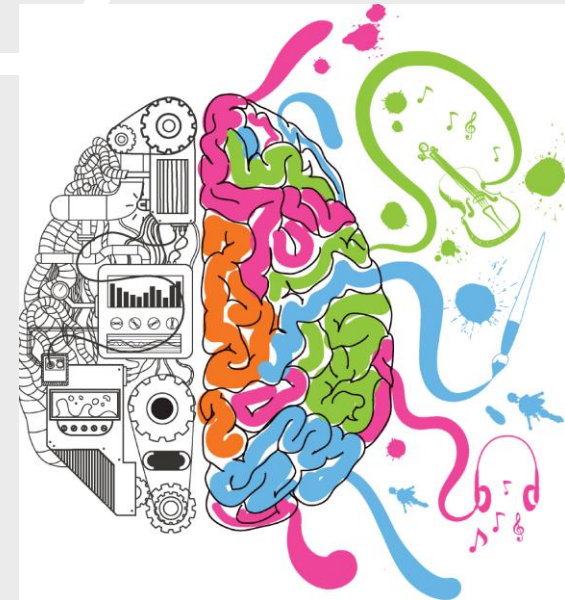


# Introduzione al mondo della ricerca

Paola Alberti, MD, PhD

University of Milano-Bicocca

[paola.alberti@unimib.it](mailto:paola.alberti@unimib.it)



*La richiesta di competenza  
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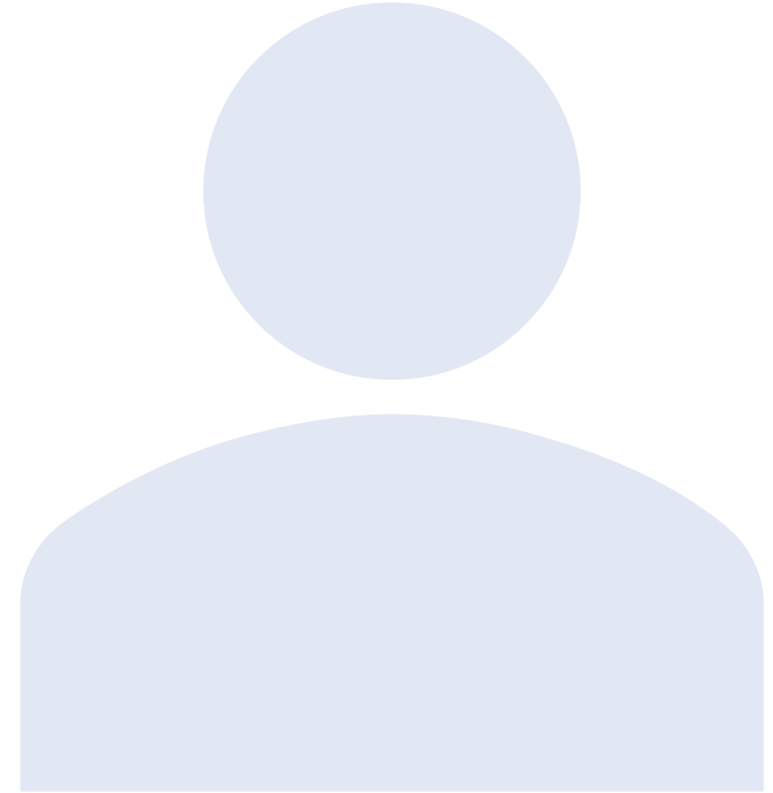
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# Disclosure

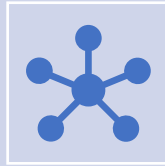
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# OUTLINE



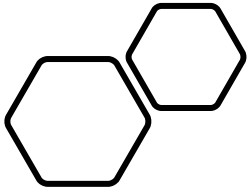
La ricerca in neurologia: un  
approccio traslazionale



L'esempio della neurotossicità da  
chemioterapici

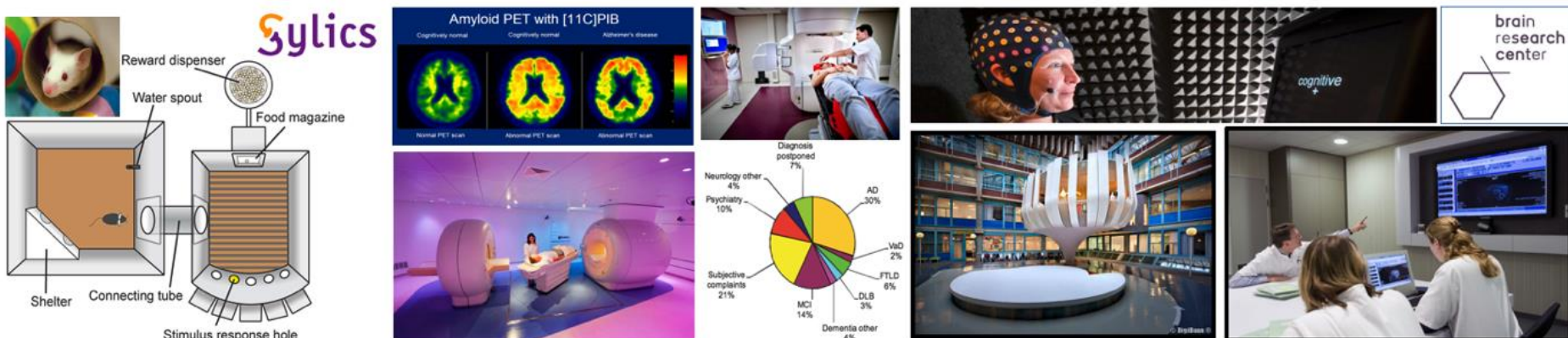
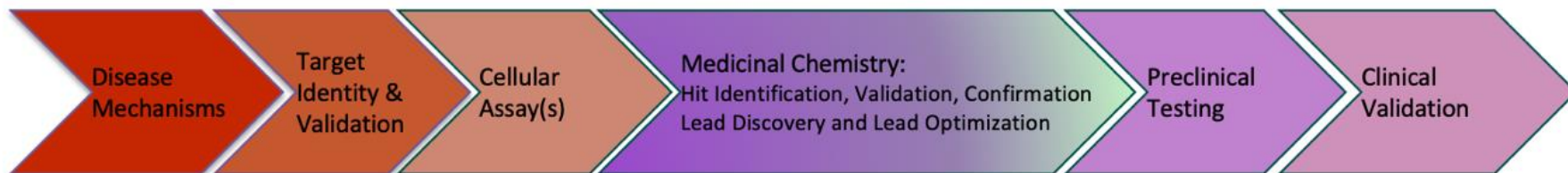


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# La ricerca in neurologia: un approccio traslazionale









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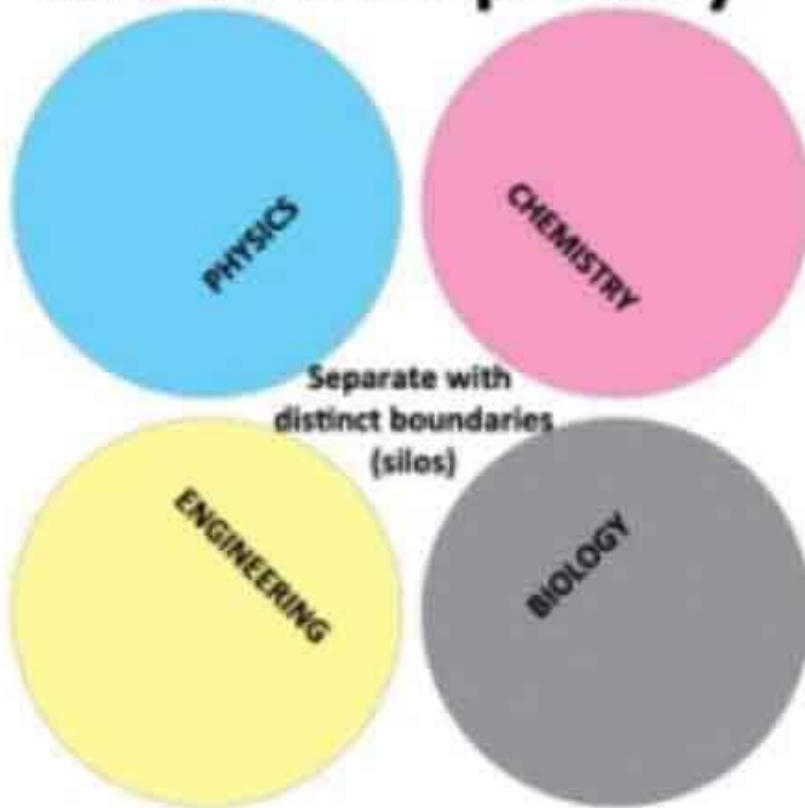
## Iter

**19 ottobre 2021:** in corso di esame in commissione

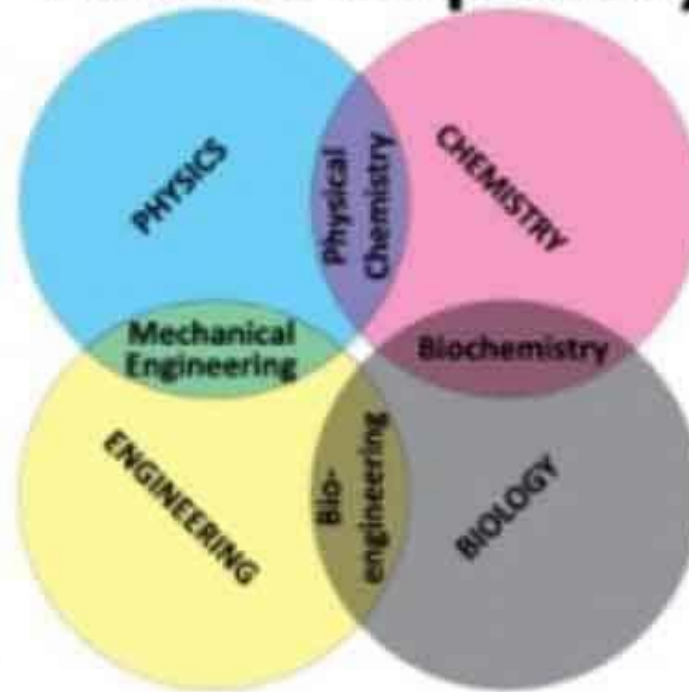
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<b>S.2285</b>	<b>in corso di esame in commissione</b>	<b>19 ottobre 2021</b>

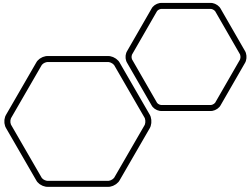
## MULTIdisciplinary



## INTERdisciplinary



New sub-disciplines form by close association as boundaries begin to overlap and/or merge

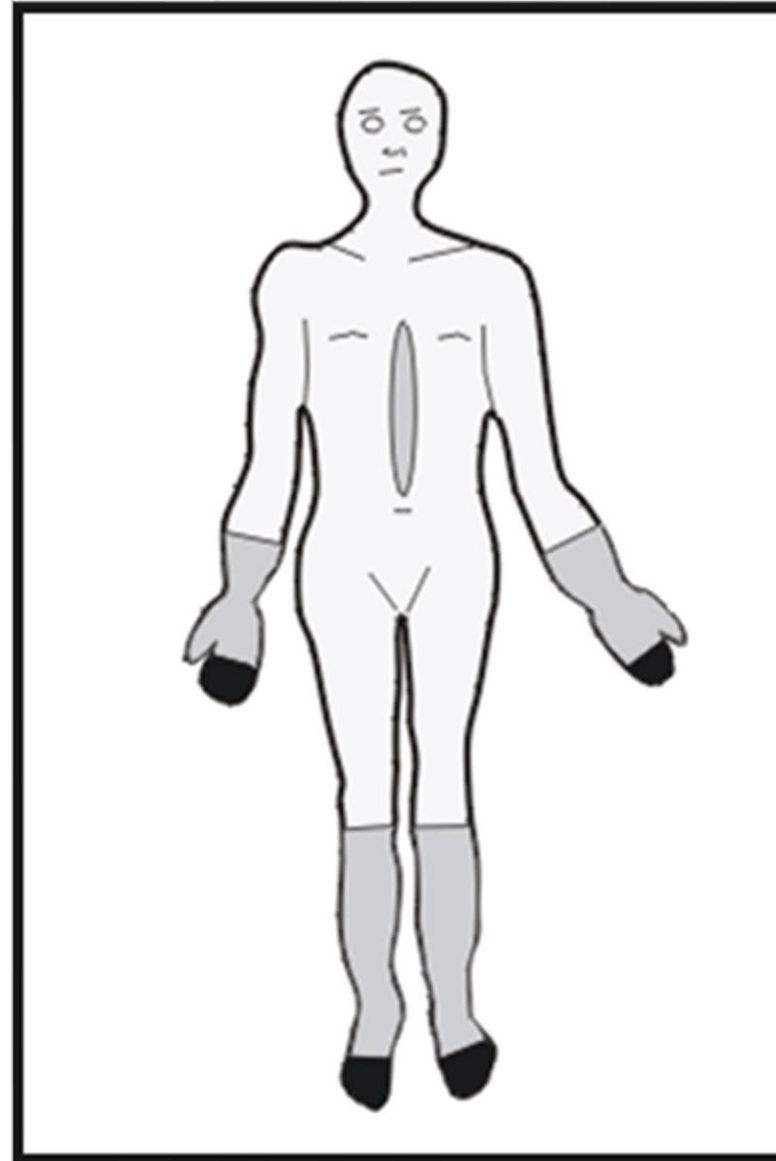


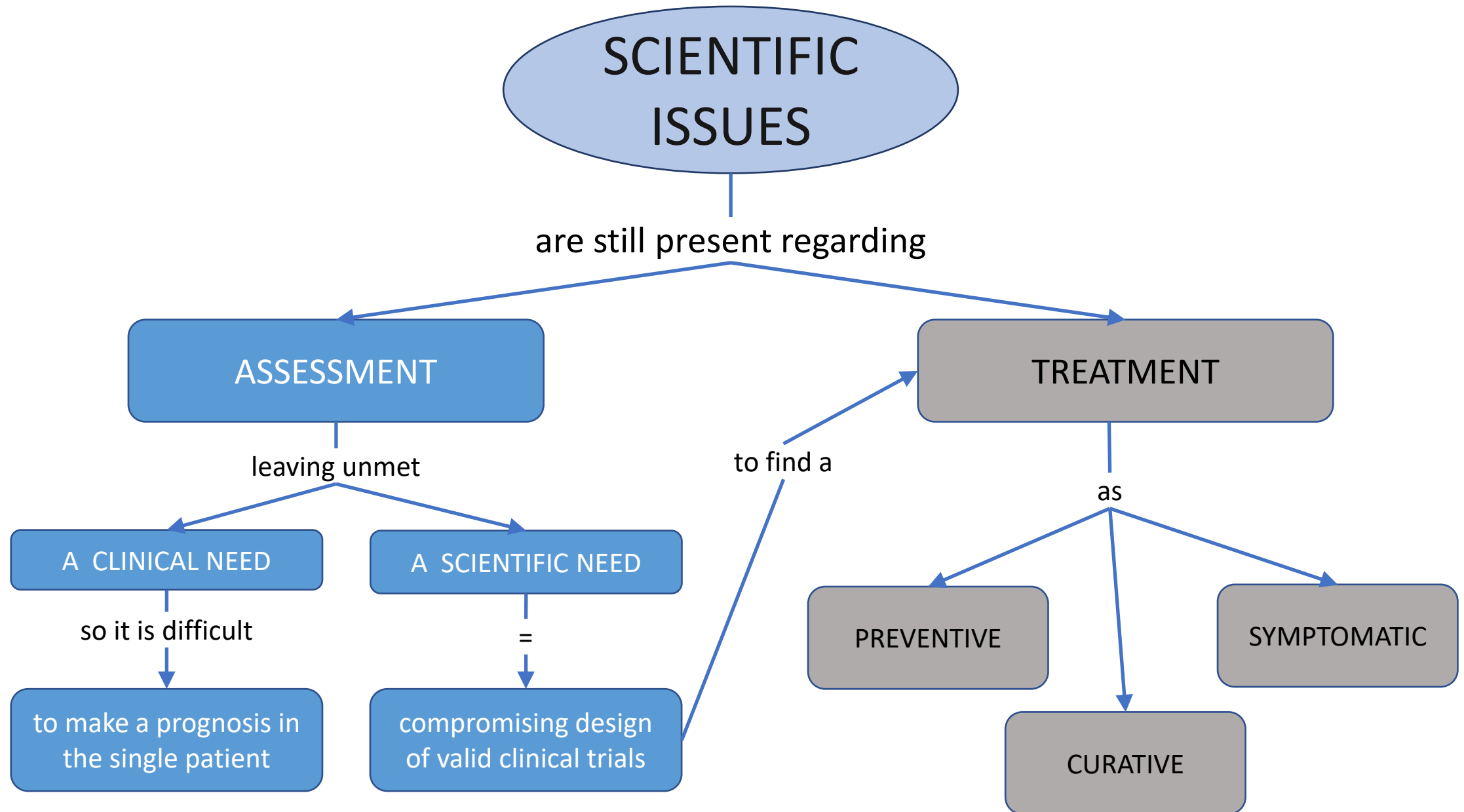
# L'esempio della neurotossicità da chemioterapici







NEUROTOSSICITA'  
PERIFERICA DA  
CHEMIOTERAPICI





# Neurophysiological, nerve imaging and other techniques to assess chemotherapy-induced peripheral neurotoxicity in the clinical and research settings




Andreas A Argyriou <sup>1</sup>, Susanna B Park,<sup>2</sup> Badrul Islam,<sup>3</sup> Stefano Tamburin <sup>4</sup>,  
Roser Velasco,<sup>5</sup> Paola Alberti,<sup>6</sup> Jordi Bruna,<sup>7</sup> Dimitri Psimaras,<sup>8</sup> Guido Cavaletti,<sup>9</sup>  
David R Cornblath,<sup>10</sup> on behalf of the Toxic Neuropathy Consortium (TNC)

Argyriou AA, et al. *J Neurol Neurosurg Psychiatry* 2019;**90**:1361–1369. doi:10.1136/jnnp-2019-320969

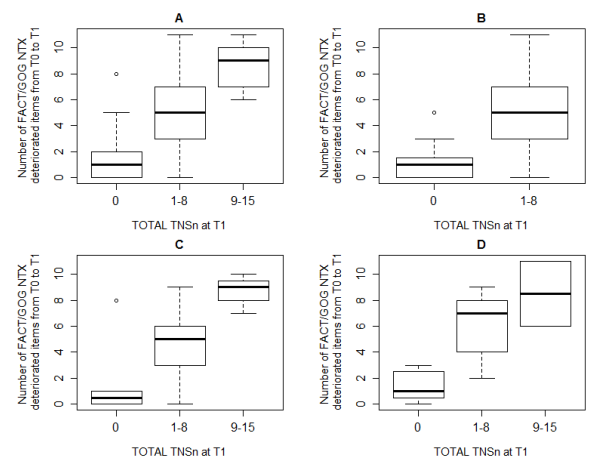
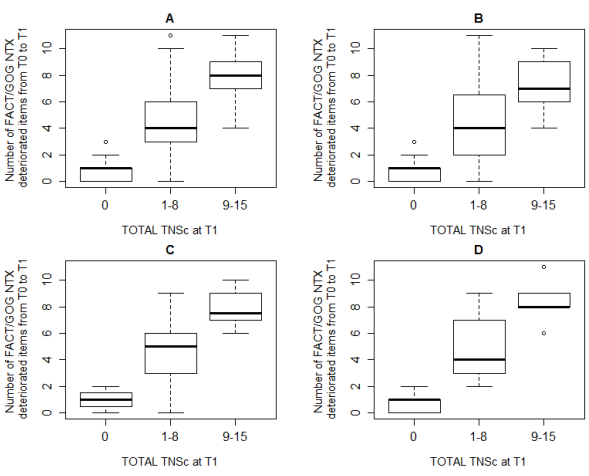
## MULTIMODAL ASSESSMENT!

Chemotherapy-induced peripheral neurotoxicity (CIPN) is a common dose-limiting side effect of several anticancer medications. CIPN may involve multiple areas of the peripheral nervous system from the autonomic and dorsal root ganglia (DRG) to the axon and any peripheral nerve fibre type. Large diameter sensory myelinated (A $\beta$ ) fibres are more frequently involved, but motor, small myelinated (A $\delta$ ), unmyelinated (C) or autonomic fibres may also be affected. Here, we review the current evidence on techniques for the CIPN assessment in the clinical and experimental settings. Nerve conduction studies (NCS) may be used at the subclinical and early CIPN stage, to assess the extent of large nerve fibre damage and to monitor long-term outcomes, with the sural or dorsal sural nerve as the most informative. The quantitative sensory neurological examination provides valuable data alongside NCS. Quantitative sensory testing and nerve excitability studies add information regarding pathophysiology. Nerve MRI and ultrasound may provide information on enlarged nerve, increased nerve signal intensity and DRG or spinal cord changes. Skin biopsy, corneal confocal microscopy, laser-evoked potentials, contact heat-related potentials and microneurography may reveal the extent of damage to small unmyelinated nerve fibres that go undetected by NCS. The information on the role of these latter techniques is preliminary. Hence, the use of multimodal testing is recommended as the optimal CIPN assessment strategy, employing objective NCS and other specialised techniques together with subjective patient-reported outcome measures.

# Prospective Evaluation of Health Care Provider and Patient Assessments in Chemotherapy Induced Peripheral Neurotoxicity

 Paola Alberti, Davide Paolo Bernasconi, David R. Cornblath, Ingemar Sergio Jose Merkies, Susanna B Park,  Roser Velasco, Jordi Bruna, Dimitri Psimaras, Koeppen Susanne, Andrea Pace, Susan G Dorsey,  Andreas A Argyriou, Haralabos P Kalofonos, Chiara Briani, Angelo Schenone, Catharina G Faber, Anna Mazzeo, Wolfgang Grisold, MariaGrazia Valsecchi, Guido Cavaletti, CI-Perinoms group

First published June 2, 2021, DOI: <https://doi.org/10.1212/WNL.0000000000012300>



## RESULTS

- Data from 254 participants were available
- TNSc, TNSn and FACT/GOG-NTX showed good responsiveness (standardized mean change from baseline to end of chemotherapy >1 for all scales).
- On the 153 participants without neuropathy at baseline and treated with a known neurotoxic chemotherapy regimen we verified a moderate correlation in both TNSc and TNSn scores with FACT/GOG-NTX (Spearman correlation index  $r=0.6$ )
- On the same sample, considering as clinically important a change in the FACT/GOG-NTX score of at least 3.3 points, the MCID was 3.7 for TNSc and 2.8 for the TNSn.

## CONCLUSIONS

MCID for TNSc and TNSn have been calculated, and the TNSn can be considered a reliable alternative objective clinical assessment if a more extended neurological examination is not possible. Moreover, the FACT/GOG-NTX score can be reduced to 7 items and these items correlate well with the TNSc and TNSn.

NEUROPHYSIOLOGICAL EXAMINATION OF DORSAL SURAL NERVE

BARBARA FRIGENI, MD,<sup>1</sup> MARIO CACCIAVILLANI, MD,<sup>2</sup> MARIO ERMANI, MD,<sup>3</sup> CHIARA BRIANI, MD,<sup>3</sup> PAOLA ALBERTI, MD,<sup>4</sup> CARLO FERRARESE, MD, PhD,<sup>4</sup> and GUIDO CAVALETTI, MD<sup>4</sup>

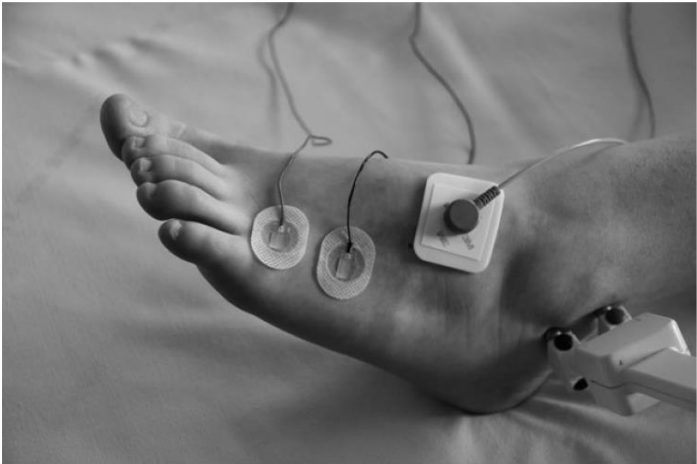



FIGURE 1. Example of positioning of DSN electrodes.

**ABSTRACT:** *Introduction:* Nerve conduction study of the dorsal sural nerve (DSN) has been reported to be a sensitive method for early detection of peripheral neuropathies. However, normal reference values are scarce and vary greatly among the different studies. *Methods:* A comprehensive neurophysiological study, including nerve conduction velocity (NCV) and sensory nerve action potential (SNAP) recording, was performed in 294 healthy subjects (21–86 years) with no evidence of neuropathy. *Results:* The amplitude of the DSN SNAP ranged from 2.50 to 15.90  $\mu$ V, and NCV ranged from 28.9 to 52.8 m/s. A significant age-related decrease in DSN SNAP amplitude and NCV was observed. The mean ratio of sural NCV to DSN NCV was  $1.33 \pm 0.19$ , and the mean ratio of sural nerve SNAP amplitude to DSN SNAP amplitude was  $3.17 \pm 1.33$ . *Conclusion:* These normative data of the DSN might be used as reference values for the study of this very distal peripheral nerve.

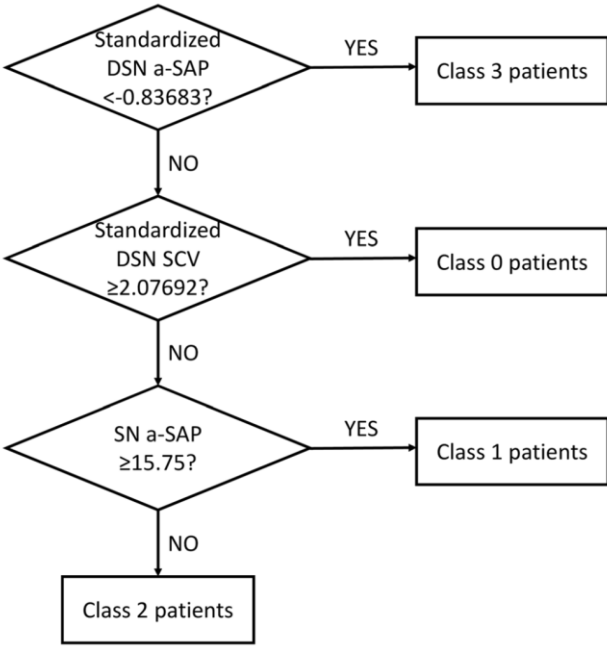
Muscle Nerve 46: 895–898, 2012

Risk stratification of oxaliplatin induced peripheral neurotoxicity applying electrophysiological testing of dorsal sural nerve


Paola Alberti<sup>1,2,3</sup>  • Emanuela Rossi<sup>4</sup> • Andreas A. Argyriou<sup>5,6</sup> • Haralabos P. Kalofonos<sup>6</sup> • Chiara Briani<sup>7</sup> • Mario Cacciavillani<sup>8</sup> • Marta Campagnolo<sup>7</sup> • Jordi Bruna<sup>9</sup> • Roser Velasco<sup>9</sup> • Marina E. Cazzaniga<sup>10</sup> • Diego Cortinovis<sup>10</sup> • Maria G. Valsecchi<sup>4</sup> • Guido Cavaletti<sup>1,2</sup>

Support Care Cancer (2018) 26:3143–3151

TNSc	Algorithm risk class				
	0 (n = 11) (n, %)	1 (n = 15) (n, %)	2 (n = 45) (n, %)	3 (n = 39) (n, %)	Total (n = 110)
Total score at the end of treatment					
Grade 0 (0)	10 (90.9)	11 (73.4)	11 (24.4)	9 (23.1)	41
Grade I (1–7)	0 (0.0)	2 (13.3)	17 (37.8)	11 (28.2)	30
Grade II (8–14)	1 (9.1)	2 (13.3)	14 (31.1)	15 (38.5)	32
Grade III (15–21)	0 (0.0)	0 (0.0)	3 (6.7)	4 (10.2)	7
Vibration score at the end of treatment					
Score 0	10 (90.9)	13 (86.7)	18 (40.0)	14 (35.9)	55
Score 1	0 (0.0)	1 (6.7)	5 (11.1)	7 (18.0)	13
Score 2	1 (9.1)	1 (6.7)	19 (42.2)	13 (33.3)	34
Score 3/4	0 (0.0)	0 (0.0)	3 (6.7)	5 (12.8)	8



# Addressing the Need of a Translational Approach in Peripheral Neuropathy Research: Morphology Meets Function

Laura Monza <sup>1,2</sup>, Giulia Fumagalli <sup>1,2</sup>, Alessia Chiorazzi <sup>1,2</sup> and Paola Alberti <sup>1,2,\*</sup> 

Brain Sci. 2021, 11, 139

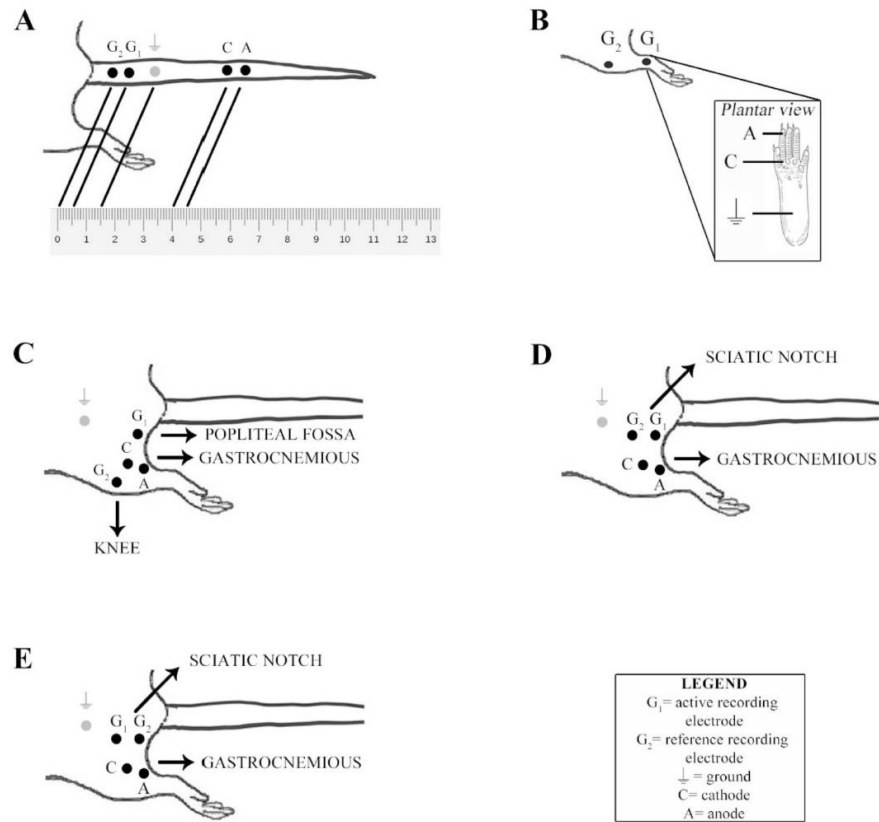


Table 2. EMG findings for animals treated with oxaliplatin (OHP) at different time points.

Animal	Muscle	Before First Administration	After First Administration	At Mid-Treatment	Before Last Administration
01	Gastrocnemious	none	IA, fibs 1+, PSW 1+, CRD	IA	IA, CRD
	Quadriceps	none	IA	IA, PSW 1+	IA
	Flexor digitorum (hind limb)	none	IA, PSW 2+, CRD	IA	IA, PSW 1+
02	Gastrocnemious	none	IA, fibs 1+, PSW 1+	IA, PSW 1+	IA, CRD
	Quadriceps	none	IA	IA, PSW 1+	IA, PSW 1+
	Flexor digitorum (hind limb)	none	IA, fibs 1+	IA, MD	IA, PSW 1+
03	Gastrocnemious	none	IA, fibs 1+	IA	IA, PSW 1+, fasc 1+, fibs 1+
	Quadriceps	none	IA	IA	IA, PSW 1+
	Flexor digitorum (hind limb)	none	IA	IA	IA, PSW 1+, fasc 1+, CRD
04	Gastrocnemious	none	IA, fibs 1+, PSW 1+	IA, PSW 1+	IA, PSW 3+, CRD
	Quadriceps	none	IA, fibs 1+, PSW 1+, fasc 1+	IA, PSW 1+	IA, fibs 1+
	Flexor digitorum (hind limb)	none	IA, fibs 1+, PSW 1+	IA, PSW 2+	IA, fibs 1+, fasc 1+

**Figure 1.** Nerve conduction study (NCS) montage. (A) Caudal nerve sensory conduction study (SCS) montage. (B) Digital nerve SCS montage. (C) Sciatic nerve motor conduction study (MCS) montage at the distal site of stimulation. (D) Sciatic nerve MCS montage at the proximal site of stimulation. (E) Sciatic nerve F wave montage.



Laura Monza<sup>a,b</sup>, Giulia Fumagalli<sup>a,b</sup>, Alessia Chiorazzi<sup>a,b</sup>, Paola Alberti<sup>a,b,\*</sup>

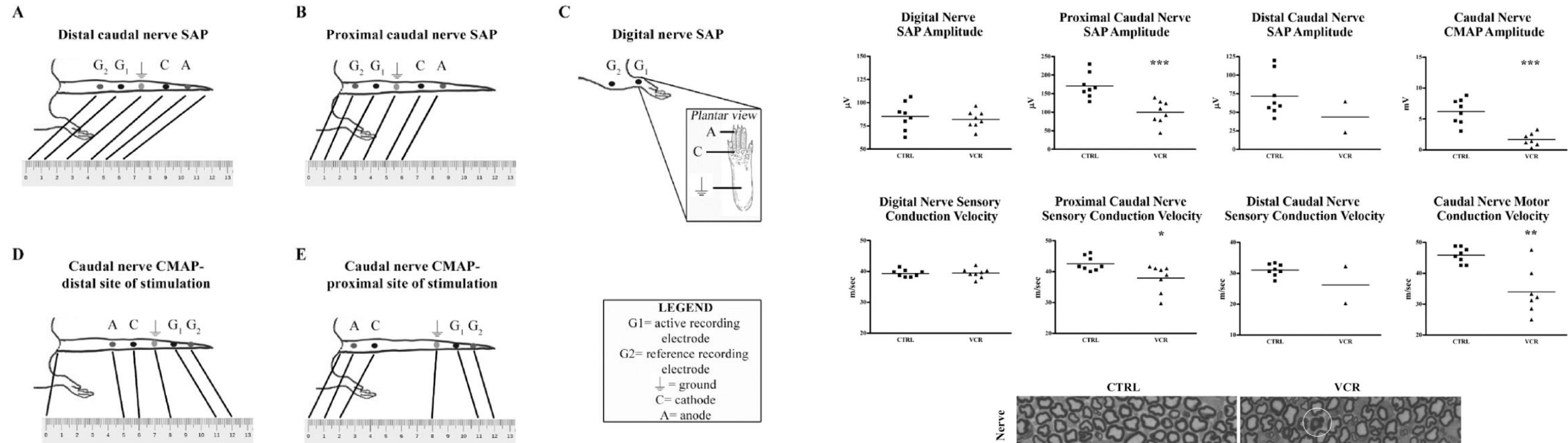
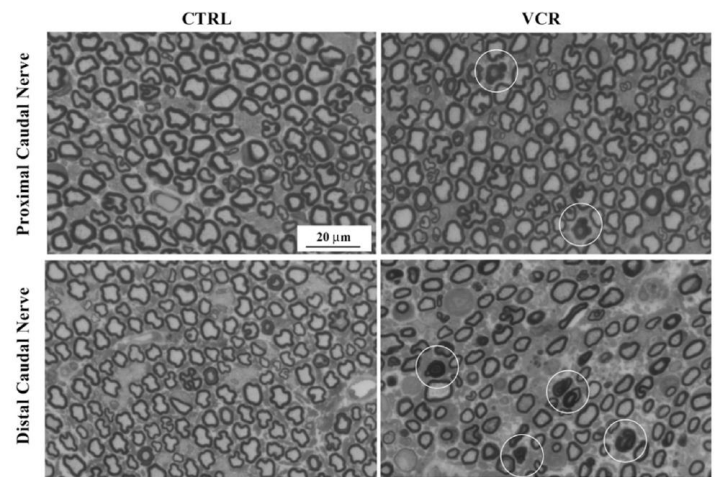


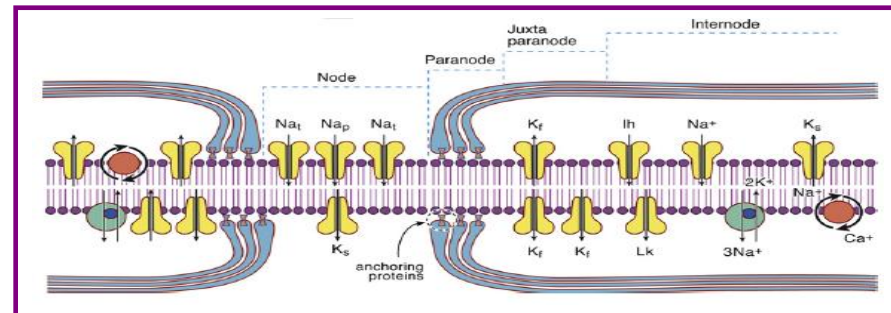
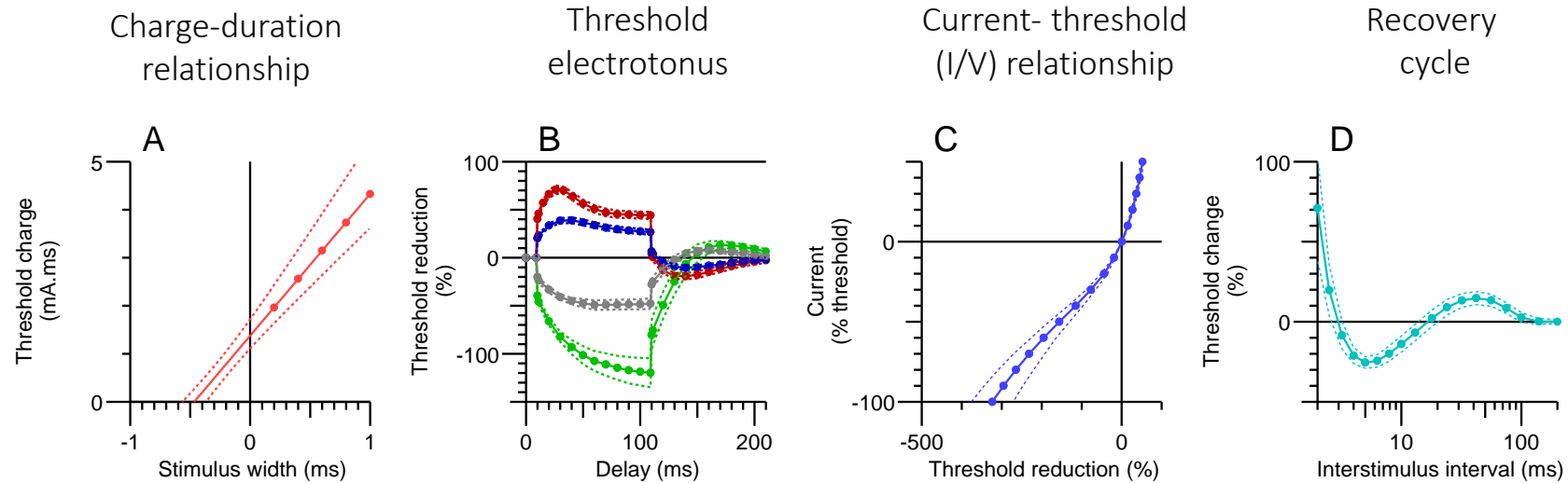
Fig. 1. Neurophysiological recordings montage. In the following image the montage for the different nerves tested is shown. A demonstrated distal caudal nerve sensory action potential (SAP) recording set up; B shows proximal caudal nerve SAP recording set up; C shows digital nerve SAP recording set up; D and E show caudal nerve CMAP distal and proximal stimulation recording set up respectively.



# MULTIPLE MEASURES OF NERVE EXCITABILITY

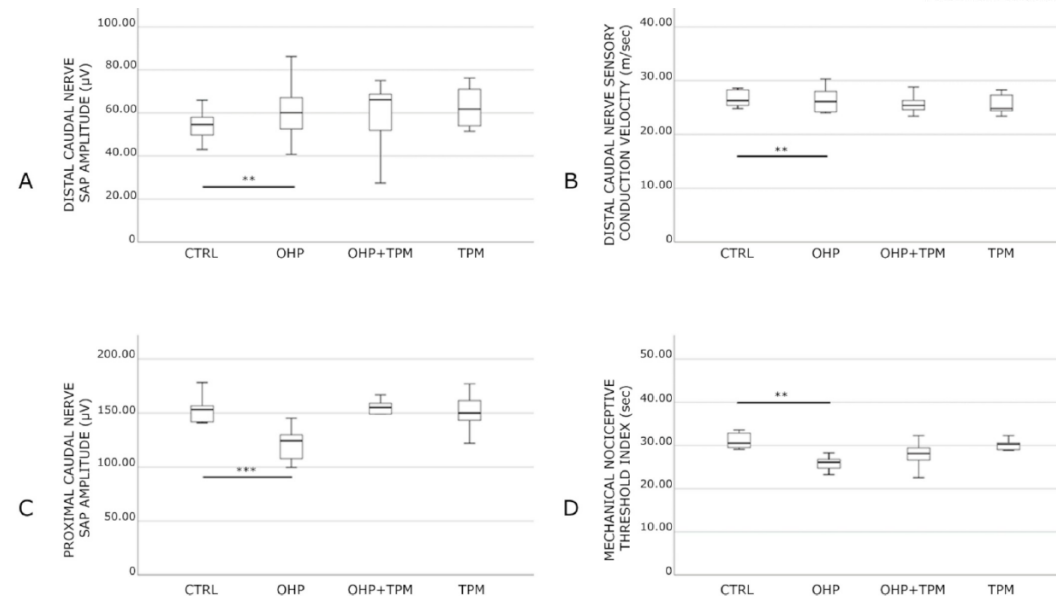
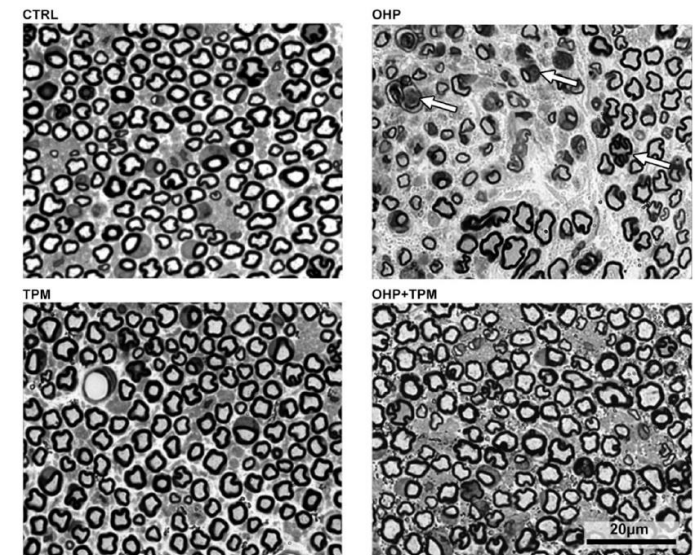
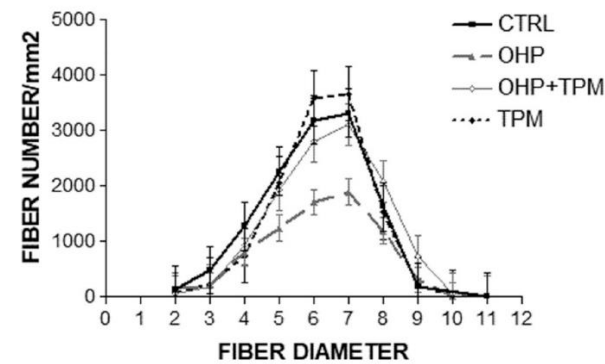
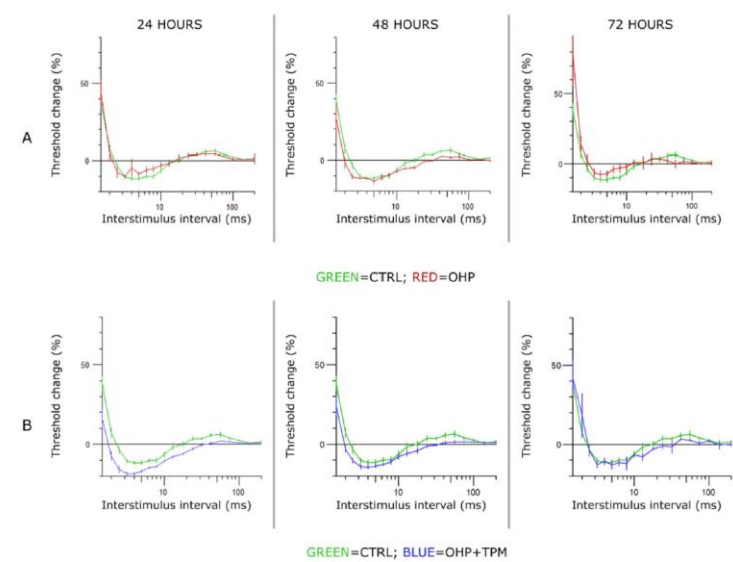
(TROND protocol) developed by Prof H Bostock

Plots of multiple excitability data

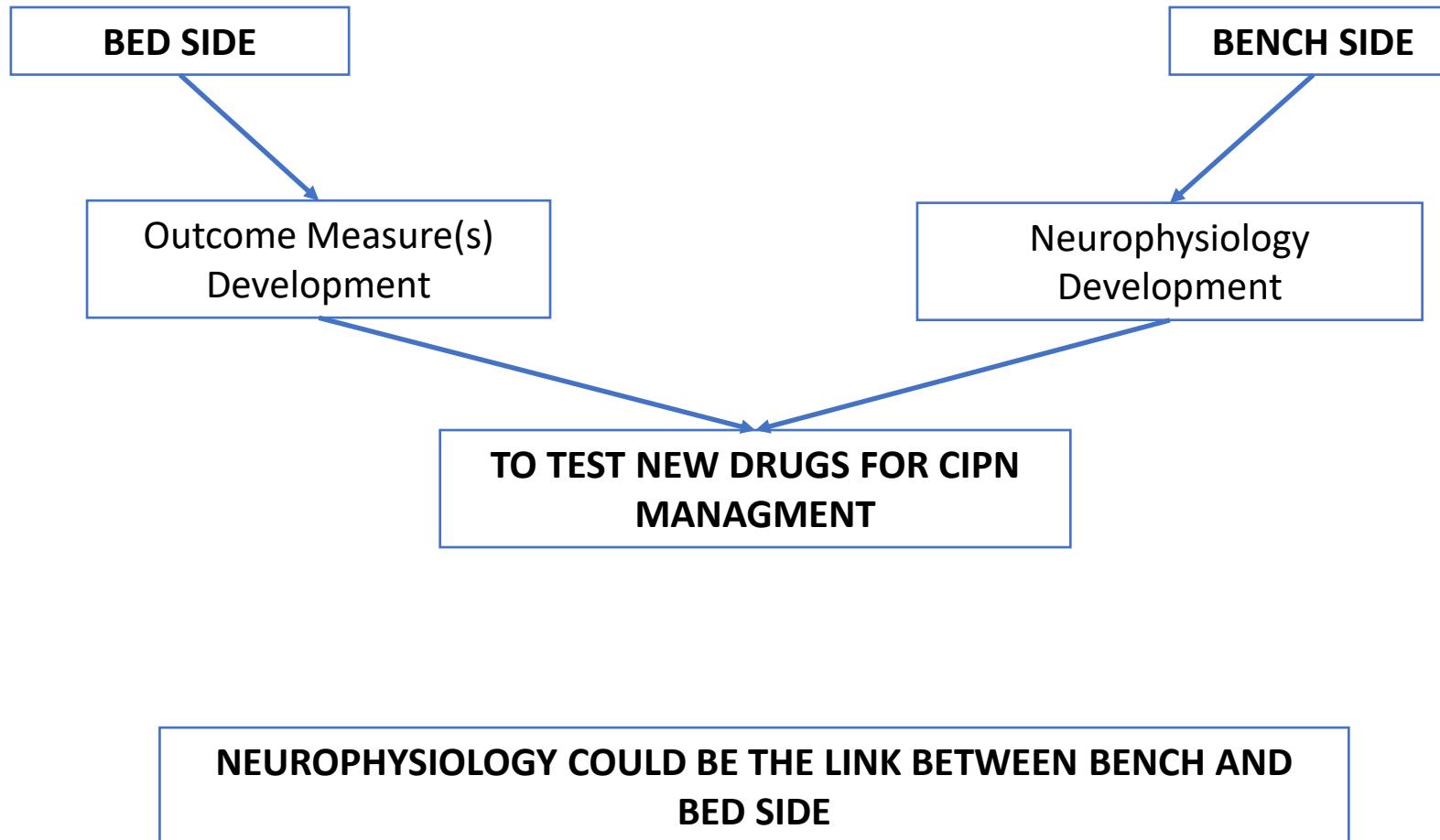


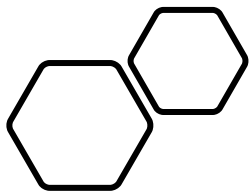
# Topiramate prevents oxaliplatin-related axonal hyperexcitability and oxaliplatin induced peripheral neurotoxicity.

Paola Alberti<sup>a,b,\*</sup>, Annalisa Canta<sup>a,b</sup>, Alessia Chiorazzi<sup>a,b</sup>, Giulia Fumagalli<sup>a,b,c</sup>, Cristina Meregalli<sup>a,b</sup>, Laura Monza<sup>a,b,d</sup>, Eleonora Pozzi<sup>a,b,c</sup>, Elisa Ballarini<sup>a,b</sup>, Virginia Rodriguez-Menendez<sup>a,b</sup>, Norberto Oggioni<sup>a,b</sup>, Giulio Sancini<sup>b,d</sup>, Paola Marmioli<sup>a,b</sup>, Guido Cavaletti<sup>a,b</sup>



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**CIPN:** è un effetto collaterale indotto dalla chemioterapia che compromette il funzionamento di mani e piedi.

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## Chemotherapy Induced Peripheral Neurotoxicity (CIPN): Why Should we Care (CIPN COST)

The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. [Know the risks and potential benefits](#) of clinical studies and talk to your health care provider before participating. Read our [disclaimer](#) for details.

ClinicalTrials.gov Identifier: NCT04986891

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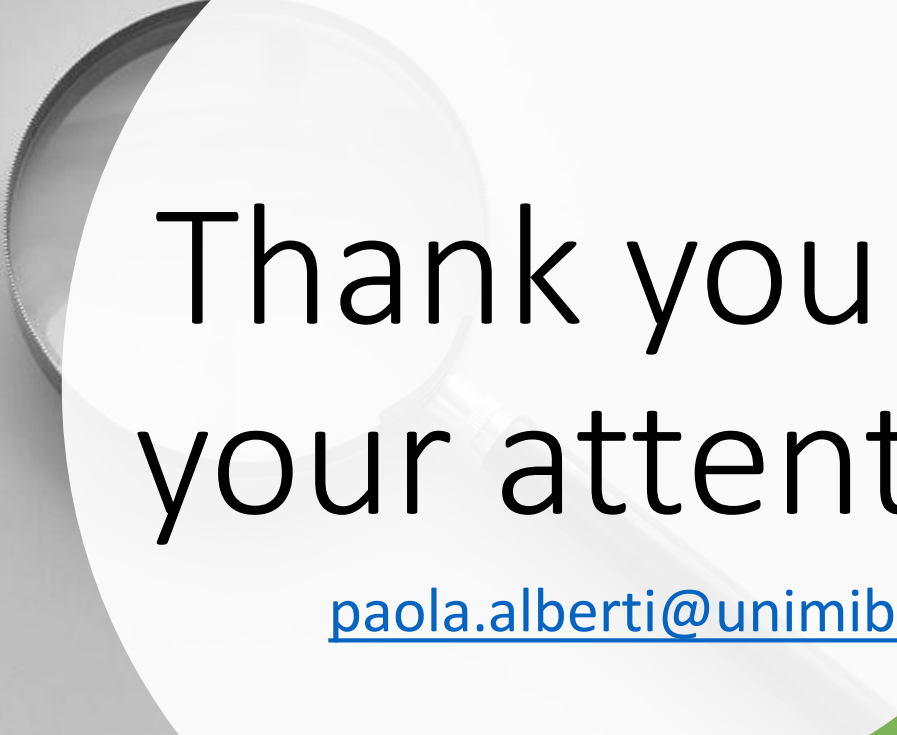
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