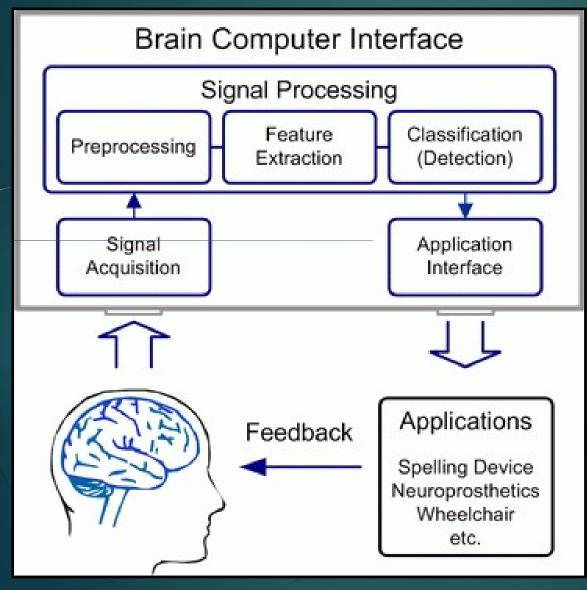
Developing a Standard Unified Terminology for Brain-Computer Interfaces

LUIGI BIANCHI, PH. D. 'TOR VERGATA' UNIVERSITY OF ROME, ITALYEMAIL: LUIGI.BIANCHI@UNIROMA2.IT





Typical BCI system structure



Multidisciplinarity

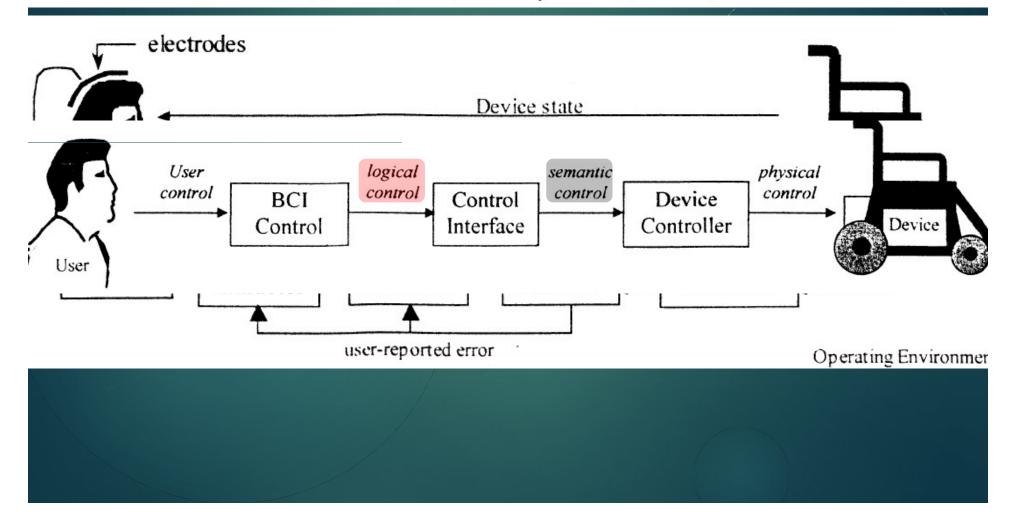
- Psicology
- Engineering
- Neurology
- •Computer Science
- •Information Theory
- •Neuroscience
- Robotics
- •..

Classification

- Cortical area recorded
- Extracted features
- Feedback sensory modality
- Application
- •Input signals
- •...

A General Framework for Brain–Computer Interface Design

Steven G. Mason, Member, IEEE, and Gary E. Birch, Member, IEEE



(Static) Functional Model of a BCI

Control Interface

Translation of LSs into Semantic Symbols (SSs) by means of encoding strategies

Classifier

Extraction of the features of interest and translation into Logical Symbols (LSs)

Collection
Stage
EEG, ECoG, fMRI, fNIRS

Tránslation Transducer Classifier **Processing** LS SS Control Features Application Coll. **Features Translator Interface** Control Extractor **Feedback**

Application Control

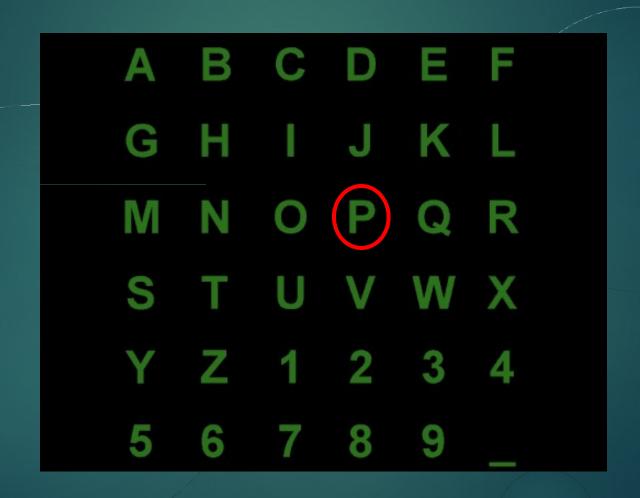
Encoding of SSs into commands towards output devices

Mason et al.," Ann. Biomed. Eng., 2005. Bianchi et al, "TNSRE", 2007.

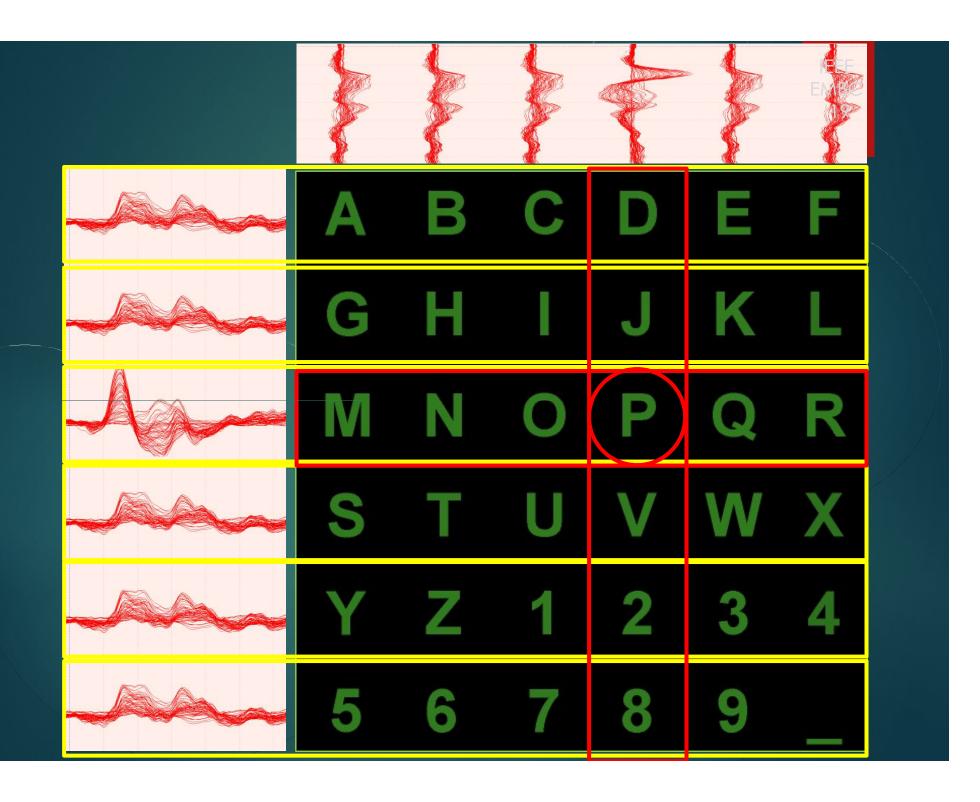
P300

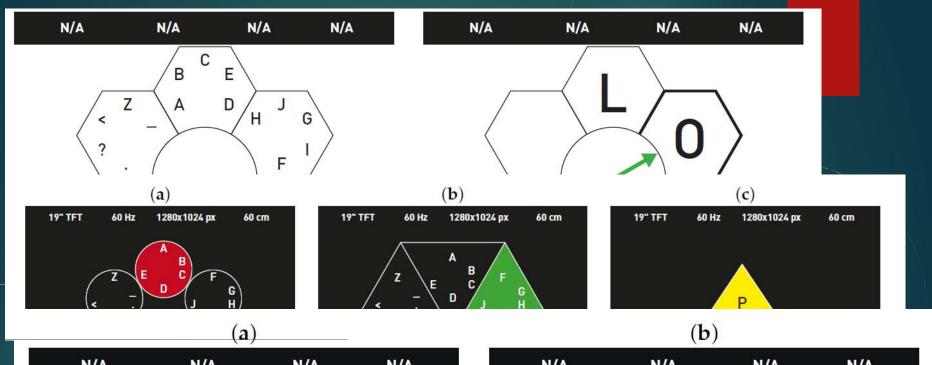


An example: a visual ERP-based protocol





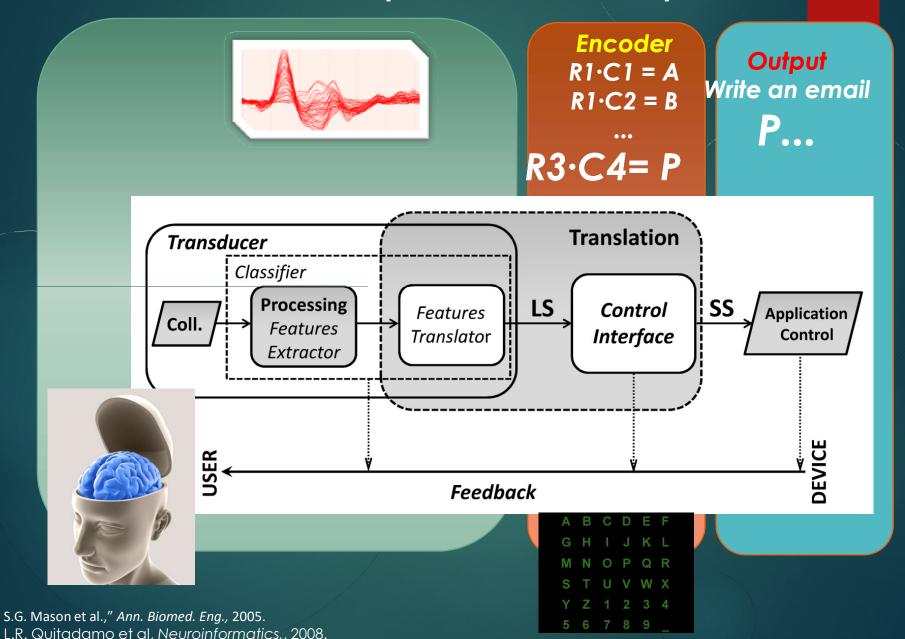




N/A	N/A N/	A N/A
ABC	DEF	GHI
1	2	3
JKL	MN0	PQRS
4	5	6
TUV	WXYZ	DEL
7	8	9

N/A	N/A	N/A	N/A
		1.	Mother
		2.	Mountain
		3.	Mouth
		4.	Move
select one	suggestion	5.	Movement
	→	6.	Not
		7.	Note
		8.	Nothing
		9.	Notice

An example: a P3 Speller



P300 Confusion example

- Performance evaluation
 - Characters per second
 - Selections per second
 - Words per seconds
 - ▶ Bit-rate
 - ▶ Information Transfer Rate
 - Accuracy
 - ▶ Efficiency
 - Mutual Information
- Protocol description
 - ▶ Trial? Session? Run?



SYSTEMATIC REVIEW

published: 06 November 2018 doi: 10.3389/fninf.2018.00078



Most Popular Signal Processing Methods in Motor-Imagery BCI: A Review and Meta-Analysis

Piotr Wierzgała¹, Dariusz Zapała², Grzegorz M. Wojcik^{1*} and Jolanta Masiak³

Department of Neuroinformatics, Faculty of Mathematics, Physics and Computer Science, Institute of Computer Science, Maria Curie-Sklodowska University, Lublin, Poland, Department of Experimental Psychology, The John Paul II Catholic University of Lublin, Lublin, Poland, Neurophysiological Independent Unit of the Department of Psychiatry, Medical University of Lublin, Lublin, Poland

Brain-Computer Interfaces (BCI) constitute an alternative channel of communication between humans and environment. There are a number of different technologies which enable the recording of brain activity. One of these is electroencephalography (EEG). The most common EEG methods include interfaces whose operation is based on changes in the activity of Sensorimotor Rhythms (SMR) during imagery movement, so-called Motor Imagery BCI (MIBCI). The present article is a review of 131 articles published from 1997 to 2017 discussing various procedures of data processing in MIBCI. The experiments described in these publications have been compared in terms of the methods used for data registration and analysis. Some of the studies (76 reports) were subjected to meta-analysis which showed corrected average classification accuracy achieved in these studies at the level of 51.96%, a high degree of heterogeneity of results (Q = 1806577.61; df = 486; p < 0.001; $l^2 = 99.97\%$), as well as significant effects of number of channels, number of mental images, and method of spatial filtering. On the other hand the metaregression failed to provide evidence that there was an increase in the effectiveness of the solutions proposed in the articles published in recent years. The authors have proposed a newly developed standard for presenting results acquired during MIBCI experiments, which is designed to facilitate communication and comparison of essential information regarding the effects observed. Also, based on the findings of descriptive analysis and meta-analysis, the authors formulated recommendations regarding practices applied in research on signal processing in MIBCIs.

OPEN ACCESS

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*Correspondence:

Grzegorz M. Wojcik gmwojcik@live.umcs.edu.pl Keywords: brain-computer interfaces, motor imagery, electroencephalography, meta-analysis, sensorimotor rhythms

TABLE 3 | The sample design of table that could be used to summarize relevant information about a study.

Settings

Amplifier model

Cap model

Type of electrodes

Recorded channels [N]

Analyzed channels [N]

Reference

Ground

Impedance

Data set

Name

Source

Study group

Subjects [N]

Males [N]

Females [N]

Right-handed [N]

Healthy [N]

Experienced [N]

Age (Avg)

Age (SD)

Procedure

Motor imagery task description

Trials [N]

Trial duration [s]

Synchronous [Y/N]

On-line [Y/N]

Methods References

Pre-processing

Feature extraction

Feature selection

Feature classification

Results

Accuracy (Avg) [%]

Accuracy (SD) [%]

ITR [bps]

Motivation for BCI Standards

- ▶ Too much time spent to «synchronize» the terminology among groups
- Too often impossible to compare systems
- Too much time spent to reproduce/adapt tools and methods
- Too much effort spent to share resources
- Virtually impossible to allow interoperability among existing systems.
- **...**
- CAN A USER REALIZE WHICH BCI IS MORE SUITABLE FOR HIS NEEDS?
- ► THIS DRAMATICALLY LIMITS PROGRESS!

IEEE-Standards Association

P2731

Submitter Email: luigi.bianchi@uniroma2.it

Type of Project: New IEEE Standard PAR Request Date: 26-Jun-2018 PAR Approval Date: 27-Sep-2018 PAR Expiration Date: 31-Dec-2022 Status: PAR for a New IEEE Standard

1.1 Project Number: P27311.2 Type of Document: Standard

1.3 Life Cycle: Full Use

2.1 Title: Standard for a Unified Terminology for Brain-Computer Interfaces

3.1 Working Group: Unified Terminology for BCI Working Group (EMB/Stds Com/UT-BCI)

Contact Information for Working Group Chair

Name: Luigi Biancin

Email Add ess: luigi.bianchi@uniroma2.it

Phone: +39-352 2009620

Contact Information for Working Group Vice-Chair

None

3.2 Sponsoring Society and Committee: IEEE Engineering in Medicine and Biology Society/Standards Committee (EMB/Stds Com)

Contact Information for Spansor Chair

Name: Carole Carey

Email Address: c.carev@ieee.org

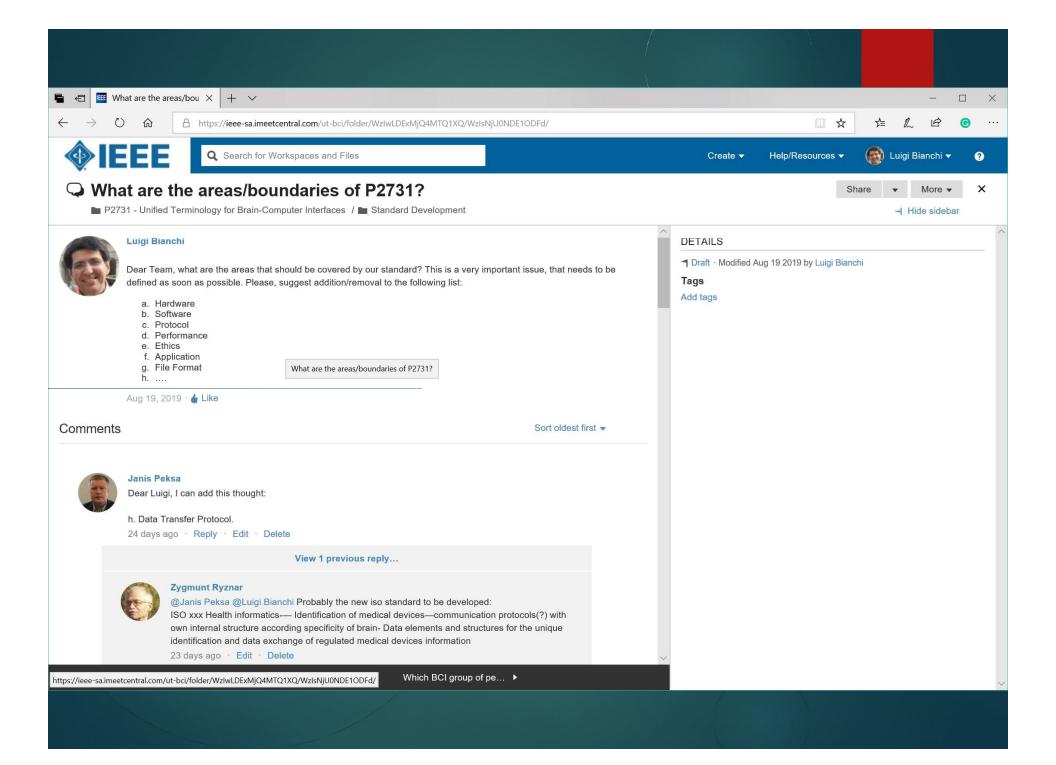
Phone: 301-776 2002

Contact Information for Standards Representative

None

IEEE P2731 Unified Terminology for BCI - WG

- standards must provide clear advantages to the whole community, including patients, manufacturers, scientists and health professionals, in terms of quality, safety and efficiency;
- they must be minimally "invasive" with existing systems. In other words, actual system should not need to be largely modified in order to made them standard compliant;
- they should not reinvent the wheel, but possibly make use of already available standards
- they must be easy to understand;
- they should not represent a limitation to the implementation of new paradigms or an obstacle to innovation;



What are the areas/boundaries of P2731?

- 1.Hardware
- 2. Software
- 3.Protocol
- 4.Performance
- 5.Ethics
- 6.Application
- 7.File Format
- 8. Methods
- 9.Data Transfer Protocol
- 10.Security

- Janis Peksa
- Zygmunt Ryznar
- Surendra Tipparaju
- Chuck Easttom
- Guillermo Sahonero Alvarez
- Jeremy Gleick
- Ali Hossaini

Q: Is the **protocol** section referring to users' training procedures? A: No, I meant P300, SSVEP, C-VEP, etc..

CONCLUSION: The protocol term seems too wide

What are the areas/boundaries of P2731?

Dealing with file formats

Chuck Easttom

I think it is probably beyond our bounds to standardize the format of data? Medical data has HL7 format, and many other areas have specific data formats that allow interoperability. But that seems as if such a project would be a separate standards group in and off itself.

Guillermo Sahonero Alvarez

I agree. Perhaps, we could establish some aspects that data format should have instead of standardizing the format of data strictly?

Who should benefit from P2731?

- 1.Healthy users
- 2 Patients
- 3. Caregivers
- 4.Acquaintances
- 5. Medical doctors
- 6.Neurologists
- 7.Psychologists
- 8.Engineers
- 9. Computer Scientists
- 10.Programmers
- 11.Manufacturers
- 12.Technicians
- 13. Ethical Committees
- 14.Bio engineers
- 15.Electrical engineers
- 16. Neuroscience researchers

17....

Chuck Easttom
Davide Valeriani
Zygmunt Ryznar
Mirza Ishraq Yeahia
Guillermo Sahonero
Alvarez
Surendra Tipparaju
Ali Hossaini

Davide Valeriani

I understand the importance of capturing the different stakeholders, but we should not go into too fine-grained details.

Ali Hossaini

TARGET STAKEHOLDERS

- 1. Users: Healthy users, patients, caregivers
- 2. Computer Scientists: Programmers, database designers
- 3. Medical Doctors
- **4. Researchers**: Neuroscientists, pyschologists, behavioural scientists
- 5. Engineers: Bioengineers, electrical engineers
- 6. Manufacturers
- 7. Technicians:
- **8. Policymakers**: Ethical committees, privacy committees
- **9. Designers**: UI / interface designers, artists, game designers
- 10. Marketing

Proposal for the creation of subgroups

1) BCI Vocabulary (glossary):

start collecting available definitions: most of them are widely accepted.....

make them understandable by all stakeholders, possibly defining the same term with <u>different languages</u>, such as the one of the <u>user</u> or the <u>computer scientist</u>. Some of the definitions will be paradigm specific (e.g. iteration in a P300), some others will be more general (dependent BCI or reactive BCI). With this simple output, we could also gain some visibility.

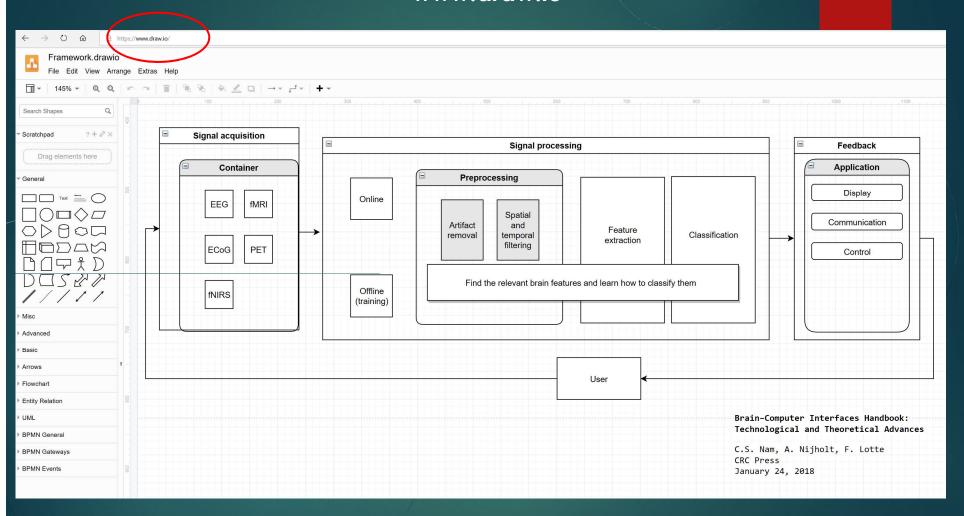
2) **BCI Functional model**. I think this is also very important: having a good functional model would ease the description of a BCI, especially regarding methods, setup, hardware, etc...

3) BCI Description.

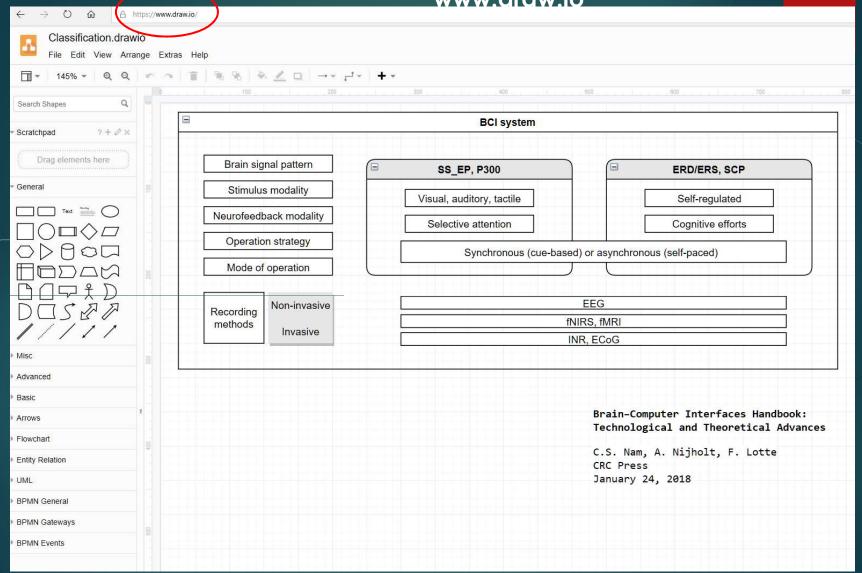
methods (e.g. performance evaluation),
what should be stored into a file (precedes the definition of a file
format)-> P2731 compliant
what should be transmitted.

• • • •

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Thank you!

