Generating Synthetic Task-based Brain Fingerprints for Population Neuroscience Using Deep Learning

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Abstract:

Task-based functional magnetic resonance imaging (tb-fMRI) provides valuable insights into individual differences in the neural basis of cognitive functions because it links specific cognitive tasks to their evoked neural responses. Yet, it is challenging to scale to population-level data due to its cognitive demands, variations in task design across studies, and a limited number of tasks acquired in typical large-scale studies. Here, we present DeepTaskGen, a convolutional neural network (CNN) approach that enables us to generate synthetic task-based contrast maps from resting-state fMRI (rs-fMRI) data. Our method outperforms several benchmarks, exhibiting superior reconstruction performance while retaining inter-individual variation essential for biomarker development. We showcase DeepTaskGen by generating synthetic task images from the UK Biobank cohort, achieving competitive or greater performance compared to actual task contrast maps and resting-state connectomes for predicting a wide range of demographic, cognitive, and clinical variables. This approach will facilitate the study of individual differences and the generation of task-related biomarkers by enabling the generation of arbitrary functional cognitive tasks from readily available rs-fMRI data.

Introduction:

Characterizing inter-individual variability in brain activity patterns has become crucial to understanding individual differences in cognition, behavior, and the risk or resilience to mental disorders. Over the years, many techniques have been developed to discover the neural basis of individual differences. Among these, task-based functional magnetic resonance imaging (tb-fMRI) has emerged as a powerful technique as it can non-invasively measure changes in brain activity associated with a specific cognitive task. For example, the emotional face-matching task has been shown to activate several brain regions, particularly the amygdala[1], which has associations with mental disorders such as depression and anxiety[2]. Researchers can potentially identify individuals at risk of mental disorders by examining individual differences in task-related brain activation. Moreover, an increasing number of studies highlight that task-related brain activity improves prediction performance for individual differences in cognitive and behavioral traits, including fluid intelligence, cognitive flexibility, working memory capacity, and general cognitive ability, compared to task-free (resting-state) brain activity[3–7]. The flexibility of tb-fMRI in eliciting task-specific activations, coupled with its improved predictive power and promising findings regarding reliability[8,9], has established its role as a robust tool for understanding individual differences in brain activity[10].

Despite its advantages, task-based brain imaging has several

limitations. Firstly, it is less scalable than other brain imaging techniques like

anatomical imaging or resting-state fMRI (rs-fMRI) due to its cognitive

demands, the need for subject training and compliance, and because different

studies often use different task variants, which complicates aggregation

across studies. Therefore, besides large consortia such as the Human

Connectome Project, IMAGEN, and ABCD[11–15], which provide comprehensive

datasets, functional task data remains limited. This is even more pronounced

in populations that have difficulty in performing experimental tasks, such as

young children, babies, or individuals with neurological or psychiatric

conditions. The second limitation arises from variations in experimental task

designs. Reliable and advanced biomarker discovery requires large-scale,

multi-site datasets to represent individual variations on a population scale.

However, this introduces the challenge of standardization, as researchers

must control for differences in scanning sites, parameters, and variations in

task designs.

In this paper, we address these limitations by generating *synthetic* task-

based brain images from task-free resting-state data. This approach builds

upon the discovery that resting-state and task-based brain activity share the

same intrinsic network architecture[16–18], which has been utilized by Tavor and

colleagues[17]who predicted inter-individual variations in task-induced brain

activity from resting-state data. Although this initial work offered valuable

insights into the inherent brain structures underlying brain functions, it has

several limitations. It fails to capture the complexity of the network

architecture necessary for retaining individual-specific information, lacks

effective methods for transferring learned parameters to new datasets, and

does not cover the entire brain, overlooking subcortical areas and cerebellum

that are critical for several cognitive functions[19–21] and mental disorders[22–24].

Building upon previous work[25], here we present a volumetric neural

network architecture that (i) addresses all the limitations mentioned above,

(ii) provides the ability to generate synthetic task-based images in cohorts

where these tasks were not acquired, and (iii) provides superior reconstruction

performance in several datasets compared to different baseline methods,

while also retaining individual differences that are essential for biomarker

development. To demonstrate this approach, we first train DeepTaskGen on

the Human Connectome Project Young-Adult (HCP-YA)[11] and demonstrate

competitive performance in retaining individual differences while predicting

task-based contrast maps (i.e., task-based brain activity). Next, we apply our

trained network to the Human Connectome Project Development (HCP-D)

dataset[15] to show its generalizability by predicting task-based contrast maps

absent from this dataset. Next, we apply our trained network to generate

synthetic task images for a comprehensive battery of cognitive functions for

one of the largest population-based datasets currently available (UK

Biobank).[26] Finally, we demonstrate the utility of these synthetic data as

biomarkers by predicting subjects' age, sex, fluid intelligence, grip strength,

and overall health, as well as several clinical measures, including depression

status, alcohol use frequency, anxiety, and depressive symptom scores.

Fig. 1: Input, DeepTaskGen architecture, and model evaluation on training

and independent samples.

a. We utilized voxel-to-ROI rs-fMRI connectomes as input. A connectome was constructed for
each subject by calculating the full correlation between the averaged time series from 50 ICA-
based ROIs and the time series of individual voxels. **b.** Task-contrast maps for various tasks
were predicted from rs-fMRI connectomes using our proposed DeepTaskGen architecture.
DeepTaskGen is a volumetric U-Net model that processes the input resting-state connectome
through a series of convolutional blocks, each comprising a 3D convolution layer, batch
normalization, and a non-linear activation function. By utilizing max pooling, the model
compresses images while preserving task-relevant patterns, and then, it upsamples the
images to align with the output task contrast maps. The numbers below each block represent
the output shape of each block and the number of feature maps (above). The details of the
architecture are presented in Supplementary Table 1. **c.** We trained and evaluated
DeepTaskGen on the HCP Young Adult dataset. The figure above shows the reconstruction
performance computed by taking Pearson's correlation between predicted and actual contrast
maps for representative contrasts from seven distinct tasks. The figure below displays
discriminability, an index showing how unique subjects' task contrasts are, computed using a
fingerprinting methodology[27]. We compared DeepTaskGen with methods like group-averaged
contrast maps, retest scans, and a linear model (each depicted in distinct colors). **d.** We
further fine-tuned the trained DeepTaskGen model on the HCP Development dataset using
either task contrasts (e.g., GAMBLING REWARD). We predicted the other contrast (e.g.,
EMOTION FACES-SHAPES). The fine-tuned model was compared to the non-fine-tuned
DeepTaskGen and linear models (shown in distinct colors). Reconstruction performance and
discriminability were again used to assess the models' performance for each task contrast.

Results:

DeepTaskGen demonstrates overall better reconstruction performance and discriminability on the training dataset.

First, we trained DeepTaskGen on the HCP-YA dataset using a train set (N = 827) and a validation set (N = 92) and assessed its reconstruction performance (i.e., Pearson's correlation between actual and synthetic maps) and its ability to retain individual differences (i.e., inter-individual variance) on a separate test set (N = 34), which is essential for deriving functional biomarkers. Next, we used permutation testing to compare these measures with group-average task contrasts, a linear model[17], and retest scans (which can be seen as a theoretical upper bound on prediction ability). Figure 1c displays the results for seven representative main task contrasts of seven different paradigms, while Supplementary Figure 1 and Supplementary Tables 3-4 provide the performance for all 47 task contrasts and their test statistics, respectively. Additionally, we present the actual and predicted group-average maps for the seven representative main task contrasts in Figure 2a.

Our results showed that DeepTaskGen (μ = 0.497, σ = 0.169; μ and σ: mean and standard deviation scores across 47 contrast maps) achieved significantly greater reconstruction performance than the linear model (μ = 0.203, σ = 0.096) in all 47 task contrasts, indicating an advantage of our network in predicting task contrast maps compared to the linear model. DeepTaskGen also significantly outperformed retest scans (μ = 0.465, σ =

0.208) in 27 task contrasts while achieving worse performance in 6 task

contrasts. However, we found no significant difference between DeepTaskGen

and retest scans in 14 task contrasts in terms of reconstruction performance.

The improved performance of DeepTaskGen over retest scans can be

attributed to scan-specific noise present in retest scans or shared session-

specific information across both task-based and task-free brain activity

retained by DeepTaskGen. While group-average contrast maps (μ = 0.521, σ

= 0.170) achieved the highest scores in reconstruction performance in nearly

all task contrasts, these do not provide any inter-individual variance

whatsoever. This emphasizes that reconstruction performance, while

necessary, is insufficient for downstream analyses such as prediction and

biomarker development, which require individual-specific information.

DeepTaskGen (μ = 0.413, σ = 0.202) consistently yielded a higher

discriminability than the linear model (μ = 0.094, σ = 0.108) in 46 of 47 task

contrasts while providing similar discriminability in MOTOR T. This indicates

our model's significant advantage in retaining individual differences compared

to the linear model. However, retest scans (μ = 0.762, σ = 0.192) showed the

highest discriminability, suggesting they provide the most distinct task

contrasts. However, this high discriminability may be influenced by individual-

specific noise, which could contribute to lower reconstruction performance

compared to DeepTaskGen.

In summary, compared to various baseline methods, DeepTaskGen

achieves a good balance between reconstruction performance and maintaining

individual-specific variation. The test results and discriminability scores for all

47 task contrasts are given in Supplementary Table 3-4.

DeepTaskGen allows for generating contrast maps on an unseen

dataset

Next, we evaluated DeepTaskGen's performance in generating task

contrasts on a dataset not included in its original training. To do this, we used

the HCP-D dataset, which is ideal because it shares multiple tasks with the

HCP-YA dataset used for training the model. This, in turn, allows us to assess

the quality of the map generation against ground truth. To adapt the pre-

trained model to the new dataset, we fine-tuned it using a single task contrast

common to both datasets (see Methods). We then used the fine-tuned model

to predict the task contrast that we did not use during fine-tuning. For

example, the model for the GAMBLING REWARD contrast was fine-tuned using

EMOTION FACES-SHAPES, and vice versa for EMOTION FACES-SHAPES.

Furthermore, we assessed to what extent the trained model performed on an

unseen dataset without fine-tuning, which we referred to as "No Finetune."

Fig 1d depicts the reconstruction and discriminability performance of the

models for the task contrasts mentioned above. DeepTaskGen-based models

showed significantly better reconstruction performance than the linear model

in the "EMOTION FACES-SHAPES" and "GAMBLING REWARD" contrasts (Supplementary Table 5). While the fine-tuned model with EMOTION FACES-SHAPES outperformed the non-fine-tuned model in the GAMBLING REWARD contrast (t = 6.381, p = 0.002), the fine-tuned model with GAMBLING REWARD performed significantly worse in the EMOTION FACES-SHAPES contrast (t = -5.200, p = 0.002) compared to the non-fine-tuned model. This suggests that the nature of the task is also important, and that fine-tuning is not guaranteed to improve reconstruction performance.

Regarding discriminability, the fine-tuned and non-fine-tuned models showed varying performance compared to the linear model (Supplementary Table 6). We noticed considerable variability in discriminability (and, to a lesser extent, reconstruction performance) among DeepTaskGen-based models across different task contrasts. In contrast, the linear model produced similar discriminability for all task contrasts, suggesting it is insensitive to differences between task contrasts, probably due to the model's simplicity.

In summary, DeepTaskGen-based models enable the prediction of trained task contrast maps on datasets lacking such maps. However, the benefit of fine-tuning varies depending on the specific task contrast.

 Fig. 2: Visualization of group-level contrast maps and similarity (or

 dissimilarity) among subjects.

a. Group-level contrast maps for seven representative tasks were generated for predicted

maps on three datasets (HCP Young Adult, HCP Development, and UK Biobank) and compared

to actual task contrast maps from HCP-YA. Activations and deactivations are displayed using

scaled z-scores, with colors indicating the magnitude of the effect (shown in the color gradient

bar). **b.** To visualize the similarity or dissimilarity between subjects based on their task

contrast maps, we employed Uniform Manifold Approximation and Projection (UMAP), a non-

linear dimensionality reduction technique, which projects the high-dimensional task contrast

maps into two dimensions for clear visualization. Each dot represents a subject's task contrast

map for the seven tasks, colored accordingly. Similar subjects are positioned closer together,

indicating similarity, while the distance between dots represents dissimilarity.

Predicted task contrast maps achieve stronger or comparable

performance in predicting demographic, cognitive, and clinical

variables

Next, we sought to demonstrate the utility of synthetic task images for

downstream prediction tasks within the UK Biobank dataset. To achieve this,

we fine-tuned our model on the UK Biobank dataset using EMOTION FACES-

SHAPES task contrast ($\mu_{reconstruction}$ = 0.396, $\sigma_{reconstruction}$ = 0.136,

discriminability = 0.354) and predicted seven representative contrasts from

each task available in HCP-YA (Figs. 3-4).

To ensure that the predicted task contrast maps retain overall network

structure and capture individual- and task-related variance for downstream

analyses, we visualized them in two ways, along with the actual task contrast

maps from the HCP-YA dataset as a reference. First, we generated group-

average maps and observed excellent correspondence with the canonical

networks for each task[12] and the actual task contrasts (Fig. 2a). Then, we

employed Uniform Manifold Approximation and Projection (UMAP)[28] to

visualize high-dimensional differences between individuals and experimental

tasks in a more intuitive two-dimensional space (Fig. 2b). We found that the

predicted task contrast maps generated by DeepTaskGen contain lower

within-task variance yet improved between-task variance compared to actual

task contrast maps. This improvement can be attributed to the denoising

process performed by our neural network during reconstruction, enhancing

the signal-to-noise ratio.

**Fig. 3: Prediction of subjects' age, sex, fluid intelligence, and dominant
hand grip strength using task contrast maps and resting-state connectome
on UK Biobank.**

We predicted subjects' demographic and cognitive measures using three modalities: synthetic

task contrast maps, actual task contrast maps, and resting-state connectome data. All

predictions were made using L2 regularized regression within a 5-fold cross-validation

framework with permutation testing (1000 permutations). Blue represents resting-state

connectome and actual task contrast maps, whereas red represents predicted task contrast

maps. Significant predictions based on permutation testing are highlighted. Error bars indicate

the standard deviation of prediction performance across five CV folds. Balanced accuracy was

used to measure sex classification performance, while Pearson's correlation was employed to

assess other variables. Sample sizes for all analyses are indicated in each figure. The detailed

test statistics are given in Supplementary Tables 8-12.

We then compared the prediction performance of each of the seven

predicted task contrast maps to that of actual task contrast maps and resting-

state connectome data using permutation testing (1000 permutations).

Specifically, we aimed to predict individuals' demographic, cognitive, and

clinical measures, including age, sex, fluid intelligence, dominant hand grip

strength, overall health, alcohol use frequency, depression status, depressive

symptoms (Patient Health Questionnaire [PHQ]-9[29] and Recent Depressive

Symptoms [RDS]-4[30]), anxiety symptoms (Generalized Anxiety Disorder

Assessment [GAD]-7[31]) and neuroticism from predicted and actual task

contrast maps, as well as resting-state connectome data. These were chosen

because other studies have reported high prediction accuracy using these

tasks[32,33] and because they are critical measures representing individuals'

mental health. The exact IDs for the variables are given in Supplementary 7.

Fig. 4: Prediction of subjects' clinical measures using task contrast maps and resting-state connectome on UK Biobank.

We predicted subjects' clinical measures using three modalities: synthetic task contrast maps, actual task contrast maps, and resting-state connectome data. All predictions were made

using L2 regularized regression within a 5-fold cross-validation framework with permutation

testing (1000 permutations). Actual and synthetic brain measures are depicted in blue and

red colors, respectively. Significant predictions based on permutation testing are highlighted.

Error bars indicate the standard deviation of prediction performance across five CV folds.

Balanced accuracy was used to measure depression classification performance, while

Pearson's correlation was employed to assess other variables. Sample sizes for all analyses

are indicated in each figure. The detailed test statistics are given in Supplementary Tables

8,13,14.

The results, presented in Figures 3-4 and Supplementary Tables 8-14,

show that the predicted task contrasts achieved greater or comparable

prediction performance relative to actual EMOTION FACES-SHAPES task

contrasts and resting-state connectome data for all variables. Specifically, we

observed a large improvement in sex and age prediction using synthetic task

contrasts, indicating that DeepTaskGen retains task activity patterns related

to unique biological traits and amplifies their detection due to enhanced signal-

to-noise ratios. More notably, for several clinically relevant measures,

including RDS-4, PHQ-9, depression status, alcohol use frequency, and

neuroticism, synthetic task contrasts achieved significant prediction, while

actual brain measures could not survive permutation testing. This enhanced

performance indicates that synthetic task contrast maps can retain amplified

complex activation patterns related to subjects' clinical characteristics.

Discussion:

In this work, we introduce DeepTaskGen, a robust neural network architecture designed to predict task-based contrast maps using volumetric resting-state connectivity. This architecture enables the prediction of task contrasts on unseen datasets, even when task contrasts are unavailable or have not been acquired. We employed this method to generate task data for a comprehensive battery of cognitive tasks for the UK Biobank dataset and show that these synthetic task images retain individual-specific information essential for biomarker discovery.

We showed that our approach accurately predicts task-based contrast maps from resting-state connectivity in both the training dataset (HCP-YA) and unseen datasets (HCP-D and UKB). DeepTaskGen showed excellent reconstruction performance in that it outperformed retest scans in terms of more than half of the task contrasts and performed consistently better than a linear baseline model. While it may seem surprising that this approach performs better reconstruction than repeat scans, this finding aligns with previous work[25] and may be explained by the fact that session-specific information is present in both task-based and resting-state brain activity, with our model retaining this information during the generation process. More importantly, DeepTaskGen's generated task contrasts preserve individual differences relative to linear models and group-average maps. This indicates that these synthetic contrast images may be better suited as biomarkers for

individual-specific differences. Although group average maps show better

reconstruction performance, they do not retain such individual-specific

differences.

We performed extensive validation analyses on the UKB dataset to

showcase the advantage of using predicted task contrast maps for predicting

individual differences in an extensive set of demographics, cognitive, and

clinical variables. Our results indicate that these predicted maps offer

equivalent or better performance in all the scenarios we evaluated relative to

actual EMOTION FACES-SHAPE task contrast images and resting-state

connectome data. This is likely because our approach increases the signal-to-

noise ratio in the synthetic data by (i) reducing inherent noise in functional

MRI data and (ii) allowing an increase in the temporal degrees of freedom

from resting-state scans that are frequently longer than task-based scans.

Moreover, we observed variability in the predictive performance of various

synthetic task contrasts, which indicates DeepTaskGen's capability to retain

task-specific variability, also evidenced in the UMAP visualizations (Fig. 2b).

This reinforces DeepTaskGen as a robust tool to facilitate predictive

neuroscience.

Our method builds directly upon the foundational work of Tavor et al.[17]

and Ngo et al.[25], who demonstrated the potential to predict task-based brain

activity from task-free (i.e., resting-state brain) activity. The main benefit of

our approach is the ability to generate task images in new cohorts where such

images were not acquired. However, these previous methods have additional

limitations. Tavor et al. employed a linear model, which fails to capture the

complexity of the shared network architecture between task-based and task-

free brain activity and does not effectively transfer learned parameters to

unseen datasets. Ngo et al.[25] introduced a neural network-based architecture,

but it is limited to the cortical surface, thereby excluding subcortical areas and

cerebellum that are crucial for cognitive functions[19-21] and mental disorders[22-

24]. In contrast, our proposed network, DeepTaskGen, overcomes these

drawbacks.

DeepTaskGen holds a wide range of implications in neuroscience

studies. One significant application is the prediction of contrast maps for age

groups for whom task data are difficult to acquire, such as children or

individuals with neurological and psychiatric disorders. We showed that

synthetic contrast maps facilitate predictions and biomarker studies within

populations where acquiring task-based fMRI data may be challenging, which

creates a significant potential to expand the scope of precision psychiatry.

However, the correspondence between resting-state and task-evoked brain

activation may vary across different groups, including those with disorders.

Therefore, a model trained solely on healthy controls might require careful

fine-tuning to ensure accurate predictions in disorder groups, which should be

a focus of future studies. Another important application of DeepTaskGen lies

in methods that utilize population data, such as normative modeling[34]. A

recent study modeling the heterogeneity in the Emotional Face Matching Task

using population-wide life-long normative modeling indicates a notable gap in

mid-adulthood age groups[35]. In this case, we believe DeepTaskGen can play

an important role in this context by augmenting contrast maps for the

underrepresented age group in their database. Additionally, while the UKB

dataset contributes a large portion of their data due to its sample size, it only

includes the Emotion Face Matching Task, limiting the replication of such

models for other fMRI tasks. DeepTaskGen can also address this challenge by

generating corresponding synthetic task contrasts by requiring only resting-

state fMRI data, which can then facilitate the development of more

comprehensive normative models. Furthermore, our method can benefit

large-scale imaging genetics studies, such as genome-wide association

studies (GWAS), where potential associations between genotypes and brain-

based phenotypes are studied. For instance, our approach allows pooling data

to test for associations between putative genetic variants and specific task-

evoked activity patterns. A recent study[36] revealed significant genotype-

phenotype associations using multimodal neuroimaging data from UKB, but it

still faces the limitations mentioned above. Thus, DeepTaskGen can also

enhance GWAS by enabling more specific and task-related associations using

synthetic task contrasts.

It is important to note the difference in variance distribution between

predicted and actual task-based contrast maps. Actual images contain task-

related variation (i.e., signal) and epistemic variation (or noise)[34]. During the

prediction process, such noise can be effectively removed, amplifying the

variance across experimental tasks by retaining only task-related variance.

This can be seen in the UMAP visualizations in Fig. 2b, where predicted maps

showed lower within-task contrast variance but higher between-task contrast

variance than actual maps. Such removal of epistemic noise results in an

increased signal-to-noise ratio, leading to improved prediction performance in

our validation analyses. While this may not be critical for traditional statistical

methods like group comparisons, it becomes more important when these

images are used in complex models where noise is explicitly modeled.

Therefore, we strongly recommend careful model designs that consider this

difference when incorporating both data types within a single model.

Several methodological considerations should be noted when

interpreting our results. First, the spatial Independent Component Analysis

(ICA) and task contrast maps provided in the HCP-YA dataset are surface-

based (i.e., fs_LR surface). We projected these surface-based images to the

volumetric MNI space using a well-established method, Registration Fusion[37],

which, despite its promise, might not be as optimal as direct registration to

the coordinate system during preprocessing. Therefore, the projected contrast

maps may have potential differences from those originally preprocessed in

volumetric space, which might impact prediction performance. Second, we

used the mean squared error (MSE) loss function to train our model. Although

DeepTaskGen yielded significantly greater discriminability than the linear

model and group-averaged contrast maps, the MSE loss may still bias

predictions toward the group average, limiting DeepTaskGen's performance.

A previous approach, BrainSurfCNN[25], proposed a reconstructive-contrastive

loss to enhance inter-subject variance in predicted contrast maps while

minimizing within-subject differences. While the authors observed increased

inter-subject variance, they noted its ineffectiveness for fine-tuning, which is

the main objective of our study. Additionally, the relationship between

reconstructive and contrastive loss can become complex in high-dimensional

data, yielding contradictory results[38]. We also observed a similar pattern,

where reconstructive performance decreased with increasing inter-subject

contrast. This issue may be addressed with hyperparameter optimization of

the loss function, but this necessitates expensive hyperparameter

optimization and can introduce considerable inter-researcher variance.

Another recent approach suggests using residualized connectome and contrast

maps (i.e., images subtracted by a mean image), forcing the model to learn

only individual differences[38]. Although residualization might simplify the

training procedure, it is not feasible for transfer learning as such

residualization cannot be effectively done in unseen datasets. Therefore,

further exploration of input data and loss function strategies may enhance

discriminability.

In summary, we have demonstrated DeepTaskGen, a general-purpose

tool for generating arbitrary synthetic task images from resting-state data.

We consider that this will facilitate the study of individual differences and the

generation of task-related biomarkers.

Methods:

Datasets:

Supplementary Table 2 provides the sample details and function scan acquisition parameters for the datasets used in this study.

Human Connectome Project Young-Adult (HCP-YA): The Human Connectome Project Young-Adult (HCP-YA) 1200 Release was used as a main dataset to train and evaluate models[11]. 953 participants comprising all the task and resting-state sessions were included. Of those 953 subjects, 34 have re-test 3T fMRI data from the second visit, which we used as an evaluation set. Rs-fMRI data were acquired in four 15-minute runs, with 1200 timepoints per run, totaling 4800 timepoints per subject. However, since fewer timepoints (e.g., 300-500) are common in neuroimaging datasets and stable functional connectivity can be computed with shorter resting-state acquisitions[27,39], we divided resting-state data into eight contiguous parts (600 timepoints) as previously shown[25]. Like previous studies[17,25], we used ROIs from the 50-component parcellation derived from spatial ICA released within HCP-YA to compute individual functional connectivity. As tb-fMRI data, we used 47 unique contrasts from 7 main task domains[12]: WORKING MEMORY, EMOTION, SOCIAL, RELATIONAL, LANGUAGE, MOTOR, and GAMBLING. We used minimally preprocessed and FIX-cleaned fMRI data provided by HCP[40]. While HCP also provides volumetric rs-fMRI data, the spatial ICA maps, and z-transformed task-activation maps are only surface-based. Therefore, we

projected surface-based data to volumetric space using the registration fusion

(RF-ANTs) method[37]. Registration Fusion is a popular method that allows

nonlinear mapping between MNI152 and fsaverage coordinate systems using

coordinate mapping computed on 745 subjects from the Brain Genomics

Superstruct Project (GSP)[41]. The details of the mapping process are given

elsewhere[37]. Subsequently, the scan images were downsampled to 2x2x2 mm

voxel resolution and cropped to the cortex (resulting image dimension is

76x93x78) to reduce the computational costs.

Human Connectome Project Development (HCP-D): The

evaluation of DeepTaskGen's generalizability across different populations with

various age groups and transferability of learned parameters to unseen

datasets was conducted on the HCP-Development (HCP-D) dataset from the

HCP-Lifespan project[15]. 637 subjects that had completed four resting-state

runs (488 timepoints per run) and Emotion[1] and Guessing[42] tasks were

included in the study. The choice of Emotion and Guessing tasks was due to

the Emotion task performed in both the main HCP-YA and HCP-D projects,

while the Guessing task served as an adaptation of the Gambling task in HCP-

YA, with some modifications. Similarly, the minimally preprocessed volumetric

resting state (e.g., rfMRI_REST_hp0_clean.nii.gz) and task-fMRI (e.g.,

tfMRI_GUESSING_PA_hp0_clean.nii.gz) images provided by the HCP were

used in our study. The voxel-to-ROI matrices for each subject within the

dataset were computed using the same ICA-based parcellation used in the

training dataset. The task-based contrast maps were calculated using

"nilearn.glm.first_level.FirstLevelModel" method from Nilearn[43]. Specifically,

the first level model with a high-pass filter (0.01 Hz), "glover" hemodynamic

response function, smoothing with 6 mm FWHM Gaussian kernel, and z-

transformation was applied to minimally preprocessed task-based images.

Nuisance correction was done using the Friston 24 motion parameters.

UK Biobank (UKB): To assess the practical applicability of generated

contrast maps and further generalizability of the trained model on a large-

scale sample, we used the UK Biobank dataset[26]. A total of 20,792 subjects

with resting-state (490 timepoints) and Emotion task[1] MRI images were

included in this study. We used the consortium-processed dataset, which was

preprocessed using an FSL-based pipeline, which includes unwarping, motion

correction, fieldmap correction, registration, normalization, automatic noise

selection as implemented in ICA-AROMA[44], and smoothing using a 5 mm

FWHM Gaussian kernel. Following preprocessing, the same ICA-based

parcellation used in the previous analyses was utilized to extract general-

purpose resting-state images and compute voxel-to-ROI time series. Z-

transformed contrast maps for the Emotion task were computed using FSL.

Subjects with a mean relative root mean square head motion greater than 0.5

mm were excluded.

Voxel-to-ROI functional connectivity:

DeepTaskGen employs resting-state voxel-to-ROI connectivity to predict task contrasts. Voxel-to-ROI connectivity is computed as Pearson's correlation between each voxel's time series and the average signal of the target ROI[45]. The target ROIs are derived from components obtained through group-level independent component analysis (ICA) applied to resting-state fMRI time series[46]. Voxel-to-ROI connectivity provides an increased spatial resolution compared to the conventional ROI-to-ROI approach, which requires deeper models at the generation step. Although voxel-to-voxel connectivity could produce a higher spatial resolution than voxel-to-ROI connectivity, it is computationally infeasible due to excessive GPU memory use. Additionally, as mentioned earlier, the voxel-to-ROI approach allows for modeling the connectivity of the entire cortex, providing a more inclusive solution than the vertex-to-ROI approach.

DeepTaskGen:

The Architecture of DeepTaskGen is depicted in Fig 1. DeepTaskGen is a volumetric adaptation of BrainSurfCNN[25], a surface-based convolutional neural network based on U-Net architecture[47] widely used in biomedical image segmentation. Like autoencoders, U-Net consists of encoding (i.e., downsampling), decoding (i.e., upsampling) blocks, and a bottleneck block. Specifically, DeepTaskGen's network architecture is as follows: each block in

the encoding and decoding arms consists of a 3D convolutional layer, batch

normalization, and non-linear ReLU activation function. Additionally, max

pooling (MaxPool3d) is applied before each encoding block to reduce the

dimensions of the input image by half by retaining task-related information.

In contrast, compressed images are upsampled before each decoding block to

match the output dimensionality with actual maps. The details of the

architecture are provided in Supplementary Table 1.

Model Training:

DeepTaskGen was trained on HCP-YA (N_{train} = 827, $N_{validation}$ = 92, N_{test}

= 34) for 100 epochs using a batch size of 12, mean squared error (MSE) as

the loss function, and the Adam optimizer. Unlike the previous study[25], we did

not utilize the reconstructive-contrastive loss in our training process as we

found no noticeable training advantage from using this loss when transferring

the model to unseen datasets, which was also reported in the previous study.

The model training was conducted on a single Nvidia Tesla V100-SXM2-32GB

GPU and took approximately 8 hours and 30 minutes.

Model transfer to HCP-D and UKB:

Our main objective for the HCP-D dataset was to validate the

performance of DeepTaskGen to predict unavailable arbitrary task contrast

maps on an unseen dataset. For instance, we fine-tuned the model using the

EMOTION FACES-SHAPES contrast to predict the GAMBLING REWARD

contrast. This approach relies on the assumption that the weights in the

trained model's output layer are specific to a given task contrast (e.g.,

GAMBLING REWARD), while the backbone layers (i.e., all the layers before the

output layer) contain information shared across multiple task contrasts, such

as dataset-related features. By adapting only the backbone of the model, the

trained model can effectively predict the contrasts from the HCP-YA dataset,

where the original training has been completed. To achieve this, we froze the

parameters of our trained model's output layer and fine-tuned the backbone

of our model on the HCP-D dataset using either GAMBLING-REWARD or

EMOTION FACES-SHAPES contrast. Specifically, we fine-tuned the pre-trained

model using only a single task contrast (e.g., GAMBLING-REWARD) for 50

epochs. We used 515 and 58 subjects for training and validation during fine-

tuning, respectively. Subsequently, we replaced the output layer of the fine-

tuned model with one that matched the target task contrast (e.g., EMOTION

FACES-SHAPES) and predicted the target task contrast maps for 64 test

subjects (i.e., holdout set). The model transfer performance of DeepTaskGen

was also compared with that of a non-fine-tuned model and linear regression.

The initially trained model was further fine-tuned on UKB (N_{train} =

16840, $N_{validation}$ = 1872, N_{test} = 2080) to test the practical applicability of

predicted task contrast maps. We fine-tuned the backbone of the trained

model using the EMOTION FACES-SHAPES task contrast available in UKB for

50 epochs. Then, we replaced the coefficients in the output layer of the fine-

tuned model with corresponding model coefficients of the 47 task contrasts

available in the training dataset to predict these task contrast maps for 2080

test subjects.

Baselines:

Group-average contrasts: The group-average contrasts were utilized

as a reference to represent the features in the task contrast that are shared

among individuals. A simple predictive model can effectively capture these

common features. By comparing the performance of the predicted task

contrasts with the group-average contrasts, we can assess the degree to

which the predicted task contrasts capture individual-specific information

beyond what is captured by the common features represented in the group-

average contrasts. It could also show the degree to which variation would be

in each task contrast, e.g., a high correlation between true and group-average

task contrasts indicates a reduced level of inter-individual variation.

Retest scans: The additional tb-fMRI data acquired in a second run (34

subjects from HCP-YA) was used to evaluate the reliability of the task

contrasts.

Linear Model: We implemented this baseline model based on the

approach presented by Tavor and colleagues[17]. Briefly, for each ROI (50 in

total), the input connectivity and target contrast maps of subjects in the

training set were vectorized, and a linear regression model was fit to map

between input and output vectors. This resulted in a weight matrix with

dimensions of R x S, where R represents the number of ROIs and S represents

the number of subjects in the training set. This weight matrix was averaged

across subjects to create a vector containing average weights for each ROI.

The task contrast for subjects from the test set was then predicted using this

weight vector. This procedure was repeated for each of the 47 task contrasts.

Visualization of group-level contrast maps and inter-subject and

inter-task similarity:

To evaluate the structure of the predicted task contrast maps, we

visualized both common structural elements across subjects (Figure 2a) and

similarities or differences between subjects for various task contrasts (Figure

2b). Figure 2a displays the common brain structure by presenting the voxel-

based sample average of the task contrast maps across all subjects.

We employed a non-linear dimensionality reduction method, Uniform

Manifold Approximation and Projection (UMAP)[28], to visualize the similarity or

variance between subjects and across various tasks. UMAP preserves global

and local topological structure while embedding high-dimensional data into a

lower-dimensional space. Specifically, UMAP was utilized to project the high-

dimensional task-based contrast maps into a two-dimensional space (i.e., two

components), where each dot represents a subject's task contrast map. This

allows for a straightforward interpretation of similarity or dissimilarity between

subjects and fMRI tasks by considering the distance between dots on the two-

dimensional plot. We implemented UMAP in Python using the umap-learn

package with default hyperparameters (n_neighbors=15, metric=euclidean).

Prediction of cognitive and demographic data for validation:

To validate the clinical relevance of our model, we predicted multiple

non-imaging variables using the synthetic images derived from the UK

Biobank dataset. Specifically, we aimed to predict subjects' cognition- and

health-related variables, including age, sex, fluid intelligence, grip strength of

the dominant hand, overall health, alcohol use frequency, depression status,

depressive symptoms (PHQ-9[29] and RDS-4[30]), anxiety symptoms (GAD-7[31]),

and neuroticism. We used a similar L2 regularized linear model and training

and evaluation procedure for all these prediction analyses (see below). The

exact sample size for each prediction is provided in Figures 3-4.

All regression models were built using predicted contrast maps for

seven main task contrasts (EMOTION FACES-SHAPES, GAMBLING REWARD,

WM 2BK-0BK, LANGUAGE MATH-STORY, RELATION REL, SOCIAL TOM-

RANDOM, MOTOR AVG) as well as subjects' actual EMOTION FACES-SHAPES

contrast maps and resting-state connectome as comparison. The resting-state

connectome for each subject was computed as Pearson's correlation between

each time series extracted using the 50-component ICA parcellation described

earlier (50 x 50 correlation matrix for each individual). Feature matrices in

prediction analyses were constructed by taking all voxel values within the

brain (235,375 features) or extracting the upper triangle of the correlation

matrix (1,225 features) for each subject. We predicted variables using L2

regularized linear regression (i.e., ridge regression). To mitigate the possible

effect of the difference in the number of features derived from task-based

contrast maps and resting-state connectome, the alpha value, which controls

regularization strength, was set to a value computed by dividing the number

of features by the training sample size. This resulted in significantly more

regularization for task-based features than connectome-based features. Model

evaluation was conducted within a 5-fold cross-validation framework and

tested for significance using permutation testing ($P = 1000$). Following

predictions, we compared the predictive performance of synthetic contrast

maps with actual contrast maps and resting-state connectome using

permutation testing. Specifically, we predicted variables using true labels and

compared 5-fold CV performance using a paired t-test. To create a null

sampling distribution for the t-values, we shuffled labels and repeated the

comparisons 1000 times. Then, we computed the p-value as the proportion of

permutations resulting in t-values as extreme as or more extreme than the

observed t-values. Note that predictions were performed on the 2080 subjects

we spared as a test set during the fine-tuning process explained earlier.

Measures of model performance:

Reconstruction performance: Reconstruction performance is one of

the primary measures for evaluating a model's performance. It is determined

by calculating Pearson's correlation between the predicted and actual task

contrast maps for unseen subjects (i.e., those not used in training) in the test

set.

Discriminability score: While reconstruction performance is essential

for evaluating a model's capability to generate task contrast maps, it is

insufficient for assessing its ability to preserve inter-individual differences in

these synthetic maps, which is crucial for downstream biomarker development

and individual-specific predictions. Therefore, we employed the fingerprinting

score methodology introduced by Finn and colleagues[27], which we refer to as

the discriminability score in our study. This score is computed by correlating

each subject's predicted task contrast with their actual task contrast and with

the actual task contrasts of the remaining subjects and calculating the fraction

of subjects whose predicted task contrast exhibits the highest correlation with

their actual task contrast (i.e., argmax). Given the correlation between the

group-average task contrast and each subject's actual task contrast map is

similar, we expect the discriminability score for the group-average task

contrast to be near zero. This allows us to assess to what extent the synthetic

task contrast maps can capture individual-specific information necessary for

downstream tasks, such that higher scores indicate that the synthetic maps

go beyond average information and contain individual-specific characteristics.

Prediction performance: The predictive power of both actual and

predicted task contrast maps was evaluated using Pearson's correlation

coefficient for the dominant hand's grip strength, brain age, fluid intelligence,

and overall health. For sex classification, balanced accuracy, defined as the

arithmetic mean of the true positive rate and true negative rate, was used as

the evaluation metric.

Technology use disclosure:

Large language models were used for proofreading (e.g., grammar,

typos, integrity, and clarity checks) and as assistance during Python

programming. All authors have read, corrected, and verified all information

presented in this manuscript and Supplementary Information.

Data availability:

The minimally preprocessed HCP-YA S1200 data can be accessed and

downloaded from the following link:

https://www.humanconnectome.org/study/hcp-young-

adult/document/1200-subjects-data-release. The ICA-based group-averaged

parcellations used to construct resting-state connectomes are available at:

https://www.humanconnectome.org/study/hcp-young-

adult/document/extensively-processed-fmri-data-documentation. Similarly,

preprocessed data for the HCP-D study can be downloaded from

https://www.humanconnectome.org/study/hcp-lifespan-development/data-

releases. The UK Biobank (UKB) dataset is publicly available at

https://www.ukbiobank.ac.uk/.

Code availability:

DeepTaskGen model code can be found on GitHub:

https://github.com/eminSerin/DeepTaskGen. Python scripts to reproduce all

the results presented in this paper are given at

https://github.com/eminSerin/deeptaskgen-paper. Additionally, trained

models to generate task contrast maps on various open datasets are publicly

available at https://github.com/eminSerin/deeptaskgen-models.

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