



PHYSIOLOGICAL NOISE IN PHARMACOLOGICAL RS-FMRI

Najmeh Khalili-Mahani, PhD
najma@bic.mni.mcgill.ca

No conflict of interest to declare

Outline and Learning Objective

- ❑ **Physiological Noise**
- ❑ **Physiological Signals**
- ❑ **Correction Methods**

- 
- A large, faint watermark of the University of Leuven seal is visible in the background of the right side of the slide. The seal features a central figure holding a staff, surrounded by the Latin text 'ACADEMIA • LUGDUNO • BATAVA • BRITANNICA' and the year '1575'.
- ❑ **What can we learn from pharma RSfMRI?**
 - ❑ **How and why is calibrated fMRI necessary?**

Physiological “noise”

- Quasi-periodic variations in the BOLD signal due to
 - Respiration = 0.3 Hz
 - Cardiac = 1 Hz

- Typical EPI sampling rate 1-3 sec =>

Complex Aliasing

- Account for 10-40% of BOLD signal variations

- Can drown minute (5%) BOLD responses in fMRI
(Birn, 2006; Dagli 1999)

Pathways of Effect

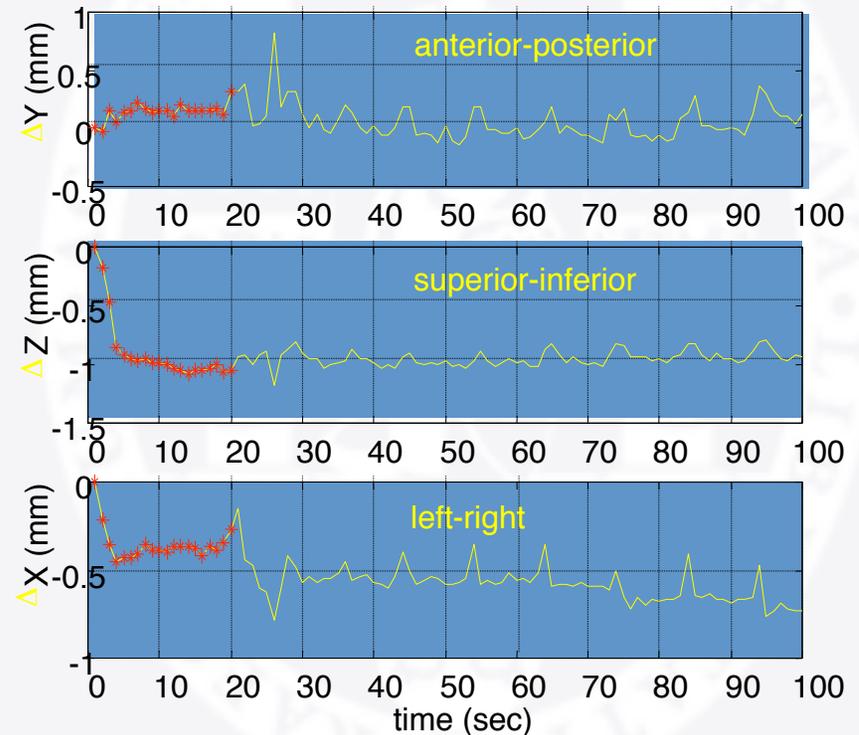
- ❑ Motion related effects
- ❑ Intra-thoracic volume
- ❑ CBF autoregulation
- ❑ Cardiac pulsation
- ❑ ANS & CNS correlates of interoception & motor function



- ❑ **Motion related effects**
- ❑ **Intra-thoracic volume**
- ❑ **CBF autoregulation**
- ❑ **Cardiac pulsation**
- ❑ **ANS & CNS correlates of interoception & motor function**

Pathways of Effect

Breathing-related head movement detected using 3D orbital navigator echoes



Khalili-Mahani & Pike

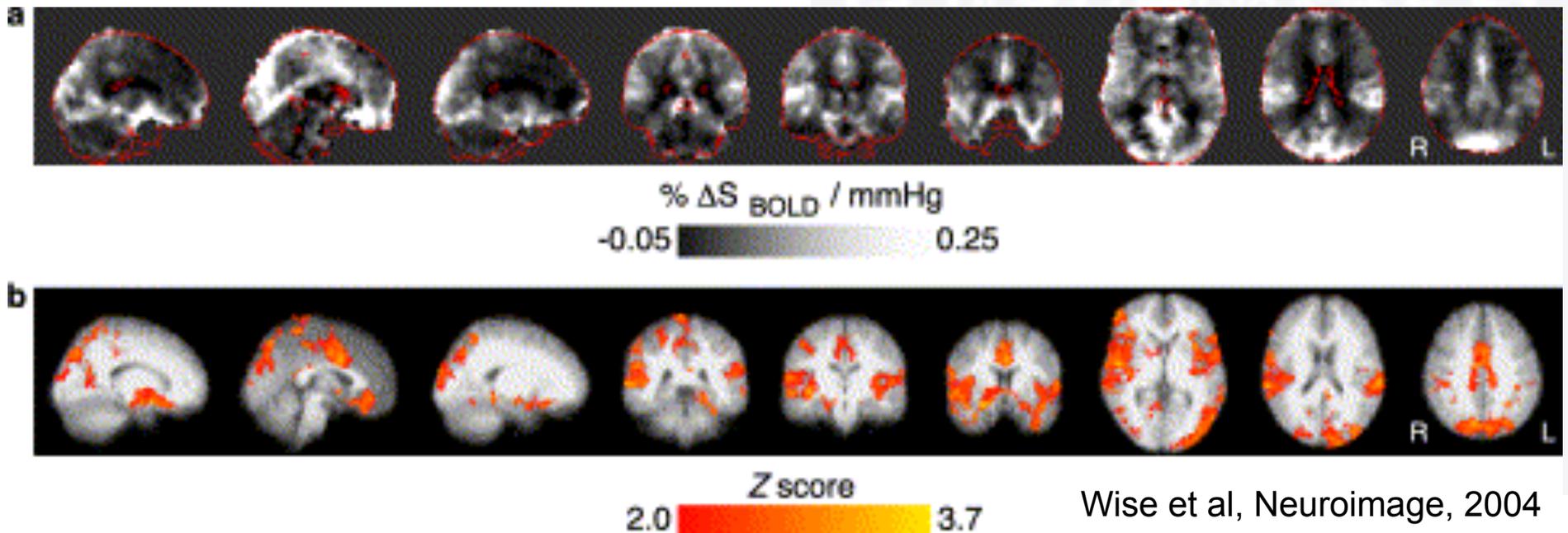


Pathways of Effect

- ❑ Motion related effects
 - ❑ **Intra-thoracic volume**
 - ❑ CBF autoregulation
 - ❑ Cardiac pulsation
 - ❑ ANS & CNS correlates of interoception & motor function
- ❑ Magnetic susceptibility artifacts (Raj, 2001)
 - ❑ Then why does changing the readout direction not change the topography of the effect?
(Windischberger, 2002)

Pathways of Effect

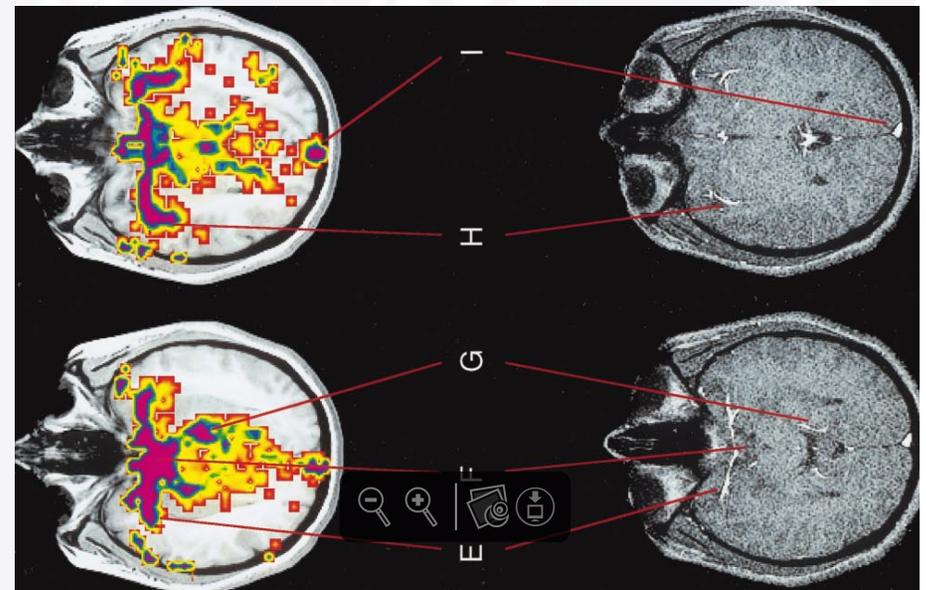
- Motion related effects
 - Intra-thoracic volume
 - **CBF autoregulation**
- Change in perfusion pressure by intra-thoracic pressure
 - Change in perfusion by arterial Co2 tension



Pathways of Effect

- ❑ Motion related effects
- ❑ Intra-thoracic volume
- ❑ CBF autoregulation
- ❑ **Cardiac pulsation**
 - inflow enhancement
 - dephasing
 - vessel-wall motion
 - **Effects are dominant around the cerebral arteries**

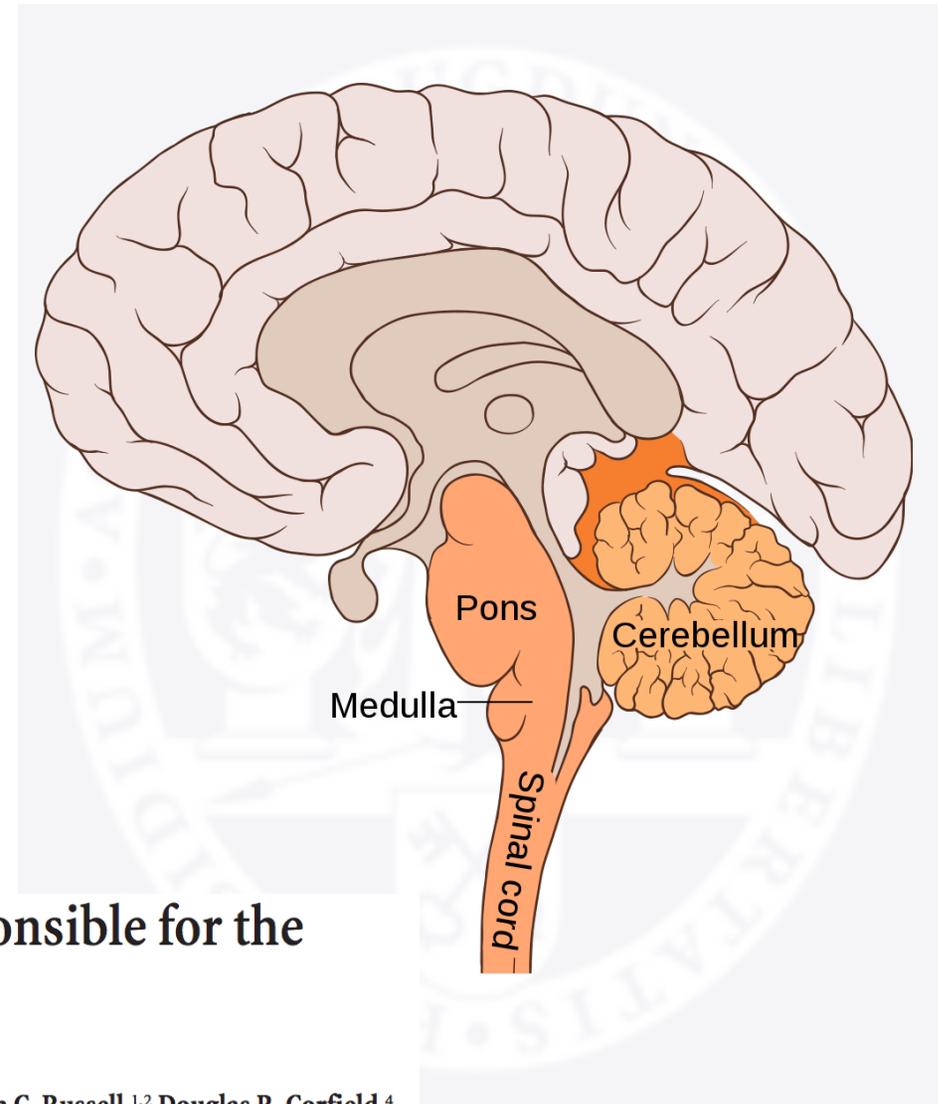
27% of all brain voxels affected by more than 4% of BOLD signal variations



Dagli, 1999

Pathways of Effect

- ❑ Motion related effects
- ❑ Intra-thoracic volume
- ❑ CBF autoregulation
- ❑ Cardiac pulsation
- ❑ **ANS & CNS correlates of interoception & motor function**



Opioids Depress Cortical Centers Responsible for the Volitional Control of Respiration



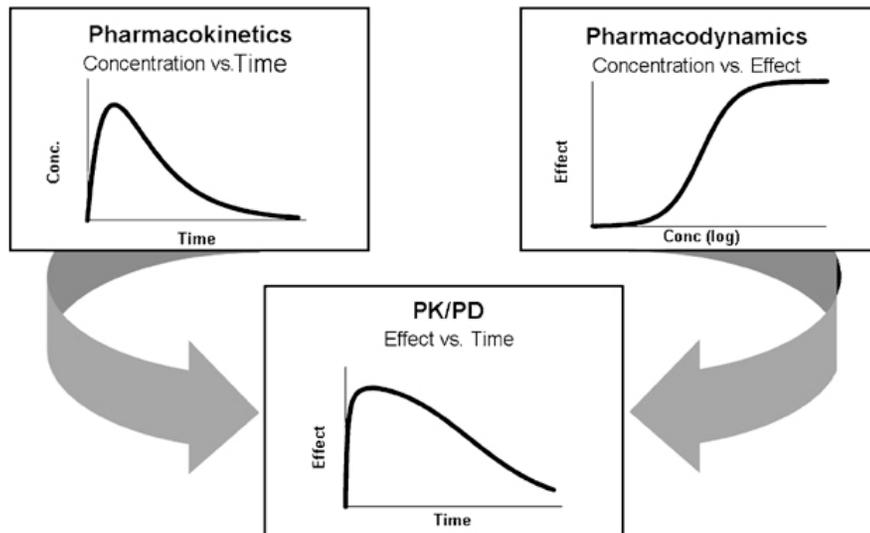
Everyone's noise

**Pharmacologist's &
Anesthetist's signal**



Pharmacological Studies

□ PK/PD modeling



**TRANSFER
FUNCTION**

- Calibrated fMRI & ASL estimation follow the same principle

□ Pharmacokinetic, PK

- Plasma concentration of drug (morphine, Co₂, O₂, caffeine) in blood or tissue compartments /time

□ Pharmacodynamic, PD

- Response over time
 - Physiological change
 - Behavioral change
 - Therapeutic effects

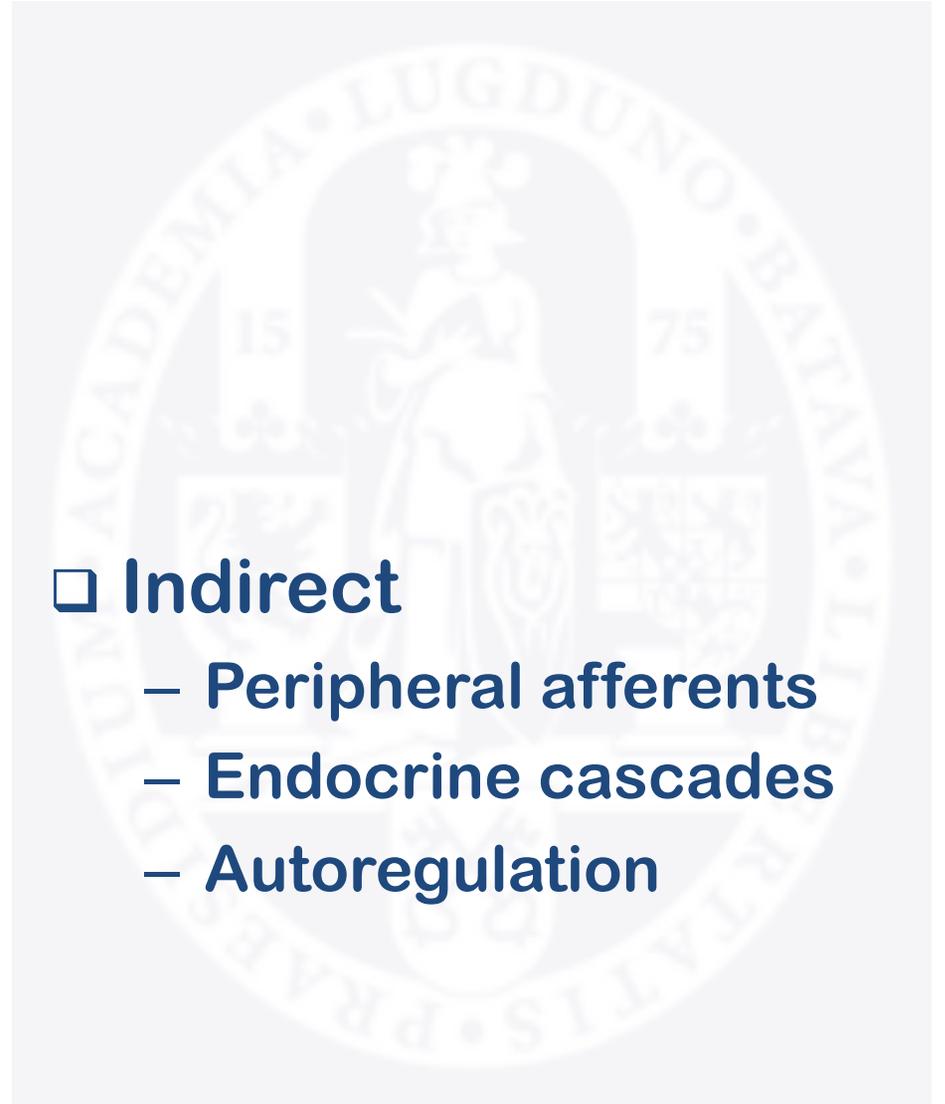
CNS-Drug Action Pathways

- **Direct drug effects on the brain**

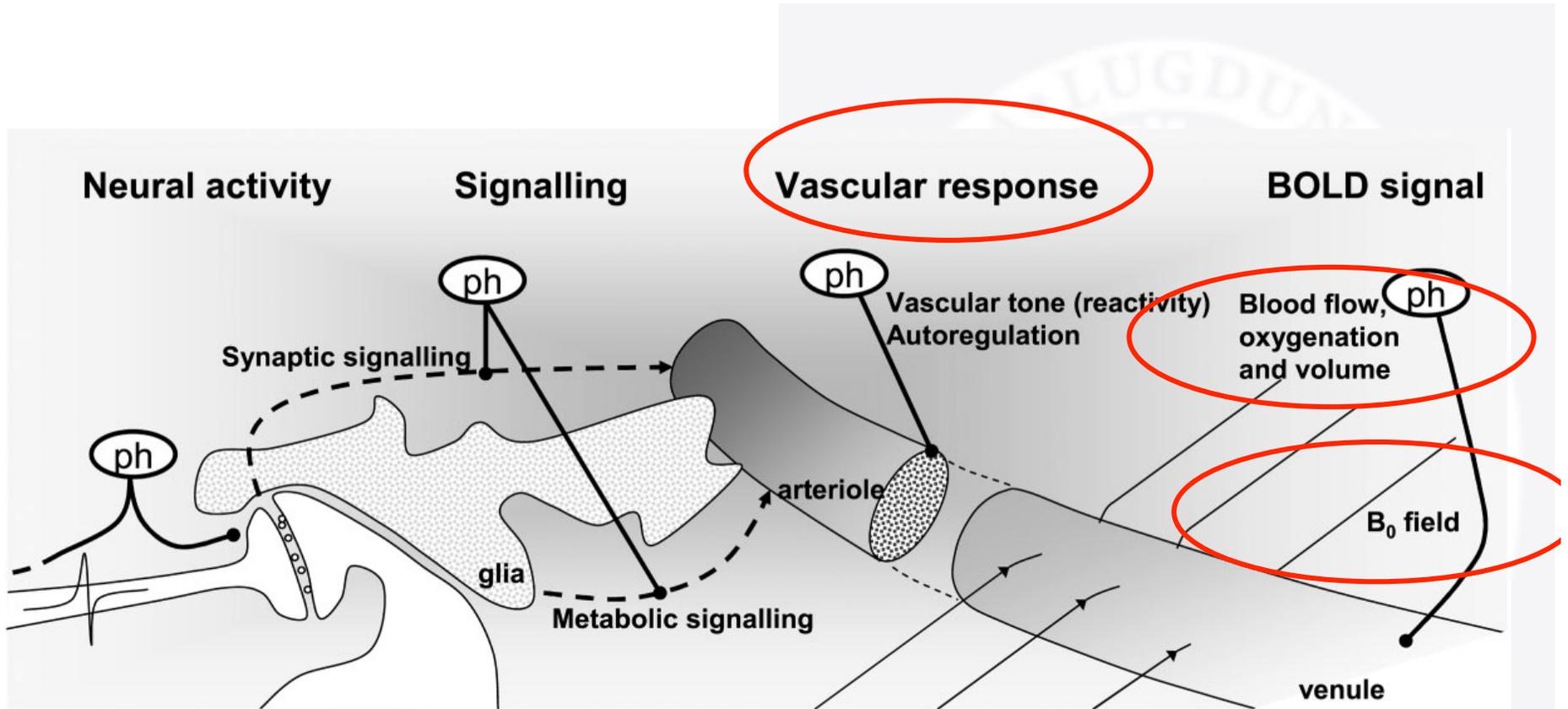
- Cross the BBB
- Target receptors
- Neuromodulate

- **Indirect**

- Peripheral afferents
- Endocrine cascades
- Autoregulation



Points of Interaction



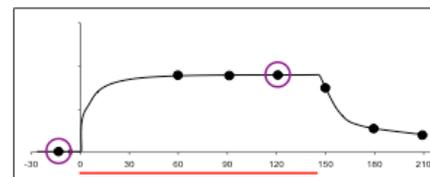
Physiological 'noise' in Pharma

Can we remove it?
Should we remove it?

12 Healthy young men, 3 days, 7 RSfMRIs per person

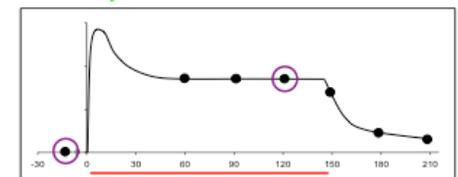
subject	S1,S2	S3,S4	S5,S6	S7,S8	S9,S10	S11,S12
DAY1	A	A	P	P	M	M
DAY2	M	P	M	A	P	A
DAY3	P	M	A	M	A	P

Alcohol

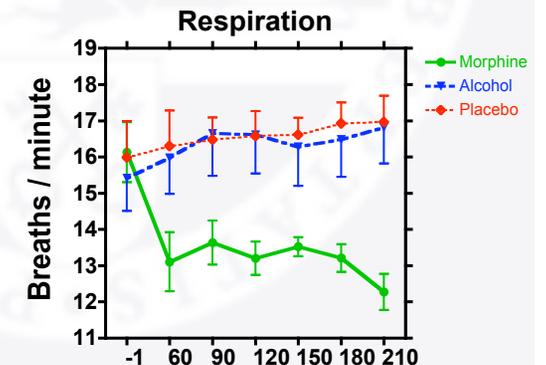
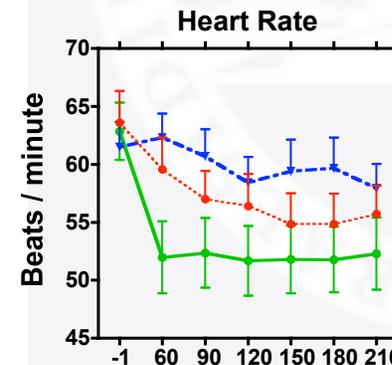


stable level of alcohol (0.6 g/L)
infusion rate ~ breath ethanol

Morphine



stable level of morphine (80 nmol/L)
bolus + continuous infusion



Objective of the Study

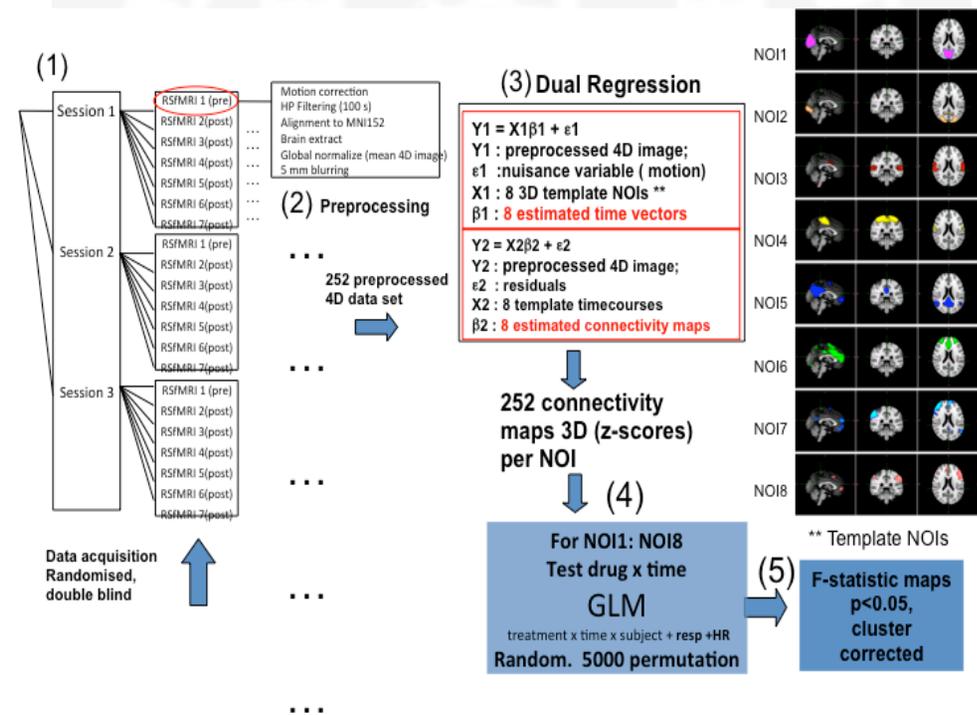
□ Measure the correlated variance in the spontaneous BOLD signal

□ Effects of correction on statistical outcome

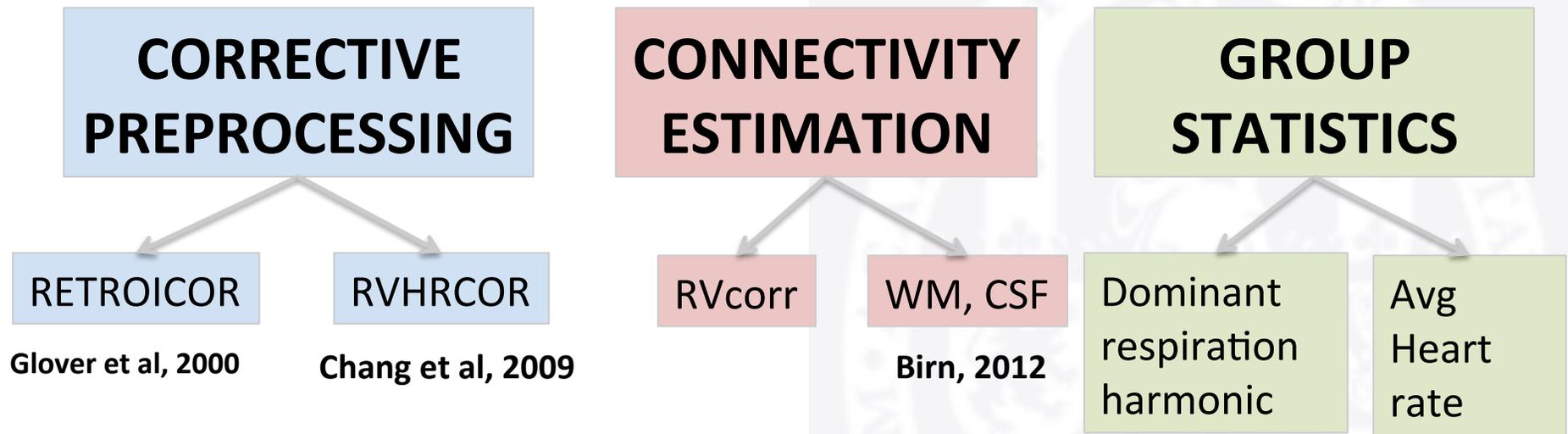
All analysis are NOI-based dual regression

♦ Human Brain Mapping 33:1003–1018 (2012)

Effects of Morphine and Alcohol on Functional Brain Connectivity During “Resting State”: A Placebo-Controlled Crossover Study in Healthy Young Men



Respiration Correction Methods



Contents lists available at SciVerse ScienceDirect

NeuroImage

journal homepage: www.elsevier.com/locate/ynimg



The impact of “physiological correction” on functional connectivity analysis of pharmacological resting state fMRI

Najmeh Khalili-Mahani ^{a,b,c,*}, Catie Chang ^d, Matthias J. van Osch ^{c,e}, Ilya M. Veer ^{a,b,c}, Mark A. van Buchem ^{a,b,c}, Albert Dahan ^{c,f}, Christian F. Beckmann ^{g,h}, Joop M.A. van Gerven ^{c,i,j}, Serge A.R.B. Rombouts ^{a,b,c}

Respiration Correction Method 1

**CORRECTION
BEFORE ESTIMATING
CONNECTIVITY**

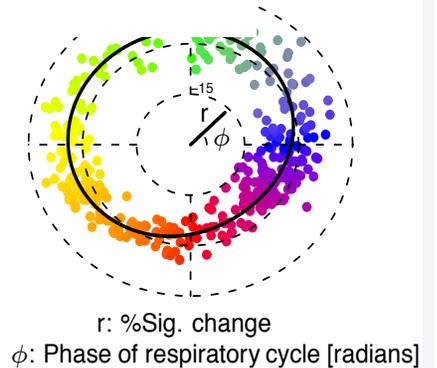
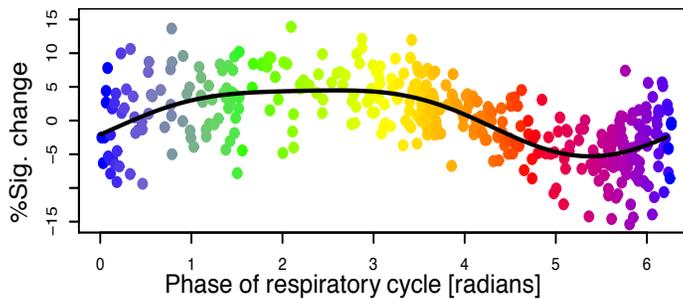
RETROICOR

Glover et al, 2000

*A priori model
of phase*

RVHRCOR

Teichert, Grinband, Hirsch & Ferrera, Neuropsychologia, 2010



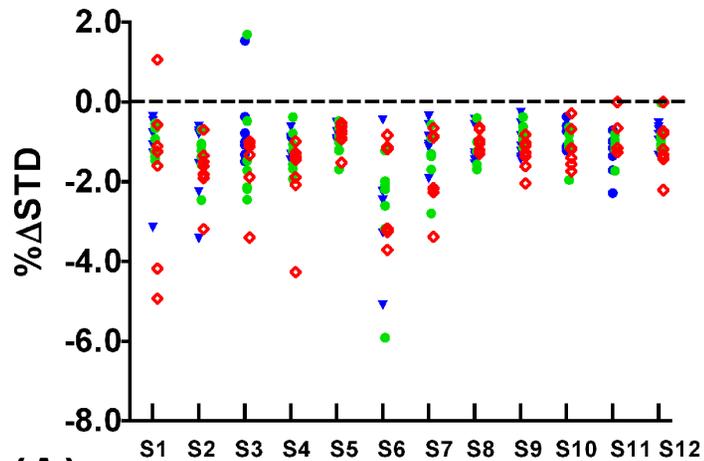
Models physiological noise as a **2nd order Fourier series**

$$\text{Noise}(\text{slice}, t) = \sum_{m=1:2} a_{\text{resp}} \text{Sin}(m \text{ phase}_{\text{resp}}(t)) + b_{\text{resp}} \text{Cos}(m \text{ phase}_{\text{resp}}(t)) + a_{\text{card}} \text{Sin}(m \text{ phase}_{\text{card}}(t)) + b_{\text{card}} \text{Sin}(m \text{ phase}_{\text{cardi}}(t))$$

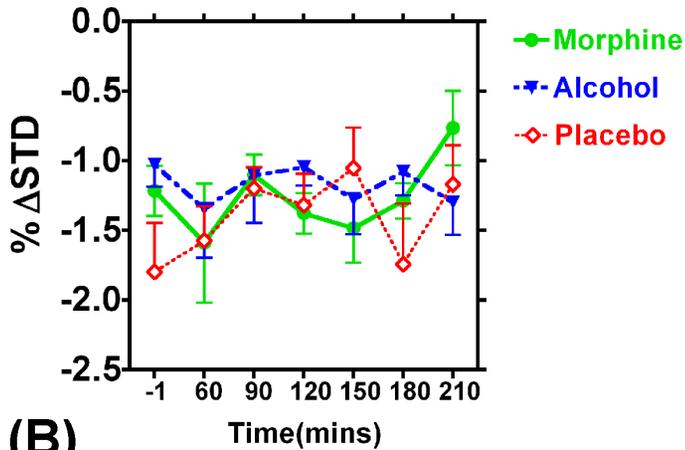
$$\text{Phase}_{\text{card}} = 2\pi (t-t_1)/(t_2-t_1)$$

$$\text{Phase}_{\text{resp}} = \text{function of depth of breathing}$$

RETROICOR: Reduces Variance

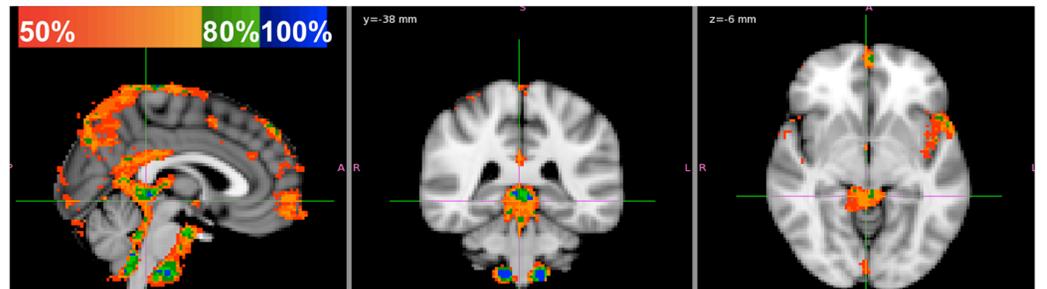
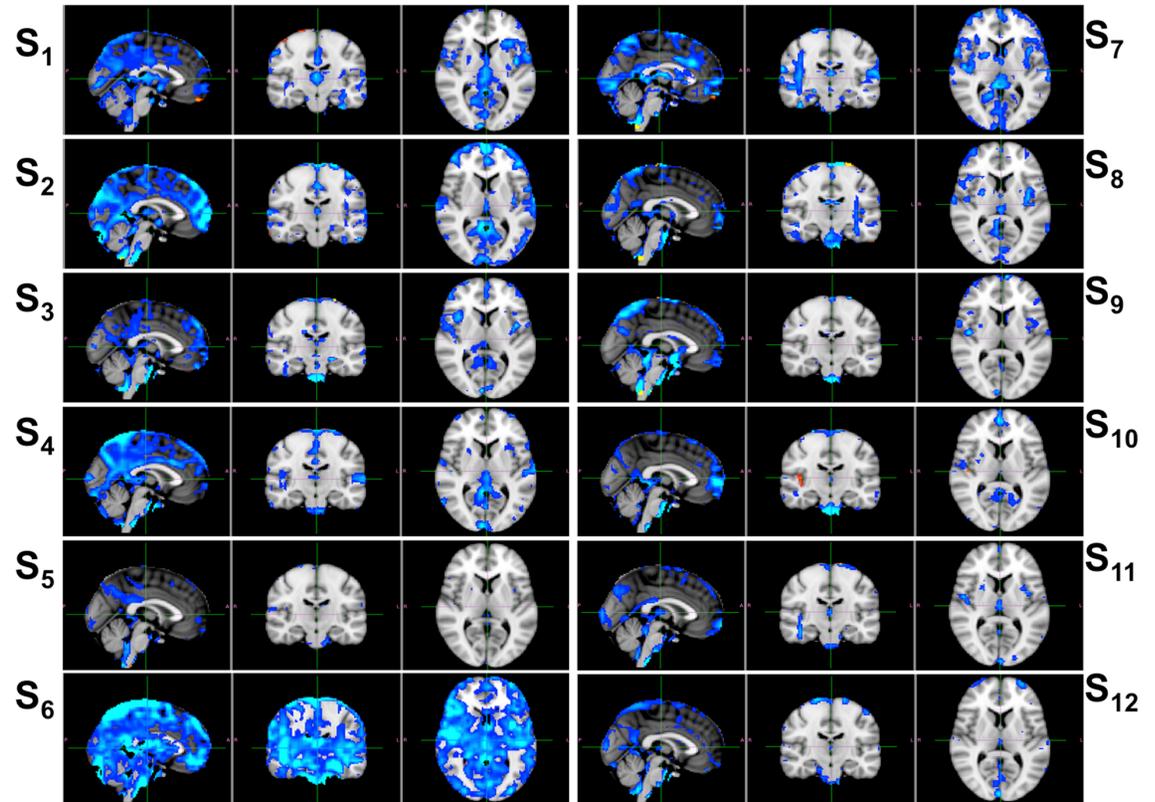
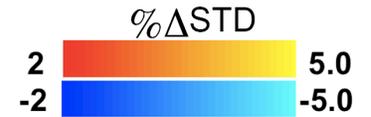


(A)



(B)

Average regional change in the BOLD variance after RETROICOR

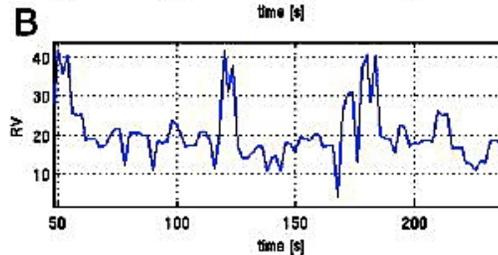
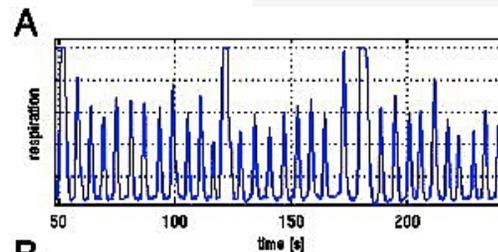


Respiration Correction Method 2

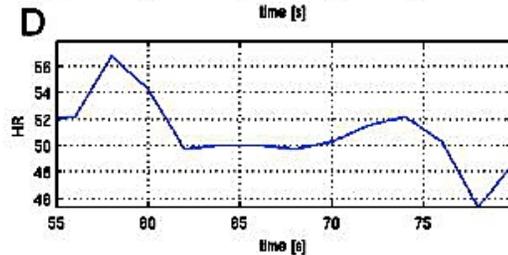
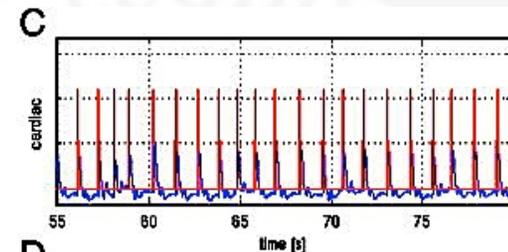
**CORRECTION
BEFORE ESTIMATING
CONNECTIVITY**

RVHRCOR

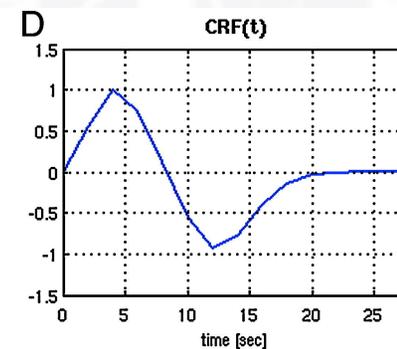
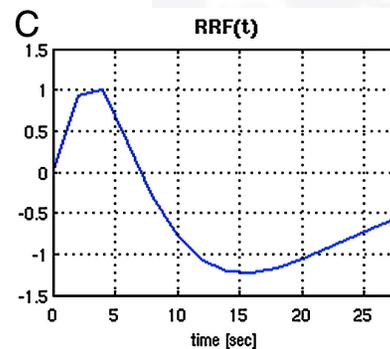
Chang et al, 2009



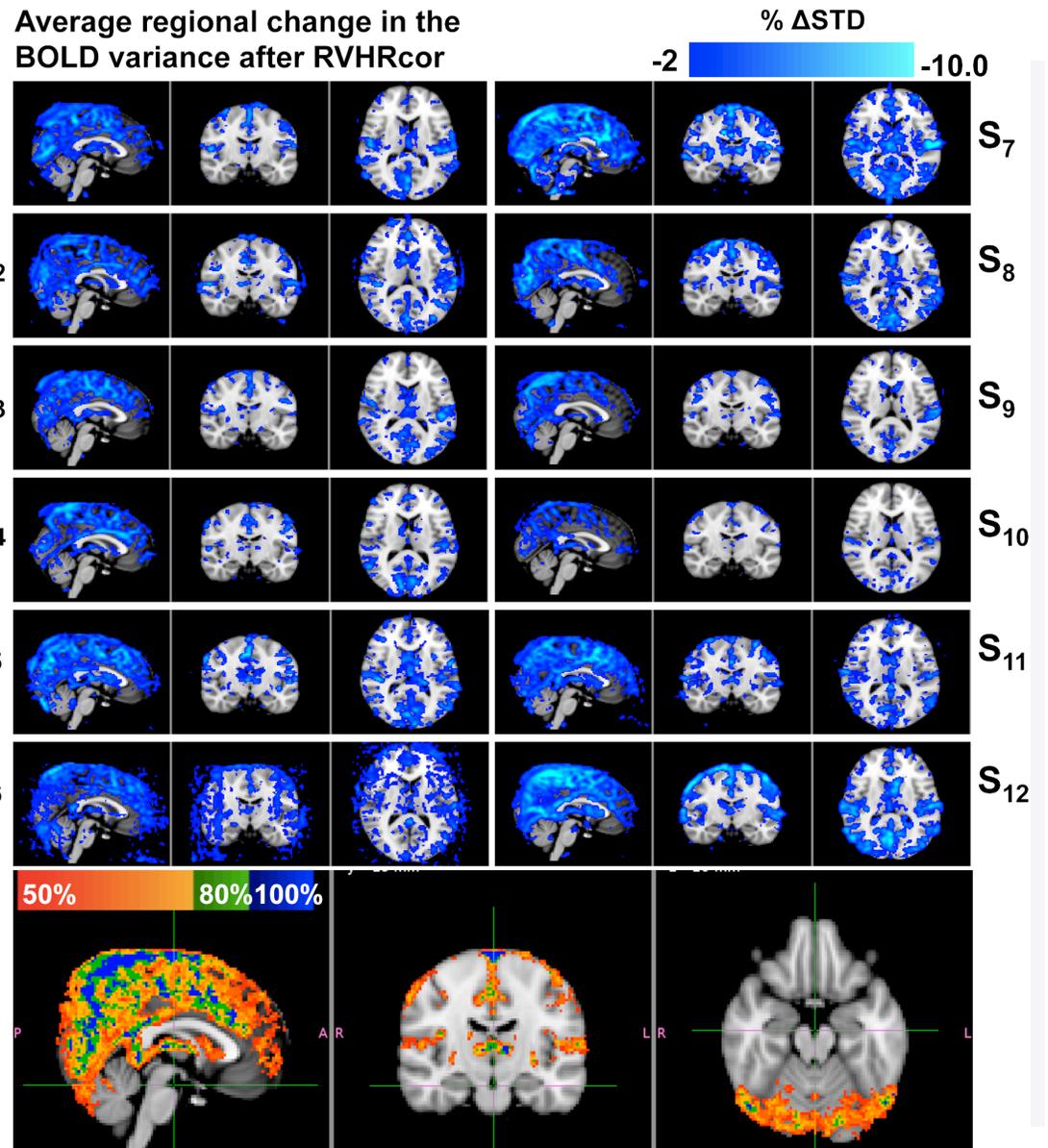
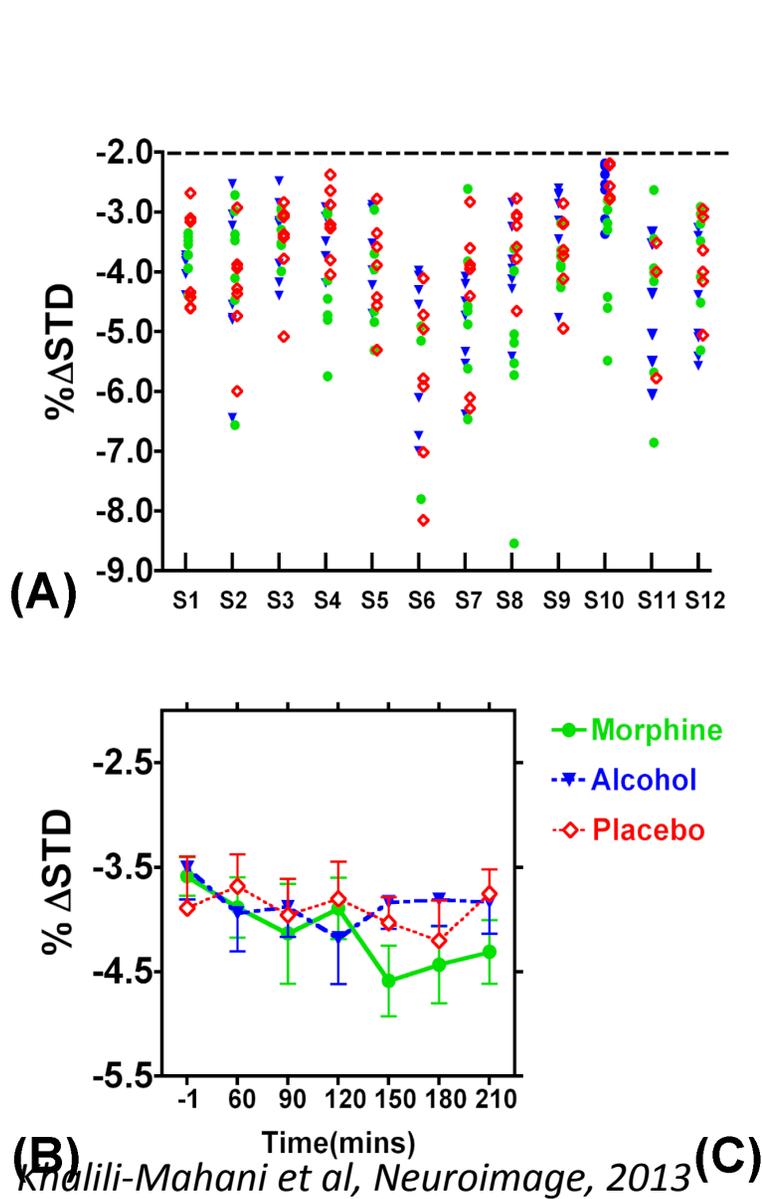
STD(resp) over 6sec window



Mean $\Delta(t)$ adjacent ECG triggers over 6 s



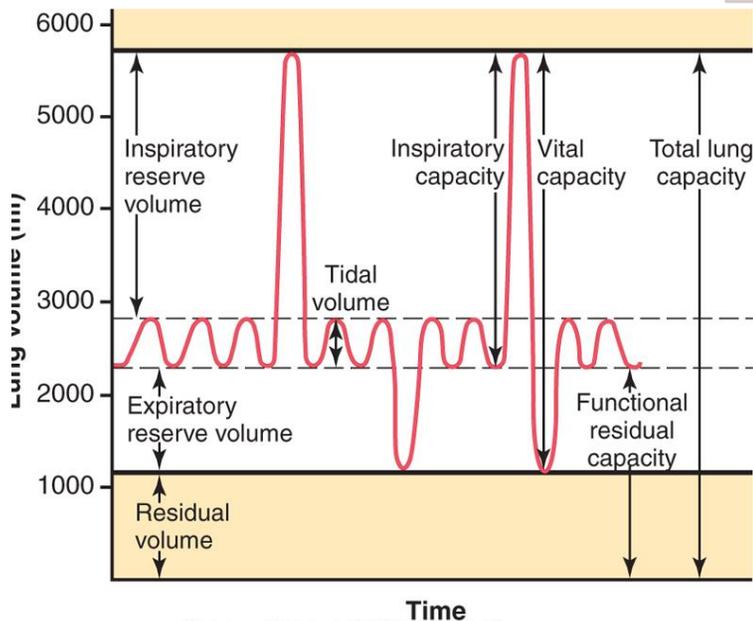
RVHRCOR: Reduces Variance



Respiration Correction Method 3

**CORRECTIVE
REGRESSORS TO
DUAL REGRESSION**

RVcorr



Hall: Guyton and Hall Textbook of Medical Physiology, 12th Edition

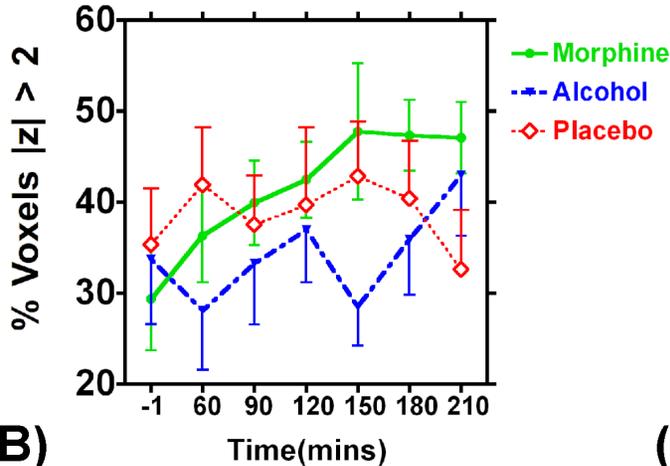
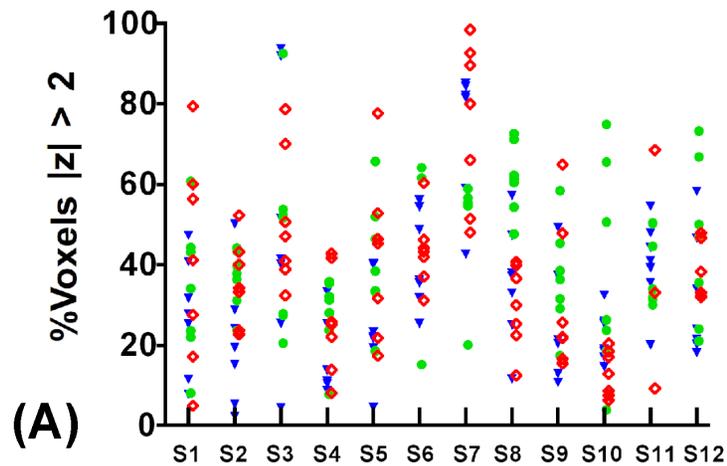
The amount of air inhaled by each breath

- Take Δ min & max peaks of the respiratory waveform
- Divided by the the time between the peaks
- Smooth with a moving average filter that spanned 6 s.

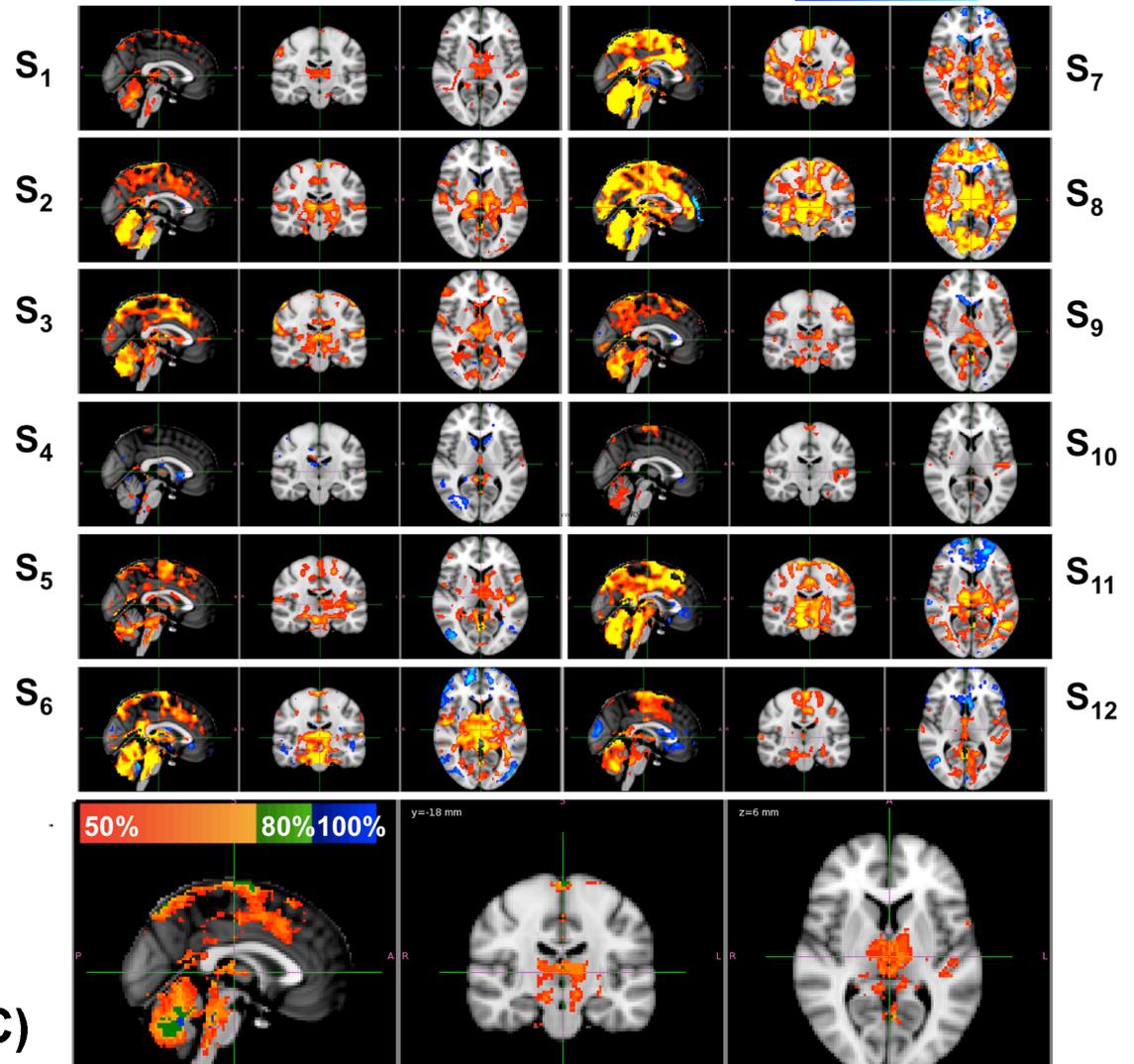
(common to include derivatives & shifts)

Rvcorr: Reveals Correlated Noise

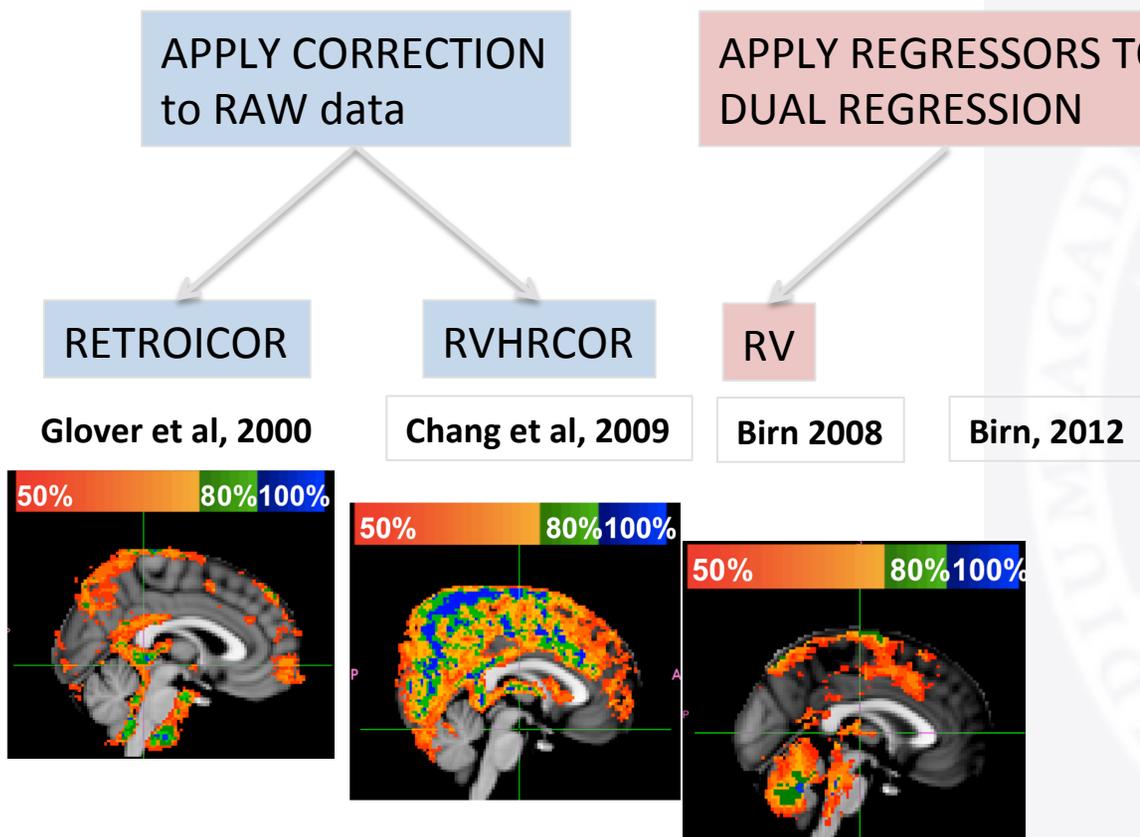
RV modulation of the BOLD Signal



Average regional modulation of the BOLD intensity by RV_i



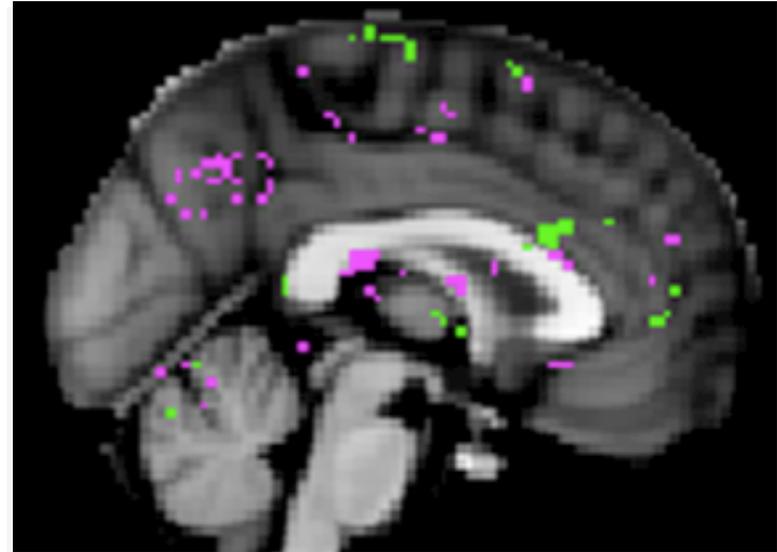
Region Specific Residuals



Birn et al, 2006: over 76% of variations in the posterior cingulate explained by respiration

Statistical Outcome Difference

- RETROICOR
- Rvcorr
- RVHRCOR

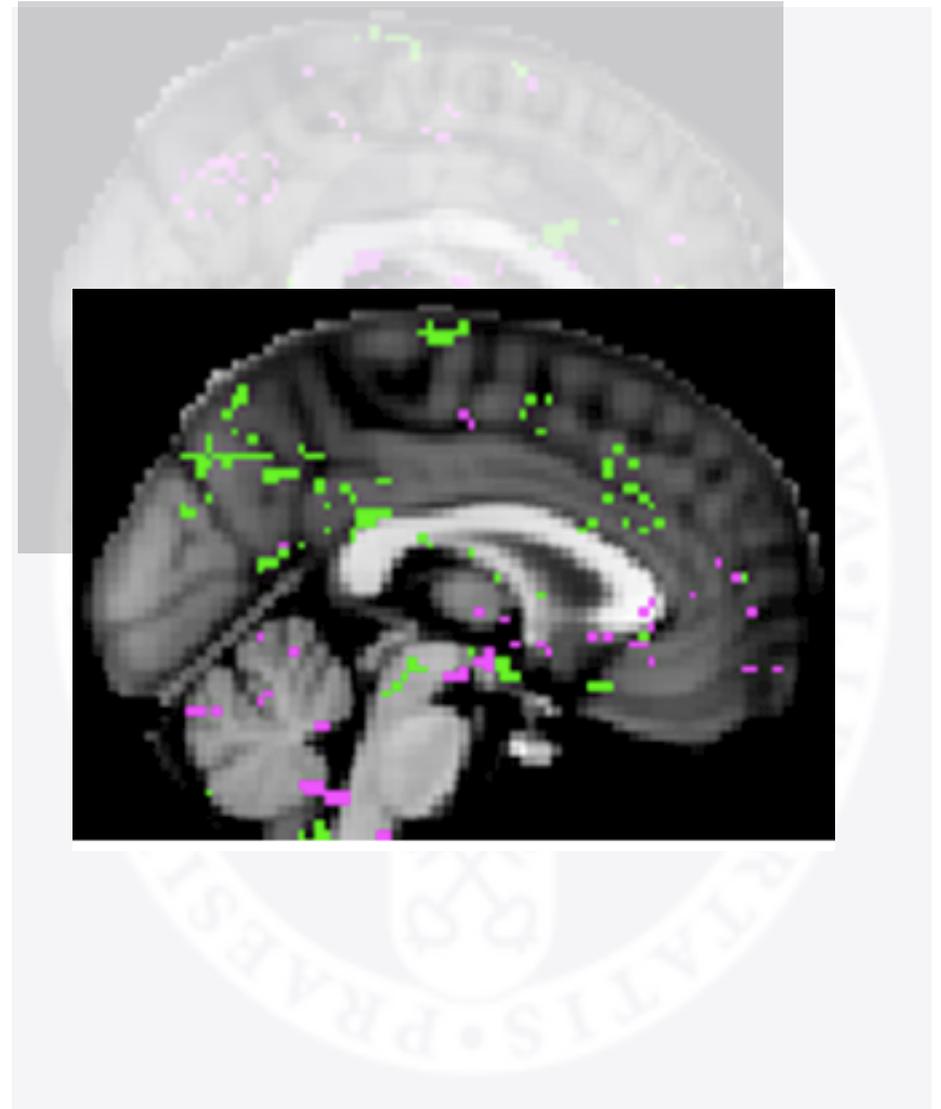


Effects disappear with correction
Effects appear with correction



Statistical Outcome Difference

- RETROICOR
- **Rvcorr**
- RVHRCOR

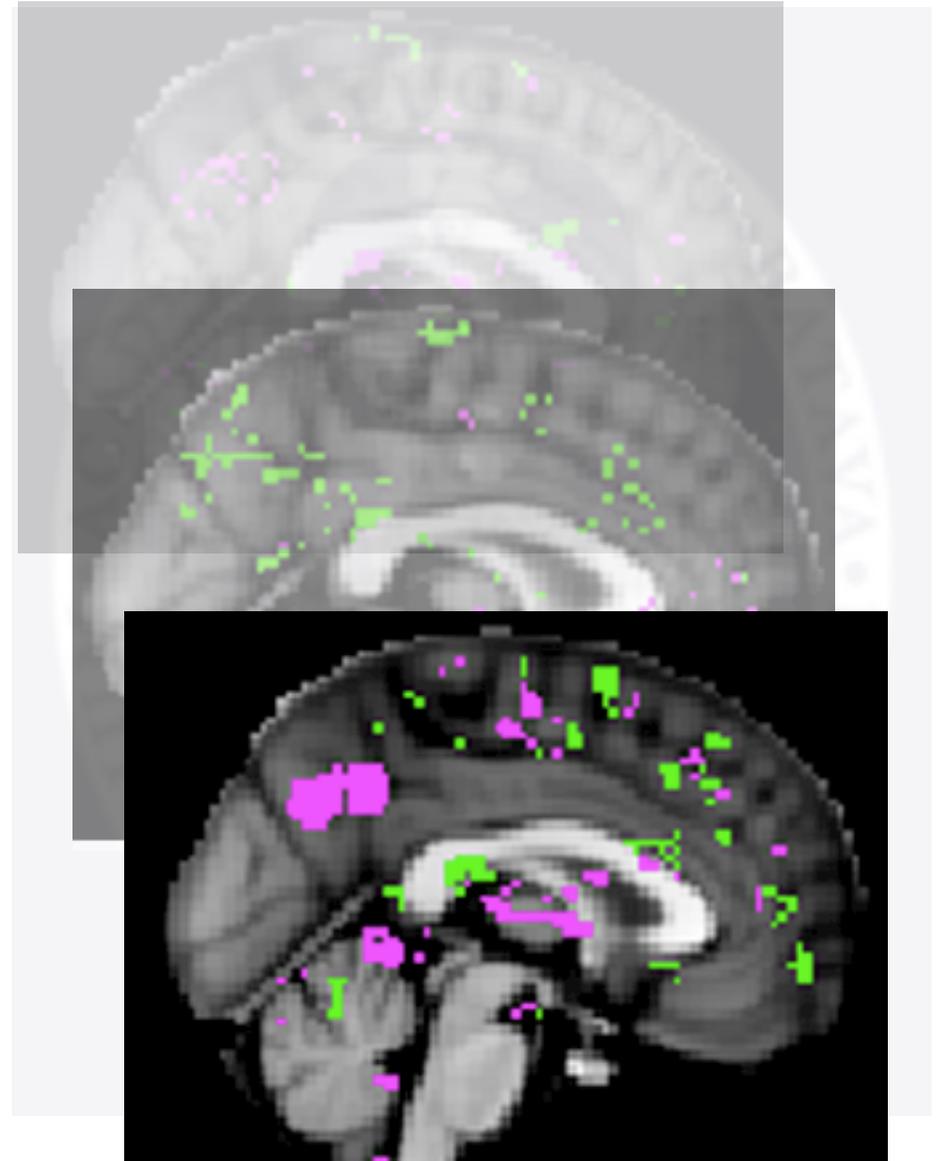


Effects disappear with correction
 Effects appear with correction

Statistical Outcome Difference

- RETROICOR
- Rvcorr
- **RVHRCOR**

Effects disappear with correction
 Effects appear with correction



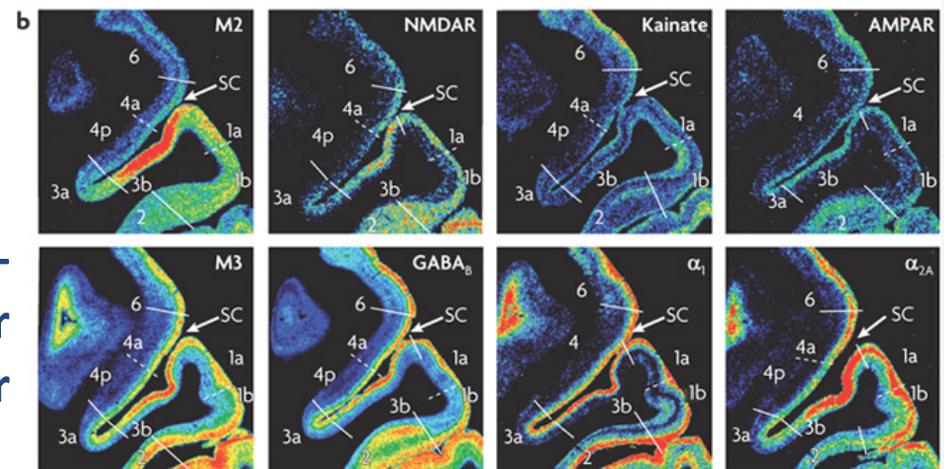
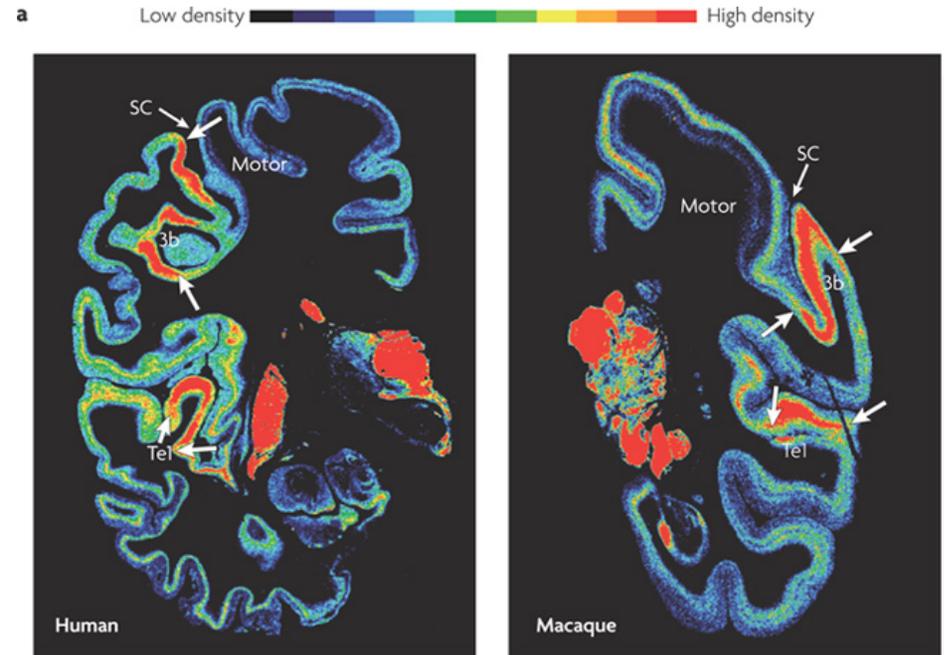
First Conclusion

- ❑ Does the physiological variable explain localized variance in BOLD signal? **Yes**
 - ❑ Does noise correction change the statistical outcome of the test? **Yes, for RVHRCOR that smoothes the respiration and cardiac pulses with an HRF**
 - ❑ Is the noise spurious and meaningless? **Not really**
-
- ❑ **We need to separate the neuronal and the vascular components of the physiological effects?**

Why do we need calibrated fMRI?

To understand the regional heterogeneity of CBF, metabolism and oxygenation of a drugged brain

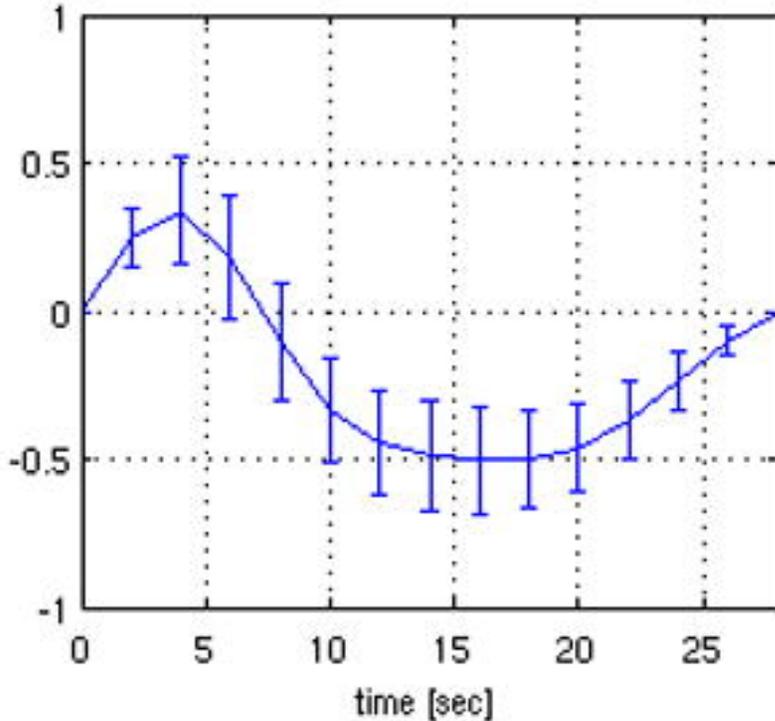
Quantitative in vitro receptor autoradiography of the regional and laminar distribution of neurotransmitter receptors (Zilles & Amunt, 2010)



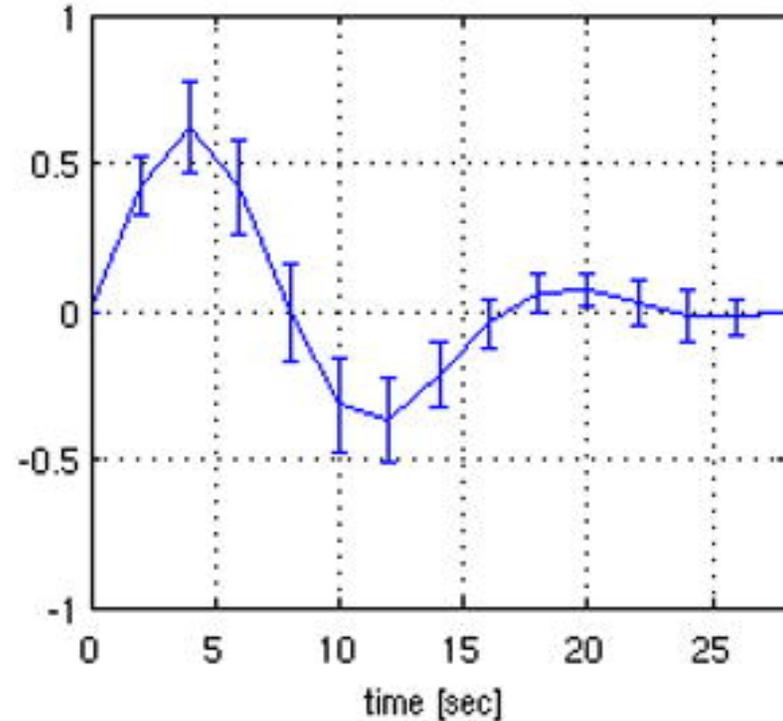
The Canonical HRF in RVHRCOR are not sufficient



Average RVT filter: 10 subjects



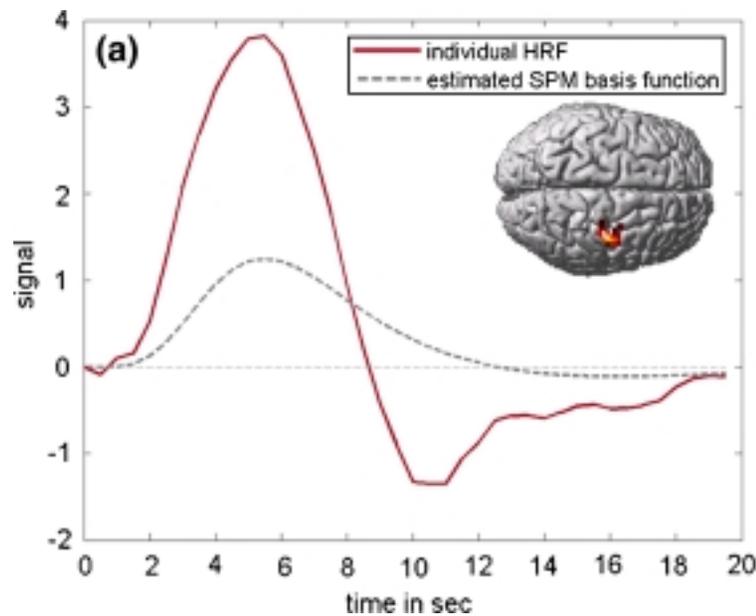
Average HR filter: 10 subjects



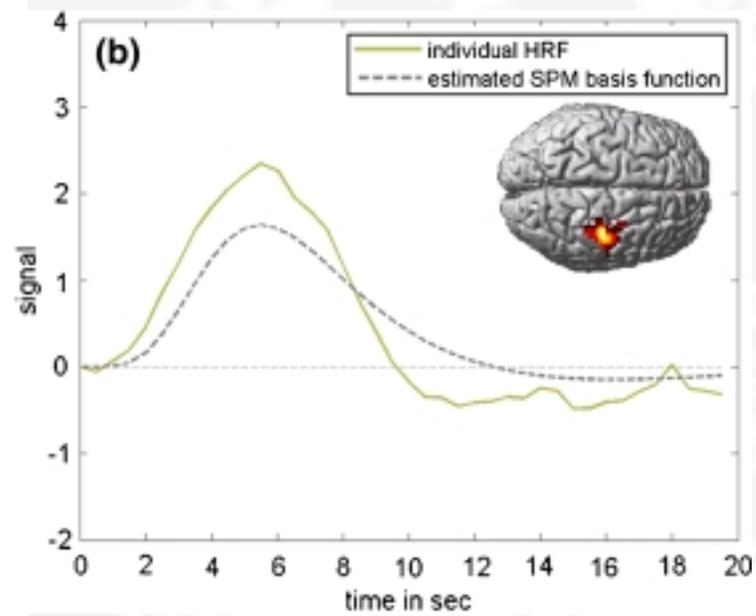
“The estimation of an “impulse response function” does make the implicit assumption that the relationship between respiration changes and MRI signal changes is linear.” *Birn, Neuroimage 2009*

Drugs Upset the HRF Linearity

Before Alcohol



After Alcohol

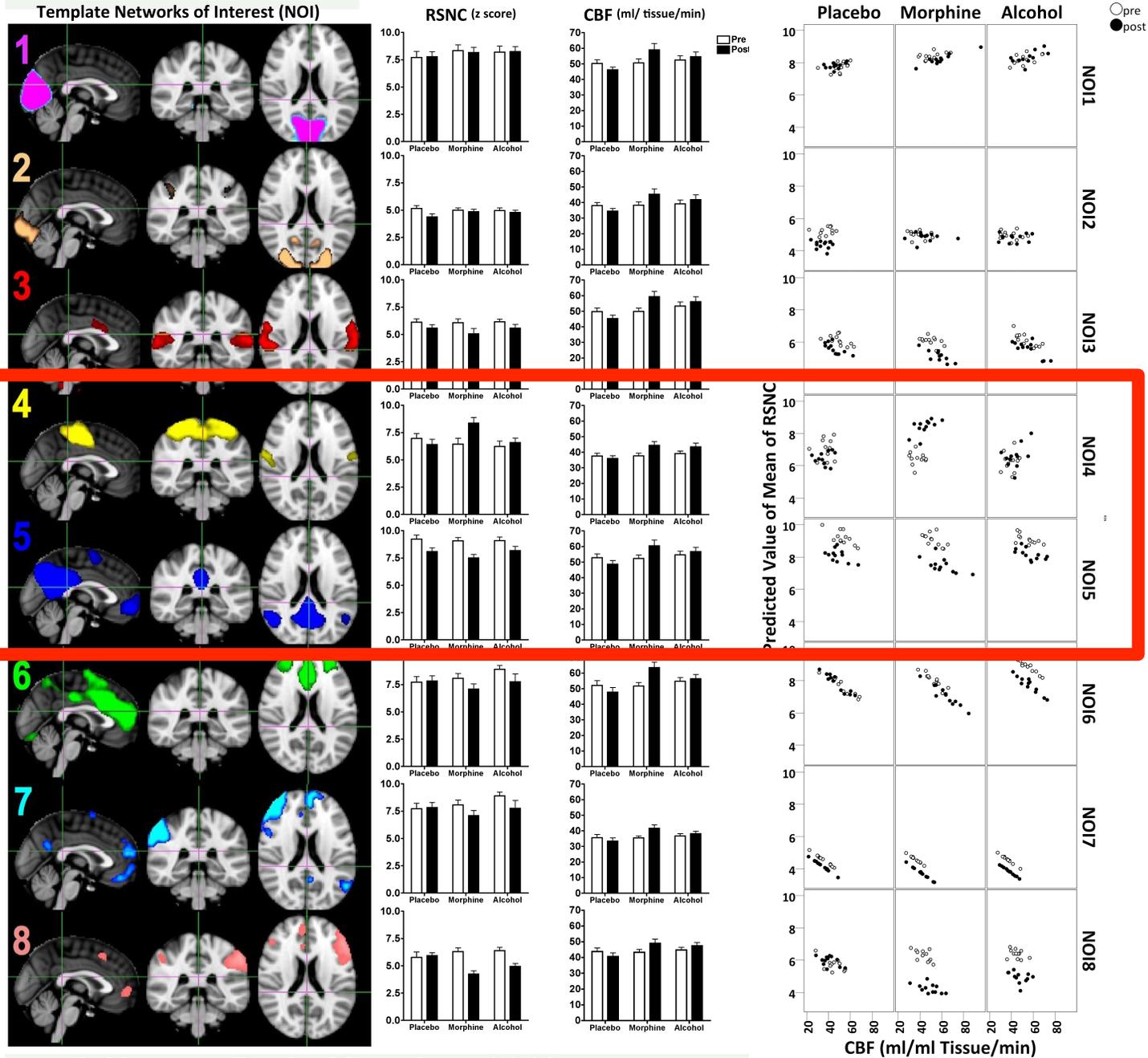


Flickering checkerboard test =>

- Alcohol led to change in HRF shape (less undershoot)
- Variations in HRF were heterogeneous across different brain regions

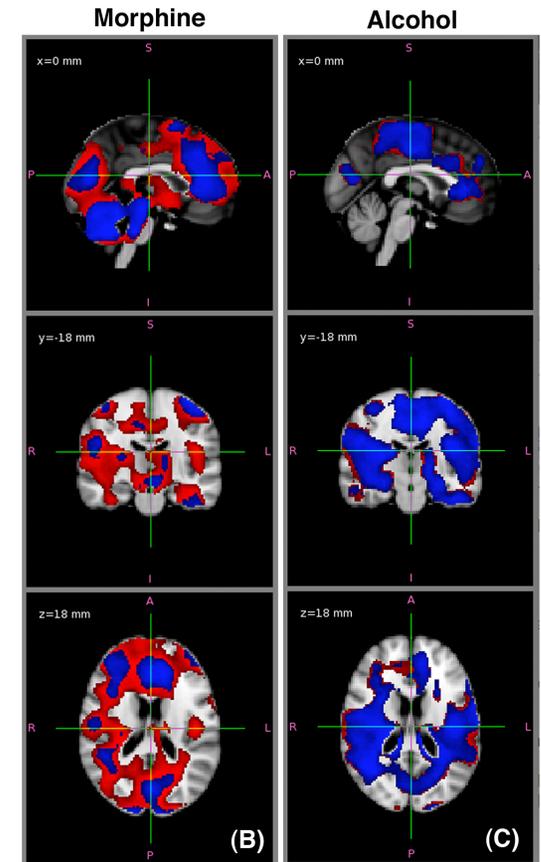
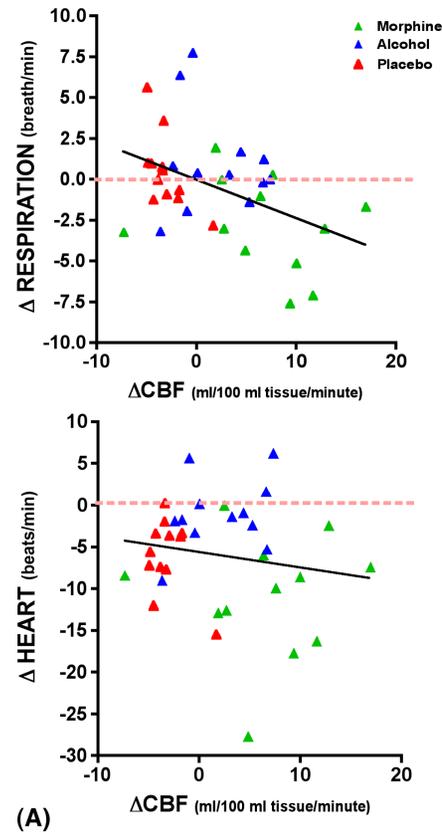
Luchmann et al 2010, Exp Brain res

Heterogeneity of drug effects on CBF/RSN correlations

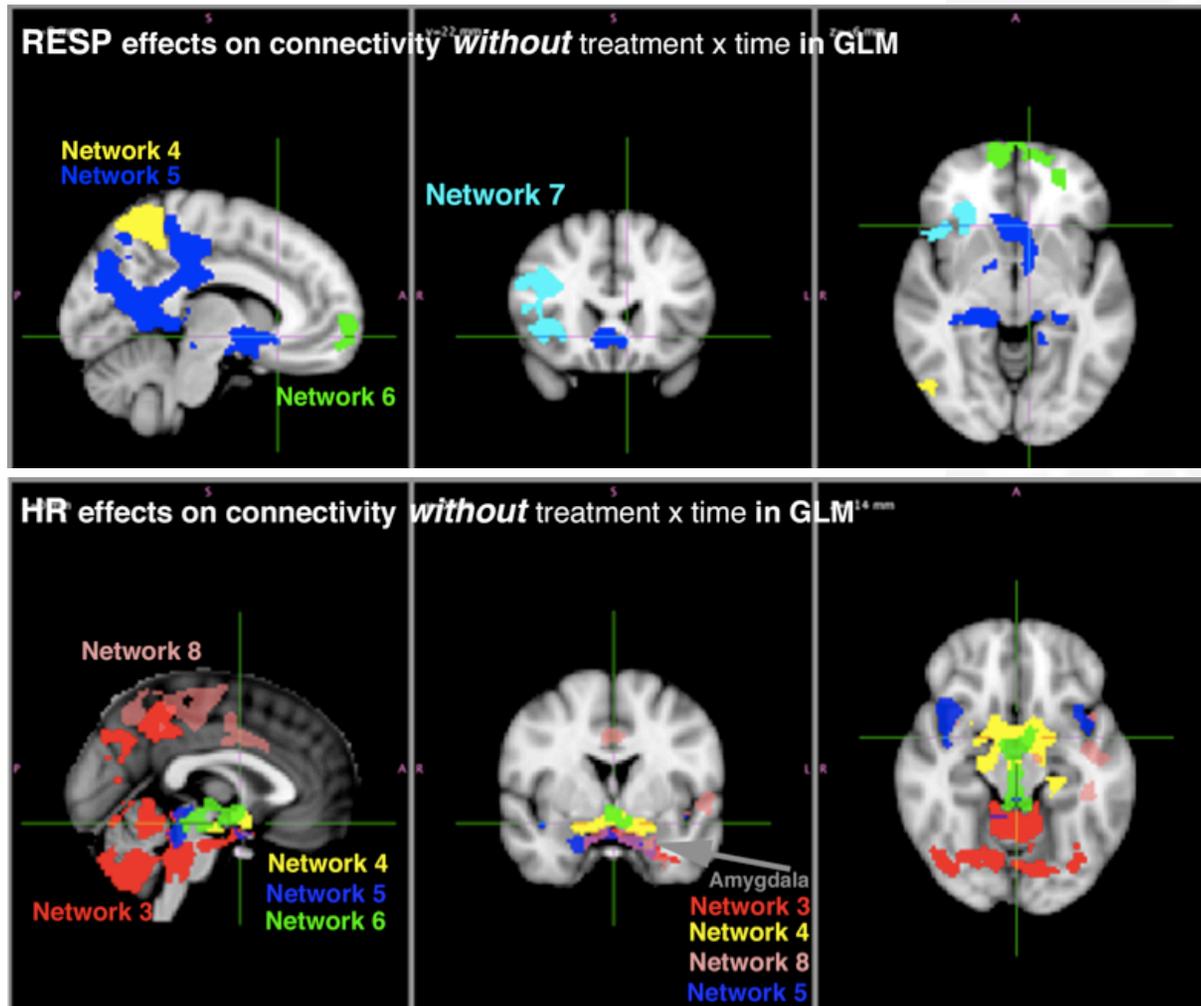


Global and Regional Perfusion

- Drug-effect on respiration and on the brain share variance
- Respiration modulates cerebral perfusion



Respiration Correction Method 4



APPLY CORRECTION
IN THE HIGHEST LEVEL
STATISTICAL MODELING

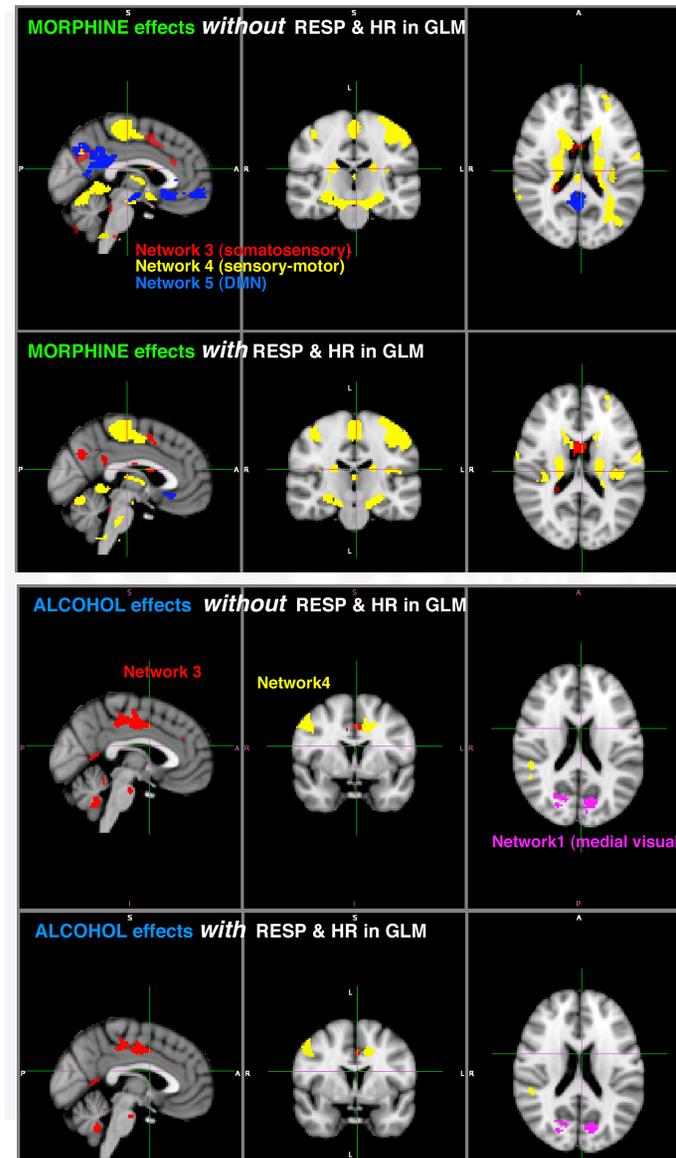
Dominant
respiration
harmonic

Avg
Heart
rate

Spectral analysis

Statistical Outcome Difference

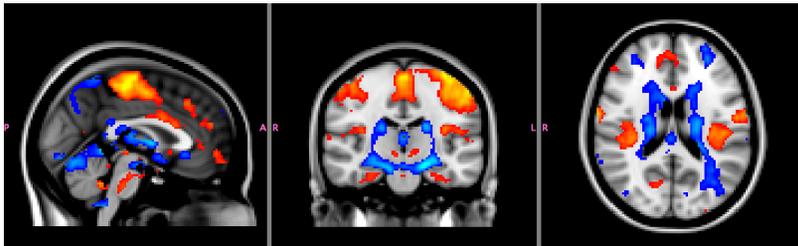
- ❑ Physiological rates are also pharmacodynamic endpoints
- ❑ Neuroimaging effects are significant only if the physiological rate has changed significantly



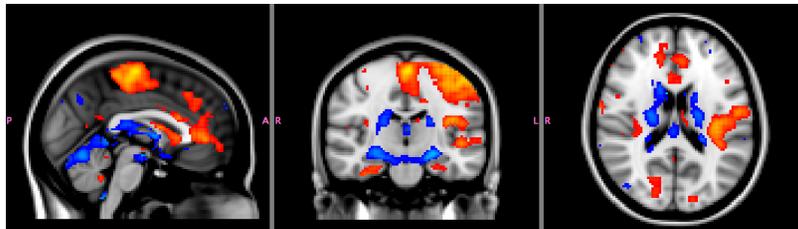
Respiration Correction Method 5

APPLY CORRECTIVE
REGRESSORS TO
DUAL REGRESSION

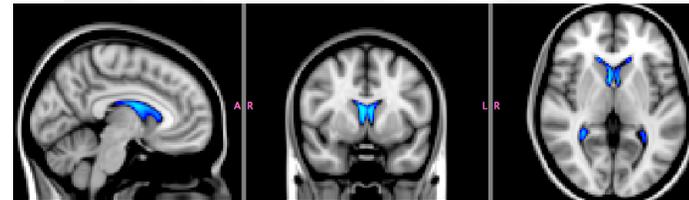
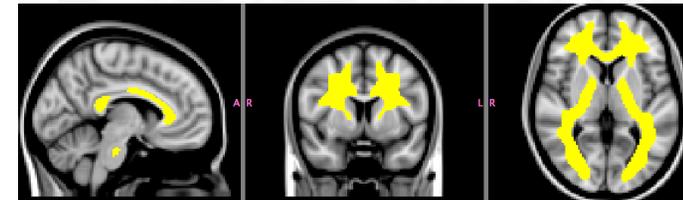
No correction



WM/CSF



WM, CSF

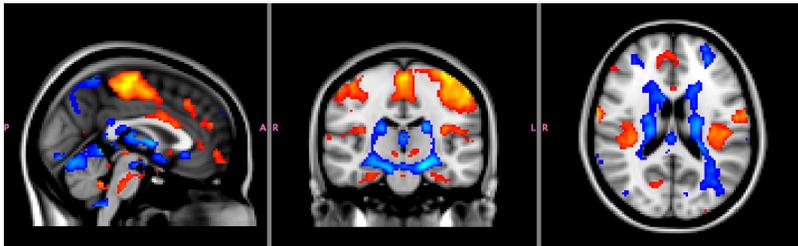


Respiration Correction Method 5

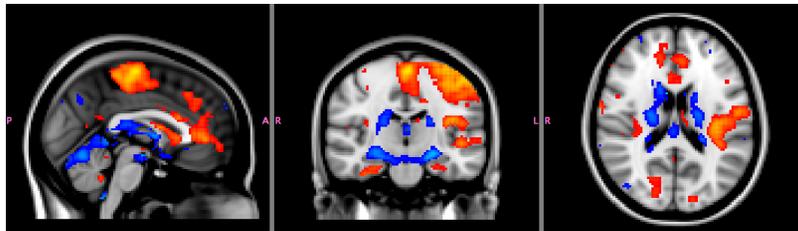
APPLY CORRECTIVE
REGRESSORS TO
DUAL REGRESSION

WM, CSF

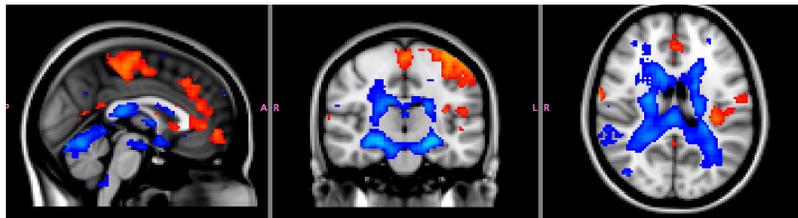
No correction



WM/CSF



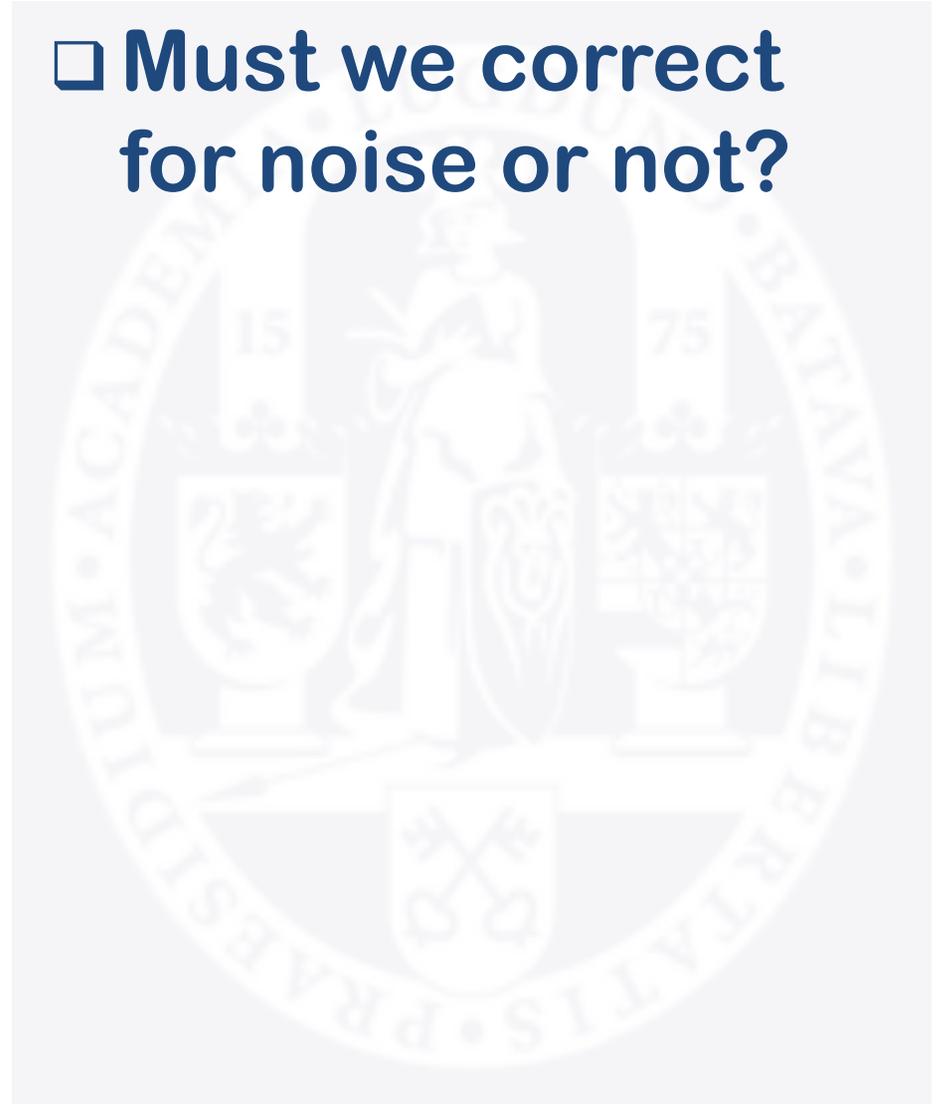
RVHRCOR



- ❑ Drug related change in physiological signals impacts global and regional hemodynamics
- ❑ Some brain regions are more sensitive to respiration-related changes in connectivity and flow

Second Conclusion

- ❑ **Must we correct for noise or not?**



	Easy to Use	Changes Outcome	Anatomical Residuals	Interpret
RETROICOR	NO	NO	NO	NO
RVHRCOR	NO	YES	YES	NO
RVcorr	NO	NO	YES	Maybe
WM/CSF	YES	YES	YES	Maybe
Heart rate	YES	NO	YES	YES
Resp rate	YES	YES	YES	YES

Recommendations

- ❑ **Exploit noise, don't eliminate it!**
- ❑ **Mind the flow (and the cerebrovascular architecture)!**
- ❑ **Avoid instrumentation hassles with poor man's denoising (WM/CSF)**
- ❑ **PCC-seeding is contentious.**



LUMC

Thijs van Osch
Albert Dahan
Mark van Buchem
Wouter Teeuwisse
Michele Huijbert

LIBC

Serge Rombouts
Ilya Veer
Mark de Rooij
Evelinda Baerends
Roelof Soeter

FMRIB

Christian Beckmann
Tom Nichols
Matthew Webster
Steve Smith
David Cole

CHDR

Joop van Gerven
Remco Zoethout
Marieke de Kam
Linda Klumpers

Stanford University

Catie Chang

