

# The Functional MRI Core Facility

# MRI Scanners:

June	2000	"3T-1"	GE 3T
November	2002	"3T-2"	GE 3T
September	2004	"fMRIF 1.5T"	GE 1.5T
January	2007	3T -1 decommissioned	
November	2007	"3T-A"	GE 3T
November	2007	"3T-B"	GE 3T
November	2007	"3T-2" named "3T-C"	
July	2007	3T-C upgraded to HD.	

1.5T



3T-A



3T-B



3T-C

# Staff:

Peter Bandettini, Ph.D.

- Director

Sean Marrett, Ph.D.

- Staff Scientist

Jerzy Bodurka, Ph.D.

- Staff Scientist

Wen-Ming Luh, Ph.D.

- Staff Scientist

Vinai Roopchansinch, Ph.D.

-Staff Scientist

Adam Thomas

- IT Specialist

Kay Kuhns

- Administrative Lab Manager

Janet Ebron

- Technologist

Ellen Condon

- Technologist

Sahra Omar

- Technologist

Paula Rowser

- Technologist

Chung Kan

- Technologist

Debbie Tkaczyk

-Technologist

Sandra Moore

-Technologist

Marcela Montequin

-Technologist

# Users

## **NIMH:**

Peter Bandettini, Ph.D.  
Chris Baker, Ph.D.  
Karen Berman, M.D.  
James Blair, Ph.D.  
Mary Kay Floeter, M.D., Ph.D.  
Jay Giedd, M.D.  
Christian Grillon, Ph.D.  
Wayne Drevets, M.D.  
Ellen Liebenluft, M.D.  
Alex Martin, Ph.D.  
Mort Mishkin, Ph.D.  
Elizabeth Murray, Ph.D.  
Daniel Pine, M.D.  
Judith Rapaport, M.D.  
Jun Shen, Ph.D.  
Susan Swedo, M.D.  
Leslie Ungerleider, Ph.D.  
Daniel Weinberger, M.D.

## **NINDS:**

Leonardo Cohen, M.D.  
Jeff Duyn, Ph.D.  
Jordan Grafman, Ph.D.  
Mark Hallet, Ph.D.  
John Hallenbeck, M.D.  
Alan Koretsky, Ph.D.  
Christy Ludlow, Ph.D.  
Henry F. McFarland, M.D.  
Edward Oldfield, M.D.  
William Theodore, M.D.

## **NICHD:**

Peter Basser, Ph.D.  
Allen Braun, M.D.

## **NCI:**

Kathy Warren, M.D.

# Services:

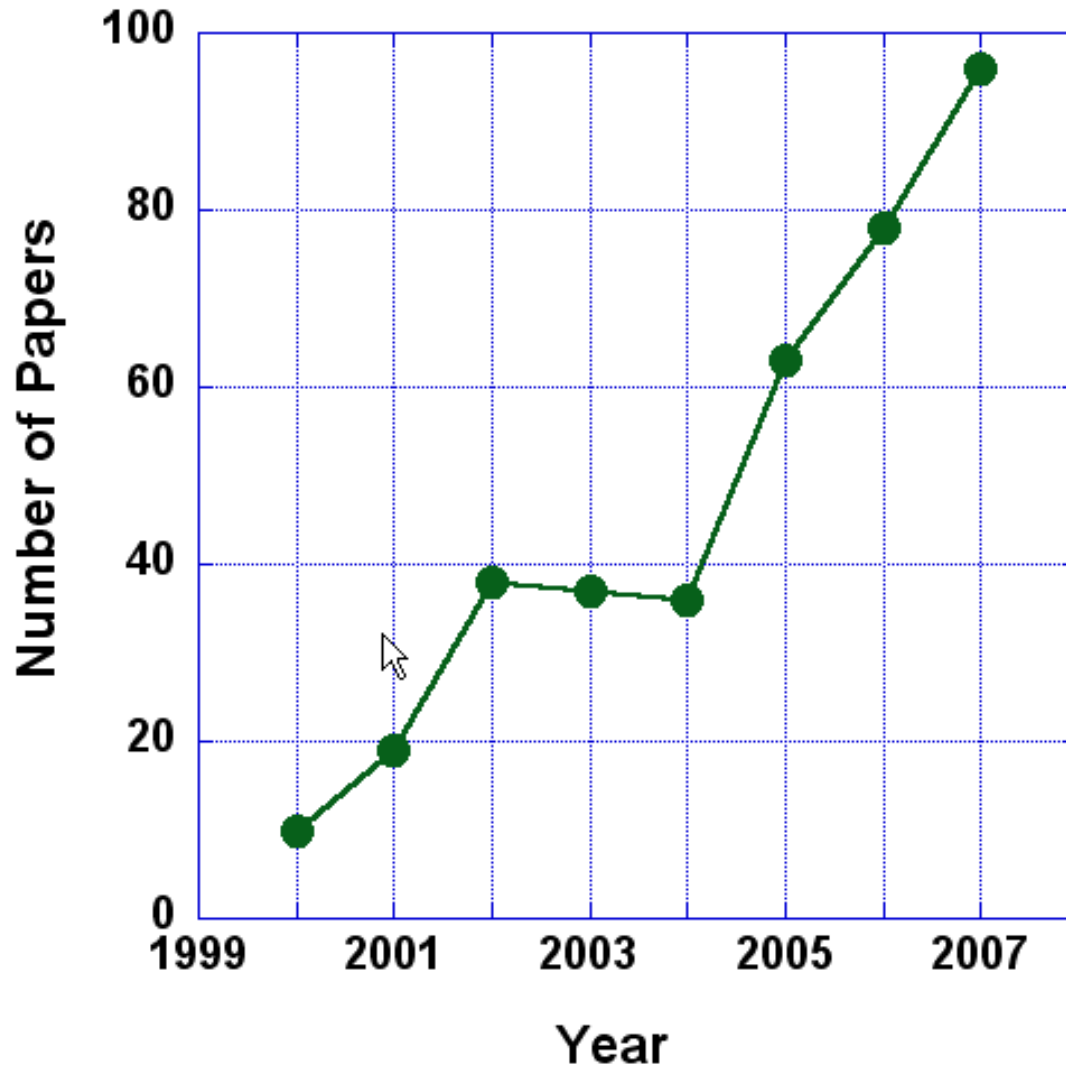
1. State of the art MRI technology.
2. Maintenance and support of daily MRI scanner operation.
3. Trained MRI technologist coverage during all prime time hours and most off hours and weekends.
4. Training by technologists in scanning techniques and protocols.
5. Updated scheduling and a means for exchanging scan time between users.
6. The FMRI website (<http://fmrif.nih.gov/>).
7. Weekly fMRI discussion groups that focus on recent research and issues.
8. State of the art subject interface devices.
9. Short and long term automatic archiving of fMRI data.
10. Consulting with users on the best fMRI scanning and processing approaches.

# Summary:

Inception:	1999
Current annual budget (2009):	\$2.21 M
Personnel budget:	\$1.76 M
Supplies, equipment and services budget:	\$450K*
# of staff:	15
# of Principle Investigators Served:	34
# of active protocols using FMRI:	60
# of subjects scanned per year:	5000

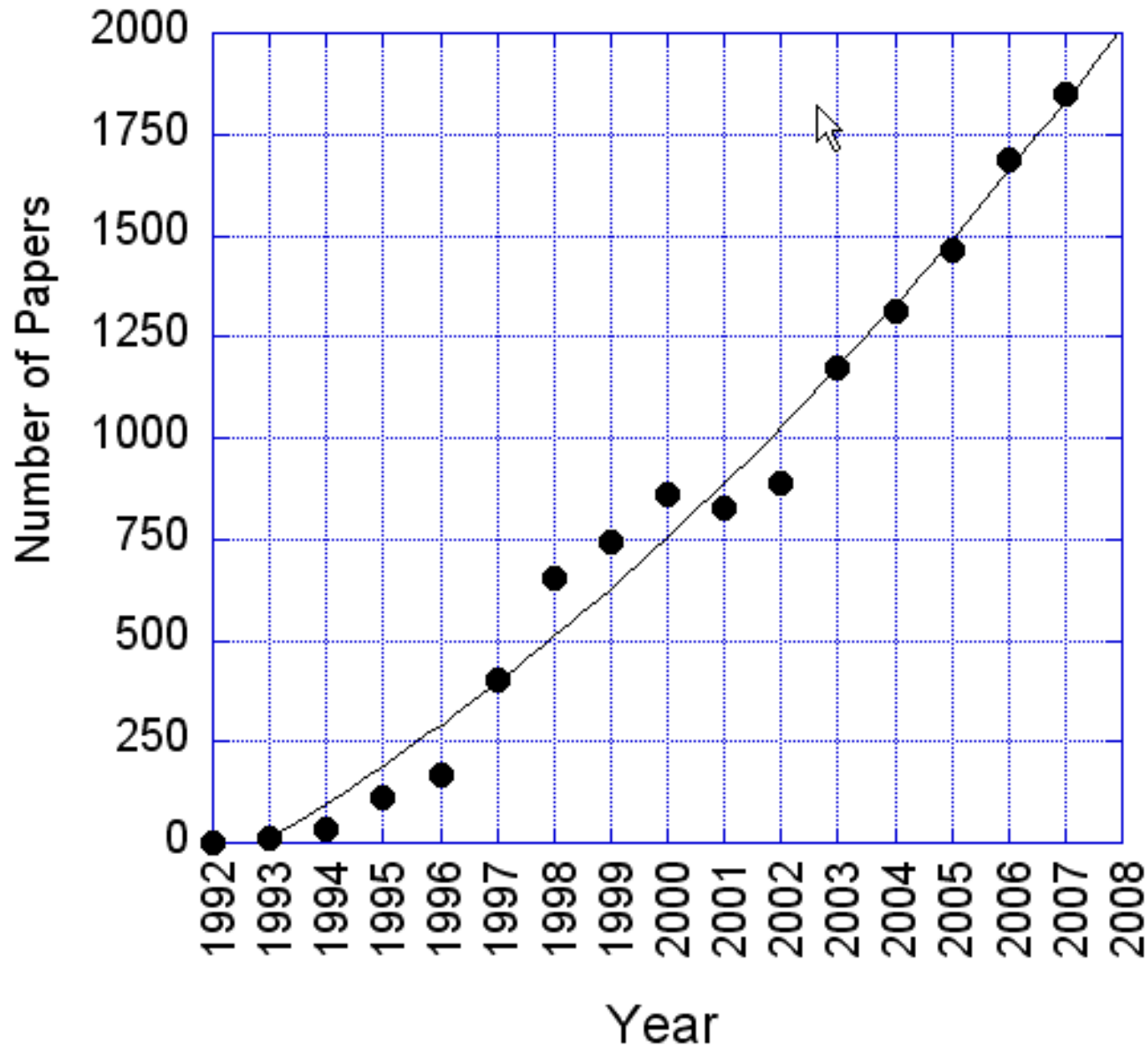
\*excludes maintenance contracts (rises to \$890K next year when maintenance is included)

**Number of Papers Produced per year by  
Researchers using the Functional MRI Facility**





Scopus: **Articles or Reviews** Published per Year  
**"fMRI" or "functional MRI"**



# Type of fMRI research performed

Motor

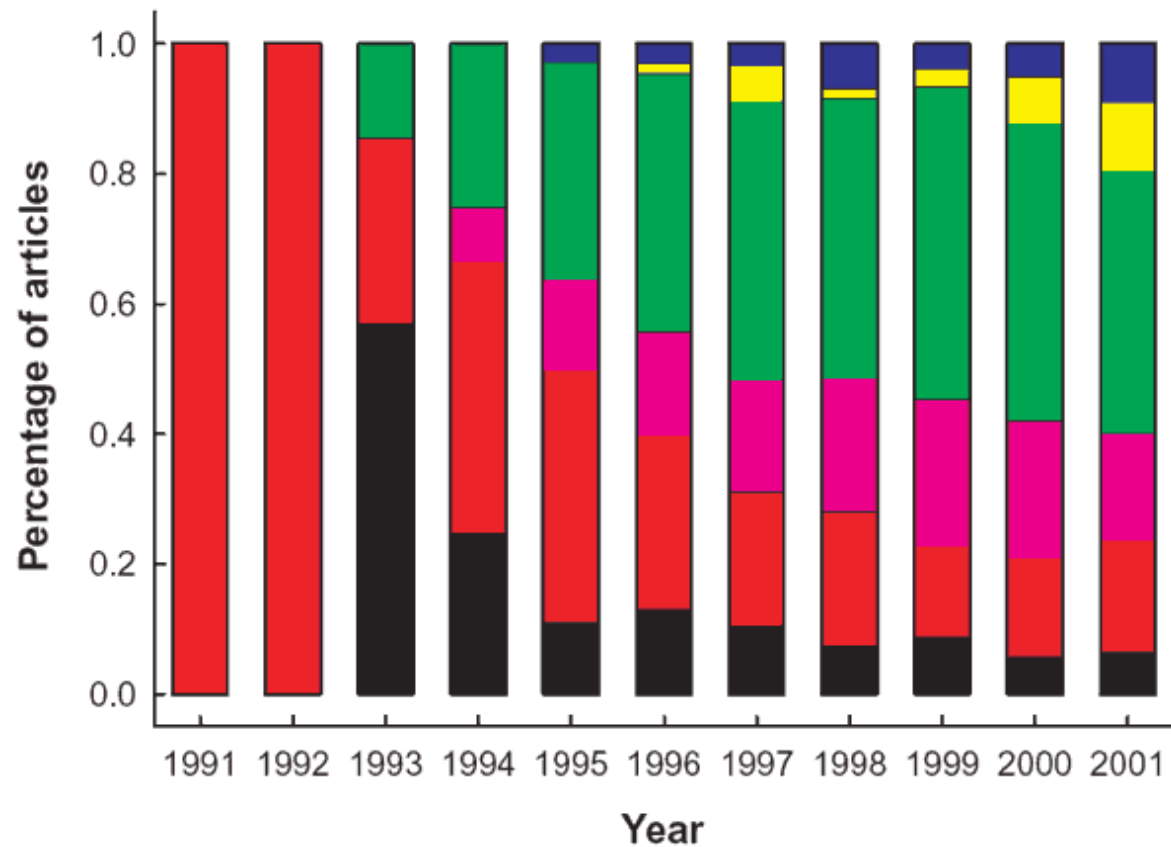
Primary Sensory

Integrative Sensory

Basic Cognition

High-Order Cognition

Emotion



J. Illes, M. P. Kirschen, J. D. E. Gabrielli,  
Nature Neuroscience, 6 (3) p.205, 2001

# What fMRI Is Currently Being Used For

## Research Applications

- map networks involved with specific behavior, stimulus, or performance
- characterize changes over time (seconds to years)
- determine correlates of behavior (response accuracy, etc...)
- characterization of groups or **individuals**

## Clinical Research

- clinical population characterization (probe task or **resting state**)
- assessment of recovery and plasticity
- attempts to characterize (classify) **individuals**

## Clinical Applications

- presurgical mapping (CPT code in place as of Jan, 2007)

# Technology

Coil arrays  
High field strength  
High resolution  
Novel functional contrast

# Methodology

Functional Connectivity Assessment  
Multi-modal integration  
Pattern classification  
Real time feedback  
Task design (fMRIa...)

Fluctuations  
Dynamics  
Spatial patterns

Basic Neuroscience  
Behavior correlation/prediction  
Pathology assessment

# Interpretation

# Applications

Entrance (Basement, Corridor D, Bldg 10)



- MIF / NMRF
- CC / LDRR
- NHLBI
- NINDS
- NIMH
- GE

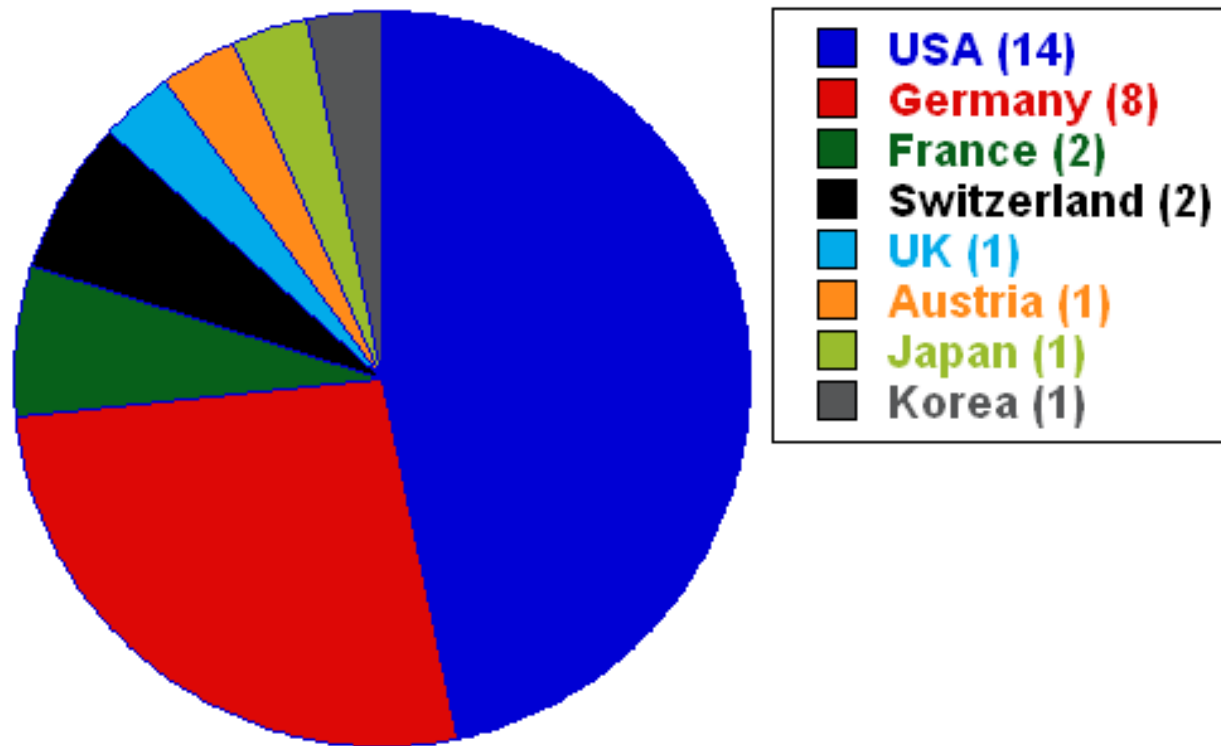
# The Challenge Regarding the New 7 T

## To create a robust, user-friendly system

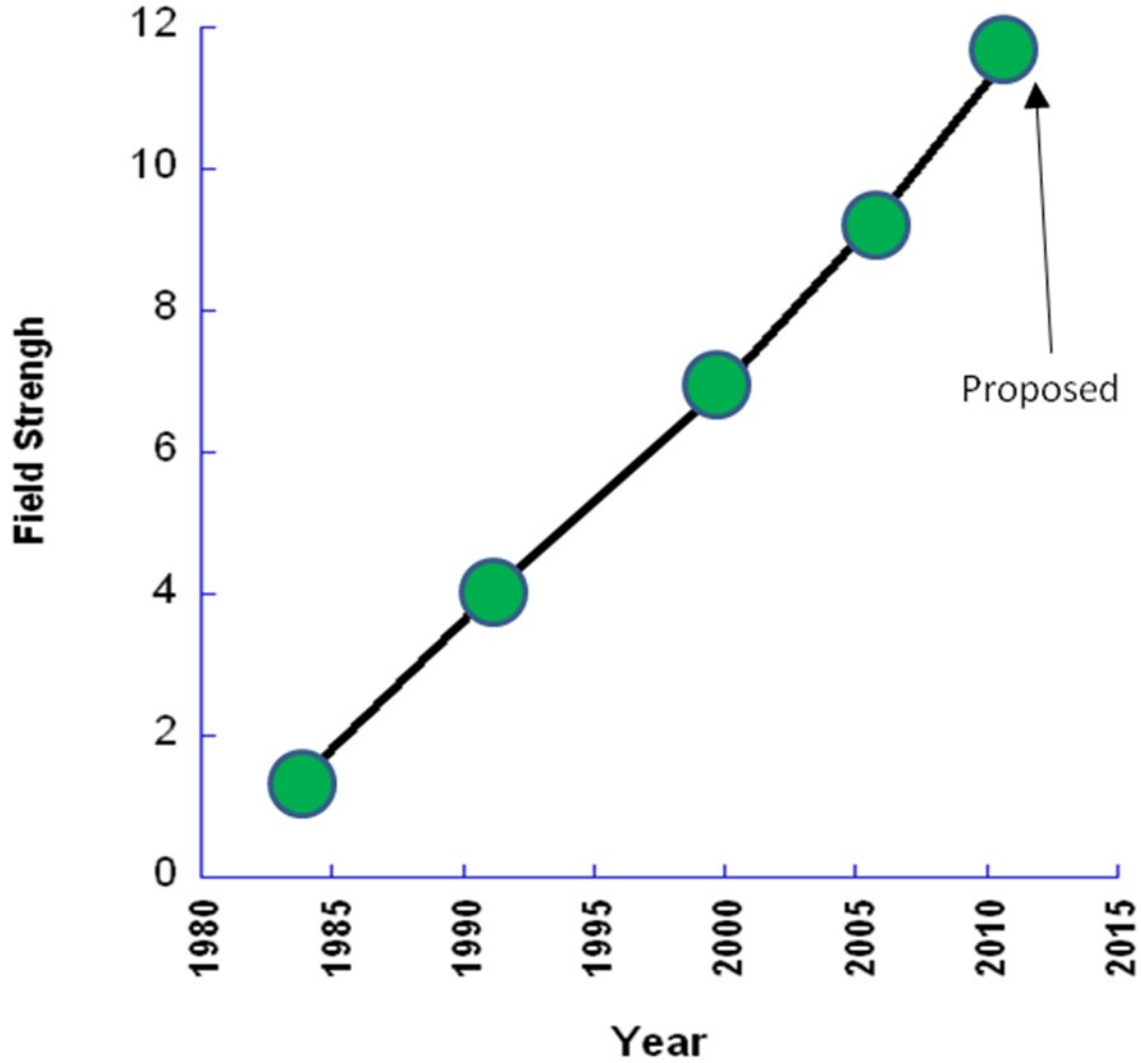
(Staff of physicists who have benefited from the experience of Jeff Duyn's group)

- Field inhomogeneities are greater (and vary more over space and time)
- RF power is higher (limits certain sequences)
- RF penetration is less homogeneous (inhomogeneous images)
- T2\* is shorter (less time for DTI, multi-echo, high res)
- T1 is longer (have to go to longer TR)
- Fluctuations are greater

## 7 Tesla Human Scanner Distribution



### Progression of Human MRI Field Strength

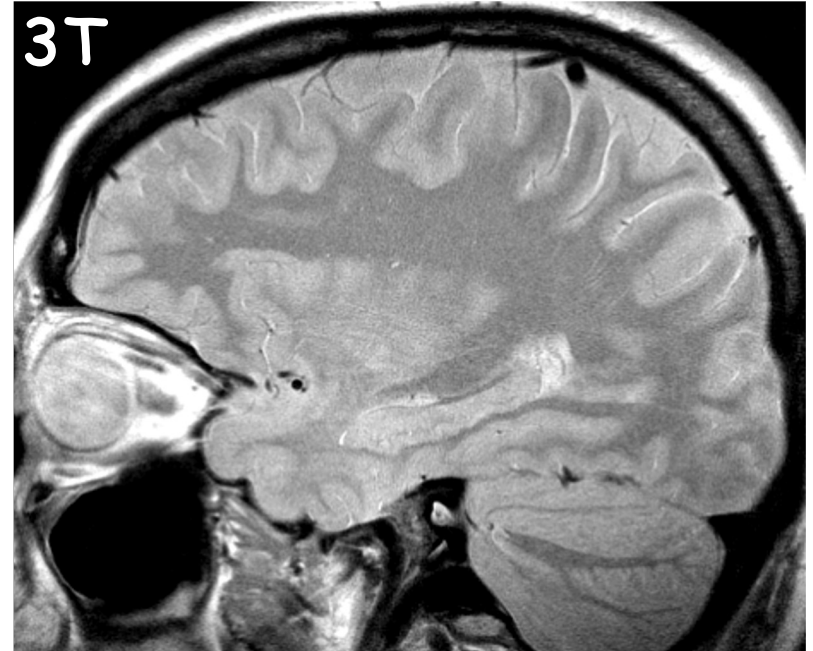




# Why High Field?

- Increased SNR
  - Increased functional and anatomical contrast
  - New contrasts
- 
- Higher resolution
  - Shorter scan times (wider range of patients and studies)
  - Better sensitivity to fluctuations (i.e. connectivity)
  - More information from individuals (rather than group averaging)

# Higher SNR



TSE, 11 echoes, 7 min exam, 20cm FOV, 512x512 (0.4mm x 0.4mm), 3mm thick slices.

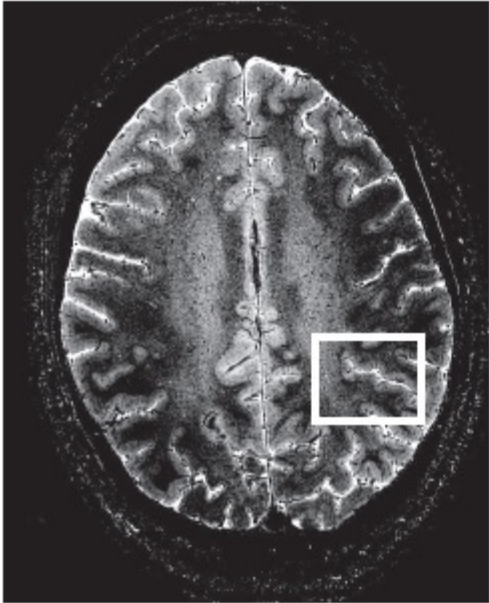
white matter SNR = 65  
Gray matter SNR = 76

white matter SNR = 26  
Gray matter SNR = 34

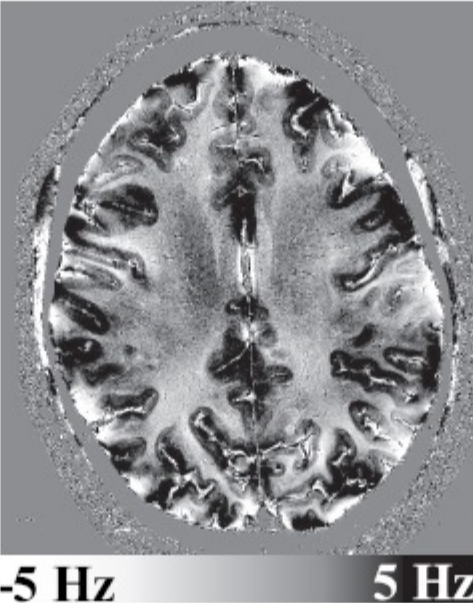
Courtesy of L. Wald, MGH, Boston

# Novel Contrast

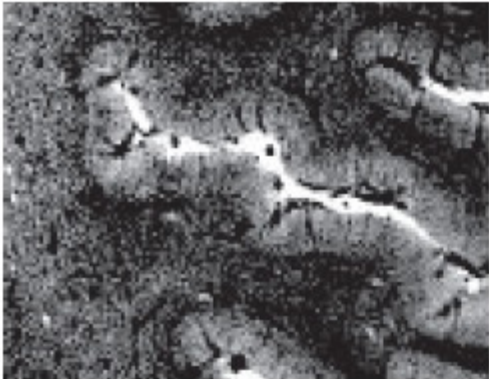
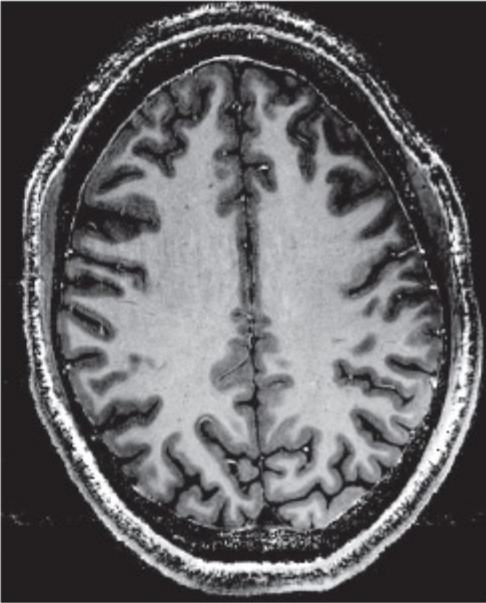
GRE magnitude



GRE phase



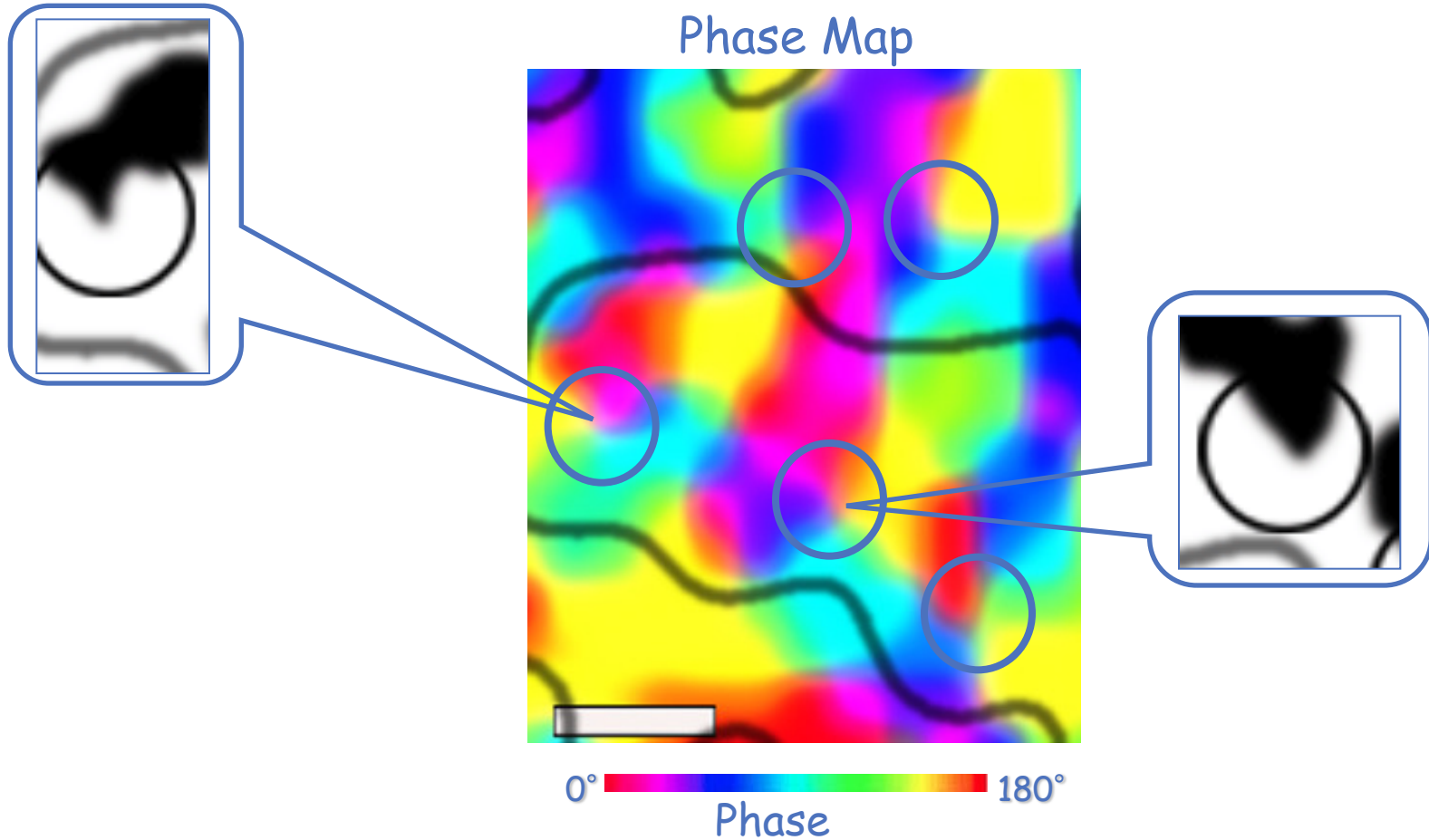
MPRAGE



Duyn et al. PNAS, 2007

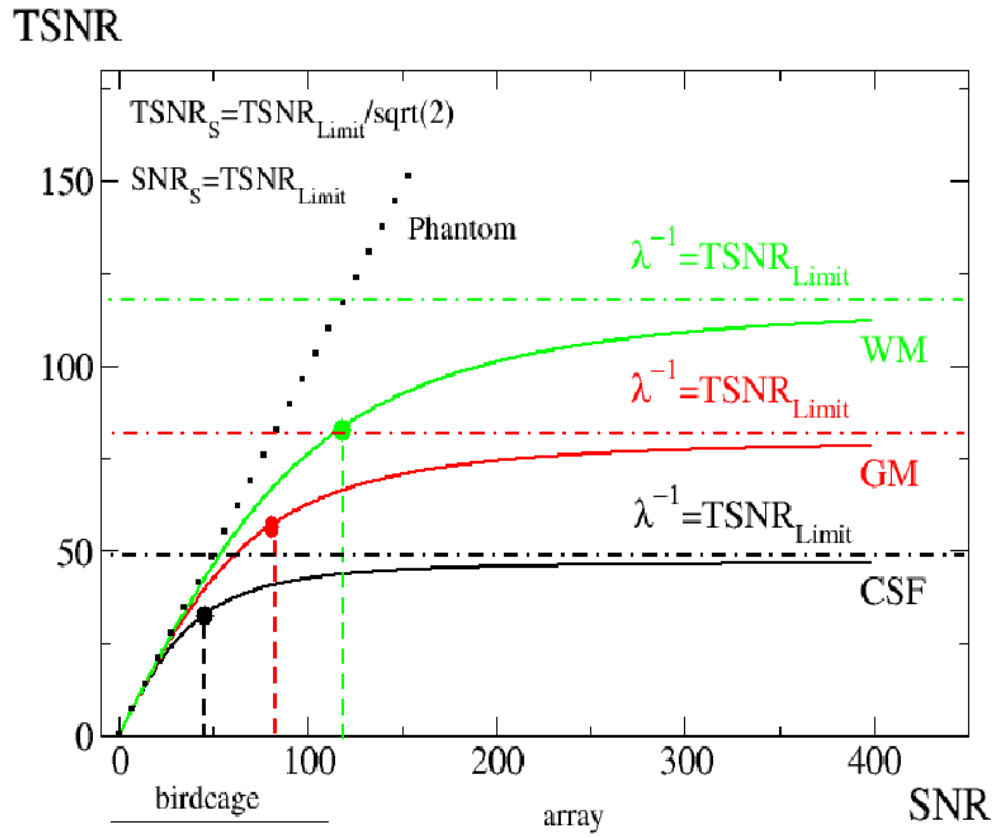
# Orientation Columns in Human V1 as Revealed by fMRI at 7T

Phase Map



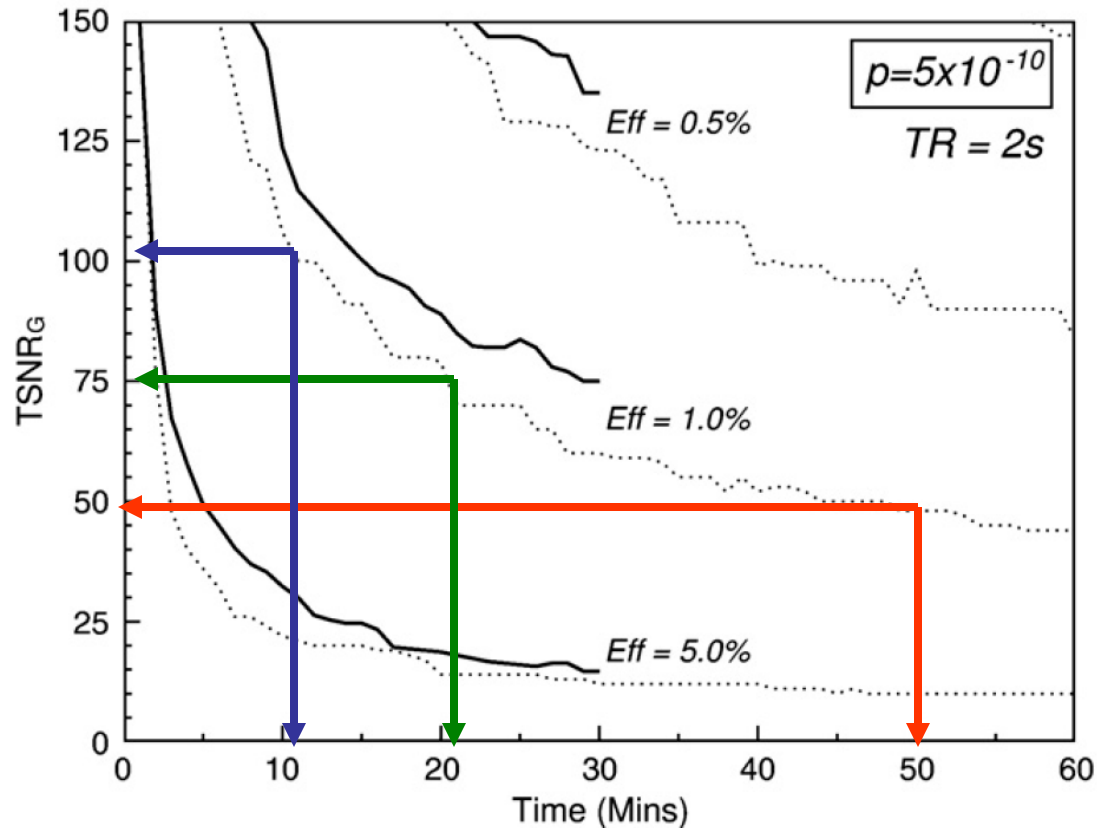
Scalebar = 0.5 mm

# Temporal Signal to Noise Ratio (TSNR) vs. Signal to Noise Ratio (SNR)



3T, birdcage: 2.5 mm<sup>3</sup>  
 3T, 16 channel: 1.8 mm<sup>3</sup>  
 7T, 16 channel: 1.4 mm<sup>3</sup>

# Scanning Individuals

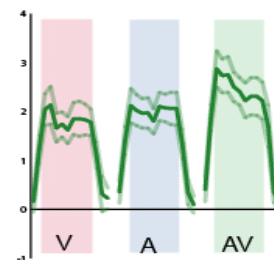
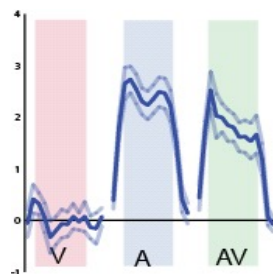
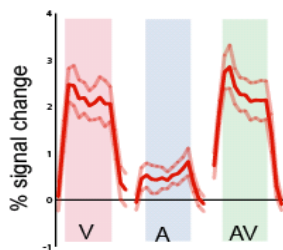
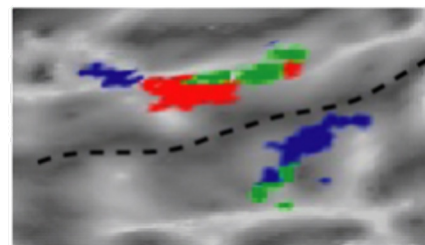
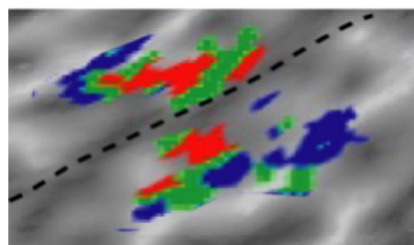
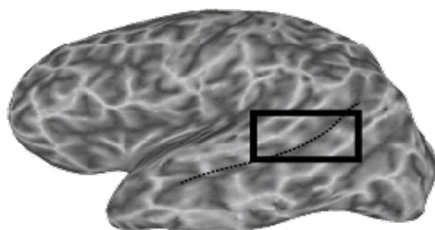
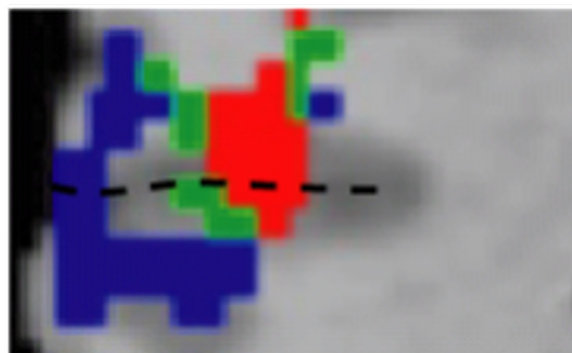
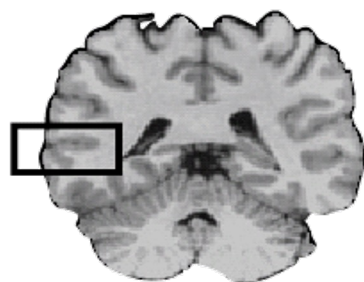


K. Murphy, J. Bodurka, P. A. Bandettini, How long to scan? The relationship between fMRI temporal signal to noise and the necessary scan duration. *NeuroImage*, 34, 565-574 (2007)

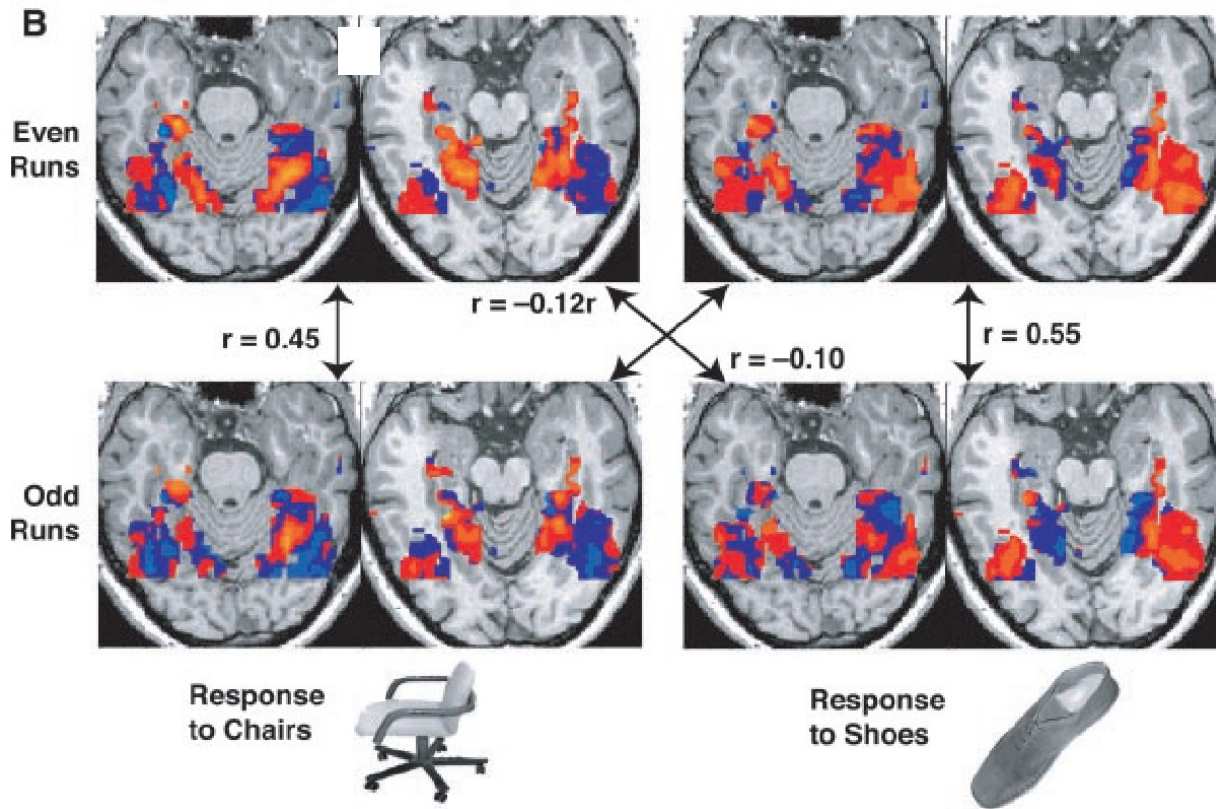


# Multi-sensory integration

*M.S. Beauchamp et al.,*

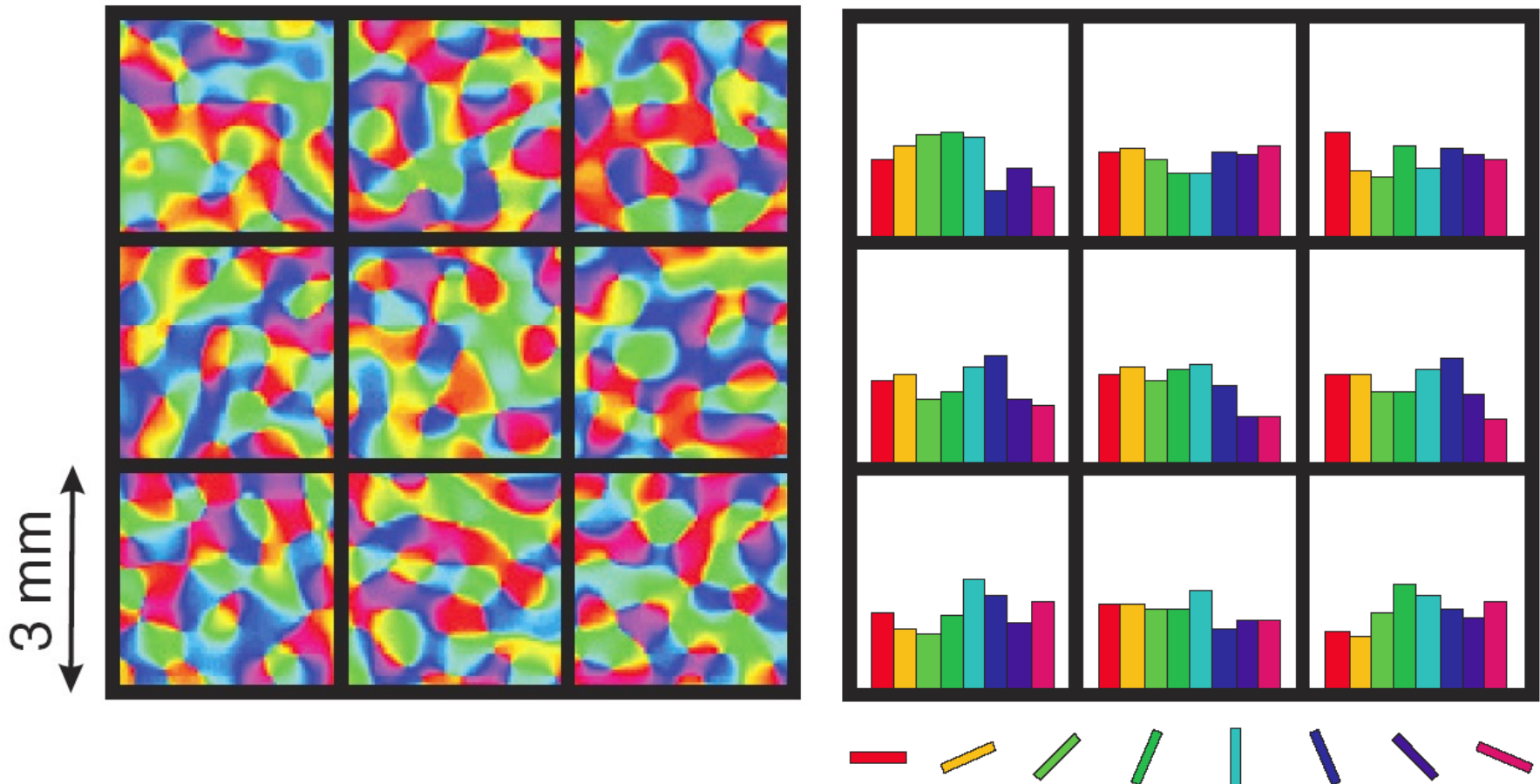


# Object categories are associated with distributed representations in ventral temporal cortex



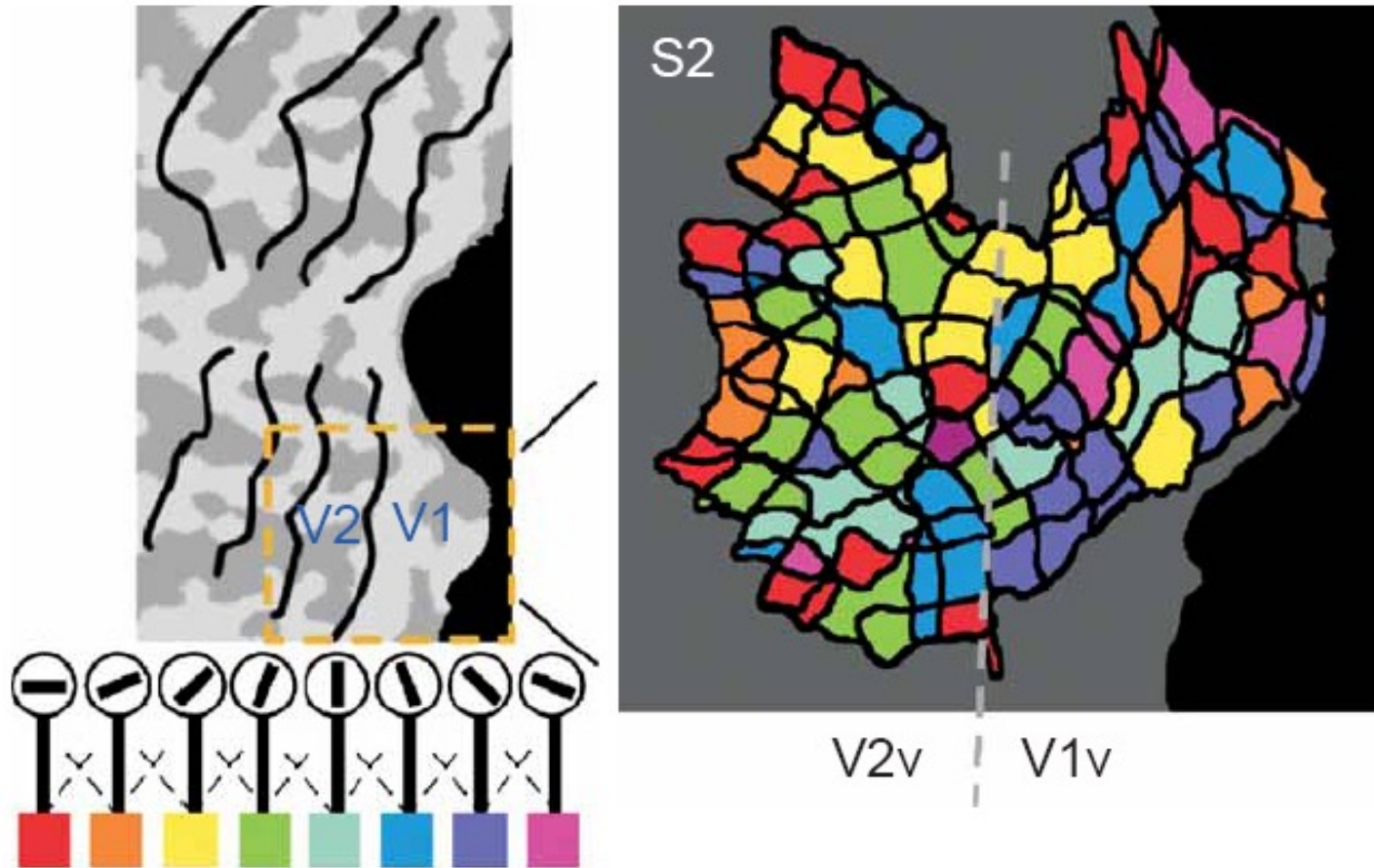
Haxby et al. 2001





Boynton (2005), News & Views on Kamitani & Tong (2005) and H

# Lower spatial frequency clumping



Kamitani & Tong (2005)

**neuronal  
activity pattern**

**fMRI  
activity pattern**

**condition 1**



**hemodynamics**

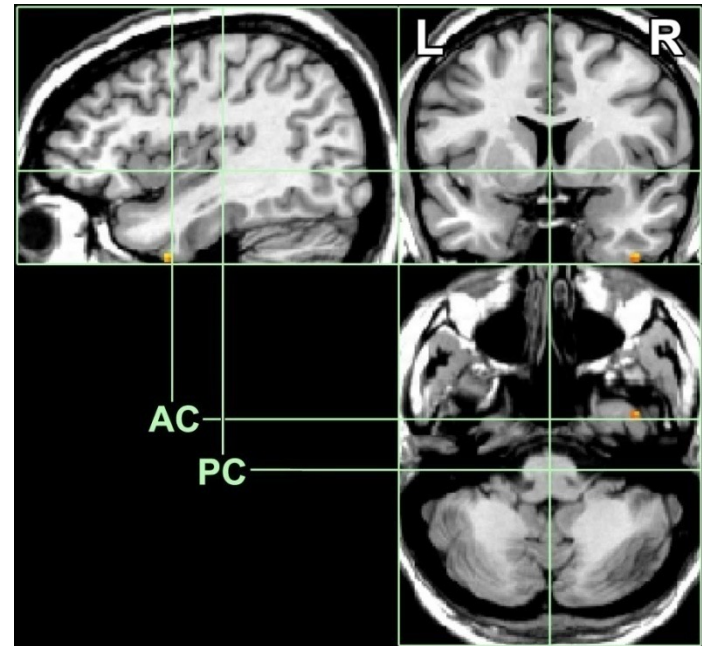
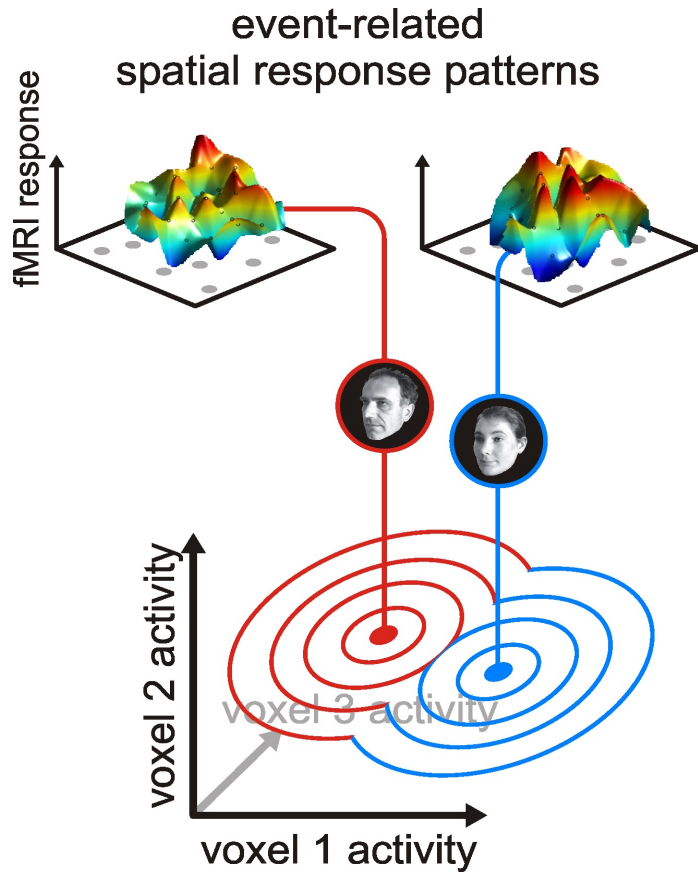


**condition 2**

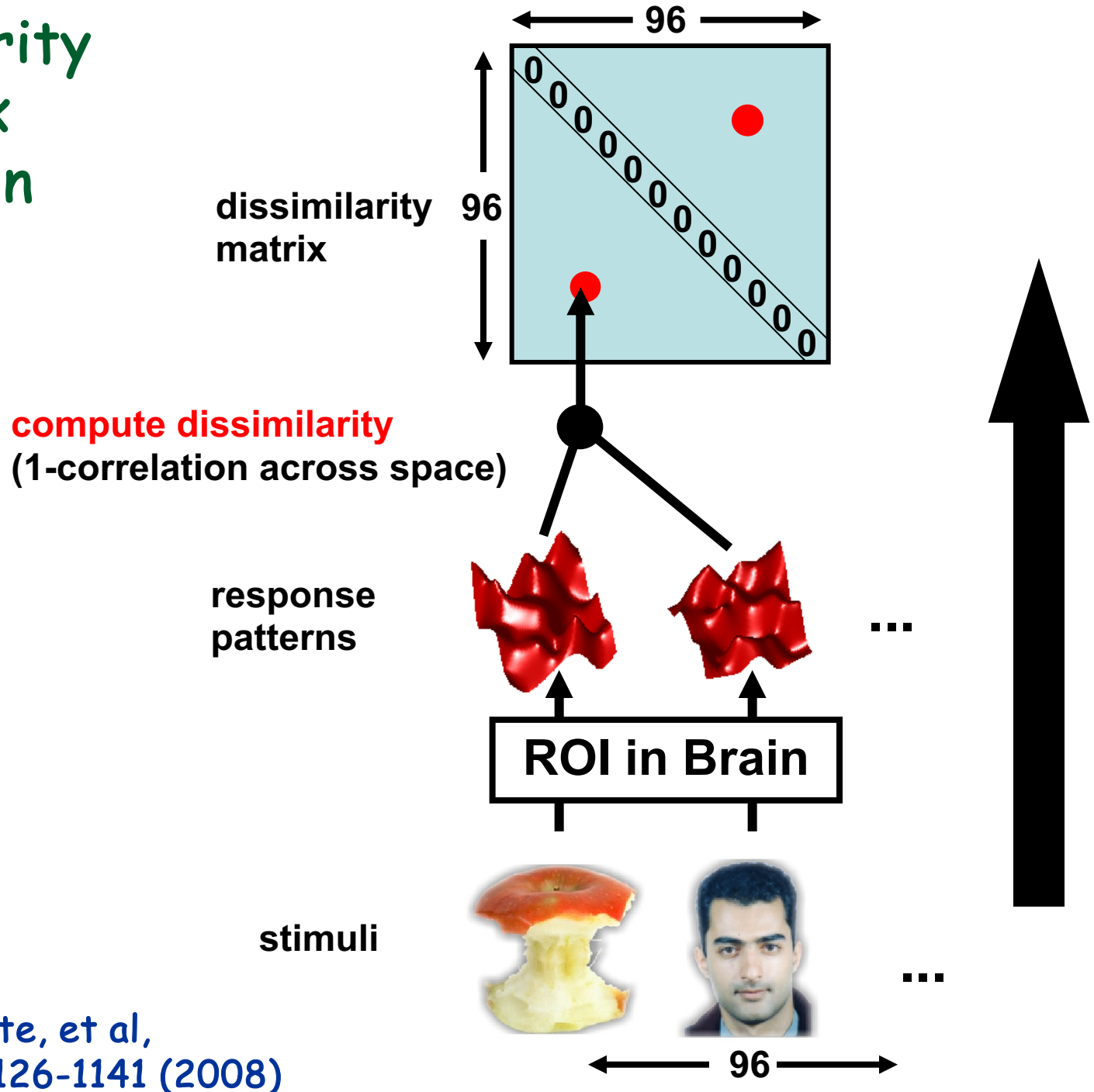


# Pattern Information Mapping

## From fixed ROI



# Dissimilarity Matrix Creation



N. Kriegeskorte, et al,  
Neuron, 60, 1126-1141 (2008)



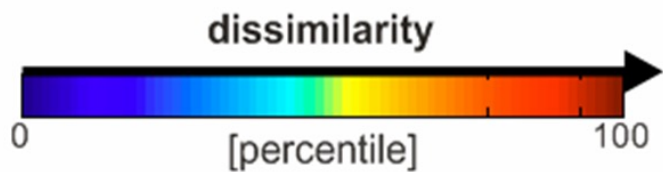
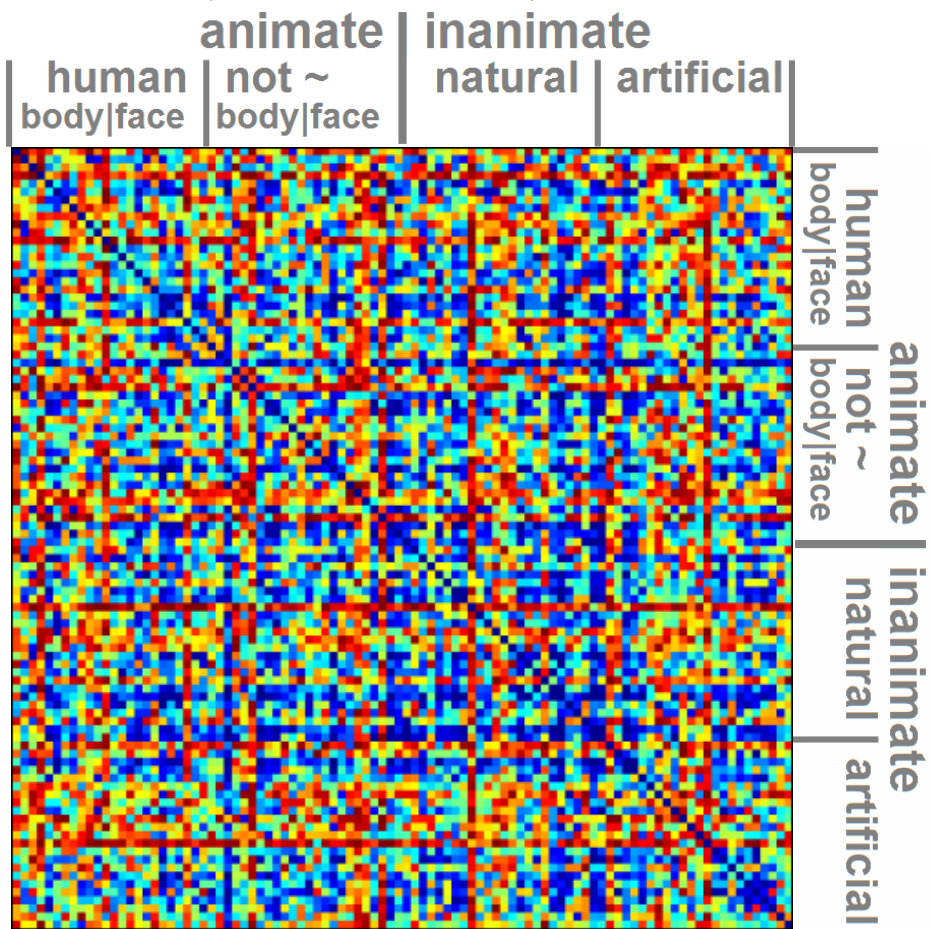
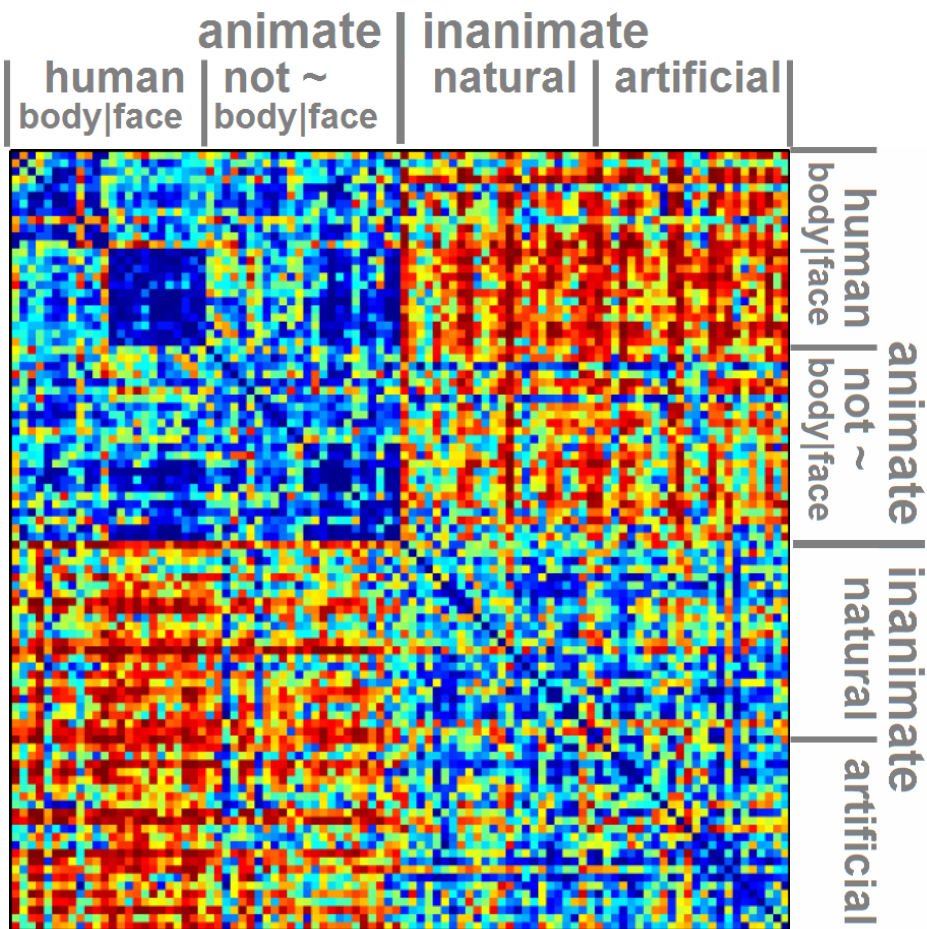


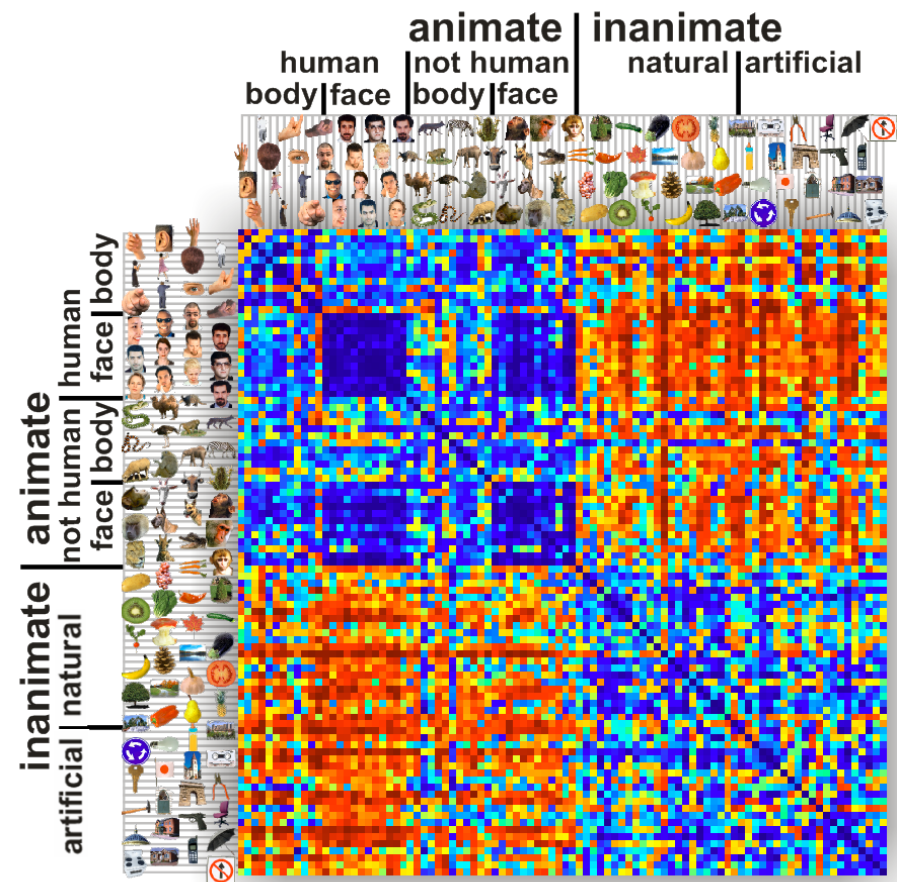
# Human IT

100 visually most responsive voxels

# Human Early Visual Cortex

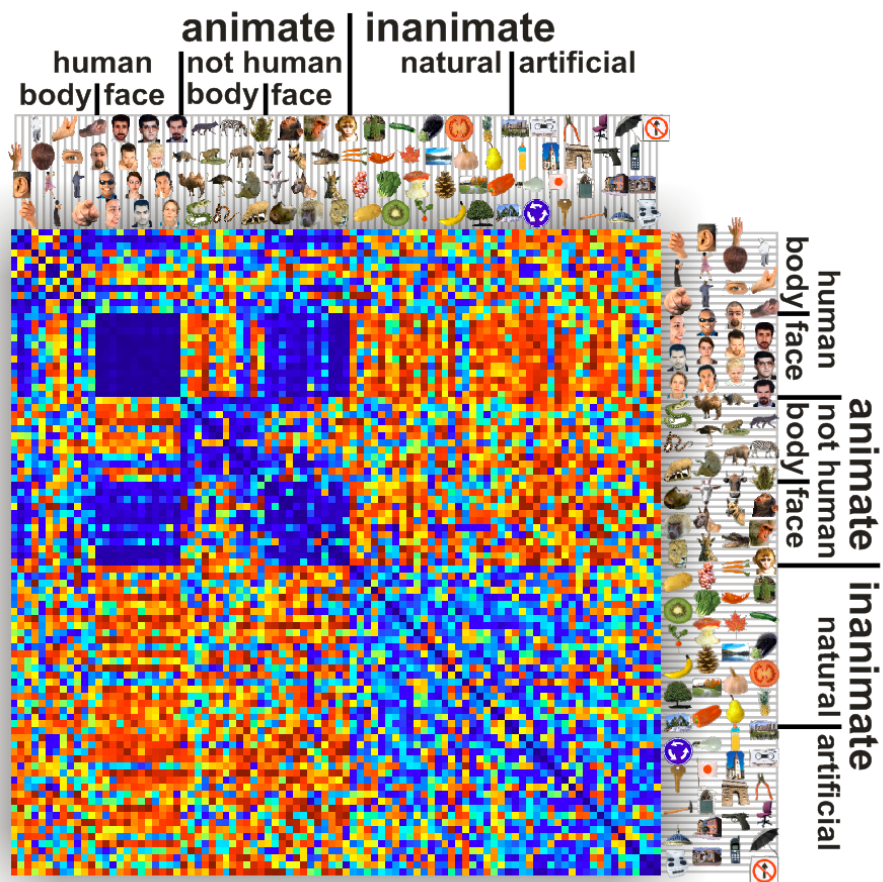
100 visually most responsive voxels





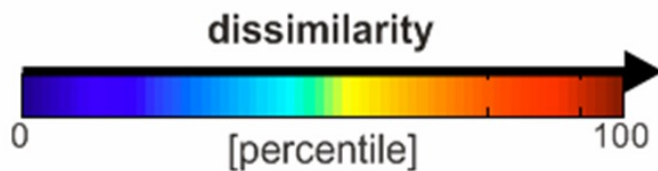
average of 4 subjects  
fixation-color task  
316 voxels

**man**



average of 2 monkeys  
fixation task  
>600 cells

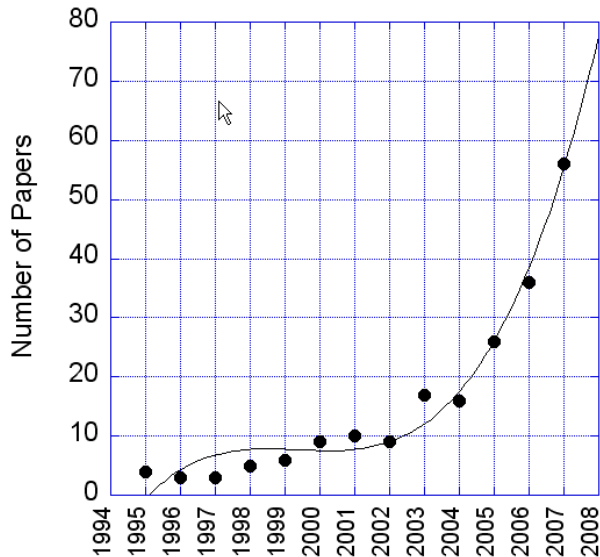
**monkey**



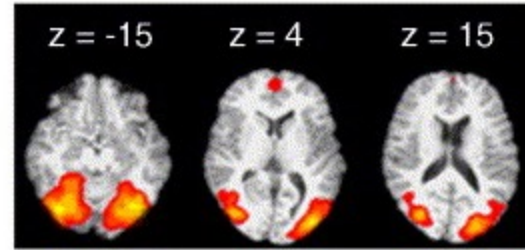


# Resting state networks identified with ICA

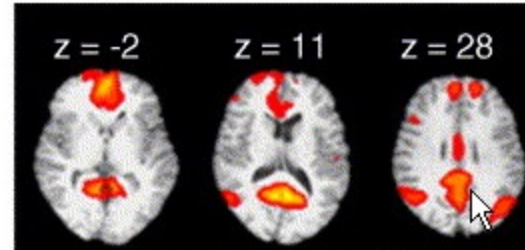
M. DeLuca, C.F. Beckmann, N. De Stefano,  
P.M. Matthews, S.M. Smith,  
fMRI resting state  
networks define distinct modes  
of long-distance  
interactions in the human brain.  
NeuroImage, 29, 1359-1367



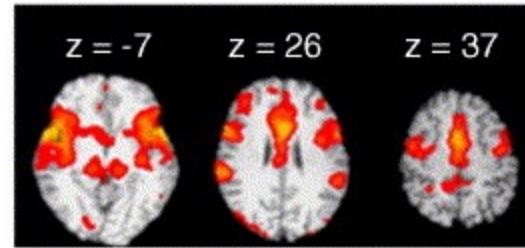
RSN1



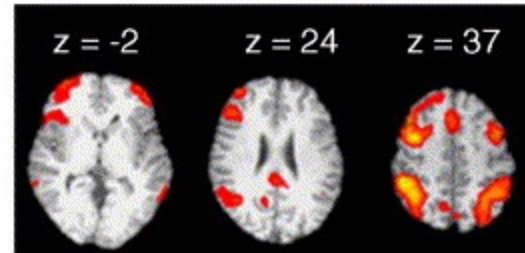
RSN2



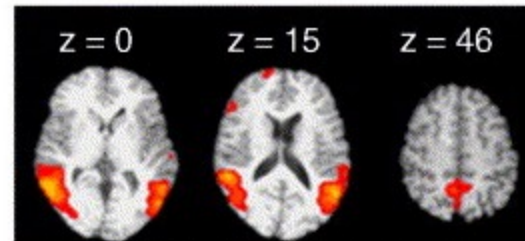
RSN3



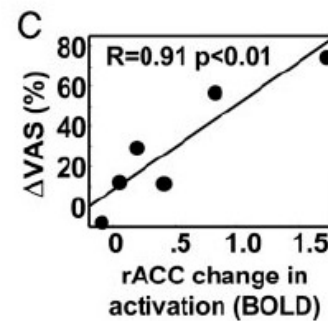
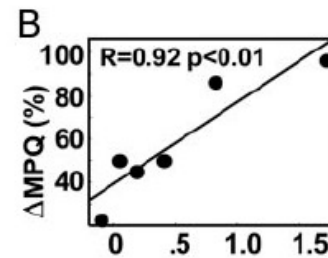
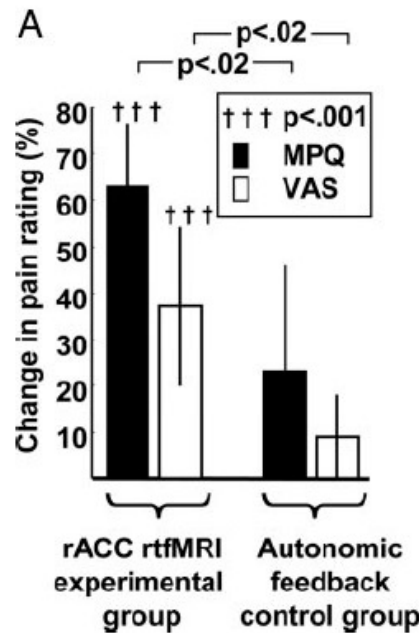
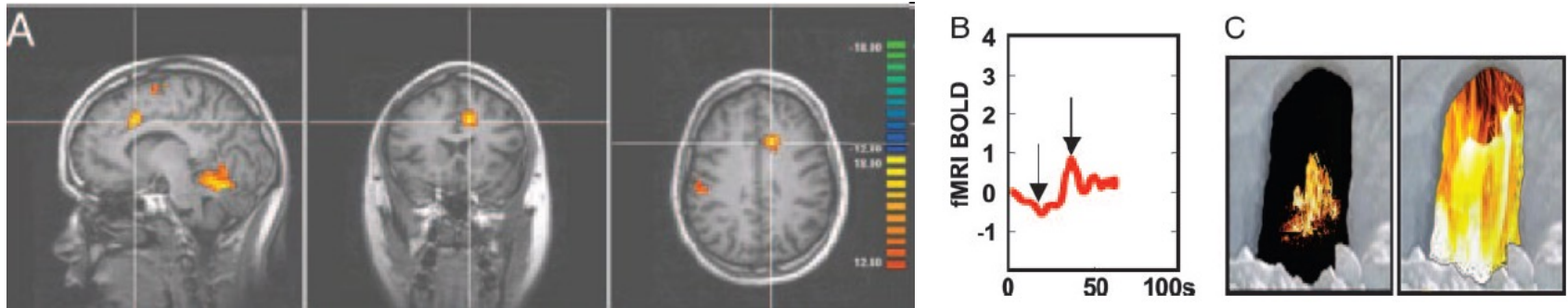
RSN4



RSN5



# Real time fMRI feedback to reduce chronic pain



Control over brain activation and pain learned by using real-time functional MRI, R. C. deCharms, et al. PNAS, 102; 18626-18631 (2005)