

## Clustering Independent Components of EEG Data



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# Why cluster independent components across subjects or sessions?

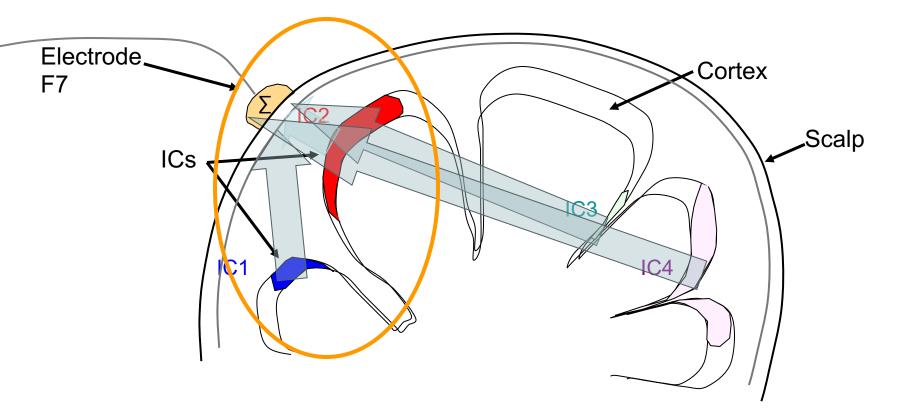


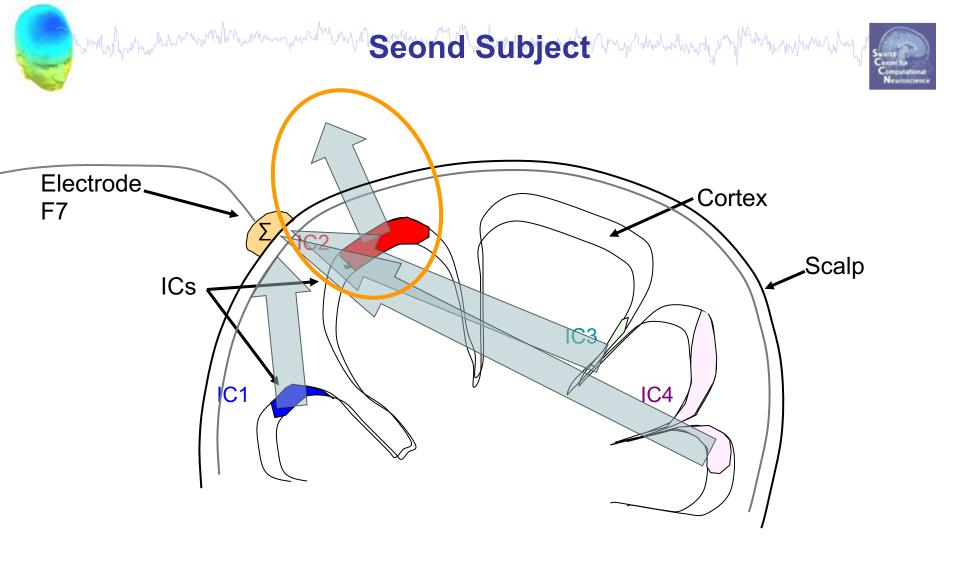
- ICA transforms the data from a channel basis
  - (activity recorded at each channel)
    - to a component basis (activity computed at each IC).
- Normally, EEG researchers assume that, for example, electrode channel F7 == F7 == F7 ... in each subject – and then 'cluster' their data assuming channel equivalence.
- This amounts to the simple assumption

"Your Cz is My Cz!"

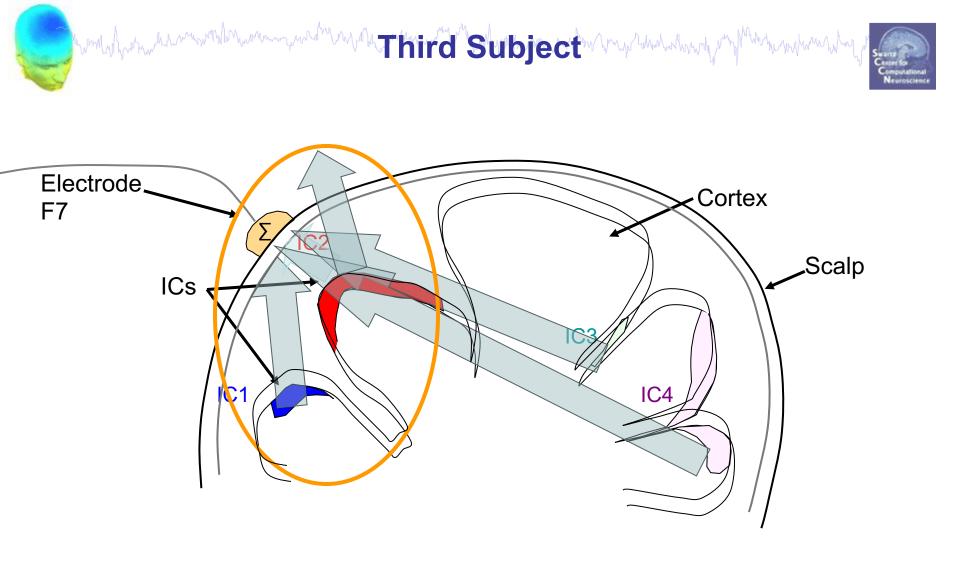
• But this is only *roughly* correct !





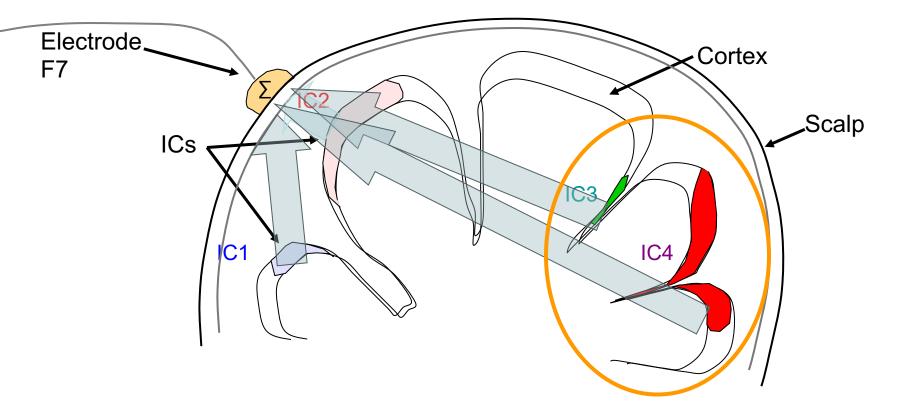


Makeig, 2005



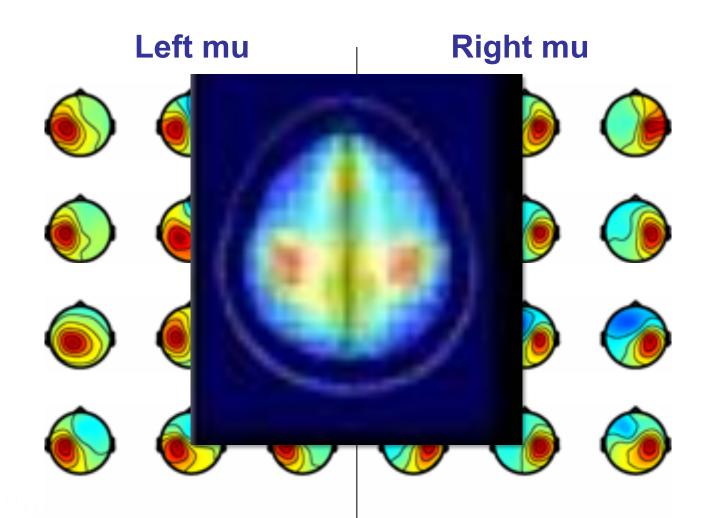
Makeig, 2005











Makeig et al., ~2000 unpublished

#### Man So how to cluster components?



#### The same problems hold for clustering independent components

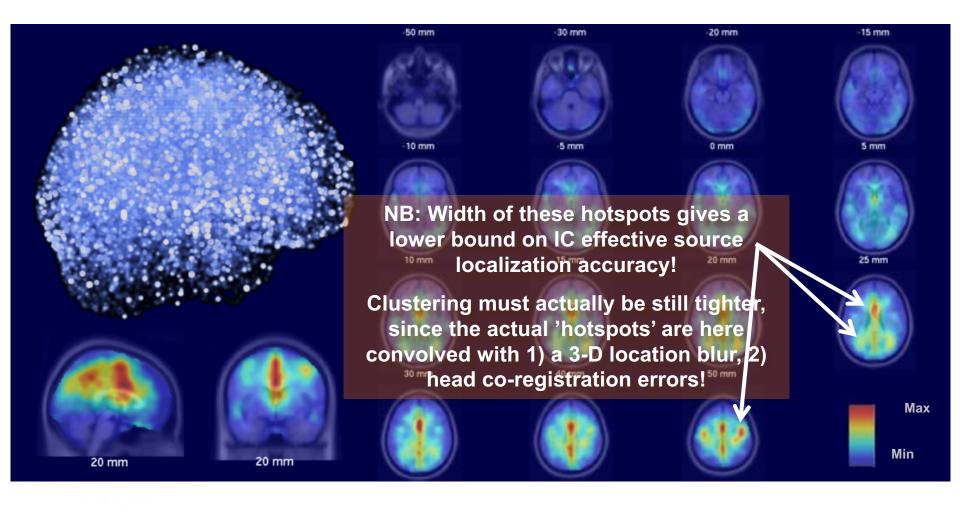
Across Ss, components don't even have "the same" scalp maps! → Are "the same" components found across subjects?

- What should define "*the same*" (i.e., "*component equivalence*")?
  - Similar scalp maps?
  - Similar cortical or 3-D equivalent dipole locations?
  - Similar activity power spectra?
  - Similar ERPs?
  - Similar ERSPs?
  - Similar ITCs?
  - Or similar *combinations* of the above?? ...

# EEGIC Source Locations



#### (135,794 IC equivalent dipoles!)



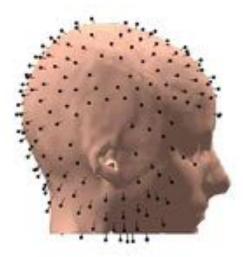
#### ... Some caveats

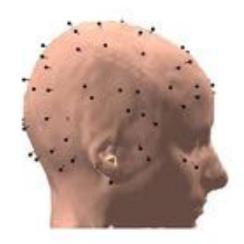
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#### In this *dipoledensity()* assay ...

- MR head images were not available  $\rightarrow$  brain co-registration crude.
- Single versus dual-dipole model selection was subjective.
- Different electrode montages  $\rightarrow$  mis-localization effects.
- Electrode locations were not all digitized some 'guestimated' !
- Brain geometries differ!





Graphics: Julie Onton, 2005

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  - Similar ERPs?
  - Similar ERSPs?
  - Similar ITCs?
  - Or similar *combinations* of the above?? ...
  - EEGLAB clustering supports all these possibilities.



## **Study IC Clustering: Assumptions**

• Assumes there are *functionally equivalent* ICs across most subjects.

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- Assumes these ICs have similar responses to experimental conditions across a set of measures (ERP, ERSP, ITC...)
- Creates *non-overlapping IC partitions* making each IC belong to only one cluster.

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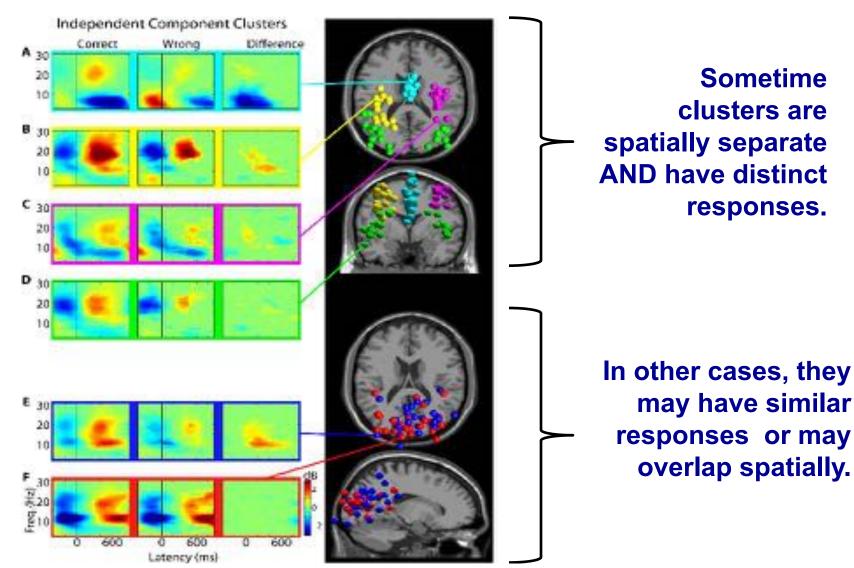


### **EEGLAB Study Clustering strategy**

- 1. Cluster on **multiple measures** (**dipole locations**, scalp maps, spectra, ERPs, ITCs, ERSPs, ...) **in one or more conditions**.
- 2. Reduce the dimension of each measure to a principal component subspace.
- 3. Compose a PCA-reduced **position vector** for each component.
- 4. Cluster the composed component vectors using k-means or other.
- Use the computed component measures (not PCA-reduced) to visualize the activities and spatial properties of the clustered components.
- 6. Compute and visualize the **cluster-mean measures**.
- 7. Use clustered Study set data as input into 'std\_???' functions.

# Study IC Clustering



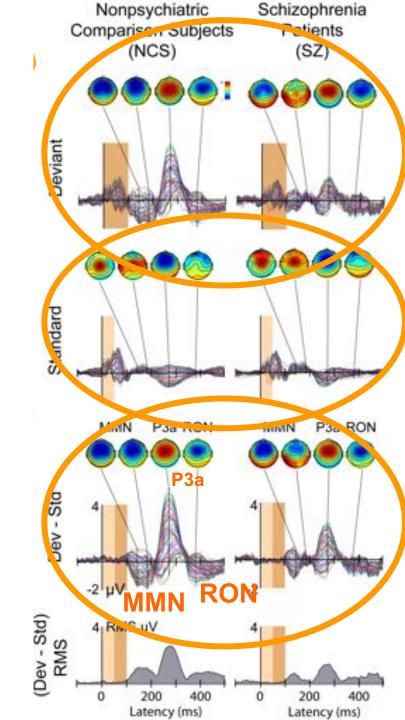


Onton & Makeig, 2007

## EEGLAB Study Clustering procedure

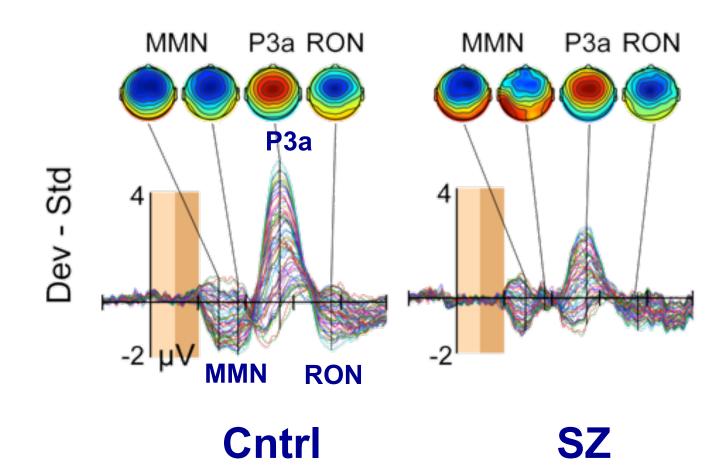


- 1. Identify a set of datasets as an EEGLAB **Study**.
- 2. Specify the **subject** code, subject **group**, **condition** and/or **session** for each dataset in the Study.
- 3. Identify components to cluster in each Study dataset.
- 4. Decide on **component measures** to use in clustering the Study and/or to evaluate the obtained component clusters.
- 5. Compute the component measures for each Study dataset.
- 6. Cluster the components on these component measures.
- 7. Review the obtained clusters (e.g., their scalp maps, dipoles, and activity measures).
- 8. Edit the clusters (manually remove/shift components, make subclusters, merge clusters, re-cluster).
- 9. Statistically test differences within or between selected clusters.

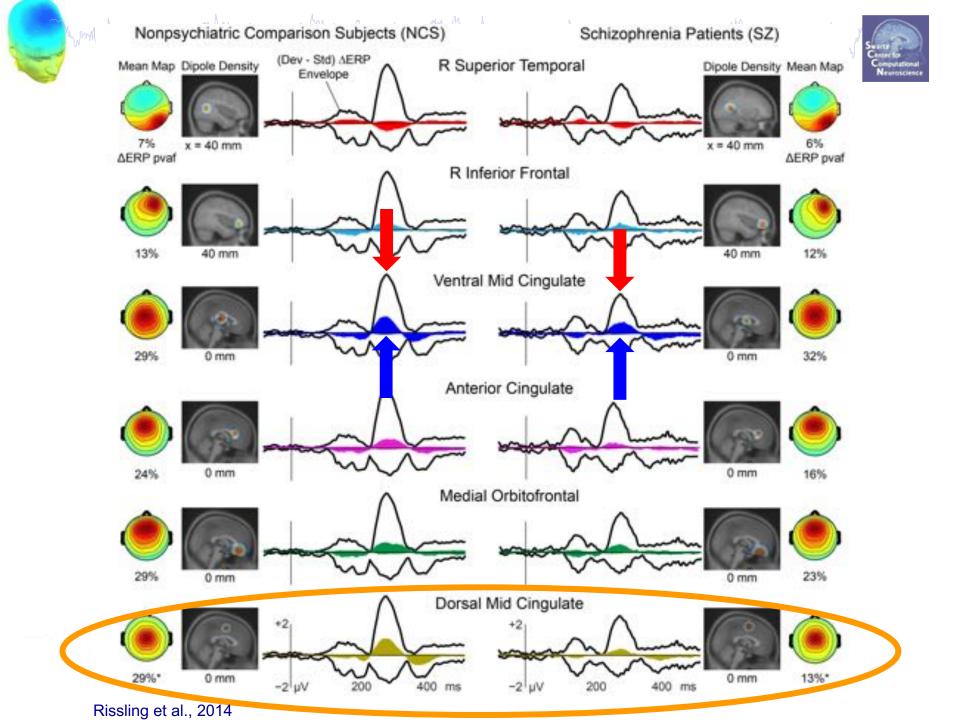


## Man Auditory Deviance Response





The deepest mental trap in electrophysiology lies in the word "THE" !!!



PEAK AMPLITUDES	MAN ERP	hur Mr 2 M	Myghww	www.wyhy.jw	www.whowhownhow	m Mun hu wahu	worker / s
Scalp Electrode (Fz)						<b>DR</b>	Cen
Verbal IQ (WRAT)	P3a	0.11					
Functional Capacity (UPS	RON	0.12				N 415 415 1	
K Superior Temporal				MMN	P3a RON	MMN	P3a RON
Working Memory (LNS Reorder)	RON	0.15					
Verbal IQ (WRAT)	RON	0.15					
Immediate Verbal Memory (CVLT)	RON	0.28					
Delayed Verbal Memory (CVLT)	RON	0.26	Std			4	
Functional Capacity (UPSA)	MMN	0.48	Ś	4		4	
Functional Capacity (UPSA)	RON	0.26					
R Inferior Frontel			Dev				
Negative Symptoms (SANS)	RON	0.36		-		-	the product
Psychosocial Functioning (Sor)	KUN	0.24				Ŵ	
Auditory Attention (LNS Forward)	MMN	0.38		-2'µV		-2'	
Working Memory (LNS Reorder)	MMN	0.30					$\sim$ –
Verbal IQ (WRAT)	MMN	0.46			Cntrl		SZ
Ventral Mid Emgulate Positive Symptoms (SAPS)	RON	0.29					
Negative Symptoms (SANS)	P3a	0.25	<b>)</b> `				
Immeurate Symptoms (SANS)	PON	0.30					
Delayed Verbal Memory (CVLT)	RON	0.24					
Verbal IQ (WRAT)	RON	0.29					
Executive Functioning (WCST)	RON	0.24					
Anterior Cingulate							
Functional Status (GAF)	MMN	0.18					
Functional Status (GAF)	RON	0.17					
Immediate Verbal Memory (CVLT)	RON	0.25					
Delayed Verbal Memory (CVLT)	RON	0.17					
Medial Consitorrontal							
Positive Symptoms (SAPS)	P3a	0.40					
Negative Symptoms (SANS)	P3a	0.54					
Psychosocial Functioning (SOE)	. Ja	0.37					
Functional Capacity (UPSA)	P3a	0.32					
Dorsal Mid Cingulate							
Verbal IQ (WRAT)	P3a	0.15					

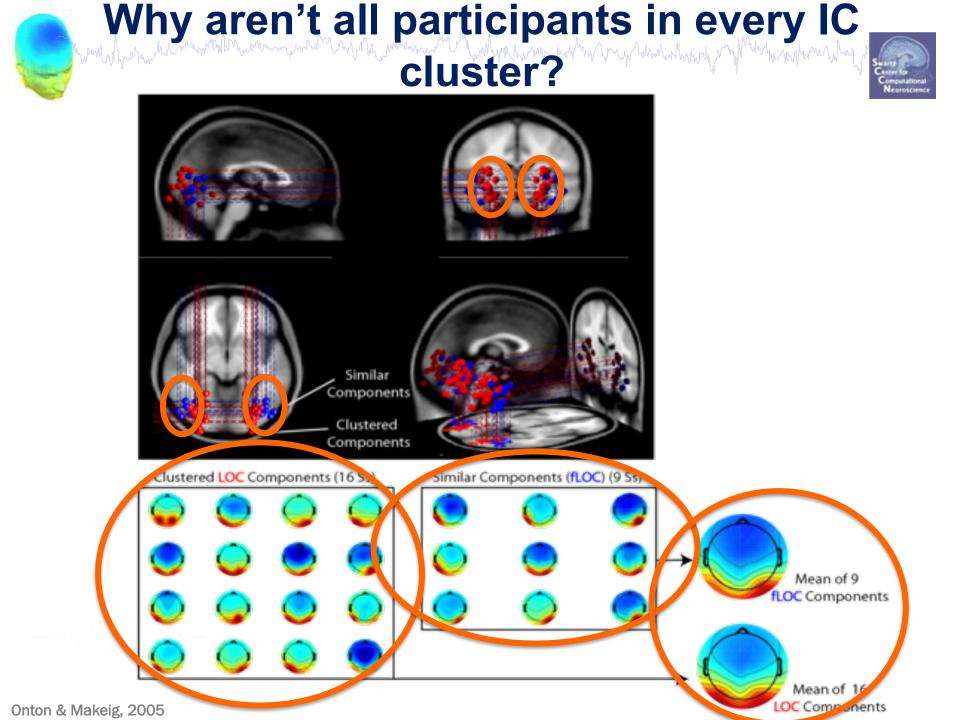
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Scalp Electrode (Fz)						
n/a				MMN	P3a RON	MMN P3a RC
K Superior Temporal						
Functional capacity (UPSA)	MMN	0.25				
Delayed Verbal Memory (CVLT)	MMN	0.17		T	TT	
R Inferior Frontal			q			
Negative Symptoms (SANS)	RON	0.51	Std	4		4
Psychosocial Functioning (SOE)	RON	0.25	'			
Executive Functioning (WCST)	MMN	0.30	e e			
Executive Functioning (WCST)	РЗа	0.28				House the prost
Ventral Mild Cingulate						
Negative Symptoms (SANS)	РЗа	0.33		-2'µV		-2
Negative Symptoms (SANS)	NON	0.33		C	- trl	67
Psychosocial Functioning (SOF)	РЗа	0.31			ntrl	SZ
Verbal IQ (WRAT)	MMN	0.25				
Executive Functioning (WCST)	РЗа	0.30				
Anterio: Cingulate						
Functional Capacity (UPSA)	RON	0.17				
Verbal IQ (WRAT)	MMN	0.24				
Auditory Attention (LNS-Forward)	MMN	0.17				
Medial Orbitofrontal						
Negative Symptoms (SANS)	RON	0.41				
Positive Symptoms (SAPS)	PON	0.40				
Auditory Attention (LNS-Forward)	MMN	0.29				
Executive Functioning (WCST)	РЗа	0.32				
Dorsa Mid Cingulate						
Negative Symptoms (SANS)	MMN	0.20				
Negative Symptoms (SANS)	P3a	0.17				
Global Functioning (GAF)	RON	0.24				
Functional Capacity (UPSA)	P3a	0.13				



#### Not all subjects contribute components to each cluster.

Why not?

- Different numbers of artifact components
- Subject differences!?
- Does my subject group really exhibit a Gaussian cloud of individual differences around 'a mean subject' in 'subject space' ??

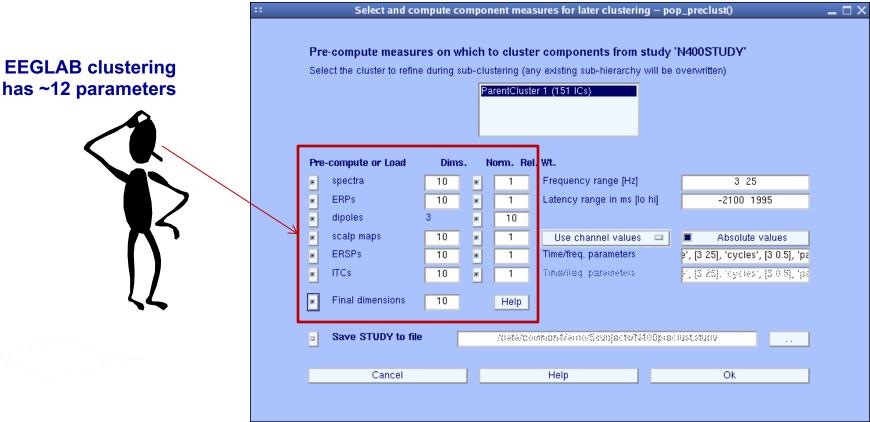


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## **STUDY IC Clustering: Practical Problems**

Large parameter space problem: many different clustering solutions can be produced by changing parameters and measure subsets. Which one should we choose?

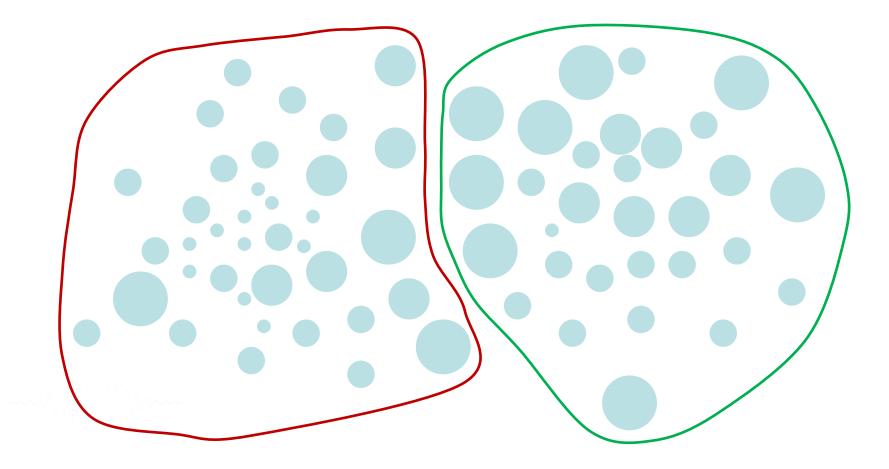


N. Bigdely-Shamlo, 2010

## **Problems with multi-measure clustering**

What are the clusters according to location?

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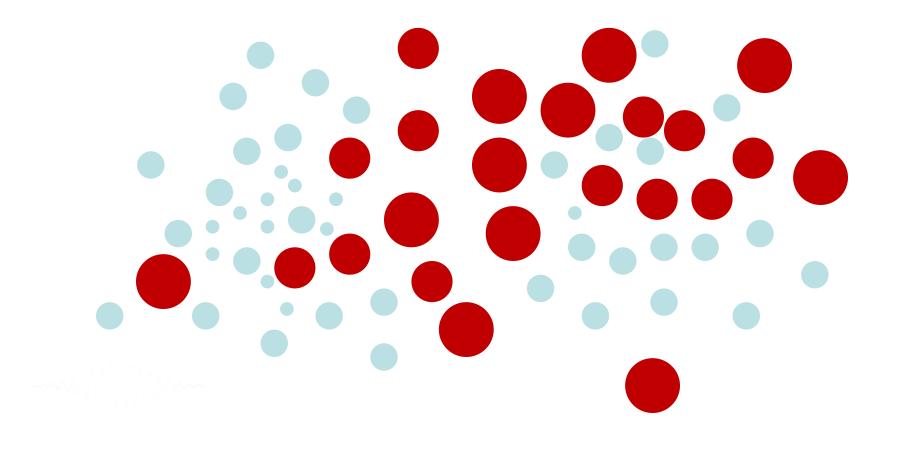




## **Problems with multi-measure clustering**

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What are the clusters according to size ?

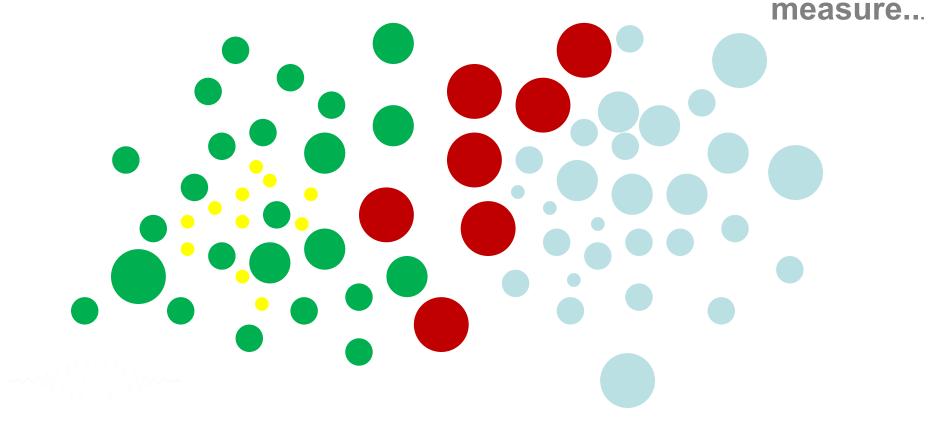


## **Problems with multi-measure clustering**

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What are the clusters according to location and size?

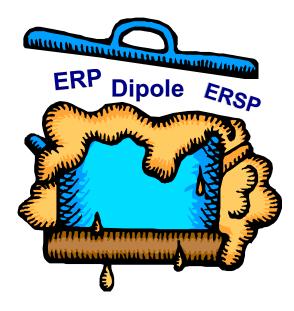
Well, it depends on how much weight we give each



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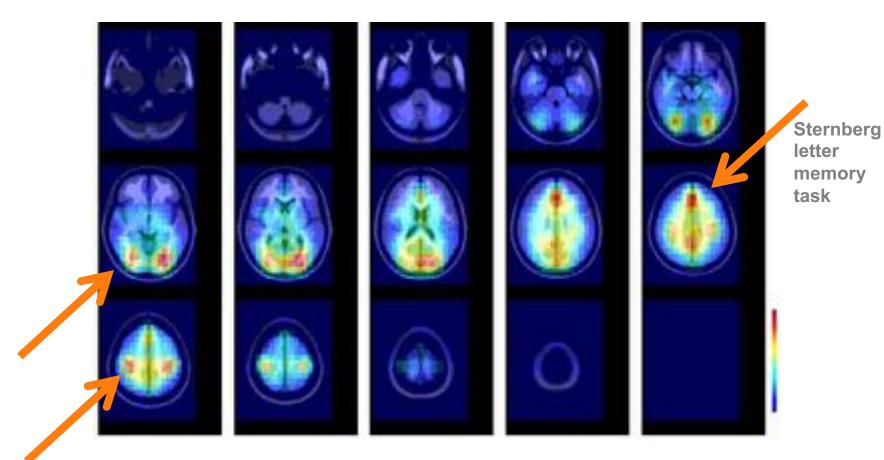


- With either clustering method, we basically mix together distances for a subset of EEG measures (ERP, ERSP, ITC, mean spectrum, dipole location).
- This may make clustering distance less interpretable.



#### www.www.mw.Equivalent.dipole.density.www.www.





>> dipoledensity()

Onton et al., 2

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## **Study IC Clustering by Measure Projection**

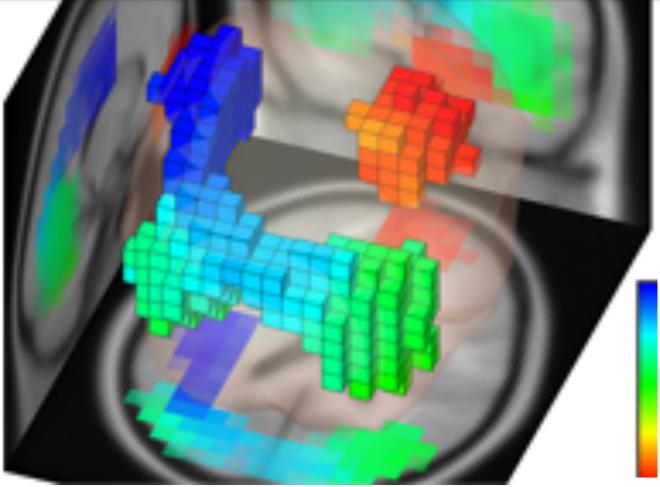
- Instead, we can directly work on pair-wise similarity matrices and prevent ICs with similarities less than certain threshold (e.g., ERSP corr. < 0.5) to be clustered together.</li>
- The most important measure is equivalent dipole location.
- Assuming a certain variability estimate for dipole location (due to error in localization and subject variability), one can also estimate an optimum number of clusters.

#### **Measure Projection asks:**

- 1. Where in 'template brain space' does our data have evidence that **our one measure of interest** is consistent across nearby ICs?
- 2. Which such brain space voxel *domains* show consistent differences?



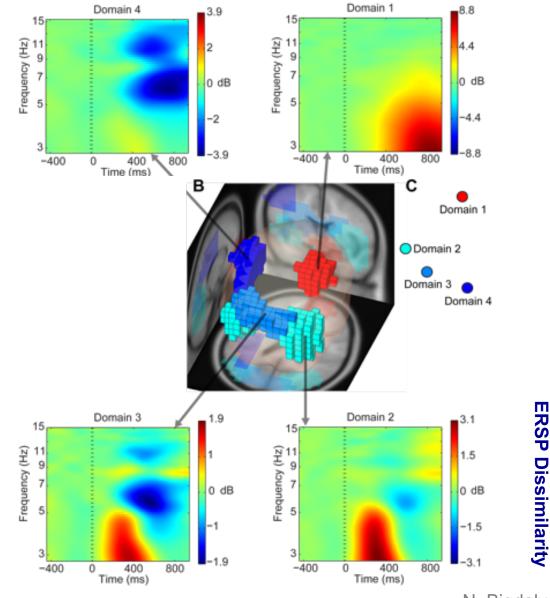
#### Other nice graphics modes in the Measure Projection Toolbox



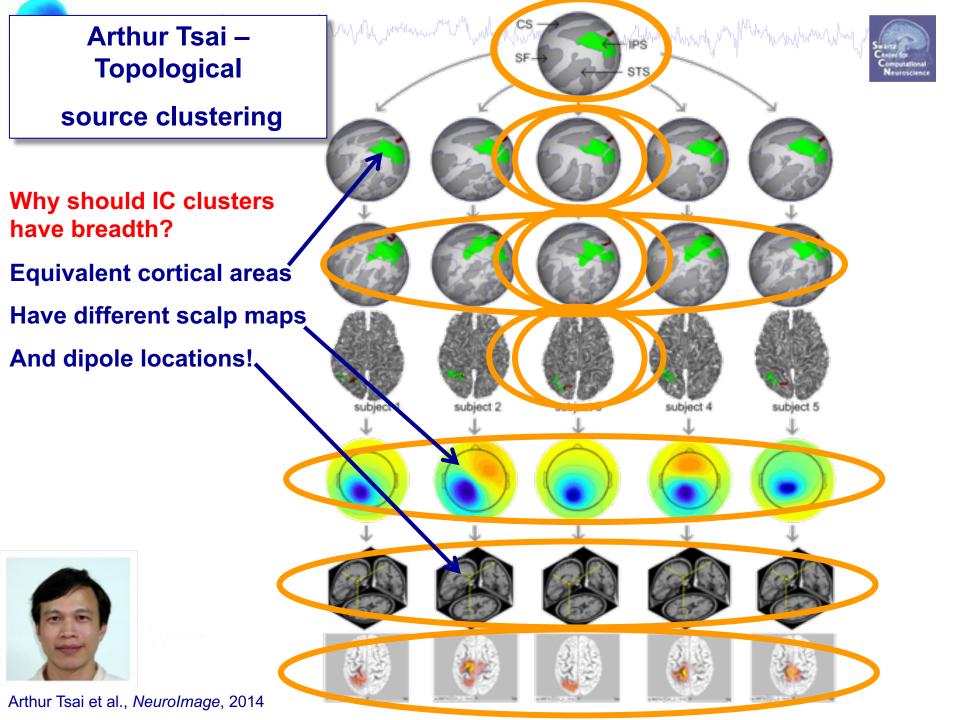
N. Bigdely-Shamlo, 2011

**ERSP Dissimilarity** 

#### Project Target ERSPs on Equivalent Dipole Locations Measure Projection: RSVP Task Example



N. Bigdely-Shamlo, 2011





# Not the End...



## Does the spatial distribution of IC equivalent dipole source locations depend on the task the subject performs?

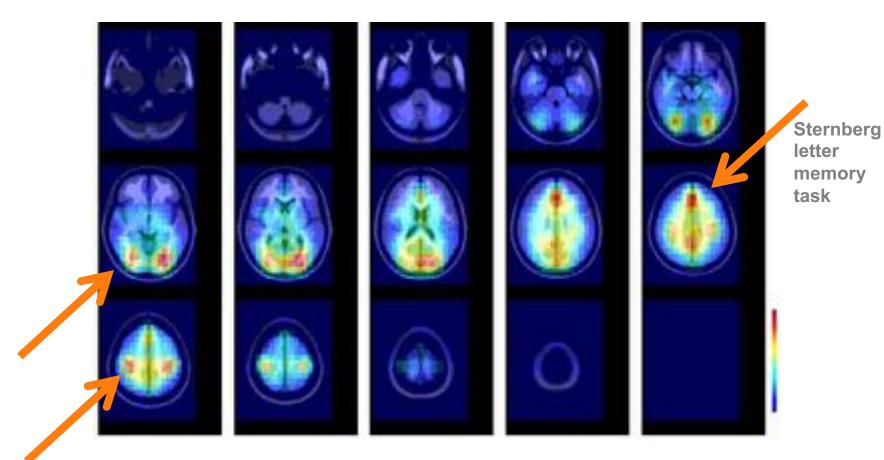
i.e.

Do "the same" ICs (and IC clusters) appear for every task?

Makeig, 2007

#### www.www.mw.Equivalent.dipole.density.www.www.



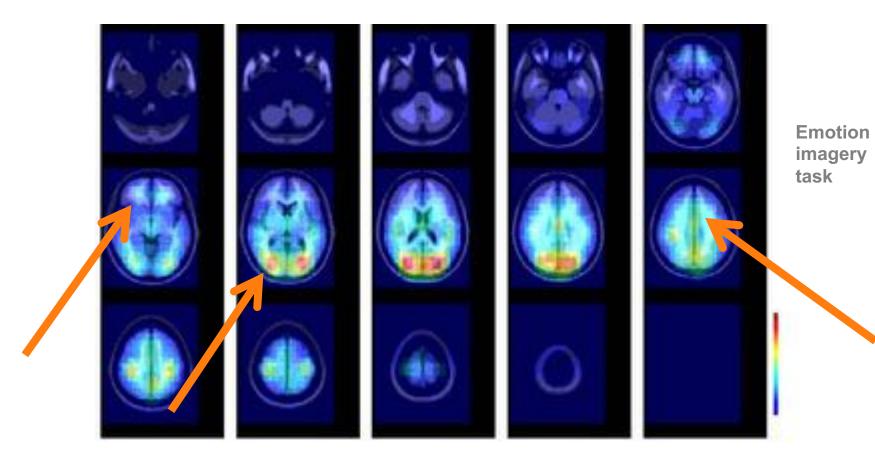


>> dipoledensity()

Onton et al., 2

### Mandensity, Mandent dipole density, Manden Mandensity



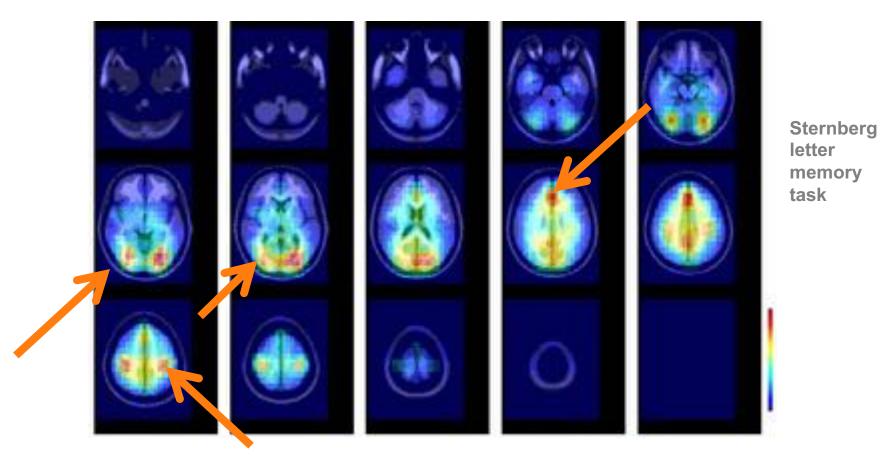


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Onton et al., 2

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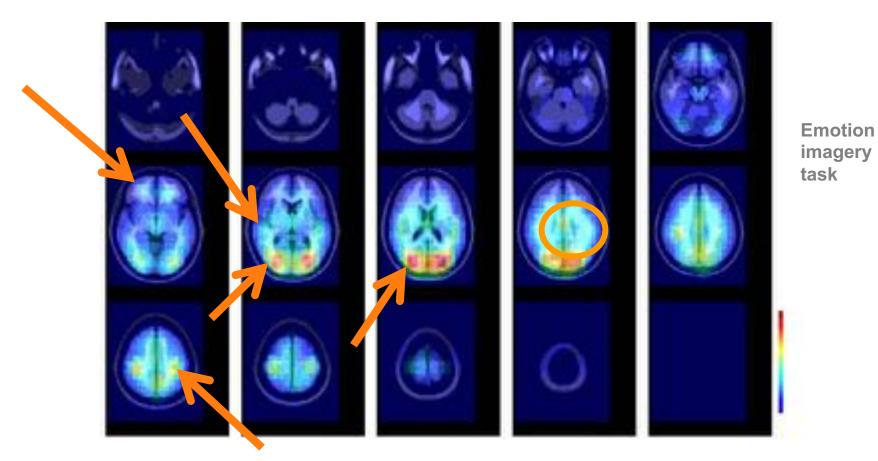


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Onton et al., 2

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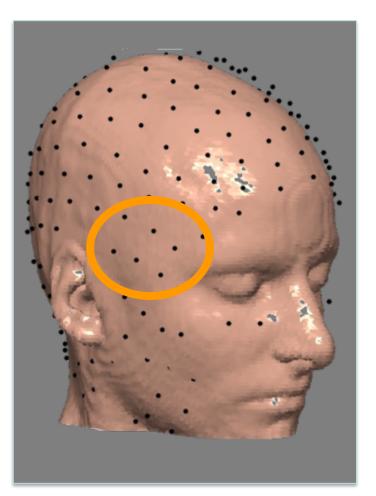


>> dipoledensity()

Onton et al., 2

### **Co-Registration of Electrodes with MR Image**







**EEG** 

#### MR + EEG

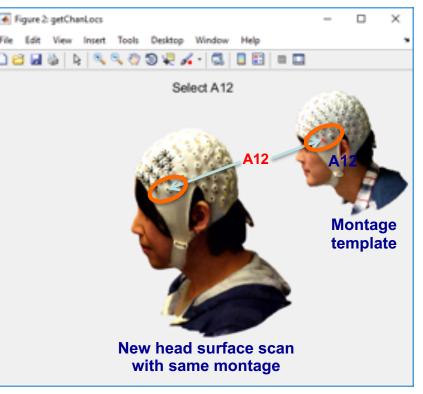
Onton & Makeig, 2004

# 3-D electrode position recording



#### ('electrode digitizing')





Clement Lee & S. Makeig, 2018

The get\_chanlocs() GUI –

*post hoc* 3-D electrode location determination from a 3-D head image.

Cl. Lee & S. Makeig, 2014

