

# Investigating community detection algorithms and their capacity as markers of brain diseases

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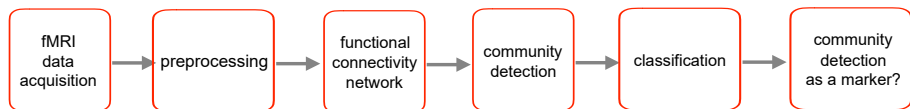
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# Schema

**Aim:** workflow for evaluation of brain functional connectivity with different community detection algorithms, and their strengths to discriminate between health and brain disease.

- fMRI measures brain function
- no consensual preprocessing pipeline



- community structure influenced by disease, e.g. Alzheimer's disease or schizophrenia (Brier, 2014; Alexander-Bloch, 2012)

**Possible biological interpretation:** communities represent groups of nodes that have different cognitive function (sight, memory, etc.). These groups can change in time (Bassett, 2013).

# Data

70 patients with mild cognitive impairment (MCI): 35 women;

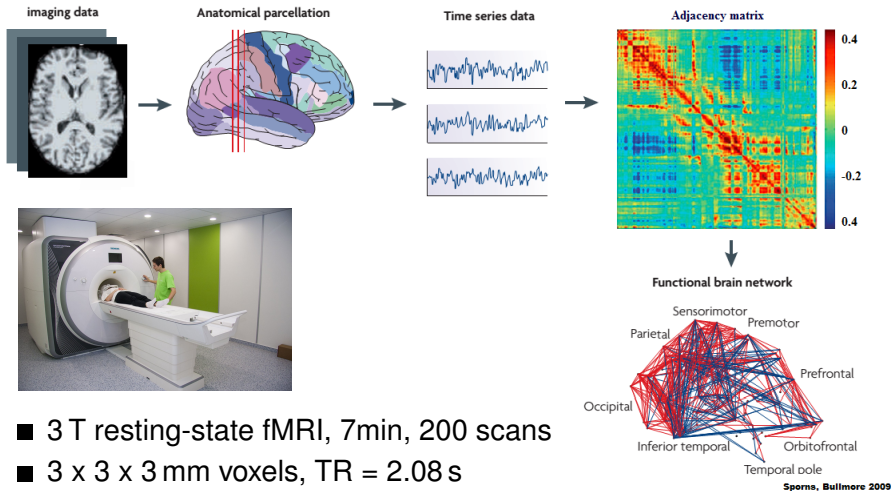
66.71±9.44 years

50 healthy controls (HC): 34 women; 66.74±7.35 years

## MCI

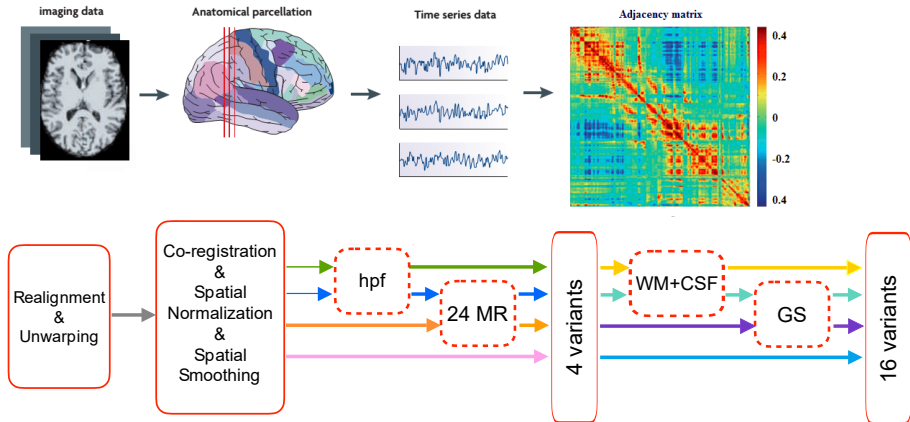
- intermediate stage between the expected cognitive decline of normal aging and the more-serious decline of dementia
- problems with memory, language, thinking and judgment greater than normal age-related changes
- **goal of studying MCI:** early diagnosis and slowing down the onset of dementia

# Functional connectivity



- 3 T resting-state fMRI, 7min, 200 scans
- 3 x 3 x 3 mm voxels, TR = 2.08 s
- **nodes**: 82 regions of AAL atlas (Tzourio-Mazoyer, 2002)
- **edges**: Pearson's correlation coefficients

# Preprocessing



hpf ... high pass filtering, cutoff at 128 s  
MR ... movement regressors  
WM ... white matter

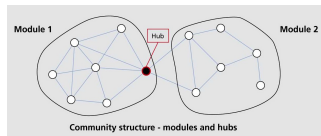
CSF ... cerebro-spinal fluid  
GS ... global signal

16 variants of preprocessing

# Community structure and its detection

modules / communities / clusters / subnetworks / (temporo-)spatial patterns

- property of real complex networks
  - dense connectivity within communities
  - sparse connections between modules
- 
- NP-complete problem
  - optimization methods
  - heuristics, some non-deterministic requiring repetitive computations



(Bullmore & Sporns, 2009)

# Community detection

iterative community finetuning repeated 100x  
representative/consensual partition across repetitions and subjects

## Used methodology

- **Louvain modularity method** (Blondel, 2008)
- **Potts spin-glass model** (Blatt, 1996)
- **random matrix theory – RMT** (Mehta, 2004; MacMahon, 2015):  
identification of non-random properties of correlation matrices  $\mathbf{C}$ .  
It is based on eigenvalues computation.  $\mathbf{C} = \mathbf{C}^{(r)} + \mathbf{C}^{(g)} + \mathbf{C}^{(m)}$ ,  
 $\mathbf{C}^{(r)}$  ... random mode,  $\mathbf{C}^{(g)}$  ... group mode,  $\mathbf{C}^{(m)}$  ... market mode

# Community detection – used approaches

binary network, 15% sparsity threshold

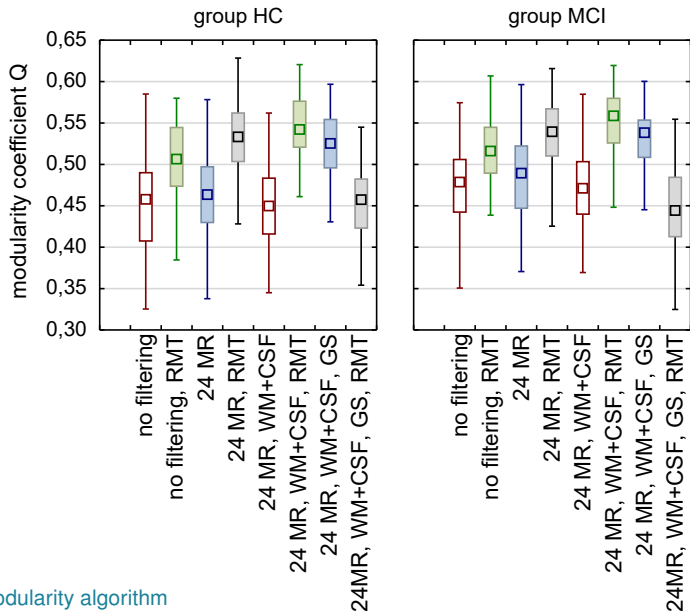
- Louvain modularity method
- RMT + Louvain modularity method
- Potts modularity model
- RMT + Potts modularity model

## Evaluated features

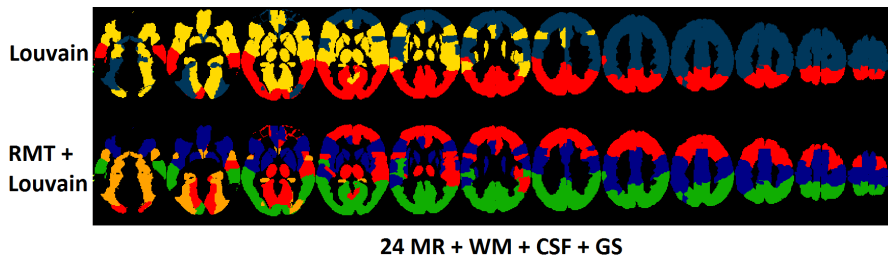
- modularity coefficient: ability of network to form clusters
- node classification to a community
- computational demand



# Results: RMT step increases modularity



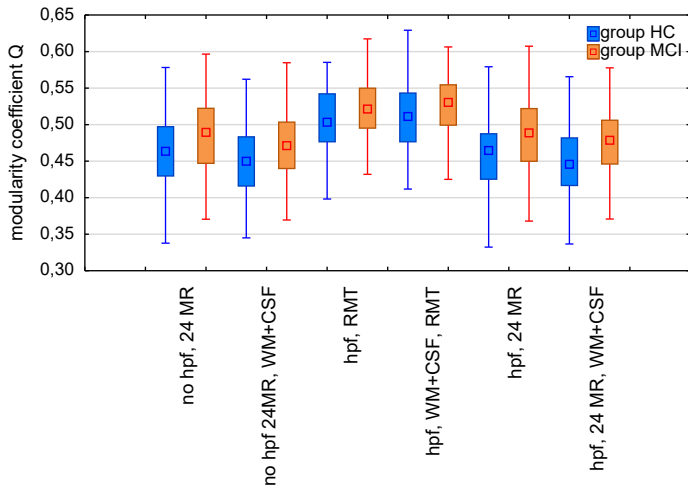
# Results: global signal influences community structure



Extreme effect of global signal filtering on functional connectivity (Murphy, 2009).

We show this influence on communities' localization.

# Results: HC vs. MCI changes in modularity coefficient



- t-tests between groups
- statistically significant differences ( $p < 0,05$ ) observed only for Louvain modularity with or without RMT decomposition

# Classification: modularity as a marker of MCI

- variants without global signal filtering
- random sampling to train (75%) and test (25%) samples
- 10-fold cross-validation, 1000 iterations
- support vector machine (SVM) kernel: radial basis function
- age and gender taken into consideration

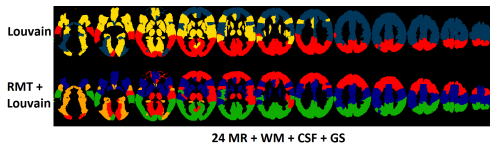
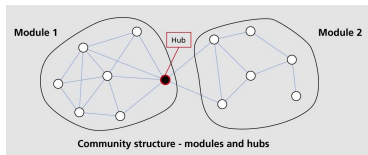
## SVM using all preprocessing and filtering variants

- classification accuracy = 78.9% (Train), 50.0% (Test)
- 75 support vectors (63 bounded)

## SVM using preprocessing with hpf and RMT+Louvain modularity

- classification accuracy = 75.6% (Train), 63.3% (Test)
- 72 support vectors (60 bounded)

# Physiological conclusions I.



- Communities represent functionally specific clusters / modules.
- Decomposition by random matrix theory increases modularity coefficient.
- Higher level of filtering (24 MR, CSF+WM) relates to higher value of modularity coefficient in RMT variants.
- We do not recommend global signal filtering.

## Physiological conclusions II.

- Louvain modularity is significantly increased in mild cognitive impairment.
- High pass filtering enhances the difference from healthy controls.
- However, the increase is not enough for classification analyses.
- Classification accuracy similar to literature:
  - 62.8% using diffusion MRI (Prasad, 2015)
  - 84% using fMRI when classifying Alzheimer's disease patients (Zhang, 2015)
  - 89.6% using cortical thickness when classifying Alzheimer's disease patients (Li, 2012)

# Computational and time complexity of pipeline steps

per subject (120 subjects):

- **data acquisition:** subject preparation (tens of mins) + scanning ( $\sim 10$ min). MR provider and sequence dependent.
- **preprocessing:** compulsory steps ( $\sim 3$ min) + additional filtering ( $\sim 1$ min);  $\sim 160$  thousand voxels per scan (200 scans). MATLAB.
- **network construction:** representative signal + Pearson's correlation ( $< 1$ s); 82 nodes of 200 time-points signals. MATLAB.
- **community detection algorithms:** data loading and preparation ( $\sim 7$ s) + community detection ( $< 2$ s in average, in extreme up to 11s); RMT decomposition, 100 repetitions of finetuning, null models generating. MATLAB.

# Computational and time complexity of pipeline steps

## group level:

- **community detection algorithms:** ~5 hours of computing community structure for all preprocessing variants and all subjects + representative partition computation (~7s per preprocessing variant, ~2min in total); 120 subjects with 100 repetitions, 16 preprocessing variants. MATLAB.
- **classification analysis:** ~5s for each combination of parameters, ~20min in total; repetitions of train/test divisions, 1000 iterations of cross-validation. STATISTICA.



# Computational and time complexity conclusions

- Preprocessing is the most computationally demanding step.
- Strongly depends on number of network nodes.
- Classification analysis time demanding because of missing feature selection.

## Future work

- More sophisticated feature selection for classification is needed.
- More sophisticated parameter of community structure could better reveal the differences between groups.
- Community structure algorithms considering temporal evolution of connectivity may show more prominent difference between health and MCI (we're working on it).
- Better (parallel) implementation is needed for easier use.

*Thank you.*