

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

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

Camille Maumet 1,2

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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

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

.

Detections in ASL Methods

Experiment

Results

Conclusions

Outline

Detecting perfusion abnormalities

Random-Effects and Mixed-Effects General Linear Model

Detections in ASL

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Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods Experiment Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model Hypothesis testing

Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Camille Maumet

Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods Experiment Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling

Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model

Hypothesis testing Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Camille Maumet

Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Brain perfusion



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ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Brain perfusion



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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Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Arterial Spin Labelling (ASL)



Labelling

Camille Maumet

Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Arterial Spin Labelling (ASL)



Delay

[Detre et al., MRM 1992]

Labelling

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Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Arterial Spin Labelling (ASL)



Labelling



Delay



Readout

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Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Arterial Spin Labelling (ASL)



Labelling



Delay



Readout



Label

Camille Maumet

Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Arterial Spin Labelling (ASL)



Labelling



Delay



Readout



Readout



Label

Camille Maumet

Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Arterial Spin Labelling (ASL)



Labelling



Delay



Readout



Readout



Label



Control

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Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Arterial Spin Labelling (ASL)



Labelling



Delay



Readout



Readout



Label



Control



Control



Label



Difference 1 pair

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ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Arterial Spin Labelling (ASL)



Labelling



Delay



Readout



Readout



Label



Control



Control



Label



Difference 1 pair



Difference 60 pairs

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods Experiment Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis

Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model

Hypothesis testing Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Within-group analysis



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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Within-group analysis

Identify common patterns across a group of subjects.



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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Within-group analysis

Identify common patterns across a group of subjects.



Group activation for a language task.

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Between-group analysis

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Between-group analysis

Identify differences at the group level.



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ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Between-group analysis

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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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods Experiment Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model

Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Within-subject analysis



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Within-subject analysis

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



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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Within-subject analysis

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



Subject activation for a language task.

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Between-group individual analysis





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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Between-group individual analysis

Identify deviation from normality in a single subject.



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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Between-group individual analysis

Identify deviation from normality in a single subject.



Example



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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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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ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods Experiment Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model Hypothesis testing Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods Experiment Results

ricoulto

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model Hypothesis testing

Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

A massively univariate approach



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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

A massively univariate approach







Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

A massively univariate approach

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

A massively univariate approach

 \leftrightarrow




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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

A massively univariate approach

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

A massively univariate approach

 \leftrightarrow





Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Hypothesis testing: overview



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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Hypothesis testing: overview



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Model fitting

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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 $\boldsymbol{e} \sim \mathcal{N}(0, \sigma^2 \boldsymbol{I})$, we can use Ordinary Least Squares:

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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

Otherwise, given $\boldsymbol{e} \sim \mathcal{N}(0, \boldsymbol{V})$, Weigthed Least Squares: $\hat{\boldsymbol{\beta}}_{WLS} = (\boldsymbol{X}^T \boldsymbol{V}^{-1} \boldsymbol{X})^{-1} \boldsymbol{X}^T \boldsymbol{V}^{-1} \boldsymbol{Y}, \quad \widehat{\operatorname{Var}}(\hat{\boldsymbol{\beta}}_{WLS}) = (\boldsymbol{X}^T \boldsymbol{V}^{-1} \boldsymbol{X})^{-1}.$

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Hypothesis testing: overview



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Hypothesis testing

Under the null hypothesis:

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

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

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Hypothesis testing: overview



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods Experiment Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model Hypothesis testing Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Conclusions

Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: subject level





...



Repetition 1

Repetition 2

Repetition r



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Detecting perfusion , abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and **BFX**

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: subject level



Repetition 1



Repetition 2









Repetition r

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: subject level



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: subject level



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: group level



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: group level



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: group level



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: group level



Random-effects (RFX) analysis.

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Modelling: group level



Mixed-effects (MFX) analysis.

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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/ ³afni.nimh.nih.gov/afni/

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Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods Experiment Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model

Hypothesis testing Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Conclusions

Camille Maumet

Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model

Hypothesis testing Random-effects and Mixed-effects

Detections in ASL Methods

Experiment

Conclusions

Camille Maumet

Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Detecting perfusion abnormalities using the GLM

Individual analyses

 \leftrightarrow

Between-group analyses

 \leftrightarrow

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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Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Detecting perfusion abnormalities using the GLM

Individual analyses

 \leftrightarrow

Between-group analyses

Modelling and estimation using the GLM.

 Difference between random-effects and mixed-effects analyses.

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Detecting perfusion , abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

GLM: subject level





Repetition 1

Repetition 2



Repetition r

Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

GLM: subject level





Repetition 1

Repetition 2



Repetition r



Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

GLM: subject level





Repetition 1

Repetition 2









Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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;
- β_s parameters to be estimated;
- *ϵ_s* residual error

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Detecting perfusion abnormalities

ASI

Group

Single-subject

General Linear Model: MFX and **BFX**

Hypothesis testing

BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

GLM: subject level







Repetition 1

Repetition 2

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

 $Y_s = \begin{vmatrix} 1 \\ \vdots \\ 1 \end{vmatrix} \beta_s + \epsilon_s.$

(5)

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

GLM: subject level



Repetition 1







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 $\widehat{\operatorname{Var}}(\hat{\beta}_s) = \frac{\hat{\sigma}_s^2}{r}$

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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;
- β_G the group parameters;
- γ_G^s the residual error term.

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

GLM: between-group



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

 $\begin{bmatrix} \beta_{1} \\ \vdots \\ \beta_{n_{1}} \\ \beta_{n_{1}+1} \\ \vdots \\ \beta_{n_{1}+n_{2}} \end{bmatrix} = \begin{bmatrix} 1 & 0 \\ \vdots & \vdots \\ 1 & 0 \\ 0 & 1 \\ \vdots & \vdots \\ 0 & 1 \end{bmatrix} \begin{bmatrix} \beta_{controls} \\ \beta_{patients} \end{bmatrix} + \gamma_{G}.$ (7)

where

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

GLM: between-group



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

$$\begin{bmatrix} \hat{\beta}_{1} \\ \vdots \\ \hat{\beta}_{n_{1}} \\ \hat{\beta}_{n_{1}+1} \\ \vdots \\ \hat{\beta}_{n_{1}+n_{2}} \end{bmatrix} = \begin{bmatrix} 1 & 0 \\ \vdots & \vdots \\ 1 & 0 \\ 0 & 1 \\ \vdots & \vdots \\ 0 & 1 \end{bmatrix} \begin{bmatrix} \beta_{controls} \\ \beta_{patients} \end{bmatrix} + \gamma_{G_{C}}.$$
 (8)

where

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Contrast of interest



We are interested in the null hypothesis:

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

$$H0: c \beta_G = 0. \tag{10}$$
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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Contrast of interest



We are interested in the null hypothesis:

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

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

Corresponding to the patient versus control group contrast:

$$c = [1-1]$$
 (11)

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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:

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Mixed-effects (MFX) between-group analysis



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

$$\hat{\beta}_{controls}^{MFX} = \frac{1}{\sum_{j=1}^{n_1} w_{j,1}} \sum_{s=1}^{n_1} w_{s,1} \hat{\beta}_s, \text{ where } w_{s,i} = \frac{1}{\hat{\sigma}_{G,i}^2 + \frac{\hat{\sigma}_s^2}{r}}$$
$$\hat{\beta}_{patients}^{MFX} = \frac{1}{\sum_{j=n_1+1}^{n_1+n_2} w_{j,2}} \sum_{s=n_1+1}^{n_1+n_2} w_{s,2} \hat{\beta}_s.$$
(14)

The associated sampling variances are:

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

35/51

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Detecting perfusion abnormalities using the GLM

Between-group analyses

Individual analyses

36/51

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Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Random-effects (RFX) analysis



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

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

The associated sampling variances are:

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Mixed-effects (MFX) analysis



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:

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

38/51

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Random-effects and Mixed-effects analyses

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

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

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Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model

Hypothesis testing Random-effects and Mixed-effects

Detections in ASL

Methods Experiment

Results

Conclusions

Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Validation: Ground Truth

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Validation: Ground Truth

1. Segmentation of the tumour:





T2 FLAIR





Tumour and oedema segmentation

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Validation: Ground Truth

1. Segmentation of the tumour:







T2 FLAIR



Tumour and oedema segmentation

2. Combination with T2 perfusion information:





Tumour segmentation DSC CBF



"Ground truth"

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Validation: Ground Truth

1. Segmentation of the tumour:







T2 FLAIR



Tumour and oedema segmentation

2. Combination with T2 perfusion information:







"Ground truth"

3. Visual assessment and manual corrections by a clinician.

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Detecting perfusion abnormalities

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Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis Single-subject analysis

Random-Effects and Mixed-Effects General Linear Model

Hypothesis testing Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Besults

Conclusions

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Assumptions of RFX analyses

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Assumptions of RFX analyses

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



× not verified

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Assumptions of RFX analyses

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

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Assumptions of RFX analyses

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

Within-subject standard deviation in two control subjects:



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Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Assumptions of RFX analyses

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



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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Assumptions of RFX analyses

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



× not verified

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- Detecting perfusion abnormalities
- ASL
- Group
- Single-subject
- General Linear Model: MFX and RFX
- Hypothesis testing RFX and MFX
- Detections in ASL
- Methods
- Experiment
- Results

Conclusions

Results: RFX versus MFX



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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

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Methods

Experiment

Results

Conclusions

Results: RFX versus MFX

ROC curves of the homoscedastic and heteroscedastic models



ROC curves for perfusion abnormality				
detections.				
Maumet et al., NeuroImage 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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Detecting perfusion abnormalities

ASL

Group Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods Experiment Results

Conclusions

Outline

Detecting perfusion abnormalities Arterial Spin Labelling Group analysis

Random-Effects and Mixed-Effects General Linear Model

Hypothesis testing Random-effects and Mixed-effects

Detections in ASL

Methods Experiment Results

Conclusions

Camille Maumet

Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing

RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

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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Detecting perfusion abnormalities

- ASL
- Group
- Single-subject
- General Linear Model: MFX and RFX
- Hypothesis testing
- RFX and MFX
- Detections in ASL
- Methods
- Experiment
- Results

Conclusions

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).
- More details on RFX and MFX [Beckmann 2003, Mumford 2006, Mumford 2009].

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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing BEX and MEX

Detections in ASL

Methods

Experiment

Results

Conclusions

Thank you

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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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Detecting perfusion abnormalities

ASL

Group

Single-subject

General Linear Model: MFX and RFX

Hypothesis testing RFX and MFX

Detections in ASL

Methods

Experiment

Results

Conclusions

Q & A

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Appendix

Outline

Appendix

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Appendix

A model of normal perfusion



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Appendix

A model of normal perfusion



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Appendix

A model of normal perfusion

