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PRECLINICAL NEUROIMAGING HARMONIZATION SUBGROUP

- Highly collaborative, multi-site team-based effort to harmonize acquisition protocols at different field strengths (7 and 11.7 Tesla), image processing, and assemble common data elements (CDE) to facilitate the reporting of imaging data:
 - The Neuroimaging team: Neil G. Harris (UCLA), Jinyuan Zhou (JHU), Alexandru Korotcov (USUHS), Christopher Albanese, Mark Burns and Xiong Jiang (Georgetown), Marcelo Febo (UF)
- Guided (and mandated) by NIH/NINDS at every step of the way
- Standardizing protocols for image acquisition
- Standardizing image post-processing, data extraction from images, and statistical analyses
 - Statistical parametric mapping TBI scans thresholded by z normalized sham group
- **Reporting with CDEs** working with odc-tbi.org team (Adam Ferguson *et al.* UCSF)

MR IMAGING DATA HARMONIZATION: EASIER SAID THAN DONE

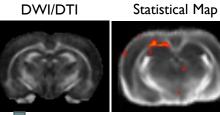
Image acquisition

- MR Hardware (e.g., RF coils, field strength, gradients, setup, engineering support, etc.)
- MR acquisition software and available pulse sequence packages (3D DTI-EPI, GEEPI, APTw)

Harmonization II.7 Tesla/PV6 7 Tesla/PV5 UCLA 11.1 Tesla/PV6 UF 7 Tesla/PV6 **CDE Reporting/Data Sharing**

Image Processing

- Image processing pipelines (In-house, AFNI, FSL, ANTs, etc)
- Availability of high-performance computer facilities or high-end computational resources
- Staff with programming skills
- Availability of brain atlases/parcellations and
- Decisions regarding statistics (e.g., whole brain vs. ROI analyses for DWI, ICA, Seed, vs Hcorr for fMRI)



fMRI

Number of voxels with Z > 3.1, p < 0.001

APTw





COMMON DATA ELEMENTS FOR PRECLINICAL IMAGING MARKERS

- Differences odc-tbi tabulation vs Bruker parameter file information (will also vary from any sites using other MRI vendor platforms like MR solutions or Varian)
 - ImgDiffusionFirstBVal = ##\$PVM_DwBvalEach=(1)
 - ImgDiffusionGrdtDur = ##\$PVM_DwGradDur=(1)
- MRI CDEs from human TBI neuroimaging vs preclinical TOP-NT CDE may in some cases be similar but in others not available from MRI parameter files (will need manual entry)
 - ImgFMRITaskTyp = Tasks performed during a functional magnetic resonance imaging (fMRI) scan
 - ImgFatSignalSuppressedInd = ##\$PVM_FatSupOnOff=On
- Translation of MRI software parameter files to data entry sheets will be key (can be automated via programming)

##TITLE=Parameter List, ParaVision 6.0.1 ##JCAMPDX=4.24 ##DATATYPE=Parameter Values ##ORIGIN=Bruker BioSpin MRI GmbH ##OWNER=LPerez \$\$ 2022-03-03 15:30:20.848 -0500 LPerez@CZC606B607 \$\$ /opt/PV6.0.1/data/LPerez/20220303 152958 TBI 417 D3 R7 1 1/14/method \$\$ process /opt/PV6.0.1/prog/bin/parxserver ##\$Method=<Bruker:POSITION> ##\$GradientDirection=X dir ##\$GradientCurrent=1.32326529579558 ##\$PVM RepetitionTime=500 ##\$PVM NAverages=1 \$\$ @vis= Method GradientDirection GradientCurrent PVM_RepetitionTime ##\$NDummvScans=0 ##\$PVM ScanTimeStr=(16)

Translate MRI parameter files to CDE dictionary definitions



4	A	В		E	F	н		J	Ιĸ	<u> L</u>	М	N		P
1	Anim al ID	guid	Animal AgeVal	Anima ISexTy p					Img2DSlice OverSamp Val		ImgAbortR sn	ImgAcqAcc Factor	ImgAcqEnti reBrnCover ageInd	ImgAcquisi tionDur
2	1	r2694	4	F	313	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
3	1	r2694	4	F	313	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
4	2	r2695	2	M	258	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
5	2	r2695	2	м	258	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
6	3	r2696	4	F	291	Sham	0	coronal	null	0.25	null	EPI	Yes	71.87
7	3	r2696	4	F	291	Sham	0	coronal	null	0.25	null	EPI	Yes	71.87
8	4	r2697	4	F	288	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
9	4	r2697	4	F	288	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
10	5	r2698	4	F	294	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
11	5	r2698	4	F	294	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
12	6	r2699	2	M	294	Sham	0	coronal	null	0.25	null	EPI	Yes	71.87
13	6	r2699	2	M	294	Sham	0	coronal	null	0.25	null	EPI	Yes	71.87
14	7	r2700	5	F	289	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
15	7	r2700	5	F	289	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
16	8	r2701	3	М	443	Sham	0	coronal	null	0.25	null	EPI	Yes	71.87
17	8	r2701	3	M	443	Sham	0	coronal	null	0.25	null	EPI	Yes	71.87
18	9	r2702	5	F	314	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
19	9	r2702	5	F	314	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
20	10	r2703	3	M	352	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
21	10	r2703	3	M	352	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
22	11	r2704	5	F	297	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
23	11	r2704	5	F	297	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87
24	12	r2705	3	M	420	Sham	0	coronal	null	0.25	null	EPI	Yes	71.87
25	12	r2705	3	M	420	Sham	0	coronal	null	0.25	null	EPI	Yes	71.87
26	13	r2706	5	F	283	CCI	0	coronal	null	0.25	null	EPI	Yes	71.87

Magnetic Resonance Imaging 175: 151+24 on data

- FITBIR MRI organization
- **119+7** TOP-NT CDEs placed into Form structures
 - Subject **46** 22 subject +24 on data = 46
 - Equipment 16
 - Pulse Sequence 61
 - Diffusion weighted imaging DWI 16
 - Functional, fMRI 5
 - Analysis 24
- TOP-NT new MRI Form structure
 - Amide Proton Transfer, APT-MRI **7**

CDEs

- 56: 49 adopted, 7 modified
- **4+7** Elapsed time; Brain ROI Anesthesia; Study Notes (7 modified)
 - 4 Scanner, software
 17 Acquisition & echo spec.'s, orientation
 - **2** Diffusion values
 - **5** Software, analysis,
 - task, exp. notes **17** QC, abort, software
 - Artefact removal

New TOP-NT CDEs

94+24=119

- **35** Monitoring vitals Subject identifiers 24 MRI data variables
- **12** Gradient, coil spec.'s & manufacturer Scanner strength
- **44** Slice spec.'s, Bregma dimensions Field of view, measurement method Phase encoding (resolution), repetition
- **14** DWI analysis indices Method gradient spec.'s Phase and reverse ph. direction and number
- 7 Method, measure, unit, blinding
- 7 Method, correction method, saturation pulse spec.'s

Wanner IB et al., in preparation

GENERAL POINTS ON A PERSONAL VIEWPOINT OF TOP-NT EXPERIENCE

- Very enjoyable experience, with deep and at times heated conversations regarding how to best collect, processing, analyze, report, represent data/results for imaging.
 - Take a hard look at your methods
 - Communicate with colleagues at other sites
 - Share! And ask others for their assistance
 - Be willing to critique other methods and also have your approach critiqued (in person!)
- CDEs include imaging measures of tissue microstructure, functionality, and mobile amide protein concentrations
- CDEs include widely applied imaging methods (most novel modalities not included)
- Well characterized quantitative imaging methods not included in CDEs (e.g., T2, T2*, T1 known to reflect hemorrhage and edema)
- Use of a z-score normalization method may be highly effective in comparisons across sites.
- Coordination across sites may be subject to institutional administrative differences (e.g., IACUC approvals, etc) and personnel fluctuations