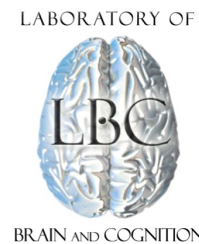


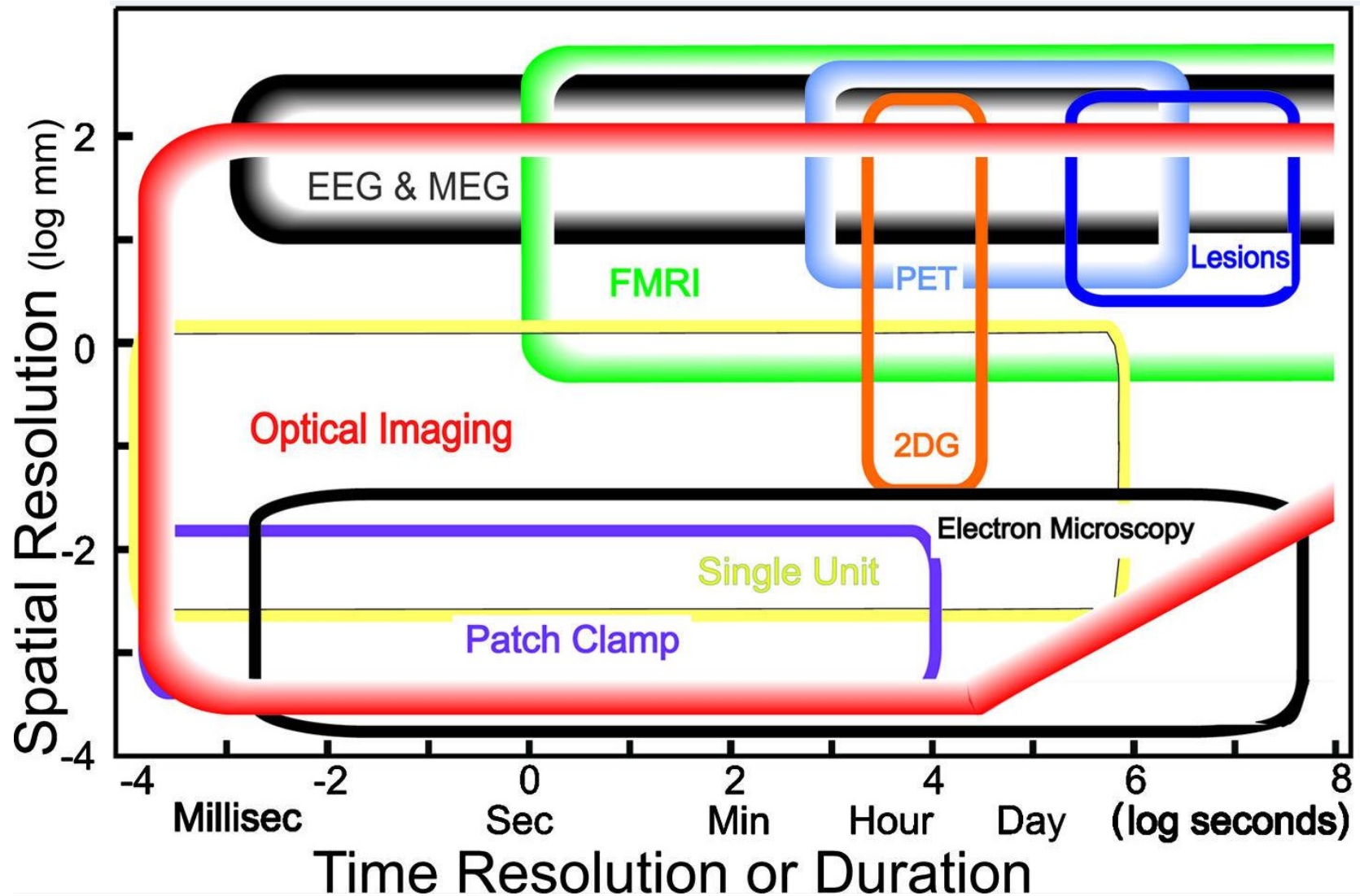
# Basic tradeoffs and constraints in fMRI methodology and applications

---

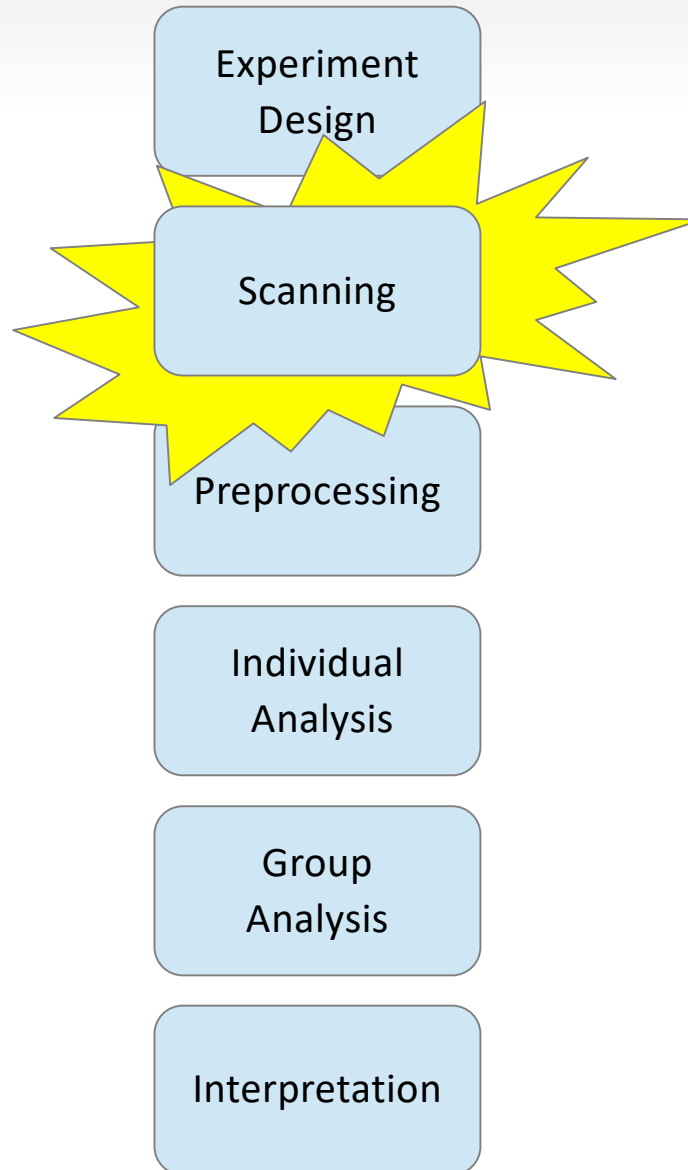
Jennifer Evans



# fMRI in temporal – spatial perspective



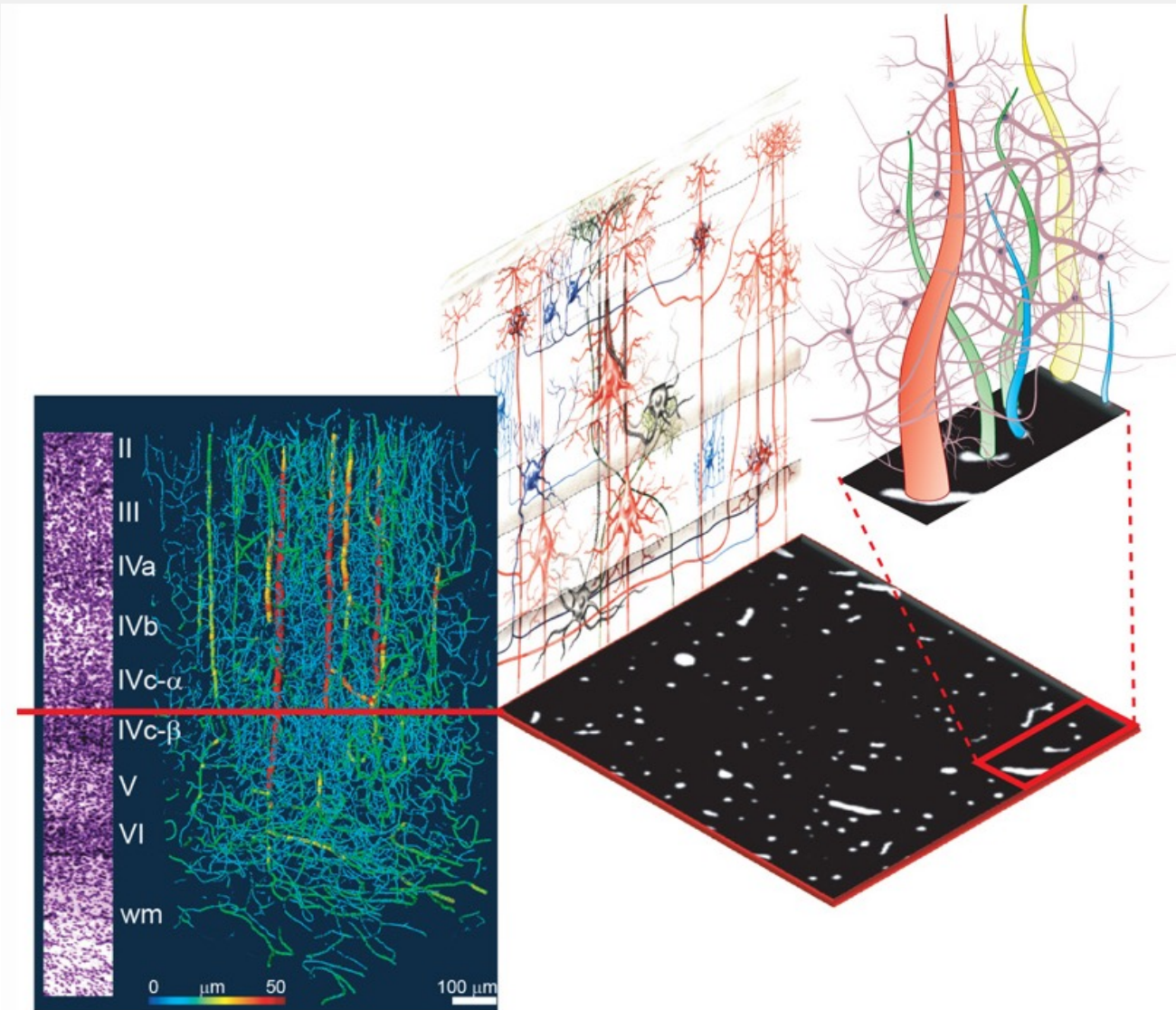
# fMRI data pipeline



# Outline

- Limitations based on the biophysical constraints
  - voxel contents
  - neurovascular coupling
  - hemodynamic response
- Limitations based on imaging constraints
  - Space – time tradeoffs (optimal voxel size)
  - Pulse sequence contrasts
- Summary

# What's in a voxel?



- Neurons
- Synapses
- Axons
- Dendrites
  
- Vasculature
- Capillaries
- Arterioles/venules
- Arteries/Veins

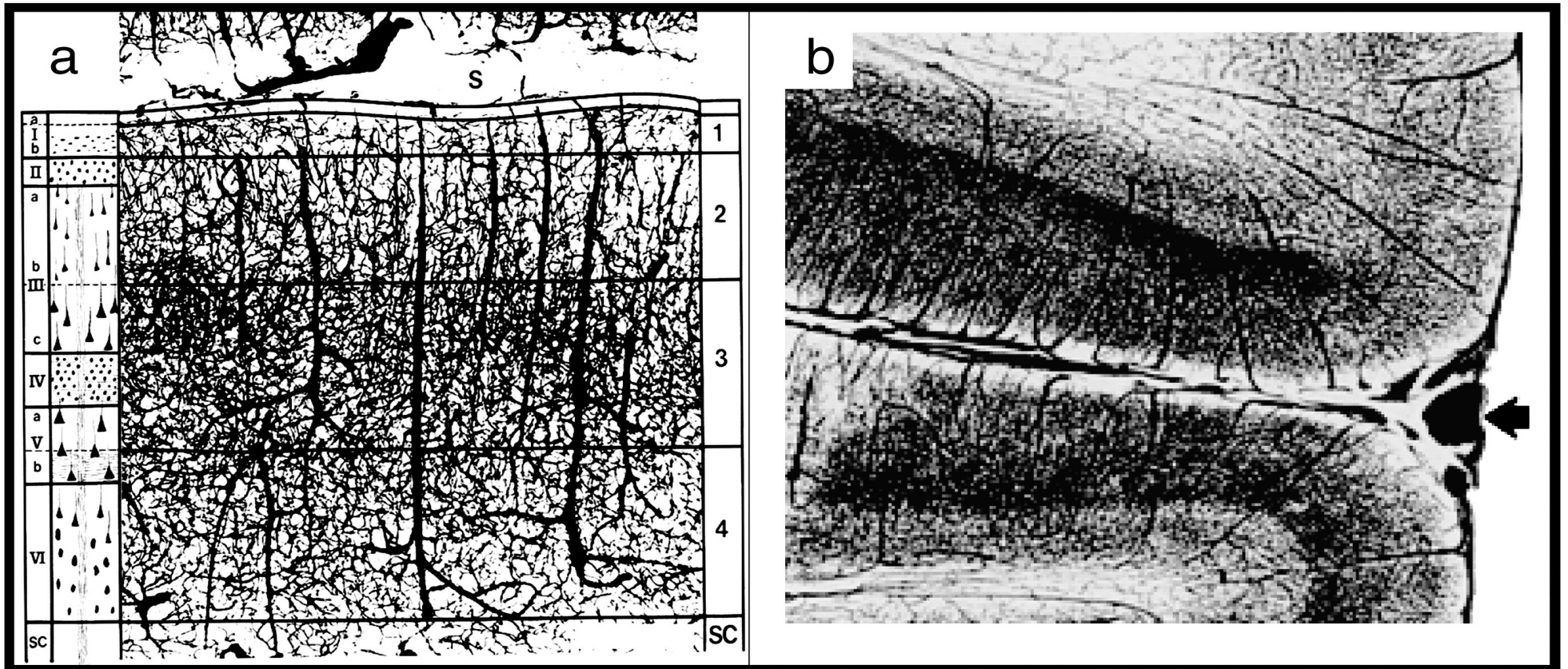
# Average size of fMRI voxels

- In plane resolution of 9-16 mm<sup>2</sup> (3x3, 4x4)
- Slice thickness 5-7 mm
- Average voxel size: 55 mm<sup>3</sup>

- 5.5 million neurons
- 2.2-5.5 10<sup>10</sup> synapses
- 22 km of dendrites
- 220 km of axons

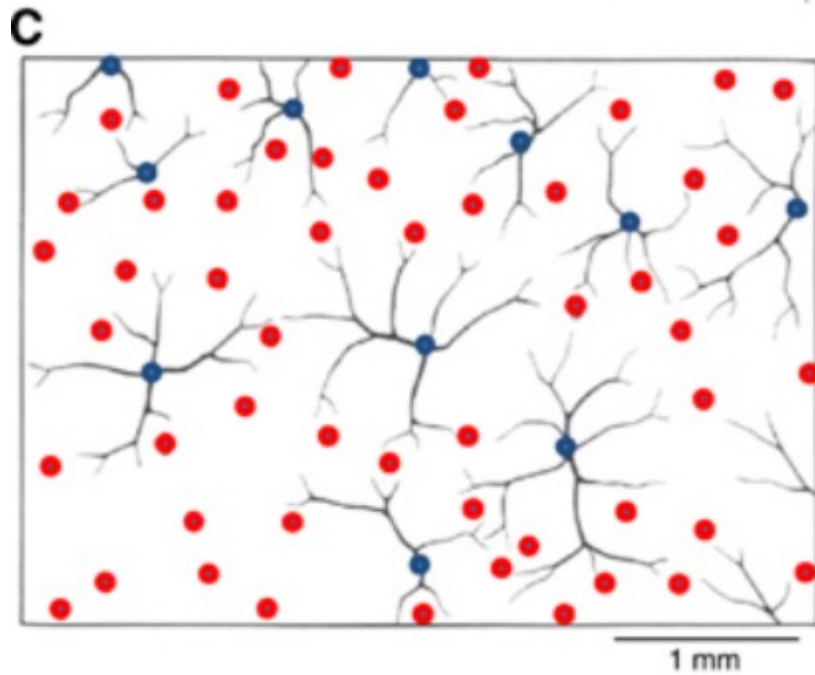
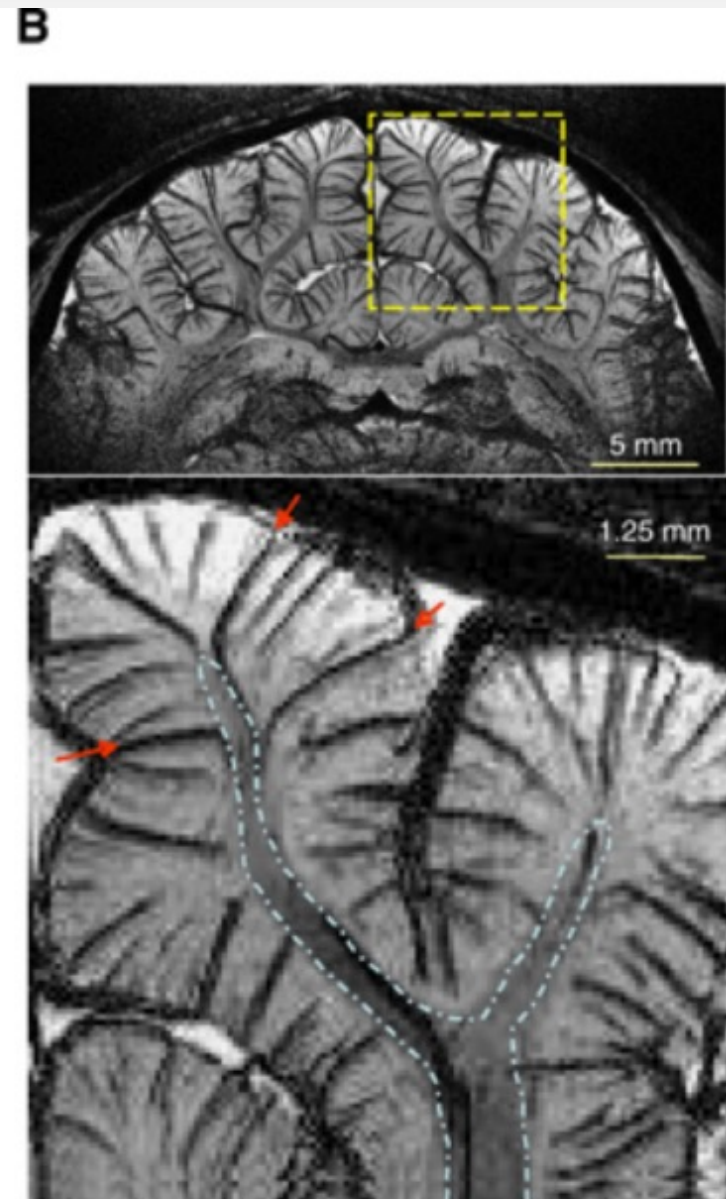
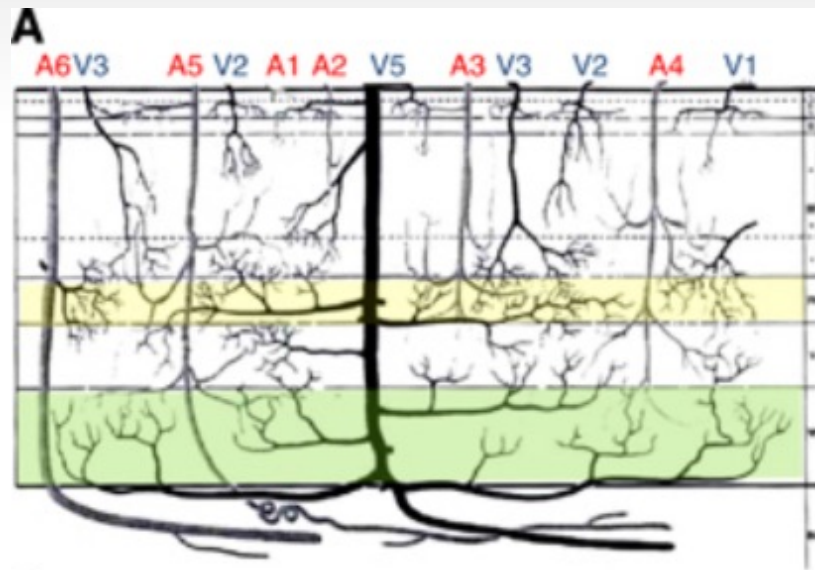


# And vasculature ...



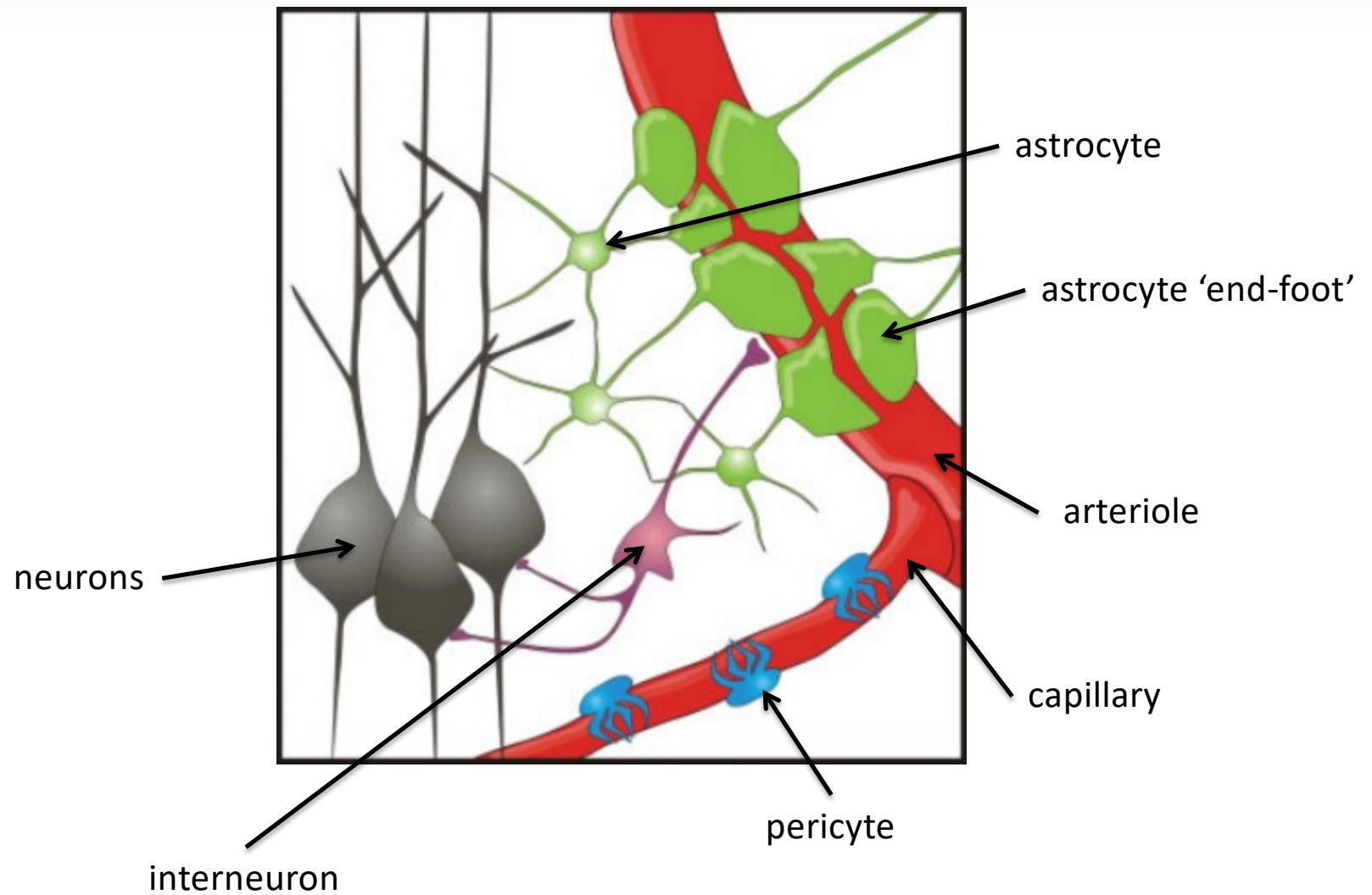


# Spatial inhomogeneity of vasculature

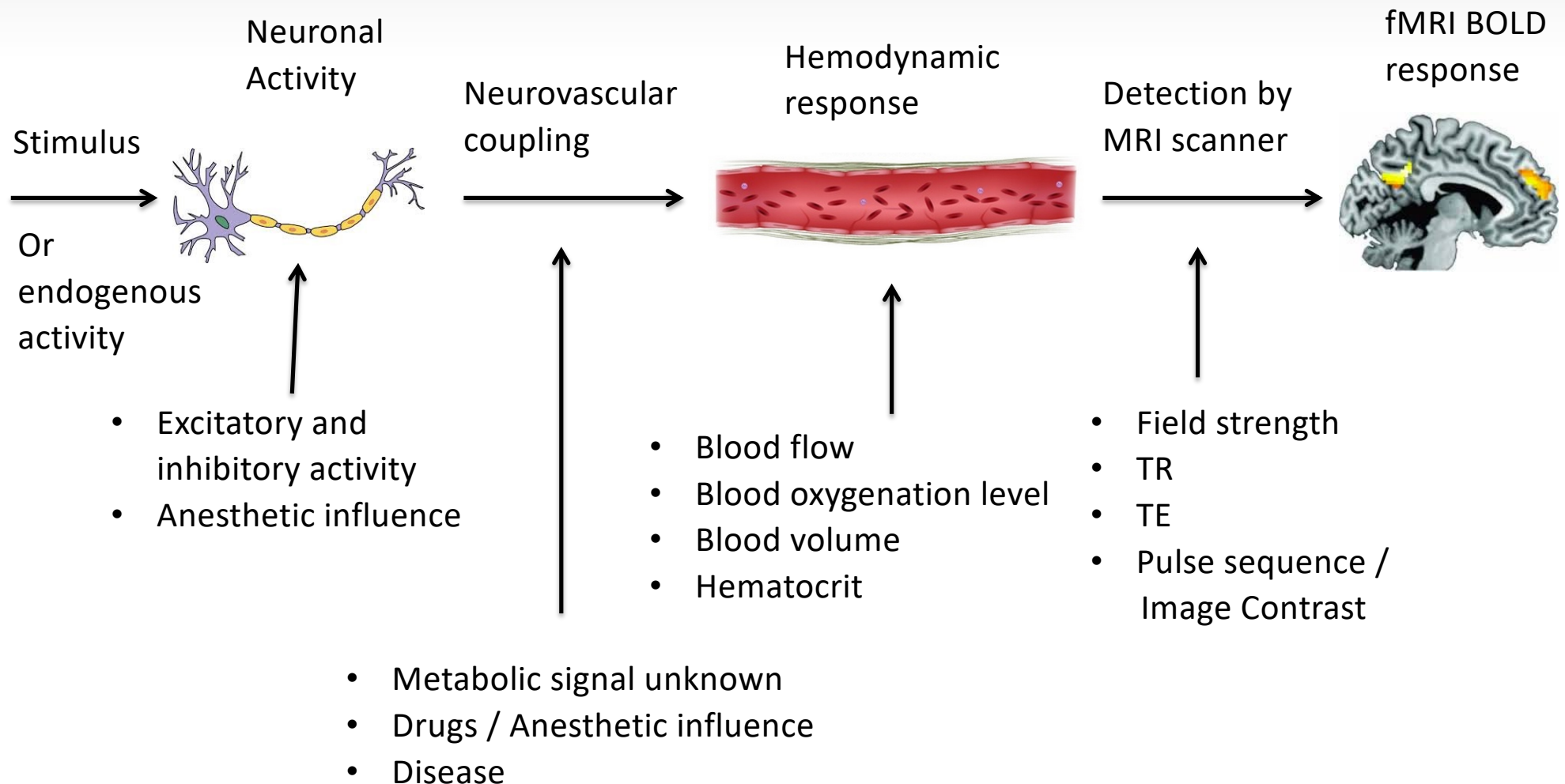




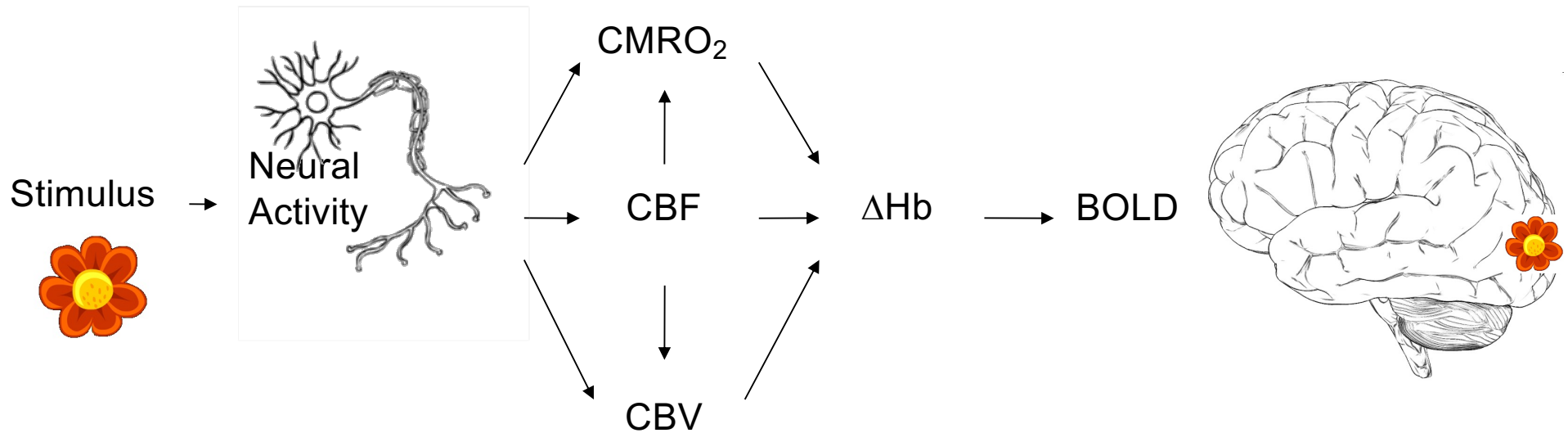
# Neurovascular coupling



# Hemodynamic response and BOLD signals

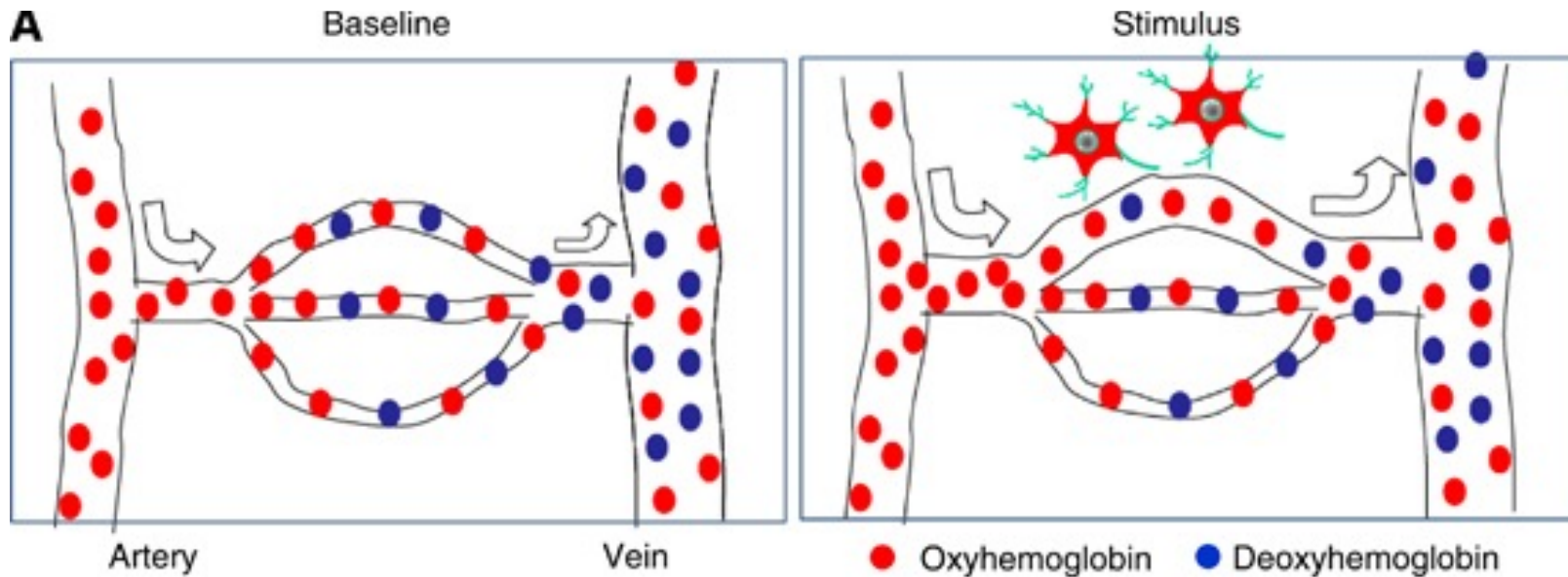
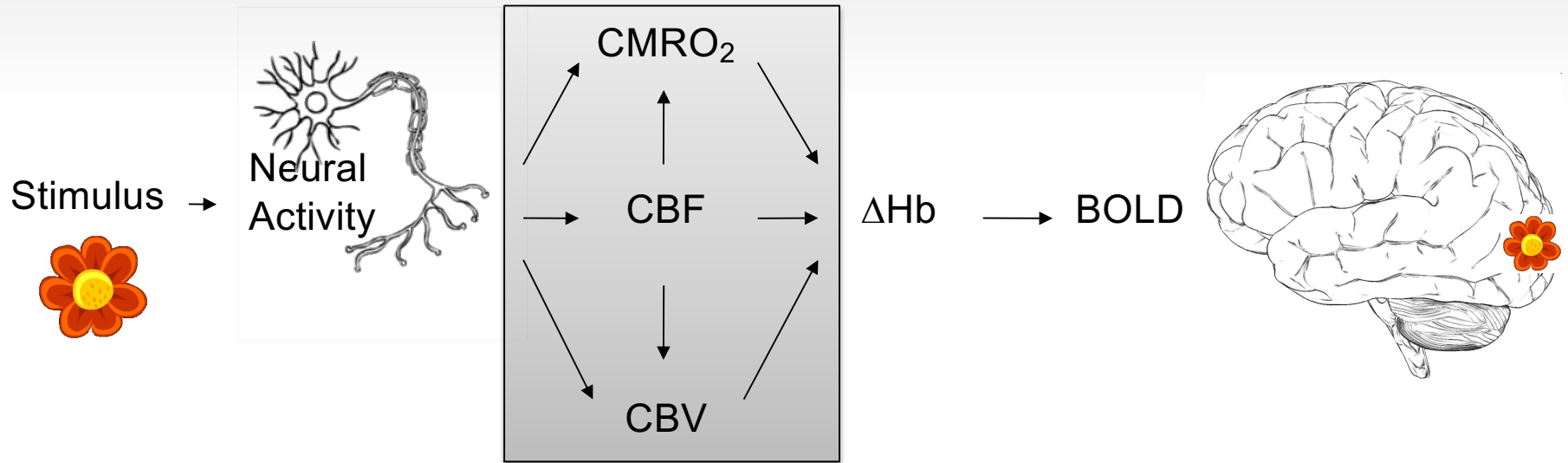


# Signal components of the BOLD effect

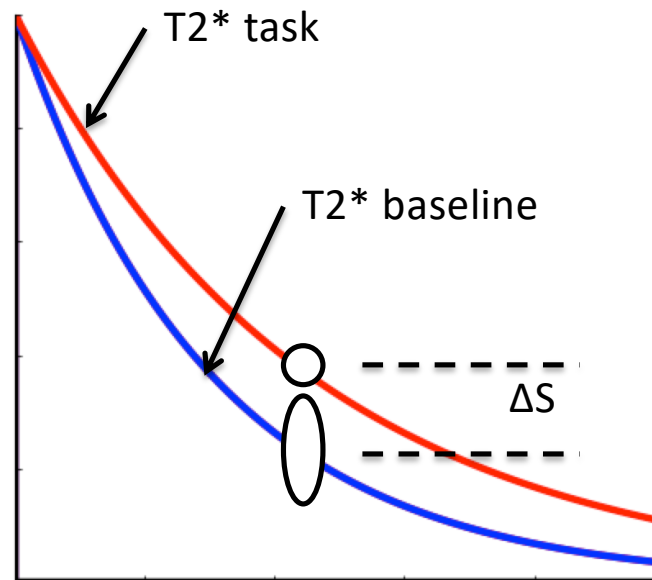
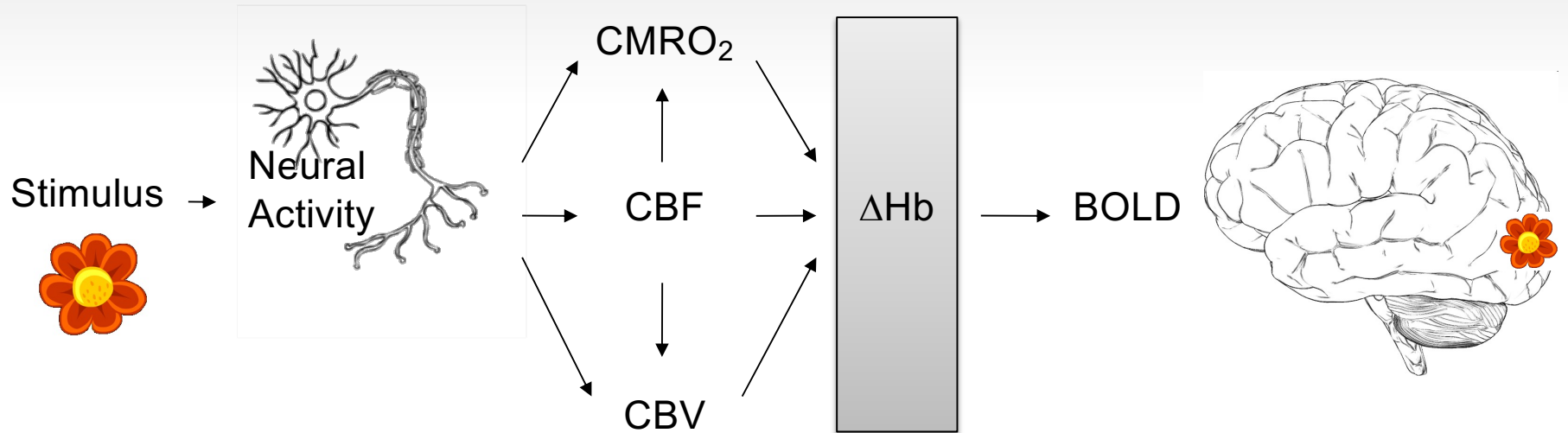


- CMRO<sub>2</sub> – metabolic oxygen uptake
- CBF – Cerebral Blood Flow
- CBV – Cerebral Blood Volume
- Hb – Haemoglobin
- BOLD – Blood Oxygenation Level Dependent effect

# Signal localization of the BOLD effect

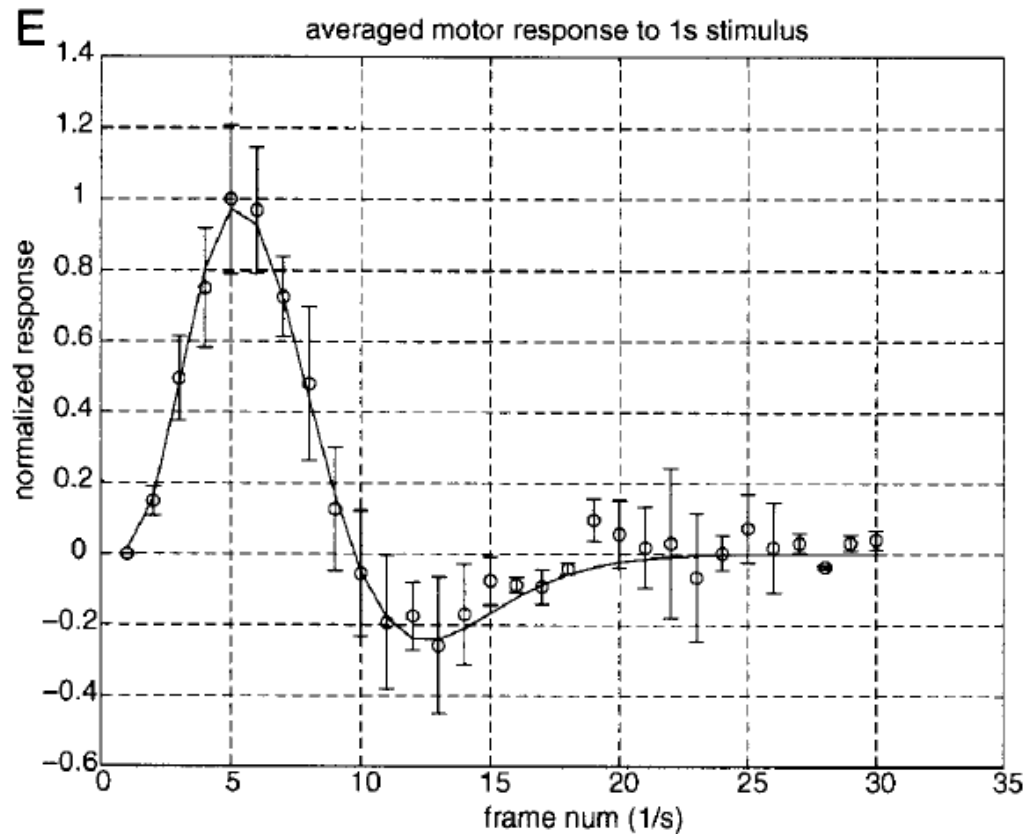


# Contrast Mechanisms



# Hemodynamic Response speed

- Slow response, delayed 4-6 s, lasts  $\sim$  4-6 s, returns to baseline much later
- Post and pre stimulus undershoot, vascular variation





# Outline

- Limitations based on the biophysical constraints
  - voxel contents
  - neurovascular coupling
  - hemodynamic response
- **Limitations based on imaging constraints**
  - Space – time tradeoffs (optimal voxel size)
  - Pulse sequence contrasts
- Summary

# fMRI acquisition

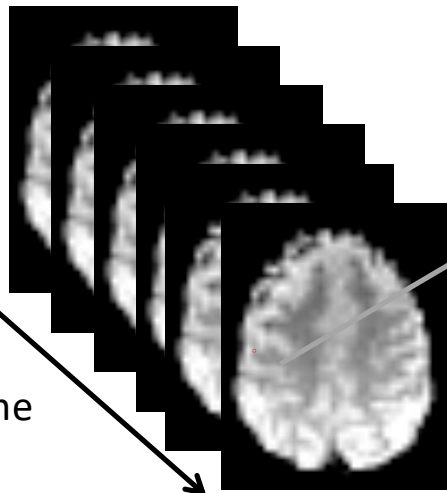


Anatomic



One image / 3-5 min

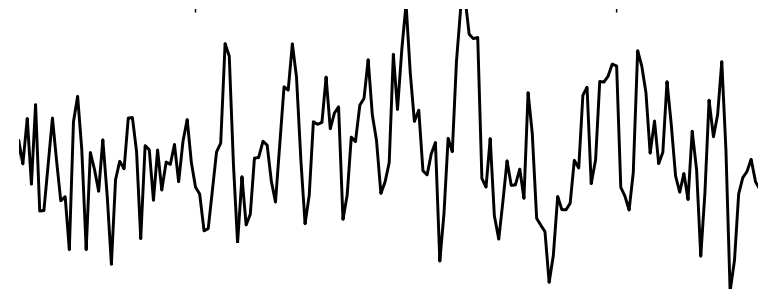
Functional



time

One image / 2 s for 5 min

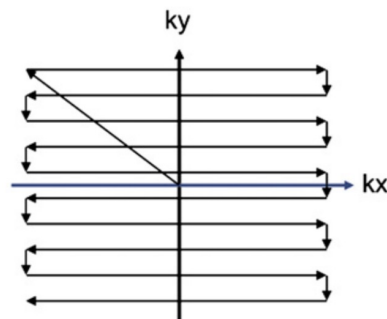
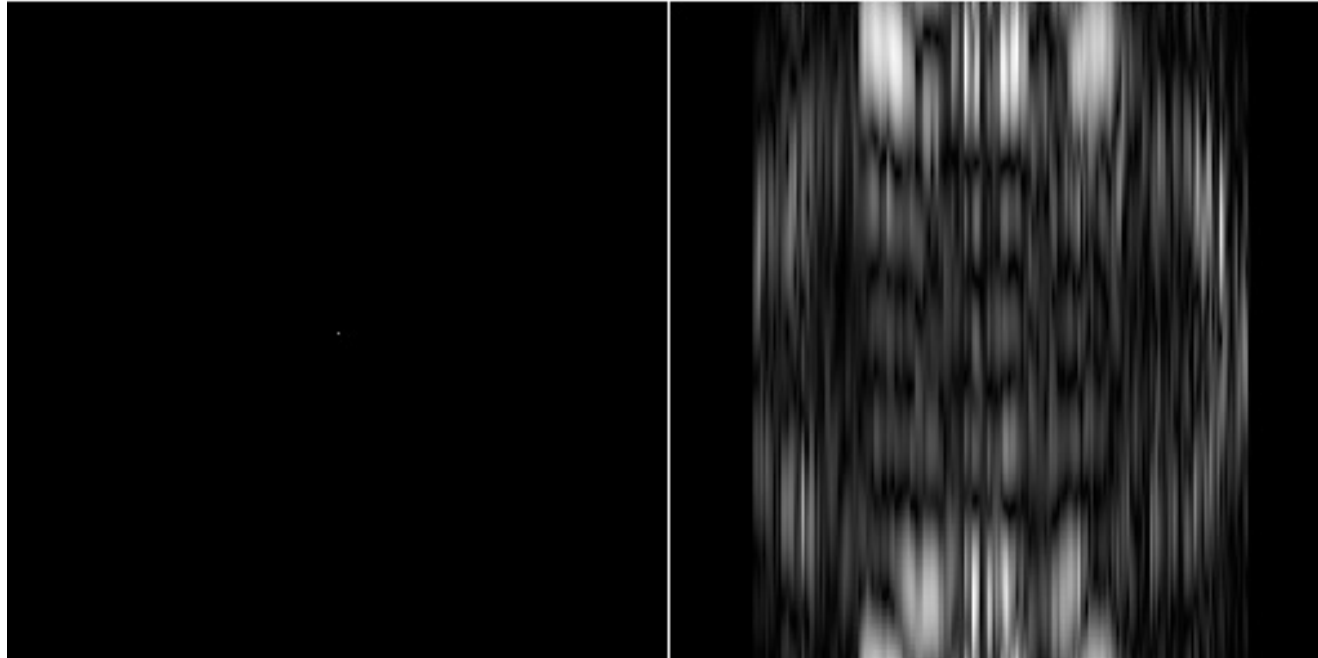
BOLD signal time series



time

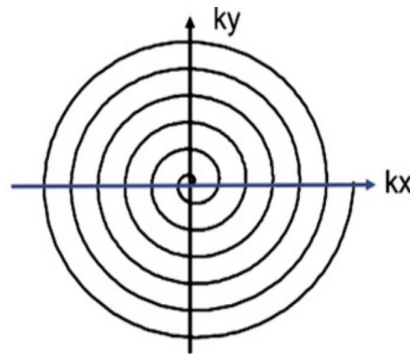
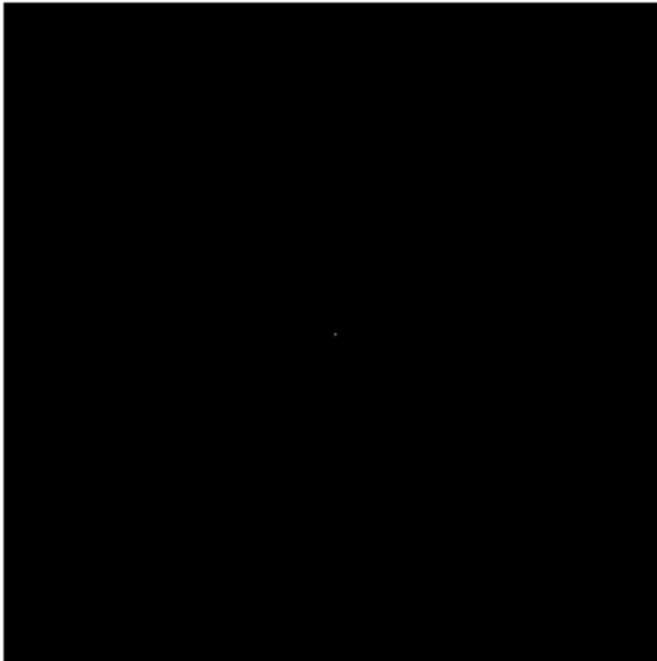
Courtesy of Catie Chang NINDS

# Filling k-space, one line at a time



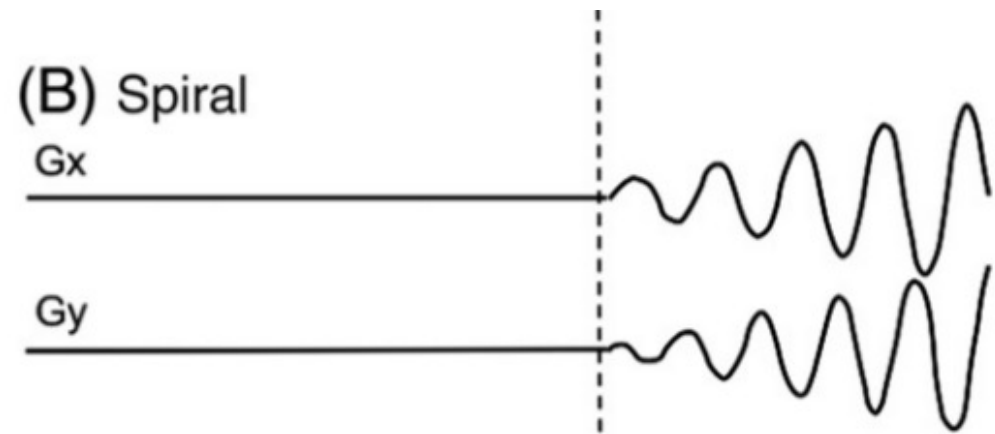
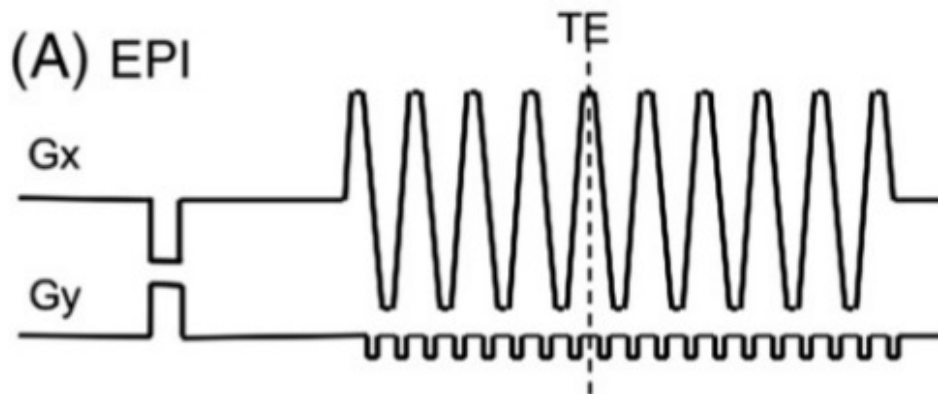
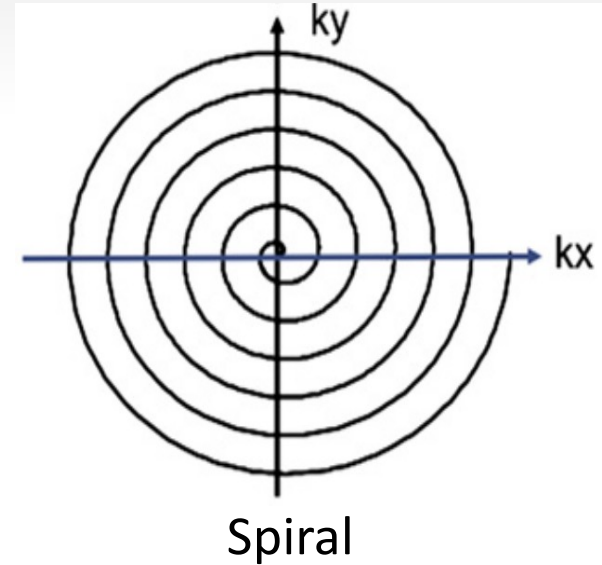
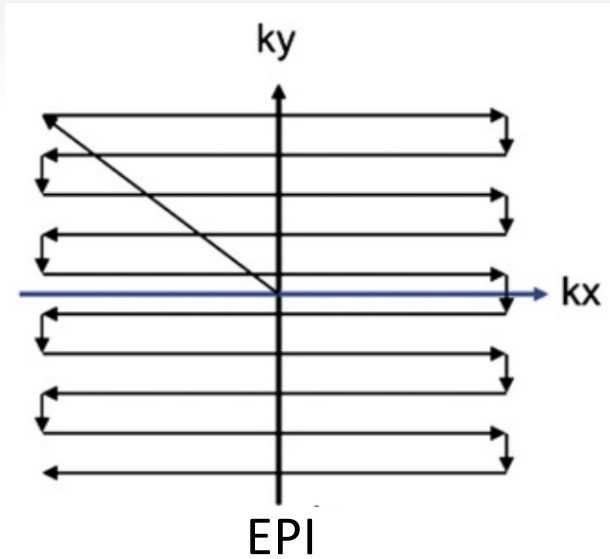
Courtesy of Nick Bock, McMaster

# Filling k-space, center out

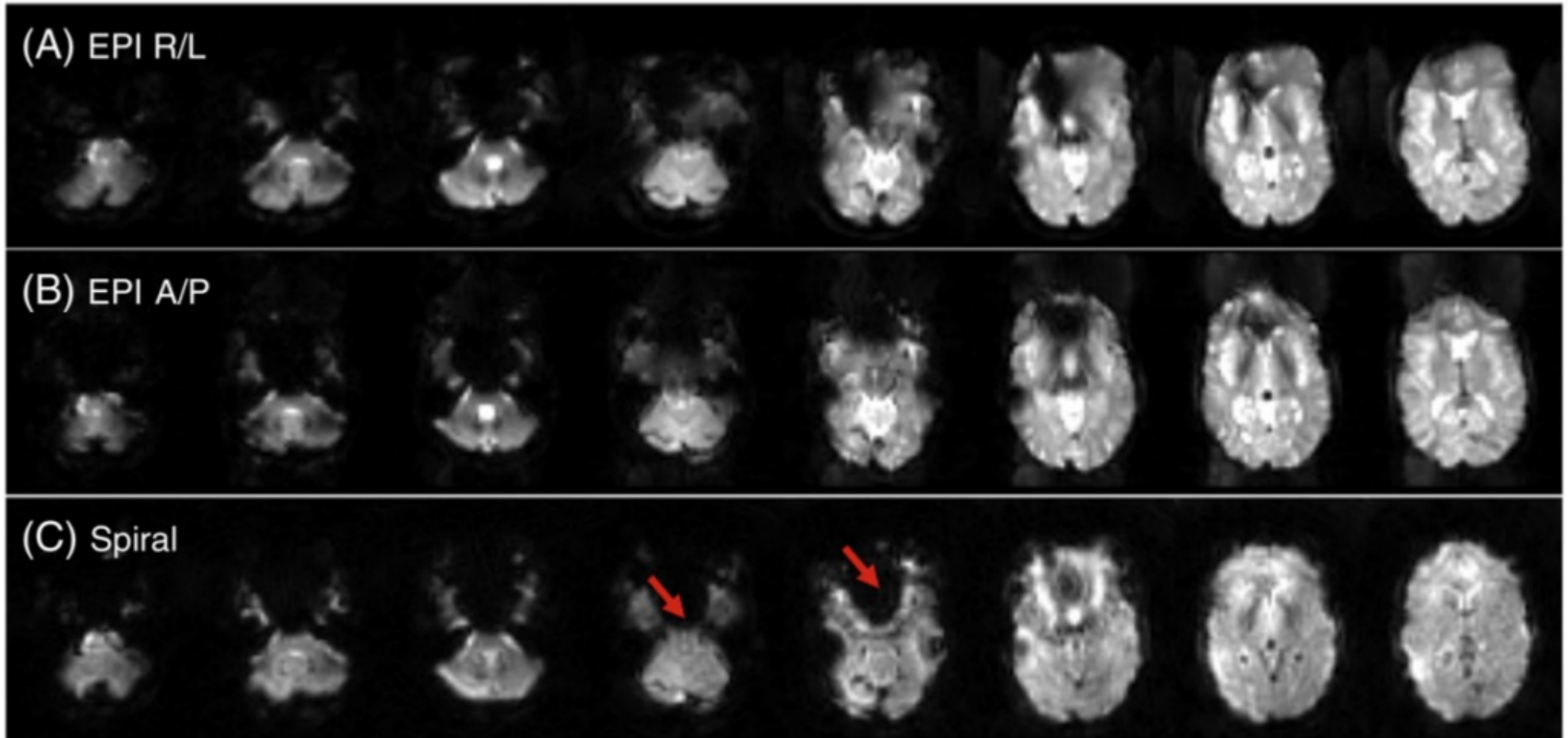


Courtesy of Nick Bock, McMaster

# Standard pulse sequences

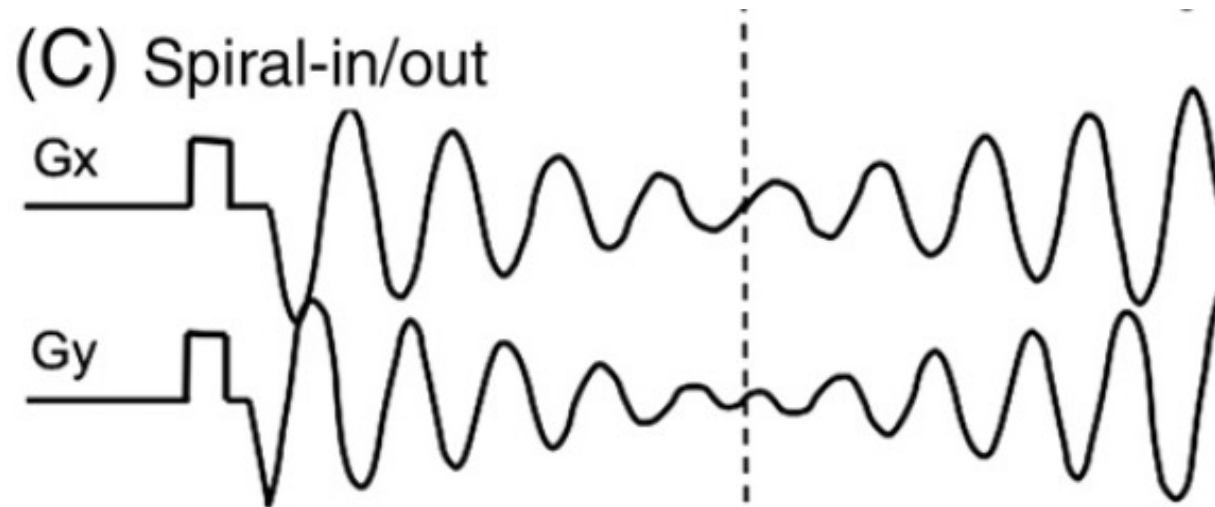


# Example EPI/Spiral images ... susceptibility

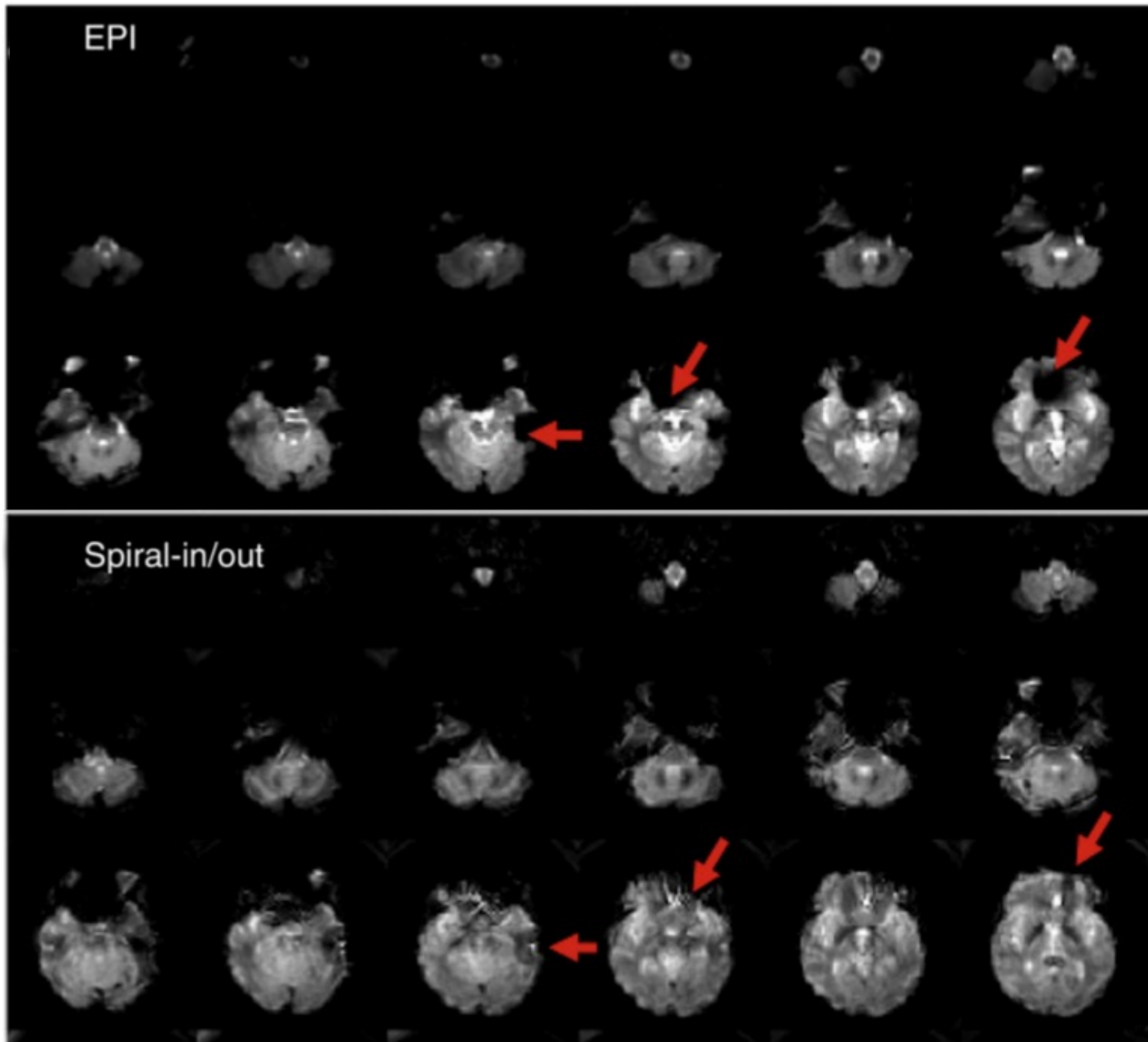




# Spiral in/out



# Susceptibility reduction



# Whole brain vs. Partial coverage



Increasing **number** of slices:

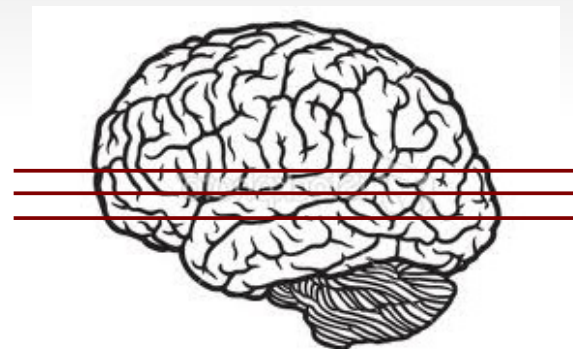
- Decreased temporal **or**
- Decreased in-plane resolution

Increasing slice **thickness**:

- Increased partial voluming
- Increased susceptibility artifacts

Useful for:

- cognitive studies
- resting state

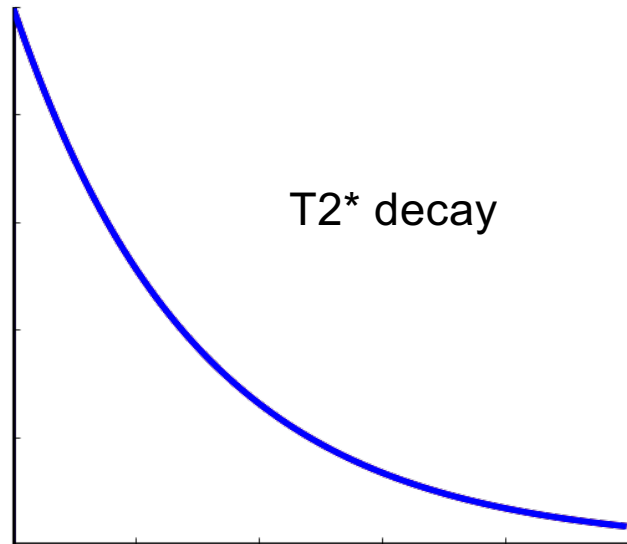


- Thinner slices for short TRs
- Increased in-plane resolution
- shorter TR

Useful for:

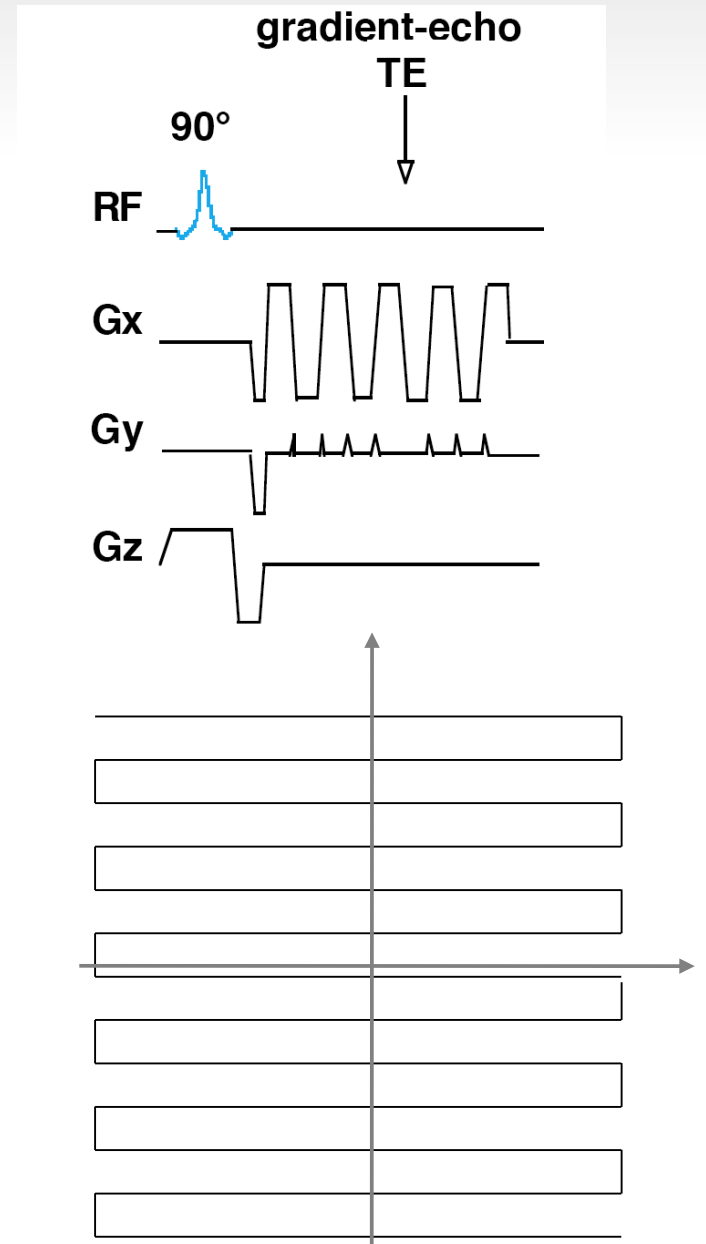
- Specific ROIs

# Single shot EPI



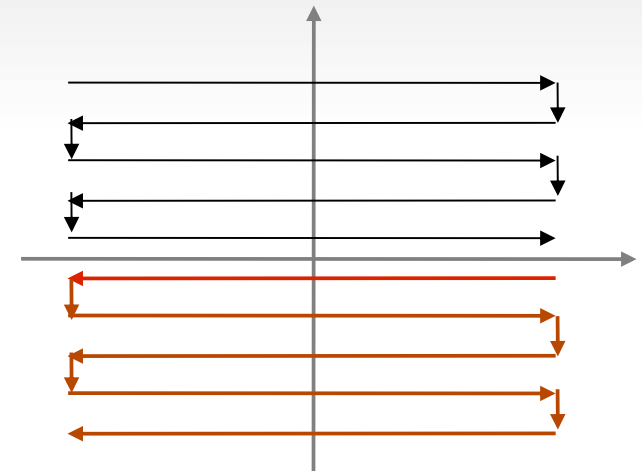
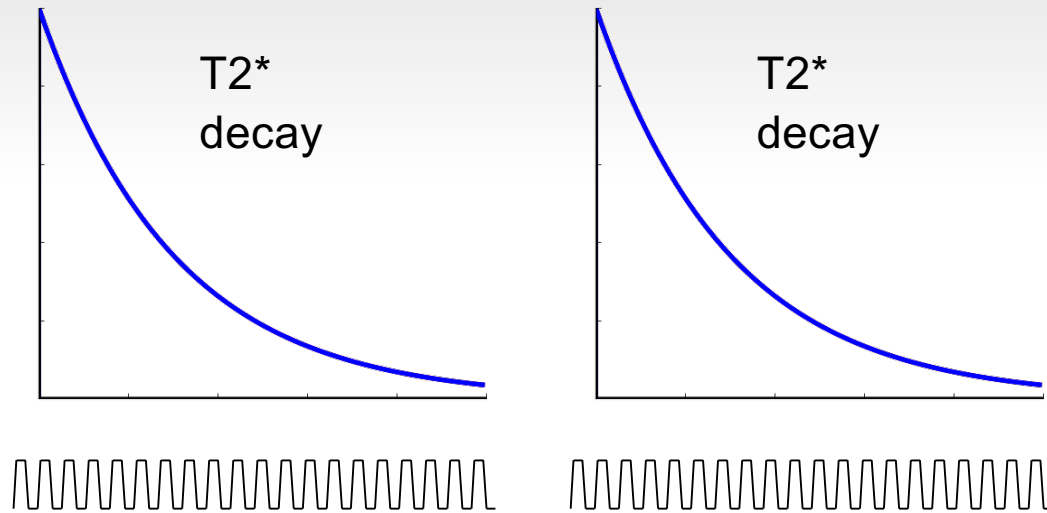
EPI readout window

≈ **20 to 40** ms



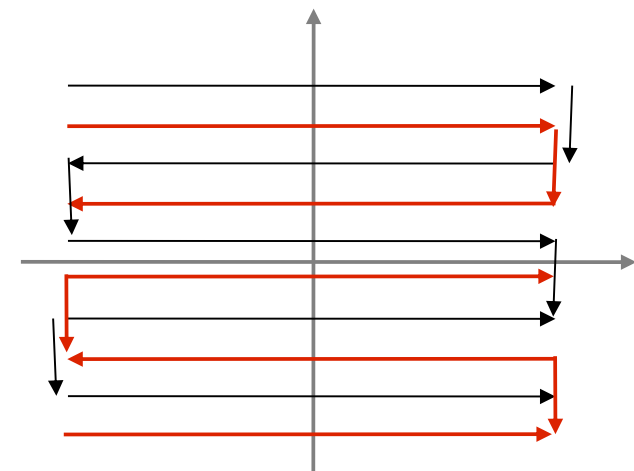
Courtesy of Peter Bandettini

# Multi-shot EPI



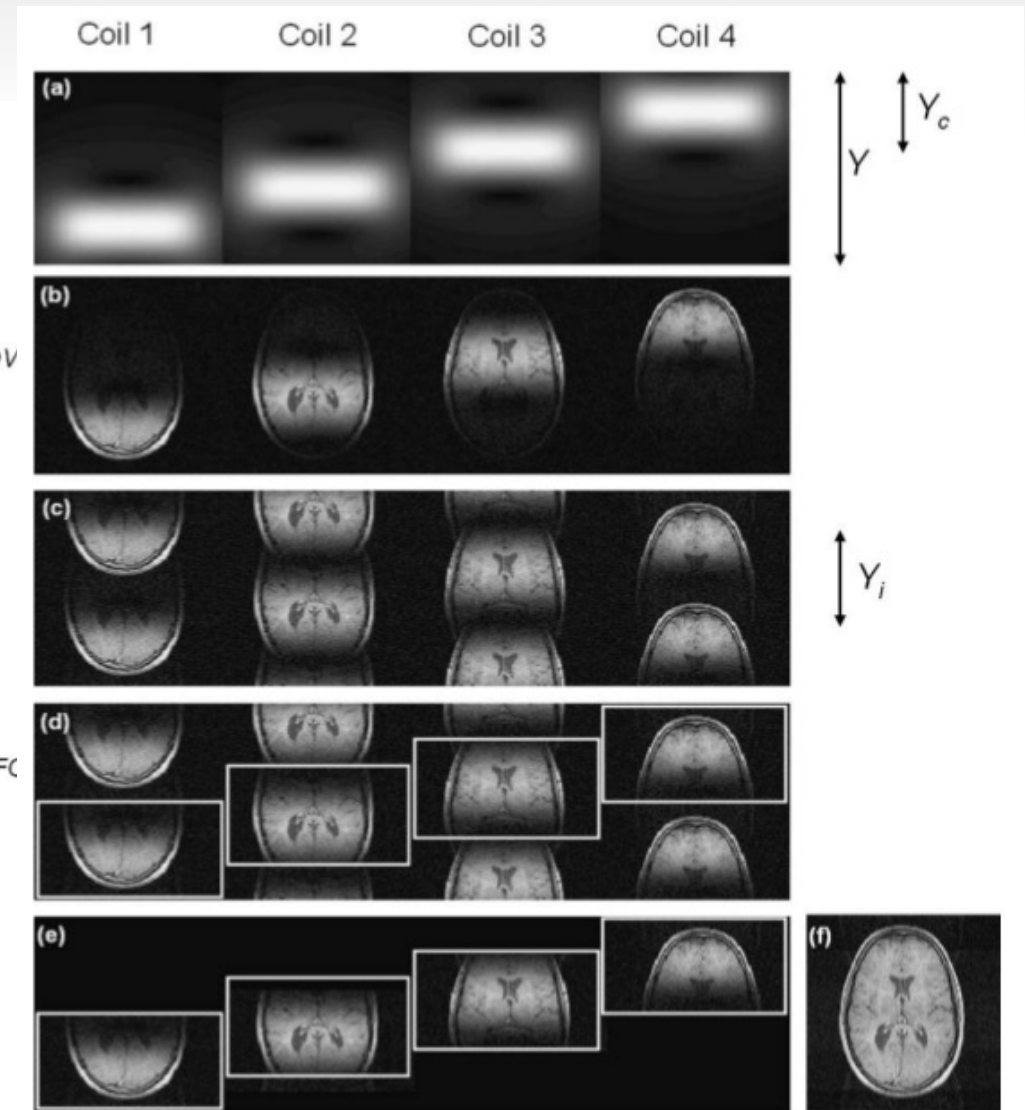
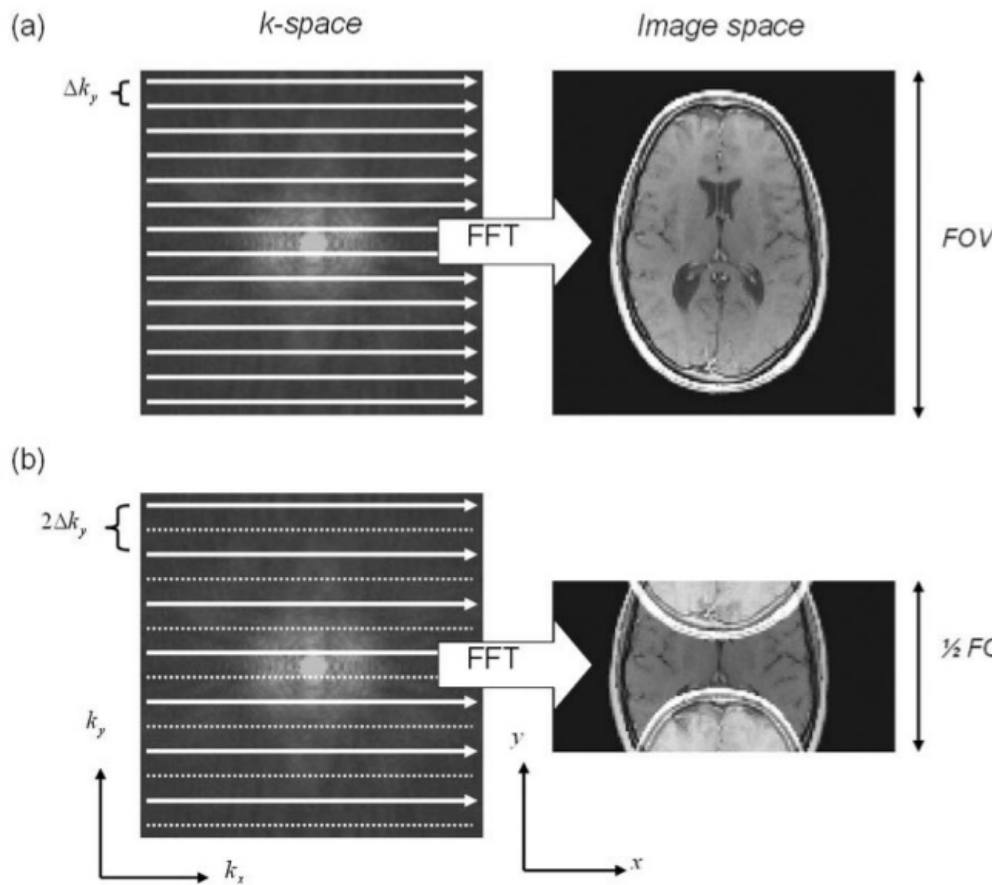
Shot 1

Shot 2



- All lines acquired in a single “shot” with one RF pulse
  - Pros: Fast
  - Cons: Long readout => distortions
- Split the acquisition into parts
  - Pros: acquire higher resolution
  - Cons: phase errors, ghosting, requires more time

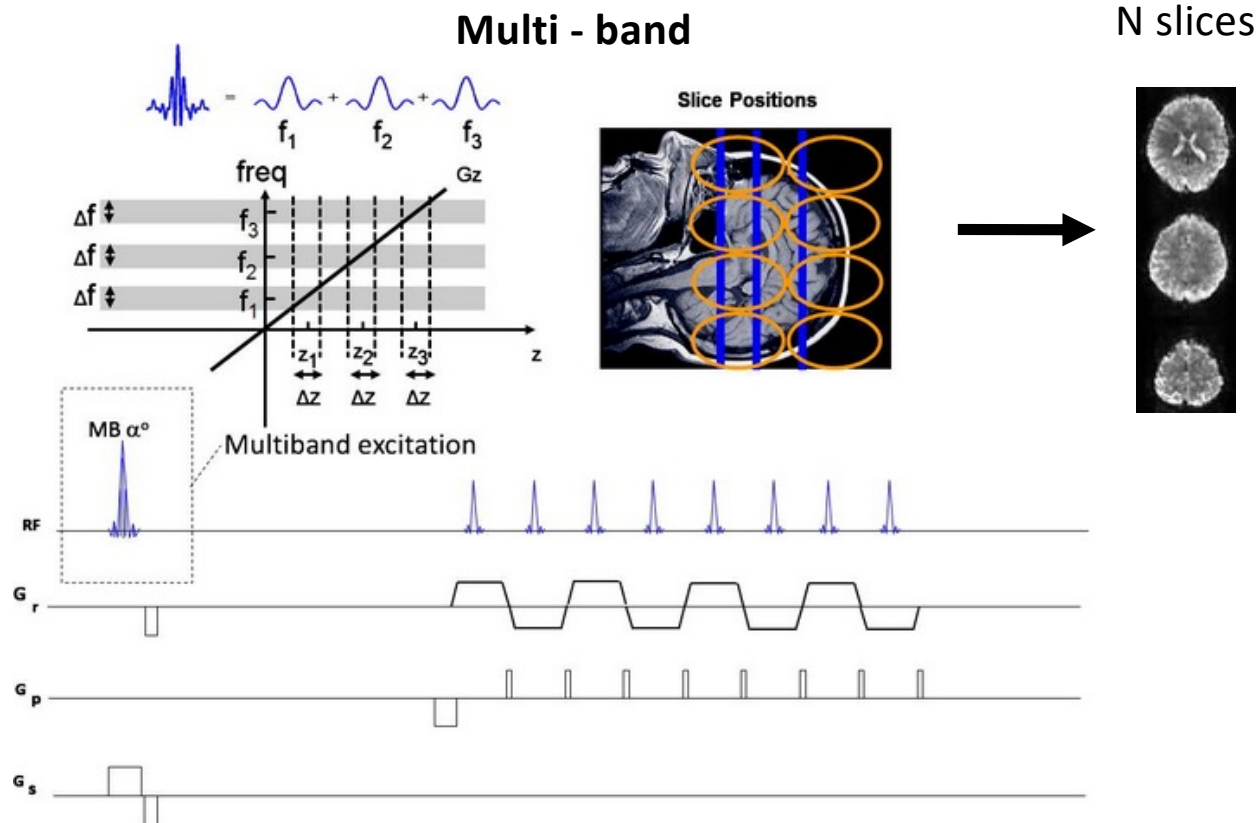
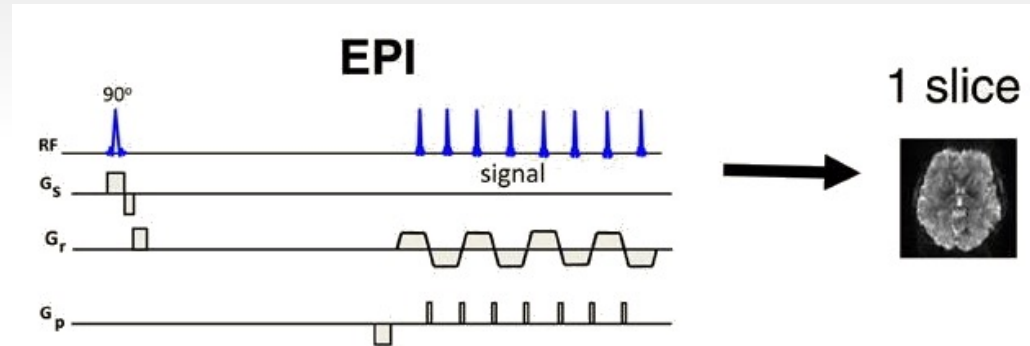
# Acceleration: SENSE/GRAPPA



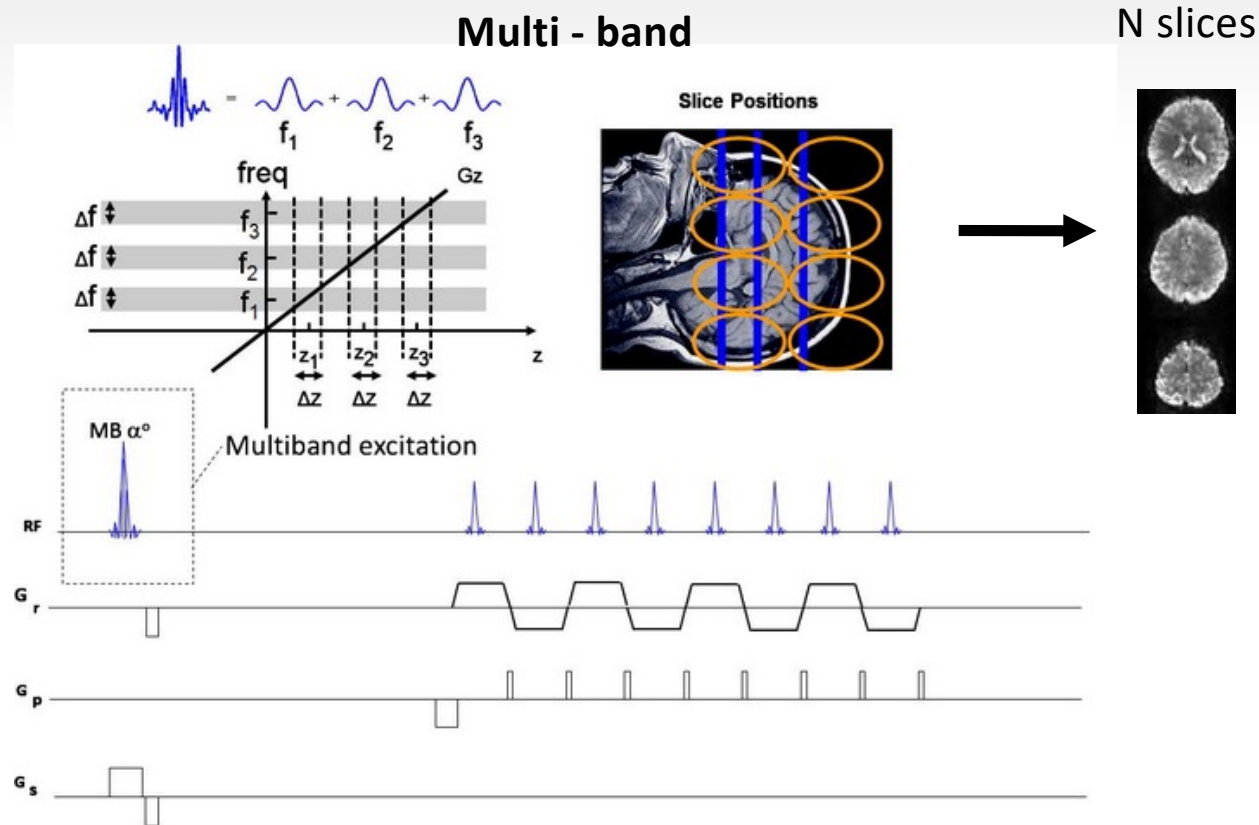
- Undersample k-space by acceleration factor  $n$
- reconstruct either in k-space (GRAPPA) or image space (SENSE)
- maximum acceleration limited by number of coils and SNR reduction



# Multi-slice or mutli-band excitation



# Multi-slice or mutli-band excitation



- excites multiple slices at once,
- uses coil sensitivity profiles to unmix the images
- sub TR whole brain images are achievable
- loss in SNR
- long reconstruction times

# Outline

- Limitations based on the biophysical constraints
  - voxel contents
  - neurovascular coupling
  - hemodynamic response
- Limitations based on imaging constraints
  - **Space – time tradeoffs (optimal voxel size)**
  - Pulse sequence contrasts
- Summary

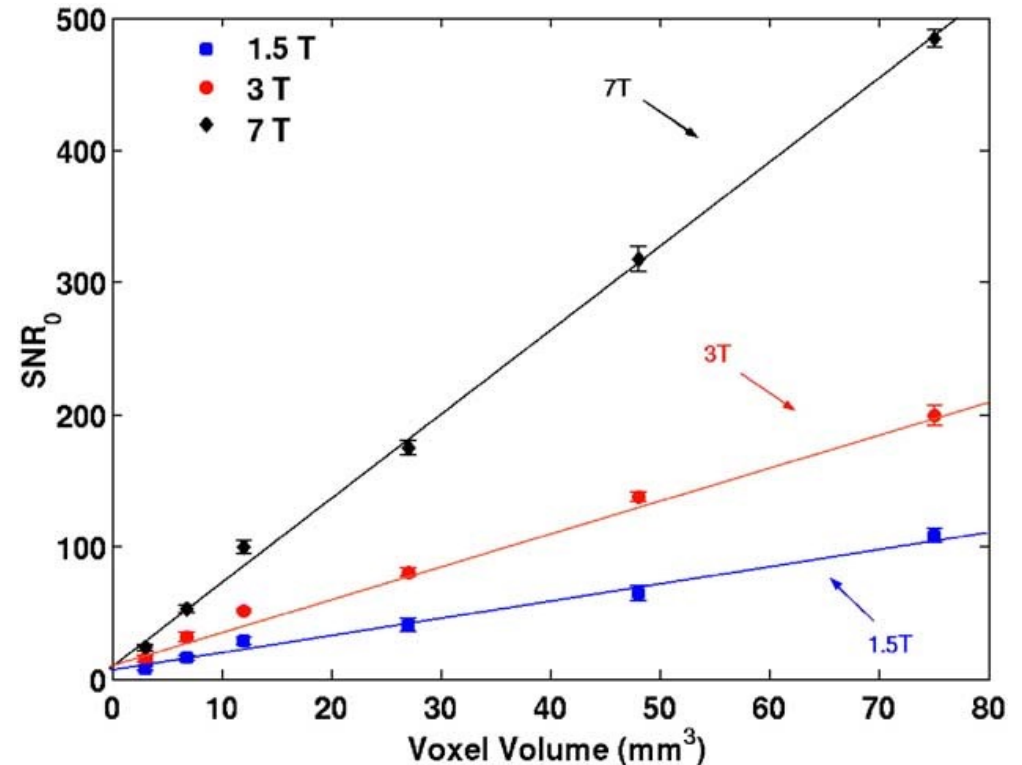
# Voxel size

- In going smaller voxel size is primarily limited by SNR
- smaller is usually desirable to reduce partial volume effects, physiological noise

- -Voxel SNR is given by

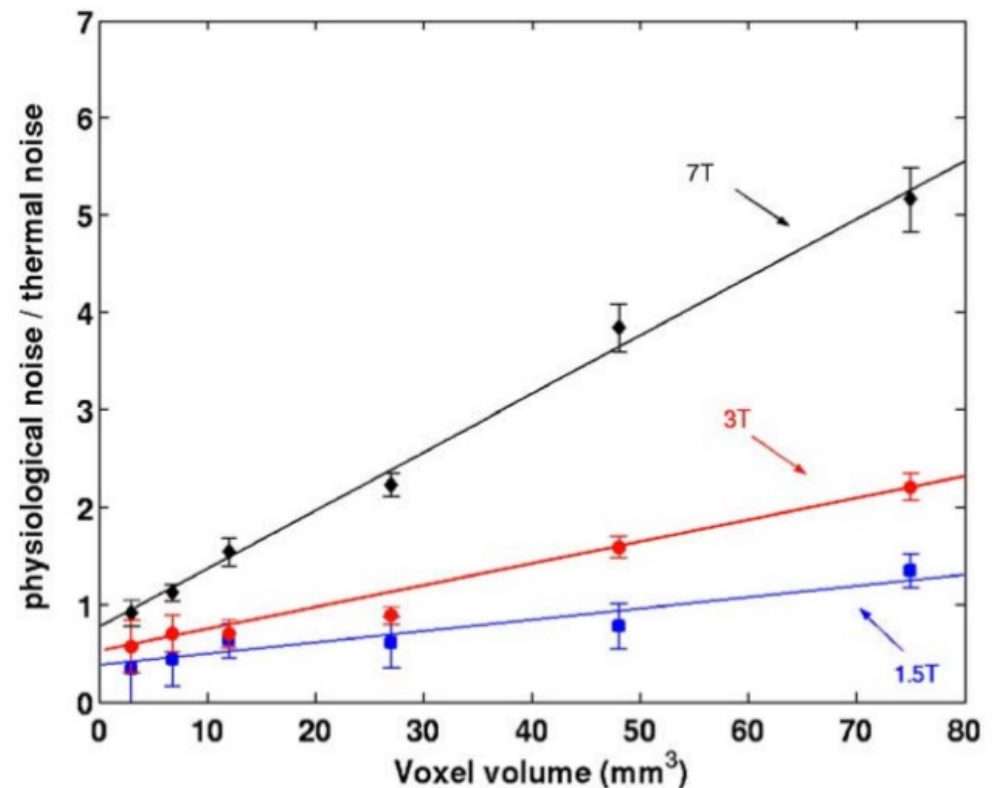
$$SNR \propto p^2 w \sqrt{T_{acq} N}$$

- Where p is the voxel size, w is the slice thickness, T is the acquisition time, and N is the number of time frames
- T acq is about 20-30ms for single shot EPI.



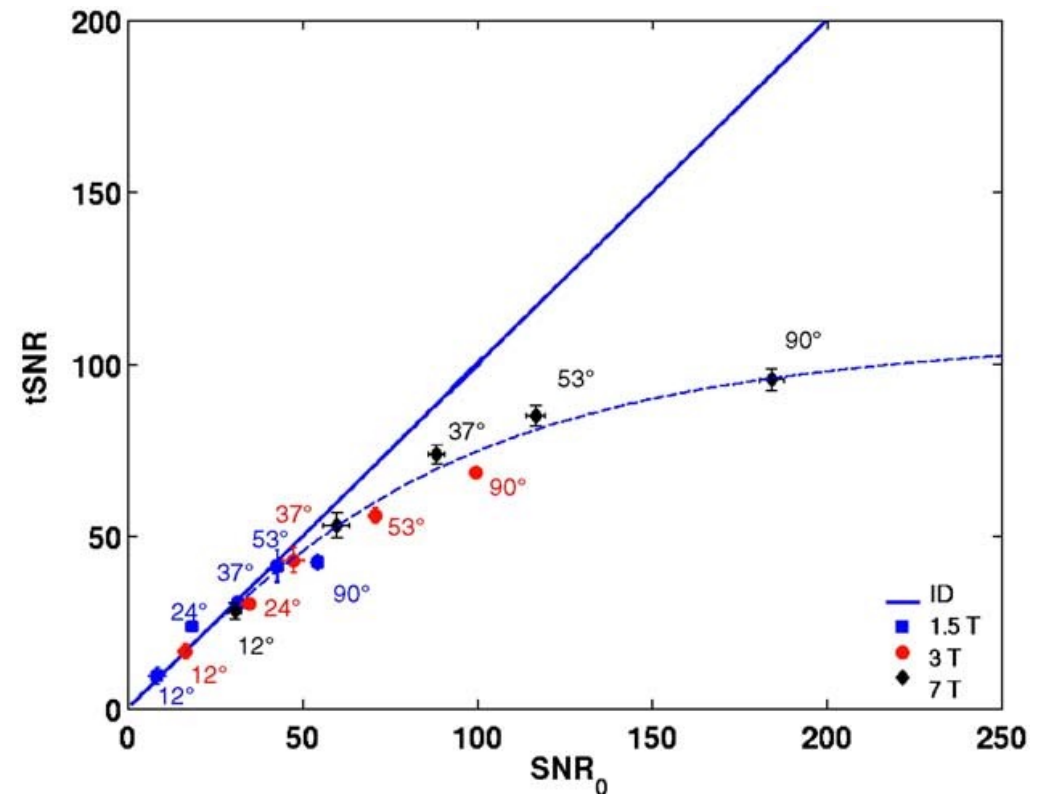
# Field Strength

- Pros
  - Higher SNR (1.6 times at 7t v 4t )
  - => potential increased resolution / specificity
- Cons
  - shorter T2\*
  - => faster readout/ acceleration ne
  - long TR
  - =>longer repetition time to get sig
  - larger field perturbations/ inhom
  - -SAR limitations



# What is the optimal voxel size?

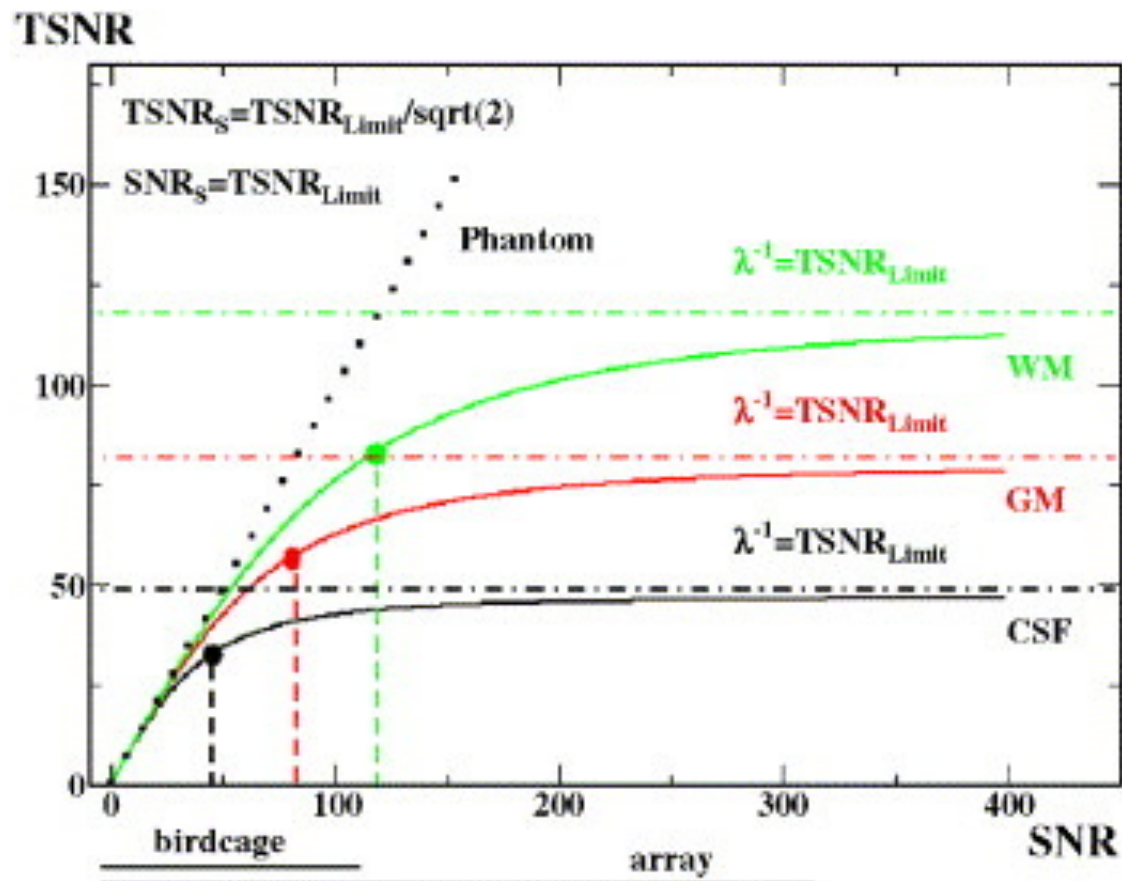
- Need to take into account noise fluctuations over time
- Thermal sources, physiological noise
- TSNR is the ratio over the average voxel time course signal over the time course standard deviation.
- TSNR has a nonlinear relation with image SNR



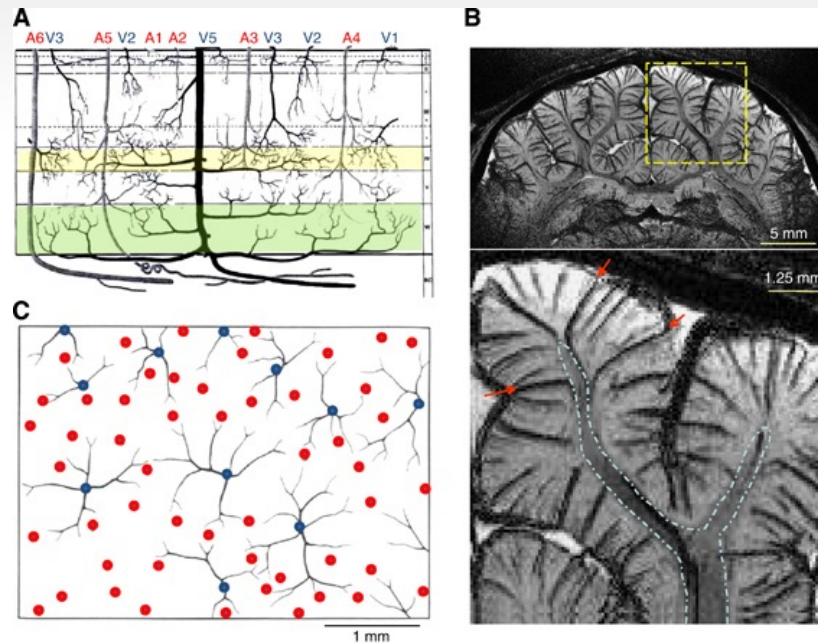


# Optimal voxel size?

Has been suggested as a guide to choosing voxel size given a particular image SNR  
Based on tissue types and imaging parameters



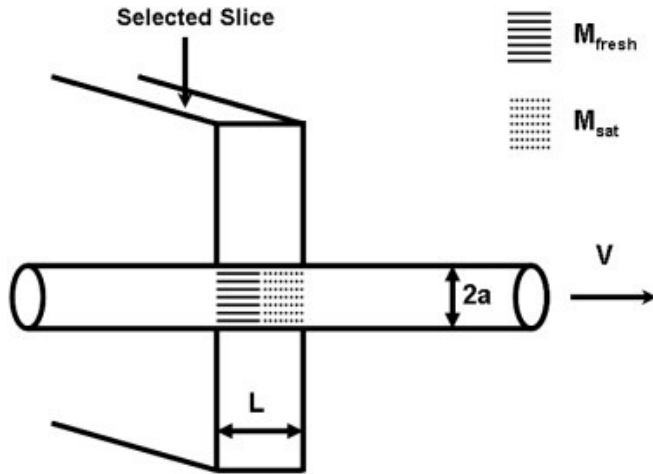
# What's the effective spatial resolution?



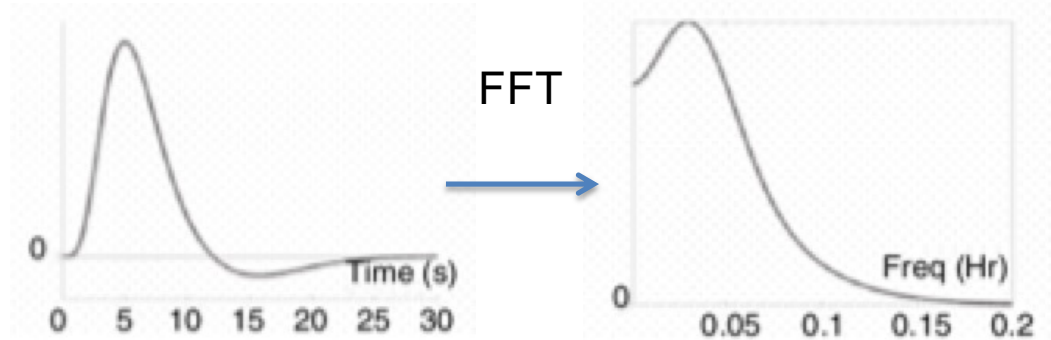
- imaging limit  $\sim 0.5$  mm, easily 2mm, standard 3 ish mm
- hemodynamic PSF 3.5 mm (Engel, 1997)
- higher at 7T  $\sim 2.3$  mm
- smoothing improves reproducibility, alignment between subjects  $\sim 10$ mm (Strother 2005)

# Optimal TR?

- Inflow effects affect TRs < 1s



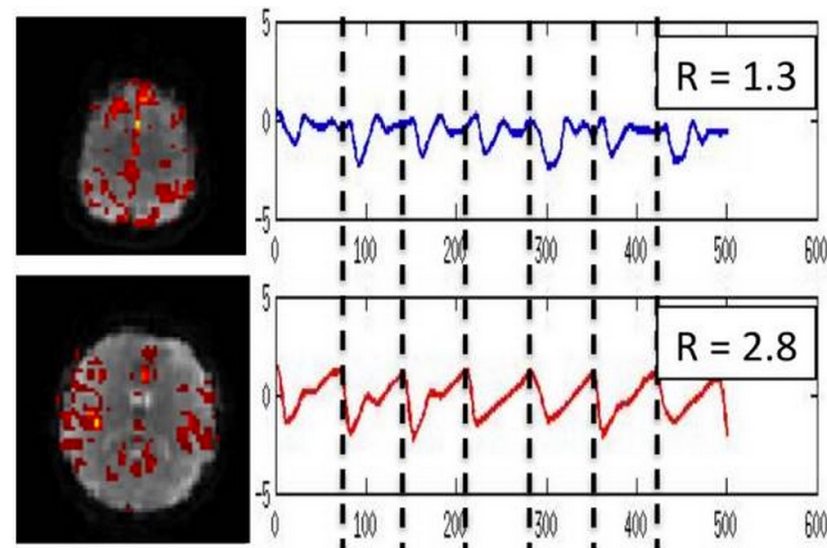
- HRF is a low pass filter



Henson, 2007; <http://imaging.mrc-cbu.cam.ac.uk/imaging/DesignEfficiency>

Gao Je et al., NeuroImage, Volume 62, Issue 2, 2012, 1035 - 1039

- Sampling of physiological noise (no aliasing)

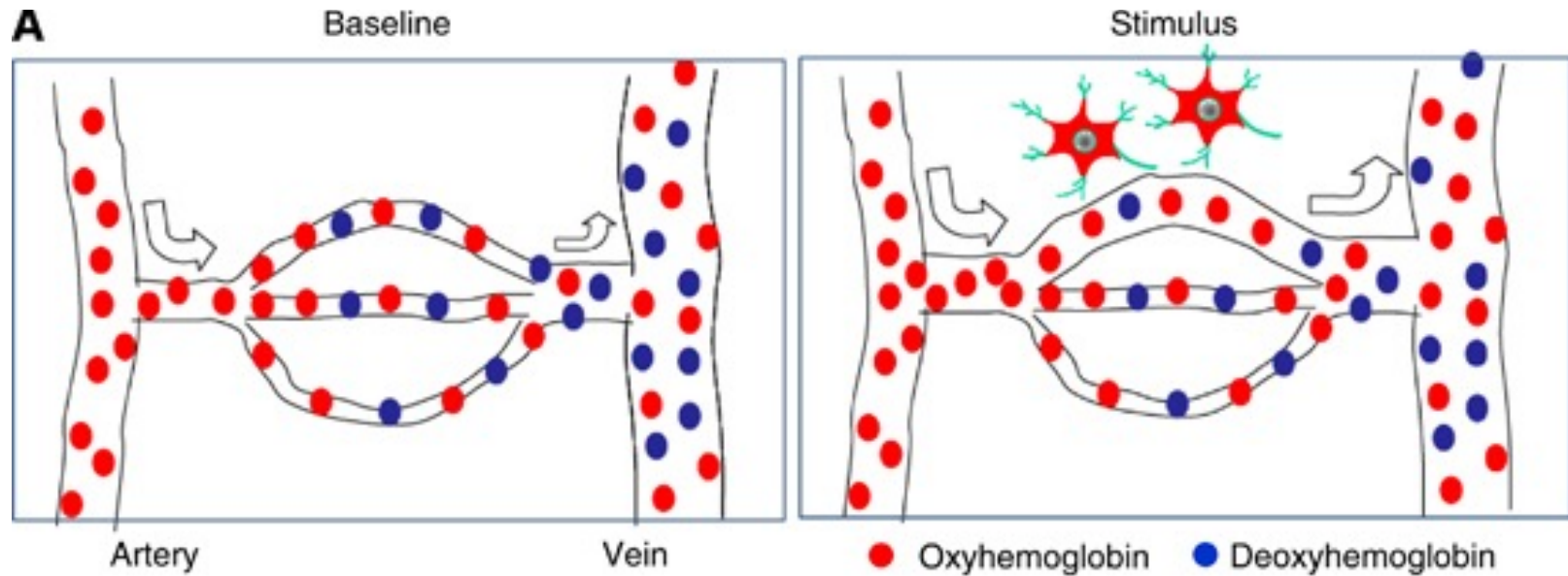
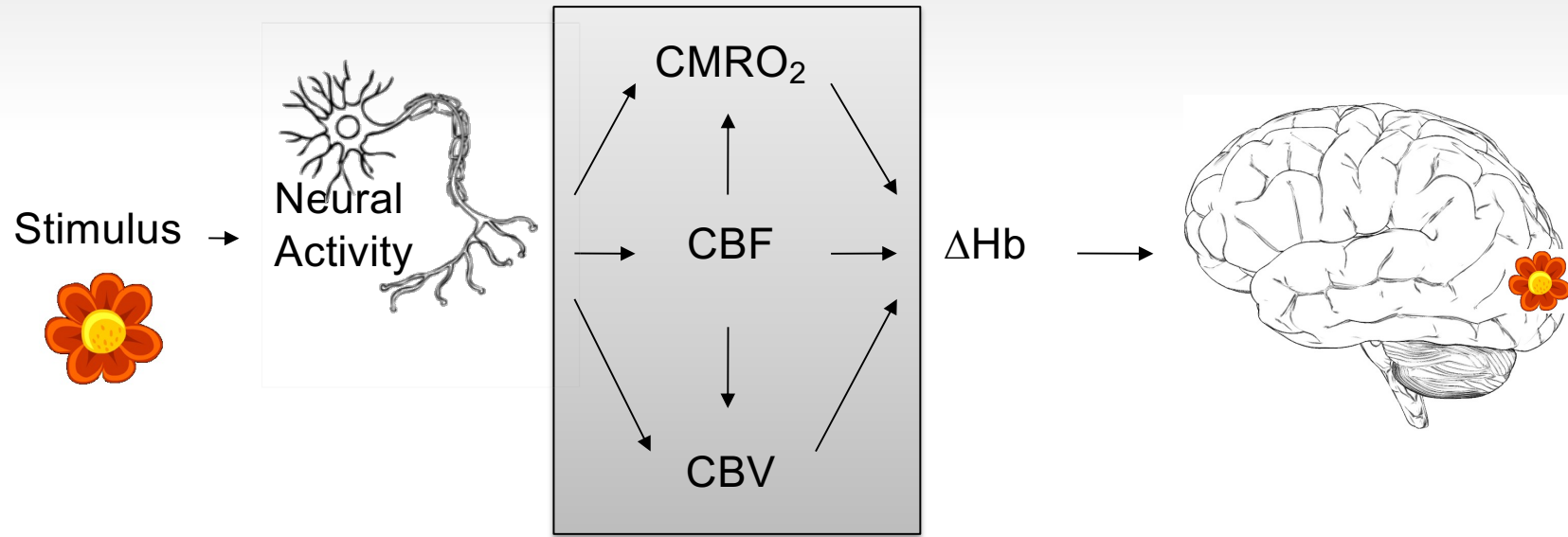


Posse et al. Front Hum Neurosci. 2013; 7: 479.

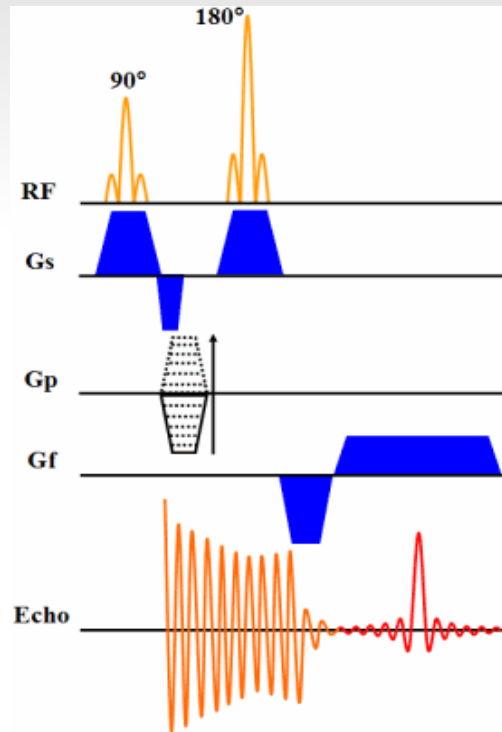
# Outline

- Limitations based on the biophysical constraints
  - voxel contents
  - neurovascular coupling
  - hemodynamic response
- Limitations based on imaging constraints
  - Space – time tradeoffs (optimal voxel size)
  - **Pulse sequence contrasts**
- Summary

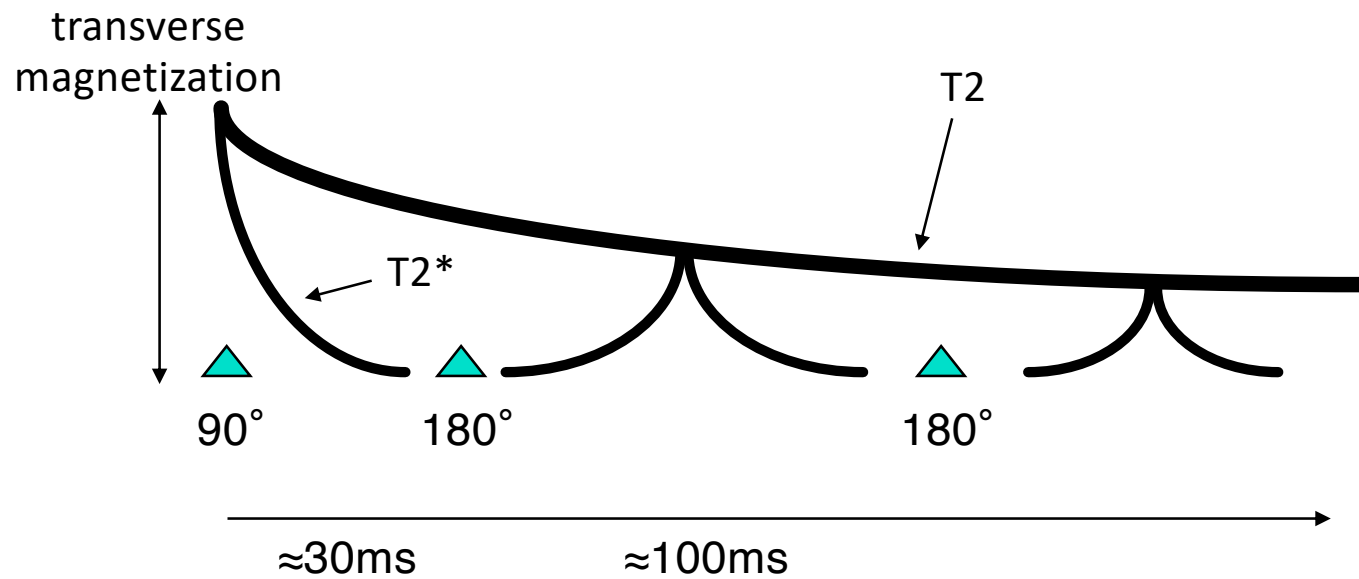
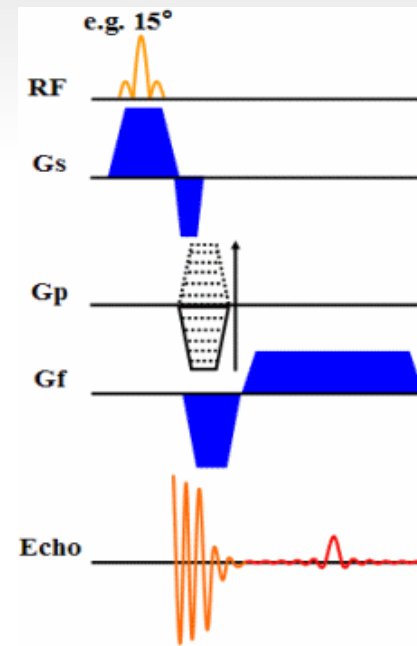
# Contrast Mechanisms



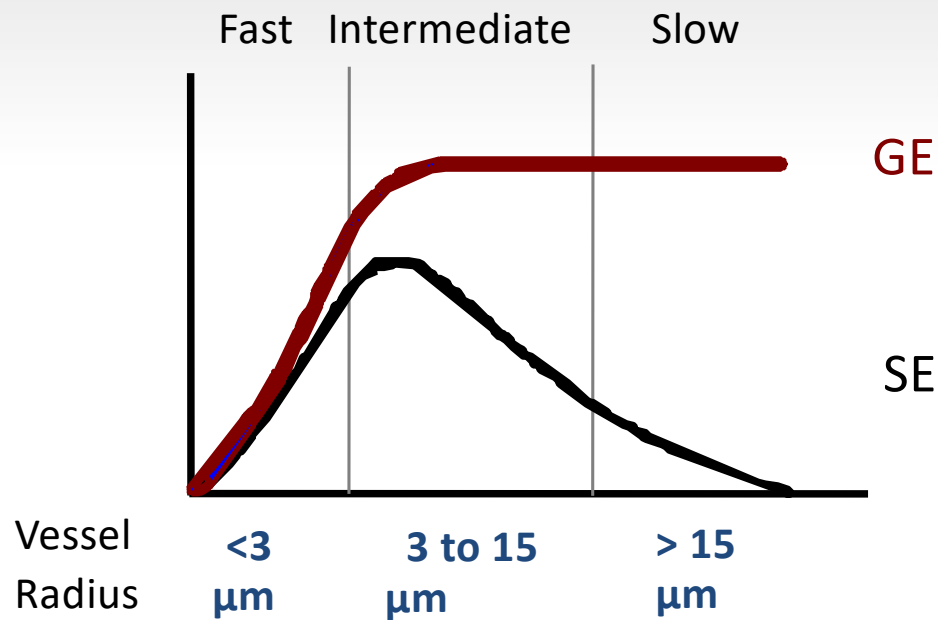
## Spin Echo



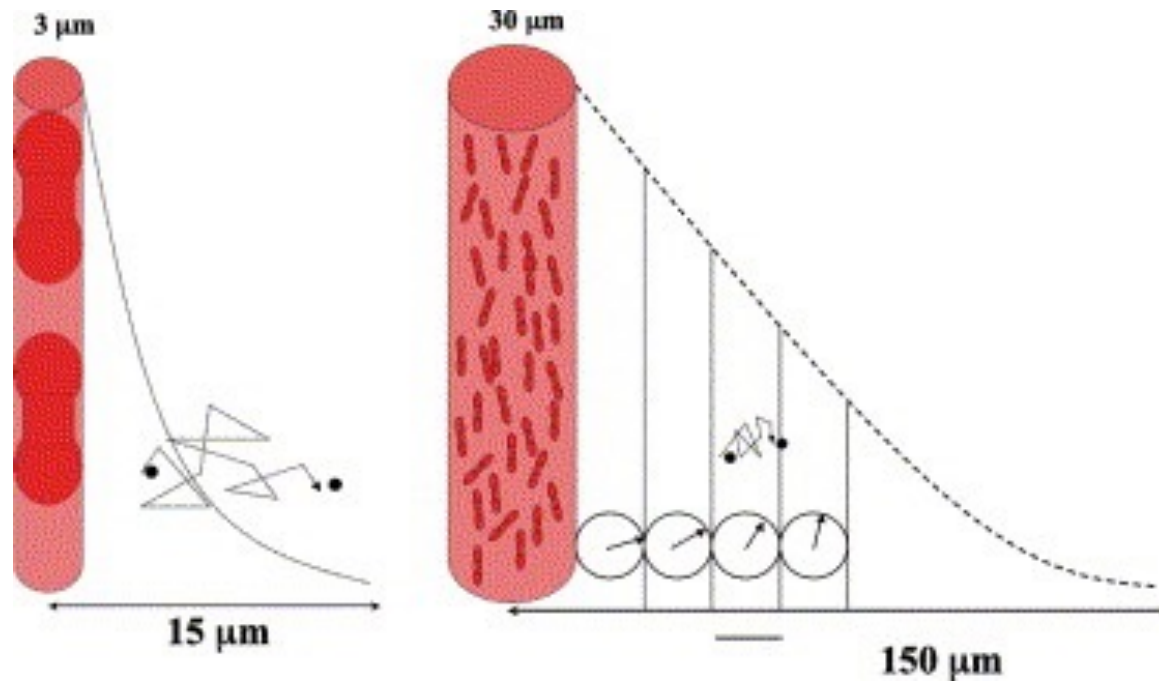
## Gradient Echo



# Increased specificity with SE



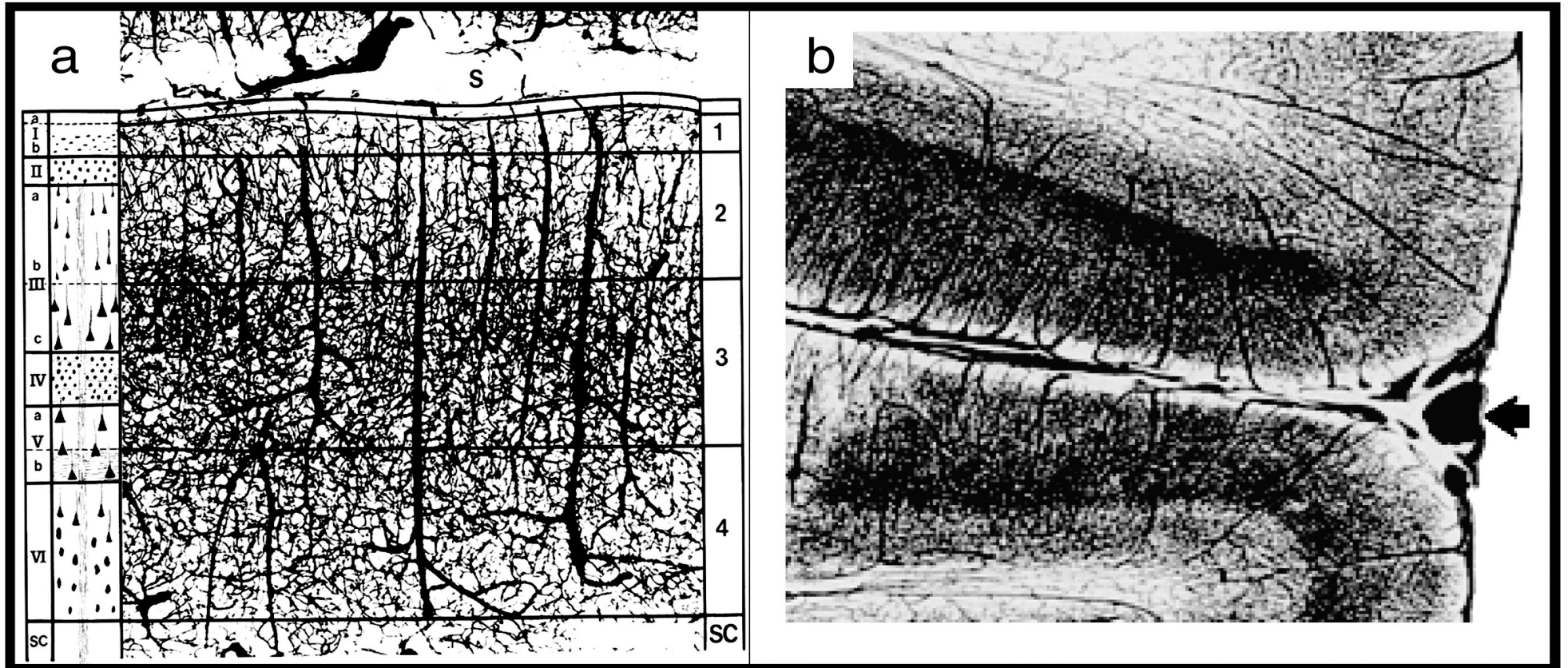
Courtesy of Peter Bandettini

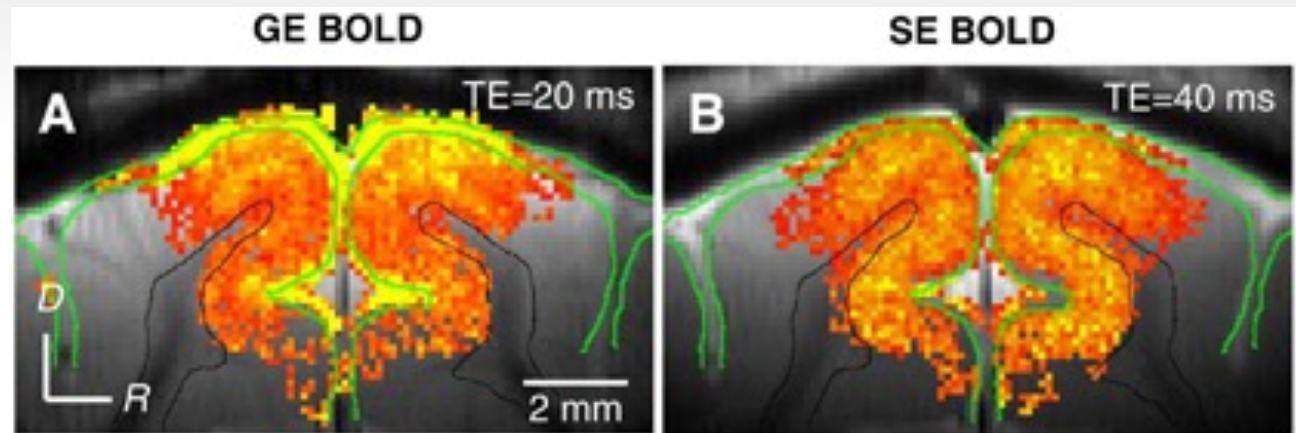


Kim, Methods (2003)



# Vasculature density





- GE BOLD fMRI (A) has the highest percent signal change at the cortical surface, where large pial vessels are located (green contours)
- Large vessel contributions are suppressed in SE BOLD

# Spin echo summary

## Pros

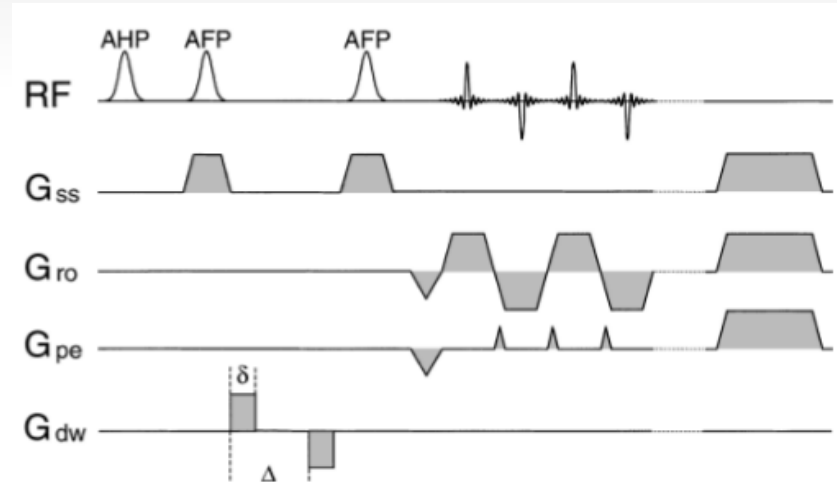
- Increased specificity  
(esp at high fields where IV signal is low)
- Less sensitive to rapidly flowing blood
- Less signal dropout.

## Cons

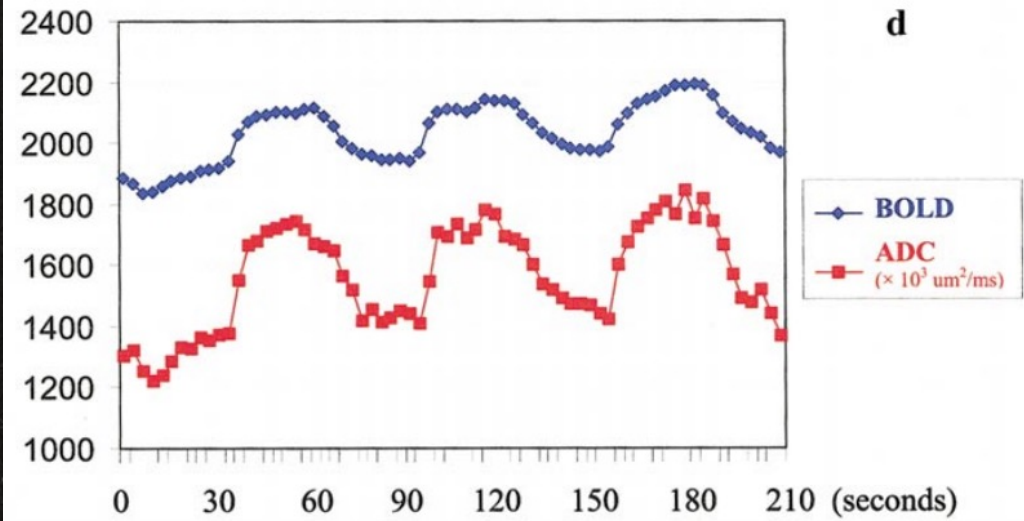
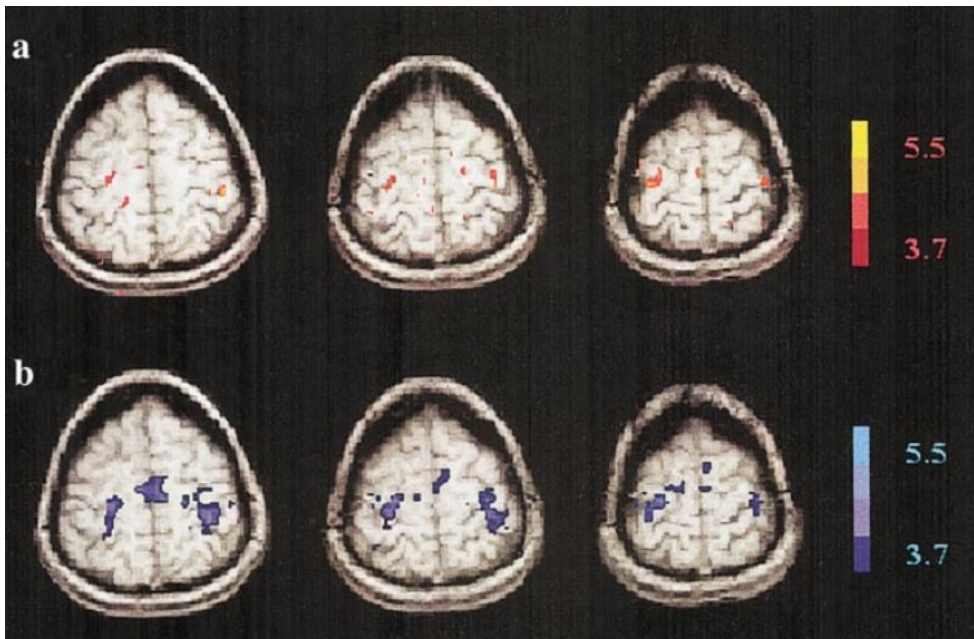
- Fewer slices per TR
- Lower fCNR by x 2 to 4.
- Acquisition window still T2\*
- Very large IV signal still present at most field strengths.

# Diffusion weighted fMRI

- Add diffusion gradients to increase the spatial specificity of the fMRI signal
- Attenuates signal from the larger vessels (faster moving flow) reducing the contribution from distant neural sources
- Intravascular incoherent motion weighted
- Potentially sensitive to cell swelling

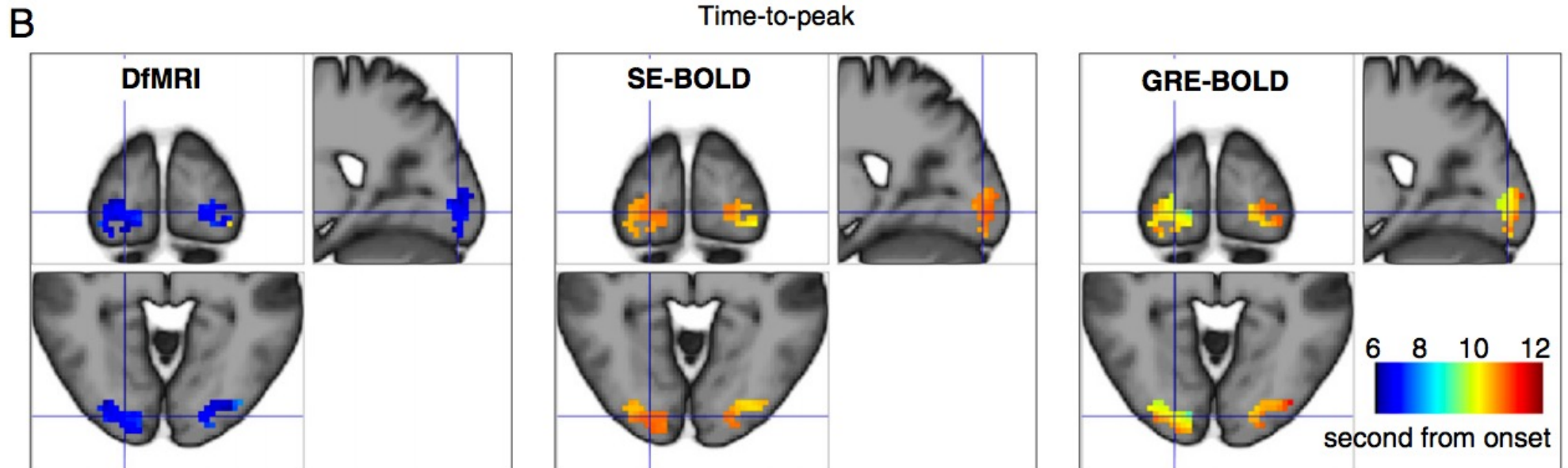
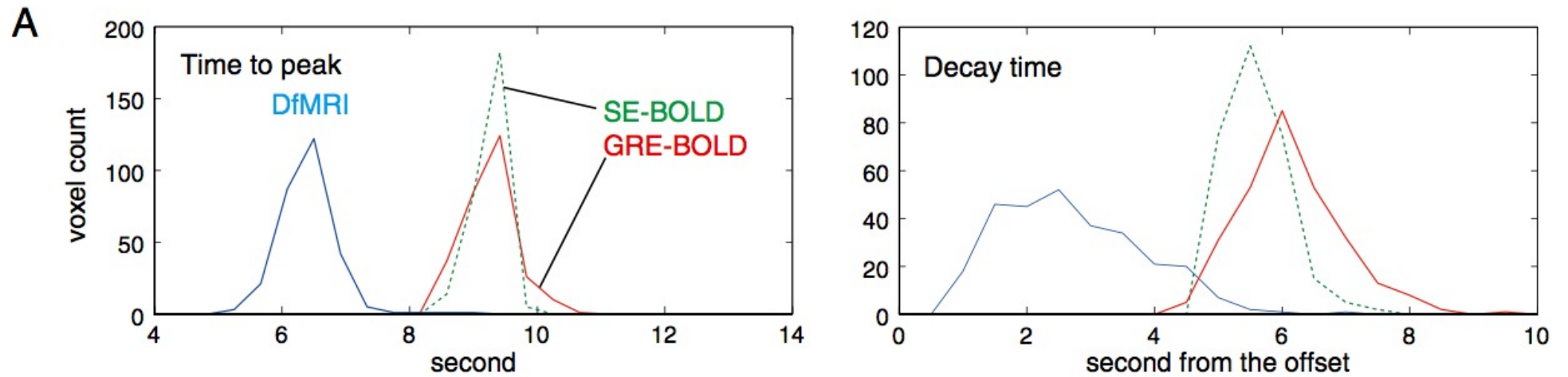


Lee SP et al, MRM (1999)



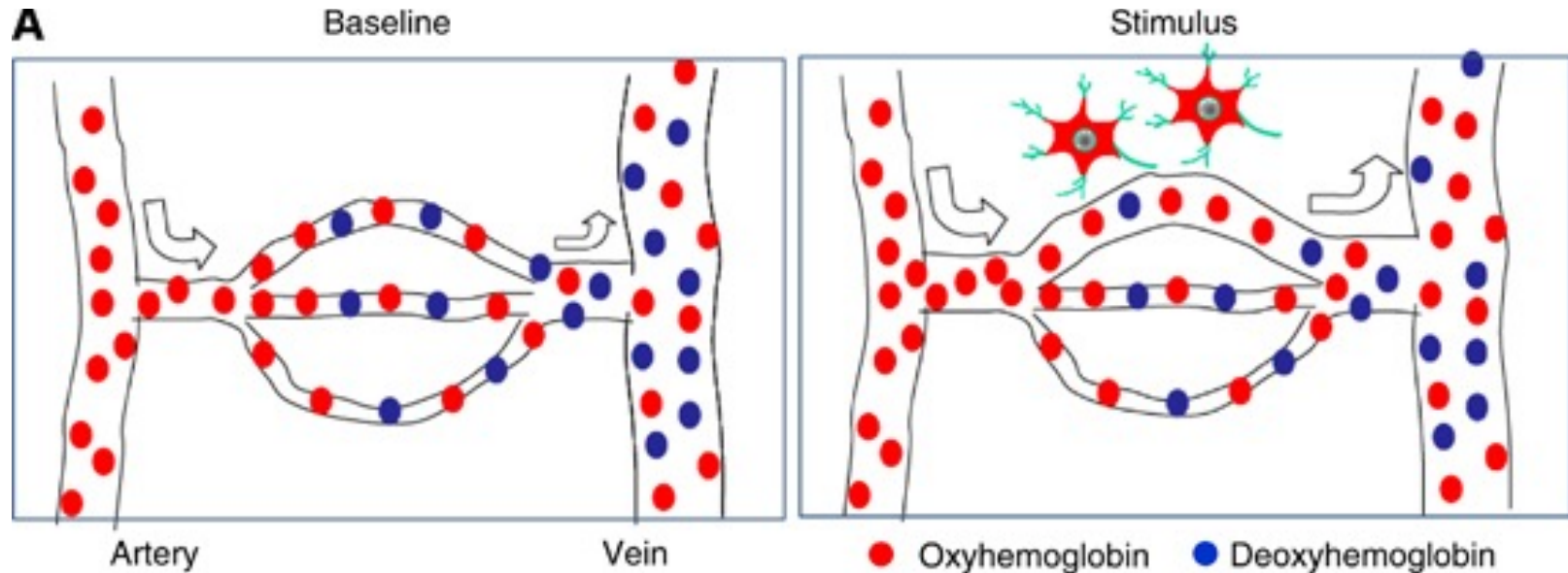
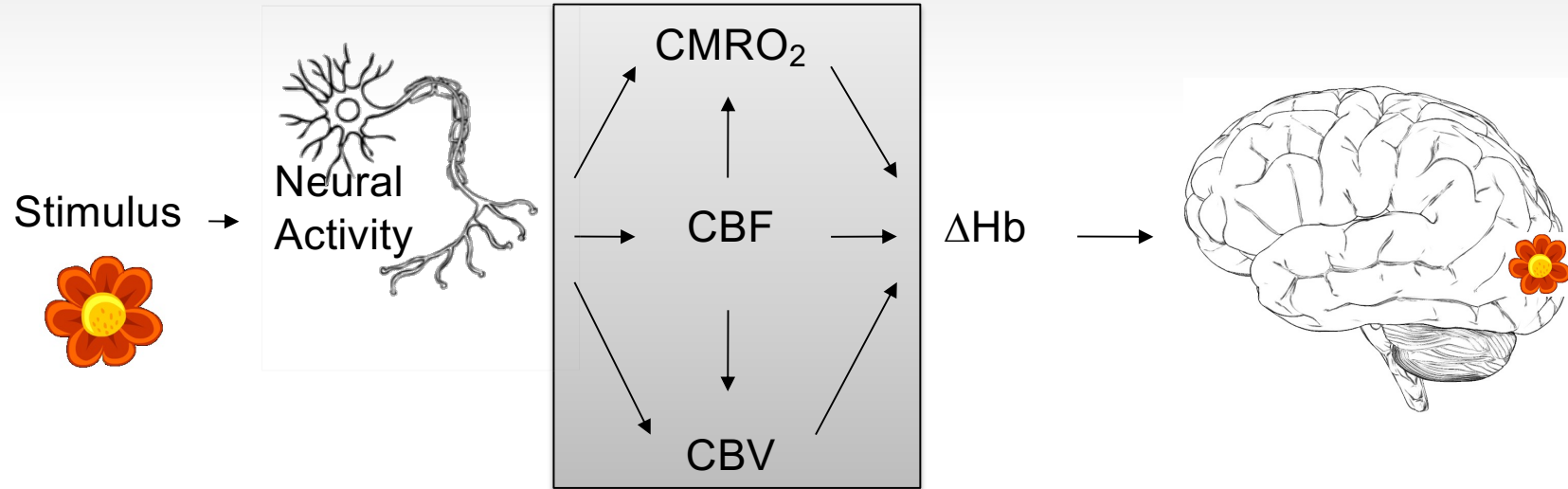
Song et al, NeuroImage 17, 742–750 (2002)

# Faster response than SE/GE BOLD

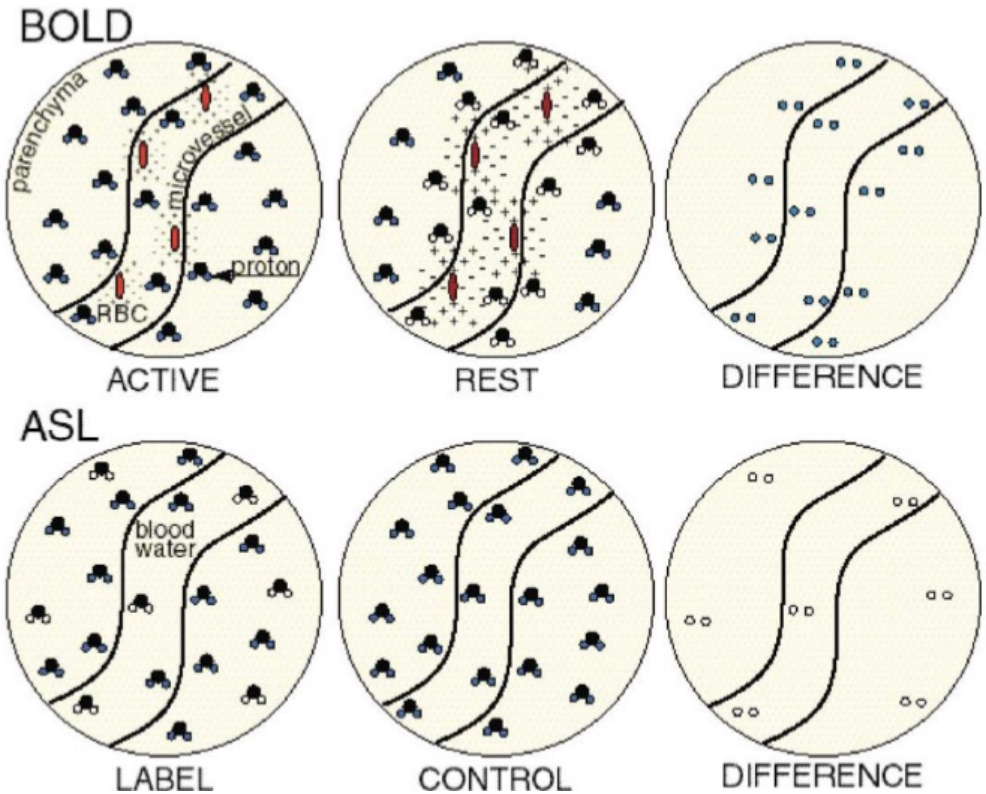
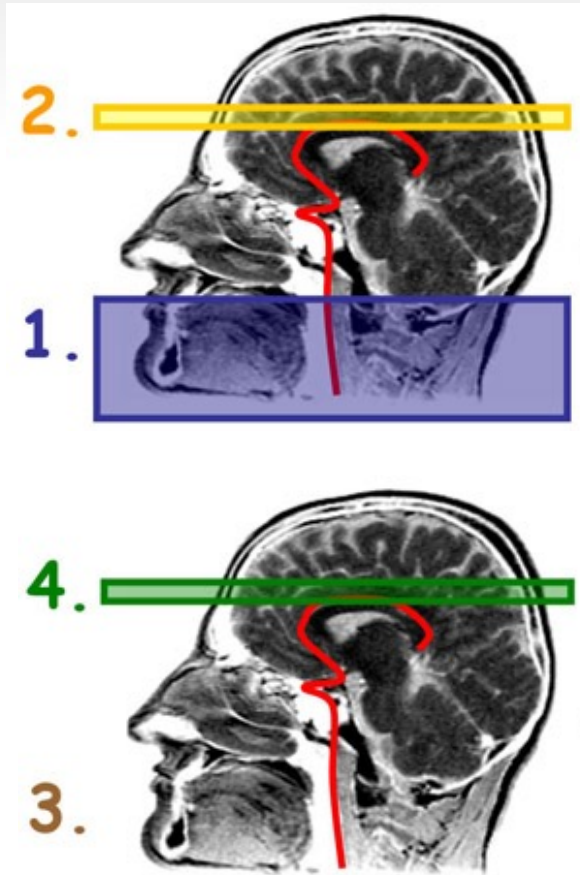




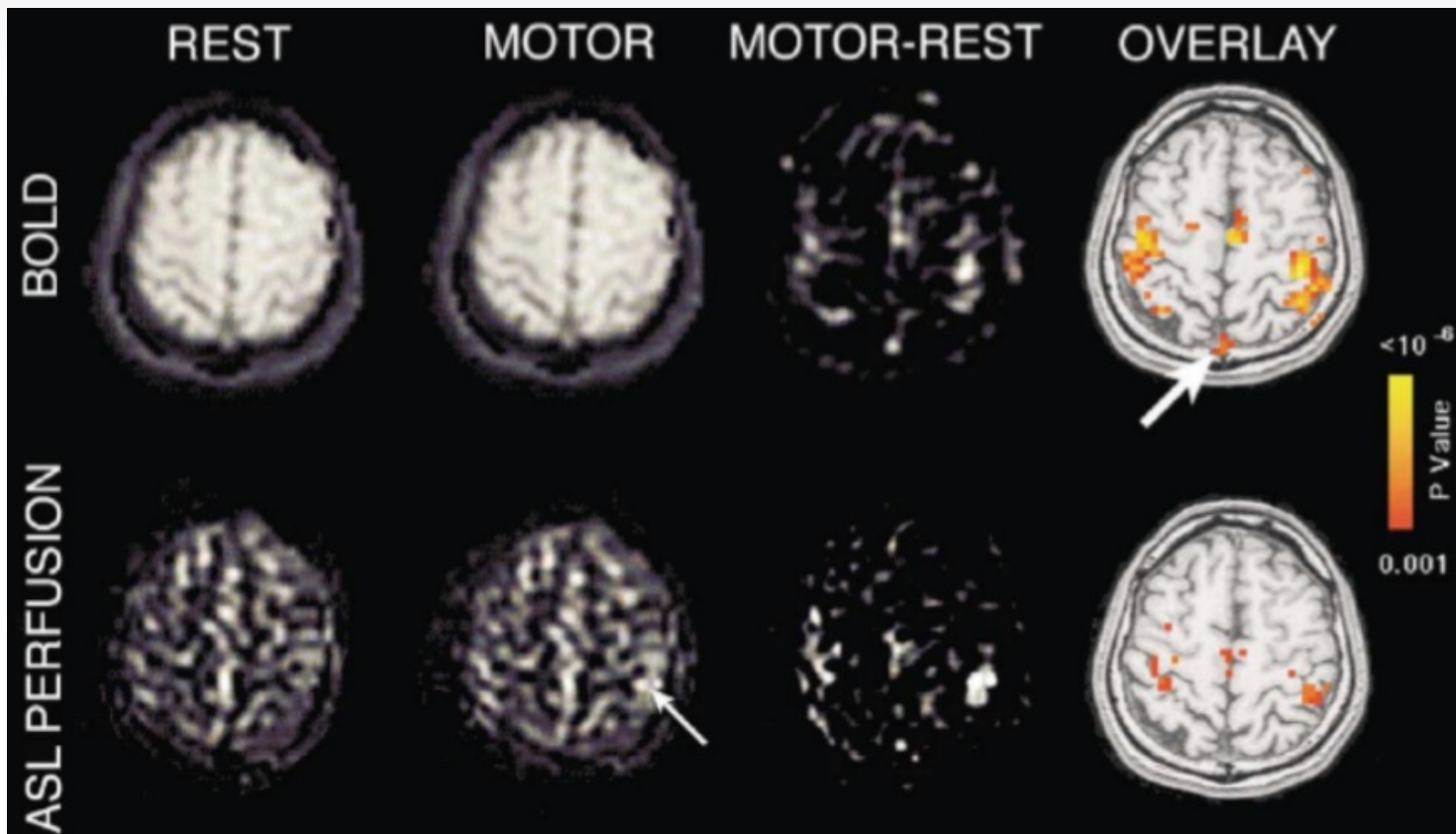
# Contrast Mechanisms



# ASL vs. BOLD



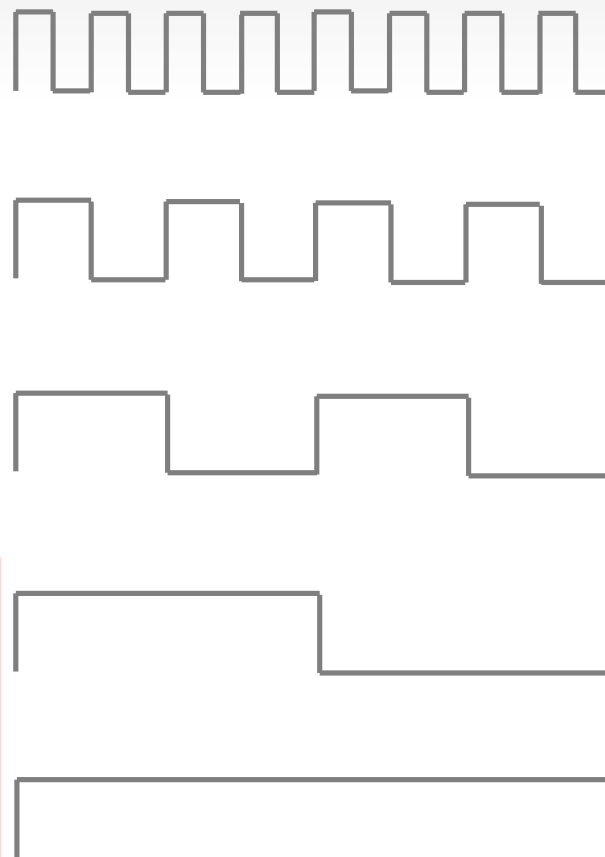
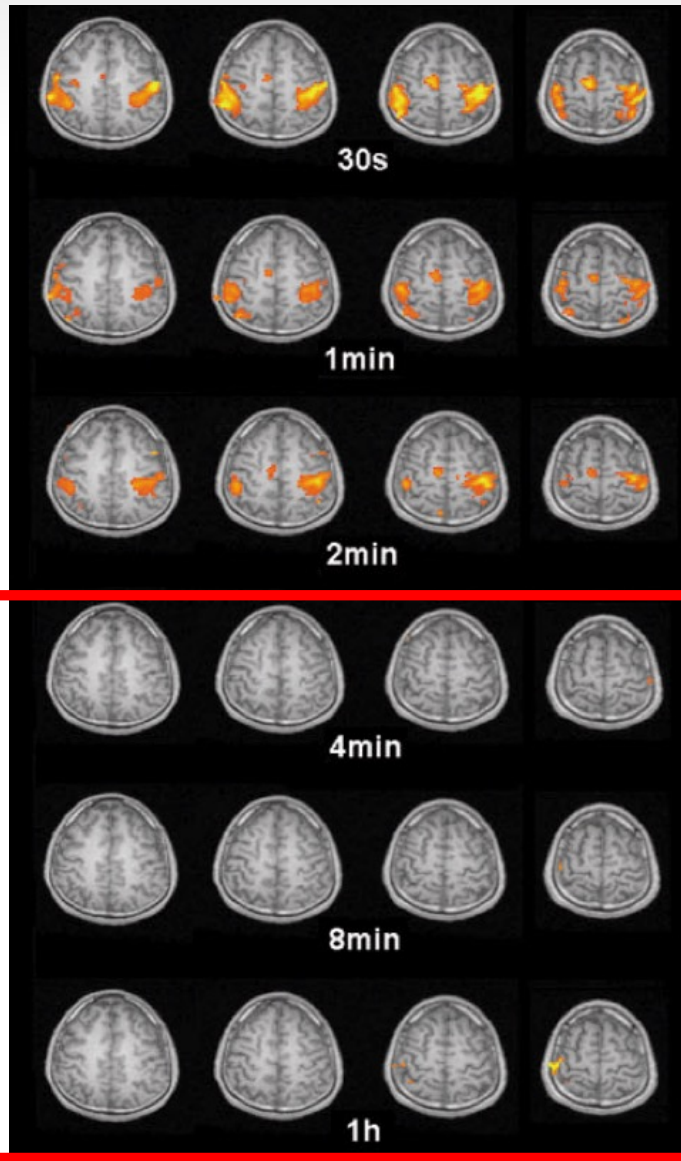
$$\uparrow - \uparrow = \uparrow \propto \text{CBF}$$



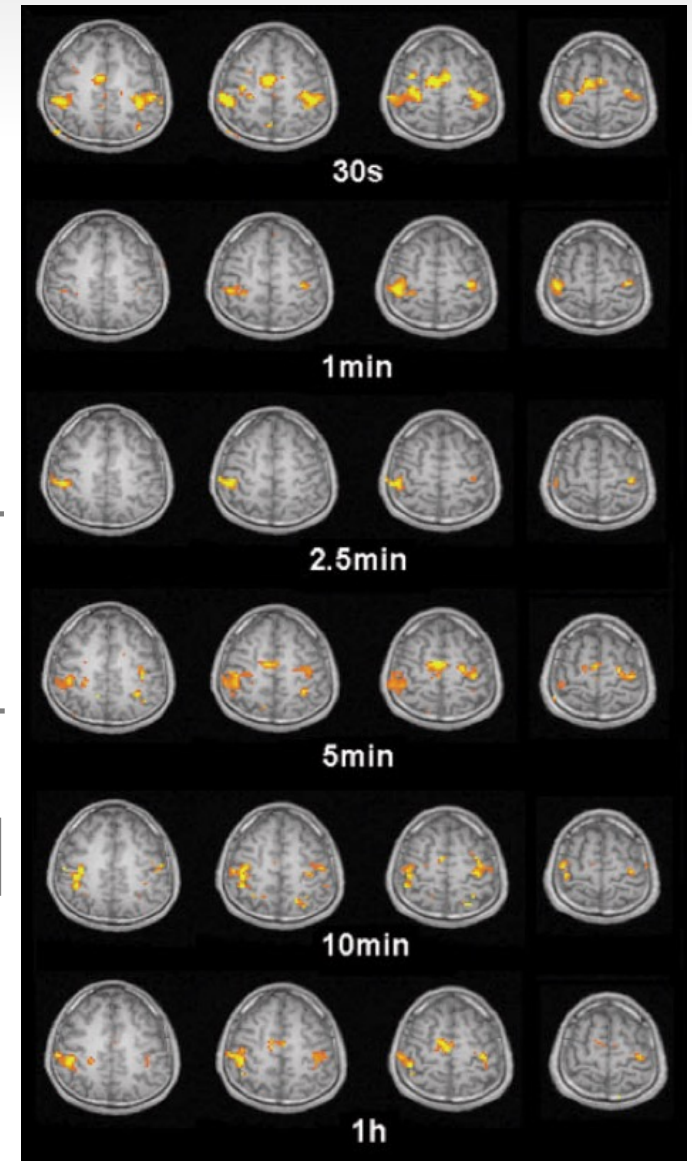


# The trouble with slow stimuli

BOLD



ASL

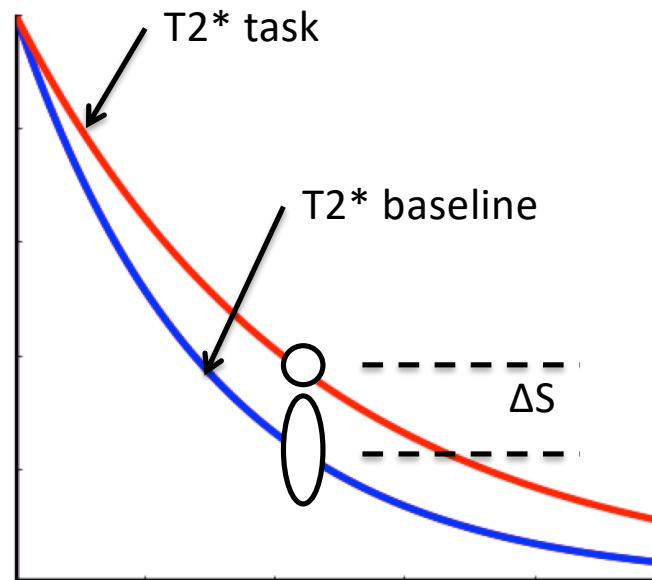
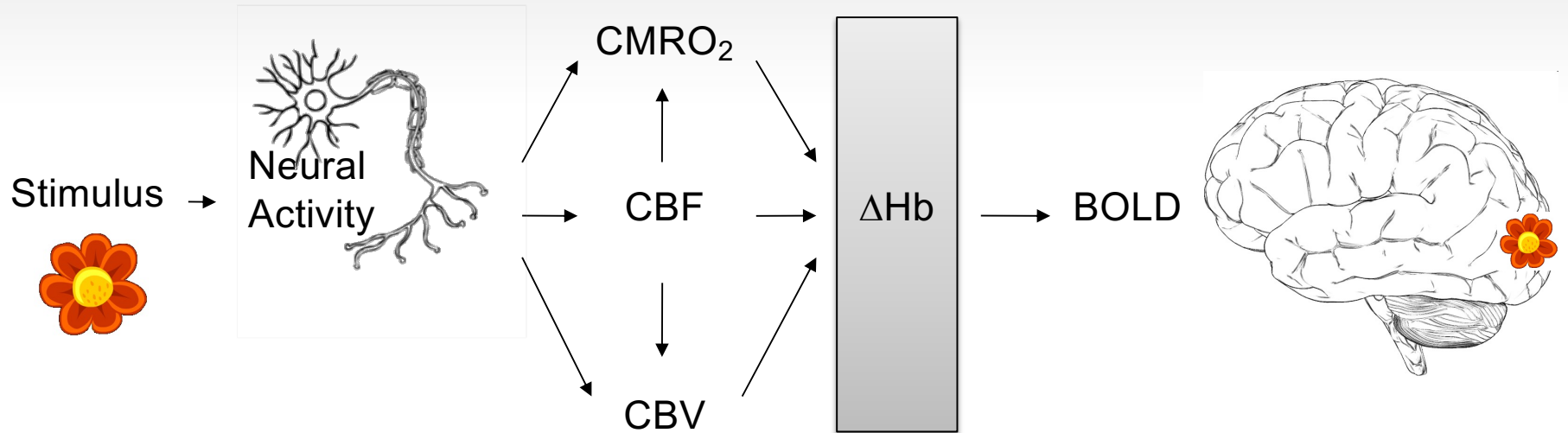


- BOLD has greater signal strength
- ASL has greater sensitivity for long duration stimuli

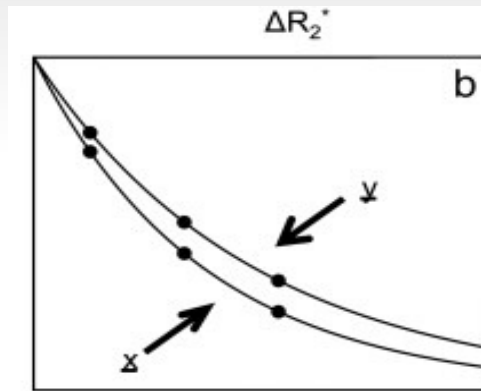
# ASL vs. BOLD

	BOLD	ASL
Signal Mechanism	Blood flow, Blood volume, Oxygenation consumption	Blood flow
Contrast parameter	T2*	T1
Spatial specificity	Venules and draining veins	Capillaries, arterioles
Typical signal change	0.5-5 %	< 1 %
Imaging methods	Gradient-echo, spin-echo	Spin-echo
Sample rate (TR)	1-3 s per image	< 3-8s per perfusion image
Optimal task frequency (block design)	0.01 – 0.06 Hz (100 s - 16 s)	< 0.01 Hz
Intersubject variability	High	Low
Imaging coverage	Whole brain	Most of brain cortex
Major artifacts	Susceptibility, motion, baseline drift	Vascular artifact
Relative CNR	> 2 high task frequency < 0.5 low task frequency	1

# Contrast Mechanisms



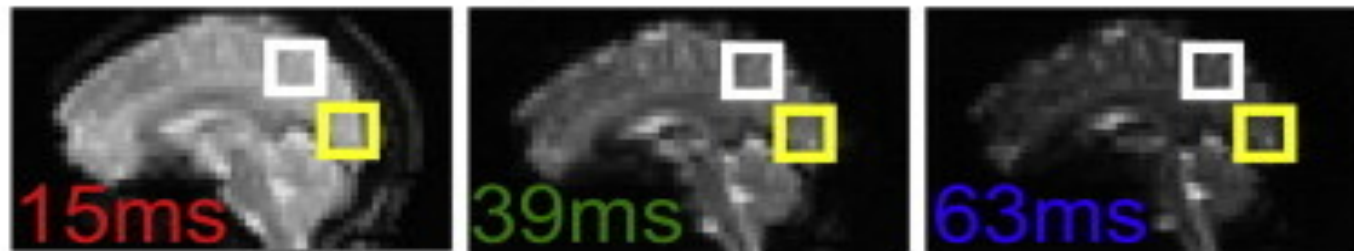
# Separating BOLD from non-BOLD



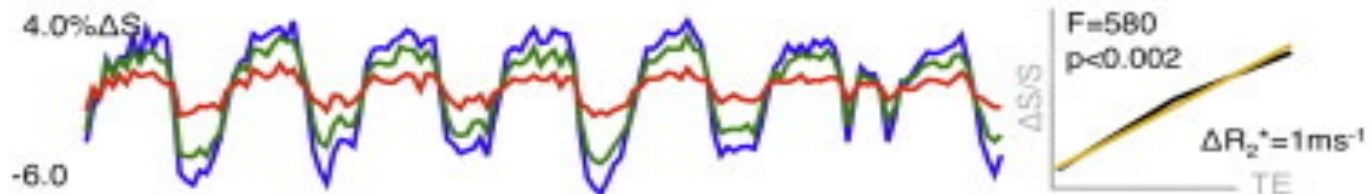
- The BOLD signal is TE dependent
- Non-BOLD signals do not scale with TE
- Measuring several TEs enables the separation of non-BOLD artifacts from the data

# Signal scaling

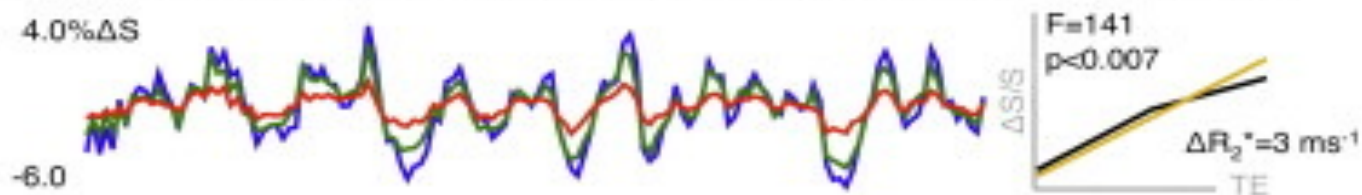
a Multi-echo EPI images



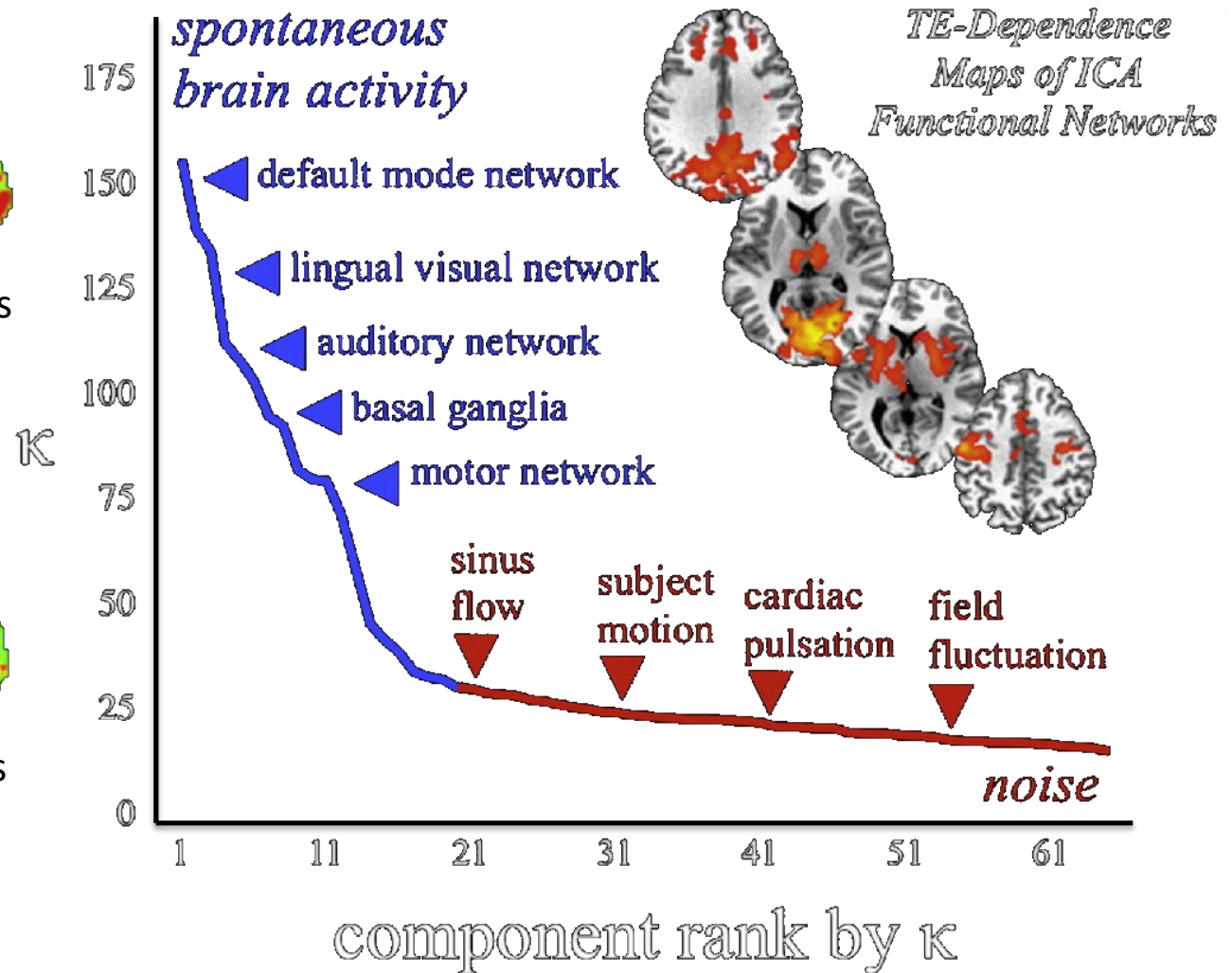
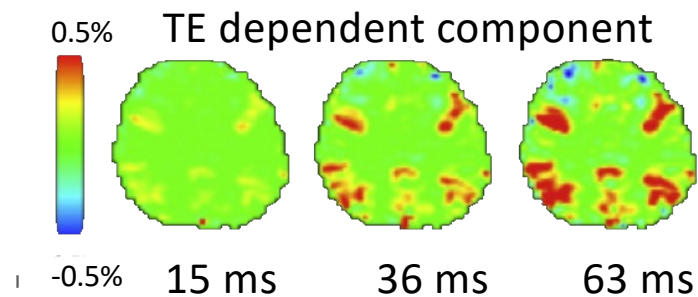
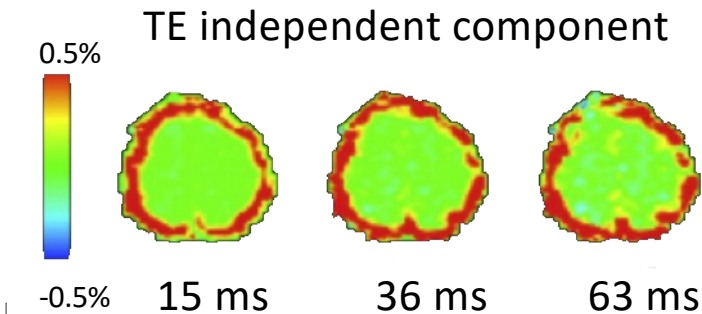
b Multi-echo EPI time courses for task (V1)



c Multi-echo EPI time courses for rest (precuneus)



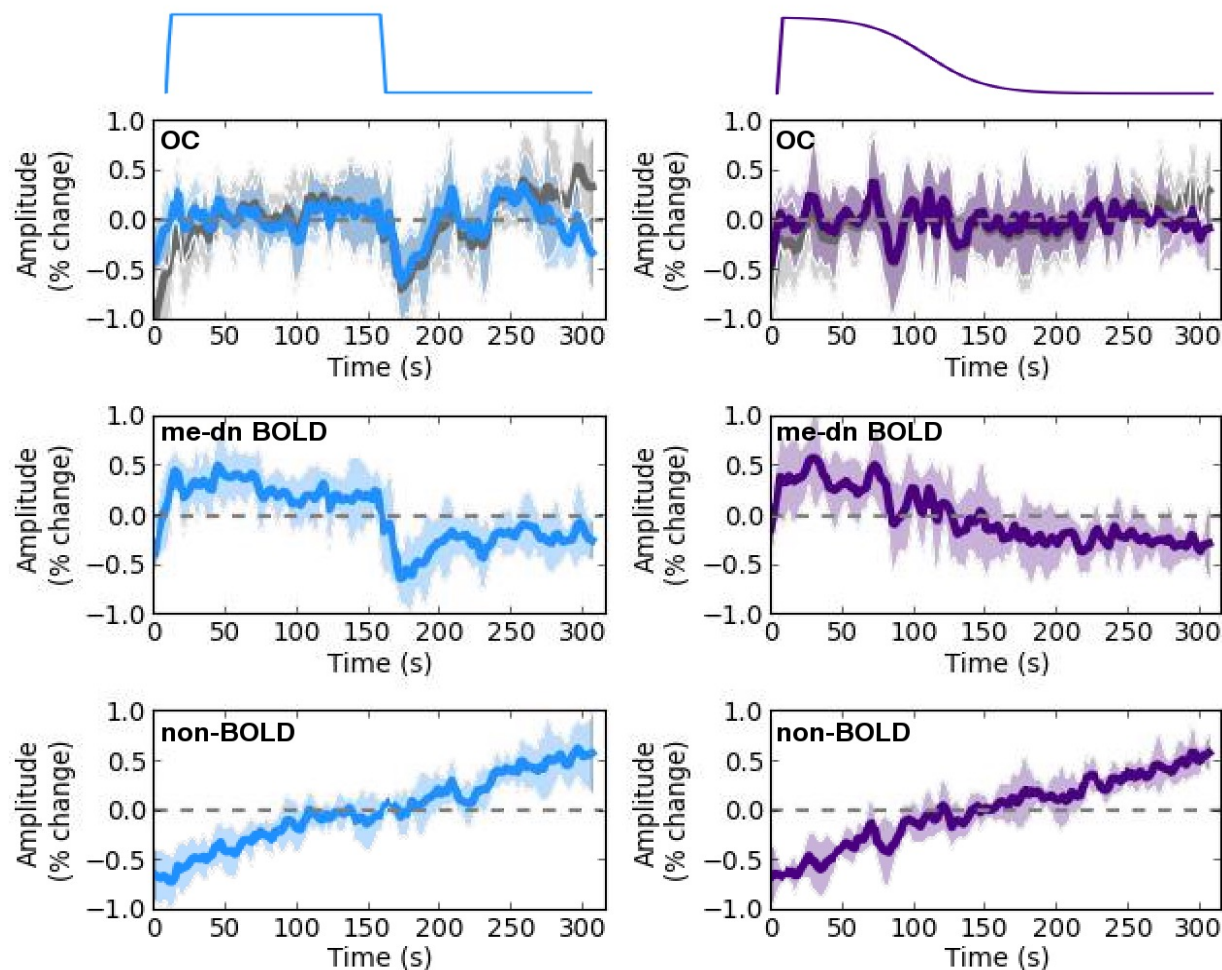
# Multi-echo Component selection





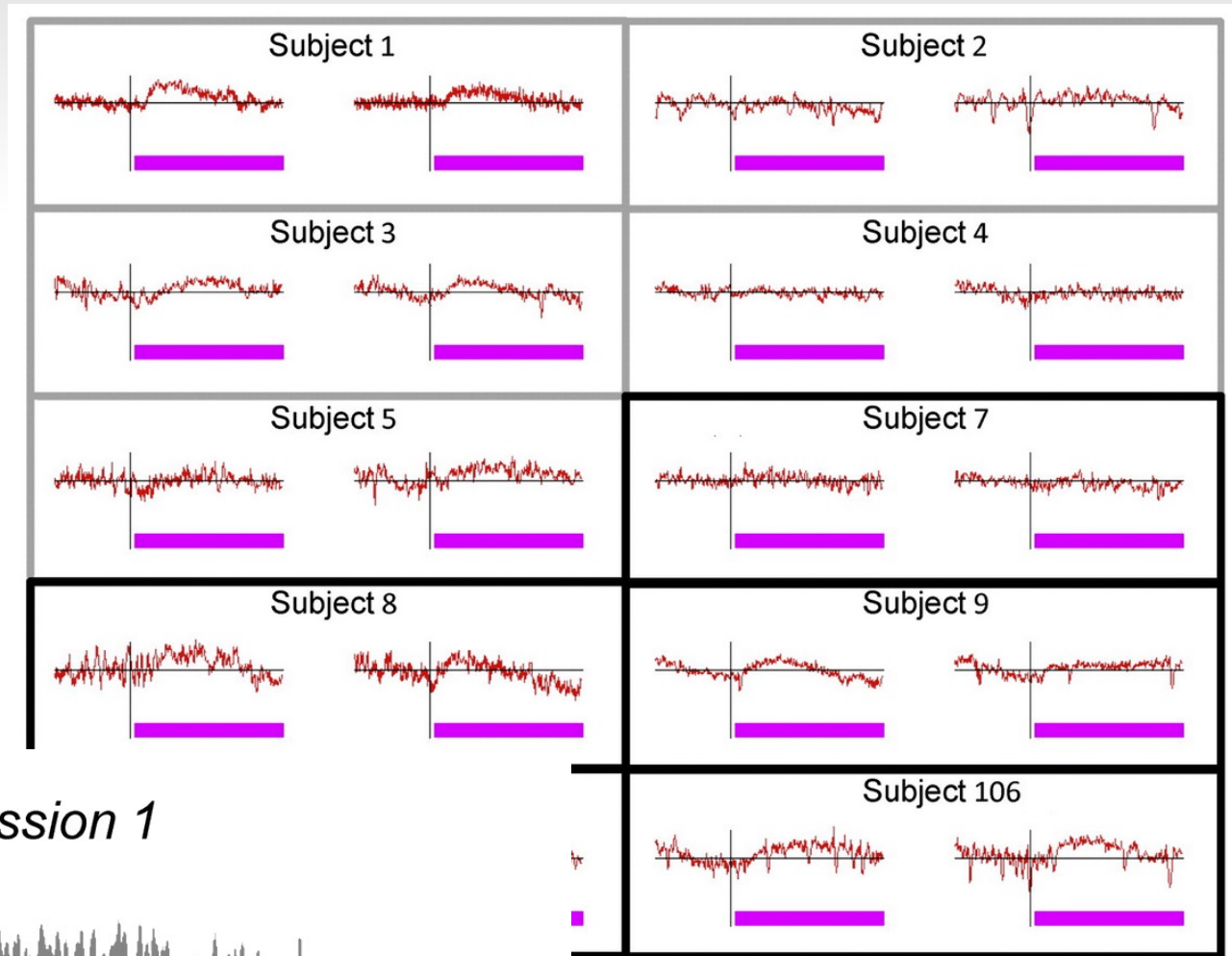
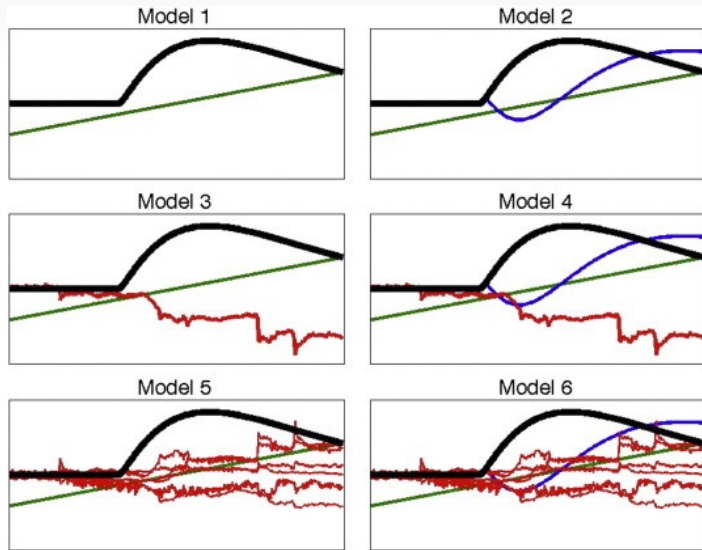
# Detection of slow BOLD signals with ME

- 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.

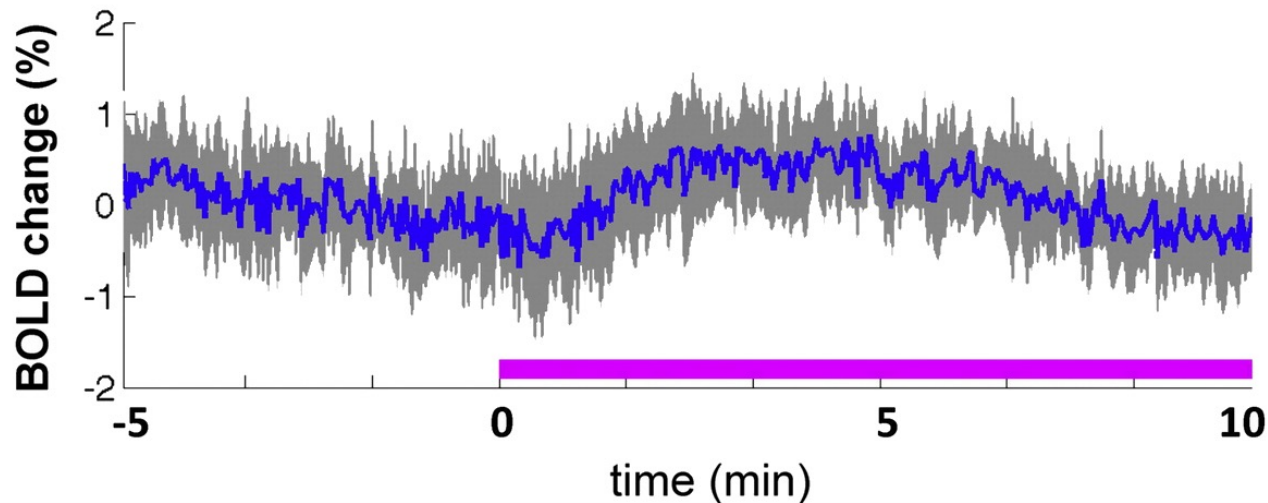


- The block is visible but not the ramp in the OC or standard data
- Both tasks are clear in the me-dn BOLD data
- The scanner specific drift is visible in the non-BOLD data
- It effectively cancels the ramp in the OC data

# Response to ketamine infusion.



*Session 1*



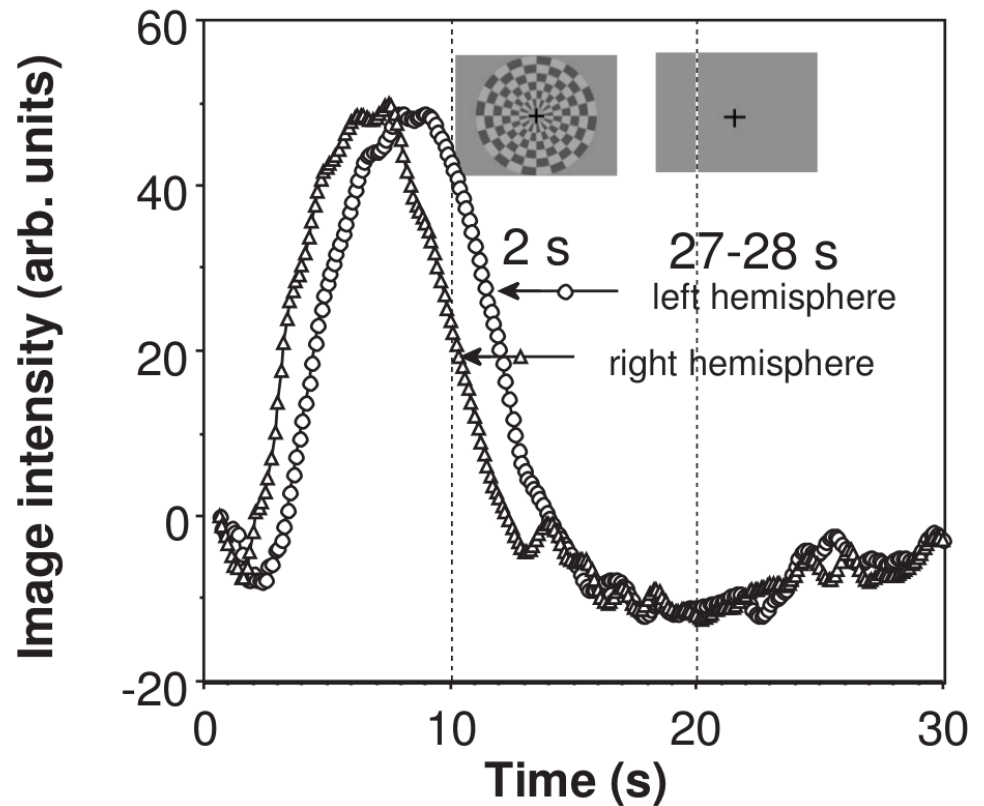


# Outline

- Limitations based on the biophysical constraints
  - voxel contents
  - neurovascular coupling
  - hemodynamic response
- Limitations based on imaging constraints
  - Space – time tradeoffs (optimal voxel size)
  - Pulse sequence contrasts
- **Summary**

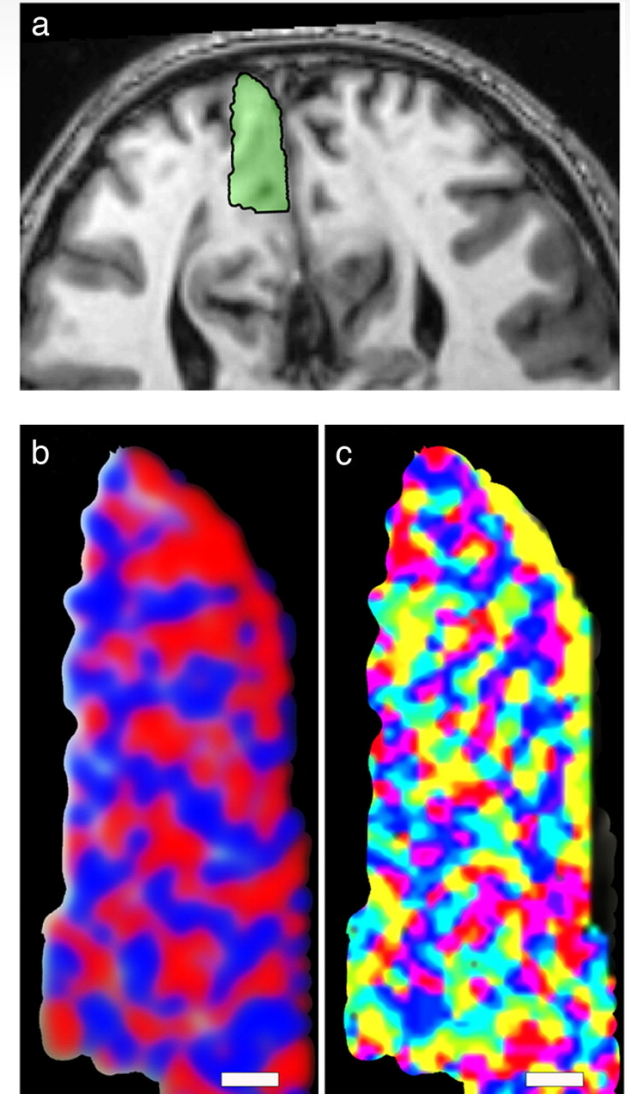
# Temporal limits

- ◆ Create a functional image within 2s for more robust activation or in less than 1s using acceleration
- ◆ Limited by filtering lag of hemodynamic response function 4-6 s
- ◆ Can detect differences in the onset of hemodynamic responses down to 100 ms using paradigm manipulations
- ◆ Long (> 2 min) duration stimuli are hampered by baseline changes but can be measured using ME acquisitions



# Spatial limitations

- At 3 T :  $\sim 1.5 \text{ mm}^3$  resolution  
The functional point spread function is about 3.5 mm.
- At 7 T,  $\sim 0.5 \text{ mm}^3$  resolution
  - The functional point spread function can be as high as 1.5 mm.
- At 7 T, using spin-echo sequences, the smallest resolved functional unit was orientation columns (on the order of 0.5-mm width).
- Practically limited by smoothing kernels, template alignment in group studies.



# Summary

- Technical / hardware abilities are rapidly approaching the temporal and spatial resolution of the functional response
- Limitation with fMRI now lie in the origins of the signal

# Acknowledgements

Thanks to:

Catie Chang

Peter Bandettini

