

Salience Network Disruption in US Army Soldiers with PTSD

SUPPLEMENTAL INFORMATION

Image Processing

The Human Connectome Project (HCP) Pipelines (github.com/Washington-University/Pipelines) were adapted to process the imaging data (1). Briefly, the adapted minimal preprocessing included FreeSurfer automatic segmentation and parcellation of high-resolution structural scans, deletion of the first 5 volumes, slice timing correction, motion correction, intensity normalization, brain masking, and registration of *f*MRI images to structural MRI and standard template, while minimizing smoothing from interpolation. Then, the cortical gray matter ribbon voxels and each subcortical parcel were projected to a standard Connectivity Informatics Technology Initiative (CIFTI) 2mm grayordinate space. ICA-FIX was run to identify and remove artifacts (2,3), followed by mean grayordinate time series regression (MGTR; which is comparable to global signal regression in volume data). The latter two processing steps (FIX+MGTR) have been found to significantly reduce motion-correlated artifacts (4). In addition, there were no differences ($P > .1$) in head motion during *f*MRI session between the study groups at rest (mean \pm SEM; PTSD = 0.09 \pm 0.009; CC = 0.07 \pm 0.003; HC = 0.09 \pm 0.013) and during symptoms provocation (mean \pm SEM; PTSD = 0.10 \pm 0.008; CC = 0.09 \pm 0.009; HC = 0.10 \pm 0.012).

Details of global brain connectivity with global signal regression (GBCr) methods were previously described (5-16). Briefly, time series were demeaned and normalized, followed by generating dense connectomes correlating each vertex/voxel with all other vertices/voxels in the CIFTI grayordinates, and then transformed to Fisher *z* values. For each vertex/voxel, GBCr is calculated as the standardized (*z* scored) average across those Fisher *z* values with parcel-constrained smoothing ($\sigma = 4.2$ mm), which generates a

map for each *f*MRI session where each vertex/voxel value represents the functional connectivity strength of that grayordinate with the rest of the brain. In graph theory terms, GBCr (also known as functional connectivity strength; FCS [17])) is considered a weighted measure of nodal strength of a voxel in the whole brain network – determining brain hubs and examining the coherence between a local region and the rest of the brain (18).

Similar to previous studies (5-11,13,17), we have used GBCr, instead of GBC without global signal regression (GBCnr), because the study hypotheses were based on previous GBCr findings (5-7), which provided the rationale for the current report and will facilitate the interpretation of the study findings. In addition, previous work underscored the need for MGTR to adequately minimize spurious artifacts (4).

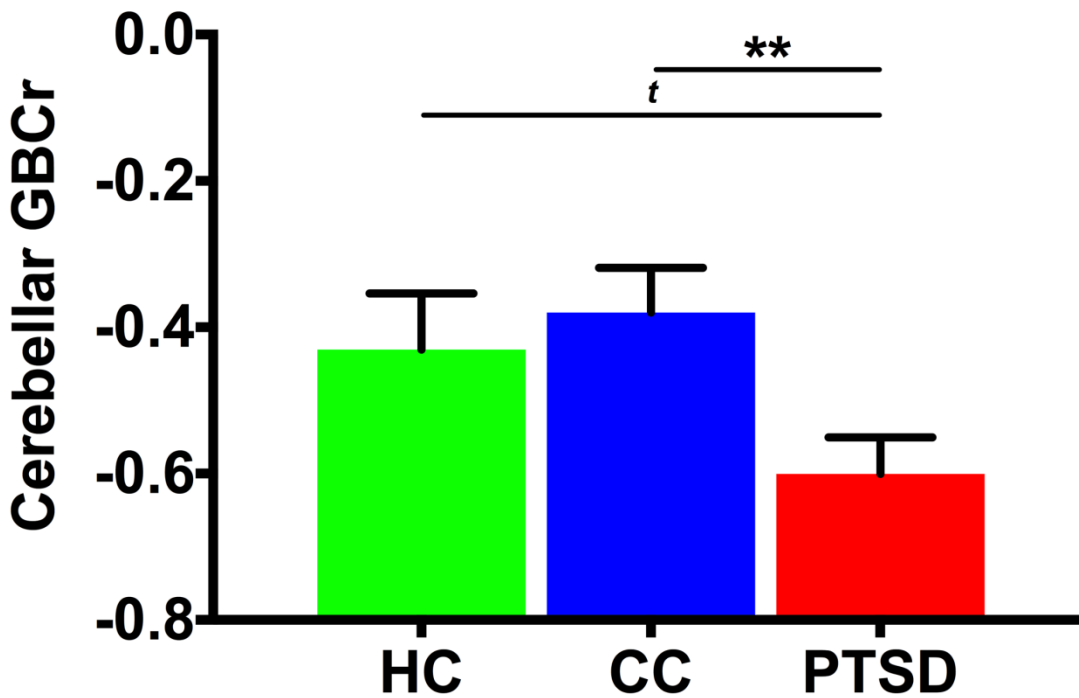


Figure S1. Overall Cerebellar Global Connectivity in US Army Soldiers with Posttraumatic Stress Disorder (PTSD). There was a significant main group effect with increased overall (i.e., at rest and during trauma recollection) global brain connectivity with global signal regression (GBCr) in PTSD compared to combat controls (CC), with a trend level significance, compared to healthy control (HC). ** $P \leq .01$; $t P \leq .1$.

References

1. Glasser MF, Sotiropoulos SN, Wilson JA, Coalson TS, Fischl B, Andersson JL, *et al.* (2013): The minimal preprocessing pipelines for the Human Connectome Project. *Neuroimage*. 80:105-124.
2. Salimi-Khorshidi G, Douaud G, Beckmann CF, Glasser MF, Griffanti L, Smith SM (2014): Automatic denoising of functional MRI data: Combining independent component analysis and hierarchical fusion of classifiers. *Neuroimage*. 90:449-468.
3. Griffanti L, Salimi-Khorshidi G, Beckmann CF, Auerbach EJ, Douaud G, Sexton CE, *et al.* (2014): ICA-based artefact removal and accelerated fMRI acquisition for improved resting state network imaging. *Neuroimage*. 95:232-247.
4. Burgess GC, Kandala S, Nolan D, Laumann TO, Power JD, Adeyemo B, *et al.* (2016): Evaluation of denoising strategies to address motion-correlated artifacts in resting-state functional magnetic resonance imaging data from the Human Connectome Project. *Brain Connect* 6:669-680.
5. Abdallah CG, Averill CL, Salas R, Averill LA, Baldwin PR, Krystal JH, *et al.* (2017): Prefrontal connectivity and glutamate transmission: Relevance to depression pathophysiology and ketamine treatment. *Biol Psychiatry Cogn Neurosci Neuroimaging* 2:566-574.
6. Abdallah CG, Averill LA, Collins KA, Geha P, Schwartz J, Averill C, *et al.* (2017): Ketamine treatment and global brain connectivity in major depression. *Neuropsychopharmacology*. 42:1210-1219.
7. Abdallah CG, Wrocklage KM, Averill CL, Akiki T, Schweinsburg B, Roy A, *et al.* (2017): Anterior hippocampal dysconnectivity in posttraumatic stress disorder: A

dimensional and multimodal approach. *Transl Psychiatry* 7:e1045.

doi:10.1038/tp.2017.12

8. Murrrough JW, Abdallah CG, Anticevic A, Collins KA, Geha P, Averill LA, *et al.* (2016): Reduced global functional connectivity of the medial prefrontal cortex in major depressive disorder. *Hum Brain Mapp* 37:3214-3223.
9. Anticevic A, Brumbaugh MS, Winkler AM, Lombardo LE, Barrett J, Corlett PR, *et al.* (2013): Global prefrontal and fronto-amygdala dysconnectivity in bipolar I disorder with psychosis history. *Biol Psychiatry*. 73:565-573.
10. Anticevic A, Corlett PR, Cole MW, Savic A, Gancsos M, Tang Y, *et al.* (2015): N-methyl-D-aspartate receptor antagonist effects on prefrontal cortical connectivity better model early than chronic schizophrenia. *Biol Psychiatry* 77:569-580.
11. Anticevic A, Hu S, Zhang S, Savic A, Billingslea E, Wasyluk S, *et al.* (2014): Global resting-state functional magnetic resonance imaging analysis identifies frontal cortex, striatal, and cerebellar dysconnectivity in obsessive-compulsive disorder. *Biol Psychiatry* 75:595-605.
12. Anticevic A, Hu X, Xiao Y, Hu J, Li F, Bi F, *et al.* (2015): Early-course unmedicated schizophrenia patients exhibit elevated prefrontal connectivity associated with longitudinal change. *J Neurosci* 35:267-286.
13. Cole MW, Anticevic A, Repovs G, Barch D (2011): Variable global dysconnectivity and individual differences in schizophrenia. *Biol Psychiatry* 70:43-50.
14. Cole MW, Yarkoni T, Repovs G, Anticevic A, Braver TS (2012): Global connectivity of prefrontal cortex predicts cognitive control and intelligence. *J Neurosci* 32:8988-8999.

15. Driesen NR, McCarthy G, Bhagwagar Z, Bloch M, Calhoun V, D'Souza DC, *et al.* (2013): Relationship of resting brain hyperconnectivity and schizophrenia-like symptoms produced by the NMDA receptor antagonist ketamine in humans. *Mol Psychiatry* 18:1199-1204.
16. Driesen NR, McCarthy G, Bhagwagar Z, Bloch MH, Calhoun VD, D'Souza DC, *et al.* (2013): The impact of NMDA receptor blockade on human working memory-related prefrontal function and connectivity. *Neuropsychopharmacology*. 38:2613-2622.
17. Liang X, Zou Q, He Y, Yang Y (2013): Coupling of functional connectivity and regional cerebral blood flow reveals a physiological basis for network hubs of the human brain. *Proc Natl Acad Sci U S A* 110:1929-1934.
18. Cole MW, Pathak S, Schneider W (2010): Identifying the brain's most globally connected regions. *Neuroimage* 49:3132-3148.