

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









Clustering ICA components by eye





Makeig et al., ~2000 unpublished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! \rightarrow 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!





Co-Registration of Electrodes with MR Image







MR + EEG

EEG

Onton & Makeig, 2004







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

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Onton et al., 2

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Sternberg letter memory task

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Onton et al., 2

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Emotion imagery task

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 - Similar ERSPs?
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 - 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**.
- 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	W. M. ERP	hand the start have	Myraphirm	many han you	pruma march y	White and when and a s
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Verbal IQ (WRAT)	P3a	0.11				
Functional Capacity (UPS	RON	0.12		NANANI	P3a RON	MMN P3a RC
K Superior Temporal				MMN		
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		4
Functional Capacity (UPSA)	MMN	0.48		4		
Functional Capacity (UPSA)	RON	0.26	י א			
R Inferior Frontol			Dev			
Negative Symptoms (SANS)	RON	0.36				Harris and the proof
Psychosocial Functioning (301)	KUN	0.24				
Auditory Attention (LNS Forward)	MMN	0.38		-2'µV *		-2
Working Memory (LNS Reorder)	MMN	0.30				~-
Verbal IQ (WRAT)	MMN	0.46		C	ntrl	SZ
Ventral Mild Engulate Positive Symptoms (SAPS)	RON	0.29				
Negative Symptoms (SANS)	P3a	0.36	2			
Immeurate Verbal Momory (CVIT)	DON	0.41				
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 Chuntorrontal						
Positive Symptoms (SAPS)	P3a	0.40				
Negative Symptoms (SANS)	РЗа	0.54				
Psychosocial Functioning (SOE)	. Ja	0.37				
Functional Capacity (UPSA)	P3a	0.32				
Dorsal Mid Cingulate						
Verbal IQ (WRAT)	P3a	0.15				
	154	0.10				

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Scalp Electrode (Fz)					Comp
n/a			MMN	P3a RON	MMN P3a RON
Functional capacity (UPSA)	MMN	0.25			
Delayed Verbal Memory (CVLT)	MMN	0.17			
R Inferior Frontal			_ \ \		
Negative Symptoms (SANS)	RON	0.51	Std		4
Psychosocial Functioning (SOE)	RON	0.25			
Executive Functioning (WCST)	MMN	0.30			
Executive Functioning (WCST)	РЗа	0.28			1 minut Mill Prost
Ventral Mild Cingulate					
Negative Symptoms (SANS)	РЗа	0.33	-2 ¹ µ∨ ≛		-2
Negative Symptoms (SANS)	NON	0.33			C7
Psychosocial Functioning (SOF)	РЗа	0.31		ntrl	SZ
Verbal IQ (WRAT)	MMN	0.25			
Executive Functioning (WCST)	РЗа	0.30			
Anterior Cingulate	DON	0.47			
Functional Capacity (UPSA)	RON	0.17			
Verbal IQ (WRAT)	MMN	0.24			
Auditory Attention (LNS-Forward)	MMN	0.17			
Medial Orbitofrontal	RON	0.41			
Negative Symptoms (SANS) Positive Symptoms (SANS)		0.41			
Auditory Attention (LNS-Forward)	MMN	0.29			
Executive Functioning (WCST)	P3a	0.32			
Dorsal 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			

Should every subject be included in every cluster?

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' ??



Onton & Makeig, 2005





statistics within subject and binomial probability between subjects (p < 0.01)

between the two clusters by bootstrap statistics (p < 0.001)



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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

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Problems with multi-measure clustering In a uniform density distribution,

where are the clusters by location?





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?

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Well, it depends on how much weight we give each





- 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.



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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.
- 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 measure of interest is consistent across nearby ICs?
- 2. Which such brain space voxel *domains* show consistent differences?

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





N. Bigdely-Shamlo, 2011

ERSP Dissimilarity





Questions?



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Mana Equivalent dipole density Explanation





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Onton et al., 2

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Onton et al., 2



Measure Projection: RSVP Example

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Rapid Serial Visual Presentation Experiment

•8 subjects

15 Sessions

Visual target detection

•257 components with equiv. dipoles inside the brain





Non-target Target Non-target

N. Bigdely-Shamlo, 2010



In a working memory task



в FM₀ Cluster Е С D 5Mθ Cluster Fz Electrode 15 20 Components 15 19 Subjects Not Localized 12% 10 10 FMθ Posterior 20% 47% Rel. Power (dB) Rel. Power (dB) Other Anterior 20% -5 -5 10 15 20 25 10 15 20 5 5 25 Frequency (Hz) Frequency (Hz)

Onton et al., NeuroImage 2005

Complex event-related dynamics produce "the" P300





Makeig et al. PLOS 2004

Cluster ERP contributions - std_envtopo()



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- Clustered components from 15 Ss using a IC distance metric incorporating differences between their (weighted) scalp maps, dipole locations, spectra, ERP, ERSP, and ITC patterns.
- Hand-adjusted clusters to remove outliers.
- Determined time/frequency regions of significant ERSP and ITC for each component using permutation-based statistics.
- Used binomial statistics to highlight time/ frequency regions significantly active within clusters.



Visual Selective Attention Task



15 subjects



Makeig et al., PLPS 2004



Makeig et al., PLOS 2004





Makeig et al. PLOS 2004



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Makeig et al. PLOS 2004





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Assume 80 Template head

Figure 13: Equivalent dipole source localization error directions (arrows) and magnitudes (colors) for model dipoles head model when the brain-to-skull conductivity ratio was mis-estimated as 80:1 (top row) or as 15:1 (bottom 1 forward-model value (25:1). The middle row shows errors when source localization was performed using a warped fc the forward model brain-to-skull ratio was again mis-estimated as 80:1. Note that, maximum error shown was 20 m as to use the same scaling while retaining some contrast for the lower-error plots. Maximum localization errors were as in Figure 3.

Simulate 25

Assume 15

13

Effects of Mis-Estimating Skull Conductivity

Akalin Acar & Makeig, 2013