

# Feasibility of a neurobehavioral assessment battery in a clinical trial investigating therapies for Down Syndrome Regression Disorder

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## BACKGROUND

- Down Syndrome Regression Disorder (DSRD) is a rare but debilitating condition in adolescents and young adults, marked by mutism, catatonia, and loss of daily living skills<sup>1,2</sup>.
- We evaluated the feasibility of a cognitive battery within a sample of individuals with DSRD.

## METHODS

- In this Phase 2 open-label clinical trial for individuals with possible or probable DSRD ages 8-30 years, participants are randomized to one of three treatment arms: lorazepam, intravenous immunoglobulin (IVIG), or tofacitinib (Xeljanz, Pfizer).

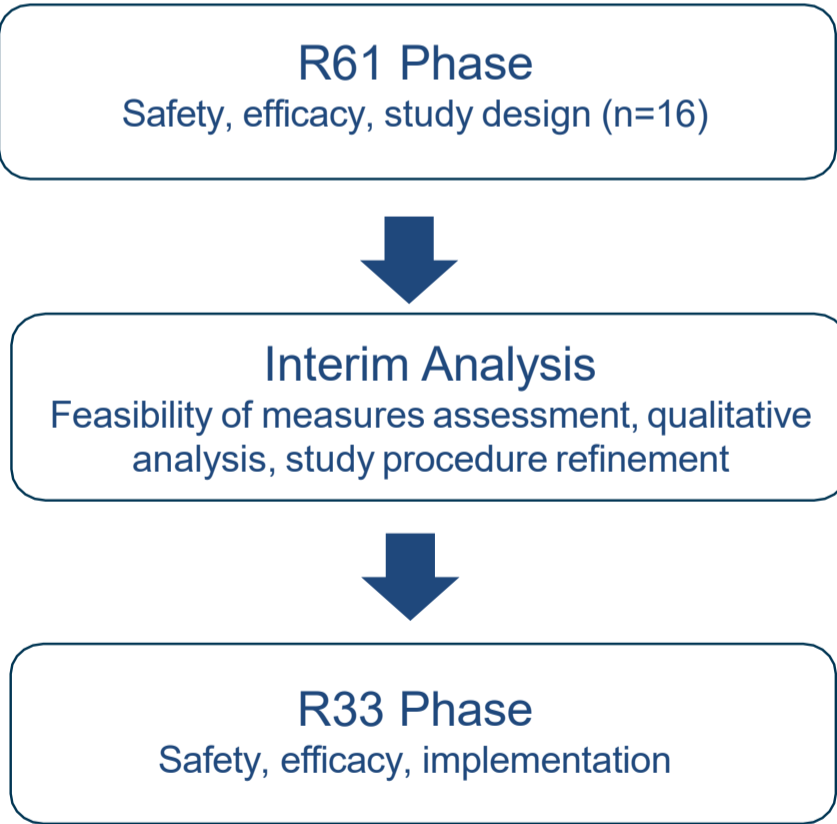


Figure 1. Study design approach allows for intentional assessment of study procedures at a defined time point.

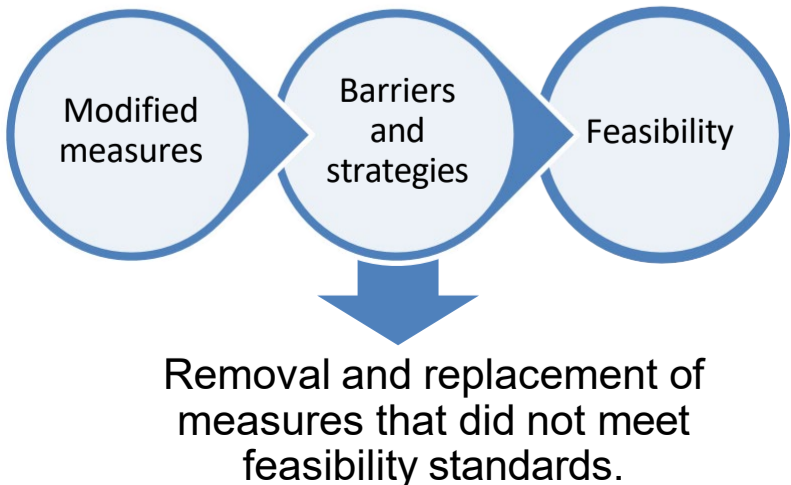
- Neurobehavioral assessment measures were administered at Baseline and 12 Weeks.
- Strategies to enhance feasibility included:
  - Phenotype-informed manual.
  - Standardized training.
  - Behavioral supports.
- Feasibility = participant completion rate + scalability.

## RESULTS

Measure	Domain	Completion Rate	R33 Battery
Cambridge Neuropsychological Test Automated Battery (CANTAB) <i>Paired Associates Learning (PAL)</i> <i>Reaction Time Interval (RTI)</i> <i>Spatial Span (SS)</i>	Episodic Memory Processing Speed Spatial processing	18.75%	No
Down Syndrome Mental Status Exam (DSMSE)	Current Mental Status	100%	Yes
Developmental Neuropsychological Assessment, 2 <sup>nd</sup> Edition: Visuomotor Precision (NEPSY-II: VP) <i>Car</i> <i>Motorcycle</i>	Visuomotor Control	65.6%	Yes
NIH Toolbox Picture Vocabulary Tool (PVT)	Receptive Language	78.1%	Yes
Kaufman Brief Intelligence Test-2 Revised (KBIT-II Revised)	Overall Developmental Status	59.6%	Yes
Timed 25-Foot Walk	Gait and Motor Function	100%	Yes
SALT Story Elicitation Task	Expressive Language	31.3%	No
Study Physician Reports <i>Neuropsychiatric Inventory (NPI)</i> <i>Bush-Francis Catatonia Rating Scale (BFCRS)</i>	Psychiatric Symptoms Catatonia Symptoms	100%	Yes
Caregiver Reports <i>Vineland Adaptive Behavior Scales-3 (VABS-3)</i> <i>Behavior Rating Inventory of Executive Function-2 (BRIEF-2)</i> <i>Developmental Behavioral Checklist-2 (DBC-2)*</i> <i>Social Responsiveness Scale-2 (SRS-2)</i>	Adaptive Behavior Executive Function Behavior Social Interaction	100%*	Yes
Fitbit Inspire 3 Model	Sleep Habits	31.3%	No

Table 1. Neurobehavioral assessment battery for initial phase \*DBC-2 had a completion rate of 96.2% due to one survey not completed at Baseline. Tests with less than 50% completion rates were removed or replaced during the R33 phase.

DSRD symptoms impacted completion rates. Behavioral strategies improved engagement, while specific modifications preserved data integrity.



## DISCUSSION

- Implementation of neurobehavioral assessments in individuals with DSRD to ensure high data integrity requires specific considerations such as:
- Behavioral strategies to address challenging behaviors, and to increase engagement.
  - Fidelity and consistency of administration.
  - Modifications for a unique neurodevelopmental profile.
  - DSRD symptom severity may limit engagement despite modifications.
  - A defined approach to determine a consensus on potential scoring challenges.
  - Evaluation of measurement feasibility at pre-defined time points.
  - Regular meetings to ensure consistent data collection and multi-site implementation.
  - Evaluating trends in therapies associated with improvements in cognitive metrics in data analysis.

## SUMMARY

- R61 enrollment (n=16) is complete; R33 enrollment is ongoing.
- Most measures met feasibility standards with modification.
- CANTAB, Fitbit, and the story elicitation task were removed from the battery.
- Detailed documentation of changes is essential to ensure reproducibility and data quality.

## ACKNOWLEDGEMENTS

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## REFERENCES

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