

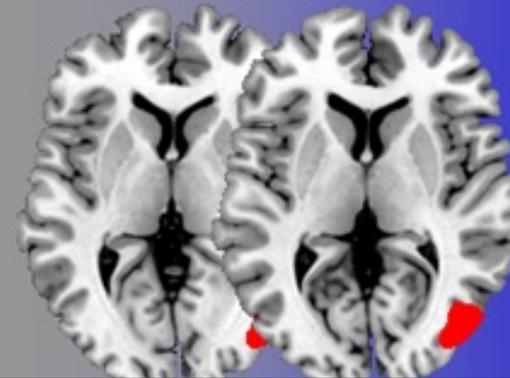


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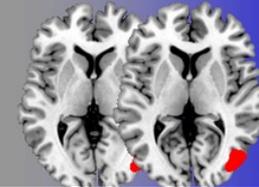
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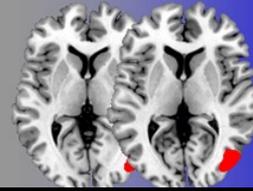
BIOS 516

Statistical Analysis of Neuroimaging Data



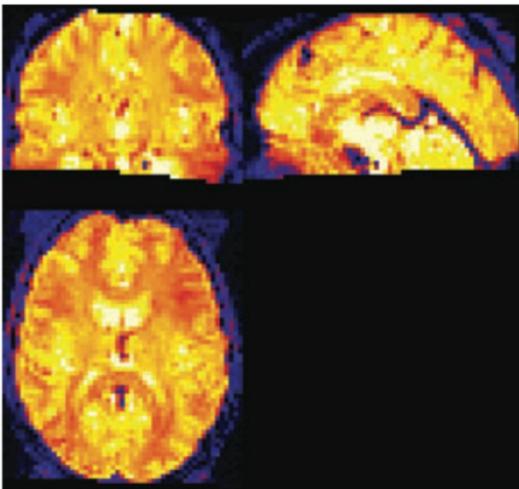
Acknowledgments:

Most of these slides were taken from a presentation by Dr. Ying Guo.
Thanks Ying!

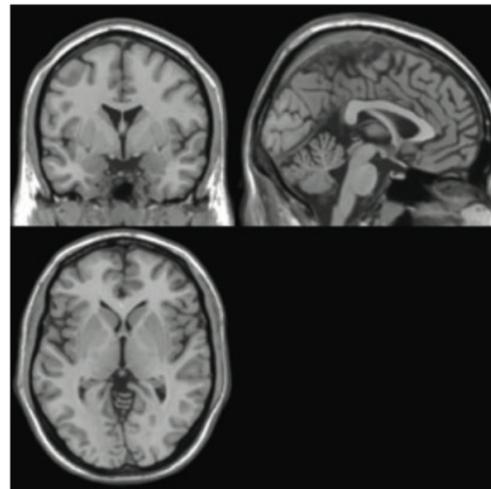


- Structural Imaging modalities
 - T1 and T2 weighted MRI, CT, dMRI (DTI)
- Functional Imaging modalities
 - **fMRI**, PET, MEG & EEG

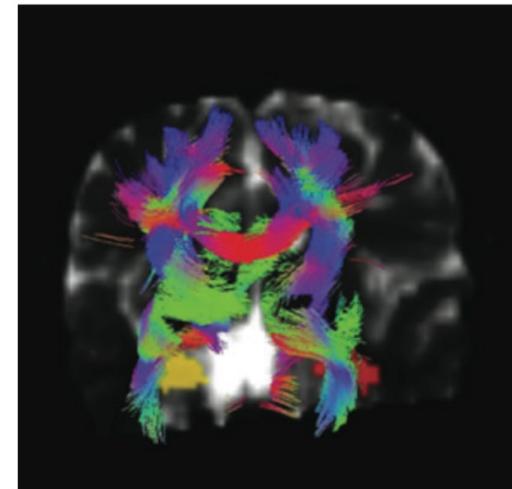
a fMRI

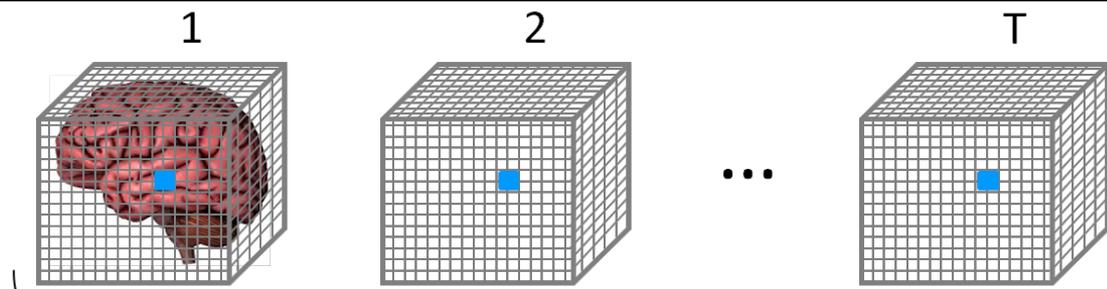
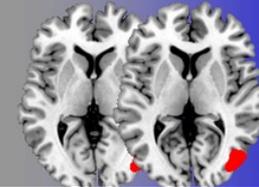


b MRI

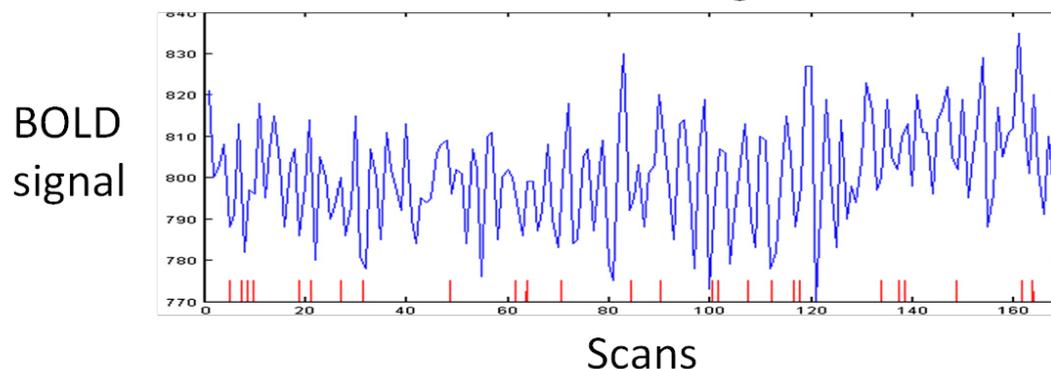


c DTI

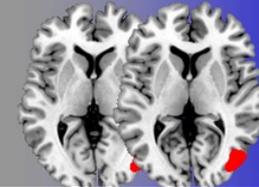




Time series for a single voxel

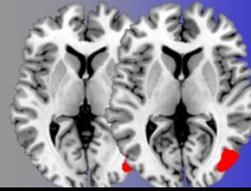


- Each fMRI image consists of ~100K voxels
- During the course of the experiment, hundred of images are acquired (~ one every 2 sec)
- Multiband (simultaneous multislice) decreases to 0.5-1 sec (see end of slides)
- One voxel → one BOLD time series

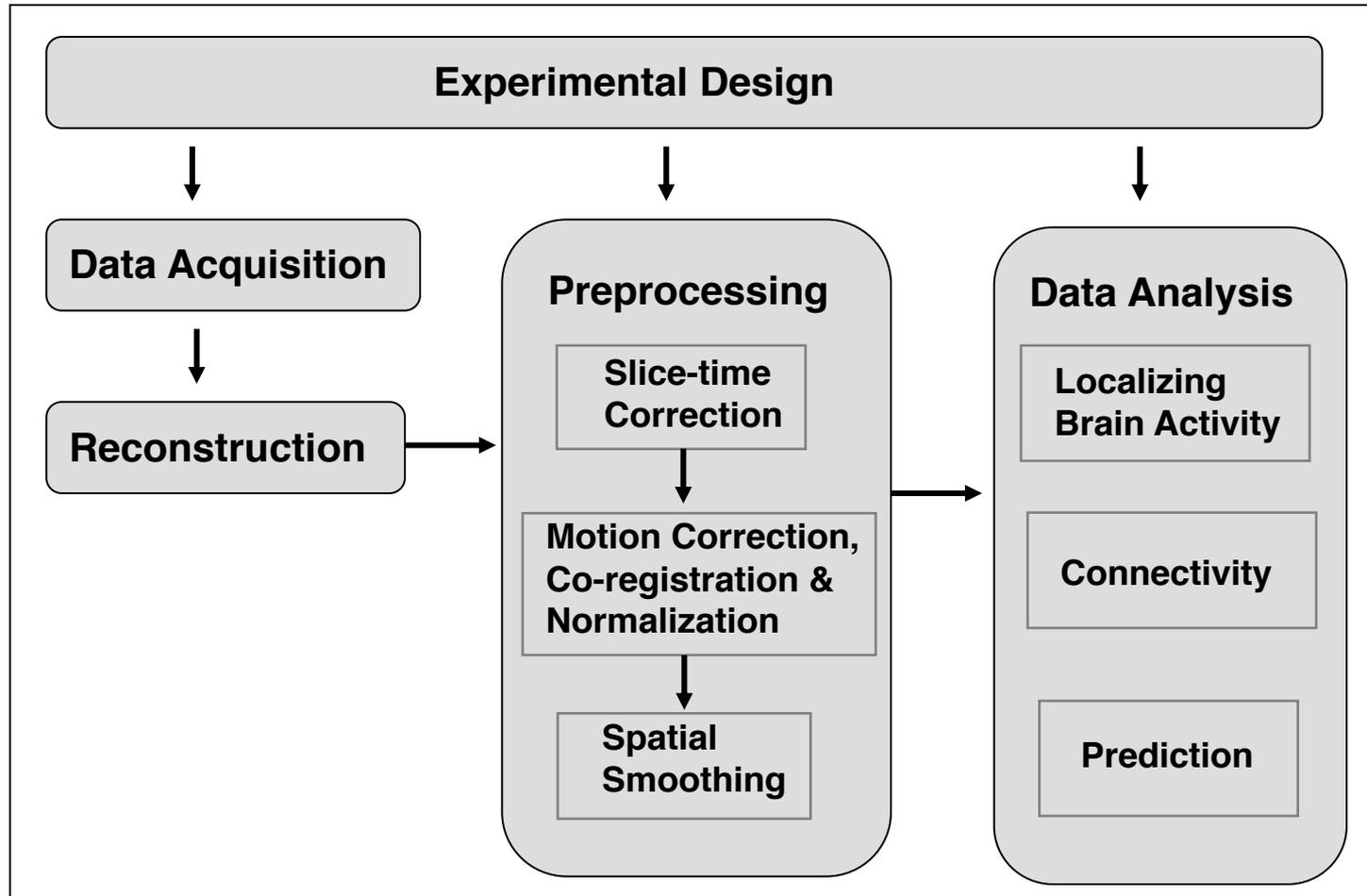
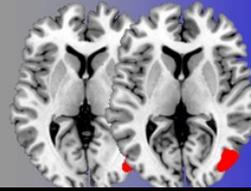


There are multiple goals in the statistical analysis of neuroimaging data:

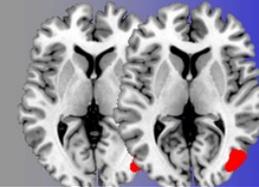
- **ACTIVATION**: Localizing brain areas activated by the experimental task (Brain Mapping)
- **BRAIN CONNECTIVITY and NETWORK ANALYSIS**
- **PREDICTION**: making predictions about psychological or disease states



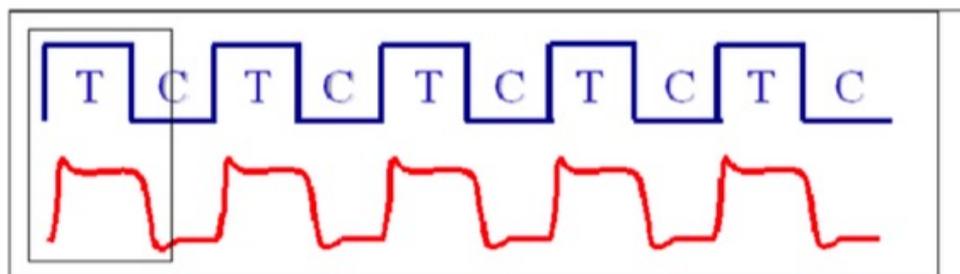
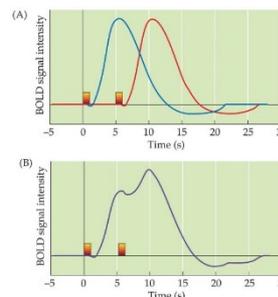
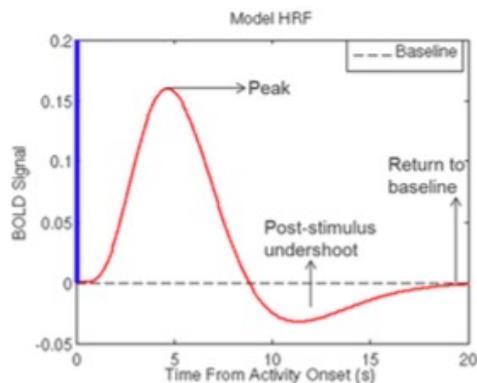
- The statistical analysis of fMRI data is challenging.
 - It is a massive data problem
 - The signal of interest is relatively weak (only 0.5-3% change in intensity)
 - The data exhibits complex temporal and spatial structure



Credits: Martin Lindquist, Johns Hopkins University

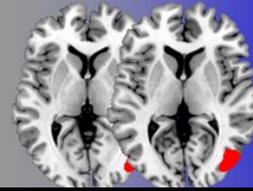


- **Block Designs:** stimuli of the same condition are grouped together in blocks

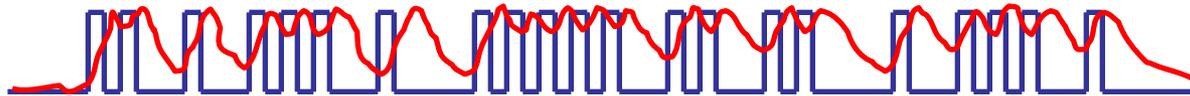


Time (sec)

- **PRO:** Repeating the stimulus in a block causes a large total signal change – increases statistical power to detect activation
- **CON:** Can't directly estimate features of the HRF

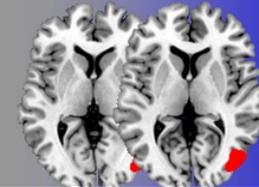


- **Event-related Designs:** Allow different stimuli to be presented in arbitrary sequences, allows randomization of conditions.



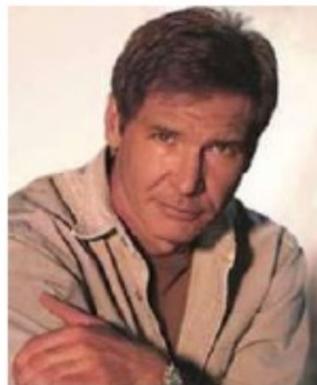
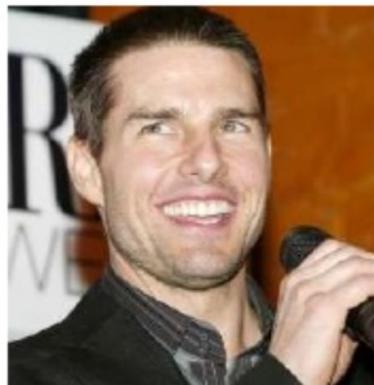
Figures: from Amaro and Barker, 2006 and icni.uoregon.edu/~ray/

- **PRO:** Can precisely observe the actual HRF – thus allowing for the estimation of features of the HRF
- **CON:** Reduced statistical power to detect BOLD differences between different conditions. Lower signal change, may be $<1\%$. For block design, 3-5%.



Facial recognition task

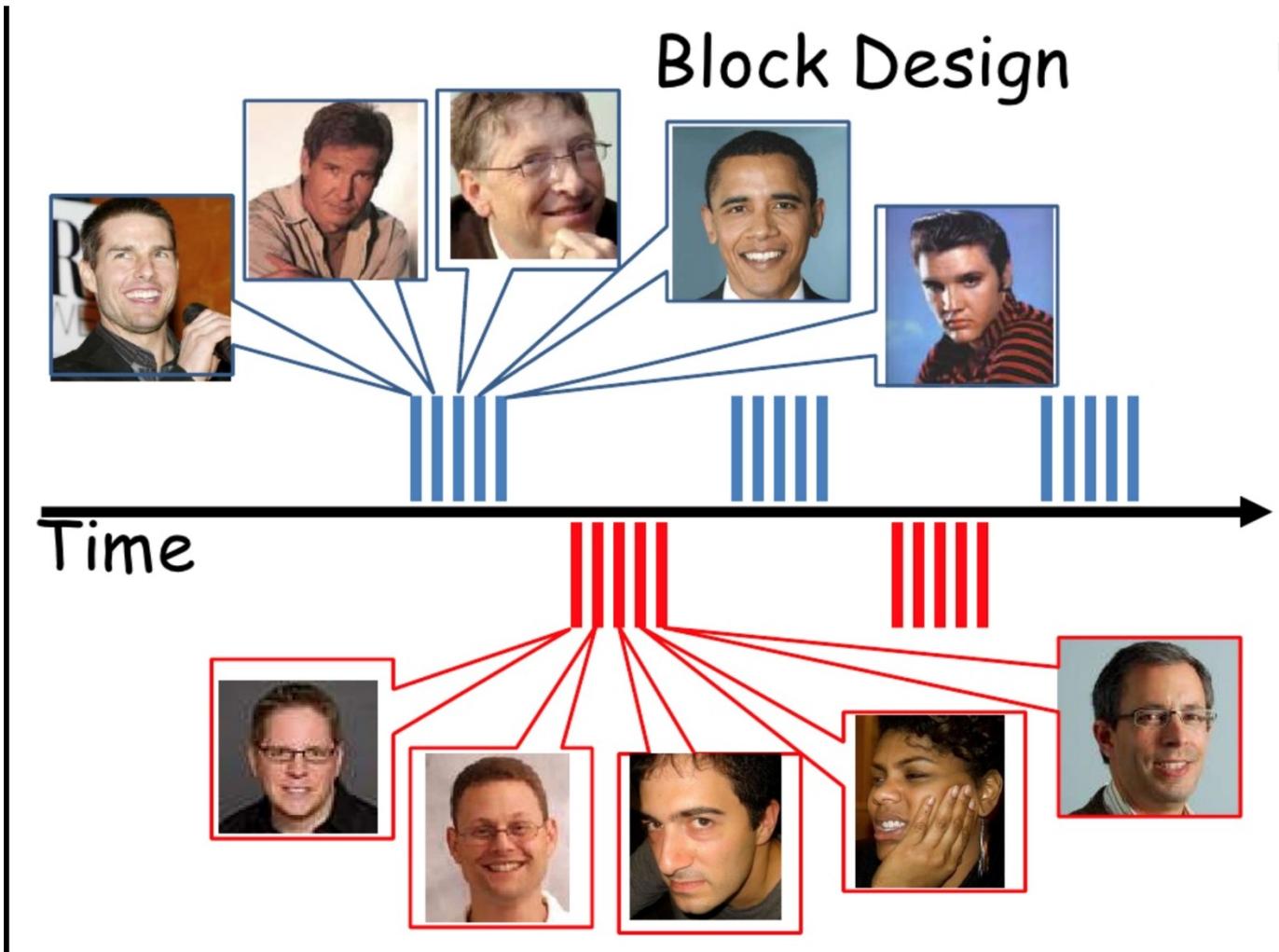
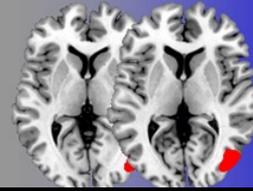
Task A:
View
famous
faces

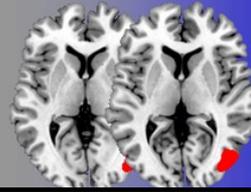


Task B: View
non-famous
faces

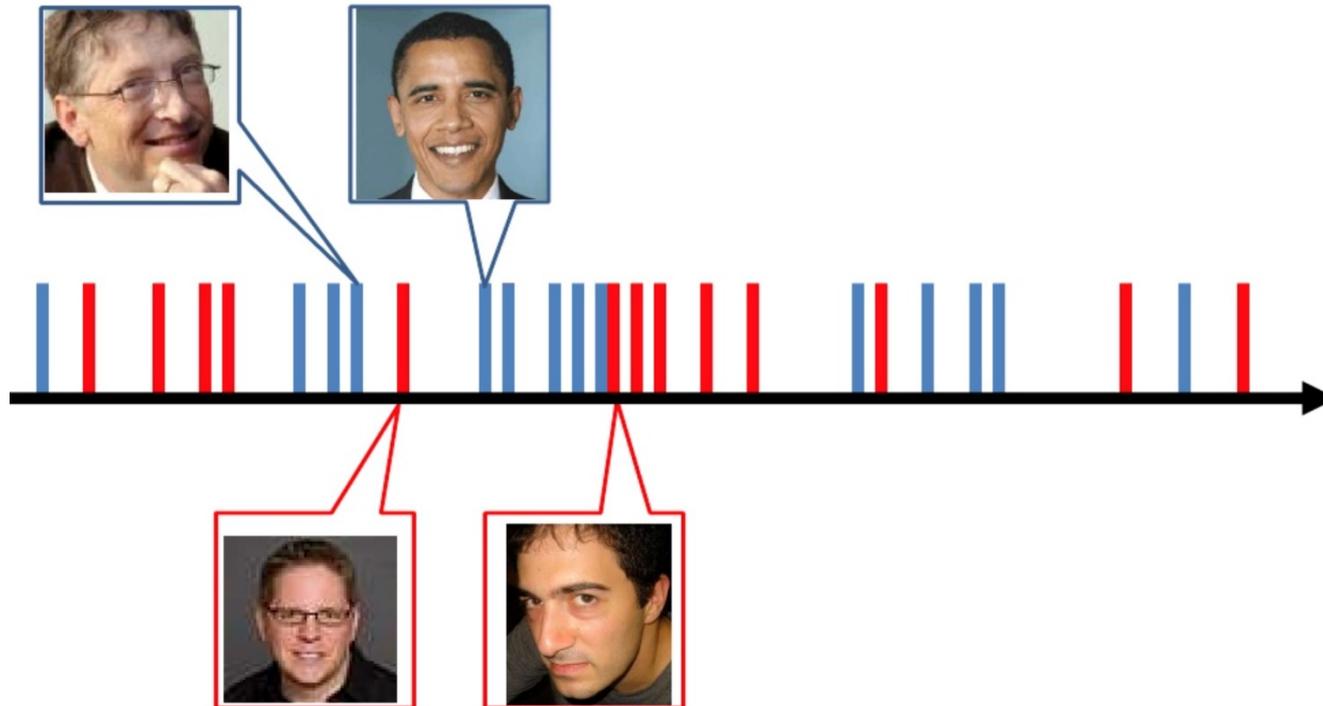


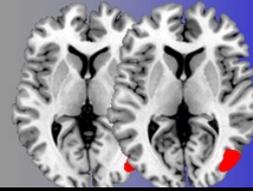
Simple task example



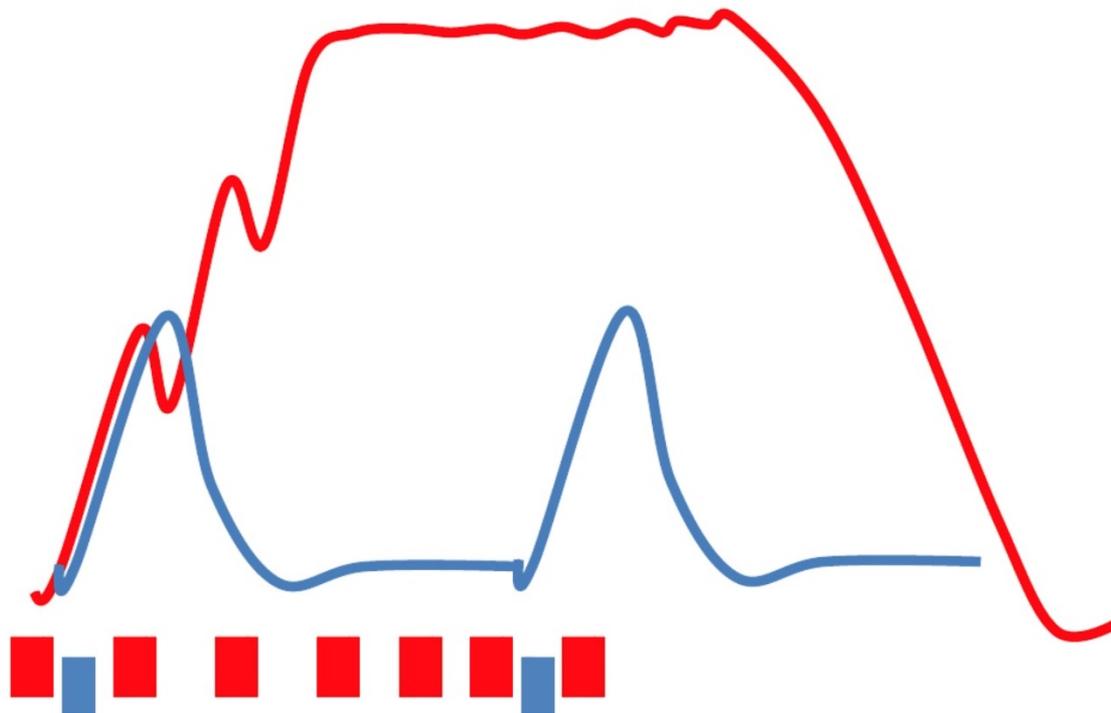


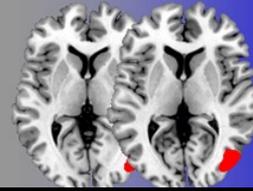
Event Related Design





BOLD response in block v. event related (slow)

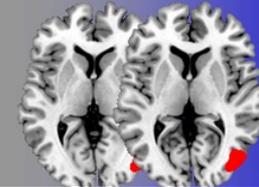




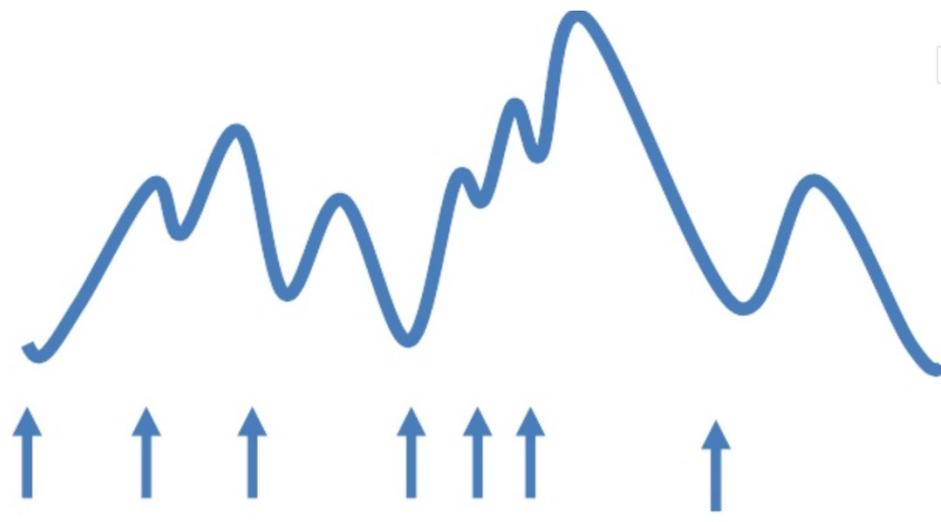
- Repetitions can get predictable, reducing activation

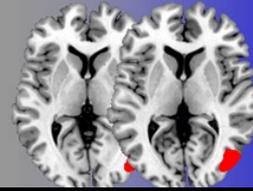


- Timing Issues:
 - Ideally 15-20 sec on, then 15-20 sec off
 - Long enough for HRF to relax in between presentations
 - Short enough for many comparison blocks within short time



- Slow: Waiting 12+ seconds in between each event to allow HRF to relax is inefficient
- Gap spacing >4 seconds to avoid HRF blurring
- Jitter spacing to record different parts of the HRF and avoid correlation with other functions like heart rate and breathing





- How to capture task-related activity in a noisy brain? Use cognitive subtraction/contrasts (task vs. control)

Image
of task
A

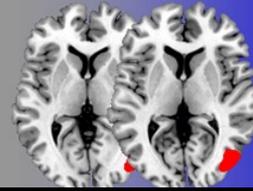


Image
of task
B



Image of
task A -
Image of
task B

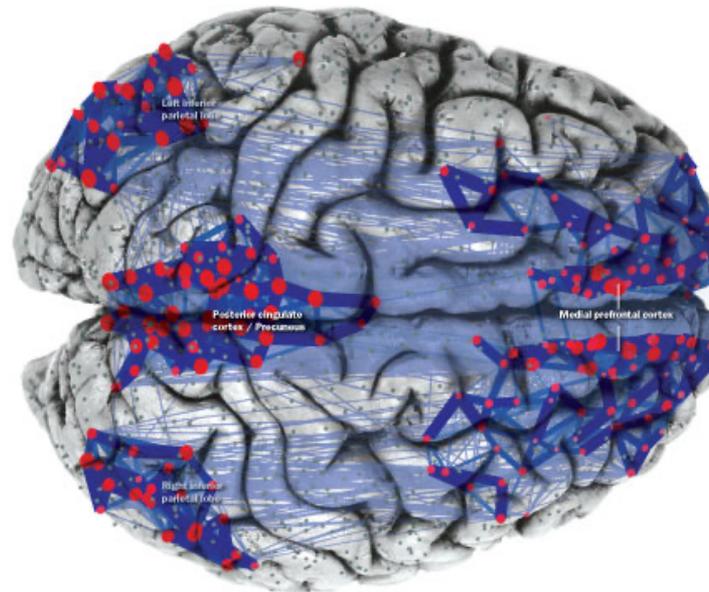




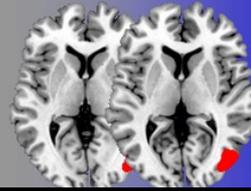
- **Resting-state fMRI studies:**

- **No task/stimulus**
- Acquire scans while subjects are left to think for themselves
- May reflect a natural or more common mode of neural processing

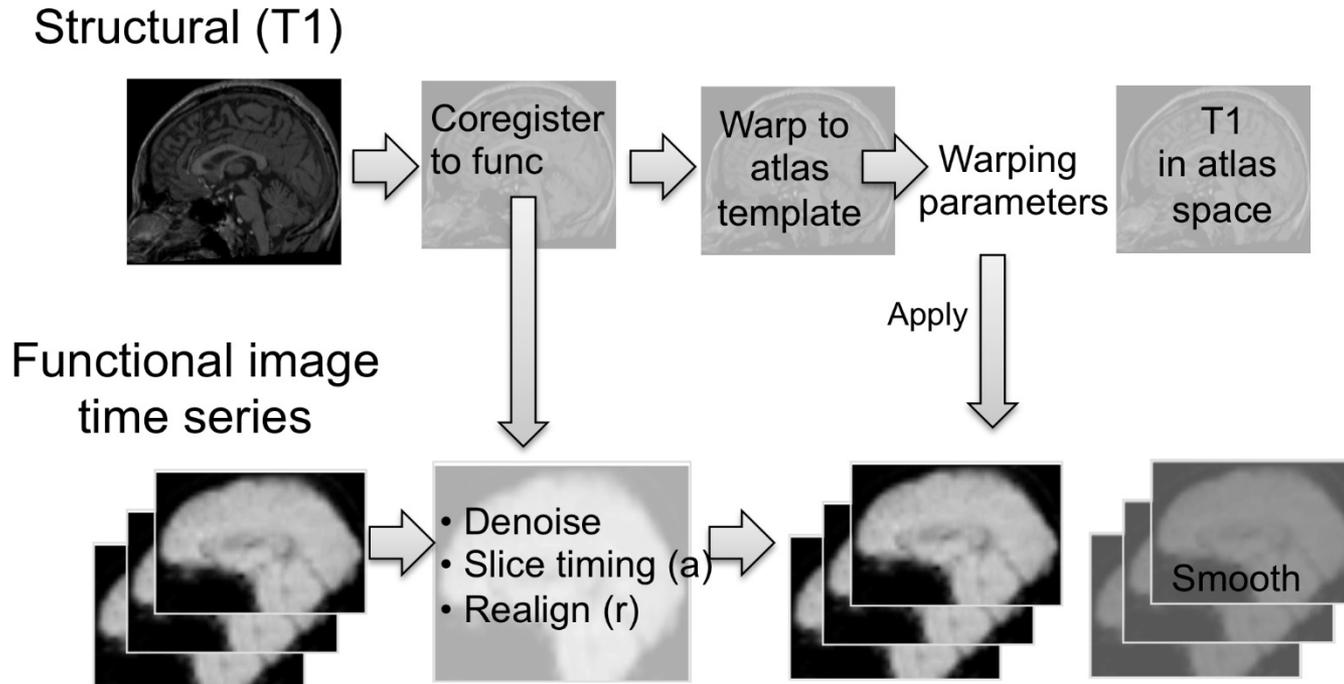
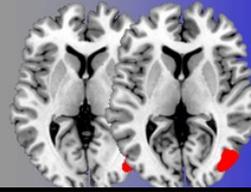
Brain is
not silent
at rest!



Default Mode Network



- Noisy brain:
 - Random neural activity
 - signal of interest is relatively weak
- Noisy scanner:
 - Unstructured noise, i.e., measurement error = thermal noise
 - Scanner Drift – the magnetic field can slowly rise and fall
 - Non-uniformities in magnetic field
- Physiological noise:
 - Fluctuations in BOLD due to breathing and heart beat
- Motion
 - head/brain movement due to heartbeat, breathing, subject fidgeting, etc.
- Solutions:
 - Limit subject movement in the scanner
 - **Preprocessing** steps to minimize artifacts and standardize before conducting further analysis



- Preprocessing is performed both on the fMRI data and structural (MRI) scans, collected prior to the experiment.

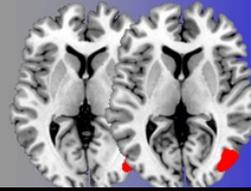
Preprocessing Steps



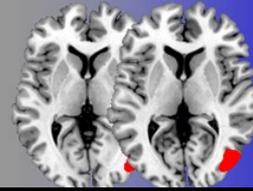
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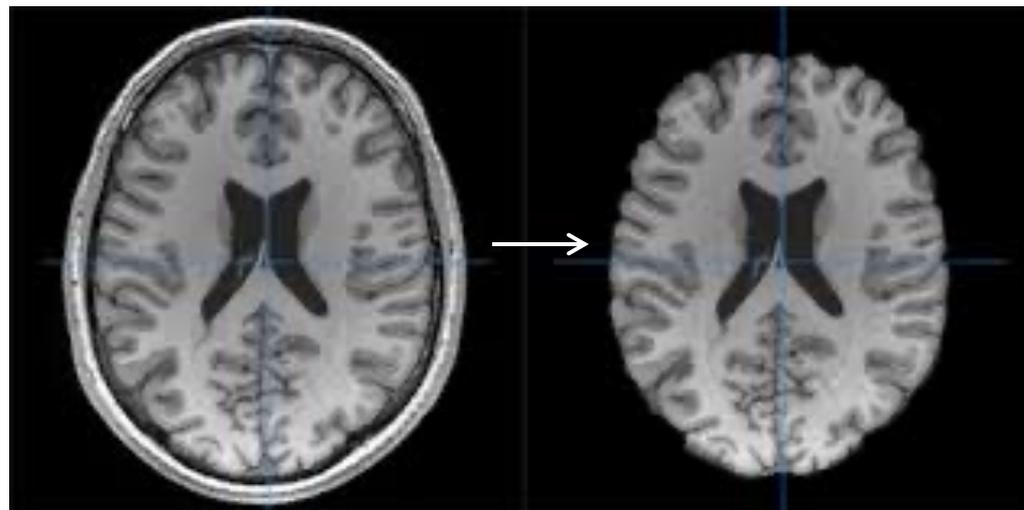
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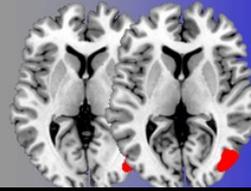


- Brain Extraction
- Slice timing correction
- Motion correction
- Co-registration
- Normalization
- Spatial Filtering/Smoothing
- Temporal Filtering

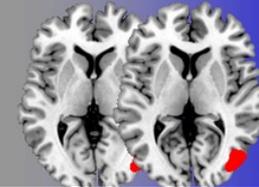


- Remove non-brain tissue and skull from the image, so that we only use voxels located in the brain.
- Easy to implement with brain extraction tool (BET) in FSL, or 3dSkullStrip in AFNI

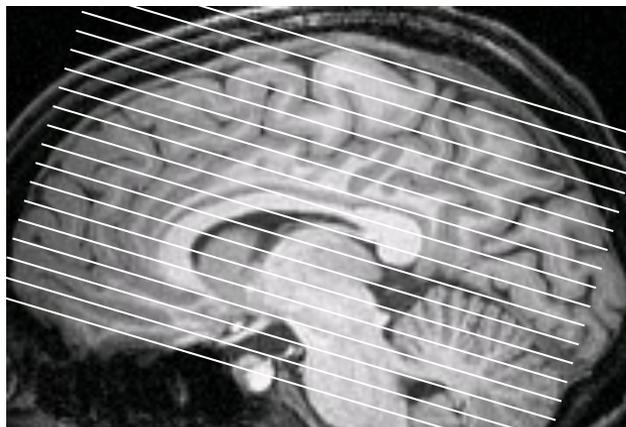




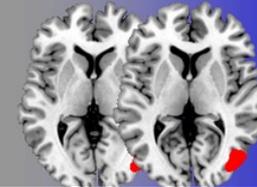
- Brain Extraction
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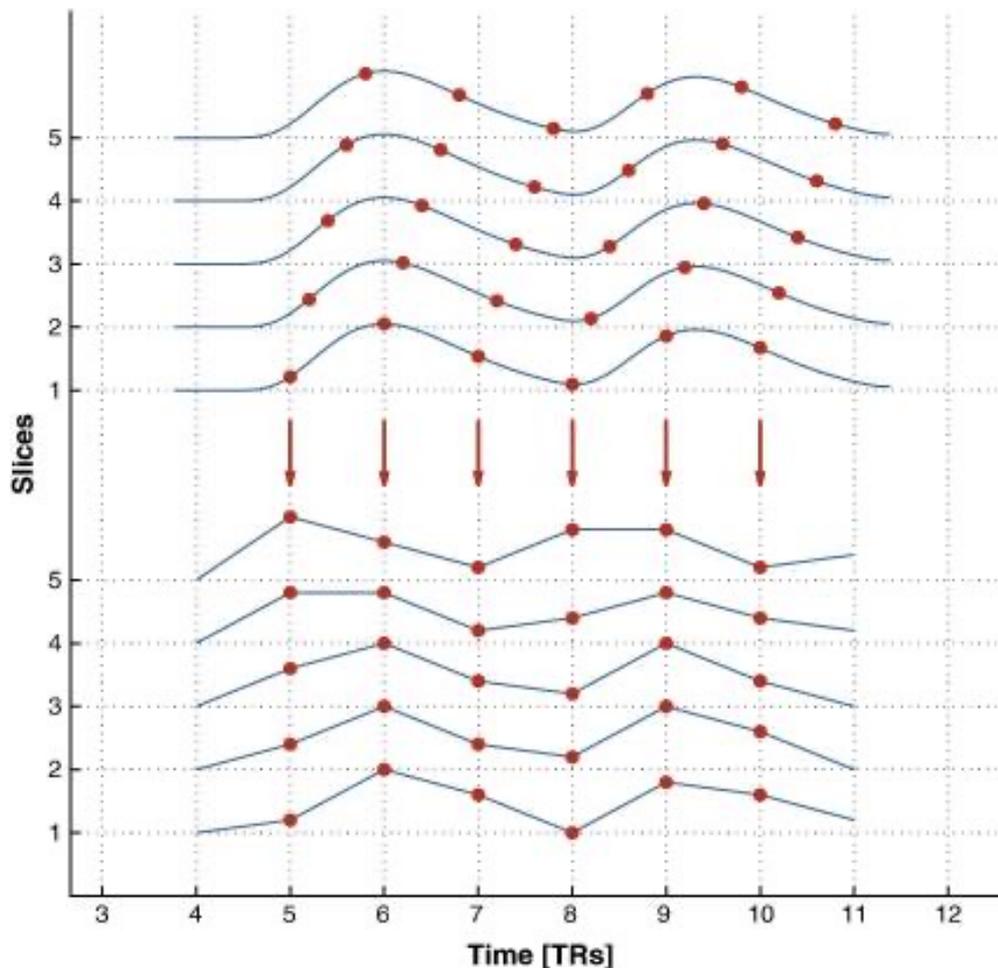
- “Classical” fMRI uses 2D EPI in which a brain volume is acquired in separate slices.
- Each slice is sampled at slightly different time points.
- 2D slices → 3D brain volume

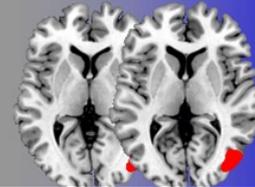


Axial slices

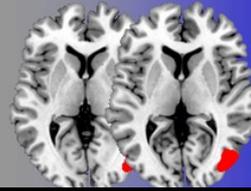


- **Slice timing correction** shifts each voxel's time series so that they all appear to have been sampled simultaneously.

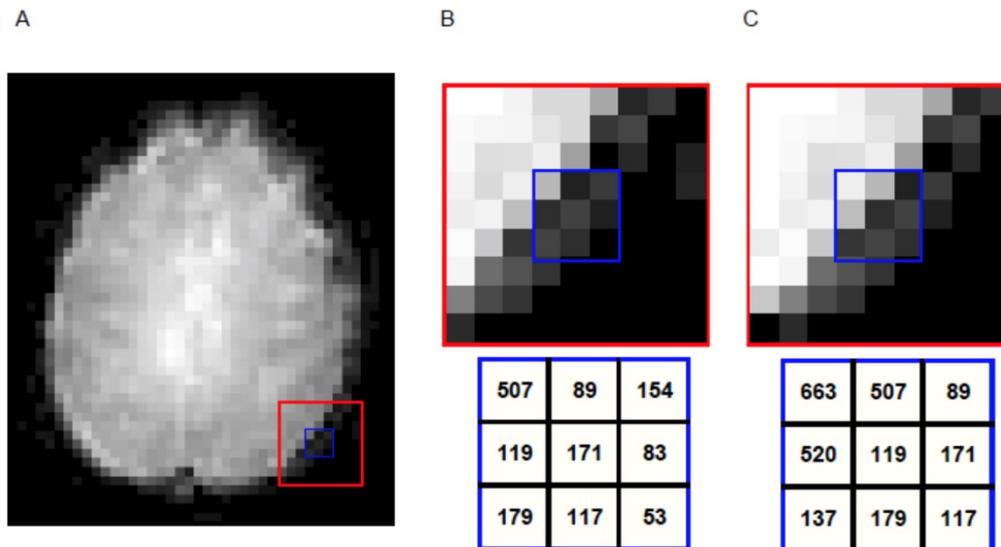




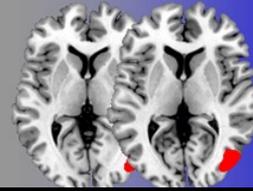
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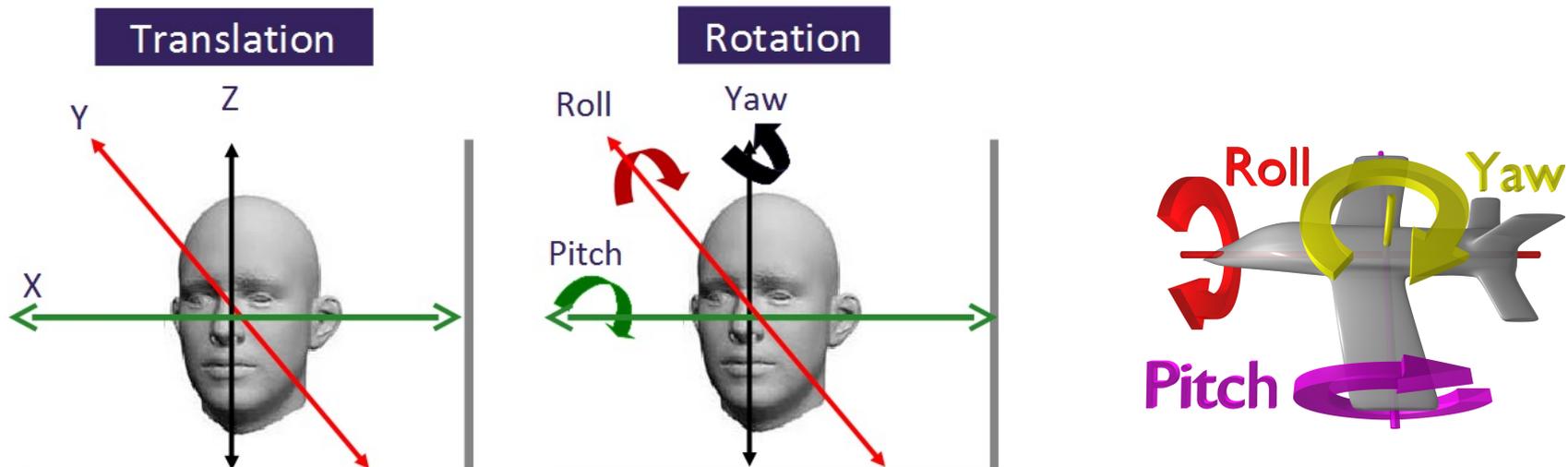
- Small head movements during a scan can be a major source of error if not treated correctly.
- When analyzing a voxel's time series, we assume that the voxel represents the same location in the brain at every time point.
 - Head motion may make this assumption incorrect



Huettel et al. Functional Magnetic Resonance Imaging



- Motion can be corrected using a **rigid body transformation**
- Rigid = rotation and translation, no shearing or scaling
 - Choose a reference volume to register all the other volumes to. (e.g. first volume, middle volume for FSL)
 - Re-aligns to reference volume to minimize variance
 - 6 DOF: translation (x, y, z) and rotation (roll, pitch, yaw)



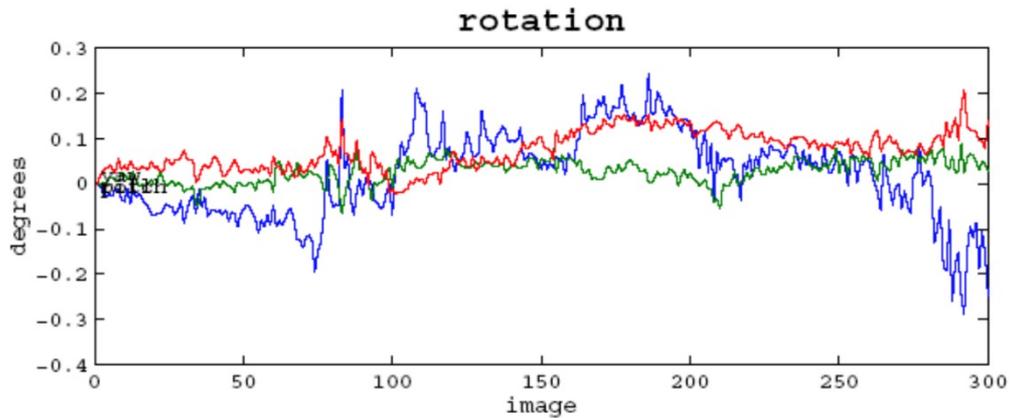
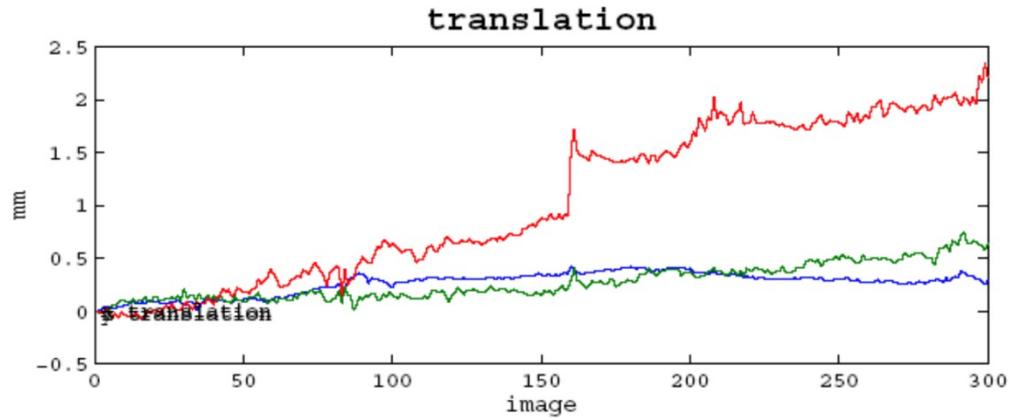
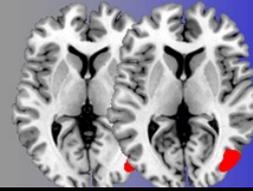
Motion Correction

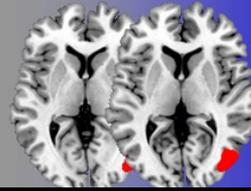


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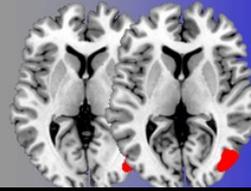
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- Brain Extraction
- Slice timing correction
- Motion correction
- **Co-registration**
- Normalization
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- Functional MRI (T2*) image has low spatial resolution
- It is common to map the results obtained from fMRI onto a high-res structural MRI (T1) image, collected at the start of the scanning session.
- The process of aligning the structural and functional image is called **coregistration**
 - Rigid body transformation or affine transformation (to correct for possible distortions)

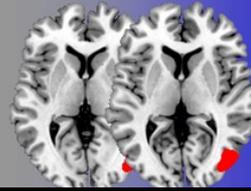
Preprocessing Steps



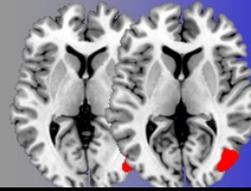
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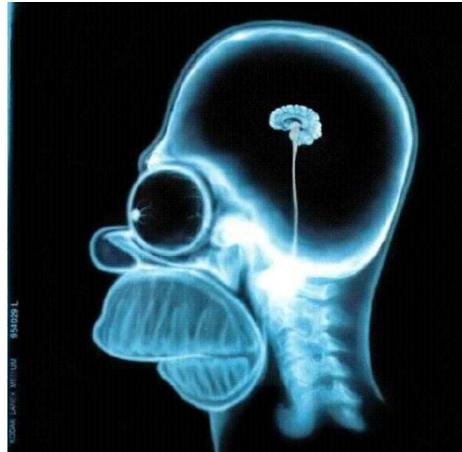
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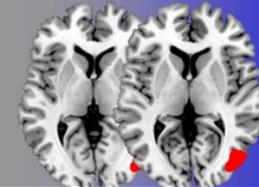
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- Everyone's brain is different. The brain size of subjects can differ in size by up to 30%!



- There is also substantial variation in brain shapes
- **Normalization** attempts to register each subjects anatomy to a standard coordinate space defined by a **template brain**
 - Affine transformation (12 DOF) or non-linear transformation

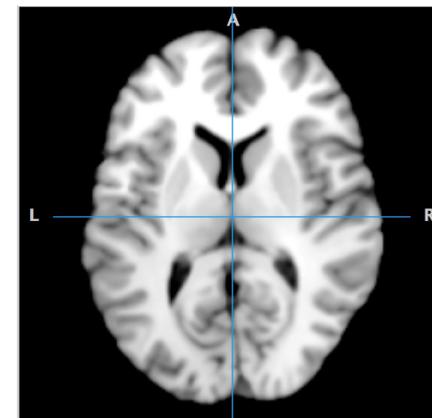


- **Talairach**

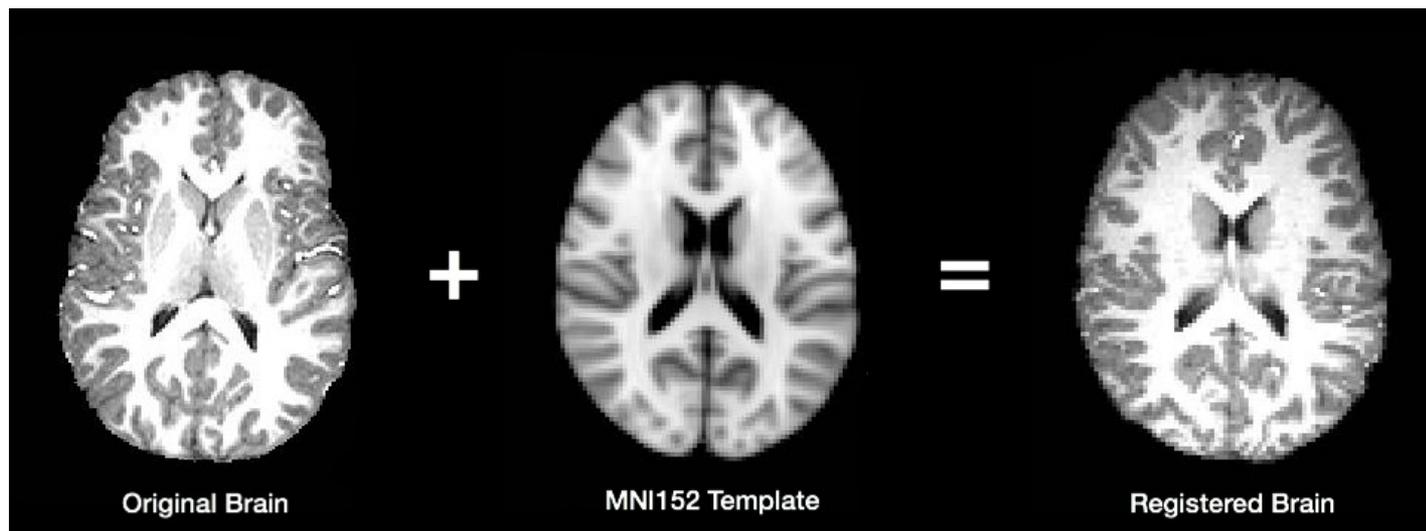
- Talairach and Tournoux (1988)
- Based on dissection and photography of a single subject (cadaver of a 60 y.o. female)

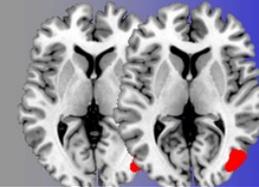
- **MNI (Montreal Neurological Institute)**

- Based on MRI scans of hundreds of normal controls (all RH)

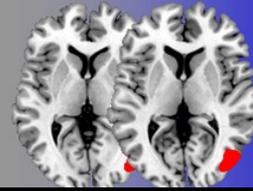


Talairach Template

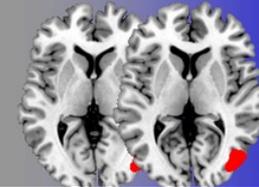




- Brain Extraction
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- **Spatial smoothing of fMRI data:** improves inter-subject registration and overcomes limitations in spatial normalization by blurring any residual anatomical differences.
- **PROs:** can increase SNR by decreasing variance and remove artifacts
- **CONS:** may reduce signal if small activations; reduces spatial resolution
- Spatial smoothing is really a **bias-variance trade-off:** more smoothing = less variance, more bias.



- Average one voxel's values with its neighbors
- Gaussian Full Width Half Maximum (FWHM) kernel
 - Each voxel intensity is replaced by a weighted average of neighboring intensities
 - Gaussian function specifies weightings and neighborhood size
 - Usu. 4-12 mm FWHM

Weights

0.1	0.3	0.4	0.3	0.1
0.3	0.6	0.8	0.6	0.3
0.4	0.8	1.0	0.8	0.4
0.3	0.6	0.8	0.6	0.3
0.1	0.3	0.4	0.3	0.1

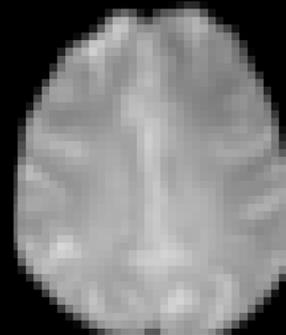
← FWHM →



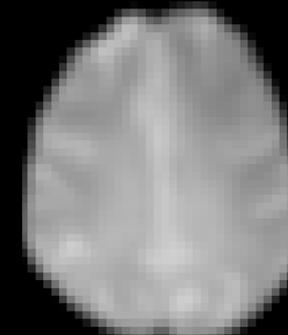
original



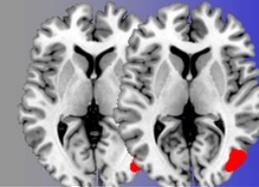
4 mm FWHM



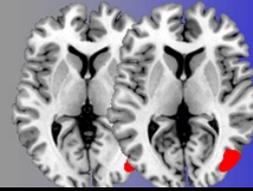
6 mm FWHM



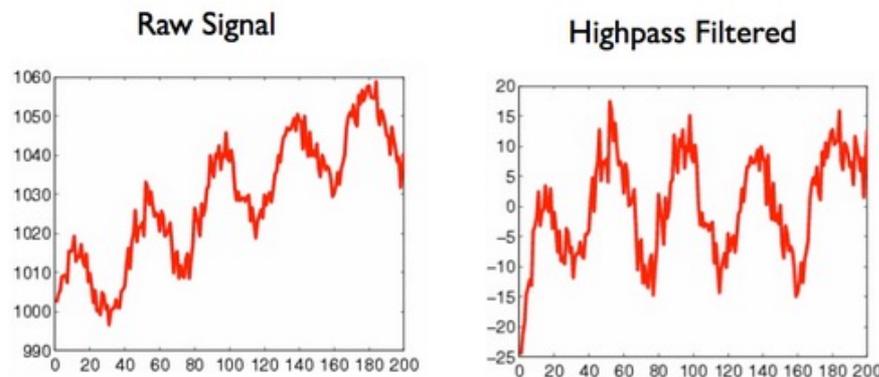
8 mm FWHM

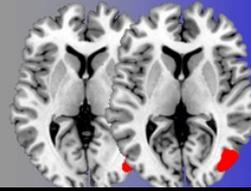


- Brain Extraction
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- Co-registration
- Normalization
- Spatial Filtering/Smoothing
- **Temporal Filtering**

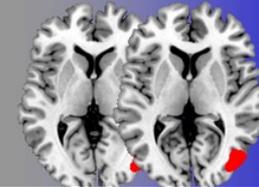


- Temporal noise due to drift from scanner, subject's heartbeat and breathing
- Use a high-pass filter to remove low frequency (i.e. long, slow) noise
- In rs-fMRI, lo-pass filter for high frequency noise (temporal smoothing)
- Temporal filtering is controversial: introduces autocorrelation, may remove signal

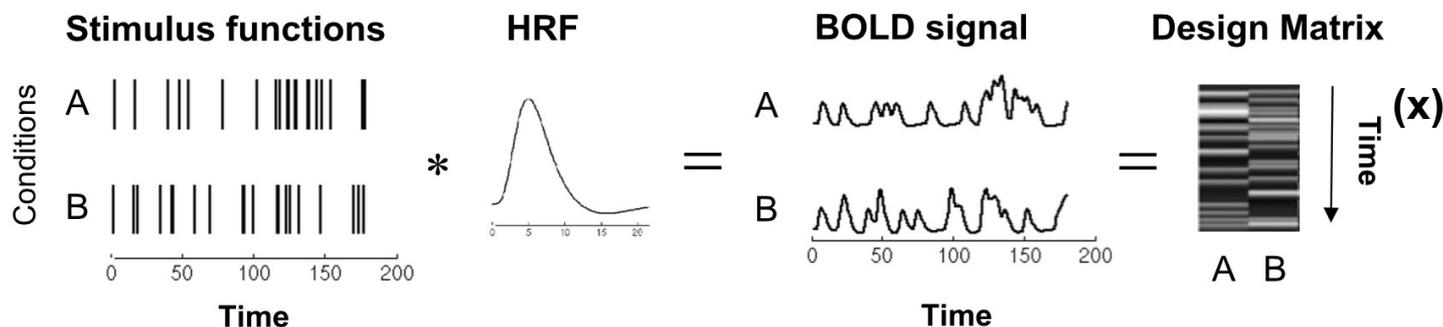




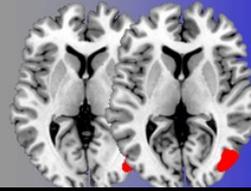
- After the images have been preprocessed, we can begin statistical analysis!
- Goals of statistical analysis of fMRI data:
 - **ACTIVATION**: Localizing brain areas activated by the experimental task
 - **FUNCTIONAL CONNECTIVITY**: Determining networks corresponding to brain function
 - **PREDICTION**: making predictions about psychological or disease states



- **Goal:** identify regions activated during a specific task or related to a certain behavioral measure
- Step 1: construct a model for each voxel
 - “Massive univariate approach”
 - Regression models (“GLM”=**General** LM) commonly used

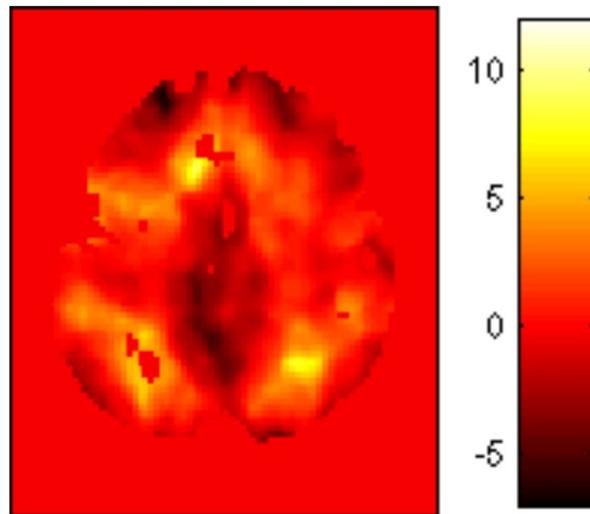


$$\mathbf{Y} = \mathbf{X}\boldsymbol{\beta} + \boldsymbol{\varepsilon} \quad \boldsymbol{\varepsilon} \sim N(\mathbf{0}, \mathbf{V})$$



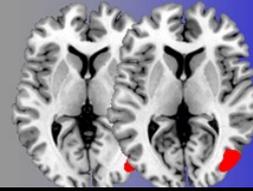
- Step 2: perform a statistical test to determine whether task-related activation is present in each voxel

$$H_0 : \mathbf{c}^T \boldsymbol{\beta} = 0$$

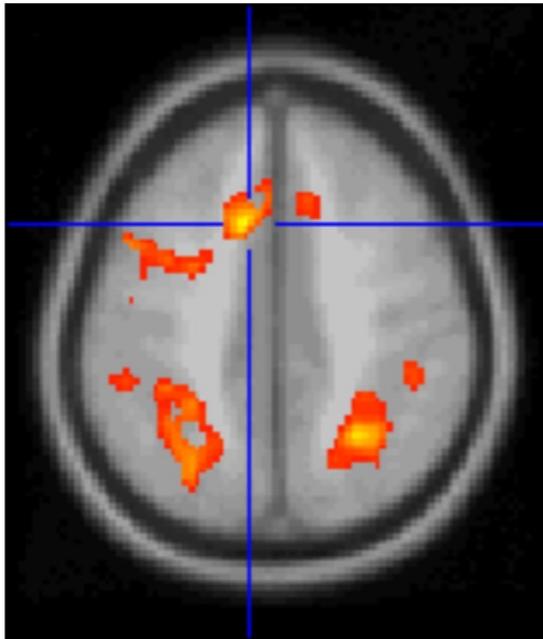


For contrast c ,
task vs. control

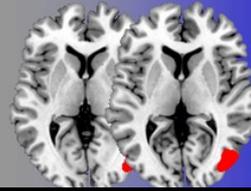
Statistical map:
map of t-test
statistics across
all voxels (a.k.a.
t-map)



- Step 3: Choose an appropriate threshold for determining statistical significance



Thresholded t-map:
Each significant voxel
is color-coded
according to the size of
its p-value



- Which of 100,000 voxels are significant?
 - $\alpha=0.05 \rightarrow 5,000$ false positive voxels
- Bonferroni correction is overly conservative
- Choosing a threshold is a balance between sensitivity (true positive rate) and specificity (true negative rate)

$t > 0.5$

$t > 1.5$

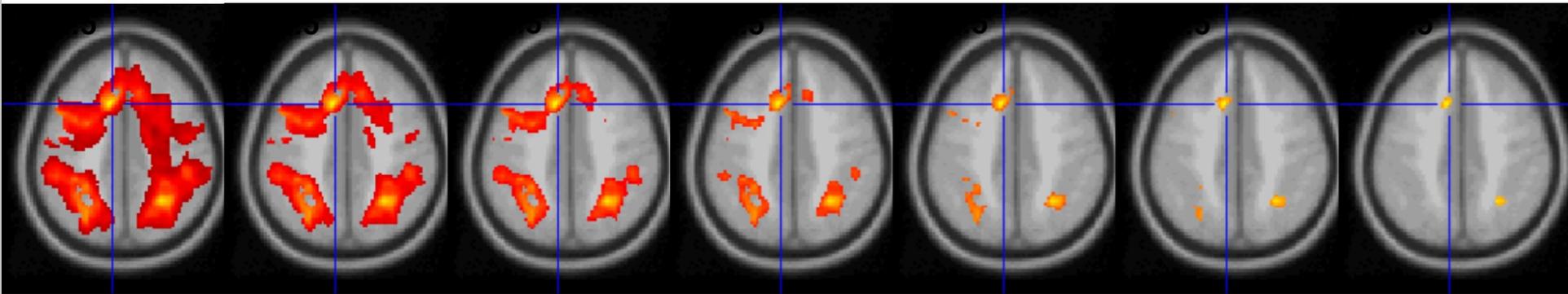
$t > 2.5$

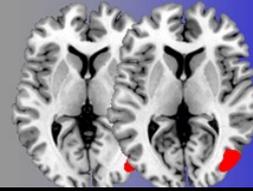
$t > 3.5$

$t > 4.5$

$t > 5.5$

$t > 6.5$



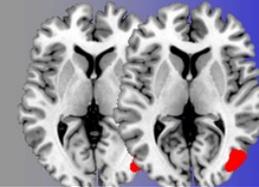


Methods for thresholding

- The Bonferroni correction
- Random Field Theory
- **Permutation Tests** –
use max statistic to account
for spatial correlation and
dramatically increase power
- False Discovery Rate (FDR)

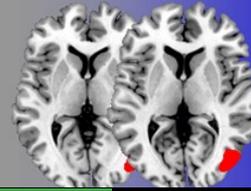
Family-Wise Error (FWE)

given that the whole family of the test statistics is from the null distribution, the probability of there being one or more test statistic values that exceed a pre-specified threshold.



B. Risk, D. Matteson, N. Spreng, D. Ruppert

SPATIOTEMPORAL MIXED MODEL



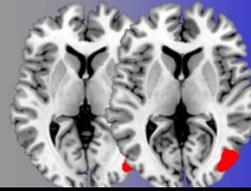
OUR APPROACH: STMM [RISK ET AL., 2016]

- ▶ We model each region independently: $r \in \{1, \dots, R\}$ index region using [Gordon et al., 2016] (172 parcels / hemisphere)
- ▶ $\mathbf{Y}_{ir} = [y_{ir11}, \dots, y_{irV_r T}]'$

$$\begin{aligned} \mathbf{Y}_{ir} &= \mathbf{1}_{V_r} \otimes \mathbf{X}_i \boldsymbol{\beta}_r + (\mathbf{I}_{V_r} \otimes \mathbf{X}_i) \boldsymbol{\beta}_r + \mathbf{1}_{V_r} \otimes \mathbf{X}_i \mathbf{s}_{ir} \\ &\quad + (\mathbf{I}_{V_r} \otimes \mathbf{X}_i) \mathbf{b}_{ir} + (\mathbf{I}_{V_r} \otimes \mathbf{Z}_i) \boldsymbol{\gamma}_{ir} + \mathbf{e}_{ir} \end{aligned}$$

- ▶ $\mathbf{s}_{ir} \stackrel{iid}{\sim} \mathcal{N}(\mathbf{0}_Q, \mathbf{S}_r)$ with $\mathbf{S}_r = \text{diag}(\sigma_{s_{r1}}^2, \dots, \sigma_{s_{rQ}}^2)$
- ▶ $\mathbf{b}_{ir}^q \stackrel{iid}{\sim} \mathcal{N}(\mathbf{0}_{V_r}, \sigma_{b_{rq}}^2 \boldsymbol{\Omega}_{rq})$
- ▶ $\mathbf{e}_{ir} \sim \mathcal{N}(\mathbf{0}_{V_r T}, \bigoplus_{v=1}^{V_r} \xi_{irv}^2 \boldsymbol{\Psi}_{irv})$ where $\bigoplus_{v=1}^{V_r} \xi_{irv}^2 \boldsymbol{\Psi}_{irv} = \text{diag}(\xi_{ir1}^2 \boldsymbol{\Psi}_{ir1}, \dots, \xi_{irV_r}^2 \boldsymbol{\Psi}_{irV_r})$
- ▶ Subject activation is defined

$$a_{irvq} = \beta_{r \cdot q} + \beta_{rvq} + s_{irq} + b_{irvq}$$



VISUALIZING STMM

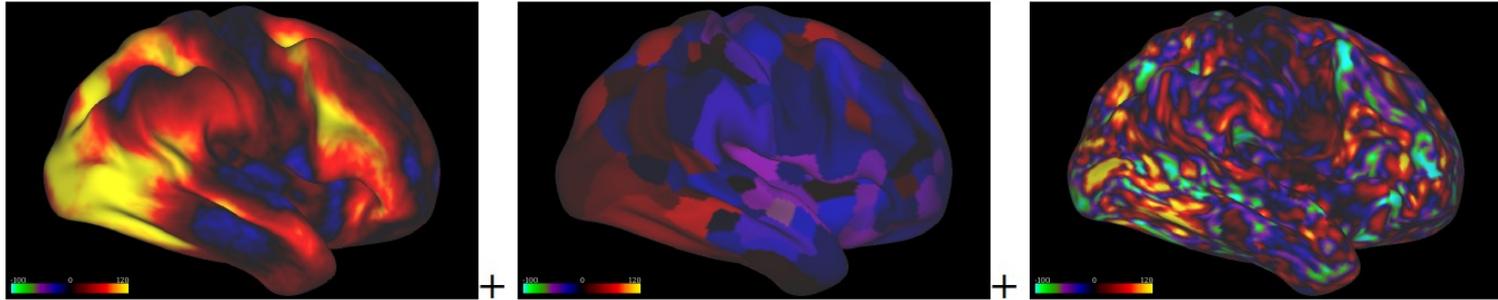


Figure : Population regional + vertex effects, $\beta_{r \cdot q} + \beta_{rvq}$ (left)

Subject regional, s_{irq} (middle)

Subject-vertex, b_{irvq} (right)

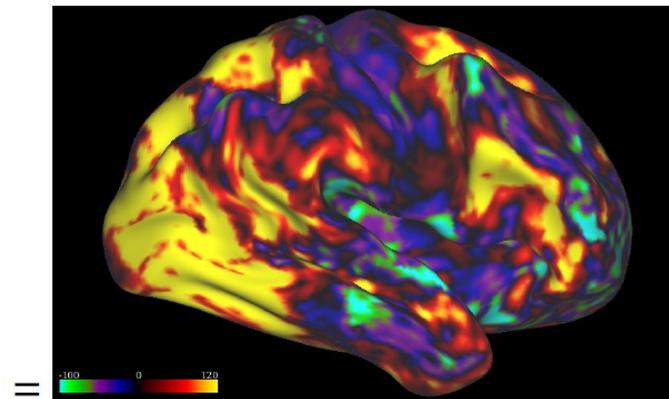
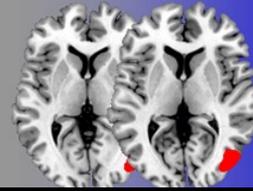


Figure : Subject activation: a_{irvq}



MUMM SUBJECT ACTIVATION FOR HCP MOTOR TASK

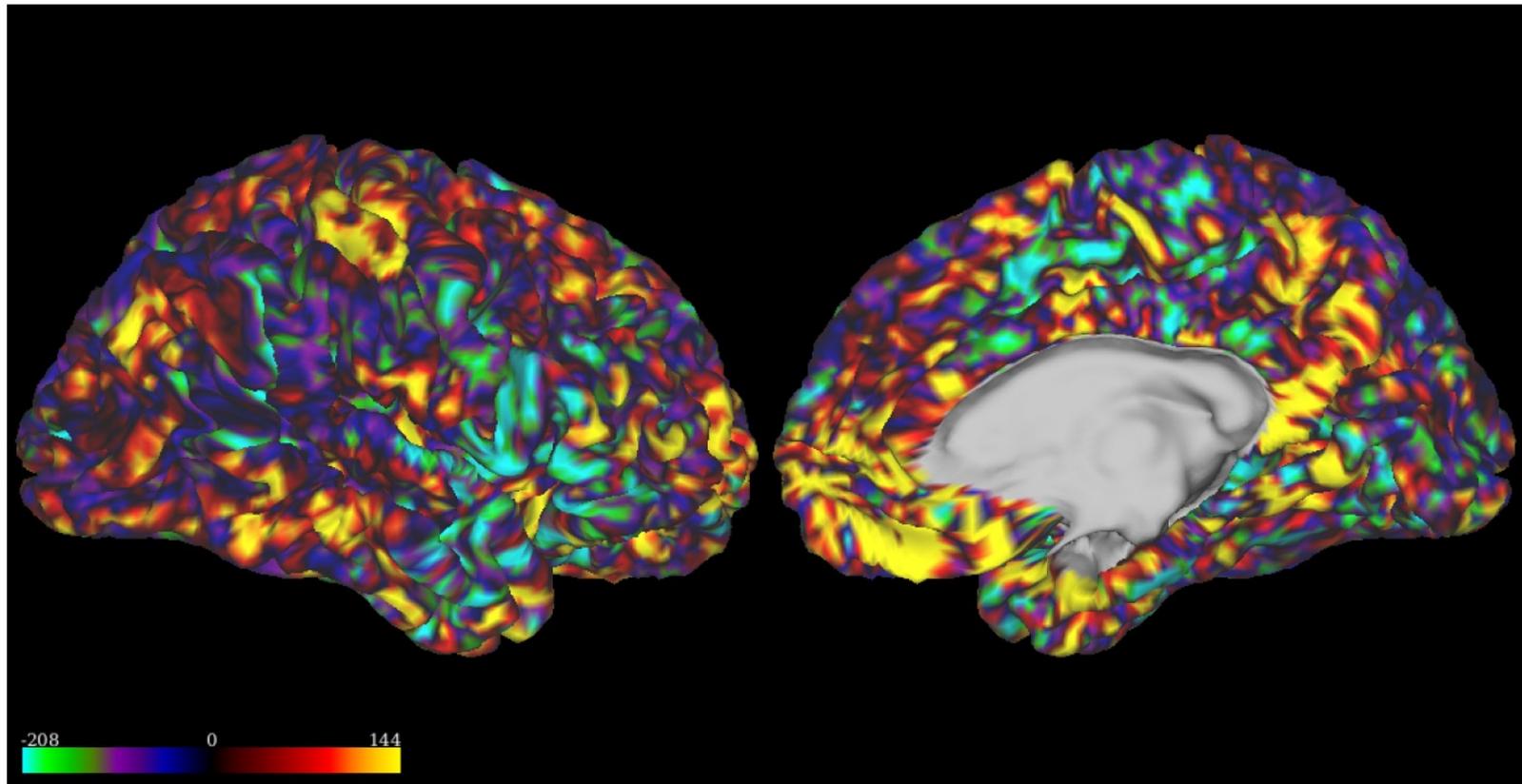
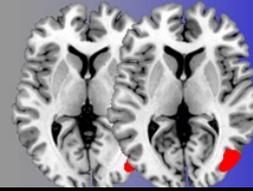


Figure : MUMM estimates of the contrast between the left-hand finger tap vs other tasks for a randomly selected subject (123925) (right hemisphere).



STMM SUBJECT ACTIVATION FOR HCP MOTOR TASK

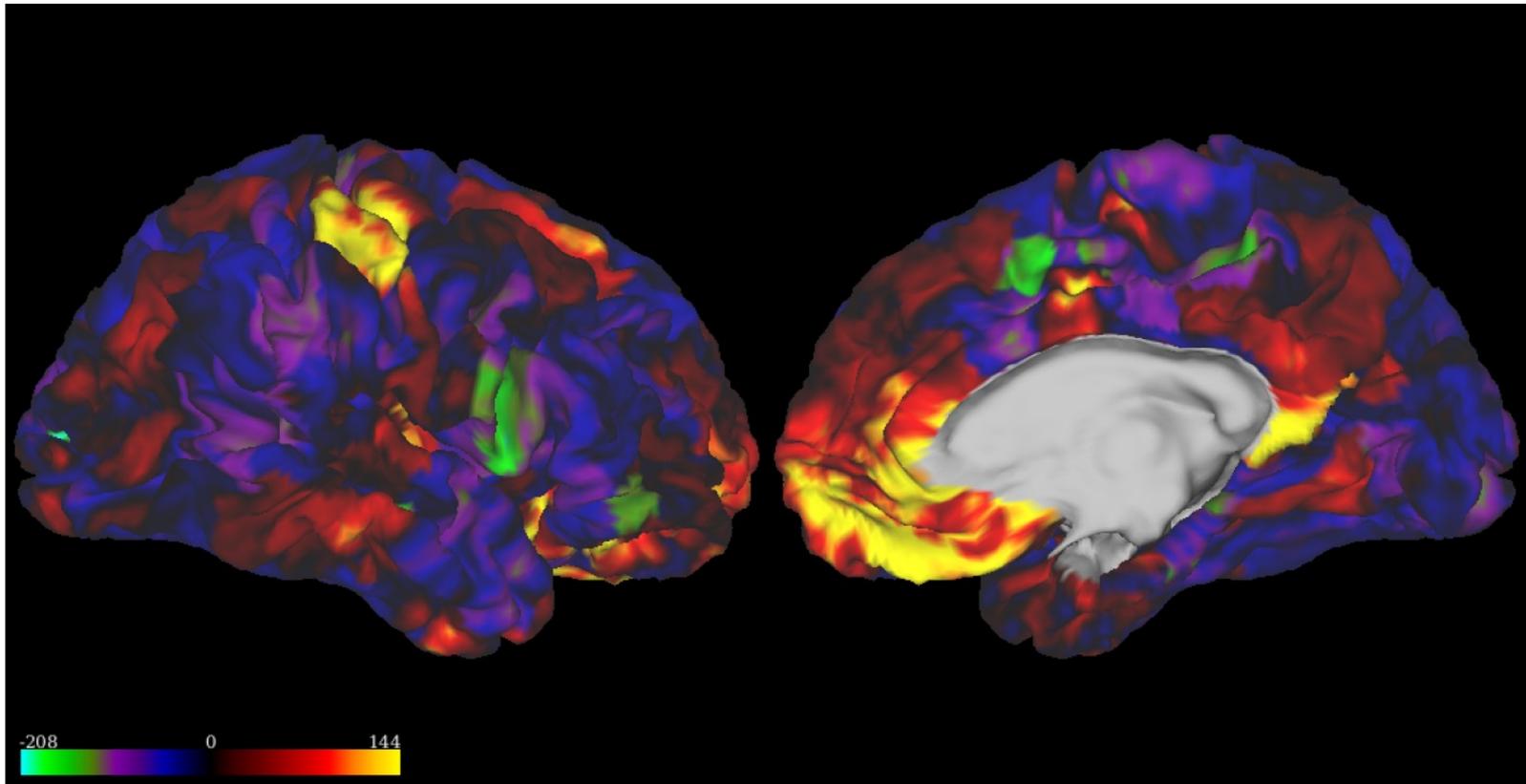
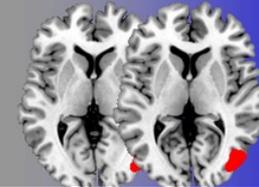
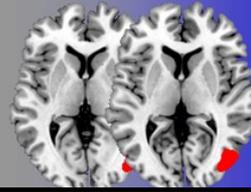


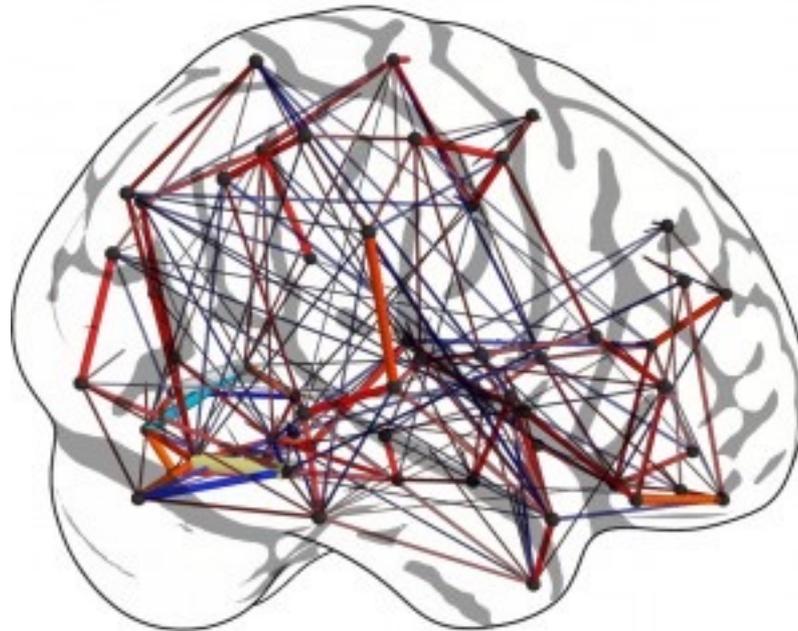
Figure : STMM estimates of the contrast between the left-hand finger tap vs other tasks for a randomly selected subject (123925) (right hemisphere).

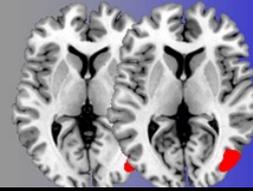


- Goals of statistical analysis of fMRI data:
 - **ACTIVATION**: Localizing brain areas activated by the experimental task
 - **FUNCTIONAL CONNECTIVITY**: Determining networks corresponding to brain function
 - **PREDICTION**: making predictions about psychological or disease states



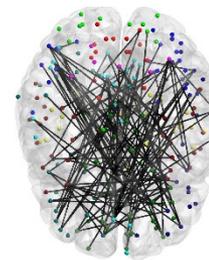
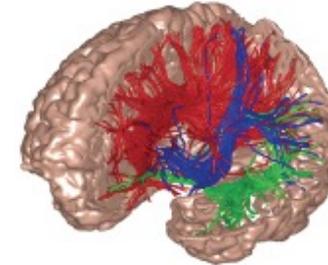
- A lot of research now focuses on the network view of the brain rather than the regional-specialization view of the brain
- **Connectivity studies** describe how various brain regions interact.





BRAIN CONNECTIVITY

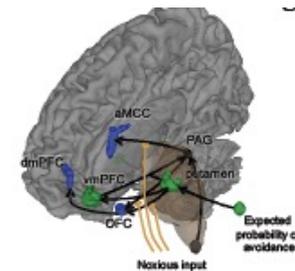
- **Structural connectivity**
 - Diffusion MRI tractography
- **Functional connectivity**
 - seed-based analysis, correlations between regions of interest, graphical models, ICA
- **Effective connectivity**
 - Granger causality, Dynamic Causal Modeling (DCM)
- **Dynamic connectivity**
 - sliding window, hidden Markov model, change-point method



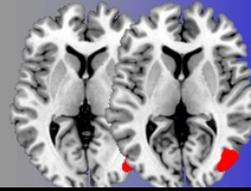
Wang et al. 2016



Wager et al. 2015
graphical model

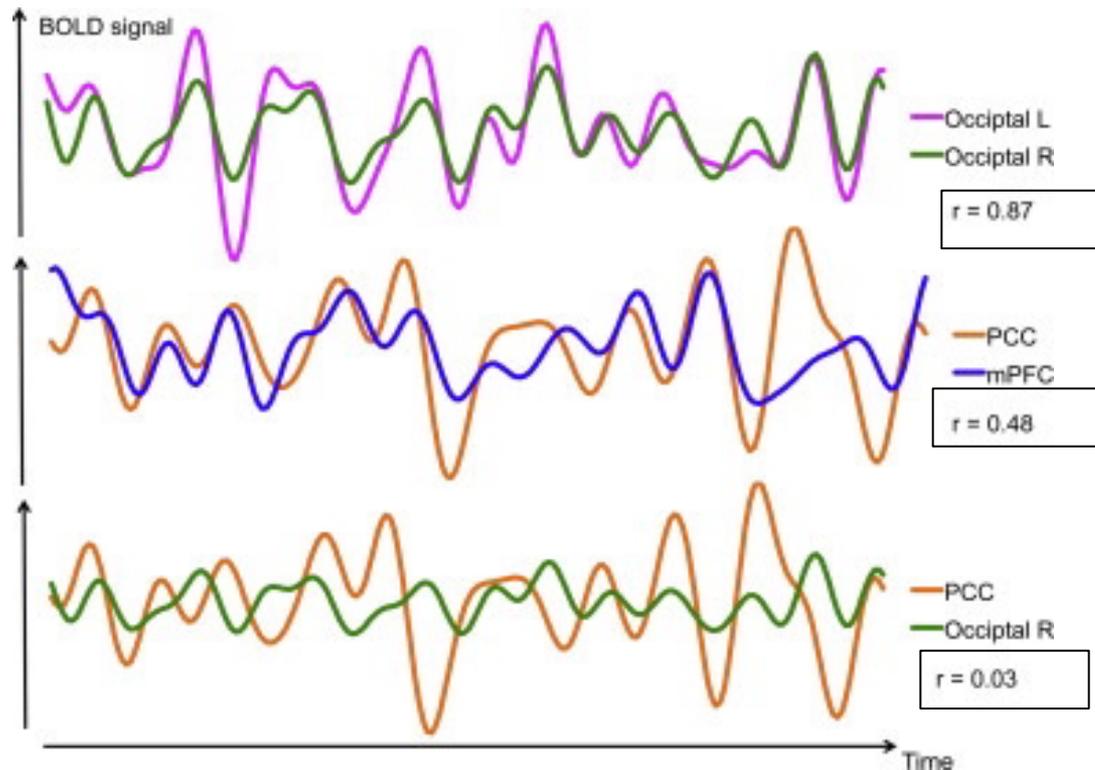


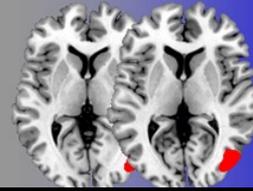
Roy et al. 2014 DCM



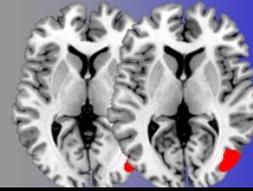
Functional Connectivity

- Correlation between time courses of brain regions
- Usually undirected association

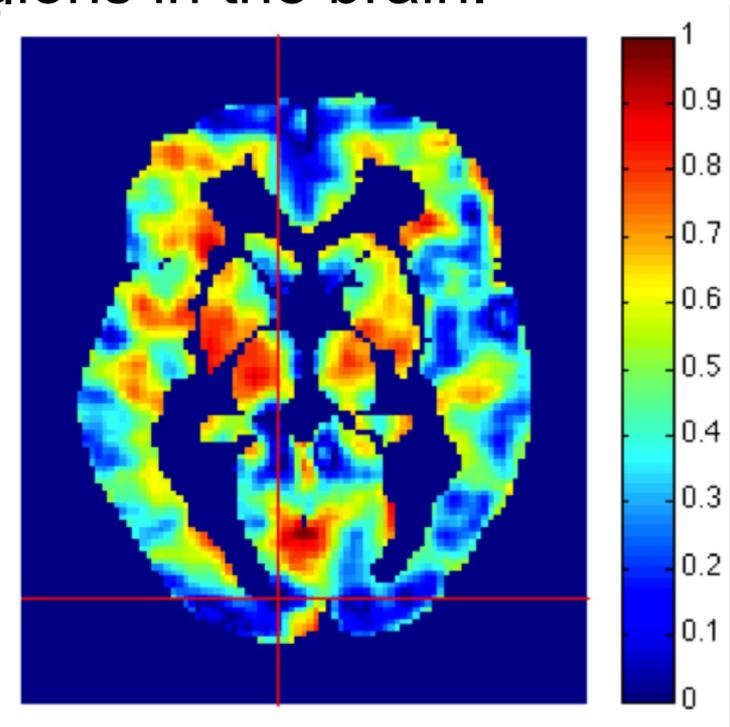


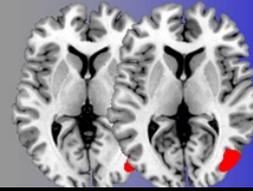


- **Functional Connectivity Analysis** is usually performed using data-driven methods which make no assumptions about the underlying biology
- Methods include:
 - Seed analysis
 - Network analysis
 - Partitioning methods: Clustering, PCA, ICA

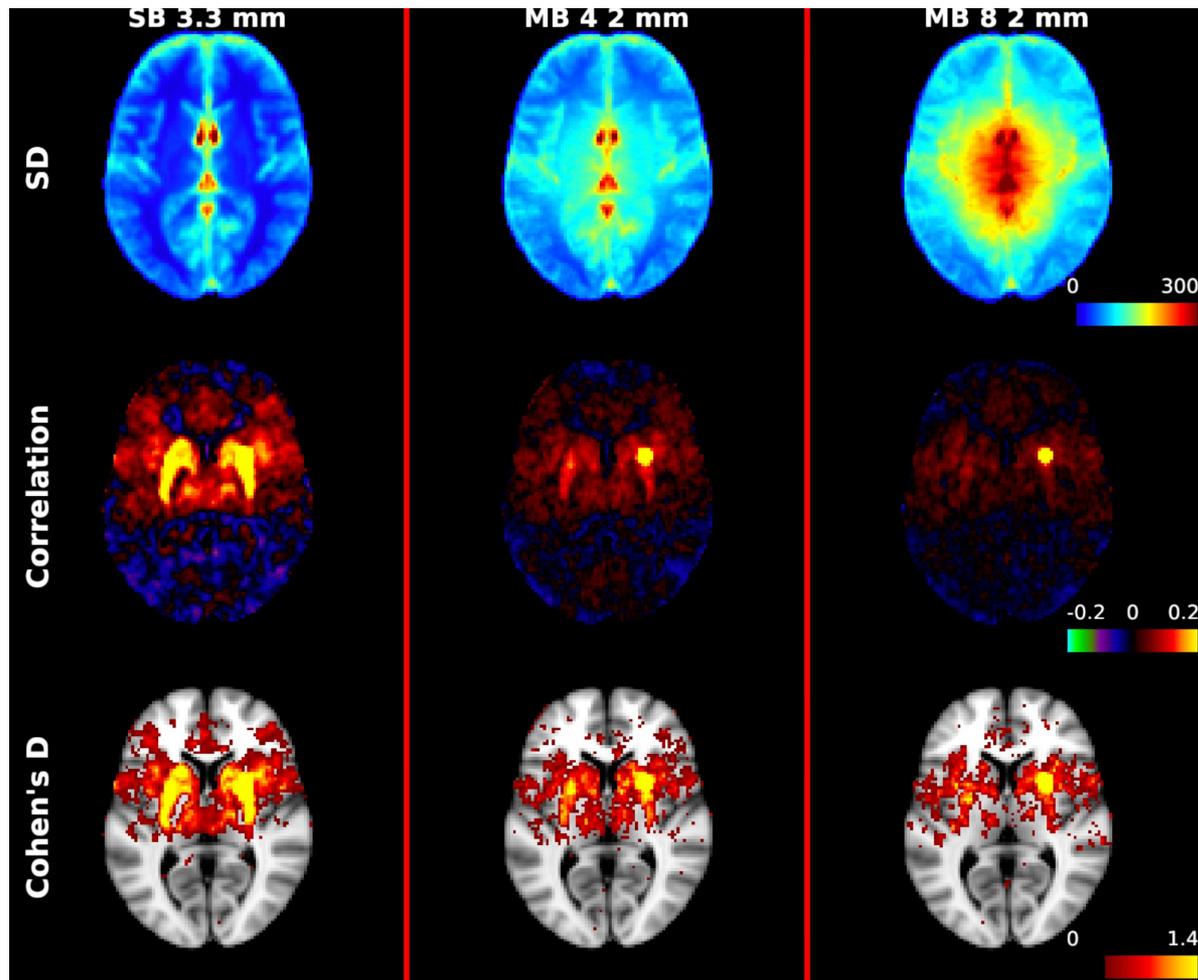


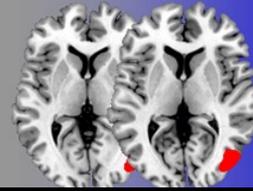
- Calculates the correlation between the temporal brain activity profile in a selected (“seed”) voxel/region and the profiles from other voxels/regions in the brain.
- Simple and easy to implement
- BUT... requires careful selection of seed voxel/region
- Provides a limited view of the brain, since it is restricted to connectivity involving the seed voxel.





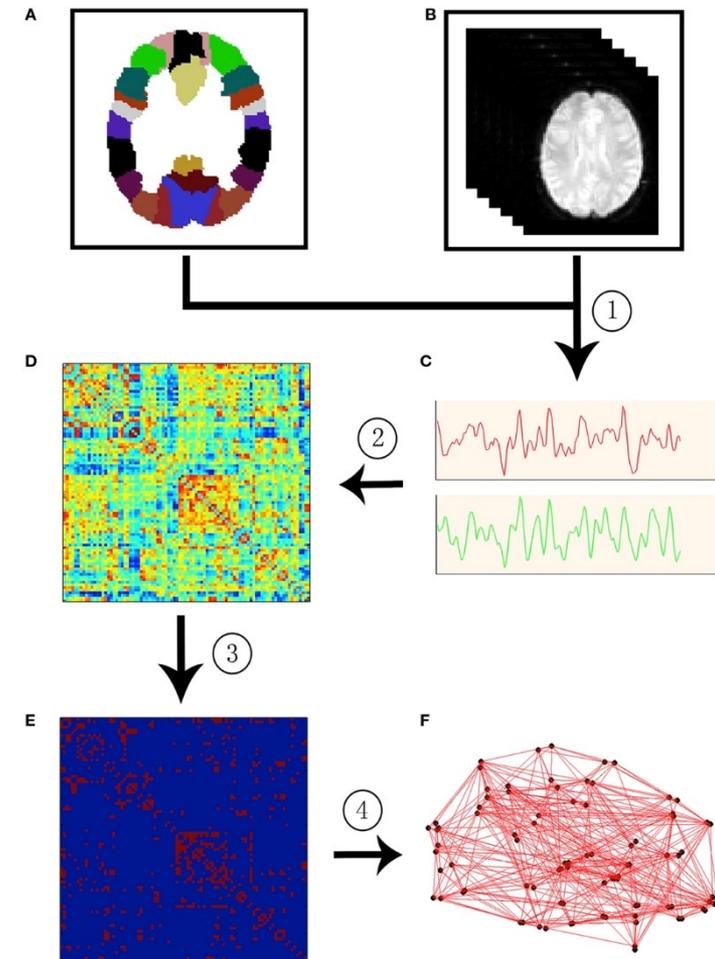
- Example from Risk et al 2021 (Neuroimage):





Whole-Brain region-to-region approach:

1. Parcellate the brain and extract the “average” fMRI time course for each region
2. Calculate correlation between regions \rightarrow correlation matrix
3. Threshold \rightarrow binary adjacency matrix
4. Graph theory analysis



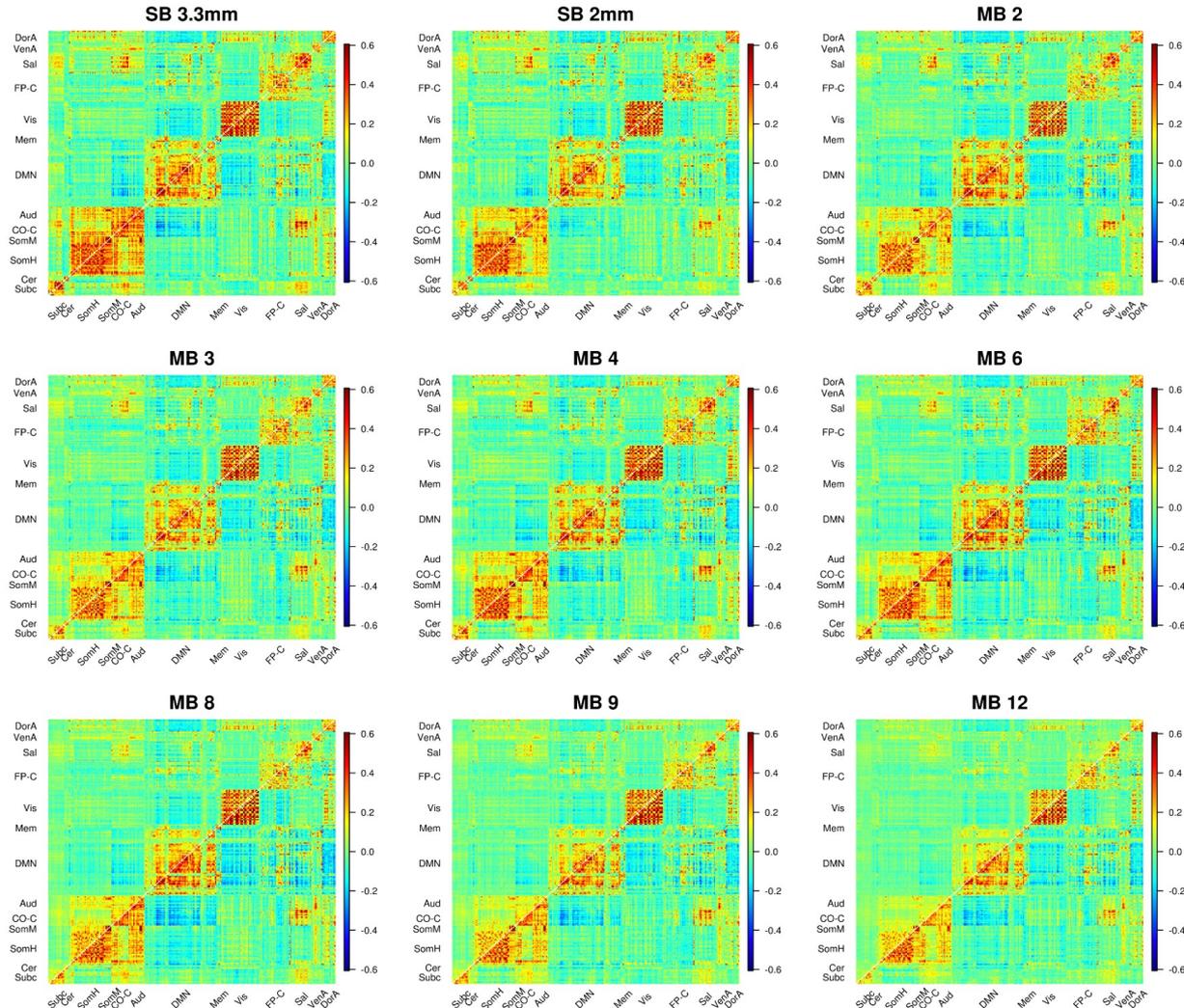
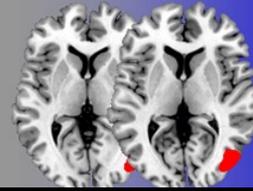
Network Analysis

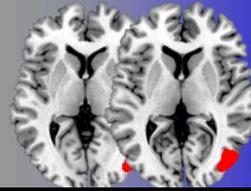


EMORY
ROLLINS
SCHOOL OF
PUBLIC
HEALTH

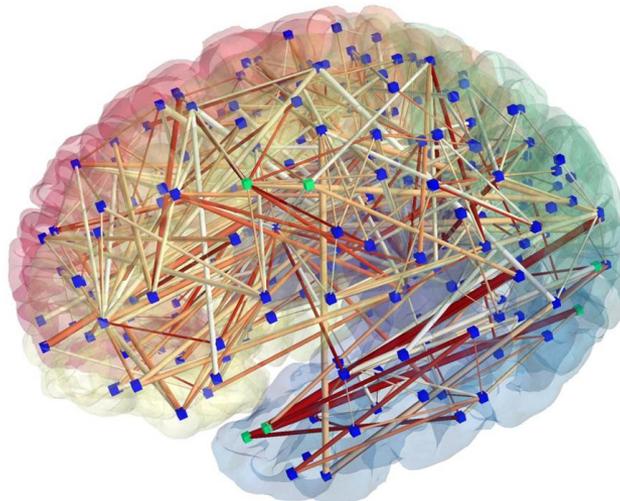
CBIS

Center for Biomedical
Imaging Statistics

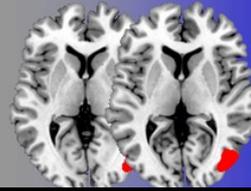




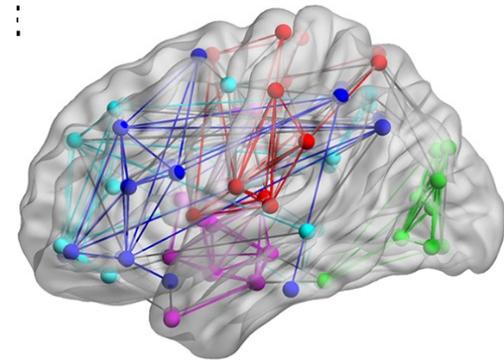
- **Network/Graph Theory analysis** tries to characterize networks using a small number of meaningful summary measures
- Comparing network topological measures (ex: node degree, clustering coefficient, etc.) between groups of subjects may reveal connectivity abnormalities related to brain disorders



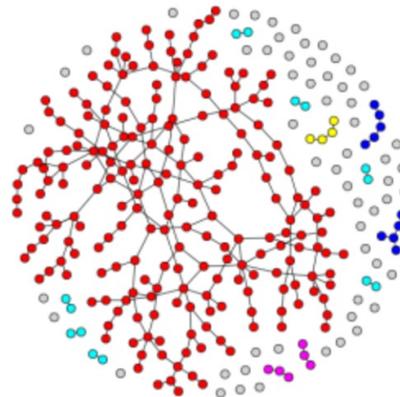
A network is a system of **nodes** (regions) and **edges** (connections between regions)



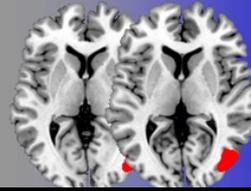
- Network Visualization tools
 - BrainNet MATLAB toolbox



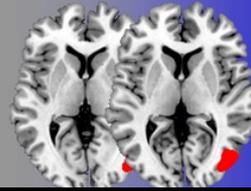
- igraph R package



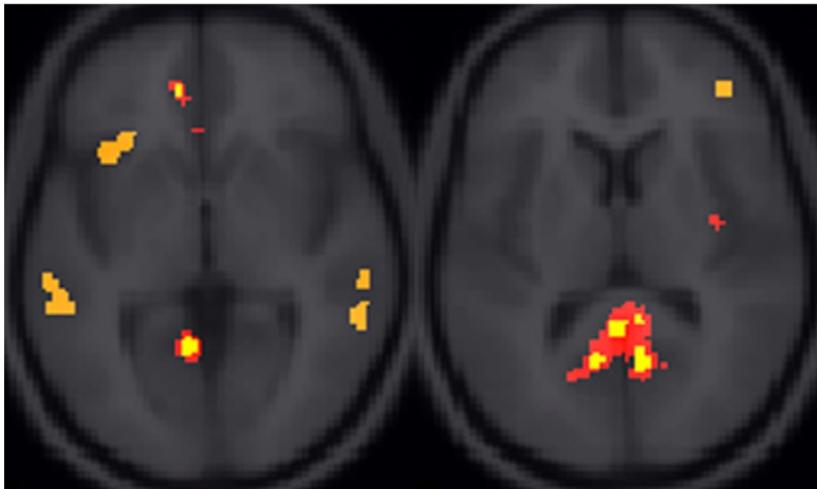
- Brain connectivity toolbox (MATLAB) for calculating graph theory metrics to characterize networks.



- **Partitioning algorithms** identify spatially distinct components or clusters in the brain
- Each of these components represents a functionally connected network
- Methods:
 - Clustering
 - PCA
 - ICA

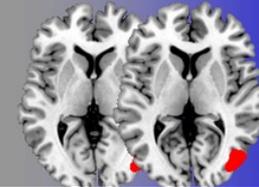


- **Cluster analysis:** identifies “clusters” of voxels with similar brain activity patterns.
- Clusters may consist of noncontiguous voxels, offering the potential of identifying associations between anatomically distant voxels
- Several algorithms: K-means approach, fuzzy clustering, hierarchical clustering, etc.

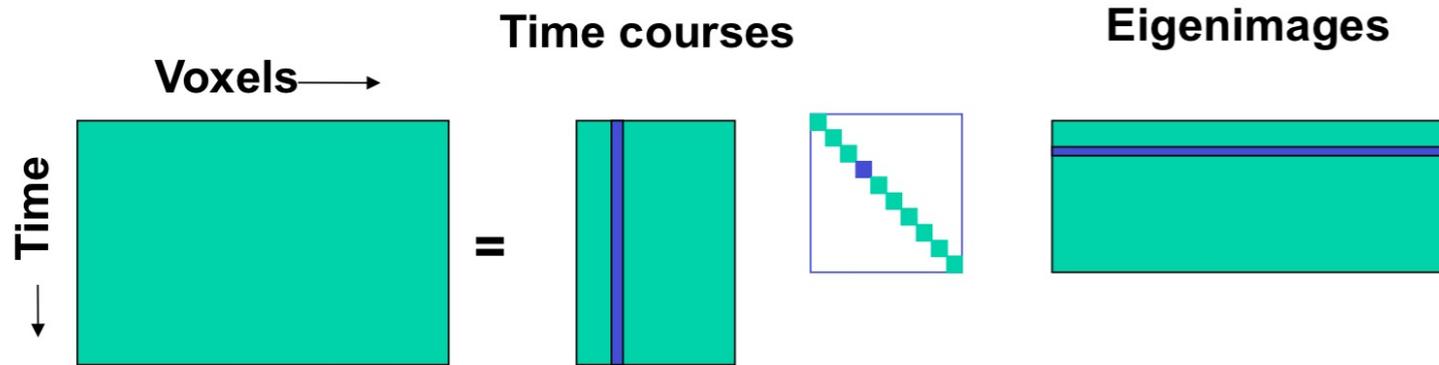
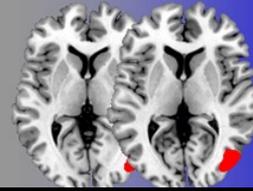


3 clusters (red, orange, yellow) based on mean brain activity of cocaine addicts in inhibitory control study.

Each cluster contains voxels with similar patterns of brain activity



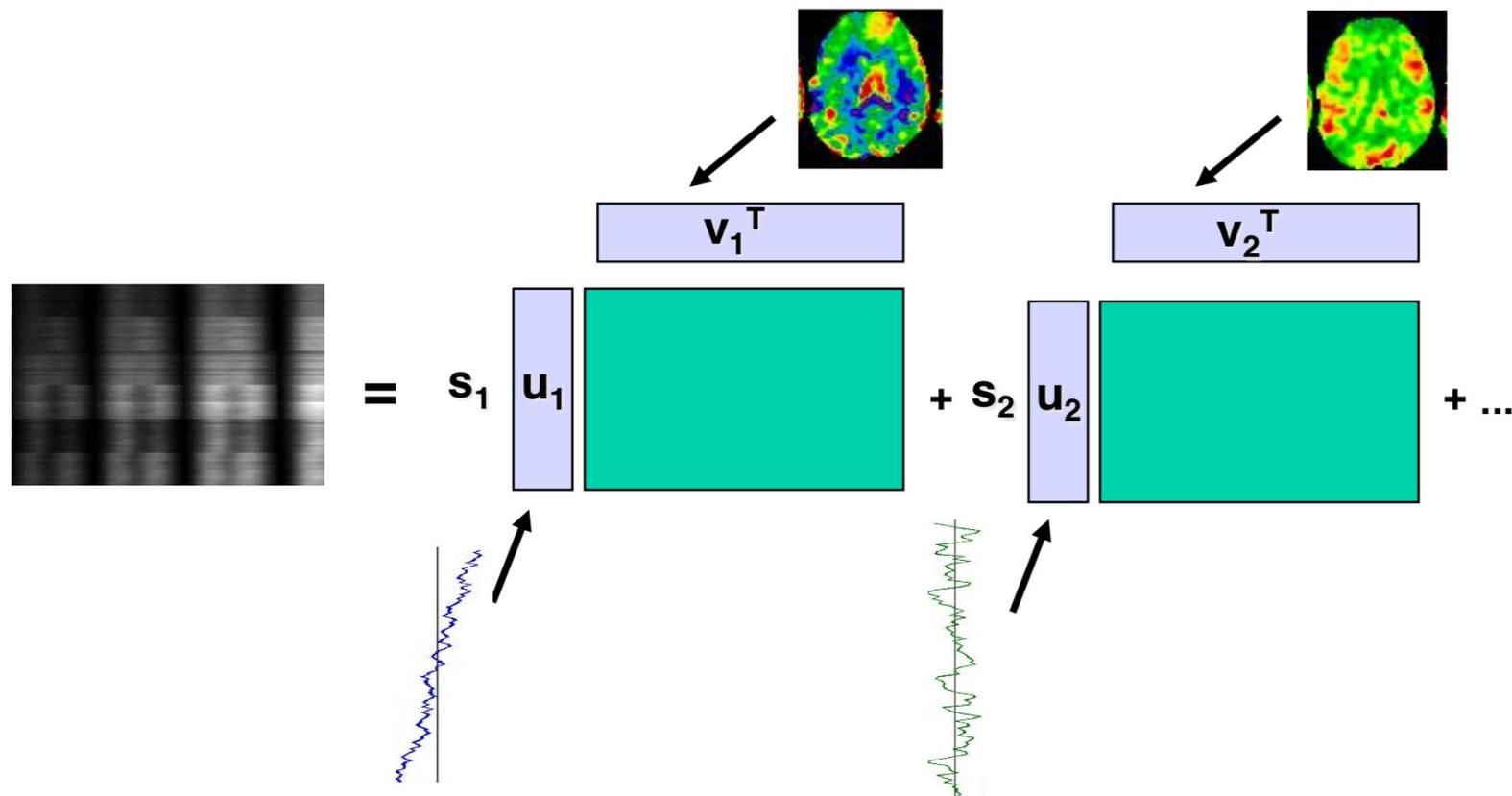
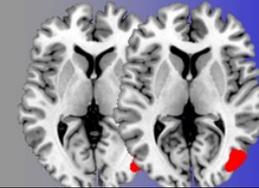
- **Principal components analysis (PCA)** involves finding spatial modes, or eigenimages, in the data
 - These are the patterns that account for most of the variance-covariance structure in the data, ranked in order
- The eigenimages can be obtained using singular value decomposition (SVD) applied to centered and scale data
- Decomposes the data into two sets of orthogonal vectors that correspond to patterns in space and time.

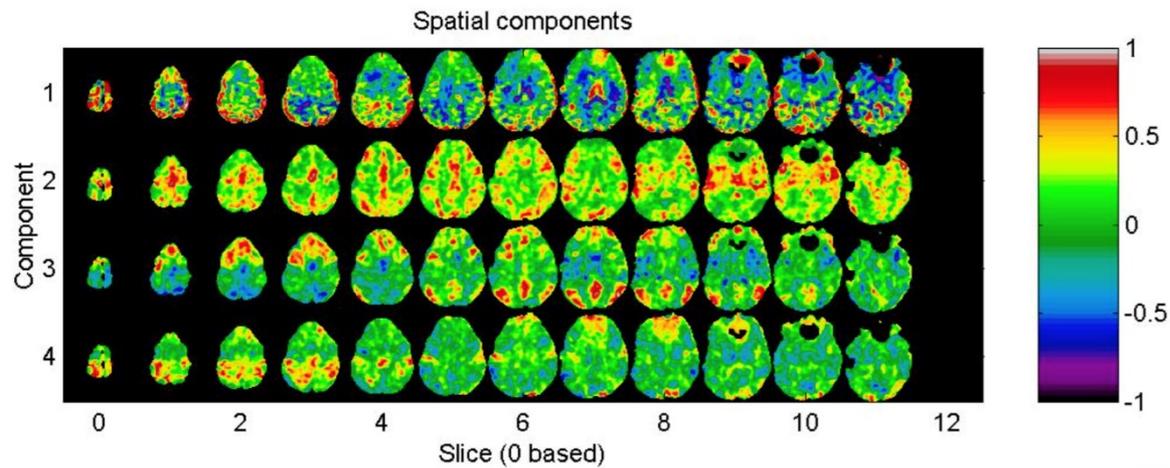
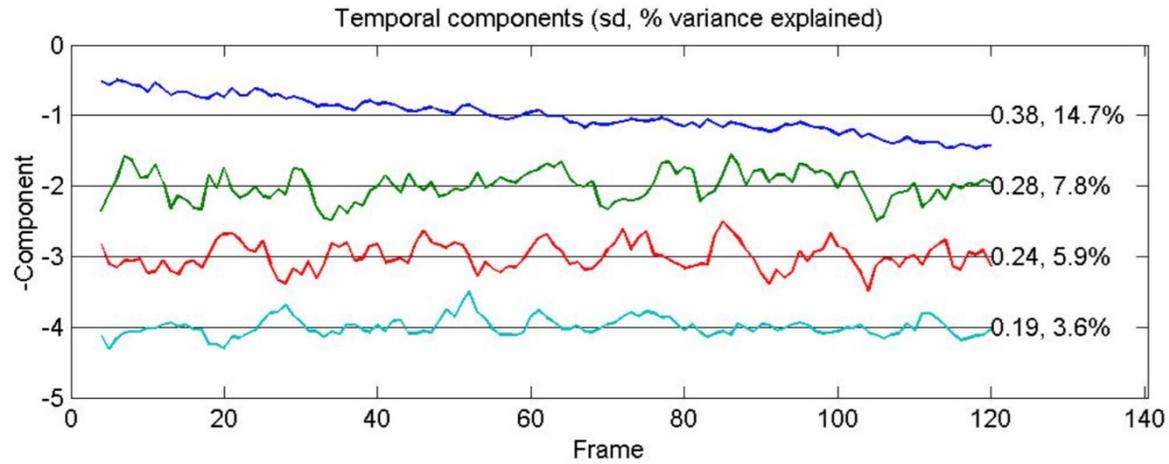
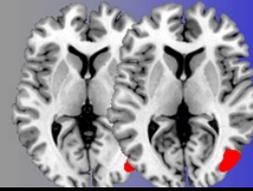


Data
TxV

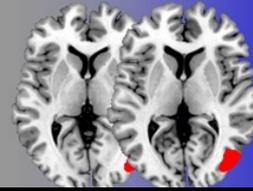
$$\mathbf{X} = \mathbf{U}\mathbf{S}\mathbf{V}^T$$

$$\mathbf{X} = s_1 \mathbf{u}_1 \mathbf{v}_1^T + s_2 \mathbf{u}_2 \mathbf{v}_2^T + \dots + s_N \mathbf{u}_N \mathbf{v}_N^T$$





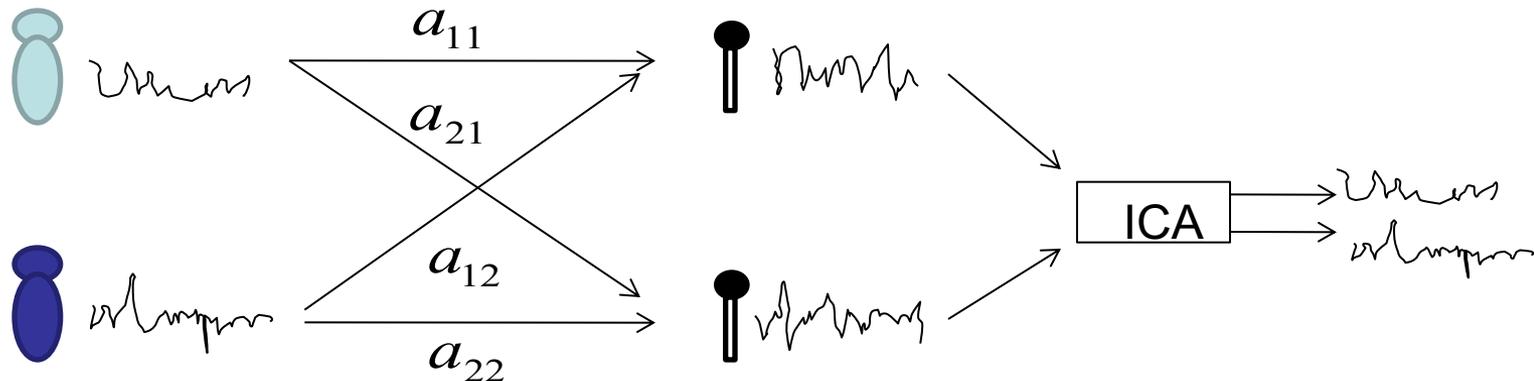
Worsley



• Definition of ICA

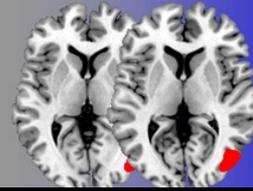
Independent component analysis (ICA) is a computational method for separating a multivariate signal into additive subcomponents assuming the mutual statistical independence of the non-Gaussian source signals. It is a special case of blind source separation.

• Classic Example: Cocktail Party Problem



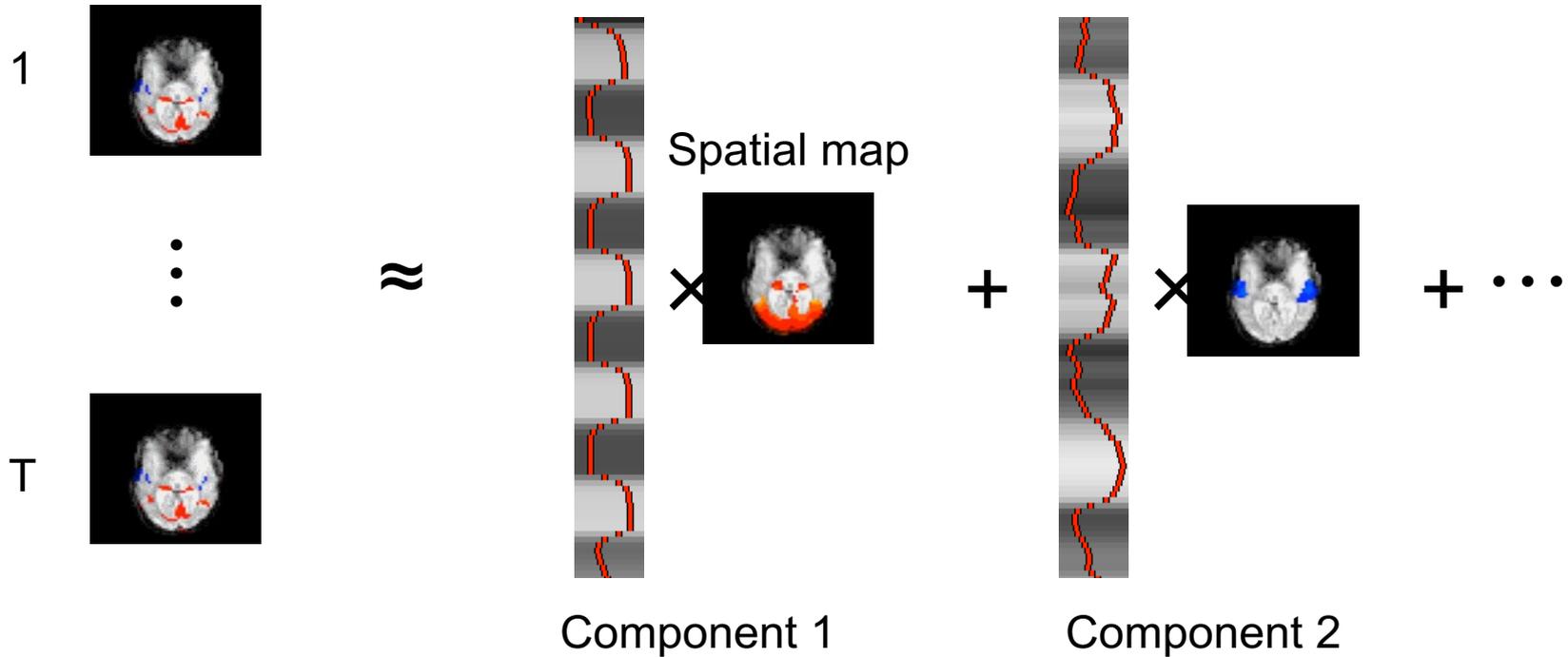
• Key assumptions of ICA

- signals are statistically independent
- signals are non-Gaussian
- # of mixture of signals \geq # of sources



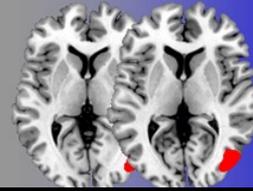
Observed fMRI data

Temporal
responses

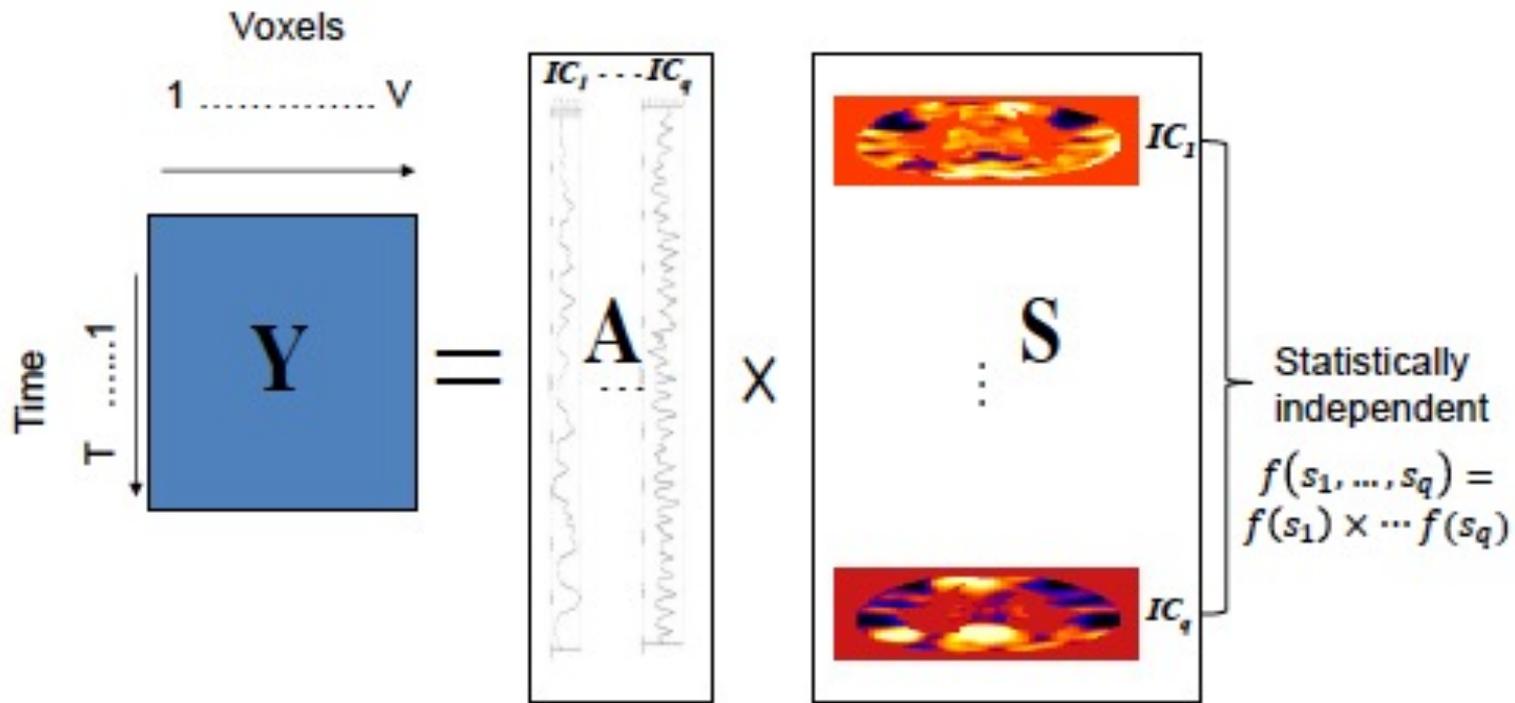


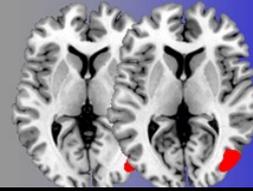
Goal: Decompose observed fMRI data as a linear combination of spatio-temporal processes of underlying source signals.

Standard ICA for fMRI

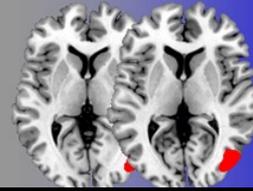


$$Y_{T \times J} = \mathbf{A}_{T \times q} \mathbf{S}_{q \times J}$$

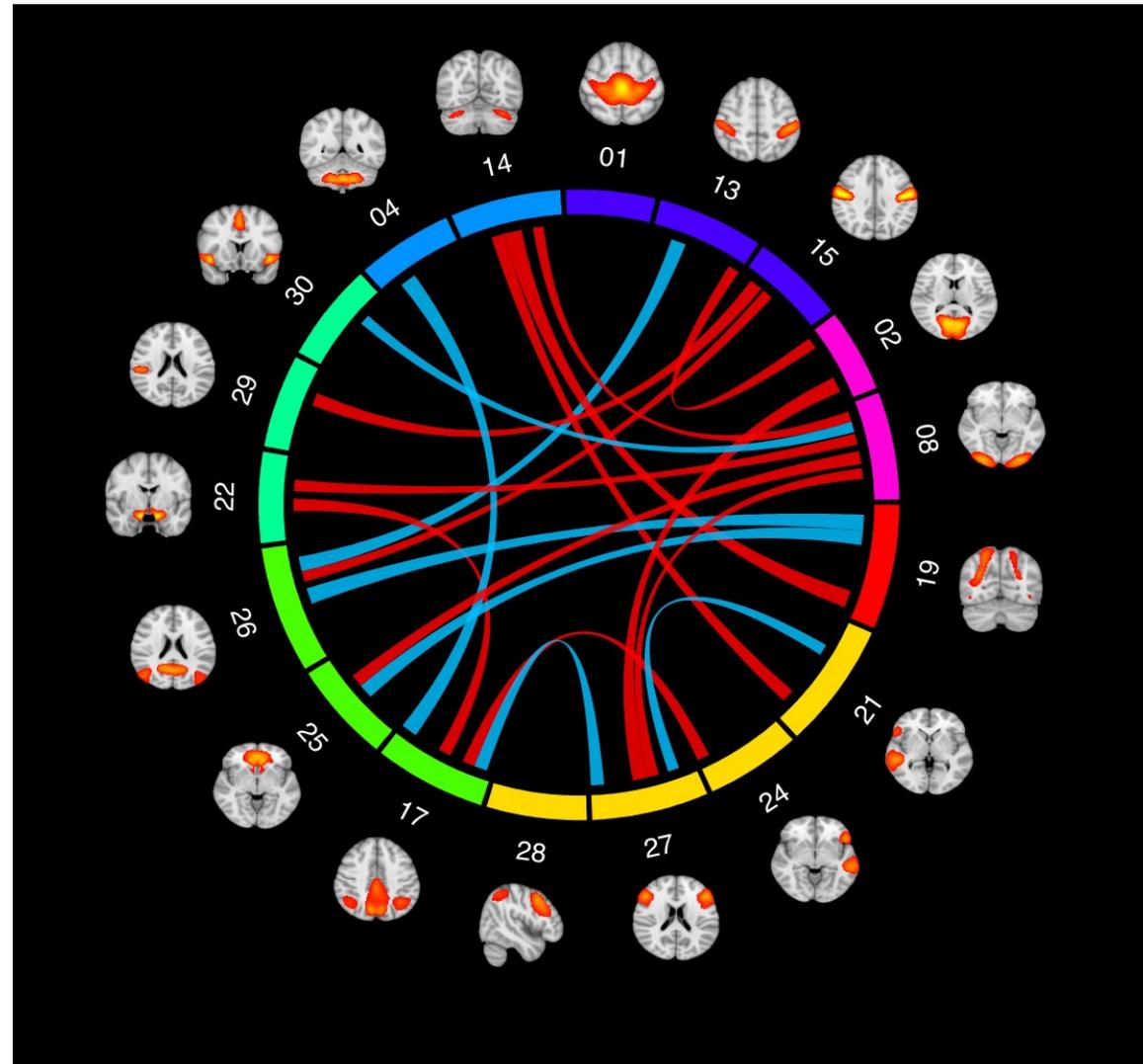


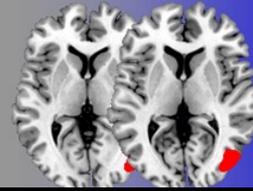


- Does not require any a priori assumptions about the spatiotemporal structure underlying the observed brain activity
- Can be used for fMRI data with any paradigm; esp. useful for resting-state data where no clear task-related activations exist
- Simultaneously separates neuronal and non-neuronal sources (e.g. respiration) into different components
- ICA is more effective than PCA at identifying functional networks (Beckmann et al, 2005). Uses high-order statistics from the data
- Easy to extend to multi-subject case for group inference – GIFT, FSL Melodic toolboxes, HINT (by CBIS, upcoming)



- Network+ICA parcellation: example from Nebel et al in prep:





DensParcorr developed by CBIS (Wang et al., 2016, available from CRANS)

Dens-based Partial Correlation Estimation Approach

Step 1. Initial: Calculate the sample covariance matrix $\hat{\Sigma}$ based on the observed fMRI time series from M nodes in the brain. If one would like to impose sparsity regularization on the precision matrix estimate, specify a percentage p , where $p \in (0,1)$, for selecting the tuning parameter based on the desired dense level of the precision matrix estimate.

Step 2. choose sparsity tuning parameter

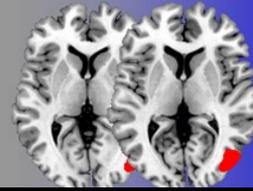
$$\lambda_p^* = \operatorname{argmin}_{\lambda_n} \{ |Dens(\lambda_n) - p \times Dens_{\max}| \}$$

Step 3: Estimate the precision matrix using CLIME $\Omega^*(\lambda)$

Step 4: Derive estimate for the partial correlation matrix

$$\mathbf{Pcorr} = -\operatorname{diag}(\mathbf{\Omega}^*)^{-1/2} \mathbf{\Omega}^* \operatorname{diag}(\mathbf{\Omega}^*)^{-1/2} + 2\mathbf{I}_M$$

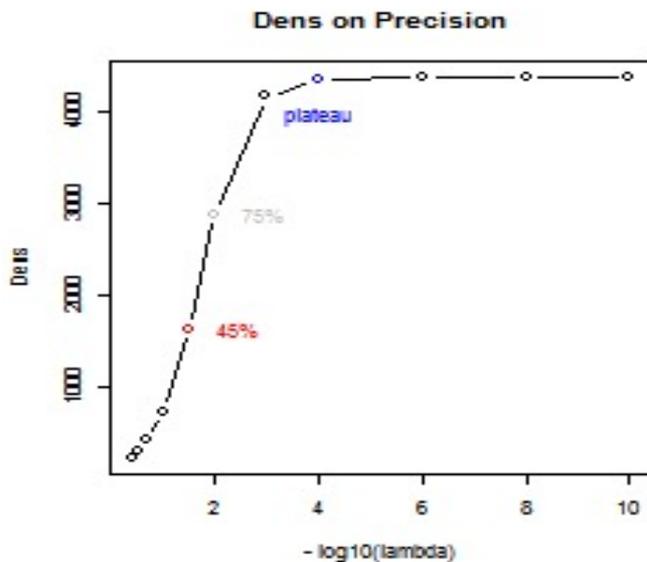
Dens-based tuning parameter selection method



To measure how dense an estimated precision matrix is, we propose the following *Dens* criterion function,

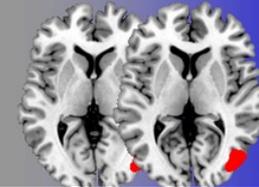
$$Dens(\mathbf{\Omega}) = \sum_{ij} |\omega_{ij}|, \text{ where } \mathbf{\Omega} = \{\omega_{ij}\}$$

Essentially, *Dens* is the matrix-wise L1 norm of $\mathbf{\Omega}$.



- Specify a monotonically decreasing sequence $\{\lambda_n, n = 0, 1, \dots, \}$ within the range $(0, 1)$ with $\lambda_0 \rightarrow 1$ and $\lambda_n \rightarrow 0$ as n increases
- Obtain CLIME $\mathbf{\Omega}$ estimate for $\{\lambda_n\}$ starting from λ_0 . Keep decreasing λ_n until $Dens(\lambda_n)$ reaches the plateau and remains stable afterwards. Denote the maximum $Dens(\lambda_n)$ in its profile as $Dens_{\max}$.
- $\lambda_{\text{platu}} = \text{the largest } \lambda_n \text{ s. t. } \frac{|Dens(\lambda_n) - Dens_{\max}|}{Dens_{\max}} < \varepsilon$
: the point where $Dens(\lambda_n)$ becomes stabilized and $\mathbf{\Omega}$ is close to $Dens_{\max}$.
- $\lambda_p^* = \text{argmin}_{\lambda_n} \{|Dens(\lambda_n) - p \times Dens_{\max}|\}$
: the point where $\mathbf{\Omega}$ corresponds to p percent of $Dens_{\max}$

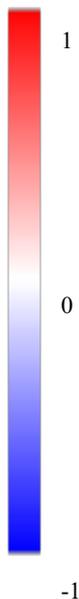
Marginal vs. Direct connectivity



Full Correlation connectivity

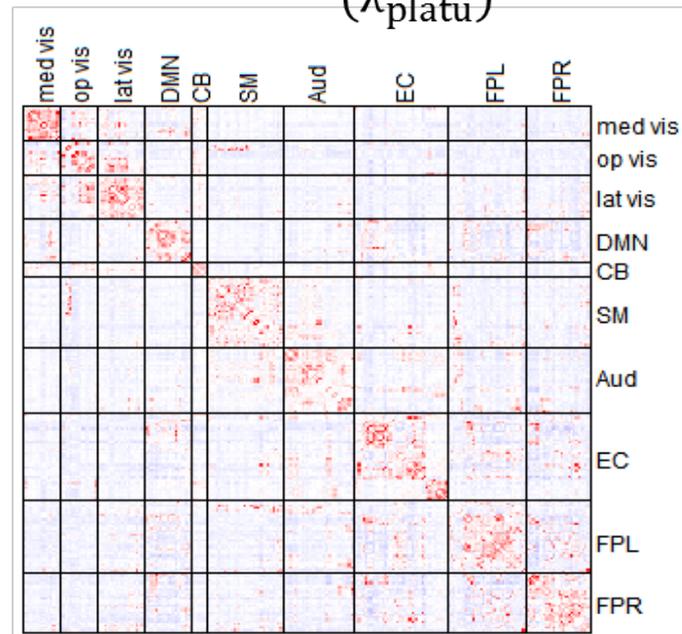


Correlation

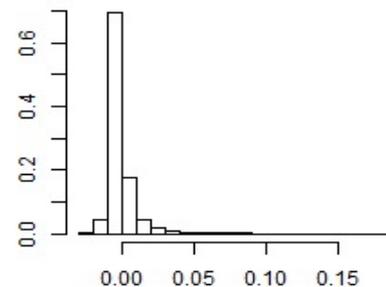
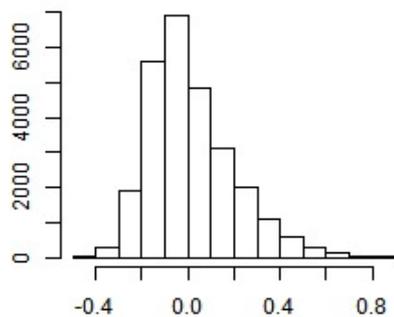
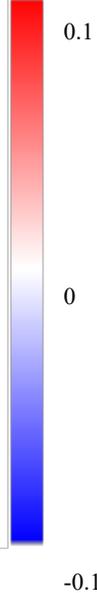


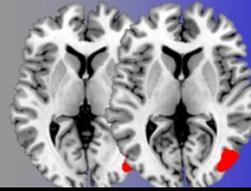
Partial Correlation connectivity

(λ_{platu})



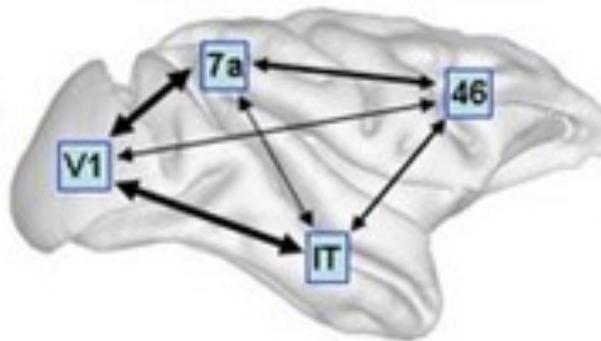
Partial Correlation(plateau)





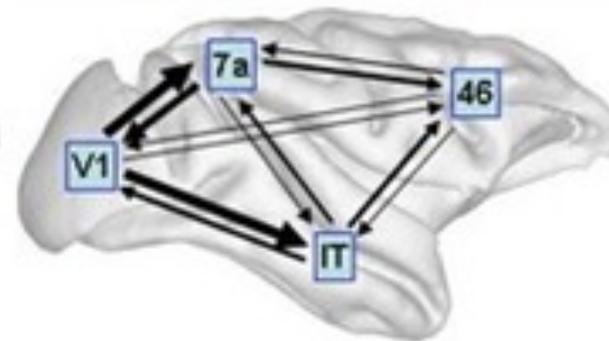
- Directed influence of one brain region on the activity recorded in another brain region.

functional connectivity



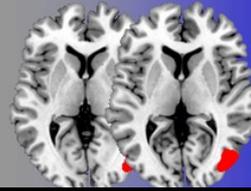
Undirected
associations

effective connectivity

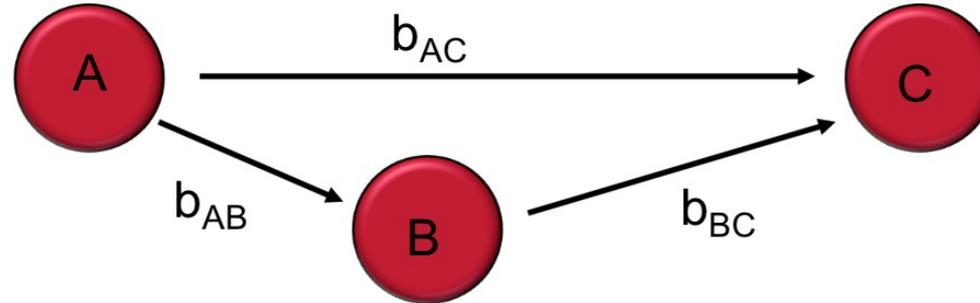


Directed
associations

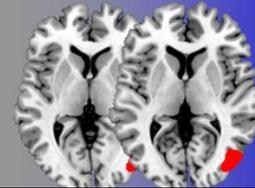
- Methods: SEM, DCM, Granger Causality



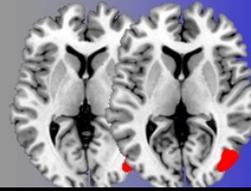
- Structural Equation Models comprise a set of regions and a set of directed connections



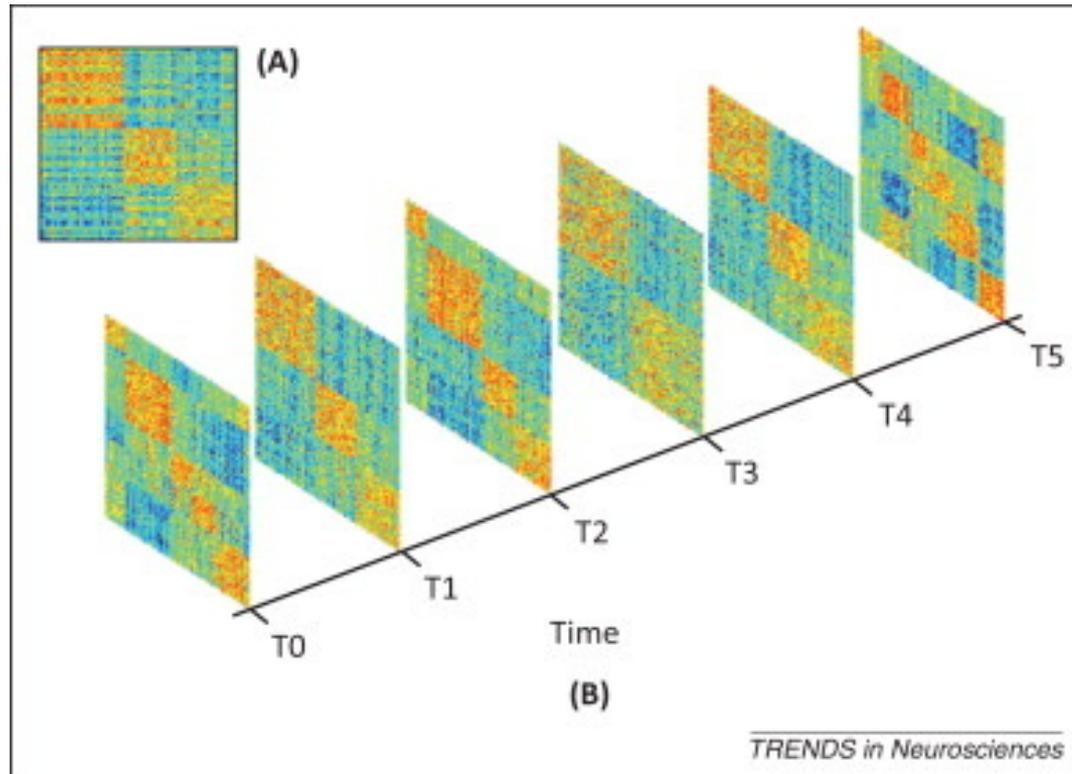
- Focuses on the covariance structure that reflects associations between variables

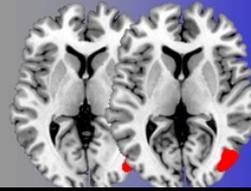


- Dynamic Causal Modeling estimates effective connectivity in a Bayesian framework.
- DCM regards the brain as a deterministic nonlinear dynamic system that receives inputs and that produces outputs.
- This dynamic system is modelled using neural state equation based on hemodynamic time series
- Effective Connectivity is parameterized in terms of the coupling among unobserved neuronal activity in different regions.

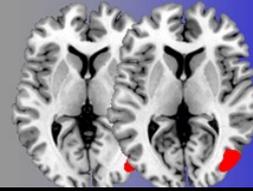


- Dynamic FC attempts to model changes in FC over time
- Sliding Window approach

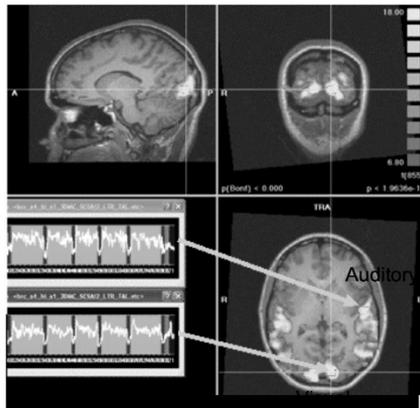




- Goals of statistical analysis of fMRI data:
 - **ACTIVATION**: Localizing brain areas activated by the experimental task
 - **FUNCTIONAL CONNECTIVITY**: Determining networks corresponding to brain function
 - **PREDICTION**: making predictions about psychological or disease states



- Predicting future neural activity based on baseline functional brain images.
- Predicting experimental conditions, cognitive states and group membership (psychiatric conditions, treatment response) based on functional brain images.



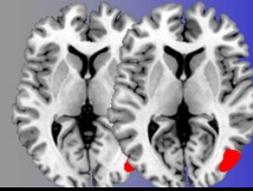
Experimental condition, cognitive states



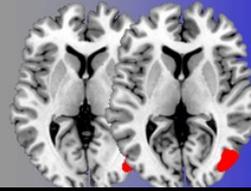
Pittsburgh Brain Activity Interpretation Competition

Clinical outcomes:

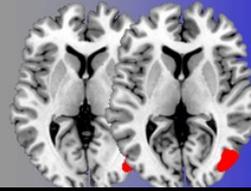
- Diseased (e.g. ADHD) vs. normal
- Treatment Response vs. non-response



- There is a growing interest in using fMRI data for classification of mental disorders and prediction of neural activity.
- This application of machine learning techniques is often referred to as multi-voxel pattern analysis (MVPA)
 - A classifier is trained to discriminate between different brain states and used to predict the states in a new set of data

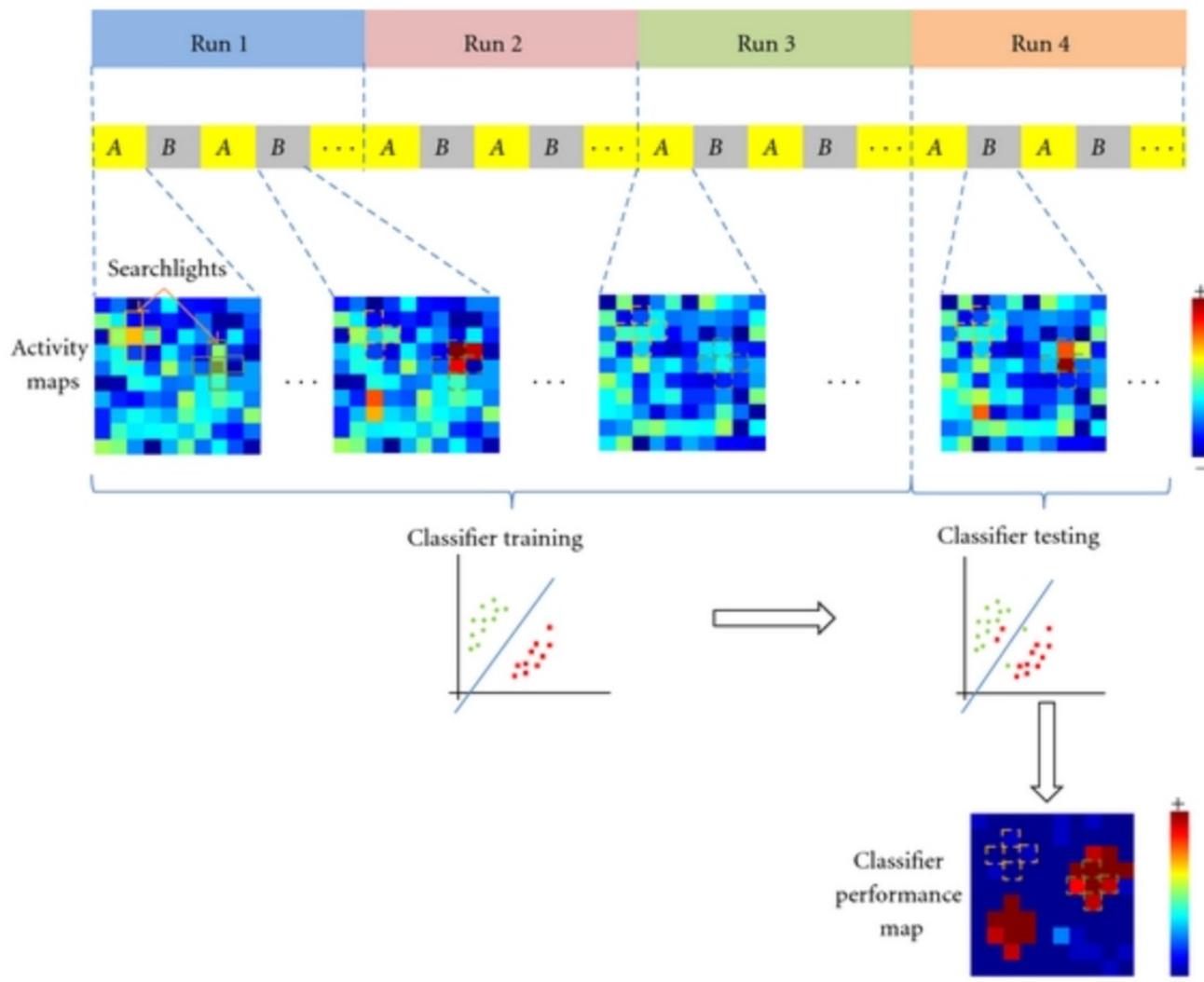
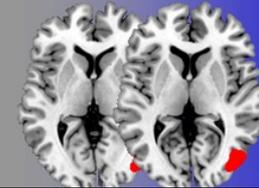


- When applied to fMRI data, the result is often a pattern of weights across brain regions that quantify the degree to which the pattern of brain activity responds to a particular type of event.
(Ex: SVM)

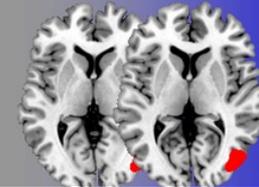


- The process of performing MVPA follows a series of steps:
 - Defining features and classes
 - Feature selection
 - Choosing a classifier
 - SVD, LDA, logistic regression
 - Training and testing the classifier
 - Cross validation
 - Examining results
 - Prediction accuracy

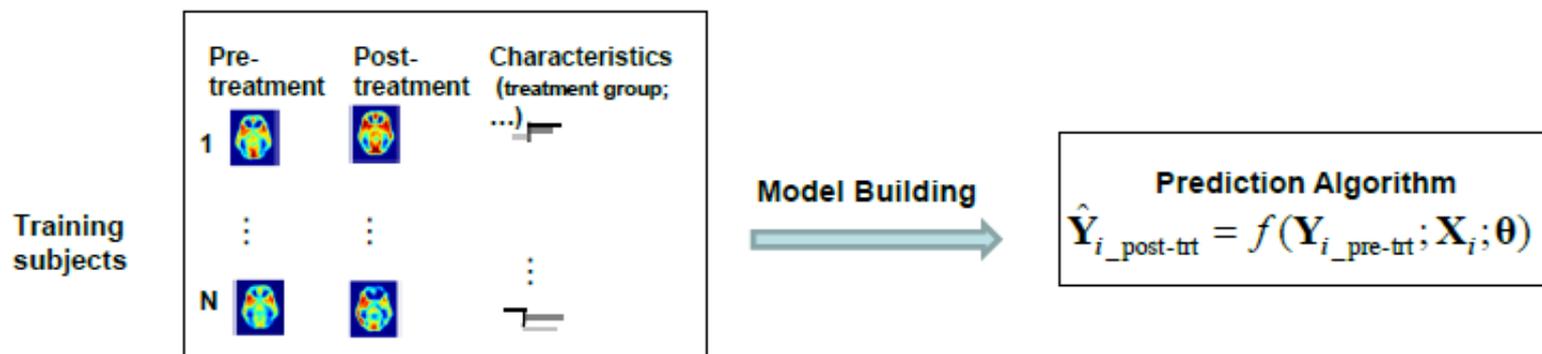
Performing MVPA



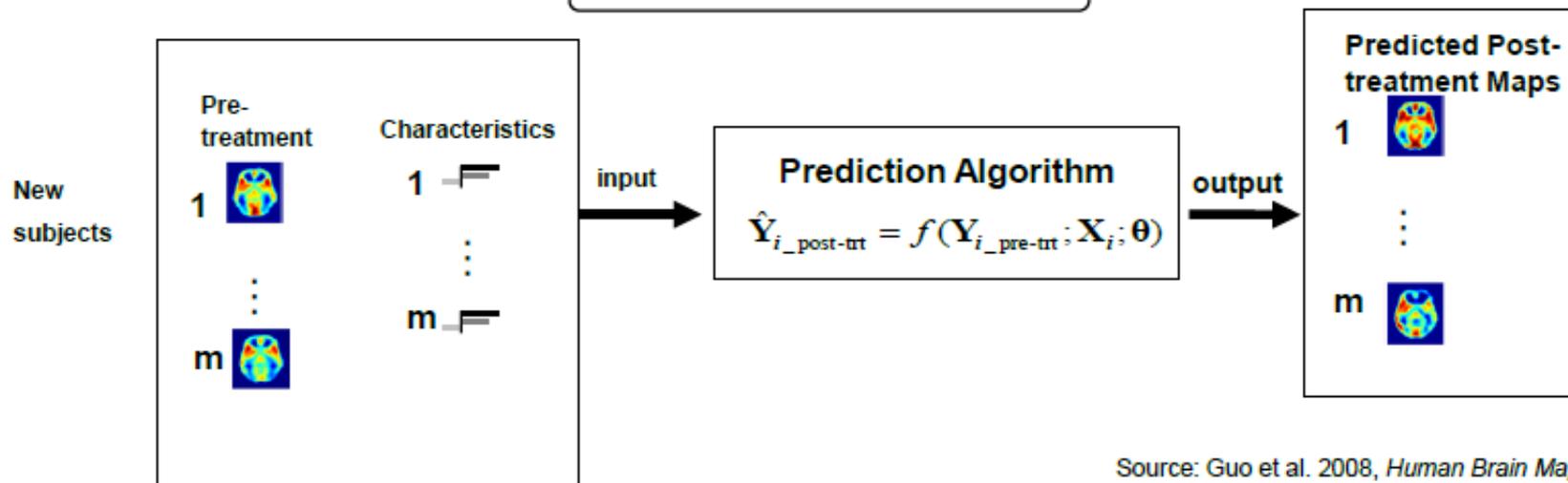
Predicting future neural activity



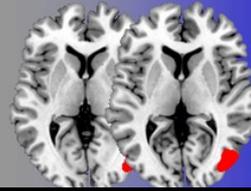
Develop the prediction algorithm



Apply the prediction algorithm



Source: Guo et al. 2008, *Human Brain Mapping*.



Prediction of treatment response (Guo et al., 2008)

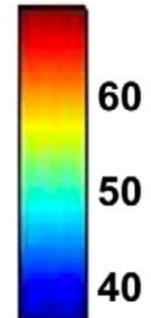
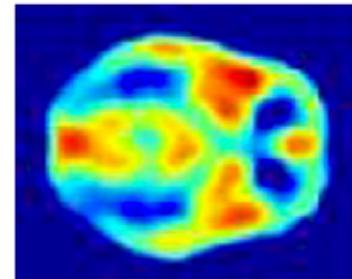
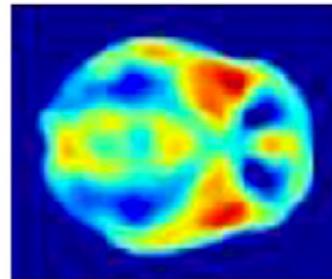
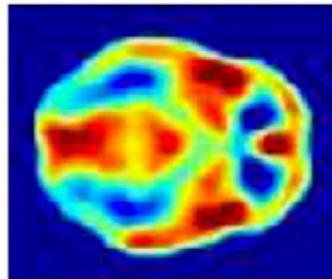
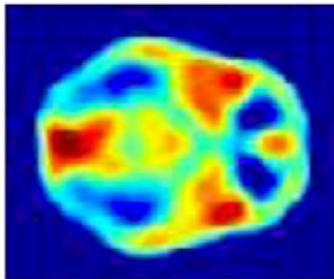
A Predicted post-treatment maps

Subject 1

Subject 2

Subject 3

Subject 4



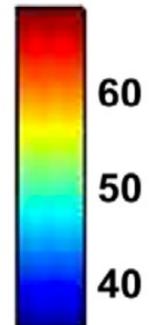
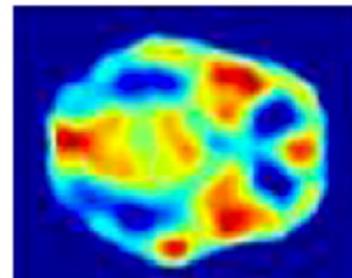
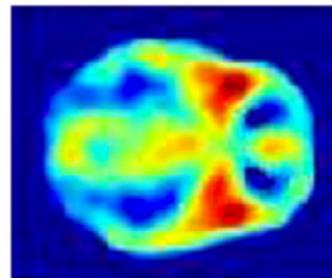
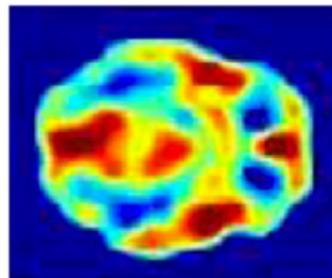
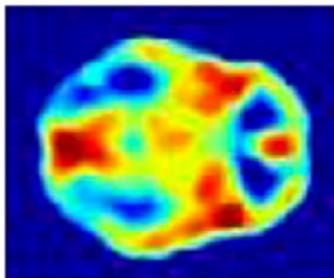
B Observed post-treatment maps

Subject 1

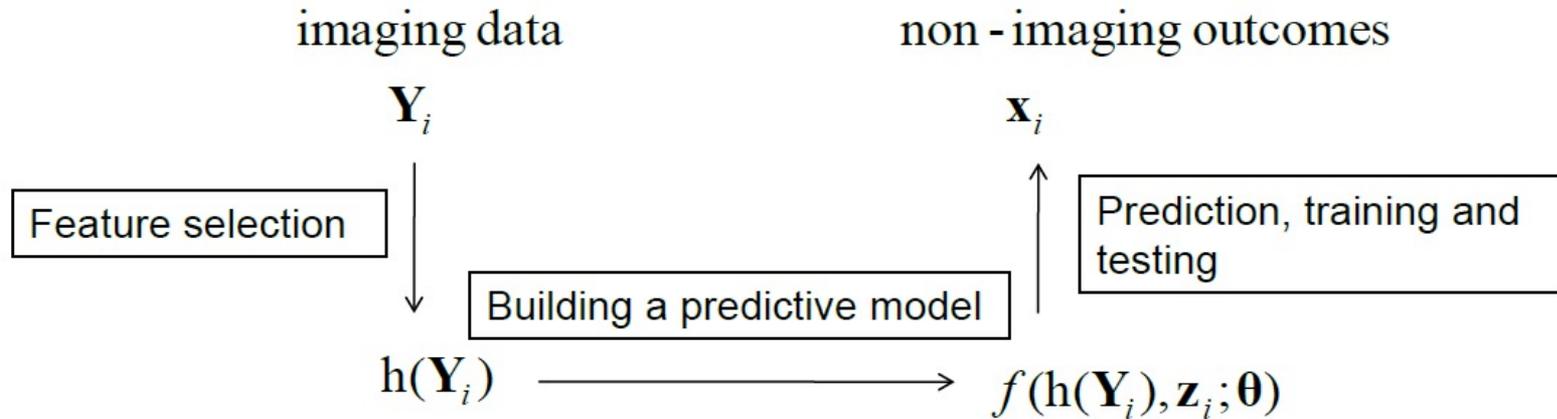
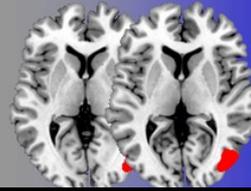
Subject 2

Subject 3

Subject 4



Prediction for clinical outcomes



e.g.
1. Between-region functional connectivity (Shuo et al.);
2. cluster-specific principal features extracted using kernel PCA (Guo, 2010)

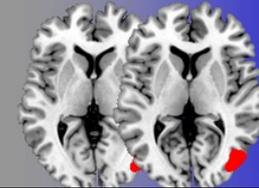
For categorical outcome: Support vector classifier

$$f(h(\mathbf{Y}_i); \boldsymbol{\theta}) = \text{sign}[h'(\mathbf{Y}_i)\boldsymbol{\beta} + \beta_0]$$

For continuous outcome: regression models such as ridge regression

$$f(h(\mathbf{Y}_i); \boldsymbol{\theta}) = \beta_0 + h'(\mathbf{Y}_i)\boldsymbol{\beta}$$

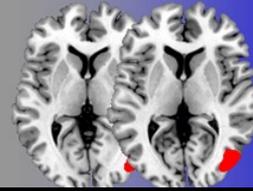
$$\text{with } \hat{\boldsymbol{\beta}} = \arg \min_{\boldsymbol{\beta}} \left\{ \sum_{i=1}^N \| \mathbf{x}_i - [\beta_0 + h'(\mathbf{Y}_i)\boldsymbol{\beta}] \|^2 + \lambda \| \boldsymbol{\beta} \|^2 \right\}$$



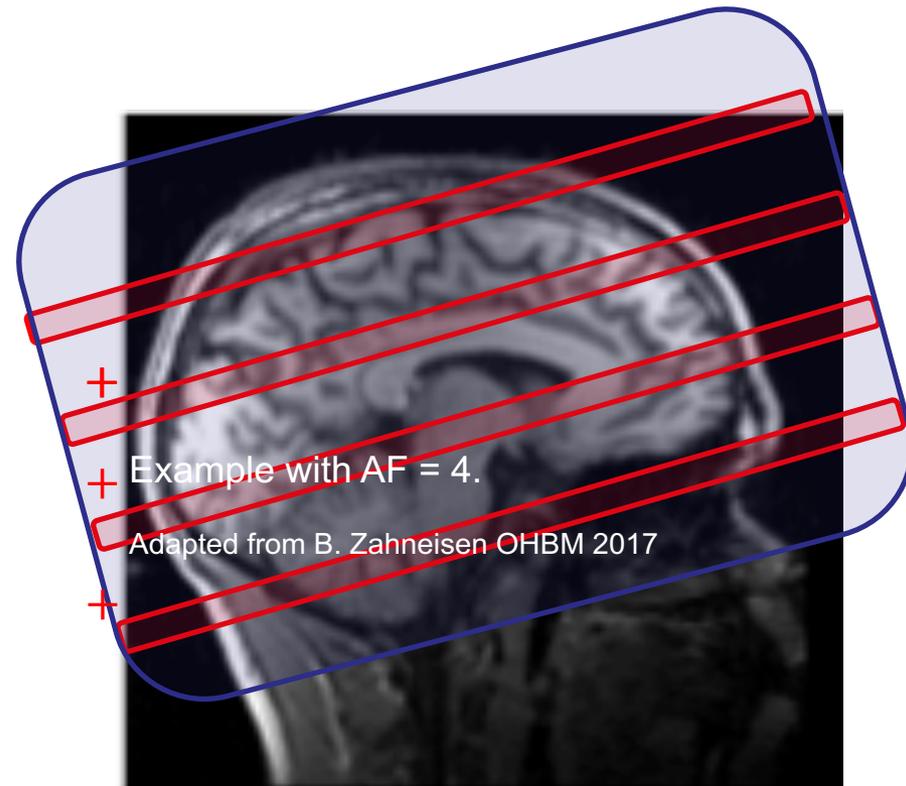
B. Risk

Collaborators: D. Rowe, M. Kociuba, J. Wu, R. Murden, D. Qiu

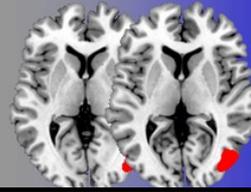
MULTIBAND ACQUISITION



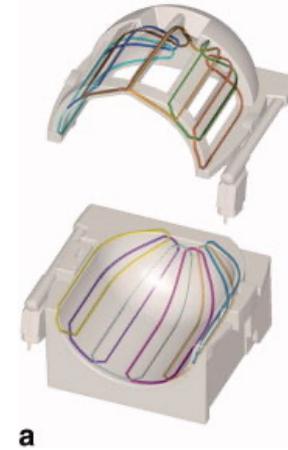
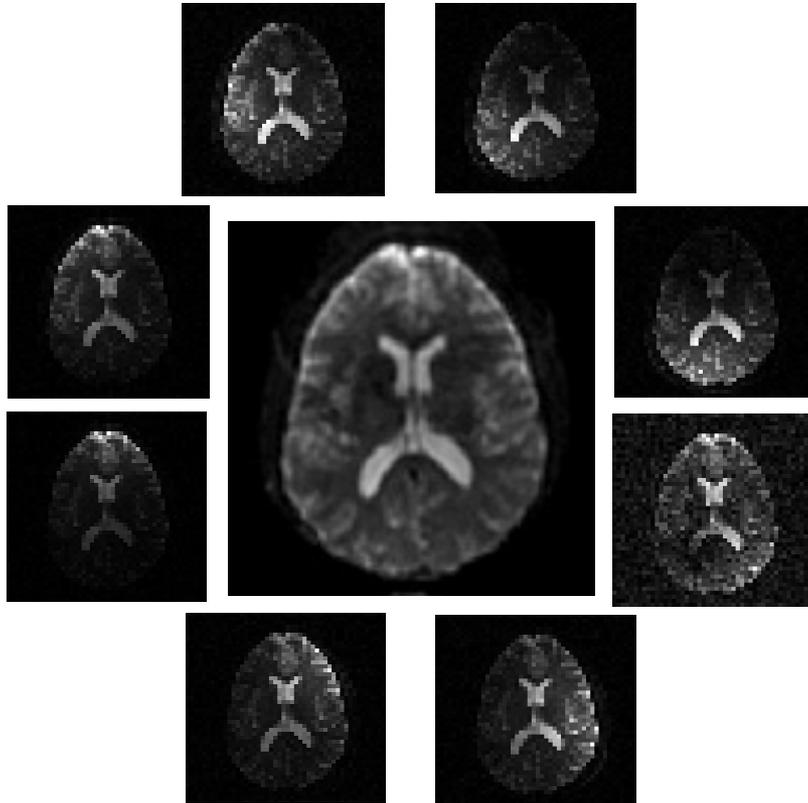
- SMS = multiband
- Multiband RF pulse with slice-selective gradient → simultaneously collect multiple slices
- Sum slices in packet
- Decrease TR
- Popular in DWI and fMRI
- Here, focus on fMRI



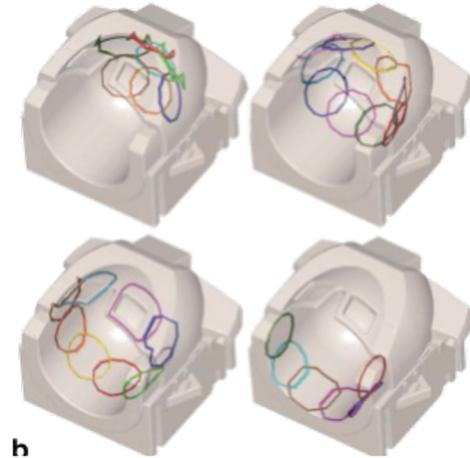
Head coil array



Coil sensitivity variation

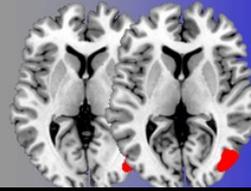


a

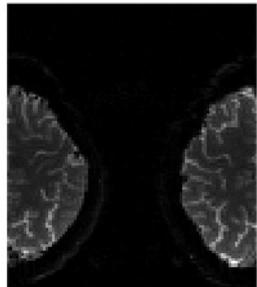
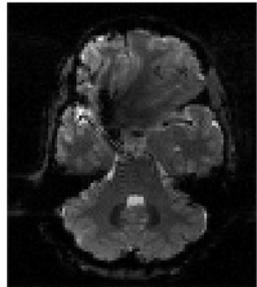


b

Example SMS = 2

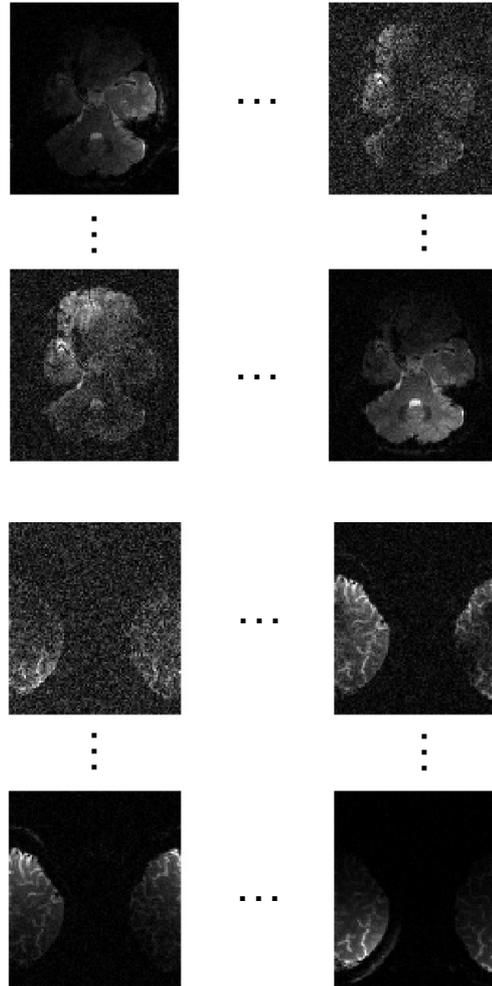


signal, FOV/2



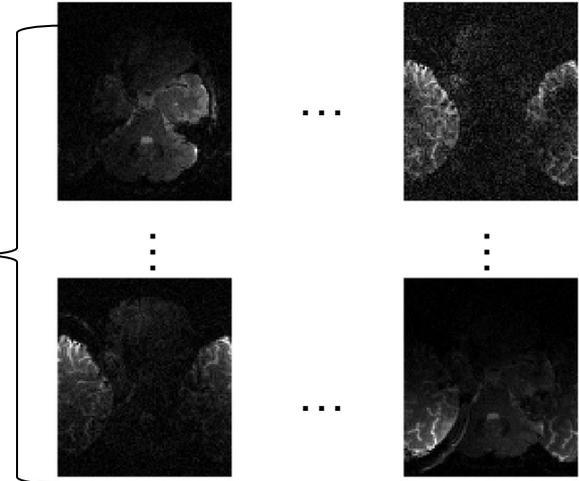
sb calibration image

32 channels

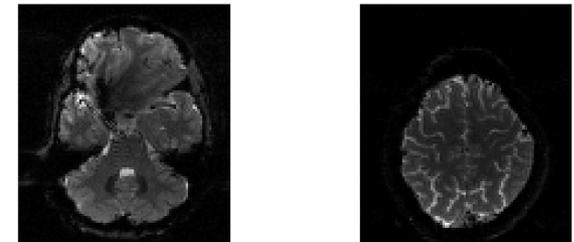


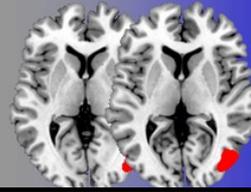
collect hundreds...

time series of
summed slices



Slice-Grappa, SOS

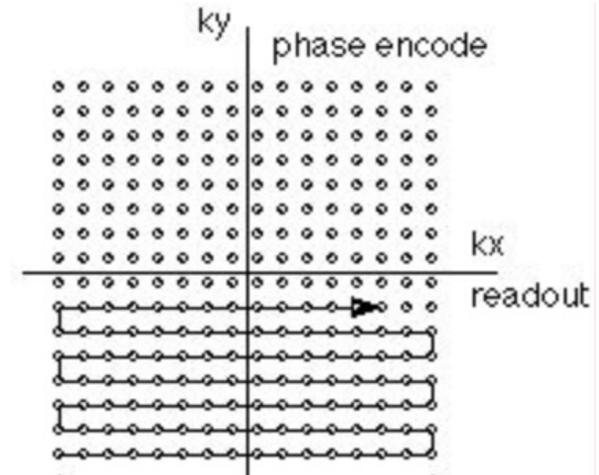
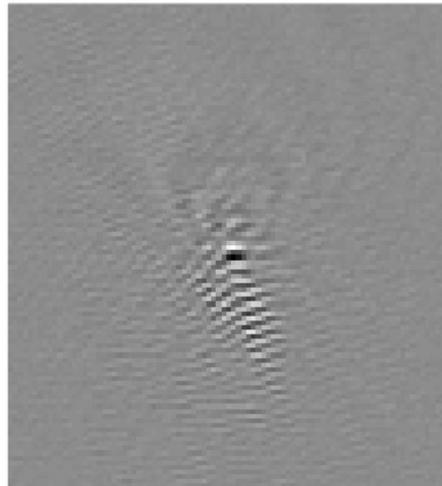
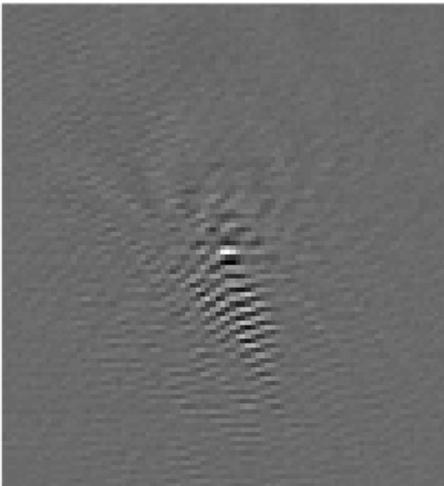


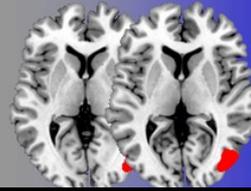


- MR data are not collected at locations
- Spatial frequencies = kspace
- 5D complex-valued data

Real

Imaginary





- Calibration Data (in k-space):

$$M_{clkz0}^K = \sum_{z \in \{m, m+M, \dots, m+(A-1)M\}} S_{clkz0}$$

$$S_{clkz0}^K = \left\{ \sum_{h=1}^C \sum_{j=-J}^J \sum_{i=-I}^I \eta_{chjiz} M_{h, \ell+j, k+i, m(z), 0}^K \right\} + \epsilon_{clkz0}$$

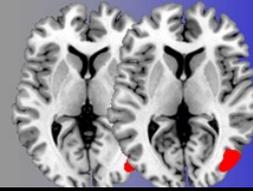
where $\text{Real}(\epsilon_{clkz0}) \sim \mathcal{N}(0, \sigma_{cz,R}^2)$ and $\text{Imag}(\epsilon_{clkz0}) \sim \mathcal{N}(0, \sigma_{cz,I}^2)$.

- Design matrix:

$$\mathbf{M}_{clkz0}^K = [M_{c, \ell-J, k-I, m(z), 0}^K, \dots, M_{c, \ell+J, k+I, m(z), 0}^K]^T \in \mathbb{C}^{(2I+1)(2J+1)}$$

$$\mathbf{M}_{\ell km(z)0}^K = [(\mathbf{M}_{1\ell km(z)0}^K)^T, \dots, (\mathbf{M}_{C\ell km(z)0}^K)^T]^T \in \mathbb{C}^{C(2I+1)(2J+1)},$$

$$\mathbf{M}_{m(z)0}^K = [\mathbf{M}_{11m(z)0}^K, \dots, \mathbf{M}_{YXm(z)0}^K]^T \in \mathbb{C}^{YX \times C(2I+1)(2J+1)}.$$



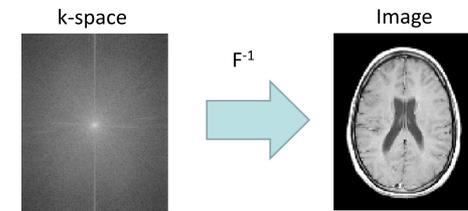
- Estimate kernel:

$$\hat{\eta}_{cz} = (\mathbf{M}_{m0}^{K*} \mathbf{M}_{m0}^K)^{-1} \mathbf{M}_{m0}^{K*} \mathbf{S}_{cz0}^K$$

- Apply to **test data** (k-space fMRI time series):

$$\hat{S}_{clkzt}^K = \sum_{h=1}^C \sum_{j=-J}^J \sum_{i=-I}^I \hat{\eta}_{chjiz} M_{h,\ell+j,k+i,m(z),t}^K$$

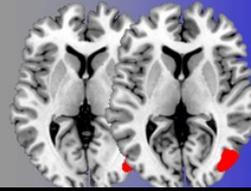
- Transform to image space:



- Calculate magnitude images:

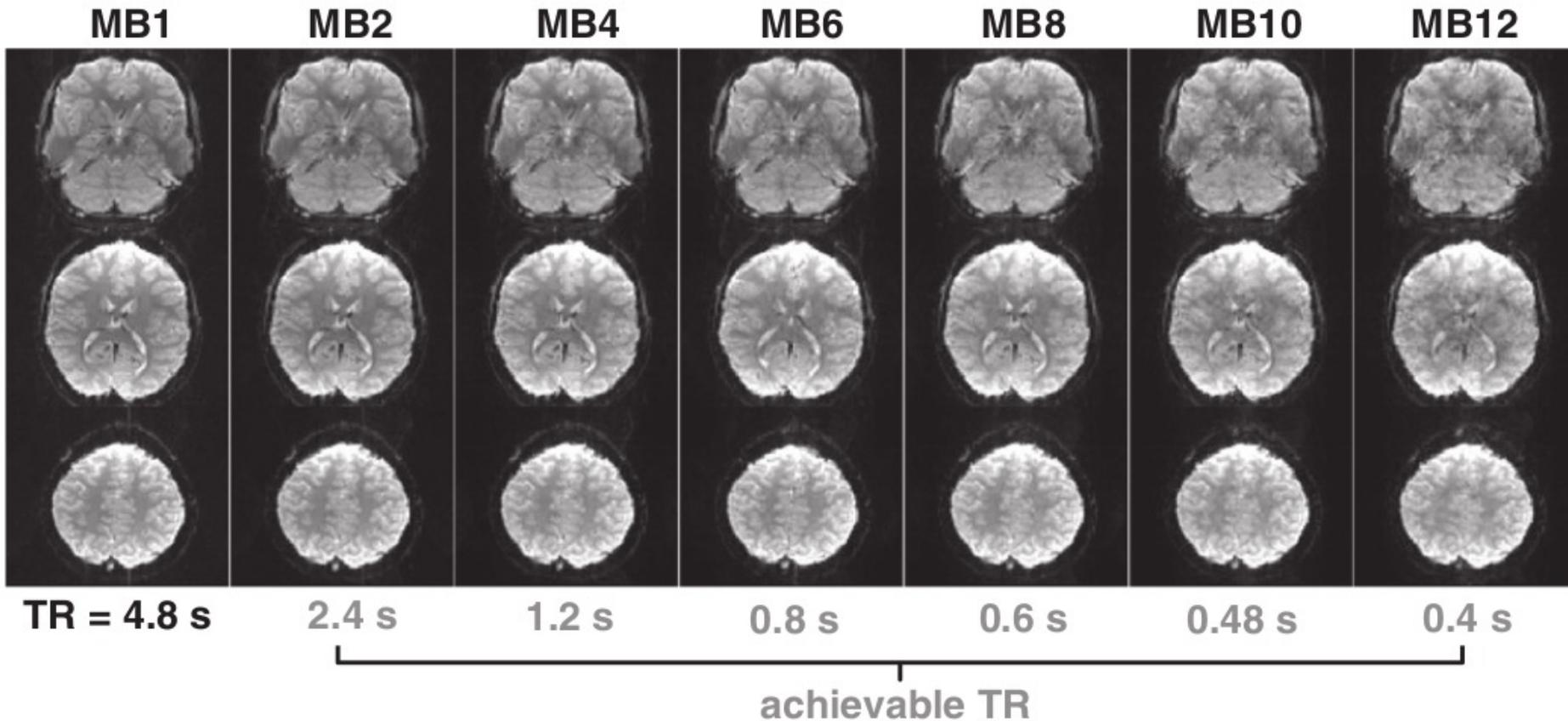
$$\hat{S}_{xyzt}^I = \sqrt{\sum_{c=1}^C \text{Re}(\hat{S}_{cxyzt}^I)^2 + \text{Im}(\hat{S}_{cxyzt}^I)^2}$$

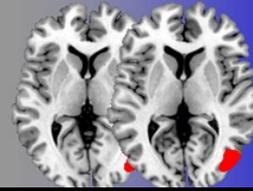
Reconstruction error



- Xu et al 2013 HCP Consortium:

Note: MB factor = SMS factor





- Risk et al 2018:

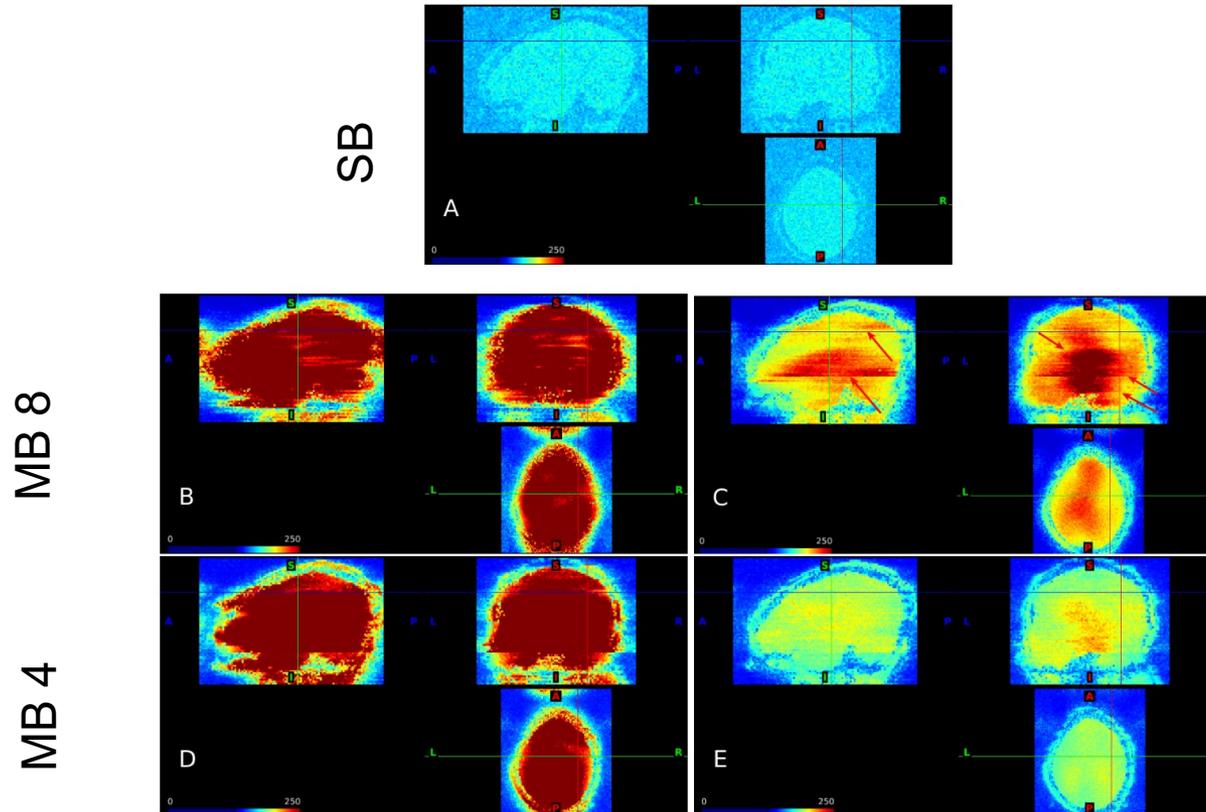
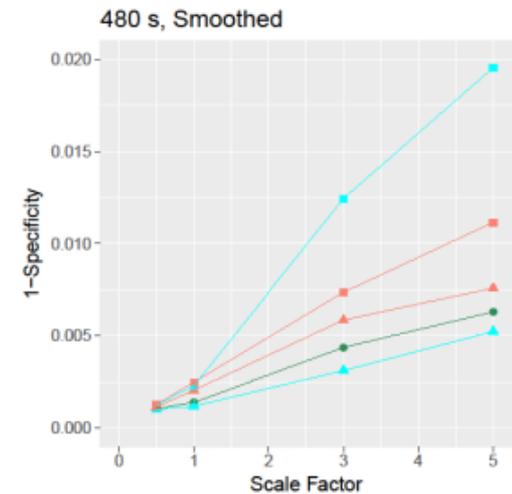
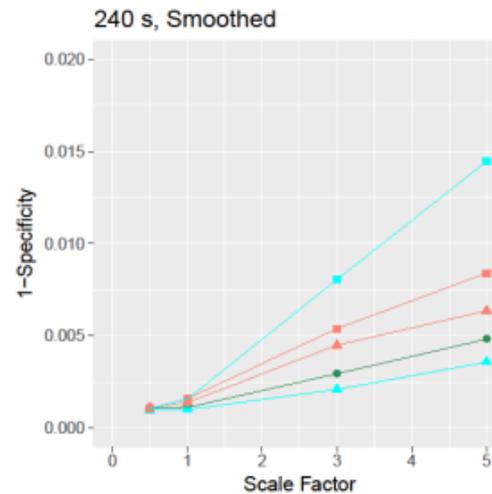
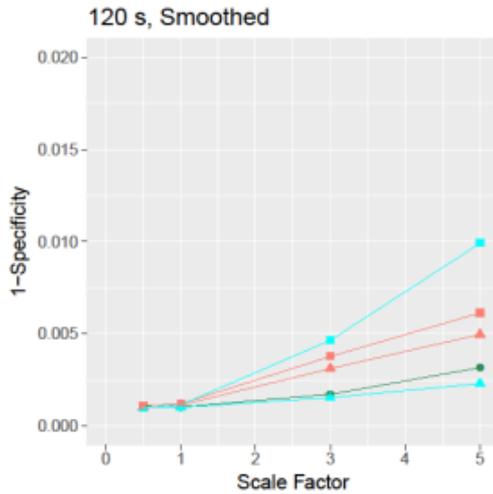
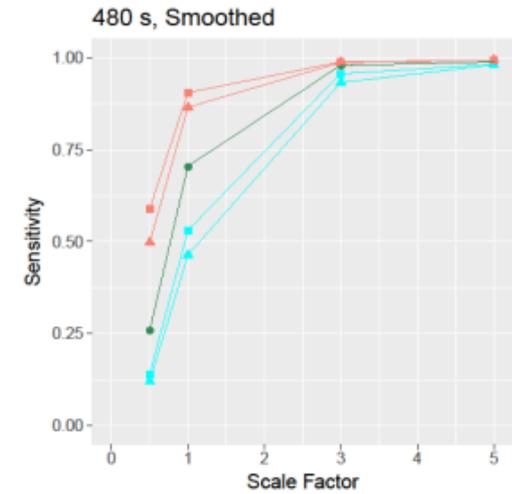
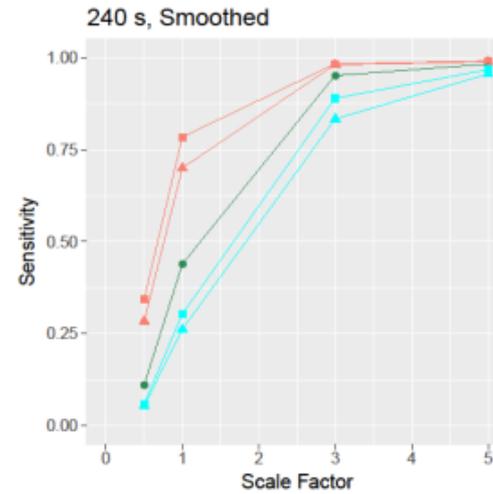
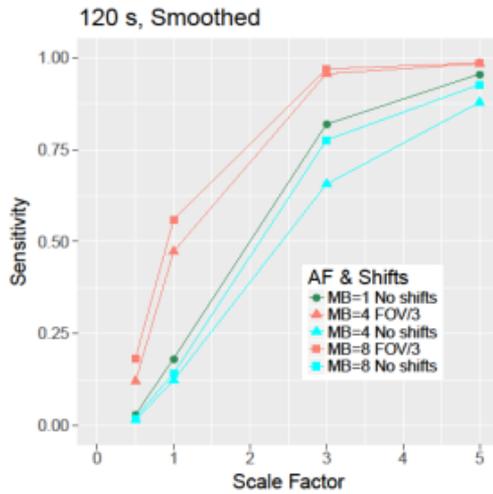
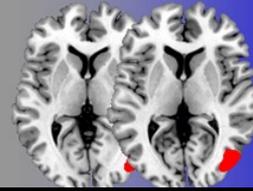


Figure 2: Noise amplification due to SMS. Standard deviation of the residuals from the GLM fit to simulations with scaling factor = 1 and scan duration = 480 s. AF = 1 (A); AF = 8 with no FOV shifts (B) and FOV/3 shifts (C); AF = 4 with no FOV shifts (D) and FOV/3 shifts (E).

Slice-GRAPPA



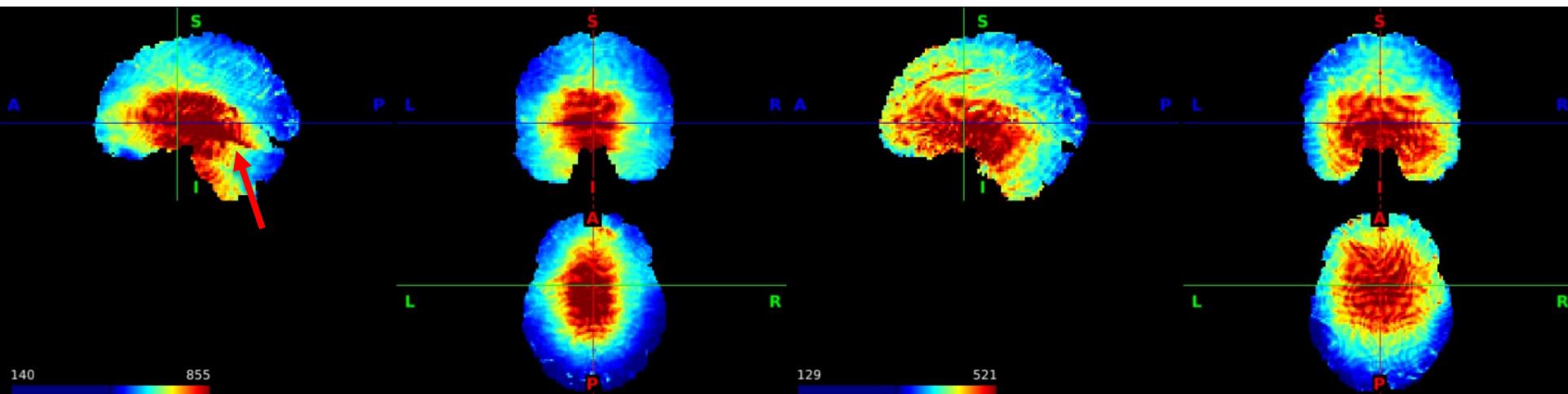
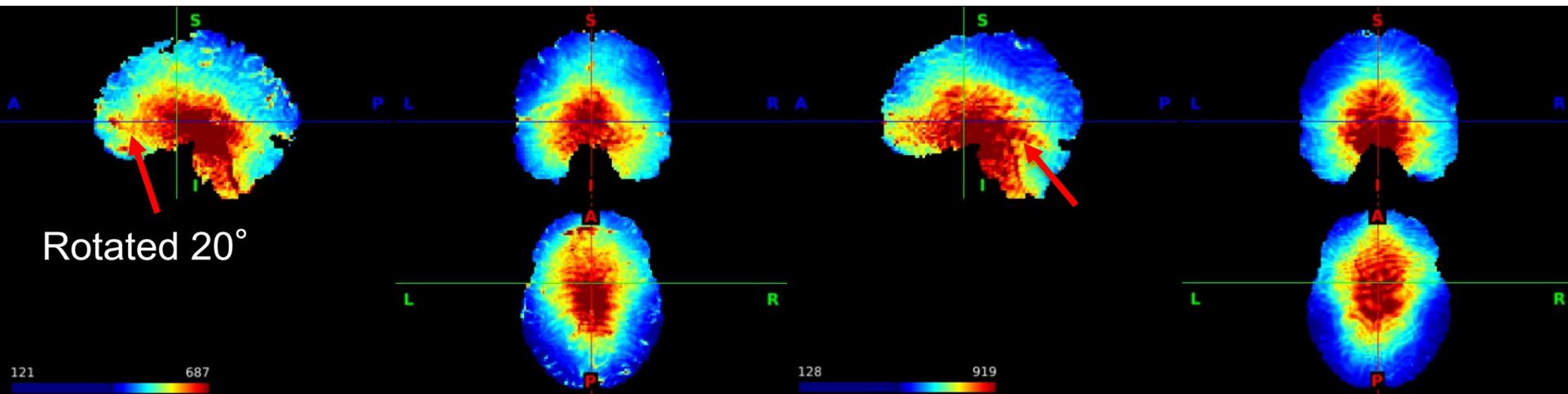
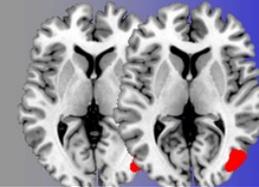
SD: ICA-FIX rs-fMRI

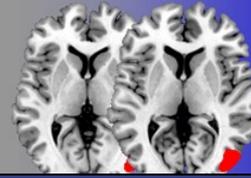


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3942. Which multiband factor should you choose for your resting-state fMRI study?

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INTRODUCTION

- Subcortical functional connectivity is important in neurological disorders.^{1,2}
- Multiband (MB) / Simultaneous Multislice (SMS) is used in rs-fMRI to increase temporal resolution.³
- Benefits of reduced TR may be decreased by noise amplification, which varies across space and is generally higher in subcortical regions.⁴

MOTIVATION

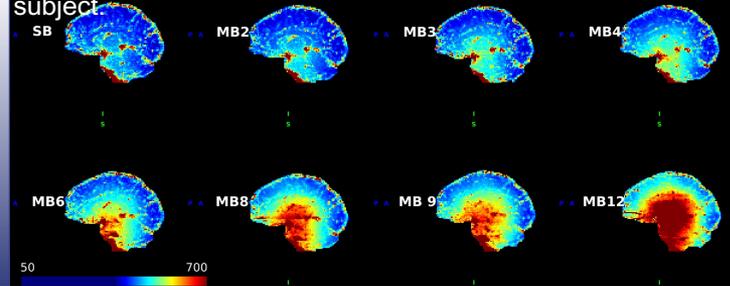
- Let $x_{v,t,r}$ denote the BOLD signal at location v , time t , and acceleration (multiband) factor r .
- For $r' > r$ (higher AF) and v in a region of high g-factor, we hypothesize

$$\begin{aligned} Cov(x_{v,t,r}, x_{v',t,r}) &\approx Cov(x_{v,t,r'}, x_{v',t,r'}) \\ sd(x_{v,t,r}) &< sd(x_{v,t,r'}) \end{aligned}$$

Then,

- $Corr(x_{v,t,r}, x_{v',t,r}) > Corr(x_{v,t,r'}, x_{v',t,r'})$.

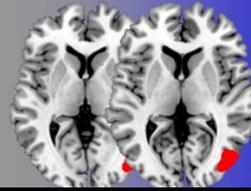
Figure 1. Standard deviation of time series for an example subject.



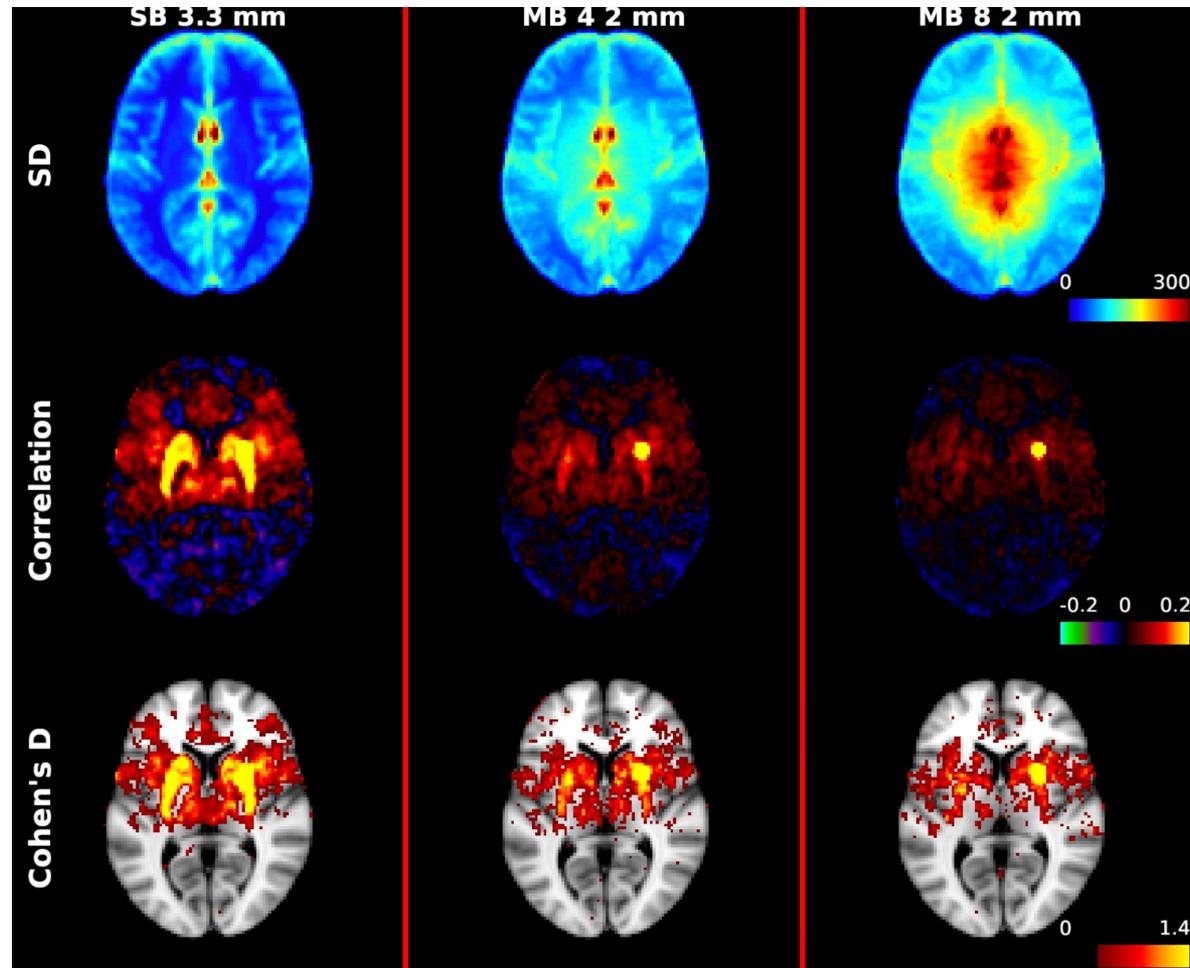
Differences in functional connectivity due to noise amplification are important:

1. The magnitudes are interpreted as strength of functional connectivity, and spatially varying g-factors may mischaracterize brain activity.
2. Smaller correlations decrease statistical power unless sufficiently offset by increases in effective sample size.

Which MB factor?



- Risk et al 2021:



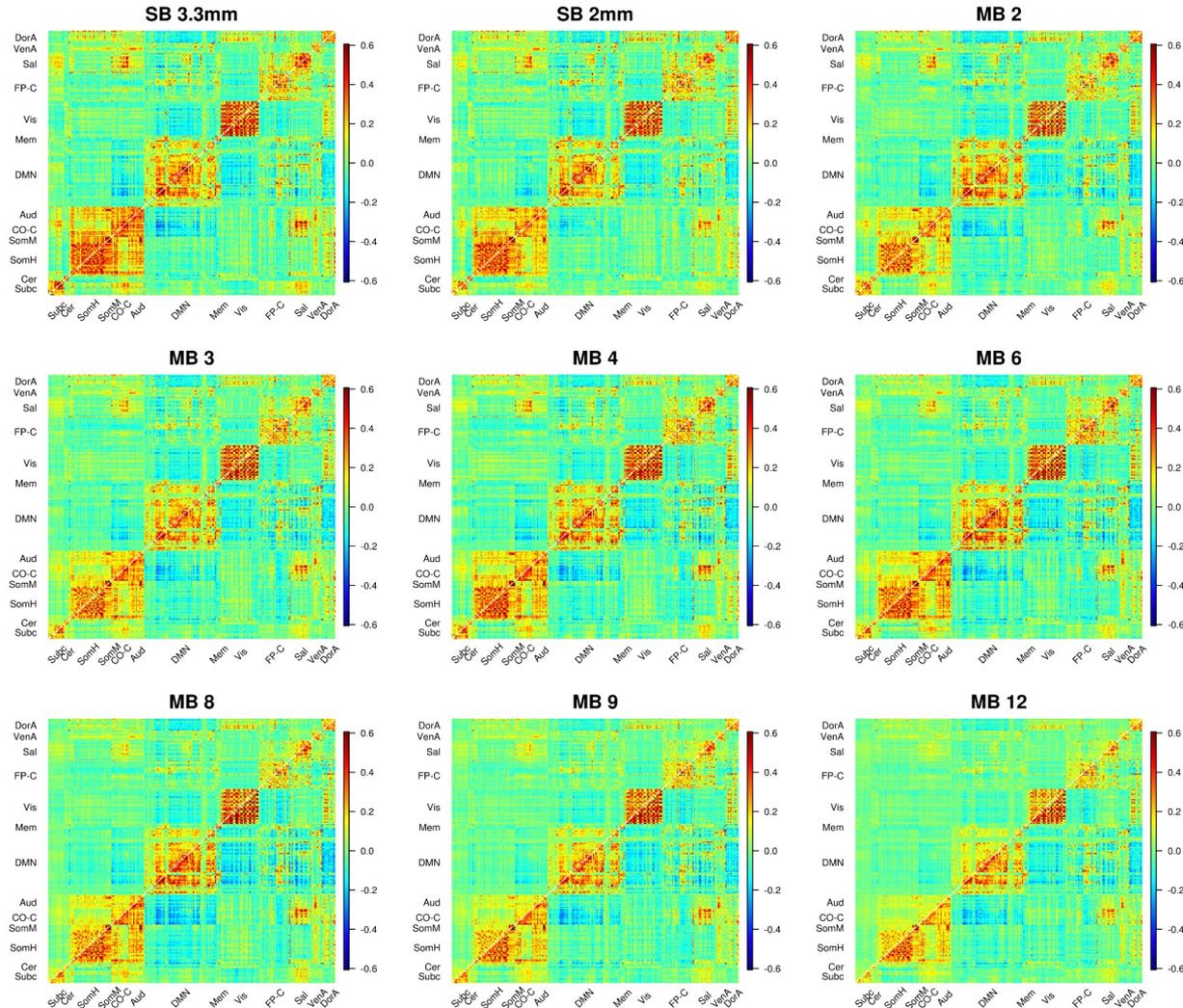
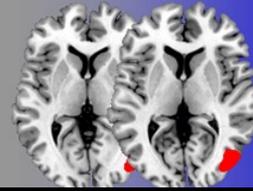
Network Analysis



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Edge density

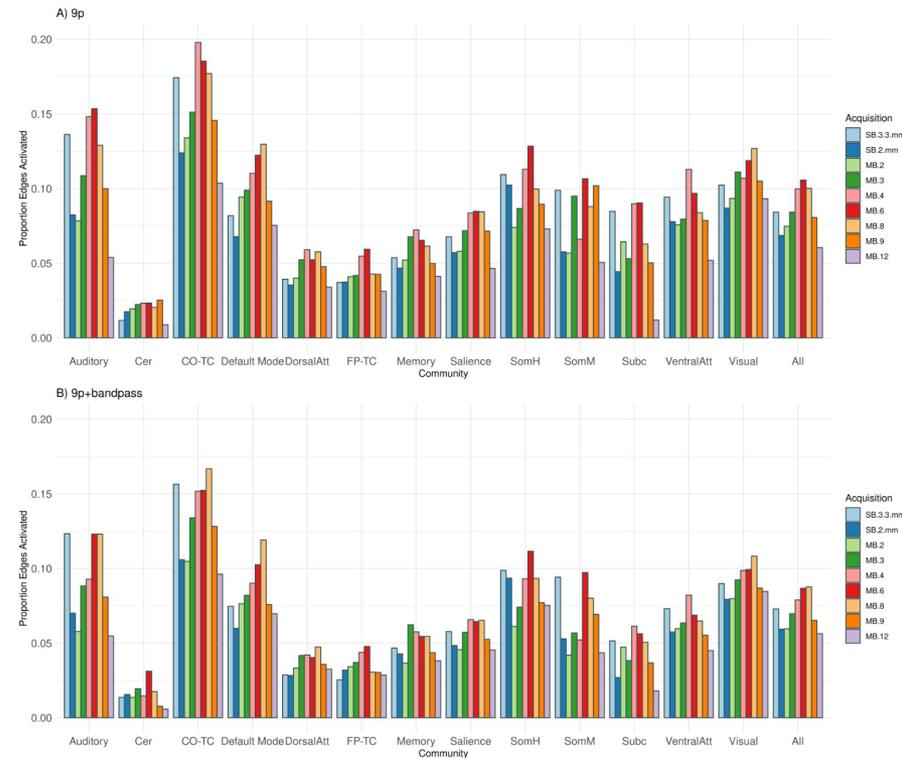
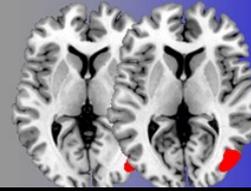


Figure 7: Edge density (number of significant correlations) for thirteen communities (auditory, cerebellum, cingulo-opercular task control, default mode, dorsal attention, fronto-parietal task control, memory, salience, somatomotor hand, somatomotor mouth, subcortical, ventral attention, and visual) and across all edges (all). The edge density for a community is defined as the proportion of significant one-sample t-statistics (using the Bonferroni-corrected α -level) for the Fisher z-transformed correlations for each edge in which at least one of the nodes is in the community. A) The number of significant correlations with 9p preprocessing tended to be higher in MB 6, MB 4, and MB 8, with the relative ranking of SB 3.3 mm depending on the community, and SB 2 mm, MB 2, MB 3, MB 9, and MB 12 tending to perform worse. Permutation tests of significant differences between MB factors appear in Web Supplement Table S.2. Similar results were obtained with 9p+spatial smoothing, shown in Web Supplement Table S.3. B) The rankings with 9p+bandpass were similar to 9p, with MB 8, 6 and 4 tending to be higher than others and SB 2 mm, MB 2, MB 9, and MB 12 lower. Permutation tests of significant differences between MB factors appear in Web Supplement Table S.4. Overall, 9p+bandpass had lower edge density compared to 9p, with significant differences displayed in Web Supplement Table S.5.