

# Evaluating the reliability of human brain white matter tractometry

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**The validity of research results depends on the reliability of analysis methods. In recent years, there have been concerns about the validity of research that uses diffusion-weighted MRI (dMRI) to understand human brain white matter connections *in vivo*, in part based on reliability of the analysis methods used in this field. We defined and assessed three dimensions of reliability in dMRI-based tractometry, an analysis technique that assesses the physical properties of white matter pathways: (1) reproducibility, (2) test-retest reliability and (3) robustness. To facilitate reproducibility, we provide software that automates tractometry (<https://yeatmanlab.github.io/pyAFQ>). In measurements from the Human Connectome Project, as well as clinical-grade measurements, we find that tractometry has high test-retest reliability that is comparable to most standardized clinical assessment tools. We find that tractometry is also robust: showing high reliability with different choices of analysis algorithms. Taken together, our results suggest that tractometry is a reliable approach to analysis of white matter connections. The overall approach taken here both demonstrates the specific trustworthiness of tractometry analysis and outlines what researchers can do to demonstrate the reliability of computational analysis pipelines in neuroimaging.**

Diffusion MRI | Brain Connectivity | Tractography | Reproducibility | Robustness

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these are models of the anatomy, we refer to these estimates as “bundles” to distinguish them from the anatomical pathways themselves. The delineation of well-known anatomical pathways overcomes many of the concerns about confounds in dMRI-based tractography (13, 14), because “brain connections derived from diffusion MRI tractography can be highly anatomically accurate – if we know where white matter pathways start, where they end, and where they do not go” (15).

The physical properties of the tissue affect the diffusion of water within the brain and the microstructure of tissue within the white matter along the length of computationally-generated bundles can be assessed using a variety of models (16, 17). Taken together, computational tractography, bundle recognition and diffusion modeling provide so-called “tract profiles”: estimates of microstructural properties of tissue along the length of major pathways. This is the basis of tractometry: statistical analysis that compares different groups, or assesses individual variability in brain connection structure (9, 18–21). For the inferences made from tractometry to be valid and useful, tract profiles need to be reliable.

In the present work, we provide an assessment of three different ways in which scientific results can be reliable: reproducibility, test-retest reliability, and robustness. These terms are often debated and conflicting definitions for these terms have been proposed (22, 23). Here, we use the definitions proposed in (24). *Reproducibility* is defined as the case in which data and methods are fully accessible and usable: running the same code with the same data should produce an identical result. Use of different data (e.g., in a test-retest experiment) resulting in quantitatively comparable results would denote *test-retest reliability (TRR)*. In clinical science and psychology in general, TRR (e.g., in the form of inter-rater reliability) is considered a key metric of the reliability of a measurement. Use of a different analysis approach or different analysis system (e.g., different software implementation of the same ideas) could result in similar conclusions, denoting their *robustness* against implementation details. The recent findings of Botvinik-Nezer *et al* (25) show that even when full computational reproducibility is achieved, the re-

## Introduction

The white matter of the brain contains the long-range connections between distant cortical regions. The integration and coordination of brain activity through the fascicles containing these connections is important for information processing and for brain health (1, 2). Using voxel-specific directional diffusion information from diffusion-weighted MRI (dMRI), computational tractography produces three-dimensional trajectories through the white matter within the MRI volume that are called “streamlines” (3, 4). Collections of streamlines that match the location and direction of major white matter pathways within an individual can be generated with different strategies: using probabilistic (5, 6) or streamline-based (7, 8) atlases, or known anatomical landmarks (9–12). Because

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54 sults of analysing a single fMRI dataset can vary significantly 109  
55 between teams and analysis pipelines, demonstrating issues 110  
56 of robustness. 111

57 The contribution of the present work is three-fold: To 112  
58 support reproducible research using tractometry, we de- 113  
59 veloped an open-source software library called Auto- 114  
60 mated Fiber Quantification in Python (pyAFQ; <https://github.com/yeatmanlab/pyAFQ>). 115  
61 Given dMRI 116  
62 data that has undergone standard preprocessing (e.g., us- 117  
63 ing QSIprep (26)), pyAFQ automatically performs tractogra- 118  
64 phy, classifies streamlines into bundles representing the ma- 119  
65 jor tracts, and extracts tract profiles of diffusion properties 120  
66 along those bundles, producing “tidy” CSV output files (27) 121  
67 that are amenable to further statistical analysis (Fig. S1). The 122  
68 library implements the major functionality provided by a pre- 123  
69 vious MATLAB implementation of tractometry analysis (9), 124  
70 and offers a menu of configurable algorithms allowing re- 125  
71 searchers to tune the pipeline to their specific scientific ques- 126  
72 tions (Fig. S2). Second, we use pyAFQ to assess test-retest 127  
73 reliability of tractometry results. Third, we assess robustness 128  
74 of tractometry results to variations across different models 129  
75 of the diffusion in individual voxels, across different bun- 130  
76 dle recognition approaches, and across different implemen- 131  
77 tations. 132

## 78 Materials and Methods 133

79 **pyAFQ.** We developed an open-source tractometry software 135  
80 library to support computational reproducibility: Python 136  
81 Automated Fiber Quantification (pyAFQ; <https://github.com/yeatmanlab/pyAFQ>). 137  
82 The software re- 138  
83 lies heavily on methods implemented in DIPY (28). Our 139  
84 implementation was also guided by a previous MATLAB im- 140  
85 plementation of tractometry (mAFQ) (9). More details are 141  
86 available in the ‘Automated Fiber Quantification in Python 142  
87 (pyAFQ)’ section of Supplementary Methods. 143

88 **Tractometry.** The pyAFQ software is configurable, allowing 144  
89 users to specify methods and parameters for different stages 145  
90 of the analysis (Fig. S2). Here, we will describe the default 146  
91 setting. In the first step, computational tractography methods, 147  
92 implemented in DIPY (28), are used to generate streamlines 148  
93 throughout the brain white matter (Fig. S1A). Next, the T1- 149  
94 weighted MNI template (29, 30) is registered to the anisotropic 150  
95 power map (APM) (31, 32) computed from the diffusion data, 151  
96 that has a T1-like contrast (Fig. S1B) using the symmetric im- 152  
97 age normalization method (33) implemented in DIPY (28). 153  
98 The next step is to perform bundle recognition, where each 154  
99 tractography streamline is classified as either belonging to a 155  
100 particular bundle, or discarded. We use the transform found 156  
101 during registration to bring canonical anatomical landmarks, 157  
102 such as waypoint regions of interest (ROIs) and probability 158  
103 maps, from template space to the individual subject’s native 159  
104 space. Waypoint ROIs are used to delineate the trajectory of 160  
105 the bundles (34). See Table S1 for the bundle abbreviations 161  
106 we use in this paper. Streamlines that pass through inclu- 162  
107 sion waypoint ROIs for a particular bundle, and do not pass 163  
108 through exclusion ROI, are selected as candidates to include 163

in the bundle. In addition, a probabilistic atlas (35) is used as a tie-breaker to determine whether a streamline is more likely to belong to one bundle or another (in cases where the streamline matches the criteria for inclusion in either). For example, the corticospinal tract is identified by finding streamlines that do pass through an axial waypoint ROI in the brainstem and another ROI axially oriented in the white matter of the corona radiata, but that do not pass through the midline (Fig. S1C). The final step is to extract the tract profile: each streamline is resampled to a fixed number of points and the mean value of a diffusion-derived scalar (e.g., fractional anisotropy (FA) and mean diffusivity (MD)) is found for each one of these nodes. The values are summarized by weighting the contribution of each streamline, based on how concordant the trajectory of this streamline is with respect to the other streamlines in the bundle (Fig. S1D). To make sure that profiles represent properties of the core white matter, we remove the first and last 5 nodes of the profile, then further remove any nodes where either the FA is less than 0.2 or the MD is greater than 0.002. This removes nodes that contain partial volume artifacts (16).

**Data.** We used two datasets with test-retest measurements. We used Human Connectome Project test-retest measurements of dMRI for 44 neurologically healthy subjects aged 22-35 (HCP-TR) (36). The other is an experimental dataset, with dMRI from 48 children, 5 years old in age, collected at the University of Washington (UW-PREK). More details about the measurement are available in the ‘Data’ section of Supplementary Methods.

**HCP-TR Configurations.** We processed HCP-TR with three different pyAFQ configurations. In the first configuration, we used the diffusion kurtosis model (DKI) as the orientation distribution function (ODF) model. In the second configuration, we used constrained spherical deconvolution (CSD) as the ODF model. For the final configuration, we used RecoBundles (8) for bundle recognition instead of the default waypoint ROI approach, and DKI as the ODF model. More details are available in the ‘Configurations’ section of Supplementary Methods.

**Measures of Reliability.** Tract recognition of each bundle was compared across measurements and methods using the Dice coefficient, weighted by streamline count (wDSC) (37). Tract profiles were compared with three measures: (1) Profile reliability: mean intraclass correlation coefficient (ICC) across points in different tract profiles for different data, which quantifies the *agreement* of tract profiles (38, 39); (2) Subject reliability: Spearman’s rank correlation coefficient (Spearman’s  $\rho$ ) between the mean of the tract profiles across individuals, which quantifies the *consistency* of the mean of tract profiles; (3) an adjusted contrast index profile (ACIP) to directly compare the values of individual nodes in the tract profiles in different measurements. To estimate test-retest reliability (TRR), the above measures were calculated for each individual across different measurements. To estimate robustness, these were calculated for each individual across different analysis methods. For example, if we calculate the

164 subject reliability across analysis methods, we would call 219  
 165 that “subject robustness”. If we calculated subject reliability 220  
 166 across measurements, we would call that “subject TRR”. We 221  
 167 explain profile and subject reliability in more detail below; 222  
 168 we explain wDSC and ACIP in more detail in the ‘Measures 223  
 169 of Reliability’ section of Supplementary Methods 224

170 **Profile reliability.** We use profile reliability to compare the 225  
 171 shapes of profiles per bundle and per scalar. Given two sets 226  
 172 of data (either test-retest or from different analyses), we first 227  
 173 calculate the ICC between tract profiles for each subject in 228  
 174 a given bundle and scalar. Then, we take the mean of those 229  
 175 correlations. We do this for every bundle and for every scalar. 230  
 176 We call this profile reliability because larger differences in 231  
 177 the overall values along the profiles will result in a smaller 232  
 178 mean of the ICC. Consistent profile shapes are important for 233  
 179 distinguishing bundles. Profile reliability provides an assess- 234  
 180 ment of the overall reliability of the tract profiles, summariz- 235  
 181 ing over the full length of the bundle, for a particular scalar. 236  
 182 We calculate the 95% confidence interval on profile reliabil- 237  
 183 ities using the standard error of the measurement.

184 In some cases, there is low between-subject variance in 238  
 185 tract profile shape (for example, this is often the case in 239  
 186 CST). We use ICC to account for this, as ICC will penalize 240  
 187 low between-subject variance in addition to rewarding 241  
 188 high within-subject variance. Profile reliability is a way of 242  
 189 quantifying the *agreement* between profiles. Qualitatively, 243  
 190 we use four descriptions for profile reliability: excellent (ICC 244  
 191 > 0.75), good (ICC = 0.60 to 0.74), fair (ICC = 0.40 to 0.59), 245  
 192 and poor (ICC < 0.40) (40).

193 **Subject reliability.** We calculate subject reliability to compare 246  
 194 individual differences in profiles, per bundle and per scalar, 247  
 195 following (41). Given two measurements for each subject, 248  
 196 we first take the mean of each profile within each individ- 249  
 197 ual, measurement and scalar. Then we calculate Spearman’s 250  
 198  $\rho$  from the means from different subjects for a given bundle 251  
 199 and scalar across the measurements. High subject reliabil- 252  
 200 ity means the ordering of an individual’s tract profile mean 253  
 201 among other individuals is consistent across measurements 254  
 202 or methods. This is akin to test reliability which is computed 255  
 203 for any clinical measure.

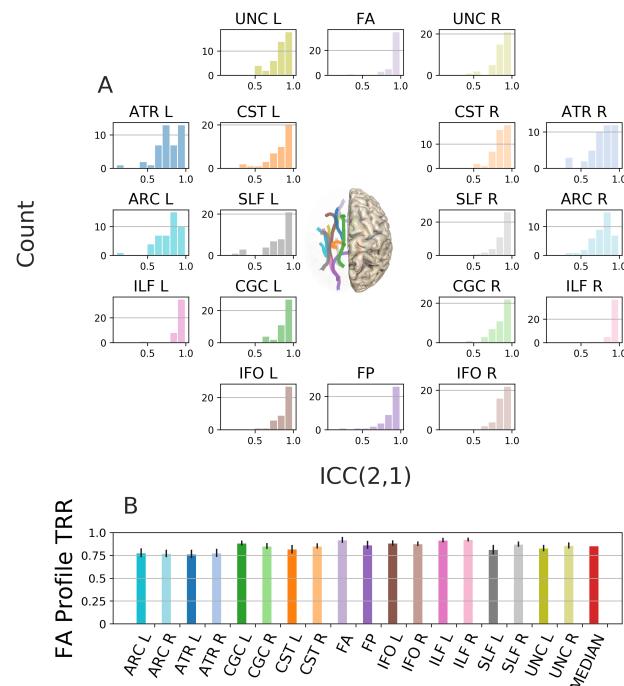
204 One downside of subject reliability is that the shape of the 256  
 205 extracted profile is not considered. Additionally, if one mea- 257  
 206 surement or method produces higher values for all subjects 258  
 207 uniformly, subject reliability would not be affected. Instead, 259  
 208 the intent of subject reliability is to well summarize the 260  
 209 preservation of relative differences between individuals for 261  
 210 mean tract profiles. In other words, subject reliability quanti- 262  
 211 fies the *consistency* of mean profiles. The 95% confidence 263  
 212 interval on subject reliabilities are parametric. 264

## 213 Results

214 Tractometry using pyAFQ classifies streamlines into bundles 265  
 215 that represent major anatomical pathways. The streamlines 266  
 216 are used to sample dMRI-derived scalars into bundle profiles 267  
 217 that are calculated for every individual and can be summa- 268  
 218 rized for a group of subjects. An example of the process and 269  
 219

220 result of the tract profile extraction process is shown in Sup- 221  
 222 plementary Fig. S3, together with the results of this process 223  
 224 across the 18 major white matter pathways for all subjects in 225  
 226 the HCP-TR dataset.

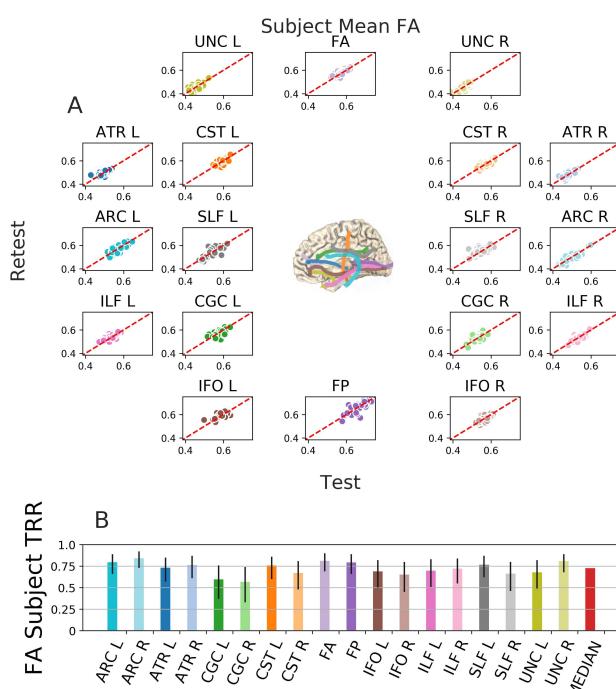
227 **Assessing test-retest reliability of tractometry.** In 228  
 229 datasets with scan-rescan data we can assess test-retest reli- 230  
 231 ability (TRR) at several different levels of tractometry. For 232  
 233 example, the correlation between two profiles provides a mea- 234  
 235 sure of the reliability of the overall tract profile in that sub- 236  
 237 ject. Analyzing the Human Connectome Project’s test-retest 238  
 239 dataset (HCP-TR), we find that for fractional anisotropy (FA) 240  
 241 calculated using DKI, the values of *profile reliability* vary 242  
 243 across subjects (Figure 1A), but they overall tend to be rather 244  
 245 high, with the average value within each bundle in the range 246  
 247  $0.77 \pm 0.05$  to  $0.92 \pm 0.02$  and a median across bundles of 248  
 249 0.86 (Figure 1B). We find similar results for mean diffusivity 250  
 251 (MD; Fig. S4) and replicate similar results in a second dataset 252  
 253 (Fig. 3B).



254 **Fig. 1. FA profile test-retest reliability** **A:** Histograms of individual subject ICC 255  
 255 between the FA tract profiles across sessions for a given bundle. Colors encode 256  
 256 the bundles, matching the diagram showing the rough anatomical positions of the 257  
 257 bundles for the left side of the brain (center). **B:** Mean ( $\pm$  95% confidence 258  
 258 interval) TRR for each bundle, color-coded to match the histograms and the bundles 259  
 259 diagram, with median across bundles in red.

260 **Subject reliability** assesses the reliability of mean tract 261  
 261 profiles across individuals. Subject FA TRR in the HCP-TR 262  
 262 also tends to be high, but the values vary more across bun- 263  
 263 dles with a range of  $0.57 \pm 0.24$  to  $0.85 \pm 0.12$  and a median 264  
 264 across bundles of 0.73. We can see that subject TRR is lower 265  
 265 than profile TRR (Figure 2). This trend is consistent for MD 266  
 266 (Fig. S5) as well as for another dataset (Fig. 3C).

267 **Test-retest reliability of tractometry in different imple- 268  
 268 ments, datasets, and tractography methods.** We



**Fig. 2. Subject test-retest reliability** **A:** Mean tract profiles for a given bundle and the FA scalar for each subject using the first and second session of HCP-TR. Colors encode bundle information, matching the core of the bundles (center). **B:** subject reliability is calculated from the Spearman's  $\rho$  of these distributions, with median across bundles in red ( $\pm 95\%$  confidence interval).

275 0.74. Comparing different ODF models in pyAFQ, we found  
276 that the DKI and CSD ODF models have highly similar TRR,  
277 both at the level of wDSC (Fig. 3A), as well as at the level of  
278 profile and subject TRR (Fig. 3F-G).

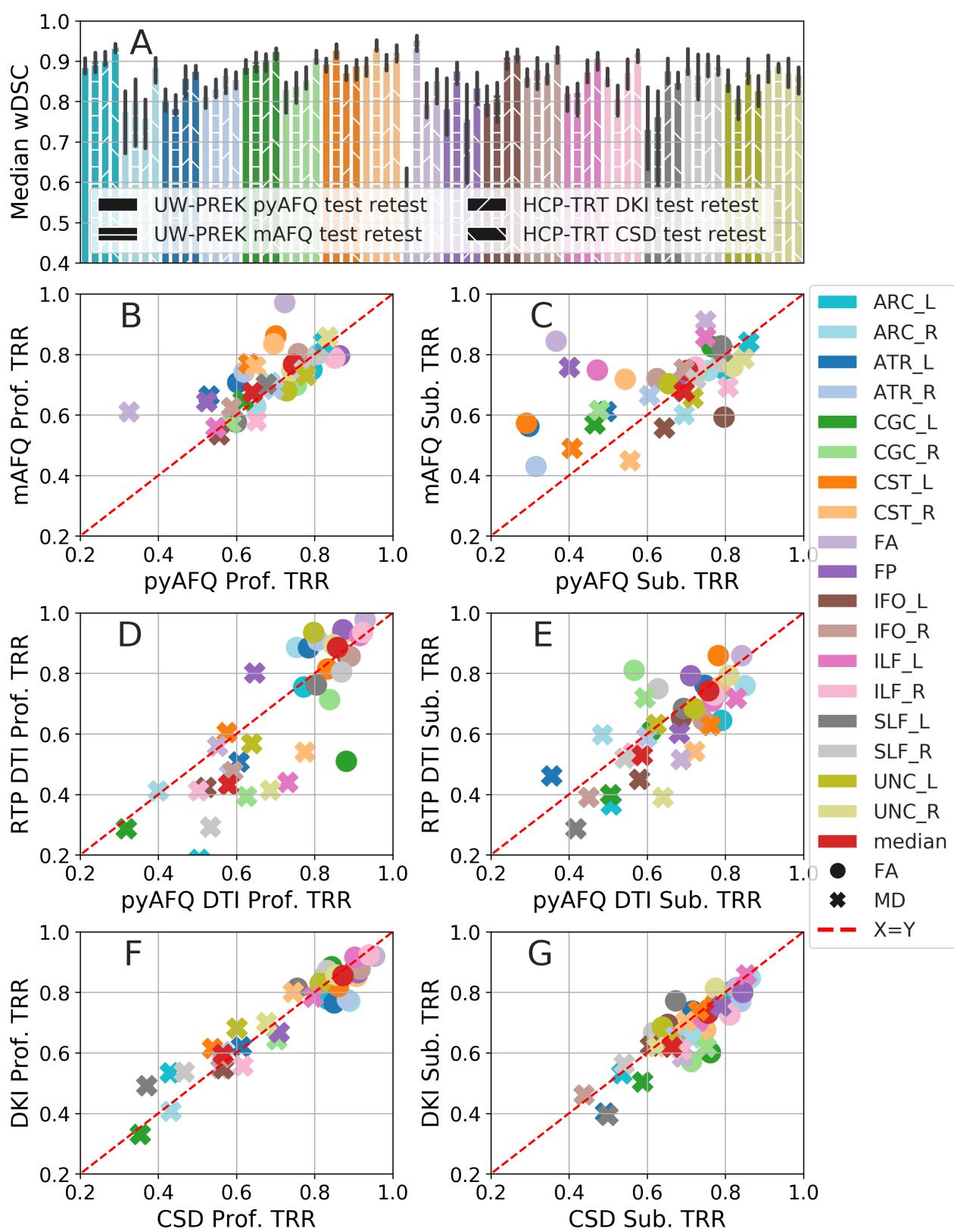
279 **Robustness: comparison between distinct tractogra-  
280 phy models and bundles recognition algorithms.** To as-  
281 sess the robustness of tractometry results to different models  
282 and algorithms, we used the same measures that were used to  
283 calculate TRR.

284 **Tractometry results can be robust to differences in ODF  
285 models used in tractography.** We compared two algorithms:  
286 tractography using DKI- and CSD-derived ODFs. The  
287 weighted Dice similarity coefficient (wDSC) for this com-  
288 parison can be rather high in some cases (e.g., the uncinate  
289 and corticospinal tracts, Figure 4A), but produce results that  
290 appear very different for some bundles, such as the arcuate  
291 and superior longitudinal fasciculi (ARC and SLF) (see also  
292 Figure 4D). Despite these discrepancies, profile and subject  
293 robustness are high for most bundles (median FA of 0.77  
294 and 0.75, respectively) (Figure 4B,C). In contrast to the  
295 results found in TRR, MD subject robustness is consistently  
296 higher than FA subject robustness. The two bundles with  
297 the most marked differences between the two ODF models  
298 are the SLF and ARC (Figure 4D). These bundles have low  
299 wDSC and profile robustness, yet their subject robustness re-  
300 mains remarkably high (In FA,  $0.75 \pm 0.17$  for ARC R and  
301  $0.88 \pm 0.09$  for SLF R) (Figure 4C). These differences are  
302 partially explained due to the fact that there are systematic  
303 biases in the sampling of white matter by bundles generated  
304 with these two ODF models, as demonstrated by the non-  
305 zero adjusted contrast index profile (ACIP) between the two  
306 models (Figure 4E).

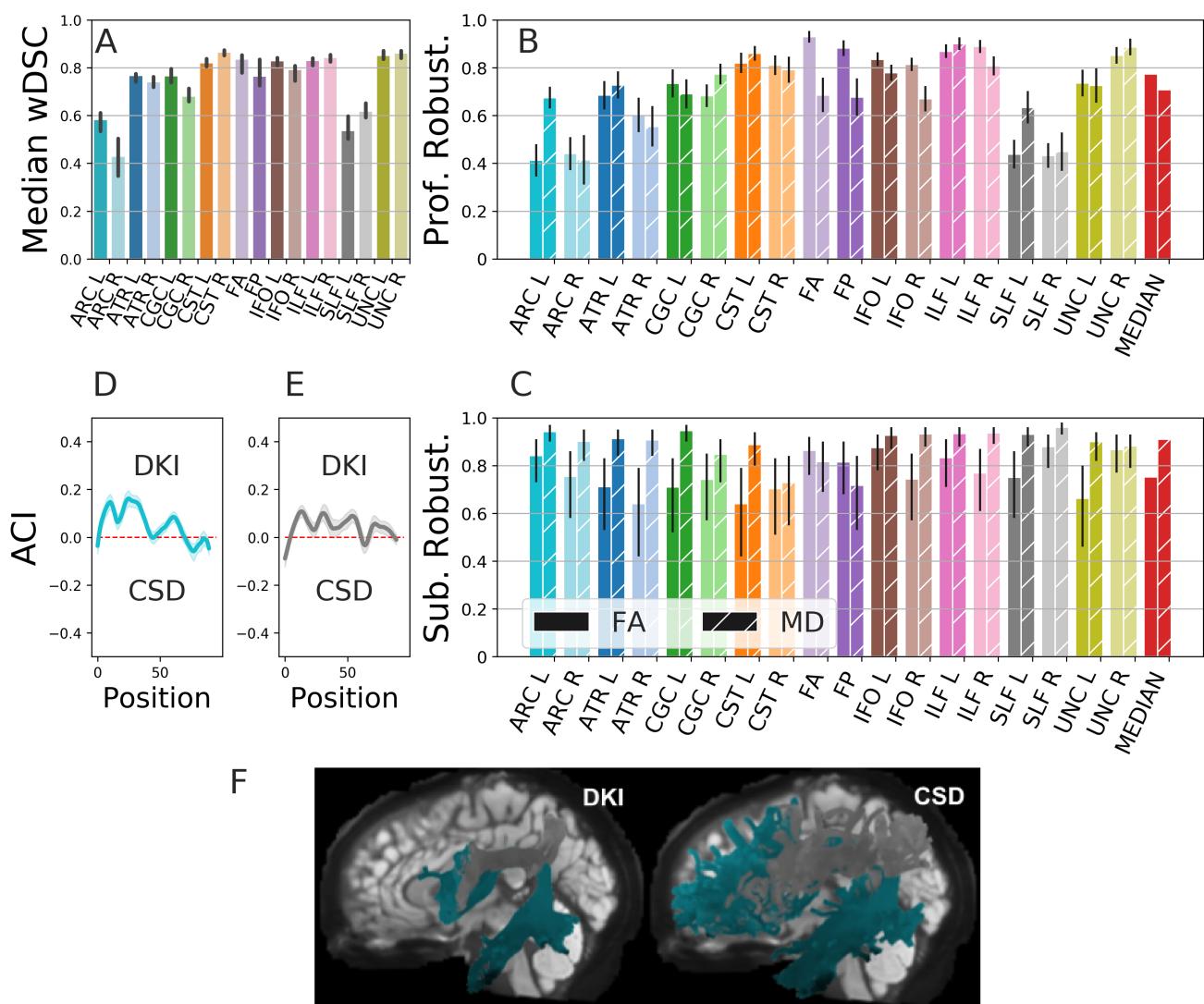
307 **Most white matter bundles are highly robust across bundle  
308 recognition methods.** We compared bundle recognition with  
309 the same tractography results using two different approaches:  
310 the default waypoint ROI approach (9), and an alternative ap-  
311 proach (RecoBundles) that uses atlas templates in the space  
312 of the streamlines (44). Between these algorithms, wDSC is  
313 around or above 0.6 for all but one bundle, ILF R (Figure 5).  
314 There is an asymmetry in the ILF atlas bundle (7), which re-  
315 sults in discrepancies between ILF R recognized with way-  
316 point ROI and with RecoBundles. Despite this bundle, we  
317 find high robustness overall. For MD, the first quartile subject  
318 robustness is 0.82 (Figure 5C, D).

319 **Tractometry results are robust to differences in software im-  
320 plementation.** Overall, we found that robustness of tractom-  
321 etry across these different software implementations is high  
322 in most white matter bundles. In the mAFQ/pyAFQ com-  
323 parison, most bundles have a wDSC around or above 0.8,  
324 except the two callosal bundles (FA bundle and FP), which  
325 have a much lower overlap (Fig. 6A). Consistent with this  
326 pattern, profile and subject robustness is also overall rather  
327 high (Fig. 6B, C). The median values across bundles are 0.71  
328 and 0.77 for FA profile and subject robustness, respectively.

329 compared TRR across datasets and implementations. In both  
330 datasets, we found high TRR in the results of tractography  
331 and bundle recognition: wDSC was larger than 0.7 for all  
332 but one bundle (Fig. 3A): the delineation of the anterior for-  
333 ceps (FA bundle) seems relatively unreliable using pyAFQ  
334 in the UW-PREK dataset (using the FA scalar, pyAFQ sub-  
335 ject TRR is only  $0.37 \pm 0.28$  compared to mAFQ's  $0.84 \pm$   
336 0.10). We found overall high profile TRR that did not always  
337 translate to high subject TRR (Fig. 3B-G). For example, for  
338 FA in UW-PREK, median profile TRRs are 0.75 for pyAFQ  
339 and 0.77 for mAFQ while median subject TRRs are 0.70 for  
340 pyAFQ and 0.75 for mAFQ. Note that profile and subject  
341 TRR have different denominators (for example, subjects that  
342 have similar mean profiles to each other would have low sub-  
343 ject TRR, even if the profiles are reliable, because it is harder  
344 to distinguish between subjects in this case). mAFQ is one of  
345 the most popular software pipelines currently available for  
346 tractometry analysis, so it provides an important point for  
347 comparison. In comparing different software implemen-  
348 tations, we found that mAFQ has higher subject TRR relative  
349 to pyAFQ in the UW-PREK dataset, when TRR is relatively  
350 low for pyAFQ (see the FA bundle, CST L, and ATR L in  
351 Fig. 3C). On the other hand, in the HCP-TR dataset pyAFQ  
352 we used the RTP pipeline (42, 43), which is an extension of  
353 mAFQ, and found that pyAFQ tends to have slightly higher  
354 profile TRR than RTP for MD, but slightly lower profile TRR  
355 for FA (Fig. 3D). The pyAFQ and RTP subject TRR are  
356 highly comparable (Fig. 3E). In FA, the median pyAFQ sub-  
357 ject TRR for FA is 0.76 while the median RTP subject TRR is  
358



**Fig. 3.** wDSC, profile, and subject TRR of: pyAFQ and mAFQ on UW-PREK; pyAFQ on HCP-TR using different ODF models; and RTP on HCP-TR. Colors indicate bundle. In **A**: texture indicates the dataset and methods being compared. Error bars show the 95% confidence interval. **B**, **D**, and **F** show profile TRR and **C**, **E**, and **G** show subject TRR. Profile and subject TRR calculations are demonstrated with HCP-TR using DKI in figures 1 and 2 respectively. In **B** and **C**, we compare the TRR of mAFQ and pyAFQ on UW-PREK. In **D** and **E**, we compare pyAFQ and RTP on HCP-TR using only single shell data. In **F** and **G**, we compare DKI and CSD TRR on HCP-TR. Point shapes indicate the extracted scalar. The red dotted line is equal TRR between methods.



**Fig. 4. ODF model robustness.** We compared DKI- and CSD-derived tractography. Colors encode bundle information as in Figures 1 and 2. Textured hatching encodes FA/MD information. **A** wDSC robustness. **B** Profile robustness. **C** Subject robustness. Error bars represent 95% confidence interval. **D, E** Adjusted contrast index profile (ACIP) between ARC L and SLF L tract profiles of each algorithm. Positive ACIP indicates DKI found a higher value of FA than CSD at that node. The 95% confidence interval on the mean is shaded. **F** Tractography and bundle recognition results for ARC L and SLF L respectively for one example subject.

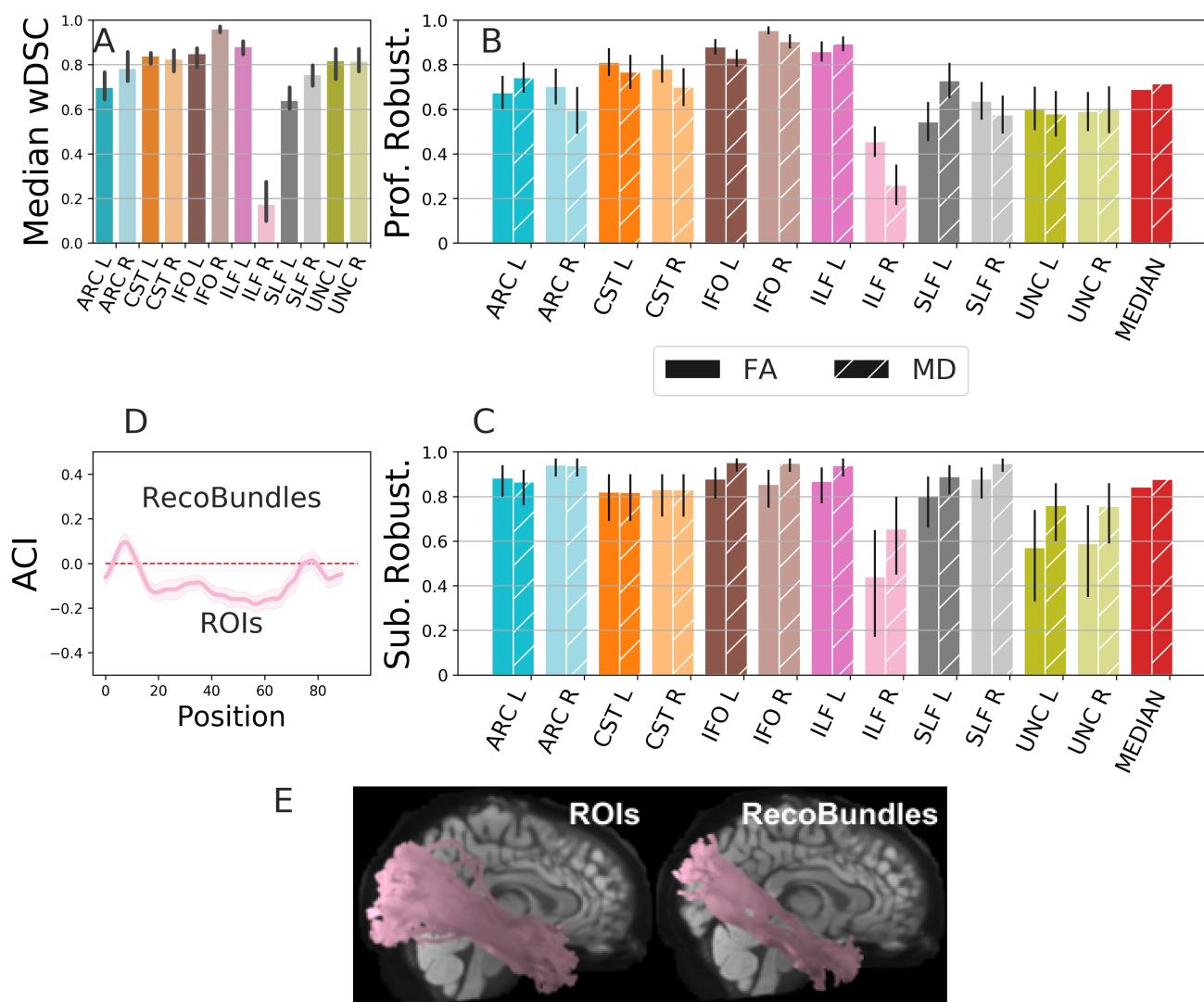
For some bundles, like the right and left uncinate, there is large agreement between pyAFQ and mAFQ (for subject FA:  $\rho = 0.90 \pm 0.07$ , UNC R  $\rho = 0.89 \pm 0.08$ ). However, the callosal bundles have particularly low mean diffusivity (MD) profile robustness (Fig. 6B) ( $0.07 \pm 0.09$  for FP,  $0.18 \pm 0.09$  for FA).

The robustness of tractometry to the differences between the pyAFQ and mAFQ implementation depends on the bundle, scalar, and reliability metric. In addition, for many bundles, the ACIP between mAFQ and pyAFQ results is very close to 0, indicating no systematic differences (Fig. 6D). In some bundles – the corticospinal tract (CST) and the anterior thalamic radiations (ATR) – there are small systematic differences between mAFQ and pyAFQ. In the Forceps Posterior (FP), pyAFQ consistently finds smaller FA values than mAFQ in a section on the left side. Notice that the forceps anterior has an ACIP that deviates only slightly from 0, even though the

forceps recognitions did not have as much overlap as other bundle recognitions (see Fig. 6A).

## Discussion

Previous work has called into question the reliability of neuroimaging analysis (e.g., (25, 45, 46)). We assessed the reliability of a specific approach, tractometry, which is grounded in decades of anatomical knowledge, and we demonstrate that this approach is reproducible, reliable and robust. A tractometry analysis typically combines the outputs of tractography with diffusion reconstruction at the level of the individual voxels within each bundle. One of the major challenges facing researchers who use tractometry is that there are many ways to analyze diffusion data, including different models of diffusion at the level of individual voxels; techniques to connect voxels through tractography; and approaches to classify tractography results into major white



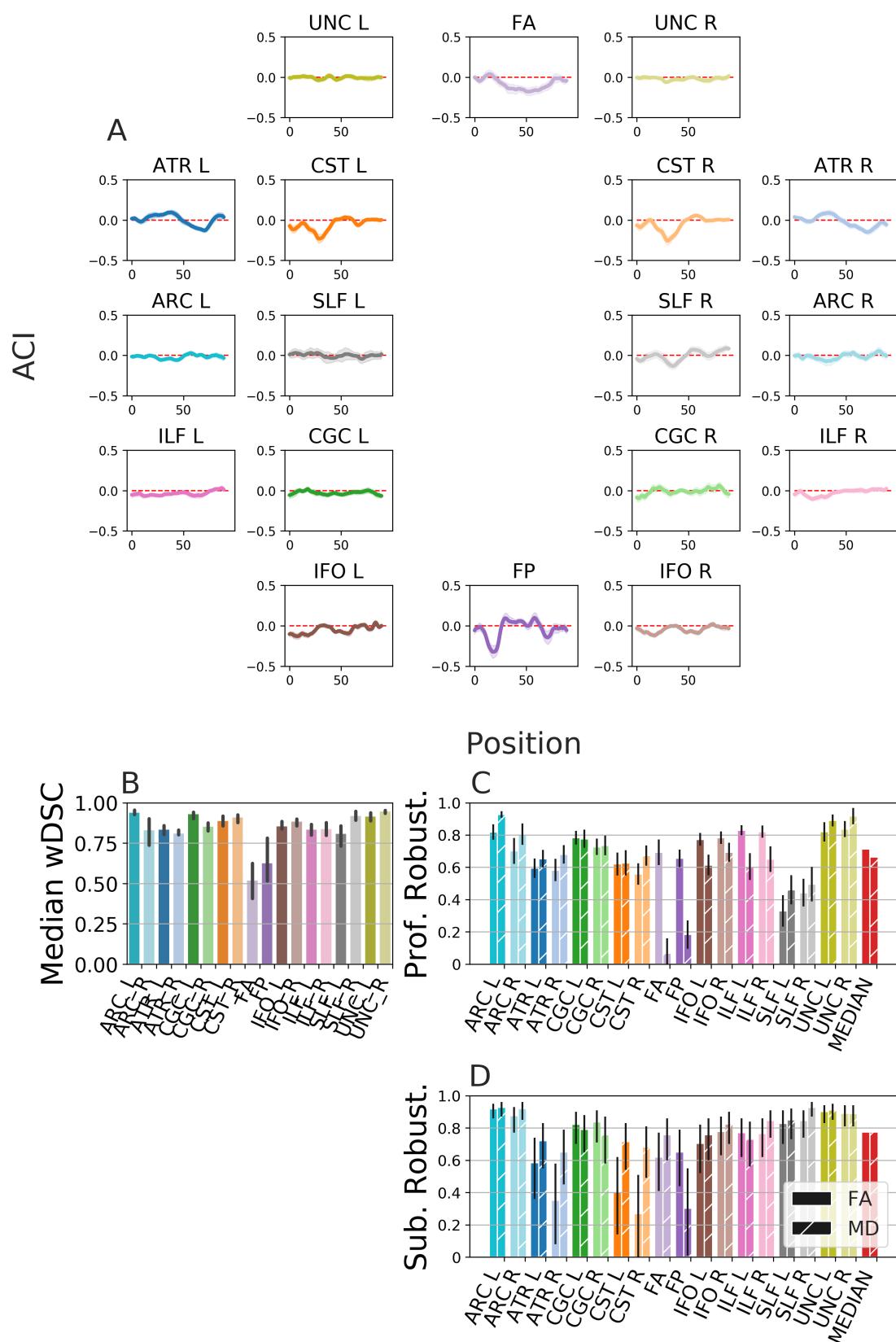
**Fig. 5. Recognition algorithm robustness.** **A** wDSC. **B** Profile robustness. **C** Subject robustness. Error bars show the 95% confidence interval. **D** The ILF R FA ACIP, where positive ACI indicates RecoBundles found a higher value of FA than the waypoint ROIs approach at that node. **E** shows the ILF R found by each algorithm for an example subject.

matter bundles. Here, we analyzed the reliability of tractome- 379  
363 analysis at several different levels. We analyzed both test- 380  
364 retest reliability of tractometry results and their robustness to 381  
365 changes in analytic details, such as choice of tractography 382  
366 method, bundle recognition algorithm, and software imple- 383  
367 mentation (Fig 6).

388 **Test-retest reliability of tractometry.** Test-retest reliabil- 389  
386 ity (TRR) of tractometry is usually rather high, comparable 390  
387 in some tracts and measurements to the TRR of the measure- 391  
388 ment. In comparing the HCP-TR analysis and UW-PREK 392  
389 analysis, we note that higher measurement reliability goes 393  
390 hand in hand with tractometry reliability.

394 In terms of the anatomical definitions of the bundles, quan- 395  
392 tified as the TRR wDSC, we find reliable results in both 396  
393 datasets and with both software implementations and both 394  
395 tractography methods that we tested. With pyAFQ we found 396  
397 a relatively low TRR in the frontal callosal bundle (FA bun- 398

399 dle) in the UW-PREK dataset. This could be due to the sen- 400  
404 sitivity of the definition of this bundle to susceptibility dis- 405  
408 tortion artifacts in the frontal poles of the two hemispheres. 409  
412 This low TRR was not found with mAFQ, suggesting that 413  
416 this low TRR is not a necessary feature of the analysis, and is 417  
420 a potential avenue for improvement to pyAFQ. While the two 421  
424 implementations were created by teams with partial overlap 425  
428 and despite the fact that pyAFQ implementation drew both 429  
432 inspiration as well as specific implementation details from 433  
436 mAFQ, many details of implementation still differ substan- 437  
440 tially. For example, the implementations of tractography al- 441  
444 gorithms are quite different – pyAFQ relies on DIPY (28) 445  
448 for its tractography, while mAFQ uses implementations pro- 449  
452 vided in Vistasoft (47). The two pipelines also use differ- 453  
456 ent registration algorithms, with pyAFQ relying on the SyN 457  
460 algorithm (33), while mAFQ relies on registration methods 461  
464 implemented as part of the Statistical Parametric Mapping 465  
468 (SPM) software (48). These differences may explain the dis- 469  
472



**Fig. 6. Robustness between pyAFQ and mAFQ on UW-PREK session # 1 data. A** ACIP between the FA tract profiles from UW-PREK using pyAFQ and mAFQ. Positive ACI indicates pyAFQ found a higher value than mAFQ at that node. The 95% confidence interval on the mean is shaded. Robustness in wDSC (**B**) bundle profiles (**C**) and across subjects (**D**). Error bars show the 95% confidence interval.

397 crepancies observed.

398 We also find that TRR is high at the level of profiles within 453  
399 subjects and mean tract profiles across subjects. This is gen- 454  
400 erally observed in both datasets that we examined, and us- 455  
401 ing different analysis methods and software implementations. 456  
402 For the UW-PREK dataset, subject TRR tends to be higher 457  
403 in mAFQ than in pyAFQ. On the other hand, for the HCP- 458  
404 TR dataset, pyAFQ subject TRR tends to be higher than that 459  
405 obtained with RTP, which is a fork and extension of mAFQ 460  
406 (42, 43). Generally, TRR of FA profiles and also TRR of 461  
407 mean FA across subjects tend to be higher than those of MD. 462  
408 This could be because the assessment of MD is more sensi- 463  
409 tive to partial volume effects. In contrast to FA, MD is also 464  
410 not bounded, which means that extreme values at the bound- 465  
411 aries of tissue types can have a substantial effect on TRR. 466

412 **Robustness of tractometry.** As highlighted in the recent 467  
413 work by Botvinik-Nezer *et al* (25) and in parallel by Schilling 468  
414 *et al* (45), inferences from even a single dataset can vary sig- 469  
415 nificantly, depending on the decisions and analysis pipelines 470  
416 that are used. The analysis approaches used in tractometry 471  
417 embody many assumptions made at the different stages of 472  
418 analysis: the model of the signal in each individual voxel, the 473  
419 manner in which streamlines are generated in tractography, 474  
420 the definition of bundles, and the extraction of tract profiles. 475  
421 While TRR is important, it does not guard against systematic 476  
422 errors in the analysis approach. One way to test model as- 477  
423 sumptions and software failures is to create ground truth data 478  
424 against which different methods and implementations can be 479  
425 tested (13, 49, 50). However, this approach also relies on 480  
426 certain assumptions about the mechanisms that generate the 481  
427 data that is considered ground truth, making this approach 482  
428 more straightforward for some methods than others. Here, 483  
429 we instead assessed the robustness of tractometry results to 484  
430 perturbations of analytic components, focusing on the mod- 485  
431 elling of ODFs in individual voxels and the approach taken 486  
432 to bundle recognition. 487

488 to these choices may be missed when averaging along the  
489 length of the tracts. Moreover, this may also reflect biases in  
490 the measurement that cannot be overcome at either stage of  
491 the analysis: tractography or bundle recognition.

492 Our high subject-level robustness results (Fig 6C, Fig 4C, and  
493 Fig 5C) dovetail with the results of a recently-published study  
494 that used tractometry in a sample of 45 participants (51), and  
495 found high subject-level correlations between the mean tract  
496 values of FA and MD for two different pipelines: determin-  
497 istic tractography using the diffusion tensor model (DTI) as  
498 the ODF model (essentially identical to a pipeline used in our  
499 supplementary analysis, described in “DTI Configuration”),  
500 and probabilistic tractography using CSD as the ODF model.  
501 Consistent with our results on the HCP-TR dataset, slightly  
502 higher subject robustness was found for MD than for FA.

503 **Exceptions & Limitations.** High profile robustness did not al-  
504 ways imply high subject robustness (e.g., the FP in Fig 4  
505 has high profile robustness, but low subject robustness). This  
506 suggests that there are other sources of between-subject varia-  
507 nce that do not correspond directly to profile robustness  
508 within an individual.

509 There are still significant challenges to robustness that arise  
510 from the way in which the major bundles are defined. This  
511 problem was highlighted in recent work that demonstrated  
512 that different researchers use different criteria to define bun-  
513 dles of streamlines that represent the same tract (45). In  
514 our case, this challenge is represented by the relatively low  
515 robustness between the waypoint ROI algorithm for bundle  
516 definition and the RecoBundles algorithm. In this compari-  
517 son, the wDSC exceeds 0.8 in only one bundle and is below  
518 0.4 in two cases. While both algorithms identify a bundle of  
519 streamlines that represents the right ILF, this bundle differs  
520 substantially between the two algorithms. Even so, profile  
521 and subject robustness can still be rather high, even in some  
522 cases in which rather middling overlap is found between the  
523 anatomical extent of the bundles. This challenge highlights  
524 the need for more precise definitions of the models of brain  
525 tracts that are derived from dMRI, but also highlights the  
526 need for clear, automated and reproducible software to per-  
527 form bundle recognition.

528 In addition to decisions about analysis approach, which may  
529 be theoretically motivated, software implementations may  
530 contain systematic errors in executing the different steps and  
531 different software may be prone to different kinds of failure  
532 modes. Since other software implementations (9, 42) of the  
533 AFQ approach have been in widespread use in multiple dif-  
534 ferent datasets and research settings, we also compared the  
535 results across different software implementations (Fig. 6).  
536 While there are some systematic differences between imple-  
537 mentations, tractometry is overall quite robust to differences  
538 between software implementations.

539 Another important limitation of this work is that we have only  
540 analyzed samples of healthy individuals. Where brains are  
541 severely deformed (e.g., in TBI, brain tumors and so forth),  
542 particular care would be needed to check the results of bundle  
543 recognition, and separate considerations would be needed in  
544 order to reach conclusions about the reliability of the infer-

545 **Subject robustness remains high despite differences in the 490  
546 spatial extent of bundles.** We replicated previous findings 491  
547 that the definition of major bundles can vary in terms of their 492  
548 spatial extent (quantified via wDSC) (13, 37, 40, 45), depend- 493  
549 ing on the software implementation or the ODF model used. 494  
550 As we show, low wDSC robustness often corresponds to low 495  
551 profile robustness, and vice versa (Fig 6B,C, Fig 4A,B, and 496  
552 Fig 5A,B). That is, when two algorithms detect bundles with 497  
553 small spatial overlap, the shape of the resulting tract profiles 498  
554 are also different from each other. However, low wDSC and 499  
555 profile robustness does not always translate to low subject 500  
556 robustness. Algorithms can detect bundles with low spatial 501  
557 overlap and of different shapes yet still agree on the ordering 502  
558 of the mean of the profiles, i.e., which subjects have high or 503  
559 low FA in a given bundle. A clear example of this is the SLF 504  
560 and ARC in Fig 4 (wDSC and profile robustness are low, yet 505  
561 subject robustness is very high). This suggests that tractome- 506  
562 try can overcome failures in precise delineation of the major 507  
563 bundles by averaging tissue properties within the core of the 508  
564 white matter. Conversely, important details that are sensitive 509

510 ences made.

565

566

provide in this paper should be useful for anyone wishing to further explore reliability in tractometry.

## ACKNOWLEDGEMENTS

This work was supported through grant 1RF1MH121868-01 from the National Institute of Mental Health/The BRAIN Initiative, through grant 5R01EB027585-02 to Eleftherios Garyfallidis (Indiana University) from the National Institute of Biomedical Imaging and Bioengineering and through Azure Cloud Computing Credits for Research & Teaching provided through University of Washington Research Computing and the University of Washington eScience Institute. We are also grateful for support from the Gordon & Betty Moore Foundation and the Alfred P. Sloan Foundation to the University of Washington eScience Institute Data Science Environment, as well as support from the Washington Research Foundation to the eScience Institute and to the University of Washington Institute for Neuroengineering. Thanks to Andreas Neef for feedback on the pyAFQ software. Data were provided in part by the Human Connectome Project, WU-Minn Consortium (Principal Investigators: David Van Essen and Kamil Ugurbil; 1U54MH091657) funded by the 16 NIH Institutes and Centers that support the NIH Blueprint for Neuroscience Research; and by the McDonnell Center for Systems Neuroscience at Washington University.

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511 **Future Work.** There are many aspects of reliability that  
512 could be further explored. We explored robustness with re-  
513 spect to ODF models and bundle recognition algorithms; ro-  
514 bustness could also be explored with respect to: data acquisi-  
515 tion parameters within the same subject; preprocessing meth-  
516 ods; profile extraction method (for example, comparing our  
517 current approach with the BUndle ANalytics (BUAN) (56));  
518 and the effects of profile realignment on tract profile reliabil-  
519 ity (57). Another possibility for teasing apart measurement  
520 and tractography effects would be to test profile TRR using  
521 the streamline of one scan on the results of the second scan  
522 (by registering the streamline themselves, to avoid data inter-  
523 polation in volume registration). This could tease apart the  
524 effects of tractography from the voxel-level models of tis-  
525 sue properties, because it is not necessary that these would  
526 be sensitive to the same constraints (e.g., different sensitiv-  
527 ity to noise). The methods we demonstrate and resources we  
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## 1075 Supplementary Methods

1076 **Automated Fiber Quantification in Python (pyAFQ).** Inspired by a previous MATLAB implementation (9), We developed  
1077 a software library that automates dMRI-based tractometry analysis. The library is called pyAFQ (Python Automated Fiber  
1078 Quantification), and it is implemented as open-source software here: <https://github.com/yeatmanlab/pyAFQ>. The  
1079 software is developed under the permissive OSI-approved BSD license. It allows users to specify the methods and parame-  
1080 terers they want to use for tractometry. pyAFQ uses many components of the scientific Python ecosystem (58). In particular,  
1081 it relies heavily on implementations of algorithms for diffusion reconstruction, orientation determination, tractography and  
1082 image registration implemented in Diffusion Imaging in Python (DIPY), an open-source, Python library for computational neu-  
1083 roanatomy (28). The pyAFQ software implements extensive documentation with Sphinx (59), including a gallery of executable  
1084 examples, implemented using Sphinx Gallery (60). Unit testing is implemented using pytest, with continuous integration im-  
1085 plemented to test proposed changes to the library, as well as longer nightly tests that check that pipelines of operations are  
1086 not adversely affected by changes that are introduced in developing the software. pyAFQ's test suite uses the HARDI data  
1087 collected for (16), CFIN (61), and data from the Human Connectome Project. pyAFQ can be parallelized across subjects and  
1088 sessions using dask (62). The analysis performed in this paper primarily used pyAFQ run using Cloudknot (63) on Amazon  
1089 Web Services (AWS).

1090 There are many ways to analyze dMRI data and to estimate tractometry-based tract-profiles. For example, many different  
1091 models are used to determine the directions of tracking within each voxel and to connect different voxels with a variety of  
1092 tractography algorithms. Similarly, different models can be used to determine the tissue properties within a voxel. However, it  
1093 is hard to determine which methods to use, because different methods may be appropriate for different datasets, depending on  
1094 their characteristics: the measurements conducted, the signal to noise ratio (SNR) of the data and so forth. Software to support  
1095 analysis of a variety of datasets should make it easy to use many different methods and to compare results between methods.  
1096 All of the choices the user can make in each of the steps of pyAFQ are delineated below and summarized in Fig. S2. The  
1097 software implements a library with an object-oriented application programming interface (API), as well as a command-line  
1098 interface (CLI). Using pyAFQ's API, pyAFQ can be run with only a few lines of code. The API is also flexible, giving the user  
1099 the ability to choose which algorithms and parameters to use. For users unfamiliar with python, pyAFQ has a command line  
1100 interface (CLI) which uses a configuration file written in TOML (64). pyAFQ also has a Boutiques configuration file and can  
1101 be executed using Boutiques (65).

1102 **Locating and mapping data (BIDS).** The first step in analysis is to find the files that the software will use. pyAFQ relies on  
1103 pyBIDS (66, 67) to query data that is provided in the BIDS format (68). It looks for dMRI, b-value, and b-vector files stored  
1104 in standard formats (see <https://yeatmanlab.github.io/pyAFQ/usage/data.html> for details). Additionally,  
1105 the user can provide files from other processing pipelines to be used as a brain mask during registration or as start or stop  
1106 masks during tractography, as well as completed tractography results. We typically use the Nibabel software library to interact  
1107 with neuroimaging files (69). Following the BIDS standard, the outputs of pyAFQ are put in the BIDS derivatives folder, in a  
1108 pipeline directory labelled as "afq". The derivative BIDS format follows as much as possible the draft implementation of the  
1109 BIDS derivatives for dMRI data.

1110 **Tractography.** There are several methods for computational tractography. The pyAFQ software exposes many of these as op-  
1111 tions. It allows users to choose from multiple fiber orientation distribution functions (70) that determine the direction of tracking  
1112 in each step of the process: based on Diffusion Tensor Imaging (DTI) (71, 72), Diffusion Kurtosis Imaging (DKI) (73), Con-  
1113 strained Spherical Deconvolution (CSD) (74, 75), and Multi-Shell Multi-Tissue Constrained Spherical Deconvolution (MSMT-  
1114 CSD) (76). Deterministic and probabilistic tractography algorithms can be used and stopping criteria can be implemented for  
1115 particle filtering tractography, using the continuous map criterion (77) or anatomically-constrained tractography (78). The de-  
1116 fault tractography setting uses DTI, deterministic direction finding, a max turning angle per step of 30°, one seed per voxel, and  
1117 retains only streamlines between 10 and 1000mm long. Many of our tractography defaults are inspired by the results of (79)  
1118 and (9). The default seed and stop masks are created by thresholding FA at 0.2. All of these parameters can be customized  
1119 using pyAFQ's API or CLI.

1120 **Template registration.** The user can specify their own template and subject image to register, however pyAFQ also provides four  
1121 builtin options: register subject non-diffusion weighted image (also known as b0) to the Montreal Neurological Institute (MNI)  
1122 T2 template (29, 30); register subject FA to a group mean fractional anisotropy (FA) template from the UK Biobank (80, 81);  
1123 register a subject's anisotropic power map (APM) (31, 32) to the MNI T1 template; and register subject streamlines to the 16  
1124 bundles human connectome project (HCP) atlas (7) using streamline registration (SLR) (82). The first three of these builtin  
1125 techniques use the nonlinear Symmetric Diffeomorphic Registration (SyN) (33) after an optional linear preregistration, both  
1126 implemented in DIPY. pyAFQ uses Templateflow (83) to get MNI T1/T2 templates for registration. The default registration  
1127 behavior is to consider all b-values under 50 to be b0, mask the subject's APM using DIPY's median\_otsu image recognition  
1128 algorithm (84) on the subject b0, and register the masked power map to the masked MNI T1 template. Per default, we chose to

1129 use the APM for registration based on previous findings that show this is a good choice (85) and based on our own experience.  
1130 All of these parameters can be customized using pyAFQ's API and CLI.

1131 **Bundle recognition and cleaning.** To identify the streamlines that best represent a particular anatomical pathway, we perform  
1132 bundle recognition. The default behavior is to perform the initial classification using probability maps, and then segment with  
1133 waypoint ROIs defined in (86), then filter the classified streamlines by their termination locations, using the AAL atlas (87),  
1134 where streamlines must be within 4mm of the expected endpoint region. Waypoint ROIs are moved into the subject space and  
1135 then patched up using the Quickhull Algorithm (88). There is also an option, turned off by default, to clip streamline edges at  
1136 the ROIs (86).

1137 In addition to the waypoint-based recognition described above, pyAFQ also allows the user to choose to use a streamline atlas  
1138 based bundle recognition method, called RecoBundles (44). Parameters for either algorithm can be customized using pyAFQ's  
1139 API and CLI.

1140 After recognition, cleaning is performed based on the Mahalanobis distance of each streamline from the mean in each node.  
1141 This process was originally described in (9). By default, pyAFQ resamples streamlines to 100 points (nodes) and performs  
1142 5 rounds of cleaning with a distance threshold of 5 standard deviations from the mean of the node coordinates at each point,  
1143 and a length threshold of 4 standard deviations from the mean length. Cleaning is also stopped if a bundle has less than 20  
1144 streamlines. All of these parameters can be customized using pyAFQ's API and CLI.

1145 **Tract Profile Extraction.** After cleaning, pyAFQ computes and visualizes tract profiles. The mean profile (called a "tract profile")  
1146 is calculated using the same Mahalanobis distance-based weighting strategy as in Yeatman et al. (9), implemented in DIPY.  
1147 Visualization can be performed using one of two backends: fury (89) or plotly (90), which create either animated gifs or  
1148 interactive html files respectively. Visualizations are created for the whole brain tractometry and for each individual bundle.

1149 **Data.** We measured the reliability of tractometry using two datasets with contrasting characteristics.

1150 **Human Connectome Project (HCP-TR).** The WU-Minn Human Connectome Project (HCP) (91) includes measurements of  
1151 diffusion MRI data from almost all of the 1,200 participants. Here, we focus our analysis on a subset of these subjects for  
1152 which test-retest data are available. We refer to this data as HCP-TR. This dataset contains dMRI data from 44 individuals.  
1153 This represents a relatively high-quality, high-resolution dataset, with multiple diffusion directions and multiple b-values. The  
1154 acquisition parameters of HCP-TR are described in detail elsewhere (36). We used data that had been preprocessed through the  
1155 HCP pipelines, as provided through the AWS Open Data program (<https://registry.opendata.aws/hcp-openaccess/>).

1156 **University of Washington Pre-K (UW-PREK).** Two measurements were conducted in each participant 1 day apart. These were  
1157 acquired with 32 directions,  $b=1,500 \text{ s/mm}^2$ ,  $2 \text{ mm}^3$  isotropic resolution, TR/TE=7200/83 msec. Data were preprocessed using  
1158 FSL for eddy current, motion correction, and susceptibility distortion correction. Analysis using the mAFQ was conducted as  
1159 previously described (9). We converted UW-PREK to BIDS format (68) for input into pyAFQ's API.  
1160 We attempted to configure pyAFQ to most closely match the mAFQ configuration. We used robust estimation of tensors by  
1161 outlier rejection (RESTORE) (92) to fit the DTI model. In tractography, we used 160,000 seeds randomly distributed wherever  
1162 DTI FA is higher than 0.3. We used only 1 round of cleaning. We ran this on both the UW-PREK pre and post sessions, and  
1163 compared its reproducibility to the results on the same datasets with mAFQ. We also compared the robustness of the results  
1164 between the pyAFQ and mAFQ algorithms on the pre-session data only.

1165 **Configurations.** For all configurations, we used the Freesurfer brain segmentation provided by HCP to calculate a permissive  
1166 brain mask, with all portions of the image not labelled as 0, considered part of the brain. The brain mask is used when fitting  
1167 the ODF models. We compared the TRR of each configuration, as well as the robustness of the results across configurations.  
1168 We also compared the TRR of these configurations to the TRR of results published by Lerma-Usabiaga and colleagues (43),  
1169 denoted RTP.

1170 **DTI Configuration.** In addition to the three configurations enumerated in the present paper, we processed HCP-TR with a fourth  
1171 configuration. We used only measurements with b-values between 990 and 1010  $\text{s/mm}^2$ . We used DTI as the ODF model for  
1172 tractography and profile extraction. We compared this configuration to RTP in 3D, E. We also analysed DTI for robustness and  
1173 found its results to be nearly identical to DKI.

1174 **RecoBundles Configuration.** One of the configurations we ran on the HCP-TR data used RecoBundles (8). pyAFQ provides  
1175 programmatic access to two atlases, one being the full 80 bundles human connectome project (HCP) atlas (7), and other being  
1176 a 16 bundle subset of that atlas. We ran RecoBundles on HCP-TR using the full 80 bundles atlas. We use the following  
1177 RecoBundles parameter configuration: a model cluster threshold of 1.25, a reduction threshold of 25, no refinement, a pruning  
1178 threshold of 12, local streamline-based linear registration on with an asymmetric metric. We used this configuration for all 80  
1179 bundles. Multi-shell data and the DKI ODF model were used. We used nonlinear symmetric diffeomorphic registration and a  
1180 brain mask based on the HCP-provided segmentation.

1181 **RTP.** As a point of comparison, we used an open dataset of HCP-TR derivatives that was published by Lerma-Usabiaga and  
1182 colleagues (43). They processed HCP-TR using the Reproducible Tract Profiles (RTP) pipeline (42). This pipeline is a full  
1183 end-to-end pipeline and system for deployment of analysis that receives as input raw MRI data as acquired on the scanner.  
1184 While it applies different preprocessing steps and uses different tractography algorithms than mAFQ, relying on MRTRIX for  
1185 many of these steps (93), the bundle recognition steps closely resemble the ones used in mAFQ, relying on functions that stem  
1186 from the same MATLAB codebase as mAFQ. The end result of RTP are tract profiles in an easy-to-use and data-science ready  
1187 JSON format. We denote their results as RTP and compare them to the HCP-TR results computed with pyAFQ.

1188 **Measures of reliability.** pyAFQ gives the user the choice of which underlying algorithms to use when performing tractometry,  
1189 as shown in Fig. S2. We use this feature of pyAFQ to run multiple analyses on HCP-TR and UW-PREK, which both have test-  
1190 retest data. The analyses we selected represent only a small subset of the possible configurations of pyAFQ. However, because  
1191 the software is freely available and easily configurable with the API or CLI, it would be straightforward to test other analyses. To  
1192 compare the results on test-retest data (TRR) and compare results across analyses (robustness), we use four different measures  
1193 of reliability. Each one of these measures emphasizes different aspects of reliability.

1194 **Weighted Dice similarity coefficient (wDSC).** The anatomical reliability of bundle recognition solutions is assessed by com-  
1195 paring their spatial overlap in the white matter volume. First, for every voxel in the white matter, we count the number of  
1196 streamlines that pass through that voxel for a given bundle, then divide by the total number of streamlines in that bundle. This  
1197 creates what we call a streamline density map (28). We could compare streamline density maps using a Dice similarity coeffi-  
1198 cient (94), but that would require applying a threshold to the density maps, and could give a few streamlines a large influence  
1199 on the calculation. Instead, we use the weighted Dice similarity coefficient (wDSC) (37):

$$D(i, j) = \frac{\sum_{v \in \mathcal{V}_i \cap \mathcal{V}_j} W_{i,v} + W_{j,v}}{\sum_{v \in \mathcal{V}_i} W_{i,v} + \sum_{v \in \mathcal{V}_j} W_{j,v}} \quad (1)$$

1200 where  $v$  is a voxel index,  $W_{i,v}$  is the streamline density for a bundle  $i$  in voxel  $v$ , and  $v'$  are voxels where the two bundles  $i$  and  
1201  $j$  intersect. wDSC provides a measure of the reliability in the spatial extent of bundles, in a manner that is independent from  
1202 the assessment of tract profiles.

1203 **Adjusted contrast index profile (ACIP).** We use an adjusted contrast index to directly compare the values of individual nodes in  
1204 the tract profiles in different measurements. For two values  $(V_1, V_2)$  in different profiles, the adjusted contrast index (ACI) is  
1205 calculated using Eq (2).

$$ACI(V_1, V_2) = 2 \frac{V_2 - V_1}{V_2 + V_1} \quad (2)$$

1206 We multiply by 2 to make the contrast index have comparable values to fractional difference. In contrast to fractional difference,  
1207 however, the ACI does not require one of the variables to be a reference, and  $ACI(V_1, V_2) = -ACI(V_2, V_1)$ . Calculating and  
1208 then plotting the ACI for each point between two profiles highlights the differences between profiles, producing the adjusted  
1209 contrast index profile (ACIP). ACIP emphasizes discrepancies in estimates along the length of the tract in a manner that does  
1210 not depend on the scale of the measurement (e.g., the different scales of FA and MD).

## 1211 **Supplementary Discussion of pyAFQ**

1212 **pyAFQ is embedded in an ecosystem of tools for reproducible neuroimaging.** The wider ecosystem of tools and standards  
1213 surrounding pyAFQ is shown in Fig. S6. Each tool has its own place in the ecosystem. We rely heavily on implementations  
1214 of dMRI analysis algorithms implemented in DIPY (28). Reproducibility and interoperability are also facilitated by relying on  
1215 the BIDS format (68) and the pyBIDS software (66, 67). Requiring a BIDS-like input makes integration with other software in  
1216 the ecosystem easier. For example, it is fairly straightforward to use the outputs of BIDS-compatible preprocessing pipelines,  
1217 such as qsiprep (95), as inputs to pyAFQ. Furthermore, the modularity of the pyAFQ pipeline means that outputs of other  
1218 tractography software (e.g., MRTRIX (96)) can be used as inputs to bundle recognition, with BIDS filters as the metadata that  
1219 allows finding and incorporating through the right data.

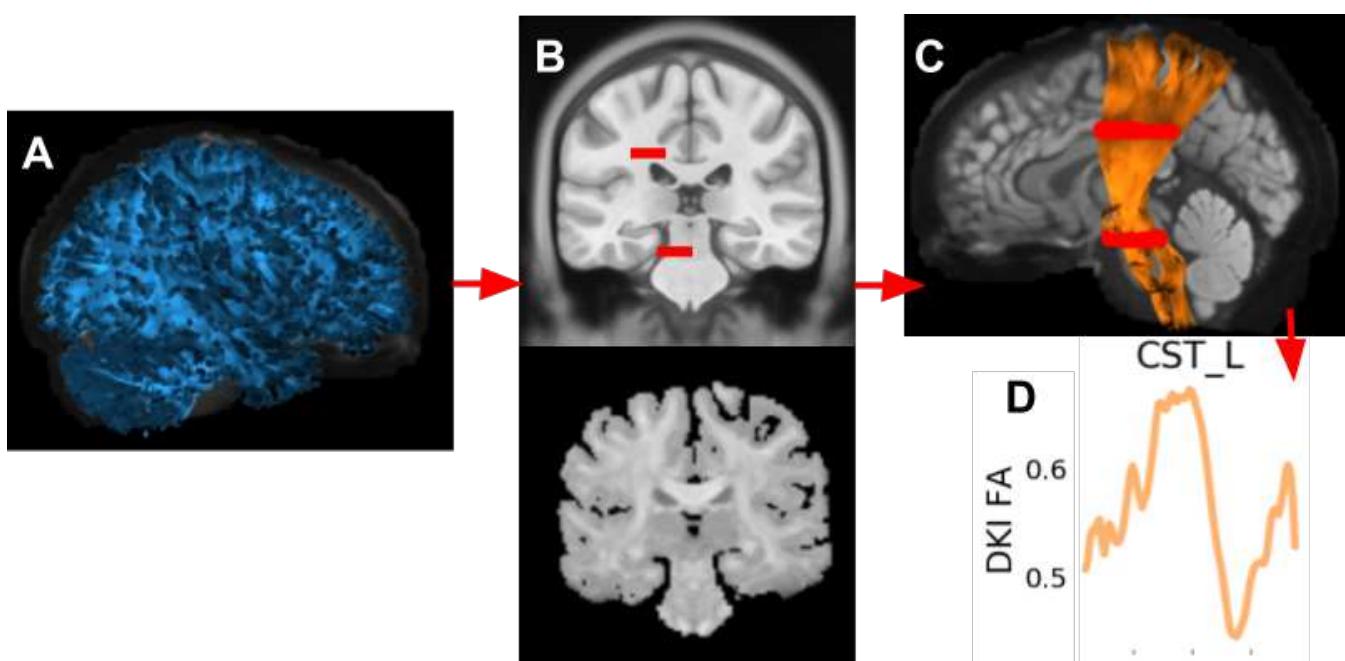
1220 Cloud-based processing is going to be more important as large datasets are processed. pyAFQ does not depend on proprietary  
1221 software and can be scaled to large datasets using cloud computing platforms. In this paper, we used Cloudknot (63) to scale  
1222 pyAFQ across subjects and methods on AWS. However, because pyAFQ is a Python package, it can easily be run on any cloud  
1223 computing platform. Computing in the public cloud also supports reproducible research, as computations conducted on the  
1224 public cloud are perfectly portable to other users of the software. Our software is written with that in mind, including functions  
1225 that know how to easily access datasets that are already stored in the cloud (e.g., HCP and Healthy Brain Network (97) datasets).  
1226 We know that one of the most important ways in which users can diagnose whether processing worked as expected is by visually  
1227 inspecting the results. Thus, we provide several different visualization methods, relying on the VTK-derived FURY library, or  
1228 on browser-friendly visualizations with Plotly. pyAFQ outputs are also fully compatible with AFQ-Browser, a browser-based  
1229 tool for interactive visualization and exploration of tractometry results (52).

1230 Finally, beyond visualization and summary of the results, and tools for analysis of reliability presented in this work, pyAFQ  
1231 does not provide a substantial set of tools for statistical analysis of tractometry results. Instead, the outputs of pyAFQ are  
1232 provided as “tidy” CSV tables (27). This means that it is compatible as inputs to the AFQ Insight tool for statistical analysis  
1233 (20), but also amenable to many other statistical analysis approaches. This output should facilitate interdisciplinary use of  
1234 dMRI data, as it is provided in a format that is widely used in statistics and machine learning.

1235 **pyAFQ is extensible.** In general, variability in results would be reduced with a standard pipeline that could be used across all  
1236 studies and datasets. However, as noted by Lindquist, “studies tend to be too varied for one pipeline to always be appropriate” (98). This is particularly true as new measurement techniques, new processing methods and new analysis approaches for  
1237 dMRI are evolving. Therefore, the pyAFQ pipeline was designed to be flexible, making it easier to reproduce results, while  
1238 providing researchers with many choices for the appropriate analysis, depending on their data and questions. pyAFQ allows the  
1239 user to make many decisions (Fig S2), and all of those decisions can be encoded in a configuration file. That configuration file  
1240 can be used to reproduce the same analysis pipeline given the same version of pyAFQ is used. By providing the configuration  
1241 file or the arguments passed to the main API, one can clearly satisfy the requirement for a re-executable workflow outlined  
1242 in (53).

1243 To extend to new bundles, pyAFQ allows users to define new queries that recognize bundles that are not part of the set of 18  
1244 detected by the original mAFQ software. For a simple example, we use a set of alternative waypoint ROIs to detect different  
1245 portions of the corpus callosum (99) (Fig S7A). These alternative ROIs are included in pyAFQ but not used by default. In more  
1246 complicated example, another set of ROIs is used to recognize the location of the optic radiations (OR; Fig S7). Because these  
1247 are relatively small and winding, their delineation requires additional components: it requires several waypoint ROIs used not  
1248 only as inclusion criteria, but also as exclusion criteria, and it requires delineation of endpoints in the cortex that are not part of  
1249 the AAL atlas, which is used in the standard set of bundles. It also requires oversampling of streamlines, so in order to obtain  
1250 a proper definition of the OR, tractography is configured to use 125 seeds per voxel (instead of the default 8). All of these  
1251 components can be integrated into calls to the software API, without needing to change any of its internals. This includes any  
1252 custom waypoint ROIs, inclusive or exclusive, as well as probability maps, endpoint locations, and whether the bundle crosses  
1253 the midline.

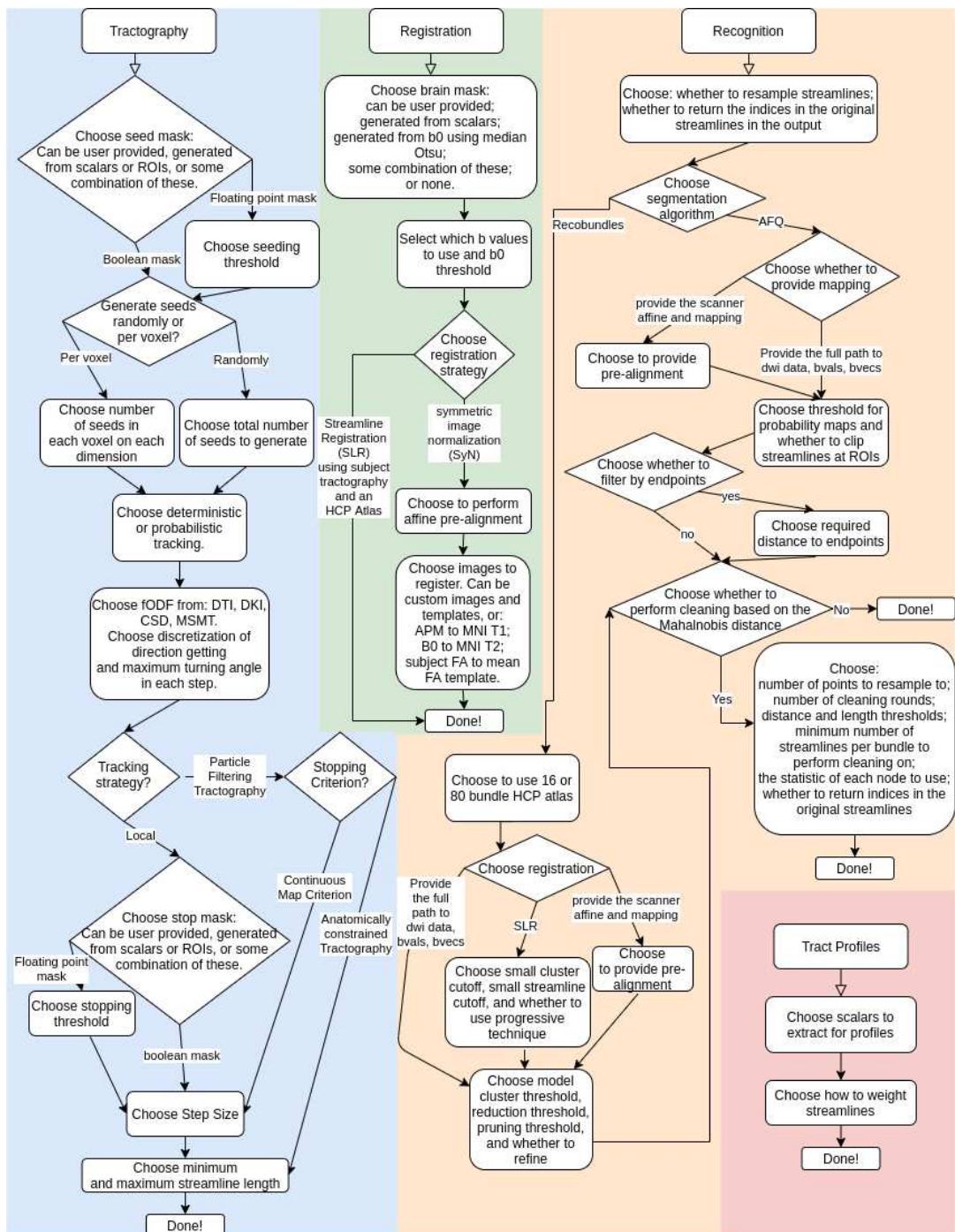
1255 **Supplementary Figures and Tables**



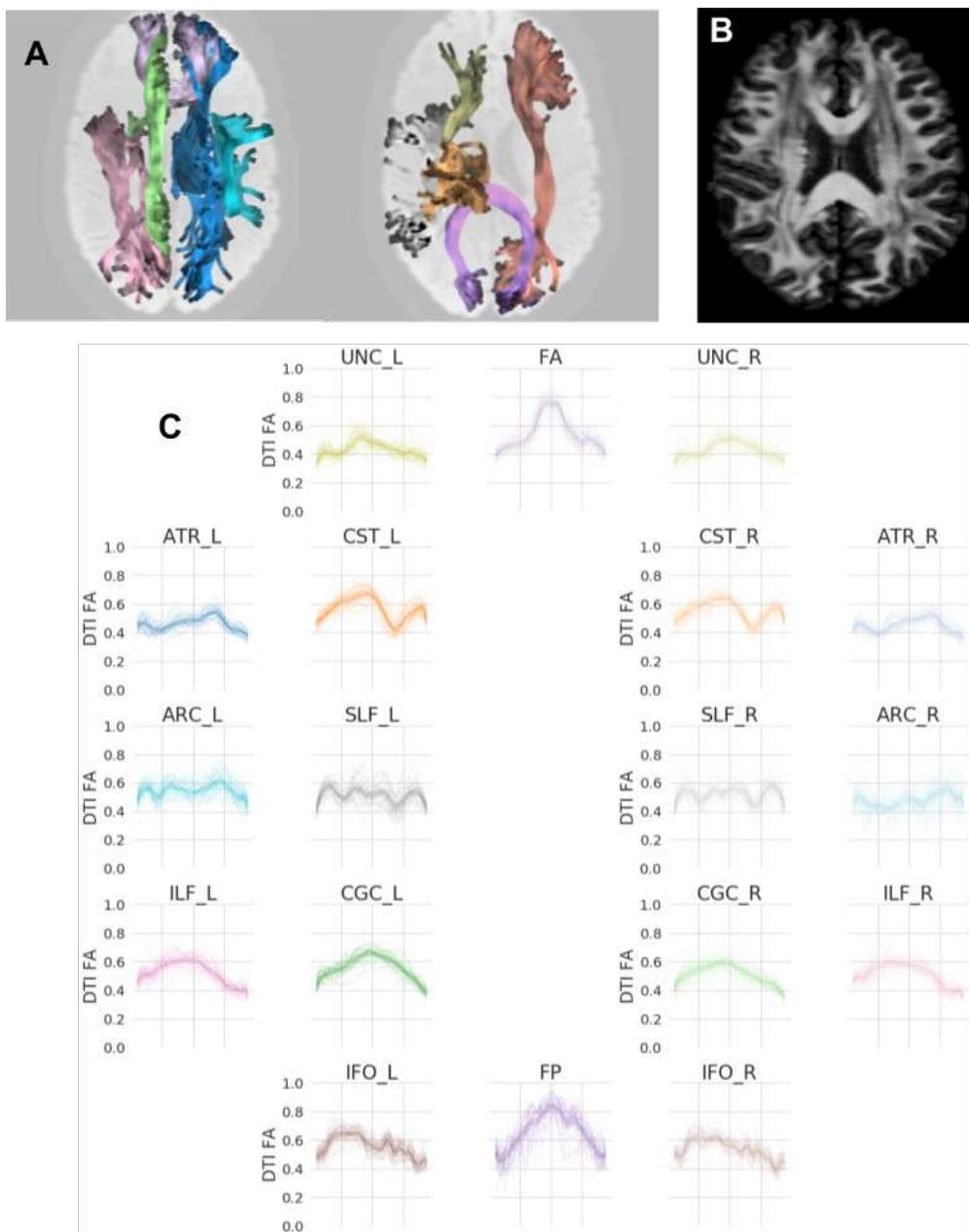
**Fig. S1. The stages of tractometry.** **A** Computational tractography generates streamlines estimating the trajectories of white matter connections. **B** An anatomical template is registered to each subject's individual brain. Here, in a mid-coronal view, the MNI T1-weighted template (29, 30), shown with the locations of waypoint ROIs for classification of the left corticospinal tract (5) (slightly enlarged for visualization purposes). The subject's anisotropic power map (APM) (31) is used as the target for registration, due to its similarity to the T1 contrast. **C** Classification of the streamlines. Here, in a lateral view, the streamlines classified as belonging to the left corticospinal tract (CST L), overlaid on a mid-sagittal slice of the subject's non diffusion-weighted (b0) image. The streamlines are shaded by the subject's fractional anisotropy (FA) along their length. **D**, Tract profiles are extracted from the bundles. Here, the FA profile for CST L.

ARC L	Left Arcuate
ARC R	Right Arcuate
ATR L	Left Thalamic Radiation
ATR R	Right Thalamic Radiation
CGC L	Left Cingulum Cingulate
CGC R	Right Cingulum Cingulate
CST L	Left Corticospinal
CST R	Right Corticospinal
FA	Callosum Forceps Minor
FP	Callosum Forceps Major
IFO L	Left Inferior Fronto-occipital Fasciculus
IFO R	Right Inferior Fronto-occipital Fasciculus
ILF L	Left Inferior Longitudinal Fasciculus
ILF R	Right Inferior Longitudinal Fasciculus
SLF L	Left Superior Longitudinal Fasciculus
SLF R	Right Superior Longitudinal Fasciculus
UNC L	Left Uncinate
UNC R	Right Uncinate

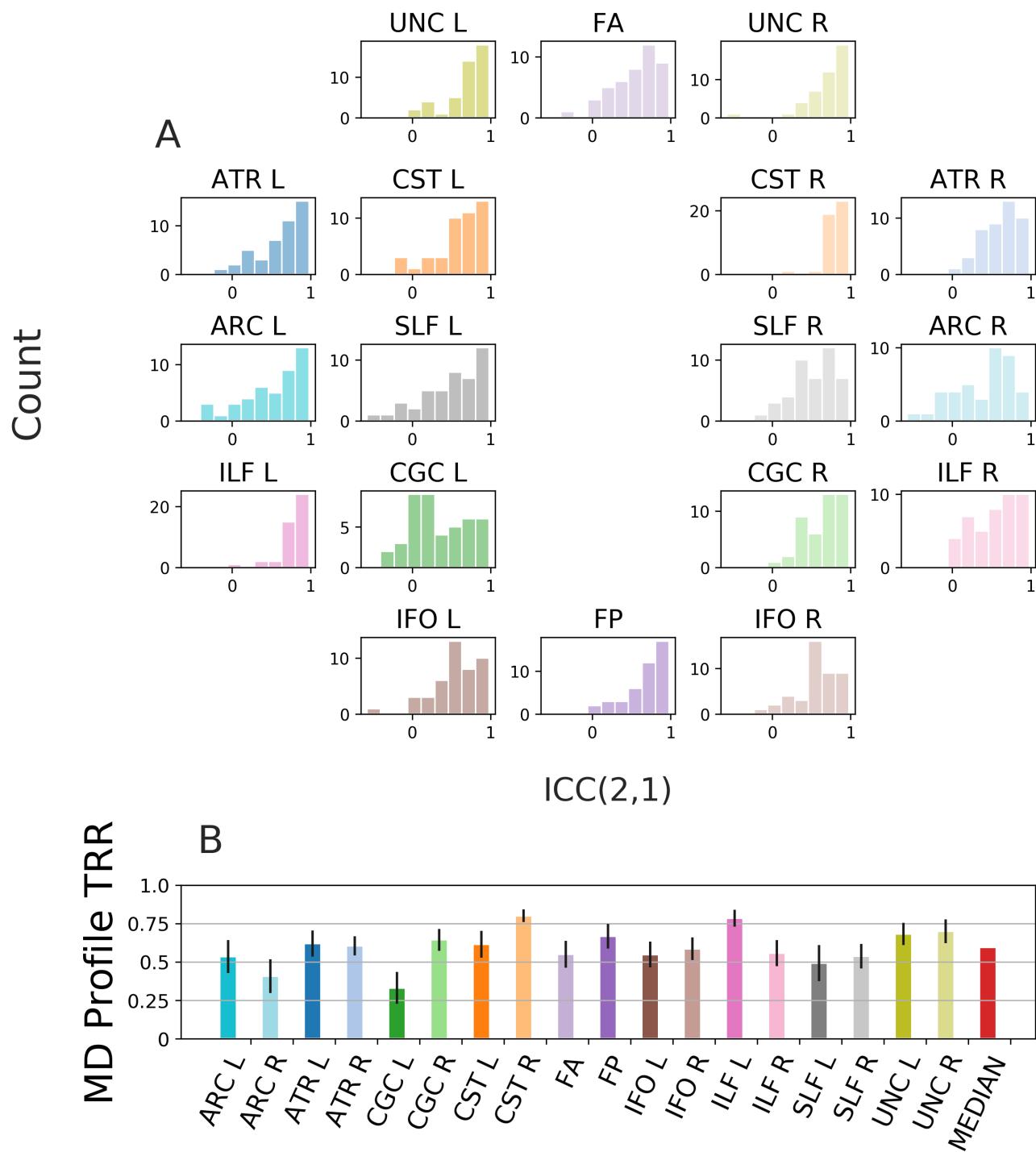
**Table S1.** Abbreviations of the major white matter pathways recognized by pyAFQ.



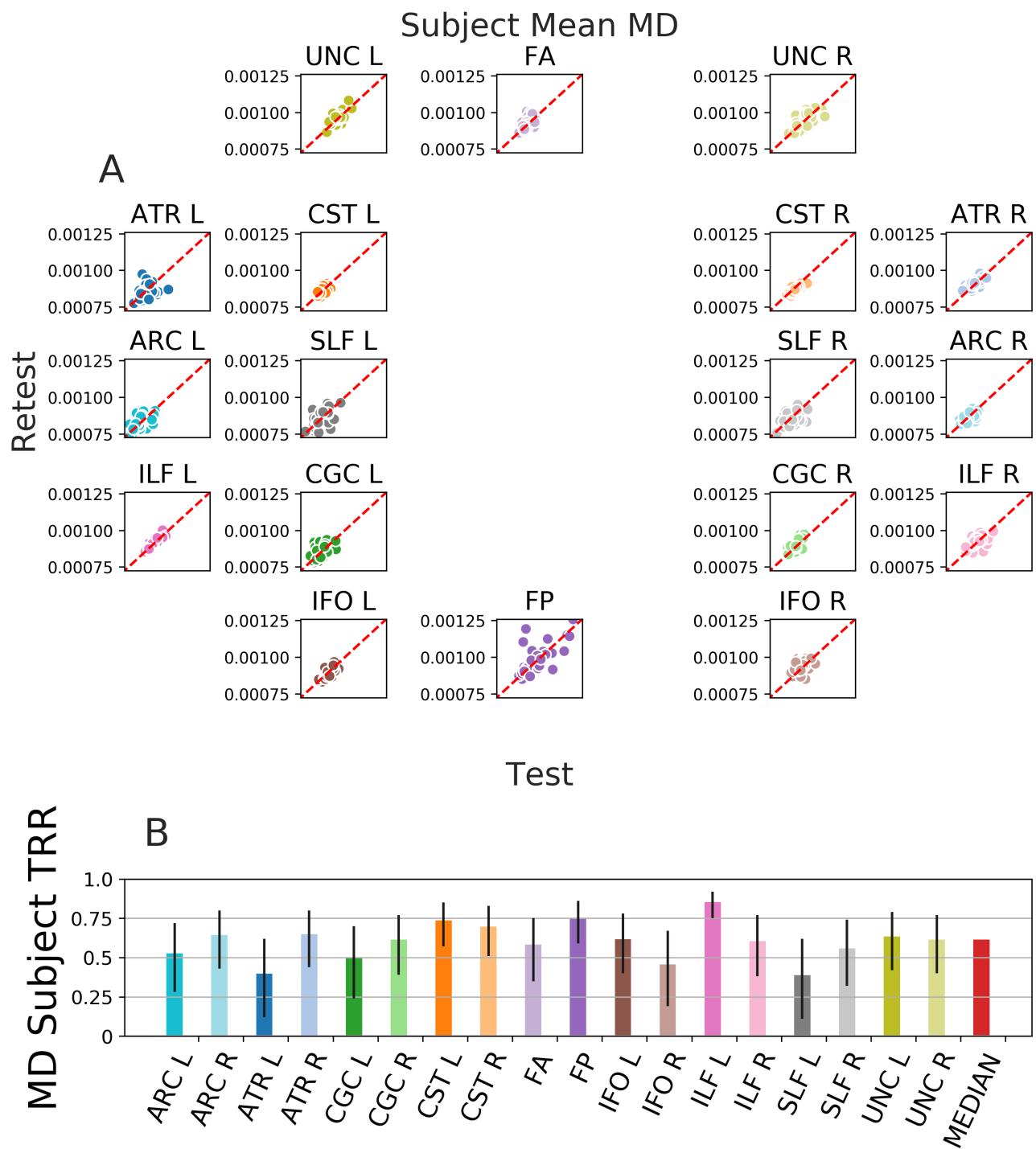
**Fig. S2. Choices the user can make for how to run pyAFQ.** The colors represent different steps of tractometry. Tractography is shaded blue, registration is shaded green, recognition is shaded orange, and tract profiles is shaded red. Every rounded box and diamond contains one or more choices, except for the rounded boxes marked “Done!”, which indicates all choices have been made. Diamonds indicate the path you take depends on the choice in the diamond. pyAFQ has reasonable defaults for all of these decisions; however it also makes it simple for the user to customize their tractometry pipeline according to their needs.



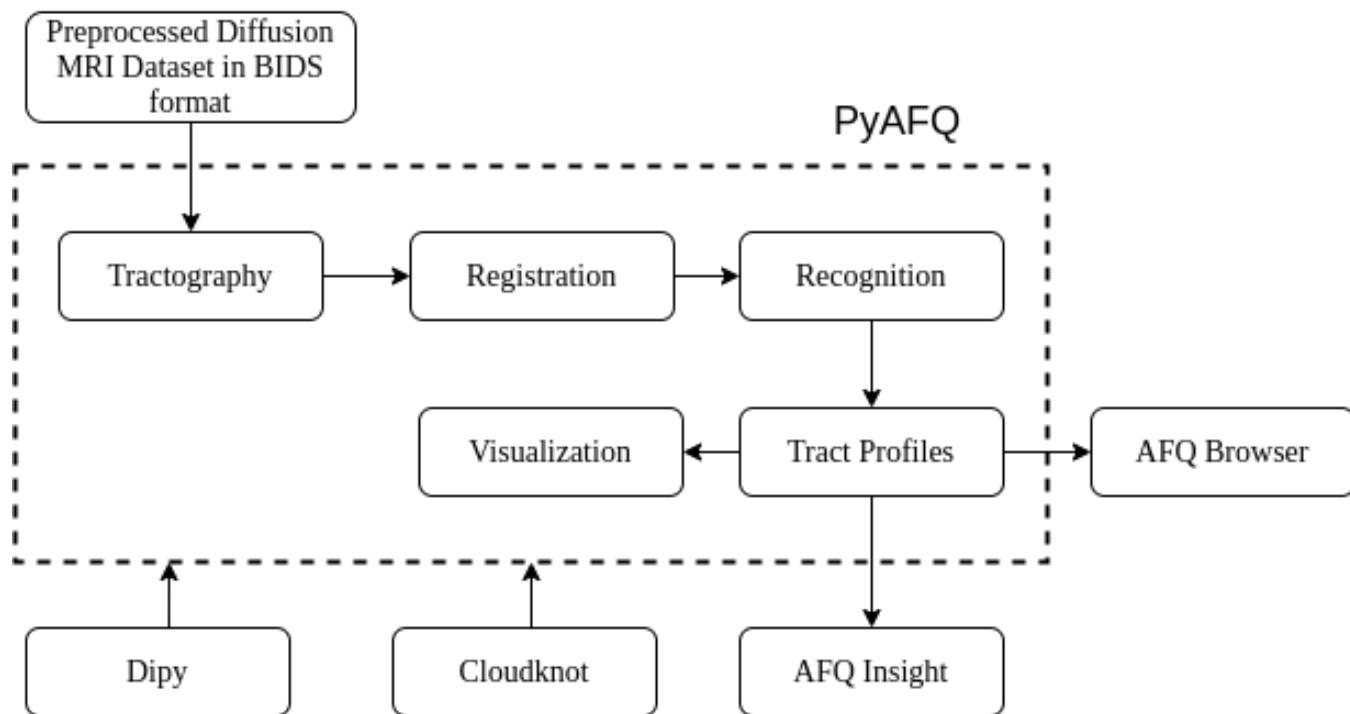
**Fig. S3. Extraction of tract profiles from the recognition of white matter into major bundles of streamlines.** **A** Representative bundles from an example subject in the HCP-TR dataset. Streamlines are colored by bundle, and are shaded by the interpolated FA value at each point. The background is the mean non diffusion-weighted image (b0). **B** The same subject's fractional anisotropy (FA). **C** extracting FA along each bundle and plotting the FA in a tract profile. Individual tract profiles are plotted with thin lines and the mean tract profile is plotted with a thick line. The tract profiles are colored according to their bundle are laid out in positions that reflect their anatomical positions (compare **A** and **C**).



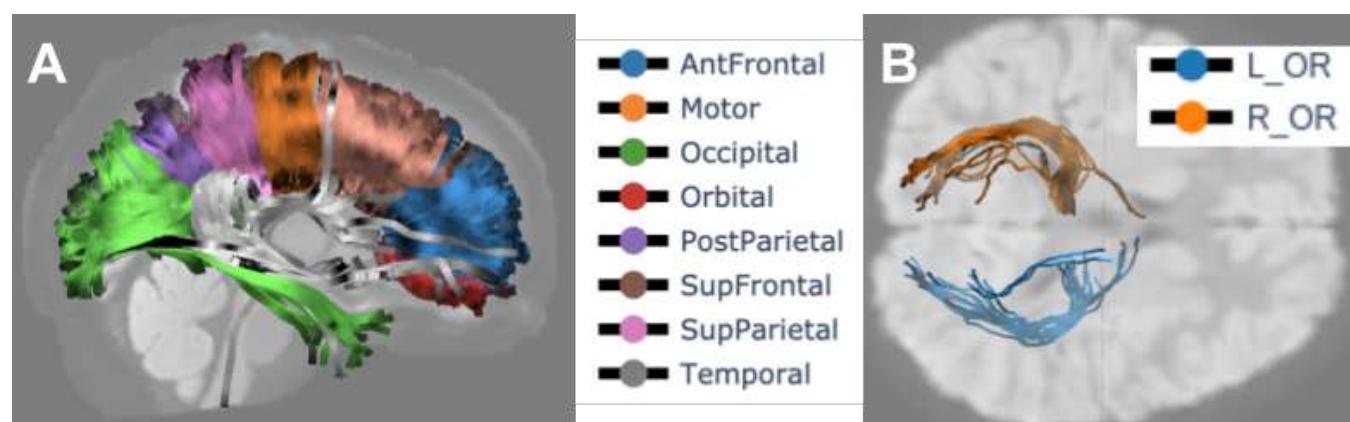
**Fig. S4. MD profile test-retest reliability** **A:** Histograms of individual subject ICC between the MD tract profiles across sessions for a given bundle. Colors encode the bundles, matching the diagram showing the rough anatomical positions of the bundles for the left side of the brain (center). **B:** Mean ( $\pm$  95% confidence interval) TRR for each bundle, color-coded to match the histograms and the bundles diagram, with median across bundles in red.



**Fig. S5. Subject test-retest reliability** **A:** Mean tract profiles for a given bundle and the MD scalar for each subject using the first and second session of HCP-TR. Colors encode bundle information, matching the core of the bundles (center). **B:** subject reliability is calculated from the Spearman's  $\rho$  of these distributions, with median across bundles in red. Error bars show the 95% confidence interval.



**Fig. S6.** The pyAFQ software is integrated into an ecosystem for reproducible tractometry. Steps performed by pyAFQ are enclosed in the dotted rectangle, whereas steps outside that rectangle are performed by other software. Upper left: pyAFQ requires preprocessed diffusion MRI data in BIDS format. This could be from QSIprep (26) or dMRIprep (<https://github.com/nipreps/dmriprep>). Bottom right: pyAFQ outputs can serve as inputs to AFQ Browser for further interaction and visualization (52) or AFQ Insight for statistical analysis (20). Bottom left: pyAFQ uses DIPY (28) for the implementation of dMRI algorithms. pyAFQ uses Cloudknot (63) to scale processing by parallelizing across subjects in AWS.



**Fig. S7.** Callosal bundles from HCP-TR, optic radiations from UW-PREK, found by pyAFQ. Streamlines are colored according to their bundles and shaded according to FA. The background images are each a b0 slice. **A** callosal bundles found by pyAFQ on an example subject from HCP-TR. **B** optic radiations found by pyAFQ on an example subject from UW-PREK.