Preface

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Abstract

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Part I Introduction & Literature

Brain-Computer Interfaces

1.1 Rationale

1.2 Overview & state-of-the-art

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 $\label{lem:conding} \mbox{different recording technologies and level of invasiveness + infographic active/reactive/passive + infographic$

1.3 Visual Event-Related Potential based BCIs

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Linear ERP decoding

2.1 LCMV-beamforming

proof equivalent to LDA

- 2.2 Toeplitz-LDA
- 2.3 Other methods

Gaze-independent BCIs

- 3.1 Oculomotor deficits in Locked-in Syndrome
- 3.2 Gaze-independent visual BCIs
- 3.3 Benefits & drawbacks of covert attention in BCI operation
- 3.4 Electrophysiological correlates of covert attention
- 3.5 Compensating for covert attention

Problem statement & rationale

Goal: Enable communication for eye-motor impaired patients

Method: Design a comfortable interface that allows them to maximally exploit their residual gaze capabilities, by leveraging a non-invasive high-ITR visuospatial ERP-based BCI and improving ERP decoding performance (in general and specifically in gaze-independent settings).

Novelty:

Part II Algorithms & Decoders

Kronecker-structured discriminant analysis

- **5.1** The spatiotemporal EEG covariance
- 5.2 The single-KP covariance model
- 5.3 The sum-of-KP covariance model
- 5.4 Decoding performance
- 5.5 Extension into the space-time-frequency domain

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Tensor discriminant analysis

- 6.1 The tensor structure of EEG data
- 6.2 Higher-order Discriminant Analysis
- 6.3 Block-term Tensor Discriminant Analysis
- 6.4 Decoding performance
- 6.5 Tensorizations coping with latency jitter

Woody Classifier-based Latency Estimation

7.1 The role of jitter in gaze-independent ERP decoding

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paper

- 7.2 Latency estimation and correction
- 7.3 Classifier-based Latency Estimation
- 7.4 Classifier-based Latency Estimation with Woody iterations
- 7.5 Simulation study

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- 8.2 Visuospatial attention conditions

Compensating jitter for gaze-independe decoding

- 9.1 Data collection & preprocessing
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Patient cases

- 10.1 Patient presentation
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Integrating gaze-tracking data

Conclusions & recommendations

- 12.1 General discussion
- 12.2 Limitations
- 12.3 Future directions
- 12.4 Working with patients
- 12.5 Conclusion

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Personal contribution

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Conflict of interest

The authors declare no conflict of interest.