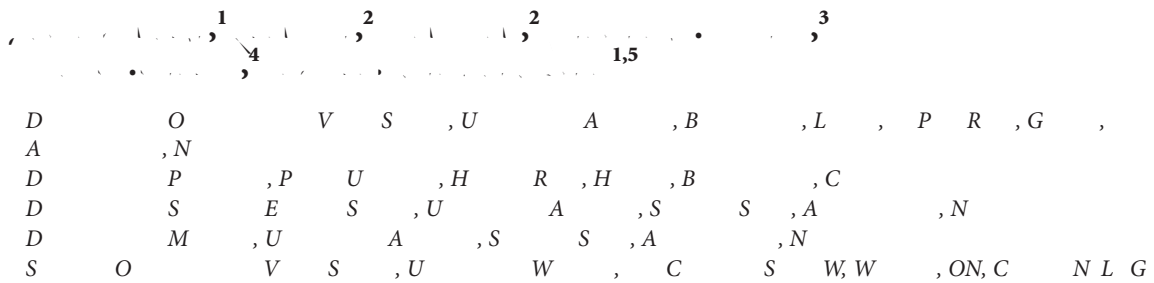


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A key issue in the field of noninvasive brain stimulation (NIBS) is the accurate localization of scalp positions that correspond to targeted cortical areas. The current gold standard is to combine structural and functional brain imaging with a commercially available neuronavigation system. However, neuronavigation systems are not commonplace outside of specialized research environments. Here, we describe a technique that allows for the use of participant-specific functional and structural MRI data to guide NIBS without a neuronavigation system. A surface mesh representing the head was generated using Brain Voyager and vectors linking key anatomical landmarks were drawn on the mesh. Our technique was then used to calculate the precise distances on the scalp corresponding to these vectors. These calculations were verified using actual measurements of the head and the technique was used to identify a scalp position corresponding to a brain area localized using functional MRI.

1. Introduction

Noninvasive brain stimulation (NIBS) techniques such as repetitive transcranial magnetic stimulation (rTMS) and transcranial direct current stimulation (DCS) allow for the temporary modulation of neural activity within the human brain. rTMS involves the induction of weak electrical currents within targeted regions of the cortex via brief, time-varying magnetic fields produced by a hand-held coil [1]. DCS employs a head-mounted electrode, which allows for weak direct current stimulation of the underlying cortex [2]. NIBS can be used to investigate the role of individual brain areas in specific cognitive, behavioral, or perceptual processes [3]. In addition, these techniques are being investigated from a clinical perspective and current evidence suggests that NIBS may be applicable to the treatment of multiple neurological and psychiatric disorders [4, 5].

Studies involving the use of NIBS begin by selecting a target brain area for stimulation. This process is typically informed by evidence from brain imaging, anatomical morphology, or studies involving neurological patients. Subsequently, the selection of appropriate stimulation parameters and ensuring that the stimulation is delivered to the correct brain area. This latter point is particularly important as the stimulation effects are most pronounced in close proximity to the rTMS coil and DCS electrodes [6]. Therefore, accurate participant-specific localization of stimulation sites on the scalp is required for optimal stimulation [7].

A number of approaches can be used to identify the correct scalp position for stimulation. Single-pulse TMS can be used to activate specific regions of the primary motor cortex resulting in motor evoked potentials (MEPs), which identify the corresponding peripheral muscle [8]. The scalp location

have taken the strong MEP can then be used as the location for rTMS or DCS. A comparable technique is also possible for the distal cortex where single pulse TMS of the occipital pole can be used to evoke the perception of phosphene [10]. The scalp location has indicated the most robust phosphene or a phosphene in a specific distal location can be used for distal cortex stimulation. A similar technique can be used for motion sensitive, extrastriate distal area V where TMS can be used to induce motion phosphenes [11]. It has been shown that this technique is in good agreement with localization of V using functional magnetic resonance imaging [12]. However, it is not possible to use this approach outside of the motor and distal cortices because most brain regions do not produce a neurophysiological or perceptual effect in response to single pulse TMS.

An alternative technique for identifying participant-specific stimulation sites on the scalp is the grid electrode system, which was originally designed for positioning EEG electrodes [13]. This approach defines a grid of positions on the scalp that are separated by 10% or 20% of the distance between anatomical landmarks such as the nasion and theinion. This approach has been used successfully in a large number of brain stimulation studies; however, the mapping of particular electrode system locations to specific brain areas can vary across participants [14].

Another alternative is to use structural and functional brain imaging techniques to localize specific brain areas in individual subjects with millimeter resolution. A number of frameless stereotactic navigation systems exist for real-time coregistration of a participant's own MRI images. Tools such as a pointer or a TMS coil can also be registered within the volume. These systems typically include reference landmarks on the head and NIBS apparatus. When used in combination with structural and functional MRI images, these navigation systems allow for precise identification of the scalp position corresponding to a particular brain area [15].

The combination of brain imaging and navigation systems is the current gold standard in the field of NIBS [16] and may improve the results of NIBS-based therapeutic interventions [17,18]; however, there are some disadvantages. These include difficulty in using these systems for studies of posterior brain areas that can fall outside of the navigation system's field of view and, most importantly, the high cost of these systems, which can exceed \$10,000. Techniques have been described that allow NIBS to be targeted using generic MRI datasets [19] or when structural brain functional MRI datasets are available for individual participants [20]. Furthermore, techniques for identifying optimal scalp locations for stimulation based on individual participant's neuroanatomy are also available [21]. However, each of these approaches requires the use of a navigation system. Here, we describe a technique that allows the use of individual structural and functional MRI to guide NIBS in the absence of a navigation system. The approach is based on vectors drawn on a mesh that is morphed to participant-specific MRI data. These mesh vectors are then transposed to the participant's head by centering them on

head measurement points anchored to anatomical landmarks. We report comparisons between measurements made using our technique and actual head measurements. We also give an example of how the technique can be used in combination with fMRI to localize stimulation sites for distal area V in a single subject. Visual area V was chosen for this example as it can be readily localized using fMRI and the corresponding scalp position cannot be identified based on a single anatomical landmark. Therefore, a number of measurements

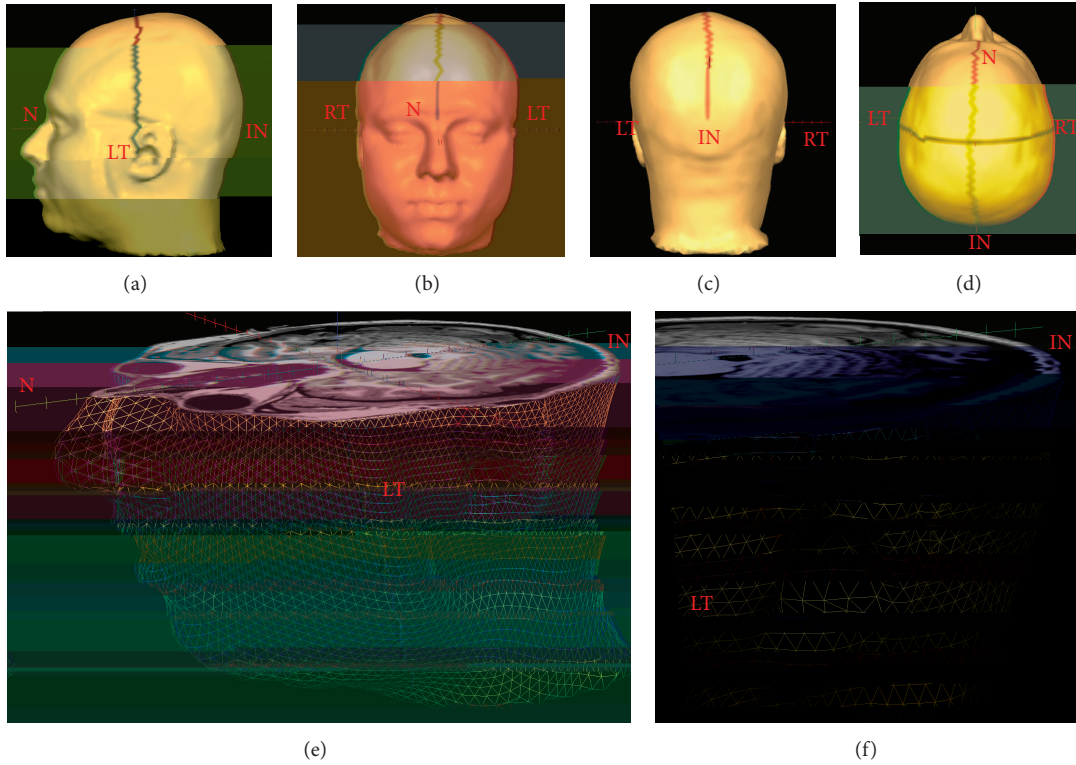
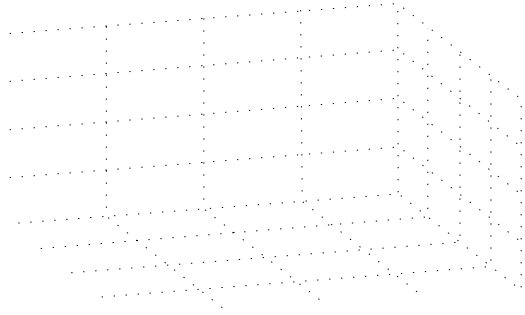
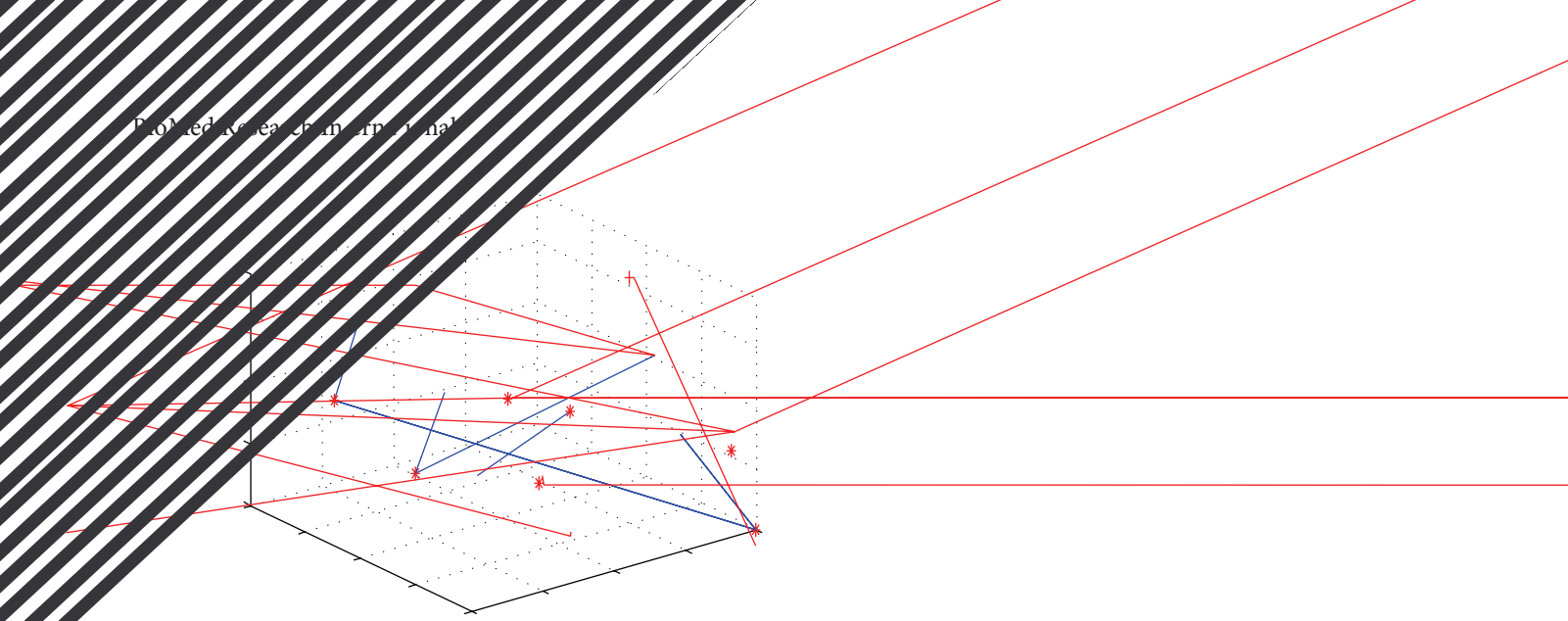
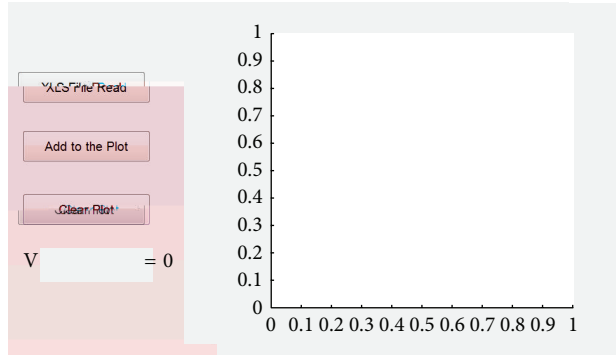


Figure 1: A 3D mesh morphed to the structural MRI data of a representative participant. Panels (a)–(d) show the anatomical landmarks highlighted as anchor points for scalp distance calculations marked on a T1 mesh surface created using Brain Voyager. N: nasion, RT and LT: right and left tragi, respectively, and IN:inion. The lines connecting the anatomical landmarks are patches of interest (POIs) drawn in Brain Voyager that link adjacent triangles in the mesh. Panels (e) and (f) show close-up views of the mesh, which show the surface coloring. The mesh has been collapsed at the level of the inion. The smooth surface of the head is represented using triangular elements and each of these elements is defined by its corners.

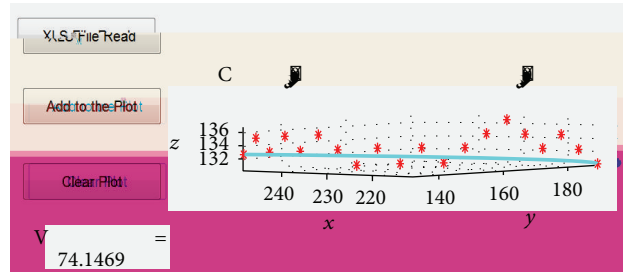
is broken into thin Brain Voyager. A general linear analysis was conducted and the results were visualized as maps on the anatomical image. Area V was identified as a



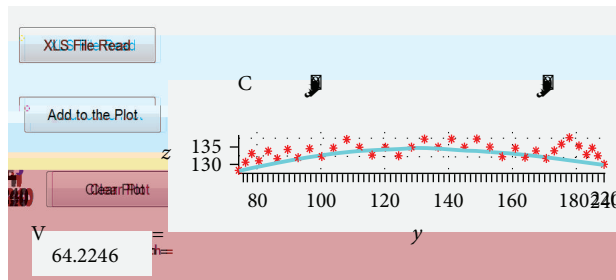




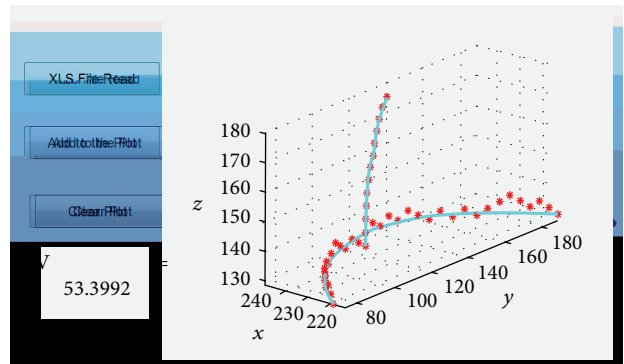
(a)



(b)



(c)



(d)

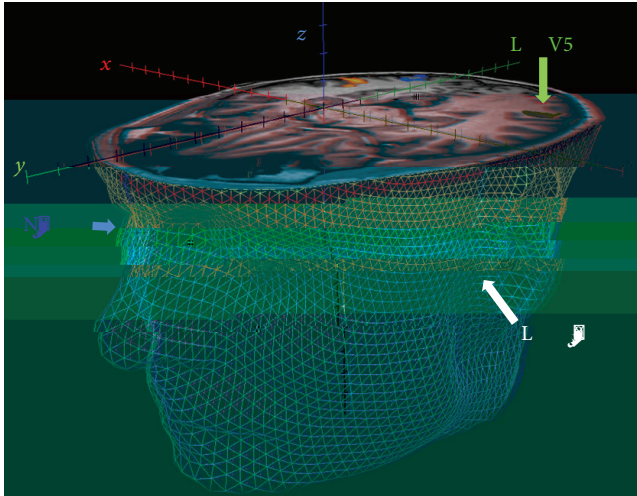


Figure 1: Localization of a scalp position above V in the left hemisphere. A sagittal cross-section through the Brain Voyager mesh, as positioned on the real hemisphere, is shown in the V5. The lines drawn on the mesh show the POIs highlighted. Here, we used to identify the scalp location corresponding to the V5. Blue: nasion of transverse plane, red: intersection of nasal plane, green: extension of the ear of the scalp position above area V5. Orange regions indicate areas of functional activation in response to the V5 localization scans. See the main text for a detailed description of this procedure.

non-sporadic. This is also relevant to the use of non-invasive localization systems. Selection of the optimal stimulation site is a complex process as the electrical current generated by NIBS techniques in each site of the head and brain anatomy has a specific effect on each participant [10]. A number of techniques for identifying optimal NIBS sites based on MRI data have been developed. These could be combined with our approach for transposing stimulation sites on the head to further improve the targeting of NIBS when non-invasive localization systems are not available.

Author Contributions

The authors declare that there is no conflict of interest regarding the publication of this paper.

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