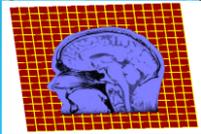


Connectivity measures across multiple modalities in Parkinson's disease

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PACIFIC PARKINSON'S
Research Centre



**Brain
Research
Centre**



**The University of British
Columbia**
Vancouver, Canada



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What is Parkinson's Disease?



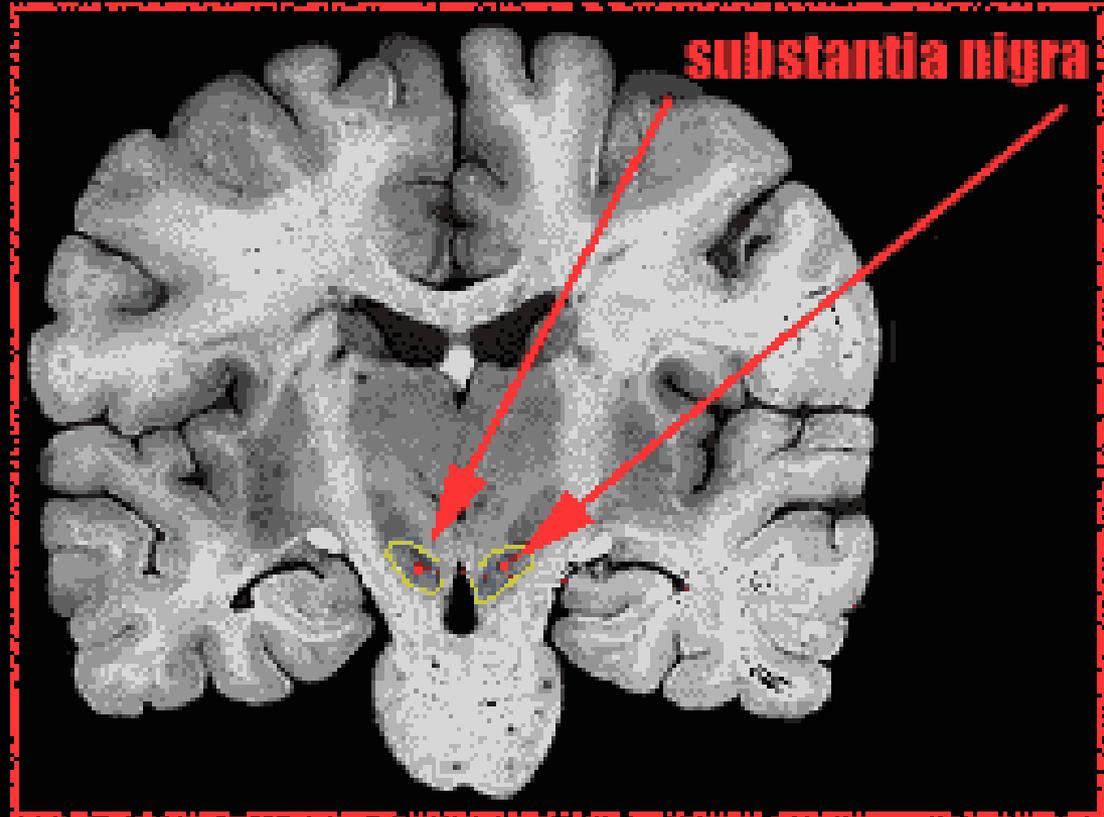
- Tremor
- Stiffness
- Slow movement
- Balance problems

Prominent loss of dopaminergic cells in the Substantia Nigra

Non-PD Subject



PD Subject



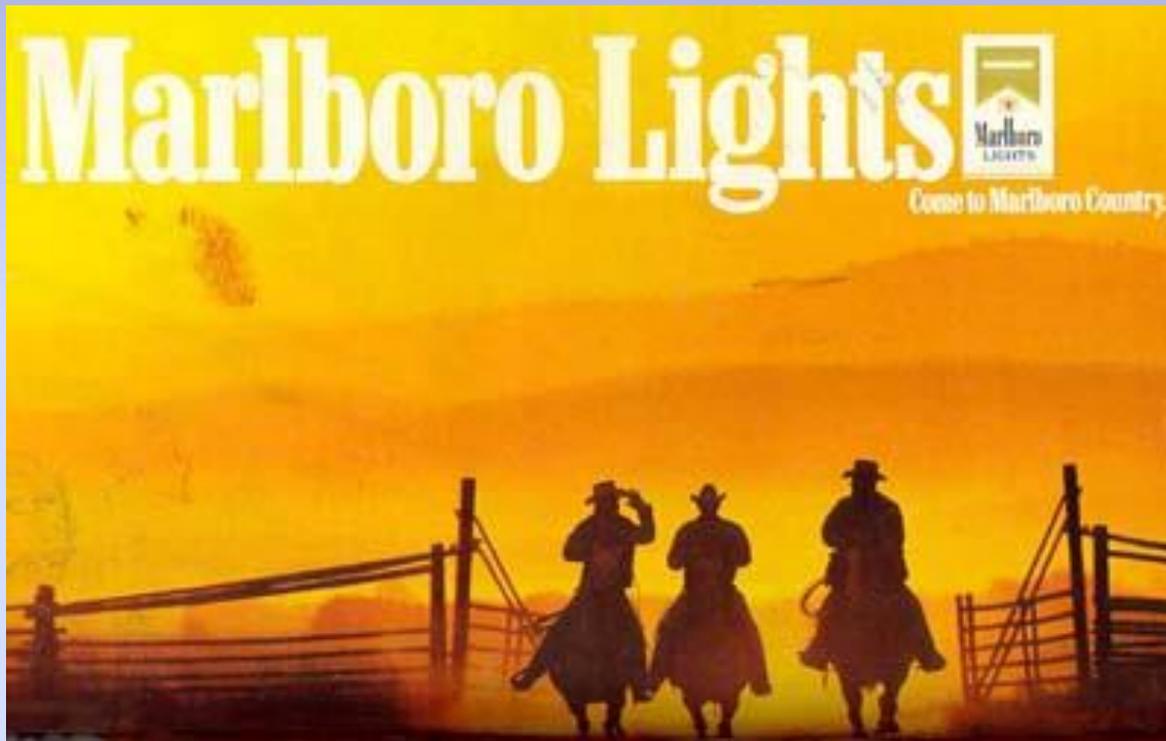
Clinical symptoms don't become evident until a majority of dopaminergic cells are lost!!

What causes Parkinson's?

→ *Environmental factors*

- California –1983
- Attempted to create MPPP, a drug similar to heroin
- In fact created MPTP, a potent neurotoxin which results in something similar to Parkinson's when injected intravenously

Is anything associated with ***NOT*** developing Parkinson's Disease?



What causes Parkinson's?

- Probably some complex interaction between genetic susceptibility genes and environmental factors that we don't yet fully understand

Early Sign: Loss of Sense of Smell (anosmia)



?



Early Sign: Depression and Anxiety



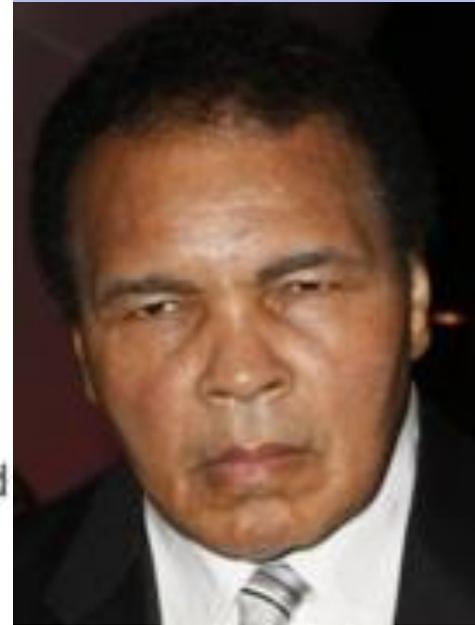
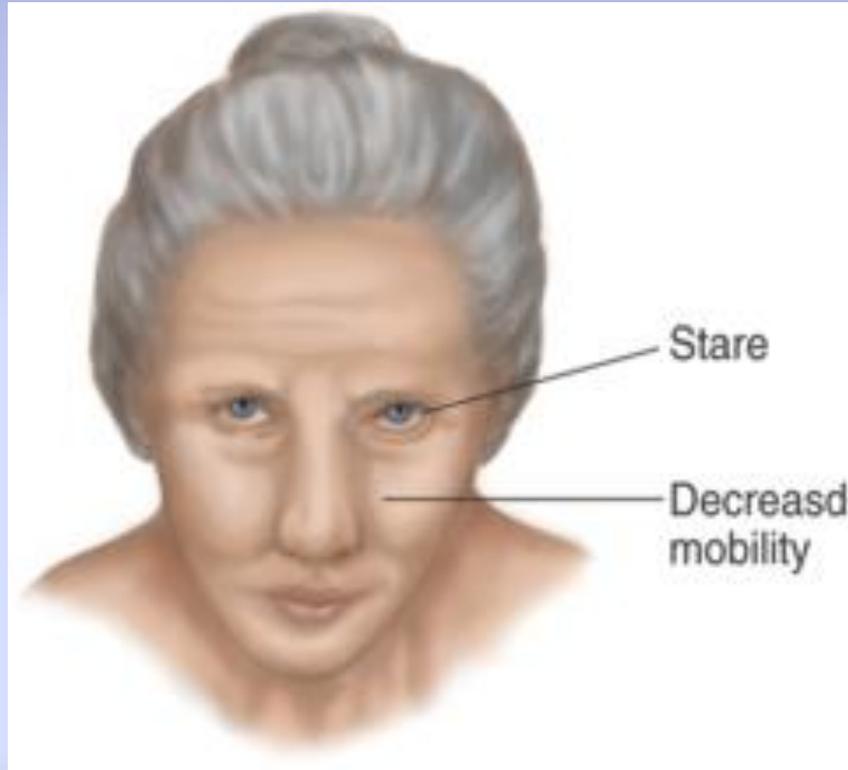
Early Sign: Sleep Disturbances



***Early Sign: Sleep Disturbances
REM Sleep Behaviour Disorder -- RBD***



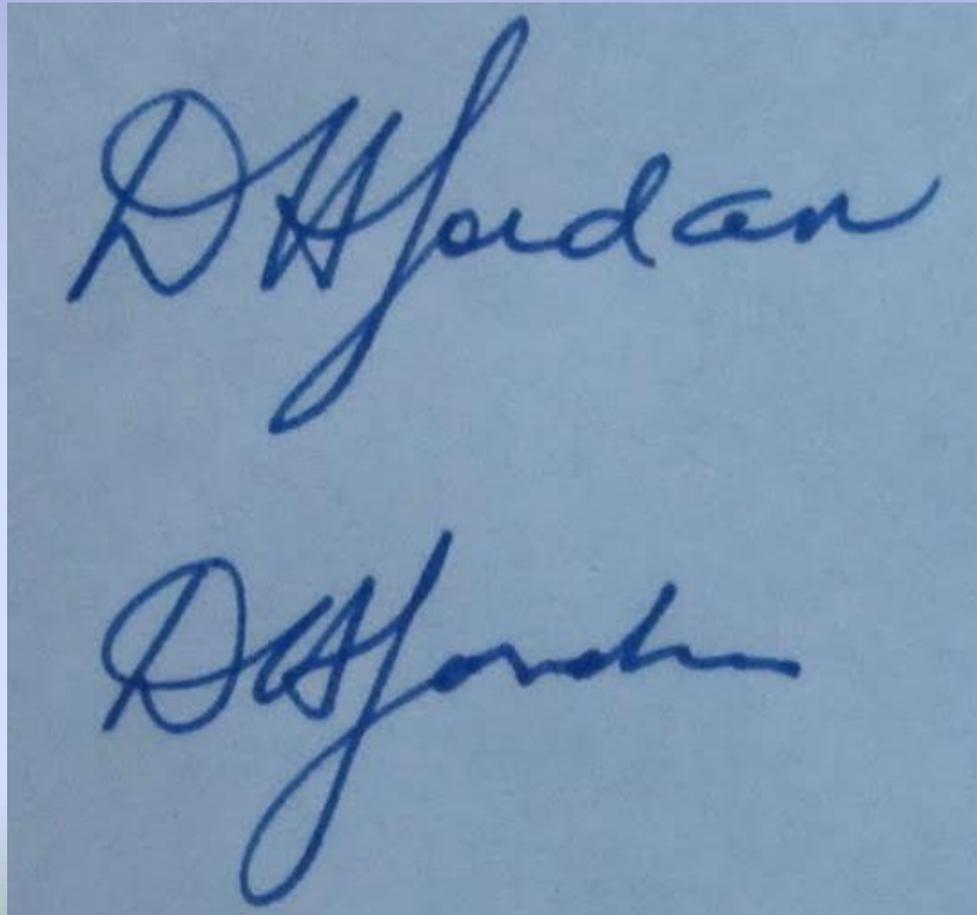
Early Sign: Masked Facies



<http://www.vigconic.com/vineuro/eng/user.php>

<http://quizlet.com/10504538/examination-of-the-neck-head-flash-cards/>

Early Sign: Small Handwriting (micrographia)



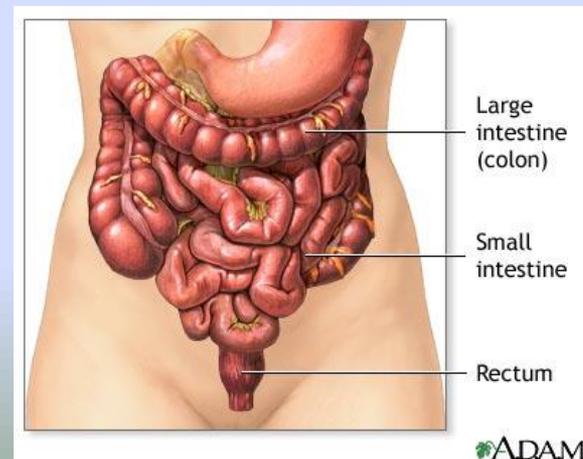
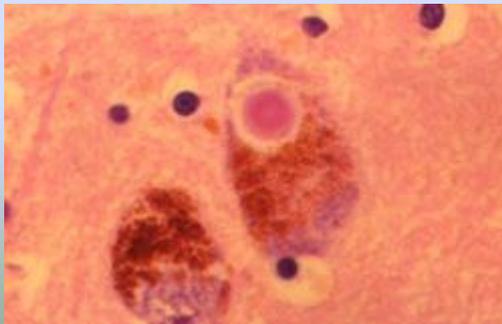
Early Sign: Stiffness / Neck Pain



Early Sign: constipation

- Risk of Parkinson's disease increased if < 1 bowel movement / day at middle age
- Lewy bodies are seen not just in the brain, but in the nervous system of gut
- Surprising relationship between genetic risks for Parkinson's disease and Crohn's disease

Lewy Body



*Early Sign: Tremor **at rest***

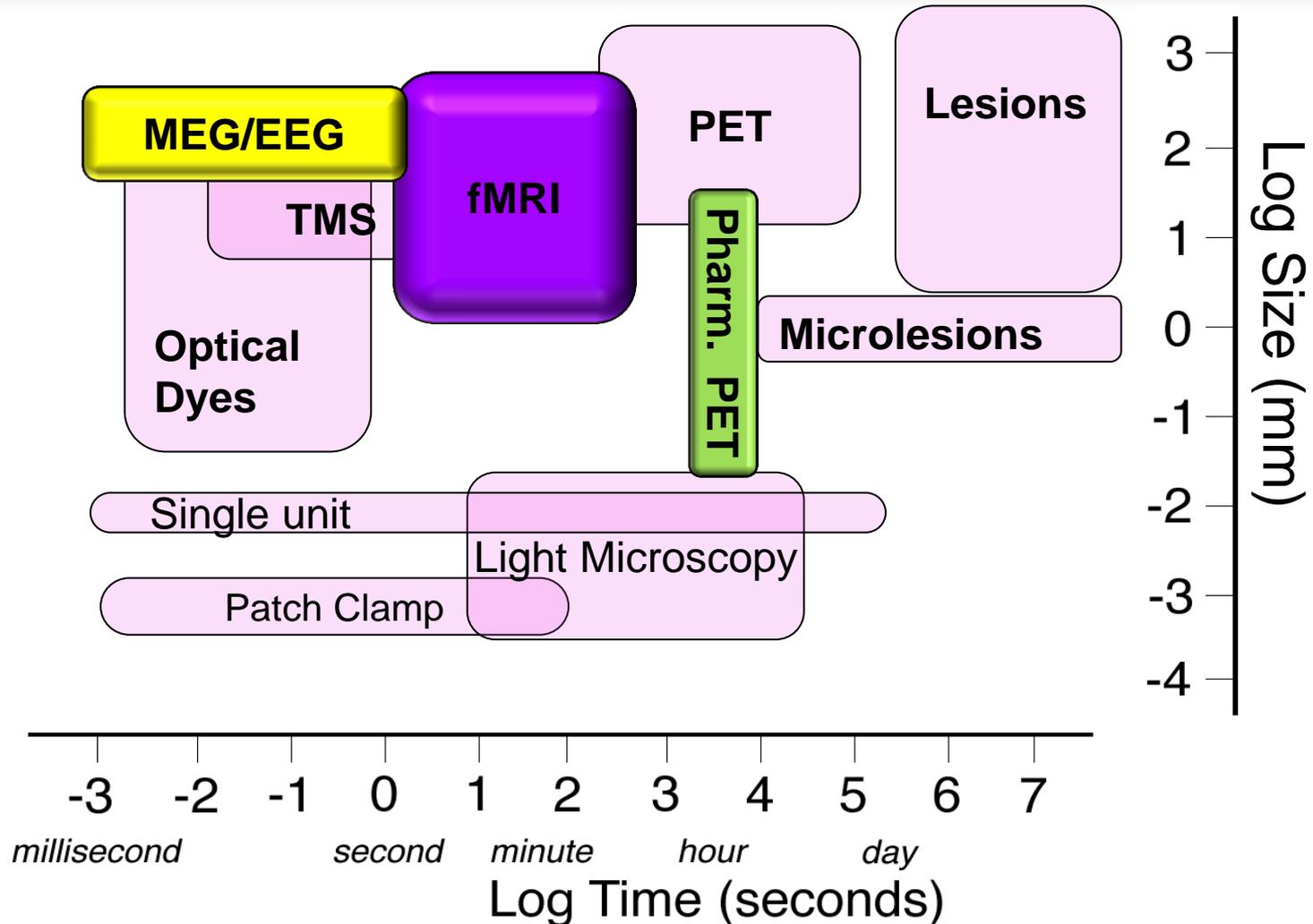


Parkinson's tremor

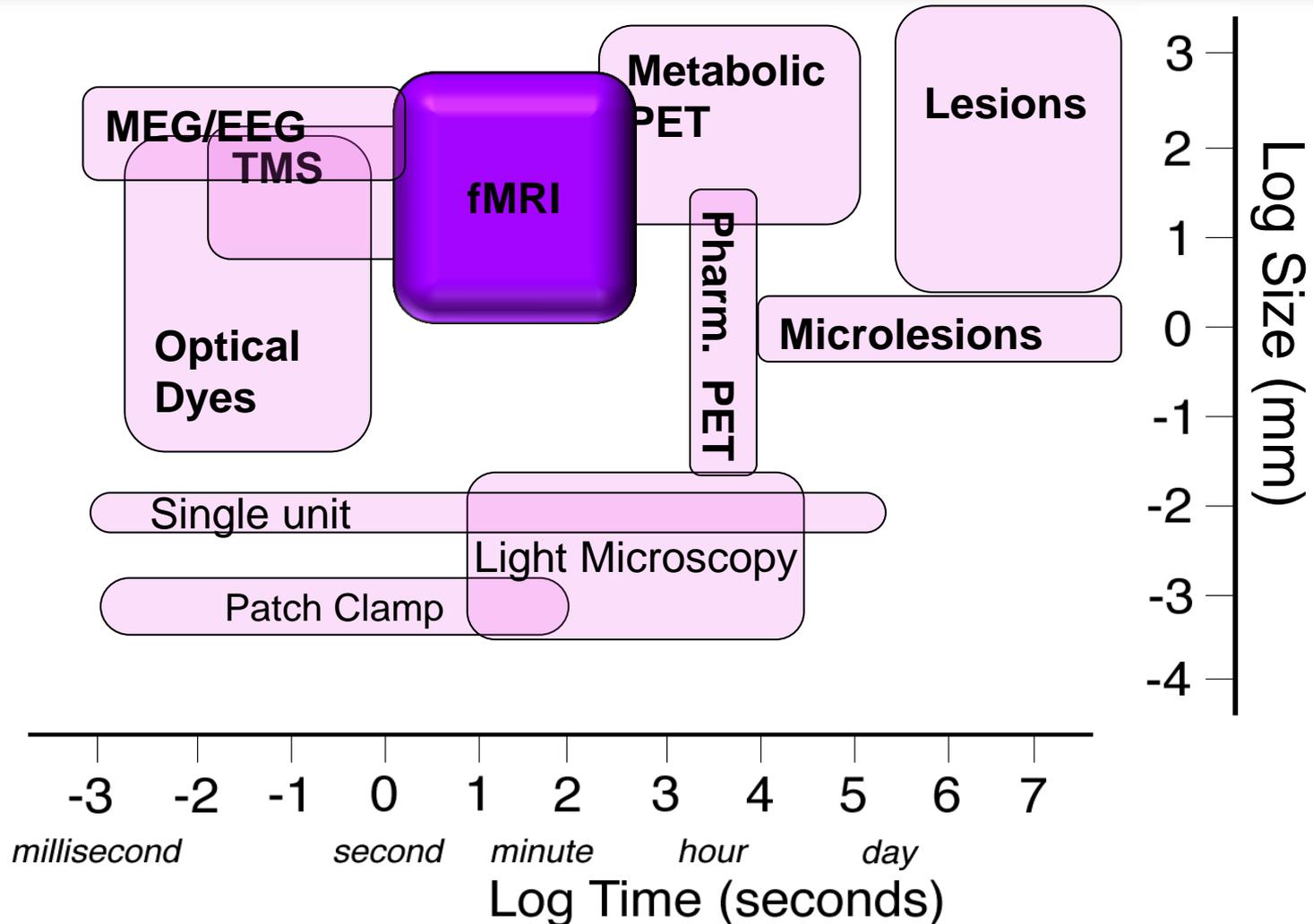
***Early Sign:
Decreased Arm
Swing***



Techniques to probe brain function



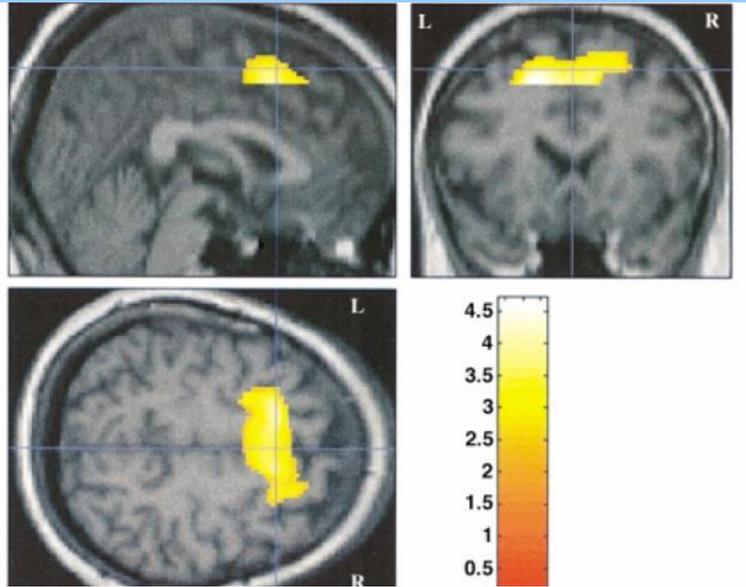
Techniques to probe brain function



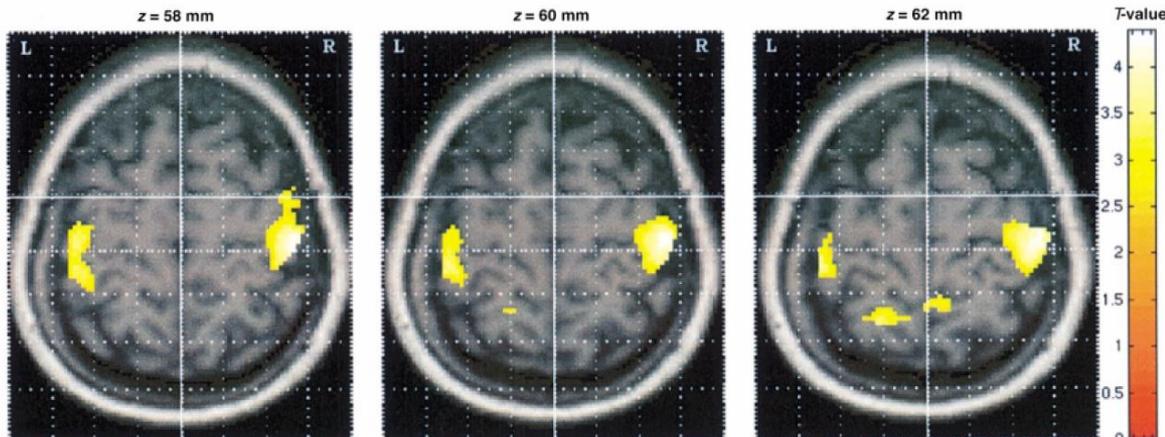
Parkinson's Disease: Clinical Effects of L-dopa treatment can be dramatic



Surprisingly subtle changes in activation due to L-dopa !



- Areas that show **decreased** activation in Parkinson's.



- Areas that show **increased** activation in Parkinson's.

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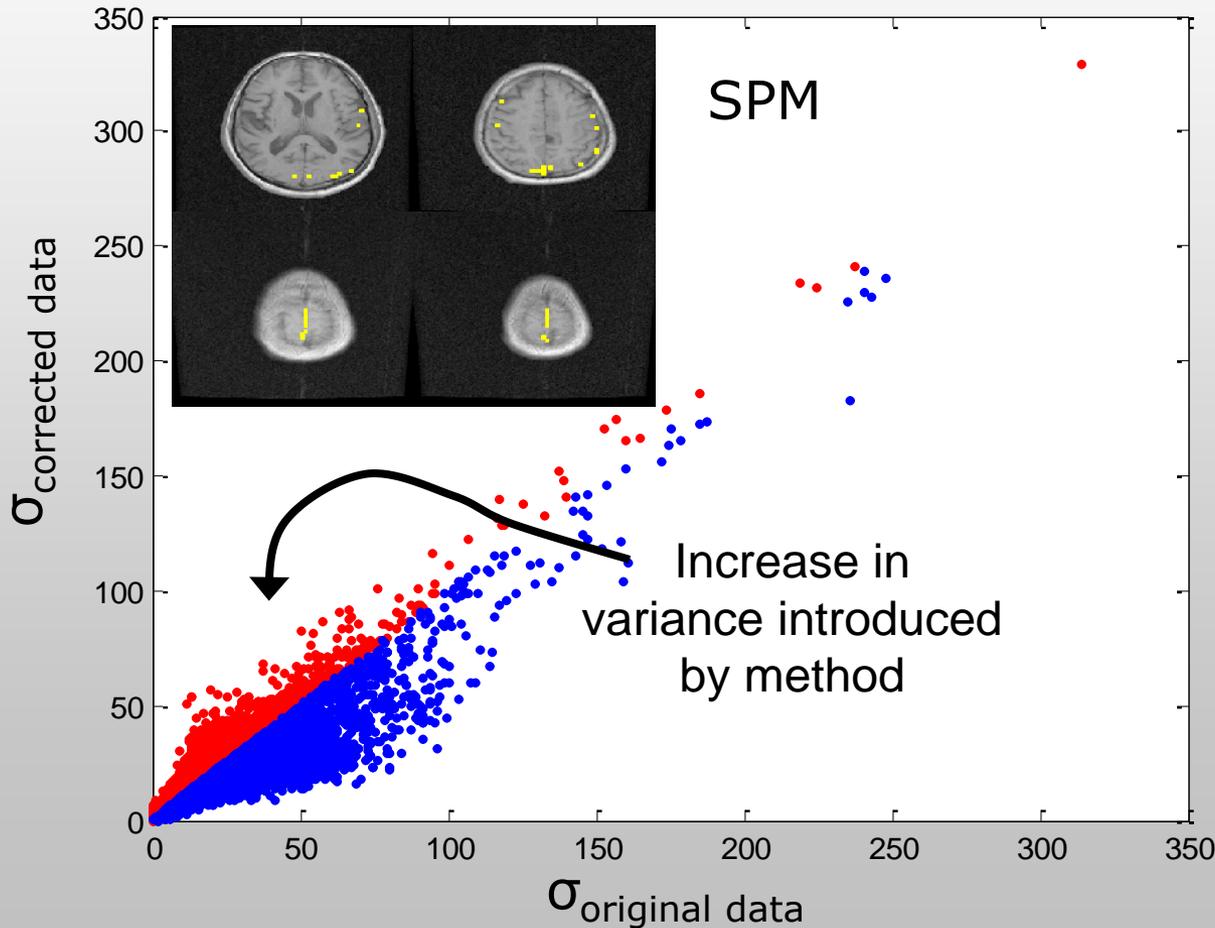
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Why are traditional fMRI analyses so insensitive to medication effects in Parkinson's ?

- **Task activation manifests itself differently than changes in BOLD amplitude at discrete loci**
- **Increased inter-subject variability**
- **Increased movement artifact**

Most motion correction algorithms INTRODUCE variability in the data

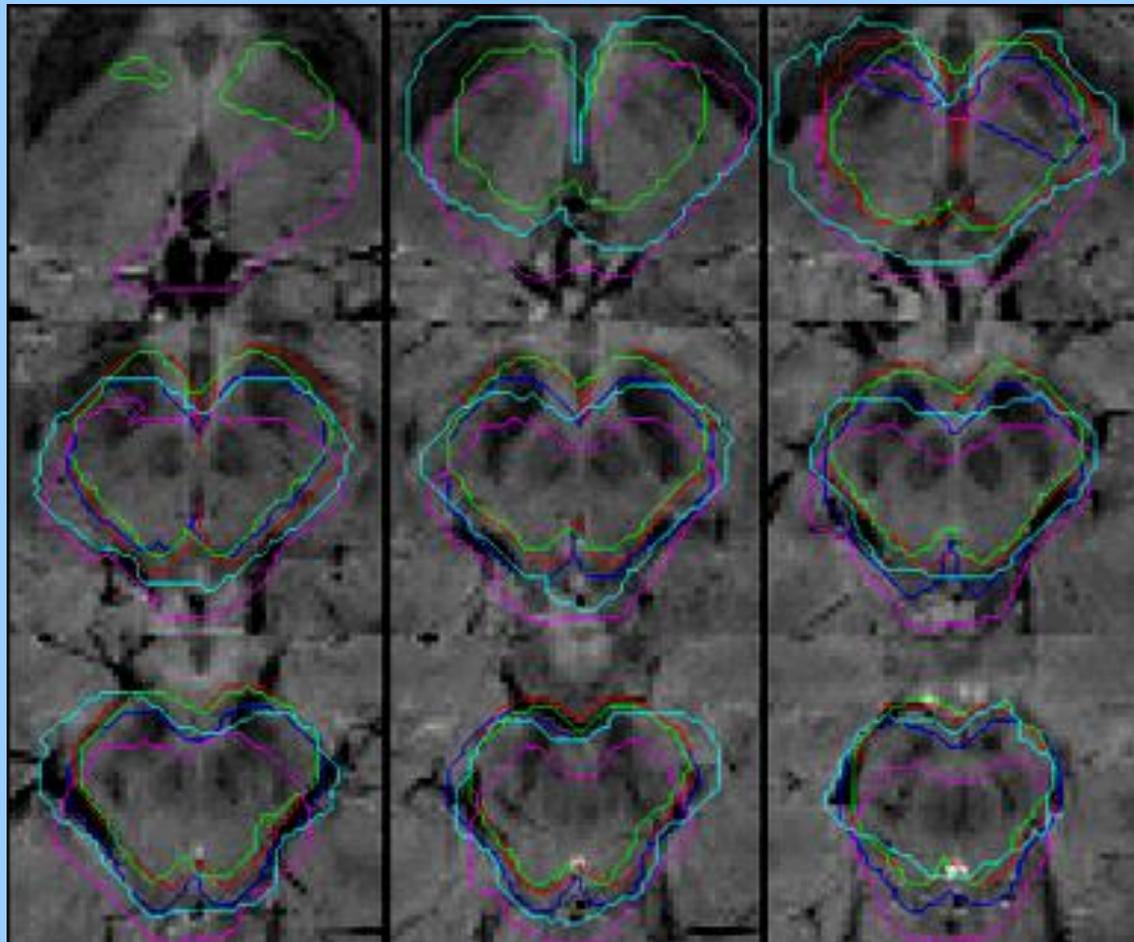


Liao, et al. (2006)
Magn Reson Med
55: 6. 1396-1413 Jun

Why we don't routinely register brains for our studies ...

Midbrain of 5 control subjects

Standard Affine

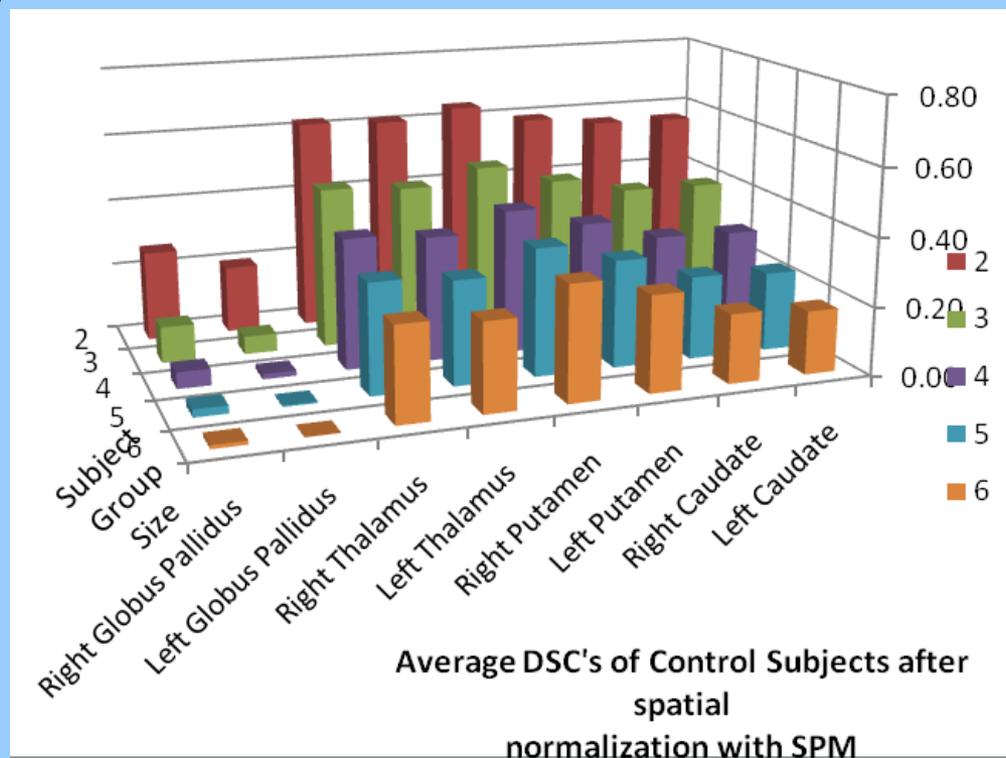
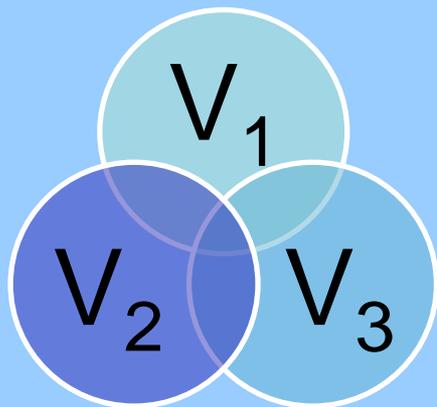


Measurement of Residual Anatomical Variability after Registration

- Dice Similarity Coefficient (DSC)

- DSC=1 Exact alignment
- DSC=0 No overlap

$$DSC = \frac{n \times \bigcap_{i=1}^n V_i}{\sum_{i=1}^n V_i}$$

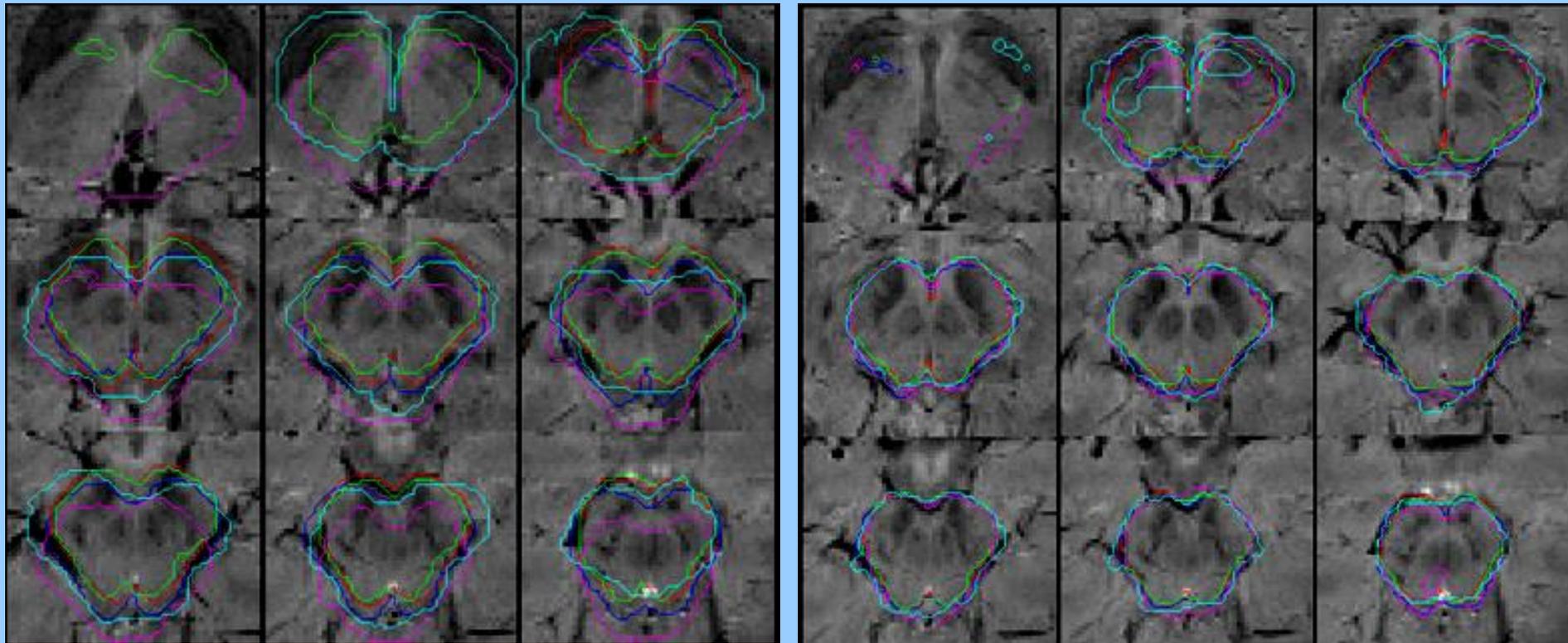


Why we don't routinely register brains for our studies ...

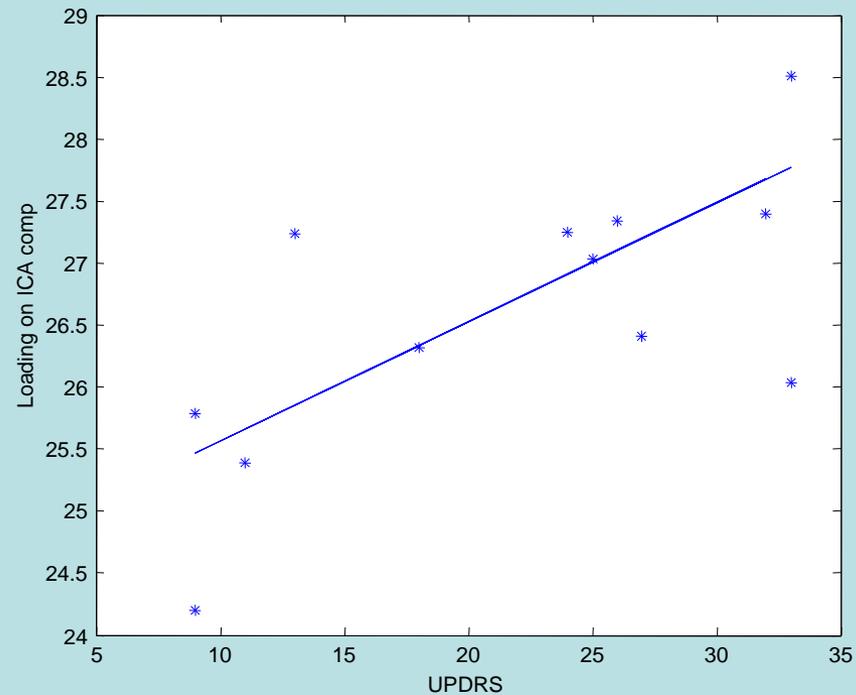
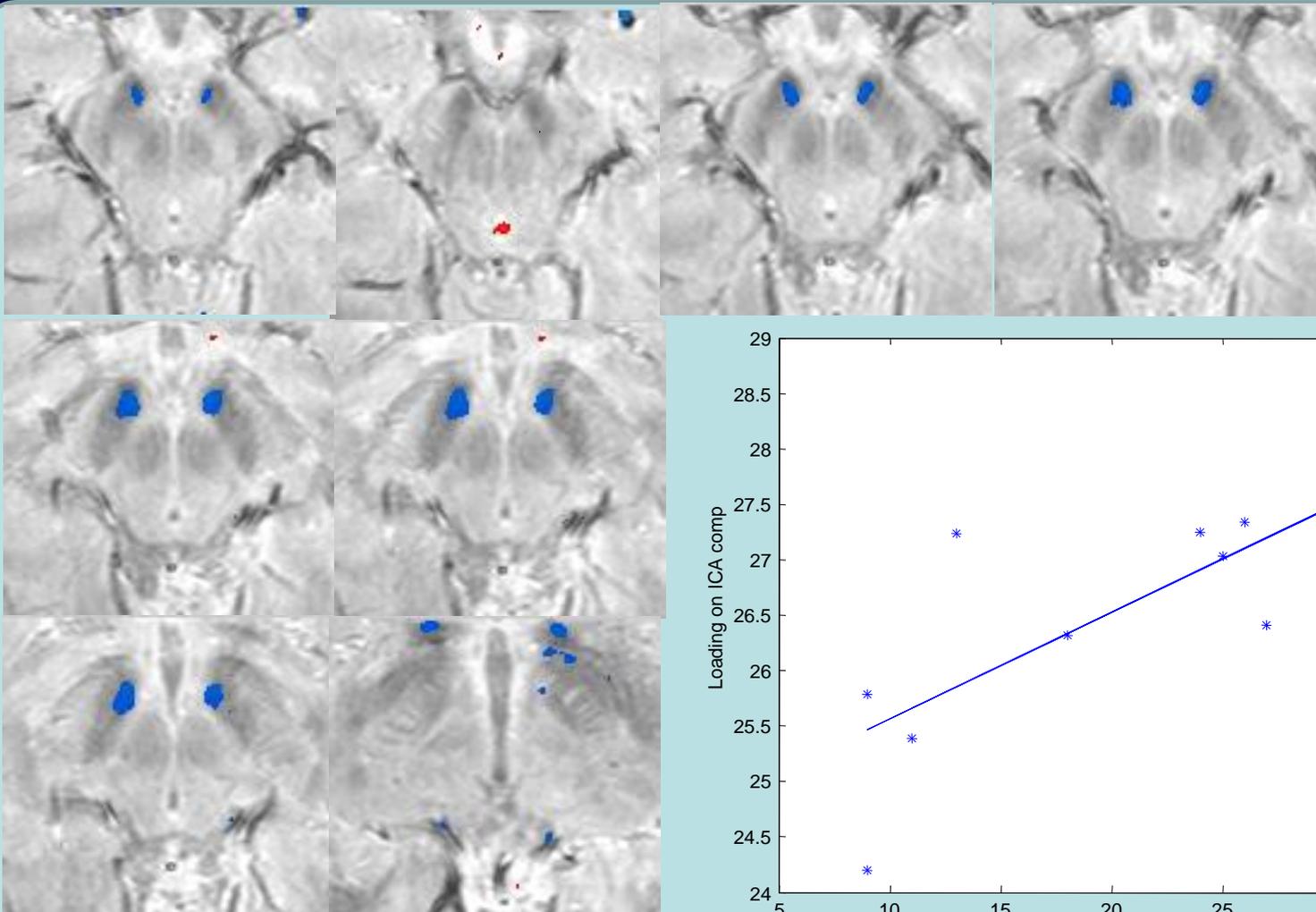
Midbrain of 5 control subjects

Standard Affine

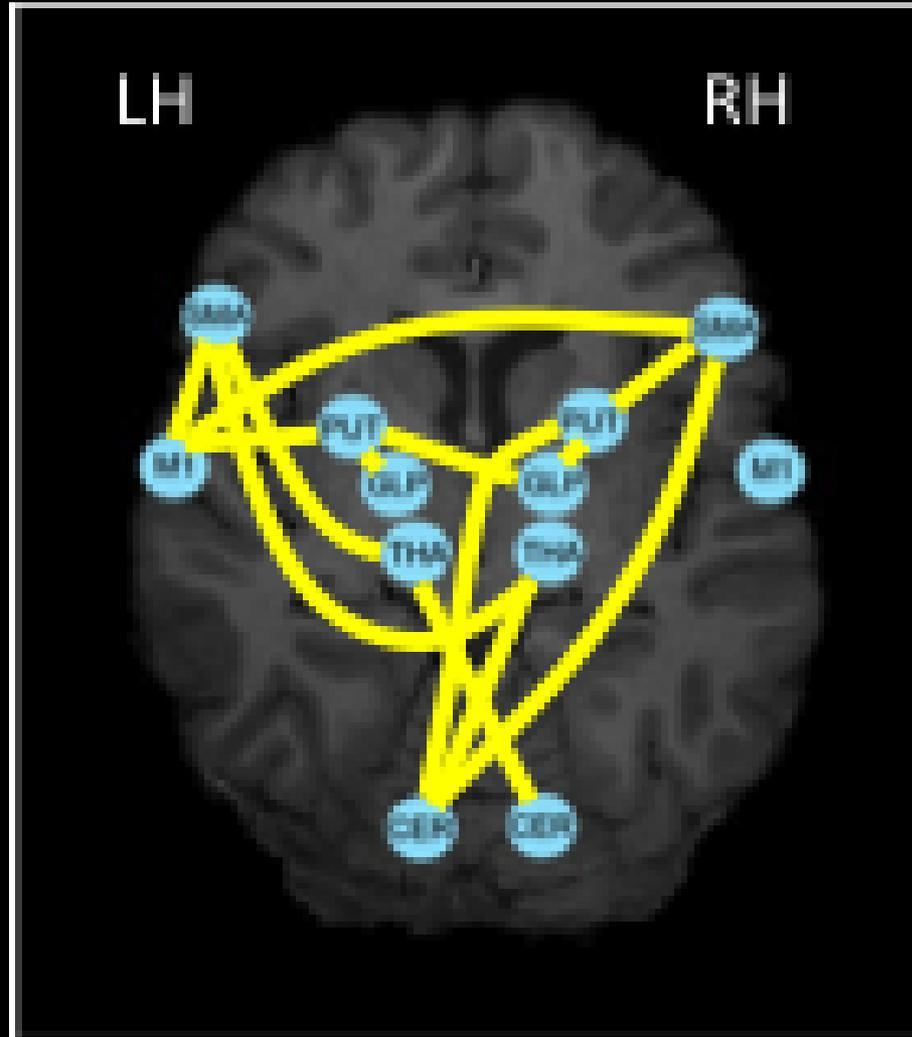
Multi-structure LDDMM



Susceptibility Weighted Imaging (SWI): Correlation with Parkinson's Disease Severity



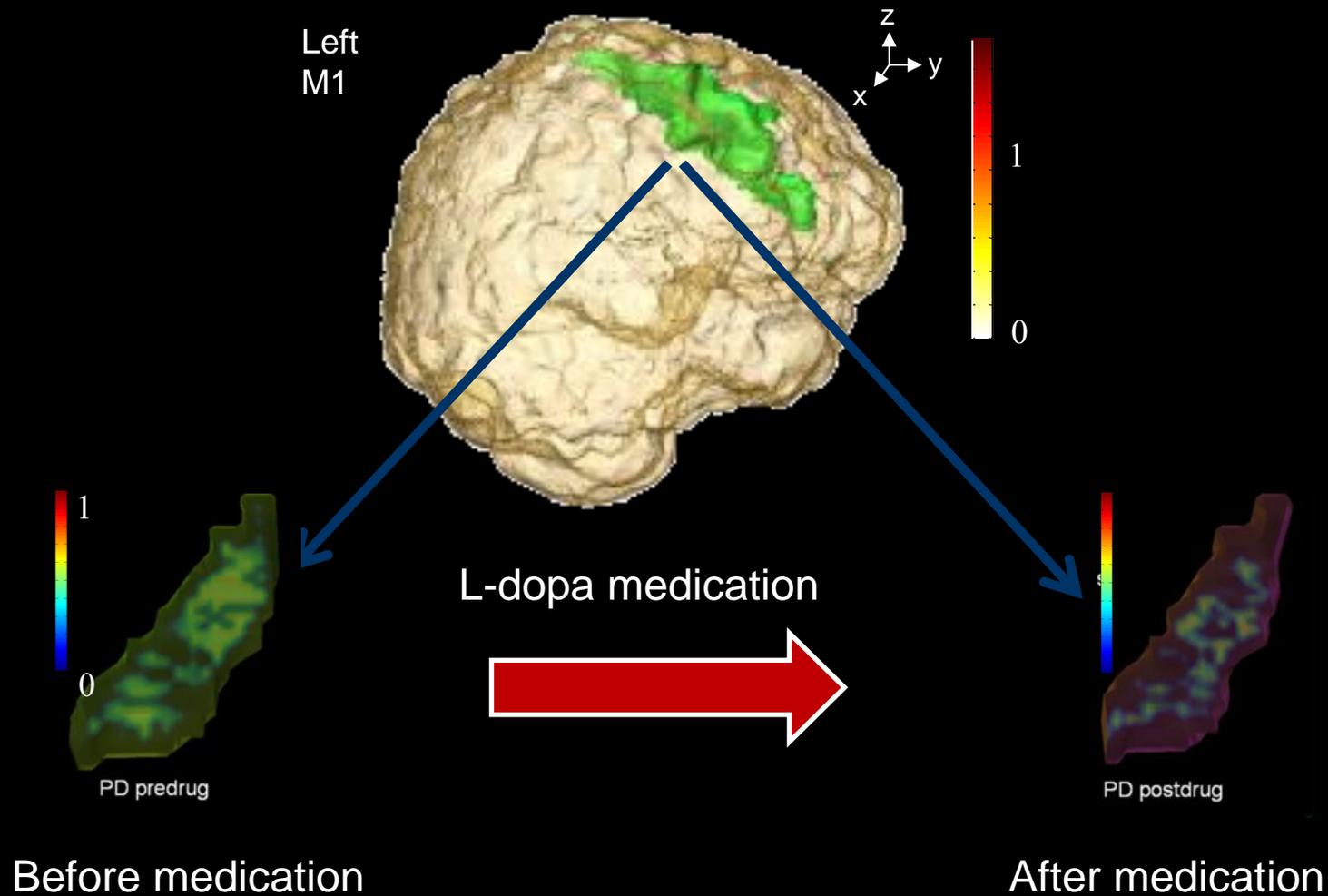
Determine measures in native (unwarped) space



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Spatial effects of L-dopa medication on fMRI activation maps



Examining the shape (“3D texture”) of fMRI activation

For a 3D distribution, in our case a fMRI t-statistics within a specific ROI, the moments of order $n=p+q+r$ are given by:

$$\mu_{pqr} = \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} x^p y^q z^r \rho(x, y, z) dx dy dz$$

where (x,y,z) are the spatial coordinates of each voxel and $f(x,y,z)$ is the value of voxel with coordinates (x,y,z) within the ROI.

To obtain **invariance to position**:

$$\mu_{pqr} = \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} (x - \bar{x})^p (y - \bar{y})^q (z - \bar{z})^r \rho(x, y, z) dx dy dz$$

For **invariance to size**, we normalize as:
$$\eta_{pqr} = \frac{\mu_{pqr}}{\mu_{000}^{\frac{p+q+r}{3}+1}}$$

For **invariance to rotation**, central moments can be combined in specific ways, for example :

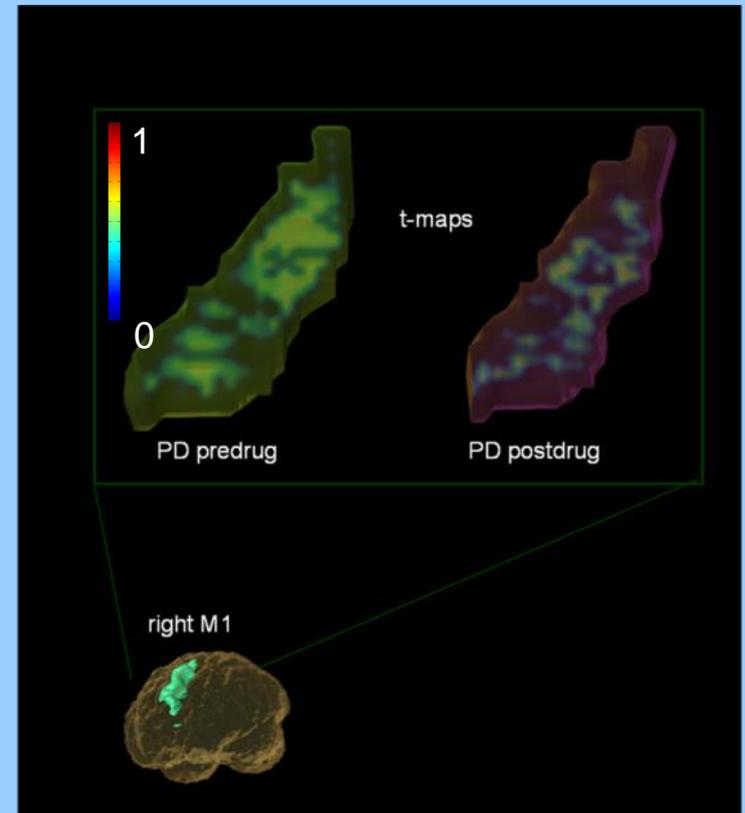
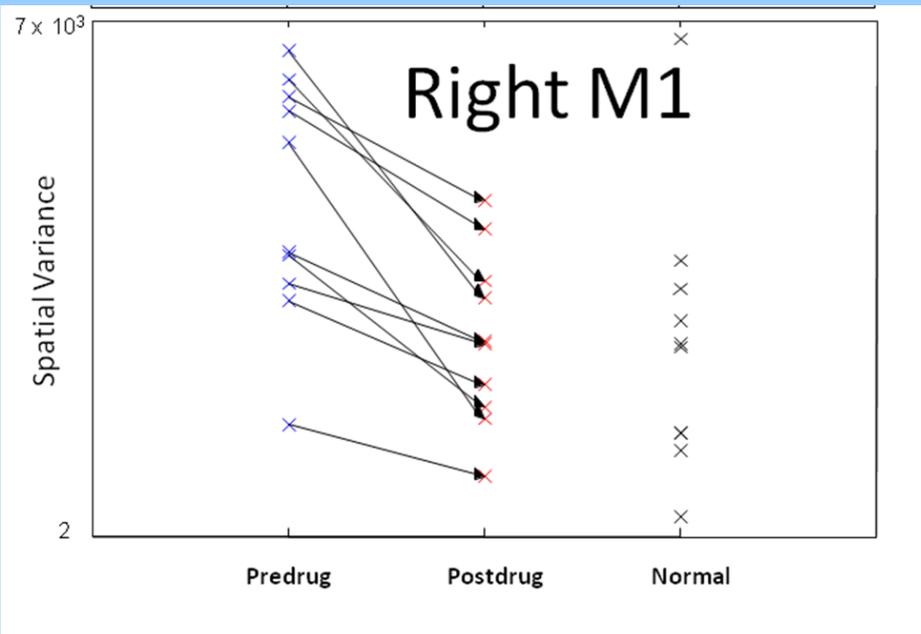
$$J_1 = \eta_{200} + \eta_{020} + \eta_{002}$$

$$J_2 = \eta_{200}\eta_{020} + \eta_{200}\eta_{002} + \eta_{020}\eta_{002} - \eta_{101}^2 - \eta_{110}^2 - \eta_{011}^2$$

$$J_3 = \eta_{200}\eta_{020}\eta_{002} - \eta_{002}\eta_{110}^2 + 2\eta_{110}\eta_{101}\eta_{011} - \eta_{020}\eta_{101}^2 - \eta_{200}\eta_{011}^2$$

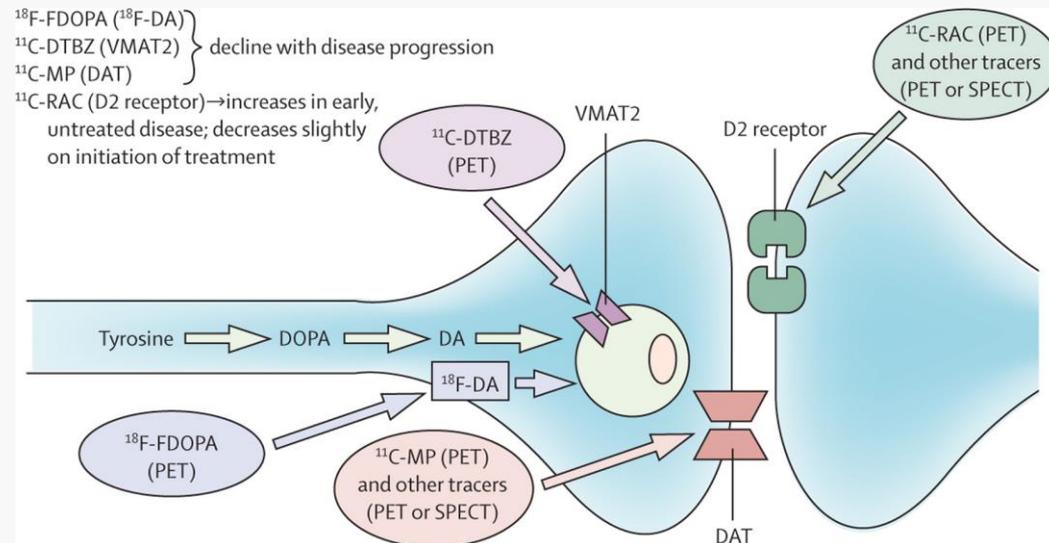
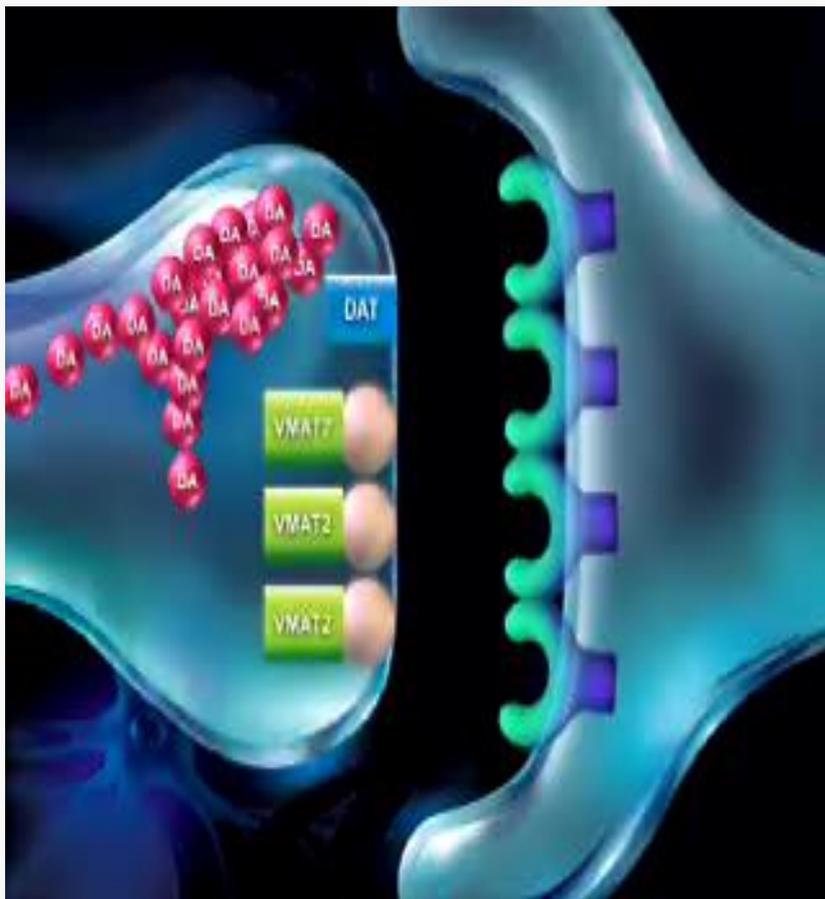
Focusing Effect of L-dopa assessed by spatial variance

PD subjects increase their area of activation compared to normal controls. This increased area normalizes after L-dopa



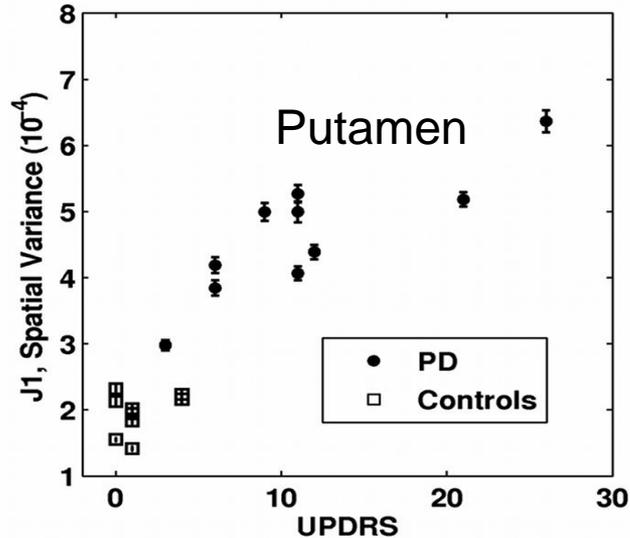
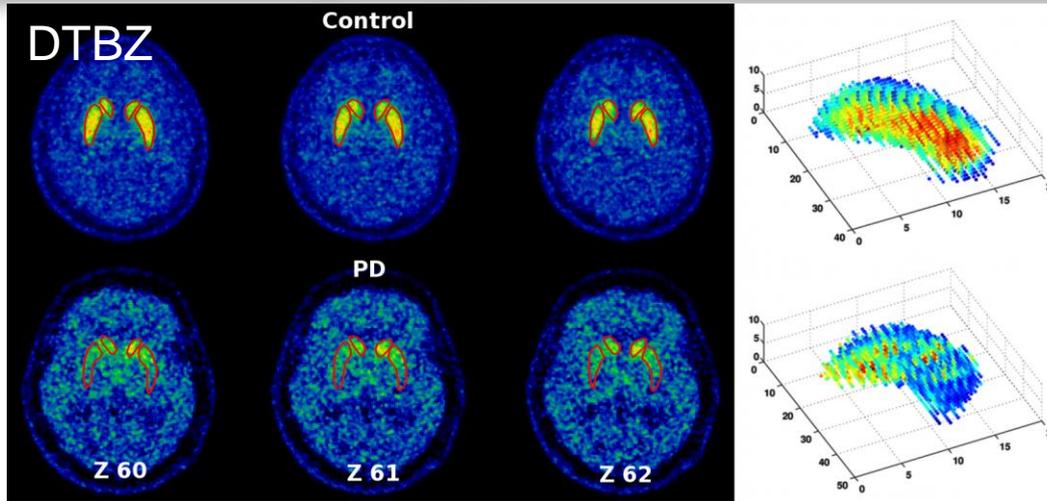
Ng, Palmer, Abugharbieh & McKeown. Focusing Effects of L-dopa in Parkinsons Disease. *Human Brain Mapping* (2009).

PET imaging of the dopamine system



A J Stoessl, W R W Martin, M J McKeown, V Sossi
 (2011) Advances in Imaging In Parkinson's Disease
Lancet Neurology 10: 11. 987-1001

3D Moment Invariants – application to PET imaging in Parkinson's disease



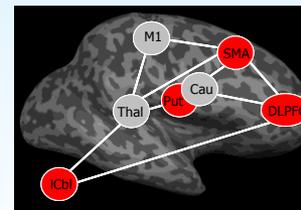
Areas of activation vs connectivity

Late 19th Century two opposing view of normal brain function:

1. Each cortical area was associated with a particular function (Gall)



2. Normal function required the collaboration between different brain areas (Wernicke) *“Any psychic process ... could not be localized, but tested on the mutual interactions of these fundamental psychic elements mediated by means of the ... association fibres”*

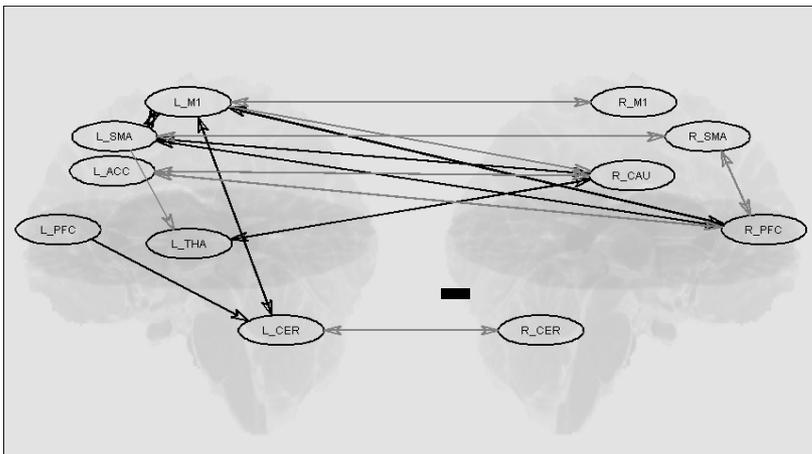


Carl Wernicke

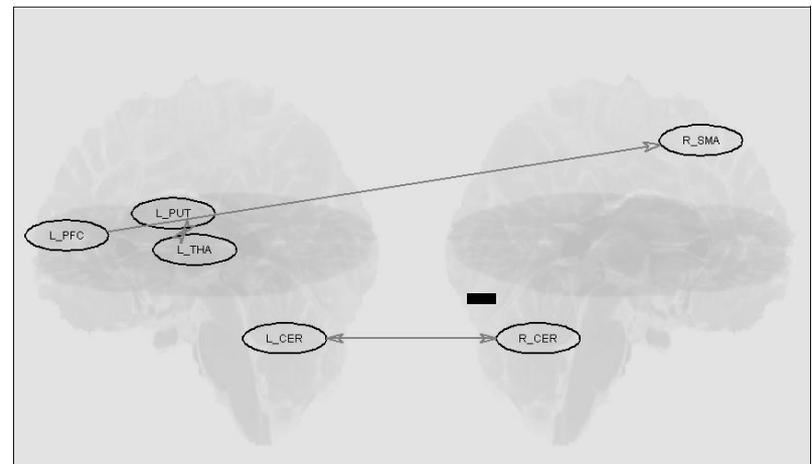
L-dopa normalizes impaired connectivity

Differences in connectivity patterns (based on an MAR model) between PD and normal controls during performance of bimanual movements

PD Subjects Off Medication



PD Subjects On Medication



PD Off-med: grey lines (decreased cf controls) mostly decoupling from rest between homologous regions, black lines (increased cf controls) show **increased cerebellar connectivity**.

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Replicator Dynamics – one way to assess co-varying regions forming networks

Based on theoretical biology

- Have a number of species, w
- Define a static 'fitness' matrix, \mathbf{C} , which represents interaction between species
- How does the population evolve over generations?

Replicator Dynamics – one way to assess co-varying regions forming networks

Let $w(k)$ be a vector with the j^{th} element being the probability that allele j remains in the gene pool during the k^{th} generation and C be a 'fitness' matrix with each element reflecting the fitness of a genotype (a pairwise combination of alleles), $w(k)$ can be estimated as follows :

$$w(k+1) = \frac{w(k) .* Cw(k)}{w(k)^T Cw(k)}$$

where $.*$ represents element-wise multiplication.

The above equation is a local maximizer of the following optimization problem:

$$\arg \max_w w^T Cw, \quad \text{subject to } \|w\|_1 = 1, w \geq 0$$

This provides an elegant solution to the challenging problem of non-negative, sparse PCA.

Group Replicator Dynamics

- Let $W(k)$ be a $N_r \times N_s$ matrix with $w^i(k)$ of each subject along the columns,
 - $W_c(k)$ be the same as $W(k)$ but with the subject mean removed from each row.

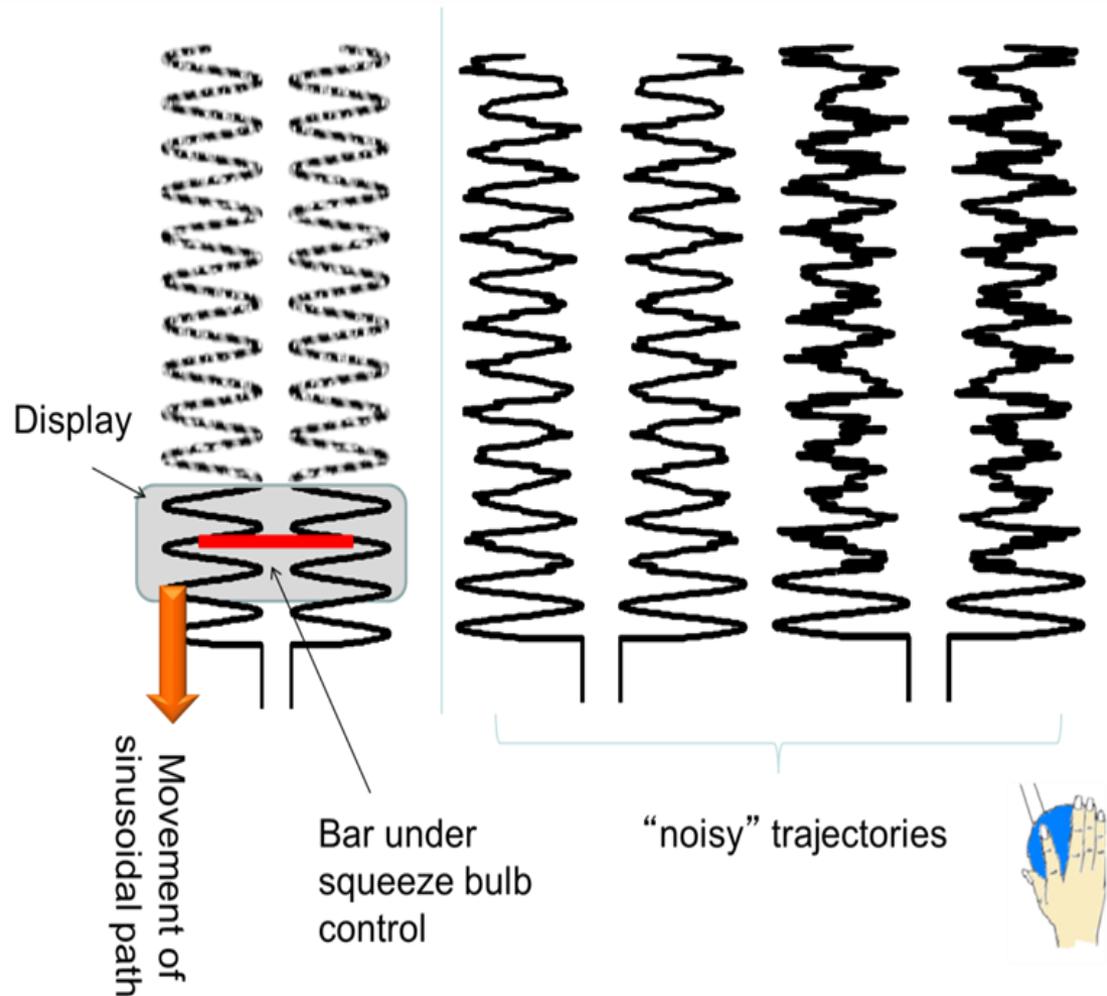
To encourage networks comprising the same ROIs, the weight vector of each subject i , $w^i(k)$, is adjusted so that the group entropy is minimized:

$$W(k) = W(k) - \lambda \left((W_c(k) W_c(k)^T)^{-1} W_c(k) \right)$$

where λ governs the degree of group support.

- This results in highly coherent networks that comprise the same ROIs across subjects but with subject-specific ROI weightings.
- If we consider ROIs as nodes of a graph and elements of C_i as edge weights, we can remove only those edges present in the dominant network, which enables the same ROI to be in multiple networks.

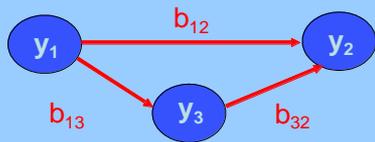
Group Replicator Dynamics in Parkinson's Disease



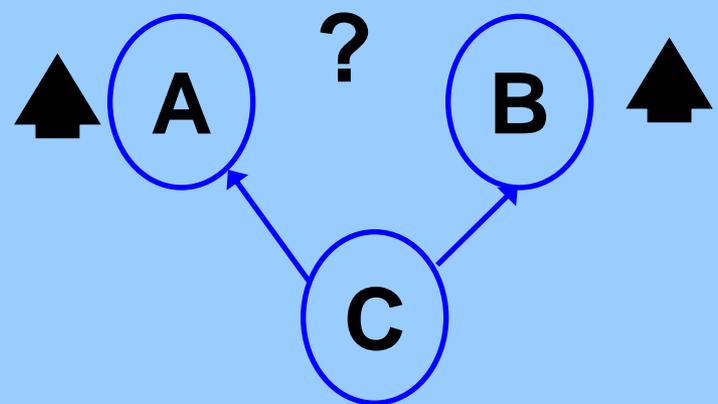
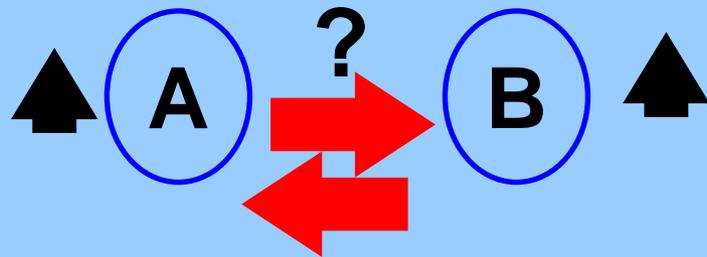
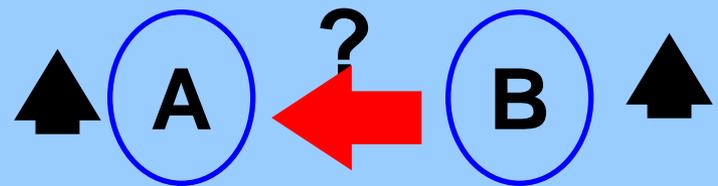
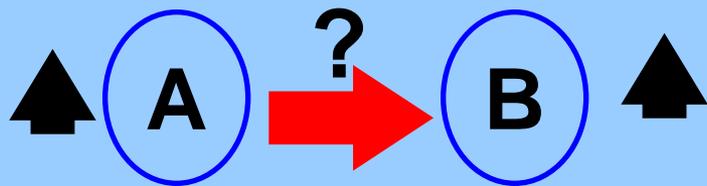
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Problems with Inferring Connectivity



Problems of covariance vs. causality



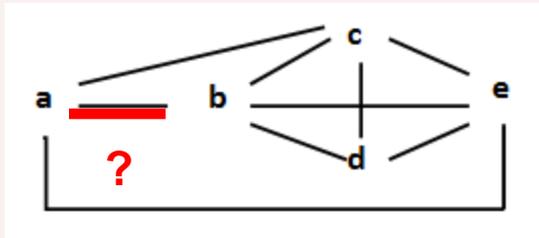
Thomas Bayes

Issues Related to Bayesian Network Learning

- **Accuracy.** **Error rate control : FDR**
 - ◆ How many connections are actually true?
 - ◆ How many true connections can be detected?
- **Efficiency.** **Group Level PCfdr algorithm**
 - ◆ Exploratory studies must search through a huge number of possible models to find one or a few that are best supported by data.
- **Generality (deal with the inter-subject variability issue).**
 - ◆ Biomedical research usually involves a group of subjects.

The PCfdr algorithm for Bayesian Network (BN) Learning

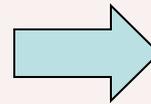
- PC algorithm is a fast BN learning method.
- False Discovery Rate (FDR) control procedure.



Estimate the *p-value* between **a** and **b** given vertex set **C**, $P_{a \perp b | C}$ based on partial correlation coefficients.

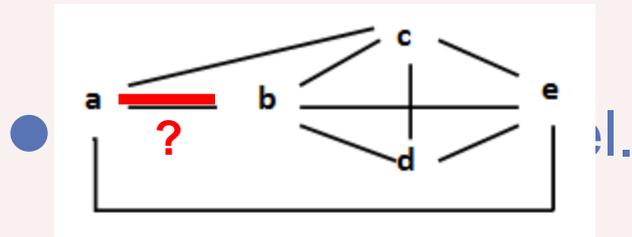
If $P_{a \perp b | C}$ is larger than the threshold, then remove the edge between **a** and **b**.

Given *p-values* of multiple-hypothesis testing, it adaptively sets a threshold to control the FDR under user-specified level q .



**PCfdr algorithm :
Combine PC
algorithm with the
FDR control .**

Extending the PCfdr algorithm to the group level by embedding the mixed effect model



Estimate the *p-value* between **a** and **b** given vertex set **C** at the **group level**

$$z_i = z_g + e_i + \varepsilon_i$$

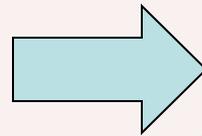
subject level group level

$$e_i \propto N(0, \sigma_g^2)$$

→ Inter-subject variance

$$\varepsilon_i \propto N(0, \sigma_i^2)$$

→ Within-subject variance



Unbalanced case: Restricted Maximum Likelihood (ReML) approach

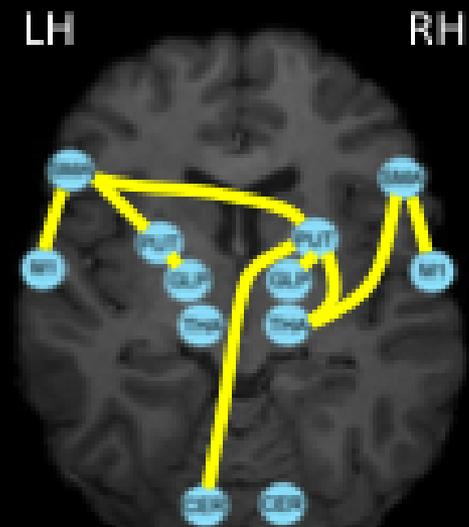
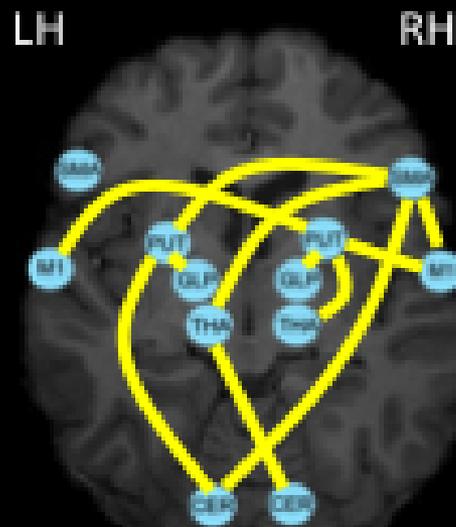
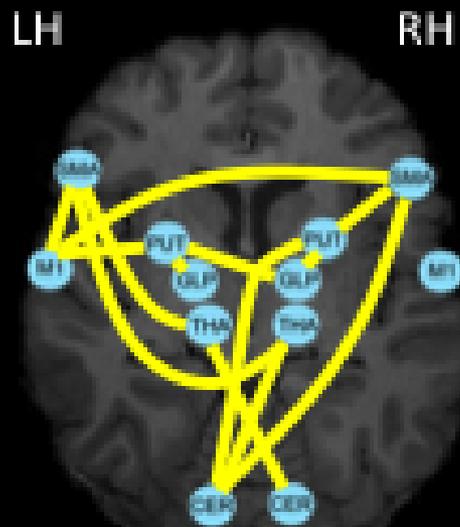
Balanced case: t-test

Altered connectivity in PD subtypes may represent a type of compensation

Normal

PD-Tremor

PD-Rigid



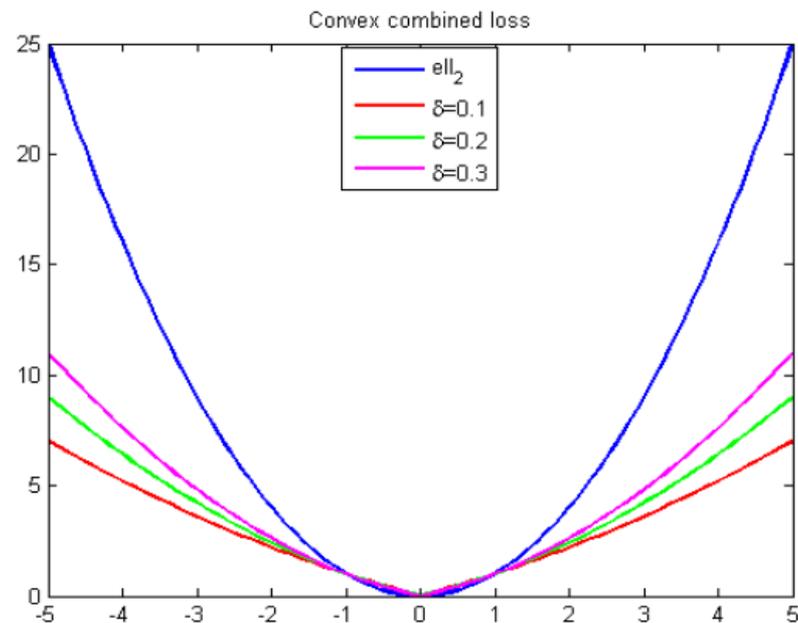
S J Palmer, J Li, Z J Wang, M J McKeown (2010) Joint amplitude and connectivity compensatory mechanisms in Parkinson's disease. *Neuroscience* 166: 4. 1110-1118 Apr

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Robust LASSO

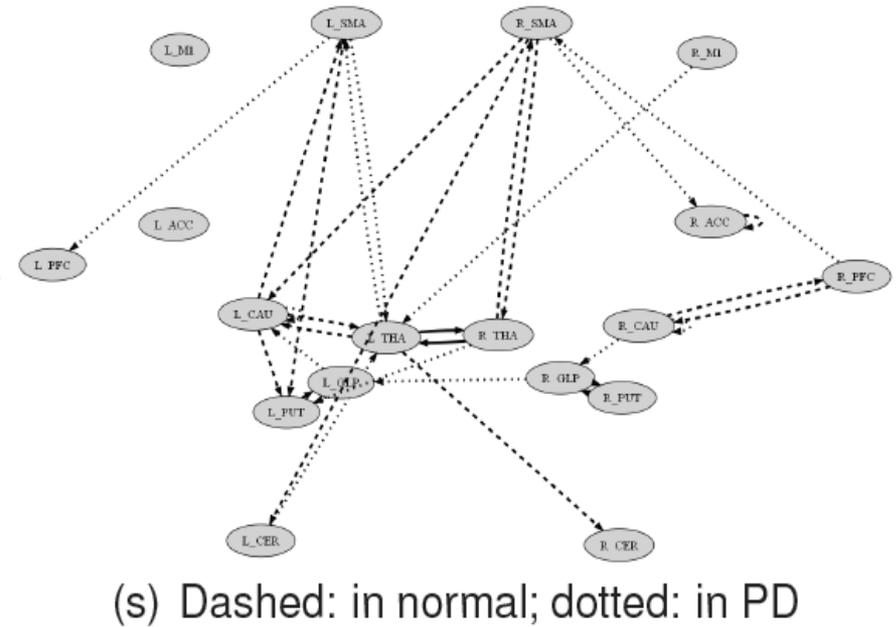
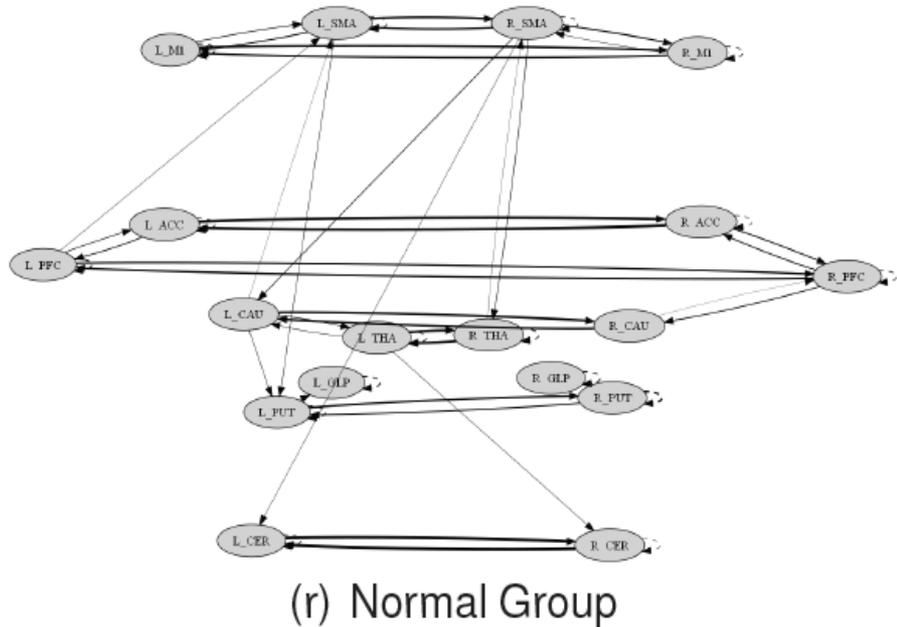
- We propose the **convex combined loss** of ℓ_1 and ℓ_2 norms.
- Special cases:
 - $\delta = 1 \implies$ ordinary LASSO
 - $\delta = 0 \implies$ *Regularized Least Absolute Deviation (RLAD)*.
- **More flexibility**: the convex combined weight can be tuned to achieve the minimal asymptotic variance.
- **Adaptive robust LASSO**: allowing unequal penalty weights for different coefficients.



The proposed convex combined loss function is defined as

$$L(\mathbf{u}; y_i, \mathbf{x}_i) = \delta (y_i - \mathbf{u}^* \mathbf{x}_i)^2 + (1 - \delta) |y_i - \mathbf{u}^* \mathbf{x}_i| .$$

Group Robust Lasso for fMRI Group Analysis



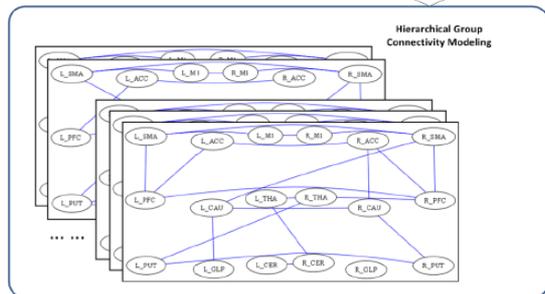
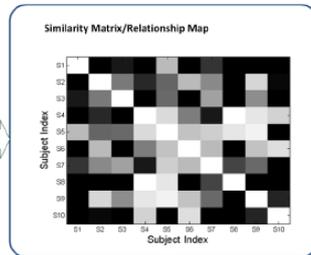
- Reciprocal connections
- Left↔right shift
 - Normal: R_SMA – R_THA
 - PD: L_SMA – L_THA
- Missing connections in PD: R_PFC – R_CAU

Incorporating genetic/clinical information into network computations

Genotype

Genotype	
S ₁	CAAGTTSAGAAA...AGAA
...	...
S ₁₀	CACGCTGAGAGA...AGAT

Similarity matrix



$$\begin{aligned}
 f(B) &= \sum_{i=1}^S \|Y(i) - X(i)B(i)\|_F^2 + \lambda \sum_{i=1}^S \|B(i)\|_{l_1} + \\
 &\quad \gamma \sum_{e_{lm} \in E} W(e_{lm}) \|B(l) - B(m)\|_{l_1} \\
 &= \sum_{j=1}^S \sum_{i=1}^n (Y_i(j) - \sum_{k=1}^K X_{ik}(j) B_k(j))^2 + \lambda \sum_{j=1}^S \sum_{k=1}^K |B_k(j)| + \\
 &\quad \gamma \sum_{e_{lm} \in E} W(e_{lm}) \sum_{k=1}^K |B_k(l) - B_k(m)|
 \end{aligned}$$

Loss

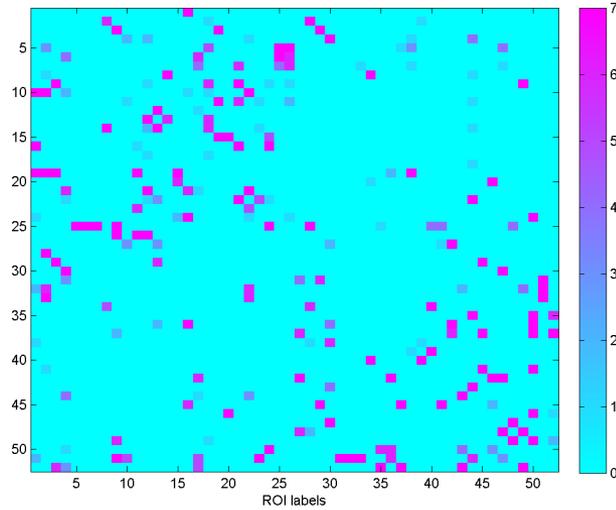
Penalty

Influence of similarity

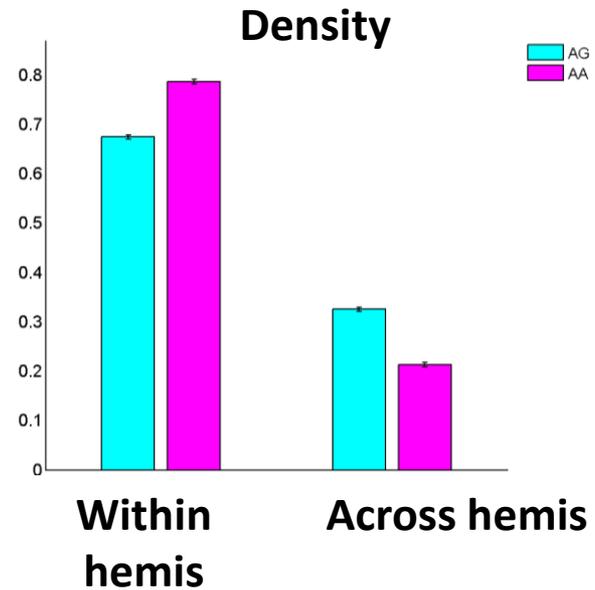
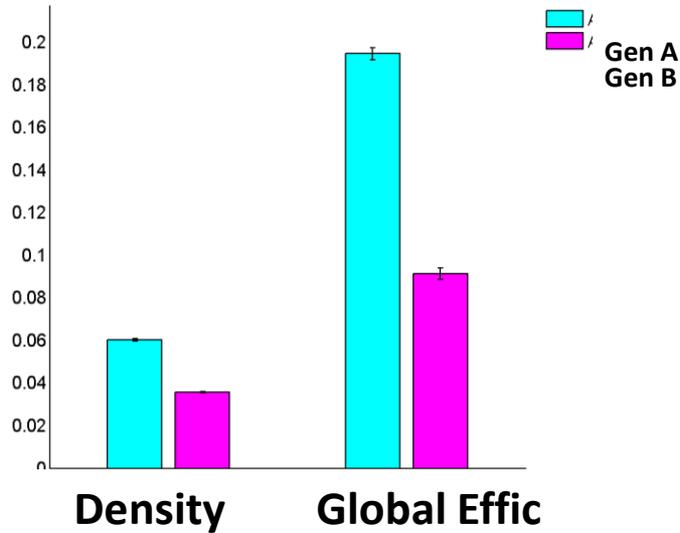
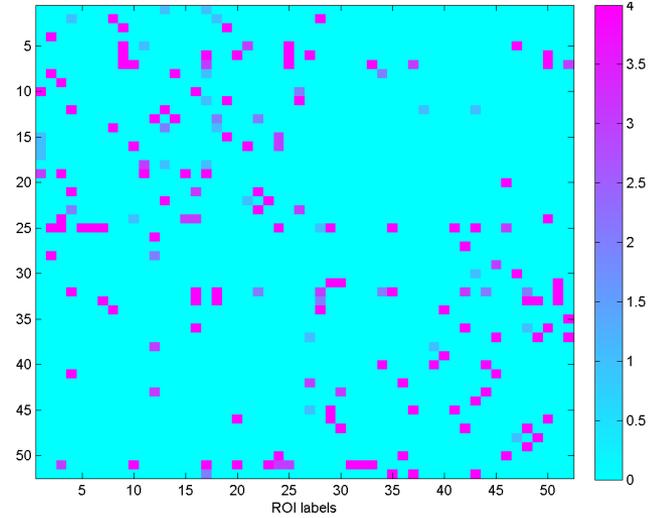
Results

Connectivity Patterns

Genotype A



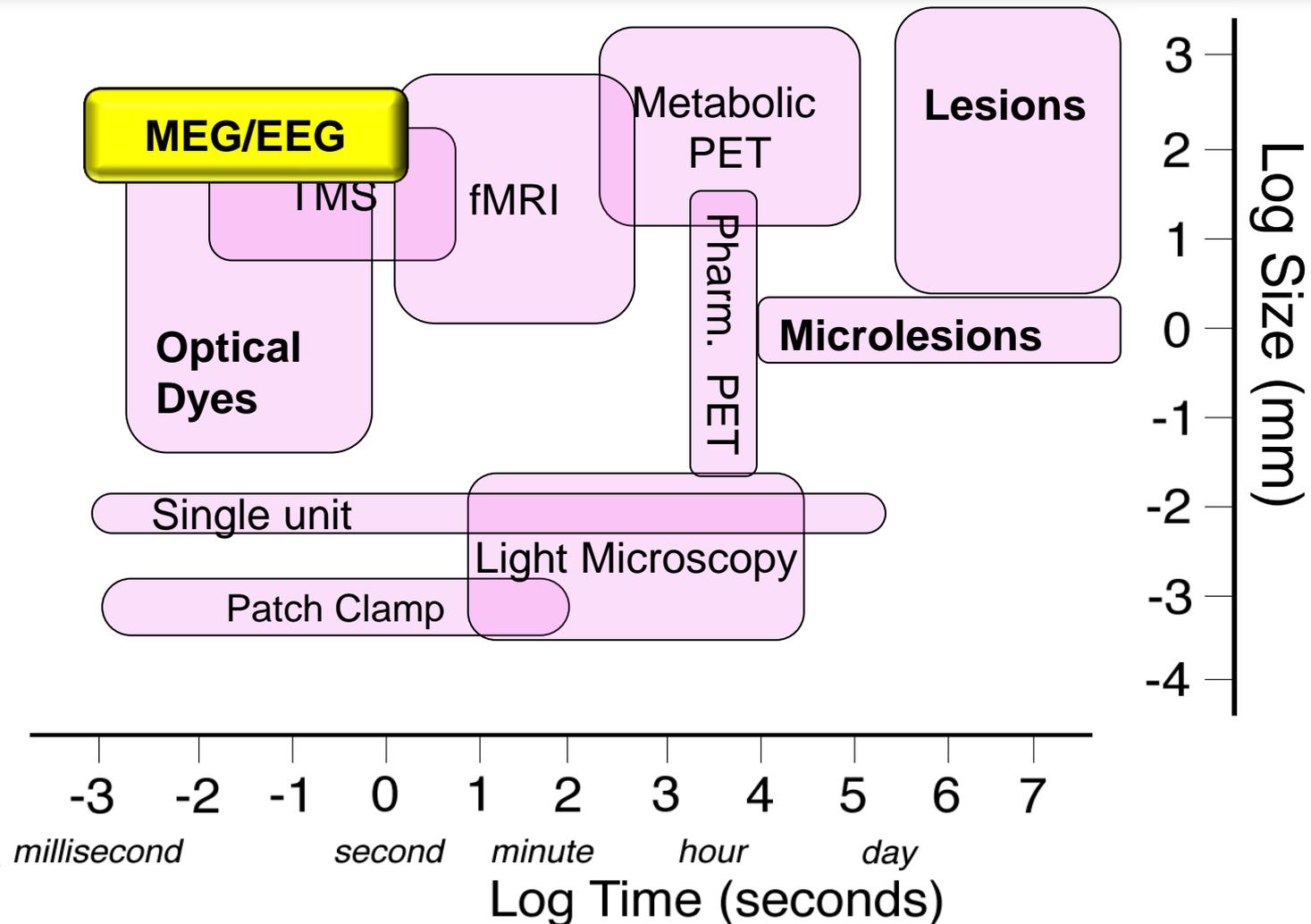
Genotype B



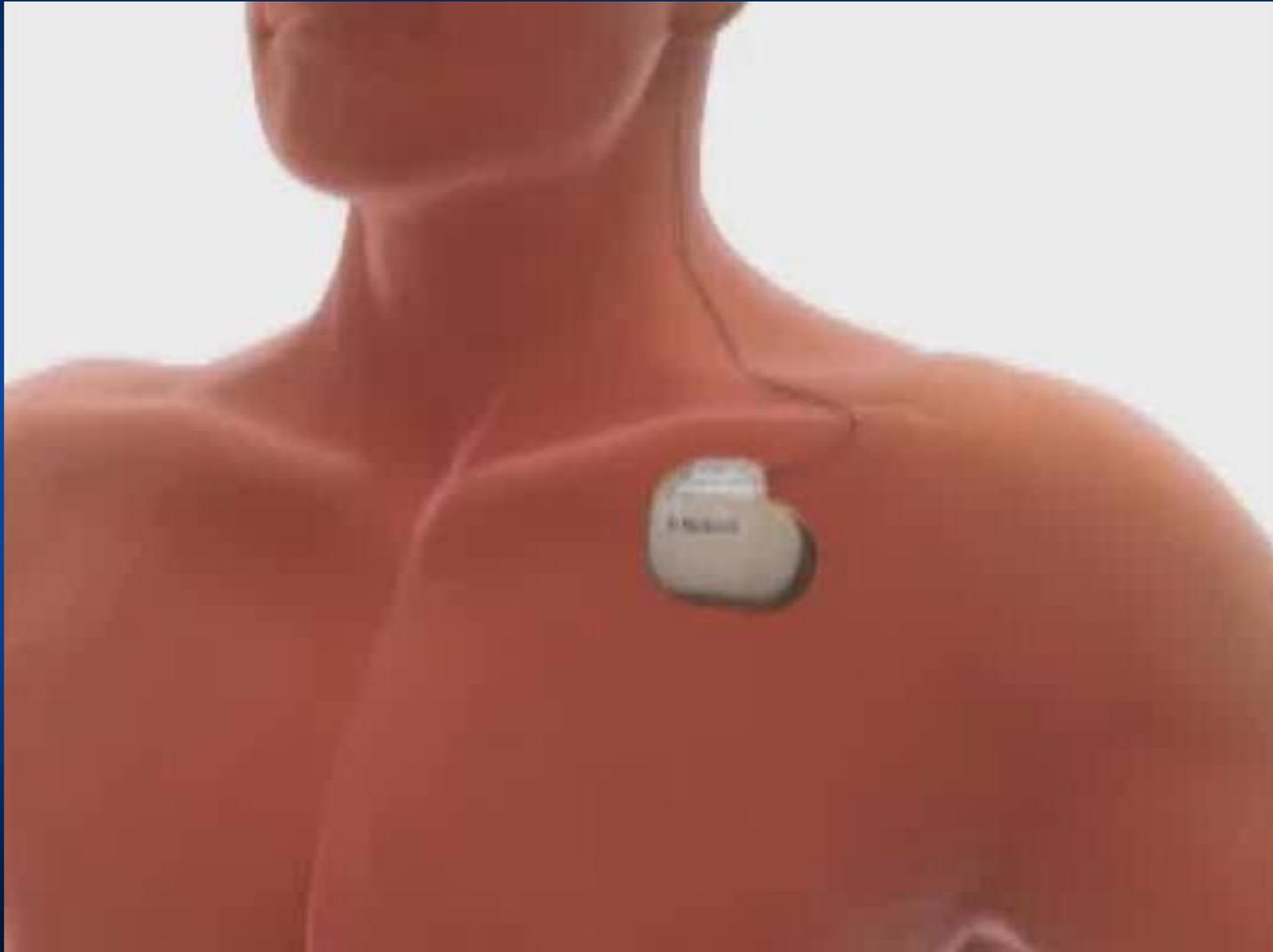
Outline

- **Motivation**
 - Parkinson's disease
 - Problems with standard fMRI analyses
- Brain Imaging techniques
 - 3D Moment Invariant descriptors of activation
 - fMRI
 - PET
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Techniques to probe brain function



Treatment of Parkinson's Disease: SURGERY



<http://www.youtube.com/watch?v=FAfcXakF56Q>

Existing EEG Connectivity Measures

Linear

Bivariate

Directional

Nonlinear

Multivariate

Non-directional

Coherence	Linear	Bivariate	Non-directional
Mutual Information	Nonlinear	Bivariate	Non-directional
Granger Causality	Linear	Bivariate	Directional
Multivariate AR-based Measures	Linear	Multivariate	Directional

more robust to noise
and computationally
efficient

more accurate as it accounts for all
the covariance structure
information from the full data set
(Humans poor pattern recognizers
in high dimensional states)

more biologically
meaningful as it
models causal
relationships

Common Challenges in EEG Connectivity Analysis (1)

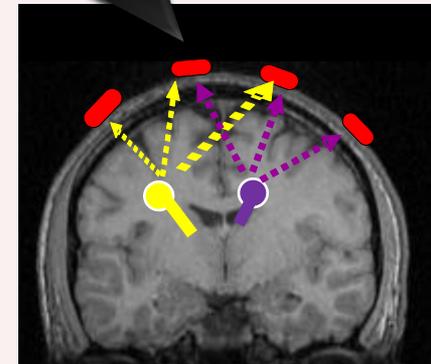
1) Poor “signal-to-noise” ratio

- Only a **small fraction** of signal content is **task-related**
 - Noise include measurement noise, eye and movement and **non-task-related background brain activities**
- EEG pre-processing or correlate EEG with the task

2) Poor spatial resolution

- Exacerbated by **volume conduction**.
 - Electrical activity of a current source is propagated radially to the scalp and picked up by multiple sensors.
 - Leads to **spurious correlations** between sensor recordings.
- **Source extraction**

Spatial overlap



Common Challenges in EEG Connectivity Analysis (2)

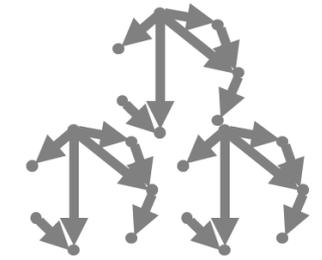
3) Numerical instability in mAR estimation

- high EEG dimension + high mAR model order
- e.g. consider a 10th-order mAR model with 20 channels
 - ~4000 parameters to be estimated
 - unstable when # samples \ll # parameters

→ Enforce sparsity

4) Inter-subject variability in group pattern inference

Pool-all-subjects Approach

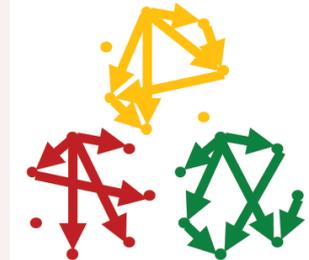


Structure: the Same
Parameters: the Same

→ Group analysis methods



Individual-structure Approach



Structure: Different
Parameters: Different

Addressing Problems in the EEG:

Numerical
Instability

Inter-subject
Variability

Volume
Conduction

Poor signal-to-
noise ratio

Sparsity

Group
Analysis

Source
Extraction

Data
Fusion

Sparse mAR-based PDC

1. sparse subject-level structure
2. sparse group-level structure

Generalized mAR Framework

jointly models volume conduction and causal relations between brain sources

Multiblock partial least square

finds components from EEG and EEG that are maximally covarying

→ Apply to normal and PD subjects to assess effects of disease and medication on motor-related brain connectivity

Partial Directed Coherence

Partial directed coherence (PDC) provides a frequency measure of directional, direct connectivity between multichannel signals based on an multivariate AR (mAR) model.

Time Domain Fourier Transform Frequency Domain

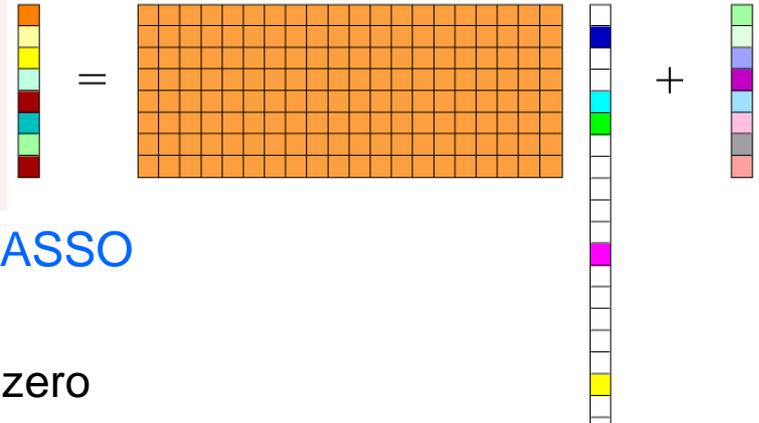
$$x(t) = \sum_{p=1}^P A_p x(t-p) + e(t) \quad \longrightarrow \quad \bar{A}(f) = I - \sum_{p=1}^P A_p e^{-i2\pi fp}$$

PDC index: $\pi_{i \leftarrow j}(f) = \frac{\bar{a}_{i,j}(f)}{\sqrt{\sum_{d=1}^D |\bar{a}_{d,j}(f)|^2}}$

- PDC values range between 0 (no influence) and 1 (high influence).
- Represent the **relative strength of influence** of signal j on signal i , **discounting the effects of all other signals**

Sparsity in Connectivity

$$x(t) = \sum_{p=1}^P A_p x(t-p) + e(t)$$



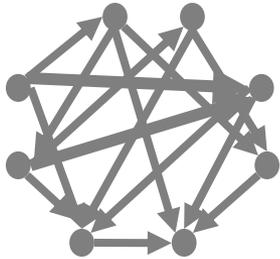
1. Sparsity on subject-level structure using LASSO

- penalizes L1 norm of β
- favours a solution where most coefficients are zero

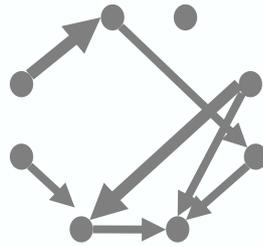
2. Sparsity on group-level structure using Group LASSO

- gLASSO divides β into **sub-vectors**, one for each connection (element i, j at lag p) **containing all subjects**, and penalizes the sum of their L2 norms
- each sub-vector is **either all zero or all nonzero** (but can have different values)

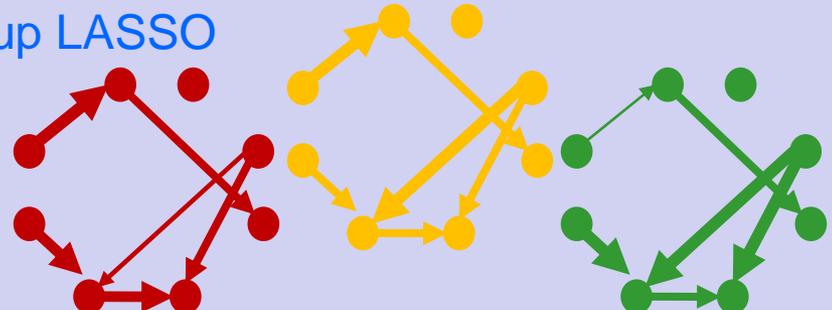
Full



LASSO

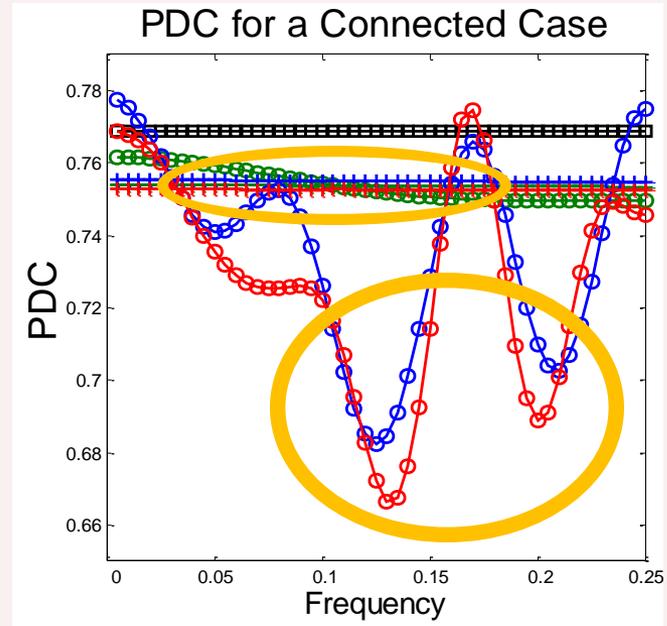
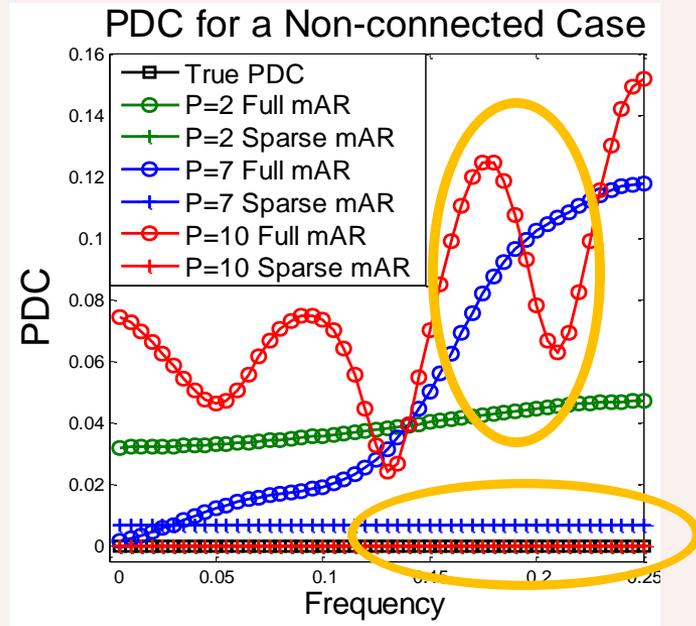


Group LASSO



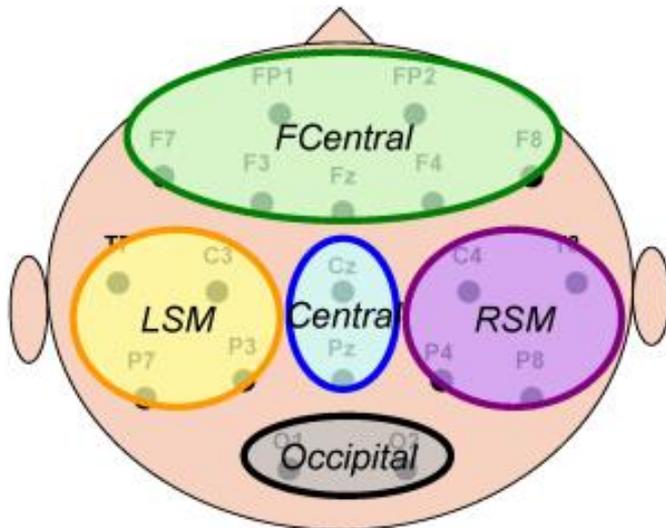
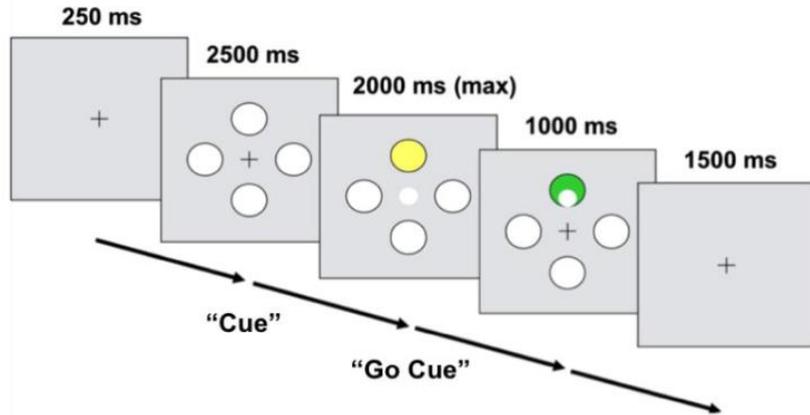
Sparsity in Connectivity - Simulations

Simulated a 18-channel, 2nd order mAR model (648 coefficients) with 11 non-zero coefficients. Data length = 2000.

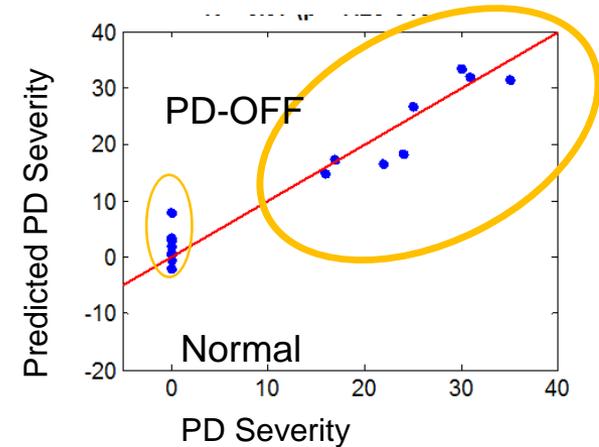


- **Regular mAR:** The estimated PDC noticeably deviates from the true PDC. The deviation increases as the model order increases.
- **Sparse mAR:** Regardless the choice of model order, the estimated PDC are very close to true PDC at all frequencies. → address the issue of order selection

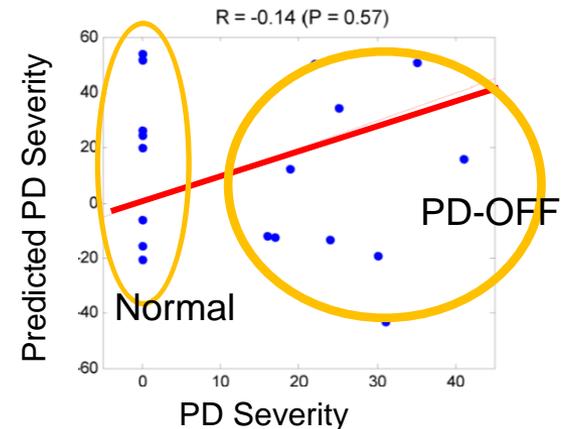
Sparsity in Connectivity – Real Data



Predict PD Severity using PDC

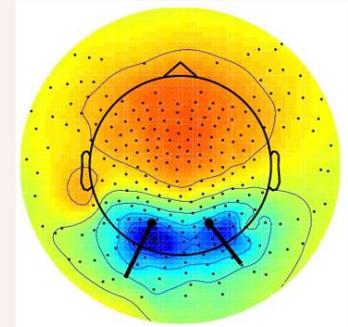


Predict PD Severity using Univariate Spectral Power



Source-level Connectivity in the EEG

- Volume conduction causes spurious correlations between sensors
→ analyze EEG connectivity in “source” domain.
 - An ill-conditioned inverse problem → has no unique solution.
 - Dipole Modeling:
 - Cons: computationally complex and sensitive to: assumed number of active dipoles, head model used, etc.
 - Blind Source Separation: Independent Component Analysis (ICA)
→ observed signals are linear mixtures of mutually independent sources
Cons: brain sources are temporally cross-correlated which contradicts with the independence assumption of ICA
- Propose a state-space mAR framework to allow joint modeling of volume conduction and causal relationships between sources



GmAR Source Separation Framework

M -dimensional
EEG data vector

Electrode level: $x(t) = Cs(t)$

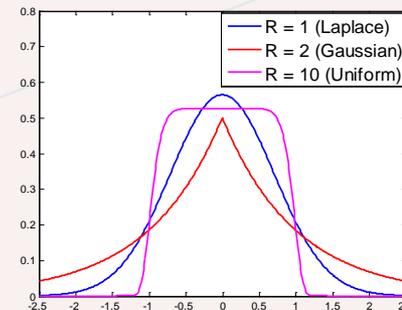
Mixing matrix modeling the effects of volume conduction. Columns of C represents the projection from sources to scalp electrodes.

Source level: $s(t) = \sum_{p=1}^P A_p s(t-p) + v(t)$

Residual process whose elements are assumed to be mutually independent and follows a generalized Gaussian distribution.

M -dimensional
brain sources

mAR coefficient matrix, which captures the causal relationships between brain sources

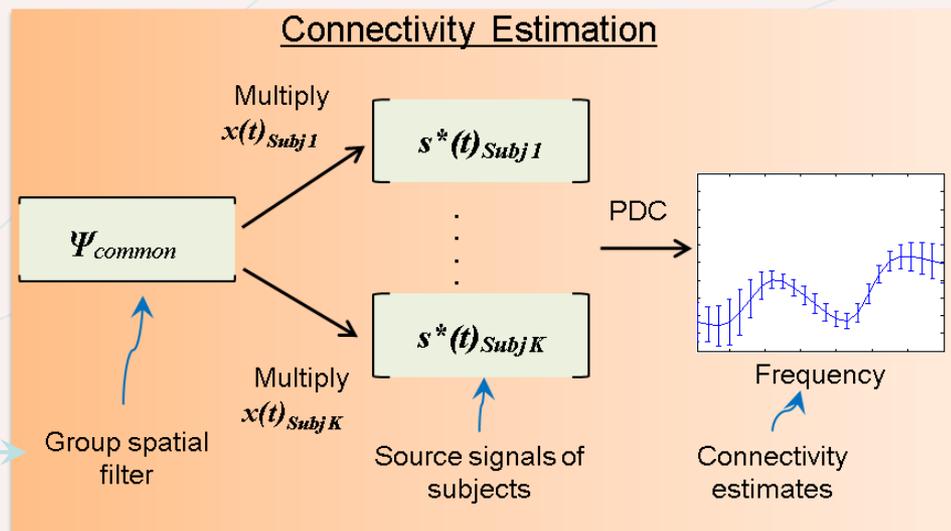
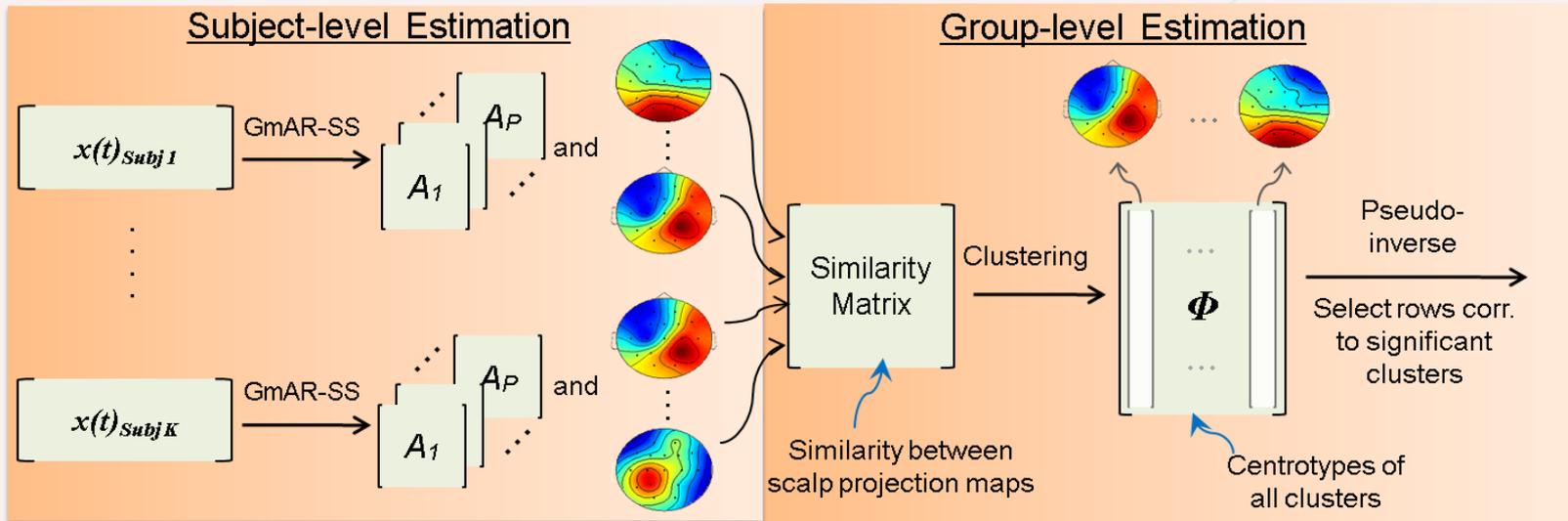


Generalized
Gaussian
 $p(x | R, w)$

→ Use a maximum likelihood method to estimate C , $s(t)$ and A_p given $x(t)$

GmAR Source Separation – Group Analysis

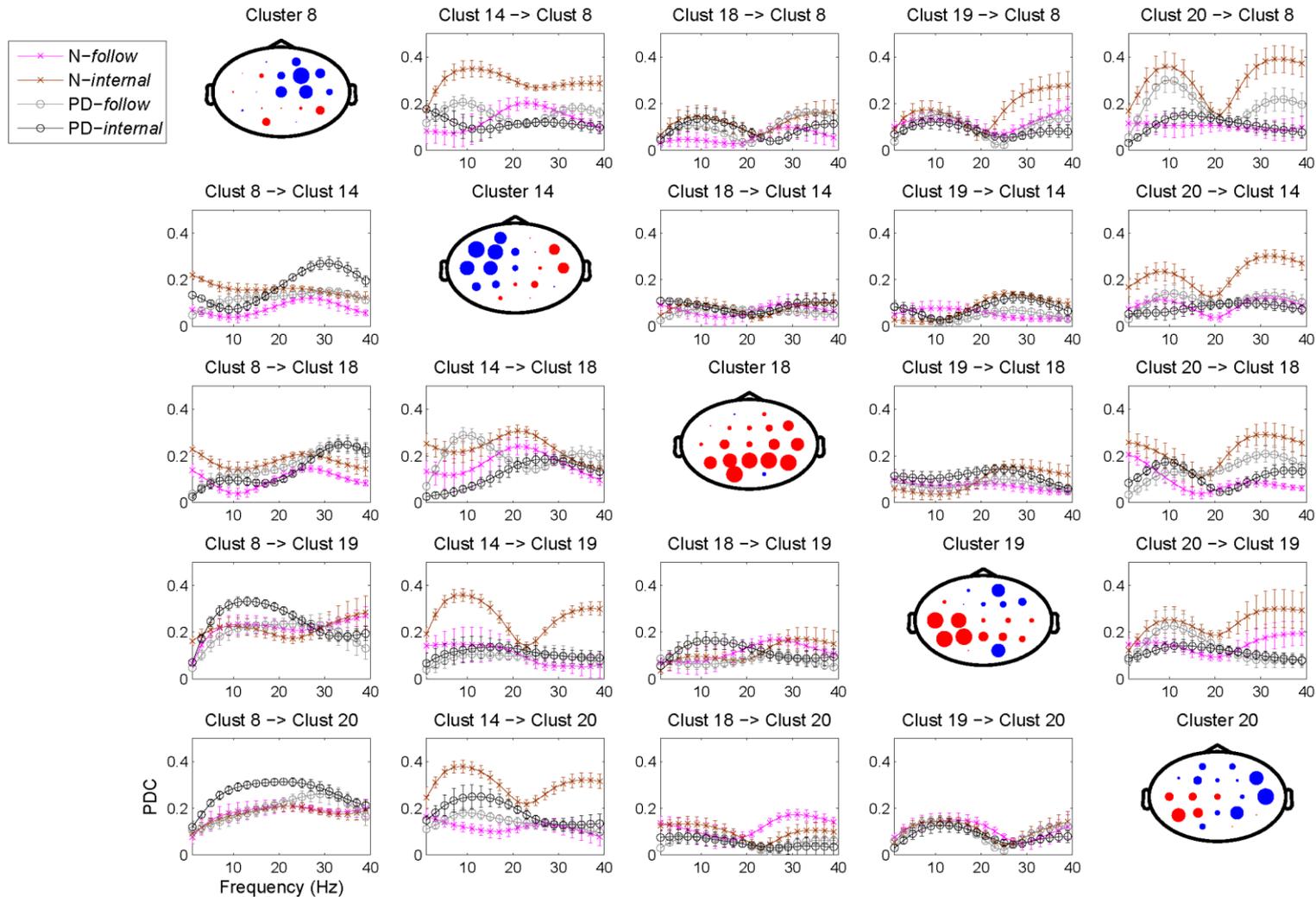
How to combine the extracted sources across subjects? → Clustering



Group-level unmixing matrix



GmAR-SS Application Parkinson's EEG



Chiang, Z J Wang, M J McKeown (2011) A Generalized Multivariate Autoregressive (GmAR)-Based Approach for EEG Source Connectivity Analysis *IEEE Transactions on Signal Processing* 60: 453-465.

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How do we get people with Parkinson's to exercise ?



Courtesy of Dr. Bin Hu, University of Calgary

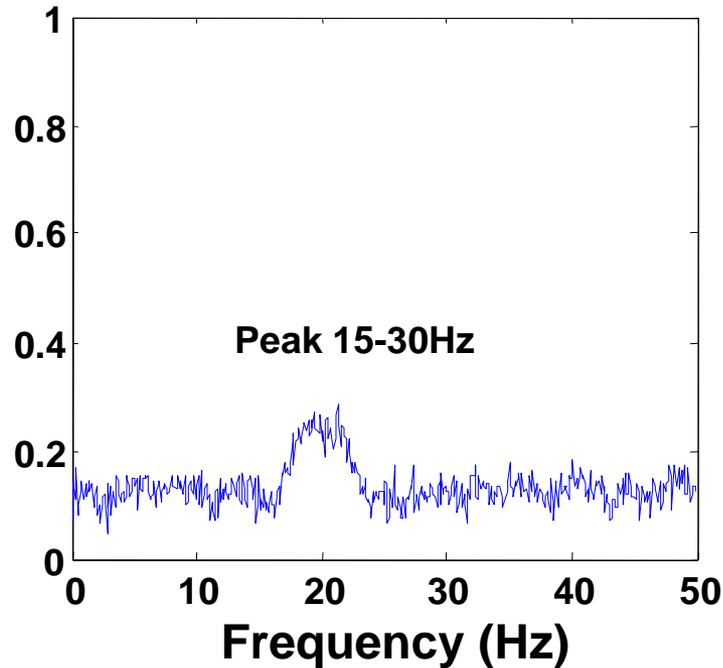
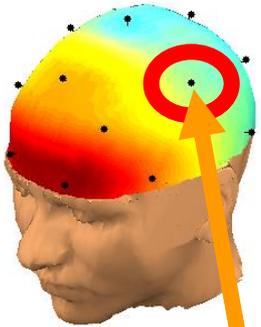
Encouraging the “right type” of exercise



Mall walking



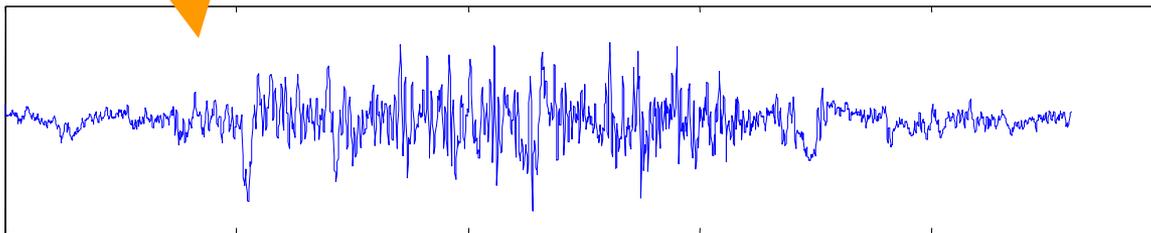
EEG-EMG coherence



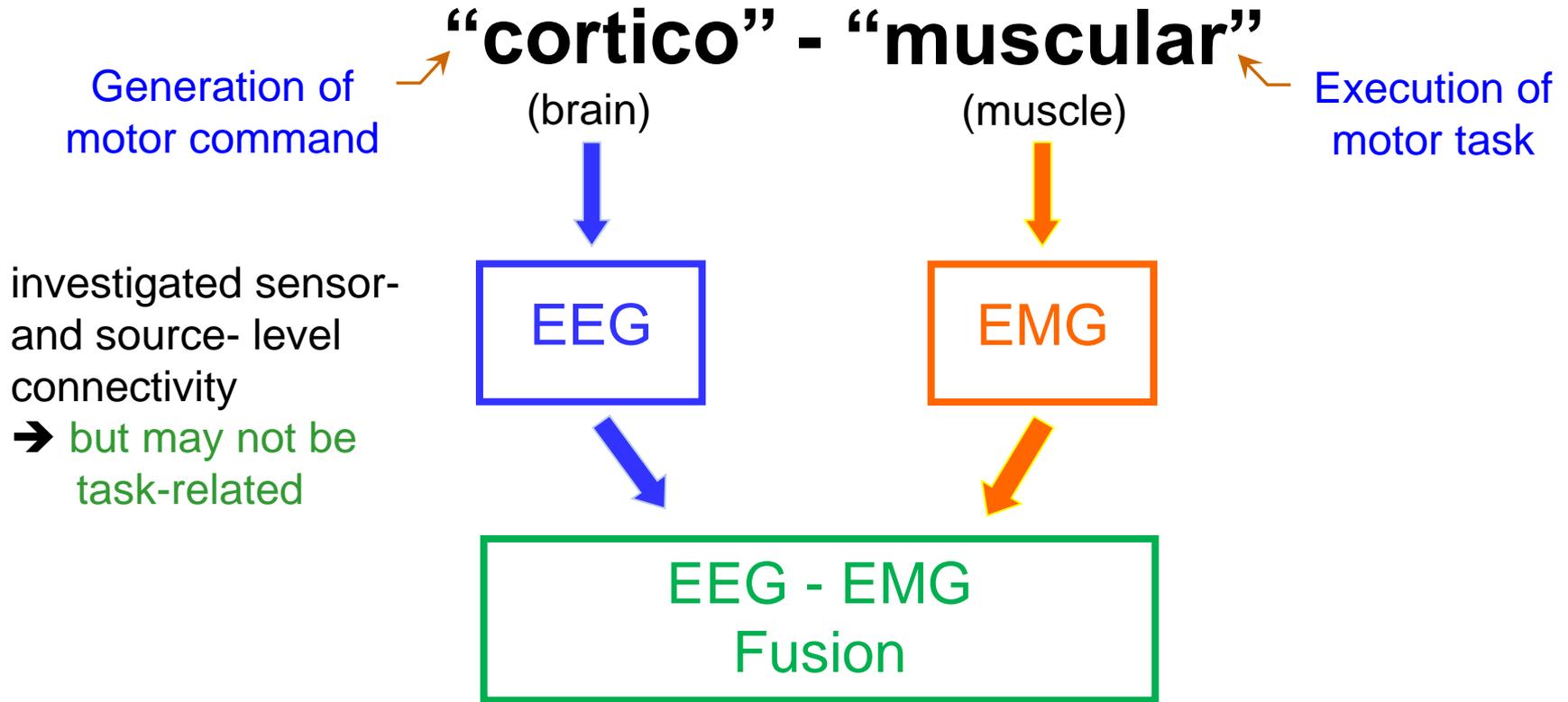
Note:

- 1) Typically only compare 1 EEG channel and 1 sEMG channel at once
- 2) Must average over long duration of contraction to get significant coherence

15 μ V



Cortico-muscular Interactivity

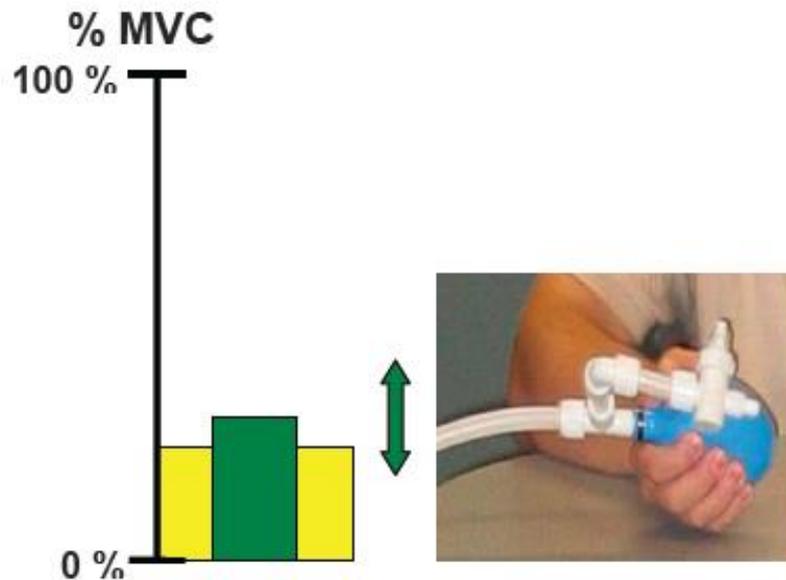


Identify source components from scalp (EEG signals) that are **maximally correlated** to muscle activity (EMG signals)

Cortico-muscular Interactivity

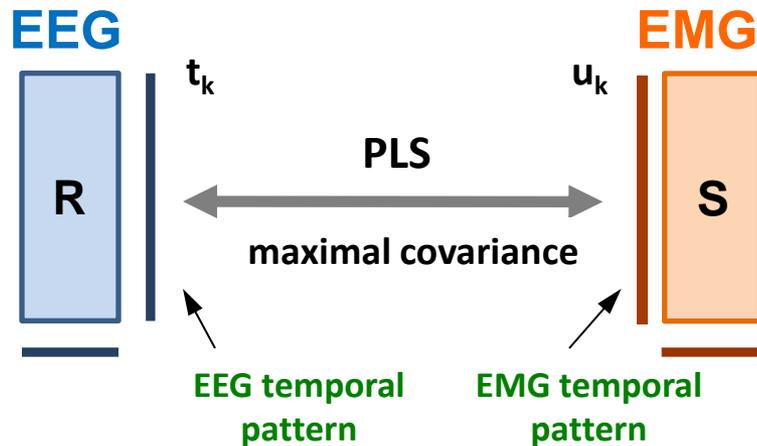
- Traditional approaches to studying motor control:
 - Look at rectified EMG signals
 - Identify active brain regions via EEG/MEG/LFP during sustained muscle contraction.
 - Corticomuscular (EEG/EMG) coupling is typically analyzed using **coherence** technique.
 - Issues with coherence technique:
 - Only **a small fraction of the EEG signal content is related to motor control** → **low coherence value**.
 - Coherence relies on pairwise comparisons. However, the mapping between the **brain and musculature is many-to-many**, as opposed to one-to-one.
- ➔ We propose the **Partial Least Square (PLS) method** – which aims at **finding components in two datasets that are maximally covarying**.

Experimental Setup



Squeezing task: The subject was instructed to follow the target bar (yellow) as close as possible. The force exerted by the subject was shown by green bar.

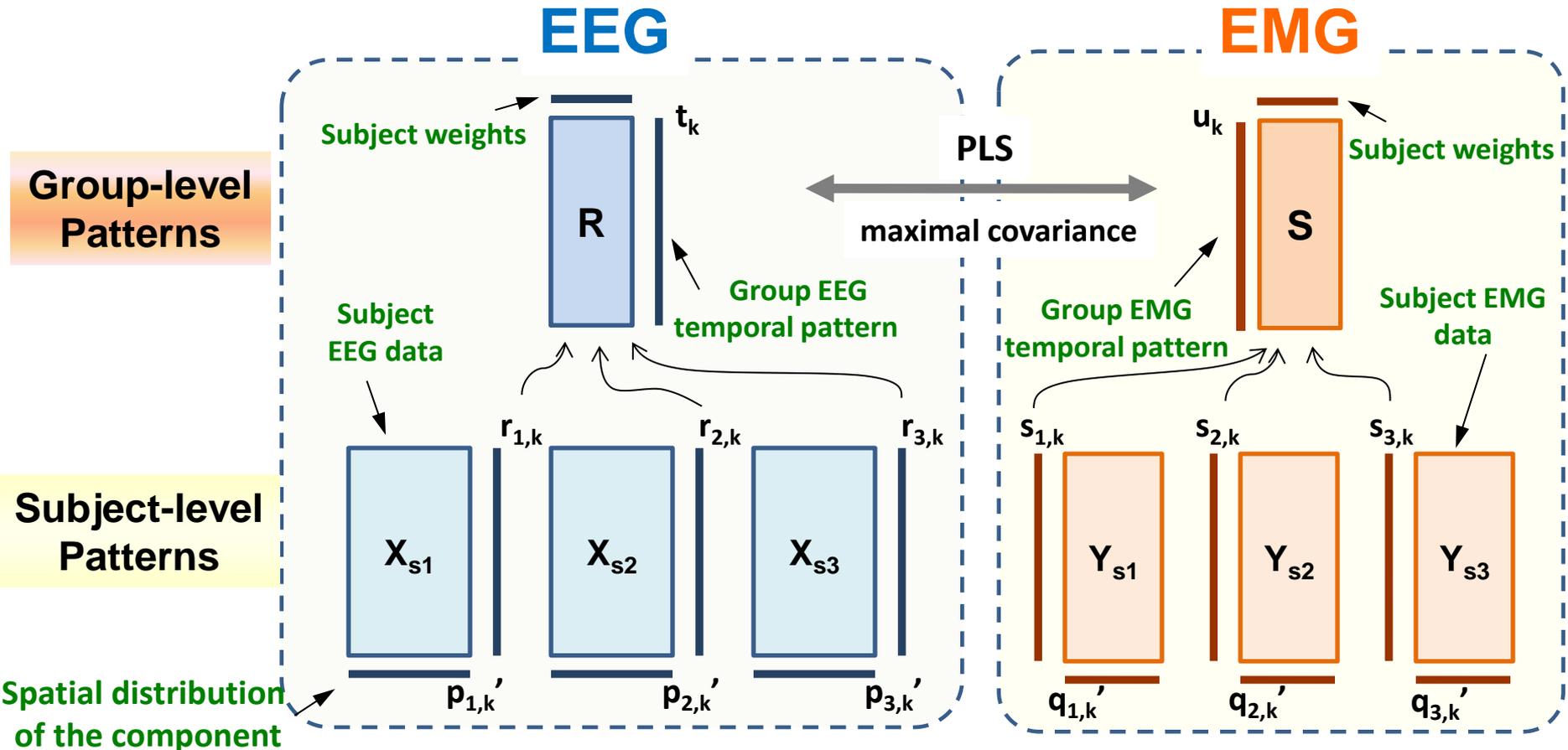
Multiblock PLS for EEG-EMG Fusion (2)



- **Inter-subject variability** makes the standard approach of **simply pooling data from different subjects problematic**.

- To address this, we introduce the idea of **multiblock PLS (mbPLS)** which is a **two-level, multiple-block extension** of the regular PLS.
 - groups data of each subject into individual “subject blocks”
 - aggregates subject-level decompositions to form “super blocks” at the second layer
 - extracts **group-level components** which **exhibit high covariance** between predictor block (EEG) and response block (EMG) .
- **allows for some individual variations across subjects, but also, at a second level, allows group inferences to be made.**

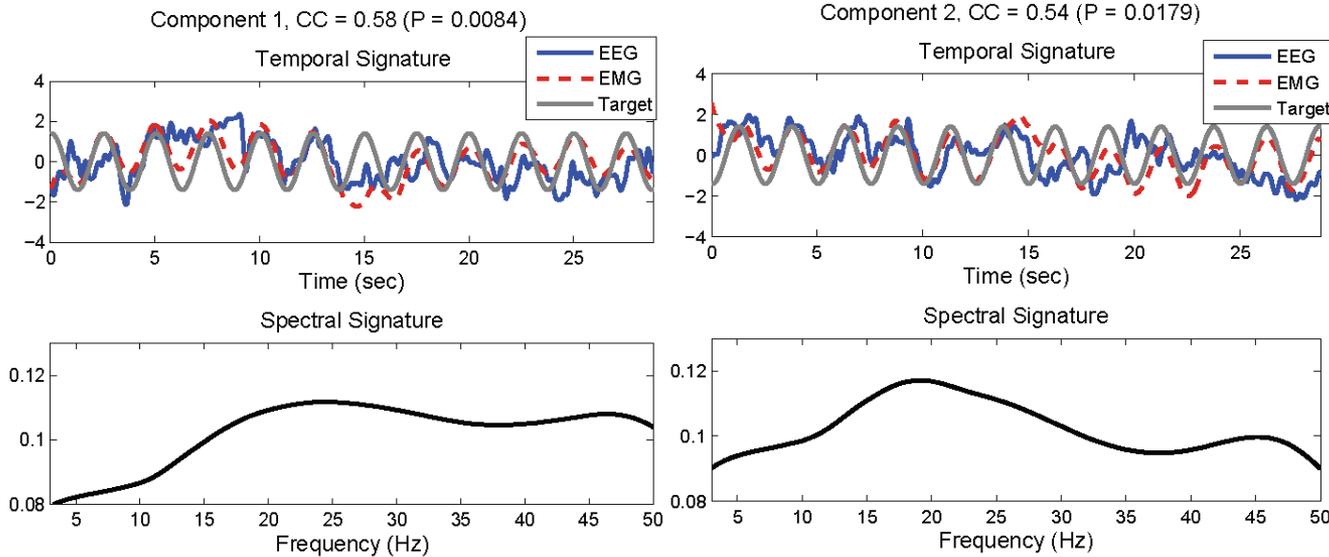
Multiblock PLS for EEG-EMG Fusion (3)



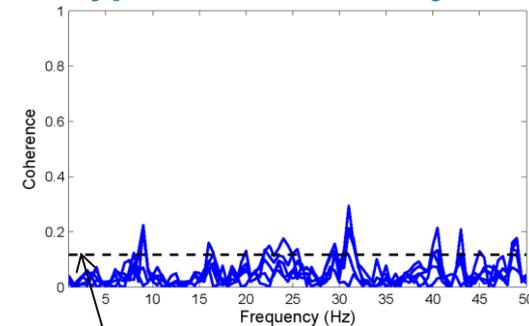
can be easily extended to model 3-dimensional data (e.g., EEG spectrogram or time-varying PDC)

Multi-subject EEG and EMG Coupling

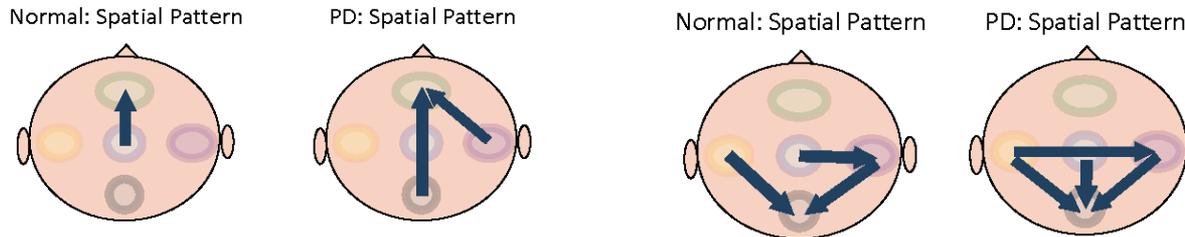
EEG PDC as predictor and EMG amplitude as response



Coherence between raw EEG and EMG of a typical normal subject



95% confidence limit



- exact frequency of maximal EEG-EMG coupling **vary across subjects**
→ combining coherence results across subject may be difficult
- mbPLS model provides a systematic method to infer common patterns across subjects → allows **robust group inference** in the face of inter-subject variability

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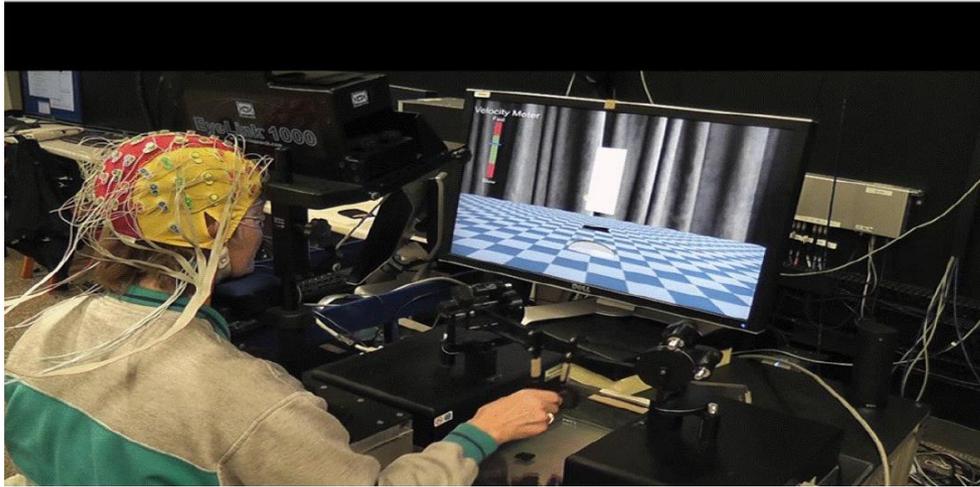
A Joint PLS-ICA framework

- **PLS** provides components that maximally co-vary between predictor (x) and response (y) that are uncorrelated
 - **ICA** provides components in EEG and EMG that may have no relation to one another.
- **Propose: joint PLS-ICA framework**

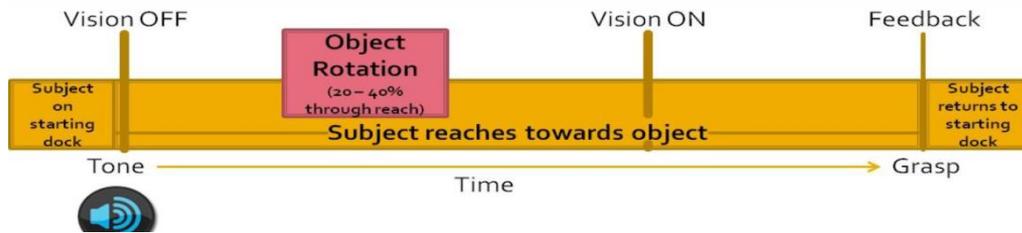
$$\begin{aligned} \max_{w_1, w_2} \quad & \alpha [E((w_1^T x)(w_2^T y))]^2 \\ & + \beta [E(G(w_1^T x)) - E(G(u_1))]^2 \\ & + \theta [E(G(w_2^T y)) - E(G(u_2))]^2 \\ \text{s.t.} \quad & w_i^T w_i = 1, \quad i = 1, 2. \qquad \alpha + \beta + \theta = 1 \end{aligned}$$

Where $G(\cdot)$ is a non-linear function (e.g. log cosh (\cdot))

Combining EEG and Behavioural Data



c/o Dr. Howard Poizner, UCSD



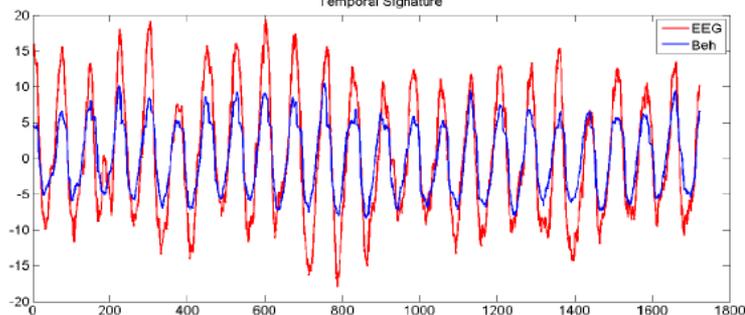
1. aperture	2. aperture velocity	3. Eye-Thumb X Dis.
4. Eye-Thumb Y Dis.	5. Eye-Index X Dis.	6. Eye-Index Y
7. hand position (X)	8. hand position (Y)	9. hand position (Z)
10. hand sagittal velocity	11. hand tangential velocity	12. hand acceleration
13. hand jerk	14. Thumb tangential velocity	15. Index tangential velocity

Combining EEG and Behavioural Data

EEG features: short-window band-limited pair-wise coherences
 Assume: time courses constant across subjects for a given task



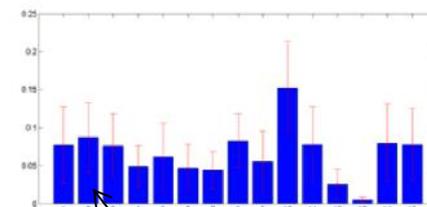
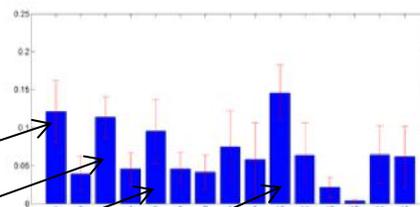
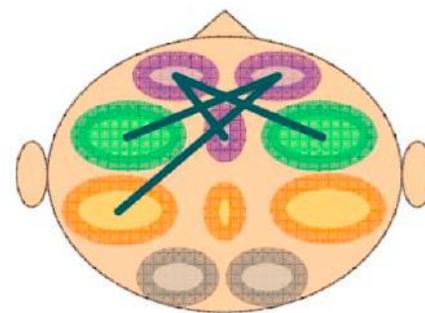
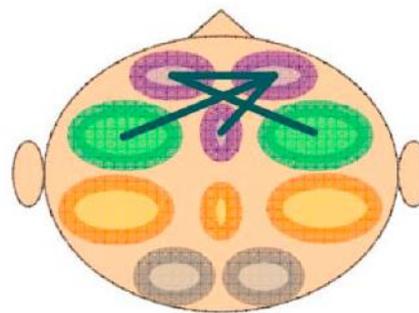
Comp1, CC = 0.92611
 Temporal Signature



Perturbation

No

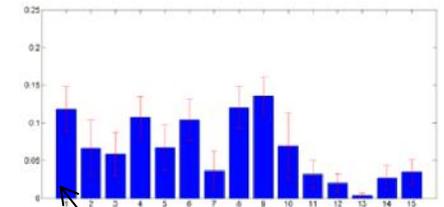
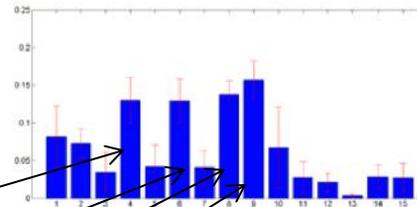
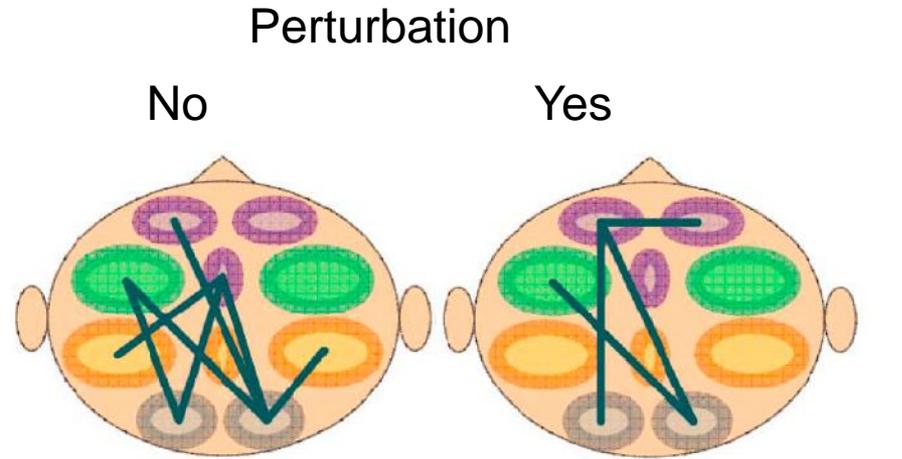
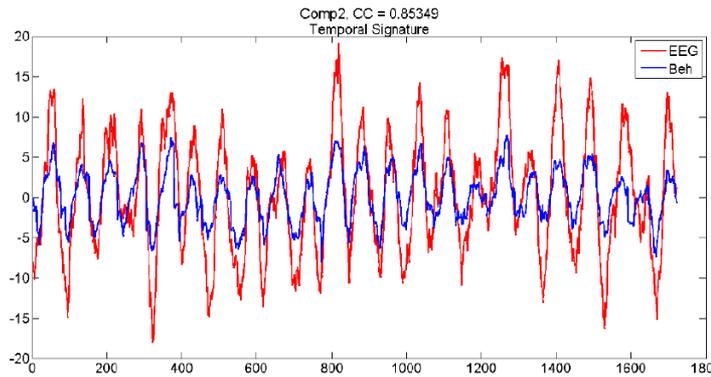
Yes



Aperture size
 Eye-thumb X-distance
 Eye-Index X distance
 Hand saggital velocity

Aperture velocity

Combining EEG and Behavioural Data



Eye-thumb Distance
Eye - index Y distance
Hand Position Y
Hand Position Z

Aperture

Summary

- 3D Moment Invariant descriptors of activation
- Replicator Dynamics for network assessment
- PCfdr method for Bayesian Network learning
- Robust, group LASSO for fMRI connectivity
- EEG source connectivity
- Multiblock PLS
- ICA-PLS method

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Société Parkinson Canada



**NSERC
CRSNG**

Vancouver
CoastalHealth

Promoting wellness. Ensuring care.



Canada Foundation for Innovation
Fondation canadienne pour l'innovation



Parkinson Society British Columbia
Société Parkinson Colombie-Britannique

Brain
Research
Centre



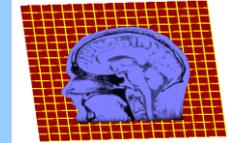
**NATIONAL
PARKINSON
FOUNDATION**

Pacific Alzheimer Research Foundation

Questions????



**PACIFIC PARKINSON'S
Research Centre**



**The University of British
Columbia
Vancouver, Canada**

**Brain
Research
Centre**



3-way analysis

The proposed tridirectional method is actually a **two-step** modeling strategy:

(1)Tri-LV Extraction: One super latent variable (supLV) t_g is designed to relate the subLVs. The optimization problem is formulated as below

$$\begin{aligned} \max \quad & ((t_g^T X_1 w_1)^2 + (t_g^T X_2 w_2)^2 + (t_g^T X_3 w_3)^2) \\ \text{s.t.} \quad & t_g^T t_g = 1, \quad w_i^T w_i = 1, \quad \forall i = 1, 2, 3. \end{aligned}$$

The solution can be derived by the method of Lagrange multipliers as below

$$\begin{aligned} (X_1 X_1^T + X_2 X_2^T + X_3 X_3^T) t_g &= \lambda_g t_g, \\ t_i = X_i w_i &= \sqrt{\frac{1}{\lambda_i}} X_i X_i^T t_g, \end{aligned}$$