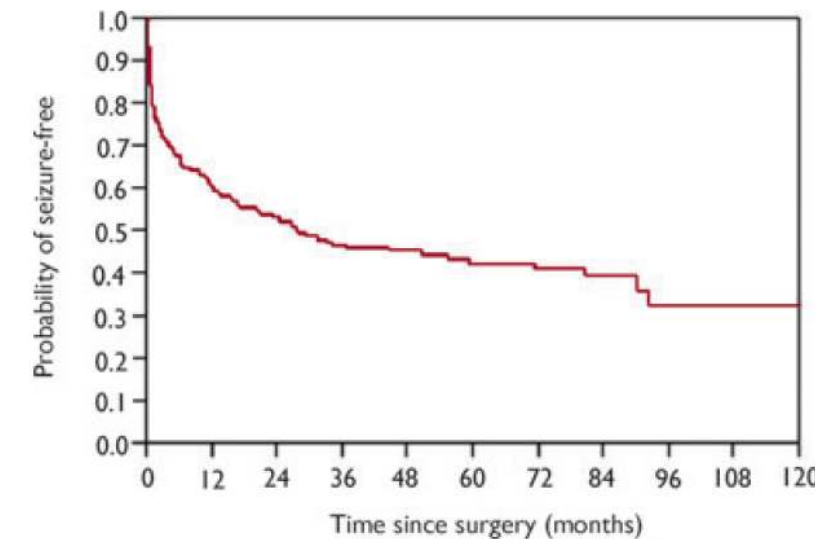


Introduction

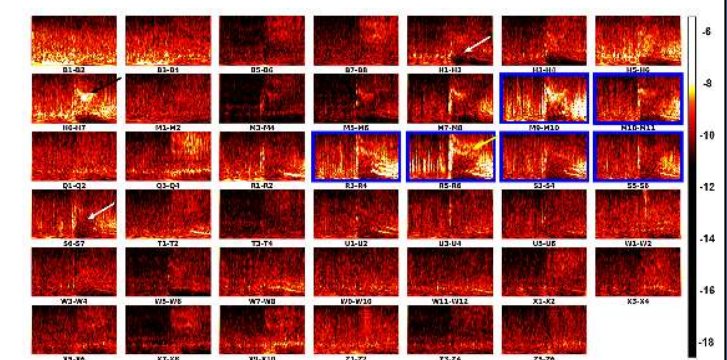
- More than 50% of patients had seizures reoccurred after surgery guided by intracranial evaluations¹, which aims at a precise localization of epileptogenic zone (EZ). One of the reasons for the unsatisfactory results is the inaccurate estimation of the EZ.



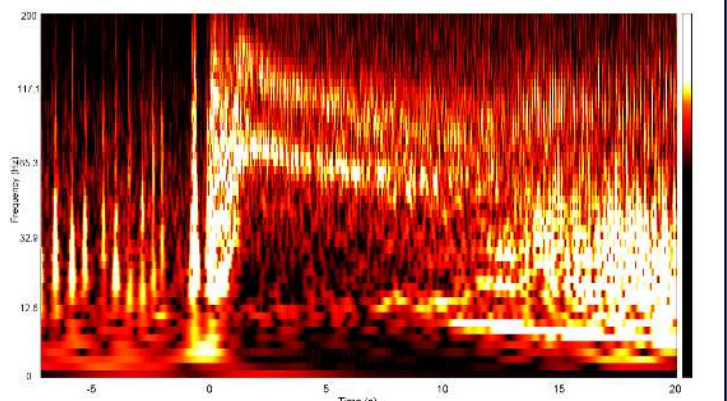
- SEEG signal-processing-based EZ identification have been explored^{2,3,4}, but none of these methods were validated using surgical outcomes.
- Moreover, individualized EZ prediction is strongly desired to facilitate surgical planning but unavailable using any contact-based classification methods.

- We recently proposed a EZ fingerprint (EZF) that describes the inter-ictal to ictal transitions and consists of the **combination of** three components:

- initial **pre-ictal spike(s)**
- ictal **fast activity**
- concurrent low-frequency **suppression**.



- A support vector machine (SVM)-based approach was developed to automatically detect the EZF pattern and differentiate the EZ from other areas of the brain.

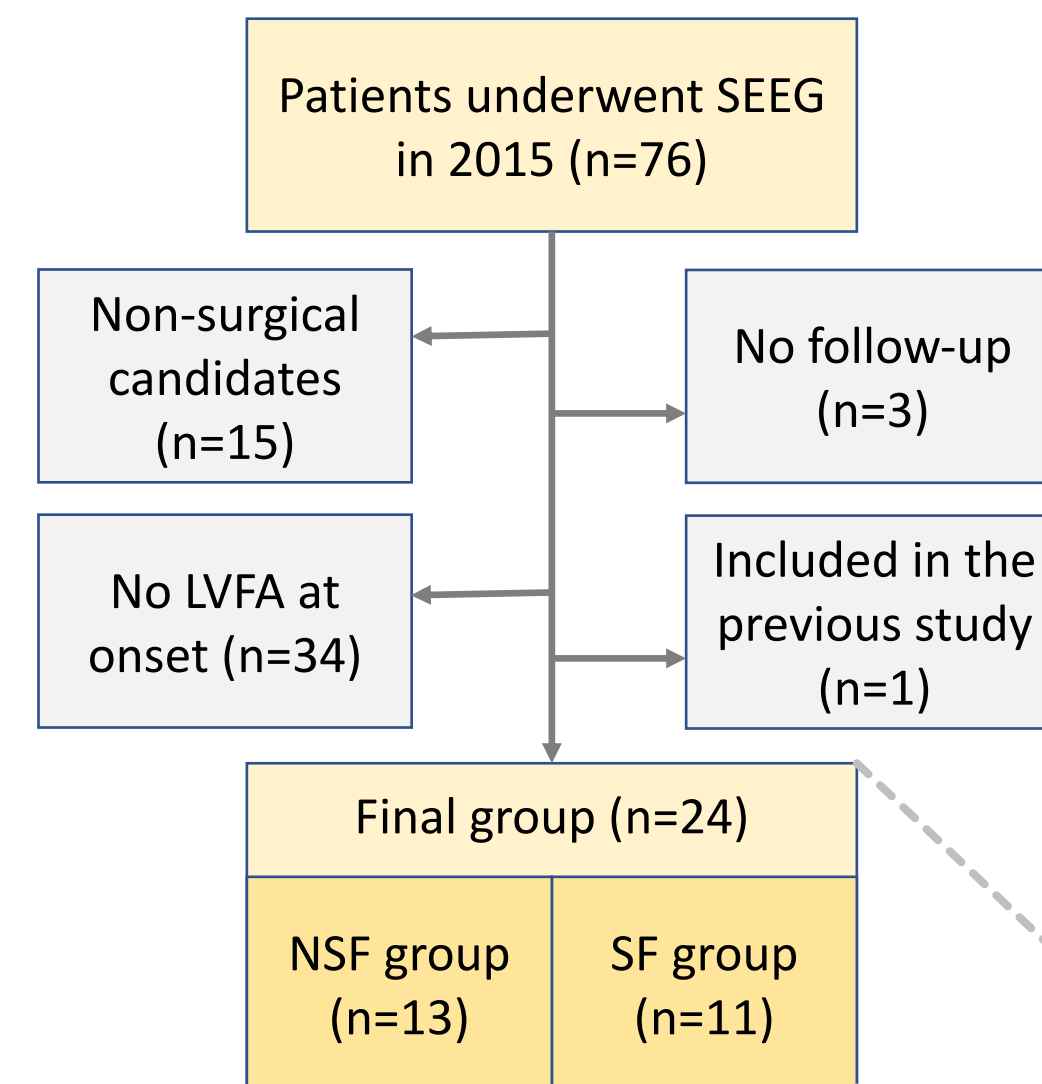


- In this work, we validate our EZF method using a completely independent series of patients, including both seizure-free (SF) and non-seizure-free (NSF) patients.

- The prediction results are mapped onto the MRI image of each patient for individualized localization of the EZ.

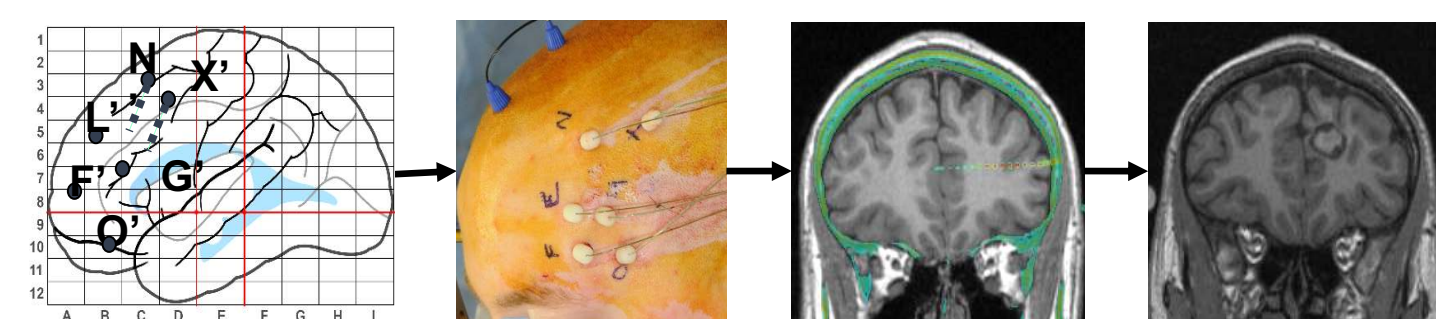
Patient Selection

- A consecutive series of patients who had seizures began with low voltage fast activity (LVFA) in the beta or gamma bands and underwent surgery after SEEG.



Data Collection

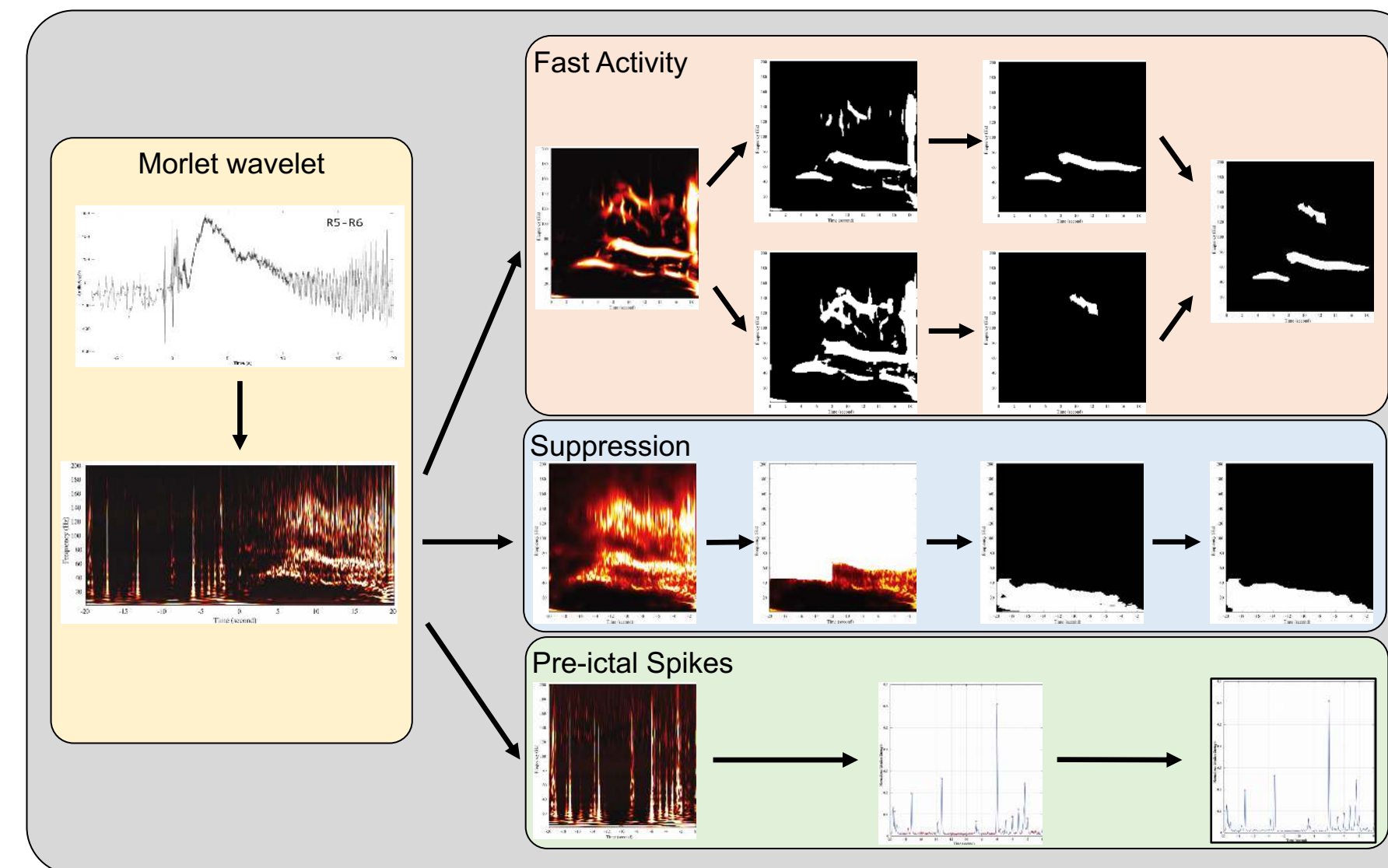
- SEEG:** Multi-lead depth electrodes were implanted according to the Talairach stereotaxic method. SEEG signals were recorded on a Nihon Kohden EEG machine with a sampling rate of 1000 Hz.
- MRI:** digital fusion of the pre-operative and post-operative MRI with post-implantation thin-sliced CT. Labelling of the electrodes contacts as being within or outside the resection.



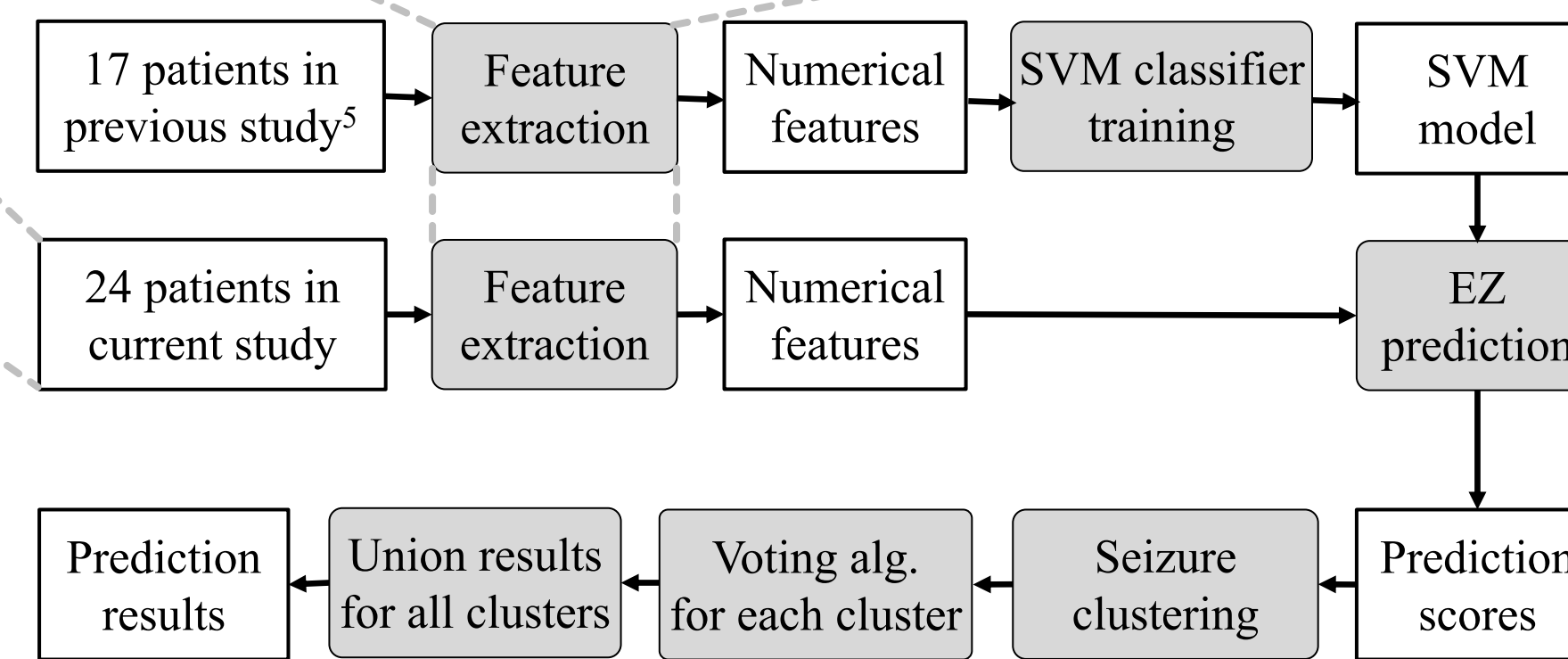
Methods

EZ Fingerprint Pipeline

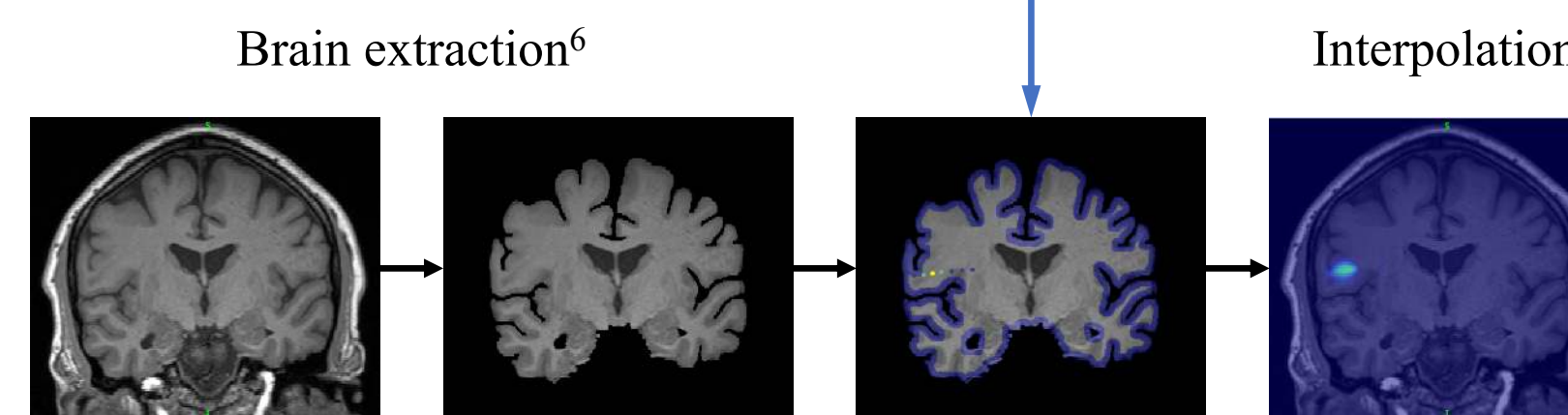
- Feature extraction**



- SVM-based classification**



- Individualized EZ prediction**



References

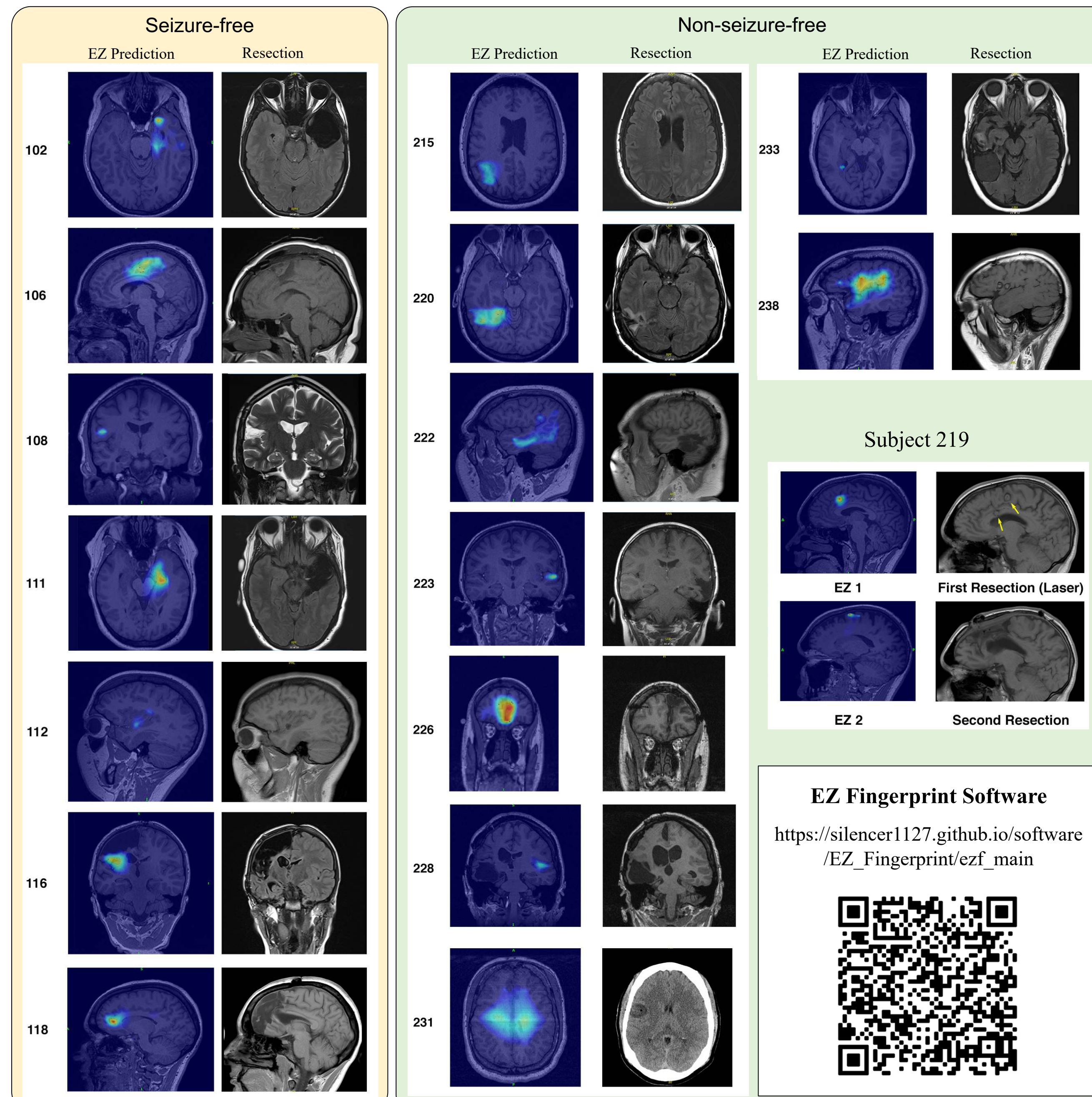
- [1] Bulacio J. C., *et al.*, Long-term seizure outcome after resective surgery in patients evaluated with intracranial electrodes. *Epilepsia*. 2012 Oct;53(10):1722-30.
- [2] Bartolomei F., *et al.*, Epileptogenicity of brain structures in human temporal lobe epilepsy: a quantified study from intracerebral EEG. *Brain*. 2008 Jun 13;131(7):1818-30.
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- [5] Olesya G., *et al.*, A fingerprint of the epileptogenic zone in human epilepsies, *Brain*. 2018 Jan. 1;141(1):117-131.
- [6] Shattuck D. W., *et al.*, BrainSuite: an automated cortical surface identification tool. *Medical image analysis*. 2002 Jun 1;6(2):129-42.

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Results

	Seizure-free			Non-seizure-free		
	Predicted EZ	Predicted Non-EZ	Stats	Predicted EZ	Predicted Non-EZ	Stats
Inside Resection	42 (TP)	267 (FN)		38 (TP)	104 (FN)	
Outside Resection	5 (FP)	838 (TN)	0.0059 (FPR)	104 (FP)	1276 (TN)	0.075 (FPR)
Stats	0.894 (PPV)			0.268 (PPV)		

When the prediction mapped onto the patients' MRI image:



EZ Fingerprint Software

https://silencer1127.github.io/software/EZ_Fingerprint/ezf_main

