Modelling conduction delays in the corpus callosum using MRI-measured g-ratio

Berman S.[1], Filo S. , Mezer A. A.

1. Edmond & Lily Safra Center for Brain Sciences, The Hebrew University of Jerusalem, Jerusalem, Israel

Abstract

Conduction of action potentials along myelinated axons is affected by its structural features, such as the axonal g-ratio. The g-ratio is the ratio between the inner and outer diameters of the myelin sheath surrounding the axon. The effect of g-ratio variance on conduction properties has been quantitatively evaluated using single-axon models. It has recently become possible to estimate a g-ratio weighted measurement using quantitative MRI. Nevertheless, it is still unclear whether the variance in the g-ratio in the healthy human brain leads to significant differences in conduction velocity. In this work we tested whether the g-ratio MRI measurement can be used to predict conduction delays in the corpus callosum.

We present a novel framework in which the structural properties of fibers (i.e. length and g-ratio, measured with MRI), are incorporated in a biophysical model of axon conduction, to predict conduction delays of long-range white matter fibers. We applied this framework to the corpus callosum, and found conduction delay estimates that are compatible with values generated more directly (~15 ms).

Furthermore, since studies that use response time and electrophysiology suggest an increase in conduction delays with age, we compared younger and older subjects. We investigated whether there are differences in the g-ratio and the fiber length between the age groups, and whether they lead to a difference in conduction delays. We found no significant differences between the predicted delays of the two groups.

Our study provides a framework for predicting conduction latencies *in vivo*. The framework could have major implications for future studies of white matter diseases and large range network computations. Our results highlight the need for improving additional *in vivo* measurements of white matter microstructure.

1. Introduction

White matter tissue consists of myelinated and non-myelinated axons and glial cells. These axons form large-scale networks which are necessary for learning (1–3), cognitive functions (4), and normal development, and normal aging (5,6). Furthermore, damage to the structure of the white matter has been associated with a variety of diseases and disorders, including multiple sclerosis and schizophrenia (7,8). These networks of white matter fibers are essential for brain function because their main role is to conduct action potentials between distant brain regions. The conduction delays along white matter fibers could have computational implications and they were shown to vary with many factors, including age (9), sex (10), and various medical conditions (11).

In vivo anatomical studies of white matter often use indirect measures of its structure and integrity properties, leaving a gap in the interpretation of their results (12–14). Nevertheless, *ex vivo* and *in vitro* studies have led to a rich understanding of the biophysical connection between the axon microstructure and its conduction properties (e.g., (15–17)). Moreover, computational models of conduction of action potentials along myelinated axons provide a way to explore the dependence of the conduction properties on the axons' geometrical and electrical properties.

One such geometrical property of axons, which has been the focus of various studies, is the g-ratio. The g-ratio (g) is the ratio between the inner and outer diameters of the myelin sheath surrounding the axon. For a fixed inner diameter (axon diameter, d), changing g means changing the myelin sheath thickness, thus affecting membrane resistance and capacitance. For a fixed outer diameter (fiber diameter, D), changing g means varying both myelin sheath thickness and intra-axonal space, thus affecting axial conductivity as well. Under these assumptions Rushton found analytically that an optimal g for conduction velocity is around 0.6 (18). Further work has shown that higher values would be optimal given other parameters of the tissue such as energy consumption or volume constraints (19).

Empirical values of g-ratio can be measured directly using invasive techniques such as electron microscopy. Such studies reveal the g is indeed distributed around near optimal values: the reported values are around 0.67 for monkey's corpus callosum (20,21), 0.81 for guinea pigs' optic nerve (22), 0.76 for the mouse corpus callosum (23) and 0.75-0.8 for the rat corpus callosum (24). It has recently become possible to estimate a g-weighted measurement in humans *in vivo* using quantitative MRI (qMRI) (25–29). These measurements provide values and trends that are similar to those found with histology (21,27). Nevertheless, it is unclear whether the variance captured by the *in vivo* g measurements in the healthy human brain can be translated to meaningful differences in conduction velocity.

In this work we tested whether the g-weighted MRI measurement can be used to account for conduction delays in the corpus callosum. Theoretical estimates of conduction time across the callosum have been previously used in cross-species studies (30). Callosal delays can be estimated *in vivo* using electrical recordings such as EEG or MEG, and have been shown to be related to callosal structure (31,32), and are likely to increase with age (33,34). This increase could be related to white matter structure, since it's been shown that the brain tissue structure changes with age, with accumulating damage to the white matter (35,36). The structure-function link in white matter was also shown in a recent study that found correlations between callosal delays, measured using EEG, and axon diameter distributions measured using MRI (32).

To test whether the g-weighted MRI measurements can be used to predict callosal delays, we first discuss a theoretical model that can be used to calculate conduction velocity for a single axon. Next, we describe how we implement this model to calculate conduction delays in the corpus callosum. Finally, we use the framework to estimate conduction in both younger (under 40) and older subjects (over 65). Thus, we test whether incorporating the g-weighted MRI measurement in a biophysical model of conduction allows us to predict the previously observed increase in delay as function of age.

2. Theory – predicting conduction latencies

In the theory section we propose a framework that relates MRI measurements of averages of microstructure features to single axon conduction models, in order to predict white matter conduction *in vivo* (EEG/MEG). For this purpose, we first identify a relevant axon model, and the essential parameters in the model (section 2.1). Then, we describe the available qMRI parameters that can be used to estimate those model parameters (section 2.2). For model parameters that cannot be estimated based on qMRI measurements, specific values must be assumed. We will describe the assumptions underlying the choice of specific values for those parameters (section 2.3). In this section we also discuss how these parameters can be applied to a model for predicting conduction along a certain tract.

2.1 Conduction in myelinated axons

The myelinated fiber is comprised of two qualitatively different sections: the nodes of Ranvier and the internodes. The nodes of Ranvier, which contain a high density of voltage-gated Na+ channels can generate action potentials. The internodes are long sections between the nodes (about 10^3 longer), and they are coated by many layers of myelin sheaths (37). Due to the myelin sheath, the voltage progression in the internode can be described as passive. The progression of voltage along both segments of the axons have already been modelled and numerically simulated (e.g., 12,24–26). This understanding of the axon signal conduction, together with knowledge on the axon's

electrical properties (41,42) and the ability to measure its geometry, will allow to
implement a model that links white matter structure with function in biophysical terms.

2.1.1 Dependence of conduction velocity on axon geometry

The determinants of conduction velocity of action potential propagation along a
myelinated axon have been previously described and modelled. Rushton (18) was the
first to describe the dependence of the conduction velocity of a myelinated axon on its
geometry. Rushton showed that for a myelinated axon, the conduction velocity (θ) is
proportional to internode length (l). The internode length, in turn, is roughly proportional
to the fiber diameter (D), which can be defined using the axon diameter (d) and the g-
ratio (g): $D = d/g$. According to his formulation, we could predict conduction velocity,
up to a proportionality factor, using the axon diameter and g (equation 1):

$$(1) \qquad \theta \propto l \propto Dg\sqrt{-ln(g)} \propto d\sqrt{-ln(g)}$$

Rushton's formulation provides an expression proportional to conduction velocity.
Following studies have replicated Rushton's predictions and shown the dependence of
the axon's conduction velocity on its diameter, internode length, and myelin sheath
thickness (43–46). Others studies evaluated the effect of additional parameters of the
axon on conduction velocity. For example, Moore et al. (38), using numerical simulations
of myelinated fibers, examined both geometrical and physiological parameters. The
simulations replicated the results showing a dependence of conduction velocity on
internode properties, while also revealing that node parameters have a minimal effect on
the conduction velocity.

Moore's approach of numerically simulating the voltage propagation, provides a direct
approximation of conduction velocity, and allows a 'direct' manipulation of the different
axon properties, which could be useful for the purpose of this study. In this study we use
a recent MATLAB implementation by Lorena et al. (47) that numerically simulates the
conduction along a myelinated axon using the formalization of Halter and Clark's model
(39). Specifically, the simulation models the axon by dividing it into compartments
representing the node, paranode and internode. For each time step, current flows are
calculated. The current flows across the membrane (either the axonal membrane or the
total myelin membrane) is calculated from the values of voltage, voltage change rate,
and the specific membrane capacitance and conductances. The intracellular and
periaxonal axial current flow are calculated from the specific intracellular or periaxonal
resistance and the gradient of intracellular or periaxonal voltage.

2.2. The measurements in qMRI

Using a biophysical model such as the simulation used here, allows for the computation
of the conduction time of an action potential along a "theoretical axon", which represents
an average axon in an axonal fascicle. In order to do so *in vivo*, we should be able to
measure white matter pathways and estimate their microstructure. In particular, in the
section below we describe ways to measure the necessary geometrical measurements:
the axon diameter, g, and axon length. In the following subsections, we describe recent

advances in qMRI, which allow for ongoing improvement in estimating the axon
diameter, the g-ratio and the overall tract length.

2.2.1 Diffusion and axon properties

Diffusion MRI (dMRI) provides an important tool for measuring white matter
microstructure *in vivo*. Water molecules impinge on cellular membranes, intracellular
organelles, neurofilaments, and myelin. The diffusion displacement distribution therefore
contains information about all of these structures. When the diffusion is measured in
different directions, models can be applied to the data, and these models' parameters
can be used to represent the white matter microstructure (48).

Axon diameter. There are several methods of acquiring and modelling dMRI to
measure the mean axon diameter or the axon diameter distribution. Currently most of
the methods are challenging since they require multi-shell high angular resolution
diffusion imaging (HARDI) data, special diffusion acquisition sequences (e.g.
oscillation gradients), and/or knowledge of the main orientation of fibers. Furthermore,
current methods have a limited sensitivity for small axons (49), and some controversy
remains regarding the feasibility of these measurements (50). While these limitations
make *in vivo* measurement of axon diameter challenging, the existing methods have
been validated using histology and phantoms (e.g., 24,52,53).

g-ratio. The voxel average g-ratio may be estimated using a model combining dMRI
parameters reflecting axon or fiber volume in the voxel (Fiber Volume Fraction, FVF),
with an MRI-myelin measurement (Myelin Volume fraction, MVF) (25). The dMRI
models that were previously used to calculate g-ratio include NODDI (21,54),
ActiveAx (28,55), TFD (29,56), and tensor modeling (25,57,58). The MVF also saw
several implementations including mcDesspot (26,59), multiExp T2 (60–62), T2*
(63,64), qMT (25,29,57,62,65–68), and non-water fraction (27,28,69). Each measure
has its own advantages and disadvantages, and the choice of more specific
measurements often comes with a reduced signal to noise ratio (SNR). Recent work
compared the reliability of several of the different g-ratio methods and found NODDI
to be more reliable than FA for the FVF estimation, where MTV and qMT were similar,
with qMT having some advantage (70).

Length. Tractography algorithms use dMRI to reconstruct the white matter fiber tracts
(71,72). The tract reconstruction provides the pathway length which is a critical
parameter for measuring conduction time (rather than velocity).

Tract properties. Since this work aims at assessing conduction in white matter, it is
necessary to characterize the white matter microstructure belonging to specific
relevant white matter fibers. Using tractography it is possible to measure structural
MRI measurements (g, d), along the reconstructed white matter tracts, either along
the core (i.e. the mean position of the streamlines' position per node) , per voxel, or
per streamline (71,73,74). An example of such measurement within a single subject is
shown in figure 1:

Figure 1: sampling g-ratio along a fiber tract. a. g-ratio values of 3 callosal tracts, of a single subject. The g-ratio can be calculated for **a**. the tract core, or **b**. for each streamline separately. The two methods were both calculated using AFQ (67), and they sample the space differently. While the range of values is somewhat smaller in the streamline space, it is clear in both methods that there is a difference between the different tracts.

2.2.2 Modelling Local Field Potential (LFP) from MRI data

Having performed tractography, and measuring g-ratio and axon diameter along relevant
fiber tracts, one can then use these measurements in the axon model and predict the
mean conduction time for an individual or groups of subjects. Additional analysis of the
data might reveal more about conduction properties. For example, one can use the
variance of estimated latencies within a single subject's white matter tract, and try to
model the entire ERP (and not just its peak or onset). The framework implemented in a
recent study (75) allowed for a simplistic model that simulates LFP measures (from MRI
structure). Modelling an LFP from the MRI data allows for a more comprehensive
comparison with the electrical signal: ERP width, amplitude etc. While these properties
are likely to be also affected by cortical processing as well as skull shape and thickness,
it is worth testing the extent to which the white matter contributes to the recorded
electrical signal.

2.3. Simulation and choice of parameters

To use a model of axon conduction, we first need to choose and fix several of the model
parameters that cannot be measured with MRI. These parameters include the axon
geometry, and specific electrical properties of the axon (e.g. specific axial resistance).
Importantly, the axon's specific electrical properties have been measured in rodents and
primates and are considered to be conserved over species (42). Nevertheless,
exceptions are possible, as evident from a recent study which found that the human
membrane capacitance is 0.45 $\mu F/cm^2$ and not 0.9 as is the case with mice (76).

While the electrical properties of the axon are thought to be conserved, the geometrical
aspects have been shown to vary with age, disease, and possibly with learning and
behavior. Therefore, a clear limitation in modeling the human white matter conduction
time is that not all geometrical parameters can be measured *in vivo*. These parameters
will have to be assumed, based on the literature. The internode length, for example, is a
significant parameter (44,77–79), yet the MRI resolution and measurements, do not

allow such information to be extracted. Fortunately, many geometrical properties of the
axon share a close to linear relationship: It has been shown that g can be described as a
monotonic function of the axon diameter, and that the internode length is roughly a linear
function of the axon diameter (16,24,80,81). The latter relationship was used to reach
Rushton's formulation, and it can be used explicitly when assuming an internode length
for the simulation.

We explored the conduction velocity as calculated with the simulation, for a range of
values for axon diameter (d) and fiber diameter (D)). We chose values that were found
for myelinated axon in the human central nervous system (82), with values ranging from
0.2 to 5 μm for both d and D The internode length was calculated as a linear function of
the fiber diameter, as found in the anterior medullary velum of the adult rat : $L = 117 +$
$30 \cdot D$ (83). The specific membrane capacitance was set to 0.45 $\mu F/cm^2$ (76). The rest
of the (electrical) properties were fixed as described in table 1 of Lorena et al,'s paper
(40). It can be seen in Figure 2a that the larger the fiber diameter (D), the faster it will
conduct. Furthermore, for a given fiber diameter, the conduction velocity as a function of
axon diameter (d) has a maximum around g=0.6, as shown by Rushton. This result is
not surprising: given a constant fiber diameter, dramatically decreasing g means a very
small axon diameter, thus reducing intra-axonal conductivity, while increasing g will
reduce the leak resistance (42).

In the simulation described above, we varied the g-ratio and the axon diameter.
However, since in our MRI dataset (as in many others) we cannot calculate an estimate
of axon diameter, we test whether measuring g alone will be meaningful. To calculate
conduction velocity with no estimate of axon diameter, we must first choose and fix the
axon diameter for all tracts and subjects. The choice of axon diameter should be
informed by known histological measurements. Aboitiz (82) showed the corpus callosum
axon diameter distribution in the human brain is mostly centered around values close to
1, with very few axons as large as 5 microns in diameter. A weighted average of the
distributions (weighted by axon diameter to give more weight to larger diameters), is
closer to 2 microns, and might be closer to what the volume-sensitive MRI estimates
capture in the g-ratio estimation (84).

Figure 2b shows the predicted velocities of axons with a radius of 1, 2 or 3 μm, given a
biologically relevant range of g. Figure 2c shows the theoretical latency of these axons if
they were 10cm long, about the length of motor callosal fibers. The figure shows that
using d=$2\mu m$ in the numerical simulation lead to callosal delays around 10-20 ms. This
range is close to that found in electrophysiological studies (85–89), and even shorter
when measured with response-time differences (33,90). For the following sections, we
will use an axon diameter of $2\mu m$ microns. It is noteworthy to mention that while
choosing a smaller axon diameter creates unreasonably long delays, it also increases
the effect of g on the conduction time estimate (because the velocity is much smaller).

Figure 2: Simulating conduction. A numerical simulation (40) for estimating the conduction velocity. **a**. Conduction velocity plotted as a function of axon (d) and fiber (axon + myelin) diameter (D), peak velocity can be found around g-ratio=0.6, marked with black circles. **b**. Conduction velocity as a function of a small biological range of g, plotted for three values of axon diameter (1,2,3 μm) **c**. Conduction delay for the velocities in **b** and a distance of 10cm. The delays for the larger axons are around 5-20ms, similar to inter hemispheric transfer time measured with EEG.

Methods

Having established a framework aimed at relating qMRI data, and a biophysical model of conduction, we tested whether it would provide sound estimates of conduction latency along white matter fibers. We calculated the predicted latency of signal transfer along callosal fibers in two subject groups that are expected to have variance between them.

3.1 Participants

The MRI measurements were performed on 20 young adults (aged 27 ± 2.1 years, 9 females), and 17 older adults (aged 67.4 ± 6 years, 5 females). The Helsinki Ethics Committee of Hadassah Hospital, Jerusalem, Israel approved the experimental procedure. Written informed consent was obtained from each participant prior to the procedure.

3.2. MRI Acquisition.

Data was collected on a 3T Siemens MAGNETOM Skyra scanner equipped with a 32-channel head receive-only coil at the ELSC neuroimaging unit at the Hebrew University.

Quantitative T1, & MTV mapping: 3D Spoiled gradient (Flash) echo images were acquired with different flip angles (α = 4°, 10°, 20° and 30°), TE/TR = 3.34/19 ms. The scan resolution was 1 mm isotropic. For calibration, we acquired an additional spin-echo inversion recovery scan with an echo-planar imaging (EPI) read-out (SEIR-epi). This scan was done with a slab-inversion pulse and spatial-spectral fat suppression. For SEIR-epi, the TE/TR was 49/2920 ms. TI were 200, 400, 1,200, and 2,400 ms. We used

2-mm in-plane resolution with a slice thickness of 3 mm. The EPI readout was performed
using 2× acceleration.

Diffusion mapping: Whole-brain DTI measurements were performed using a diffusion-
weighted spin-echo EPI sequence with isotropic 1.5-mm resolution. Diffusion weighting
gradients were applied along 64 directions and the strength of the diffusion weighting
was set to b = 2000 s/mm^2 (TE/TR=95.80/6,000 ms, G=45 mT/m, δ=32.25 ms,
Δ=52.02 ms). The data include eight non-diffusion-weighted images (b = 0). In addition,
we collected non-diffusion-weighted images in 6 directions with reversed phase-encode
blips.

Anatomical images: 3D magnetization prepared rapid gradient echo (MP-RAGE) scans
were acquired for 24 of the subjects (14 from the younger subjects, 10 from the older
subjects). The scan resolution was 1 mm isotropic, the TE/TR was 2.98/2300 ms.
Magnetization Prepared 2 Rapid Acquisition Gradient Echoes (MP2RAGE) scans were
acquired for the rest of the subjects. The scan resolution was 1 mm isotropic, the TE/TR
was 2.98/5000 ms.

3.3 Estimation of qMRI parameters.

Quantitative MTV & T1 mapping: Whole-brain MTV and T1 maps, together with bias
correction maps of B1+ and B1-, were computed as described in (69,91). Voxels in
which the B1+ inhomogeneities were extrapolated and not interpolated were removed
from the MTV and T1 maps. The analysis pipeline for producing unbiased T1 and MTV
maps is an open-source MATLAB code (available at https://github.com/mezera/mrQ).

Diffusion parameter estimation: Diffusion analysis was done using the FSL toolbox (92);
Susceptibility and eddy current induced distortions were corrected using the reverse
phase-encode data, with the eddy and topup commands (93,94). The corrected,
unwarped data were aligned to the imaging space of the MTV map using FSL's Flirt
rigid-body alignment (95,96). Diffusion tensor indices (FA, MD) maps were calculated
from the aligned data using the dtifit command. Furthermore, the data was fit with the
Neurite Orientation and Dispersion Diffusion Imaging (NODDI) model using the AMICO
toolbox (54,97). One older subject was removed from further analysis since the
unwarping pipeline was not successful in aligning the diffusion volumes, and one young
subject was removed because the diffusion data was corrupt.

g-ratio: In the corpus callosum, the g-ratio was calculated with the following formula,
using 2 different measurements: $g = \sqrt{1 - MVF/FVF}$. MVF was estimated using MTV
(27,28), or MTsat (65). The FVF was derived either from the isotropic and intracellular
volume fraction estimated from NODDI (21).

Tractography: We performed whole-brain anatomically constrained tractography using
the mrTrix software (72). The white matter tracts in corpus callosum were then
segmented using the Automated Fiber Quantification (AFQ) toolbox (71). We used this
software to track three major callosal tracts connecting the two hemispheres: occipital,

motor, and anterior-frontal. We used the AFQ software to sample g along the the tract
core, and used code from the vistasoft git repository to estimate a median g value for
each streamline. One young subject and one old subject were removed from the
analysis due to extremely sparse tractography results in the occipital cortex.

3.4. Latency estimation:

To test whether we predict a delay in callosal conduction time with age we first calculate
the mean of the g-weighted MRI measurement along the three callosal tracts. The mean
was calculated over the 20 medial nodes of the tract/streamline (for more details on the
effect of the choice of node number see supplementary material). We incorporate the
mean g values in the simulation to estimate conduction velocity along the different fiber
groups. The latency of each tract was calculated by dividing the tract length by its
velocity. Software for the analysis in this study can be found at GitHub [link].

Finally, we used the calculated latency of each streamline to simulate an LFP signal for
each fiber tract. The simulation was adapted from the analysis in (75). The LFP is
simulated as the sum of the time-integrated input of a population of neurons. Each
neuron receives its input from one streamline. This input is modeled as a delta function
of the corresponding latency of the streamline, with additive Gaussian noise. Finally, to
allow for a comparison between tracts that differ in the number of streamlines, the signal
is normalized to have a peak amplitude of 1 [units]. The simulated LFP signal has a large
peak similar to an event related potential (ERP), and we extracted the peak time and the
ERP width.

4. Results

To test whether the g-weighted MRI measurement can be incorporated in our framework
for estimating white matter conduction *in vivo*, we first evaluated the g values in the
corpus callosum of younger and older subjects. Fig. 3a shows the average g over the 20
medial nodes of the tract core, for each age group and fiber tract. We find that older
subjects have higher g values compared with younger subjects only in the motor callosal
tract ($p = 0.028, t = -1.987, df = 27.3$, uncorrected for the three comparisons) . We also
found difference between the callosal regions. However, this difference is highly affected
by the distance from the mid-sagittal plane (supplementary fig 1).

We incorporated the g-weighted measurements in the simulation to calculate conduction
velocities fig 3b). The simulations (fig 2b) reveal the dependence of the conduction
velocity on g-ratio, (given a fixed axon diameter). However, because we find only small
to no significant difference in g as a function of age, we do not find significant differences
between the conduction velocity of the different age groups, in any callosal tract. Next,
we combined the velocity with the fiber tract lengths (fig 3c), to calculate conduction time
(fig 3d). We found no significant differences between the predicted latencies of younger
and older subjects, in all areas. This result could be expected from the data, as the
differences that exist in the conduction velocity are small, and they are cancelled by the
small (but not significant) differences in fiber length.

Figure 3: predicting conduction velocity and latency. a. g-ratio calculated with MTV and NODDI, showing a difference between young (purple) and old (orange) subjects, in the motor callosal region ($p = 0.028, t = -1.987$). These values were used to calculate the conduction velocity of an axon with a diameter of 2μm, using the numerical simulation (**b**) The model does not capture all of the differences in the g-ratio and does not show significant differences between the subject groups. The tracts' length (**c**) was used to calculate the conduction delay given the velocity (**d**).

Finally, we used the tractography streamlines to predict more conduction properties. We
treated each streamline as separate representative of underlying axonal properties
(instead of taking the tract core's properties to reflect a single value for all streamlines).
This sampling approach creates a distribution of g values. Each streamline has its own
length and g-ratio, thereby resulting in a distribution of estimated latencies. As is for the
core (Fig. 3), g was sampled along the 20 medial nodes of each streamline, and the
median of this sample was used. The distribution of latencies can be used for simulation
of an LFP signal (shown in Fig. 4a). The peak time of the LFP is highly correlated with
the latency calculated using the tract core ($R^2 = 0.91$), but it is not identical as it is
sensitive to the variance across the tract Fig. 4b). Comparing the latencies between the
age groups (Fig. 4c), we found no significant difference in the predicted latencies of any
callosal tract.

The LFP analysis also allows us to compare the variance in the data using the signal
width. Figure 4d shows the comparison of the full-width half-maximum of the simulated

LFP signal. Interestingly, this comparison of ERP width between younger and older subjects also reveals a significant difference with age in the callosal fibers connecting the occipital cortices $(p = 0.048, t = -1.76, df = 20.7,$ uncorrected for the three comparisons), suggesting a higher variance within subject.

Figure 4: LFP estimates. The g-ratio and length of each streamline was used to calculate the conduction latency. The distribution of latencies for each tract was then used to simulate an LFP signal. **a**. The LFP for young (solid line) and old (dashed line) in the three fiber tracts. **b**. A comparison of the LFP peak time with the mean latency of the tract core. The values are not identical but the overall variance is maintained. Group comparison of the LFP peak time (**c**) and width (**d**) reveal different effects than those calculated with the core. The LFP width of older subjects is significantly larger in the occipital tract $(p = 0.048, t = -1.75)$.

Discussion

In this study we provide a biophysical framework which relates qMRI measurements to white matter signal conduction, in an attempt to provide a link between structure features of axons and electrophysiology. We examined a recent model and investigated its approximation in a biologically relevant parameter space. As proof of concept, we then used this framework to estimate conduction changes with age in the corpus callosum of healthy human subjects. We found little to no significant difference between the young and old subject in the g-weighted measurement, nor did we find a difference in conduction estimates in the occipital frontal and motor callosal fibers.

The biophysical interpretation of the qMRI measurements relates them to properties of signal conduction along a myelinated axon. That is, estimating conduction velocity as a function of axon properties (axonal diameter, myelin thickness, and fiber length). There are other models that could have been used here. For example, given that the conduction velocity is indeed mostly affected by the geometric characteristics of the internode (rather than the node), one can reduce the conduction velocity of the axon to the conduction velocity of the internode. Assuming a semi-infinite cylinder, the conduction velocity is a function of the membrane time constant (τ) and length constant (λ) (98,99) $\theta = 2\lambda/\tau$. This solution describes unmyelinated axons better than myelinated ones, but it is convenient since it doesn't require a full simulation of the axon propagation. Different models will produce different predictions of conduction latency, but unless one chooses a model that is based on a very different set of assumptions of the axon biophysics, we do not expect it will lead to a great difference in the results.

The biophysical model is relying on structural parameters that are not available *in vivo*. We chose empirically based values, and found that it indeed produces conduction latencies which are close to those found in the literature (85,86,88,89). A second consequence of choosing a certain axon diameter (and internode length), is that it changes the effect of g-ratio on the conduction velocity. The lower the axon diameter, the less the g-ratio will affect the velocity prediction. Thus, when calculating the latency (rather than velocity), choosing a small axon diameter will weight the tract lengths more strongly.

When applying a biophysical model to MRI data, it is necessary to extract summary statistics of the microstructure parameters. One possibility is to use the voxels in a certain region (e.g. their mean). To sample white matter pathways, it is advantageous to rely on the tractography results, and either use the tract core values, or obtain the characteristic value for each streamline. While the tract core values are probably less susceptible to partial volume effects, using the streamlines allows an interesting and potentially informative sampling of the space.

Using the streamlines as a way to estimate a distribution of axonal values, is a very coarse reduction of the anatomy. Whether or not it is valid depends on the homogeneity of the axons in space within a fiber tract. Future testing is needed to decide if ERP characteristics such as latency or width are helpful when interpreting the structural MRI

data. To our knowledge, there is not enough evidence today to determine whether it is
helpful to use such analysis. Nevertheless, in our data, the LFP analysis predicts group
differences in the width of the ERP, which is not available when using the tract core
values. The difference in ERP width suggests that the LFP simulation captures
somewhat different information in the data, than using the tract core values.

We did not find any difference in conduction estimates for the callosal fibers tested here.
The existing literature on callosal delays does suggest an elongation of signal transfer
time with age (33,34). There are several possible explanations for this discrepancy. First,
given that there is an increase in inter-hemispheric transfer time (IHTT) with age, it is
possible that the increase is a result of cortical processing and not changes in white
matter conduction. Second, as previously discussed (27), the myelin measure used here
(MTV) is sensitive, but not specific to myelin. Therefore, as the tissue undergoes
changes in composition with age, it is possible that our g-weighted measure is becoming
less specific to myelin (i.e., effected by the contribution of non-myelin tissue component).
On a similar note, it is possible that the single axon model is too coarse, and it might be
necessary to formulate a model that considers the entire axonal populations that affects
the MRI measures.

Third, the g-ratio might not capture enough of the variance that is essential for the
calculation of conduction velocity. It is well established that the axon diameter is a very
important determinant of conduction velocity (18,44), and this could have further
implication for neural computation (100). Therefore, by fixing the axon diameter we are
probably losing important information. Furthermore, studies have shown that the axon
diameter distributions are related to information transfer rate and its effectiveness
(101,102). Our results highlight the significance of the ongoing efforts in the qMRI
community to improve and simplify *in vivo* measurement of axon diameter (e.g.
24,49,50,52,102). The internode length is another important factor that we do not have
access to, and while it was found to be correlated with axon diameter, it was also shown
that it is may be modulated and affect conduction velocity (78,79).

Finally, the literature describing an increase in IHTT with age, did not measure callosal
conduction directly, but instead used indirect behavioral measures such as response
time. Therefore, it is possible that a more direct estimation of callosal delays will reveal
that they are indeed stable with age. The conduction delays can be estimated from the
evoked response potential which is measured *in vivo* with methods with high temporal
resolution (e.g., ECoG, EEG and MEG). The M/EEG signal represents a conglomeration
of many different neural sources of activity (104). Embedded in the signal are the neural
responses associated with specific sensory, cognitive, and motor events. Conduction
along the corpus callosum can be accessed by presenting subjects with unilateral stimuli
(tactile or visual), since such stimuli are first processed in the contralateral hemisphere,
and the information is then transferred to the ipsilateral hemisphere via the corpus
callosum. By measuring the same early ERP components (e.g., parietal P100) from the
different hemispheres, and computing the difference between their time of occurrence,

one can estimate the IHTT – the time it took the signal to travel from one hemisphere to
the other, which is an estimation of conduction delay along callosal fibers (105,106).

We tested the power of a g-weighted MRI measurement to predict conduction delays
with age, and we propose that future studies would benefit from testing the framework by
measuring conduction delays and structural MRI together. It should be noted, however,
that the structural MRI measurements cannot be expected to fully explain the variance in
the ERP latency. Of course, a higher resolution and SNR might improve the prediction.
Nevertheless, predicting conduction delays can also have other limiting factors. Currently
it is impossible to measure key properties, such as the internode length, that affect the
conduction velocity.

The proposed framework suggests that given access to all of the white matter tissue
structure parameters we might be able to predict conduction in white matter.
Nevertheless, this still doesn't mean we will be able to fully predict ERP properties. The
ERP latency is affected by more than the conduction in white matter. The ERP could be
affected by processing time (cortical, or sensory), and potentially some properties of the
skull and gyrification that could filter the signal. While the inter-individual variance of
such properties is still unclear, it is unlikely to be zero. Therefore, one cannot expect to
fully explain the data.

Despite the aforementioned challenges, it is important to conceptualize the relationship
between structural MRI measurements and functional EEG recordings using a
biophysical framework. We hope that this work can be used as a first step in bringing
these two fields together in an effort to explain common sources for individual
differences.

6. Summary

We provide a framework that relates MRI measurements of average microstructure
features, to a single axon conduction model, in order to be able to predict white matter
conduction *in vivo.* This is a critical step in the process of relating structural MRI
measurements to white matter function, in a biologically relevant manner. Such models
are highly reductive when we use *in vivo* measurements that are averaged over a large
number of axons. Our results further suggest that using g-weighted measurement might
not be enough to evaluate meaningful differences in conduction with age. It will be
important to take the best available qMRI data (axon diameter estimates included), and a
complementary measurement of conduction to show to what extent the models are
useful. We hope that as the qMRI models develop further, this sort of study will reveal
more about the human brain and behavior in healthy development, aging, and
dysfunction.

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Supplementary figures

Supplementary figure 1: a. The plot shows the average g across subjects at each node along the fiber tract (100 nodes, from left to right). The shaded area represents the std at each node. The three tracts show different relationships with respect to the node location. **b.** To characterize the g of a tract, we average over several nodes. The average is plotted as a function of the number of nodes taken around the midline (node 50), from 10 nodes to the entire tract (shaded area represents STD). The relationship between the callosal tracts changes as a function of the number of nodes taken to calculate the mean.

Supplementary figure 2: The plot shows the average g of young (purple) and old (orange) subjects as a function of the number of nodes taken around the midline (node 50), from 10 nodes to the entire tract (shaded area represents STE). While there are slight variations in the age-group differences as a function of node-number, the overall relationship remains the same.