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Brain Plasticity Related to Psycho-motor Skills in Catheter-based Interventions

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Introduction

- A fascinating property of the human brain is its ability to reorganize as a result of experience
- Experimental evidence of practice-related brain change has been shown as a result of simple and increasingly complex visuo-motor-training tasks, even after brief training periods

Previous studies examining brain plasticity related to complex visuo-motor skill training found:
- Increased grey matter volume in MT/V5 and (posterior) intraparietal sulcus
- Increased fractional anisotropy of white matter underlying the right posterior intraparietal sulcus
- Increased connectivity in fronto-parietal (and cerebellar networks)

Catheter-based interventions (CBIs)
- Minimal access procedures, where a catheter is used to diagnose and/or treat the target site
- CBIs have many advantages over open procedures

Methods

Participants:
- 2 groups (n=40), healthy young medical students
- passed "Physikum", no experience with CBIs
- Normal or corrected to normal vision, right-handed
- No MRI contraindications

Measures:
- Cognitive
  - Accuracy & reaction time in cognitive tasks (cognitive control, task-switching and visuo-spatial ability)
  - Average amount of pegs inserted with the right hand in the manual dexterity task

Behavioural
- Total time required to complete the task
- Total fluoroscopy, cine time and contrast agent used to complete the task
- Number of catheter handling and table movement errors

Neuronal
- Change in grey matter (T1-weighted scan)
- Change in white matter (diffusion weighted scan)
- Change in functional connectivity (resting-state fMRI)

Analysis:
- Region of interest analysis (MT/V5, hippocampus, intraparietal sulcus) as well as whole brain analysis
- Eigenvector centrality analysis to examine network changes
- Group*time-point interaction (controlled for multiple comparisons)
- Changes in experimental group > control group?
- Changes from pre to post scan > baseline to pre scan?
- Correlation between structural and functional changes (in %) with performance gains (% improvement day1+day2+day3)/3)
- Correlation between baseline MRI parameters (before learning) and performance gains (%)

Procedure

MRI scanning protocol:
- T1-weighted scan: MP2RAGE sequence
- Diffusion weighted imaging: multiband EPI sequence
- Resting state fMRI, multiband BOLD EPI-sequence
- Resting state fMRI, multiband BOLD EPI-sequence

Training on the catheter-lab simulator:
- Aim: perform selective access to the right internal carotid artery
- Individual training for 2 hours on three consecutive days
- Motor proficiency questionnaire
- Instruction video about the task & written instructions
- During the first trial, participants are walked through the procedure
- On each training day, catheter-handling tips are given until selective access to the target artery is successfully performed once
- The training complexity advances as the training progresses
- Training complexity is defined by patient anatomy and morphology

Control group:
- Participants are age and gender matched to the experimental group
- Simplified training task on the simulator
- Participants also watch an instruction video, receive written instructions and perform the task under supervision
- The simplified task does neither require table movements, spatial sense (converting 2D image into 3D environment) nor selective access with the catheter
- The rest of the work-flow is exactly the same

References


References