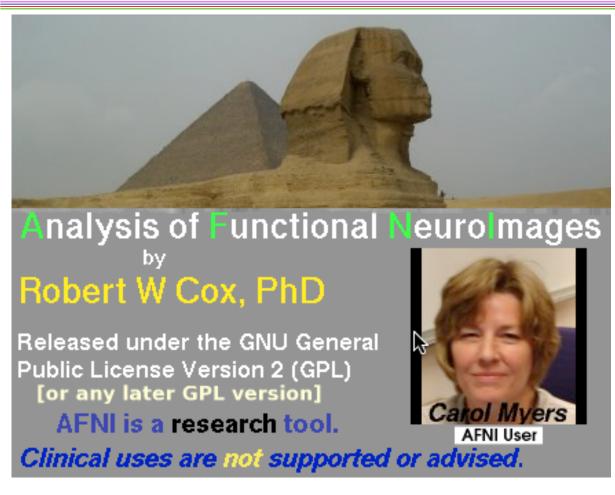
# AFNI & FMRI

Introduction, Concepts, Principles











http://afni.nimh.nih.gov/afni

## AFNI = Analysis of Functional Neurolmages

- Developed to provide an environment for FMRI data analyses
  - And a platform for development of new software
- AFNI refers to both the program of that name and the entire package of external programs and plugins (more than 200)
- Important principles in the development of AFNI:
  - Allow user to stay close to the data and view it in many different ways
  - Give users the power to assemble pieces in different ways to make customized analyses
    - "With great power comes great responsibility"
      - to understand the analyses and the tools
  - "Provide mechanism, not policy"
  - Allow other programmers to add features that can interact with the rest of the package

## Principles (and Caveats) We\* Live By

- Fix significant bugs as soon as possible
  - But, we define "significant"
- Nothing is secret or hidden (AFNI is open source)
  - But, possibly not very well documented or advertised
- Release early and often
  - All users are beta-testers for life
- Help the user (message board; consulting with NIH users)
  - Until our patience expires
- Try to anticipate users' future needs
  - What we think you will need may not be what you actually end up needing

## Before We Really Start

- AFNI has many programs and they have many options
- Assembling the programs to do something useful and good seems confusing (OK, is confusing) when you start
- To help overcome this problem, we have "super-scripts" that carry out important tasks
  - Each script runs multiple AFNI programs
  - We recommend using these as the basis for FMRI work
    - When you need help, it will make things simpler for us and for you
      if you are using these scripts
- afni\_proc.py = Single subject FMRI pre-processing and time series analysis for functional activation
  - uber\_subject.py = GUI for afni\_proc.py
- align\_epi\_anat.py = Image alignment (registration), including anatomical-EPI, anatomical-anatomical, EPI-EPI, and alignment to atlas space (Talairach/MNI)

## Synopsis of This Talk

#### Quick introduction to FMRI physics and physiology

- So you have some idea of what is going on in the scanner and what is actually being measured
  - Most of the slides for this talk are "hidden" only visible in the download, not in the classroom

#### Overview of basic AFNI concepts

Datasets and file formats; Realtime input; Controller panels; SUMA;
 Batch programs and Plugins

#### Brief discussion of FMRI experimental designs

- Block, Event-Related, Hybrid Event-Block
- But this is not a course in how to design your FMRI experimental paradigm

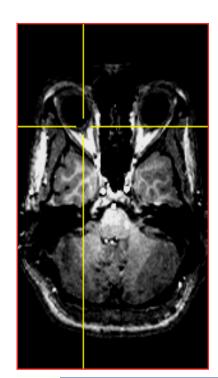
#### Outline of standard FMRI processing pipeline (AFNI-ized)

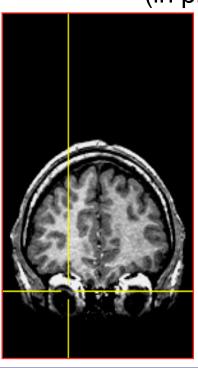
- Keep this in mind for the rest of the class!
- Many experiments require tweaking this "standard" collection of steps to fit the design of the paradigm and/or the inferential goals

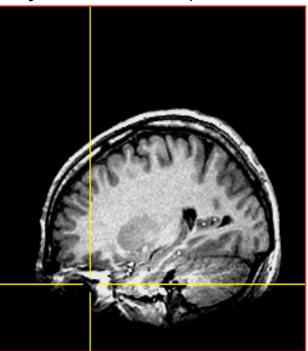
## **Quick Intro to MRI and FMRI**

#### **Physics and Physiology**

(in pretty small doses)







2D slices extracted from a 3D (volumetric) image [resolution about 1×1×1 mm; acquisition time about 10 min]

MRI = Cool
(and useful)
Pictures about
anatomy
(spatial
structure)

FMRI = Cool
(and useful)
Pictures about
function
(temporal
structure)

## Synopsis of MRI

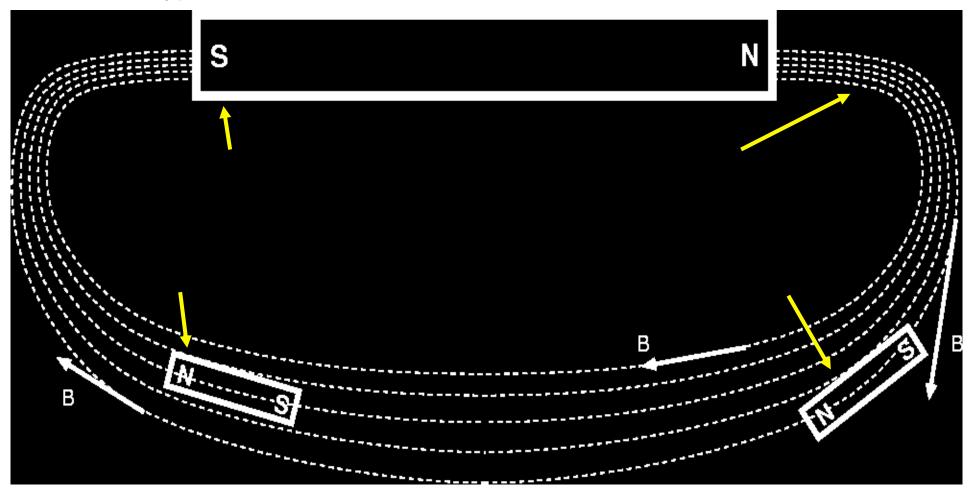
- 1) Put subject in big magnetic field  $B_0$  (and leave him there) Magnetizes the H nuclei in water ( $H_2O$ )
- 2) Transmit radio waves (RF) into subject [about 3 ms]

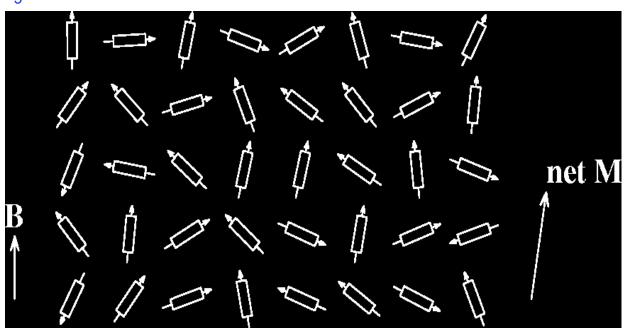
  Perturbs the magnetization of the water
- 3) Turn off radio wave transmitter
- 4) Receive radio waves re-transmitted by subject's H nuclei Manipulate re-transmission with magnetic fields during this *readout* interval [10-100 ms]
  - Radio waves transmitted by H nuclei are sensitive to magnetic fields both those imposed from outside and those generated inside the body:
  - Magnetic fields generated by tissue components **both on the micro and macro scales** change the data and so change the computed image
- 5) Store measured radio wave data vs. time

  Now go back to 2) to get some more data [many many times]
- 6) Process raw radio wave data to reconstruct images Allow subject to leave scanner (optional)

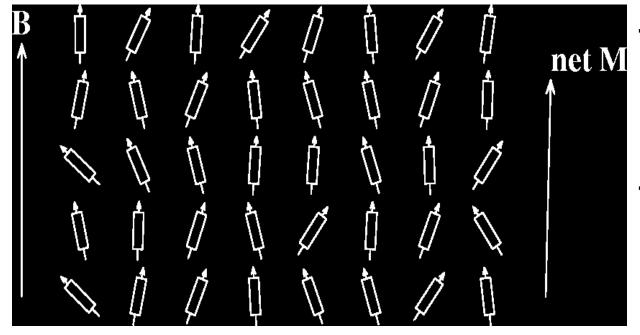
## $B_0$ = Big Field Produced by Main Magnet

- Purpose is to align H protons in H<sub>2</sub>O (little magnets)
- Units of *B* are *Tesla* (Earth's field is about 0.00005 Tesla)
  - Typical field used in FMRI is 3 Tesla





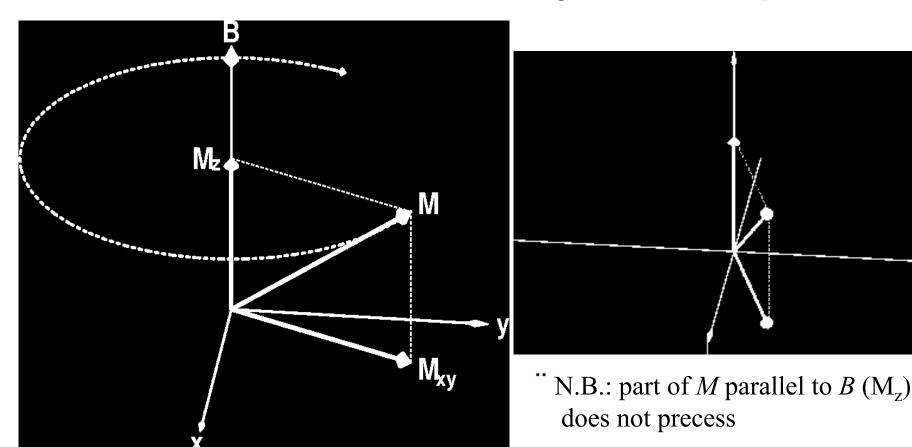
- Subject is magnetized
- Small  $B_0$  produces small net magnetization M
- Thermal energy tries to randomize alignment of proton magnets



- Larger  $B_0$  produces larger net magnetization M, lined up with  $B_0$
- Reality check: 0.0003% of protons aligned per Tesla of  $B_0$

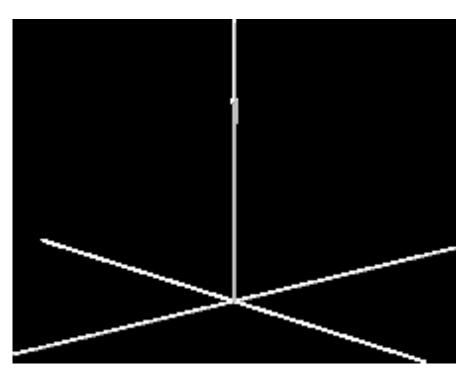
## Precession of Magnetization M

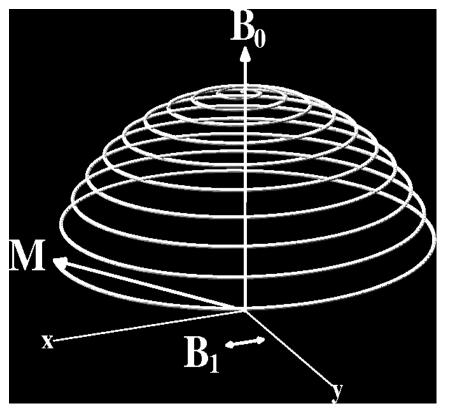
- Magnetic field B causes M to rotate ("precess") about the direction of B at a frequency proportional to the size of B 42 million times per second (42 MHz), per Tesla of B
  - 127 MHz at B = 3 Tesla range of radio frequencies



## $B_1$ = Excitation (Transmitted) RF Field

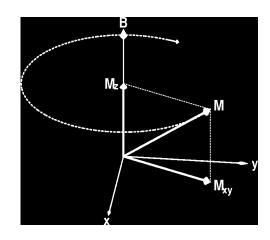
- Left alone, M will align itself with B in about 2–3 s
  - No precession → no detectable signal
- So don't leave it alone: apply (transmit) a magnetic field  $B_1$  that fluctuates at the precession frequency (radio frequency=RF) and that points perpendicularly to  $B_0$





#### Readout RF

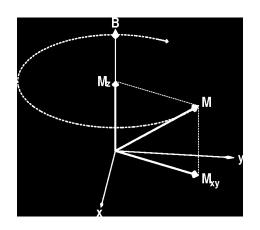
• When excitation RF is turned off, M is left pointed off at some angle to  $B_0$  [flip angle]



- Precessing part of M [M<sub>xy</sub>] is like having a magnet rotating around at very high speed (at RF speed: millions of revs/second)
- Will generate an oscillating voltage in a coil of wires placed around the subject — this is magnetic induction
- This voltage is the RF signal = the raw data for MRI
  - At each instant t, can measure one voltage V(t), which is proportional to the sum of all transverse  $M_{xy}$  inside the coil
  - Must separate signals originating from different regions
    - By reading out data for 5-60 ms, manipulating B field, being clever ...
    - Then have **image** of  $M_{xv}$  = map of how much signal from each **voxel**

## Relaxation: Nothing Lasts Forever

- In the absence of external  $B_1$ , M will go back to being aligned with static field  $B_0 = relaxation$
- Part of M perpendicular to B<sub>0</sub> shrinks [M<sub>xy</sub>]
  - This part of M = transverse magnetization
  - It generates the detectable RF signal
  - The relaxation of M<sub>xy</sub> during readout affects the image
- Part of M parallel to B<sub>0</sub> grows back [M<sub>z</sub>]
  - This part of M = longitudinal magnetization
  - Not directly detectable, but is converted into transverse magnetization by external  $B_1$ 
    - Therefore, M<sub>z</sub> is the *ultimate* source of the NMR signal, but is not the *proximate* source of the signal



Time scale for this relaxation is called T2 or T2\* = 20-40 ms in brain

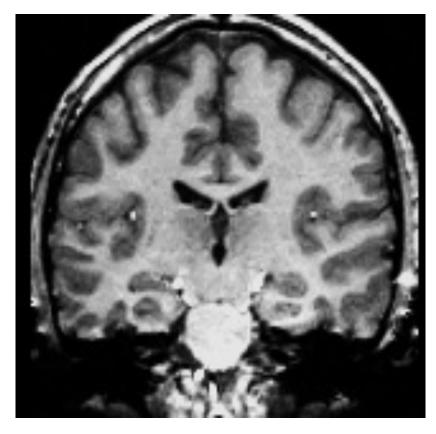
Time scale for this relaxation is called T1 = 500-2500 ms

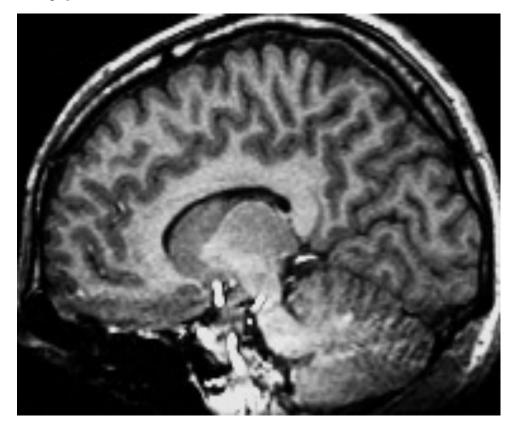
## Material Induced Inhomogeneities in B

- Adding a non-uniform object (like a person) to B<sub>0</sub> will make the total magnetic field B non-uniform
  - This is due to susceptibility: generation of extra magnetic fields in materials that are immersed in an external field
  - Diamagnetic materials produce negative B fields [most tissue]
  - Paramagnetic materials produce positive B fields [deoxyhemoglobin]
- Makes the H nuclei RF frequency non-uniform in space, which affects the image intensity and quality
  - For large scale (100+ mm) inhomogeneities, scanner-supplied non-uniform magnetic fields can be adjusted to "even out" the ripples in B this is called *shimming*
  - Non-uniformities in B bigger than voxel size (≈1-3 mm) distort (spatially warp) whole image
  - Non-uniformities in B smaller than voxel size affect voxel "brightness"

## The Concept of Contrast (or Weighting)

- Contrast = difference in RF signals emitted by water protons — between different tissues
- <u>Example</u>: gray-white contrast is possible because rate that magnetization returns to normal after RF transmit is different between these two types of tissue





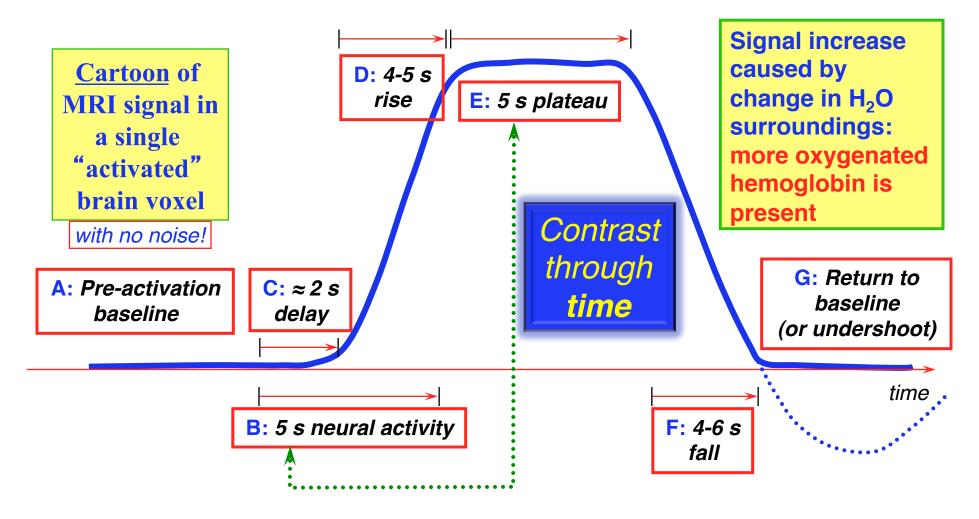
## Types of Contrast Used in Brain FMRI

- T1 contrast at high spatial resolution
  - Technique: use very short timing between RF shots (small TR) and use large flip angles
  - Useful for anatomical reference scans
  - 5-10 minutes to acquire 256×256×128 volume
  - 1 mm resolution easily achievable
    - o finer voxels are possible, but acquisition time increases a lot
- T2 (spin-echo) and T2\* (gradient-echo) contrast
  - Useful for functional activation studies
  - 100 ms per 64×64 2D slice → 2-3 s to acquire whole brain
  - 4 mm resolution
    - better is possible with better gradient system, and/or multiple RF readout coils

## A

#### What is Functional MRI?

• 1991: Discovery that MRI-measurable signal increases a few % *locally* in the brain subsequent to increases in neuronal activity (Kwong, *et al.*)



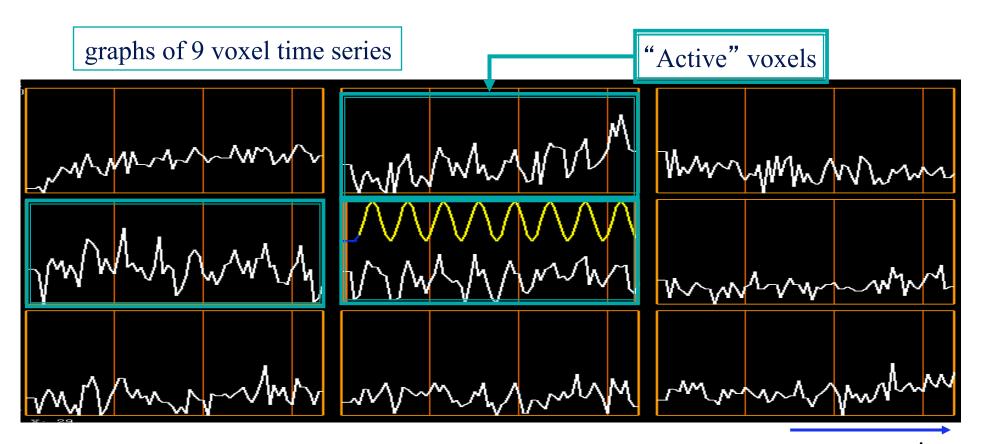
## How FMRI Experiments Are Done

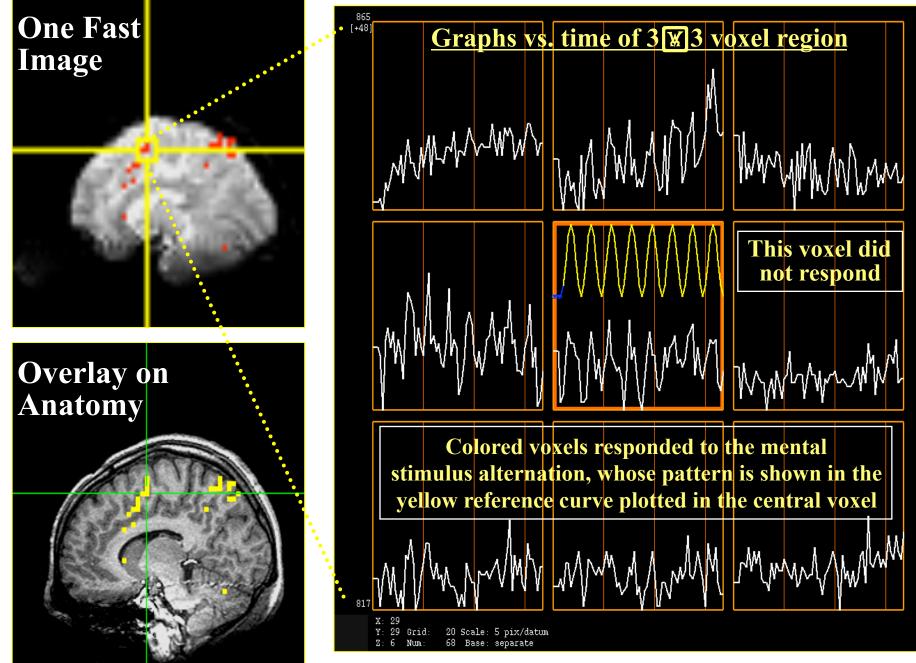
- Alternate subject's neural state between 2 (or more) conditions using sensory stimuli, tasks to perform, ...
  - Can only measure relative signals, so must look for changes in the signal between the conditions
- Acquire MR images repeatedly during this process
- Search for voxels whose NMR signal time series (up-and-down) matches the stimulus time series pattern (on-and-off)
- FMRI data analysis is basically pattern matching in time
  - Signal changes due to neural activity are small
    - Need 500 or so images in time series (in each slice) ->
      takes 30 min or so to get reliable activation maps
      - Usually break image acquisition into shorter "runs" to give the subject and scanner some break time
    - Other small effects can corrupt the results 

      process the data to reduce these effects & be careful
  - Lengthy computations for image recon and temporal pattern matching -> data analysis usually done offline

## Some Sample Data Time Series

- 16 slices, 64 16 Matrix, 68 repetitions (TR=5 s)
- Task: phoneme discrimination: 20 s "on", 20 s "rest"





68 points in time 5 s apart; 16 slices of 64 ¥ 64 images

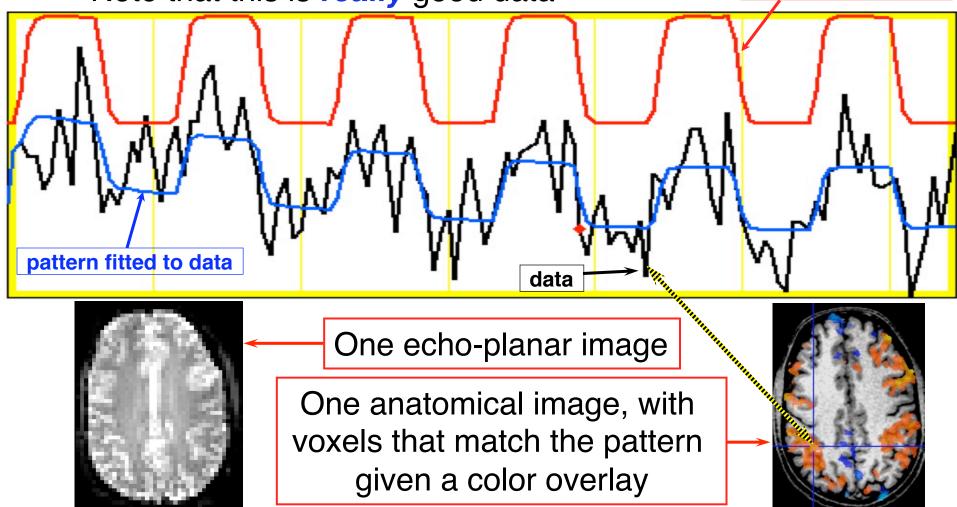
## Sample Data Time Series

• 64×64 matrix (TR=2.5 s; 130 time points per imaging run)

Somatosensory task: 27 s "on", 27 s "rest"

Note that this is *really* good data

pattern of expected BOLD signal



## Why (and How) Does NMR Signal Change With Neuronal Activity?

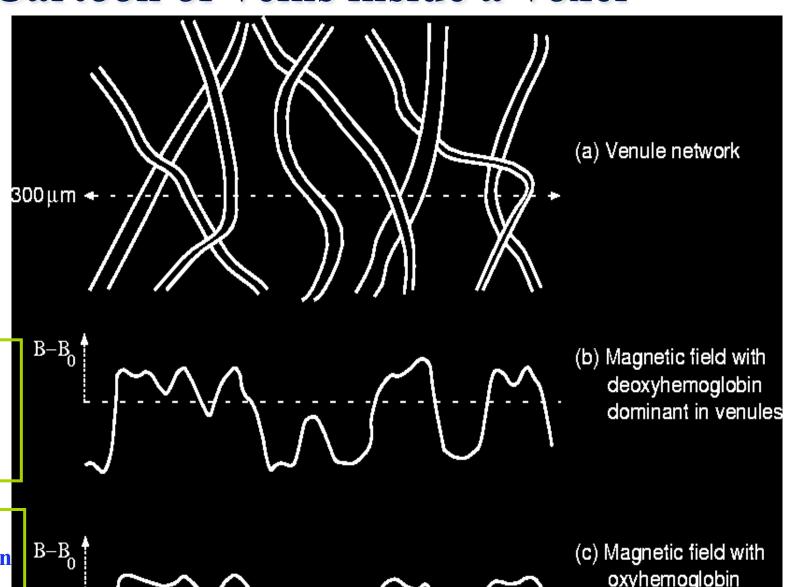
- There must be something that affects the water molecules and/or the magnetic field inside voxels that are "active"
  - neural activity changes blood flow and oxygen usage
  - blood flow changes which H<sub>2</sub>O molecules are present
  - and also changes the magnetic field locally because oxygenated hemoglobin and de-oxygenated hemoglobin have different magnetic properties
- FMRI is thus at least doubly indirect from physiology of interest (synaptic activity)
  - also is much slower: 4-6 seconds after neurons
  - also "smears out" neural activity: cannot resolve
     10-100 ms timing of neural sequence of events

## Neurophysiological Changes & FMRI

- There are 4 changes caused by neural activity that are currently observable using MRI:
- Increased Blood Flow
  - New protons flow into slice from outside
  - More protons are aligned with B<sub>0</sub>
  - Equivalent to a shorter T1 (as if protons are realigned faster)
  - NMR signal goes up [mostly in arteries]
- Increased Blood Volume (due to increased flow)
  - Total deoxyhemoglobin increases (as veins expand)
  - Magnetic field randomness increases [more paramagnetic stuff in blood vessels]
  - NMR signal goes down [near veins and capillaries]

- BUT: "Oversupply" of oxyhemoglobin after activation
  - Total deoxyhemoglobin decreases
  - Magnetic field randomness decreases [less paramag stuff]
  - NMR signal goes up [near veins and capillaries]
  - This is the important effect for FMRI as currently practiced
- Increased capillary perfusion
  - Most inflowing water molecules exchange to parenchyma at capillaries
    - o i.e., the water that flows into a brain capillary is *not* the water that flows out!
  - Can be detected with perfusion-weighted imaging methods
  - This factoid is also the basis for <sup>15</sup>O water-based PET
  - May someday be important in FMRI, but is hard to do now

### Cartoon of Veins inside a Voxel



Deoxyhemoglobin is paramagnetic (increases B)

**Rest of tissue** +oxyhemoglobin is diamagnetic (decreases B)



oxyhemoglobin dominant in venules

#### **BOLD** Contrast

- <u>BOLD</u> = <u>Blood Oxygenation Level Dependent</u>
- Amount of deoxyhemoglobin in a voxel determines how inhomogeneous that voxel's magnetic field is at the scale of the blood vessels (and red blood cells) = micro structure
- Increase in oxyhemoglobin in veins after neural activation means magnetic field becomes more uniform inside voxel
  - So NMR signal goes up (T2 and T2\* are larger), since it doesn't decay as much during data readout interval
  - So MR image is brighter during "activation" (a little)

#### • **Summary**:

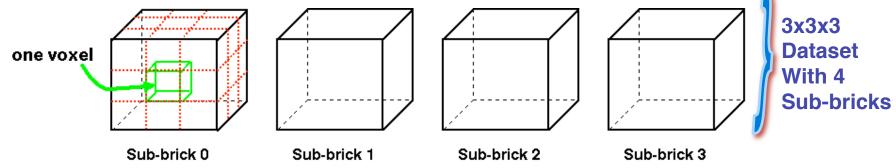
- NMR signal increases 4-6 s after "activation", due to hemodynamic (blood) response
- Increase is same size as noise, so need lots of data

## Fundamental AFNI Concepts

Basic unit of data in AFNI is the <u>dataset</u> <u>Jargon!</u>

- A collection of 1 or more 3D arrays of numbers
  - Each entry in the array is in a particular spatial location in a 3D grid (a <u>voxel</u> = 3D pixel)
  - Image datasets: each array holds a collection of slices from the scanner
    - Each number is the signal intensity for that particular voxel
  - Derived datasets: each number is computed from other dataset(s)
    - e.g., each voxel value is a *t*-statistic reporting "activation" significance from an FMRI time series dataset, for that voxel
- Each 3D array in a dataset is called a <u>sub-brick</u> Jargon!

There is one number in each voxel in each sub-brick

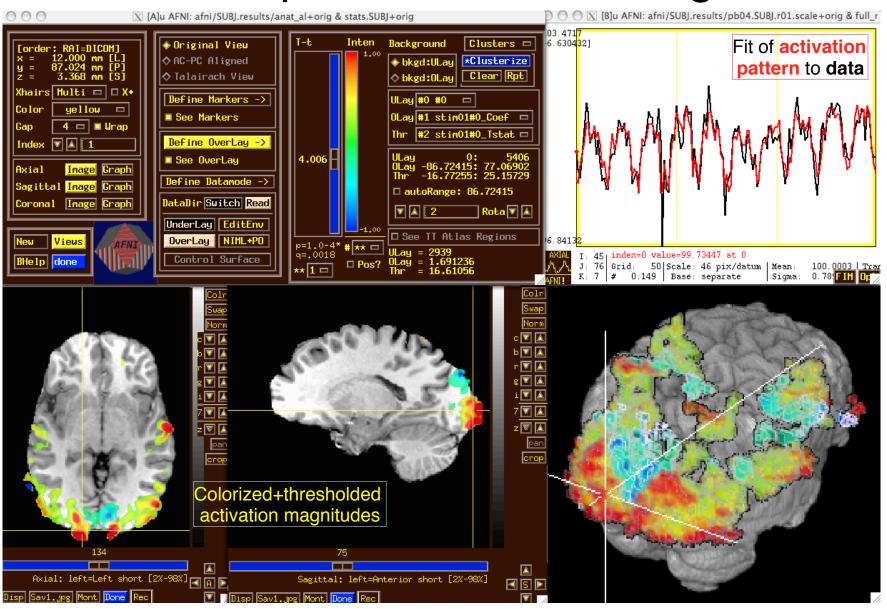


## Quick Sample of AFNI: Analysis

 Script to analyze one imaging run (5 min) of data from one SUbject [cd AFNI data6/afni ; tcsh quick.sl.afni\_proc] afni proc.py -dsets epi r1+orig -copy anat anat+orig \ <---tcat remove first trs 2 ····· -do block align -regress stim times quick.rl times.txt -> -regress basis 'BLOCK(20,1)' -execute Stimulus timing in file quick.rl times.txt 0 30 60 90 120 150 180 210 240 270 → 20 s of stimulus per block, starting at the given times FMRI data in file epi r1+orig Anatomical volume in file anat+orig

Actions: Align slices in time; align Anat to EPI; motion correct
 EPI; blur in space; activation analysis (thru time) in each voxel

## **Quick Sample of AFNI: Viewing Results**



## What's in a Dataset: Numbers

- Different types of numbers can be stored in datasets
  - 8 bit bytes (e.g., from grayscale photos)
- → 16 bit short integers (e.g., from MRI scanners)
- → 32 bit floats (e.g., calculated values)
  - 24 bit RGB color triples (e.g., JPEGs from your digital camera!)
  - 64 bit complex numbers (e.g., for the physicists in the room)
  - Different sub-bricks are allowed to have different numeric types
    - But this is <u>not</u> recommended
    - Will occur if you "catenate" two dissimilar datasets together (e.g., using 3dTcat or 3dbucket commands)
      - Programs will display a warning to the screen if you try this

## What's in a Dataset: Header

- Besides the voxel numerical values, a dataset also contains auxiliary information, including (some of which is optional):
  - xyz dimensions of each voxel (in mm)
  - Orientation of dataset axes; for example, x-axis=R-L, y-axis=A-P, z-axis=I-S = axial slices (we call this orientation "RAI")
  - Location of dataset in scanner coordinates
    - Needed to overlay one dataset onto another
    - Very important to get right in FMRI, since we deal with many datasets
  - Time between sub-bricks, for <u>3D+time</u> datasets



- Such datasets are the basic unit of FMRI data (one per imaging run)
- Statistical parameters associated with each sub-brick
  - o e.g., a *t*-statistic sub-brick has degrees-of-freedom parameter stored
  - e.g., an F-statistic sub-brick has 2 DOF parameters stored

## **AFNI Dataset Files - 1**

- AFNI formatted datasets are stored in 2 files
  - The <u>.HEAD</u> file holds all the auxiliary information
  - The .BRIK file holds all the numbers in all the sub-bricks
- Datasets can be in one of 3 coordinate systems (AKA <u>views</u>)
  - Original data or <u>+orig</u> view: from the scanner
  - AC-PC aligned or <u>+acpc</u> view:
    - o Dataset rotated/shifted so that the anterior commissure and posterior commissure are horizontal (y-axis), the AC is at (x,y,z)=(0,0,0), and the hemispheric fissure is vertical (z-axis)
  - Talairach or <u>+tlrc</u> view:
    - Dataset has also been rescaled to conform to the Talairach-Tournoux atlas dimensions (R-L=136 mm; A-P=172 mm; I-S=116 mm)
    - AKA <u>Talairach</u> or <u>Stererotaxic</u> coordinates
    - Not quite the same as MNI coordinates, but very close

## AFNI Dataset Files - 2

- AFNI dataset filenames consist of 3 parts

  - The view (one of +orig, +acpc, or +tlrc)
  - The <u>suffix</u> (one of .HEAD or .BRIK)
  - Example: BillGates+tlrc.HEAD and BillGates+tlrc.BRIK
  - When creating a dataset with an AFNI program, you supply the prefix; the program supplies the rest
- AFNI programs can read datasets stored in several formats
  - ANALYZE (.hdr/.img file pairs); i.e., from SPM, FSL
  - MINC-1 (.mnc); i.e., from mnitools
  - CTF (.mri, .svl) MEG analysis volumes
  - ASCII text (.1D) numbers arranged into columns
  - Have conversion programs to write out MINC-1, ANALYZE, ASCII, and NIfTI-1.1 files from AFNI datasets, if desired

## NIfTI Dataset Files

- NIfTI-1.1 (<u>.nii</u> or <u>.nii.gz</u>) is a new standard format that AFNI,
   SPM, FSL, BrainVoyager, et al., have agreed upon
  - Adaptation and extension of the old ANALYZE 7.5 format
  - Goal: easier interoperability of tools from various packages
- All data is stored in 1 file (cf. http://nifti.nimh.nih.gov/)
  - 348 byte header (extensions allowed; AFNI uses this feature)
  - Followed by the image numerical values
  - Allows 1D–5D datasets of diverse numerical types
  - .nii.gz suffix means file is compressed (with gzip)
- AFNI now reads and writes NIfTI-1.1 formatted datasets
  - **To write**: when you give the prefix for the output filename, end it in ".nii" or ".nii.gz", and all AFNI programs will automatically write NIfTI-1.1 format instead of .HEAD/.BRIK
  - To read: just give the full filename ending in ".nii" or ".nii.gz"

## **Dataset Directories**

- Datasets are stored in directories, also called <u>sessions</u>
  - All the datasets in the same session, in the same view, are presumed to be aligned in xyz-coordinates
    - o Voxels with same value of (x,y,z) correspond to same brain location
  - Can overlay (in color) any one dataset on top of any other one dataset (in grayscale) from same session
    - Even if voxel sizes and orientations differ
  - Typical AFNI contents of a session directory are all data derived from a single scanning session for one subject
    - Anatomical reference (T1-weighted SPGR or MP-RAGE volume)
    - 10-20 3D+time datasets from FMRI EPI functional runs
    - Statistical datasets computed from 3D+time datasets, showing activation (you hope and pray)
    - Datasets transformed from +orig to +tlrc coordinates, for comparison and conglomeration with datasets from other subjects

## Getting and Installing AFNI

- AFNI runs on <u>Unix</u> systems: Linux, Sun, Mac OS X
  - Can run under Windows with Cygwin Unix emulator
    - This option is really just for trying it out not for production use!
- If you are at the NIH: SSCC can install AFNI and update it on your system(s)
  - You must give us an account with ssh access
- You can download precompiled binaries from our Website
  - http://afni.nimh.nih.gov/afni
  - Also: documentation, message board, humor, data, ...
- You can download source code and compile it
- AFNI is updated fairly frequently, so it is important to update occasionally
  - We can't help you with old versions!

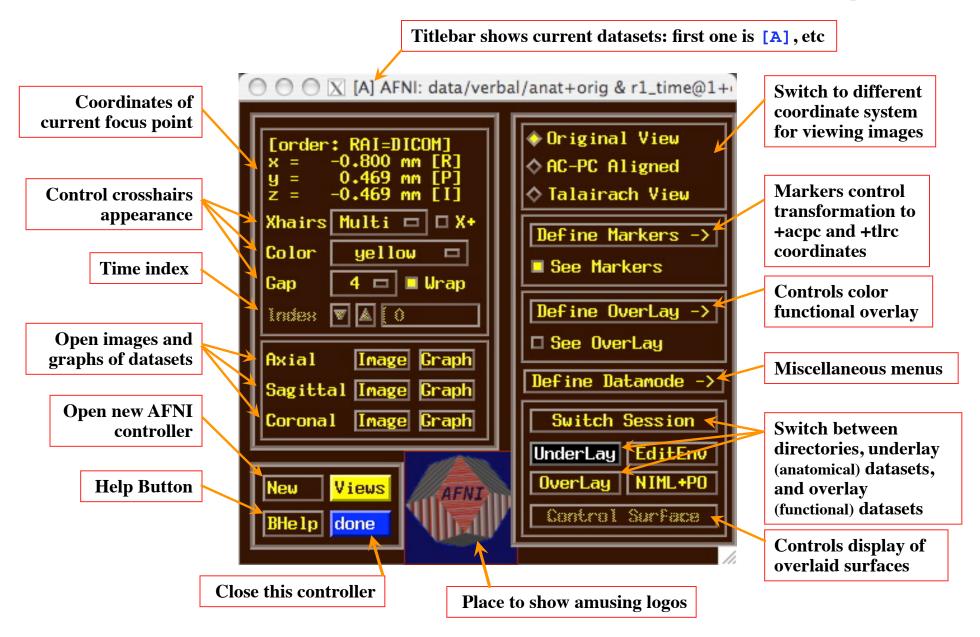
### AFNI at the NIH Scanners

- AFNI can take 2D images in "realtime" from an external program and assemble them into 3D+time datasets slice-byslice
- Jerzy Bodurka (ex-FMRIF) has set up the GE Excite-based scanners (3 Ts, 1.5 T, and 7 T) to start AFNI automagically when scanning, and send reconstructed images over as soon as they are available:
  - For immediate display (images and graphs of time series)
  - Plus: graphs of estimated subject head movement
- Goal is to let you see image data as they are acquired, so that if there are any big problems, you can fix them right away
  - Sample problem: someone typed in the imaging field-of-view (FOV) size wrong (240 cm instead of 24 cm), and so got garbage data, but only realized this too late (after scanning 8 subjects this way) D'oh!

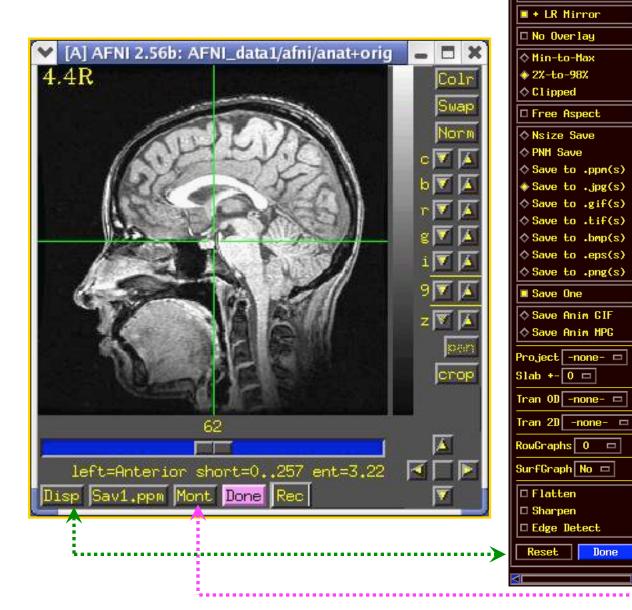
### A Quick Overview of AFNI

- Starting AFNI from the Unix command line
  - <u>afni</u> reads datasets from the current directory
  - afni dir1 dir2 ... reads datasets from directories listed
  - <u>afni -R</u> reads datasets from current directory and from all directories below it
- AFNI also reads file named .afnirc from your home directory
  - Used to change many of the defaults
    - Window layout and image/graph viewing setup; popup hints; whether to compress .BRIK files when writing
    - o cf. file **README** . environment in the AFNI documentation
- Also can read file .afni.startup\_script to restore the window layout from a previous run
  - Created from Define Datamode->Misc->Save Layout menu
    - o cf. file **README**.driver for what can be done with AFNI scripts

### AFNI controller window at startup



# **AFNI Image Viewer**



**Disp** and **Mont** control panels

O O X Display Options

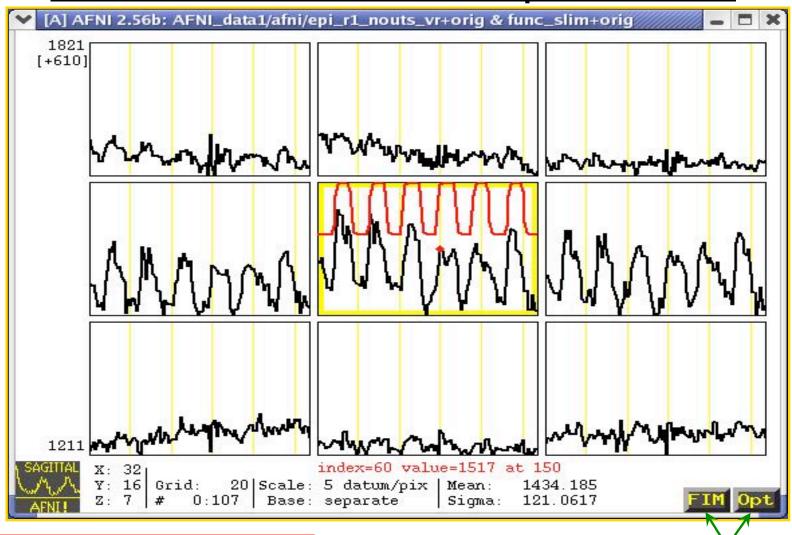
Done

♦ No Rotation

♦ CCW 90 ♦ Rot 180 ♦ CW 90



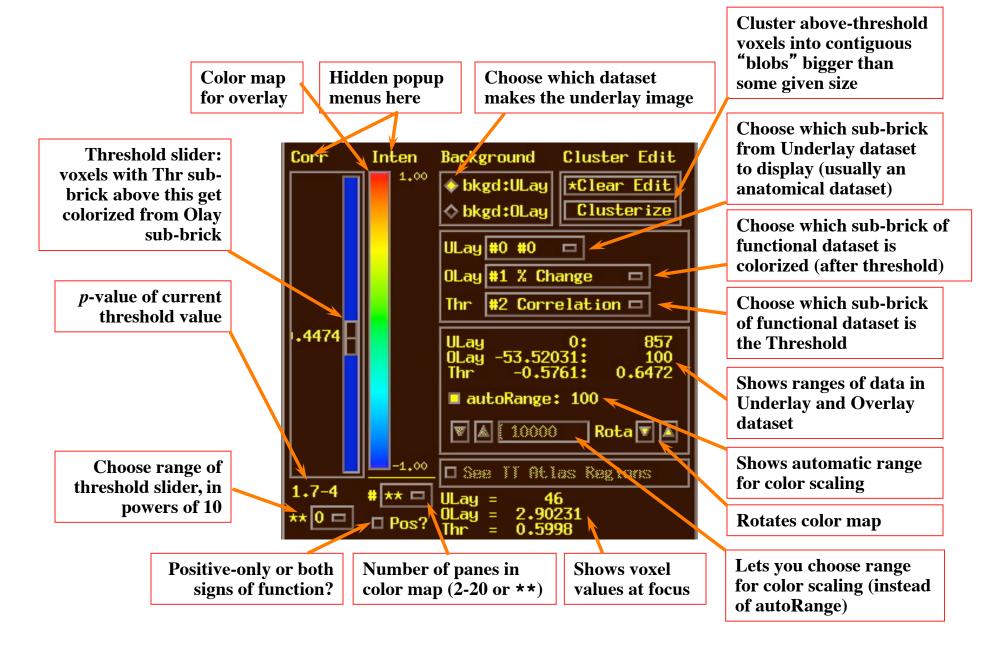
### **AFNI Time Series Graph Viewer**



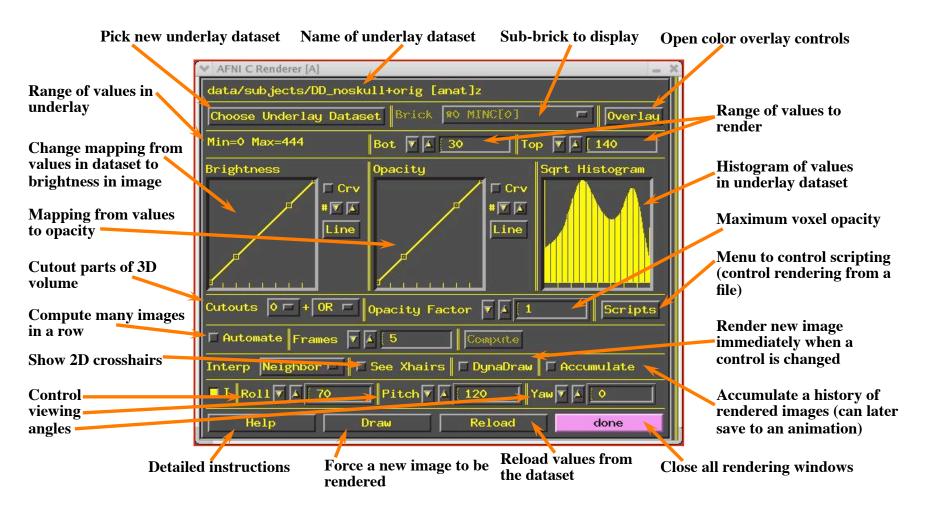
Data (black) and Reference waveforms (red)

Menus for controlling graph displays

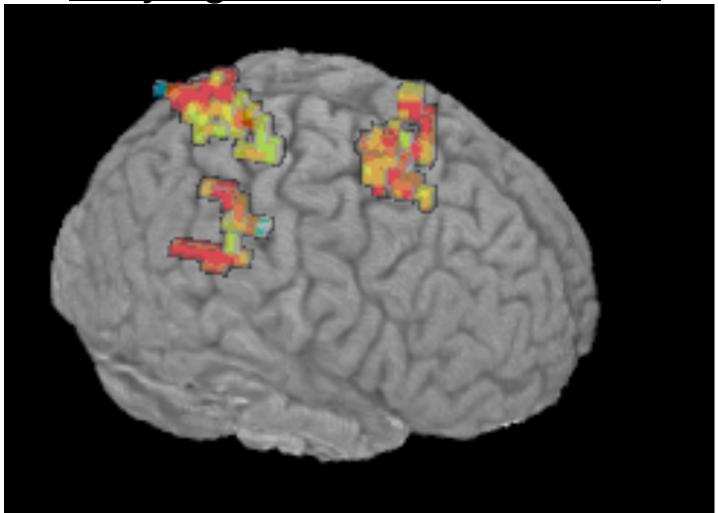
# Define Overlay: Colorizing Panel (etc)



### Volume Rendering: an AFNI plugin



Staying Close to Your Data!



"ShowThru" rendering of functional activation: animation created with Automate and Save:aGif controls

### Other Parts of AFNI

- Batch mode programs and scripts
  - Are run by typing commands directly to computer, or by putting commands into a text file (script) and later executing them
- Good points about batch mode
  - Can process new datasets exactly the same as old ones
  - Can link together a sequence of programs to make a customized analysis (a personalized <u>pipeline</u>)
  - Some analyses take a long time (are not interactive)
- Bad points about batch mode
  - Learning curve is "all at once" rather than gradual
  - If you are, like, under age 35, you may not know how to, like, type commands into a computer to make it do things
    - But we don't make you use punched cards or paper tape (yet)

### **AFNI Batch Programs**

- Many many important capabilities in AFNI are only available in batch programs
  - A few examples (of more than 100, from trivial to complex)
- <u>3dDeconvolve</u> + <u>3dREMLfit</u> = multiple *linear* regression on 3D+time datasets; fits each voxel's time series to activation model, tests these fits for significance (<u>3dNLfim</u> = nonlinear fitting)
- 3dvolreg = 3D+time dataset registration, to correct for small subject head movements, and for inter-day head positioning
- 3dANOVA + 3dLME = 1-, 2-, 3-, and 4- way ANOVA/LME layouts: combining & contrasting datasets in Talairach space
- 3dcalc = general purpose voxel-wise calculator (very useful)
- 3dsvm = SVM multi-voxel pattern analysis program
- 3dresample = re-orient and/or re-size dataset voxel grid
- 3dSkullStrip = remove "skull" from anatomical dataset
- <u>3dDWItoDT</u> = compute diffusion tensor from DWI (nonlinearly)

## **AFNI Plugins**

- A <u>plugin</u> is an extension to AFNI that attaches itself to the interactive AFNI GUI
  - Not the same as a batch program (which runs by itself)
  - Offers a relatively easy way for a C programmer to add certain types of interactive functionality to AFNI
- <u>Draw Dataset</u> = ROI drawing (draws numbers into voxels)
- Render [new] = Volume renderer
- <u>Dataset#N</u> = Lets you plot multiple 3D+time datasets as overlays in an AFNI graph viewer (e.g., fitted models over data)
- 3dsvm = Interactive version of SVM MVPA
- RT Options = Controls the realtime image acquisition capabilities of AFNI (e.g., graphing, registration)
- Plugout: a separate program that sends commands to AFNI to drive the display (sample scripts given in a later talk)

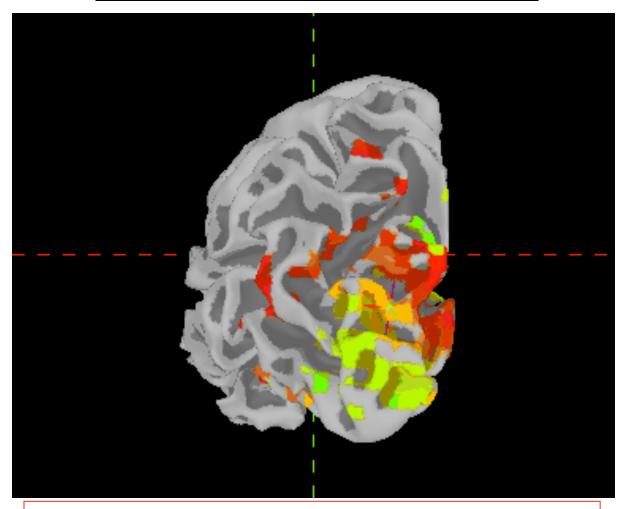
### SUMA, et alii

- SUMA is the AFNI <u>surface mapper</u>
  - For displaying surface models of cortex
    - Surfaces from <u>FreeSurfer</u> (MGH) or <u>Caret</u>
       (Wash U) or <u>BrainVoyager</u> (Brain Innovation)



- Can display functional activations mapped from 3D volumes to the cortical surface
- Can draw ROIs directly on the cortical surface
   vs. AFNI: ROIs are drawn into the 3D volume
- SUMA is a separate program from AFNI, but can "talk" with AFNI (like a plugout) so that volume & surface viewing are linked
  - Click in AFNI or SUMA to change focus point, and the other program jumps to that location at the same time
  - Functional (color) overlay in AFNI can be sent to SUMA for simultaneous display
- And much more stayed tuned for the SUMA talks to come!

### **SUMA Teaser Movie**



Color from AFNI, Images from SUMA Images captured with the 'R' recorder function, then saved as animation with Save:aGif control

### FMRI Experiment Design and Analysis

#### • FMRI experiment design

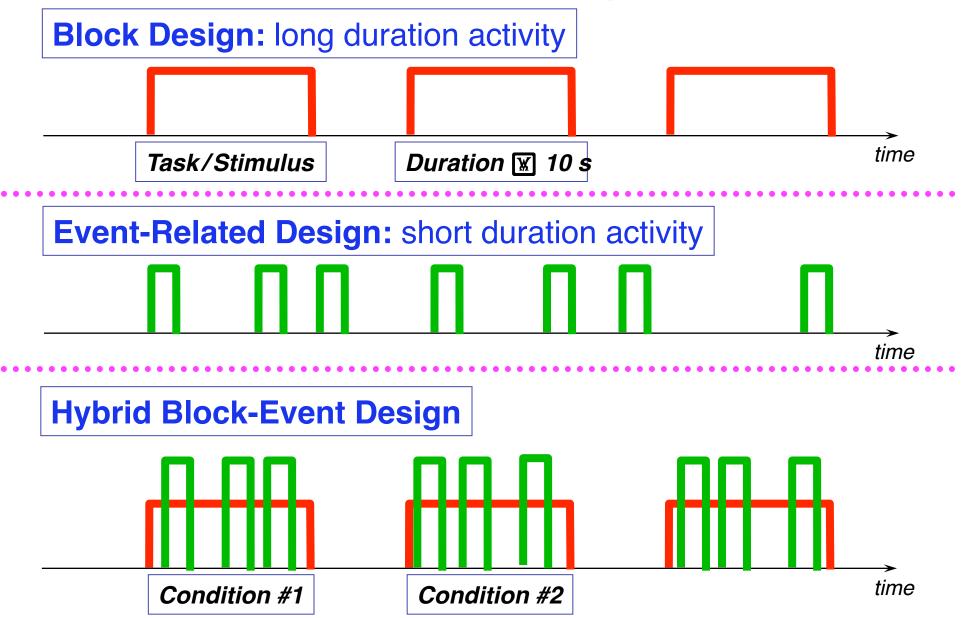
All on one unreadable slide!

- Event-related, block, hybrid event-block? [next slide]
- How many types of stimuli? How many of each type? Timing (intra- & inter-stim)?
- Will experiment show what you are looking for? (Hint: bench tests)
- How many subjects do you need? (Hint: the answer does not have 1 digit)
- <u>Time series data analysis</u> (individual subjects)
  - Assembly of images into AFNI datasets; Visual & automated checks for bad data
  - Registration of time series images (AKA motion correction)
  - Smoothing & masking of images; Baseline normalization; Censoring bad data
  - Catenation into one big dataset
  - Spatial normalization to Talairach-Tournoux atlas (or something like it; e.g., MNI)
  - Fit statistical model of stimulus timing+hemodynamic response to time series data
    - Fixed-shape or variable-shape response models
    - Segregation into differentially activated blobs (i.e., what got turned on or off?)
      - Threshold on statistic + clustering <u>and/or</u> Anatomically-defined ROI analysis
    - Visual examination of maps and fitted time series for validity and meaning
- Group analysis (inter-subject)

afni\_proc.py

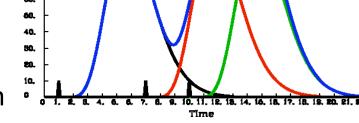
- Smoothing of fitted parameters
  - Automatic global smoothing + voxel-wise analysis or ROI averaging
- ANOVA+ to combine and contrast activation magnitudes from the various subjects
- Visual examination of results (usually followed by confusion)
- Write paper, argue w/boss, submit paper, argue w/referees, publish paper, ...

### 3 Classes of FMRI Experiments



## FMRI Experiment Design - 1

- Hemodynamic (FMRI) response
  - peak is 4-6 s after neural activation
  - width is 4-5 s for very brief (< 1 s) activation</li>



- two separate activations less than 12-15 s apart will have their responses overlap and add up (approximately — more on this in a later talk!)
- Block design experiments: Extended activation, or multiple closely-spaced (< 2-3 s) activations</li>
  - Multiple FMRI responses overlap and add up to something more impressive than a single brief blip (as in the picture above)
  - But can't distinguish distinct but closely-spaced activations; example:
    - Each brief activation is "subject sees a face for 1 s, presses button #1 if male, #2 if female" and faces come in every 2 s for a 20 s block, then 20 s of "rest", then a new faces block, etc.
    - What to do about trials where the subject makes a mistake? These are presumably neurally different than correct trials, but there is no way to separate out the activations when the hemodynamics blurs so much in time.

### FMRI Experiment Design - 2

- Therefore: Event-related designs:
  - SLOW: Separate activations in time so can model the FMRI response from each separately, as needed (e.g., subject mistakes)
  - RAPID: Need to make inter-stimulus intervals vary ("jitter") if there is any potential time overlap in their FMRI response curves; e.g., if the events are closer than 12-15 s in time
    - Otherwise, the tail of event #x always overlaps the head of event #x+1 in the same way, and as a result the amplitude of the response in the tail of #x can't be told from the response in the head of #x+1

#### Important note!

- You cannot treat every single event as a distinct entity whose response amplitude is to be calculated separately! (OK, you can try, but ...)
- You must still group events into classes, and assume that all events in the same class evoke the same response.
  - Approximate rule: 25+ events per class (with emphasis on the '+')
- o There is just too much noise in FMRI to be able to get an accurate activation map from a single event!
  - Caveat: you can analyze each event by itself, but then have to combine the many individual maps in some way to get any significance

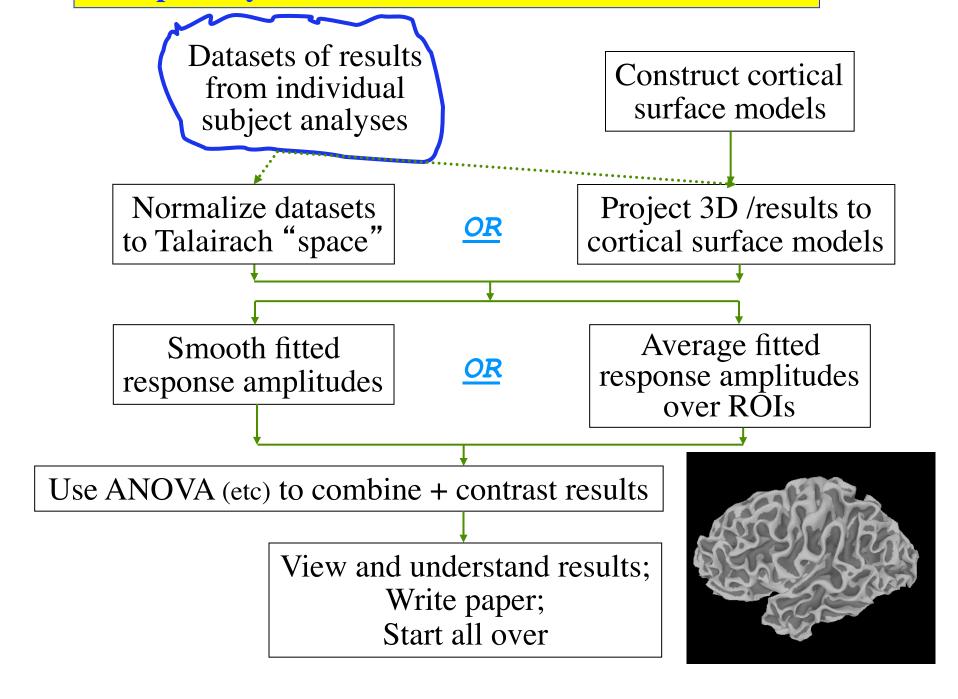
### FMRI Experiment Design - 3

- Hybrid Block/Event-related designs:
  - The long "blocks" are situations where you set up some continuing condition for the subject
  - Within this condition, multiple distinct events are given and analyzed
  - Example:
    - Event stimulus is a picture of a face
    - Block condition is instruction on what the subject is to do when he sees the face:
      - Condition A: press button #1 for male, #2 for female
      - Condition B: press button #1 if face is angry, #2 if face is happy
    - Event stimuli in the two conditions may be identical, or at least fungible
    - It is the instructional+attentional modulation between the two conditions that is the goal of such a study
      - Perhaps you have two groups of subjects (patients and controls) which respond differently in bench tests
      - You want to find some neural substrates for these differences
      - So you can tell an enthralling story and become wildly famous

#### **3D Individual Subject Analysis**

```
to3d
Assemble images into AFNI-formatted datasets
                                                    can do at NIH scanners
Check images for quality (visual & automatic)
                             3dvolreg
Register (realign) images
                            3dWarpDrive
                             3dmerge
Smooth images spatially
                                     (optional)
Mask out non-brain parts of images
                                       3dAutomask + 3dcalc (optional)
Normalize time series baseline to 100 (for %-izing)
Fit stimulus timing + hemodynamic model to time series
   catenates imaging runs, removes residual movement
 effects, computes response sizes & inter-stim contrasts
                                                              3dDeconvolve
Segregate into differentially "activated" blobs
Look at results, and ponder
. to group analysis (next page)
```

#### Group Analysis: in 3D or on folded 2D cortex models



### Other Educational Presentations

- How to get images into AFNI or NIfTI format (program to3d)
- Detailed hands-on with using AFNI for data viewing (fun)
- Signal modeling & analysis: theory & hands-on (3dDeconvolve)
- Image registration (3dvolreg, et al.)
- Volume rendering hands-on (fun level=high)
- ROI drawing hands-on (fun level=extreme)
- Transformation to Talairach hands-on (fun level=low)
- Group analysis: theory and hands-on (3dANOVAx and beyond)
- Experiment design
- FMRI analysis from start to end (the "soup to nuts" hands-on)
- SUMA hands-on (fun level=pretty OK)
- Surface-based analysis
- AFNI "Jazzercise" (practice sessions & directed exercises)

# Ongoing AFNI+SUMA Projects

- Complex ANOVA-like models for group analyses [3dLME.R]
  - Unbalanced designs, missing data, continuous covariates, multi-nested designs, .... (the list and the project don't really end)
- Changing <u>3dDeconvolve</u> to incorporate physiological noise cancellation, and <u>correction for EPI time series</u>
   <u>This one is done!</u>
- More surface-based analysis tools
  - Especially for inter-subject (group) analyses
- Better EPI-anatomical registration tools [3dAllineate]
  - And nonlinear 3D inter-subject registration
- Integrating some external diffusion tensor (DTI) tools with AFNI (e.g., DTIquery)
- Integrating more atlas datasets (animal and human) into AFNI
- Semi-linear global deconvolution analysis