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### BACKGROUND

- longitudinal studies to search for pre-clinical dementia are required. Genetic FTD provides an opportunity to identify pre-clinical
- The key to combating dementia is early detection. Prospective markers because the causative mutation can be identified decades before expected symptom onset.
- FTDGeNZ is one of the largest, single-family longitudinal FTD studies internationally.
- OCT imaging has been shown to be a marker of disease progression in other neurodegenerative disorders.
- There are reports of retinal layer thinning in patients with sporadic FTD, and individuals with pre-symptomatic FTD caused by progranulin mutations.<sup>1-3</sup>
- Cerebral hypoperfusion has been documented in patients with FTD. Assessment of the retinal microvasculature will help to determine whether retinal hypoperfusion is an early feature of FTD.

## OBJECTIVE

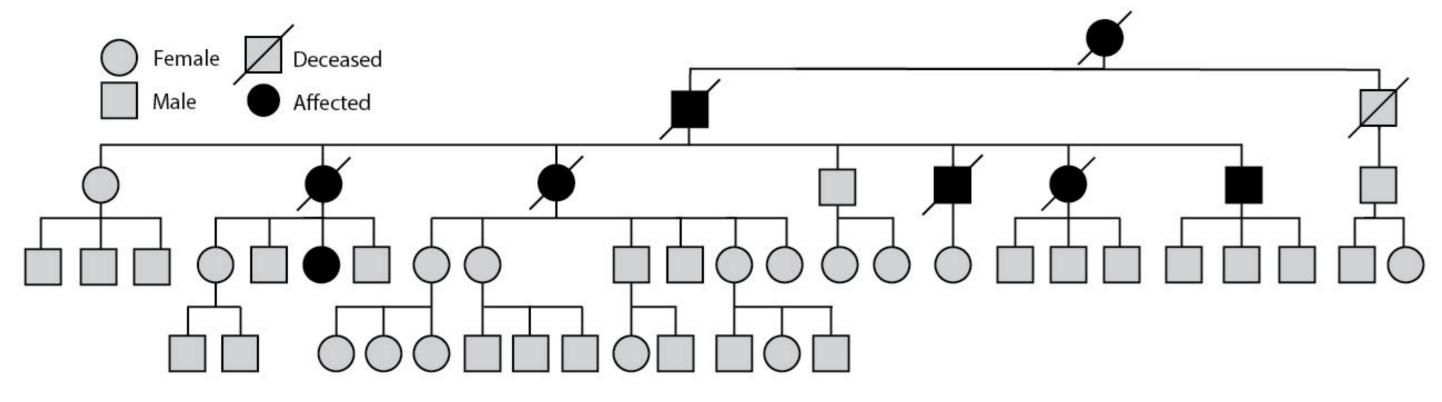
Identify retinal biomarkers of pre-clinical FTD in a longitudinal cohort study of a kindred with genetic FTD caused by a tau mutation

## FTDP-17 COHORT Pre-clinical carriers

Non-carrier controls

(Autosomal dominant mutation with complete penetrance)

MAPT IVS 10+16 C>T



**Figure I:** FTDP-17 Pedigree. Participants include members of the two youngest generations. There are 24 participants in the current study, including 6 carriers (not indicated in the pedigree for reasons of confidentiality).

#### REFERENCES

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# The New Zealand Genetic Frontotemporal Dementia **Study (FTDGeNZ): Baseline retinal characteristics**

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### METHODS

- Genotyping of FTDP-17 cohort:
- Isolated DNA from 500 μL buffy coat (Gentra Puregene Blood Kit, QIAGEN)
- Sanger sequencing (ABI 3130XL Genetic Analyzer) using custom primers • Validated using a TaqMan Genotyping Assay specific to SNP ID:rs63751011
- Carrier participants pre-symptomatic at baseline, based on neurological and neuropsychological examination
- Comprehensive neuro-ophthalmic examination including SD-OCT (Zeiss Cirrus<sup>TM</sup>) and OCT-A (Angioplex<sup>®</sup>) (Figure 2)
- Support vector machine (SVM) image analysis of vessel density and vessel distribution
- One eye of each participant used in analysis

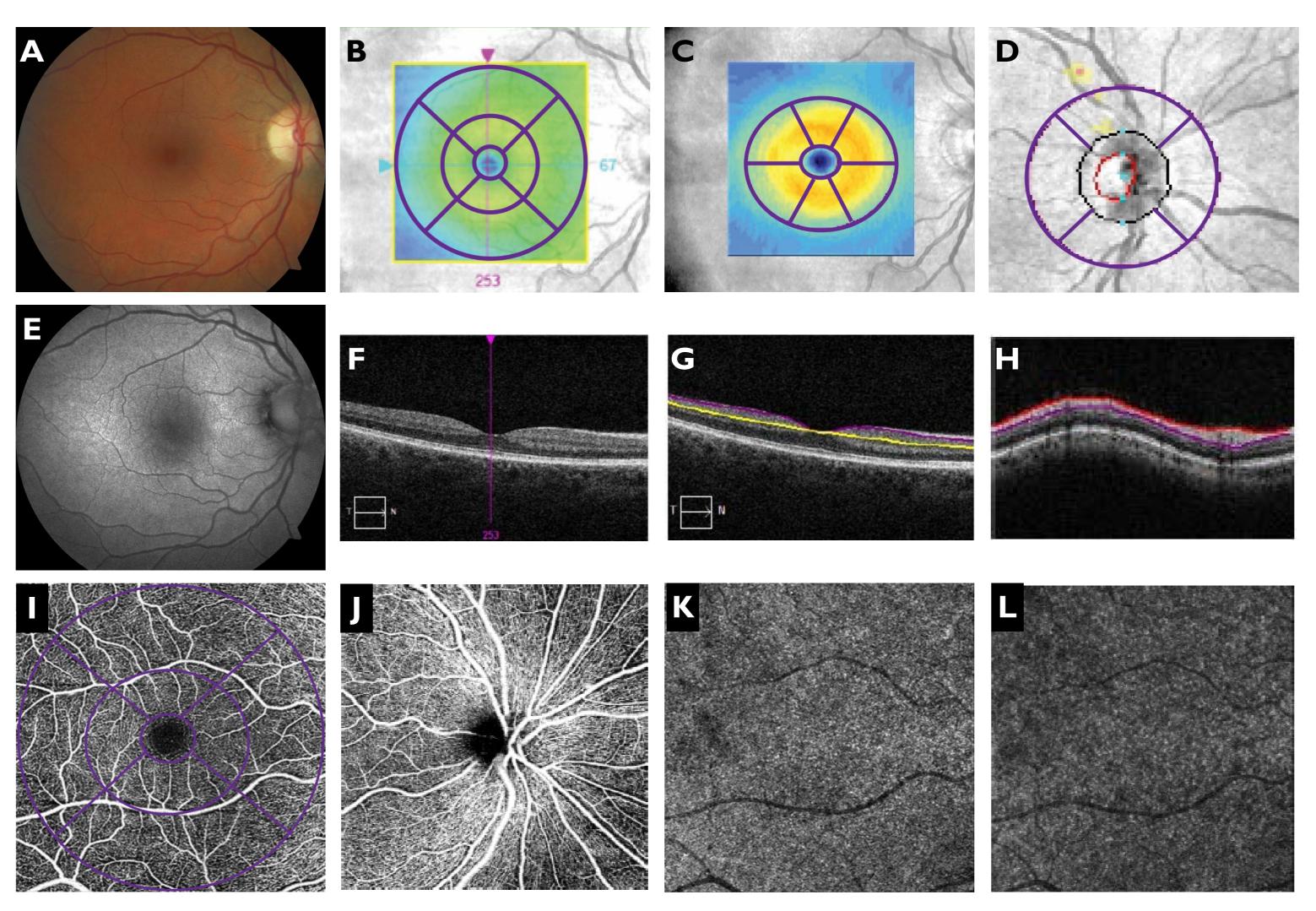


Figure 2: Imaging sequence. A and E - Colour fundus photography and fundus autofluorescence; B and F - OCT macular segmentation; C and G - OCT ganglion cell complex segmentation; D and H - OCT retinal nerve fibre layer segmentation; I and J - OCT-A superficial retinal vessel plexus at macula and optic nerve; K and L - OCT-A of choriocapillaris and choroid

### SUMMARY

At baseline, there were no significant differences in OCT or OCT-A measurements between carriers of the tau mutation for FTD and non-carriers.

Longitudinal analysis will determine the role of OCT/OCT-A as a retinal marker of FTD





#### Table I. Recaling are and aphthalmic characteristics

Table I: Baseline age and ophthalmic characteristics				Table 2: Baseline OCT measures				
	Carriers, N=6 (SD)	Non-carriers, N=18 (SD)	þ value		Carriers, N=6 (SD)	Non-carriers, N=18 (SD)	þ value	
Age (years)	41.2 (12.0)	40.5 (14.3)	0.58	RNFL (µm)				
LogMAR VA	-0.07 (0.04)	-0.04 (0.05)	0.22	Average	100.2 (8.1)	94.6 (6.I)	0.14	
IOP (mmHg)	13.8 (2.6)	13.8 (3.6)	0.92	Superior	121.2 (17.0)	113.6 (9.7)	0.63	
CDR (OCT)	0.45 (0.13)	0.50 (0.08)	0.58	Nasal	77.2 (11.1)	76.0 (8.7)	0.92	
Mean Sphere (D)	-0.19 (0.84)	-0.15 (0.89)	0.77	Inferior	131.3 (11.1)	125.3 (14.3)	0.20	
				Temporal	71.7 (10.3)	63.5 (9.3)	0.18	
Table 3: Baseline	•	ography						
(Zeiss Angioplex	( <sup>®</sup> ) measures			Macula (µm)				
	Carriers,	Non-carriers,	)	Total volume (mm <sup>3</sup> )	10.49 (0.35)	10.40 (0.35)	0.63	
	N=6 (SD)	N=18 (SD)	p value	Superior outer	292.0 (10.7)	284.4 (8.6)	0.08	
6x6 macular vessel				Superior inner	331.7 (12.6)	333.2 (12.2)	0.87	
density (mm/mm <sup>2</sup> )			0.00	Nasal outer	309.9 (9.1)	305.6 (13.1)	0.54	
Superior outer	18.88 (0.52)	18.21 (0.91)	0.09	Nasal inner	332.5 (12.9)	335.9 (12.3)	0.67	
Superior inner	18.00 (0.86)	17.82 (0.93)	0.72	Inferior outer	278.0 (7.7)	273.3 (12.7)	0.45	
Nasal outer	19.70 (0.55)	19.74 (0.67)	0.82	Inferior inner	328.8 (11.2)	328.6 (12.5)	0.97	
Nasal inner	17.73 (0.92)	18.08 (1.11)	0.45	Temporal outer	271.3 (10.3)	269.8 (12.2)	0.63	
Inferior outer	18.53 (0.68)	18.32 (1.42)	0.97	' Temporal inner	316.3 (13.7)	321.4 (11.4)	0.44	
Inferior inner	17.40 (0.94)	17.66 (1.10)	0.67	Fovea	257.7 (14.8)	264.8 (14.4)	0.38	
Temporal outer	17.28 (0.50)	16.87 (1.60)	0.63	· · · · · ·	207.07 (1.1.0)	2010 (111)	0.00	
Temporal inner	17.62 (1.07)	18.03 (0.91)	0.58	GCC (µm)				
Central	9.37 (1.39)	10.13 (1.64)	0.20	Average	85.6 (2.8)	82.9 (5.6)	0.25	
Inner average	17.70 (0.87)	17.91 (0.78)	0.67	Minimum	× ,	, , ,	0.38	
Outer average	18.60 (0.47)	18.29 (0.92)	0.58		83.4 (2.8)	81.2 (6.1)	0.30	
Full average	18.13 (0.52)	18.02 (0.89)	0.67	Note: All comparisons performed with the Mann Whitney U test. Abbreviations: FAZ foveal avascular zone; GCC ganglion cell complex; RNEL retinal perve fibre layer.				
FAZ	0.26 (0.05)	0.24 (0.07)	0.58					

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#### RESULTS

Included in analysis were 6 carriers and 18 non-carrier controls. Both groups had similar baseline ophthalmic and refractive characteristics (Table 1). There were no statistically significant differences between carriers and non-carriers for peripapillary and macular OCT and OCT-A measures (Tables 2 and 3). These findings were consistent across age-matched paired T-test analysis

SVM analysis was not sufficient to determine the genetic status of participants.

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