Machine learning for Neuroimaging: an introduction

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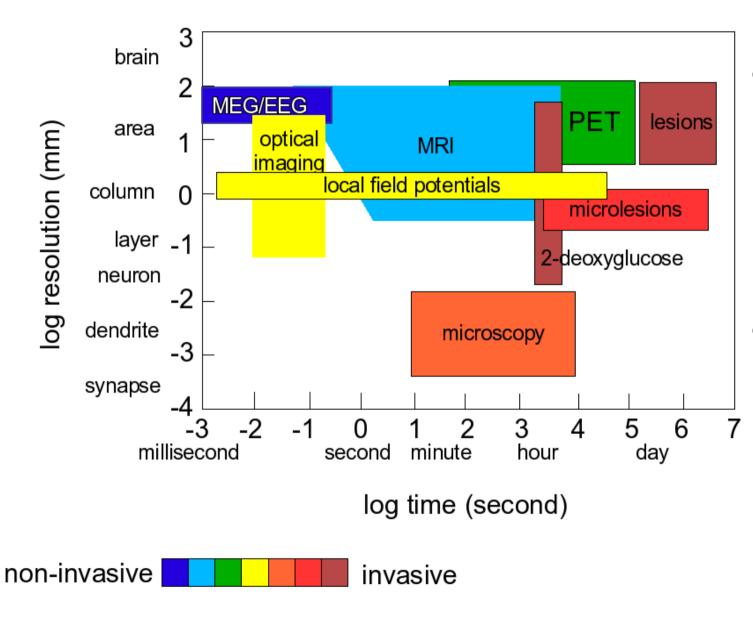
Outline

- Neuroimaging in 5'
- Some learning problems in neuroimaging:
 - Medical diagnosis & evaluation of risk factors
 - Study of between subject-variability
 - Brain reading
 - Brain connectivity mapping
- Common technical challenges

Handbook of Functional MRI Data Analysis

Russell A. Poldrack, Jeanette Mumford, Thomas Nichols

NeuroImaging: modalities and aims

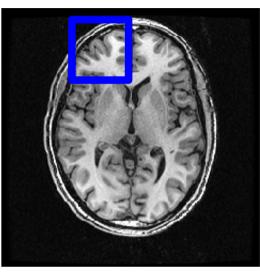


- 'Functional'

 (time resolved)
 modalities:
 fMRI, EEG,
 MEG
- vs 'anatomical' (spatially resolved) modalities: T1-MRI, DW-MRI

Neuroimaging modalities: T1 MRI

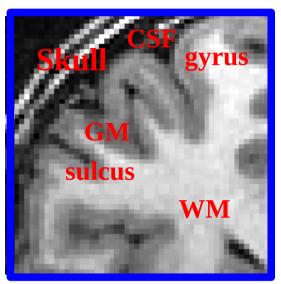
- T1 MRI yields
- Iconic (voxel-based) statistics
 - density of grey matter (voxel-based morphometry)
 - Cortical thickness
 - Gyrification ratio
- Landmarks-based statistics
 - Sulcus shape/orientation
- 10² to 10⁶ variables
- $(1mm)^3$

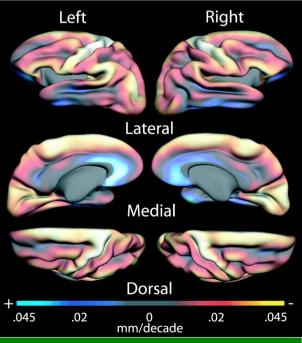


Central sulcus

anterior parts of the right inferior temporal sulcus

rior pre-central sulcus

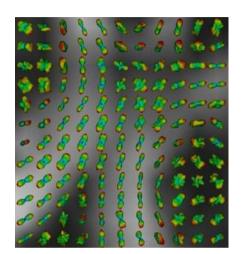


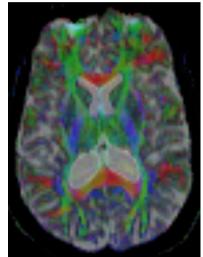


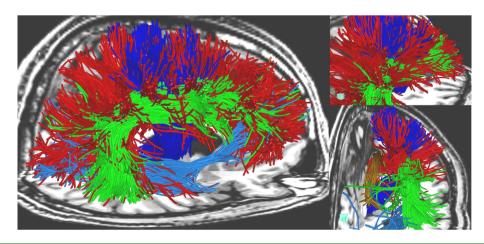
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Neuroimaging modalities: DW-MRI

- Diffusion MRI: measurement of water diffusion in all directions in the white matter
- Resolution: (2mm)³, 30-60 directions
- Yields the local direction of fiber bundles that connect brain regions
- *fibers/bundles* can be reconstructed through tractography algorithms
- Statistical measurement on bundles (counting, fractional anisotropy, direction)

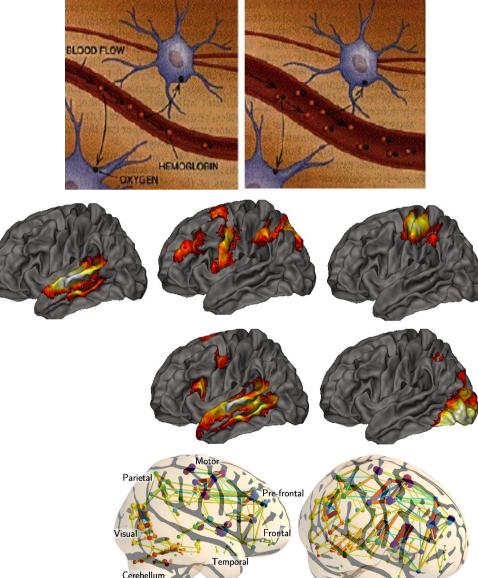






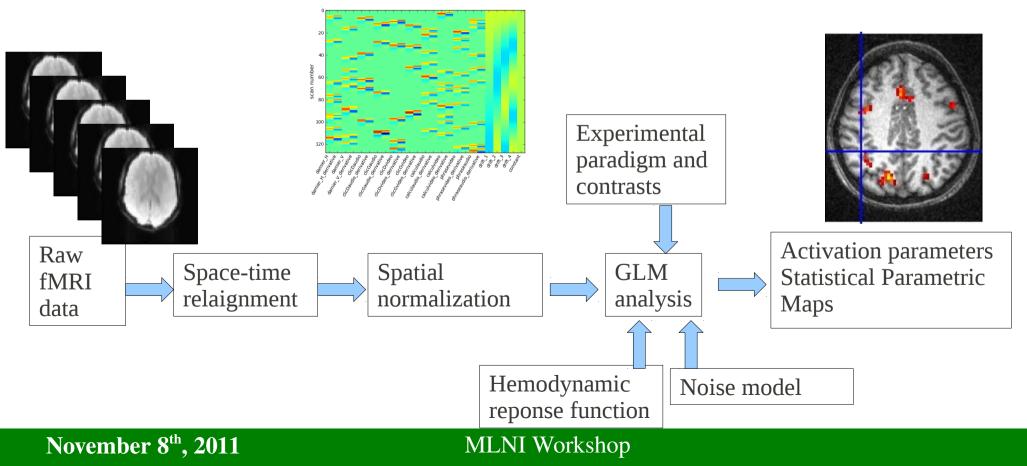
NeuroImaging modalities: fMRI

- BOLD signal: measures blood oxygenation in regions where synaptic activity occurs
 - Used to detect
 functionally specialized
 regions
 - But indirect measurement
 - Not a true quantitative measurement
- Can also be used to characterize network structure from brain signals
- 10² to 10⁶ observations
- Resolution (2-3mm)³, TR = 2-3s
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Neuroimaging data pre-processing

- Data depend on various acquisition parameters (TR, TE, resolution, FOV...)
- But also on multiple preprocessing steps,
 - which are standardized,
 - but there is room for optimization



NeuroImaging: modalities and aims

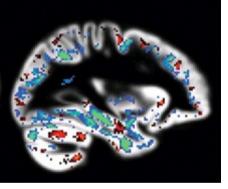
- Provide some biomarkers for diagnostic/prognostic, study of risk factors for various brain diseases
 - Psychiatric diseases
 - Neuro-degenerative diseases,
 - Brain lesions (strokes...)
- Understand brain organization and related factors: brain mapping, connectivity, architecture, development, aging, relation to behavior, relation to genetics
- Study chronometry of brain processes (MEG)
- Build brain computer interfaces (EEG)

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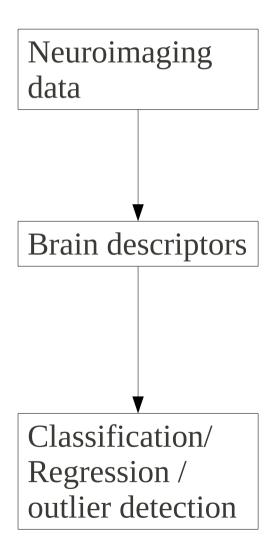
learning in Neuroimaging: Medical diagnosis and evaluation of risk factors

- Rationale: brain images provide quantitative measurements of brain organization that reflect brain disease, abnormalities etc.
 - Cortical thickness (T1-MRI)
 - Brain shape/folding (T1-MRI)
 - Brain anatomical connections (DW-MRI)
 - Neural activation (BOLD)
 - Vascular structure/density (BOLD, ASL)
- Different approaches for population comparison: classical statistics, population discrimination, outlier detection



Alzheimer in VBM, [Klöppel et al., *Brain 2008]*

Diagnosis based on medical images



X-MRI, PET,...

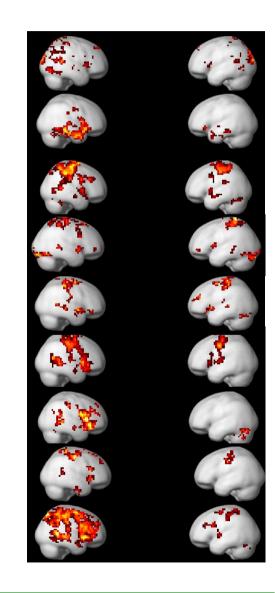
- local (gyrification ratio on anatomical image)
- global (functional integration of brain systems)
- more meaningful than raw data + denoising

Fundamental difficulty: Necessity to **coregister** brain anatomically but risk of masking brain shape differences

Accuracy of the prediction ? Discriminating information ?

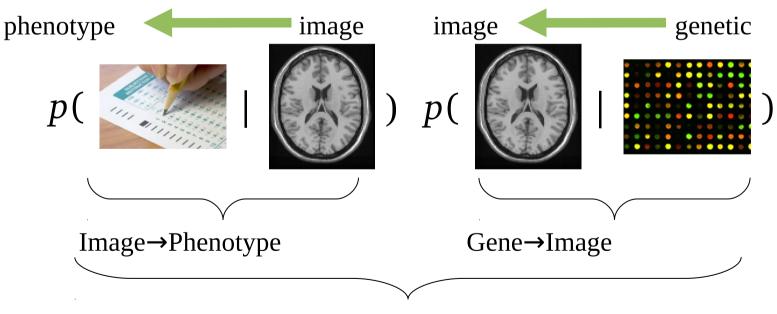
Study of between-subject variability

- Brain diseases are extreme case of *normal variability*
- Between-subject variability is a prominent effect in neuroimaging:
 - hard to characterize as such
 - how much of it can be explained using other data ?
- Data easier to acquire on *normal* populations
 - Confrontation to behavioral data
 - Confrontation to genetic data
- Perspective of individualized treatments



Study of between-subject variability

- The major challenge here is to discover statistical associations between complex, high-dimensional variables (regression)
- Frequently handled as unsupervised problems: describe the density of the data based on observations (manifold learning, mixture modeling)



Imaging as an **intermediate (endo)phenotype**

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"Brain reading"

- Definition: Use of functional neuroimaging data to infer the subject's behaviour typically the brain response related to a certain stimulus
- Similar to BCI -to some extent-
 - without time constraints
 - More emphasis on model correctness
- Popular due to its sensitivity to detect smallamplitude but distributed brain responses
- Rationale: population coding

Brain reading: population coding

Different spatial models of the functional organization of neural networks

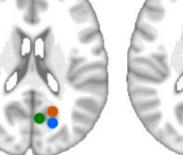
Population

coding

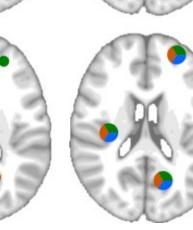
Sparse

coding

Clustered coding



Distributed coding

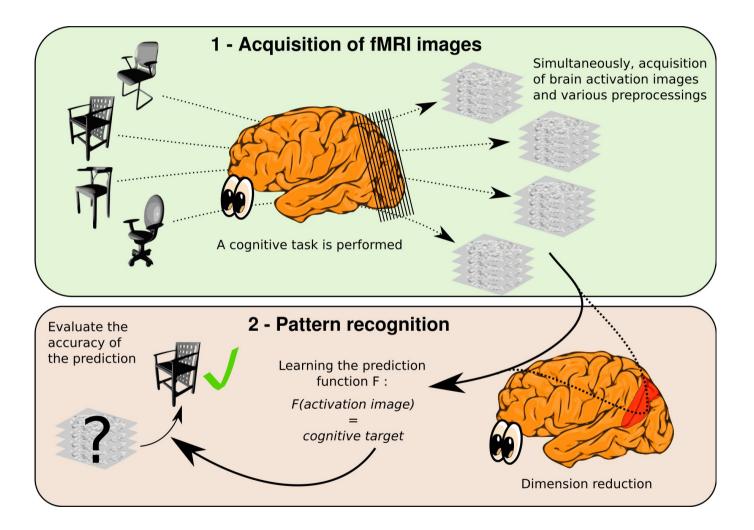


• Not a unique kind of pattern for the spatial organization of the neural code.

• This is further confounded by between-subject variability

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Brain reading / Reverse inference



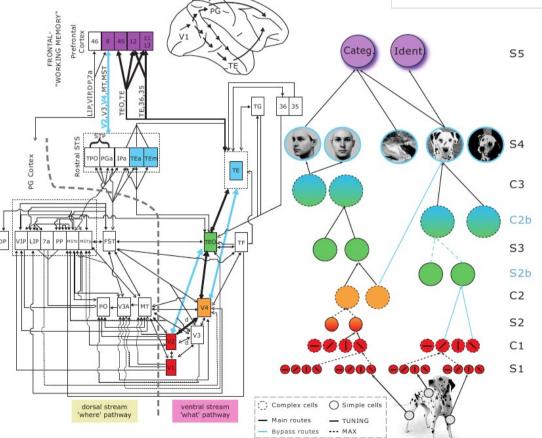
Aims at predicting a cognitive variable \rightarrow decoding brain activity [Dehaene et al. 1998, Cox et al. 2003]

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Brain reading / open issues

Do we want this....

Return the corresponding mean prediction accuracy
classification_accuracy = np.sum(cv_scores) / float(n_samples)



... or that ?

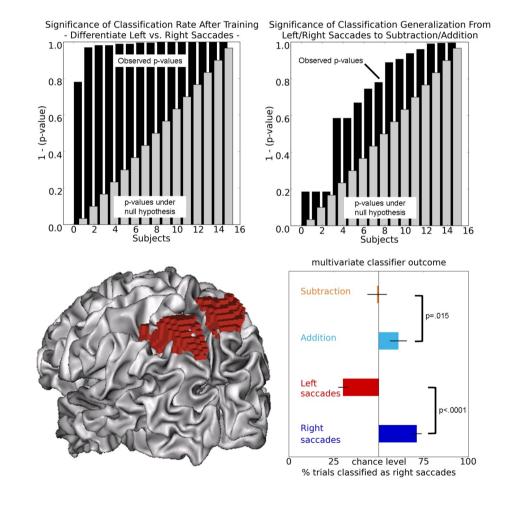
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Brain reading/open issues

- a classifier trained to discriminate left versus right saccades can also *decode* mental arithmetics:
- left saccade \Leftrightarrow subtraction
- right saccade \Leftrightarrow addition
- This generalization occurs only when based on two regions of the parietal cortex
- This shows that the same neural populations are involved in ocular saccades and arithmetics

[Knops et al., *science* 2009]

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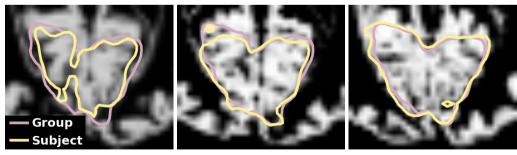


Functional connectivity mapping

- Definition: consists in deriving a quantitative measure of brain networks integration based on functional neuroimaging observation
- Rationale
 - Popularity of resting-state fMRI.
 - Model-driven approach (SEM, DCM): restrictive hypotheses
- Learning problems
 - Segment regions based on connectivity information (common to many neuroimaging problems)
 - Inference of connectivity models

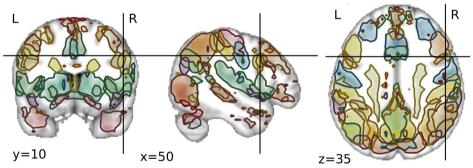
Learning in FCM (1)

- Learn a spatial model (atlas) from the resting state data
 - ICA, clustering provide little guarantees on the result
 - Dictionary learning can be used instead



[Varoquaux et al. IPMI 2011] V = -20

z=10



The population-level model adapts to individual configurations

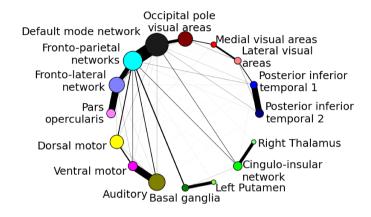
Note: Atlas learning is not tied to Functional Connectivity Mapping, but is important in different contexts (parcellations)

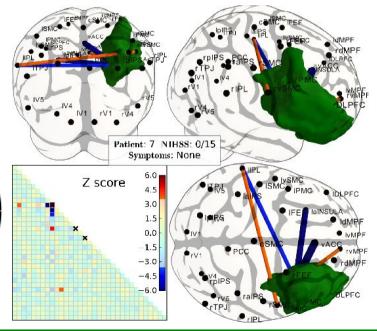
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Learning in FCM (2)

- Next: Given a set of regions, quantify properly their interactions/integration of the underlying networks
 - Threshold correlation graph → graph statistics, graph embedding
 - Learn covariance model between the set of regions (partial correlations)
- Do statistical inference on these objects

$$\left(\hat{\mathbf{K}}_{\ell_{21}}^{(s)}\right)_{s=1..S} = \operatorname{argmin}_{\mathbf{K}^{(s)}\succ 0} \left(\sum_{s=1}^{S} \left(\operatorname{tr}(\mathbf{K}^{(s)} \,\hat{\boldsymbol{\Sigma}}_{\operatorname{sample}}^{(s)}) - \log \det \mathbf{K}^{(s)}\right) + \lambda \sum_{i \neq j} \|\mathbf{K}_{ij}^{(\cdot)}\|_{2}\right)$$





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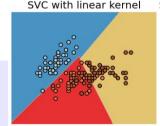
- Low SNR in the data
 - Only a fraction of the data is modeled (BOLD)
 - Presence of structured noise (noise is not i.i.d. Gaussian !) + non-stationarity in time and space
 - Few salient structures (resting-state fMRI...)
- Size of the data
 - 10⁴ to 10⁶ voxels in most settings
 - Compared to 10 to 10² samples available
- Related to the particular learning problems

- *Diagnostic/classification* problems
 - Needs accuracy mostly (+ robustness)
 - Suffers from curse of dimensionality, but this is well addressed in the literature

[generic approaches perform well]

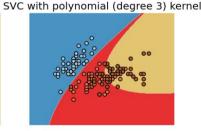
• But: not the main aim of most neuroimaging studies

Need a large set of tools to be compared against each other
Need to take into account some priors on the data/true model (smoothness, sparsity)

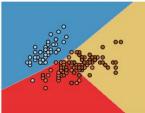


NuSVC with linear kernel

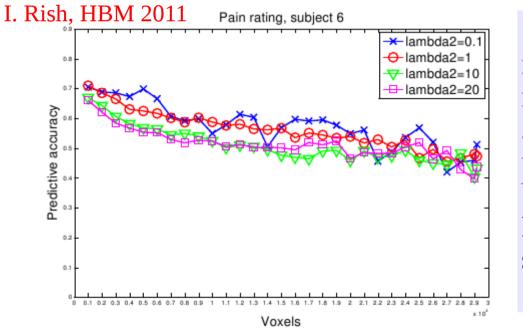




LinearSVC (linear kernel)



- Recovery: retrieve the true model that accounts for the data
 - This is the main topic of all neuroimaging / brain mapping / decoding literature.
 - Suffers much more from feature dimensionality and correlation
 - Virtually in-addressed/unseen so far

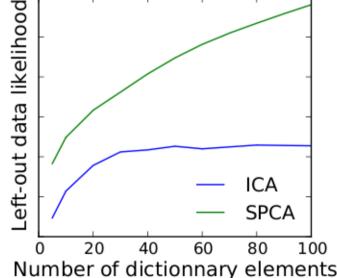


 learn EN model for pain perception rating using first 120 TRs for training and next 120 TRs for testing.
 Find 'best-predicting' 1000 voxels using EN, delete them, find next 1000 best-predicting, etc.
 Does the predictive accuracy degrade sharply?
 Surprisingly, the answer is 'NO'

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- **Unsupervised problems**: find the right model that accounts for the data, without making in prediction (number PCA components, clusters etc.)
 - Suffers from data correlation, lack of salient structure,
 - Very difficult (no happy curve around)

Likelihood of left out data in a 3-fold stratified cross-validation on restingstate fMRI data



This is not a conclusion

- To me Neuroimaging methodologists need
 - Implementations of various ML tools
 - Only the easily available tools are used; this is part of the success of SVM
 - Open-source, tested, documented ;-)
 - Guidelines on cross-validation (people tend to use leave-oneout without further thinking)
 - Steady warning against the danger of overfitting (the more complex the method, the most likely overfit occurs)
 - Working on only one dataset is one type of over-fitting
 - Understand the limitations of current methods regarding recovery and unsupervised problems.