

for rare or low prevalence complex diseases

Network Neurological Diseases (ERN-RND)



# Introduction to functional MRI & applications to neurological diseases

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#### **Disclosures**

#### Dr Spinelli has nothing to disclose

## **Outline of the presentation / Intro to fMRI**

- Basic principles of functional MRI
- fMRI acquisition
- Basic pre-processing steps of fMRI data
- Analysis of task-based fMRI scans
- Analysis of resting state fMRI scans

## **The BOLD effect**

#### **BOLD=Blood Oxygenation Level Dependent**



• Several studies showed in fMRI data acquired at rest (i.e., in absence of external stimulation) the presence of spontaneous low-frequency (0.01-0.1 Hz) fluctuations with high temporal coherence between spatially distinct, functionally-related brain regions

• It has been hypothesized that these low-frequency fluctuations reflect an intrinsic property of brain functional organization

## The BOLD effect at resting state



#### Active fMRI visual task

Visual fMRI network at resting state



Cordes et al, AJNR 2000

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## **fMRI** acquisition

#### **Typical fMRI sequence: T2\*-weighted EPI sequence**



- Gradient echo
- Several volumes required ⇒ fast acquisition of each volume
  (typical TR=2/3 sec)

Voxel Resolution=3x3x3 mm Whole-brain coverage

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#### **Motion correction (realignment):**

- Subjects move a little over the course of the session
- This can introduce artefacts and a bias in fMRI activity estimation



#### Normalization to standard space:

- Heads have different shapes and sizes
- fMRI activity is usually calculated in a space that allows group statistics and between-group comparisons
- Non linear warping to Montreal Neurological Institute space



Original image



Normalized image

 Normalization to standard space also allows precise localization of fMRI activity on standard atlases, designed on MNI space coordinates:

E.g. MNI space coordinates (x y z): -43 0 39:

Tzourio-Mazoyer et al., Neuroimage 2002

#### Smoothing:

- Makes data more normal across space and time
- Increases signal to noise for spatial scale of interest



Before smoothing



After smoothing

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### **Task-based fMRI acquisition**

#### **Block designs:**

• well suited localize to functional areas and to study steady state processes

 powerful in terms of fMRI activity detection



#### **Event-related designs:**

 events separated in time by a certain inter-stimulus interval • able to measure transient changes in brain activity flexible, but less • more

powerful than block designs



## **First-level analysis of task-based fMRI scans**

#### **The General Linear Model**



For each voxel of the brain, linear regression models assess partial correlation between stimulus time-course and fMRI time course

## **First-level analysis of task-based fMRI scans**

The General Linear Model  $\Rightarrow$  Statistical Parametric Mapping



Statistical maps reflect how much each voxel of the brain is likely to be activated by the stimulus task

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#### **Seed-based resting state functional connectivity**

- Choice of the region of interest (ROI)
- Assessment of the correlation between the time series of the seed region and any other time series of the brain: cross-correlation map



Biswal et al., MRM 1995

### **Independent component analysis**



#### **Main ICA-derived functional brain networks**



McKeown et al., Hum Brain Mapp 1998

Filippi et al., Hum Brain Mapp 2013

### **Graph** analysis

#### **Brain parcellation**





Calculation of general network properties on functional connectivity matrix

#### **Graph analysis**



Shortest path lenght



**Highest degree** 



**Connector hub** 

Highest clustering coefficient (its neighbors are all neighbors of each other)

Filippi et al., Lancet Neurol 2013

### **Outline of the presentation / Applications**

#### • Diagnosis & phenotyping

• Tracking & predicting progression

Network spreading modelling

# **Multiple Sclerosis / Diagnosis & phenotyping**



# **Multiple Sclerosis / Diagnosis & phenotyping**

**Effect of phenotype** MCC MCC R RRMS HC Precun ACC MCC MCC SFG MTG Put MTG ACC Thal Cer-crus-l ACC ACC MTG MTG OFC TTG Put ITG Cereb Cereb OFC Cer-crus-l Cer-crus-II ITG o(cr I) (cr I) ITG Cereb (cr II) Cereb (cr II) BMS СР MCC MCC MCC MCC ACC Thal Thal Caud Thal MTG Thal MTG Cer-lobule-IV-V ACC MTG ACC MTG Pall OFC SupTP Cer-crus-l ITG OFC Cereb Cer-ITG Cereb OFC Sup TP ITG ITG ) (cr I) Cer-crus-II Cer-lobule- crus-ll (cr I) Cereb (cr II) Cer-lobule-VIII Cereb (VIII) VIII **SPMS** CI MCC MCC ACC Thal Thal Ling ACC MTG MTG MTG Ling Put OFC MTG Cereb (cr I) OFC ITG Sup ITG Cer-lobule-IV-V Cereb Cereb (cr I) Cer-TP PHG Cereb (cr II) TG (IV-V)ITG Cer-crus-l Cer- cruslobule-VI Cer-crus-II

#### **Effect of cognitive impairment**

# **ALS / Diagnosis & phenotyping**



Basaia et al., Neurology 2020

## **ALS / Diagnosis & phenotyping**







Significant compared with HC

Spinelli et al., in preparation

## **ALS / Diagnosis & phenotyping**



Cividini et al., Neurology 2021

# Parkinson's disease / Diagnosis & phenotyping

#### **Tremor dominant** vs PIGD PD



#### Basaia et al., NPJ Parkinsons Dis 2022

### **Outline of the presentation / Applications**

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# **Multiple Sclerosis / Predicting progression**

#### Prediction of clinical worsening at 6.4-year follow-up

105/233 MS patients (45%) clinically worsened 26/157 (16%) RRMS patients evolved to SPMS

Predictors of disability worsening						
	Relative importance	р	OOB AUC (95% CI)	р		
Baseline EDSS	100.0	0.001	0.76 (0.69-0.82)	0.009*		
NGMV	73.5	0.001				
NBV	35.7	0.005				
FNC DMN II- DMN III	23.9	0.03				
RS FC SMN II - L precentral gyrus	18.9	0.03				
GM FPN	18.2	0.03				
GM SMN II	16.8	0.04				
GM SN	15.4	0.04				
DMT change	7.9	0.01				

Predictors of SPMS conversion						
	Relative importance	р	OOB AUC (95% CI)	р		
<b>Baseline EDSS</b>	100.0	< 0.001	0.84 (0.76-0.91)	0.02*		
NGMV	99.4	0.001				
GM SMN I	47.7	0.03				
DMT change	14.8	0.002				

\*compared to the model including confounding covariates and clinical variables



Rocca et al., Neurol Neuroimmunol Neuroinflamm 2021

## **Parkinson's disease / Predicting progression**



## **Parkinson's disease / Predicting progression**

**Freezing of gait** 



# **Parkinson's disease / Predicting DBS indications**

#### Functional connectivity in PD candidates for Deep Brain Stimulation Baseline Longitudinal







Could **functional connectivity predict** clinical indications of DBS for PD?

- Occipital hyperconnectivity and/or basal ganglia-sensorimotor/frontal hypoconnectivity
- Progressive increased connectivity between basal ganglia and sensorimotor/frontal areas and decreased connectivity in the posterior regions

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#### **Background / The «network-based degeneration» hypothesis**



Seeley et al., Neuron 2009



Epicenter

«Target» network

**«Off-target» network** 

## **Alzheimer's disease / Network spreading modelling**





Filippi et al., Mol Psychiatry 2020

#### **Background / Stepwise functional connectivity**



"Classic" functional connectivity matrix



Stepwise functional connectivity (SFC)



# **Frontotemporal dementia / Network spreading modelling**

#### Patterns of atrophy in an independent cohort of path-proven FTD (Mayo Clinic)



FTLD-TDP

Josephs et al., Acta Neuropathol 2011

# **Frontotemporal dementia / Network spreading modelling**



Agosta et al., Neurology 2023 (in press)

## **Conclusions**

- Although fMRI requires extensive image post-acquisition processing, it is a state-of-the-art technique sensitive to alterations in brain activation in taskbased and resting-state settings, both in normal and pathological conditions
- Network analysis provides a powerful method to quantitatively describe the topological organization of brain connectivity
- Disrupted functional connectivities have been associated with several neurodegenerative disorders, including MS, dementia, Parkinson's disease and amyotrophic lateral sclerosis
- These assessments are of special interest for their potential to characterize the signature of each neurodegenerative condition and aid both the diagnostic process and the monitoring of disease progression







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