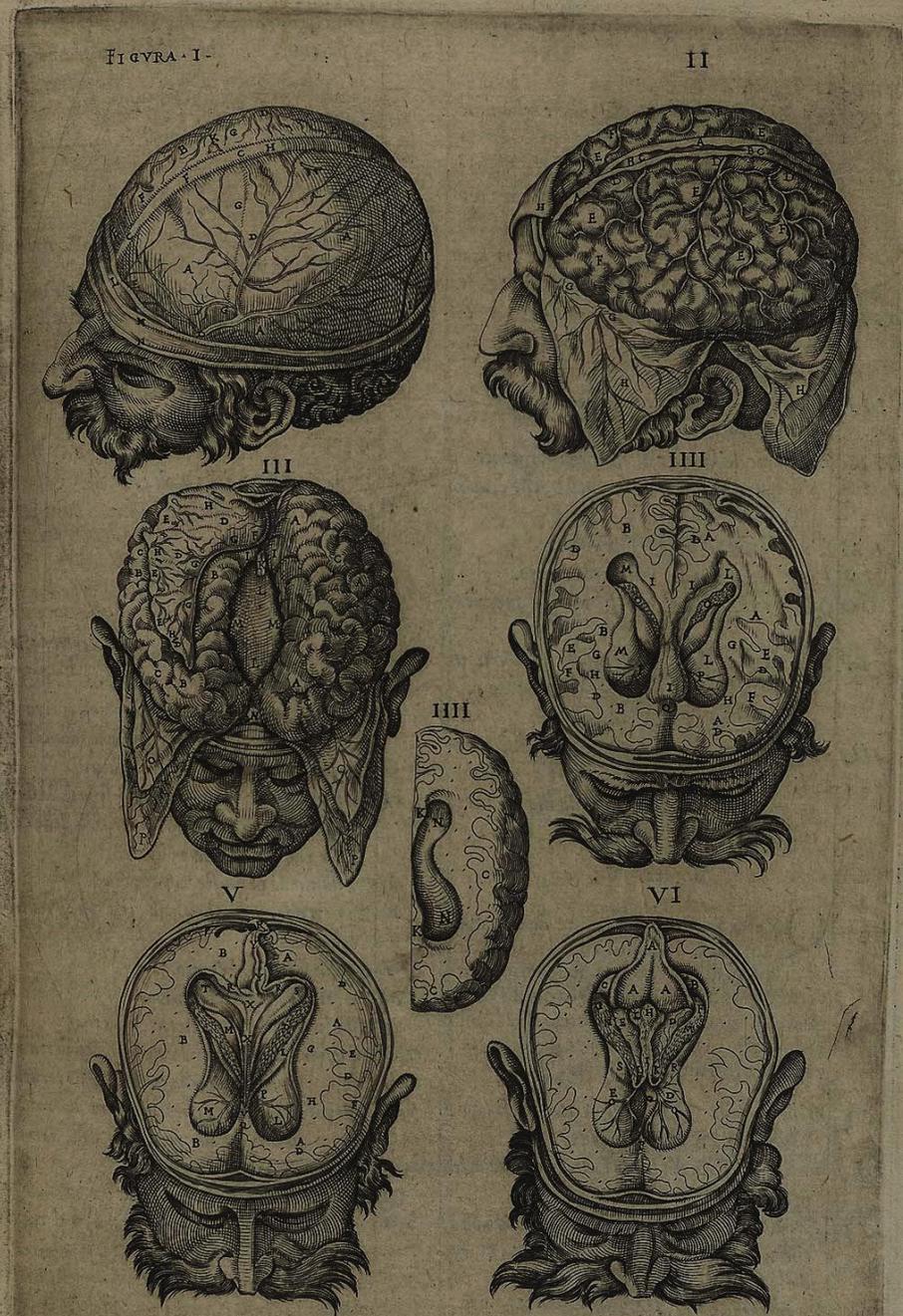


**Structural And
Functional
Integration:
Why all imaging
requires you to
be a structural
imager**

David H. Salat

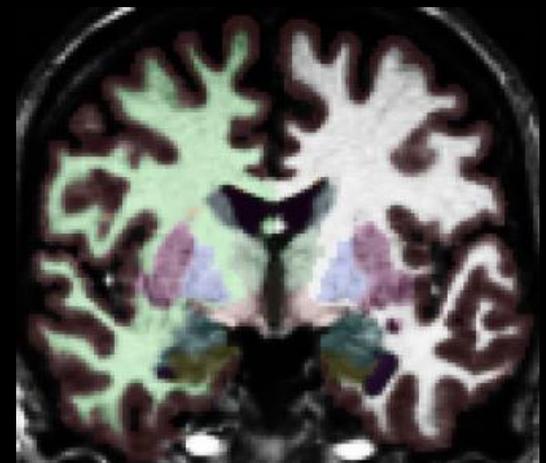
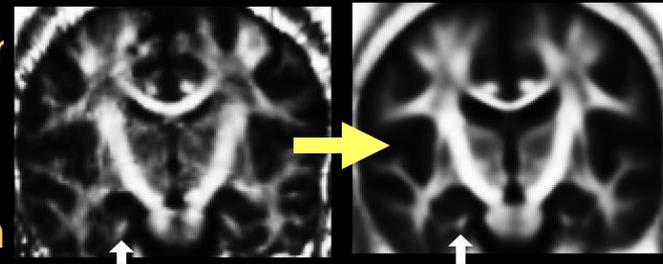
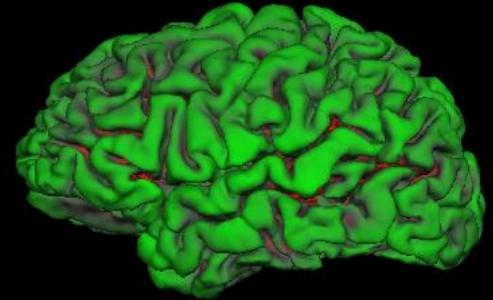
salat@nmr.mgh.harvard.edu

Salat:StructFunct:HST.583:2015

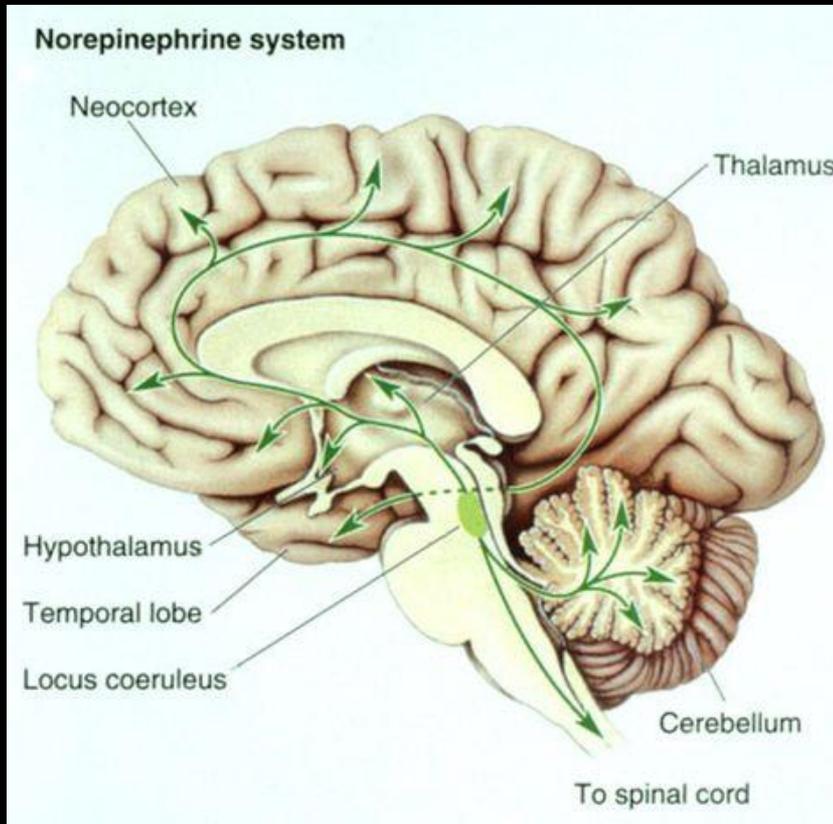


Structural Information is Critical for Functional (or other) research

- Functional analysis is potentially critically flawed without structural information. Structural data is necessary for:
 - visualization of functional data (view data on an easy to interpret representation of the brain)
 - spatial normalization of functional data (match anatomical locations across subjects)
 - region of interest analysis of functional data (sample data from a specific area of the brain)
 - Correction of measurement error (e.g. partial volume)
 - integrated functional analysis (e.g. volume analysis/anatomical descriptions)



What is the locus coeruleus?



Why Is Structure/Anatomy Critical?

Structure to a large degree dictates what can be done functionally:



- How big are your voxels?
- How much smoothing?
- Physiological contamination?
- How big is your effect?

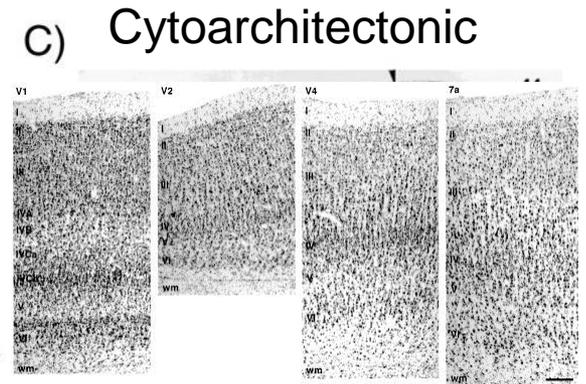
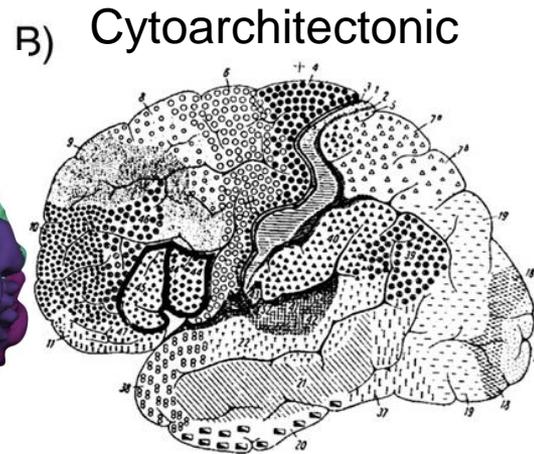
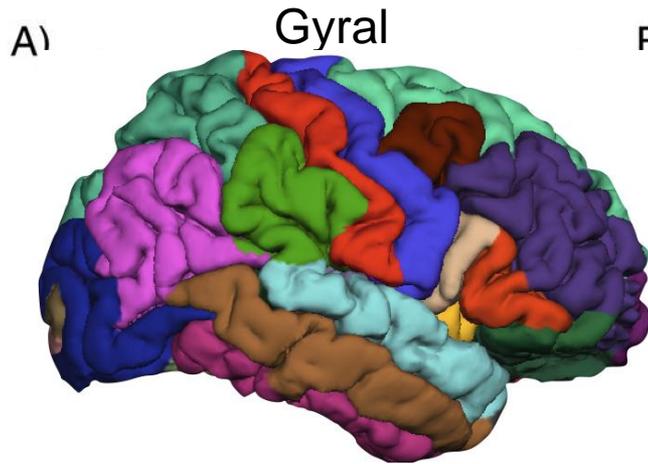
Why Is Structure/Anatomy Critical?

- Accurate localization of functional results
 - Precision of localization is key to any interesting functional study
 - Don't just say 'dorsolateral prefrontal cortex'
 - Know your limitations (small structures, big voxels; ventricular borders, etc.)
- Understanding the contributions of structural changes to fMRI results in health and disease
 - Are functional changes associated with tissue degeneration within a brain structure?
 - Controlling for group biases/confounds due to structural changes
- Clinical procedures
 - Structural measurements are useful clinically, independent of functional integration (volume/lesion studies)
 - Localization of vital regions of the brain to *avoid* in neurosurgical procedures

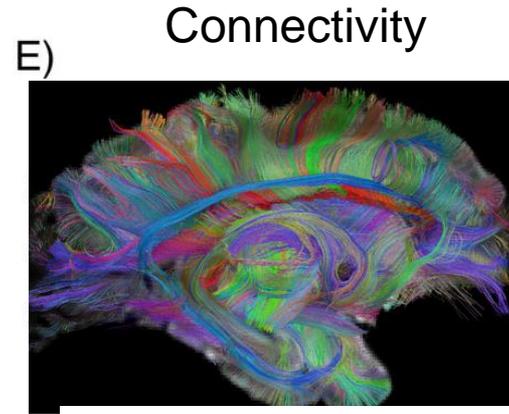
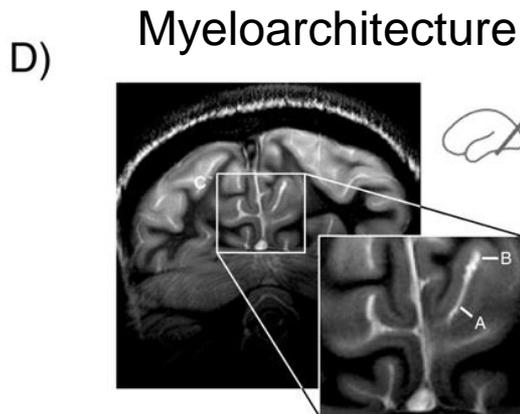
Why is integration of anatomical and functional data difficult?

- Various levels of neuroanatomy: gyral, functional, cytoarchitectonic, neurochemical, gene expression, etc.
- Accurate models of the brain are difficult to create
- Differences in distortions/geometry across imaging domains
 - Distortion correction (acquisition/processing)
- **Biological variability in anatomy across individuals**

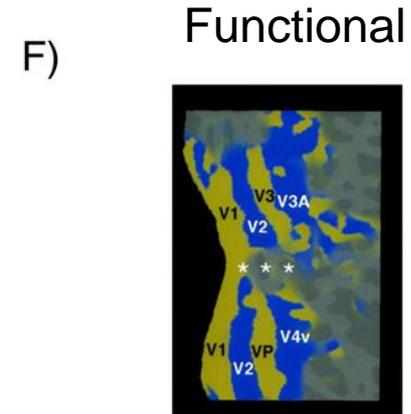
Levels of Anatomy



Stepanyants et al., 2002



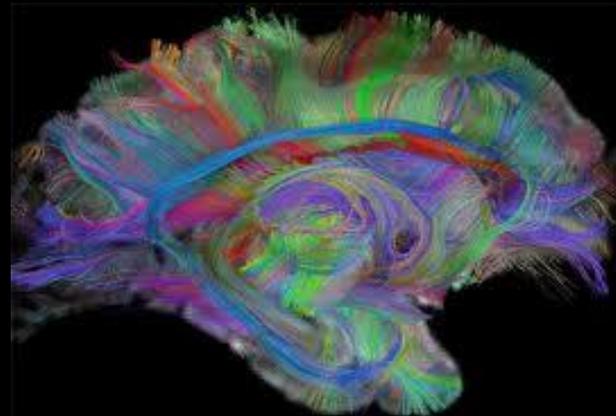
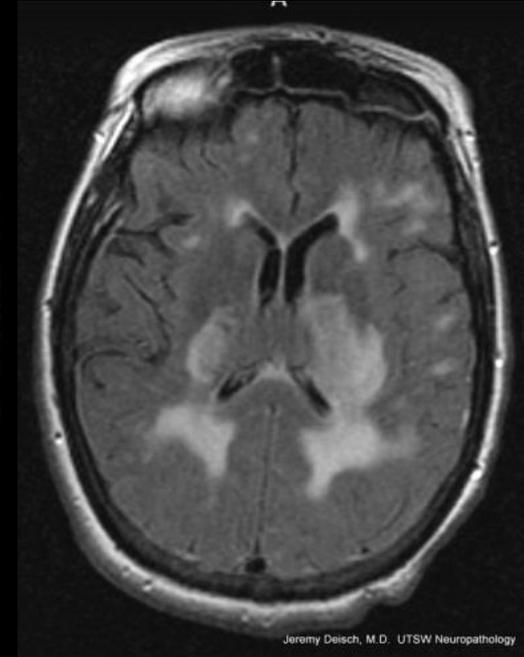
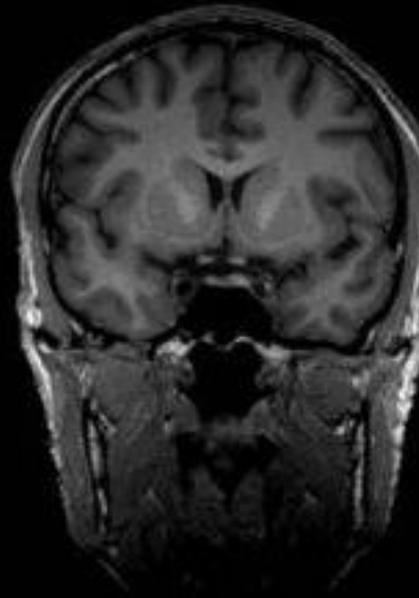
Wedeen et al.



Modified from Devlin and Poldrack, *Neuroimage*, 2007

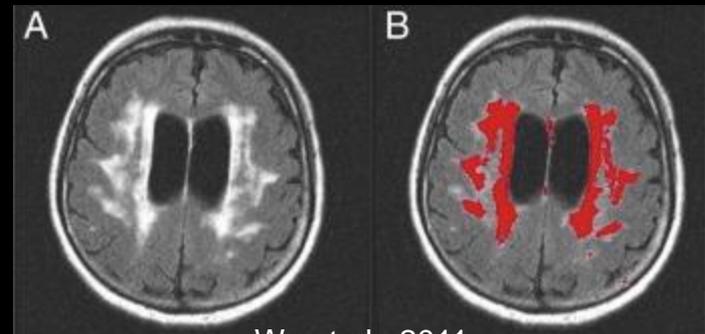
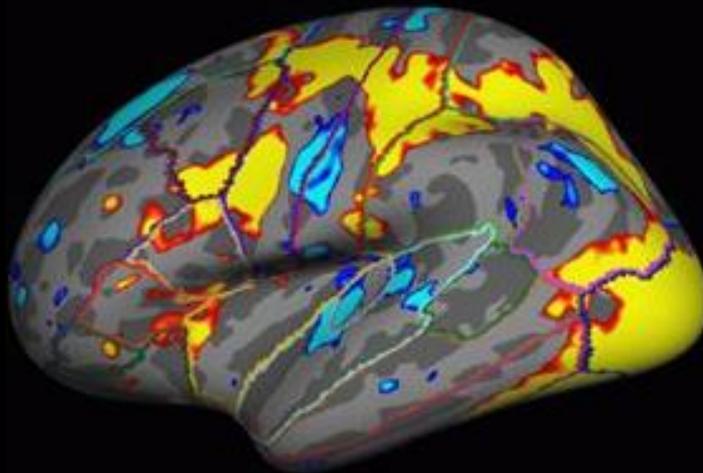
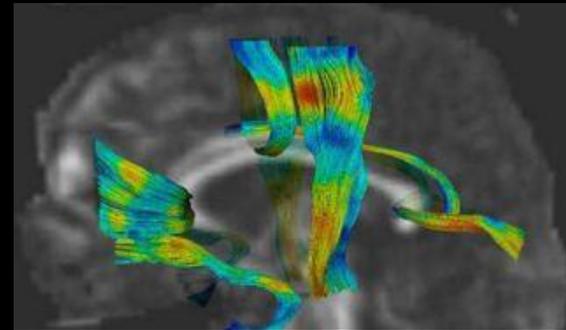
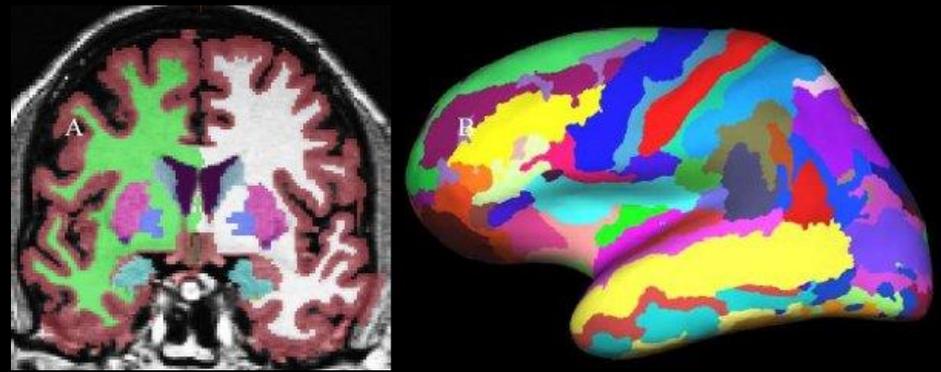
Commonly Used MR Sequences

- **Anatomy/structure AND pathology**
- **T1-weighted imaging:** Good contrast for gray matter/white matter; useful in segmentation of cortex and deep/subcortical gray matter
- **T2/FLAIR imaging:** Good contrast for segmentation of altered brain tissue such as white matter signal abnormalities (WMSA; hyperintensities; hypointense on T1, but less sensitive)
- **Diffusion imaging:** Good contrast for anatomy of white matter fascicles (bundles) projecting across neural regions/microstructural properties

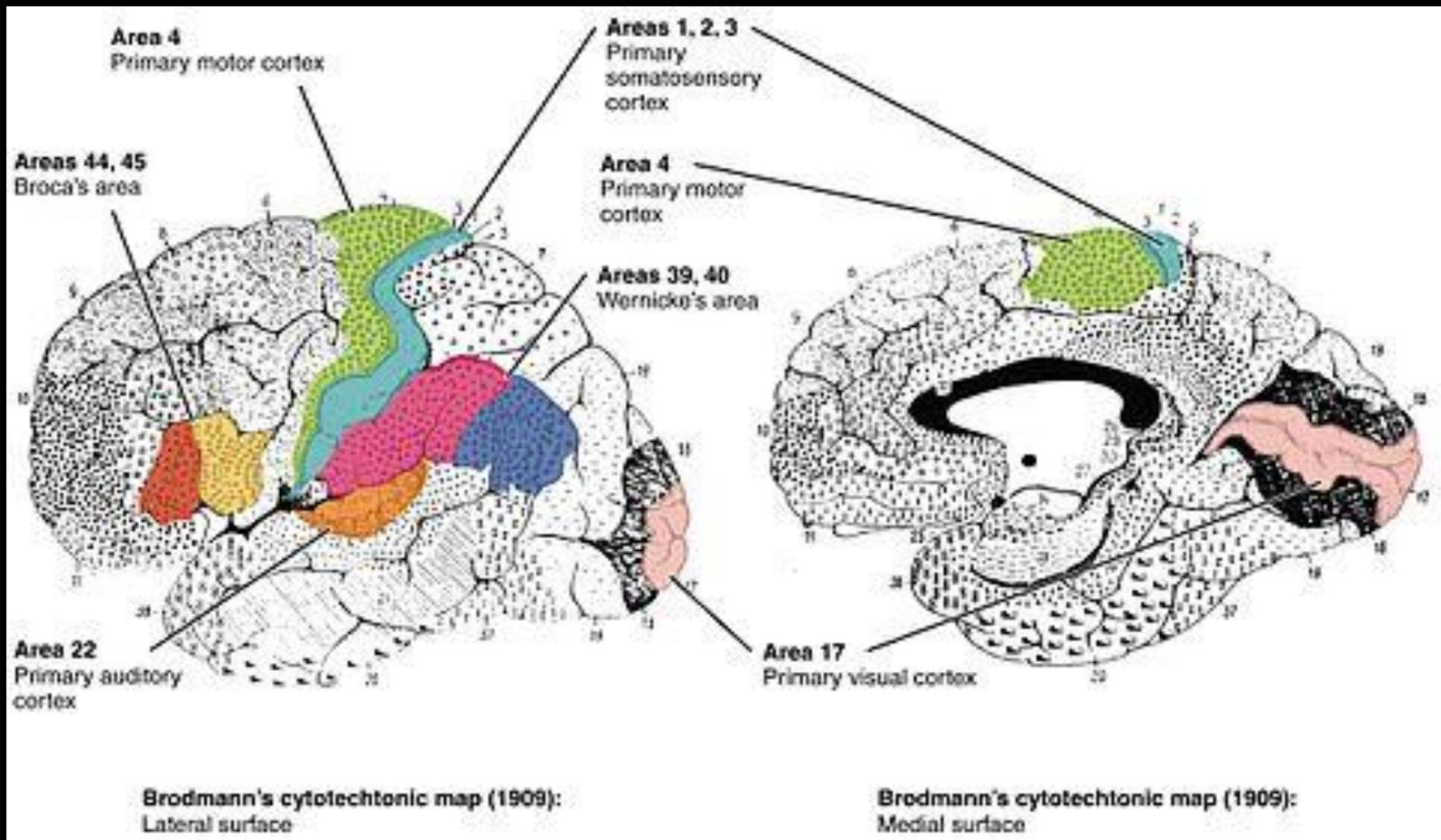


Types of 'anatomical' information extracted from MRI data

- Segmentations (extraction of specific structures) brain, cortex, white matter, deep brain structures
- Cortical surface models
- Cortical parcellation (division of the cortex)
- White matter fascicles
- Lesions
- fMRI regions of activation



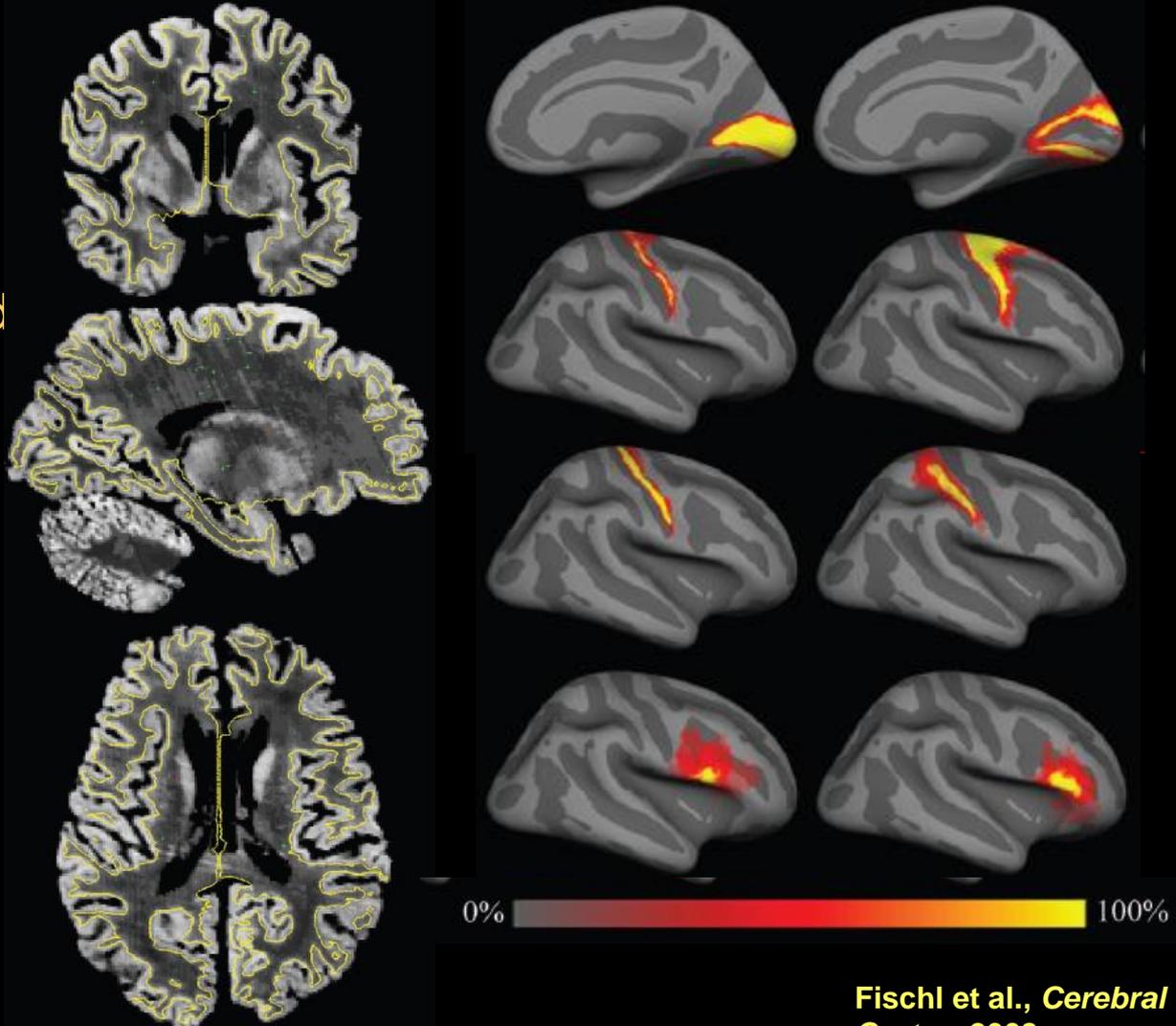
Brodmann: Primary Visual Cortex



How is Structure Related to Function?

(Can folds predict cytoarchitecture?)

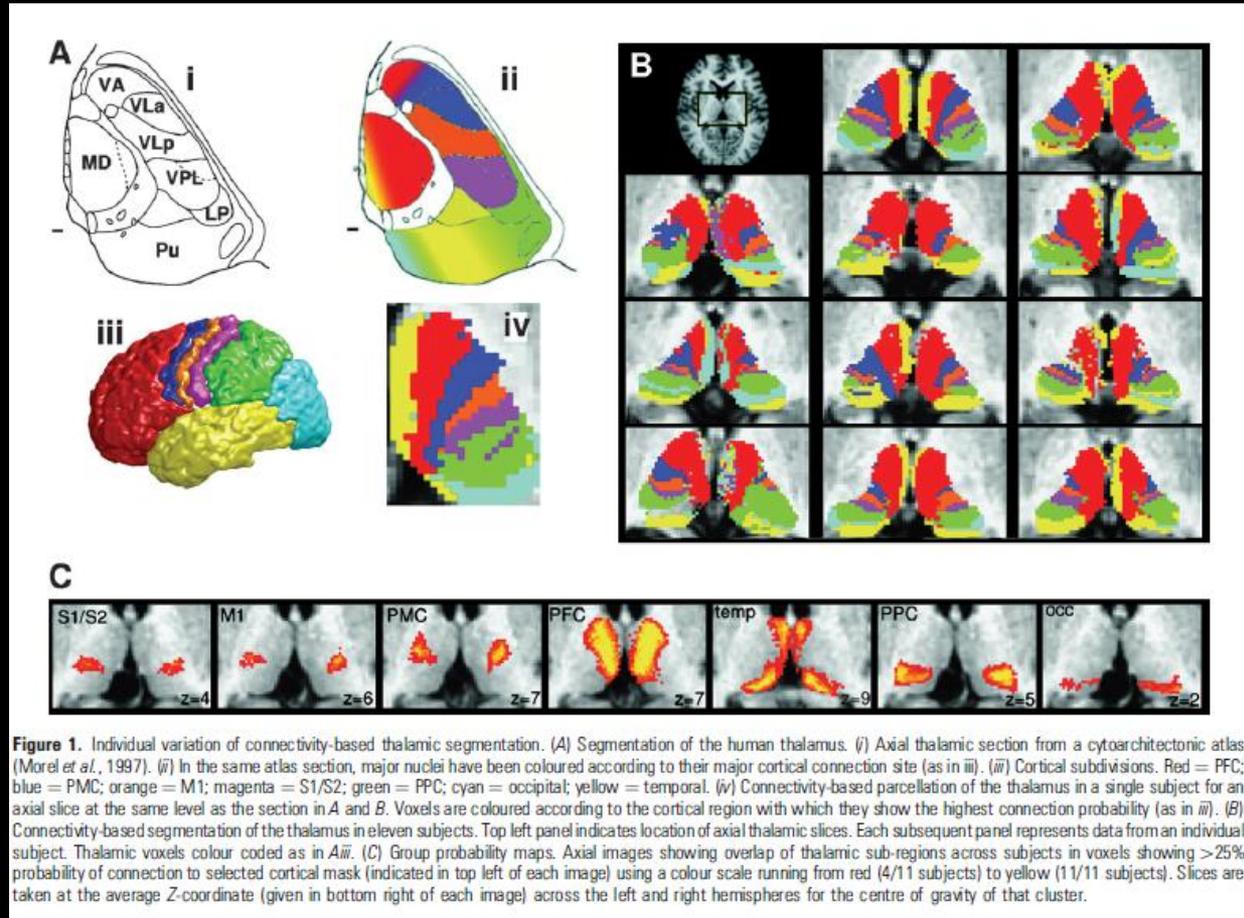
- *Ex vivo* imaging for creation of surface models
- Cytoarchitectonic borders defined with histology and mapped to surface models
- Cytoarchitecture showed good correspondence with folds, particularly in primary/secondary areas
- Some limitations of MR for defining microanatomy can be overcome by good macroanatomy



How is Structure Related to Function?

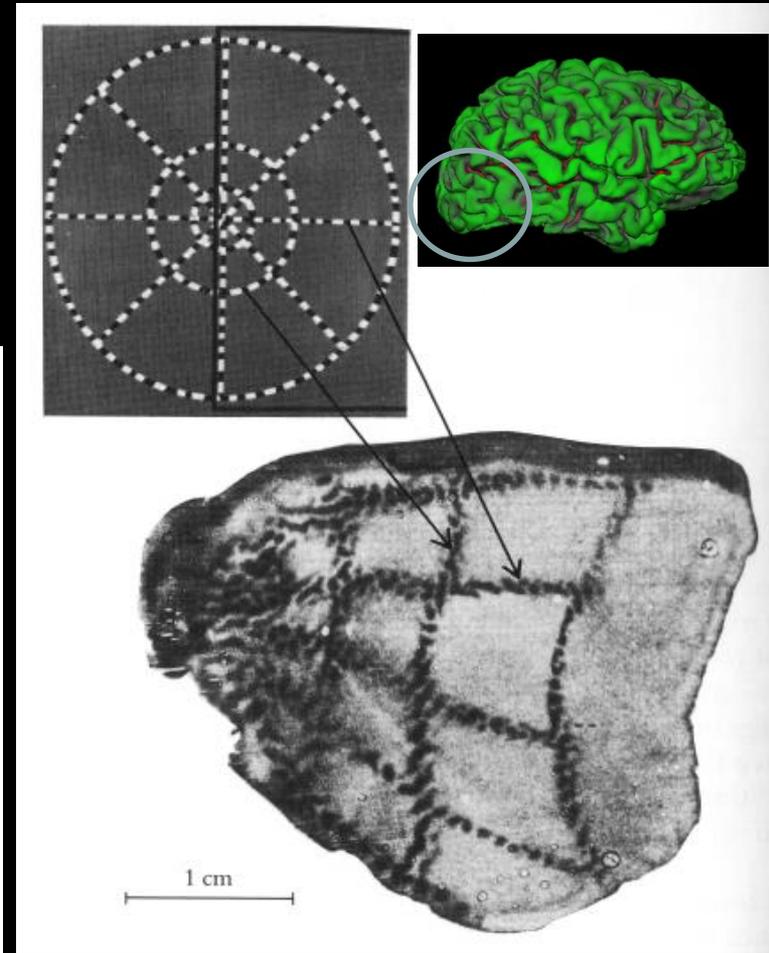
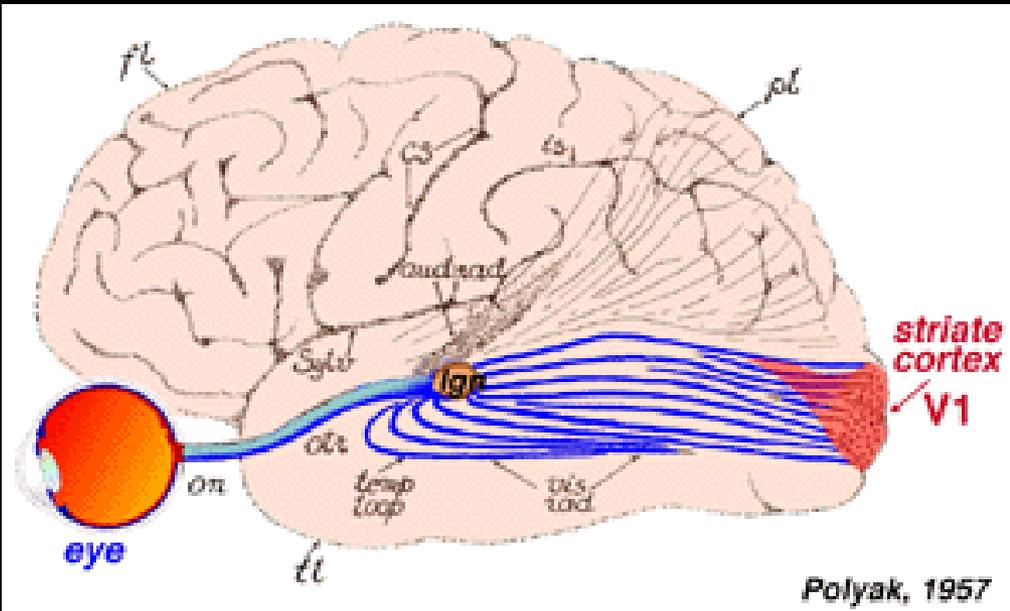
(Can connectivity predict function?)

- Cortical connectivity can be used to segment the nuclei of the thalamus
- Connectivity based segmentation of thalamic nuclei validated through correspondence to functionally distinct regions
- Several ways to define anatomy with imaging



Retinotopy

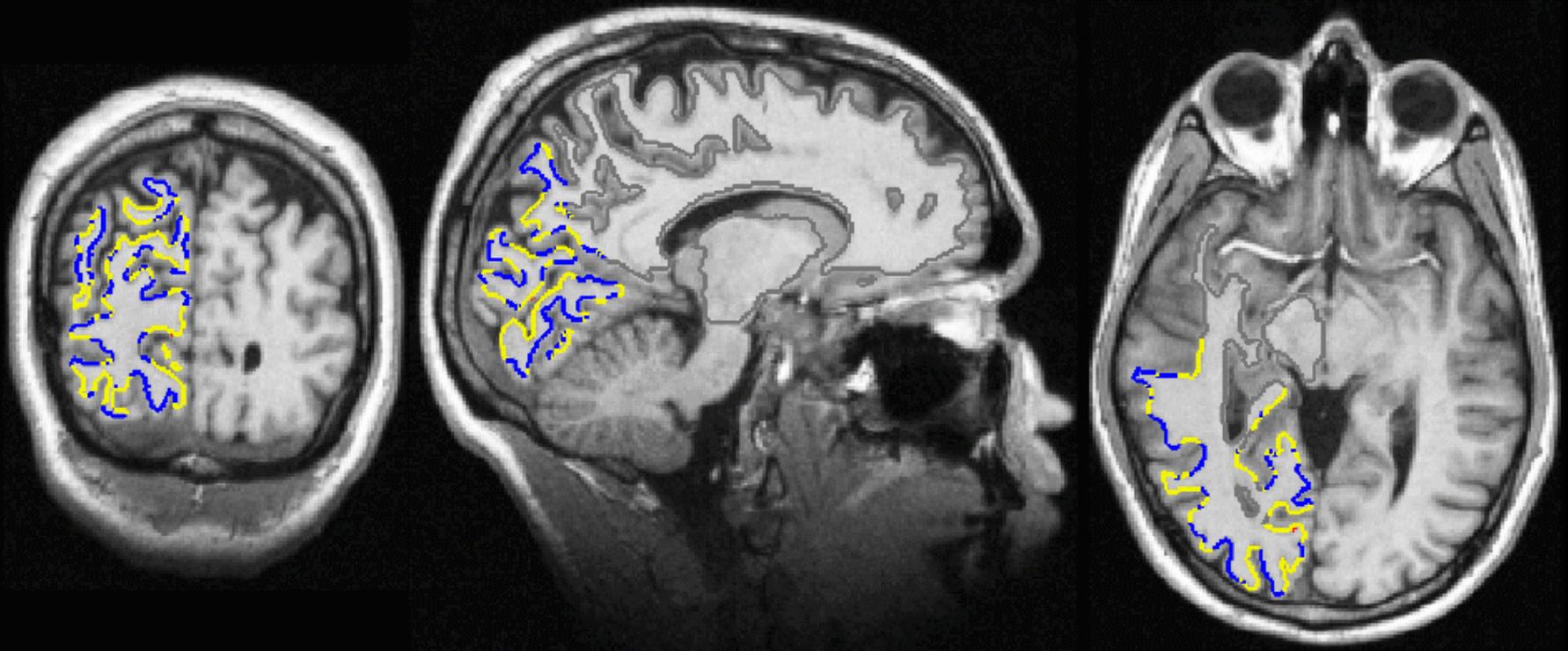
- Presentation of spoke image to macaque
- Measure metabolism using 2DG technique on flattened visual cortex



Tootell, 1982

Slice Based Visual Organization

Spatial organization of the fMRI response to visual stimuli in occipital cortex



Fischl et al.

Cortical Surface Model, Inflated, Flattened

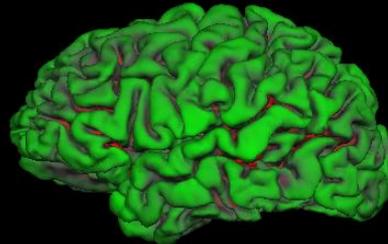
- Model created of the cortical mantle, computationally manipulated for inflation, cutting and flattening

Surface Boundaries

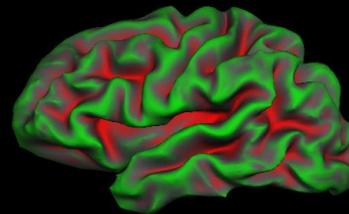


High quality structural data

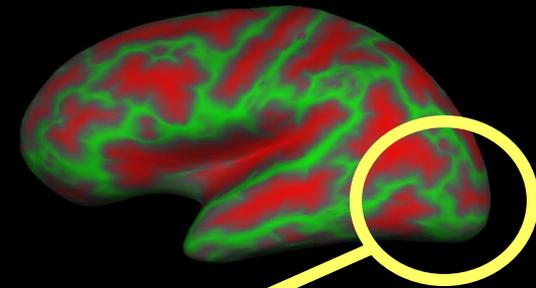
Folded



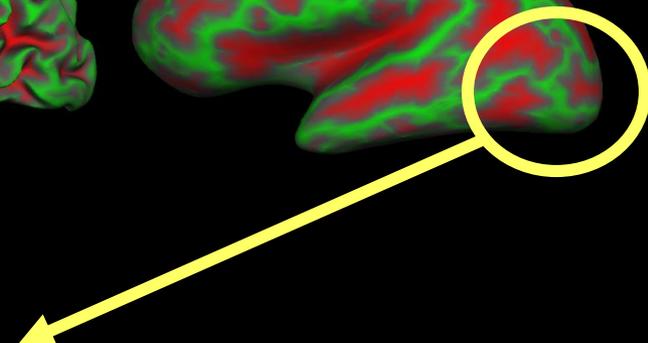
Semi-inflated



Inflated



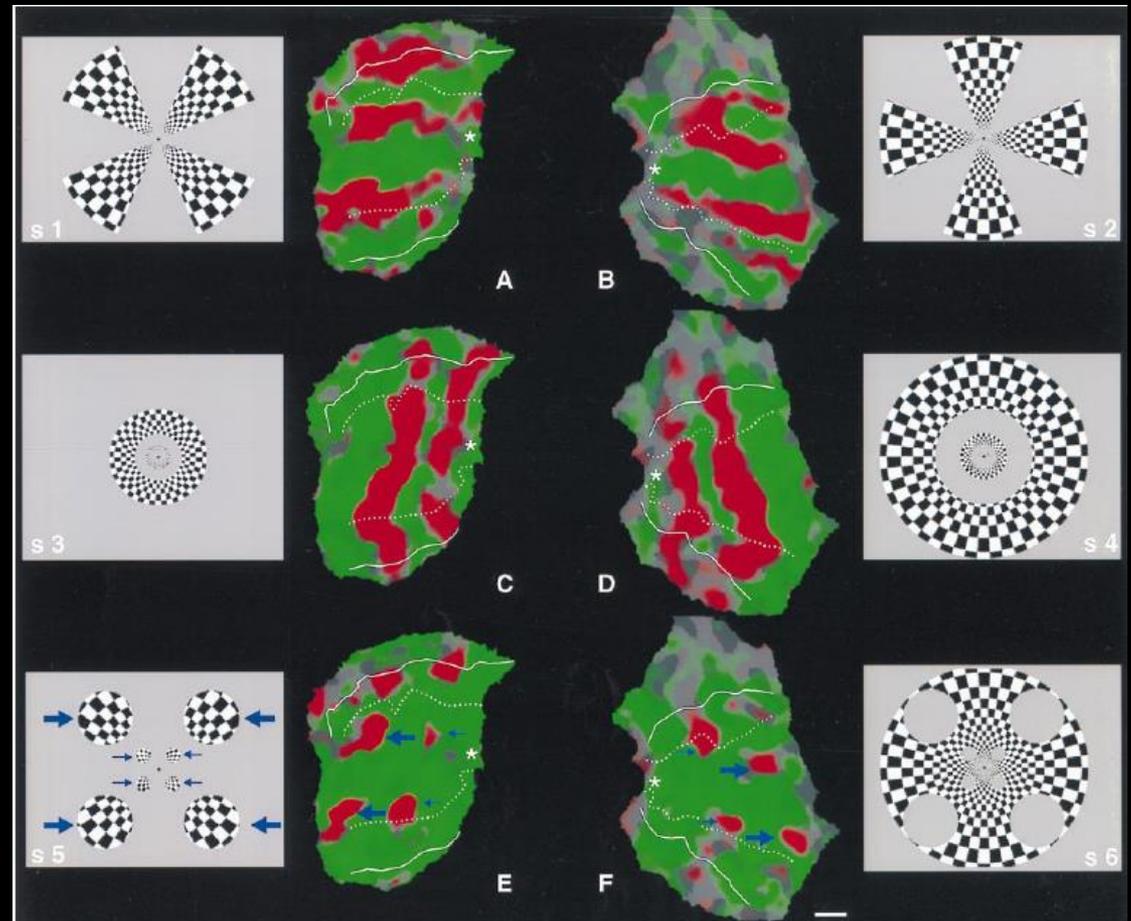
Cut and flattened for visualization



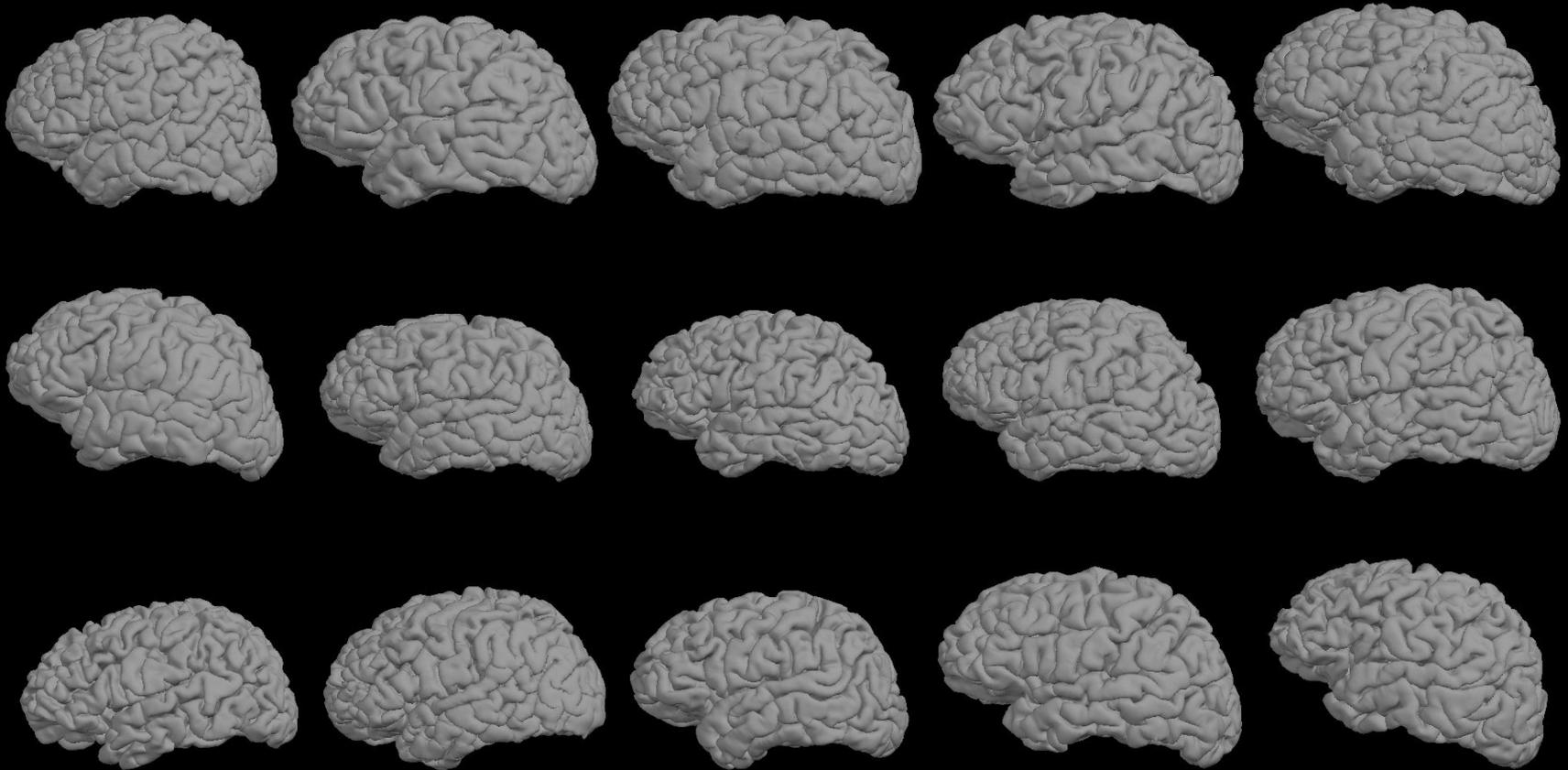
Occipital Flat Patch Retinotopy

- Different patterns presented to the visual field create different patterns of activity in occipital cortex

Flat Patch of Occipital Cortex



Variability in Cortical Anatomy



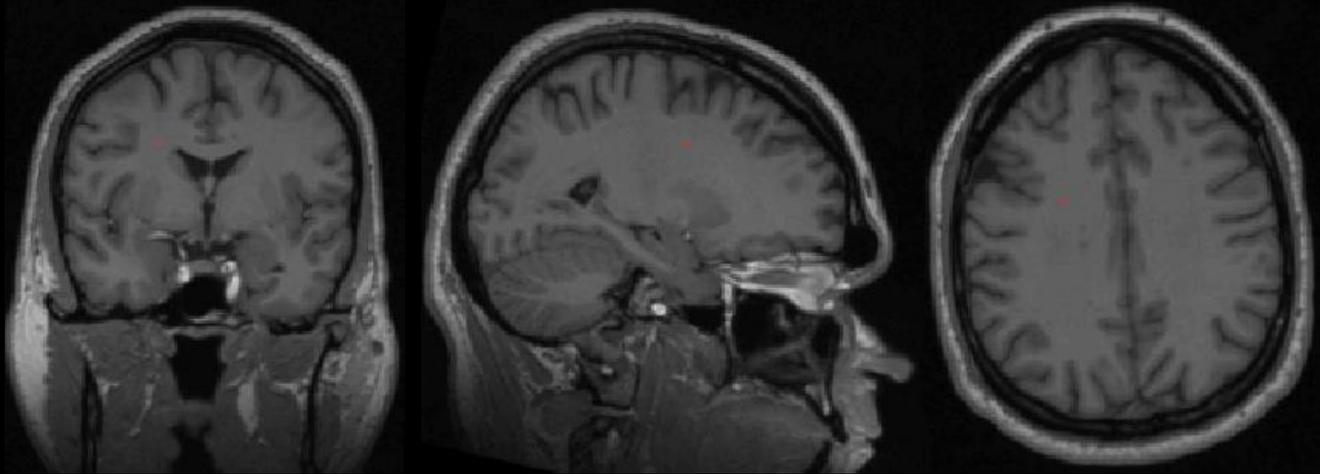
Fischl, Sereno, Dale, Neuroimage, 1999; Fischl et al., Human Brain Mapping, 1999

Various (imperfect) ways deal with anatomical variability

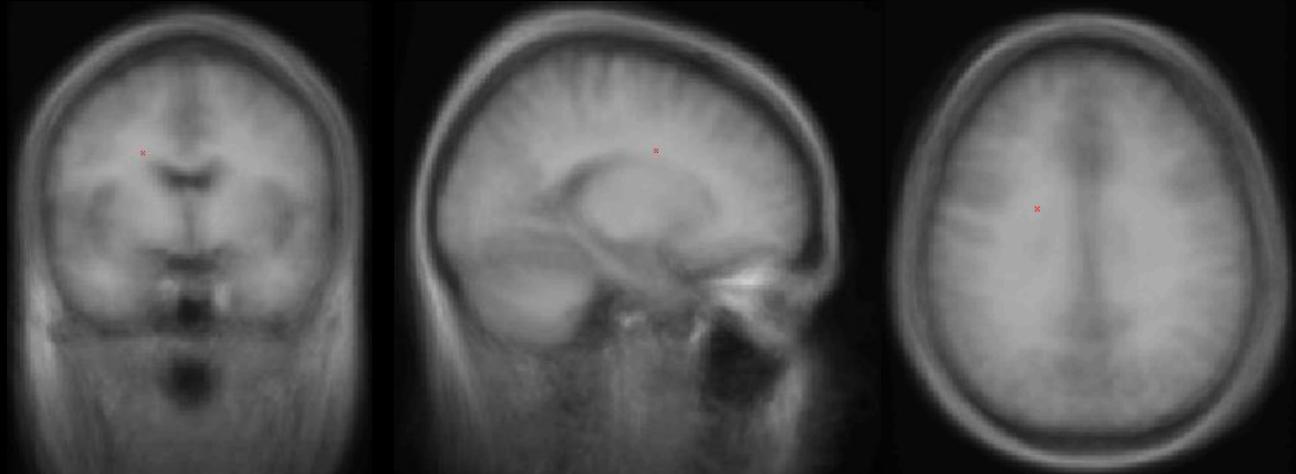
- Automated spatial normalization (typically whole-brain matching)
 - ‘Best guess’: morph structure from participant 1 to participant 2
 - What are the anatomical features?
- Individual labeling of regions/structures
 - Hippocampus may differ in shape and size, but has clear boundaries within individuals
- Functional localizer

Spatial Normalization: Affine/linear averaging

Single subject

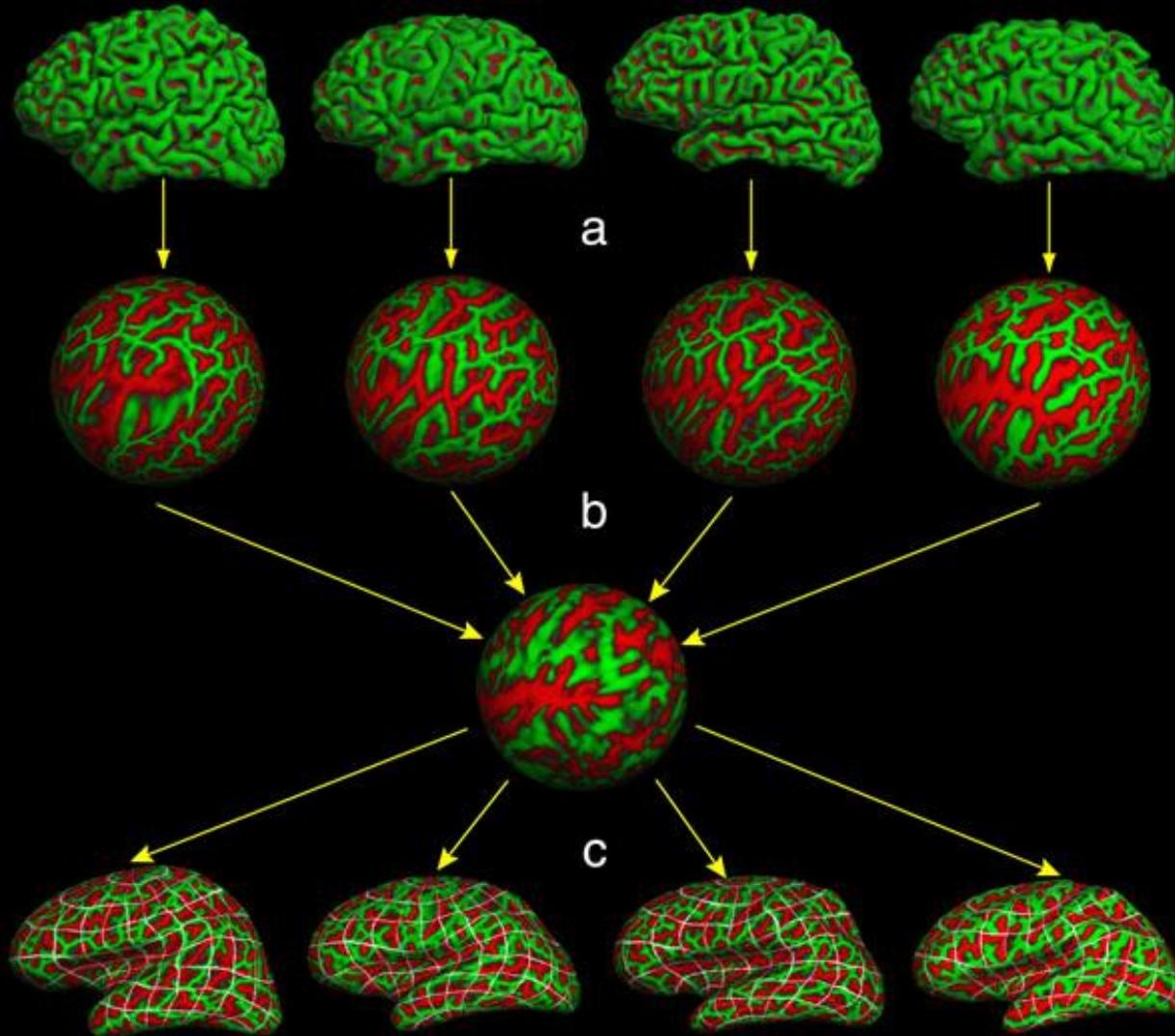


Average of 40



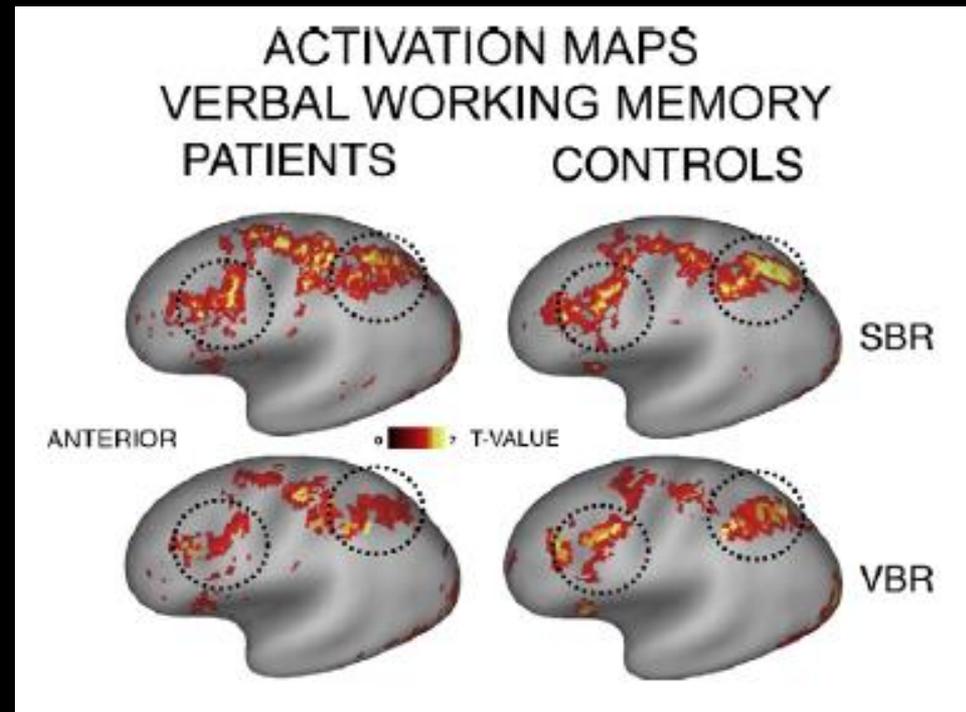
Fischl et al.

A Surface-Based Coordinate System



Spherical Versus Volumetric Normalization

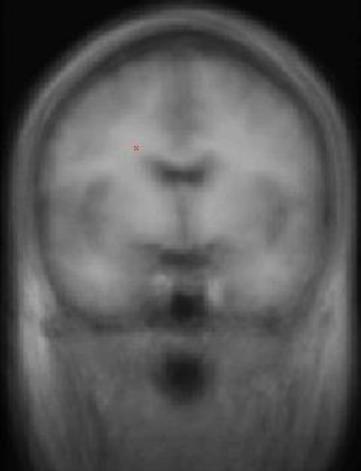
- Activations stronger in maps created from surface based averaging
- This demonstrates validity to the idea that function is somewhat predicted by structure (greater statistical power)
- Suggests that some limitations due to variability in anatomy can be overcome with good anatomical models/procedures



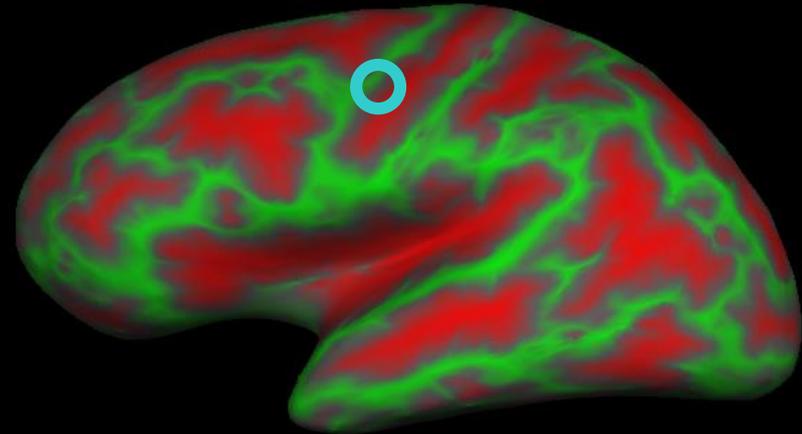
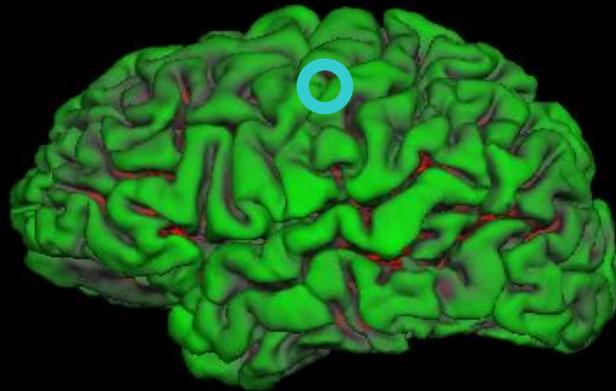
Anticevic et al.,
Neuroimage, 2008; See
also Dasai et al.,
Neuroimage, 2005

Surface Smoothing

Limit smoothing to regions in close proximity on cortical surface

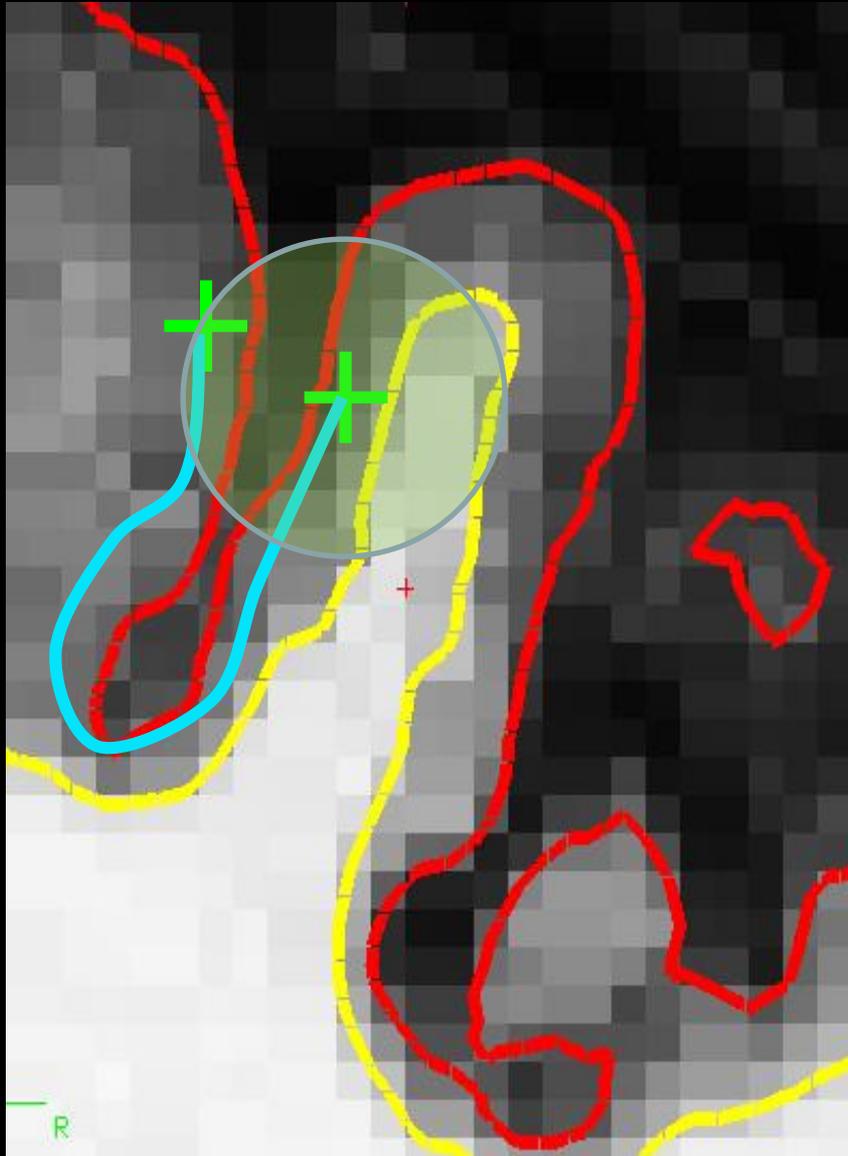


3D Spatial Smoothing:
Combines information
across gyral/sulcal
boundaries

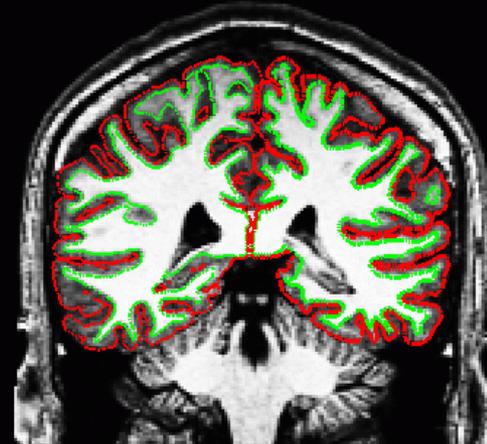


Surface Smoothing:
Constrains the type of
information included

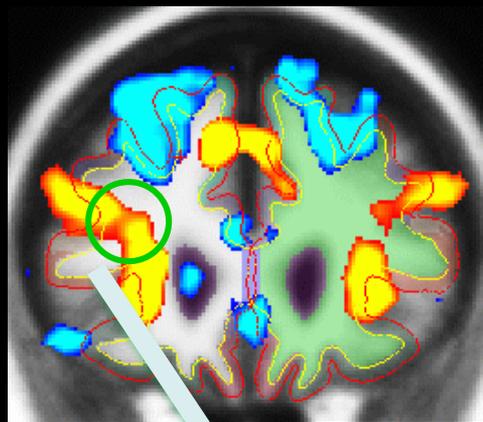
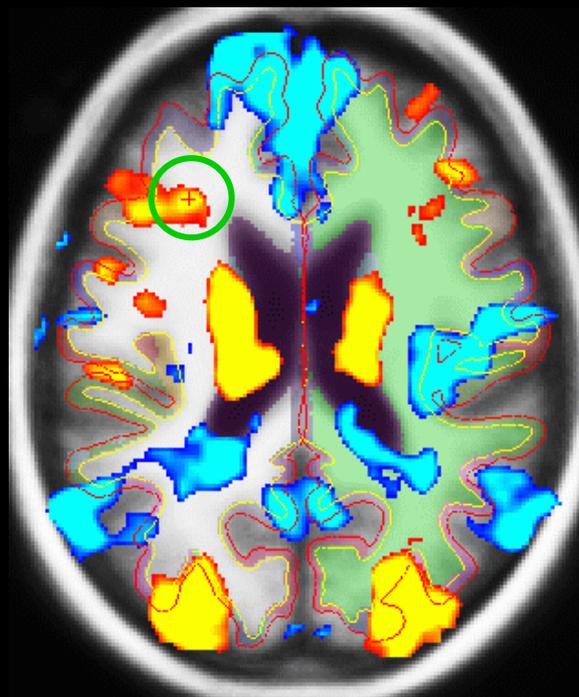
Spatial Smoothing



- 5 mm apart in 3D
- 25 mm apart on surface!
- Kernel much larger
- Averaging with other tissue types (WM, CSF)
- Averaging with other functional areas

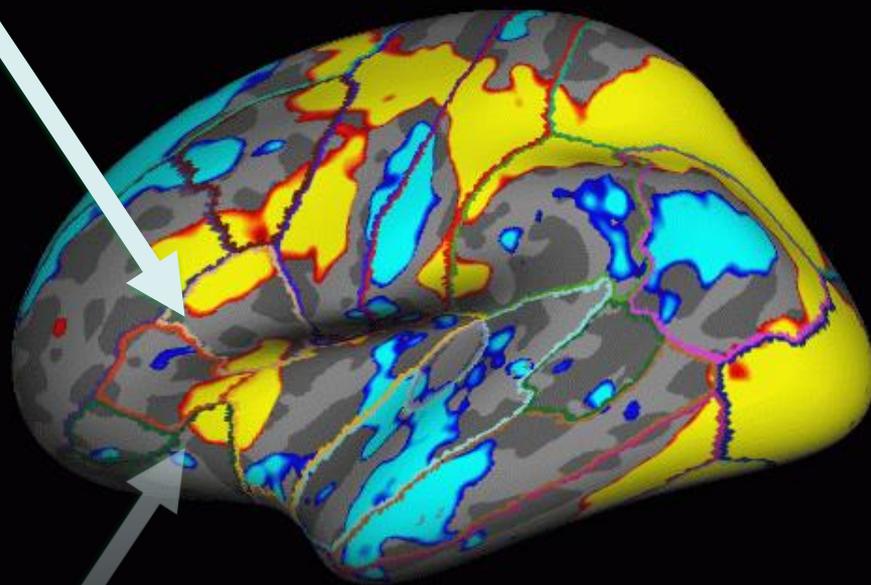
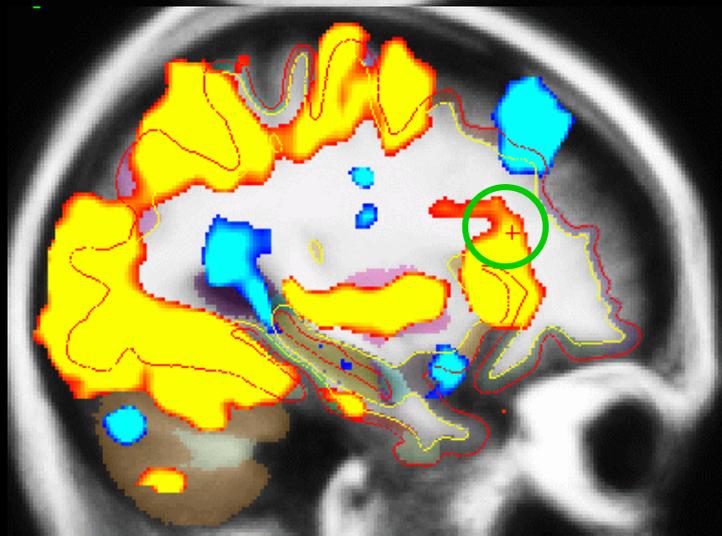


Good anatomy makes better function!



Affine registration to MNI305

5mm volume smoothing vs.
10mm surface smoothing



Once you have a result, high quality atlases are important in localization

- General neuroanatomy
- Structures of Interest (hippocampus, cerebellum)
- ‘Talairach’ atlas commonly used: not really an atlas of neuroanatomy
- Anatomy should be confirmed for each given individual in a study (automated procedures for labeling individual anatomy exist)
- Template anatomy (using regional labels based on an atlas) can be confounded
 - Registration to the template
 - Disease associated changes

Region of Interest (ROI)

- ROI analysis is typically a *secondary* step
- Why ROI over maps?
 - Focused data exploration: plot data by condition for each individual/group
 - Control for statistical error by limiting measurements to *a priori* hypothesized regions
 - Limit testing to a defined region
 - Avoid circularity
 - Examine the association between the anatomical structure and function