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Corey J. Keller[1,2,3,4,5], Yuhao Huang[2], Jose L. Herrero[1], Maria Fini[1], Victor Du[1], Fred A. Lado[4,6], Christopher J. Honey[7] and Ashesh D. Mehta[1]

[1]*Department of Neurosurgery*
[2]*Department of Psychiatry and Behavioral Sciences*
[3]*Stanford Neuroscience Institute, Stanford University Medical Center, Stanford, CA*
[4]*Departments of Neuroscience and Neurology, Albert Einstein College of Medicine, Bronx, NY*
[5]*Veterans Affairs Palo Alto Healthcare System, and the Sierra Pacific Mental Illness, Research, Education, and Clinical Center (MIRECC), Palo Alto, CA, 94394, USA*
[6]*Neurology, Hofstra Northwell School of Medicine, and Feinstein Institute for Medical Research, Manhasset, NY*
[7]*Department of Psychological and Brain Sciences, Johns Hopkins University, Baltimore, MD*

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Correspondence should be addressed to To whom correspondence should be addressed: Corey Keller, MD, PhD, Phone: (802) 578-6292, Email: ckeller1@stanford.edu

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Induction and quantification of excitability changes in human cortical networks

Corey J. Keller[1,2,3,4,5,*,δ] , Yuhao Huang[2,*], Jose L. Herrero[1], Maria Fini[1], Victor Du[1], Fred A. Lado[4,6], Christopher J. Honey[7], Ashesh D. Mehta[1]

Department of [1]Neurosurgery and [6]Neurology, Hofstra Northwell School of Medicine, and Feinstein Institute for Medical Research, Manhasset, NY

[2]Department of Psychiatry and Behavioral Sciences and [3]Stanford Neuroscience Institute, Stanford University Medical Center, Stanford, CA

[5]Veterans Affairs Palo Alto Healthcare System, and the Sierra Pacific Mental Illness, Research, Education, and Clinical Center (MIRECC), Palo Alto, CA, 94394, USA

[4]Departments of Neuroscience and Neurology, Albert Einstein College of Medicine, Bronx, NY

[7]Department of Psychological and Brain Sciences, Johns Hopkins University, Baltimore, MD

[δ]To whom correspondence should be addressed: Corey Keller, MD, PhD
Phone: (802) 578-6292
Email: ckeller1@stanford.edu

*These authors contributed equally to this work

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Abstract. How does human brain stimulation result in lasting changes in cortical excitability? Uncertainty on this question hinders the development of personalized brain stimulation therapies. To characterize how cortical excitability is altered by stimulation, we applied repetitive direct electrical stimulation in eight human subjects (male and female) undergoing intracranial monitoring. We evaluated single-pulse corticocortical evoked potentials (CCEPs) before and after repetitive stimulation across prefrontal (N=4), temporal (N=1), and motor (N=3) cortices. We asked if a single session of repetitive stimulation was sufficient to induce excitability changes across distributed cortical sites. We found a subset of regions at which 10Hz prefrontal repetitive stimulation resulted in both potentiation and suppression of excitability that persisted for at least 10 minutes. We then asked if these dynamics could be modeled by the pre-stimulation connectivity profile of each subject. We found that cortical regions (i) anatomically close to the stimulated site and (ii) exhibiting high-amplitude CCEPs underwent changes in excitability following repetitive stimulation. We demonstrate high accuracy (72-95%) and discriminability (81-99%) in predicting regions exhibiting changes using individual subjects' pre-stimulation connectivity profile, and show that adding pre-stimulation connectivity features significantly improved model performance. The same features predicted regions of modulation following motor and temporal cortices stimulation in an independent dataset. Taken together, baseline connectivity profile can be used to predict regions susceptible to brain changes and provides a basis for personalizing therapeutic stimulation.

Significance Statement. Brain stimulation is increasingly used to treat neuropsychiatric disorders by inducing excitability changes at specific brain regions. However, our understanding of how, when, and where these changes are induced is critically lacking. We inferred plasticity in the human brain after applying electrical stimulation to the brain's surface and measuring changes in excitability. We observed excitability changes in regions anatomically and functionally closer to the stimulation site. Those in responsive regions were accurately predicted using a classifier trained on baseline brain network characteristics. Finally, we showed that the excitability changes can potentially be monitored in real-time. These results begin to fill basic gaps in our understanding of stimulation-induced neuronal dynamics in humans and offer pathways to optimize stimulation protocols.

Introduction. Extensive preclinical studies have shown that high frequency (~100Hz) electrical brain stimulation increases neuronal excitability (Bliss and Lomo, 1973; Douglas, 1977; Skrede and Malthe-Sorenssen, 1981), whereas low frequency (~1Hz) decreases neuronal excitability (Mulkey and Malenka, 1992). In humans, the effect of brain stimulation has been studied within the motor cortex by applying repetitive transcranial magnetic stimulation (rTMS). Following rTMS, excitability changes to this area can be measured with direct motor outputs such as the motor evoked potential (MEP). Consistent with animal literature, high frequency (≥5Hz) rTMS to the motor cortex generally increase MEPs, while low frequency (1Hz) rTMS decrease MEPs (reviewed in (Fitzgerald et al., 2006)). High frequency motor cortex rTMS also modulates downstream regions functionally connected to the stimulation site (Siebner et al., 2000; Takano et al., 2004; Rounis et al., 2005).

Despite our understanding of plasticity in animal models and human motor cortex, little is known about the effects of repetitive stimulation in human non-motor cortices. The conventional notion derived from animal slices and human motor cortex remain that high frequency stimulation (i) consistently induces potentiation of cortical excitability (reviewed in (O'Reardon et al., 2006)); and (ii) affects all regions connected to the stimulation site (Funke and Benali, 2011; Pell et al., 2011; Tang et al., 2015). However, recent studies have shown heterogeneity in brain outcomes following repetitive stimulation of non-motor areas. In particular, high frequency prefrontal rTMS has been found to have opposing effects on reaction times during a working memory task (Rounis et al., 2006; Esslinger et al., 2014) and lead to highly variable changes in oscillatory power ((Griskova et al., 2007; Barr et al., 2009; Wozniak-Kwasniewska et al., 2014), reviewed in (Thut and Pascual-Leone, 2010)). Furthermore, prefrontal rTMS alters task-based fMRI activity in regions connected with the stimulation site (Rounis et al., 2006), and may enhance (Halko et al., 2014; Wang et al., 2014) or have no effect on within-network connectivity (Eldaief et al., 2011). The heterogeneity observed in these studies are in part due to the inability (i) to localize cortical regions directly stimulated by non-invasive methods such as rTMS or (ii) to quantify focal downstream effects with fMRI or EEG, which have poor temporal and spatial resolution, respectively.

To study the effects of repetitive stimulation in humans with high spatiotemporal resolution, we performed cortico-cortical evoked potential (CCEP) mapping before and after focused repetitive electrical stimulation. CCEP mapping measures causal local and remote electrophysiological responses with accurate localization of the stimulated region. CCEPs have

been utilized to predict the onset of ictal events (David et al., 2008), examine the functional brain infrastructure (Keller et al., 2011; David et al., 2013; Entz et al., 2014; Keller et al., 2014b), and causally examine the fronto-parietal (Matsumoto et al., 2011), hippocampal (Kubota et al., 2013), visual (Keller et al., 2017), and language (Koubeissi et al., 2012) networks.

We hypothesized that repetitive electrical stimulation will induce ~~persistent~~ excitability changes locally and in regions functionally connected to the stimulation site. In accordance, we demonstrated that using the CCEP, regions susceptible to brain changes could be accurately predicted with subjects' baseline anatomical and functional proximity profile. Further, we found that measuring excitability changes within the stimulation period itself can partially track post-stimulation effects and reveal unique cortical regions exhibiting transient neuronal changes. These findings contribute to our understanding of the neurophysiological mechanisms underlying stimulation-induced brain changes.

Materials and Methods.

***Subjects*.** Eight patients with medically-intractable epilepsy at North Shore University Hospital (6 female, aged 40.8 years; range 21-57) participated in this study. Patient characteristics are described in Table 1. All patients provided informed consent as monitored by the local Institutional Review Board and in accordance with the ethical standards of the Declaration of Helsinki. The decision to implant, the electrode targets, and the duration of implantation were made entirely on clinical grounds without reference to this investigation. Patients were informed that participation in this study would not alter their clinical treatment, and that they could withdraw at any time without jeopardizing their clinical care.

Electrode registration. Our electrode registration method has been described in detail previously (Keller et al., 2011; Keller et al., 2013; Groppe et al., 2017). Briefly, in order to localize each electrode anatomically, subdural electrodes were identified on the post-implantation CT with BioImagesuite (Duncan et al., 2004), and were coregistered first with the post-implantation structural MRI and subsequently with the pre-implantation MRI to account for possible brain shift caused by electrode implantation and surgery (Mehta and Klein, 2010). Following coregistration, electrodes were snapped to the closest point on the reconstructed pial surface (Dale et al., 1999) of the pre-implantation MRI in MATLAB (Dykstra et al., 2012). Intraoperative

photographs were previously used to corroborate this registration method based on the identification of major anatomical features. Automated cortical parcellations were used to relate electrode data to anatomical regions (Fischl et al., 2004).

Selection of stimulation sites. In the first set of experiments, 10Hz stimulation was applied to electrodes overlying prefrontal regions (S1-4, 2 left, 2 right). This experiment was performed to answer the question if high-frequency stimulation of the prefrontal cortex leads to excitability changes in predictable brain regions. In the second set of experiments, 10Hz stimulation was applied to motor (S5-7) and temporal (S8) cortex regions. This experiment was performed to determine if results from prefrontal cortex stimulation are consistent with stimulation in other cortical regions, including the well-studied motor cortex.

For the first set of experiments, the preferred stimulation site was within the dorsolateral prefrontal cortex (DLPFC) in order to mimic the targeting of rTMS for patients with depression (McClintock et al., 2017) and other neurological and psychiatric disorders. As electrode placement was determined based on clinical criteria for seizure localization and not necessarily localized to the DLPFC, the following stepwise algorithm was implemented to select the stimulation electrodes. If electrodes were located in the DLPFC based on a pre-operative MRI, then they were selected for target sites. If no electrodes were in the DLPFC, regions in the frontal cortex in close proximity to the DLPFC and not located in language regions (i.e., inferior frontal gyrus) were selected. In the second set of experiments, regions outside of prefrontal cortex were targeted in order to determine the generalizability of results. As most human plasticity studies are performed in motor cortex, the motor strip (as identified by functional stimulation mapping), when possible was the stimulation target (S5-S7). In one subject, the temporal cortex was the stimulation target as there were no electrodes in the prefrontal or motor cortex (S8).

Experimental design and statistical analysis. For each subject, we obtained pre- and post-stimulation CCEPs to evaluate the change in cortical excitability as a result of repetitive stimulation. This was done by applying bipolar electrical stimulation (biphasic pulses at 100us/phase) with a 1s inter-stimulation interval (ISI). This ISI was chosen to allow voltage deflections to return to baseline after ~500ms and to allow for sufficient trials to be collected in order to establish a stable pre-stimulation CCEP baseline. A uniform random jitter (+/-200ms)

was included in the ISI to avoid potential entrainment effects. Stimulation current was chosen to match the lowest current that evoked movement during high frequency (50Hz) stimulation mapping of the motor cortex (i.e. 100% motor threshold). Up to 400 single pulses were applied to assess the baseline CCEP. To assess for excitability changes during the baseline CCEP assessment, we computed average CCEP amplitude change from the first half to the last half of the baseline CCEPs and found no significant differences (*S1 t = 1.88, p = 0.07; S2 t = 1.23, p = 0.22, S3 t = 0.59, p = 0.55; S4 t = 0.20, p = 0.84, two-sample t-test*). Following treatment, between 300 and 1300 single pulses, as determined by experimental time allotted, were applied (biphasic, 1s ISI +/- 200ms jitter) in order to capture the dynamical changes in the CCEP following stimulation. The number of pre and post stimulation CCEPs is shown in Table 2. The repetitive stimulation each subject received consisted of 12 minutes application of 10Hz trains at 100% motor threshold. Each train was 5s (50 pulses / train) followed by 10s rest (15s duty cycle), resulting in 60 total trains (3000 pulses) applied (Bakker et al., 2015). These parameters were chosen to closely mimic commonly used rTMS treatment paradigms (Rossi et al., 2009). In addition to the 10Hz stimulation, 1Hz stimulation was applied for subject 2 with pre and post-stimulation CCEP assessment, following a washout period of at least 30 minutes. When applied in a sufficiently long manner, 1Hz stimulation is thought to have opposing electrophysiological effects when compared to 10Hz, in both healthy participants (reviewed in (Thut and Pascual-Leone, 2010)) and in patients with depression (reviewed in (O'Reardon et al., 2006)). The duration of 1Hz stimulation was chosen to match the number of pulses applied in the 10Hz stimulation. Electrophysiological data was analyzed offline with custom scripts (MATLAB, Mathworks). Channels with high amplitude noise (SD > 500uV) were excluded and remaining channels were notch filtered (60Hz) to remove power line noise. CCEP quantification and statistical testing is described in the sections below.

CCEP Quantification. CCEP was quantified as detailed previously (Matsumoto et al., 2004; Matsumoto et al., 2007; Keller et al., 2011b). Briefly, recording data from each channel were epoched -1000ms to 1500ms centered on the electrical pulse, and baseline corrected to -50ms to -10ms. Due to amplifier roll-offs, the initial 0-10ms of the response is often contaminated with stimulation artifact and therefore is discarded from analysis. To increase signal to noise ratio, 10 consecutive CCEP waveforms were averaged prior to CCEP quantification. CCEPs exhibit an early sharp response ('A1,' 10-60ms) and a later slow-wave ('A2,' 60-250ms) (Matsumoto et

al., 2004; Keller et al., 2011; Matsumoto et al., 2012; Entz et al., 2014; Keller et al., 2014b; Groppe et al., 2017). To quantify the CCEP, the area under the curve (AUC), peak-to-peak amplitude (pk-pk), peak amplitude, and the latency to peak were calculated for the early A1 (10-60ms) and for the late A2 (60-250ms) components of the CCEP. In computing latency, channels that have CCEP amplitude lower than 30uV were automatically excluded, as a clear peak was difficult to discern. We chose to use pk-pk for our primary analyses as peak amplitude often failed to capture the entire biphasic voltage deflection, and AUC was not a direct measure of voltage amplitude. Pk-pk amplitude was calculated by finding the difference between maximum and minimum voltage amplitudes within the timeframe of each CCEP component. We found strong correlation between pre/post stimulation effect size calculated using the early A1 component between pk-pk amplitude and using other measures of the CCEP ($r_{PKPK\text{-}PK} = 0.619$, $p<0.001$, $r_{PKPK\text{-}AUC} = 0.554$, $p<0.001$). We also assessed the polarity of CCEP, either positive or negative, in order to evaluate its relationship (if any) with potentiation or depression effects. Polarity of the CCEP was determined based on the direction of largest voltage deflection within the time period of interest.

Quantification of CCEP modulation. To determine which regions undergo significant excitability change following the stimulation period, two-sample t-test was performed comparing the pk-pk amplitude distribution between the pre-stimulation CCEPs and post-stimulation CCEPs for each channel. For each subject, the set of p-values were adjusted to a false discovery rate (FDR) of 5% (Yekutieli and Benjamini, 1999). Adjusted p-values were converted to Z-scores using the normal inverse cumulative distribution function. Channels with adjusted values below q=0.05 (5% FDR) were considered to have been modulated by repetitive stimulation. Finally, to quantify the magnitude of change following stimulation, Cohen's D (Cohen) effect size was calculated based on the post-stimulation pk-pk amplitude relative to the pre-stimulation baseline. The equation for Cohen's D is as follows:

$$d_s = \frac{\overline{X_1} - \overline{X_2}}{\sqrt{\frac{(n_1 - 1)SD_1^2 + (n_2 - 1)SD_2^2}{n_1 + n_2 - 2}}}$$

$Where\ \overline{X_1} and\ \overline{X_2}\ are\ means\ of\ tested\ samples.$

$The\ denominator\ is\ the\ pooled\ standard\ deviation.$

Quantification of pre-stimulation cortical characteristics. Pre-stimulation cortical characteristics were quantified to determine features that predict cortical regions susceptible to plasticity following repetitive stimulation. For each channel, we calculated pre-stimulation mean CCEP amplitude, mean latency, and Euclidean distance between the stimulation site and the channel of interest. For S1, S5 and S8, whose recording channels were surface electrodes, we also computed geodesic distance from the stimulation site to the channel of interest. Geodesic distances and Euclidean distances were highly correlated in the three subjects (R^2_{S1} = 0.90, R^2_{S5} = 0.84, R^2_{S7} = 0.92). Although we presented results using exclusively Euclidean distance in this study, secondary analysis using geodesic distance in these three patients produced similar findings and did not change our interpretation of the results.

Comparison of pre-stimulation features with post-stimulation CCEP changes. The pre-stimulation amplitude, latency, and, distance to stimulation site were first compared between modulated and non-modulated channels. Bar graphs are used to show the spread of the raw data, including the 95% confidence interval and the standard deviation (Figure 3). Mann-Whitney U-Test was used to test for differences between modulated and non-modulated channels for each subject. We performed group analysis by aggregating all single subject data, normalizing for between subject variations (Cousineau, 2005), and testing for differences between modulated and non-modulated channels using two-sample t-test. On group analysis, we found that distance was highly collinear with pre-stimulation amplitude and latency ($r_{DISTANCE-AMPLITUDE}$ = -0.449, p<0.001, $r_{DISTANCE-LATENCY}$ = 0.700, p<0.001), so distance-constrained analysis was performed. We repeated single subject and group analysis using only channels between 10-50mm of the stimulation site. Channels within 10mm of the stimulation site were prone to volume conduction; conversely, channels further than 50mm away were not modulated in sufficient quantities to allow for statistical testing. Distance restraints tested in this analysis included electrodes within 10-25mm, 10-30mm, 10-35mm, 10-40mm, 10-50mm and 20-40mm of the stimulation site. Results for 10-40mm are shown as this grouping contained the most balanced ratio of modulated to non-modulated channels (46:151). Analysis using the other distance restraints yielded similar findings.

Support vector machine and multiple linear regression. Prediction of modulated cortical regions prior to application of repetitive stimulation would be clinically useful. Therefore, we

performed binary classification and regression analyses to address this important question. To determine if pre-stimulation amplitude, latency and distance predicted the magnitude of post-stimulation excitability changes, we performed step-wise multiple linear regression. The predictor variables were log transformed in order to linearize against effect size. Pre-stimulation variables were entered into the regression model in the following order: distance, amplitude and latency. Distance is used as the primary predictor as it is a more clinically accessible value. Regression models were built for each subject and for the aggregate data.

In addition to linear regression, we assessed if pre-stimulation variables predicted modulated channels using Support Vector Machine (SVM). This approach classifies data by creating a hyperplane that separates data with support vectors being data closest to the separating hyperplane (Cortes and Vapnik, 1995). Here, SVM was used to classify modulated channels from non-modulated channels using pre-stimulation amplitude, latency and distance as predictors. For the classification process, a random sample of half of the data was used to train the classifier and the other half was used as test data. Receivers operating characteristic (ROC) curves were generated from sensitivity/specificity calculations to visualize the SVM classification performance. We estimated the prognostic ability of our SVM model to discriminate between modulated and non-modulated channels by determining the area under the curve (AUC) of the ROC curve. To adjust for over-fitting, we utilized bootstrap sampling to control for overly optimistic discriminability. One-thousand random bootstrap samples were used to calculate the mean and 95% confidence interval of the AUC of the model. Additionally, we calculated accuracy, which is defined as the proportion of all channels correctly classified. *Sensitivity* ('hit rate') was computed as the proportion of modulated channels correctly classified; *specificity* ('correct rejection rate') was computed as the proportion of non-modulated channels correctly classified. The optimal operating point of the ROC curve was determined by finding the slope, S, using:

$$S = \frac{Cost(P|N) - Cost\ (N|N)}{Cost(N|P) - Cost\ (P|P)} * \frac{N}{P}$$

where Cost($N|P$) is the cost of a false negative. Cost($P|N$) is the cost of a false positive. *P = True Positive + False Negative* and *N = True Negative + False Positive*. The optimal operating point is the intersection between the line with slope S, y-intercept of 1 and the ROC curve. A random predictor was constructed as a set of uniformly distributed random numbers to serve as a control.

Quantification of the intra-stimulation potential and dynamics. During stimulation, robust evoked potentials were observed during the 10-60ms timeframe following each pulse in a train. We termed this response the intratrain evoked potential (IEP). To quantify IEP, recording data from the first pulse in each stimulation train was epoched from -100ms to 100ms centered on the electrical pulse and baseline corrected to -50ms to -10ms (the same baseline used in CCEP calculation). We limited the analysis to only the first pulse in each stimulation train, as it best approximates the evoked potential arising from rest. Three consecutive train pulses were averaged to improve signal-to-noise. IEP amplitude was quantified in the same manner as describe above for CCEP amplitude.

In contrast to pre/post CCEP measurements, IEP represents excitability changes during stimulation. IEP changes during stimulation were quantified using two methods: (i) Pearson's correlation coefficient (r) between the IEP pk-pk amplitude and train number (ii) the IEP effect size between the first third and final third of the stimulation trains. Two-sample t-test was utilized to compare IEPs in the first third and the final third of the stimulation trains.

Results.

Repetitive stimulation in the prefrontal cortex induces excitability changes ~~reflecting plasticity~~ in humans. First, we asked if there are measurable cortical excitability changes resulting from the application of repetitive cortical stimulation by examining the early A1 (10-60ms) component of the CCEP. This early component was chosen to capture more direct connections with the stimulation site. Single pulse stimulation to the prefrontal cortex generated robust CCEPs quantifiable at the single trial level (Fig 1A,B), which were observed at both local and remote cortical regions (Fig 2B, left panel). We found that 10Hz stimulation elicited both potentiation (Fig 1C-F) and reduction (Fig 1G-J) in CCEP amplitude that persisted after completion of the stimulation protocol. In most cases, the CCEP amplitude returned close to baseline after ~10 minutes (Fig 1H-J, *subject 1; representative electrode; unpaired t-test,* $t_{pre,early} = 14.454$, $t_{pre,late} = 6.067$, $p < .0001$); however, at times amplitude changes persisted (Fig 1D-F, subject 4; *unpaired t-test,* $t_{pre,early} = 7.39$, $t_{pre,late} = 7.70$, $p < .0001$). Across the four subjects undergoing prefrontal stimulation, statistically significant CCEP modulation was observed in at least one cortical region following 10hz stimulation (Fig 2A,B). 10Hz stimulation modulated 11%

of all cortical regions probed (73 modulated / 661 total regions), of which potentiation occurred in 51% of modulated regions and depression in 49% of regions (Fig 2B, D). Of the regions modulated, 45% demonstrated sustained (>10 minutes) excitability changes (Fig 2B right panel and 2C). No regions demonstrated late modulation that did not show early modulation (Fig 2C). Of regions modulated, 94% were short-range (<3cm from stimulation site) and 6% long-range (>3cm from stimulation site; Fig 2E). Qualitatively, similar pre-stimulation CCEP amplitude and effect size maps were observed (Fig 2B, left panel), which are quantified further in subsequent sections.

Modulated regions are anatomically and functionally closer to the stimulation site. What are the unique features of modulated regions that make it susceptible to changes following repetitive stimulation? To address this question, we next explored the relationship between observed ~~plasticity~~ excitability changes and baseline connectivity profile at each channel. For each channel we computed the distance from stimulation site, pre-stimulation CCEP amplitude, and pre-stimulation CCEP latency to peak (Fig 3). Single pulse stimulation was found to elicit *stronger CCEP amplitude* at modulated regions compared to non-modulated regions (*Fig 3A; left panel: F (subject; 3, 653) = 37.5, p < .0001; F (modulation; 1, 653) = 231.9, p <.0001; right panel; group mean amplitude$_{mod}$ = 210uV, amplitude$_{non\text{-}mod}$ = 52uV, t = 4.2, p = .0059; unpaired t-test*), and post-hoc testing demonstrated this effect on a single subject basis (*Fig 3A Mann-Whitney U test; p<.001*). Additionally, modulated regions exhibited *shorter CCEP latency* compared to non-modulated regions (*Fig 3B; left panel: F (subject; 3, 534) = 10.7, p < .0001; F (modulation; 1, 534) = 93.2, p <.0001; right panel; group mean latency$_{mod}$ = 22ms, latency$_{non\text{-}mod}$ = 34ms, t = 4.45, p = .0043; unpaired t-test*). This effect was significant in 3 out of 4 subjects (*Mann-Whitney U test, p<.05*). Finally, modulated regions were *located closer* to the stimulation site when compared to non-modulated regions (*Fig 3C; left panel: two-factor ANOVA, F (subject; 3, 640) = 20.3, p < .0001; F (modulation; 1, 640) = 154.2, p <.0001; right panel: group mean dist$_{mod}$ = 28mm, dist$_{non\text{-}mod}$ = 63mm, t = 6.8, p = .0005; unpaired t-test*). This was also true at the single subject level (*Fig 3C; Mann-Whitney U test; p<.001*).

As distance to stimulation site was highly collinear with pre-stimulation CCEP amplitude and latency across channels, we compared modulated and non-modulated channels after constraining channels within a given distance range from the stimulation site (see Methods). For each of the constrained distance ranges analyzed, stronger CCEP amplitudes were observed in

modulated regions compared to non-modulated regions (Fig 3D; *2-way ANOVA; F(modulation effect; 1,228)$_{1\text{-}5cm}$ =52.9, F(1,183)$_{1\text{-}4cm}$ = 48.2, F(1,82)$_{1\text{-}3cm}$ = 15, F(1,57)$_{1\text{-}2.5cm}$ = 13.5, F(1,150)$_{2\text{-}4cm}$ = 4.3; all p<.01; group unpaired t-test t$_{1\text{-}4cm}$ = 3.95, p$_{1\text{-}4cm}$ =0.007*). However, no difference in latency was observed in modulated regions when controlling for distance (Fig 3E and Fig S3; *2-way ANOVA; F(modulation effect; 1,225)$_{1\text{-}5cm}$ = 2.78 p=.09, F (1,184) $_{1\text{-}4cm}$ = 2.3, p=.12, F (1,86)$_{1\text{-}3cm}$ = 0.3, p=.8, F(1,61)$_{1\text{-}2.5cm}$ = 5.9, p=.017 F(1,147)$_{2\text{-}4cm}$ = 0.03; p = 0.8; group paired t-test t$_{1\text{-}4cm}$ = 0.057, p$_{1\text{-}4cm}$ =0.95*).

Modulated regions can be predicted by baseline connectivity profiles. To assess whether pre-stimulation connectivity profile can predict the magnitude of ~~plasticity~~ excitability changes across different regions of the brain, we performed a multivariate linear regression analyses. First, pre-stimulation variables (natural-logarithm of amplitude, latency and 1/distance) were linearized against effect size on group analysis (*r$_{amplitude\text{-}cohenD}$= 0.427, p<0.001 r$_{latency\text{-}cohenD}$= -0.4511, p<0.001, r$_{distance\text{-}cohenD}$= 0.510, all p<0.001*). Similar linear relationships were observed in each subject (*range: r$_{amplitude\text{-}cohenD}$= 0.212 to 0.528, r$_{latency\text{-}cohenD}$= -0.336 to -0.555, r$_{distance\text{-}cohenD}$= 0.582 to 0.622, all p<0.05*). Pre-stimulation variables were entered in the model in a stepwise manner to predict the effect size on a given channel following repetitive stimulation (Table 3). Channel distance to the stimulation site was used as the baseline predictor upon which pre-stimulation CCEP amplitude and latency were subsequently added. The rationale for this was that anatomical proximity is a readily accessible parameter whereas CCEP amplitude and latency are not. Thus we asked if these functional metrics provided further predictive power on top of using distance as a predictor. For subject and group analyses, the final model combining all three features was significantly more predictive compared to the distance-only model (Table 3). Distance alone as a predictor did account for at least 70% of the final R^2 value in each model. It is worth noting that some subjects (S1, S2) demonstrated a >25% improvement in predictive power with the addition of functional measurements (CCEP amplitude, latency), whereas others (S3, S4) did not. Taken together, adding functional metrics (amplitude and latency) to distance measurements can further improve the explanatory power of our models to predict the strength of plasticity following stimulation.

Next, we constructed a binary classifier to see if pre-stimulation variables can be used to correctly identify modulated channels. We obtained model discriminability of >85% in all subjects undergoing prefrontal cortex stimulation [*S1 (95% CI)=87 (74-94), S2=85 (69-93),*

S3=99(93-100), S4=87 (71-96)]. Sensitivity ranged from 71% to 90%, specificity from 85% to 95% (Table 4), and accuracy from 80 to 95% (Fig 4B). The same analysis was performed after pooling individual data into a single dataset. The group model (*AUC=89 (83-92), Accuracy=80%*) performed similarly to individual subject models. Using the group ROC curve, we outlined four cut-offs representing different sensitivity and specificity (Table 4), which showed that increasing model sensitivity corresponded with higher distance threshold, lower amplitude threshold, and longer latency threshold.

Effects of stimulation frequency on the direction of excitability change. Time constraints limited the ability to stimulate at multiple frequencies for all subjects, but in one subject (S2), 1Hz stimulation was performed after a 30 minutes washout period from time of the 10Hz stimulation. Figure 5A illustrates the differential frequency-dependent neuromodulatory effects in this subject. 10Hz stimulation resulted overall in potentiation at a majority of electrodes, while 1Hz stimulation elicited suppression. Mean effect size following 10Hz stimulation was significantly higher than following 1Hz stimulation (*Fig 5B, n = 141, d_{10Hz} = 0.62, d_{1Hz} = -0.03, t(108) = 8.3, p<.001, paired t-test*). Across all electrodes, a significant negative correlation was observed between effect sizes of 10Hz and 1Hz stimulation (Fig 5C; *r = -0.34, p < .001*).

Repetitive stimulation modulates the early and late components of the CCEP. The CCEP is a complex waveform consisting of multiple voltage deflections lasting up to 500ms (Fig 6A). Although the early A1 (<60ms) CCEP component reflects more direct cortico-cortical connections and has been evaluated thus far, whether the later A2 (>60ms) CCEP component capture similar or different dynamics is unclear. To capture the slow A2 CCEP potential (Matsumoto et al., 2004; David et al., 2013; Keller et al., 2014a), we quantified peak amplitude in the 60-250ms timeframe and computed the pre/post stimulation effect sizes. We observed modulatory effects in the A2 CCEP component, with a smaller proportion (but non-significant) of regions modulated compared to the A1 CCEP component (Fig 6B-C; regions modulated (mean±SD); A1 = 19.1±6.8%; A2 = 5.6±3.1%; *t(3) = 1.76, p = 0.17; paired t-test*). Excitability changes in both A1 and A2 CCEP components were observed in overlapping cortical regions in S1 and S4 (Fig 6B). S2 did not demonstrate significant change in the A2 CCEP component whereas S3 exhibited excitability change in the A2 CCEP component at a new cortical area (across a slightly distributed set of cortical areas) (intra-subject mean $R_{A1, A2}$=0.32). In summary,

changes in excitability can be observed in the late component of the CCEP and appear to occur in a lower proportion of the cortex than the early CCEP component.

Intra-stimulation dynamics partially reflect post-stimulation excitability changes. To further understand the dynamics of excitability changes, we quantified the voltage deflections evoked by each pulse within a stimulation train. We found that intra-stimulation evoked potentials (IEPs) can be observed and quantified on a single trial level (Fig 7A). At an exemplar site (Fig 7A-B, the same site in Fig 1G-J), IEPs decreased linearly over time as the number of stimulation trains increased. As expected, we observed that the amplitude of the last IEP in the stimulation period is approximately equal to the amplitude of the first post-stimulation CCEP. To visualize the IEP waveform, we divided the stimulation period into three equal segments and plotted the average voltage deflections (Fig 7B). The IEP occurs mostly within 20-50ms, with amplitude peaking around ~25ms (Fig 7C). Over time during the stimulation period, we observed a reduction in IEP amplitude (Fig 7D). To examine how intra-stimulation dynamics correlate with pre/post testing, we plotted IEP and CCEP effect sizes on brain surfaces (Fig 7E). S1 and S3 showed similar direction and spatial localization of channels undergoing IEP or CCEP change, whereas this was not observed in S2 and S4. Specifically, S2 showed IEP amplitude suppression in cortical regions distinct from where CCEP amplitude potentiation was observed on pre/post testing. Similarly, for S4, IEP changes occurred contralateral to where CCEP ~~plasticity~~ dynamics were observed. These relationships are further quantified in scatterplots, which showed positive correlation between IEP and CCEP effect sizes in S1 and S3 but no significant correlation in S2 and S4 (Fig 7E). Furthermore, we showed that on average, channels with potentiation of IEP amplitude corresponded with potentiation of CCEP amplitude (Fig 7F; *two-factor ANOVA, F (subject; 3,653) = 64.9, p < .0001; F (IEP; 1, 653) = 26.5, p <.0001; right panel: t = 3.3, p = 0.016; unpaired t-test*). A significant difference in CCEP amplitude between channels showing IEP suppression or IEP potentiation was observed in S1, S2, and S3 (Fig 7F; *Mann-Whitney U-test, p<0.05*).

Repetitive motor and temporal stimulation also produces changes that outlast the stimulation period in predictable brain regions. To test the generalizability of our findings, we examined the effect of repetitive 10Hz stimulation in motor and temporal cortices in a separate cohort. In all four of these subjects, CCEP amplitudes were suppressed following 10Hz stimulation (Fig 8).

Regions with high CCEP amplitude roughly corresponded to regions that were modulated following stimulation. In subjects receiving stimulation to the motor (S5-S7) and temporal cortex, the suppression of CCEP amplitude was observed local to the stimulation site. For both motor and temporal cortex stimulation, CCEP amplitude suppression was prominent immediately following stimulation, with a gradual return to baseline after approximately 10 minutes. The exception to this was S7, who did not show immediate CCEP amplitude suppression. Due to low number of channels modulated following motor stimulation, we pooled the data from S5-7 for further analysis. We found that modulated channels demonstrate higher pre-stimulation CCEP amplitude and were closer to the stimulation site than the non-modulated regions (Fig 9A-B; *Mann-Whitney U test; p<.001*). However, modulated channels did not differ in pre-stimulation CCEP latency compared to non-modulated channels with motor cortex stimulation (Fig 9C; *Mann-Whitney U-test;* $p_{motor} = 0.10$), whereas modulated channels after temporal cortex stimulation had higher pre-stimulation CCEP latency (Fig 9C; $p_{temporal} < .001$). Similar to prefrontal stimulation findings, adding pre-stimulation CCEP amplitude and latency to distance in a regression model led to improved adjusted R^2 in explaining the strength of ~~plasticity~~ excitability change following motor and temporal cortex stimulation (Table 3). Three subjects (S5-7) demonstrated a >25% increase in adjusted R^2 by incorporating functional baseline features. A binary classifier incorporating these pre-stimulation variables predicted regions of modulation with 88% accuracy, 89 (77-96) AUC in patients with motor cortex stimulation and 72% accuracy, 81 (74-87) AUC in patients with temporal cortex stimulation (Fig 9D). A range of sensitivity and specificity values are outlined for these patients as well (Table 4).

Discussion.

Summary of findings. We investigated the neurophysiological effects of repetitive electrical stimulation in humans in a manner thought to induce potentiation when applied non-invasively. Prefrontal stimulation (N=4) induced both local and distal excitability changes in a subset (12%) of regions measured, with some consistent predictive characteristics. Stimulation elicited ~~plasticity~~ excitability change 1] in regions anatomically closer and functionally connected to the stimulation site, 2] in the form of potentiation and depression, and 3] in both early and late CCEP components. We demonstrate high accuracy (72-95%) and discriminability (81-99%) in predicting regions of ~~plasticity~~ excitability changes using individual subjects' pre-stimulation connectivity profile, and show that adding pre-stimulation functional measures after accounting

for distance to the stimulation site significantly improved model performance. We found similar results in an independent dataset of four patients undergoing either motor or temporal cortex stimulation. Lastly, intra-stimulation evoked potentials exhibited partial consistency with the findings on pre/post CCEP testing, and revealed unique cortical regions undergoing short-term excitability changes.

Mechanism underlying cortical excitability changes. This work provides further evidence that 10Hz stimulation in human non-motor cortex produces heterogeneous ~~plasticity~~ excitability changes that are likely subject dependent. Early neuroimaging studies demonstrated that high frequency prefrontal rTMS increased regional cerebral blood (rCBF) locally but with variable effects at other cortical regions (Speer et al., 2000; Catafau et al., 2001; Nahas et al., 2001). Following a single session of repetitive stimulation, we observed persistent CCEP changes. These effects lasted for at least 10 minutes in all subjects, and in one subject who underwent both 1Hz and 10Hz stimulation, opposing directional effects were observed. These findings are in line with previous rTMS studies in healthy participants using EEG or fMRI (reviewed in (Thut and Pascual-Leone, 2010)), suggesting potential generalizability to non-invasive stimulation.

Additionally, we found differences in the proportion of sites undergoing suppression or potentiation. Motor cortex stimulation suppressed the early A1 in all three patients, consistent with motor rTMS eliciting unidirectional effects in the MEP (Ziemann et al., 2008) and EEG potentials (Esser et al., 2006; Holler et al., 2006). However, the suppression of the A1 component, which likely represents depression of cortical connections (Dudek and Bear, 1992; Kirkwood and Bear, 1994), is in contrast with non-invasive findings. At this time, it is unclear if the difference between this suppression and the commonly reported potentiation in non-invasive studies stem from the nature of the perturbation (electrical vs magnetic), measurement technique (CCEP vs TMS-evoked potential), or population (epilepsy vs healthy). Furthermore, prefrontal stimulation elicited A1 potentiation (N=2) and suppression (N=2). Given the across-subject consistency following motor cortex stimulation, the directional variability observed here is thus less likely due to differences in stimulation or recording sites but more so true variability in the manner that prefrontal cortex responds to repetitive stimulation. These results suggest high frequency stimulation does not consistently increase cortical excitability and add to the existing evidence showing inter-individual variability in cortical responsiveness to non-invasive stimulation (Cardenas-Morales et al., 2014; Lopez-Alonso et al., 2014; Nettekoven et al., 2015).

With respect to the cortical location of excitability changes, we were able to identify modulated regions with 85% accuracy using pre-stimulation network features. This indicates roughly 15% of modulated regions were either not induced within the stimulation network (false positives) or were induced outside of it (false negatives), suggesting that stimulation effects are not distributed to all nodes within the network, nor are they confined to the network. Finally, for all stimulated regions, excitability changes tended to occur in one direction for a given patient. Although pre-stimulation features could not explain the direction of observed changes, the direction of intra-stimulation changes was informative.

Finally, we note that the transient changes in evoked potentials we have observed can be understood as a form of functional plasticity -- however, further investigation is necessary to determine whether and how this functional plasticity relates to cellular and synaptic change.

Intra-stimulation excitability dynamics. For the first time, we demonstrate that intra-stimulation changes measured intracranially can capture stimulation-induced neuronal dynamics. Across brain regions, the direction of IEP changes corresponded with the direction of CCEP changes. In particular, significant changes in IEP reflected ~~plasticity~~ excitability change on pre/post CCEP testing in two out of four subjects. These discrepancies between subjects may be due to low signal-to-noise in the IEP signal or represent brain regions that change after stimulation as a result of intra-stimulation changes in connected regions. While intriguing, much work is needed regarding understanding the dynamics of plasticity induction before translating into treatment. Only a few studies have addressed these questions non-invasively, and have showed variable intra-stimulation cortical excitability dynamics (Hamidi et al., 2010; Veniero et al., 2010). Further work is required to understand how intra-stimulation cortical dynamics is related to long-lasting brain changes, which can lead to the development of novel stimulation therapies that maximize brain changes.

Towards optimization of non-invasive brain stimulation. Translating these results to non-invasive stimulation could provide principles for personalizing therapeutic stimulation. Currently, rTMS treatment for depression and other neuropsychiatric disorders apply a 'one-size-fits-all' approach to target the left DLPFC by localizing motor cortex and moving anteriorly 5cm (Reid et al., 1998). However, this protocol does not account for variations in individual anatomy and functional connectivity. In fact, neuronavigational efforts that target the

stimulation site based on the subject's anatomy (Fitzgerald et al., 2009) or functional connections (Fox et al., 2012) suggest improved outcomes. Furthermore, Nettekoven (Nettekoven et al., 2015) recently showed responsiveness to rTMS was partially dependent on the pre-stimulation network connectivity of the stimulated site. Our work demonstrates that by using pre-stimulation network properties (distance, CCEP amplitude and latency), we could predict (with 48% of variance explained) both the strength of plasticity and regions of significant modulation. Thus, based on the downstream circuit of interest (i.e. the fronto-parietal or default mode network in depression), one could model the effect of repetitive stimulation from pre-treatment characteristics and modify the stimulation site to target the network of interest. Multiple obstacles need to be overcome prior to implementation (see Limitations), but this approach represents an exciting path to personalized non-invasive neuromodulation.

Limitations and future directions. While this work improves our understanding of human cortical plasticity, several important considerations limit the interpretation and generalizability of this work. First, as is true for all work in the epilepsy surgery population, access to direct recordings in awake humans do not come without cost, as generalizing from these patients is difficult. Our sample size is small, patients were heterogeneous with respect to seizure onset and implant type, and the seizure focus and early epileptic spread regions can affect local and global brain excitability and connectivity (Pereira et al., 2010; Bettus et al., 2011; Pittau et al., 2012). Therefore, findings from this study may be skewed based on their proximity to the epileptic network. A larger follow-up study comparing the direction and duration of plasticity effects to the proximity and severity of the epileptic network is warranted. Second, we could not exclude the possibility of homeostatic plasticity in this study. Previous work showed that a priming stimulation period before repetitive stimulation modifies the effects of brain stimulation (Siebner et al., 2004; Potter-Nerger et al., 2009). Specifically, preconditioning with transcranial direct current (tDCS) can change the direction of the rTMS-induced changes in the motor cortex (Lang et al., 2004; Siebner et al., 2004) and to a lesser extent in the visual cortex (Lang et al., 2007). This homeostatic mechanism is postulated to stabilize neuronal activity when plasticity-inducing interventions are administered in close sequence (reviewed in (Karabanov et al., 2015)). The excitability effects of 10Hz stimulation observed in our study could be modulated by the pre-stimulation CCEP test pulses, thus limiting our conclusions regarding the intrinsic effects of 10Hz stimulation. Third, due the absence of sham control, plasticity may be affected

by subject fatigue during stimulation. Studies measuring TMS-evoked potentials and CCEP demonstrated marked cortical excitability changes during the transition to sleep (Massimini et al., 2005; Pigorini et al., 2015). Our subjects were monitored to ensure they did not fall asleep during stimulation, though it remains possible subtle fatigue may alter cortical excitability. In the study by Pigorini et al., CCEPs exhibited a change in waveform morphology during sleep compared to wakefulness, which was not observed in our analysis. Fourth, time constraints within this surgical population (typically ~1 hour per subject) limit the ability to perform control experiments including additional 1Hz stimulation, stimulation across multiple days, and stimulation of sites both within and outside the network of interest. Fifth, the spatial spread and depth penetration induced by stimulation has been described previously, but was not performed in this study ((Butson et al., 2006; Xie et al., 2006), reviewed in (Yousif and Liu, 2007)). Future work applying electrical field modeling would improve the interpretability of stimulation effects. Lastly, measuring resting state or task-induced coherence could increase interpretability and may provide additional information on predicting long-term plasticity changes. Additionally, the behavioral effects stimulation was not measured in our study and warrants further investigation with mood self-reports (Wozniak-Kwasniewska et al., 2014) and other behavioral and state-dependent measures that target the DLPFC.

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Figures and legends.

Tables.

Table 1 – Participant characteristics, electrode coverage, stimulation site and parameters

ID	Age	Gender	Handedness	Seizure focus	Implant Type	Stim Location
S1	43	F	R	Left parasagittal	Grid/strips	Left frontal
S2	50	F	R	Right OFC / amygdala	Right sEEG	Right frontal
S3	48	F	R	Right mesial temporal	Bilateral sEEG	Right frontal
S4	46	M	R	Right posterior temporal	Bilateral sEEG	Left frontal
S5	21	M	R	Right mesial temporal	Grid/strips	Right motor
S6	57	F	L	Left mesial temporal	Left sEEG	Left motor
S7	31	F	R	Right STG / mesial temporal	Right sEEG	Right motor
S8	30	F	R	Left mesial temporal	Grid/strips	Left temporal

sEEG = stereotactic EEG; OFC = orbitofrontal cortex; STG = superior temporal gyrus

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629 ***Table 2 – Participant characteristics, electrode coverage, stimulation site and parameters***

ID	Type of stimulation	Lobe stimulated	MNI coordinates	Current	Number of recording electrodes	Number of pre-stimulation CCEPs	Number of post-stimulation CCEPs	Duration of stimulation (number of pulses / train, number of cycles)	Percent of modulated channels in early time window	Percent of modulated channels in late time window
S1	10Hz	Left Prefrontal	-39, -5, -9.5	8mA	109	190	783	50 pulses/train 60 trains	25	13
S2	10Hz +1Hz	Right Prefrontal	5, 50, -14	4mA	110	200	399	50 pulses/train 60 trains	36	1
S3	10Hz	Right Prefrontal	27, 20, 41	4mA	219	358	997	50 pulses/train 60 trains	6	4
S4	10Hz	Left Prefrontal	-44, 34, 31	6mA	224	197	1161	50 pulses/train 60 trains	10	6
S5	10Hz	Right Motor	34, -21, 72	6mA	175	116	822	50 pulses/train 60 trains	7	2
S6	10Hz	Left Motor	-43, -23, 49	4mA	139	141	1273	50 pulses/train 60 trains	4	0
S7	10Hz	Right Motor	41, -22, 77	1mA	199	147	343	50 pulses/train 60 trains	0	2
S8	10Hz	Left Temporal	-37, 23, -31	7mA	190	230	860	50 pulses/train 60 trains	49	30

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Table 3 – Multiple Linear Regression Analysis for Variables Predicting Post-Stimulation Effect Size

	S1 Prefrontal (N = 108)		S2 Prefrontal (N = 109)		S3 Prefrontal (N = 208)		S4 Prefrontal (N = 223)		S1-4 Prefrontal (N = 648)		S5-7 Motor (N = 513)		S8 Temporal (N = 190)	
Predictor	**β**	**SE(β)**	**β**	**SE(β)**	**β**	**SE(β)**	**β**	**SE(β)**	**β**	**SE(β)**	**β**	**SE(β)**	**β**	**SE(β)**
Distance	0.245	0.179	0.128	0.092	0.226	0.057	0.456	0.061	0.279	0.045	0.195	0.040	0.133	0.152
Amplitude	0.669	0.139	0.151	0.084	0.067	0.050	0.123	0.061	0.105	0.035	0.167	0.032	0.853	0.092
Latency	-0.383	0.358	-0.374	0.180	-0.248	0.109	0.359	0.104	-0.258	0.093	0.150	0.069	0.781	0.265
R^2 for each stepwise model														
Distance	0.339		0.185		0.374		0.387		0.260		0.135		0.107	
+Amplitude (χ^2 for Δ)	0.480 (26.0***)		0.235 (6.8**)		0.386 (4.3*)		0.398 (4.1*)		0.277 (14.7***)		0.173 (23.6***)		0.471 (98.8***)	
+Latency (χ^2 for Δ)	0.486 (1.2)		0.265 (4.4*)		0.402 (5.3*)		0.430 (11.9***)		0.285 (7.8**)		0.179 (4.8*)		0.492 (8.7**)	
F for Final Model	32.8***		12.6***		45.6***		55.0***		85.8***		37.3***		61.1***	

Note: all predictors are log transformed to base e. 1/Distance is used.
*p < 0.05, **p < 0.01, ***p< 0.001

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Table 4 – SVM model sensitivity and specificity for optimal predictor cut-offs

	Sensitivity	Specificity	Distance Threshold (mm)	Amplitude Threshold (uV)	Latency Threshold (ms)
Model: Distance + Amplitude + Latency					
S1 Prefrontal	0.84	0.85	82	56	31
S2 Prefrontal	0.71	0.90	20	106	23
S3 Prefrontal	0.90	0.95	24	106	27
S4 Prefrontal	0.76	0.95	31	43	23
S1-4 Prefrontal	0.60	0.95	29	566	13
S5-7 Motor	0.67	0.95	40	68	42
S8 Temporal	0.54	0.90	47	92	58

Distance Threshold (mm)	Amplitude Threshold (uV)	Latency Threshold (ms)	Sensitivity	Specificity
S1-4 Prefrontal Cortex: Distance + Amplitude + Latency				
89	19	48	100	15
42	35	36	84	70
29	566	13	60	95
7	310	20	14	100
S5-7 Motor Cortex: Distance + Amplitude + Latency				
67	29	45	100	65
40	68	42	67	95
11	560	34	20	100
S8 Temporal Cortex: Distance + Amplitude + Latency				
68	45	49	98	20
47	92	58	54	90

Figure 1 – Repetitive stimulation elicited changes in the cortico-cortical evoked potentials (CCEPs) that outlasted the stimulation by at least five minutes. A) Schematic showing experimental setup. Pre- and post-stimulation CCEPs are use to probe cortical excitability and connectivity changes due to stimulation protocol. B) Example of two consecutive CCEPs. Gray region indicates time window used to quantify peak-to-peak amplitude represented by vertical red line. Traces are taken from recording site in C. C) Reconstructed CT-MRI of subdural electrodes located on the cortical surface. Lightning bolt denotes stimulation site while circle represents exemplar recording site. D) Scatterplot of CCEP amplitude before and after 10Hz stimulation at recording electrode in C. Amplitude is expressed as the ratio of post- vs pre-stimulation baseline. Each data point (+/- SE bars) represents ten consecutive CCEPs. Blue regions represent pre-stimulation time periods, while red and green regions represent the early (0-3min) and late (7-10min) post-stimulation time periods, respectively. E) Mean CCEP waveforms for each time period illustrated in D. Shaded regions represent SE (n = 100 trials / mean CCEP). F) Quantification of CCEPs following 10Hz stimulation. Post-stimulation distributions (red and green bars) are compared to pre-stimulation (blue) data. *Wilcoxon ranksum test, ***p<.001 after correction for multiple comparisons.* G-J) Same as C-F but for another subject demonstrating potentiation effects. Note the decrease in CCEP amplitude following 10Hz stimulation at this recording site remote to stimulation site.

Figure 2 –Cortical excitability changes outlasting stimulation was observed in all subjects and differed with respect to the direction of change. A) Pre-operative MRI co-registered with post-operative CT showing intracranial electrodes and stimulation site (arrow). B) Single subject brain plots represent pre-stimulation CCEP and post-stimulation (early and late) change in CCEP. Colors of each electrode represent regions that demonstrated positive (warm colors) or negative (colder colors) CCEP effect size due to stimulation. Brain plots were thresholded based on 5% FDR significance level. Electrode size represents z-score relative to a normal distribution (see legend). C-E) Group summary quantifying excitability change C) duration, D) direction, E) and the effect of distance.

Figure 3 – Modulated regions were anatomically and functionally closer to stimulation site. A-C) Boxplots showing the single subject relationship of modulation and pre-stimulation A) amplitude, B) latency, and C) distance. Left panel: example of how amplitude and latency were

quantified. Right panel: group results derived from single subject analysis. D-E) Distance-controlled relationship of modulation and amplitude and latency. Top: Example of effect size with transparent outline of distance-constrained analysis. Note that amplitude was stronger in modulated regions after correcting for distance, but latency no longer demonstrates a statistical effect.

Figure 4 – Anatomical and functional connectivity predicted location of ~~plasticity changes~~ excitability effects. A) Training and support vector data. Both features are log-normalized prior to classifier training and testing. The hyperplane line separates the modulated and non-modulated data. Predictors were standardized to a mean of 0 and SD of 1. B) Single subject and group receiver operating curve (ROC) using pre-stimulation features to predict regions undergoing excitability changes. Accuracy of classifier is noted in the legend. Diagonal line represents chance.

Figure 5 – The direction of excitability change differed for 1Hz and 10Hz repetitive stimulation. A) Effect size maps for participant2 following 10Hz and 1Hz stimulation. Colors represent strength of effect size change. Insert: CCEPs pre/post stimulation from electrode in A denoted with arrows. B) Mean effect sizes following 10Hz and 1Hz stimulation. ****p<.001, paired t-test.* C) Relationship of 1Hz and 10Hz effect sizes for all electrodes.

Figure 6 –Excitability changes were observed more often in earlier than later CCEP components. A) Example CCEP waveform before and after repetitive stimulation. Note the early sharp deflections and later slow potential. B) Effect size plots quantifying CCEP change during the early ('A1', 10-60ms) and late ('A2', 60-250ms) components of the CCEP. C) Single subject comparison between CCEP changes in the early and late CCEP components.

Figure 7 – Intra-stimulation evoked potential (IEP) dynamics partially reflect CCEP changes observed following stimulation. A) Top panel: schematic of temporal relationship of CCEP and IEP. Bottom pane: Four consecutive single trial IEPs within a single train of pulses. Gray background and vertical line denote the time window and peak-to-peak quantification of IEP, respectively. B) Relationship of CCEP and IEP dynamics at a single electrode. C) IEP waveform

traces at beginning, middle, and end of stimulation. D) Quantification of B and C. E) Single subject effect size maps for IEP and CCEP. Note the similar regions of suppressed IEP and CCEP both locally and at more remote locations. E) Top: single subject relationship of IEP and CCEP dynamics. Bottom: relationship of IEP vs CCEP effect size for each subject. Note the weak but positive correlation between IEP dynamics and pre/post CCEP measures. F) Box plots (left) and group analysis (right) comparing IEP and CCEP effect size.

Figure 8 - Repetitive stimulation of the motor and temporal cortex also elicit CCEP changes outlasting the stimulation. Brain plots showing topography of pre-stimulation CCEP amplitude and post-stimulation (early and late) change in CCEPs in subjects undergoing motor cortex stimulation (n = 3) and temporal cortex stimulation (n = 1). Colors of each electrode for the brain plots show pre-stimulation CCEP as high (red colors) or low (green colors) and post-stimulation effect sizes as positive (warm colors) or negative (colder colors) effect sizes. Left panel shows pre-operative MRI co-registered with post-operative CT (stimulation site denoted by arrow). Electrodes showing effect sizes were thresholded using 5% FDR correction for multiple comparisons, with grey electrodes showing channels with non-significant effect sizes. Electrode size represent magnitude of z-score relative to a normal distribution (see legend). Insert: Mean CCEP waveforms for exemplar electrode denoted with white arrow. Shaded regions represent SE. Scale represents 100uV and 20ms.

Figure 9 - Anatomical and functional connectivity predict modulated regions in both motor and temporal stimulation. A-C) Boxplots showing relationship between whether an electrode is modulated and its pre-stimulation parameters A) amplitude, B) distance and C) latency for motor cortex stimulation (n = 3) and temporal cortex stimulation (n = 1). Data for the 3 patients with motor cortex stimulation were pooled prior to analysis. D) ROC using pre-stimulation features to predict regions undergoing excitability changes following motor cortex stimulation or temporal cortex stimulation. Diagonal line represents chance.

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