

Detecting perfusion abnormalities in Arterial Spin Labelling Random-effects and Mixed-effects GLM

Camille Maumet

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Random-effects and Mixed-effects GLM

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NeuroImaging seminars, Institute of Psychiatry King's College London - February 14th, 2014









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Detecting perfusion abnormalities

ASL Group

Single-subject

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Hypothesis testing

RFX and MFX

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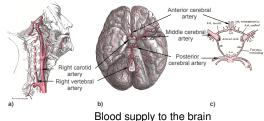
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Brain perfusion



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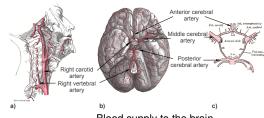
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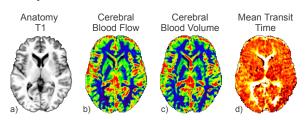
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Brain perfusion



Blood supply to the brain

Brain perfusion is the biological process that ensures the delivery of oxygen and nutrients to the cerebral tissues by means of microcirculation.



Example of perfusion parameters

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Label



1 pair

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Control



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1 pair



60 pairs

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Within-group analysis









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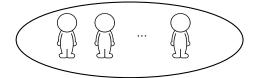
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Within-group analysis

Identify common patterns across a group of subjects.



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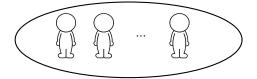
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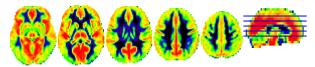
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Within-group analysis

Identify common patterns across a group of subjects.



Examples



Group cerebral blood flow.



Group activation for a language task.

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Between-group analysis













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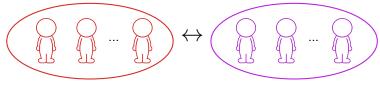
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Between-group analysis

Identify differences at the group level.



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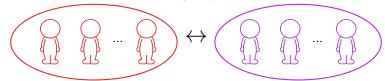
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Identify differences at the group level.



Example



Differences of perfusion between a group of patients and a control group.

- Hyper-perfusion.
- Hypo-perfusion.

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Within-subject analysis

Identify patterns of perfusion (or activation) in a single subject.



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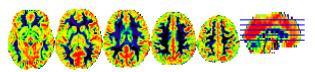
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Within-subject analysis

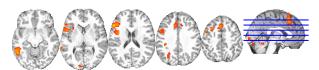
Identify patterns of perfusion (or activation) in a single subject.



Examples



Cerebral blood flow.



Subject activation for a language task.

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Between-group individual analysis











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Between-group individual analysis

Identify deviation from normality in a single subject.







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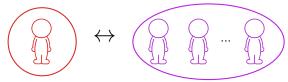
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Identify deviation from normality in a single subject.



Example



Hyper- and hypo-perfusions in a patient diagnosed with brain tumour.

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Within-group and between-group analyses

Group analyses





- Study of typical brain perfusion.
- Provide a better understanding of brain dysfunction associated with a pathology.

Individual analyses





- Study of brain perfusion in a particular subject.
- Outline deviation from normality (or from a reference group).

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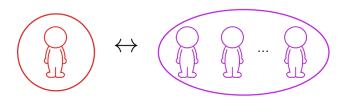
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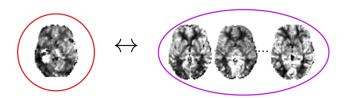
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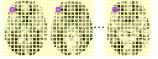
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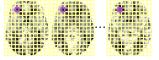
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A massively univariate approach







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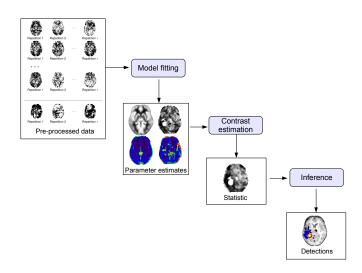
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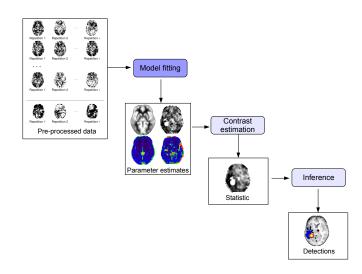
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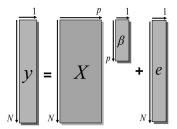
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Model fitting

Using the GLM, the dataset of interest is modelled as a linear combination of pre-defined parameters.



Source: "The General Linear Model for fMRI analyses" by FIL Methods Group, SPM Course, 2013.

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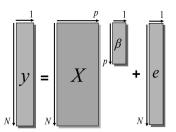
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Source: "The General Linear Model for fMRI analyses" by FIL Methods Group, SPM Course, 2013.

Independent and identically distributed errors, i.e. given $e \sim \mathcal{N}(0, \sigma^2 I)$, we can use Ordinary Least Squares:

$$\hat{\boldsymbol{\beta}}_{oLS} = (\boldsymbol{X}^T \boldsymbol{X})^{-1} \boldsymbol{X}^T \boldsymbol{Y}, \ \widehat{\text{Var}}(\hat{\boldsymbol{\beta}}_{oLS}) = \hat{\sigma}^2 (\boldsymbol{X}^T \boldsymbol{X})^{-1}.$$
 (1)

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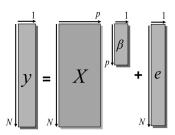
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 (1)

Otherwise, given $e \sim \mathcal{N}(0, V)$, Weigthed Least Squares:

$$\hat{\beta}_{WLS} = (X^T V^{-1} X)^{-1} X^T V^{-1} Y, \ \widehat{\text{Var}}(\hat{\beta}_{WLS}) = (X^T V^{-1} X)^{-1}.$$

2)

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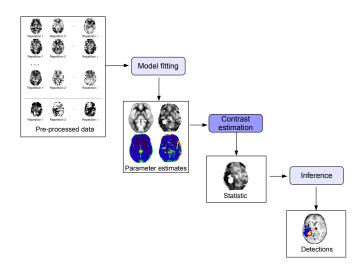
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Under the null hypothesis:

$$H_0: \boldsymbol{c}\boldsymbol{\beta}_{(\boldsymbol{v})} = 0.$$

Assuming the normality of the error, the t-statistic at voxel ν is defined by:

$$\frac{c\hat{\beta}_{(v)}}{\sqrt{\widehat{\operatorname{Var}}(c\hat{\beta}_{(v)})}} \sim \mathcal{T}_{N-p}.$$
 (3)

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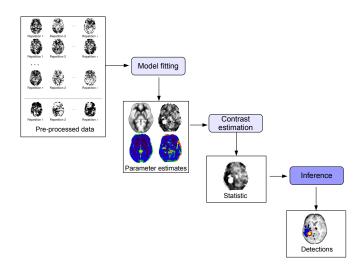
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Modelling: subject level









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Repetition 2

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estimate in subject 1: $\hat{\beta}_1$

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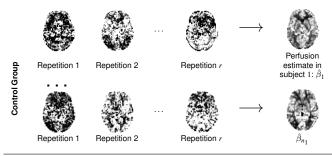
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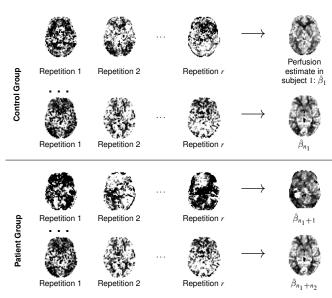
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Modelling: group level





















Patient Group





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Repetition 1 Repetition 2













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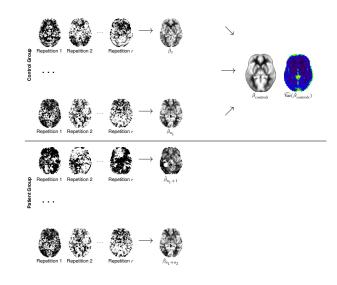
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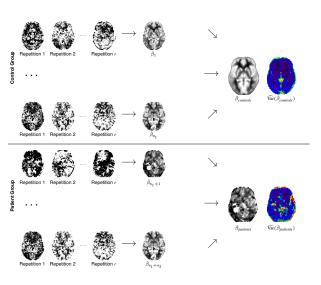
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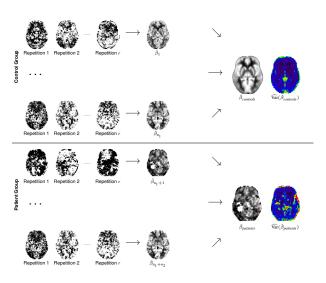
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Random-effects (RFX) analysis.

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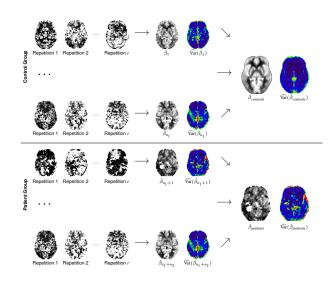
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Mixed-effects (MFX) analysis.

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Random-effects assumptions

RFX analyses assume that the **within-subject variance** is:

- negligible by comparison to the between-subject variance; or
- roughly constant across subjects.

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Random-effects or Mixed-effects analyses

In functional MRI there is no consensus:

- Superiority of MFX, [Beckmann 2003, Mumford 2006, Thirion 2007].
- ➤ Validity of RFX for one-sample t-tests in BOLD fMRI, [Mumford 2009].
- ► Invalidity of RFX [Chen 2012].

Both approaches are in use in the neuroimaging community:

- Random-effects analyses (SPM¹)
- ► Mixed-effects analyses (FSL², AFNI³).

What about ASL?

```
1www.fil.ion.ucl.ac.uk/spm/
2fsl.fmrib.ox.ac.uk/fsl/fslwiki/
```

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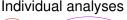
Conclusions

Detecting perfusion abnormalities using the GLM

Between-group analyses









- Modelling and estimation using the GLM.
- Difference between random-effects and mixed-effects analyses.

Note: For ease of calculation, the models will be presented in the following without covariates.

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Between-group analyses



Individual analyses



- Modelling and estimation using the GLM.
- Difference between random-effects and mixed-effects analyses.

Note: For ease of calculation, the models will be presented in the following without covariates.

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GLM: subject level







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GLM: subject level













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GLM: subject level













Given a voxel, for each subject *s* we have:

$$Y_s = X_s \, \beta_s + \epsilon_s, \tag{4}$$

- Y_s vector of observations;
- ► *X_s* subject-level design matrix;
- \triangleright β_s parameters to be estimated;
- $ightharpoonup \epsilon_s$ residual error

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GLM: subject level













Given a voxel, for each subject *s* we have:

$$Y_s = \begin{bmatrix} 1 \\ \vdots \\ 1 \end{bmatrix} \beta_s + \epsilon_s. \tag{5}$$

- Y_s vector of observations;
- ► *X_s* subject-level design matrix;
- \triangleright β_s parameters to be estimated;
- ullet ϵ_s residual error, $\epsilon_s \sim \mathcal{N}(0, \sigma_s^2)$. [Aguirre 2002]

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Assuming $\epsilon_s \sim \mathcal{N}(0, \sigma_s^2)$, by ordinary least squares we have:

$$\hat{\beta}_s = \frac{1}{r} \sum_{i=1}^r y_{s,i}$$
, and $\widehat{\operatorname{Var}}(\hat{\beta}_s) = \frac{\hat{\sigma}_s^2}{r}$

- \triangleright $y_{s,i}$ is the ith element of vector Y_s
- $\hat{\sigma}_s^2$ the estimated within-subjet variance.

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GLM: between-group











The subject parameters $(\beta_s)_{1 \le s \le n_1+1}$ can be combined using:

$$\begin{bmatrix} \beta_1 \\ \vdots \\ \beta_{n_1+n_2} \end{bmatrix} = X_G \beta_G + \gamma_G, \tag{6}$$

- ➤ X_G is the group-level design matrix;
- \triangleright β_G the group parameters;
- $ightharpoonup \gamma_G^s$ the residual error term.

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The subject parameters $(\beta_s)_{1 \leq s \leq n_1+1}$ can be combined using:

$$\begin{bmatrix} \beta_1 \\ \vdots \\ \beta_{n_1} \\ \beta_{n_1+1} \\ \vdots \\ \beta_{n_1+n_2} \end{bmatrix} = \begin{bmatrix} 1 & 0 \\ \vdots & \vdots \\ 1 & 0 \\ 0 & 1 \\ \vdots & \vdots \\ 0 & 1 \end{bmatrix} \begin{bmatrix} \beta_{controls} \\ \beta_{patients} \end{bmatrix} + \gamma_G.$$
 (7)

where

• γ_G the residual error term, $\gamma_G^s \sim \mathcal{N}(0, \sigma_{G,i}^2)$.

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The subject parameters $(\beta_s)_{1 \le s \le n_1+1}$ can be combined using:

$$\begin{bmatrix} \hat{\beta}_{1} \\ \vdots \\ \hat{\beta}_{n_{1}} \\ \hat{\beta}_{n_{1}+1} \\ \vdots \\ \hat{\beta} \end{bmatrix} = \begin{bmatrix} 1 & 0 \\ \vdots & \vdots \\ 1 & 0 \\ 0 & 1 \\ \vdots & \vdots \\ 0 & 1 \end{bmatrix} \begin{bmatrix} \beta_{controls} \\ \beta_{patients} \end{bmatrix} + \gamma_{G_{C}}.$$
 (8)

where

 $ightharpoonup \gamma_{G_C}$ the residual error term, $\gamma_{G_C}^s \sim \mathcal{N}\Big(0, \sigma_{G,i}^2 + \frac{\sigma_s^2}{r}\Big)$.

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Contrast of interest











We are interested in the null hypothesis:

$$H0: \beta_{controls} = \beta_{patients}. \tag{9}$$

$$H0: c \,\beta_G = 0. \tag{10}$$

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Contrast of interest











We are interested in the null hypothesis:

$$H0: \beta_{controls} = \beta_{patients}. \tag{9}$$

$$H0: c \beta_G = 0.$$
 (10)

Corresponding to the patient versus control group contrast:

$$c = [1-1] \tag{11}$$

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RFX and MFX

Random-effects (RFX) between-group analysis











Assuming $\gamma_{G_{C,i}}^s \sim \mathcal{N}(0, \sigma_{G_{C,i}}^2)$, by weighted least squares we have:

$$\hat{\beta}_{controls}^{RFX} = \frac{1}{n_1} \sum_{s=1}^{n_1} \hat{\beta}_s, \quad \hat{\beta}_{patients}^{RFX} = \frac{1}{n_2} \sum_{s=n_1+1}^{n_1+n_2} \hat{\beta}_s, \quad (12)$$

The associated sampling variances are:

$$\widehat{\text{Var}}(\hat{\beta}_{controls}^{RFX}) = \frac{\hat{\sigma}_{GC,1}^2}{n_1}, \quad \widehat{\text{Var}}(\hat{\beta}_{patients}^{RFX}) = \frac{\hat{\sigma}_{GC,2}^2}{n_2}$$
(13)

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Mixed-effects (MFX) between-group analysis











Assuming $\gamma_{Gc,i}^s \sim \mathcal{N}(0, \sigma_{G,i}^2 + \frac{\sigma_s^2}{r})$, by weighted least squares we have:

$$\hat{\beta}_{controls}^{MFX} = \frac{1}{\sum_{j=1}^{n_1} w_{j,1}} \sum_{s=1}^{N_1} w_{s,1} \, \hat{\beta}_s, \quad \text{where } w_{s,i} = \frac{1}{\hat{\sigma}_{G,i}^2 + \frac{\hat{\sigma}_s^2}{r}}$$

 $\hat{\beta}_{patients}^{\text{MFX}} = \frac{1}{\sum_{j=n_1+1}^{n_1+n_2} w_{j,2}} \sum_{s=n,\, \perp\, 1}^{n_1+n_2} w_{s,2}\,\hat{\beta}_s.$

(14)

The associated sampling variances are:

$$\widehat{\text{Var}}(\hat{\beta}_{controls}^{MFX}) = \frac{1}{\sum_{s=1}^{n_1} w_{s,1}}, \quad \widehat{\text{Var}}(\hat{\beta}_{patients}^{MFX}) = \frac{1}{\sum_{s=n_1+1}^{n_1+n_2} w_{s,2}}$$
(15)

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Random-effects (RFX) analysis











Assuming $\gamma_{G_C}^s \sim \mathcal{N}(0, \sigma_{G_C}^2)$, by ordinary least squares we have:

$$\hat{\beta}_{controls}^{RFX} = \frac{1}{n_1} \sum_{s=1}^{n_1} \hat{\beta}_s, \quad \hat{\beta}_{patient}^{RFX} = \hat{\beta}_{n_1+1}, \tag{16}$$

The associated sampling variances are:

$$\widehat{\text{Var}}(\hat{\beta}_{controls}^{RFX}) = \frac{\hat{\sigma}_{G_C}^2}{n_1}, \quad \widehat{\text{Var}}(\hat{\beta}_{patient}^{RFX}) = \hat{\sigma}_{G_C}^2$$
 (17)

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Assuming $\gamma_{G_C}^s \sim \mathcal{N}(0, \sigma_G^2 + \frac{\sigma_s^2}{r})$, by weighted least squares we get:

$$\hat{\beta}_{controls}^{MFX} = \frac{1}{\sum_{j=1}^{n_1} w_{j,1}} \sum_{s=1}^{n_1} w_{s,1} \, \hat{\beta}_s, \quad \hat{\beta}_{patient}^{MFX} = \hat{\beta}_{n_1+1}$$
where $w_s = \frac{1}{\hat{\sigma}_G^2 + \frac{\hat{\sigma}_s^2}{r}}.$ (18)

The associated sampling variances are:

$$\widehat{\text{Var}}(\hat{\beta}_{controls}^{MFX}) = \frac{1}{\sum_{s=1}^{n_1} w_s}, \quad \widehat{\text{Var}}(\hat{\beta}_{patients}^{MFX}) = \hat{\sigma}_G^2 + \frac{\sigma_{n_1+1}^2}{r}$$
(19)

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Random-effects and Mixed-effects analyses

Control group and patient estimates and sampling variances with RFX and MFX.

	$\hat{eta}_{controls}$	$\hat{eta}_{patient}$	$\widehat{Var}(\hat{eta}_{controls})$	$\widehat{Var}(\hat{eta}_{patient})$
RFX	$\frac{1}{n_1} \sum_{s=1}^{n_1} \hat{\beta}_s$	$\hat{\beta}_{n_1+1}$	$\frac{\hat{\sigma}_{G_C}^2}{n_1}$	$\hat{\sigma}^2_{G_C}$
MFX	$\frac{1}{\sum_{j=1}^{n_1} \frac{1}{\sigma_G^2 + \frac{\hat{\sigma}_j^2}{j}}} \sum_{s=1}^{n_1} \frac{1}{\hat{\sigma}_G^2 + \frac{\hat{\sigma}_s^2}{r}} \hat{\beta}_s$	$\hat{\beta}_{n_1+1}$	$\frac{1}{\sum_{s=1}^{n_1} \frac{1}{\hat{\sigma}_G^2 + \frac{\hat{\sigma}_s^2}{r}}}$	$\hat{\sigma}_G^2 + \frac{\hat{\sigma}_{n_1+1}^2}{r}$

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Subjects and imaging protocol

25 patients diagnosed with brain tumours and 61 control subjects participated in this study.

Imaging protocol:

- ▶ PICORE Q2TIPS Pulsed ASL, 60 repetitions
 - MPRAGE T1 3D
 - ► T2 FLAIR

For the patients only:

- ► T1 3D Gadolinium
- Dynamic Susceptibility Contrast imaging (DSC)

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1. Segmentation of the tumour:



T1 Gadolinium







oedema segmentation

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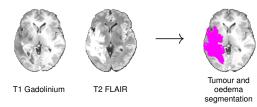
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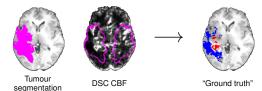
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Validation: Ground Truth

1. Segmentation of the tumour:



2. Combination with T2 perfusion information:



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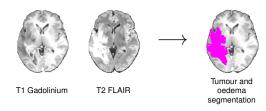
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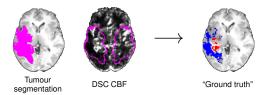
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Validation: Ground Truth

1. Segmentation of the tumour:



2. Combination with T2 perfusion information:



3. Visual assessment and manual corrections by a clinician.

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Assumptions of RFX analyses

Assumption 1: Within-subject variance negligible by comparison to the between-subject variance.

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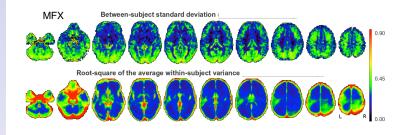
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Assumption 1: Within-subject variance negligible by comparison to the between-subject variance.



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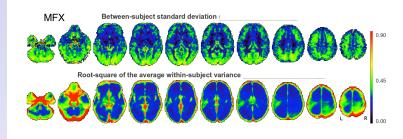
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Assumptions of RFX analyses

Assumption 1: Within-subject variance negligible by comparison to the between-subject variance.



× not verified

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Assumptions of RFX analyses

Assumption 2: Within-subject variance roughly constant across subjects.

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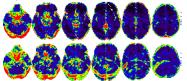
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Assumption 2: Within-subject variance roughly constant across subjects.

Within-subject standard deviation in two control subjects:



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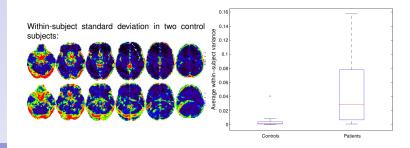
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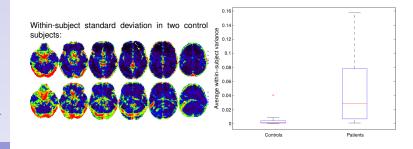
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Assumption 2: Within-subject variance roughly constant across subjects.



× not verified

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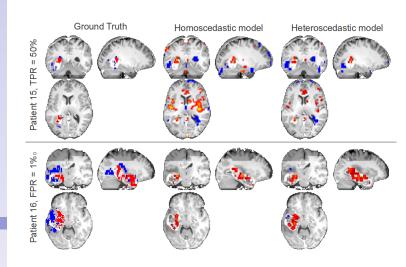
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Results: RFX versus MFX



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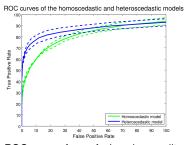
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ROC curves for perfusion abnormality detections. [Maumet et al., Neurolmage 2013]

	Random-effects analysis					
FWHM (mm ³)	0	4	6	8	10	
ROC Area	0.46	0.49	0.49	0.49	0.48	

Mixed-effects analysis								
FWHM (mm ³)	0	4	6	8	10			
ROC Area	0.63	0.70	0.72	0.72	0.69			
Area under the ROC curve.								

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Conclusion

- the assumptions of RFX analyses were violated.
- using an MFX analysis was essential in the detection of perfusion abnormalities at the patient level.

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Conclusion

- ▶ the assumptions of RFX analyses were violated.
- using an MFX analysis was essential in the detection of perfusion abnormalities at the patient level.
- According to the literature, the difference between RFX and MFX is less pronounced when comparing 2 groups.

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Conclusion

- the assumptions of RFX analyses were violated.
- using an MFX analysis was essential in the detection of perfusion abnormalities at the patient level.
- According to the literature, the difference between RFX and MFX is less pronounced when comparing 2 groups.
- Further investigation using other ASL sequences are needed.

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Conclusion

- the assumptions of RFX analyses were violated.
- using an MFX analysis was essential in the detection of perfusion abnormalities at the patient level.
- According to the literature, the difference between RFX and MFX is less pronounced when comparing 2 groups.
- Further investigation using other ASL sequences are needed.
- Software packages: RFX (SPM), MFX (FSL, AFNI).

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- the assumptions of RFX analyses were violated.
- using an MFX analysis was essential in the detection of perfusion abnormalities at the patient level.
- According to the literature, the difference between RFX and MFX is less pronounced when comparing 2 groups.
- Further investigation using other ASL sequences are needed.
- Software packages: RFX (SPM), MFX (FSL, AFNI).
- ► More details on RFX and MFX [Beckmann 2003, Mumford 2006, Mumford 2009].

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Thank you

VisAGeS team:

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- Pierre Maurel.
- Jean-Christophe Ferré.
- Béatrice Carsin.

C. Maumet, P. Maurel, J-C. Ferré, B. Carsin, C. Barillot. *Patient-specific detection of perfusion abnormalities combining within-subject and between-subject variances in Arterial Spin Labeling.* NeuroImage, 2013, 81C, pp. 121-130. Freely available online.

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Appendix

A model of normal perfusion

Perfusion estimate $\hat{\beta}_{controls}$



















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Appendix

A model of normal perfusion

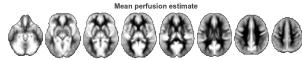
Perfusion estimate $\hat{\beta}_{controls}$ Mean perfusion estimate Standard deviation estimates RFX Combined within- and between-subject standard deviation MFX Between-subject standard deviation Root-square of the average within-subject variance

Camille Maumet

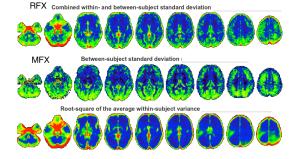
Appendix

A model of normal perfusion

Perfusion estimate $\hat{\beta}_{controls}$



Standard deviation estimates





Brain arteries



Brain veins