ENIGMA Cortical QC 2.0

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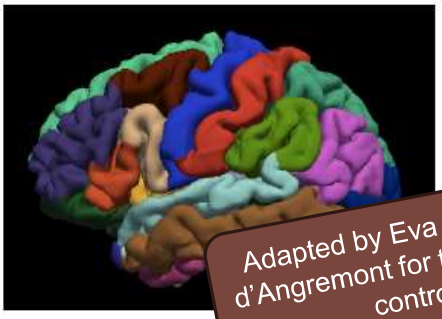


Adapted by Eva van Heese and Emile d'Angremont for the ENIGMA-PD quality control (July 2025)

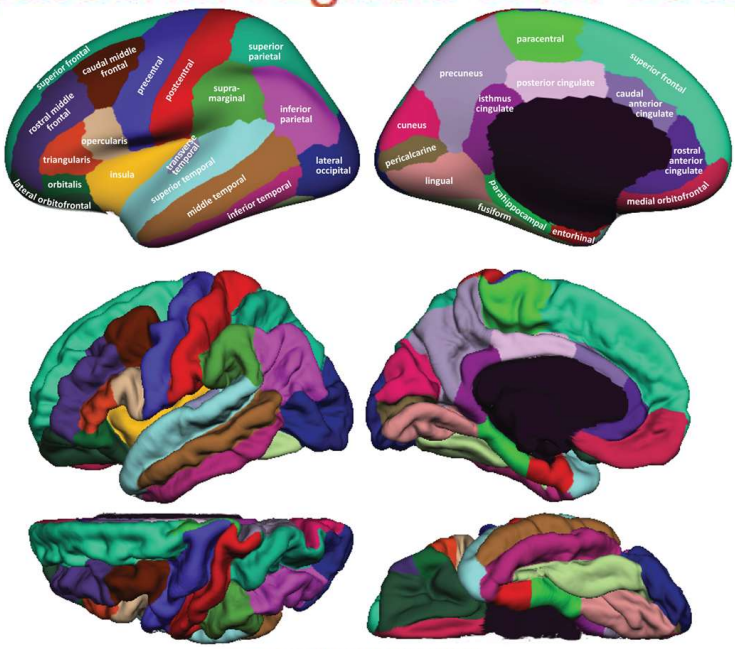
This guide provides:

- Introduction to ENIGMA visual cortical QC
- Introduction to ENIGMA_Cortical_QC_Template.xlsx (standardizes qc records across sites)
- Common QC issues including examples of pass/fail
- Additional issues for optional QC

FreeSurfer Cortical Quality Check

- If you're new to the cortical QC, we highly recommend spending some time viewing some subjects using the fsqc html file to get familiarized with the FreeSurfer output (see next slide for directions).
- Use [illegible] **nal QC** method for checking cortical segmen[illegible]y which is good for spotting under/ overe[illegible]mations.
- Use the ENIGMA **External QC** for checking cortical labels, anatomical boundaries, [illegible].
- Make sure to QC all subjects, [illegible] file.
- Use the ENIGMA_Cortical_QC_Template.xlsx to record your QC ratings.

Freesurfer regions color-coded



Desikan-Killiany Atlas

https://surfer.nmr.mgh.harvard.edu/fswiki/CorticalParcellation

Use the "ENIGMA_Cortical_QC_Template.xlsx" to record your QC

Download the template here: http://enigma.ini.usc.edu/protocols/imaging-protocols/

Regions color-coded based on FS labels

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Subject	Internal_QC	External_QC	QC_code	Notes_Questions	temporalpole	frontalpole	bankssts	superiortemp	middletemp	precentral	postcentral	supramargina	superiorpare	precuneus	cuneus	pericalcarine	lingual
2	subj_1	pass	moderate	central;superparietal								L	L	R	R	R		
3	subj_2	fail	fail	pathology	lesion RH	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L
4	subj_3	pass	pass	paracingulate														
5	subj_4	pass	moderate	meninges	motion artifact						R/L	R	R					
6	subj_5	moderate	moderate	poles;pericalcarine		R											R	R
7	subj_6	moderate	moderate	poles;meninges		R/L						L						
8	subj_7	moderate	moderate	meninges;bankssts;central				R	R			L	L					
9	subj_8	pass	pass	FAC/parahippo														
10	subj_9	pass	moderate	bankssts				L	L	L								
11	subj_10	moderate	pass	poles			L											

First Tab: QC

Subject: Subject ID's

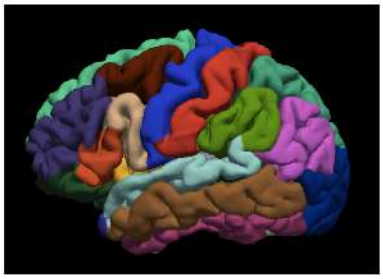
~~Internal~~/External_QC Columns:

- Pass – no issues with internal/external QC
- ~~Moderate – fail particular regions (indicate R, L, or both R/L)~~
- Fail – severe pathology, image artifacts, registration problems causing severe mislabeling (list R/L for all regions)

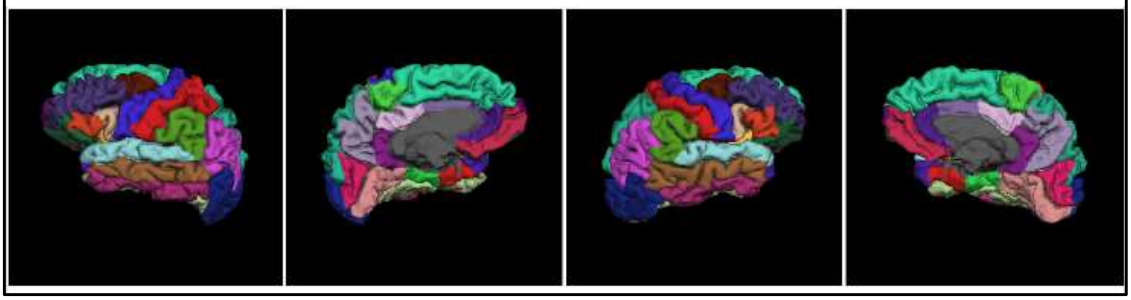
Second Tab: QC_Code Key

- Provided codes for the "QC_Code" column on first tab to keep track of errors
- Examples of these common errors are provided in this guide

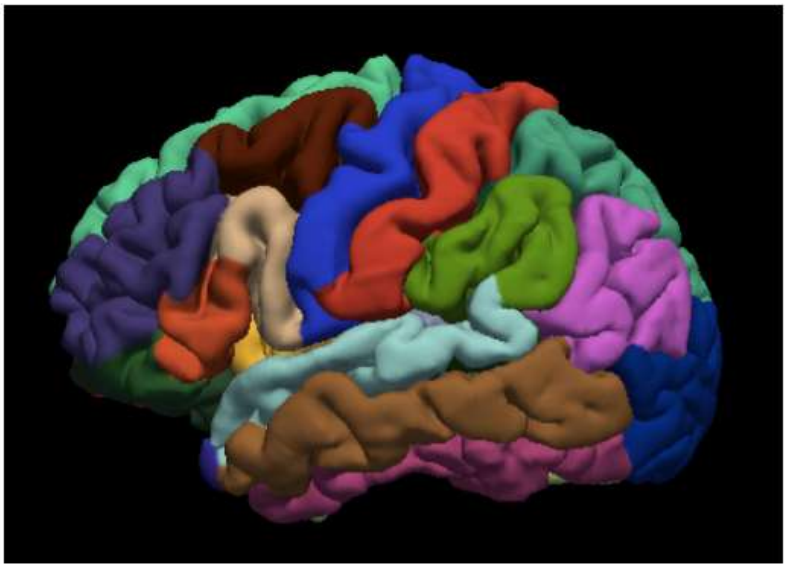
Good examples



Labels generally correspond to known anatomical boundaries

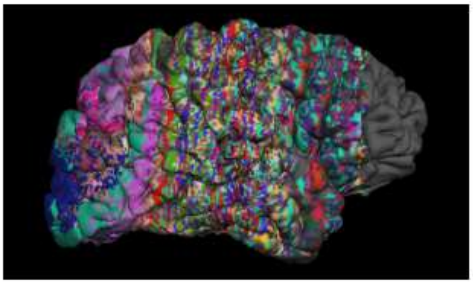


External QC

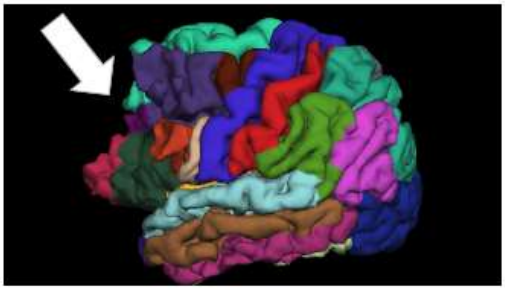


Ideal external segmentation
(generally correspond to known anatomical boundaries)

External QC: Fail

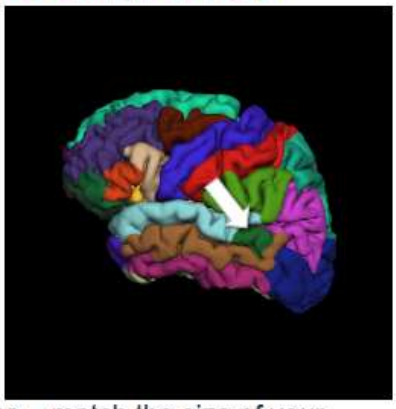


FAIL (Processing Error)



Fail (pathology)

Moderate: Banks of superior temporal sulcus overestimation



In about 20-30% of subjects, the BanksSTS appears on gyral surface.

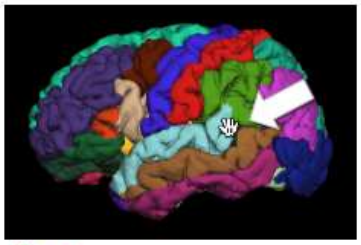
In some cases (≈15%) the size of the mislabeled BanksSTS may influence the surrounding ROIs (e.g. superior temporal/ middle temporal gyri).

BanksSTS QC Steps:

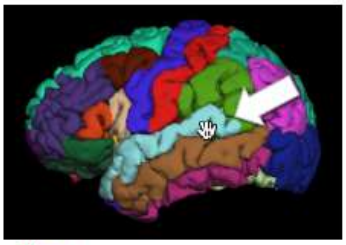
1. Load index.html into browser.
2. Press: " Command and + " which zooms in once – match the size of your QC images to the size of image above (**Tip: view the PDF version of the guide at 100% and your QC images should be about the same size as the brain above**)
3. IF the mislabeled BanksSTS is larger than hand/cursor, THEN

fail the BanksSTS + surrounding affected regions (e.g. superior temporal gyrus and/or middle frontal gyrus – see examples on next slides.)

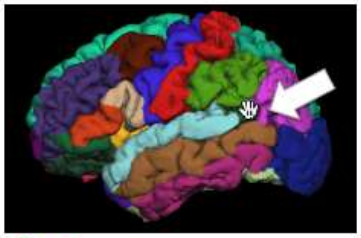
OK examples (do not fail BanksSTS)



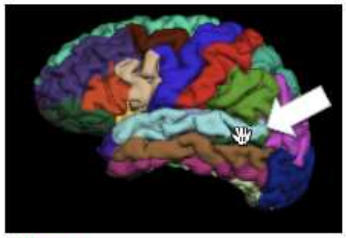
Pass



Pass



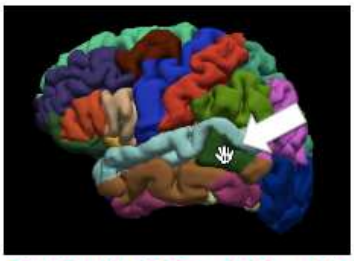
Pass



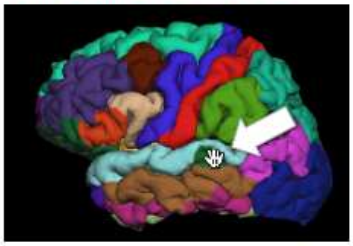
Pass

Bad examples BanksSTS
(List affected regions in QC sheet)

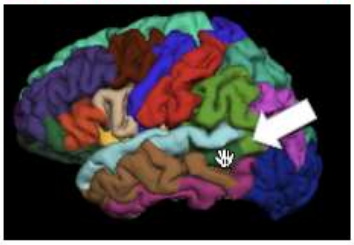
Fail BanksSTS + STG



Fail BanksSTS + STG + MTG



Fail BanksSTS + STG + MTG

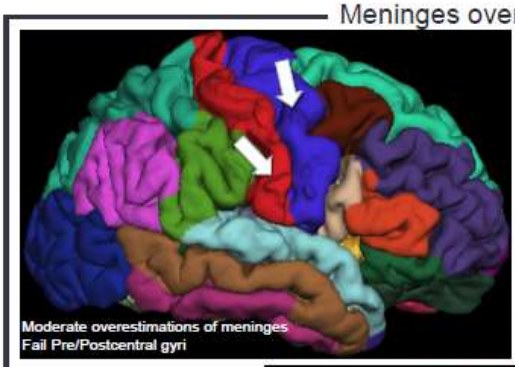


Fail BanksSTS + MTG

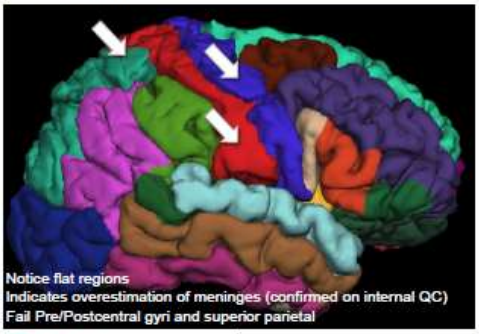
STG: superior temporal gyrus; MTG: middle temporal gyrus

Pre/Postcentral Gyrus Issues (<15% cases)

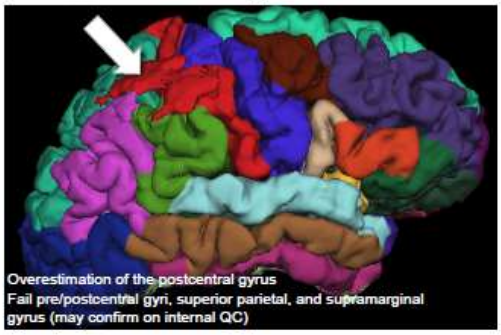
Meninges overestimations



Moderate overestimations of meninges
Fail Pre/Postcentral gyri



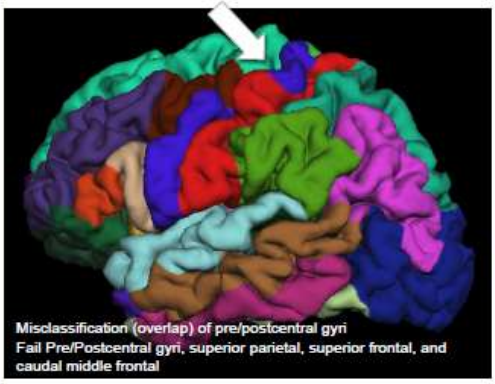
Notice flat regions
Indicates overestimation of meninges (confirmed on internal QC)
Fail Pre/Postcentral gyri and superior parietal



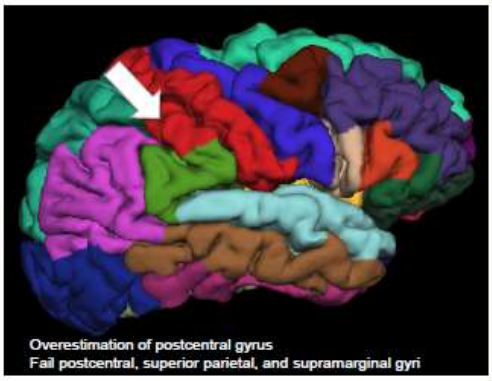
Overestimation of the postcentral gyrus
Fail pre/postcentral gyri, superior parietal, and supramarginal gyrus (may confirm on internal QC)

Pre/Postcentral Gyrus Issues (<15% cases)

Misclassifications



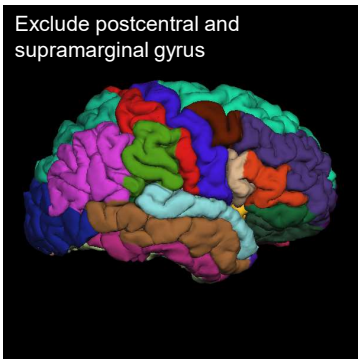
Misclassification (overlap) of pre/postcentral gyri
Fail Pre/Postcentral gyri, superior parietal, superior frontal, and caudal middle frontal

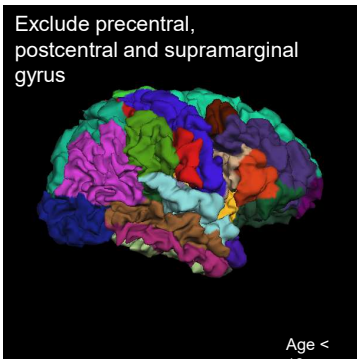


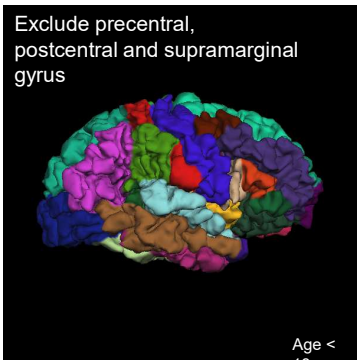
Overestimation of postcentral gyrus
Fail postcentral, superior parietal, and supramarginal gyri

Bad examples

Precentral (blue), postcentral (red) and supramarginal gyrus (green)

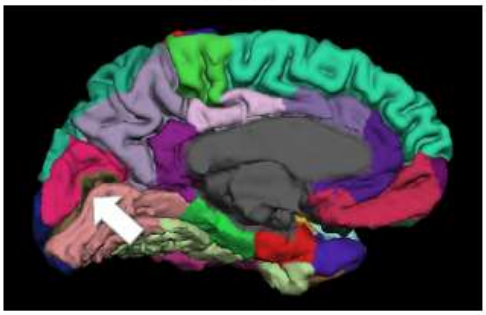






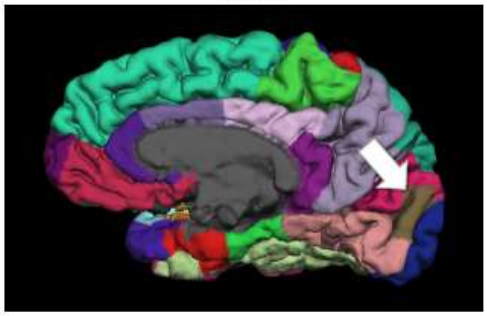
Pericalcarine Overestimations (<5% cases)

GOOD



- Segmentation confined to calcarine sulcus

BAD



- Segmentation overestimates pericalcarine region
- Note failed regions (above: pericalcarine, lingual, and cuneus regions)

Additional Issues

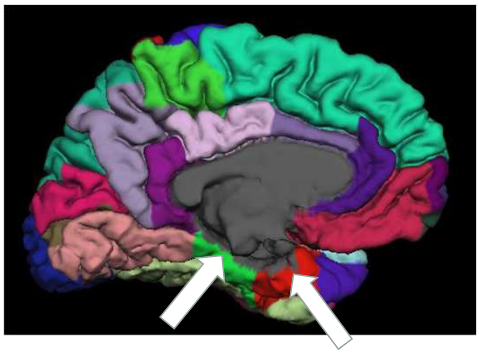
The following includes regions that have been noted as possibly problematic but to a lesser extent than the previous examples.

Choosing to record instances of the following issues may make it easier to perform follow-up analyses.

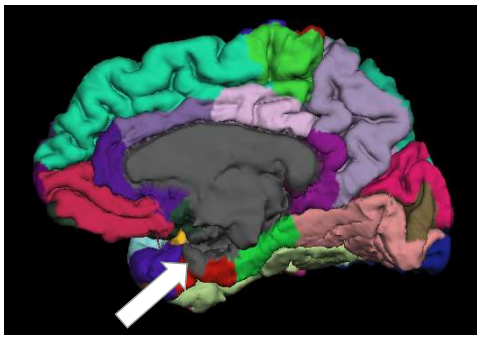
Uncertain; delineation ventricles vs parahippocampal (light green) and entorhinal cortex (red)

Questionable examples:

A



B



Part of the grey matter of the gyri seem not to be allocated to PHG or ERC (but probably to ventricles instead)

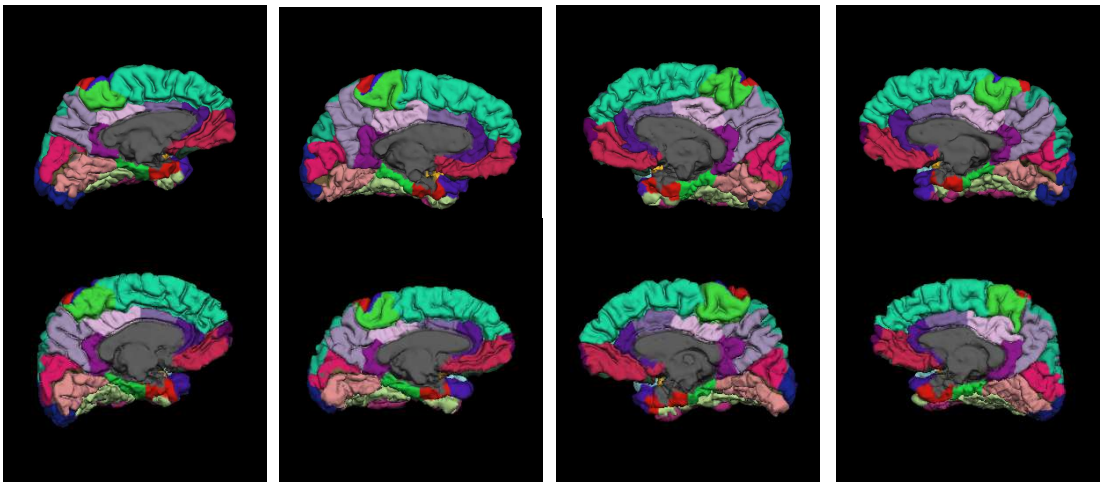
However, example A detected in ~70-80% of cases (?), so only exclude when a large part of the gyrus is clearly missing (entorhinal cortex in example B)

Other issues; Entorhinal cortex

- In a large percentage of subjects this region is only partially correctly labeled
- Therefore, we decided to be less stringent with regard to the segmentation of the entorhinal cortex
- We excluded the entorhinal cortex only if more than 50% of the region was poorly segmented (examples on next slides)
  - **So only exclude when a LARGE part of the gyrus is clearly missing**
- Importantly, possible findings in the entorhinal cortex will be interpreted with caution

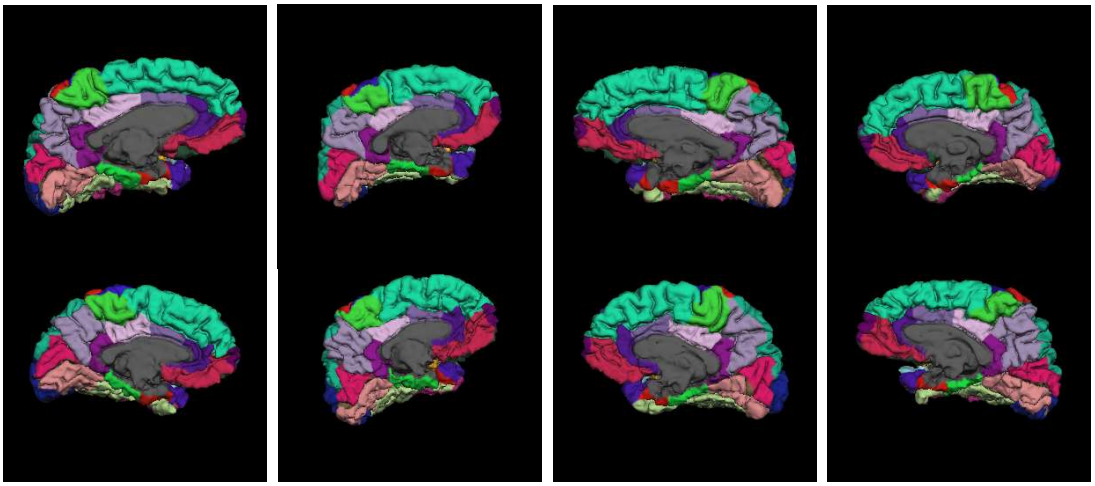
Ok examples:

Entorhinal cortex (red)

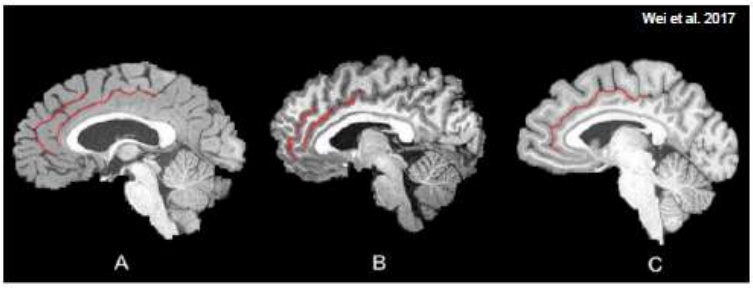


Bad examples:

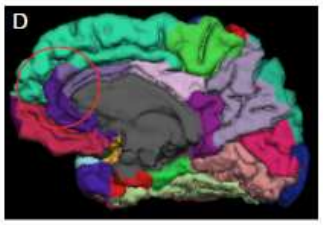
Entorhinal cortex (red)

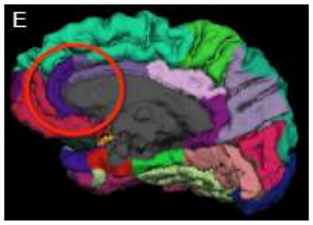


Other issues: cingulate cortex



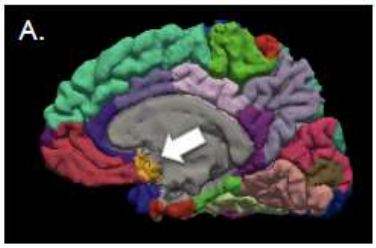
- A paracingulate sulcus (PCS) is present in 30–60% of cases and is more frequently found in the left hemisphere (A and B). This can cause segmentation problems in the cingulate and surrounding regions.

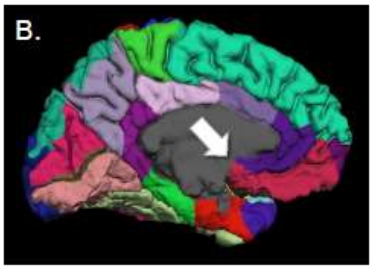


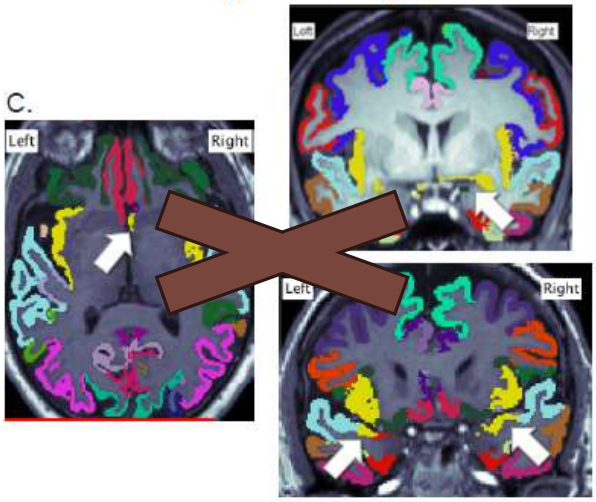


- In subjects with prominent paracingulate sulcus (example D, E), portions of the cingulate may be underestimated while superior frontal regions may be overestimated.
- **We tend to be less stringent with the QC in this region because of the variability of the anatomy/segmentation. Findings in this region should be interpreted with caution and it may be useful to track this issue for follow-up analysis.**

Other issues: Insula (yellow)



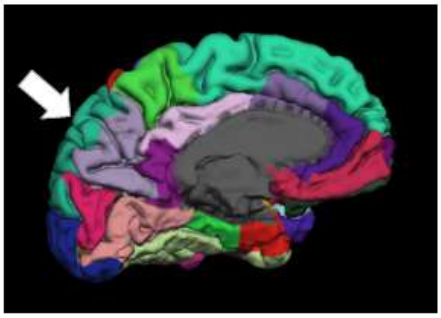




- This Freesurfer atlas does not include a subgenual ACC region and sometimes assigns this to the insula (yellow) or medial OFC (red/pink) instead – Example A. Example B is probably more anatomically correct, but judging the accuracy of the insula or medial OFC boundaries becomes difficult.
- Example C shows other somewhat common issues regarding Insula overestimation into the temporal lobes and midline.
- **We tend to be less stringent with the QC of the insula because of the variability of the anatomy/ segmentation and the difficulty with establishing consistent pass/fail criteria. However, it may be useful for some groups to note how often you observe these issues for follow-up analysis.**

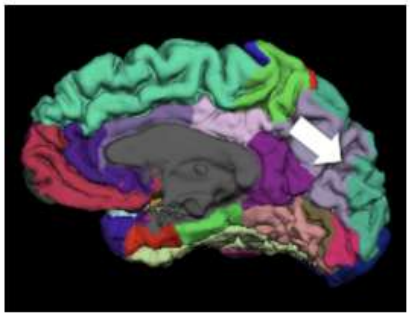
Other issues: Superior Parietal Overestimation

Normal



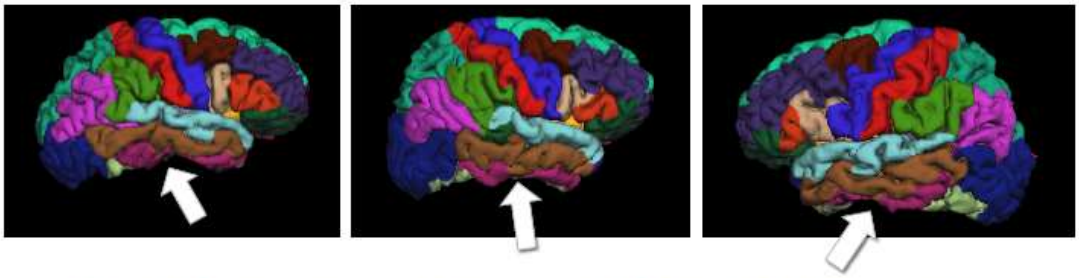
- Segmentation obeys known anatomical boundaries and does not overestimate superior parietal region

Overestimation



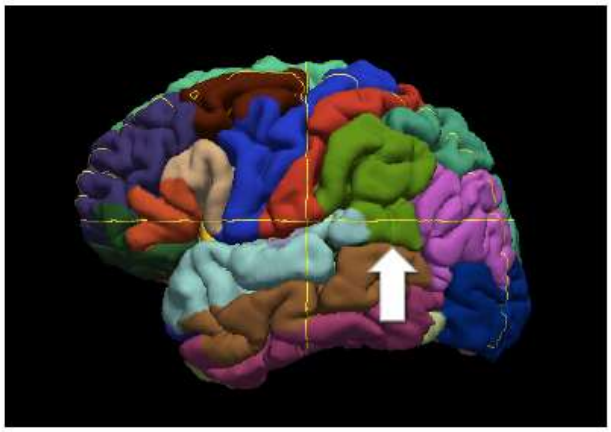
- Segmentation overestimates superior parietal region and impacts precuneus/cuneus regions

Other issues: middle/inferior temporal gyrus



- When the middle temporal gyrus looks as if it covers the inferior temporal gyrus, this is usually due to the rotation angle of the brain and is probably Okie Dokie (Pass).
- It is considered normal when the middle and inferior temporal gyri are somewhat overlapping on each other as in the above examples (see examples of non-continuous inferior temporal sulcus).

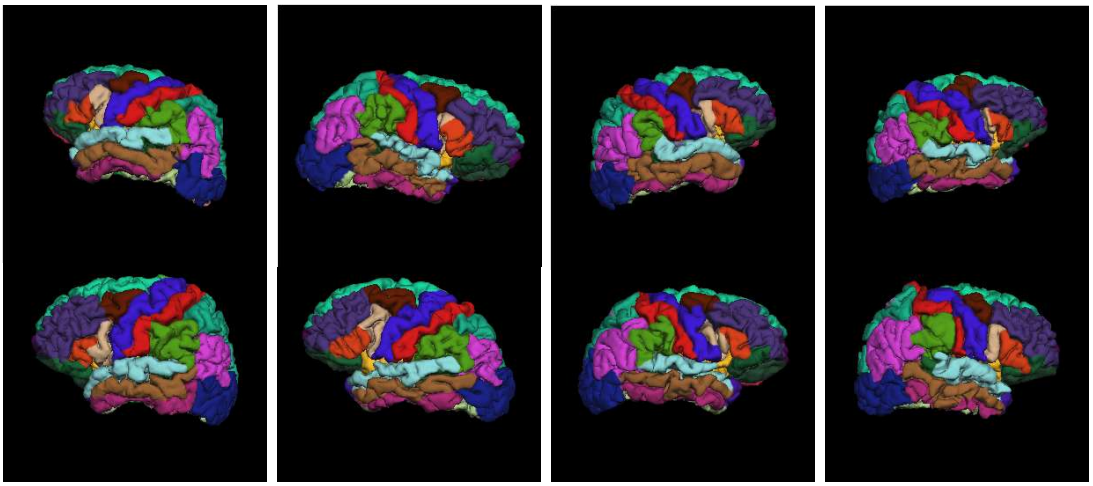
Supramarginal gyrus overestimation: Extends into superior temporal gyrus



- In some cases the supramarginal gyrus (green) may appear to invade adjacent regions (in this example the superior temporal gyrus).
- We tend to be less stringent with the QC in this region because there is quite a bit of anatomical variability and the exact boundaries dividing the supramarginal gyrus from surrounding regions can be difficult to assess.

Ok examples:

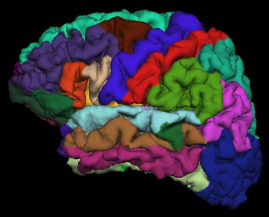
Superior (blue), middle (brown) and inferior (pink) temporal gyrus



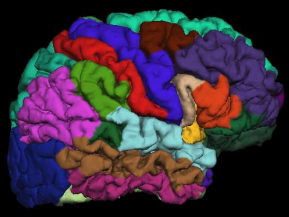
Bad examples:

Superior (blue), middle (brown) and inferior (pink) temporal gyrus

Exclude BSTS and middle temporal cortex



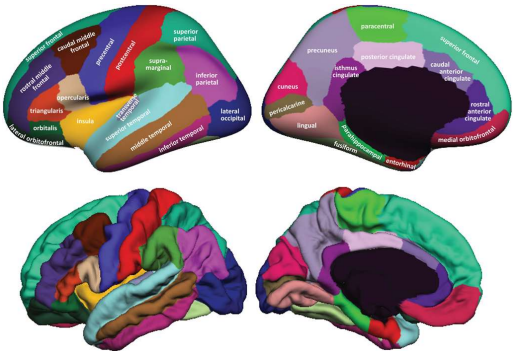
Exclude BSTS, superior temporal and inferior parietal cortex

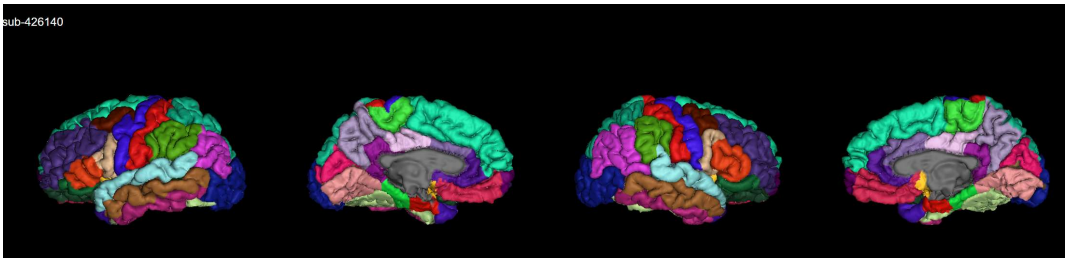


Exclude superior temporal, supramarginal gyrus and inferior parietal cortex

QUIZ TIME

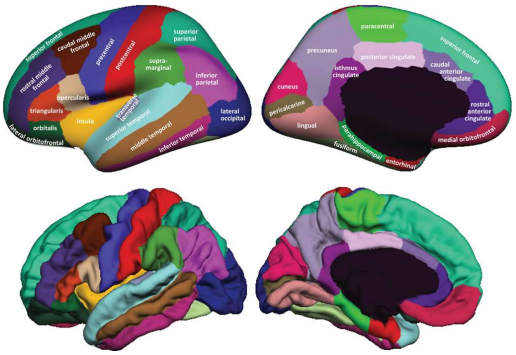
Spot the problem

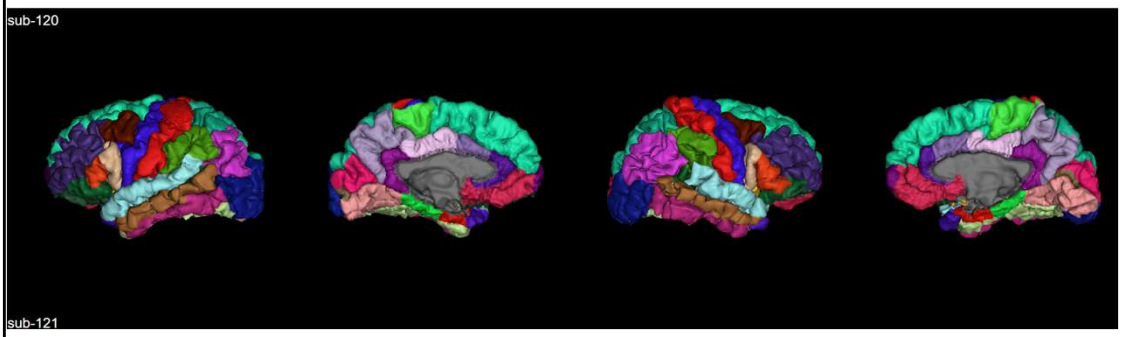




Same sub, external view of insula

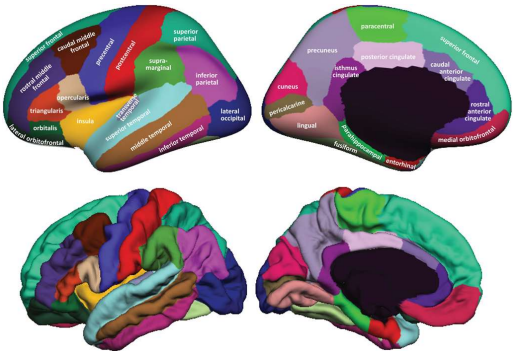
Spot the problem

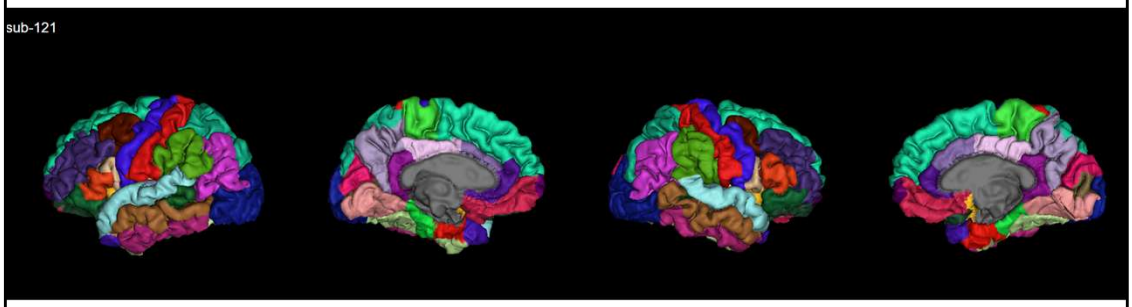




meninges

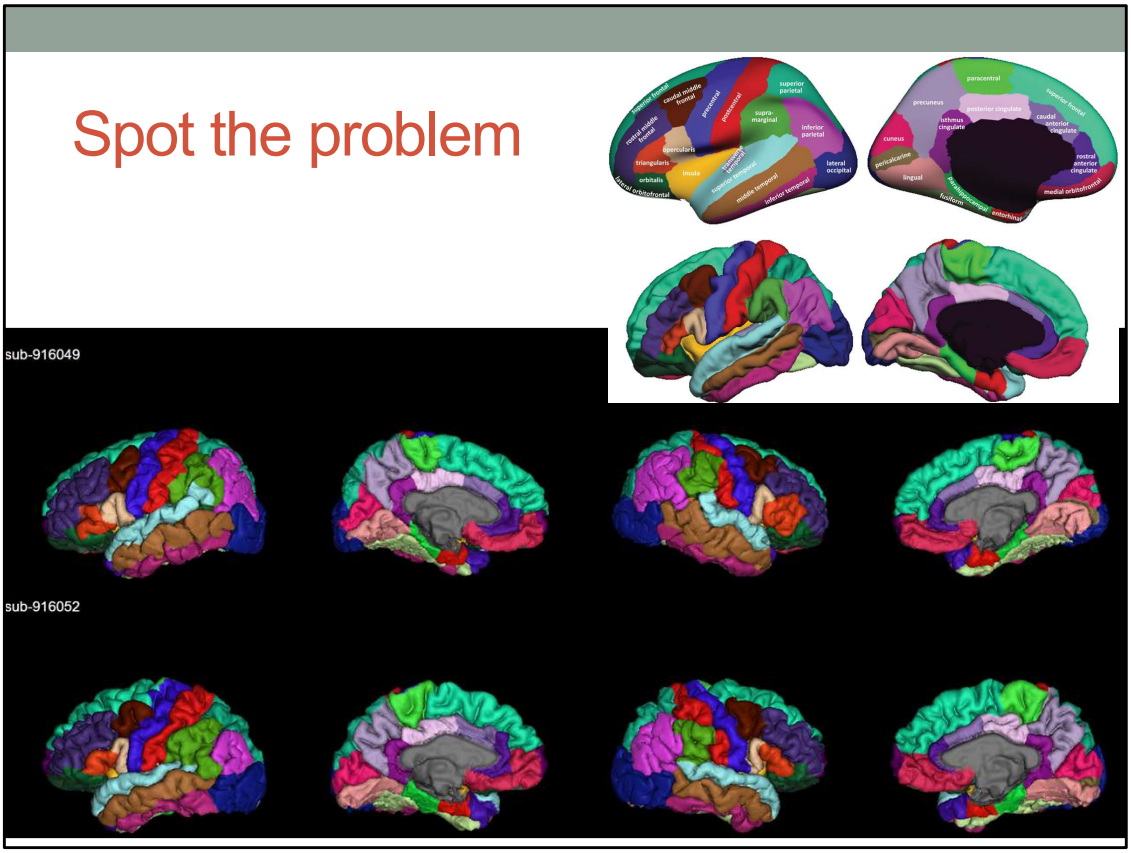
Spot the problem



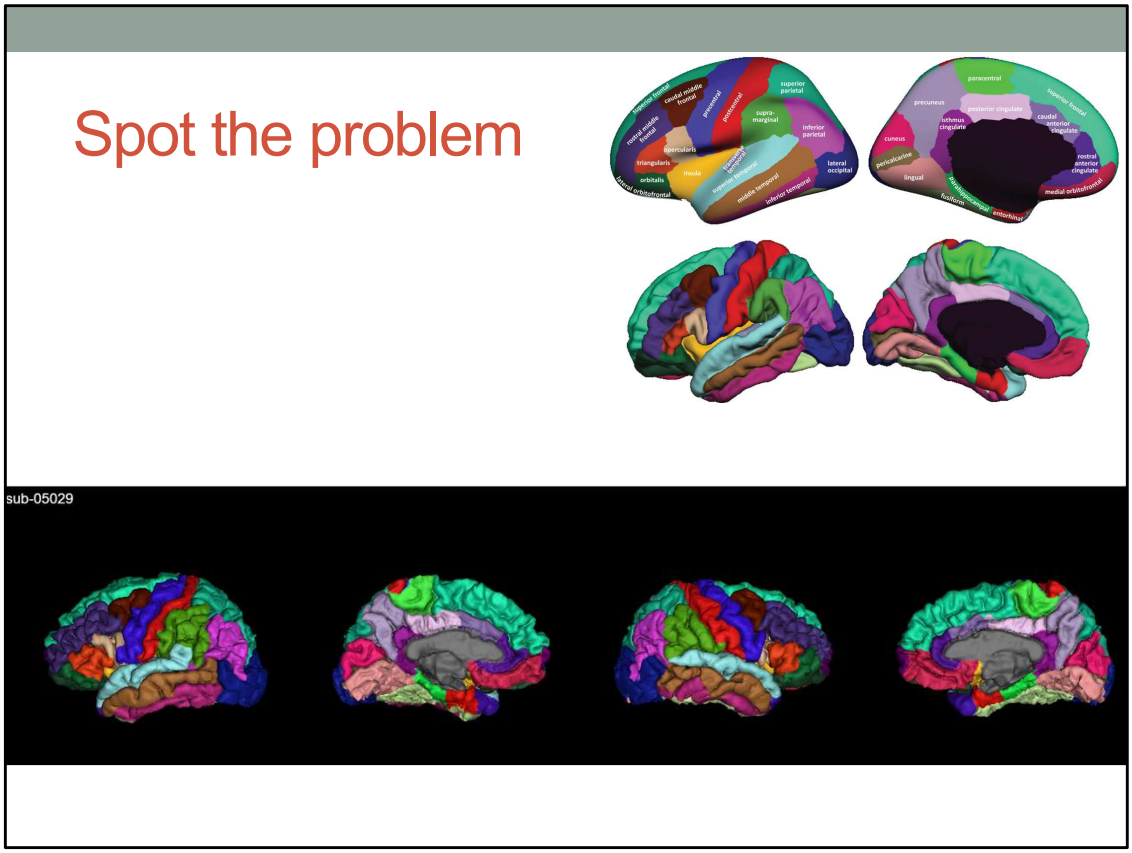


Banks STS

Spot the problem

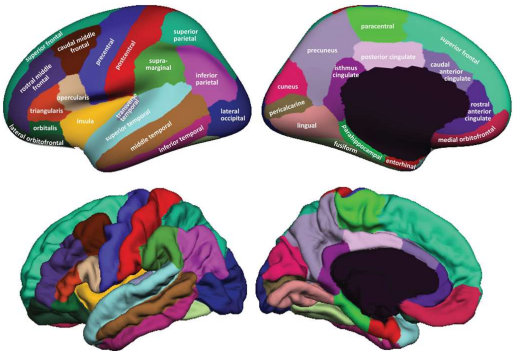


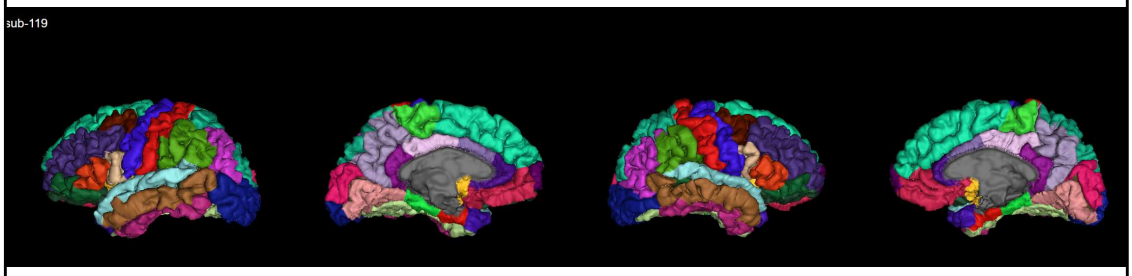
Precentral/supramarginal



Supramarginal/inferior parietal

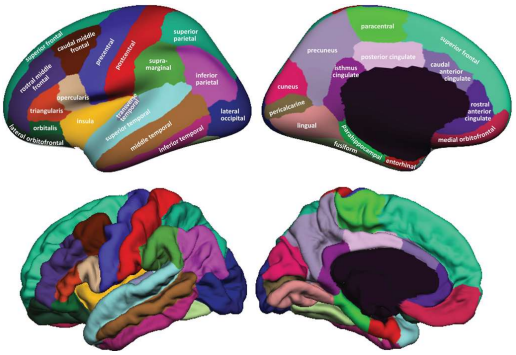
Spot the problem

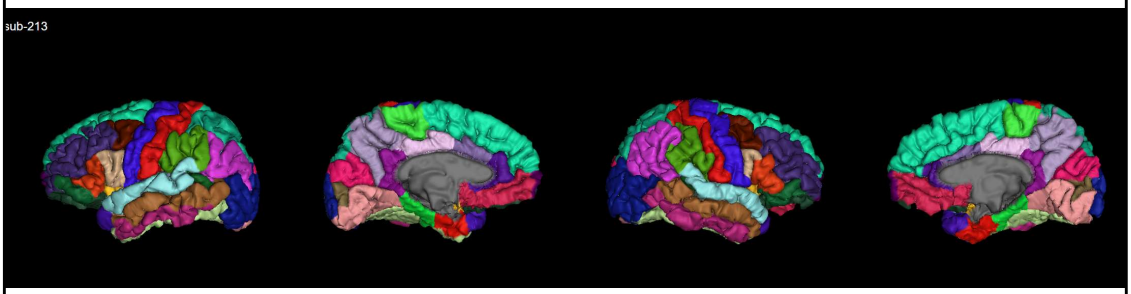




Insula

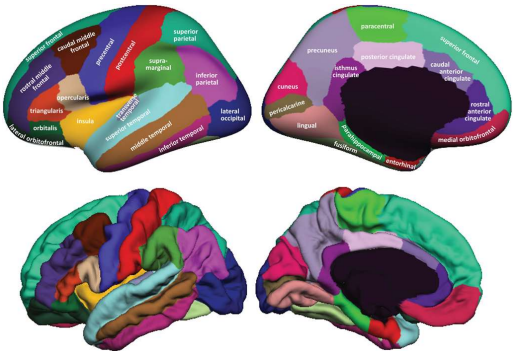
Spot the problem

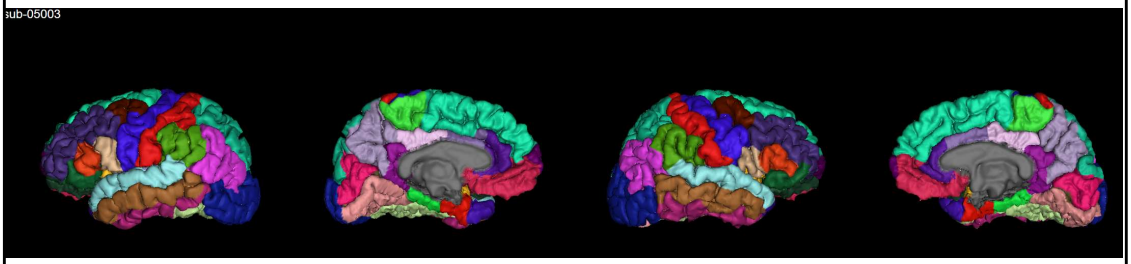




Pericalcarine

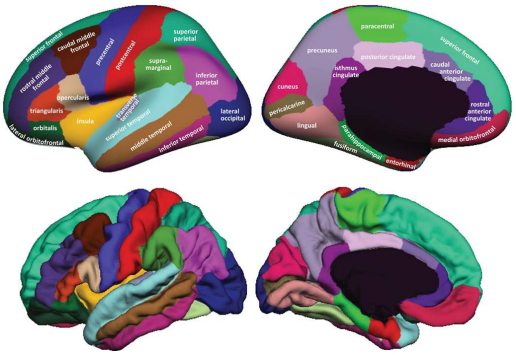
Spot the problem

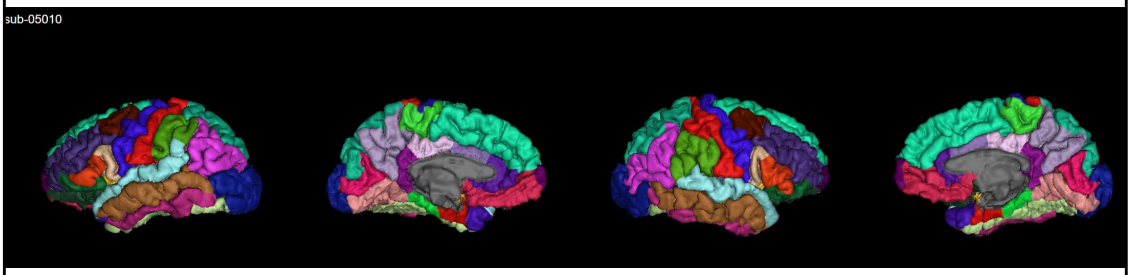




Rostral anterior cingulate

Spot the problem





Superior parietal/cuneus

GOOD LUCK!