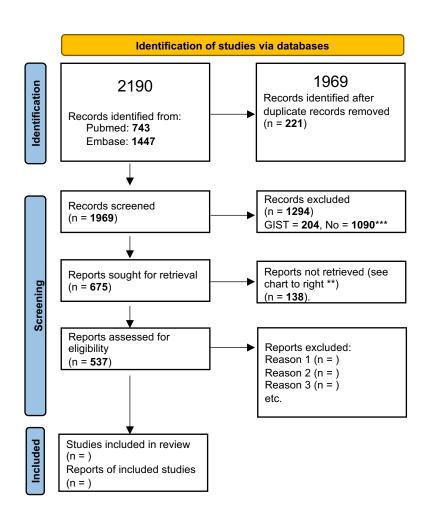


NF1 and Gastrointestinal Issues AKA the "Not Just GIST" Project

- Project lead: Andres Lessing
- Currently performing a systematic review to assess the incidence of reported GIrelated issues in NF1
- Considerations for developing survey for people with NF1 to get a sense of the prevalence of these issues



Current PRISMA Diagram for NF1 and GI Systematic Review Analysis



Inclusion\Exclusion Criteria:

- Must include NF1
- Exclude animal models
- Exclude if exclusively GIST
- •Exclude when GI symptom is secondary to a non-GI cause
- Exclude somatic mutations
- Excluding if GI symptom is due to treatment
- Including oral cavity
- •Including if GIST if something else GI related
- •Include any tumor on GI track regardless of origin (other than GIST)
- •No bladder unless directly impacting GI

** Manuscript we could not retrieve

YEAR	Number of Articles that Could Not be Retrieved
<1980	47
1980-1989	31
1990-1999	27
2000-2009	11
2010-2019	15
2020	2
2021	2
2222	3

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmi.n71

Functional Committee Future Plans

- Completing MRI vs Radiograph study
- Developing Dystrophic Scoliosis Score
- Completing GI Systematic Review and potentially developing a survey for
- Revisiting/revising recommendations from previous publications
- Others??





Thank you!!

REINS Functional Committee Members:

- Andres Lessing
- Bev Oberlander
- Brigitte Widemann
- Brittany Simpson
- David Stevenson
- David Viskochil
- Gareth Evans
- Heather Thompson
- Herb Sarnoff
- Jonathan Rios

- Kelly Carpenter
- Laura Klesse
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- Nicole Ullrich
- Noelle Larson
- Renie Moss
- Scott Plotkin
- Vandana Akshintala
- ...and more!

