

## Phenotyping and computational modeling of diverse forms of genetic hearing loss

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### EXTENDED ABSTRACT

Computational models of auditory processing that can incorporate pathology (1, 2, 3) may be helpful in understanding the effects of hearing impairment (4, 5, 6) and in the development of improved devices for those with hearing loss (7), such as hearing aids and cochlear implants. However, incorporating pathology into computational models to explain a human subject's experimental data is typically problematic due to a lack of definitive knowledge about the pathology that they have.

A number of diverse forms of genetic hearing impairment have been molecularly characterized from the genetically isolated human population of Newfoundland, Canada. Affected members of these families form a useful pool of subjects to target for computational modeling, as within each extended family the specific genetic mutation leads to a similar pattern of pathology and resulting pathophysiology and perceptual deficits, but the types of hearing loss are very different between families due to different gene mutations.

A CLDN14 autosomal recessive mutation, affecting the protein Claudin14 that regulates the formation of tight cellular junctions, produces precipitous mid/high frequency hearing loss at around 4–6 years of age in 15 affected family members (8). A FOXL1 autosomal dominant mutation, affecting the signaling protein FOXL1, gives rise to otosclerosis in 11 individuals (9). A KCNQ4 autosomal dominant mutation affecting the Kv7.4 ion channel leads to progressive high frequency hearing loss in approximately 13 affected family members (10). A WFS1 autosomal dominant mutation, affecting the protein Wolframin that is involved in intracellular Ca<sup>2+</sup> regulation, gives rise to a nonsyndromic low-frequency hearing loss in 28 affected individuals (11).

We are developing computational models incorporating the suspected cochlear pathology for each affected relative with a specific mutation, based on psychophysical tuning curves (12) and distortion-product otoacoustic emission (DPOAE) growth functions (13), in addition to routine audiometric measures. The model for each research subject will be validated via quantitative predictions of advanced electrophysiological recordings, specifically auditory brainstem responses (ABRs) and electrocochleograms (ECoChGs), and word perception in quiet and noise (14) for that subject. The electrophysiological measurements were collected at a range of click rates using continuous loop averaging deconvolution (CLAD) sequences, in order to take into consideration neural adaptation at high click rates (15). Model predictions of the ABRs and ECoChG will use the unitary response function approach of (16), while word perception predictions will make use of physiologically-based speech intelligibility predictors (17).

Keywords: Auditory modeling; genetic hearing loss; human electrophysiology

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