

Accounting for Variance in Brain Atrophy Measurements by Quantifying Image Quality Differences across Longitudinal Imaging Studies

A modeling and data science approach

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Introduction

- Brain atrophy is associated with Multiple Sclerosis (MS) disability progression but image quality confounds measurements
- Lack of trust in atrophy measurements limits clinical use
- 68 intrinsic imaging features were shown in the literature to reliably represent MRI image quality (Fig.1)
- Objective: Create a single metric to quantify image quality differences to aid atrophy measurements



Figure 1: MRIQC Features (Esteban, 2017)

Methods

Patient Population **480 MS patients**, each of whom had Time Point Pairs (TPPs) with both **T1** and **T2-FLAIR** sequences, were retrospectively identified

Euclidean	Calculated the full Euclidean Distance between consecutive image TPPs for the 136 imaging
Distance	features (68 for T1 and 68 for T2-FLAIR)

ModelAssessed the performance of model in representing image quality and adjusting LVVCAssessmentmeasurements

Results: Validation of QC Approach for MRI



Figure 2: Pairwise Distances versus Differences in Manual Quality Ratings (0 = similar in quality, 3 = different in quality) **Figure 3:** Randomized Pairwise Distances for Studies in Same versus Different Clinic (High ED signifies larger difference in image quality)

Results: Validation of QC Approach for MRI



Figure 4: Euclidean Distances for Same versus Different Scanner **Model**

Figure 5: Euclidean Distances for Same versus Different Scanner Strength

Results: Regression Model

Model	Effectiveness of ED in adjusting LVVC measurements was assessed using a linear
Formulation	<pre>regression model of the form: LVVC ~ 1 + Age + Sex + Euclidean Distance</pre>

	The adjusted R-Squared for the regression model incorporating ED was .067, while the
Model Results	adjusted R-Squared for the model containing only age and sex was .042. Increases in
	Euclidean Distance were related to increases in LVVC

Visualization of MRI Quality Differences



Figure 6a: Images "Close" in Image Quality

Figure 6b: Images "Far" in Image Quality

T1

MRI Images of Clinically Relevant Atrophy

Slice 1

Slice 2

Slice 3



Figure 7: T1 and T2-FLAIR Images for Patient with Brain Atrophy

Concluding Thoughts

Key Takeaways for MRI QC



This **model** demonstrates initial **success** in quantifying image quality differences for MRI QC

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Quantification of differences in image quality can account for variation in atrophy measurements



Further explorations of this approach to MRI QC of utilizing image quality differences are merited

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