INM-7: Brain and Behaviour





Improving reliability, replicability and interpretability of neuroimaging research – bridging resting state functional neuroimaging and underlying biology

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Outline

- Why do we need to think more about our methods
- What are the limitations of our tools
 - What are the analytical and technical limitations
 - Different biological levels need different considerations
- How can we do better
 - New analyses methods
 - Replication is key

WHY DO WE NEED TO THINK MORE ABOUT OUR METHODS?



Why do we need to think more about our methods?

No Support for Historical Candidate Gene or Candidate Gene-by-Interaction Hypotheses for Major Depression **Across Multiple Large Samples**

Richard Border, M.A., Emma C. Johnson, Ph.D., Luke M. Evans, Ph.D., Andrew Smolen, Ph.D., Noah Berley, Patrick F. Sullivan, M.D., Matthew C. Keller, Ph.D.

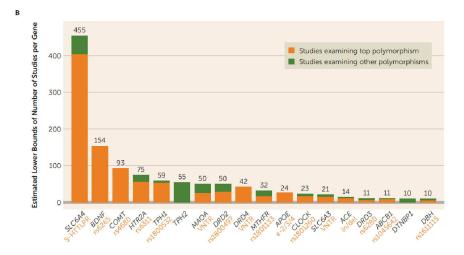
studied 10 or more times and examined evidence for their unlikely to account for these null findings. relevance to depression phenotypes.

case-control samples (Ns ranging from 62,138 to 443,264 across subsamples), the authors conducted a series of preregistered analyses examining candidate gene polymorphism suggest that early hypotheses about depression candidate main effects, polymorphism-by-environment interactions, genes were incorrect and that the large number of associand gene-level effects across a number of operational definitions of depression (e.g., lifetime diagnosis, current severity, episode recurrence) and environmental moderators (e.g., sexual or physical abuse during childhood, socioeconomic adversity).

Objective: Interest in candidate gene and candidate gene - Results: No clear evidence was found for any candidate gene by-environment interaction hypotheses regarding major polymorphism associations with depression phenotypes or depressive disorder remains strong despite controversy any polymorphism-by-environment moderator effects. As a surrounding the validity of previous findings. In response to set, depression candidate genes were no more associated this controversy, the present investigation empirically identified 18 candidate genes for depression that have been authors demonstrate that phenotypic measurement error is

Conclusions: The study results do not support previous Methods: Utilizing data from large population-based and depression candidate gene findings, in which large genetic effects are frequently reported in samples orders of magniations reported in the depression candidate gene literature are likely to be false positives.

AJP in Advance (doi: 10.1176/appi.aip.2018.18070881)



ARTICLES

neuroscience

5-HTTLPR polymorphism impacts human cingulateamygdala interactions: a genetic susceptibility mechanism for depression

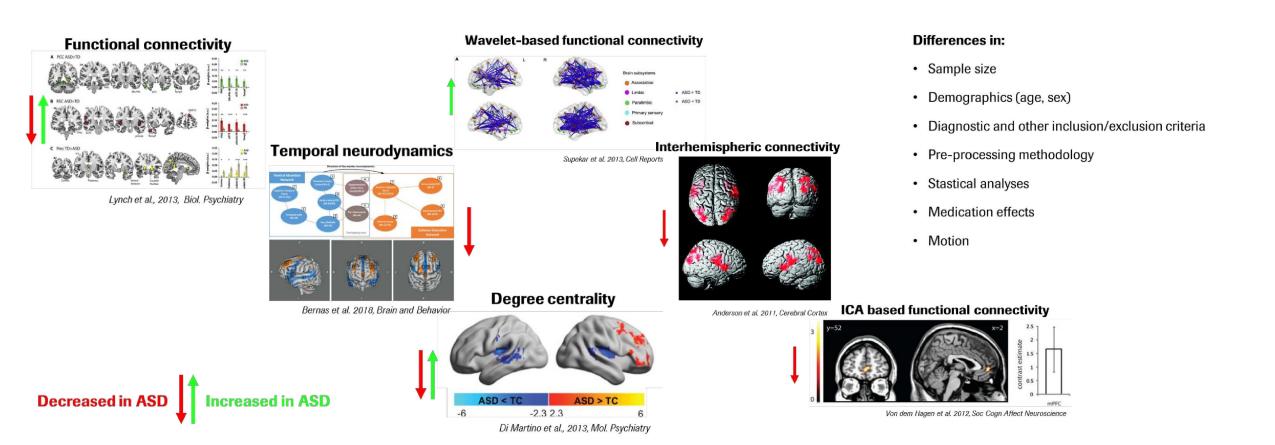
Lukas Pezawas^{1,3}, Andreas Meyer-Lindenberg^{1,3}, Emily M Drabant¹, Beth A Verchinski¹, Karen E Munoz¹, Bhaskar S Kolachana¹, Michael F Egan¹, Venkata S Mattay¹, Ahmad R Hariri² & Daniel R Weinberger¹

Carriers of the short allele of a functional 5' promoter polymorphism of the serotonin transporter gene have increased anxietyrelated temperamental traits, increased amygdala reactivity and elevated risk of depression. Here, we used multimodal neuroimaging in a large sample of healthy human subjects to elucidate neural mechanisms underlying this complex genetic association. Morphometrical analyses showed reduced gray matter volume in short-allele carriers in limbic regions critical for processing of negative emotion, particularly perigenual cingulate and amygdala. Functional analysis of those regions during perceptual processing of fearful stimuli demonstrated tight coupling as a feedback circuit implicated in the extinction of negative affect. Short-allele carriers showed relative uncoupling of this circuit. Furthermore, the magnitude of coupling inversely predicted almost 30% of variation in temperamental anxiety. These genotype-related alterations in anatomy and function of an amygdalacingulate feedback circuit critical for emotion regulation implicate a developmental, systems-level mechanism underlying normal emotional reactivity and genetic susceptibility for depression.

"what bothers me isn't just that people said 5-HTTLPR mattered and it didn't. It's that we built whole imaginary edifices, whole castles in the air on top of this idea of 5-HTTLPR mattering. We "figured out" how 5-HTTLPR exerted its effects, what parts of the brain it was active in, what sorts of things it interacted with, how its effects were enhanced or suppressed by the effects of other imaginary depression genes. This isn't just an explorer coming back from the Orient and claiming there are unicorns there. It's the explorer describing the life cycle of unicorns, what unicorns eat, all the different subspecies of unicorn, which cuts of unicorn meat are tastiest, and a blow-by-blow account of a wrestling match between unicorns and Bigfoot." by Scott Alexander https://slatestarcodex.com/2019/05/07/5-httlpr-a-pointed-review/

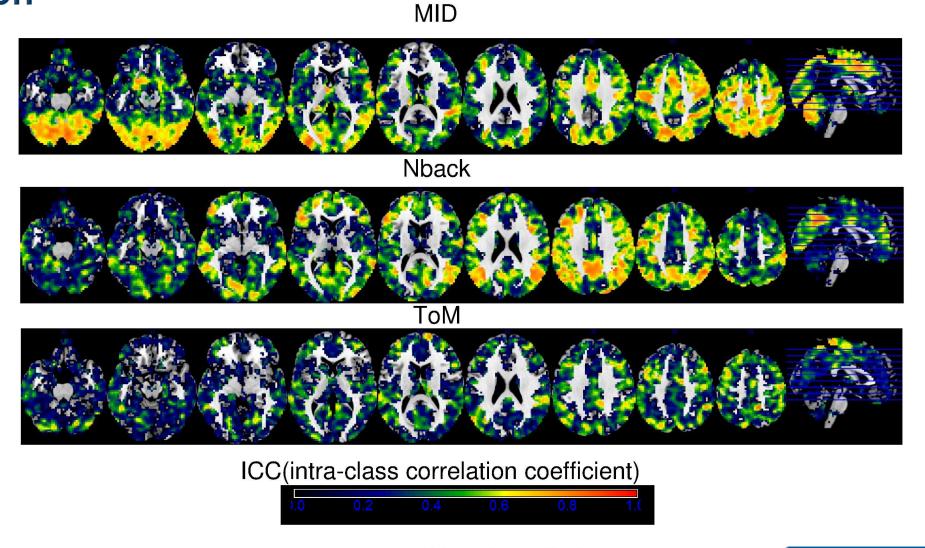
Why do we need to think more about our methods?

Increases, decreases and a mixture of both is reported in the literature



WHAT ARE THE LIMITATIONS OF OUR TOOLS

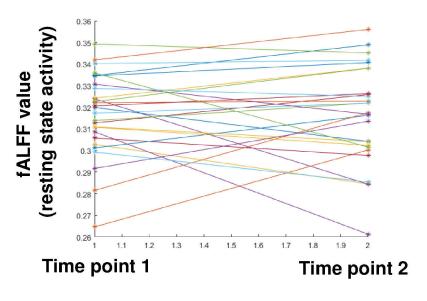
Reliability of fMRI is strongly dependent on the task and spatial location

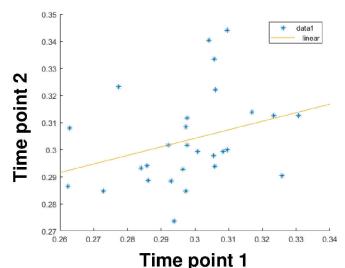


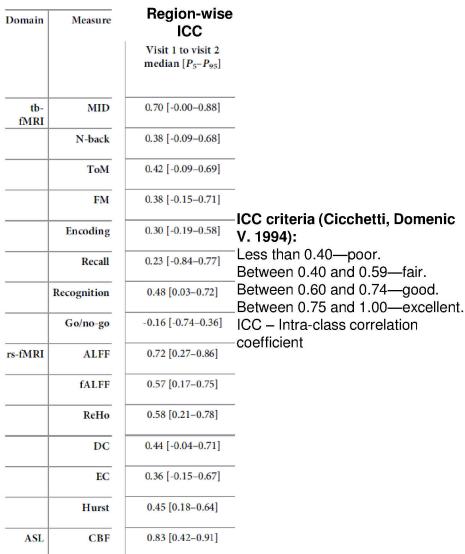
Generally rather low to fair reliability of region- and voxel-wise

fMRI and rsfMRI analyses

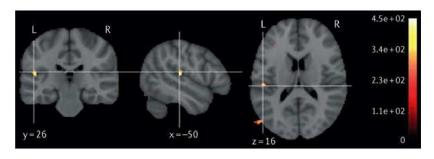
Exemplary atlas region: ICC(reliability)=0.31

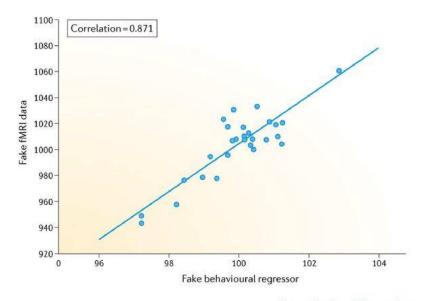






Uncorrected statistics and circularity can produce misleading effect sizes

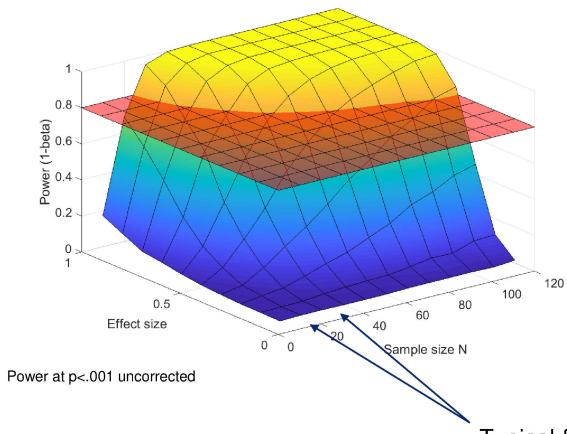




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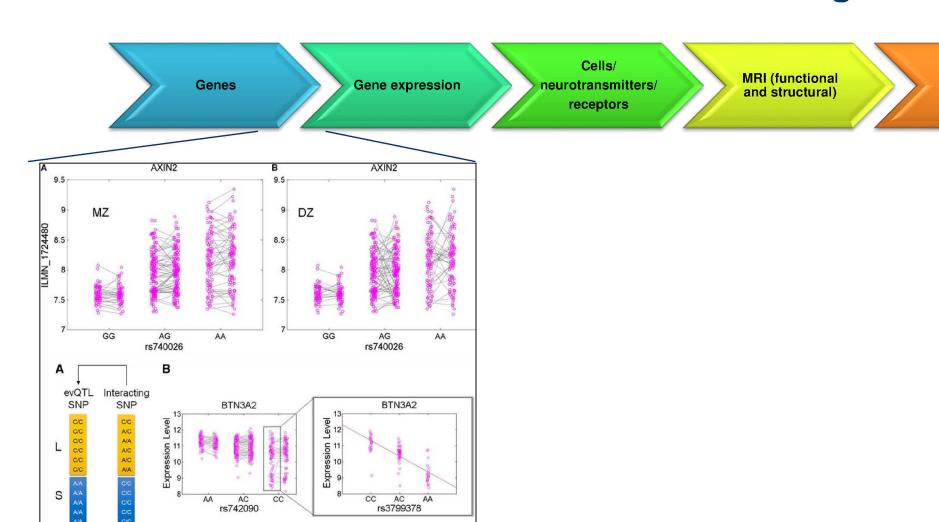
Why large sample sizes are needed

"Typical" size neuroimaging studies can only detect extremely large effects

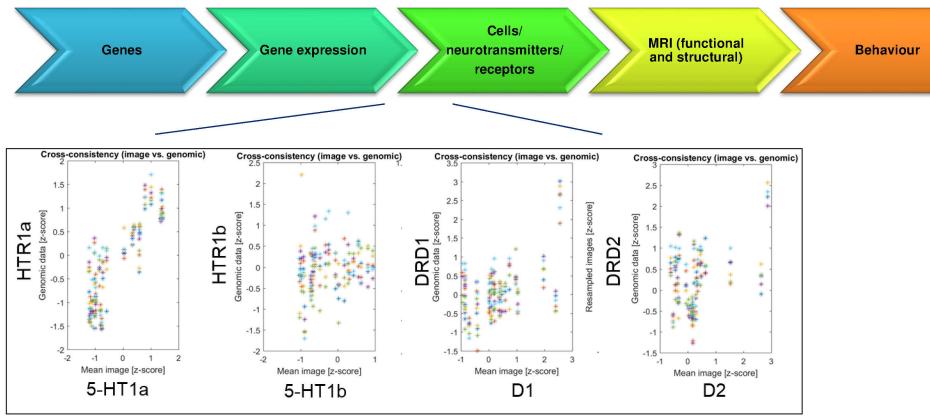


Typical fMRI study has about 15-30 participants

Behaviour



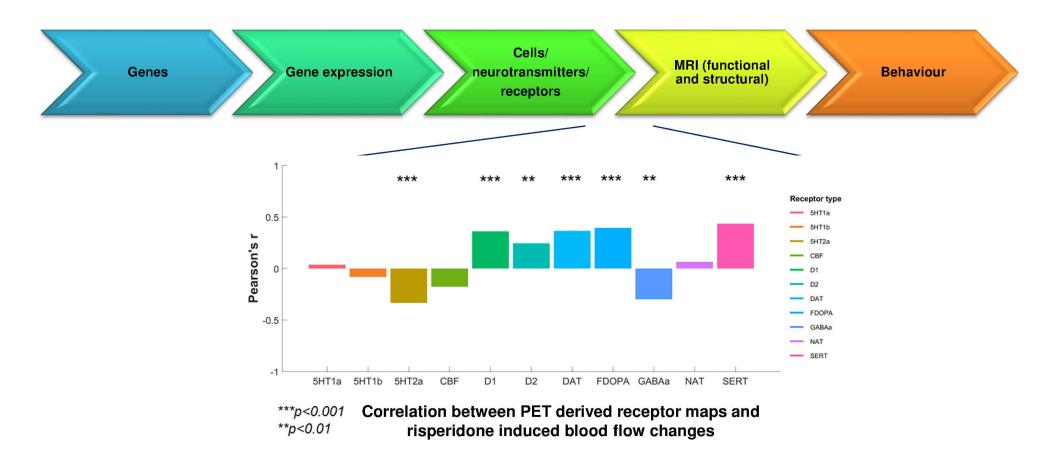
Wang et al. 2014, Genetics

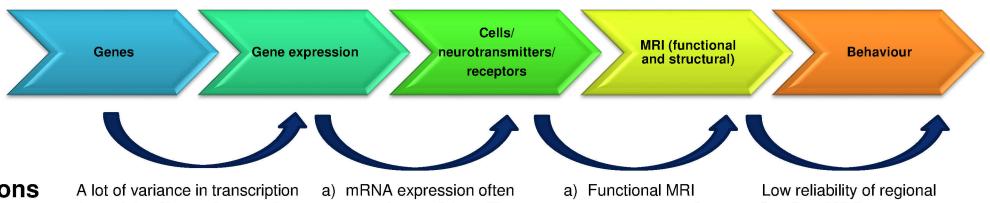


Correlations between Allen Brain Atlas and group-average in vivo PET receptor maps, unpublished data

Correlations between gene expression and imaging: 0 and 0.7 Genetic auto-correlation:

HTR1a: r=0.88 HTR1b: r=0.16 D1: r=0.54 D2: r=0.71





Limitations

A lot of variance in transcription is explained by environment or by gene/gene interactions

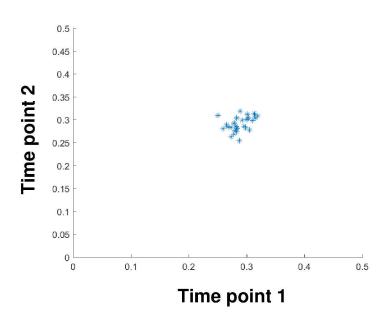
- a) mRNA expression often poorly correlates with respective receptor expression
- b) Large variability in gene expression is observed for some genes across individuals
- a) Functional MRI measures are only sensitive to some aspects of underlying activity
- b) Some neurotransmitter changes do not result in changes in functional activity

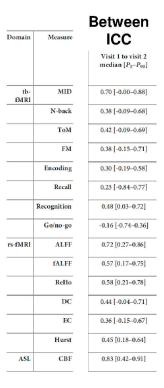
Low reliability of regional functional MRI measures adds a lot of noise to the data

HOW CAN WE ADDRESS THOSE LIMITATIONS

Within region reliability is rather moderate for most functional MRI measures

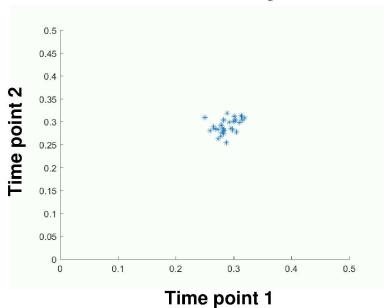
fALFF for 1 region





Spatial reliability across regions is consistently higher than the reliability within each region for task-based fMRI and rsfMRI





Domain	Measure	Between ICC	Within ICC				
		Visit 1 to visit 2 median [P ₅ -P ₉₅]	Visit 1 to visit 2 median [P ₅ -P ₉₅]				
tb- fMRI	MID	0.70 [-0.00-0.88]	0.79 [-0.32-0.93]				
	N-back	0.38 [-0.09-0.68]	0.81 [0.61-0.94]				
	ToM	0.42 [-0.09-0.69]	0.58 [-0.10-0.83]				
	FM	0.38 [-0.15-0.71]	0.80 [0.63-0.93]				
	Encoding	0.30 [-0.19-0.58]	0.73 [0.47-0.94]				
	Recall	0.23 [-0.84-0.77]	0.72 [0.25-0.89]				
	Recognition	0.48 [0.03-0.72]	0.72 [0.48-0.86]				
	Go/no-go	-0.16 [-0.74-0.36]	0.24 [-1.11-0.66]				
rs-fMRI	ALFF	0.72 [0.27-0.86]	0.96 [0.73-0.98]				
	fALFF	0.57 [0.17-0.75]	0.98 [0.95-0.99]				
	ReHo	0.58 [0.21-0.78]	0.96 [0.86-0.98]				
	DC	0.44 [-0.04-0.71]	0.89 [0.62-0.95]				
	EC	0.36 [-0.15-0.67]	0.65 [0.19-0.92]				
	Hurst	0.45 [0.18-0.64]	0.92 [0.77-0.96]				
ASL	CBF	0.83 [0.42-0.91]	0.96 [0.91-0.98]				

ICC criteria (Cicchetti, Domenic V. 1994): Less than 0.40—poor.

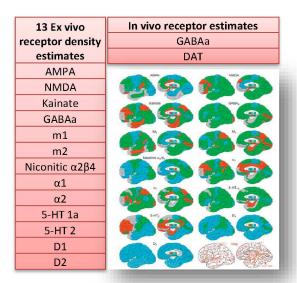
Between 0.40 and 0.59—fair. Between 0.60 and 0.74—good.

Between 0.75 and 1.00—excellent.

ICC - Intra-class correlation coefficient

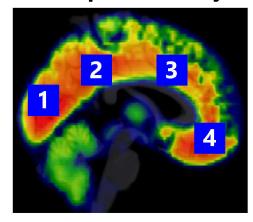
Pharmacodynamic mapping of drug receptor profiles using Cerebral Blood Flow – Illustration of the concept

Correlating spatial profiles of receptor densities and drug effects

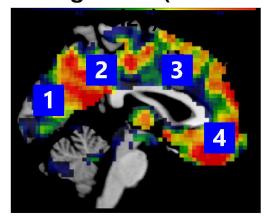


Palomero-Gallagher et al. 2015, in Brain Mapping: An Encyclopedic Reference

Receptor density



Drug effect (Effect



Cerebral Blood Flow (CBF, using Arterial Spin Labeling) for:

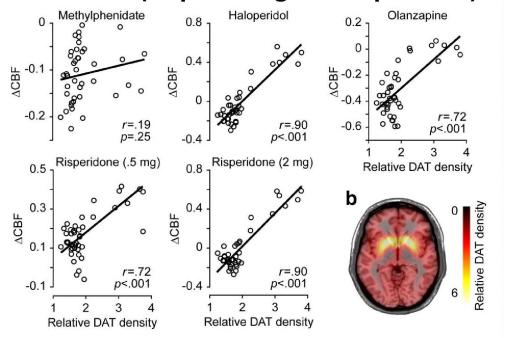
- Risperidone
- Olanzapzine
- Haloperidol
- Methylphenidate
 - Escitalopram
 - Ketamine
 - Midazolam

Always vs placebo

Correlations

Spatial patterns of CBF alterations are predictive of the underlying mechanism of action of respective compounds

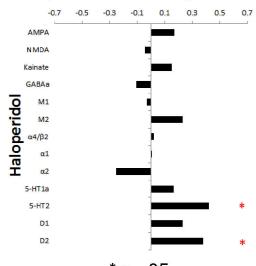
Correlations with in vivo receptor density estimates (dopaminegic compounds)



Further potential applications:

- → Profiling of new drugs (hypothesis generation)
- → Disease patterns
- → Individual symptom prediction/treatment response

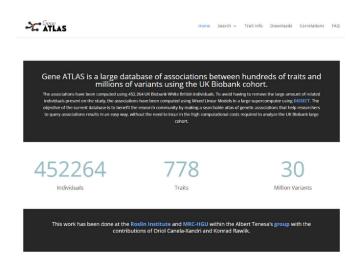
Correlational profiles with ex vivo receptor density estimates



These profiles align well with underlying affinity to the respective receptor systems (highest affinity to D2, 5-HT2)

Making use of novel tools and resources

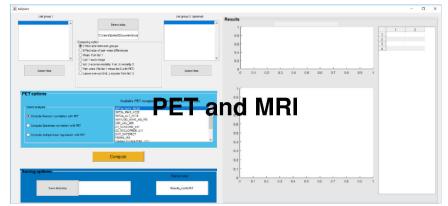
Genetics and traits



Gene expression

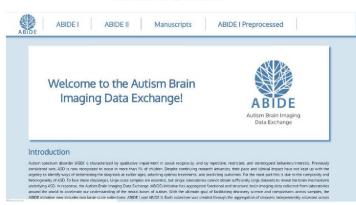


Tools for cross-modal spatial correlations



Dukart et al., in preparation

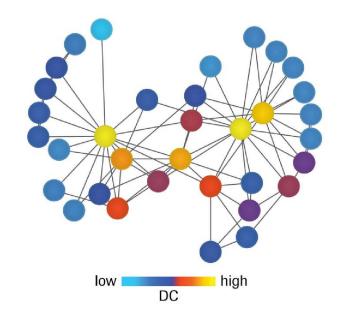
Public neuroimaging databases



Objective: to test for replicability of ASD resting state connectivity alterations across several cohorts using the same methodology

	Exploration dataset			Validation datasets								
	EU-AIMS LEAP			ABIDE I		ABIDE II			InFoR			
	ASD	TD	Stats (test value, df, p- value)	ASD	TD	Stats (test value, df, p- value)	ASD	TD	Stats (test value, df, p- value)	ASD	TD	Stats (test value, df, p- value)
N	202	192	-	299	376	-	306	391	-	34	25	-
Male/female	142/60	124/6 8	1.5,1,.2 26	268/31	313/6	5.7,1,.0 17	262/44	263/1 27	30.4,1, <.001	26/8	19/6	0.0,1,. 967
Age±SD	17.5±5.	17.4± 5.7	0.1,392, .915	17.5±7 .7	17.7± 7.8	.3,673,. 776	14.0±6. 8	13.6± 6.2	.8,695, .428	29.5±8. 9	30.6 ±8.3	.5,57,. 638
Child/Adol/Adult	35/76/9 1	43/71/ 78	1.7,2,.4 34	69/118 /112	85/14 7/144	.1,2,.97	147/85/ 74	234/7 7/80	10.3,2, .006	0/0/34	0/0/ 25	-
IQ (mean±SD, N)	106±14 .9	109±1 2.6	2.1,392, .033	106.3± 16.0	112.0 ±12.1	5.3,673, <001	107.0± 16.0	115.7 ±12.5	8.0,69 5,<.00 1	104.3± 18.7	108. 6±1 7.5	.9,54,. 392
DSM IV diag (none/ ASD/ Asperger/ PDD-NOS)	-	-	-	16/204 /60/16	-		121/55/ 78/52	-	-	-	-	-
On medication (N)	54	2	-	61	1	-	81	17	-	-	-	-
ADOS total (mean±SD, N)	10.1±4. 9, 170	-		11.9±3 .7,259	1.3±1 .4,30	15.4,28 7,<.001	10±3.7, 167	1.8±1 .7,38	13.4,2 03,<.0	-	-	-

Same pre-processing and analysis pipeline for all data



Degree centrality = Sum(r>prespecified threshold*)

Computed using the REST toolbox

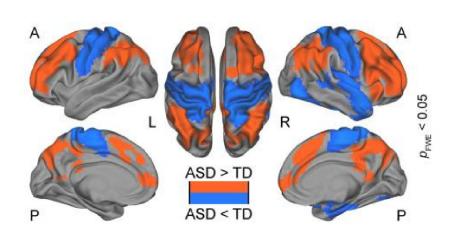
^{*}r>0.25 based on previous literature for degree centrality

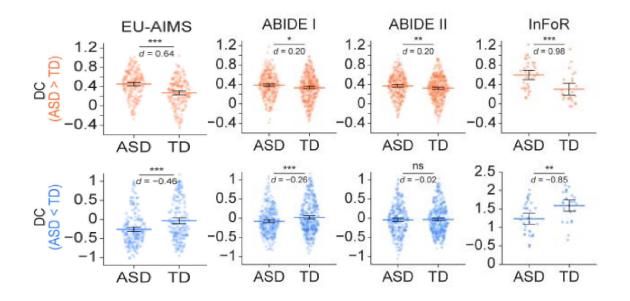
TD: typically developing healthy controls

Outcomes of the degree centrality analysis

Increases are replicated in all four cohorts and decreases in three out of four

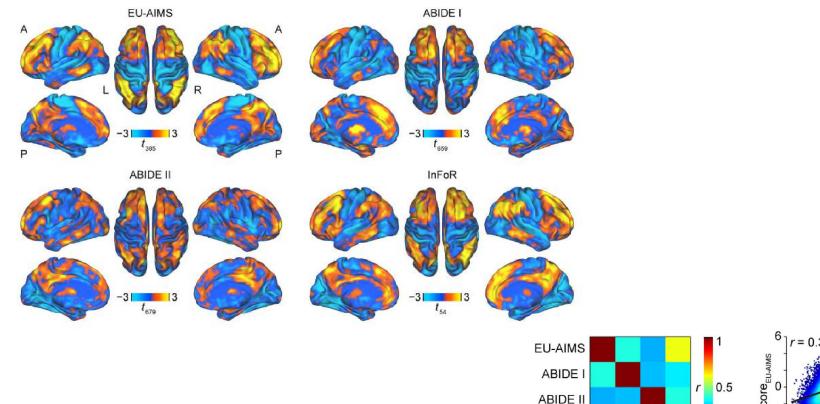
Significant DC alteration in EU-AIMS

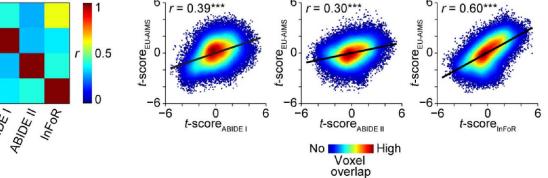




Outcomes of the degree centrality analysis

Consistent spatial alteration patterns are observed across all four cohorts





InFoR

Conclusions

- Replication in independent datasets is an important first step for increasing replicability of neuroimaging research
- Spatial profile analyses and correlations with PET, gene expression data may provide a way forward to increase reliability of neuroimaging tools
- Novel tools allow to answer all of the necessary questions to establish more reliable, interpretable and replicable links between genetics, imaging and behaviour



THANK YOU FOR YOUR ATTENTION!

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