### BLOOD-BASED BIOMARKERS FOR PREDICTION OF INTRACRANIAL HEMORRHAGE AND OUTCOME IN PATIENTS WITH MODERATE OR SEVERE TRAUMATIC BRAIN INJURY

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### **DISCLOSURES**

### No relevant conflicts of interest

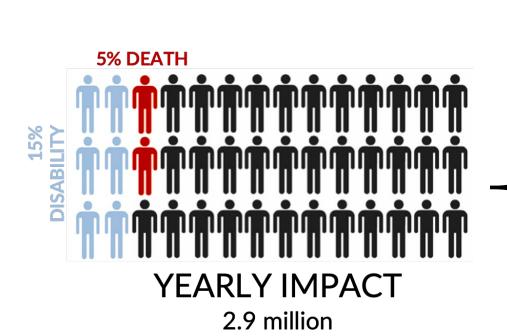
Funding provided by the National Heart, Lung, and Blood Institute

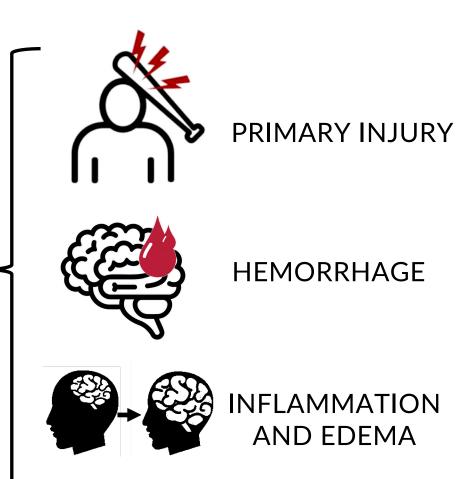
NHLBI 1RO1HL126585-01: "Blood Based Biomarkers of Injury and Outcome in the Prehospital TXA for TBI Trial"

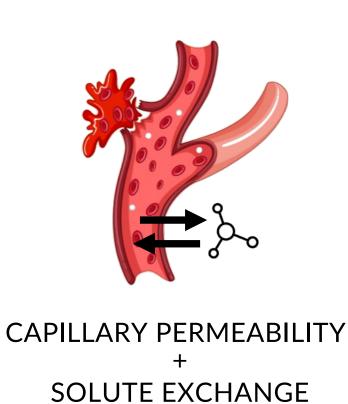




### TRAUMATIC BRAIN INJURY (TBI)









### TBI CLASSIFICATION

- Standardized scoring systems
  - Clinical (labs, vitals, physical exam)
  - Radiographic (CT findings)
- Applications:







Predictor	Score
Basal cisterns	
Normal	0
Compressed	1
Absent	2
Midline shift	
No shift or shift ≤5 mm	0
Shift >5 mm	1
Epidural mass lesion	
Present	0
Absent	1
Intraventricular blood or subarachnoid hemorrhage	
Absent	0
Present	1
Sum score	+1

	MLS	Cisterns	High or mixed- density lesion	Notes
I	None	Present	None	No visible pathology on CT scan
II	0-5mm	Present	None	
Ш	0-5mm	Compressed or absent	None	Swelling
IV	>5mm		None	
٧	Any	Any	Any	Any lesion surgically evacuated
VI			>25cm3	Not surgically evacuated





### CLINICAL SCORING SYSTEMS

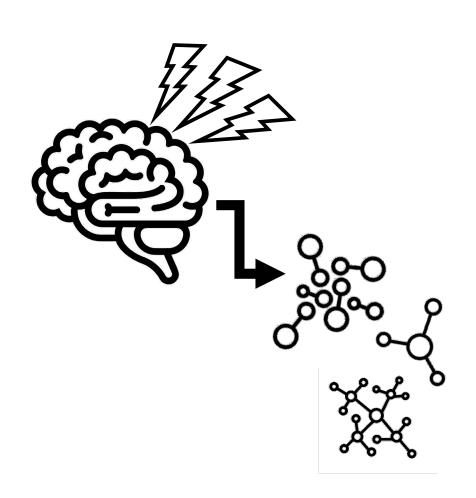
- Practitioner-dependent
- Subject to confounding
- Lack discrimination

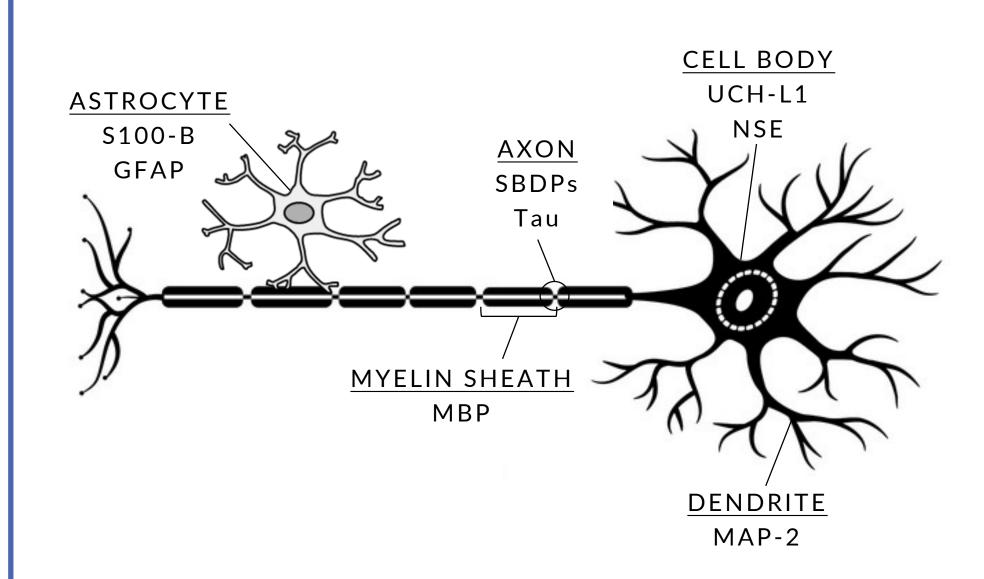
Eye Opening		Verbal Response		Motor Response	
	Points		Points		Points
Spontaneous	4	Oriented	5	Obeys commands	6
To voice	3	Confused	4	Localizes pain	5
To pain	2	Inappropriate words	3	Withdraws	4
None	1	Incomprehensible sounds	2	Abnormal flexion	3*
		Silent	1	Abnormal extension	2**
				No movement	1





### **BIOMARKERS IN TBI**



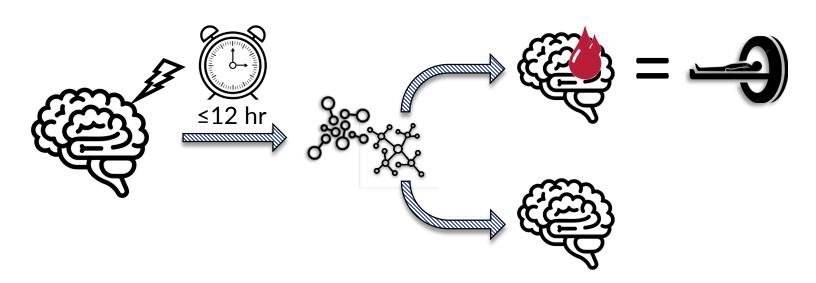




### **BIOMARKERS IN MILD TBI**



### 2018 – FDA approves Brain Trauma Indicator for mild TBI only





### BIOMARKERS IN MODERATE-SEVERE TBI

### BIO-ProTECT (2019)

<u>J Neurotrauma.</u> 2019 Oct 15;36(20):2863-2871. doi: 10.1089/neu.2018.5809. Epub 2019 Jul 9.

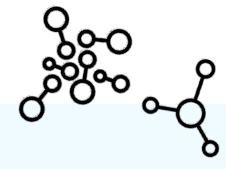
Association of Very Early Serum Levels of S100B, Glial Fibrillary Acidic Protein, Ubiquitin C-Terminal Hydrolase-L1, and Spectrin Breakdown Product with Outcome in ProTECT III.

Frankel M<sup>1</sup>, Fan L<sup>2</sup>, Yeatts SD<sup>3</sup>, Jeromin A<sup>4</sup>, Vos PE<sup>5</sup>, Wagner AK<sup>6</sup>, Wolf BJ<sup>3</sup>, Pauls Q<sup>3</sup>, Lunney M<sup>7</sup>, Merck LH<sup>8</sup>, Hall CL<sup>1</sup>, Palesch YY<sup>3</sup>, Silbergleit R<sup>9</sup>, Wright DW<sup>10</sup>

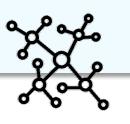
- S100B and GFAP improved prediction of 6-month outcome over prehospital variables
- Did not evaluate radiographic endpoints



### STUDY HYPOTHESIS



In patients with moderate or severe TBI, serum levels of GFAP, UCH-L1, and MAP-2 improve prediction of CT findings, mortality, and 6-month neurologic outcome over prehospital characteristics alone.







### **METHODS - PROCEDURES**

Placebo arm of "Prehospital Tranexamic Acid Use for TBI" - 20 trauma centers, USA and Canada









250 mL SALINE

• Bolus + 8hr infusion

**HEAD CT** 

• ED arrival + repeat < 24hr

#### **BLOOD SAMPLES**

ED arrival

#### **BIOMARKERS**

• GFAP, UCH-L1, MAP-2





### **METHODS - STATISTICS**

### **PREDICTORS**







PH + SINGLE BIOMARKERS



PH + ALL 3 BIOMARKERS

### **OUTCOMES**

### **CLINICAL**

### **RADIOGRAPHIC**





6-MONTH GOS-E + DRS





MARSHALL SCORE 5+6





### **POPULATION**

Characteristic	(N = 243)
Median age (IQR)	35 [24, 53]
Male sex	78%
Median Prehospital Glasgow Coma Score (IQR)	8 [5, 10]
ICH on initial CT scan	55%
Mass lesion (Marshall 5+6)	12%
ICH progression	21%
Mortality within 48 hours	7%
Mortality within 28 days	13%
Extended Glasgow Outcome Score (GOS-E) ≤ 4	34%
Disability Rating Scale (DRS) ≥ 7	24%
Median time from injury to blood sample (min)	84





### **RESULTS:**

### RADIOGRAPHIC ENDPOINTS

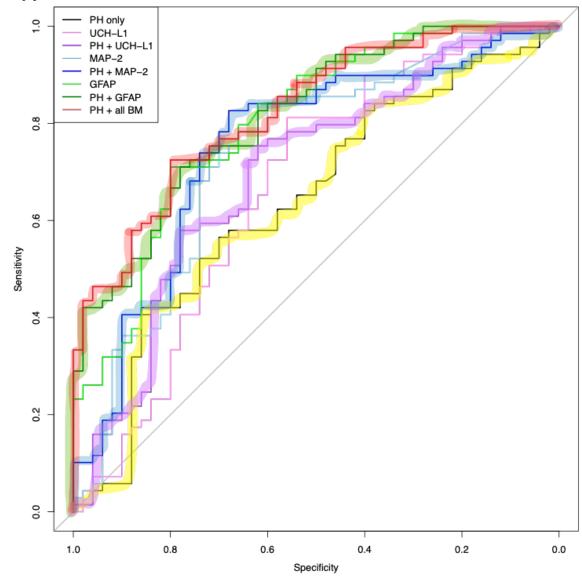




### INTRACRANIAL HEMORRHAGE

### Addition of individual biomarkers to PH improved prediction over PH alone (AUC = 0.639)

- GFAP (0.816)\*\*
- MAP-2 (0.752)\*\*
- UCH-L1 (0.699)\*
- Combined biomarkers (0.824)\*\*



Presence of ICH on initial CT scan

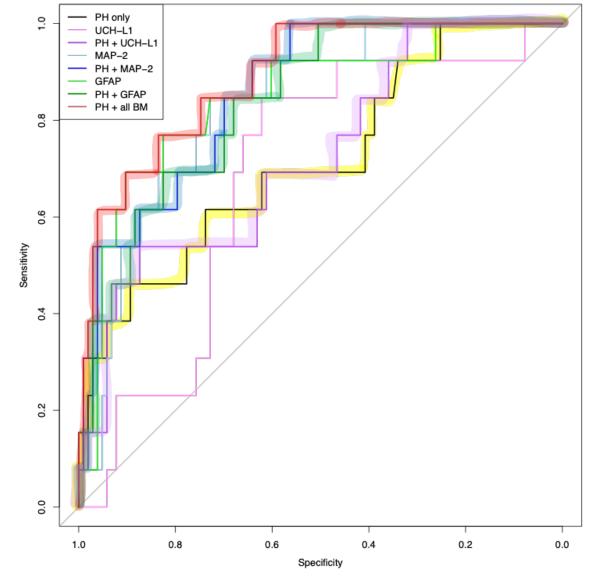




### MARSHALL SCORE 5 OR 6

# Addition of GFAP and MAP-2 to PH (not UCH-L1) improved prediction over PH alone (AUC = 0.715)

- GFAP (0.839)\*
- MAP-2 (0.857)\*
- UCH-L1 (0.686)
- Combined biomarkers (0.891)\*



Mass lesion (by Marshall score) on initial CT scan





# RESULTS: CLINICAL ENDPOINTS



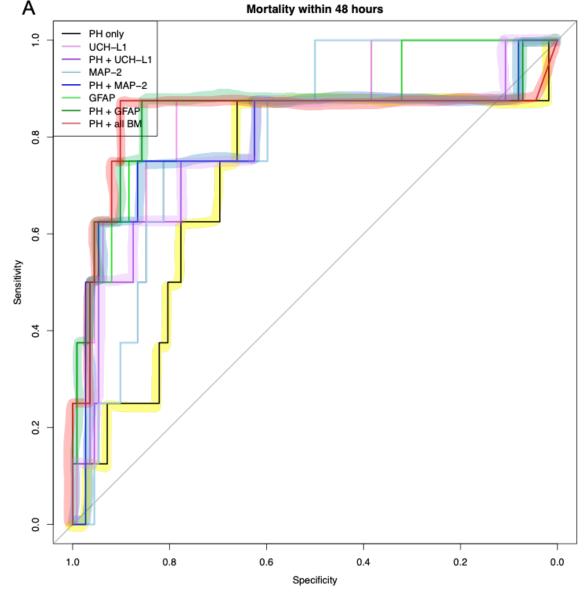


### **48-HOUR MORTALITY**

# Addition of GFAP and MAP-2 to PH (not UCH-L1) improved prediction over PH alone (AUC = 0.713)

- GFAP (0.842)\*\*
- MAP-2 (0.801)\*
- UCH-L1 (0.779)
- Combined biomarkers (0.841)\*\*

(\*p<0.01, \*\*p<0.001)





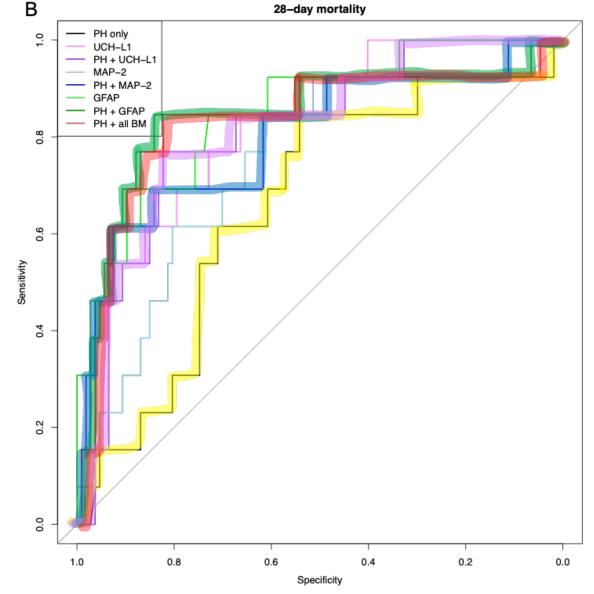


### 28-DAY MORTALITY

# Addition of individual biomarkers to PH improved prediction over PH alone (AUC = 0.660)

- GFAP (0.843)\*\*
- MAP-2 (0.799)\*
- UCH-L1 (0.809)\*
- Combined biomarkers (0.838)\*\*

(\*p<0.01, \*\*p<0.001)





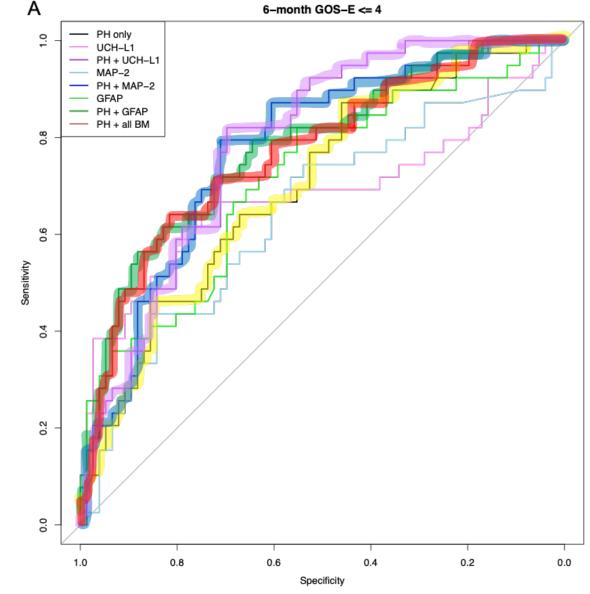


### 6-MONTH GOSE

# Addition of individual biomarkers to PH improved prediction over PH alone (AUC = 0.700)

- GFAP (0.780)\*\*
- MAP-2 (0.777)\*
- UCH-L1 (0.788)\*
- Combined biomarkers (0.771)\*\*

(\*p<0.01, \*\*p<0.001)



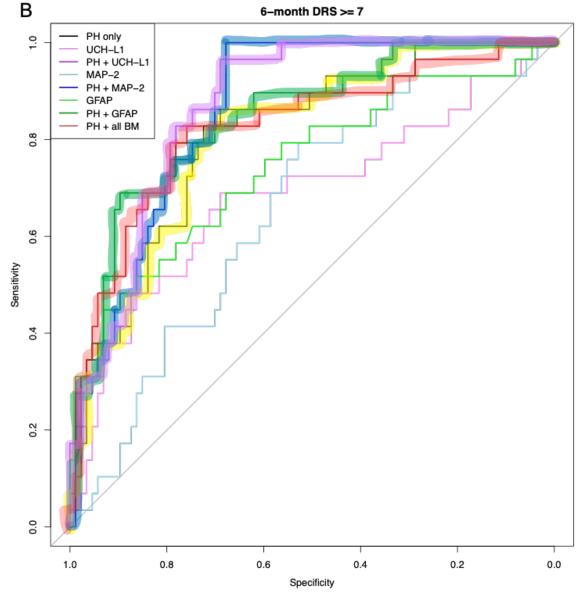




### 6-MONTH DRS

# Addition of GFAP and MAP-2 to PH (not UCH-L1) improved prediction over PH alone (AUC = 0.811)

- GFAP (0.841)\*\*
- MAP-2 (0.862)\*
- UCH-L1 (0.865)
- Combined biomarkers (0.822)\*\*







### CONCLUSIONS

Serum biomarker levels improved prediction of radiographic findings, mortality, and long-term outcome in moderate-to-severe TBI.



• Earliest time to biomarker collection in a TBI trial (84 min).





### LIMITATIONS

- Included patients with polytrauma
- 7% of patients lost to 6-month follow-up

### **FUTURE DIRECTIONS**

- Compare predictive value to IMPACT score (current gold standard)
- Define standard biomarker cutoff ranges for clinical use









#### THANK YOU FOR YOUR ATTENDANCE

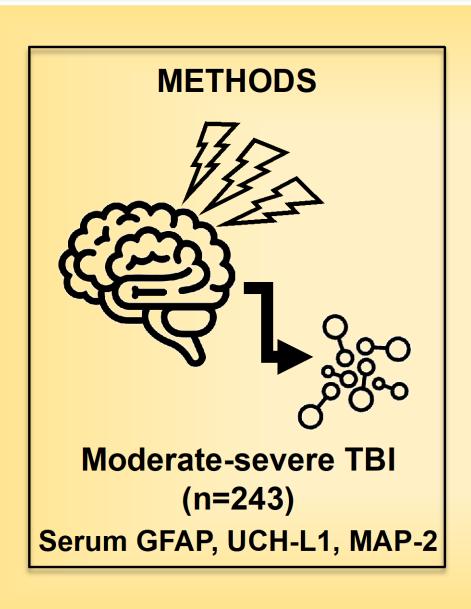
Special thanks to the patients, families, EMS personnel, and research coordinators who made this study possible.

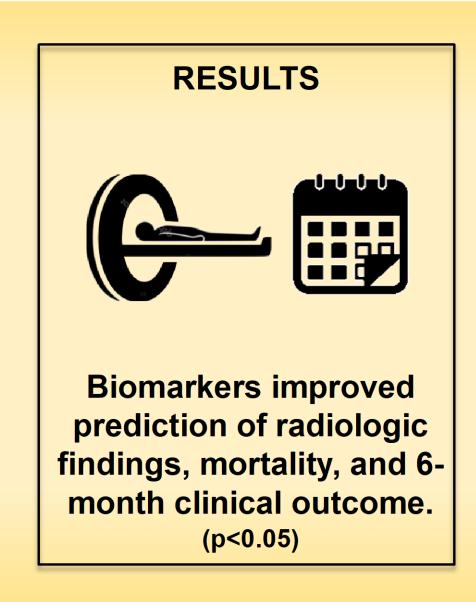


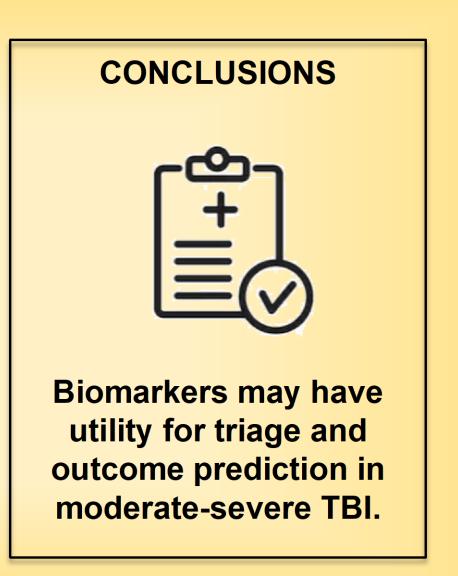




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### **GOS-E AND DRS**

GOS-E	Definition
<b>Vegetative State</b>	Unable to obey commands
Lower severe disability	Dependent on others for care
Upper severe disability	Independent at home
Lower moderate disability	Independent at home and outside the home but with some physical or mental disability
<b>Upper moderate disability</b>	Independent at home and outside the home but with some physical or mental disability,
	with less disruption than the lower moderate disability
Lower good recovery	Able to resume normal activities with some injury-related problems
Upper good recovery	No problem

Potiont Name	
Rater	
Date Completed	

	Disability Rating S	scale (DRS)
Arousability, Awar	reness, & Responsivity	
Eye Opening	Communication Ability	Motor Response
Li 0 Spontameous	☐ 0 Oriented ☐ 0 Obeyin	
Li 1 To Speech	☐ 1 Confused	U.1 Locations
Li 2 To Pain	Li 2 Irappropriate	U.2 Withdrawing
LI 3 None	□ 3 incomprehensible	Li 3 Flexing
	□ 4 None	U 4 Extending
Cognitive Ability to Knows how and when to	for Self Care Activities feed, toliet or groom self	
Fooding	Toileting	Grooming
LI 0.0 Complete	☐ 0.0 Complete	Li 0.0 Complete
LI O.S	□ 0.5	U 6.5
Li 1.0 Portion	LJ 1.0 Partiel	U 10 Plential
LI 15	L) 15	LJ 15

LL 2.0 Minimal

LJ 3.0 Name:

U 2.5

#### Dependence on Others

#### Level of Functioning

LL 2.0 Minimal.

Lt 3.0 None.

1128

Physical & cognitive disability

 □ Q.D Completely Independent □ Q.5

□ 1.0 Independent in special environment
 □ 1.5

LI 2.0 Militily Dependent-Limited assistance Non-resident helper

J 3.0 Moderatory Dependent-moderate assist Person in home

U.3.5 U.3.0 Markedly Dozen

 Markedly Dependent Assistance with all region activities, all times

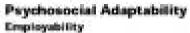
114.5

1125

Li 5.0 Totally Dependent 24 hour nursing care

#### Total Score (sum all scores)

Revision 2009 Sorea Cloca Statley Medical Corpor



LJ 2.0 Minimal.

U 3.0 None

142.5

As full time worker, homersuker, student

LI 0.0 Not Restricted

LI 0.5

LI 1.0 Selected jobs, competitive

J 1.5

LF2.5

Li 3.0 Not Employable



