



Quantitative imaging biomarkers and imaging genetics in neurodegenerative disease

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Erasmus MC

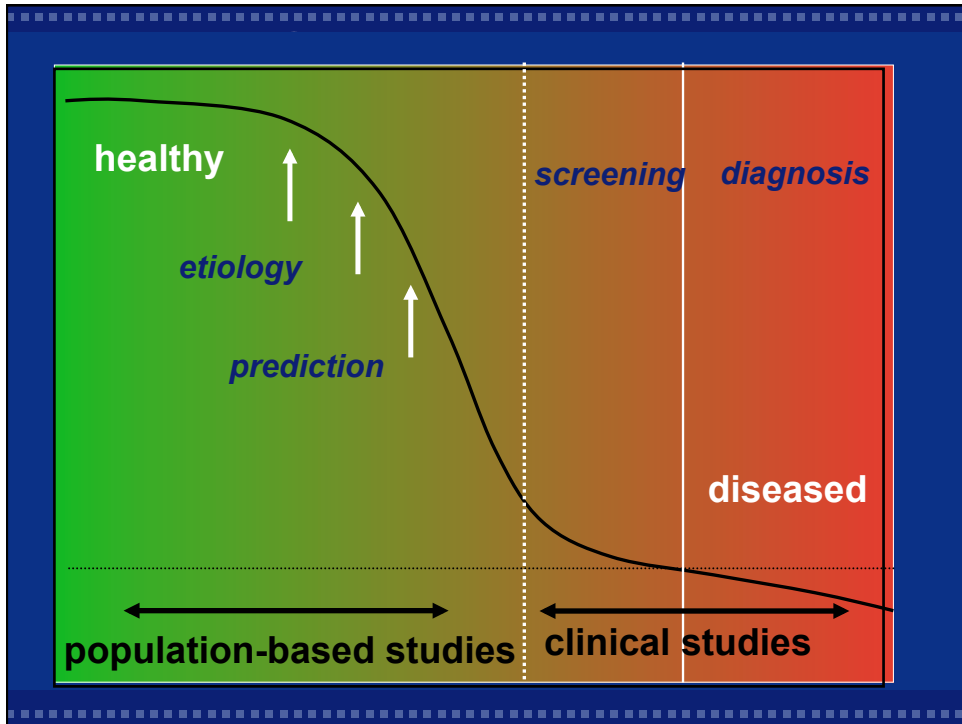
Imaging Physics
Faculty of Applied Sciences, Delft University of Technology

Quantib



Rotterdam Study

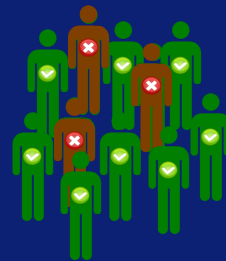
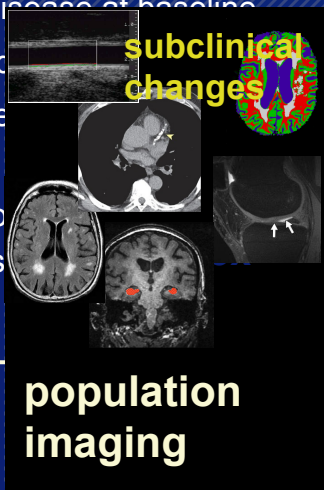
Population Study initiated in 1990



Population-based cohort studies

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- subjects free of disease at baseline
- assess potential causes of disease
- follow prospective over time to assess development of disease
- assess associations between exposures and risk of diseases



determinants

- genetic
- environmental
- life-style
-

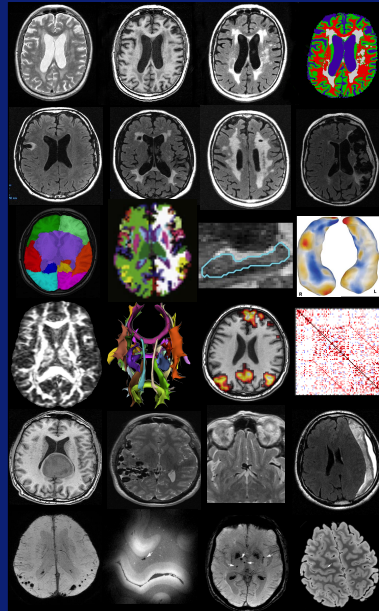
outcomes

- dementia
- cardiovascular
- osteoarthritis
-

Rotterdam Scan Study (> 11000 MRI data acquired)

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- *Tissue quantification*
- *Lesion assessment*
- *Segmentation & shape*
- *Microstructure & function*
- *Incidental brain findings*
- *Cerebral microbleeds*

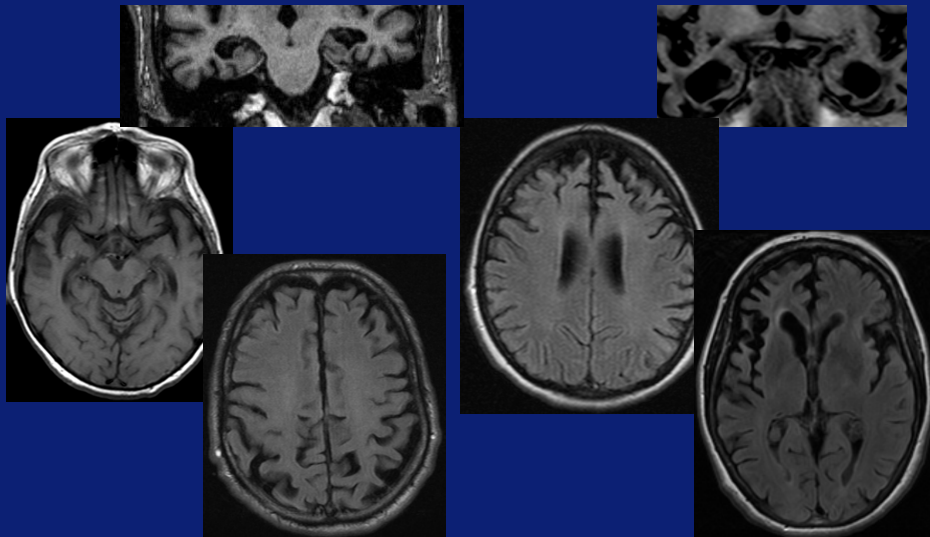


'Textbook' examples

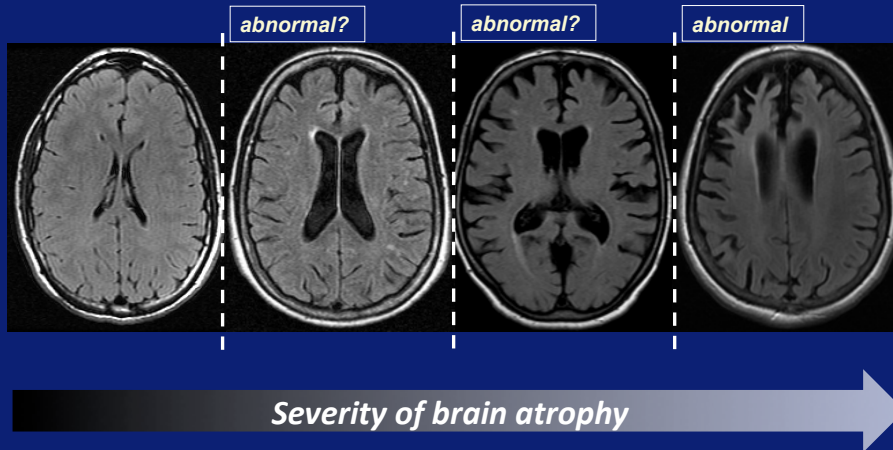
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Alzheimer disease

Frontotemporal dementia



However... what is normal?



Evidence based medicine

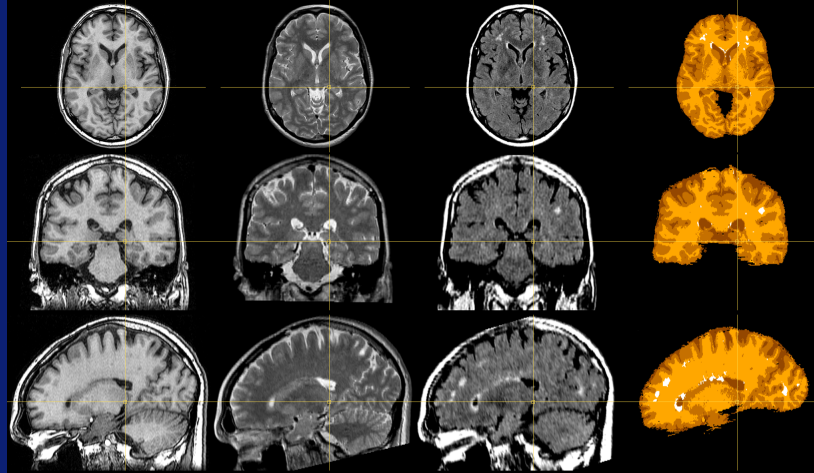
“The practice of medicine with treatment recommendations that have their origin in **objective tests** of efficacy published in the scientific literature rather than anecdotal observations”

Imaging biomarkers (white paper ESR)

“*Biomarkers are characteristics that are objectively measured as indicators of normal biological processes, pathological processes, or pharmaceutical responses to a therapeutic intervention*”

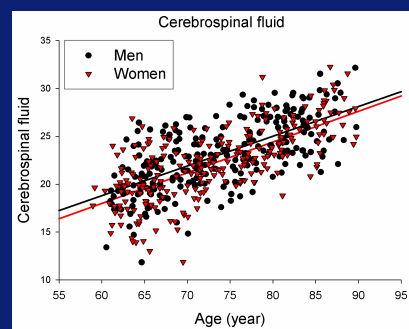
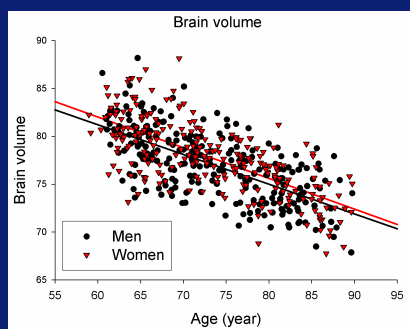
“*Compared with biochemical and histological biomarkers, imaging biomarkers have the advantage of remaining non-invasive and being spatially and temporally resolved*”

Automated segmentation grey/white matter, CSF, WML



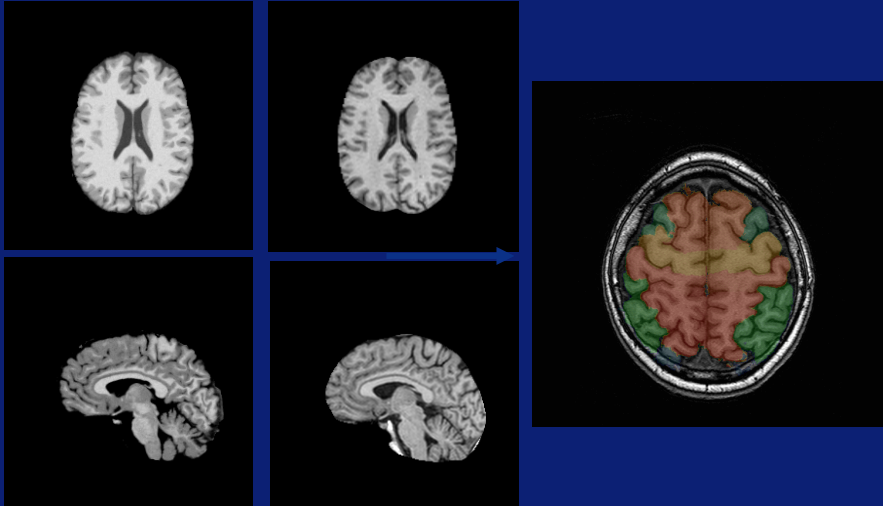
kNN classification: Atlas registration for automatic training; WML segmentation on FLAIR image (Cocosco et al. Media, De Boer et al. / Vrooman et al. NeuroImage)

Brain changes during lifetime



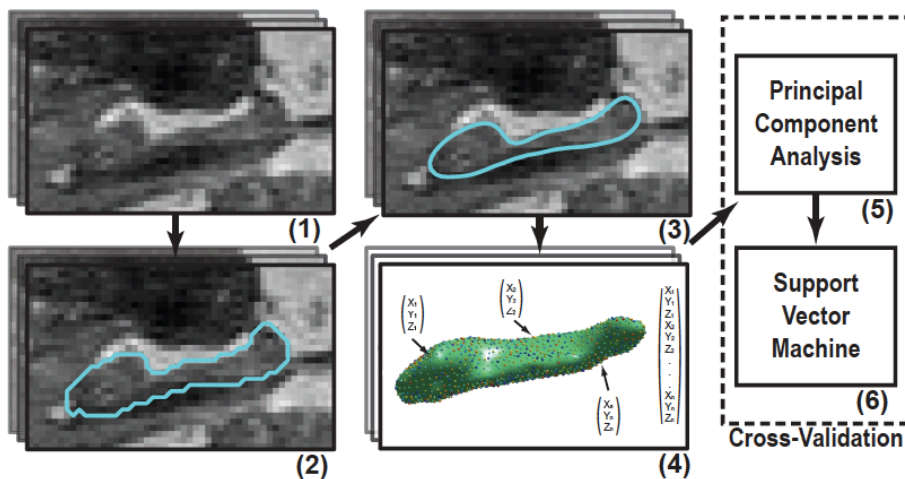
Ikram et al., Neurobiology of Aging, 2008

Automatic, atlas registration based segmentation



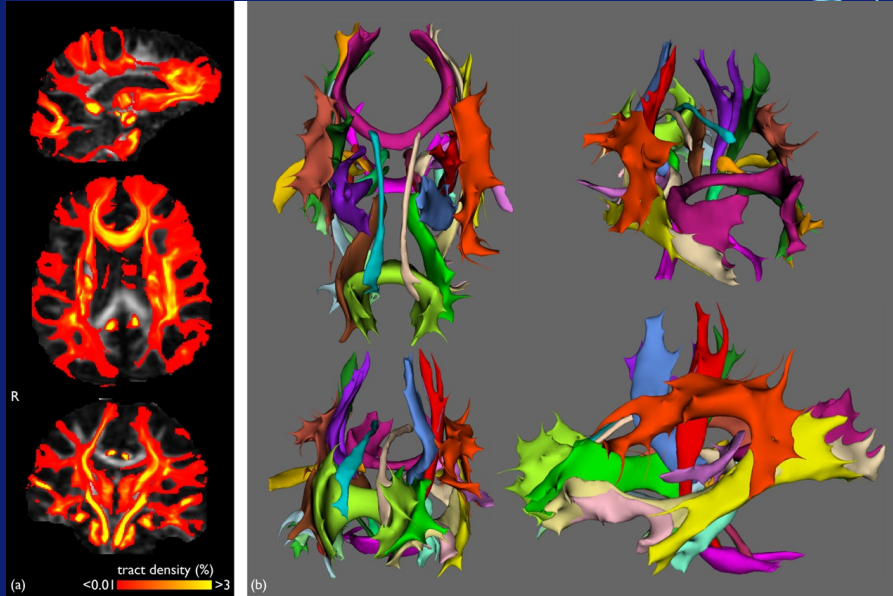
Courtesy movies: Rueckert, Hammers Imperial College

Hippocampus shape analysis



Combining tractography and atlas-based masking

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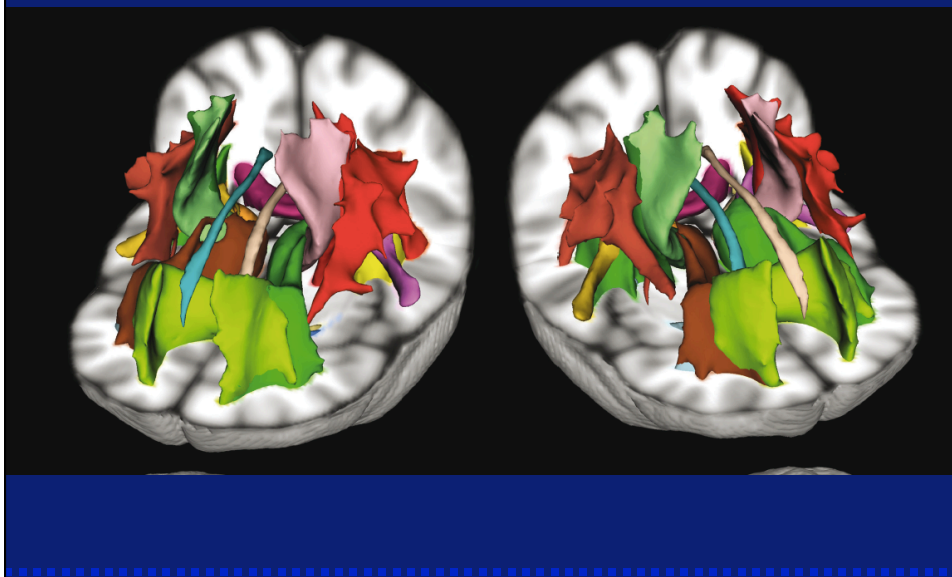


<http://fsl.fmrib.ox.ac.uk/fsl/fslwiki/AutoPtX>

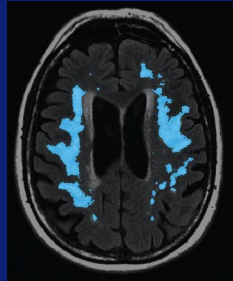
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Automated white matter tract definition

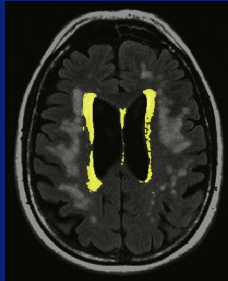
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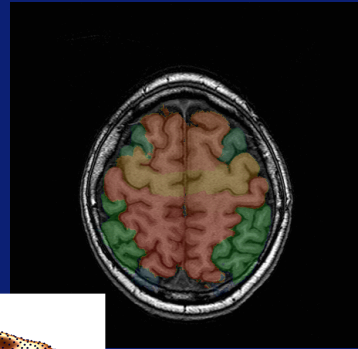
Library of quantitative imaging biomarkers



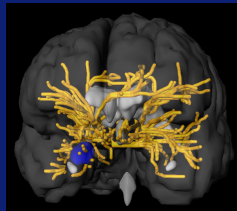
Subcortical WML



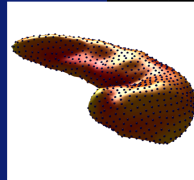
Periventricular WML



Brain structures



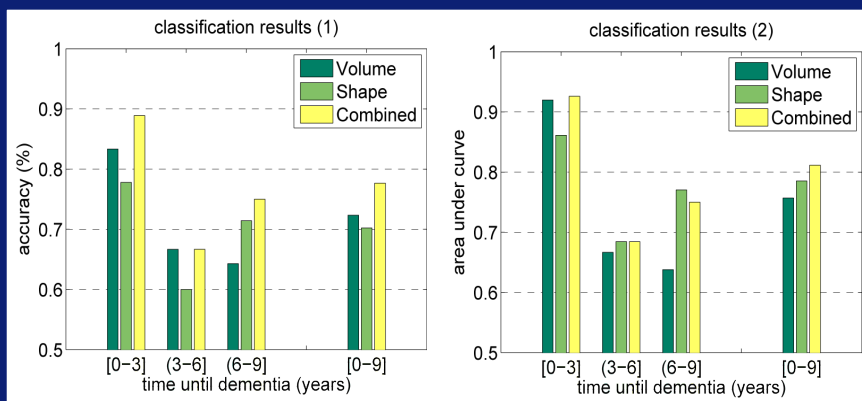
Structural connectivity



Hippocampal shape and volume

Courtesy Alexander Hammers, Imperial College

Prognostic value of hippocampal volume and shape: case control study



- Cases developed dementia
- Controls remain non-demented

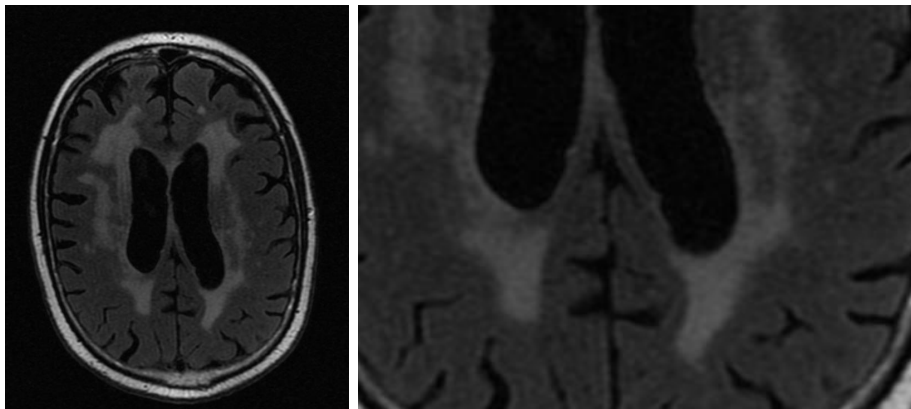
Longitudinal analysis:

Is the tissue that converts to a WML
different from tissue that persists as
NAWM?

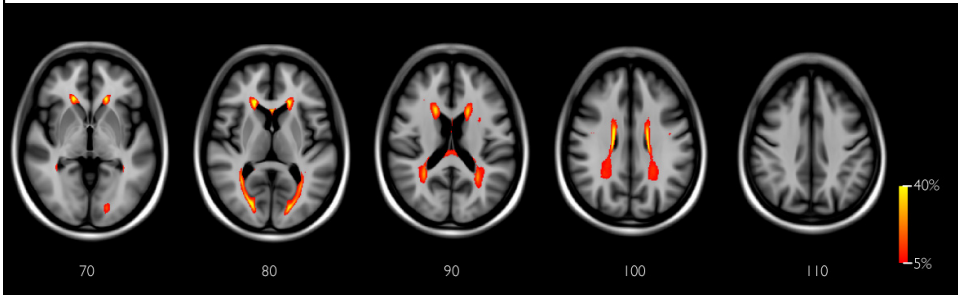
Courtesy: Marius de Groot et al., Stroke 2013

Cerebral white matter lesions

- Highly frequent in aging
- Increase the risk of dementia and stroke

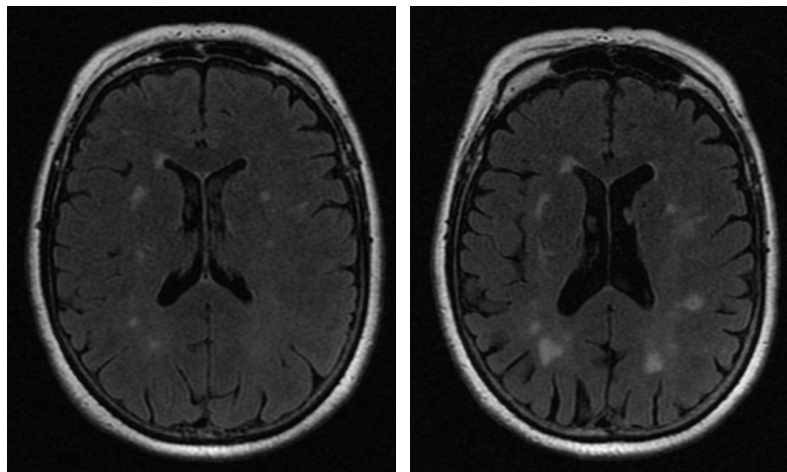


Spatial distribution of WML

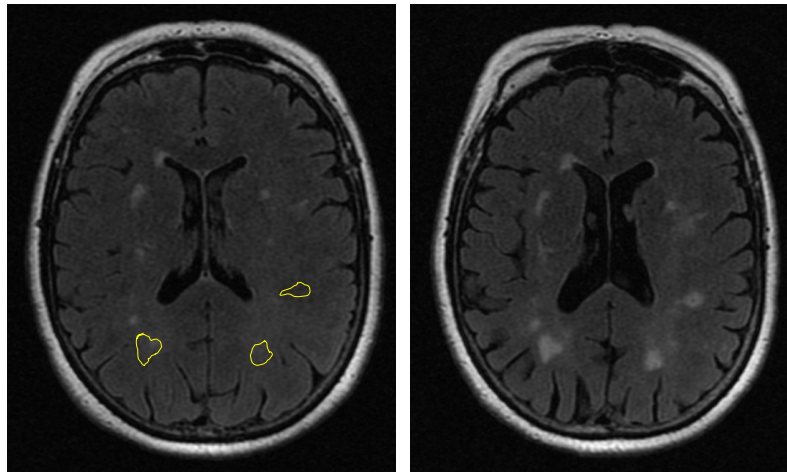


WML are especially prevalent in periventricular areas

Unknown how WML develop



Can we detect subtle differences here?



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Study aim

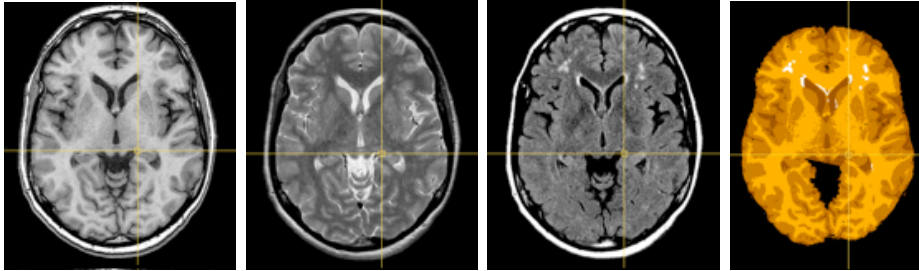
■ Is the tissue that converts to a WML different from tissue that persists as NAWM?

Focussed on microstructure with DTI measures and continuous FLAIR intensity

In a large longitudinal sample from the general population

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Tissue segmentation

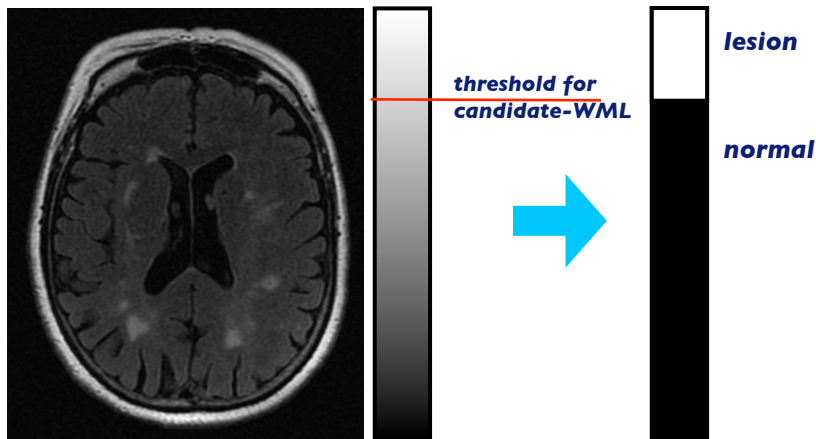


- *multi-atlas registration for mask and sampling*
- *KNN based segmentation on T1w and PDw scans*
- *WML segmentation as post processing step on FLAIR*

Vrooman et al., NeuroImage 2007, De Boer et al., NeuroImage 2009

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Continuous FLAIR signal intensity

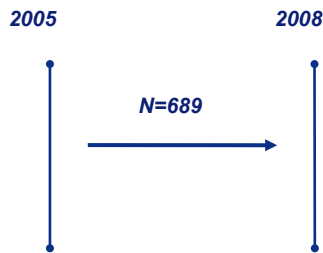


However, there appears to be more information in the FLAIR intensity!

Maillard et al., Stroke 2011

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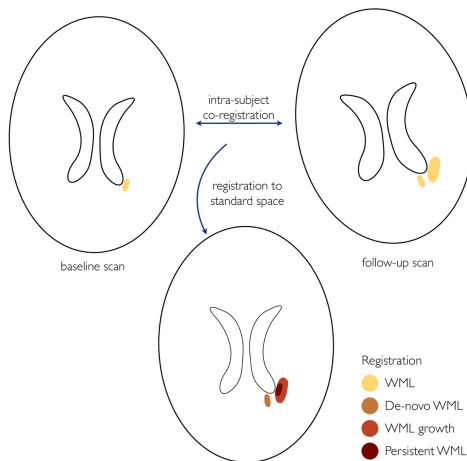
Design



Population-based longitudinal MRI-study

Age	66.9 (5.0)
Female	52 % (355)
Follow-up time	3.5 (0.2)

Analysis



Find WML in both scans

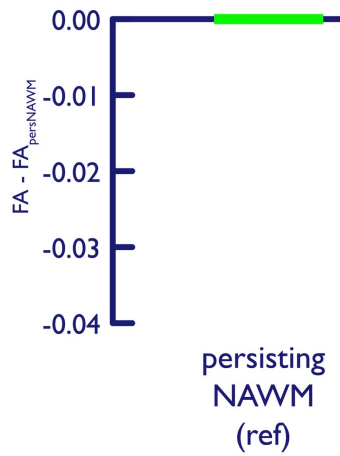
Symmetric analysis*

Standard space analysis

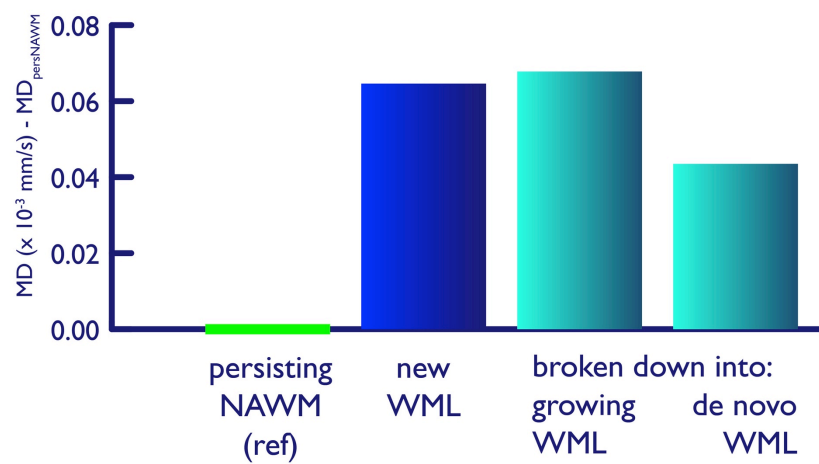
Matches new WML to persistent NAWM in other subjects

* see Reuter and Fischl, NeuroImage 2011

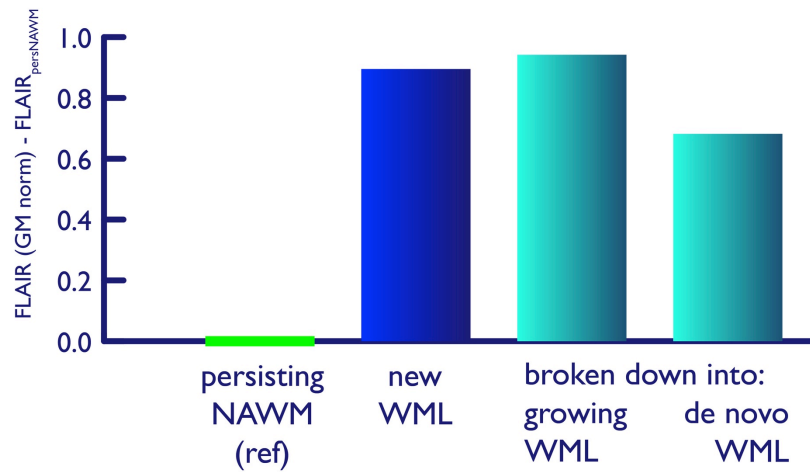
Results: FA difference



Results: MD difference



Results: Normalized FLAIR

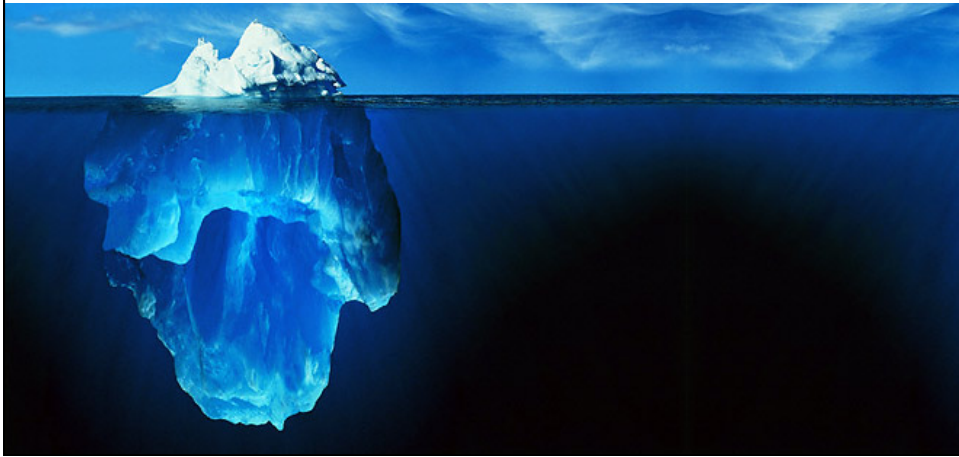


Conclusions

- The normal appearing white matter is altered before white matter lesions develop

Conclusions

- This suggests that white matter lesions develop gradually, and that visually appreciable white matter lesions are only the tip of the iceberg of white matter pathology

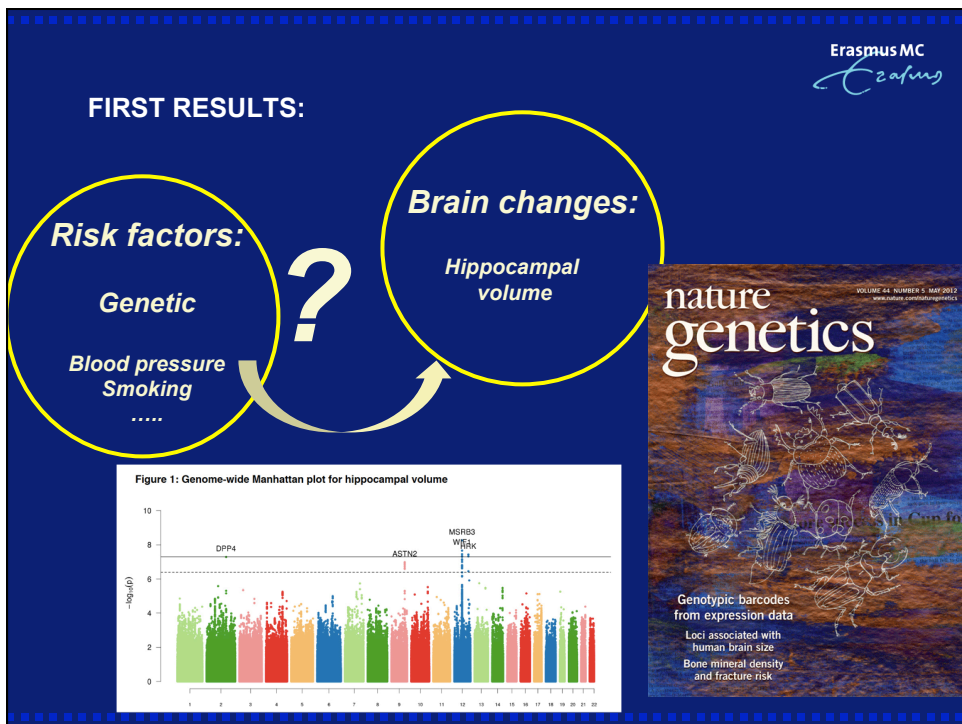
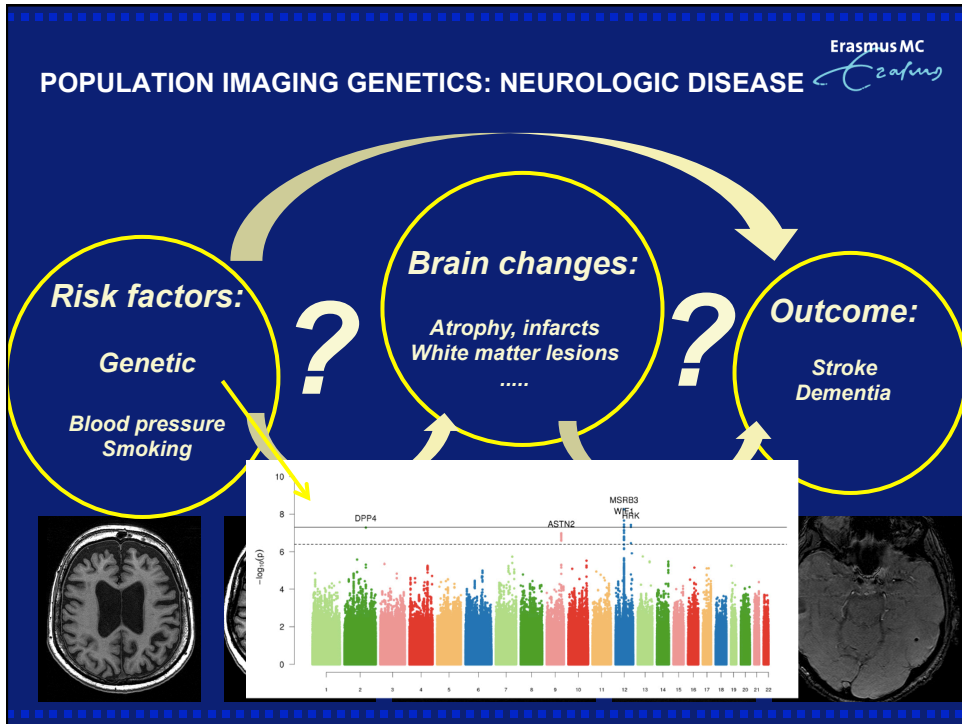


ImaGene



Population Imaging Genetics

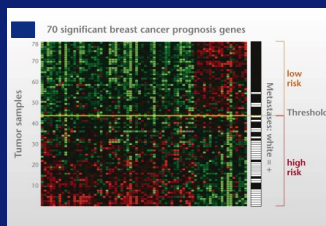
Integrating imaging and genetics for improved understanding of disease processes, and improved detection, diagnosis and therapy planning



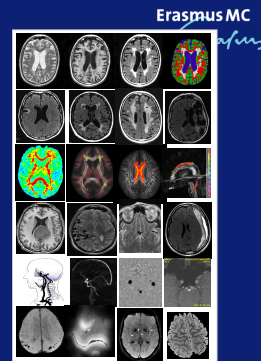
HOWEVER:

Full potential population imaging genetics databases not nearly utilized

Techniques for integrated imaging genetics analyses lacking



N=300 early breast-cancer gene-expression arrays + MRI data

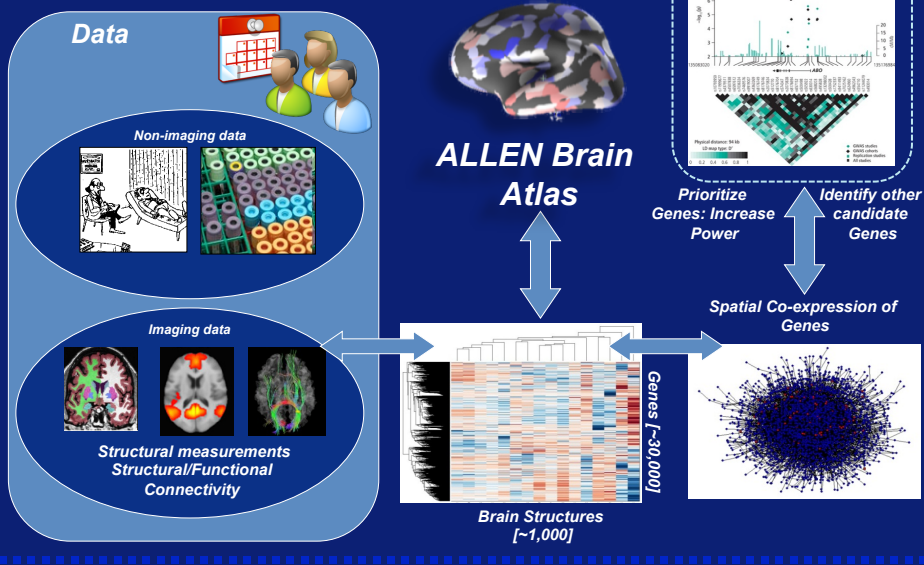


Rotterdam Study:
15000 GWA; 8000 MRI

CHARGE Consortium:
> 30.000 GWA/MRI

Nelson Study/Maastricht Study

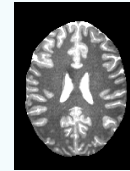
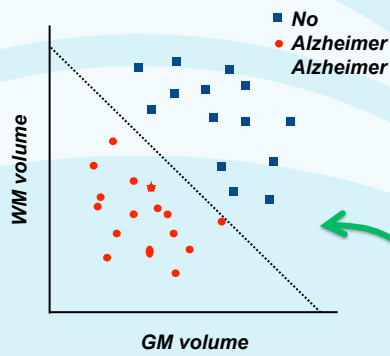
Model-based imaging genetics analyses



IT infrastructure essential!

- Infrastructure to facilitate centralised correlative analysis between image-derived data and clinical data in multi-centre studies

Patient	Age	Alzheimer
p000	67	no
p001	70	yes
p002	83	no
...



MR image



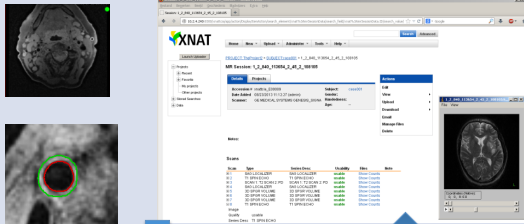
Segmentation

Volume GM = 790 ml
Volume WM = 497 ml



Data-archive infrastructure

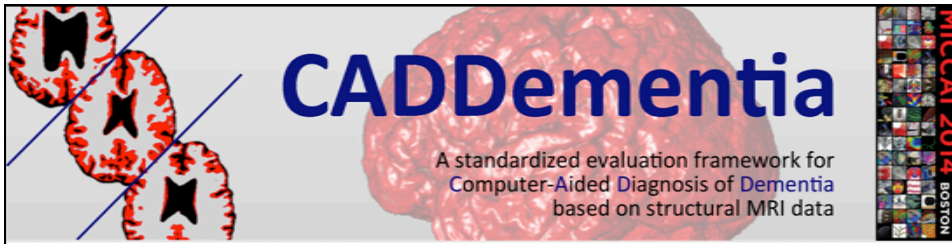
XNAT
anonymised DICOM images, processed images, and annotations



OpenClinica
other study data

Image Processing Unit

Workflow based approach; standardization; data provenance



CADDementia
A standardized evaluation framework for
Computer-Aided Diagnosis of Dementia
based on structural MRI data

MICCAI 2014 BOSTON

Algorithms are not used in clinical practice owing to lack of validation

- 1. The validation data set and evaluation methods vary, which makes it hard to compare performances between different methods.*
- 2. For clinical implementation, the generalizability of the methods should be evaluated on previously unseen multicenter data*
- 3. For clinical applicability is multi-class classification of AD, MCI and controls is required.*

*Esther Bron, MSc, Stefan Klein, PhD, Marion Smits, MD PhD
John van Swieten, MD PhD, Wiro Niessen, PhD*

Erasmus MC, Rotterdam, the Netherlands

Data

- Structural MRI (T1w) scans of AD patients, MCI, and controls
 - Erasmus MC, the Netherlands: 174 scans
 - VU Medical Center, the Netherlands: 180 scans
 - University of Porto / Hospital de São João, Portugal: 30 scans
 - Imperial College London, UK: TBA
- Training
 - Any suitable training data can be used, e.g. ADNI
 - Small training set from our database, 30 data sets

Acknowledgements



Erasmus MC

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Vrooman

Imperial College London

Alexander Hammers, Daniel Rueckert



Thanks!

Questions?