Deep Learning Framework for Characterizing Tau-PET Heterogeneity and Exploring Functional Connectivity in



Alzheimer's Disease: A Self-supervised Approach

Theyaneshwaran Jayaprakash¹, Connor Lee Cornelison¹, Plamena P. Powla², Lu Zhang³, Carolyn Fredericks⁴, Andrew Saykins², Selena Wang²

¹Indiana University Bloomington, ²Indiana University School of Medicine, ³Indiana University Indianapolis, ⁴Yale School of Medicine



Overall Disease Severity

Mean PET SUVR Across Subtype

Subtype

Proportional Tau Distribution Analysis

S1: Visual-sensorimotor-entorhinal pattern

(Contradicts classical Braak staging)

Three Distinct Spatial Signatures

S2: Widespread neocortical +

default mode network

S3: Posterior cortical as S2 subtype +

selective limbic-cingulate

Background

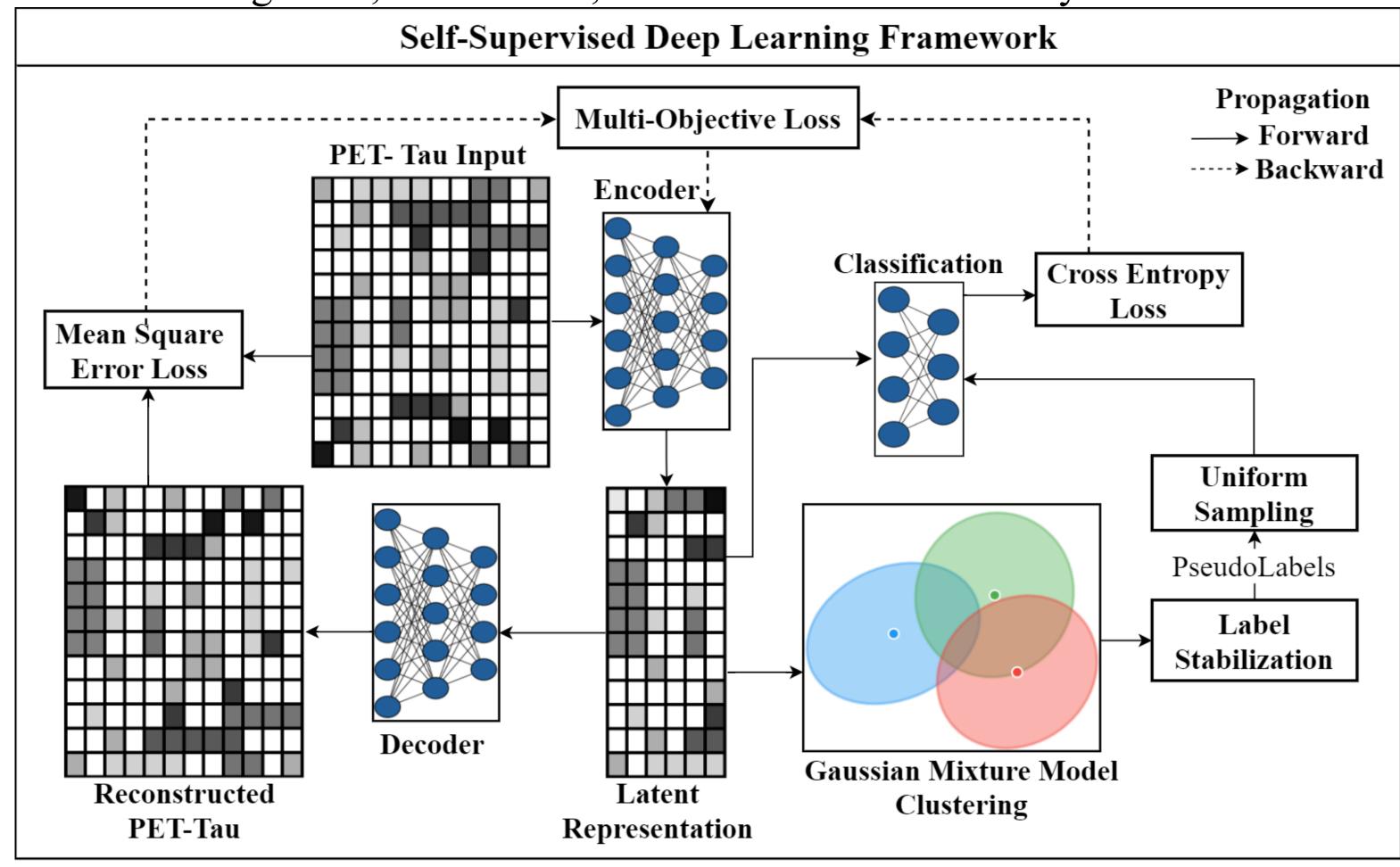
- Extracellular amyloid plaques and intraneuronal neurofibrillary tangles are defining features of Alzheimer disease (AD).
- AD patients exhibit spatially heterogeneous tau-PET composition across brain.
- This cross-sectional study uses self-supervised deep learning to identify tau-PET subtypes and characterize their functional connectivity and clinical profiles

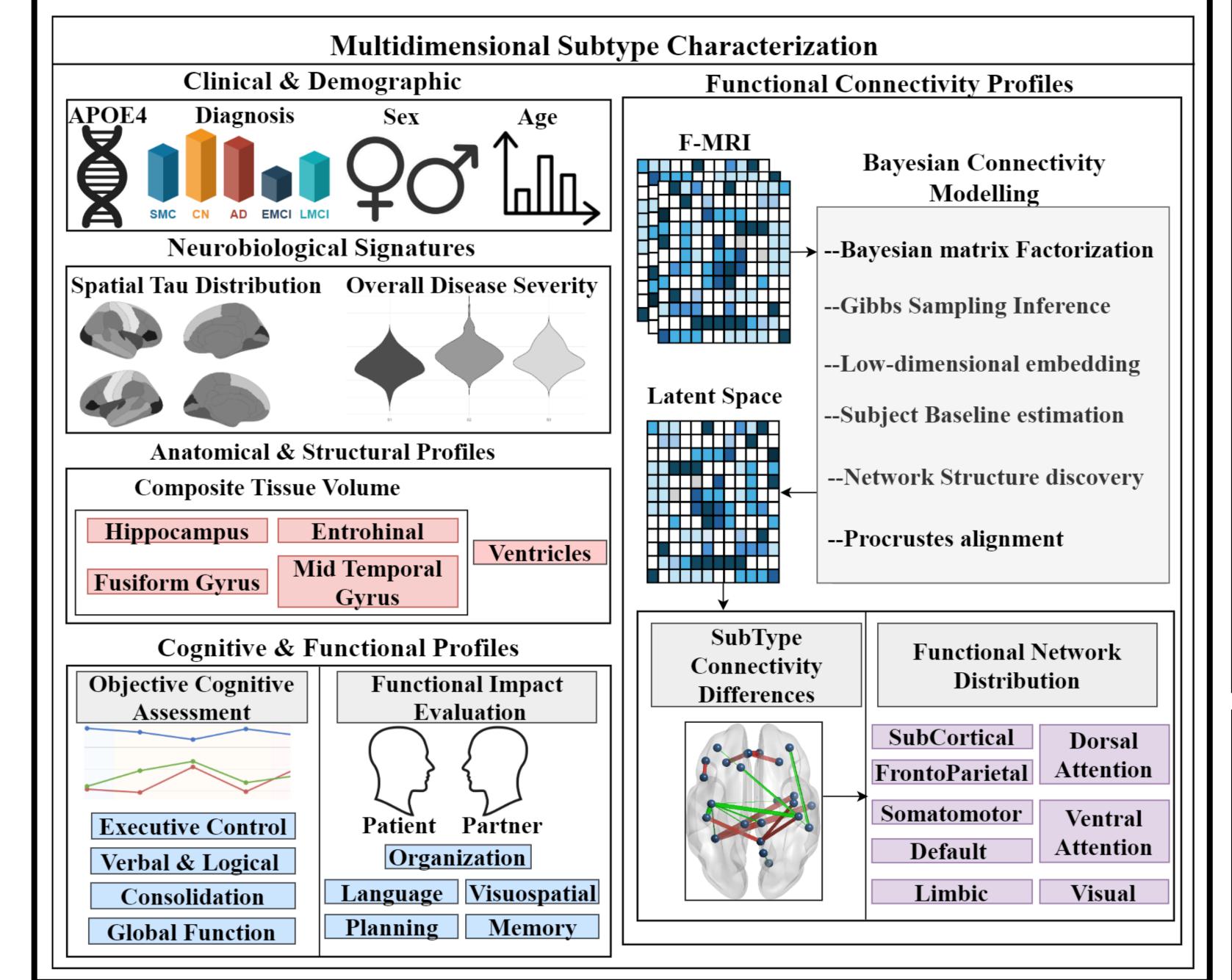
Methods

- ADNI-3 cohort (n=318, ages 55-89): CN, EMCI, LMCI, SMC, AD subjects.
- Tau-PET imaging across 68 cortical regions (Desikan-Killiany atlas).
- Resting-state fMRI for functional connectivity analysis

Stage I Subtype Discovery - Self-supervised deep learning identifies tau subtypes from PET data using Gaussian mixture clustering.

Stage II Subtype Validation - Multidimensional validation across clinical, cognitive, anatomical, and functional connectivity domains.





Results

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Self-Supervised Framework – Subtype Discovery

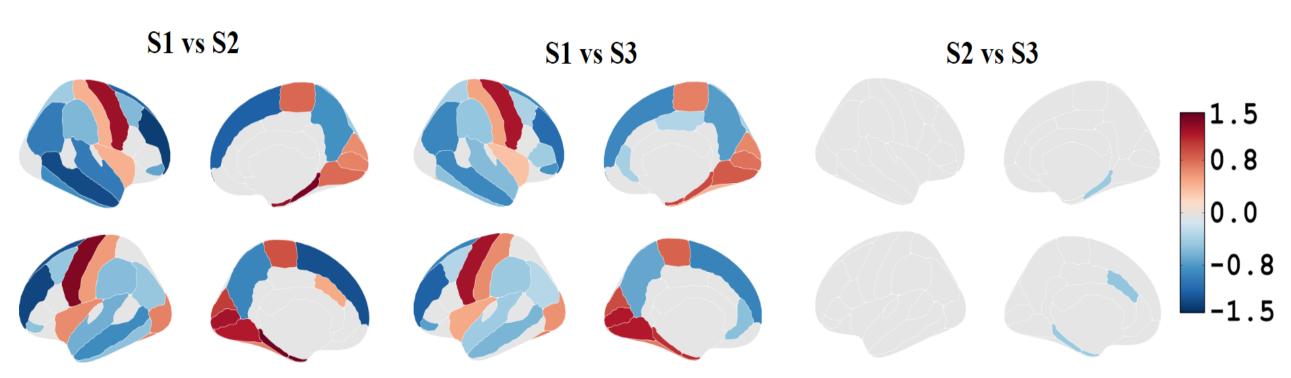
Three Optimal Subtypes

Robust Model Selection & Validation

- 68 cortical regions \rightarrow 10D latent space for optimal clustering.
- k=3 identified as optimal through multi-criteria evaluation (AIC, BIC, loss, stability) $|AMI=0.96 \pm 0.09|$
- Superior stability: 36% lower validation loss variance vs. k=2
- k≥4 showed clear overfitting

Subtype Distribution

S1: 67% (n=213), S2: 13% (n=40), S3: 20% (n=65)



Color: Cohen's d, Warm = 1st higher, Cool = 2nd higher Significant Pairwise Comparisons ($p_{FDR} < 0.05$) across 68 Regions

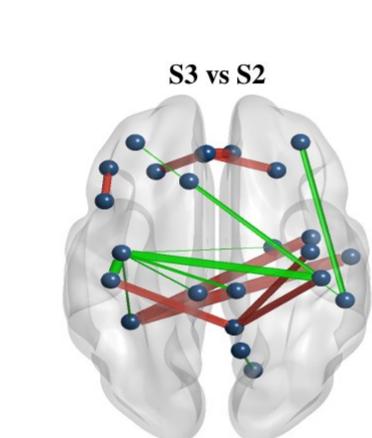
S1 vs S2 (48 regions): Large effects (d = 0.907)

S1 vs S3 (51 regions): Large effects (d = 0.745)

S2 vs S3 (4 regions): Small effects (d = 0.472)

S1 vs S2

S1 vs S3



F = 795.5, p < 0.001

 $\eta^2 = 0.835$

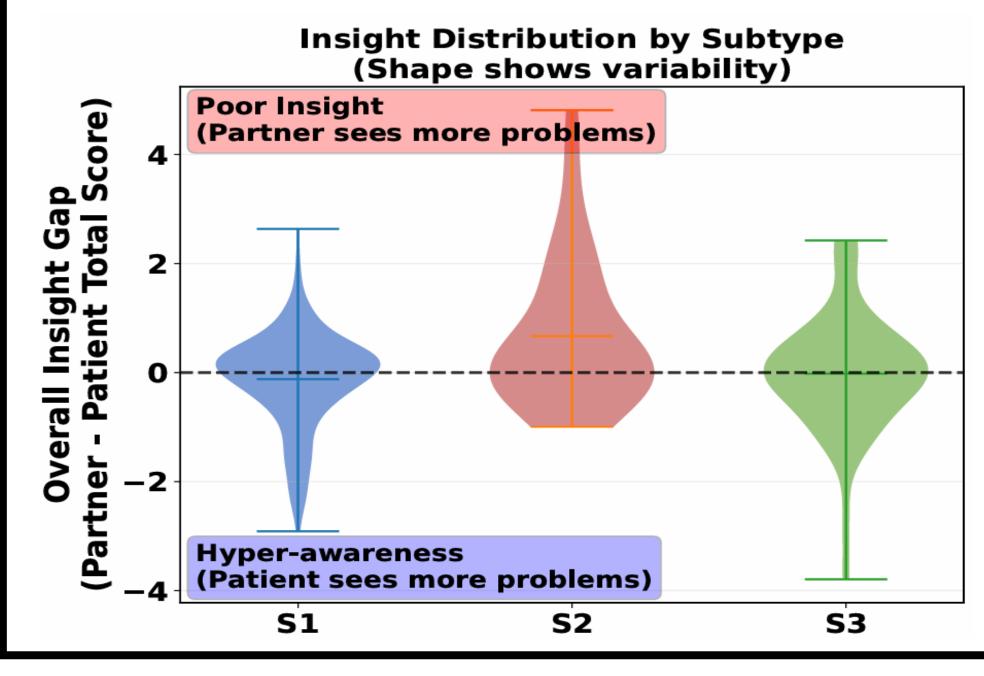
Functional Connectivity Alterations

Bayesian Connectivity Model Performance

- Optimal latent dimensionality: k=5 S1 (r=0.84), S2 (r=0.76), S3 (r=0.77)

Three Distinct Network Signatures

- S1: Consistent Somatomotor-Ventral Attention connectivity (bilateral insula hub)
- S2: Insula-mediated cross-network connectivity (Default Mode + Limbic+ Visual)
- S3: Default Mode-Ventral Attention coupling + preserved Somatomotor networks



Red=2nd > 1st, Green=1st > 2nd, Thickness=PM magnitude Top/bottom 10 **strongest** Posterior Mean (PM) differences per comparison quantify connectivity strength

S1 vs S2 (PM: -0.249 to 0.192)

S1 vs S3 (PM: -0.239 to 0.199)

S3 vs S2 (PM: -0.098 to 0.109)

Metacognitive Dysfunction Profiles

Functional Insight Gap
Partner ECog - Patient ECog Scores

Three Distinct Awareness Patterns

- S1: Elevated concern about functional decline
- S2: Anosognosia-like reduced self-awareness
- S3: Highest variability

Conclusion

This study leveraged tau-PET data to uncover spatial heterogeneity in AD. Multimodal analyses revealed anatomical, cognitive, and functional connectivity differences between subtypes, underscoring the potential of deep learning to elucidate AD pathology.

Acknowledgment

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