Robustness and generalizability of a speechbased digital biomarker derived from recordings of the Clinical Dementia Rating (CDR) interview



CAMBRIDGE COGNITION

Michael Spilka¹, Mengdan Xu¹, Bali Toth², Somaye Hashemifar², Rainier Amora², Jessica Robin¹, Edmond Teng², Cecilia Monteiro², & William Simpson¹

¹Winterlight Labs, Inc. (a division of Cambridge Cognition), Toronto, ON, Canada ²Genentech, Inc., South San Francisco, CA, USA

Contact: michael.spilka@camcog.com

Background

- Progressive language changes are established clinical characteristics of Alzheimer's disease (AD).
- Advances in Natural Language Processing (NLP) enable more objective, nuanced measurement of language, facilitating the development and validation of speech biomarkers for tracking longitudinal decline in language function.
- **Objective:** We examined the robustness and generalizability of our previously published speechbased digital biomarker score (Robin et al., 2023; doi: 10.1002/dad2.12445) in an independent clinical trial dataset.

Methods

- Participants were 165 English-speaking individuals with mild-to-moderate AD from the Lauriet Phase 2 trial of semorinemab (NCT03828747).
- CDR interview recordings were analyzed at screening, baseline, week 25, and week 49, focusing on participant speech from the "recent experience" section of the interview.
- Nine speech features (3 acoustic, 6 linguistic) were extracted and combined according to our previously published speech-based digital biomarker score (developed from a subset of patients with prodromalto-mild AD from the Tauriel Phase 2 trial [NCT03289143]).
- Performance of the speech-based composite in the development dataset (Tauriel) and replication dataset (Lauriet) was compared on:
 - Longitudinal trajectories (using linear mixed effects models adjusting for participant age, gender, and level of education; the Lauriet analysis included the placebo group only [n = 81]).
 - Baseline correlations with clinical endpoints (performed on the full participant sample; screening and baseline visits were averaged, when available).
 - Test-retest reliability (using intraclass correlations of screening and baseline visit recordings).

Speech-based composite score features

Linguistic
Word length
Syntactic depth
Word frequency

Noun use Particle use

Pronoun use

Acoustic

MFCC 11 mean

MFCC 25 variance

MFCC 26 variance

Individual speech features were z-scored relative to the development dataset (using the *M* and *SD* across all data points) prior to being combined into the composite score.

Participant characteristics

 The speech-based composite confirmed the presence of more severe language dysfunction in the Lauriet vs. the development dataset, consistent with observed clinical endpoint differences.

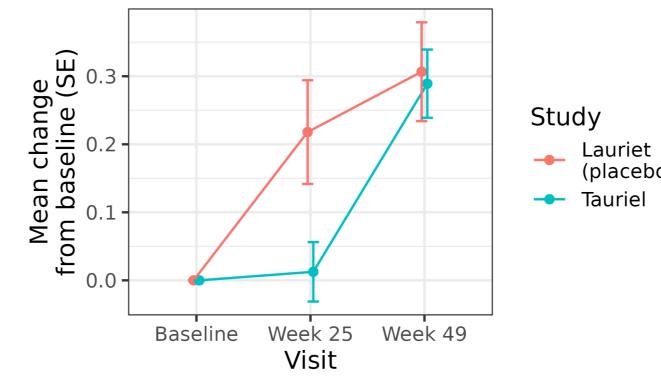
Baseline characteristics	Lauriet (replication sample)	Tauriel (development sample)	<i>p</i> -value
N	165	147	
Age (M, SD)	72.4 (8.3)	69.0 (7.8)	<.001
Sex (n, %)			.296
Female	106 (64%)	85 (52%)	
Male	59 (36%)	62 (42%)	
ADAS-Cog-11 Total (M, SD)	24.32 (6.43)	17.47 (5.74)	<.0001
ADAS-Cog-11 Language Composite (M, SD)	2.59 (2.46)	1.37 (1.46)	<.0001
CDR-SB (M, SD)	6.52 (1.84)	3.88 (1.43)	<.0001
ADCS-ADL Total (M, SD)	61.07 (8.70)	69.40 (6.00)	<.0001
MMSE Total (M, SD)	18.11 (2.03)	23.28 (2.74)	<.0001
Speech-based composite score	0.40 (0.46)	0.07 (0.45)	<.001

Note. MMSE = Mini Mental State Examination. ADAS-Cog-11 = Alzheimer's Disease Assessment Scale-Cognitive Subscale. CDR-SB = Clinical Dementia Rating Scale Sum of Boxes. ADCS-ADL = Alzheimer's Disease Cooperative Study – Activities of Daily Living Scale. The ADAS-Cog-11 Language Composite was the sum of the following five ADAS-Cog-11 scores: Spoken Language Ability (SLA), Word-Finding Difficulty (WFD), Comprehension of Spoken Language, Object and Finger Naming, Word Recognition.

Results: longitudinal trajectories

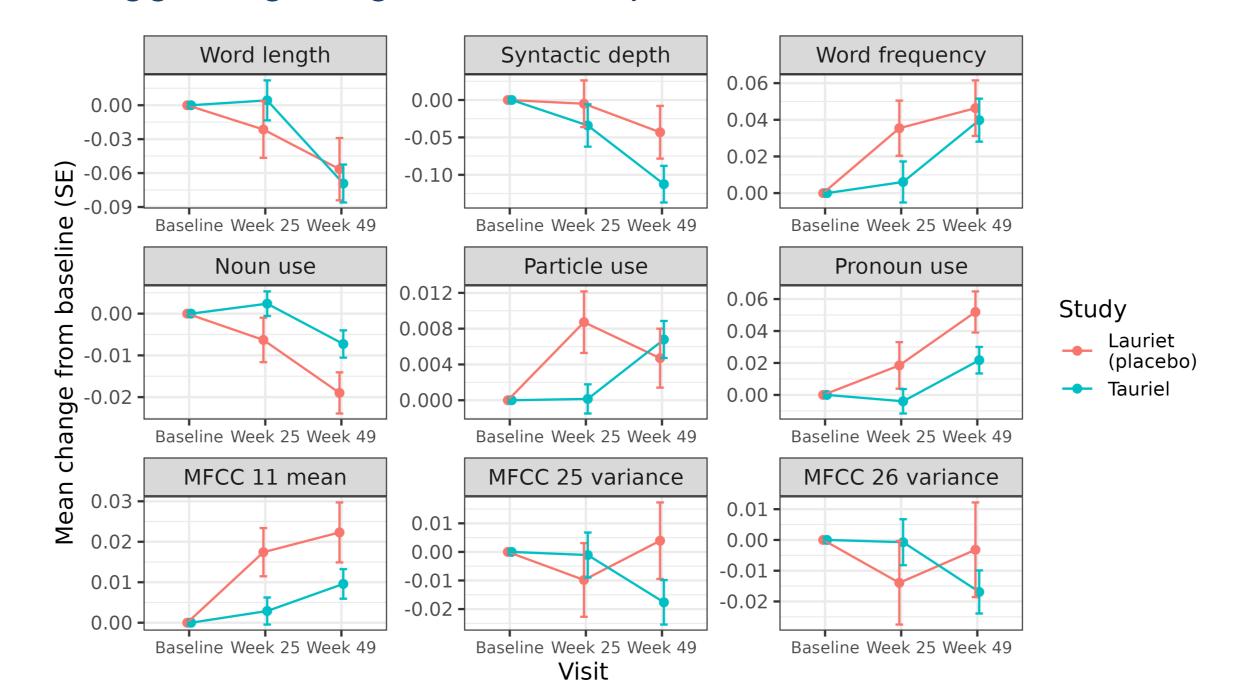
Composite score trajectories

• The biomarker showed a significant effect of change over time $(\beta=0.26, p=.0003)$, in line with the development dataset $(\beta=0.29, p<0.0001)$.



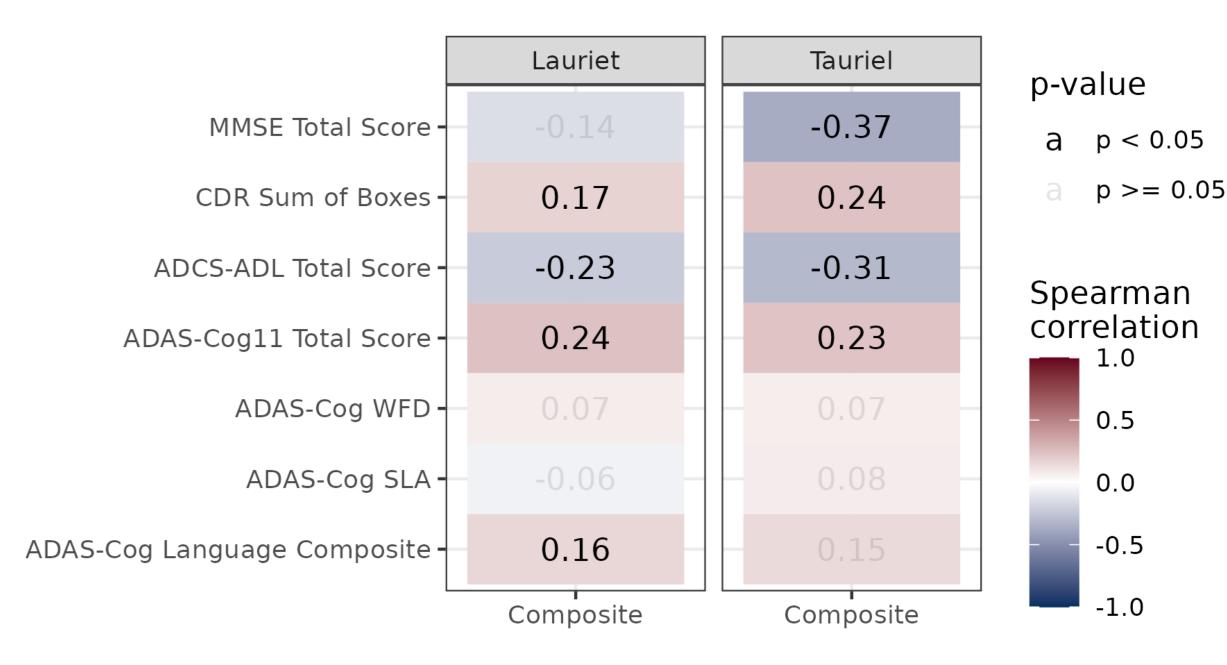
<u>Individual feature trajectories</u>

• 6 of 9 features had similar trajectories in both datasets, suggesting the generalizability of these features.



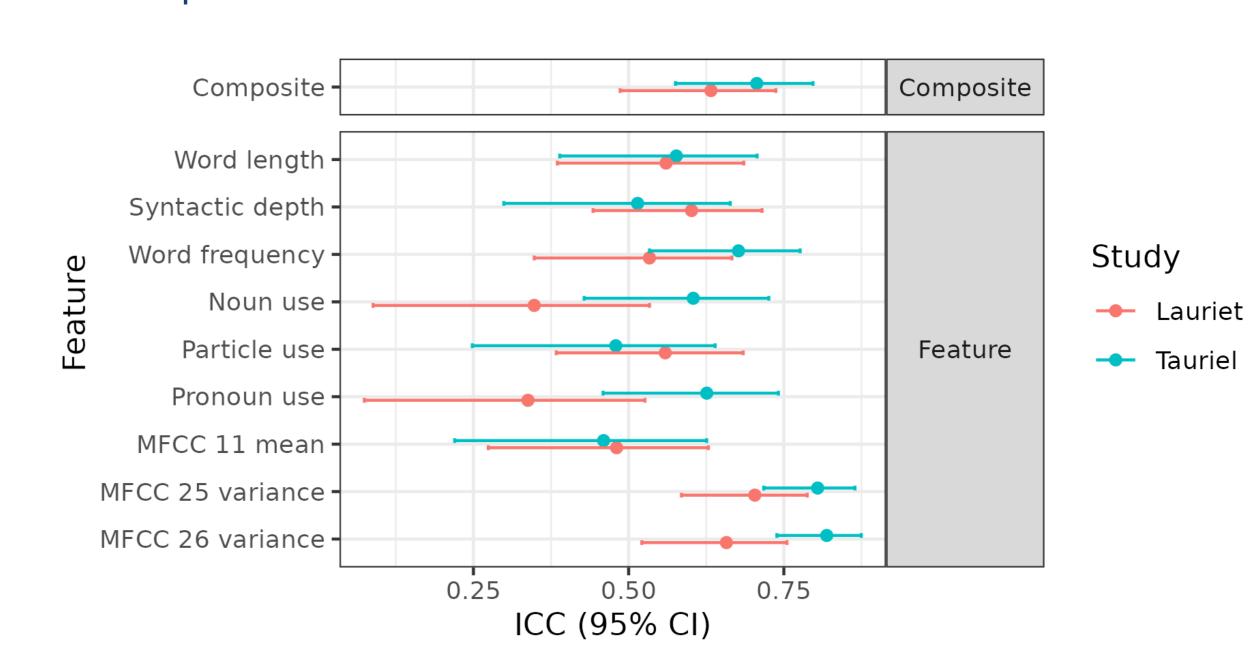
Results: correlations with clinical endpoints

 Baseline correlations with clinical endpoints were statistically significant and broadly similar between the two datasets for the CDR-SB, ADAS-Cog-11 Total, and ADCS-ADL scores.



Results: test-retest reliability

• Screening to baseline visit test-retest reliability of the composite score was similar between the two datasets (Lauriet ICC = 0.63; Tauriel ICC = 0.71). Test-retest reliability of individual features was more variable but generally comparable.



Conclusions

- We replicated prior speech-based digital biomarker score findings in an independent, more severe AD population, suggesting that the speech characteristics within this score are robust and aligned with clinical progression across disease stages.
- Additional validation work is ongoing, including the development of comparative biomarkers leveraging the combined data from both clinical trials.

