



Freesurfer cortical normative data for adults using Desikan-Killiany-Tourville and ex vivo protocols

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ABSTRACT

We recently built normative data for *FreeSurfer* morphometric estimates of cortical regions using its default atlas parcellation (Desikan-Killiany or DK) according to individual and scanner characteristics. We aimed to produce similar normative values for Desikan-Killiany-Tourville (DKT) and ex vivo-based labeling protocols, as well as examine the differences between these three atlases. Surfaces, thicknesses, and volumes of cortical regions were produced using cross-sectional magnetic resonance scans from the same 2713 healthy individuals aged 18–94 years as used in the reported DK norms. Models predicting regional cortical estimates of each hemisphere were produced using age, sex, estimated intracranial volume (eTIV), scanner manufacturer and magnetic field strength (MFS) as predictors. The DKT and DK models generally included the same predictors and produced similar R^2 . Comparison between DK, DKT, ex vivo atlases normative cortical measures showed that the three protocols generally produced similar normative values.

Introduction

We recently developed normative data for *FreeSurfer* morphometric estimates of cortical (Potvin et al., 2017) and subcortical (Potvin et al. 2016a; Potvin et al., 2016b) measures according to age, sex, estimated intracranial volume (eTIV), scanner manufacturer and magnetic field strength (MFS) using a large number of individuals with a wide age range. Such norms allow one to measure the extent of deviation from normality in individuals, while taking into account factors influencing these estimates. In our previous study (Potvin et al. 2017), we produced regional cortical normative values using *FreeSurfer's* default atlas parcellation, the Desikan-Killiany (DK) labeling protocol (Desikan et al., 2006). While the DK atlas is probably the most popular human cortical labeling protocol, Klein and Tourville (2012) proposed another cortical labeling parcellation, the Desikan-Killiany-Tourville (DKT) protocol, inspired from the DK but based upon one of the largest set of publicly-available manually-labeled human brains ($n=101$). In order to facilitate the labeling algorithm and increase the reliability of manual editing, three regions with highly variable boundaries (i.e. frontal and temporal poles and the banks of

the superior temporal sulcus), which are distinctly labeled in the DK atlas, were aggregated in the DKT atlas (31 regions per hemisphere).

Furthermore, *FreeSurfer* also includes an ex vivo segmentation protocol for the entorhinal and perirhinal cortices, using an approach based on cytoarchitectonic features from ultra-high resolution ex vivo MRI (Augustinack et al., 2013; Fischl et al., 2009). This technique has the advantage of producing more accurate entorhinal segmentations when compared to other atlases, in addition to providing perirhinal cortical measures which are otherwise not available using either DK or DKT.

Our first objective was to develop normative values for the DKT and ex vivo labeling protocols using the same procedure used for the DK normative values (Potvin et al., 2017), that is within a very large sample of individuals with a wide age range. Our second objective was to describe the differences in predicting models between labeling protocols. We expected the models to display similar R^2 and include the same predictors across the same regions. Finally, our third objective was to determine whether the choice of atlas resulted in substantial differences when using normative Z scores in pathological populations; to this end we elected to study individuals with Alzheimer's disease (AD) and schizophrenia (SZ).

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¹ Part of the data used in this article were obtained from the Alzheimer's Disease Neuroimaging Initiative (ADNI) database (adni.loni.usc.edu). As such, the investigators within the ADNI contributed to the design and implementation of ADNI and/or provided data but did not participate in analysis or writing of this report. A complete listing of ADNI investigators can be found at: http://adni.loni.usc.edu/wp-content/uploads/how_to_apply/ADNI_Acknowledgement_List.pdf.

Table 1
Participants' characteristics according to the dataset.

Dataset	n	%	Age (mean \pm SD range)	Female %
1. Autism Brain Imaging Data Exchange (ABIDE)	184	6.8	26.1 \pm 7.0 18–56	12.5
2. Alzheimer's Disease Neuroimaging Initiative (ADNI1)	199	7.3	75.7 \pm 5.0 60–90	47.2
3. Alzheimer's Disease Neuroimaging Initiative (ADNI2)	179	6.6	73.6 \pm 6.3 56–89	52.5
4. Australian Imaging Biomarkers and Lifestyle flagship study of ageing (AIBL)	158	5.8	72.1 \pm 7.2 60–88	52.5
5. BMB - Berlin Mind and Brain (Margulies, Villringer) CoRR sample (BMB)	50	1.8	30.3 \pm 7.1 19–59	52.0
6. Cleveland Clinic (Cleveland CCF)	30	1.1	43.1 \pm 11.1 24–60	63.3
7. Center of Biomedical Research Excellence (COBRE)	71	2.6	35.5 \pm 11.3 18–62	29.6
8. DS-108 from the OpenfMRI database	32	1.2	22.2 \pm 4.6 18–41	50.0
9. DS-170 from the OpenfMRI database	15	0.6	25.4 \pm 4.6 19–35	20.0
10. Functional Biomedical Informatics Research Network (FBIRN)	34	1.3	38.9 \pm 13.1 19–65	41.2
11. FIND lab sample (FIND)	13	0.5	24.1 \pm 3.7 18–29	61.5
12. International Consortium for Brain Mapping (ICBM)	148	5.5	25.0 \pm 4.9 18–44	43.2
13. Information eXtraction from Images (IXI)	558	20.5	48.5 \pm 16.4 20–86	55.7
14. F.M. Kirby Research Center neuroimaging reproducibility data (KIRBY-21)	20	0.7	31.9 \pm 9.7 22–61	45.0
15. Minimal Interval Resonance Imaging in Alzheimer's Disease (MIRIAD)	21	0.8	69.8 \pm 7.5 58–86	47.8
16. NIH MRI Study of Normal Brain Development (NIHPD)	59	2.2	18.9 \pm 1.0 18–22	52.4
17. Nathan Kline Institute Rockland phase 1 (NKI-R1)	138	5.1	42.4 \pm 18.3 18–85	43.5
18. Nathan Kline Institute Rockland phase 2 (NKI-R2)	253	9.3	46.1 \pm 18.8 18–85	64.8
19. Open Access Series of Imaging Studies (OASIS)	301	11.1	43.9 \pm 23.6 18–94	61.8
20. POWER Neuroimage sample (POWER)	26	1.0	23.0 \pm 1.4 20–25	84.6
21. Parkinson's Progression Markers Initiative (PPMI)	164	6.0	60.1 \pm 11.5 31–83	34.2
22. TRAIN-39 sample (TRAIN)	35	1.3	22.5 \pm 2.6 18–28	71.4
23. University of Wisconsin (Birn, Prabhakaran, Meyerand) CoRR sample (UWM)	25	0.9	25.0 \pm 3.2 21–32	44.0
Total	2713	100.0	47.6 \pm 21.7 18–94	49.8

Materials and methods

Participants

The present study comprises the sample used in Potvin et al. (2017), that is T1-weighted MRI scans of Siemens Healthcare (57%), Philips Medical Systems (29%), or GE Healthcare (14%) manufacturer at MFS of either 1.5 (45%) or 3 (55%) Tesla from 2713 cognitively healthy men (50%) and women (50%) aged 18 to 94 years (see Table 1 and Acknowledgments for details). Of note, this includes the Alzheimer's Disease Neuroimaging Initiative (ADNI) and the Australian Imaging, Biomarkers and Lifestyle study of aging (AIBL) databases. The ADNI (adni.loni.usc.edu) was launched in 2003 as a public-private partnership, led by Principal Investigator Michael W. Weiner, MD. (www.adni-info.org). The AIBL data was collected by the AIBL study group and AIBL study methodology has been reported previously by Ellis et al. (2009). For each dataset, approval from the local ethics board and informed consent of the participants were obtained.

All samples specifically recruited healthy control participants, except NKI1 and NKI2. Databases with older adults excluded neurological diseases and neuropsychiatric disorders with extensive assessments for age-related disorders. For databases recruiting in the general population (NKI1 and NKI2), we excluded participants with schizophrenia or other psychotic disorders, bipolar disorders, major depressive disorders and substance abuse/dependence disorders. Additional exclusions were made for NKI2: neurodegenerative and neurological disorders, head injury with loss of consciousness/amnesia, and lead poisoning. Moreover, for PPMI, additional exclusions were made for participants with a Geriatric Depression Scale (Sheikh and Yesavage, 1986) score of more than 5 (inclusion criterion used in the ADNI and AIBL databases). In order to prevent that the same individual appears more than once throughout the multiple datasets, participants with similar eTIV (difference $<$ 1000 mm³) were compared according to available information: age, scan date, sex, handedness, height, and study location (city and country). Nineteen pairs of participants were deemed to be potential duplicates. For each pair, MRIs were compared and none of them had similar head shapes.

All original images were visually inspected and four participants were discarded because of evident abnormalities. Five participants with

extreme eTIV values were also excluded (Z scores higher than 3.29, $p <$.001).

The models predicting normative values were also validated using the same groups used in Potvin et al. (2017): a random subset of the healthy individuals from the normative sample stratified by manufacturer and MFS (5%; $n=137$) and clinical samples of individuals with SZ ($n=72$; age: 38.2 ± 13.9 , range 18–65; 19% female) from the COBRE dataset and mild AD ($n=50$ age: 72.7 ± 7.7 , range 56–87; 44% female) randomly selected from the ADNI-2 dataset. SZ was diagnosed using the Structured Clinical Interview for DSM-IV disorders (First et al., 1996). AD was diagnosed according to National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer's Disease and Related Disorders Association (NINCDS/ADRDA) criteria for probable AD (McKhann et al., 1984) and had a Clinical Dementia Rating of 0.5 or 1.

Segmentation

The procedure was identical to that of Potvin et al., except that DKT (Klein and Tourville, 2012) and ex vivo (Augustinack et al., 2013; Fischl et al., 2009) labeling protocols were used instead of the DK atlas. Briefly, cortical segmentation was conducted using FreeSurfer Version 5.3 (<http://freesurfer.net>) using the "recon -all" pipeline with the default set of parameters (no flag options). Estimated total intracranial volumes (eTIV) (Buckner et al., 2004) was taken from the aseg.stats Freesurfer output file. Surfaces (white surface areas), thicknesses, and volumes originated from the aparc.DKAtlas40 stats files. Visual inspection of each brain segmentation was conducted using FreeView (<http://freesurfer.net>) by scrolling the entire brain at least through the coronal and axial planes. No manual editing was conducted. For each cortical region, the criterion for failed segmentation was inadequate inclusion (e.g. dura mater, ventricle) or omission of approximately 100 voxels or more. The mean percentage of exclusion across regions was 1.7% (SD: 2.4%).

Statistical analyses

To produce normative values, we built linear regression models predicting each cortical measure using age, sex, eTIV, MFS, and scanner manufacturer as predictors with quadratic and cubic terms

Table 2
Coefficients of models predicting cortical surface for the Desikan-Killiany-Tourville and ex vivo protocols.

Region	Sociodemographics				Estimated total intracranial volume (eTIV)			Scanner		Interactions								
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE X MFS	Philips X MFS	eTIV X MFS	Age X Sex	eTIV X GE	eTIV X Philips	
						M/F				1.5T/3T	GE/ Philips/ Siemens Siemens							
Superior tem- poral L	401.87	5001.8	-5.36E+00	-4.64E-02	-	1.27E+02	2.29E-03	6.89E-10	-	7.02E+01	1.02E+01	-1.02E+02	-1.60E+02	-	-1.50E+00	-	-	-
Superior tem- poral R	353.88	4723.5	-5.72E+00	-	-	2.18E-03	7.65E-10	-	-	-1.62E+00	-7.97E+01	-1.21E+02	-	1.55E-04	-	-8.49E-05	-3.01E-04	-
Middle tem- poral L	413.12	4060.6	-6.41E+00	-1.21E-01	-	5.52E+01	2.09E-03	4.42E-10	-	-8.11E+01	-1.49E+01	-1.49E+02	1.24E+02	-	-	3.37E-05	-3.72E-04	-
Middle tem- poral R	382.24	4062.9	-6.13E+00	-8.12E-02	-	4.72E+01	2.23E-03	3.89E-15	-1.71E-15	-7.45E+01	-2.84E+01	-7.03E+01	-	-	-1.23E+00	2.14E-04	-1.67E-04	-
Inferior tem- poral L	362.78	3301.5	-5.14E+00	-7.51E-02	-	5.87E+01	1.78E-03	6.34E-15	-1.36E-15	1.18E+01	1.43E+02	-1.42E+01	-1.70E+02	1.23E-04	-8.71E-01	1.30E-04	-2.56E-04	-
Inferior tem- poral R	364.87	3504.6	-3.94E+00	-7.60E-02	-1.73E-03	5.19E+01	1.90E-03	5.64E-10	-	-9.89E+01	2.45E+01	-9.46E+01	1.06E+02	-	-	-4.46E-05	-2.86E-04	-
Transverse tem- poral L	67.14	445.7	-4.11E-01	-9.18E-03	-	7.55E+00	1.90E-04	5.08E-11	-	3.20E+00	-2.73E+00	5.36E+00	-3.18E+01	-	-	-	-	-
Transverse tem- poral R	49.63	334.1	-2.99E-01	-1.18E-02	-	4.58E+00	1.58E-04	5.75E-16	-1.80E-16	2.46E+00	2.26E+00	-6.87E+00	-2.26E+01	-	-	-	-	-
Entorhinal L	62.42	372.8	3.65E-01	-1.52E-02	-6.54E-04	1.71E+01	1.76E-04	8.57E-11	-	-	8.20E+00	1.09E+01	-	-	-1.29E-01	-	-	-
Entorhinal R	74.71	367.7	4.08E-01	-1.36E-02	-4.46E-04	1.48E+01	1.96E-04	1.09E-10	-	-2.48E+01	-1.78E+01	-2.30E+01	4.12E+01	3.28E+01	-	-2.59E-05	-5.45E-05	-
Fusiform L	326.44	2943.4	-5.28E+00	-4.91E-02	-	3.94E+01	1.60E-03	2.98E-15	-1.61E-15	-3.23E+01	-3.24E+01	-6.63E+01	-	-	-	-9.76E-05	-2.37E-04	-
Fusiform R	296.69	2753.7	-2.90E+00	-4.14E-02	-1.39E-03	9.55E+01	1.35E-03	4.22E-16	-9.48E-16	-8.74E+01	-2.95E+01	-6.73E+01	-	-	-8.41E-01	-	-	-
Parahippocampal L	84.75	706.5	-1.21E+00	-2.61E-02	-	3.01E+00	1.85E-04	1.85E-10	-	-1.23E+01	-1.93E+00	-1.76E+01	-	-	-	-	-	-
Parahippocampal R	79.75	667.1	-1.03E+00	-2.01E-02	-	1.22E+01	2.97E-04	1.31E-10	-	-2.14E+01	3.71E+00	-1.51E+01	-	-	-2.60E-05	7.94E-05	-1.95E-05	-
Superior frontal L	633.20	7956.7	-1.37E+01	-6.73E-02	-	1.22E+02	3.98E-03	1.19E-09	-	7.19E+01	-1.55E+01	-2.23E+02	-1.15E+02	-	-	3.66E-04	-2.46E-04	-
Superior frontal R	722.76	9055.0	-1.47E+01	-9.39E-02	-	1.50E+02	4.85E-03	1.24E-15	-2.21E-15	6.27E+01	-1.45E+02	-1.99E+02	-2.25E+02	-1.72E+02	-1.40E+00	2.61E-04	-3.21E-04	-
Rostral	427.89	3898.4	-8.12E-01	-2.64E-02	-	7.66E+00	2.46E-04	7.84E-15	-2.20E-15	-4.27E+00	-5.15E+00	-1.23E+02	-	-	-2.47E-04	-	-	-

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Table 2 (continued)

Region	Sociodemographics					Estimated total intracranial volume (eTIV)			Scanner		Interactions						
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE X MFS	Philips X MFS	eTIV X MFS	Age X Sex	eTIV X GE	eTIV X Philips
						M/F				1.5T/3T	GE/ Siemens Philips/ Siemens						
middle frontal L			+00	02		+01	03	10	15	+01	+01						
Rostral middle frontal R	450.06	3742.9	-7.45E+00	-4.95E-02		7.58E+01	2.15E-03	9.38E-10		-3.27E+01	-5.61E-01		-8.36E+01			2.21E-04	-2.03E-04
Caudal middle frontal L	324.30	2351.3	-3.68E+00	1.33E-04	-1.27E-03	1.72E+01	1.45E-03	4.17E-10	-1.14E-15	-6.66E+00	-1.05E+01		-7.25E+01	-7.48E+01	5.83E-01	1.67E-04	-1.17E-04
Caudal middle frontal R	316.96	2175.3	-4.27E+00				1.54E-03	3.31E-10	-1.48E-15	3.02E+01	2.07E+01		-3.88E+01	-9.60E+01		1.70E-04	-1.95E-04
Pars opercularis L	203.09	1453.0	-2.20E+00			1.90E+01	6.61E-04	1.57E-10		-9.21E+00	-4.10E+00		-3.93E+01	-7.11E+01	-6.89E-01		
Pars opercularis R	201.87	1433.9	-2.31E+00	-2.18E-02		1.65E+01	7.45E-04	1.71E-10	-7.71E-16	1.99E+01	-1.56E+01		-4.16E+01	-7.56E+01			
Pars triangularis L	218.54	1559.8	-3.12E+00			5.99E+01	6.56E-04	3.71E-10		-2.63E+01	-4.64E+01		-6.23E+01		-5.97E-01		
Pars triangularis R	241.26	1529.3	-4.18E+00	-1.78E-02	1.55E-03	7.07E+01	5.44E-04	2.64E-10		-5.64E+00	-5.12E+01		-5.69E+01	-1.27E-04	-9.60E-01		
Pars orbitalis L	73.32	694.4	-5.31E-01	-4.33E-03	-4.14E-04	1.13E+01	2.77E-04	5.96E-11		-2.61E+00	-1.02E+01		-1.17E+01	-1.25E+01			
Pars orbitalis R	93.25	823.3	-1.14E+00	-9.31E-03		2.76E+01	3.09E-04			-8.35E+00	-1.45E+01		-2.23E+01				
Lateral orbito-frontal L	269.33	2840.6	-1.53E+00	-3.56E-02	-1.42E-03		1.61E-03	3.30E-10	-1.57E-15	-1.38E+02	-1.10E+02		-1.04E+02	5.99E+01		2.39E-04	-1.35E-04
Lateral orbito-frontal R	277.79	2844.1	-3.15E+00	-5.95E-02			1.54E-03	2.89E-10	-1.31E-15	2.57E+01	7.03E+00		1.40E-01	-9.09E+01		2.80E-04	-1.16E-04
Medial orbito-frontal R	147.75	1554.6	-1.60E+00	-2.63E-02			7.57E-04			9.68E+00	6.88E+01		-1.61E+01	-9.19E+01			

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Table 2 (continued)

Region	Sociodemographics					Estimated total intracranial volume (eTIV)			Scanner		Interactions						
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE X MFS	Philips X MFS	eTIV X MFS	Age X Sex	eTIV X GE	eTIV X Philips
						M/F				1.5T/3T	GE/ Siemens	Philips/ Siemens					
L Medial orbito- frontal R	142.94	1499.7	-1.09E+00	-2.20E-02	-	2.35E+01	6.69E-04	-	-	-2.58E+01	2.54E+00	-4.60E+01	1.12E+01	-	-	4.93E-05	-8.38E-05
Precentral L	400.75	4718.6	-4.07E+00	-	-	1.40E+02	1.91E-03	6.94E-10	-	6.21E+01	-9.83E+01	-1.88E+02	-	1.88E-04	-1.05E+00	2.58E-04	-1.06E-04
Precentral R	390.83	4593.1	-3.28E+00	-	-	1.41E+02	1.86E-03	6.45E-10	1.21E-15	9.09E+01	-9.30E+01	-1.39E+02	-5.42E+01	1.63E-04	-8.53E-01	-	-
Paracentr- al L	181.46	1543.7	-1.25E+00	-	-	-1.88E+00	7.84E-04	3.97E-16	-6.99E-16	1.74E+01	-7.35E+01	-5.98E+01	-	-	-4.53E-01	-	-
Paracentr- al R	197.36	1585.1	-1.56E+00	-	-	-	7.92E-04	3.61E-10	-4.32E-16	4.46E+01	-4.70E+01	-1.39E+01	-6.64E+01	-	-	-	-
Postcentr- al L	396.77	4603.2	-4.43E+00	-	-	7.42E+01	2.20E-03	4.00E-10	-1.28E-15	1.73E+01	-1.16E+02	-7.73E+01	6.50E+00	-	-	-	-
Postcentr- al R	390.38	4280.0	-4.19E+00	5.45E-02	-	5.93E+01	2.00E-03	4.74E-10	-1.21E-15	-	-9.13E+02	-1.29E+02	-	-	-	-	-
Supraman- ginal L	418.66	3683.1	-4.15E+00	-	-	9.93E+01	2.13E-03	5.06E-10	-2.41E-15	-4.86E+01	-4.64E+01	-6.83E+01	-	-	-	-	-
Supraman- ginal R	386.44	3451.6	-3.79E+00	-	-	3.52E+01	1.79E-03	7.45E-10	-1.38E-15	-	-9.36E+01	-1.07E+02	-	-	-1.42E+00	-	-
Superior parietal L	457.30	4315.8	-6.44E+00	-3.33E-02	-	-2.00E+01	2.04E-03	5.79E-10	-1.69E-15	-2.72E+00	-7.85E+01	-9.00E+01	-	1.24E-04	-	-	-
Superior parietal R	464.60	4619.3	-5.64E+00	-4.73E-02	-	3.19E+01	1.96E-03	4.34E-10	-	9.37E-01	-1.18E+02	-1.36E+02	-	1.51E-04	-1.36E+00	-	-
Inferior parietal L	476.53	4259.7	-3.18E+00	6.70E-02	-4.04E-03	7.96E+01	2.13E-03	4.42E-10	-8.82E-16	-1.02E+01	-5.77E+01	-1.08E+02	-	2.53E-04	-2.44E+00	2.46E-04	-1.77E-04
Inferior parietal R	535.88	4992.9	-5.59E+00	3.37E-02	-3.60E-03	2.08E+02	2.28E-03	5.24E-10	-	-8.51E+01	-1.55E+02	-1.73E+02	-	2.70E-04	-	2.02E-04	-2.40E-04
Precuneus L	345.41	3621.3	-5.37E+00	-	-	5.83E+01	1.84E-03	3.18E-10	-1.33E-15	-4.92E+00	-1.32E+02	-2.87E+01	-5.11E+01	-	-	1.66E-04	-7.91E-05
Precuneus R	383.67	3922.8	-5.50E+00	-	-	9.33E+01	1.98E-03	5.62E-10	-1.18E-15	-3.20E+01	-1.51E+02	-9.65E+01	-	-	-8.11E-01	-	-
Lingual L	362.55	3065.9	-5.87E-01	-5.12E-02	-2.78E-03	6.95E+01	1.24E-03	2.08E-10	-8.47E-16	-1.40E+02	-1.30E+02	-8.56E+01	3.80E+01	-	-1.16E+00	-8.47E-06	-2.28E-04
Lingual R	347.23	3115.0	-3.03E+00	-8.05E-02	-	5.32E+01	1.10E-03	2.62E-10	-	-1.20E+02	-1.10E+02	-9.65E+01	1.01E+02	-	-	3.15E-05	-2.07E-04
Pericalca- rine L	213.57	1372.3	-1.54E+00	-	-	2.10E+01	5.61E-04	2.89E-10	-	-8.72E+01	-1.01E+02	-5.04E+01	1.15E+02	-	-	1.04E-05	-1.38E-04
Pericalca- rine R	223.88	1507.2	-1.52E+00	-	-	1.89E+01	7.00E-04	2.79E-10	-5.27E-16	-8.37E+01	-8.83E+01	-6.03E+01	7.69E+01	-1.39E-04	-	-	-
Cuneus L	241.68	2005.5	-1.99E+00	-4.34E-02	-	6.33E+01	7.19E-04	2.18E-10	-	-3.04E+01	-1.06E+01	-1.57E+01	1.10E+02	-	-1.07E+00	-	-

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Table 2 (continued)

Region	Sociodemographics					Estimated total intracranial volume (eTIV)			Scanner		Interactions								
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE/ Siemens	Philips/ Siemens	GE X MFS	Philips X MFS	eTIV X MFS	Age X Sex	eTIV X GE	eTIV X Philips
						M/F				1.5T/3T									
Cuneus R	200.25	1852.2	+00	-2.22E-02	-2.70E-02	+01	04	10	1.35E-10	+01	+02	-5.07E-01	-7.01E+00	-	-	-	-	-	-
Lateral occipital L	479.40	4837.7	+00	-6.67E-02	-7.44E-02	+01	04	10	1.76E-16	-	+01	-5.40E-01	-7.32E+01	-	-	-	9.07E-05	-2.32E-04	-
Lateral occipital R	490.68	4750.0	+00	-6.31E-02	-	+02	03	10	1.45E-15	-	+02	-1.10E-01	-5.51E+01	-	-	-	-1.59E+00	-1.41E-04	-2.82E-04
Rostral anterior cingulate R	155.26	1120.1	01	-6.26E-02	-2.83E-02	+00	04	10	3.08E-16	+01	+01	-5.07E-01	-3.18E+01	-5.03E+00	2.53E+01	-	6.17E-01	1.21E-04	-6.64E-05
Rostral anterior cingulate R	128.59	791.3	01	-3.76E-02	-2.02E-02	-	04	10	2.64E-16	+01	+01	-2.86E-01	-2.60E+01	-	-	-	-	5.95E-05	-3.77E-05
Caudal anterior cingulate R	144.11	1090.1	01	-8.13E-03	-5.38E-03	-	04	10	4.65E-16	+01	+01	-3.20E-01	-2.72E+01	-	-	-5.71E-05	-	1.24E-04	-1.07E-05
Caudal anterior cingulate R	142.26	809.4	01	-8.89E-02	-1.06E-02	+00	04	11	6.39E-16	+01	+01	-3.81E-01	-2.78E+01	-	-	-	4.56E-01	8.29E-05	-2.07E-05
Posterior cingulate R	152.74	1257.5	+00	-1.21E-03	9.88E-03	+01	04	11	6.56E-16	+01	+01	-7.09E-01	-5.32E+01	-	-	-	-5.35E-01	1.23E-04	-9.19E-06
Posterior cingulate R	152.58	1268.0	+00	-1.82E-02	-1.92E-02	-	04	10	1.74E-16	+01	+01	-8.56E-01	-3.75E+01	-	-	-	-	-	-
Isthmus cingulate R	142.93	998.5	01	-5.80E-01	-	+01	04	10	1.28E-16	-	+01	-5.95E-01	-5.85E+01	-	-	-	-	-	-
Isthmus cingulate L	131.64	946.5	01	-6.35E-01	-	+01	04	10	2.47E-16	+01	+01	-5.15E-01	-5.69E+01	-	-	-	-	-	-
Insula L	143.86	1910.3	02	-3.37E-02	-3.37E-02	+01	04	10	2.96E-16	+00	+01	-5.28E-01	-3.79E+01	-1.31E+00	-2.83E+01	8.33E-05	-	-3.22E-05	-9.71E-05
Insula R	156.23	2013.8	01	-2.60E-02	-4.00E-02	+01	04	10	3.35E-16	+01	+01	-4.66E-01	-5.07E+01	-	-	-	-	-	-
Ex vivo entorhinal	28.62	219.9	01	-1.33E-02	-1.06E-02	+00	05	05	7.76E-16	+00	+01	-2.09E-01	-2.76E+00	6.24E+00	4.49E+00	-	-6.97E-02	-	-

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Table 2 (continued)

Region	RMSE	Sociodemographics				Estimated total intracranial volume (eTIV)			Scanner		Interactions						
		Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE X MFS	Philips X MFS	eTIV X MFS	Age X Sex	eTIV X GE	eTIV X Philips
						M/F				1.5T/3T	GE/Siemens Siemens						
al L	30.14	182.0	-1.25E-01	-8.27E-03	-	6.07E+00	7.74E-05	4.75E-11	-9.21E+00	-2.03E+00	8.32E+00	6.78E+00	-	-	-4.26E-06	-2.55E-05	
Ex vivo entorhinal al R	78.27	647.9	-4.64E-01	-2.03E-02	-5.62E-04	2.38E+01	2.48E-04	-	-1.06E+01	-	-	-	-	-	-	-	
Ex vivo perirhinal L	61.84	428.0	-4.21E-02	-1.41E-02	-3.58E-04	1.54E+01	1.70E-04	6.99E-11	-2.47E+01	-7.04E+00	2.16E+01	1.42E+01	-	2.87E-06	-4.30E-05		

Note. Categories are coded 0 and 1 with reference categories (Female, Siemens, and 3T) coded 0. Age and eTIV are centered by the mean (Age = 47.58; eTIV = 1528926.15). DC: diencephalon, Int: Intercept, RMSE: Root mean square error. *Italic p* <.05; **Bold p** <.01.

for age and eTIV and age X sex, eTIV X MFS, MFS X manufacturer, and eTIV X manufacturer interactions. To avoid over fitting and maximize generalizability of the predictions, 10-fold cross-validation (Hastie et al., 2008) with a backward elimination procedure was used to retain the model with the subset of predictors that produced the lowest predicted residual sum of squares using SAS 9.4 PROC GLMSELECT (SAS Institute Inc., Cary, NC, USA). For each brain subdivision, outliers with surface/thickness/volume Z scores higher than 3.29 ($p < .001$) were excluded. Depending on the region, between 0 and 33 outliers out of 2713 were excluded.

A validation R^2 (squared correlation between observed and predicted measures) was calculated using the independent validation sample of healthy controls. The patterns of normality deviations in the validation samples of healthy controls, individuals with AD, and individuals with SZ, was examined through the Z_{OP} effect sizes (Crawford et al., 2012).

Results

DKT atlas

Prediction of normative values

Coefficients predicting surfaces, thicknesses, and volumes for each region are presented in Tables 2–4. The mean explained variance for all regions was 44% (range: 20–65) for surfaces, 29% (range 11–43) for thicknesses, and 48% (range 20–73) for volumes (Fig. 1). The total R^2 were similar to those of the DK protocol for nearly all regional measures, the mean R^2 difference (DKT–DK) of all regions being 0.6% for surfaces, 0.6% for thicknesses, and 0.5% for volumes (Fig. 2). The largest discrepancies were for the left caudal anterior cingulate (R^2 higher in the DKT protocol: 16% surface, 9% thickness, and 24% volume) and rostral middle frontal/rostral anterior cingulate regions (R^2 slightly higher in the DK and DKT protocols, respectively: $\leq 7\%$). We observed few discrepancies between DK and DKT protocols in terms of retained predictors (e.g. sex) and predictors' R^2 across regions (Fig. 3), but it resulted in relatively minor discrepancies in overall R^2 (mean 1%, range 1–7% for models with sex discrepancies). Fig. 4 illustrates an example of regions labeling with the largest R^2 discrepancies between protocols.

Validation

Healthy controls. The mean difference between validation and original R^2 for the DKT protocol was 1.4% (range -14 to 13%) for surfaces, 5.3% (range -5 to 19%) for thicknesses, and 1.2% (range -10 to 11%) for volumes, which shows adequate generalization of the models (Fig. 5). The largest negative discrepancies were for bilateral caudal middle frontal surfaces (-13% and -14%), right caudal middle frontal volume (-10%) and right medial orbitofrontal surface (-12%).

The mean Z_{OP} effect size in the healthy control validation group showed very little deviation from the normative values across regions (mean surfaces: -0.04, range -0.26 to 0.18, thicknesses: 0.03, range -0.10 to 0.20, volumes: -0.03, range -0.24 to 0.19). Supplementary Table 1 indicates that for all measures, the mean actual surface, thickness, and volume did not significantly differ from the mean predicted normative value.

AD and SZ individuals. In the AD and SZ groups, normative Z scores showed little difference between DK and DKT protocols, with the left caudal anterior cingulate showing the largest discrepancies (Fig. 6). In individuals with SZ, the mean absolute difference of all regions were 0.04 for surfaces (range: -0.2 to 0.3), 0.05 for thicknesses (range: -0.2 to 0.4), and 0.04 for volumes (range: -0.1 to 0.5). In individuals with AD, the mean absolute difference of all regions were 0.05 for surfaces

Table 3
Coefficients of models predicting cortical thickness for the Desikan-Killiany-Tourville and ex vivo protocols.

Region	Sociodemographics				Estimated total intracranial volume (eTIV)			Scanner		Interactions							
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GEXMFS	PhilipsXMFS	eTIVXMFS	AgeXSex	eTIVXGE	eTIVXPhilips
						M/F				1.5T/3T	GE/Siemens Philips/Siemens						
Superior temporal L	0.1474	2.8096	-2.84E-03	-3.28E-05	-1.12E-06	02	8.24E-08	-	-	-1.31E-01	-5.41E-02	1.02E-01	1.21E-01	-	-6.33E-04	-	-
Superior temporal R	0.1563	2.8579	-2.69E-03	-3.04E-05	-9.12E-07	02	6.42E-08	-	-	-1.67E-01	-8.13E-02	1.68E-01	1.51E-01	-	-5.63E-04	-	-
Middle temporal L	0.1585	2.7494	-2.04E-03	5.32E-06	-1.72E-06	06	1.14E-07	-	-	-1.61E-01	-4.89E-02	1.37E-01	1.41E-01	-	-	-4.23E-08	-8.87E-08
Middle temporal R	0.1605	2.8214	-2.30E-03	-7.79E-06	-8.29E-07	02	1.07E-07	-1.07E-13	-	-1.70E-01	-6.68E-03	1.58E-01	1.60E-01	-	-6.04E-04	-3.01E-09	-9.38E-08
Inferior temporal L	0.1828	2.7958	-8.03E-04	-4.24E-05	-	02	9.49E-08	-	-	-1.36E-01	-2.51E-02	1.40E-01	1.62E-01	4.67E-08	-	-1.23E-07	-1.09E-07
Inferior temporal R	0.1881	2.8153	1.31E-03	-2.08E-05	-1.67E-06	03	1.38E-07	-7.50E-14	-	-2.38E-01	-4.91E-02	2.13E-01	2.59E-01	-	-1.00E-03	-1.57E-07	-1.62E-07
Transverse temporal L	0.2257	2.3237	-3.57E-03	5.42E-05	-1.91E-06	02	1.06E-07	-	-	-1.86E-02	-2.03E-02	-2.37E-02	1.01E-01	-	-	-	-
Transverse temporal R	0.2353	2.3636	-3.27E-03	4.17E-05	-1.76E-06	02	1.92E-07	-	-	-4.40E-02	5.33E-03	-3.26E-02	1.26E-01	8.68E-08	-	-1.41E-07	-1.36E-07
Entorhinal L	0.3637	3.2858	3.72E-03	-1.09E-04	-1.94E-06	02	4.24E-08	-	-	-3.19E-01	5.67E-02	1.64E-01	2.76E-01	-	-	-3.94E-08	-2.40E-07
Entorhinal R	0.4049	3.5046	3.70E-03	-1.39E-04	-	02	1.03E-07	-4.30E-13	-	-4.29E-01	-5.07E-02	2.92E-01	3.80E-01	-	-	-9.54E-08	-3.67E-07
Fusiform L	0.1605	2.6293	-1.17E-03	-3.25E-05	-9.60E-07	02	7.37E-08	-1.80E-13	-	-2.18E-01	4.32E-02	8.51E-02	1.52E-01	-	-	-7.64E-08	-8.64E-08
Fusiform R	0.1707	2.6814	-4.62E-04	-3.18E-05	-8.55E-07	02	8.10E-08	-	-	-2.82E-01	4.59E-02	1.15E-01	2.31E-01	-	-7.15E-04	-1.02E-07	-1.07E-07
Parahippocampal L	0.3220	2.7108	-1.69E-03	-	-	-	-1.66E-07	-2.00E-13	8.81E-19	-2.96E-01	4.13E-02	1.48E-01	1.37E-01	-	-	-1.80E-07	-1.82E-07
Parahippocampal R	0.2802	2.7216	-5.27E-04	-2.68E-05	-	02	-6.08E-09	-	-	-3.06E-01	5.87E-03	1.62E-01	1.91E-01	-	-5.35E-04	-1.75E-07	-1.64E-07
Superior frontal L	0.1460	2.6235	-3.73E-03	5.84E-05	-2.01E-06	02	-4.79E-08	-2.12E-14	5.01E-19	-4.06E-02	-3.68E-02	5.87E-02	1.22E-01	-	-7.42E-04	1.33E-07	2.06E-08
Superior frontal R	0.1455	2.5435	-3.42E-03	6.91E-05	-2.08E-06	02	-4.97E-08	-	-	-8.94E-03	7.36E-03	3.48E-02	6.28E-02	-	-8.42E-04	-	-
Rostral middle	0.1432	2.3643	-3.29E-03	6.34E-05	-1.80E-06	02	-1.79E-08	-1.65E-14	5.45E-19	-3.79E-02	-2.02E-02	4.55E-02	1.12E-01	-	-5.88E-04	1.50E-07	-1.21E-08

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Table 3 (continued)

Region	Sociodemographics						Estimated total intracranial volume (eTIV)						Scanner				Interactions			
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE/Philips/Siemens	1.5T/3T	GEXMFS	PhilipsXMFS	eTIVXMFS	AgeXSex	eTIVXGE	eTIVXPhilips	
						M/F														
frontal L	0.1438	2.2627	-2.99E-03	7.22E-05	-1.71E-06	-3.61E-02	-1.34E-08	3.37E-14	4.39E-19	2.60E-02	4.70E-04	3.15E-02	1.87E-02	3.39E-02	-	-	-5.43E-04	-	-	
Rostral middle frontal R	0.1479	2.5169	-2.97E-03	5.52E-05	-1.65E-06	-4.93E-02	5.52E-08	-1.56E-14	3.57E-19	-5.35E-02	-3.60E-02	-8.09E-02	3.67E-02	1.32E-01	-	-	-6.24E-04	-	-	
Caudal middle frontal L	0.1494	2.4870	-2.31E-03	6.20E-05	-2.25E-06	-6.17E-02	5.76E-08	-6.95E-14	2.94E-19	-4.80E-02	-3.91E-02	-3.96E-02	5.95E-02	8.26E-02	-	-	-9.91E-04	-	-	
Caudal middle frontal R	0.1518	2.5548	-4.17E-03	6.40E-05	-9.96E-07	-2.70E-02	1.02E-07	-	-	-7.50E-02	-2.98E-02	4.10E-03	5.82E-02	4.03E-02	-	-	-7.38E-04	9.49E-08	-2.86E-08	
Pars opercularis L	0.1578	2.5106	-3.62E-03	8.50E-05	-1.77E-06	-1.58E-02	6.88E-08	-	-	-6.76E-02	-6.19E-02	1.86E-02	9.82E-02	2.89E-02	-	-	-8.41E-04	-	-	
Pars opercularis R	0.1516	2.3629	-4.45E-03	6.09E-05	-1.32E-06	-2.53E-02	3.51E-08	-	-	-3.62E-02	-4.32E-02	1.03E-02	5.75E-02	3.10E-02	-	-	-7.50E-04	1.67E-07	3.43E-09	
Triangularis L	0.1579	2.3455	-4.93E-03	6.91E-05	-9.57E-07	-2.51E-02	-8.06E-09	-	-	8.96E-03	-3.28E-02	7.04E-02	2.98E-02	-3.78E-02	-	-	-3.99E-04	-	-	
Triangularis R	0.1932	2.5641	-3.81E-03	6.48E-05	-1.61E-06	-1.30E-02	-4.39E-13	6.32E-19	-	-8.05E-02	-3.15E-02	6.95E-02	1.08E-01	4.29E-02	4.37E-08	-	-1.03E-03	-	-	
Pars orbitalis L	0.2005	2.5709	-2.90E-03	5.95E-05	-2.04E-06	-3.50E-02	-6.26E-09	-1.30E-13	4.15E-19	-5.28E-02	-2.63E-03	7.11E-02	7.92E-02	4.70E-02	-	-	-1.27E-03	-	-	
Pars orbitalis R	0.1716	2.5795	-1.93E-03	3.27E-05	-1.06E-06	-1.17E-02	-9.77E-08	5.85E-14	1.9	-9.28E-02	7.51E-02	7.43E-02	2.69E-02	1.02E-01	9.63E-08	-	-1.42E-03	-1.54E-08	-8.99E-08	
Lateral orbitofrontal L	0.1789	2.5168	-2.10E-03	5.45E-05	-1.28E-06	-1.44E-02	-1.24E-07	-1.07E-13	9.03E-19	-3.46E-03	1.03E-01	9.35E-02	-4.17E-02	1.09E-02	-	-	-1.16E-03	-	-	
Lateral orbitofrontal R	0.1669	2.3386	-2.60E-03	4.65E-05	-1.06E-06	1.08E-02	-4.63E-08	4.56E-15	8.41E-19	-2.16E-02	1.06E-01	1.16E-02	-6.33E-02	3.99E-02	-	-	-9.91E-04	-	-	
Medial orbitofrontal L	0.1744	2.3062	-2.68E-03	7.66E-05	-1.49E-06	1.67E-03	-6.02E-02	3.42E-14	7.42E-19	1.59E-02	1.39E-01	1.01E-01	-5.95E-02	-4.09E-02	-	-	-6.11E-04	-	-	

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Table 3 (continued)

Region	Sociodemographics					Estimated total intracranial volume (eTIV)			Scanner		Interactions								
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE/Siemens	Philips/Siemens	GEXMFS	PhilipsXMFS	eTIVXMFS	AgeXSex	eTIVXGE	eTIVXPhilips
						M/F				1.5T/3T									
orbito-frontal R			03	05	06	08	19							02		04			
Precentral L	0.1462	2.5149	-2.71E-03	2.86E-05	-1.58E-06	-3.88E-02	6.95E-08	-1.40E-13	-	-9.90E-02	-2.44E-02	-6.64E-02	-6.64E-02	-2.55E-02	7.78E-02	-7.27E-08	-6.58E-04	1.82E-07	1.46E-08
Precentral R	0.1466	2.4877	-2.72E-03	1.17E-05	-1.09E-06	-4.31E-02	2.76E-08	-1.83E-13	-	-8.04E-02	-2.23E-02	-4.87E-02	-4.87E-02	-8.04E-03	3.94E-02	-	-6.83E-04	1.55E-07	4.94E-09
Paracentr- al L	0.1571	2.3549	-2.85E-03	4.96E-05	-1.86E-06	-3.60E-02	2.20E-08	-	-	-5.69E-02	-1.94E-02	-1.11E-01	-1.11E-01	-1.07E-02	8.60E-02	-	-	1.83E-07	7.42E-08
Paracentr- al R	0.1527	2.3734	-2.55E-03	5.00E-05	-1.60E-06	-3.03E-02	5.85E-08	-	-	-1.13E-01	-4.86E-02	-1.53E-01	-1.53E-01	1.40E-02	1.28E-01	-	-6.54E-04	1.95E-07	-6.23E-09
Postcentr- al L	0.1238	2.1015	-2.45E-03	3.44E-06	-1.06E-06	-4.91E-02	1.05E-07	-	-	-4.09E-02	-4.03E-02	-1.05E-01	-1.05E-01	-2.67E-02	7.47E-02	-	-	7.76E-08	3.67E-09
Postcentr- al R	0.1285	2.0765	-2.43E-03	-3.00E-06	-8.97E-07	-4.89E-02	1.16E-07	-	-	-4.78E-02	-4.60E-02	-1.02E-01	-1.02E-01	1.90E-03	6.99E-02	-	-	-	-
Supratra- ngnal L	0.1417	2.5217	-3.28E-03	5.53E-06	-1.56E-06	-4.85E-02	9.30E-08	-	-	-6.63E-02	-6.67E-02	-3.12E-02	-3.12E-02	6.77E-02	7.23E-02	-4.37E-08	-4.61E-04	3.25E-08	-6.83E-08
Supratra- ngnal R	0.1474	2.5348	-3.57E-03	3.21E-06	-1.23E-06	-4.33E-02	1.05E-07	-	-	-8.23E-02	-7.83E-02	-6.98E-02	-6.98E-02	8.84E-02	9.70E-02	-7.09E-08	-	-	-
Superior parie- tal L	0.1310	2.2055	-1.68E-03	3.79E-06	-1.90E-06	-4.89E-02	9.42E-08	-	-	-6.07E-02	-4.78E-02	-1.32E-01	-1.32E-01	3.91E-03	1.22E-01	-	-	-	-
Superior parie- tal R	0.1317	2.1963	-1.72E-03	-5.94E-06	-1.79E-06	-5.51E-02	1.23E-07	-	-	-4.23E-02	-1.88E-02	-1.36E-01	-1.36E-01	-3.33E-02	1.02E-01	-5.93E-08	-3.92E-04	-	-
Inferior parie- tal L	0.1374	2.4172	-2.91E-03	-1.01E-05	-1.63E-06	-4.50E-02	2.89E-08	1.66E-14	4.15E-19	-5.99E-02	-5.43E-02	-5.60E-02	-5.60E-02	5.62E-02	9.39E-02	-	-	6.53E-08	-3.98E-08
Inferior parie- tal R	0.1379	2.4623	-3.13E-03	-1.62E-05	-1.47E-06	-4.22E-02	3.28E-08	2.86E-14	3.40E-19	-9.01E-02	-6.82E-02	-1.09E-01	-1.09E-01	6.35E-02	1.43E-01	-6.08E-08	-	-	-
Precuneus L	0.1386	2.3536	-2.72E-03	1.09E-05	-1.77E-06	-2.88E-02	7.99E-08	-	-	-7.63E-02	-1.92E-02	-7.31E-02	-7.31E-02	1.04E-03	9.17E-02	-	-7.01E-04	-	-
Precuneus R	0.1319	2.3593	-2.72E-03	1.20E-05	-1.68E-06	-3.58E-02	8.54E-08	-	-	-6.58E-02	2.12E-02	-7.56E-02	-7.56E-02	-7.14E-02	7.31E-02	-	-7.08E-04	1.09E-07	-4.06E-08
Lingual L	0.1364	1.9498	-2.98E-03	1.30E-05	-1.02E-06	-1.53E-02	5.43E-08	-	-	1.41E-02	6.86E-02	-1.11E-01	-1.11E-01	-1.06E-01	2.37E-02	-	-5.32E-04	-	-
Lingual R	0.1400	1.9990	-3.38E-03	9.37E-06	-7.34E-07	-1.23E-02	2.40E-08	1.35E-13	3.09E-19	2.63E-02	5.73E-02	-1.33E-01	-1.33E-01	-1.40E-01	-1.44E-02	5.48E-08	-8.09E-09	-7.50E-08	-
Pericalca- rine L	0.1662	1.5634	-3.52E-03	3.32E-05	-	-1.46E-02	2.70E-08	1.81E-13	3.93E-19	9.04E-02	5.85E-02	-1.51E-01	-1.51E-01	-2.17E-01	-3.10E-02	-	-	-	-
Pericalca- rine R	0.1638	1.5636	-2.51E-03	5.81E-05	-1.35E-06	-	-3.00E-09	1.64E-13	6.10E-19	7.36E-02	8.46E-03	-1.59E-01	-1.59E-01	-1.68E-01	-3.90E-02	-	-	-	-
Cuneus L	0.1425	1.8611	-2.44E-03	3.27E-05	-1.48E-06	-3.50E-02	8.56E-08	9.32E-14	-	1.93E-02	3.23E-02	-1.16E-01	-1.16E-01	-1.09E-01	2.92E-02	-	-	-	-
Cuneus R	0.1429	1.8618	-2.52E-03	3.24E-05	-1.30E-06	-3.15E-02	8.86E-08	-	-	3.86E-02	2.02E-04	-1.37E-01	-1.37E-01	-1.31E-01	-3.55E-03	-	-	-	-

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Table 3 (continued)

Region	Sociodemographics					Estimated total intracranial volume (eTIV)					Scanner		Interactions						
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE/ Siemens	Philips/ Siemens	GEXMFS	PhilipsXMFS	eTIVXMFS	AgeXSex	eTIVXGE	eTIVXPhilips
						M/F				1.5T/3T									
Lateral occipital L	0.1276	2.1616	-1.04E-03	-4.84E-05	-1.66E-06	-3.37E-02	5.19E-08	-	-	-3.61E-02	-7.28E-03	-9.12E-02	-	-2.16E-02	6.19E-02	-	-	-	-
Lateral occipital R	0.1335	2.2233	-1.23E-03	-5.45E-05	-1.32E-06	-3.27E-02	1.02E-07	-	-	-4.57E-02	2.16E-02	-1.12E-01	-	-6.55E-02	8.30E-02	-	-	-6.20E-08	-5.97E-08
Rostral anterior cingulate L	0.2330	2.7176	-1.79E-03	9.39E-05	-	-1.24E-04	-2.22E-07	1.04E-18	1.04E-18	-2.13E-01	8.68E-02	8.04E-02	-	9.67E-02	1.81E-01	-	-1.62E-03	2.21E-08	-1.08E-07
Rostral anterior cingulate R	0.2487	2.6317	-1.44E-03	1.02E-04	-1.27E-06	2.52E-02	-2.58E-07	7.09E-19	7.09E-19	-8.66E-02	1.72E-01	2.33E-01	-	-	-	-	-	-	-
Caudal anterior cingulate L	0.2020	2.6200	-2.80E-03	8.69E-05	-	-3.16E-02	-7.03E-08	-	-	-1.59E-01	3.54E-02	1.07E-02	-	1.05E-01	1.85E-01	-	-6.48E-04	-	-
Caudal anterior cingulate R	0.2432	2.4383	-7.32E-04	1.27E-04	-2.25E-06	-	-2.90E-07	8.78E-19	8.78E-19	-9.44E-02	1.38E-01	7.23E-02	-	3.51E-02	6.41E-02	1.24E-07	-	-	-
Posterior cingulate L	0.1586	2.4466	-2.55E-03	6.22E-05	-1.68E-06	-1.34E-02	-	-	-	-1.18E-01	8.42E-02	-4.84E-03	-	1.92E-03	9.69E-02	-	-8.57E-04	-	-
Posterior cingulate R	0.1557	2.4111	-3.14E-03	6.97E-05	-7.60E-07	-2.33E-02	-	-	-	-8.85E-02	1.38E-01	3.04E-02	-	-3.78E-02	4.91E-02	-	-1.06E-03	-	-
Isthmus cingulate L	0.2078	2.4190	-3.57E-03	1.65E-05	-1.02E-06	3.11E-03	-1.19E-07	-	-	-9.68E-02	8.93E-02	1.16E-02	-	-3.73E-02	5.06E-02	-	-7.84E-04	-	-
Isthmus cingulate R	0.1938	2.3492	-2.69E-03	3.86E-05	-1.96E-06	-1.03E-02	-1.75E-07	5.41E-19	5.41E-19	-5.83E-02	1.26E-01	3.88E-03	-	-5.83E-02	1.26E-02	-	-1.37E-03	-	-
Insula L	0.1822	3.0081	-2.39E-03	5.99E-05	-9.38E-07	4.80E-03	-8.24E-09	6.09E-19	6.09E-19	-1.60E-01	1.76E-02	2.30E-02	-	1.14E-01	1.54E-01	1.04E-07	-9.15E-04	1.40E-07	-1.42E-07
Insula R	0.1895	2.9820	-3.15E-03	4.56E-05	-	-1.93E-03	7.78E-08	4.94E-19	4.94E-19	-1.67E-01	7.85E-04	1.75E-02	-	1.25E-01	1.37E-01	-	-9.08E-04	7.46E-08	-8.59E-08
Ex vivo entorhinal L	0.3521	3.2827	6.01E-03	-8.65E-05	-2.86E-06	1.07E-01	1.22E-07	-	-	-2.53E-01	-1.81E-01	-1.21E-01	-	2.31E-01	2.22E-01	-	1.79E-07	-2.45E-07	-
Ex vivo entorhinal R	0.3875	3.4615	6.70E-03	-9.72E-05	-2.45E-06	8.27E-02	2.24E-07	-4.51E-13	-5.60E-19	-3.57E-01	-2.04E-01	-1.71E-01	-	2.57E-01	3.20E-01	-	8.16E-08	-3.97E-07	-

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Table 3 (continued)

Region	Sociodemographics					Estimated total intracranial volume (eTIV)			Scanner		Interactions							
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GEXMFS	PhilipsXMFS	eTIVXMFS	AgeXSex	eTIVXGE	eTIVXPhilips	
			M/F							1.5T/3T	GE/ Siemens							
al R																		
Ex vivo	0.3495	3.1784	1.89E-03	-7.34E-05	-	3.77E-02	-2.17E-07	-	-	-3.40E-01	2.56E-02	4.50E-02						
peri-rhinal																		
L																		
Ex vivo	0.3692	3.3676	3.07E-03	-1.01E-04	-	-	1.79E-08	-3.46E-13	-	-3.97E-01	-2.64E-02	-1.48E-02						
peri-rhinal																		
R																		

Note. Categories are coded 0 and 1 with reference categories (Female, Siemens, and 3T) coded 0. Age and eTIV are centered by the mean (Age = 47.58; eTIV = 1528926.15). DC: diencephalon, Int: Intercept, RMSE: Root mean square error. *Italic p* <.05; **Bold p** <.01.

(range: -0.2 to 0.2), 0.04 for thicknesses (range: -0.1 to 0.3), and 0.04 volumes (range: -0.2 to 0.3).

Pearson correlations revealed that the mean correlations between DK and DKT normative Z scores of all regions were very strong in both groups (SZ: .96 for surfaces, .98 for thicknesses, and .96 for volumes, AD: .95 for surfaces, .98 for thicknesses, and .96 for volumes). In the AD group, the weakest correlations were the left caudal anterior cingulate surface (.67) and volume (.49), and bilateral pars orbitalis surface (Left: .78, Right: .71), thickness (Left: .73, Right: .86), and volume (Left: .80, Right: .74). In the SZ group, the weakest correlations were the left pars orbitalis surface (.67), thickness (.71), and volume (.72), the left caudal anterior cingulate surface (.79) and volume (.73), and right insula surface (.75).

Ex vivo atlas

Prediction of normative values

Coefficients to predict entorhinal and perirhinal normative values are shown in Tables 2–4. R² values for the entorhinal cortex were similar to those of the DK and DKT protocols (Surface L: 32% R: 22%, Thickness L: 15% R: 19%, Volume L: 25% R: 24%) with a mean absolute difference of 1.5% for ex vivo and DK and 1.6% for ex vivo and DKT atlases (highest difference: 3%). R² values for the perirhinal cortex were similar to those of the entorhinal (Surface L: 36% R: 26%, Thickness L: 16% R: 18%, Volume L: 22% R: 25%).

Validation

The mean difference between validation and original R² was 1.6% (range -7 to 7%), the largest negative discrepancies being the right perirhinal volume (Fig. 5) and the mean actual surface, thickness, and volume did not significantly differ from the mean predicted normative value (Supplementary Table 1). Similar to the DKT results, the mean Z_{OP} effect size for the ex vivo entorhinal and perirhinal measures in the healthy control validation group showed minor deviation from the normative values (range -0.17 to 0.21).

Comparison of the entorhinal cortex between DK, DKT, and ex vivo atlases

The distribution of entorhinal cortical normative Z scores of the three protocols (DK, DKT, and ex vivo) in the AD group are displayed in Fig. 7. Except for the left surface, the entorhinal Z scores deviations from the normality were highly similar between atlases and the differences between true and normative expected values yielded equivalent p-values (Fig. 7). Pearson correlations revealed very strong associations between DKT and DK entorhinal normative Z scores (Surface L: .96, R: .93; Thickness L: .99, R: .99; Volume L: .95, R: .93) and moderate to strong associations between ex vivo and DK atlases (Surface L: .61, R: .67; Thickness L: .86, R: .83; Volume L: .79, R: .68).

Discussion

The first objective of this study was to produce FreeSurfer morphometric cortical normative data using the DKT and ex vivo protocol using the same procedure to produce normative values for the DK protocol (Potvin et al., 2017). We provide formulas to compute expected surfaces, thicknesses, and volumes based on the characteristics of the individual and the scanner. The regression formula is the addition of the intercept and each predictors' coefficient multiplied by its value (e.g. left superior temporal: 5001.8+−5.36*(age-centered)+−0.0464*(age-centered squared)+ ...). Deviations from the normative sample in terms of Z scores effect size can also be computed by dividing the difference between real and expected values by the root

Table 4
Coefficients of models predicting cortical volume for the Desikan-Killiany-Tourville and ex vivo protocols.

Region	Sociodemographics					Estimated total intracranial volume (eTIV)			Scanner		Interactions						
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GEXMFS	PhilipsXMFS	eTIVXMFS	AgeXSex	eTIVXGE	eTIVXPhilips
						M/F				1.5T/3T	GE/ Siemens	Philips/ Siemens					
Superior temporal L	1462.36	16144.2	-3.30E+01	9.30E-02	-1.22E-02	3.36E+02	6.95E-03	1.93E-09	-	-3.43E+02	-2.68E+02	-2.93E+02	-	-	-1.21E+01	-	-
Superior temporal R	1320.86	15420.4	-3.63E+01	1.51E-01	-7.33E-03	5.10E+01	6.69E-03	2.65E-09	-	-5.09E+02	-4.17E+02	-2.67E+02	3.70E+02	2.91E+02	-5.00E+00	-2.59E-04	-7.99E-04
Middle temporal L	1414.22	13099.5	-2.95E+01	5.33E-02	-1.16E-02	1.68E+02	7.48E-03	7.09E-15	-4.23E-15	-7.55E+02	-2.26E+02	-6.47E+02	2.17E+02	8.02E+02	-8.85E+00	-4.17E-04	-1.53E-03
Middle temporal R	1366.08	13306.0	-3.24E+01	1.99E-01	-1.08E-02	1.26E+02	7.66E-03	1.24E-15	-6.18E-15	-6.58E+02	3.57E+01	-3.59E+02	-1.52E+02	5.20E+02	-8.16E+00	7.62E-04	-8.03E-04
Inferior temporal L	1344.27	11104.2	-1.73E+01	4.89E-02	-6.42E-03	1.77E+02	5.58E-03	1.76E-09	-	-2.75E+02	4.06E+02	-2.27E+02	-3.60E+02	4.54E+02	-4.42E+00	-3.22E-04	-8.79E-04
Inferior temporal R	1415.87	11776.5	-1.04E+01	6.61E-02	-1.25E-02	1.17E+02	6.63E-03	1.67E-09	-	-9.57E+02	-6.38E+01	-4.61E+02	4.24E+02	1.13E+03	-5.49E+00	-7.02E-04	-1.17E-03
Transverse temporal L	197.35	1130.5	-2.40E+00	3.24E-02	-1.73E-03	1.71E+01	5.74E-04	1.40E-16	-4.22E-16	2.21E+01	-2.89E+01	-6.21E+01	-6.34E+01	-3.44E+01	-	-	-
Transverse temporal R	150.44	875.3	-1.72E+00	4.64E-03	-1.10E-03	1.0E+01	4.39E-04	1.30E-16	-3.58E-16	-	-1.46E+01	-4.85E+01	-	-	-	-	-
Entorhinal L	294.25	1691.3	3.70E+00	9.74E-03	-3.06E-03	1.05E+01	7.51E-04	-	-	-1.09E+02	-4.77E+00	-8.83E+00	1.45E+02	1.65E+02	-	4.59E-05	-2.31E-04
Entorhinal R	344.61	1796.3	3.34E+00	1.14E-01	-	7.47E+01	9.80E-04	-	-	-2.60E+02	-8.14E+01	-1.52E+02	2.58E+02	3.25E+02	-	-6.72E-05	-4.16E-04
Fusiform L	1094.87	8499.2	-1.60E+01	3.43E-03	-9.00E-03	1.59E+02	4.57E-03	3.66E-10	-3.92E-15	-5.80E+02	-9.49E+01	-4.77E+02	6.22E+01	3.72E+02	-	-6.07E-04	-8.57E-04
Fusiform R	1015.28	8173.1	-1.11E+01	7.88E-02	-5.57E-03	3.27E+02	3.81E-03	1.02E-09	-	-9.55E+02	-5.37E+01	-6.83E+02	1.67E+02	7.34E+02	-5.47E+00	1.67E-04	-6.79E-04
Parahippocampal L	307.83	2236.8	-2.59E+01	2.66E-02	-2.65E-03	1.0E+02	8.12E-04	-	-	-2.21E+02	-1.63E+01	-4.21E+01	8.74E+01	5.60E+01	-	-	-
Parahippocampal R	274.43	2066.5	-2.73E+00	4.54E-02	-1.15E-03	1.0E+02	7.72E-04	2.06E-10	-	-2.30E+02	-3.81E+01	-4.05E+01	1.30E+02	7.63E+01	-	9.71E-05	-1.32E-04
Superior frontal L	1965.74	23790.9	-7.94E+01	1.11E+00	-2.09E-02	2.36E+01	1.09E-02	4.39E-09	-	3.10E+01	-4.56E+02	-1.07E+03	-6.49E+02	1.41E+02	-1.18E+01	-	-
Superior frontal R	2205.37	26159.9	-8.51E+01	1.26E+00	-2.40E-02	4.88E+01	1.33E-02	4.74E-09	-8.99E-15	-3.17E+01	-4.54E+02	-7.46E+02	-1.59E+01	-1.42E+02	-1.42E+01	9.80E-04	-5.18E-04
Rostral middle frontal L	1229.03	10538.8	-4.83E+01	4.90E-01	-	3.48E+01	6.34E-03	2.29E-15	-5.93E-15	-1.45E+02	1.19E+02	-6.28E+02	-3.85E+02	2.77E+02	-5.23E+00	1.31E-03	-3.55E-04
Rostral middle frontal R	1244.55	9747.1	-3.93E+01	5.30E-01	-8.63E-03	1.0E+01	5.68E-03	3.28E-15	-3.23E-15	3.65E+01	1.68E+02	-1.85E+02	-4.23E+02	-7.34E+01	-	-	-
Caudal middle frontal L	953.99	6445.6	-2.00E+01	2.83E-01	-8.36E-03	8.36E+01	4.06E-03	1.47E-09	-3.40E-09	-1.45E+02	-1.52E+02	-3.66E+02	-1.92E+02	1.83E+02	-	4.14E-04	-4.78E-04
Caudal middle frontal R	929.85	5945.9	-1.76E+01	2.42E-01	-6.51E-03	1.87E+01	4.39E-03	8.12E-10	-5.06E-15	-3.63E+01	2.81E+01	-2.09E+02	-2.18E+02	-5.51E+01	-4.32E+00	5.66E-04	-6.09E-04
Pars opercularis L	617.49	4179.1	-1.63E+01	1.61E-01	-	9.17E+00	2.06E-03	5.12E-12	-	-8.61E+01	-3.43E+01	-1.52E+02	-1.96E+02	-2.88E+01	-3.91E+00	2.44E-04	-2.20E-04
Pars opercularis R	586.63	3988.8	-1.54E+01	1.04E-01	-	1.78E+01	2.10E-03	2.59E-15	-	-1.80E+02	-1.97E+01	-1.80E+02	-	-	-3.06E+00	-	-
Pars triangularis L	651.46	4094.8	-1.78E+01	1.85E-01	-2.40E-03	1.09E+01	1.71E-03	1.30E-09	-	-7.44E+01	-1.22E+02	-1.91E+02	-	-	-3.86E+00	-	-
Pars triangularis R	720.25	4063.4	-2.04E+00	2.25E-01	-	1.53E+01	1.34E-03	8.33E-15	-	-8.58E+01	-1.66E+02	-1.66E+02	-	-	-4.07E+00	3.39E-04	-

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Table 4 (continued)

Region	Sociodemographics				Estimated total intracranial volume (eTIV)			Scanner		Interactions										
	RMSE	Int	Age	Age ²	Age ³	Sex	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE/Siemens	Philips/Siemens	GEXMFS	PhilipsXMFS	eTIVXMFS	AgeXSex	eTIVXGE	eTIVXPhilips	
			M/F							1.5T/3T										
R																				
Pars orbitalis L	279.70	2083.1	+01	01	-2.84E-03	+02	03	10	7.90E-04	+00	+02	-	+02	-	-	-	+00	-	-	-1.65E+00
Pars orbitalis R	345.16	2504.9	+00	02	-2.98E-03	+01	04	11	8.56E-04	+01	-	-	-	-	-	-	+00	1.69E-04	-	-2.41E+00
Lateral orbitofrontal L	755.30	8087.7	+01	01	-5.89E-03	+03	03	10	3.85E-03	+02	+01	-	+01	-	-	-	+00	5.41E-04	-	-5.54E+00
Lateral orbitofrontal R	743.23	8053.4	+01	01	-6.50E-03	+01	03	10	3.61E-03	8.77E+01	+02	-	+02	-	-	-	+00	7.88E-04	-	-4.90E+00
Medial orbitofrontal L	460.96	4195.4	+01	01	-1.77E-03	+01	03	10	2.02E-03	8.04E+01	+02	-	+02	-	-	-	+00	-	-	-2.22E+00
Medial orbitofrontal R	442.73	4096.9	+01	01	-2.64E-03	+01	03	10	1.71E-03	-2.32E+01	+02	-	+02	-	-	-	+00	-	-	-2.02E+00
Precentral L	1269.81	12807.4	+01	01	-1.06E-02	+02	03	10	4.83E-03	-3.61E+01	+02	-	+02	-	-	-	+00	1.64E-03	-	-8.43E+00
Precentral R	1218.88	12458.4	+01	01	-3.00E-03	+02	03	09	4.91E-03	-1.71E+01	+02	-	+02	-	-	-	+00	9.74E-04	-	-8.66E+00
Paracentral L	546.86	3926.4	+00	02	-3.40E-03	+01	03	10	1.90E-03	-4.86E+01	+02	-	+02	-	-	-	+00	-	-	-1.99E+00
Paracentral R	561.72	4051.7	+01	01	-1.17E-03	-	03	10	1.88E-03	-7.78E+01	+02	-	+02	-	-	-	+00	-	-	-1.99E+00
Postcentral L	1166.65	10719.0	+01	01	-8.16E-03	+01	03	10	5.19E-03	-5.09E+01	+02	-	+02	-	-	-	+00	-	-	-4.24E+00
Postcentral R	1124.56	9835.6	+01	01	-6.74E-03	+02	03	10	4.74E-03	-1.93E+01	+02	-	+02	-	-	-	+00	-	-	-2.37E-04
Supramarginal L	1215.70	10197.9	+01	01	-6.96E-03	+01	03	09	5.71E-03	-2.82E+01	+02	-	+02	-	-	-	+00	-	-	-3.72E+00
Supramarginal R	1137.19	9485.4	+01	01	-7.57E-03	+01	03	09	4.80E-03	-1.48E+01	+02	-	+02	-	-	-	+00	-	-	-6.60E+00
Superior parietal L	1193.70	10490.4	+01	02	-5.94E-03	+02	03	09	5.25E-03	-3.04E+01	+02	-	+02	-	-	-	+00	-	-	-3.48E+00
Superior parietal R	1233.31	11278.6	+01	01	-6.82E-03	+02	03	09	5.42E-03	-2.78E+01	+02	-	+02	-	-	-	+00	-	-	-6.61E+00
Inferior parietal L	1382.38	11456.0	+01	01	-1.87E-02	+01	03	09	5.50E-03	-3.52E+01	+02	-	+02	-	-	-	+00	1.18E-03	-	-1.01E+01
Inferior parietal R	1553.54	13609.1	+01	01	-1.48E-02	+02	03	09	6.13E-03	-6.26E+01	+02	-	+02	-	-	-	+01	-	-	-8.25E+00
Precuneus L	916.22	9288.9	+01	01	-6.05E-03	+01	03	09	4.75E-03	-2.48E+01	+02	-	+02	-	-	-	+00	-	-	-6.58E+00
Precuneus R	987.02	9876.0	+01	01	-7.43E-03	+02	03	09	4.77E-03	-2.01E+01	+02	-	+02	-	-	-	+00	-	-	-6.63E+00
Lingual L	903.45	6400.8	+01	02	-8.15E-03	+02	03	10	2.84E-03	-1.17E+01	+02	-	+02	-	-	-	+00	-	-	-5.36E+00
Lingual R	879.52	6634.1	+01	02	-6.98E-03	+02	03	09	2.60E-03	2.12E+01	+02	-	+02	-	-	-	+00	-	-	-4.18E+00
Pericalcarine L	385.42	1957.7	+00	02	-6.42E-03	+01	04	10	8.83E-03	1.82E+01	+02	-	+02	-	-	-	+00	-	-	-
Pericalcarine R	417.16	2202.0	+00	02	-2.89E-03	+01	04	10	1.08E-03	3.96E+01	+02	-	+02	-	-	-	+00	-	-	-

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Table 4 (continued)

Region	Sociodemographics				Estimated total intracranial volume (eTIV)			Scanner		Interactions										
	RMSE	Int	Age	Age ²	Age ³	Sex	M/F	eTIV	eTIV ²	eTIV ³	Strength	Manufacturer	GE/Siemens	Philips/Siemens	GEXMFS	PhilipsXMFS	eTIVXMFS	AgeXSex	eTIVXGE	eTIVXPhilips
											1.5T/3T	GE/Siemens	Philips/Siemens							
Cuneus L	578.02	3961.5	+00	02	03	+01	03	1.56E-03	1.01E-10	-	-	+01	+02	+02	-	-	-	-2.07E+00	-	-
Cuneus R	527.77	3721.1	+01	-	-	+01	03	1.56E-03	1.01E-09	-	-	-1.56E+02	+02	-	-	-	-	+00	2.18E-04	-2.27E-04
Lateral occipital L	1306.69	11522.8	+01	-1.53E-01	-2.38E-02	2.99E+02	03	4.89E-03	1.97E-09	-	+02	+01	+02	+02	-4.10E+02	-8.89E+01	-	-	2.15E-04	-9.18E-04
Lateral occipital R	1363.72	11652.5	+01	-2.02E-01	-2.40E-01	3.85E+02	03	5.73E-03	1.34E-09	-3.94E-15	+02	+01	+02	+02	-4.05E+02	3.79E+02	-	-4.54E+00	2.15E-04	-1.18E-03
Rostral anterior cingulate L	466.51	3246.7	+00	01	03	-	03	2.18E-03	1.17E-09	-9.89E-16	+02	+01	+02	+02	-3.75E+02	3.85E+01	-1.96E-04	-	-	-
Rostral anterior cingulate R	416.34	2286.1	+00	02	03	-	03	1.44E-03	9.44E-10	-	-1.42E+02	1.43E+01	4.37E+01	-	-	-	-	-	-	-
Caudal anterior cingulate L	441.35	2991.1	+00	01	03	-2.54E+01	03	1.81E-03	9.60E-10	-1.37E-15	+02	+01	+02	+02	1.09E+02	1.44E+02	-2.29E-04	-	-	-
Caudal anterior cingulate R	462.10	2171.6	+00	01	03	-3.43E-03	04	9.44E-04	-	-	-1.13E+02	-2.34E+01	-7.73E+01	-	-5.95E+00	1.15E+02	-	-	-	-
Posterior cingulate L	429.20	3265.6	+00	01	03	5.77E+01	03	1.59E-03	2.62E-10	-1.59E-15	+02	+01	+02	+02	9.23E+01	1.01E+02	-	-3.03E+00	-	-
Posterior cingulate R	431.83	3256.1	+00	01	03	3.06E+01	03	1.71E-03	5.56E-10	-1.12E-15	+02	+01	+02	+02	-1.26E+02	8.95E+01	-	-2.13E+00	-	-
Isthmus cingulate L	362.56	2559.1	+00	02	03	9.09E+01	03	1.49E-03	1.58E-10	-1.83E-15	+01	+01	+02	+01	-7.31E+01	3.60E+01	-	-1.68E+00	-	-
Isthmus cingulate R	357.24	2396.9	+00	02	03	4.71E+01	03	1.34E-03	8.06E-10	-	-	-8.94E+01	-1.85E+02	-	-	-	-1.75E+00	1.90E-05	-2.05E-04	-
Insula L	486.12	5893.4	+00	02	03	7.22E+01	03	2.66E-03	9.62E-10	-	-1.02E+02	-2.15E+02	-1.69E+02	1.15E+02	7.45E+01	3.95E-04	-3.06E+00	2.01E-04	-3.80E-04	-
Insula R	517.48	6054.2	+00	02	03	1.02E+02	03	2.61E-03	1.06E-09	-	-6.78E+01	-1.46E+02	-1.42E+02	-	-	2.83E-04	-2.89E+00	5.19E-04	-1.50E-04	-
Ex vivo entorhinal L	191.01	1136.0	1.77E+00	-7.15E-02	-1.39E-03	8.62E+01	04	4.13E-04	-1.13E-10	-4.27E-16	+01	+02	+02	1.04E+02	1.13E+02	-	-	9.87E-05	-1.02E-04	-
Ex vivo entorhinal R	182.58	1004.4	1.96E+00	-5.22E-02	-1.24E-03	5.49E+01	04	4.08E-04	-	-	-1.54E+02	-7.22E+01	-1.14E+02	9.83E+02	1.29E+02	-	-	3.47E-01	3.71E-05	-2.54E-04
Ex vivo perirhinal L	439.03	2709.3	+00	02	03	1.32E+02	04	7.69E-04	-	-	-2.86E+02	-2.22E+01	-1.81E+01	1.57E+02	1.84E+02	-	-	-	-	-
Ex vivo perirhinal R	293.74	1924.1	02	02	03	6.03E+01	04	7.41E-04	-	-	-2.72E+02	-1.37E+01	-1.08E+02	2.08E+02	1.30E+02	-	-	-2.12E-05	-3.64E-04	-

Note. Categories are coded 0 and 1 with reference categories (Female, Siemens, and 3T) coded 0. Age and eTIV are centered by the mean (Age - 47.58; eTIV - 1528926.15). DC: diencephalon, Int: Intercept, RMSE: Root mean square error. *Italic p* <.05; **Bold p** <.01.

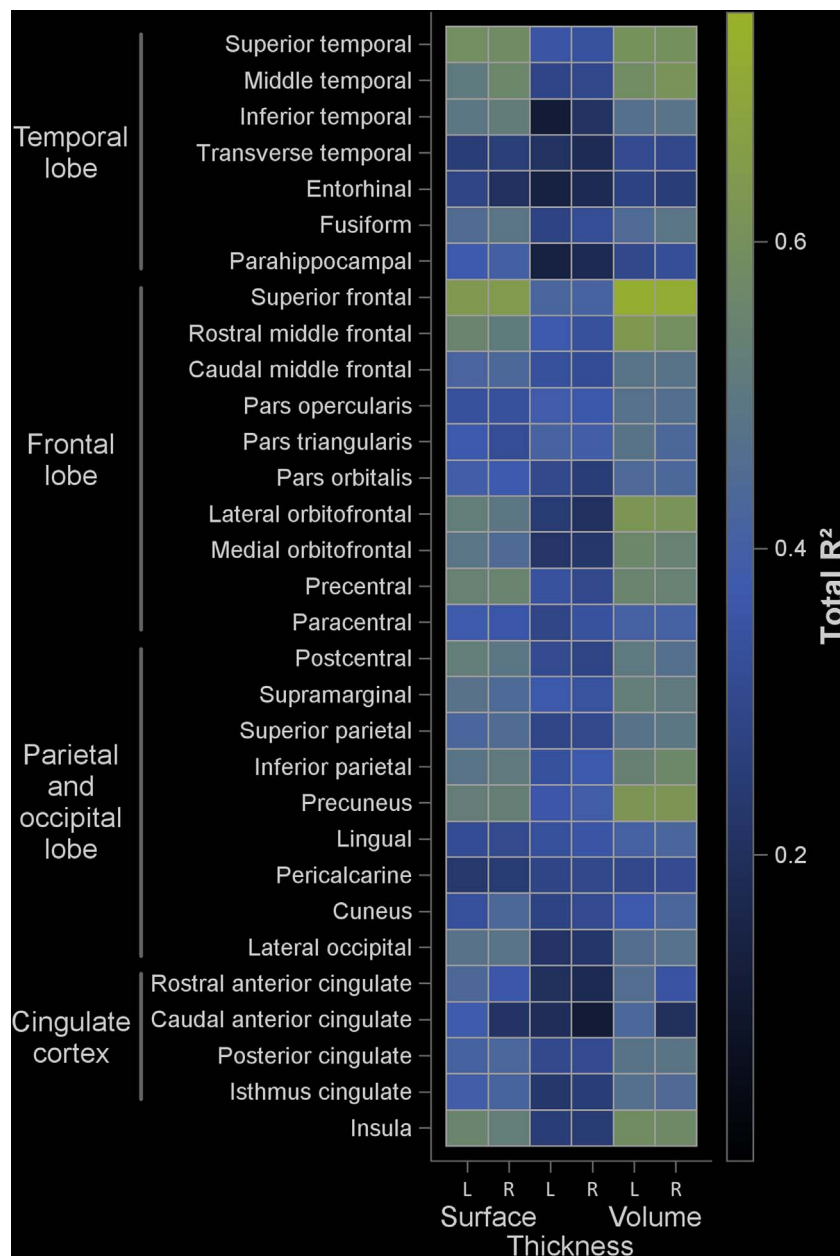


Fig. 1. Total R^2 for the DKT models predicting regional surfaces, thicknesses, and volumes.

mean square error. For example, using formulas for left superior temporal gyrus, a 71 year old male with an $eTIV$ of 1320777 mm^3 (estimation from *FreeSurfer*) scanned on a Philips 1.5T would be expected to have a surface of 4359 mm^2 , a thickness of 2.64 mm , and a volume of 13322 mm^3 . In the context that the left superior temporal gyrus of this individual has a surface of 4603 mm^2 , a thickness of 2.20 mm , and a volume of 10653 mm^3 , the difference between the real value (Observed) and the expected normative value (Predicted) divided by the root mean square of the predicting model yields effect size Z scores (Z_{OP}) of 0.61 , -2.97 , and -1.83 , respectively. The Z scores have a mean of 0 and a standard deviation (SD) of 1 and denote that in reference to the normative sample, the individual has a thickness and volume of 3 and nearly 2 SDs below what is expected for his age, sex, and $eTIV$, respectively. Furthermore, a Microsoft Excel spreadsheet able to compute these Z scores and various statistics including single case significance test of volume abnormality and estimated percentage of the normative population with a smaller volume is provided as

supplemental material. In addition, we provide a python script producing normative Z scores for multiple participants using the Desikan-Killiany-Tourville and ex vivo atlases, but also able to use the default cortical and subcortical parcellation protocols (Potvin et al., 2017; Potvin et al., 2016a).

The second objective was to compare the predicting models between the DKT and DK protocols. Despite differences in the labeling protocols, we expected similar normative models including the same predictors and similar explained variance for each region. The results validated these expectations. Like results from the DK atlas (Potvin et al., 2017), those from the DKT atlas showed that for regional cortical surfaces and thicknesses, age, sex and $eTIV$ accounted for nearly all of the total R^2 while MFS and manufacturer accounted for no or negligible amount of variance. The pattern of results between DK and DKT atlases were also identical for cortical thickness; R^2 were substantially smaller than for surfaces and volumes and age was nearly the sole substantial predictor, with MFS and manufacturer explaining a small amount of

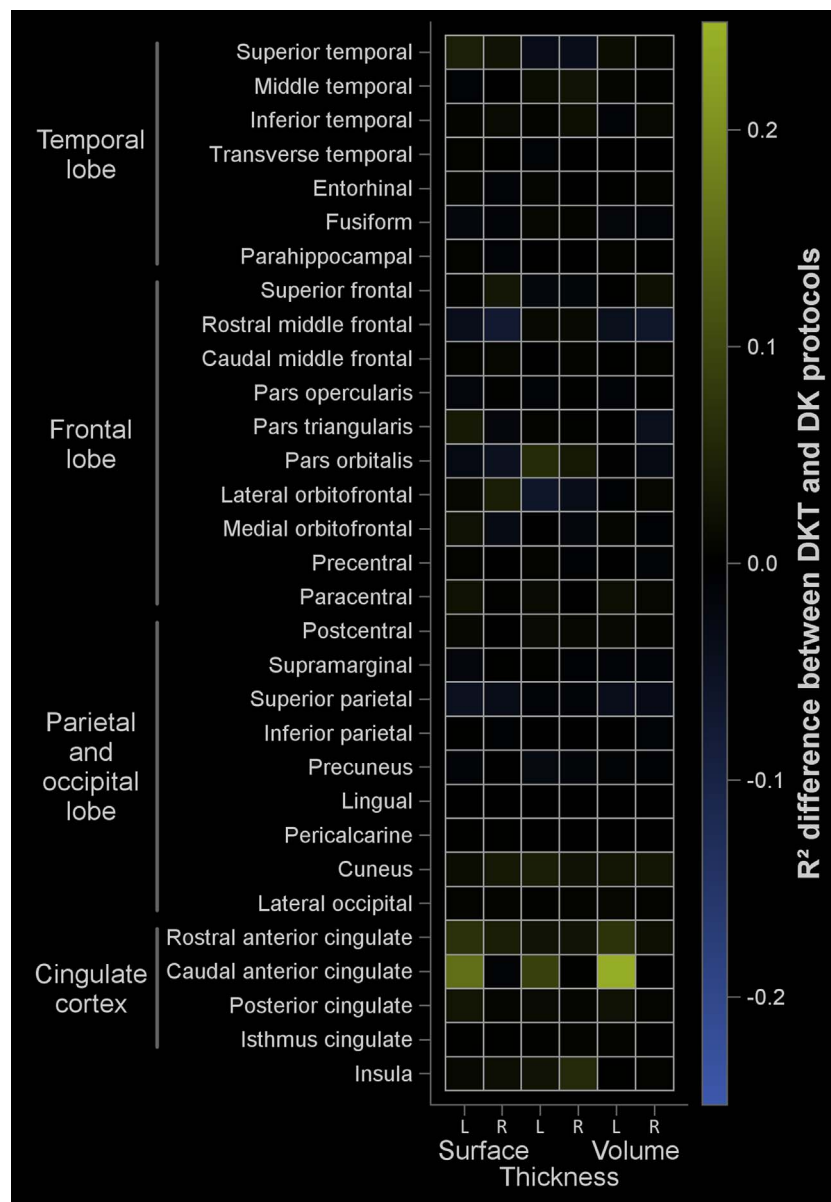


Fig. 2. R^2 difference between the DKT and DK labeling protocols in the models predicting surfaces, thicknesses, and volumes. Green: DKT having higher R^2 . Blue: DK having higher R^2 .

variance in a few regions (e.g. fusiform, pericalcarine) and sex and eTIV having no or negligible impact. First, there were nearly no difference at all in terms of total R^2 , except for the left caudal anterior cingulate. Secondly, the selection of predictors was identical in the vast majority of the models. A few regions showed differences, which were generally the inclusion of sex for one protocol, but not for the other one. In these cases, the total R^2 was generally similar since the protocol omitting sex generally produced a model with eTIV explaining a larger variance. In addition to these minor discrepancies, we observed more substantial differences for the left caudal anterior cingulate since the increased of R^2 for age and eTIV in the DKT protocol did not match a loss of R^2 in other predictors resulting in higher total R^2 in the DKT protocol compared to the DK protocol. As illustrated, in the DKT protocol this region includes substantial parts of the cortex labeled as superior frontal gyrus in the DK protocol.

While DK and DKT protocols produced a few notable discrepancies, it is hard to favor one or the other at the moment. The DKT protocol has the advantage of removing a few regions that have less distinct anatomical boundaries (i.e. temporal and frontal poles, banks of the

superior temporal sulcus), which likely improves the automatic labeling procedure and the reliability of manual edits in neighboring regions (Klein and Tourville, 2012). On the other hand, the DK protocol relies on a training set of individuals that covers a larger age range and atrophy variability than the DKT protocol, since it comprises older adults and individuals with AD (Desikan et al., 2006). The results of the present study highlight the need for harmonized segmentation protocols for the whole brain. Such initiative was done for several medial temporal lobe regions (Boccardi et al., 2015; Frisoni et al., 2015; Yushkevich et al., 2015) and could be highly beneficial for the remaining of the cortex.

The third objective was to compare the entorhinal cortical measure between the three protocols (DK, DKT, and ex vivo). Our results showed very little difference in a group of individuals with AD and the correlations between measures were relatively high, especially between DK and DKT measures. Thus, the choice of atlas for this brain region does not appear to have a notable impact.

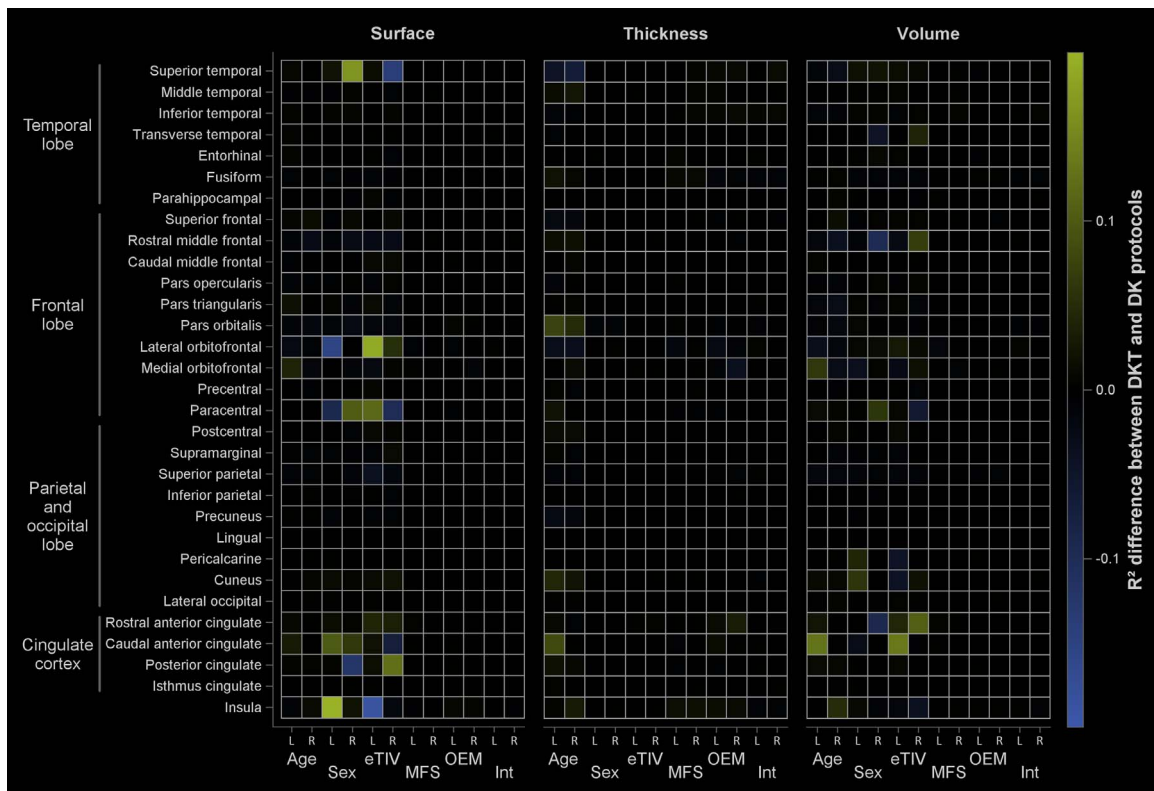


Fig. 3. Predictors R² difference between the DKT and DK labeling protocols in the models predicting surfaces, thicknesses, and volumes. Green: DKT having higher R². Blue: DK having higher R². eTIV: Estimated intracranial volume. MFS: Magnetic field strength. OEM: Original equipment manufacturer.

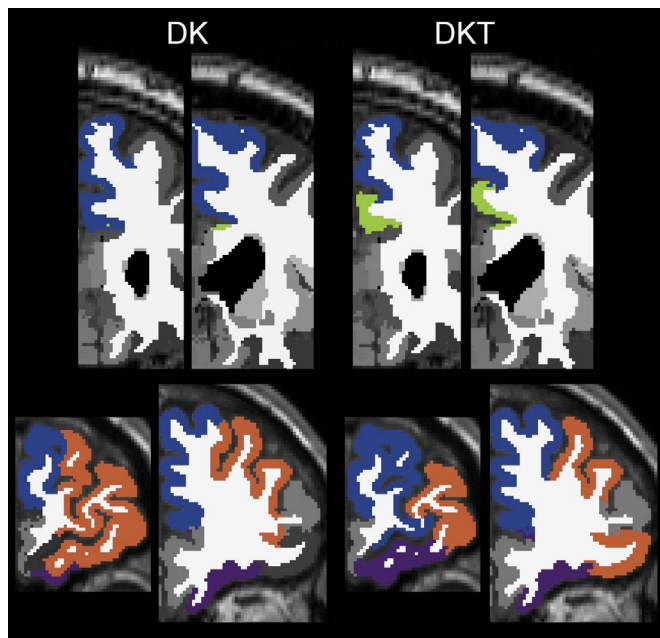


Fig. 4. Illustration of the labeling of the largest R² discrepancies between DK and DKT protocols. Top row: left caudal anterior cingulate in green and superior frontal gyrus in blue. Bottom row: left rostral middle frontal gyrus in orange, lateral orbitofrontal gyrus in violet, and superior frontal gyrus in blue. Regions in gray belong to other labels.

Limitations

The main limitations of the present study are mainly related to the sample. First, while the sample used has several advantages including being one of the largest used in such studies, encompassing a large

spectrum of age and geographical areas (11 countries), it was not recruited using a probability sampling method and is not necessarily representative of the healthy adult-population. Second, the design was cross-sectional and age effects may therefore encompass cohort biases such as brain developments discrepancies between older and younger participants due to environmental differences. Finally, automated cortical labeling is not an easy task since neocortical landmarks might not be as apparent as that for other regions (e.g. hippocampus). In order to assure that the labeling protocol is applied correctly, it is essential that the segmentation procedure yielded adequate results, otherwise mislabeling is likely to occur. For example, a portion of the hippocampus segmented as neocortex, will likely produce larger entorhinal cortex volume and surface area, as well as affect entorhinal cortical thickness. One should note that since cortical thickness of a region is a mean of the thickness, this measure will always be more robust to segmentation error compared to cortical volume and surface.

Conclusions

The present study provides formulas to produce cortical morphometric normative values when using *FreeSurfer* with the DKT labeling protocol. Deviations from the normative sample can be computed for new individuals based on their characteristics and the characteristics of the scanner. Supplementary materials are provided to easily compute these statistics.

Conflict of interest

O.P. and L.D. declare no competing financial interests. S.D. is officer and shareholder of True Positive Medical Devices inc.

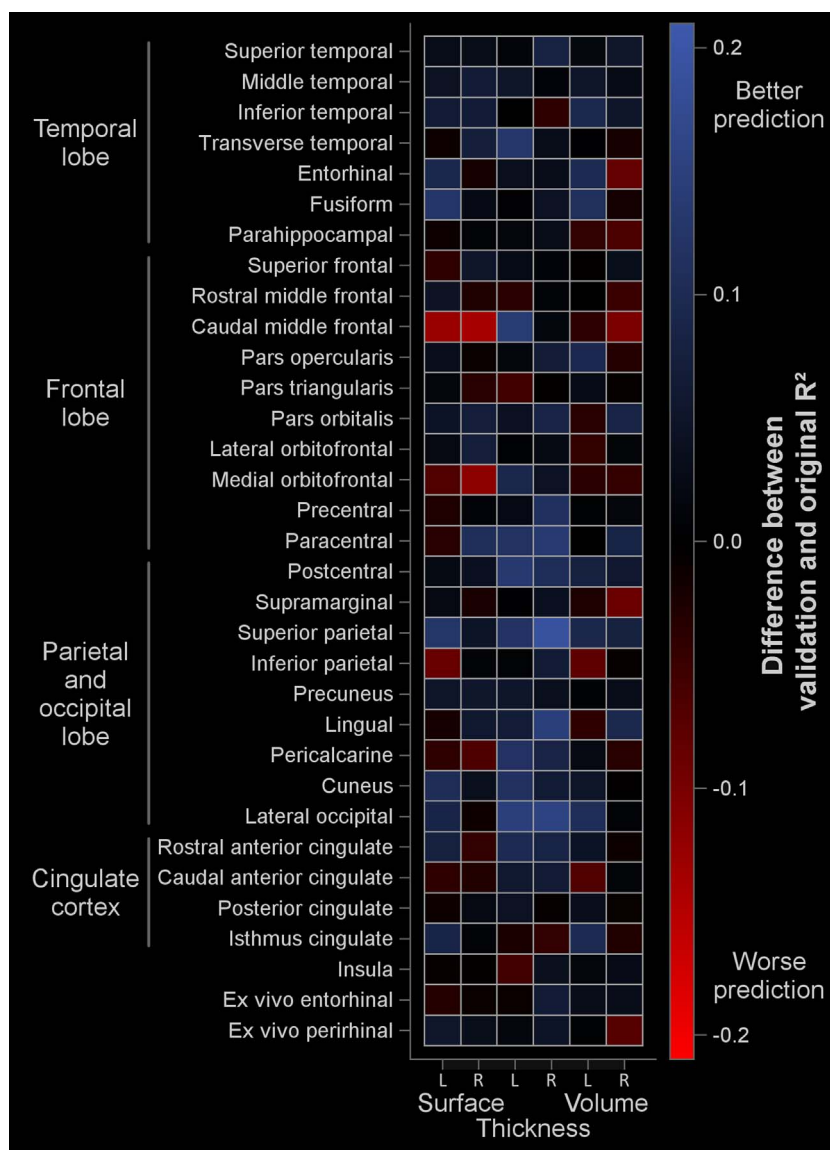


Fig. 5. Difference between validation and original R^2 for each cortical morphometric measure of the DKT and ex vivo protocols.

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This study comprises multiple samples of healthy individuals. We wish to thank all principal investigators who collected these datasets and agreed to let them accessible.

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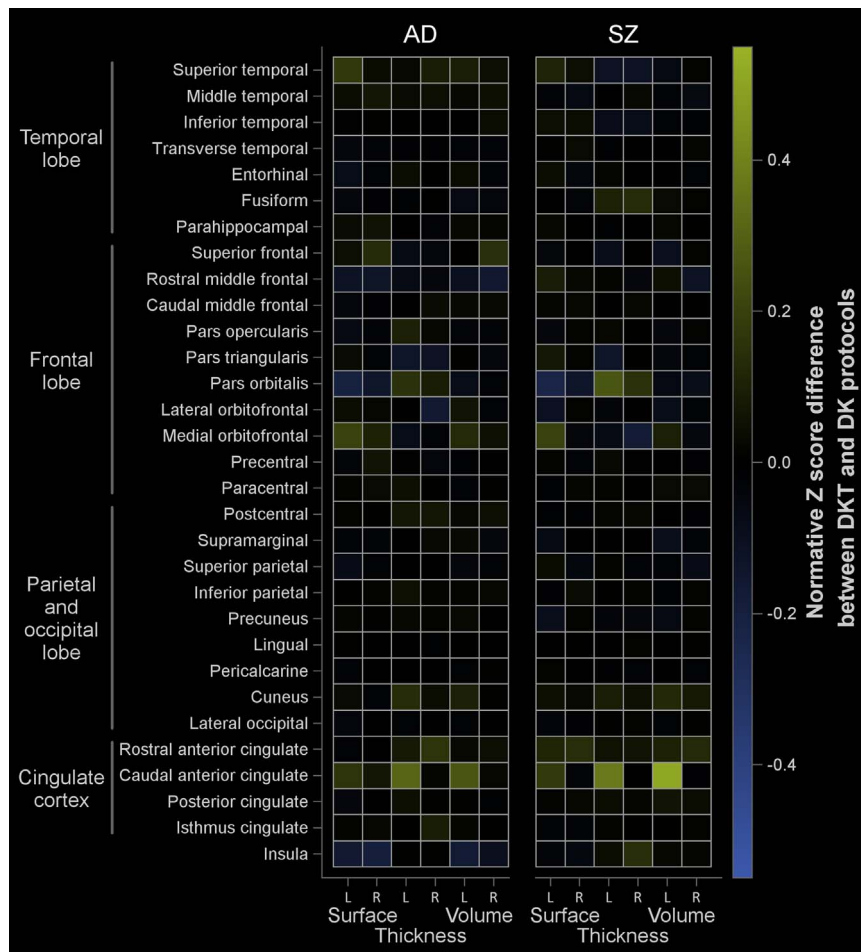


Fig. 6. Normative Z scores difference between the DKT and DK labeling protocols in individuals with Alzheimer's disease (AD) and schizophrenia (SZ). Green: DKT having higher Z score. Blue: DK having higher Z score.

Australian Imaging Biomarkers and Lifestyle flagship study of ageing (AIBL): Part of the data used in this study was obtained from the Australian Imaging Biomarkers and Lifestyle flagship study of ageing (AIBL) funded by the Commonwealth Scientific and Industrial Research Organisation (CSIRO) which was made available at the ADNI database (www.loni.usc.edu/ADNI). The AIBL researchers contributed data but did not participate in analysis or writing of this report. AIBL researchers are listed at www.aibl.csiro.au.

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Minimal Interval Resonance Imaging in Alzheimer's Disease (MIRIAD): The MIRIAD investigators did not participate in analysis

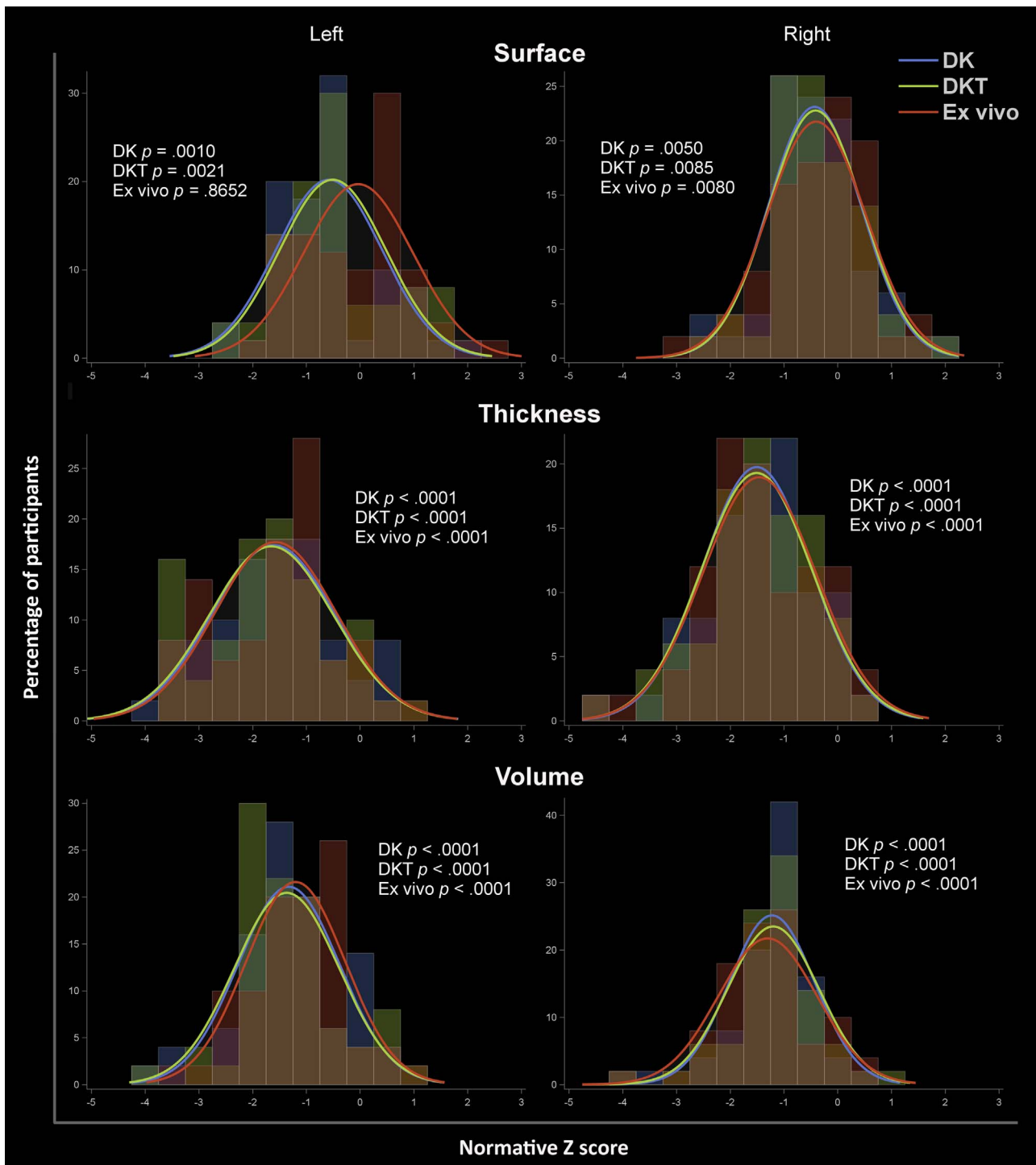


Fig. 7. Normative Z score distributions of the entorhinal cortex for the DK, DKT and ex vivo atlases in participants with Alzheimer's disease. p -values represents the difference between true and normative expected values for each atlas.

or writing of this report. The MIRIAD dataset is made available through the support of the UK Alzheimer's Society (RF116). The original data collection was funded through an unrestricted educational grant from GlaxoSmithKline (6GKC). <http://miriad.drc.ion.ucl.ac.uk>.

Nathan Kline Institute Rockland (NKI-R) sample (phase 1) and (phase 2); Principal support for the enhanced NKI-RS project is provided by the NIMH BRAINS R01MH094639-01. Funding for key personnel also provided in part by the New York State Office of Mental Health and Research Foundation for Mental Hygiene. Funding for the decompression and augmentation of administrative and phenotypic protocols provided by

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Open access series of imaging studies (OASIS): The OASIS Project was funded by Grants P50 AG05681, P01 AG03991, R01 AG021910,

P50 MH071616, U24 RR021382, and R01 MH56584. <http://www.oasis-brains.org/>.

POWER: This database was supported by NIH R21NS061144 R01NS32979 R01HD057076 U54MH091657 K23DC006638 P50 MH71616 P60 DK020579-31, McDonnell Foundation Collaborative Action Award, NSF IGERT DGE-0548890, Simon's Foundation Autism Research Initiative grant, Burroughs Wellcome Fund, Charles A. Dana Foundation, Brooks Family Fund, Tourette Syndrome Association, Barnes-Jewish Hospital Foundation, McDonnell Center for Systems Neuroscience, Alvin J. Siteman Cancer Center, American Hearing Research Foundation grant, Diabetes Research and Training Center at Washington University grant. http://fcon_1000.projects.nitrc.org/indi/retro/Power2012.html.

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TRAIN-39: Data collected at the Biomedical Imaging Center at the Beckman Institute for Advanced Science and Technology at UIUC. Funded by the Office of Naval Research (ONR): N00014-07-1-0903. http://fcon_1000.projects.nitrc.org/indi/retro/Train-39.html.

University of Wisconsin, Madison (Birn, Prabhakaran, Meyerand) CoRR sample (UWM). Zuo, X.N., et al. (2014). An open science resource for establishing reliability and reproducibility in functional connectomics. *Scientific data*, 1, 140049. doi: <http://dx.doi.org/10.1038/sdata.2014.49>.

http://fcon_1000.projects.nitrc.org/indi/CoRR/html/samples.html.

Appendix A. Supplementary material

Supplementary data associated with this article can be found in the online version at doi: [10.1016/j.neuroimage.2017.04.035](https://doi.org/10.1016/j.neuroimage.2017.04.035).

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