

# Building an ex vivo MRI Atlas of the Earliest Brain Regions Affected by Alzheimer's Disease Pathology

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# Alzheimer's Disease (AD)

- Most common cause of dementia among older adults (60-80%)
- Decline in memory, language, and logical thinking



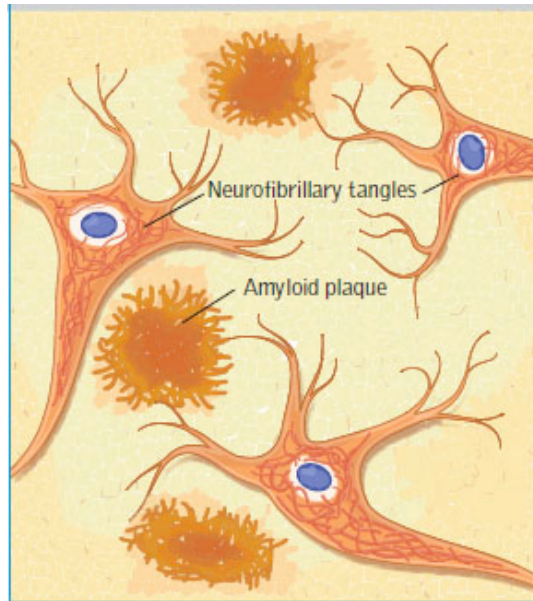
**5 Million  
Americans**  
are living with Alzheimers



**15 Million  
Americans**  
by 2050, the number of  
patients could triple without  
effective treatment

# Neuropathology of Alzheimer's Disease

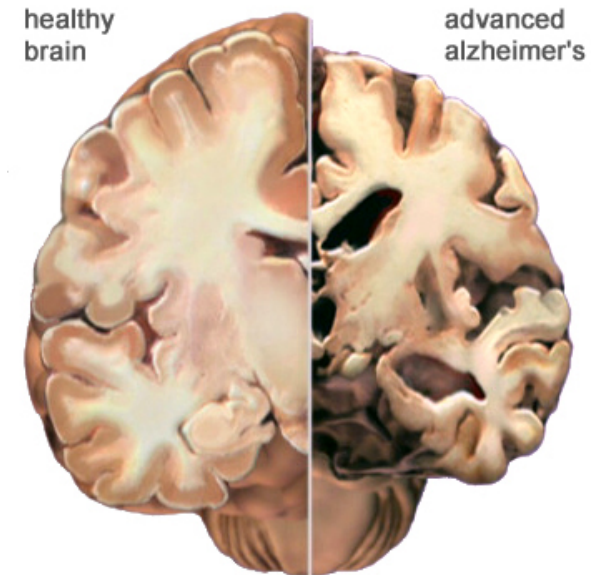
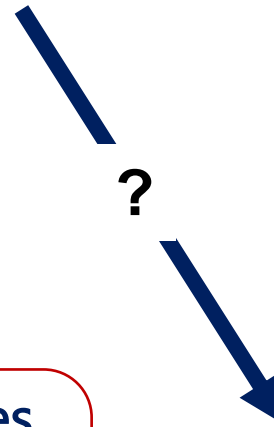
- Changes in the brain begin a decade or more before memory and other cognitive problems appear



Amyloid plaques  
extracellular  
deposits of beta  
amyloid-  $A\beta$

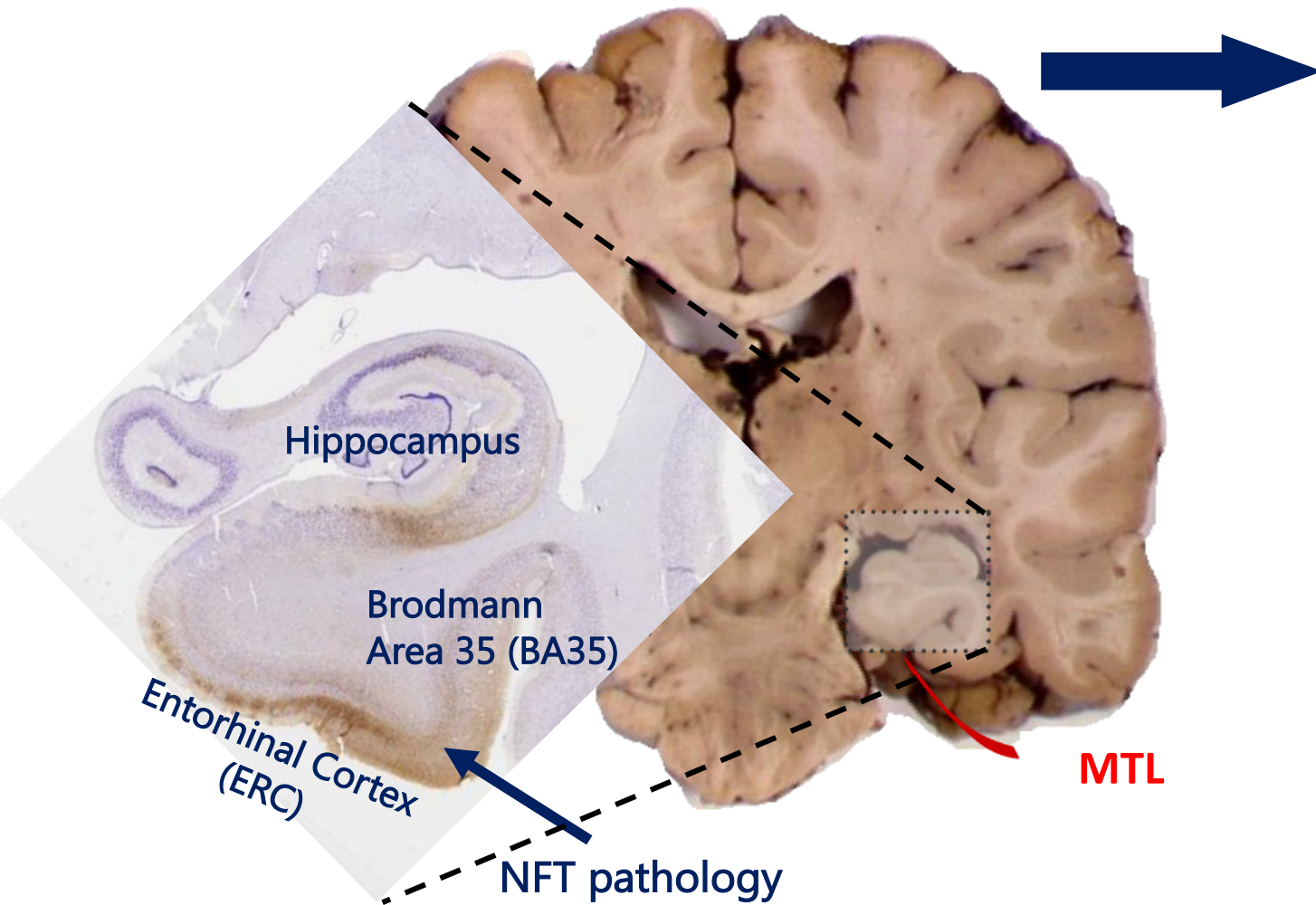


Neurofibrillary Tangles  
intracellular  
accumulation of tau  
protein

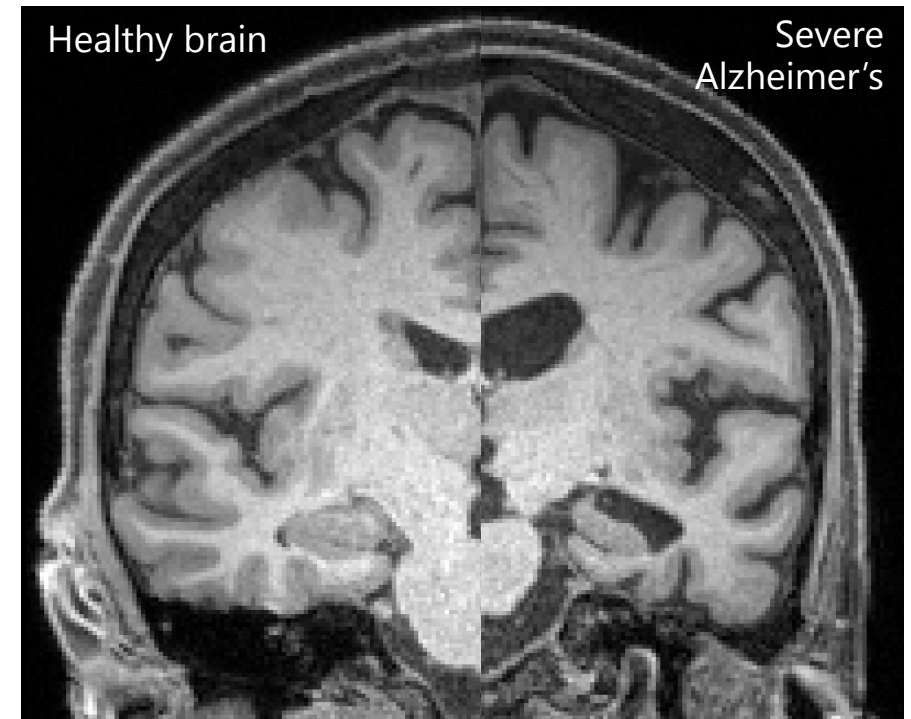


Neurodegeneration  
Shrinkage of the  
cortex

# Earliest Neurofibrillary Tangle (NFT) pathology occurs in the Medial Temporal Lobe (MTL)



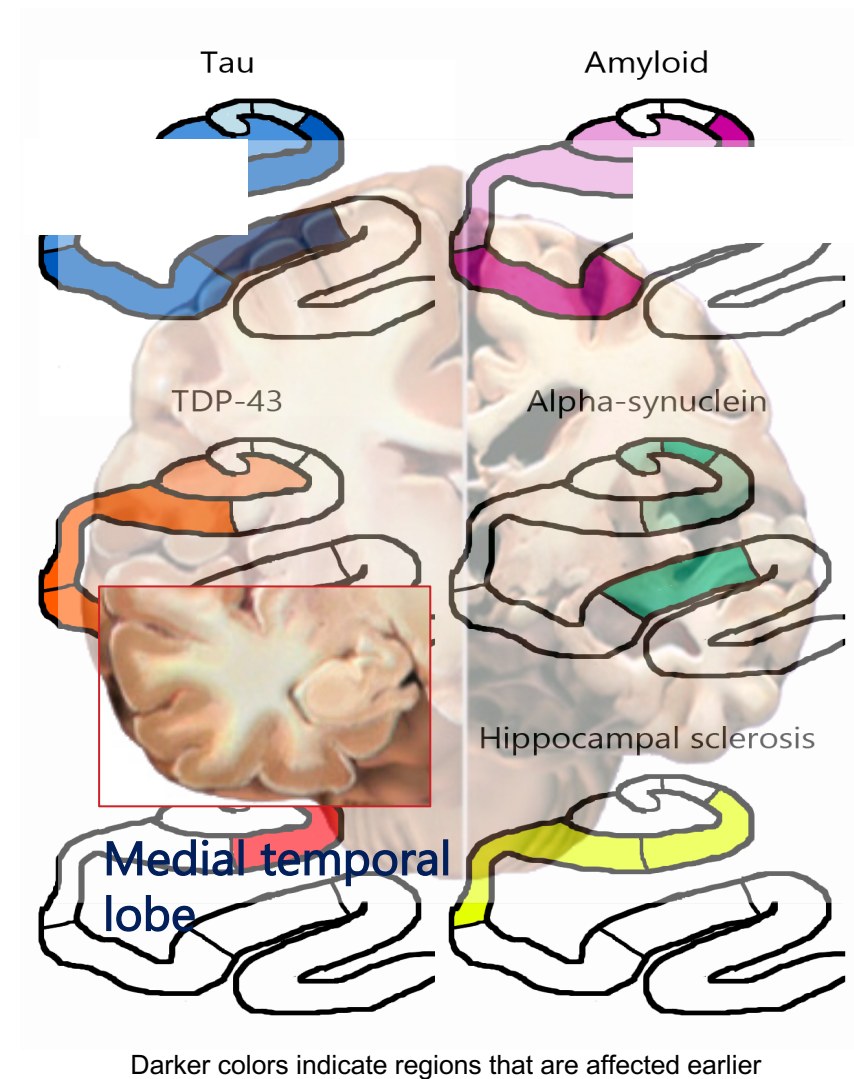
*in vivo* biomarker: volumetric changes in structural MRI (sMRI)



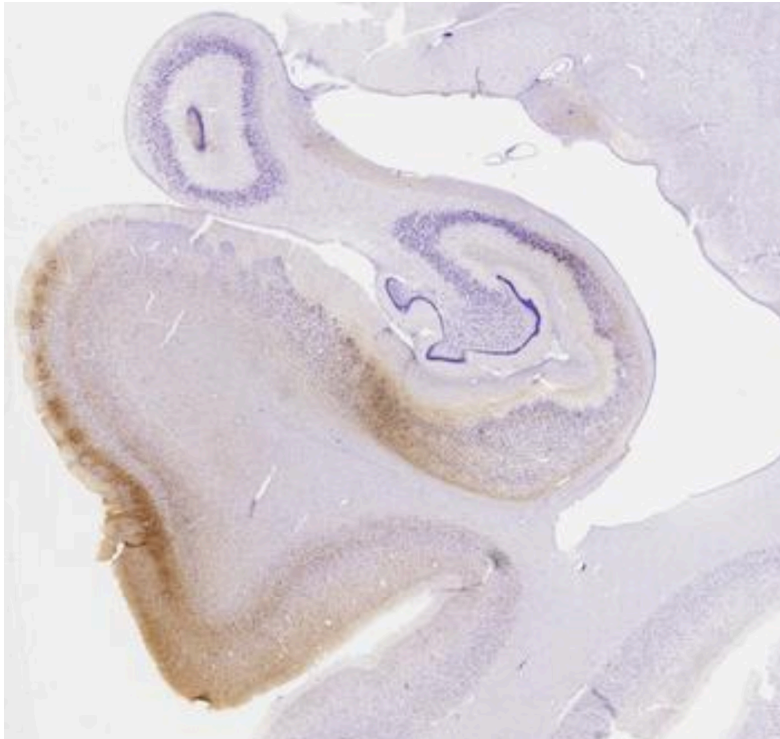
# Focusing on the MTL for better biomarkers

- NFT pathology follows a characteristic pattern of spread
- MTL also affected by other commonly co-morbid pathologies

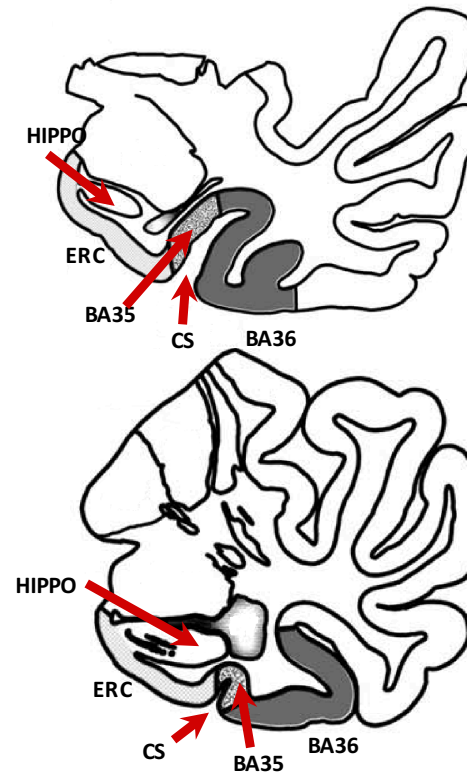
**Need to identify and obtain structural measurements from AD-specific regions**



# Challenges in existing MTL morphometry studies in MRI

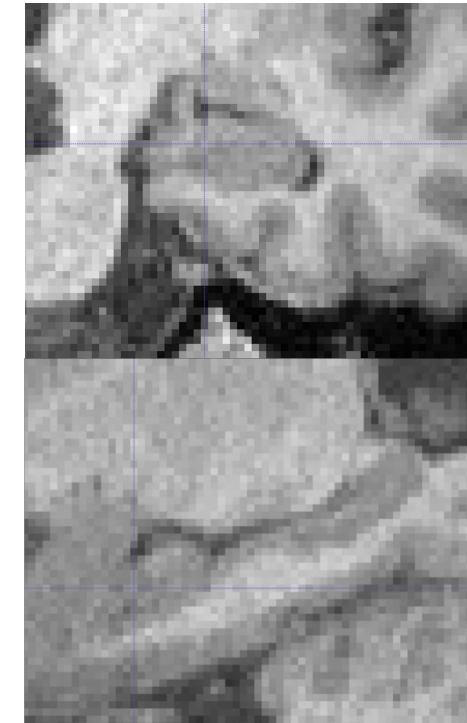


2D nature of histology (based on one or two sections)



Anatomical variability

T1-weighted, 3 Tesla whole-brain 1 x 1 x 1 mm<sup>3</sup>

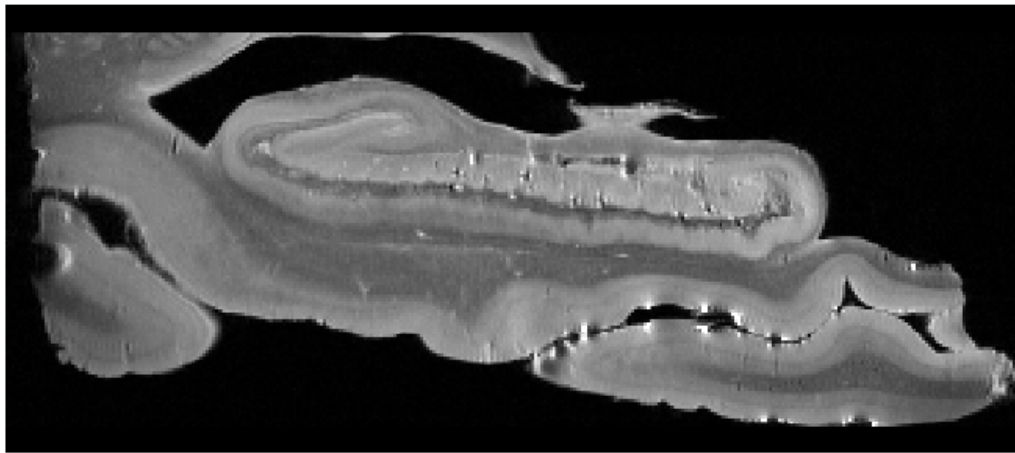


in vivo studies are limited by low-resolution of images

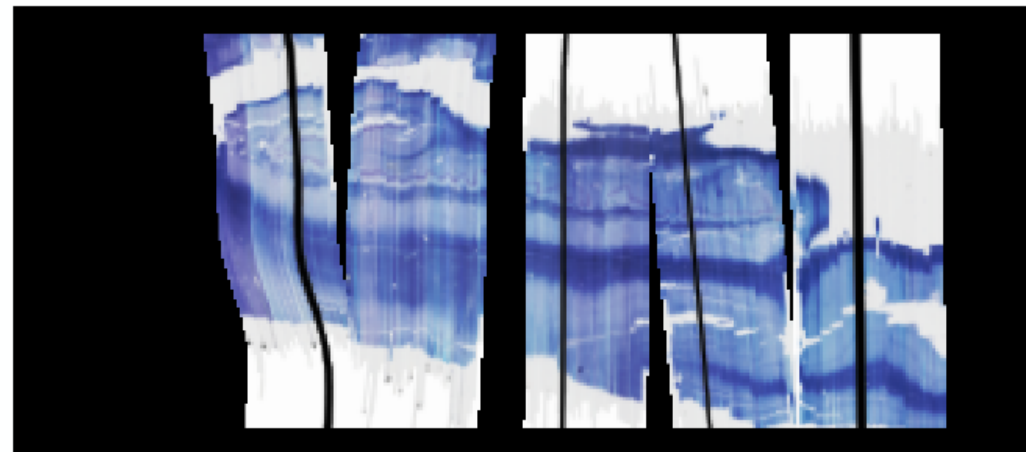
# Guiding Hypothesis

**Ex vivo imaging** combined with **serial histopathology** provides a direct link between MRI measures of MTL structure and the underlying pathology.

In vivo MRI biomarkers defined over MTL regions where **structural changes correlate most strongly with AD-specific pathology**, would be more sensitive to disease progression during preclinical AD.



ex vivo MRI



Reconstructed histology



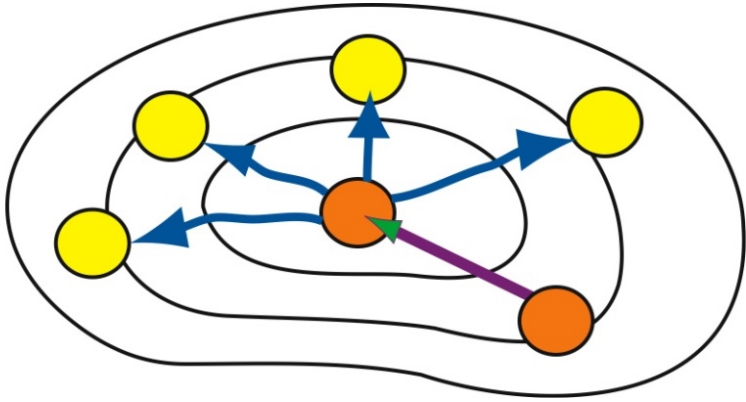
## Need to construct a probabilistic atlas of the MTL

- Requires groupwise registration of MRI scans of all specimens to create an “average” MTL template
- Provides common reference space across subjects to...
  - characterize anatomical variability in the MTL
  - examine correlations between MRI measures of structural change and pathological markers
  - study the 3D distribution of NFT pathology

- 9.4T, T2-weighted MRI of 24 MTL autopsy specimens (0.2 x 0.2 x 0.2 mm<sup>3</sup> resolution)
- 21 specimens had semi-quantitative pathological rating



# The conventional approach is to build an unbiased population template using iterative deformable registration and image averaging

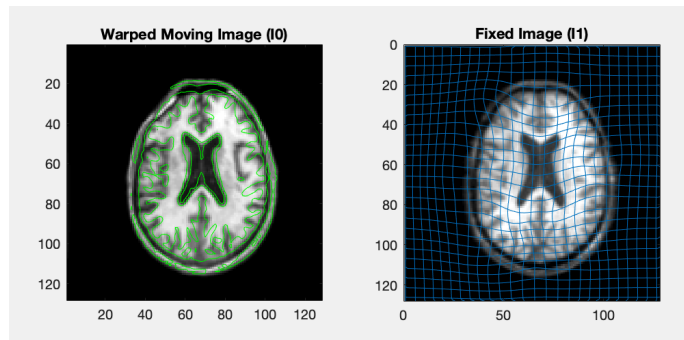


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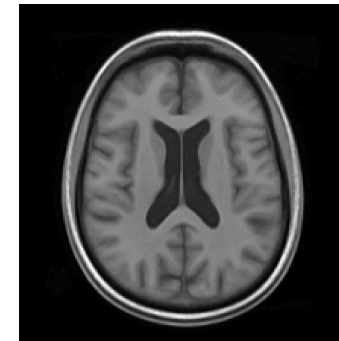
## Algorithm 1 Atlas construction framework

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- 1: **Input** :  $N$  volume inputs
  - 2: **Output**: Template atlas volume
  - 3: **for**  $k = 1$  to  $max\_iters$  **do**
  - 4:   Fix images  $I_i^k$ , compute the optimal template  $\hat{I}^k = \frac{1}{N} \sum_{i=1}^N I_i^k$
  - 5:   **for**  $i = 1$  to  $N$  **do** {loop over the images}
  - 6:     Fix the template  $\hat{I}^k$ , solve pairwise-matching problem between  $I_i^k$  and  $\hat{I}^k$
  - 7:     Update the image with optimal velocity field
  - 8:   **end for**
  - 9: **end for**
- 

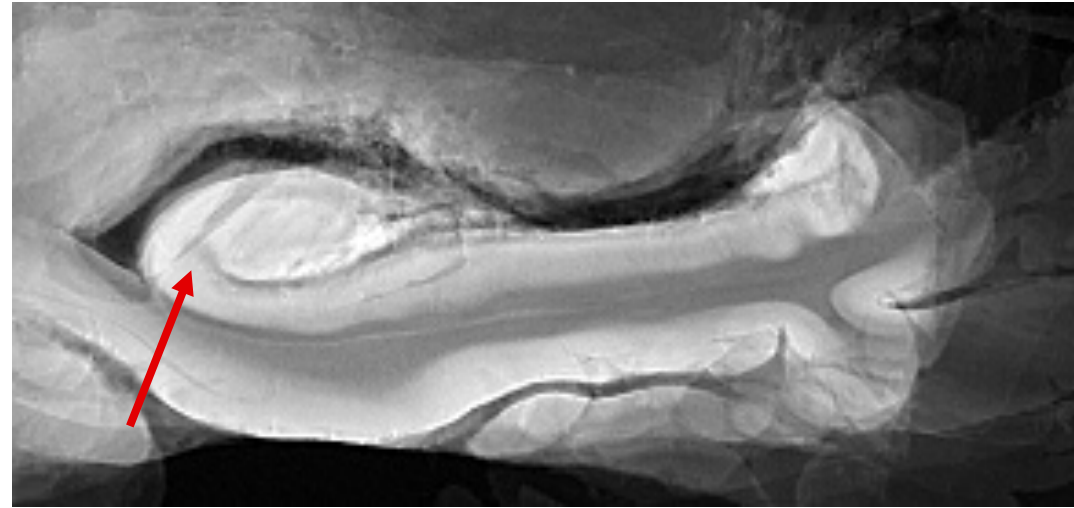
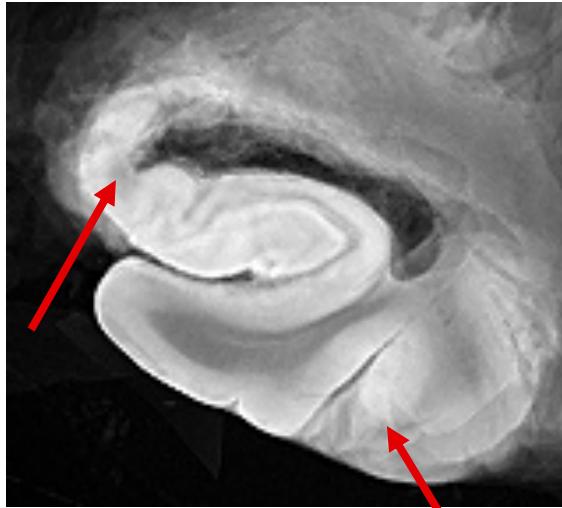


Deformable registration



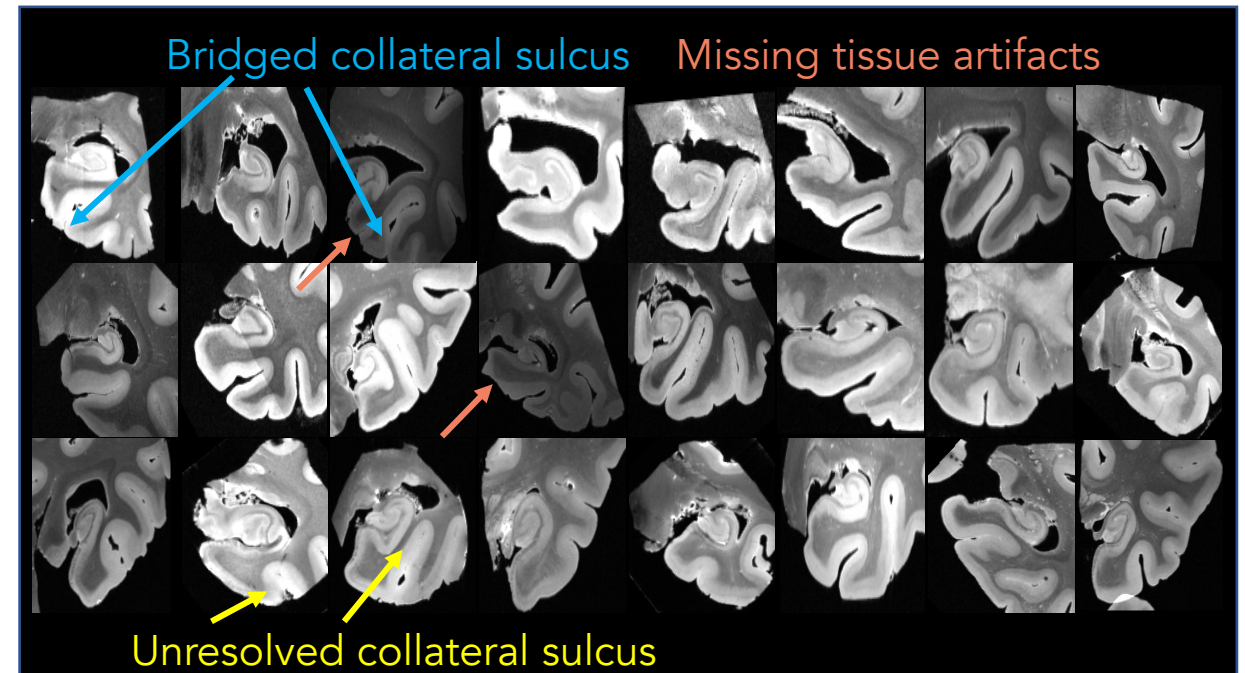
● Template from n=20 scans

In ex vivo MRI, the unbiased population template approach does not do a good job of capturing complex anatomical details



# A shape + intensity approach to building an ex vivo atlas

- Requires segmentations of MTL to guide registration
- Interslice-interpolation used to facilitate manual segmentation
- Challenges:
  - Unresolved sulcal folds
  - Image artifacts

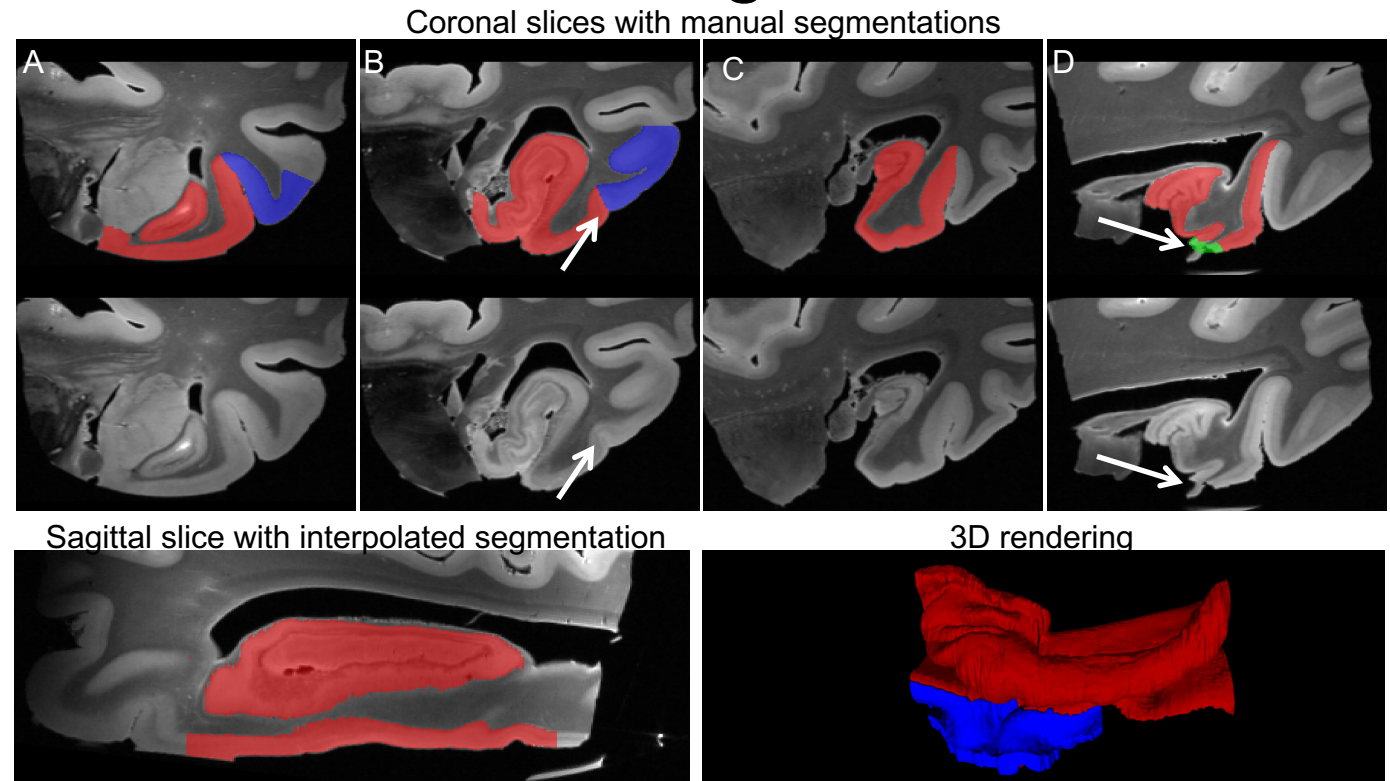


# A shape + intensity approach to building an ex vivo atlas

- Requires segmentations of MTL to guide registration
- Interslice-interpolation used to facilitate manual segmentation

- Challenges:

- Unresolved sulcal folds
  - Explicit labelling to enforce a separation (blue)
- Image artifacts
  - Explicit label to mask out affected regions from intensity-based registration (green)

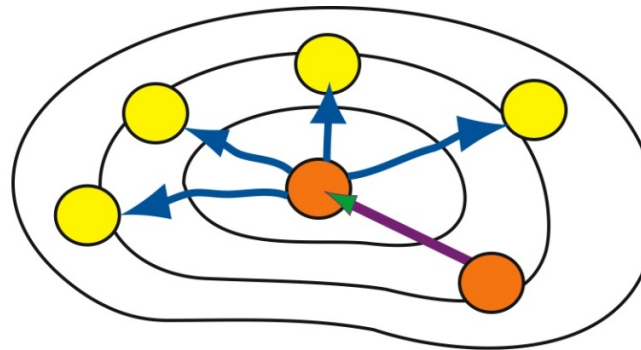
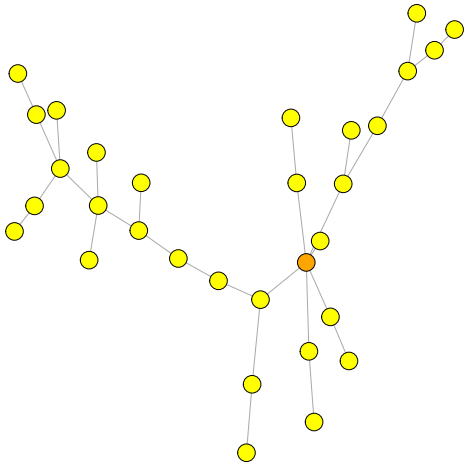


# The shape + intensity approach to building an ex vivo atlas of the MTL consists of three stages

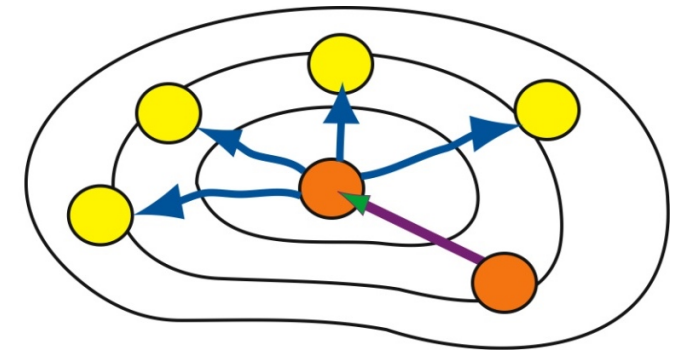
1. Shape Matching

2. Shape Averaging

3. Groupwise Intensity Registration



(in shape space)



(in image space)

# Uses a graph-based approach to shape matching

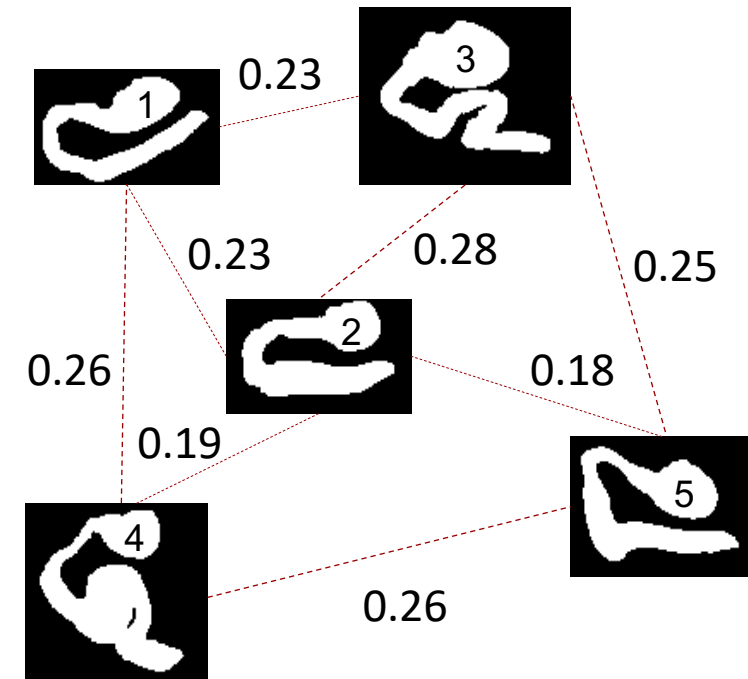
1. Shape Matching

2. Shape Averaging

3. Groupwise Intensity Registration

- A complete graph is constructed from all shapes
- Edges weighted by shape dissimilarity

$$\eta_{ij} = 1 - \frac{1}{2} \text{GDSC}(\mathbf{S}_i, \mathbf{S}_j \circ A_{i \rightarrow j}^{\text{rough}} \circ \phi_{i \rightarrow j}^{\text{rough}}) - \frac{1}{2} \text{GDSC}(\mathbf{S}_i \circ A_{j \rightarrow i}^{\text{rough}} \circ \phi_{j \rightarrow i}^{\text{rough}}, \mathbf{S}_j)$$



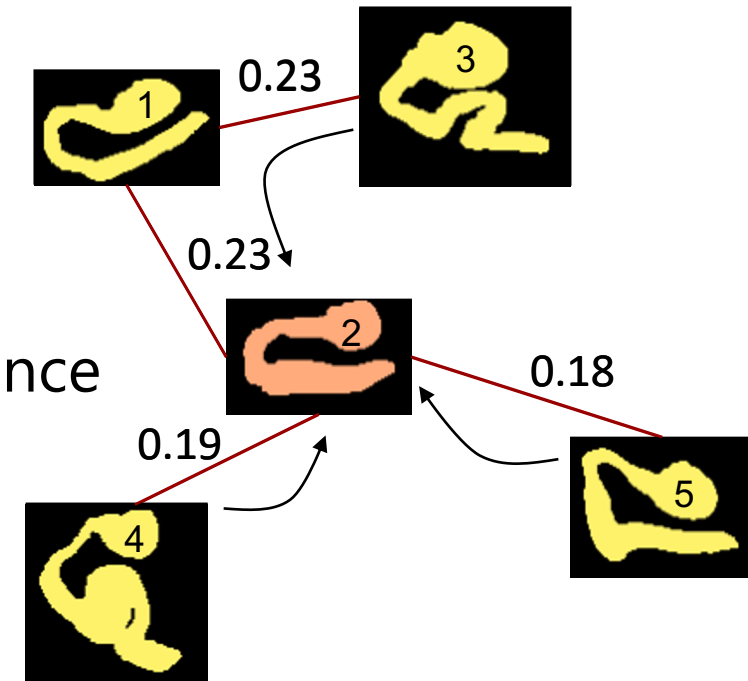
# Use a graph-based approach to shape matching

1. Shape Matching

2. Shape Averaging

3. Groupwise Intensity Registration

- A minimum spanning tree (MST) is formed on this graph
- The root of the tree is identified
- All shapes are deformed to the root shape using the sequence of deformable registrations following the MST paths



# Shape averaging using the geodesic shooting framework

1. Shape Matching

2. Shape Averaging

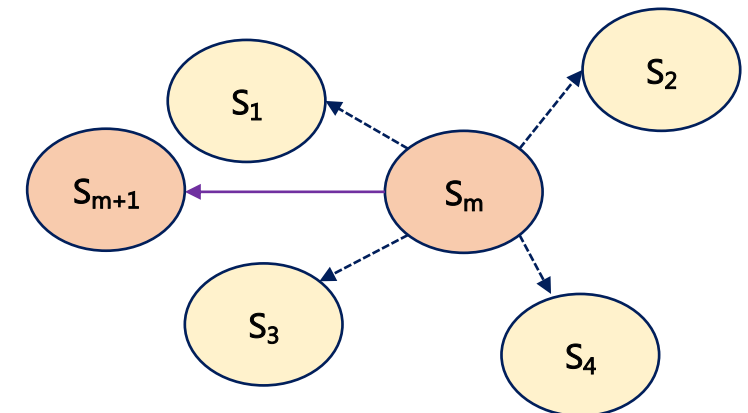
3. Groupwise Intensity Registration

- Transformation represented by initial momentum (geodesic shooting)

Compute diffeomorphic transformation to match average shape,  $S_m$  to subject space,  $S_j$



Apply geodesic shooting in direction of average initial momenta to update  $S_m$





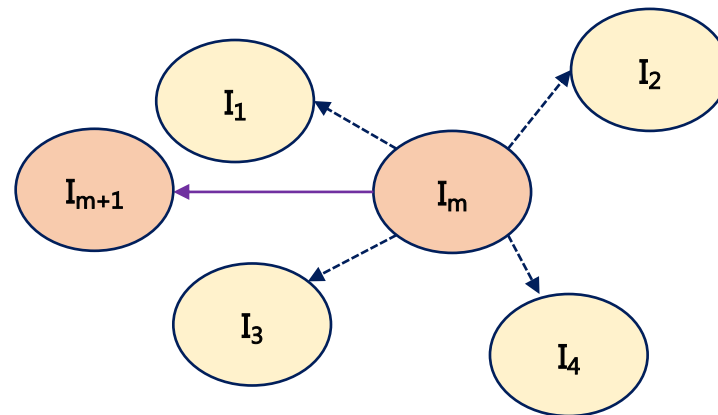
# Compute unbiased population template after applying initialization transformations from 'Stage 2'

1. Shape Matching

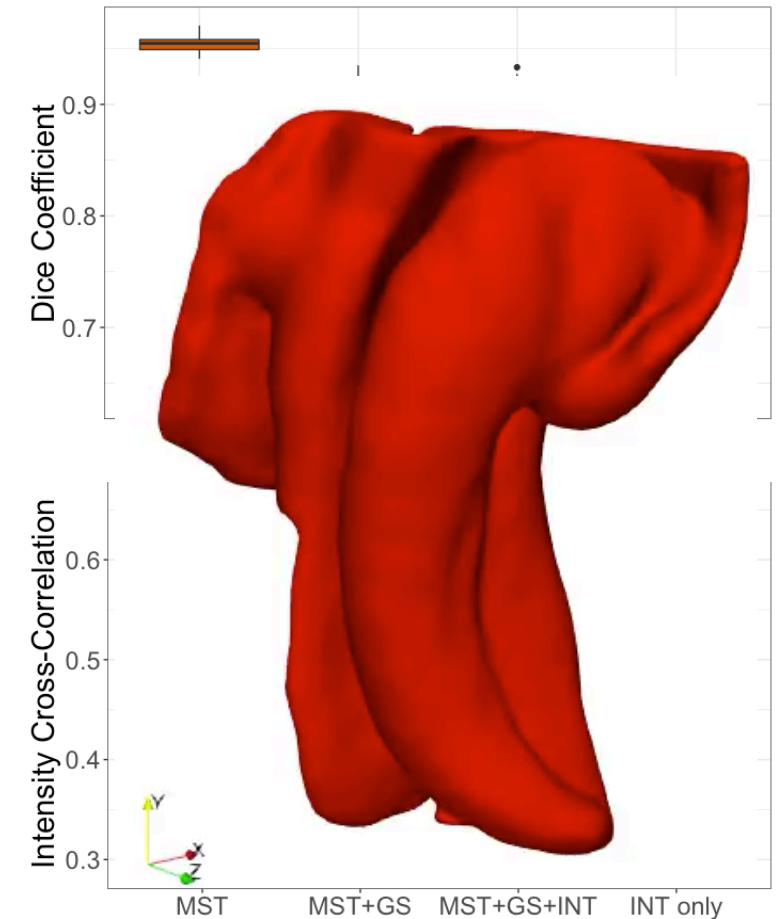
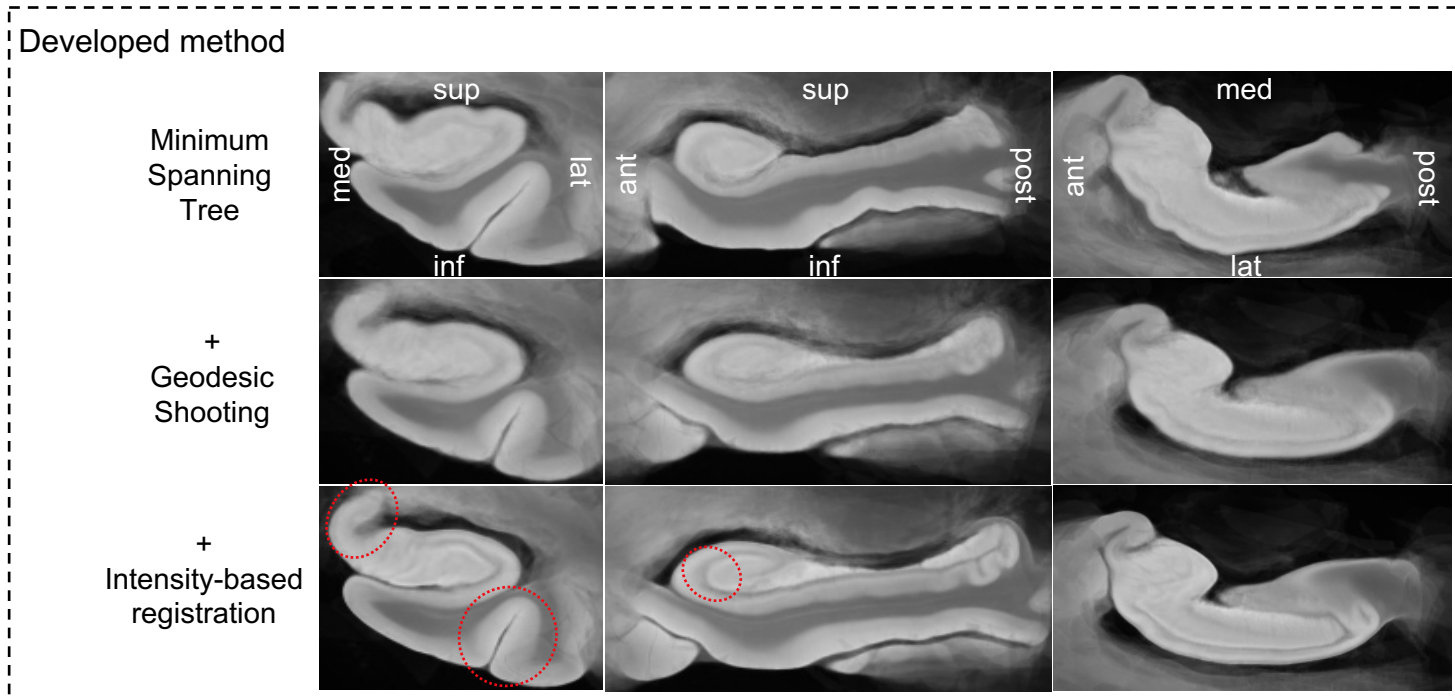
2. Shape Averaging

3. Groupwise Intensity Registration

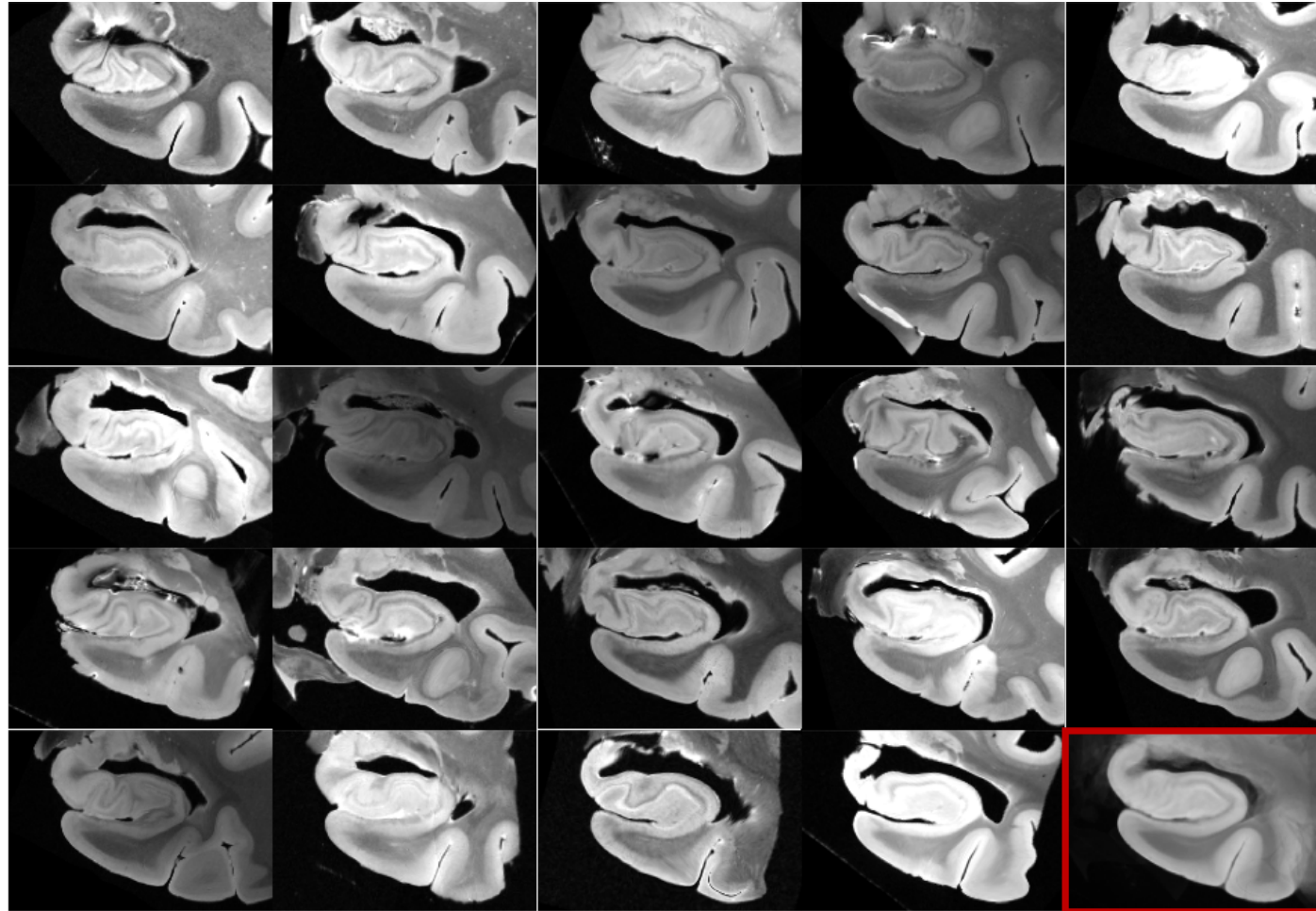
- Unbiased population template construction algorithm is applied to MR images deformed into the space of the shape average
- Shape matching and averaging serve as initialization to intensity-based registration



# Evaluation of atlas quality by approach and stage



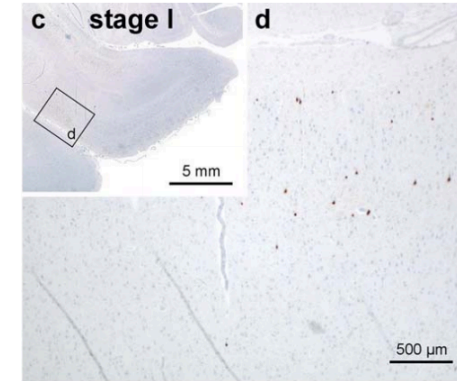
Individual specimens warped into atlas space look similar to each other



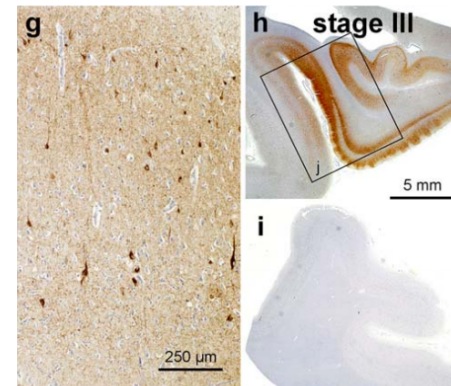
# Association of cortical thickness with severity of tau pathology in the MTL

Subject	Tau ERC	Tau DG	Tau CA	Average Tau
<b>A</b>	3	2	3	<b>2.67</b>
<b>B</b>	1	2	0.5	<b>1.67</b>
<b>C</b>	2	2	3	<b>2.33</b>
⋮	⋮	⋮	⋮	⋮

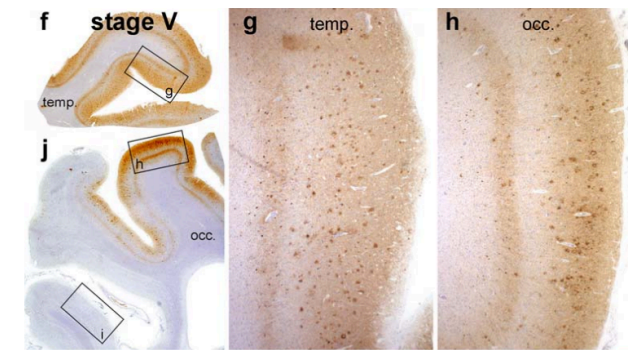
Semi-quantitative measures of tau pathology



1 – Stage I or II

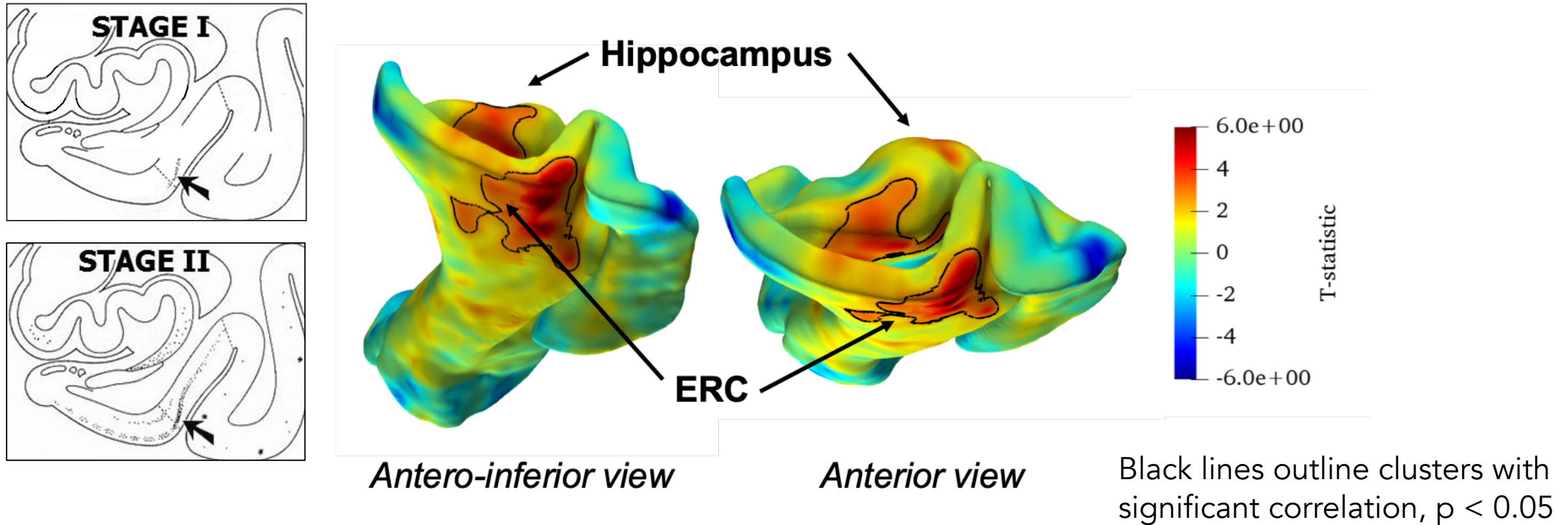


2 – Stage III or IV



3 – Stage V or VI

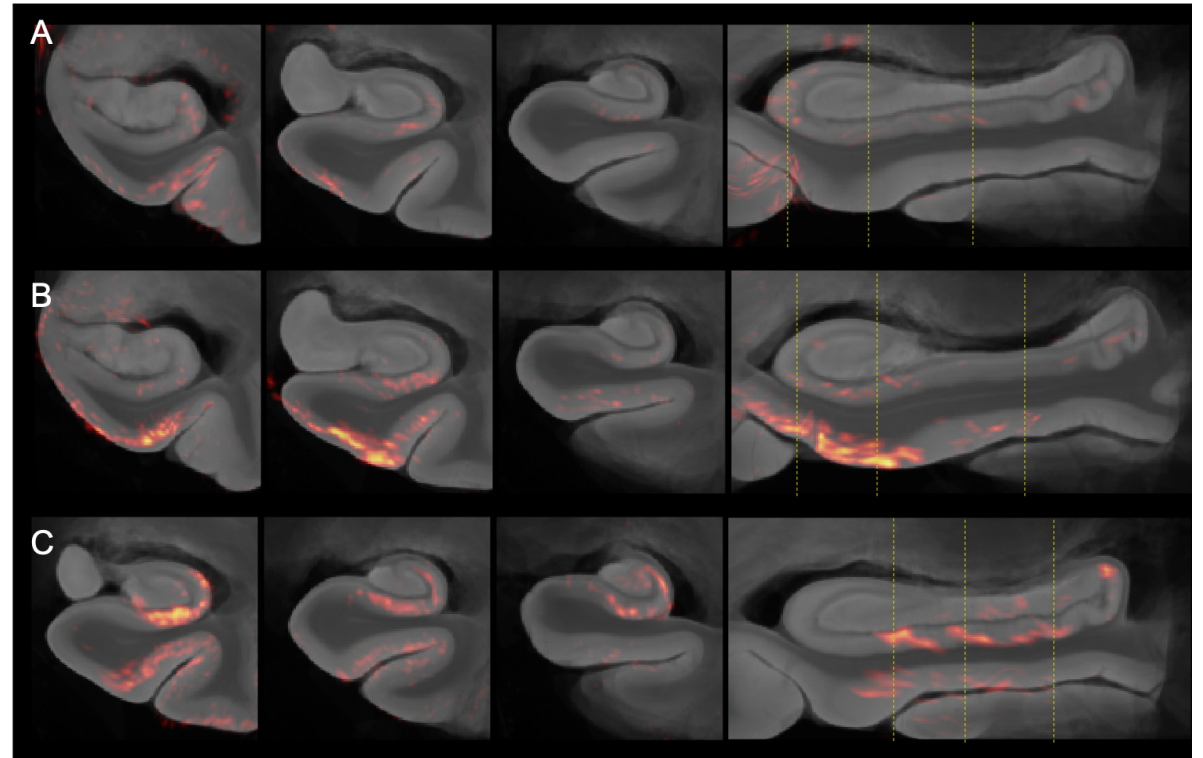
# Association of cortical thickness with severity of tau pathology in the MTL



$$\text{Model: Thickness} = (\text{MTL Tau}) * b1 + (\text{Age}) * b2 + (\text{MTL TDP43}) * b3 + \text{Error}$$

# Towards more quantitative pathology measurements

- Weakly supervised learning used to quantify tau pathology in serial histology images
- Corresponding ex vivo MRI and histology images registered to allow visualization of tau density “heat maps” in atlas space
- Details in “3D Mapping of Tau Neurofibrillary Tangle Pathology in the Human Medial Temporal Lobe”  
Yushkevich et al. (ISBI 2020)



# Summary

- Ex vivo imaging allows us to directly correlate MTL structural change with the underlying pathology
- Customized shape and intensity based registration pipeline used to construct ex vivo atlas of the MTL
- Can be used to define regional “hot spots” where AD pathology correlates most strongly with MTL structural change

# Acknowledgements

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Thanks for your attention!

Questions?