AFNI & SUMA Concepts, Principles, Demos



-1-













Analysis of Functional Neurolmages

Released under the GNU General Public License Version 2 (GPL) [or any later GPL version] AFNI is a research tool. Fred Talm

AFNI User

Clinical uses are not supported or advised.

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







Some Goals of FMRI Analyses

- Task-based experiments
 - Per subject: estimate amplitude of BOLD response to each different type of stimulus
 - Find+model inter-regional correlations
 between fluctuations in BOLD responses
- Resting-state experiments

 Measure spatial patterns in coherent fluctuations in spontaneous BOLD

Group level

Combine and contrast per subject results

pre-processing

Conceptual Basis - 1

- Time shifting = pretend get 3D snapshot
- **Despiking** = remove large blips
- Image Registration (AKA alignment)
 - intra-EPI time series, and EPI-Structural
- Blurring in space = lower resolution :-(& less noise :-) & more group overlap :-)
- Masking = ignore non-brain voxels
- Scaling = normalizing data amplitude
 - Makes inter-subject comparisons more valid

Conceptual Basis - 2

Time series regression

- model of the BOLD response in the data =
 Hemodynamic Response Function ×
 stimulus timing
- plus baseline (null hypothesis) model
- plus physiological noise
- plus allowing for serial correlation

Talairach-ing = Spatial Normalization

- Talairach, MNI-152, ...

affine and nonlinear spatial transformations

Conceptual Basis - 3

- Group Analyses = Putting it all together
- ↔ ANOVA, LME, Meta-Analyses, …
- **Blobs** = Spatial models of activation
- Assigning statistical significance to blobs
- Connectivity = Inter-regional analyses
 SEM, PPI, SVAR, DCM, Granger, ...
 - Resting state FMRI (Connectome!)
- Dimensional factorization

Componente queb ac PCA ICA

Conceptual Basis - 4

- Data Formats = NIfTI-1.x is your friend
- **Software** for FMRI analyses:
 - AFNI*, BrainVoyager, FSL*, SPM*, ...
 Whichever you use, don't blindly assume the software works perfectly all the time

*open-source

- Most important thing I will say today Understand and check the steps applied to your data?
- 2nd most important: Is no "best" way to analyze data, just "reasonable" ways

















<u> Analysis by Super-Script – by GUI</u>
r general subject info
subject ID FT group ID patient
r input data and options
r ✓ anatomical dataset —
browse anat clear anat ? help: anat
/Users/rwcox/CD/AFNI_data6/FT_analysis/FT/FT_anat+orig.HEAD
□ include copy of anat+tlrc
r ✓ EPI datasets
browse EPI clear EPI ? help: EPI
scan index 👻 EPI dataset
1 1 FT_epi_r1+orig.HEAD
2 2 FT_epi_r2+orig.HEAD
3 3 FI_epi_r3+orig.HEAD
EPI directory /Users/rwcox/CD/AFNI_data6/FT_analysis/FT
wildcard form FT epi r*+orig.HEAD

AFNI SUMA

