

# 1 Early Life Neuroimaging: The Generalizability of Cortical Area Parcellations 2 Across Development

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## 33 34 **Abstract**

35 The cerebral cortex comprises discrete cortical areas that form during  
36 development. Accurate area parcellation in neuroimaging studies enhances statistical  
37 power and comparability across studies. The formation of cortical areas is influenced  
38 by intrinsic embryonic patterning as well as extrinsic inputs, particularly through  
39 postnatal exposure. Given the substantial changes in brain volume, microstructure,  
40 and functional connectivity during the first years of life, we hypothesized that cortical  
41 areas in 1-to-3-year-olds would exhibit major differences from those in neonates and  
42 progressively resemble adults as development progresses.

43 Here, we parcellated the cerebral cortex into putative areas using local  
44 functional connectivity gradients in 92 toddlers at 2 years old. We demonstrated high  
45 reproducibility of these cortical regions across 1-to-3-year-olds in two independent  
46 datasets. The area boundaries in 1-to-3-year-olds were more similar to adults than  
47 neonates. While the age-specific group parcellation fitted better to the underlying  
48 functional connectivity in individuals during the first 3 years, adult area parcellations  
49 might still have some utility in developmental studies, especially in children older than  
50 6 years. Additionally, we provided connectivity-based community assignments of the

51 parcels, showing fragmented anterior and posterior components based on the  
52 strongest connectivity, yet alignment with adult systems when weaker connectivity  
53 was included.

54

## 55 **Keywords**

56 fMRI, functional connectivity, area, parcellation, development, lifespan

57

## 58 **Introduction**

59 Understanding the intricate organization of the human brain is a fundamental  
60 pursuit in systems neuroscience. Previous research has supported the notion that the  
61 cerebral cortex is divided into spatially contiguous areas distinguishable by function,  
62 architecture, connectivity, and/or topographic organization (Felleman and Van Essen,  
63 1991; Glasser *et al.*, 2016; Petersen *et al.*, 2024). It has been hypothesized that the  
64 patterning of cortical areas starts during embryonic development to form a “protomap”  
65 organization (Fukuchi-Shimogori and Grove, 2001), while extrinsic factors refine this  
66 “protomap” into discrete areas (O’Leary, Chou and Sahara, 2007; Cadwell *et al.*,  
67 2019). One important extrinsic factor in this process is the input to the cortex from  
68 thalamocortical axon projections (O’Leary, Chou and Sahara, 2007), which undergo  
69 refinements driven by sensory inputs (Catalano and Shatz, 1998; Tau and Peterson,  
70 2010; Smyser, Snyder and Neil, 2011). The explosive increase in exposure to  
71 environmental stimuli following birth likely plays a significant role in the refinement of  
72 area boundaries shortly after birth. Moreover, synaptic addition and growth of  
73 dendrites and spines also enters a phase of logarithmic growth in the first few months  
74 after birth (Levitt, 2003), suggestive of an elevated period of cortical plasticity.  
75 Considering these factors, it is reasonable to expect that cortical areas in neonates  
76 would show low similarity to those in adults (Myers *et al.*, 2024), with greater similarity  
77 between infant and adult brain areas as the brain develops. Furthermore, it has been  
78 postulated that developmental changes are not uniform across the brain. The  
79 sequence of development has previously been described to follow a sensorimotor-to-  
80 association axis (Flechsig, 1901; Casey *et al.*, 2005; Hill *et al.*, 2010; Tau and Peterson,  
81 2010; Smyser and Neil, 2015; Smyser *et al.*, 2016; Grayson and Fair, 2017; Sydnor *et al.*,  
82 2021), or a posterior-to-anterior axis (Larivière *et al.*, 2020; Q. Li *et al.*, 2024). Few  
83 studies have examined whether the maturation of cortical areas followed either of  
84 these patterns.

85 Many neuroimaging analyses have been conducted at the scale of parcels  
86 (Zalesky *et al.*, 2010; Arslan *et al.*, 2018; Farahani, Karwowski and Lighthall, 2019;  
87 Bijsterbosch *et al.*, 2020; Faskowitz, Betzel and Sporns, 2022, 2022; Helweggen,  
88 Libedinsky and Heuvel, 2023; Luppi *et al.*, 2024). Inaccurate parcellation choice can  
89 lead to the mixing of signals (Smith *et al.*, 2011), conceal known community structure  
90 (Power *et al.*, 2011), and reduce the prediction accuracy of clinical phenotypes  
91 (Abraham *et al.*, 2017). Therefore, choosing a parcellation scheme that closely reflects  
92 the actual area boundaries in the data is of great importance for functional connectivity  
93 (FC) analyses (Grayson and Fair, 2017).

94 Neuroimaging analyses often adopt definitions of cortical areas in adult brains  
95 (Shen *et al.*, 2013; Glasser *et al.*, 2016; Gordon *et al.*, 2016; Schaefer *et al.*, 2018).  
96 However, the dynamic and rapid development of the brain during infancy (Bethlehem  
97 *et al.*, 2022) triggers unique concerns about whether it is valid to apply existing adult  
98 area parcellations to infant brains (Cusack, McCuaig and Linke, 2018; Shi *et al.*,  
99 2018; Oishi, Chang and Huang, 2019; Wang *et al.*, 2023). In response, several

100 infant-specific area parcellations have been developed in recent years (Scheinost *et*  
101 *al.*, 2016; Shi *et al.*, 2018; Wang *et al.*, 2023; Myers *et al.*, 2024). Despite these  
102 advances, having different area parcellations for different age ranges poses a  
103 practical challenge for making coherent comparisons in brain organization across  
104 development. Thus, many researchers have continued to use adult parcellations in  
105 infant studies (Nielsen *et al.*, 2022; Kim *et al.*, 2023; Yates, Ellis and Turk-Browne,  
106 2023), as well as studies across the lifespan (Betzel *et al.*, 2014; Cao *et al.*, 2014;  
107 Zuo *et al.*, 2017; Puxeddu *et al.*, 2020).

108 One crucial factor in determining which parcellation to employ in a given age  
109 range would be the degree to which an age-specific parcellation differs from an adult  
110 parcellation in pediatric samples. However, a systematic examination of parcellations  
111 across age groups is lacking. We aim to a) illustrate how well the area parcellations fit  
112 the functional connectivity data across individual infants/children at various  
113 developmental stages, b) quantify the improvement compared to adult parcellations,  
114 and c) evaluate the potential impact of using an adult parcellation instead of the  
115 proper infant parcellation on downstream analyses. If adult parcellations separate the  
116 cortical areas with comparable success as infant parcellations, utilizing adult  
117 parcellation schemes for developmental cohorts would be justifiable. One prior study  
118 suggested that this was not the case for neonates (Myers *et al.*, 2024). Here we query  
119 whether the adult parcellation would be a reasonable choice for older infants, toddlers  
120 and children.

121 In the current study, we derived a surface-based area parcellation based on FC  
122 local gradient transitions (Cohen *et al.*, 2008; Wig, Laumann and Petersen, 2014;  
123 Gordon *et al.*, 2016) in 92 toddlers at age of 2 years. To test the reproducibility of our  
124 area parcels across groups of subjects and whether the reproducibility followed a  
125 uniform distribution across space, we derived parcellations using half the sample ( $n =$   
126 46). To examine differences in patterns of FC local gradient transition across  
127 development, we quantified the similarity between the boundary maps at different  
128 developmental stages. Furthermore, we compared our area parcellation to alternative  
129 adult and infant parcellations and demonstrated the generalizability and limitations of  
130 our area parcellation for application to various developmental stages. Finally, we  
131 derived the community organization which described the relationship between the  
132 area parcels.

133

## 134 **Methods**

135

### 136 **Neuroimaging Data of Infants/Toddlers for Deriving Area Parcellations**

137 One main goal of this paper is to examine the area parcellations at age 1-3. We  
138 used two infant/toddler datasets: eLABLE (Y2) and BCP (Table 1). The infant/toddler  
139 datasets used in the current study were all collected with a Siemens Prisma 3T  
140 scanner using HCP-style acquisition parameters (Supplementary Table 1). The  
141 functional MRI acquisition lasts 420 frames per scan run with 2-4 runs in Baby  
142 Connectome Project (BCP) and 1-8 runs in the Early Life Adversity, Biological  
143 Embedding (eLABLE) 2-year-old data (Y2). Anatomical scan processing and  
144 segmentation were conducted using age-specific pipelines (Kaplan *et al.*, 2022).  
145 Functional data preprocessing largely followed established procedures (Power *et al.*,  
146 2014). Toddler EPI BOLD preprocessing pipeline was used for eLABLE (Y2) and  
147 DCAN-Infant v0.0.9 (Glasser *et al.*, 2013; Donahue *et al.*, 2016; Autio *et al.*, 2020)  
148 were used for BCP. Motion correction was performed with rigid-body transforms.  
149 Additionally, the functional data were corrected for asynchronous slice time shifts and

150 systematic odd-even slice intensity differences attributable to interleaved acquisition  
 151 (Power *et al.*, 2012). The data were intensity normalized to achieve a consistent whole-  
 152 brain mode value, and subsequently resampled to atlas space before being projected  
 153 onto the 32k\_fs\_LR standard surface (Van Essen *et al.*, 2012). Denoising was  
 154 accomplished by nuisance regression, with regressors consist of a 24-parameter  
 155 Volterra expansion of motion time series, the mean signal over gray-ordinates, and  
 156 the mean signals derived from white matter and cerebrospinal fluid (CSF)  
 157 compartments. The data were bandpass filtered to retain BOLD-specific frequencies  
 158 and geodesically smoothed with Connectome Workbench (Marcus *et al.*, 2011;  
 159 Glasser *et al.*, 2013). Frame censoring was performed based on the frame  
 160 displacement time series (FD > 0.2mm) following age-specific notch-filtering to  
 161 exclude respiratory frequencies (Kaplan *et al.*, 2022). Structural and functional scans  
 162 were manually inspected and runs/sessions that failed quality controls were discarded.  
 163 Additionally, participants who were born preterm (<37 weeks gestational age), had  
 164 any neonatal ICU experience, or had signs of injury on MRI were also excluded from  
 165 the analysis. Functional data with less than 600 low-motion frames were also excluded.  
 166 For additional dataset-specific details, see Supplementary Table 1.

167 A summary of the demographics and image quality of the developmental cohort  
 168 discovery and validation datasets is provided in Table 1. The cross-sectional age  
 169 distribution and the distribution of age in longitudinal sessions are displayed in  
 170 Supplementary Figure 1.

**Table 1. Subject demographics for the two infant/toddler datasets.** For continuous variables, the mean is provided along with standard deviations in brackets. The group identity was defined as the median age rounded to the nearest whole number.

Group	Age (months)	Age Range (months)	Number of participants	Average retained FD (mm)	Frame retention rate (%)	Acquisition time	% White	% Male
<b>eLABE (Y2)</b>								
25 mo	25.2 (1.8)	22-31	92	0.068 (0.021)	92 (9)	20.0 (4.6)	21	59
<b>BCP</b>								
10 mo	9.70 (0.71)	8-10	30	0.080 (0.014)	80 (6)	16.4 (5.3)	70	50
12 mo	12.32 (0.80)	11-13	37	0.076 (0.017)	83 (6)	13.3 (4.7)	78	57
16 mo	15.47 (0.88)	14-16	39	0.079 (0.015)	80 (8)	17.6 (5.5)	79	38
19 mo	19.14 (1.52)	17-22	37	0.078 (0.017)	82 (8)	16.4 (5.8)	81	57
25 mo	25.38 (1.60)	23-28	34	0.078 (0.016)	83 (5)	16.7 (5.5)	74	53

## 171 Neuroimaging Data for Comparing FC Boundaries Across the Lifespan

172 To compare FC boundaries, we additionally included the FC boundaries from  
 173 a young adult dataset (Washington University 120, WU120) used in a widely adopted  
 174 adult parcellation (Gordon *et al.*, 2016) and from the same neonate dataset (eLABE

175 (Birth)) used in a neonatal parcellation (Myers *et al.*, 2024). Acquisition and processing  
176 of these datasets followed similar pipelines to the infant/toddler datasets above and  
177 as briefly described below. For dataset-specific details, please refer to Supplementary  
178 Table 2.

179

#### 180 WU120

181 Data were collected from 120 healthy young adult participants recruited from  
182 the Washington University community during relaxed eyes-open fixation (50% male,  
183 ages 19–32). Scanning was conducted using a Siemens TRIO 3T scanner and  
184 included the collection of high-resolution T1-weighted and T2-weighted images, as  
185 well as an average of 14 min of resting-state fMRI. Detailed acquisition and processing  
186 have been reported previously (Power *et al.*, 2014).

187

#### 188 eLABE (Birth)

189 Inclusion criteria were the same as the eLABE (Y2) cohort. Neuroimaging data  
190 were collected in 261 full-term, healthy neonate offspring shortly after birth (average  
191 postmenstrual age of included participants 41.7 weeks, range 39–45 weeks, 54%  
192 male). A total of 131 participants with the most data following frame censoring were  
193 used to create the FC boundaries. Additional details are in Supplementary Table 2.

194

#### 195 **Neuroimaging Data for Testing the Generalizability of Areas Across the Lifespan**

196 To test for the generalizability of area parcellations across the lifespan, we  
197 additionally include the year-3 timepoint from the eLABE dataset, Healthy Brain  
198 Network (HBN) children dataset, and HCP young adult (HCP-YA) dataset.

199

#### 200 eLABE (Birth)

201 This is the same dataset as above. Because 131 of the participants were  
202 involved in the creation of the Myers-Labonte parcellation (Myers *et al.*, 2024), the  
203 other 130 participants *not used in the parcel generation* were used to test the  
204 parcellation's cluster validity performance to prevent circularity. The acquisition  
205 protocol and processing pipeline were the same as described before (Supplementary  
206 Table 2).

207

#### 208 eLABE (Y3)

209 The inclusion criteria were the same as the eLABE (Y2) cohort. Neuroimaging  
210 data were collected from 132 participants at the age of 3 years. Additional participants  
211 were excluded based on the quality of structural and functional data and having less  
212 than 8 min (600 frames) of low-motion (respiratory-filtered FD < 0.2) data retained,  
213 leaving 65 participants (range = 2.93-3.97 years, mean = 3.22 years, SD = 0.32 years,  
214 63% male). The acquisition protocol and processing pipeline were the same as the  
215 eLABE (Y2) dataset at age two.

216

#### 217 HBN

218 Resting-state fMRI data from 493 participants from the first nine releases of the  
219 Healthy Brain Network (HBN) were divided into 10 groups by year (6-15yr). The [HBN  
220 study](#) is a large, multi-site study of children and young adults ages 5–21 years all  
221 collected in the New York area. Recruitment, consent, and study procedures are  
222 described in the data publication (Alexander *et al.*, 2017) as well as project [website](#).  
223 We used the data from two sites (CitiGroup Cornell Brain Imaging Center (CBIC) and  
224 Rutgers University Brain Imaging Center (RUBIC)).

225 Data were pre-processed using the Human Connectome Project minimal  
226 processing pipeline (Glasser et al., 2013). Additional processing steps (demeaning,  
227 detrending, nuisance regression (with regressors consist of a 24-parameter Volterra  
228 expansion of motion time series, the mean signal over gray-ordinates), bandpass  
229 filtering at 0.008-0.1 Hz to retain BOLD-relevant frequency and frame censoring at FD >  
230 0.2 mm threshold) were carried out using custom-written Python (v3.8) scripts using  
231 the numpy v1.24.4, scipy v1.10.1, nibabel v5.1.0, and pandas v2.0.3 libraries. Each  
232 scan session takes 10 min and all included sessions comprises at least 8 min (600  
233 frames) of low-motion (respiratory-filtered FD < 0.2) data retained. Data was  
234 geodesically smoothed to achieve an effective smoothing of 2.55 sigma gaussian  
235 kernel.

236

### 237 HCP-YA

238 Resting-state fMRI data from a subset of randomly chosen 40 participants not  
239 used for the creation of the Glasser parcellation (Glasser *et al.*, 2016) were selected  
240 from the HCP-YA dataset for external validation of the adult dataset to minimize  
241 circularity. Data was processed with the same standard preprocessing pipeline as WU  
242 120, except that a respiratory-filtered FD < 0.04 mm was used to remove high-motion  
243 frames.

244

### 245 **Creation of FC-transition Boundary Maps and Area Parcels**

246 We segmented the cortical surface into discrete parcels representing putative  
247 cortical areas based on the FC local gradient (Gordon *et al.*, 2016). The FC from each  
248 vertex to every other vertex was calculated as Pearson's correlation of the time series  
249 in individual sessions (Supplementary Figure 2A). The Fisher-Z-transformed FC from  
250 each vertex was correlated with a randomly subsampled set of 594 vertices (1% of the  
251 total vertices) to generate an "FC similarity" matrix, which indexed the similarity in FC  
252 patterns across vertices (Supplementary Figure 2B). We used 1% of the vertices for  
253 computational efficiency without compromising accuracy (Supplementary Materials).  
254 After that, the workbench command "cifti-gradient" was used to calculate the gradient  
255 of FC-transition in individual subjects' surfaces in the standard 32k\_fs\_LR mesh. The  
256 gradient maps were then averaged across all subjects and smoothed with a Gaussian  
257 kernel of 2.55 sigma (Supplementary Figure 2C). A "watershed by flooding" algorithm  
258 (Beucher and Meyer, 1992) was used to create discrete areas separated by  
259 boundaries based on the gradient transitions (Supplementary Figure 2D). The  
260 gradient-based boundary map technique rests on the assumption that FC within a  
261 cortical area is relatively uniform and distinct from FC of an adjacent area (Wig,  
262 Laumann and Petersen, 2014), similar to how areas were distinct in connectivity in  
263 macaque monkeys (Felleman and Van Essen, 1991). Finally, the boundaries from  
264 different gradient maps were averaged to obtain a boundary map that indexed the  
265 probability of a vertex being an area boundary (value ranges between 0 and 1)  
266 (Supplementary Figure 2E).

267 Discrete parcels (Supplementary Figure 2F) from a boundary map were created  
268 by locating the minima in the boundary map, growing parcels from minima using the  
269 watershed algorithm, and merging the watersheds if the median values of boundaries  
270 between them are below a threshold (merging threshold, defined as a percentile of the  
271 boundary map values). Neighboring parcels with sizes smaller than 15 vertices were  
272 merged. Parcels joined only by a single vertex were split. Isolated parcels smaller than  
273 10 vertices were removed. Vertices above 90% in the boundary map values (height  
274 threshold) were left as parcel borders. The resolution of the parcels depends on the

275 merging threshold, with higher merging thresholds leading to a small number of larger  
276 parcels and lower merging thresholds leading to a large number of smaller parcels.  
277 We varied the merging threshold from 20% to 90% (Supplementary Figure 3).

278

### 279 **Parcel Reproducibility**

280 To assess the reproducibility of our results, we generated the boundary map  
281 (Supplementary Figure 2E) and discrete parcels (Supplementary Figure 2F) from non-  
282 overlapping split halves of participants 20 times. For each pair of parcellations at a  
283 merging threshold, we quantified the overlap in the parcels and in the boundaries (See  
284 Section: **Parcel Similarity Measures**). In addition, we divided the brain into 10 equal  
285 bins based on either the position along the sensorimotor-association axis (Sydnor *et*  
286 *al.*, 2021) or the posterior-anterior axis and calculated the parcel reproducibility in each  
287 bin (Supplementary Figure 4).

288

### 289 **Parcel Similarity Measures**

290 Adjusted Rand Index (ARI) calculated on non-boundary vertices was used as  
291 the main measure of similarity across two parcellations. For completeness and  
292 comparability with prior literature, we also calculated the dice coefficient between  
293 parcellations, either as the average dice coefficient across matching pairs of parcels  
294 defined with the largest dice coefficient (Shen *et al.*, 2013), or on binarized parcel  
295 identity maps (with boundaries as 0 and parcels as 1) (Myers *et al.*, 2024). The dice  
296 coefficient between binarized parcel identity maps was biased by the percentage of  
297 the brain covered with parcels (e.g. when there are more/wider boundaries, the  
298 overlap will be higher). For example, in parcellations such as Glasser (Glasser *et al.*,  
299 2013) and AAL (Tzourio-Mazoyer *et al.*, 2002), the dice coefficient calculated this way  
300 would be 1 because those parcellations did not specify boundaries and allocate all  
301 cortical vertices into parcels.

302 Additionally, we compared the binarized parcel boundaries (with boundaries as  
303 1 and parcels as 0). We quantified the differences between the parcel boundaries with  
304 dice coefficient and Hausdorff distance (Shen *et al.*, 2013; Müller, Soto-Rey and  
305 Kramer, 2022), which measures the maximum distance one needs to travel between  
306 two contours. A lower Hausdorff distance indexed a high similarity between  
307 boundaries. We used a spatial distance measure for boundaries because it is less  
308 sensitive to small shifts in space and does not require perfect overlap. To mitigate  
309 sensitivity to, we used two variants of the Hausdorff distance measure: 95% Hausdorff  
310 distance (HD95) (Huttenlocher, Klanderman and Rucklidge, 1993) and average  
311 Hausdorff distance (AHD) (Müller, Soto-Rey and Kramer, 2022). HD95 was defined  
312 as the maximum of the 95<sup>th</sup> percentile of the distances between any point in contour  
313 X to the closest point in another contour Y and the 95<sup>th</sup> percentile of the distances  
314 between contour Y to the closest point in contour X. AHD was defined as the maximum  
315 of the mean distance between contour X and contour Y and the mean distance  
316 between contour Y and contour X.

317

$$318 \quad HD95 = \max(d_{95}(X, Y), d_{95}(Y, X)) \text{ [Equation 1]}$$

$$319 \quad AHD = \max(\bar{d}(X, Y), \bar{d}(Y, X)) \text{ [Equation 2]}$$

320

321 Here “distance” was defined as the geodesic distance between vertices in the  
322 Conte69 surface atlas (Van Essen *et al.*, 2012).

323 Additionally, we generated a null model by generating random rotations around  
324 the x,y, and z axes for a split-half of the total sample of data (Split-I) and calculated  
325 each of the metrics. In theory, this controls for the bias from different merging  
326 thresholds, but due to the presence of the medial wall, spatial permutations often  
327 induce missing data (Markello and Misic, 2021).

328

### 329 **Boundary Map Consistency Across Age**

330 To examine the difference in the area organization across different  
331 developmental stages, we applied the same method to generate boundary maps from  
332 neonates and adults. These were compared to the boundary maps derived from the  
333 eLAbE (Y2) dataset. We computed the similarity between the boundary maps by  
334 taking the top percentiles of the boundary map values and calculating the Hausdorff  
335 distance measures.

336

### 337 **Evaluation of Cluster Validity of Area Parcellation**

338 To evaluate the cluster validity of the area parcellations (i.e. how well they fit  
339 the FC data, we used an unbiased metric for the comparison of parcellations across  
340 different spatial resolutions (Zhi *et al.*, 2022). The distance-dependent boundary  
341 coefficient (DCBC) (Zhi *et al.*, 2022) compares the average difference in similarity  
342 (Pearson's  $r$ , with a value between -1 and 1) of FC profiles from vertices within a parcel  
343 and those from vertices between parcels across geodesic distance bins of 1 mm (e.g.  
344 between 10 mm to 11 mm). As demonstrated in a prior publication (Zhi *et al.*, 2022),  
345 this metric accounts for the spatial smoothness of the data and is relatively unbiased  
346 when comparing parcellations across multiple spatial resolutions (a.k.a. number of  
347 parcels). The expected value of DCBC for a random parcellation was zero regardless  
348 of the resolution of the parcellation, and a positive DCBC would mean better than  
349 random. Thus, no simulation with random null parcellations is necessary to establish  
350 a baseline measurement, as opposed to measures like homogeneity Z-score  
351 compared to a spatially permuted null (Gordon *et al.*, 2016). As a negative control, we  
352 also evaluated a parcellation that randomly partitioned the brain into 304 equally-sized  
353 fragments (Icosahedron) as a control. For implementation details and a comparison  
354 with alternative measures, please refer to the Supplementary Materials.

355

### 356 **Comparing Our Area Parcellation to Alternatives**

357 To further contextualize results, we compared our area parcellation to existing  
358 area parcellations created using adult or infant data. We transformed the area  
359 parcellations into the common 32k\_fs\_LR standard mesh where necessary. Details  
360 for the transformation are provided in the Supplementary Materials.

361 Table 2 summarizes the parcellations tested including the number of parcels,  
362 sources, and original space. In addition, to establish a lower bound of DCBC for the  
363 dataset, we used an Icosahedron-162 parcellation which provided regular  
364 tessellations of the hemispheres in the form of a 3D regular polyhedron with equilateral  
365 triangles as faces (Zhi *et al.*, 2022).

366

367 **Table 2. Adult and Infant Area Parcellations**

Name	Number of parcels	Citation	Original Space
Gordon	333	Gordon, Laumann et al. 2016	32k_fs_LR



Glasser	360	Glasser et al. 2016	32k_fs_LR
Schaefer	400	Schaefer et al. 2018	32k_fs_LR
AAL	82	Tzourio-Mazoyer et al. 2002	MNI152
Desikan	70	Desikan et al. 20016	32k_fs_LR
Shen	200	Shen et al., 2013	MNI152
Myers-Labonte	283	Myers, Labonte et al., 2024	32k_fs_LR
Tu	326	Current study	32k_fs_LR
Wang	864	Wang et al. 2023	32k_fs_LR
Scheinost	87	Scheinost et al., 2016	MNI152
Shi 1 Yr	194	Shi et al., 2018	Age-specific T1 (Shi et al., 2011)
Shi 2 Yr	205	Shi et al., 2018	Age-specific T1 (Shi et al., 2011)
Icosahedron (control)	304	Zhi et al. 2022	32k_fs_LR

368

369

### Comparing Our Area Parcellation to Age-specific Infant Area parcellations

370

Using the boundary maps in Figure 2, we generated age-specific area parcellations with the BCP data divided into 5 groups and a merging threshold of 65%. To test whether finer age-specific parcellation improves cluster validity in infants/toddlers at a certain age, we calculated the DCBC for these five age-group parcellations on a secondary validation dataset containing an additional subset of BCP sessions in the same age range (N = 73 sessions from 51 participants, age range 8-29 months). This validation dataset included more recently released BCP data collected at the University of Minnesota and University of North Carolina Chapel Hill sites. Acquisition and processing details were largely the same as the main BCP dataset described before with an update to the DCAN-Infant pipeline v0.0.22 where zero-padding has been implemented at the filtering step to minimize the distortions in the edges of the time series.

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### Practical Implications of Using Infant and Adult Parcellations

Previously, researchers have found that inaccurate parcellation may reduce the prediction accuracy of clinical phenotypes (Abraham *et al.*, 2017; Dadi *et al.*, 2019).

384

385

386 FC derived from an accurate parcellation should yield satisfactory prediction  
387 accuracies for behavioral phenotypes (Kong *et al.*, 2023) and demonstrate decent  
388 test-retest reliability (Tozzi *et al.*, 2020). We thus compare the prediction accuracy of  
389 age using FC from BCP dataset based on the present 2-year-old parcellation (Tu (326))  
390 and the Gordon parcellation (Gordon *et al.*, 2016), which were the best-performing  
391 infant and adult parcellations on cluster validity respectively. In addition, we assessed  
392 the test-retest reliability of individual edges in the parcellated FC. We constructed a  
393 functional connectome with the first 7.2 min (600 frames for TR = 0.8 and 540 frames  
394 for TR = 0.72) of low-motion (filtered FD<0.2) fMRI data in each subject in the BCP  
395 dataset using the parcellations and applied a linear support vector regression for the  
396 prediction of age (J. Li *et al.*, 2024). The test-retest reliability was assessed with the  
397 first 5 min of two separate scan runs within the same session using an intraclass  
398 correlation coefficient (ICC (3,1))(Shrout and Fleiss, 1979; Tozzi *et al.*, 2020). Details  
399 are provided in the Supplementary Materials.

400

### 401 **Identification of Community Structure in 2-year-olds**

402 To characterize the relationship between the area parcels, we identified the  
403 community structure with the Infomap algorithm on the area parcels as nodes and the  
404 FC between parcels as edges (Rosvall and Bergstrom, 2008; Gordon *et al.*, 2016).  
405 For each participant in the eLABE (Y2) dataset (N = 92), we created a parcellated time  
406 series by calculating the mean within-parcel time series over each of the parcels from  
407 the dense grayordinate time series in 32k\_fs\_LR space with the workbench command  
408 “wb\_command cifti-parcellate”. We then cross-correlated these parcellated time series  
409 to generate a parcel-wise correlation matrix. Parcel-wise correlation matrices were  
410 Fisher z-transformed and averaged across all participants to obtain a group-average  
411 correlation matrix.

412 To reduce the impact of non-neuronal sources of inflation in short-distance  
413 correlation (e.g., data processing, subject motion), we applied an exclusion distance  
414 of 30 mm on the correlation matrix. A range of thresholds was then used to make the  
415 parcel-wise correlation matrix into a weighted sparse graph (edge density in steps of  
416 0.25% ranging from 0.25% to 20%), which were entered as inputs to the Infomap  
417 algorithm. A consensus across thresholds was found with a manual examination of  
418 the communities at different thresholds to identify reliable networks across thresholds  
419 which also matched the prior description of functional systems (Power *et al.*, 2011;  
420 Yeo *et al.*, 2011; Wig, 2017). In addition, we also examined whether the networks at  
421 lower edge density thresholds, keeping the naming convention and colors similar to  
422 what was described in an earlier publication (Myers *et al.*, 2024).

423

## 424 **Results**

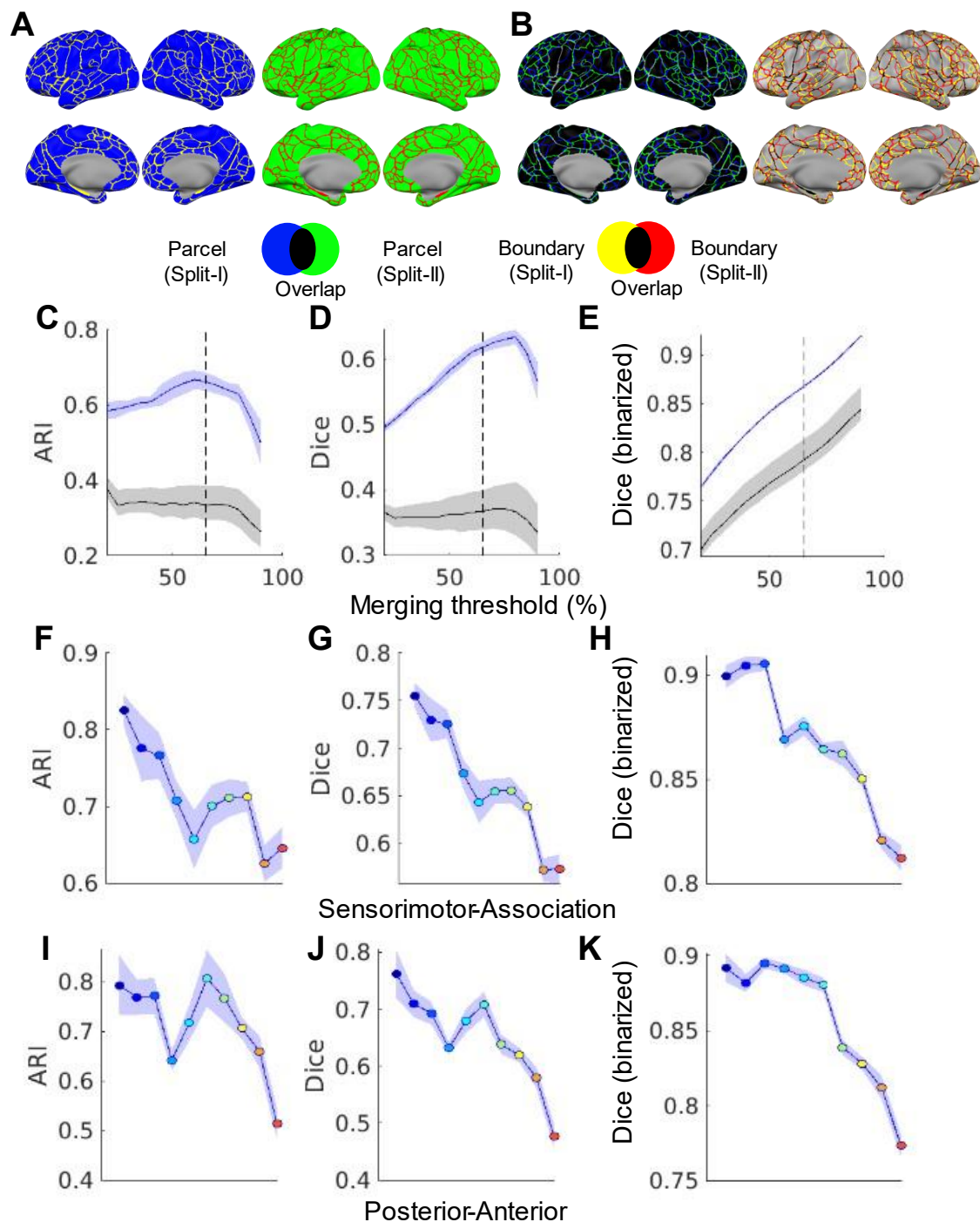
425

### 426 **Area Parcellation in 2-year-olds is Reproducible across Participants**

427 The reproducibility of the area parcellations across participants was evaluated  
428 using split-half sampling 20 times (Figure 1A-B). We found that the reproducibility was  
429 highest around a merging threshold of 60-80%, significantly larger than the spatially  
430 permuted null model (Figure 1C-E). Based on manual inspection of the boundary map  
431 and the granularity of area parcels in popular adult area parcellations (Glasser *et al.*,  
432 2016; Gordon *et al.*, 2016), we settled on a merging threshold of 65% for our main  
433 parcellation, which produced 324-391 parcels across 20 split-haves (Supplementary  
434 Figure 5A). For the remaining sections, the main area parcellation using all data in  
435 eLABE (Y2) (N = 92) and merging threshold 65% were used for evaluation, hereafter

436 referred to as “Tu (326)”. At the merging threshold of 65%, ARI =  $0.66 \pm 0.02$ , Z-score  
437 compared to the null model = 14.3, parcel averaged dice coefficient =  $0.62 \pm 0.01$ , Z-  
438 score compared to the null model = 15.2. The dice coefficient for the binarized parcel  
439 map is  $0.87 \pm 0.002$ , Z-score compared to the null model = 8.46. Similar results were  
440 obtained with binarized boundary maps (see Supplementary Materials).

441 Furthermore, we examined the parcel reproducibility across different positions  
442 in the brain by segmenting the brain into approximately 10 equal divisions along the  
443 sensorimotor-association axis (Supplementary Figure 4A) and the posterior-anterior  
444 axis (Supplementary Figure 4B). We found that the sensorimotor regions tend to have  
445 higher reproducibility than the association regions (Figure 1F-H) and that the posterior  
446 regions tend to have higher parcel reproducibility than the anterior regions (Figure 1I-  
447 K).



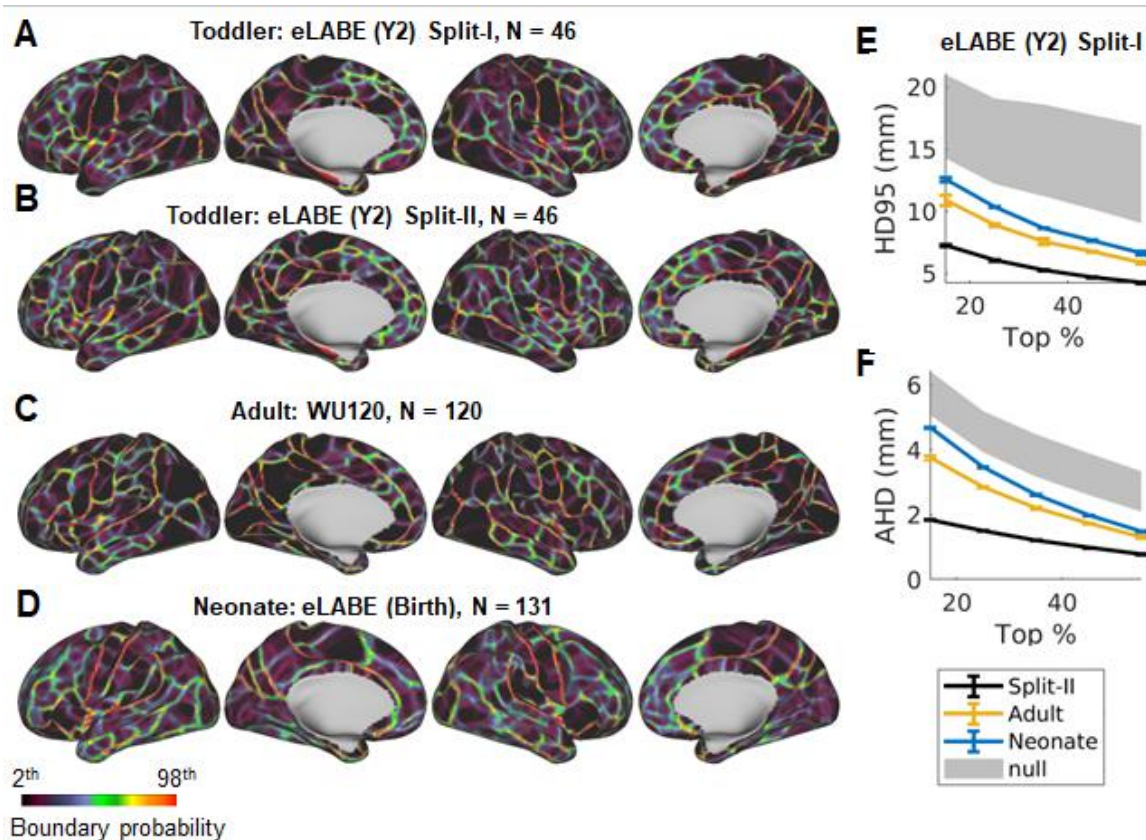
**Figure 1.** Parcel reproducibility between split halves. A) Parcellations from an example first split-half and second split-half. B) The overlap between the parcels and boundaries in A and B. C) Adjusted Rand Index (ARI). D) parcel-average Dice coefficient. E) Dice coefficient on binarized parcels. The blue line and shaded area show the actual values and the standard deviation across 20 splits. The black line and shaded area illustrate the mean and 95% confidence interval of the spatially permuted null from one example split. The dashed line shows the merging threshold = 65%. F-H: the same metrics in C-E but separated into 10 bins along the Sensorimotor-Association axis at merging threshold = 65%. I-K: the same metrics in C-E but separated into 10 bins along

449 **Boundary Maps in 2-year-olds Resembled Adult Boundary Maps More than**  
 450 **Neonate Boundary Maps**

451 We compared the boundary maps from the 2-year-olds (Figure 2A-B) to  
 452 boundary maps generated from adults (Figure 2C) and neonates (<1 month from birth,  
 453 Figure 2D) by comparing the similarity of the vertices with the top percentile of  
 454 boundary probabilities (ranging from 15-55%) (Supplementary Figure 6).

455 Boundaries in 2-year-olds were spatially closer to adult boundaries (HD95 =  
 456  $7.61 \pm 0.24$  mm, AHD =  $2.22 \pm 0.03$  mm for the top 35% vertices) compared to neonate  
 457 boundaries (HD95 =  $8.68 \pm 0.01$  mm, AHD =  $2.63 \pm 0.01$  mm for the top 35% vertices)  
 458 (Figure 2E-F).

459 The boundaries were considerably similar across the five infant/toddler age  
 460 bins (median age 10, 12, 16, 19, 25 months, Table 1) in the BCP dataset (HD95  $\approx$  5  
 461 mm for the top 35% vertices, Supplementary Figure 7). However, area boundaries  
 462 tended to be more similar between infant/toddler groups with a smaller age difference.



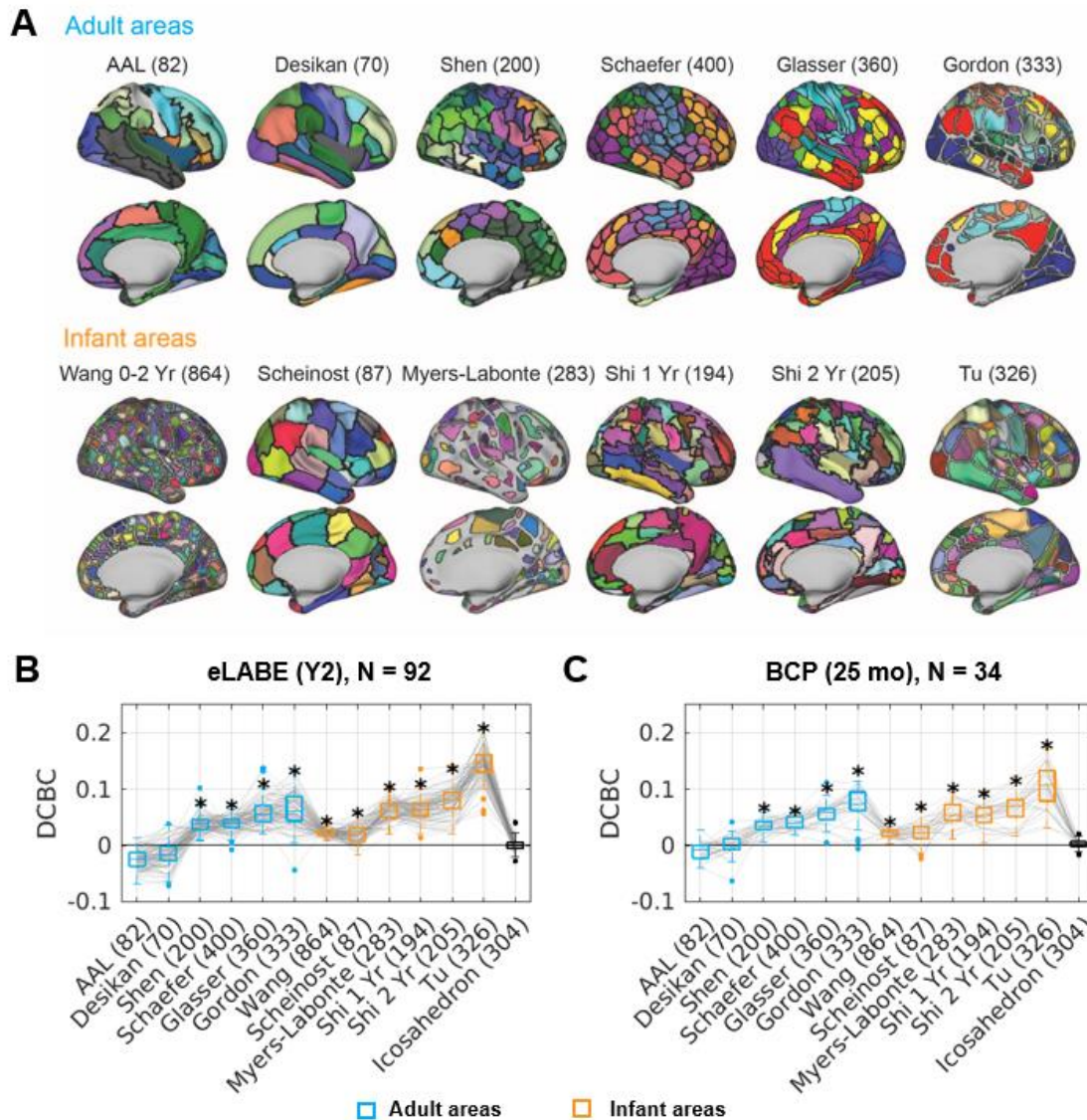
**Figure 2. Similarity of boundary maps across ages.** A) The FC boundary map in an example first split half. B) The FC boundary map in an example second split half. C) The FC boundary map in an adult dataset (WU 120). D) The FC boundary map in a neonate dataset (eLabe (Birth)). (E) 95% Hausdorff distance (HD95) indexes the spatial similarity of the boundaries between eLabe (Y2) Split-I and those from eLabe (Y2) Split-II (black), adult (yellow), and neonate (blue). The shaded area indexes the 95% confidence interval for the HD95 between the FC boundary in eLabe (Y2) Split-I and 1000 spatially permuted null of eLabe (Y2) Split-II. F) Same as E but using average Hausdorff distance (AHD). Lower HD95 and AHD indicate more similar boundaries.

463 **Local Gradient-Based 2-year-old Area Parcellation Provides the Best Cluster**  
 464 **Validity for infants and toddlers at 8-31 months**

465 Using FC profiles from the eLabe (Y2) individuals, we evaluated the cluster  
 466 validity of the present 2-year-old parcellation versus several extant adult and infant  
 467

468 area parcellations (Figure 3A), as well as the Icosahedron parcellation with 304  
469 parcels (Supplementary Figure 8) using FC from eLABE (Y2) individuals. We  
470 observed a large variation in cluster validity within adult and infant parcellation groups,  
471 with the Gordon parcellation demonstrating the best performance among adult  
472 parcellations and the Tu (326) parcellation demonstrating the best performance  
473 among infant parcellations (Figure 3B). However, all adult and infant parcellations  
474 examined except for AAL (82) and Desikan (70) had DCBC > 0 (FDR-corrected  $p < .05$ ).  
475 The DCBC for the control Icosahedron (304) parcellation was not significantly above  
476 0. A repeated measures ANOVA with the 13 parcellations as the within-subject factor  
477 was run on the 13x92 DCBC matrix and demonstrated a significant difference in DCBC  
478 across parcellations,  $F(12, 1092) = 508.64$ ,  $p < .001$ . Post-hoc paired t-test showed  
479 that Tu (326) had a better cluster validity (Cohen's  $d > 2.0$ , Supplementary Figure 9A)

480 than alternative adult and infant parcellations in eLABLE (Y2) individuals.



**Figure 3.** Cluster validity for different area parcellations evaluated with a distance-controlled boundary coefficient (DCBC) measure. (A) Adult area parcellations and infant area parcellations. (B) DCBC quantified in individuals in the same eLABLE (Y2) dataset used to derive the Tu (326) parcels. (C) DCBC quantified in individuals in an independent dataset (BCP). \*  $p < .05$  after FDR correction for one-sample t-test against 0. As a convention, we noted the number of parcels of a particular parcellation scheme in parentheses, e.g., Gordon (333) means Gordon parcellation with 333 parcels

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One caveat to the observation above was that the evaluation was performed on the same dataset used to generate the parcels. As such, an independent validation dataset (BCP) was used to further evaluate the cluster validity of the area parcellations (Figure 3C). The Gordon (333) and Tu (326) parcellations still performed the best within their respective parcellation age brackets, confirming the robustness of our results. A significant difference in DCBC across parcellations was found by a repeated measures ANOVA with the 13 parcellations as the within-subject factor,  $F(12,396) = 100.92$ ,  $p < .001$ . Post-hoc paired t-test showed a better cluster validity of Tu (326) against other parcellations (Cohen's  $d > 1.2$ , Supplementary Figure 9B) in the infant/toddlers at 8-30 months.

492 To further validate the cluster validity of the parcellations in younger infants, we  
493 calculated the DCBC on individuals from all five BCP groups (Supplementary Figure  
494 10). We ran a repeated measures ANOVA with the 12 parcellations as the within-  
495 subject factor and the 5 age bins as the between-subject factor on the 13x177 DCBC  
496 matrix. There was a significant difference in DCBC across parcellations,  $F(12,2064)$   
497  $= 551.31$ ,  $p < .001$ ), and no interaction between the five age bins and parcellations,  $F$   
498  $(48,2064) = 0.76$ ,  $p = 0.88$ ). Post-hoc paired t-test also showed a better cluster validity  
499 (Cohen's  $d > 1.2$ ) of Tu (326) against other parcellations for younger infant groups.

500 Similar results were observed when calculating a homogeneity Z-score at the  
501 group-average level (Supplementary Figure 11-12). Details are provided in  
502 Supplementary Materials.

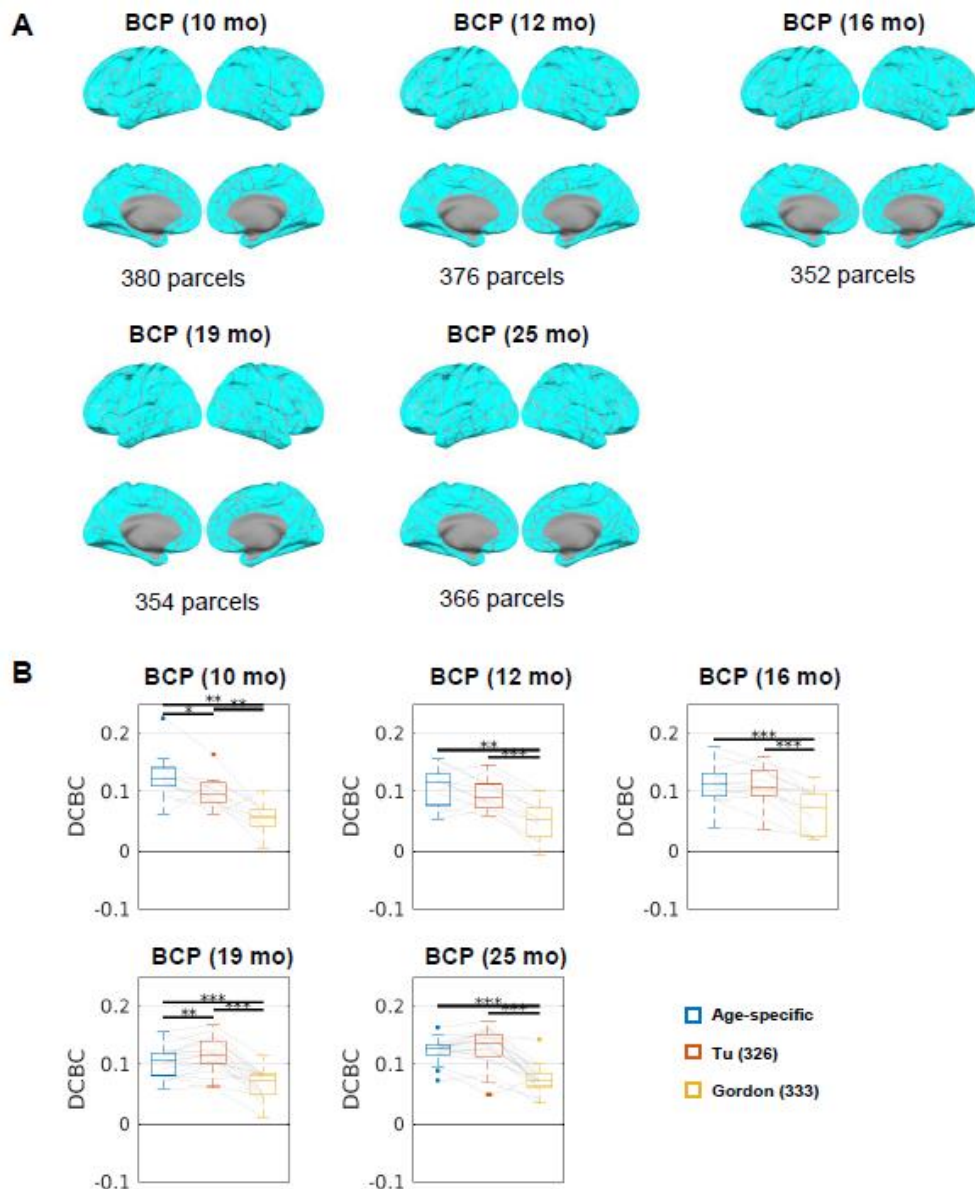
503

### 504 **Age-specific Infant Parcellations Have Comparable Cluster Validity to the 2-** 505 **year-old Parcellation**

506 We generated parcellations using the BCP dataset for five smaller age bins with  
507 a 65% merging threshold (Figure 4A). Age-specific infant parcellations were similar to  
508 one another (ranging from 352 to 380 parcels,  $ARI = 0.5-0.6$ ). We calculated DCBC of  
509 the age-specific parcellations, the Tu (326) and the Gordon (333) on additional  
510 sessions of BCP data from a different set of subjects. A significant difference across  
511 parcellations was found with the repeated measures ANOVA with the 3 parcellations  
512 as the within-subject factor for 10 months ( $F(2,18) = 15.86$ ,  $p < .001$ ), 12 months ( $F(2,20)$   
513  $= 21.52$ ,  $p < .001$ ), 16 months ( $F(2,24) = 21.74$ ,  $p < .001$ ), 19 months ( $F(2,36) = 49.01$ ,  
514  $p < .001$ ), and 25 months ( $F(2,38) = 48.61$ ,  $p < .001$ ). Using a post-hoc two-tailed paired  
515 t-test, we found that the age-specific parcellation outperformed Tu (326) parcellation  
516 only at 10 months (FDR-corrected  $p = 0.038$ ) (Figure 4B), and was significantly worse  
517 than the Tu (326) parcellation at 19 months (FDR-corrected  $p = 0.0065$ ). Given that  
518 the Tu (326) parcellation was derived from a separate dataset from the age-specific  
519 parcellations, the current results supported the generalizability and the utility of our Tu  
520 (326) parcellation to the age range of 1-2 years.

521 Since the Wang infant/toddler parcellation (Wang *et al.*, 2023) also had age-  
522 specific versions with parcellations from 3,6,9,12,18, and 24 months, we tested  
523 whether the age-specific parcellations would best fit the individual FC in a similar age  
524 bracket. We found no clear evidence that data from a similar age range was best fit  
525 by the age-specific parcellation and that all age-specific Wang parcellations had low  
526 DCBC ( $< 0.02$ ) (Supplementary Figure 13).





**Figure 4.** Age-specific infant area parcellations. DCBC on a secondary validation dataset of held-out BCP participants using i) the age-specific parcellations, ii) Tu (326), and iii) Gordon (333). \*\*  $p < .01$ , \*\*\*  $p < .001$ . FDR-corrected for 3 paired t-tests.

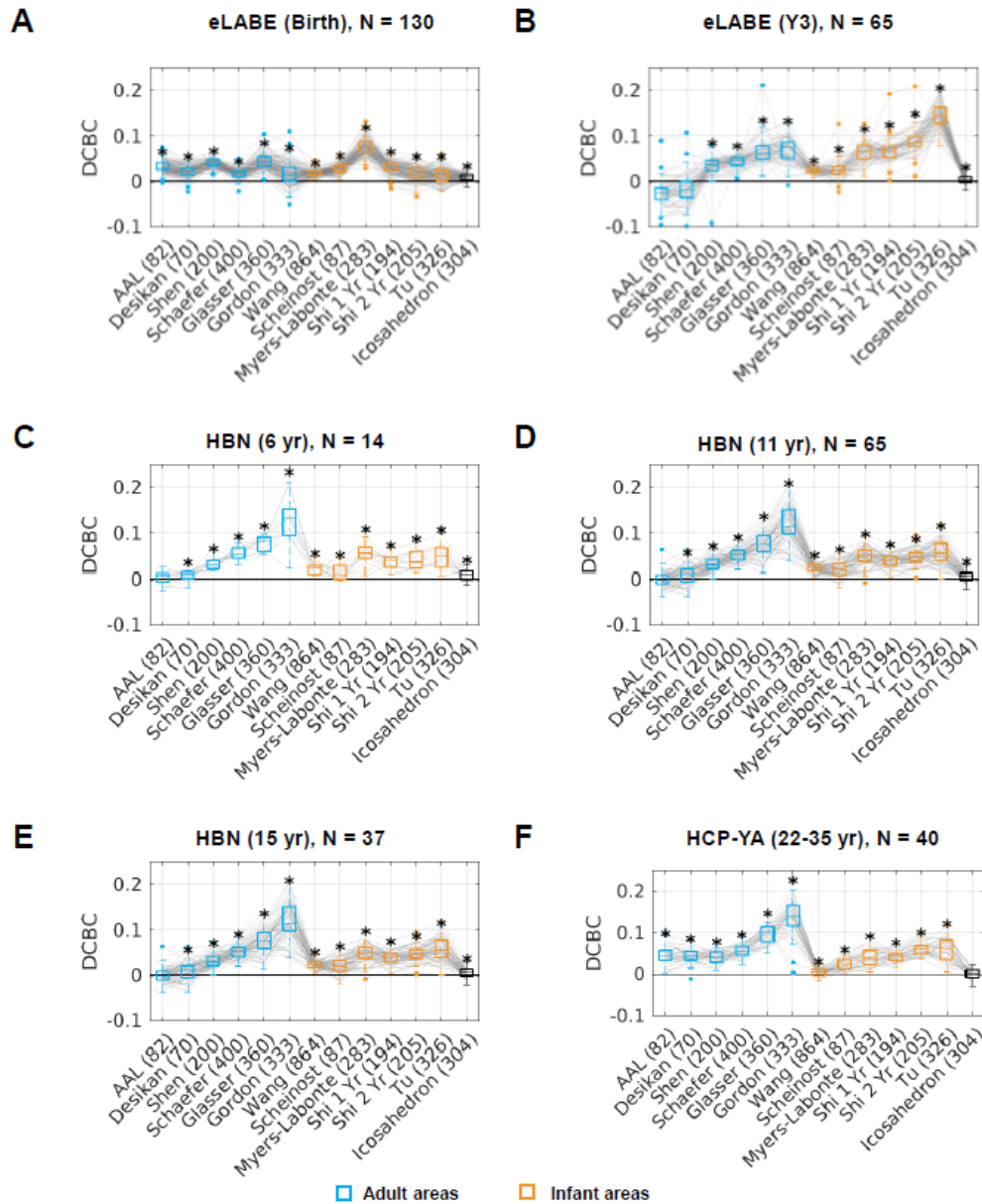
527

## 528 **Adult Parcellations Based on Functional Connectivity Have a Higher Cluster** 529 **Validity at Age 6 and Beyond**

530 We determined the fit of area parcellations across the lifespan by testing our  
531 set of parcellations across FC in individual neonates (eLAbE (Birth)), 3-year-olds  
532 (eLAbE (Y3)), children (HBN), and young adults (HCP-YA). Neonate FC data were  
533 best fit by Myers-Labonte (283) parcellation (Figure 5A), 3-year-old FC data were best  
534 fit by the Tu (326) parcellation (Figure 5B). Children (Figure 5C-E, Supplementary  
535 Figure 14) and young adult (Figure 5F) FC data were best fit by the Gordon (333)  
536 parcellation. Adult and infant parcellations derived from FC rather than anatomy alone  
537 have a positive DCBC across all datasets at age 6 and beyond, with the difference in  
538 cluster validity across pairs of parcellations demonstrated in Supplementary Figure 15.

539 The Myers-Labonte parcellation (Myers *et al.*, 2024) included an alternative  
540 version that covered most of the brain (height threshold = 90%). Both versions of the

541 Myers-Labonte parcellation significantly better fit the eLABLE data at the birth time point.  
 542 They were both worse than the Tu (326) parcels at the Y2/Y3 time points, and they  
 543 had comparable (Myers-Labonte (283), FDR-corrected  $p \geq .05$ ) or worse (Myers-  
 544 Labonte (370), FDR-corrected  $p < .05$ ) fit than the Gordon (333) parcels at the Y2/Y3  
 545 time points (Supplementary Figure 16).



**Figure 5.** Cluster validity for different adult and infant parcellations across other developmental stages. A) a neonate dataset eLABLE (Birth), B) an older toddler dataset eLABLE (Y3), C-E) a children dataset HBN, and D) a young adult dataset HCP. \*  $p < .05$  after FDR-correction

546

## 547 Practical Implications of Using Infant versus Adult Parcellations

548 To capture the practical implications of using infant versus adult parcellations,  
 549 we tested the prediction of chronological age from the parcellated connectome and  
 550 the test-retest reliability of the connectome using the validation dataset (BCP). We  
 551 observed that the prediction accuracy increased with the number of parcels but

552 plateaued at around 300 parcels (Supplementary Figure 17A) regardless of adult or  
553 infant parcellations.

554 The spatial distribution of the top 5% of edges with positive and negative  
555 correlations was similar across the best-performing infant (Tu (326)) and adult  
556 (Gordon (333)) parcellations (Supplementary Figure 17B-C). Medial-visual, motor, and  
557 medial parietal areas had the highest number of edges significantly correlated with  
558 age while the lateral frontal areas had the lowest number of edges significantly  
559 correlated with age (Supplementary 17D-E).

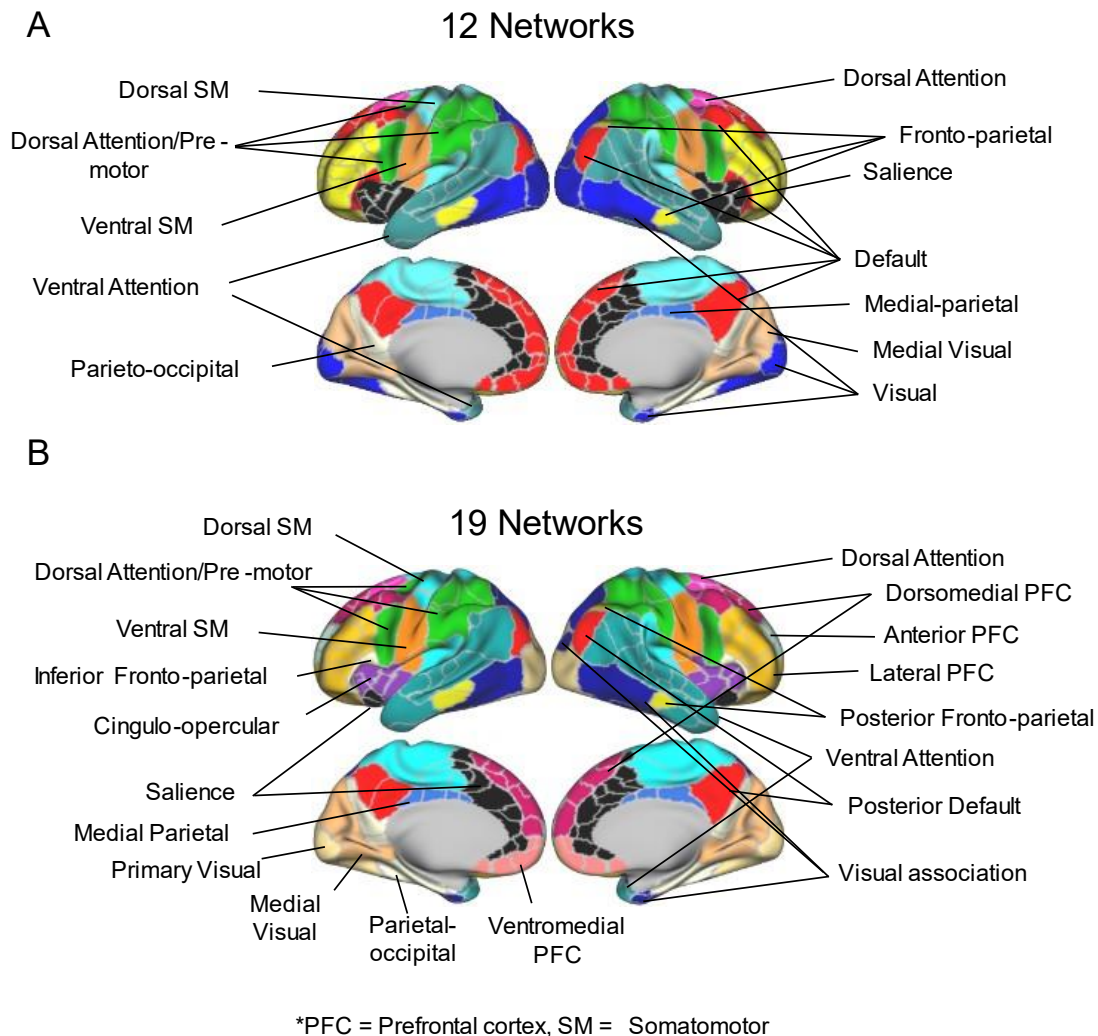
560 In addition, we computed the test-retest reliability of FC using the Tu (326) and  
561 Gordon (333) parcellations on the BCP dataset. We found lower test-retest reliability  
562 (as indexed by ICC) in the motor areas and the lateral-medial prefrontal cortex using  
563 both parcellations (Supplementary Figure 18).

564

### 565 **Community Assignment of Parcels in to Networks**

566 The interactions between the cortical areas form large-scale functional  
567 networks or communities (Power *et al.*, 2011; Yeo *et al.*, 2011). We obtained data-  
568 driven community assignments using the Tu (326) parcels as the nodes in a graph  
569 and optimized for reliable networks that were present across densities (Supplementary  
570 Video). Contrary to the fragmented anterior and posterior parts of the default network  
571 and fronto-parietal network observed in neonates in the same dataset (Sylvester *et al.*,  
572 2022; Myers *et al.*, 2024), at the age of two the anterior and posterior parts of those  
573 networks joined together at higher edge densities (Figure 6A), suggestive of increased  
574 long-range FC within the network from 0 to 2 years. We found that at lower edge  
575 densities, the default network divides into four local components (posterior default,  
576 inferior fronto-parietal, dorsomedial prefrontal cortex (PFC), and ventromedial PFC)  
577 instead of distributed components (Andrews-Hanna *et al.*, 2010; Yeo *et al.*, 2011;  
578 Gordon *et al.*, 2020), suggestive of more localized FC distribution in 2-year-olds  
579 compared to adults. Similarly, the fronto-parietal network can also separated into  
580 posterior fronto-parietal, lateral PFC, and anterior PFC at lower edge densities (Figure  
581 6B). The visual network can be separated into primary visual and visual association,  
582 similar to adults. The visual association network here has sometimes been described  
583 as a component of the dorsal attention network (Yeo *et al.*, 2011; Du *et al.*, 2024). To  
584 illustrate the change in long-range FC strengths across neonates, 2-year-olds, and

585 adults, we visualized the raw connectivity seed maps from different components of the  
586 canonical default network (Supplementary Figure 19).



**Figure 6.** Assigned community identities for each parcel. A) Consensus community assignment for 12 networks. B) Finer division of 19 networks. Acronyms: PFC = Prefrontal Cortex, SM = Somatomotor.

## 587 Discussion

### 588 **Boundary Consistency in 2-year-olds is stronger on the Sensorimotor end than** 589 **on the Association end**

591 We observed that area boundaries on the sensorimotor end of the  
592 sensorimotor-association hierarchy tend to be more consistent across subject  
593 samples. This observation could be attributed to two factors: 1) interindividual  
594 variability was lower in sensorimotor systems (Mueller *et al.*, 2013; Gratton *et al.*, 2018;  
595 Kong *et al.*, 2019; Li *et al.*, 2019; Sydnor *et al.*, 2021), or 2) some borders in the  
596 sensorimotor systems were sharper, as seen in macaque monkeys (Lewis and Van  
597 Essen, 2000).

### 598 **Area Boundary Maps in 2-year-olds Resembled Adult Area Boundary Maps More** 599 **than Neonate Area Boundary Maps**

600

601 Prior literature has described the mechanism of cortical arealization across  
602 development as a process that involved the formation of morphogen gradients driven  
603 by genetic factors, as well as the activity-dependent refinement of sharp boundaries  
604 (Cadwell *et al.*, 2019) influenced by thalamocortical inputs (O'Leary, Chou and Sahara,  
605 2007). Consistent with this view, our current study showed that the putative cortical  
606 areas as defined by FC in 2-year-olds were more similar to those in adults than those  
607 in neonates. These results suggested that there has been substantial development of  
608 area boundaries in early infancy, after which the rate of change slowed down. Another  
609 group has found relatively low across-age variability in the boundary maps across 3  
610 months to 24 months, with a multiplex fluctuation in across-age variability (Wang *et*  
611 *al.*, 2023). It might be possible that the most substantial refinement of area boundaries  
612 in neonates took place in the first 3 months. Coincidentally, surface area continues to  
613 expand dramatically from 29 post-menstrual weeks but decreased in the  
614 developmental pace after 3 months (Bethlehem *et al.*, 2022; Huang *et al.*, 2022),  
615 further supporting this idea.

616 Of note, area boundaries from the 2-year-olds did exhibit a higher similarity to  
617 those from the neonates than a rotated null model. This observation suggested that  
618 there exists some established organization of area boundaries from birth, consistent  
619 with the proposed intrinsic proto-mapping of cortical area organizations driven by  
620 morphogens in embryonic development (O'Leary, Chou and Sahara, 2007; Tau and  
621 Peterson, 2010; Smyser, Snyder and Neil, 2011; Cadwell *et al.*, 2019).

622

## 623 **A Coarse-grained Area Parcellation was Optimized for Biological Validity and** 624 **Utility**

625 Our level of resolution at 326 parcels is comparable to most other adult and  
626 infant parcellations. In addition, it is close to the prior estimation of 300-400 cortical  
627 areas in humans (Van Essen *et al.*, 2012). Since the resolution has non-negligible  
628 effect on measurements such as global graph metrics (Zalesky *et al.*, 2010; Arslan *et*  
629 *al.*, 2018), we believe that keeping the number of parcels similar with popular adult  
630 parcellations makes comparison across infants and adults more fair. While another  
631 fine-grained infant parcellation exists (Wang *et al.*, 2023), our results suggested that  
632 its generalizability to alternative processing or datasets is low as demonstrated by our  
633 results. Furthermore, multiple lines of evidence including our analyses suggested that  
634 the prediction of demographic and behavioral variables in adults and infants plateau  
635 with ~300 parcels (Arslan *et al.*, 2018; Kong *et al.*, 2023) and that a clear  
636 correspondence between the FC gradients and the Mesulam hierarchy can be seen  
637 regardless of parcellation scheme with more than 300 nodes (Vos de Wael *et al.*,  
638 2020). Therefore, having a fine-grained area parcellation may not necessarily provide  
639 a practical advantage in analyses such as examining graph properties of the brain  
640 network or multivariate age prediction.

641 On the other hand, we recognize that different levels of resolution may be useful  
642 in different applications (Zalesky *et al.*, 2010; Schaefer *et al.*, 2018). Therefore, we  
643 also released the parcellation at multiple resolutions with the caveat that our estimates  
644 of the higher-resolution area parcellations might not be as generalizable across  
645 individuals and datasets and should be used with caution.

646

## 647 **Cluster Validity of Adult Area Parcellations in Developmental Cohorts**

648 We found that while the best-performing adult area parcellation (Gordon (333))  
649 had a worse fit to the functional connectivity data in 0-3 year-olds than the best-  
650 performing infant area parcellations, they still beat the random chance and suggested

651 some resemblance to adult area parcellation in neonates to 3-year-olds. For additional  
652 discussion regarding results in prior literature see Supplementary Materials.

653

### 654 **Using Adult instead of Infant Area Parcellations Lead to Qualitatively Similar** 655 **Conclusions for Age Prediction and Test-retest Reliability**

656 We found that prediction accuracy of age increased with parcel number and  
657 plateaued around 300 parcels with no clear advantage of the shape and distribution  
658 of parcels, consistent with prior literature (Arslan *et al.*, 2018; Kong *et al.*, 2021).  
659 Another study found a marginal effect of atlas choice on the prediction of individual  
660 psychological and clinical traits and supported the use of data-driven than pre-defined  
661 parcellations (Dadi *et al.* 2019). However, this observation could potentially be  
662 attributed to the difference in the number of areas between the data-driven and pre-  
663 defined parcellations.

664 The spatial distribution of test-retest reliability of FC in the infant data was  
665 similar to that in adults (Tozzi *et al.*, 2020), albeit numerically lower. This lower  
666 reliability could potentially be explained by a combination of the low amount of data (5  
667 min) used for test and retest, the difference in phase-encoding direction in the test and  
668 retest scans, and/or transitions between different stages of the sleep cycle in the infant  
669 data compared to awake adult scans (Mitra *et al.*, 2017).

670 While our limited explorations here added credence to conclusions from  
671 previous studies using adult parcellations (Kardan *et al.*, 2022; Nielsen *et al.*, 2022),  
672 this did not support the notion that the adult parcels were valid representations of the  
673 infant areas.

674

### 675 **Network Assignments in 2-year-olds Resembled Networks in Adults**

676 We were able to identify fragmented components of canonical adult functional  
677 systems consistent with the prior literature using similar techniques on participants in  
678 this age range (Eggebrecht *et al.*, 2017; Kardan *et al.*, 2022; Wang *et al.*, 2023).  
679 Nevertheless, when weaker connectivity was included, network assignments in 2-  
680 year-olds had similar topography to previously reported adult networks (Power *et al.*,  
681 2011; Yeo *et al.*, 2011; Gordon *et al.*, 2016; Ji *et al.*, 2019). This observation was  
682 consistent with prior studies suggested that long-range FC tended to develop later  
683 than short-range FC with age (Smyser *et al.*, 2010; Smyser, Snyder and Neil, 2011;  
684 Spisák *et al.*, 2014; Smyser and Neil, 2015; Thomason *et al.*, 2015; Sylvester *et al.*,  
685 2022).

686 Despite the similarities to adult networks, we also found important differences  
687 in the network assignments in 2-year-olds. First, the temporal lobe remained largely  
688 segregated from the canonical default network unlike in adults. Additionally, the motor  
689 hand/foot system incorporated part of the inferior parietal lobule and posterior insula,  
690 which might suggest some extra plasticity that contributes to multisensory integration  
691 during development. This might be driven by the connectivity between inter-effector  
692 regions and control network (Gordon *et al.*, 2023). Furthermore, the salience and  
693 cingulo-opercular networks were less differentiated from each other, and the cingulo-  
694 opercular network was missing the component commonly observed at the cingulate  
695 cortex.

696 It is important to note that the infomap community detection algorithm tends to  
697 find more localized clusters when only examining the strongest FC due to the stronger  
698 FC at short-distance, especially in developmental cohorts. We suspect that alternative  
699 methods which de-emphasizes the distance dependence of FC (Zamani Esfahlani *et al.*,  
700 2020; Sylvester *et al.*, 2022) may retrieve communities more similar to the large-

701 scale functional systems identified in adults (Petersen and Sporns, 2015). Instead of  
702 making a binary decision about whether the networks “connect” or “separate”, we  
703 believe that it is more important to note the performance of the algorithm across  
704 different edge densities and compare it to the adult network topography. Thus, we  
705 provide a 12-network model which largely resembles the definition of functional  
706 networks observed in adults, and also a 19-network model with a similar granularity to  
707 the functional networks defined in neonates with the same eLABLE dataset (Myers *et*  
708 *al.*, 2024) targeted at different uses.

709 It is worth emphasizing that whether the network clusters we identified with  
710 functional connectivity corresponds to “functional systems” with specialized functional  
711 roles (Power *et al.*, 2011; Yeo *et al.*, 2011; Wig, 2017) remains an outstanding question.  
712 They are likely premature forms of the adult systems (Gao, Alcauter, Elton, *et al.*, 2015;  
713 Gao, Alcauter, Smith, *et al.*, 2015). The biological validity of the fragmented  
714 components we found will need to be validated with task neuroimaging data in  
715 infant/toddlers (Yates, Ellis and Turk-Browne, 2021; Yates *et al.*, 2022) in future  
716 research. Researchers who use our network model should be fully aware of this  
717 limitation.

718

### 719 **Practical Recommendations on Using the Tu (326) and Alternative Parcellations**

720 While theoretically, the development of cortical areas may raise a challenge in  
721 finding a consistent parcellation that fits all ages, our results here suggested that our  
722 2-year-old parcellation Tu (326) generalized well to fit the FC patterns in 1-to-3-year-  
723 olds. We also recognize that two alternative approaches would also be reasonable  
724 depending on the goal and motivation of the studies.

725 1. *Use a canonical adult parcellation map.* Using the same parcellation map can  
726 ensure correspondence across age groups (Oishi, Chang and Huang, 2019).  
727 However, this method risks not having the best parcellation for each group and  
728 introducing noise in the data. Based on our current results, the use of an adult  
729 parcellation might be a reasonable choice with limited practical impact on  
730 analyses such as age prediction from parcellated connectome.

731 2. *Using individualized parcellations or functional embedding to find matching*  
732 *relationships.* Several techniques exist to create individual parcellations based  
733 on a group-average parcellation prior (Chong *et al.*, 2017; Li *et al.*, 2017, 2019,  
734 2022; Zhao, Tang and Nie, 2020; Kong *et al.*, 2021; Qiu *et al.*, 2022), or to  
735 embed connectivity in a latent space to find correspondence across participants  
736 (Haxby *et al.*, 2020; Nenning *et al.*, 2020). Additionally, individualized  
737 parcellations can be created with highly-sampled individuals using precision  
738 functional imaging methods (Laumann *et al.*, 2015; Gordon *et al.*, 2017).

739

### 740 **Limitations and future directions**

741 The datasets used for area boundaries had minor differences in acquisition and  
742 processing (Supplementary Table 1), which could potentially impact the appearance  
743 of area boundaries. In addition, future studies should also investigate how much of the  
744 differences between neonate and their older-age counterparts could be attributed to  
745 the challenges in the registration of the neonate's brains due to their tissue properties  
746 and anatomical differences from the adult brain. Additionally, when testing the  
747 generalizability of parcellations to neonates, 2-year-olds and 3-year-olds, we used  
748 data from overlapping subjects from the eLABLE longitudinal dataset, which might have  
749 provided a slight advantage to the Myers-Labonte (283) and Tu (326) parcellations.

750 In addition, while our parcellations described cortical area organization in 1-to-  
751 3-year-olds, future parcellation atlases would benefit from the additional inclusion of  
752 subcortical and cerebellar structures. Moreover, the group atlas can be affected by  
753 multiple factors including acquisition, resolution, consistency across participants of  
754 functional organization within areas, the consistency of system organization between  
755 areas, and the consistency of anatomic organization (Shen *et al.*, 2013). Future  
756 research with smaller voxels or a better T2\* protocol to include signal to noise ratio  
757 may further improve the quality of the group parcellation.

758 One additional confound is that the infant/toddler data were acquired during  
759 natural sleep, which has been shown to weaken long-range connectivity within  
760 canonical functional systems (Mitra *et al.*, 2017). It is also known that the sleep  
761 architecture changes across developmental stages (Kahn *et al.*, 1996), which may  
762 contribute to the reduced consistency of infant FC within and across individuals.

763 Lastly, some of the area parcellations tested were originally generated in  
764 volumetric space. However, all datasets used in testing the cluster validity were in the  
765 surface space. For convenience, we transformed the area parcellations in the  
766 volumetric space to a standard MNI space when necessary and then to the 32k\_fs\_LR  
767 surface mesh using previously described procedures (Arslan *et al.*, 2018). This  
768 transformation was imperfect and could have unintentionally favored surface  
769 parcellations over volumetric parcellations.

770

## 771 Conclusion

772 We developed FC gradient-based area parcellations of the neocortical surface  
773 for 2-year-olds to be used in future studies of FC in this age range. We found that area  
774 boundaries in 2-year-olds were more similar to those in adults than those in neonates.  
775 Despite multiple similar efforts in infant-specific area parcellation, our area  
776 parcellations achieved the best cluster validity among all parcellations tested on the  
777 1-to-3-year-olds across two independent datasets. We also found that the best  
778 performing adult area parcellations provided a better than chance fit to the FC in 1-3-  
779 year-olds infant parcellations. Our results lent credence to conclusions from prior work  
780 using an adult parcellation for 1-to-3-year-olds, and supported the hypothesis that the  
781 most substantial refinement of cortical areas occurred in the first few months of life.  
782 Our work not only shed new insights into the neurobiology of cortical arealization in  
783 humans but also offered practical guidelines for using cortical parcellation for  
784 neuroimaging studies in developmental cohorts.

785

## 786 Data and Code Availability

787 Baby Connectome Project data are available for download at the NIH Data  
788 Repository website: [https://nda.nih.gov/edit\\_collection.html?id=2848](https://nda.nih.gov/edit_collection.html?id=2848). Early Life  
789 Adversity, Biological Embedding (eLABLE) data are available through request at  
790 <https://eedp.wustl.edu/research/elabe-study/>.

791 All analyses, unless otherwise stated, were implemented with custom MATLAB  
792 scripts in the R2020b release. All visualizations were created with [custom MATLAB](#)  
793 [scripts](#) or [Connectome Workbench](#) Version 1.5.0.

794 The code for the generation and evaluation of parcellations are adapted from  
795 the [MSCcodebase](#). All parcellations used in CIFTI format are also available to  
796 download [here](#).

797



## 798 **Author Contributions**

799 JCT, MDW, and ATE conceptualized the project. EMG, TOL, MM and JL provided  
800 methodology support and software. JCT and WL conducted a formal analysis. OK,  
801 LAM, EF, TKMD, AL, JKK, CS, DD, XW, and YW curated the data. JTE and CDS were  
802 responsible for project administration. MDW, JCT, JTE, DMB, BBW, JLL and CDS  
803 were responsible for funding acquisition. JCT and MDW wrote the original draft.  
804 Everyone contributed to the review and editing of the final manuscript.  
805

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## 812 **Declaration of Competing Interests**

813 The authors declared no competing interests directly related to this manuscript.  
814

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