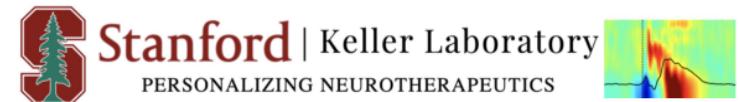


# Developing biomarkers to assess the response to TMS

Corey Keller, MD, PhD  
Assistant Professor  
Stanford University

Mood Disorders Education Day  
08.20.22



## Disclosures

- Funding: NIH, Burroughs Wellcome Fund
- Equity: Alto Neuroscience

## Motivation

I am afraid of this evaluation process. The diagnosis depends on me, what I say and I don't trust myself with anything, I never had. I say something one moment but later it's not what I feel so how will they know. I want them to use machines / technology to examine my brain to really know what is wrong with me.

Patient during residency

## Take Home Points

- Interventional psychiatry is an emerging field with much potential
- To personalize and increase efficacy, we need to fill large gaps:
  - Objective brain biomarkers to monitor during treatment
  - Map brain biomarkers to multidimensional stimulation space
  - Optimize real-time monitoring for adaptive or closed-loop stimulation
- Personalized treatment with minimal side effects that can be applied to any brain circuit for any neuropsychiatric disorder

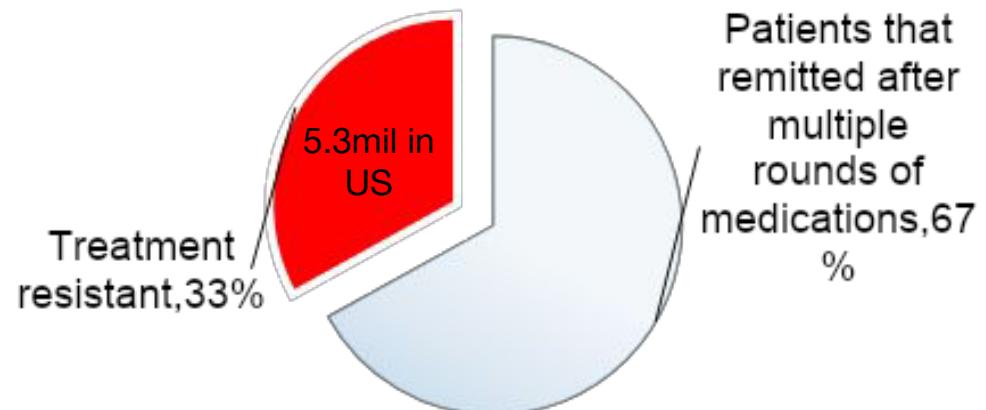
# Depression – a leading cause of disease burden



Vohringer PA, Ghaemi SN (2011)  
[healthline.com](http://healthline.com); [salusworld.com](http://salusworld.com); [bbrfoundation.org](http://bbrfoundation.org)

## Effect of COVID on mental health

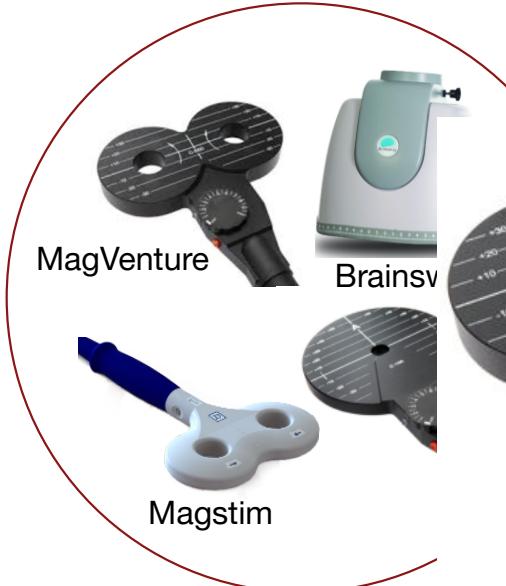
*'the percentage of adults with recent symptoms of an anxiety or a depressive disorder increased from 36.4% to 41.5'*



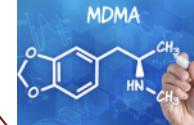
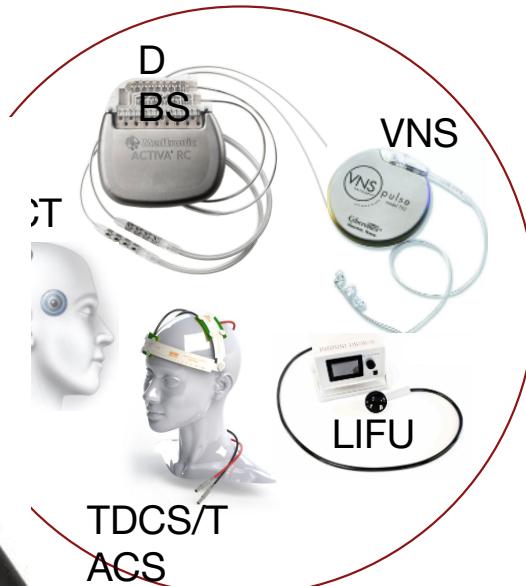
Data extrapolated from STAR\*D report

# The age of interventional psychiatry for TRD

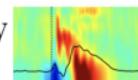
Transcranial Magnetic Stimulation (TMS)



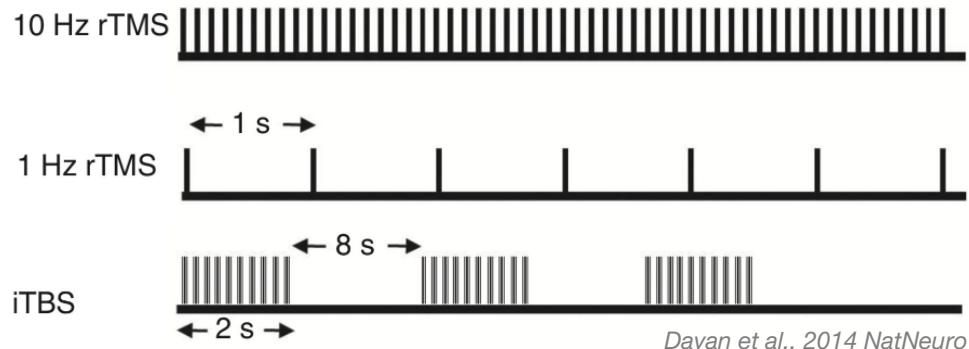
Other Brain Stimulation Methods



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PERSONALIZING NEUROTHERAPEUTICS



# Current state of TMS for depression



✓ Clinical efficacy for depression (25-50%)

O'Reardon et al 2007 Biol Psych

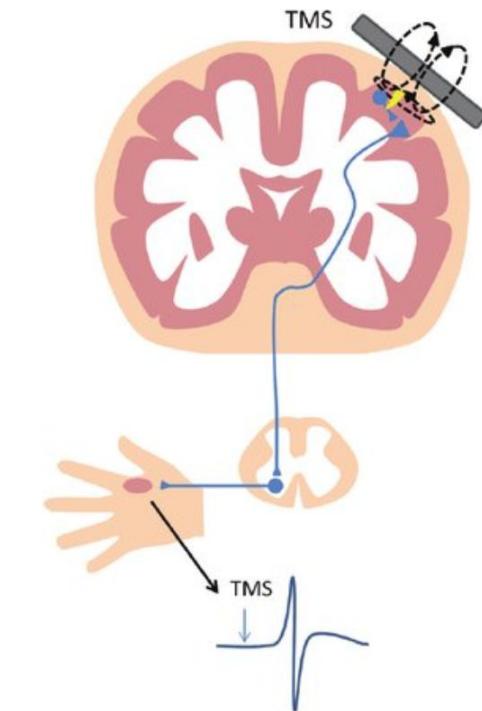
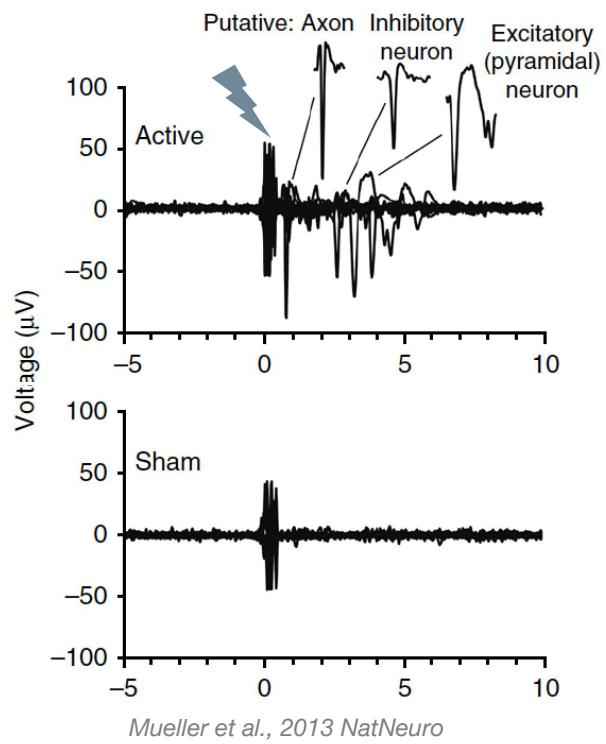
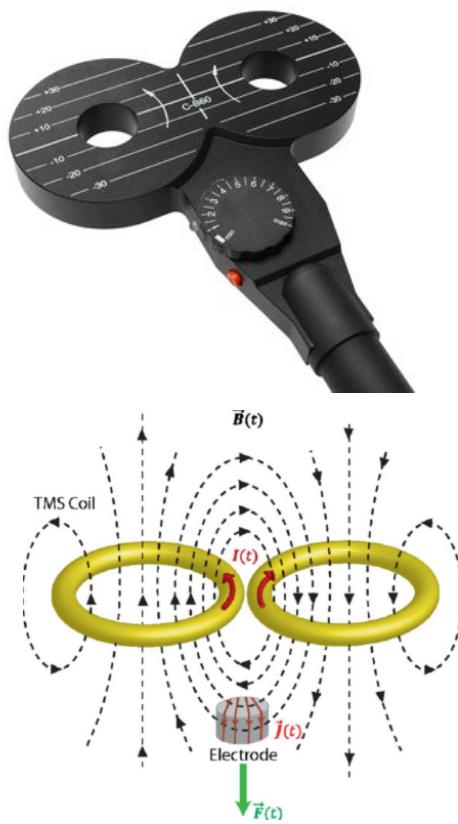
George et al 2010 Arch Gen Psych

Fitzgerald et al., 2016 Depression and Anxiety (Metaanalysis)

Kedzior et al., 2015 Depression and Anxiety (Metaanalysis)

✓ Interesting novel treatment patterns  
Mechanistic understanding  
Brain markers to stratify, predict, and track  
Selectively modulate brain marker

# Single pulse TMS generates action potentials and MEPs

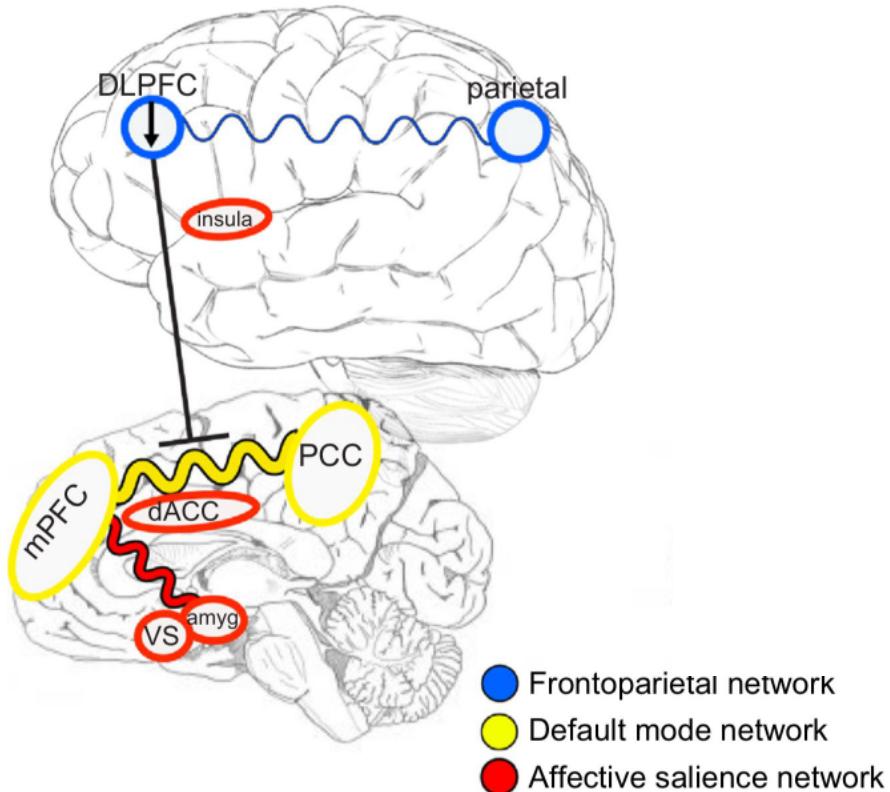


Motor evoked potential (MEP)

Fitzgerald et al., 2013, Schiz Bulletin

# Repetitive TMS (rTMS) – modulating brain networks?

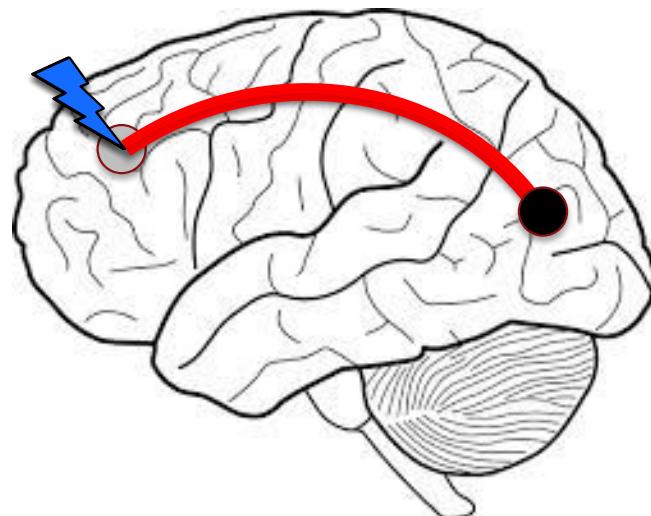
Abnormal brain networks in depression



Fischer\*, Keller\*, Etkin, 2016 Biol Psych CNNI  
Liston et al., 2014 BiolPsych

# TMS: Selective manipulation of specific brain circuits

Unlimited applications with minimal side effects



## Psychiatric disorders

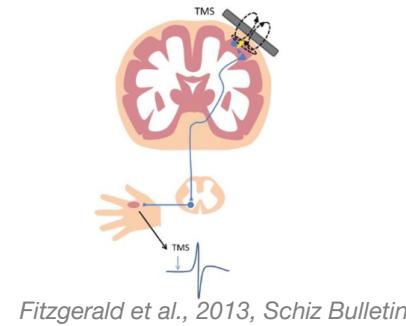
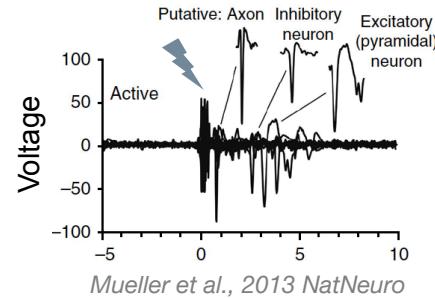
- MDD (2008)
- OCD (2018)
- Smoking cessation (2021)
- PTSD
- Substance use disorder
- Bipolar disorder
- Schizophrenia

## Neurologic disorders

- Migraines (2013)
- Alzheimer's
- Epilepsy
- Parkinson disorder
- Stroke

# We need to learn the language of TMS

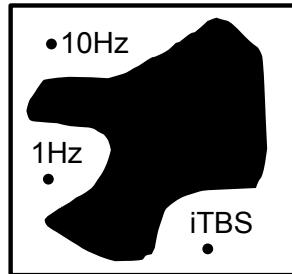
We know the sound of TMS...



We have a few words...

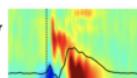
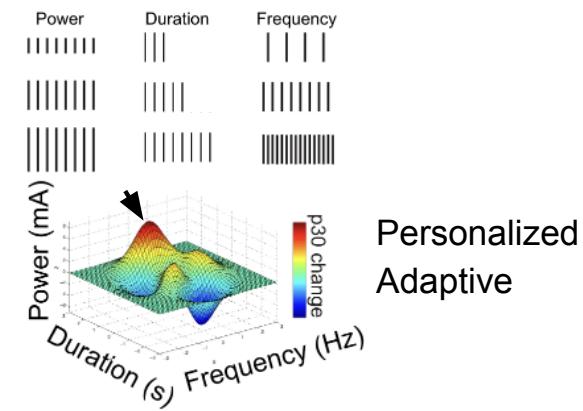
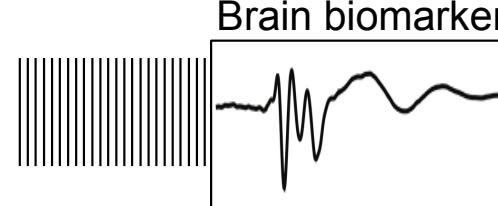
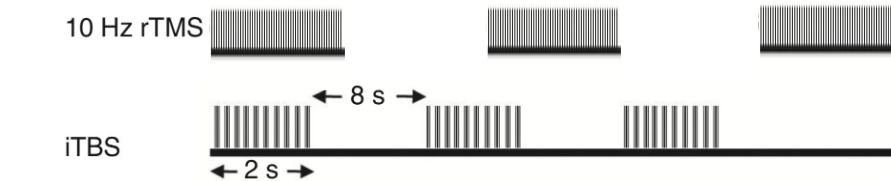
mein mein mein mein mein mein  
bablos bablos bablos bablos bablos

We are missing **everything else** (words, form, content, use)



frequency  
amplitude  
duration  
pattern  
state

location



## Take Home Points

- Interventional psychiatry is an emerging field with much potential
- To personalize and increase efficacy, we need to fill large gaps:
  - Objective brain biomarkers to monitor during treatment
  - Map brain biomarkers to multidimensional stimulation space
  - Optimize real-time monitoring for adaptive or closed-loop stimulation
- Personalized treatment with minimal side effects that can be applied to any brain circuit for any neuropsychiatric disorder

## ▪ Keller Lab

- Christopher Cline, PhD
- Jess Ross, PhD
- Austin Talbot, PhD
- Manjima Sarkar
- Jeffrey Wang
- Jade Truong
- Chris Minasi
- Benyamin Meschede-Krada
- Francesco Donati, MD
- Naryeong Kim
- Saachi Munot
- Jennifer Xu
- Juha Gogulski, MD/PhD

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- Aaron Boes, MD/PhD
- Hiroyuki Oya, MD/PhD
- Nolan Williams, MD
- Yuhao Huang, MD
- Ashesh Mehta, MD/PhD
- Amit Etkin, MD/PhD
- Alan Schatzberg, MD
- Rachel Manber, PhD



BURROUGHS  
WELLCOME  
FUND



National Institute  
of Mental Health



NIH DIRECTOR'S  
EARLY  
INDEPENDENCE  
AWARD

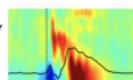
## ▪ Participants

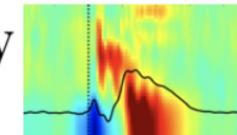


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**We are hiring!**  
[ckeller1@stanford.edu](mailto:ckeller1@stanford.edu)

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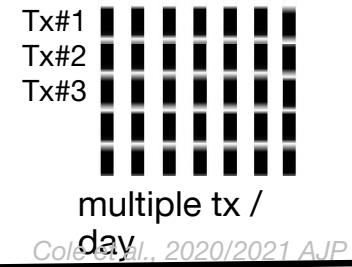
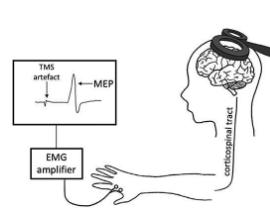
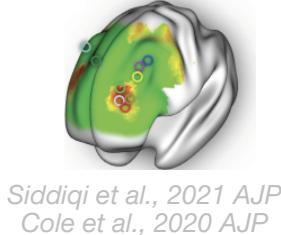


## Take Home Points

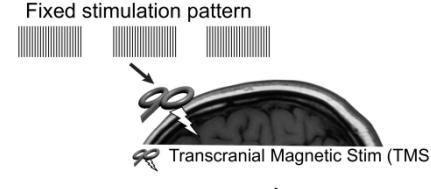
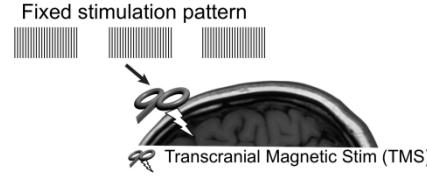
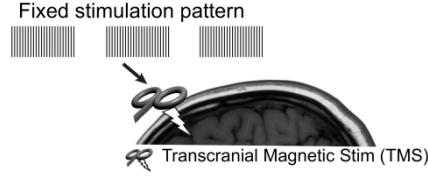
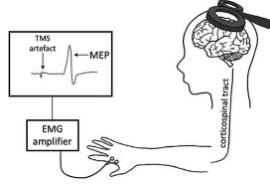
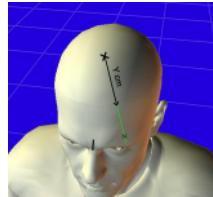
- Interventional psychiatry is an emerging field with much potential
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- Personalized treatment with minimal side effects that can be applied to any brain circuit for any neuropsychiatric disorder

# Current state of the field

Research



Current



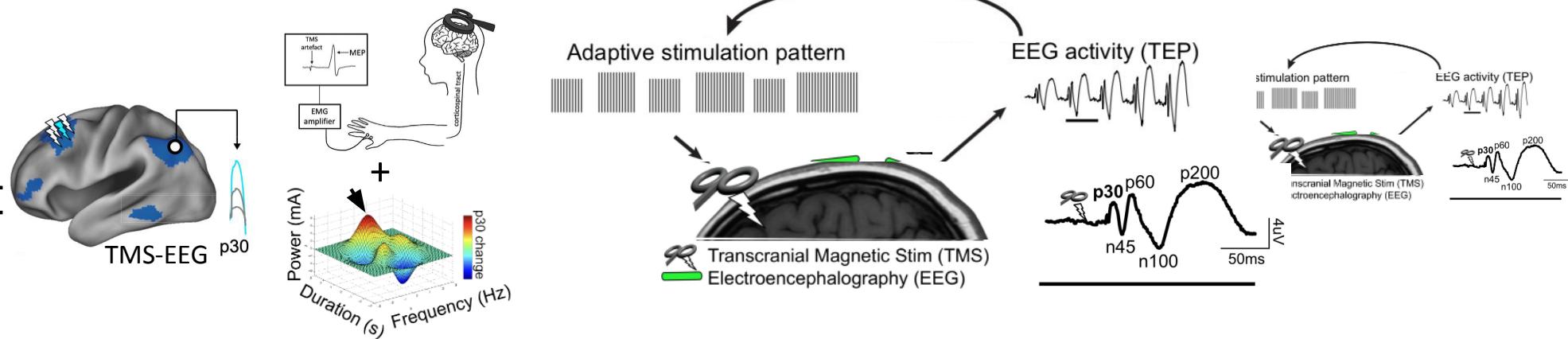
Targeting

Dosage

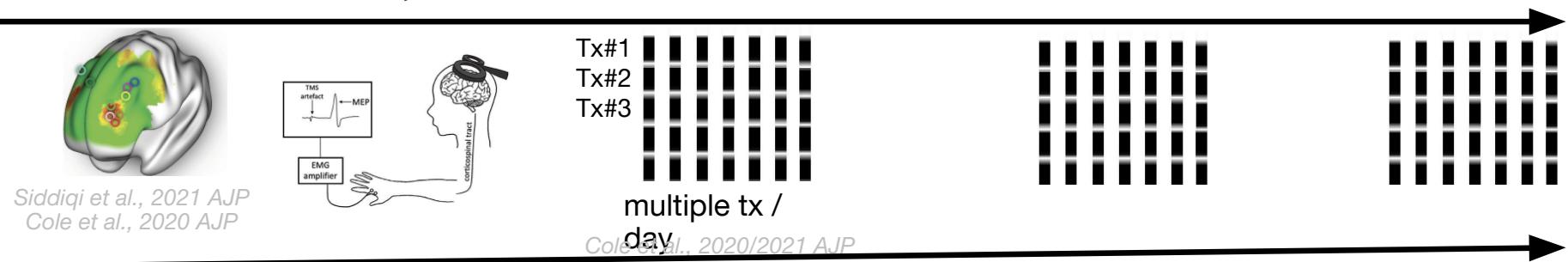
Treatment (x30)

# Current state of the field

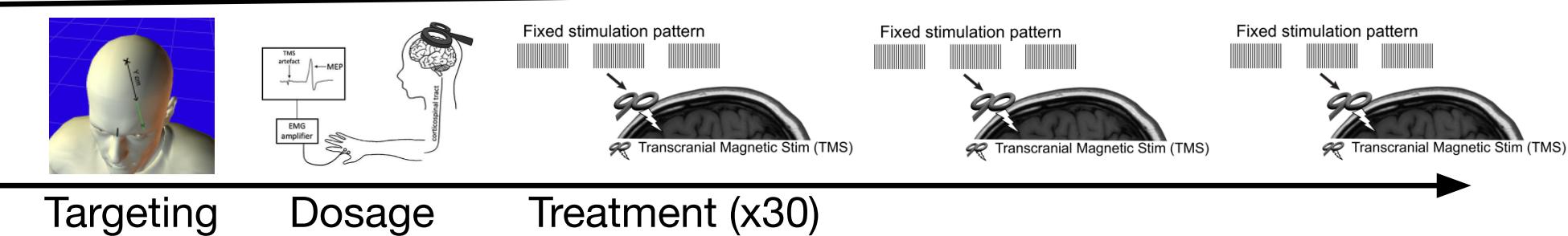
Our approach



Research

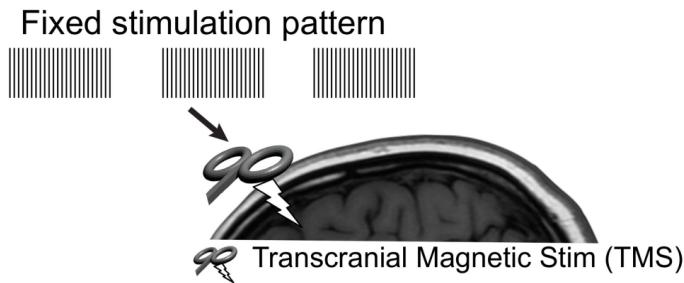


Current



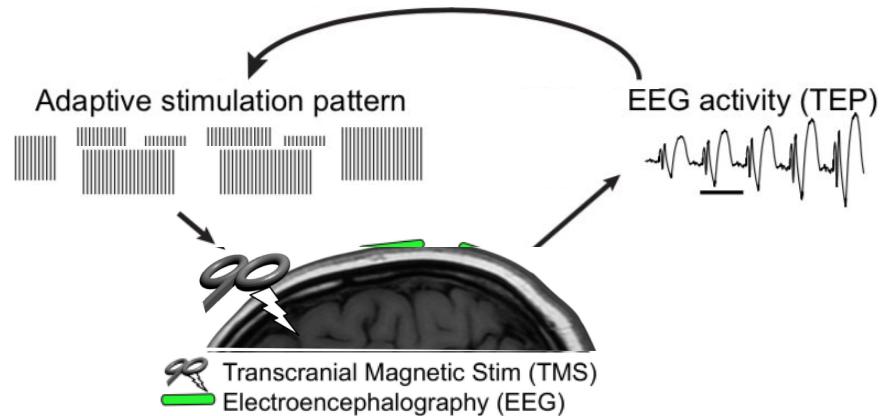
# Next generation brain stimulation: personalized + adaptive

## Current v1.0: open-loop



- Largely same as 2008 approval
- Blind to one's physiology / plasticity
- One size fits all

## v2.0: Adaptive, closed-loop

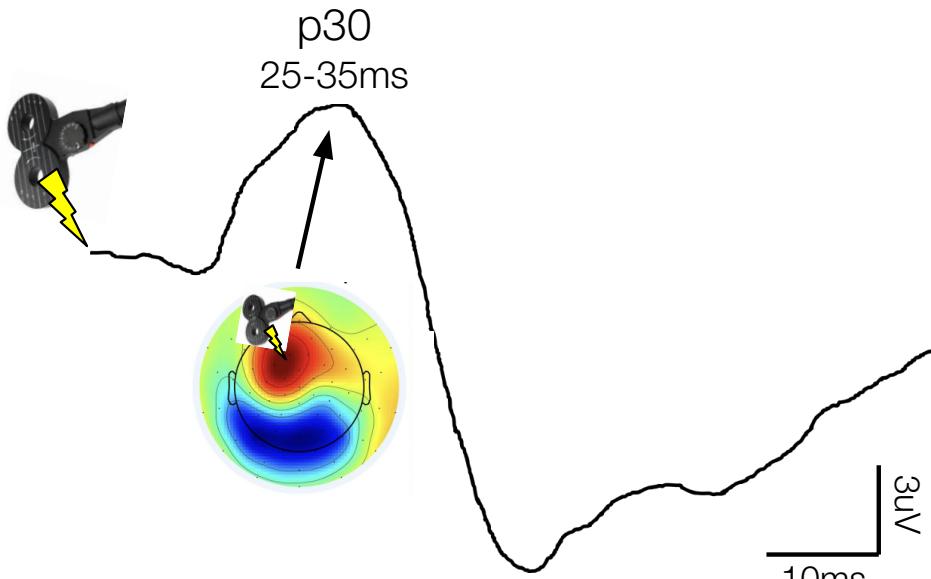
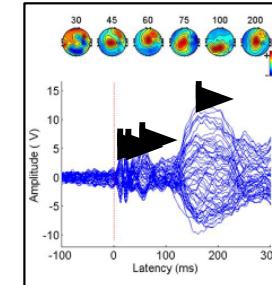
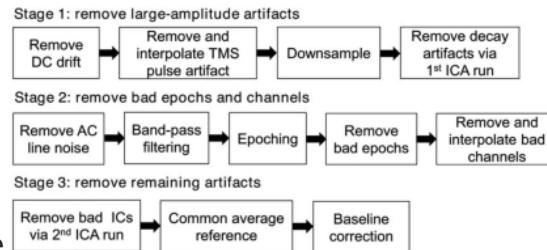


- Adapt tx based on biomarker
- Based on one's physiology / plasticity
- Faster and (much) more effective

# TMS-EEG ‘p30’: a biomarker for TMS



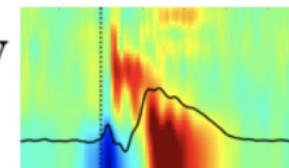
- Causal perturbation
- Millisecond time resolution
- Clinic-ready
- Relatively inexpensive



90°  
TMS-EEG  
Transcranial Magnetic Stim (TMS)  
EEG (above cortex)

## ‘p30’

- Earliest discernable peak in TMS-EEG
- Present in invasive and noninvasive EEG recordings (Keller et al., 2018)
- Reflects brain excitability (Tremblay 2015, Lioumis 2009)
- Suppressed after 10Hz TMS in healthy controls (Donati et al., in prep)
- Suppressed after 4 weeks of 10Hz TMS for depression and related to clinical outcome (Eshel et al., 2020)



Multidisciplinary lab approach focused on neuromodulation and human electrophysiology

We deconstruct brain stimulation to establish the fundamental mechanisms underlying human neuroplasticity and develop real-time, closed-loop treatments for mental health disorders

- 1) To develop novel methods to probe the human brain in a causal and directional manner
- 2) To better understand the mechanisms underlying human brain plasticity
- 3) To create real-time, closed-loop solutions for mental health disorders



Keller et al., PNAS 2011  
Keller et al., Journal of Neuroscience, 2014  
Keller et al., PhilTrans, 2014  
Keller et al., Human Brain Mapping, 2017  
Keller et al., Journal of Neuroscience, 2018  
Huang et al., Journal of Neuroscience, 2019

Wang et al., under review

Wu, Keller et al., HBM, 2018  
Kerwin, Keller, et al., BrainStim, 2018  
Eshel, Keller et al., NPP, 2020  
Ross et al., 2022  
Gogulski et al., under review  
Cline et al., in prep  
Donati et al., in prep



## Non-invasive Brain Stimulation 2.0: biologically-based, personalized, adaptive

- Develop brain biomarker to track brain change → symptoms (Goal 1)
- Understand how stimulation parameters affect brain biomarkers (Goal 2)
- Develop real-time monitoring and closed-loop stimulation (Goal 3)