Associations of Amyloid Deposition and FDG Uptake in Aging and Cognitively Impaired Elders With and Without Moderate to Severe Periventricular White Matter Hyperintensities

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Patient 2



STUDY PURPOSE

To assess associations of amyloid deposition and FDG uptake in subjects with minimal versus moderate-severe periventricular white matter hyperintensity (pvWMH) using ¹⁸F-Florbetapir and ¹⁸F-FDG PET

BACKGROUND

- Machine Learning (ML) refers to computational tools that are trained using data
- Random forests (RF) are a type of supervised
 ML that trains a set (forest) of decision trees
- K-means clustering is an unsupervised ML algorithm that groups similar data points
- Both RFs and K-means clustering are simple, classical ML techniques

METHODS

- Fifty-seven participants with mild cognitive impairment (MCI), early Alzheimer Disease (AD) or transient ischemic events (MMSE score > 20) and severe pvWMH (Fazekas score = 3) recruited from memory (38) and stroke (19) clinics
- Each participant had a ¹⁸F-Florbetapir PET (clinical read: 22 positive, 35 negative for amyloid deposition); fifty-five had ¹⁸F-FDG PET (3 positive, 52 negative); twenty-five had 2-year follow-up ¹⁸F-Florbetapir PET
- A matched cohort of 57 patients with both ¹⁸F-Florbetapir (28 positive, 29 negative) and ¹⁸F-FDG (2 positive, 55 negative) taken from ADNI
- We requested permission from ADNI to use their ADNI2 PET technical manual as our own, which we distributed to all of our participating sites
- PET images processed using a MINC toolkit with SUVRs calculated for 57 regions of interest (ROIs) normalized to cerebellar grey matter (¹⁸F-Florbetapir) and pons (¹⁸F-FDG)
- SUVRs used to train RFs and K-means clustering

IMAGE PROCESSING PIPELINE

Patient 1

Raw PET (after averaging 4 series, before blurring to common FWHM)

Patient MRI used for registration

(Negative)

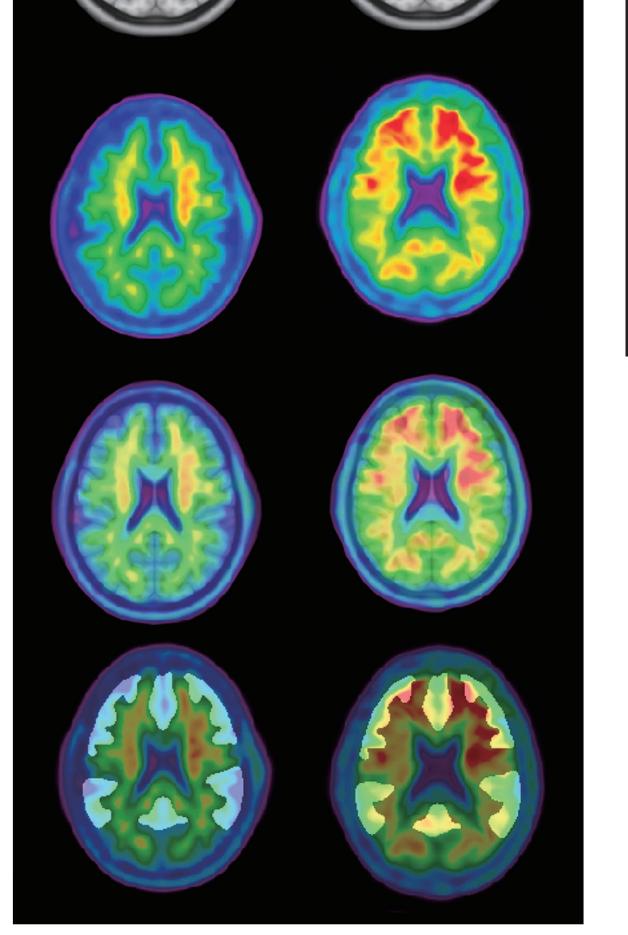
(Positive)

MRI template

PET registered onto common template

Fused PET

PET superimposed with mask used to calculate ROI SUVR



SUVR = 1.073 1.672

SUVRs calculated for 57 ROIs, normalized to cerebellar grey matter (¹⁸F-Florbetapir) or pons (¹⁸F-FDG)

SIMPLE MACHINE LEARNING

								Tree 1 Cases: 1, 3, 8, 9	Tree 2 Cases: 2, 5, 6, 9		
	SUVmax	diam	sex	age	height	weight	clinical finding	Features: SUVmax, sex, weight	Features: diam, age, weigh		
1	7.0	3.2	М	61	177	75	POS	N/Y	weight > 80		
2	2.6	2.1	М	70	165	76	NEG				
3	6.2	2.3	F	71	162	70	POS	NEG POS	NEG POS		
4	1.1	4.0	М	83	185	81	NEG	Tree 3 Cases: 4, 5, 7, 10 Features: SUVmax, diam, height height > 165			
5	5.0	1.5	F	60	148	68	NEG				
6	4.1	7.0	F	63	167	85	POS				
7	3.4	7.9	F	59	156	64	NEG				
8	6.9	6.5	F	88	146	57	POS	N/Y			
9	1.8	3.5	F	91	125	53	NEG				
10	3.3	4.0	М	71	173	83	POS	NEG S	UVmax > 2.2		
	•		•	•			•		NEG POS		

Illustration of RF with 3 trees. Initial data (left) used to train RF to correctly classify clinical finding of new cases using 6 features.

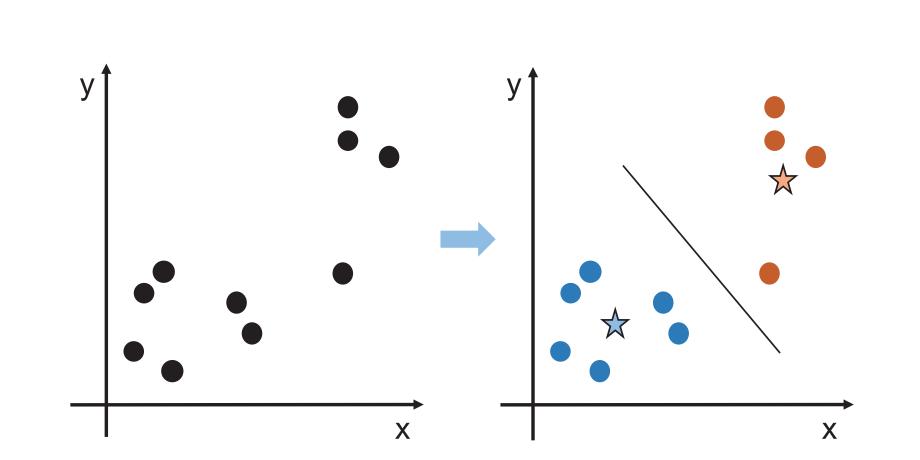


Illustration of K-means clustering with K = 2. Initial data (left) has two measurements in dimensions x and y. Data is clustered (right) into blue and orange groups, with stars showing centers of mass.

	Patient 1	Patient 2		Patient 1	Patient 2
Jack mask	1.073	1.672			
L angular gyrus	0.882	1.488	R angular gyrus	0.968	1.479
L anterior cingulate gyrus	0.980	1.808	R anterior cingulate gyrus	0.948	1.887
L caudate	0.688	0.383	R caudate	0.782	0.425
L cuneus	0.867	1.077	R cuneus	0.990	1.148
L fusiform gyrus	1.101	1.588	R fusiform gyrus	1.138	1.532
L gyrus rectus	0.905	1.452	R gyrus rectus	0.912	1.481
L hippocampus	1.003	1.116	R hippocampus	0.998	0.936
L inferior frontal gyrus	0.833	1.478	R inferior frontal gyrus	0.870	1.486
L inferior occipital gyrus	1.125	1.640	R inferior occipital gyrus	1.061	1.564
L inferior temporal gyrus	1.105	1.569	R inferior temporal gyrus	1.113	1.637
L insular cortex	0.866	1.332	R insular cortex	0.790	1.241
L lateral orbitofrontal gyrus	1.015	1.533	R lateral orbitofrontal gyrus	1.140	1.464
L lingual gyrus	1.041	1.364	R lingual gyrus	1.014	1.300
L middle frontal gyrus	0.986	1.462	R middle frontal gyrus	1.013	1.509
L middle occipital gyrus	1.025	1.223	R middle occipital gyrus	0.992	1.320
L middle orbitofrontal gyrus	1.151	1.790	R middle orbitofrontal gyrus	1.217	1.659
L middle temporal gyrus	0.968	1.505	R middle temporal gyrus	0.960	1.516
L parahippocampal gyrus	1.025	1.168	R parahippocampal gyrus	0.944	1.011
L posterior cingulate	1.021	2.011	R posterior cingulate	1.065	1.967
L postcentral gyrus	0.914	1.457	R postcentral gyrus	0.881	1.267
L precentral gyrus	1.029	1.454	R precentral gyrus	0.936	1.321
L precuneus	0.938	1.874	R precuneus	0.970	1.828
L putamen	1.199	1.519	R putamen	1.377	1.579
L superior frontal gyrus	1.034	1.623	R superior frontal gyrus	1.024	1.705
L superior occipital gyrus	0.897	1.170	R superior occipital gyrus	0.937	1.067
L superior parietal gyrus	1.048	1.464	R superior parietal gyrus	0.921	1.201
L superior temporal gyrus	0.846	1.211	R superior temporal gyrus	0.767	1.041
L supramarginal gyrus	0.835	1.407	R supramarginal gyrus	0.844	1.135

RESULTS

Supervised and unsupervised ML had similar classification accuracy (~85%) for ¹⁸F-Florbetapir PET with clinical interpretation as the gold standard.

Most common ROIs used for classification were:

- 1) Left posterior cingulate
- 2) Left precuneus
- 3) Left middle frontal gyrus

While associations of FDG uptake with pvWMH were complex, amyloid deposition was higher in subjects with moderate-severe pvWMH at baseline and accumulated faster at 2-years in subjects with moderate-severe pvWMH than in matched ADNI cohorts

CONCLUSIONS

Results suggest amyloid deposition and accumulation are associated with pvWMH load

REFERENCE / ACKNOWLEDGMENTS

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