

FMRI based on Blood Oxygenation Level Dependence (BOLD) contrast

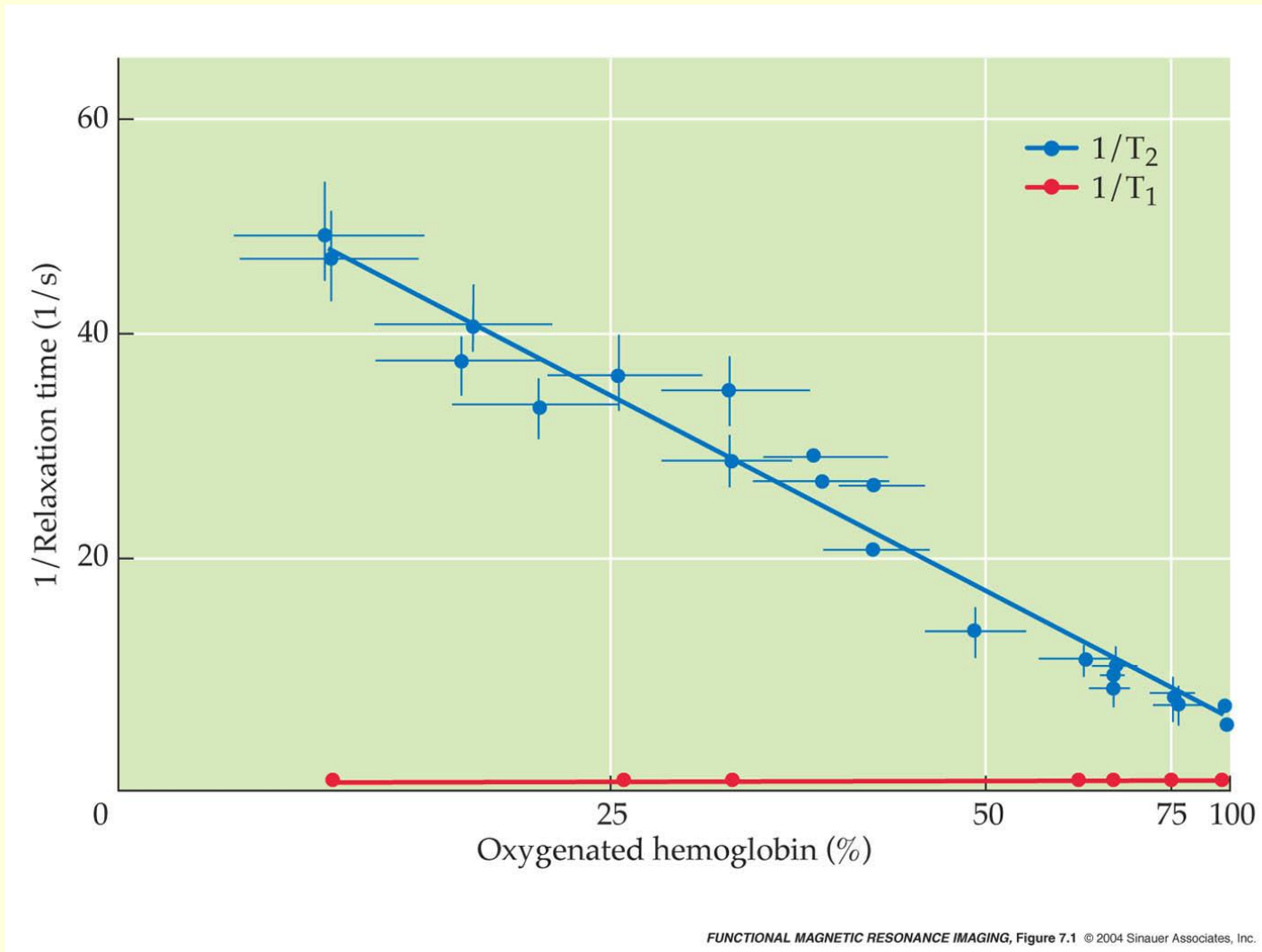
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Contrast Agents in MRI

- Definition: Substances that alter magnetic susceptibility of tissue or blood, leading to changes in MR signal
 - Affects local magnetic homogeneity: decrease in T_2^*
- Two types
 - Exogenous: Externally applied, non-biological compounds (e.g., Gd-DTPA)
 - Endogenous: Internally generated biological compound (e.g., deoxyhemoglobin, dHb)

Blood Deoxygenation affects T_2^* Decay



BOLD Endogenous Contrast

- Blood Oxygenation Level Dependent Contrast
 - Deoxyhemoglobin is paramagnetic
 - Magnetic susceptibility of blood increases linearly with increasing Deoxygenation
- Oxygen is extracted during passage through capillary bed
 - Brain arteries are fully oxygenated
 - During activation Venous (and capillary) blood has increased proportion of Deoxyhemoglobin
 - Then oxygen is compensated in veins
 - Difference between oxy and deoxy states becomes greater for veins → BOLD sensitive to venous changes

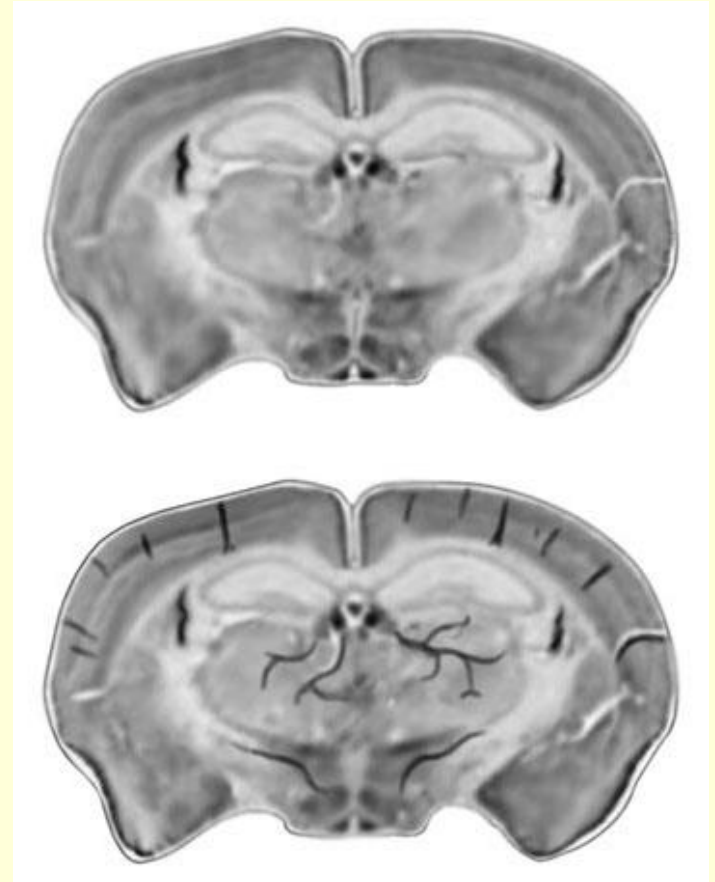
Deoxygenated Blood → Signal Loss



Oxygenated blood?
No signal loss...



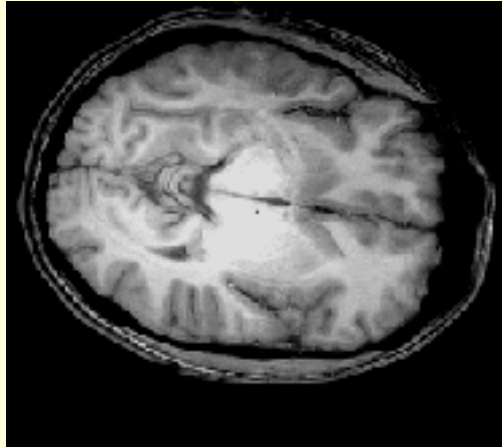
Deoxygenated blood?
Signal loss!!!



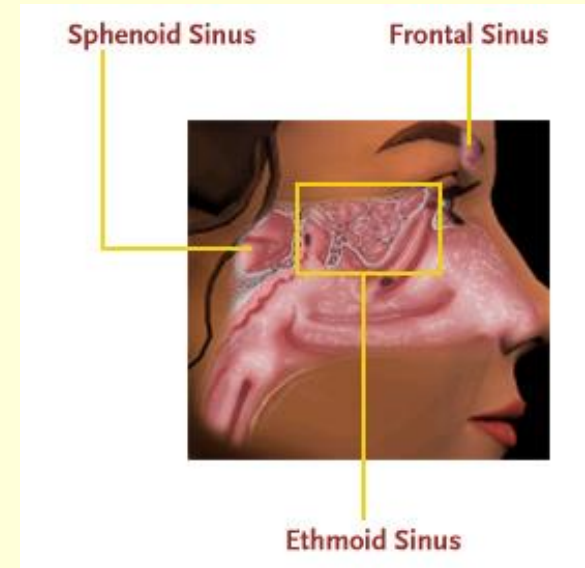
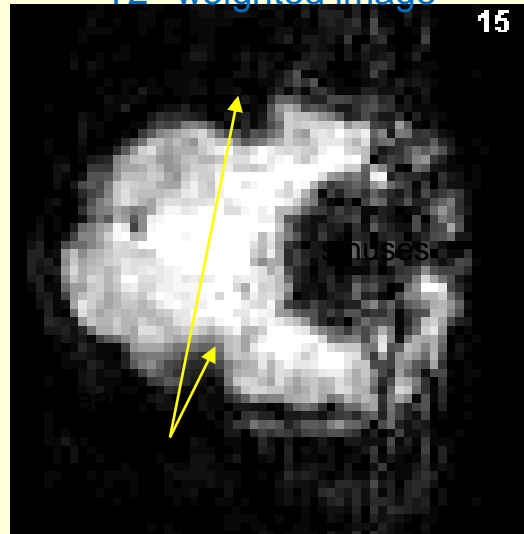
Images from Huettel, Song & McCarthy, 2004, Functional Magnetic Resonance Imaging

Susceptibility Artifacts

T1-weighted image



T2*-weighted image

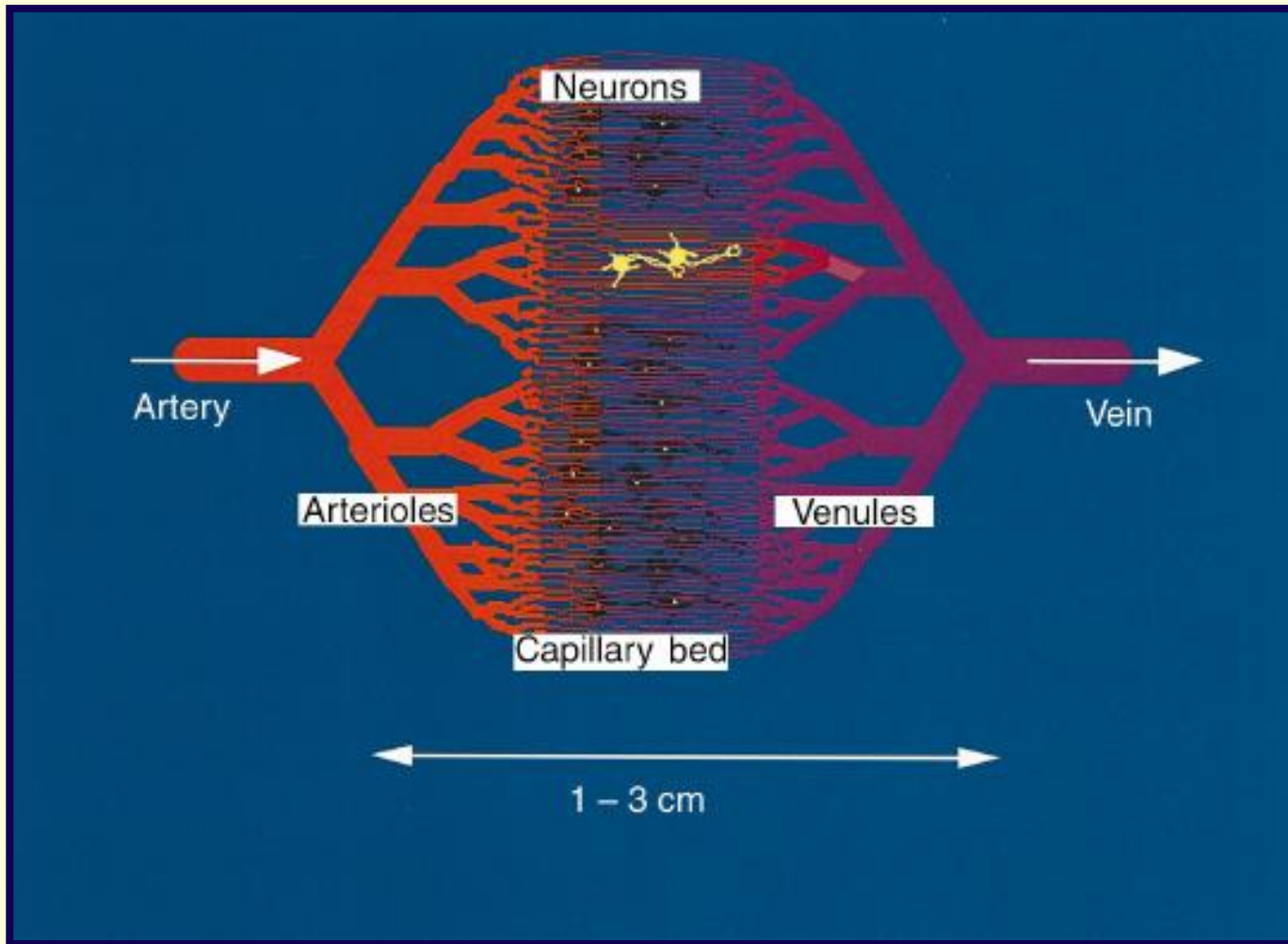


-In T2* images, artifacts occur near junctions between air (sinuses, ear canals) and tissue

Measuring Deoxyhemoglobin

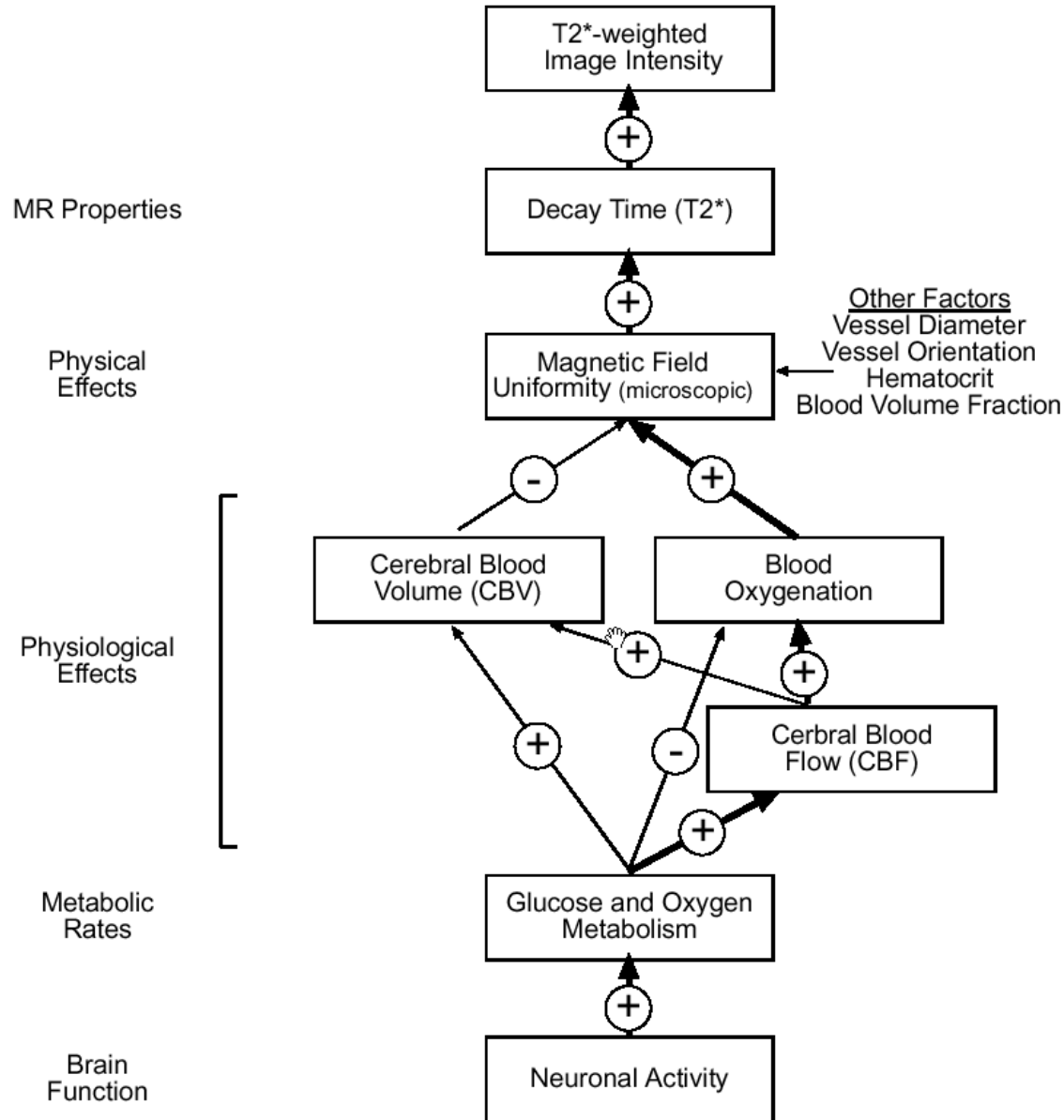
- fMRI measurements are of amount of oxyhemoglobin per voxels in Venous pool
- We assume that amount of deoxygenated hemoglobin in vein (and oxyhemoglobin in later stage) is predictive of neuronal activity

Vasculature

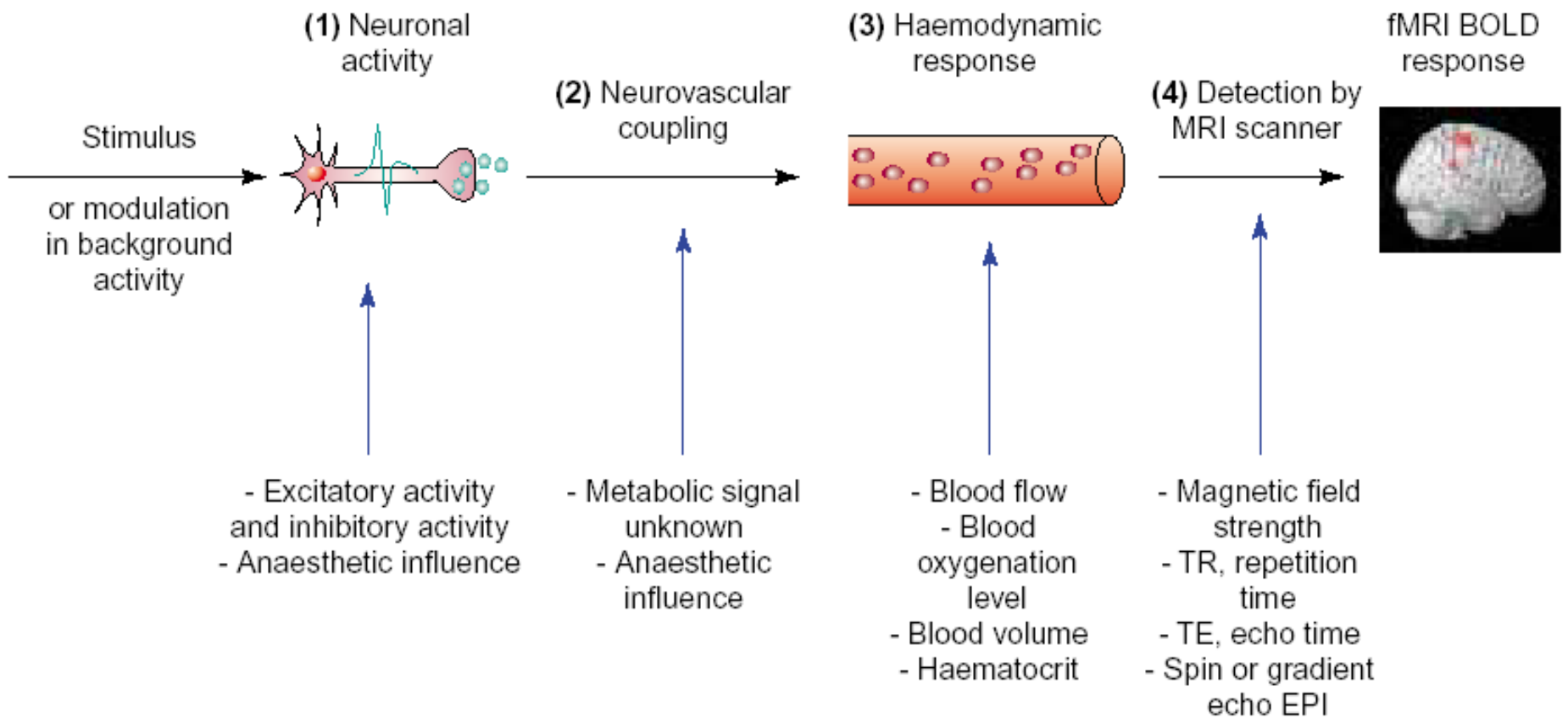


Source: Menon & Kim, TICS

BOLD signal



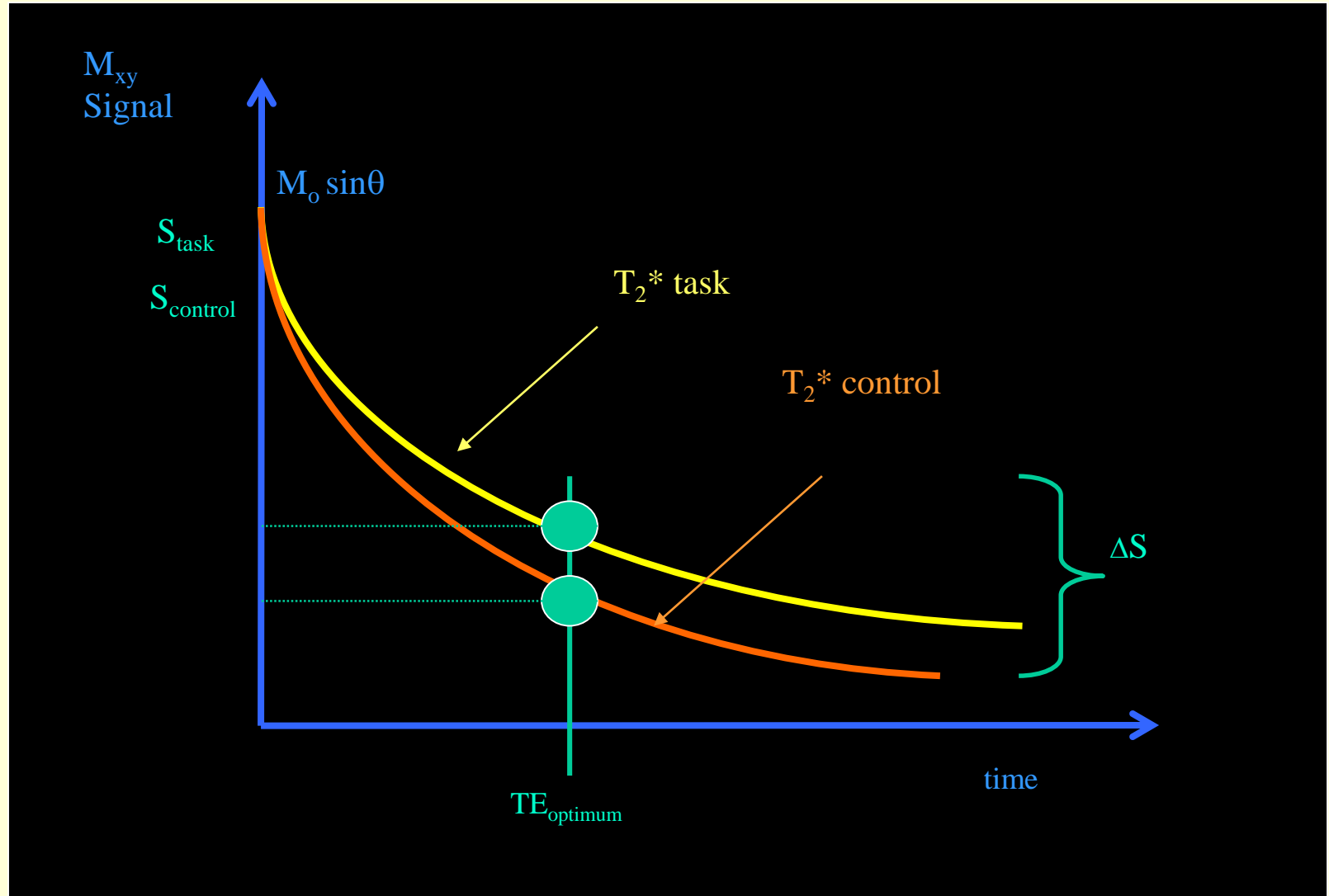
Stimulus to BOLD



TRENDS in Neurosciences

Source: Arthurs & Boniface, 2002, *Trends in Neurosciences*

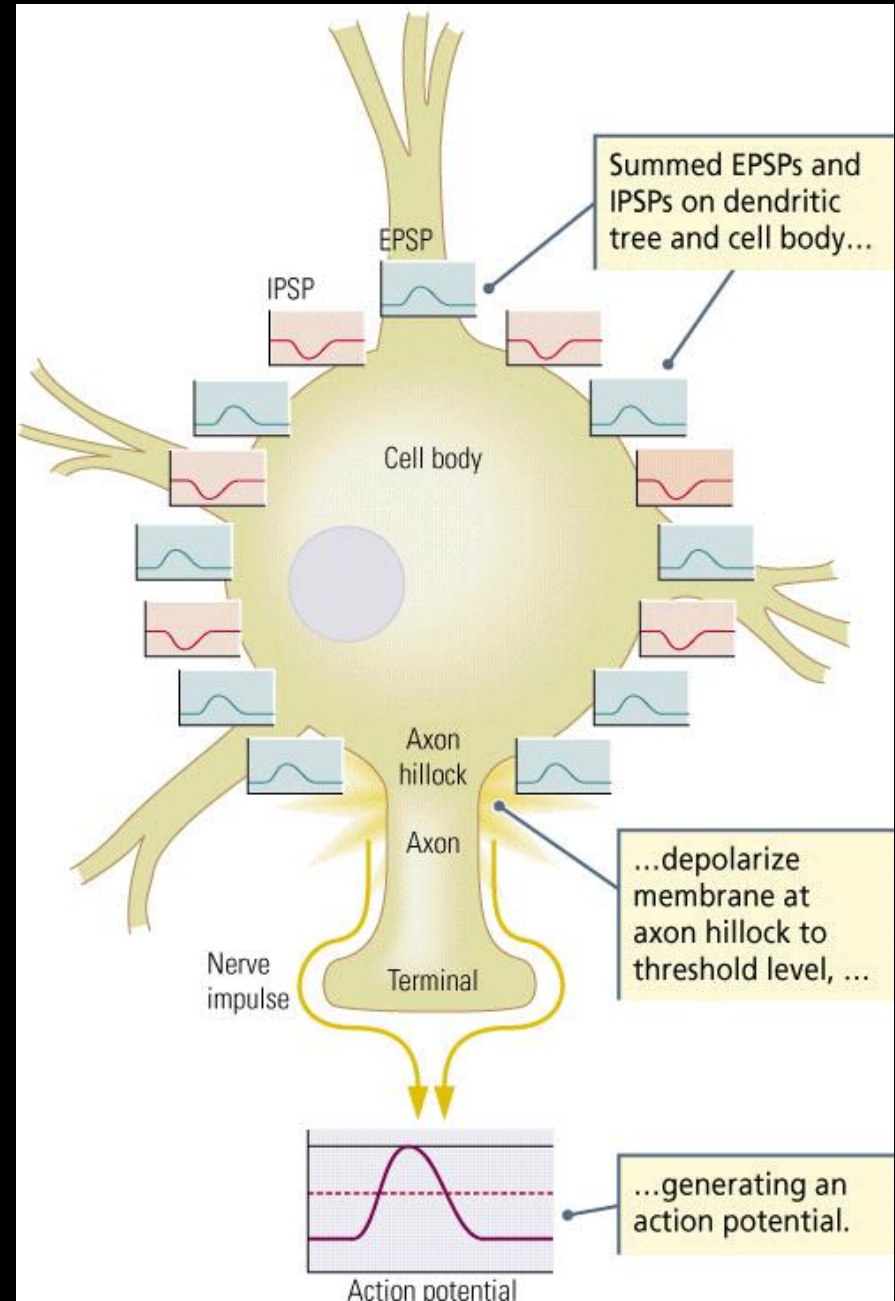
BOLD signal



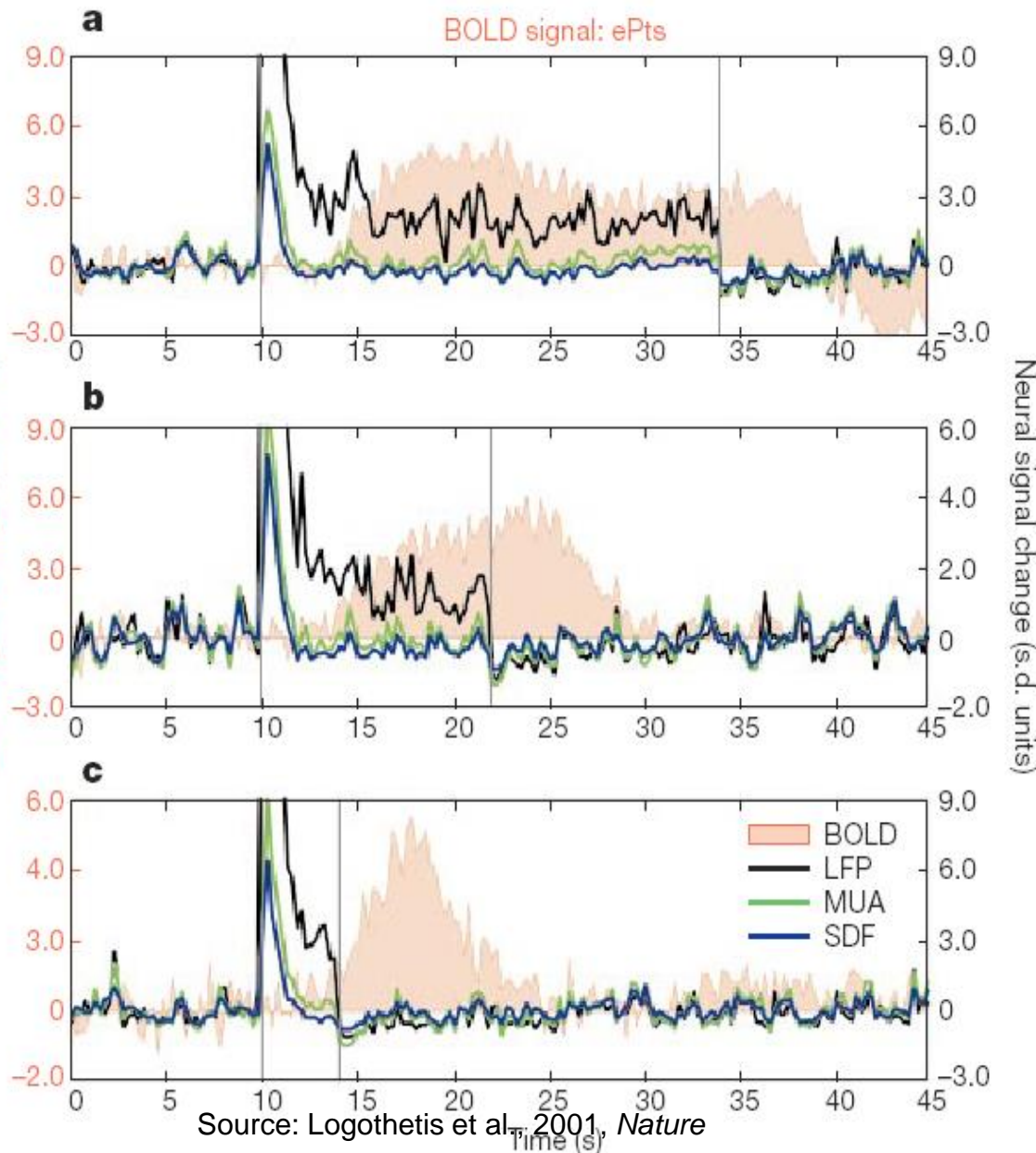
Physiology of BOLD Response (The Hemodynamic Response)

Post-Synaptic Potentials

- The inputs to a neuron (**post-synaptic potentials**) increase (excitatory PSPs) or decrease (inhibitory PSPs) the **membrane voltage**
- If the **summed PSPs** at the axon hillock push the voltage above the threshold, the neuron will fire an **action potential**



BOLD Correlations



Local Field Potentials (LFP)

- reflect **post-synaptic potentials**
- similar to what EEG (ERPs) and MEG measure

Multi-Unit Activity (MUA)

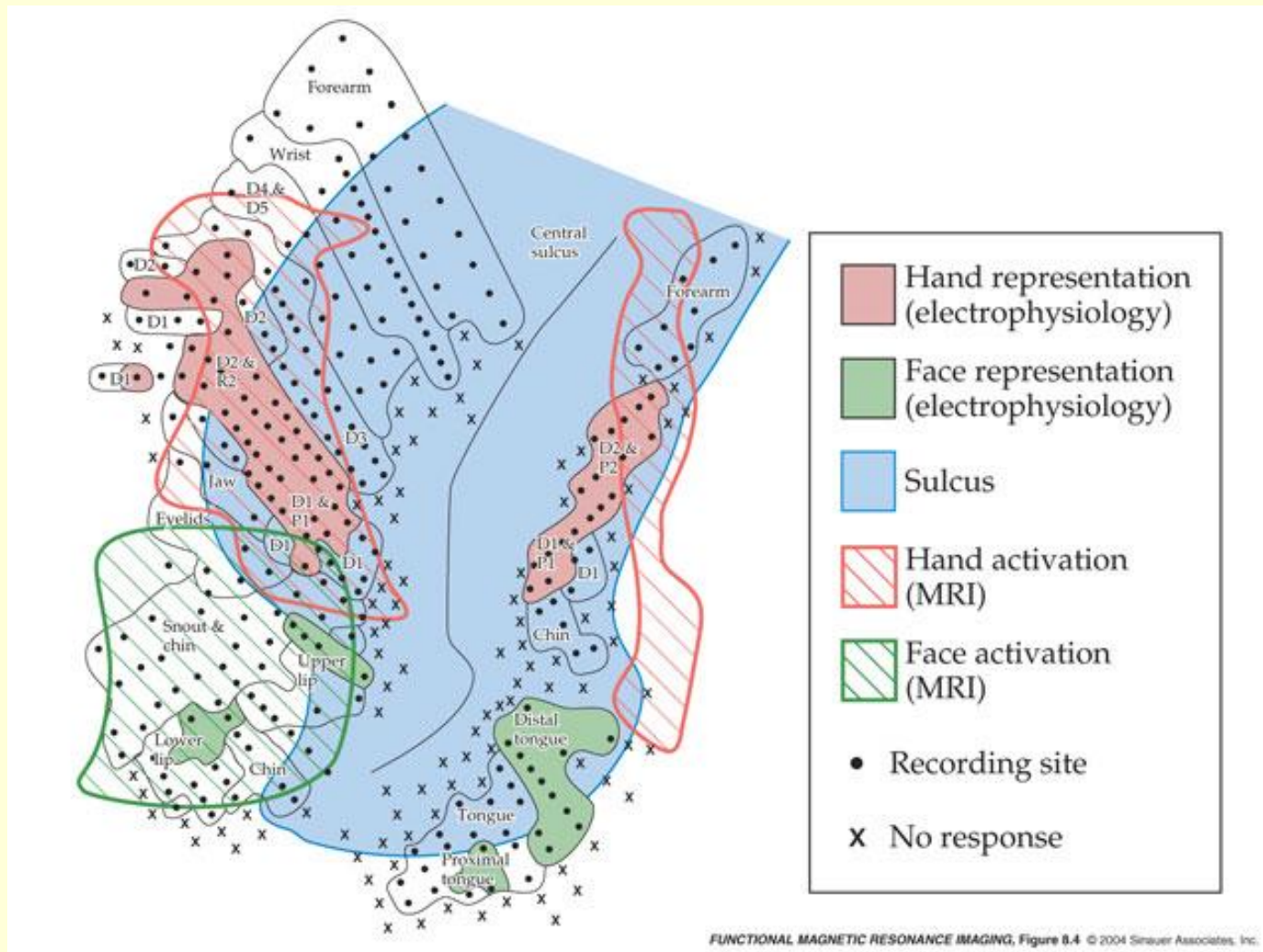
- reflects **action potentials**
- similar to what most electrophysiology measures

BOLD activity

- is more closely related to **LFPs** than MUA

- **SDF** = spike-density function

Comparing Electrophysiology and BOLD

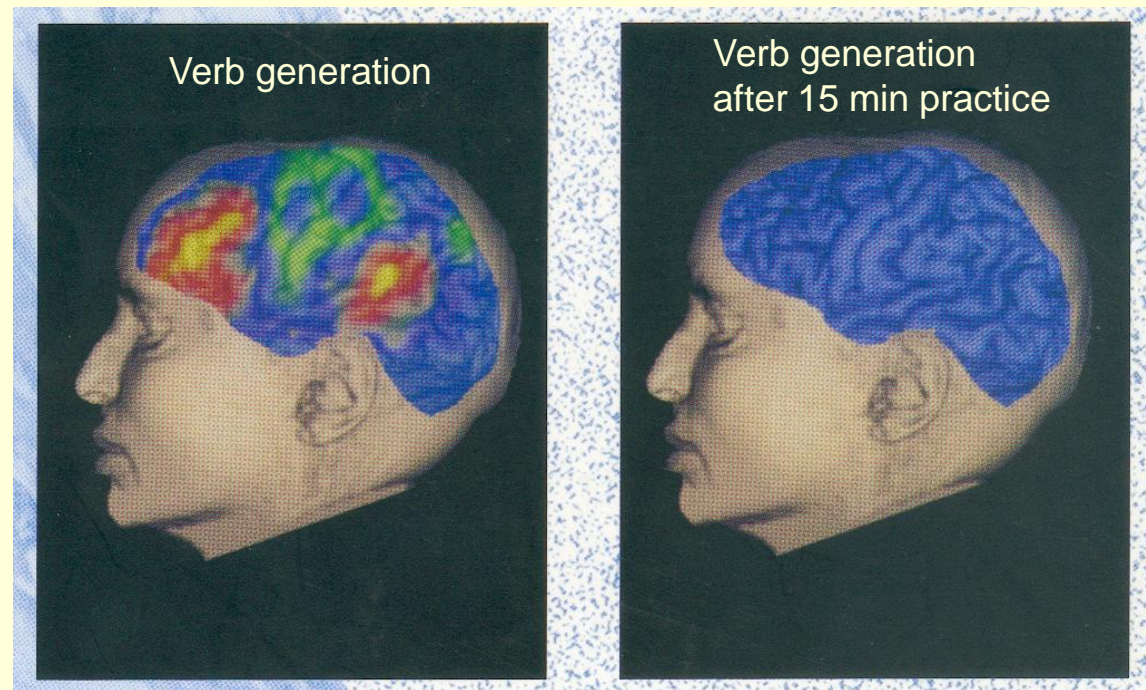


Data Source: Disbrow et al., 2000, *PNAS*

Figure Source, Huettel, Song & McCarthy, *Functional Magnetic Resonance Imaging*

fMRI Measures the Population Activity

- fMRI may not match single neuron physiology results
- population activity depends on
 - how active the neurons are
 - how many neurons are active



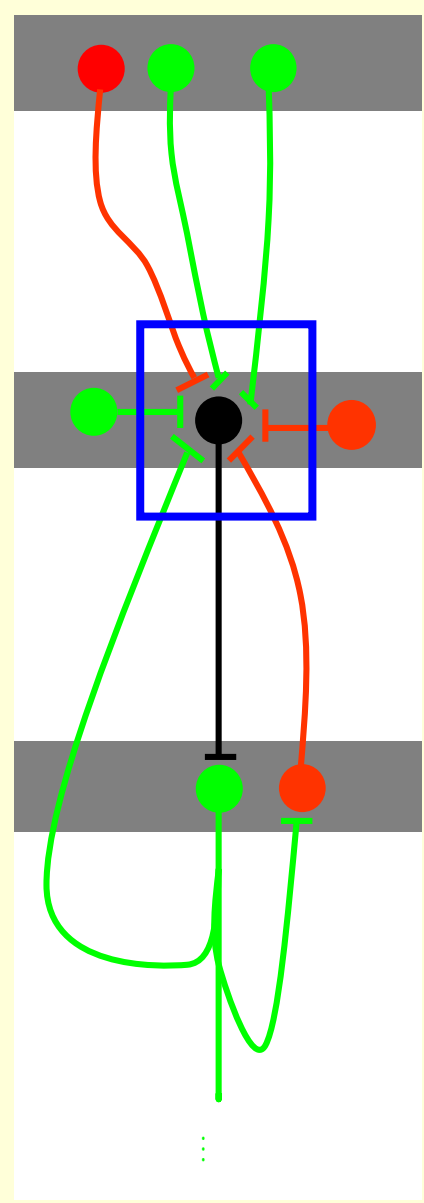
*Ideas from: Scannell & Young, 1999,
Proc Biol Sci*

Raichle & Posner, Images of Mind cover image

Lower tier area
(e.g., thalamus)

Middle tier area
(e.g., V1, primary visual cortex)

Higher tier area
(e.g., V2, secondary visual cortex)



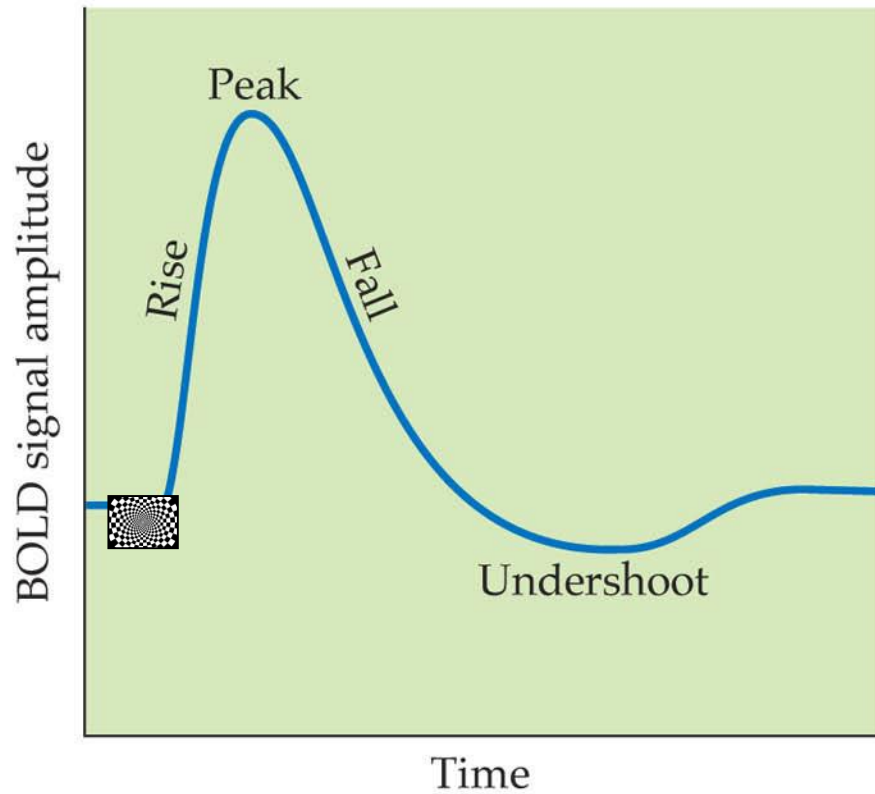
gray matter
(dendrites, cell bodies
& synapses)

white matter
(axons)

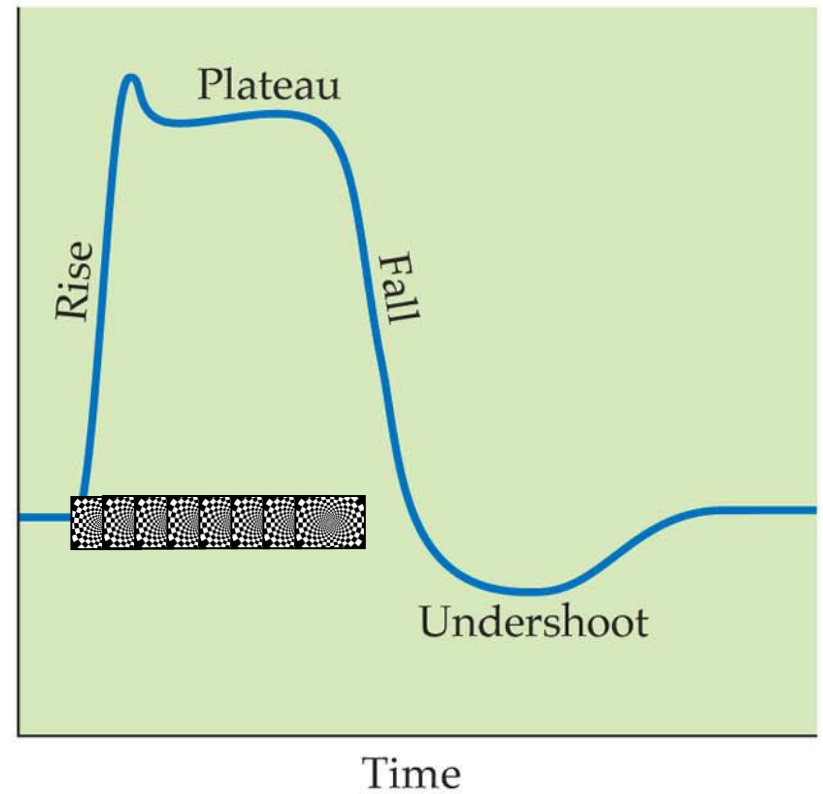
- Will *BOLD* activation from the blue voxel reflect:
- output of the black neuron (*action potentials*)?
 - *excitatory* input (green synapses)?
 - *inhibitory* input (red synapses)?
 - inputs from the *same layer*?
 - *feedforward* projections (from lower-tier areas)?
 - *feedback* projections (from higher-tier areas)?

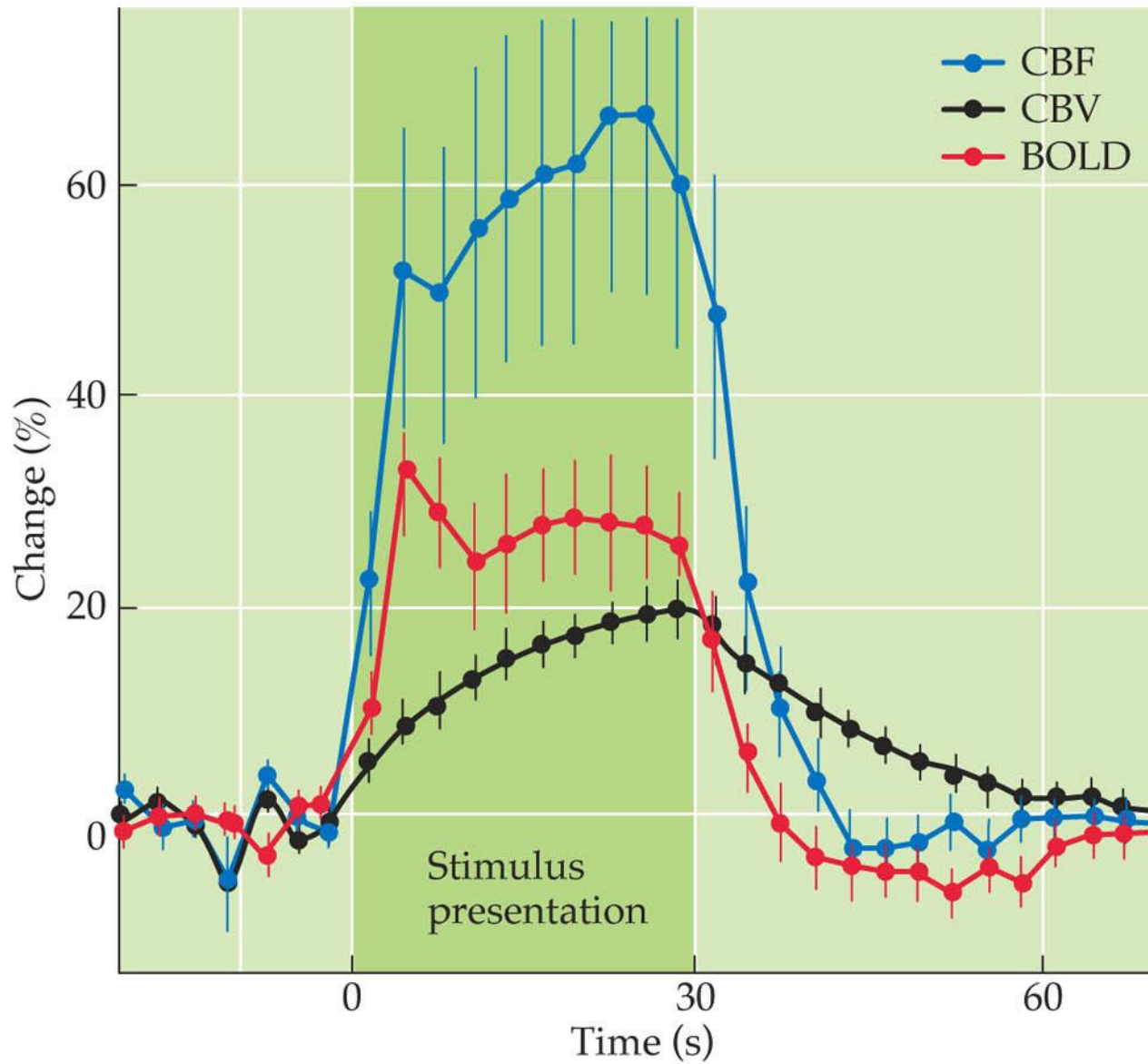
Basic Form of Hemodynamic Response

(A)

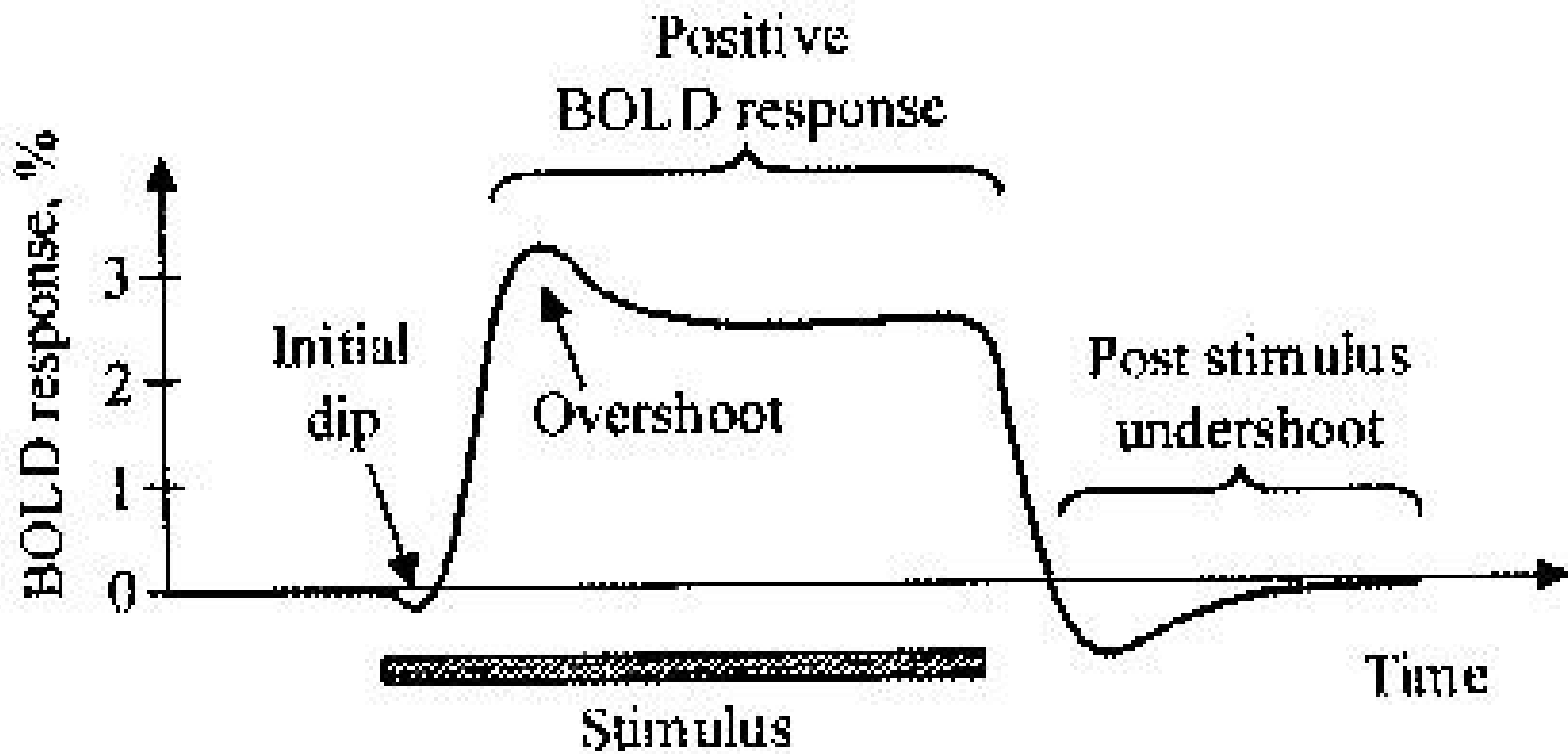


(B)





BOLD Time Course



Amplitude of the HDR

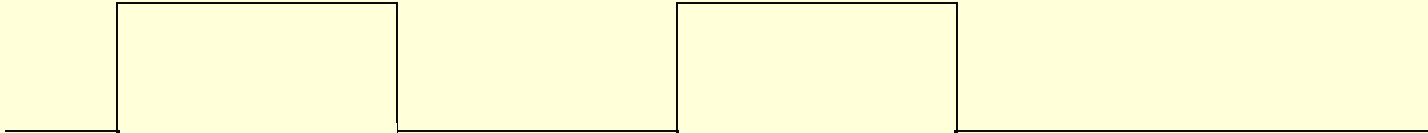
- Peak signal change dependent on:
 - Brain region
 - Task parameters
 - Voxel size
 - Field Strength

Why does the hemodynamic response matter?

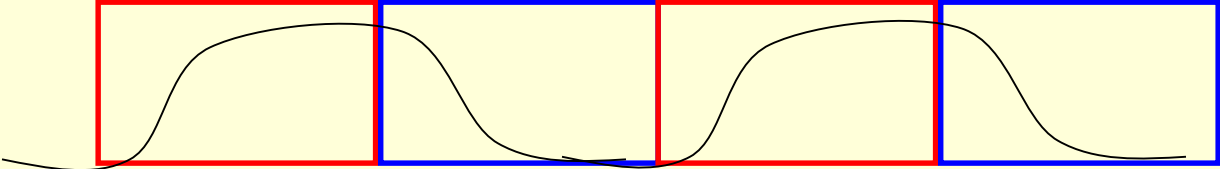
- Delay in the hemodynamic response (HDR)
 - Hemodynamic activity lags neuronal activity
- Amplitude of the HDR
- Variability in the HDR
- Linearity of the HDR
- HDR as a relative measure

The Hemodynamic Response Lags Neural Activity

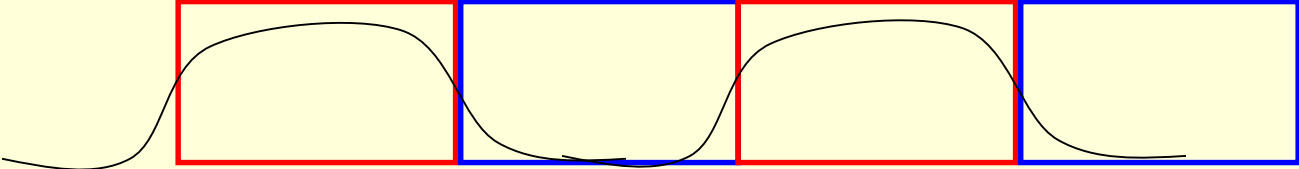
Experimental Design



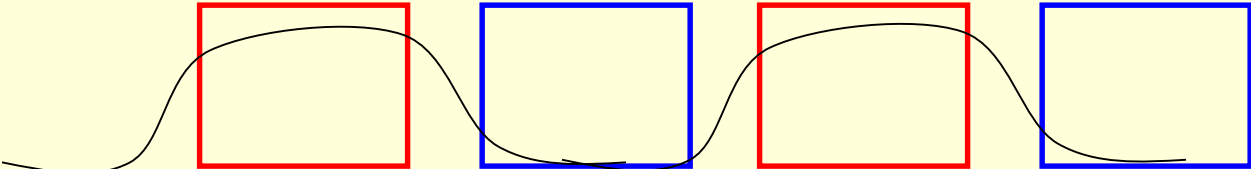
Convolving HDR



Time-shifted Epochs



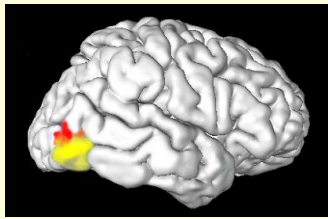
Introduction of Gaps





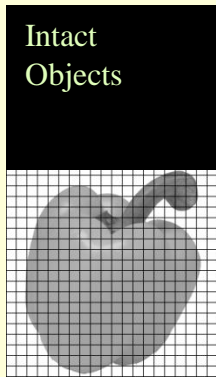
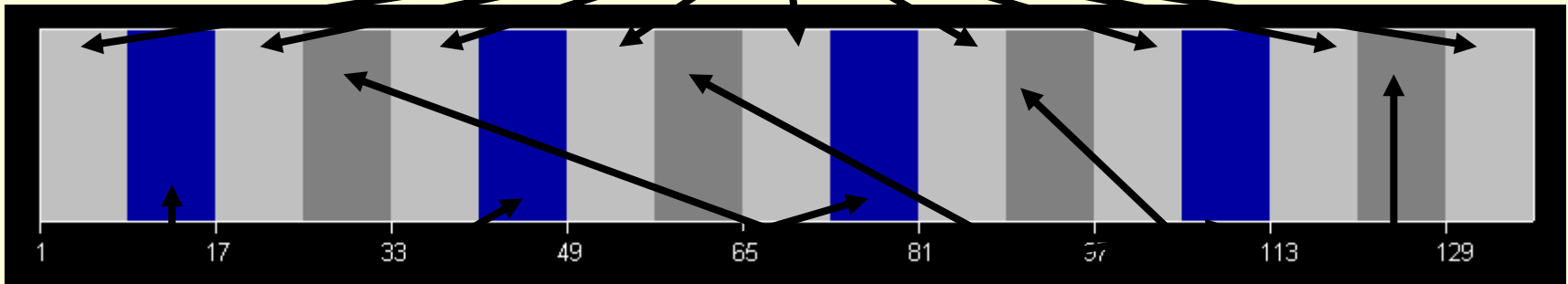
fMRI Analysis with emphasis on the general linear model

A Simple Experiment

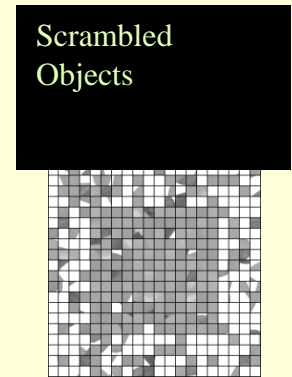


Lateral Occipital Complex
• responds when subject views objects

Blank
Screen



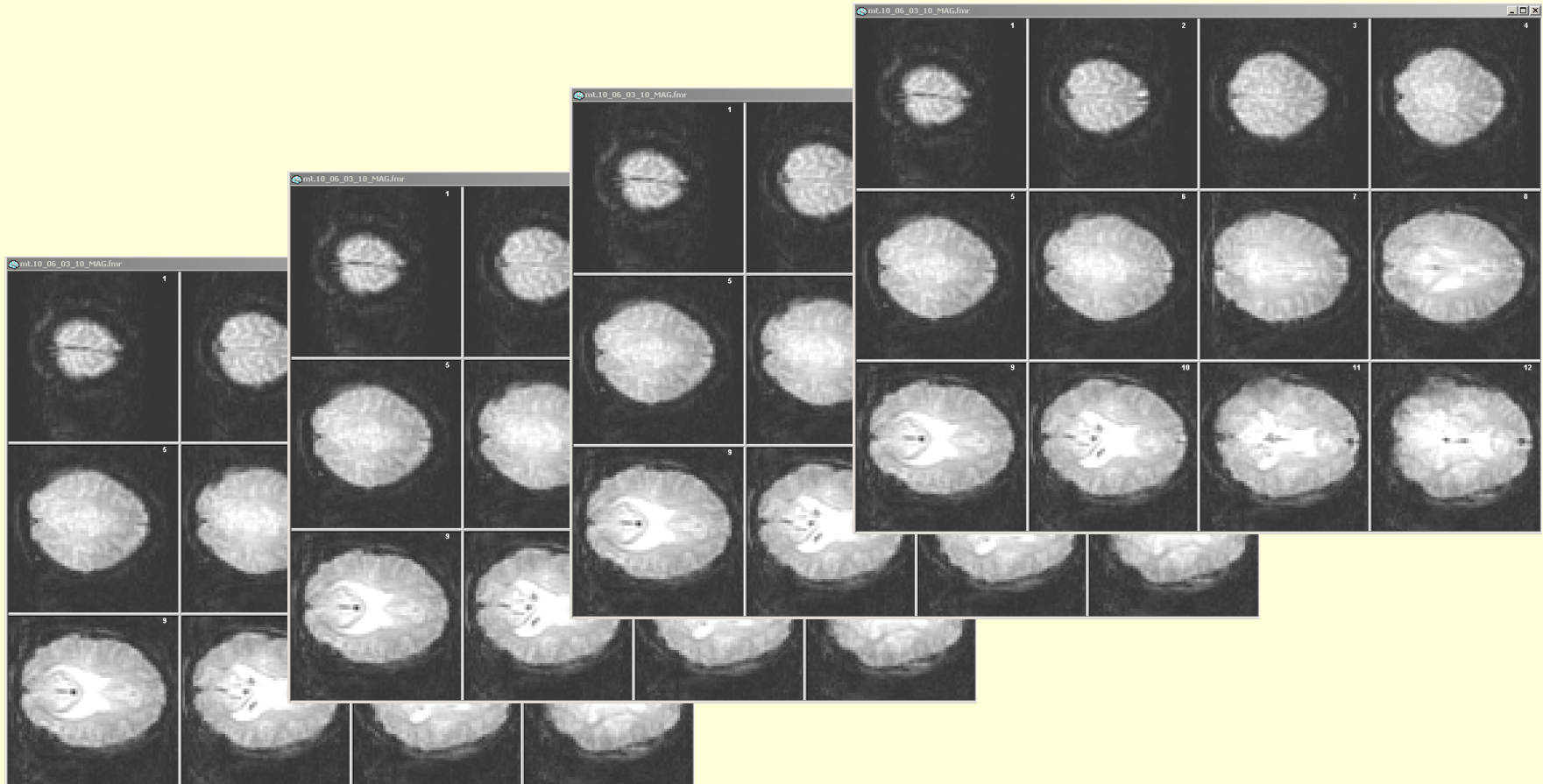
TIME →



Condition changes every 16 seconds (8 volumes per Block), 17 block
One volume (12 slices) every 2 seconds

for 272 seconds (4 minutes, 32 seconds)

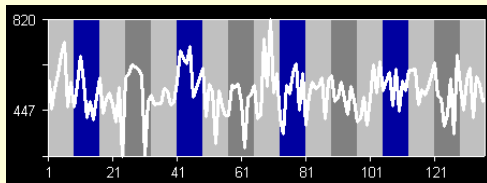
What data do we start with



- 12 slices * 64 voxels x 64 voxels = 49,152 voxels
- Each voxel has 136 time points
- Therefore, for each run, we have 6.7 million data points
- We often have several runs for each experiment

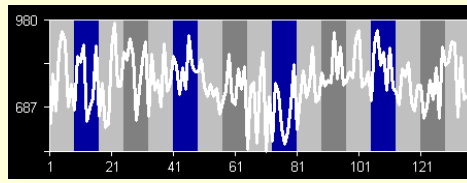
Why do we need stats?

- We could, in principle, analyze data by voxel surfing: move the cursor over different areas and see if any of the time courses look interesting

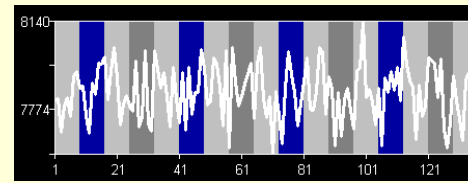


Slice 9, Voxel 0, 0

Even where there's no brain, there's noise

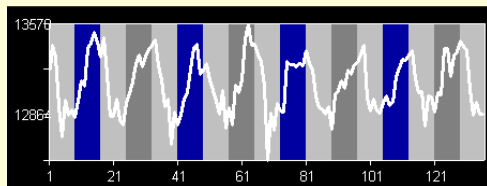


Slice 9, Voxel 1, 0



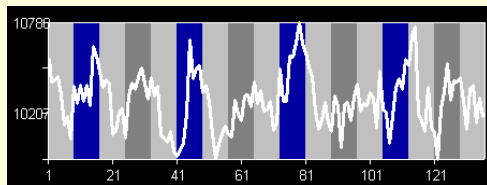
Slice 9, Voxel 22, 7

The signal is much higher where there is brain, but there's still noise



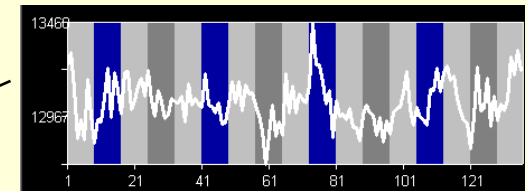
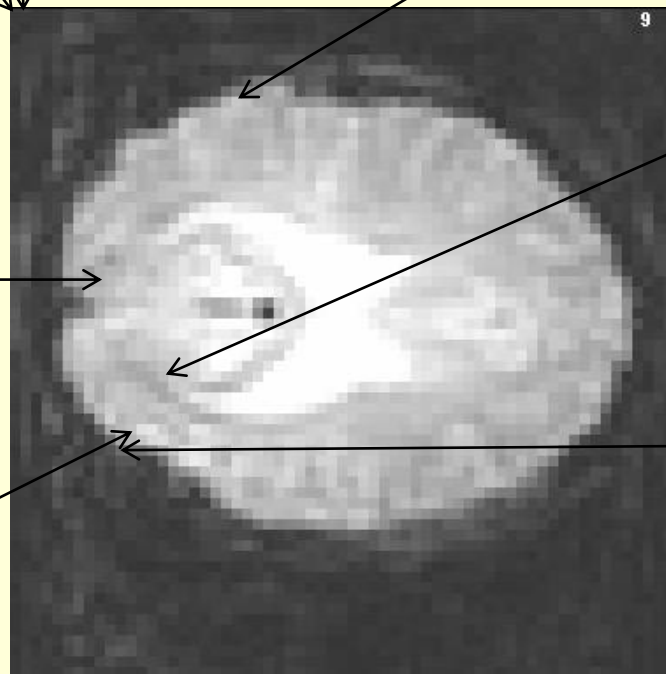
Slice 9, Voxel 9, 27

Here's a voxel that responds well whenever there's visual stimulation



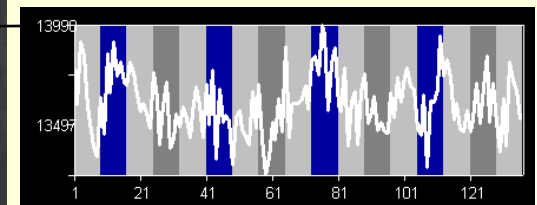
Slice 9, Voxel 13, 41

Here's one that responds well whenever there's intact objects



Slice 9, Voxel 18, 36

Here's a couple that sort of show the right pattern but is it "real"?



Slice 9, Voxel 14, 42

Types of Errors

Is the region truly active?

Does our stat test indicate that the region is active?

	Yes	No
Yes	HIT	Type I Error
No	Type II Error	Correct Rejection

p value:
probability of a Type I error

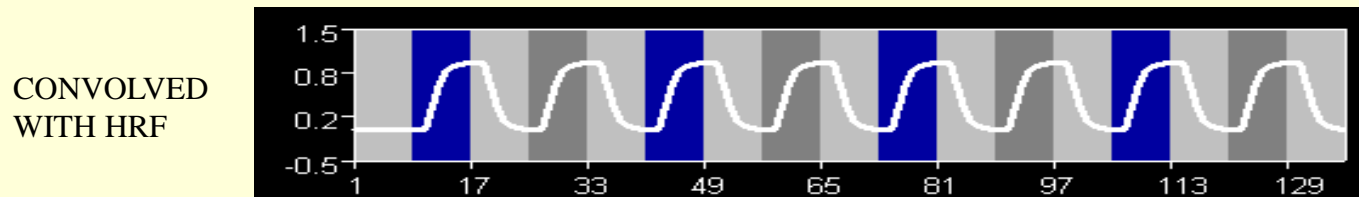
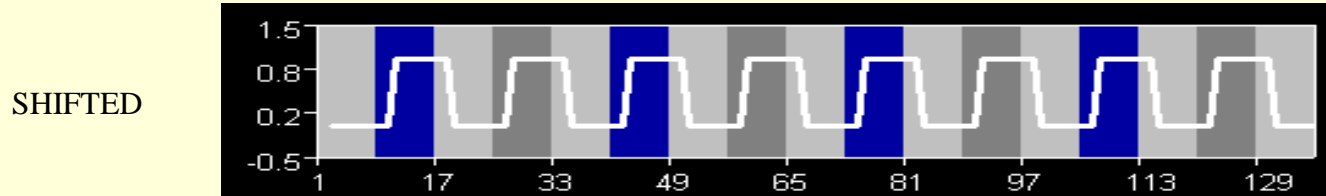
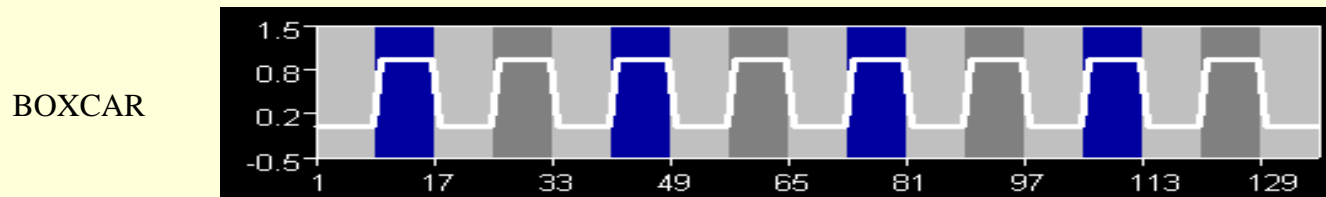
e.g., $p < .05$

“There is less than a 5% probability that a voxel our stats have declared as “active” is in reality NOT active

Modeling the Predicted activation

- It takes about 5 sec for the blood to catch up with the brain, therefore we can model the predicted activation in one of two ways:
 - shift the boxcar by approximately 5 seconds (2 images x 2 seconds/image = 4 sec, close enough)
 - convolve the boxcar with the hemodynamic response to model the shape of the true function as well as the delay

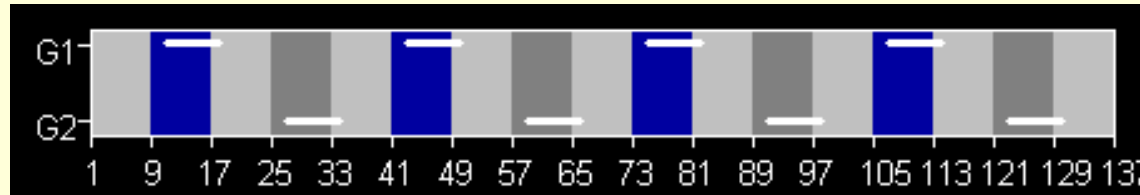
PREDICTED ACTIVATION IN VISUAL AREA



Statistical Approaches

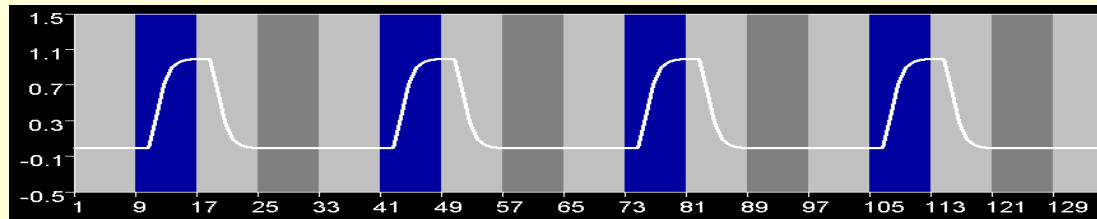
t-tests

- compare activation levels between two conditions (eg. Activation and Rest)



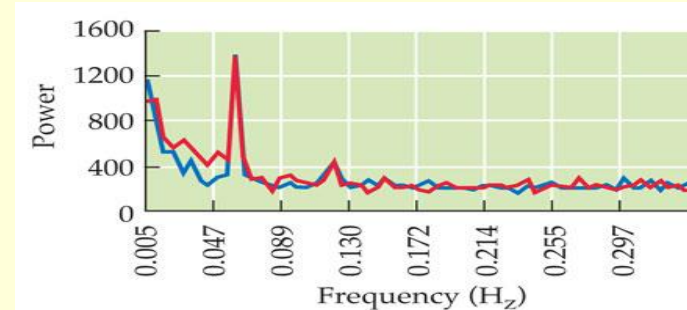
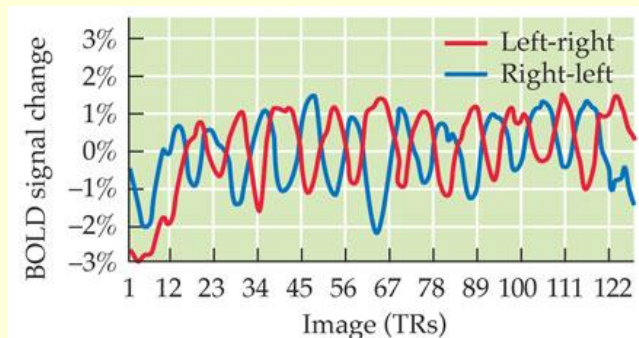
correlations

- model activation and see whether any areas show a similar pattern



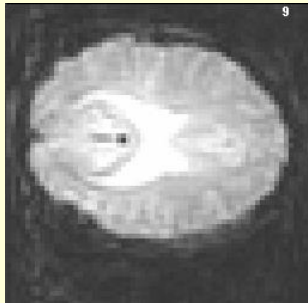
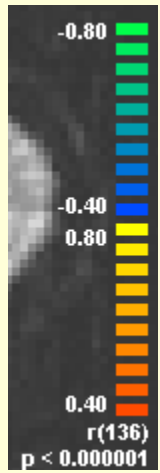
Fourier analysis

- Do a Fourier analysis to see if there is energy at your paradigm frequency

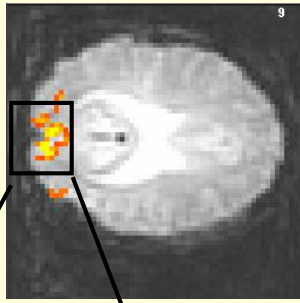


Fourier analysis images

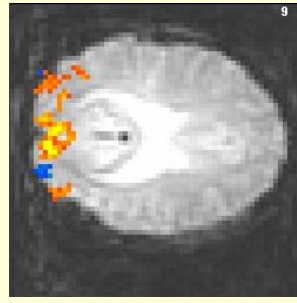
Effect of Thresholds



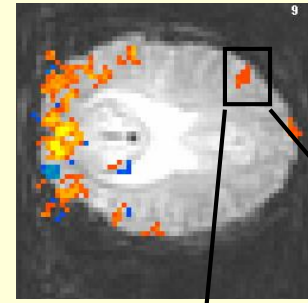
$r = .80$
64% of variance
 $p < 10^{-33}$



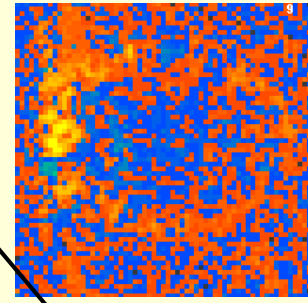
$r = .50$
25% of variance
 $p < .000001$



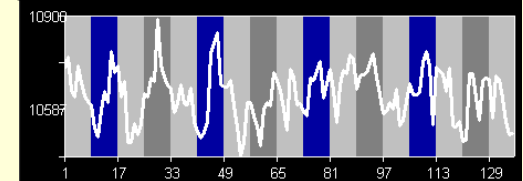
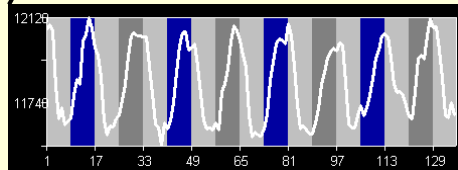
$r = .40$
16% of variance
 $p < .000001$



$r = .24$
6% of variance
 $p < .05$



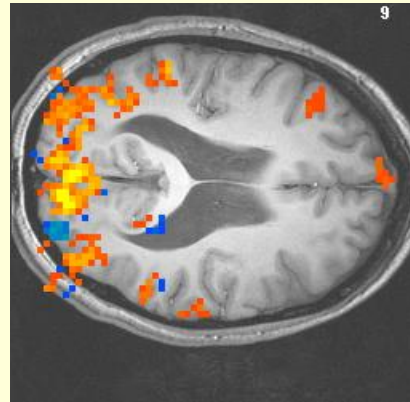
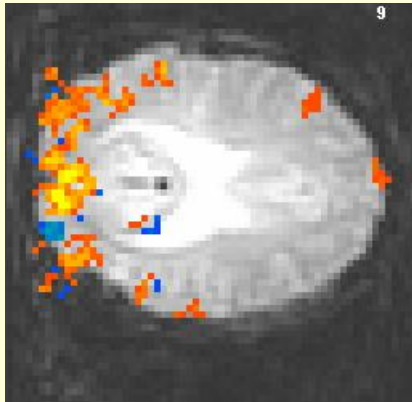
$r = 0$
0% of variance
 $p < 1$



Complications

- There are all sorts of statistical problems:

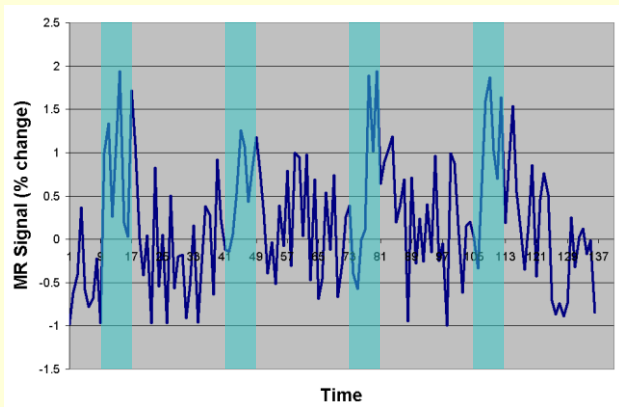
What's wrong with these data?



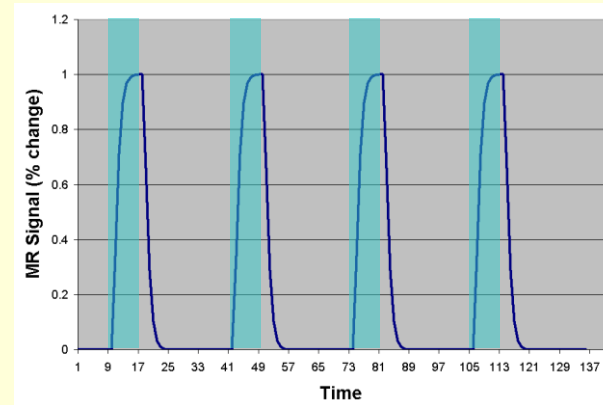
$r = .24$
6% of variance
 $p < .05$

1. data may be contaminated by **artifacts** (e.g., head motion, breathing artifacts)
2. “significant” **voxels by chance** alone.
($P=05$) * 49,152 = 2457 voxels
3. many assumptions of statistics are false.
(e.g. **adjacent voxels** uncorrelated with each other; **adjacent time** points uncorrelated with one another)

What's real?

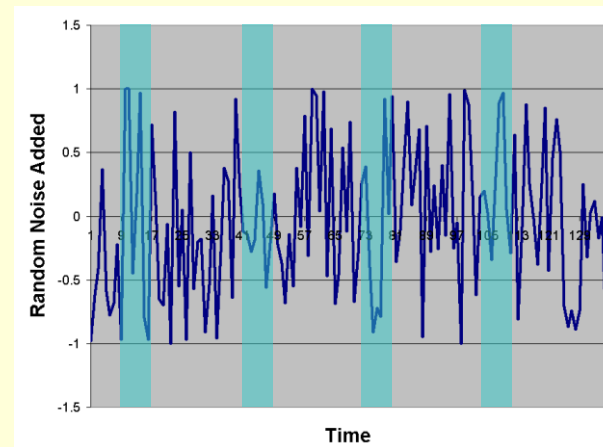


=



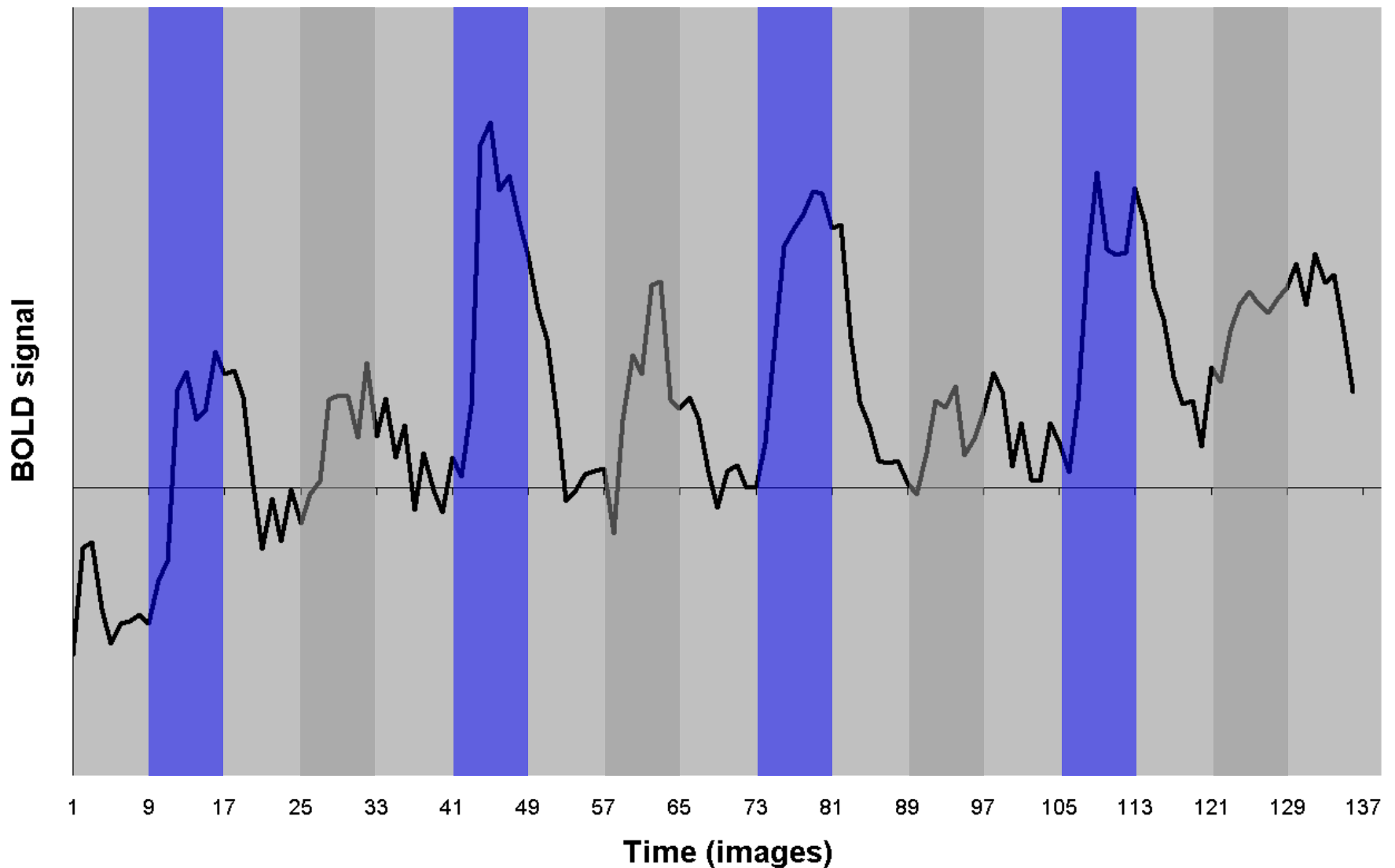
signal

+



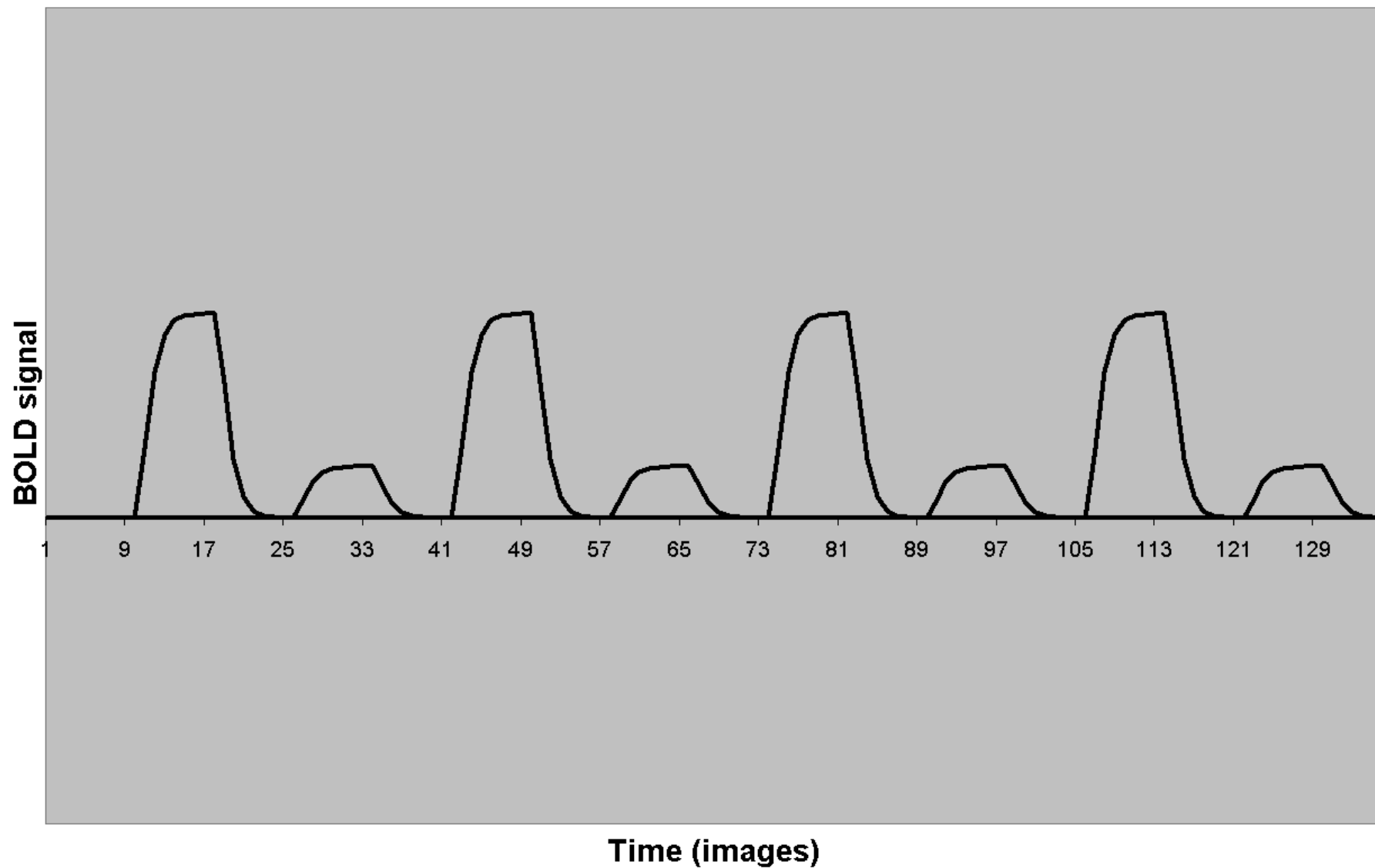
noise

Let's create a time course for one voxel
Intact Objects is greater than Scrambled

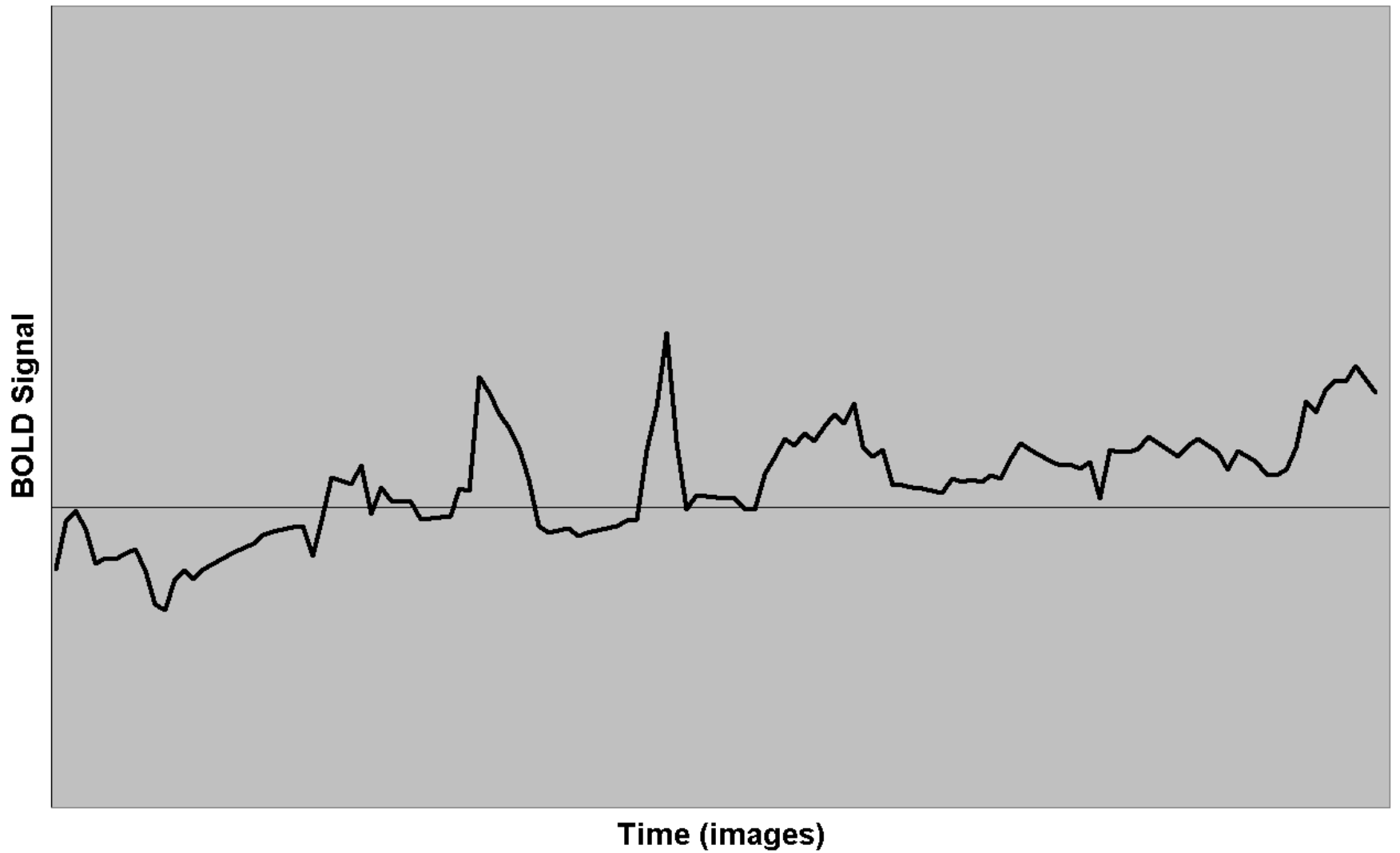


How this signal is build up?

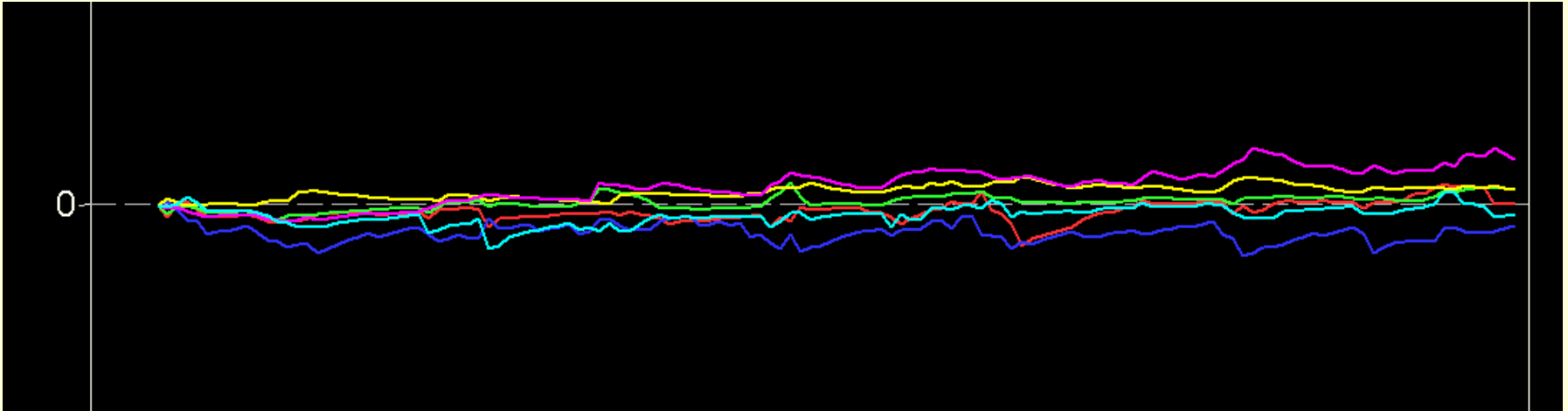
Response to Intact Objects which is 4X greater than Scrambled Objects



Now let's add some variability due to head motion

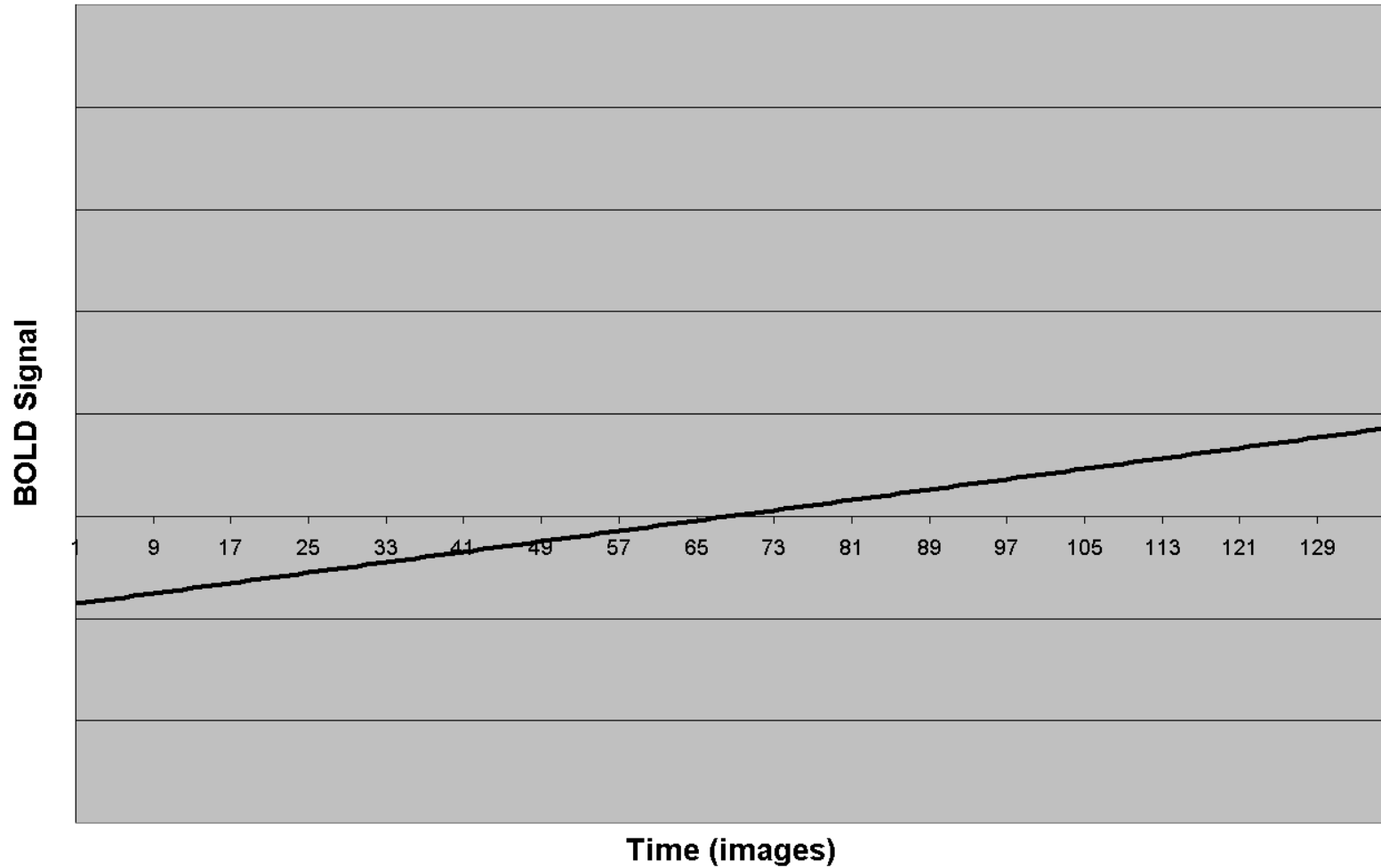


...though really motion is more complex

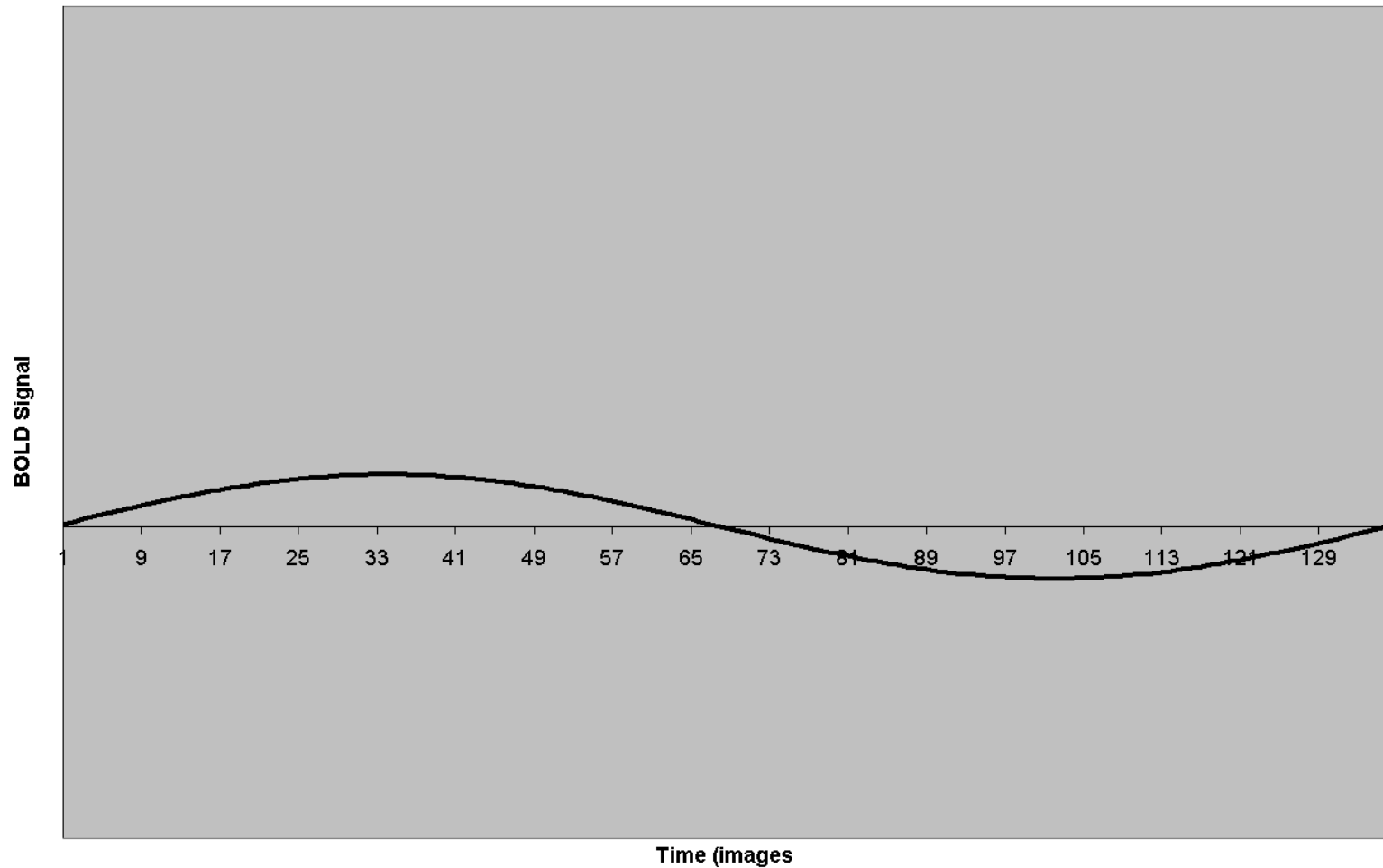


- Head motion can be quantified with 6 parameters given in any motion correction algorithm
 - x translation
 - y translation
 - z translation
 - xy rotation
 - xz rotation
 - yz rotation
- For simplicity, I've only included parameter one in our model
- Head motion can lead to other problems not predictable by these parameters

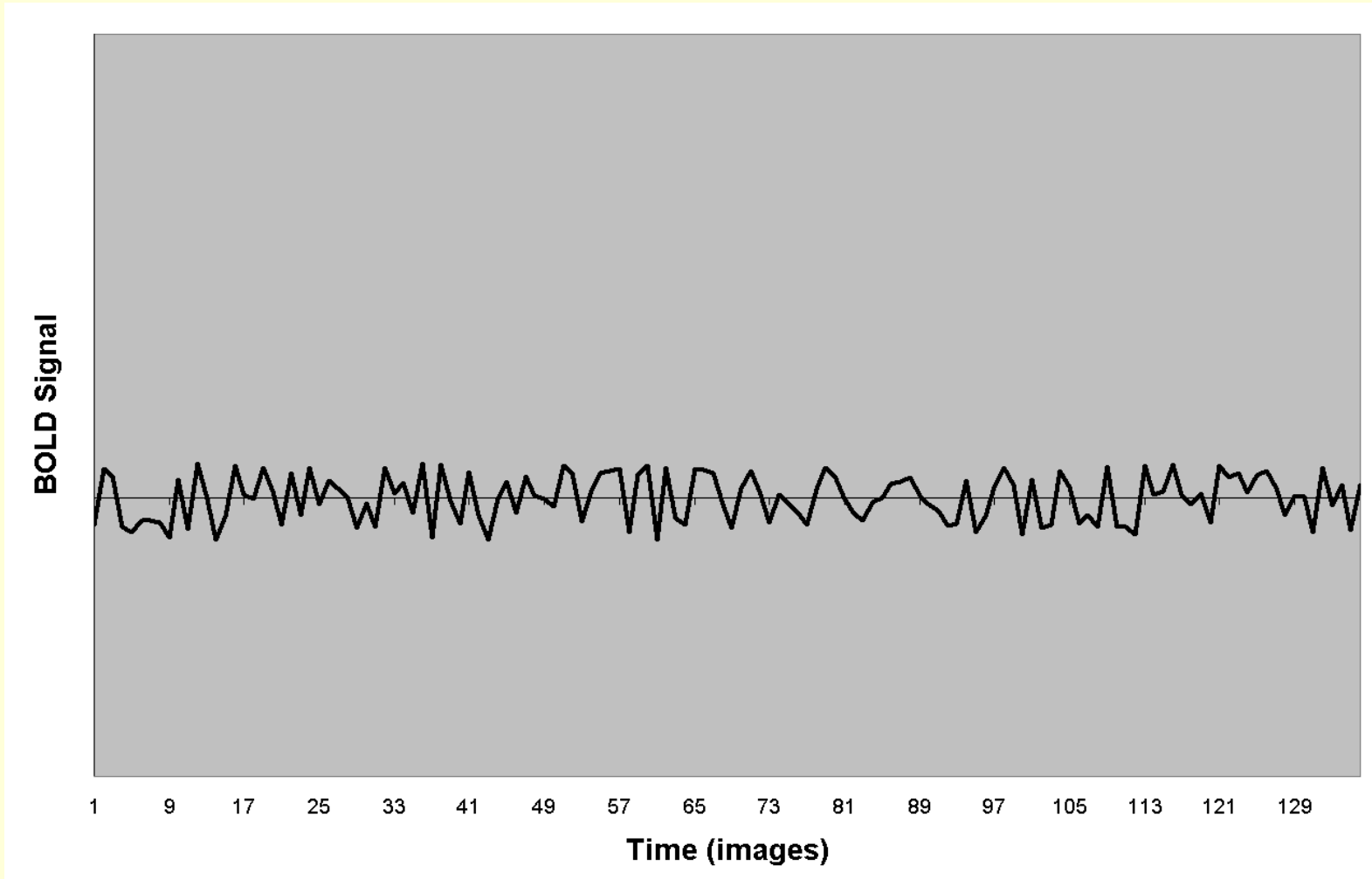
Adding linear drift from magnet noise (e.g., parts warm up) or physiological noise (e.g., subject's head sinks



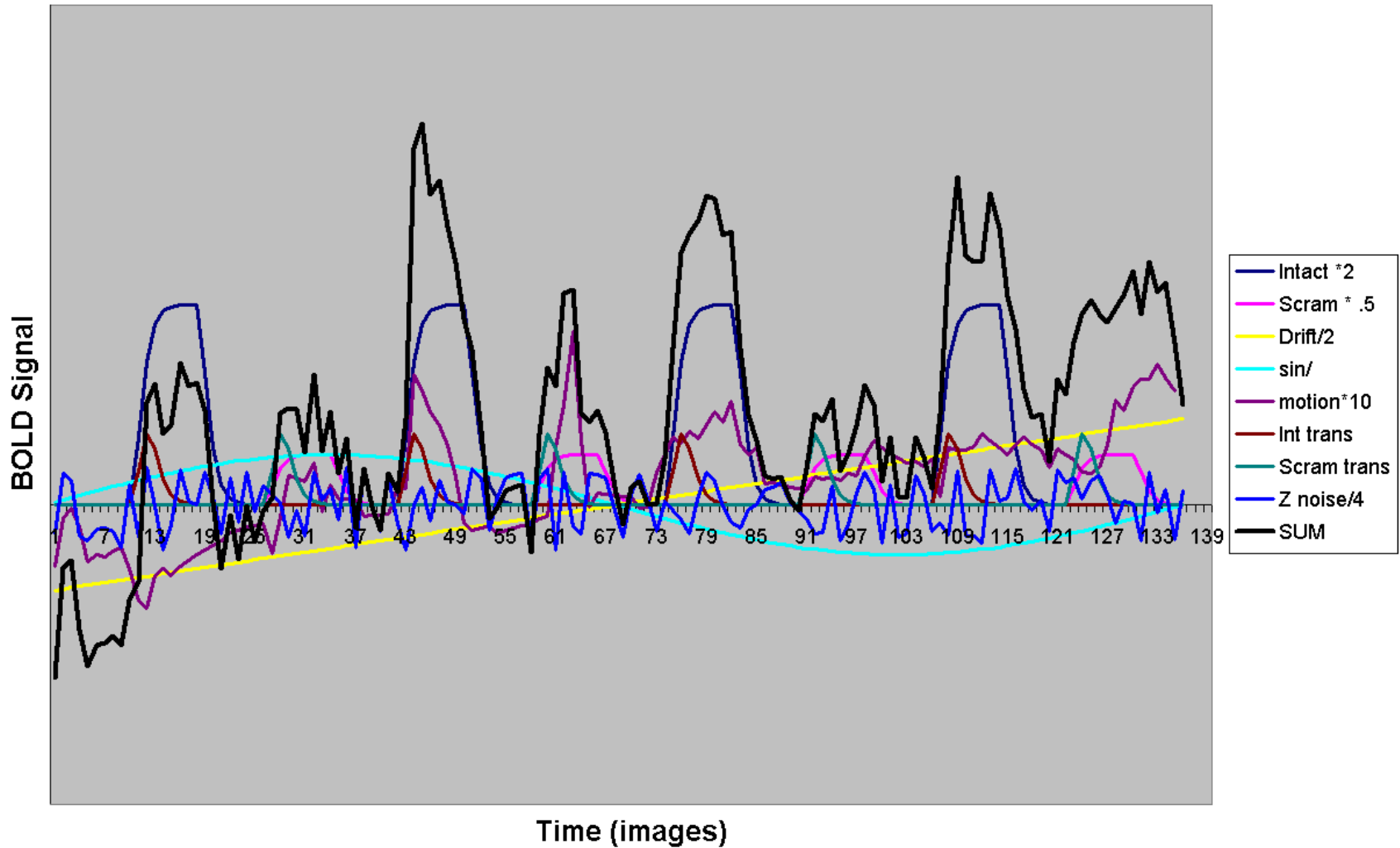
Add a dash of low frequency noise from magnet noise or physiological noise (e.g., subject's cycles of alertness/drowsiness)



Adding some high frequency noise from magnet noise or physiological noise (e.g., subject's breathing rate and heartrate)

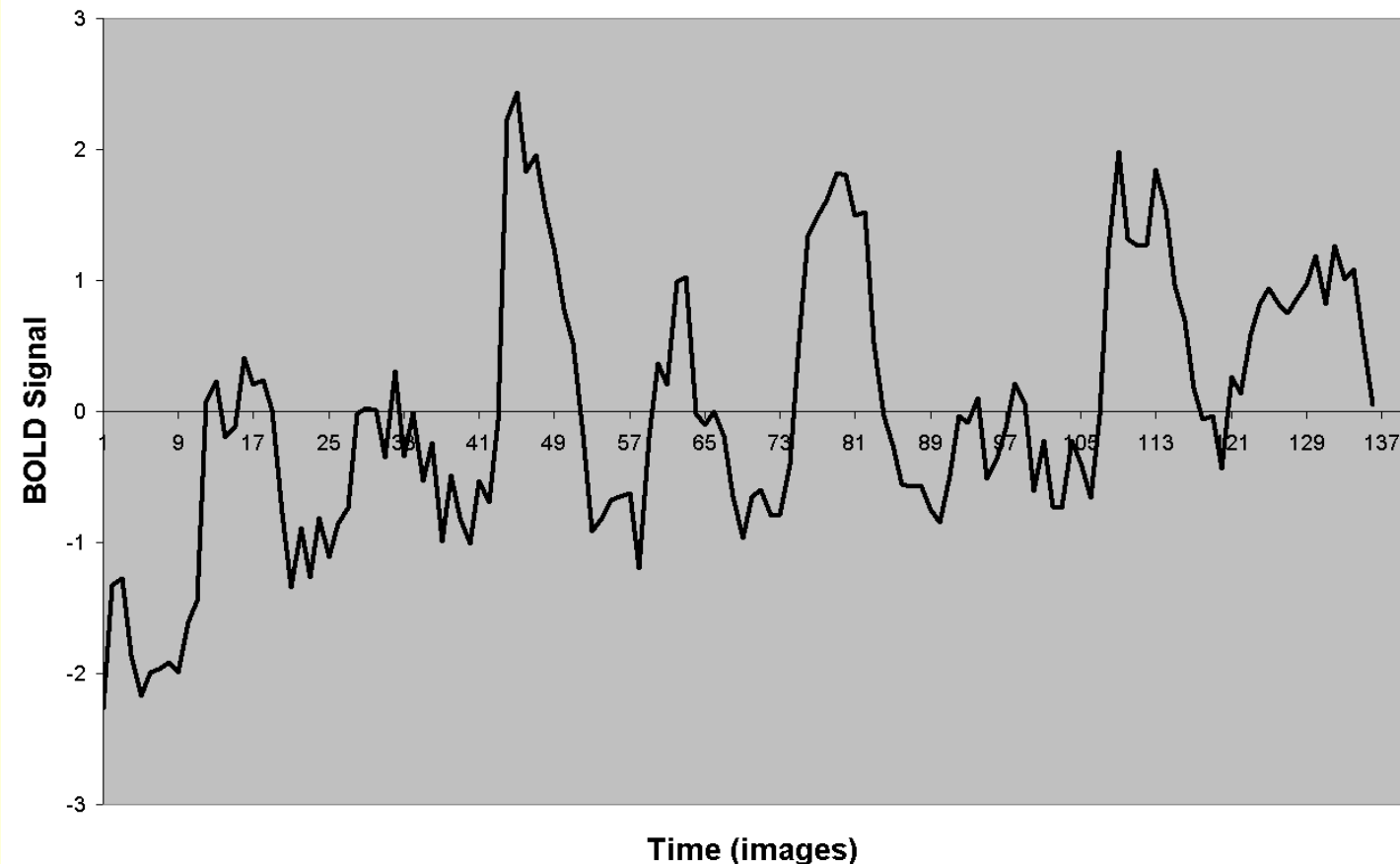


When we add these all together, we get a realistic time course



Now let's be the experimenter

- First, we take our time course and normalize it using z scores
- $z = (x - \text{mean}) / \text{SD}$
- normalization leads to data where: mean = zero SD = 1



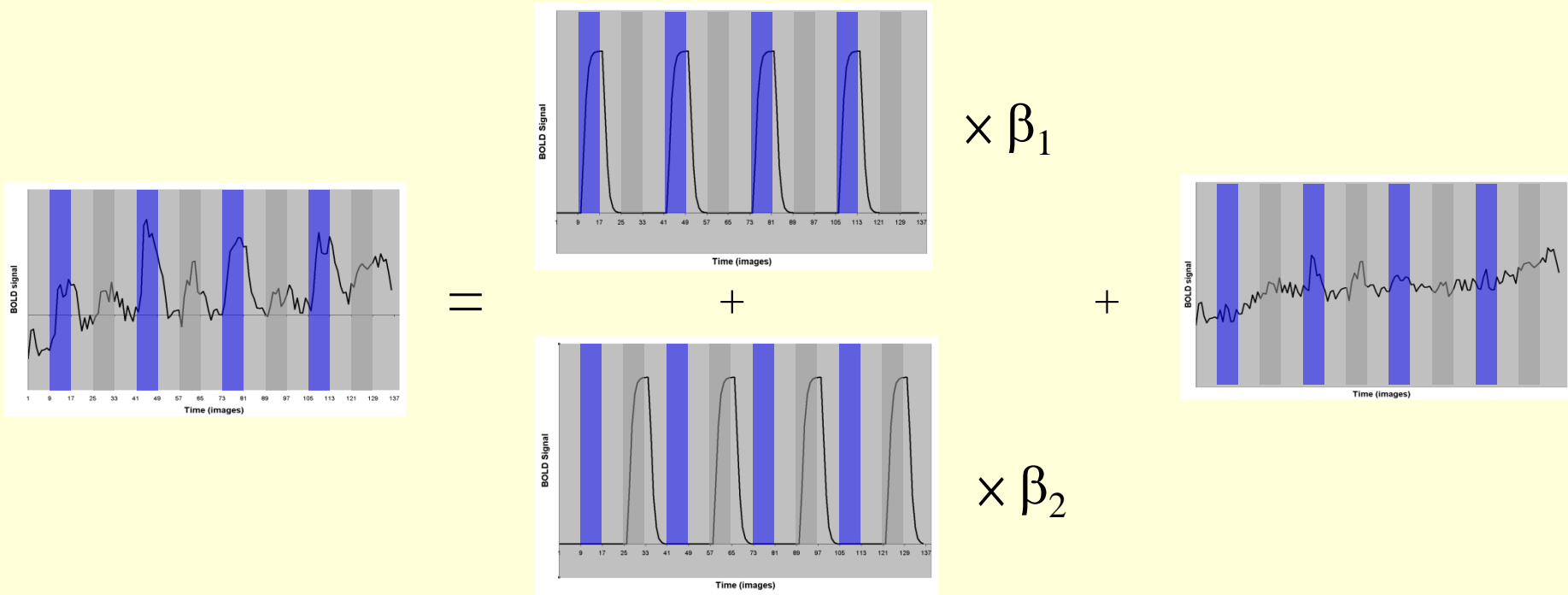
Using General Linear Model

- T-tests, correlations and Fourier analysis work for simple designs.
- The General Linear Model (GLM) can be used

Why is the GLM so great?

- Any **combination of contrasts** can be used (e.g., intact - scrambled, scrambled - baseline) with one GLM rather than multiple correlations
- the GLM allows for combining data **within subjects** and **between subjects**
- the GLM allows you to model things that may account for variability in the data (e.g., **head motion**)
- GLM allows using **more complex designs** (e.g., factorial designs)

We create a GLM with 2 predictors



fMRI Signal

=

Design Matrix

x

Betas

+

Residuals

“our data”

=

“what we CAN explain”

x

“how much of it we CAN explain”

+

“what we CANNOT explain”

Statistical significance is basically a ratio of explained to unexplained variance

