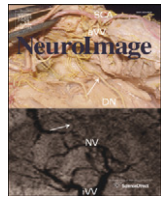




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Review

Standardizing the intrinsic brain: Towards robust measurement of inter-individual variation in 1000 functional connectomes

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ABSTRACT

As researchers increase their efforts to characterize variations in the functional connectome across studies and individuals, concerns about the many sources of nuisance variation present and their impact on resting state fMRI (R-fMRI) measures continue to grow. Although substantial within-site variation can exist, efforts to aggregate data across multiple sites such as the 1000 Functional Connectomes Project (FCP) and International Neuroimaging Data-sharing Initiative (INDI) datasets amplify these concerns. The present work draws upon standardization approaches commonly used in the microarray gene expression literature, and to a lesser extent recent imaging studies, and compares them with respect to their impact on relationships between common R-fMRI measures and nuisance variables (e.g., imaging site, motion), as well as phenotypic variables of interest (age, sex). Standardization approaches differed with regard to whether they were applied post-hoc vs. during pre-processing, and at the individual vs. group level; additionally they varied in whether they addressed additive effects vs. additive + multiplicative effects, and were parametric vs. non-parametric. While all standardization approaches were effective at reducing undesirable relationships with nuisance variables, post-hoc approaches were generally more effective than global signal regression (GSR). Across approaches, correction for additive effects (global mean) appeared to be more important than for multiplicative effects (global SD) for all R-fMRI measures, with the exception of amplitude of low frequency fluctuations (ALFF). Group-level post-hoc standardizations for mean-centering and variance-standardization were found to be advantageous in their ability to avoid the introduction of artifactual relationships with standardization parameters; though results between individual and group-level post-hoc approaches were highly similar overall. While post-hoc standardization procedures drastically increased test-retest (TRT) reliability for ALFF, modest reductions were observed for other measures after post-hoc standardizations—a phenomena likely attributable to the separation of voxel-wise from global differences among subjects (global mean and SD demonstrated moderate TRT reliability for these measures). Finally, the present work calls into question previous observations of increased anatomical specificity for GSR over mean centering, and draws attention to the near equivalence of global and gray matter signal regression.

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Contents

Introduction	0
Methods	0
Participants and imaging protocols	0
Preprocessing	0
Nuisance regression	0
A broad array of R-fMRI-based intrinsic brain function indices	0
Standardization procedures	0
Group analyses	0
Test-retest reliability of R-fMRI measures with standardization procedures	0

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64	Results	0
65	Systematic variation in common standardization parameters: global mean and global SD	0
66	The impact of standardization procedures on confound variables: site and motion effects	0
67	The impact of standardization procedures on variables of interest: age and sex effects	0
68	Statistical comparison of standardization procedures	0
69	Residual relationships with standardization parameters after correction: global mean and global SD	0
70	The impact of standardization procedures on test–retest reliability	0
71	Addressing concerns about standardization-related artifacts: negative connectivity—real or artifact?	0
72	Addressing concerns about standardization-related artifacts: potential reductions in anatomical specificity associated with mean centering	0
73	Discussion	0
74	Recommendations for selecting a standardization	0
75	Does standardization change interpretation of R-fMRI measures?	0
76	Will we always need post-acquisition standardization?	0
77	Summary	0
78	Acknowledgments	0
79	References	0

80

81 Introduction

82 Measurement standardization represents a key challenge for the
83 field of functional connectomics. As researchers increase their efforts
84 to characterize variations in the functional connectome observed
85 across studies and individuals, concerns about the many known and
86 unknown sources of nuisance variation present and their impact on
87 resting state fMRI (R-fMRI) measures continue to grow (Cole et al.,
88 2010; Kelly et al., 2012). Between studies, MR acquisition methodol-
89 ogies are among the most commonly cited sources of measurement
90 variation (Friedman and Glover, 2006b); yet a multitude of experimen-
91 tal, environmental and subject-related factors can introduce unintended
92 variations in measurement as well (Table 1). Few, if any, of these factors
93 are addressed in imaging studies. Finally, head-motion and physiologic
94 parameters (cardiac or respiratory effects) are major sources of measure-
95 ment variation, which can at times be related to systematic variables of
96 interest (e.g., age, diagnostic status) (Power et al., 2012a; Satterthwaite
97 et al., 2012; Van Dijk et al., 2012). A growing reality is that even the
98 best efforts to standardize data acquisition and limit the number of
99 unknowns, unwanted sources of variation in R-fMRI studies will
100 remain.

101 In 2009, the publicly released 1000 Functional Connectomes Project
102 (FCP) and International Neuroimaging Data-sharing Initiative (INDI)
103 provided a stark portrayal of variability in imaging methodologies
104 employed by the neuroimaging field. Comprised of R-fMRI samples in-
105 dependently collected at imaging sites around the world, notable varia-
106 tion in almost every aspect of imaging acquisition methodologies
107 represented in these datasets while the majority of participant-related
108 variables are not reported (and in most cases, were not systematically
109 recorded). As expected, remarkable site-related variation is detectable

in R-fMRI measures derived from the FCP/INDI datasets, raising under- 110
standable concerns about whether such data could be harmonized and 111
analyzed. Fortunately, despite justifiable skepticism, feasibility analyses 112
demonstrated that meaningful explorations of the aggregate dataset 113
(n = 1093; 24 imaging sites) could be performed (Biswal et al., 114
2010). After accounting for site-related differences, discovery analyses 115
revealed brain–behavior relationships with phenotypic variables such 116
as sex, age, and diagnostic status, and confirmed a variety of prior hy- 117
potheses (Biswal et al., 2010; Fair et al., 2012; Tomasi and Volkow, 118
2010; Zuo et al., 2012). Although encouraging, the many unknown and 119
uncontrolled factors in the FCP/INDI remain a source of concern, as they 120
extend beyond simple site effects and can limit the utility of the datasets. 121

The goal of the present work is to provide a comprehensive assess- 122
ment of the impact of post-acquisition standardization methodologies 123
on common R-fMRI data analyses, using data from the original 1000 124
Functional Connectomes Project. Several strategies for standardization 125
have already emerged in the field including mean division (Zang et al., 126
2004, 2007); Z-score standardization (Beckmann et al., 2005; Buckner 127
et al., 2009; Calhoun et al., 2001; Zou et al., 2008; Zuo et al., 2010a, 128
2012, 2013); and Gaussian function fit normalization (Lowe et al., 129
1998). However, these methods are not consistently used and have not 130
been systematically compared. Additional approaches can be borrowed 131
from the molecular genetics community, which has made noteworthy 132
strides in dealing with unwanted variation in microarray technologies 133
and procedures (see Quackenbush, 2002 for a review). Drawing on 134
these two sources we identified 11 standardization approaches 135
(Table 2) to apply to the original FCP dataset and compare with respect 136
to their impact on commonly examined R-fMRI measures, their test– 137
retest (TRT) reliability and phenotypic relationships (sex, age), as well 138
as nuisance variables of interest. 139

t1.1 **Table 1**
t1.2 Factors can introduce unintended variations in fMRI measurement.

t1.3	Category	Factor
t1.4	1. Acquisition-related variations	Scanner make and model (Friedman and Glover, 2006b), sequence type (spiral vs. echo planar; single-echo vs. multi-echo) (Klarhofer et al., 2002), parallel vs. conventional acquisition (Feinberg et al., 2010; Lin et al., 2005), coil type (surface vs. volume, number of channels, orientation), repetition time, number of repetitions, flip angle, echo time, and acquisition volume (field of view, voxel size, slice thickness/gaps, slice prescription) (Friedman and Glover, 2006a)
t1.5	2. Experimental-related variations	Participant instructions (Hartstra et al., 2011), eyes-open/eyes-closed (Yan et al., 2009; Yang et al., 2007), visual displays, experiment duration (Fang et al., 2007; Van Dijk et al., 2010)
t1.6	3. Environment-related variations	Sound attenuation measures (Cho et al., 1998; Elliott et al., 1999), attempts to improve participant comfort during scans (e.g., music, videos) (Cullen et al., 2009), head-motion restraint techniques (e.g., vacuum pad, foam pad, bite-bar, plaster cast head holder) (Edward et al., 2000; Menon et al., 1997), room temperature and moisture (Vanhoutte et al., 2006).
t1.7	4. Participant-related variations	Circadian cycle (Shannon et al., 2012), prandial (Haase et al., 2009), caffeine (Rack-Gomer et al., 2009), and nicotine status (Tanabe et al., 2011), sleepiness/arousal (Horowitz et al., 2008), sleep deprivation (Samann et al., 2010), scanner anxiety (de Bie et al., 2010), and menstrual cycle status (for women) (Protopopescu et al., 2005)

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