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3D mapping of language networks in clinical and pre-clinical Alzheimer's disease

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11 Abstract

12 We investigated the associations between Boston naming and the animal fluency tests and cortical atrophy in 19 probable AD and 5
13 multiple domain amnesic mild cognitive impairment patients who later converted to AD. We applied a surface-based computational
14 anatomy technique to MRI scans of the brain and then used linear regression models to detect associations between animal fluency
15 and Boston Naming Test (BNT) performance and cortical atrophy. The global permutation-corrected significance for the maps associ-
16 ating BNT performance with cortical atrophy was $p = .0124$ for the left and $p = .0196$ for the right hemisphere and for the animal fluency
17 maps $p = .055$ for the left and $p = .073$ for the right hemisphere. The degree of language impairment correlated with cortical atrophy in
18 the left temporal and parietal lobes (BA 20, 21, 37, 39, 40, and 7), bilateral frontal lobes (BA 8, 9, and 44) and the right temporal pole
19 (BA 38). Using a novel 3D mapping technique, we demonstrated that in AD language abilities are strongly influenced by the integrity of
20 the perisylvian cortical regions.

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22 **Keywords:** Language; Alzheimer's disease; Mild cognitive impairment; Animal fluency; Boston Naming Test; Cortical atrophy; Gray matter atrophy;
23 Brain atrophy

25 1. Introduction

26 Contemporary neuroimaging research on brain-behavior correlations focuses almost exclusively on the young
27 healthy human brain, often using functional neuroimaging
28 techniques. Relatively few researchers have attempted to
29 identify anatomically specific correlations between cogni-
30 tion and brain structure in neurodegenerative diseases.
31 Alzheimer's disease (AD) is the most common cause of
32 cognitive decline among people age 65 and older. The
33 underlying pathology consists of intracellular deposits of
34 hyperphosphorylated tau protein and extracellular deposits

of amyloid. The most pervasive sign of AD is declarative 36
memory loss. Another frequent early complaint is anomia. 37
As the disease progresses, semantic impairment becomes 38
more noticeable and frequently a transcortical sensory 39
aphasia ensues, with relatively preserved syntax and pho- 40
nologic abilities (Pasquier, 1999). The increasingly studied 41
intermediate cognitive state of mild cognitive impairment 42
(MCI) is also associated with AD-type pathologic changes, 43
and is of interest as those with MCI transition to AD at a 44
rate of 12–15% per year (Bennett, Schneider, Bienias, 45
Evans, & Wilson, 2005; Jicha et al., 2006). 46

From a neuroanatomical perspective, language process- 47
ing involves many different systems that have more or less 48
selective roles in language processing. It is thought that the 49
areas processing phonological and semantic representa- 50
tions lie in the posterior left hemisphere (temporal and 51
parietal cortices). Tasks such as phoneme monitoring seem 52

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53 to involve the frontal cortices while retrieval of phonolog-
54 ical word forms involves the left posterior middle and infe-
55 rior temporal regions. Anomic deficits result from anterior
56 or inferior temporal lobe lesions suggesting that these areas
57 house the semantic representations. The anterior left infe-
58 rior frontal gyrus participates in lexical categorization,
59 semantic generation and semantic judgment; the posterior
60 left inferior frontal gyrus participates in phonemic moni-
61 toring (Bookheimer, 2002; Martin, 2003).

62 The linguistic correlates in AD have been almost
63 exclusively examined with functional neuroimaging. The
64 ¹⁸[F]fluorodeoxyglucose positron emission tomography
65 (FDG-PET) study by Zahn et al. (Zahn et al., 2004)
66 investigated the correlation between regional cortical
67 hypometabolism and impaired performance on verbal
68 and non-verbal semantic tasks from the Consortium to
69 Establish a Registry for AD (CERAD) battery. While
70 investigating the relationship between the CERAD lan-
71 guage tests and FDG-PET metabolism in AD Teipel
72 et al. found the Animal fluency test to be associated with
73 left temporo-parietal and left prefrontal metabolism,
74 while the abbreviated 15-item Boston Naming Test
75 (BNT) version linked to left middle temporal, left supe-
76 rior parietal and fusiform metabolism. (Teipel et al.,
77 2006) Impaired verbal and non-verbal semantic perfor-
78 mance correlated with hypometabolism in the left ante-
79 rior temporal (Brodmann areas, BA 21 and 38),
80 posterior inferior temporal (BA 37), inferior parietal
81 (supramarginal gyrus, BA 40) and medial occipital cortex
82 (Zahn et al., 2004). Another FDG-PET study by Hirono
83 et al. described correlations between animal fluency and
84 the left superior and inferior frontal, bilateral anterior
85 cingulate and left inferior temporal metabolism, and
86 naming performance was found to correlate with left
87 middle and inferior temporal metabolism (Hirono
88 et al., 2001). A third FDG-PET study reported that animal
89 fluency correlated with left frontal, left temporal and
90 left more than right parietal lobe hypometabolism
91 (Welsh, Hoffman, Earl, & Hanson, 1994). One structural
92 neuroimaging AD study reported a correlation between
93 performance on the Aachen aphasia battery and the left
94 temporal lobe volume (Pantel, Schonknecht, Essig, & Sc
95 hroder, 2004). Boston Naming Test (BNT) and animal
96 fluency performance correlated with temporal and frontal
97 lobe volumes in another AD study using the magnetiza-
98 tion transfer technique (van der Flier et al., 2002).

99 In the present study, we analyzed 1.5 T structural mag-
100 netic resonance imaging (MRI) data using a novel cortical
101 pattern matching technique to control for inter-subject
102 anatomical variability. The technique employs sulcal-based
103 cortical alignment to better localize disease-specific cortical
104 atrophy and has been further developed to analyze struc-
105 ture–function correlations. It has been well validated in
106 several neurodegenerative (Apostolova et al., in press; Ball-
107 maier et al., 2004; Ballmaier et al., 2004; Thompson et al.,
108 2003; Thompson et al., 2004), psychiatric (Ballmaier et al.,
109 2004; Sowell et al., 2003; Thompson et al., 2004) and devel-

opmental (Sowell et al., 2003; Sowell, Thompson, Tessner, 110
& Toga, 2001) imaging studies. 111

The language impairments observed in patients with AD 112
are complex. Some have postulated that the word-finding 113
difficulty is the direct result of general impairments in expli- 114
cit memory while visuo-perceptual deficits have also been 115
proposed as a potential contributor to naming breakdown 116
(Cromier, Margison, & Fisk, 1991). However, converging 117
evidence have implicated the semantic and/or lexical sys- 118
tems as the primary source of the naming impairment com- 119
monly observed in AD. More specifically, early in the 120
dementing process, the ability to consciously access of lex- 121
ical information about a target word is impaired (Chenery, 122
Murdoch, & Ingram, 1996), but as the disease progresses, it 123
is likely that degradation of the semantic system occurs 124
resulting in impaired naming in structured tasks as well 125
as in spontaneous conversation (Chenery et al., 1996; Huff, 126
Corkin, & Growdon, 1986; Nicholas, Opler, Au, & Albert, 127
1996; Shuttleworth & Huber, 1988). The BNT and animal 128
fluency tests tap into lexical and semantic retrieval opera- 129
tions and were chosen to measure these specific aspects of 130
language breakdown in AD. 131

2. Subjects and methods 132

2.1. Subjects 133

We enrolled 19 probable AD and 5 multiple domain 134
amnesic MCI patients who later converted to probable 135
AD. Their diagnoses were established based on the 136
National Institute of Neurologic and Communicative Dis- 137
orders and Stroke and the AD and Related Disorders 138
Association (NINCDS–ADRDA) criteria for AD (McKh- 139
ann et al., 1984) and the Petersen criteria for amnesic MCI 140
(Petersen et al., 2001). All five MCI subjects met the NIN- 141
CDS–ADRDA criteria for probable AD during subse- 142
quent follow-up. Additional inclusion criteria were age 143
55–90 years, no evidence of a concurrent general medical 144
condition of sufficient severity to impact cognition, no his- 145
tory of drug or alcohol abuse, no concurrent psychiatric or 146
other neurological illness and a MMSE score above 18 for 147
the mild AD group to assure their ability to perform ade- 148
quately on the language instruments described below. We 149
excluded subjects whose baseline images were acquired 150
more than 6 months from the date of neuropsychological 151
evaluation and those with conditions precluding safe per- 152
formance of MRI. Demographic and neuropsychological 153
data for the subjects in our study are provided in Table 1. 154

2.2. Neuropsychologic testing 155

We tested semantic fluency with the animal fluency test 156
where subjects are asked to name as many animals as pos- 157
sible within 1 min (Benton & deS, 1989). The test taps into 158
many functions—semantic knowledge, efficient planning, 159
searching and retrieval strategies, set-shifting, intact work- 160
ing memory, and finally lexical retrieval of specific phono- 161

Table 1
Demographic and neuropsychological variables

Variable	AD		MCI	
	Mean	SD	Mean	SD
Age (years)	76	8.9	69.6	7.3
Education (years)	14.1	2.0	16.4	3.0
Gender (M:F)	10:9	N/A	4:1	N/A
Race (W:AA:A)	15:1:3	N/A	5:0:0	N/A
MMSE	23.6	3.90	28.8	0.84
BNT raw	39.1	13.0	51.8	2.2
BNT Z score	-3.78	3.1	-1.7	1.1
Animals raw	10.2	4.7	13.8	4.4
Animals Z score	-1.65	1.1	-0.9	1.0

M, male; F, female; W, white; AA, African American; A, Asian; MMSE, mini-mental state examination.

logic entities. We tested naming with the Boston Naming Test (BNT) where subjects are asked to name 60 line drawings of objects and animals (Kaplan, Goodgalss, & Weintraub, 1983). This test taps into semantic knowledge and lexical retrieval. Both tests also rely on intact perception, comprehension, motivation, and attention. Test scores for both measures were age- and education-adjusted.

2.3. Image acquisition and processing

All subjects underwent 3D brain MRI scanning with SPGR (spoiled gradient echo) acquisition parameters: repetition time (TR) 28 ms, time to echo (TE) 6 ms, field of view (FOV) 220 mm, 256 × 192 matrix, and slice thickness 1.5 mm. The raw data was scaled and spatially normalized to the International Consortium for Brain Mapping ICBM53 average brain imaging template with a nine-parameter linear transformation method (Collins, Neelin, Peters, & Evans, 1994). Magnetic susceptibility artifacts and image non-uniformities were reduced using a regularized tricubic B-spline approach (Shattuck, Sandor-Leahy, Schaper, Rottenberg, & Leahy, 2001). The skull and soft tissues were automatically removed and the results visually inspected and manually corrected as appropriate to correct mislabeling of brain and non-brain tissues. 3D hemispheric reconstructions were created and 38 sulci per hemisphere were manually traced following a detailed well-established and validated protocol, with previously reported inter-rater reliability (Sowell et al., 2000; Hayashi et al., 2002). The sulcal traces of all 24 subjects were then averaged in 3D space. The hemispheric surfaces were parameterized, flattened and warped so that the individual sulcal lines were transformed to explicitly match the average sulcal lines thus substantially controlling for inter-individual variability in gyral patterning and cortical shape. Gray matter volumes were extracted (Shattuck et al., 2001) and mapped onto the hemispheric models that were in precise spatial registration with them. We used a widely used regional gray matter volumetric measure known as gray matter density (GMD) for our analyses. GMD represents the proportion of tissue labeled as gray matter within a 10 mm radius

of each surface point (Wright et al., 1995; Ashburner & Friston, 2000; Good et al., 2001; Good et al., 2001). The age- and education-corrected individual test scores were entered as covariates in a general linear model that predicted the 3D cortical GM density at each cortical point for each subject. The results of these correlation analyses were plotted as a map of correlation values on the cortex, with associated significance values at each cortical point. The significance map was corrected for multiple comparisons by permutation testing using a threshold of $p < .01$ to define a suprathreshold region. The area of this suprathreshold region was compared with a statistical null distribution of correlations that occurred by chance when test scores were randomly assigned to subjects, in 100,000 random simulations. These methods have been described in detail elsewhere and are somewhat standard (Thompson et al., 2003; Apostolova et al., in press).

To test whether the observed associations are language specific vs. non-specific (e.g., reflecting AD disease severity) we searched for an association between the test scores and MMSE. We first ran Pearson correlation coefficients searching for significant association between the BNT or animal fluency and MMSE scores. None of the tests were correlated with MMSE scores (BNT $r = .097$, $p = .65$; animal fluency $r = -.092$, $p = .67$). We then developed separate linear regression models with BNT and animal fluency scores as the dependent and MMSE the predictor variable. Based on these models, we were able to compute the residual BNT and animal fluency scores unaccounted for by MMSE. We used these residualized scores as dependent variables in the statistical analyses at each cortical surface point.

3. Results

The global permutation-corrected significance for the maps associating BNT performance and cortical atrophy was $p = .0124$ for the left and $p = .0196$ for the right hemisphere (Fig. 1) and for the animal fluency maps $p = .055$ for the left and $p = .073$ for the right hemisphere (Fig. 2). All 3D statistical and correlation maps showed strong left-sided lateralization, with greater effect sizes and more of the left hemisphere cortex showing atrophy that was statistically linked with language function.

Strong positive correlations ($r > .37$) between BNT performance and gray matter atrophy were seen in the posterior middle and inferior temporal gyri (BA 21 and 37), temporo-occipital (BA 37 and 19) and parieto-occipital (BA 39 and 19) association cortices. In the frontal lobes, relationships were seen in the posterior halves of the middle and superior frontal gyri bilaterally (BA 8 and 9) as well as in BA 46, 10, and 44, on the right. BNT performance also correlated strongly with gray matter atrophy in the left inferior sensorimotor strips (BA 1–4), parts of the posterior left inferior frontal gyrus (BA 44), the left fusiform gyrus (BA 20) and the right temporal pole (mostly BA 38). Strong correlations were seen in the bilateral entorhinal

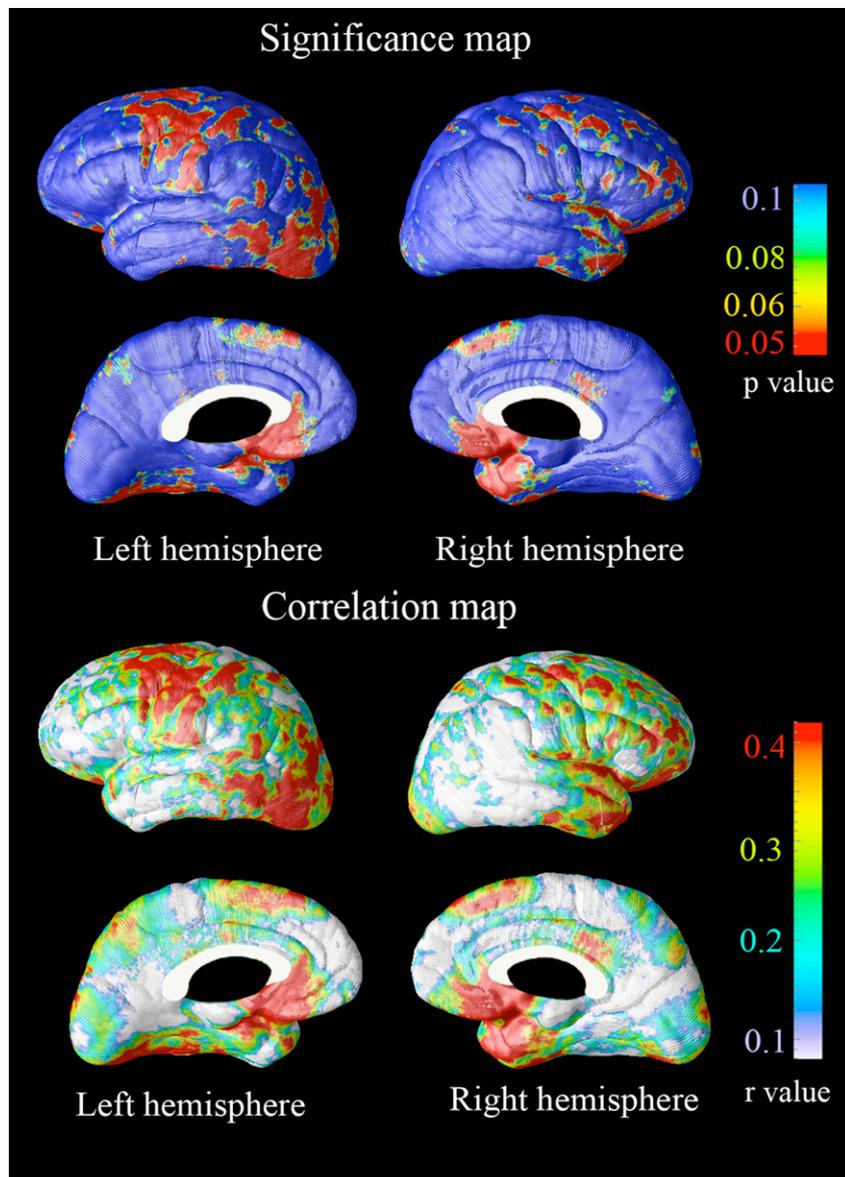


Fig. 1. Statistical (top) and correlation maps (bottom) demonstrating the association between the Boston Naming Test score and gray matter density in subjects with clinical and pre-clinical Alzheimer's disease.

(BA 28), anterior cingulate (BA 32) and mesial orbitofrontal cortex (BA 12 and 25; Fig. 1).

Animal fluency showed a different regional correlation pattern (Fig. 3). While it also associated with atrophy in the posterior superior and middle frontal gyri, the somatomotor cortex (SMA) the anterior cingulate and the posterior left temporal lobe association areas, it did not correlate with structural differential in the right temporal pole. Parietal association cortical atrophy correlated more strongly and extensively with performance on the animal fluency test relative to the BNT. Correlations with visual association cortices such as the inferior temporal and the occipital association areas appeared stronger for BNT as opposed to animal fluency.

In addition, Fig. 3 shows the MMSE significance map for our patient cohort displaying the regional correlations between the MMSE score and cortical atrophy.

MMSE performance was associated with atrophy in bilateral entorhinal, parahippocampal, precuneal, inferior, and lateral temporal and lateral parietal areas as we previously reported (Apostolova et al., 2006). Only few areas of overlap between the MMSE map and the BNT and animal fluency maps (Figs. 2 and 3) can be appreciated—the right temporal pole and left posterior temporal cortices for BNT, and the left lateral parietal and lateral posterior temporal and left precuneal cortices for animal fluency. These findings further support the reported weak correlation between the language tests and the MMSE score.

4. Discussion

The neuroanatomical correlates of lexical and semantic retrieval deficits often seen in AD have been almost

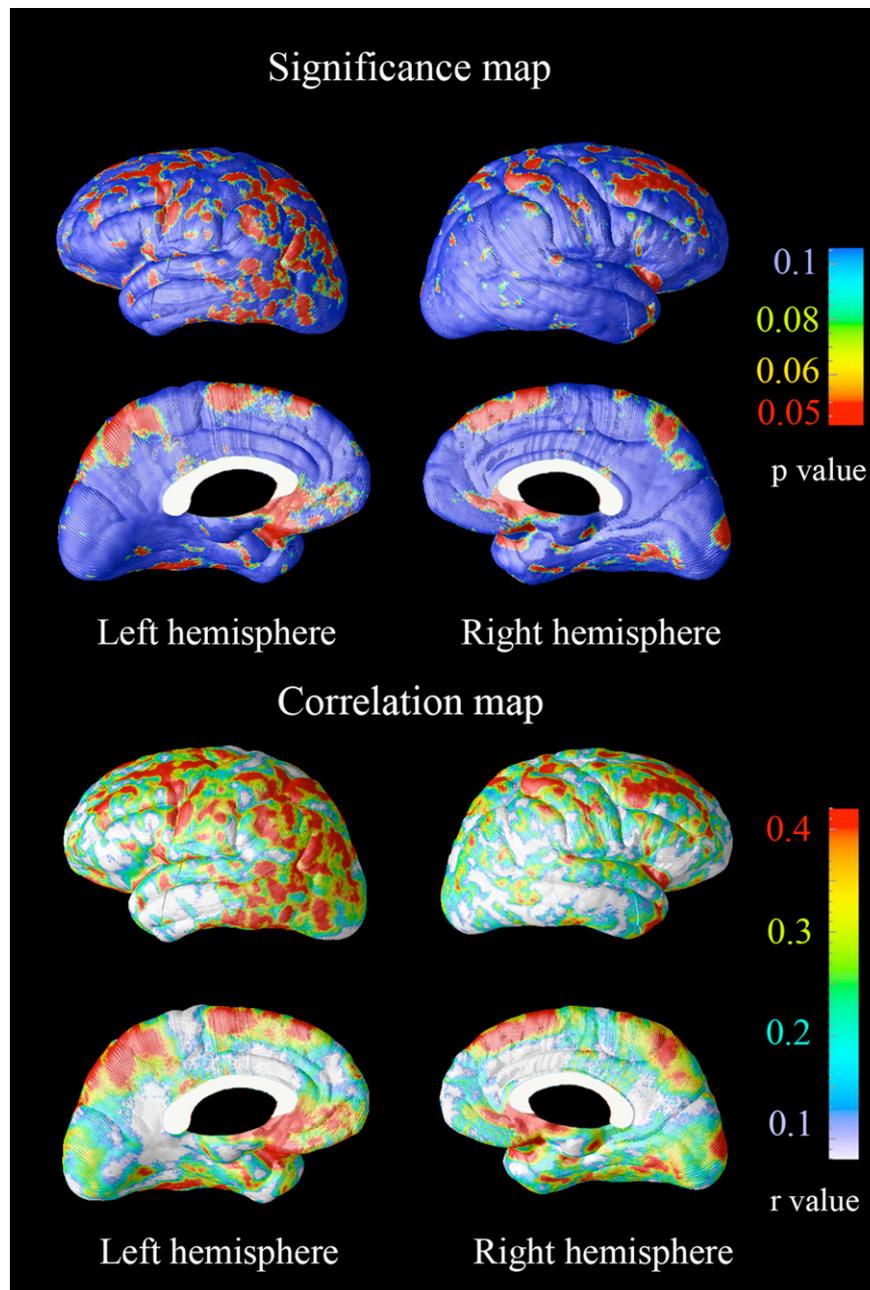


Fig. 2. Statistical (top) and correlation maps (bottom) demonstrating the association between the Animal Fluency Test score and gray matter density in subjects with clinical and pre-clinical Alzheimer's disease.

288 exclusively examined with functional neuroimaging. Only
 289 few studies have attempted to define the linkage between
 290 language impairment and cortical atrophy in AD (Pantel
 291 et al., 2004; van der Flier et al., 2002; Teipel et al.,
 292 2006).

293 In the current study, we tested the correlation between
 294 cortical atrophy in AD, and each of two language tests
 295 (i.e., verbal semantic fluency and naming). Both tests
 296 require intact semantic and phonologic processing and
 297 are probably supported by structures in both hemispheres
 298 with left-sided predominance.

4.1. Correlations between language test performance and the left hemisphere

299
 300
 301 We found that impairment on either test was associated
 302 with cortical atrophy in the left posterior temporal and
 303 temporo-occipital, and parietal and parieto-occipital asso-
 304 ciation cortices. These cortical areas have been linked to
 305 semantic and phonologic processing (Gold & Buckner,
 306 2002; McGraw, Mathews, Wang, & Phillips, 2001; Pantel
 307 et al., 2004). Greater activation has been reported in the
 308 lateral temporal neocortex (BA 21) in semantic tasks rela-

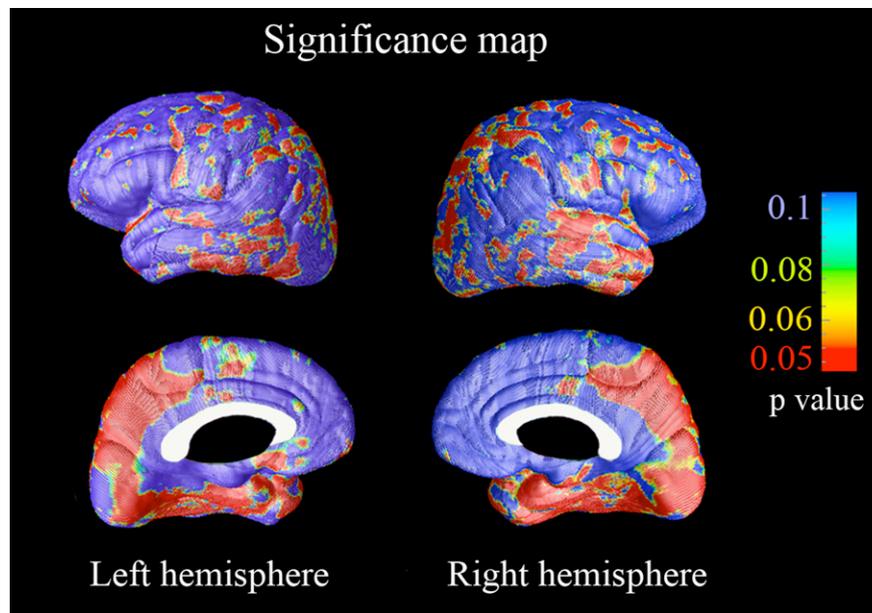


Fig. 3. Statistical map demonstrating the association between the MMSE score and gray matter density in subjects with clinical and pre-clinical Alzheimer's disease.

309 tive to phonologic tasks and the opposite dichotomy has
310 been observed for the parietal neocortex (BA 40) (Gold
311 & Buckner, 2002).

312 The left fusiform and lingual gyri (BA 20) showed rela-
313 tively stronger correlation to naming of line drawings
314 (BNT) in our study while animal fluency performance
315 showed bilateral correlations with inferior temporal atro-
316 phy. Ventral temporal activation has been reported in nam-
317 ing visually presented animals and other stimuli
318 (Grabowski & Damasio, 2000).

319 The parts of the left frontal lobe implicated in language
320 processing were the left premotor areas (BA 6 and 44), infe-
321 rior frontal gyrus (BA 44, 45, and 47) and the supplemen-
322 tary motor cortex (SMA; BA 8 and 9) (Bookheimer, 2002;
323 Gold & Buckner, 2002; Grabowski & Damasio, 2000). BA
324 44 has been consistently implicated in semantic processing
325 (Bookheimer, 2002; Gold & Buckner, 2002; Thompson-
326 Schill, D'Esposito, Aguirre, & Farah, 1997), but some con-
327 sider BA 6 to have a predominantly phonologic (Gold &
328 Buckner, 2002) and others predominantly semantic func-
329 tion (Thompson-Schill et al., 1997). The left premotor cor-
330 tex (BA 6 and 44) is also important for retrieval of
331 responses associated with specific sensory stimuli (Gesch-
332 wind & Iacoboni, 1999). In our study we found associa-
333 tions between naming and verbal fluency performance
334 and BA 6 and 44. We did not see strong effects in the clas-
335 sically defined Broca's area (BA 44, 45, and 47). This could
336 stem from the relatively small sample of our study, lesser
337 atrophy or greater gray matter variance of this area, or
338 to the fact that these tests truly have no association with
339 Broca's area.

340 One model of the functional anatomy of language
341 divides the left hemisphere language-related cortical areas
342 into two subgroups—the language-implementation (the

343 receptive and articulatory language centers) and the lan-
344 guage-mediation areas (the higher order centers linking
345 concepts and language) (Grabowski & Damasio, 2000).
346 The language-implementation areas that show linkage to
347 successful naming and semantic fluency performance in
348 our study were the lower portions of the sensorimotor cor-
349 tices, the SMA and the supramarginal and angular gyri
350 (BA 39–40). The language-mediation areas were the left
351 premotor/prefrontal cortex (BA 6 and 44) and the middle
352 and inferior temporal gyri (BA 21, 20, and 37).

353 A recent study employing the diffusion tensor MRI trac-
354 tography technique identified two parallel pathways con-
355 necting the perisylvian cortical areas (Catani, Jones, &
356 flytche, 2005). In addition to the arcuate fasciculus, Catani
357 et al. identified an indirect pathway connecting the poster-
358 ior frontal lobe (e.g., the classical Broca's area, the middle
359 frontal and inferior precentral gyri) and the supramarginal
360 and angular gyri with a second limb connecting the supra-
361 marginal and angular gyri and the posterior temporal and
362 temporo-occipital regions (Catani et al., 2005). The areas
363 served by this indirect pathway are strikingly similar to
364 the ones we found associated with poor BNT and animal
365 fluency performance in the present study. These two paral-
366 lel pathways may therefore interconnect the language-
367 implementation and language-mediation areas (Grabowski
368 & Damasio, 2000).

4.2. Correlations between language tests performance and the right hemisphere

371 Language performance in AD correlated with GM atrophy
372 in the right frontal association cortices (BA 44, 45, 46,
373 9, 8, and 6) and the right temporal pole (BA 38). There is
374 evidence that the right frontal lobe participates in two lin-

375 guistic processes—verbal episodic memory (BA 8, 9, and
 376 10) and semantic retrieval (BA 8, 9, and 10); it also sup-
 377 ports working memory (BA 9 and 10) and attention (BA
 378 8) (Grady, 1999). There is sparse and somewhat circum-
 379 stantial evidence that the right temporal pole may subserve
 380 a linguistic function. One study showed PET activation of
 381 the right temporal pole (BA 38) in a semantic decision-
 382 making task (Perani et al., 1999). Semantic dementia, a
 383 neurodegenerative disorder from the fronto-temporal
 384 dementia spectrum that presents with progressive semantic
 385 language impairment, is associated with significant atrophy
 386 of both temporal poles albeit with a left-sided predilection
 387 (Mummery et al., 2000; Gorno-Tempini et al., 2004). Thus
 388 it seems plausible that the right temporal pole may partic-
 389 ipate in semantic processing. However, the lack of associa-
 390 tion of either language test with left temporopolar cortical
 391 atrophy was unexpected. It may result from regional vari-
 392 ability of AD pathology in our sample that could contrib-
 393 ute to lesser atrophy or greater gray matter variance of this
 394 area or from magnetic susceptibility artifacts.

395 4.3. Correlations between language tests performance and 396 bilateral cortical regions

397 Atrophic changes of the left and right supplementary
 398 motor area (SMA, BA 8 and 9) and anterior cingulate
 399 gyrus were associated with poorer language test perfor-
 400 mance. The left SMA area has been linked with semantic
 401 judgment (Demonet et al., 1992) while the bilateral
 402 SMA/anterior cingulate gyrus have been implicated in task
 403 initiation, attention and volition (Kertesz, 1999).

404 The correlations of BNT performance and entorhinal
 405 atrophy are of interest. Such correlations were not detected
 406 for the semantic verbal fluency task. A large pathologic
 407 study investigating the association between neuropsychol-
 408 ological test performance and amyloid plaque and neurofi-
 409 brillary tangle counts reported a similar observation.
 410 (Kanne, Balota, Storandt, McKeel, & Morris, 1998) The
 411 authors found poorer performance on BNT but not on ver-
 412 bal fluency to correlate with higher neuritic plaque burden
 413 in the entorhinal cortex.

414 The correlations of the posterior middle and superior
 415 frontal gyri with language test performance were discussed
 416 separately for each hemisphere.

417 4.4. Correlations between MMSE and language test scores

418 The lack of correlation between the MMSE and lan-
 419 guage test performance is somewhat surprising as these
 420 tests are thought to concomitantly decline concomitantly
 421 with AD progression. However we confirmed our findings
 422 via formal correlation analyses, residualized BNT and ani-
 423 mal fluency maps and by visualizing and comparing the
 424 MMSE and the language tests significance maps. There
 425 are two plausible explanations for this observation. The
 426 first explanation supported partly by the MMSE statistical
 427 map is that while all three tests correlate with dementia

severity, MMSE associates mostly with atrophy in regions
 outside these that associate with BNT and animal fluency
 performance. A second explanation may be that the
 MMSE scale, being a brief cognitive instrument, does not
 represent a robust enough dementia severity index, and
 does not link with all the atrophy that is occurring.

428 4.5. Strengths and limitations of our study 434

435 Our findings replicate and build on the data from other
 436 AD structural and functional neuroimaging studies investi-
 437 gating the linkage between language performance and
 438 brain atrophy or cortical hypometabolism (Hirono et al.,
 439 2001; van der Flier et al., 2002; Welsh et al., 1994; Zahn
 440 et al., 2004). However, our study has some relative
 441 strengths and some limitations. Ours is one of a few studies
 442 that attempt to correlate cognitive decline with structural
 443 change in a disease state—e.g., AD. We employ a powerful
 444 localization technique that links corresponding cortical
 445 areas with the greatest precision possible and allows for
 446 3D visualization of the associations. Additionally the tech-
 447 nique visualizes cortical anatomy in 3D rather than a few
 448 pre-selected regions of interest. However, studying brain-
 449 behavior correlations in a disease state could be rather
 450 challenging as the cortical changes that correlate with the
 451 tasks may not be task-specific but rather disease-specific
 452 and thus any conclusions regarding the specificity of these
 453 correlations for a specific test may be erroneous. However,
 454 all regions that associated with the two language tests in
 455 our study have been linked to various linguistic functions
 456 in the literature. We also found no significant association
 457 between the language domain and one of the measures
 458 for disease severity—the MMSE score. Moreover, if the
 459 observed effects were not test-specific one should anticipate
 460 to see in addition to a significant overlap between the areas
 461 associated with language tests and the MMSE more evenly
 462 spread bilateral associations as AD does not favor one
 463 hemisphere over the other, and cortical atrophy is already
 464 relatively widespread in early AD. In this study as
 465 expected, we see strong left-sided lateralization, which con-
 466 forms to the typical left hemispheric dominance for lan-
 467 guage function. Furthermore, if these associations were
 468 not test-specific, we should have observed entorhinal corre-
 469 lations both for the BNT and animal fluency tests. It is
 470 reassuring to find correlations between one of the most
 471 severely affected brain regions and BNT but not verbal flu-
 472 ency, as previously reported by Kanne et al. (Kanne et al.,
 473 1998). On the other hand studies in neurodegenerative dis-
 474 orders such as AD are advantageous as they can help to
 475 validate theoretical frameworks and aid in the understand-
 476 ing of linguistic networks. Our results show that language
 477 function correlates strongly with gray matter atrophy in
 478 language-mediation areas thought to process lexical pho-
 479 nologic and semantic representations, responsible for selec-
 480 tion and retrieval of semantic and phonological knowledge,
 481 and in language-implementation areas concerned with the
 482 receptive and articulatory aspects of language.

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