Investigating Tauopathy in Military Occupational Blast: A [18F]flortaucipir Positron Emission Tomography Study in Canadian Armed Forces Members



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BACKGROUND



- 27% of Canadian Armed Forces (CAF) members report persistent post-concussive symptoms (e.g.: headaches, auditory/visual, cognitive impairment, sleep disturbances, poorer job performance)¹.
- Studies have suggested that Chronic traumatic encephalopathy (CTE), a tauopathy, could occur as a result of repetitive exposure to low-intensity occupational blast.
- While preclinical models and post-mortem studies have demonstrated increases in tau pathology following blast exposure, studies in humans exposed to blast are limited to one.²

OBJECTIVE

Objective: To investigate tau accumulation in brain using PET imaging of the radioatracer [18F]florataucipir in military personnel (Canadian Armed Forces) exposed to low intensity level blast.

Hypothesis: Greater regional [18F]florataucipir uptake will be associated with greater exposure to low-level military blast.

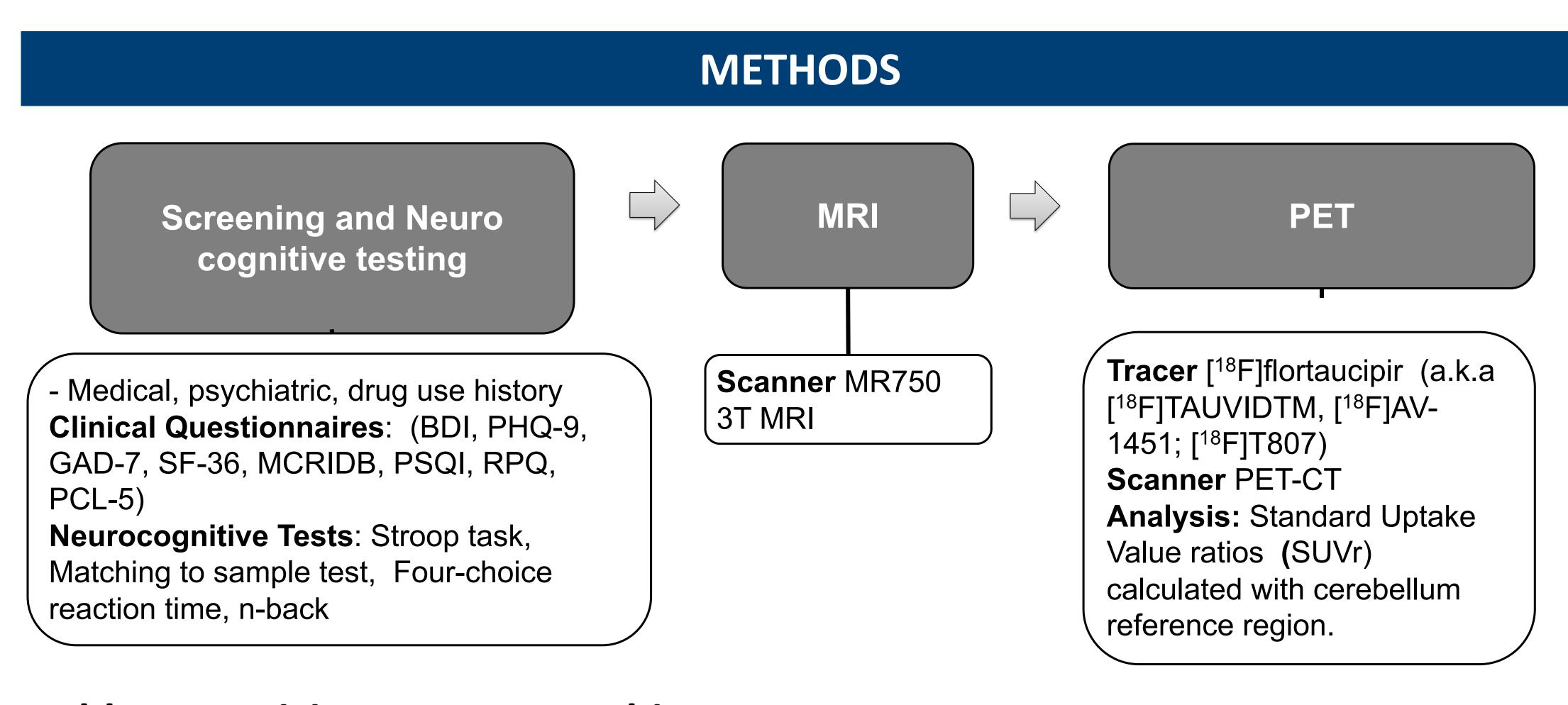


Table 1. Participant Demographics

Demographics LLMB-Blast	(n=12)	Range (min-max)
Age, mean	45.3 ± 6.7	34-50
Sex, male, n (%)	12 (100%)	_
NIH race, Caucasian, n (%)	10 (83.3)	_
BMI	29.1 ± 3.4	25.4-37.9
Years of education	13 ± 2.54	11-13
Smoking status, No, n(%)	2 [1 former smoker]	-
Alcohol drinks per week	7.16 ± 9.9	0-35
Positive THC on PET Day n (%)	2 (17)	
No. of years of service in CAF	26.2 (5.8)	16-34
Years of exposure to explosives	20.9 (5.3)	15-33
Years of exposure to breaching	12.8 (6.8)	3-25
Years of exposure to sniping	13.9 (10.2)	0-33

RESULTS

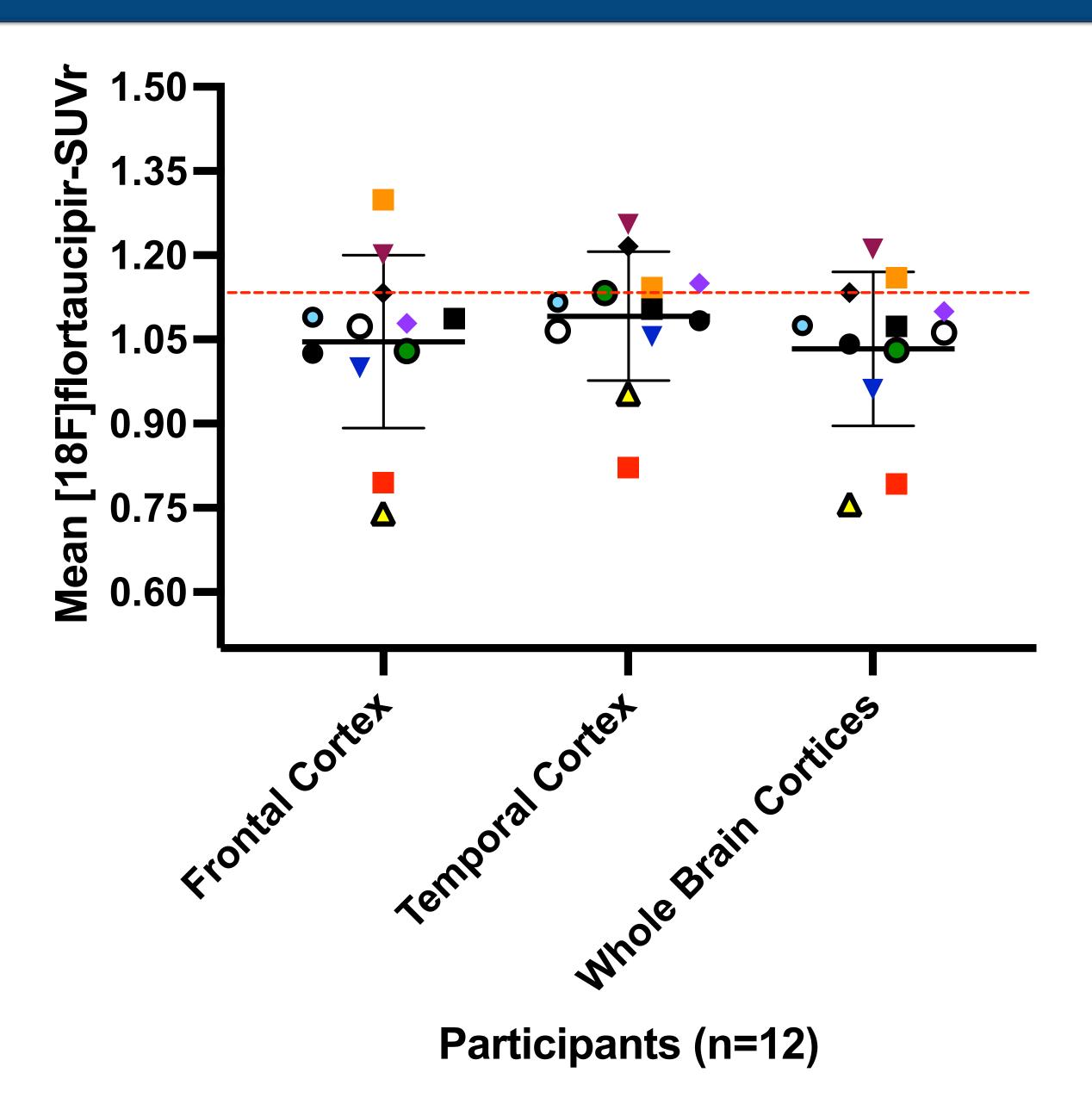


Figure 1. Regional [18F]flortaucipir SUVr in CAF exposed to Low-level Military Blast

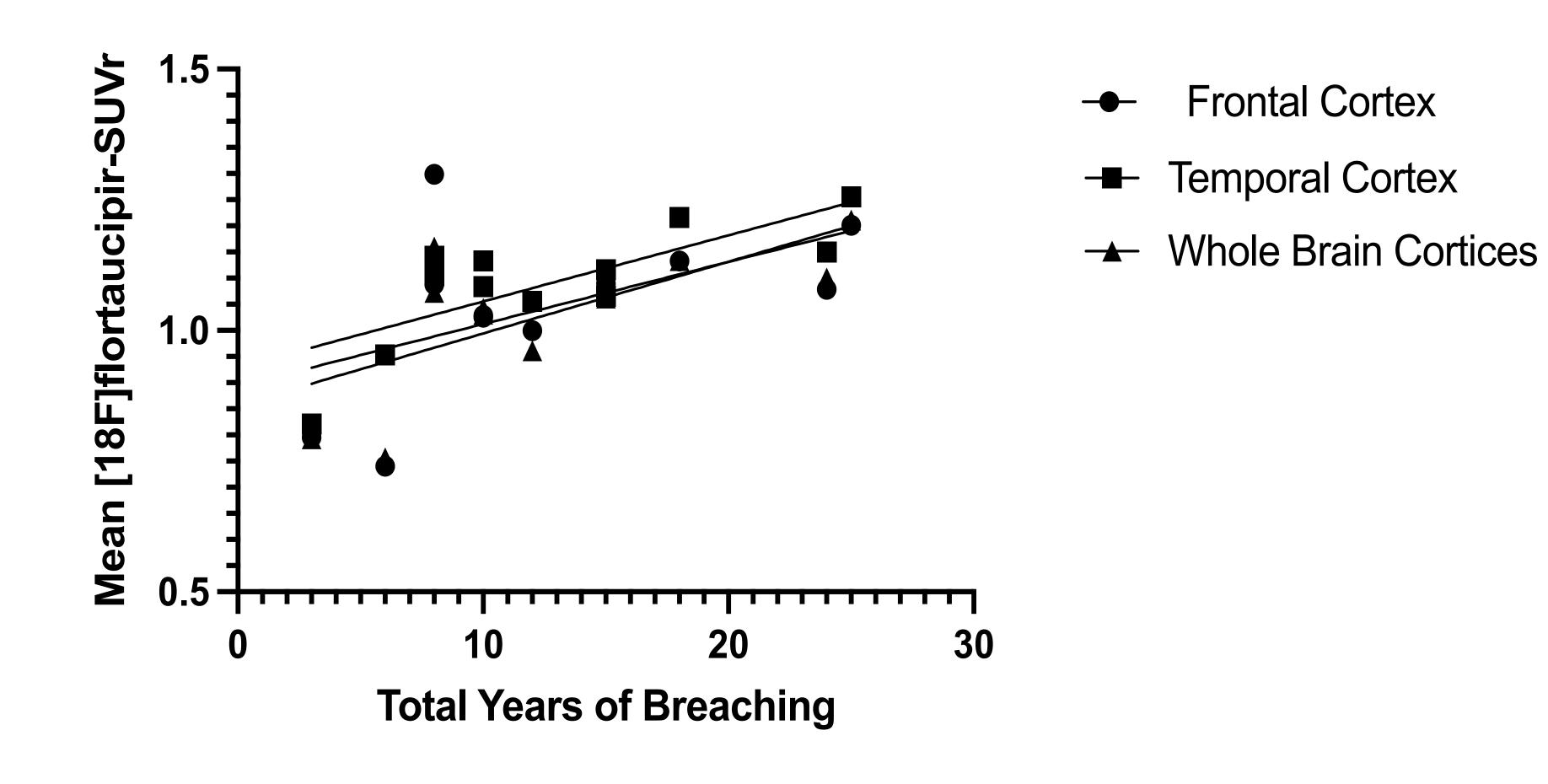


Figure 2. Pearson correlation revealed significant positive associations (r > 0.88) between mean [18 F]flortaucipir SUVr in ROIs and total years of breaching in the CAF.

CONCLUSIONS

In line with an earlier PET study linking tau deposition with dose exposure to blast³, our study finds a positive correlation between blast exposure and tau deposition further suggesting that greater exposure could potentially increase tau. Studies in a larger cohort should aim to model tau in order to understand what constitutes safe exposure to blast.

REFERENCES

- 1. Garber, B.G., C. Rusu, and M.A. Zamorski, Deployment-related mild traumatic brain injury, mental health problems, and post-concussive symptoms in Canadian Armed Forces personnel. BMC Psychiatry, 2014. 14: p. 325.
- 2. Ahlers ST, Vasserman-Stokes E, Shaughness MC, Hall AA, Shear DA, Chavko M, McCarron RM, Stone JR. Assessment of the effects of acute and repeated exposure to blast overpressure in rodents: toward a greater understanding of blast and the potential ramifications for injury in humans exposed to blast. Front Neurol. 2012 Mar 5;3:32. doi: 10.3389/fneur.2012.00032.
- 3. Robinson, M.E., et al., *Positron emission tomography of tau in Iraq and Afghanistan veterans with blast neurotrauma*. NeuroImage: Clinical, 2019(Brain Connect 5 2014): p. 101651.