



National Institute
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Multi-echo fMRI denoising with physiological and motion information

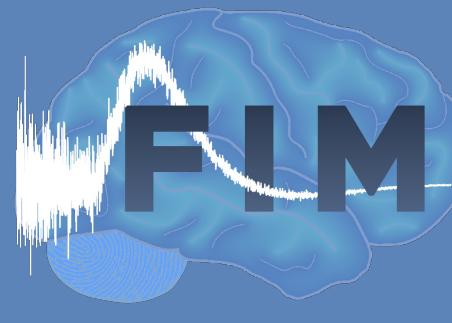
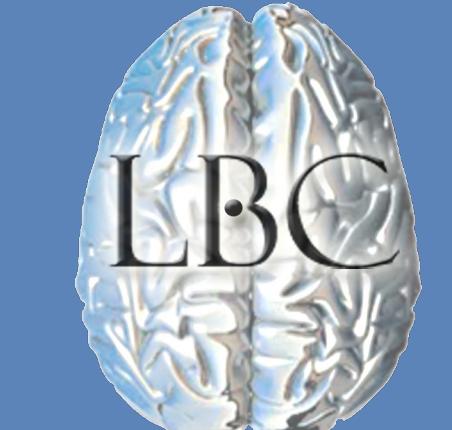
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INTRODUCTION

Multi-echo denoising removes non-T2* and therefore non-BOLD time series fluctuations. This includes scanner artifacts and head motion. However, breathing related BOLD changes are not removed.

We use the multi-echo ICA denoising⁷ method implemented in tedana⁴ and additionally removed ICA components that are correlated with head motion, cardiac, and respiratory fluctuations. Our hypothesis was that this additional ICA removal process would help eliminate artifactual BOLD and maintain higher statistical degrees of freedom.

METHODS

Experimental Paradigm

13 participants completed several tasks:

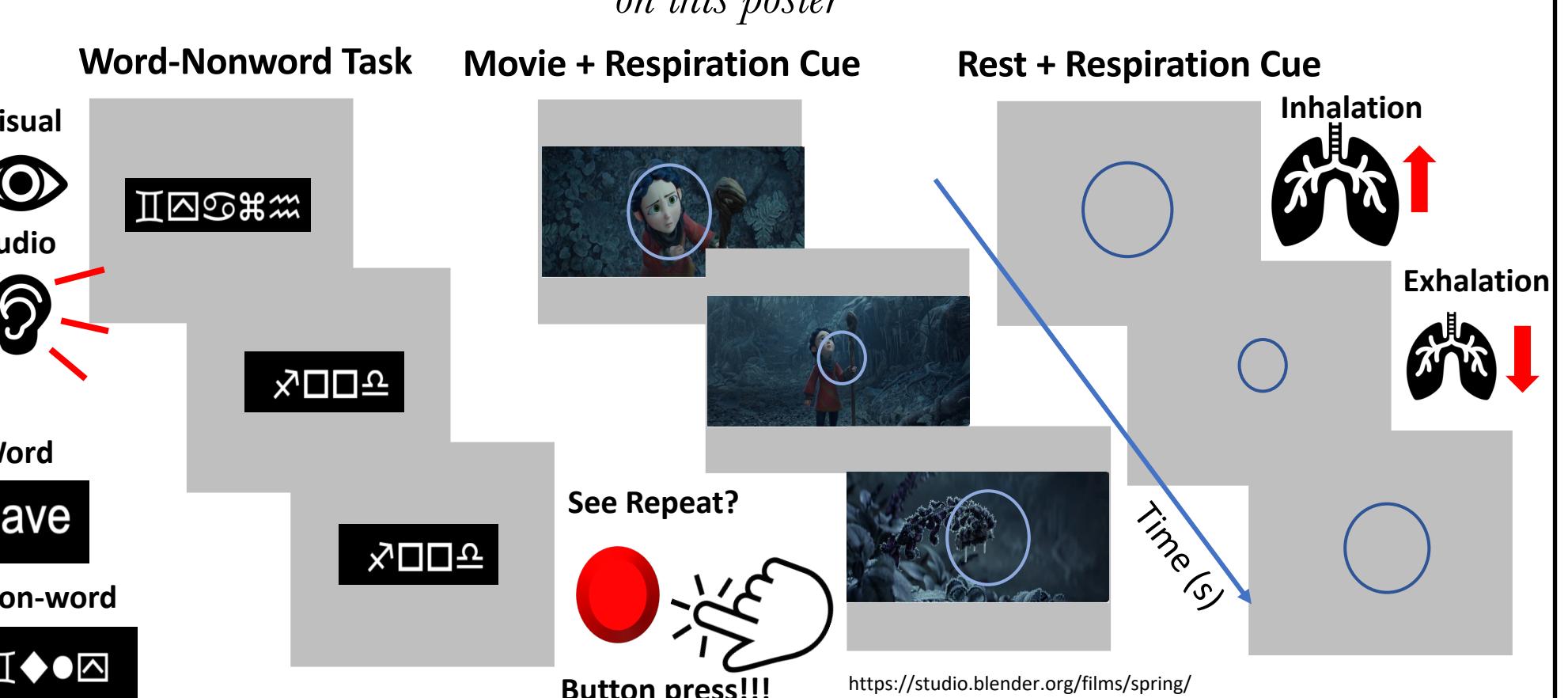
25 min: visual vs audio & word vs nonword task⁸
This task should create measurable contrasts between conditions in every brain lobe and in areas with both large and small magnitude responses that can be used to compare methods

8 min: cued breathing task (2X) with the same breathing pattern each run. Breathing rate and depth slowly changes across the run

8 min: movie + cued breathing (2-3X) with different breathing patterns each run

These runs can be used for inter-run and inter-subject correlation (ISC) measurements. Better removal of cardiac and respiratory artifacts should improve ISC between the movie runs and reduce artifactual ISC between the cued breathing runs with common breathing patterns.

Note: Analyses of the movie and breathing runs are in process and not being presented on this poster



Acquisition

3T Siemens Prisma, multi-echo fMRI (CMRR Multi-band EPI, SMS=2 iPAT=2, TE=13.44, 31.7, & 49.96,

3.0 mm isotropic voxels. Stored magnitude & phase information and collected 5 RF-off “noise” volumes at the end of each sequence. Respiratory belt and pulse oximetry recorded.

Data processing

Data were preprocessed with AFNI³. Skull stripping and anatomical ROIs were calculated with Freesurfer⁵ and functionally localized using the optimally combined data with the Visual-Audio contrast for V1 & A1 and the word-nonword contrast for all other ROIs. Multi-echo ICA denoising used tedana⁴. Cardiac and respiratory frequency variations⁶, respiratory volume changes¹, and heart rate changes² were calculated using niphlem¹⁰. Presented GLMs were calculated using 4 conditions: (1) 2nd echo data with motion and 1st derivative of motion traces (Motion), and lateral ventricle ROIs (CSF) as nuisance regressors. (2) The optimal combination of echoes with motion & CSF regressors (3) Optimal combination with tedana rejected ICA components, motion, and CSF as nuisance regressors. (4) Motion, CSF, respiration, & cardiac signals fit to ICA & used as combined nuisance regressors (see Denoising Methods)

Processing code

<https://github.com/nimh-sfm/ComplexMultiEcho1>

NORDIC

This poster's abstract focused on NORDIC denoising¹¹ combined with the methods presented here. While still planned, ensuring valid statistics across a combined pipeline required more work.

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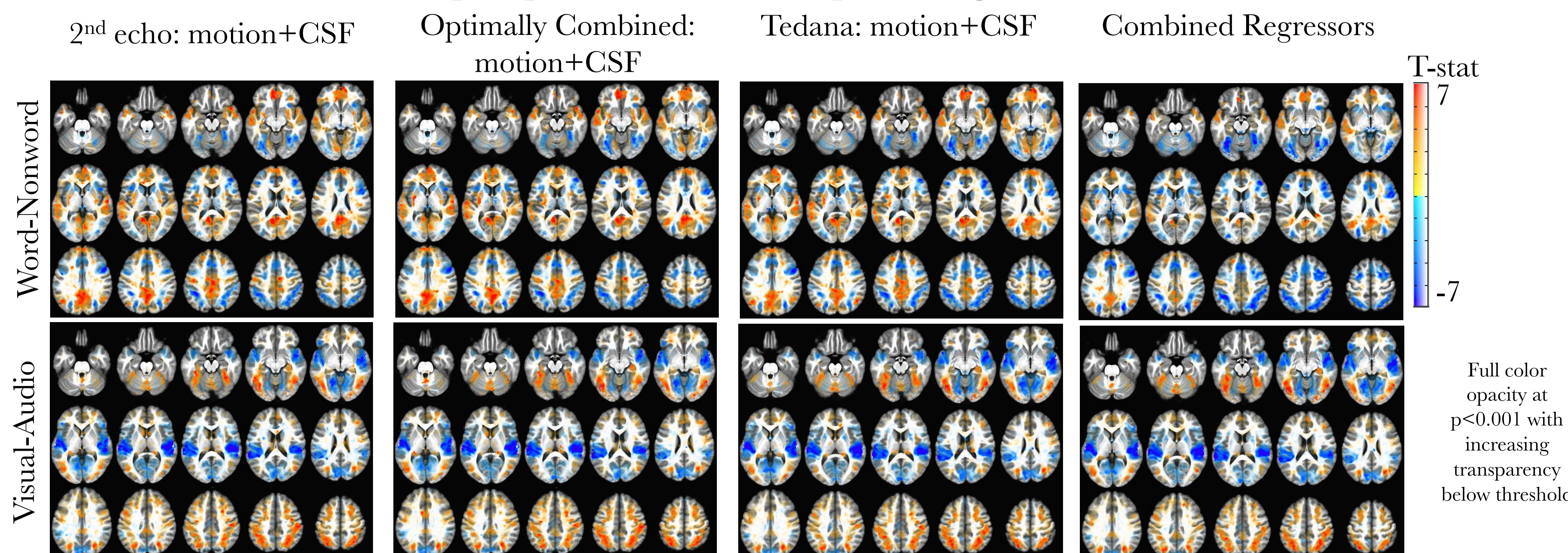
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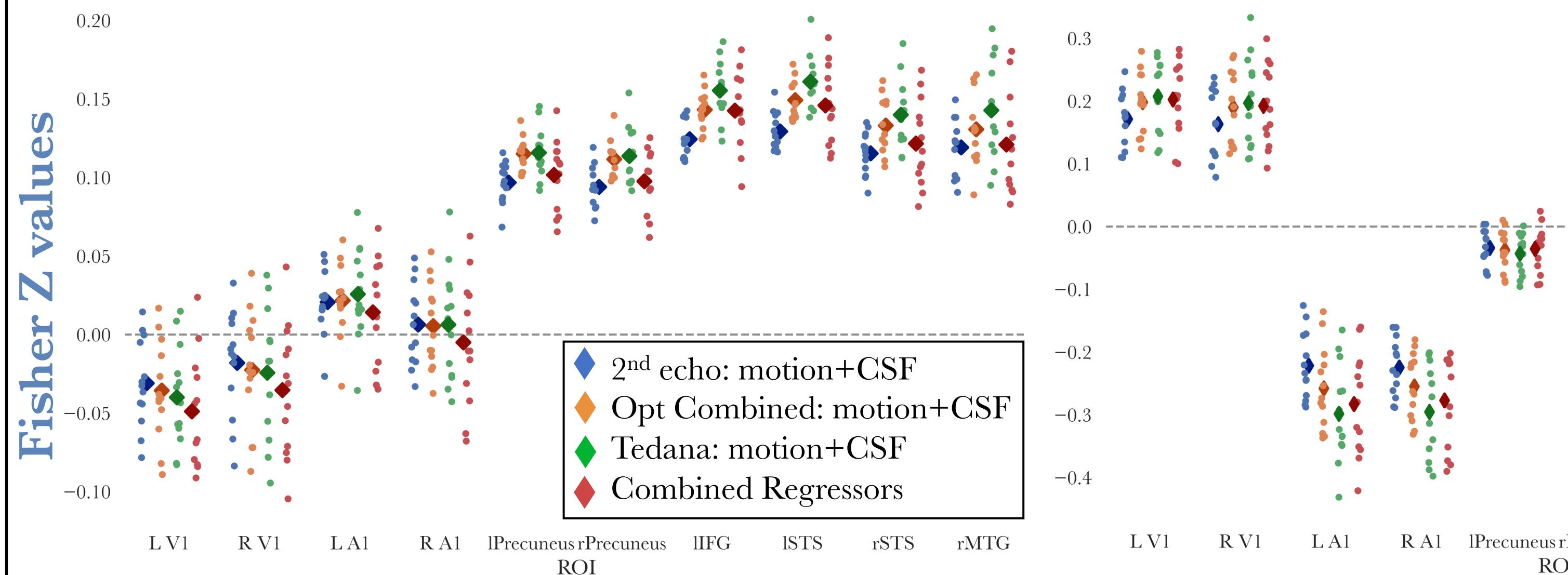
RESULTS

Group maps are similar across processing methods



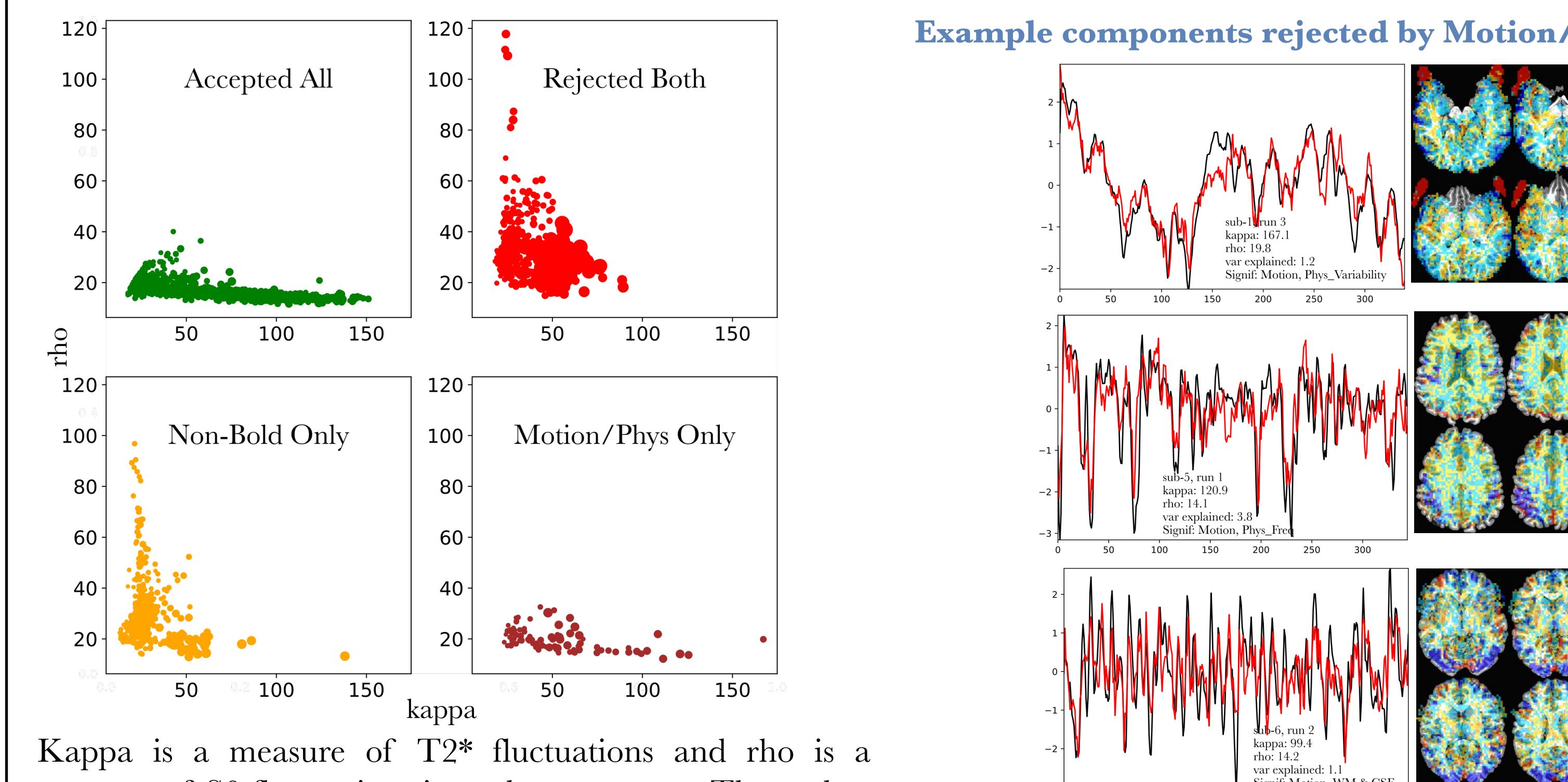
Optimally combined and tedana show more significant activation than 2nd echo. Combined regressors are similar or slightly less than tedana. Using 3dMVM in AFNI

Average Fisher Z values in ROIs for each participant



Each dot is a participant (diamonds=mean). For the Word-Nonword contrast, the Fisher Z values increased from echo 2 → optimally combining echoes → tedana denoising. The combined regressors have lower Fisher Z values vs using tedana & motion regressors separately.

Effect of combined regressors on component selection



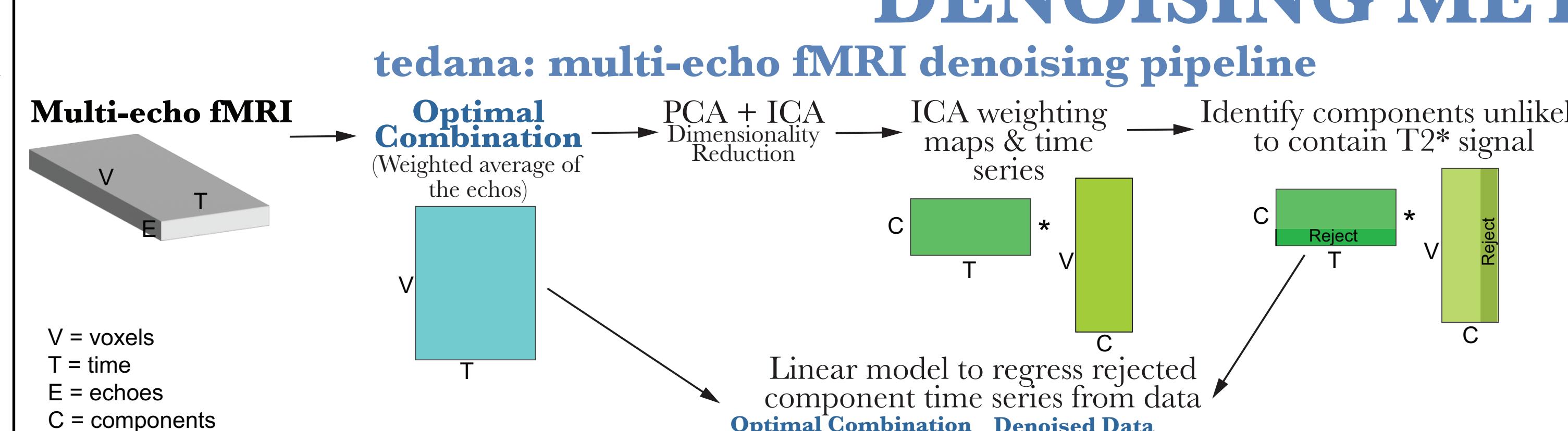
Component time series in black. Model fit in red. Despite high kappa values, there were rejected due to significant model fits nuisance regressors

CONCLUSIONS

- The combined regressors method, while conserving degrees of freedom, produced results that were slightly inferior in noise elimination to tedana for the word-nonword contrast & neural with the visual-audio contrast.
- Possible reasons combined regressors are worse:
 - Task-correlated breathing and motion are artifacts & should be removed
 - Combined regressors remove components that are a mix of desired signal and noise
 - Most ICA components (often over 80%) correlate with the noise regressors. ICA does not cleanly separate signal and noise into distinct components

- Explore alternatives to ICA that take advantage of multi-echo information to cleanly separate signal
- Examine individual participants with low and high levels of motion to better characterize factors that affect tedana and the combined regressors results
- Process breathing & movie runs to see how combined regressors directly address respiratory artifacts
- Integrate NORDIC¹¹ into this processing stream

DENOISING METHODS



Identify ICA components to reject as not T2* and linearly regress the time series of those components from the data

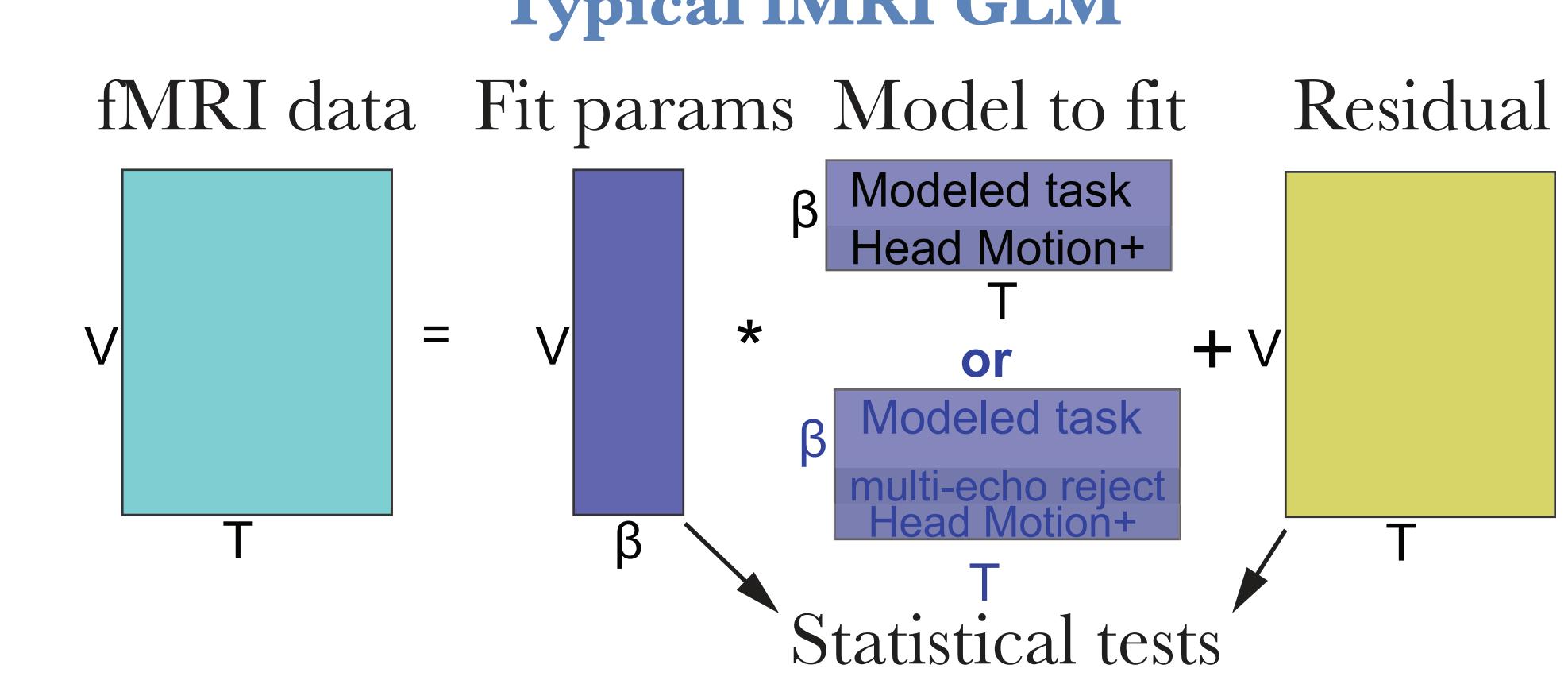
New combination method

$$\text{ICA components } C = C \cdot \beta \cdot \text{Motion+Residual}$$

Find ICA components that are significantly modeled by motion, respiratory, and cardiac frequencies⁶, respiratory volume¹, and heart rate variability⁸ over time. Using $p < 0.05_{\text{bonf}}$ & $R^2 > 0.5$ as the threshold. This is conceptually similar to AROMA⁹, but benefits from multi-echo information

β Modeled task combined reject
 T
Get one combined set of nuisance regressors using both models.

Typical fMRI GLM



Data are fit to a model that contains both expected behavioral responses & nuisance regressors (Per run in this study: 4 detrending, 12 motion, 3 ventricles). Tedana denoising adds the time series from rejected components as nuisance regressors

Benefits & Risks for combined method

- Combined regressors give a lot of flexibility for ways to combine empirical noise models
- Works best if each ICA component is a clean model signal or noise