



Systems analysis in functional neuroimaging

Functional specialisation:

What regions respond to a particular experimental input?



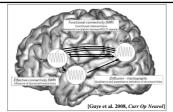
Functional integration:

How do regions influence each other?

→ Brain Connectivity



[Sporns 2007, Scholarpedia]



- = presence of axonal connections
- functional connectivity
- statistical dependencies between regional time series
- effective connectivity
 - causal (directed) influences between neurons or neuronal populations

For understanding brain function $\underline{\text{\bf mechanistically}},$ we need models of effective connectivity,

i.e.models of <u>causal</u> interactions among neuronal populations to explain regional effects in terms of interregional connectivity



An overview:

- 1- anatomical/structural connectivity anatomy is not enough?
- 2- functional connectivity
 methods and types
 a limited inference?

- 3- effective connectivity
 methods (PPI, SEM)
 limitations → use DCM!

Structural connectivity

DTI: diffusion tensor imaging

-Anisotropy analyses on RA or FA images; [Basser and Pierpaoli 1996 JMR] + in SPM: - correlations with behaviour - group comparisons.

-Tractography techniques: (e.g. seed/target/crossing regions) + deterministic [Mori et al. 1999 Ann Neurol]

+ probabilistic [Parker et al. 2002 IEEE TMI]

DSI: diffusion spectrum imaging

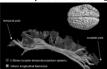
-Fibers orientation at high definition (6D-space); + Resolving fibers intersections [Wedeen et al. 2005 MRM]

-Identify structural connector hubs; [Hagmann et al. 2008 PLoS Biol]

Structural connectivity

DTI: diffusion tensor imaging

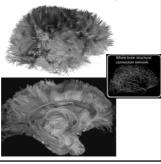




[Catani et al. 2003 Brain]

An atlas of white matter tracts in MNI
[Catani and Thiebaut de Schotten 2008 Cortex]

DSI: diffusion spectrum imaging [Hagmann et al. 2008 PLoS Biol]



Knowing anatomical connectivity is not enough...

- Connections are recruited in a contextdependent fashion:
 - Local functions depend on network activity
- · Connections show plasticity
 - Synaptic plasticity = change in the structure and transmission properties of a synapse
 - Critical for learning
 - Can occur both rapidly and slowly



Need to look at functional/effective connectivity.

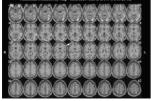
Anatomo-functional connectivity: combine functional with structural connectivity.

(→ a rationale suggested also for DCM; [Stephan et al. 2009 Neuroimage])

Functional connectivity = statistical dependencies (temporal correlations) between activations. [Friston et al. 1993 JCBFM] - Seed voxel correlation analysis (in SPM) - Coherence analysis - Eigen-decomposition (e.g. PCA, SVD) - Clustering (e.g. FCM) - Independent component analysis (ICA) - Context or task-related connectivity - Controlled stimulations (known inputs) + "rest" (external stim. = 0) - Vuncontrolled conditions (free-model inputs) + "rest" (external stim. = 0) - Vuncontrolled conditions (free-model inputs) + Passive fixation. - (Indexeown et al. 1998 HBM) + Data-driven (ICA, FCM), over all voxels; [Damoiseaux et al. 2006 PNAS] - Within-subject: inter-regional temporal dependencies; - Across-subject: second-level covariance or inter-subject synchronisation. (Hasson et al. 2004 Science, Seghier et al. 2008 Neurolinage)

- ♦ Whole-brain regression with seed regions:
 ♦ functional connectivity maps (SPM)
- Controlled task:
 reading words, peak

reading words, pseudowords, letter strings. [Bokde et al. 2001 Neuron]



Seed ROI = left inferior frontal gyrus. Functional connectivity maps vary when reading different words type.



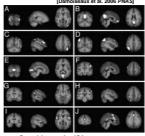
Uncontrolled task (= unlocked onsets):
 continuous sentence reading.
 [Hampson et al. 2006 Neuroin
 [h] [h] [h] [h]

Seed ROI = left angular gyrus.
Functional connectivity maps vary during

E.g. watching movies / Sleep / Hallucinations

- Intrinsic (task-unrelated ?) networks
 →fMRI during "rest" or passive fixation.
 →Spontaneous fluctuations of fMRI signal (LF: 0.01-0.1 Hz)
- Widely used in normal subjects and patients: e.g. looking for abnormal/altered intrinsic connectivity in diseased populations.

With seed ROIs (hypothesis-driven)



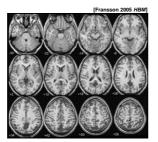
Data-driven, using ICA. e.g. see Calhoun and colleagues work

Flexibility of the GLM in SPM:

Resting-networks with a GLM analysis (without seed ROIs)

Regressors = a discrete cosine basis set containing 120 regressors that together spanned the frequency range of 0–0.1 Hz.

→ identify any signal change as a linear combination of the individual basis functions.



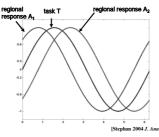
Does functional connectivity not simply correspond to coactivation in SPMs?

(for task-related functional connectivity)

Seed ROI A1 selected from task T No!

Here both areas ${\bf A}_1$ and ${\bf A}_2$ are correlated identically to task T, yet they have zero correlation among themselves:

 $r(A_1,T) = r(A_2,T) = 0.71$ $r(A_1,A_2)=0!$

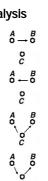


Pros & Cons of functional connectivity analysis

- · Pros:
 - useful when we have no experimental control over the system of interest and no model of what caused the data (é.g. sleep, hallucinations, natural vision)
- · Cons:
 - interpretation of resulting patterns is difficult / arbitrary;

 - no mechanistic insight;operates at the level of BOLD time series;
 - usually suboptimal for situations where we have a priori knowledge / experimental control

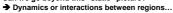
→ Effective connectivity



Effective connectivity

fMRI experiment; GLM, task contras

Can we go beyond this "static" picture?





- = causal (directed) influences between neurons or neuronal populations.
 - = explain regional effects in terms of interregional connectivity.
 - → Hypotheses constrained by the main effects or interactions from the GLM.

Some models for computing effective connectivity from fMRI data

Structural Equation Modelling (SEM)
[McIntosh and Gonzalez-Lima 1991, 1994]

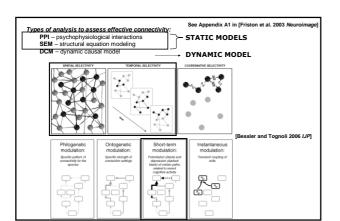
Psycho-Physiological Interactions (PPI) [Friston et al. 1997]

Volterra kernels [Friston and Büchel 2000]

Multivariate Autoregressive Model (MAR) [Harrison et al. 2003]

Dynamic Causal Modelling (DCM)
[Friston et al. 2003]

Granger causality [Goebel et al. 2003]



Psychoophysiological interaction (PPI)

· bilinear model of how the psychological context A changes the influence of area B on area C :

$$B \times A \rightarrow C$$

→ PPI corresponds to differences in regression slopes for different contexts.

Psycho-physiological interaction (PPI)

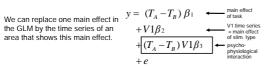
Task factor Task E

Stimulus factor Stim 1 A1 В1 A2 B2

GLM of a 2x2 factorial design: $y = (T_A - T_B) \beta_1 \leftarrow \frac{\text{main effect}}{\text{of task}}$

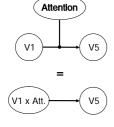
$$y = (I_A - I_B) \beta_1$$
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area that shows this main effect.

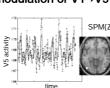


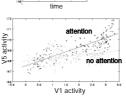
Friston et al. 1997, NeuroImage

Example PPI: Attentional modulation of V1→V5



[Friston et al. 1997, NeuroImage] [Büchel & Friston 1997, Cereb. Cortex]





Pros & Cons of PPIs

- - given a single source region, we can test for its context-dependent connectivity across the entire brain;
 - easy to implement (in SPM);
- - only allows to model contributions from a single area;
 - operates at the level of BOLD time series;
 - ignores time-series properties of the data;
 - can have multiple interpretations.
 - → Dynamic Causal Models

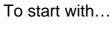
structural equation modeling (SEM)

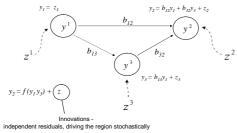
- Developed in economics (1920s); Introduced to imaging (PET) by McIntosh and Gonzalez-Lima (1991)

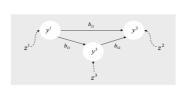
◆ SEM (path analysis): multivariate tool that is used to test hypotheses regarding the influences among interacting variables.

- · Connections between brain areas are based on known neuroanatomy.
 - Causality is assumed a priori (not inferred from the data).
 - Interregional covariances of activity are used to calculate the path coefficients representing the magnitude of the influence or directional path.

To start with... Question: are these regions functionally related to each other? monune. ? how activity in one area is related to activity in other areas via a set of path coefficients.







$$y_t = y_t \beta + z_t$$
 β includes only paths of interest

$$\begin{bmatrix} y_t^1 & y_t^2 & y_t^3 \end{bmatrix} = \begin{bmatrix} y_t^1 & y_t^2 & y_t^3 \end{bmatrix} \begin{bmatrix} 0 & b_{12} & b_{13} \\ 0 & 0 & 0 \\ 0 & b_{32} & 0 \end{bmatrix} + \begin{bmatrix} z_t^1 & z_t^2 & z_t^3 \end{bmatrix}$$



 $y_t = y_t \beta + z_t$

Estimate path coefficients $(b_{12,13,32})$ using a standard estimation algorithm

 $\begin{aligned} y_t(1-\boldsymbol{\beta}) &= z_t \\ y_t &= z_t(1-\boldsymbol{\beta})^{-1} \\ \left\langle y_t^T y_t \right\rangle &= (1-\boldsymbol{\beta})^{-17} \left\langle z_t^T z_t \right\rangle (1-\boldsymbol{\beta})^{-1} \end{aligned}$

 $\left\langle y_{i}^{T}y_{i}\right\rangle$ - implied covariance

 $\left\langle \boldsymbol{z}_{i}^{\mathrm{T}}\boldsymbol{z}_{i}\right\rangle$ - assumed some value of the innovations

Alternative models: y 3 -To make inferences about changes in effective connectivity: - "null model" (e.g. path coefficient are fix/common) - "alternative model" (e.g. some coefficients can vary) Model comparison: likelihood ratio (chi-squared test) Limitations Static model (average effect) Inference about the parameters is obtained by iteratively constraining the model, nested models. · Need to separate data The causality is inferred at the hemodynamic level No input to model (stochastic innovations) [Penny et al. 2004 Neuroimage] SPM-Course Edinburgh, April 2010 **Conclusion:** For effective connectivity, use DCM! Then I you

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