

# Group Analysis

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# Program List

- **3dttest++** (GLM: one-, two-sample, paired  $t$ , between-subjects variables)
- **3dMVM** (generic AN(C)OVA)
- **3dLME** (sophisticated cases: missing data, within-subject covariates)
- **3dMEMA** (similar to 3dttest++: measurement errors)
- **3dANOVA** (one-way between-subject)
- **3dANOVA2** (one-way within-subject, 2-way between-subjects)
- **3dANOVA3** (2-way within-subject and mixed, 3-way between-subjects)
- **3dttest** (**obsolete**: one-sample, two-sample and paired  $t$ )
- **3dRegAna** (**obsolete**: regression/correlation, covariates)
- **GroupAna** (**obsolete**: up to four-way ANOVA)
- **3dICC** (intraclass correlation): prototype only
- **3dISC** (intersubject correlation): prototype only

# Preview of Coming Attractions

- Concepts and terminology
  - Group analysis approaches
    - GLM: 3dttest++, 3dMEMA
    - GLM, ANOVA, ANCOVA: 3dMVM
    - LME: 3dLME
    - Presumed vs. estimated HDR (i.e., fixed vs. variable shape)
  - Miscellaneous
    - Issues with covariates
    - Intra-Class Correlation (ICC)
    - Inter-Subject Correlation (ISC)
- 

**Goal = Give outline of AFNI capabilities in group analyses**

**Decisions about complex situations require help**

**<https://afni.nimh.nih.gov/afni/community/board>**

# Why Group Analysis?

- Reproducibility and generalization
  - Summarization
  - Generalization: from current results to population level
  - Typically 10 or more subjects per group
  - Individualized inferences: pre-surgical planning, lie detection, ...
- One model combining both steps (single subject and group)?
  - + Ideal: less information loss, more accurate inferences
  - - Historical
  - - Computationally unmanageable, and very hard to set up
  - - Data quality check at individual level

# Simplest case

- BOLD responses from a group of 20 subjects
  - data:  $(\beta_1, \beta_2, \dots, \beta_{20}) = (1.13, 0.87, \dots, 0.72)$
  - mean: 0.92
  - standard deviation of the betas: 0.40 or .90
  - Do we have strong evidence for the effect being nonzero?
- Statistical modeling perspective
  - Simplest GLM: one-sample  $t$ -test
$$\hat{\beta}_i = b + \epsilon_i, \epsilon_i \sim N(0, \sigma^2)$$
  - Statistical evidence -  $t$ -test:  $\hat{b} / (\hat{\sigma} / n)$
  - summarization:  $b$  (dimensional),  $sd$ , and  $t$  (dimensionless)

# Terminology

- Response/outcome variable: left-hand side of model
  - Regression  $\beta_i$  coefficients (plus measurement errors)
  - Structured: subjects, tasks, groups
- Explanatory variables: right-hand side of model
  - Categorical (factors) vs quantitative (covariates)
  - Fixed- vs random-effects: conventional statistics
- Type of Models
  - Univariate GLM: Student's *t*-tests, regression, AN(C)OVA
  - Multivariate GLM: within-subject factors
  - LME: linear mixed-effects model
  - MEMA: mixed-effects multilevel analysis
  - BML (Bayesian multilevel model)

# Terminology: categorical vs quantitative

- Factors
  - Finite (small) number of levels: categories (coded by labels)
  - Within-subject (repeated-measures): tasks, conditions
  - Between-subjects
    - patients/controls, genotypes, scanners/sites, handedness, ...
    - Each subject nested within a group
  - Subjects: **random-effects factor** - measuring randomness
    - Of no intrinsic interest: random samples from a population
- Quantitative variables
  - numeric or continuous
  - age, IQ, reaction time, brain volume, ...
  - 3 usages of “covariate”
    - No interest:
      - Qualitative (e.g., scanner/site, groups)
      - Quantitative (e.g., per subject amount of head motion)
    - Explanatory variable (e.g., subject age, anxiety score)

# Terminology: fixed vs random

- Fixed-effects variables
  - Of research interest
    - Visual vs auditory, age, ...
    - Unable to extend to something else
  - Modeled as **constants**, not random variables
    - Shared by all subjects
  - Not exchangeable/replaceable or extendable to something else
- Random-effects variables (mean + random part)
  - Of research interest?  $\hat{\beta}_i = b + \epsilon_i, \epsilon_i \sim N(0, \sigma^2)$ 
    - Subjects: random samples
    - Trials, regions?
  - Modeled as **random variables**: Gaussian distributions
  - Exchangeable, replaceable, generalizable
- Differentiations blurred under BML (Bayesian Multi-Level)

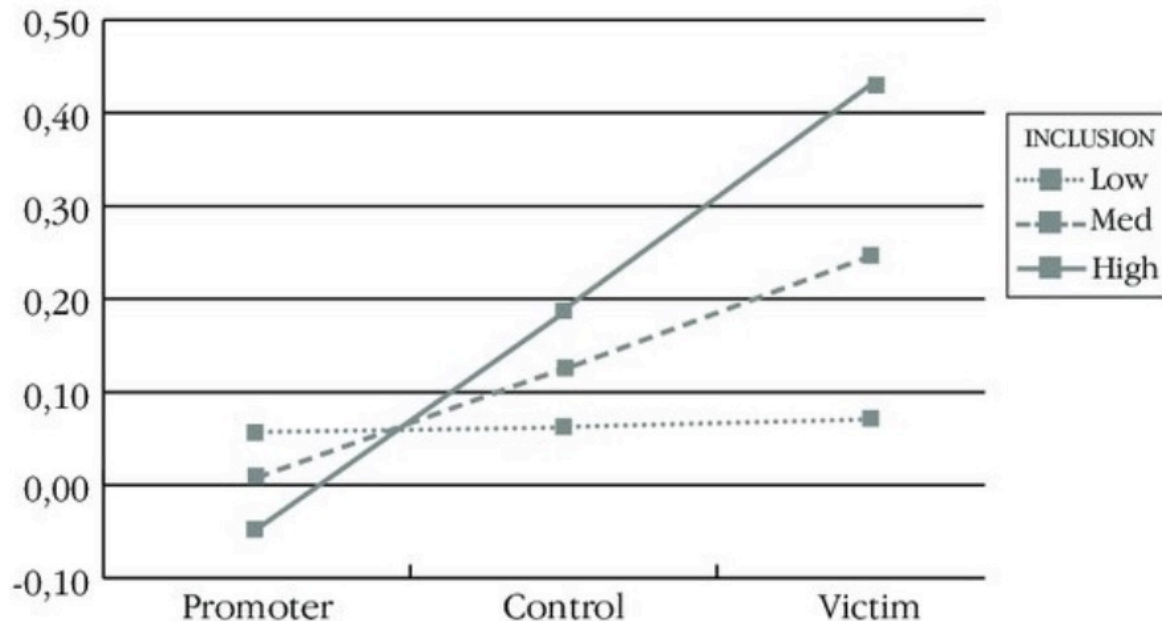


# Terminology: main effects

- Main effect for a fixed-effects factor
  - Omnibus: overall inference or summarization
    - e.g., Evidence for differences across 3 levels
    - Conventional ANOVA framework
    - $F$ -statistic: not detailed enough
      - Tells you *something* is different, but not *which one*
    - Further partitions: post hoc inferences via pairwise comparisons
    - $F$ -statistic as a two-sided test?
      - 1)  $A > B$ , 2)  $A < B$  3)  $A \neq B$

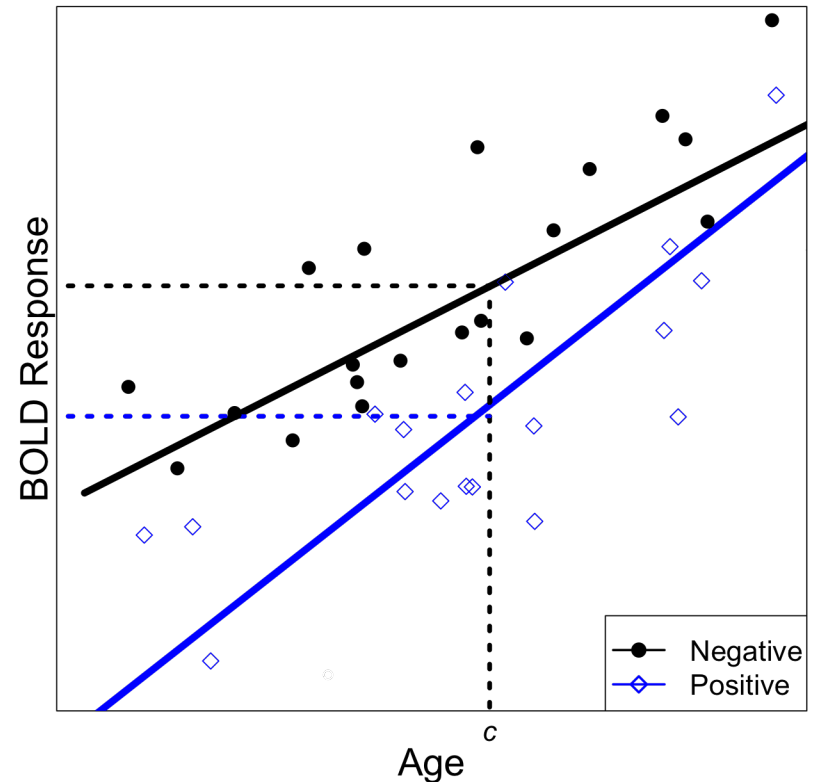
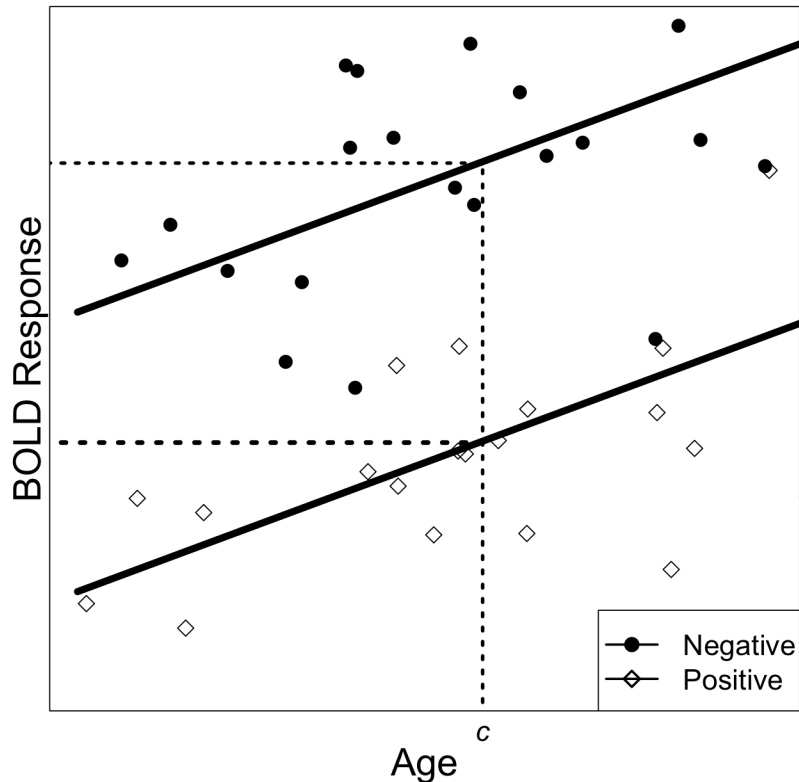
# Terminology: interactions

- Interaction effect between 2 or more factors
  - Omnibus: overall inference or summarization
    - Conventional ANOVA framework
    - $F$ -statistic: not detailed enough to tell what specifically is happening
    - Further partitions: post hoc inferences via pairwise comparisons
  - $2 \times 2$  design: difference of difference
    - $F$ -test for  $2 \times 2$  interaction =  $t$ -test of  
(A1B1 - A1B2) - (A2B1 - A2B2) or (A1B1 - A2B1) - (A1B2 - A2B2)



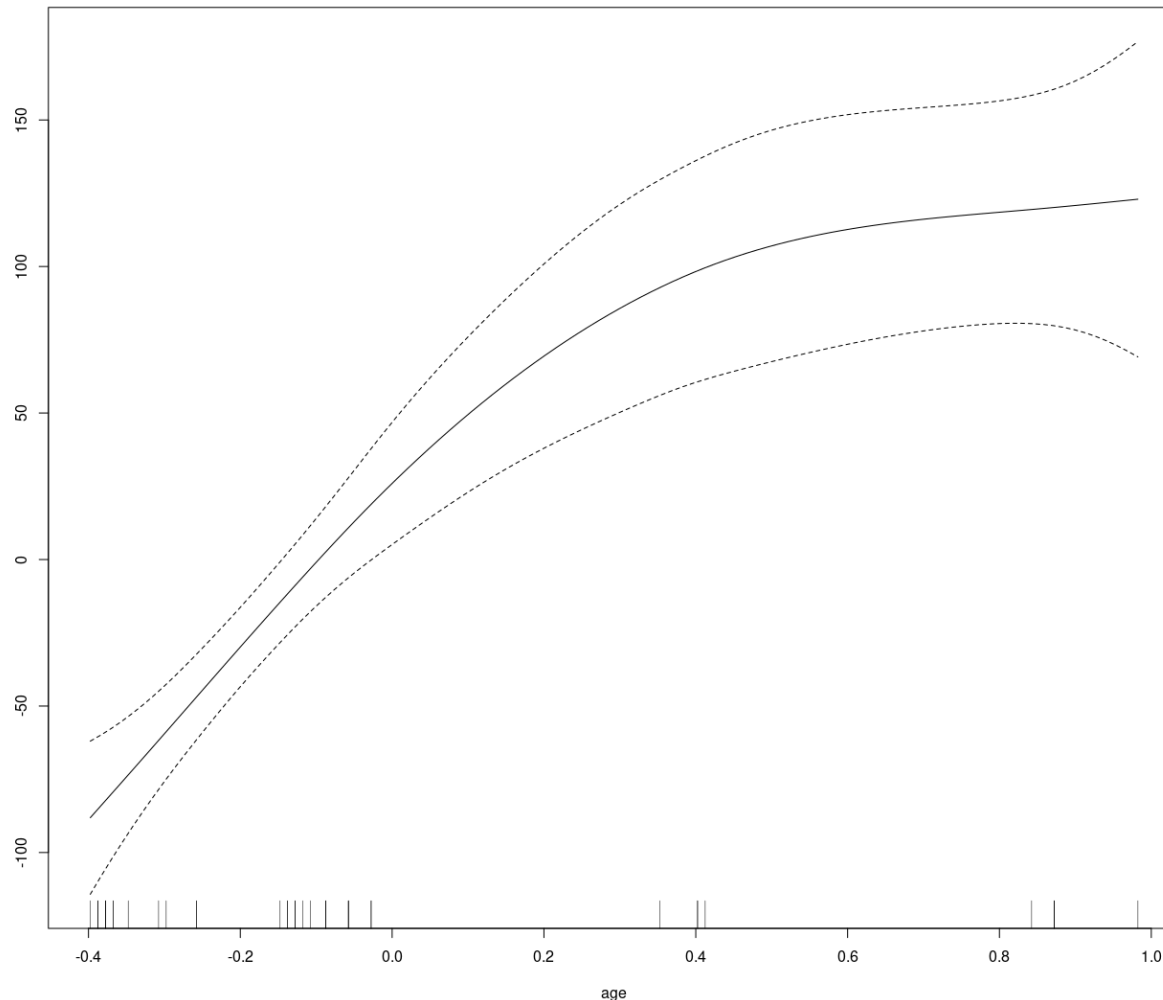
# Terminology

- Interaction effect involving a quantitative variable
  - By default: linearity (age, modulation, ...)
    - Controlling: misconception – e.g., “covary out” age differences?
    - or, Effect of interest
  - Interaction between a factor and a quantitative variable



# Terminology

- Interaction effect involving a quantitative variable
  - Validity of linearity of  $\beta$  with (e.g.) age
    - Nonlinear: difficult (too much freedom)! Polynomials? Theory-driven?



# Example: 2 × 3 Mixed ANCOVA

- Explanatory variables
  - Factor A (**Group**): 2 levels (patient and control)
  - Factor B (**Condition**): 3 levels (pos, neg, neu – emotional words)
  - Factor S (**Subject**): 15 ASD children and 15 healthy controls
  - Quantitative **covariate**: **Age**
- Piecemeal: multiple *t*-tests – too tedious
  - Group comparison + age effect
  - Pairwise comparisons among three conditions
    - Assumption: same age effect across conditions
  - Difficulties with *t*-tests
    - Main effect of Condition: 3 levels plus age?
    - Interaction between Group and Condition
    - Age effect across three conditions?

# Classical ANOVA: 2 × 3 Mixed ANOVA (no covariate)

- Factor A (**Group**): 2 levels (patient and control)
- Factor B (**Condition**): 3 levels (pos, neg, neu)
- Factor S (**Subject**): 15 ASD children and 15 healthy controls
- Covariate (**Age**): **cannot** be modeled; **no** correction for sphericity violation

$$F_{(a-1, a(n-1))}(A) = \frac{MSA}{MSS(A)},$$

$$F_{(b-1, a(b-1)(n-1))}(B) = \frac{MSB}{MSE},$$

$$F_{((a-1)(b-1), a(b-1)(n-1))}(AB) = \frac{MSAB}{MSE},$$

Different  
denominators

where

$$MSA = \frac{SSA}{a-1} = \frac{1}{a-1} \left( \frac{1}{bn} \sum_{j=1}^a Y_{.j}^2 - \frac{1}{abn} Y_{...}^2 \right),$$

$$MSB = \frac{SSB}{b-1} = \frac{1}{b-1} \left( \frac{1}{an} \sum_{k=1}^b Y_{..k}^2 - \frac{1}{abn} Y_{...}^2 \right),$$

$$MSAB = \frac{SSAB}{(a-1)(b-1)} = \frac{1}{(a-1)(b-1)} \left( \frac{1}{n} \sum_{j=1}^a \sum_{k=1}^b Y_{.jk} - \frac{1}{bn} \sum_{j=1}^a Y_{.j}^2 - \frac{1}{an} \sum_{k=1}^b Y_{..k}^2 + \frac{1}{abn} Y_{...}^2 \right),$$

$$MSS(A) = \frac{SSS(A)}{a(n-1)} = \frac{1}{a(n-1)} \left( \frac{1}{b} \sum_{i=1}^n \sum_{j=1}^a Y_{ij}^2 - \frac{1}{bn} \sum_{j=1}^a Y_{.j}^2 \right),$$

$$MSE = \frac{1}{a(b-1)(n-1)} \left( \sum_{i=1}^n \sum_{j=1}^a \sum_{k=1}^b Y_{ijk}^2 - \frac{1}{n} \sum_{j=1}^a \sum_{k=1}^b Y_{.jk} - \frac{1}{b} \sum_{i=1}^n \sum_{j=1}^a Y_{ij}^2 + \frac{1}{bn} \sum_{j=1}^a Y_{.j}^2 + \frac{1}{abn} Y_{...}^2 \right)$$

3dANOVA3 –type 5 (equal #  
of subjects across groups)

# Univariate GLM: 2 x 3 mixed ANOVA

- Group: 2 levels (patient and control)
- Condition: 3 levels (pos, neg, neu)
- Subject: 3 ASD children and 3 healthy controls

Difficult to incorporate covariates

- Broken orthogonality of matrix

No correction for sphericity violation

$$\begin{matrix} \text{Subj} \\ 1 \\ 1 \\ 1 \\ 2 \\ 2 \\ 2 \\ 3 \\ 3 \\ 3 \\ 4 \\ 4 \\ 4 \\ 5 \\ 5 \\ 5 \\ 6 \\ 6 \\ 6 \end{matrix} \begin{pmatrix} \beta_{11} \\ \beta_{12} \\ \beta_{13} \\ \beta_{21} \\ \beta_{22} \\ \beta_{23} \\ \beta_{31} \\ \beta_{32} \\ \beta_{33} \\ \beta_{41} \\ \beta_{42} \\ \beta_{43} \\ \beta_{51} \\ \beta_{52} \\ \beta_{53} \\ \beta_{61} \\ \beta_{62} \\ \beta_{63} \end{pmatrix} = \begin{pmatrix} X_0 & X_1 & X_2 & X_3 & X_4 & X_5 & X_6 & X_7 & X_8 & X_9 \\ 1 & 1 & 1 & 0 & 1 & 0 & 1 & 0 & 0 & 0 \\ 1 & 1 & 0 & 1 & 0 & 1 & 1 & 0 & 0 & 0 \\ 1 & 1 & -1 & -1 & -1 & -1 & 1 & 0 & 0 & 0 \\ 1 & 1 & 1 & 0 & 1 & 0 & 0 & 1 & 0 & 0 \\ 1 & 1 & 0 & 1 & 0 & 1 & 0 & 1 & 0 & 0 \\ 1 & 1 & -1 & -1 & -1 & -1 & 0 & 1 & 0 & 0 \\ 1 & 1 & 1 & 0 & 1 & 0 & -1 & -1 & 0 & 0 \\ 1 & 1 & 0 & 1 & 0 & 1 & -1 & -1 & 0 & 0 \\ 1 & 1 & -1 & -1 & -1 & -1 & -1 & -1 & 0 & 0 \\ 1 & -1 & 1 & 0 & -1 & 0 & 0 & 0 & 1 & 0 \\ 1 & -1 & 0 & 1 & 0 & -1 & 0 & 0 & 1 & 0 \\ 1 & -1 & -1 & -1 & 1 & 1 & 0 & 0 & 1 & 0 \\ 1 & -1 & 1 & 0 & -1 & 0 & 0 & 0 & 0 & 1 \\ 1 & -1 & 0 & 1 & 0 & -1 & 0 & 0 & 0 & 1 \\ 1 & -1 & -1 & -1 & 1 & 1 & 0 & 0 & 0 & 1 \\ 1 & -1 & 1 & 0 & -1 & 0 & 0 & 0 & -1 & -1 \\ 1 & -1 & 0 & 1 & 0 & -1 & 0 & 0 & -1 & -1 \\ 1 & -1 & -1 & -1 & 1 & 1 & 0 & 0 & -1 & -1 \end{pmatrix} \begin{pmatrix} \alpha_0 \\ \alpha_1 \\ \alpha_2 \\ \alpha_3 \\ \alpha_4 \\ \alpha_5 \\ \alpha_6 \\ \alpha_7 \\ \alpha_8 \\ \alpha_9 \end{pmatrix} + \begin{pmatrix} \delta_{11} \\ \delta_{12} \\ \delta_{13} \\ \delta_{21} \\ \delta_{22} \\ \delta_{23} \\ \delta_{31} \\ \delta_{32} \\ \delta_{33} \\ \delta_{41} \\ \delta_{42} \\ \delta_{43} \\ \delta_{51} \\ \delta_{52} \\ \delta_{53} \\ \delta_{61} \\ \delta_{62} \\ \delta_{63} \end{pmatrix}$$

# Univariate GLM: problematic implementations

(in some other software we won't name)

## Two-way **mixed** ANOVA

**Between-subjects** Factor A (**Group**): 2 levels (patient, control)

**Within-subject** Factor B (**Condition**): 3 levels (pos, neg, neu)

### 1) Omnibus tests

$$F_A = \frac{MSA}{MSA(C)}, \quad \leftarrow \text{Correct} \quad F_A = \frac{MSA}{MSE}, \quad \leftarrow \text{Incorrect}$$
$$F_B = \frac{MSB}{MSE}, \quad F_B = \frac{MSB}{MSE},$$
$$F_{AB} = \frac{MSAB}{MSE}, \quad F_{AB} = \frac{MSAB}{MSE}$$

### 2) Post hoc tests (contrasts)

- **Incorrect** *t*-tests for factor A due to incorrect denominator
- **Incorrect** *t*-tests for factor B or interaction effect AB when weights do not add up to 0



# Univariate GLM: problematic implementations

## Two-way **repeated-measures** ANOVA

**Within-subjects** Factor A (**Object**): 2 levels (house, face)

**Within-subject** Factor B (**Condition**): 3 levels (pos, neg, neu)

### 1) Omnibus tests

$$F_A = \frac{MSA}{MSAC},$$
$$F_B = \frac{MSB}{MSBC},$$
$$F_{AB} = \frac{MSAB}{MSE}$$

**Correct**

$$F_A = \frac{MSA}{MSE},$$
$$F_B = \frac{MSB}{MSE},$$
$$F_{AB} = \frac{MSAB}{MSE}$$

**Incorrect**

### 2) Post hoc tests (contrasts)

- **Incorrect** *t*-tests for both factors A and B due to incorrect denominator
- **Incorrect** *t*-tests for interaction effect AB if weights don't add up to 0

# Better Approach: Multivariate GLM

- **Group:** 2 levels (patient and control)
- **Condition:** 3 levels (pos, neg, neu)
- **Subject:** 3 ASD children and 3 healthy controls
- **Age:** quantitative covariate

$$B_{n \times m} = X_{n \times q} A_{q \times m} + D_{n \times m}$$

<i>Subj</i>	<i>Pos</i>	<i>Neg</i>	<i>Neu</i>	<i>Int</i>	<i>Grp</i>	<i>Age</i>	<i>Pos</i>	<i>Neg</i>	<i>Neu</i>	<i>Subj</i>
1	$\beta_{11}$	$\beta_{12}$	$\beta_{13}$	1	1	-6	$\alpha_{01}$	$\alpha_{02}$	$\alpha_{03}$	1
2	$\beta_{21}$	$\beta_{22}$	$\beta_{23}$	1	1	10	$\alpha_{11}$	$\alpha_{12}$	$\alpha_{13}$	2
3	$\beta_{31}$	$\beta_{32}$	$\beta_{33}$	1	1	4	$\alpha_{21}$	$\alpha_{22}$	$\alpha_{23}$	3
4	$\beta_{41}$	$\beta_{42}$	$\beta_{43}$	1	-1	-4				4
5	$\beta_{51}$	$\beta_{52}$	$\beta_{53}$	1	-1	-1				5
6	$\beta_{61}$	$\beta_{62}$	$\beta_{63}$	1	-1	-3				6

Data = betas

Model =  
Design matrix =  
Main Effect &  
Group Coding  
& Covariate

Fit  
Parameters  
(to be computed)

Residuals

# MVM Implementation in AFNI

- Program **3dMVM** – generalize multi-way ANCOVA, and more
  - No dummy coding needed!
  - **Symbolic coding** for variables and post hoc testing

**Variable types**      **Post hoc tests**

```
3dMVM -prefix      OutputFile -jobs 8      -SC
      -bsVars      'Grp*Age'   -wsVars     'Cond'   -qVars 'Age'
```

```
-num_glt 4
-gltLabel 1  Pat_Pos      -gltCode 1      'Grp : 1*Pat Cond : 1*Pos'
-gltLabel 2  Ctl_Pos-Neg -gltCode 2      'Grp : 1*Ctl Cond : 1*Pos -1*Neg'
-gltLabel 3  GrpD_Pos-Neg -gltCode 3      'Grp : 1*Ctl -1*Pat Cond : 1*Pos -1*Neg'
-gltLabel 4  Pat_Age     -gltCode 4      'Grp : 1*Pat Age :'
```

```
-dataTable
Subj      Grp      Age      Cond      InputFile
S1        Ctl      23      Pos      S1_Pos.nii
S1        Ctl      23      Neg      S1_Neg.nii
S1        Ctl      23      Neu      S1_Neu.nii
...
S50       Pat      19      Pos      S50_Pos.nii
S50       Pat      19      Neg      S50_Neg.nii
S50       Pat      19      Neu      S50_Neu.nii
```

**Data layout**

# MVM General Linear Tests - besides main effects

- **Symbolic coding** for variables and post hoc testing
  - **-bsVARS** '**Grp\*Age**' shows 2 *between* subjects variables
    - **-qVars** '**Age**' shows one is quantitative (numbers)
    - So the other one **Grp** is categorical (labels)
  - **-wsVars** '**Cond**' shows 1 *within* subjects variable (categorical)
  - Potential values for all variables collated from data table
- **GLT #3** "**Grp : 1\*Pat Cond : 1\*Pos -1\*Neg**"
  - Within the **Grp** variable, select the **Pat** mean effect
  - Within the **Cond** variable, select the difference between the **Pos** and **Neg** mean effects
  - **Age** is not specified, so test will be carried out on the effects regressed to the **Age** center (for each **Grp**)
- **GLT #4** "**Grp : 1\*Pat Age :**" tests the *slope* of the betas w.r.t. **Age** for **Patients** (averaged across **Cond** values)

# Improvement 1: precision information

- Conventional approach:  $\beta_s$  as response variable
  - Assumptions
    - no measurement errors
    - all subjects have same precision
  - All subjects are treated equally (have the same randomness)
- More precise method: estimated  $\beta_s$  plus precision estimates
  - $t$ -statistic contains precision ( $t = \beta / \text{SEM}(\beta)$ )
  - $\beta_s$  and their  $t$ -stats as input
  - $\beta_s$  weighted based on precision
  - Only available for simple GLM types: 3dMEMA
  - Regions with substantial cross-subject variability
- Best approach: combining all subjects in one big super-model
  - Currently not feasible

# One group: Example

- 3dttest++:  $\beta$  as input only

```
3dttest++ -prefix Vis -mask mask+tlrc -zskip \
  -setA 'FP+tlrc[Vrel#0_Coef]' \
  'FR+tlrc[Vrel#0_Coef]' \
  .....
  'GM+tlrc[Vrel#0_Coef]'
```

Voxel value = 0 → treated it as missing

- 3dMEMA:  $\beta$  and  $t$ -statistic as input

```
3dMEMA -prefix VisMEMA -mask mask+tlrc -setA Vis \
  FP 'FP+tlrc[Vrel#0_Coef]' 'FP+tlrc[Vrel#0_Tstat]' \
  FR 'FR+tlrc[Vrel#0_Coef]' 'FR+tlrc[Vrel#0_Tstat]' \
  .....
  GM 'GM+tlrc[Vrel#0_Coef]' 'GM+tlrc[Vrel#0_Tstat]' \
  -missing_data 0
```

Voxel value = 0 → treated it as missing

## Paired comparison: Example

- 3dtttest++: comparing two conditions

```
3dtttest++ -prefix Vis_Aud \
  -mask mask+tlrc -paired -zskip \
  -setA 'FP+tlrc[Vrel#0_Coef]' \
    'FR+tlrc[Vrel#0_Coef]' \
  .....
    'GM+tlrc[Vrel#0_Coef]' \
  -setB 'FP+tlrc[Arel#0_Coef]' \
    'FR+tlrc[Arel#0_Coef]' \
  .....
    'GM+tlrc[Arel#0_Coef]'
```

## Paired Comparison: Example

- 3dMEMA: accounting for differential accuracy (among  $\beta$ s)
  - Contrast as input

```
3dMEMA -prefix Vis_Aud_MEMA \
-mask mask+tlrc -missing_data 0 \
-setA Vis-Aud \
FP 'FP+tlrc[Vrel-Arel#0_Coef]' 'FP+tlrc[Vrel-Arel#0_Tstat]' \
FR 'FR+tlrc[Vrel-Arel#0_Coef]' 'FR+tlrc[Vrel-Arel#0_Tstat]' \
.....
GM 'GM+tlrc[Vrel-Arel#0_Coef]' 'GM+tlrc[Vrel-Arel#0_Tstat]'
```



# Improvement 2: more accurate HDR

- Conventional approach  $f(t) = t^q e^{-t} / (q^q e^{-q})$  ( $q=4$ )
  - Presumed curve (empirical and approximate): BLOCK(d,1)
  - Fixing HDR shape and capturing magnitude with one number
  - Simple and straightforward: one  $\beta$  per effect
  - Not ideal: HDR varies across regions, tasks/conditions, groups, subjects
- More accurate HDR modeling
  - Data driven (no assumptions about HDR shape): TENTzero, CSPLINzero
  - Estimating both shape and magnitude with multiple effect estimates
  - More complicated: multiple  $\beta$ s per task/condition
  - More challenging: how to make inferences?  $H_0: \beta_1=0, \beta_2=0, \dots, \beta_k=0$
- Middle
  - Adjust major HDR curve with 2/3 auxiliary functions: SPMG2/3
  - Focus: magnitude ( $\beta$ ) associated with major HDR curve

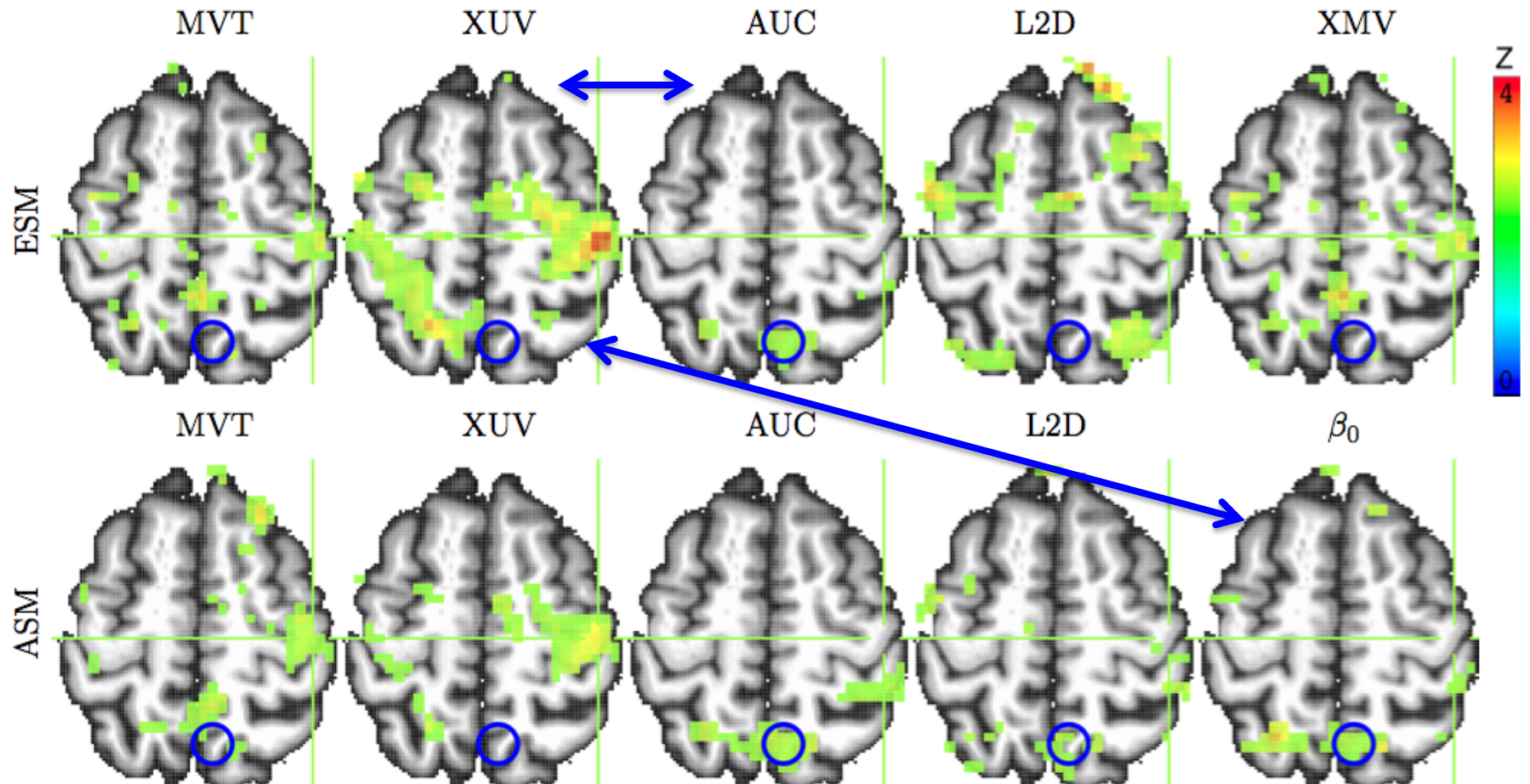
# Improvement 2: more accurate HDR

- Group analysis with HDR estimates: TENTzero, CSPLINzero
  - NHST:  $H_0: \beta_1=0, \beta_2=0, \dots, \beta_k=0$  [all responses in HRF = zero]
  - Area under curve (AUC) approach
    - Reduce HRF to one number: use area as magnitude approximation
    - Ignore **shape** subtleties
    - Shape information loss: (undershoot, peak location/width)
  - Better approach: maintaining shape integrity
    - Take individual  $\beta$ s to group analysis (**MVM**)
    - One group with one condition: **3dLME**
    - Other scenarios: treat  $\beta$ s as levels of a factor (e.g., Time) - **3dMVM**
      - \*\* Task or group effect:  $F$ -stat for interaction between task group and Time, complemented with main effect for task/group (AUC)

Chen et al. (2015). Detecting the subtle shape differences in hemodynamic responses at the group level. *Front. Neurosci.*, 26 October 2015.

# Improvement 2: more accurate HDR

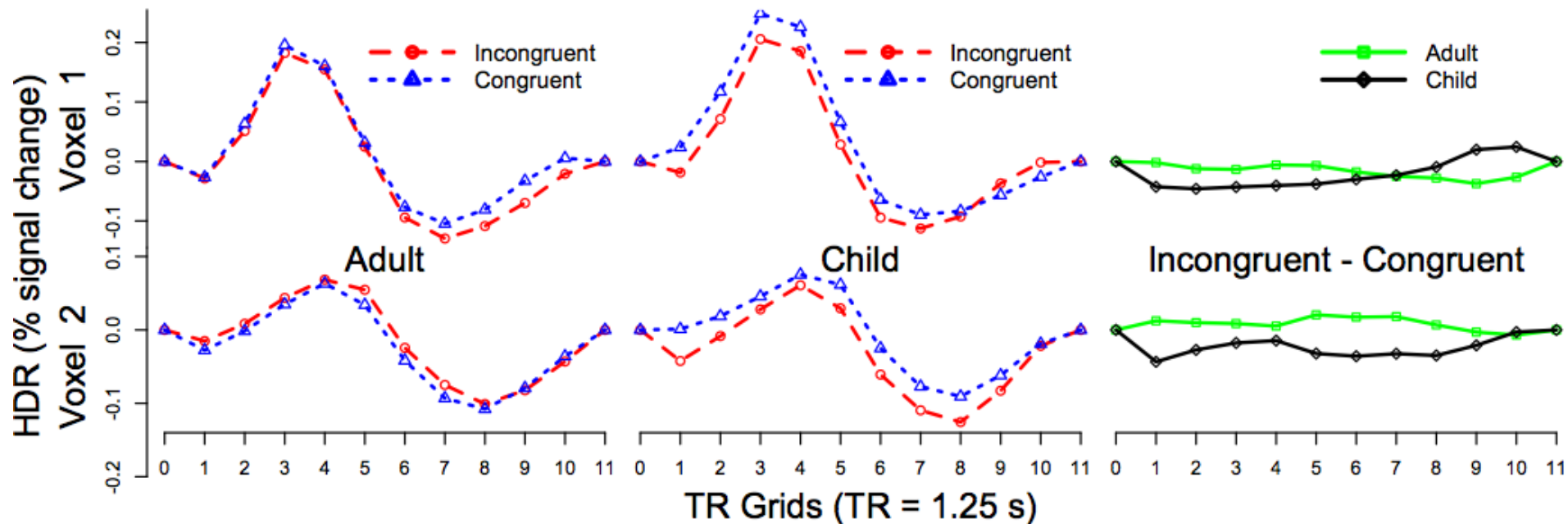
- 2 groups (children, adults), 2 conditions (congruent, incongruent), 1 quantitative covariate (age)
- 2 methods: HRF modeled by 10 (tents) and 3 (SPMG3) bases
- Effect of interaction: interaction group:condition – **3dMVM**



# Improvement 2: more accurate HDR

- Advantages of ESM over FSM
  - More likely to detect HDR shape subtleties
  - Visual verification of HDR signature shape (vs. relying on significance testing:  $p$ -values)

Study: Adults/Children with Congruent/Incongruent stimuli ( $2 \times 2$ )



# Dealing with quantitative variables

- Reasons to consider a covariate
  - Effect of interest: variability of response with some subject parameter
  - Model improvement: accounting for data variability with plausible cause
    - But you don't particularly care about this effect *per se*
- Frameworks
  - ANCOVA: between-subjects factor (e.g., group) + quantitative variable
  - Broader frameworks: regression, GLM, MVM, LME, BML
  - Assumptions: linearity, homogeneity of slopes (interaction)
- Interpretations
  - Effect of interest: slope, rate, marginal effect
  - Regress/covariate out  $x$ ? (e.g., head motion at individual level)
  - “Controlling  $x$  at ...”, “holding  $x$  constant”: *centering*

# Quantitative variables: centering

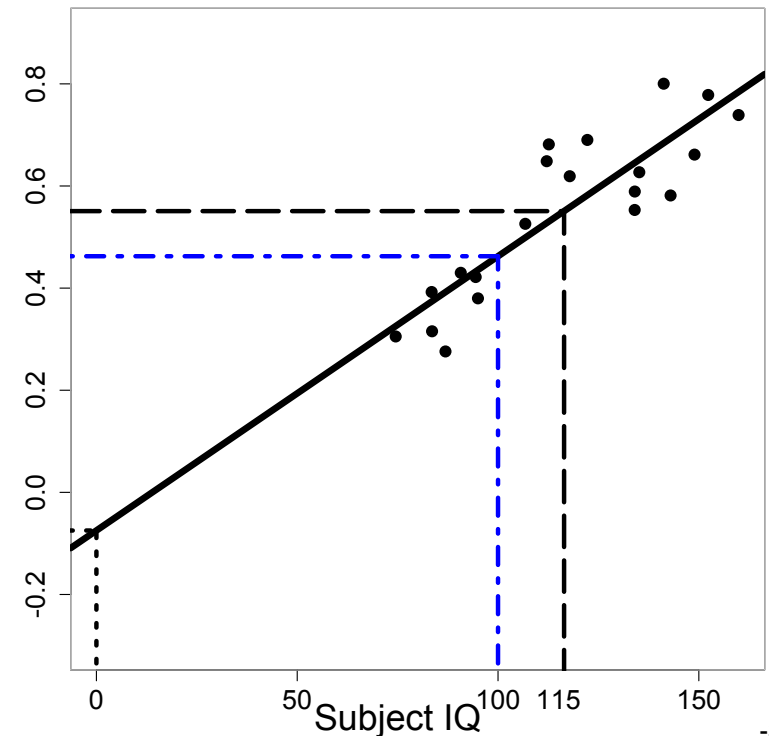
- Model

$$\hat{\beta}_i = \alpha_0 + \alpha_1 * x_{1i} + \alpha_2 * x_{2i} + \epsilon_i$$

- $\alpha_1, \alpha_2$  - slope
- $\alpha_0$  – intercept: group effect when  $x=0$ 
  - Not necessarily meaningful by itself
  - Linearity may not hold over large ranges of  $x_1$  or  $x_2$
  - Centering covariates for interpretability
  - Mean or median centering?

- When a factor is involved

- Complicated decision: within-level or grand centering



# A Useful Article about Covariates

- Miller GM and Chapman JP.
- Misunderstanding analysis of covariance
- J Abnormal Psych 110: 40-48 (2001)
- <http://dx.doi.org/10.1037/0021-843X.110.1.40>
- <http://psycnet.apa.org/journals/abn/110/1/40.pdf>

# IntraClass Correlation (ICC)

- Reliability (consistency, agreement/reproducibility) across two or more measurements of same/similar condition/task
    - sessions, scanners, sites, studies, twins
    - Classic example (Shrout and Fleiss, 1979):  $n$  targets are rated by  $k$  raters
    - Relationship with Pearson correlation
      - Pearson correlation: two **different** types of measure: e.g., BOLD response vs. RT
        - how much does one measurement type “explain” the other?
      - ICC: **same** measurement type – how reliable are the results?
    - Modeling frameworks: ANOVA, LME
    - 3 types of ICC: ICC(1,1), **ICC(2,1)**, **ICC(3,1)** – one-, two-way random- and mixed-effects ANOVA
  - Whole-brain voxel-level ICC
    - ICC(2,1): **3dLME -ICC** or **3dLME -ICCb**
    - 3dICC: ICC(1,1), ICC(2,1) and ICC(3,1)
- Chen et al. (2017), Human Brain Mapping 39(3) DOI:10.1002/hbm.23909



# Naturalistic scanning

- Subjects view a natural scene during scanning
  - Visuoauditory movie clip (e.g., <http://studyforrest.org/>)
  - Music, speech, games, ...
- Duration: a few minutes (at least) or more
- Close to naturalistic settings: minimally manipulated
- Effect of interest: intersubject correlation (ISC) – 3dTcorrelate
  - Calculates correlation coefficient between voxel time series between subjects
    - Usual input is errts dataset after pre-processing to “correct” for motion, align to template space, et cetera
  - Extent of **synchronization** (“**entrainment**”)
  - Or of common response in that voxel/region across subjects to whatever they were experiencing
- Whole-brain voxel-wise group analysis of these voxel-wise inter-subject correlations: 3dISC

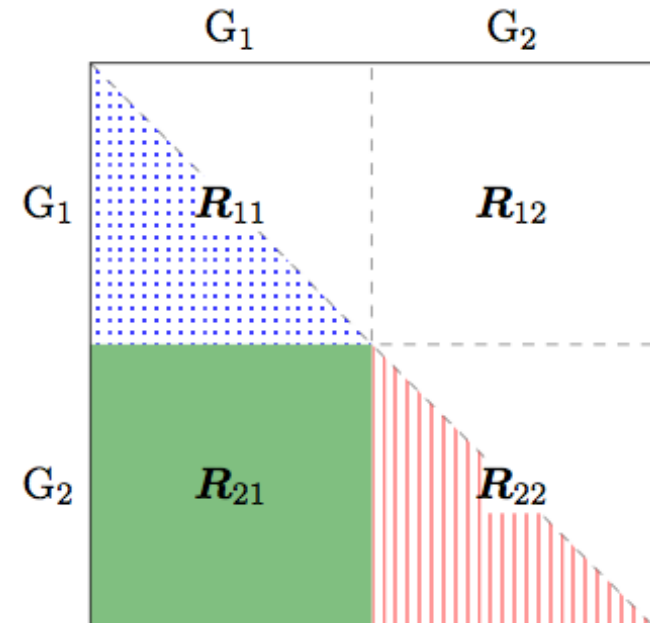
# ISC group analysis

- Voxel-wise ISC matrix (usually Fisher/arctanh-transformed)
  - One group

$$\mathbf{R}^{(n)} = \begin{matrix} & S_1 & S_2 & S_3 & \cdots & S_n \\ \begin{matrix} S_1 \\ S_2 \\ S_3 \\ \vdots \\ S_n \end{matrix} & \begin{pmatrix} 1 & r_{12} & r_{13} & \cdots & r_{1n} \\ r_{21} & 1 & r_{23} & \cdots & r_{2n} \\ r_{31} & r_{32} & 1 & \cdots & r_{3n} \\ \vdots & \vdots & \vdots & \ddots & \vdots \\ r_{n1} & r_{n2} & r_{n3} & \cdots & 1 \end{pmatrix} \end{matrix}$$

$$\mathbf{Z}^{(n)} = \begin{matrix} & S_1 & S_2 & S_3 & \cdots & S_n \\ \begin{matrix} S_1 \\ S_2 \\ S_3 \\ \vdots \\ S_n \end{matrix} & \begin{pmatrix} - & z_{12} & z_{13} & \cdots & z_{1n} \\ z_{21} & - & z_{23} & \cdots & z_{2n} \\ z_{31} & z_{32} & - & \cdots & z_{3n} \\ \vdots & \vdots & \vdots & \ddots & \vdots \\ z_{n1} & z_{n2} & z_{n3} & \cdots & - \end{pmatrix} \end{matrix}$$

- Two groups
  - Within-group ISC:  $R_{11}$ ,  $R_{22}$
  - Inter-group ISC:  $R_{21}$
  - 3 group comparisons:  $R_{11}$  vs  $R_{22}$ ,  $R_{11}$  vs  $R_{21}$ ,  $R_{22}$  vs  $R_{21}$



# Complexity of ISC analysis

- 2 ISC values associated with a common subject are correlated with each other: 5 subjects  $\rightarrow 5 \times 4 / 2 = 10$  ISC values
  - i.e., random fluctuations in inter-subject correlations are correlated ☹️
- $\rho \neq 0$  (unknown) characterizes non-independent relationship

$$\begin{array}{c} Z_{21} \\ Z_{31} \\ Z_{41} \\ Z_{51} \\ Z_{32} \\ Z_{42} \\ Z_{52} \\ Z_{43} \\ Z_{53} \\ Z_{54} \end{array} \begin{pmatrix} Z_{21} & Z_{31} & Z_{41} & Z_{51} & Z_{32} & Z_{42} & Z_{52} & Z_{43} & Z_{53} & Z_{54} \\ 1 & \rho & \rho & \rho & \rho & \rho & \rho & 0 & 0 & 0 \\ \rho & 1 & \rho & \rho & \rho & 0 & 0 & \rho & \rho & 0 \\ \rho & \rho & 1 & \rho & 0 & \rho & 0 & \rho & 0 & \rho \\ \rho & \rho & \rho & 1 & 0 & 0 & \rho & 0 & \rho & \rho \\ \rho & \rho & 0 & 0 & 1 & \rho & \rho & \rho & \rho & 0 \\ \rho & 0 & \rho & 0 & \rho & 1 & \rho & \rho & 0 & \rho \\ \rho & 0 & 0 & \rho & \rho & \rho & 1 & 0 & \rho & \rho \\ 0 & \rho & \rho & 0 & \rho & \rho & 0 & 1 & \rho & \rho \\ 0 & \rho & 0 & \rho & \rho & 0 & \rho & \rho & 1 & \rho \\ 0 & 0 & \rho & \rho & 0 & \rho & \rho & \rho & \rho & 1 \end{pmatrix}$$

- **Challenge:** how to handle this irregular correlation matrix?

# ISC: LME approach

- Modeling via effect partitioning: **crossed random-effects** LME

$$z_{ij} = b_0 + \theta_i + \theta_j + \epsilon_{ij}, \quad i \neq j$$

$$\theta_i, \theta_j \stackrel{iid}{\sim} G(0, \zeta^2) \quad \text{and} \quad \epsilon_{ij} \stackrel{iid}{\sim} G(0, \eta^2)$$

**cross-subject**

**within-subject**

- Characterizing the relatedness among ISCs via LME

$$\rho = \text{Corr}(z_{ij}, z_{jl}) = \frac{\text{Cov}(z_{ij}, z_{jl})}{\sqrt{\text{Var}(z_{ij})\text{Var}(z_{jl})}} = \frac{\zeta^2}{2\zeta^2 + \eta^2}$$

$$0 \leq \rho = \frac{\zeta^2}{2\zeta^2 + \eta^2} = \frac{\zeta^2}{\sigma^2} \leq 0.5$$

# Summary

- Concepts and terminology
- Group analysis approaches
  - GLM: 3dttest++, 3dMEMA
  - GLM, ANOVA, ANCOVA: 3dMVM
  - LME: 3dLME
  - Presumed vs. estimated HDR
- Miscellaneous
  - Issues with covariates
  - Intra-Class Correlation (ICC)
  - Inter-Subject Correlation (ISC)

# Program List

- **3dttest++** (GLM: one-, two-sample, paired  $t$ , between-subjects variables)
- **3dMVM** (generic AN(C)OVA)
- **3dLME** (sophisticated cases: missing data, within-subject covariates)
- **3dMEMA** (similar to 3dttest++: measurement errors)
- **3dANOVA** (one-way between-subject)
- **3dANOVA2** (one-way within-subject, 2-way between-subjects)
- **3dANOVA3** (2-way within-subject and mixed, 3-way between-subjects)
- **3dttest** (**obsolete**: one-sample, two-sample and paired  $t$ )
- **3dRegAna** (**obsolete**: regression/correlation, covariates)
- **GroupAna** (**obsolete**: up to four-way ANOVA)
- **3dICC** (intraclass correlation): prototype only
- **3dISC** (intersubject correlation): prototype only