Methods & Models for fMRI Analysis 2018

GROUP ANALYSIS

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Overview of SPM Steps

Image time-series Design matrix Statistical Parametric Map Spatial filter Realignment **Smoothing** General Linear Model — **Statistical RFT** Inference Normalisation p < 0.05Anatomical reference Parameter estimates

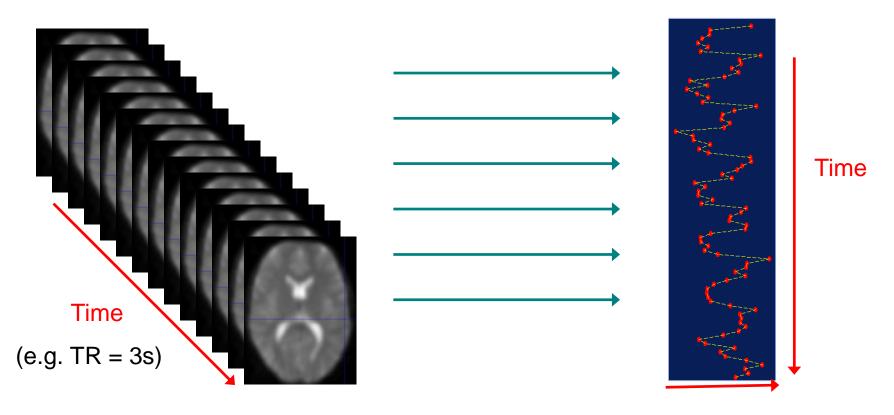


1st Level Analysis is within subject

$$y = X\beta + e$$

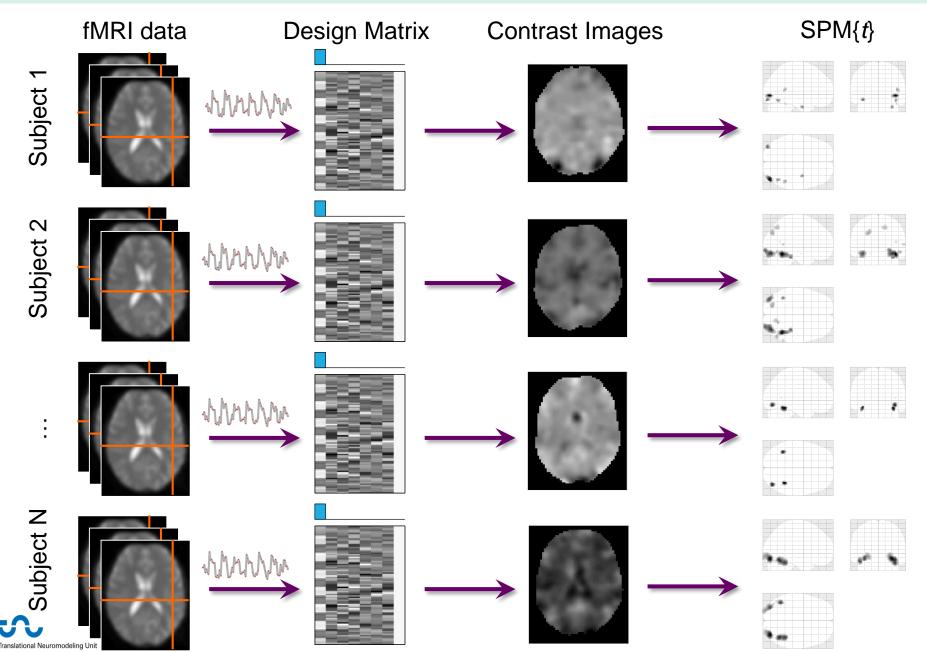
fMRI scans

Voxel time course

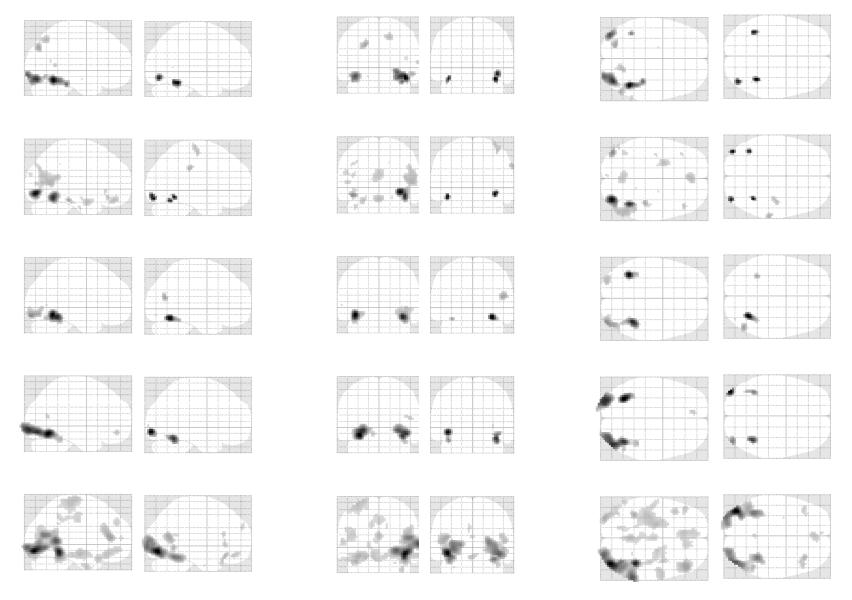




GLM: repeat over subjects



First level analyses (p<0.05 FWE):

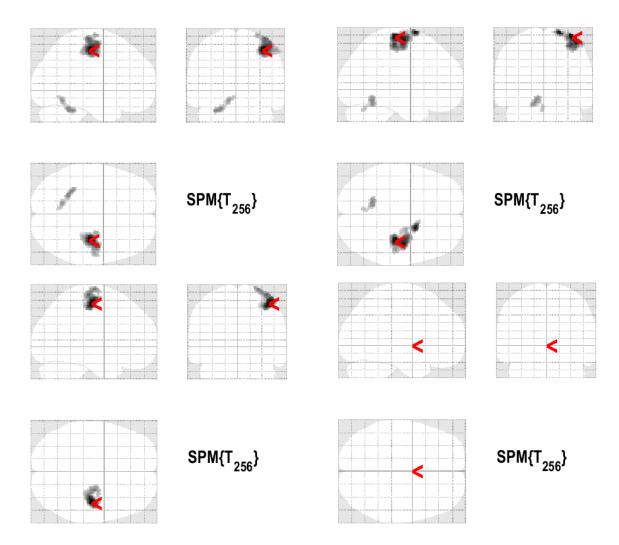




Data from R. Henson

First level analyses (p<0.05 FWE at cluster-level, with CDT:p<0.001):

Left Arrow > Right Arrow





2nd level analysis – across subjects

- It isn't enough to look just at individuals.
- So, we need to look at which voxels are showing a significant activation difference between levels of X consistently within a group.
 - Average contrast effect across sample
 - 2. Variation of this contrast effect
 - 3. T-tests



Group Analysis: Fixed vs Random

Does the group activate on average?

Group s1 s2 s3 s4 s5 s6 s7

What group mean are we after?

- The group mean for those exact 7 subjects?
 - → Fixed effects analysis (FFX)
- The group mean for the population from which these 7 subjects were drawn?
 - → Random effects analysis (RFX)



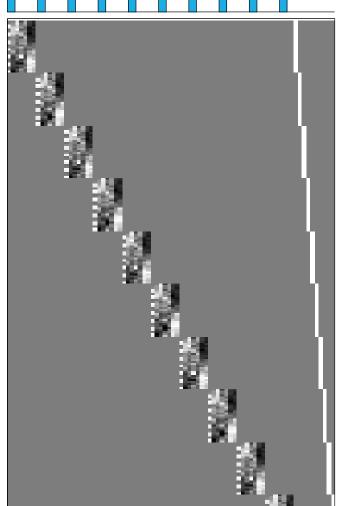
Fixed effects analysis (FFX)

Subject 1

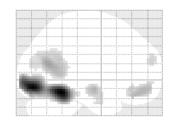
Subject 2

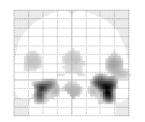
Subject 3

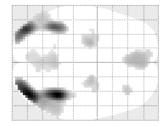




Modelling all subjects at once







variance over subjects at each voxel

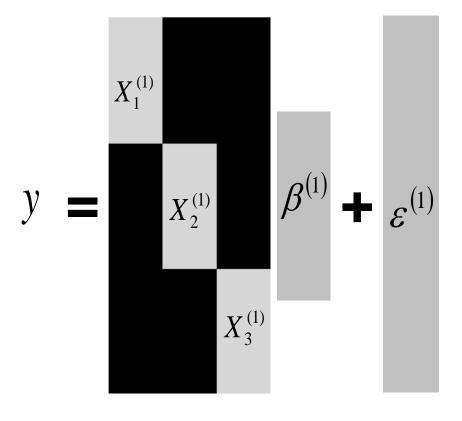






Fixed effects analysis (FFX)

$$y = X^{(1)}\beta^{(1)} + \varepsilon^{(1)}$$



Modelling all subjects at once

- ✓ Lots of degrees of freedom
- Large amount of data
- Assumes common variance over subjects at each voxel



Fixed effects

$$y = X^{(1)}\beta^{(1)} + \varepsilon^{(1)}$$



- Only one source of random variation (over sessions):
 - → measurement error

Within-subject Variance

- True response magnitude is fixed.



Whole Group – FFX calculation

N subjects = 12 with each 50 scans = 600 scans

$$c = [4, 3, 2, 1, 1, 2, 3, 3, 3, 2, 4, 4]$$

Within subject variability:

$$s_w = [0.9, 1.2, 1.5, 0.5, 0.4, 0.7, 0.8, 2.1, 1.8, 0.8, 0.7, 1.1]$$

- Mean group effect = 2.67
- Mean $s_w = 1.04$
- Standard Error Mean (SEM) = s_w/(sqrt(N))=0.04

$$t=M/SEM = 62.7, p=10^{-51}$$



Random effects

$$y = X^{(1)}\beta^{(1)} + \varepsilon^{(1)}$$

$$\beta^{(1)} = X^{(2)}\beta^{(2)} + \varepsilon^{(2)}$$

- Two sources of random variation:
 - → measurement errors

Within-subject Variance

→ response magnitude (over subjects)

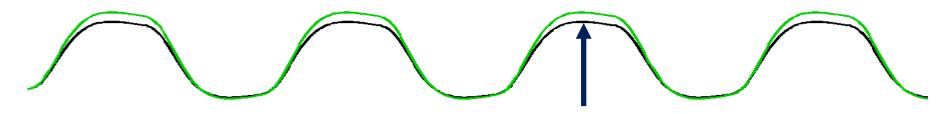
Between-subject Variance

- Response magnitude is random
 - → each subject/session has random magnitude



Random effects

$$y = X^{(1)}\beta^{(1)} + \varepsilon^{(1)}$$
$$\beta^{(1)} = X^{(2)}\beta^{(2)} + \varepsilon^{(2)}$$



- Two sources of random variation:
 - → measurement errors

Within-subject Variance

→ response magnitude (over subjects)

Between-subject Variance

- Response magnitude is random
 - → each subject/session has random magnitude
 - → but population mean magnitude is *fixed*.



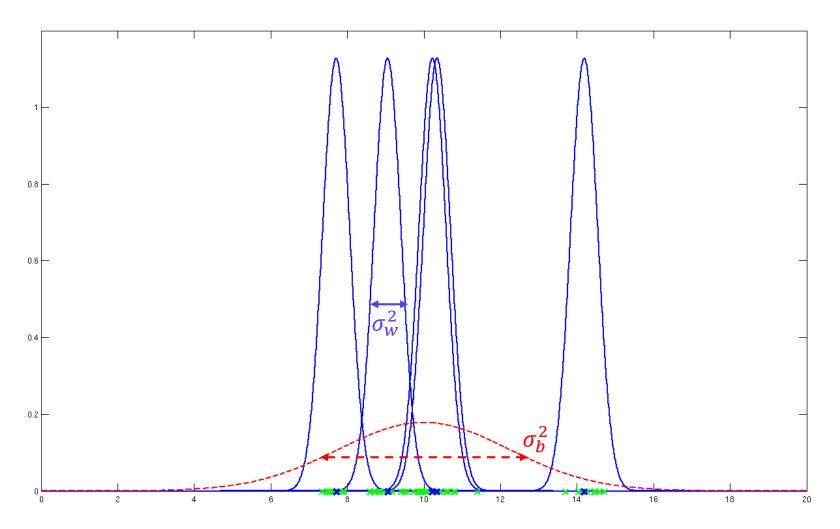
Whole Group – RFX calculation

- N subjects = 12
 c = [4, 3, 2, 1, 1, 2, 3, 3, 3, 2, 4, 4]
- Mean group effect = 2.67
- Mean $s_h(SD) = 1.07$
- Standard Error Mean (SEM) = s_b /(sqrt(N))=0.31

$$t=M/SEM = 8.61, p=10^{-6}$$



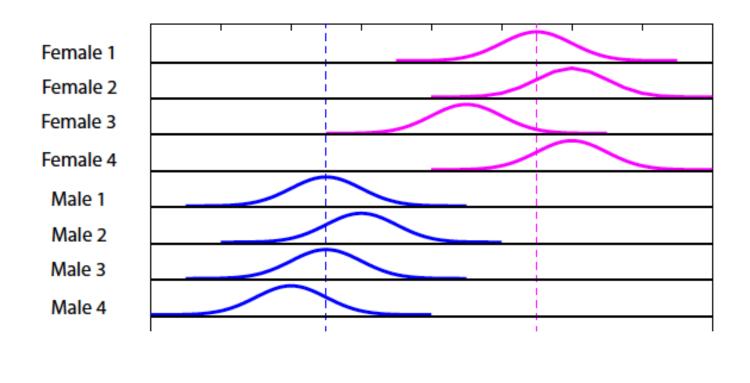
Random effects



Probability model underlying random effects analysis



Fixed vs random effects



Handbook of functional MRI data analysis. Poldrack, R. A., Mumford, J. A., & Nichols, T. E. Cambridge University Press, 2011



Fixed vs random effects

With **Fixed Effects Analysis (FFX)** we compare the group effect to the *within-subject variability*. It is not an inference about the population from which the subjects were drawn.

With Random Effects Analysis (RFX) we compare the group effect to the *between-subject variability*. It is an inference about the population from which the subjects were drawn. If you had a new subject from that population, you could be confident they would also show the effect.



Fixed vs random effects

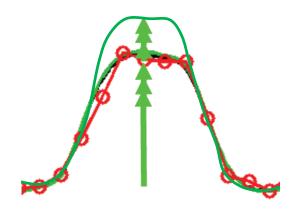
Fixed-effects

- Is not of interest across a population
- Used for a case study
- Only source of variation is measurement error (Response magnitude is **fixed**)



Random-effects

- If I have to take another sample from the population, I would get the same result
- Two sources of variation
 - Measurement error
 - Response magnitude is random (population mean magnitude is fixed)





Terminology

Hierarchical linear models:

- Random effects models
- Mixed effects models
- Nested models
- Variance components models
 - ... all the same
 - ... all alluding to multiple sources of variation (in contrast to fixed effects)



Linear hierarchical models

Hierarchical Model

$$y = X^{(1)}\theta^{(1)} + \varepsilon^{(1)}$$
$$\theta^{(1)} = X^{(2)}\theta^{(2)} + \varepsilon^{(2)}$$
$$\vdots$$

$$\theta^{(n-1)} = X^{(n)}\theta^{(n)} + \varepsilon^{(n)}$$

Multiple variance components at each level

$$C_{\varepsilon}^{(i)} = \sum_{k} \lambda_{k}^{(i)} Q_{k}^{(i)}$$

At each level, distribution of parameters is given by level above.

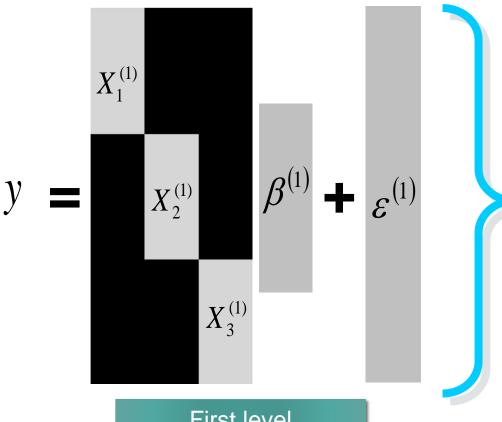
What we don't know: distribution of parameters and variance parameters (hyperparameters).



Hierarchical models

Example: Two level model

$$y = X^{(1)}\beta^{(1)} + \varepsilon^{(1)}$$
$$\beta^{(1)} = X^{(2)}\beta^{(2)} + \varepsilon^{(2)}$$



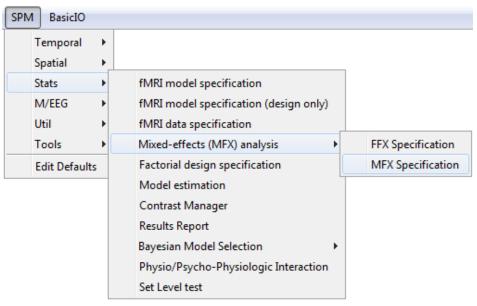
Second level

First level



Hierarchical models

- Restricted Maximum Likelihood (ReML)
- Parametric Empirical Bayes
- Expectation-Maximisation Algorithm



spm mfx.m

Mixed-effects and fMRI studies. Friston et al., Neurolmage, 2005.



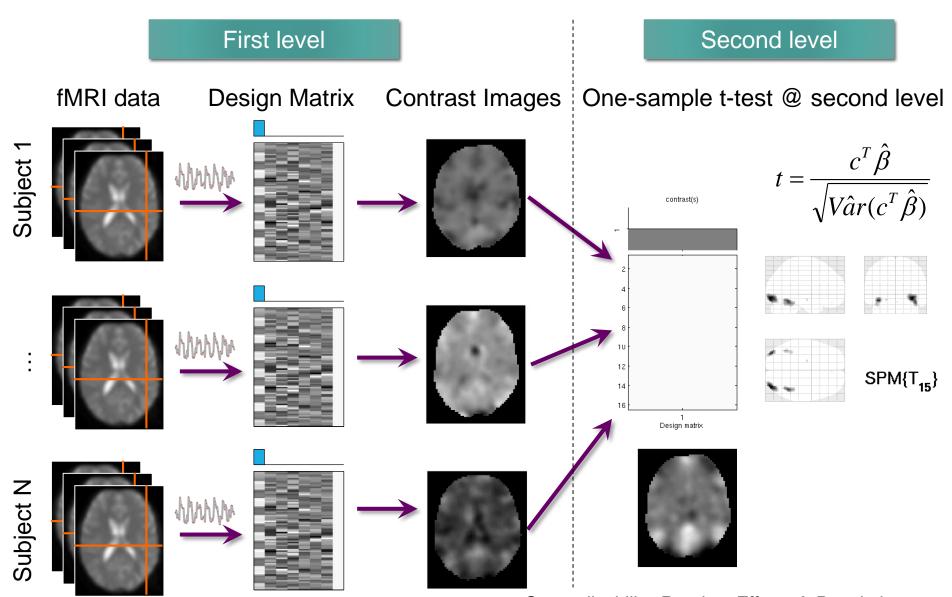
Practical problems

- Full MFX inference using REML or EM for a wholebrain 2-level model has enormous computational costs
 - for many subjects and scans, covariance matrices become extremely large
 - nonlinear optimisation problem for each voxel
- Moreover, sometimes we are only interested in one specific effect and do not want to model all the data.
- Is there a fast approximation?



Summary Statistics RFX Approach

Translational Neuromodeling Unit



Summary Statistics RFX Approach

Assumptions

- The summary statistics approach is exact if for each session/subject:
 - Within-subjects variances the same
 - First level design the same (e.g. number of trials)
- However, summary statistics approach is robust against typical violations

Mixed-effects and fMRI studies. Friston et al., Neurolmage, 2005.

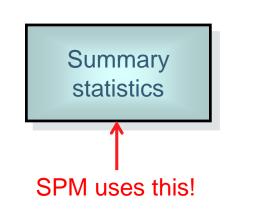
Statistical Parametric Mapping: The Analysis of Functional Brain Images. Elsevier, 2007.



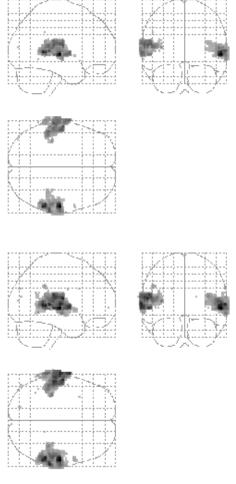


Summary Statistics RFX Approach

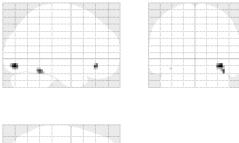
Robustness

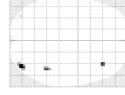


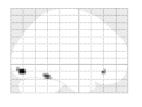




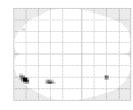
Listening to words











Viewing faces



ANOVA & non-sphericity

- One effect per subject:
 - Summary statistics approach
 - One-sample t-test at the second level
- More than one effect per subject or multiple groups:
 - Non-sphericity modelling
 - Covariance components and ReML



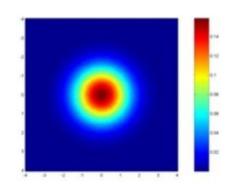
Reminder: sphericity

$$y = X\theta + \varepsilon$$

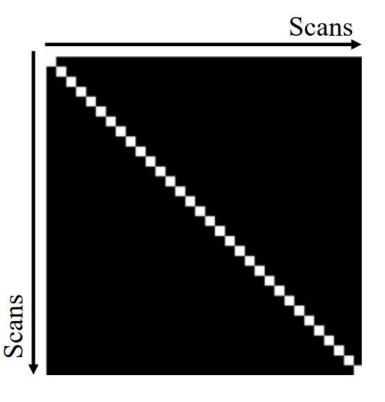
$$C_{\varepsilon} = Cov(\varepsilon) = E(\varepsilon \varepsilon^{T})$$

"sphericity" means:

$$Cov(\varepsilon) = \sigma^2 I$$
i.e. $Var(\varepsilon_i) = \sigma^2$



$$Cov(e) = \begin{bmatrix} 1 & 0 \\ 0 & 1 \end{bmatrix}$$
 Supplies $Cov(e) = \begin{bmatrix} 1 & 0 \\ 0 & 1 \end{bmatrix}$





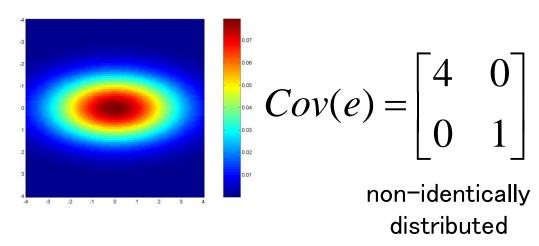
GLM assumes Gaussian "spherical" (i.i.d.) errors

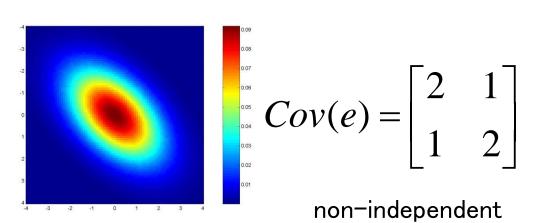
sphericity = iid:
error covariance is
scalar multiple of
identity matrix:
Cov(e) = σ²I

-4 -3 -0.12 -1 -0.08 -0.08 -0.08 -0.04 -0.09

$$Cov(e) = \begin{bmatrix} 1 & 0 \\ 0 & 1 \end{bmatrix}$$

Examples for non-sphericity:

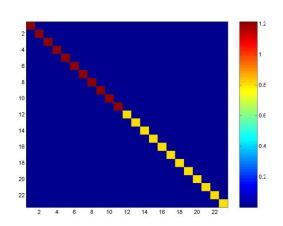




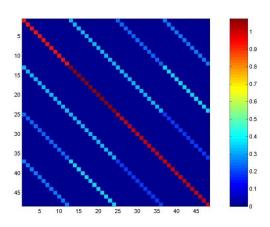
2nd level: Non-sphericity

Errors are independent
but not identical
(e.g. different groups (patients, controls))

Error covariance matrix

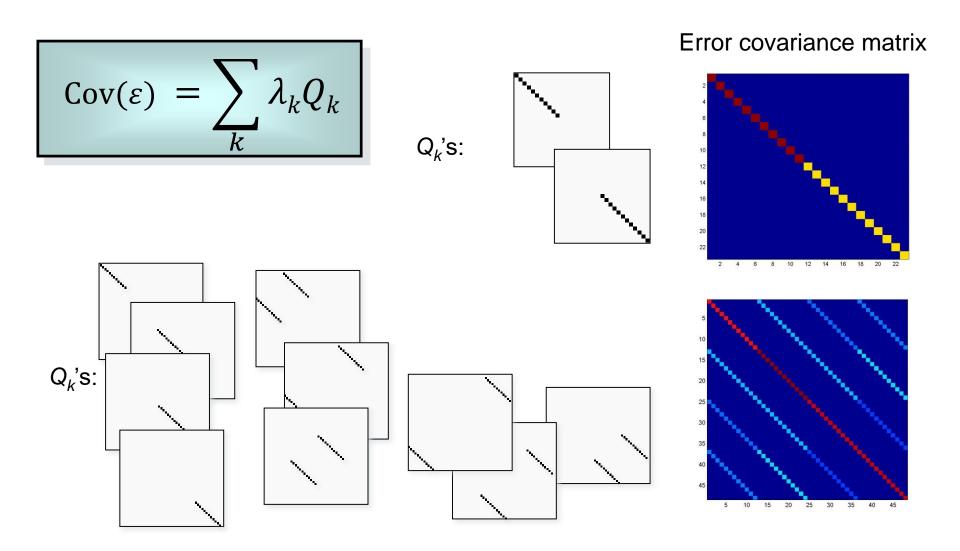


Errors are not independent and not identical (e.g. repeated measures for each subject (multiple basis functions, multiple conditions, etc.))





2nd level: Variance components





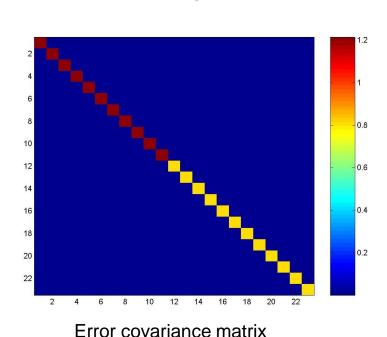
Example 1: between-subjects ANOVA

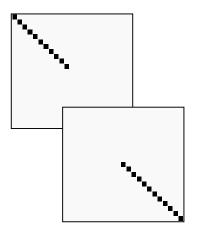
- Stimuli:
 - Auditory presentation (SOA = 4 sec)
 - 250 scans per subject, block design
 - 2 conditions
 - Words, e.g. "book"
 - Words spoken backwards, e.g. "koob"
- Subjects:
 - 12 controls
 - 11 blind people



Example 1: Covariance components

- Two-sample t-test:
 - Errors are independent but not identical.
 - 2 covariance components





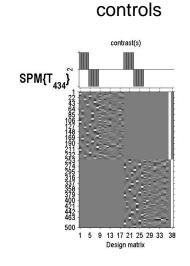
 Q_k 's:

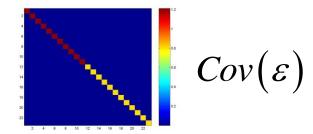


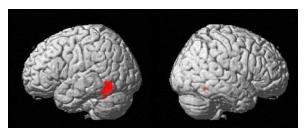
Example 1: Group differences

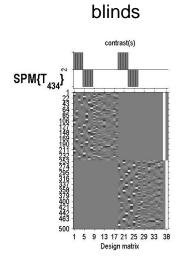
First Level

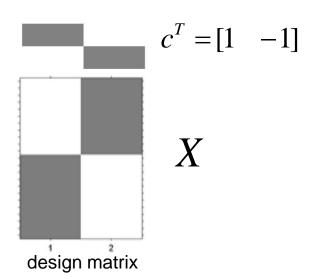
Second Level













Example 2: within-subjects ANOVA

- Stimuli:
 - Auditory presentation (SOA = 4 sec)
 - 250 scans per subject, block design
 - Words:

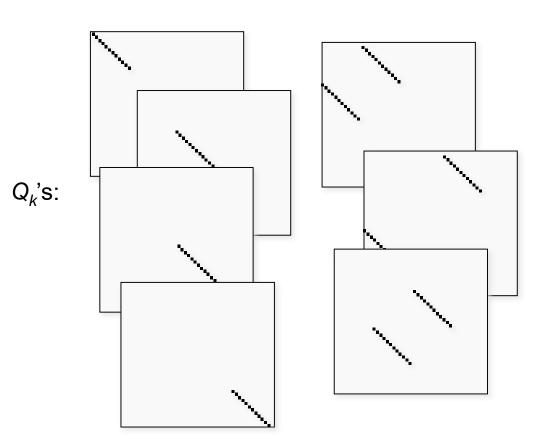
Motion	Sound	Visual	Action
"jump"	"click"	"pink"	"turn"

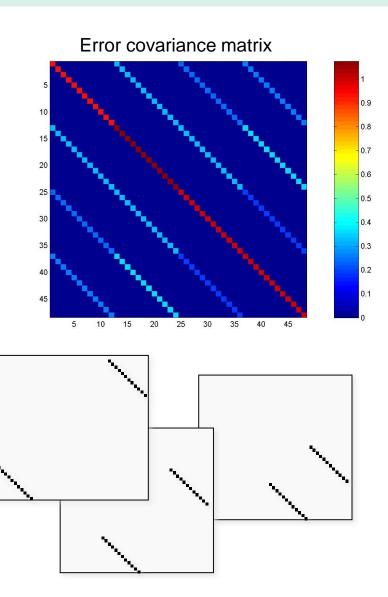
- Subjects:
 - 12 controls
- Question:
 - What regions are generally affected by the semantic content of the words?



Example 2: Covariance components

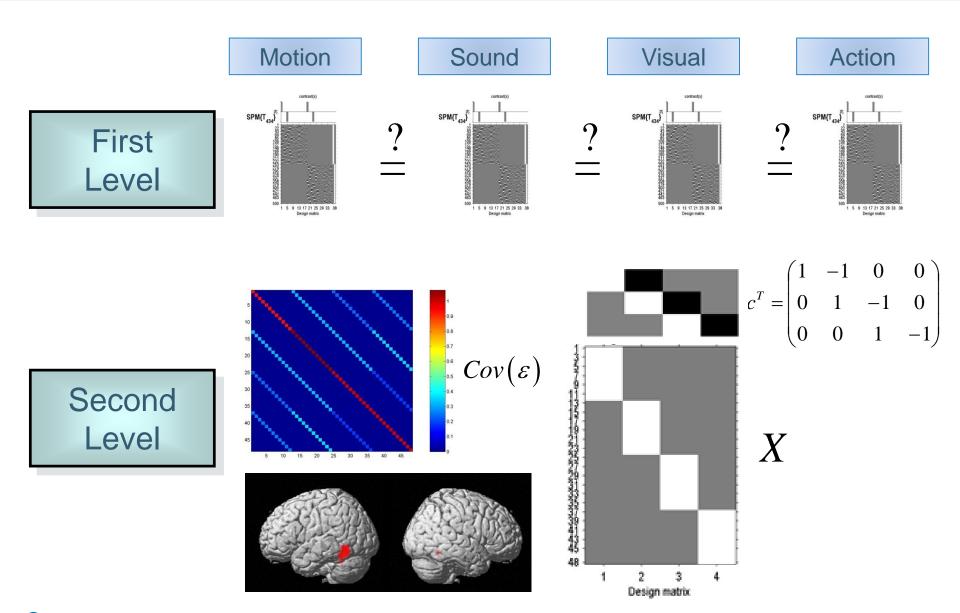
Errors are not independent and not identical





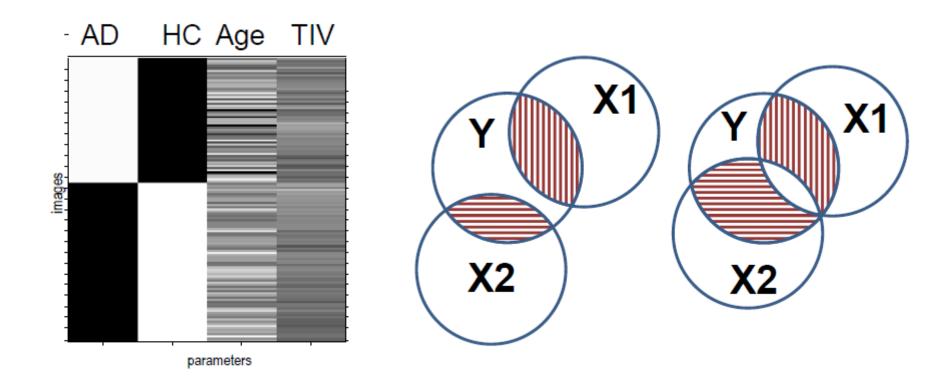


Example 2: Repeated measures ANOVA





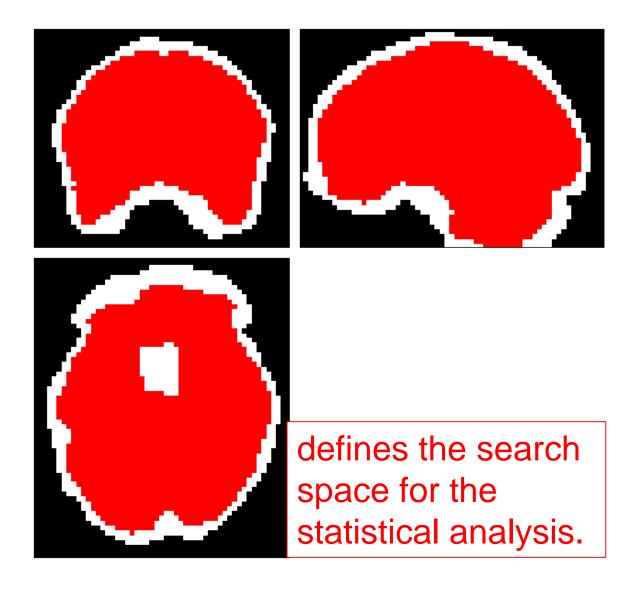
ANCOVA model



Mean centering continuous covariates for a group fMRI analysis, by J. Mumford: http://mumford.fmripower.org/mean_centering/



Analysis mask: logical AND





SPM interface: factorial design specification

Options:

- One-sample t-test
- Two-sample t-test
- Paired t-test
- Multiple regression
- One-way ANOVA
- One-way ANOVA within subject
- Full factorial
- Flexible factorial

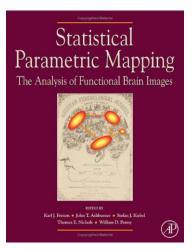


Summary

- Group inference usually proceeds with RFX analysis, not FFX. Group effects are compared to between rather than within subject variability.
- Hierarchical models provide a gold-standard for RFX analysis but are computationally intensive.
- Summary statistics approach is a robust method for RFX group analysis.
- Can also use 'ANOVA' or 'ANOVA within subject' at second level for inference about multiple experimental conditions or multiple groups.



Bibliography:



Statistical Parametric Mapping: The Analysis of Functional Brain Images. Elsevier, 2007.

- Generalisability, Random Effects & Population Inference.
 Holmes & Friston, Neurolmage, 1998.
- Classical and Bayesian inference in neuroimaging: theory.
 Friston et al., Neurolmage, 2002.
- Classical and Bayesian inference in neuroimaging: variance component estimation in fMRI. Friston et al., Neurolmage, 2002.
- Mixed-effects and fMRI studies. Friston et al., Neurolmage, 2005.
- Simple group fMRI modeling and inference. Mumford & Nichols, Neurolmage, 2009.



