

Yale New Haven Hospital

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Yale-New Haven (N.H.) Hospital. Yale-New Haven Hospital offers stereotactic radiosurgery treatments and Gamma Knife therapy in its surgical neuro-oncology and neurovascular programs. The hospital is currently engaged in research sponsored by the National Institutes for Health, including studies on the development of advanced MRI and imaging techniques for use in neurological surgery and treatment, as well as primate studies analyzing outcomes of injections into the striatum, which are slotted for a phase I clinical trial in the near future.

The [Portable Magnetic Resonance Imaging](#) device was deployed at [Yale New Haven Hospital](#) to examine patients presenting with [stroke symptoms](#) from October 26, [2020](#), to February 21, [2022](#). Three [raters](#) independently evaluated pMRI examinations. Raters were provided the [images](#) alongside the patient's clinical information to simulate the real-world context of use. Ground truth was the closest conventional computed tomography or 1.5/3T MRI. Sensitivity and specificity results were grouped by DL and non-DL software to investigate the effects of software advances.

A total of 189 [exams](#) (38 ICH, 89 [acute ischemic stroke](#), 8 [subarachnoid hemorrhage](#), 3 primary [intraventricular hemorrhage](#), 51 no intracranial abnormality) were evaluated. Exams were correctly classified as positive or negative for ICH in 185 of 189 cases (97.9% overall accuracy). ICH was correctly detected in 35 of 38 cases (92.1% sensitivity). [Ischemic stroke](#) and no intracranial [abnormality](#) cases were correctly identified as blood-negative in 139 of 140 cases (99.3% specificity). Non-DL scans had a sensitivity and specificity for ICH of 77.8% and 97.1%, respectively. DL scans had a sensitivity and specificity for ICH of 96.6% and 99.3%, respectively.

These results demonstrate improvements in ICH detection accuracy on pMRI that may be attributed to the integration of clinical information in rater review and the incorporation of a DL-based algorithm. The use of pMRI holds promise in providing diagnostic neuroimaging for patients with ICH ¹.

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Publications

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Spergel from the Department of Neurosurgery, Yale University School of Medicine, [New Haven](#), CT, USA. reviewed the neuropeptides that have been shown to act directly and that may also act indirectly, on [GnRH neurons](#), the [reproduction](#)-related processes with which the neuropeptides may be associated or the physiological information they may convey, as well as their [cognate receptors](#), [signaling pathways](#) and roles in the modulation of GnRH neuronal firing, $[Ca^{2+}]_i$, GnRH secretion and reproduction. The review focuses on recent research in mice, which offer the most tractable experimental system for studying mammalian GnRH neurons ²⁾.

Zhang et al., from the Department of Neurosurgery, Yale University School of Medicine, [New Haven](#), United States tested a chimeric virus in which the Vesicular stomatitis virus (VSV) [glycoprotein](#) is replaced with the [Chikungunya](#) polyprotein E3-E2-6K-E1 (VSVΔG-CHIKV). Control [mice](#) with [brain tumors](#) survived a mean of 40 days after tumor implant. VSVΔG-CHIKV selectively infected and eliminated the [tumor](#), and extended [survival](#) substantially in all tumor-bearing mice to over 100 days. VSVΔG-CHIKV also targeted intracranial primary patient derived [melanoma](#) xenografts. [Virus](#) injected into one melanoma spread to other melanomas within the same brain with little detectable [infection](#) of normal cells. Intravenous VSVΔG-CHIKV infected tumor cells but not normal tissue. In immunocompetent mice, VSVΔG-CHIKV selectively infected mouse [melanoma](#) cells within the [brain](#). These data suggest VSVΔG-CHIKV can target and destroy brain tumors in multiple [animal models](#) without the neurotropism associated with the wild type VSV glycoprotein ³⁾.

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