

Developing Biological Markers to Improve Clinical Care in Autism

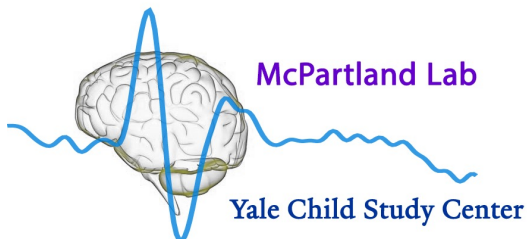
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Yale Developmental Disabilities Clinic

Yale Center for Brain and Mind Health

Autism Biomarkers Consortium for Clinical Trials



Overview

- What is autism, and why do we need biological markers?
- Biomarkers
 - What is a biomarker?
 - In what ways could biomarkers improve care?
 - What makes a good biomarker? What makes a good autism biomarker?
 - What does progress look like?
 - What's the goal?
- Innovations
 - Using biomarkers to develop new treatments
 - Including the full spectrum in biomarker science

Autism

- Developmental condition impacting
 - Social-communicative function
 - Interests and behavioral flexibility
 - Sensory perception and response

Multiple causes and mechanisms

Centrality of social-communication

Reliance on behavior

Need to harness biology

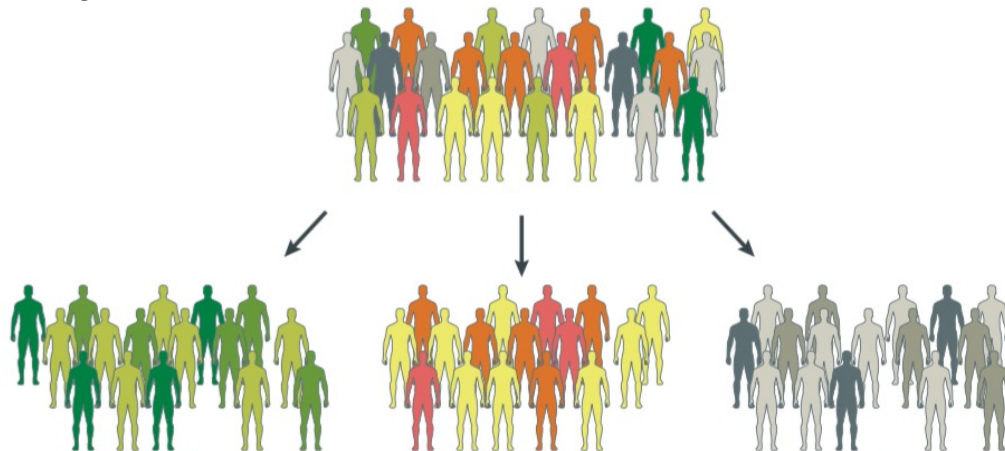
FDA Biomarker Definition

A defined characteristic that is measured as an indicator of normal biological processes, pathogenic processes, or responses to an exposure or intervention, including therapeutic interventions.



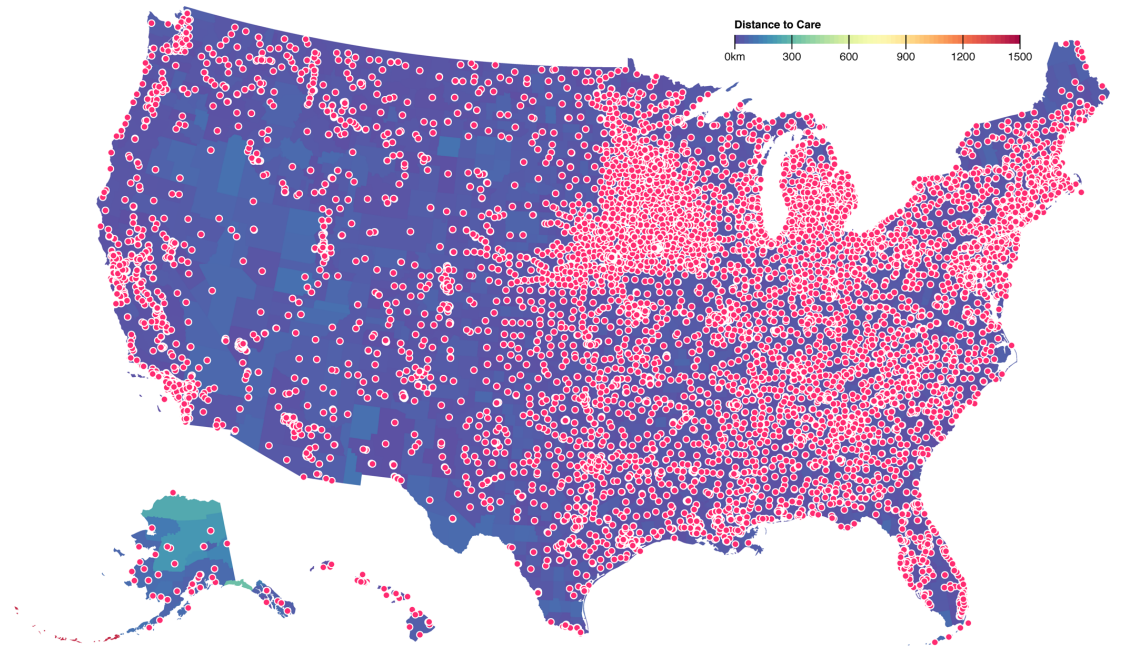
Uses for Biomarkers in Autism

- Presence of autism (diagnostic)
- Likelihood of developing (screening)
- Developmental course (prognosis)
- Treatment selection (prediction)
- Measuring outcome (treatment response)
- Subgroups (stratification)



General Considerations for Biomarkers

- Replicable
- Reliable
- Tolerable for autistic people and children
- Cost effective
- Accessible



Walsh, Elsabbagh, Bolton, Singh, 2011; Loth et al., 2015; McPartland, 2016

Autism-specific Considerations for Biomarkers

- Different in autistic and non-autistic people
- Associated with social-communication
 - Specifically associated
- Relevant in children and adults
- Sensitive to clinical improvement

Not all attributes needed to be useful

Different attributes important for different purposes

Autism-specific Considerations for Biomarkers

- **Different in autistic and non-autistic people**
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 - Specifically associated
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- **Sensitive to improvements**

Not all attributes needed to be useful

Different attributes important for different purposes

Diagnosis

Autism-specific Considerations for Biomarkers

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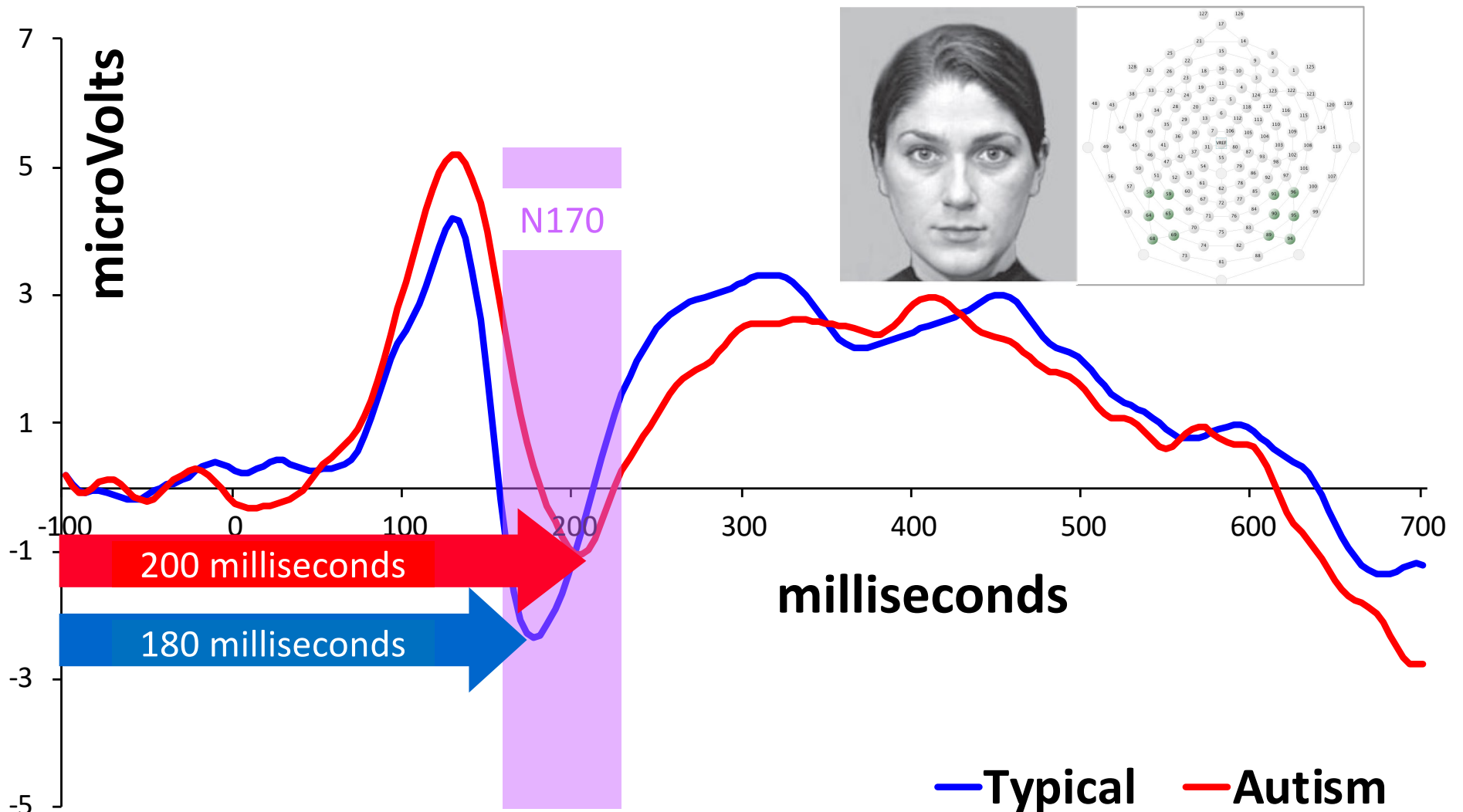
Treatment Response

Electroencephalography (EEG)

- Electrical brain activity recorded directly from scalp
- Viable across ages and levels of function
 - Non-invasive
 - Movement tolerant
- Practical
 - Cost effective
 - Accessible
- Informative about social-communication



N170 is Slower in Autism

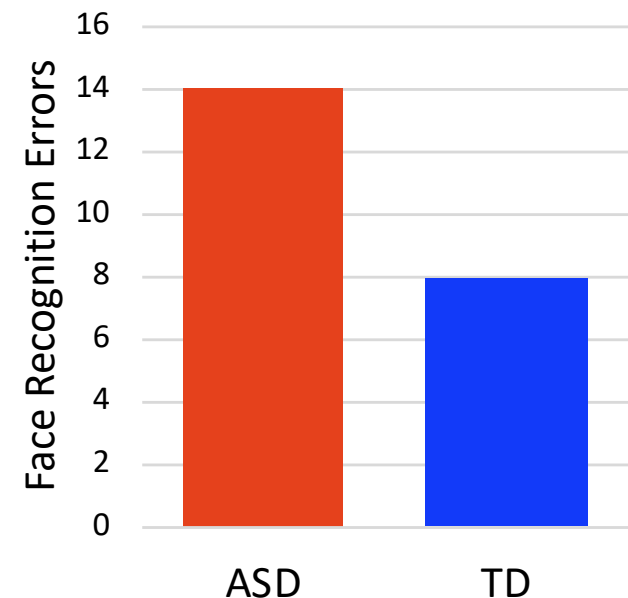


N170 is different in autistic and non-autistic adolescents and adults

N170 is Associated with Social Function

- Standardized tests of face recognition
 - Increased errors among adolescents and adults with autism
 - Errors correlated with N170

N170 is related to social-communication



N170 Specificity

- Are N170 differences particular to social information?
 - Are differences observed in children?



Social



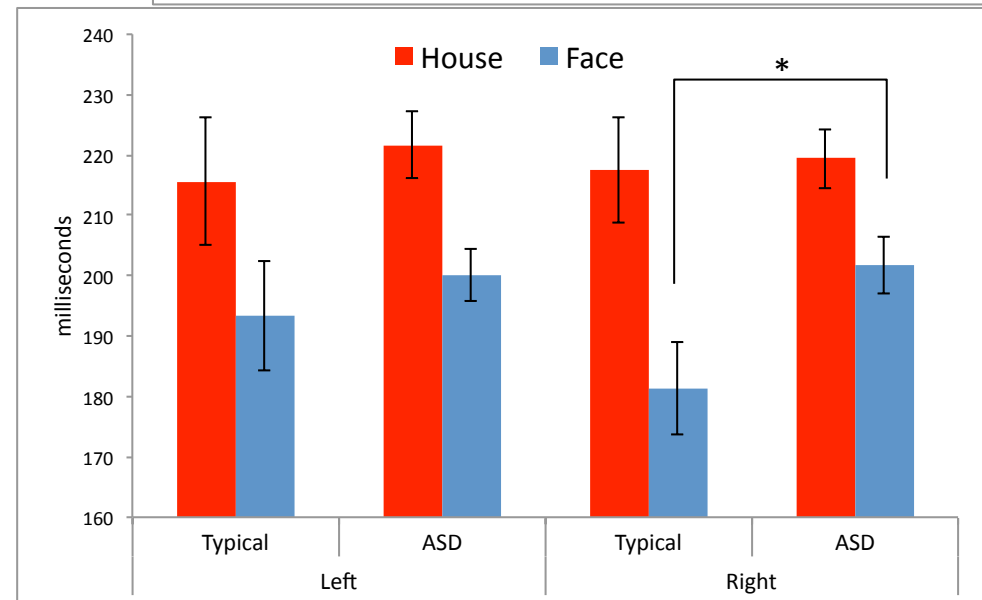
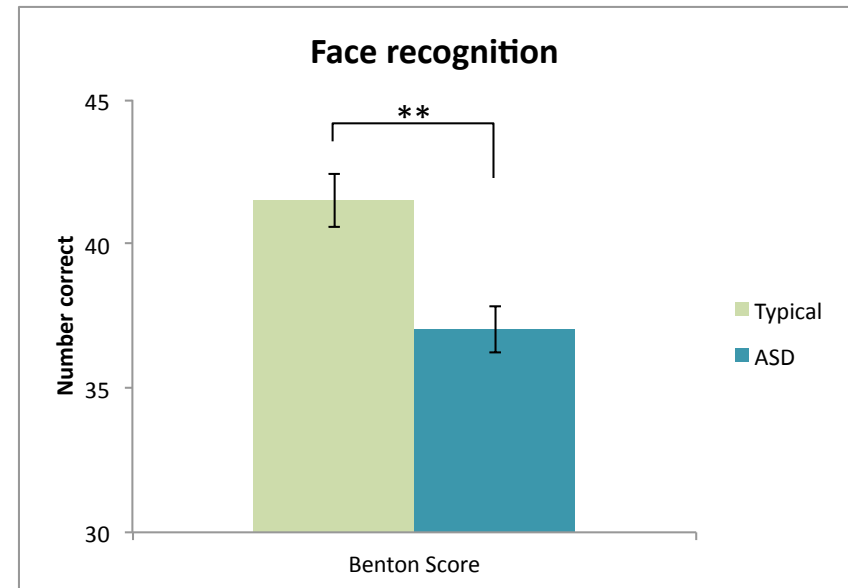
Non-social

N170 Differences Observed in Younger Children

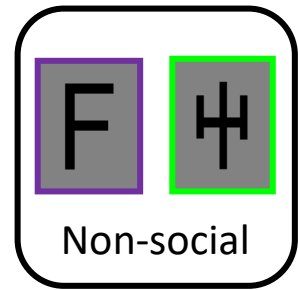


- Lower face recognition scores in autism
- Slower face processing (N170) in autism

N170 differences consistent across children, adolescents, and adults

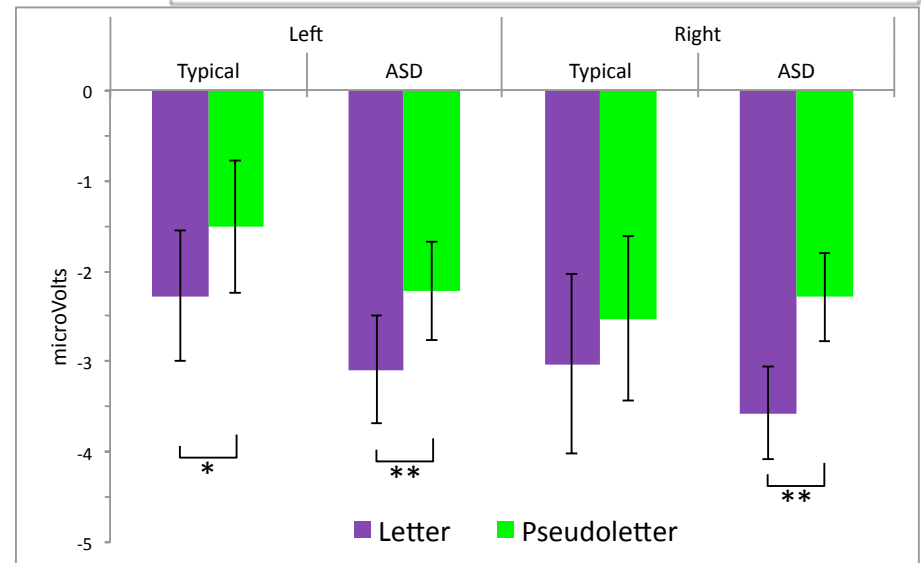
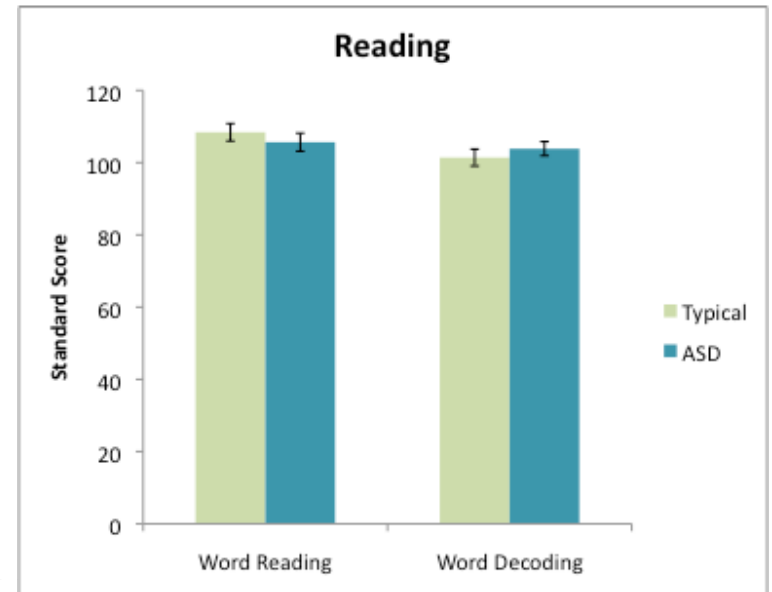


N170 Differences are Specific to Social Information



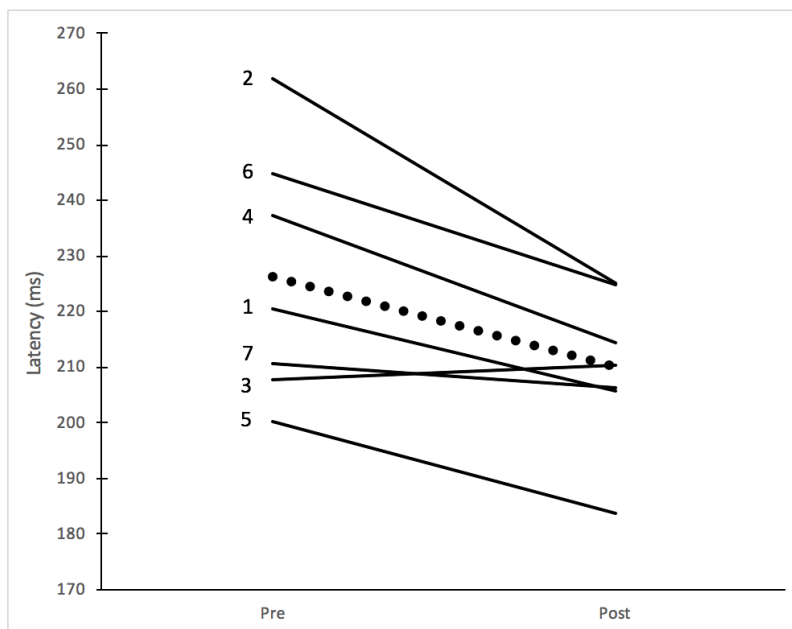
- Average reading scores
- Brain response to letters comparable to non-autistic children
 - Enhanced amplitude
 - Comparable speed

N170 differences specific to social-communication



N170 is Sensitive to Clinical Improvement

- Pivotal Response Treatment
 - Naturalistic behavioral intervention
 - Preschool-aged children received 14-week course of treatment
 - Measured N170 before and after treatment
- Increased N170 speed after treatment



**Changes in N170 speed
parallel changes in
social-communication**

Autism-specific Considerations for Biomarkers: Evidence for the N170

- Different in autistic and non-autistic people
- Associated with social-communication
 - Specifically associated
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The Next Step: Qualifying Biomarkers

- Evaluate most promising biomarkers
- Large groups of children
- Confirm consistency across laboratories
- Multiple time points to understand stability
- Stringent scientific standards
- Cost-effective, accessible methods

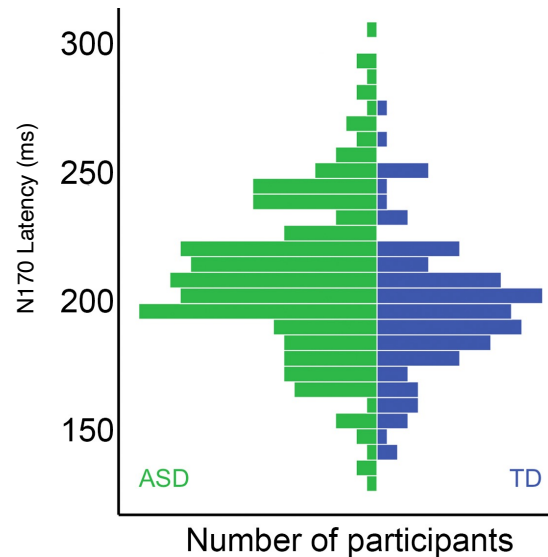


ABC-CT Study Design

- Phase 1 (2015-2020)
 - 280 school-aged children with ASD and 119 with TD
 - Baseline, 6 weeks, 24 weeks
- Phase 2 (2020-2025)
 - Long term follow-up with Phase 1 cohort (~3-4 years)
 - Replication sample of 200 ASD and 200 TD children
 - Evaluate feasibility in preschool-aged children
- Measures
 - Comprehensive clinician and caregiver reports
 - Four EEG and five eye-tracking biomarkers
 - Including N170 latency

ABC-CT Progress: N170

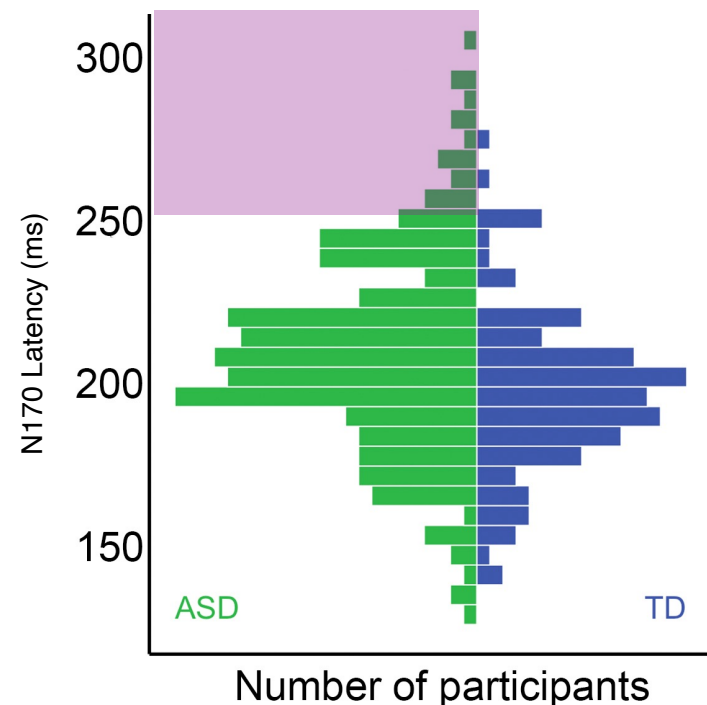
- Replication of N170 delay in autistic children
 - Across all four time points (6 weeks to approximately 4 years)



- Replication of relationship with social function (face memory, $r = -.21$)
- Stable in children over:
 - 6 weeks (ICCs = .66-.75)
 - 24 weeks (ICCs = .56-.75)

ABC-CT: Biomarker Qualification

- Letter of Intent submitted to the FDA Biomarker Qualification Program
 - Accepted in May 2019
 - First biomarker for a psychiatric condition
- Proposed purpose: Subgrouping (stratification)
 - Biologically defined subgroup
 - Improve clinical trials by reducing variability
- Ongoing development of qualification plan with FDA
- Challenges
 - How to define the subgroup?
 - How to validate subgroup?
 - How to measure what it means for treatment?
 - How easily can this approach be applied in other settings?



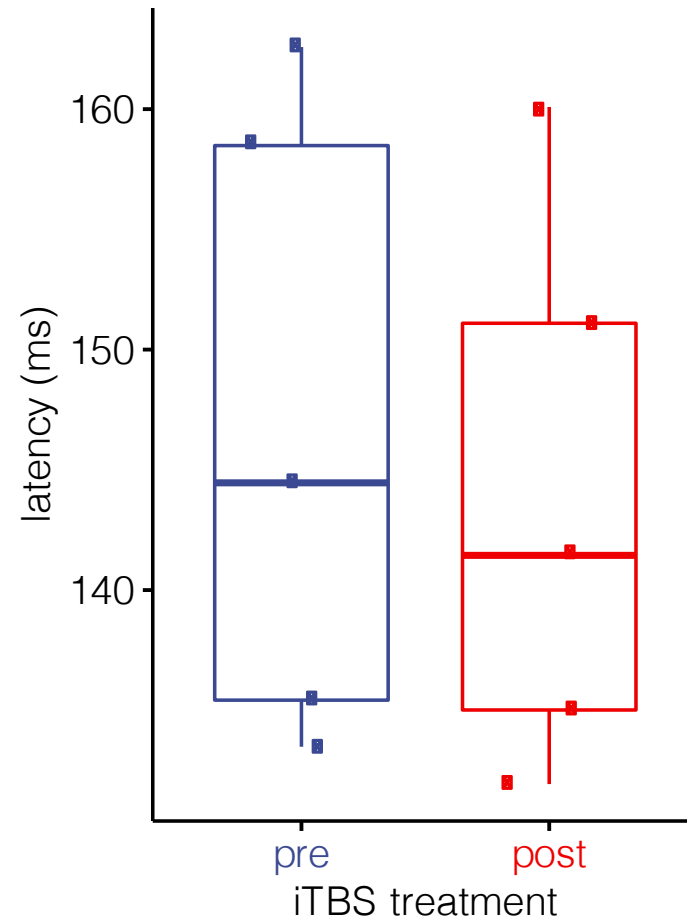
Translating Biomarkers to Care

- N170 linked to function of specific brain region (STS)
 - Involved in social perception and thinking
 - Observed to change during behavioral treatments
- Could we use the N170 as a guide to boost function in this area?
 - Would it enhance social-communication?



Translating Biomarkers to Care

- Proof of concept in neurotypical adults
 - Faster N170 latency after stimulation



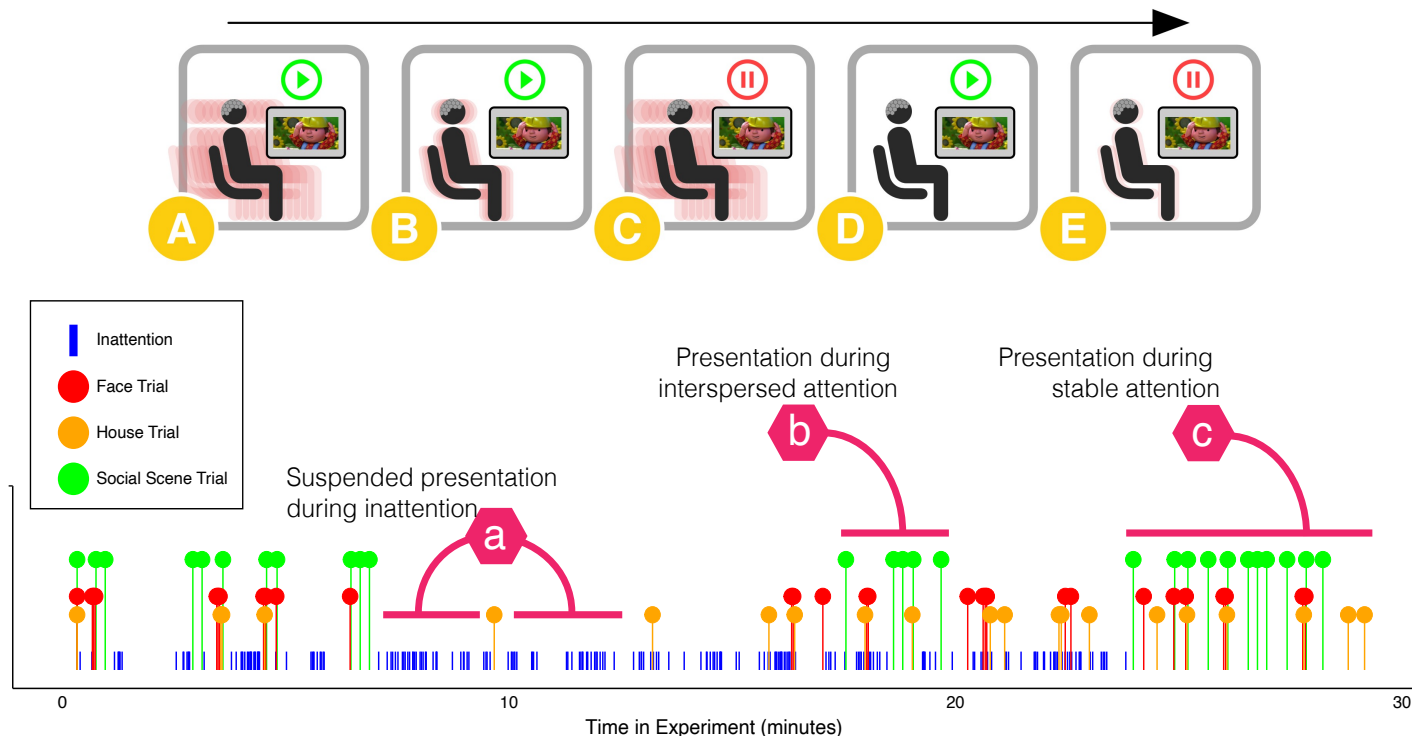
Increasing Inclusivity of Biomarker Research

- Individuals with ASD and intellectual disability excluded from most neuroscience research
 - 38% of those with autism
 - 1% of neuroscience studies
- Failure to meet the needs of those in most significant need of support

Increasing Inclusivity of Biomarker Research

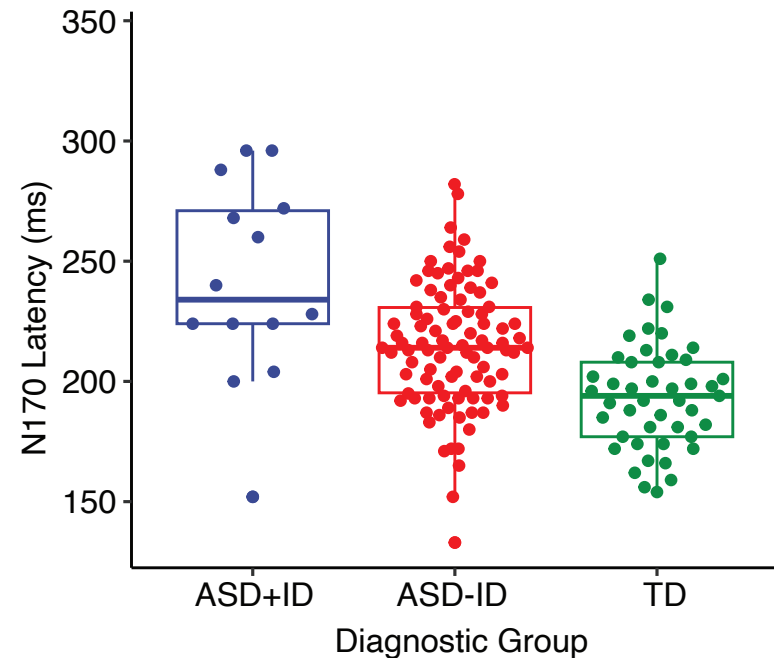
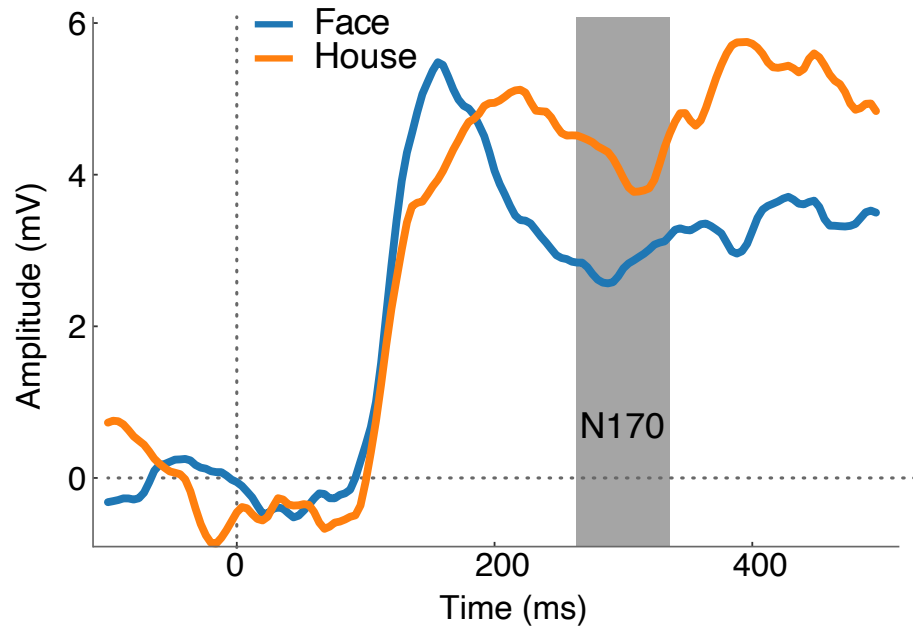


- Innovative strategy
 - Laboratory setup
 - Behavioral protocol
 - Experimental approach



Increasing Inclusivity of Biomarker Research

- High success rate in ASD+ID (IQ ~31)
- Valid response patterns
- Replication of N170 findings



*Thank you to the individuals and families that
partner with us in research!*

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Autism Innovative Medicine Studies-2-Trials

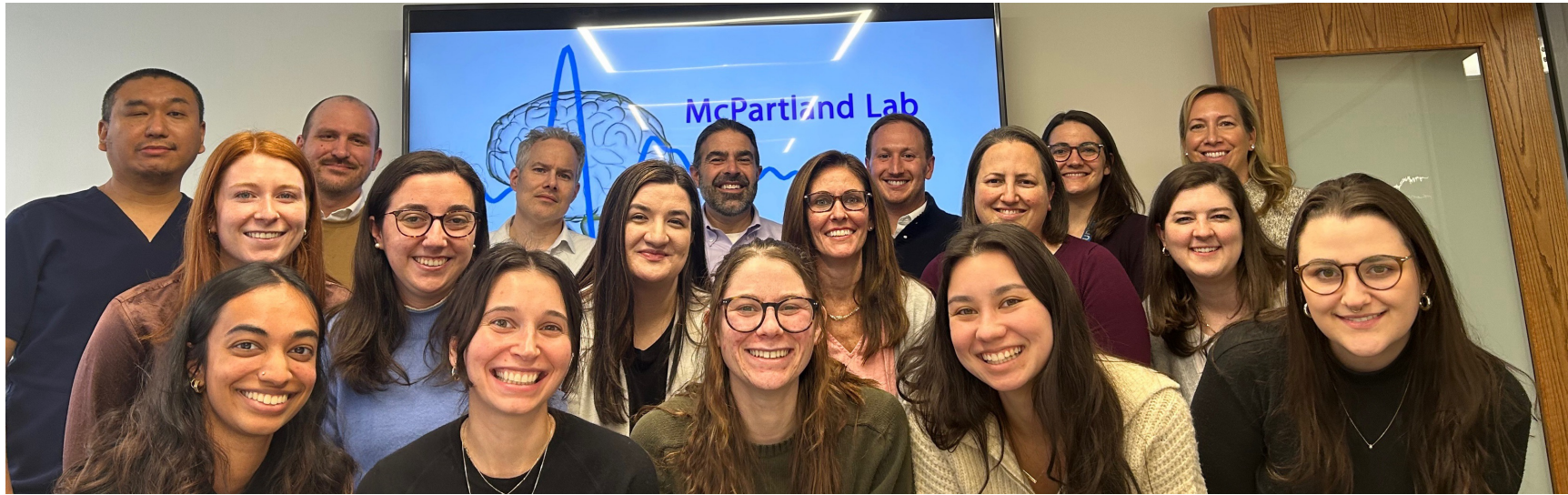
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You can help!!!

Research Participation

- Aged 3 – Adult
- With or without ASD or ID
- Clinical report
- Up to \$300

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Do you
have a
child
between
6 and 18
years of age?

They can play an important role in research by participating in our study to help us learn about brain development.

The McPartland Lab at the Yale School of Medicine is seeking children with **autism spectrum disorder, intellectual disability**, and **typically developing** children. *Participants will receive a clinical evaluation and report, as well as compensation up to \$300.*

To learn more, contact our study team at autism@yale.edu or (203) 737-3439.



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