

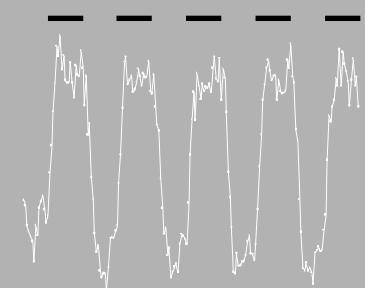
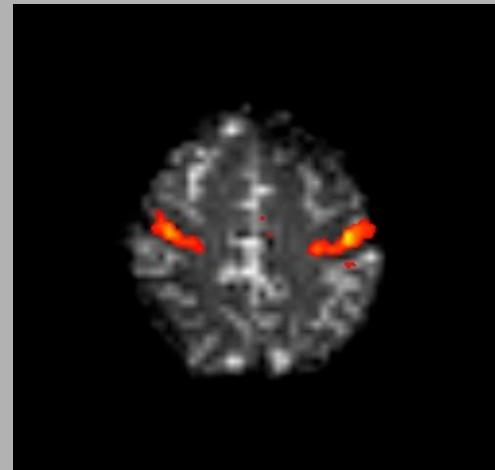
# Pushing the Spatial, Temporal and Interpretive Limits of Functional MRI

Peter A. Bandettini, Ph.D

Unit on Functional Imaging Methods  
Laboratory of Brain and Cognition  
National Institute of Mental Health

# Categories of Questions Asked with fMRI

Where?



When?

How much?

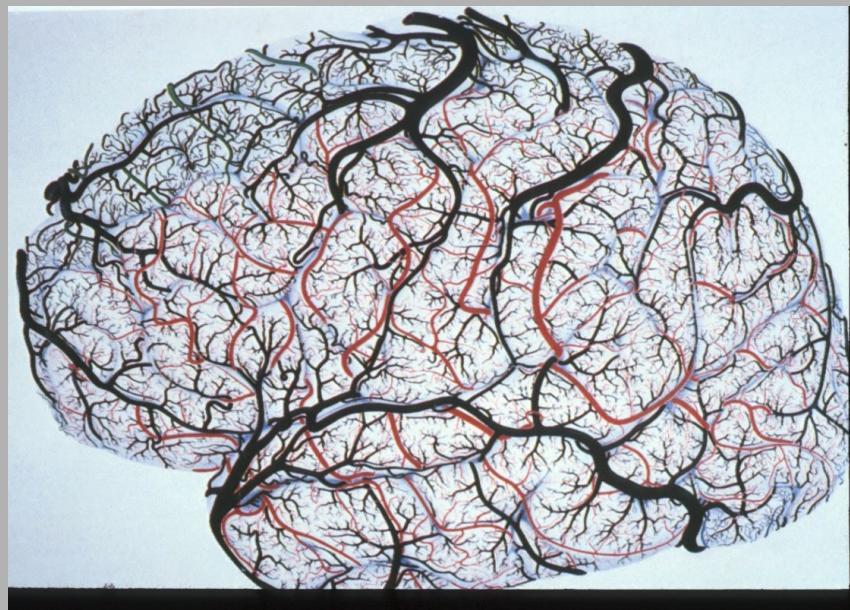
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How to get the brain to do what we want it to  
do in the context of an fMRI experiment?

(*limitations:* time, motion, acoustic noise)

# A Primary Challenge:

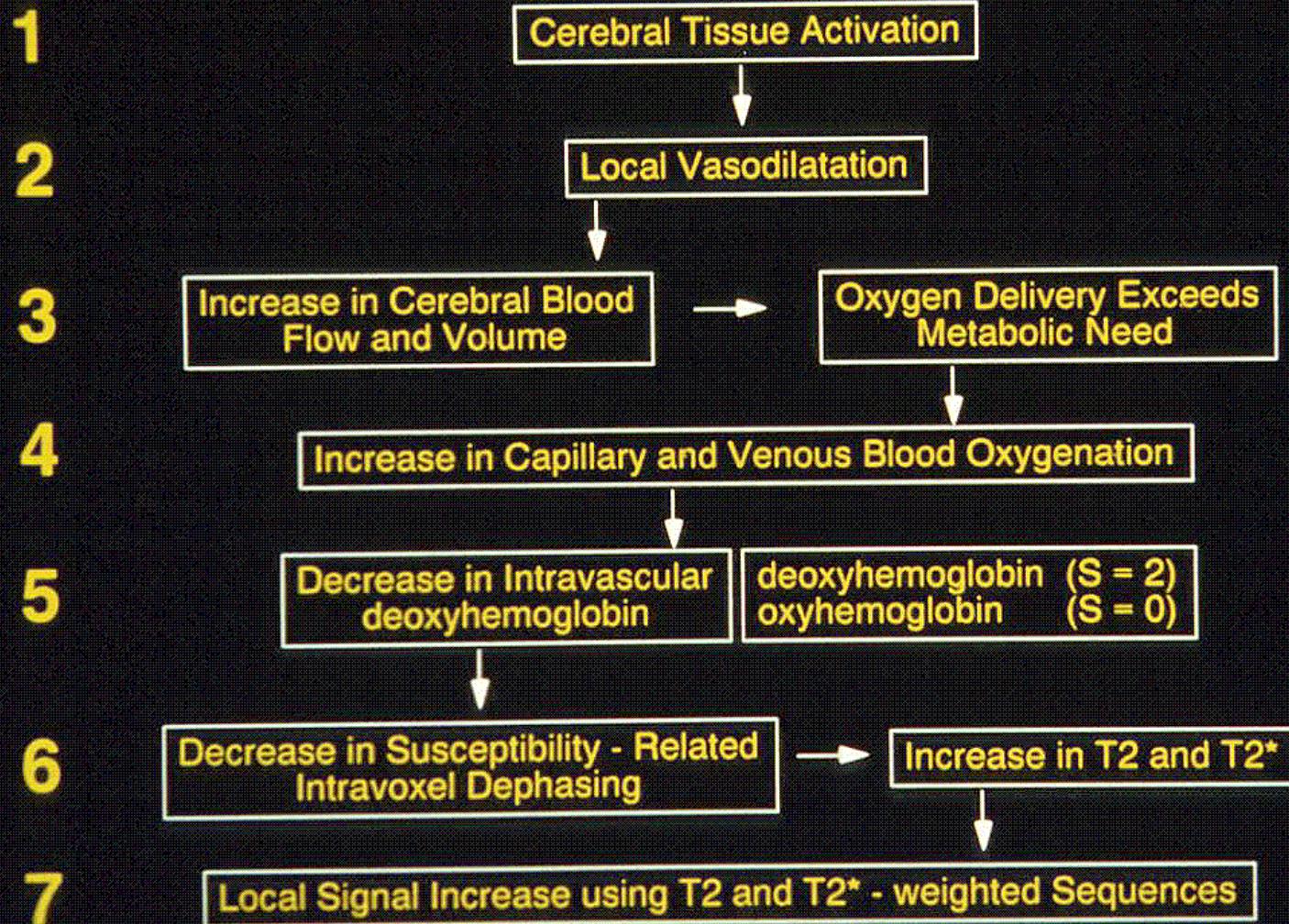
**...to make progressively more precise inferences using fMRI without making too many assumptions about non-neuronal physiologic factors.**



# Contrast in Functional MRI

- **Blood Volume**
  - Contrast agent injection and time series collection of T2\* or T2 - weighted images
- **BOLD**
  - Time series collection of T2\* or T2 - weighted images
- **Perfusion**
  - T1 weighting
  - Arterial spin labeling

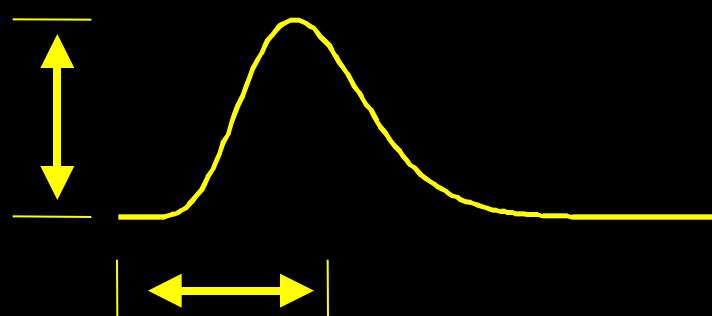
## *BOLD Contrast in the Detection of Neuronal Activity*



**Neuronal  
Activation**

**Measured  
fMRI  
Signal**

**Hemodynamics**



**Physiologic Factors**

# Physiologic Factors that Influence BOLD Contrast

- Blood oxygenation
- Blood volume
- Blood pressure
- Hematocrit
- Vessel size

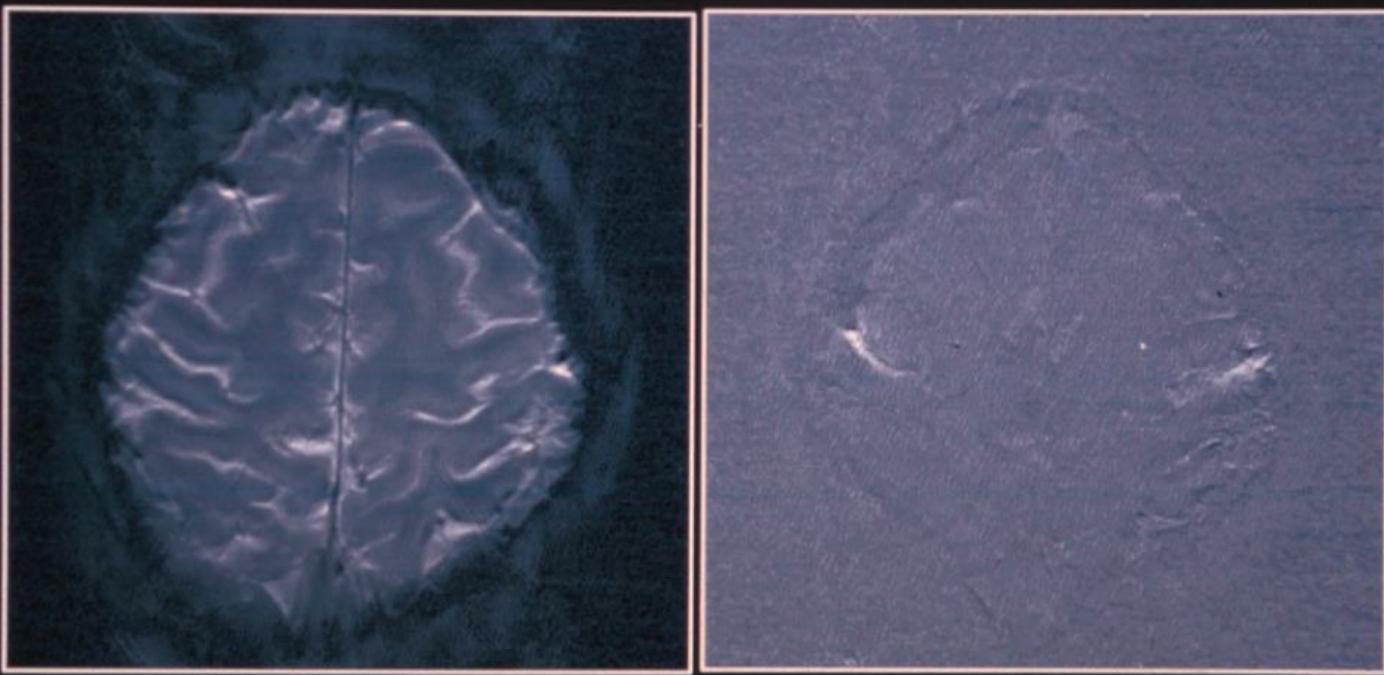
**Coupling:  
Flow & CMRO<sub>2</sub>**

# Where and When?

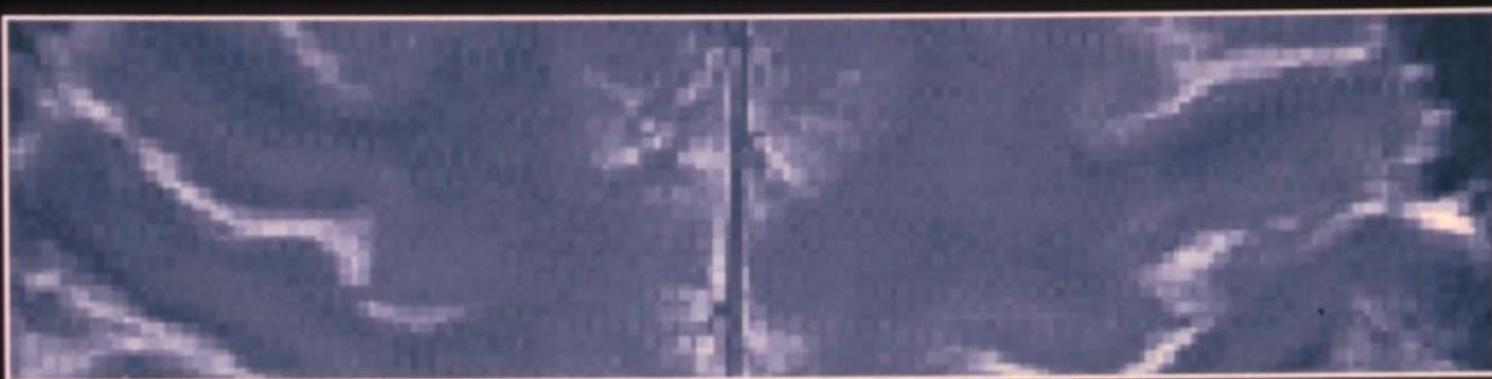
The resolution is determined by the cerebral hemodynamics.

- Know the vasculature at which you are looking.  
(or)
- Normalize to the spatial variation in the vasculature.  
(or)
- Make several assumptions.

**Single - Shot EPI at 3T:  
Half NEX, 256 x 256, 16 cm FOV**

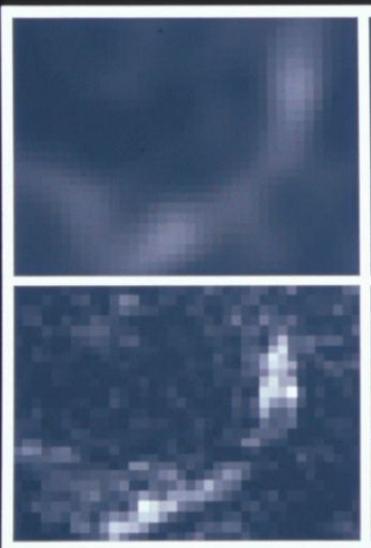


**Single - Shot EPI at 3T:  
Half NEX 256 x 256, 16 cm FOV**

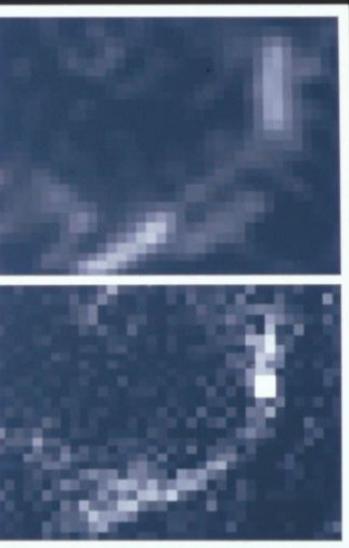


## Fractional Signal Change

2.5 mm<sup>2</sup>

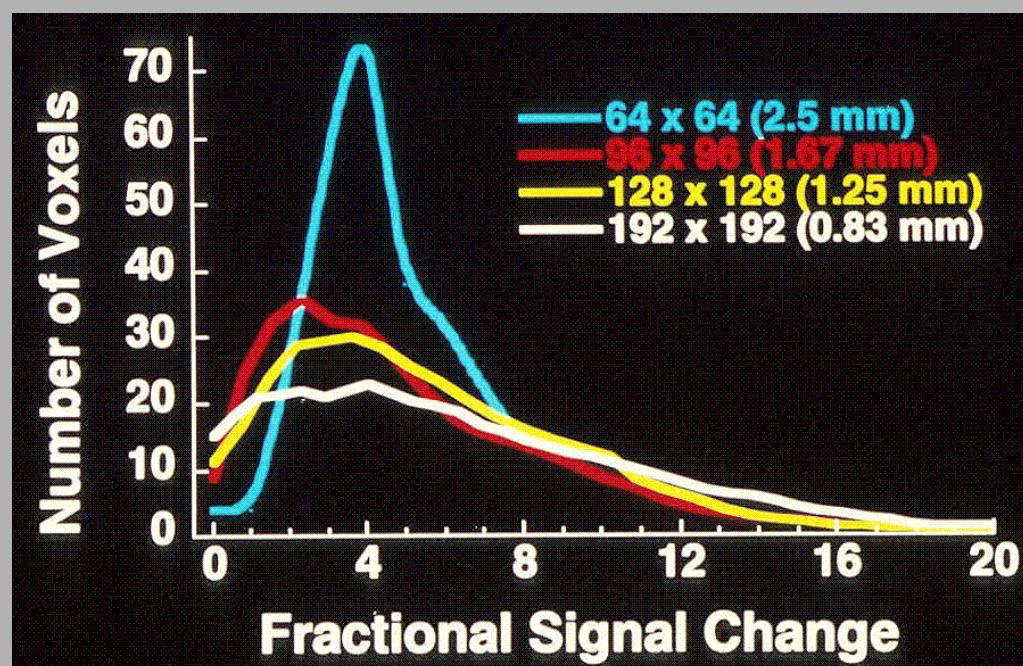


1.25 mm<sup>2</sup>



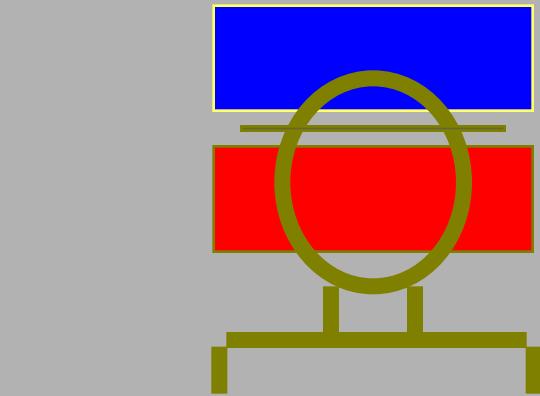
0.83 mm<sup>2</sup>

0.62 mm<sup>2</sup>

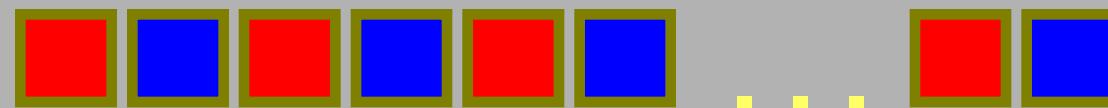
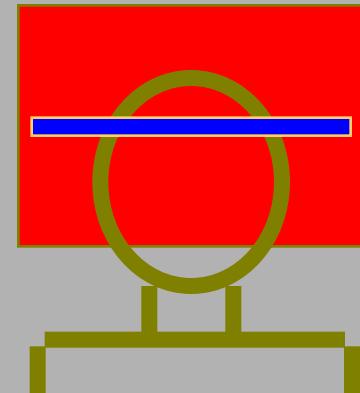


# Perfusion / Flow Imaging

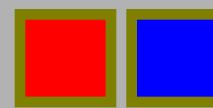
EPISTAR



FAIR



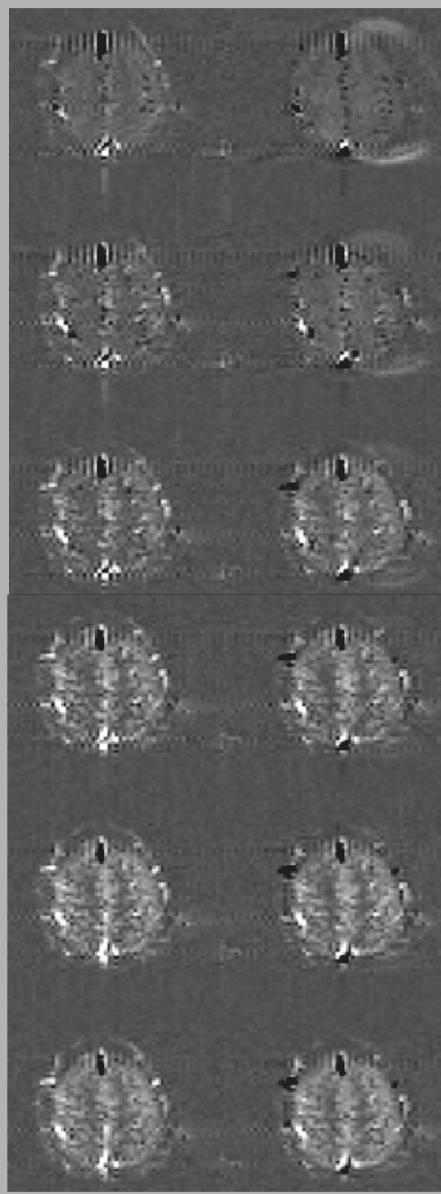
...



Perfusion  
Time Series

**TI (ms)**    FAIR    EPISTAR

**200**



**400**

**600**

**800**

**1000**

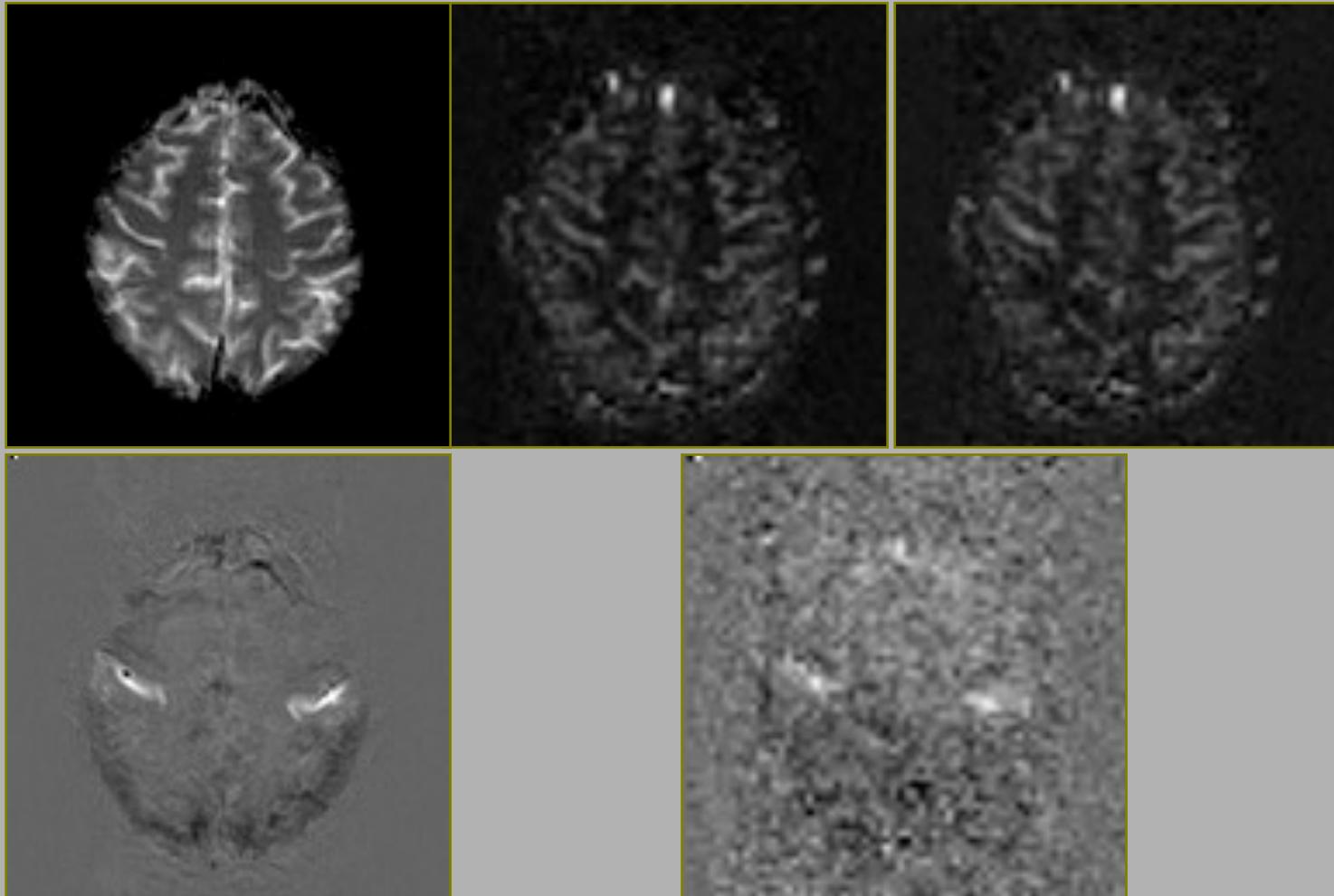
**1200**

# BOLD

# Perfusion

## *Rest*

## *Activation*



# Anatomy



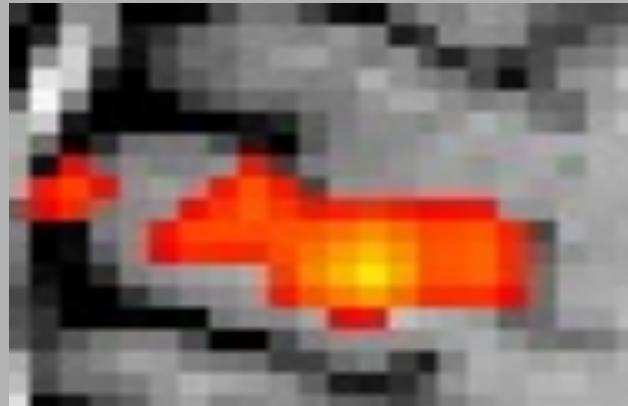
# BOLD



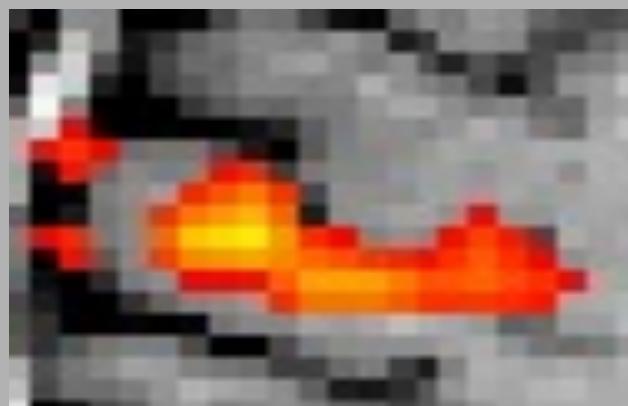
# Perfusion



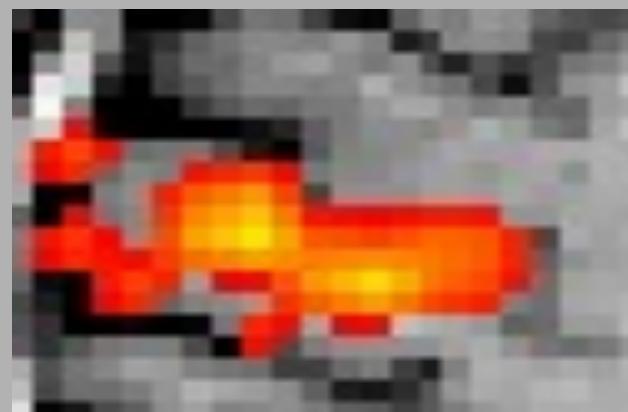
**T1 - weighted**



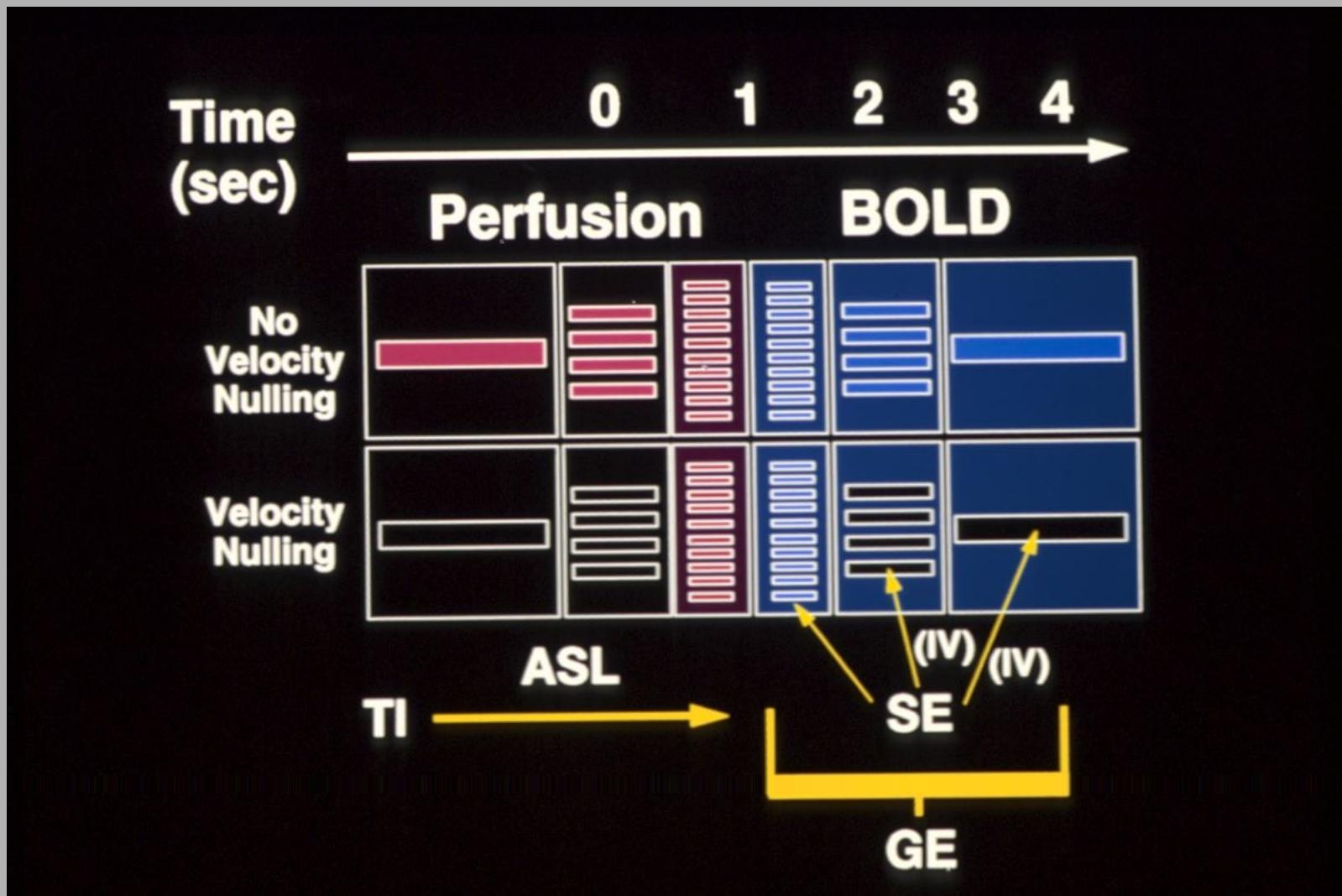
**T2\* weighted**



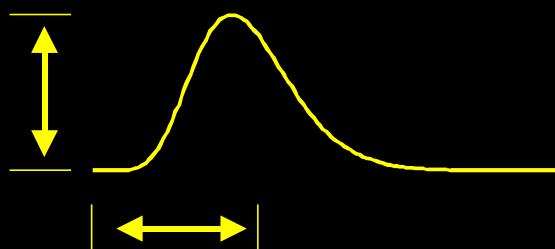
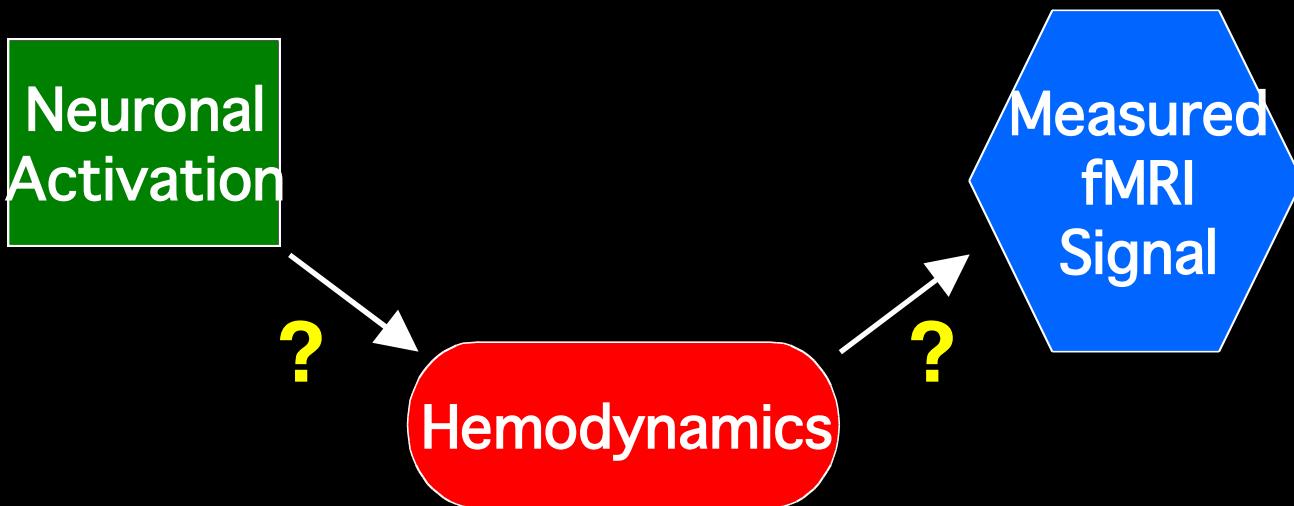
**T2\* and T1\*  
weighted**



# Vascular Sensitization

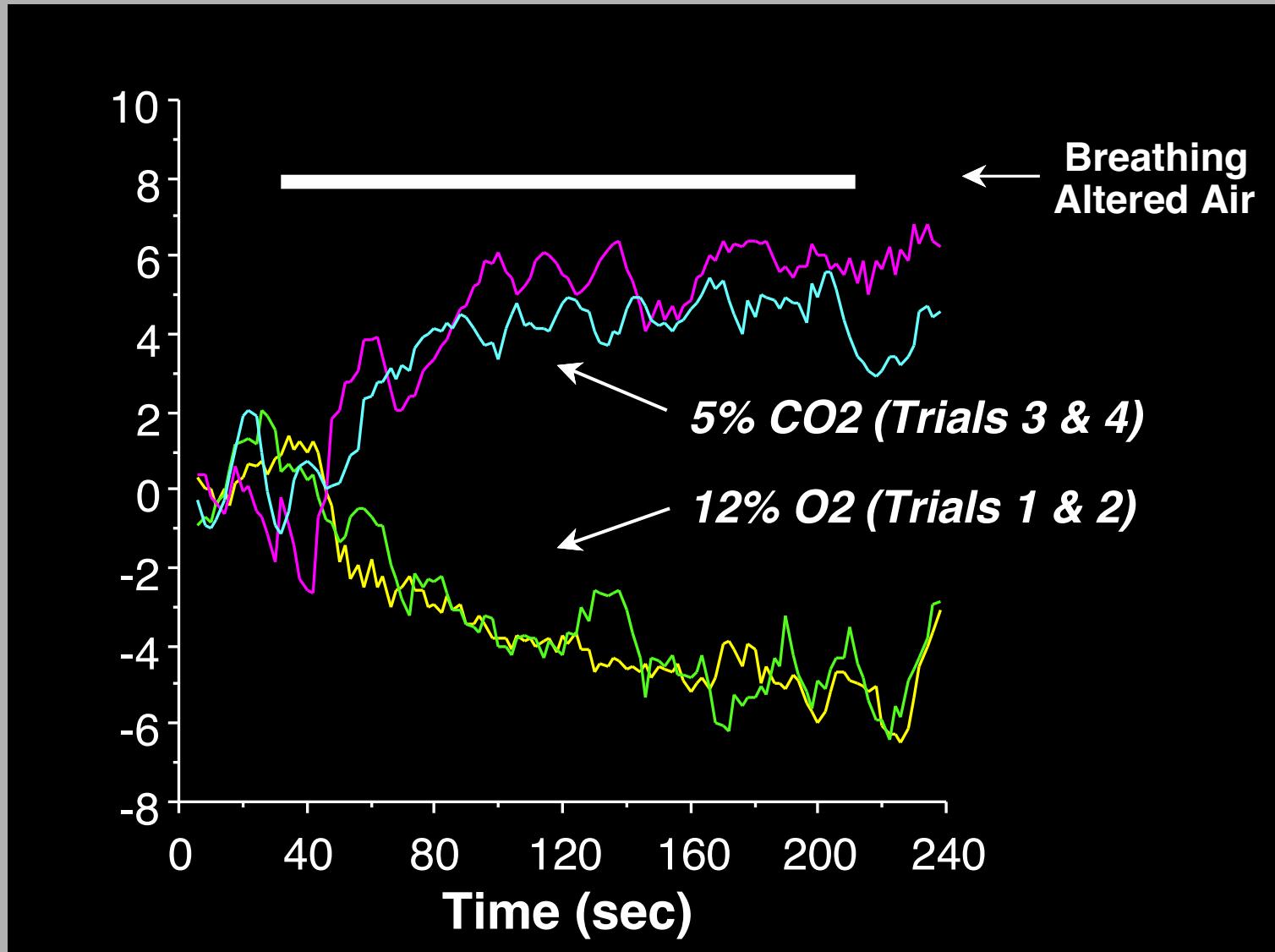


# Spatial Normalization



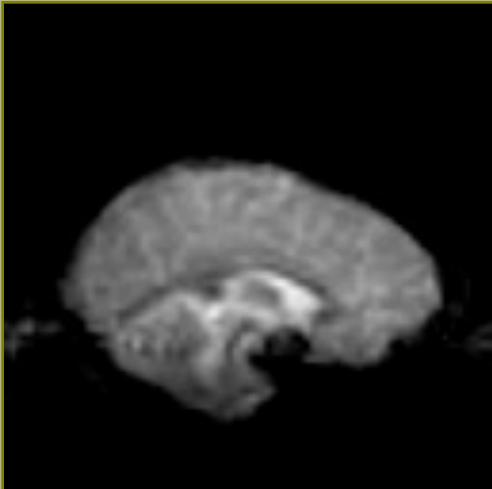
Physiologic Factors

Hypercapnia

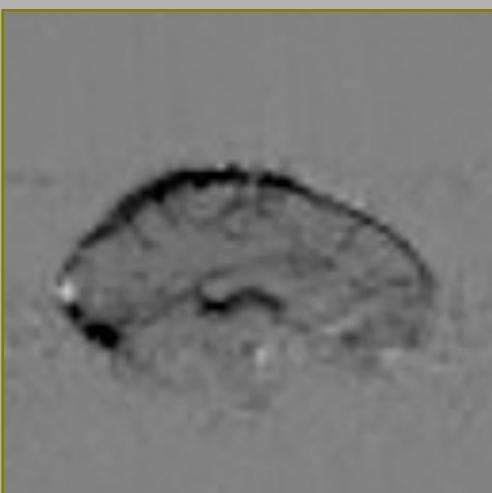


,

Anatomical



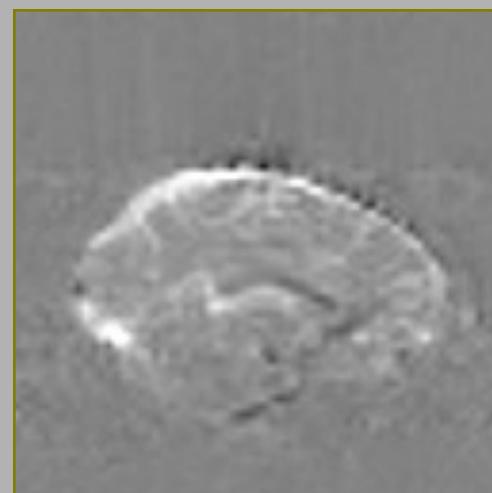
12% O<sub>2</sub>



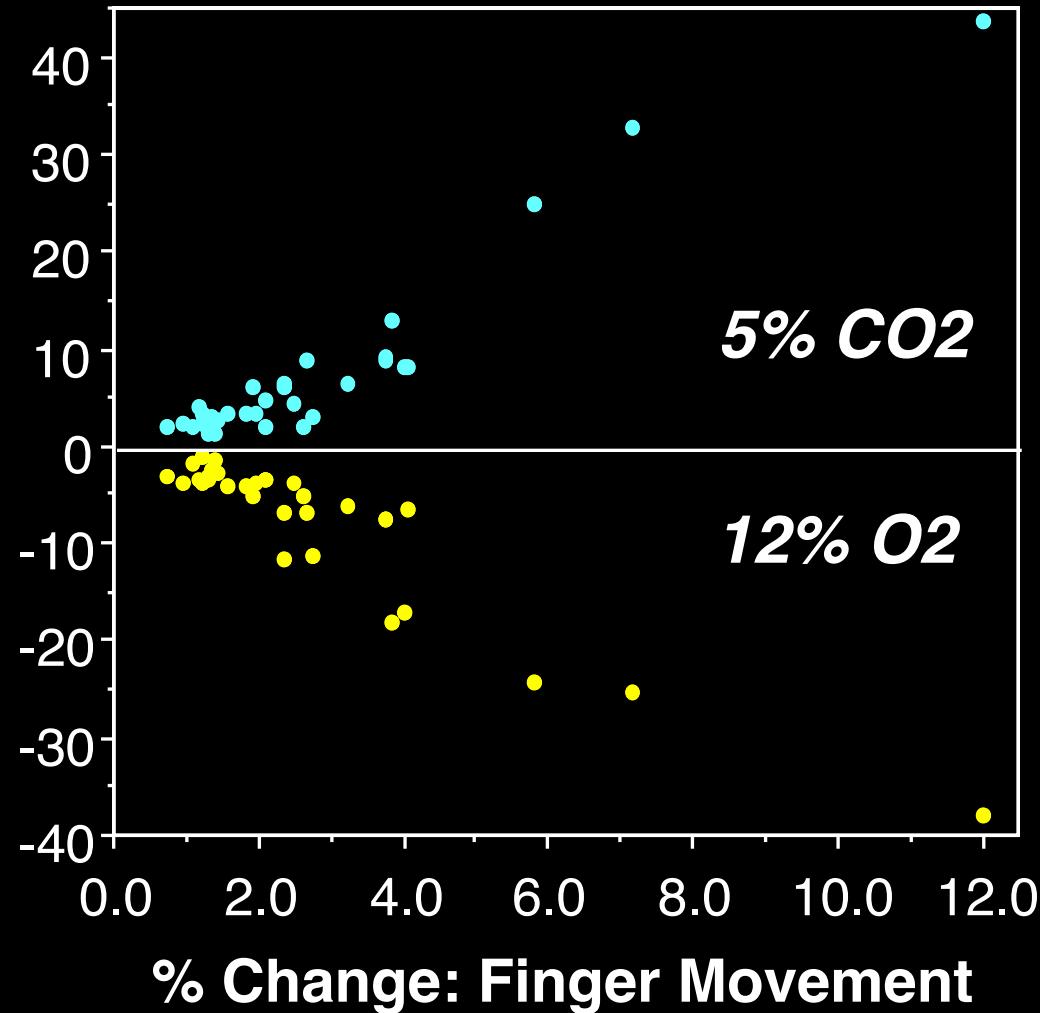
Finger  
Movement



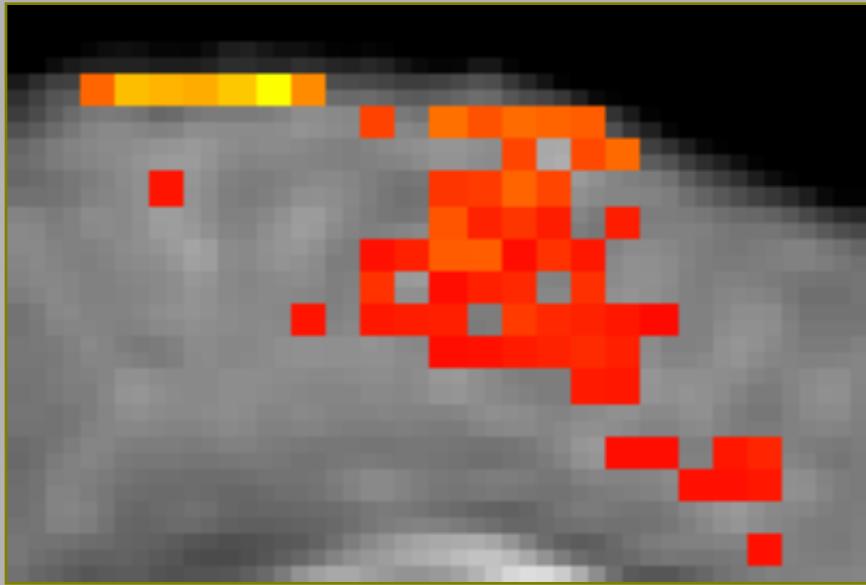
5% CO<sub>2</sub>



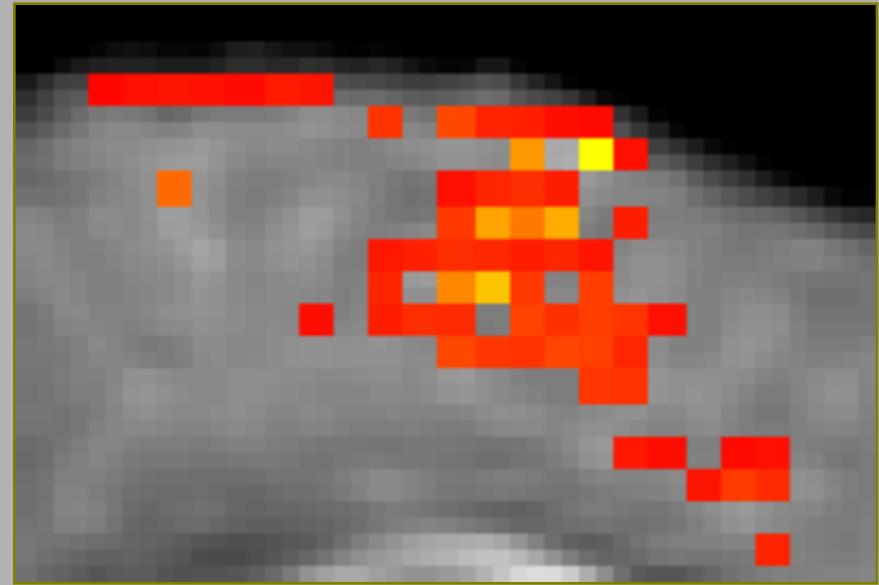
# Resting State Blood Volume Weighting

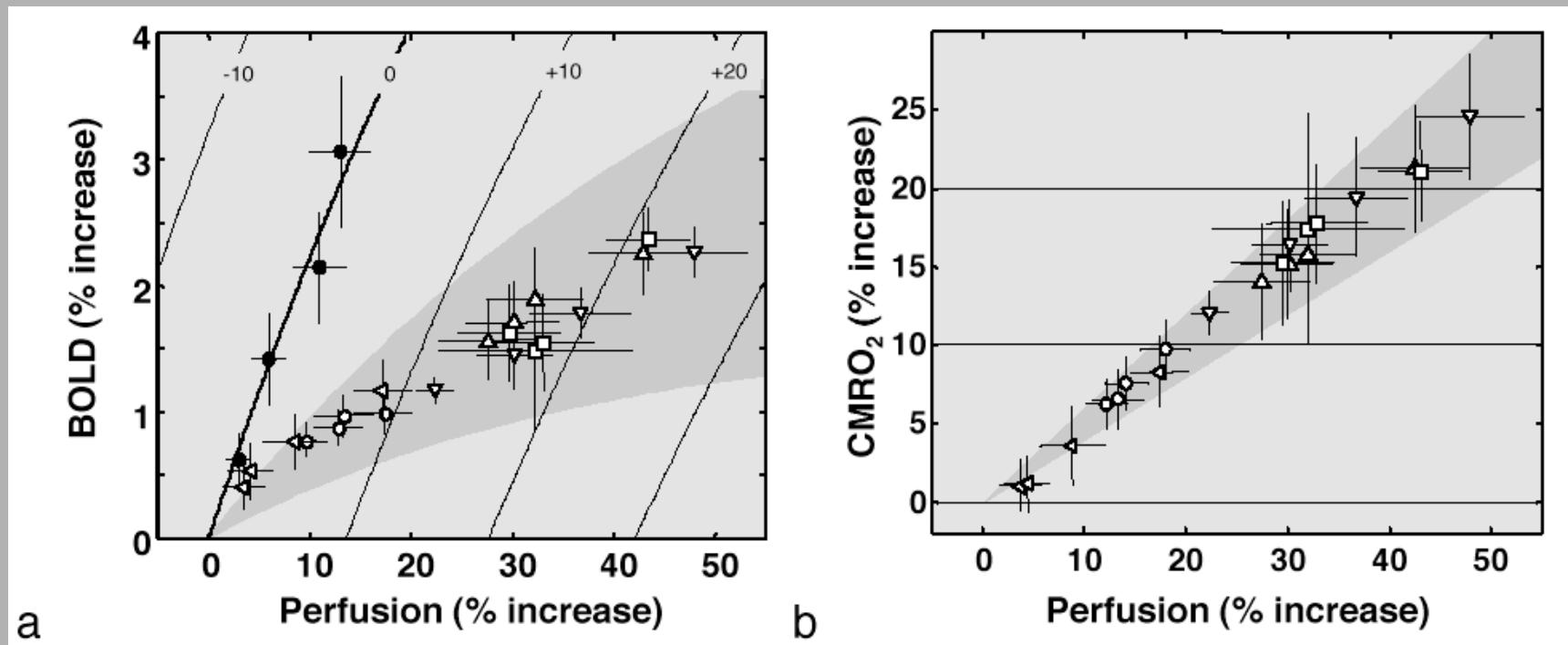


## Finger Movement



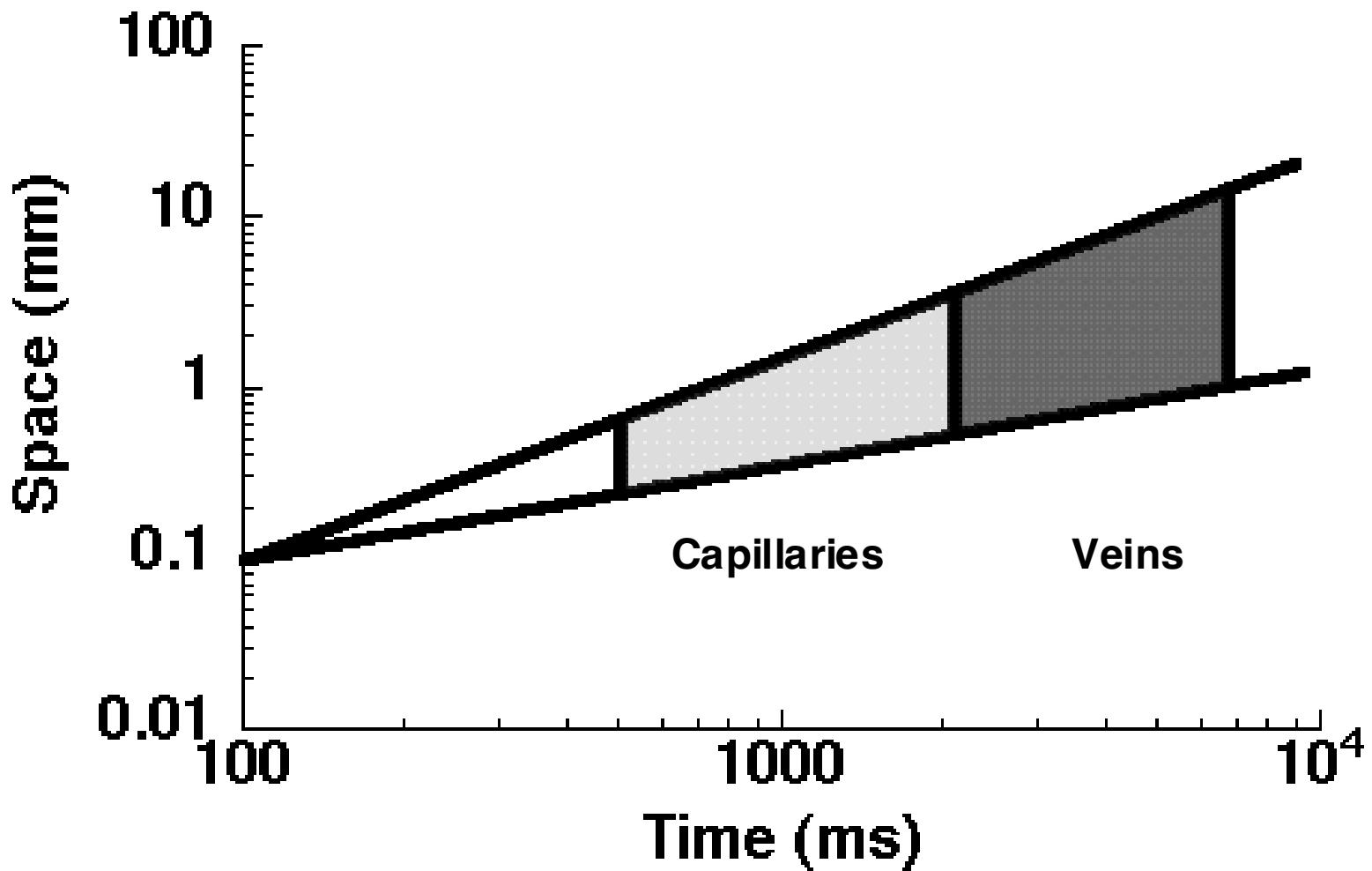
## Finger Movement / 5% CO2



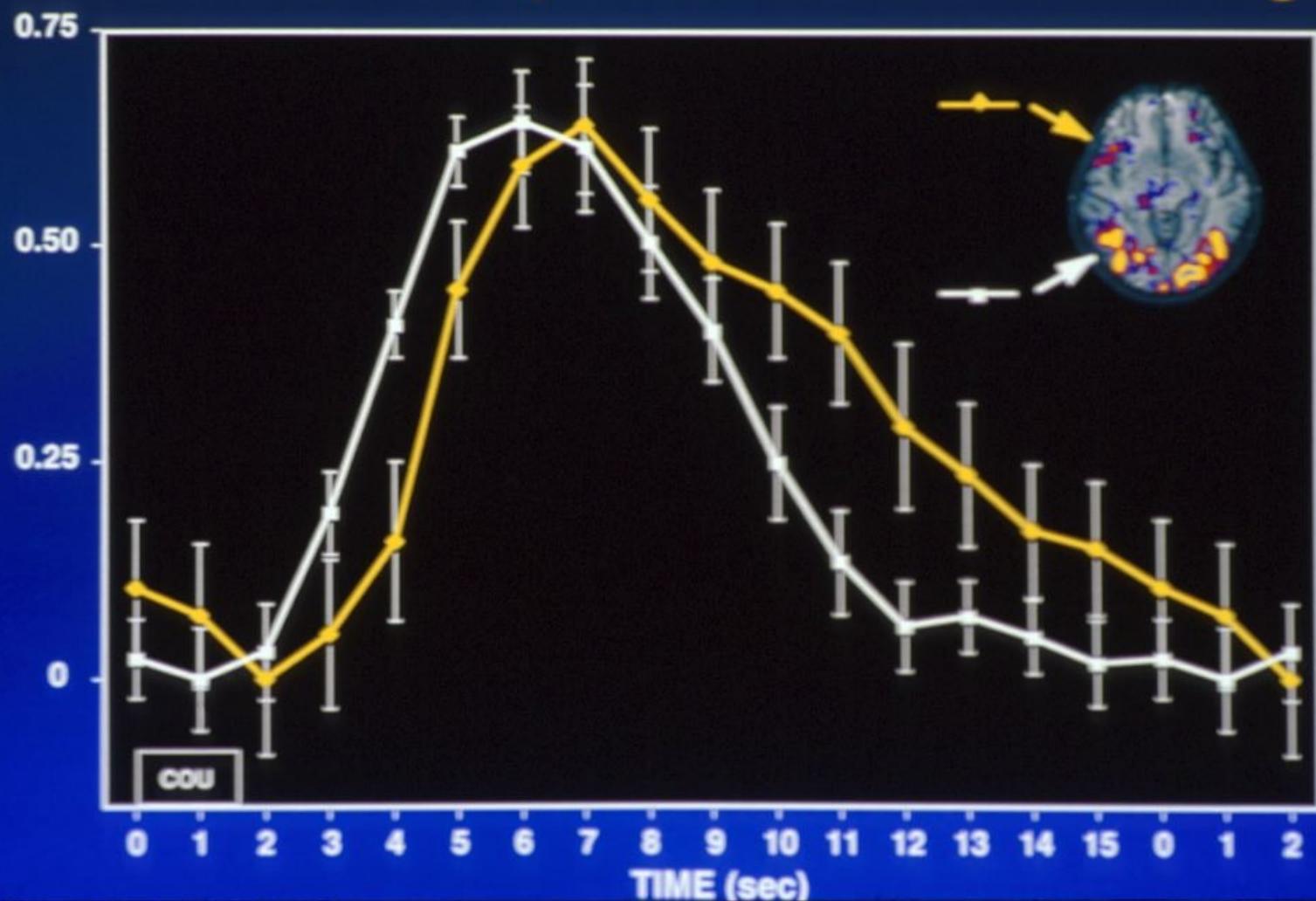


Hoge et al

## Hemodynamic Latency and Variability Following Neuronal Activation

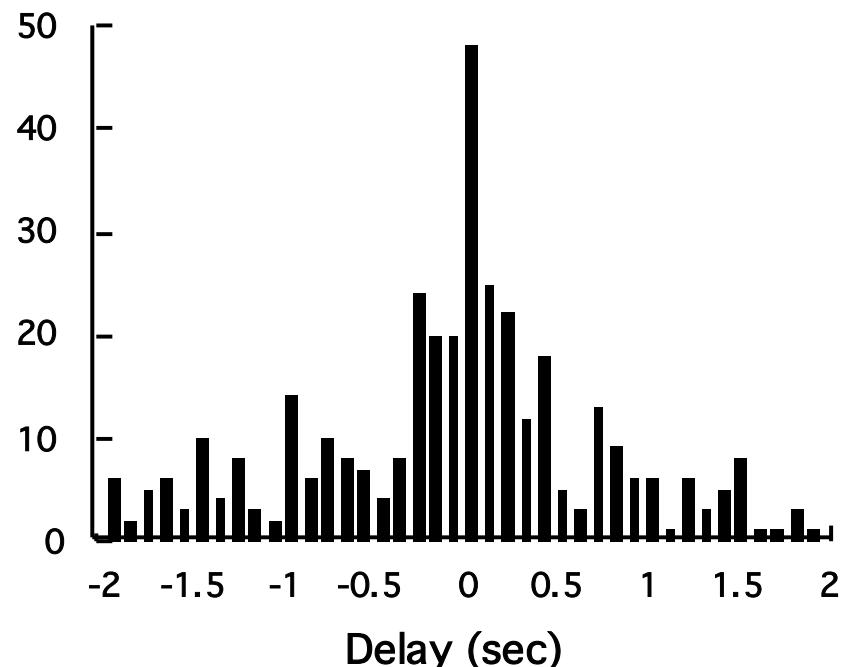
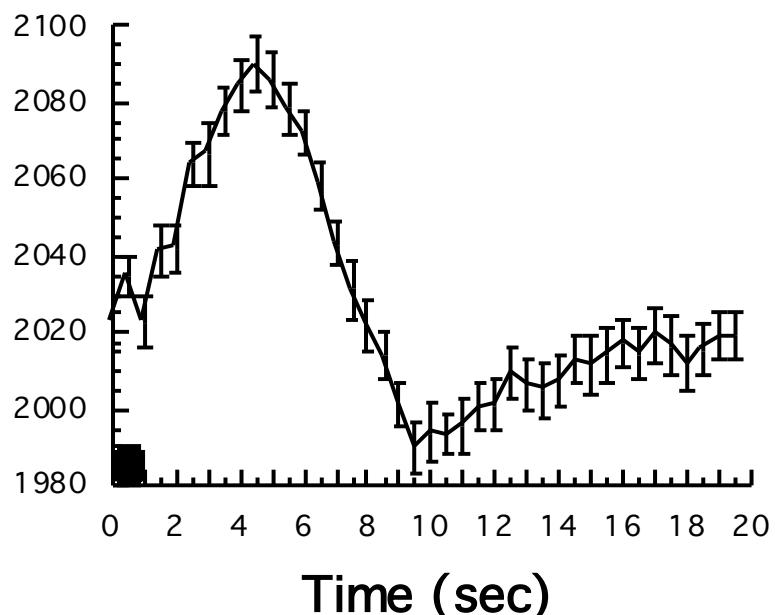
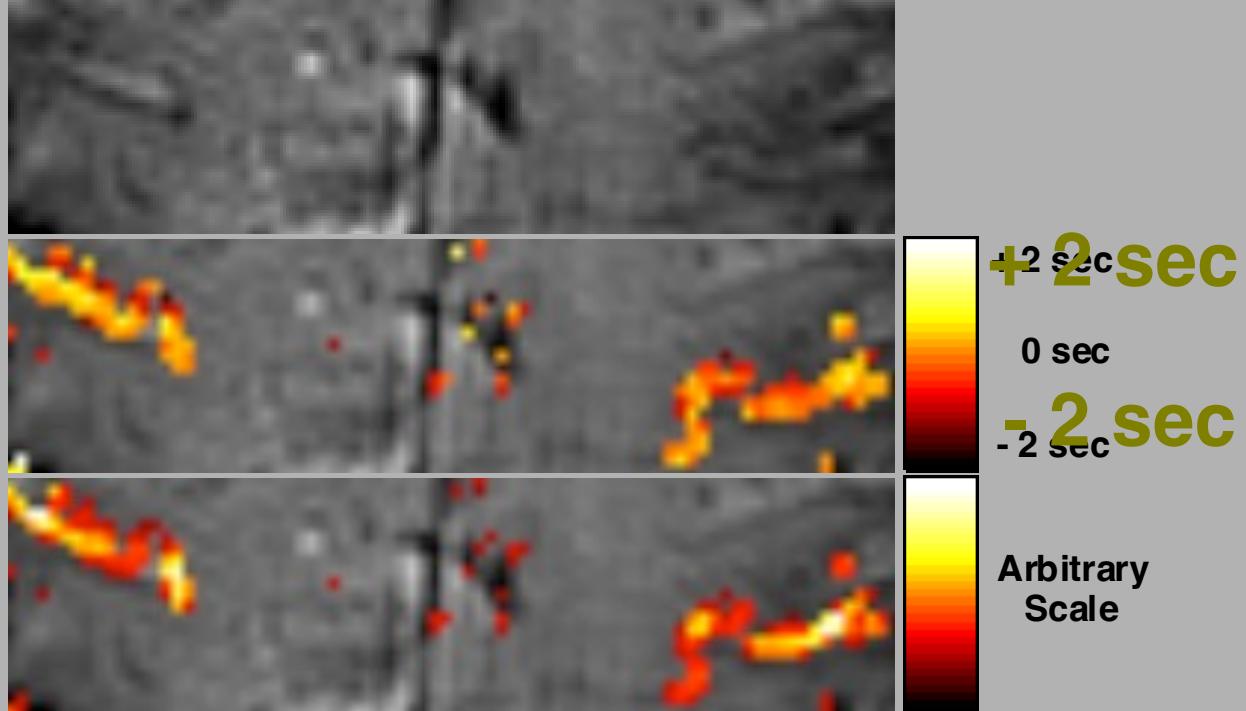


## Time Course Comparison Across Brain Regions



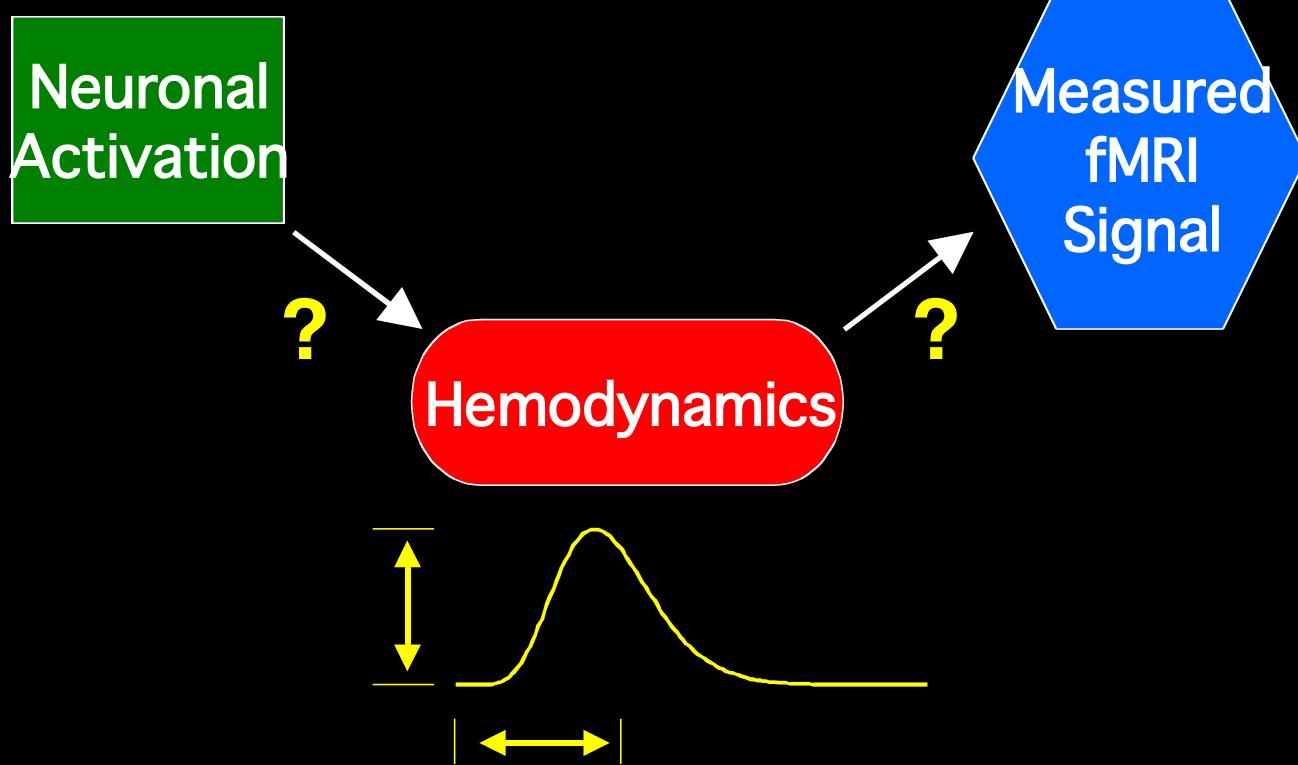
**Laten<sub>delay</sub>**

**Magnitude Product**



# Temporal Normalization

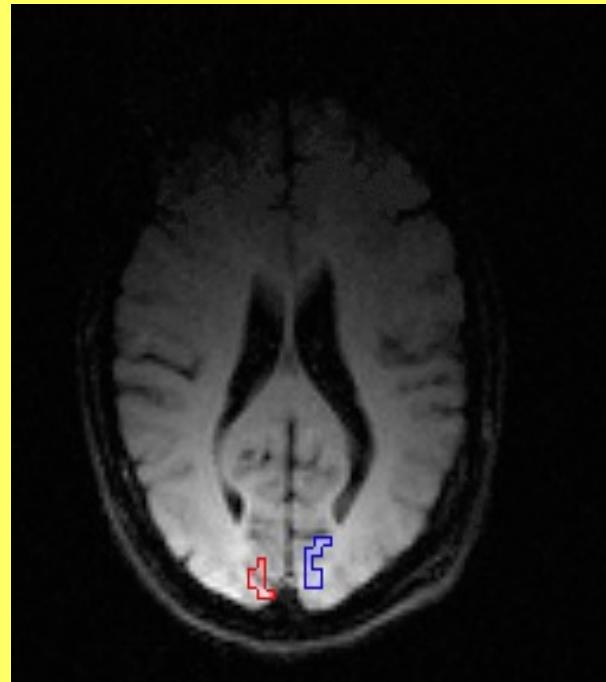
## Relative Timing



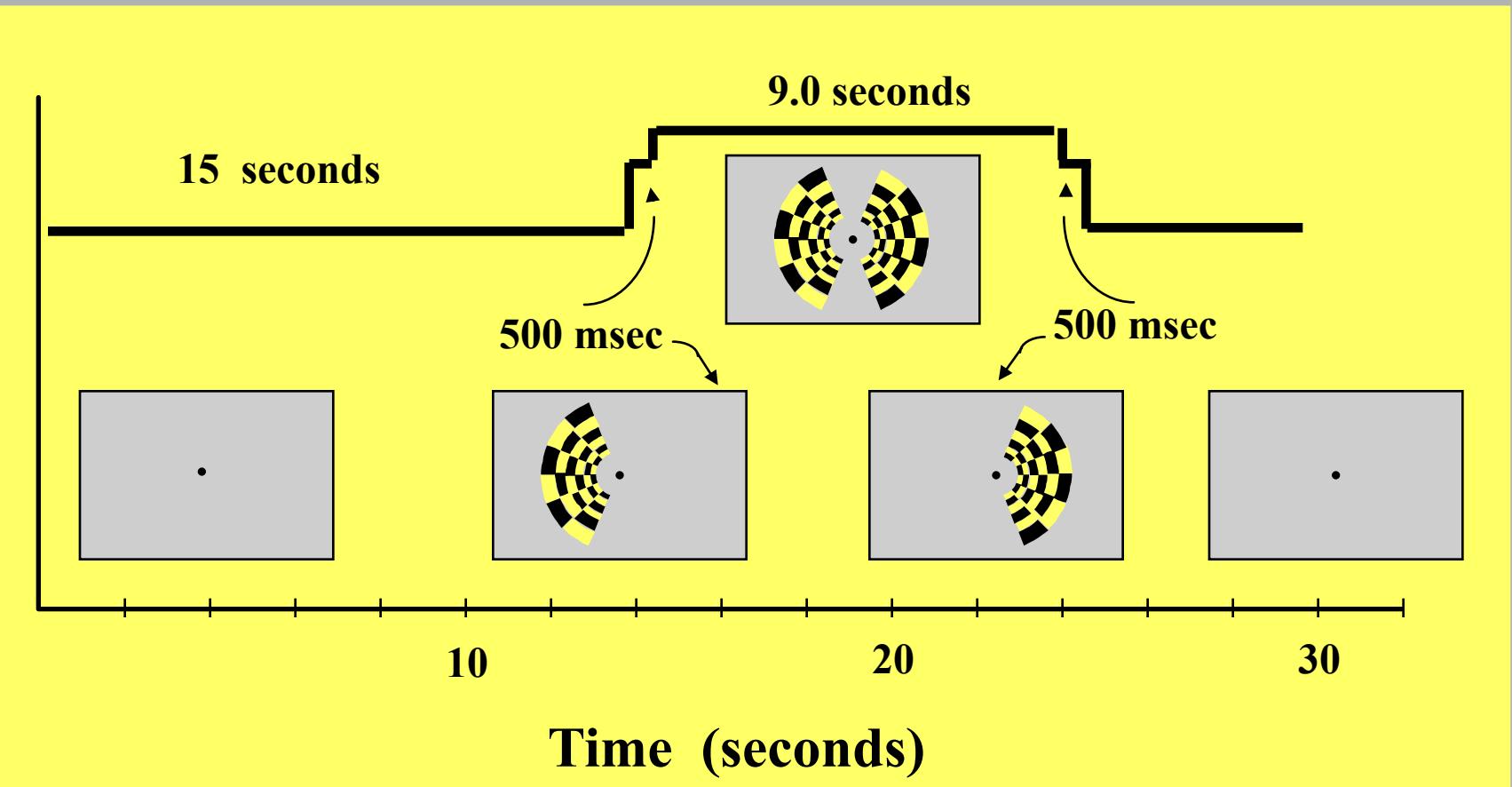
Physiologic Factors

# Regions of Interest Used for Hemi-Field Experiment

**Right  
Hemisphere**

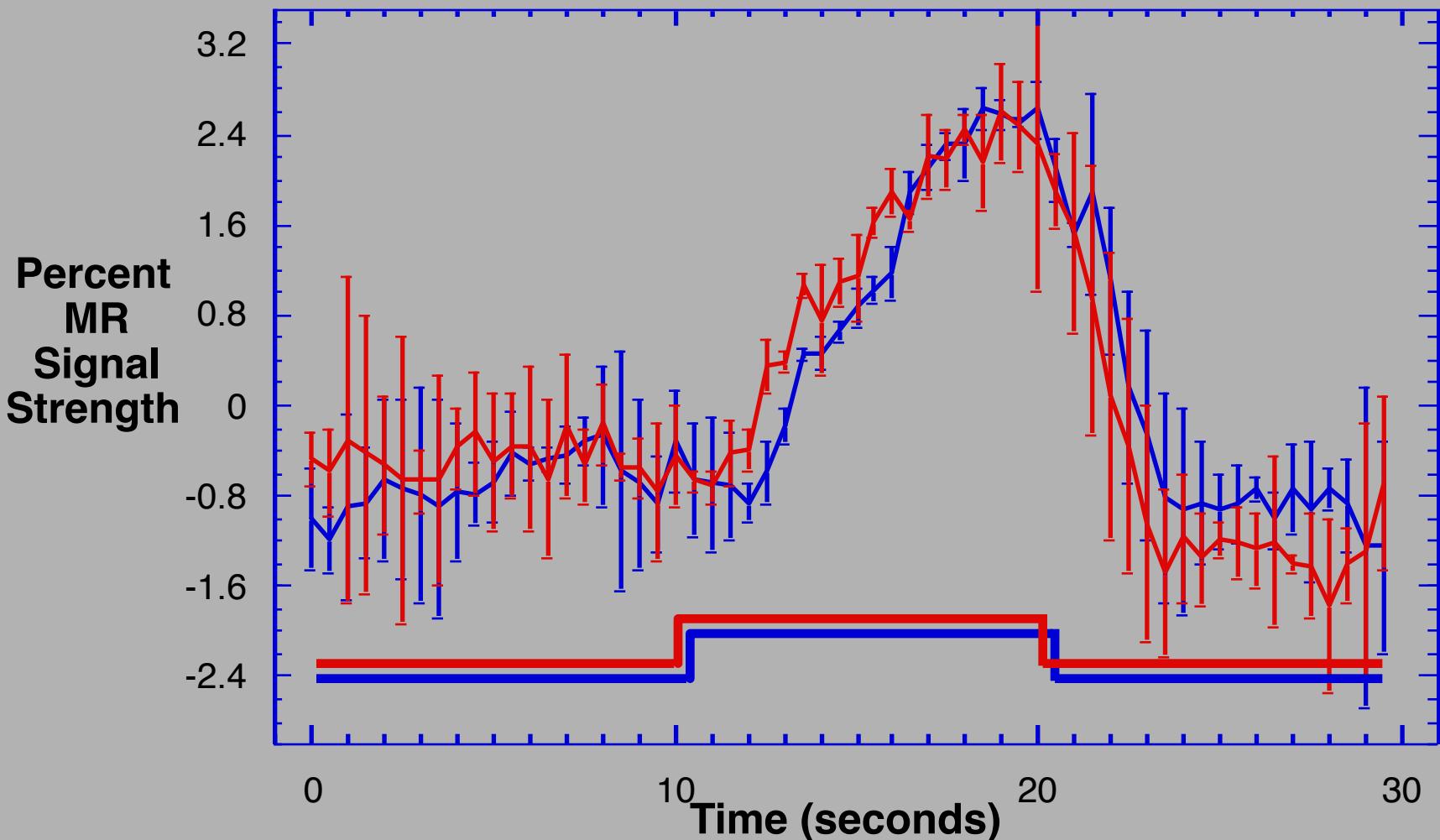


**Left  
Hemisphere**

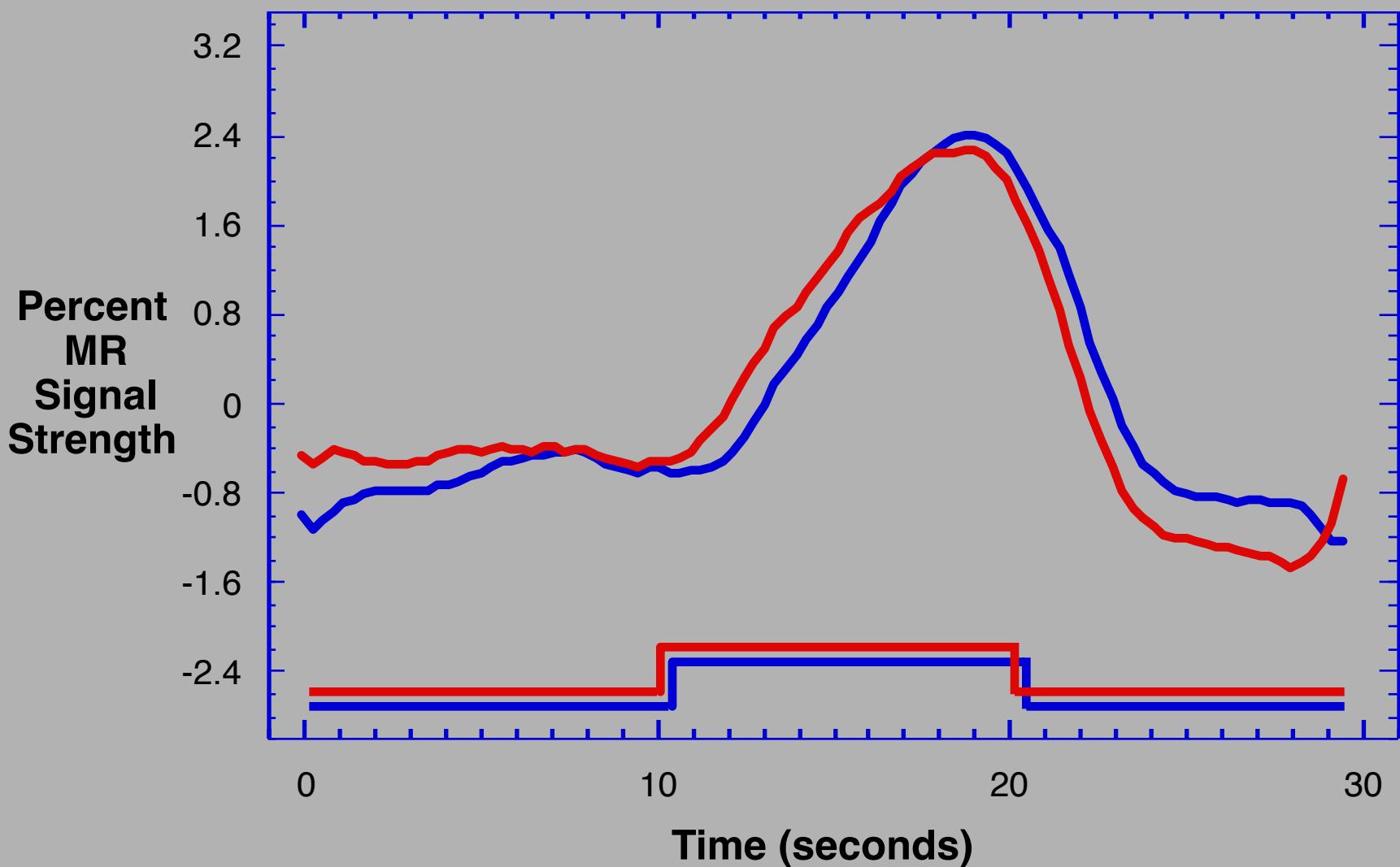


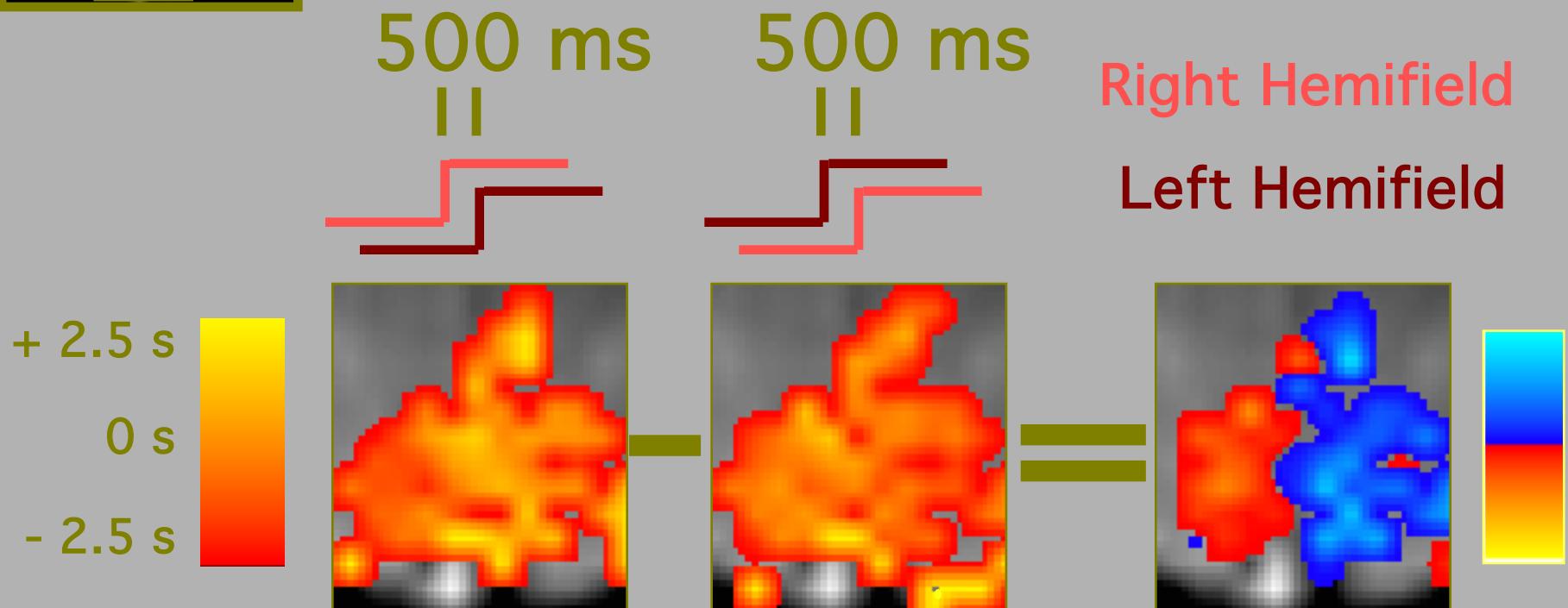
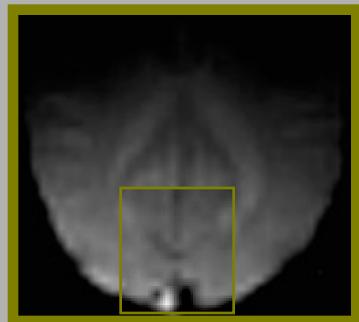
# Hemi-field with 500 msec asynchrony

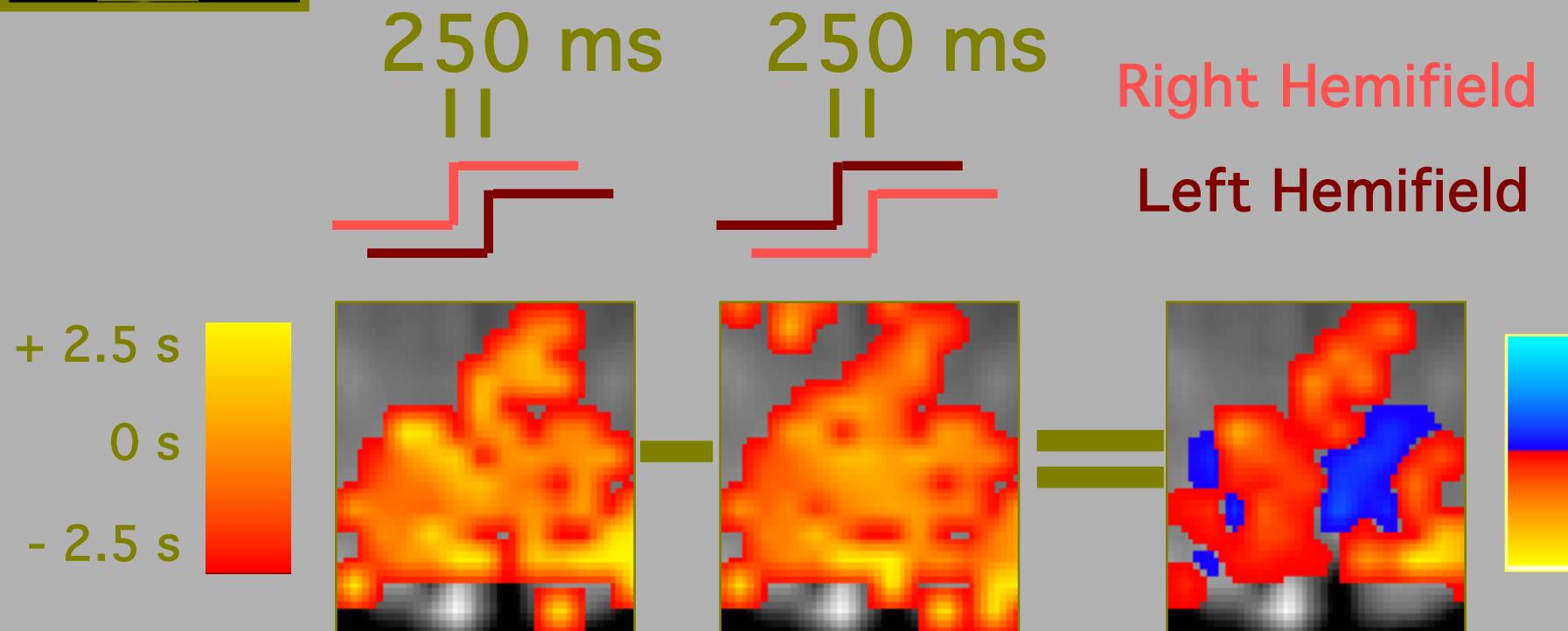
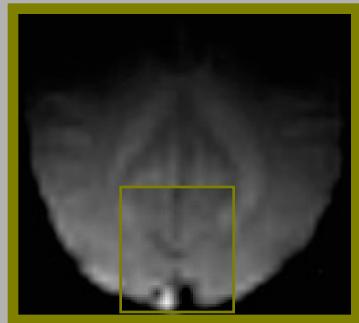
Average of 6 runs    Standard Deviations Shown



**Average of 6 runs      Smoothed Data**







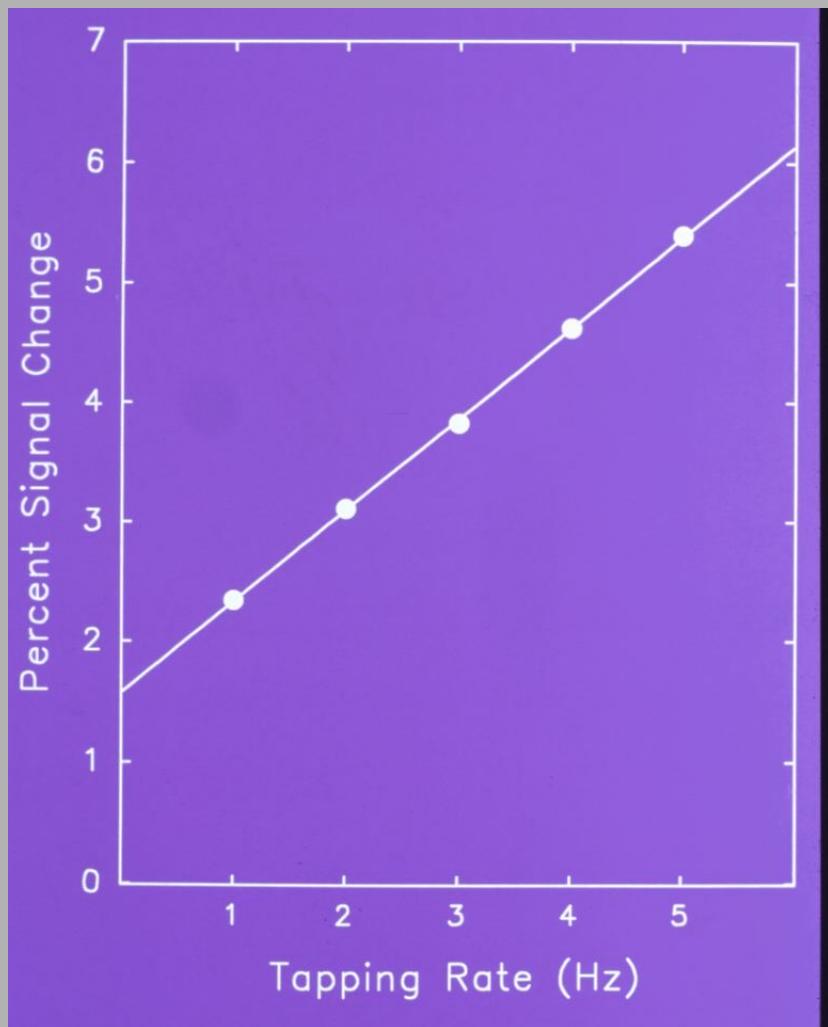
# How Much?

**Central Issue:**

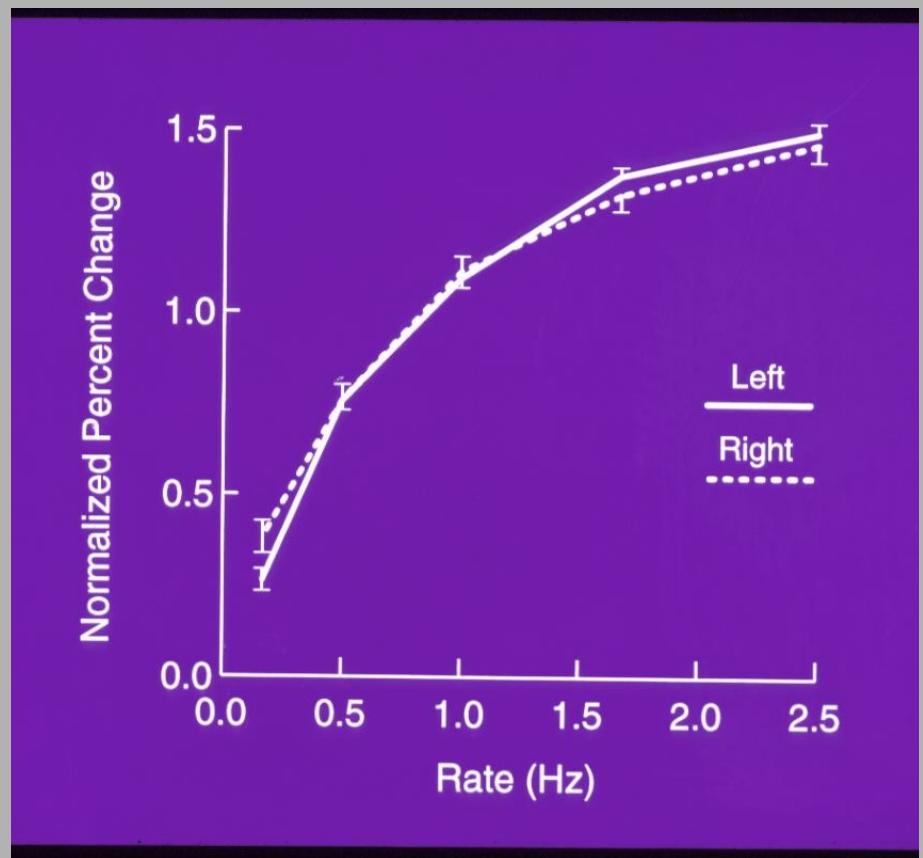
**Spatial and temporal neuronal firing integration  
to create an fMRI signal change.**

- is the hemodynamic response a linear system?  
-what is the dynamic range?*

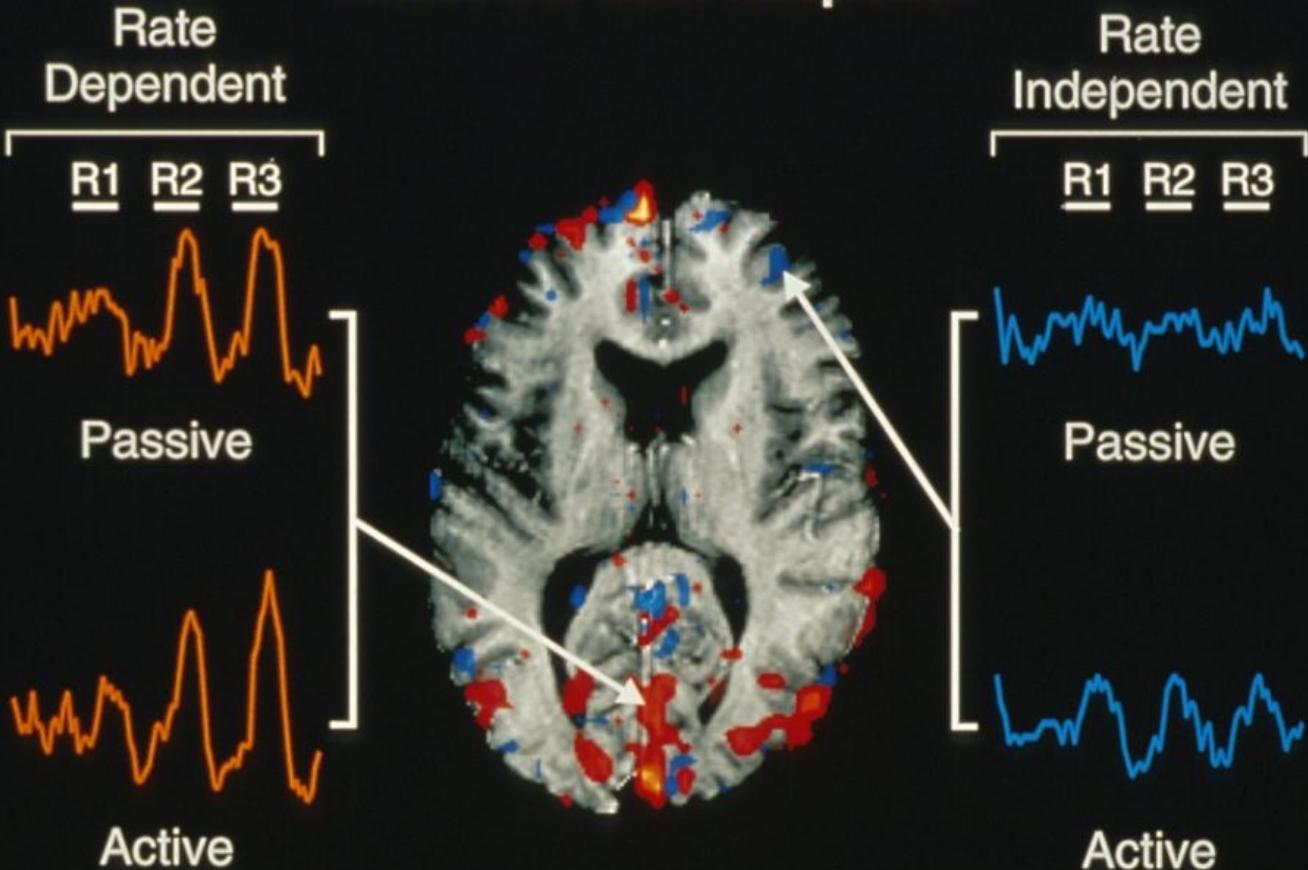
# Motor Cortex

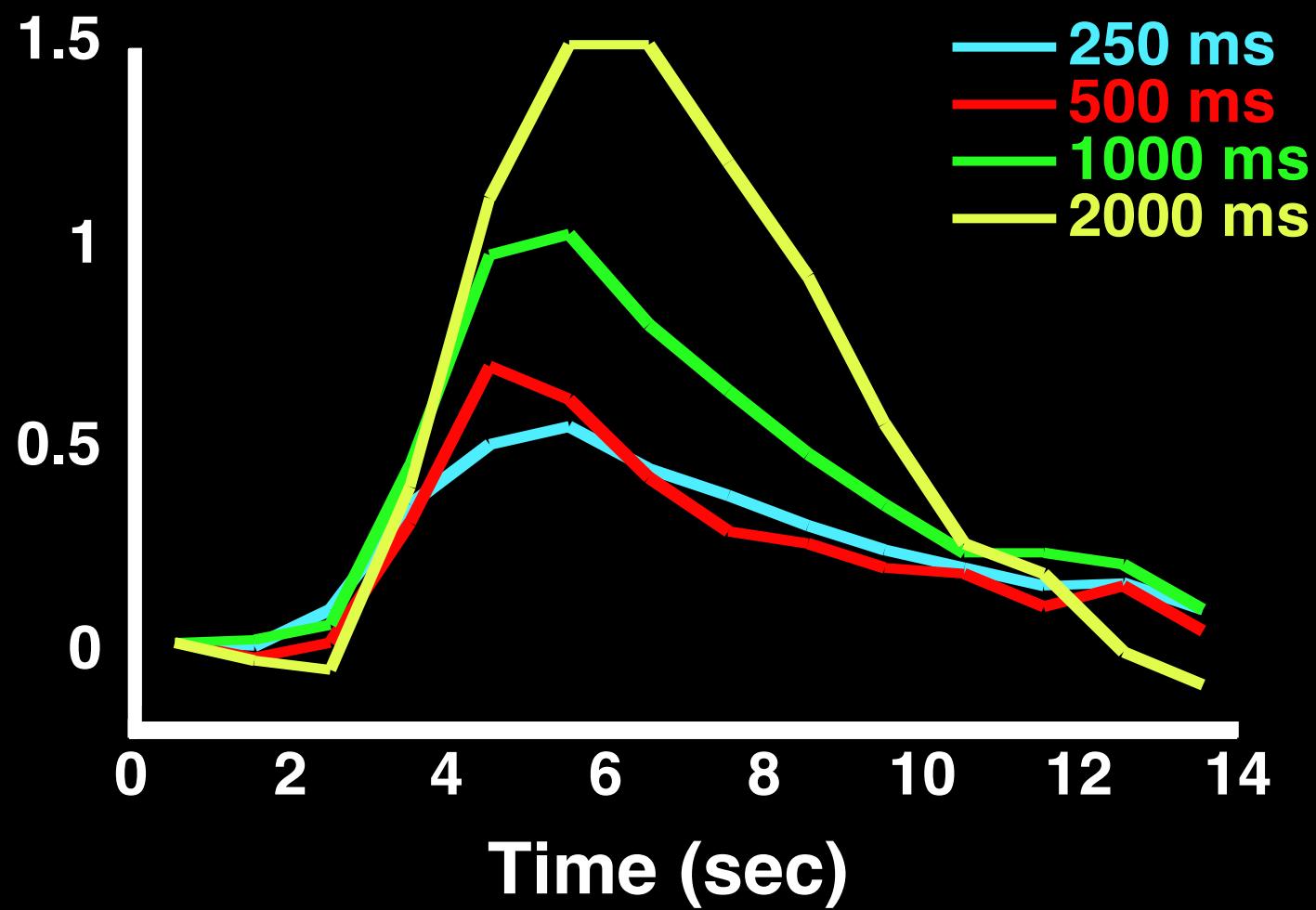


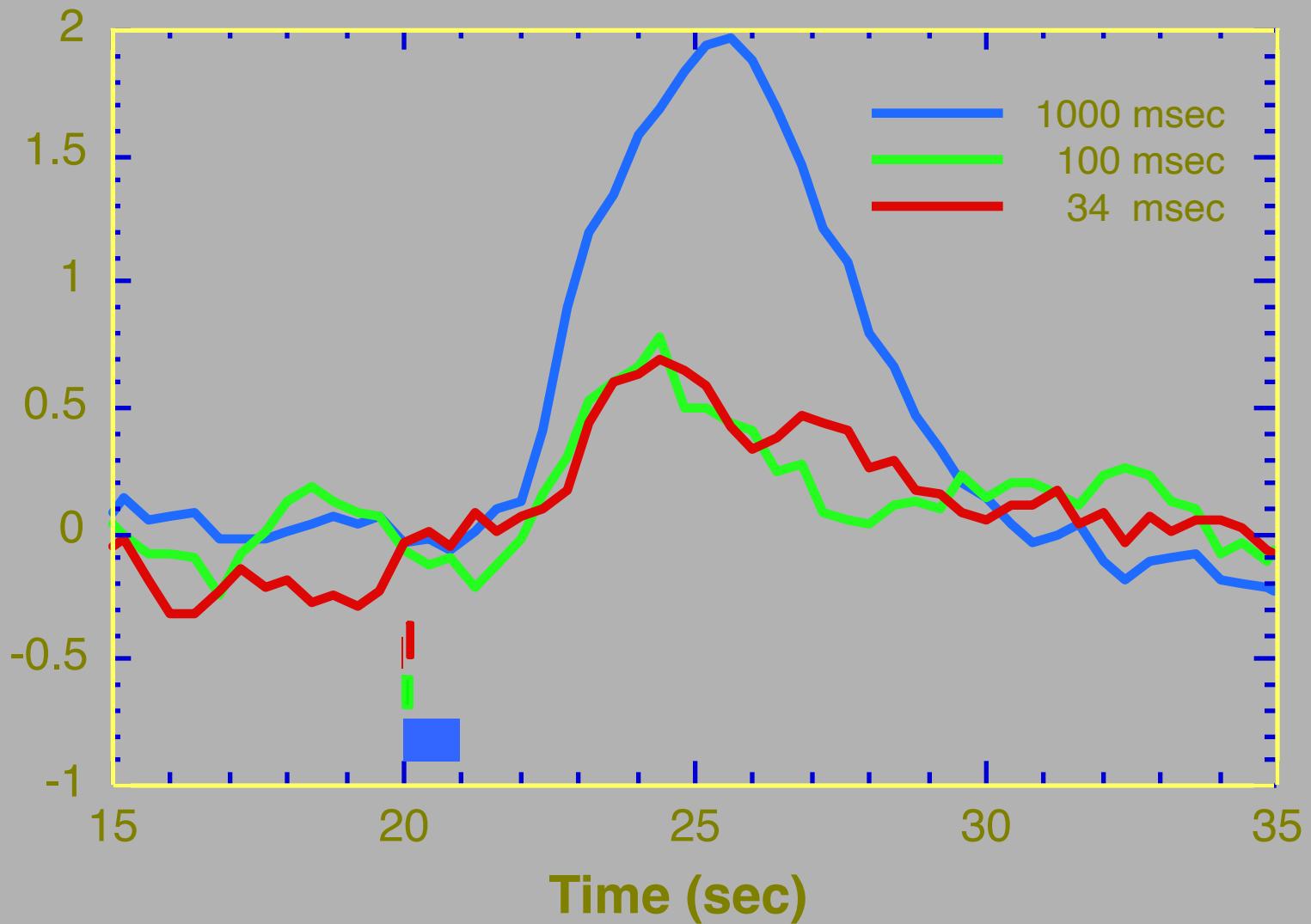
# Auditory Cortex



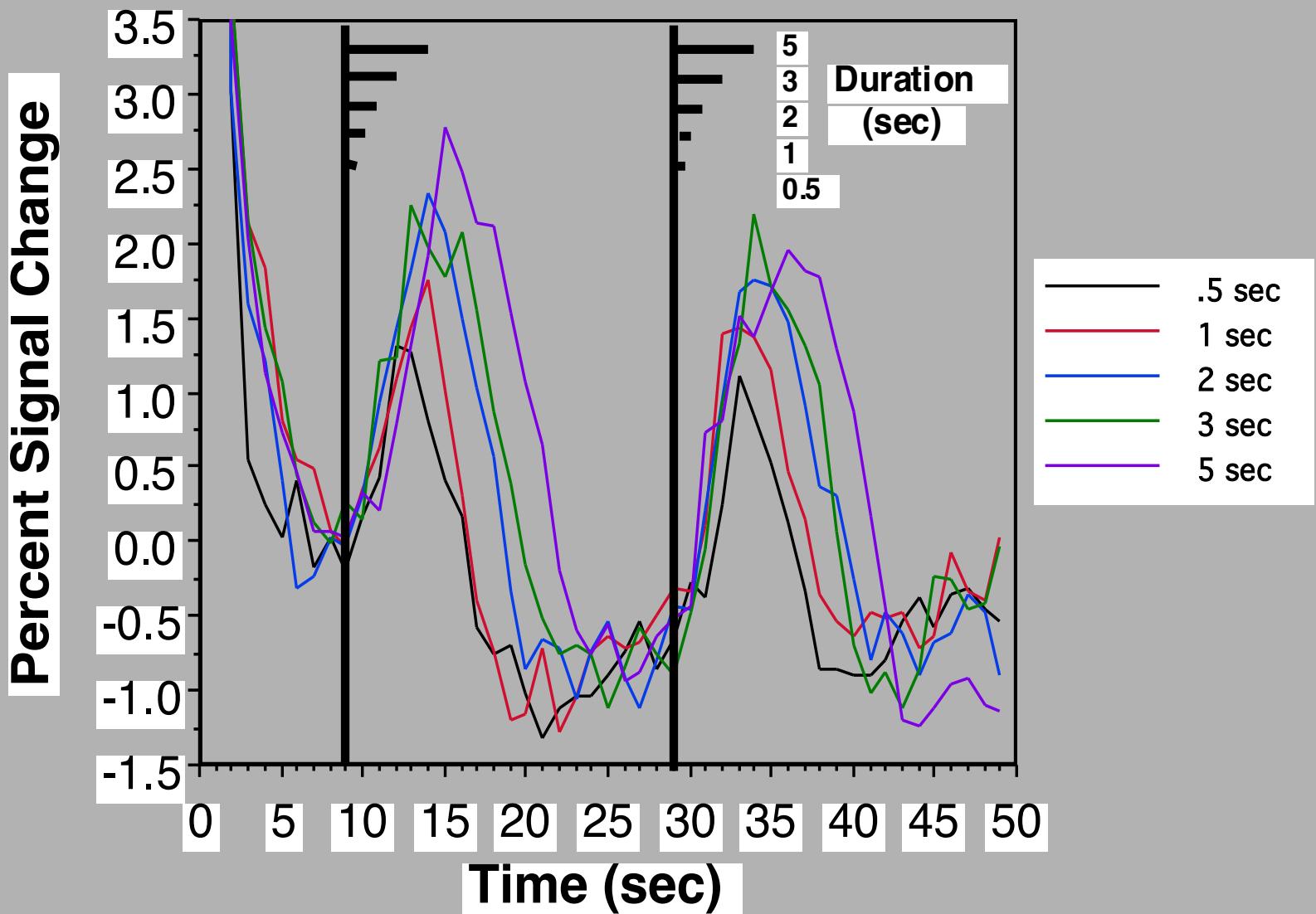
## Both the Task and Presentation Rate Affect the fMRI Response



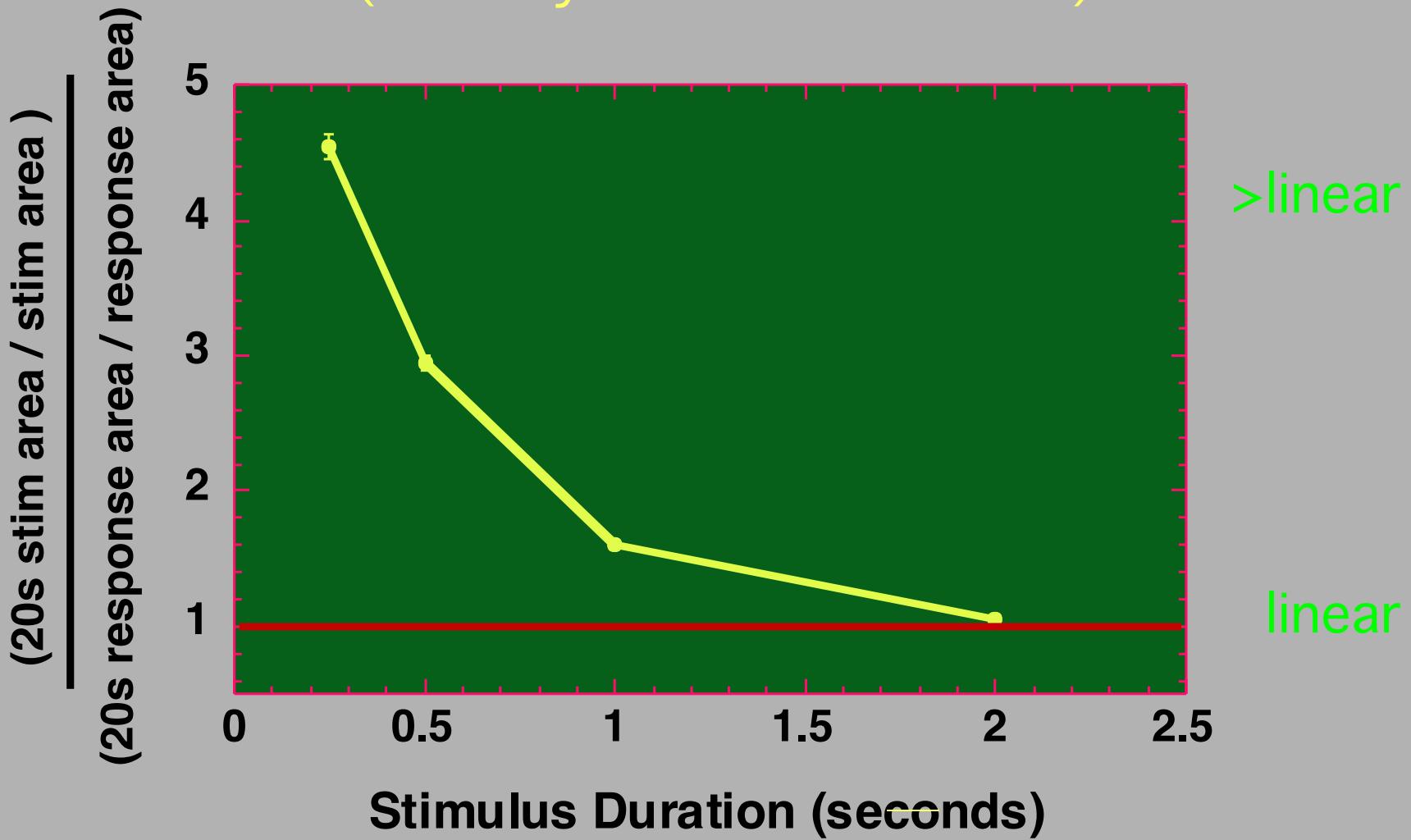




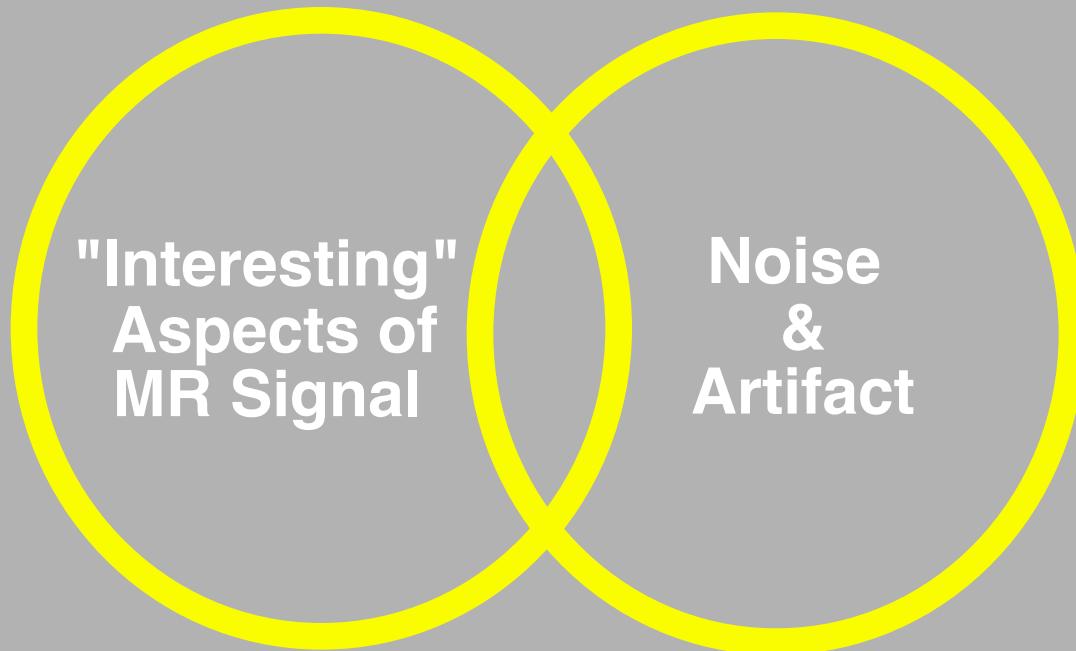
# Motor Cortex



# Stimulus - Duration Dependent Deviation from Linearity of the fMRI Response (Hemodynamic or Neuronal?)

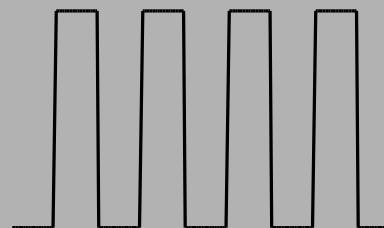


# How to get the brain to do what we want it to do in the context of an fMRI experiment?

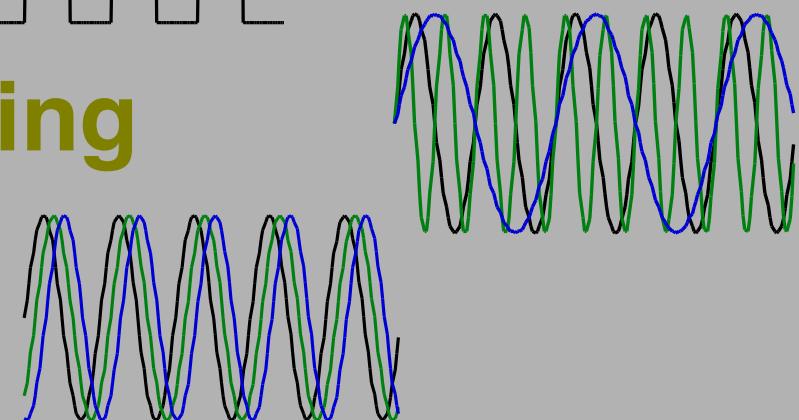


# Neuronal Activation Input Strategies

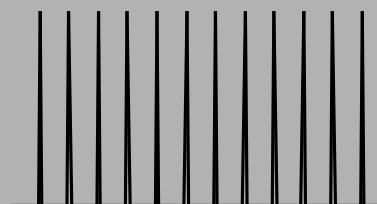
1. Block Design



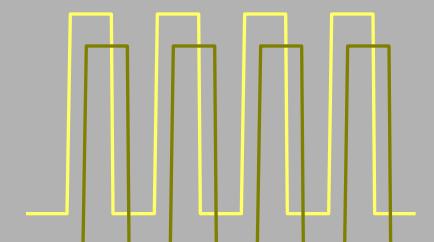
2. Frequency Encoding



3. Phase Encoding



4. Single Event

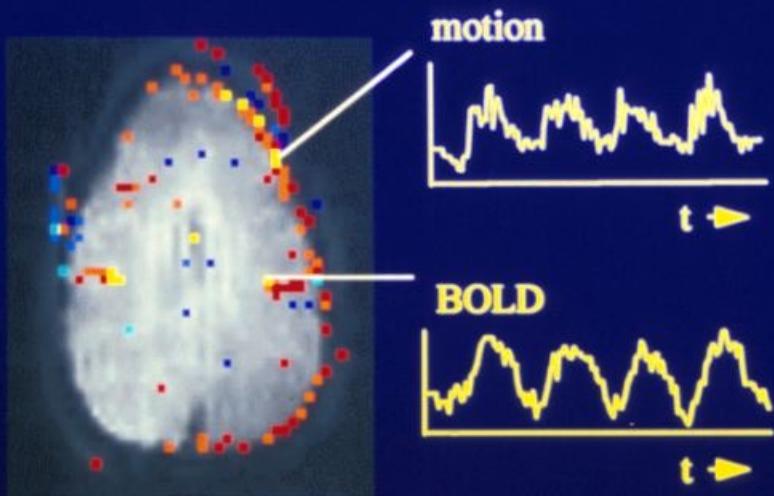


5. Orthogonal Block Design

6. Free behavior Design.

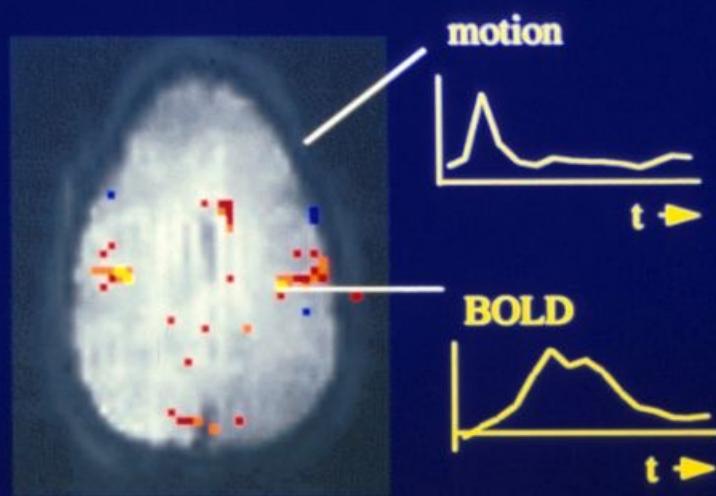


## Motion-Decoupled fMRI: Functional MRI during overt word production



### "block-trial" paradigm

Motion induced signal changes resemble functional (BOLD) signal changes

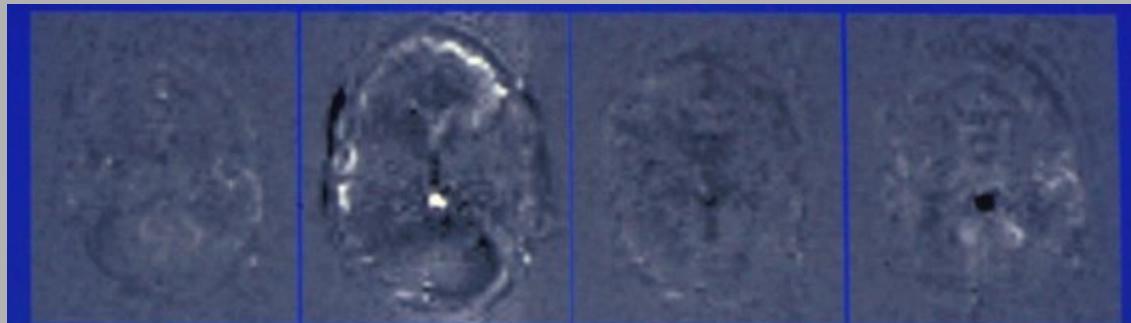


### "single-trial" paradigm

Motion induced and BOLD signal changes are separated in time

R.M. Birn, et al.

# Overt Word Production



2

3

4

5



6

7

8

9



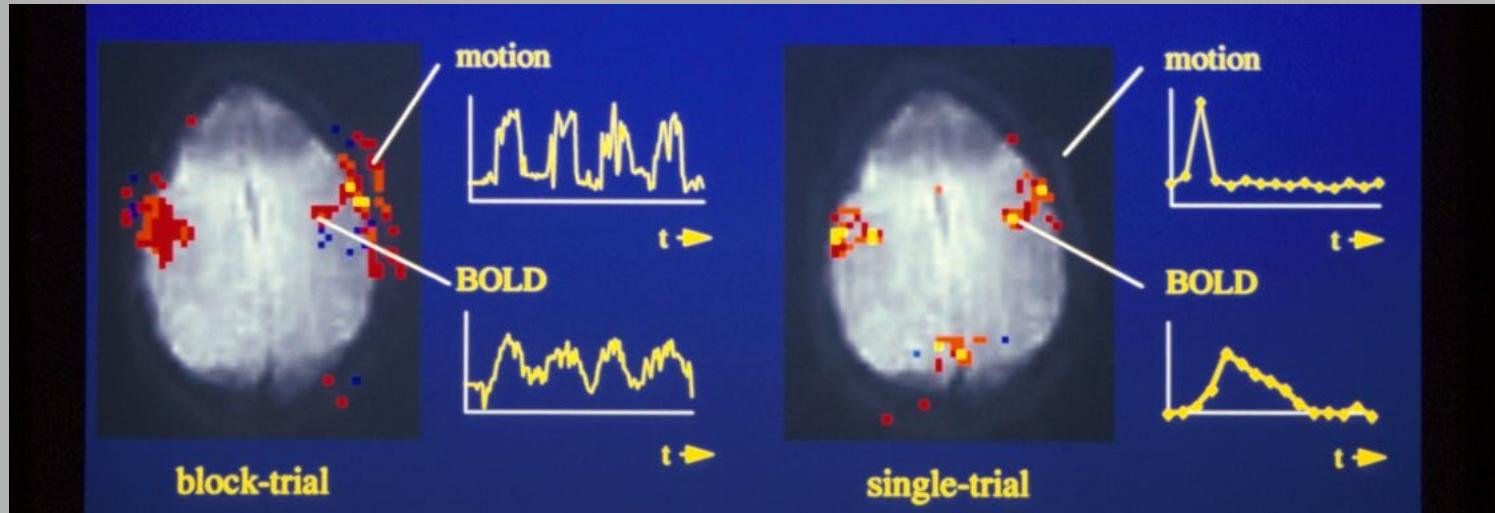
10

11

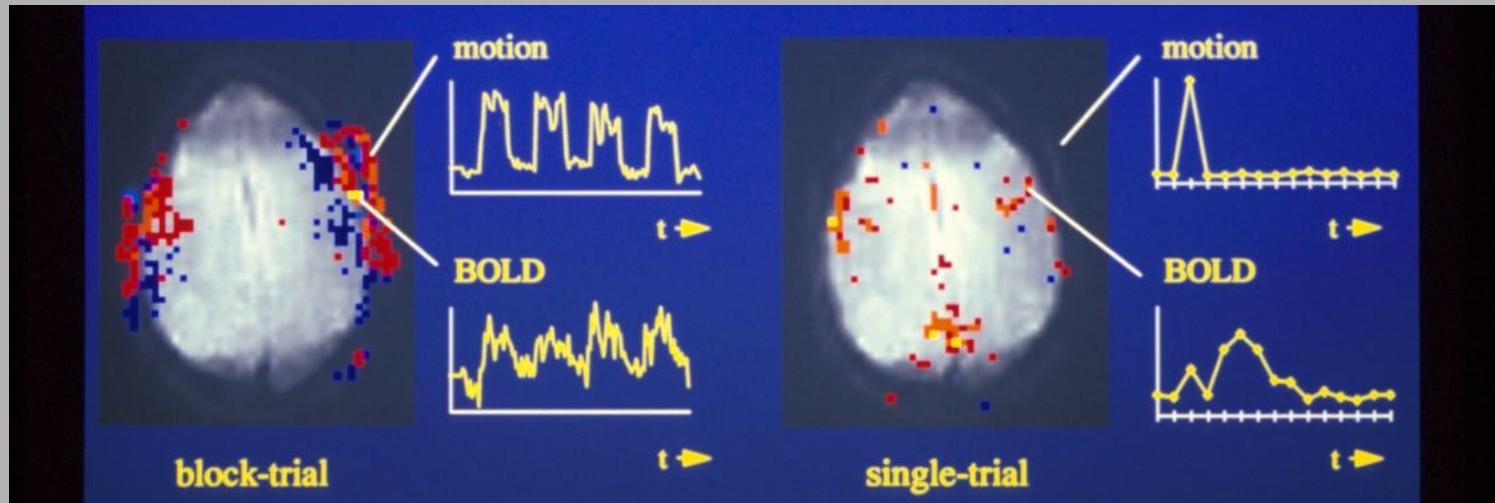
12

13

# Tongue Movement



# Jaw Clenching



# **Event-Related fMRI Questions:**

- 1. What is the optimal ISI?**
- 2. How does functional contrast compare with “blocked” timing?**  
*(Is the hemodynamic response a linear system?)*

# Contrast in Event Related fMRI

Dependency on:

- Inter-stimulus Interval (ISI)
- Stimulus Duration (SD)

Comparison with:

- Blocked strategies
- Synthesized responses created using convolution

# Issues:

## 1. ISI Issue

- Shorter ISI provides more trials per unit time.
- Shorter ISI causes overlap in hemodynamic response, reducing dynamic range.

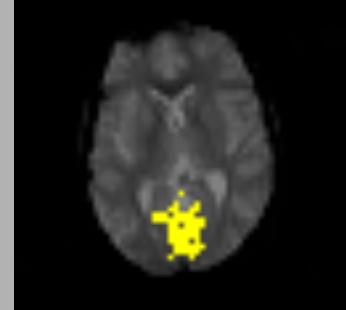
## 2. Contrast Issue

- Does signal behave like a linear system with brief SD?

# Experimental Methods

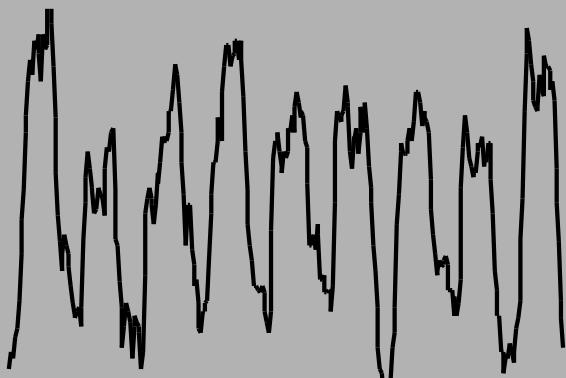
- Two imaging planes containing motor and visual cortex.
- EPI,  $3.75 \times 3.75 \times 7$  mm, TE = 40 ms, TR = 1 sec.
- Time series duration = 360 images (6 minutes).
- 10 series compared:  
Single Trial: SD = 2, ISI = 24, 20, 16, 12, 10, 8, 6, 4, 2.  
Blocked: SD = 20, ISI = 20.
- Subjects instructed to tap fingers when GRASS goggles were on.

# Visual Cortex

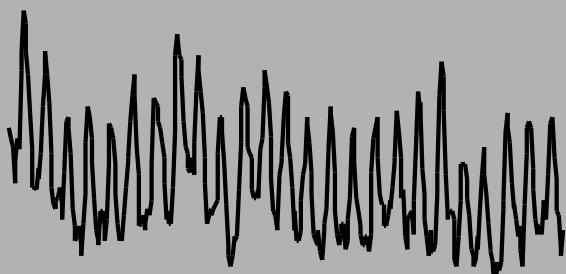


ISI, SD

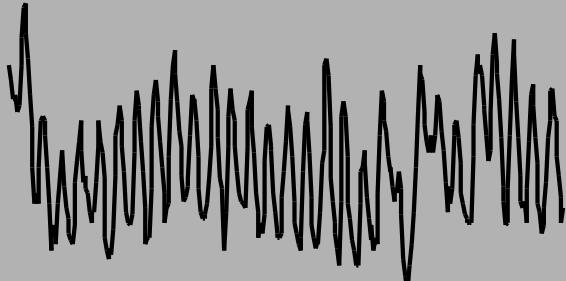
20, 20



12, 2

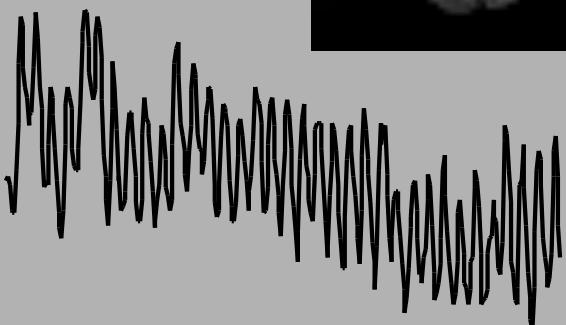


10, 2



ISI, SD

8, 2



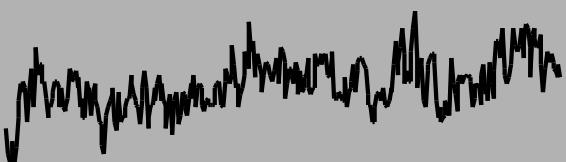
6, 2



4, 2



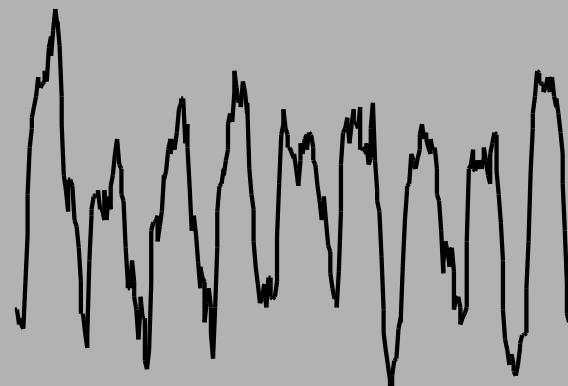
2, 2



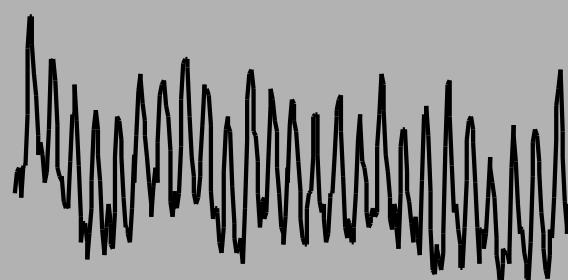
# Motor Cortex

ISI, SD

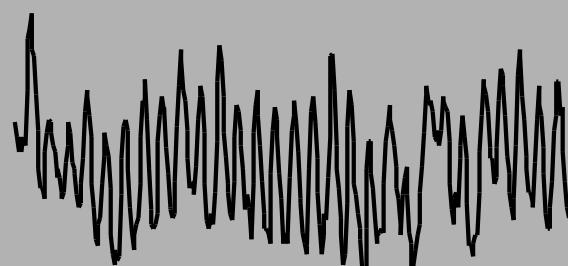
20, 20



12, 2

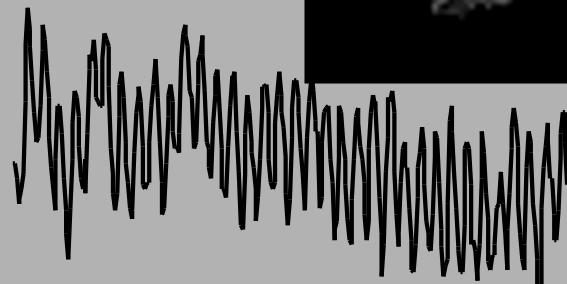


10, 2

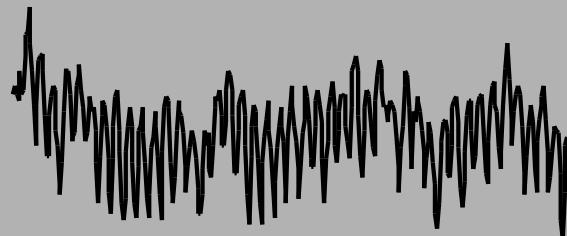


ISI, SD

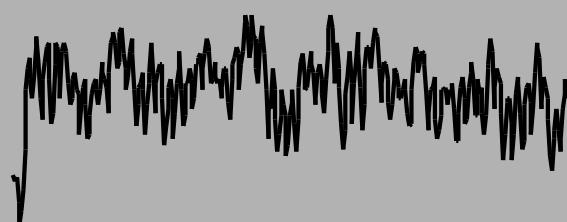
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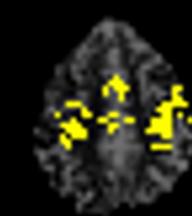
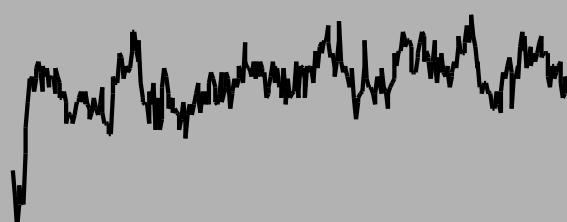
6, 2



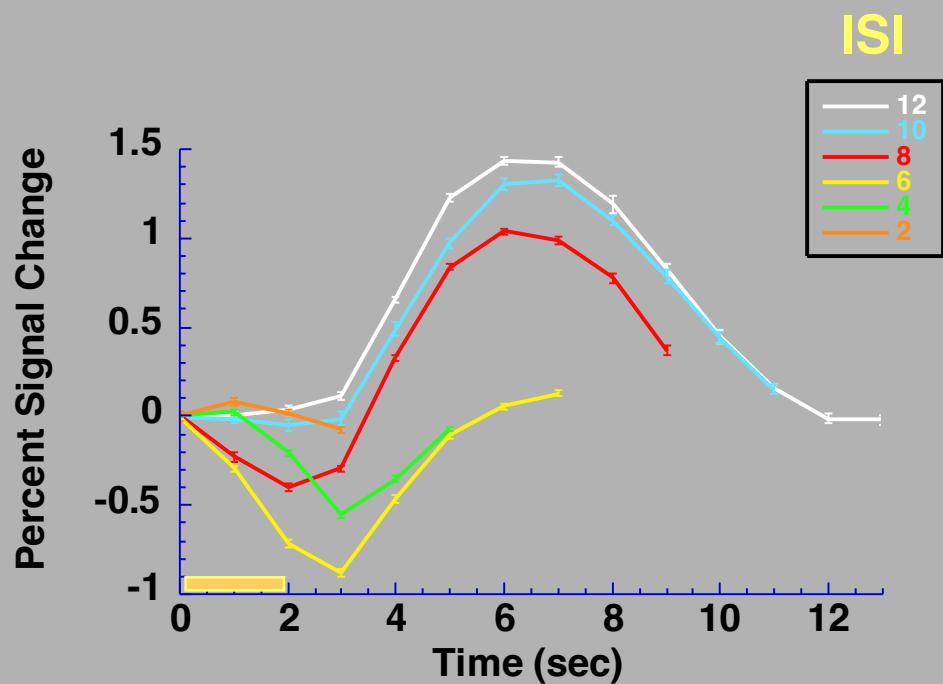
4, 2



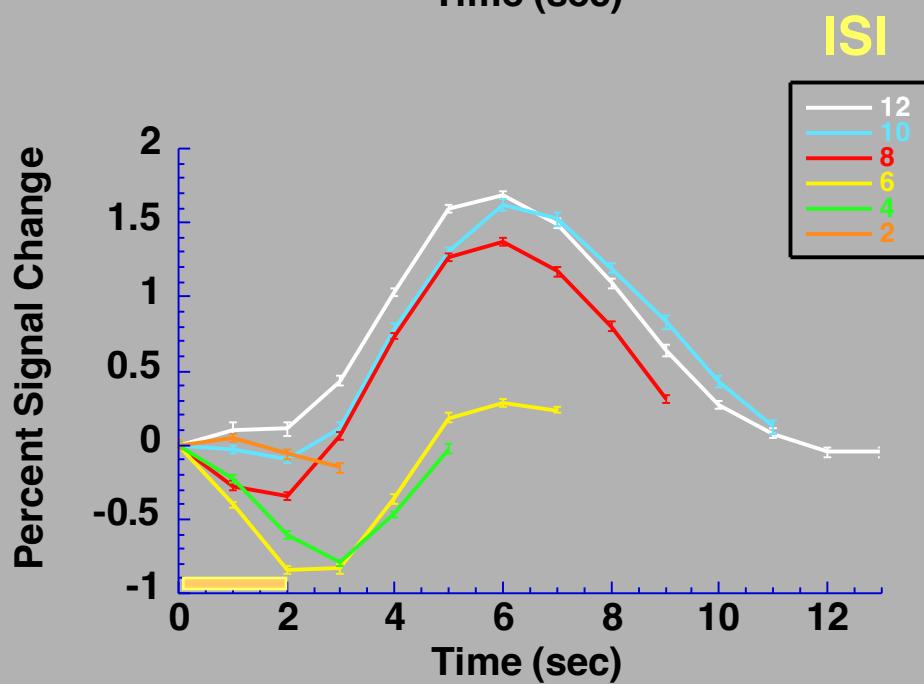
2, 2



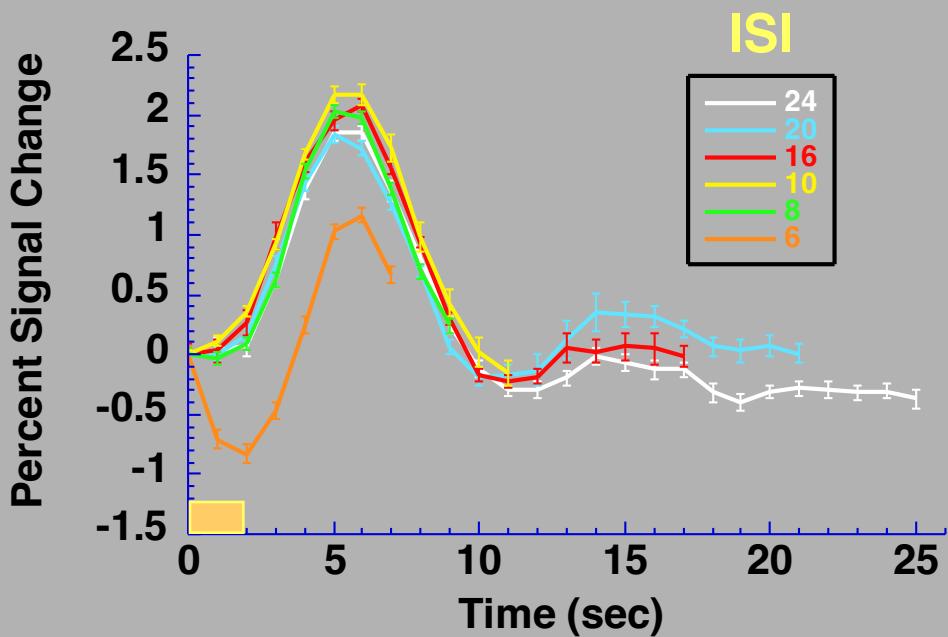
# Motor Cortex



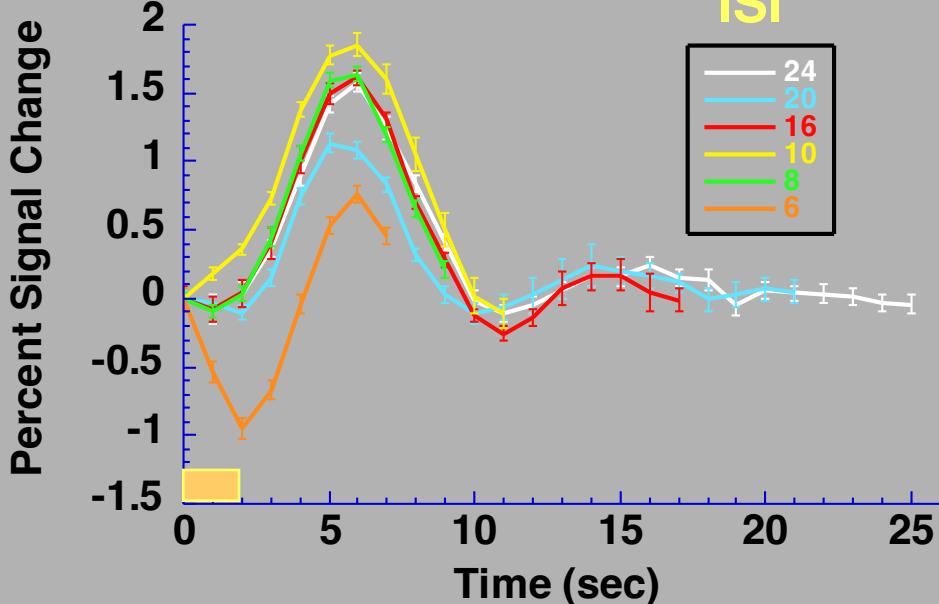
# Visual Cortex



# Motor Cortex



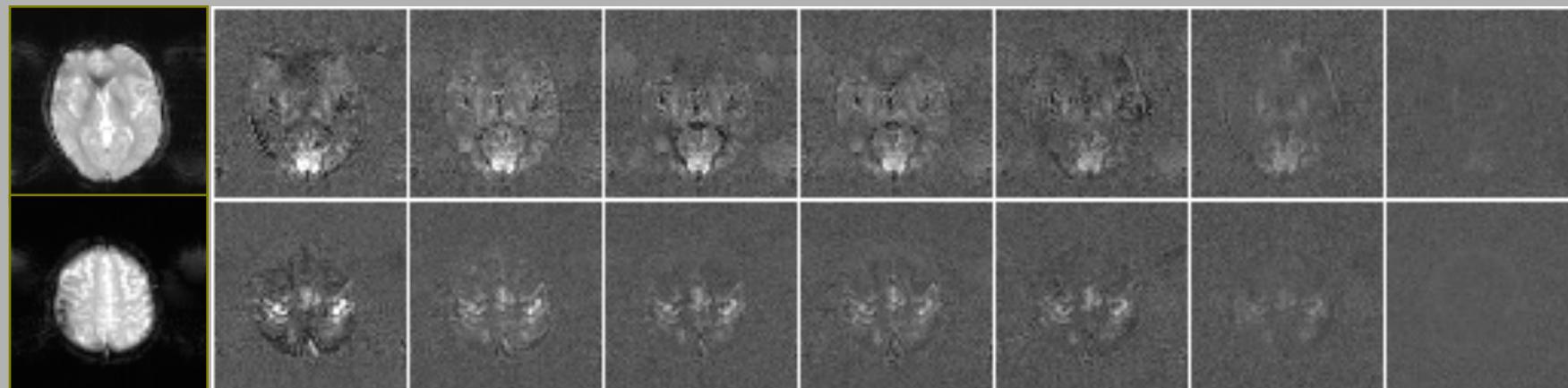
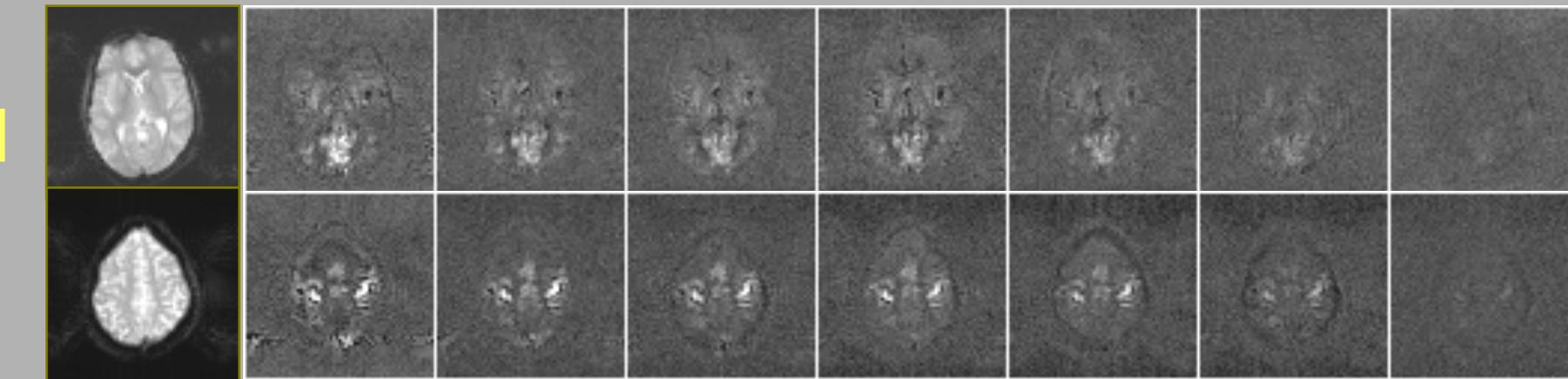
# Visual Cortex



# Contrast to Noise Images

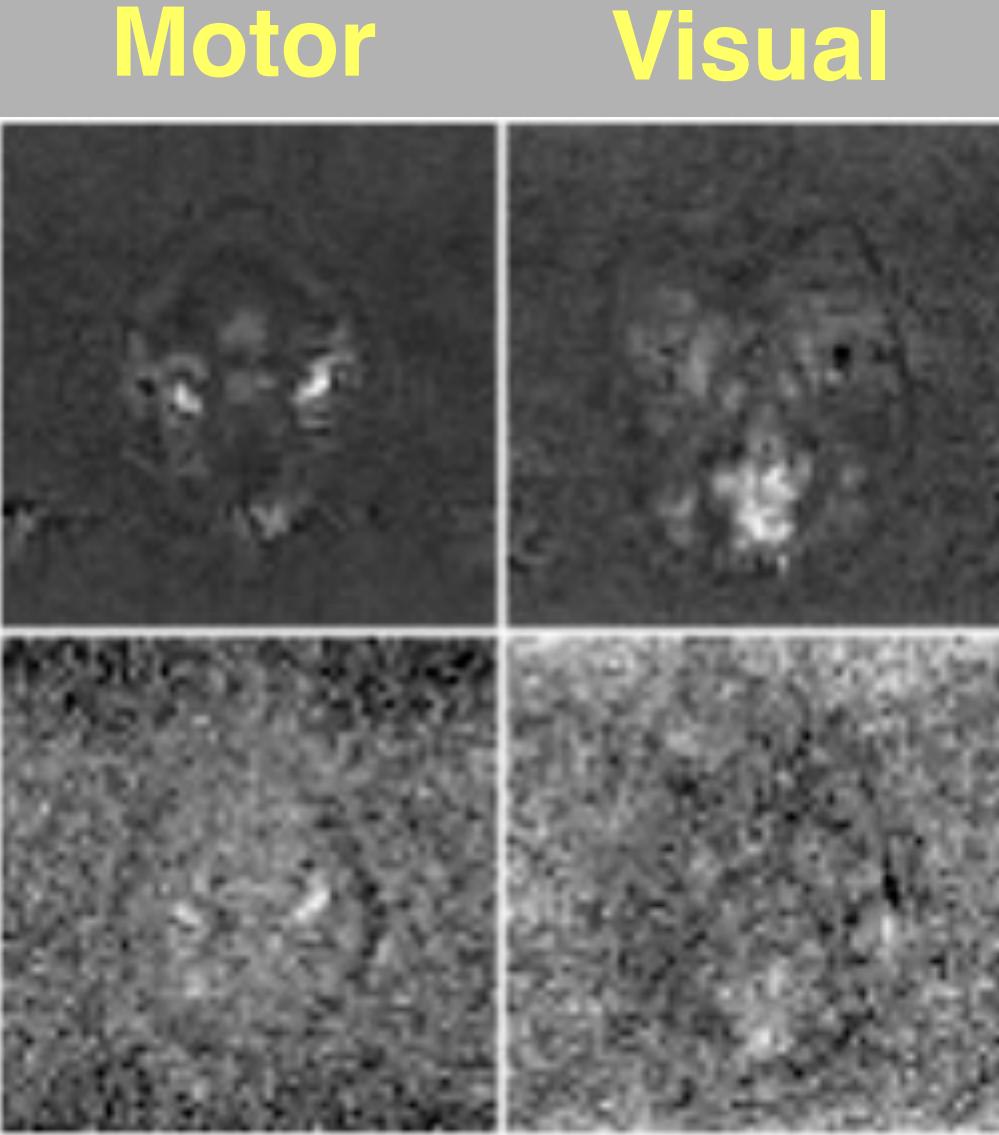
( ISI, SD )

20, 20    12, 2    10, 2    8, 2    6, 2    4, 2    2, 2



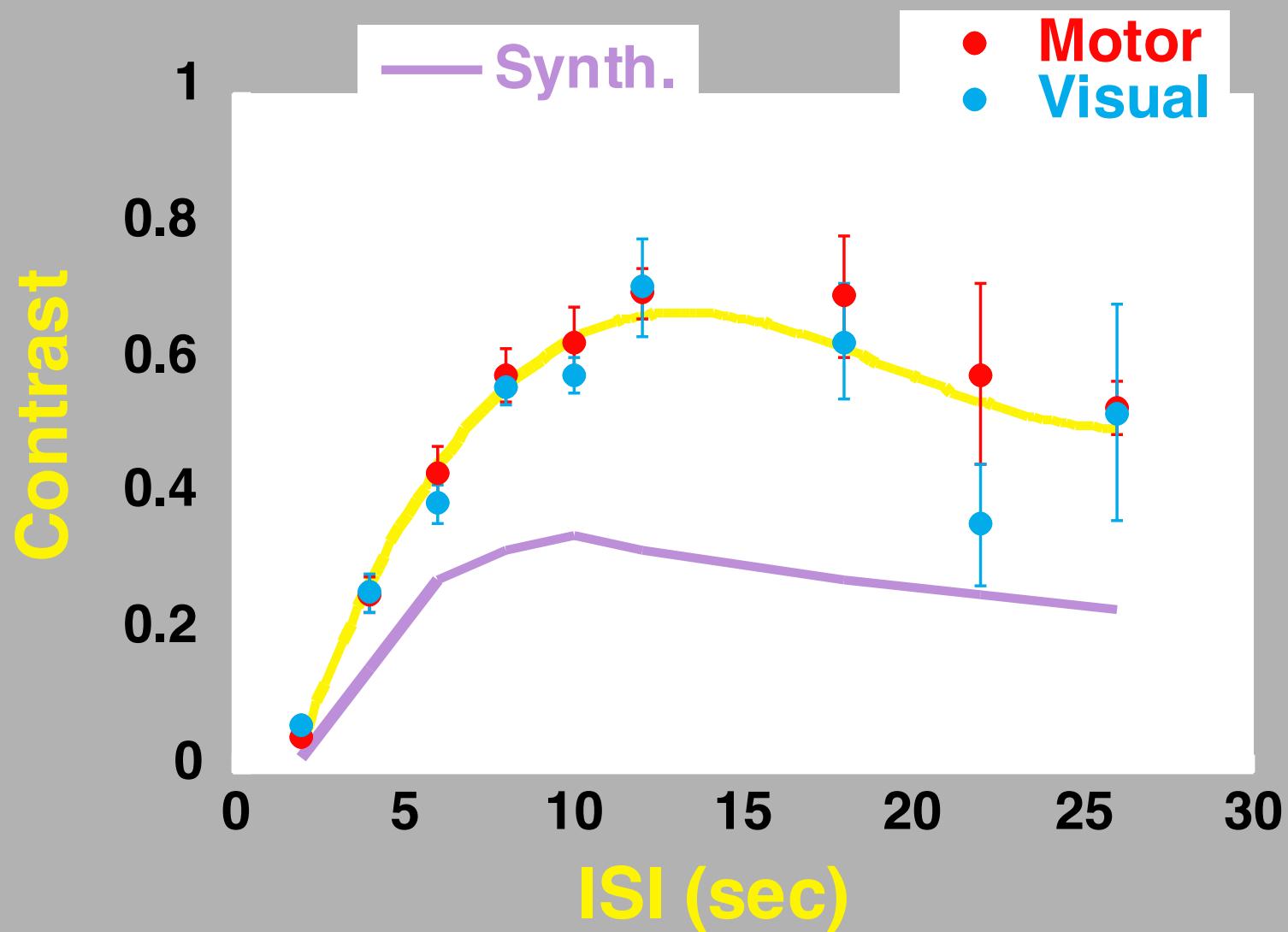
( ISI, SD )

20, 20



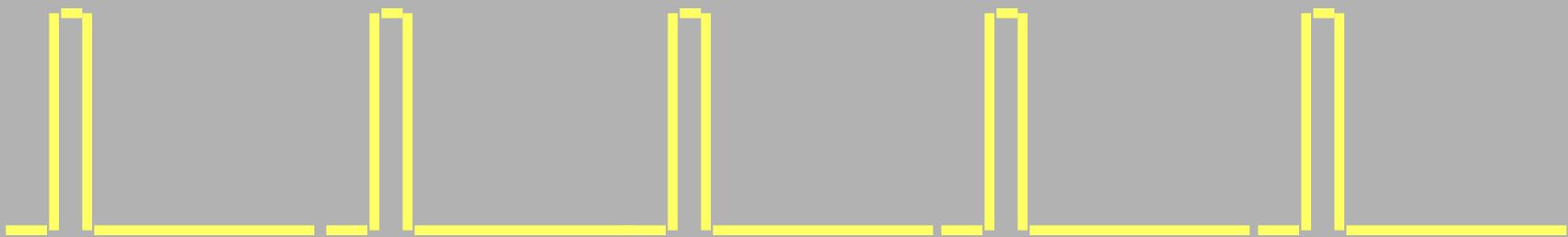
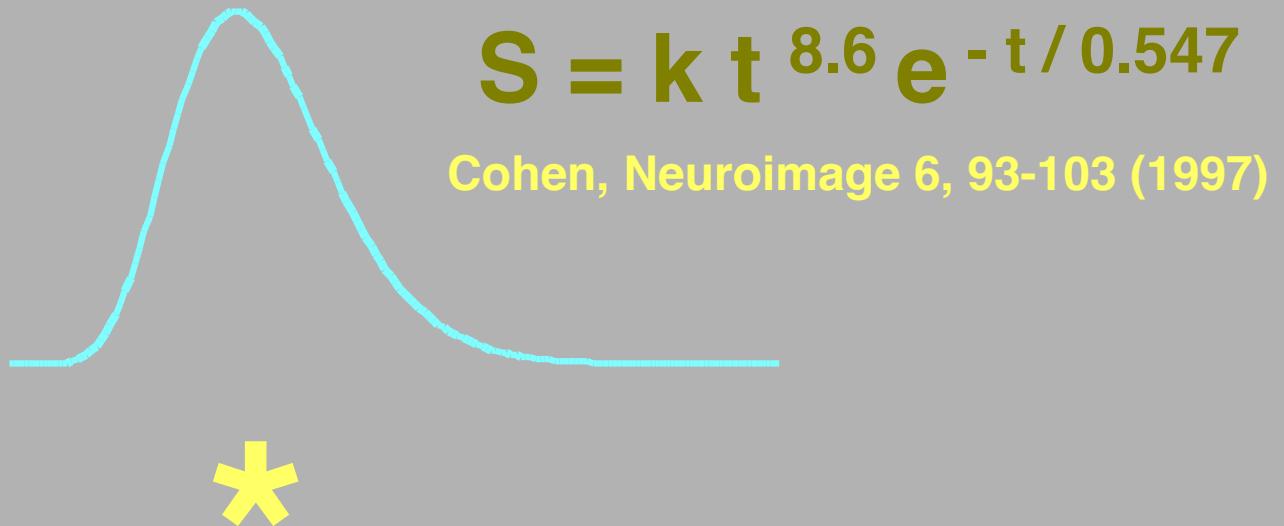
Relative differences in activation intensities may reflect spatial differences in hemodynamic responsivity. (draining veins vs. capillaries).

# Functional Contrast



( Block design = 1 )

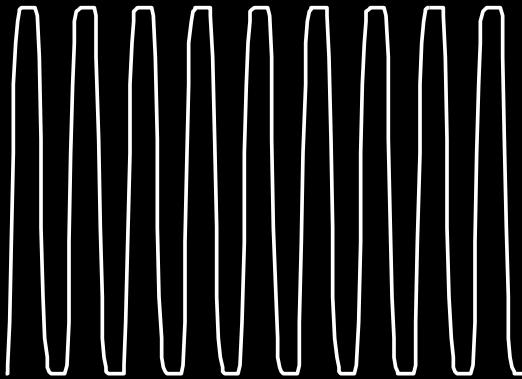
# Response Synthesis



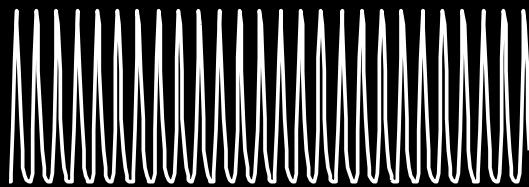
# Synthesized Responses

ISI, Dur

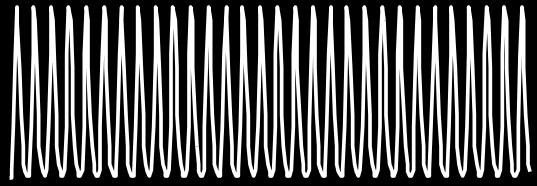
20, 20



12, 2

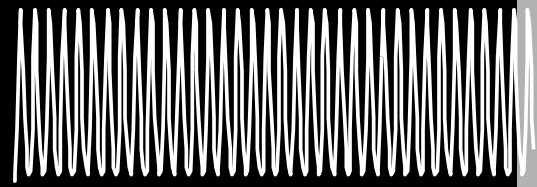


10, 2

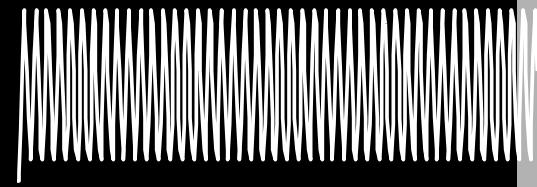


ISI, Dur

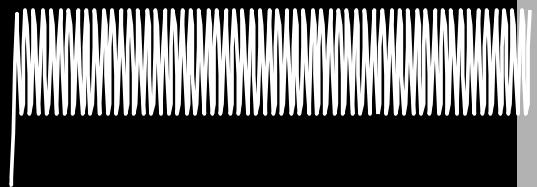
8, 2



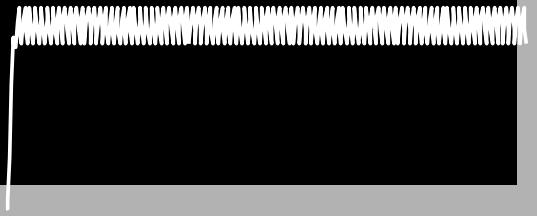
6, 2



4, 2



2, 2



# Convolution

ISI

Percent Signal Change

200

150

100

50

0

-50

-100

0

2

4

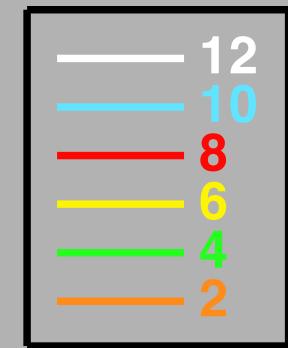
6

8

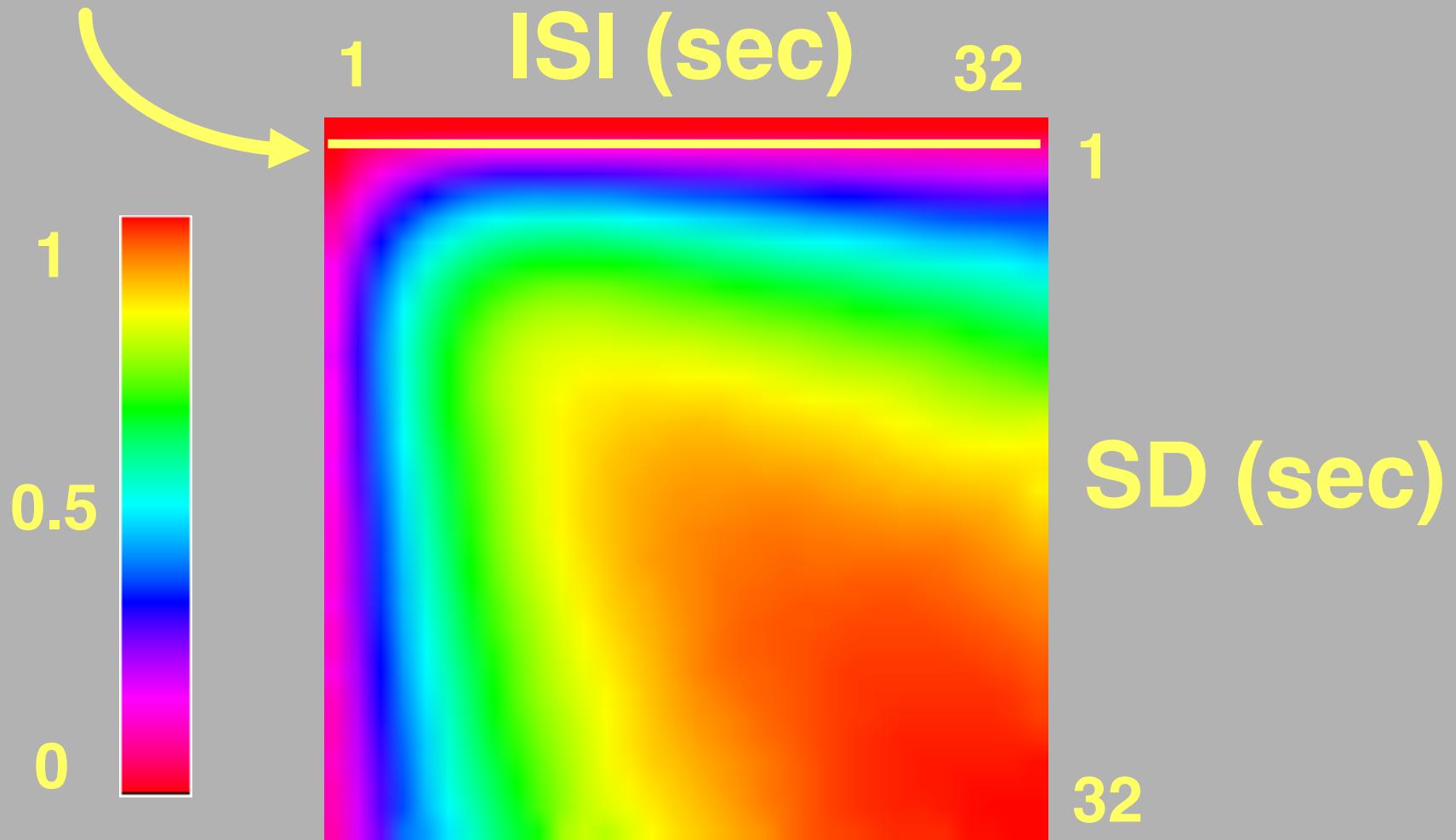
10

12

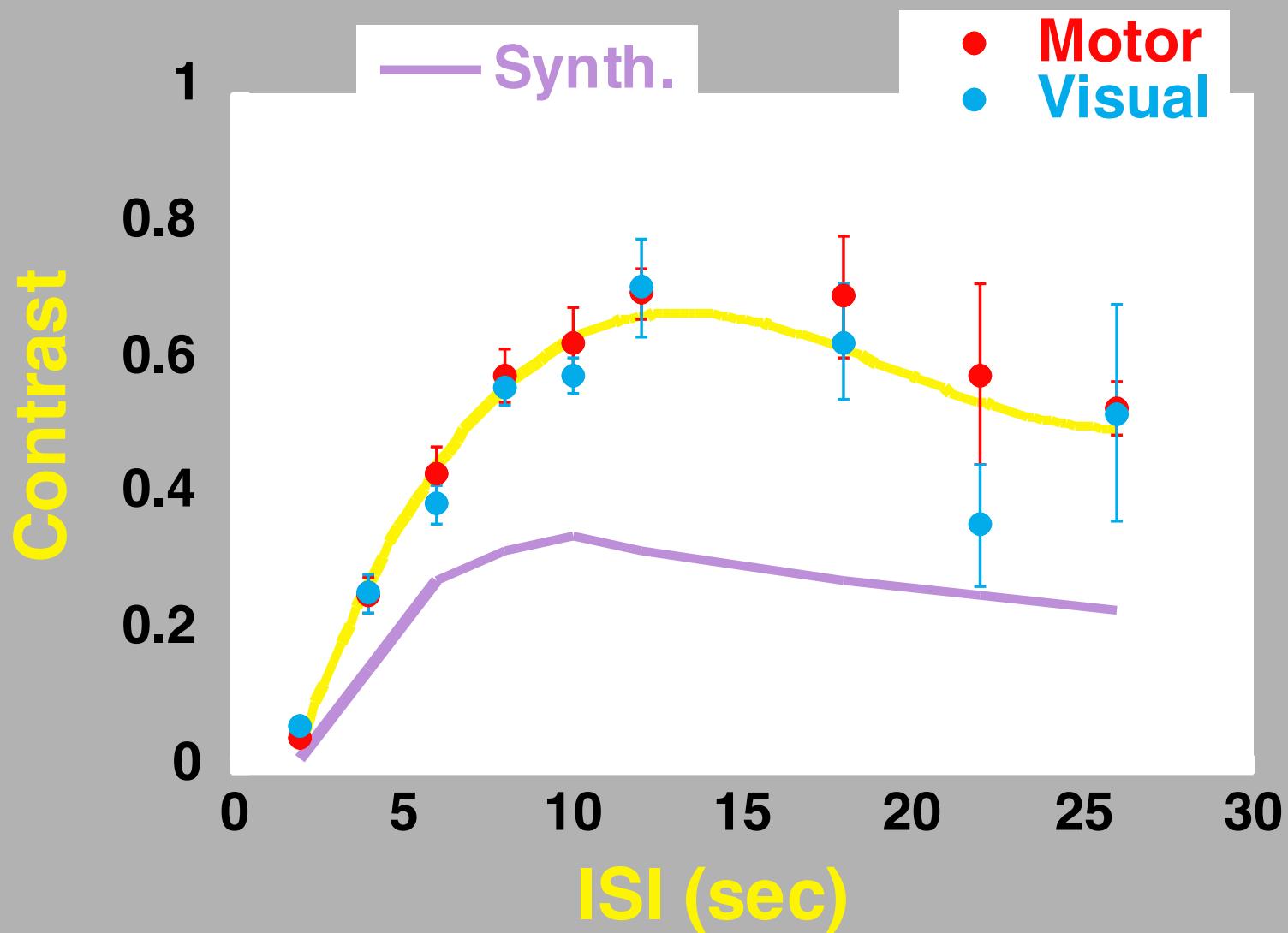
Time (sec)



# Functional Contrast



# Functional Contrast



( Block design = 1 )

# Conclusions

- **Experimental:**

**For SD = 2 sec, Optimal ISI  $\approx$  12 sec.  
Contrast = 0.65 x blocked contrast**

- **Simulation using convolution:**

**For SD = 2 sec, Optimlal ISI  $\approx$  10 sec.  
Contrast = 0.35 x blocked contrast**

## Possible reasons for greater than linear response.

### Neuronal:

**“Bursting” during first 100 ms.**

### Hemodynamic/Metabolic:

**$\Delta BV$  and/or  $\Delta CMRO_2$  time constants  
slower than  $\Delta Flow$  during initial seconds  
of activation.**

Possible implications for interpretation of event-related data using short, randomized ISI w/ deconvolution.

Dale AM, Buckner RL (1997), Human Brain Mapping, 5, 329-340.

# Event - Related Functional Contrast

( Block design = 1 )

Contrast to Noise Images  
( ISI, SD )

20, 20

12, 2

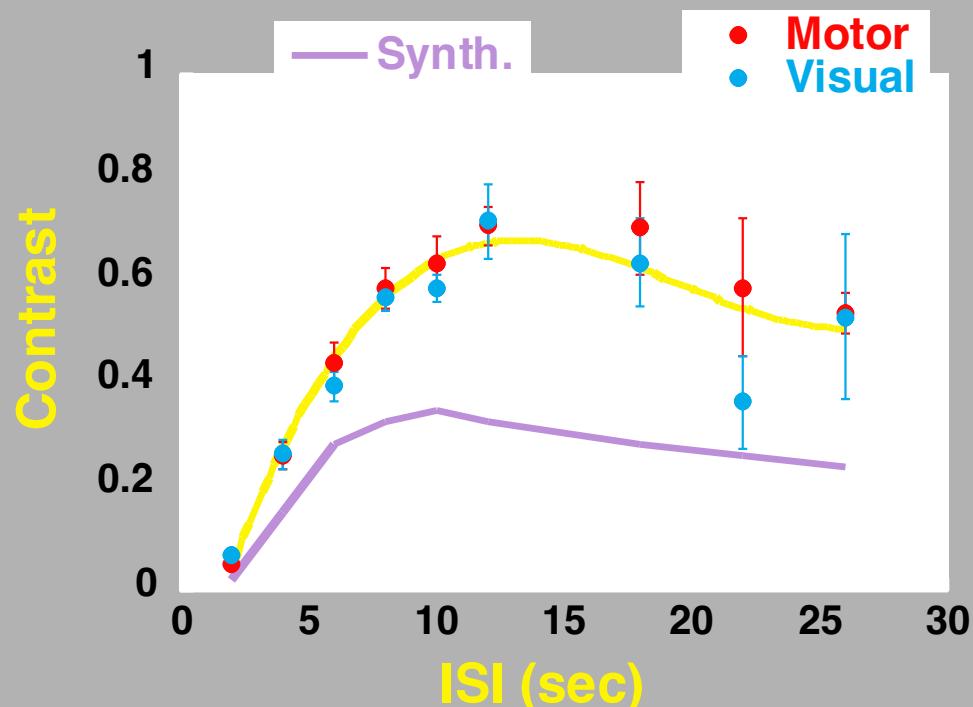
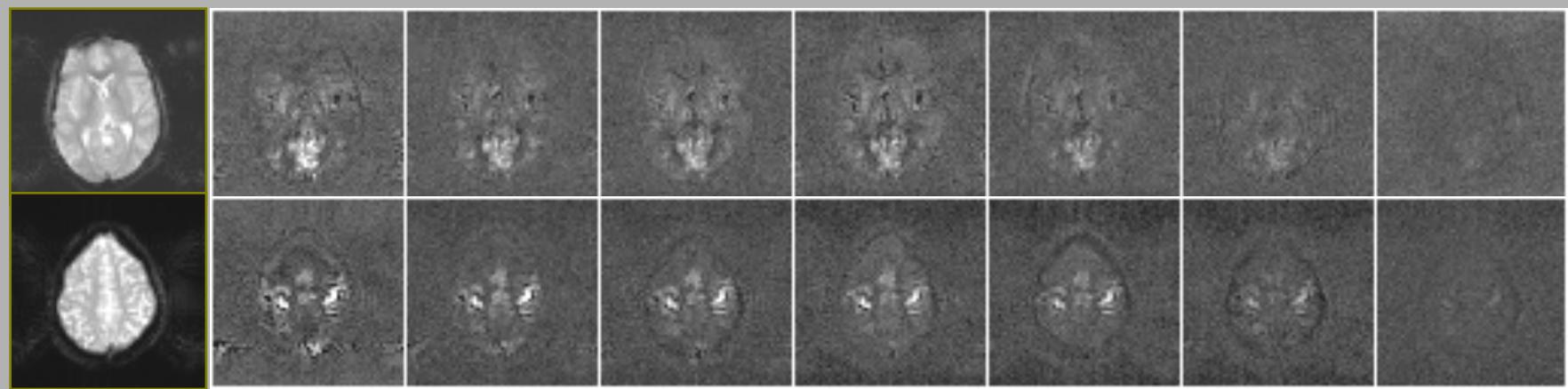
10, 2

8, 2

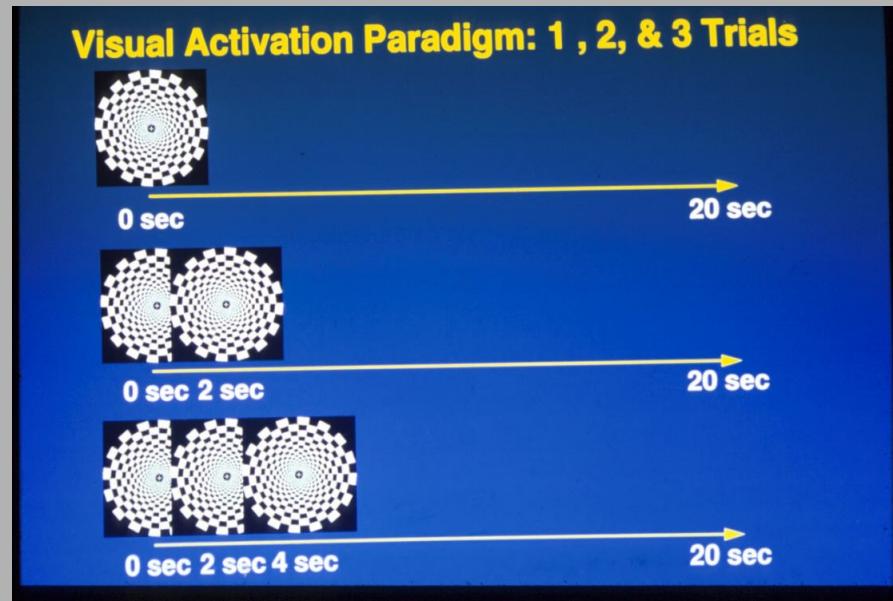
6, 2

4, 2

2, 2

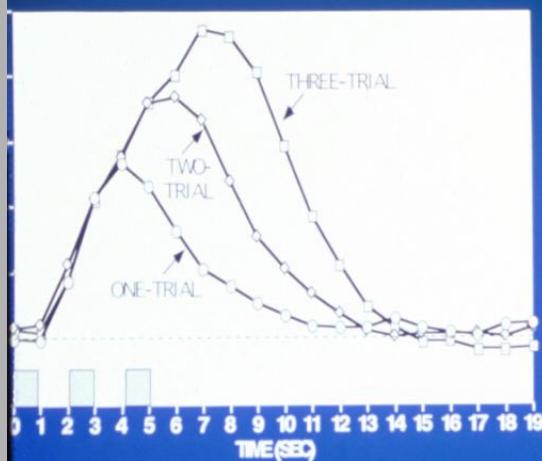


You can go  
even faster with  
the assumption of  
linearity...

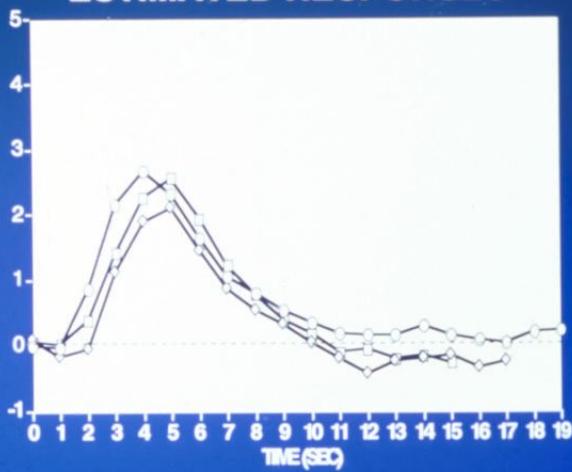


### Response to Multiple Trials: Subject RW

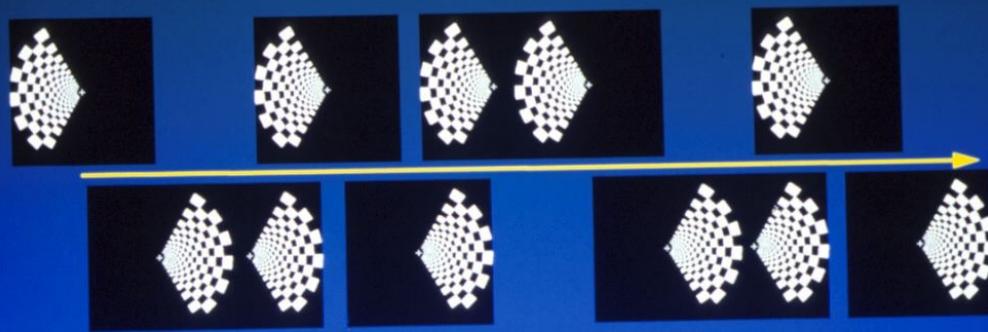
**RAW DATA**



**ESTIMATED RESPONSES**

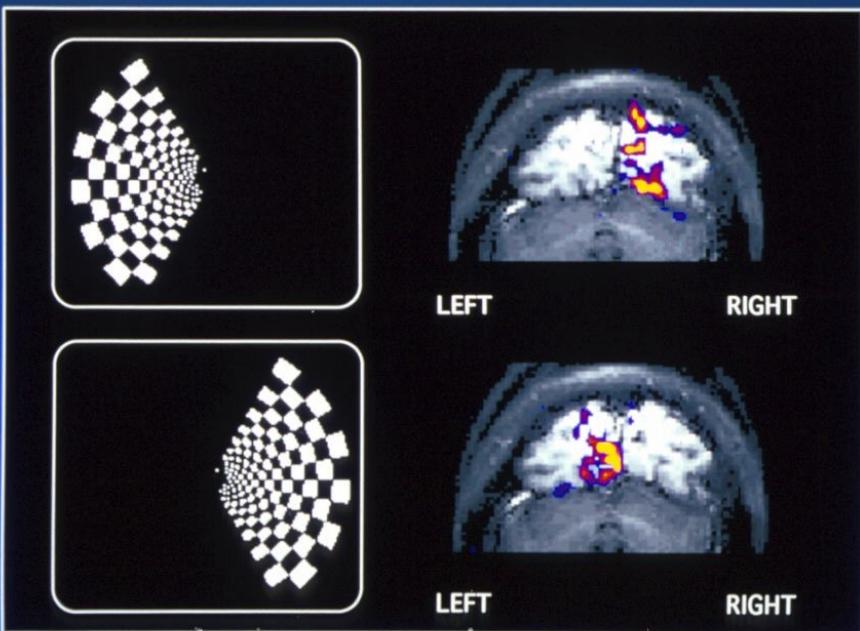


## Rapid-trial Visual Activation Paradigm for Selective Averaging



Trials randomly presented 2 sec apart

If ISI is randomized,  
and if ON / OFF distribution  
is 50%, the optimal average  
ISI is as short as you can  
make it.



# Conclusions

The fMRI signal is able to be calibrated. Physiologic, neuronal, and pulse sequence calibration techniques are just starting to develop to complement pulse sequence advances.

- spatial resolution < 0.5 mm
- temporal resolution < 100 ms
- information content: quantitative flow, CMRO<sub>2</sub>...

A large amount of additional information exists in the fMRI signal (i.e. fluctuations..).

To aid the development of calibration, more work needs to be done using extremely well understood neuronal activation (across several temporal, spatial, and intensity scales) to better characterize of the fMRI signal.

