

Detecting Alzheimer's disease by morphological MRI using hippocampal grading and cortical thickness

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Background	Methods			
• Structural MRI is an important imaging biomarker in Alzheimer's disease as the cerebral atrophy has been shown to closely correlate with cognitive symptoms. Recognizing this, numerous	Training data (ADNI) • 1.5T T1w MRI scans from the ADNI1	Dataset	N (females)	Age±sd
methods have been developed for quantifying the disease related atrophy from MRI over the	study	ADNI1 AD ADNI1 MCI	181 (88) 381 (139)	75.3±7.5 74.8±7.4
past decades. Effort has been dedicated to separate AD related modifications from normal aging for the purpose of early detection and prediction. Several groups have reported promising results	• 3.0T T1w MRI scans from the ADNI2 study	ADNI1 CN	222 (105)	75.9±5.0
using automatic methods; however, it is very difficult to compare these methods due to varying		ADNI2 AD	48 (16)	75.6±8.8
cohorts and different validation frameworks. To address this issue, the public challenge on	<u>Testing data (CADDementia)</u>	ADNI2 MCI	183 (69)	71.7±7.6
Computer-Aided Diagnosis of Dementia (CADDementia) was proposed. The challenge calls for	• 3.0T T1w MRI scans from three	ADNI2 CN	73 (36)	75.6±6.2
accurate classification of 354 MRI scans collected among AD patients, subjects with mild	different sites in Europe	CAD AD	9 (6)	66.1±5.2
cognitive impairment and cognitively normal control. The true diagnosis is hidden from the	No protocol harmonization	CAD MCI	9 (4)	68.0±8.5
participating groups, thus making the validation truly objective. This poster describes our	 30 scans with known labels 254 scans with unknown labels 	CAD CN	12 (3)	62.3±6.3
proposed method to automatically classify the challenge data along with a validation on 30 scans with known diagnosis also provided for the challenge	• 354 scans with unknown labels	CAD test set	354 (141)	65.1±7.8

with known diagnosis also provided for the challenge.

Results

grading SNIPE Figure maps MRI. generated from T1-weighted Sagittal and coronal slices visualizing hippocampus and entorhinal cortex. **Top row:** ADNI1 MCI non-progressor at baseline. **Bottom row: ADNI1 MCI progressor at** baseline.

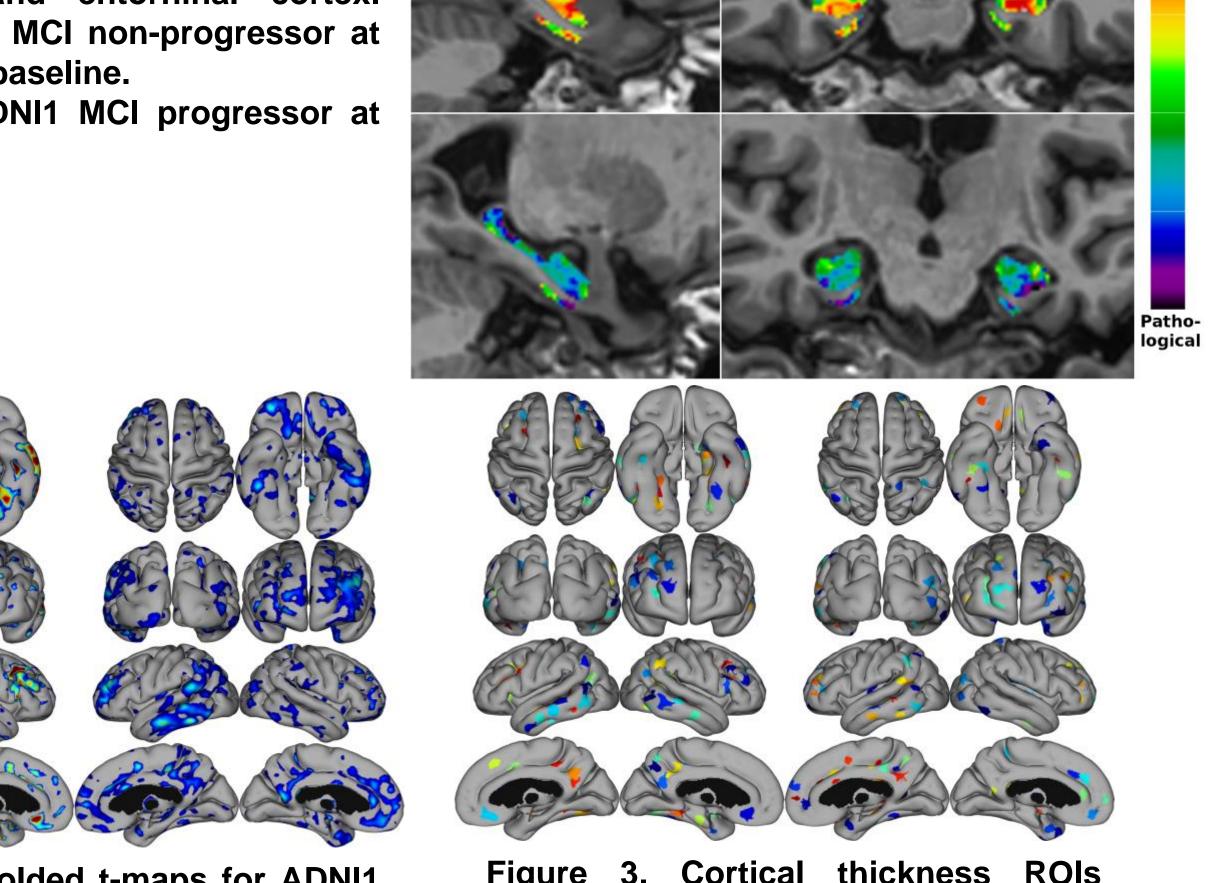


Table 1. Demographics of the cohorts

- used in the analyses
- Fully automatic pipeline [1]. • Denoising [2]

Image preprocessing

- Bias field correction [3]
- Affine registration to MNI space [4].
- Population-specific template derived from the ADNI1 [5].
- Image intensity normalization [6]
- Skull stripping using BEaST [7].

Hippocampus and Entorhinal cortex

Structural features of the hippocampal complex were estimated using SNIPE (Scoring by Nonlocal Image Patch Estimator) method [8, 9]. In this technique, the local structural information surrounding each voxel (i.e., 3D patch) of a test subject is compared to those in a training library of MRI datasets from ADNI1 and ADNI2 AD and CN subjects with segmentation of the considered structures (HC and ERC) (see Figure 1).

Neocortex

Cortical thickness was calculated using FACE (Fast Accurate Cortex Extraction) [10,11] and mapped to the cortical surface of the population-specific average non-linear anatomical template [5] using an iterative, feature-based algorithm [12]. MCI and CN subjects were used to generate a statistical map of group differences in cortical thickness. From this t-map, cortical thickness features were derived with the procedure described in [13] using the proportion of the cortical surface with the 15% largest tvalues corresponding to a threshold of t=4.3 and t=1.0 for ADNI1 and ADNI2 respectively (see Figure 2 and 3).

Figure 2. Thresholded t-maps for ADNI1 MCI/CN contrast (left) and ADNI2 MCI/CN contrast (right). Notice the difference in statistical strength due to sample size differences.

Figure 3. **Cortical thickness** ROIs generated ADNI1 respectively by and ADNI2 cohorts (left) cohorts (right).

Computational time

Conclusion

- The classification process is fully automatic.
- Test setup: single core (Intel Core i7 @3.40Ghz) per subject.
- Total computational time was approximately 55 minutes distributed on preprocessing (30 min), FACE (15 min), and SNIPE (10 min).
- Applying the classifier after it has been trained takes only a few seconds.

CADDementia training set		Classification accuracy				
Classifier	CN	MCI	AD	Overall		
SNIPE/FACE ADNI1	75.0	66.7	66.7	70.0		
SNIPE ADNI1	75.0	77.8	77.8	76.7		
SNIPE/FACE ADNI2	58.3	66.7	77.8	66.7		
SNIPE ADNI2	66.7	66.7	77.8	70.0		
Combined	75.0	66.7	77.8	73.3		

Table 2. Classification accuracies of the five classifiers when applied on CADDementia training data. All numbers are in percentage (%).

Classification

- Multinomial regression with lasso and L1/L2 elasticnet regularization.
- GLMNET matlab (<u>http://www.stanford.edu/~hastie/glmnet_matlab/</u>).
- During experiments ADNI1 or ADNI2 were used as training datasets.
- The classification framework was based on ensemble learning approach [14].
- In order to create the ensemble we used an iterative approach. For each iteration the following steps were performed:
- 1. Age correction based on the CN ADNI training population.
- 2. Over-sampling of the ADNI training dataset.
- 3. Grid search for optimal classifier parameters.
- 4. Ensemble learning classification mean posterior probability
- This procedure was used in the four following scenarios:
- 1. ADNI1 as training dataset and SNIPE and FACE features (98 features in total)
- 2. ADNI1 as training dataset and SNIPE features (8 features)
- 3. ADNI2 as training dataset and SNIPE and FACE features (95 features in total)
- 4. Using ADNI2 as training dataset and SNIPE features (8 features)
- 5. The four scenarios above were combined by using the grand mean of all posterior probabilities from the scenarios. As in step four above, the maximum posterior probability was used to label the images.

The results on the CADDementia training data may be inflated due to the grid search for optimal

References

parameters. Nevertheless the results indicate the ranking of the different classifiers. It seems that training on ADNI1 data provides better results than training on ADNI2 data even though ADNI2 data should better represent the CADDementia data using only 3T images. The difference is most likely due to more available training data in the ADNI1 cohorts leading to well-defined classes. Thus the morphological variation of the three populations (AD/MCI/CN) is better represented in the larger sample. Adding cortical thickness features to the SNIPE features does not seem to improve results. In fact, it seems to impair the classifiers, possibly due to adding noise. Perhaps fewer and more carefully selected ROIs in the neocortex would have better complemented the MTL features and thus added discriminative information.

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