

## TOWARDS A CONSENSUS EPILEPSY CONNECTOME FOR STRUCTURE-FUNCTION COUPLING

Emeline Mullier<sup>1,2</sup>, Jonathan Wirsich<sup>1,3</sup>, Isotta Rigoni<sup>1</sup>, Dimitri van de Ville<sup>4,5</sup>, Patric Hagmann<sup>2</sup>, Serge Vulliémoz<sup>1</sup>

1. EEG and Epilepsy Unit, Geneva University Hospitals, University of Geneva

2. Department of Radiology, Lausanne University Hospital

3. Brain and Behaviour Laboratory, Swiss Center for Affective Sciences, University of Geneva, CIBM Center for Biomedical Imaging

4. Neuro-X Institute, Ecole Polytechnique Fédérale de Lausanne, Geneva, Switzerland

5. Department of Radiology and Medical Informatics, University of Geneva, Geneva, Switzerland

### BACKGROUND

Using a consensus structural connectome (SC) is common for graph signal processing (GSP) applications due to the structural similarities between individuals and to reduce false positives. It offers a reliable framework, particularly for structure-function coupling studies, where it serves as a structural filter. However, in conditions such as temporal lobe epilepsy (TLE), it is unclear how accurately a healthy-control (HC)-based consensus captures relevant features, potentially impacting GSP analyses. This project leverages Diffusion-Weighted Imaging (DWI) data from patients with epilepsy to map shared network features and investigate the changes observed in structure-function coupling results using healthy vs patient connectome.

### METHODS

DWI collected in Geneva, with 2 protocols (Fig1). Individual SC computed using ConnectomeMapper3 [1] and consensus connectome as in [3]. Structural Decoupling Index (SDI) [2] approach was applied to interictal EEG data of patients with TLE (spikes) [3], using either an HC or TLE consensus connectome (Fig1)

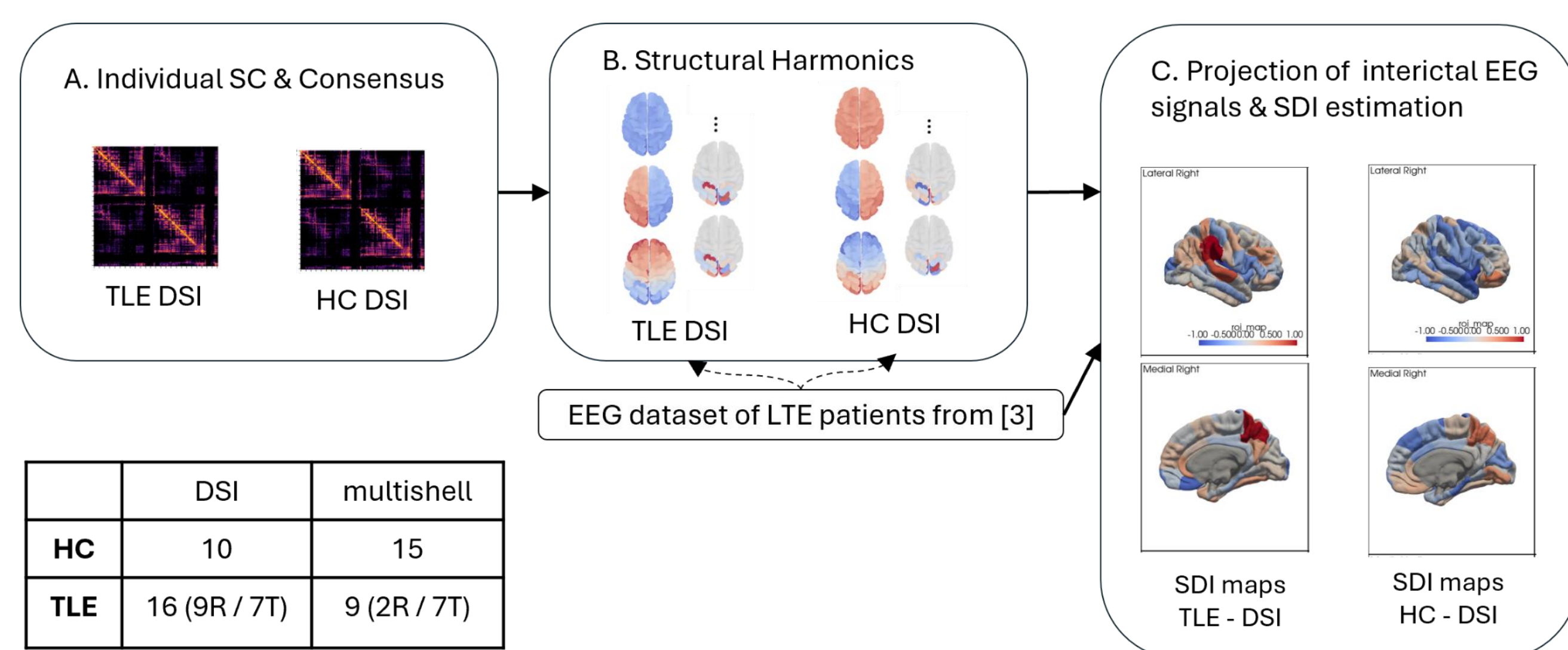


Fig1: Summary of the method

### CONCLUSION

- SC in patients with TLE showed alterations compared to HC, suggesting that an epilepsy-specific consensus connectome could provide a more representative structural framework for GSP.
- However, methodological considerations (number of subjects for consensus, harmonics alignment) are essential, along with accounting for the heterogeneity of the disorder.

### AIMS

- Investigate the effect of a consensus structural connectome built from controls vs patients with TLE on structural harmonics and GSP applications

### RESULTS

- Patients with TLE show lower inter-hemispheric similarities than HC (Fig2). Applying a consensus-based connectome derived from different populations leads to observable variations in SDI results (Fig1C), indicating that connectome choice directly impacts SDI metrics.

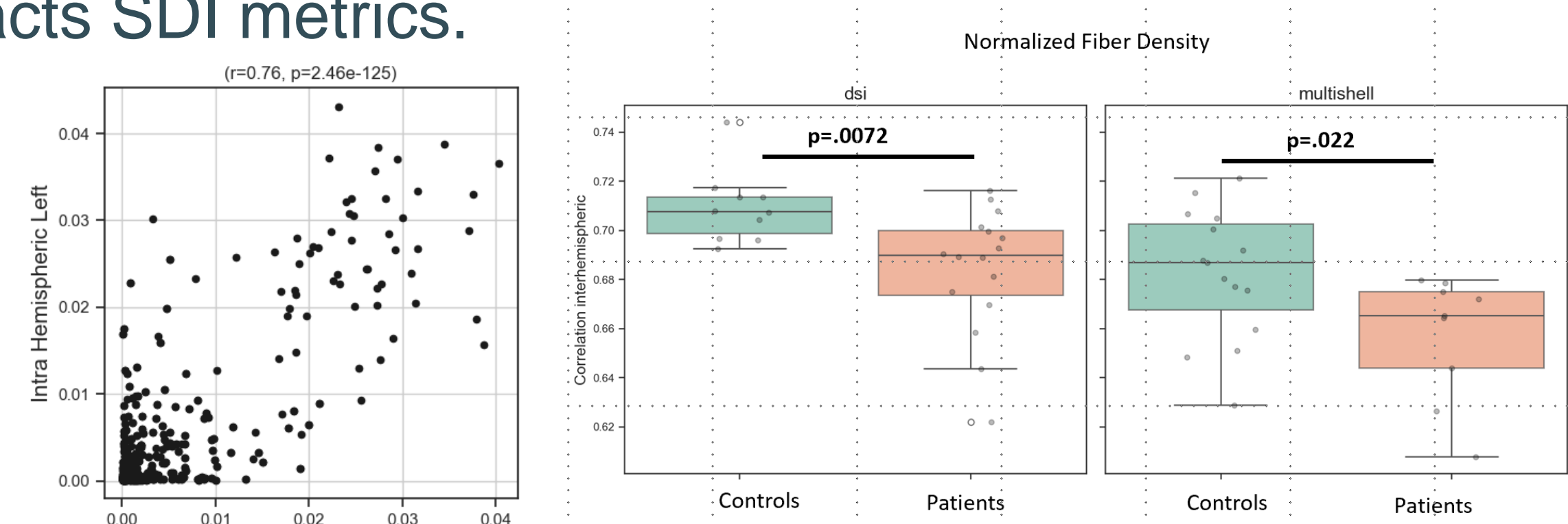


Fig2: Correlation between intra-hemispheric left and right SC in HC and TLE

- At the structural harmonics level, the first harmonics are highly correlated between HC and TLE, but not for the rest of the harmonics (Fig3) (after orthogonal Procrustes alignment).

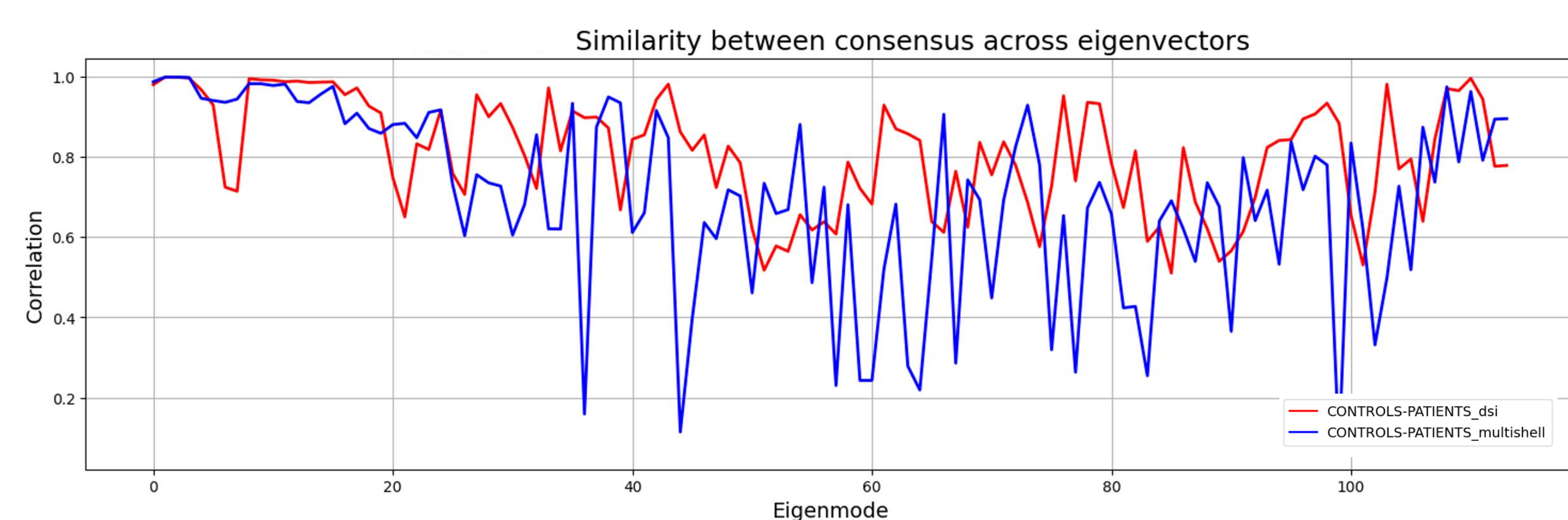


Fig3: Similarity between structural harmonics between HC and TLE

- Using an open SC dataset of 70 HC [3,4], we showed that the number of subjects used to generate the consensus (Fig4) plays a role in the similarities between the structural harmonics.

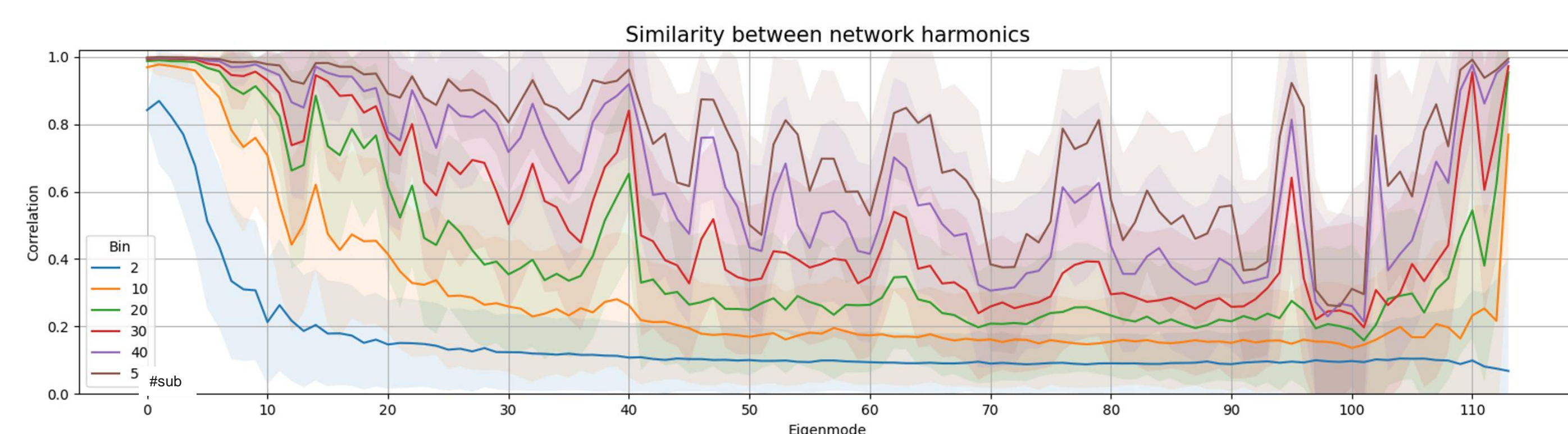


Fig4: Similarity between harmonics of consensus generated from increasing number of subjects