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## BACKGROUND

We already know that the End-Tidal O<sub>2</sub> (ETO<sub>2</sub>) and End-Tidal CO<sub>2</sub> (ETCO<sub>2</sub>) with the Blood-oxygen-level dependent (BOLD) MRI sequences. End-Tidal is the partial pressure of gas at the end of the breathing cycle, or when a person breathes out. In this case, oxygen (O<sub>2</sub>) and carbon dioxide (CO<sub>2</sub>), respectively. Additionally, it is more feasible and easier for a computer to do the daunting task of completing a regression than simply doing it by hand, since there are already lots of factors that goes into determining the coefficients. More importantly, if there are new discoveries that may hint at a correlation, a well-written program can easily take those new pieces of data and create new conclusions with little to no hassle. Using this relationship, we can potentially visualize any abnormalities in the data, like mismatches in the real BOLD and predicted BOLD, and see what they mean to find out any health complications that patients may have before it happens.

## HYPOTHESIS

### EXPECTED OUTCOME

Since we already know that ETO<sub>2</sub> and ETCO<sub>2</sub> are, by themselves, correlated to BOLD MRI scans, it is possible that respiratory rate could be a factor impacting the BOLD.

## METHODS

**Study participants:** Data range from middle aged people (SH) and older people (particularly in Whittier) (WH). There are 22 SH patients and 19 WH patients considered.

**Linear Regression:** Linear Regression is the idea that when each signal is amplified by some single value, or the coefficient, it equals another data. The formula is as follows: **Data = A x B + unexplained variability**, where **A** is a n x m matrix of the “m” amount of signals at “n” time, **B** is a m x 1 of “m” number of single coefficients for each signal, and **unexplained variability** is any residual data that could not be accounted for, especially since the final regressed line is not going to perfectly match the original BOLD data signal.

$$\text{Real BOLD} = \text{Predicted Line} + \beta_1 + \text{Residual}$$

Single Variable Regression Example  
 Source: “ICA” Course – fsl.fmrib.ox.ac.uk

**Programming:** The minimum peaks for ETO<sub>2</sub> and the maximum peaks for ETCO<sub>2</sub> are determined. The peak distances from each gas then becomes the respiratory rate for each gas. Along with other data determined, these data points are interpolated to the same number of data points as the BOLD, up to 480 seconds (8 minutes) of data points. Then, the data is regressed to the BOLD signal to create a predicted signal, which becomes the BOLD model. Phase shifts are also determined based on the whitespace distance between the actual and predicted BOLD signal, then shifted and re-regressed accordingly.

## RESULTS

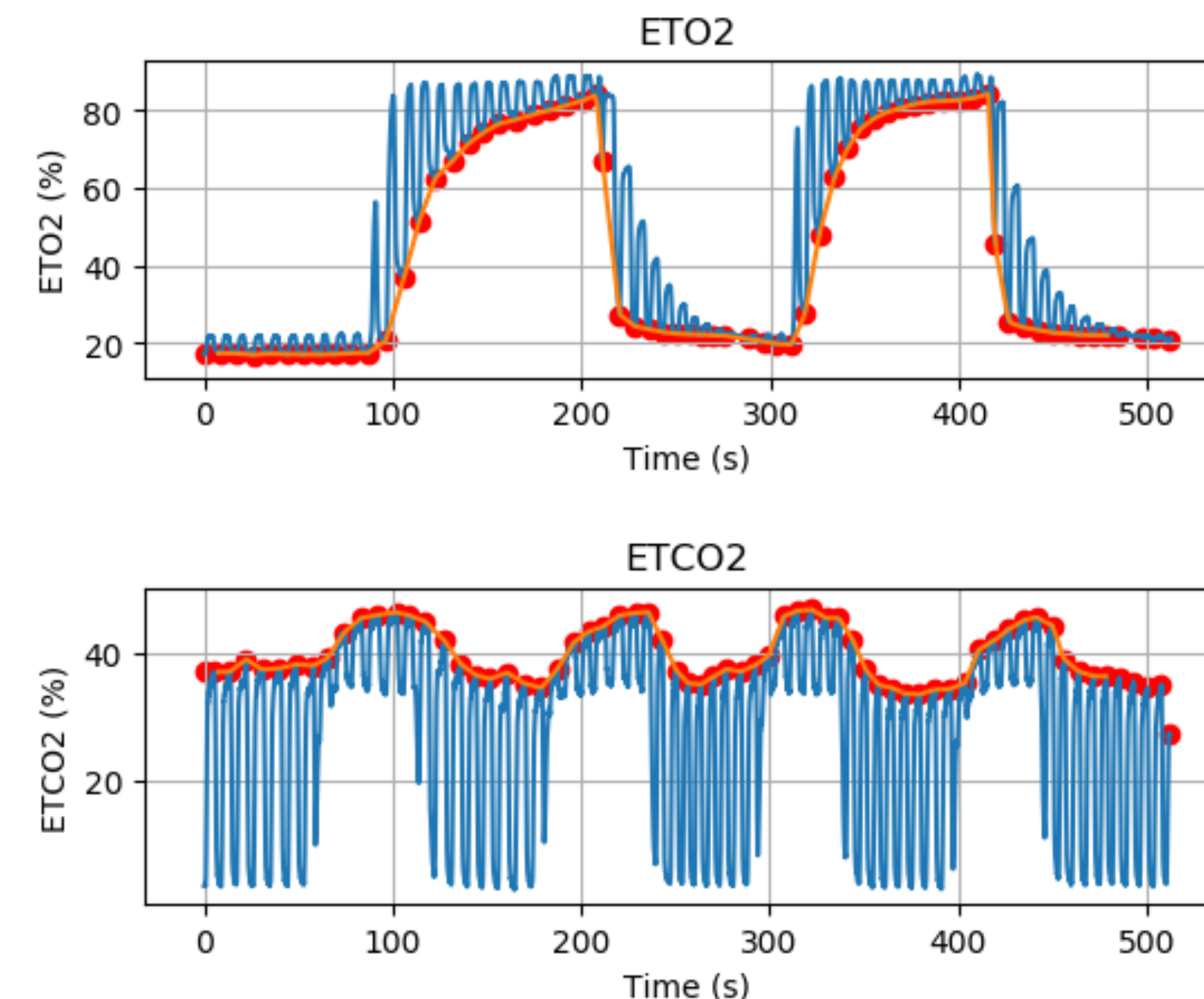
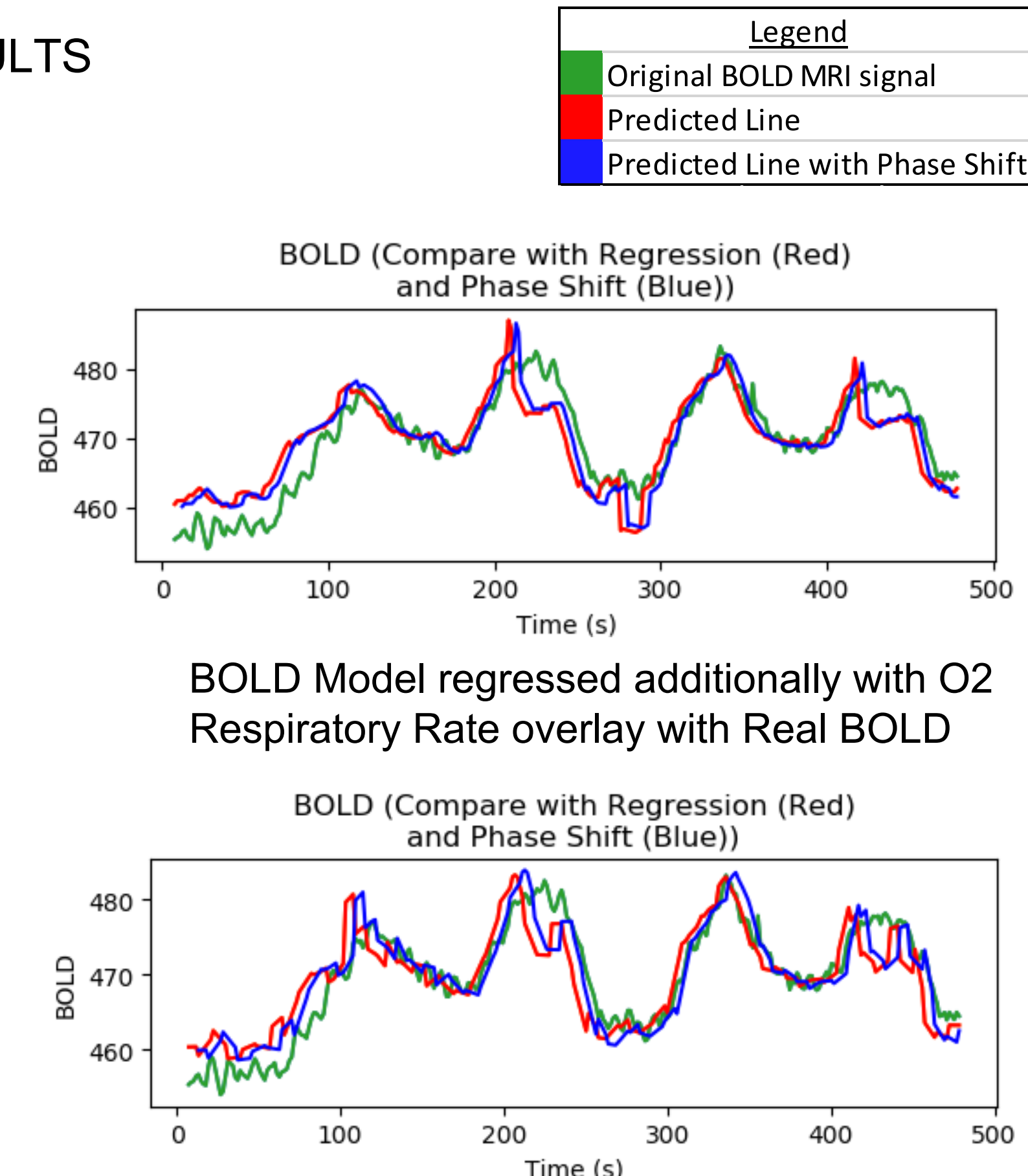


Chart of the End-Tidal Gas with Peaks Trendline

		Count	Percentage
SH	Improved	19	86%
	Worsened	3	14%
WH	Improved	14	74%
	Worsened	5	26%

Result of Adding O<sub>2</sub> Respiratory Rate as Regression Factor



BOLD Model regressed additionally with CO<sub>2</sub> Respiratory Rate overlay with Real BOLD

		Count	Percentage
SH	Improved	16	73%
	Worsened	6	27%
WH	Improved	13	68%
	Worsened	6	32%

Result of Adding O<sub>2</sub> Respiratory Rate as Regression Factor

## CONCLUSIONS

Regressing ETO<sub>2</sub>, ETCO<sub>2</sub>, and either the respiratory rate of O<sub>2</sub> or CO<sub>2</sub> results in better linear correlation for the most part. Some patients barely changed or had worse correlation. It is hard to determine that O<sub>2</sub> is the best overall additional factor due to the small group considered for each niche. Using both CO<sub>2</sub> and O<sub>2</sub>, together, is not always best, since overfitting is possible.

## ACKNOWLEDGEMENTS

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