

Discriminating Placentas of Increased Risk for Autism with Chorionic Surface Vascular Network Features

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Statistics

- *Hui Zeng*, CSU Long Beach (graduate student); *Ruxu Han*, CSU Long Beach (graduate student); *Ya-Mei Chang*, Tamkang University

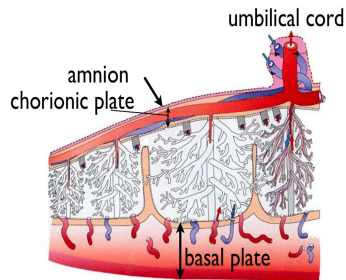
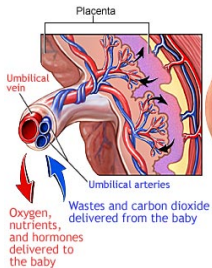
Data & research

- *Carolyn Salafia*, Placental Analytics, LLC, Institute for Basic Research; *Ruchit Shah*, Placental Analytics, LLC

Data & medical content

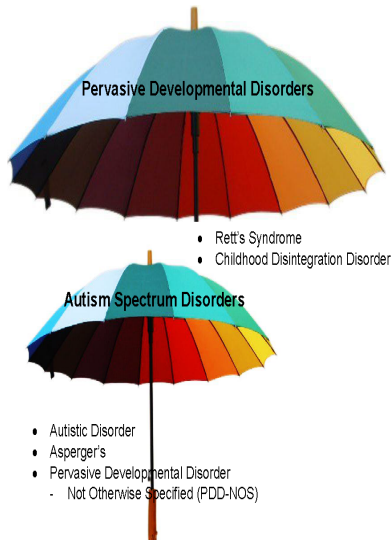
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Placenta & placental chorionic surface vascular network (PCSVN)



Autism spectrum disorder (ASD)

- First identified in 1943 by Leo Kanner.
- The May 2013 publication of the DSM-5 diagnostic manual merged all autism disorders into one umbrella diagnosis of ASD.
- Autism is a neurodevelopmental disorder with 3 defining areas of deficit:
 - ① Social reciprocity
 - ② Communication
 - ③ Restricted, repetitive patterns of behaviors, interests, or activities.
- Symptoms are developed by 36 months of age.



Placenta as a proxy for diagnosing ASD

- There is not yet a proven cure for ASD.
- The brain is most responsive to treatment in the first year of life.
- Early intervention is associated with normalized brain activities in young children with ASD (e.g., improved social and communication skills.) [1].
- A diagnose of ASD is usually not made until the child is 3 or 4 years old, **the best opportunities for intervention have already been lost.**
- Altered patterns of angiogenesis ⇔ variation in mature vascular network structures ⇔ functional alterations of many viscera (e.g., lung, kidney, and pancreas).
- The gene families that control branching morphogenesis are shared between those permanent viscera and the temporary fetal organ – placenta.
- Placenta, hence, provides unique insights into the effects of genes and environment on key mechanisms required for conceptus development, including fetal origins of disease from hypertension to autism.

Research questions [2]

RQ: Which placenta is associated with an increased ASD risk?



RQ: Are there **PCSVN** features that distinguish placentas of increased risk for ASD from those in the general population? If so, what are they?

*We are interested in discovering a reliable biomarker in assessing prenatal/neonatal **ASD risk** by considering the gestational origin of life – **placenta**.*

Digital images of EARLI & NCS

- **89 EARLI placentas** (increased risk for ASD)

Early Autism Risk Longitudinal Investigation (EARLI) [3] is an autism enriched-risk pregnancy cohort that focuses on the prenatal and early life periods of children who have biological siblings already diagnosed with ASD.

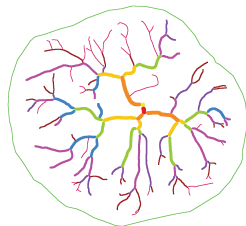
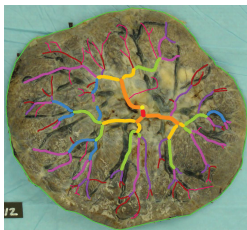
- **201 NCS placentas** (normal risk for ASD)

National Children's Study (NCS) is a population-based cohort with pregnancies at unknown risk for ASD. NCS was designed to study environmental influences on child health and development and it enlisted participants without a bias towards risks and diagnoses in autism.

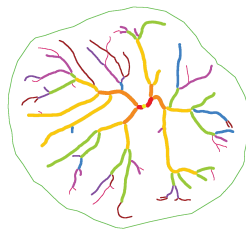
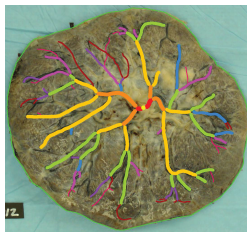
Digital photographs of the fetal surface were obtained on NCS & EARLI placentas following the same imaging protocol. The photos were taken either at delivery or upon pathology evaluation.

Traced

Arterial Network



Venous Network



Skeletonized

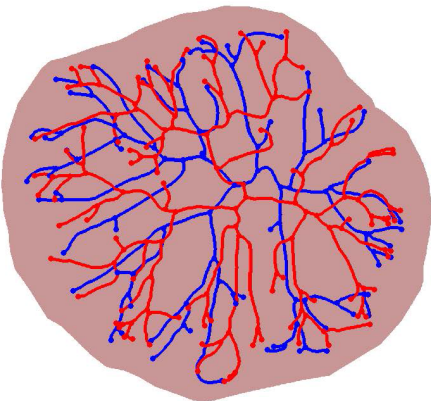
```

%% skeltrace
for i = 1:length(file_list)/2
    % Till all files i
    filename = char(strcat(dirname,'\','file_list(i))); % create filename
    [d, metric_area, metric_perimeter, perim, cimg] = skeltrace_test1(filename); % Obtaining i
    str = ['Running ',num2str(i),' of ',num2str(length(file_list)/2),' files...'];
    disp(str)
    o = zeros(1,length(headers) - 1);

%% Arteries
[arteries_adjacency, arteries_skel_img, arteries_gpts, arteries_branchpts, arteries_endpts
 g, chains, tortuosity, v_area, perimeter] = neo_skel_vesselprops(filename,d,perim); % Cc
skeleton(1).trace_filename = char(file_list(i)); % Name of arterial
skeleton(1).type = 'arteries'; % Identify type of
skeleton(1).chains = chains; % Edge parameters
skeleton(1).graph_points = g_graphpoints; % Graphpts. of art
skeleton(1).angle = skelNearAngleCompute(skeleton(1)); % Branching ar
skeleton(1).tortuosity = tortuosity; % Arterial tortuos
skeleton(1).vesselToDiscPercent = (single(v_area)/metric_area) *100; % Percent of arter
[~,fname] = fileparts(filename); % filename
fname = fname(4:end); % Removing arteri
o(1) = v_area; % Arterial surface
o(2) = skeleton(1).VesselToDiscPercent; % Percent of arteri
branches = length(skeleton(1).chains); % No. of arterial
n_arteries = branches; % No. of arteries
gen = zeros(branches,1); % Initialize a vec
dia = zeros(branches,1); % Initialize a vec
len = zeros(branches,1); % Initialize a vec
vol = zeros(branches,1); % Initialize a vec
for ii = 1:branches % For each artery
    gen(ii) = skeleton(1).chains(ii).generation; % Save its ge
    dia(ii) = skeleton(1).chains(ii).diameter; % Save its dia
    len(ii) = skeleton(1).chains(ii).arc_length; % Save its arc
    vol(ii) = pi*(dia(ii)/2)^2 * len(ii); % compute

end
o(3) = max(gen); % Find max arteri
o(4) = nnz(gen == 1); % No. of arterial
o(6) = ceil((branches + o(4))/2); % Compute no. of z
o(5) = length(skeleton(1).graph_points) - o(6); % Compute no. of z
o(7) = sum(len); % Arterial arcleng
o(8) = sum(vol); % Arterial volues
o(9) = mean(dia); % Mean arterial di

```



PCSVN features

64 PCSVN features: 8 on shape, 56 on vessels (1/2 arterial & 1/2 venous)

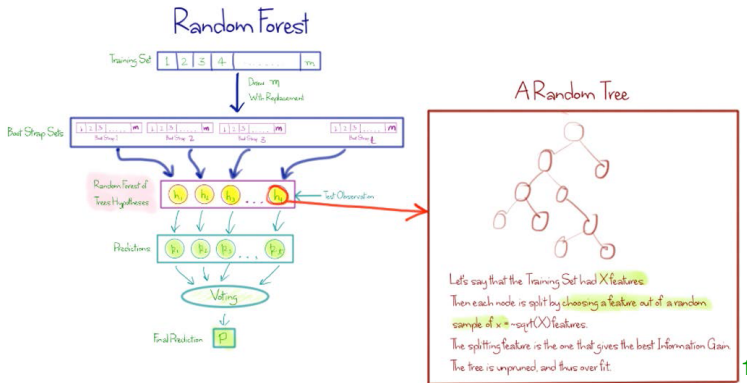
| | | | |
|---------------------------|---------------------------|--------------------------|-----------------------|
| BW_g | PW_g | GA_wk | Gender |
| 3713.85 | 530.00 | 39.10 | 2.00 |
| Calculated Beta | Area | Perimeter | Compactness |
| 0.76 | 364.66 | 80.54 | 0.71 |
| Eq_Circle_IP_Symmetry | Sigma_UCI | Rmean | RmeanN |
| 0.33 | 2.03 | 10.49 | 0.55 |
| UCI_to_Perim | A_SurfaceArea | A_VesselToDiscPercent | A_NumGenerations |
| 7.52 | 32.52 | 8.92 | 12.00 |
| A_NumCordBranches | A_NumBranchPoints | A_NumEndPoints | A_ArcLength |
| 2.00 | 70.00 | 71.00 | 200.75 |
| A_Volume | A_MeanThickness | A_StdThickness | A_MurrayBranchesUsed |
| 5.73 | 0.16 | 0.10 | 69.00 |
| A_MurrayExponent | A_MurrayL1FitError | A_MeanDistToPerim | A_StdDistToPerim |
| 1.69 | 0.07 | 3.88 | 1.77 |
| A_MeanDistEndPointToPerim | A_StdDistEndPointToPerim | A_MeanAngle | A_StdDevAngle |
| 2.77 | 1.62 | 98.20 | 18.85 |
| A_ModeAngle | A_MaxAngle | A_MinAngle | A_MedianAngle |
| 90.00 | 143.00 | 56.00 | 95.50 |
| A_KurtosisAngle | A_MeanTortuosity | A_StdDevTortuosity | A_MaxTortuosity |
| 2.61 | 1.11 | 0.04 | 1.25 |
| A_MinTortuosity | A_KurtosisTortuosity | V_SurfaceArea | V_VesselToDiscPercent |
| 1.04 | 4.64 | 45.06 | 12.36 |
| V_NumGenerations | V_NumCordBranches | V_NumBranchPoints | V_NumEndPoints |
| 11.00 | 3.00 | 64.00 | 66.00 |
| V_ArcLength | V_Volume | V_MeanThickness | V_StdThickness |
| 215.41 | 9.59 | 0.21 | 0.11 |
| V_MurrayBranchesUsed | V_MurrayExponent | V_MurrayL1FitError | V_MeanDistToPerim |
| 63.00 | 1.88 | 0.08 | 3.70 |
| V_StdDistToPerim | V_MeanDistEndPointToPerim | V_StdDistEndPointToPerim | V_MeanAngle |
| 2.12 | 2.83 | 1.78 | 99.47 |
| V_StdDevAngle | V_ModeAngle | V_MaxAngle | V_MinAngle |
| 16.27 | 90.00 | 138.00 | 72.00 |
| V_MedianAngle | V_KurtosisAngle | V_MeanTortuosity | V_StdDevTortuosity |
| 101.00 | 2.58 | 1.11 | 0.07 |
| V_MaxTortuosity | V_MinTortuosity | V_KurtosisTortuosity | |
| 1.74 | 1.05 | 53.06 | |

Standard deviation of radii wrt mean radius obtained from UCI

Total number of arterial end points

mean of all branching angles of venous network

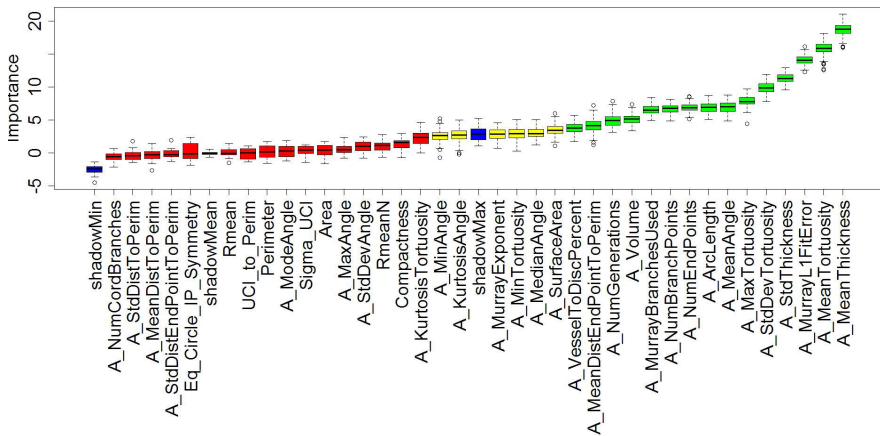
Decision trees, random forest, and Boruta strategy



- In Boruta, each attribute has a *shadow attribute* (SA), created by shuffling the values of the original attribute.
- An attribute's importance is determined by comparing to the maximum z -score among all SA (MZSA).

Relevant feature selection with Boruta strategy

15 vessel-based features were selected after running random forest classification 500 times.



Principal component analysis (PCA) for best basis

- Let $F = \begin{bmatrix} | & | & \cdots & | \\ \mathbf{f}_1 & \mathbf{f}_2 & \cdots & \mathbf{f}_N \\ | & | & \cdots & | \end{bmatrix}$ be the $15 \times N$ data matrix, where $N =$ number of samples (290 in this case).
- The 15×15 covariance matrix $C = \frac{1}{N-1} \tilde{F} \tilde{F}^T$ gives the feature variance (diagonal) and co-variance (off-diagonal), where $\tilde{F} = F - \mathbf{m}$ and \mathbf{m} is the data mean.
- Factor C through the singular value decomposition (SVD) to extract the basis of F in U (i.e., eigen-decomposition of C):
 $C = USV^T \quad (CU = SU \Rightarrow C = SUU^T \Rightarrow C = USU^T).$
- Project the 15-d data onto a 5-d ($\approx 88\%$ variance) space using the first 5 vectors in U :

$$D = U(:, 1:5)^T \tilde{F}$$

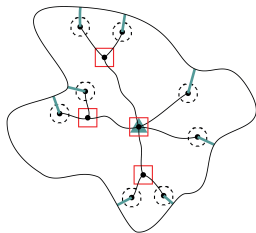
This is the space where classification takes place.

Dimensionality reduction with PCA

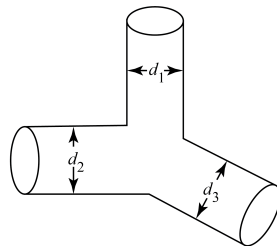
The first five principal components (PCs) of the correlation matrix retain approximately 88% of the data variance. The absolute value of the attributes within each PC gives a measure of contribution. The higher the value, the bigger the contribution.

| Boruta ranking | Vascular features (variance captured) | PC1 (35.27%) | PC2 (22.57%) | PC3 (17.20%) | PC4 (7.79%) | PC5 (5.80%) |
|----------------|---------------------------------------|--------------|--------------|--------------|-------------|--------------|
| 1 | MeanThickness | -0.1582 | -0.4747 | 0.1035 | 0.0651 | -0.0089 |
| 2 | MeanTortuosity | 0.0002 | 0.0575 | 0.5347 | -0.0979 | 0.0013 |
| 3 | MurrayL1FitError | -0.256 | -0.3903 | 0.0438 | 0.0139 | 0.0397 |
| 4 | StdThickness | -0.1566 | -0.4762 | 0.0701 | -0.0046 | 0.0196 |
| 5 | StdDevTortuosity | 0.0029 | 0.0812 | 0.5912 | -0.0641 | 0.1449 |
| 6 | MaxTortuosity | 0.0948 | 0.0724 | 0.5459 | -0.0264 | 0.1709 |
| 7 | MeanAngle | -0.0611 | 0.0704 | 0.2028 | 0.2135 | -0.936 |
| 8 | NumEndPoints | 0.4251 | -0.0298 | -0.0132 | 0.0153 | -0.005 |
| 9 | ArcLength | 0.3773 | -0.1259 | -0.0035 | -0.0163 | 0.0116 |
| 10 | NumBranchPoints | 0.4254 | -0.0301 | -0.0125 | 0.0146 | -0.0038 |
| 11 | MurrayBranchesUsed | 0.4254 | -0.0301 | -0.0125 | 0.0146 | -0.0038 |
| 12 | Volume | 0.1444 | -0.4823 | 0.065 | 0.0502 | -0.0368 |
| 13 | NumGenerations | 0.3182 | -0.0237 | 0.014 | 0.2178 | -0.0619 |
| 14 | MeanDistEndPointToPerim | 0.0055 | -0.0323 | 0.0545 | 0.905 | 0.2124 |
| 15 | VesselToDiscPercent | 0.255 | -0.3502 | 0.0031 | -0.2561 | -0.1457 |
| | | Branching | Thickness | Tortuosity | Growth | Branch Angle |

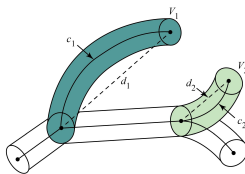
Visualization of discriminating features



- ▲ : Umbilical cord insertion (UCI)
- : End points
- : Branch points
- : Distance between an end point and its nearest boundary point

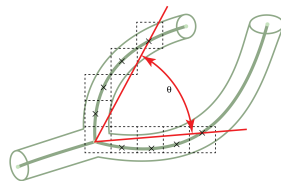


Thickness



- c_i : Arc length of vessel i
- d_i : Straight line distance between the initial and terminal nodes of vessel i

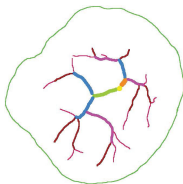
Tortuosity



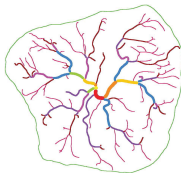
Branching angle

Visualization of PCSVN between 2 risk groups

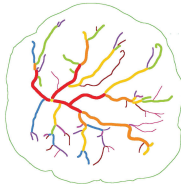
high ASD risk



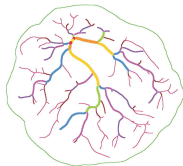
low ASD risk



high ASD risk



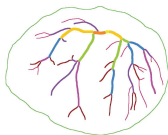
low ASD risk



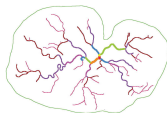
(a) Branching

(b) Thickness

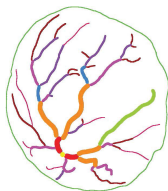
high ASD risk



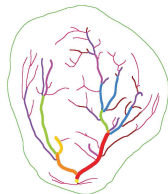
low ASD risk



high ASD risk



low ASD risk



(c) Tortuosity

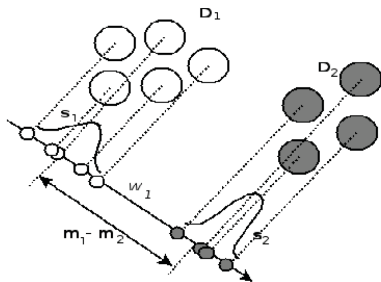
(d) Growth Extension

Create classification statistics with LDA

- Linear discriminant analysis amounts to finding a projection direction w_{opt} that maximizes the *between-class* scatter and minimizes the *within-class* scatter:

$$w_{\text{opt}} = \underset{\|w\|=1}{\operatorname{argmax}} \frac{(\tilde{m}_2 - \tilde{m}_1)^2}{\tilde{S}_1^2 + \tilde{S}_2^2}$$

where $\tilde{S}_i^2 = \sum_{y \in D_i} (w^T y - \tilde{m}_i)^2$.

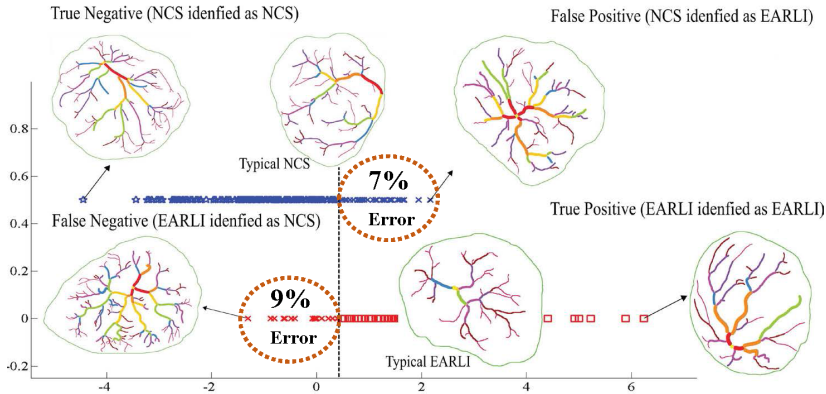


- In matrix form: $w_{\text{opt}} = \underset{\|w\|=1}{\operatorname{argmax}} J(w)$, where $J(w) = \frac{w^T S_B w}{w^T S_W w} = \frac{N(w)}{D(w)}$.
- w_{opt} is the largest eigenvector associated with the largest generalized eigenvalue to the problem $N(w)w = \lambda D(w)w$.
- Set threshold $\alpha = \frac{1}{2} \left(\min \{w_{\text{opt}}^T D_2\} + \max \{w_{\text{opt}}^T D_1\} \right)$, then

$$C_1 = \{y \in D_1 \cup D_2 \mid w_{\text{opt}}^T y < \alpha\}$$
 and

$$C_2 = \{y \in D_1 \cup D_2 \mid w_{\text{opt}}^T y > \alpha\}.$$
- Perform a 10-fold cross validation to generate classification statistics.

Visualization of classification statistics with LDA



Observations

- The difference in high and low ASD risk is better explained by the vascular features alone.
- PCSVNs associated with placentas of high-risk ASD pregnancies generally had *fewer branch points, thicker and less tortuous vessels, better extension to the surface boundary*, and *smaller branch angles* than their population-based counterparts.

Questions for which I have no answers ...

- What environmental or genetic factors cause this group of 5 parameters to vary together and whether these variables stabilize in their permanent state early in gestation?
- What types of geometric signatures that are measurable and capable of providing *accurate readings in 3-dimensional imaging environment?* (Answers to this question will play a vital role in early risk assessment and intervention for ASD.)
- The study presented here should motivate *a pursuit of additional PCSVN features*. What other shape signatures should be considered?
- *What PCSVN features are correlated with ASD?* We need *reliable and automated vessel extraction methods* to allow analysis of PCSVNs in large cohorts.

References

- [1] G. Dawson, E. Jones, K. Merkle, K. Venema, R. Lowy, S. Faja, D. Kamara, M. Murias, J. Greenson, J. Winter, M. Smith, S. Rogers, S. Webb, “Early behavioral intervention is associated with normalized brain activity in young children with autism,” *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(11), 1150–1159, 2012.
- [2] J.-M. Chang, H. Zeng, R. Han, Y.-M. Chang, R. Shah, C. Salafia, C. Newschaffer, R. K. Miller, P. J. Katzman, J. Moye, M. Fallin, C. K. Walker, L. Croen, “Discriminating placentas of increased risk for autism with chorionic surface vascular network features,” *under review*.
- [3] C.J. Newschaffer, L.A. Croen, M.D. Fallin, I. Hertz-Picciotto, D.V. Nguyen, N.L. Lee, C.A. Berry, H. Farzadegan, H.N. Hess, R.J. Landa, S.E. Levy, M.L. Massolo, S.C. Meyerer, S.M. Mohammed, M.C. Oliver, S. Ozonoff, J. Pandey, A. Schroeder, K.M. Shedd-Wise, “Infant siblings and the investigation of autism risk factors,” *J Neurodev Disord.*, 4(1), 1–16, 2012.
- [4] R. Shah, C. Salafia, T. Girardi, L. Conrad, K. Keaty, A. Bartleotc, “Shape matching algorithm to validate the tracing protocol of placental chorionic surface vessel networks,” *Placenta*, 36(8), 944–946, 2015.

[5] This talk is available via http://web.csulb.edu/~jchang9/files/PCSVN_forASDRik_JMC.pdf