On the prediction of human intelligence from neuroimaging: A systematic review of methods and reporting

Bruno Hebling Vieira[a], Gustavo Santo Pedro Pamplona[b,c], Karim Fachinello[d,e], Alice Kamensek Silva[e], Maria Paula Foss[e], Carlos Ernesto Garrido Salmon[a,*]

[a] *InBrain Lab, Departamento de Física, FFCLRP, Universidade de São Paulo, Ribeirão Preto, Brazil*
[b] *Sensory-Motor Lab (SeMoLa), Department of Ophthalmology-University of Lausanne, Jules Gonin Eye Hospital-Fondation Asile des Aveugles, Lausanne, Switzerland*
[c] *Rehabilitation Engineering Laboratory (RELab), Department of Health Sciences and Technology, ETH Zurich, Zurich, Switzerland*
[d] *PsiCog Lab, Psicobiologia, FFCLRP, Universidade de São Paulo, Ribeirão Preto, Brazil*
[e] *Neuropsicologia, Setor de Distúrbios do Movimento e Neurologia Comportamental, Departamento de Neurociências e Ciências do Comportamento, FMRP, Universidade de São Paulo, Ribeirão Preto, Brazil*

Abstract

Human intelligence is one of the main objects of study in cognitive neuroscience. Reviews and meta-analyses have proved to be fundamental to establish and cement neuroscientific theories on intelligence. The prediction of intelligence using in vivo neuroimaging data and machine learning has become a widely accepted and replicated result. Here, we present a systematic review of this growing area of research, based on studies that employ structural, functional, and/or diffusion MRI to predict human intelligence in cognitively normal subjects using machine-learning. We performed

*corresponding author
Email addresses: bruno.hebling.vieira@usp.br (Bruno Hebling Vieira), garrido@ffclrp.usp.br (Carlos Ernesto Garrido Salmon)

a systematic assessment of methodological and reporting quality, using the PROBAST and TRIPOD assessment forms and 30 studies identified through a systematic search. We observed that fMRI is the most employed modality, resting-state functional connectivity (RSFC) is the most studied predictor, and the Human Connectome Project is the most employed dataset. A meta-analysis revealed a significant difference between the performance obtained in the prediction of general and fluid intelligence from fMRI data, confirming that the quality of measurement moderates this association. The expected performance of studies predicting general intelligence from fMRI was estimated to be $r = 0.42$ ($\mathrm{CI}_{95\%} = [0.35, 0.50]$) while for studies predicting fluid intelligence obtained from a single test, expected performance was estimated as $r = 0.15$ ($\mathrm{CI}_{95\%} = [0.13, 0.17]$). We further enumerate some virtues and pitfalls we identified in the methods for the assessment of intelligence and machine learning. The lack of treatment of confounder variables, including kinship, and small sample sizes were two common occurrences in the literature which increased risk of bias. Reporting quality was fair across studies, although reporting of results and discussion could be vastly improved. We conclude that the current literature on the prediction of intelligence from neuroimaging data is reaching maturity. Performance has been reliably demonstrated, although extending findings to new populations is indispensable. Current results could be used by future works to foment new theories on the biological basis of intelligence differences.

Keywords: Behavior, fMRI, Resting-State, deep learning, intelligence, prediction, systematic review

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1. Introduction

Intelligence is a broad construct comprising multiple components, which can be estimated with a range of well-established tests [1]. Regardless of the instrument, scores in intelligence tests are positively correlated. G was postulated to be the "general factor" explaining this phenomenon by Spearman [2], whose evidence "[...] can be said to be overwhelming" [3]. Albeit originally terming it "general intelligence", Spearman later in his life adopted a critical view of the term and ceased to associate it with G [4]. Henceforth, to avoid ambiguities in this review we will employ the widely used term "intelligence". Even though G successfully captures the overall positive correlation [2], there is controversy regarding its validity as a single, all-encompassing, measure of intelligence. An alternative view posits that intelligence comprises multiple factors [5]. Posteriorly, an integrated model for intelligence called $\mathsf{G_F}$-$\mathsf{G_C}$ was proposed by Cattell [6, 7]. $\mathsf{G_F}$ stands for fluid intelligence and is associated with inductive and deductive reasoning, covering non-verbal components; therefore, it does not depend on previously acquired knowledge and the influence of culture. Concept formation and recognition, identification of complex relationships, understanding of implications, and making inferences are examples of tasks related to $\mathsf{G_F}$. On the other hand, $\mathsf{G_C}$, crystallized intelligence, comprises the knowledge acquired through life experience and education related to cultural experiences. Hence, crystallized capacities are demonstrated, for example, in tasks regarding the recognition of the meaning of words [8]. While the scientific construction of G is based on correlations between test scores, intelligence quotient (IQ) is based on the sum of standardized scores of commonly used cognitive batteries, such

as Wechsler scales with full scale IQ (FSIQ), verbal IQ (VIQ), and performance IQ (PIQ). FSIQ scores are excellent measures of G [9] representing the general level of cognitive functioning. VIQ relates to verbal comprehension, acquired knowledge, language processing, verbal reasoning, attention, verbal learning, and memory. In sharp contrast, PIQ is connected to perceptual organization, processing visual, planning ability, non-learning-verbal and thinking skills, and manipulating visual stimuli with speed.

Studies show associations between brain and behavior measurements. The first finding was the positive correlation between brain volume or intracranial volume and intelligence [10, 11]. Other structural MRI (sMRI) correlates of intelligence include morphometry at finer scales, such as callosal thickness [12], striatal volume [13] and regional gray and white matter volumetry [14]. Functional connectivity (FC), as measured by functional MRI (fMRI), has reliably been shown to correlate with G and IQ. This includes correlations between resting-state FC (RSFC) network organization and FSIQ [15, 16] and regional global connectivity and G_F [17]. The topography of task fMRI (T-fMRI) statistical maps have been found to correlate with intelligence as well [18, 19]. Correlates of intelligence extend beyond fMRI RSFC and task activations as well, to include measures such as amplitude of low frequency fluctuations (ALFF) and dynamic functional connectivity (dynFC). Using multimodal magnetic resonance imaging (MRI) Ritchie et al. [20] demonstrates a plethora of correlates of G, including diffusion MRI (dMRI). For extensive literature reviews, see Dizaji et al. [21] and Basten et al. [22].

Previous reviews [23, 24] and meta-analyses [11, 25, 26] were fundamental in the development of theories of biological intelligence. At the time studies

performing predictive analyses were scarcer than today. This type of analysis enjoys growing popularity in neuroimaging [27, 28]. machine learning (ML)-based predictive analyses allow one to test a much more complex hypothesis space than univariate, group-based testing. The multivariate nature of ML allows interactions and commonalities between predictors to be taken into account. It also "tests" such hypotheses on the basis of individualized predictions, taking into account heterogeneity that is diluted in group-based analyses [29]. Data-driven studies based on ML are fundamental to understand the degree that variability in brain phenotypes explain variability in intelligence. ML-based studies also address the question of generalizability patterns at the forefront. For these reasons, this type of study is widely used in the investigation of behavior, with cognition and, specifically, human intelligence as the most studied domains [29].

While the literature of brain correlates on intelligence covers various techniques, such as sMRI, fMRI, dMRI, positron emission tomography (PET), electroencephalography (EEG), magnetoencephalography (MEG), predictive studies are limited in this regard. Availability is one of the main factors behind that choice, because ML benefits from large amounts of data [30]. Small data has been identified as one source of optimistic bias in error-bars [31], and leads to non-reproducible results. Large-scale open-data imaging cohorts are often centered on fMRI, with sMRI and dMRI providing complimentary information. For this reason, we opted to focus on fMRI, sMRI and dMRI, anticipating a small incidence of studies using other imaging modalities.

A large number of studies on the prediction of intelligence was published in recent years. To the best of the authors' knowledge, no review on this

application of ML to predict human intelligence from brain imaging has been previously published. The purpose of this review is to identify existing literature, critically appraise reporting and methodology. We hope that our work will promote the establishment of best practices and prospects for future research in this field of research.

2. Methods

This review was developed following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for transparent reporting of systematic reviews [32]. See Table B.4 for the PRISMA checklist. Choice of methods and search strategy are based on a protocol we developed and registered at Open Science Framework [33]. Post-hoc adaptations are mentioned below, when applicable.

2.1. Eligibility criteria

Eligibility criteria were peer-reviewed original articles written in English that performed individualized prediction of intelligence using at least one of fMRI, sMRI and dMRI in neurotypical human subjects using ML and include evaluation of generalizability, *i.e.* cross-validation, bootstrapping, or external validation.

2.2. Information sources

We performed a systematized search in Scopus (`scopus.com`), dating to 15th December 2020. Additional documents were retrieved from a recent literature review [21], co-authored by B.H.V. and C.E.G.S., and another study [34, Table 1] that provide a comparison between similar studies.

2.3. Search strategy

We retrieved all documents in Scopus that contained at least one of the following terms in their title, abstract, or keywords: "morphometry", "cortical thickness", "functional connectivity", "structural connectivity", or "effective connectivity". Simultaneously, the document should contain at least one of the following terms: "prediction", "predict", "CPM", "multivariate pattern analysis", "bases", "variability", or "mvpa". The documents should also contain in their title one of the following terms: "intelligence", "behavioral", "behavior", "cognitive ability" or "cognition". See Appendix A for the actual search string used.

After removal of duplicates, all records had title and abstract screened. Records were discarded if we could identify disagreement with inclusion criteria, and kept otherwise. Remaining records were retained for full-text inspection. If in accordance with the inclusion criteria, these were retained as eligible for qualitative synthesis. Otherwise discarded with reasons, *e.g.* , non-human subjects, no validation or other generalizability evaluation, did not predict intelligence, did not use neurotypical subjects.

2.4. Data collection process

We originally planned to use the CHecklist for critical Appraisal and data extraction for systematic Reviews of prediction Modelling Studies (CHARMS) checklist [35], but ultimately it became clear that we needed a form tailored for our research question. We constructed our own data extraction form, borrowing from CHARMS.

An online document was created and shared between authors B.H.V., K.F. and A.K.S. All three authors performed data extraction, including: (1)

identification (title, year, source title, digital object identifier), (2) study population (dataset, number of subjects for psychometric assessment, number of subjects for prediction, age and sex characteristics of the sample), (3) methods (imaging modality, input features, number of features, ML models, validation strategy, performance metrics, a priori feature selection, construct, instrument, components of intelligence, scores, quality of cognitive assessment), (4) results (performance of individual methods/data combinations, best performance).

Regarding the quality of intelligence measurement, retrieved items included, when applicable: number of subtests, number of dimensions, time duration of test application, test completeness. These are important to assess whether the test properly measures intelligence and is applicable to the construct.

We additionally retrieved citations among identified documents, to build a citation network. Due to differences in formats and unreliability of automatic searching, we opted to perform a manual search over all documents. For each identified studied, we searched for the names of first authors of every other document. For consistency, we opted to consider citations of pre-print versions (same authors and title) of identified documents.

We used the Prediction model risk of bias assessment tool (PROBAST) to assess risk of bias (RoB) and concerns regarding applicability in individual studies. This was a choice made post-hoc to the registration of the study. We originally planned to create an RoB assessment checklist for the reviewed studies, but after registration we became aware of PROBAST, which fulfilled this role, requiring minimal adaptations. This assessment was performed at

the result-level.

It is critical to ensure that reporting is transparent in order to ensure that findings can be replicated. We also used the Transparent Reporting of a Multivariable Prediction Model for Individual Prognosis or Diagnosis (TRIPOD) [36, 37] checklist assessment tool [38] to evaluate reporting quality. We used a modified version tailored for ML predictions [39], including three modified items, shown in Table D.5. Several items in TRIPOD were not adequate for our research question, and were removed from the questionnaire for our evaluation. A few items and subitems were deemed not applicable or not important to our review question, and their assessments do not appear in this review. Namely, 1.i, 1.iii, 2.iii, 2.iv, 2.xi, 3b, 4a, 4b, 5c, 6b, 7a.iv, 7b, 10a, 10b.iv, 10b.v, 10c, 10d.ii, 10e, 11, 13a, 13b.iii, 13b.iv, 13c.ii, 15a.ii, 15b, 16.iii, 17, and 20.i, 22.ii. Items 1 and 16.i were edited to allow NA entries, due to studies that had broader scopes than the one pertaining to this review's question. Item 13b, pertaining to demographics, requires description of the actual data being used, and not from the original sample before exclusions. Items 13b and 14a, that should be assessed based on "Results" sections, were extended to "Methods" sections as well. We performed the TRIPOD assessment at the study-level and performed across-studies summarization of reporting quality ratings.

Authors G.S.P.P. and B.H.V. completed PROBAST and TRIPOD independently. To ensure both reviewers' interpretations were aligned, calibration was performed twice, using one study from each checklist on each occasion. Interrater agreement was then computed based on the Kappa statistic, at the score-level, for the remaining documents, excluding the two used for cal-

ibration.

The quality of measurement of intelligence is linked to validity and can interfere on results of each study. For example, Gignac et al. [9] demonstrated that the quality of measurement moderates the association between intelligence and brain volume. The guide for categorization of measurement quality by Gignac et al. [9] proposes four quality criteria: the number of tests, the number of group-level dimensions, testing time, and correlation with G. Authors K.F. and A.K.S. performed the assessment of measurement quality based on these criteria. "Number of tests" is categorized into 1, 1-2, 2-8, and 9+ which signal "poor", "reasonable", "good", and "excellent" measures of G, respectively, in the absence of any other information. Therefore, a minimum of nine tests is needed to represent an excellent G. The "number of group-level dimensions" criterion is divided into 1, 1-2, 2-3, and 3+ test dimensions, leading to the respective classifications "poor", "reasonable", "good", and "excellent" measures of G, in the absence of any other information. So, an excellent measure of G is expected to present at least three group-level dimensions, *e.g.* G_F, G_C, processing speed. "Testing times" of 3-9 min, 10-19 min, 20-39 min, and 40+ minutes are respectively classified as possibly "poor", "reasonable", "good", and "excellent" measures of G. The last criterion, "correlation with G", is the best indicator of measurement quality and takes precedence over the others. However, this correlation is scarcely reported. Gignac et al. [9] recommends substituting the correlation with G with the three other criteria.

The primary measure of prediction performance evaluation was chosen to be the Pearson correlation coefficient, R-squared and mean squared error

(MSE). See Appendix C for a mathematical description of different performance measures. The Pearson correlation coefficient is the most used measure in the literature. It is scale- and location-invariant, which means that high values can be obtained with arbitrarily large errors. R-squared, when properly evaluated, is a less biased measure of explained variance than the correlation coefficient squared. However, it also suffers from its own biases that will be discussed below, requiring proper care regarding the variance of the sample. Ideally, MSE or mean absolute error (MAE) should be used when comparing different models applied to the same data [40]. Regardless of the choice of the performance measure, comparisons between modeling approaches using different data can be ambiguous, since intrinsic variation can differ between datasets.

2.5. Synthesis of results

To determine the level of performance expected for each modality, we estimated a mixed-effects meta-analytic model using the package "metafor" in R 4.0.5 [41] using results that were rated with both low RoB and low concerns regarding applicability in PROBAST. The number of samples was taken to be the total number of subjects used in the estimation of performance with pooled or unpooled means. We employed the Hunter-Schmidt estimator to deal with the sampling variance, which entails a homogeneity assumption. Different datasets and measurements of intelligence were treated as fixed effects. The same procedures were used for the R-squared, except that the Hunter-Schmidt estimator was not applied , since it pertains exclusively to correlation coefficients. Residual heterogeneity, *i.e.* the variability unaccounted for by the model and covariates, was measured by the

I^2 statistic.

Standard errors are seldom reported in the literature. Moreover, due to the nature of cross-validation (CV), where resulting models across folds are not independent, standard errors are underestimated [31].

Assessment of within-study selective reporting is unfeasible in our setting, due to the lack of pre-registrations. Due to computational resources available today, the risk of selective reporting is real, leading to overfitting of the validation set. For an in-depth exposition, see Hosseini et al. [42].

The funnel-plot was used to qualitatively assess the risk of publication bias.

Since one of the biggest bottlenecks for ML is sample size, we compared the number of training samples used with measured performances across studies. Some studies directly report the number of samples used in training, *i.e.* holdout-based validation. In other studies it can be simply deduced, *i.e.* studies using leave-one-out CV (LOOCV). For studies that used k-fold CV or leave-one-family-out CV (LOFOCV), we estimated the number of samples available for training as $N - N/k$, where N is the total number of samples and k the number of groupings, *i.e.* folds or families.

3. Results

Our search strategy identified 689 records in Scopus. Additionally, 17 records were identified from Dizaji et al. [21] and 7 in Fan et al. [34]. 63 records remained after removal of duplicates and screening. These were submitted to full-text eligibility analysis. 30 records were considered eligible for qualitative synthesis. See Figure 1. The number of documents per year

is shown in Figure 2. General characteristics from each document obtained with our data extraction form are reported in Table 1.

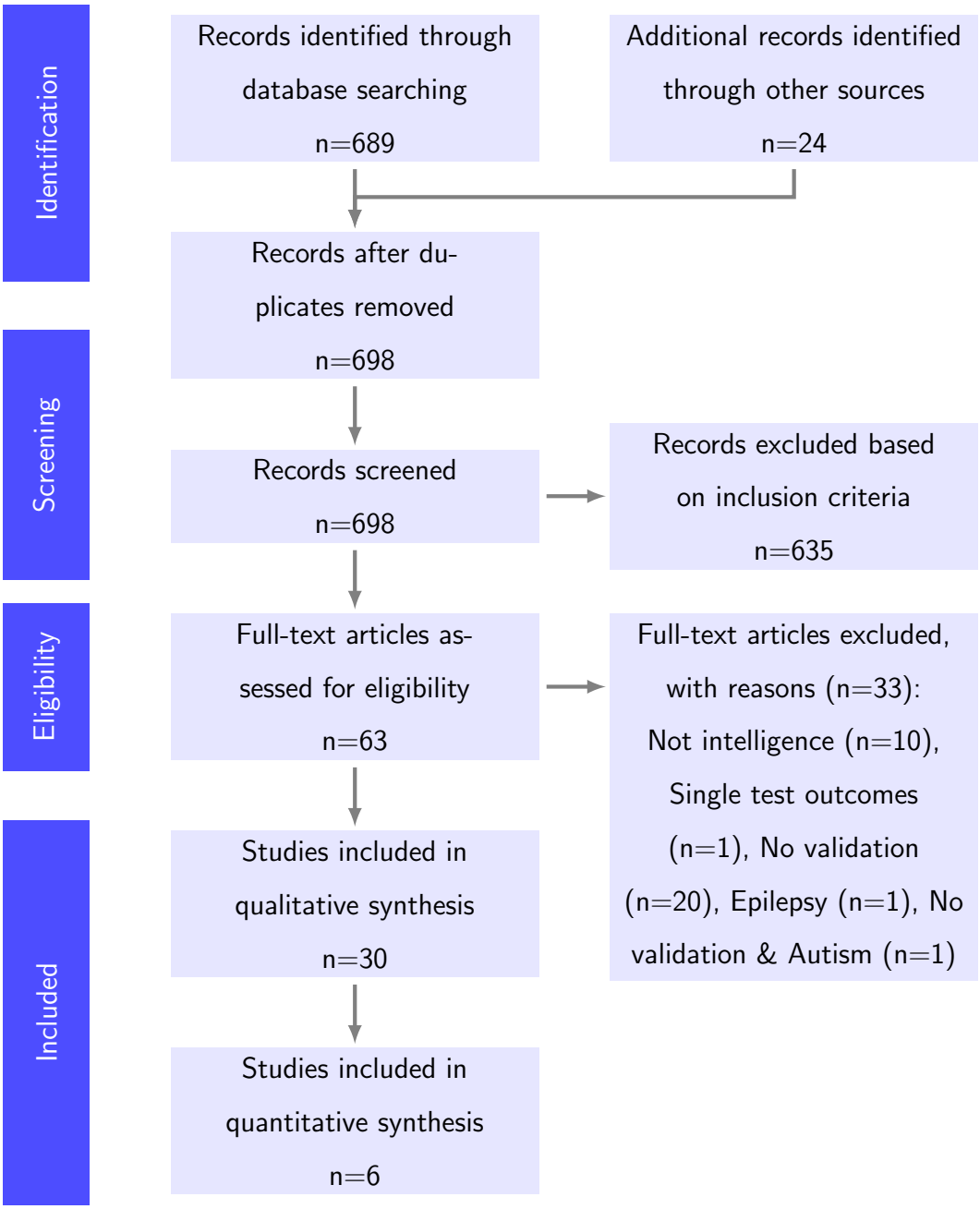


Figure 1: Systematic review flow diagram. See PRISMA statement [32]

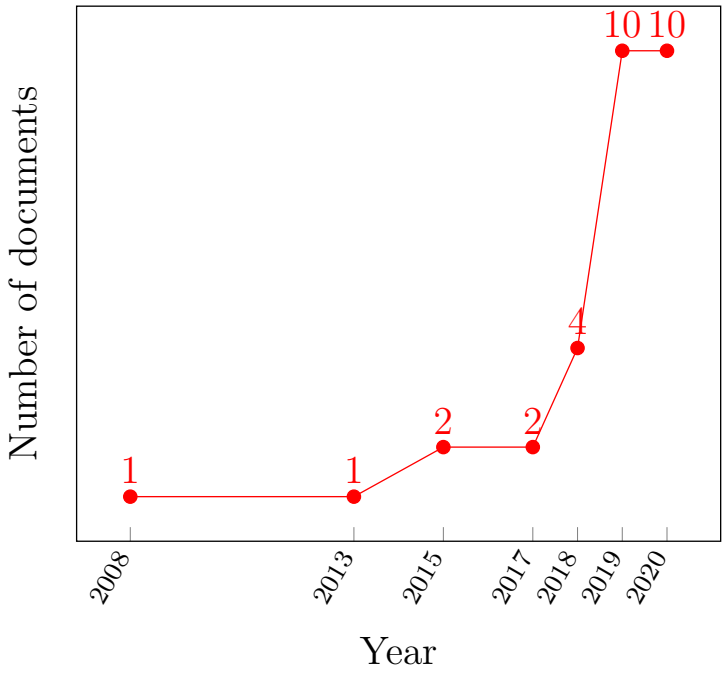


Figure 2: Year of publication of the 30 studies identified. An upward tendency is demonstrated, with 20 studies being published in 2019 and 2020 alone.

Studies	Year	Number of subjects	Input	ML models	Validation strategy	Target
Choi et al.[18]	2008	408 for FA, 225 for prediction from NRI/KAIST (training data: 116 sMRIs and 61 fMRIs; test data: 48);	sMRI & fMRI Cortical thickness, T-fMRI activation in a fluid reasoning task, gray matter volume, sex	Linear modelling (derived from separate structural and functional samples)	Independent test sample	G
J. J. Yang et al.[43]	2013	78 from NRI	sMRI Cortical thickness, surface area, sulcal depth, mean curvature	PLSR	LOOCV	FSIQ
L. Wang et al.[44]	2015	164 from ABIDE	sMRI Regional gray and white matter volume	Multi-kernel SVR following multiple feature selection	Repeated (10x) 10-fold CV, with inner CV (unspecified) for parameter tuning	IQ
Ferguson et al.[45]	2017	830 from HCP (S900 release) (600 for training, 230 for testing)	fMRI Scaled eigenvalues from spectral decomposition of concatenated RS-fMRI, products of eigenvalues	LASSO	Independent test sample	G_F
C. Li et al.[46]	2018	100 from HCP (Unrelated subjects)	fMRI ALFF following voxelwise univariate filtering, seed-based FC	L2SVR	LOOCV	G_F
Dubois et al.[47]	2018	884 for CV, 1181 for FA from HCP	fMRI RSFC	Elastic Net after univariate filtering	LOFOCV	G
Kashyap et al.[48]	2019	803 from HCP	fMRI RSFC with and without Common Orthogonal Basis Extraction (COBE)	Elastic Net after univariate filtering	20-fold nested CV, with inner CV for tuning	G_F
S. Yang et al.[49]	2019	68 from HCP-Q1	fMRI RS-fMRI temporal variances of temporal autocorrelations (sulci, gyri, undefined cortices) from four ROIs	Linear regression	LOOCV	G_F
J. Li et al.[50]	2019	862 from BGSP, 953 from HCP	fMRI RSFC	KRR (correlation kernel)	20-fold nested family-aware CV, inner 20-fold CV for selection of parameters	G_F
Yoo et al.[51]	2019	316 unrelated subjects (out of 563) from HCP (S1200 release)	fMRI Bivariate and multivariate (distance correlation) RSFC	CPM	Repeated (5000x) 10-fold CV	G_F

Table 1 continued from previous page

Studies	Year	Number of subjects	Input	ML models	Validation strategy	Target
Cox et al.[52]	2019	27100 for FA and 4768 for training, 2510 for testing with fractional anisotropy; 4707 for training, 2494 for testing with mean diffusion; cortical: 5246 for training, 2589 for testing with cortical volume; 5253 for training, 2595 for testing with subcortical volume; from the UK Biobank	sMRI & dMRI ROI white matter mean diffusivity and fractional anisotropy and gray matter cortical and subcortical volumes	MIMIC	Independent test sample (Manchester = training data, Newcastle = test data)	G
He et al.[53]	2020	953 from HCP (S1200 release); 8868 from UK Biobank	fMRI RSFC	KRR, FNN, BrainNetCNN, GNN	HCP: 20-fold family-aware CV nested with inner tuning; UK Biobank: Holdout (6868 training, 1000 validation and 1000 test)	G_F
Wu et al.[54]	2020	922 from HCP (S1200 release) (830 for training and 92 for test)	fMRI T-fMRI activation in seven HCP tasks (emotion, gambling, language, motor, relational, social, and working memory)	PLSR	Independent test sample	G_F and Fluid, Crystalized and Total Scores
Jiang et al.[55]	2020	360 from UESTC; 200 from HCP (Q3 release); 120 from COBRE (60 HCs)	fMRI RSFC	LASSO	LOOCV (with nested 10-fold CV for tuning)	FSIQ and G_F
Lin et al.[56]	2020	143 (1 subject with missing data) from HCP (S900 release)	fMRI & dMRI RSFC and structural connectivity (quantitative anisotropy, mean streamline length, and normalized number of streamlines)	CPM	LOOCV	G_F
Wei et al.[57]	2020	1003 (812 "recon2" used as discovery set; 191 "recon1" as validation set) from HCP (S1200 release)	fMRI RSFC	CPM, SVR, LASSO, and Ridge regression, after Bootstrapping Feature selection	10-fold stratified CV & independent validation set	G_F
Sripada et al.[58]	2020	967 for T-fMRI, 903 for RS-fMRI from HCP (S1200 release)	fMRI Brain Basis Set (BBS) modeling decomposition of task contrasts, RSFC	Linear regression (75 components/coefficients)	10-fold family-aware CV	General Cognitive Ability (computed for each fold)
Fan et al.[34]	2020	1050 from HCP	fMRI dynFC	Deep neural network (CNN-LSTM), SVR	10-fold CV (no splitting runs from the same subject)	G_F and Crystalized Intelligence
Hilger et al.[59]	2020	308 from NKI (Enhanced)	sMRI Gray matter volume (voxel and regionwise)	PCA-SVR & Atlas-SVR	10-fold CV (with nested inner 3-fold CV for parameter tuning) stratified for intelligence	FSIQ

Table 1 continued from previous page

Studies	Year	Number of subjects	Input	ML models	Validation strategy	Target
Jiang et al.[60]	2020	326 from UESTC	fMRI & sMRI RSFC, cortical thickness (vertexwise)	CPM	LOOCV	FSIQ
Dryburgh et al.[61]	2020	226 from ABIDE-I	fMRI RSFC	CPM	LOOCV	FSIQ and Verbal intelligence quotient (VIQ)
Finn et al.[62]	2015	118 from HCP (Q2 release)	fMRI RSFC under various preprocessing pipelines	CPM	LOOCV	G_F
Dubois et al.[63]	2018	884 from HCP (S1200 release)	fMRI RSFC under various preprocessing pipelines	CPM & elastic net following univariate filtering	LOFOCV (410 families)	G_F
Greene et al.[64]	2018	515 from HCP; 571 from PNC	fMRI RSFC and T-fMRI activation (7 tasks in HCP, 2 in PNC)	CPM	LOOCV (within samples) and between samples/between conditions validation	G_F
Elliott et al.[65]	2019	298 from HCP; 591 from Dunedin Study	fMRI RSFC, GFC	CPM	LOOCV (within samples) and between samples validation	Cognitive Ability
Powell et al.[66]	2017	841 from HCP	dMRI Local Connectome Fingerprints and intracranial volume	LASSO PCR	5-fold CV	G_F
Zhang et al.[67]	2019	1065 from HCP	dMRI & fMRI Structural connectivity tensor (weighted according to 12 factors based on diffusion, endpoints and geometry); RSFC; local structural connectivity	Linear regression (after tensor network PCA with k = 60)	5-fold CV	G_F
Gao et al.[68]	2019	515 from HCP; 571 from PNC	fMRI RSFC and T-fMRI FC	rCPM, GFC-ridge, cCPM, CPM, GFC-CPM	Repeated (100x) 10-fold CV; External Validation	G_F
Dadi et al.[69]	2019	443 from HCP (213 High IQ, 230 Low IQ, based on terciles)	fMRI RSFC	K-Nearest Neighbors ($K = 1$, Euclidean distance metric), Gaussian Naïve Bayes, Random Forests, L1-SVC L1-LogReg, Ridge classification, L2SVC, L2LogReg, 10%-univariate ANOVA SVC	Repeated (100x) Stratified Holdout (75%)	G_F

Table 1 continued from previous page

Studies	Year	Number of subjects	Input	ML models	Validation strategy	Target
Kong et al.[70]	2019	577 from HCP	fMRI Dice overlap kernel of different parcellation algorithms (ICA back-projection algorithm, individual-specific parcellation algorithm of Gordon, parcellation algorithm of Wang, multi-session hierarchical Bayesian model (MS-HBM))	KRR (dice overlap kernel)	Repeated (100x) 20-fold family-aware CV nested with inner tuning 20-fold CV	G_F

Table 1: General characteristics of documents retrieved using based on our data extraction form.

Documents were published in a variety of journals. 8 studies (27%) were published in NeuroImage [48, 50, 51, 53, 65, 67–69] 2 (7%) in Cerebral Cortex [55, 70], Human Brain Mapping [57, 58], Brain Imaging and Behavior [60, 61], and Network Neuroscience [45, 66]. 1 (3%) in each of Journal of Neuroscience [18], Neuroscience [43], PLoS ONE [44], NeuroReport [46], Philosophical Transactions of the Royal Society B: Biological Sciences [47], Frontiers in Neural Circuits [49], Intelligence [52], Science China Life Sciences [54], Brain and Behavior [56], Frontiers in Neuroscience [34], Brain Structure and Function [59], Nature Neuroscience [62], Personality Neuroscience [63], and Nature Communications [64].

A co-citation network is shown in Figure 3. Arrows point from the cited to the citing document. In total, 78 citations were identified. This network systematically demarks highly influential works in the sample. Finn et al. [62] is cited by 23 documents, out of 26 documents that were published posteriorly to it.

Regarding data sources, 23 (77%) studies used different releases of the Human Connectome Project (HCP). Among these, 17 (57%) studies use solely HCP data [34, 45–49, 51, 54, 56–58, 62, 63, 66, 67, 69, 70]. 6 (20%) studies used the HCP together with other datasets, such as the Philadelphia Neurodevelopmental Cohort (PNC) data [64, 68], the Dunedin Study [65], Center for Biomedical Research Excellence (COBRE) and University of Electronic Science and Technology of China (UESTC) [55], the UK Biobank [53] and Brain Genomics Superstruct Project (BGSP) [50].Other sources of data included the Neuroscience Research Institute (NRI) [18, 43], Korea Advanced Institute of Science and Technology (KAIST) [18], Autism Brain Imaging

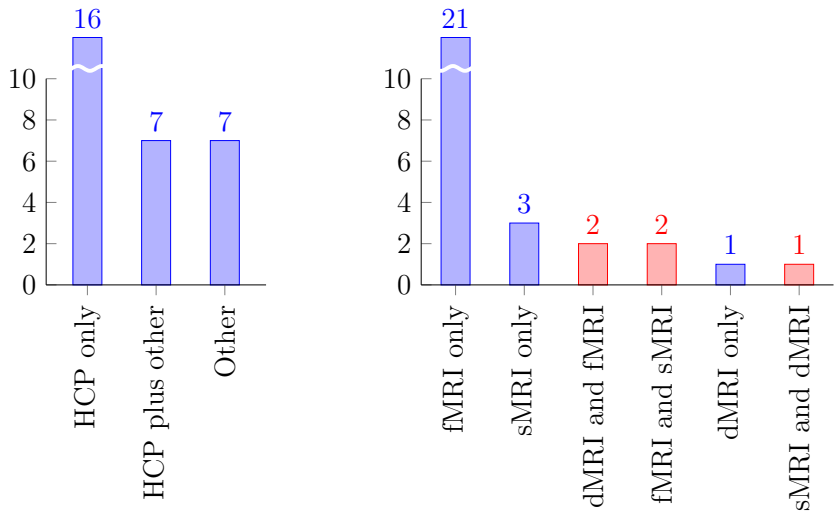
Figure 3: A citation network relating all 30 documents identified in Figure 1. Colors are used to better differentiate documents and carry no meaning. Arrows are colored according to parent nodes and point from the cited work to the one citing it.

Data Exchange (ABIDE) [44, 61], UK Biobank [52], Nathan Kline Institute - Rockland Sample (NKI) [59] and UESTC [60]. All sources of data provide images acquired with 3 T MRI scanners, with the exception of NRI, that only includes data acquired with 1.5 T. See Figure 4a.

Regarding imaging modality, 21 (70%) studies only used fMRI data [34, 45–51, 53–55, 57, 58, 61–65, 68–70]. sMRI was the only imaging modality in 3 (10%) studies [43, 44, 59]. 1 (3%) study concerned only dMRI [66]. Multimodality was also explored, with fMRI and sMRI in 2 (7%) studies [18, 60], sMRI and dMRI in 1 (3%) study [52], and dMRI and fMRI in 1 (3%) study [56, 67]. No study performed multimodal prediction based on fMRI, sMRI and dMRI simultaneously. Also, all studies used solely MRI data, *i.e.* no additional imaging such as PET, EEG or MEG is used. See Figure 4b.

We identified four constructs reported as outcomes. G_F is an outcome in 20 (67%) studies [34, 45, 46, 48–51, 53–57, 62–64, 66–70], IQ in 6 (20%) studies [43, 44, 55, 59–61], general intelligence or G appears in 4 (13%) studies [18, 47, 52, 58] and cognitive ability appears in 1 (3%) study [65]. 2 (3%) studies reported results on G_F and other NIH Toolbox for Assessment of Neurological and Behavioral Function (NIHTB) cognition scores [34, 54], *i.e.* total, fluid and/or crystallized cognition scores. 1 (3%) study includes measures of both IQ and G_F as outcomes [55].

The most common reported instrument is the 24-item Raven's Progressive Matrices (RPM), appearing in 22 (73%) studies [34, 45–51, 53–57, 62–70]. In all these studies, the RPM employed is the Penn Matrix Test (PMAT), from the University of Pennsylvania Computerized Neurocognitive Battery (PennCNB), which also appears in 18-item format in 2 (7%) studies [64, 68].



(a) Sources of data

(b) Imaging modality

Figure 4: General characteristics of eligible studies. (a) shows the main sources of data identified in the sample. 23 (77%) studies employed different releases of the HCP, with 17 (57%) based solely on HCP data. (b) shows the use of different imaging modalities. Shown in blue, 25 studies were based on unimodal data: 21 (70%) used fMRI, 3 (10%) used sMRI and 1 (3%) used dMRI exclusively. Shown in red, the remaining five studies employed multimodal data: 2 (7%) used fMRI and sMRI, 1 (3%) used sMRI and dMRI, 2 (7%) used dMRI and fMRI.

The 36-item Raven's Advanced Progressive Matrices Set II appears in 1 (3%) study [18], as one test in the estimation of G. All 20 studies that studied G_F reported the usage of RPM. 3 (10%) of these studies also included additional tests, either due to availability in specific datasets or as parallel measures. These are the Wechsler Adult Intelligence Scale (WAIS) matrix reasoning test score, as a substitute for G_F in the BGSP [50], and NIHTB fluid cognition scores [34, 54].

We used qualitative cues in titles and abstracts to determine the overall scope of studies. 20 (67%) studies were concerned primarily with predictive modeling [34, 43, 44, 46–48, 53, 55–61, 63, 64, 66, 68–70]. 16 (53%) studies focused primarily on intelligence [18, 34, 43–47, 49, 51, 52, 55, 58–62]. In total, 10 (33%) studies had both predictive modeling and intelligence as primary concerns [34, 43, 44, 46, 47, 55, 58–61].

Out of the 25 (83%) studies employing fMRI, 20 (67%) explored FC. All of these 20 include RSFC-based analyses, while 12 (40%) studied RSFC exclusively. In 19 (63%) studies, the only fMRI data was resting-state fMRI (RS-fMRI). 6 (20%) studies used T-fMRI, with task FC and/or spatial topographies as inputs [18, 54, 58, 64, 65, 68]. Choi et al. [18] employed a fluid reasoning task. Wu et al. [54], Sripada et al. [58], Greene et al. [64], Elliott et al. [65], and Gao et al. [68] employed seven tasks from the HCP. Additionally, Greene et al. [64] and Gao et al. [68] used the working-memory and emotion identification tasks from the PNC and Elliott et al. [65] employed the emotion processing, color Stroop, monetary incentive delay and episodic memory tasks from the Dunedin study.

Not counting intracranial volume, which is used both as a predictor and

as a confounder in several studies, all 6 (20%) studies reporting usage of sMRI employ morphometric measurements as predictors. The small sample of dMRI-including studies included as predictors mean diffusivity and fractional anisotropy, structural connectivity, local connectome fingerprints, and structural connectivity tensors and local structural connectivity.

Regression based on linear models was reported in 25 (83%) documents [18, 34, 43, 45–49, 51, 52, 54–68]. Among these, 10 (33%) reported use of some form of penalized linear modeling [45–48, 55, 57, 59, 63, 66, 68]. 10 (33%) reported using Connectome Predictive Modeling (CPM) [51, 56, 57, 60–65, 68]. 4 (13%) reported using Support Vector Regression [34, 46, 57, 59]. 3 (10%) reported using linear regression [18, 49, 58]. 2 (7%) reported using Partial Least Squares Regression [43, 54] and Principal Components Regression [66, 67].

Regression based on nonlinear models was reported in 5 (17%) documents. These include polynomial Kernel SVR [44], correlation kernel ridge regression (KRR) [50, 53], dice overlap KRR [70] and deep learning, based on convolutional neural networks (CNNs), graph neural networks and fully connected deep networks [53] or recurrent neural networks (RNNs) [34].

In 29 (97%) studies, prediction of intelligence was implemented as regression, *i.e.* prediction of a continuous variable. 1 (3%) study [69] performed classification, subdividing subjects into two groups, one with high and the other with low IQ. They report using Support Vector Classification and Penalized Logistic Regression, as linear models, and 1-Nearest Neighbor, Naïve Bayes and Random Forest, as non-linear models.

Regarding the level of spatial abstraction of input data, 26 (87%) studies

presented inputs at the regional level, either intra-regional 7 (23%) [18, 43, 44, 49, 52, 58, 59], *e.g.* , regional cortical thickness estimates, or inter-regional in 20 (67%) studies [34, 45, 47, 48, 50, 51, 53, 55–58, 60–65, 67–69] features, *e.g.* , RSFC. Inter-voxel predictors appear in 2 (7%) studies [66, 67], in the form of local dMRI structural connectivity. Intra-voxel predictors appear in 5 (17%) studies [46, 54, 59, 60, 70], *e.g.* , seed-based FC or voxelwise morphometry, ALFF, or T-fMRI statistical maps. No study used raw or minimally preprocessed imaging data.

In total, discounting censored and unclear results, *e.g.* , results presented only graphically, 209 results are presented across 25 documents [18, 34, 43–49, 52–56, 58–68].

We identified 10 performance metrics across studies. These are Pearson correlation coefficient, Spearman rank correlation coefficient, R-squared, square root of R-squared, MAE, MSE, root MSE (RMSE), normalized RMSE (RMSE), normalized root mean squared deviations (nRMSD), and area under the ROC curve (AUC). See Appendix C for the mathematical definition of each.

From the 30 studies encompassed in this review, nine did not directly mention the tests used [44, 48, 50, 51, 53, 54, 61, 69, 70]. Supplementary materials and citations were consulted to identify tests used in all but one study [61]. See Table 2.However, there was little information about the validity of the measurement for the target population. 3 studies cited adequate references [45, 49, 57], whereas in 2 studies [56, 59], some of them were incomplete. In the other articles, there were the following limitations: 3 articles did not cite the reference or cited it incompletely [18, 66, 67]; 4 cited outdated

references [55, 59, 60, 65]; and ten articles cited inadequate references [18, 34, 43, 46, 55, 56, 60, 62–64].

Regarding measurement quality, 7 measurements were rated as excellent, distributed across 8 (27%) studies [18, 43, 44, 47, 55, 58, 60, 65]. 6 measurements were rated as good, distributed across 5 (17%) studies [34, 44, 52, 54, 59]. 7 measurements were rated as fair, distributed across 21 (70%) studies [34, 45, 46, 48–51, 53–57, 62–70]. 1 (3%) study has a measurement of IQ which we could not identify [61], based on pre-processed ABIDE, which include multiple instruments. See Table 2 for detailed ratings.

Studies	Measurement	Number of tests	Dimensions	Testing time (min)	Rating
[18]	G (principal component of 36-item RPM and K-WAIS-R subtests)	9+	3+	40+	4
[47, 58]	G (FA of 10 tests in the NIHTB and PennCNB)	9+	3+	40+	4
[52]	G (FA of 4 tests in the UK Biobank)	2–8	3+	20–39	3
[43]	FSIQ (K-WAIS-R)	9+	3+	40+	4
[55]	FSIQ (WAIS)	9+	3+	40+	4
[55, 60]	FSIQ (Chinese WAIS)	9+	3+	40+	4
[44]	IQ (WISC-IV in ABIDE)	9+	3+	40+	4
[59]	FSIQ (WASI in NKI)	2–8	3+	40+	3
[44]	IQ (WASI in ABIDE)	2–8	3+	40+	3
[61]	IQ (Unclear)	?	?	?	?
[34, 45, 46, 48–51, 53–57, 62–64, 66–70]	G_F (24-item RPM number of correct responses in HCP)	1–2	1–2	3–19	2
[50]	G_F (WAIS - Matrix Reasoning test)	1–2	1–2	?	2
[64, 68]	G_F (18-item RPM in PNC)	1–2	1–2	3–19	2
[64, 68]	G_F (24-item RPM in PNC)	1–2	1–2	3–19	2
[66]	G_F (24-item RPM total skipped items in HCP)	1–2	1–2	3–19	2
[66]	G_F (24-item RPM median reaction time for correct responses in HCP)	1–2	1–2	3–19	2
[54]	Total cognition score (composite score from the NIHTB)	2–8	3+	40+	3
[54]	Fluid cognition score (composite score from the NIHTB)	2–8	3+	40+	3
[34, 54]	Crystallized cognition score (composite score from the NIHTB)	2–8	3+	40+	3
[65]	Cognitive ability (WAIS-IV in the Dunedin study)	9+	3+	40+	4
[65]	Cognitive ability (24-item RPM in HCP)	1–2	1–2	3–19	2

Table 2: On the quality of the measurement of intelligence. This categorization follows a set of rules established in Gignac et al. [9]. 1 = poor, 2 = fair, 3 = good, 4 = excellent, ? = unclear. FA = factor analysis; K-WAIS-R = Korean WAIS-R; WASI = Wechsler Abbreviated Scale of Intelligence; WISC-IV = Wechsler Intelligence Scale for Children - 4th edition.

The assessments of RoB and applicability are shown in Table 3. In total, 8 (27%) studies were rated with low overall RoB and low concern regarding applicability. This includes five development-only studies [47, 50, 53, 58, 63], one development-validation study [52], and the validation portions of two development-validation studies [64, 65]. These are eligible for quantitative synthesis, *i.e.* meta-analysis. J. Li et al. [50] does not present prediction results in text format however, and thus was not used. Results pertaining to sMRI and dMRI encompass only the 4 results in Cox et al. [52], and thus these modalities were ineligible for quantitative synthesis, per our protocol. 89 results identified among the remaining 6 studies were suitable for quantitative synthesis: 3 in Dubois et al. [47], 8 in He et al. [53], 16 in Sripada et al. [58], 39 in Dubois et al. [63], 6 in Greene et al. [64], and 17 in Elliott et al. [65]. All of these employed fMRI solely and reported either the Pearson Correlation Coefficient or R-squared, with the exception of Greene et al. [64], which reported squared Spearman Rank Correlation. We opted to group this result with R-squared.

Studies	D/V	ROB				Applicability			Overall	
		Participants	Predictors	Outcome	Analysis	Participants	Predictors	Outcome	ROB	Applicability
Choi et al.[18]	D	–	–	?	+	–	–	–	+	–
J. J. Yang et al.[43]	D	–	–	–	+	–	–	–	+	–
L. Wang et al.[44]	D	?	–	–	+	?	–	?	+	?
Ferguson et al.[45]	D	–	–	–	?	–	–	–	?	–
C. Li et al.[46]	D	?	–	–	+	–	–	–	+	–
Dubois et al.[47]	D	–	–	–	–	–	–	–	–	–
Kashyap et al.[48]	D	–	–	–	+	–	–	–	+	–
S. Yang et al.[49]	D	?	–	–	+	–	–	–	+	–
J. Li et al.[50]	D	–	–	–	–	–	–	–	–	–
Yoo et al.[51]	D	–	–	–	+	–	–	–	+	–
Cox et al.[52]	D	–	–	–	–	–	–	–	–	–
Cox et al.[52]	V	–	–	–	–	–	–	–	–	–
He et al.[53]	D	–	–	–	–	–	–	–	–	–
Wu et al.[54]	D	–	–	–	+	–	–	–	+	–
Jiang et al.[55]	D	–	–	–	?	–	–	–	?	–
Jiang et al.[55]	V	–	–	–	?	–	–	–	?	–
Lin et al.[56]	D	–	–	–	+	–	–	–	+	–
Wei et al.[57]	D	–	–	–	?	–	–	–	?	–
Sripada et al.[58]	D	–	–	–	–	–	–	–	–	–
Fan et al.[34]	D	–	–	–	?	–	–	–	?	–
Hilger et al.[59]	D	–	–	–	+	–	–	–	+	–
Jiang et al.[60]	D	–	–	–	+	?	–	–	+	?
Dryburgh et al.[61]	D	–	–	?	+	+	–	–	+	+
Finn et al.[62]	D	–	–	–	+	–	–	–	+	–
Dubois et al.[63]	D	–	–	–	–	–	–	–	–	–

Table 3 continued from previous page

Studies	D/V	ROB				Applicability			Overall	
		Participants	Predictors	Outcome	Analysis	Participants	Predictors	Outcome	ROB	Applicability
Greene et al.[64]	D	–	–	–	?	–	–	–	?	–
Greene et al.[64]	V	–	–	–	–	–	–	–	–	–
Elliott et al.[65]	D	–	–	–	?	–	–	–	?	–
Elliott et al.[65]	V	–	–	–	–	–	–	–	–	–
Powell et al.[66]	D	?	–	–	?	–	–	–	?	–
Zhang et al.[67]	D	?	–	–	+	–	–	–	+	–
Gao et al.[68]	D	–	–	–	+	–	–	–	+	–
Gao et al.[68]	V	–	–	–	?	–	–	–	?	–
Dadi et al.[69]	D	?	–	–	+	–	–	–	+	–
Kong et al.[70]	D	?	–	–	?	–	–	–	?	–

Table 3: PROBAST = Prediction model Risk Of Bias ASsessment Tool; ROB = risk of bias; D = Development; V = Validation. + expresses low ROB/low concern regarding applicability; – expresses high ROB/high concern regarding applicability; and ? expresses unclear ROB/unclear concern regarding applicability.

Forest plots with individual results are shown in Appendix E. For the Correlation coefficient obtained from fMRI, both G and G_F have expected correlations significantly different from zero, based on 66 results from 5 studies [47, 53, 58, 63, 65]. For G, the expected correlation was 0.42 ($CI_{95\%}$ = [0.35, 0.50], p <0.001). For G_F, the expected correlation was 0.15 ($CI_{95\%}$ = [0.13, 0.17], p <0.001). Both are significantly different (p <0.001). A significant difference between HCP and UK Biobank was found: 0.086 ($CI_{95\%}$ = [0.012, 0.16], p = 0.022). Residual heterogeneity was estimated at $I^2 = 77.8\%$ for this analysis.

For R-squared, only G has expected R-squared significantly different from zero, based on 34 results from 6 studies [47, 53, 58, 63–65]. For G, the expected R-squared was 0.16 ($CI_{95\%}$ = [0.13, 0.18], p <0.001). For G_F, the expected R-squared was 0.022 ($CI_{95\%}$ = [-0.021, 0.066], p = 0.3). Both are significantly different (p <0.001). No significant differences between HCP and PNC or between HCP and UK Biobank were found. Residual heterogeneity was estimated at $I^2 = 63.3\%$ for this analysis.

TRIPOD has items that apply only to either validation or development of models. Here, all studies included development of models, while a few also included external validation. We chose to represent results together in Figure 5, with the caveat that a few items (10e, 12, 13c, 17, 19a) only apply to studies that include validation of models.

The histogram of TRIPOD ratings is shown in Figure 6.

Funnel plots for both the analysis of correlation coefficients and R-squared are shown in Appendix F. Both analyses present symmetrical funnel plots, which imply low risk of publication bias, but the range of standard errors is

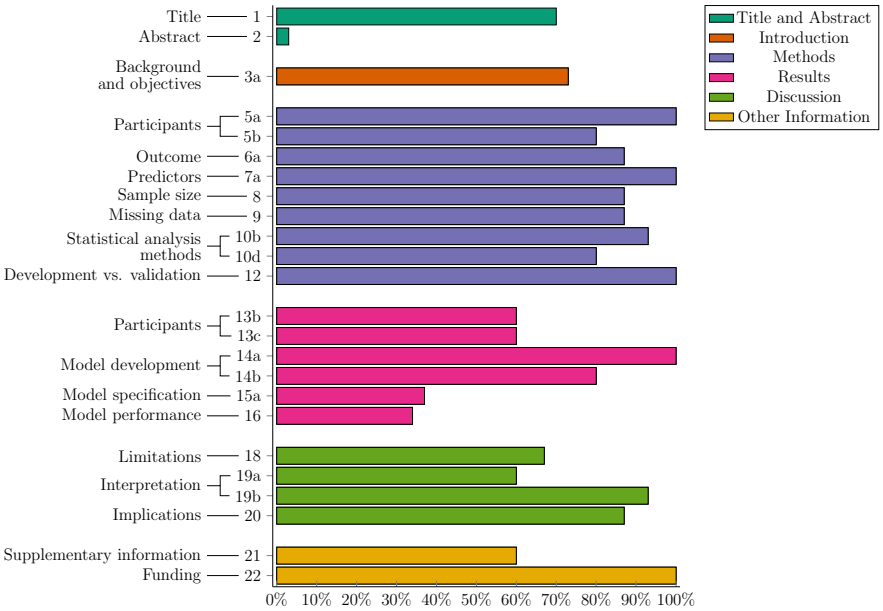


Figure 5: Overall results from the TRIPOD assessment of reporting quality. Bars represent average scores across documents. Items are nested into topics which are nested within sections, following the specification in TRIPOD. Sections and topics are shown, while items can be inspected in more detail in Table D.5 or Moons et al. [36] and Heus et al. [38]. Items 7a, 10b and 15a were adjusted following L. Wang et al. [44]. Table D.5 reflects these adjustments.

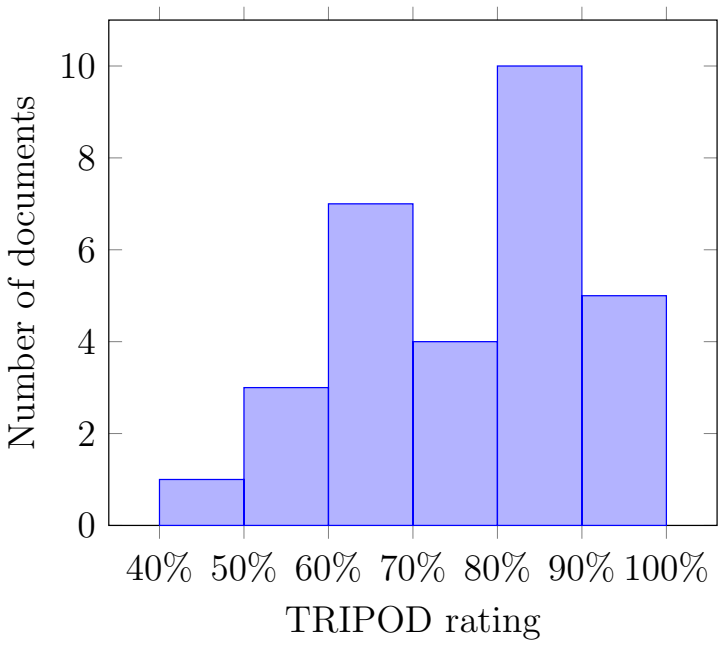


Figure 6: Distribution of TRIPOD overall ratings across 30 studies.

low, due to sample limitations, *e.g.* the lack of results with more subjects.

We studied the relationship between the expected effect size and training set size. Due to the small number of results pertaining to R-squared, this analysis was performed only for the correlation coefficient. Figure 7 shows the expected correlation coefficient between predicted values and true labels as a function of approximate training set size. Training set size is often not homogeneous within studies. For CV-based studies, including LOOCV and LOFOCV, we chose to approximate it as $N \times (K-1)/K$, where N is the total amount of data available for training and K is the number of groupings. For Holdout-based studies, the actual number of training data is given by the studies. This comparison is qualitative, and does not take into account confounders, but it is also expected that such procedures are more robust in

larger sample sizes. Compare with Figure E.8, which includes only studies with low RoB and low concerns regarding applicability.

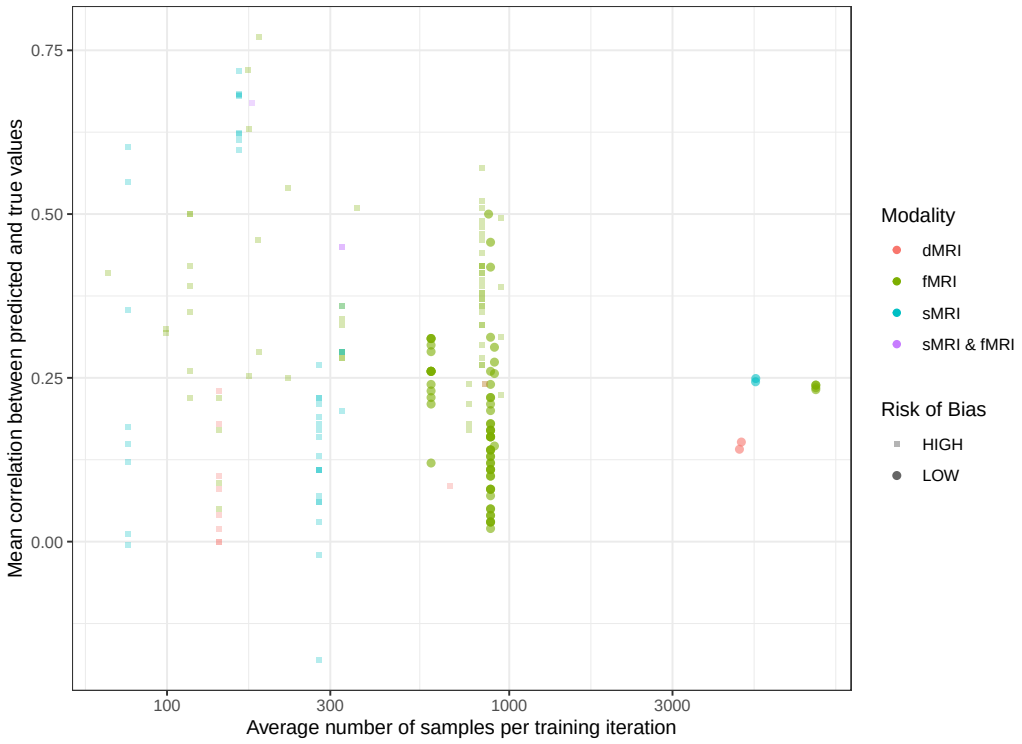


Figure 7: The expected correlation coefficient according to the approximate training size data employed across studies. With the exception of holdout-based studies, where the actual training set size is known, the approximate training size data was estimated as the total number of data available for training times by $(K-1)/K$, where K is the number of groupings. Low risk of bias refers to studies that were rated with low RoB and low concern regarding applicability in Table 3. Modality refers to the imaging modality of each individual result.

4. Discussion & Conclusion

Here, we systematically reviewed available studies on the application of ML to the prediction of human intelligence using MRI data. Most of these studies were published very recently. See Figure 2. Namely, two-thirds were published in 2019 and 2020. This attests the high and growing interest over this question in the literature.

It is also very clear from Figure 3 that some highly cited studies exert a larger influence in the literature. Later works were highly influenced by these and, in a way, the current state of the literature reflects those earlier successes. A few studies do not cite other earlier documents in Figure 3, likely because not every document focused exclusively on individualized prediction and/or intelligence. That should be taken into account when examining most results, especially TRIPOD ratings. See the TRIPOD checklist [38].

In the case of T-fMRI, results are largely compatible across datasets, but not across tasks. Greene et al. [64] and Gao et al. [68] show that FC derived from tasks are stronger predictors of G_F than RSFC. The gambling and the working-memory tasks demonstrate higher predictive power. Wu et al. [54] and Sripada et al. [58] also found that the working-memory task is highly discriminative of G, this time using statistical spatial maps.

While some of the studies presented results on more than one MRI modality, only one study presented a model that learns from multimodal data. Jiang et al. [60] presented results on both vertexwise cortical thickness and region of interest-based RSFC. They show that a model that uses both modalities at once attains significantly higher predictive accuracy for intelligence compared to single-modality models. Choi et al. [18] "neurometric model"

includes both cortical thickness and T-fMRI statistical maps as inputs, but each part of the model was learned in isolation.

The HCP [71, 72] is the most employed dataset, appearing in 73% of the sample. Dating its first releases back to 2013, it began being employed for the prediction of intelligence as early as 2015 [62].

The majority of studies, encompassing 83% of eligible documents, employed linear modeling for regression to some extent. Linear modeling is a strong baseline, also appearing in studies employing non-linear models. The most popular linear approaches include CPM and penalized linear models, each appearing in 40% of documents using linear models. CPM [73] is a very streamlined approach to predictive modeling. It is based on building linear models to predict outputs from aggregate measures of correlation between inputs and outputs, after thresholding based on significance. Features that are kept are then divided into positive-feature and negative-feature networks [62]. Features in each network are summarized, *e.g.*, summed or averaged, for each sample. Then, linear regression is used to predict outputs from these aggregate features, either separately or jointly for the positive-feature and negative-feature networks. After its introduction by Finn et al. [62], albeit not yet named CPM, it became a staple of predictive modeling. Even though "connectome" appears in its name, the same principle can also be extended to other domains such as morphometry [60]. Penalized linear modeling, on the other hand, does not aggregate features. Often, univariate filtering based on significance thresholding is used, akin to CPM. Then, however, remaining features are used as they are, without any additional transformation. The rationale for it is that penalization of coefficients can

resolve commonalities and differences in features, and effectively attenuates overfitting.

Non-linear regression modeling appears in only few studies, 17% of the sample. This might be due to the intrinsic high dimensionality of neuroimaging data, particularly evident for fMRI. At such high dimensionality, overfitting becomes a greater concern for more flexible models. The only non-linear model appearing more than once is KRR, a kernelized penalized linear regression. It is a very flexible approach given that a similarity measure between samples can be derived. Instead of using the base features in the model, features are expanded to higher (potentially infinite) dimensionalities. The kernel is the dot product between samples in this high dimensional space, which allows for efficient computation of models, bypassing the need of explicitly computing features in the new basis. In the sample, the correlation and the Dice overlap kernels were used in different studies. Due to the implicit high dimensionality, penalization is used very often, such as the ridge penalty, in the case of KRR.

Across studies, prediction is usually performed in aggregate measures of the data. Abrol et al. [74] systematically shows that deep neural networks when trained on raw data outperform classical linear and non-linear ML models in the prediction of age, gender and Mini Mental State Examination scores. They also show that embeddings obtained from deep neural networks provide strong features for classical ML. This suggests that the choice of features in the literature has the potential of negatively biasing the performance of deep neural networks. Deep neural networks allow for using structured data, due to their inductive biases, present in architectures such as CNNs for

image data or RNNs for sequence data. Only few studies use deep neural networks for the prediction of intelligence using neuroimaging. He et al. [53] modeled G_F based on RSFC with three deep neural networks. Fan et al. [34] modeled G_F and G_C based on dynFC with RNNs. Vieira et al. [75] (not in this review) implements prediction of G also with RNNs, but based on RS-fMRI timeseries.

4.1. Limitations across studies

We must first state that limitations found in the analyzed studies have to be examined under the light of the current review's question, *i.e.* what current literature regarding the ML-based prediction of intelligence using neuroimaging looks like. Many studies did not focus primarily on the prediction of intelligence, even though they included such results. Studies proposing or benchmarking modeling choices, *i.e.* preprocessing, ML, and imaging methods, will often include intelligence among their results. A common occurrence in these studies, that include several outcomes, is that they will not give results in text format. When results are shown only graphically, we decided to not use inferred numbers. Also, when assessing the TRIPOD checklist, we only scored items that were clearly within the scope of the document. For example, studies not primarily concerned with prediction were not penalized by not mentioning prediction in their title, *i.e.* item 1.ii in TRIPOD.

The choice of outcome may also be an object of discussion. Lohman et al. [76] argue that G_F consists of three components: sequential reasoning, quantitative reasoning and inductive reasoning. The latter is the core of RPM. For this reason, Gignac [77] argues that RPM can be considered an imperfect measure of G_F. This is due to its rather narrow scope, since it exclusively

consists of figural type items. All studies that predicted G_F employed the RPM in some extent. Most, 19 out of 20, used solely the RPM, with the remaining one employing both the RPM and NIHTB's fluid composite score. For this reason, their results necessitate further consideration.

For both correlation and R-squared results, G-based results are significantly higher than G_F-based ones. This alludes to Gignac et al. [9], who showed that higher measurement quality moderates the observed correlation between intelligence and brain volume. In our assessment in Table 2, G derived from 10-tests in the NIHTB and PennCNB was rated as excellent, while G_F or "cognitive ability" obtained from a single test was rated as fair. Furthermore, Dubois et al. [47, 63] used the same predictor data based on RS-fMRI, but obtained very disparate results using the HCP. The authors reported $r = 0.263$ and $R^2 = 0.047$, when predicting PMAT-based G_F, versus $r = 0.457$ and $R^2 = 0.206$, when predicting G based on the factor analysis of 10 tests in the PennCNB and NIHTB.

The measurement of G and G_F may incur risks of bias compromising proper estimation of intelligence. The use of a single-domain test, such as inductive reasoning in RPM, would evaluate an isolated skill and not measure adequately intelligence, which is by definition a set of different cognitive skills. Furthermore, a test that assesses different skills needs to cover more than one cognitive domain, *e.g.* , verbal, visual or spatial, to obtain a complete measurement [9].

Another bias in interpreting results can occur due to the omission of information related to the measurement of intelligence. The article must present the construct, *e.g.* intelligence, G, or G_F, and the psychological test used

so that it is possible to verify whether the test is adequate to measure the function contained in the specific construct. However, a psychological test suitable for the construct is not necessarily suitable for the population studied. It is essential to ensure tests are adequately validated for the population under study.

Despite the solid empirical basis of the concepts of G, $\mathsf{G_F}$, and $\mathsf{G_C}$, there are still concerns regarding cognitive abilities associated with G [78]. New research on the neuroimaging-based prediction of intelligence should bring more specifications when evaluating cognitive constructs, such as the psychological instrument, validity, and application range.

The current conceptualization of the intelligence construct does not encompass only $\mathsf{G_C}$ or $\mathsf{G_F}$. It covers adaptability and problem-solving in real life, considering emotional intelligence factors, decision making [79], and personality [78]. The interaction of these cognitive processes in an integrated way configures a complex multidimensional construct [80]. Due to this characteristic, it is recommended to use as many specifications as possible when performing the intelligence measurement.

The best model for the development of psychological instruments in intelligence evaluation is the Cattell-Horn-Carroll (CHC), seen as the best psychometric evidence for human aptitudes [81–85]. CHC theory consists of a hierarchical multidimensional model with ten factors of cognitive functioning: Fluid intelligence (Gf), Quantitative knowledge (Gq), Crystallized intelligence (Gc), Reading and writing (Grw), Short-term memory (Gsm), Visual processing (Gv), Auditory Processing (Ga), Long-term memory storage and retrieval ability (Glr), Processing Speed (Gs) and Decision speed (Gt).

However, there is criticism over its weak explanatory capacity, its failure to make testable predictions, and its enmeshment to the Woodcock-Johnson battery [86]. The Woodcock-Johnson battery of tests [87] was designed to be more aligned to the CHC theory. However, there is evidence against this alignment and the lack of support for interpreting most of the scores suggested by its scoring system [88]. To date, no psychological test measures the broad cognitive abilities established in the CHC model which are contained in intelligence. For an adequate measurement, one should make use of instruments that are most related to the CHC theory, *e.g.* , WAIS or Woodcock-Johnson Tests, Fourth Edition (WJ IV ACH).

The preponderance of G_F has three probable causes: (1) early success, as reported in Finn et al. [62], which is cited by 23 out of 26 possible documents, as can be seen in Figure 3; (2) ease of estimation, since it is often taken to comprise the score of a single test; and (3) availability, which compounds with the last reason, since RPM scores are available from the HCP, UK Biobank, BGSP and PNC.

The prevalence of G_F presents some challenges regarding the validity of results. The RPM can be considered a good score to include for the estimation of G and G_F. Current studies show that G_F and G have a strong correlation and are often statistically indistinguishable [89]. In isolation, however, according to the criteria published in Gignac et al. [9], the RPM would be considered at best a "fair" measure of G. Similarly, although it is correlated with G_F, it does not appear to be remarkable in comparison with other tests that measure G_F [77]. These findings point to the necessity of investigating what the models are learning through the RPM, and how much of it is shared

between G, G_F and test specific variance. This would better clarify how much the prediction of RPM correlates with prediction of G_F.

The literature constructs a clear picture regarding the level of expected evidence: correlations between brain imaging data and intelligence are substantial, albeit reliably low. It hovers around between 0.12 and 0.25 in large sample-size studies based on the UK Biobank [52, 53], shown in Figure 7. According to our quantitative analysis, the confidence interval covers between 0.35 and 0.50 for G and 0.13 and 0.17 for G_F based on fMRI data only. A possible explanation for this is that, in fact, the current data only affords such a level of performance. This also means that unexplained components of intelligence could be potentially learned in other spatio-temporal resolutions and imaging contrast mechanisms. Another, more problematic hypothesis is that ML is capturing relationships with other behaviors and demographics that correlate with intelligence, but not intelligence itself. This could include attention and arousal, but confounders can go much deeper, to include substance abuse, malnutrition or socioeconomic status. It is not possible to establish whether information learned from different modalities overlap due to the lack of large numbers of multimodal models.

On the choice of performance metrics, we see that Pearson correlation coefficient and R-squared are the most common in the literature. This is due to their scale invariance and perceived ease of interpretation. Despite their popularity, both are prone to biases. The correlation coefficient represents the linear association between predictions and true outcomes. Its formulation does not involve actual residuals, so models with arbitrarily large errors can still achieve perfect unitary correlation. Since R-squared involves a ratio,

the denominator that represents the variance of true values can arbitrarily reduce or augment it. In other words, too small (or too large) variance in the intelligence in the sample can lead to small (or large) R-squared, even under the same model [90]. This means that comparisons between studies, specially when their outcomes and/or populations differ, is at elevated risk of bias. A different choice of population incurs different characteristics of the outcome variance, possibly compromising the comparison. Model comparison on the same data could be performed under a well-behaved metric, such as the MSE or MAE.

We detected censoring for studies with high RoB and small sample sizes, as can be seen in Figure 7. Their variability and the frequency of negative results diminish with models trained on less than 300 subjects. This is a qualitative indicator of publication bias, but also of selective reporting, since most studies report comparisons with multiple models. This selective reporting can be a result of the issue described in Hosseini et al. [42], where authors perform optimization of their models on the same data that performance is measured, leading to inflated performance estimates due to overfitting to the test set and leakage.

The diversity of populations under study across studies is skewed towards a select group of countries. The 11 datasets identified can be grouped accordingly into United States (HCP, NKI, PNC, BGSP, COBRE), New Zealand (the Dunedin Study), United Kingdom (UK Biobank), China (UESTC), South Korea (NRI, KAIST) and North America/Europe (ABIDE-I). Earlier releases of ABIDE were for the most part based on United States populations as well (New York University, Kennedy Krieger Institute, Stanford, Oregon Health

& Science University, University of California, Los Angeles as in L. Wang et al. [44]). This limitation stems from economic factors that affect countries differently. While some datasets sampled highly-educated young adult populations, several others are matched samples from the local general population, which diminishes risks of biases. The prediction of G_F from the HCP, specially that assessed by the RPM, is very predominant in the literature. Albeit large datasets are often employed, the homogeneities across studies raise concerns regarding generalizability to other populations. Future works could perform validation analyses of trained models on new datasets, taking special care of differences in imaging acquisition and pre-processing.

While earlier association works helped to foment new theories on intelligence, current ML-based works have not yet contributed substantially to this endeavor. This comes from the fact that the majority of the works do not try to extract explanatory value from the trained models. Few works test the leverage of different features and how these fit within or without theories such as Parieto Frontal Integration Theory (P-FIT) and Network Neuroscience Theory. Future works and possibly meta-analyses can solidify these findings, providing support for existing or new theories.

A common occurrence in the assessment of PROBAST was that studies did not take into account the optimistic bias of confounders received high RoB ratings for "Analysis" Table 3. A notorious confounder which should be taken into account is kinship, in datasets like the HCP [47]. Other, more pervasive ones, include movement and brain volume, but also sex and age. Two common approaches in the literature are removing the effect of confounders using linear models and stratifying data in a way to minimize bias due to

confounders, the latter a very common approach when dealing with family structure. While our work cannot determine optimal strategies for treatment of confounders, low RoB studies were expected to recognize their effects and account for it in results.

Another common factor leading to high RoB was small sample size. It is a well-known fact from the literature that ML-based studies suffer spurious correlation induced by small samples [31]. The few studies that report the standard error of the mean cross-validated performance also likely underestimate it [31]. Recognizing the negative impact of small sample sizes, having fewer than 500 subjects was considered as an indicator of possible RoB in the assessment of Table 3.

4.2. Limitations of the review

Some possible limitations can be identified in our review methodology.

Searching for manuscripts on predictive modeling on neuroimaging is particularly challenging. In the early literature, the term "predict" would often be used to refer to studies on correlations and associations. For this reason, we had to use a search strategy based on domain-knowledge. This choice, however, incurs the risk of selection bias due to missing documents. Since we successfully retrieved a reasonable number of documents, we believe that we minimized this risk and also obtained a representative sample. It is however expected that our selection missed documents, but we believe that this number should be small.

The fact that most studies either did not focus solely on intelligence or were not primarily about individualized prediction makes data retrieval difficult. For this reason, in several instances constructs and instruments

are not readily identified in searchable text. We thoroughly searched for information in actual figures and supplementary materials. We did not follow citations or other sources to infer this information, since the construct should ideally be stated by authors.

Another source of variance is the fact that terminology is flexible. Studies will often use terms like cognitive ability or others with ambiguous meaning. For example, in Elliott et al. [65] "cognitive ability" refers to both FSIQ and G_F, while in Sripada et al. [58] "general cognitive ability" names a measurement that is identified with G in other studies. Some works will refer to a G-like construct as general intelligence, others will refrain from using the term intelligence altogether. We tried to disambiguate authors' choices with the coherence of the review in mind. This is particularly evident in Table 2, where we tried to unify terminology.

We adopted the TRIPOD adherence assessment form [38] to evaluate reporting quality. That benefits objectivity in this analysis. Measuring adherence to a specific reporting guideline has the disadvantage of potentially misrepresenting studies. This guideline is not enforced by journals, reviewers or the authors themselves in this research area. This form has been similarly applied to documents published prior to TRIPOD [91]. Due to the generality of TRIPOD items, we believe that the risk of bias is low regarding the assessment of reporting quality. Several studies achieved high ratings, as can be seen in Figure 6.

We employed PROBAST to assess RoB and applicability. PROBAST is a tool designed primarily for studies in health and medicine, but its items are still very applicable to our review question. Another benefit is that the use

of standardized tools minimizes biases when compared with an alternative created by authors. This was a post-hoc adaptation from the protocol in Vieira et al. [33], but, with aforementioned justification, we also consider that the risk of inducing bias is low.

We employed the PRISMA checklist as a reporting guideline. PRISMA was designed for studies that evaluate healthcare interventions, but most items can be applied to our review question. We believe that this choice offers no additional risk of bias for our review.

The quality of measurement of intelligence was evaluated by the first three criteria of the essential guide for categorizing the quality of general intelligence measurement [9]. Although the guide was proposed for G, we also used it to assess the quality of measurement of G_F.

The number of studies using modalities other than fMRI with low RoB and low concerns regarding applicability was insufficient for quantitative analysis. For this reason, we only obtained meta-estimates of correlation and R-squared from fMRI. Figure 7 seems to point towards an approximately unique ceiling in performance, but the small number of studies, especially truly multimodal ones, makes that inference inconclusive.

4.3. Future work

Future work could explore other imaging techniques, such as PET, EEG and MEG. These imaging techniques probe different functional aspects from fMRI. PET allows the study of slow metabolic dynamics in the brain and was fundamental for the definition of the P-FIT, being employed in the study of metabolic response differences under cognitively demanding tasks [23]. EEG and MEG, on the other hand, probe fast electrical cerebral dynamics, and

their importance was also acknowledged in P-FIT, albeit neither was part of its experimental foundation. In addition to other imaging techniques, multimodality presents an avenue for future research. Studies employing two or more techniques or modalities at once can better disambiguate the predictive power exclusive to each.

ML algorithmic developments can improve prediction accuracy and validity in the future. Data-efficient models that can robustly learn from minimally preprocessed data have the potential of automatically discovering hidden relationships. Interpretable and explainable models can further corroborate or falsify current theories on the biological bases of intelligence.

Refinements of psychometric and neuroscientific theories of intelligence will also lead to a demand for future work. Intelligence differences do not occur in isolation, being permeated by other human behaviors and environmental factors. The extended P-FIT (ExtPFIT) was formulated in Gur et al. [92], and its generalizability can be tested in a ML-based framework. Other neuroscientific theories and extensions will probably emerge in the future.

Finally, larger scale datasets will diminish small sample-size biases in predictive models [31]. Jointly learning across different datasets and discarding confounding information efficiently can boost predictive accuracy. Future works can help answer if the patterns observed in current models generalize across different populations, socio-economic environments, languages and cultures.

4.4. Conclusions

More than half of the identified studies include linear modeling to predict RPM-based G_F from HCP fMRIs. This fact attests the significance and

reliability of fMRI-based prediction studies. It also alludes to possible new avenues of research that have been studied infrequently if at all.

By pointing out salient results across studies and limitations, we hope that this work contributes to further developments in this area of research. While predictive modeling "best-practices" are abound, the literature currently lacks reporting guidelines, which could be fulfilled to ease literature search. Some gaps that can be filled by future studies include: extending and validating the current models in new populations, developing models using other spatiotemporal resolutions, other modalities, and imaging techniques, and disambiguating the contribution of neuronal phenomena to the predictions.

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Disclosure Statement

Authors declare the following that could be perceived as a conflict of interest: authors B.H.V. and C.E.G.S. maintain active collaboration with J.D. [47, 63] and V.D.C. [55, 60]. J.D. and V.D.C. were not consulted or informed in any form regarding the current study.

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Appendix A. SCOPUS search string

```
( TITLE-ABS-KEY ( ( "cortical thickness" OR "functional connectivity"
OR "structural connectivity" OR "effective connectivity" OR mri OR
fmri OR morphometry ) AND ( prediction OR predict OR cpm OR "multivariate
pattern analysis" OR bases OR variability OR mvpa ) ) AND ( TITLE
( intelligence OR behavioral OR behavior OR "cognitive ability" )
) )
```

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	page 1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	page 1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	page 4
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	page 5
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	page 6
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	page 6
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	page 6
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	page 7
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	page 7
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	page 7

Table B.4 continued from previous page

Section/topic	#	Checklist item	Reported on page #
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	page 7
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	page 8
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	page 10
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I2) for each meta-analysis.	page 11
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	page 12
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	page 12
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	page 12
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	page 20
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	page 26
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	page 32
Synthesis of results	21	Present the main results of the review. If meta-analyses are done, include for each, confidence intervals and measures of consistency	page 32

Table B.4 continued from previous page

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	page 32
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	page 34
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	page 37
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	page 40
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	page 50
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	page 51

Table B.4: From: Moher et al. [32]

Appendix C. Prediction performance metrics

Given a set of true labels $\boldsymbol{y}$, and a set of predictions $\hat{\boldsymbol{y}}$, several performance metrics can be defined.

Appendix C.1. Continuous valued labels

The Pearson correlation coefficient, defined as

$$\mathrm{r}(\boldsymbol{y}, \hat{\boldsymbol{y}}) = \frac{\sum_i^N (\hat{y}_i - E[\hat{\boldsymbol{y}}])(y_i - E[\boldsymbol{y}])}{\sqrt{\sum_i^N (\hat{y}_i - E[\hat{\boldsymbol{y}}])^2}\sqrt{\sum_i^N (y_i - E[\boldsymbol{y}])^2}},$$

is the most popular performance metric for regression of continuous valued labels.

Other metrics include the MSE,

$$\mathrm{MSE}(\boldsymbol{y}, \hat{\boldsymbol{y}}) = E[(y - \hat{y})^2] = \frac{\sum_i^N (y_i - \hat{y}_i)^2}{N},$$

the MAE,

$$\mathrm{MAE}(\boldsymbol{y}, \hat{\boldsymbol{y}}) = E[|y - \hat{y}|] = \frac{\sum_i^N |y_i - \hat{y}_i|}{N},$$

and Spearman rank correlation coefficient,

$$\rho(\boldsymbol{y}, \hat{\boldsymbol{y}}) = \mathrm{r}(R(y), R(\hat{y})),$$

defined in terms of Pearson's, but based on ranks instead of values, as denoted by the rank function $R(\cdot)$.

A few more metrics are linked to the MSE. These include the coefficient of determination, or squared deviance, R-squared,

$$R^2(\boldsymbol{y}, \hat{\boldsymbol{y}}) = 1 - \frac{\sum_i^N (y_i - \hat{y}_i)^2}{\sum_i^N (y_i - E[y_i])^2},$$

the RMSE,

$$\mathrm{RMSE}(\boldsymbol{y}, \hat{\boldsymbol{y}}) = \sqrt{\mathrm{MSE}(\boldsymbol{y}, \hat{\boldsymbol{y}})},$$

the RMSE,

$$\mathrm{NRMSE}(\boldsymbol{y}, \hat{\boldsymbol{y}}) = \frac{\mathrm{RMSE}(\boldsymbol{y}, \hat{\boldsymbol{y}})}{E[\boldsymbol{y}]},$$

and the nRMSD,

$$\mathrm{nRMSD}(\boldsymbol{y}, \hat{\boldsymbol{y}}) = \frac{\mathrm{RMSE}(\boldsymbol{y}, \hat{\boldsymbol{y}})}{\sqrt{\sum_i^N (y_i - E[\boldsymbol{y}])^2}} = \sqrt{1 - R^2}.$$

Appendix C.2. Binary valued labels

In our sample, the only reported performance metric for binary valued labels $y_i \in \{0, 1\}$ was the AUC, defined mathematically as

$$\mathrm{AUROC}(\boldsymbol{y}, \hat{\boldsymbol{y}}) = \frac{\sum_i^N \sum_j^N (y_j - y_i)^2 \mathbf{1}_{\hat{y}_i > \hat{y}_j}}{\sum_i^N y_i \sum_i^N (1 - y_i)}.$$

Notice that $(y_j - y_i)^2 \equiv 1$ only when $y_i \neq y_j$, being 0 otherwise.

Appendix D. Adjusted TRIPOD checklist

Section/Topic	Item	Checklist Item	Page
Title and abstract			
Title	1	Identify the study as developing and/or validating a multivariable prediction model, the target population, and the outcome to be predicted.	
Abstract	2	Provide a summary of objectives, study design, setting, participants, sample size, predictors, outcome, statistical analysis, results, and conclusions.	
Introduction			
Background and objectives	3a	Explain the medical context (including whether diagnostic or prognostic) and rationale for developing or validating the multivariable prediction model, including references to existing models.	
	3b	Specify the objectives, including whether the study describes the development or validation of the model or both.	
Methods			

Table D.5 continued from previous page

Section/Topic	Item	Checklist Item	Page
Source of data	4a	Describe the study design or source of data (e.g., randomized trial, cohort, or registry data), separately for the development and validation data sets, if applicable.	
	4b	Specify the key study dates, including start of accrual; end of accrual; and, if applicable, end of follow-up.	
Participants	5a	Specify key elements of the study setting (e.g., primary care, secondary care, general population) including number and location of centres.	
	5b	Describe eligibility criteria for participants.	
	5c	Give details of treatments received, if relevant.	
Outcome	6a	Clearly define the outcome that is predicted by the prediction model, including how and when assessed.	
	6b	Report any actions to blind assessment of the outcome to be predicted.	

Table D.5 continued from previous page

Section/Topic	Item	Checklist Item	Page
Predictors	Adjusted 7a	Clearly define all predictors used in developing or validating the ML model, including how and when they were measured.	
	7b	Report any actions to blind assessment of predictors for the outcome and other predictors.	
Sample size	8	Explain how the study size was arrived at.	
Missing data	9	Describe how missing data were handled (e.g., complete-case analysis, single imputation, multiple imputation) with details of any imputation method.	
Statistical analysis methods	10a	Describe how predictors were handled in the analyses.	
	Adjusted 10b	Specify type of model, all model-building procedures (including any predictor selection, hyperparameter selection if needed), and method for internal validation.	
	10d	Specify all measures used to assess model performance and, if relevant, to compare multiple models.	

Table D.5 continued from previous page

Section/Topic	Item	Checklist Item	Page
Risk groups	11	Provide details on how risk groups were created, if done.	
Results			
Participants	13a	Describe the flow of participants through the study, including the number of participants with and without the outcome and, if applicable, a summary of the follow-up time. A diagram may be helpful.	
	13b	Describe the characteristics of the participants (basic demographics, clinical features, available predictors), including the number of participants with missing data for predictors and outcome.	
Model development	14a	Specify the number of participants and outcome events in each analysis.	
	14b	If done, report the unadjusted association between each candidate predictor and outcome.	

Table D.5 continued from previous page

Section/Topic	Item	Checklist Item	Page
	Adjusted 15a	Present the full prediction model to allow predictions for individuals (i.e. links to the final model online (coding of predictors, code and final parameters/coefficients, and with the architecture described in full in the article)).	
Model specification	15b	Explain how to the use the prediction model.	
Model performance	16	Report performance measures (with CIs) for the prediction model.	
Discussion			
Limitations	18	Discuss any limitations of the study (such as nonrepresentative sample, few events per predictor, missing data).	
Interpretation	19b	Give an overall interpretation of the results, considering objectives, limitations, and results from similar studies, and other relevant evidence.	
Implications	20	Discuss the potential clinical use of the model and implications for future research.	
Other information			

Table D.5 continued from previous page

Section/Topic	Item	Checklist Item	Page
Supplementary information	21	Provide information about the availability of supplementary resources, such as study protocol, Web calculator, and data sets.	
Funding	22	Give the source of funding and the role of the funders for the present study.	

Table D.5: Adjusted TRIPOD checklist for reporting quality assessment

Appendix E. Synthesis of meta-analytic results

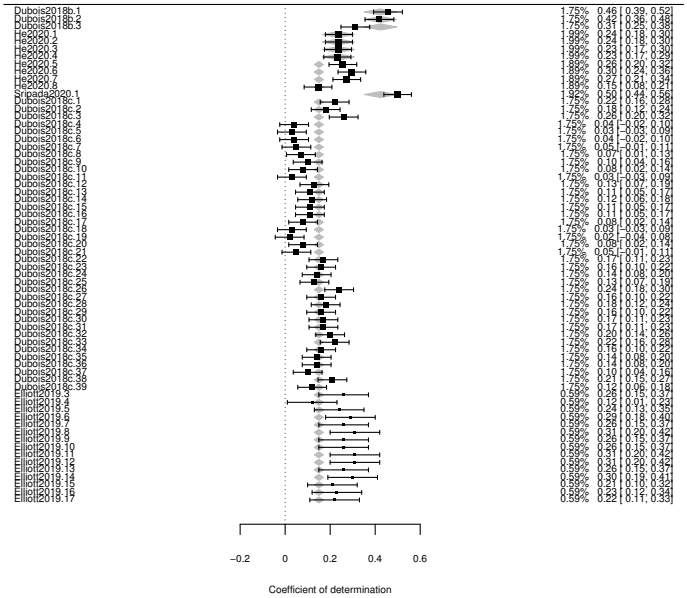

Figure E.8: Forest plot for the correlation coefficient meta-analysis.

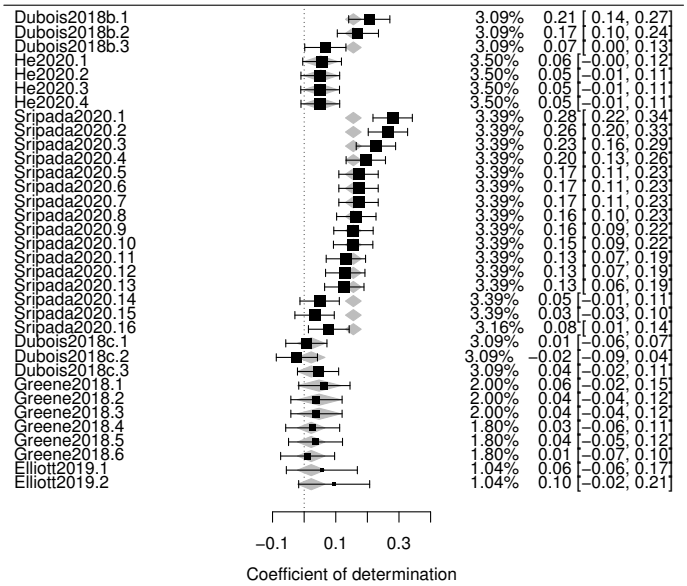

Figure E.9: Forest plot for the R-squared meta-analysis.

Appendix F. Risk of bias across studies

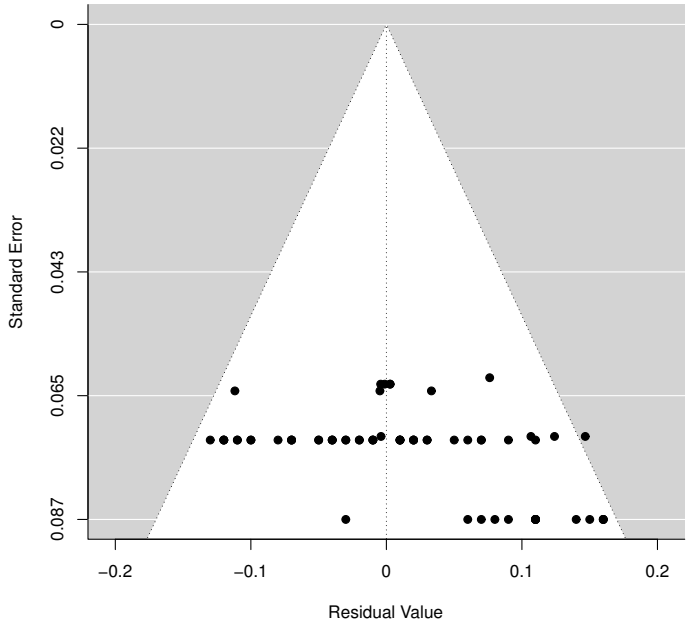

Figure F.10: Funnel plot for the correlation coefficient meta-analysis.

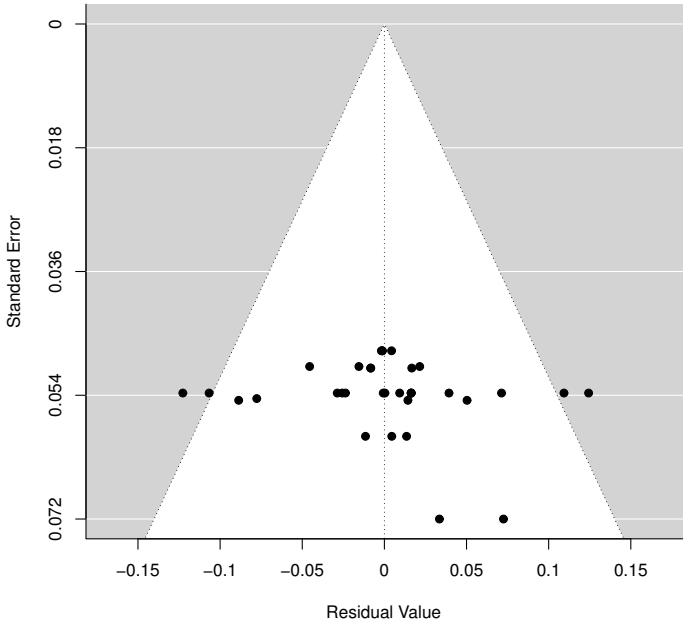

Figure F.11: Funnel plot for the R-squared meta-analysis.