

# Editorial: reliability and reproducibility in functional connectomics

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## Editorial on the Research Topic

### Reliability and Reproducibility in Functional Connectomics

Research on functional connectomics of the human brain is exploding ([Kelly et al., 2012](#); [Smith et al., 2013](#)), especially for clinical and neurodevelopmental as well as aging studies. However, advances in the reliability and validity of functional connectomics have so far lagged the application of these methods in practice ([Zuo and Xing, 2014](#)). In statistical theory, reliability serves as an upper limit of validity and is measurable in practice while validity is more difficult to measure directly (e. g., specific trait and disease) thus often approximated by predictive validity ([Kraemer, 2014](#)). Therefore, high reliability is a required standard for both research and clinical use. Of note, excellent reliability ( $> 0.8$ ) serves the clinical standard on measurement scales ([Streiner et al., 2015](#)). This reflects clinical call of tools with high inter-individual differences (*easily differentiating individuals*) and low intra-individual differences (*high individual stability*) ([Fleiss et al., 2003](#); [Zuo and Xing, 2014](#)). This has been recently demonstrated in the anatomy of reliability ([Xing and Zuo, 2018](#)). In reliability studies, statistical quantification of reliability is often implemented with intraclass correlation (ICC) regarding its well-developed theory in the field of probability and statistics while the types of ICC are determined by the repeated-measure experimental design ([Shrout and Fleiss, 1979](#); [Koo and Li, 2016](#)). Failure of reliability can be an important cause of small statistical power ([Button et al., 2013](#)), low reproducibility ([Poldrack et al., 2017](#)), puzzlingly high correlations ([Vul et al., 2009](#)), and overwhelming need of big data or large sample sizes ([Streiner et al., 2015](#); [Hedge et al., 2018](#)). In the field of

human brain mapping with magnetic resonance imaging (MRI), structural MRI has clinically-acceptable reliability of mapping brain morphology ( [Madan and Kensinger, 2017](#) ) while most functional MRI measures are challenged by the clinical standard on the reliability ( [Bennett and Miller, 2010](#) ; [Zuo and Xing, 2014](#) ). This research topic takes action on further steps of improving the reliability of fMRI-based connectomics by publishing 12 papers across experimental design, computational algorithm, and brain dynamics theory.

Given the sensitivity of resting-state fMRI (rfMRI) connectivity measurements to physiological variables, the development of improved strategies for correction of physiological artifacts is imperative. [Golestani et al.](#) demonstrated significant improvements of reproducibility of common rfMRI metrics by the low-frequency physiological correction with end-tidal CO<sub>2</sub>. Related to human arousal, as demonstrated in [Wang et al.](#), test-retest reliability of human functional connectomics can be significantly improved by removing the impact of sleep using measures of heart rate variability derived from simultaneous electrocardiogram recording. These findings highlight the need of recordings of physiological variables for reproducible functional connectomics. In addition, the use of eyes-open versus eyes-closed resting is an important aspect of rfMRI experimental design and has been of great research interest due to its relationships with visual function ( [Yang et al., 2007](#) ) and arousal ( [Yan et al., 2009](#) ; [Tagliazucchi and Laufs, 2014](#) ). The study by [Yuan et al.](#) provides a novel multivariate method to examine the amplitude differences of brain oscillations between eyes open and eyes close conditions during resting state as well as their scanner-related reliability.

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Head motion during scanning is another potential source of variability and has been relatively well investigated regarding its impacts on reliability of rfMRI derivatives by using various preprocessing strategies ([Yan et al., 2013](#); [Ciric et al., 2017](#); [Parkes et al., 2018](#)). Furthermore, how these variables are modeled and the order in the preprocessing pipelines they are modeled can have significant impacts on results ([Chen et al., 2017](#); [Lindquist et al., 2019](#)). These advances have implications on the way of further optimizing the reliability observed ([Golestani et al.](#); [Wang et al.](#)).

Many computational algorithms exist for characterizing features of the organization in the functional connectomes across different spatial and temporal scales ([Zuo and Xing, 2014](#)). Reliability can guide both methodological choices between these algorithms as well as the validation of new algorithms. Common algorithms have been recently given a state of art review in terms of their test-retest reliability ([Zuo and Xing, 2014](#)), indicating that network metrics derived from graph theory applied to rfMRI signal are less reliable ([Zuo et al., 2012](#)) than usually required while both local functional homogeneity measure ([Zuo et al., 2013](#)) and global network measure with dual regression of independent component analysis (drlICA) ([Zuo et al., 2010a](#)) almost reach the clinical standard of reliability. This topic offers five studies to illustrate more sophisticated developments of reliability of these algorithms. This topic proposed a novel algorithm for network generation at individual level, using topological filtering based on orthogonal minimal spanning trees to show both functional and structural networks with highly reliable graph theoretical measures using magnetoencephalography ([Dimitriadis et al.](#)) and diffusion MRI ([Dimitriadis et al.](#)). Reliability

evaluations are comprehensively investigated for group information guided ICA, independent vector analysis (IVA) ( [Du et al.](#) ), and other high-order functional connectivity ( [Zhang et al.](#) ). The single-subject spatially-constrained ICA performs favorably compared to IVA ( [Du et al.](#) ) and improves detection of clinical differences compared to drICA ( [Salman et al., 2018](#) ). Additionally, [Di and Biswal](#) warned the field by demonstrating the poor reliability of using psychophysiological interaction analyses in the context of inter-individual correlation or group comparisons.

As commented by [Sato et al.](#), open science with sharing of large datasets has paved the way for delineating the fingerprints of human brain function. This is reflected by the fact that most studies in the topic employed the data from Consortium for Reliability and Reproducibility ( [Zuo et al., 2014](#) ), representing a means of accelerating science by facilitating collaboration, transparency, and reproducibility ( [Milham et al., 2018](#) ). To address the reproducibility issue in the field of human brain mapping, the Organization for Human Brain Mapping (OHBM) have created a Committee on Best Practices in Data Analysis and Sharing (COBIDAS) and published its report ( [Nichols et al., 2017](#) ). Beyond the advances, two studies also raised challenges of big-data applications to clinical population, particularly in understanding the high heterogeneity of spontaneous brain activity in ADHD and autism ( [Wang et al.](#) ; [Syed et al.](#) ). As noted in [Button et al. \(2013\)](#), large samples may produce statistically significant results even for extremely small effects which have little add to diagnostic or clinical utility. These observable but small effects are likely caused by weighing the low measurement reliability with the true effect ( [Streiner et al., 2015](#) ), which

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could be moderate to large. It is thus very fundamental to estimate effect size in neuroimaging and its relationship with statistical power although most existing studies have not factored the reliability in doing so ([Reddan et al., 2017](#); [Geuter et al., 2018](#)). This is particularly valuable for some widely used but less reliable measures (e. g., seed-based functional connectivity) ([Shou et al., 2013](#); [Zuo and Xing, 2014](#); [Siegel et al., 2017](#)) to be improved with acceptable reliability ahead of its clinical use ([Fox, 2018](#)). Meanwhile, data harmonization techniques such as ComBat ([Yu et al., 2018](#)) should be developed to reduce inter-scan or inter-site differences in multi-center big-data studies. One possibility of filling these gaps between empirical computation and clinical application is theoretical development of brain dynamics ([Woo et al., 2017](#)). The work by [Tomasi et al.](#) demonstrated a power law of the brain network dynamics, which has been framed into a theory of neural oscillations ([Buzsáki and Draguhn, 2004](#)). Combination of theory and data via structure-function fusion ([Zuo et al., 2010b](#); [Jiang and Zuo, 2016](#)) will remove the reliability barriers of developing clinically useful human brain mapping, which is the final call of the current research topic.

## Author Contributions

X-NZ drafted the editorial and worked on the revisions with BB and RP.

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## Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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