A Prospective Evaluation of Infant Cerebellar-Cerebral Functional Connectivity in Relation to Behavioral Development in Autism

Supplementary Information

Infant Brain Imaging Study.

The Infant Brain Imaging Study (IBIS) is a longitudinal, multisite study of brain and behavioral development in infants at high and low familial risk for ASD (high risk: at least one older sibling with ASD; low-risk: no first- or second-degree relatives with ASD; refer to *Methods and Materials: Participants*). Neuroimaging (fcMRI, structural MRI, diffusion tensor imaging), eye-tracking, and behavioral (clinician-administered assessments and parent-reports) data were collected at 6, 12, and 24 months. A subset of infants also provided eye-tracking and behavioral data at 9 and 15 months. Given rapid development during the first two years of life, assessment and survey batteries necessarily varied over time; hence, we focused analyses on primary (6, 12, 24 month) rather than secondary (9, 12 month) data collection timepoints. Specifically, we evaluated 6-month fcMRI in relation to 12- and 24-month behaviors and/or outcomes because we were interested in the question of presymptomatic risk, and evidence suggests that early (first year of life) brain biomarkers precede the emergence of later (second year of life) ASD-associated behaviors (1). fcMRI was well-suited to our goals because it can be acquired in sleeping infants with and without ASD, and networks derived from fcMRI data provide insights into the largescale organization of brain function (2–4).

Functional MRI processing.

Functional MRI processing, as previously described (5,6), included slice-dependent time shift adjustment, head movement quantification for spatial realignment within and across runs, whole brain image intensity normalization to a mode of 1000 (7), and registration to standardized 3-mm isotropic atlas space through affine transformation. In addition, the following updates were implemented to improve data quality: atlas registration was optimized, averaged functional volumes were generated for registration using all movement-censored frames, and calculated field map distortion correction (8) was implemented [\(https://4dfp.readthedocs.io/\)](https://4dfp.readthedocs.io/).

ROI placement.

I. Expanded methods. Given the longitudinal nature of our research questions, average FPN and DMN timeseries were computed using ROIs for which network assignments were stable across development, evaluated using toddler (5), adult (9), and validated in-house (combined 6 and 12-month) network solutions. Stable FPN ROIs $(n = 12)$ were localized to anterior regions of the brain; likewise, we also restricted stable DMN ROIs ($n = 16$) to anterior regions of the brain. ROI placement was determined in an independent, mixed (HR+, HR-, LR-) sample of 24-month children to avoid biasing results, and it was visually inspected in 6-month infant data to ensure blood oxygen level dependent (BOLD) signal capture. Visual inspection identified 24 ROIs with insufficient BOLD signal capture (low-signal ROIs), distributed across 21 subjects (HR+ = 1, HR- $= 12$, LR- $= 8$). In univariate analyses, low-signal ROIs were filtered from subject-level datasets using case-wise deletion, and regression coefficients were obtained using maximum likelihood estimation. In multivariate and enrichment analyses, low-signal ROIs were retained to maximize sample size. Functional connectivity values derived from low-signal ROIs (0.2% of data) were normally distributed, with mean and standard deviation (\bar{x} = -0.003, *sd* = 0.038) comparable to high-signal ROIs (\bar{x} = 0.013, *sd* = 0.023).

II. Clarifications, considerations, and rationale. As described above, new cerebellar ROIs were centered on voxels that exhibited maximal correlations with average FPN or DMN timeseries in an independent, mixed (HR+, HR-, and LR-) 24-month sample. This approach does not identify regions that exhibit preferential connectivity with one (and only one) cortical network, nor does it determine network assignment (instead, see *Methods: Network derivation*).

Placing ROIs in an independent sample represents a strength of the current work because it mitigates biases expected to arise if ROIs were optimized in relation to non-generalizable characteristics of the analysis sample. Further, stipulating that cortical FPN and DMN ROIs exhibit stable network assignments across development (refer to section *I., Expanded methods*) allowed us to leverage what is known about network functionality in adults, an important design consideration given that task-based functional neuroimaging is extremely difficult in infants. Nonetheless, we acknowledge that new cerebellar ROIs were not derived from prior studies linking cerebellar connectivity to ASD, nor were they derived in a 6-month sample. Future research is necessary to develop and validate infant cerebellar functional parcellations, which may be used to further improve ROI placement.

III. Additional data. Plots depict distributions of group-average cerebellar-cerebral correlations (x-axis), organized by cerebellar ROI (vertical panels) and cortical network (y-axis). Cortical ROIs were required to exhibit stable network assignments across development. Shading (salmon and blue) identifies FPN and DMN ROIs that were used to reverse-seed the cerebellum; as described above, all were in anterior regions of the brain. Percentages (at right in plots) indicate the proportion of positive correlations. Correlation magnitude is consistent with the literature (10). (A) At 24-months, cerebellar ROIs show hypothesized patterns of connectivity (cer_rev24_DMN-aDMN > cer_rev24_DMN-aFPN; cer_rev24_FPN-aDMN < cer_rev24_FPN-aFPN).^{[1](#page-3-0)} (B) At 6months, cerebellar ROIs placed in relation to the DMN show hypothesized patterns of connectivity (cer_rev24_DMN-aDMN > cer_rev24_DMN-aFPN), but cerebellar ROIs placed in relation to the FPN do not (cer_rev24_FPN-aFPN < cer_rev24_FPN-aDMN). The latter may be expected if infant cerebellar-FPN connectivity reflects presymptomatic risk for ASD: correlations will be attenuated if they are moderated by ASD risk and/or outcome. Alternatively, attenuated cer_rev24_FPNaFPN correlations may index developmental changes in network structure and/or function (11).

¹ We describe cerebellar ROIs using nomenclature (e.g., cer rev24 DMN) intended to emphasize the process by which they were derived; namely, by reverse-seeding cortical FPN or DMN networks at 24-months. It does not follow that cerebellar ROIs must belong to the network they were seeded from, nor does it follow that they will exhibit maximal connectivity with that network (refer to section *II., Clarifications, considerations, and rationale*).

Cross-validated behavioral prediction.

Secondary validation analyses were conducted to verify that functional connections from enriched ($p < 0.01$) network pairs could be leveraged to predict behaviors relevant to ASD. Though circular (enrichment identified networks based on behavior; enrichment-derived networks were used to predict behavior), this approach nonetheless provided an important test of multimethod convergence and corroborated the behavioral significance of enriched network pairs. Poisson and linear regression were used to predict behaviors (as indicated by distributions), with principal component analysis (PCA) for feature reduction. Feature reduction (*n* components: [1, 10]), hyperparameter tuning (Poisson α : [0.0001, 3.2], logistic *C*: [0.0001, 10.0]), training, and testing were performed within 5-fold cross-validation. Empirical *p*-values were computed by comparing mean cross-validated prediction error of the best estimator (refit to full dataset) in real and randomized data ($n = 500$ runs).

Re-analysis of univariate associations.

Our primary analyses of univariate associations between 6-month cerebellar-cerebral (FPN, DMN) functional connections and later dimensional behaviors entailed FDR correction for *n*=252 comparisons (9 cerebellar ROIs x 28 FPN and DMN ROIs). Below, we describe the rationale for this decision, as well as the rationale motivating post-hoc tests. We will refer to cerebellar ROIs $(n=4)$ placed in relation to the FPN and DMN as cer FPN and cer DMN ROIs, respectively. We note that primary analyses were adequately powered (Figure S3), and post-hoc tests were conceived after we observed null results in primary analyses. In both primary and posthoc analyses, we adjusted for multiple comparisons within (rather than across) behaviors, thus lowering the bar for statistical significance.

Primary analyses. (1) Aggregation of significant results among cer FPN-FPN connections would provide support for EBL theories of ASD. (2) Aggregation of significant results among cer FPN-FPN and cer DMN-DMN connections would suggest generalized cerebellar disruption in the context of intact functional organization; such results *may* be consistent with EBL theories of ASD *if* EBL is primarily cerebellar-mediated. (3) Aggregation of significant results among cer_DMN-DMN connections would suggest the importance of considering the cerebellum in the context of DMN disruption in ASD $(12-15)$; however, such patterning (cer_DMN-DMN *but not* cer FPN-FPN) is inconsistent with EBL theories of ASD. (4) Significant results distributed across cerebellar-cerebral connections (cer_FPN-DMN, cer_DMN-FPN) would suggest generalized cerebellar disruption unrelated to functional organization (perhaps due to ongoing network development), providing a base rate against which to evaluate aggregation in (1)-(3).

Post-hoc tests. To guard against false negatives, we re-analyzed data under conditions that provided more targeted tests of EBL and entailed less severe multiple comparison correction. First, we re-analyzed data using only cer FPN-FPN and cer DMN-DMN connections (*n*=52). Prior to FDR correction, 7% of univariate tests were significant at empirical $p < .05$; however, no results remained after FDR correction at $q < .05$. Next, we re-analyzed data using only cer FPN-FPN connections $(n=24)$. Prior to FDR correction, 6% of univariate tests were significant at empirical *p* < .05; once again, no results remained after FDR correction at *q* < .05.

Hawks *et al.* Supplement

Table S1. Empirically-supported relationships among ASD-associated behaviors and error-based learning (EBL). We focus our review on oculomotor tasks of EBL (eye-blink conditioning, saccade accuracy and adaptation) because they are extensively researched, with well-described cerebellar circuitry (16–19). For a comprehensive review of other tasks used to study cerebellar-mediated EBL, refer to Kelly et al. (19). As evident below, multiple studies link EBL impairment to ASDassociated motor and social behaviors. Multiple studies also report EBL impairments in samples with ASD diagnoses and/or ASD symptoms. There is less support for a relationship between EBL and ASD-associated restricted and repetitive behavior (RRB). In the context of EBL, it has been suggested that RRB may serve a compensatory function to make the immediate environment more predictable (20,21). Our selection of behavioral measures (column 5) was designed to capture variation along axes of development relevant to ASD diagnosis and/or strongly related to EBL. However, these measures have not previously been directly associated with EBL. Future research is necessary to test associations among behavioral measures used in the present study and EBL.

** Unless specified, sample is assumed to be children and/or adults with and without ASD. Ref. # = reference number, CSBS = Communication and Symbolic Behavior Scales, IJA = initiation of joint attention, ADOS = Autism Diagnostic Observation Schedule, RRB = restricted interests and repetitive behaviors, SA = social affect, MSEL = Mullen Scales of Early Learning*

N = sample size; SD = standard deviation; CSBS = Communication and Symbolic Behavior Scales, IJA = initiation of joint attention, ADOS = Autism Diagnostic Observation Schedule, CSS = calibrated severity score, RRB = restricted interests and repetitive behaviors, SA = social affect, RBS-R = Repetitive Behavior Scale—Revised, MSEL = Mullen Scales of Early Learning

Table S3. Neuroimaging exclusions by group. HR+, HR-, LR+ = familial risk and diagnostic information were both reported; HR, LR = familial risk was reported, but diagnostic information was unavailable; UNK = familial risk and diagnostic information were both unavailable.

HR = high risk, LR = low risk, UNK = unknown

Table S4. ROI coordinates (Talairach [X, Y, Z] and MNI [X, Y, Z]) and network assignments across development. Networks were derived in 6-month infants (6M-Net; present results), 12 and 24-month toddlers (12_24M_Net) (5), and adults (Adult_230_Net) (9). Cerebellar ROIs 231 and 234 were placed by reverse seeding the DMN in the right and left hemispheres, respectively; cerebellar ROIs 232 and 233 were placed by reverse seeding the FPN in the right and left hemispheres, respectively. Refer to primary Figure 3B for network names and abbreviations.

Figure S1. Spring-embedded graphs (28) visualize ROI affiliations across a range (2%-10%) of edge densities. Cortical ROIs are spherical, cerebellar ROIs are square, and colors denote consensus network assignment (see Figure 3B).

Figure S2. Histograms depict the relationship between adult (9) and infant network assignments for the original set of $n = 230$ ROIs (5). Counts reflect the number of ROIs from a given adult network (indicated by color) that sorted into a given infant network (indicated by subplot title).

aDMN = anterior default mode network, aFP = anterior frontoparietal network, CO = cinguloopercular network, DAN = dorsal attention network, MotM = motor-mouth network, mVis = medial visual network, pCO = posterior cingulo-opercular network, pDMN = posterior default mode network, pFP = posterior frontoparietal network, SM1 = somatomotor network 1, SM2 = somatomotor network 2, SubCtx = subcortical network, tDMN = temporal default mode network, Vis = visual network, FPC = frontoparietal control network, Mot = motor, Sal = salience, VAN = ventral attention network, US = unspecified

Figure S3. Power to detect significant brain-behavior associations for cerebellar-cerebral connections was calculated in R (*simr* package) (29,30) using Monte Carlo simulation for Poisson and linear regression. Bonferroni correction was applied to account for the number of functional connections per behavior. Effect sizes for Poisson regression (CSBS, RBSR, ADOS) were estimated as incidence rate ratios (IRR), where 1.22, 1.86, and 3.00 represent small, medium, and large effects, respectively (31). Effect sizes for linear regression (MSEL) were estimated using Cohen's conventions, where 0.2, 0.5, and 0.8 represent small, medium, and large effects, respectively (32). Small-to-medium effects are shaded. For CSBS and ADOS variables (top), we were well-powered (80%; red line) to detect medium effects in individual models. For RBS-R and MSEL variables (bottom), we were well-powered to detect at least one significant medium effect assuming multiple significant medium effects were present across models, as would be expected if the cerebellum were a major driver of ASD-associated behaviors in early development.

CSBS = Communication and Symbolic Behavior Scales, IJA = initiation of joint attention, ADOS = Autism Diagnostic Observation Schedule, CSS = calibrated severity score, RRB = restricted interests and repetitive behaviors, SA = social affect, RBS-R = Repetitive Behavior Scale—Revised, MSEL = Mullen Scales of Early Learning

Figure S4. Secondary validation reinforced the predictive utility of three of four enriched network pairs in relation to later ASD-associated behaviors. Dotted lines indicate the mean error $(\bar{x}E)$ in real data, and shaded regions identify randomization runs in which $\bar{\chi}E_{real} > \bar{\chi}E_{random}$. (A) Although top principal components derived from functional connections between SM1 and tDMN failed to predict 12-month restricted behaviors ($p = 0.15$), top principal components derived from functional connections between (B) pFP-mVis, (C) aFP-pDMN, and (D) CO-aDMN all predicted the dimensional behaviors from which they were derived (24-month RRBs, 12-month fine motor functioning, and 12-month gross motor functioning, respectively) above chance $(p < .05)$.

ADOS = Autism Diagnostic Observation Schedule, CSS = calibrated severity score, RRB = restricted interests and repetitive behaviors, RBSR = Repetitive Behavior Scale—Revised, MSEL = Mullen Scales of Early Learning

Figure S5. Summary of primary results^{*} from fcMRI enrichment studies examining fc among control, DMN, and sensorimotor systems in relation to ASD-associated behaviors (5,33–35). *Between networks:* (A) Between sensorimotor and DMN systems, more positive fc was associated with typical bx. (B) Between DMN and control systems, more positive fc was associated with atypical bx. (C) Between control and sensorimotor systems, the relationship between fc and bx was variable. *Within networks:* (D) Within the default mode system, the relationship between fc and bx was variable. (E) Within the control system, more positive fc was associated with typical bx. (F) With the sensorimotor system, the relationship between fc and bx was variable.

*Fc = functional connectivity, Bx = behavior, Dir. = higher (↑) vs. lower (↓) scores reflect typical behaviors; Fc-bx = sign (positive, negative, mixed) of brain-behavior association; DMN = default mode network, Vis = visual network, SMN = somatomotor network, CO = cingulo-opercular network, FPN = frontoparietal network, Sal = salience network; M = months, Y = years *Primary results were defined as described in primary sources. In* (5,34,35)*: network pairs were significantly enriched at both ages (12 and 24 months) or were significantly enriched at one age and significantly different between ages; in the present study: network pairs passed secondary validation testing*

Supplementary References

- 1. Piven, J., Elison, J. T., & Zylka, M. J. (2017). Toward a conceptual framework for early brain and behavior development in autism. *Molecular psychiatry*, *22*(10), 1385-1394.
- 2. Marek, S., & Dosenbach, N. U. (2018). The frontoparietal network: function, electrophysiology, and importance of individual precision mapping. *Dialogues in clinical neuroscience*, *20*(2), 133.
- 3. Dosenbach, N. U., Fair, D. A., Miezin, F. M., Cohen, A. L., Wenger, K. K., Dosenbach, R. A., ... & Petersen, S. E. (2007). Distinct brain networks for adaptive and stable task control in humans. *Proceedings of the National Academy of Sciences*, *104*(26), 11073- 11078.
- 4. Dosenbach, N. U., Fair, D. A., Cohen, A. L., Schlaggar, B. L., & Petersen, S. E. (2008). A dual-networks architecture of top-down control. *Trends in cognitive sciences*, *12*(3), 99-105.
- 5. Eggebrecht, A. T., Elison, J. T., Feczko, E., Todorov, A., Wolff, J. J., Kandala, S., ... & Pruett Jr, J. R. (2017). Joint attention and brain functional connectivity in infants and toddlers. *Cerebral Cortex*, *27*(3), 1709-1720.
- 6. Emerson, R. W., Adams, C., Nishino, T., Hazlett, H. C., Wolff, J. J., Zwaigenbaum, L., ... & IBIS Network. (2017). Functional neuroimaging of high-risk 6-month-old infants predicts a diagnosis of autism at 24 months of age. *Science translational medicine*, *9*(393).
- 7. Ojemann, J. G., Akbudak, E., Snyder, A. Z., McKinstry, R. C., Raichle, M. E., & Conturo, T. E. (1997). Anatomic localization and quantitative analysis of gradient refocused echo-planar fMRI susceptibility artifacts. *Neuroimage*, *6*(3), 156-167.
- 8. Gholipour, A., Kehtarnavaz, N., Gopinath, K., Briggs, R., & Panahi, I. (2008, August). Average field map image template for Echo-Planar image analysis. In *2008 30th Annual International Conference of the IEEE Engineering in Medicine and Biology Society* (pp. 94-97). IEEE.
- 9. Power, J. D., Cohen, A. L., Nelson, S. M., Wig, G. S., Barnes, K. A., Church, J. A., ... & Petersen, S. E. (2011). Functional network organization of the human brain. *Neuron*, *72*(4), 665-678.
- 10. Buckner, R. L., Krienen, F. M., Castellanos, A., Diaz, J. C., & Yeo, B. T. (2011). The organization of the human cerebellum estimated by intrinsic functional connectivity. *Journal of neurophysiology*, *106*(5), 2322-2345.
- 11. Gao, W., Alcauter, S., Elton, A., Hernandez-Castillo, C. R., Smith, J. K., Ramirez, J., & Lin, W. (2015). Functional network development during the first year: relative sequence and socioeconomic correlations. *Cerebral cortex*, *25*(9), 2919-2928.
- 12. Nair, A., Jolliffe, M., Lograsso, Y. S. S., & Bearden, C. E. (2020). A review of default mode network connectivity and its association with social cognition in adolescents with autism spectrum disorder and early-onset psychosis. *Frontiers in psychiatry*, *11*, 614.
- 13. Jung, M., Kosaka, H., Saito, D. N., Ishitobi, M., Morita, T., Inohara, K., ... & Iidaka, T. (2014). Default mode network in young male adults with autism spectrum disorder: relationship with autism spectrum traits. *Molecular autism*, *5*(1), 1-11.
- 14. Padmanabhan, A., Lynch, C. J., Schaer, M., & Menon, V. (2017). The default mode network in autism. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, *2*(6), 476-486.
- 15. Tang, S., Sun, N., Floris, D. L., Zhang, X., Di Martino, A., & Yeo, B. T. (2020). Reconciling dimensional and categorical models of autism heterogeneity: a brain connectomics and behavioral study. *Biological psychiatry*, *87*(12), 1071-1082.
- 16. Woodruff-Pak, D. S., Papka, M., & Ivry, R. B. (1996). Cerebellar involvement in eyeblink classical conditioning in humans. *Neuropsychology*, *10*(4), 443.
- 17. Xu-Wilson, M., Chen-Harris, H., Zee, D. S., & Shadmehr, R. (2009). Cerebellar contributions to adaptive control of saccades in humans. *Journal of Neuroscience*, *29*(41), 12930-12939.
- 18. Mosconi, M. W., Luna, B., Kay-Stacey, M., Nowinski, C. V., Rubin, L. H., Scudder, C., ... & Sweeney, J. A. (2013). Saccade adaptation abnormalities implicate dysfunction of cerebellar-dependent learning mechanisms in autism spectrum disorders (ASD). *PloS one*, *8*(5), e63709.
- 19. Kelly, E., Escamilla, C. O., & Tsai, P. T. (2020). Cerebellar dysfunction in autism spectrum disorders: deriving mechanistic insights from an internal model framework. *Neuroscience*.
- 20. Lawson, R. P., Rees, G., & Friston, K. J. (2014). An aberrant precision account of autism. *Frontiers in human neuroscience*, *8*, 302.
- 21. Pellicano, E., & Burr, D. (2012). When the world becomes 'too real': a Bayesian explanation of autistic perception. *Trends in cognitive sciences*, *16*(10), 504-510.
- 22. Piochon, C., Kloth, A. D., Grasselli, G., Titley, H. K., Nakayama, H., Hashimoto, K., ... & Hansel, C. (2014). Cerebellar plasticity and motor learning deficits in a copy-number variation mouse model of autism. *Nature communications*, *5*(1), 1-13.
- 23. Reeb-Sutherland, B. C., Levitt, P., & Fox, N. A. (2012). The predictive nature of individual differences in early associative learning and emerging social behavior. *PloS one*, *7*(1), e30511.
- 24. Oristaglio, J., West, S. H., Ghaffari, M., Lech, M. S., Verma, B. R., Harvey, J. A., ... & Malone, R. P. (2013). Children with autism spectrum disorders show abnormal conditioned response timing on delay, but not trace, eyeblink conditioning. *Neuroscience*, *248*, 708-718.
- 25. Johnson, B. P., Rinehart, N. J., White, O., Millist, L., & Fielding, J. (2013). Saccade adaptation in autism and Asperger's disorder. *Neuroscience*, *243*, 76-87.
- 26. Connolly, A. J., Rinehart, N. J., & Fielding, J. (2016). Saccade adaptation in young people diagnosed with attention deficit hyperactivity disorder combined type. *Neuroscience*, *333*, 27-34.
- 27. Unruh, K. E., McKinney, W. S., Bojanek, E. K., Fleming, K. K., Sweeney, J. A., & Mosconi, M. W. (2021). Initial action output and feedback-guided motor behaviors in autism spectrum disorder. *Molecular autism*, *12*(1), 1-25.
- 28. Fruchterman, T. M., & Reingold, E. M. (1991). Graph drawing by force-directed placement. *Software: Practice and experience*, *21*(11), 1129-1164.
- 29. R Core Team (2018). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria.
- 30. Green, P., & MacLeod, C. J. (2016). SIMR: an R package for power analysis of generalized linear mixed models by simulation. *Methods in Ecology and Evolution*, *7*(4), 493-498.
- 31. Olivier, J., May, W. L., & Bell, M. L. (2017). Relative effect sizes for measures of risk. *Communications in Statistics-Theory and Methods*, *46*(14), 6774-6781.
- 32. Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences (2nd ed.). Routledge.
- 33. Wheelock, M. D., Austin, N. C., Bora, S., Eggebrecht, A. T., Melzer, T. R., Woodward, L. J., & Smyser, C. D. (2018). Altered functional network connectivity relates to motor development in children born very preterm. *Neuroimage*, *183*, 574-583.
- 34. McKinnon, C. J., Eggebrecht, A. T., Todorov, A., Wolff, J. J., Elison, J. T., Adams, C. M., ... & IBIS Network. (2019). Restricted and repetitive behavior and brain functional connectivity in infants at risk for developing autism spectrum disorder. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, *4*(1), 50-61.
- 35. Marrus, N., Eggebrecht, A. T., Todorov, A., Elison, J. T., Wolff, J. J., Cole, L., ... & Pruett Jr, J. R. (2018). Walking, gross motor development, and brain functional connectivity in infants and toddlers. *Cerebral Cortex*, *28*(2), 750-763.