

# BENEFRI Workshop 2019

Methods in Experimental Neurosciences:  
From Animal Models to Humans

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## fMRI in Neuroscience Non-Bold fMRI

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# roadmap

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**9:15-10:00**

## **Basic concepts of functional Neuroimaging**

fMRI Signal, task-dependent fMRI, resting state fMRI, Functional Network Analysis, processing pipeline, statistical testing, Random Effects, General Linear Model and MRI physics.

**10:15-11:00**

## **Basic concepts of structural Neuroimaging**

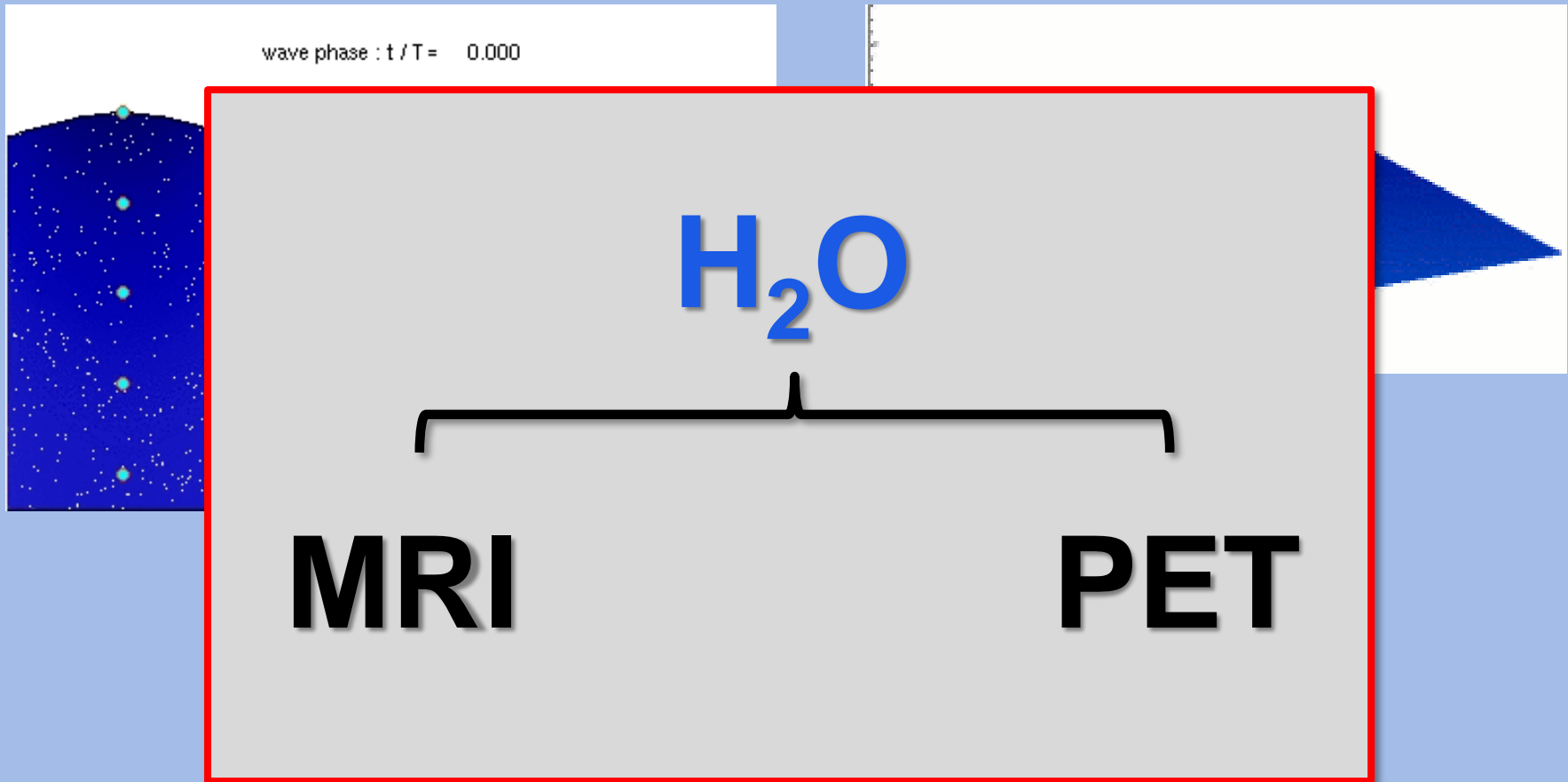
Voxel Based Morphometry, Cortical Thickness, Cortex based inter-subject alignment, Diffusion Tensor Imaging, Tract-Based Spatial Statics.

**11:15-12:00**

## **Advanced Neuroimaging Methods in Neurosciences**

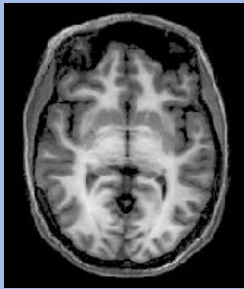
Non-BOLD fMRI, Cerebral Blood flow (CBF), calibrated fMRI, Multimodal Imaging.

# Introduction

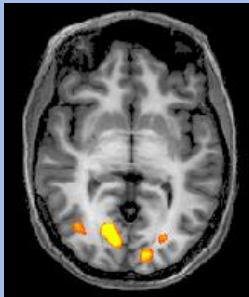


# Meachnisms in fMRI

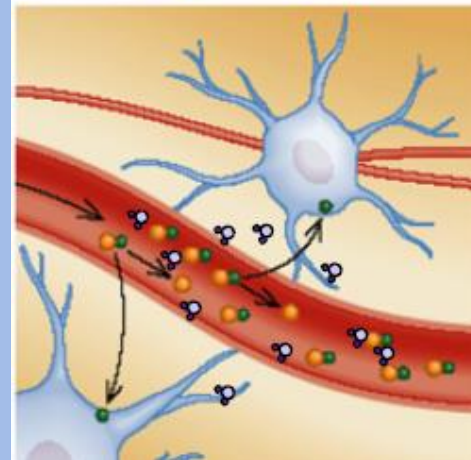
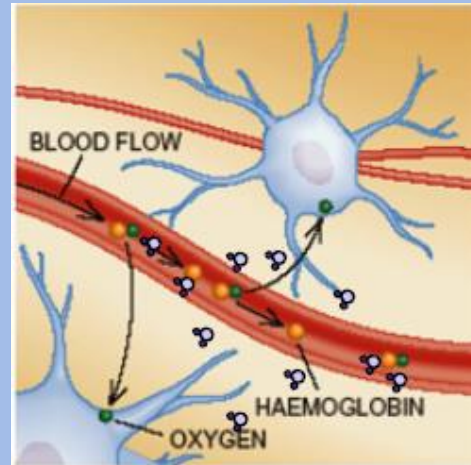
Rest



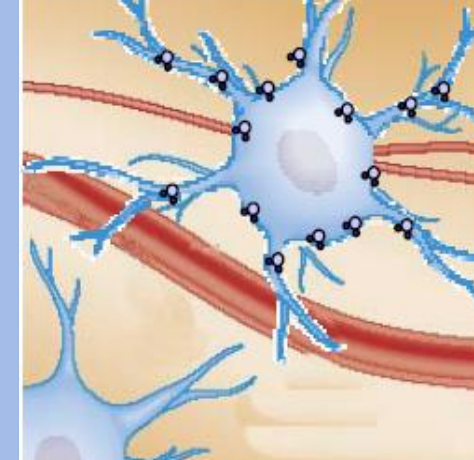
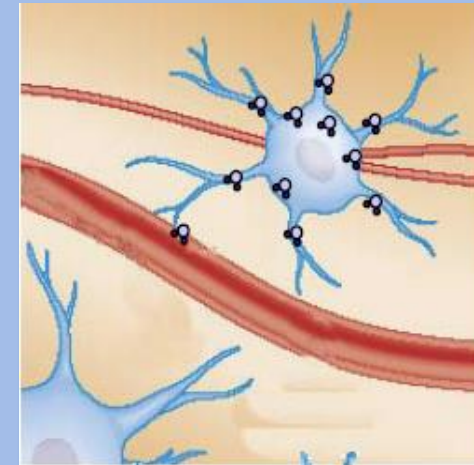
Task



## BOLD fMRI

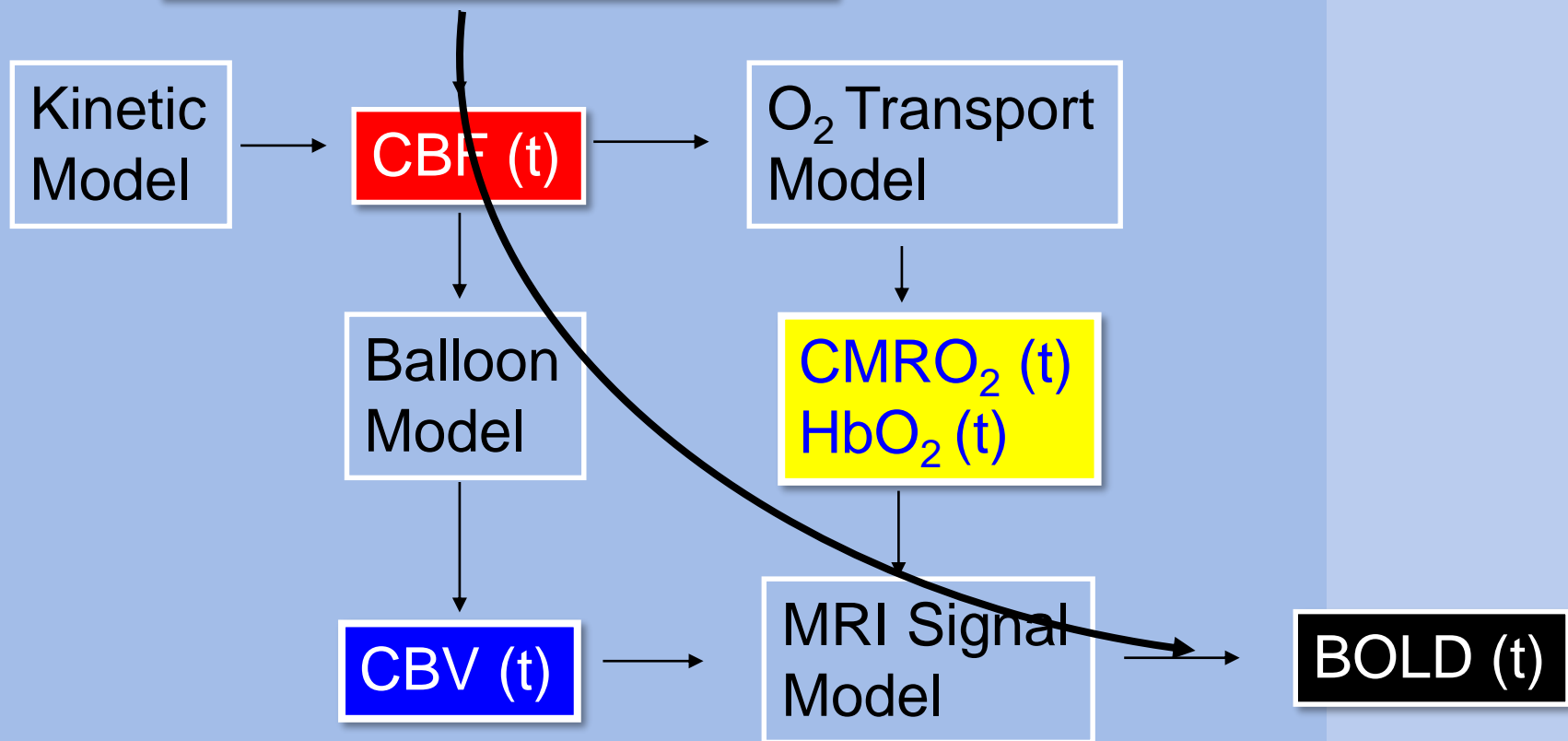


## Diffusion fMRI

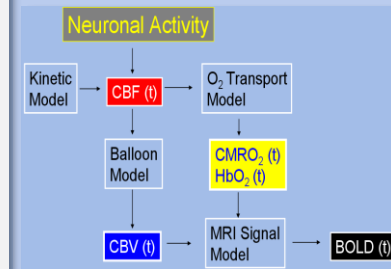
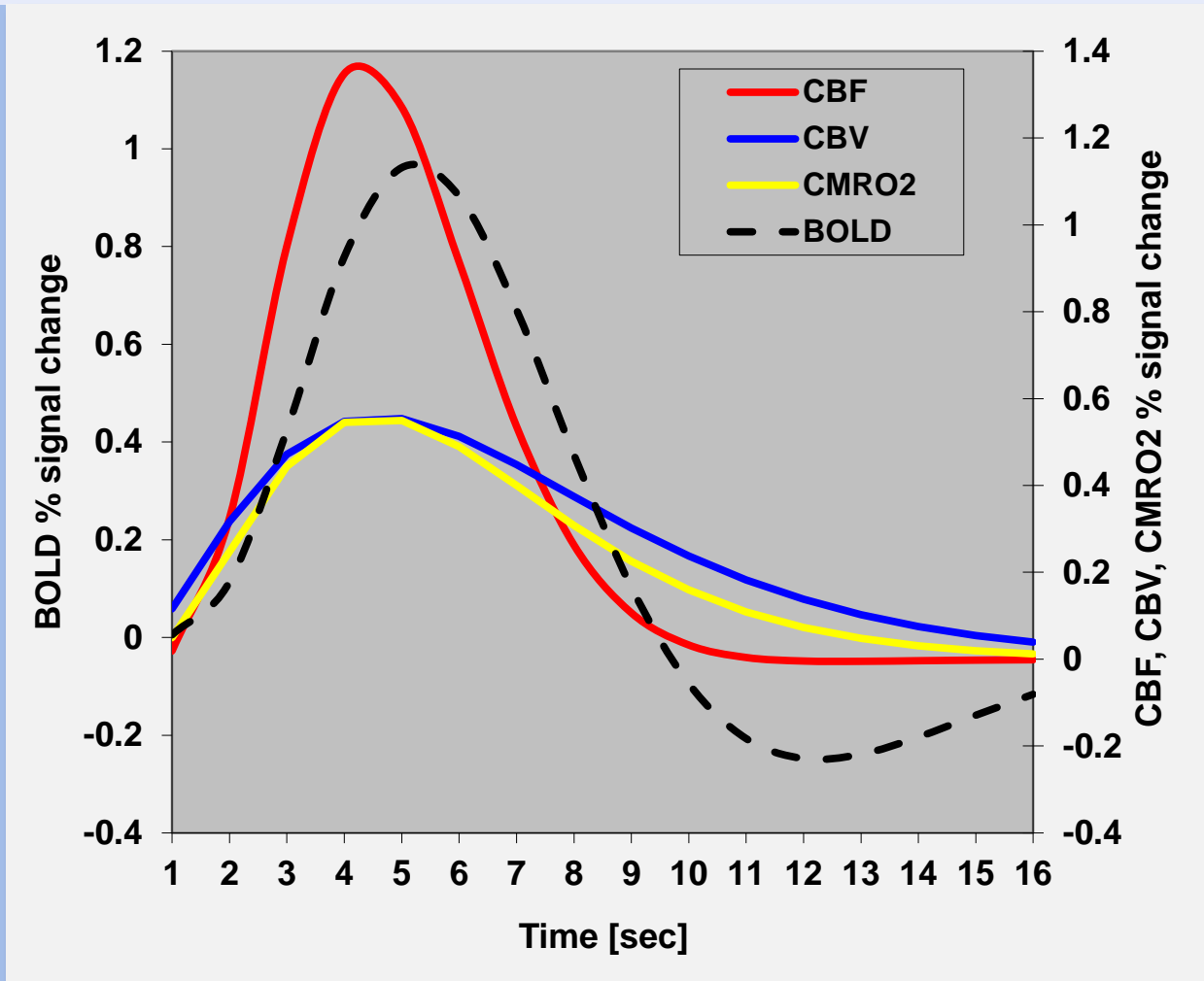


# But, what is BOLD really?

## Neuronal Activity

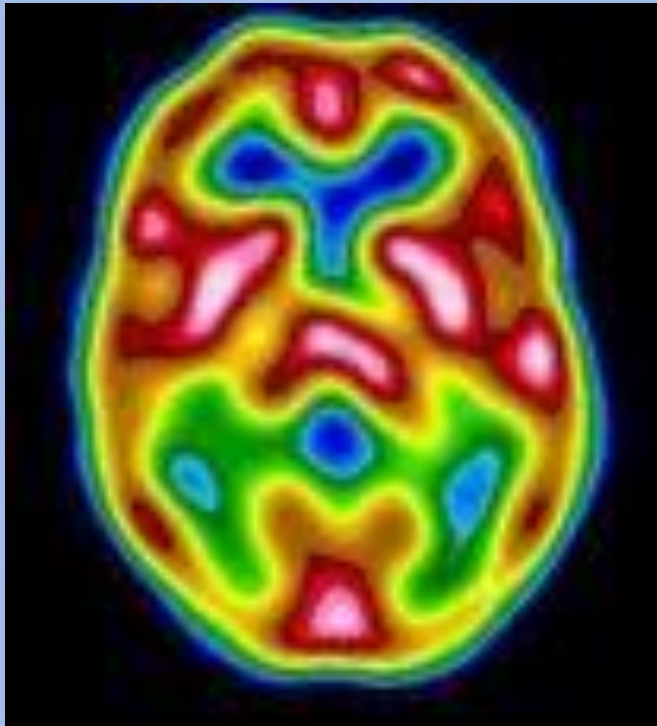


# fMRI Signal overview

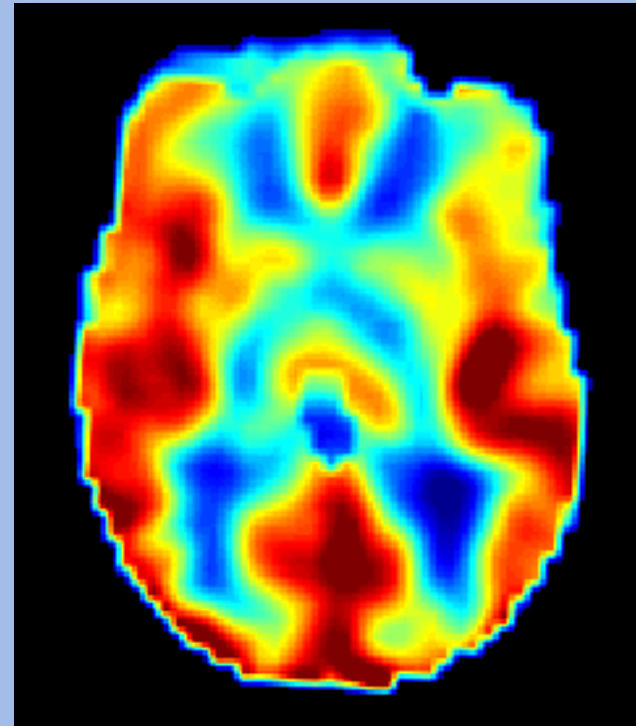


# Cerebral blood flow (CBF) with Arterial Spin Labeling (ASL)

Ye, F.Q et al. 2000. *Magn Reson. Med.* 44:450-456.



PET:  $H_2^{15}O$

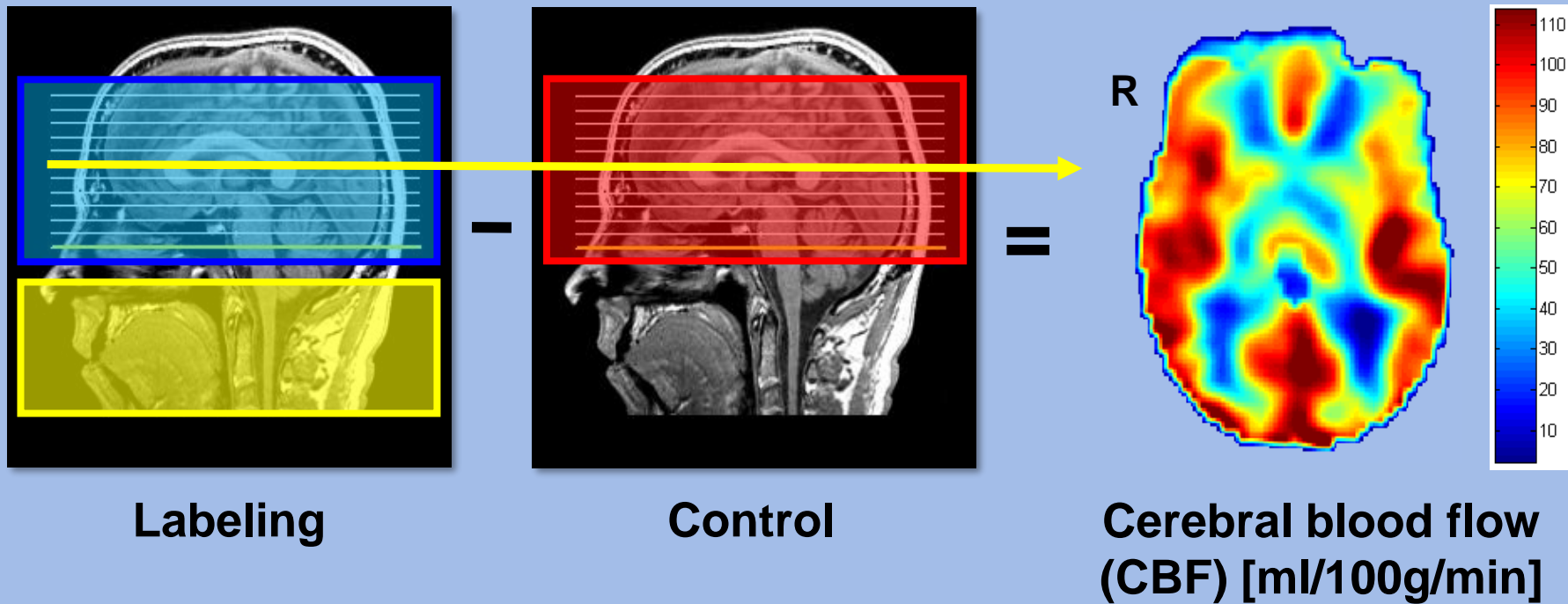


MR: ASL

# fMRI using ASL

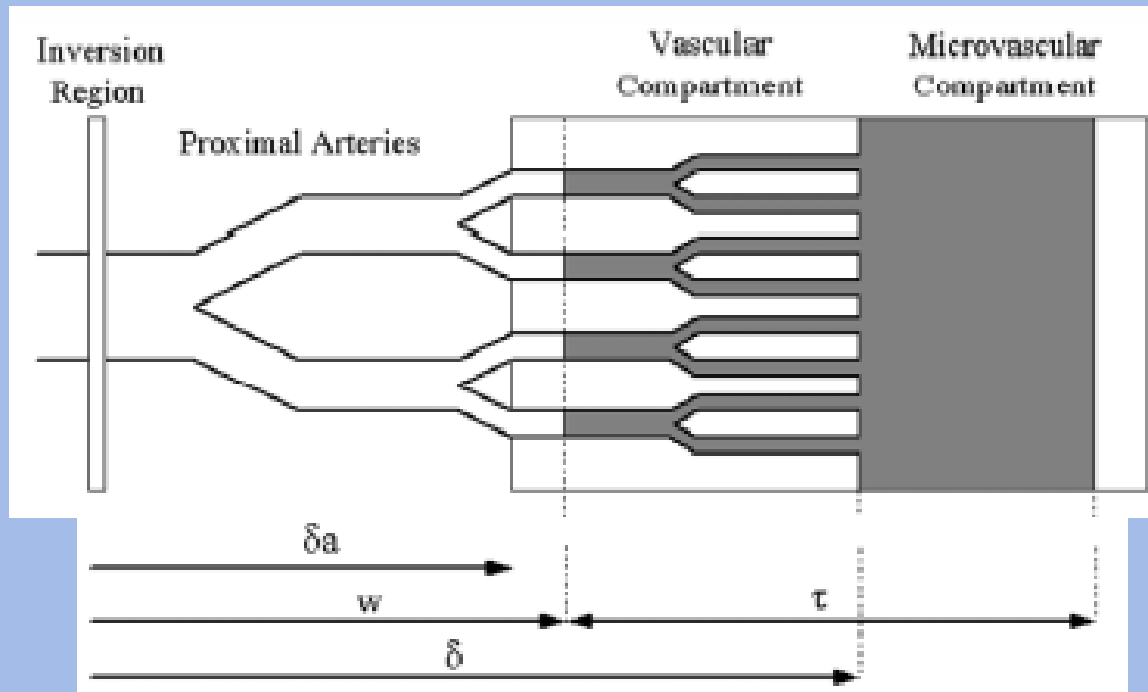
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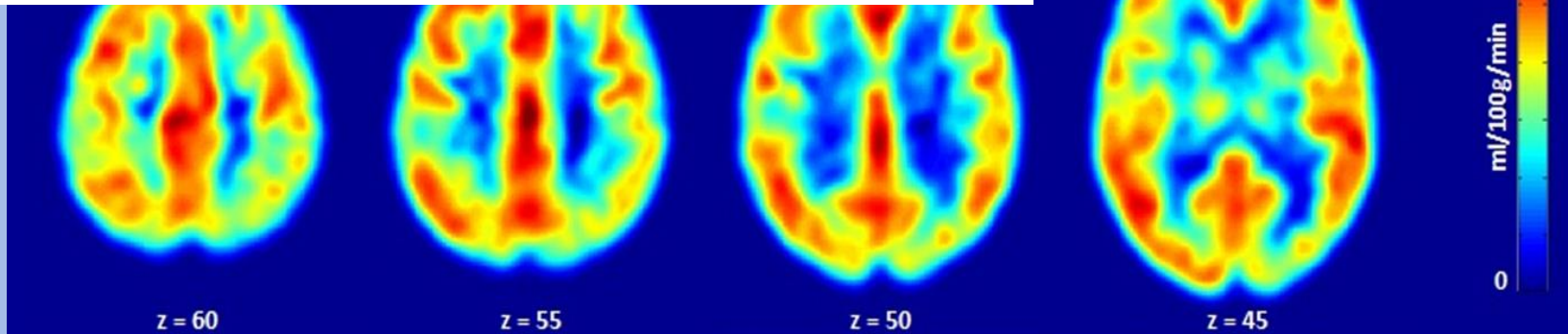
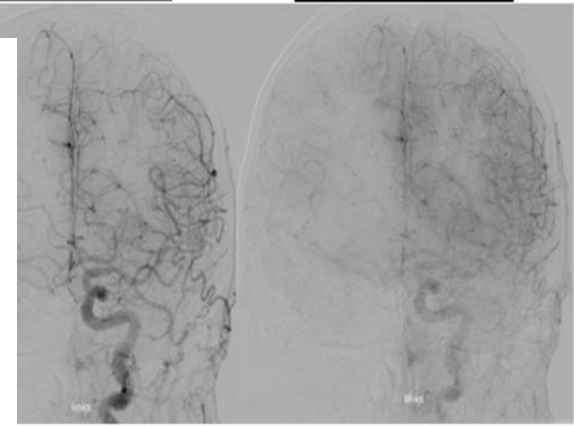
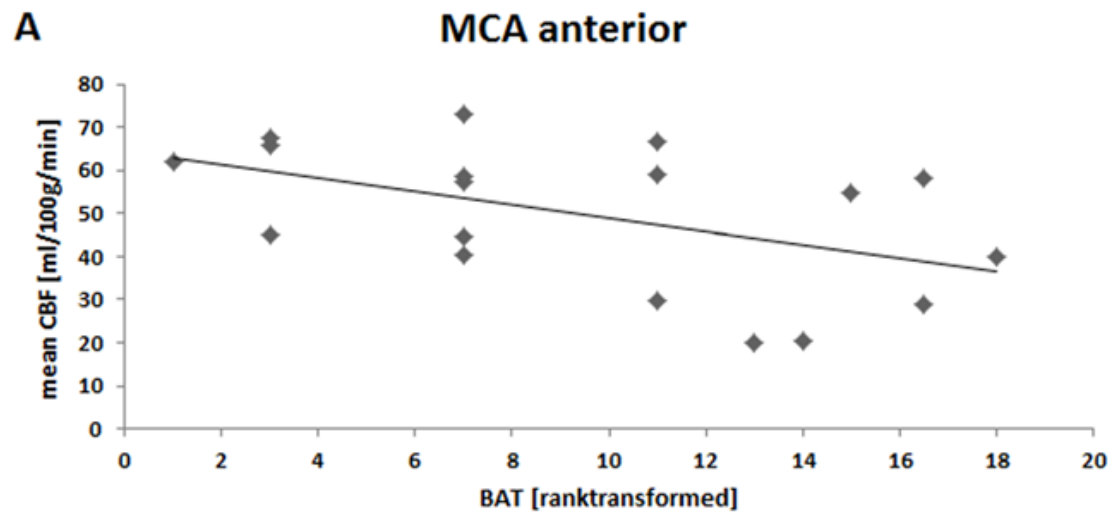


# Post label delay



- $\delta_a$  **Vascular Transit Time**
- $w$  **Post label delay**
- $\delta$  **Tissue transit time**
- $\tau$  **Duration of labeling pulse**

# CBF timing

0 sec  
labeling1 sec  
M1-M22 sec  
small arteries3 sec arterioles /  
pre-parenchymal4 sec  
early parenchyma

# Subtraction strategies

Measurement: Label image, Control image,.....

L1, C1, L2, C2, L3, C3, ...



Time [Volumes]

Simple subtraction: C1-L1, C2-L2, ...

Surround subtraction:  $(C1+C2)/2-L1$ ,  $(C2+C3)/2-L2$ , ...

Sinc subtraction:  $C3/2-L1$ ,  $C5/2-L2$ , ...

Wong, E.C., Buxton, R.B., Frank, L.R., 1997. Implementation of quantitative perfusion imaging techniques for functional brain mapping using pulsed arterial spin labeling. *NMR Biomed.* 10, 237– 249.

Aguirre, G.K. Detre, J.A. Zarahn, E. Alsop, D.C. 2002. Experimental design and the relative sensitivity of BOLD and perfusion fMRI. *Neuroimage.* 15:488-500.

# ASL processing

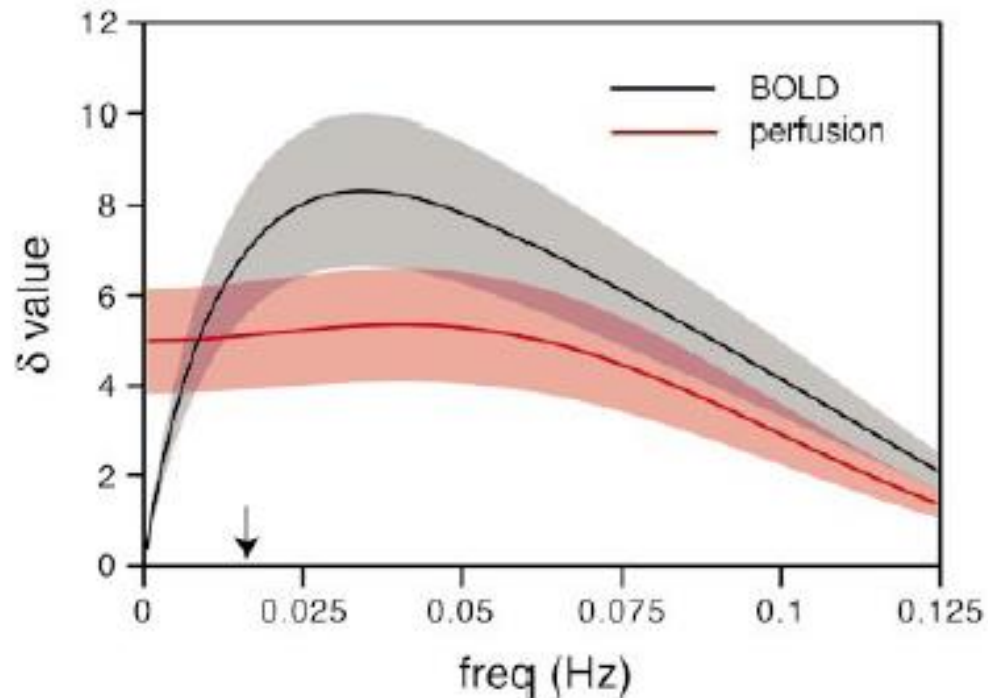
- > 3-D motion detection and correction.
- > Co-registration of 2-D functional and 3-D structural MRI.
- > Spatial smoothing with a 8-mm FWHM Gaussian kernel.
- > Voxelwise GLM-based correlation of the signal time course with an appropriate reference function.
- > Designmatrix: convolution of a standard fixed boxcar function with a gamma-variate hemodynamic response model.
- > CBF quantification according to Wang J.J.

# Perfusion quantification CASL

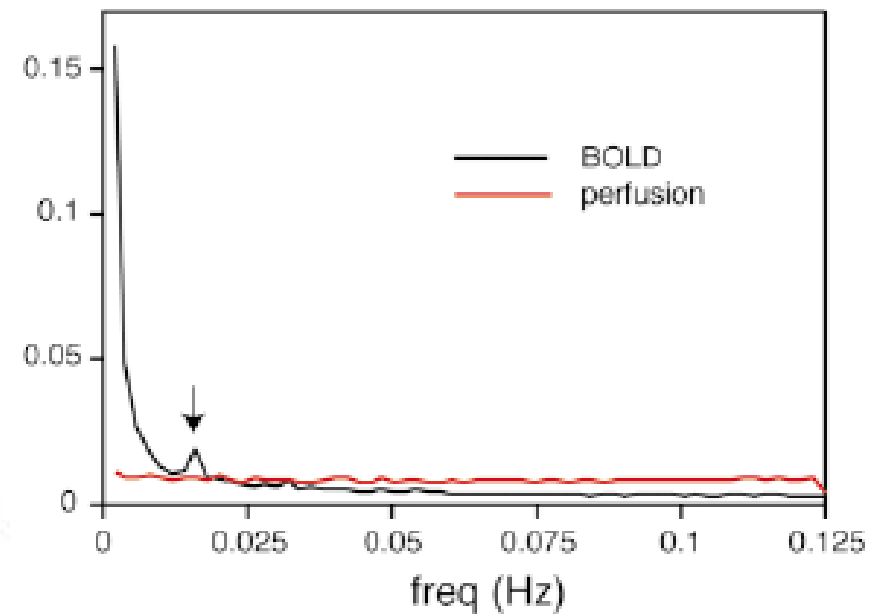
$$CBF = \left( \frac{\lambda \cdot \Delta M}{2 \cdot \alpha \cdot \langle M_{control} \rangle \cdot T_{Lb}} \right) \cdot \left( \frac{1}{e^{-\left(\frac{D_{t,slice}}{T_{Lb}}\right)} - e^{-\left(\frac{(D_{t,slice} + L_t)}{T_{Lb}}\right)}} \right)$$

$\Delta M$	Control-Label image
$\langle M_{control} \rangle$	Average control images, or $M_0$ equilibrium Magnetization
$D_{t,slice}$	post-labeling delay + slice time
$L_t$	Label time
$\lambda$	blood/tissue water partition coefficient [ml/g]
$\alpha$	tagging efficiency
$T_{Lb}$	Relaxation time of blood

# Relative SNR for BOLD and Perfusion



1/f distribution of power

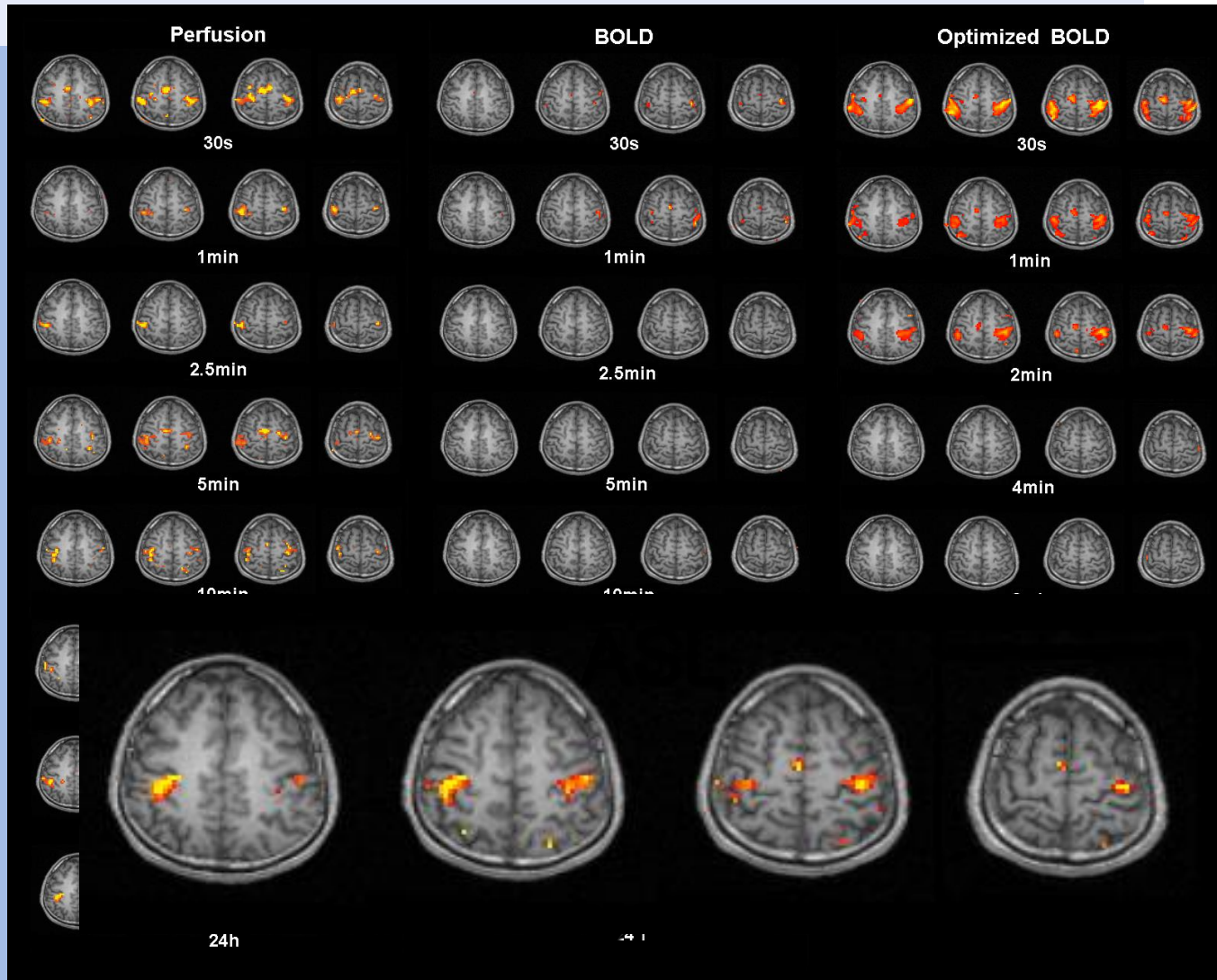


Aguirre, G.K. Detre, J.A. Zarahn, E. Alsop, D.C. 2002.  
Experimental design and the relative sensitivity of BOLD and perfusion fMRI.  
*Neuroimage*. **15**:488-500.

Validated: Wang, J. Aguirre, G.K. Kimberg, D.Y. Roc, A.C. Li, L. Detre, J.A.  
2003.

Arterial spin labeling perfusion fMRI with very low task frequency.  
*Magn Reson. Med*. 49:796-802.

# Temporal Characteristics of Perfusion and BOLD FMRI

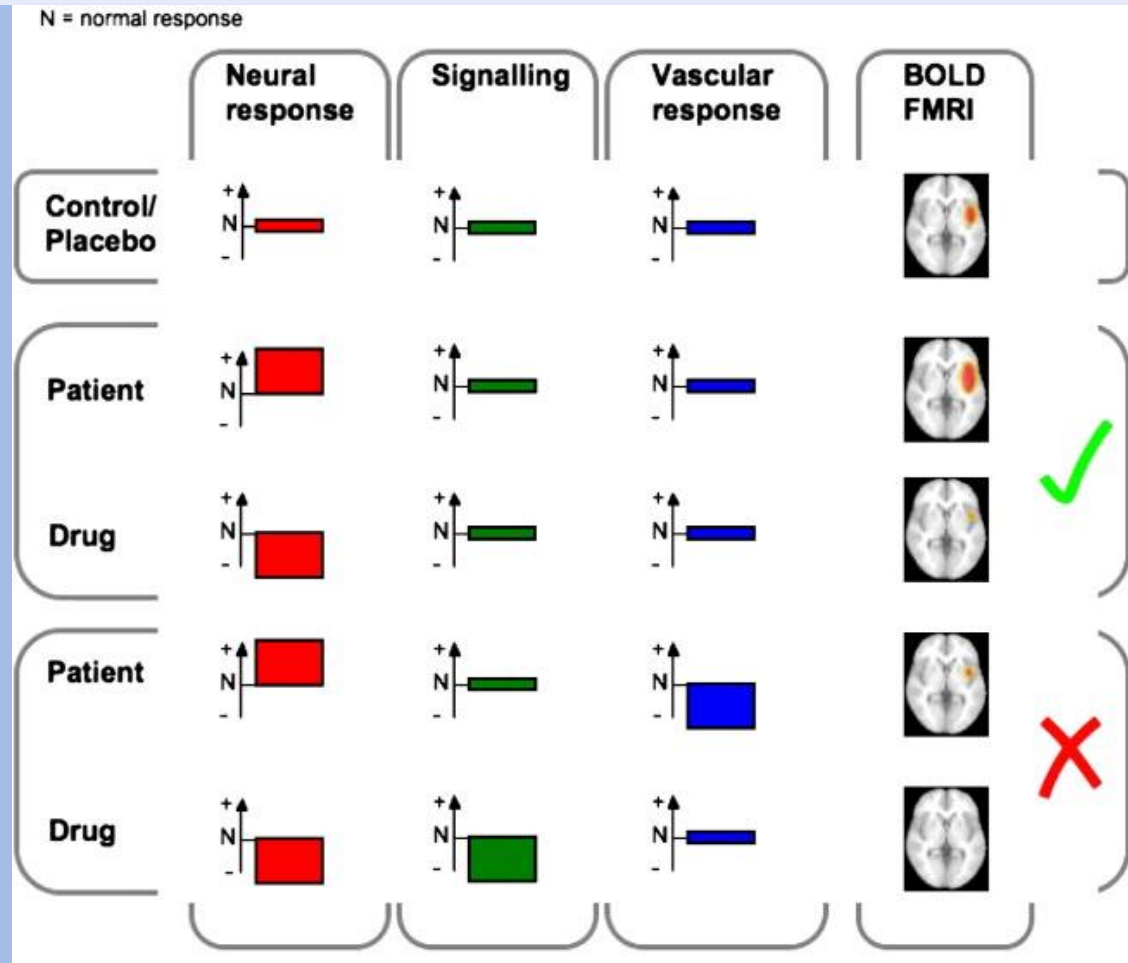


# CBF-ASL applications in clinical setting

- > Acute and chronic cerebrovascular disease / Stroke
- > Tumor and Angiogenesis
- > CNS neoplasms
- > Epilepsy
- > Aging and Development / Pediatrics
- > Neurodegenerative diseases
- > Neuropsychiatric disorders
- > Addiction, Stress, etc.

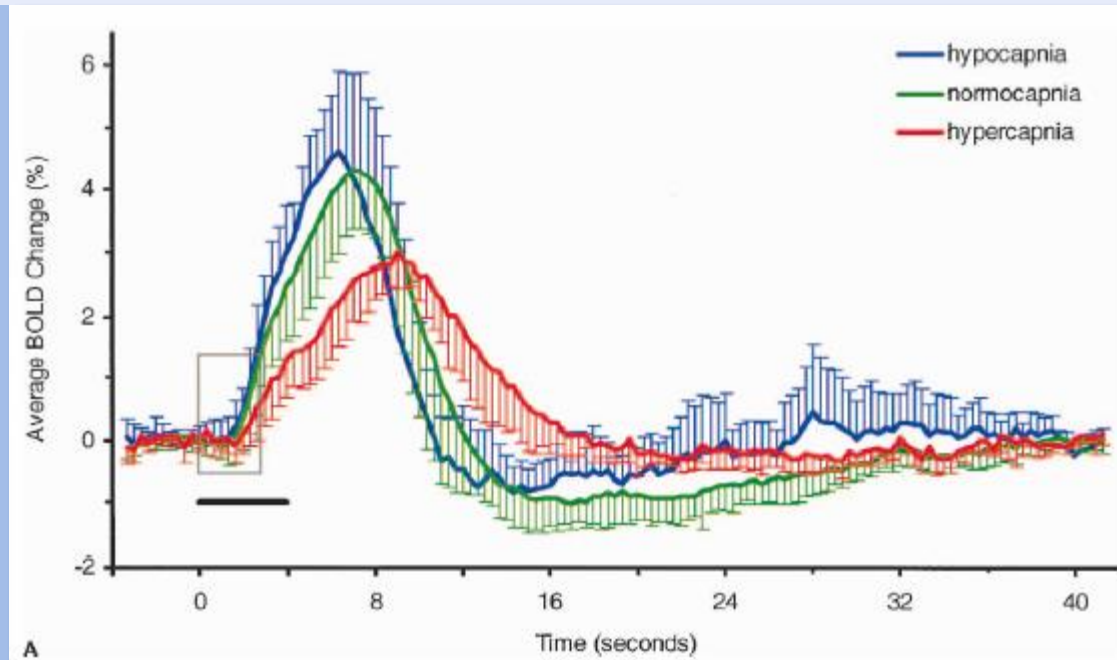


# BOLD fMRI in Patient/Drug



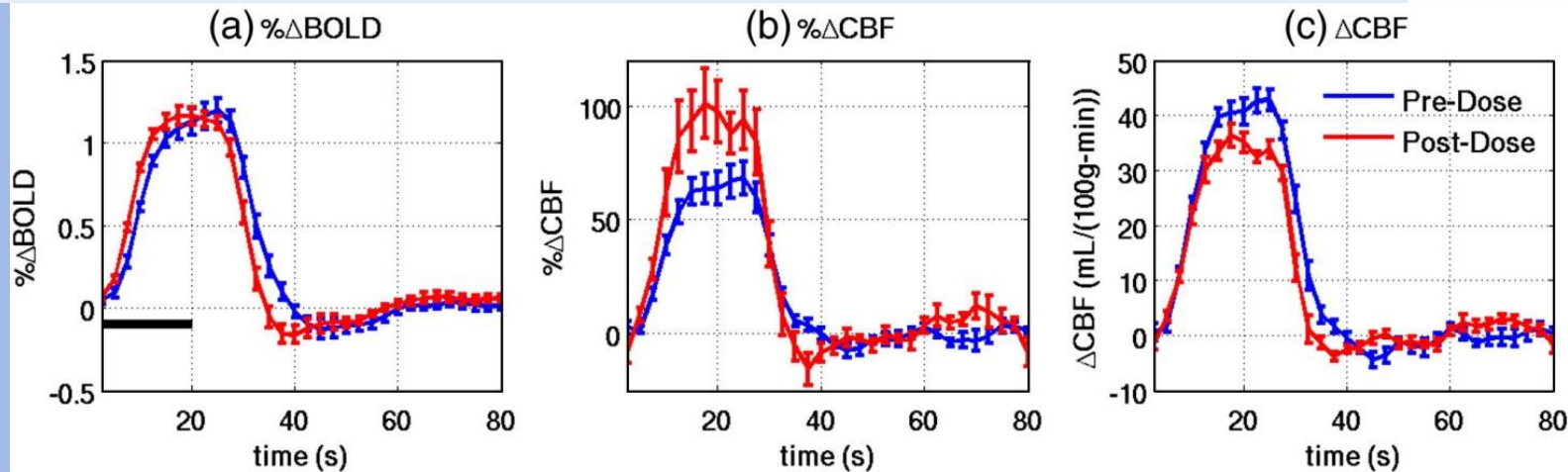
Interpretation of BOLD results sometimes ambiguous!

# Effect of hypo/hypercapnia



- ↓ CO<sub>2</sub>    **Hypocapnia**    Faster BOLD signal / higher BOLD signal
- ↑ CO<sub>2</sub>    **Hypercapnia**    slower BOLD signal / lower BOLD signal

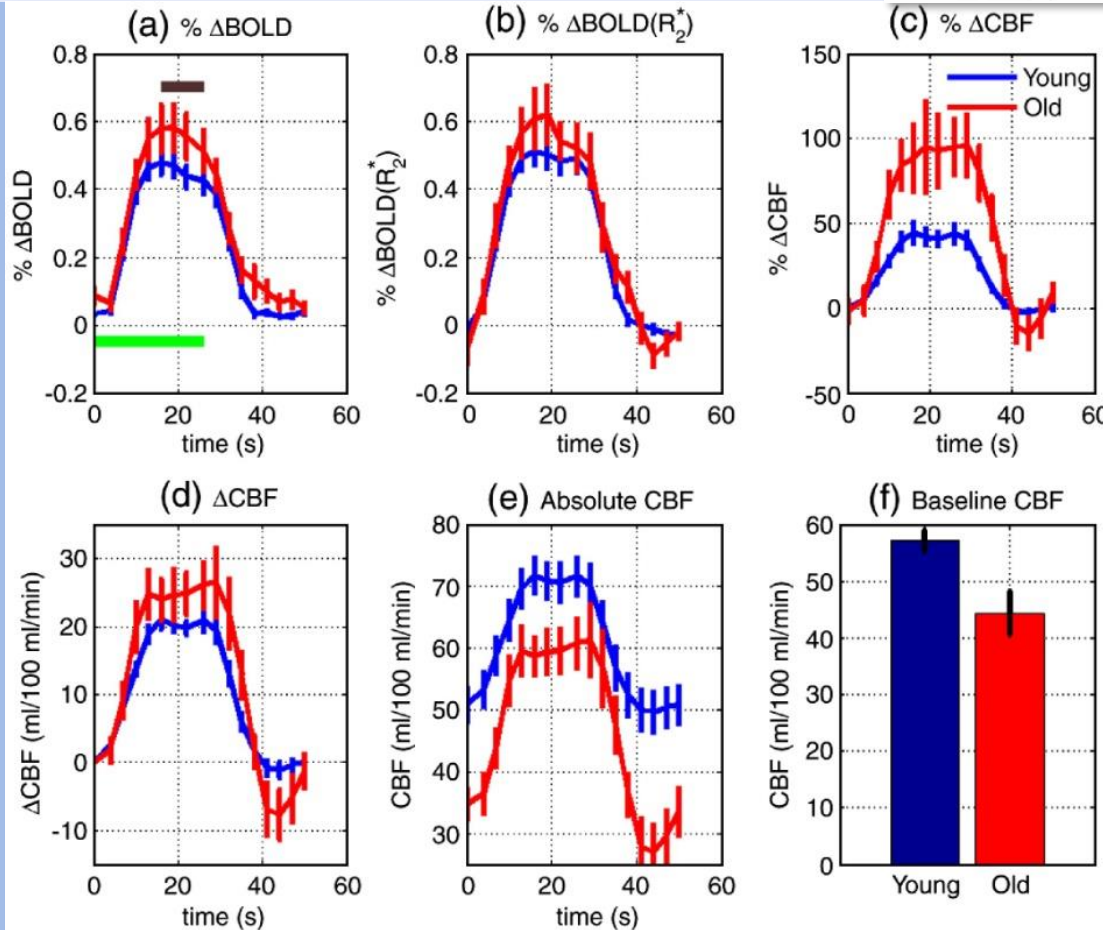
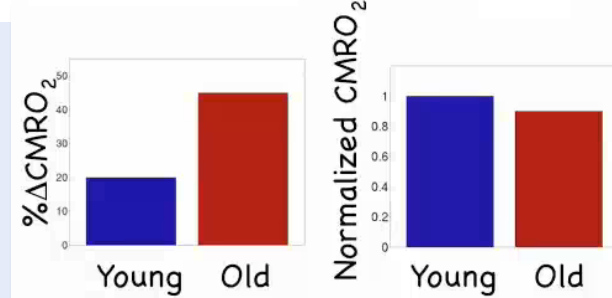
# Effect of Caffein



Caffein has similar effect on CBF like hypercapnia

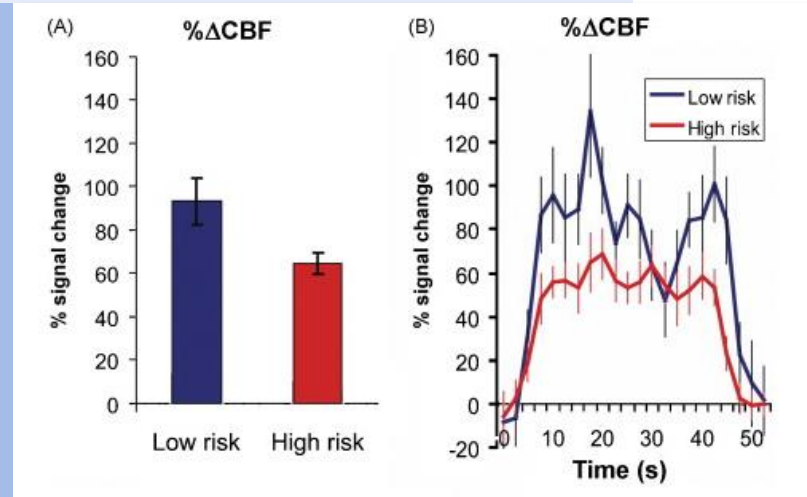
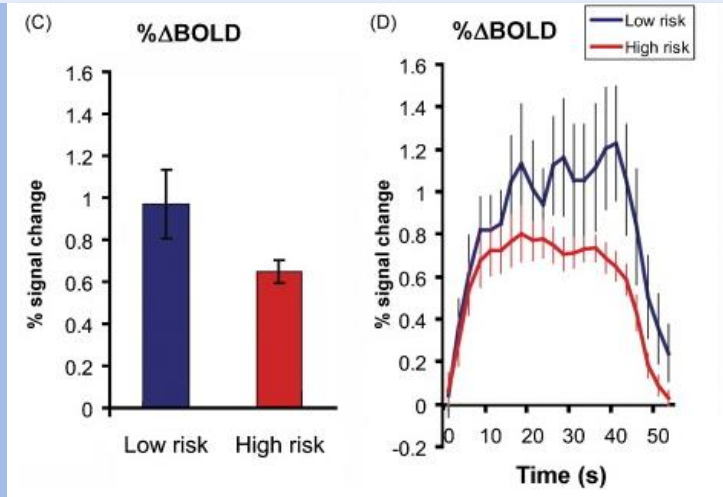
But, no detection with BOLD !

# Effect of Age

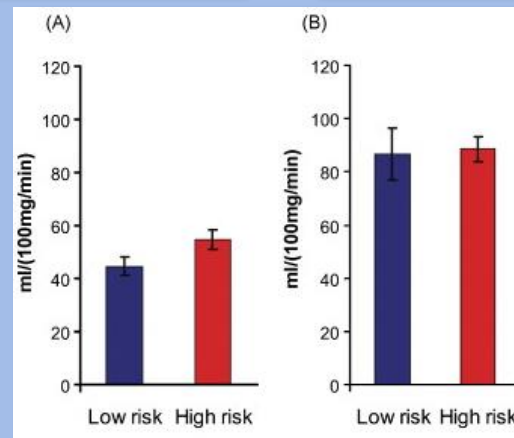


No significant differences in BOLD between young/old  
 Significant differences in CBF between young/old

# Effect of Alzheimer's disease risk



Rest



Task (memory task)

Medial temporal Lobe activation

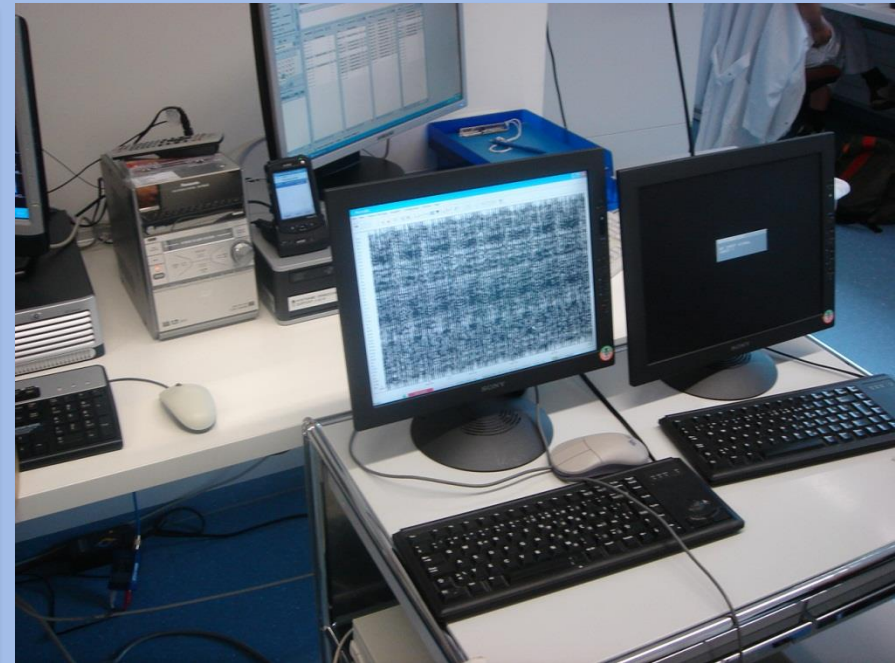
# Conclusion

- > BOLD signal is a complex function of baseline state and changes in CBF, CBV; CMRO<sub>2</sub>
- > May reflect differences in baseline vasculature or metabolic state
- > Calibrated fMRI may be useful in presence of disease, medication, age...
- > BOLD activations should be interpreted with caution, and do not necessarily reflect differences in neuronal activation.

# Hypothesis

- > During CO<sub>2</sub> administration we expect no significant changes in total amount of neuronal activation in the human brain.
- > Therefore, within the same subject and with the same recording setup, during resting state we expect to observe no changes in EEG (frequency bands) under hypercapnia.
- > We expect CMRO<sub>2</sub> to remain constant during this setting

# EEG setting



EEG resting test outside MR scanner.....and EEG simultaneous during BOLD recoding.



# EEG /fMRI simultaneous recording

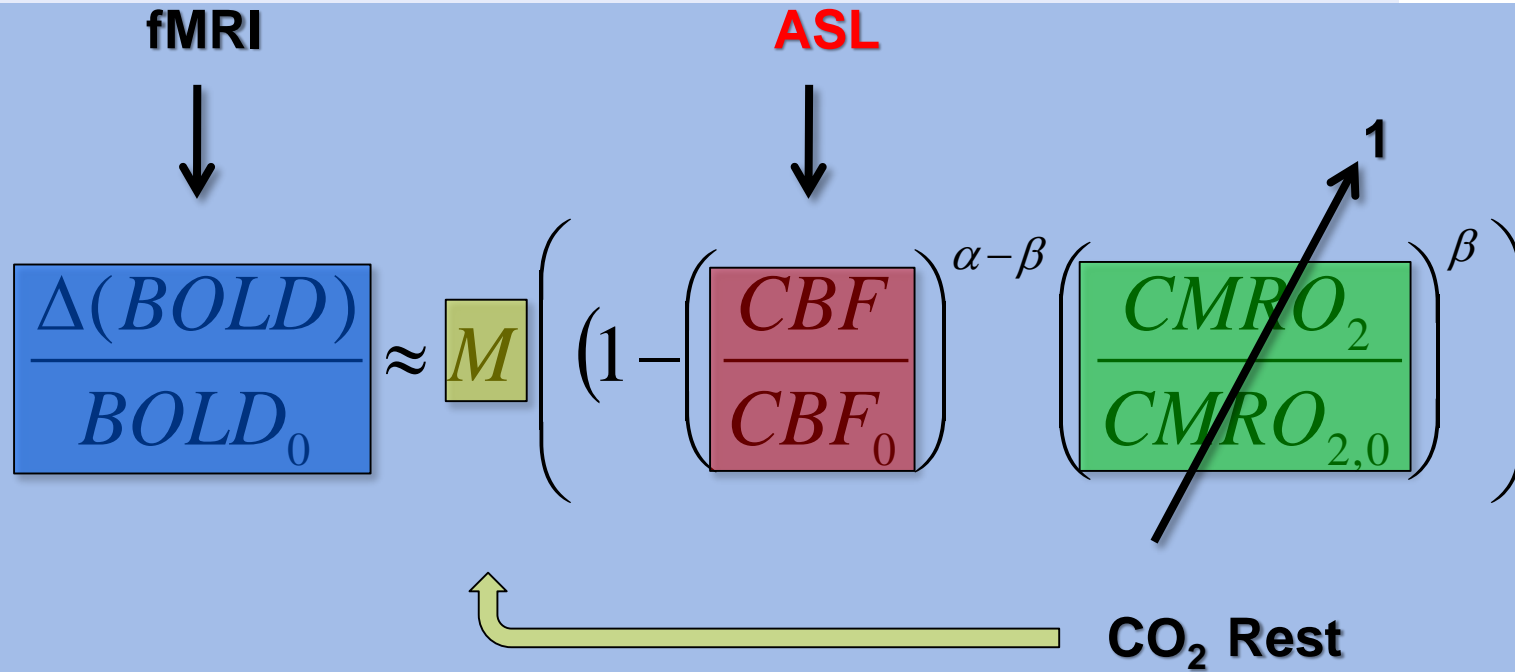


Mounting EEG trough head coil  
Visible are CO<sub>2</sub> face mask, LCD goggles, hart rate meter and expiration recoding capno-meter.



Simultaneous EEG/fMRI recoding is ready.  
Visible are capno-meter and hart rate meter device (left)  
LCD goggle device (bottom, right).

# Calibrated fMRI „Davis Model“



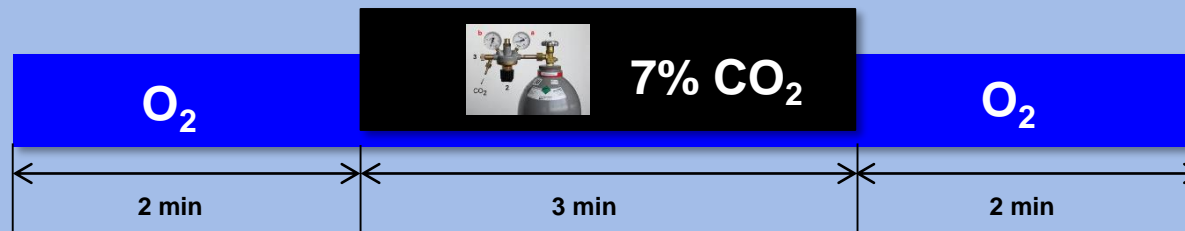
$$\left( \frac{CBV}{CBV_0} \right) = \left( \frac{CBF}{CBF_0} \right)^{\alpha}$$

$$\alpha = 0.38$$

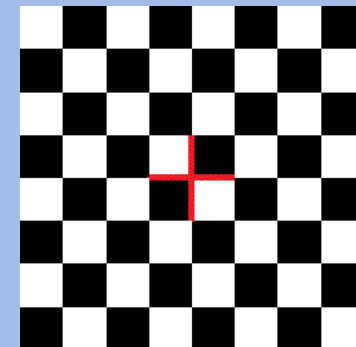
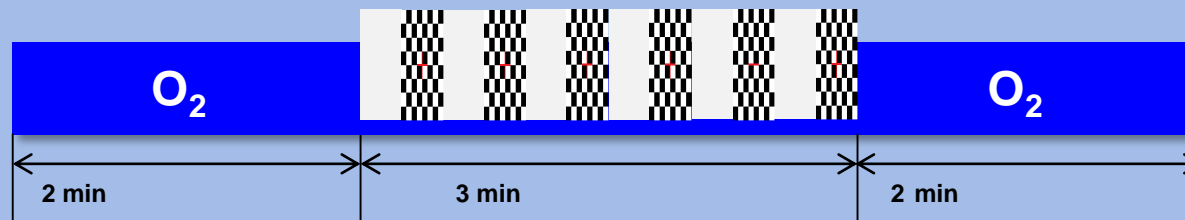
$$\beta \sim 1.0 @ 3 T$$

# CO<sub>2</sub> administration / Visual stimulus

- ASL / BOLD / EEG scan during CO<sub>2</sub>






- ASL / BOLD / EEG scan during visual stimulation



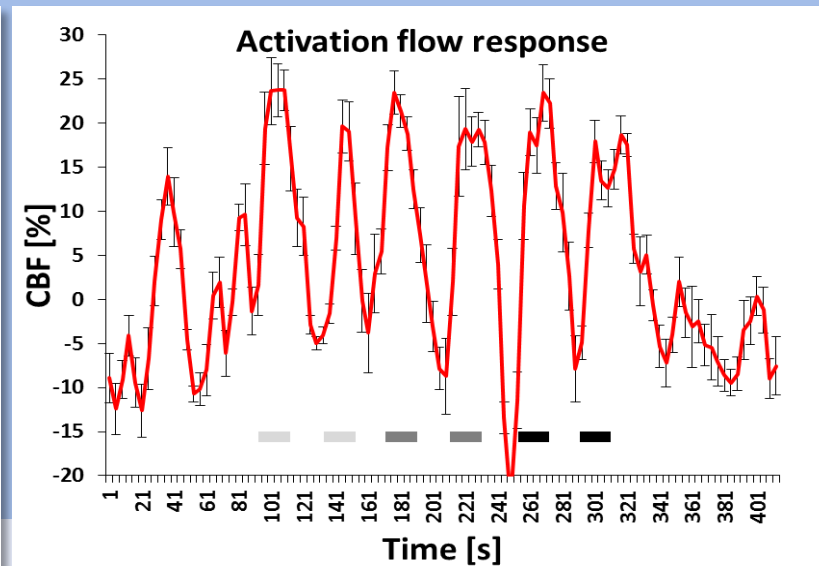
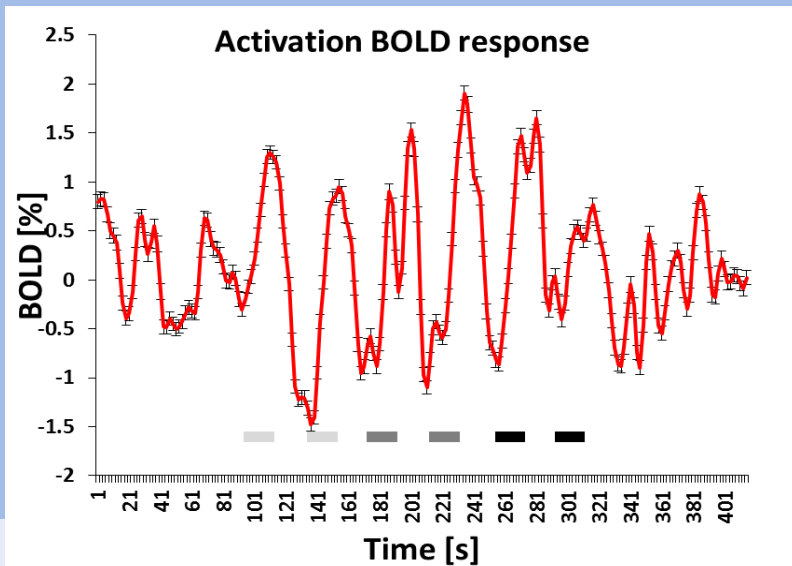
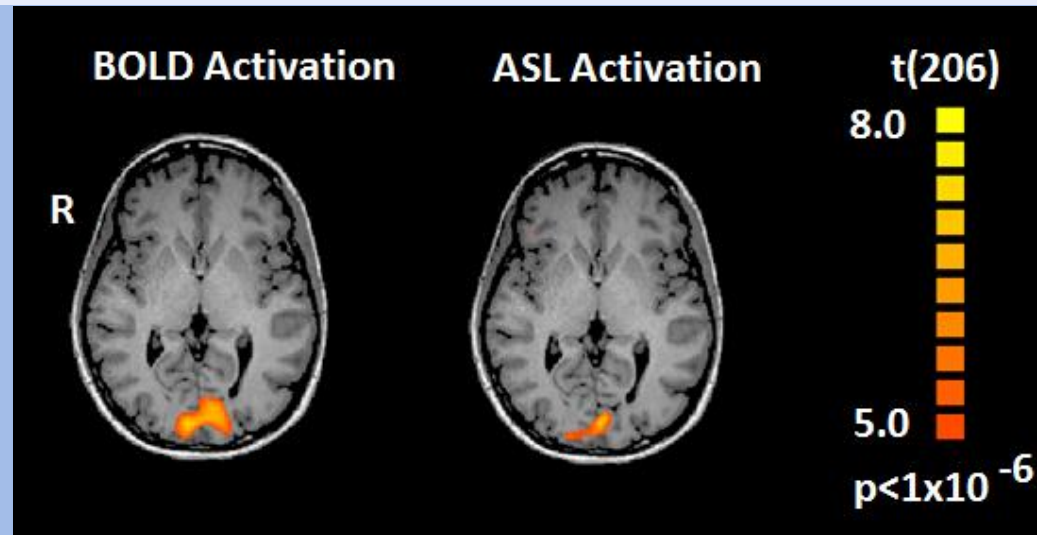
2 Hz full-field flashing  
checkerboard pattern with  
fixation cross  
Visual display over LCD MR  
compatible goggles

# Results

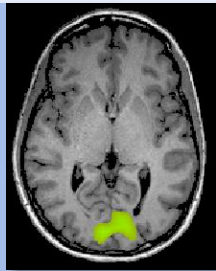
- > End-tidal CO<sub>2</sub>  6 mm Hg during CO<sub>2</sub>
- > Heart rate (HR)  7 units during CO<sub>2</sub>
- > Whole brain CBF 

	AIR		CO <sub>2</sub>
54.30 [ml/100g/min]			60.69 [ml/100g/min]

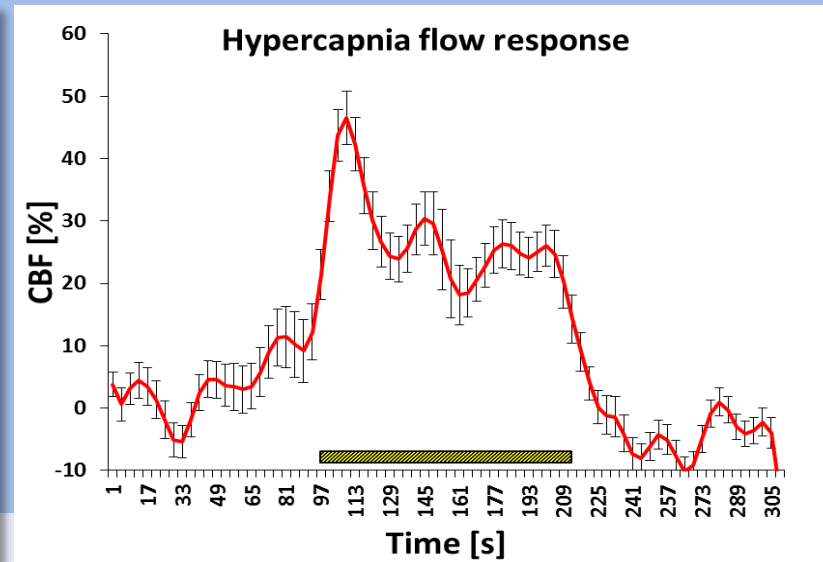
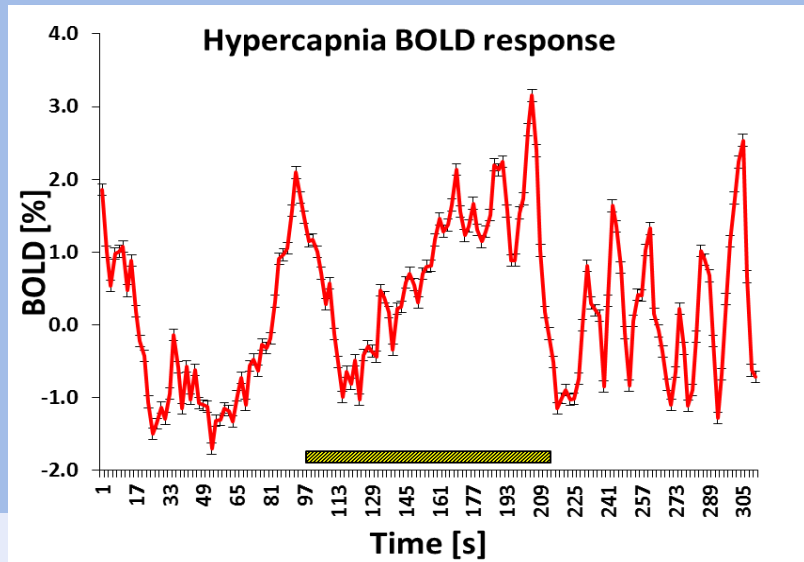
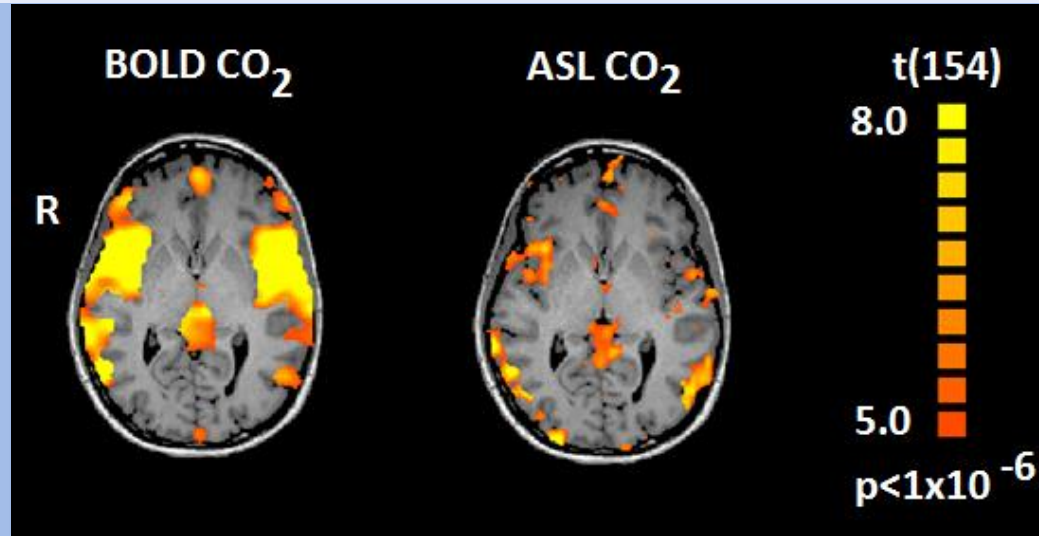
# fMRI results: air + visual stimulus



# fMRI results: hypercapnia



ROI



# Estimation of M and CMRO<sub>2</sub>

	Rest	Stimulus	Estimation
BOLD Air		0.48 ± 0.72	
BOLD 7 % CO <sub>2</sub>	0.71 ± 0.87		
ASL Air		13.57 ± 9.72	
ASL 7 % CO <sub>2</sub>	26.86 ± 7.40		
M			5.02 ± 0.56
CMRO <sub>2</sub>			25.62 ± 0.05

Table 2

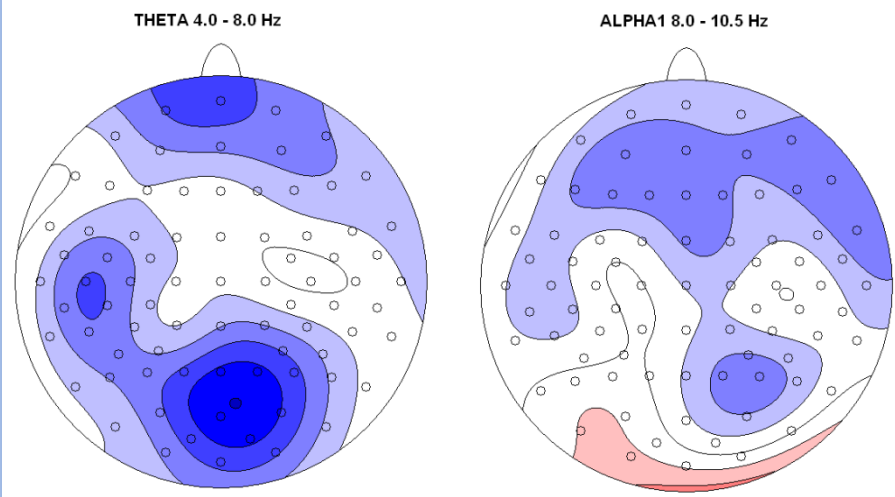
Calculated values within lentiform nuclei (LN) and visual cortex (VC) for a region of interest based on CBF activated voxels (mean ± standard error for 13 subjects)

	% CMRO <sub>2</sub>	n	M (%)
Visual cortex	36.7±1.3	2.21±0.3	5.7±0.2
Lentiform nuclei	**20.1±1.0	**1.58±0.3	5.8±0.2

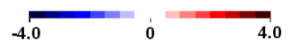
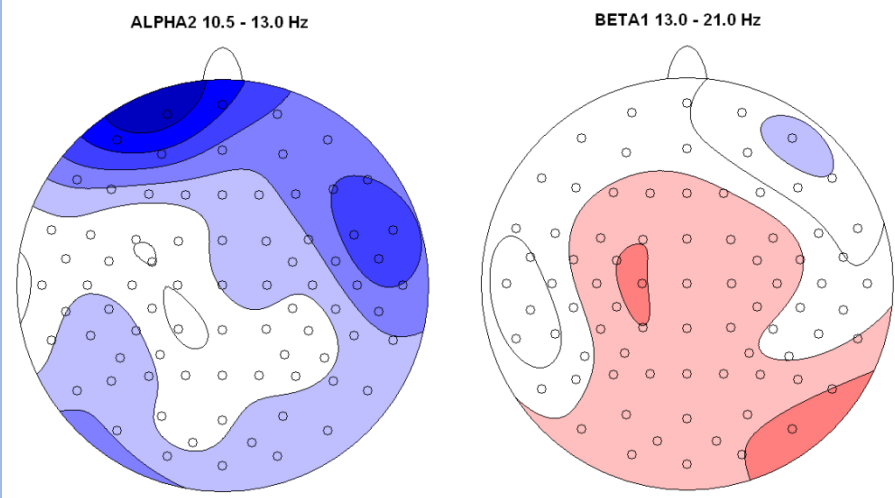
\*\* Significant difference between VC and LN values with  $p < 0.01$ .

# EEG spectral results: t-test CO<sub>2</sub> vs Air

during CO<sub>2</sub> ↓  $\theta$



during CO<sub>2</sub> ↓  $\alpha$



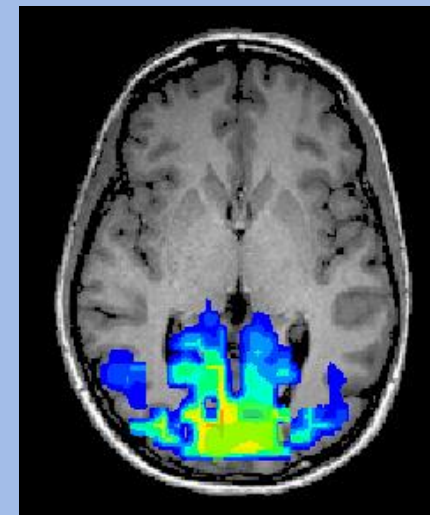
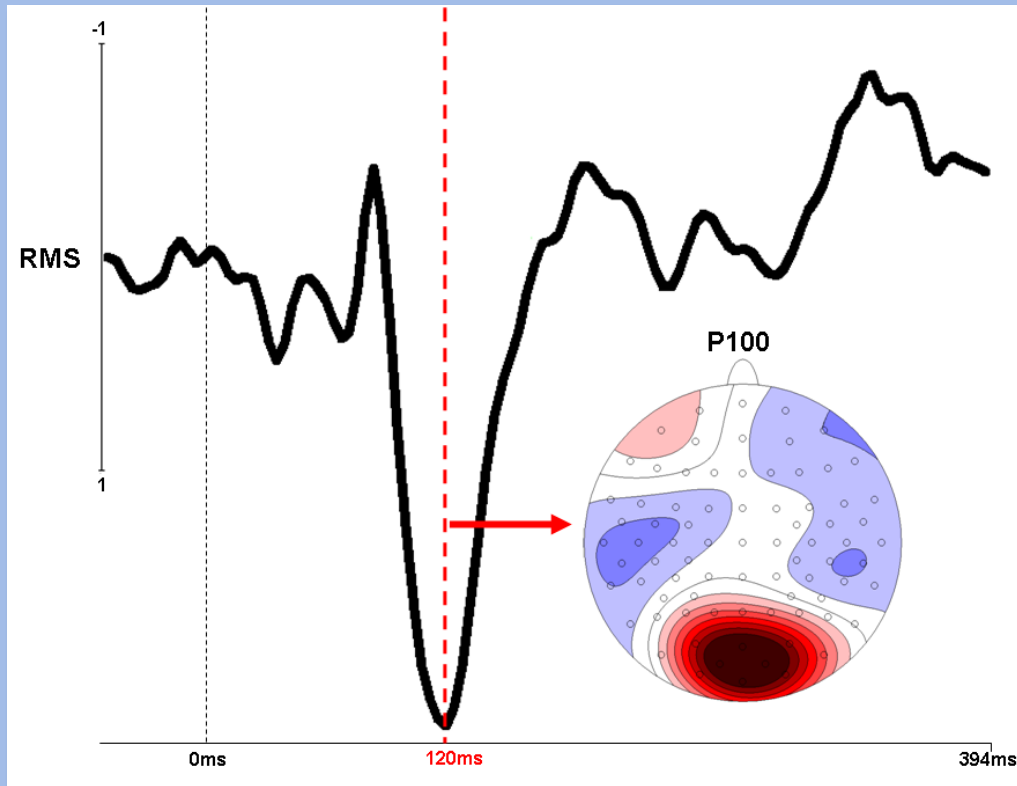
	Air	CO <sub>2</sub>
$\theta$	<b>0.71</b>	<b>0.68</b>
$\alpha 1$	<b>0.57</b>	<b>0.56</b>
$\alpha 2$	<b>0.57</b>	<b>0.53</b>
$\beta$	<b>0.47</b>	<b>0.51</b>

Mean RMS [ $\mu$ V]

Only resting periods are included



# EEG results: P100 ERP



Current density estimation (sLORETA).

# „Davis Model“ and EEG

$$\frac{\Delta(BOLD)}{BOLD_0} \approx M \left( 1 - \left( \frac{CBF}{CBF_0} \right)^{\alpha-\beta} \left( \frac{CMRO_2}{CMRO_{2,0}} \right)^\beta \right)$$

Frequency	$\Delta(CMRO_2)/CMRO_2$
$\theta$	$\frac{\Delta(CMRO_2)}{CMRO_2} \approx \frac{\Delta v}{v} = \frac{0.71}{0.68} = 1.044$
$\alpha 2$	$\frac{\Delta(CMRO_2)}{CMRO_2} \approx \frac{\Delta v}{v} = \frac{0.57}{0.53} = 1.075$

Neuronal energy ↔ additional work (spiking frequency)

# CMRO<sub>2</sub> under CO<sub>2</sub> and EEG

$$\frac{\Delta(\text{CMRO}_2)}{\text{CMRO}_2} \approx \frac{\Delta v}{v} \neq \text{const}$$

This Pilot Study shows a dependency on frequency and a shows distinct topographic distribution.

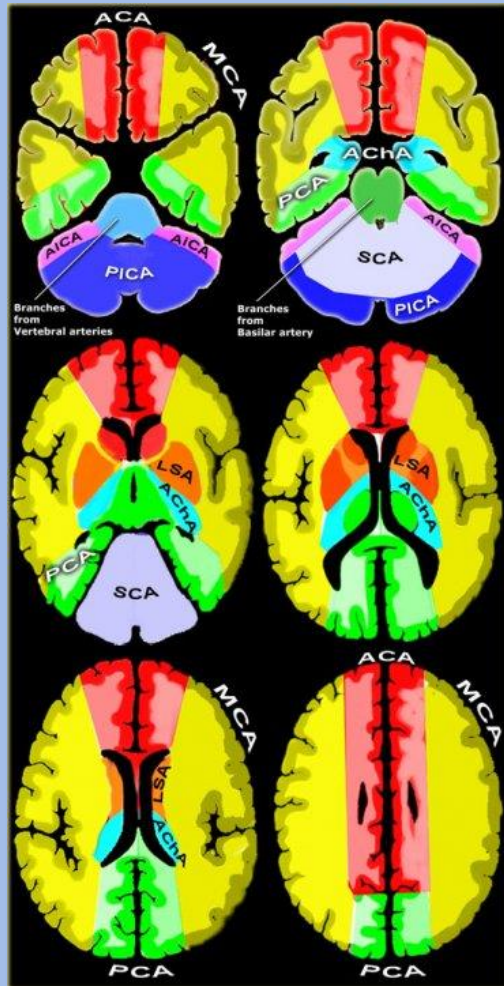
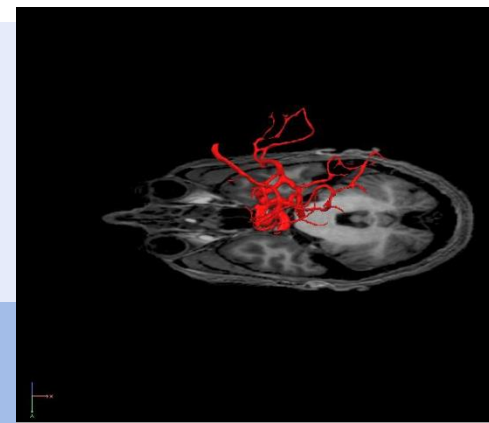
$$\frac{\Delta(\text{CMRO}_2)}{\text{CMRO}_2} \neq \text{const}$$


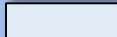
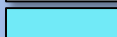





Xu, F., et al., J Cereb Blood Flow Metab, 2011, 31: 58-67.

$$\frac{\Delta(\text{CMRO}_2)}{\text{CMRO}_2} = \text{const}$$

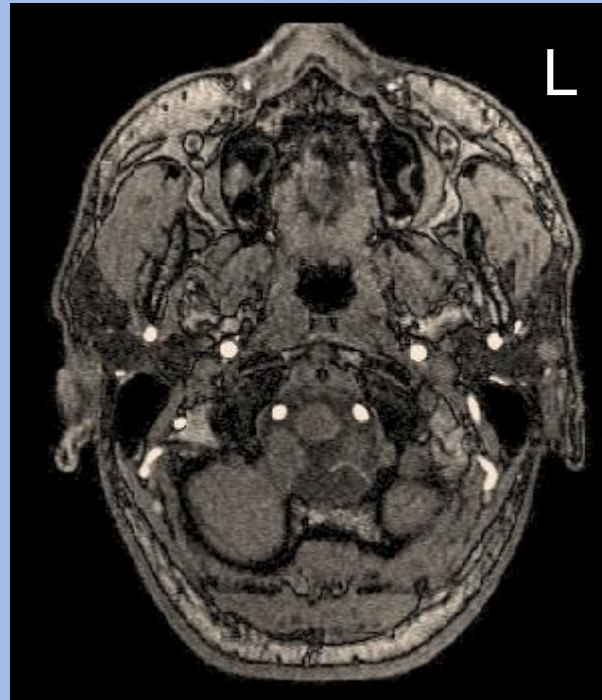
Chen, J.J. and G.B. Pike, J Cereb Blood Flow Metab, 2010, 30: 1094-9.

# Cerebral Arterial Territory



-  Posterior Inferior Cerebellar Artery (PICA)
-  Superior Cerebellar Artery (SCA)
-  Branches from vertebral and basilar artery
-  Anterior Choroideal artery (AchA)
-  Lenticulo-striate arteries (LSA)
-  Anterior cerebral artery (ACA)
-  Middle cerebral artery (MCA)
-  Posterior cerebral artery (PCA)

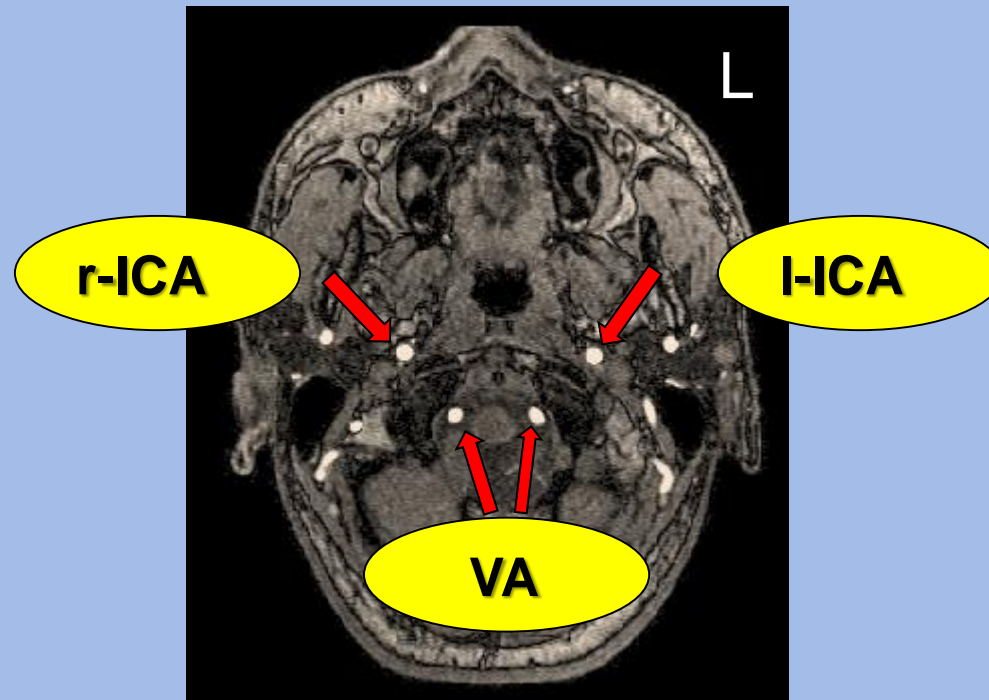
# Selective ASL (sASL): visualization of cerebral arterial territory



- 1) perform TOF
- 2) perform “selective ASL”

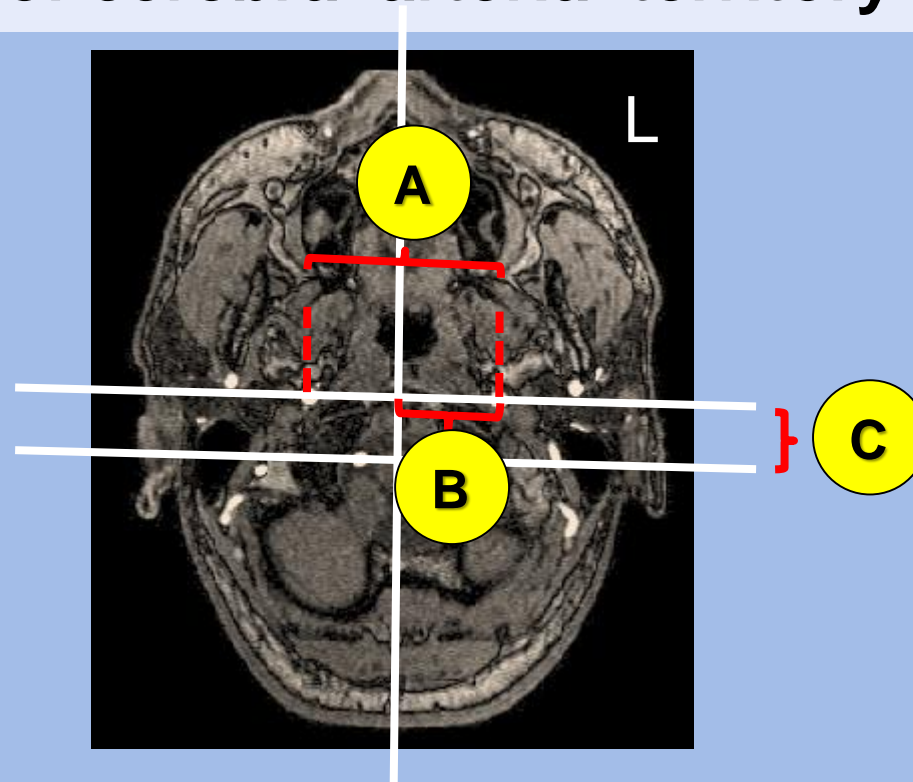
~ 5 min  
~ 7 min

# Selective ASL: visualization of cerebral arterial territory



- Identification left/right Internal Carotid Artery (ICA)
- Identification left/right Vertebral Artery (VA)

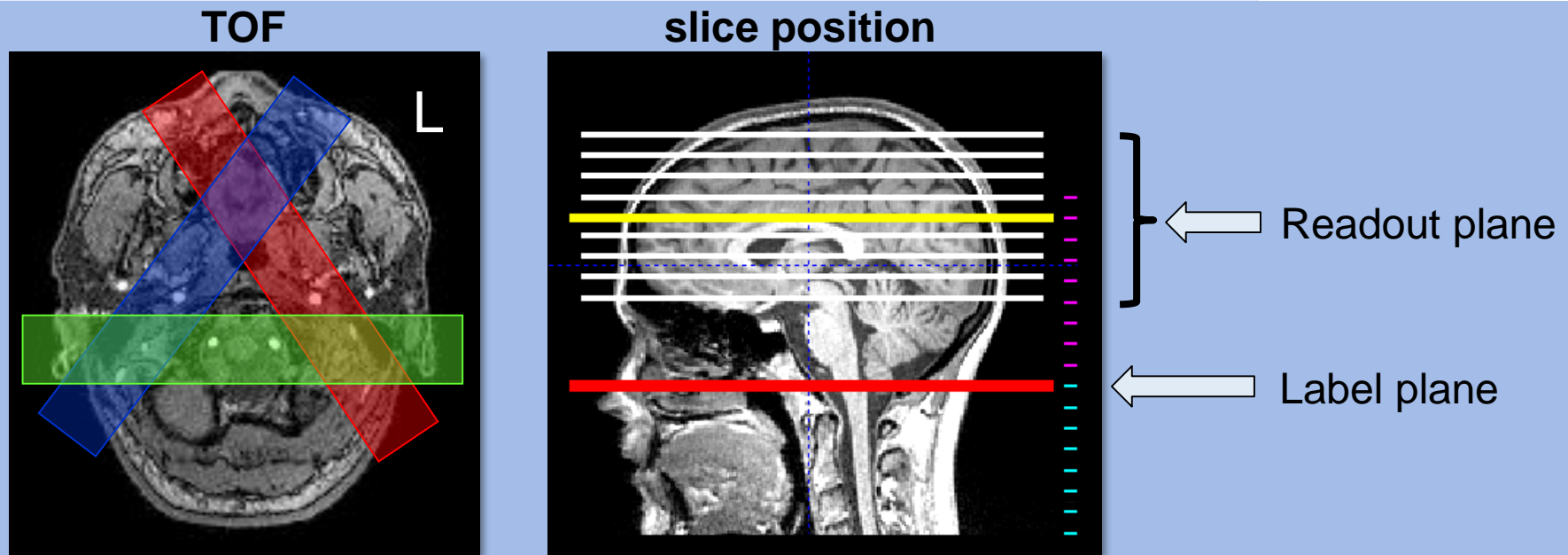
# Selective ASL: visualization of cerebral arterial territory



- Distance between left and right ICA
- Distance between left ICA and Isocenter
- Distance between line of Isocenter and Basilar Artery



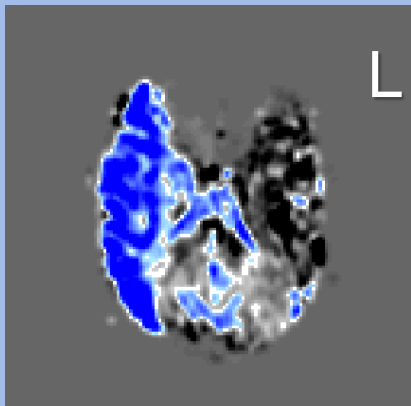
# sASL: setting



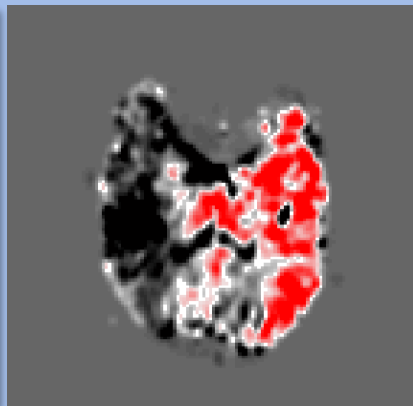
Repeat cycle of Label, Control, L-ICA, R-ICA, Anterior, Posterior.



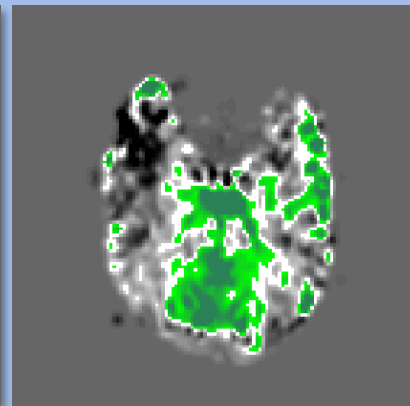
# Average sASL Maps



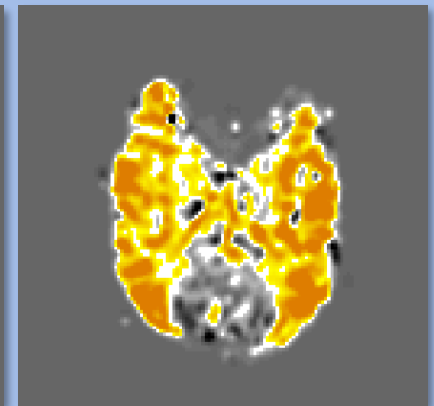
Right



Left

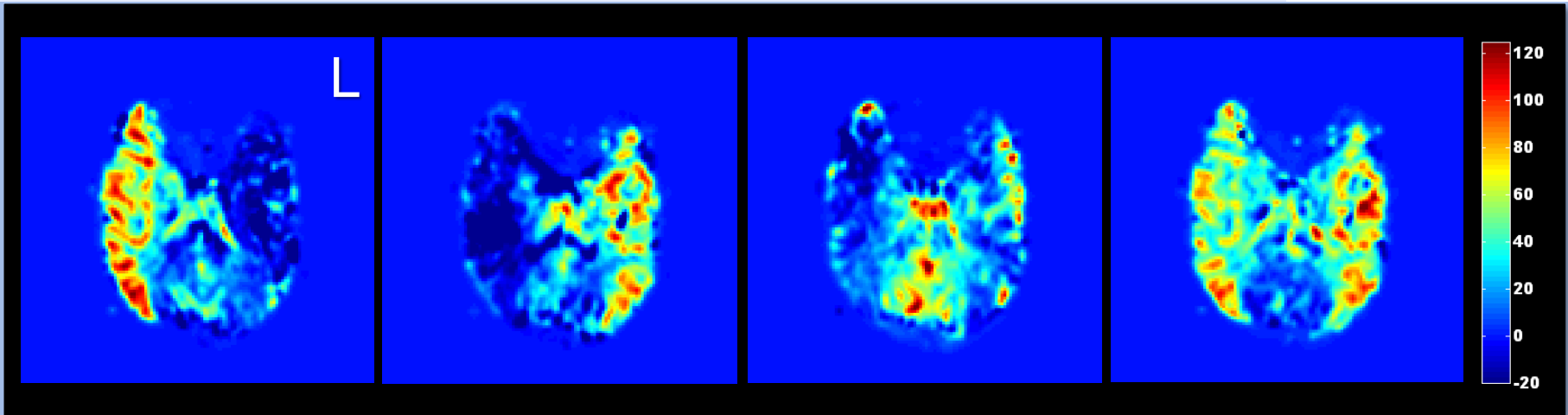


Posterior



Anterior

# Average sASL Maps in units [ml/100g/min]



Right

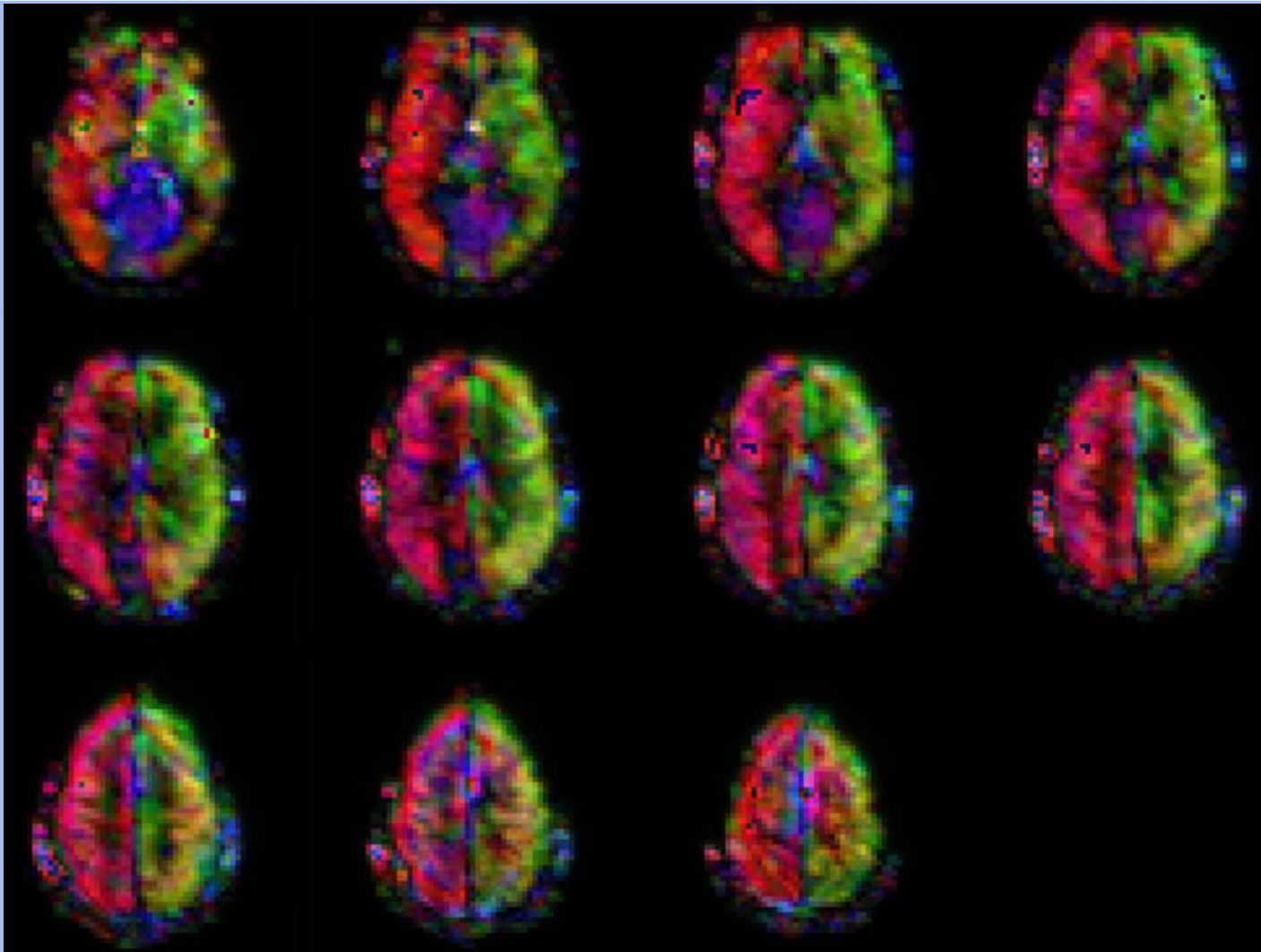
Left

Posterior

Anterior

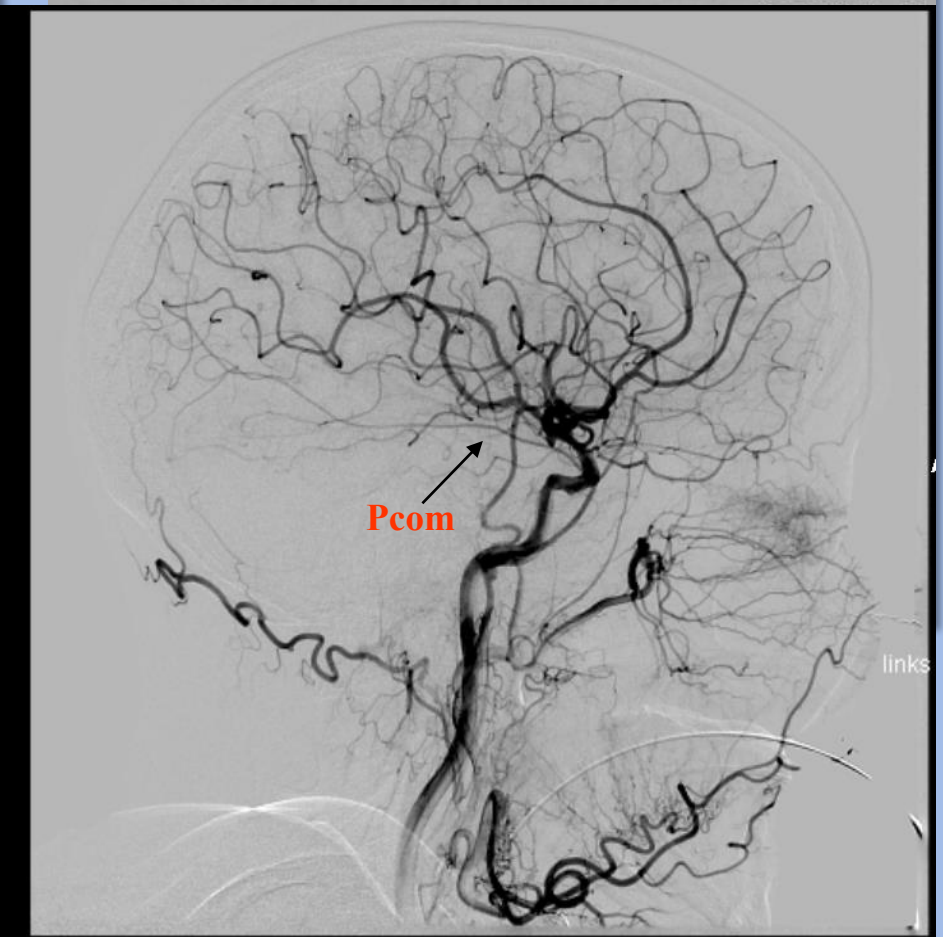
$$CBF = \left( \frac{\lambda \cdot \Delta M}{2 \cdot \alpha \cdot \langle M_{control} \rangle \cdot T_{Lb}} \right) \cdot \left( \frac{1}{e^{-\left(\frac{D_{t,slice}}{T_{Lb}}\right)} - e^{-\left(\frac{D_{t,slice} + L_t}{T_{Lb}}\right)}} \right)$$

# Mapping of cerebral vascular territories



# Clinical application of selective ASL

NEUROLOGIE, UNIV. BERN



# Indirect measure of Neuronal Activity

## Metabolism

↑ Neuronal Activity  
↑ CBF   ↑ CBV   ↑ CMRO<sub>2</sub>  
↓ deoxyHb  
↑ BOLD

## EEG

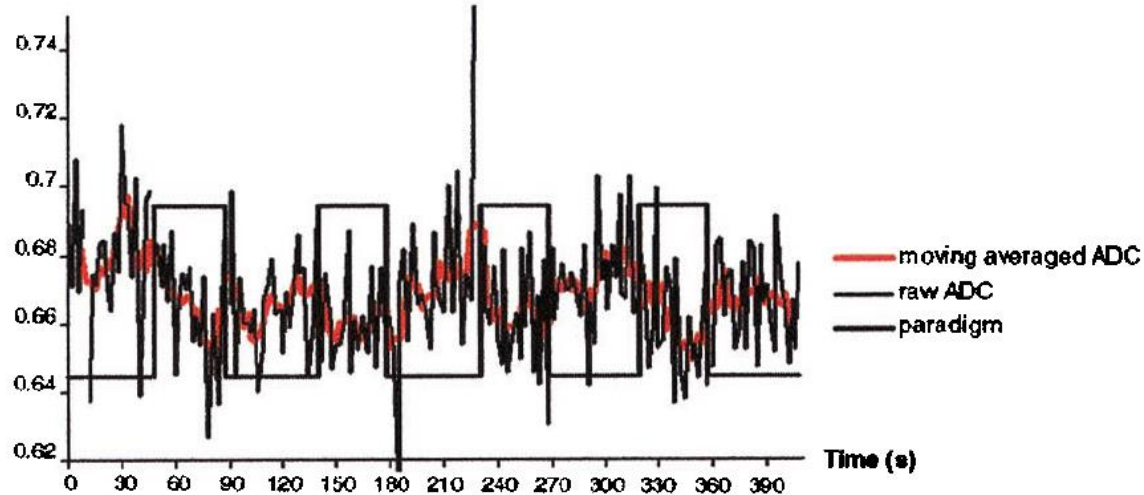
Electrical signal  
(postsynaptic potentials)  
from a large number of neurons

## mechanical ?

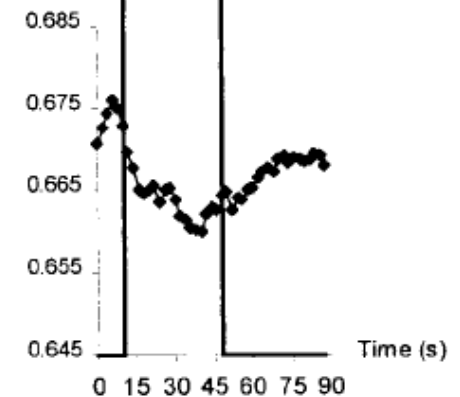
Cell swelling  
when Action Potential is generated

# Diffusion fMRI

ADC ( $10^{-3} \text{ mm}^2/\text{s}$ )



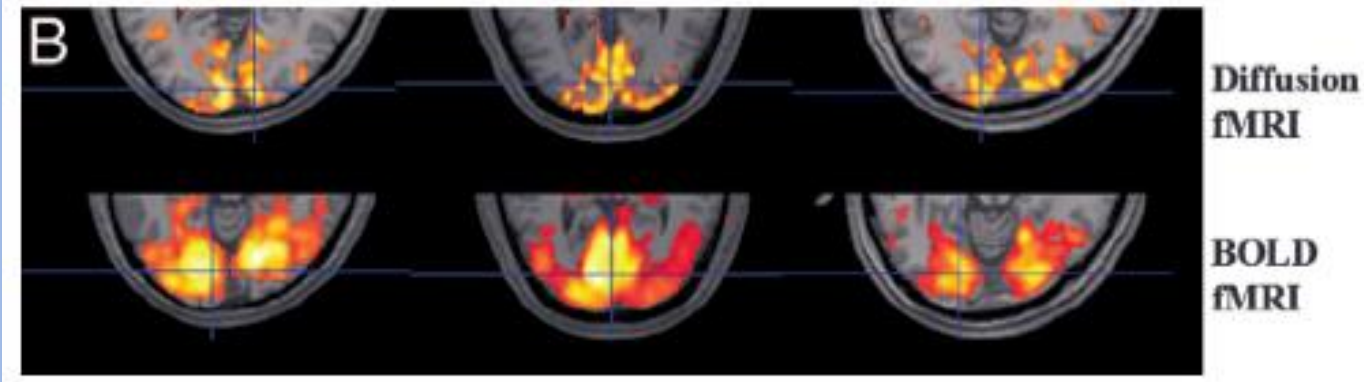
ADC ( $10^{-3} \text{ mm}^2/\text{s}$ )



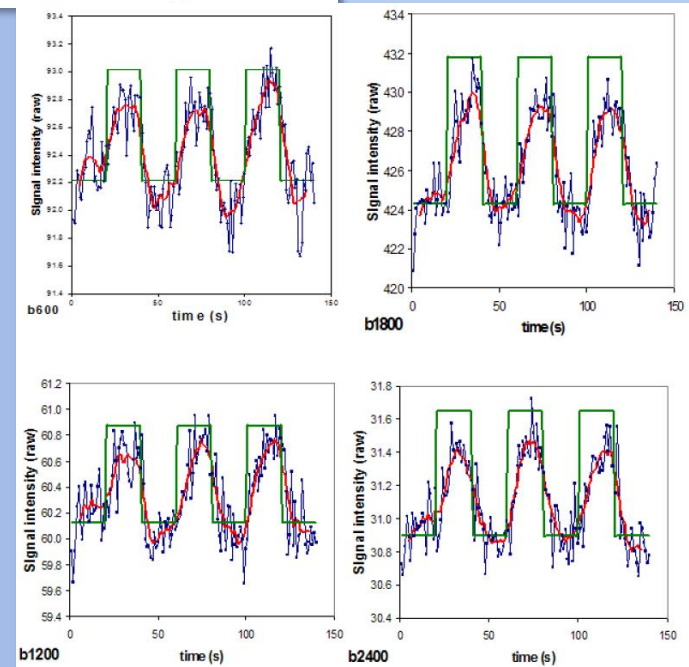
↓ ADC

linked to transient swelling of cortical cells  
or  
transient microstructural changes of neurons or  
glial cells during activation

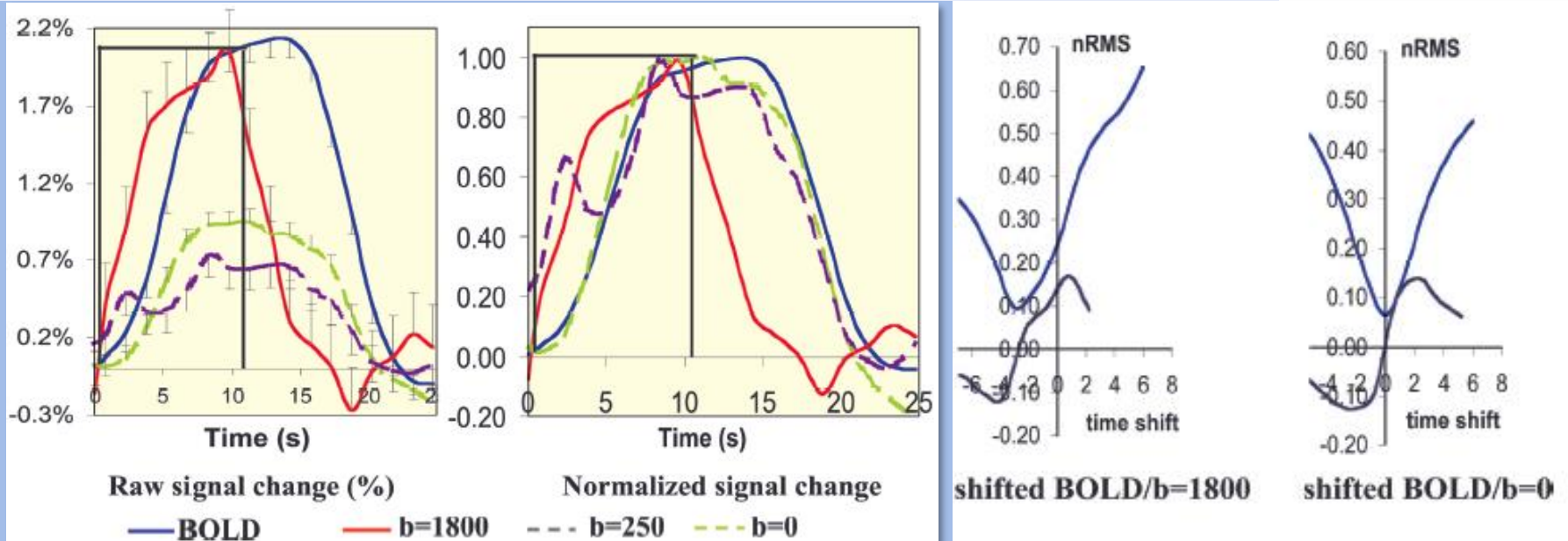
# fDTI



Comparison of BOLD and fDTI  
SPM for  $b=1800 \text{ s/mm}^2$



# fDTI and BOLD signal



BOLD = SDP expansion time course ( $b=0$ )

But for  $b > 0$

SDP expansion time course always ahead of BOLD



# Conclusion

- > BOLD signal is a complex function of baseline state and changes in CBF, CBV; CMRO<sub>2</sub>
- > May reflect differences in baseline vasculature or metabolic state
- > Calibrated fMRI may be useful in presence of disease, medication, age...
- > BOLD activations should be interpreted with caution, and do not necessarily reflect differences in neuronal activation.
- > Diffusion changes and BOLD changes refers to different physiological events
- > Observed signal changes originated by diffusion  
The mechanism of diffusion is not vascular