

Intro to pharmacological (ph)MRI

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06Jul18

FMRIF Summer Course

Outline

- Pharmacological MRI
 - Role of fMRI in drug discovery
 - Types (study design)
 - examples
 - Confounding factors & how to mitigate them
- Summary



Pharmacological fMRI

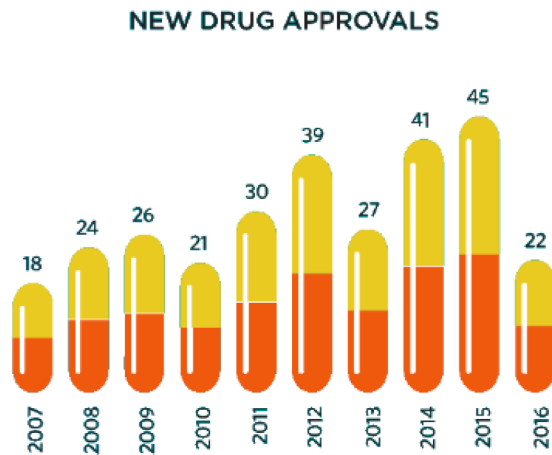
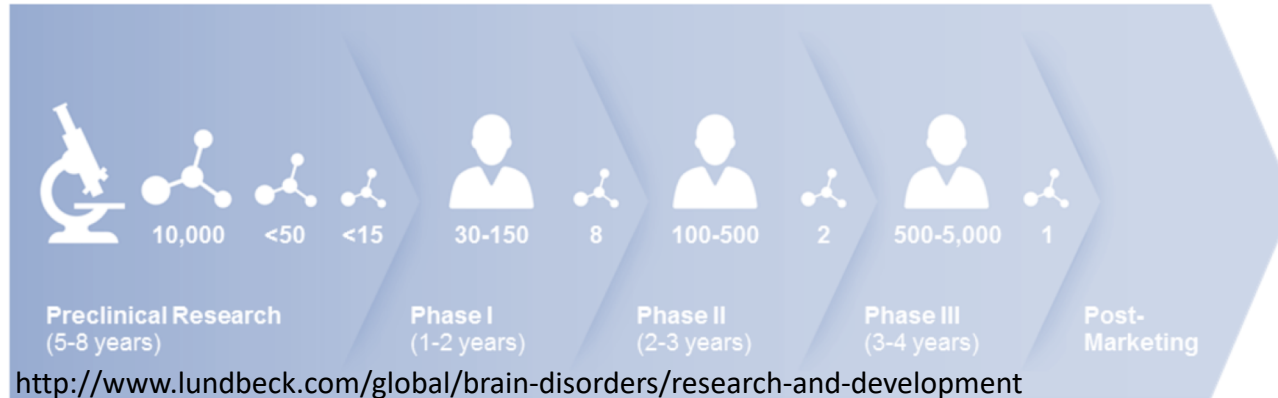
- An fMRI experiment + drug administration
- Pharmacological modulation of
 - ‘activity’ over pharmacokinetic timescales
 - task-related ‘activity’
 - ‘resting state activity’
- Recall that BOLD (Blood Oxygenation Level Dependent Imaging) signals are a function of changes in
 - Metabolic oxygen consumption
 - Cerebral blood flow
 - Cerebral blood volume

Pharmacological imaging

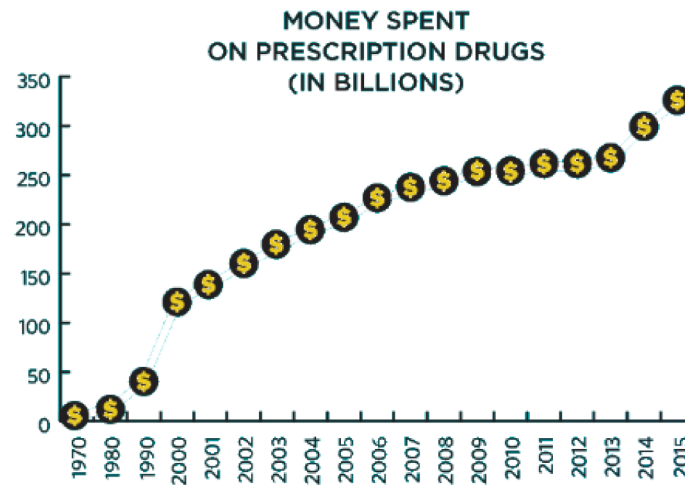
- Demonstrate a drug effect on central activity
 - Central penetration?
 - Choosing a dose
- Provide confidence for go/no-go decisions in drug development
- Objectively identify target targets for drug action
- Suggest / confirm a mechanism of action at brain systems level
 - Comparing compounds with different mechanisms
- A neuroscientific tool for modulating brain systems

Drug development process ...

- Long and costly



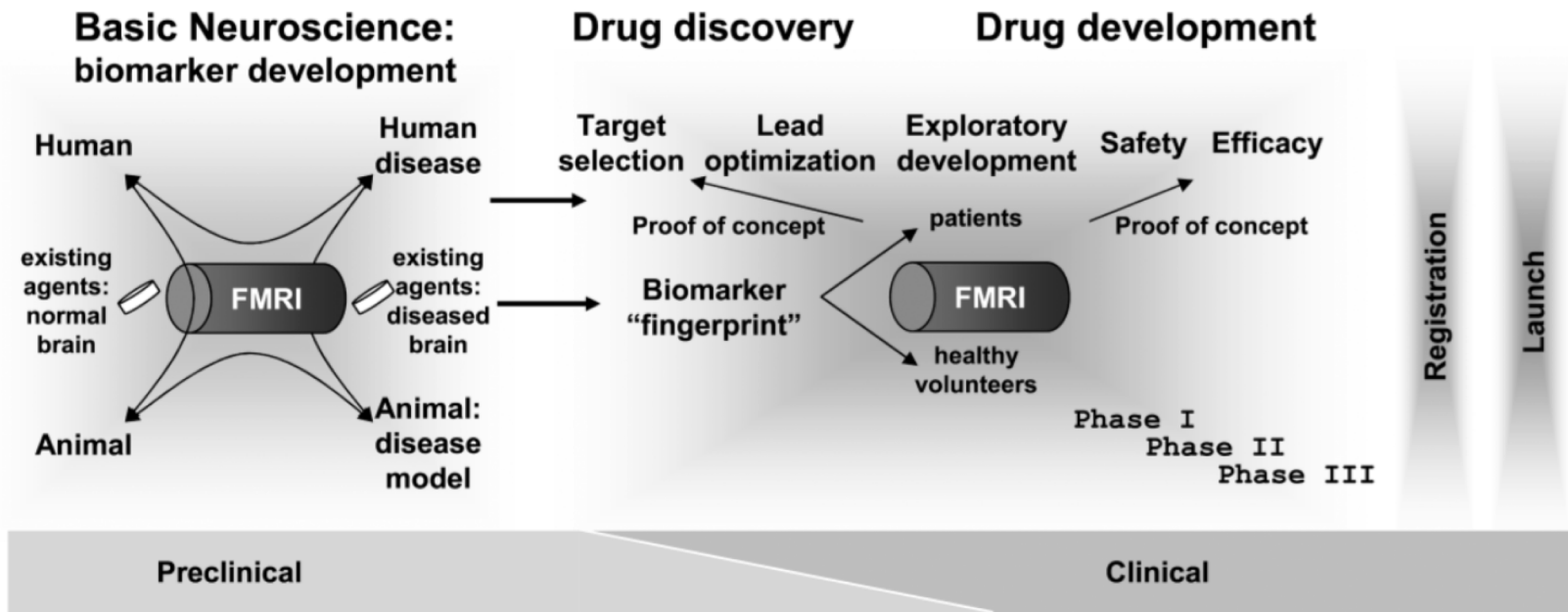
Only 22 novel drugs were approved last year— a 57 percent drop from approvals in 2015.



Americans spent \$324.6 billion on prescription drugs in 2015. This amount represents almost 20 percent of US health-care costs per capita.

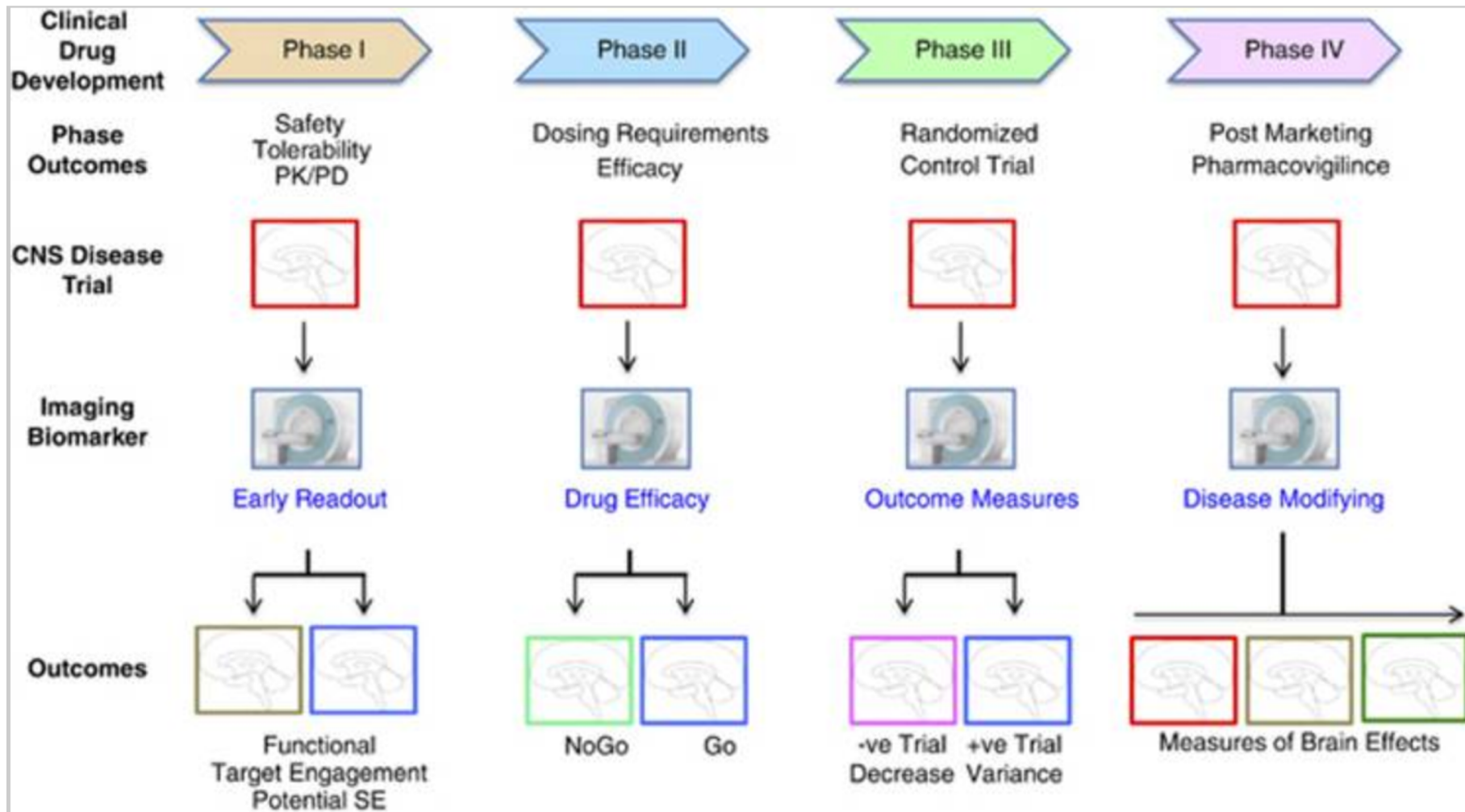
John D. Loike and Jennifer Mille ,The Scientist, Feb, 2017, Opinion-- Improving-FDA-Evaluations-Without-Jeopardizing-Safety-and-Efficacy

(CNS) Drug development

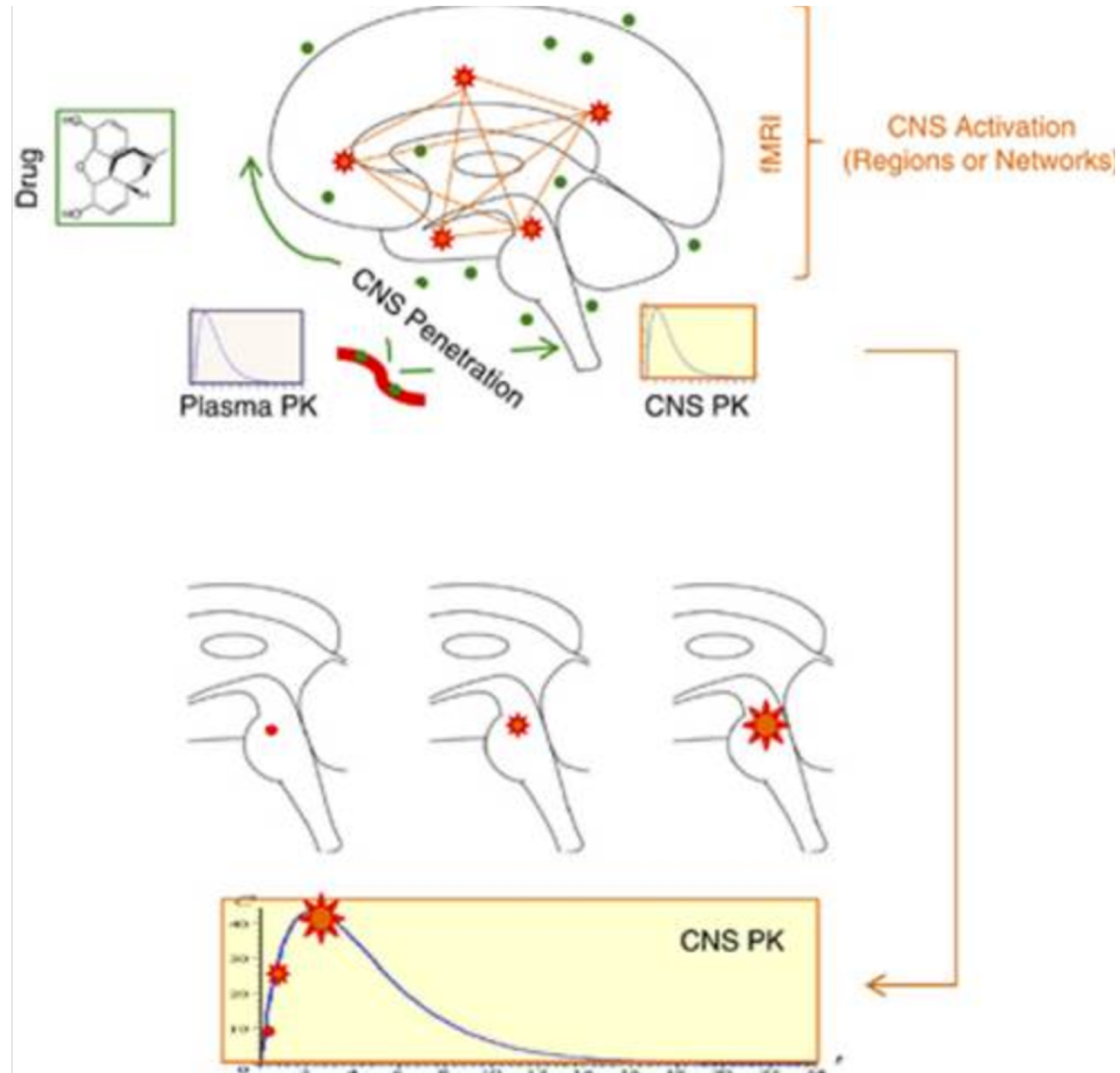


- majority of clinical trials have failed to translate into measurable clinical benefit
- integrate imaging early in drug development
 - to identify direct neural targets
 - determine subgroups (responders, non-responders)
 - dosing

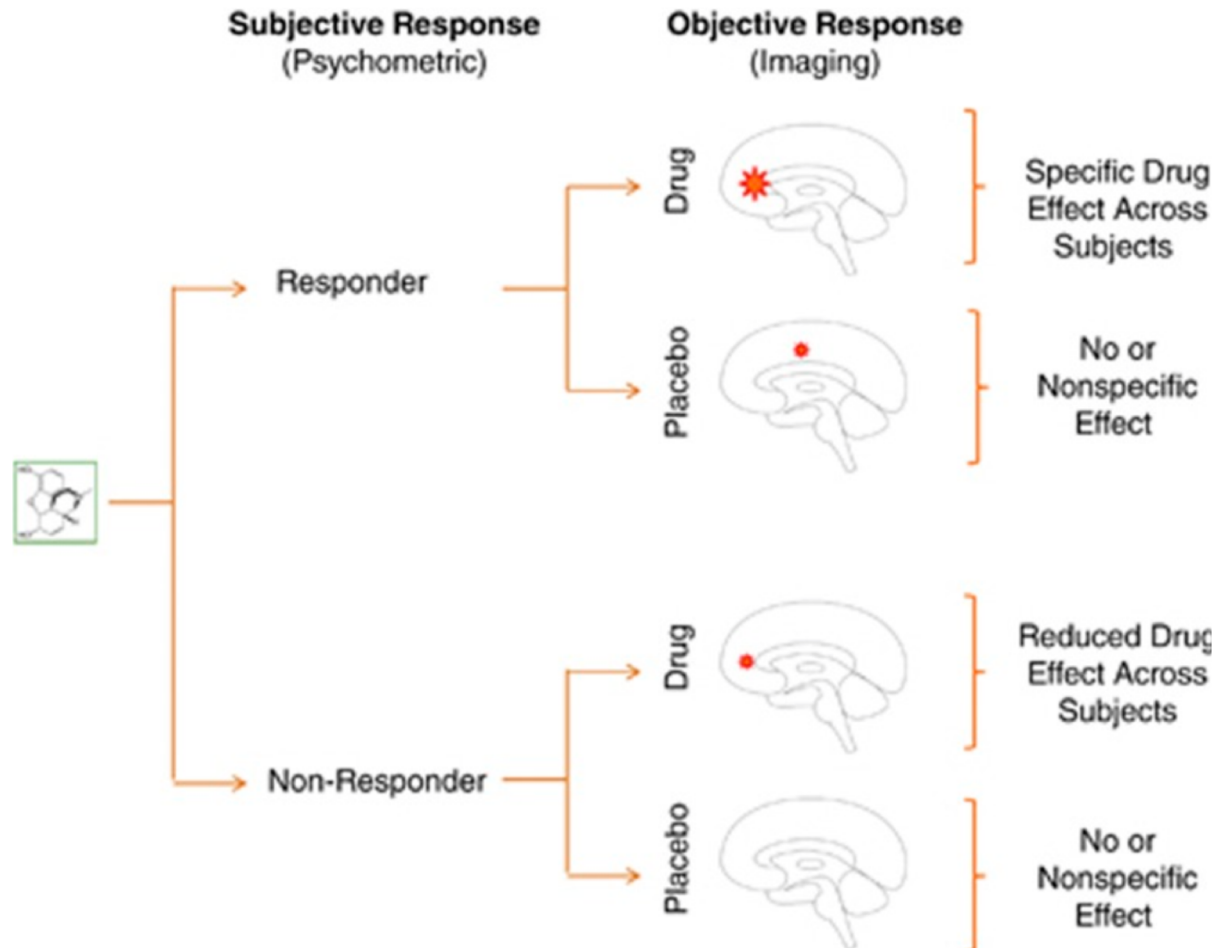
Role of imaging in clinical trials



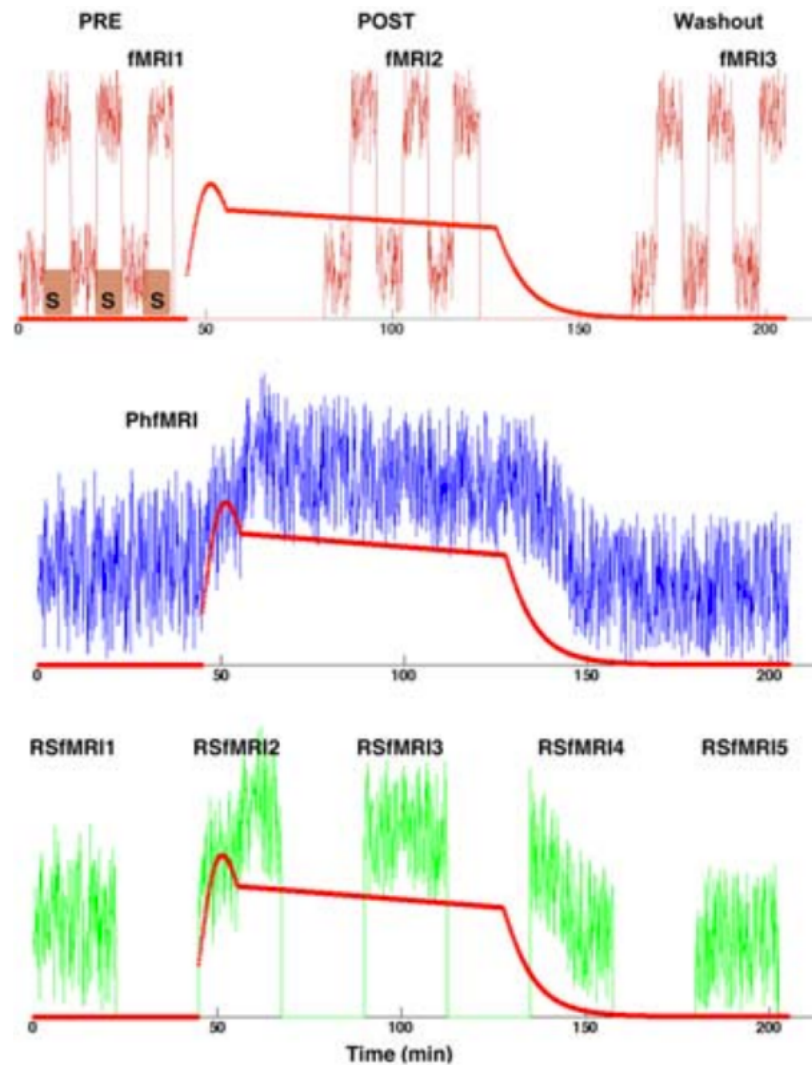
Drug penetration into the brain



Adjunct to subjective response

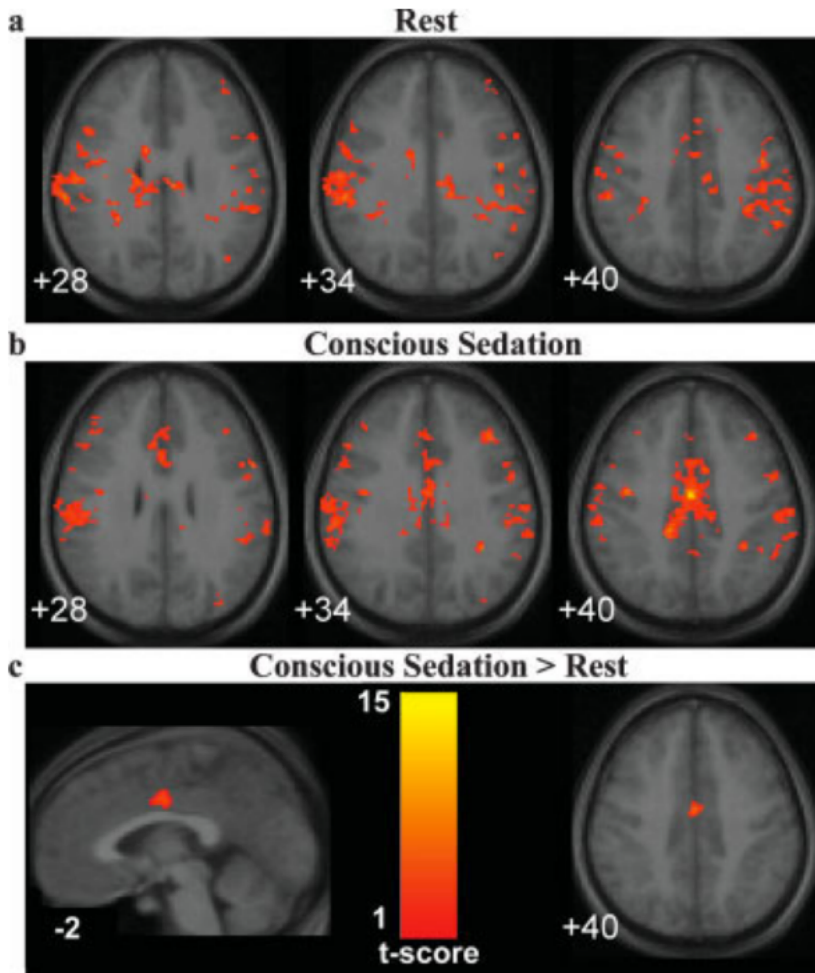


Study design

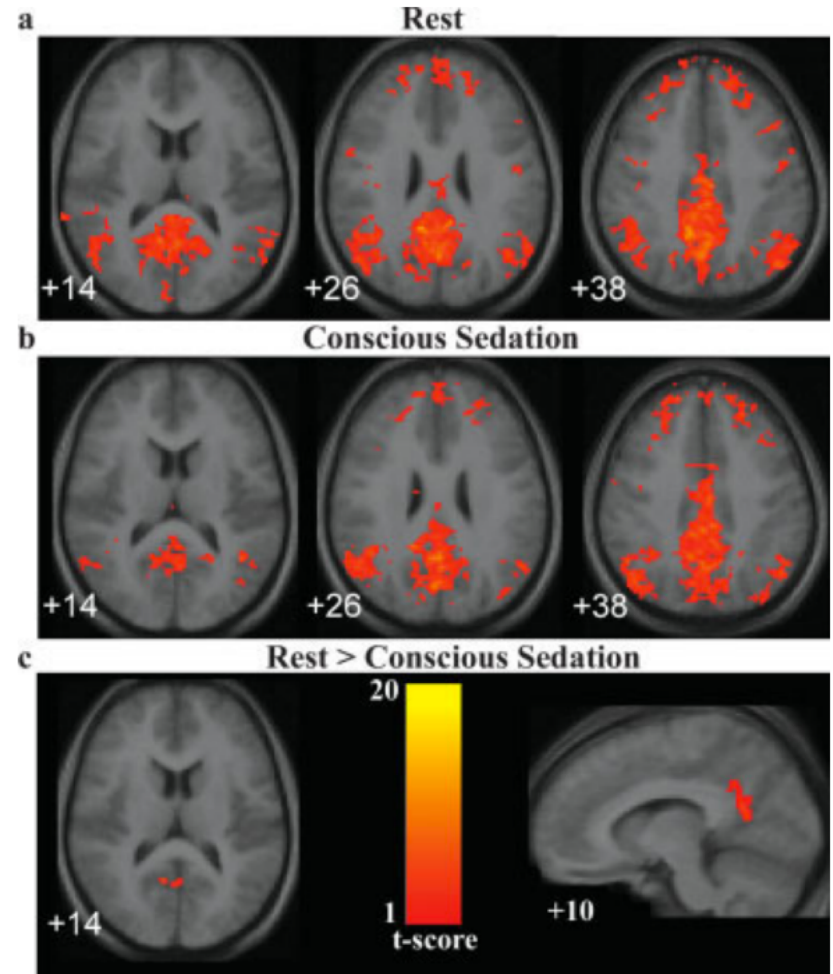


Resting state changes

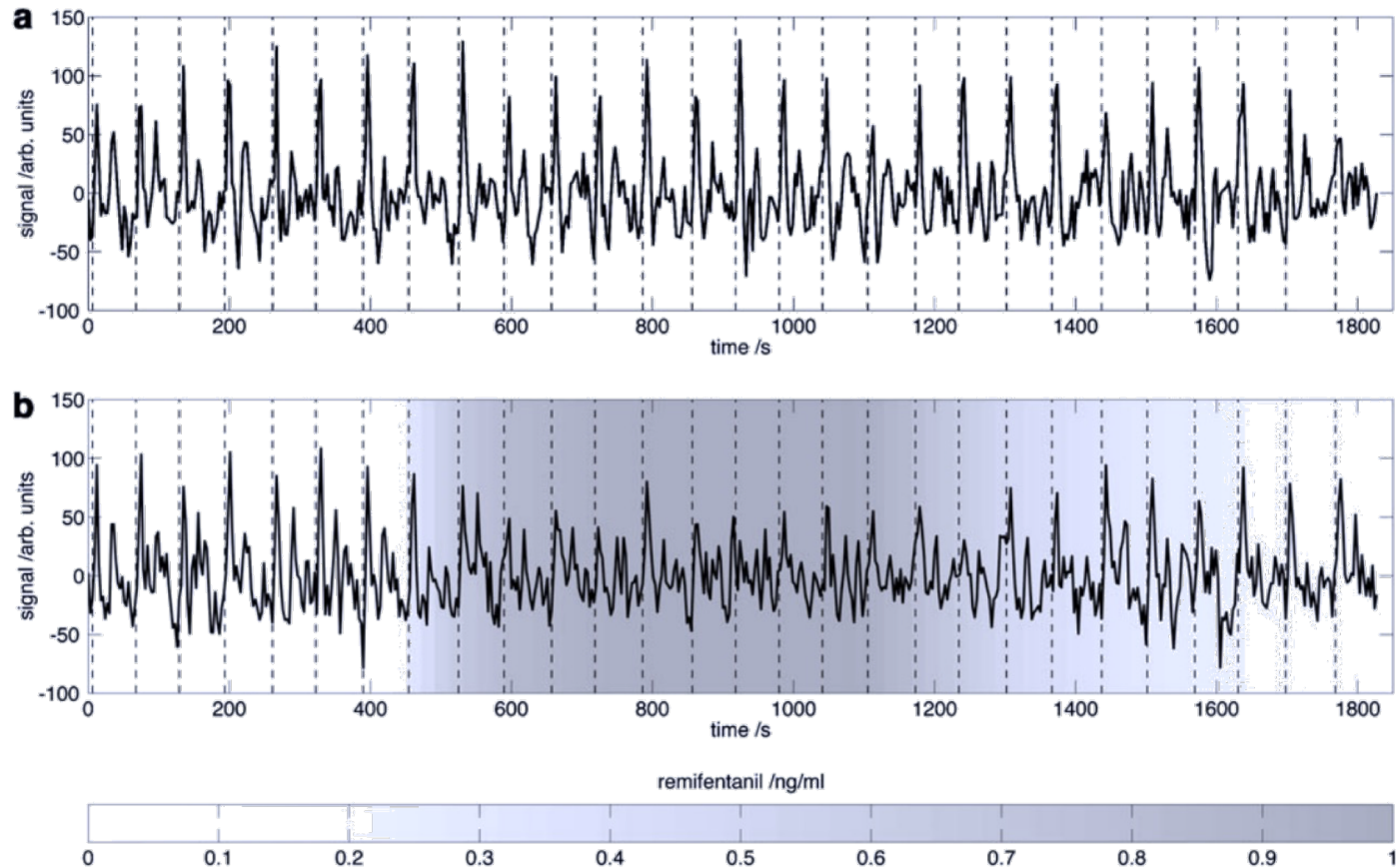
- Midazolam sedation
Sensory motor



Default mode

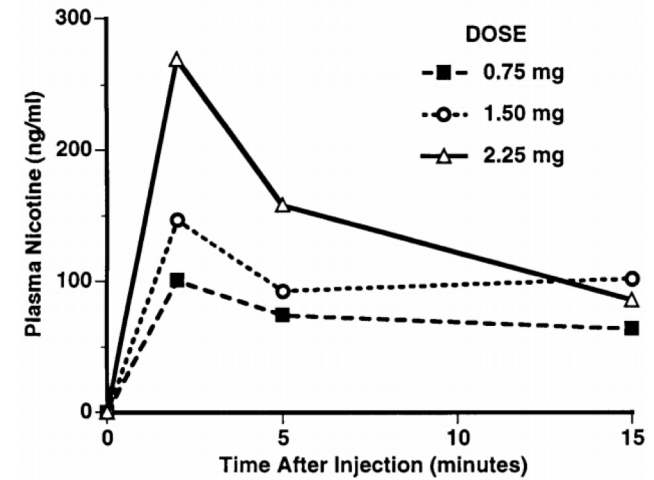
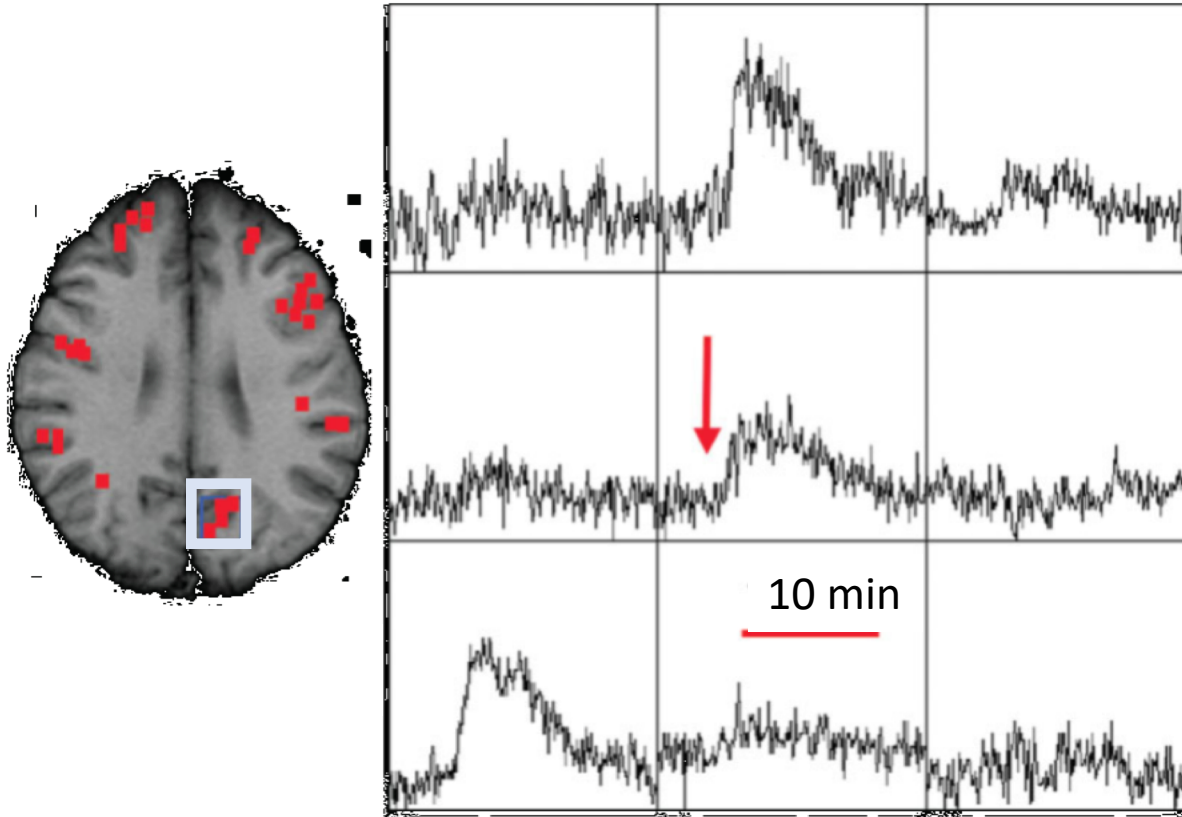


Response changes



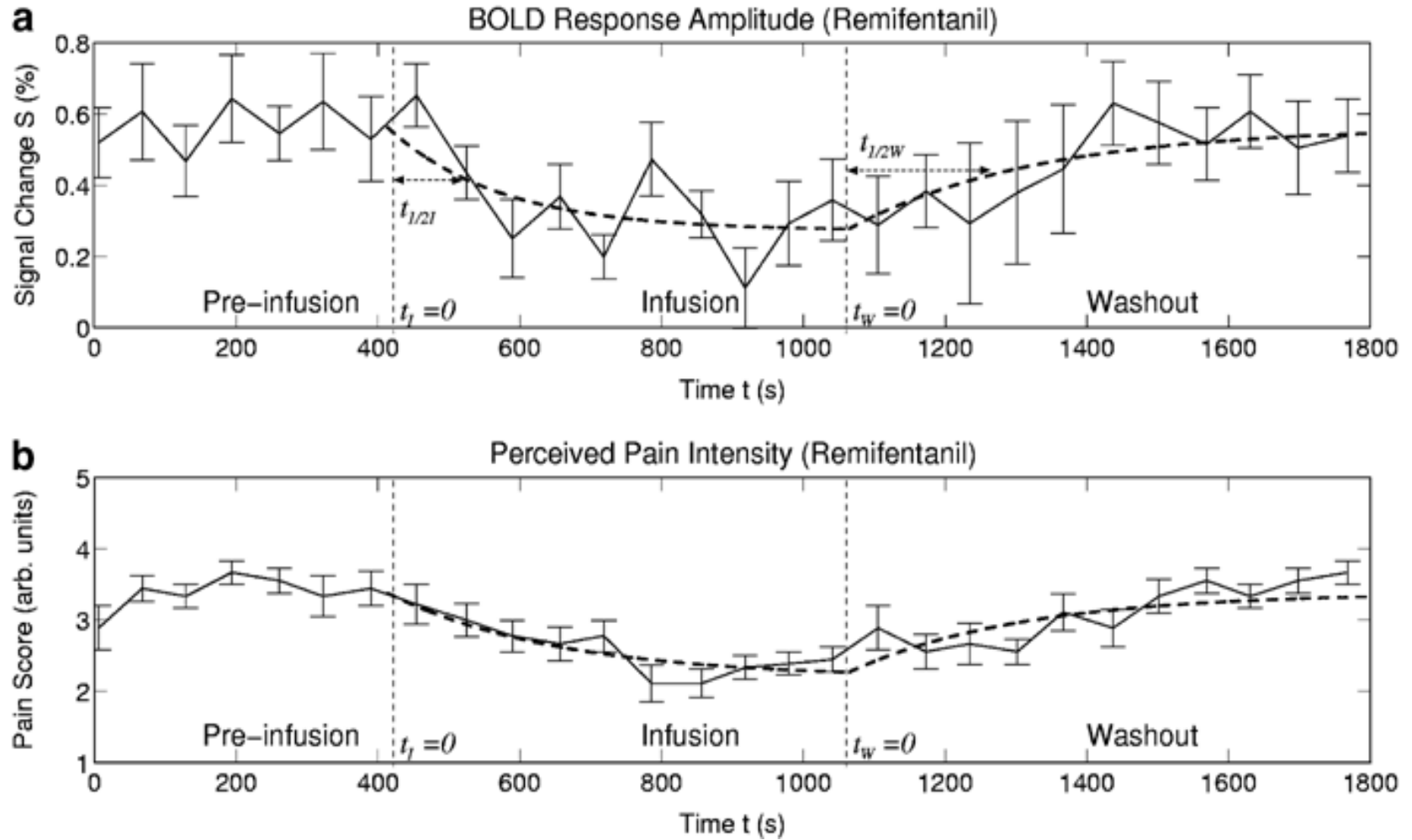
- Decrease in the response to painful stimulus (dashed lines) during drug administration

Acute drug response

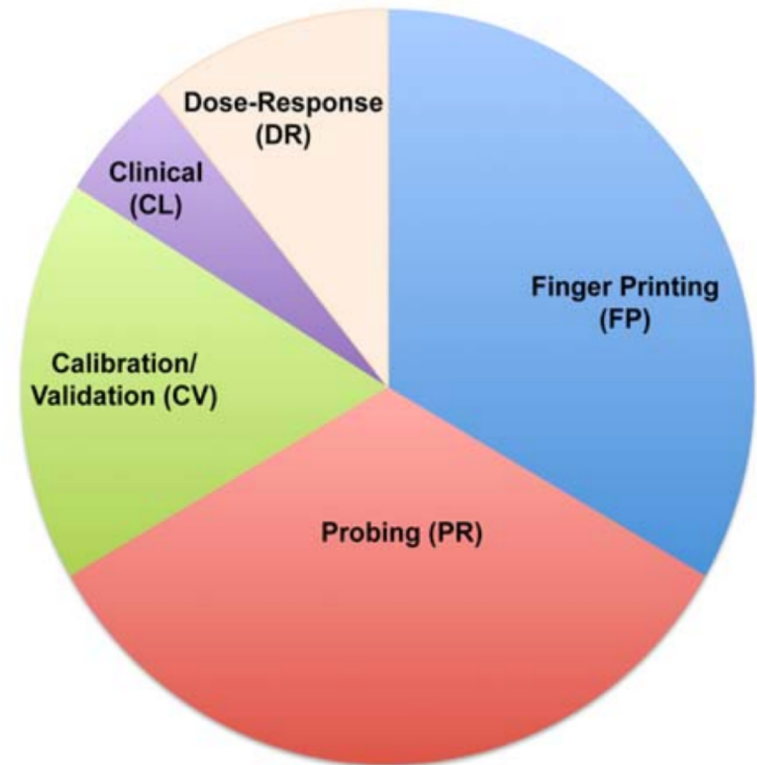
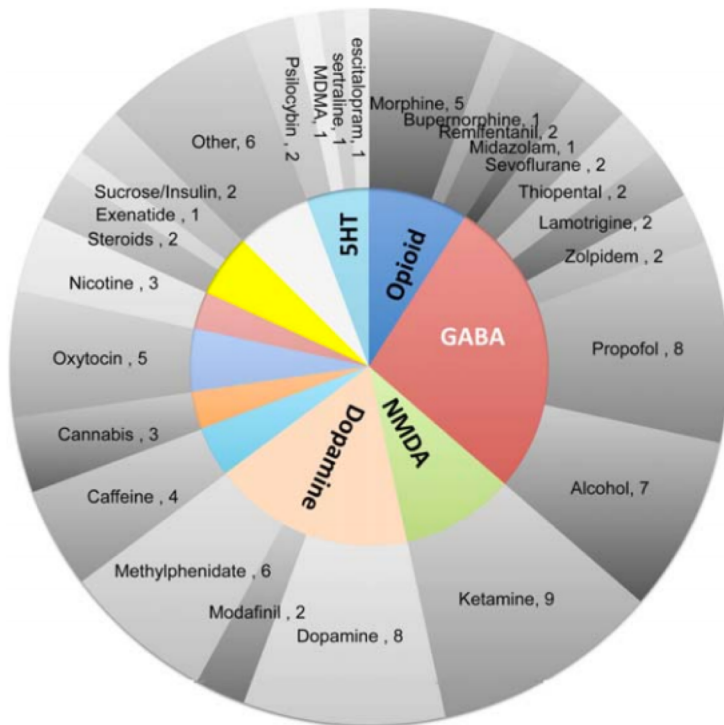


- 1 min injection of nicotine

Pharmacokinetic response



Drugs tested

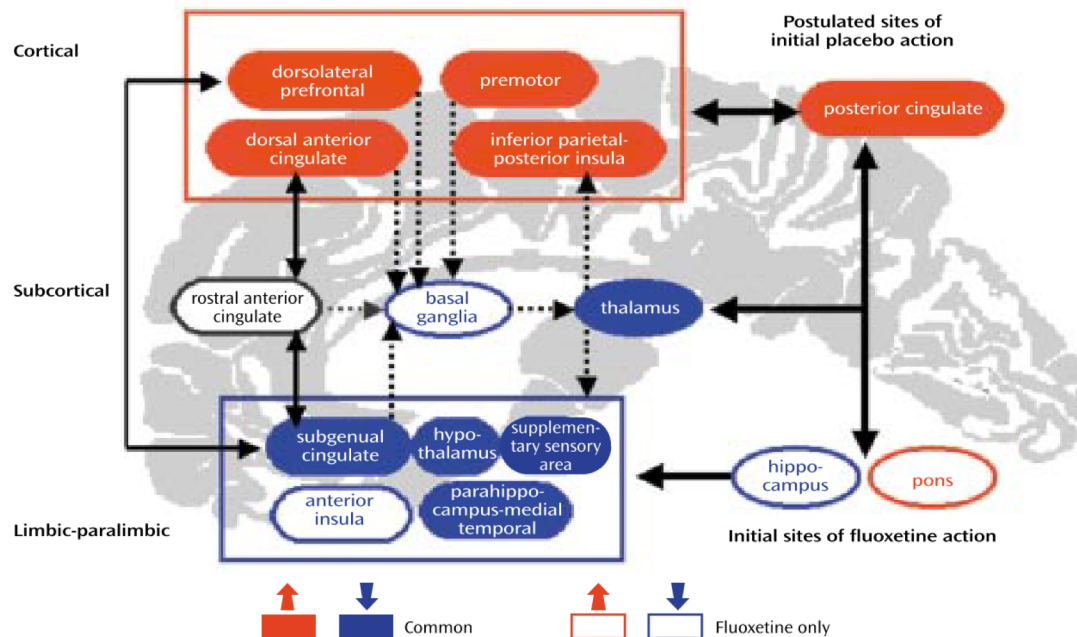


Possible confounding factors.... and solutions

- Cognitive:
 - Placebo effect
 - Study design
- Acquisition:
 - These changes are slow (minutes) and on the same scale as drift artifacts
 - Use multi-echo fMRI?
- Signal:
 - BOLD signal is affected by changes in blood flow/volume
 - Use EEG-fMRI?
 - Use ASL?

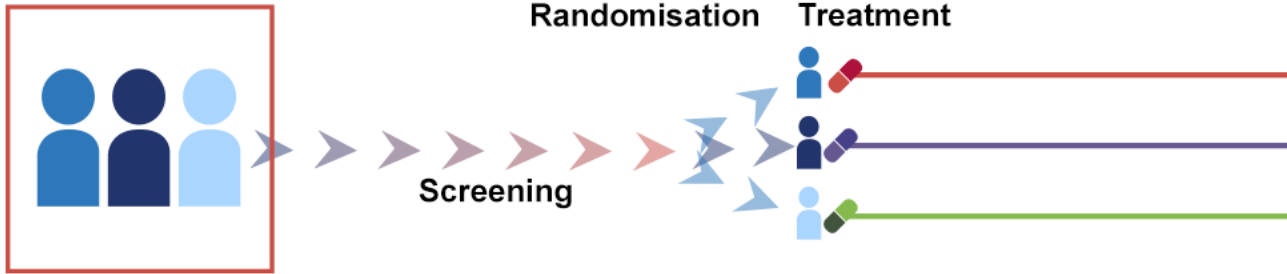
Placebo effect

- Driven by the expectation that the treatment will bring relief
- Has been shown to have significant overlap with brain regions that are associated with drug response

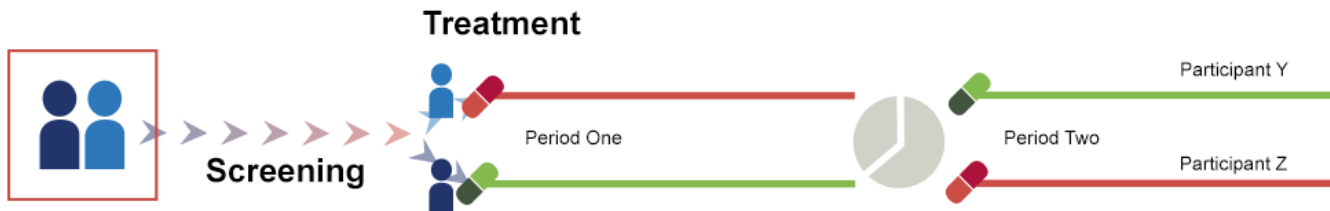


Study design

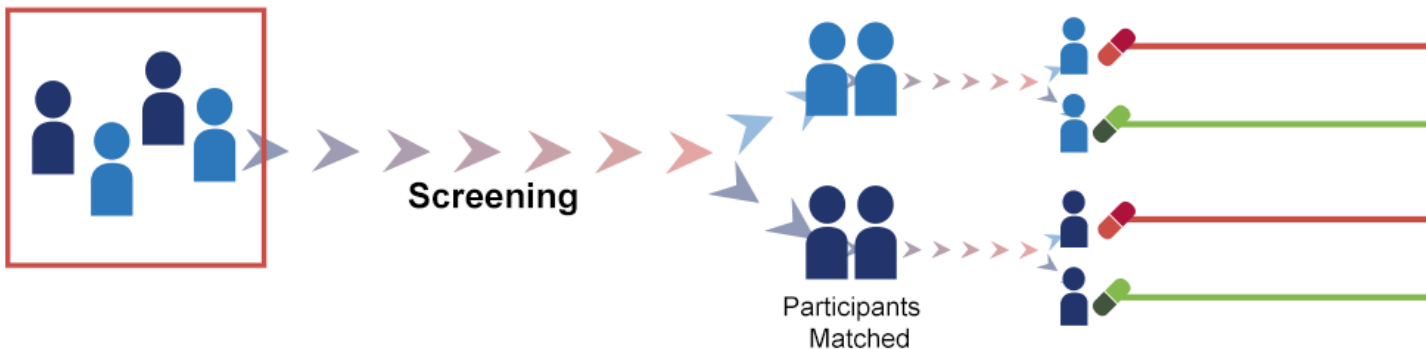
Parallel Trial



Crossover Trial



Matched Pair Trial



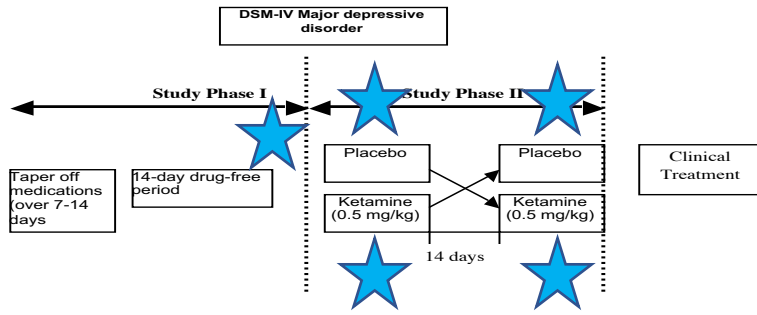
Study design considerations

- Open-label / randomized
- Single/ double-blind
- Placebo controlled
- 'Healthy' volunteers and patient population(s)

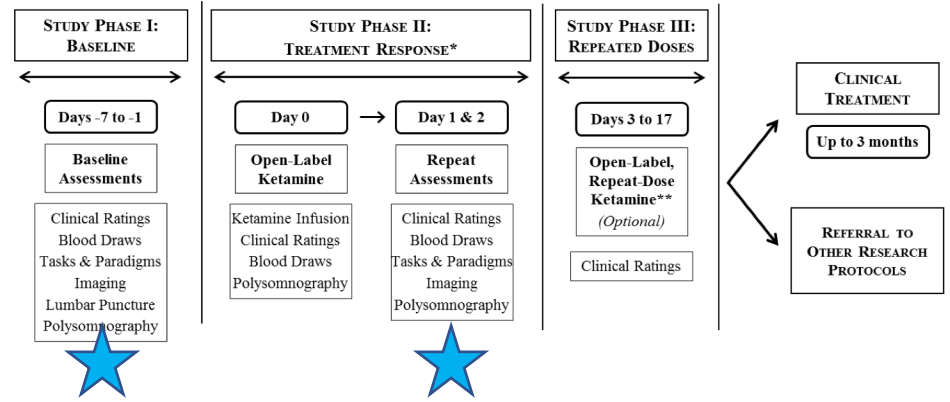
- Considerations
 - Number of subjects
 - Baseline?
 - Speed of drug action / duration / crossover effects
 - Reliability/repeatability of measurement

ETPB examples

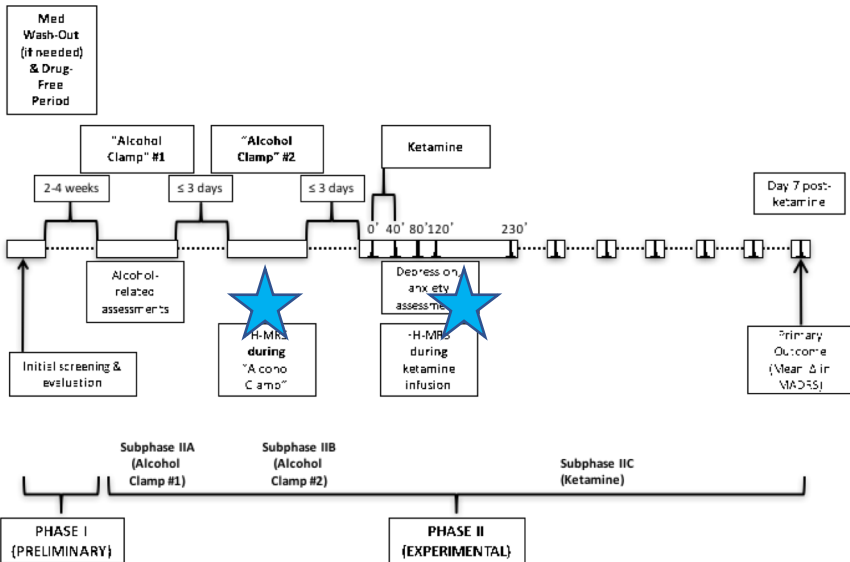
04-M-0222 – Ket-MOA



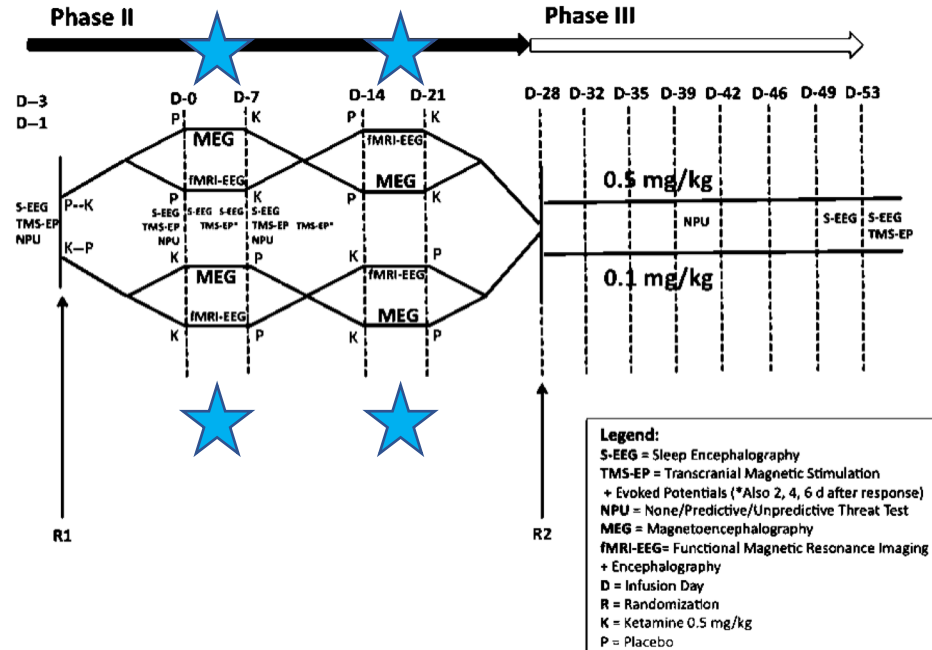
15-M-0188 - RISC



14-M-0085 – Ket-Alc



17-M-0060 – Repeat Dose

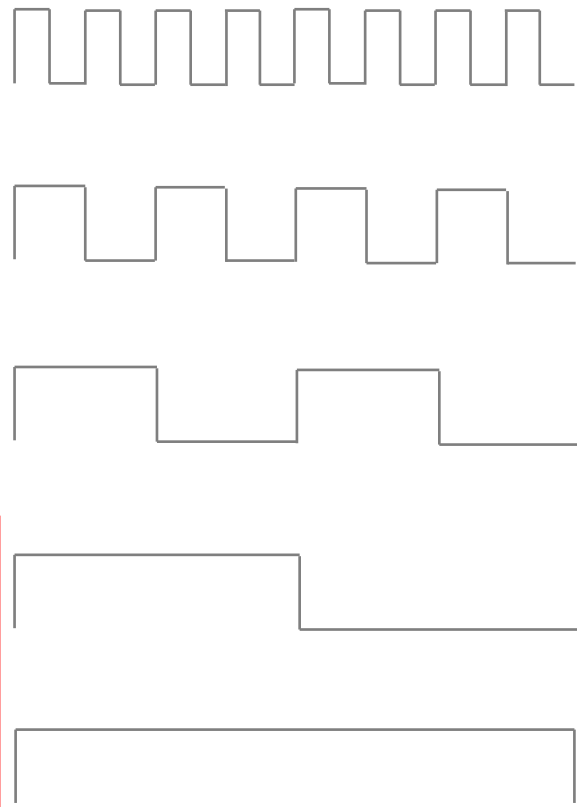
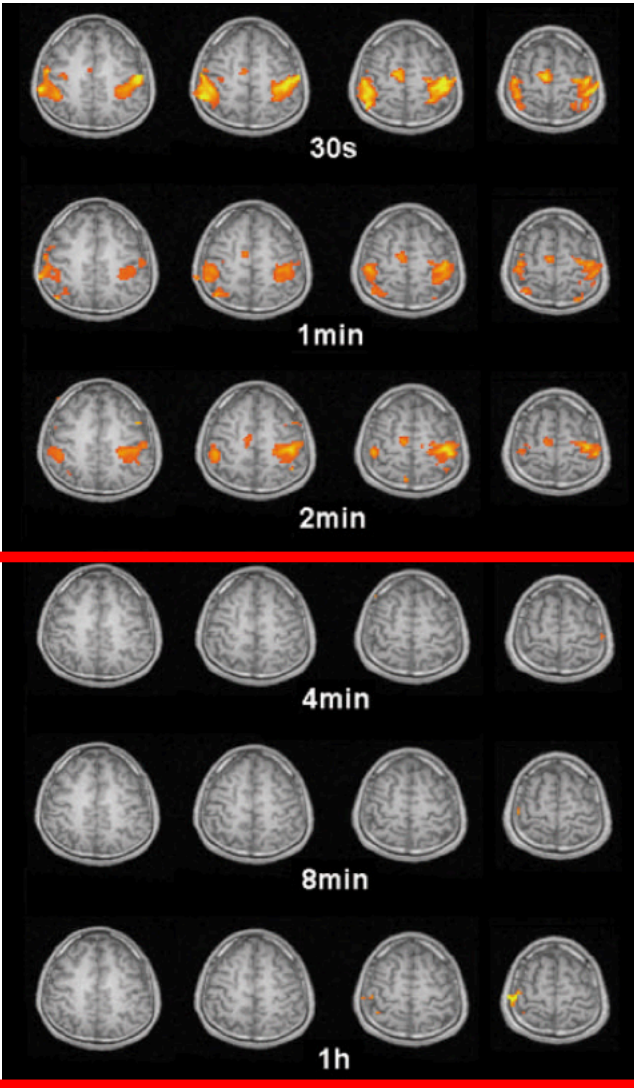


Possible confounding factors.... and solutions

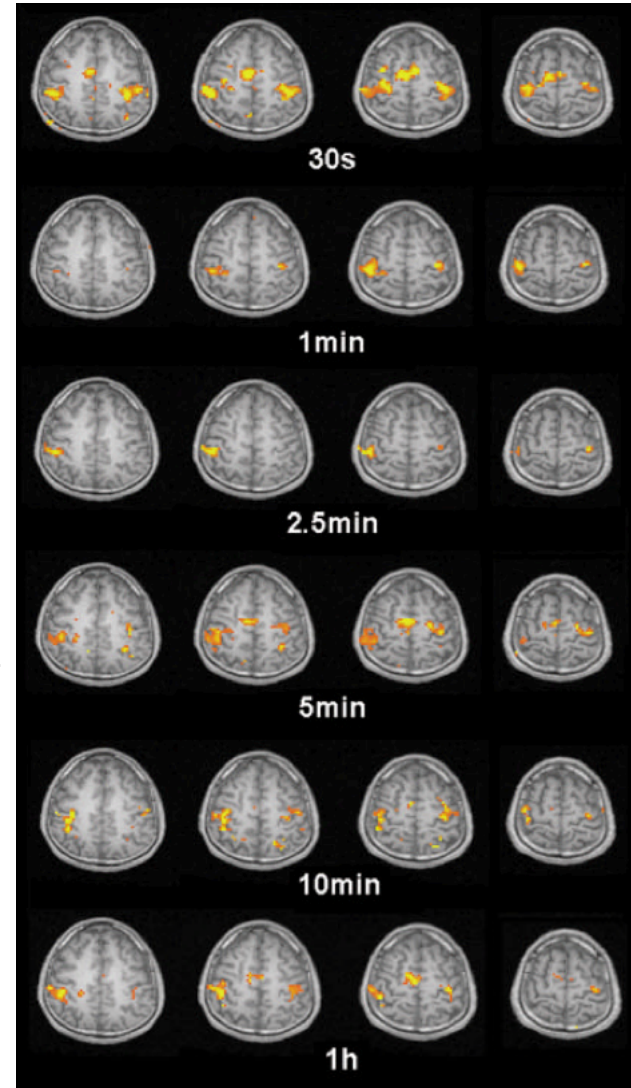
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Imaging slow stimuli doesn't work well

BOLD

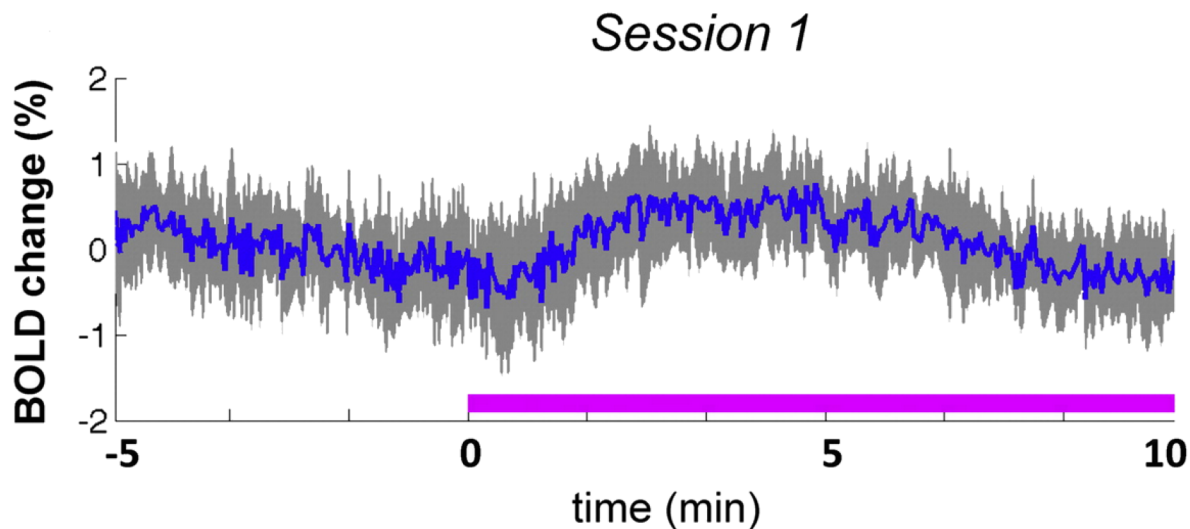
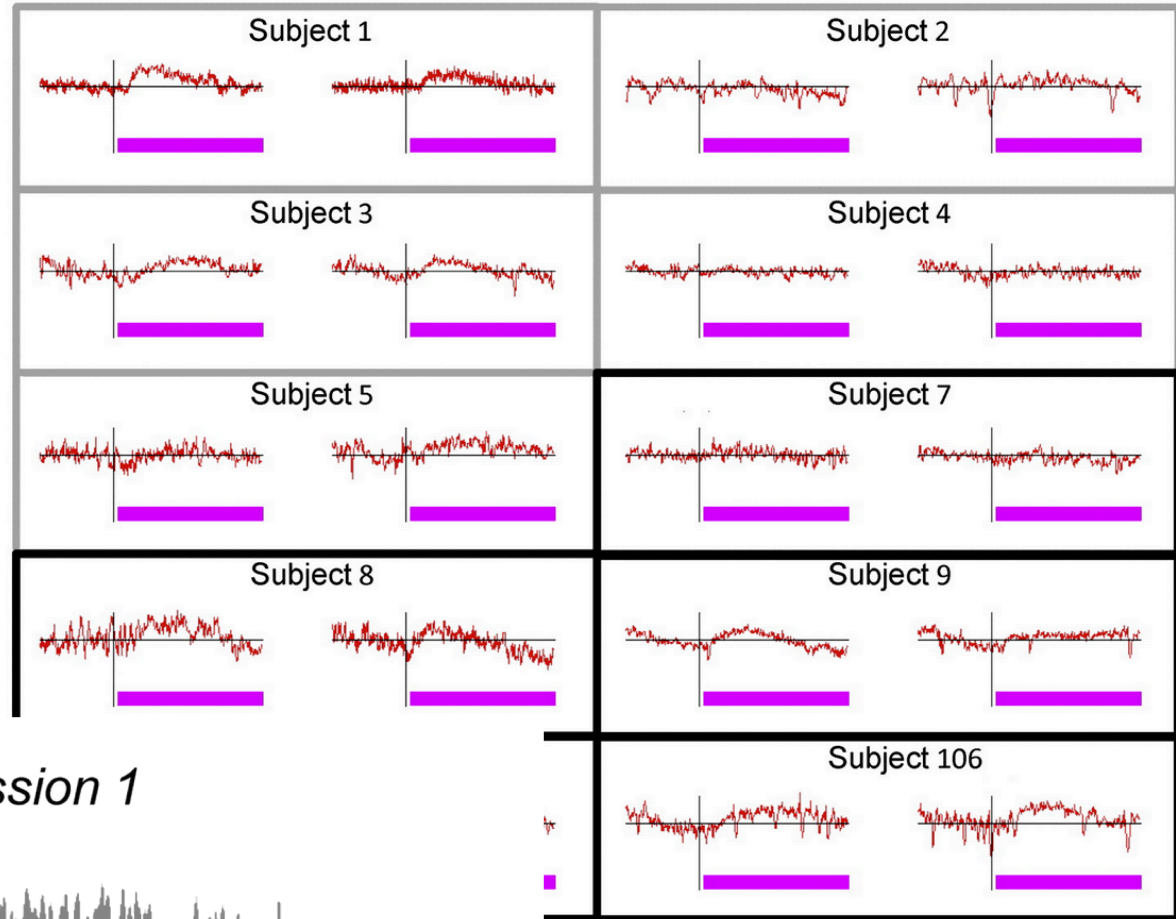
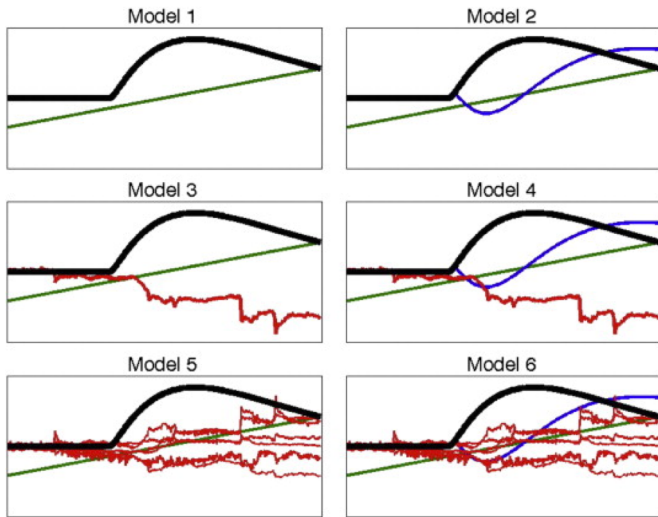


ASL



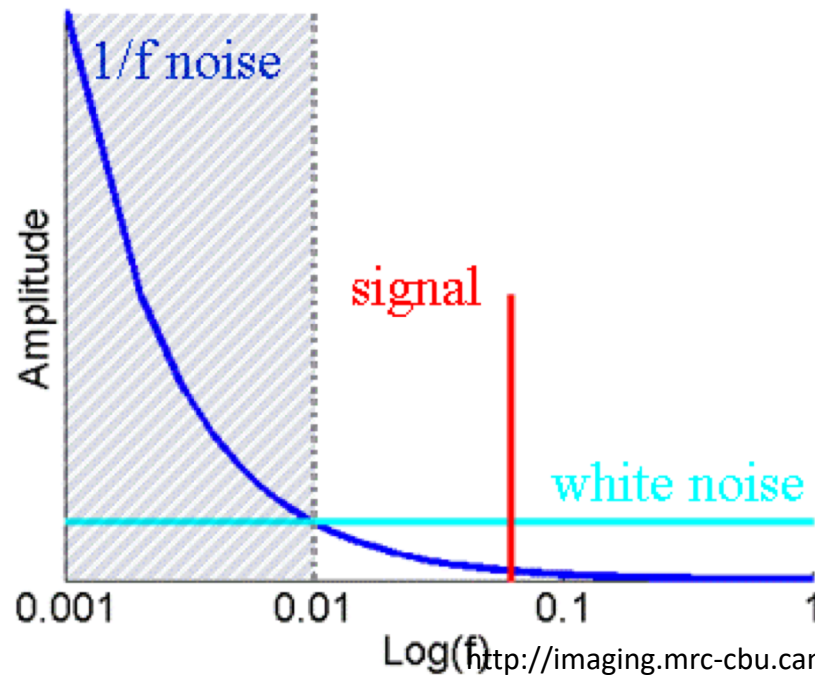
- BOLD has greater signal strength
- ASL has greater sensitivity for long duration stimuli

Response to ketamine infusion

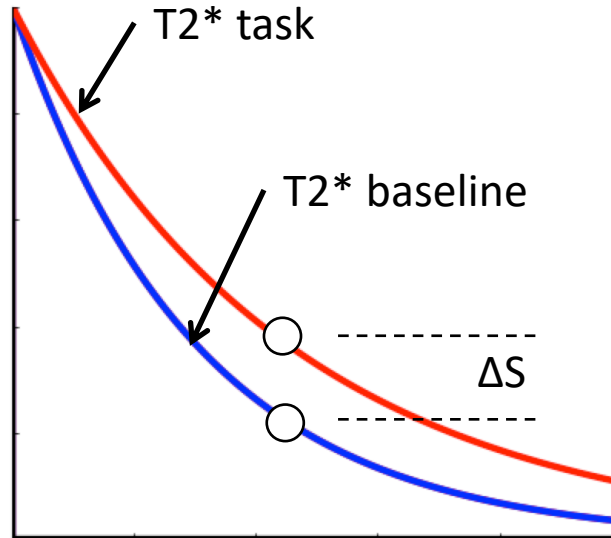
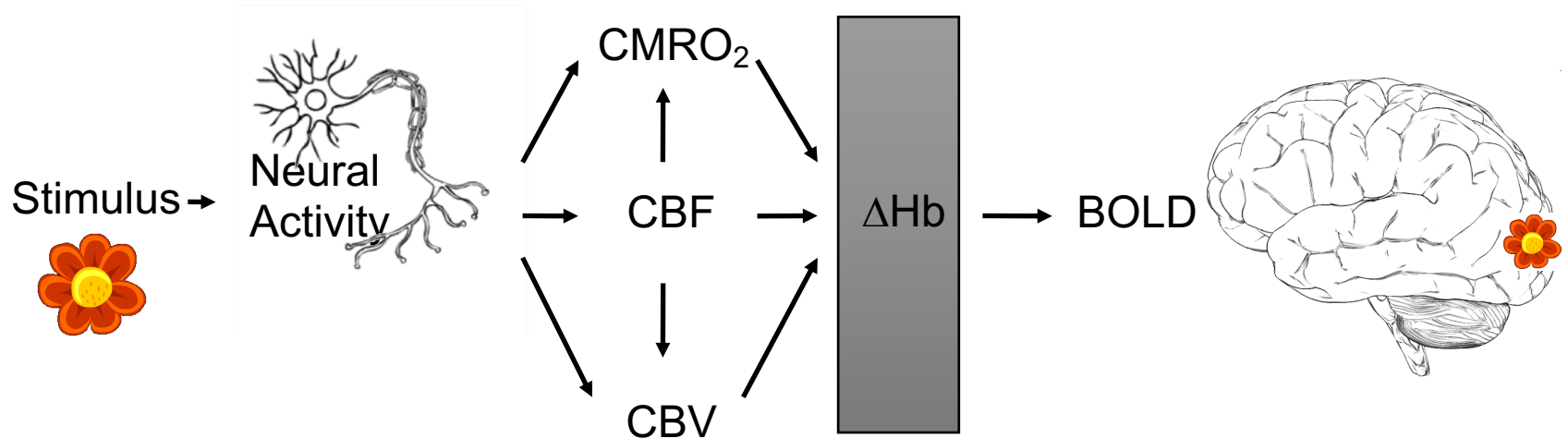


The problem

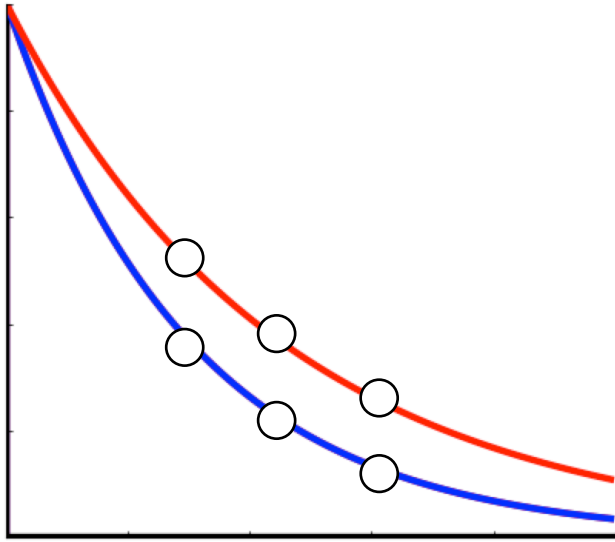
- With single echo data artifactual drifts are indistinguishable from BOLD signal
 - High pass filter, model
 - set the task frequency higher
 - remove ICA components...



What does fMRI measure?



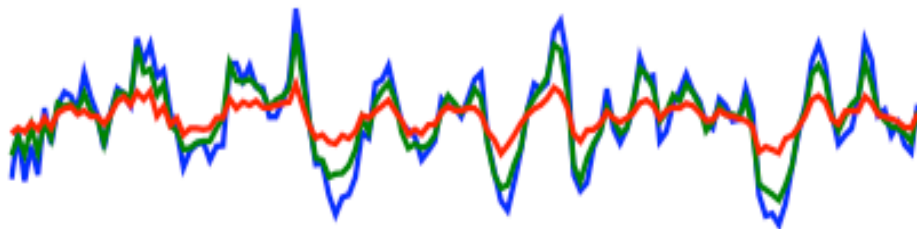
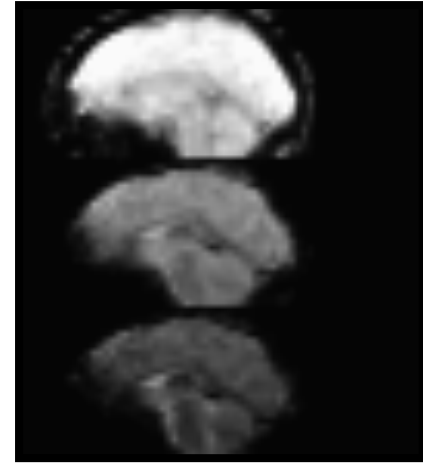
Multi-echo (ME) fMRI.



TE 1

TE 2

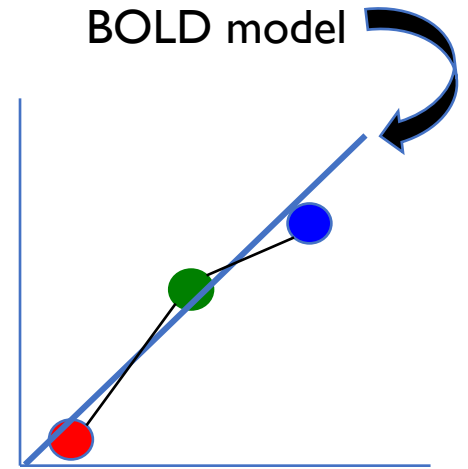
TE 3



BOLD model

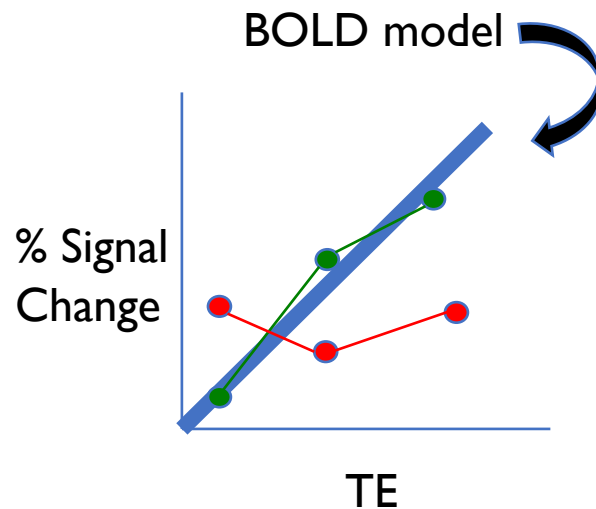
% Signal Change

TE

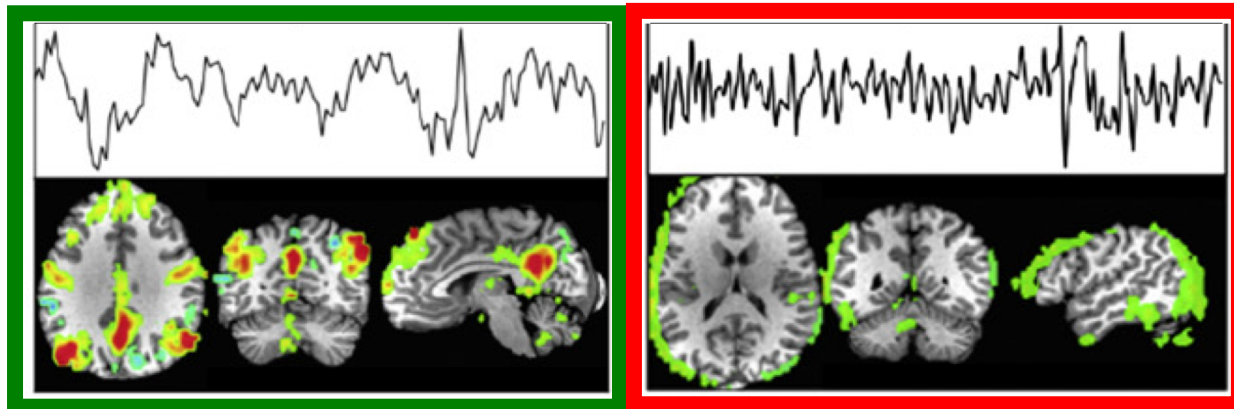
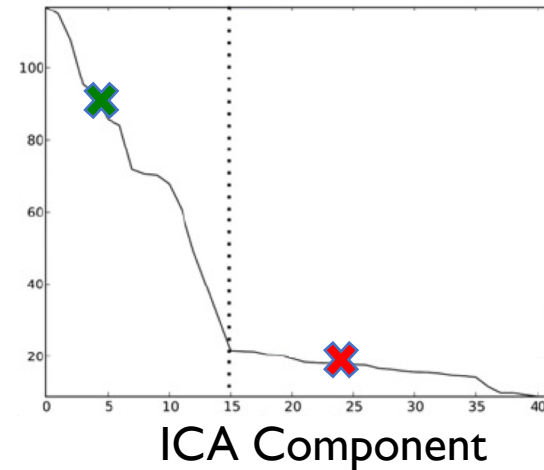


Multi-echo denoising

- Enables the identification of signals that scale with measured TEs

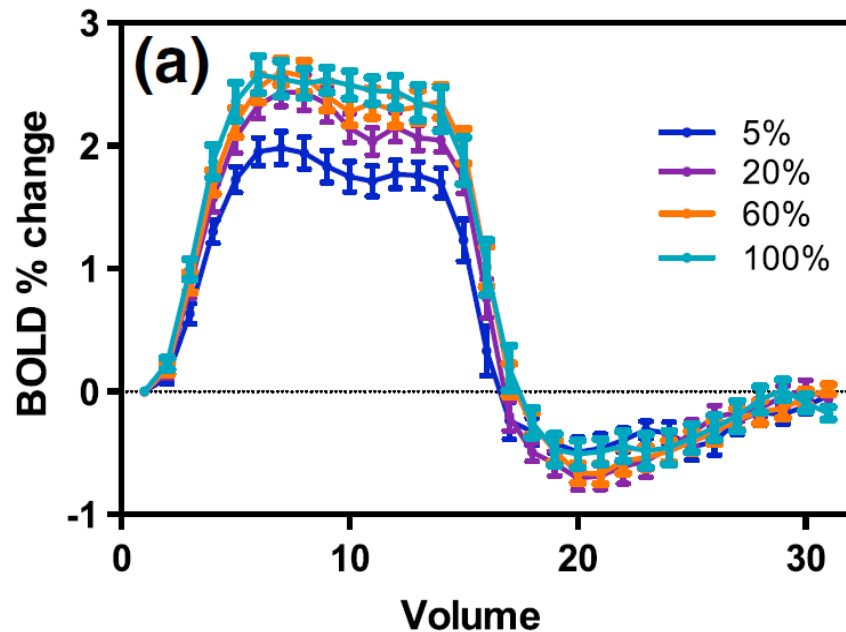
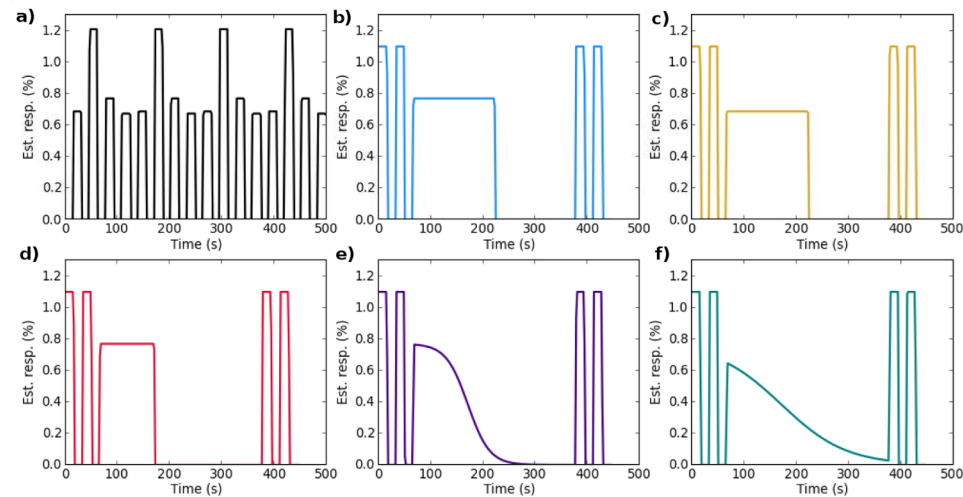
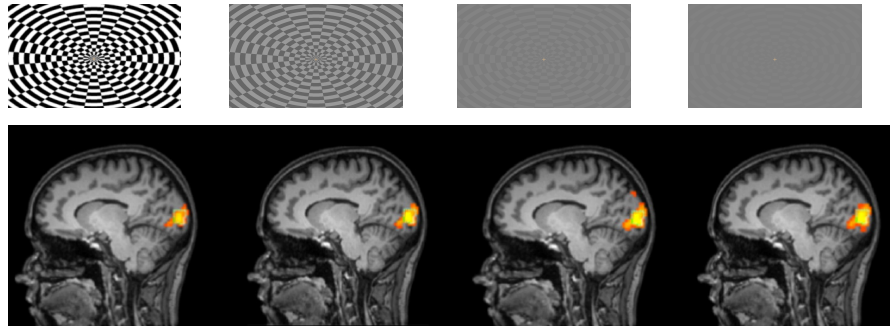


Goodness of fit to BOLD model

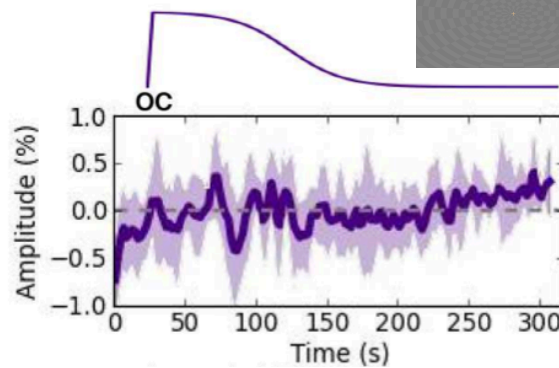
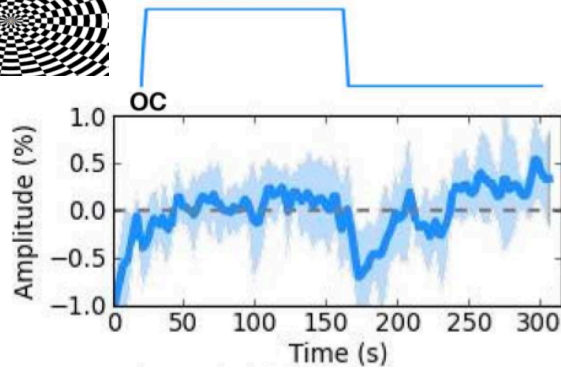
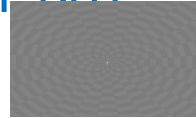


BOLD, EEG signals and visual contrast change.

- BOLD intensity varies as a function of stimulus contrast
- Contrast sensitivity is not linear



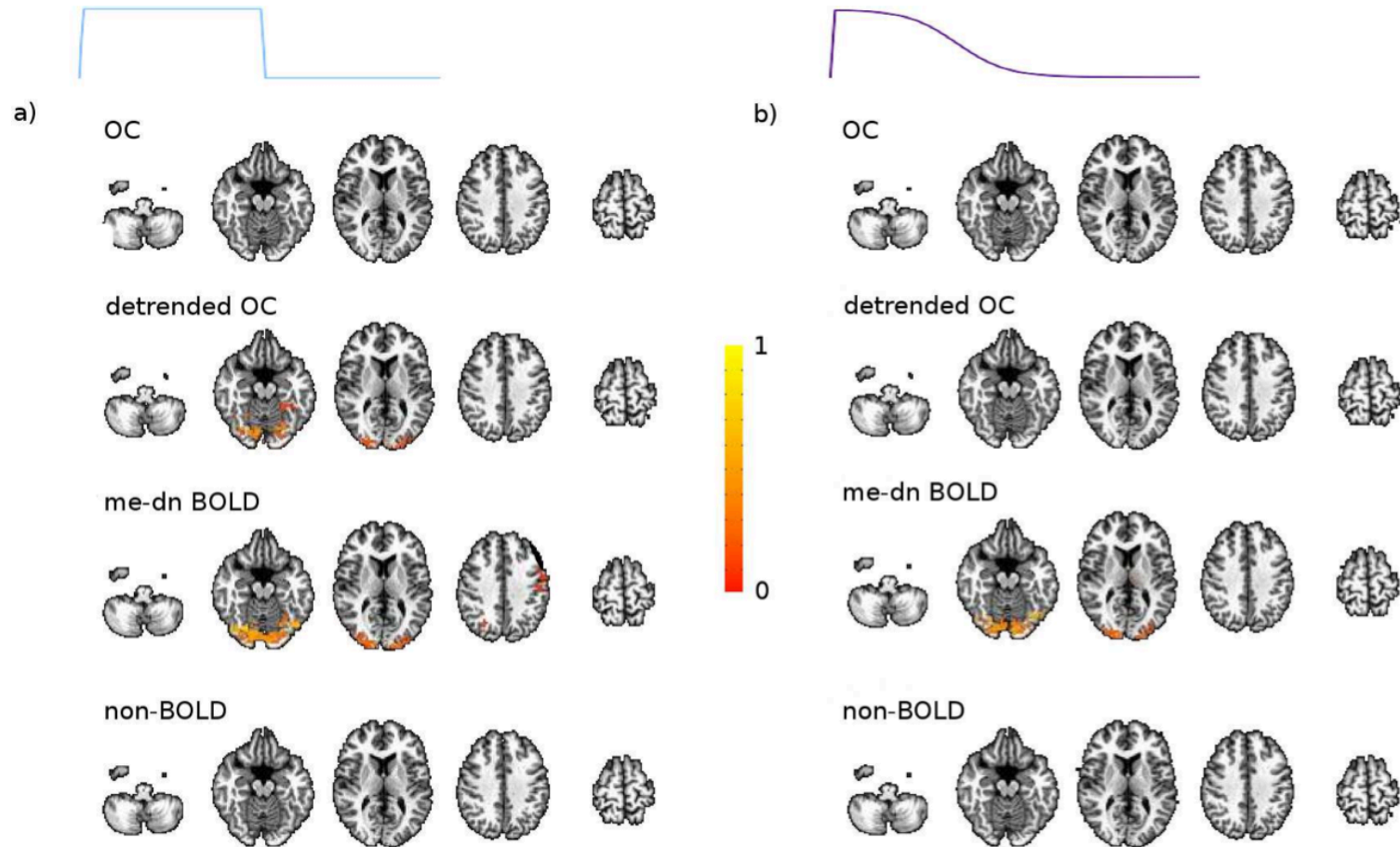
Detection of slow BOLD with MF



- Group average timeseries taken over voxels in V1 for a visual block and ramp contrast task
- The thick line is the mean and the shading is the standard error.
- Slope task is not visible in OC or detrended data
- Both tasks are clear in the median BOLD data
- The scanner specific drift is visible in the non-BOLD data
- It effectively cancels the ramp in the OC data

Group spatial correlation maps

- Task positive correlation spatial extent group maps for a) block and b) ramp tasks for the medn BOLD, OC, detrended and non-BOLD timeseries.

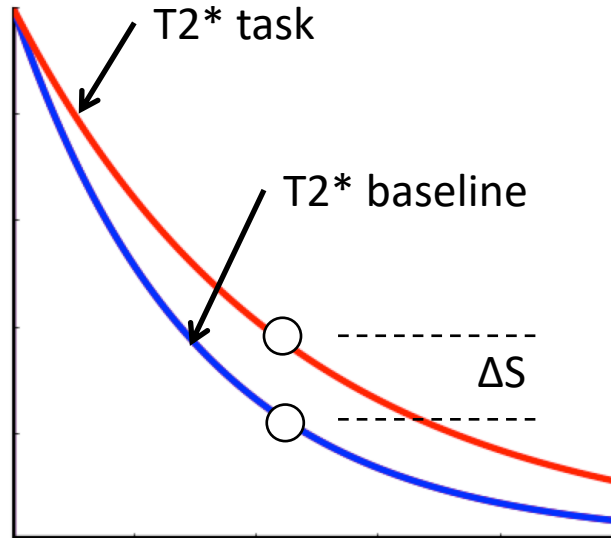
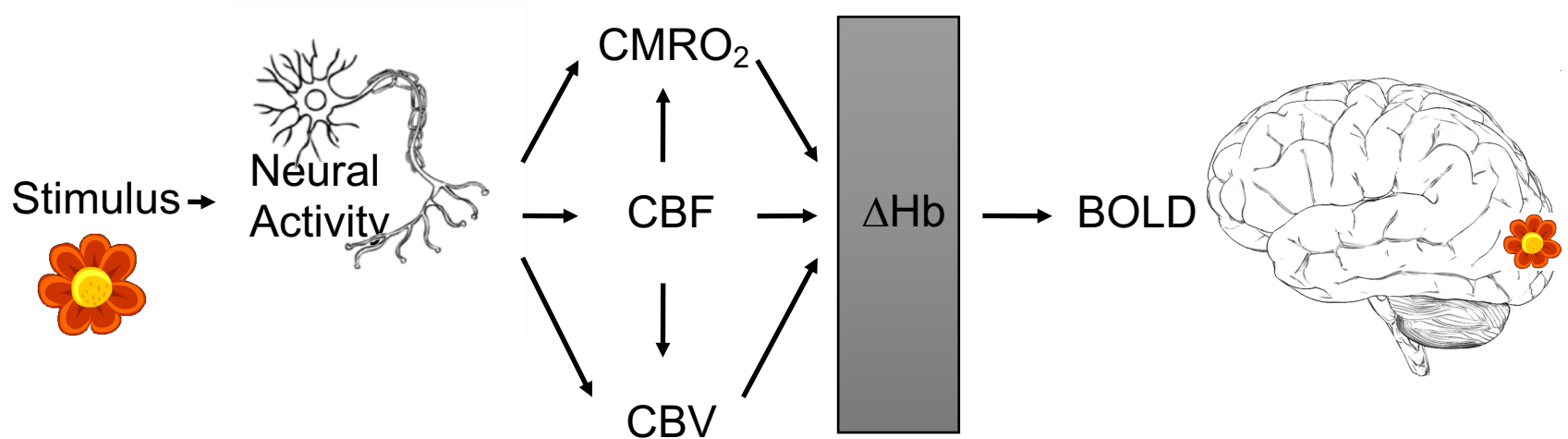


- The block response is resolved in the detrended data and in the medn
- The ramp task is only seen in the medn data
- No positive task correlation is seen in the OC or non-BOLD data

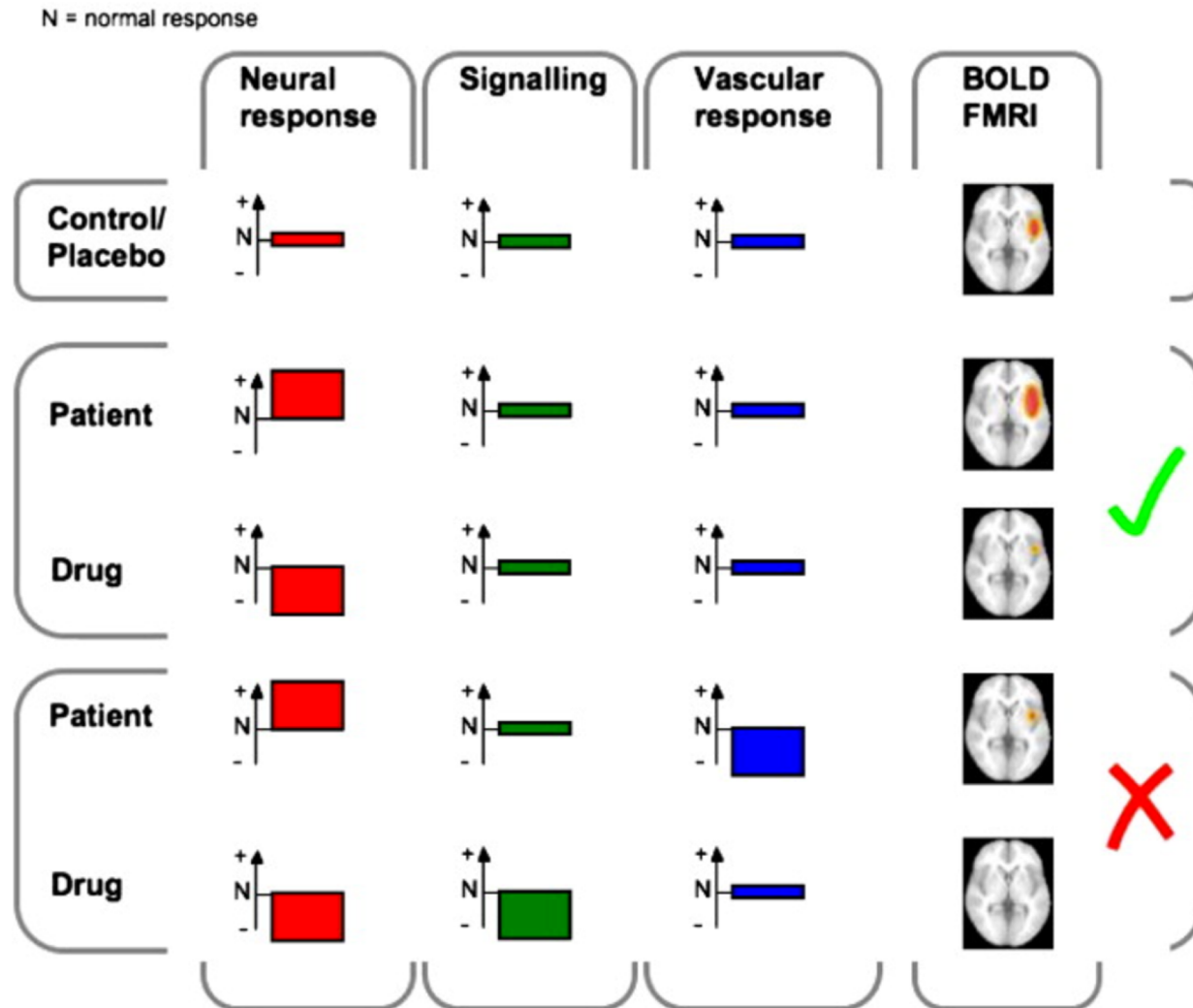
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 - Physiological changes
 - Use EEG-fMRI?
 - Use ASL?

What does fMRI measure?

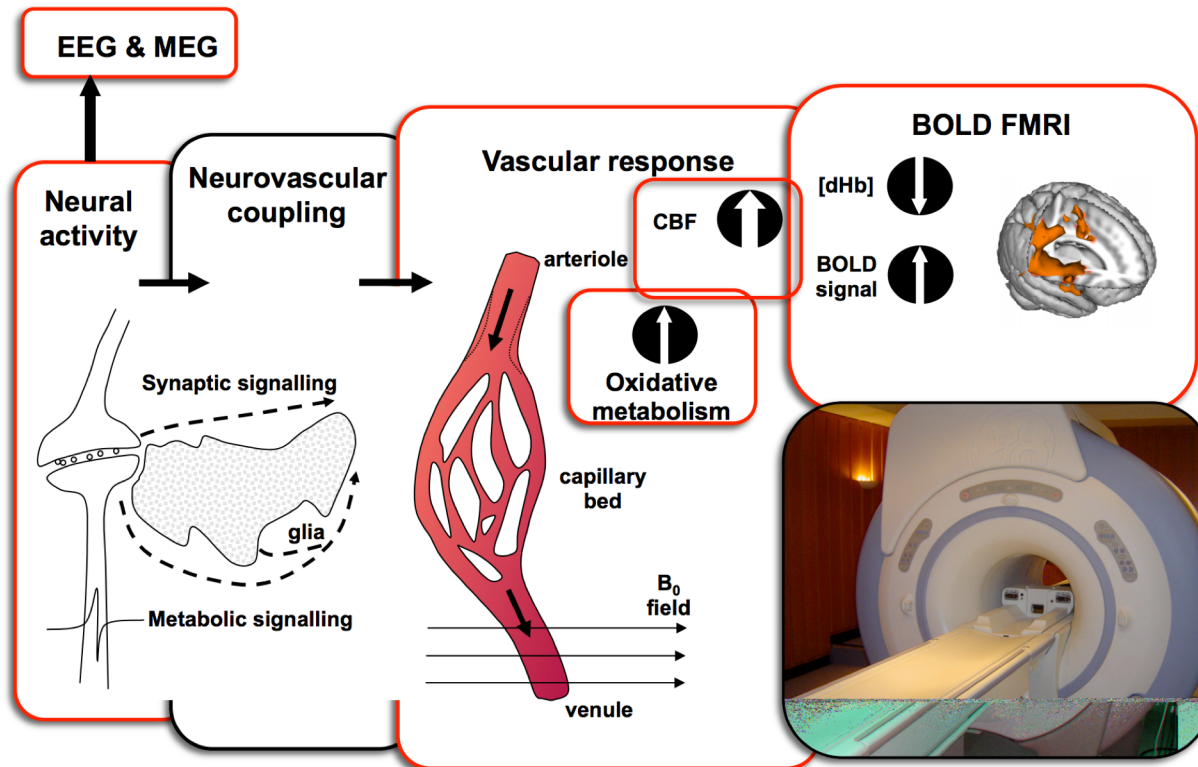


Neural or vascular changes?

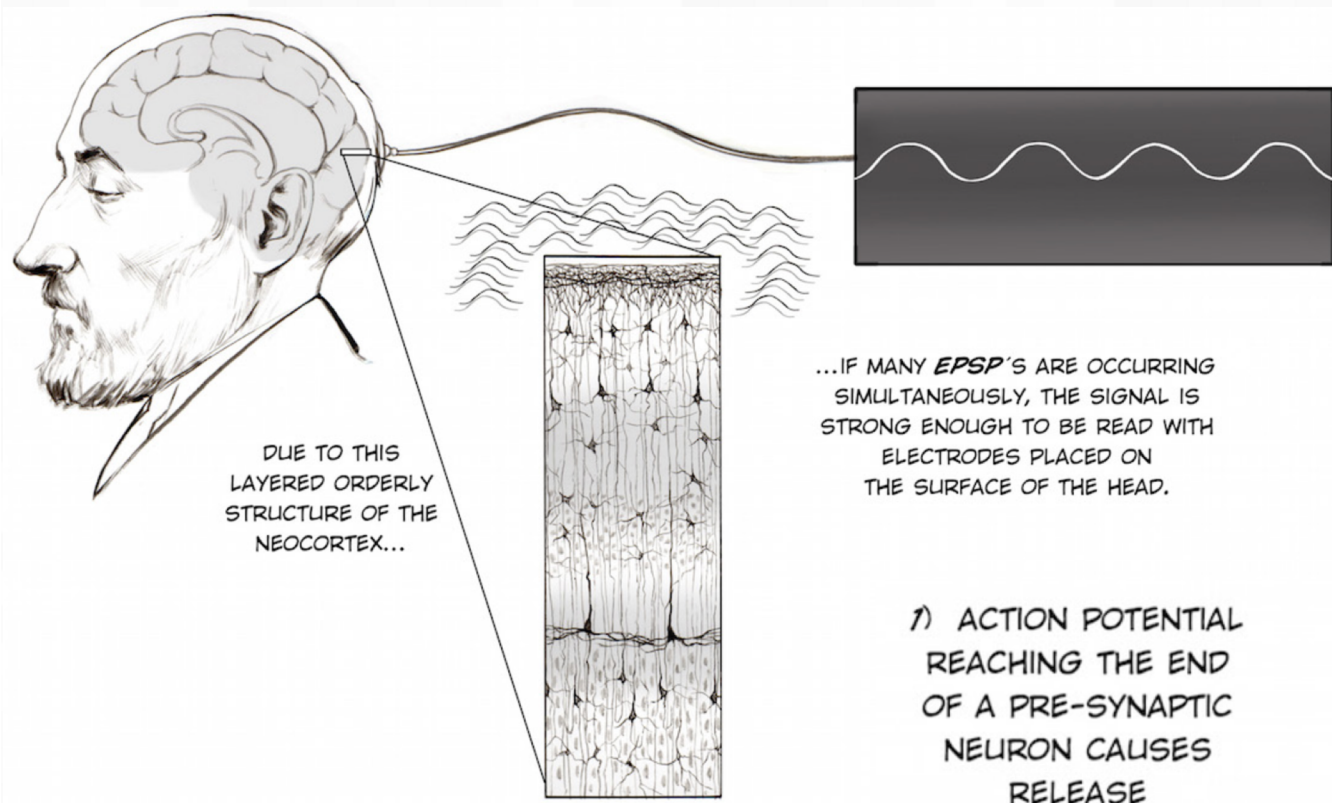


BOLD imaging confounds

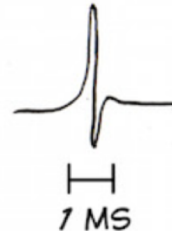
- BOLD is rarely enough on its own as there can be problems with interpretation
- Use MEG/EEG?



EEG signal origins



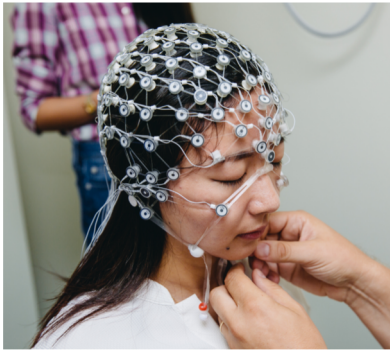
1) ACTION POTENTIAL REACHING THE END OF A PRE-SYNAPTIC NEURON CAUSES RELEASE OF GLUTAMATE.



2) GLUTAMATE BINDS TO POST-SYNAPTIC NEURON, CAUSING A SLOWER, LONGER CHANGE IN VOLTAGE CALLED AN *EPSP*.



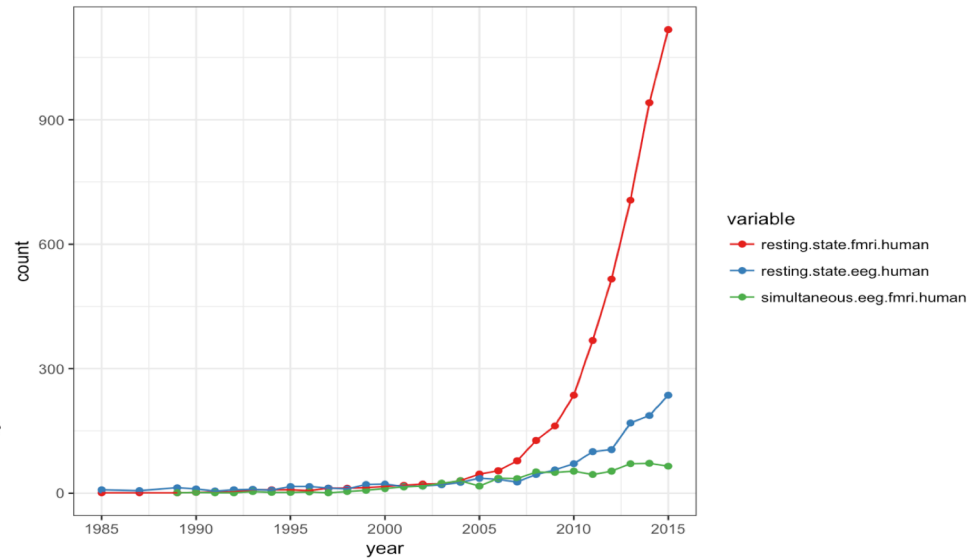
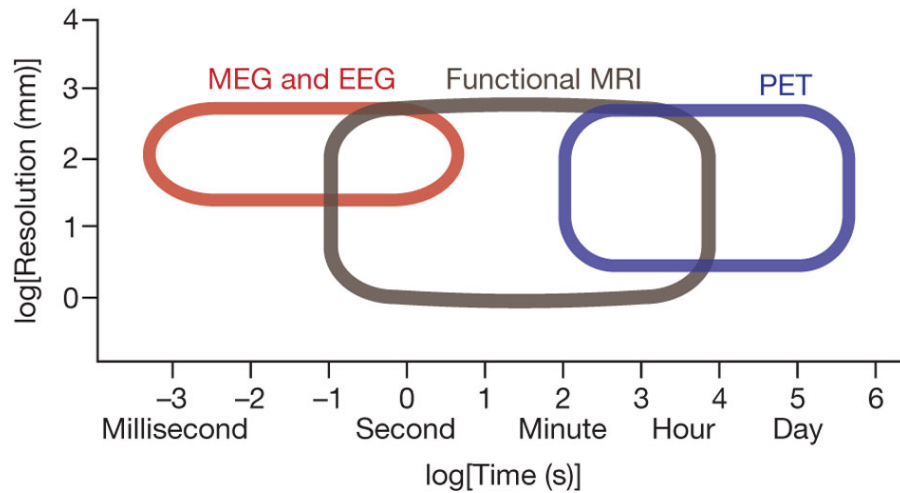
Simultaneous EEG-FMRI



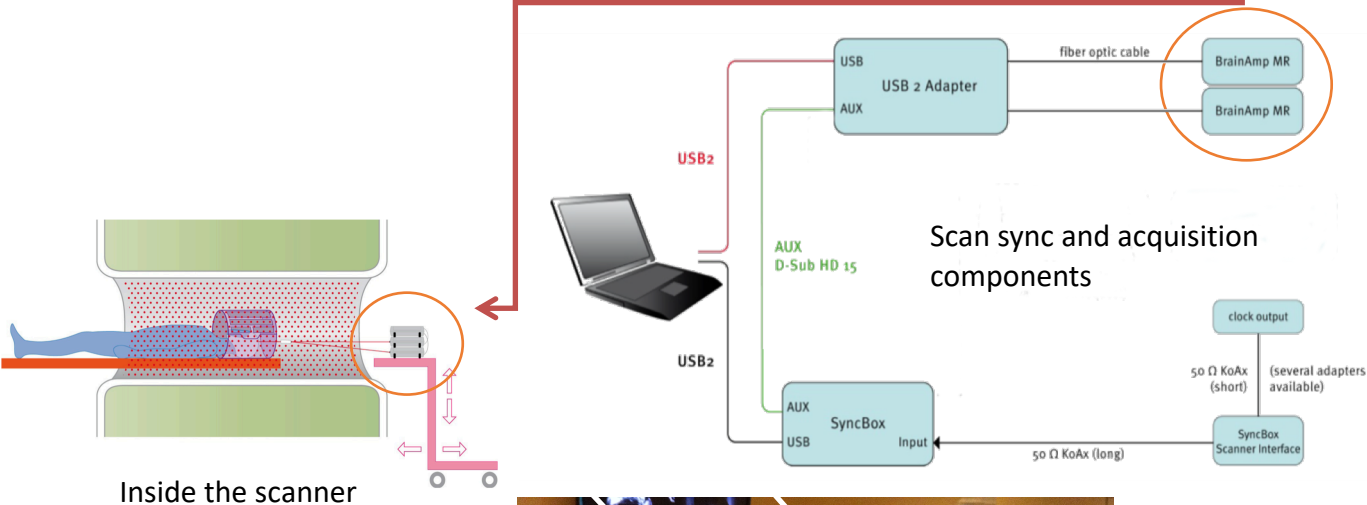
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<http://nld.tamu.edu/eeg>



Simultaneous EEG-fMRI setup



Inside the scanner

Stim PC



Console room

Simultaneous EEG-fMRI - Technical issues

- The MR environment adds noise to the EEG recordings...

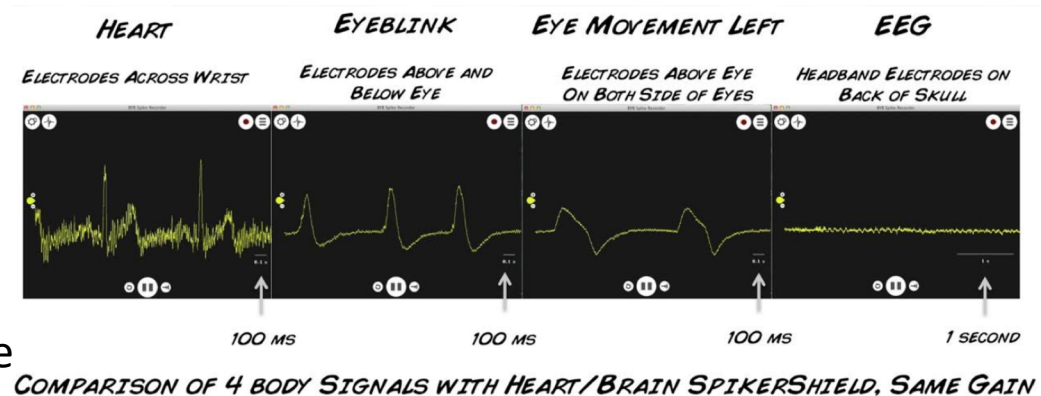
Approximate magnitudes of different signals

- EEG: $\pm 10\text{-}150\mu\text{V}$
- Gradient artifact : $\pm 10\text{mV}$
- BCG artifact: $\pm 200\mu\text{V}$
- Blink: $\pm 150\mu\text{V}$
- Movement: $< 1\text{mV}$
- ECG: $\pm 20\mu\text{V}$
- EMG: $\pm 50\mu\text{V}$
- Helium pump: 40-60Hz and AC line

Signal of interest

MR environment artifacts

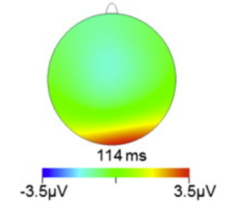
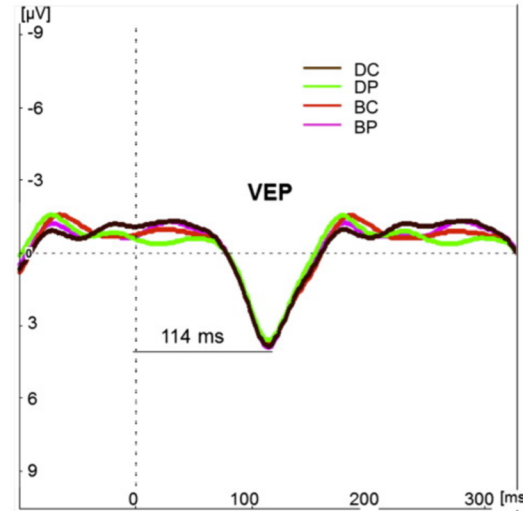
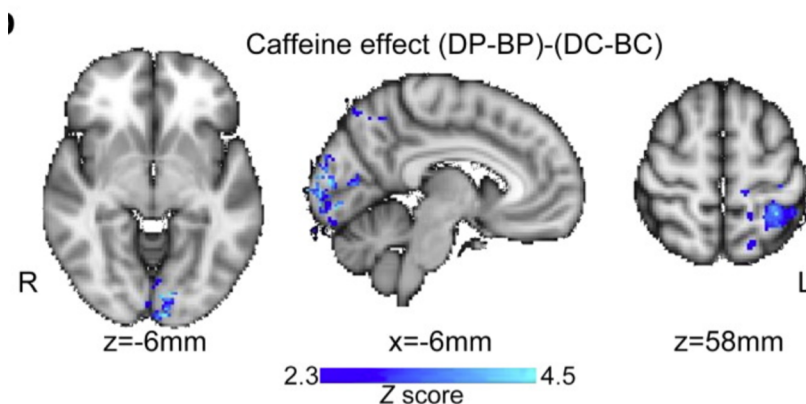
Physiological contributions



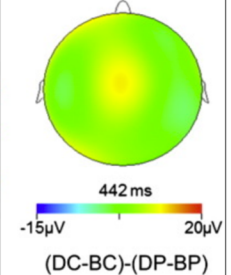
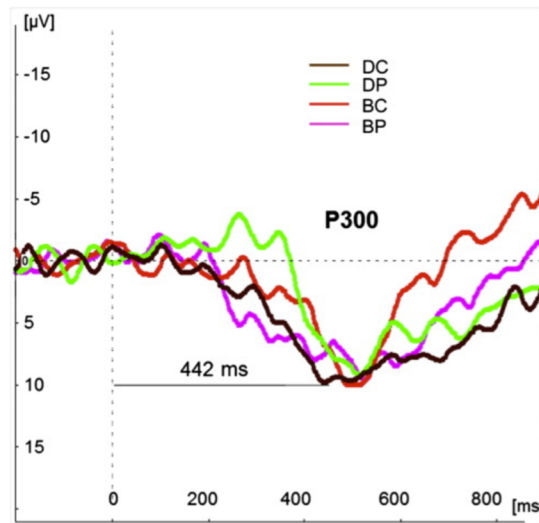
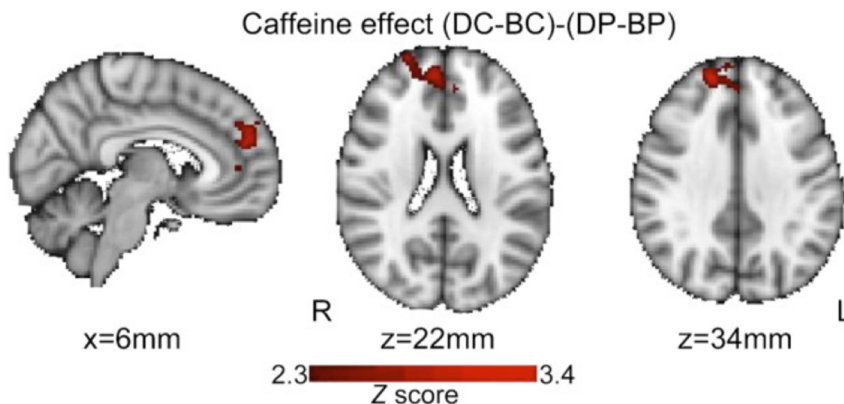
Example: effect of caffeine

C – caffeine
P – placebo
B - baseline
D - drug

Simple visual task

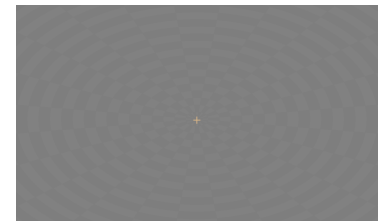
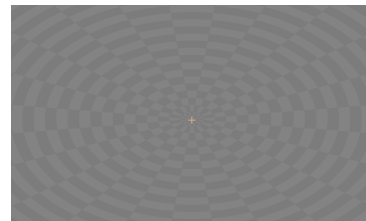
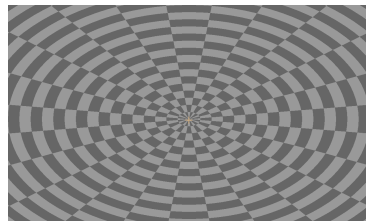
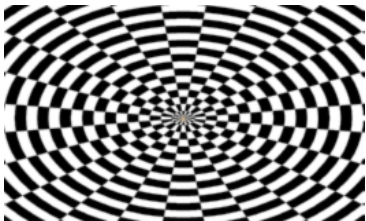
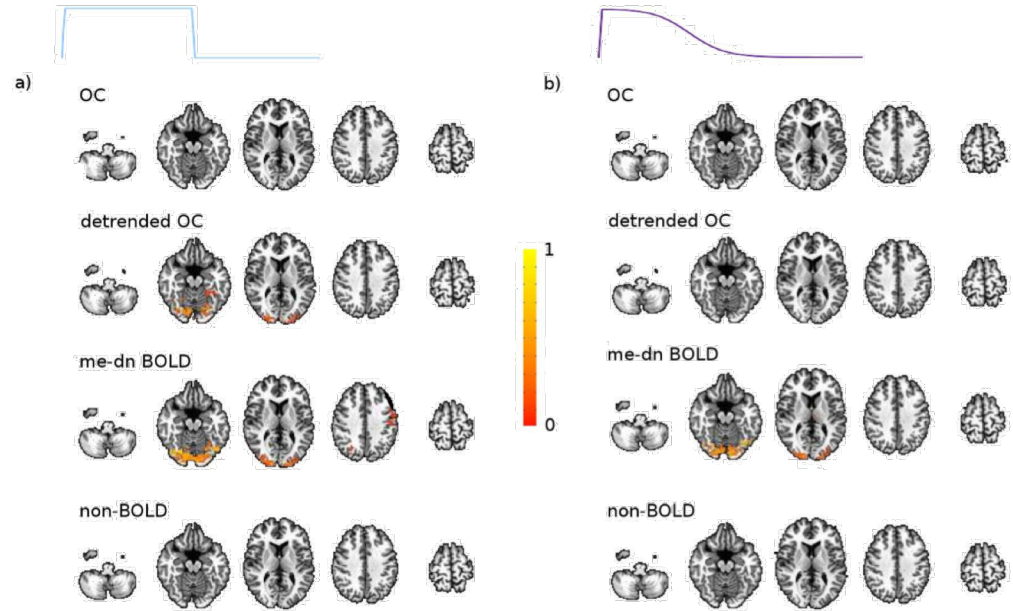
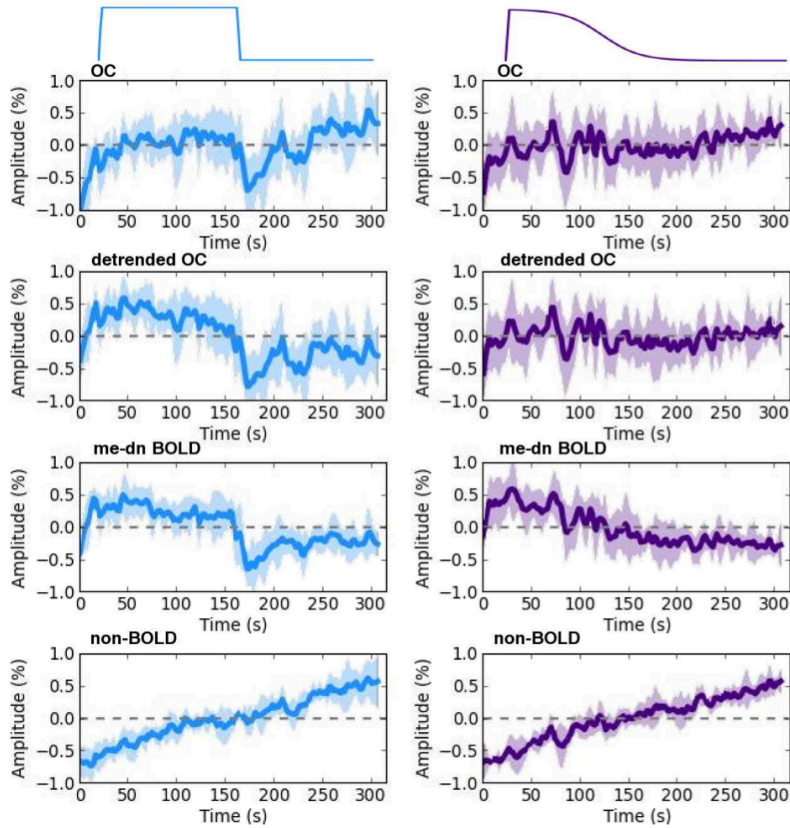


Auditory oddball

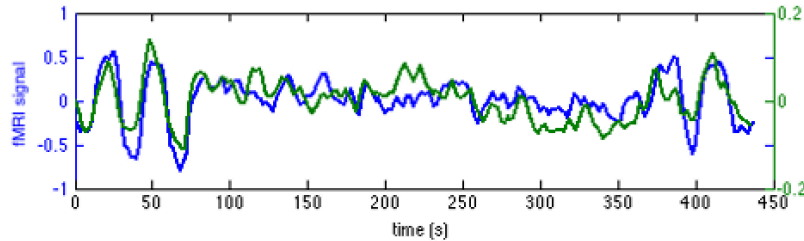
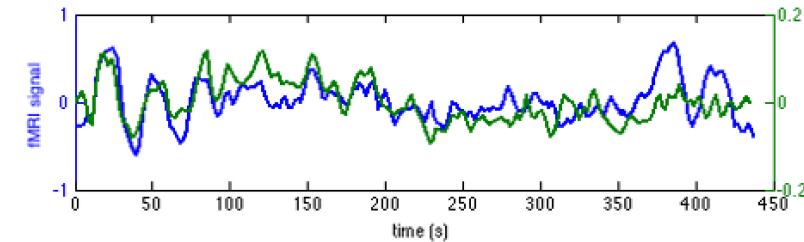
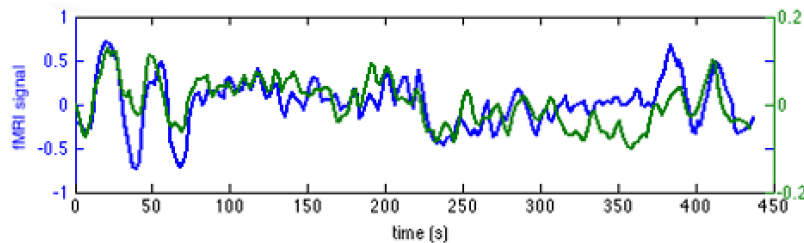
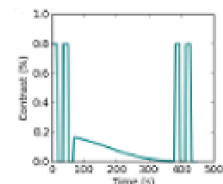
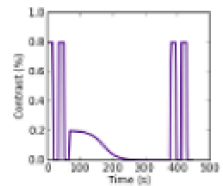
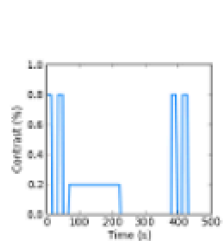


- Shortened P300 response in the complex task, little change in the simple visual task

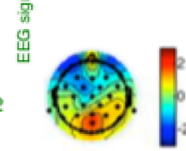
'Simulated' Example



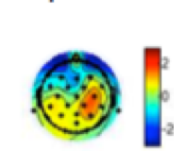
EEG Validation



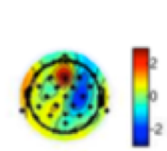
SSVEP



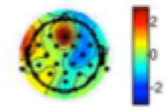
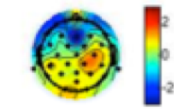
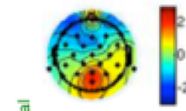
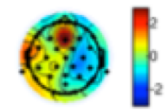
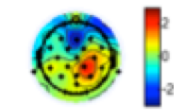
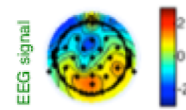
alpha



delta



theta



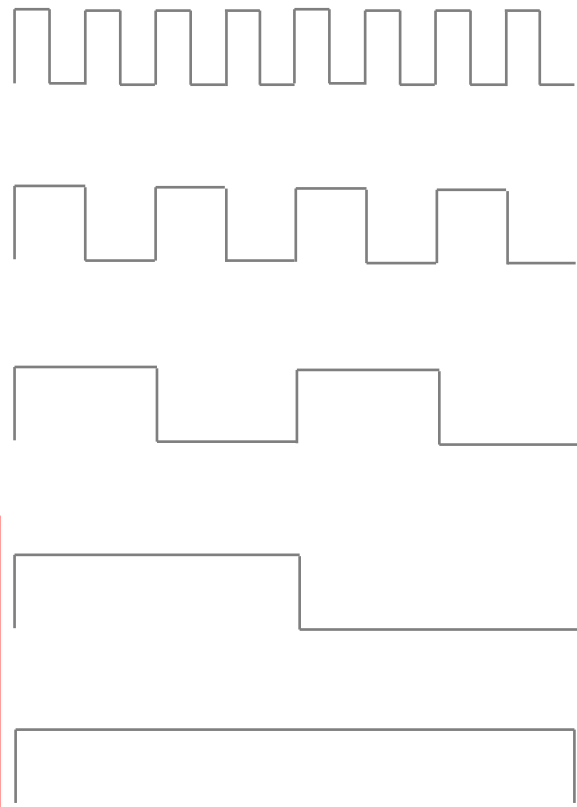
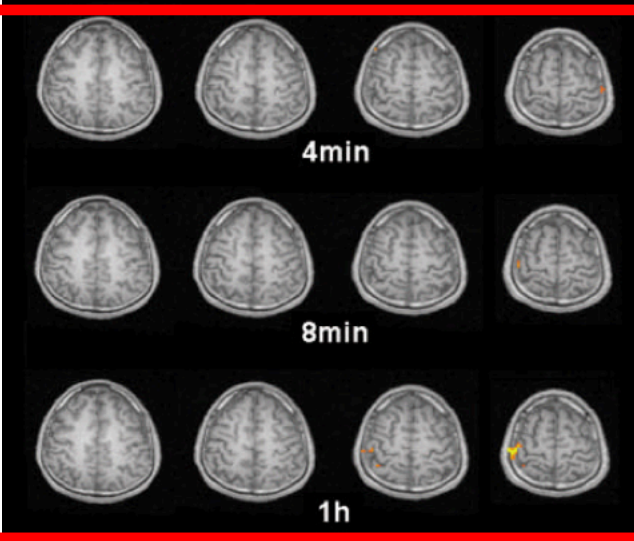
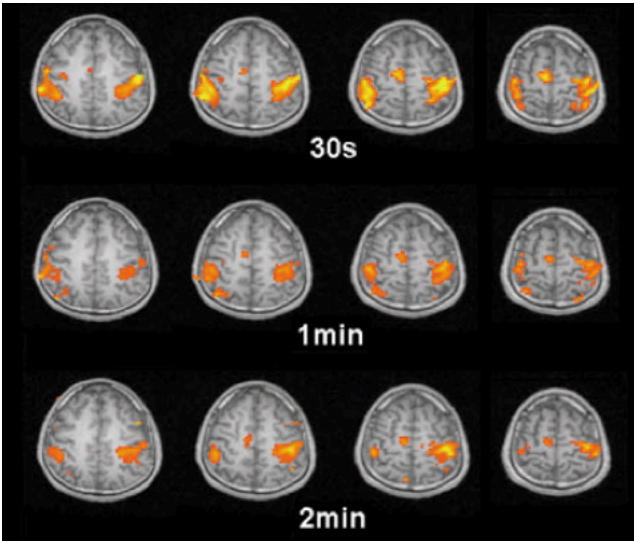
- The envelope of the EEG signal at the task frequency agrees very well with the task BOLD response
- Confirms the ME-denoised data represents the true task

Possible confounding factors.... and solutions

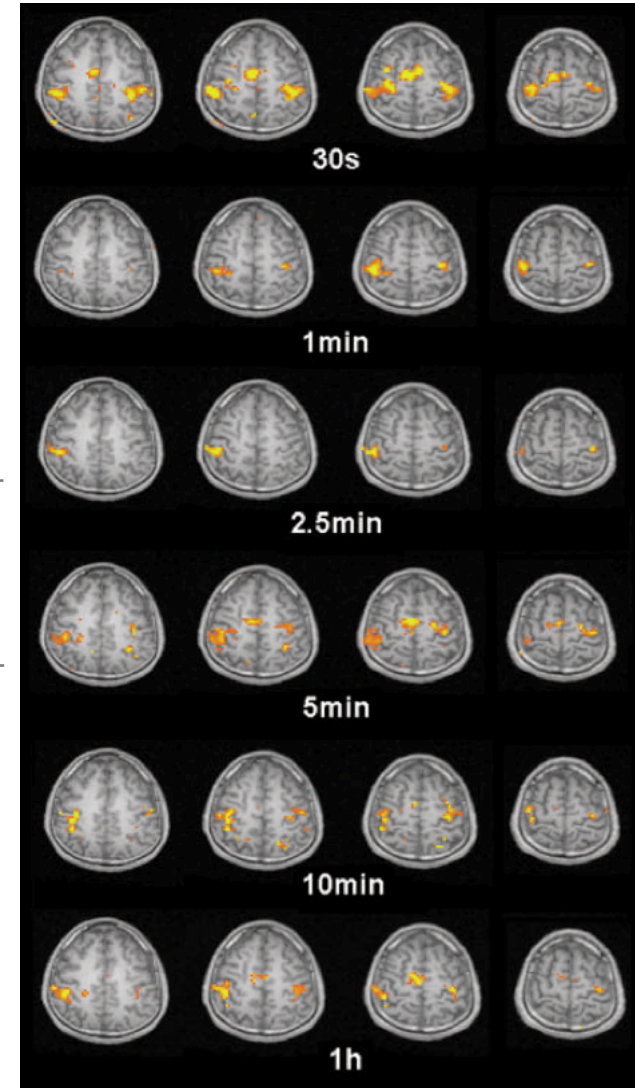
- Cognitive:
 - Placebo effect
 - Study design
- Acquisition:
 - These changes are slow (minutes) and on the same scale as drift artifacts
 - Use multi-echo fMRI?
- Signal:
 - BOLD signal is affected by changes in blood flow/volume
 - Use EEG-fMRI?
 - Use ASL?

Imaging slow stimuli doesn't work well

BOLD

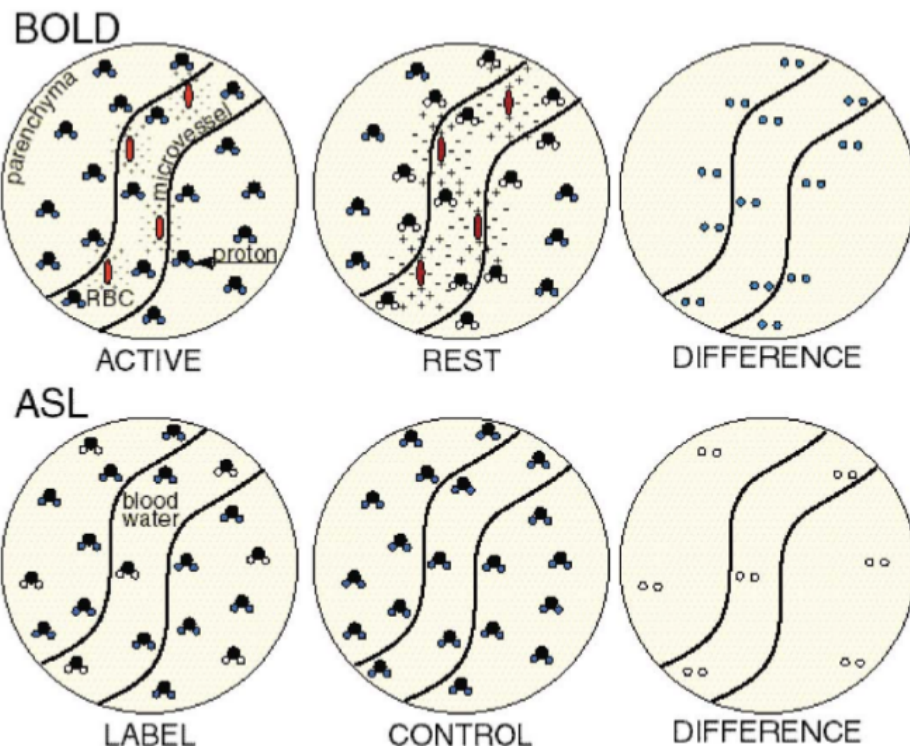
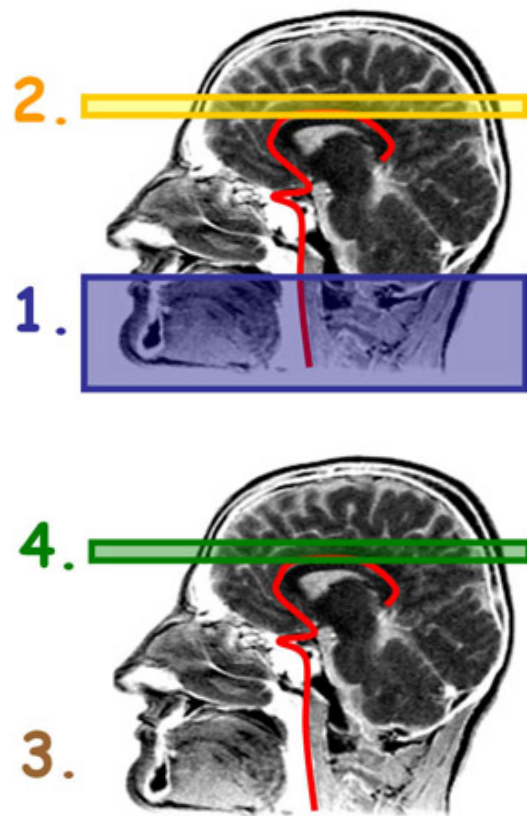


ASL



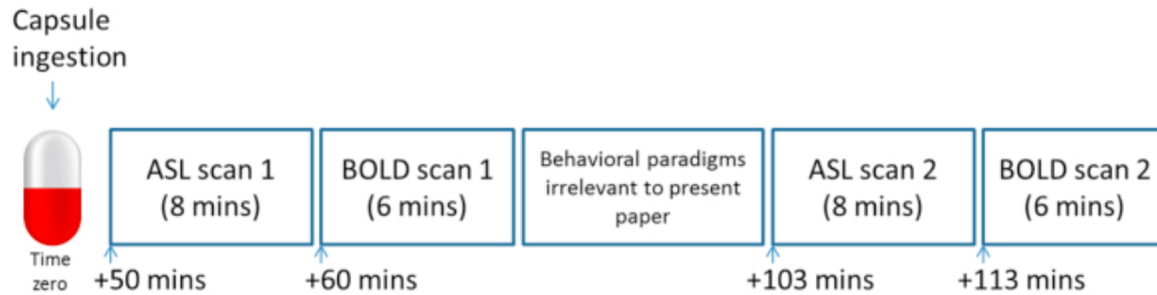
- BOLD has greater signal strength
- ASL has greater sensitivity for long duration stimuli

ASL vs. BOLD

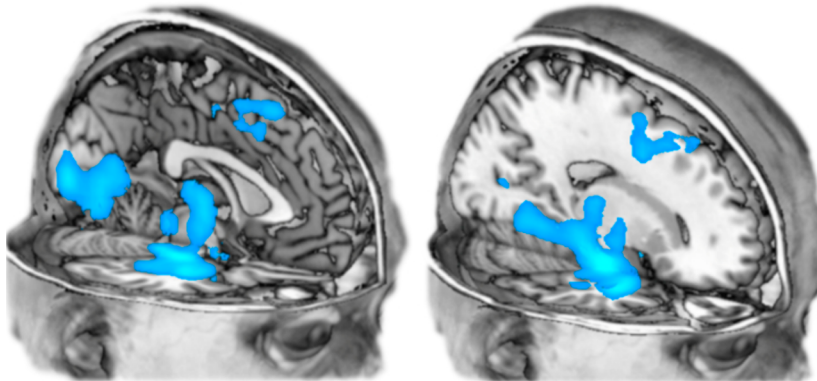


\uparrow (green) - \uparrow (orange) = \uparrow (red) \propto CBF

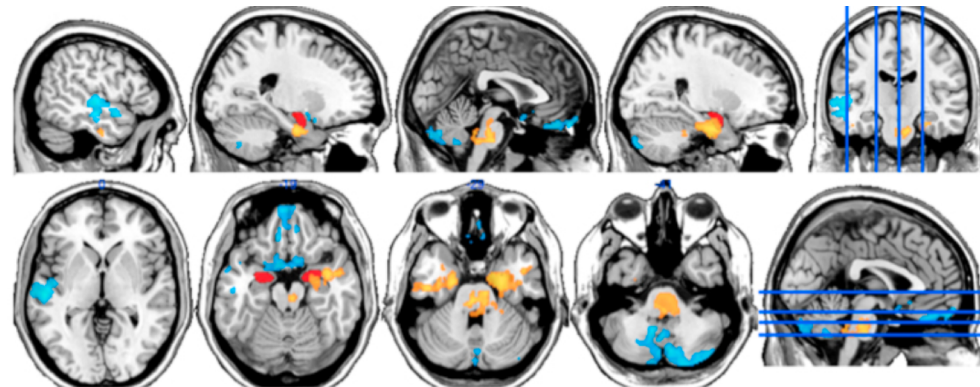
ASL-BOLD example



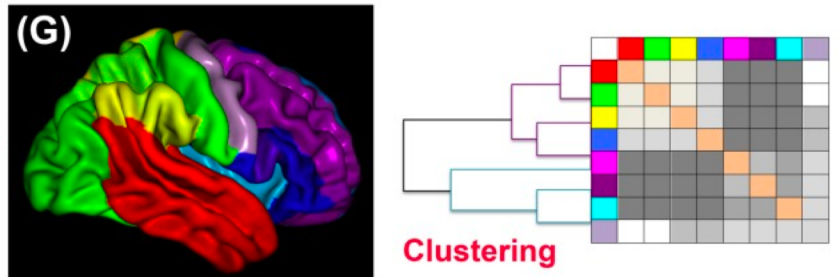
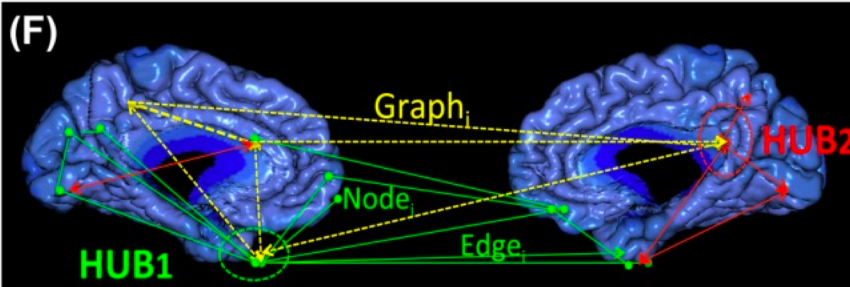
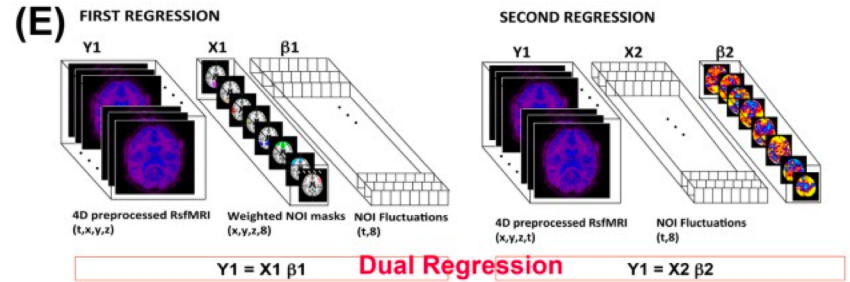
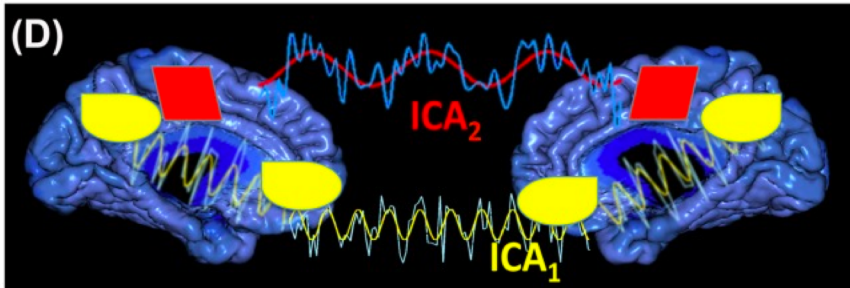
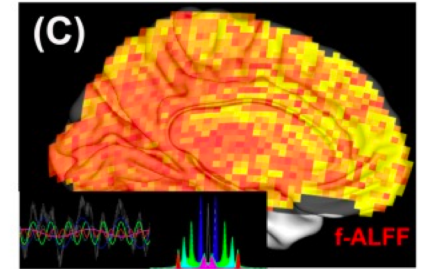
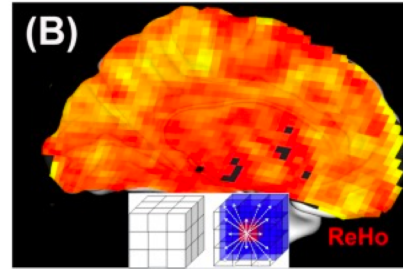
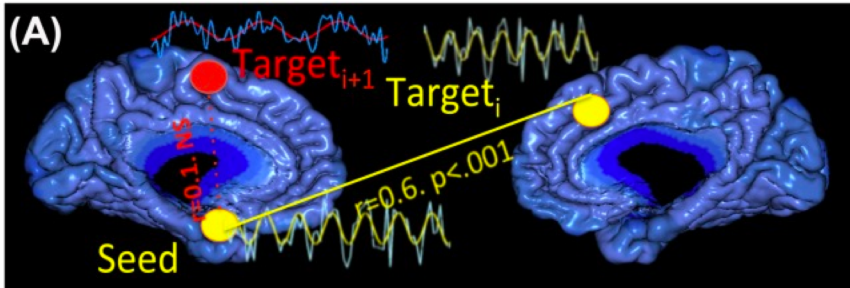
ASL – CBF decreases MDMA - placebo



Amygdala connectivity changes



Other analysis?



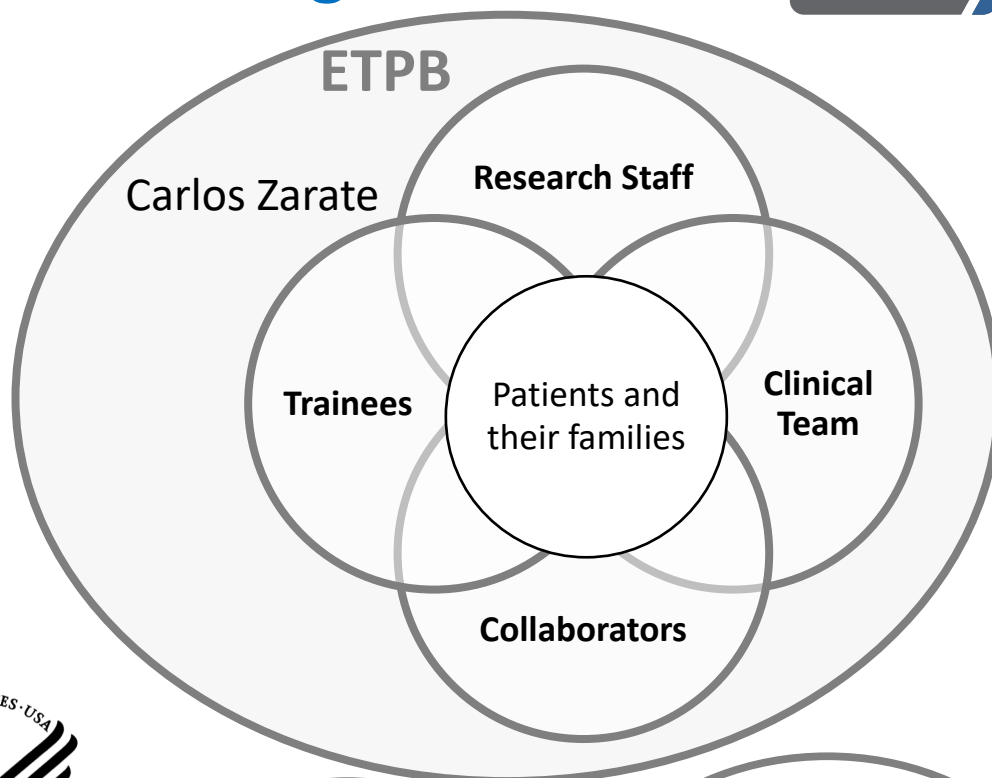
Summary

- Pharmacological fMRI may have many benefits for mapping drug effects in the human brain but remains challenging
- Simultaneous EEG-fMRI is an example of an imaging adjunct to fMRI, there are others (ASL, PET)

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