# Sorpus Lalosum shape, cognition and ageing

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### BACKGROUND

The corpus callosum is the main bundle of fibres between the left and right cerebral hemispheres.

Its midsaggital shape reflects the number, density, myelination, thickness, and topological distribution of inter-hemispheric connectivity (1-4).



The corpus callosum is connected to cortical regions that are particularly vulnerable to age-associated demyelination and atrophy (3, 5-10).

Because this does not occur uniformly (7, 11, 12), the global shape of the corpus callosum can provide useful information about the health, functioning and cognitive outcomes relating to many regions of the brain in ageing (11, 13).

There are major between-person differences in corpus callosum shape. As people age, there is a decrease in total corpus callosum area(6). Local analysis indicates significant decrease in areas such as the genu (11). However, it is unclear how global shape may change with ageing, particularly when focussing specifically on within-subjects change (6, 14).

#### **METHODS**

Participants were sampled from the Personality and Total Health (PATH) Through Life Study (15), a longitudinal study of ageing that includes repeated MRI scans at four year intervals. There were 417 adults aged 45-65 at baseline. Fifty two percent were male.



MRI were acquired and processed as in Shaw (16), and subsequent tracing, elliptical fourier and principal components analysis was used to extract global shape components. These were then analysed in hierarchical mixed models, with time in study as a predictor of change in loading, nested by participant.

# **RESULTS AND DISCUSSION**

There were two components: midbody curve to right or centre (curve; to ), and tall to flat (flatness; ) to ).

In the 40s, global corpus callosum shape became significantly more curved to the centre over time (PC1 b=-0.001, 95%CI[-0.002,-0.001]). In the 60s, corpus callosum shape became significantly less curved to the centre (PC1 b=0.003, 95%CI[0.003,0.004]) and significantly flatter over time (PC2 b=-0.001, 95%CI[-0.001,-0.001]).

## CONCLUSION

Global corpus callosum shape does change shape in ageing, even when analyses focus purely on within-subjects effects.

#### References

1. Zaidel E, lacoboni M. The parallel brain: the cognitive neuroscience of the corpus callosum: MIT press; 2003. 2. Oppenheim JS, Lee BC, Nass R, Gazzaniga MS. No sex--related differences in human corpus callosum based on magnetic resonance imagery. Annals of neurology. 1987;21(6):604-6. 3. Tuncer M, Hatipoğlu E, Özateş M. Sexual dimorphism and handedness in the human corpus callosum based on magnetic resonance imaging. Surgical and Radiologic Anatomy. 2005;27(3):254-9. 4. Witelson SF. Hand and sex differences in the isthmus and genu of the human corpus callosum. Brain. 1989;112(3):799-835. | 5. Bleier R, Houston L, Byne W. Can the corpus callosum predict gender, age, handedness, or cognitive differences? Trends in Neurosciences. 1986;9:391-4. | 6. Driesen NR, Raz N. The influence of sex, age, and handedness on corpus callosum morphology: A meta-analysis. Psychobiology. 1995;23(3):240-7. 7. Highley JR, Esiri MM, McDonald B, Cortina-Borja M, Herron BM, Crow TJ. The size and fibre composition of the corpus callosum with respect to gender and schizophrenia: a post-mortem study. Brain. 1999;122(1):99-110. 8. Dubb A, Gur R, Avants B, Gee J. Characterization of sexual dimorphism in the human corpus callosum. Neuroimage. 2003;20(1):512-9. 9. Ferrario VF, Sforza C, Serrao G, Frattini T, DEL FAVERO C. Shape of the Human Corpus Callosum: Elliptic Fourier Analysis on Midsagittal Magnetic Resonance Scans. Investigative radiology. 1994;29(7):677-81. | 10. Allen LS, Richey MF, Chai YM, Gorski RA. Sex differences in the corpus callosum of the living human being. The Journal of Neuroscience. 1991;11(4):933-42. | 11. Prendergast DM, Ardekani B, Ikuta T, John M, Peters B, DeRosse P, et al. Age and sex effects on corpus callosum morphology across the lifespan. Hum Brain Mapp. 2015;36(7):2691-702. 12. Joshi SH, Narr KL, Philips OR, Nuechterlein KH, Asarnow RF, Toga AW, et al. Statistical shape analysis of the corpus callosum in schizophrenia. Neuroimage. 2013;64:547-59. 13. Anstey KJ, Mack HA, Christensen H, Li S-C, Reglade-Meslin C, Maller J, et al. Corpus callosum size, reaction time speed and variability in mild cognitive disorders and in a normative sample. Neuropsychologia. 2007;45(8):1911-20. | 14. Twisk JW. Applied longitudinal data analysis for epidemiology: a practical guide: Cambridge University Press; 2013. **15.** Anstey KJ, Christensen H, Butterworth P, Easteal S, Mackinnon A, Jacomb T, et al. Cohort Profile: The PATH through life project. Int J Epidemiol. 2012:dyr025. | 16. Shaw ME, Sachdev PS, Anstey KJ, Cherbuin N. Age-related cortical thinning in cognitively healthy individuals in their 60s: The PATH Through Life study. Neurobiol Aging. 2016;39:202-9.

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