

**Original citation:**

Zhou, Yan, Aston, John A. D. and Johansen, Adam M.. (2013) Bayesian model comparison for compartmental models with applications in positron emission tomography. Journal of Applied Statistics. ISSN 0266-4763

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## RESEARCH ARTICLE

# Bayesian Model Comparison for Compartmental Models with Applications in Positron Emission Tomography

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(Received 00 Month 200x; in final form 00 Month 200x)

We develop strategies for Bayesian modeling as well as model comparison, averaging and selection for compartmental models with particular emphasis on those that occur in the analysis of Positron Emission Tomography (PET) data. Both modeling and computational issues are considered.

Biophysically-inspired informative priors are developed for the problem at hand, and by comparison with default vague priors it is shown that the proposed modeling is not overly sensitive to prior specification. It is also shown that an additive normal error structure does not describe measured PET data well, despite being very widely used, and that within a simple Bayesian framework simultaneous parameter estimation and model comparison can be performed with a more general noise model. The proposed approach is compared to standard techniques using both simulated and real data. In addition to good, robust estimation performance, the proposed technique provides, automatically, a characterisation of the uncertainty in the resulting estimates which can be considerable in applications such as PET.

**Keywords:** Compartmental Models; Model Selection; Model Averaging; Neuroscience; Positron Emission Tomography

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## 1. Introduction

In a very wide range of scientific situations, the comparison of different candidate models for observed data to assess the relative compatibility of models for data, to permit Bayesian model averaging or to perform model selection, is necessary. Various factors can make the model comparison process difficult: the scarcity of data and the presence of unknown parameters are two common difficulties and both are relevant in the context of compartmental models. For example, when analysing Positron Emission Tomography (PET) data acquired from the brain, a topic of substantial interest to neuroscientists, the number of observations available in each time course is usually between twenty and thirty, while there can be ten or more parameters to be estimated (for example, see [35]).

The current work studies the application of Bayesian statistical methods to parameter estimation, model comparison, and model selection for compartmental models. Those compartmental models that arise in PET applications are of particular interest and are studied in greater depth in the latter part of the paper. The combination of maximum likelihood parameter estimation and either the Akaike Information Criterion (AIC), the Bayesian Information Criterion (BIC) or one of their variants for model selection is universal in this field — see [47] — we compare these strategies with the proposed approach using both simulated data and real data from a PET [<sup>11</sup>C]diprenorphine study.

Although compartmental models arise also in numerous other areas and have been extensively studied, it would seem that there are substantial differences in the inferential questions of interest. The inference of interest in the context of PET

is introduced in the next section together with other general background material. It is essential that any approach to this problem is robust, requires essentially no tuning and is computationally efficient as it is necessary to apply it to many hundreds of thousands of individual time series in any PET application.

## 2. Background

### 2.1 *Compartmental models and PET*

PET is an analytical imaging technology that uses compounds labelled with positron-emitting radionuclides as molecular tracers to image and measure biochemical process *in vivo*. It is one of the few methods available to neuroscientists to study biochemical processes within living brain, as methodology such as magnetic resonance imaging is primarily only able to study effects via blood flow changes, while PET can study changes in the biochemical systems themselves. This is of considerable interest within research into diseases in which biochemical changes are known to be responsible for symptomatic changes, such as in schizophrenia and other psychiatric diseases [11]. In a clinical setting, PET is now one of the most commonly used diagnostic procedures for cancer (both within and outside the brain), as fluoro-deoxyglucose ( $^{18}\text{F}$ )-FDG, a radiotracer analogue of glucose) can be imaged. Cancer cells tend to be very metabolically active, thus requiring more glucose than surrounding cells, resulting in a greater uptake of  $^{18}\text{F}$ -FDG, leading to an indication of cancer location on an  $^{18}\text{F}$ -FDG scan [12].

In a typical molecular assay, a positron-labelled tracer is injected intravenously and the PET camera scans a record of positron emission as the tracer decays [39]. With all events detected by the PET camera, the time course of the tissue concentrations are reconstructed as three-dimension images [32]. The digital image so captured shows the signal integrated over small volume elements (voxels). Each voxel has a volume of the order of a few cubic millimeters. This data provides the tissue time-activity function, which is the time course of the total concentration of tracer at that voxel location. This tissue time-activity function is then typically modelled using linear compartmental models.

Compartmental models are a class of models that describe systems in which some real or abstract quantity flows between different (physical or conceptual) compartments, each with its own characteristics. It is often of interest to infer both parameters that describe the dynamics of the system and the number of compartments that are required in order to adequately describe measured data within this framework.

A compartmental system comprises a finite number of macroscopic subunits called compartments, each of which is assumed to contain homogeneous and well-mixed material. The compartments interact by material flowing from one compartment to another. There may be flows into one or more compartments from outside the system (inflows) and there may be flows from one or more compartments out of the system (outflows) [27]. In this paper, linear compartmental models are considered, in particular those that are identifiable in PET studies [43]. In these models the rate of tracer flow from a compartment is proportional to the quantity of tracer in that compartment. In such models the flow may be parameterised by a pair of transfer coefficients, which are termed rate constants and may take the value zero, for each pair of compartments.

This class of models yields a set of ordinary differential equations that describe the flow of tracer. Consider an  $m$ -compartment model. Let  $\mathbf{f}(t)$  be the vector whose  $i^{\text{th}}$  element corresponds to the concentration in the  $i^{\text{th}}$  compartment at time  $t$ . Let

$\mathbf{b}(t)$  describe all flow into the system from outside. The  $i^{\text{th}}$  element of  $\mathbf{b}(t)$  is the rate of inflow into the  $i^{\text{th}}$  compartment from the environment. The dynamics of such a model may be written as:

$$\begin{aligned}\dot{\mathbf{f}}(t) &= \mathbf{A}\mathbf{f}(t) + \mathbf{b}(t), \\ \mathbf{f}(0) &= \boldsymbol{\xi},\end{aligned}$$

where  $\boldsymbol{\xi}$  is the vector of initial concentrations and  $\dot{\mathbf{f}}$  denotes the time derivative of  $\mathbf{f}$ . The matrix  $\mathbf{A}$  is formed from the rate constants (see [21]). The solution to this equation is,

$$\mathbf{f}(t) = e^{\mathbf{A}t}\boldsymbol{\xi} + \int_0^t e^{\mathbf{A}(t-s)}\mathbf{b}(s) \, ds,$$

where the matrix exponential  $e^{\mathbf{A}t} = \sum_{k=0}^{\infty} \frac{(\mathbf{A}t)^k}{k!}$ .

The above equations admit the following qualitative interpretation. A certain quantity of tracer  $b(t)$  arrives into the voxel from outside the brain (inflow) and this then flows from one compartment to another depending on the rate constants (the rates that particular chemical reactions occur). It can also leave the brain with some rate (outflow). This is, of course, a major simplification of the true system. PET tracers realistically bind non-specifically to the molecular bylayer or to other targets with much lower affinity, thus proper modeling would require the addition of many more compartments. In addition, there is an alternative interpretation of the above equations which is more inline with this more complex idea of the true system. This alternative interpretation is that there is some (relatively) arbitrary decay function for the tracer in each voxel that we'd like to approximate with a simple compartmental model with exponential decay. It is well known that this is possible given enough compartments, although estimation errors and the ability to only obtain small samples limit the number of compartments that are actually identifiable.

In the *plasma input compartmental model*, in addition to the PET data, a separate measurement of the concentration of tracer in the plasma is available. This measurement is generally assumed to be noise free (it can be measured with much greater accuracy than the signal of interest). This model is used in the current study. It should, of course, be noted that in the context of PET, the compartments are not physical locations in the brain, but rather modeling constructs used for approximating a much more complex system. See [21] for details of PET compartmental models in general.

There are many reasons that linear ODE models, of which the plasma input model is one, are the most commonly used in PET analysis. Perhaps most importantly, such systems have also been shown to characterise PET experimental data well [33]. The amount of data available to fit the model for each voxel is relatively small (20-40 time points), and even with three compartment linear ODE models, the estimation of six parameters is non-trivial; it's clear that attempting to estimate the parameters of more general non-linear ODE systems robustly will be close to impossible in this setting. Furthermore, on a voxel level, which is the type of spatial analysis that is of interest here, the signal-to-noise ratio of the data is not high, making any parameter estimation difficult. Finally, as the models are estimated for every voxel in the brain (typically around 200,000 voxels per scan), computational considerations need to be taken into account. Thus, linear ODE models are both experimentally useful, and computationally efficient and it is dif-

difficult to justify the additional complexity that would arise from considering more general models. In the remainder of this paper we confine ourselves to linear ODE models for this reason, although nonlinear ODE models have received considerable attention in other areas in recent years — see [34] and references therein.

A plasma input model with  $m$  tissue compartments can be written as a set of ordinary differential equations,

$$\begin{aligned}\dot{\mathbf{C}}_T(t) &= \mathbf{A}\mathbf{C}_T(t) + \mathbf{b}C_P(t) \\ C_T(t) &= \mathbf{1}^T \mathbf{C}_T(t) \\ \mathbf{C}_T(0) &= \mathbf{0},\end{aligned}$$

where  $\mathbf{C}_T(t)$  is an  $m$ -vector of time-activity functions of each tissue compartment,  $C_P(t)$  is the plasma time-activity function, i.e., the input function.  $\mathbf{A}$  is the  $m \times m$  state transition matrix,  $\mathbf{b} = (K_1, 0, \dots, 0)^T$  is an  $m$ -vector, where  $K_1$  is the rate constant of input from the plasma into tissue. The  $m$ -vectors  $\mathbf{1}$  and  $\mathbf{0}$  correspond to the  $m$ -vectors of ones and zeroes, respectively. The matrix  $\mathbf{A}$  takes the form of a diagonally dominant matrix with non-positive diagonal elements and non-negative off-diagonal elements. Furthermore,  $\mathbf{A}$  is negative semidefinite [21]. The solution to this set of ODEs is:

$$\begin{aligned}C_T(t) &= C_P(t) \otimes H_{TP}(t) = \int_0^t C_P(t-s) H_{TP}(s) ds \\ H_{TP}(t) &= \sum_{i=1}^m \phi_i e^{-\theta_i t},\end{aligned}\tag{1}$$

where  $\otimes$  is the convolution operator and the  $\phi_i$  and  $\theta_i$  parameters are functions of the rate constants (in the sense that there is a one-to-one mapping between the set of rate constants and the set of  $\phi_i$  and  $\theta_i$  parameters). The input function  $C_P(t)$  is assumed to be nearly continuously measured. The tissue time-activity function  $C_T(t)$  is measured discretely, leading to measured values of the integral of the signal over each of  $n$  consecutive, non-overlapping time intervals ending at time points  $t_1, \dots, t_n$ . The macro parameter of interest is the *volume of distribution*,

$$V_D := \int_0^\infty H_{TP}(t) dt = \sum_{i=1}^m \frac{\phi_i}{\theta_i}.$$

This corresponds to the steady state ratio of tissue concentration to plasma concentration in a constant plasma concentration regime. That is, if an injection of tracers into the plasma were made such that the plasma concentration remained constant over the time, then the ratio of concentration in the tissues to the concentration in the plasma after an infinite time had passed would be exactly  $V_D$ .

It is assumed that the input is the same at all voxels of the reconstructed image. This is not a particularly unrealistic assumption: the input is an empirical function derived from online measurements of the concentrations of the radiotracer within the blood, calculated on a per second basis. The blood carries the tracer to the brain and the timescale on which the radiotracer is measured is very fast in comparison with the time acquisition of PET time frames providing a temporal averaging. However, the model for each voxel is not assumed to be the same, and different numbers of compartments can be associated with each one. In the model fitting, a “mass univariate” approach is taken with each voxel being analysed separately.

This approach is common in the literature and makes the problem of dealing with a very large number of voxels feasible — albeit at the expense of the loss of efficiency which results from not considering the spatial structure. However, it imposes very stringent computational requirements: more than 200,000 voxels must be analysed (i.e. the time series analysis must be repeated separately for each of these voxels), meaning that robustness is essential as complex model-specific characterisations and model/algorithm tuning cannot be performed on a voxel by voxel basis.

The goal of the current work is to obtain Bayesian estimates of the macro parameter  $V_D$  and also to estimate the posterior probabilities of models with different numbers of tissue compartments. This macro parameter is highly important when considering such quantities as receptor density and occupancy. In addition, the number of compartments in the model typically can be identified with free tracer, specifically bound tracer (tracer bound to the system under investigation) and non-specifically bound tracer (tracer bound to different competing systems), indicating the role of certain chemicals within particular brain systems. Within the proposed framework, it is possible to estimate parameters and simultaneously to deal with the number of compartments via model comparison, averaging or selection depending upon the inferential task of interest.

## 2.2 Bayesian model selection

When dealing with compartmental models some prior knowledge is almost always available, arising from the biophysical understanding of the system at hand. As data is generally sparse in these problems, making use of this information is appealing — as is the possibility of simultaneous model selection and parameter estimation.

Bayesian approaches to model selection, comparison and averaging amongst some finite collection  $\mathcal{M} = \{M_1, \dots, M_m\}$  are based upon the posterior model probability,  $P(M_i|D)$ , i.e. the posterior probability that model  $M_i$  is the “correct” one given that data  $D$  is observed. Simple application of Bayes rule yields  $p(M_i|D) = p(D|M_i)p(M_i) / \sum_j p(D|M_j)p(M_j)$ . In principle, these probability distributions allow inference to be conducted by considering expected losses — the most theoretically sound approach which could be adopted. In practice, models choice is often performed by considering the posterior mode, i.e. finding the maximum a-posteriori estimate. We refer the reader to [41], chapter 7 for a discussion of these issues.

In what follows we consider a prototypical parametric model  $M$ ,

$$p(D|M) = \int_{\boldsymbol{\theta} \in \Theta} p(D|\boldsymbol{\theta}, M) p(\boldsymbol{\theta}|M) d\boldsymbol{\theta},$$

where  $\boldsymbol{\theta}$  is the parameter vector and  $\Theta$  is the parameter space of model  $M$ . The model specifies the likelihood function  $p(D|\boldsymbol{\theta}, M)$  and prior beliefs are expressed through the prior distribution  $p(\boldsymbol{\theta}|M)$ . Given a prior distribution over the collection of models and a prior distribution for the parameters of each model, Bayesian model comparison proceeds via the calculation of the marginal likelihoods  $p(D|M)$ . It is well known that the prior specified over model parameters can substantially alter the posterior model probabilities (cf. [31]) and it is especially important that prior distributions are consistent in their description of features common to several models.

**Calculating Marginal Likelihoods** In most realistic situations  $p(D|M)$  cannot be obtained analytically. However, the posterior density,  $p(\boldsymbol{\theta}|D, M)$ , is proportional to  $p(D|\boldsymbol{\theta}, M)p(\boldsymbol{\theta}|M)$  with the normalizing constant equal to  $p(D|M)$ .

Therefore Monte Carlo methods are widely used to provide sample approximations of the posterior distribution; the marginal likelihood can be estimated using these sample approximations.

**Markov chain Monte Carlo** The principle of Markov chain Monte Carlo (MCMC) is that the sequence of dependent random variables,  $\{X^{(i)}\}_{i \geq 1}$ , produced by a Markov chain with invariant distribution  $f$  provides a Monte Carlo approximation of the integral  $\int h(x)f(x) dx$  where  $h(x)$  is any sufficiently regular function approximated by a series of correlated samples:

$$\lim_{n \rightarrow \infty} \frac{1}{n} \sum_{i=1}^n h(X^{(i)}) \rightarrow \mathbb{E}_f[h(X)]$$

see [1, 42, 46].

Suppose an MCMC algorithm with invariant distribution  $p(\boldsymbol{\theta}|D) \propto p(D|\boldsymbol{\theta})p(\boldsymbol{\theta})$  is available; it will produce a sequence of dependent samples for parameter  $\boldsymbol{\theta}$ ,  $(\boldsymbol{\theta}^{(1)}, \dots, \boldsymbol{\theta}^{(T)})$ . From the identity

$$\int_{\boldsymbol{\theta} \in \Theta} g(\boldsymbol{\theta}) \frac{p(\boldsymbol{\theta}|D, M)p(D|M)}{p(D|\boldsymbol{\theta}, M)p(\boldsymbol{\theta}|M)} d\boldsymbol{\theta} = \int_{\boldsymbol{\theta} \in \Theta} g(\boldsymbol{\theta}) \underbrace{\frac{p(\boldsymbol{\theta}, D|M)}{p(\boldsymbol{\theta}, D|M)}}_{=1} = 1,$$

where  $g$  is any probability density function whose support is contained within that of the posterior. Dividing both sides of this equation by  $p(D|M)$  yields:

$$\frac{1}{p(D|M)} = \int_{\boldsymbol{\theta} \in \Theta} p(\boldsymbol{\theta}|D, M) \frac{g(\boldsymbol{\theta})}{p(D|\boldsymbol{\theta}, M)p(\boldsymbol{\theta}|M)} d\boldsymbol{\theta}$$

and it follows that, under weak regularity conditions, a consistent extension of the harmonic mean estimator [37] due to [13], of  $p(D)$  is

$$\widehat{p(D|M)} = \left[ \frac{1}{T} \sum_{i=1}^T \frac{g(\boldsymbol{\theta}^{(i)})}{p(D|\boldsymbol{\theta}^{(i)}, M)p(\boldsymbol{\theta}^{(i)}|M)} \right]^{-1}. \quad (2)$$

where  $\boldsymbol{\theta}^{(i)}$  is one of the correlated samples  $(\boldsymbol{\theta}^{(1)}, \dots, \boldsymbol{\theta}^{(T)})$ . This estimator obeys a central limit theorem if the tails of  $g$  are sufficiently light. To avoid instability arising from samples with very small likelihood,  $g$  should be chosen to have lighter tails than the posterior distribution [8]. Note that these requirements are exactly those that arise in importance sampling (cf. [17]) although in this setting we have freedom to specify the target rather than the proposal density. Viewed from this perspective it is clear that although (quite rightly) mistrusted when not implemented carefully (e.g. [7] in the discussion of [40]), this type of estimator has the potential to work as well as any importance sampling estimator (and as is detailed below, we are able to obtain good performance in the class of problems considered here).

Numerous other methods have been proposed for estimating the marginal likelihood; see [20] for a survey of these and other methods for performing model comparison using MCMC algorithms. In some settings the additional complexity of these approaches is undoubtedly justified; in the present context we found that the simple approach described here could be implemented in such a way that robust results could be obtained on a timescale appropriate for the analysis of very large data sets of the sort that are of interest in PET studies (see below).

### 2.3 Information Criteria

AIC and BIC are information criteria that are widely used for model selection when point estimates of parameters are available; their use is ubiquitous in the analysis of PET data. Both rely on the asymptotic behavior of maximum likelihood estimator (MLE).

The AIC was introduced by [2]. In this approach, the preferred model is that which minimises  $AIC = -2\hat{\ell} + 2k$ , with  $\hat{\ell}$  denoting the maximum of the log likelihood and  $k$  the number of estimated parameters in the model. This encourages a minimisation of the likelihood, but with a penalty proportional to the additional numbers of parameters required to do this. A small sample correction,  $AIC' = -2\hat{\ell} + 2k + 2k(k-1)/(n-k-1)$  suitable for samples of size  $n \lesssim 50k$  was proposed by [25]. This is the expansion that was used in the analysis below.

The BIC was developed by [44] based upon a large sample approximation of the Bayes factor. Defined as  $BIC = -2\hat{\ell} + k \ln(n)$ , an asymptotic argument concerning Bayes factors under appropriate regularity conditions justifies the choice of the model with the smallest value of BIC.

### 2.4 PET modeling and model selection

A great deal of work has been done on the analysis of compartmental models and also of PET data; this section summarises the relationship between the current work and the most relevant parts of this literature.

The use of AIC-based methods for compartmental models was first introduced by [24]. Their work, and some recent use of AIC focus on low noise data (for example [47] used AIC for model averaging for region of interest data). In our case, i.e. the voxel-level analysis of PET data, the level of noise is much higher, the model has a nonlinear structure and the noise observed in real experimental conditions is not well described by a normal distribution. In such situations, we will show that AIC does not perform well for either simulated or real data. Thus, fully Bayesian modeling is the focus of this work.

We note that Bayesian analysis of compartmental models has been considered extensively in other application domains with considerable success. In particular, the Bayesian analysis of compartmental models in pharmacokinetics has received considerable attention since the work of [49] and much work has been done on the analysis of related models in epidemiology (e.g. [18]). However, in these areas the questions of interest have typically been different; when model selection has been considered in the case of pharmacokinetics the object of inference has typically been considering which covariates to include in a regression analysis whilst in the epidemiological setting, variable dimension models arise from considering interactions between individuals and subpopulations. In both cases the number of compartments is typically treated as known and ascribed a particular physical significance. This is quite different from the setting considered here.

Although PET modeling still predominantly uses methods such as NNLS and AIC to analyse and choose models, recent work has advocated a more Bayesian approach to the estimation of PET data. [48] introduced Bayesian analysis into the estimation procedure to robustify the analysis of parameter estimation for a restricted class of compartmental models (ones which can be transformed to linear regression problems) while [3] uses a Bayesian approach to parameter estimation via MCMC. Here we extend these ideas to model selection for PET, and also introduce a method of using biological information to mathematically inform the choice of prior distributions. In addition, we investigate whether the usual assumptions of



normally-distributed errors are robust enough for the analysis of noisy PET data, and find that they are not.

### 3. Methodology

#### 3.1 Models

In the scenarios below, linear one-, two-, and three-compartment models are considered possible; the method could deal with other compartmental models straightforwardly, but we focus on these as they are the most interesting in the application of interest. Let  $t_1, \dots, t_n$  be the end points of the time frames at which the tissue concentrations are measured, let  $y_j, j = 1, \dots, n$  be the observed data. Measurement error is assumed to be white and additive with zero mean and variance proportional to the activity divided by the length of time frames. These assumptions arise from the physical characterisation of the PET system of interest. As the time points are irregularly spaced, and the measurement at the midpoint of the time frame (length of recording interval for that time point) is derived (by averaging) from the measured radiation within that interval, the length of the interval affects the amount of uncertainty present. This is included in the model. The reason that the noise is assumed to be proportional to the activity observed results from the normal approximation to the Poisson nature of the radioactive decay. Alternative specifications would be possible and appropriate for other situations. Combining the deterministic evolution model described by Equation (1) with this stochastic measurement model yields:

$$C_T(t_j; \phi_{1:m}, \theta_{1:m}) = \sum_{i=1}^m \phi_i \int_0^{t_j} C_P(s) e^{-\theta_i(t_j-s)} ds$$

$$y_j = C_T(t_j; \phi_{1:m}, \theta_{1:m}) + \sqrt{\frac{C_T(t_j; \phi_{1:m}, \theta_{1:m})}{t_j - t_{j-1}}} \varepsilon_j,$$

where  $m = 1, 2$ , or  $3$  is the number of tissue compartments,  $t_0 = 0$ , and  $\varepsilon_j$ s are identically independently distributed random variables with mean zero. It is usually assumed that  $\varepsilon_j$ s have a normal distribution. It is demonstrated below that there is evidence that a  $t$  distribution better fits the observed data. We consider two error structures:

$$\begin{array}{ll} \varepsilon_j \sim \mathcal{N}(0, \sigma^2) & \text{Normally-distributed errors} \\ \varepsilon_j \sim \mathcal{T}(0, \tau, \nu) & t\text{-distributed errors,} \end{array}$$

where  $\mathcal{N}(0, \sigma^2)$  is the normal distribution with mean zero and variance  $\sigma^2$ , and  $\mathcal{T}(0, \tau, \nu)$  is the Student  $t$  distribution with location zero, scale  $\tau$ , and  $\nu$  degrees of freedom.

It should be emphasized that the ODE is entirely deterministic, but is measured with independent random errors. PET data is generated through independent Poisson decay of radioisotopes and thus should not display any intrinsic temporal correlation. However, it is entirely possible that the tomographic reconstruction process of the data could introduce dependence (although it is not obvious exactly how this would occur as temporal frames are reconstructed independently, but other corrections such as scatter correction could possibly induce dependence). However, a Durbin-Watson test applied to PET data, corrected for multiple comparisons,

did not show any evidence of dependence in general [5].

### 3.2 NLS, AIC, and BIC implementations

The AIC and BIC approaches to model comparison are both based upon maximum likelihood estimates (MLE). With normally-distributed errors, the log likelihood with respect to the  $\phi_{1:m}$ ,  $\theta_{1:m}$  and  $\sigma^2$  parameters is,

$$\ell = \frac{n}{2} \ln\left(\frac{1}{2\pi\sigma^2}\right) + \frac{1}{2} \sum_{j=1}^n \ln\left(\frac{t_j - t_{j-1}}{C_T(t_j; \phi_{1:m}, \theta_{1:m})}\right) - \frac{1}{2\sigma^2} \sum_{j=1}^n \frac{t_j - t_{j-1}}{C_T(t_j; \phi_{1:m}, \theta_{1:m})} (y_j - C_T(t_j; \phi_{1:m}, \theta_{1:m}))^2,$$

and given values for the  $\phi$  and  $\theta$  parameters,  $\ell$  is maximised by

$$\widehat{\sigma^2} = \sum_{j=1}^n \frac{t_j - t_{j-1}}{C_T(t_j; \hat{\phi}_{1:m}, \hat{\theta}_{1:m})} (y_j - C_T(t_j; \hat{\phi}_{1:m}, \hat{\theta}_{1:m}))^2, \quad (3)$$

where  $C_T(t_j)$  is evaluated at the estimates of  $\phi$  and  $\theta$ . The nonlinear least squares (NLS) method for approximation of the MLE is widely used in PET models; particularly in the neuroscience literature. Throughout the current work, NLS, AIC, and BIC are implemented such that, first estimates of  $\phi_{1:m}$  and  $\theta_{1:m}$  are found by minimising

$$\sum_{j=1}^n \frac{t_j - t_{j-1}}{C_T(t_j; \hat{\phi}_{1:m}, \hat{\theta}_{1:m})} (y_j - C_T(t_j; \hat{\phi}_{1:m}, \hat{\theta}_{1:m}))^2,$$

Then  $\sigma^2$  is obtained, conditionally, from equation (3). The maximum of the log likelihood, which is required by AIC and BIC, is approximated using the likelihood evaluated at the NLS estimates for  $\phi$ 's and  $\theta$ 's, together with this estimate of  $\sigma^2$ . This approximation of the MLE is widely used in the literature [47] because it's rather easy to compute, but it can exhibit somewhat unstable behavior at high noise levels, where in some cases parameters are estimated well outside biologically-plausible ranges. See, for example, the simulation study of [38] which shows that at high noise levels, unless constraints are placed on the parameter ranges, the empirical variance of the parameters becomes extremely large due to the noise levels making the parameters almost unidentifiable.

When implementing the NLS algorithm, the  $\phi$  parameters are constrained to lie within the interval  $[10^{-5}, 1]$  and the  $\theta$  parameters within the interval  $[10^{-4}, 1]$  in order to ensure that the parameters are physiologically meaningful [9].

### 3.3 Bayesian modeling for PET Compartmental Models

We consider Bayesian models for the observed data signal under the hypotheses that residual noise is well modelled by (a) additive normal errors and (b) additive  $t$ -distributed errors.

It is necessary to specify prior distributions for the  $\phi$  and  $\theta$  parameters as well as the parameters of the noise distributions. Two approaches are employed; this enables the assessment of the sensitivity of our results to prior specification. It also allows us to verify that the use of vague priors does not have a strong influence on the result, indeed the only noticeable effect is an increase in the attendant

uncertainty, relative to that observed when more informative priors are considered, as would be anticipated.

### 3.3.1 Vague Priors

We consider vague priors in which scale parameters follow an approximation to the Jeffrey's prior and rate constants are assumed to follow a uniform distribution on the same intervals as are considered feasible in the NLS implementation. We also consider prior distributions informed by biological knowledge as discussed in the next section.

With normally-distributed errors, the prior for precision parameter  $\lambda = \frac{1}{\sigma^2}$  is a gamma distribution with both parameters equal  $10^{-3}$  – a proper approximation to the improper Jeffrey's prior. With  $t$ -distributed errors, the same prior is used for the scale parameter,  $\tau$ , as for  $\lambda$  in the normal model. The prior for  $1/\nu$  is uniform over interval  $[0, 0.5)$ , allowing the likelihood to vary from having a very heavy tail to being arbitrarily close to normality [16]. Let  $\mathbf{y} = (y_1, \dots, y_n)^T$ , and recall that

$$C_T(t_j; \phi_{1:m}, \theta_{1:m}) = \sum_{i=1}^m \phi_i \int_0^{t_j} C_P(s) e^{-\theta_i(t_j-s)} ds.$$

Using the above priors, the posterior distribution with normally-distributed errors is

$$\begin{aligned} p(\phi_{1:m}, \theta_{1:m}, \lambda | \mathbf{y}) &\propto \prod_{j=1}^n \sqrt{\lambda} \exp \left\{ -\frac{\lambda}{2} \left[ \frac{t_j - t_{j-1}}{C_T(t_j; \phi_{1:m}, \theta_{1:m})} \right] (y_j - C_T(t_j; \phi_{1:m}, \theta_{1:m}))^2 \right\} \times \lambda^{\alpha-1} e^{-\beta\lambda} \\ &\times \prod_{i=1}^m I_{[\phi_i^a, \phi_i^b]}(\phi_i) I_{[\theta_i^a, \theta_i^b]}(\theta_i), \end{aligned} \quad (4)$$

where  $\alpha = \beta = 10^{-3}$ , the parameters of the prior distribution of  $\lambda$ . And  $\phi_i^a$  and  $\phi_i^b$  are the lower and upper bounds of the truncation interval of parameter  $\phi_i$  and corresponding notation is used for  $\theta_i$ . These intervals are the same as those used to constrain the NLS estimates for these parameters.

With  $t$ -distributed errors,  $y_j$  has a  $t$  distribution with location  $C_T(t_j)$ , scale  $\frac{t_j - t_{j-1}}{C_T(t_j)} \tau$ , and degrees of freedom  $\nu$ . The posterior distribution is,

$$\begin{aligned} p(\phi_{1:m}, \theta_{1:m}, \tau, \nu | \mathbf{y}) &\propto \prod_{j=1}^n \left\{ \frac{\Gamma(\frac{\nu+1}{2})}{\Gamma(\frac{\nu}{2})} \left( \frac{t_j - t_{j-1}}{C_T(t_j; \phi_{1:m}, \theta_{1:m})} \frac{\tau}{\pi\nu} \right)^{\frac{1}{2}} \left( 1 + \frac{t_j - t_{j-1}}{C_T(t_j; \phi_{1:m}, \theta_{1:m})} \frac{\tau}{\nu} (y_j - C_T(t_j; \phi_{1:m}, \theta_{1:m}))^2 \right)^{-\frac{\nu+1}{2}} \right\} \\ &\times \tau^{\alpha-1} e^{-\beta\tau} \times \frac{1}{\nu^2} \times I_{[a,b]} \left( \frac{1}{\nu} \right) \prod_{i=1}^m I_{[\phi_i^a, \phi_i^b]}(\phi_i) I_{[\theta_i^a, \theta_i^b]}(\theta_i) \end{aligned} \quad (5)$$

where  $\alpha = \beta = 10^{-3}$ , the parameters of the prior distribution of  $\tau$ ;  $a = 0$  and  $b = 0.5$ .

### 3.3.2 Biologically informed priors

The primary prior information available when dealing with compartmental models typically concerns the macro parameter(s) of interest:  $V_D$  in the situations considered here. However, it is more convenient to work with models expressed

in terms of the collection  $\{\theta_i, \phi_i\}_{i=1}^m$ . Here, a method for constructing informative priors in terms of these parameters is presented.

[4] provided some useful results about compartmental models in general. Let  $\gamma_{0j}$  denote the rate constant of the outflow from the  $j^{\text{th}}$  compartment into the environment. Without loss of generality, assume that the  $\theta_i$  are ordered:  $\theta_1 \leq \dots \leq \theta_m$ . Then,

- (1)  $0 \leq \theta_i \leq 2 \max_j |A_{jj}|$  for all  $i$ .
- (2)  $\min_j \gamma_{0j} \leq \theta_1 \leq \max_j \gamma_{0j}$ .
- (3) when there is only one outflow into the environment, say the rate constant of this outflow is  $k_2$ , as in the plasma input model, then  $0 \leq \theta_1 \leq k_2$ .

In addition,  $\sum_{i=1}^m \phi_i = K_1$ , where  $K_1$  is the rate constant of input from the plasma into the tissues [21]. Therefore  $\phi_i < K_1$  for  $i = 1, \dots, m$ . Given this information, more informative prior distributions can be constructed. For simplicity, we restrict discussion to imposing upper and lower bounds on the possible values of the parameters. As we subsequently find that inference is not overly sensitive to the prior specification we do not pursue more complicated approaches.

To demonstrate the idea, an informative prior distributions for a three tissue compartments model is constructed. First note that the transition matrix  $A$  is,

$$A = \begin{bmatrix} -k_2 - k_3 - k_5 & k_4 & k_6 \\ k_3 & -k_4 & 0 \\ k_5 & 0 & -k_6 \end{bmatrix}. \quad (6)$$

which corresponds to inflow and outflow rates of compartments. It is believed that all the rate constants take values in the range  $[5 \times 10^{-4}, 10^{-2}]$ . Without loss of generality, we impose the identifiability constraint  $\theta_1 \leq \theta_2 \leq \theta_3$ , then,

$$0 < \theta_1 \leq k_2 \leq 10^{-2} \quad (7)$$

$$\theta_1 \leq \theta_2 \leq \theta_3 \leq \max\{2(k_2 + k_3 + k_5), 2k_4, 2k_6\} \leq 6 \times 10^{-2} \quad (8)$$

Under the imposed ordering, as  $\theta_1$  is the smallest exponent, the term  $\phi_1 e^{-\theta_1 t}$  decays more slowly than any other term in the expansion. Consequently,  $\phi_1/\theta_1$  is likely to make a relatively large contribution to  $V_D = \sum_{i=1}^m \phi_i/\theta_i$ . In fact, as  $A$  has only negative real eigenvalues,  $\theta_1$  is the spectral radius of  $A$ . It is not well known how large the ratio  $(\phi_1/\theta_1)/V_D$  will be. However, it is easy to conduct a numerical study here, given the small number of parameters. It is found that among all possible combination of  $k$ s,  $\phi_1/\theta_1 \geq 0.5V_D$ . If the combinations of  $k$ 's are restricted to those without excessively large differences between them, i.e. cases in which, say,  $k_5 \gg k_6$  are not considered, then  $\phi_1/\theta_1 \geq 0.7V_D$ . The reason for not considering these cases is that such irreversible (trapped) models yield infinite  $V_D$  estimates and it is generally known in advance that the tracer employed will exhibit reversible dynamics. The same numerical study also found that  $\phi_1 > 0.5V_D$  for the majority of combinations of micro parameters. Since we also need to constrain  $\phi_1 < K_1$  and  $\phi_1/\theta_1 < V_D$ , it is reasonable to suggest that  $\phi_1 \sim 0.6K_1$  and  $\phi_1/\theta_1 \sim 0.75V_D$ .

In summary, given the belief that the rate constants lie within  $[5 \times 10^{-4}, 10^{-2}]$ , the macro parameters  $K_1 \sim 5 \times 10^{-3} \text{ ml s}^{-1} \text{ cm}^{-3}$ , and  $V_D \sim 20$ , the following semi-quantitative statements are consistent with our understanding of the system:

- (1)  $\phi_1 \sim 0.6K_1 = 3 \times 10^{-3}$ .
- (2)  $\phi_1/\theta_1 \sim 0.75V_D = 15$ .
- (3)  $\phi_i < K_1 - \phi_1$  for all  $i > 1$ .

$$(4) \phi_i/\theta_i < V_D - \phi_1/\theta_1 \text{ for all } i > 1.$$

Defining the truncated normal density,

$$\mathcal{TN}_{[a,b]}(x; \mu, \sigma^2) := \frac{\mathcal{N}(x; \mu, \sigma^2) \mathbb{I}_{[a,b]}(x)}{\Phi\left(\frac{b-\mu}{\sigma}\right) - \Phi\left(\frac{a-\mu}{\sigma}\right)},$$

where  $\mathbb{I}_{[a,b]}$  denotes the indicator function on  $[a, b]$  and  $\Phi$  is the standard normal distribution function, the following prior distributions are used to encode this information:

$$\begin{aligned} \phi_1 &\sim \mathcal{TN}_{[10^{-5}, 10^{-2}]}(\cdot; 3 \times 10^{-3}, 10^{-3}) & \theta_1 | \phi_1 &\sim \mathcal{TN}_{[2 \times 10^{-4}, 10^{-2}]}(\cdot; \phi_1/15, 10^{-2}) \\ \phi_2 &\sim \mathcal{TN}_{[10^{-5}, 10^{-2}]}(\cdot; 10^{-3}, 10^{-3}) & \theta_2 | \phi_2, \theta_1 &\sim \mathcal{TN}_{[\theta_1, 6 \times 10^{-2}]}(\cdot; \phi_2/4, 10^{-2}) \\ \phi_3 &\sim \mathcal{TN}_{[10^{-5}, 10^{-2}]}(\cdot; 10^{-3}, 10^{-3}) & \theta_1 | \phi_3, \theta_2 &\sim \mathcal{TN}_{[\theta_2, 6 \times 10^{-2}]}(\cdot; \phi_3/1, 10^{-2}). \end{aligned}$$

For one- and two-compartments models the appropriate subset of these prior distributions are used, ensuring that common priors are used for the shared parameters of nested models.

### 3.3.3 MCMC algorithms

The MCMC algorithm used to sample the posterior distribution is a random-walk-Metropolis algorithm. Let  $p$  denote the number of parameters. Let  $\boldsymbol{\psi} = (\psi_1, \dots, \psi_p)$  be the parameter vectors, which will be  $(\phi_1, \theta_1, \dots, \phi_m, \theta_m, \lambda)$  for normally-distributed or  $(\phi_1, \theta_1, \dots, \phi_m, \theta_m, \tau, \nu)$  for  $t$ -distributed errors. Let  $f(\boldsymbol{\psi}) = p(\boldsymbol{\psi} | \mathbf{y})$  be the associated posterior distribution. When vague priors are used,  $f(\boldsymbol{\psi})$  is as described in Equations (4) and (5) for normal and  $t$ -distributed errors, respectively. The corresponding posterior distributions for informative priors are similar.

Algorithmically, the procedure is simply:

- Initialize  $\boldsymbol{\psi}$  with  $\boldsymbol{\psi}^{(0)} = \boldsymbol{\psi}_0$ , set  $t = 0$ .  $\boldsymbol{\psi}_0$  can be any value within the support of the priors.
- Generate  $\mathbf{U}_t$  according to  $p$ -dimensional uniform random distribution on  $\prod_{i=1}^p [-s_i, s_i]$ . Where  $s_i$  is the step size for  $\psi_i$ , which will be specified later. Set  $\boldsymbol{\eta}_t = \boldsymbol{\psi}^{(t)} + \mathbf{U}_t$ .
- Calculate  $r_t = f(\boldsymbol{\eta}_t)/f(\boldsymbol{\psi}^{(t)})$ . Generate  $u_t$  according to uniform distribution on  $[0, 1]$ . If  $u_t \leq r_t$ , Set  $\boldsymbol{\psi}^{(t+1)} = \boldsymbol{\eta}_t$ , otherwise set  $\boldsymbol{\psi}^{(t+1)} = \boldsymbol{\psi}^{(t)}$ .
- Increment  $t$ . If  $t < N$  for some preset positive integer  $N$ , go to step (b), otherwise stop.

The step sizes were chosen via pilot simulations such that the acceptance rate was between 20% and 30%.

The marginal likelihood is estimated with equation (2) where  $g$  is chosen to be the multivariate normal distribution, whose mean and diagonal covariance matrix are calculated using the posterior samples, truncated to the posterior support. It is immediately clear that the posterior distributions having only one (normally-distributed errors) or two ( $t$ -distributed errors) non-compactly supported parameters and the tails of these parameters being essentially exponential, that the normal tail of this function will be asymptotically dominated by the posterior leading to bounded ‘‘importance weights’’ which cannot therefore lead to infinite variance [17].

A small simulation study was used to verify that the observed variance was small enough to be acceptable. For the model with normally-distributed errors, we applied the algorithm for a three-compartmental model to a simulated data set with realistic noise level. The simulation was repeated 1,000 times, each with 10,000 iterations after a proper convergence burn-in period. The empirical Monte Carlo variance of the logarithm of the marginal likelihood estimates was 0.195 (see below for an indication of the typical scale). The same experiment was carried out for the model with  $t$ -distributed error and for several typical real data sets. Similar results were obtained. Empirically the results demonstrate that the marginal likelihood estimator indeed has small variance, and that it is small enough to permit model comparison based upon these estimates. We also perturbed the  $g$  function in equation (2) by multiplying the covariance matrix by values ranging from 0.8 to 1.2. The change of estimates was uniformly less than 1% for the data and models used in the application demonstrating insensitivity to this particular quantity.

Work is ongoing to develop alternative methods which allow the use of modern parallel hardware architecture to accelerate the estimation procedure. The pilot study [50] demonstrates very close agreement between the algorithm detailed above and a novel approach based around path sampling [14] and Sequential Monte Carlo [10] in the manner of [29].

## 4. Numerical Results

We begin with a simulation study to validate the proposed method before moving on to consider real data from two [ $^{11}\text{C}$ ]diprenorphine experiments.

### 4.1 One-dimension simulation

Data was simulated from the three-compartment model, with parameters  $K_1 = 6 \times 10^{-3}$ ,  $k_2 = 3 \times 10^{-3}$ ,  $k_3 = 5.5 \times 10^{-3}$ ,  $k_4 = 1.5 \times 10^{-3}$ ,  $k_5 = 10^{-3}$  and  $k_6 = 3 \times 10^{-3}$ . All parameters have the unit  $\text{s}^{-1}$  except  $K_1$  which has units  $\text{ml s}^{-1} \text{ cm}^{-3}$  [26]. The macro parameter  $V_D$  was thus 10. A real measured plasma input function, taken from [28], is used (see Figure 1). The simulated data has 32 time frames with lengths corresponding to the integration periods used in real experiments (27.5, 32.5,  $2 \times 10$ , 20,  $6 \times 30$ , 75,  $11 \times 120$ , 210,  $5 \times 300$ , 450, and  $2 \times 600$ , all in seconds), see Figure 2 for the synthetic noise free data. Noise is added to the synthetic data such that the noise is normally-distributed with mean zero, and variance proportional to the time activities divided by the length of time frames. The noise is scaled such that the highest variance in the sequence is equal to a “noise level” variable (with the others scaled in proportion). This noise level ranges from 0.01 to 5.12, from lower than typical region of interest (ROI) analysis (in which the data is averaged over a biologically meaningful region in order to improve signal to noise ratio) to higher than the noise associated with voxel-level analysis [38]. For each noise level, 2,000 time series were simulated. Normally-distributed errors were assumed (correctly, in this simulation study). For each of these time series analysis was carried out for each of the three possible models via likelihood-based and Bayesian methods as detailed previously.

The NLS procedures use the DIRECT algorithm [30] to find a local minimum, and then uses this minimum to initialise a Nelder-Mead simplex algorithm [36]. The programs used for both likelihood-based and Bayesian modeling are implemented in C++ [45] and are available from the first author on request.

**Parameter Estimation** Table 1 summarises the MSE of estimates of  $V_D$  for

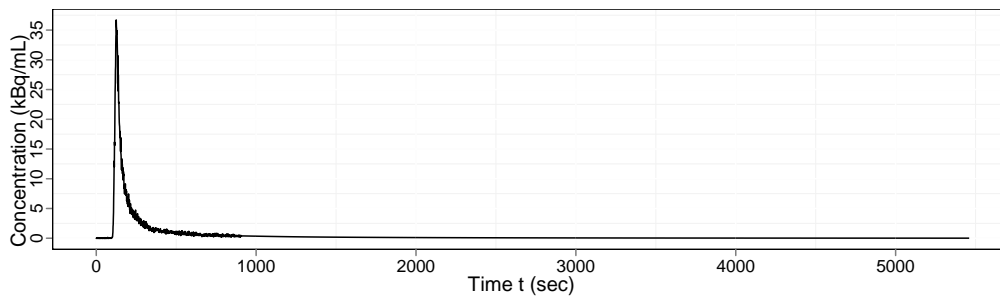
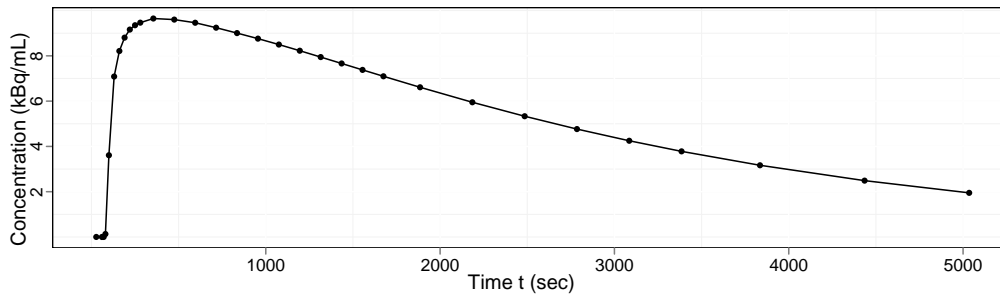
Figure 1. Input function  $C_P$ 

Figure 2. Noise free simulated data

Table 1. MSE of  $V_D$ , three-compartment model

Method	Noise level									
	0.01	0.02	0.04	0.08	0.16	0.32	0.64	1.28	2.56	5.12
NLS	0.0005	0.001	0.004	0.017	0.032	0.052	0.103	0.221	0.572	1.191
Bayesian vague	0.0005	0.0009	0.002	0.004	0.008	0.015	0.031	0.053	0.105	0.207
Bayesian informative	0.0004	0.0008	0.002	0.003	0.007	0.013	0.027	0.052	0.104	0.195

the three-compartment model, obtained by NLS, and also by Bayesian estimation with vague and informative priors. As shown in the table, the NLS estimates are good at low noise level. But at the noise levels typically observed in voxel-level analyses, the Bayesian estimates have significantly smaller MSE. The estimates obtained using informative priors improve at low noise level and are comparable to the estimates with uniform priors at high noise level. In general the Bayesian estimates are more stable than the NLS estimates, which is known to have positive bias that increases with noise level [38].

**Model selection** Tables 2 and 3 summarise the proportion of times each order of model is selected by the information criteria techniques and by choosing the *a posteriori* most probable model with a uniform prior over model order, respectively. Table 4 summarises the MSE of estimates using selected model under these model selection strategy. As shown in the table, both the frequency with which the true model is chosen and the MSE of estimated for selected models are improved by using Bayesian model selection. Model selection is improved, particularly at higher noise levels, by the use of informative priors. However, in all cases, the true model is hard to identify due to the limited temporal data, even at low noise levels.

**Discussion** Using different priors does not alter the results substantially: there is sufficient information in the data to overwhelm the quite large differences between the two sets of priors that were considered. Model selection is not overly sensitive to the choice of priors (although slightly better results are obtained by using

Table 2. Frequencies of model selected by AIC and BIC (%)

		Noise level									
	Model	0.01	0.02	0.04	0.08	0.16	0.32	0.64	1.28	2.56	5.12
AIC	1	0	0.1	0.6	1.0	1.8	16.3	48.8	78.3	91.6	98.5
	2	91.6	94.0	95.0	96.3	96.6	83.1	50.7	21.5	8.3	2.5
	3	8.4	5.9	4.4	2.7	1.6	0.6	0.5	0.2	0.1	0
BIC	1	0	0.1	0.8	1.3	3.5	27.1	64.9	87.8	95.7	98.6
	2	94.6	96.2	96.1	96.8	95.5	72.7	35.0	12.2	4.3	1.4
	3	5.4	3.7	3.1	1.9	1.0	0.2	0.1	0	0	0

Table 3. Frequencies of model selected by Bayes factors (with vague and informative priors) (%)

		Noise level									
	Model	0.01	0.02	0.04	0.08	0.16	0.32	0.64	1.28	2.56	5.12
Vague Priors	1	0	0	0	0	6.3	7.0	24.3	30.7	41.6	54.8
	2	12.5	20.1	35.2	49.4	55.3	67.5	62.6	59.1	52.2	43.0
	3	87.5	79.9	64.8	50.6	38.4	25.5	13.1	10.2	6.2	2.2
Informative Priors	1	0	0	0	0	0	1.0	6.2	15.2	27.8	37.1
	2	10.6	17.5	33.3	45.8	58.8	70.2	73.0	67.3	57.3	53.0
	3	89.4	82.5	66.7	54.2	41.2	28.8	20.8	17.5	14.9	9.9

Table 4. MSE of  $V_D$ , selected model

		Noise level									
	Method	0.01	0.02	0.04	0.08	0.16	0.32	0.64	1.28	2.56	5.12
AIC		0.0005	0.001	0.003	0.007	0.012	0.024	0.063	0.132	0.308	0.719
BIC		0.0005	0.001	0.002	0.006	0.011	0.018	0.059	0.111	0.242	0.658
BF Vague		0.006	0.006	0.007	0.009	0.022	0.025	0.031	0.074	0.085	0.247
BF Informative		0.001	0.001	0.002	0.004	0.007	0.015	0.028	0.058	0.111	0.221

informative priors, with the additional prior information allowing the detection of a little more structure amongst the noise). Bayesian modeling is better overall than using AIC or BIC combined with NLS, for both parameter estimation and model selection in that it produces estimates with a smaller MSE for most noise levels and recovers the true model more often than the alternative approaches. For model selection with very noisy data, the AIC and BIC methods can hardly detect the existence of a second compartment and at no noise level can they find considerable evidence of the existence of the third compartment (which exists in the true model). The Bayesian approach to model selection shows a large improvement over AIC and BIC, but still cannot recover the true model reliably. It is our view that this provides a strong motivation for treating model selection very cautiously when dealing with models of this sort and that the Bayesian approach developed has two substantial advantages: it provides a natural quantification of uncertainty and, perhaps more significantly, it lends itself to a model averaging approach which is perhaps more appropriate when no one model is overwhelmingly preferred (especially in situations such as PET imaging in which the models are clearly not exact descriptions of the data-generating process).



#### 4.2 Measured [ $^{11}\text{C}$ ]diprenorphine data

Having verified that the proposed method is effective when applied to data simulated from the model, we turn our attention to real data sets which have been considered in the literature using this model.

Data from the a PET study using [ $^{11}\text{C}$ ]diprenorphine are used to examine the methods presented. The overall aim of the study was to quantify opioid receptor concentration in the brain of normal subjects allowing a baseline to be found for subsequent studies on diseases such as epilepsy. Diseases such as epilepsy tend to involve changes in brain receptor concentrations or occupancy levels either due to physical lesions within the brain or other chemically relevant differences from normal controls. The data have been previously analysed in [38] and in [28] but in both these previous analyses, parameter estimation rather than model comparison was the focus. Two dynamic scans from a measured [ $^{11}\text{C}$ ]diprenorphine study of normal subjects, for which an arterial input function was available, were analysed. [ $^{11}\text{C}$ ]diprenorphine is a tracer that binds to the opioid (pain) receptor system in the brain. The subjects underwent 95-min dynamic [ $^{11}\text{C}$ ]diprenorphine PET baseline scans on the same camera. The subjects were injected 185 MBq of [ $^{11}\text{C}$ ]diprenorphine. PET scans were acquired in 3D mode on a Siemens/CTI ECAT EXACT3D PET camera, with a spatial resolution after image reconstruction of approximately 5mm. Data were reconstructed using the reprojection algorithm [32] with ramp and Colsher filters cutoff at the Nyquist frequency. Reconstructed voxel size were  $2.096\text{mm} \times 2.096\text{mm} \times 2.43\text{mm}$ . Acquisition was performed in listmode (event-by-event) and scans were rebinned into 32 time frames of increasing duration. Frame-by-frame movement correction was performed on the PET images. Overall this resulted in images of size  $128 \times 128 \times 95$  voxels, which when masked to include only brain regions, resulted, for the two data sets analysed below, in 233,054 and 250,570 separate time series respectively to be analysed. Thus this represents a massive repeated application of the proposed framework for Bayesian analysis.

Nonnegative least squares (NNLS) estimates of  $V_D$  [9] are available from a previous study for both data sets and are used as a baseline for comparison (NNLS can be used due to the non-negative nature of the underlying rate constants). The AIC and BIC strategies select the model with smallest AIC or BIC, respectively, while the Bayesian strategy selects the model with highest marginal likelihood. The NLS procedures are exactly the same as in the simulation study. One-, two- and three-tissue compartment models are fitted. The same models (with normally-distributed errors) were also subjected to Bayesian analysis. However, the results are not reasonable. Figure 3 shows the time series associated with five typical voxels and their standardised residuals (which in the case of a normal error model should have a standard normal distribution). The NNLS estimates for these five voxels are all around 25 or above. But the Bayesian estimates with normally-distributed errors are about 15. In fact, for most voxels, the Bayesian estimates are about 50% smaller than the NNLS estimates. This can be explained by noting that for the first three data observations, the input function is nearly zero. Hence whatever values of parameters are proposed, the fitted value of  $C_T(t)$  will be near zero for these three points (no input, no activity). Whenever any of the first three observation departs significantly from zero, which for the noisy data at voxel level analysis happens in almost all real data, the likelihood will be very low. The normal distribution has a very thin tail and therefore the first few data points have an overwhelming effect on the likelihood and hence the posterior distribution. In practical studies, the influence of these points is truncated at a somewhat arbitrary value (a maximum weight of 1,000 was used within the NLS component of our own comparison) in

order to mitigate against this effect: this ad hoc procedure is essential in order to obtain reasonable results with this model.

As shown in the figure, all of the five typical voxels have large residuals at the start of the time-activity course. With normally-distributed errors, these points will have very small probability. Testing the residuals against normal distribution with Kolmogorov-Smirnov test (which is overly conservative as the parameters of the normal distribution have been estimated) shows that for the great majority of the voxels across the whole space, the null hypothesis (that residuals are from a normal distribution) should be rejected at a 5% level. A possible solution to this problem is proposed here. The  $t$  distribution is used in place of the normal distribution to model the errors. The  $t$  distribution can have a heavy tail and is more robust to outliers than the normal distribution. As shown in figure 3, the data residuals demonstrate rather systematic and substantial departures from the normal distributions.

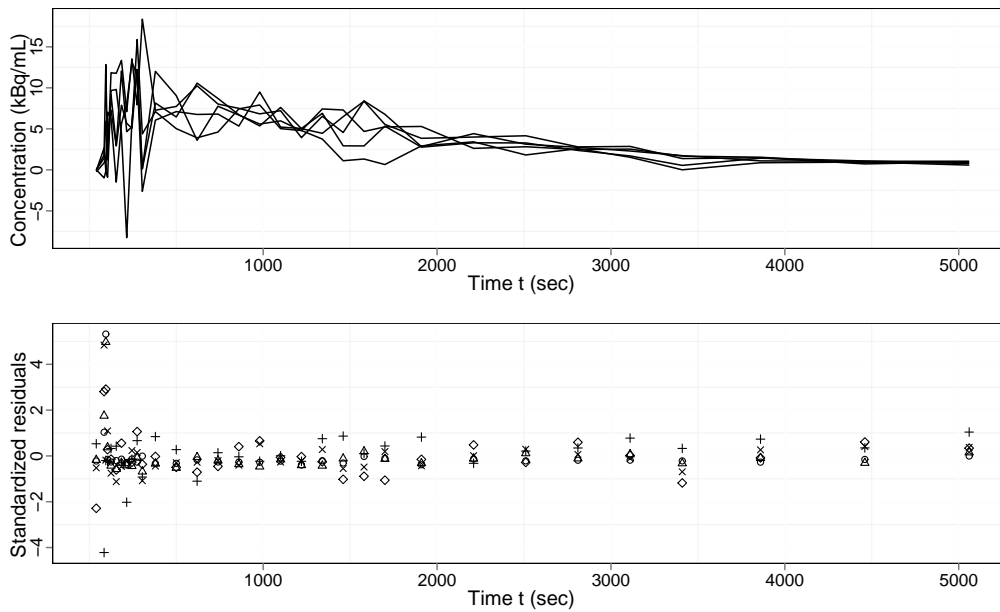


Figure 3. Measured  $C_T(t)$  for five typical voxels and their standardized residuals, fitted with NLS for three-compartment models

For these reasons, we propose using a more heavily-tailed  $t$  distribution to model error structures for Bayesian inference. It is natural to use Bayes factor to compare the normal and  $t$ -distributed error models. For the five typical data sets in Figure 3, we fitted the three compartment model with both noise distributions and computed the marginal likelihood. For each data set and model, 1,000 repetitions were carried out to quantify the Monte Carlo error. Table 5 compares the logarithm of the marginal likelihood for these data. It is seen that the  $t$ -distributed error model is far more plausible from a Bayesian perspective. In addition, this model indeed gave reasonable estimates for the parameter of interest  $V_D$

Table 5. Bayesian model comparison between Normal and  $t$ -distributed errors

Model	Logarithm of marginal likelihood (standard derivation)				
Normal	-145 ( $\pm 1.2$ )	-147 ( $\pm 1.1$ )	-138 ( $\pm 1.3$ )	-141 ( $\pm 0.9$ )	-132 ( $\pm 1.1$ )
$t$	-75 ( $\pm 0.6$ )	-77 ( $\pm 0.8$ )	-69 ( $\pm 0.7$ )	-70 ( $\pm 0.4$ )	-64 ( $\pm 0.9$ )

**Diagnostics for the Convergence of the Markov Chain** Although we we

recognise that simple diagnostics do not guarantee that an MCMC algorithm is sufficiently fast mixing, they can at least show evidence that a chain has not converged. It is self-evident that the absence of evidence of non-convergence is a minimal requirement for the output of an MCMC algorithm to be trusted.

For each time series, 100,000 iterations were used for burn-in and a further 100,000 iterations are used to make the subsequent inference. The estimates of  $V_D$  and the marginal likelihood  $p(D)$  are the primary objects of inference. In order to assess the convergence, the MCMC chain was initialised with dispersed starting values. Figure 6 shows the estimates of  $V_D$  from the burn-in iterations of a typical voxel when starting the chain from different values. As shown in the plot, 40,000 iterations is enough for the chain to mix well and get a good estimate for  $V_D$ , the parameter of interest, as mentioned above, 100,000 samples were used for a conservative burn-in period. Similar plots were produced for other parameters and they all showed that chains initialized from different areas of the parameter space produce very similar estimates. It is, of course, not feasible to manually inspect such traces for all voxels, however 200 voxels with a range of values of  $V_D$ s were examined in this way. It was found that the algorithm mixed well for voxels from different regions of the brain.

A more quantitative technique was employed to check for evidence of poor mixing throughout the (1.5 million) chains used in the real-data examples. Following [15], the variance of the estimate of  $V_D$  obtained from the final 10,000 samples of the chain was divided by that of the estimate of  $V_D$  obtained by all post-burn-in samples (100,000); a value of between 0.9 and 1.1 is recommended as an indication that the chain has reached stationarity (for a single simulation run) by [15]. In our case, we consider a summary of the 1.5 million chains used to describe the large number of voxels in the brain under several modeling regimes and we found that this ratio was between 0.9 and 1.1 for 91.2% of all voxels. Figure 4 shows that for both data sets, the ratio is universally within the 0.7 to 1.2 interval. The actual variance of estimate of  $V_D$  from Bayesian estimation for the two data sets is shown in Figure 5.

In addition, much longer chains were run to examine the behavior of the algorithm. Table 6 shows the estimates of a typical voxel when using different length of the MCMC chain. As seen in the table, with long chains, the estimates does not change substantially suggesting that the algorithm has converged to stationarity for even the shortest chains (of course, no such diagnostic provides *proof* that this is the case, but these are the type of diagnostics most routinely used).

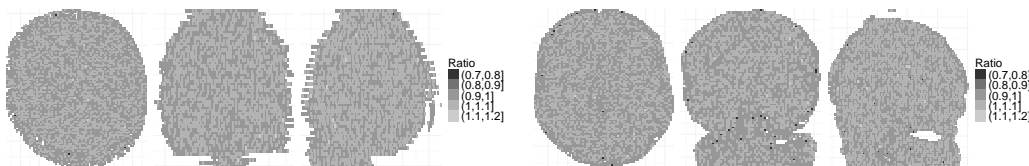


Figure 4. Convergence Diagnostic: ratio of variance of final 10,000 samples to that of full 100,000 samples

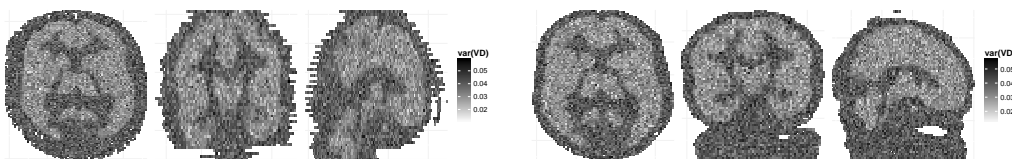


Figure 5. Variance of Bayesian estimate of  $V_D$

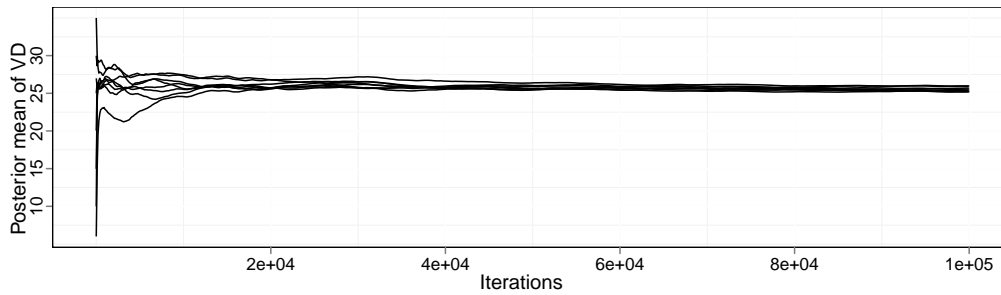


Figure 6. Cumulative sample averages of  $V_D$  when starting the MCMC chain from different values for a typical voxel

Table 6. Estimates from a long chain for a typical voxel

Parameter	Chain lengths					
	$10^4$	$5 \times 10^4$	$10^5$	$5 \times 10^5$	$10^6$	$2 \times 10^6$
$V_D$	25.71	25.67	25.64	25.75	25.82	25.73
$p(D)/10^{-31}$	3.22	3.45	3.36	3.23	3.31	3.39

**Estimation** Figure 7 shows the estimates of  $V_D$  for a three-compartment model, using Bayesian posterior means with informative priors and NLS, together with the NNLS estimates obtained by [28] for the data. Overall the percentage difference between NNLS and NLS ( $(\text{NNLS} - \text{NLS}) / \text{NLS}$ ) is about 3%. This difference is fairly uniform overall the range of  $V_D$ , though there are large percentage difference for voxels with very small values of  $V_D$ . This is due to the fact that different bounds/priors are applied to the space of the  $\phi$  and  $\theta$  parameters and different estimates are obtained when the value of parameters are near the boundaries. However, these voxels are less of interest as they correspond to regions with little or no activity and hence little receptor density. The Bayesian estimates are roughly 5% smaller than the NNLS estimates. Previous studies showed that NNLS has about 5% positive bias with noise levels typical of a voxel analysis [38]. There are similar large differences for voxels with small  $V_D$  as with the NLS estimates. Overall, if we take the results of previous simulation study of NNLS, then the Bayesian estimates would appear to offer better estimation than NNLS estimates. In addition, a principled way of introducing the prior knowledge concerning the rate constants has been used and a more appropriate noise model has been employed aiding interpretation of the results. Similar results were obtained for both [ $^{11}\text{C}$ ]diprenorphine scans indicating somewhat reproducible results (Figure 8).

As implemented on a 3.07GHz Xeon processor, the average (single core) CPU time per voxel is 0.15 seconds for the MCMC algorithm. Using a fairly standard 4-core CPU system, this equates to approximately two hours for a complete PET scan. While significantly longer than the equivalent NNLS implementation (approximately 5 minutes on a similar system), we do not believe that this is prohibitively slow, even for routine analysis, particularly given the additional information and accuracy achieved. Furthermore, the length of chain employed in this study has been rather conservative and a significant increase in speed could be achieved with very little reduction in estimation accuracy.

**Model selection** Figures 7 and 8 also show the model order estimates obtained by using AIC, BIC, and Bayes factors for the data. Each row in the figures gives three two dimensional cross sections of the transverse, coronal and sagittal views of the brain. All methods give similar (although not identical) results for model estimates but somewhat different results for the model selection. Previous studies

on [ $^{11}\text{C}$ ]diprenorphine have shown that finding a particular single compartmental structure for the entire brain is unrealistic [22]. However, the model selection results of AIC and BIC do not exhibit any obvious spatial structure. For both, the two-compartment model is most widely favored. When using Bayesian model selection, the one-compartment model dominates in low activity areas. These areas are of less interest, but the findings are perhaps interesting. Identifying the parameters of a second or third compartment in areas with barely any activity is rather difficult. In the extreme case, for a voxel with no activity but noisy signals, the model can have arbitrary compartments, each of them having near zero concentration. Using Bayesian model comparison, the one-compartment model is chosen which at least favors a parsimonious representation; it could be argued that a null model should be added to the class of models under consideration to account for this case.

Within the areas of greatest interest in which a real neurological signal is expected, the two-compartment model is favored most often. However, there are more three-compartment model selected in high  $V_D$  areas. Overall the image of model order for the Bayesian analysis shows rather more spatial structure than the AIC and BIC cases although none has been imposed. It is biologically reasonable to believe that there are similar compartmental structures for voxels within the same area and different compartmental structures for voxels from different regions. Although we don't know what the true model is, or indeed believe that there is a *true* compartmental model in this setting, the Bayesian model selection, which reveals spatial structure, is more convincing than the other two. Indeed methods that do not require the specification of a single compartmental structure for the whole brain are well known to be preferred when modeling [ $^{11}\text{C}$ ]diprenorphine [22]. The different model structures can also be quantified and uncertainty attached to the estimates of the model order. Also shown in Figures 7 and 8 are the posterior model probabilities of the chosen model. For the majority of the voxels, the chosen model has a posterior probability  $p(M|D) \geq 0.5$ . For low  $V_D$  regions, the posterior probability is much higher indicating that there is relatively high confidence that one compartment is adequate to explain what is observed in these regions but that there is a lack of strong evidence to support a particular model configuration in the case of more active regions.

Overall, the Bayesian model selection framework provides comparable parameter estimation performance with other methods such as those in [38] and [28], empirically alleviating the biases associated with NNLS, but in addition yields evidence as to the posterior probability of the chosen models. This gives valuable additional information when analysing subsequent normal or patient data. Regions where there is considerable uncertainty will require larger deviations in patient populations to establish differences, thus helping inform study designs in applications with tracers such as [ $^{11}\text{C}$ ]diprenorphine. In addition, Bayesian model averaging can be performed trivially using the output from the MCMC analysis.

## 5. Conclusions

Throughout this work, a framework using Bayesian statistics to perform parameter estimation, model comparison and model selection for PET compartmental models is illustrated. It is shown that the Bayesian estimates compare favorably with other model fitting methods. Bayesian model selection improves the MSE in the simulation case within the regime of interest. For real measured data, the Bayesian model selection gives more sensible results and allows us to directly incorporate knowledge of the compartmental system via the prior distribution.

The purpose of this paper is not to advocate a particular computational approach to Bayesian model selection but to show the potential gains associated with adopting a Bayesian approach to the problem in the context of PET studies in particular. It is, of course, possible to employ other computational algorithms to perform parameter estimation and model selection jointly within a simulation run, employing RJMCMC [19], for example. In more complex problems these approaches may be more appropriate; the simple approach adopted here was adequate for the studies that we have encountered thus far and we would anticipate will be so for other PET compartmental studies of this type. The theoretical concerns that have been raised about the method of [13] are *not* a consideration in the present context as it is easy to control the relative tail behavior of the target and the “importance density” thereby ensuring that this quantity is bounded and does not lead to infinite variance. Although much recent work has focused on samplers that explore all models simultaneously, it is not clear that such a strategy is always preferable. Indeed, to quote from [23]:

“... there is no one answer, and in some instances trans-dimensional moves will help samplers, whereas in others they will be unnecessary.”

Furthermore, preliminary work investigating more sophisticated algorithms for the calculation of model evidence [50] has shown very close agreement between a novel Sequential Monte Carlo algorithm based upon path-sampling [14] and the simple approach developed here (although greater computational efficiency can be obtained with more sophisticated machinery). Ongoing work is investigating the performance improvements that can be obtained by such methods.

We have demonstrated that the most widely used model does not fit real PET data well and proposed a simple extension using a  $t$ -distributed noise model. This allows for the direct estimation of models even when moderate outliers are present in the data. This is very often the case with real data, for example, the delay of the input into the system is often not constant for all locations. In addition, calculating uncertainty estimates for both models and estimates are possible, something which it is inherently difficult (if not impossible) to achieve with methods based around NNLS and other point estimation techniques. This provides considerable additional information when comparing scans, and will be of particular interest when comparing normal controls verses patient groups where lesions or other pathological problems may introduce considerable differences in the uncertainty of the measures for different scans.

It would be interesting to develop methods to exploit spatial homogeneity within the brain to improve performance and produce more parsimonious inference. Further investigation into the modeling problem may also be warranted as the above demonstrate that the assumption of normally-distributed errors is not consistent with real data and with a heavier-tailed noise distribution it is not possible to obtain strong evidence in support of any one model using the type of data which is typically available. With the present modeling approach, macro parameters and other such quantities of interest could be more robustly estimated by Bayesian model averaging than by any approach based upon model selection (see, for example, [6], Chapter 6) and that is the strategy that we would recommend.

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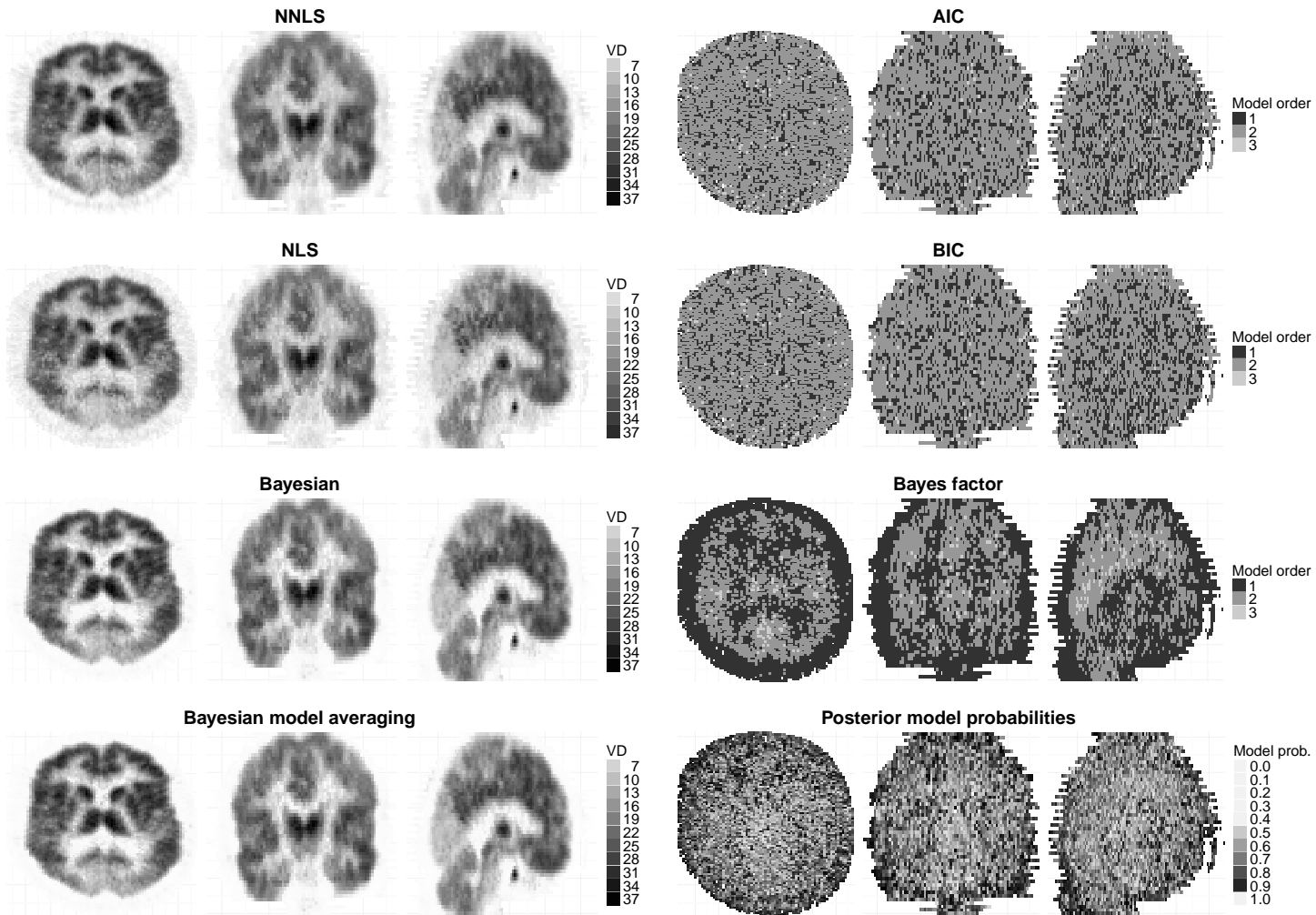


Figure 7. Estimates for  $V_D$  and model orders the first data set, three compartments, [28, data]. Left: estimates for  $V_D$ . Right: model orders

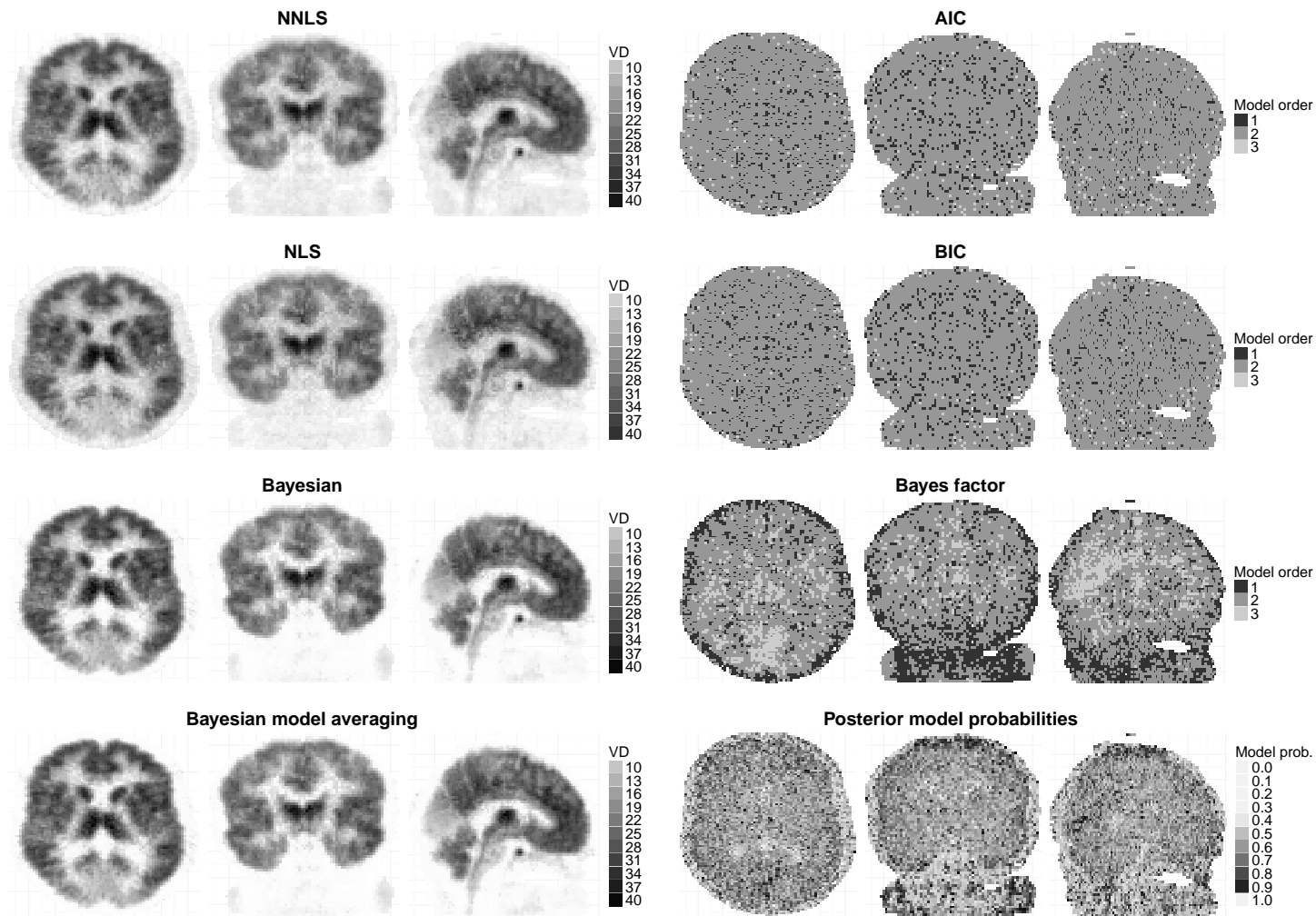


Figure 8. Estimates for  $V_D$  and model orders the first data set, three compartments, [38, data]. Left: estimates for  $V_D$ . Right: model orders