

Review of UBDRS in JNCL: Reliability, Validity, and Endpoints

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Development of Outcome Measures

Identify and track biomarkers

Identify and track endophenotypes

Measure and follow clinical features

- Quantifiable measurements
- Clinical rating scale



The Unified Batten Disease Rating Scale (UBDRS)

Initial items for each subscale identified based on review of literature on clinical features of JNCL

Additional items added based on experience from movement disorder rating scales

Item elimination and modification based on initial reliability testing (Marshall et al., 2005)

Continued assessment of scale performance and reliability with modifications as guided by the data



The Unified Batten Disease Rating Scale (UBDRS)

Demographics / Diagnostics / Medical History / Medications

Physical Assessment

Seizure Assessment

Behavioral Assessment

Capability Assessment

- Assuming Normal Vision
- Given Actual Vision

Sequence of Symptom Onset

Global Impression of Symptom Severity



Subject Ascertainment

Establish registry of known cases (2001 -)

Travel to Annual Batten Disease Support and Research Association (BDSRA) family meeting (2002 -)

Establish Batten Disease Clinical Research Center at University of Rochester (2005 -)

Now a BDSRA Center of Excellence

All subjects genotyped at University of Rochester



Subjects 2002 - 2012

NUMBER OF EVALUATIONS	CLINICAL JNCL	CLN3 MUTATION	OTHER NCLs	UNDIAGNOSED	TOTAL SUBJECTS
1	49	45	10	4	63
2	12	11	3	1	16
3	11	11	0	0	11
4	5	5	1	1	7
5	3	3	0	0	3
6	5	5	2	0	7
7	5	5	0	0	5
8	2	2	0	0	2
9	2	2	0	0	2
10	3	3	0	0	3
11	1	1			11
TOTAL SUBJECTS	98	93	16	6	120
TOTAL EVALUATIONS	266	261	30	10	306



Clinical Features and Natural History of JNCL

Descriptive

- Age at onset
- Rate of Progression
 - Cross-sectional and longitudinal
 - Effect of CLN3 genotype
- Cognitive features

Hypothesis Testing

Sex Differences

Use for retrospective evaluation of treatment

Baseline for clinical trials



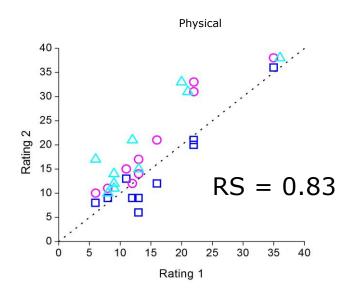
Average Age at Symptom Onset

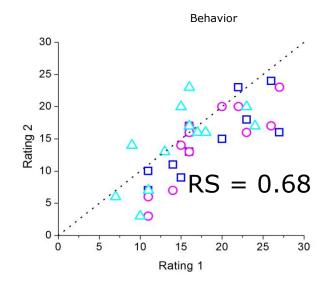
	Vision Loss	Behavior Problems	Cognitive Problems	Seizures	Motor Problems
Males	5.4 ± 1.5	7.0 ± 3.4	8.2 ± 4.0	9.8 ± 2.7	10.9 ± 4.4
Females	6.3 ± 1.4	9.5 ± 4.4	8.7 ± 2.9	9.4 ± 2.5	11.8 ± 3.6
	P < 0.001	P < 0.05	N.S.	N.S.	N.S.

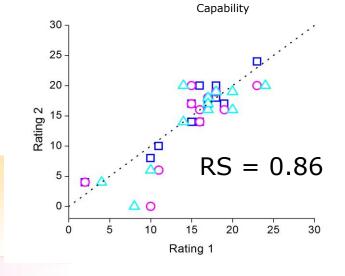
Cialone et al, 2012



Inter-Rater Reliability

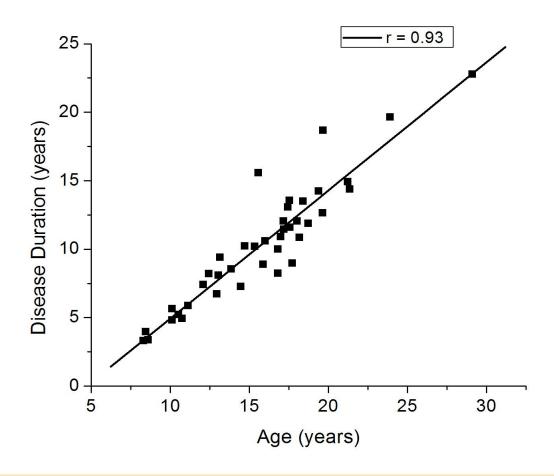






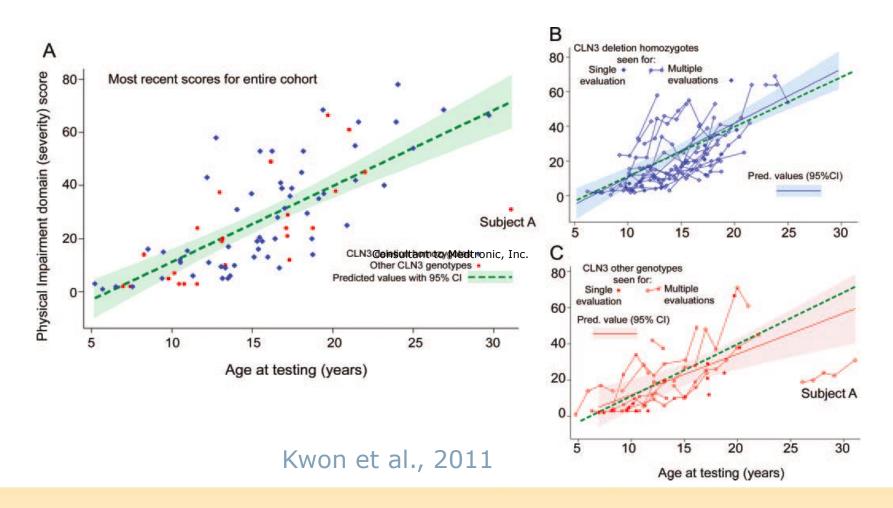


Age as Surrogate for Progression



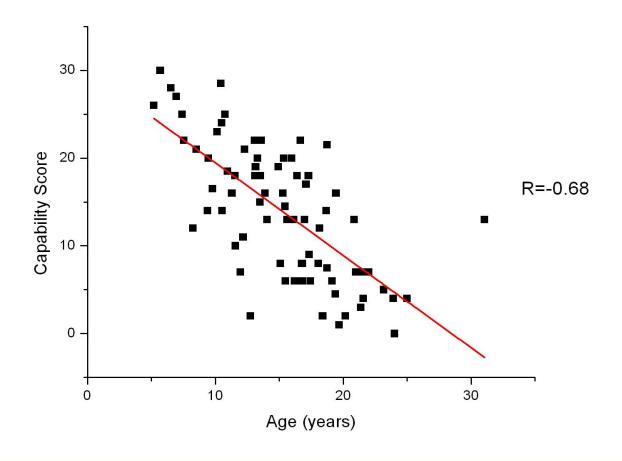


CLN3 Progression of Physical Impairment



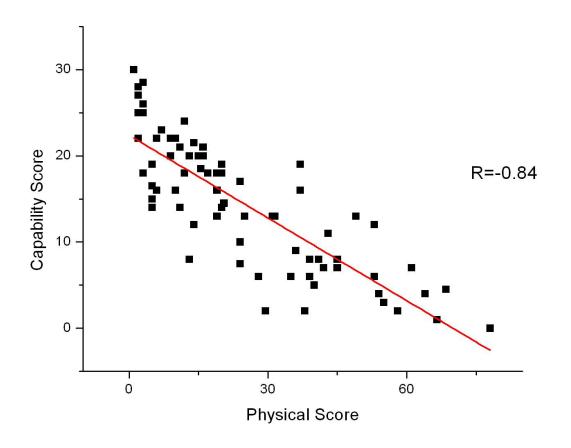


Capability Scale



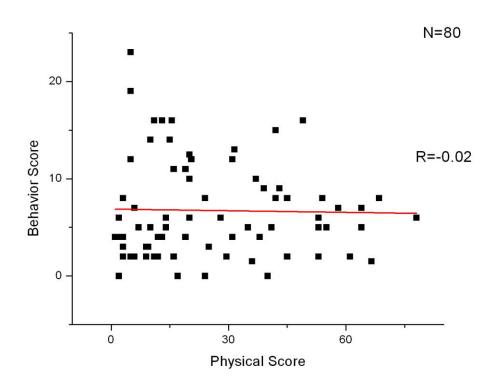


Convergent Validity: Physical and Capability Scales



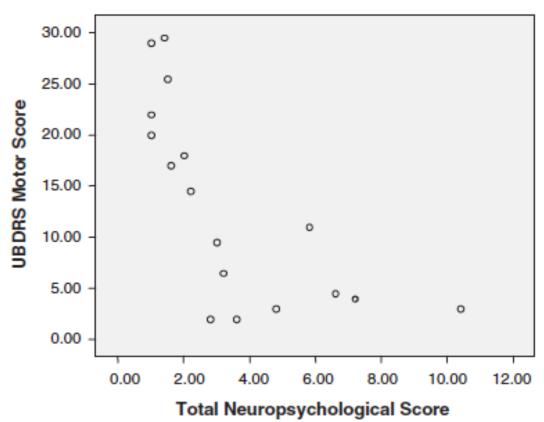


Discriminative Validity: Behavior Scale





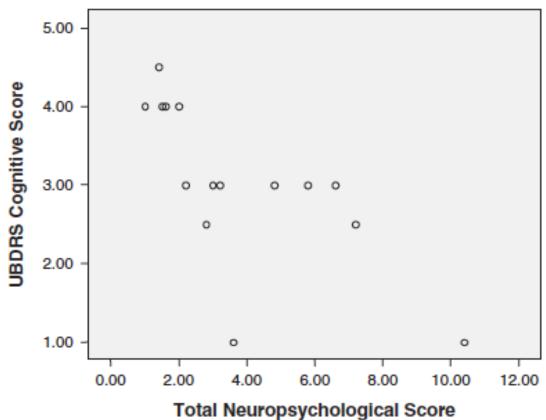
Physical Impairment vs. Cognitive Performance



Adams et al., 2007



Validation of UBDRS Cognitive CGI



Adams et al., 2007



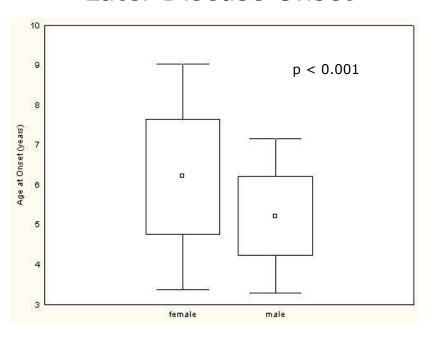
DO GIRLS HAVE A MORE SEVERE DISEASE TRAJECTORY THAN BOYS?

Endpoints from UBDRS and Elsewhere

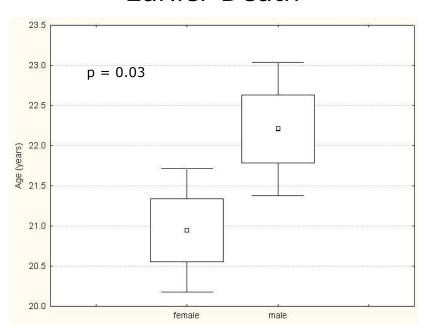


JNCL Girls Have a Shorter Disease Course

Later Disease Onset



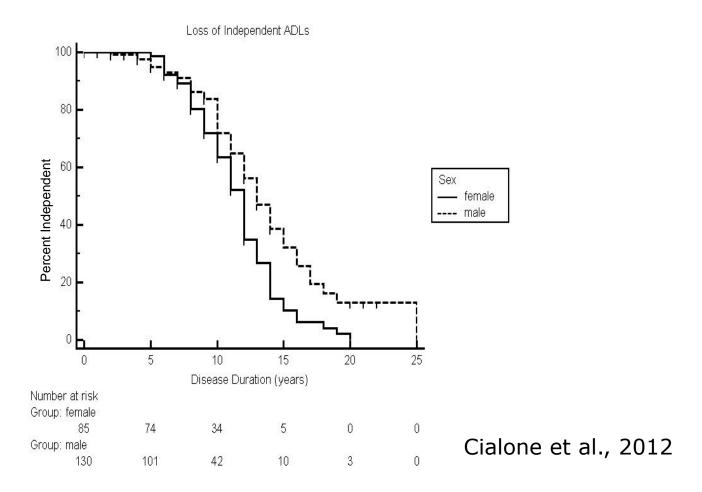
Earlier Death



Cialone et al., 2012



JNCL Girls Have Earlier Loss of Independent Function





Summary – Sex Differences

Girls have a shorter duration of disease and earlier loss of independence, resulting in lower quality of life

Why?

- Female sex is often thought to be neuroprotective
- Role of autoimmunity?
- Sociocultural factors: what are society's expectations for girls?

Future Directions

- Look for other differences between girls and boys
- Better understanding of the molecular basis of the disease may lead to potential target for therapy



The Team

Neurologists

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- Leon Dure, MD (UAB)
- Jennifer Kwon, MD, MPH
- Frederick Marshall, MD
- Jonathan Mink, MD, PhD
- Denia Ramirez, MD PhD

Neuropsychologist

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- Sabrina Seehafer (PhD)
- Melissa Wang (MD)

Statisticians

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Molecular Geneticist

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Supported by BDSRA, NINDS, FDA OPD, RDCRN, URCTSI





