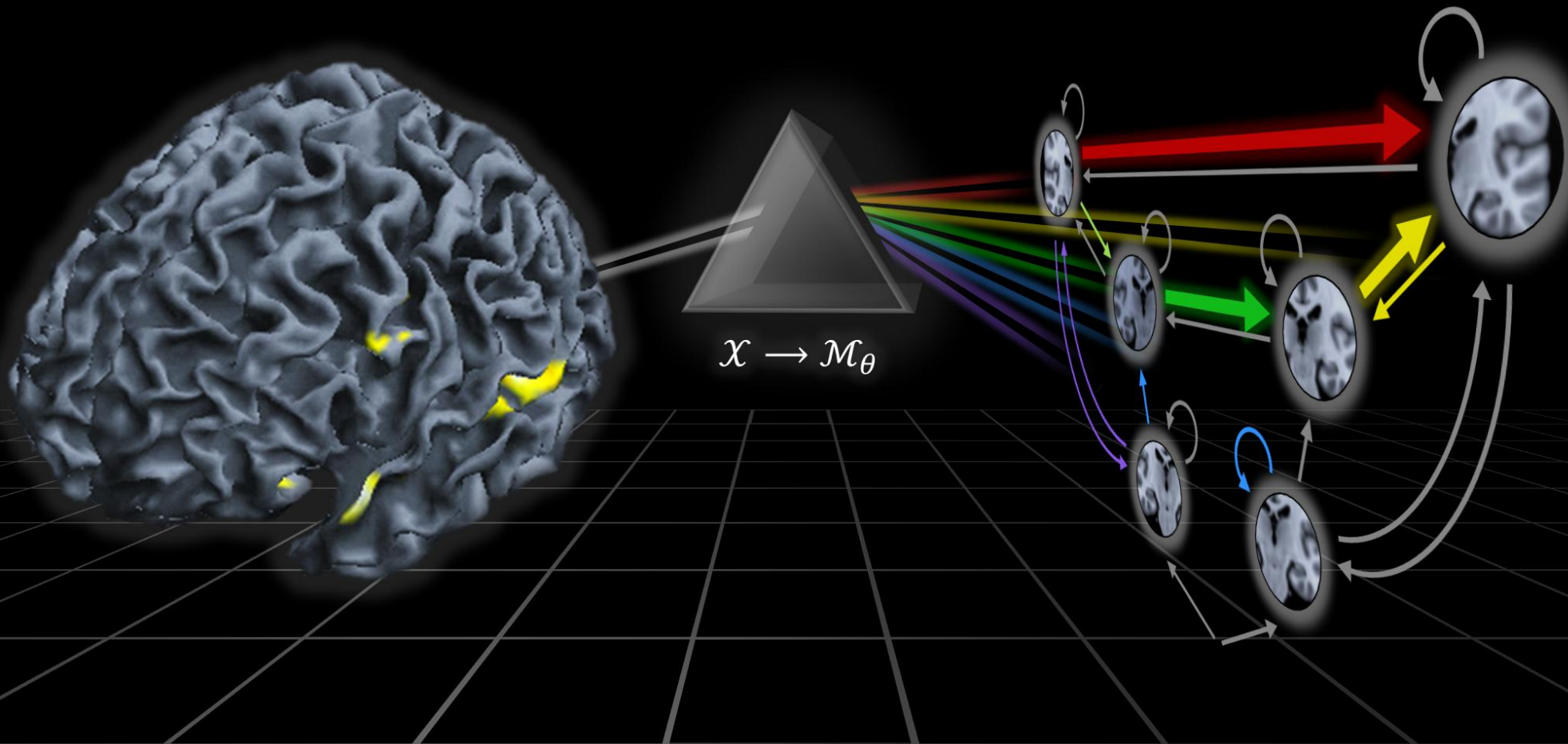


# Model-based analysis of disease states of the brain using generative embedding

Kay H. Brodersen<sup>1,2</sup>

<sup>1</sup> Translational Neuromodeling Unit (TNU), Department of Biomedical Engineering, University of Zurich & ETH Zurich

<sup>2</sup> Machine Learning Laboratory, Department of Computer Science, ETH Zurich



# Psychiatric spectrum diseases

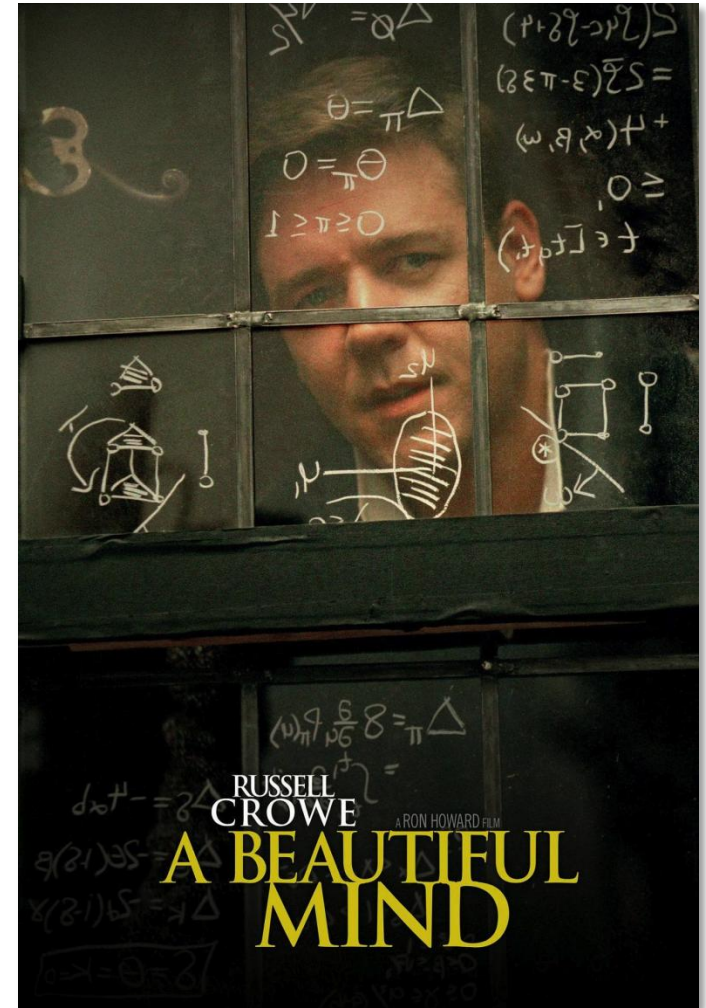
## Schizophrenia, depression, mania, etc.

- genetically based diagnoses impossible (diverse genetic basis, strong gene-environment interactions)
- even when symptoms are similar, causes can differ across patients (multiple pathophysiological mechanisms)
- large variability in treatment response

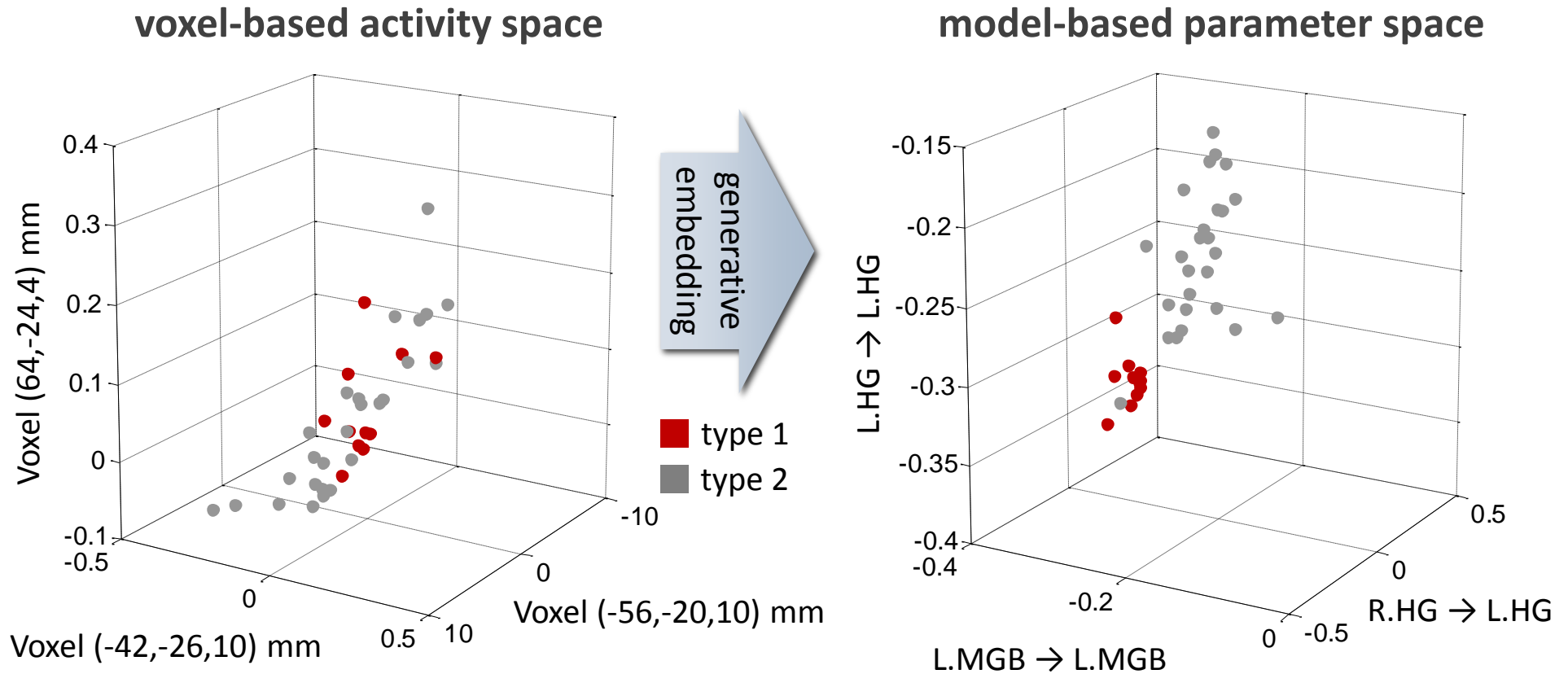


## Consequences

need to infer on pathophysiological mechanisms in individual patients!

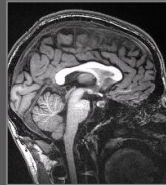


# Dissecting diseases into physiologically defined subgroups



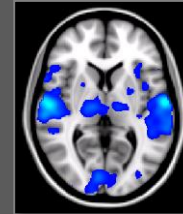
# Classification approaches by data representation

## Structure-based analyses



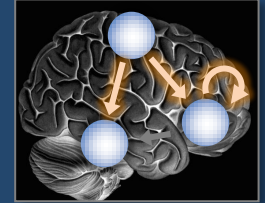
Which anatomical structures allow us to separate patients and healthy controls?

## Activation-based analyses



Which functional differences allow us to separate groups?

## Model-based analyses



How do patterns of hidden quantities (e.g., connectivity among brain regions) differ between groups?

# From models of pathophysiology to clinical applications

## 1 Developing models of (patho)physiological processes

- neuronal: synaptic plasticity, neuromodulation
- computational: learning, decision making



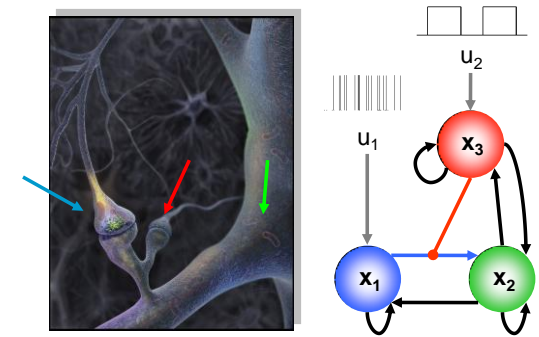
## 2 Validation studies in animals & humans

- can models detect experimentally induced changes, e.g., specific changes in synaptic plasticity?

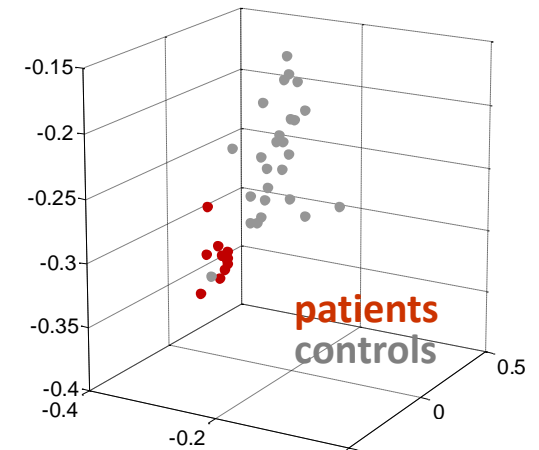


## 3 Clinical validation studies & translation

- clinical validation of classifications
- predicting diagnosis, therapeutic response, outcome



$$\frac{dx}{dt} = \left( A + \sum_{i=1}^m u_i B^{(i)} + \sum_{j=1}^n x_j D^{(j)} \right) x + Cu$$



# Colleagues & collaborators



**Thomas Schofield**  
University College London



**Justin R Chumbley**  
University of Zurich



**Cheng Soon Ong**  
National ICT Australia · University of Melbourne



**Jean Daunizeau**  
ICM Paris · University College London



**Kate Lomakina**  
University of Zurich · ETH Zurich



**Joachim M Buhmann**  
ETH Zurich



**Alexander Leff**  
University College London (UCL)



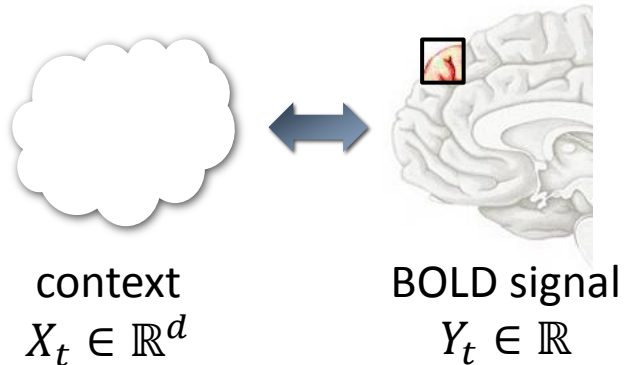
**Klaas Enno Stephan**  
University of Zurich · ETH Zurich · UCL



**Christoph Mathys**  
University of Zurich · ETH Zurich

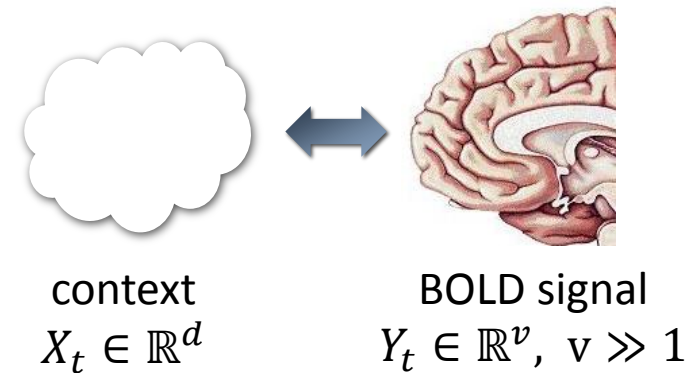
# Univariate vs. multivariate models

**A univariate model** considers a single voxel at a time.



Spatial dependencies between voxels are only introduced afterwards, through random field theory.

**A multivariate model** considers many voxels at once.



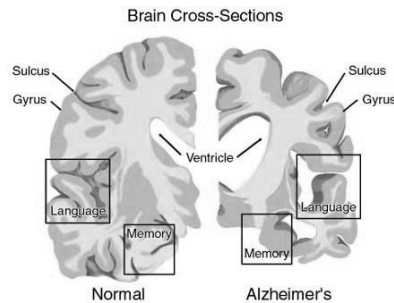
Multivariate models enable inferences on distributed responses without requiring focal activations.

# Prediction vs. inference

The goal of **prediction** is to find a highly accurate encoding or decoding function.

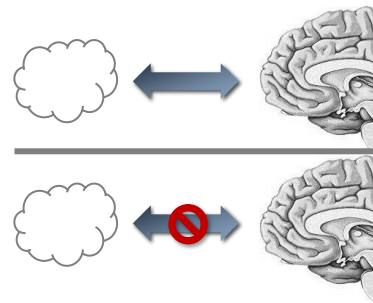


predicting a cognitive state using a brain-machine interface

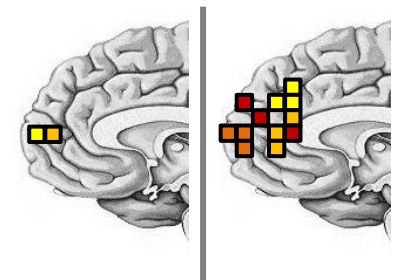


predicting a subject-specific diagnostic status

The goal of **inference** is to decide between competing hypotheses.



comparing a model that links distributed neuronal activity to a cognitive state with a model that does not



weighing the evidence for sparse vs. distributed coding

predictive density

$$p(X_{new}|Y_{new}, X, Y) = \int p(X_{new}|Y_{new}, \theta)p(\theta|X, Y)d\theta$$

marginal likelihood (model evidence)

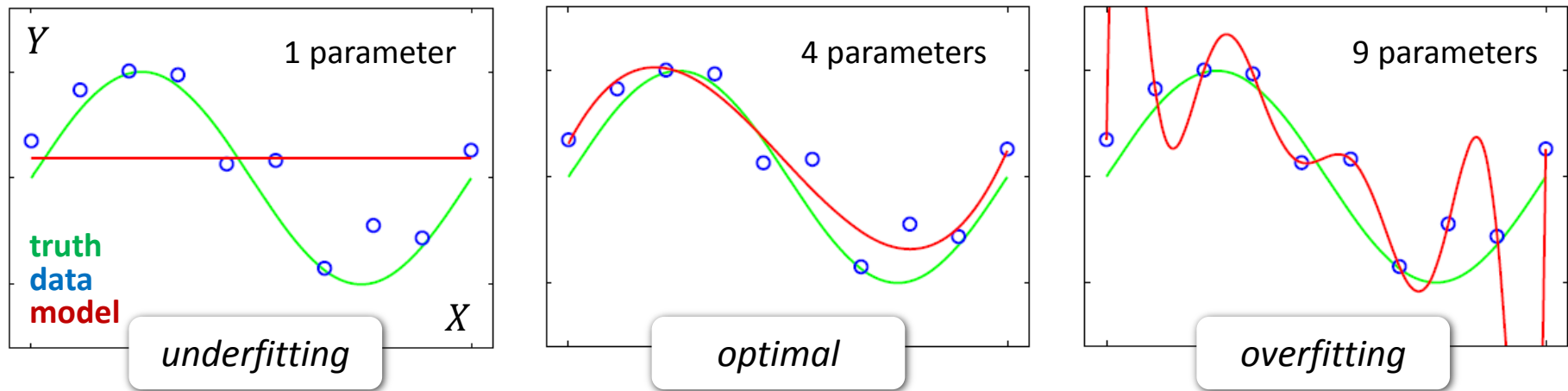
$$p(X|Y) = \int p(X|Y, \theta)p(\theta)d\theta$$



# Goodness of fit vs. complexity

**Goodness of fit** is the degree to which a model explains observed data.

**Complexity** is the flexibility of a model (including, but not limited to, its number of parameters).



We wish to find the model that optimally trades off goodness of fit and complexity.

# Constructing a classifier

A principled way of designing a classifier would be to adopt a probabilistic approach:



In practice, classifiers differ in terms of how strictly they implement this principle.

## Generative classifiers

use Bayes' rule to estimate  $p(X_t | Y_t) \propto p(Y_t | X_t)p(X_t)$

- *Gaussian Naïve Bayes*
- *Linear Discriminant Analysis*

## Discriminative classifiers

estimate  $p(X_t | Y_t)$  directly without Bayes' theorem

- *Logistic regression*
- *Relevance Vector Machine*

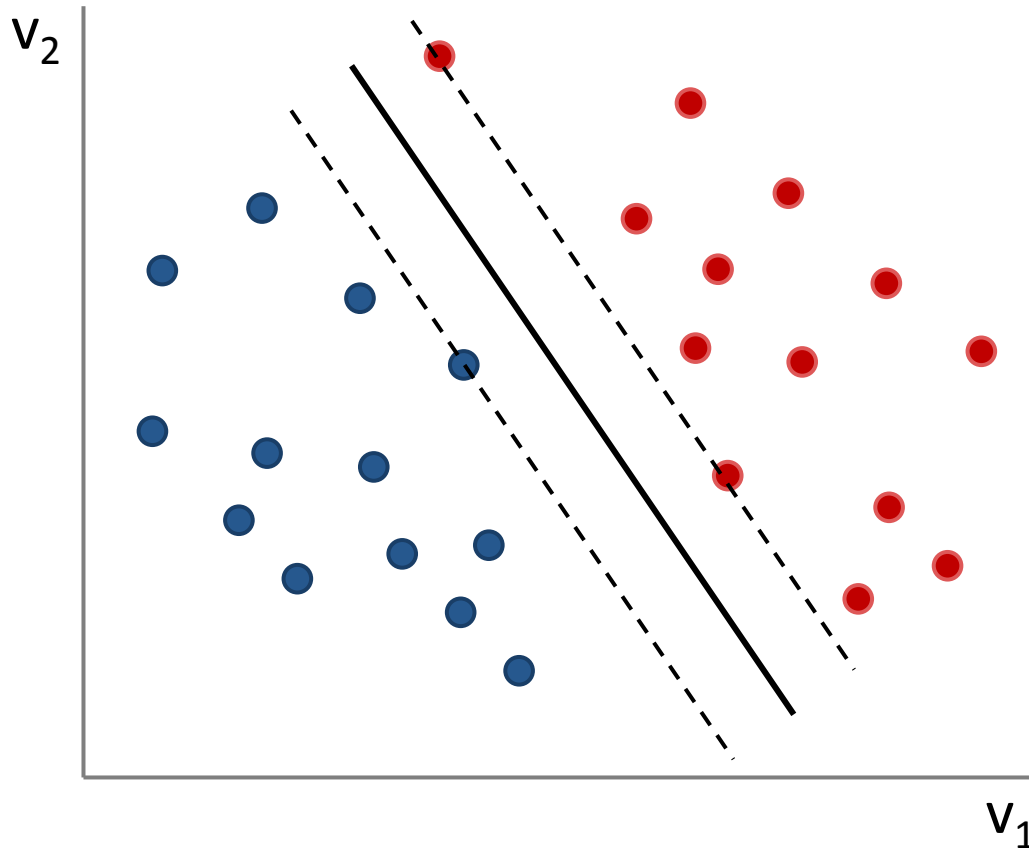
## Discriminant classifiers

estimate  $f(Y_t)$  directly

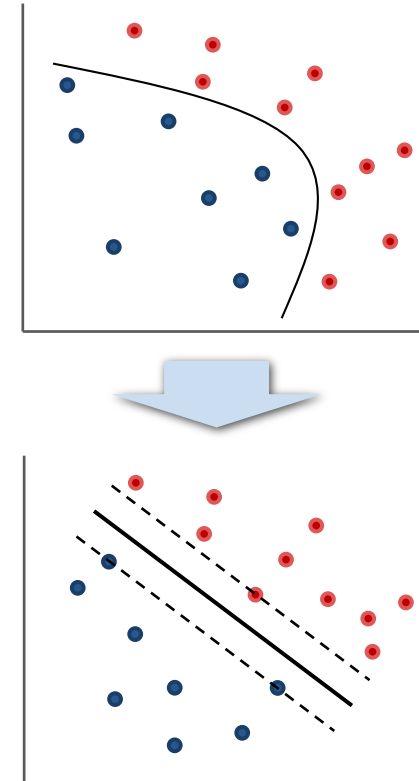
- *Fisher's Linear Discriminant*
- *Support Vector Machine*

# Support vector machine (SVM)

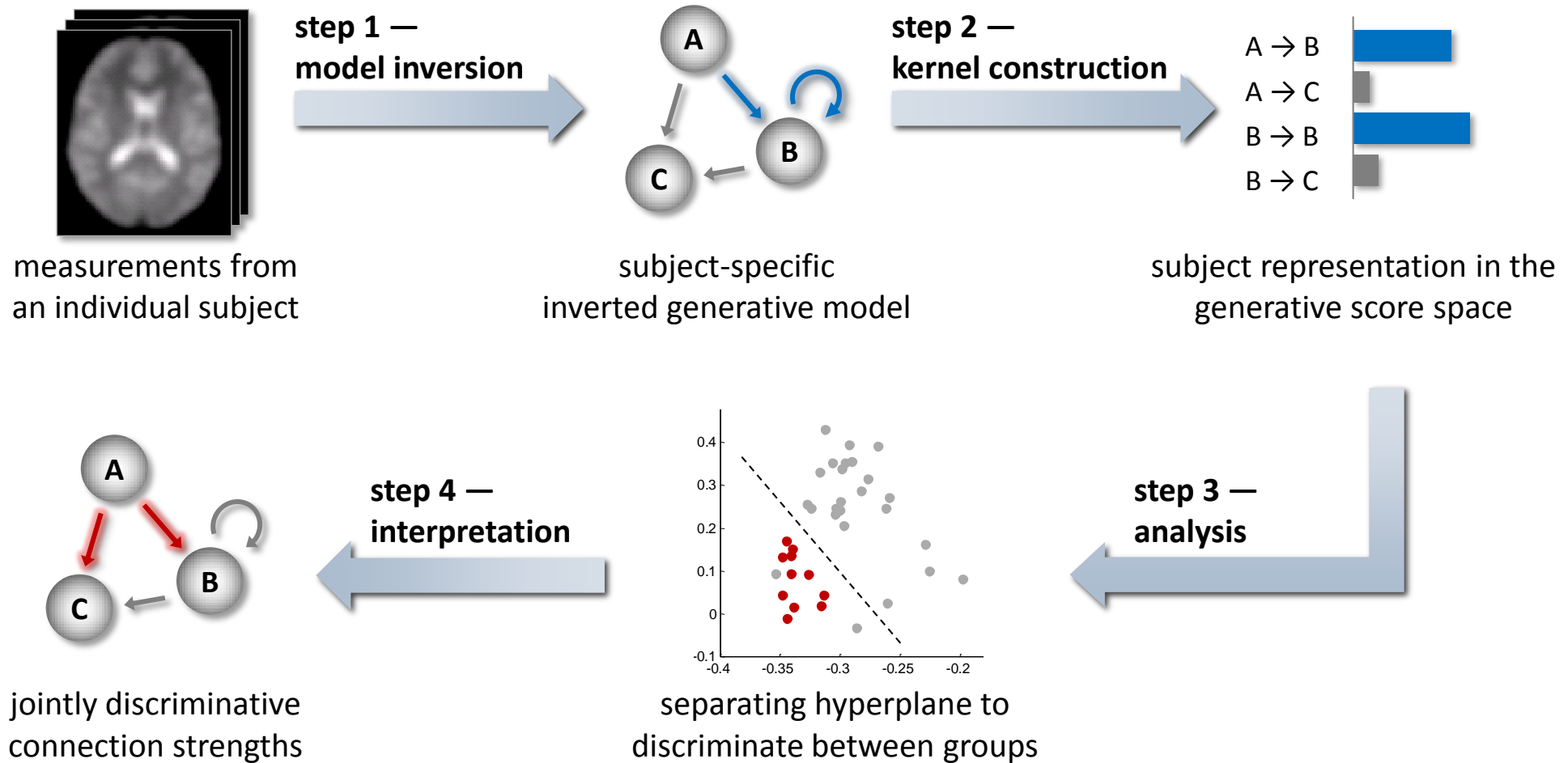
## Linear SVM



## Nonlinear SVM

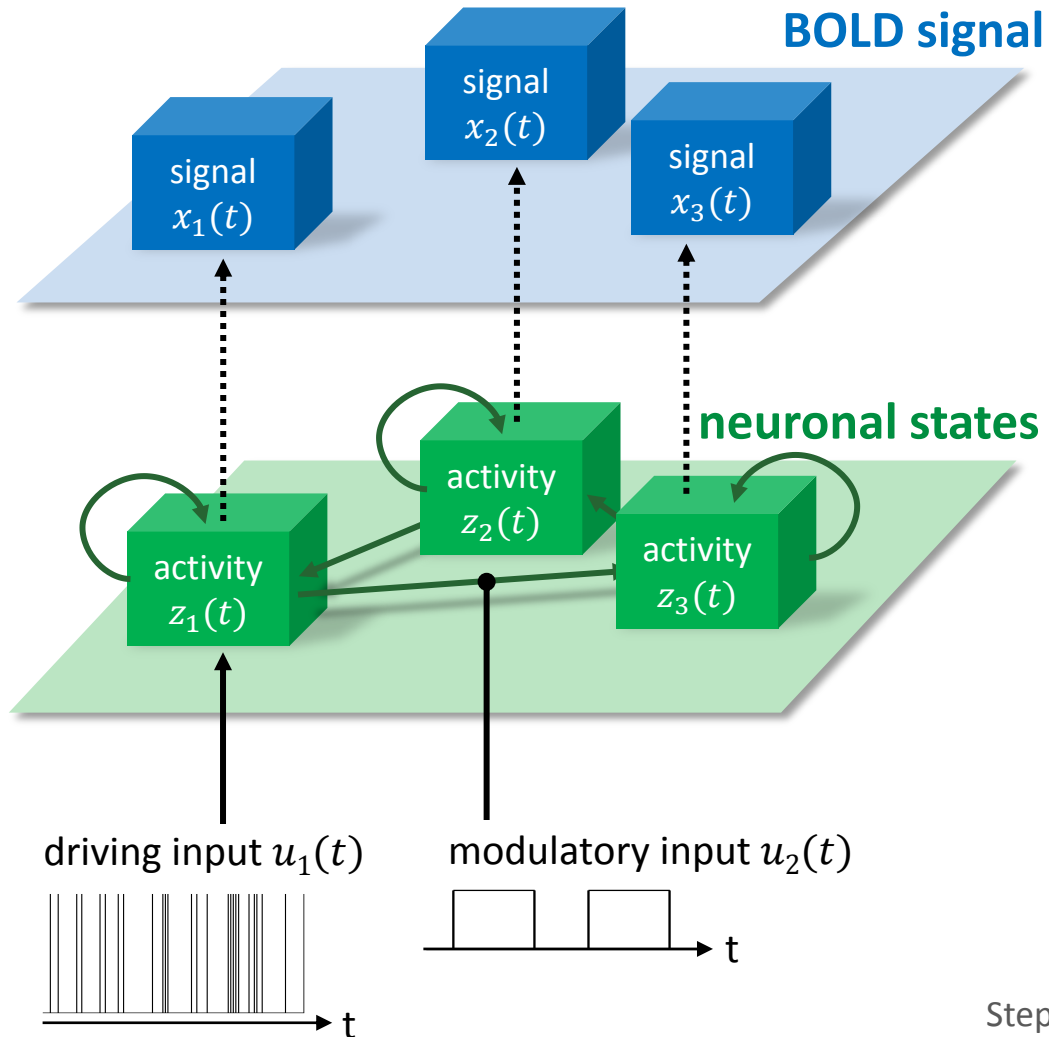


# Model-based analysis by generative embedding



Brodersen et al. (2011) *NeuroImage*; Brodersen et al. (2011) *PLoS Comput Biol*

# Choosing a generative model: DCM for fMRI



**haemodynamic forward model**

$$x = g(z, \theta_h)$$

**neural state equation**

$$\dot{z} = (A + \sum u_j B^{(j)})z + Cu$$

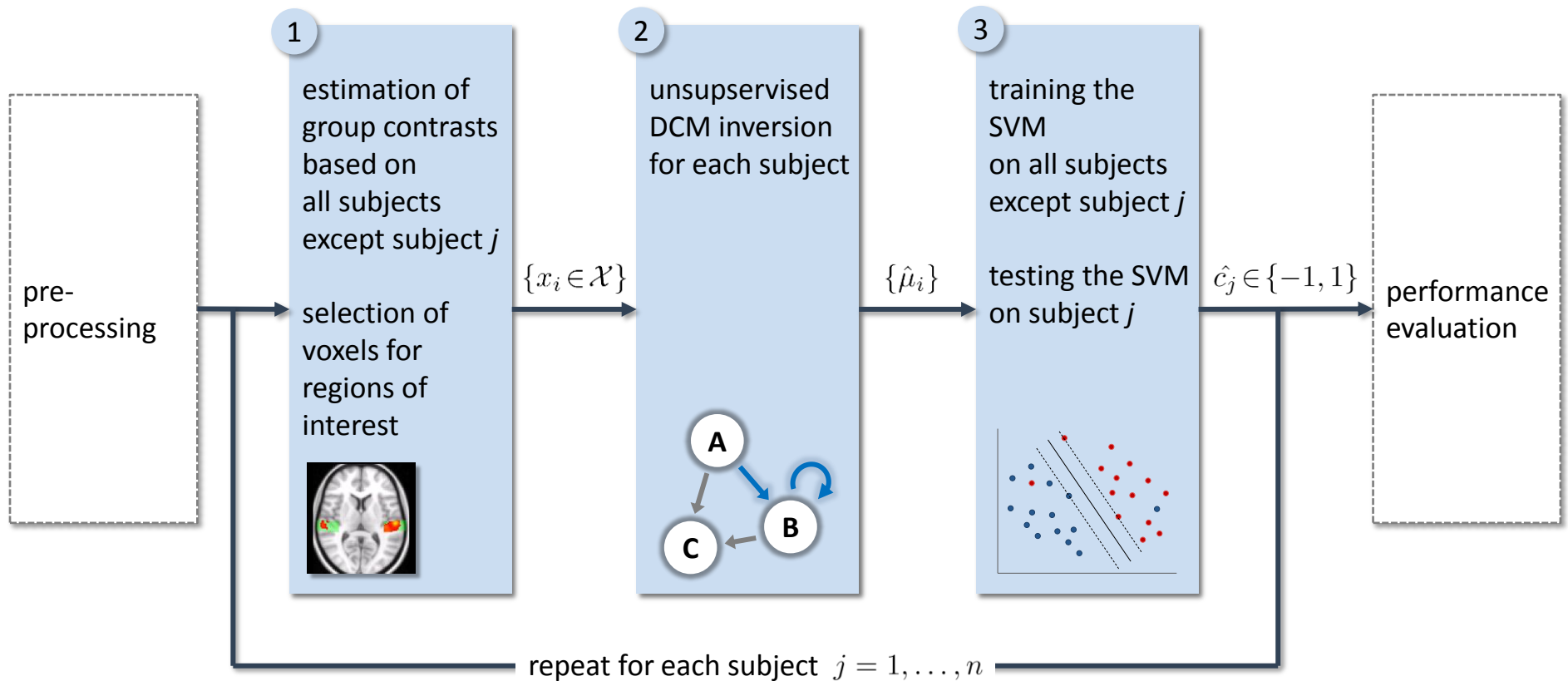
↑  
intrinsic connectivity

↑  
modulation of connectivity

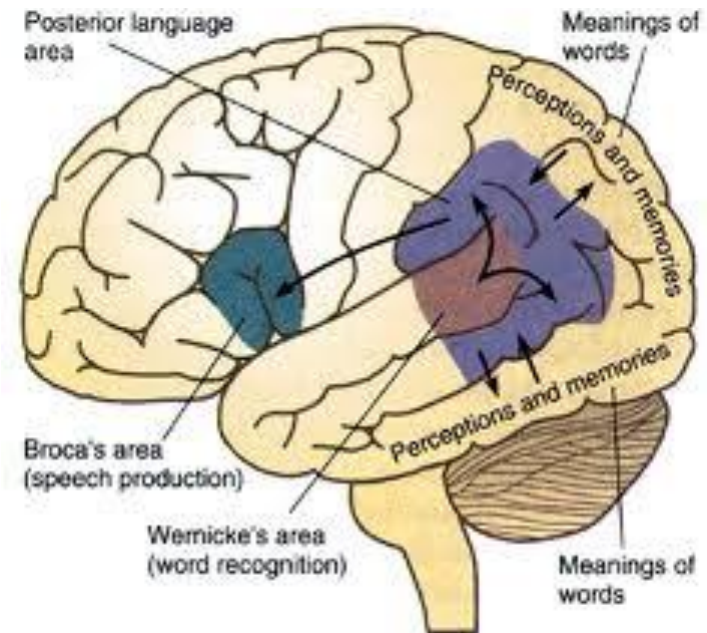
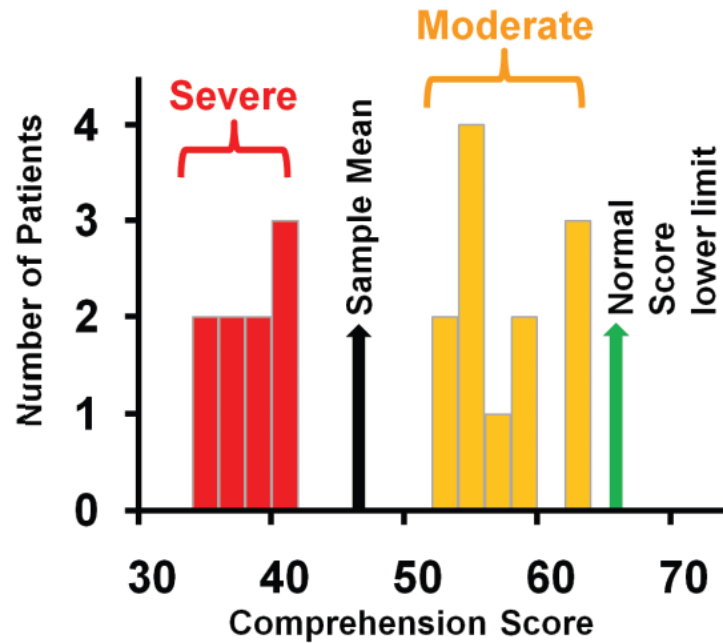
↑  
direct inputs

Friston, Harrison & Penny (2003) *NeuroImage*  
Stephan & Friston (2007) *Handbook of Brain Connectivity*

# Summary of the analysis

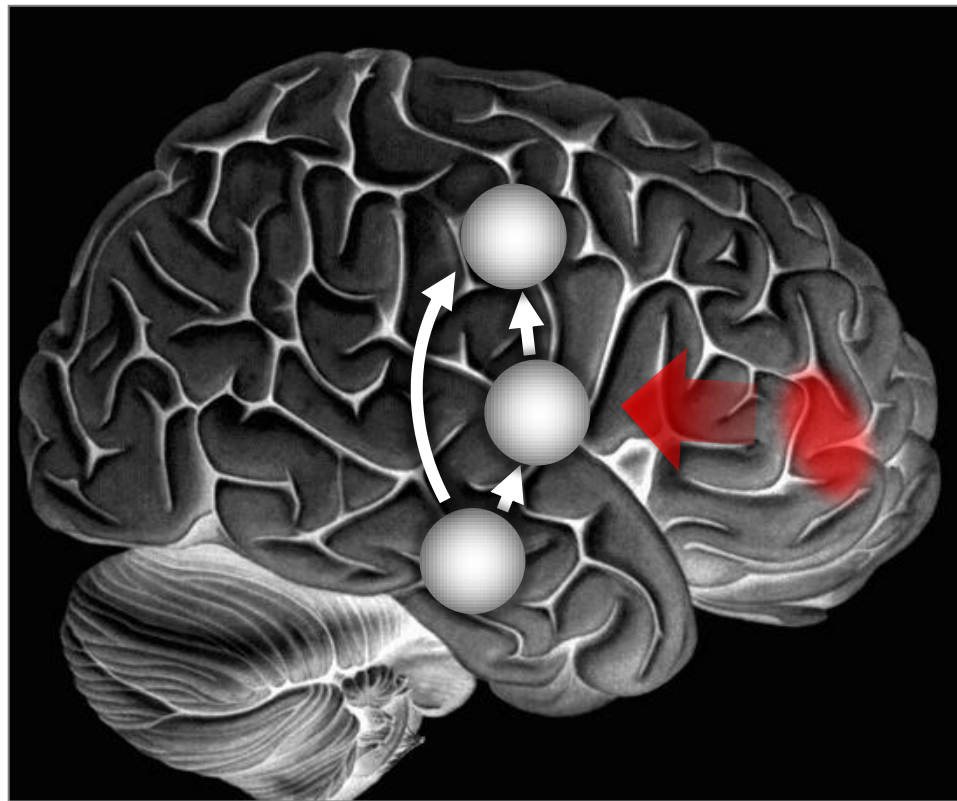


# Example: diagnosis of moderate aphasia



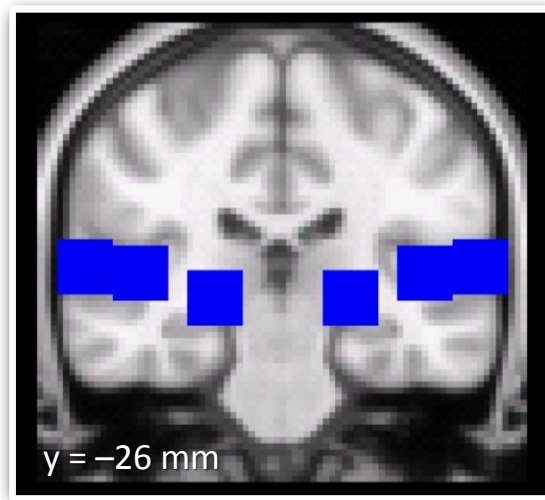
## Example: diagnosing stroke patients


To illustrate our approach, we aimed to distinguish between stroke patients and healthy controls, based on non-lesioned regions involved in speech processing.



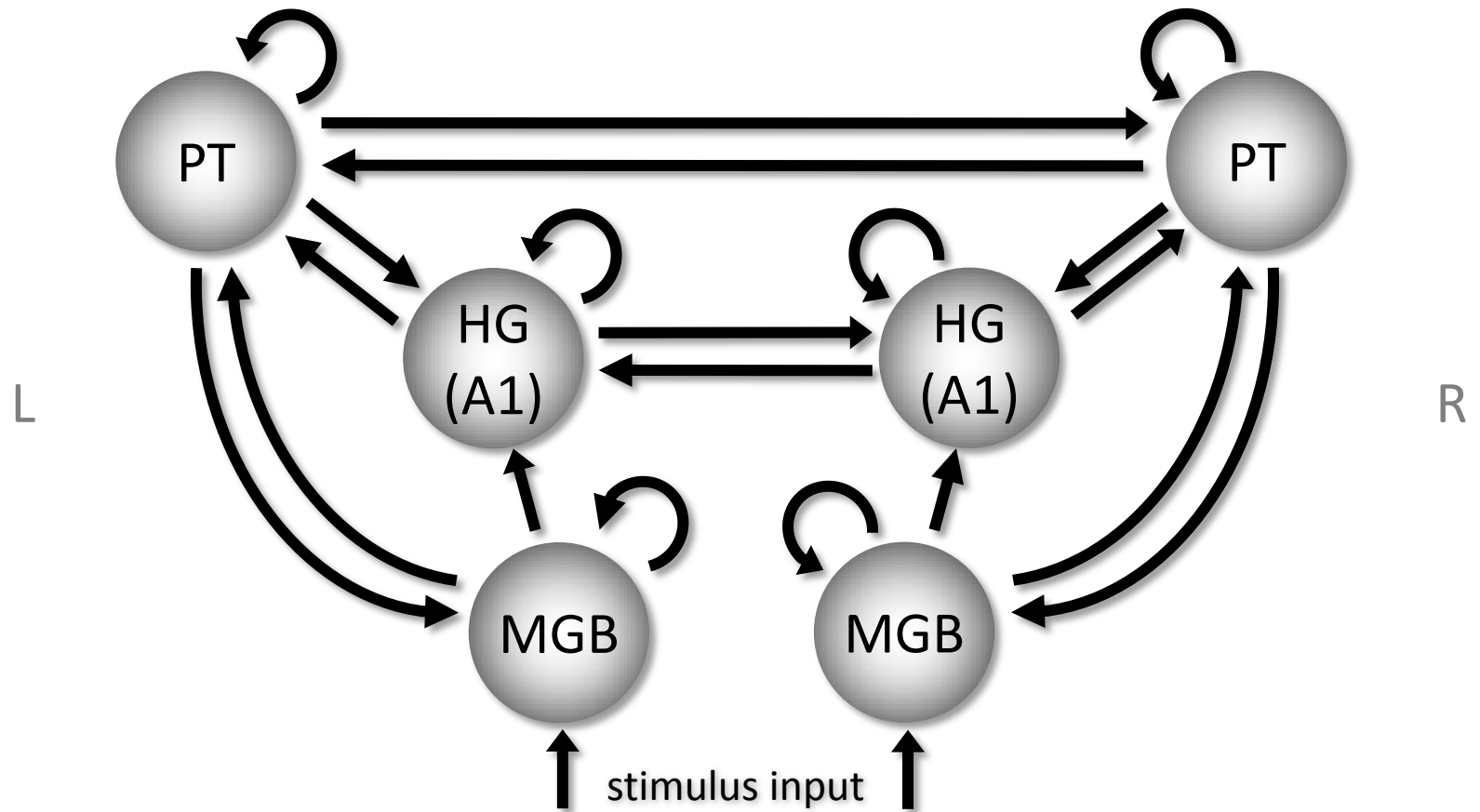


# Example: diagnosing stroke patients

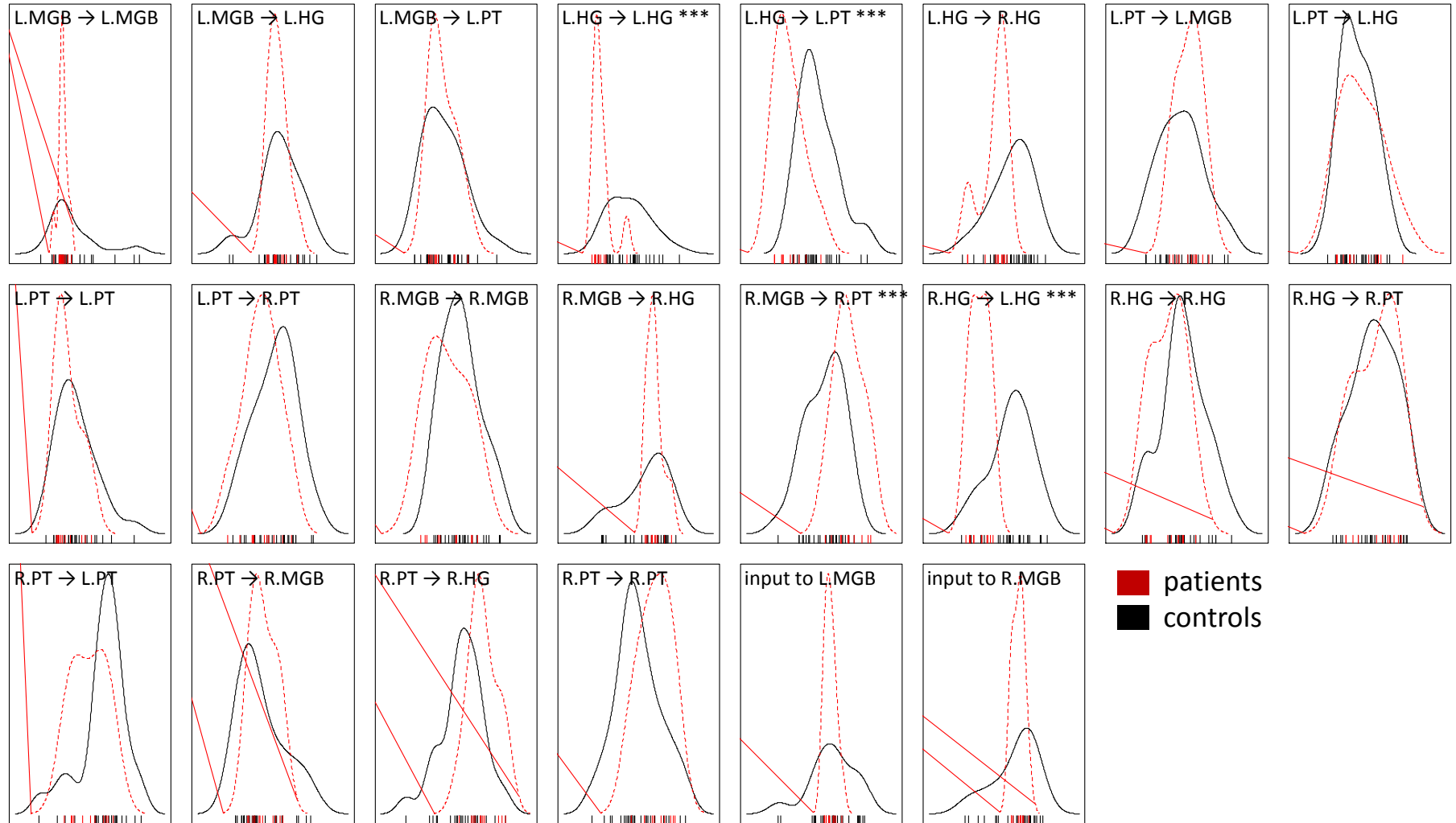


 anatomical regions of interest

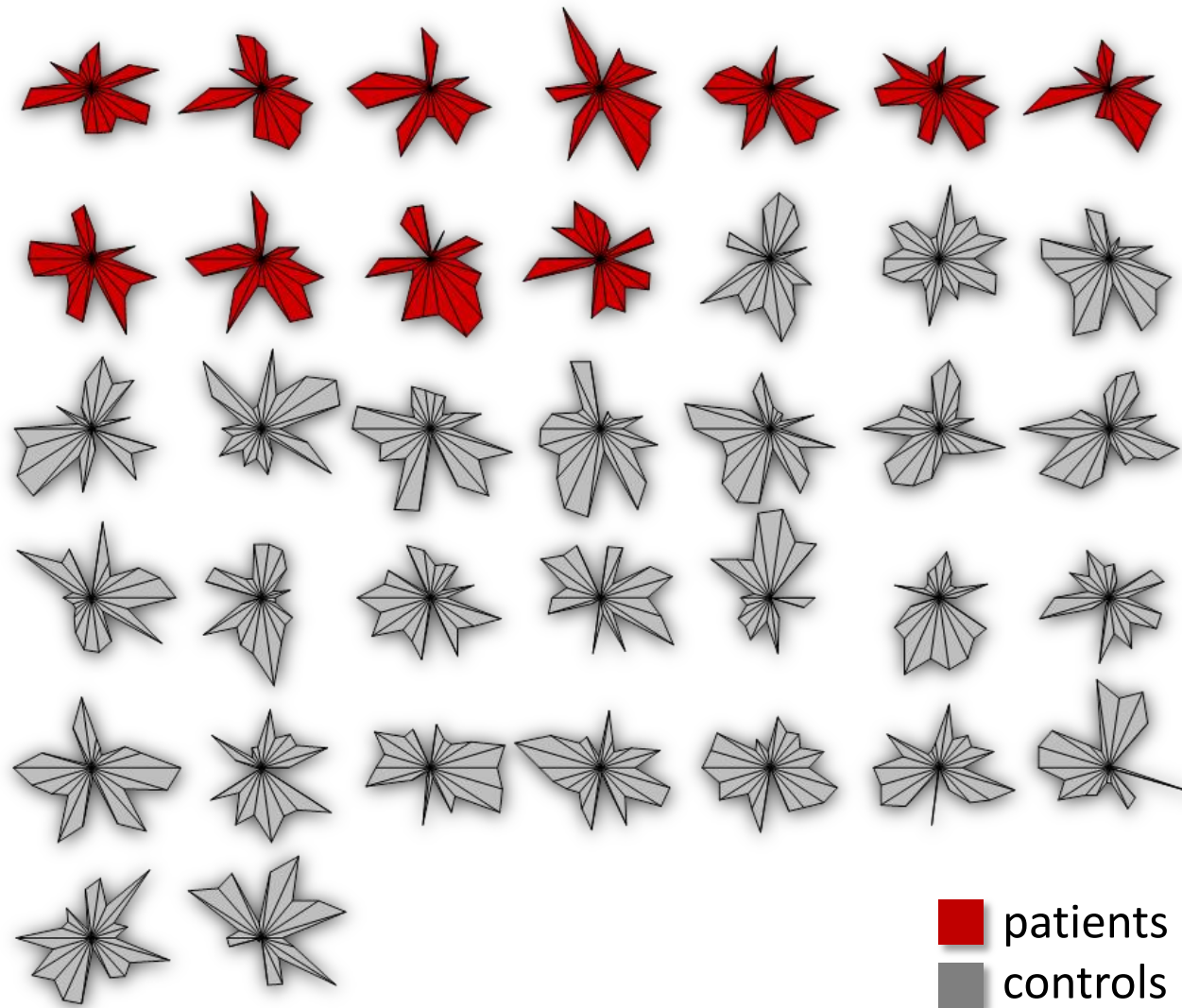
# Example: diagnosing stroke patients



# Univariate analysis: parameter densities

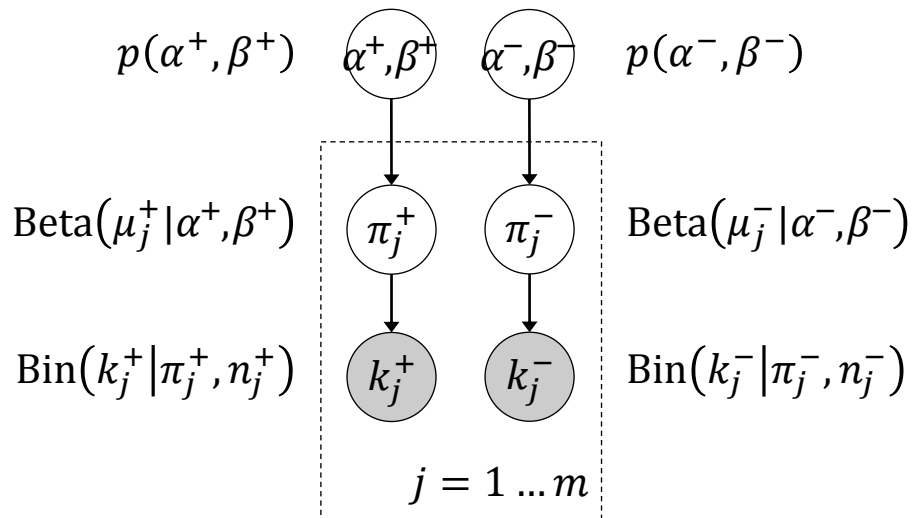


# Multivariate analysis: connectional fingerprints

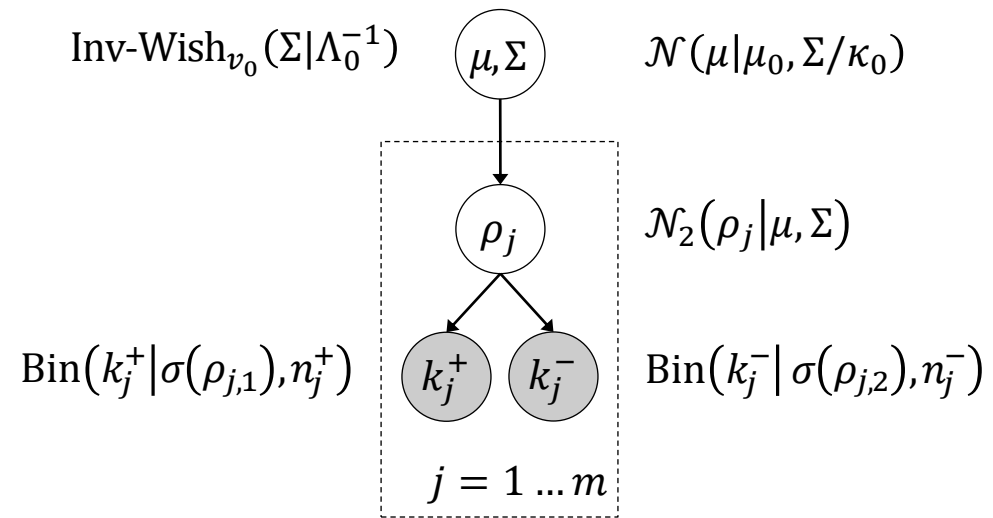


# Full Bayesian approach to performance evaluation

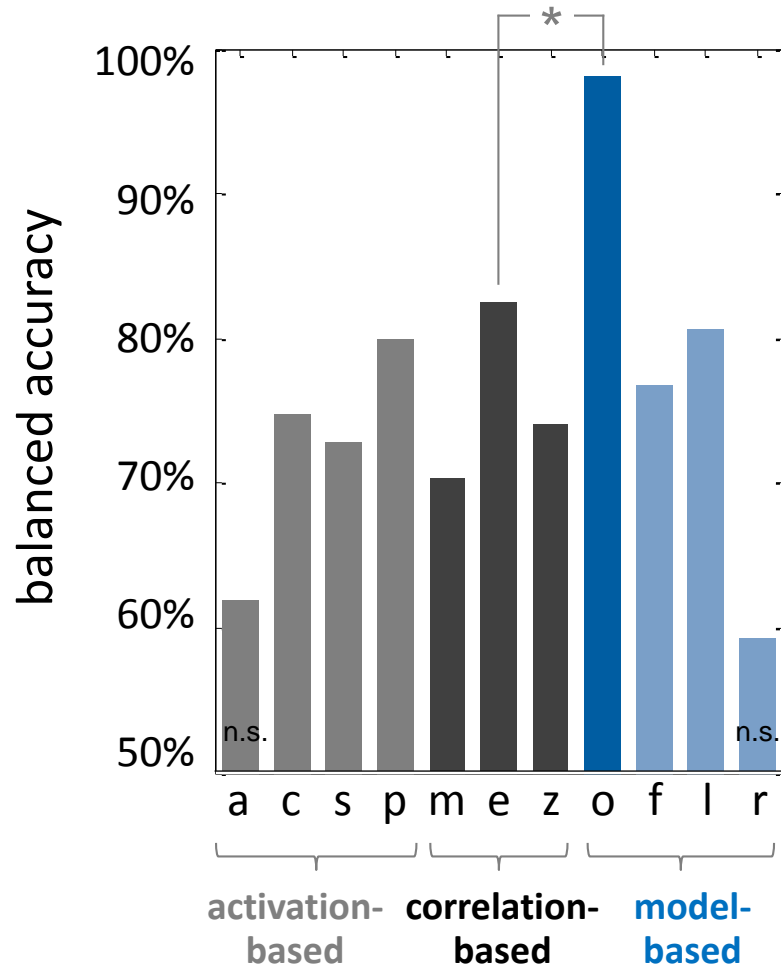
Beta-binomial model



Normal-binomial model



# Classification performance



## Activation-based analyses

- a anatomical feature selection
- c mass-univariate contrast feature selection
- s locally univariate searchlight feature selection
- p PCA-based dimensionality reduction

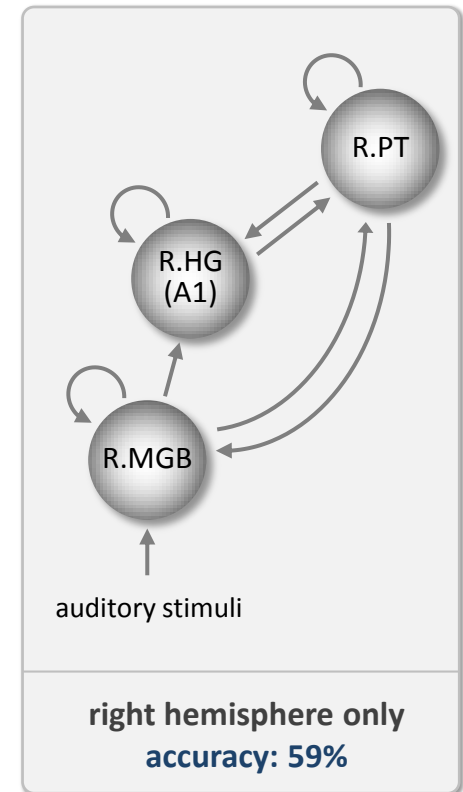
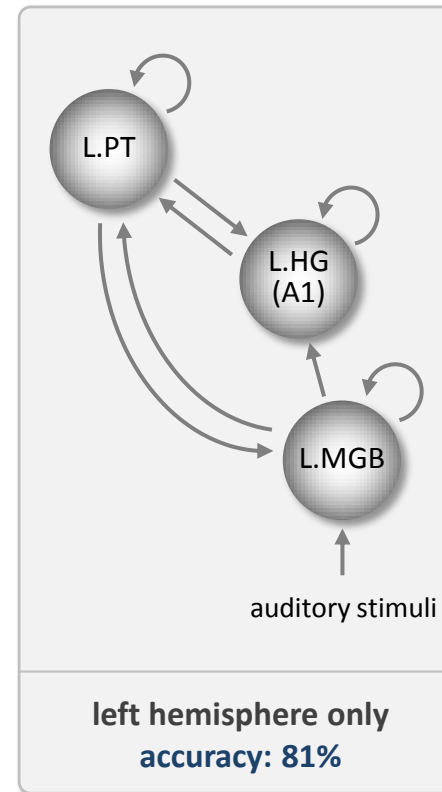
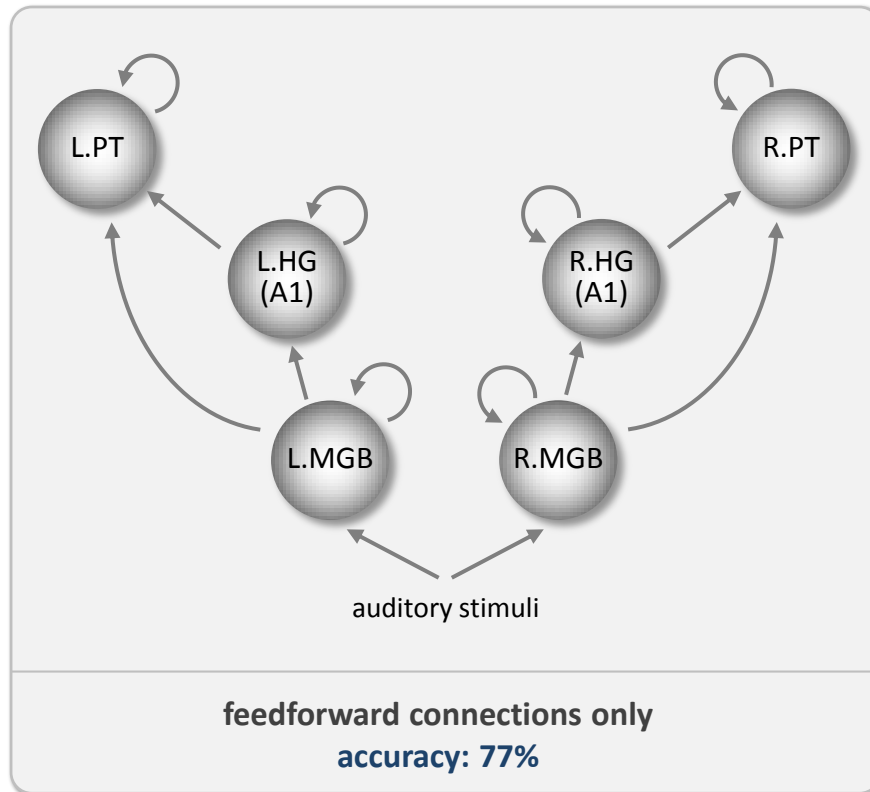
## Correlation-based analyses

- m correlations of regional means
- e correlations of regional eigenvariates
- z Fisher-transformed eigenvariates correlations

## Model-based analyses

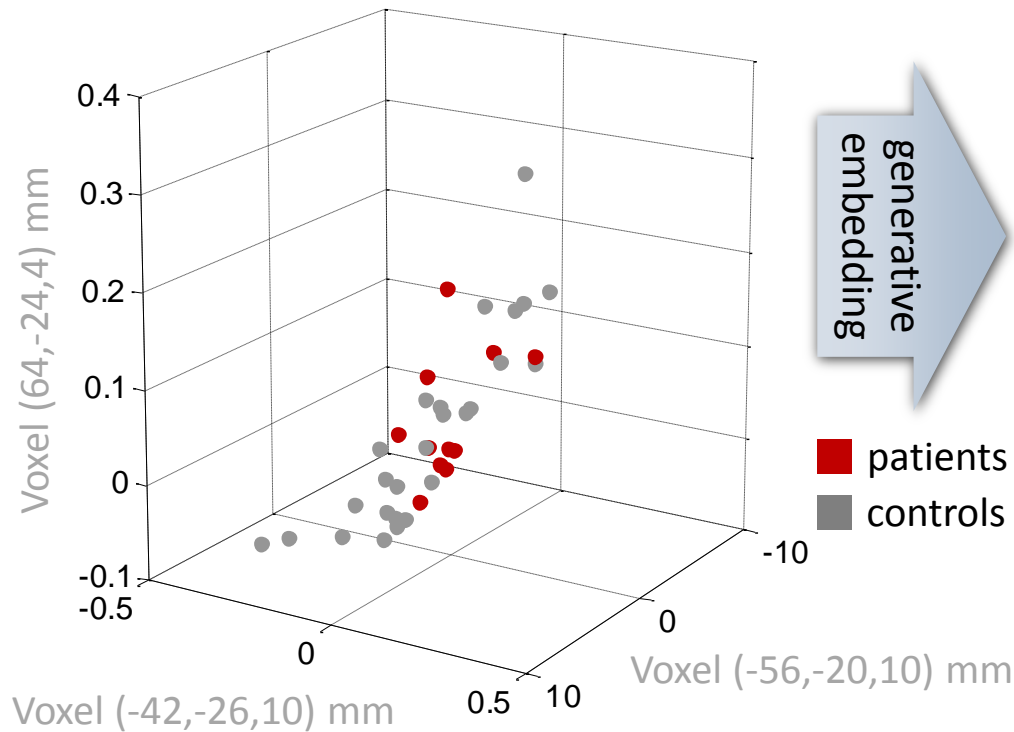
- o gen.embed., original full model
- f gen.embed., less plausible feedforward model
- l gen.embed., left hemisphere only
- r gen.embed., right hemisphere only

# Biologically less plausible models perform poorly



# The generative projection

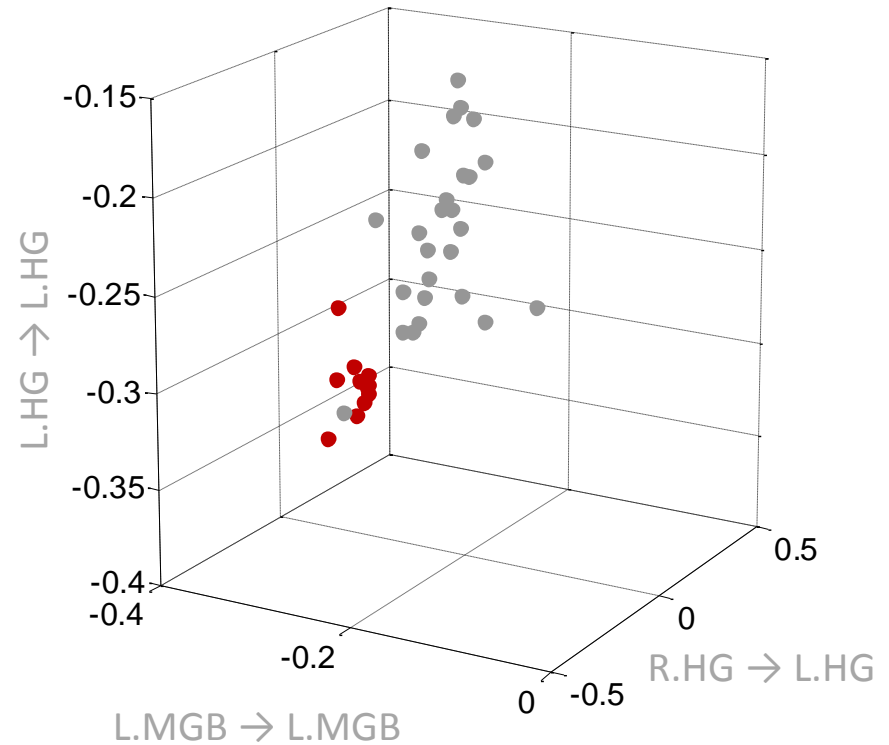
Voxel-based contrast space



classification accuracy  
(using all voxels in the regions of interest)

**75%**

Model-based parameter space

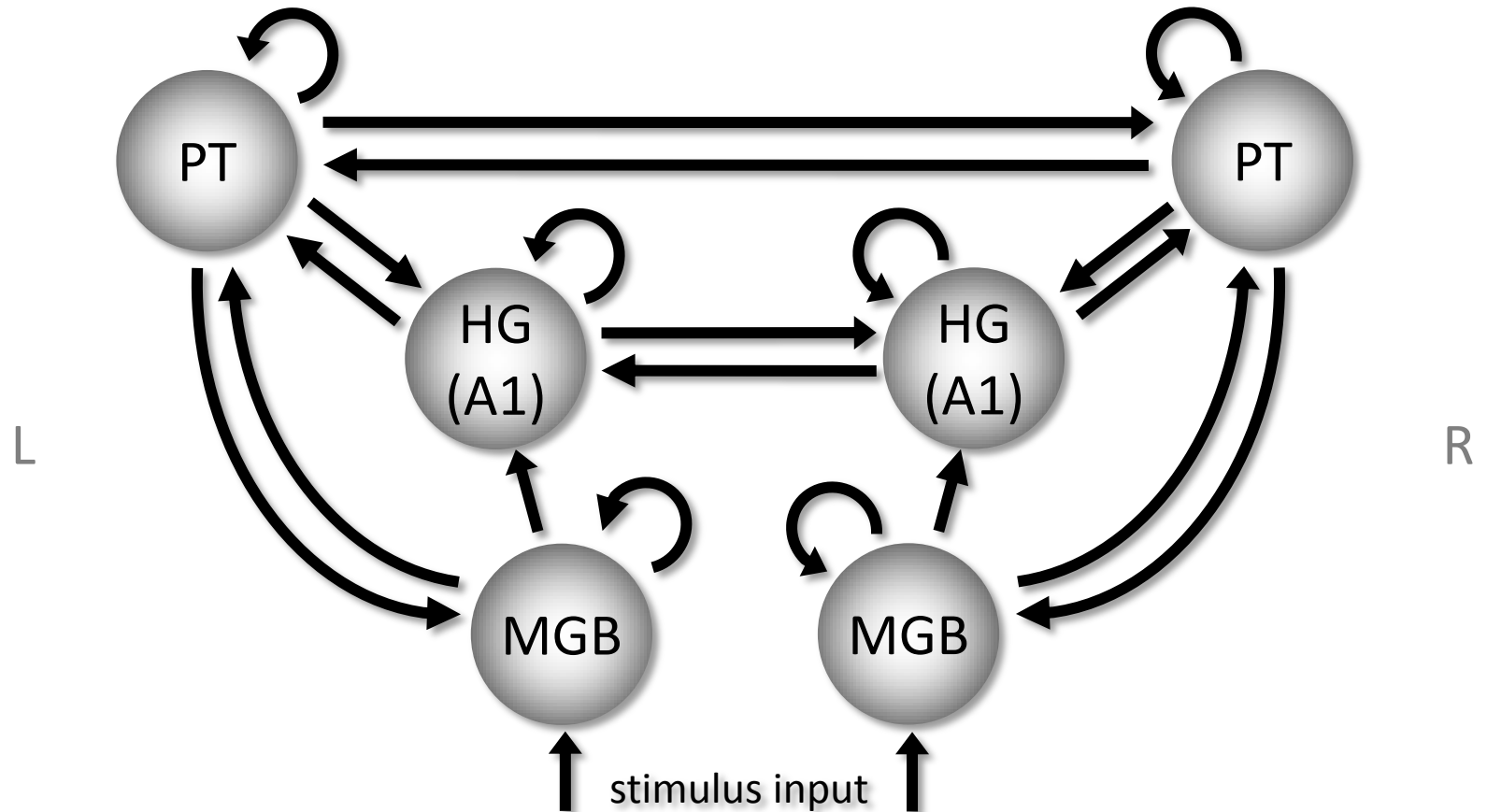


classification accuracy  
(using all 23 model parameters)

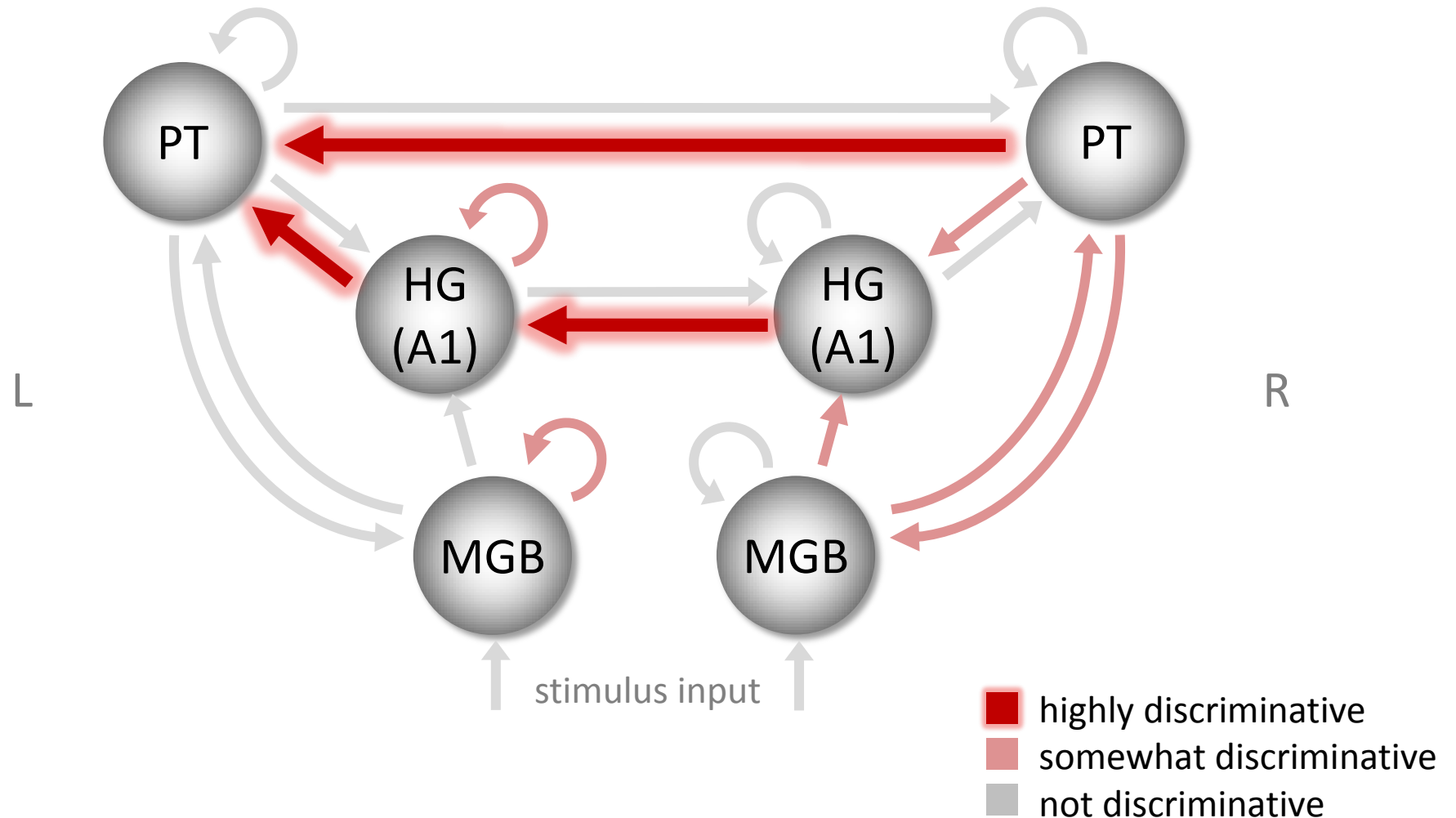
**98%**



# Discriminative features in model space



# Discriminative features in model space

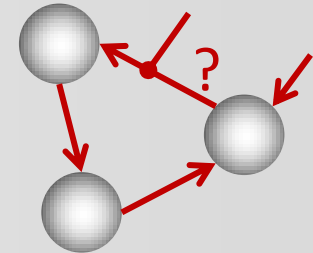


# Generative embedding and DCM

## Question 1 – What do the data tell us about hidden processes in the brain?

⇒ compute the posterior

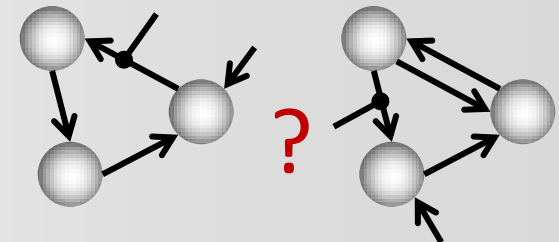
$$p(\theta|y, m) = \frac{p(y|\theta, m)p(\theta|m)}{p(y|m)}$$



## Question 2 – Which model is best w.r.t. the observed fMRI data?

⇒ compute the model evidence

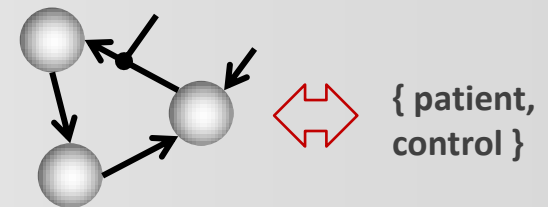
$$p(m|y) \propto p(y|m)p(m)$$
$$= \int p(y|\theta, m)p(\theta|m)d\theta$$



## Question 3 – Which model is best w.r.t. an external criterion?

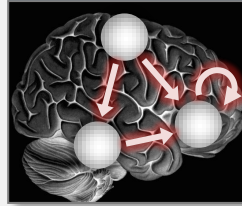
⇒ compute the classification accuracy

$$p(h(y) = x|y)$$
$$= \iiint p(h(y) = x|y, y_{\text{train}}, x_{\text{train}}) p(y) p(y_{\text{train}}) p(x_{\text{train}}) dy dy_{\text{train}} dx_{\text{train}}$$



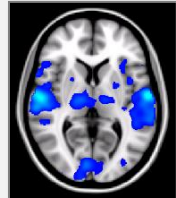
# Model-based classification using DCM

model-based  
classification

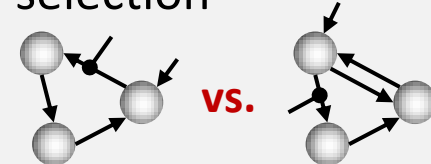


{ group 1,  
group 2 }

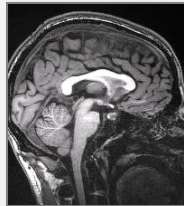
activation-based  
classification



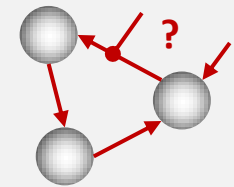
model selection



structure-based  
classification

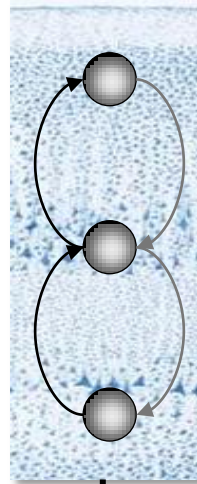


inference on  
model  
parameters

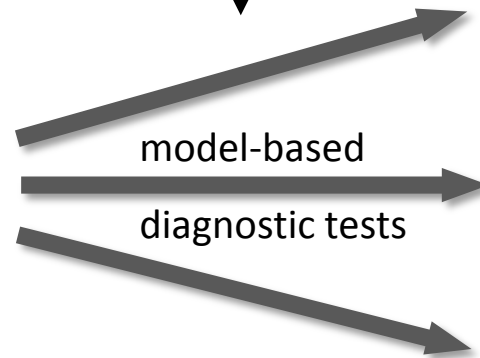


# Model-based inference on *individual* pathophysiology

## 1 model of neuronal (patho)physiology



## 2 application to brain activity data from individual patients



## 3 diagnostic classification

