

The effect of APOE ϵ 4 allele on cholinesterase inhibitors in patients with Alzheimer's disease: Evaluation of the feasibility of resting state functional connectivity magnetic resonance imaging

Liang Wang MD, Jonathan Day, Catherine M. Roe PhD, Matthew R. Brier BS, Jewell B. Thomas BA, Tammie L. Benzinger MD, PhD, John C. Morris MD, and Beau M. Ances MD, PhD

Supplemental materials

Methods

Pre-processing of resting state fMRI data

The fMRI data were preprocessed as previously described ¹. Briefly, this included compensation for slice-dependent time shifts, elimination of systematic odd-even slice intensity differences due to interleaved acquisition and rigid body correction for head movement within and across runs. The data were intensity scaled (one multiplicative factor applied to all voxels of all frames within each run) to obtain a mode value of 1000 ². This procedure facilitated assessment of voxel-wise variance for purposes of quality assurance but did not affect computed correlations. Atlas transformation was achieved by composition of affine transforms connecting the fMRI volumes with the T2-weighted and MPRAGE structural images. Head movement correction was included in a single resampling that generated a volumetric time-series in (3mm)³ atlas space.

Several additional preprocessing steps were carried out in preparation for correlation analysis. First, data were spatially smoothed with a 6-mm full width at half maximum Gaussian blur. Second, temporal low-pass filtering ($f < 0.1$ Hz) was applied to the time series of each voxel to remove high-frequency components.

Third, head motion during resting state functional connectivity MRI acquisition impacts not only image position but also BOLD signal amplitude. Realignment corrects for image shift in space but does not affect the BOLD signal amplitude. Thus, head motion-related signal was removed by regression of six parameters generated from rigid body correction of head motion^{3, 4}. Fourth, additional sources

of spurious variance were removed from the data by linear regression: (1) the whole brain signal averaged from a mask region in atlas space; (2) signal from a ventricular ROI, and ROIs located in bilateral deep cerebral white matter. A salient characteristic of whole brain signal regression is that all subsequently computed correlations are effectively partial correlations of the first order controlling for widely shared variance⁵.

Quality assurance (QA) of fMRI data

The QA procedures for fMRI data have been described in our previous work⁶.

Briefly, for each individual, we assessed fMRI data quality by computing voxelwise root mean squared (rms) variance (s.d.) averaged over the whole brain. Individuals with a mean preprocessed fMRI signal s.d. $> 2.5\%$ (before nuisance regression) or rms displacement due to head motion exceeding 1.25 mm were excluded. In

addition, recent work^{7,8} has demonstrated that, even after regression of motion estimates, residual effect of head motion systematically impact functional correlation. To minimize the effect of head motion in the present study, we removed frames with high signal variance associated with head motion using a previously proposed method⁷. We originally applied these QA procedures to a larger sample of participants and excluded a total of 49 participants from that sample. A subset of that sample in which data regarding the nature history of AD medication were available is reported in the present work.

Results

Effects of APOE ϵ 4 allele on RSN composite scores within untreated participants

APOE ϵ 4 carriers had lower MMSE scores than non-carriers. Other demographic variables were not significantly different between the *APOE ϵ 4* carriers and non-carriers. *APOE ϵ 4* carriers had significantly lower composite scores in the DMN, DAN, CON and SMN compared to non-carriers (all $p < 0.05$). However, such effects were not significant after adjusting for the MMSE differences (all $p \geq 0.19$).

Effects of APOE ϵ 4 allele on RSN composite scores within treated participants

APOE ϵ 4 carriers were more likely to be female compared to non-carriers. Other demographic variables were not significantly different between the *APOE ϵ 4* carriers and non-carriers. A significant difference in composite scores was observed only in the SAL ($p < 0.05$) but not in other RSNs ($p \geq 0.27$) between *APOE ϵ 4* non-carriers and carriers. This effect was at a trend-level significance after adjusting for gender differences ($p = 0.08$).

Figure Legend

Figure S1. The distributions of pairwise correlations in the default mode network (DMN)

For each participant, pairwise correlations were computed using 9 *a priori*-defined DMN regions of interest. The frequency distributions of these correlation coefficients are displayed. See Supplemental Table S1 for abbreviations.

Supplemental Tables

Table S1 Peak locations of regions of interest

Regions of Interest	MNI Coordinates
Default mode network (DMN)	
Posterior Cingulate Cortex (PCC)	0,-51,29
Medial Prefrontal Cortex (mPFC)	0,61,22
Left Lateral Parietal (lLP)	-48,-66,34
Right Lateral Parietal (rLP)	53,-61,35
Left Inferior Temporal (liTmp)	-65,-22,-9
Right Inferior Temporal (riTmp)	61,-21,-12
Medial Thalamus (mdThal)	0,-9,7
Left Posterior Cerebellum (lpCBLM)	-28,-82,-32
Right Posterior Cerebellum (rpCBLM)	26,-89,-34
Dorsal Attention Network (DAN)	
Left front eye field (lFEF)	-29,-5,-55
Right Frontal Eye Field (rFEF)	31,-5,54
Left Posterior Intraparietal sulcus (lpIPS)	-26,-65,52
Right Posterior Intraparietal sulcus (rpIPS)	28,-65,51
Left Anterior Intraparietal sulcus (laIPS)	-45,-37,48
Right Anterior Intraparietal sulcus (raIPS)	43,-36,46
Left Middle Temporal (lMT)	-52,-66,-4
Right Middle Temporal (rMT)	55,-62,-7
Control Network (CON)	
Dorsal medial prefrontal cortex (dmPFC)	1,30,44
Left anterior (laPFC)	-45,50,-5
Right anterior PFC (raPFC)	46,51,-7
Left superior parietal (lSP)	-51,-50,49
Right superior Parietal (rSP)	53,-49,47
Salience Network (SAL)	
Dorsal anterior cingulate cortex (dACC)	1,26,34
Left anterior prefrontal cortex (laPFC)	35,51,27
Right anterior prefrontal cortex (raPFC)	-37,52,25
Left lateral parietal cortex (lLP)	-49,-51,45
Right lateral parietal cortex (rLP)	49,-51,45
Left Insula (lIns)	-42,6,4
Right Insula (rIns)	43,7,2
Sensory-Motor network (SMN)	
Left Motor Ctx (lMC)	-40,-23,53
Right Motor Ctx (rMC)	41,-22,48
Supplementary Motor Area (SMA)	1,-18,49
Left Primary Visual (lV1)	-8,-83,0
Right Primary Visual (rV1)	7,-83,0
Left Primary Auditory (lA1)	-64,-28,13
Right Primary Auditory (rA1)	62,-24,13

Table S2 Demographics of the separate groups of APOE ε4 carriers (A) and non-carriers (B)

A.

Participants	Untreated	Treated	p value
	N = 11	N = 16	
Mean Age (SD), year	76.6 (6.7)	75.3 (4.2)	0.54
Age range, year	67-88	65-82	
Sex, %Male	36.4	31.3	1.00
Mean Education (SD), year	15.4 (3.0)	14.3 (2.8)	1.00
Mean MMSE (SD)	23.6 (3.8)	25.9 (2.8)	0.34
CDR (No. of 0.5/1)	8/3	13/3	0.66
Mean CDR sum box (SD)	2.6 (1.9)	3.1 (1.6)	0.43

B.

Participants	Untreated	Treated	p value
	N = 8	N = 9	
Mean Age (SD), year	74.8 (7.3)	78.0 (6.3)	0.34
Age range, year	64-82	65-84	
Sex, %Male	50.0	77.8	0.34
Mean Education (SD), year	13.8 (2.5)	15.4 (2.7)	0.20
Mean MMSE (SD)	28.0 (1.3)	27.4 (3.4)	0.67
CDR (No. of 0.5/1)	8/0	8/1	1.00
Mean CDR sum box (SD)	1.9 (0.9)	2.4 (1.5)	0.46

SD: standard deviation, MMSE: mini-mental state examination, for which the range of scores is from 30 (“best”) to 0 (“worst”), CDR: Clinical Dementia Rating, for which CDR 0.5 CDR 1 indicate very mild and mild AD respectively, CDR sum of boxes (the sum of individual CDR domain scores) range from 0 to 18, with lower scores indicating better performance. APOE: Apolipoprotein E

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