#### PHYSIOLOGICAL DE-NOISING FMRI DATA Katie Dickerson & Jeff MacInnes February 11th, 2013

Theoretical overview

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• Tutorial in FSL

• Physiological measurements

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How these signals impact BOLD data

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Motivation and importance of removing these signals

 Challenge - detect small neuronal-activation induced blood oxygenation changes in the presence of other signal fluctuations

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- Many sources of noise scanner variations, participant movement, physiological processes
  - physiological fluctuations account for less than 10% of noise (Bianciardi et al., 2008; Shmueli et al., 2007)
  - averaging data can increase artifact effects (Birn et al., 2009)

Cardiac





Cardiac



Respiration

Cardiac

Respiration





Respiration



• Respiration volume per time (RVT) - difference between minimum and maximum belt positions at the peaks of inspiration and expiration, divided by the time between the peaks of inspiration (Birn et al., 2006)

Cardiac

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  - pulses induce signal changes in voxels containing lots of blood and/or CSF

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    - breath-hold of 30 seconds causes 3-5% signal increase (Kastrup et al., 1999; Li et al., 1999; Stillman et al., 1995)
  - global effects (Glover et al., 2000; Birn et al., 2006)

Respiration volume

- Respiration volume
  - variations in this signal (<0.1 Hz) overlap with frequency range of resting state, functionally connected networks (Cordes et al., 2001; Birn et al., 2006)

# PHYSIO AND BOLD SIGNALS
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 Cause undesired perturbation of the image including intensity fluctuations and other artifacts

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 These add noise which degrades the statistical significance of activation signals

#### EXAMPLES

#### CARDIAC INFLUENCES



FIG. 2. The full volume of a typical subject showing a topographical display of the percentage signal change during the cardiac cycle. Pixels shown in color indicate regions demonstrating significant cardiac-related signal changes. Overlaid pixel colors have been scaled to reflect percentage signal change according to the color table shown.

Significant effects of cardiac related signal were found in 27.5% of voxels

Figure from Dagli et al., 1999

#### CARDIAC INFLUENCES



**FIG. 4.** Comparison of selected functional slices (top slices) from one subject (S1) with the cerebral vasculature as examined by magnetic resonance angiography (bottom slices). The overlaid pixel colors on the functional slices have been scaled to reflect percentage signal change according to the color table shown in Fig. 2. There is a strong correspondence of tissue areas showing significant cardiac-related signal change to the locations of major blood vessels and CSF pools (A—transverse sinus, B—carotid artery, C—fourth ventricle, D—basilar artery, E—main trunk of middle cerebral artery (MCA), F—circle of Willis (entire region), G—posterior cerebral artery, H—branch of MCA, I—superior sagittal sinus, J—anterior cerebral artery, K—third ventricle, L—inferior sagittal sinus).

Figure from Dagli et al., 1999

# RESPIRATION INFLUENCES

RVT & resting state functional connectivity - overlapping networks



Fig. 2. A) fMRI signal correlated with respiration volume per time (RVT) changes, B) functional connectivity with a seed region in the posterior cingulate from a group of 10 subjects.

Figure from Birn 2012

## RESPIRATION INFLUENCES

#### • RVT & functional data

% of time-series signif. corr. w/ RVT



Fig. 2. Location of respiration changes: map showing for each voxel the percentage of time series (out of a total of 16 runs from 10 subjects) where the fMRI signal during rest was significantly (CC > 0.4,  $P < 10^{-6}$  uncorrected) correlated with the respiration volume per time (RVT) changes. Signal changes are largest in gray matter and near large blood vessels.

#### Figure from Birn et al., 2006

#### RESPIRATION INFLUENCES

#### • RVT & functional data



(a) Time course of respiration volume per time during the lexical task averaged over all subjects. Bottom 4 graphs show signal intensity time courses averaged over all subjects and over different regions of interest: regions with significant (b) activation, (c) de-activation (relative to resting baseline), (d) RVT changes, and (e) RVT changes outside of regions showing lexical activations or deactivations. Times during which the lexical task was performed are indicated in gray.

Figure from Birn et al., 2009

## CORRECTING PHYSIOLOGICAL NOISE



Figure from Glover et al., 2000



Figure from Glover et al., 2000



Figure from Glover et al., 2000



Figure from Glover et al., 2000

#### CORRECTION REDUCES STDEV



FIG. 2. Time series without (top) and with (bottom) RETROICOR correction corresponding to Fig. 1. Ordinate values are expressed as percentage of mean values.

Figure from Glover et al., 2000

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Fig. 5. Standard deviation: average temporal standard deviation without correction, with RETROICOR correction, respiration volume per time correction (RVTcor), constant respirations, and constant respirations with RETROICOR. Lines indicate temporal standard deviation for each subject, averaged over the whole brain. Bar graph indicates average over all subjects.

Figure from Birn et al., 2006

# CORRECTION IMPROVES DETECTION



Fig. 9. Detection of (de-)activation: Average Z scores for regions positively ("activations") and negatively ("deactivations") correlated with the lexical task without correction, with RETROICOR correction, and with respiration volume per time correction (RVTcor).

Figure from Birn et al., 2006

• Corrections without collecting cardiac and respiration data:

• k-space corrections (Hu et al., 1995)

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- Low-pass filtering
- ICA identify and remove fluctuations that match patterns of known physiological noise (Perlbag et al., 2007; Beall and Lowe, 2007)
  - Caveat: cannot validate signal you identify is due to physiological measures





• What to do when these signals are task related?

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  - Regressing these signals out could remove neuronal activity
- Consider your task design & quantify degree of correlation

• Physiological noise affects our data

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Easy to model this noise (if not correlated with task)

• Be sure to consider your task design
# TUTORIAL IN FSL

physiological data acquisition while scanning at BIAC

# data formatting

formatting acquired data for subsequent analyses

### physio noise modeling

physiological denoising as implemented in FSL 5.0

easy to record physiological measures from within PTB/matlab experiment script

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#### recordPhysio.m

<u>recording step</u>	<u>code snippet</u>	
initialize analog input device	<pre>m = recordPhysio('init')</pre>	
start recording	<pre>m = recordPhysio('start', m)</pre>	
stop recording	<pre>m = recordPhysio('stop', m)</pre>	
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#### **BIAC 5** analog channels

<u>channel</u>	<u>input signal</u>	
0	<b>Biopac Respiration Belt</b>	
	Biopac GSR	
2	Biopac EEG	
3	Biopac Cardiac (pulse)	
4	Biopac Cardiac (oxSat)	
5	Scanner Pulse	

default channels for recordPhysio.m in **bold** 

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for up-to-date channel info:

BIAC 5 info: <a href="http://wiki.biac.duke.edu/biac:experimentalcontrol:biac5hardware">http://wiki.biac.duke.edu/biac:experimentalcontrol:biac5hardware</a>

BIAC 6 info:

http://wiki.biac.duke.edu/biac:experimentalcontrol:biac6hardware







data formatting choice of formatting steps depends on analysis package

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choice of formatting steps depends on analysis package

1.

#### align physio timestamps with desired

scan volumes remove data corresponding to DisDaq period (if necessary)

> truncate overshot physio data (if necessary)

nDataPts = scan length (in sec) \* physio sampling rate

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choice of formatting steps depends on analysis package

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#### PNM tools

<u>combined</u> 3-col text file with respiration, cardiac, and triggers

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<u>separate</u> 1-col text file for respiration, cardiac, and triggers

#### PNM tools

<u>combined</u> 3-col text file with respiration, cardiac, and triggers

 PNM
 FSL toolkit assisting with the creation of physio regressors, which can then be included in subsequent GLM analyses

 \* Requires FSL 5.0 (released Sept '12)

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to open GUI, type:

[cmd prompt]%pnm\_gui

PNM FSL toolkit assisting with the creation of physio regressors, which can then be included in subsequent GLM analyses \* Requires FSL 5.0 (released Sept '12)

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to open GUI, type:

[cmd prompt]%pnm gui

O O X PNM
Input
Input Physiological Recordings path_to_formatted_physio_text_file
Input TimeSeries (4D) path_to_example_fMRI_dataset
Column number of data: Cardiac 3 🜻 Respiratory 2 🚔 Scanner triggers 1 🚔
💷 Pulse Ox Triggers Sampling Rate (Hz) 100 🚔 TR (sec) 1.0 🚔
Slice Order: 🗇 Up 💠 Down 🗢 Interleaved Up 💠 Interleaved Down
Output
Output Basename output_name
-EVs-
Order for Cardiac EVs 4
Order for Respiratory EVs 4
Order for Cardiac Interaction EVs 2
Order for Respiratory Interaction EVs 2
F RVT F HeartRate CSF
CSF mask
Advanced Options
Go Exit Help

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Output
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RVT HeartRate CSF
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#### GUI details:

#### - basic configuration options

- paths to inputs
- order of cols in physio file
- physio parameters
- scan parameters

	<u>GUI details:</u>
Input Input Physiological Recordings path_to_formatted_physio_text_file Input TimeSeries (4D) path_to_example_fMRI_dataset Column number of data: Cardiac 3   Respiratory 2   Scanner triggers 1 Pulse Ox Triggers Sampling Rate (Hz) 100   TR (sec) 1.0 Slice Order:   Up   Down   Interleaved Up   Interleaved Down Output Output Output Basename output_name	<ul> <li>basic configuration options</li> <li>paths to inputs</li> <li>order of cols in physio file</li> <li>physio parameters</li> <li>scan parameters</li> </ul>
EVs-	
Order for Cardiac EVs 4   Order for Respiratory EVs 4   Order for Cardiac Interaction EVs 2   Order for Respiratory Interaction EVs 2   Image: CSF mask Image: CSF   Image: Options Image: CSF	<ul> <li>physio model specifications</li> <li>complexity of model</li> <li>additional physio measures</li> <li>RVT</li> <li>HR</li> <li>CSF mask</li> </ul>

setting the order for physic components

#### cardiac & respiration:

cardiac and respiration are both <u>quasi-periodic</u> signals:



setting the order for physic components

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cardiac and respiration are both <u>quasi-periodic</u> signals:

#### **Fourier Series:**

any periodic signal can be fully represented as a sum of sine and cosine terms:



Fourier series of periodic function f(t) source: mathworld.wolfram.com



setting the order for physic components

#### cardiac & respiration:

to denoise fMRI data, physio signals are modeled using expanded Fourier series of the form:

setting the order for physic components

#### cardiac & respiration:

to denoise fMRI data, physio signals are modeled using expanded Fourier series of the form:

$$\gamma(t) = \sum_{n=1}^{N} a_n \cos(n \cdot \Phi(t)) + b_n \sin(n \cdot \Phi(t))_{Glover et al. (2000)}$$

setting the order for physic components

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#### cardiac & respiration:

to denoise fMRI data, physio signals are modeled using expanded Fourier series of the form:



- one for the sine term

setting the order for physio components

#### cardiac & respiration:

-EVs	
Order for Cardiac EVs	4
Order for Respiratory EVs	4
Order for Cardiac Interaction EVs	2
Order for Respiratory Interaction EVs	2

setting the order for physio components

#### cardiac & respiration:



- Use the GUI to set the desired number of regressors for each component

setting the order for physic components

#### cardiac & respiration:



- Use the GUI to set the desired number of regressors for each component

#### for each physio component (i.e. cardiac, resp):

<u>order</u>	<u>frequency</u>	<u># sine terms</u>	<u># cosine terms</u>	<u>Total # regressors</u>
	base	1	1	2
2	1st harmonic	2	2	4
3	2nd harmonic	3	3	6
4	3rd harmonic	4	4	8

setting the order for physic components

#### interaction terms

In addition to modeling cardiac and respiration separately, you can also model interaction effects

Order for Cardiac EVs4Order for Respiratory EVs4Order for Cardiac Interaction EVs2Order for Respiratory Interaction EVs2	-EVs	
Order for Respiratory EVs4Order for Cardiac Interaction EVs2Order for Respiratory Interaction EVs2	Order for Cardiac EVs	4
Order for Cardiac Interaction EVs 2 🔹 Order for Respiratory Interaction EVs 2	Order for Respiratory EVs	4
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	Order for Respiratory Interaction EVs	2

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setting the order for physio components

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for each unique combination of cardiac and respiratory frequencies, there will be 4 interaction terms produced:  $\Omega$ 

$$\begin{cases} \beta \cos(n \cdot \Phi_{card} + m \cdot \Phi_{resp}) \\ \beta \sin(n \cdot \Phi_{card} + m \cdot \Phi_{resp}) \\ \beta \cos(n \cdot \Phi_{card} - m \cdot \Phi_{resp}) \\ \beta \sin(n \cdot \Phi_{card} - m \cdot \Phi_{resp}) \\ \beta \sin(n \cdot \Phi_{card} - m \cdot \Phi_{resp}) \end{cases}$$
 subtractive

where, n = each order of cardiac interaction term m = each order of respiration interaction term

creating the regressors

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#### After running GUI (or stage1 script)

Within the output directory you'll find a \*\_pnm1.html file containing physio plots with detected peaks overlaid

#### creating the regressors

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#### Instructions:

- 1. Adjust the (horizontal) zoom and vertical size with the buttons below, and then choose to delete or add detected peaks in
- You can zoom into a selection by highlighting (click and drag) and return to normal by double clicking (away from the t slow)
- Click on the graph (near the trace) to add or delete peaks but you do not need to be too exact as it will select the neares maximum of the trace. The Clear button will clear all peaks identified so far.
- 4. The command you need to run next is displayed at the bottom. Note that nothing will be displayed on this graph here ju

Plot Resizing: Zoom Out Zoom In Taller Shorter	Displayed plots: Cardiac Respiratory
Editing functions: Delete Peaks Add Peaks Clear	Current Status: Add Current Trace: Respiratory
Command to run next:	
/Volumes/adcock_lab/main/studies/SRM.01/data/physio/1555	9/PNM_files/control_run1/control_run1_pnm_stage2

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#### manually confirm peaks

use the interactive window to add missing peaks or remove falsely identified peaks



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/Volumes/adcock_lab/main/studies/SRM.01/data/physio/155	59/PNM_files/control_run1/control_run1_pnm_stage2
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once complete, run the full script listed at the bottom of the window. This will create the regressors as well as additional required files



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Voxelwise Confound List			
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Full model setup			
Go Save	Load	ixit Hel	p Utils

### adding regressors to FEAT model

#### creating the regressors

\varTheta 🔿 🔿 📉 FEAT - FMRI Expert Analysis Tool v6.00	
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Voxelwise Confound List	
BETA OPTION: Apply external script	
☐ Add additional confound EVs	
Model setup wizard	
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Go Save Load Exit Help Utils	

### adding regressors to FEAT model

in addition to creating a 4D .nii.gz file for each regressor, the stage2 script will also create a text file containing the paths to each regressor (called \*\_evlist.txt)

#### creating the regressors

<ul> <li>FEAT - FMRI Expert Analysis Tool v6.00</li> <li>First-level analysis = Full analysis =</li> <li>Misc Data Pre-stats Stats Post-stats Registration</li> </ul>	in addition to creating a 4D .nii.gz file for each regressor, the stage2 script will also create a text file containing the paths to each regressor (called *_evlist.txt)
<ul> <li>Use FILM prewhitening</li> <li>Don't Add Motion Parameters</li> <li>Voxelwise Confound List</li> </ul>	New option under the <u>Stats</u> tab in FEAT GUI. Load the path to the *_evlist.txt here
BETA OPTION: Apply external script Add additional confound EVs Model setup wizard Full model setup	
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adding regressors to FEAT model

#### creating the regressors

<ul> <li>FEAT - FMRI Expert Analysis Tool v6.00</li> <li>First-level analysis - Full analysis -</li> <li>Misc Data Pre-stats Stats Post-stats Registration</li> </ul>	in addition to crea each regressor, th create a text file c each regressor (c
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Go Save Load Exit Help Utils	

### adding regressors to FEAT model

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New option under the <u>Stats</u> tab in FEAT GUI. Load the path to the \*\_evlist.txt here

All physio regressors are automatically treated as <u>confound regressors</u>, meaning any shared variance with EVs of interest will be assigned to the physio regressors

#### creating the regressors

loaded physio regressors will appear in design matrix

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1	0	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

### more information

**BIAC physio correction methods:** 

http://wiki.biac.duke.edu/biac:analysis:physiological

**Physio Noise Modeling within FSL-5:** 

http://fsl.fmrib.ox.ac.uk/fsl/fslwiki/PNM

#### **References (not exhaustive)**

- 1. RETROICOR Glover et al. (2000). Magn Reson Med 44: 162-7
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