## Exploring Intervoxel Dependencies in Human Pharmacological FMRI Data

P. R. Kufahl<sup>1</sup>, D. B. Rowe<sup>1</sup>, S-J. Li<sup>1</sup>

<sup>1</sup>Biophysics, Medical College of Wisconsin, Milwaukee, WI, United States

**INTRODUCTION:** Pharmacological FMRI in humans involves BOLD signal acquisition during and after the administration of a drug, and often results in a heterogeneous pattern of drug-induced hemodynamic responses in the brain. Exploratory techniques, including blind source separation, can be useful for BOLD data that contains patterns of cross-dependencies. Bayesian Source Separation (BSS) is a multivariate technique used to calculate the presence of unobserved signal sources in measured FMRI data, as well as the covariance between voxel timecourses [1]. In this study, BOLD measurement of the acute effect of an intravenous dose of cocaine, a substance shown previously to engage multiple sites within the orbitofrontal cortex (OFC) [2], was processed with BSS to find intervoxel correlation statistics. Unlike conventional correlation analysis, this technique does not assume independence between voxel time series.

**METHOD:** Acute cocaine BOLD data was collected from cocaine-dependent human subjects as described previously (1.5 Tesla, 20 min scan, 64 x 64 x 5mm, infusion after 7 min, 150 time points) [2], generating a pattern of regionally-specific postinfusion BOLD inflections throughout the OFC (Figures 1, 2). BSS was then employed on 144 voxels of BOLD data from the 4 regions of interest in the OFC, utilizing a hemodynamic drug response model with a linear noise term, as described previously [3]. The mechanics of BSS for systems with known (noise trends) and unobserved (neural cocaine response) are available in detail [4]. Posterior estimates for covariance (following application of Bayes rule and Gibbs sampling) were converted into a correlation matrix (Figure 3) and thresholded at p < 0.05 (t = 1.66, Figure 4).

**RESULTS AND DISCUSSION:** Figure 3 depicts strong dependencies between voxels of the same region within Regions 1, 2 and 3. Although interregional correlation exists throughout the OFC (strongest between Regions 1 and 3), only positive correlation scores remain statistically significant (Figure 4). The utility of BSS for exploring the spatial structure within human pharmacological FMRI data is thus demonstrated. **REFERENCES:** 1. Rowe, MRM 2001. 2. Kufahl et al., ISMRM 2003 (abs. 9). 3. Kufahl et al., MRM 2003 (abs. 1811). 4. Rowe, C & H. 2003. **ACKNOWLEDGEMENTS:** This work was funded in part by NIH grants DA10214 and RR00058.



**Figure 1. OFC Regions of interest in BSS analysis. 1.** left medial orbital gyrus (green) **2.** right medial orbital gyrus (yellow) **3.** left frontal pole (orange) **4.** right posterior orbital gyrus (red).



**Figure 3.** Posterior estimates of intervoxel correlation. Voxels are grouped by region as shown on the axes. Blue pixels correspond to negative correlation, red and yellow pixels denote positive correlation.



**Figure 2. Regional mean BOLD timecourses.** Time series are enumerated as in Figure 1. Cocaine infusion occurs at time point 50. Vertical axes are in arbitrary units.



Figure 4. Intervoxel correlation matrix at p < 0.05 threshold.