

Introduction

- Spatial distribution of phosphorylated Tau [1] is a fundamental hallmark of Alzheimer's Disease (AD). PET with [18F]-AV-1451 (Tau-PET) probes in-vivo such distribution. For motion-robustness and comparability across imaging protocols, Tau-PET uptake is often summarised over composite regions, for example: Braak stages [Braak;Neuropathology;2006].
- Beyond Braak composites, regional Tau-PET uptake might locally better differentiate Cognitively Normal (CN), Mild Cognitive Impaired (MCI) and AD.

• However, the impact of pre-processing on group classification performances is unclear at both resolution levels.

KEYWORDS: Tau-PET, Alzheimer's disease, pre-processing, registration impact

Methodology

Data source ADNI (http://adni.loni.ucla.edu)

- A total of 96 ADNI subjects (34 normal controls, 29 mild cognitively impaired, 33 AD) randomly selected
- Dynamic 6x5min Tau-PET frames ([18F]-Flortaucipir)
- Tau-PET regional SUVR measures obtained from ADNI-core
- T1w-MRI volumes (1.0x1.0x1.2 mm)

Image pre-processing

- T1w-MRI data was anatomically segmented with LEAP [Wolz;NeuroImage;2009].
- Rigidly registered into native Tau-PET space (motion corrected saturated image) implementing two approaches:
 - 1. IRTK-based [Schnabel;MICCAI;2001]
 - 2. ANTs-based [Avants;NeuroImage;2011]
- Regional Tau-PET SUVR measures were obtained composing the 142 LEAP regions obtained for each subject into 68 bilateral cortical composites in addition to three Braak-like composites (one per staging level). Reference region = Cerebellum grey matter.



The Impact of Automatic Tau PET Processing On **Uptake Variability and Power Analysis in AD**

Results



- [Figure 3].





Regression analysis: Braak-SUVR across registration tools (x = SUVR_ANTs, y = SUVR_IRTK) • High linear correlation between Braak-SUVR estimates: slope / offset / determination coefficient (R²) = 1.09 / -0.09 / 0.97 [Figure 2.A] • Relative SUVR difference not significantly different between groups; avg +/- std = 2.7 +/- 3.6 % [Figure 2.C] \rightarrow In a power analysis to distinguish clinical groups (power: 80%, alpha: 0.05, 2-sides, balanced groups), the sample size (# subjects) required for statistical significance would be 338 samples using ANTs-based pipeline or 583 samples using IRTK**based pipeline.** Note: with this small effect sizes (Cohen's d = 0.22 / 0.17 respectively from ANTs / IRTK pipelines, full ADNI: d = $(0.72) \rightarrow$ accurate pre-processing gets resource-critical.

Paired-condition SUVR absolute difference was **not correlated with the subject's** group (Spearman's r=-0.01,p>0.05). **SUVR differences** between pre-processing tools **not correlated with pathology** [Figure 2.B] Limited within-region variability in terms of relative SUVR difference (100 x (SUVR_{ANTs} – SUVR_{IRTK})/ (SUVR_{ANTs} + SUVR_{IRTK})/2)

• Inter-quartile range: -2.26 to 0.84%, 75% of values differed less than 3.31% in relative absolute terms.



Figure 3. Spatial distribution of relative SUVR difference between registration approaches (%). Regions exhibiting highest SUVR differences between approaches include mid-posterior occipital sections of the cortex peaking at 3% (|relative SUVR difference| scale from 0.75%-dark red to 3%-white).

Conclusions

• Tau-PET ([18-F]-AV-1451) offers performances robust to pre-processing differences. • It nevertheless requires accurate registration to anatomical-MRI for repeatable endpoint generation. • We found that the variability introduced by different registration schemes is possibly under the typical scan-rescan variability • Under small effect size condition, this difference can nevertheless translate in substantially different sample requirements based on accurate consideration of alternative processing schemes.

A. Palombit¹, R. Manber¹, R. Joules¹, R. Wolz^{1,2} ¹IXICO plc, ²Imperial College London