

1 Delineating In-Vivo T1-Weighted Intensity Profiles Within the Human Insula 2 Cortex Using 7-Tesla MRI

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4 **AUTHOR BLOCK:** *C. DALBY¹, A. DIBBLE¹, J. CARVALHEIRO¹, F. QUEIRAZZA², M. SEVEGNANI³,
5 M. HARVEY¹, M. SVANERA¹, A. FRACASSO¹

6 ¹School of Psychology & Neuroscience, Univ. of Glasgow, Glasgow, United Kingdom;

7 ²School of Health & Wellbeing, Univ. of Glasgow, Glasgow, United Kingdom;

8 ³School of Computing Science, Univ. of Glasgow, Glasgow, United Kingdom

9 10 **Corresponding author**

11 Alessio Fracasso

12 Hillhead Street 62KTDKT

13 G12 8QE

14 University of Glasgow, Scotland UK

15 Email: alessio.fracasso@glasgow.ac.uk

16 17 **Statements and Declarations**

18 Nothing to disclose.

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29 30 **Data availability:**

31 The Amsterdam Ultra-high field adult lifespan database (AHEAD) dataset can be found here:
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33 34 **Keywords:**

35 INSULA; CORTICAL DEPTH DEPENDENT MRI; T1-WEIGHTED SIGNAL; T1MAP; R1MAP
36 MYELIN;HIGH-FIELD IMAGING; 7T

46

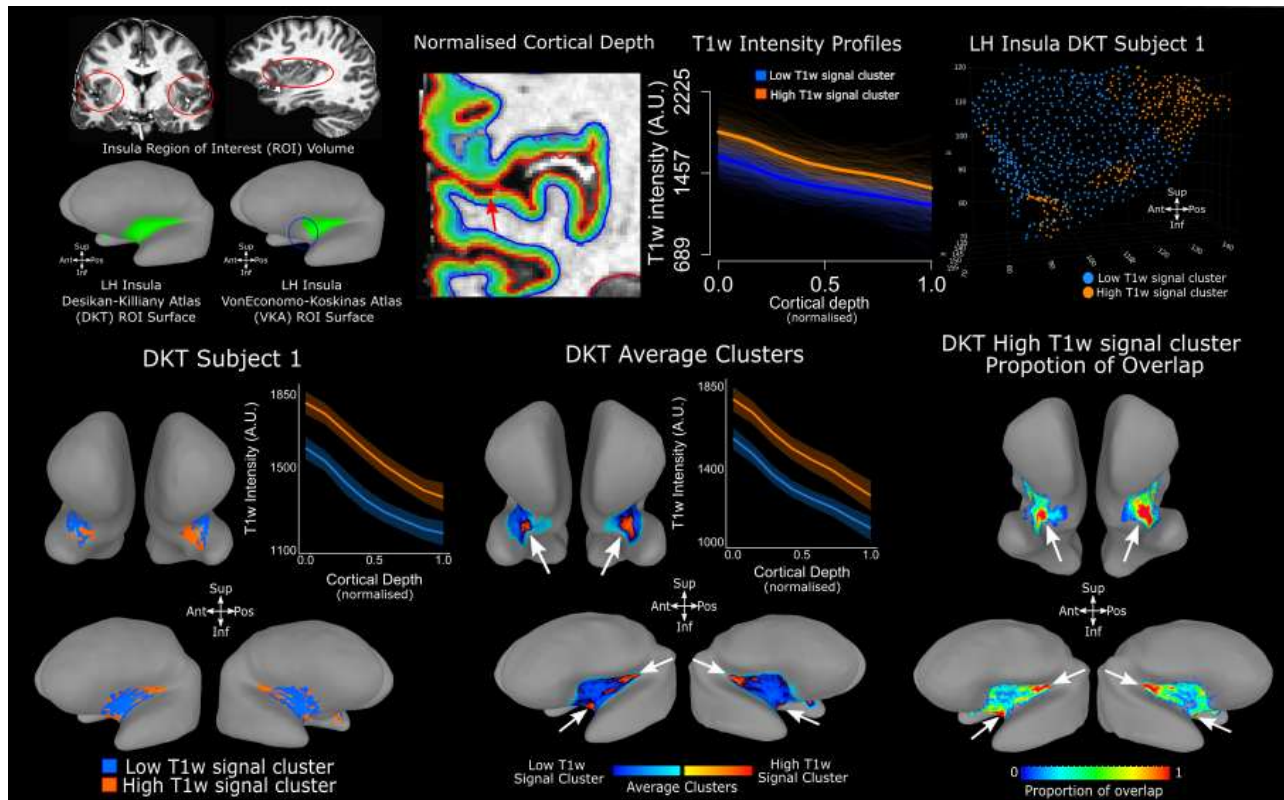
Abstract

47 The integral role of the insula cortex in sensory and cognitive function has been well
48 documented in humans, and fine anatomical details characterising the insula have been
49 extensively investigated ex-vivo in both human and non-human primates. However, in-vivo
50 studies of insula anatomy in humans (in general), and within-insula parcellation (in
51 particular) have been limited. The current study leverages 7 Tesla magnetic resonance
52 imaging to delineate cortical depth intensity profiles within the human cortex. Our analysis
53 revealed two separate clusters of relatively high and low signal intensity across the insula
54 cortex located in three distinct compartments within the posterior, anterior-inferior, and
55 middle insula. The posterior and anterior-inferior compartments are characterised by
56 elevated T1-weighted signal intensities, contrasting with lower intensity observed in the
57 middle insular compartment, compatible with ex-vivo studies. Importantly, the detection of
58 the high T1-weighted anterior cluster is determined by the choice of brain atlas employed to
59 define the insular ROI. We obtain reliable in-vivo within-insula parcellation at the individual
60 and group levels, across two separate cohorts acquired in two separate sites (n1 = 21,
61 Glasgow, UK; n2 = 101, Amsterdam, NL). Results are further confirmed by deriving cortical
62 depth dependent profiles from T1Map and R1Map images. These results reflect new
63 insights into the insula anatomical structure, in-vivo, while highlighting the use of 7 Tesla in
64 neuroimaging with potential implications for individualised medicine approaches.

65

66

Graphical Abstract



67

68 Introduction

69 Folded deep within the lateral sulcus of each hemisphere, the insula cortex stands as a
70 cornerstone of human function and behaviour (Menon et al., 2020; Gasquoine, 2014). It
71 orchestrates activity that spans the domains of sensory perception (interoception, pain,
72 gustation), emotional regulation (empathy, social emotions), and cognitive functions (goal-
73 directed tasks, risk, memory and language) (Craig, 2002; Craig, 2004; Critchley et al., 2004;
74 Critchley & Garfinkel, 2017; Critchley & Harrison, 2013). Such diversity in function has even
75 prompted speculation about the insula's candidacy for a central role in consciousness and
76 self-awareness (de Haan et al., 2021; Medford & Critchley, 2010; Tisserand et al., 2023).
77 Anomalies in the insula's function have been linked with clinical disorders such as
78 schizophrenia, frontotemporal dementia, addiction, chronic pain and inflammation (
79 Segerdahl et al., 2015; Droutman et al., 2015; Gebhardt & Nasrallah, 2023). Advancing our
80 comprehension of the insula structure promises insights into both the normative landscape
81 of human behaviour and the mechanistic, diagnostic, and therapeutic dimensions of clinical
82 populations (Benarroch, 2019).

83

84 Over the years, several attempts have been made to parcellate the insula into smaller
85 subdivisions. Early attempts relied on Brodmann's seminal work on the distribution of
86 neuronal bodies within human grey matter (cytoarchitectonics) (Brodmann, 1909; Geyer &
87 Turner, 2013; Kurth et al., 2010a, Quabs et al., 2022). Subsequent research draws parallels
88 with macaque cytoarchitecture, categorising the insula into granular, dysgranular, and
89 agranular zones for posterior, intermediate, and anterior regions, respectively (Evrard,
90 2019; Nieuwenhuys, 2012a; Uddin et al., 2017). Similarly, immunohistochemical staining on
91 macaque tissue by Gallay et al. (2012) revealed a ventral-to-dorsal increase in myelination.
92 More recently, structural and functional distinctions between the insula's posterior, ventral
93 anterior, and dorsal anterior regions have been identified - the tripartite insula subdivisions
94 (Menon et al., 2020; Uddin et al., 2017). Utilising diffusion MRI and functional connectivity,
95 researchers have identified white matter tracts that connect each component of the
96 tripartite insula subdivisions to frontal, limbic, and sensorimotor regions, facilitating the
97 differential sensory, emotional, and cognitive functions, respectively (Klugah-Brown et al.,
98 2023; Kurth et al., 2010b; Menon et al., 2020; Nomi et al., 2018; Uddin et al., 2017).

99

100 Furthermore, recent studies investigating the microstructure of the insula highlight the
101 dynamic organisation of the region wherein information flows in a structured manner across
102 its tripartite subdivisions. This process transitions from sensory-specific locations to
103 transmodal locations that integrate diverse sensory, emotional and cognitive inputs moving
104 along the anterior-ventral direction (Evrard, 2019; Royer et al., 2020). Moreover, the
105 observed overlap in activation and the crosstalk among intra-insula regions, as discussed by
106 Evrard (2019) and Uddin et al. (2014), suggest that these interactions underscore the
107 insula's role as a central hub for the integration of sensory and emotional inputs.

108

109 Recent advancements, exemplified by Royer et al. (2020), have expanded on this work by
110 employing human T1/T2-weighted image intensity (T1/T2-w) as a proxy for cortical
111 myeloarchitecture – the study of myelinated fibres distribution within grey matter (Geyer &
112 Turner, 2013; Stüber et al., 2014; Vogt, 1903). This novel approach unveiled two major
113 gradients in myelination: one from posterior to anterior portions of the human insula (Royer
114 et al., 2020), also linked to post-mortem human cytoarchitecture (Kurth et al., 2010a), and

115 possibly mirroring a shift from sensory to affective functions (Uddin et al., 2014). A second
116 myeloarchitectonic gradient was observed running in the dorsal-to-ventral direction within
117 the human insula, potentially linked to shifts between attention and cognition (Molnar-
118 Szakacs & Uddin, 2022; Royer et al., 2020).

119
120 In this paper, we contribute further evidence to the structural tripartite subdivision of the
121 human insula by leveraging the higher signal-to-noise ratio and acquisition resolution that
122 can be achieved with human high-field imaging (7T). We report results using sub-millimetre
123 T1-weighted (T1-w) magnetisation prepared rapid acquisition gradient recalled echo
124 (MP2RAGE) images as well as T1Map and R1Map contrasts as a proxy of myelination and
125 iron (Fukunaga et al., 2010; Stüber et al., 2014). We implemented an analysis pipeline that
126 allowed us to gain access to cortical-depth dependent information from the human insula
127 (Dumoulin et al., 2018; Fracasso et al., 2016a, 2016b, 2018, 2021; Waehnert et al., 2014,
128 2016). We then derived cortical depth dependent profiles and used them to parcellate the
129 human insula into separate clusters. We demonstrate remarkably stable parcellations at the
130 individual subject level, for the left and right insula. We applied the same pipeline for two
131 independent datasets, across different age-groups, acquired from two different sites and
132 scanner vendors (n1 = 21, Glasgow, UK; n2 = 101, Amsterdam, NL).

133

134 Methods

135

136 **Subjects**

137 This study involved two cohorts. The first comprises 21 subjects (Glasgow: age range: 23-38,
138 10 male) recruited from Glasgow University pool of subjects. The second cohort includes
139 101 subjects from the AHEAD dataset, Amsterdam (age range: 18-80, 45 male, see
140 Alkemade et al., (2020) for more details). Glasgow: all experimental procedures were
141 approved by the local ethics committee at the School of Medical, Veterinary and Life
142 Sciences of the University of Glasgow (reference number: 200180191 and GN19NE455).
143 Inclusion criteria specified healthy adults from any range with no underlying neurological
144 conditions. All subjects provided informed consent. See Alkemade et al., 2020 for
145 experimental procedures and ethics approval of the AHEAD dataset.

146

147 **MRI Acquisition**

148

149 *Glasgow*

150 MRI data was acquired on a 7T Siemens Magnetom Terra system (Siemens Healthcare,
151 Erlangen, Germany) and a 32-channel head coil (Nova Medical Inc., Wilmington, MA, USA) at
152 the Imaging Centre of Excellence (University of Glasgow, UK). We collected T1-weighted
153 MP2RAGE anatomical scans for each subject (0.625 mm isotropic, FOV = 160×225×240 mm³,
154 256 sagittal slices, TR = 4680ms, TE = 2.09ms, TI₁ = 840 ms, TI₂ = 2370ms, flip angle₁ = 5°, flip
155 angle₂ = 6°, bandwidth = 250Hz/px, acceleration factor = 3 in primary phase encoding
156 direction). Total acquisition time was 12 minutes.

157

158

159 *Amsterdam*

160 MRI data was acquired on Philips Achieva 7 MRI scanner (Philips Healthcare, Best, The
161 Netherlands) and a 32-channel head array coil (Nova Medical Inc., Wilmington, MA, USA) at
162 the Spinoza centre for Neuroimaging (Amsterdam, the Netherlands). T1-weighted scans for
163 each subject were collected using a modified MP2RAGE sequence (MP2RAGEME, Caan et
164 al., 2019), 0.7mm isotropic, FOV=205x205x164 mm³, 205 sagittal slices, TR=6720ms,
165 TE=3.00ms, T₁=670ms, T₁₂ = 3855ms, flip angle₁ = 7°, flip angle₂ = 6°, bandwidth = 405Hz/px,
166 acceleration factor SENSEPA = 2. Total acquisition time was 16.30 minutes.

167

168 *T1-w, T1Map and R1Map images*

169 T1-w signal per se is not quantitative, and the value can vary greatly depending on the
170 scanner, making it difficult to compare between estimates obtained in different sites. We
171 opted for using T1-w signal derived from MP2RAGE sequences as these were readily
172 available from our site in Glasgow. However, for the Glasgow site data (21 participants), we
173 did not have access to the original MP2RAGE acquisition files, including the two separate
174 inversion times, which would have allowed us to derive quantitative T1 images. For this
175 reason, we performed the analysis on T1-w, R1Map and T1Map data provided in the AHEAD
176 dataset acquired in Amsterdam, representing a replication and an extension of the results
177 obtained from the Glasgow dataset. See Results for further details.

178

179 **Image Processing and Analysis**

180

181 Data processing was conducted using Freesurfer (<https://surfer.nmr.mgh.harvard.edu/>),
182 AFNI /SUMA (<https://afni.nimh.nih.gov/pub/dist/doc/html/doc/index.html>), nighres,
183 (<https://nighres.readthedocs.io/en/latest/>) and R (<https://www.r-project.org/>).

184 For each subject, we first skull stripped the MP2RAGE image (Figure 1A), applying the AFNI
185 function `3dSkullStrip` to the second inversion image. The skull stripped anatomy was
186 processed with the `recon-all` Freesurfer pipeline. Freesurfer output was converted into a
187 SUMA, using the command `@SUMA_Make_Spec_FS` for visualisation and processing (Figure
188 1A).

189

190 **Cortical Depth Analysis**

191

192 We used nighres (Huntenburg, Steele and Bazin, 2018) to process the automatic
193 segmentation of the anatomical (T1-w, MP2RAGE) images. Volumetric segmentations were
194 obtained using the cruise algorithm (Han et al 2004), which yields a segmentation that is
195 topologically correct and free from self-intersections corrected.

196 We generated white matter and grey matter level-sets using the nighres function
197 `surface.probability_to_levelset()`. A volume-preserving distance map was computed
198 between the white matter/grey matter boundary and the grey matter/cerebro-spinal fluid
199 boundary in 8 separate level-set volumes (Figure 1C) using the nighres function
200 `laminar.volumetric_layering()` using the equi-volume model. The equi-volume model
201 provides a coordinate system of cortical depth which is independent from local cortical
202 folding (Fracasso et al., 2018, 2021; Fabius et al., 2022; Waehnert et al., 2014, 2016).

203 To construct a cortical-depth profile for an individual voxel, we began at the levelset closest
204 to the selected voxel (e.g. at the middle level set, corresponding to the middle cortical
205 depth). We iteratively extended its surface normals outward toward the grey matter

206 surface, storing intersection coordinates with each subsequent level set encountered. We
207 then repeated this procedure in the opposite direction, projecting normals inward toward
208 the white matter boundary. The two resulting coordinate streams were concatenated,
209 forming a continuous cortical-depth profile associated with the selected voxel. Cortical
210 depth dependent profiles were created by linearly interpolating signal intensity (T1-w, R1
211 and T1 map) along the profile's depth coordinates (Fracasso et al., 2018; van Dijk et al.,
212 2021a,b). Overall, each grey matter voxel was assigned to the profile of its nearest profile
213 coordinate (see Figure 1D). We performed this procedure from all the voxels within grey
214 matter, so a complete cortical depth-dependent profile, spanning between 0 and 1 along
215 cortical depth, was assigned to each voxel within grey matter.
216 For this reason, an individual voxel at a cortical depth of say, 0.68, was associated with a
217 complete cortical depth dependent profile, spanning between 0 (white matter) and 1 (grey
218 matter surface) along cortical depth. This represented the cortical depth profile starting
219 from white matter, passing through the individual voxel at cortical depth 0.68, and ending at
220 the closest grey matter border.
221 Because adjacent voxels sample signals from nearly identical points along cortical depths,
222 their profiles are highly similar and thus redundant. To reduce this redundancy, we retained
223 only profiles originating from voxels with cortical depths between 0.15 and 0.85 for further
224 analysis. Cortical thickness and cortical curvature were estimated using Freesurfer.
225 Please see supplementary material for further details on how we removed cortical curvature
226 and cortical thickness contributions to individual cortical depth dependent profiles.
227 (Supplementary Materials: *Removing Cortical Curvature and Cortical Thickness*
228 *Contributions*).

230 **Region Of Interest (ROI) Definition**

231
232 We derived the insula ROI from two separate atlases to test the robustness of the proposed
233 pipeline against different ROI definitions: i) the Desikan-Killiany atlas (Desikan et al., 2006),
234 as it is widely used in the neuroimaging literature and ii) the Von Economo-Koskinas Atlas
235 (Scholtens et al., 2018), as it has been used in a previous investigation focusing on
236 characterising myelin gradients within the human insula (Royer et al., 2020).

238 *Desikan-Killiany Atlas (DKT)*

239 The atlas developed by Desikan et al., (2006) is a surface-based parcellation scheme for the
240 human cerebral cortex. It was created using a dataset of 40 MRI scans to define cortical
241 regions of interest (ROIs). The authors employed a semi-automated approach that
242 combined manual labelling of specific cortical landmarks (sulcal representation) with
243 automated parcellation algorithms (Fischl et al., 2004). The resulting atlas divides the
244 cerebral cortex into 34 distinct ROIs per hemisphere, providing a standardised framework
245 for structural and functional analyses. Later, the original Desikan-Killiany atlas was refined
246 and a more detailed and consistent labelling protocol was developed, leveraging 101 brain
247 images from the Mindboggle-101 dataset (Klein & Tourville, 2012). Regarding the insula
248 cortex, the atlas defines a single insula ROI for each hemisphere without further subdivision
249 into subregions.

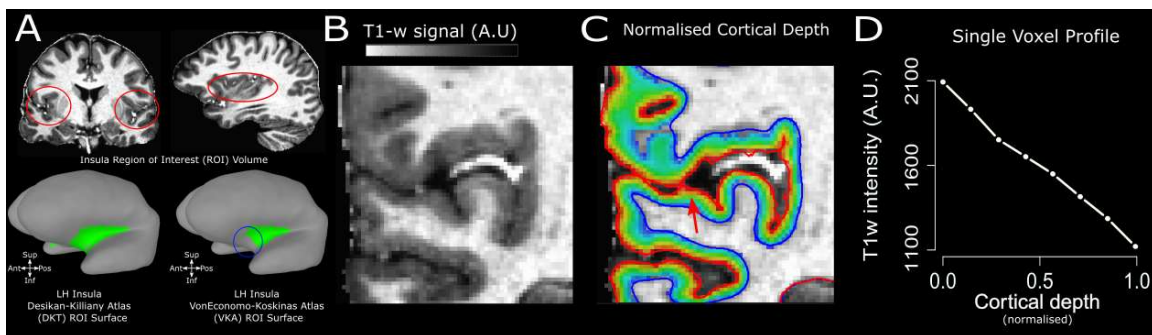
250

251

252

253 *Von Economo-Koskinas Atlas (VKA)*

254 The Von Economo-Koskinas atlas, originally published in the early 20th century, is a
255 comprehensive brain atlas that parcellates the human cerebral cortex based on
256 cytoarchitectonic differences observed in the cellular structure and organisation of the
257 cortical layers (Economo & Koskinas, 1925). Created by Constantin von Economo and
258 George Koskinas, this atlas was developed through meticulous microscopic examination of
259 stained brain sections. The atlas divides the cerebral cortex into numerous cytoarchitectonic
260 areas, each characterised by distinct patterns of cellular organisation and density. Regarding
261 the insula cortex, the Von Economo-Koskinas atlas identified several cytoarchitectonic
262 subdivisions within this region. The most notable are the agranular, granular and
263 dysgranular insula. This granularity makes the atlas a valuable resource for understanding
264 the structural organisation of the insula, which is critical for correlating anatomical features
265 with function and clinical observations. Scholtens et al., (2018) made this historic atlas
266 available by manually segmenting individual T1 scans and using FreeSurfer software to
267 construct a digitised group-specific cortical parcellation atlas file. Royer et al.'s, (2020)
268 findings were based on the updated version of this atlas (Scholtens et al., 2018), and we also
269 employed the same version of the VKA atlas to facilitate comparisons with previous
270 research (Figure 1A).
271



272 **Figure 1, Pre-Processing.**

273 **A.** Insula ROI obtained from the DKT (no of voxels: 9587 mm³) and VKA (no of voxels: 5431 mm³)
274 atlas. These atlases differ. Compared to the VKA, the DKT extends more towards the anterior part of the
275 brain and dorsally with respect to the orbito-frontal cortex (see blue circle), and more towards
276 the posterior part of the brain, towards the supramarginal gyrus. **B.** Coronal slice details of the
277 MP2RAGE, single subject, left insula (0.7mm isotropic). **C.** Volumetric distance map along cortical
278 depth. **D.** Individual T1-w profile passing through the voxel highlighted by the red arrow in panel D.
279 T1-w signal is at its peak close to the white matter (0 on the x axis), then sharply decreases
280 approaching the cerebro-spinal fluid (1 on the x axis).
281

282 *Differences between DKT and VKA Insula ROI*

283 It became quickly apparent that the insula ROI defined from the DKT atlas differed from the
284 insula ROI obtained from the VKA atlas. Namely, the former extends more towards the
285 anterior part of the brain (Figure 1A), and dorsally with respect to the orbito-frontal cortex.
286 Moreover, DKT insula ROI (9587 mm³) extends more towards the posterior part of the brain
287 and the supramarginal gyrus compared with the VKA atlas insula ROI (5431 mm³).
288 This difference between the two atlases can be ascribed to the different criteria used to
289 define ROIs in each atlas. The DKT atlas adopted a sulcal approach, based on manually
290 tracing from one sulcus to another, incorporating the gyrus in between (Desikan et al., 2006;
291 Klein & Tourville, 2012). On the other hand, the VKA atlas is based on the original work on

292 Von Economo and Koskinas (Economo & Koskinas, 1925; Scholtens et al., 2018), which relies
293 on cytoarchitectonics: the distribution of neuronal bodies within human grey matter. Given
294 the different criteria adopted in the definition of the two atlases, it is not surprising to
295 notice differences in ROI boundaries. Here, we are interested in providing a characterisation
296 of intra-insular parcellation using structural MRI along cortical depth. For this reason, we
297 opted for reporting the results using both atlases (DKT and VKA), assessing potential
298 differences between the two and allowing us to compare our results with the current
299 literature (Royer et al., 2020).

300

301 **Pre-processing cortical depth dependent profiles**

302

303 For each subject and insula ROI (VKA and DKT), we loaded cortical depth dependent data
304 data in R using the function `read.AFNI()` from the file `AFNIio.R` from AFNI. Our objective
305 was to compare separate insular ROIs from different atlases. Each insula ROI for one
306 participant encompasses approximately 20,000 voxels, each associated with an XYZ
307 coordinate within the individual participant's anatomical space. To streamline
308 computations, we applied k-means clustering ($k = 1,000$) based on the voxel's XYZ
309 coordinates to uniformly subsample each insula ROI into clusters of roughly 10–20
310 neighbouring voxels. The use of kmeans clustering to parcellate human neocortex was
311 pioneered by Geyer and colleagues (2011), applying it to the identification of early visual
312 cortex. Importantly, no anatomical or other features guided the clustering, preserving an
313 unbiased spatial representation. To increase signal-to-noise ratio and minimise the potential
314 contribution of small grey matter segmentation errors, we divided each insula ROI in 1000
315 separate cortical location, each containing approximately 20 neighbouring voxels (range =
316 15-30). We averaged the cortical depth dependent profiles from each cortical location, thus
317 obtaining 1000 averaged profiles for each subject and insula ROI. From now on, we will refer
318 to the averaged profiles simply as profiles. Moreover, for each cortical location we obtained
319 an estimate of cortical curvature and cortical thickness from `Freesurfer`.

320

321 **Cluster Analysis**

322

323 We ran a cluster analysis on the cortical depth dependent profiles (Figure 2). We adopted
324 the k-means clustering implementation in R, using Euclidean distance as distance metric in
325 cortical depth profile space in the *k-means* function. Please note that clustering was
326 performed on cortical depth dependent profiles only, and the algorithm did not have access
327 to the 3D coordinates -XYZ- of individual voxels. To determine the optimal number of
328 clusters, we inspected the silhouette score of the clustering solution, using the function
329 `fviz_nbclust`, from the library *factoextra* in R. For any given entry in the set, the silhouette
330 score measures how similar an entry is to its own cluster compared to other clusters. The
331 silhouette score ranges from -1 to 1. Values above 0 indicates that the entry is well matched
332 to its own cluster and poorly matched to neighbouring clusters. The opposite is true for
333 values below 0. The silhouette score for the entire dataset is the average of the silhouette
334 scores of all individual entries. The plot of silhouette score across different number of
335 clusters provides a way to visually assess the optimal number of clusters. We have
336 generated a separate silhouette plot for each subject and insula (left and right hemisphere).
337 Moreover, we derived the average silhouette plot from individual silhouette plots for a
338 number of clusters ranging between 1 and 10.

339 **Surfaces**

340

341 We used the standard-mesh approach in SUMA (AFNI) to visualise data at the individual and
342 average population level. A standard-mesh version of a surface is virtually an identical 3D
343 mesh of the individual; however, this approach has the advantage that each node of the
344 new mesh represents the same cortical location across subjects. The original subject's mesh
345 is recreated using the template mesh, instead of mapping a subject's data value onto the
346 template mesh (Saad & Reynolds, 2012). For each subject and insula ROI (VKA and DKT), we
347 projected the k-means output sorted by the average intensity. We plotted the separate
348 clusters on individual subjects' surfaces using a categorical variable. Moreover, we plotted
349 the proportion of overlap for each sorted cluster across the population. For each node in the
350 insula ROI, we computed the proportion of subjects for which that specific node was
351 labelled with the same cluster (ranked). This results in an overlap map, showing the
352 consistency of insula parcellation across the population.

353

354 **Analysis**

355

356 *Stability of insula cluster maps*

357 We assessed the stability of insula cluster maps using a leave-one-out procedure. For each
358 iteration, we computed the average cluster map from n-1 individuals and tested the
359 similarity between the n-1 average and the nth individual insula map using a logistic
360 regression model and the logit function as link. For each individual and insula, we obtained
361 the corresponding t statistic and p-value, representing how well the n-1 average cluster map
362 captured the variability in the individual insula map. Building on the estimates of the logistic
363 regression model, we computed the areas-under-the-curve (AUC) within a receiver-
364 operating-characteristic curve (ROC) framework for each subject and insula. We report the
365 AUC value and associated D-prime for each subject and insula in our dataset. D-prime is a
366 measure derived from signal detection theory (Hautus et al., 2021) to quantify the ability to
367 discriminate between two distributions, in this case between the distribution of separate
368 clusters. D-prime represents the separation between the means of two distributions,
369 standardised by their standard deviations. A value of 1 indicates a level of discriminability
370 following approximately a hit-rate of 75% and a proportion of false-alarms of 30%.

371

372 *Clusters or gradient*

373 When discussing clusters in any modality, it is necessary to acknowledge that what might
374 appear to be separate clusters, could instead be a continuous gradient. After thresholding
375 by any clustering algorithm, a continuous gradient could be interpreted as separate clusters.
376 On the other hand, 'true' separate clusters should be identified by a sudden change (a
377 transient) in properties when transitioning from one cluster to another. See also the section:
378 *Clusters or Gradients, simulations* in the Supplementary Materials.

379 To disentangle between the 'cluster' and the 'gradient' alternatives, we performed the
380 following analysis on T1-w signal.

381 Inspecting clustering output at the T1-w profile level, it became apparent that different
382 clusters were defined by different offsets. For this reason, for each subject and insula ROI,
383 we projected on the MNI surface the T1-w profile intercept of each T1-w profile.

384 We reasoned that a gradient between the two separate clusters would manifest as a linear
385 change in T1-w profile intercept along the underlying cortical distance between the clusters.

386 On the other hand, a transient change in T1-w profile intercept along the cortical distance
387 between clusters should be better approximated by a stepwise function. Please note that
388 we use the term ‘cortical distance’ referring to the geodesic distance over the cortical
389 surface, i.e. the shortest path between vertices over the cortical surface. We manually drew
390 ROIs, crossing the border between neighbouring clusters on the MNI surface space and
391 computed the corresponding geodesic distances within the ROI.
392 We computed the vertex-to-vertex geodesic distance from each node within the ROI – the
393 adjacency matrix. We computed the spectral decomposition of the adjacency matrix and
394 selected the first eigenvector of the decomposition. This vector represents a map of cortical
395 distance over the ROI along its longest axis, where each point in the map is the geodesic
396 distance of a node along the selected axis with respect to 0 – the middle of the ROI along its
397 longest axis (Almeida et al., 2023; Fracasso et al., 2021; Grady & Polimeni, 2010; Lombaert
398 et al., 2011). This cortical distance (or geodesic distance) provides a common reference
399 frame against which we can test the linear (gradient) versus stepwise (cluster) hypothesis.

400

401 We plotted the T1-w profile intercept along the cortical distance and statistically assessed
402 whether the data could be best fit by a linear or stepwise relationship. We tested a linear
403 relationship fitting two parameters: an intercept and a slope (Eq. 1).

404

$$405 \text{ Eq. 1 } T1w_{intercept} = intercept + cd \cdot slope$$

406 Where cd is cortical distance.

407

408 We used a cumulative Gaussian function with three parameters (multiplicative factor – mult
409 -, shift and sigma, eq. 2) to test the stepwise alternative.

410

$$411 \text{ Eq. 2 } T1w_{intercept} = mult \cdot \left(\frac{1}{2} \left[1 + erf \cdot \frac{cd}{\sigma\sqrt{2}} \right] \right) + shift$$

412

413 We compared the goodness of fit between the two models (linear and cumulative Gaussian)
414 using the AIC criterion, penalising for the difference in the number of parameters between
415 the two models (two against three). Statistical analyses and model fits were performed
416 using R (<https://www.r-project.org/>).

417

418 *AHEAD dataset*

419 We applied the same processing and analyses described above to the T1-w images from the
420 AHEAD dataset (Alkemade et al., 2020), as well as to the T1Map and R1Map images, which
421 represent quantitative maps of T1, reflecting a proxy for myelin content (Bock et al., 2013;
422 Glasser & Essen, 2011; Lutti et al., 2013).

423

424 Results

425

426 **T1-w Cortical-Depth Dependent Profiles of the Human Insula**

427 First, we present our results on the Glasgow dataset (21 subjects). These are followed by the
428 results from the AHEAD dataset (Alkemade et al., 2020). For each dataset, here we present
429 the results obtained from the DKT atlas, followed by the results of the VKA atlas. Following
430 pre-processing, T1-w signal profile sampling (Figure 1A-D) and clustering (Figure 2), our
431 analysis reveals two distinct profiles of low and high T1-w intensity, respectively (Figure 2).
432 Qualitatively, using the DKT insula ROI, high T1-w intensity profiles tended to be localised in
433 the anterior-inferior and posterior-superior insular locations (Figure 3).

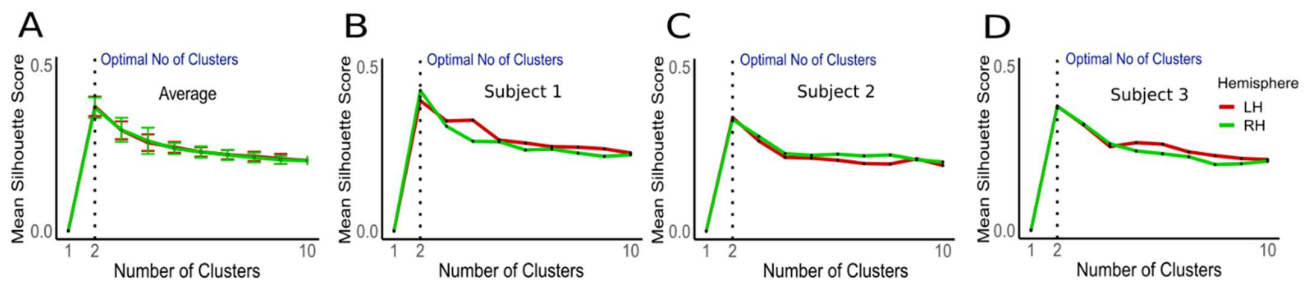
434

435

436 **Cluster Analysis on T1-w Profiles**

437 K-means clustering and silhouette plot (Figure 2) evidence the optimal number of clusters
438 for dividing T1-w intensity profiles in the insula across both left and right hemispheres. For
439 average (21 participants) and three individual subjects' examples, the mean silhouette score
440 peaks at two clusters and monotonically declines thereafter. This indicates that two clusters
441 is the optimal solution at the individual insula level as well as across subjects. Should the
442 optimal number of clusters be different (six clusters, for example), we would expect to see a
443 peak in silhouette score at six, with a subsequent decrease, as the number of clusters
444 increases.

445



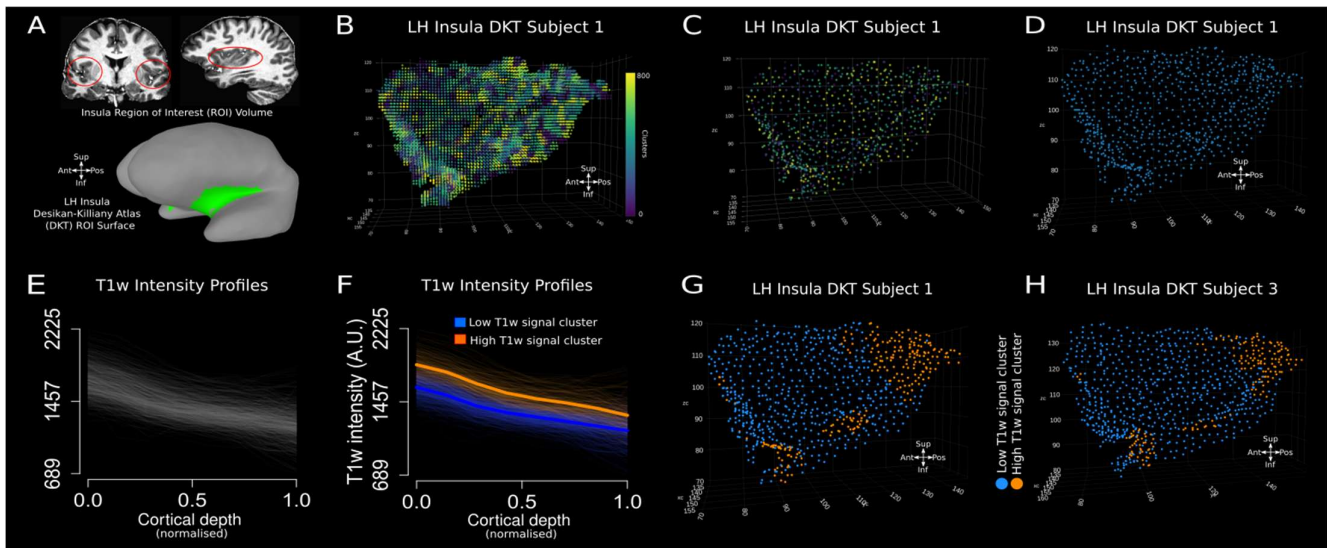
446

447 **Figure 2, Silhouette Plots of K-Means Clustering Solution.**

448 **A.** Average silhouette plot for the left (red line) and right (green line) hemisphere DKT insula ROI
449 across all 21 subjects, Glasgow dataset. Number of tested clusters ranged from 1-10. Dotted line
450 indicates the optimal number of clusters (2). Error bars around each line indicate variability (± 1
451 standard deviation). **B-D.** Silhouette plots for three subjects to exemplify the optimal cluster number
452 (2) remains consistent at the individual subject level.

453

454 In the following figure (Figure 3), we qualitatively report K-means clustering results, on two
455 subjects.



456 **Figure 3, Individual Insula Clustering.**

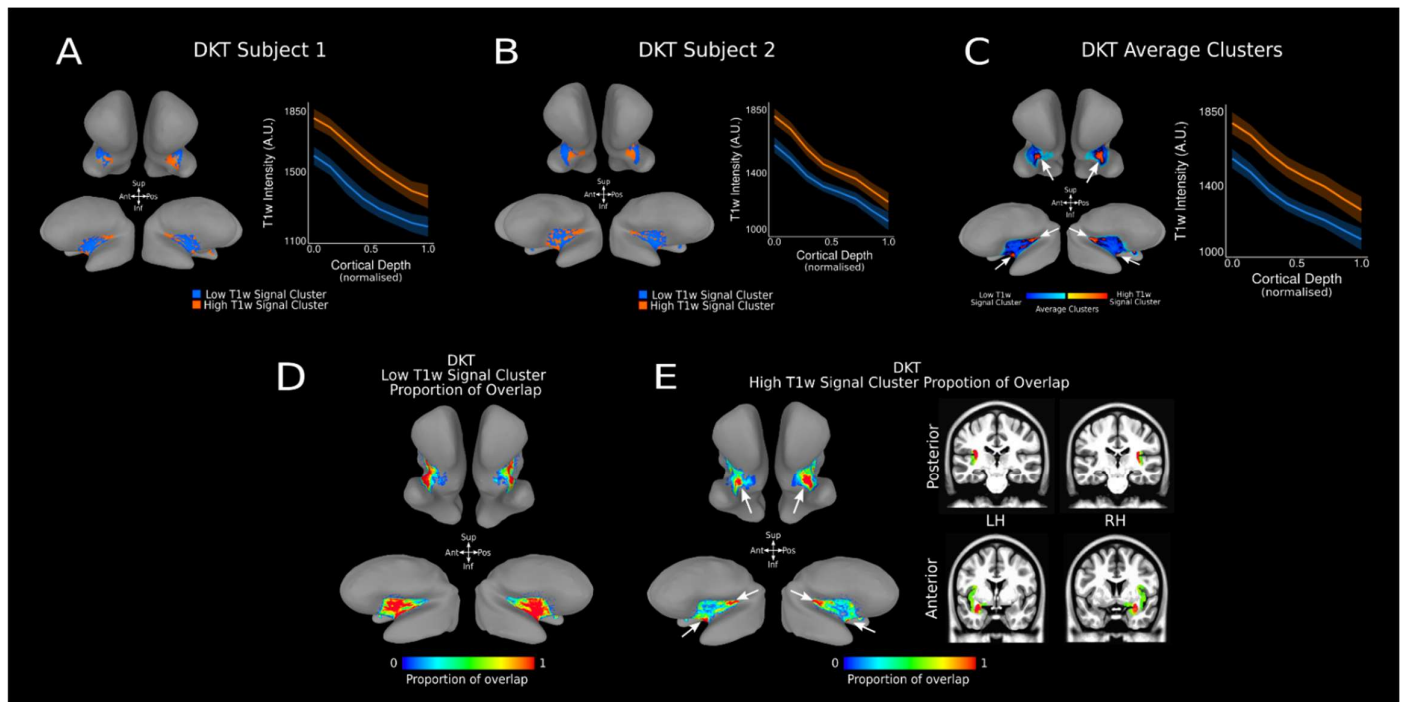
457 **A.** Insula ROI obtained from the DKT atlas as viewed on the T1-w MRI volume (panel 1 and 2; red
458 circles) and SUMA surface (green shading). **B.** Starting Insula ROI (approximately 20,000 voxels). Each
459 voxel is assigned a different colour based on the right colour bar. **C.** Same insula ROI as in B,
460 subsampled to 1000 points after clustering the XYZ coordinate of each voxel represented on the left
461 (panel B). Each point represents the average of each coordinate within one of the 1000 clusters. **D.**
462 Representation of the same insula as in panel C, using the same colour for each of the 1000 points. **E.**
463 Individual T1-w profiles from the same insula from panel D. **F.** K-means clustering results based on
464 the T1-w profiles intensity, separating high T1-w profiles from low T1-w profiles. Please note that a
465 silhouette analysis indicated 2 as the optimal number of clusters. See the Results section: 'Cluster
466 Analysis on T1-w Profiles'. **G.H.** High T1-w profiles and low T1-w profiles colour coded on two
467 individual subjects in native space (left insula). Qualitatively, in these two insula ROIs (from DKT
468 atlas), the high T1-w intensity profiles tend to be localised in the anterior-inferior and posterior-
469 superior insular locations.

470

471 **T1-w Intensity Profiles and Clusters on the DKT Insula ROI**

472 Our analysis revealed distinct high- and low-T1-w intensity profiles across DTK insula ROI, at
473 an individual (Figure 3 and Figure 4A, B) and group level (Figure 4C). T1-w signal monotonically
474 decreases along cortical depth in both the high- and low-T1-w signal cluster (estimate = -
475 487.65, $t=21.10$, $p<0.001$). Average T1-w profiles along cortical depth for individual subjects
476 shows how clusters differ predominantly on their offset (intercept with respect to the white
477 matter border), rather than their slope (rate of change along cortical depth) (Figure 4A-C).
478 Statistical analysis confirms this difference in intercept (estimate = 144.20, $t=21.10$, $p<0.001$)
479 without a change in slope (estimate = -4.94 $t=-0.43$, $p=0.67$) between the high and low T1-w
480 intensity profiles. Crucially, the profiles in the high T1-w signal cluster can be found in two
481 separate cortical location along the DKT insula ROI: in the posterior-superior portion and the
482 anterior-inferior portion of the DKT insula ROI (Figure 4C,E). On the other hand, the profiles
483 in the low T1-w signal cluster can be found in the middle of the DKT insula ROI, between the
484 high T1-w signal profiles in the posterior-superior portion and those in the anterior-inferior
485 portion of the DKT insula ROI (Figure 4D). The location of high and low T1-w clusters is

486 consistent between individuals. More than 70% of individuals show high T1-w intensity
 487 clusters localised towards the anterior-inferior and posterior-superior DKT insula ROI (Figure
 488 4C,E white arrows) and the low T1-w intensity cluster is localised in the middle region of the
 489 DKT insula ROI (Figure 4D). Across the population, the high T1-w clusters location occupy 28%
 490 of the DKT surface insula ROI (here we defined a high T1-w cluster location across the
 491 population as those nodes on the cortical surface where more than 70% of individuals show
 492 a high T1-w intensity cluster).
 493



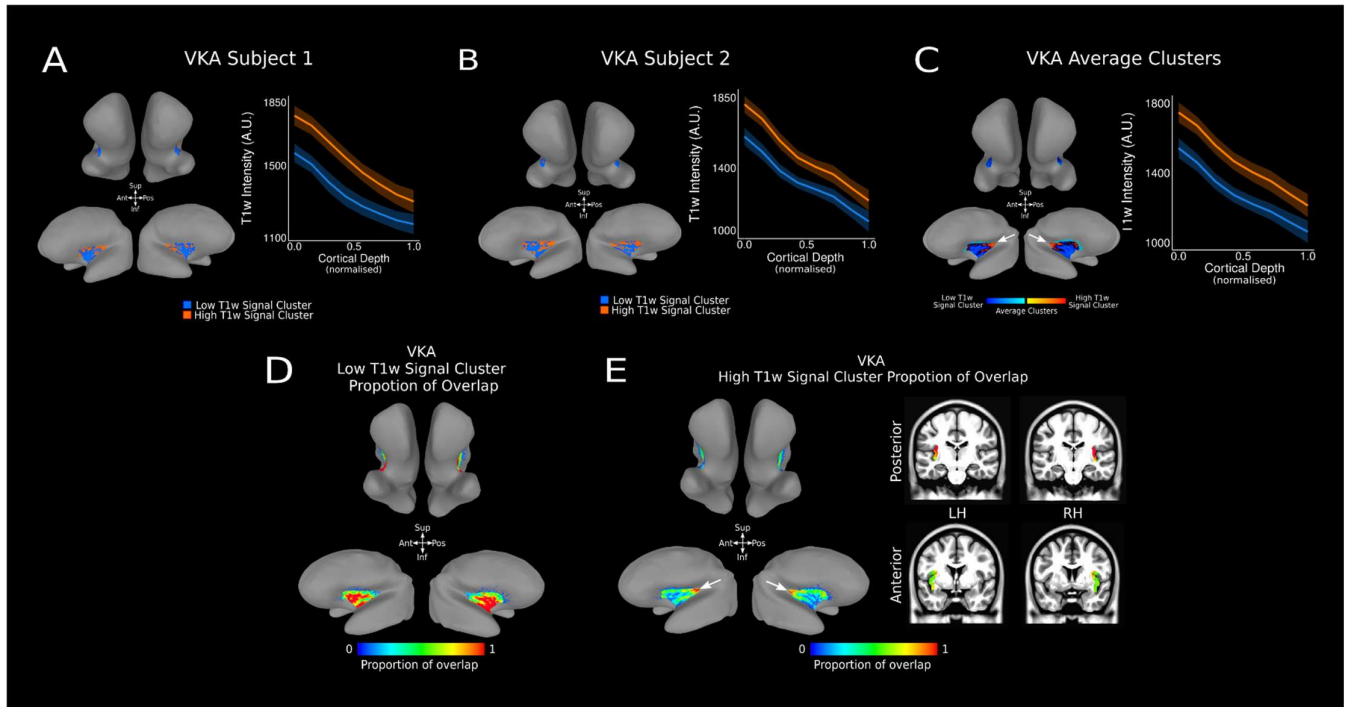
494 **Figure 4, T1-w Intensity Profiles and Clusters in DTK insula ROI.**
 495 **A-B.** Average high (orange) and low (blue) T1-w intensity profiles for the insula DKT ROI at the
 496 individual subject level. T1-w intensity is plotted along cortical depth and clusters are visualised on
 497 the MNI SUMA surface of the individual's cortex (high T1-w intensity cluster – orange – and low T1-w
 498 intensity cluster – blue –). **C.** Average high (orange) and low (blue) T1-w intensity profiles for the
 499 insula DKT ROI across 21 subjects. T1-w intensity is plotted across cortical depth and average clusters
 500 across 21 subjects are visualised on the SUMA MNI surface. White arrows identify two areas of high
 501 T1-w signal clusters, located in the posterior-superior and anterior-inferior region of the DKT insula
 502 ROI. **D.** Proportion of overlap for low-T1-w signal cluster within the insula DKT ROI across 21 subjects,
 503 visualised on the average MNI SUMA surface. **E.** Proportion of overlap for high T1-w signal cluster for
 504 the insula DKT ROI across 21 subjects visualised on the MNI SUMA surface and on coronal slices in
 505 MNI space. White arrows identify two areas of high overlap for high-T1-w signal cluster, located in
 506 the posterior-superior and anterior-inferior region of the DKT insula ROI.

507

508 **T1-w Intensity Profiles and Clusters on the VKA Insula ROI**

509 Following the results using the DKT atlas, we then aimed to replicate our findings in the VKA
 510 atlas employed by (Royer et al., 2020). Distinct high- and low-T1-w intensity profiles are also
 511 evident across the VKA atlas insula ROI at an individual level (Figure 5A,B) and group level
 512 (Figure 5C). As with the DKT atlas, T1-w signal monotonically decreases along cortical depth
 513 in both the high- and low-T1-w signal cluster (estimate = -469.40, $t=-529.13$, $P<0.001$). Equally,

514 a high-T1-w intensity cluster is localised to the posterior-superior section of the VKA insula
 515 ROI (Figure 5C,E white arrows), while the low-T1-w intensity cluster is localised in the middle-
 516 anterior region of the VKA insula ROI. Statistical analysis confirms this difference in intercept
 517 (estimate = 209.66, $t=268.50$, $p<0.001$) and in slope (estimate = -61.60 $t=-47.63$ $p<0.001$)
 518 between the high and low T1-w intensity profiles.
 519

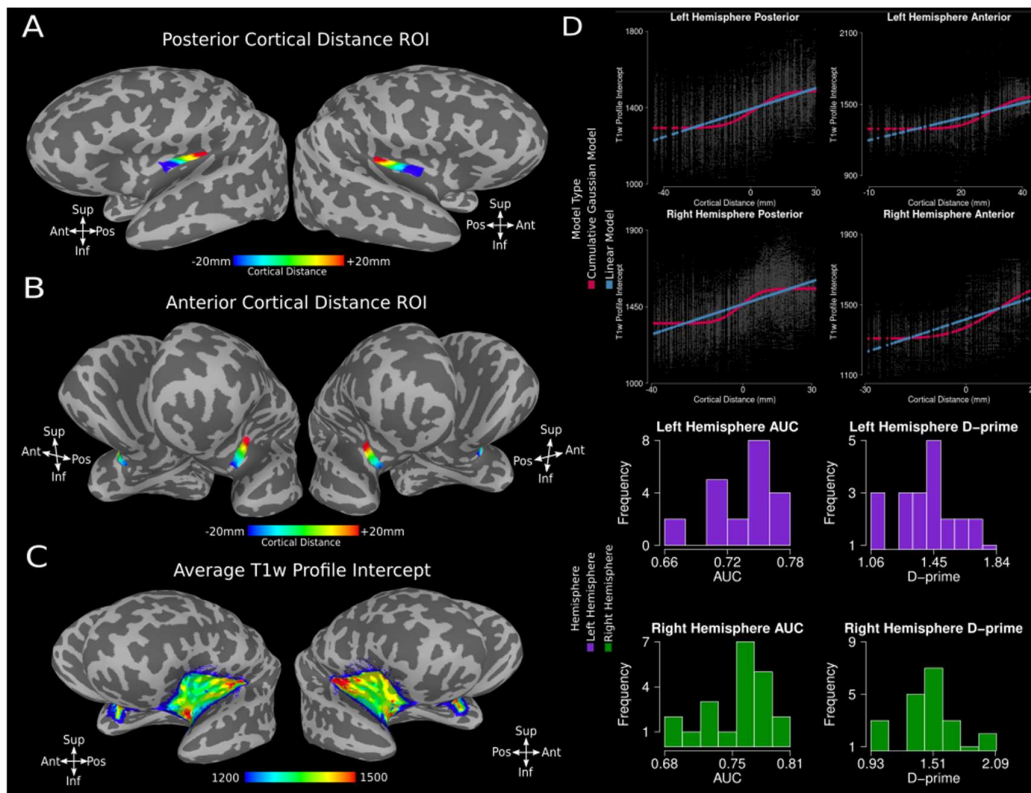


520 **Figure 5, T1-w Intensity Profiles and Clusters in VKA Insula ROI.**
 521 **A-B.** Average high (orange) and low (blue) T1-w intensity profiles for the insula VKA ROI at the
 522 individual subject level. T1-w intensity is plotted along cortical depth and clusters are visualised on
 523 the MNI SUMA surface of the individual's cortex (high T1-w intensity cluster – orange – and low T1-w
 524 intensity cluster – blue –). **C.** Average high (orange) and low (blue) T1-w intensity profiles for the
 525 insula VKA ROI across 21 subjects. T1-w intensity is plotted across cortical depth and average clusters
 526 across 21 subjects are visualised on the SUMA MNI surface. The white arrow identifies the single area
 527 of high T1-w signal clusters, located in the posterior-superior region of the VKA insula ROI. **D.**
 528 Proportion of overlap for low-T1-w signal cluster within the insula VKA ROI across 21 subjects,
 529 visualised on the average MNI SUMA surface. **E.** Proportion of overlap for high T1-w signal cluster for
 530 the insula VKA ROI across 21 subjects visualised on the MNI SUMA surface and on coronal slices in
 531 MNI space. The white arrow identifies the single area of high overlap for high-T1-w signal cluster,
 532 located in the posterior-superior region of the VKA insula ROI.
 533

534 T1-w Intensity Profiles are Arranged in Clusters

535 It is important to note that any continuous gradient could result in separate clusters after
 536 being thresholded by any clustering algorithm. ‘True’ separate clusters should be identified
 537 by a sudden change (transient) in properties when transitioning from one cluster to
 538 another.

539 We manually drew ROIs, crossing the border between neighbouring clusters on the MNI
 540 surface space and computed the corresponding geodesic distances within the ROI (Figure 6
 541 A,B). Different clusters are defined by different offsets (different T1-w profile intercept for
 542 the high- and low-T1-w signal clusters). For this reason, for each subject and cortical location
 543 within the insula ROI, we projected on the MNI surface the T1-w profile intercept (Figure
 544 6C). A continuous gradient between the high-T1-w signal cluster and the low-T1-w signal
 545 cluster would manifest as a linear change in T1-w profile intercept along the cortical
 546 distance between the two clusters. On the other hand, a transient change in T1-w profile
 547 intercept along the cortical distance between clusters should be better approximated by a
 548 stepwise function (Figure 6D, blue and red curves for the linear and stepwise cumulative
 549 Gaussian fit, respectively).
 550



551 **Figure 6: Gradient vs Clustering in DKT Insula ROI.**

552 **A.** Cortical distance maps for posterior insula (left and right hemisphere). **B.** Cortical distance map for
 553 anterior insula (left and right hemisphere). **C.** T1-w profiles intercept map over MNI SUMA surface for
 554 the left and right hemisphere. **D.** T1-w signal intensity intercept along cortical distance for each of
 555 the four ROI depicted in panels A,B. Original data is reported in grey, the result of the linear fit is
 556 reported in blue, the result of the cumulative Gaussian fit is reported in red (see legend). Histograms
 557 show the computed AUC and corresponding D-prime from the logistic regression analysis (see section
 558 Stability of insula cluster maps in Analysis). AUC values are above 0.5 in each individual participant,
 559 indicating the stability of the clustering results at the individual participant level. The corresponding

560 *D*-prime values further support this observation, with the worst *D*-prime values ~ 1 and the most
561 representative value being ~ 1.5 , approximately corresponding to a hit-rate of 85% and a proportion
562 of false-alarms of 25% in the leave-one-out scenario. See text for further details.

563

564 To disentangle between different alternatives, we fit a linear and a cumulative Gaussian
565 model on T1-w signal intercept over cortical distance and assessed which model best
566 captured variability in the data. Results indicate that the cumulative Gaussian model
567 outperforms the linear model on each of the 4 ROI across high- and low-T1-w signal clusters
568 in the posterior and anterior insula, for each hemisphere (see Table 1).

569

570

571

Region	Model	AIC	BIC
LHP	Cumulative Gaussian***	236705.62	236745.05
	Linear	237773.96	237797.61
LHA	Cumulative Gaussian***	107748.69	107784.28
	Linear	109379.79	109401.15
RHP	Cumulative Gaussian***	302910.52	302951.11
	Linear	304587.00	304611.35
RHA	Cumulative Gaussian***	89478.06	89512.66
	Linear	90328.40	90349.16

*** P < 0.0001

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Table 1. Summary Statistics of Linear and A Cumulative Gaussian Model on T1-w Signal Intercept Over Cortical Distance.

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These results indicate that the clusters we report cannot be explained by a simple gradient along the insula, but rather by a transient change in properties along cortical distance (Figure 6D). A *D*-prime value of 1 indicates a level of discriminability following approximately a hit-rate of 75% and a proportion of false-alarms of 30%. This indicates that in the worst case, our leave-one-out model (the average of all individuals minus one) could correctly predict whether a high-T1-w profile of the left-out individual was categorised as being high-T1-w intensity 75% of the time, whereas a low-T1-w profile was wrongly categorised as high- on 30% of the times. We want to stress how our worst observed *D*-prime hovered around 1, with the most frequent value at the individual participant, individual insula level being ~ 1.5 , corresponding to a hit-rate of 85% and a proportion of false-alarms of 25%, indicating that these clusters can be separated reliably.

606 **AHEAD Dataset**

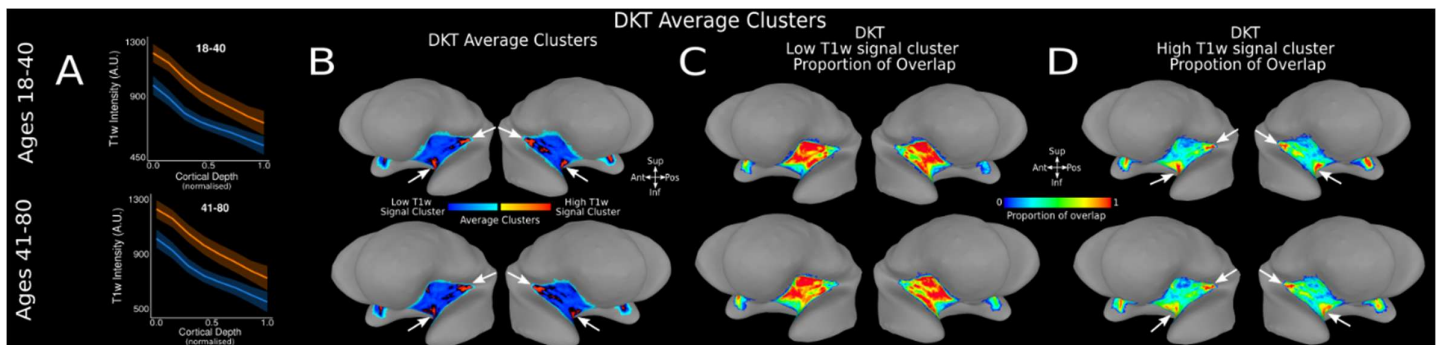
607 Utilising the same analysis pipeline, we replicated and expanded the reported initial findings
608 from 21 participants (Glasgow) in a different cohort of 101 subjects using the AHEAD
609 dataset. Importantly, the AHEAD dataset is a multi-contrast anatomical dataset where the
610 authors acquired data using an MP2RAGE sequence with similar parameters as the
611 MP2RAGE sequence we used to acquire data in Glasgow (see methods for more details
612 about the dataset). Here we report results, from T1-w, T1Map and R1Map signal at the
613 population level. Individual-level T1-w intensity profiles and clusters from the AHEAD
614 dataset are reported in Supplementary Materials, Figure SF1.

615

616 **Group-Level T1-w Intensity Profiles and Clusters Within the DKT Insula ROI of** 617 **the AHEAD Dataset**

618 Utilising a larger sample from the AHEAD dataset resulted in a broader age range and
619 subsequent increase in anatomical variability. To manage this variability in our group-level
620 analysis, we divided the cohort into two age groups splitting the data in approximately two
621 halves: ages 18-40 (n = 52 participants) and ages 41-80 (n = 49 participants). T1-w signal
622 monotonically decreases along cortical depth in both the high- and low-T1-w signal cluster
623 for participants aged 18-40 (estimate = -433.40, t=-710.20, p<0.001) and participants aged
624 41-80 (estimate = -446.13, t=-644.31, p<0.001). We observed distinct high- and low-T1-w
625 intensity profiles across DTK insula ROI in both age groups (Figure 7A, B). Statistical analysis
626 confirms a significant difference in intercept (I) and slope (S) in participants aged 18-40 (I:
627 estimate = 249.87, t=398.68, p<0.001; S: estimate = -91.12, t=-88.19, p<0.001) and 41-80 (I:
628 estimate = 227.73, t=363.49, p<0.001; S: estimate = -66.80, t=-64.62, p<0.001). The majority
629 of individual subject's low- (Figure 7C) and high- (Figure 7D) T1-w signal clusters are
630 localised within the same cortical location of the DKT insula ROI. As in the Glasgow dataset,
631 high T1-w intensity clusters are localised towards the anterior-inferior and posterior-
632 superior DKT insula ROI (Figure 7B,D white arrows) and the low T1-w intensity cluster is
633 localised in the middle region of the DKT insula ROI. Across the population, the high T1-w
634 clusters location occupy 34% of the DKT surface insula ROI (here we defined a high T1-w
635 cluster location across the population as those nodes on the cortical surface where more
636 than 70% of individuals show a high T1-w intensity cluster).

637



638 **Figure 7, T1-w Intensity Profiles and Clusters in DTK Insula ROI for Two Age Groups in AHEAD**
 639 **Dataset.**
 640 **A.** Average high (orange) and low (blue) T1-w intensity profiles plotted across cortical depth for the
 641 insula DTK ROI in age groups 18-40 (n=52) - panel 1 - and 41-80 (n=49) - panel 2. **B.** Average clusters
 642 across subjects in each age group are visualised on the SUMA MNI surface. White arrows identify two
 643 areas of high T1-w signal clusters, located in the posterior-superior and anterior-inferior region of the
 644 DTK insula ROI for each age group. **C.** Proportion of overlap for low-T1-w signal cluster within the
 645 insula DTK ROI across each age group, over on the average MNI SUMA surface. **D.** Proportion of
 646 overlap for high T1-w signal cluster for the insula DTK ROI across each age group visualised on the
 647 MNI SUMA surface. White arrows identify two areas of high overlap for high-T1-w signal cluster,
 648 located in the posterior-superior and anterior-inferior region of the DTK insula ROI.

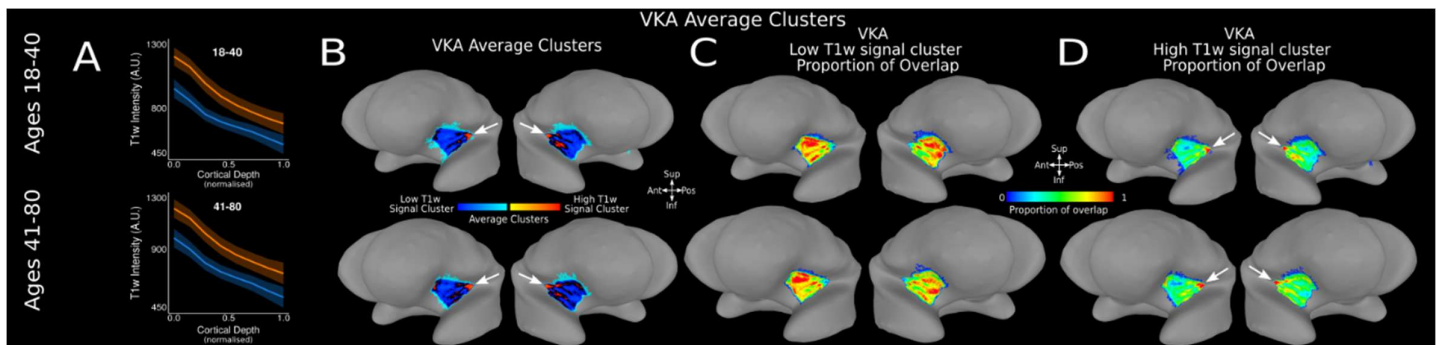
649

650 **Group-Level T1-w Intensity Profiles and Clusters Within the VKA Insula ROI of** 651 **the AHEAD Dataset**

652 We replicate our findings employing the VKA atlas across the two AHEAD age groups.
 653 Distinct high- and low-T1-w intensity profiles are evident across the VKA atlas insula ROI at a
 654 group level for both age groups (Figure 8A). As with the DTK atlas, T1-w signal monotonically
 655 decreases along cortical depth in both the high- and low-T1-w signal cluster observed on the
 656 VKA insula ROI in participants aged 18-40 (estimate = -425.04, $t=-1272.60$, $p<0.001$) and
 657 participants aged 41-80 (estimate = -441.42, -1120.80, $p<0.001$). Similarly, statistical analysis
 658 confirm a significant difference in intercept (I) and slope (S) in participants aged 18-40 (I:
 659 estimate = 247.23, $t=761.7$, $p<0.001$; S: estimate = -114.61, $t=-214.4$, $p<0.001$) and 41-80 (I:
 660 estimate = 229.17, $t=680.0$, $p<0.001$; S: estimate = -76.46, $t=-137.4$, $p<0.001$). Moreover, a
 661 high-T1-w intensity cluster is localised to the posterior-superior section of the VKA insula
 662 ROI (Figure 8 B,D white arrow), while the low-T1-w intensity cluster is localised in the
 663 middle-anterior region of the VKA insula ROI.

664

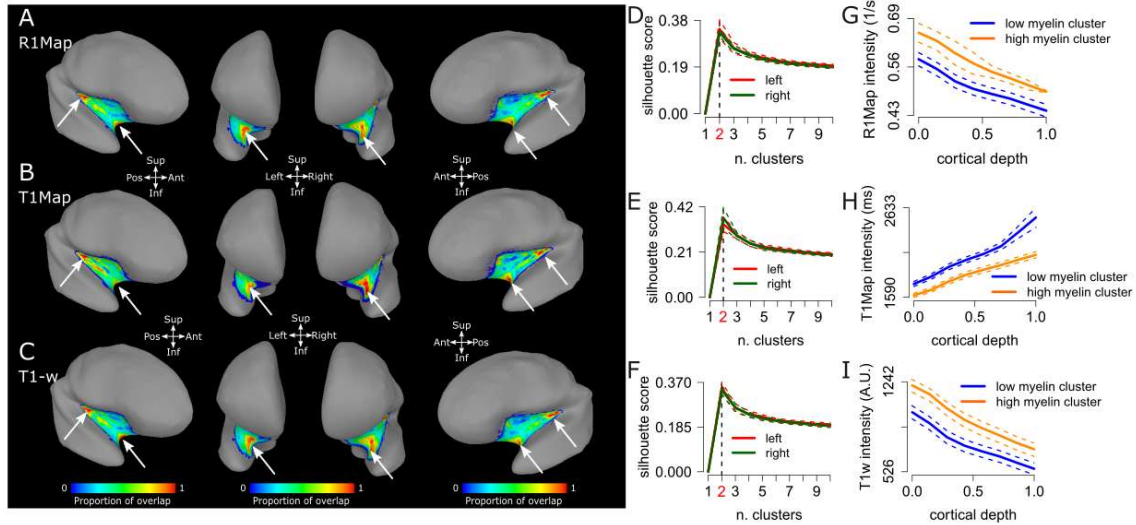
665



666 **Figure 8: T1-w Intensity Profiles and Clusters in VKA Insula ROI for Two Age Groups in AHEAD**
 667 **Dataset.**
 668 **A.** Average high (orange) and low (blue) T1-w intensity profiles plotted across cortical depth for the
 669 insula VKA ROI in age groups 18-40 (n=52) - panel 1 - and 41-80 (n=49) - panel 2. **B.** Average clusters
 670 across subjects in each age group are visualised on the SUMA MNI surface. White arrow identifies
 671 one area of high T1-w signal clusters, located in the posterior-superior of the VKA insula ROI for each
 672 age group. **C.** Proportion of overlap for low-T1-w signal cluster within the insula VKA ROI across each
 673 age group, visualised on the average MNI SUMA surface. **D.** Proportion of overlap for high T1-w
 674 signal cluster for the insula VKA ROI across each age group visualised on the MNI SUMA surface.
 675 White arrow identifies one area of high overlap for high-T1-w signal cluster, located in the posterior-
 676 superior of the VKA insula ROI.
 677

678 **Group-Level T1Map and R1Map Intensity Profiles and Clusters Within the** 679 **DKT Insula ROI of the AHEAD Dataset**

680 We replicated our observations using T1Map and R1Map data available from the AHEAD
 681 dataset (Figure 9). T1Map and R1Map images, represent quantitative maps of T1, reflecting
 682 a proxy for myelin content (Bock et al., 2013; Glasser & Essen, 2011; Lutti et al., 2013).
 683 R1Map signal monotonically decreases along cortical depth in both the high- and low-signal
 684 clusters observed in the DKT insula ROI (estimate = -0.18. $t=-860.4$, $p<0.001$, Figure 9A).
 685 Note that higher R1Map values are indicative of a relatively higher myelination. Similarly,
 686 statistical analysis confirms a significant difference in intercept (I) and slope (S) (I: estimate =
 687 0.14, $t=550.20$, $p<0.001$; S: estimate =-0.02, $t=-45$, $p<0.001$). T1Map results are qualitatively
 688 similar to those obtained from R1Map, although with inverted contrast, as T1Map signal
 689 monotonically increases along cortical depth (Figure 9B, $t=460.5$, $p<0.001$). For further
 690 reference, results from the average T1-w signal across the whole group (101 participants)
 691 are also reported in Figure 9.



692
693 **Figure 9: Clusters and Intensity profiles in DKT Insula ROI across different modalities (R1Map,**
694 **T1Map and T1-w signal), AHEAD dataset, 101 participants.**

695 **A.** Proportion of overlap for high myelin cluster (relatively high R1Map signal) visualised on the MNI
696 SUMA surface. Proportion of overlap for high R1Map signal cluster (corresponding to a relatively
697 higher local myelination). White arrows identify areas of high overlap for high R1Map signal cluster,
698 located in the posterior-superior and the anterior-inferior location of the DKT insula ROI. **B.** Same as
699 in panel A, here reporting overlap maps for T1Map signal, where relatively low T1Map signal
700 correspond to higher local myelination. **C.** Same as in panels A and B, here reporting overlap maps for
701 T1-w signal, where relatively high T1-w signal corresponds to higher local myelination. **D-F.**
702 Silhouette plots for the left and right hemisphere, derived from R1Map, T1Map and T1-w signal,
703 indicating 2 as the optimal number of clusters. **G.** R1Map cortical depth dependent profiles clustered
704 in relatively higher and lower myelination clusters, respectively. **H.** Same as G, here for T1Map signal.
705 Note that in this case a lower T1Map signal correspond to a relatively higher myelination and vice-
706 versa. **I.** Same as G and H, here for T1-w signal. Note that in this case a higher T1-w signal
707 corresponds to a relatively higher myelination and vice-versa.

708
709 **Summary of Results**

710 Our work offers novel insights into the parcellation of the insula. When employing the DKT
711 atlas, our results reveal separate clusters in the anterior-inferior and posterior-superior
712 insula locations. These findings are consistent across two cohorts, across different age-
713 groups, acquired from two different sites and scanner vendors.

726 Discussion

727

728 Cortical parcellation has been the target for neuroanatomists since the beginning of the
729 twentieth century, to provide the first steps towards linking local cortical structure to the
730 unknown underlying function (Economo & Koskinas, 1925; Geyer & Turner, 2013; Judas &
731 Cepanec, 2010; Vogt, 1903). Initially, studies were performed *ex vivo*, on the basis of cortical
732 differences in myeloarchitectonics (the study of myelinated fibres distribution within grey
733 matter, along cortical depth (Judas & Cepanec, 2010; Vogt, 1903) and cytoarchitectonics (the
734 study of neuronal bodies distribution within grey matter, along cortical depth (Brodmann,
735 1909). Today, we can take advantage of modern high field imaging and gain access to cortical
736 structure with an unprecedented level of detail.

737 Here we applied techniques that allows us to gain insights on *in-vivo* parcellation, not only
738 focusing on between-cortical area distinction, but showcasing an example of within-insula
739 parcellation. Furthermore, we show how the within-insula parcellation is robust at the
740 individual and group levels. We describe *in-vivo* cortical depth-dependent profiles of the
741 insular cortex, drawing upon two independent datasets. We use two atlases to localise the
742 insular cortex: the Desikan-Killiany Atlas (DKT) (Desikan et al., 2006) provided by Freesurfer,
743 and the VonEconomo-Koskinas Atlas (VKA) (Scholtens et al., 2018), as employed in Royer et
744 al (2020). The insula ROI from DKT atlas, extends more towards the anterior portion of the
745 brain compared to the VKA atlas. We identify distinct clusters within the insula. These
746 clusters are characterized by distinct offsets in T1-w, T1Map and R1Map signal at the level
747 of the individual profile along cortical depth and showcase the possibility of performing
748 within-area parcellation using high field imaging, *in-vivo*.

749

750 **Comparison with Previous Research**

751 Previous studies on the insula focused on macaque and human cytoarchitecture reported by
752 Evrard et al (2019) and Kurth et al (2010a). In macaques, Evrard et al. found distinct
753 cytoarchitectonic features in both posterior and anterior insula. In the posterior dysgranular
754 compartment, Evrard et al (2019) observed a series of thin, horizontally arranged stripes
755 differing in cell density and laminar structure. On the other hand, in the anterior agranular
756 compartment, the authors observed a localised cluster of large projection von Economo
757 neurons. Kurth et al (2010a), report similar clusters of cytoarchitecture in the posterior
758 region of the human insula but their analysis does not extend towards the anterior portion
759 of the insula. Consistent with these observations, Royer et al's (2020) seminal study used 3T
760 HCP data (Glasser et al., 2013) to identify two primary myelin content gradients within the
761 human insula at a group level: an anterior-to-posterior gradient and a dorsal-to-ventral
762 gradient. This structural variation is also supported by a functional parcellation of the insula,
763 linking differential myelin distribution to its diverse cognitive and emotional processing
764 functions (Uddin et al., 2017).

765

766 In our current study, we used 7T MP2RAGE data employing the VKA atlas (as used in Royer
767 et al., 2020) and observe similar increases in T1-w signal in the posterior-superior region of
768 the insula. Moreover, employing the DKT atlas, we also detect an increase in T1-w signal in
769 the anterior-ventral region, which was not previously reported in macaque studies. Two,
770 non-mutually exclusive explanations could account for the discrepancy between our results
771 and the known macaque insular organization. First, the anterior-inferior cluster may

772 represent a genuine inter-species difference - present in humans but absent in macaques.
773 Second, the divergence may reflect differences in anatomical definitions of the insula, akin
774 to the discrepancy between the DKT and VKA atlases, the former of which extends the
775 insular boundary further anteriorly. We believe our results indicate that the second
776 alternative is more probable than the first. Specifically, the differences between atlases in
777 the way the insula ROI is defined can lead to potentially missing the presence of the highly
778 myelinated cluster in the anterior-inferior portion of the insula.

779
780 As illustrated by Figure 6, our findings evidence separate clusters characterized by relatively
781 high myelination. On the other hand, Royer et al., (2020) instead documented the presence
782 of a myelin gradient between comparable regions of the human insula. The difference
783 between a continuous gradient reported in Royer et al., (2020) and the separate clusters
784 reported here can be probably ascribed to the single subject analysis approach adopted in
785 the current manuscript, as well as the isotropic, submillimetre spatial resolution of 7T
786 MP2RAGE data. 7T MRI showcases several theoretical benefits over lower field strengths:
787 increased spatial resolution, contrast- and signal-to-noise ratios (CNR and SNR, respectively).
788 Overall, these benefits result in higher quality imaging within comparable acquisition times,
789 which are manifest from a research and clinical perspective (Alkemade et al., 2020; Inglese
790 et al., 2018; Isaacs et al., 2020; Kraff et al., 2015; Peerlings et al., 2019; Trattinig et al., 2018).
791 Importantly, our approach allows for reliable parcellation at both the individual participant
792 and group levels within the insula.

793
794 Previous research has delineated key structural characteristics of the posterior insula,
795 including three distinct cytoarchitectural areas (Kurth et al., 2010a), high myelination (Royer
796 et al., 2020), and extensive connections to other cortical regions such as the cingulate,
797 parietal, frontal, and sensorimotor areas of the brain (Nomi et al., 2018; Uddin et al., 2017).
798 These structural features underscore the posterior insula's role in aggregating sensory
799 information and facilitating functions such as temperature and pain perception (Nomi et al.,
800 2018; Uddin et al., 2017). Our observed increase myelination in the posterior insula, as
801 identified using both the DKT and VKA atlases, corroborates Royer et al.'s findings and
802 provides additional structural insights into the insula structural organization. Tian & Zalesky
803 (2018) identified meaningful gradients along the insula anterior posterior dimension based
804 on the analysis of human resting state data. These results are compatible with the main
805 anterior-posterior gradient reported in Royer et al., 2020 using structural MRI. Similar
806 analytical approaches can be found in Farrugia et al., (2024) and Bajada et al., (2020). See
807 also Supplementary materials: *Functional gradients in the human insula*.

808
809 Nomi et al. (2018) and Uddin et al. (2017) further elaborate on the connections between the
810 anterior insula location and the frontal and limbic regions of the brain, emphasising the
811 importance of these connections in supporting and influencing higher-level cognitive and
812 affective processes. Based on the current literature, we speculate that the relatively high-
813 myelination cluster we observe in both the posterior and anterior insular regions (using the
814 DKT atlas ROI), could represent input and output zones within the insula's network (Nomi et
815 al., 2018; Uddin et al., 2017; Evrard et al., 2019). Through well-myelinated afferent and
816 efferent connections, these regions might facilitate the flow of information to and from
817 other regions within the insula and the surrounding cortical areas. This structural
818 specialisation may be instrumental in supporting the diverse functionality attributed to the

819 posterior and anterior insula regions, with the mid insula, as noted by Nomi et al. (2018) and
820 Uddin et al. (2017), potentially acting as a transitional region. Furthermore, our findings also
821 align with earlier reports of neuromodulatory and sensory input via connections to
822 sensorimotor regions, thus underscoring its role as a hub for sensory integration (Gogolla,
823 2017; Klugah-Brown et al., 2023).

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825

826 **Methodological Considerations/ Limitations**

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828 ***DKT and VKA Atlases***

829

830 Our results indicate that the distribution of clusters is dependent upon the atlas used to
831 define the insula. Starting from the DKT atlas, we identify two distinct clusters of relatively
832 high- and low- myelination within the insula. Further analysis reveals how these clusters are
833 localised in three distinct compartments within the insula ROI, distributed across its
834 posterior, anterior-inferior, and middle sections, with the former two regions notably
835 associated with relatively higher myelination levels.

836 We identify similar clusters starting from the VKA atlas. However, these are distributed in
837 two cortical compartments instead, associated with high- and low-myelination clusters in
838 the posterior and middle-anterior portion of the insula, respectively. A second high-
839 myelination location cannot be identified in the anterior portion of the VKA insular ROI, due
840 to the lesser extend of the VKA insula ROI towards the anterior portion of the brain
841 compared to the DKT insula ROI.

842 This difference between the results obtained with the DKT and VKA atlases stems from the
843 distinct criteria employed to delineate regions of interest (ROIs)—whether based on
844 cytoarchitectonics or sulcal patterns—which inherently result in variations in ROI definitions
845 across atlases.

846 Importantly, these differences can, in turn, lead to divergent characterizations of the
847 functional or structural properties of a given ROI. Each atlas definition approach carries its
848 own strengths and limitations. Given these atlas-specific idiosyncrasies, it is valuable to
849 report ROI-based analyses using multiple atlases, as done in the current manuscript. This
850 approach enables a more comprehensive understanding by highlighting both consistent
851 findings and those that vary depending on atlas selection.

852

853 ***MRI contrast and its specificity for myelin***

854

855 T1-weighted, T1Map and R1Map signals largely captures variances in lipid levels, a factor
856 closely linked to myelin presence, yet the signal is also shaped by iron levels in the blood
857 stream and iron-enriched lipids (Fukunaga et al., 2010; Koenig, 1991; Stüber et al., 2014).
858 Consequently, the contrast observed in cortical depth dependent profiles may result from a
859 mix of myelin and iron located within the grey matter.

860

861 ***Proximity to large arteries***

862

863 As part of our analysis, we document that the anterior high myelination profile is adjacent
864 to the nearby middle cerebral artery (MCA, Türe et al., 2000). See Supplementary Materials,
865 Figure SF2 and section '*DKT Atlas, The Influence of The Middle Cerebral Artery on T1-w*

866 *Signal Intensity'*. Given the spatial resolution of the MR image voxels to 0.7mm, our results
867 are influenced by the partial volume effect whereby the presence of multiple tissues within
868 a voxel leads to mixed signal intensities. This effect can cause inaccuracies in the
869 representation of tissue boundaries and structures (Billot et al., 2020). Therefore, given the
870 proximity, there is a possibility that the signal from the MCA could alter/confound the
871 intensity of the anterior high myelination profile. As shown in our analysis (Supplementary
872 Materials, Figure SF2), the average T1-w profile in the posterior insula cluster differs
873 significantly from the average T1-w profile in the anterior insula cluster with the latter being
874 shallower than the former. However, the proximity of the MCA does not disrupt the overall
875 grey matter segmentation in neighbouring locations, nor does it disrupt the shape of the T1-
876 w profile in the anterior insula cluster (DKT atlas, see Supplementary Materials, Figure SF2).

877

878 **Clinical Relevance & Future Research Directions**

879

880 Our results on the DKT atlas allow us to gain a deeper understanding of the structural
881 features of the human insula and represent a structural counterpart to the functional
882 tripartite insular parcellation (Menon et al., 2020).

883 Our observed two clusters solution (one cluster characterized by a relatively lower
884 myelination compared to the second cluster) is arranged in 3 separate compartments over
885 in the human insula: 1) the superior-posterior portion of the insula is characterized by
886 relatively high T1-w intensity and high R1Map intensity, 2) the inferior-anterior portion of
887 the insula is also characterized by relatively high T1-w intensity and high R1Map intensity,
888 and 3) the middle portion of the human insula is characterized by a relatively low T1-w and
889 low R1Map intensity.

890 Moreover, given their robustness at the individual level, they represent a promising first
891 step towards an individualised – precision medicine - approach that could find venues of
892 application for clinical populations where the insula appears to be critically involved.

893 For example, the insula's activity correlates with the prolonged experience of pain,
894 (Segerdahl et al., 2015).

895 We speculate that the study of individual myelination profiles could provide greater insights
896 into the insula's role in pain perception and modulation, possibly allowing to differentiate
897 between healthy and pathological states, as well as enable more targeted diagnosis and
898 treatment of patients with pain conditions. For example, as measured by PET, insula
899 hypometabolism predicts remission with cognitive behaviour therapy and poor response to
900 a selective serotonin reuptake inhibitor antidepressant (escitalopram), while insula
901 hypermetabolism predicts remission with escitalopram and poor response to cognitive
902 behaviour therapy (McGrath et al., 2013).

903 In this study, utilising high-resolution 7-Tesla imaging allowed us to step away from the
904 traditional 'one-size-fits-all' analytical approach, focusing instead on individual-specific data.
905 This approach requires the development of novel software and analytical methods, tailored
906 to manage this high-resolution data. By prioritising the unique characteristics of each
907 subject's brain structure, we ensure that the specific nuances are thoroughly captured,
908 laying a foundation for personalised treatment planning (Waehnert et al., 2016).

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913 **Conclusion**

914 In conclusion, we describe in-vivo clusters in the anterior and posterior locations of the
915 insula cortex on an individual and group level. We also characterise how application of
916 different atlases can influence the identification of clusters within the insula. Building from
917 historical approaches on cortical parcellation (Judas & Capanec, 2010; Nieuwenhuys, 2012b;
918 Vogt, 1903) and modern in-vivo imaging techniques (Alkemade et al., 2020; Bock et al.,
919 2013; Glasser & Essen, 2011; Lutti et al., 2013; Royer et al., 2020), our work offers novel
920 insights into the within-insula parcellation in-vivo, in humans. These findings offer a robust
921 representation of in-vivo insula T1-w, R1Map and T1map signal used as a proxy of
922 myelination, both at individual and group levels, and sets the stage for using insula cortical
923 depth dependent profiles for clinical applications as chronic pain and inflammation
924 (Segerdahl et al., 2015; Rolls, 2023).

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