White matter abnormalities in Parkinson's disease illuminated via TDI



Ziegler E.¹, Rouillard M.¹, André E.¹, Coolen T.¹, Stender J.¹, Balteau E.¹, Garraux G.^{1,2}, Phillips C.^{1,3}

¹ Cyclotron Research Centre, ² Department of Neurology, CHU Sart Tilman, ³ Department of Electrical Engineering & Computer Science; University of Liège, Belgium



#1221

Background

TRACK DENSITY IMAGING

- Artificial contrast created by tractography streamlines [1,2,3]
- Resolution above original scan ("super-resolution") is possible [1,2,3]
- White matter accuracy validated histologically in mice [3]

Results (significant at FWER p<.05 cluster level)

Clusters of increased track density in Parkinson's disease

Cerebellum, cerebellar peduncle cluster



DIFFUSION-WEIGHTED IMAGING & PARKINSON'S DISEASE

- Previous studies have found fractional anisotropy and mean diffusivity changes in Parkinson's disease [4]
- Novel MRI Biomarkers of PD are required for animal studies and drug development

EXPERIMENTAL DESIGN

- Population (n = 53, 26 healthy controls, 27 with Parkinson's disease)
- Age, sex, and education-matched groups
- Magnetization Transfer volume for segmentation (1 x 1 x 1 mm³ voxels)
- Diffusion-weighted MRI (2.4 x 2.4 x 2.4 mm³ voxels)
 - 120 directions with two b-values (b=1000, b=2500)
 - 22 interleaved b=0 volumes

Track Density Mapping Pipeline

PROCESSING PIPELINE

Noise & motion correction, b-vecs rotated [5]



Tract superior to substantia nigra



- Constrained spherical deconvolution to obtain orientation distribution functions [6,7]
- Probabilistic fiber tractography
 - 2 million tracks
- Total streamlines counted within each voxel of 1 x 1 x 1 mm³ grid **[1,2,3]**
- TDI maps normalized to MNI space • Initial affine transformation
 - Secondary non-linear warping
- Basic SPM two-sample t-test
- No intensity normalization **TDI vs. Fractional Anisotropy**
- Intensity is dependent on \bullet processing steps taken
- More quantitative value
- Increased resolution



Track Density (1 mm³)



Lateral temporal lobe tracts



Conclusions

- Track-weighted imaging has potential for wide use [1,2,3,8,9]
- Guidelines need to be developed and validated
 - Fiber count and voxel-sizes, length-scaling ullet
 - Spatial and intensity normalization
 - Statistical testing (e.g. covariates, follow VBM best practices?)
- Track density imaging can detect white matter changes in Parkinson's disease
- Significantly **increased TDI** clusters in patients with Parkinson's disease
 - Cluster locations appear biologically plausible
- No clear trend with time since disease onset
- More quantitative than FA but unclear what exactly is being resolved

REFERENCES

[1] Calamante F, 2010, NeuroImage, 53: 1233–1243 [2] Calamante F, 2011, Neuroimage, 56: 1259-1266 [3] Calamante F, 2012, NeuroImage, 59: 2494–2503 [4] Cochrane, 2013, Neurology, 80: 857 [5] Leemans A, 2009, Magn. Reson. Med., 61: 1336–1349 [6] Tournier JD, 2004, Neuroimage 35: 1459–1472. [8] Pannek K, 2011, NeuroImage, 55: 133–141 [9] Zalesky, 2013, Brain Struct. Funct., 2013, Apr 7

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CYCLOTRON RESEARCH CENTRE | http://www.cyclotron.ulg.ac.be | c.phillips@ulg.ac.be & erik.ziegler@ulg.ac.be