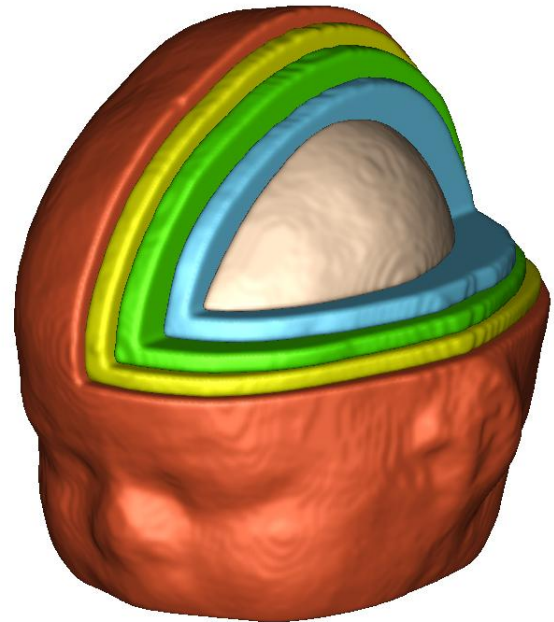
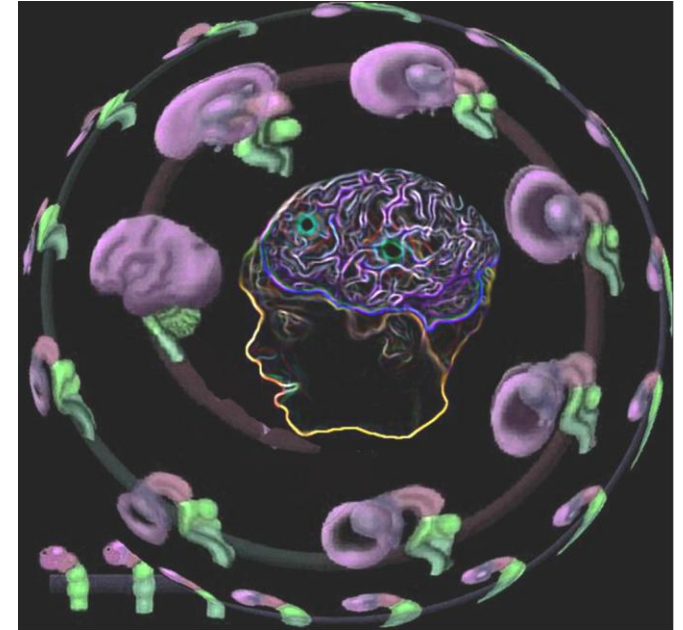
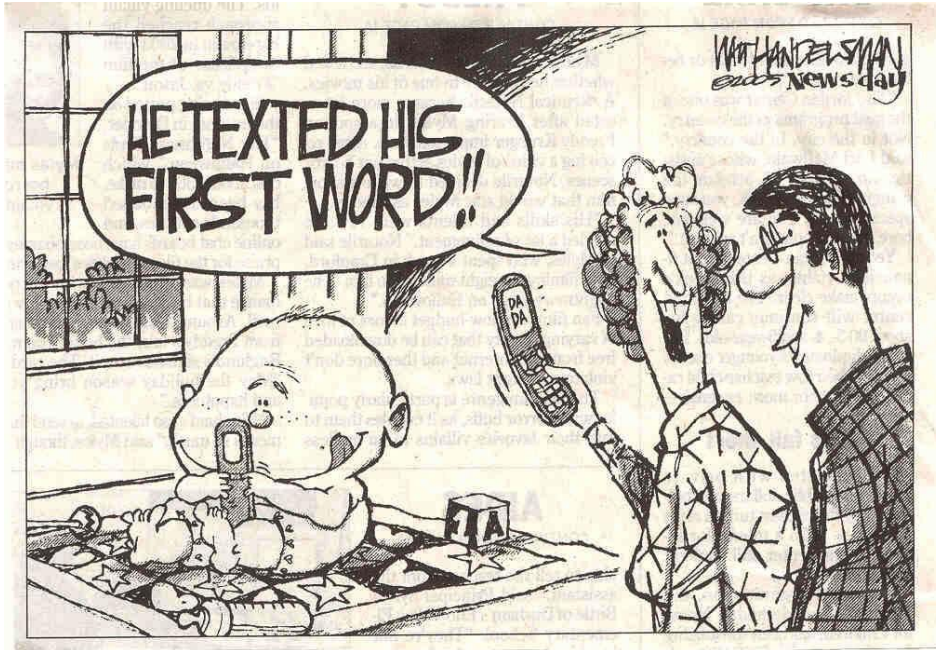


Growth trajectory of the early developing brain derived from longitudinal MRI/DTI data

Guido Gerig
University of Utah
Scientific Computing and
Imaging (SCI) Institute



Understanding early Development ...



Brain Development in High Risk Children

- Understanding rate and variability of normal development
- Detect differences from typical development (autism, at risk, drug addiction,
- **Early diagnosis → early therapy → better future for infants and families**
- **NIH funding: Increased support for “discovery science”**

Early Brain Development Studies



EDBS HOME

Early Brain Development Studies

[Normal Controls](#)

[Twins](#)

[Mild Ventriculomegaly \(MVM\) \(Brain\)](#)

[Babies of Mothers with Schizophrenia](#)

[Offsprings of cocaine-addicted mothers](#)

Neonatal Brain Development in High Risk Children (J. H. Gilmore, MD)

- Understanding rate and variability of normal development
- Detect differences from typical development
- Early diagnosis → early therapy → help families

- John Gilmore, M.D.
Principal Investigator
- Studies
- Investigators
- Image Analysis
- Progress/Publications
- Training Opportunities
- Links
- Contact Us

ACE: Autism Network of Excellence

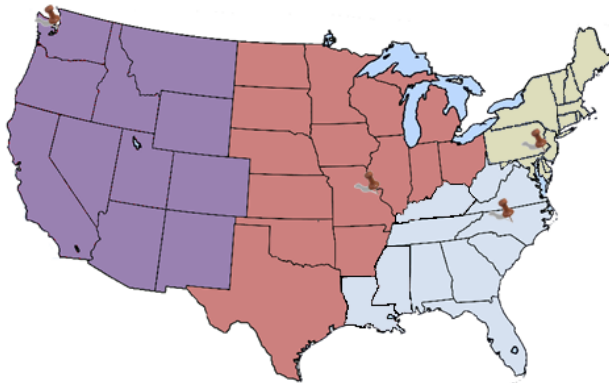


PI Joseph
Piven, UNC

This study of very early brain development in autism has the potential to provide important clues relevant to early detection of autism and discovering the early changes in the brain for young children with autism.

Who Are We Looking For?

Younger (under 12 months of age) siblings (brothers and sisters) of children with a diagnosis of autism.



Click on your location to visit your area's study site.

What Does Participation Involve?

Participants will travel to their closest study location to receive developmental and behavioral assessments, an MRI scan of the brain and screening for Fragile X syndrome. Participants will be reimbursed for travel and related expenses. Assessment and MRI scans associated with the project are provided at no cost to the family, and participants will be given any new information gained upon completion of the study. Families of children at high risk for developing symptoms of autism will receive assistance with referrals for local services.

Infants at risk
6mo to 2 years,
longitudinal
study

4 acquisition
sites, DCC,
processing Utah

This study is funded by the NIH as an Autism Center of Excellence under the project title "A Longitudinal MRI Study of Infants at Risk for Autism".



ACE: Autism Network of Excellence

Infant Brain Imaging Study IBIS

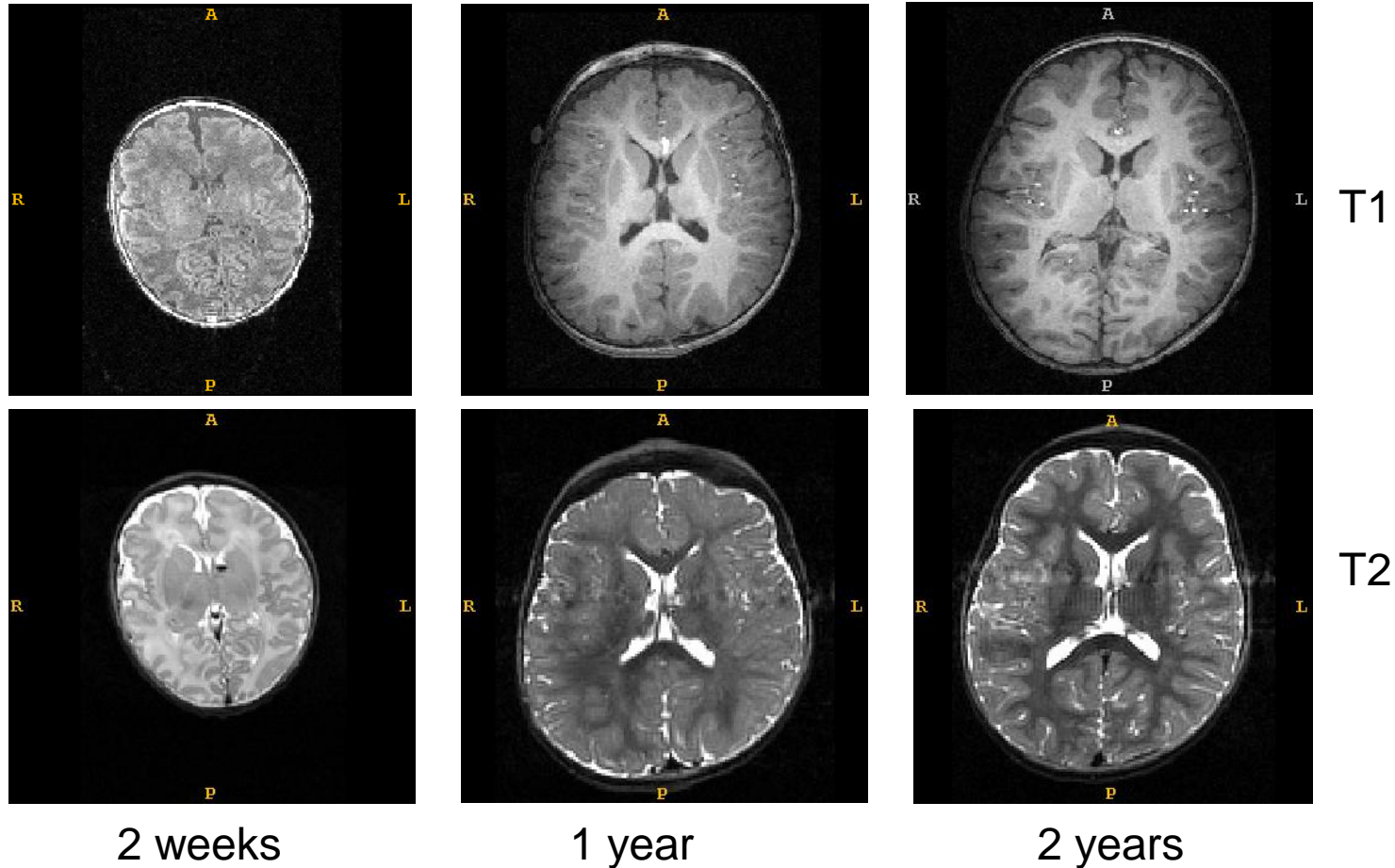
- P.I. Joseph Piven, UNC
- ACE grant: Autism center of excellence.
- Longitudinal study of infant siblings at risk for Autism scanned at **6mo, 1y and 2yr (total >600 MRI/DTI)**
- 4 scanning sites:
 - Seattle
 - St Louis
 - Philadelphia
 - Chapel Hill (2 scanners)
- DCC: MNI Montreal
- Image analysis: Utah/UNC



Outline

1. Imaging Technology for Pediatric Imaging
2. Analysis of structural MRI
3. Image Registration
4. Population Studies of DTI
5. Results

High-Speed Imaging: Infant MRI at 3T



UNC Weili Lin: 3T Siemens Allegra

Total time: T1, T2hires, DTI 2x2x2: 15' total

UNC Scan Success Rate

Siemens 3T Allegra, Weili Lin & team

CONTE SZ Study, started 2002

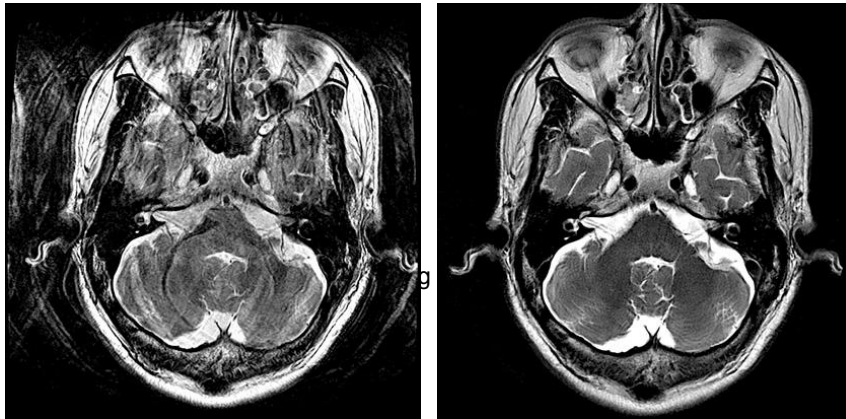
Singletons	Neonates	Follow-up 1yr	Follow-up 2yrs
Controls	156	42	34
SZ & BP	33	15	9
MVM	34	12	2
Total	223	69	45
Attempted	251	110	77
Success Rate	89%	63%	58%

Twin Study started 2006

Twin Pairs	Neonates	Follow-up 1yr	Follow-up 2yrs
Controls MZ/DZ	67	28.5	12.5
Attempted	69	34	18
Success Rate	97%	84%	69%

New Technology: MRI Motion Correction

GE: PROPELLER* - Motion Correction Imaging (unique pattern of k-space filling that acquires data in radial "blades" rotating in sequence)



Siemens: Navigator pulse for online correction (Flash T1, courtesy of MGH).

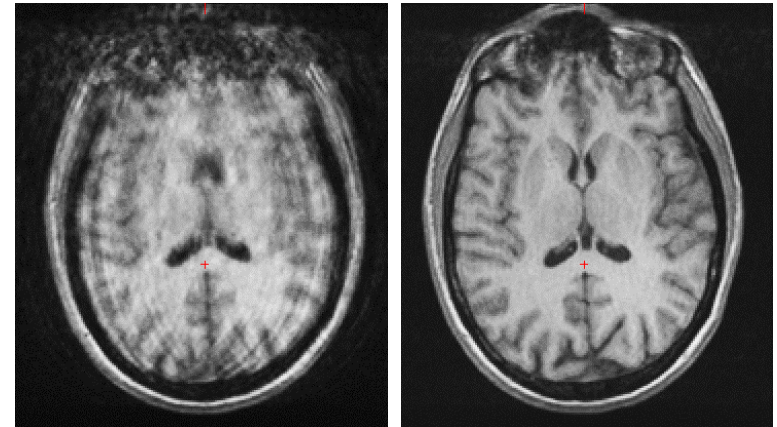
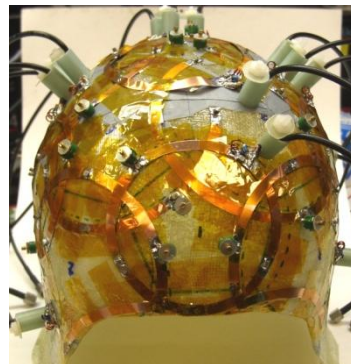
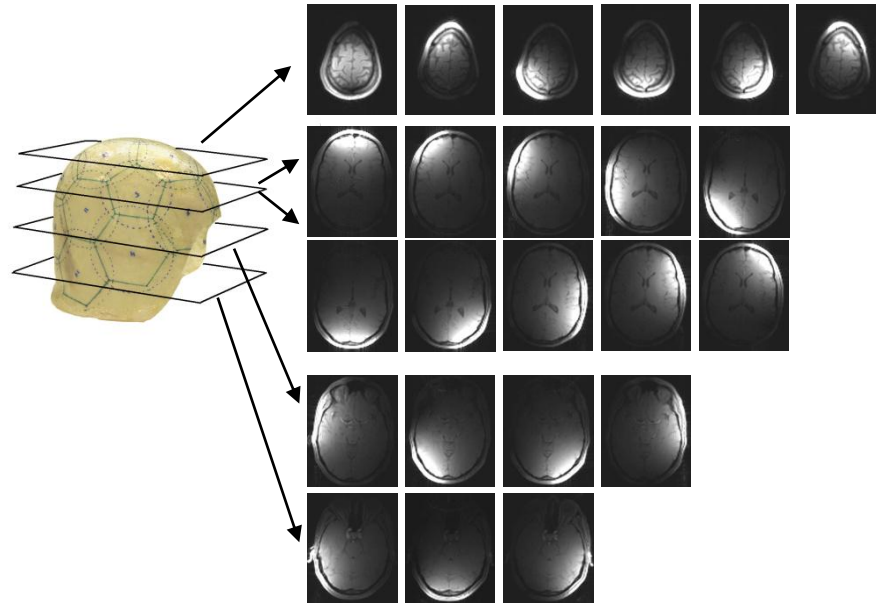


Fig C 14 Slice through average of 3 FLASH scans without motion correction (left) and 3 FLASH scans with motion correction (right).

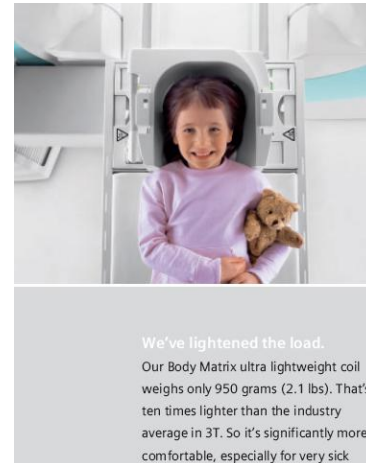
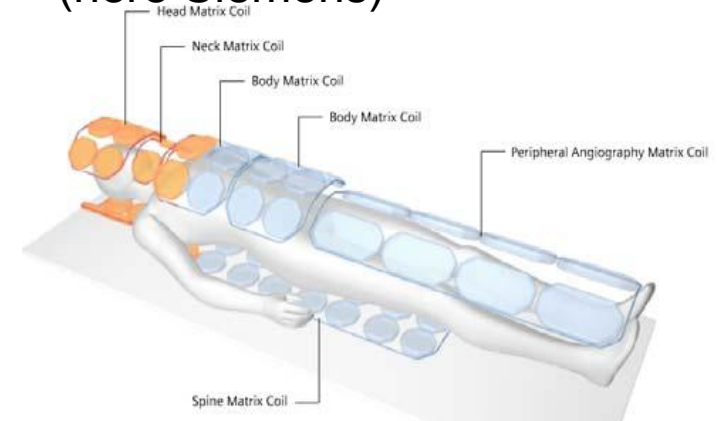
New emerging techniques: groups of Hajnal, Studholme, Warfield

Parallel Acquisition with Matrix Coils



**23 channel prototype array at 1.5T –
Gram Wiggins and Larry Wald, MGH**

Parallel imaging & matrix coils (here Siemens)



23 channel array for 1.5T

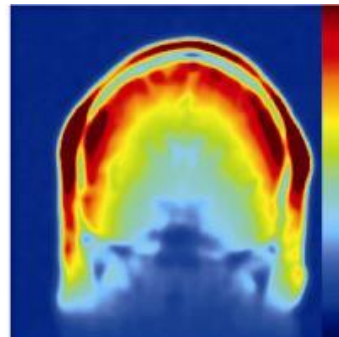
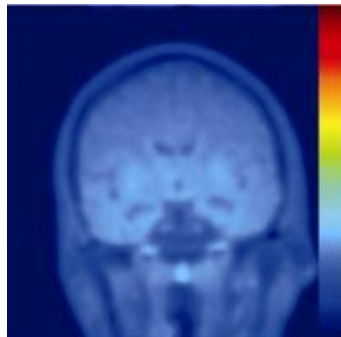
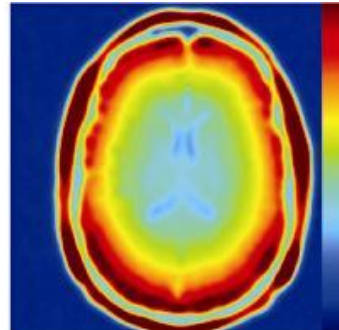
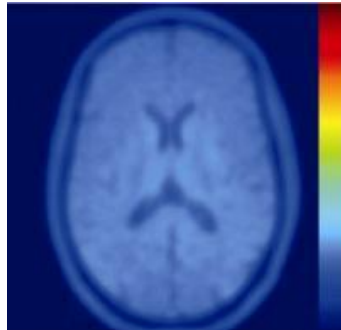
SNR Maps

Grad. Echo

Normalized to
volume coil
average (=1.0)

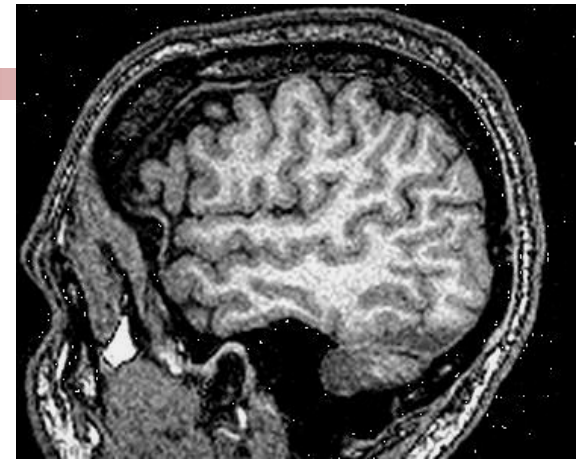
SNR gain:

4 fold in cortex
1.75x in corpus
callosum

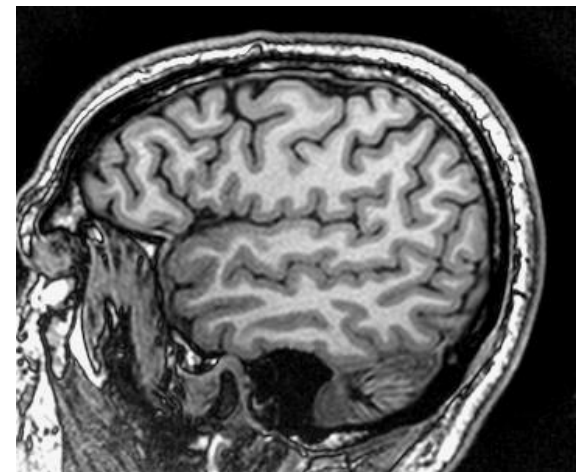


Siemens volume
coil

23 channel array



Volume coil

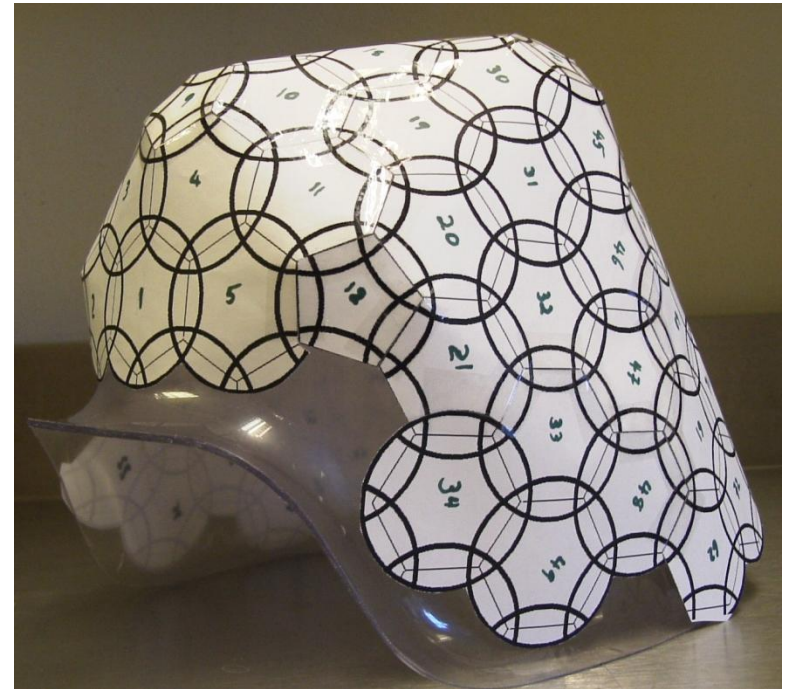


23 Channel "Bucky"

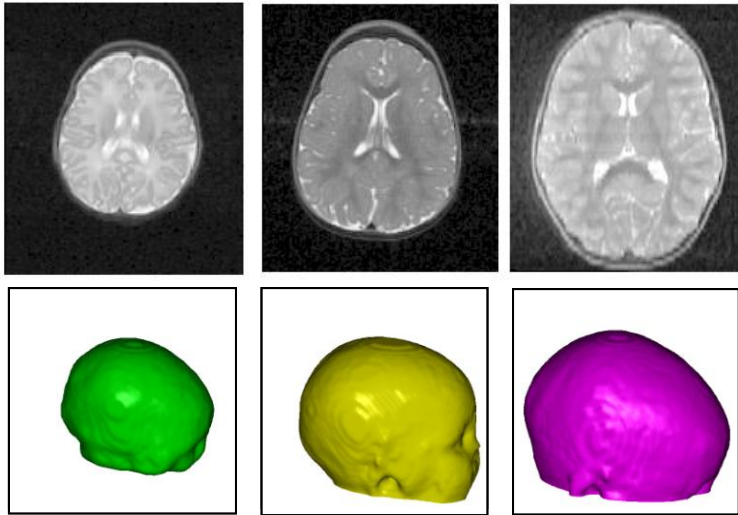
Courtesy Bruce Rosen, MGH

Optimal coils for infants?

- Challenge: Parallel coils have to be placed close to head/brain
- Infant brain shows rapid growth: Adult coil not optimal
- Need: Helmets adapted to infant head sizes
- How many helmets do we need?

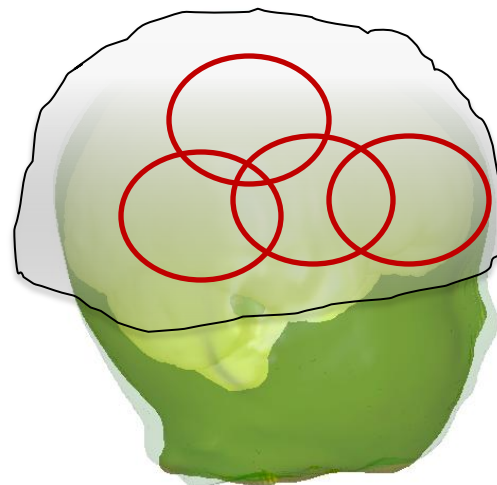
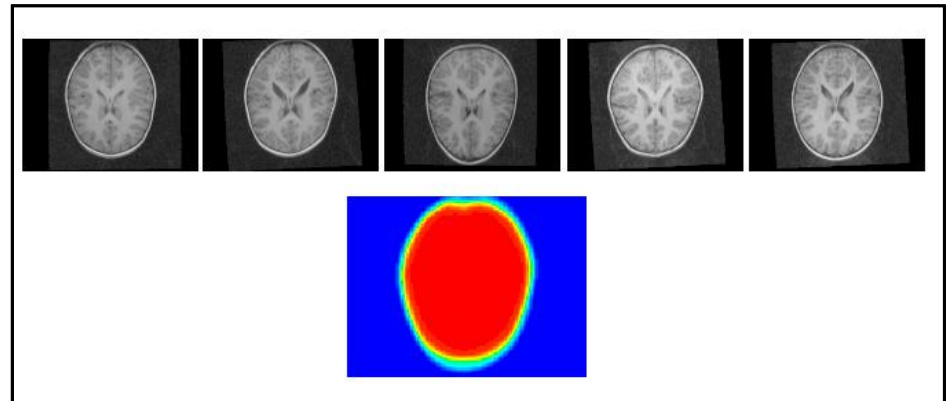


Modeling Head Shapes for Infant Coil Design



Statistical modeling of head shapes for infant matrix coils: UNC-MGH-Utah Collaboration (Larry Wald, Weili Lin, G. Gerig)

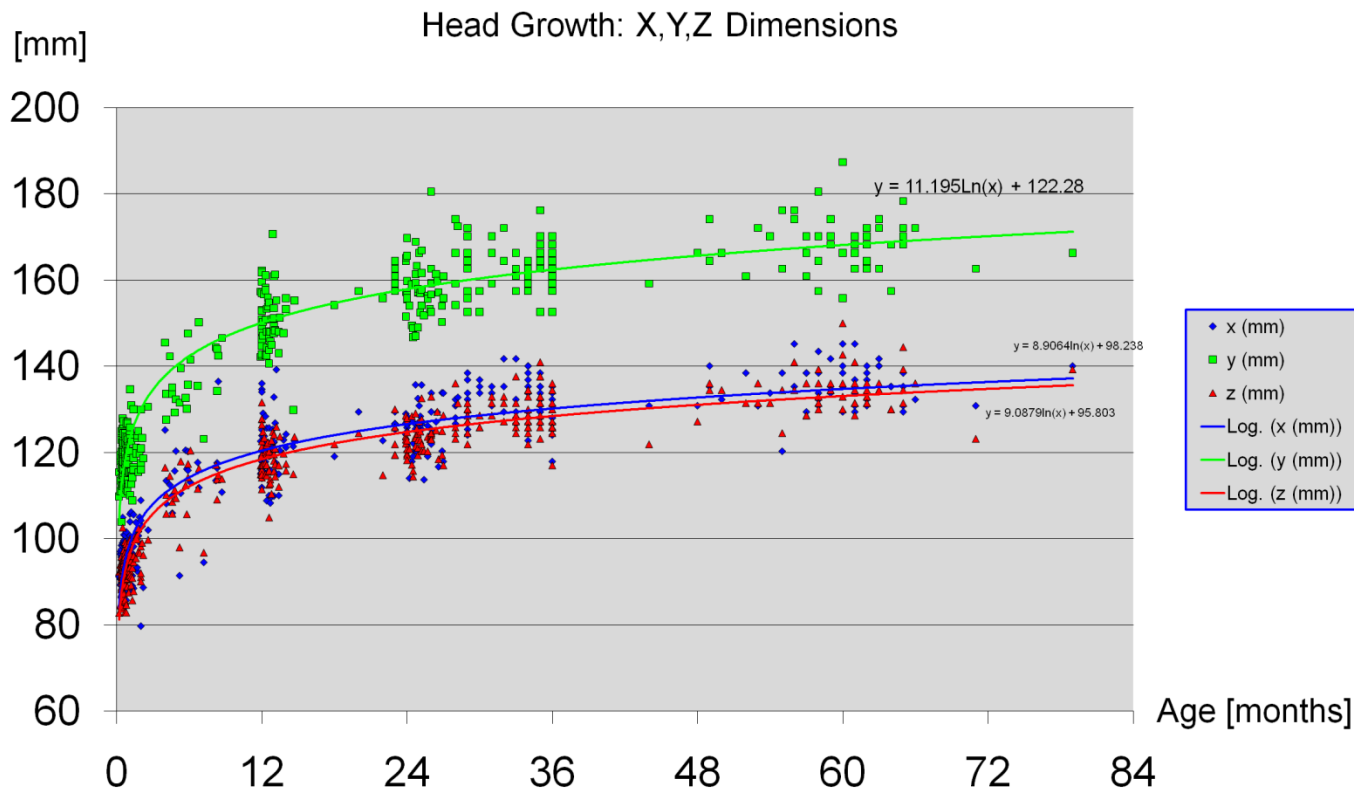
Statistical head shape model



Example: 95% head and brain size for 2yr group.

Optimal placement of coils w.r.t. brain

Modeling Head Shapes for Infant Coil Design



So far:

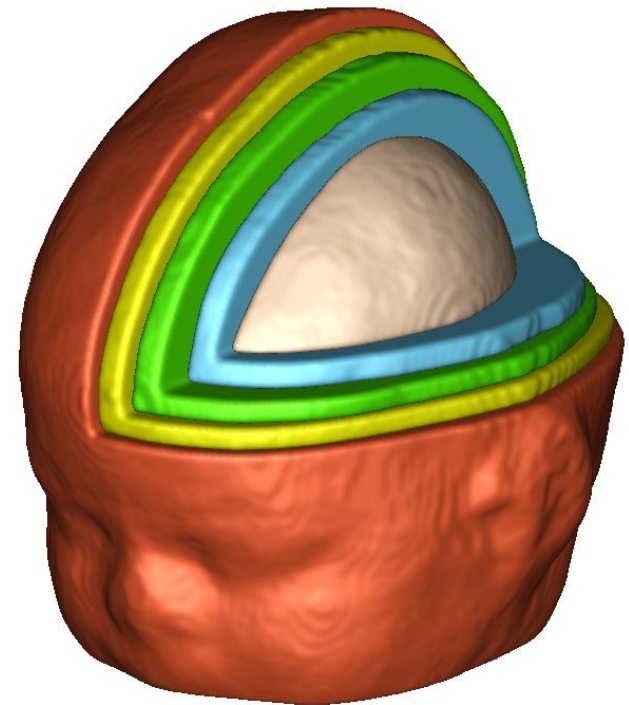
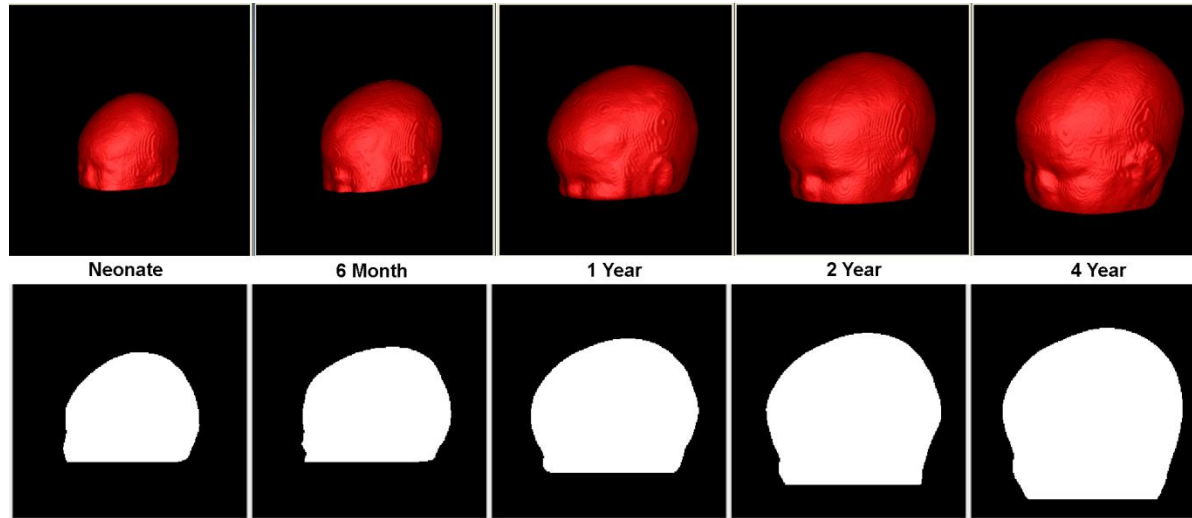
Models & coils
for neonates,
6months, 1yr
and 2yrs

Currently:

Calculate
optimal set of
“equally
spaced” shape
models

Longitudinal modeling of head size (N=411)
based on MRI

Modeling Head Shapes for Infant Coil Design



Collaboration Weili Lin, UNC
and Larry Wald, MGH: Design
of Dedicated Parallel Coils for
Infants

Modeling Head Shape Growth

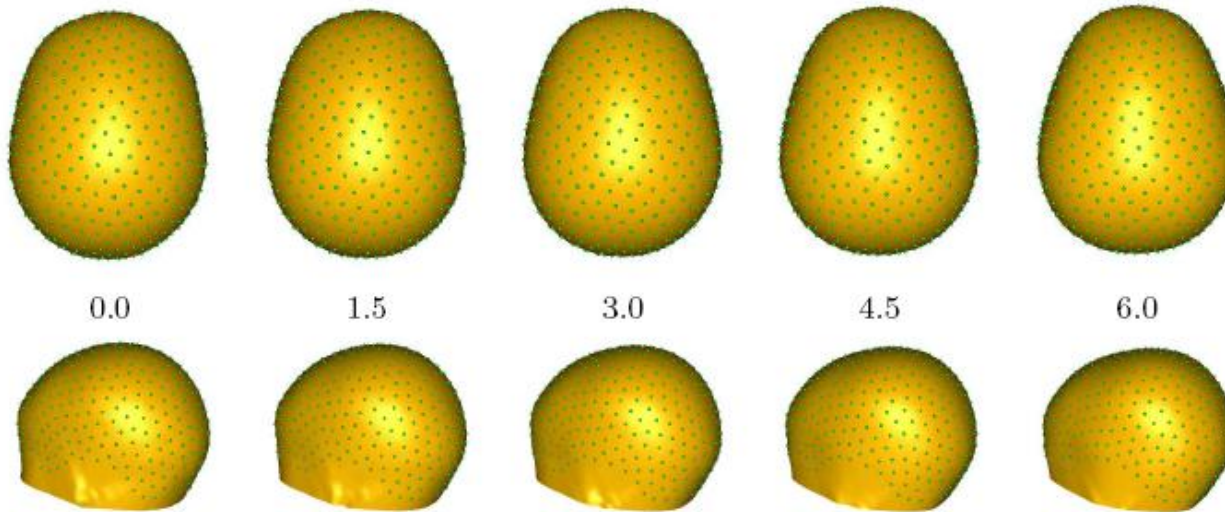


Fig. 3. Overview of head shape regression: Changes in head shape with age

[Link to Movie](#)

Datar, Cates, Fletcher, Gouttard, Gerig, Whitaker,
MICCAI 2009

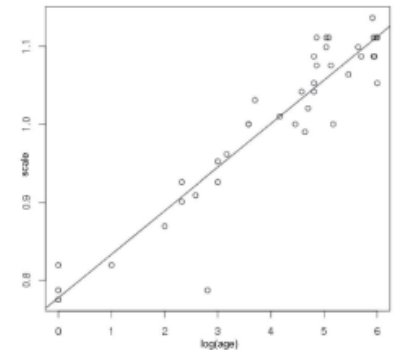
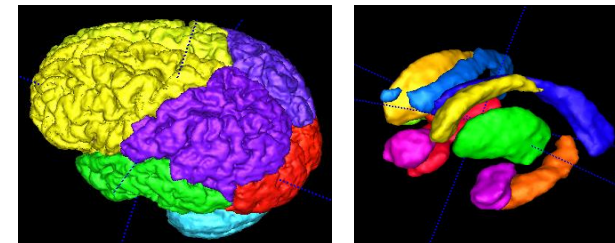


Fig. 2. Changes in head size with age

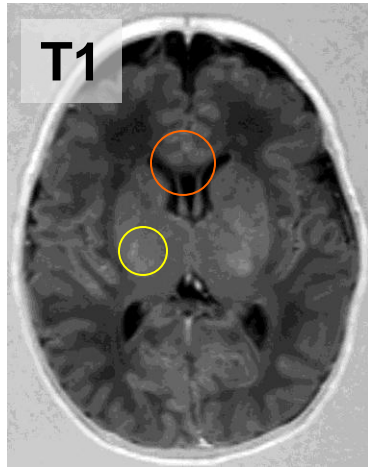
Currently: Application to
brain structures



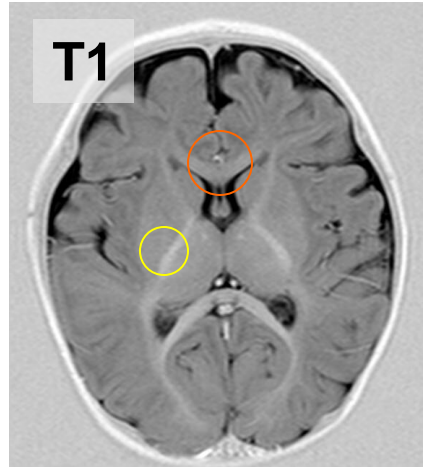
Outline

1. Imaging Technology for Pediatric Imaging
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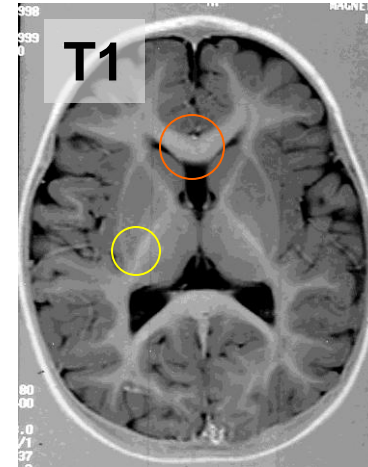
Contrast changes in early development



5D



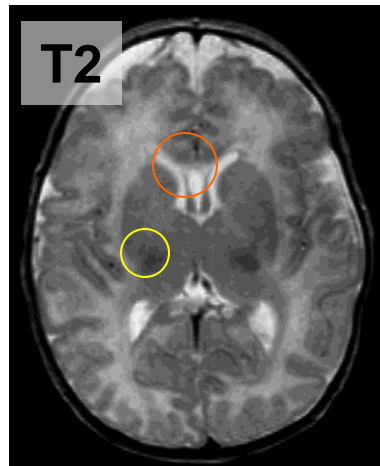
6Mo



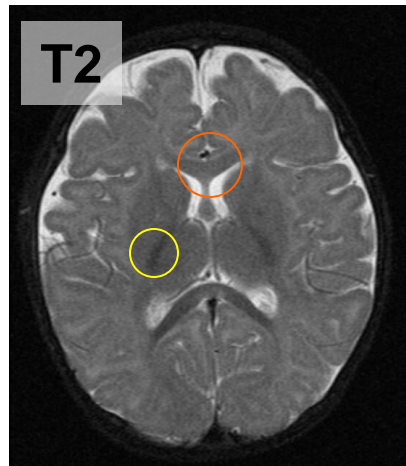
14Mo

Myelinated
during 1st yr

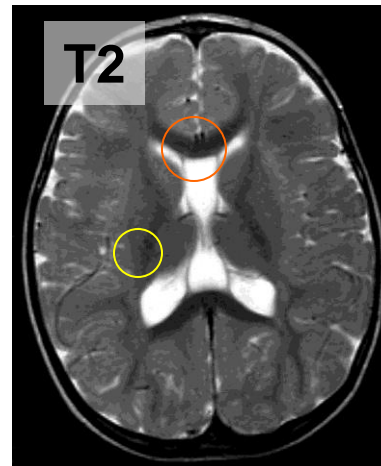
Early
myelination



5D



6Mo

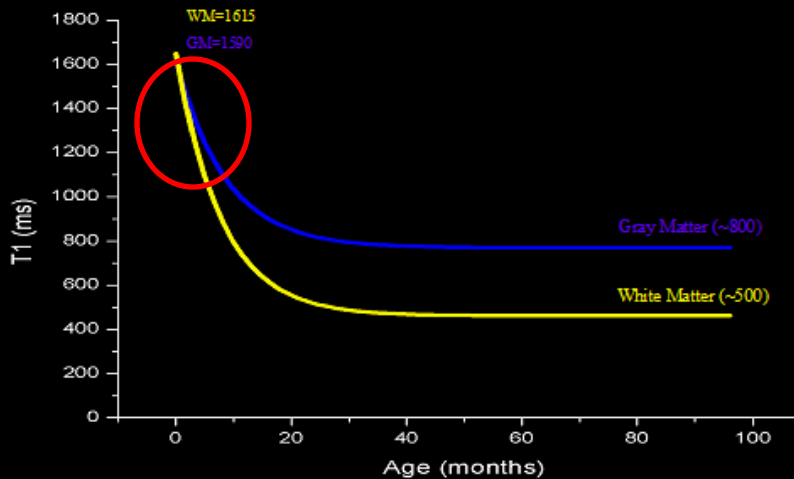


14Mo

Courtesy Keith Smith, UNC Radiology

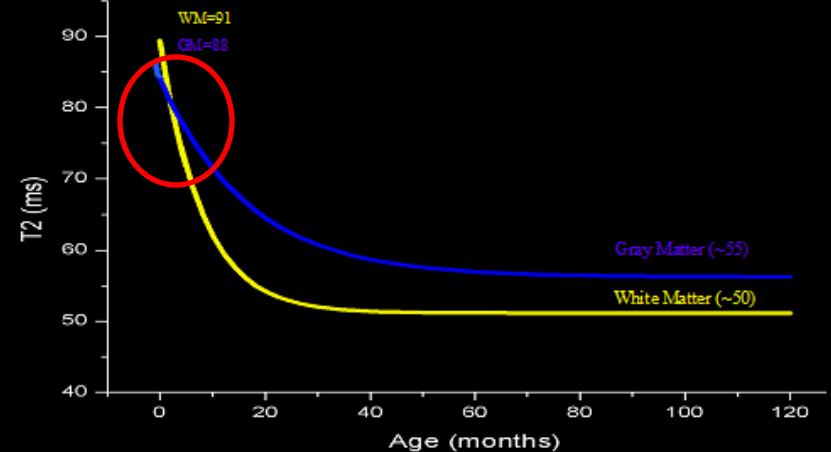
MRI parameters vs. age

Gray & White Matter T1 Values vs. Age



Adapted from Holland et al., MRI of Normal Brain Maturation. AJNR 1985 RCM/MIR

Gray & White Matter T2 Values vs. Age



Adapted from Holland et al., MRI of Normal Brain Maturation. AJNR 1985 RCM/MIR

Contrast flip in T1 and T2 during first year

Courtesy Bob McKinstry, Washington University

Normative Pediatric MRI Database (MNI A. Evans+ Consortium)

A. MRI of the Developing Brain from Birth through 3 Years

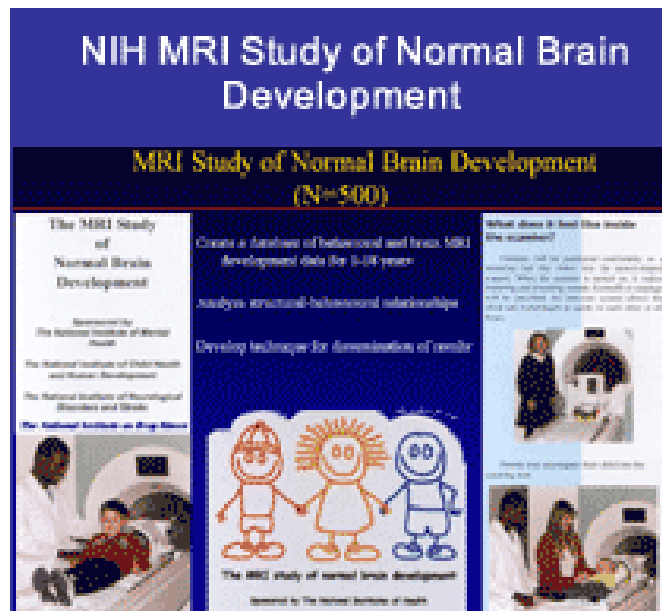


Fig. 3

0-3 months

3-6 months

6-12 months

12-18 months

24-36 months

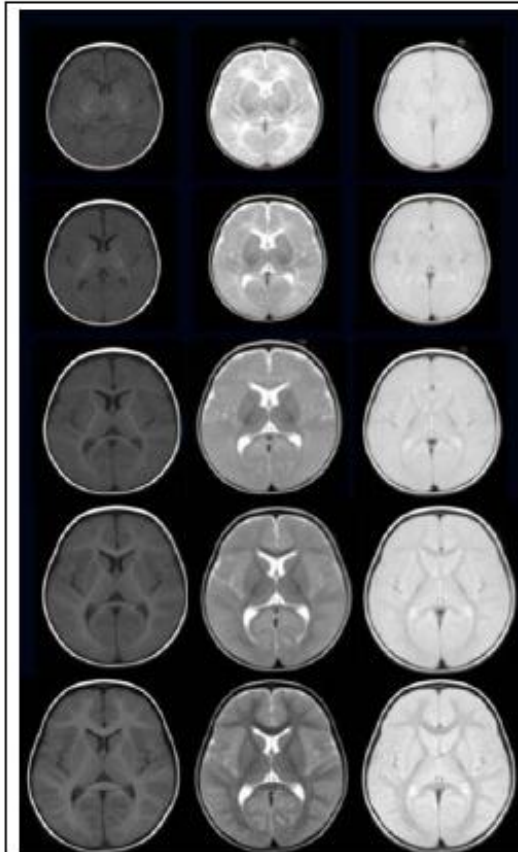
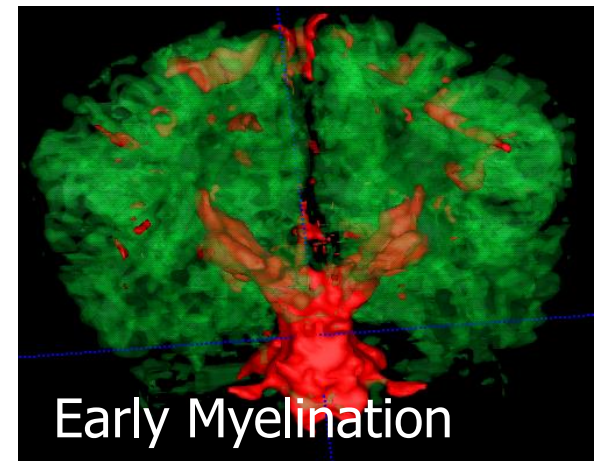
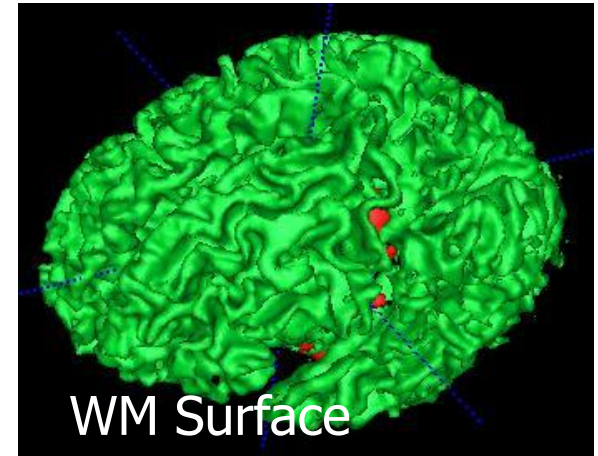
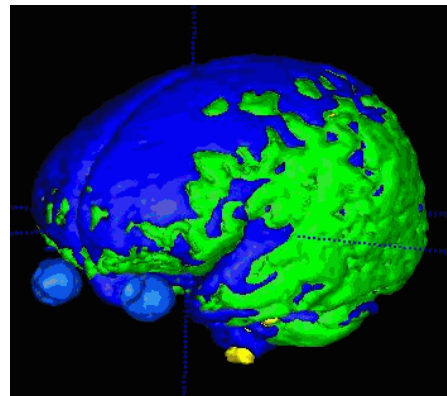
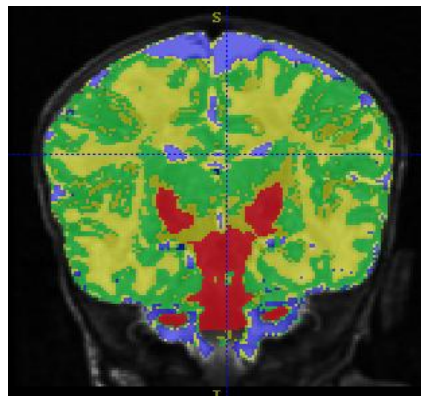
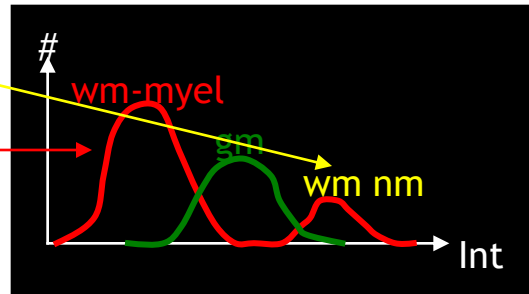
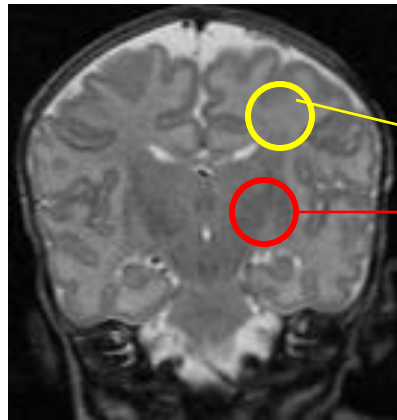


Fig 3 shows MRI data from the NIH MRI Study of Normal Development (NIHPD), from 50 children aged 10 days to 4 years (some scanned as many as 9 times). Note the dramatic myelination that occurs between 6 and 18 months (lighter in T₁ (left), darker in T₂ (middle) and PD (right)); with almost no gray-white contrast at ≤ 6 months.

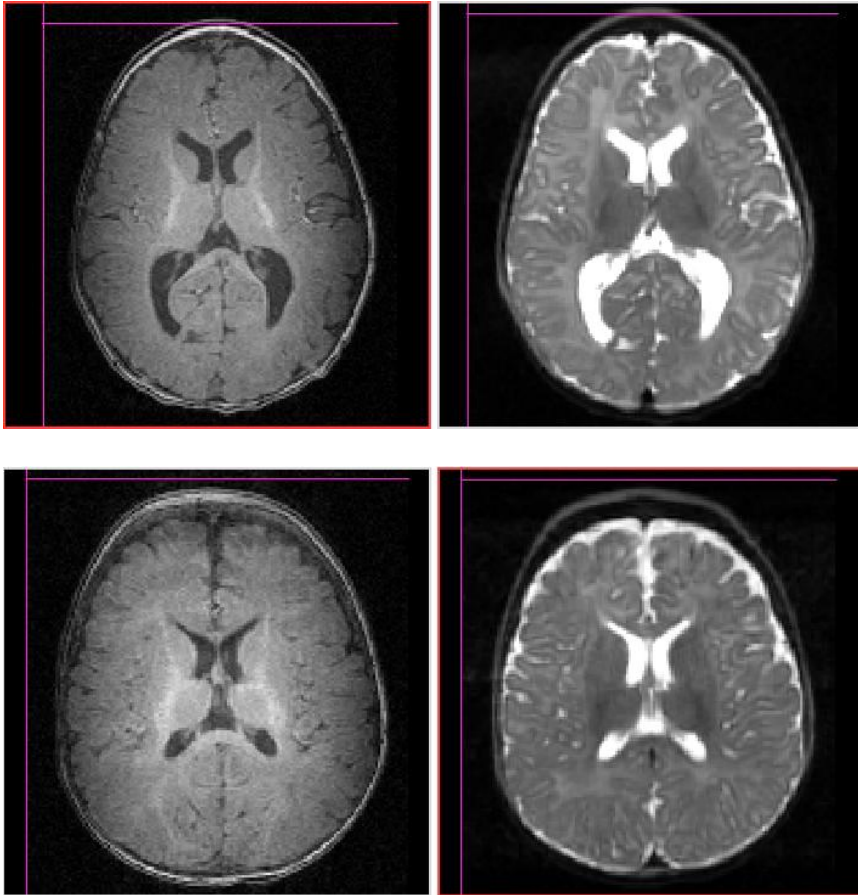
Frames here are extracted from a video (see CD in Appendix V or: www.bic.mni.mcgill.ca/users/alan/ACE_obj2model2.avi) of this cross-lagged longitudinal MRI data from 200 MRI studies. The individual datasets were spatially re-sampled into stereotaxic space (without overall size scaling). Scans from selected epochs were then averaged for each MRI sequence (T₁, T₂, PD).

Movie

Neonatal MRI Segmentation



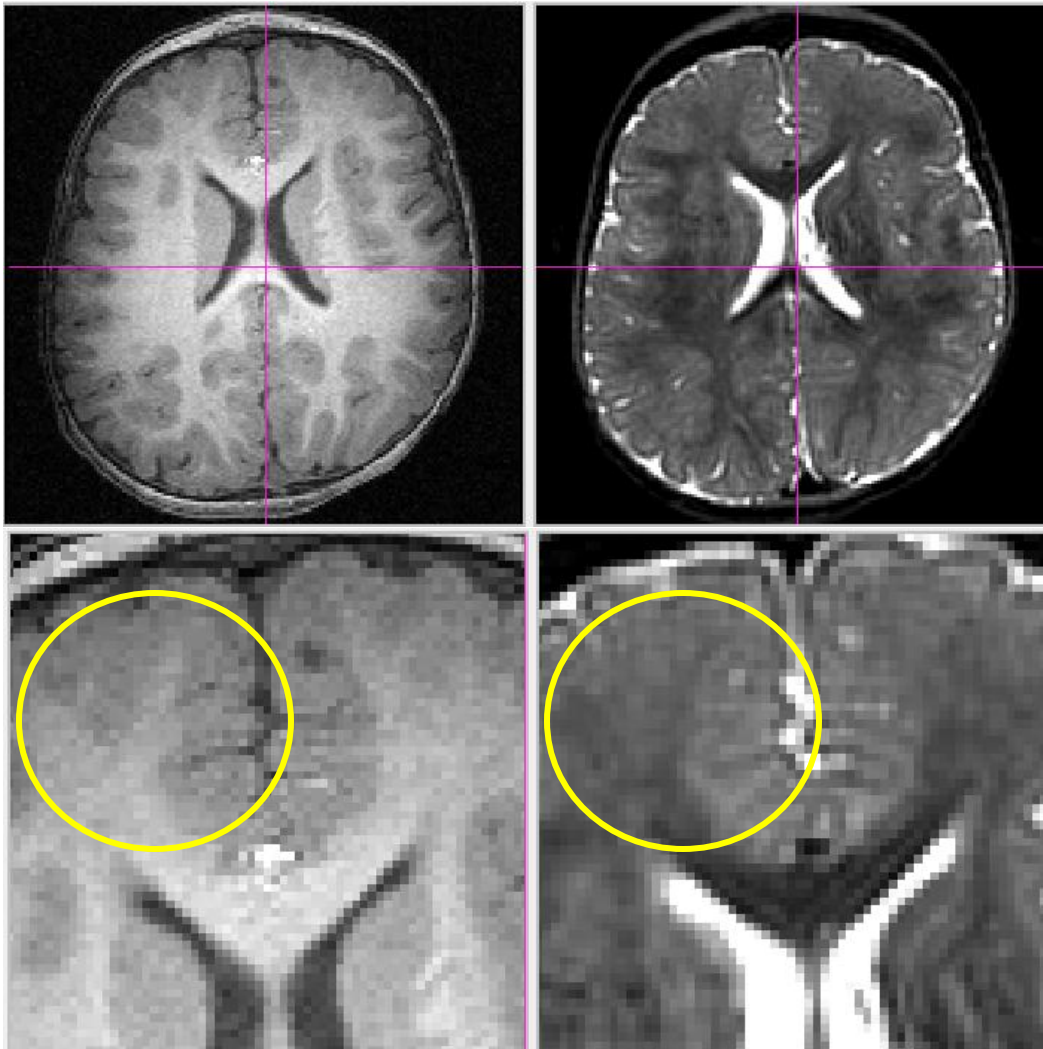
4 and 6 month old subjects



Intermediate stage
of contrast flip
between white and
gray, with no
differentiation in
T1w at 4-6 mt and
in T2 at 6-8 mt.

T1 and T2 are not
in sync w.r.t. tissue
contrast

Challenge in Segmentation of 1years olds



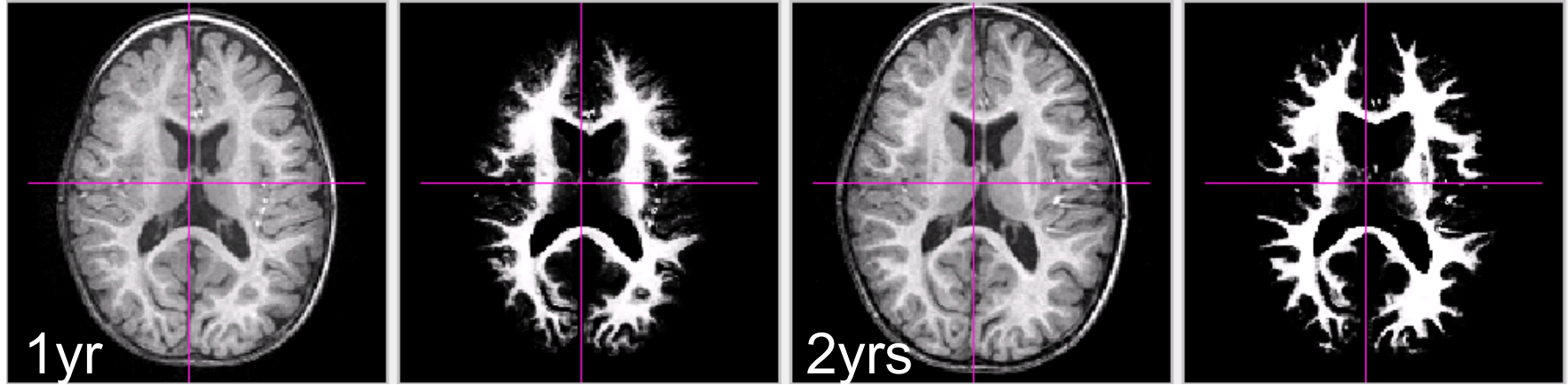
T1w axial and zoomed

T2w axial and zoomed

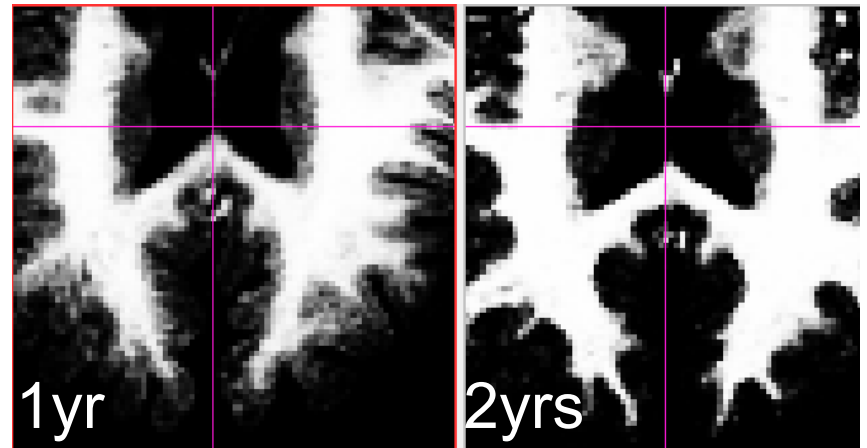
Difficulties for tissue segmentation:

- Strong bias inhomogeneity
- Gradual degree of myelination decreasing from central to peripheral regions
- Very low contrast in cortical white/gray
- T2 lags behind T1 in its ability to depict wm contrast and therefore even shows less

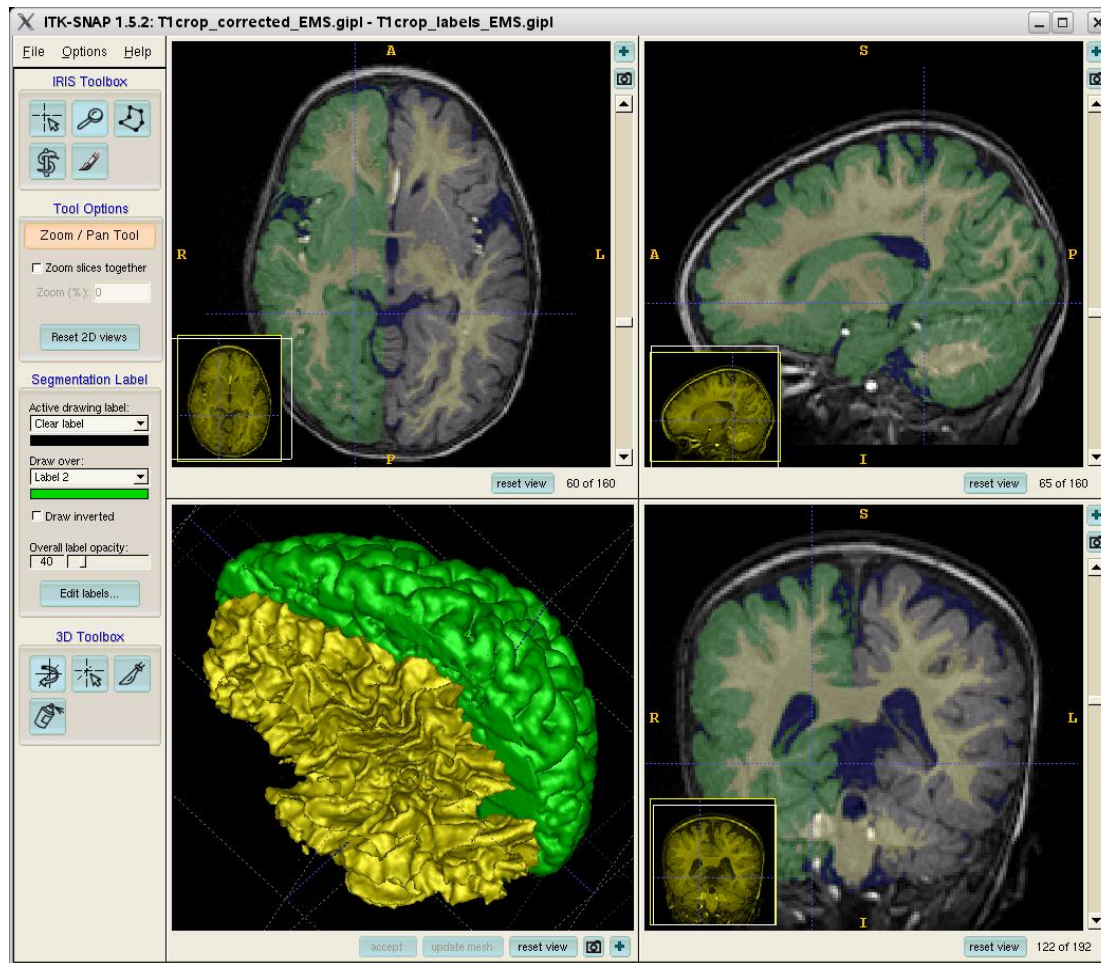
Follow-up: Hi-res T1 (Weili Lin, UNC)



T1 MRI of same child at 1yr and 2yrs with wm probability maps: wm/gm boundary more fuzzy at 1yr.

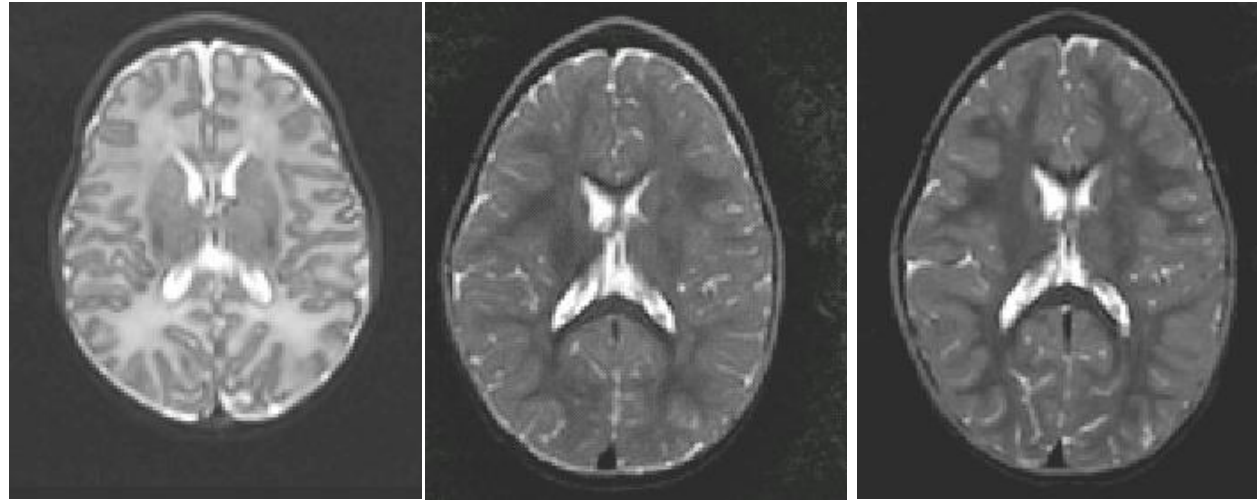


Brain Segmentation 1year old



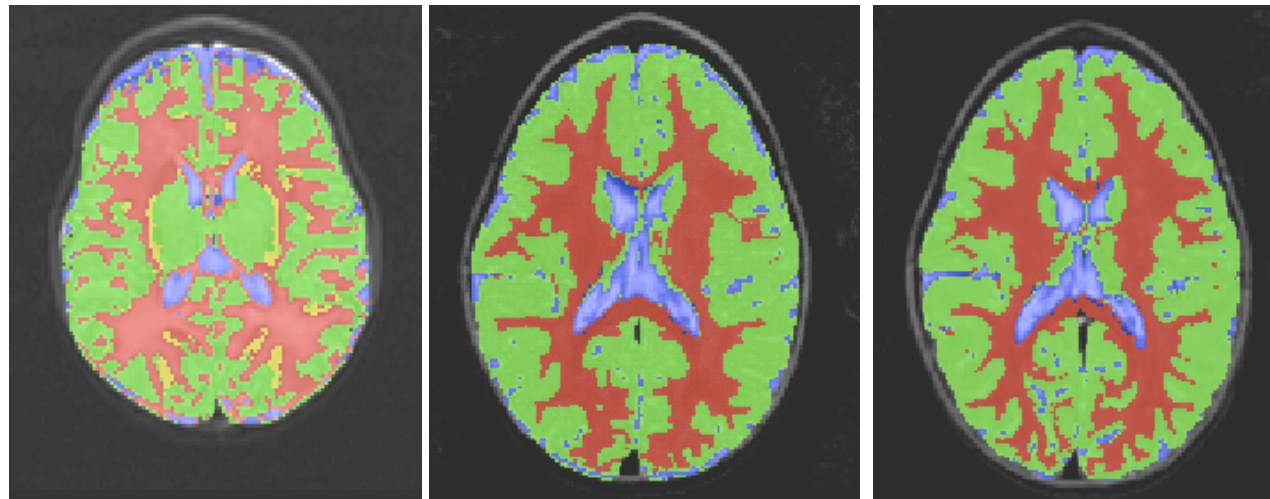
- Advanced version of expectation-maximization segmentation (M. Prastawa)
- Prior: Age-specific atlas
- Nonlinear registration of atlas to subject
- Robust, nonparametric clustering
- Parametric bias field

Current Solution: Individual Tissue Segmentation at each time point



Segmentation
procedures:

Prastawa et al.,



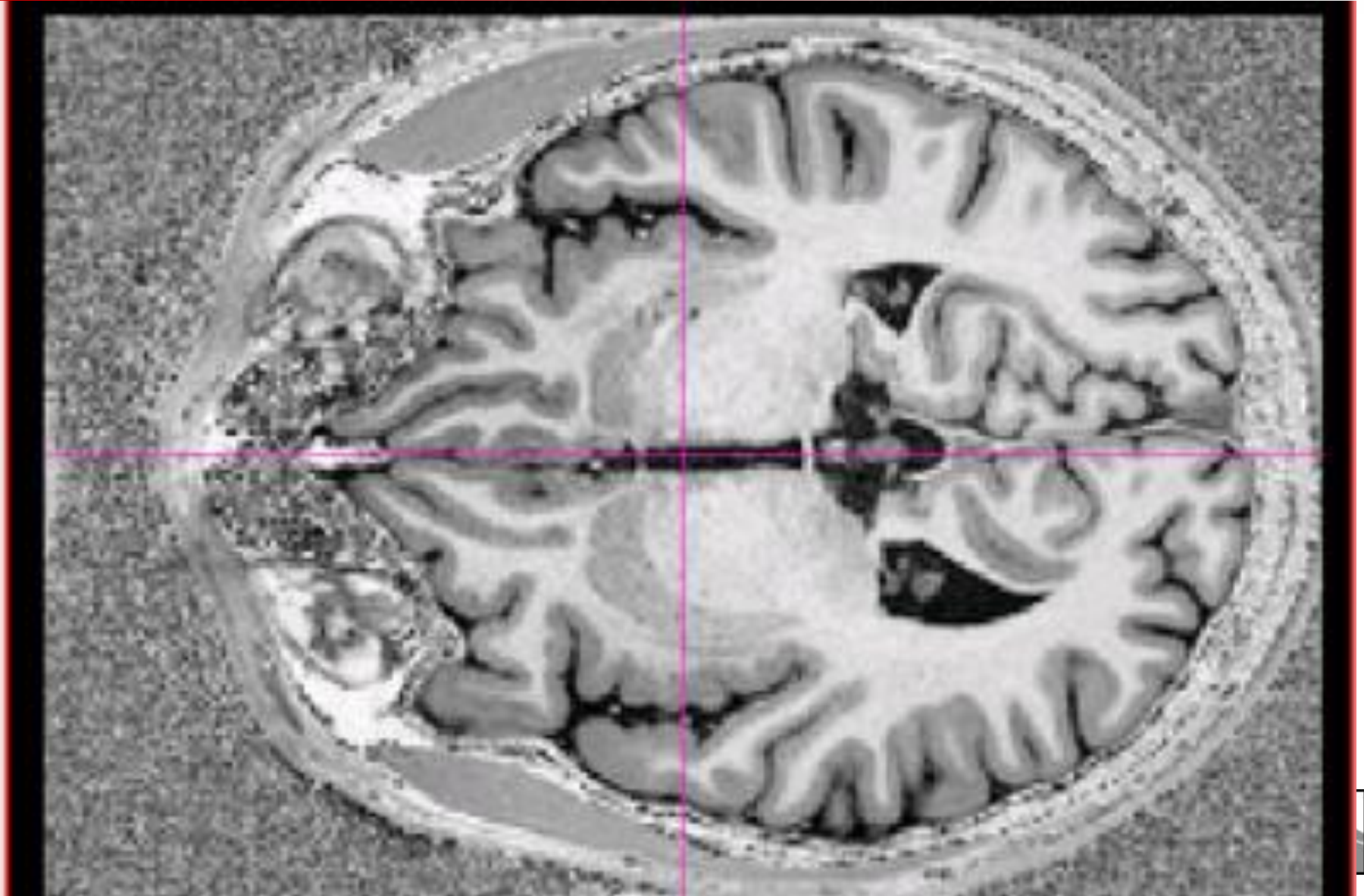
GM
WM
CSF

0.7 months

13.4 months

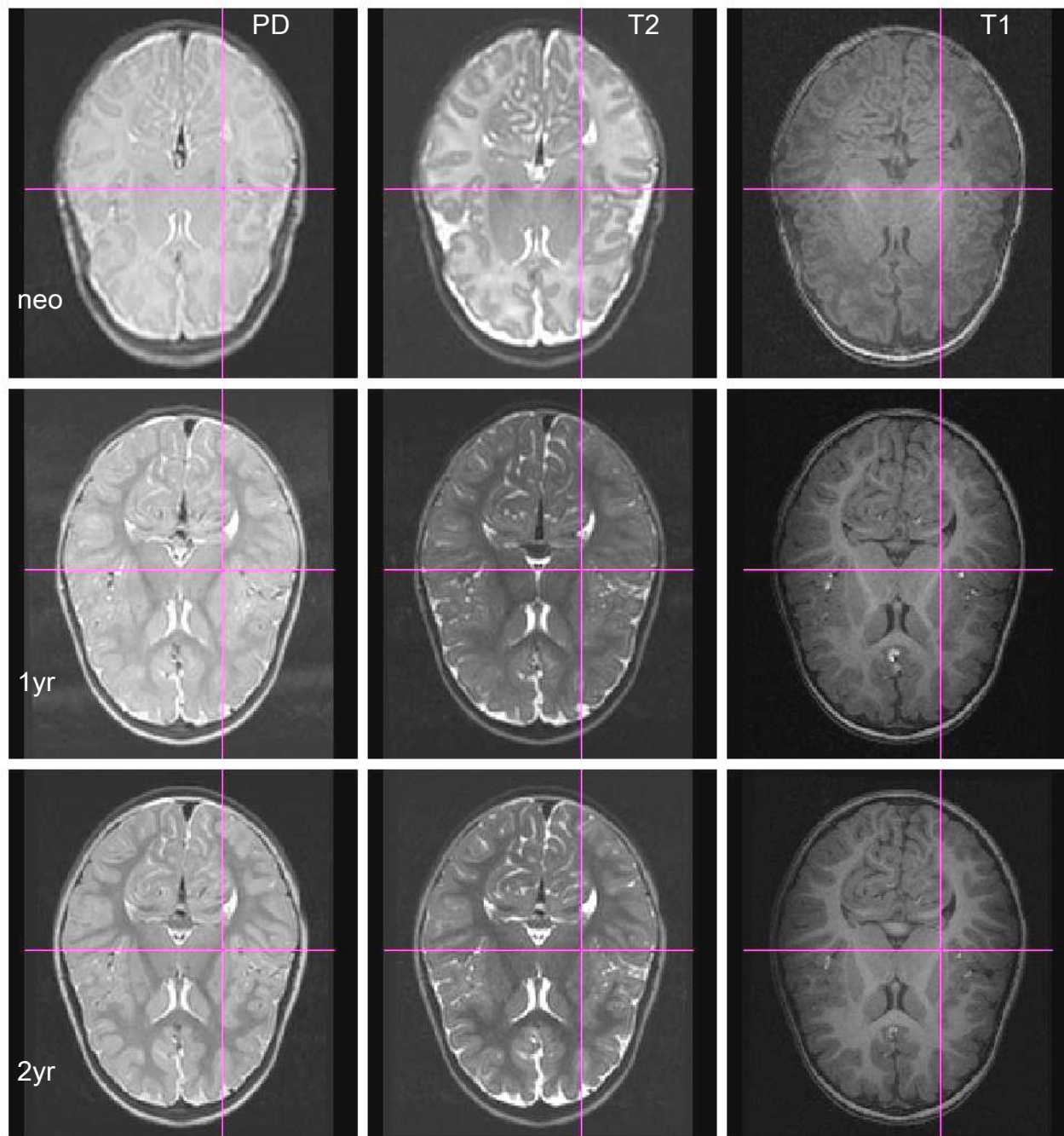
24.2 months

Pitfall: Bias inhomogeneity correction alters age-related contrast changes



Outline

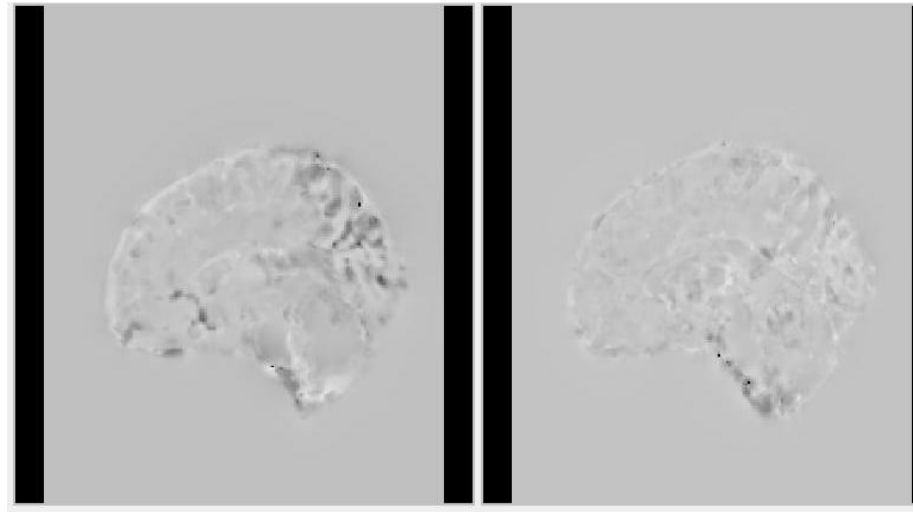
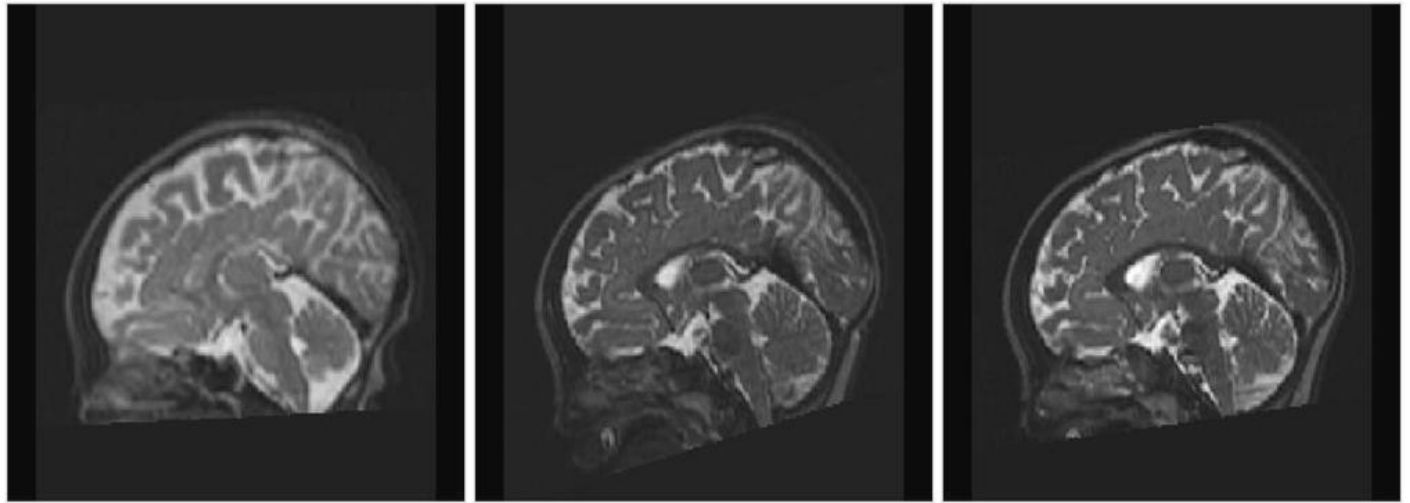
1. Imaging Technology for Pediatric Imaging
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trajectory

Goal: /

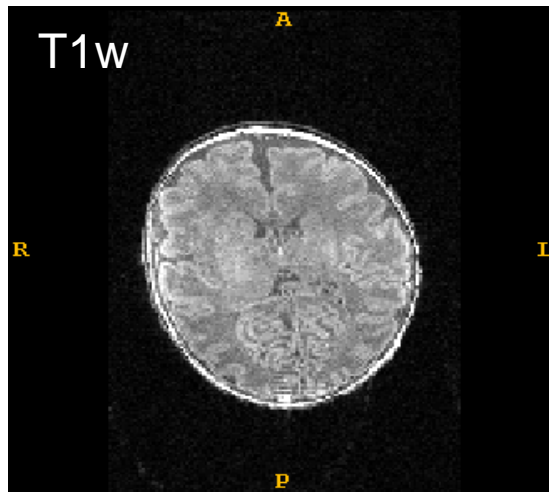
- Stabiliz
nonline
- Analyz



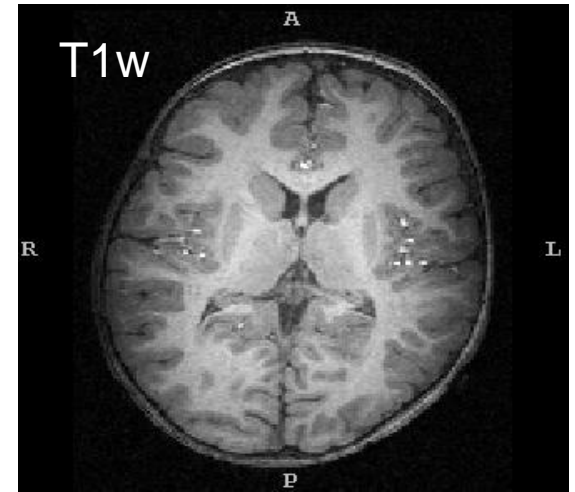
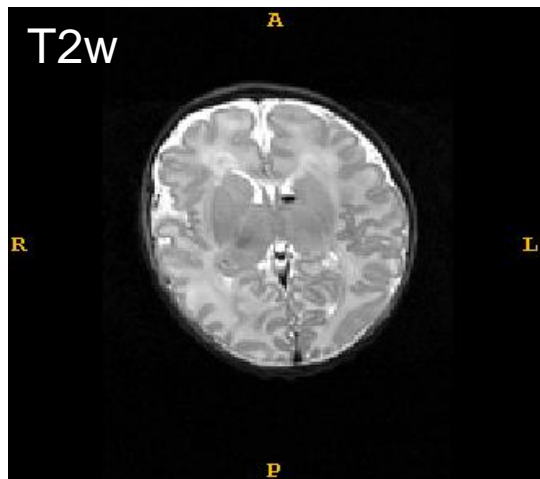
$\text{Log}(|\text{Jac}|)$

See work by Rueckert et al., Studholme et al.
on deformation analysis

Atlas-building with changing contrast?



2 weeks



2 years

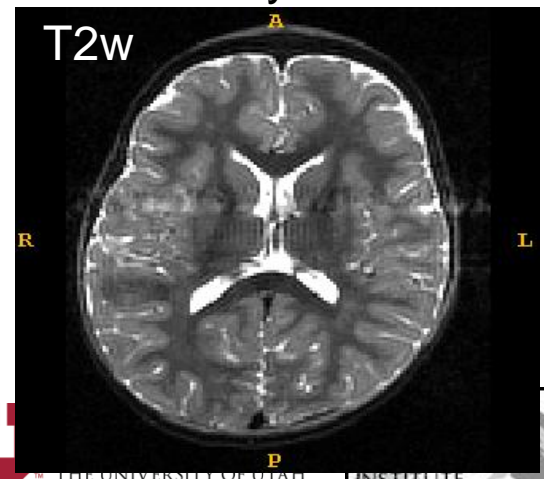
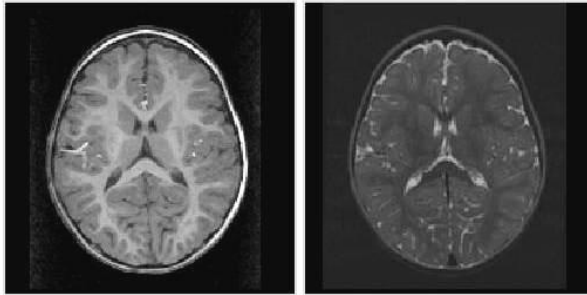
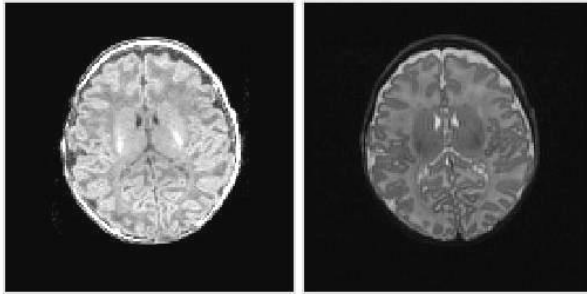
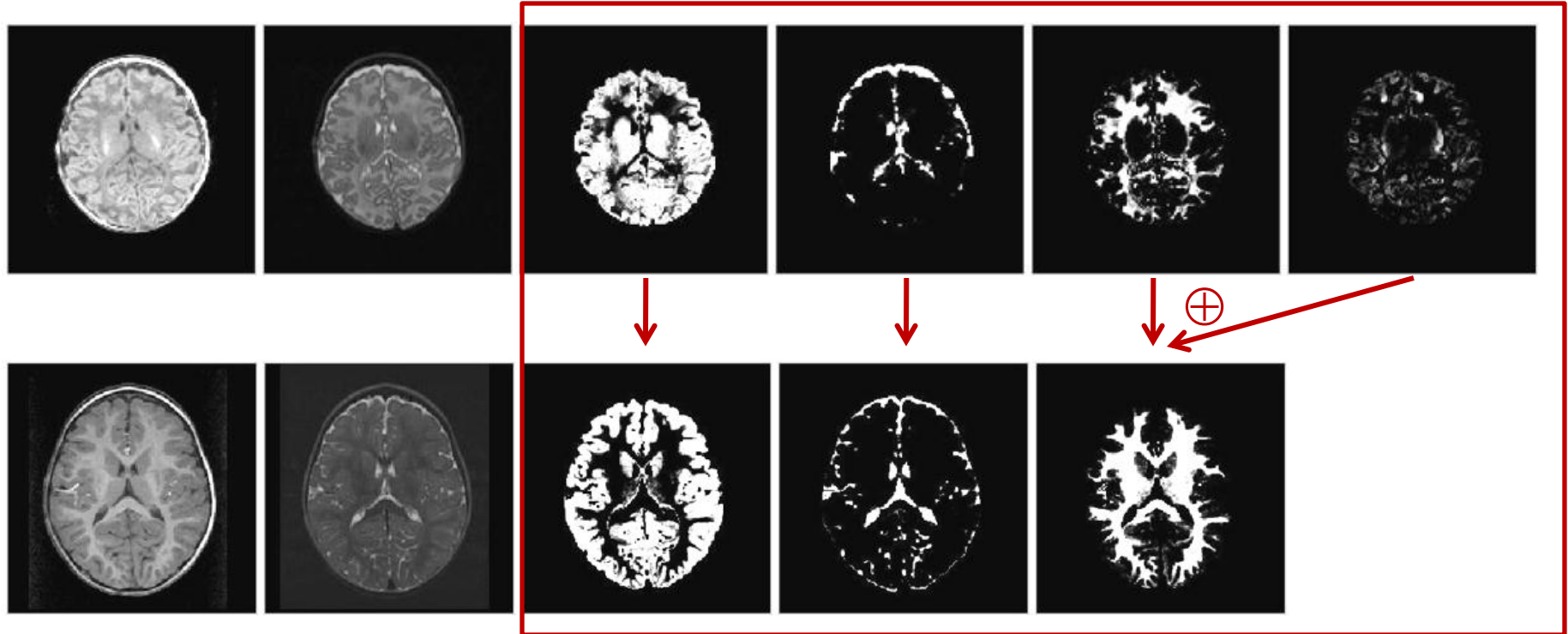


Image registration with changing contrast and structures



Direct registration
of multi-channel
MRI: Difficult

Image registration with changing contrast and structures

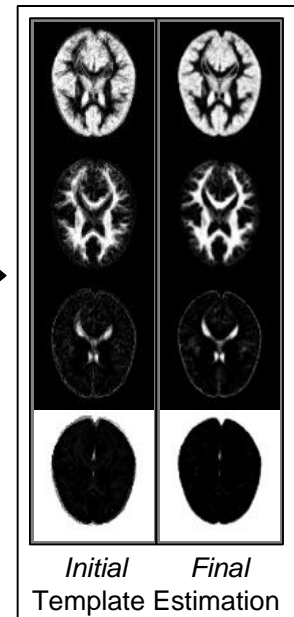
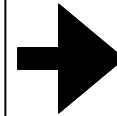
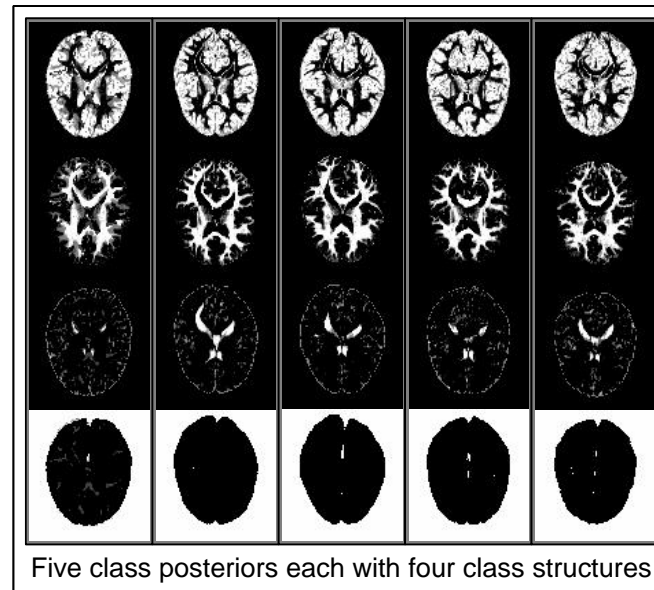
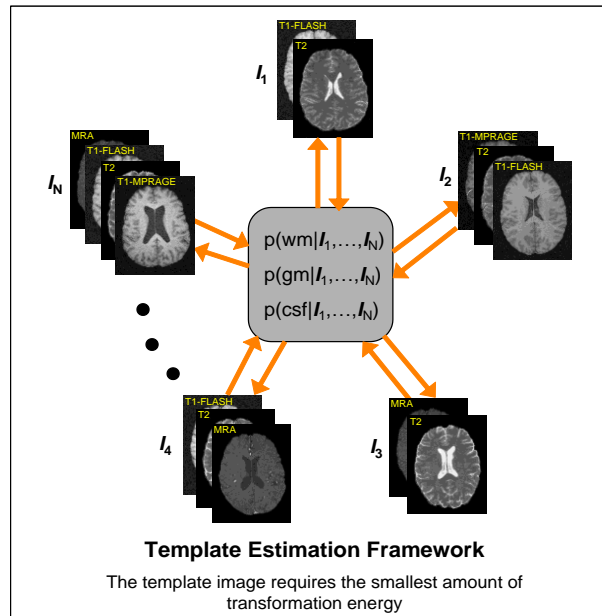


Direct registration
of multi-channel
MRI: Difficult

- Registration via sets of tissue probabilities
- Kullback-Leibler Divergence

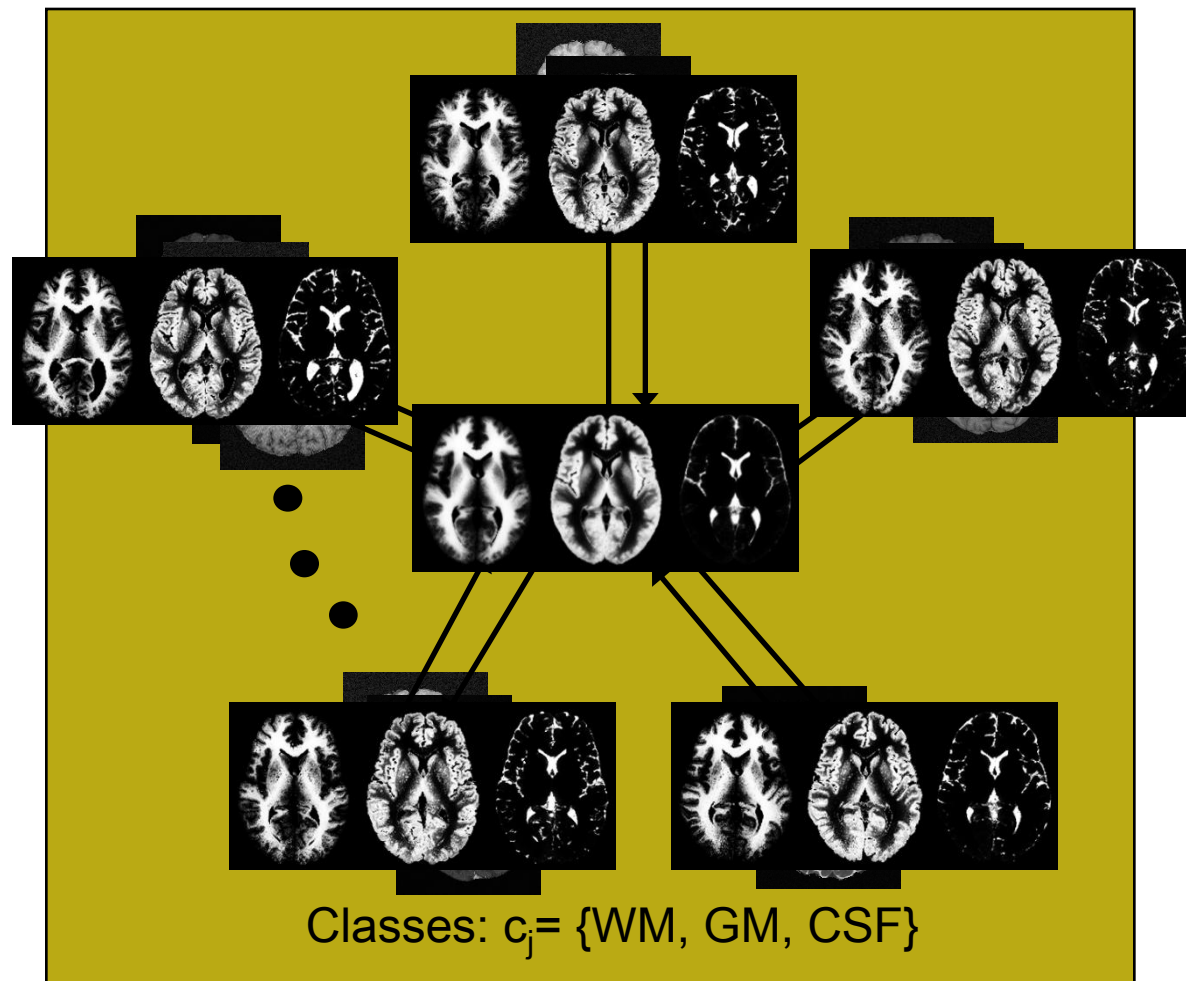
Atlas-building for multi-modality MRI and images of changing contrast:

Multi-class Posterior Atlas Formation (Lorenzen PhD)



Peter Lorenzen, Marcel Prastawa, Brad Davis, Guido Gerig, Elizabeth Bullitt, and Sarang Joshi, *Multi-Modal Image Set Registration and Atlas Formation*, Medical Image Analysis MEDIA, Elsevier, 2006

Multi-Class Posterior Atlas Formation

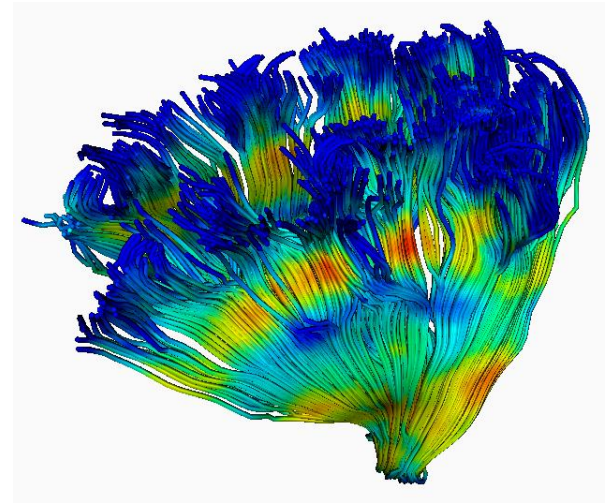


See also
MICCAI'09 by
Piotr A Habas,
Kim, Rousseau,
Studholme.
Spatio-temporal
atlas ...

P. Lorenzen, M. Prastawa, B. Davis, G. Gerig, E. Bullitt,
and S. Joshi, *Multi-Modal Image Set Registration and
Atlas Formation*, Medical Image Analysis MEDIA, 2006

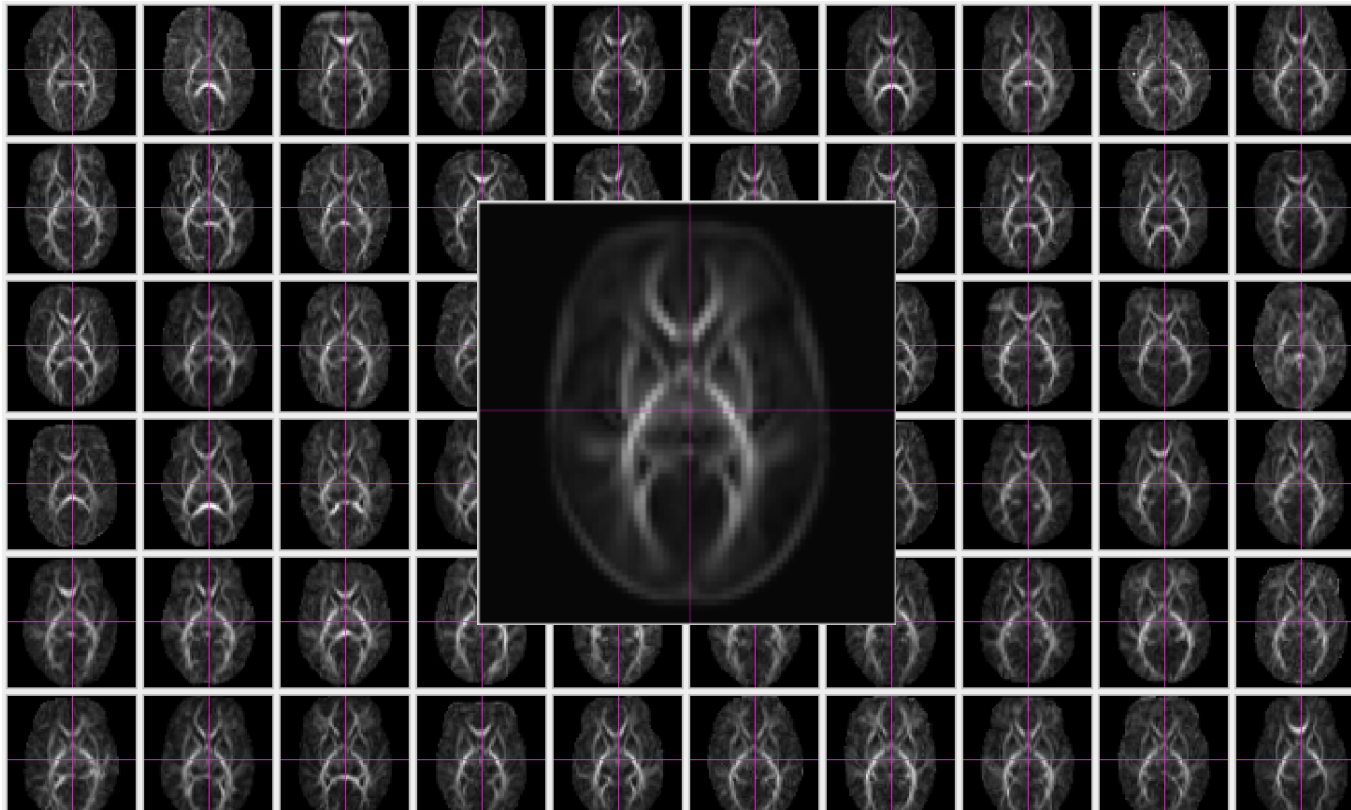
Outline

1. Imaging Technology for Pediatric Imaging
2. Analysis of structural MRI
3. Image Registration
4. Population Studies of DTI
5. Results



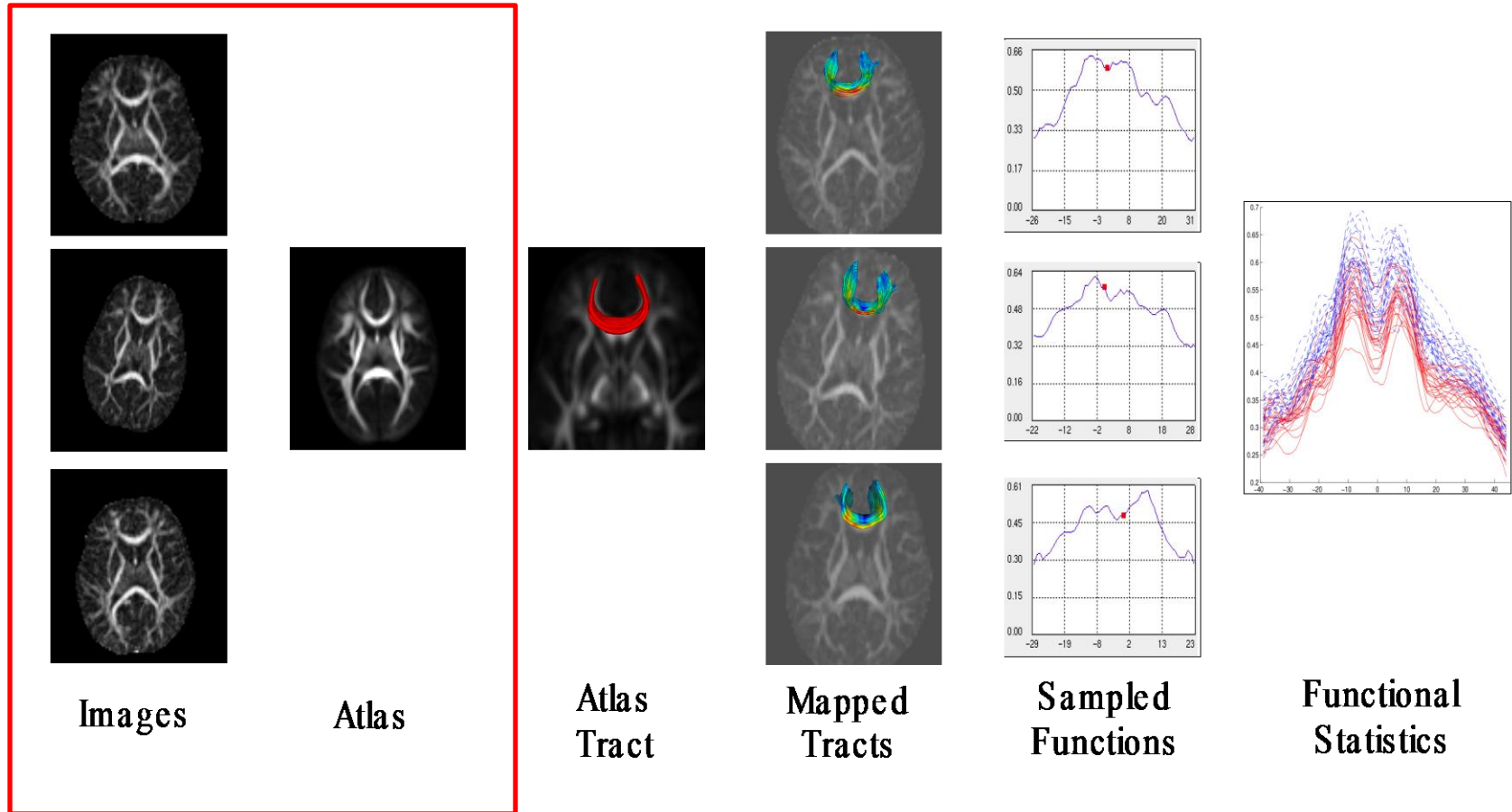
Population-based analysis of fiber tracts

Example: 150 neonate DTI mapped to unbiased atlas

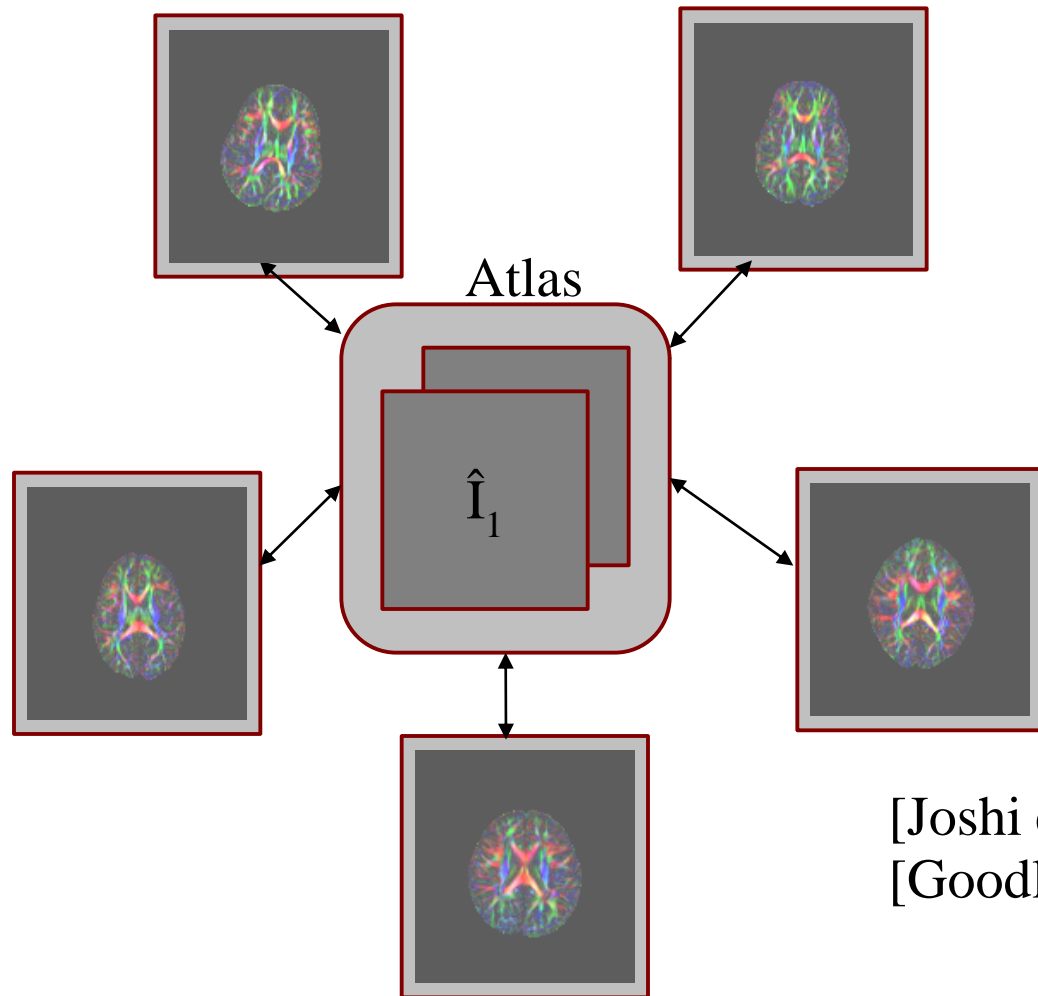


Casey
Goodlett,
Sarang Joshi,
Sylvain
Gouttard,
Guido Gerig,
SCI Utah
(MICCAI'06,
MICCAI'08,
NeuroImage
(in press))

Concept: Group statistics of fiber tracts

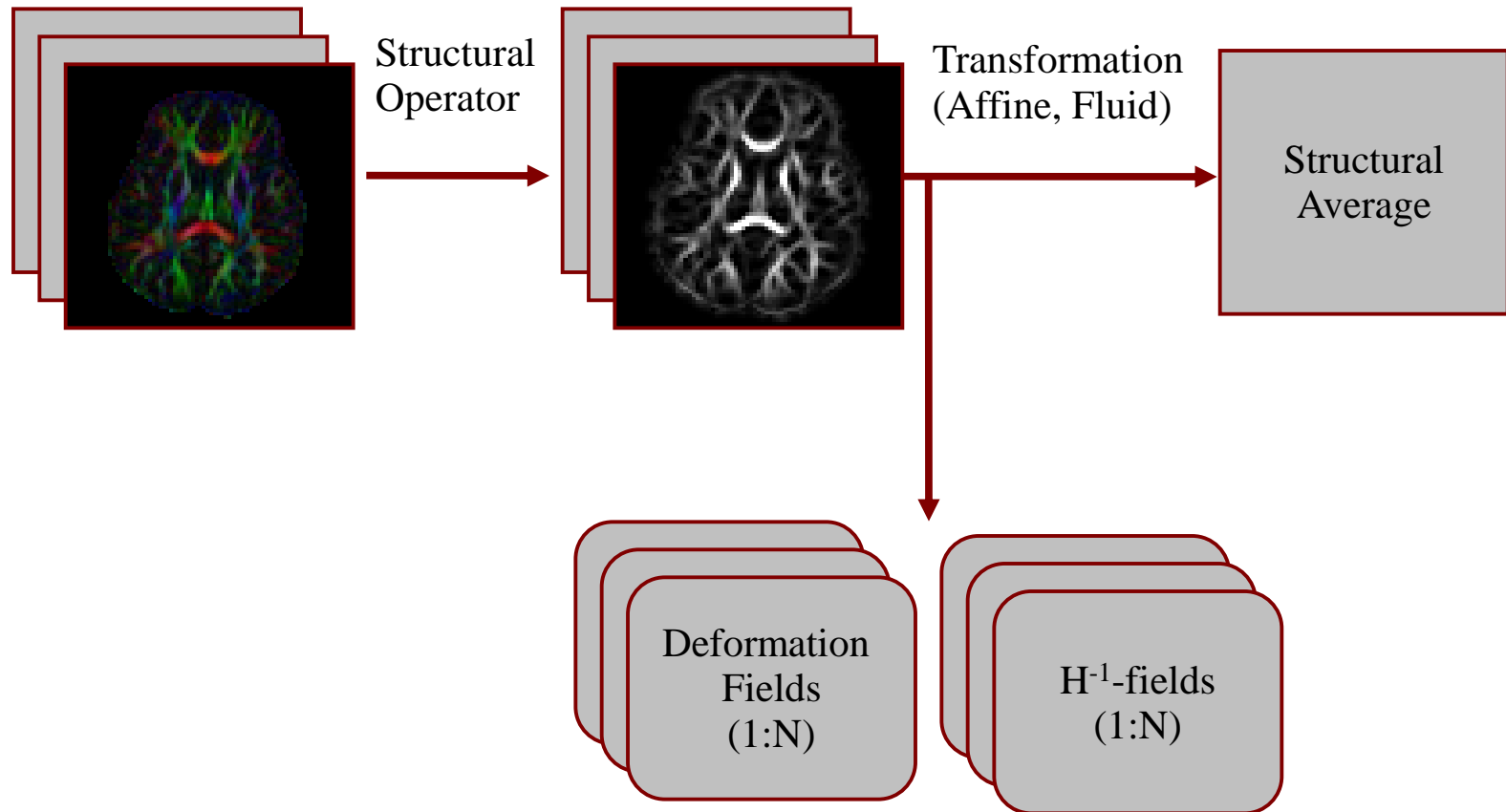


Atlas Building

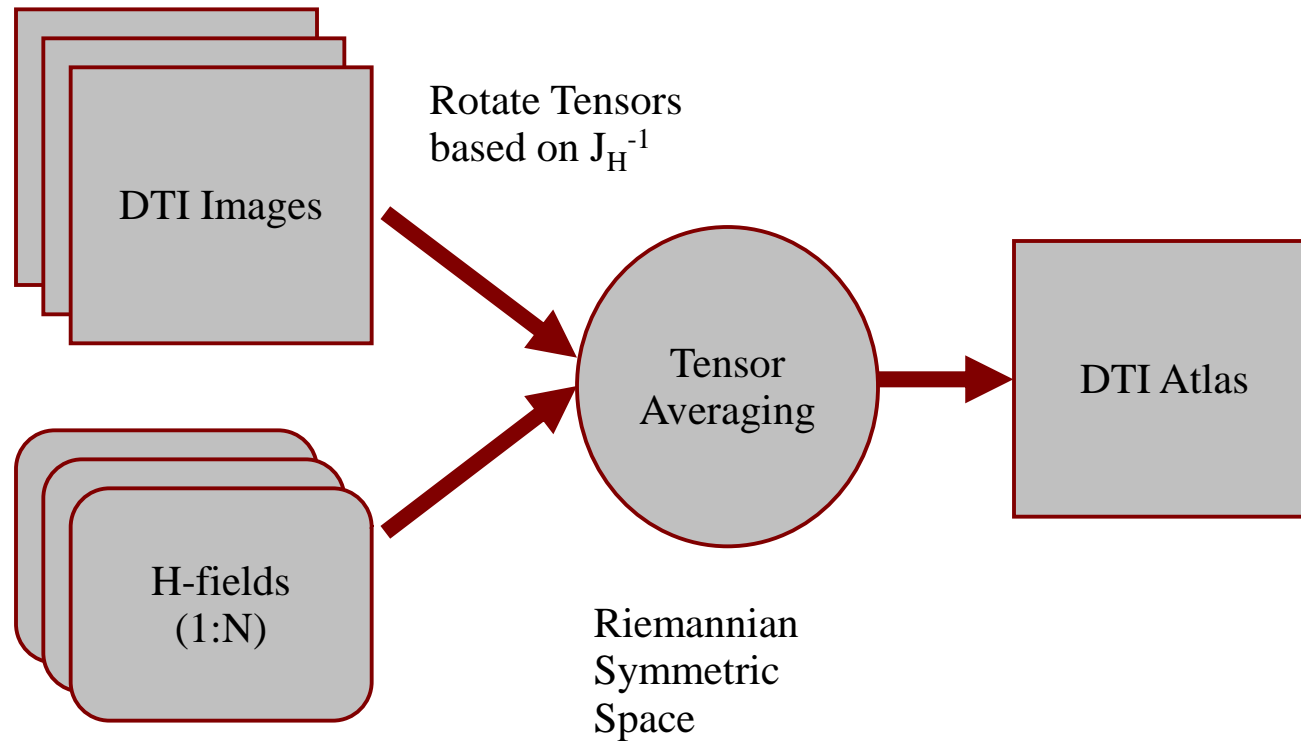


[Joshi et al 2004]
[Goodlett et al 2006]

Estimation of coordinate transformations

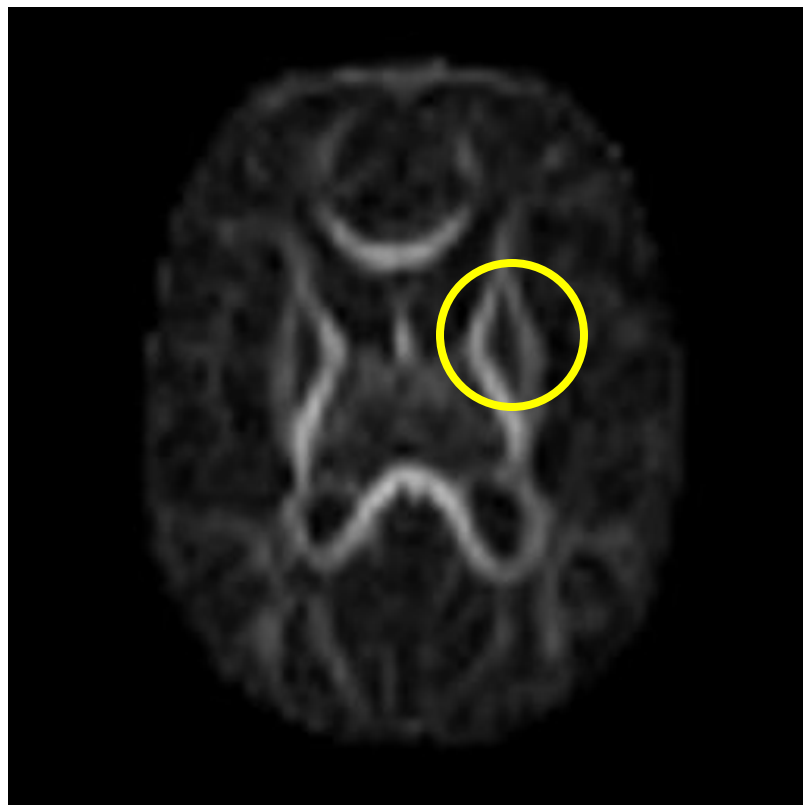


Computation of mean tensor images

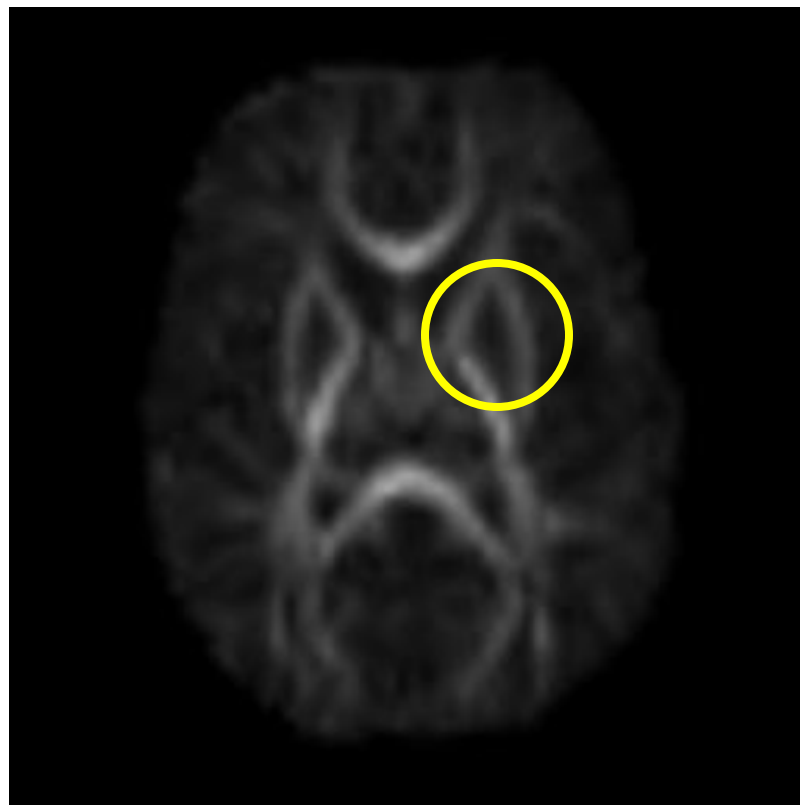


- Reorientation of tensors (Alexander, Jones)
- Interpolation of DWI or tensors (Fletcher, Arsigny, Westin&Kindlman)

Co-registration: From linear to nonlinear

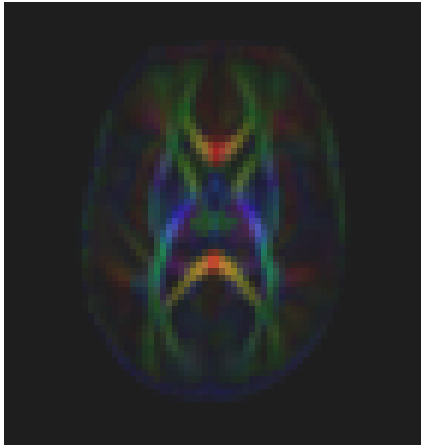


Linear registration (affine)

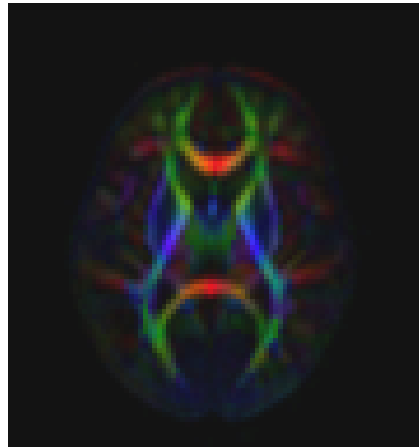


Nonlinear registration (fluid)

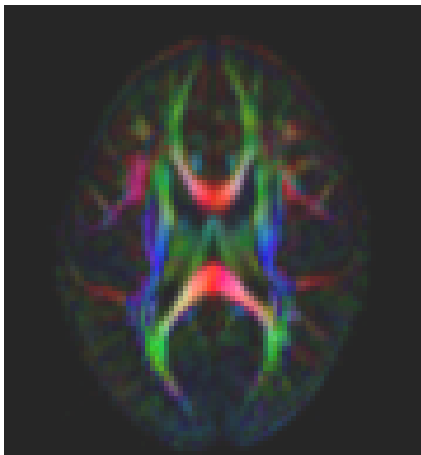
Application: Neurodevelopmental Statistical Atlases



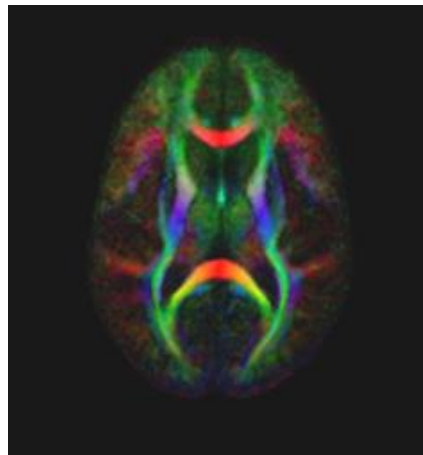
Neonate (N=95)



1 year (N=25)



2 year (N=25)

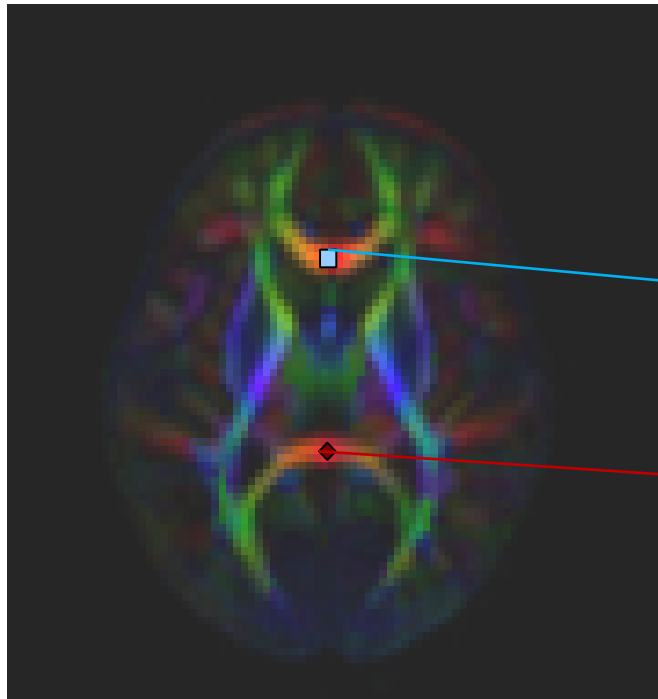


Adult (N=24)



Collaborative research on studying the early developing brain with John H. Gilmore and Weili Lin, UNC Chapel Hill

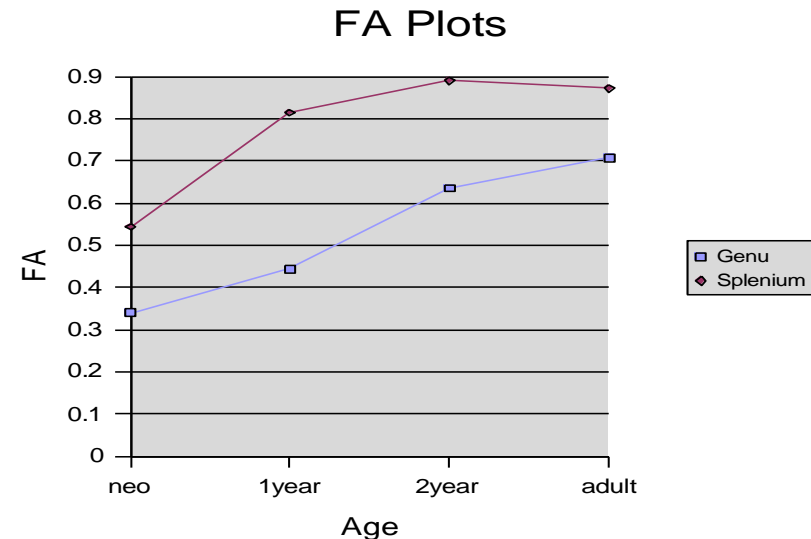
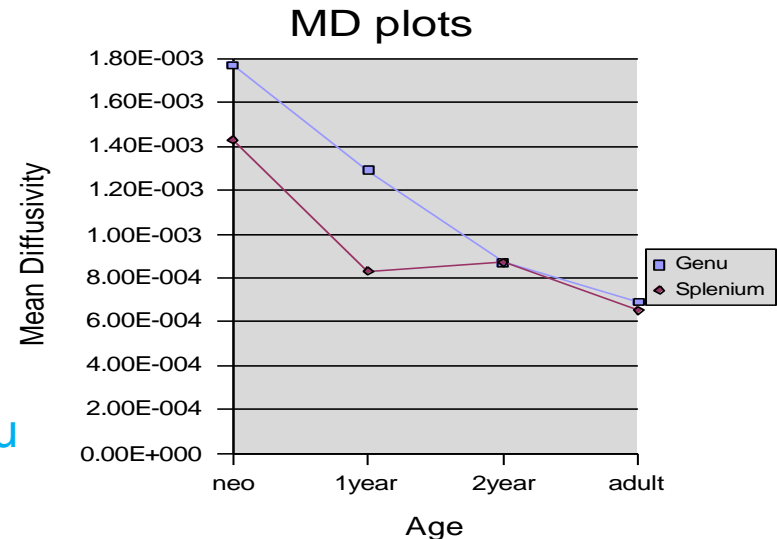
Sample Quantitative Statistics



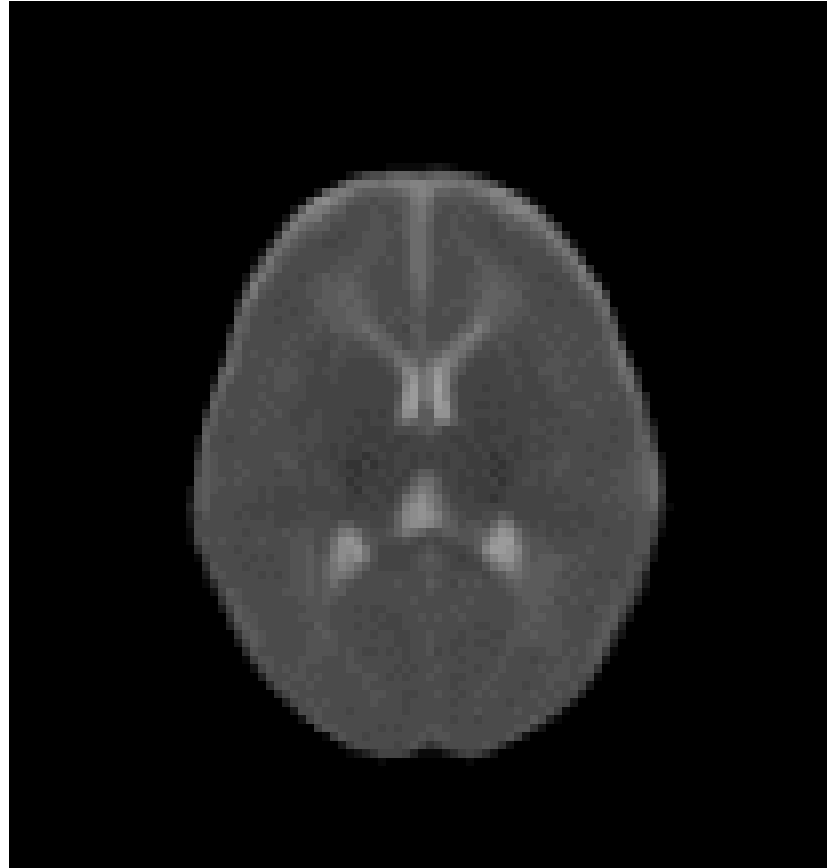
Genu

Splenium

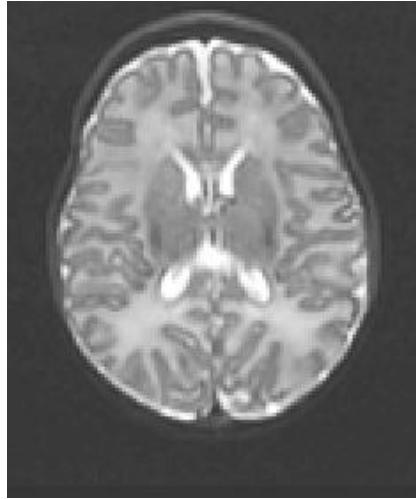
See also: I seminal work by Dubois, Mangin, LeBihan et al.



Neurodevelopmental atlas



Neurodevelopment in sMRI and DTI



neonate

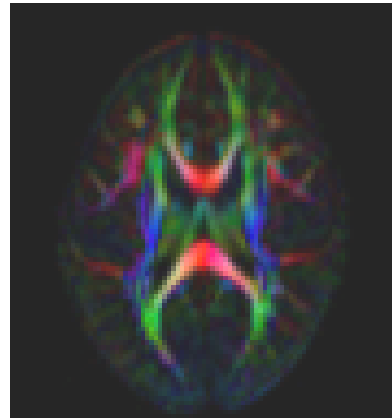
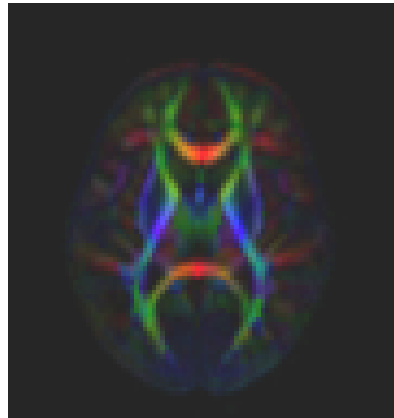
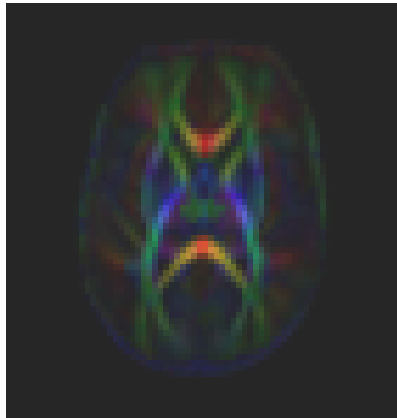


1 year



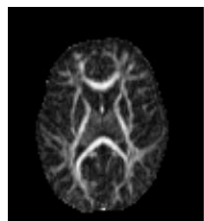
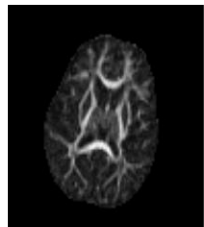
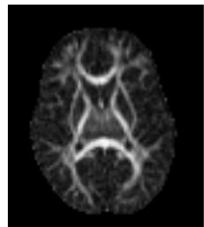
2 years

Structural MRI shows contrast flip due to wm structuring.

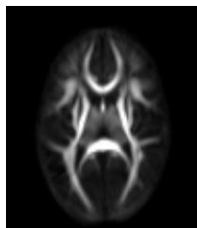


DTI shows a type of continuous maturation process.

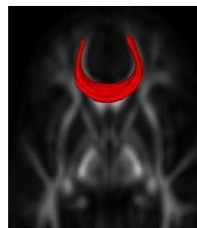
Concept: Group statistics of fiber tracts



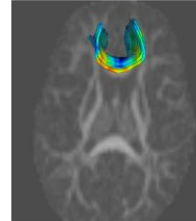
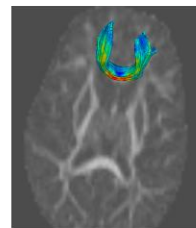
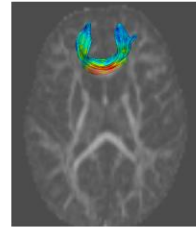
Images



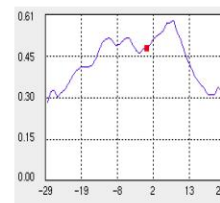
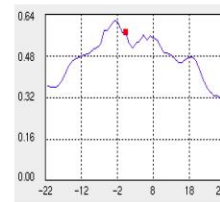
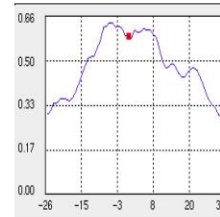
Atlas



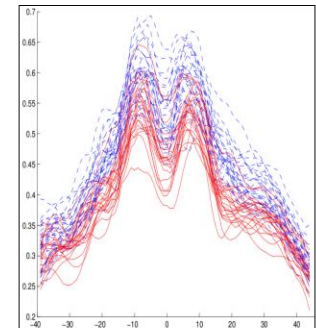
Atlas
Tract



Mapped
Tracts

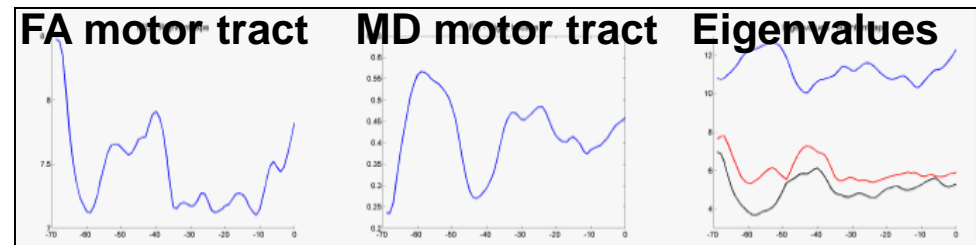
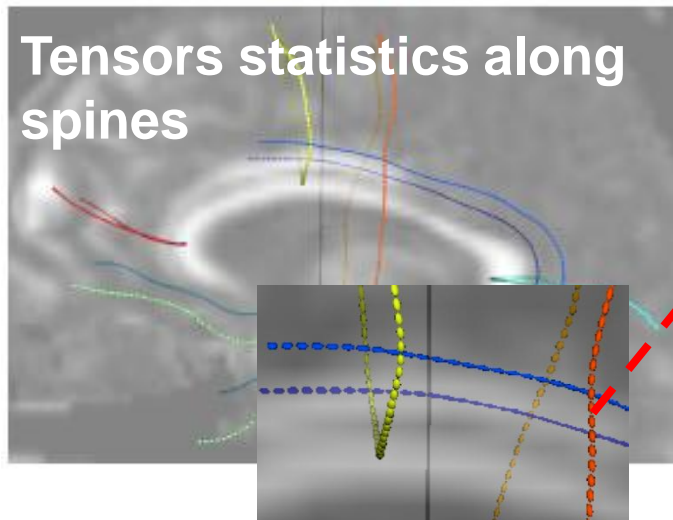
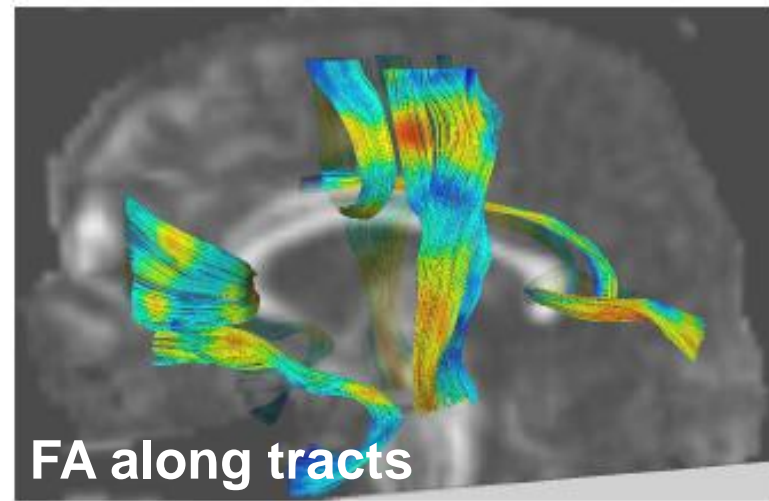
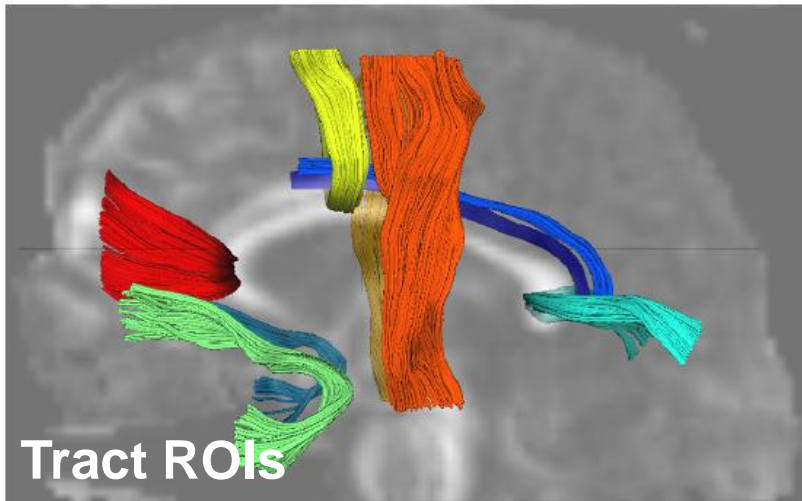


Sampled
Functions



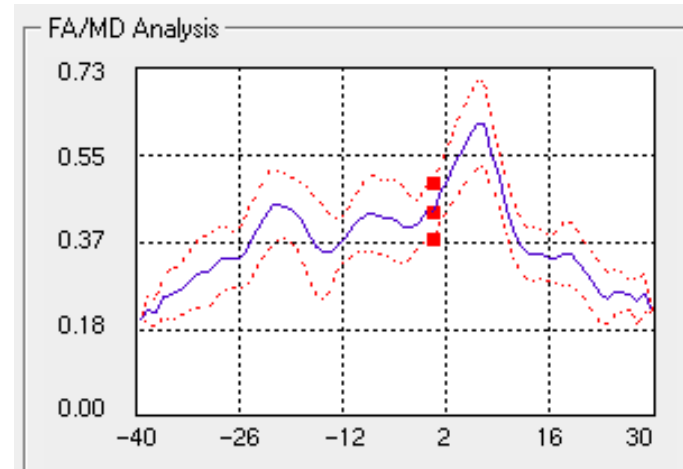
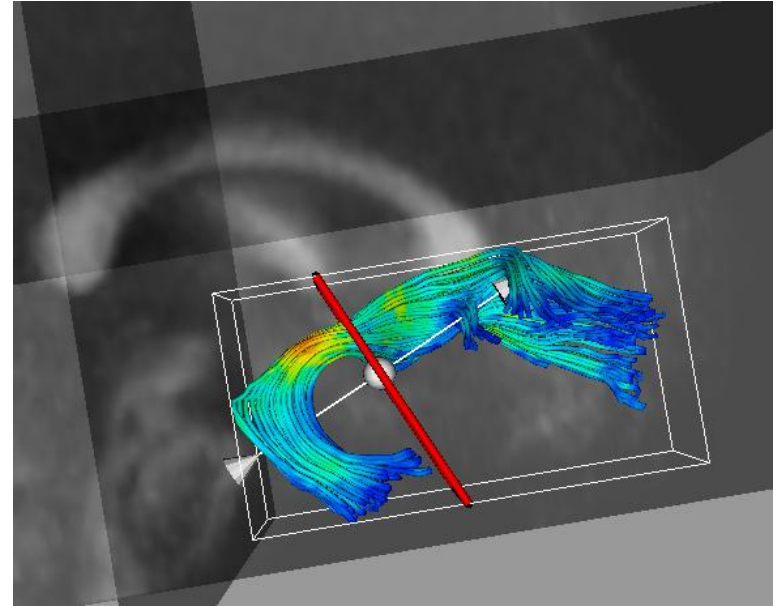
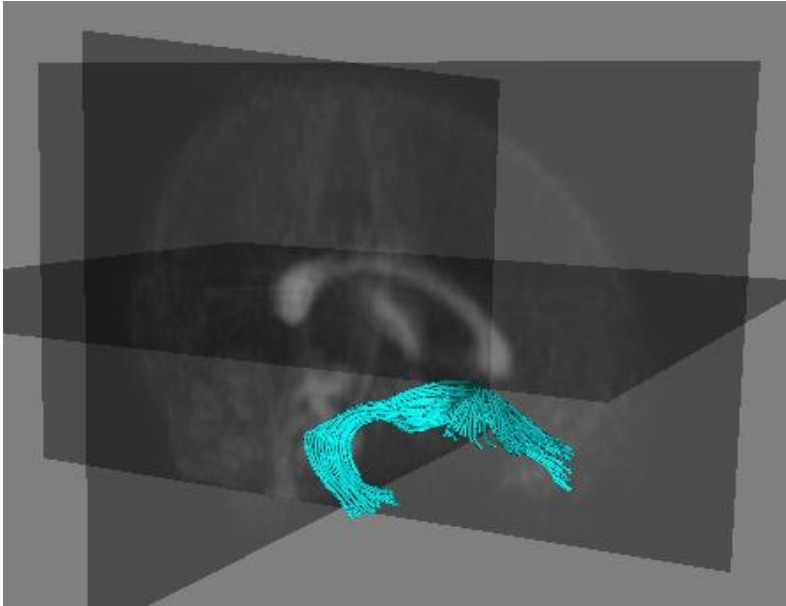
Functional
Statistics

Quantitative Tractography



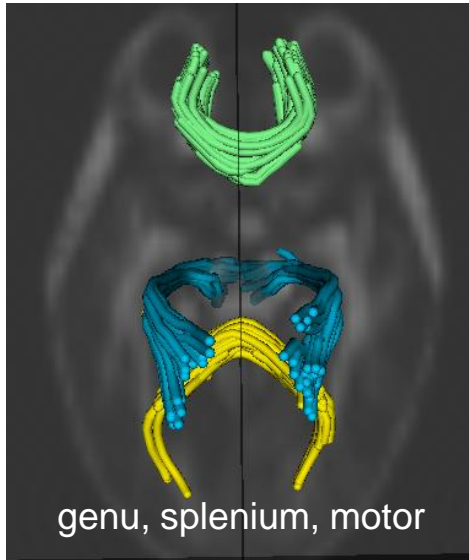
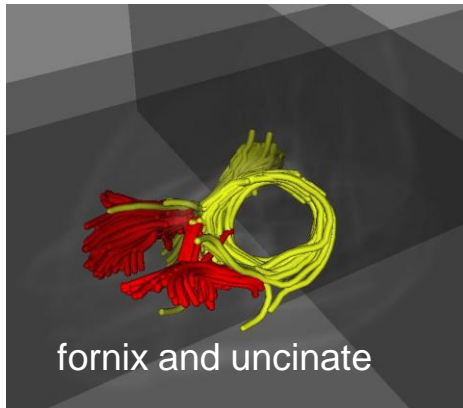
- Tractography for ROI definition
- Tensor analysis for statistics along tracts
- Corouge, Gouttard, Gerig, MedIA'06

Example Uncinate Fasciculus

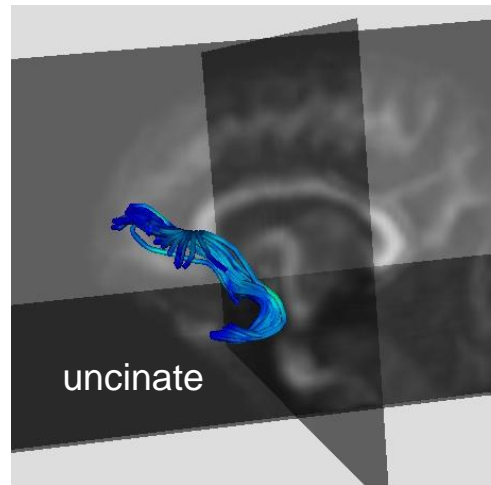
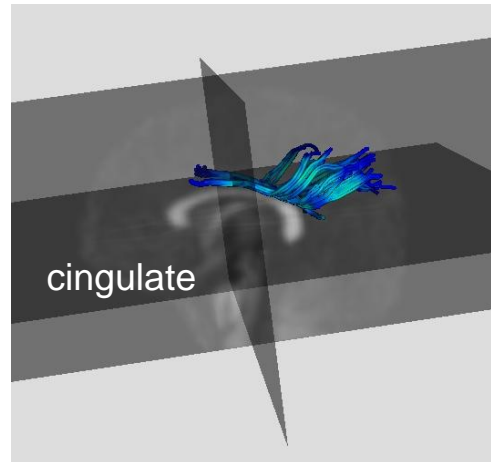


Corouge et al. *Fiber tract-oriented statistics for quantitative diffusion tensor MRI analysis*. Medical Image Analysis 2006.
FiberViewer software - <http://www.ia.unc.edu/dev/>

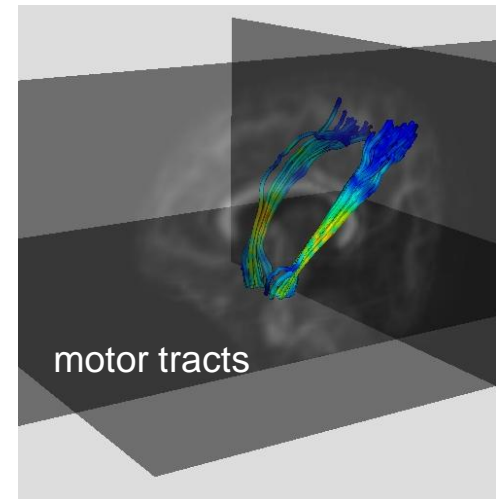
Fiber Tractography via Atlases



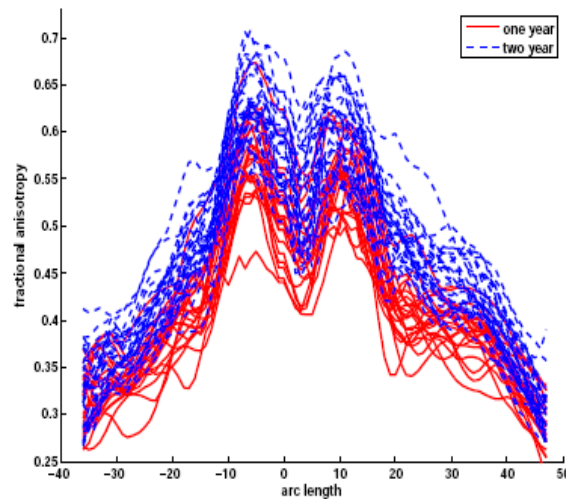
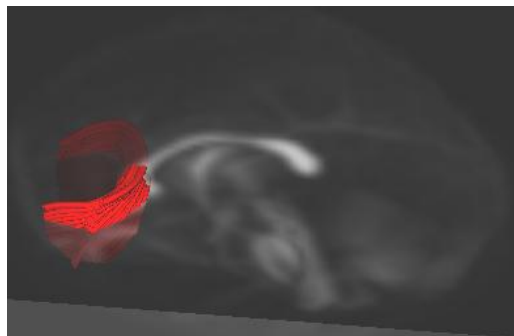
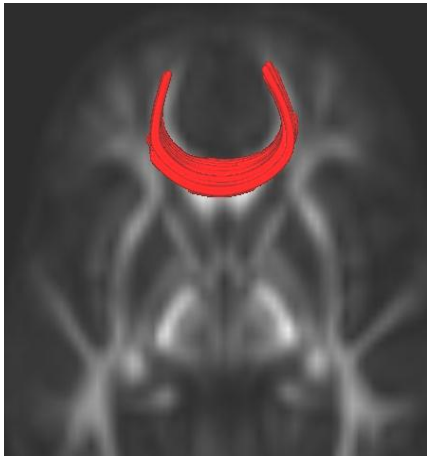
Neonate atlas DTI



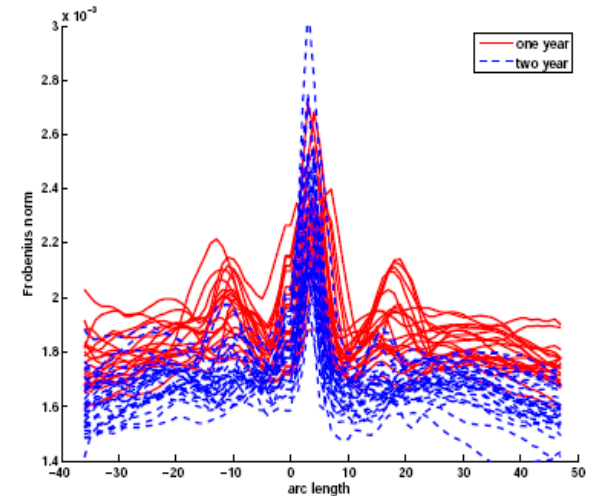
1yr atlas DTI



Pediatric Example: Genu Tract 1-2yrs



(b) All FA curves



(c) All norm curves

- Working example of 1 year vs. 2 year subjects
- Significance expected
- Discrimination provides interpretation

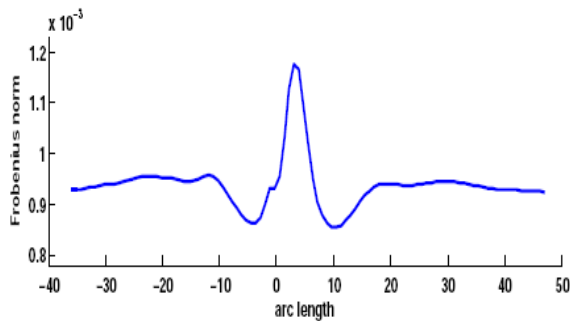
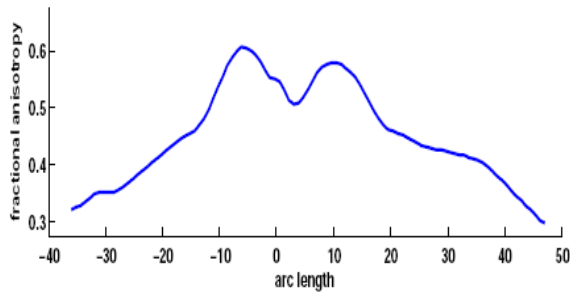
Functional Data Analysis

- Underlying biology of measurements is continuous
- Tract analysis samples from the continuous biology
- Global vs. point-wise statistics
 - Smoothing
 - Dimensionality Reduction
- Ramsay and Silverman 2002

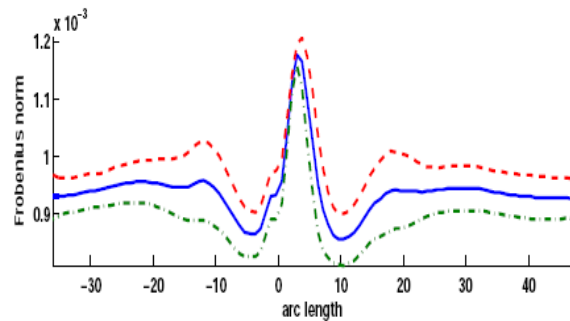
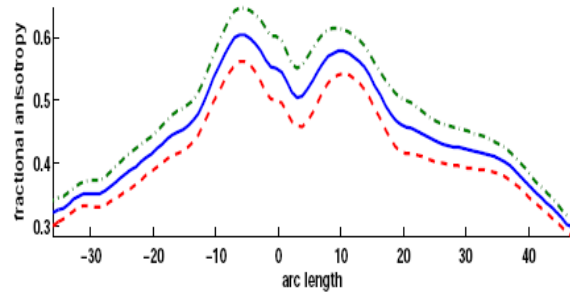
- Functional Statistics: $\bar{f}(t) = \frac{1}{N} \sum_{i=1}^N f_i(t),$

$$v(s, t) = \frac{1}{N-1} \sum_{i=1}^N (f_i(s) - \bar{f}_i(s))(f_i(t) - \bar{f}_i(t)).$$

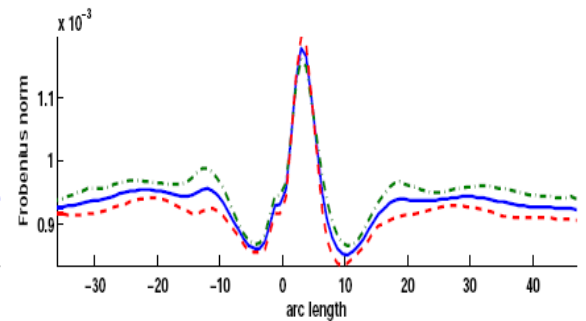
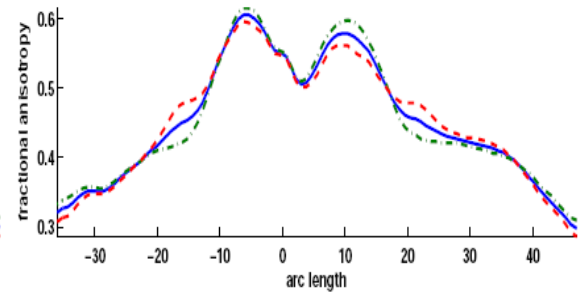
Functional PCA



(a) Mean Functions



(b) PCA 1



(c) PCA 2

Hypothesis testing and discrimination

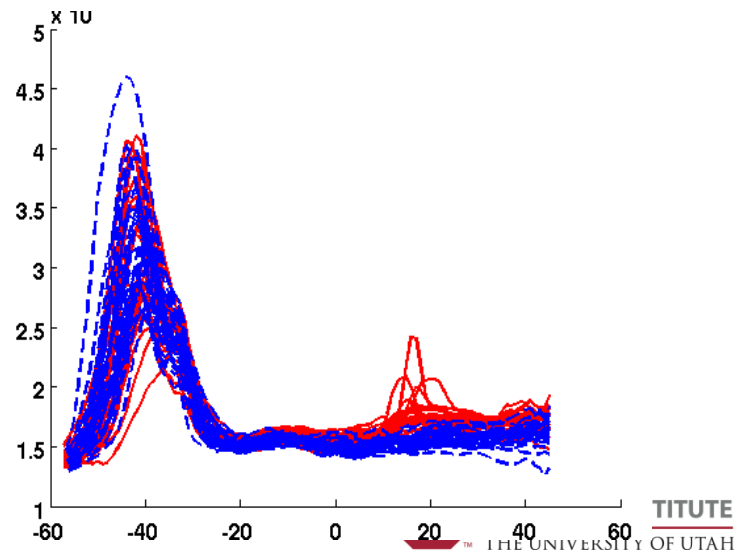
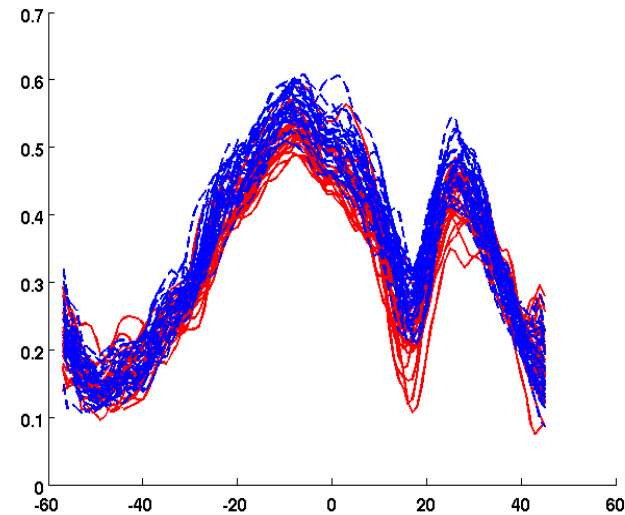
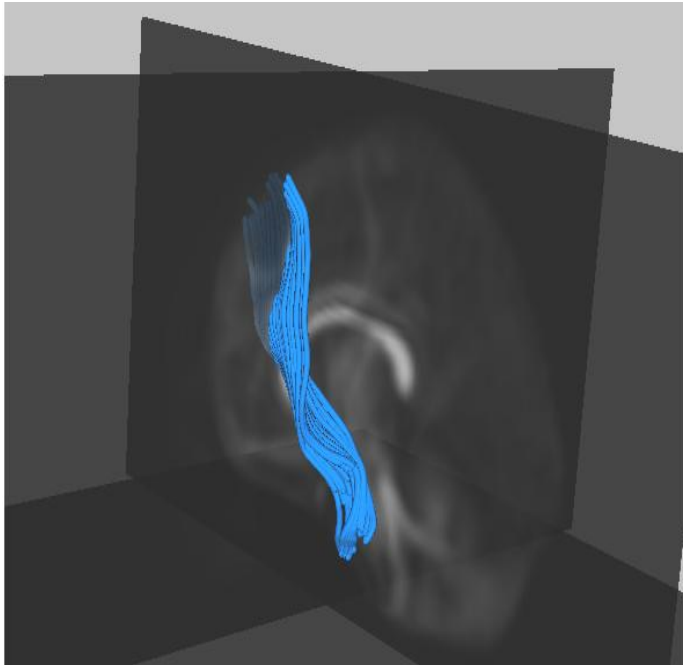
- Permutation test using T^2 statistics

$$T^2 = \frac{n_x n_y}{n_x + n_y} (\bar{\mathbf{x}} - \bar{\mathbf{y}}) \mathbf{S}^{-1} (\bar{\mathbf{x}} - \bar{\mathbf{y}})^T$$

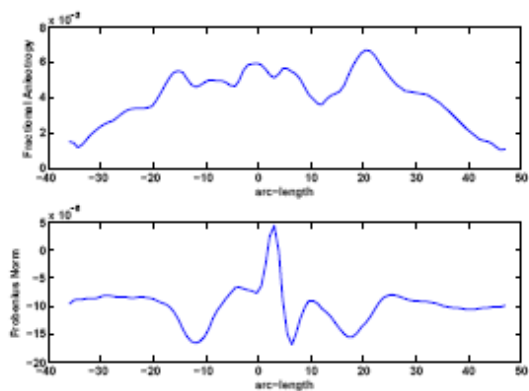
- Linear discriminant embedded in T^2

$$\omega = \mathbf{S}^{-1} (\bar{\mathbf{x}} - \bar{\mathbf{y}})^T.$$

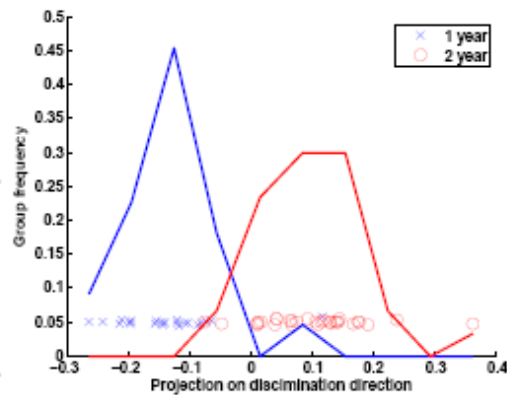
Pediatric Example – Left motor tract



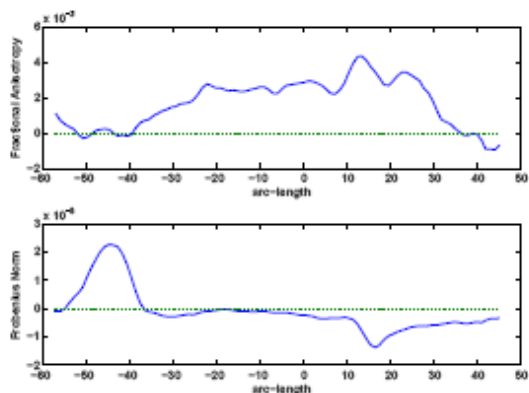
Statistical analysis of tracts as 1-D curves: Functional data analysis (FDA)



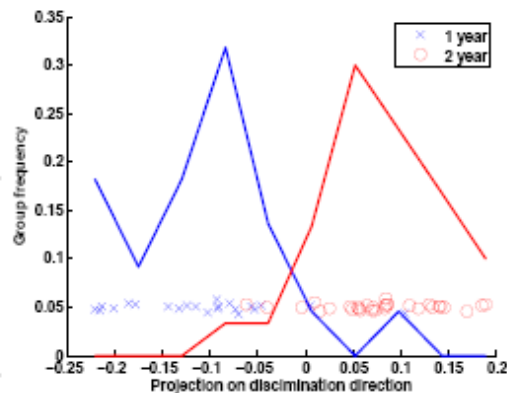
(a) Genu discriminant functions



(b) Data functions projected on FLD



(c) Motor tract discriminant functions

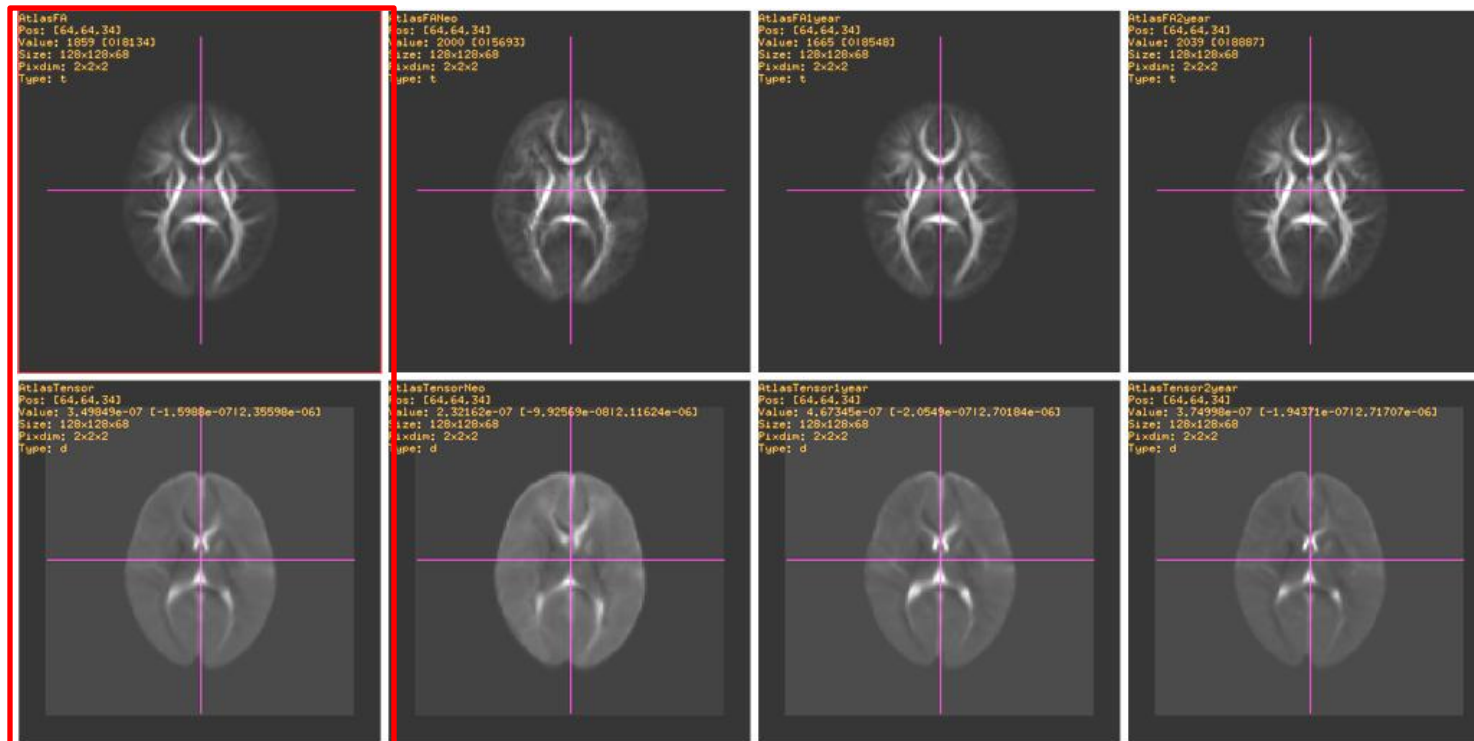


(d) Data functions projection on FLD

“Group Statistics of DTI Fiber Bundles Using Spatial Functions of Tensor Measures”
Casey Goodlett, P. Thomas Fletcher, John Gilmore, and Guido Gerig, MICCAI 2008, NeuroImage 2009

Hypothesis testing and discriminant analysis on first k PCA modes (Hotelling T^2)
→ Type and Location of group differences.

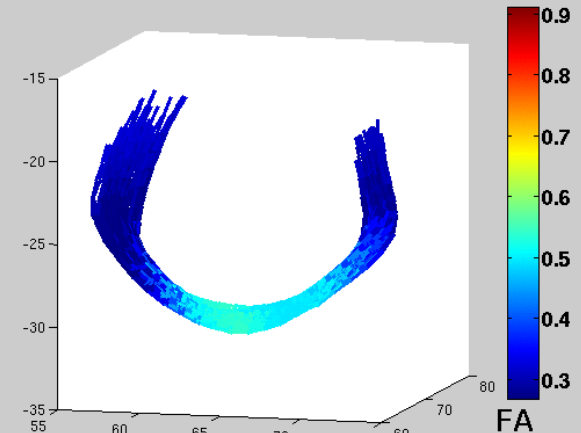
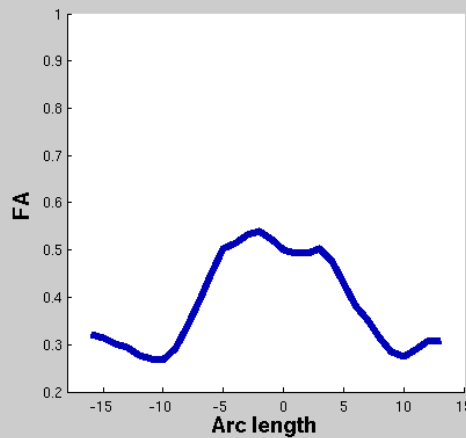
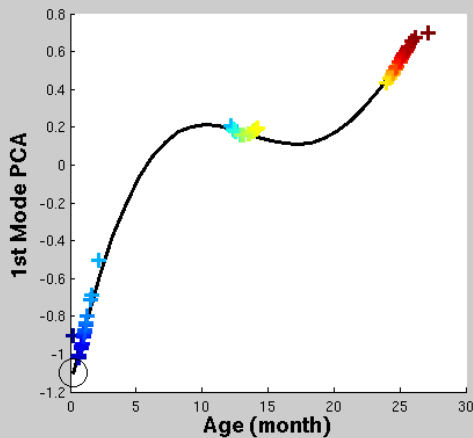
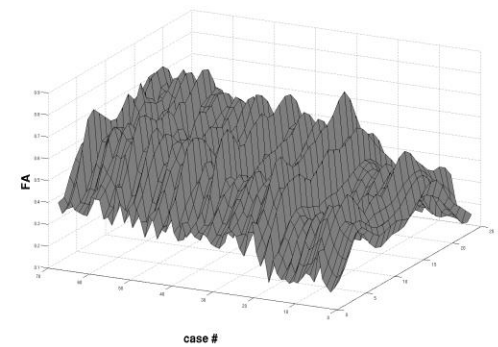
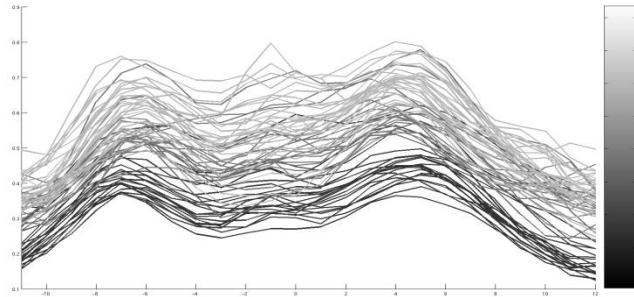
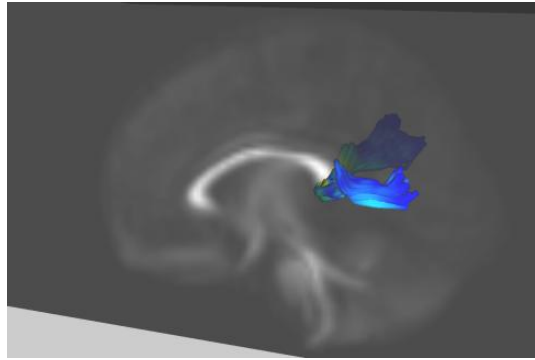
Towards longitudinal analysis: White Matter Growth Trajectory



All subjects (N=70) Neonates (N=20) 1year (N=22) 2years (N=28)

Gouttard et al., Constrained Data Decomposition and Regression for
Analyzing Healthy Aging from Fiber Tract Diffusion Properties, MICCAI 2009

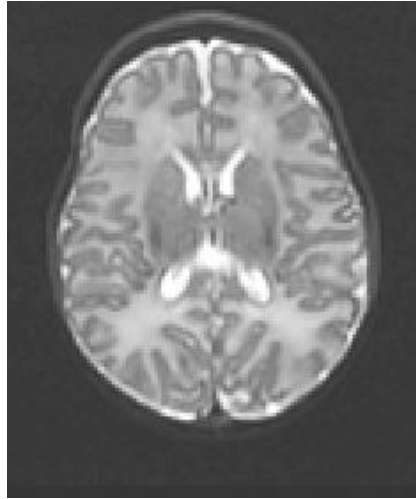
Trajectory of development via longitudinal analysis



Gouttard et al., MICCAI 2009

DWI does only partially explain white matter development

Neurodevelopment in sMRI and DTI



neonate

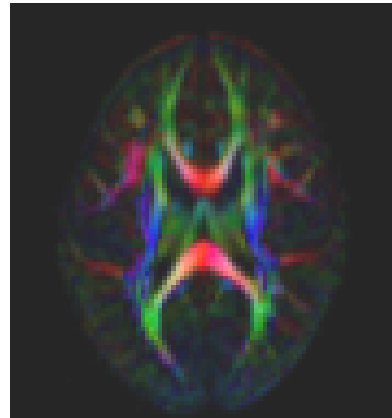
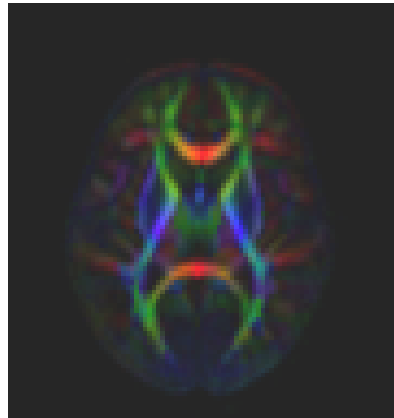
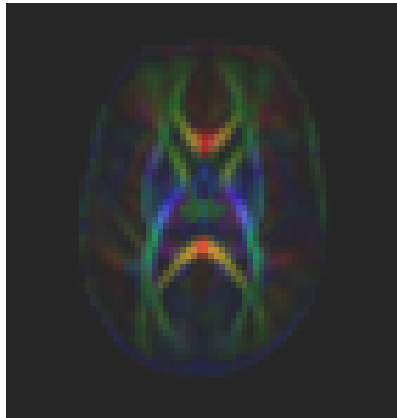


1 year



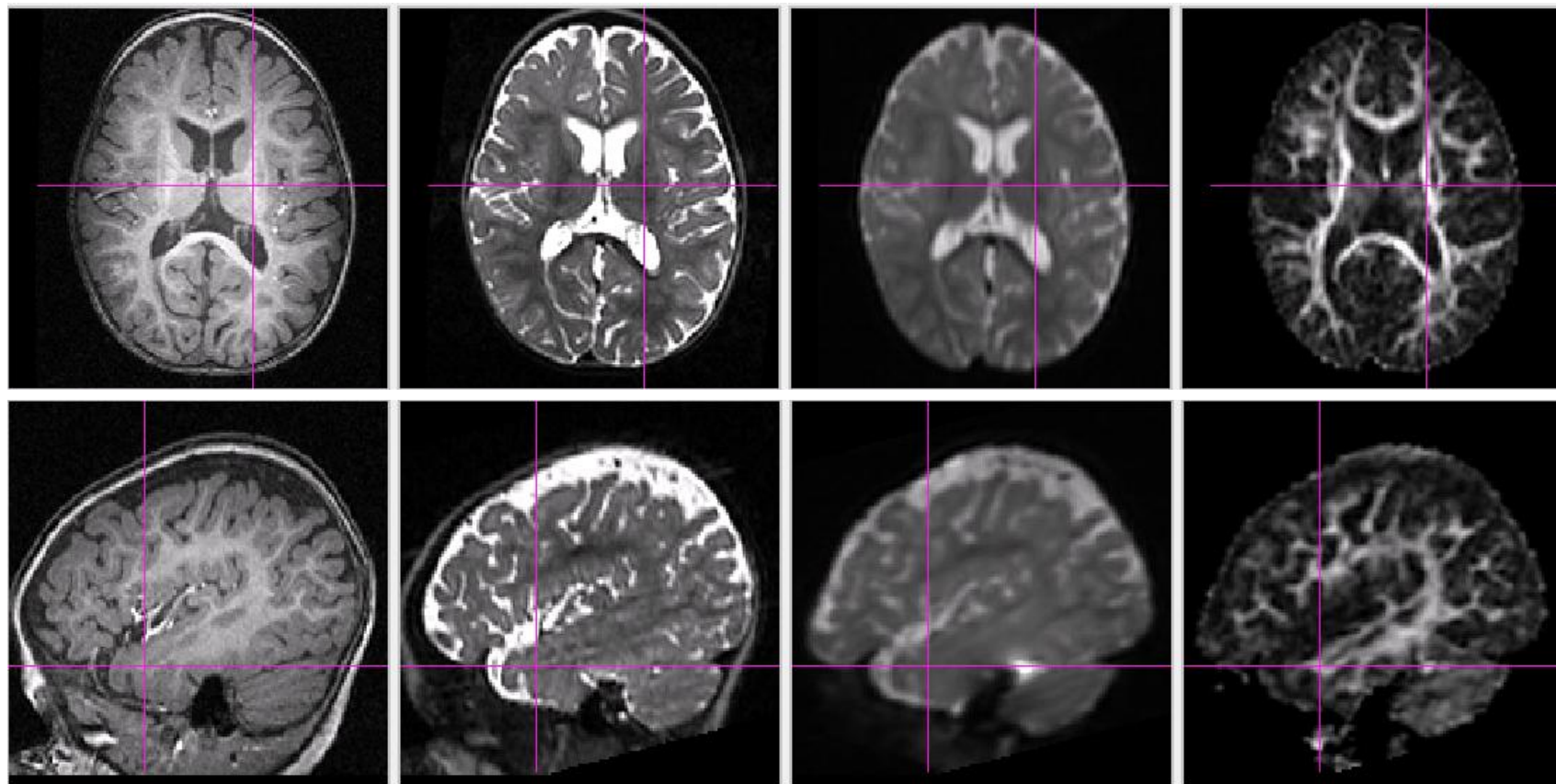
2 years

Structural MRI shows contrast flip due to wm structuring.



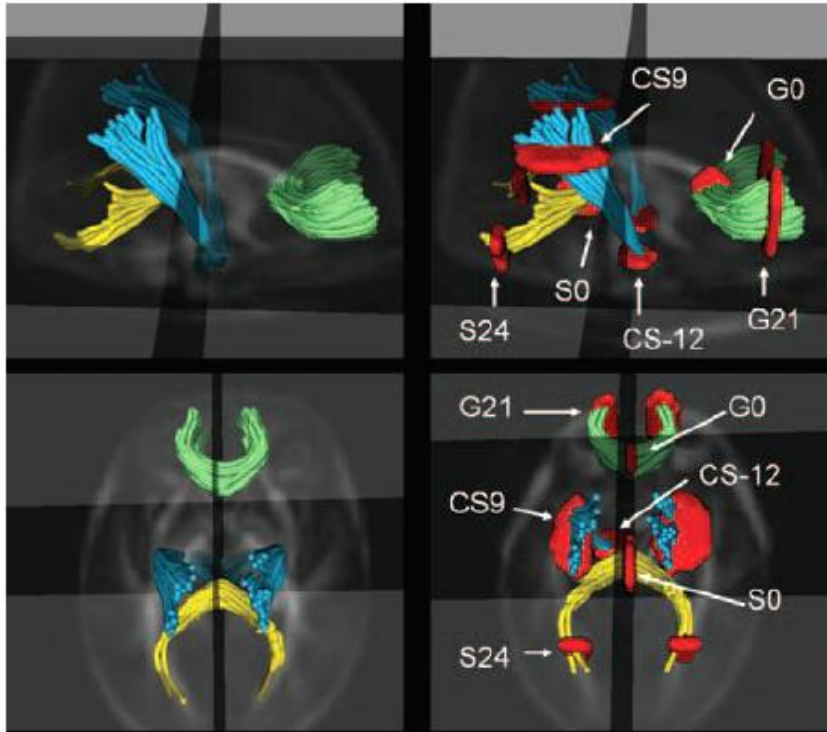
DTI shows a type of continuous maturation process.

DTI is part of multi-modal MRI protocol

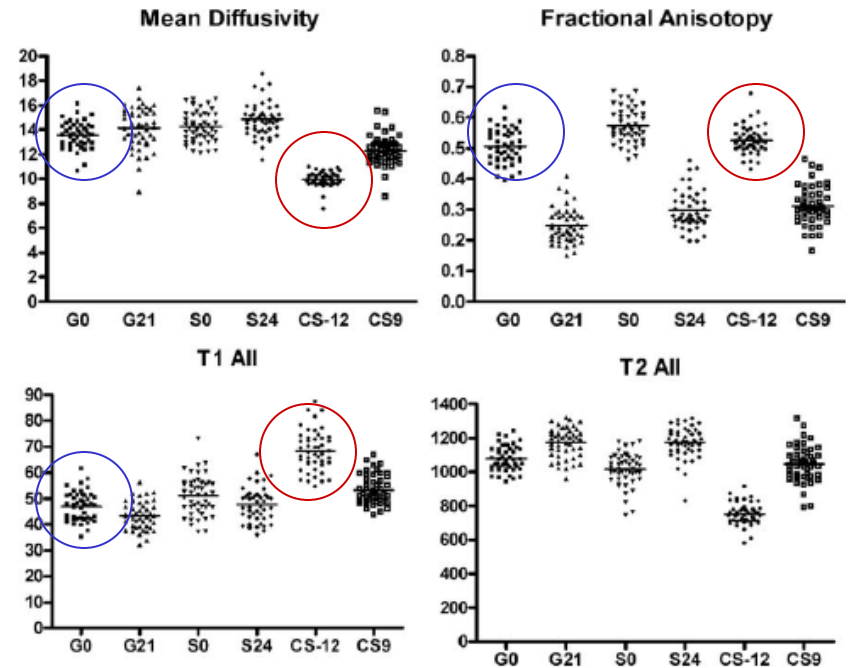


T1 MPRage. T2 3D TSE, MD, FA (2yrs old. Weili Lin, UNC)

Quantitative Tractography to study early wm development

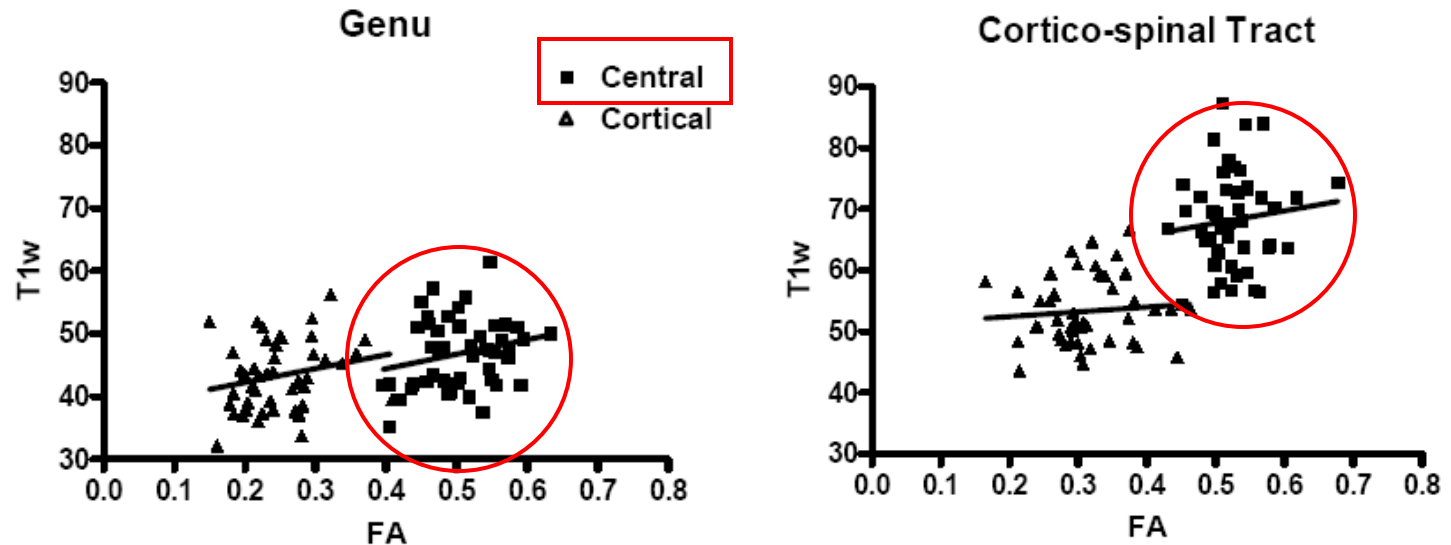


John H. Gilmore et al., Early Postnatal Development of Corpus Callosum and Corticospinal White Matter Assessed with Quantitative Tractography, AJNR Nov. 2007



- FA does not explain degree of myelination but structuring
- → Joint use of DTI, T1w and T2w in multivariate analysis

Early postnatal development of white matter



Joint analysis of structural MRI and DTI:

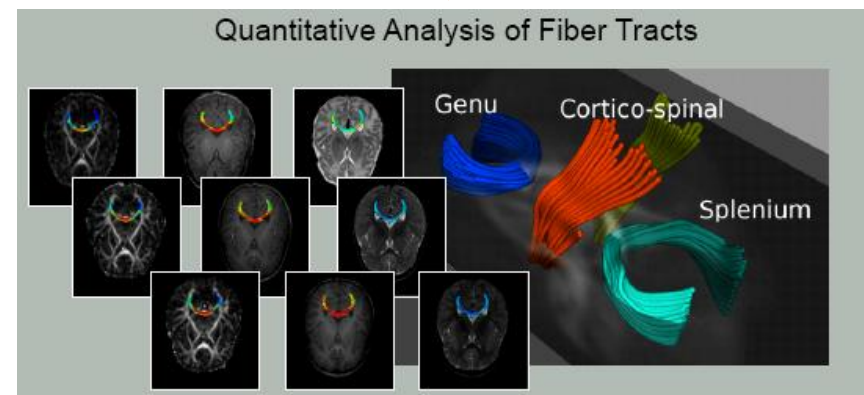
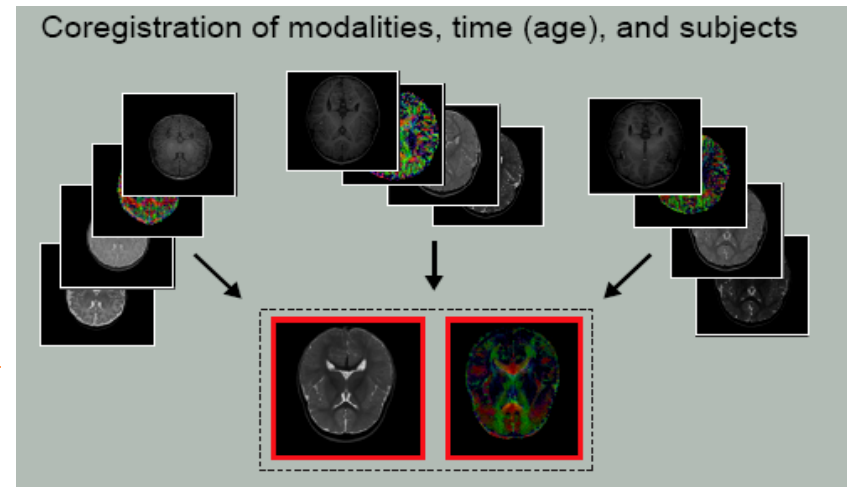
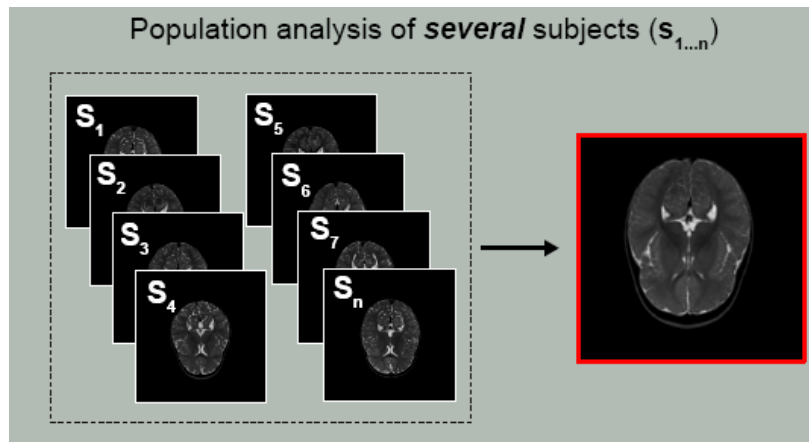
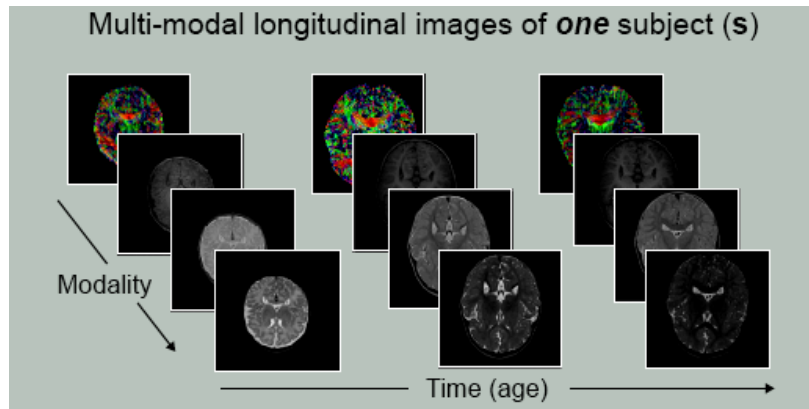
Genu at center (non myelinated) versus internal capsule (myelinated)

- FA genu \approx FA intcaps
- T1w genu \gg T1w intcaps

Analysis detects differences between dense structuring and early myelination

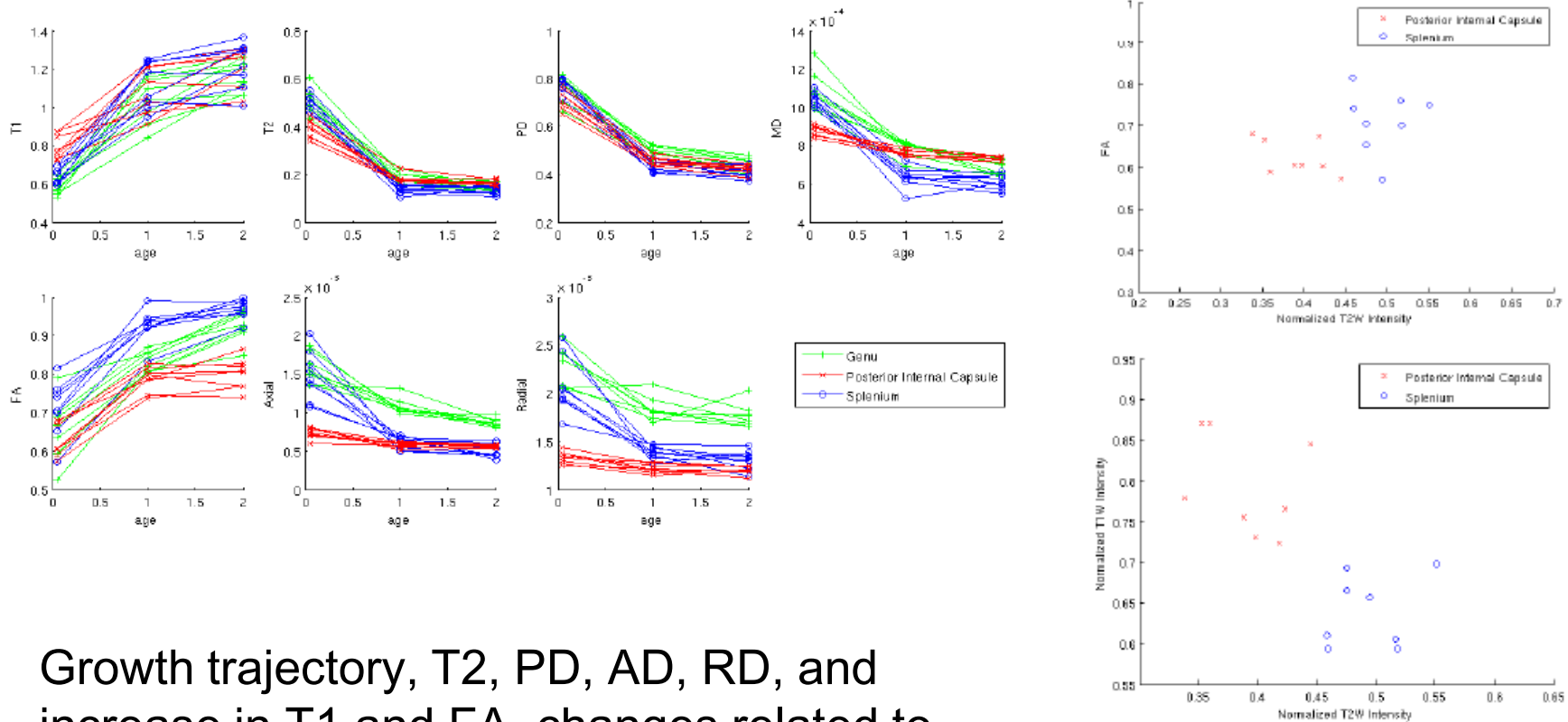
Procedure to be used to measure maturation process

Towards multimodal spatio-temporal analysis



Neda Sadhegi, PhD project Utah,
work in progress

Towards multimodal spatio-temporal analysis



Growth trajectory, T2, PD, AD, RD, and increase in T1 and FA. changes related to age such as decrease in MD

FA not strongly correlated with myelination!

Neda Sadhegi, PhD project Utah, work in progress

Outline

1. Imaging Technology for Pediatric Imaging
2. Analysis of structural MRI
3. Image Registration
4. Population Studies of DTI
5. Outlook and Conclusions

Towards Longitudinal Analysis



Gerig 07-2008



Fallacy of global versus local analysis: Nonlinear growth of human brain

Brain development during childhood and adolescence: a longitudinal MRI study

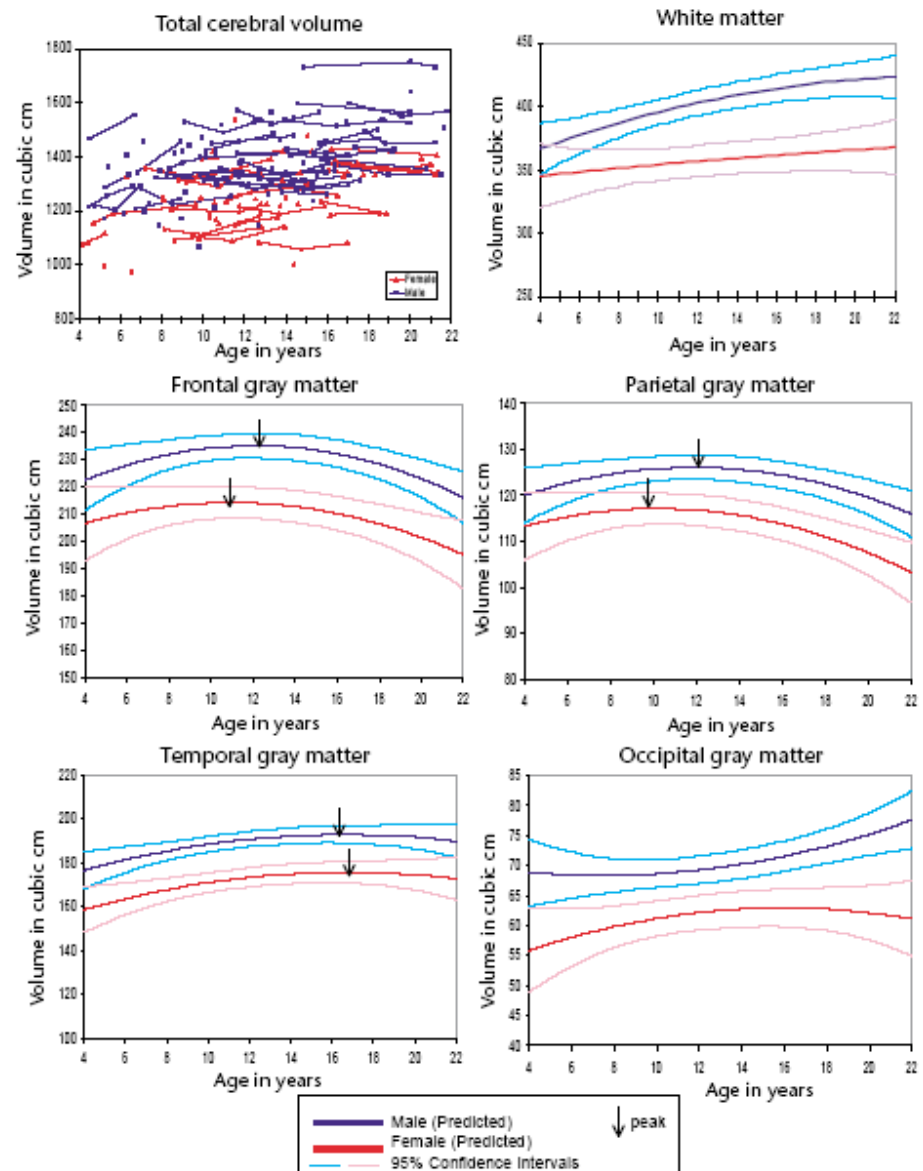
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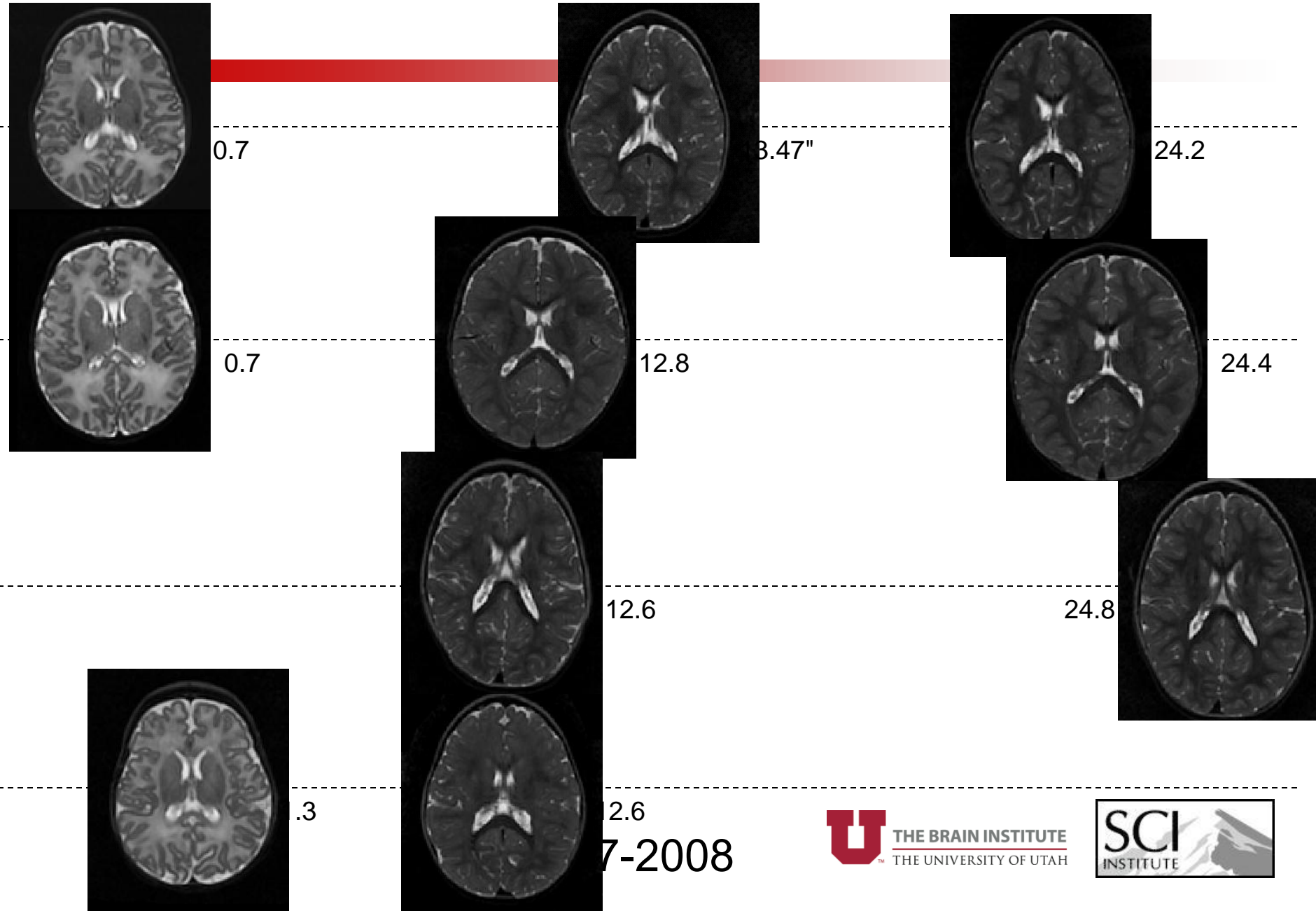
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³ Montreal Neurological Institute, McGill University, 3801 University Street, Montreal, Quebec H3A 2B4, Canada

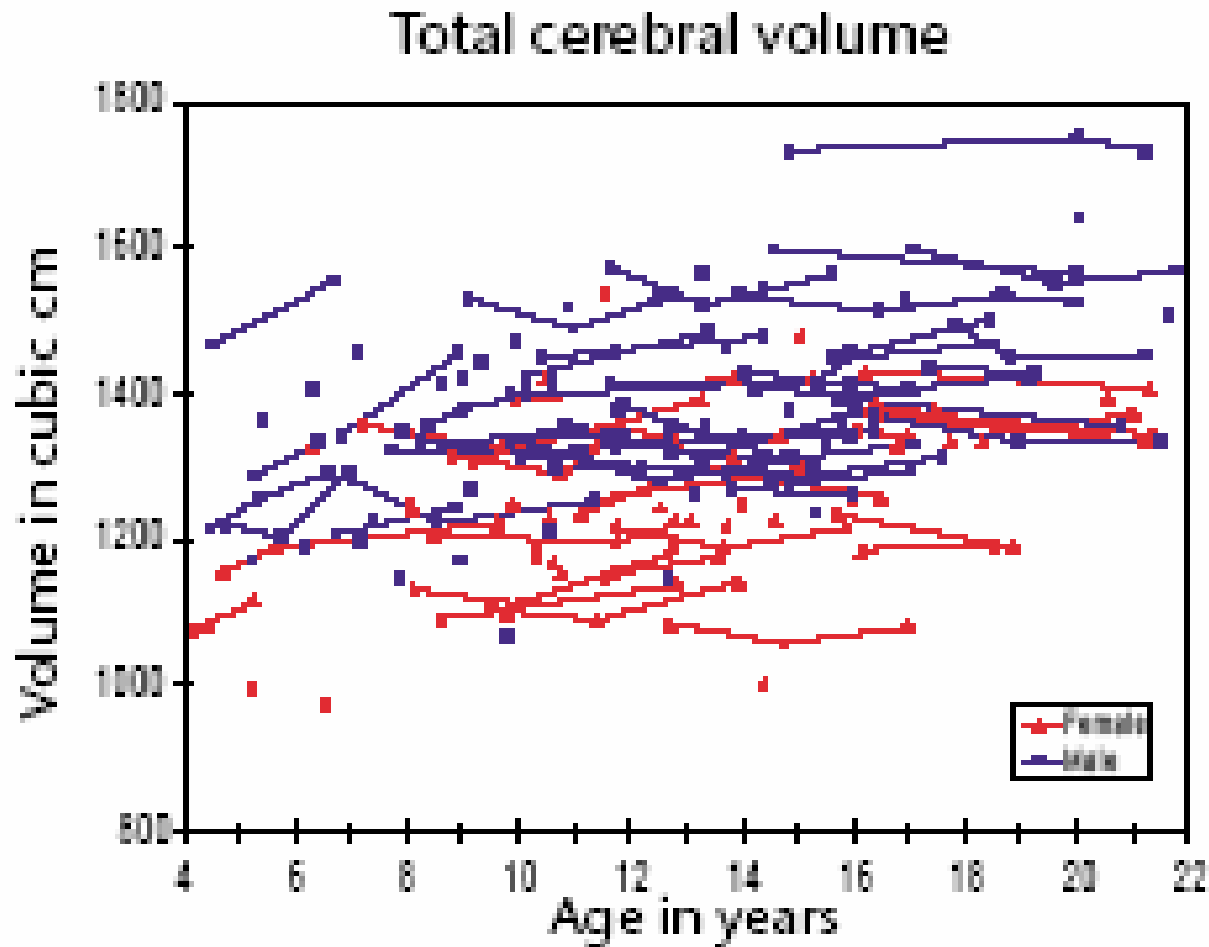
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Longitudinal changes of MR images of population



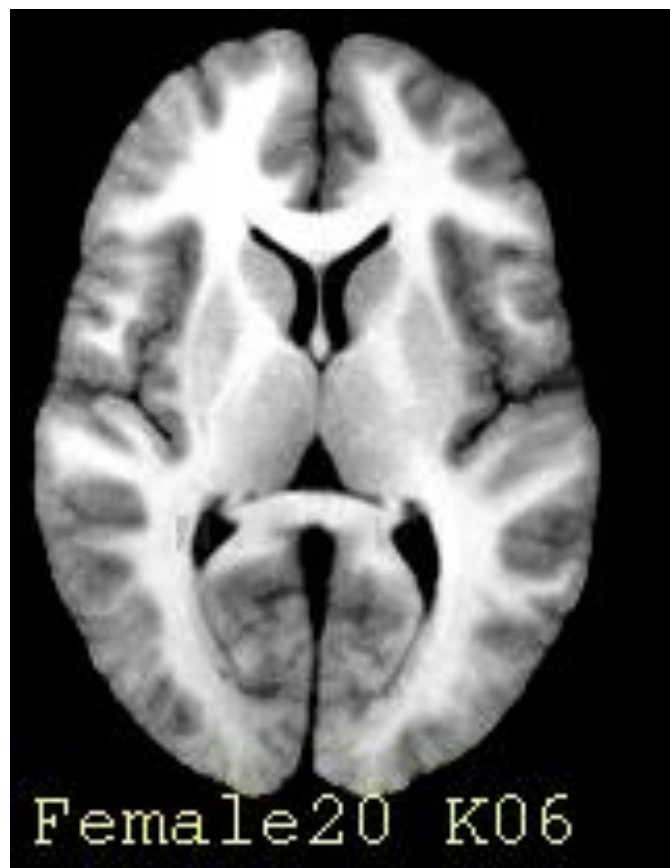
Longitudinal Study Design: Normative NIH Brain Study



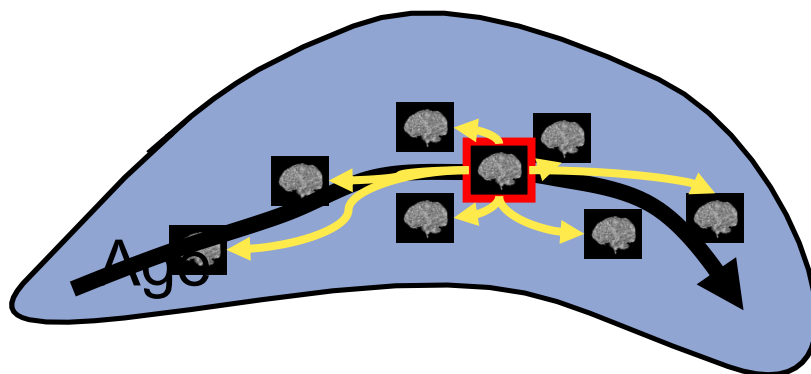
Challenges:

- Mixed Cross-sectional and longitudinal design
- Missing data (1, 2 or 3 data points per subject)

Aging Brain via Population Shape



Spatio-temporal 4D modeling:
Regression over image deformations



S. Joshi, T. Fletcher et al., Marr Prize,
ICCV'07 best paper award

Properties of data

- Correlation, similarity between repeated MR scans
- Missing Data
- Unbalanced spacing, different time points
- Correlation between tissues, inter-subject variance, etc.
- Multivariate features: Dimensionality
- Regression not suitable

Challenge: Multivariate Longitudinal data analysis

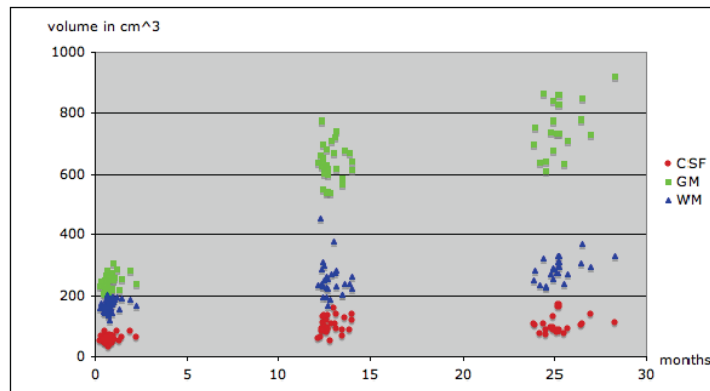


Figure 2. Scatter plot of our WM, GM, CSF data versus time. An illustration of irregular data that has uneven sampling at time axis for different subjects. CSF: red dot, GM: green box, WM: blue triangle.

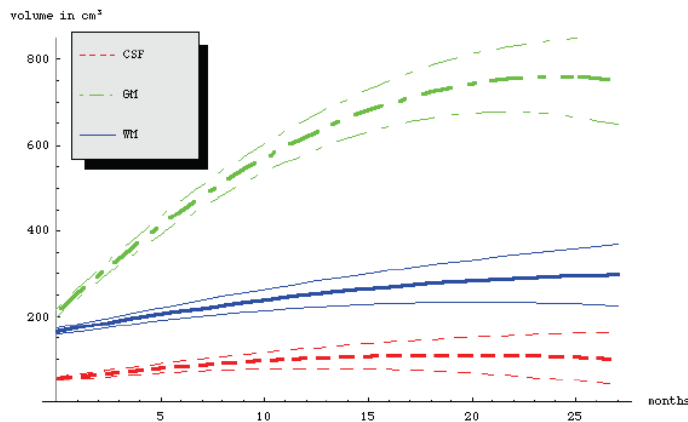


Figure 4. 95 % confidence interval of the growth curves of three brain tissues. CSF: red dash line, GM: green dot-dash line, and WM: blue solid line.

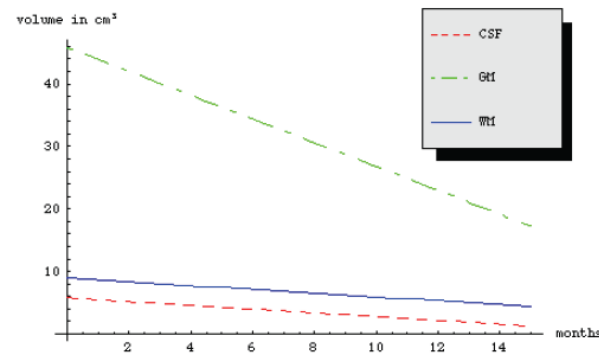


Figure 7. Derivatives of the parametric growth curves of three brain tissues. CSF: red dash line, GM: green dot-dash line, and WM: blue solid line.

Multivariate Longitudinal Statistics for Neonatal-Pediatric Brain Tissue Development, Sh. Xu, M. Styner, J.H. Gilmore, G. Gerig, SPIE 2008

Multivariate Nonlinear Mixed Model to Analyze Longitudinal Image Data: MRI Study of Early Brain Development, Shu Xu et al., MMBIA 2008

Challenge: Multivariate Longitudinal data analysis

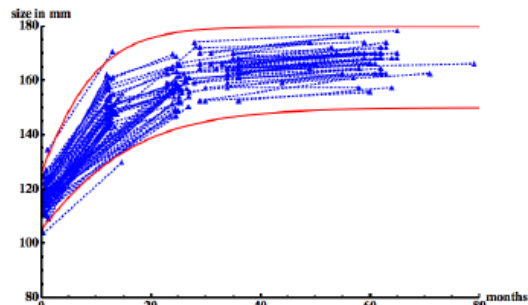


Figure 2. Illustration of individual growth trends. A spaghetti plot that connects repeated measurements of the same individual is shown. The two upper and lower bound curves are generated by varying β_1 and β_3 only and with fixed β_2 , which indicates population variance can be captured by varying only β_1 and β_3 .

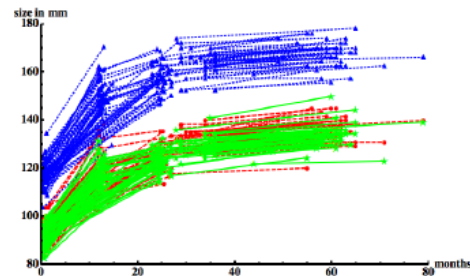


Figure 3. Illustration of individual growth trends. A spaghetti plot that connects repeated measurements of the same individual is shown. Multiple features that describe the three dimensional head size derived from each MRI brain image of neonates and young children is illustrated. X dimension: red dots connected by dashed lines; Y dimension: blue triangles connected by dotted lines; Z dimension: green stars connected by solid lines.

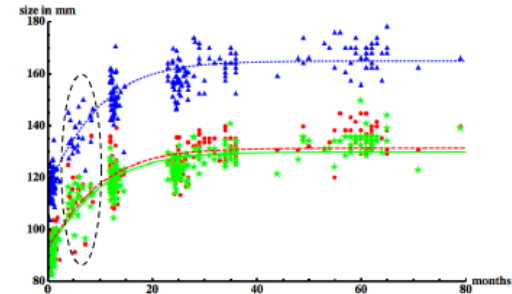


Figure 4. Population growth trajectories of head size dimension X, Y, Z plotted against the original data points ranged from age 0 to around 6 years old. A third population of 22 infants aged from 4 to 8 months old (in black dashed circle) are also plotted to validate the soundness of the average growth estimation. Symbols are the same as those in Fig. 3.

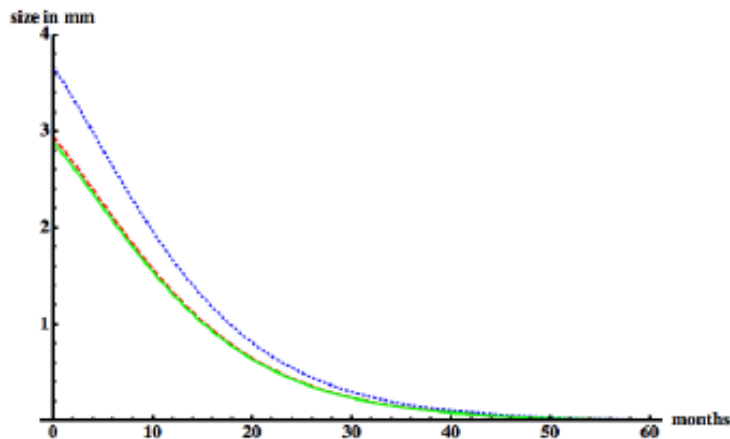


Figure 5. Growth rates of head size dimension X, Y, Z between birth to around 6 years old. X dimension: dashed red lines; Y dimension: dotted blue lines; Z dimension: solid green lines.

Multivariate Longitudinal Statistics for Neonatal-Pediatric Brain Tissue Development, Sh. Xu, M. Styner, J.H. Gilmore, G. Gerig, SPIE 2008

Multivariate Nonlinear Mixed Model to Analyze Longitudinal Image Data: MRI Study of Early Brain Development, Shu Xu et al., MMBIA 2008

Spatio-temporal image/shape analysis

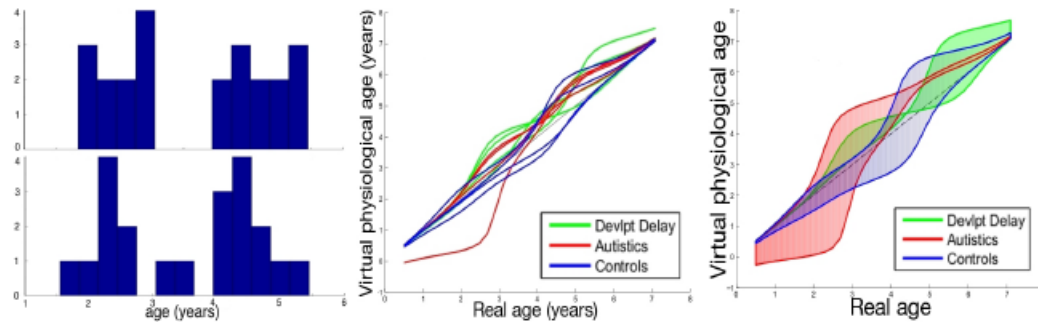
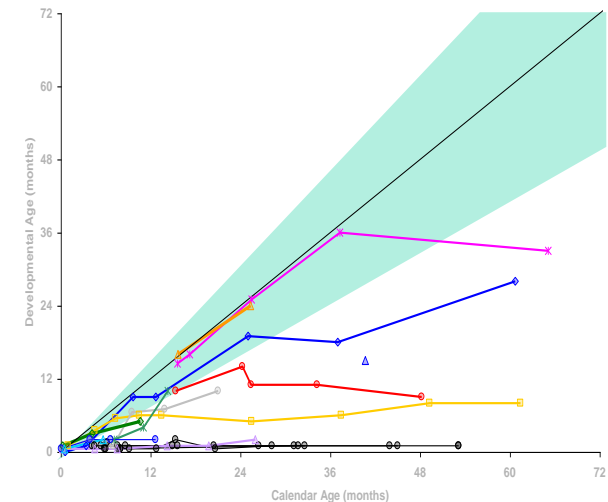


Fig. 5. Temporal deformation of the mean scenario Left: distribution of original (top) and registered (bottom) ages. Middle: time change functions for the 12 subjects. Right: First mode of variation at $\pm\sigma$ of the time change functions for each class. Autistics and controls show the same evolution pattern, but shifted in time.

Challenge: cross-sectional variation/deformation versus shift in age/time (Durrleman et al, MICCAI 2009)

see also related work by Perperidis/Rueckert et al., Habas/Studholme et al., Peyrat/Ayache et al.

Growth Phenotypes



Notion of normative model/atlas: Describe patients relative to population statistics of healthy development.

Summary

Key topics related to imaging of early development:

- Imaging itself is great challenge
- Continuous contrast, size, shape changes:
 - Challenge for image registration
 - Challenge for image segmentation (thin cortex, very low contrast of subcortical structures)
 - Contrast flip wm/gm in anatomical images
- Myelination/Structuring: Continuous appearance changes within tissue: Segmentation? Effect on registration?
- Longitudinal studies: Require study of temporal changes rather than cross-sectional differences

Conclusions

- **Pediatric Imaging & Image Analysis:**
 - Amazing progress of imaging technology
 - Image processing tools newly developed
 - Wealth of new results, **but heterogeneous (bits and pieces)**
 - Fascinating research area: Full of discoveries
 - **Potential impact: Better understanding → early detection → therapy**
- **Research field needs:**
 - Multidisciplinary research: Biology, anatomy, medicine, CS, statistics
 - Link between MRI findings and underlying neurobiology
 - Sharing of data and analysis tools
- **Fundamental computational and statistical problems:**
 - Everything changes: Contrast, size, shape, appearance
 - Statistics of growth of images and structures: 4D statistical atlases
 - (Longitudinal) multivariate statistics of imaging features & patient parameters
- **Significant progress over last few years**

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