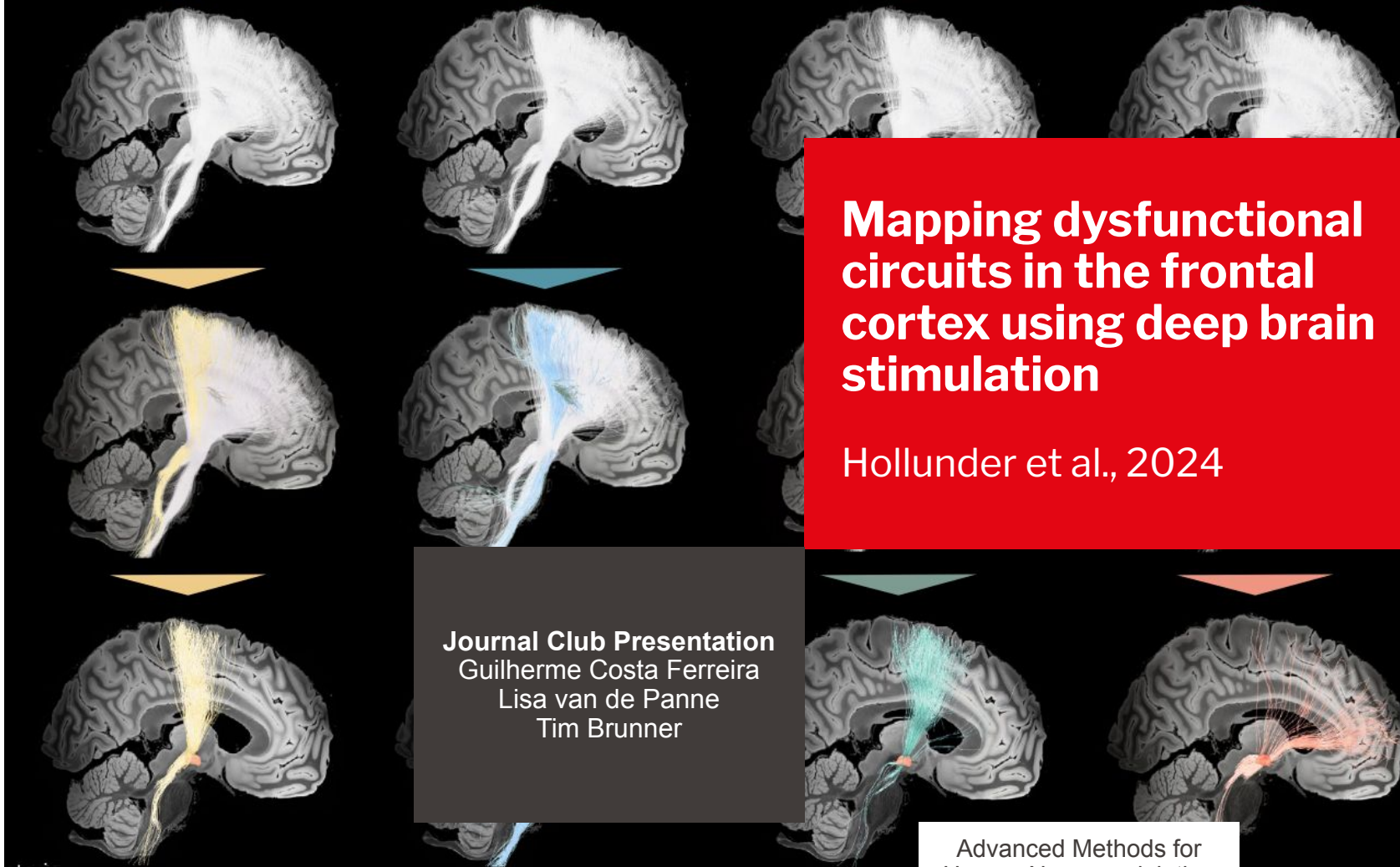
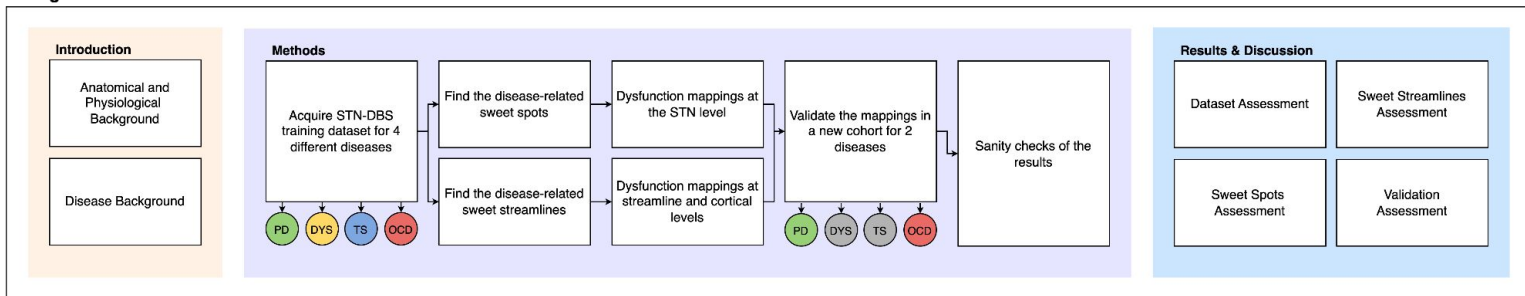




Outline

Background



Open Questions



Challenges



Limitations



Novelty



Fig 1 - Presentation outline based on the paper structure

Background - Frontal Cortex

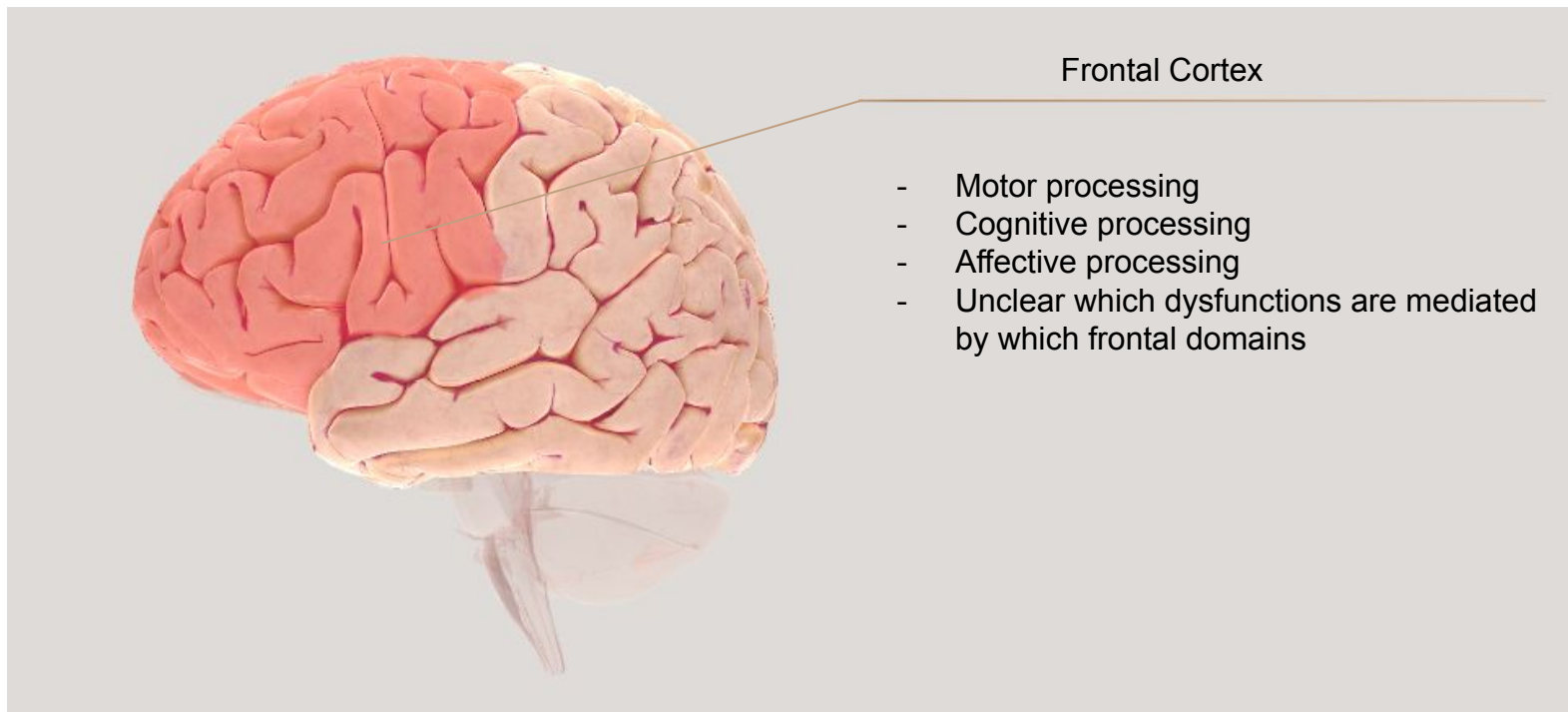


Fig 2 - Frontal Cortex Overview

Background - Subthalamic Nucleus

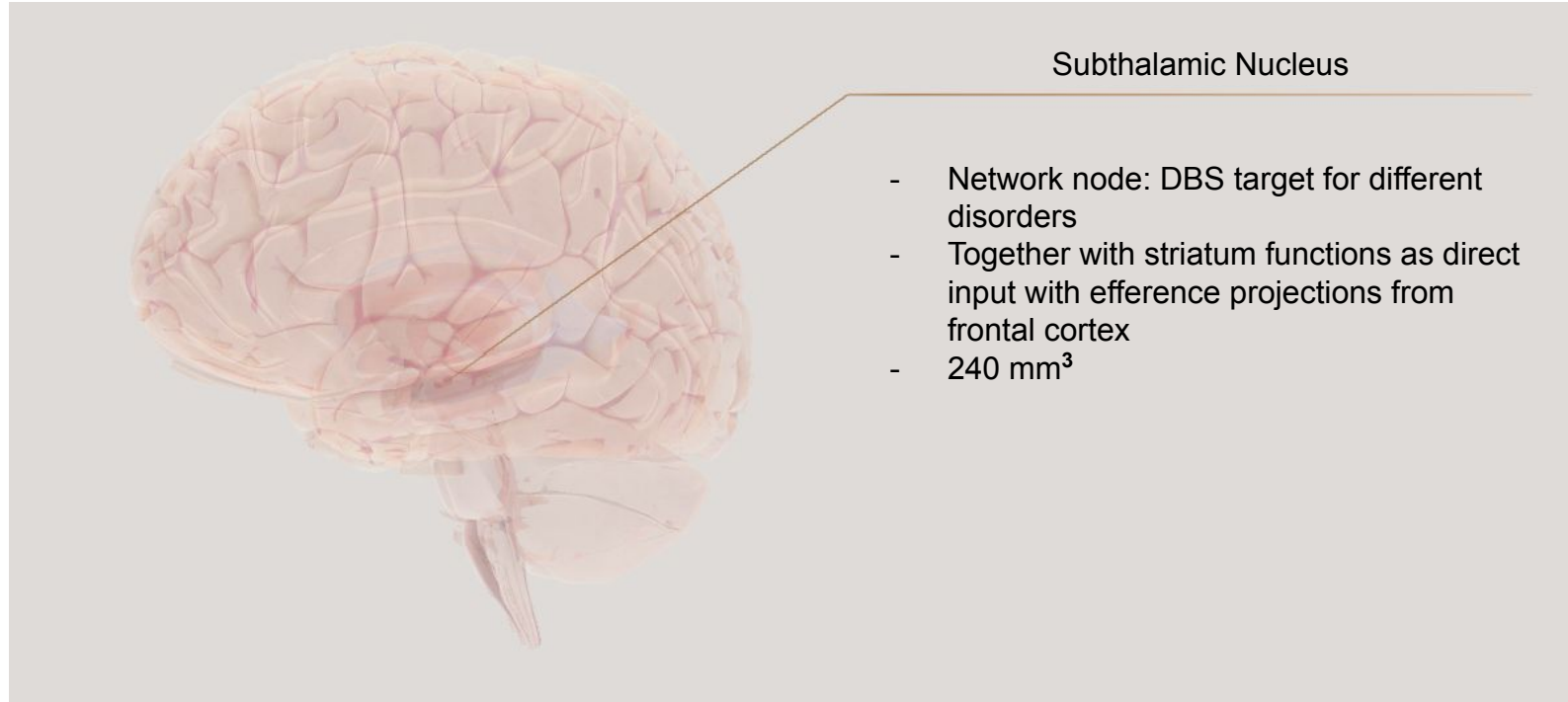
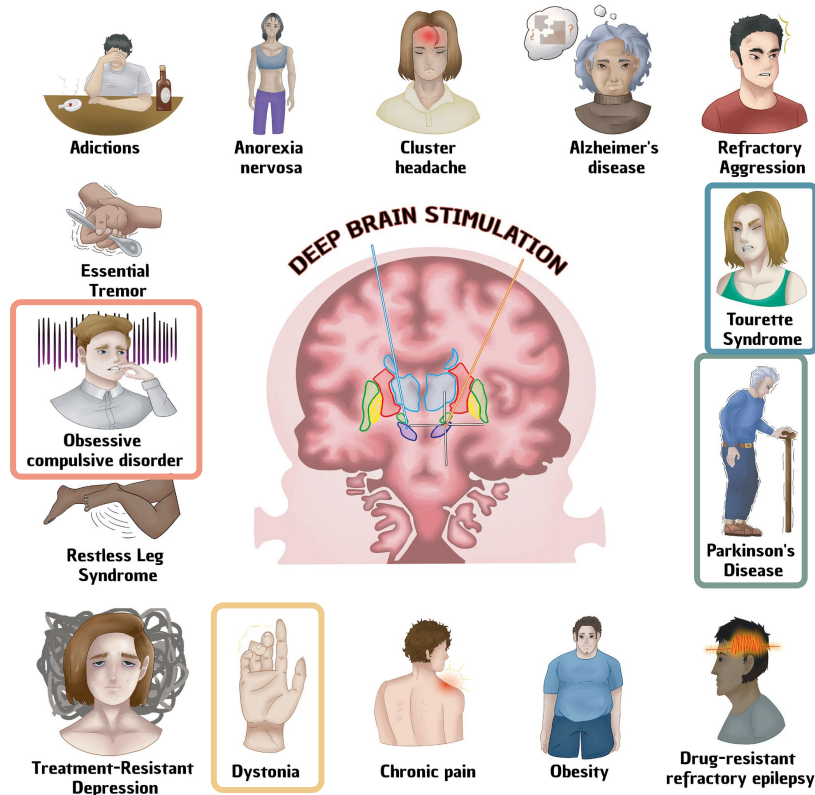


Fig 3 - Subthalamic Nucleus Overview

Background - DBS



- Electrode lead delivers electrical impulses to specific brain regions
- Allows to treat various neurological disorders, mostly related to movement
- 2002 approved for Parkinson's disease
- 2003 approved for dystonia
- 2009 approved for obsessive compulsive disorder.
- Not approved for Tourette's syndrome
- Can be used to study the connectome of the human brain

Fig 4 - DBS targets overview

Background - Analyzed Disorders

Brain connectomics analysis in four neural diseases:
Successful DBS neuromodulation therapy reveal involved circuits

Parkinson's Disease (PD)

- Primarily affecting movement
- Tremors
- Stiffness, slow movement
- Motor cortex

Dystonia (DYT)

- Movement disorder
- Involuntary muscle contractions
- Motor cortex

Obsessive Compulsive Disorder (OCD)

- Mental health condition
- Repetitive behavior (compulsions)
- Unwanted thoughts (obsessions)
- Medial frontal cortex hyperactivity

Tourette's Syndrome (TS)

- Neurological disorder
- Involuntary tics: movements and vocal
- Blinking, throat clearing
- Motor cortex

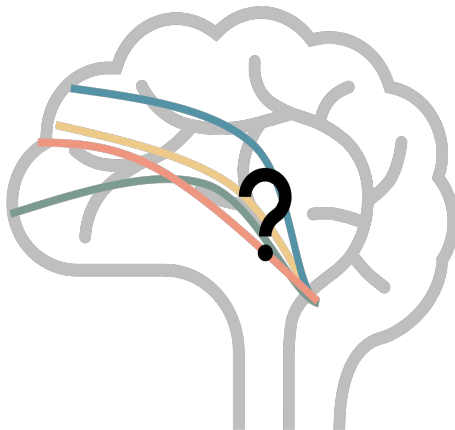
Objective: Find STN stimulation sites and streamlines (“sweet spots”) that maximize positive clinical outcomes

Model Inputs

DBS Stimulation Locations



Stimulated STN sites



Stimulated streamlines

Model Outputs

Clinical Outcome Scores

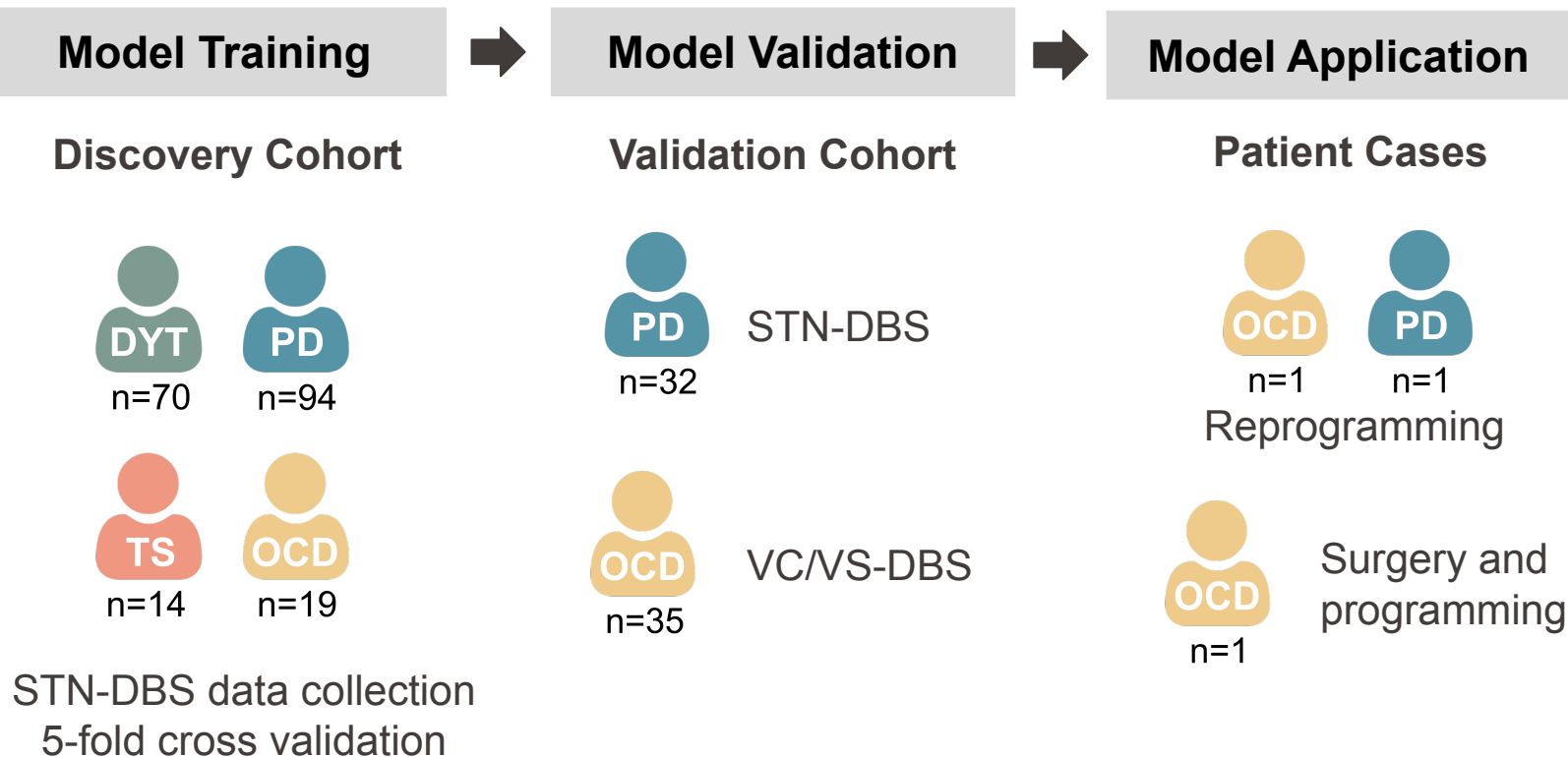
PD Unified Parkinson's Disease Rating Scale-III

Yale-Brown Obsessive-Compulsive Scale

TS Yale Global Tics Severity Scale

Burke-Fahn-Marsden Dystonia Rating Scale

Background - Methods



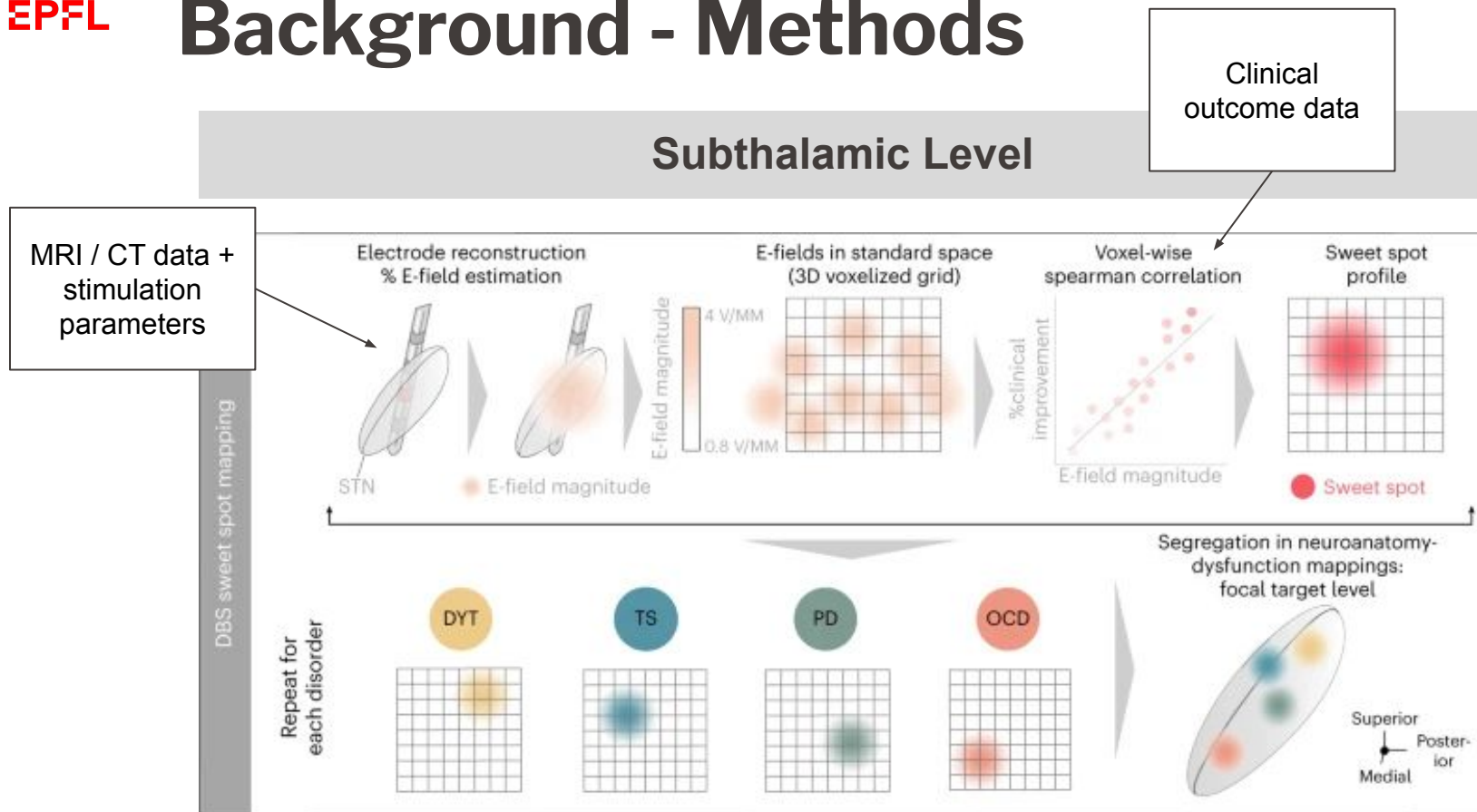


Fig 5: Process Pipeline for DBS sweet spot mapping (Hollunder et al., 2024).

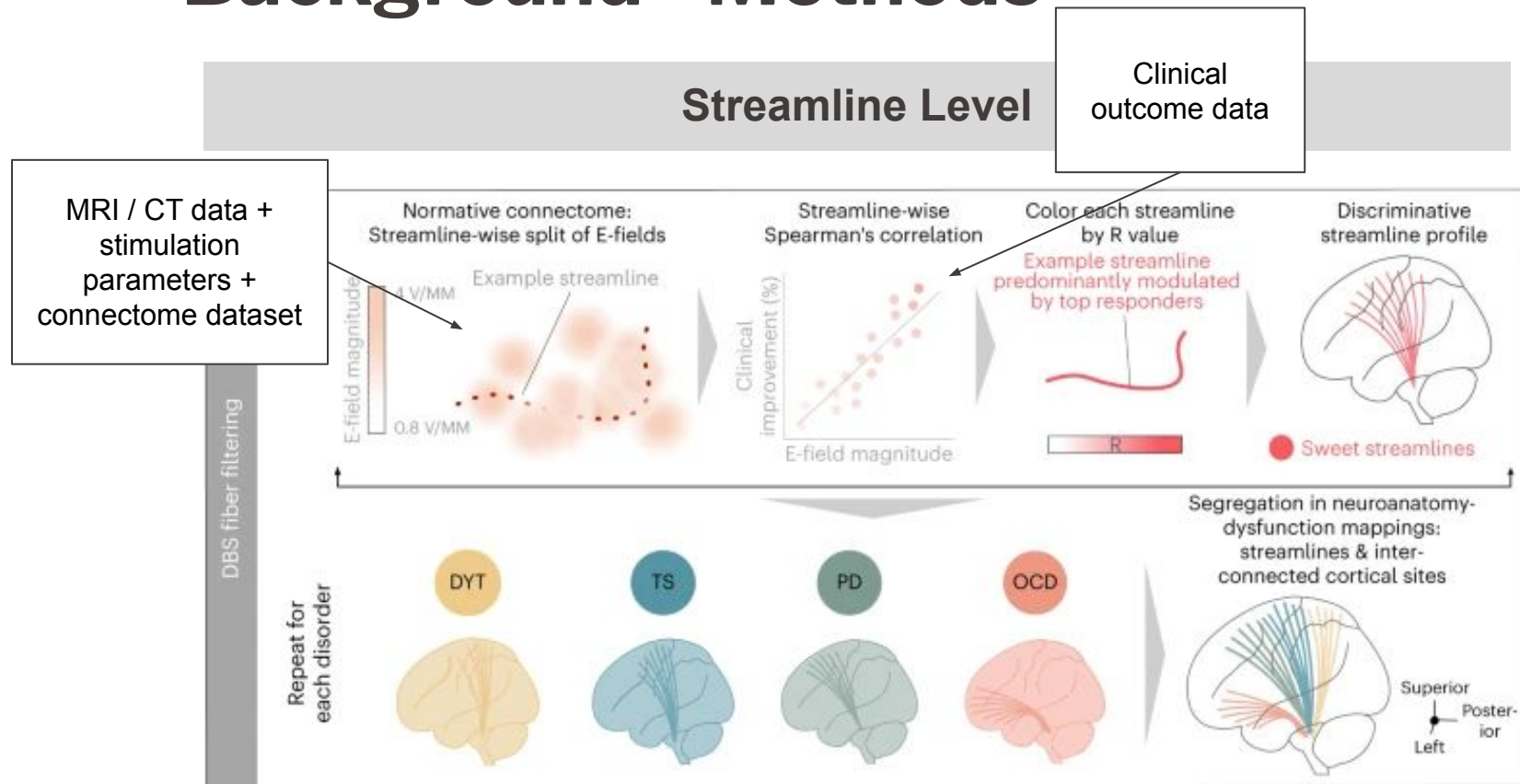


Fig 6: Process Pipeline for DBS fiber filtering (Hollunder et al., 2024).

Background - Methods

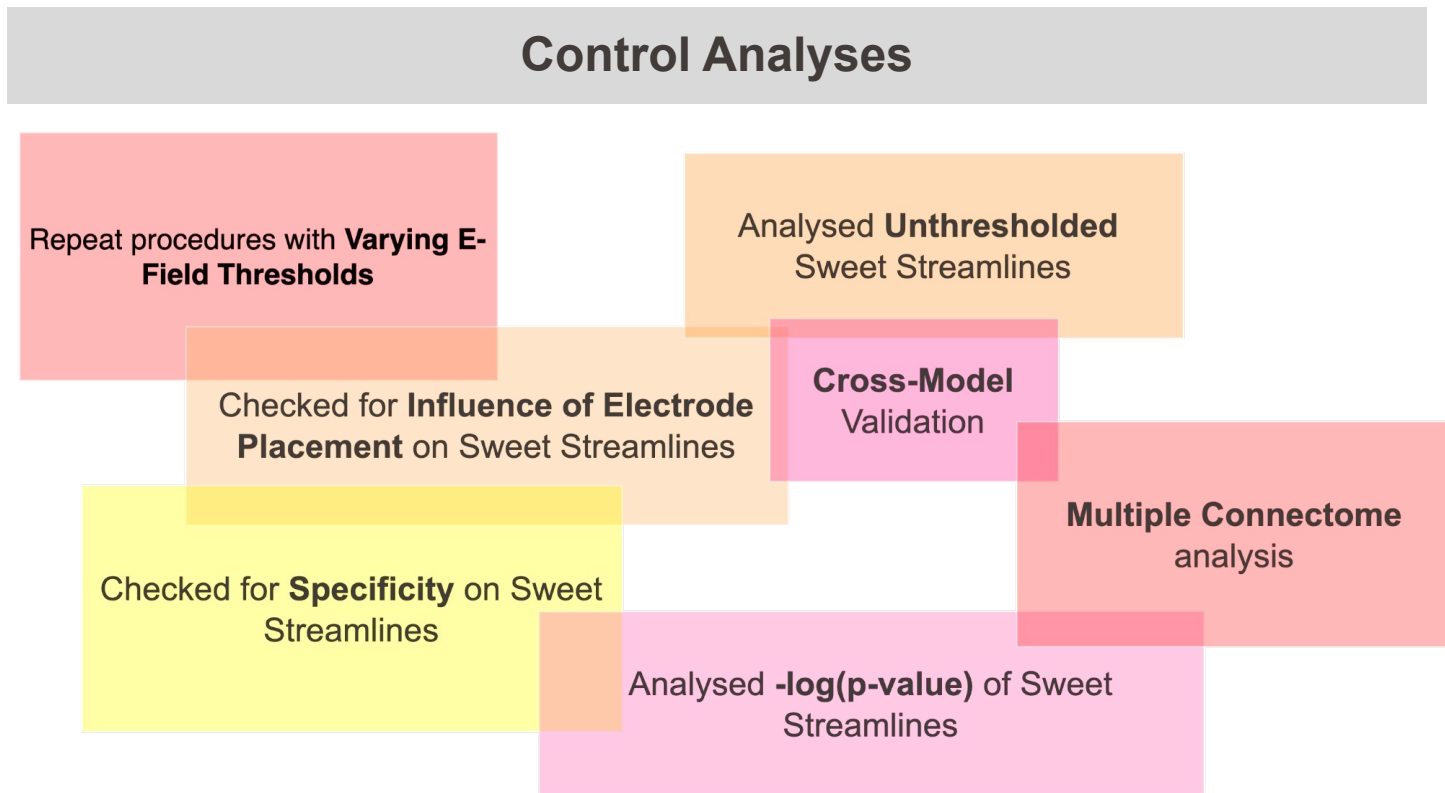


Fig 7 - Sanity checks summary

Results - Dataset

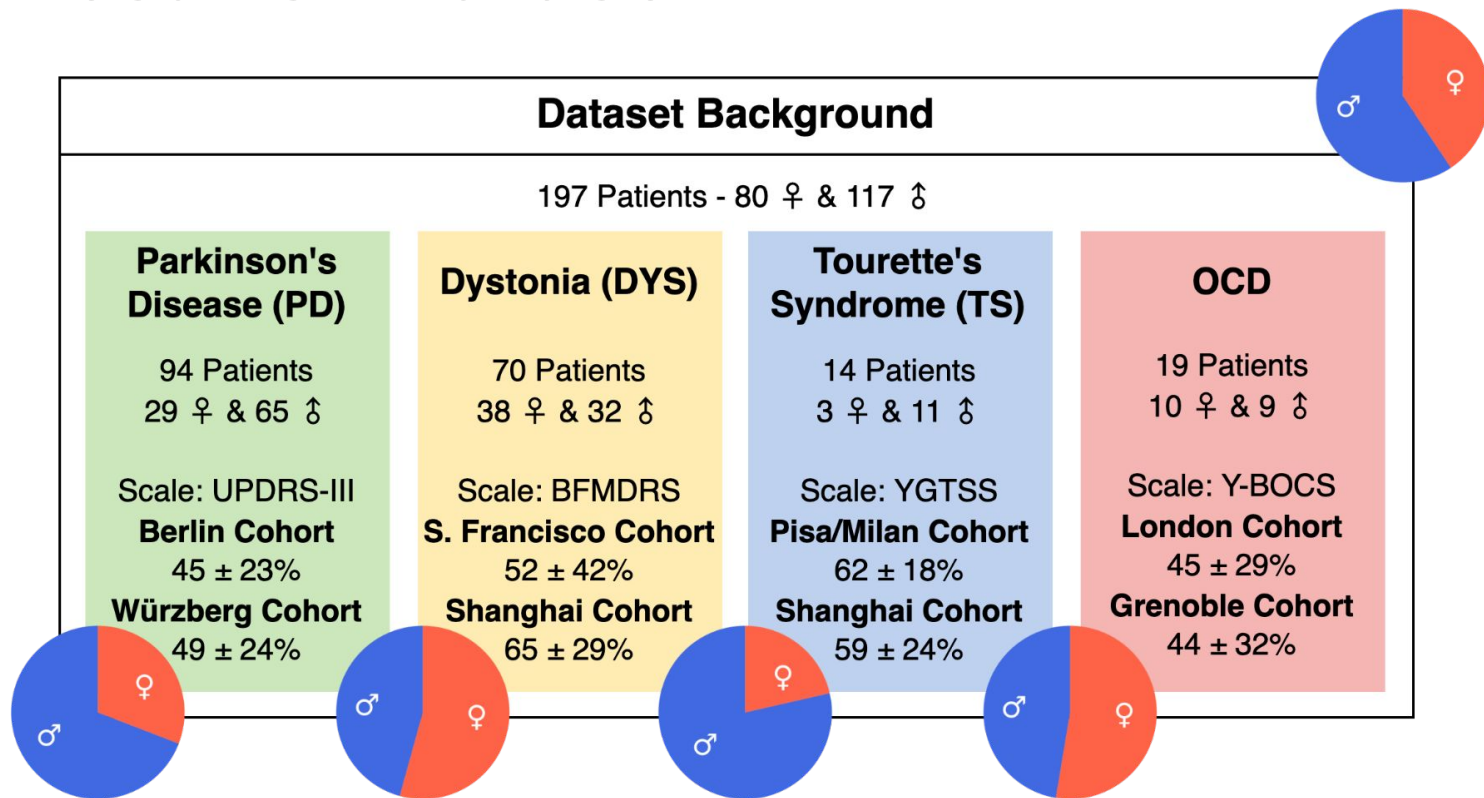


Fig 8 - Dataset analysis plot summary

Results - DBS Rods Placements

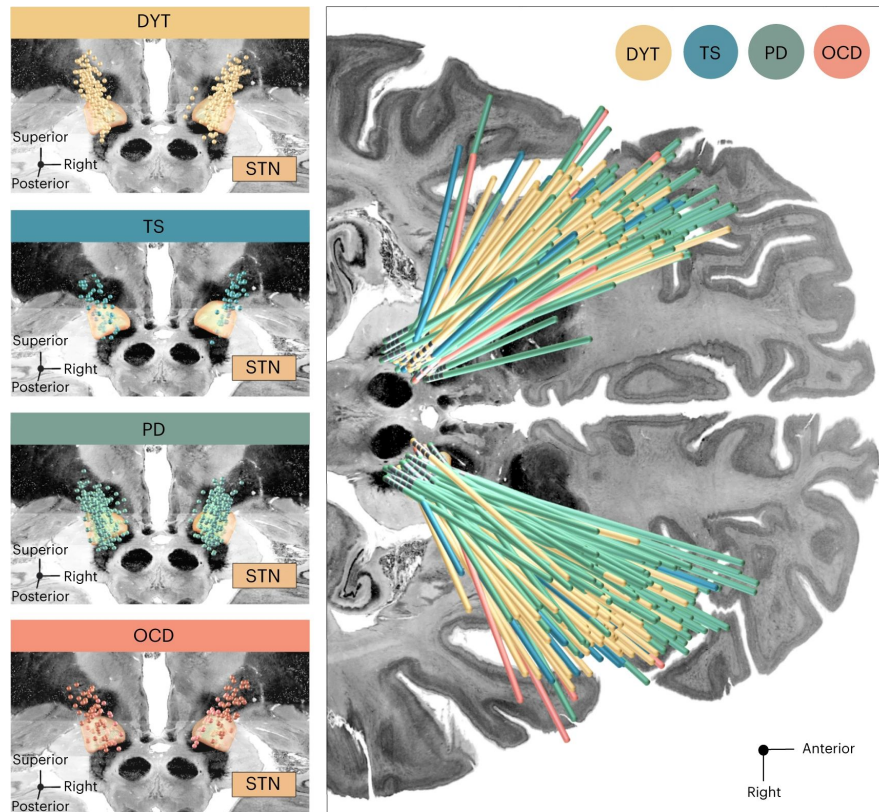
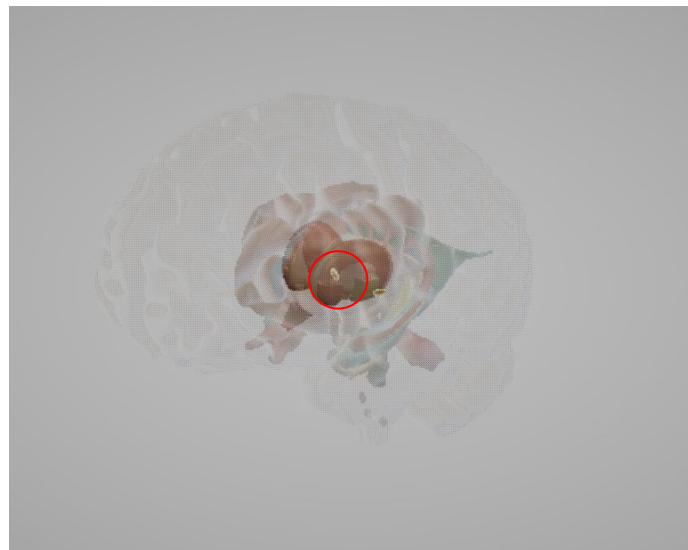


Fig XX - Left panels show DBS electrode placements as point clouds relative to the posterior STN. Right panel displays axial views of DBS leads from four discovery cohorts, color-coded by indication (Hollunder et al., 2024).

Fig XX - 3D model of the brain with Subthalamic Nucleus highlighted (Neurotorium 3D brain).



Results - Sweet Spots

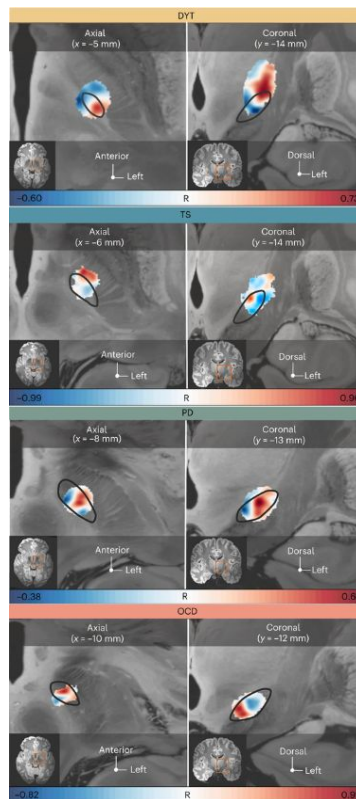
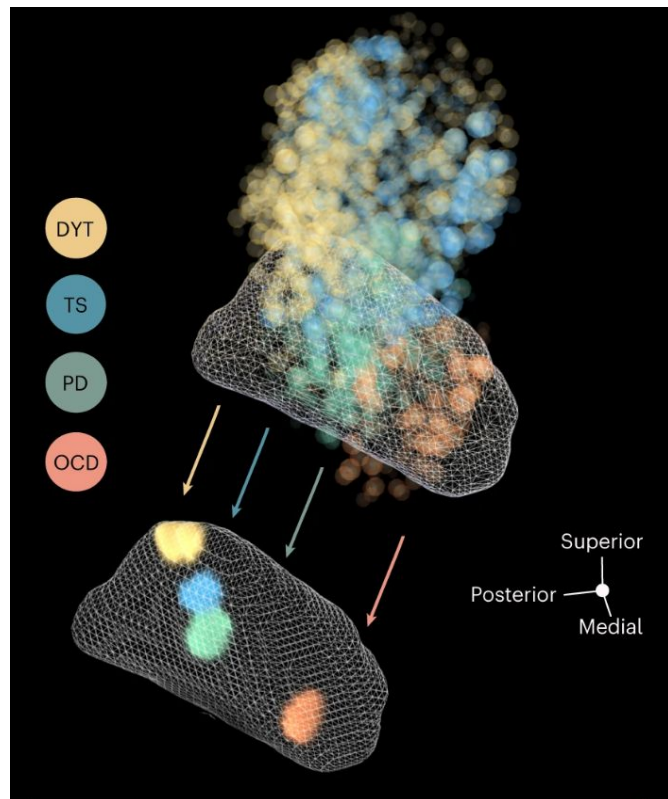
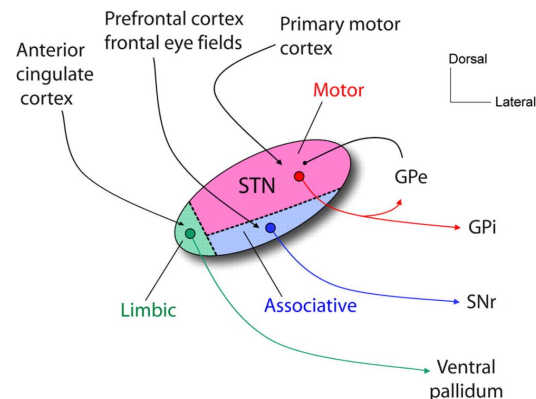


Fig 9: Topographical DBS sweet spots (left panel) shown as density clouds over the left STN, with sphere size/transparency indicating correlation strength. Right panel shows axial and coronal views of sweet and sour spots relative to the STN for each disorder (Hollunder et al., 2024).

Fig 10: The subthalamic nucleus (STN) is divided into motor, associative, and limbic territories, each with distinct cortical inputs and outputs to nuclei like GPi, GPe, SNr, and ventral pallidum (Benarroch, 2008).



Results - Sweet Streamlines

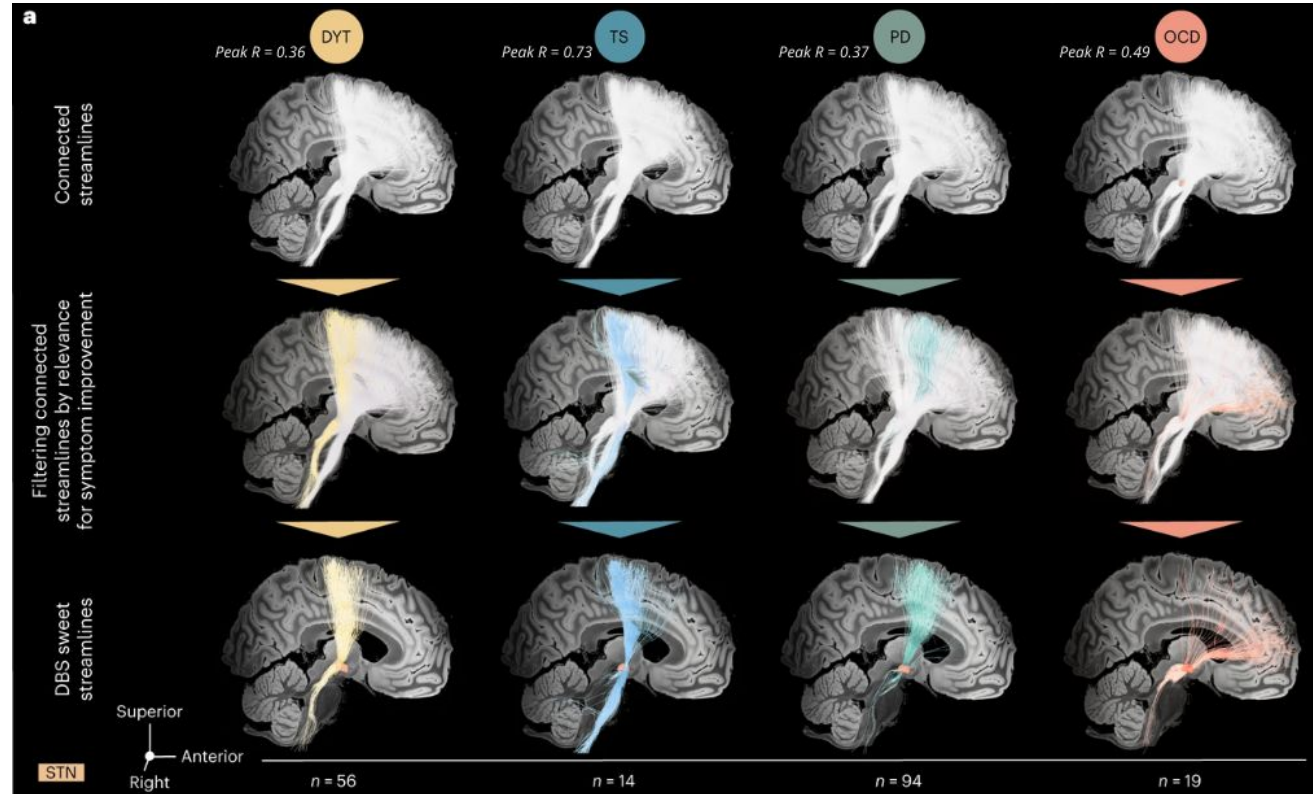


Fig 11: Streamlines of all diseases (top row) show connections from stimulation volumes across patients, filtered for clinical outcome correlations (middle row). Disease-specific streamlines (bottom row) are highlighted and thresholded (Hollunder et al., 2024).

Results - Sweet Streamlines

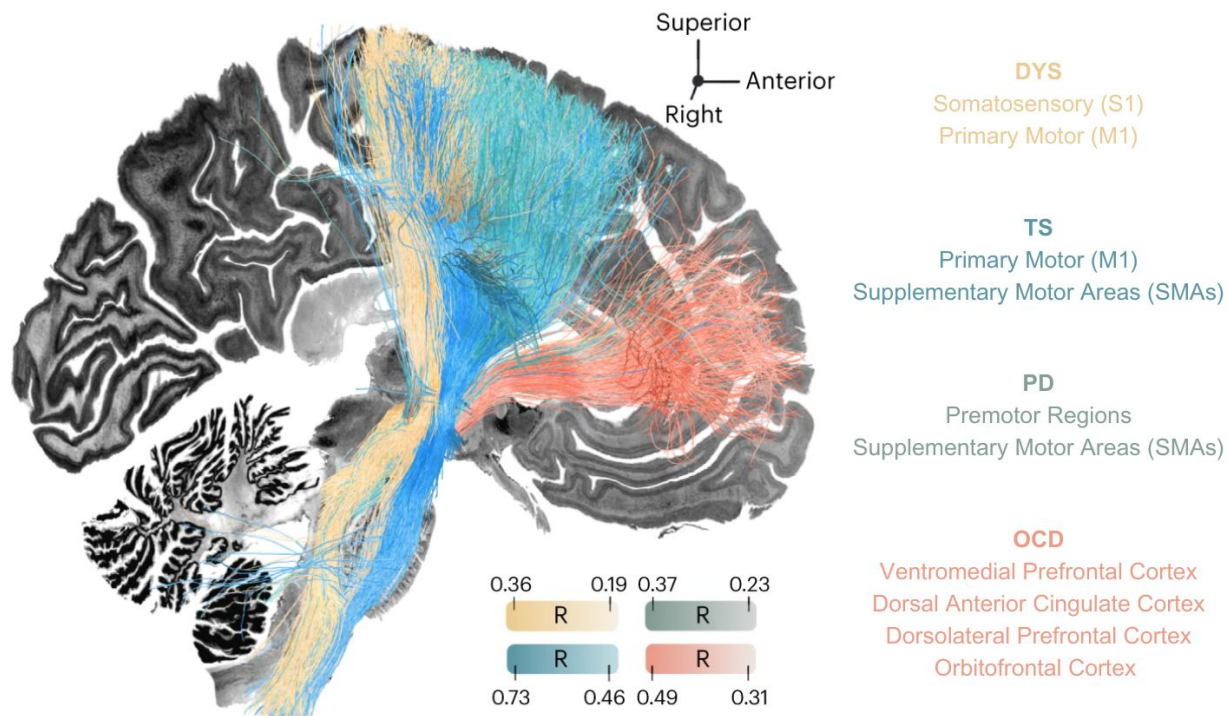


Fig 12: Therapeutic networks were identified using DBS Fiber Filtering for all diseases. Disease-specific streamlines were isolated by correlating E-field magnitudes with clinical improvements. Mappings, thresholded by R values, are shown on a sagittal brain slice, with darker colors indicating stronger correlations (Hollunder et al., 2024).

Results - Indirect Sweet Streamlines

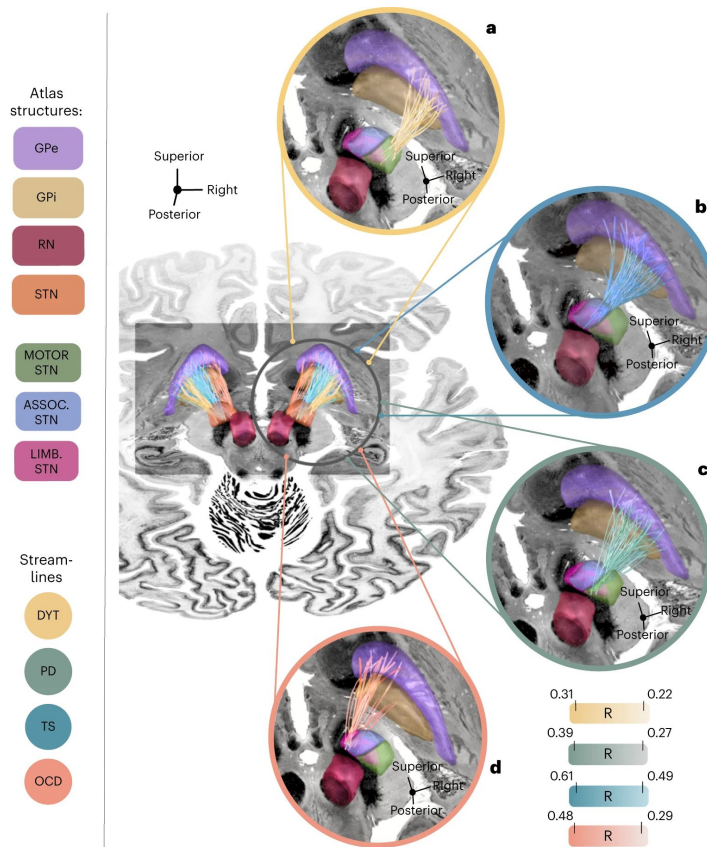


Fig 13: Disease-wise sweet streamlines retain a high degree of specificity along their indirect pathway trajectory connecting the STN with the GPI and GPe. Connectivity is modeled based on the Basal Ganglia Pathway Atlas26. Sweet streamlines associated with optimal DBS outcomes in DYT (n = 56) are interconnected with sensorimotor (Hollunder et al., 2024).

Results - Validation of Sweet Spots

PD

DYS

TS

OCD

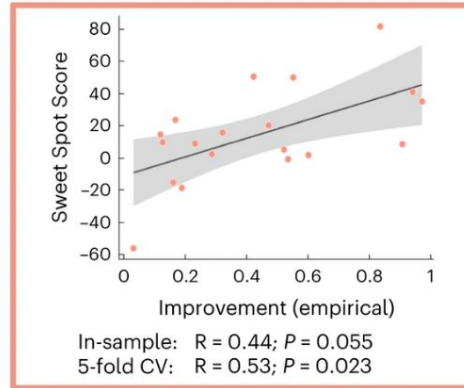
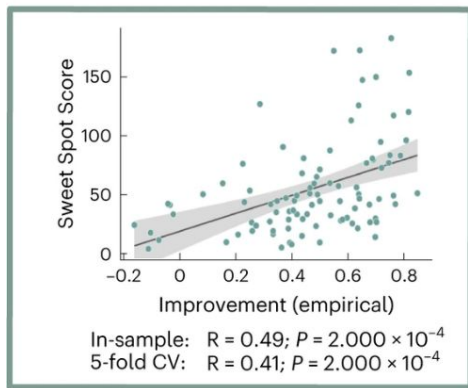
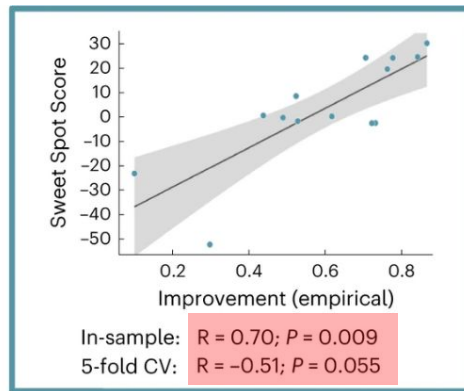
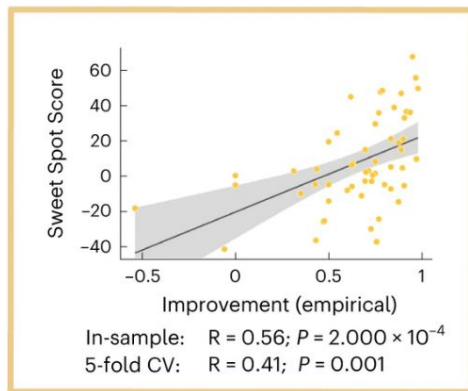


Fig 14: Spearman's correlation plots show clinical outcome variance explained by spatial similarity of E-field peaks with sweet spot models, averaged bilaterally per patient. Gray areas indicate 95% confidence intervals (Hollunder et al., 2024).

Fig XX: Spearman's Correlation equation

$$\rho = 1 - \frac{6 \sum d_i^2}{n(n^2 - 1)}$$

Results - Validation of Sweet Streamlines

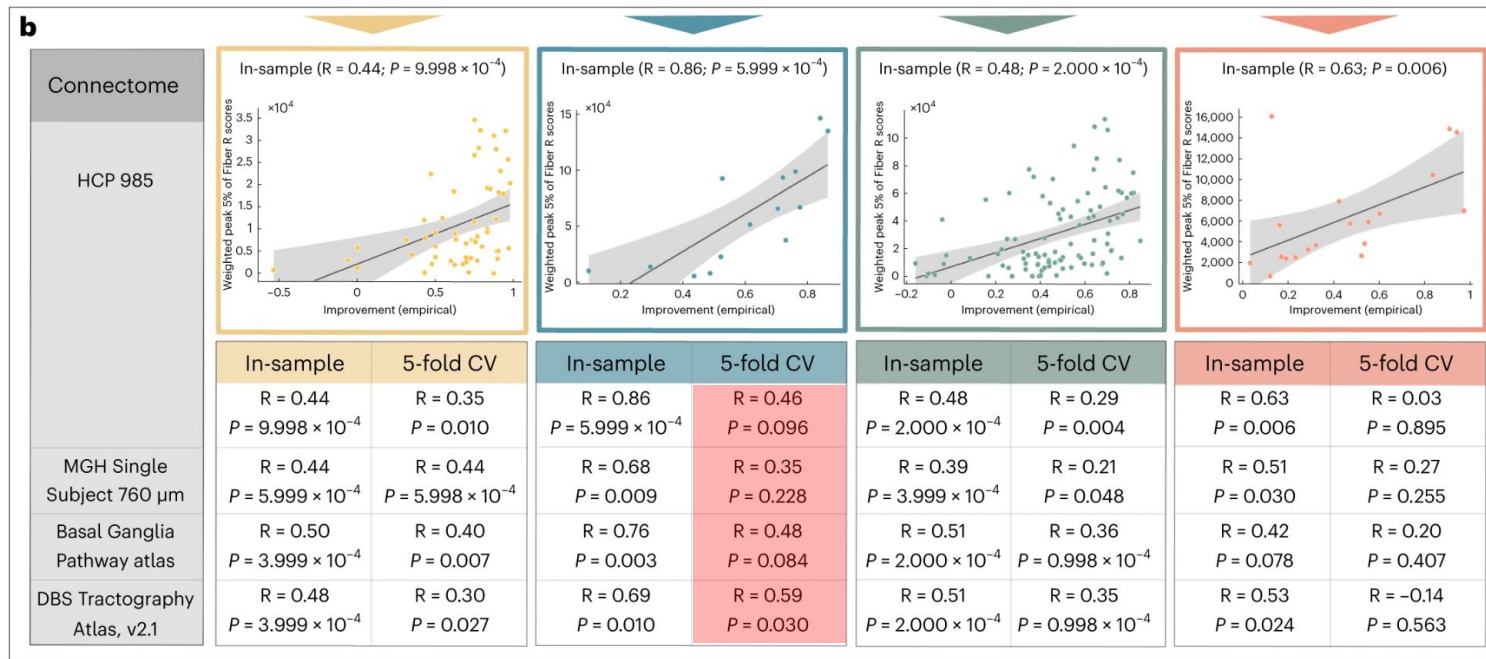


Fig 15: In-sample correlations and fivefold CVs are shown for models using four normative connectomes. Top row plots show how E-field overlap with sweet streamlines explains clinical outcome variance (Spearman's correlation, two-sided). Gray areas indicate 95% confidence intervals (Hollunder et al., 2024).

Results - Validation Cohorts

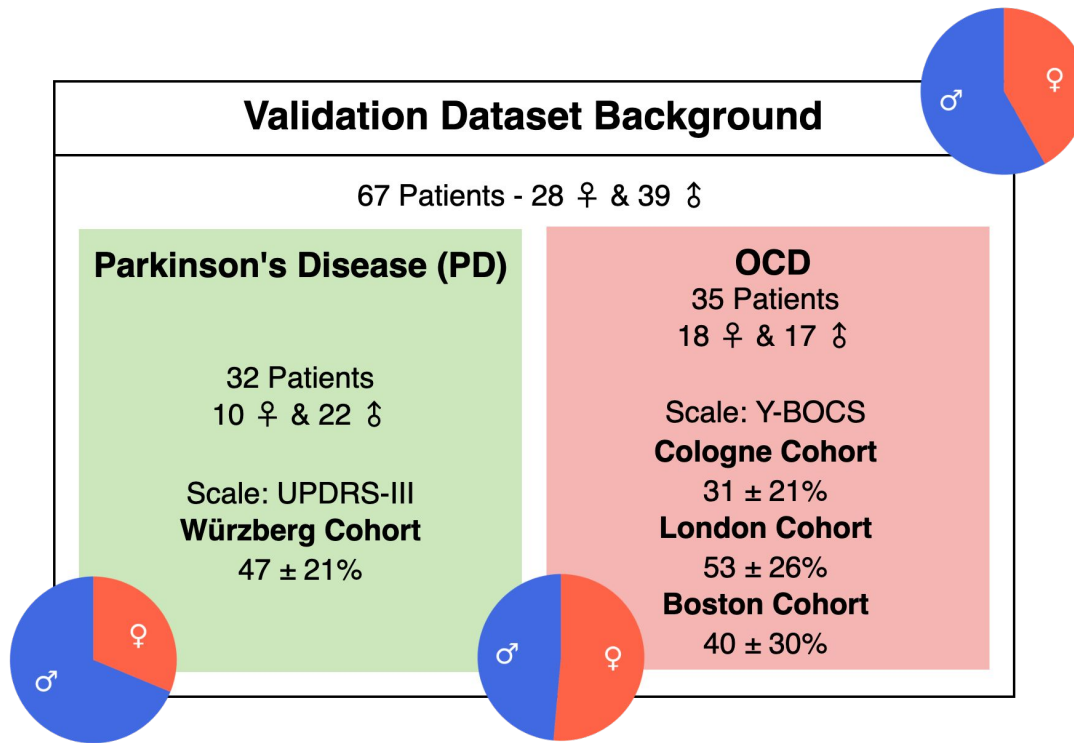


Fig 16 - Dataset analysis plot summary

Results - Retrospective Cohorts

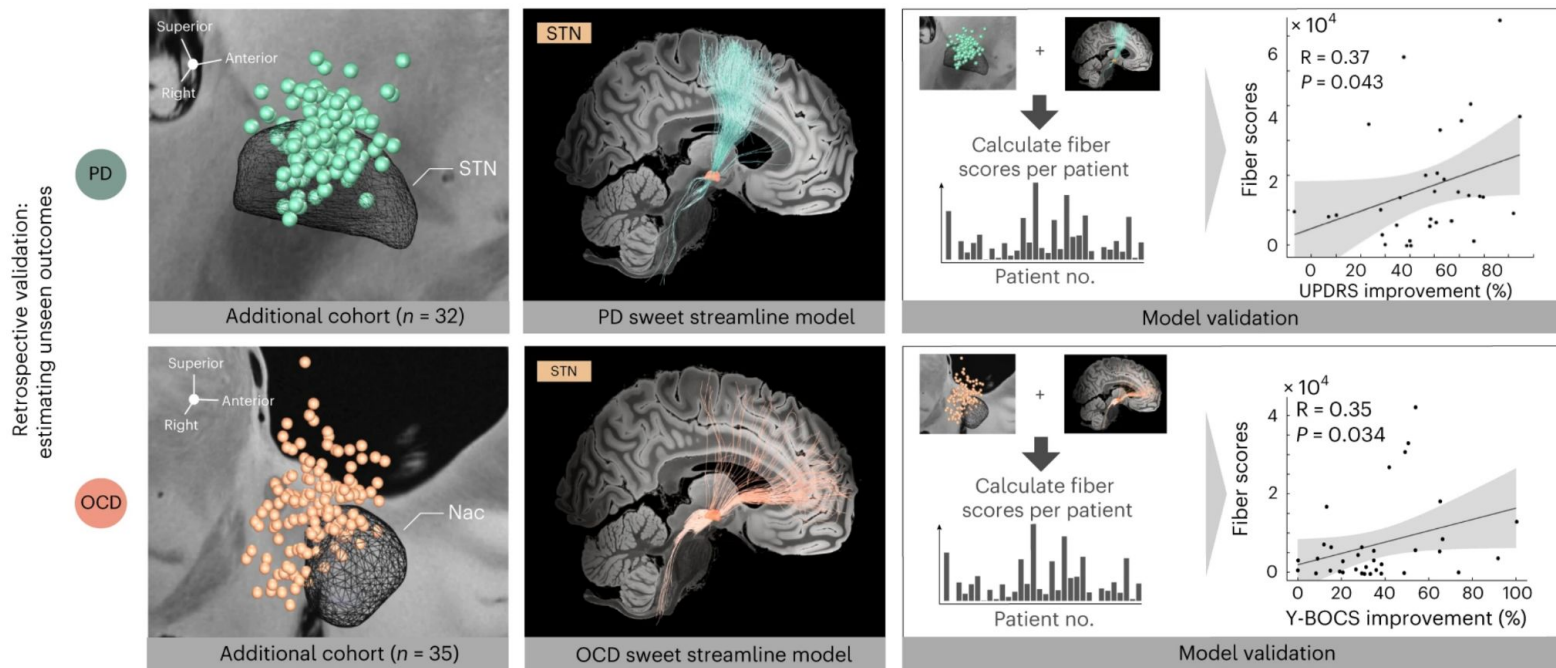


Fig 17: Empirical outcomes from independent datasets were significantly estimated by overlap of stimulation volumes with streamline models. Spearman's correlations measured model validity, with weighted peak 5% of Fiber R scores averaged bilaterally. Gray areas indicate 95% confidence intervals (Hollunder et al., 2024).

Results - Reprogrammed Patients

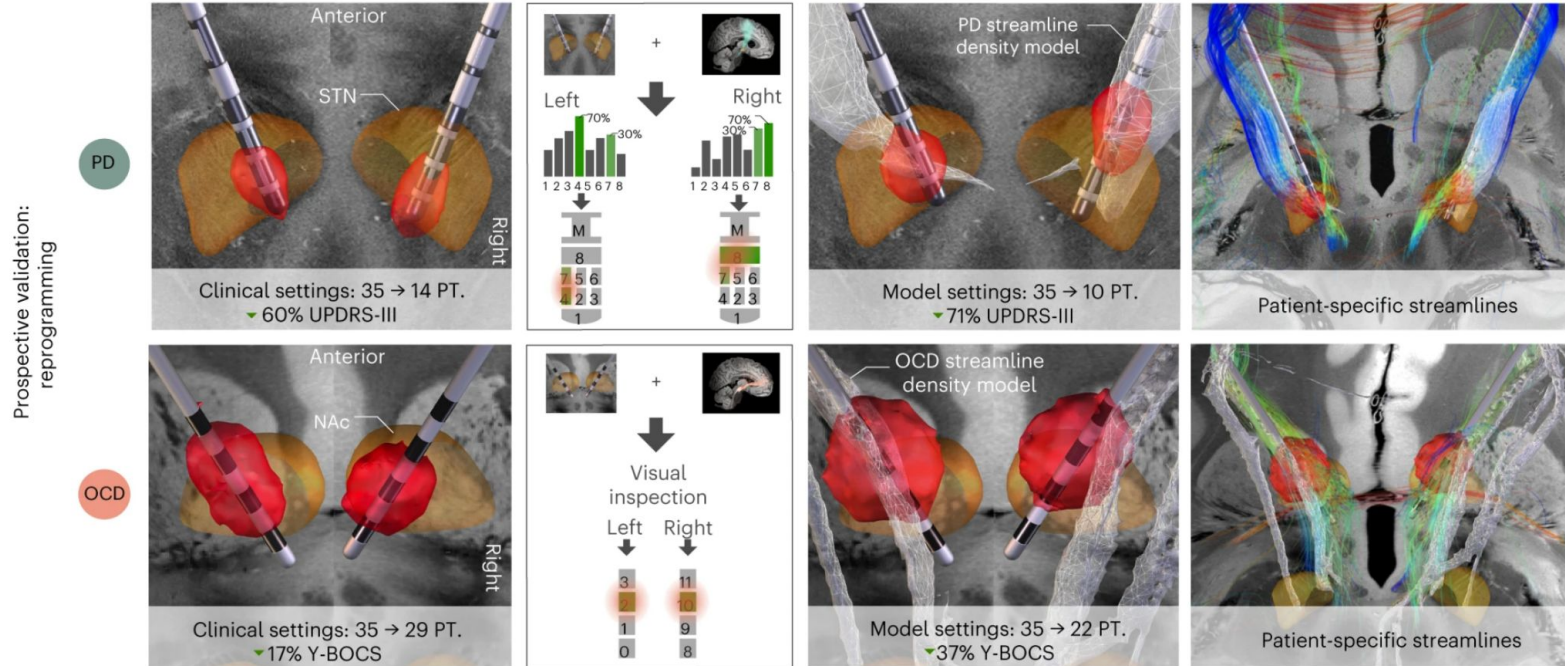


Fig 18: Prospective reprogramming improved outcomes for two patients. For PD improved symptoms by 71% (vs. the original 60%). For OCD, selecting contacts via streamline models reduced symptoms by 37% (vs. the original 17%) (Hollunder et al., 2024).

Results - Prospective Validation

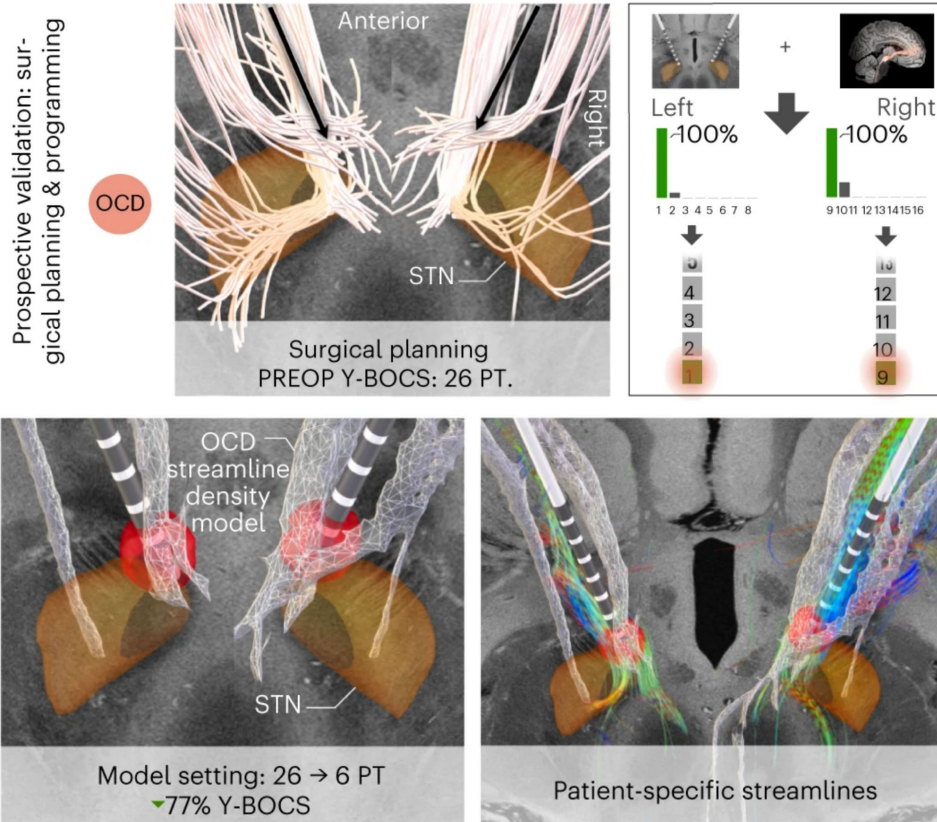


Fig 19: A prospective OCD case with streamline-guided DBS showed a 77% Y-BOCS reduction one month post-surgery. Electrodes were activated at the most ventral contacts, visualized using 3D models of the STN or nucleus accumbens (Hollunder et al., 2024).

Results - Sanity Checks

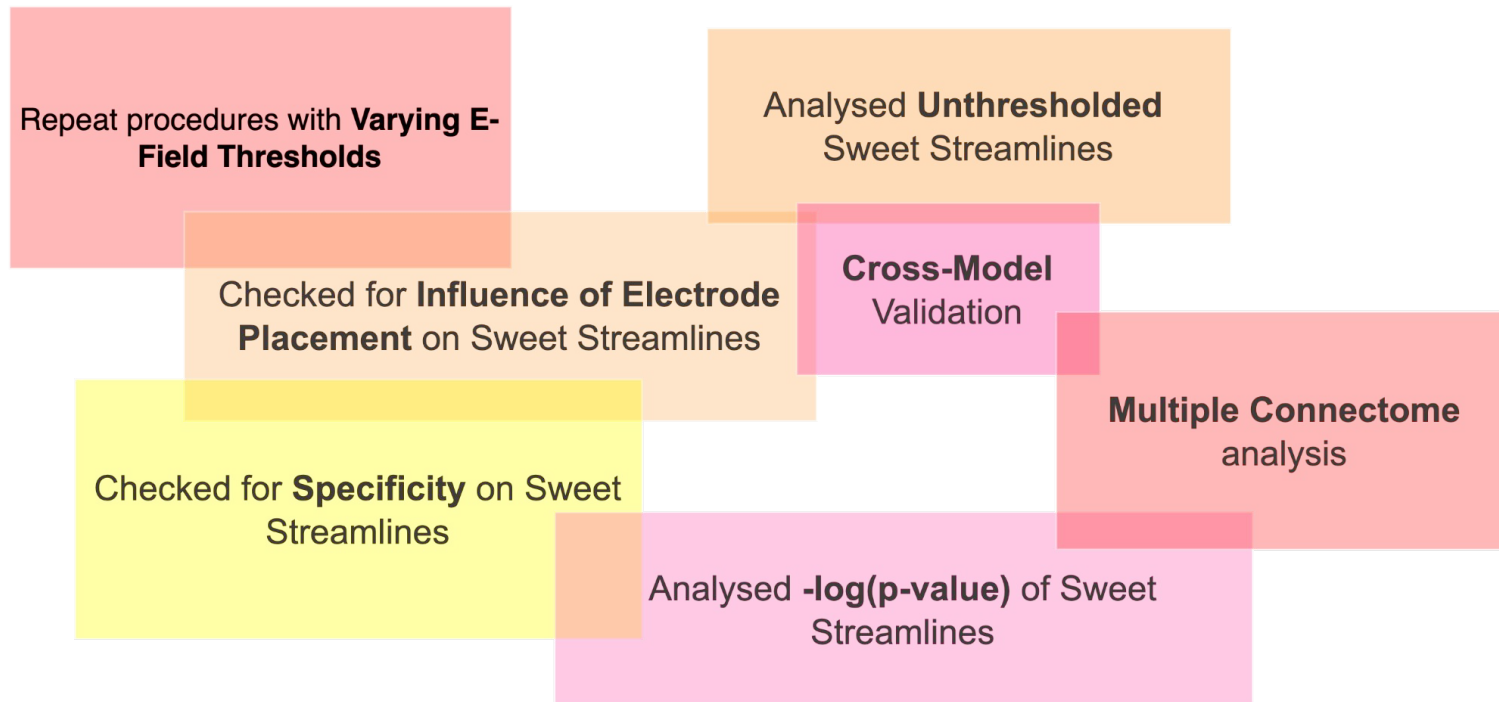


Fig 7 - Sanity checks summary

Discussion

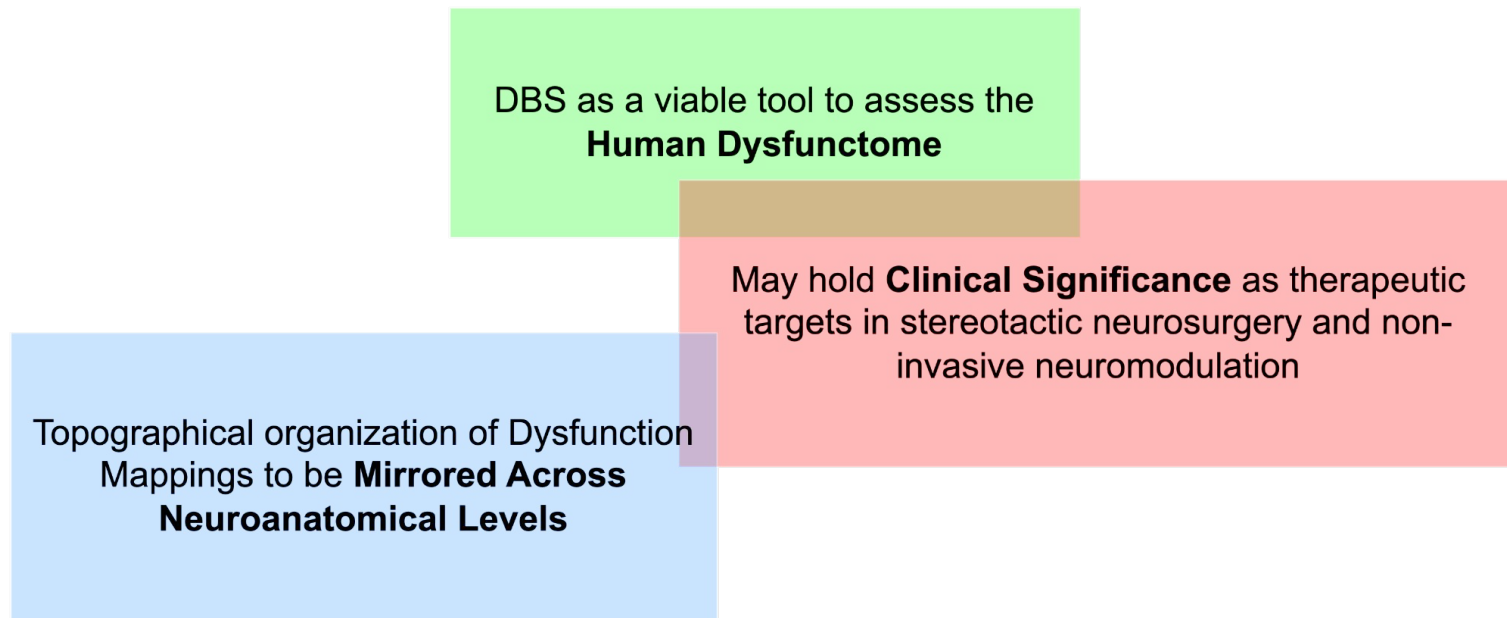


Fig 20 - Discussion points summary

Novelty

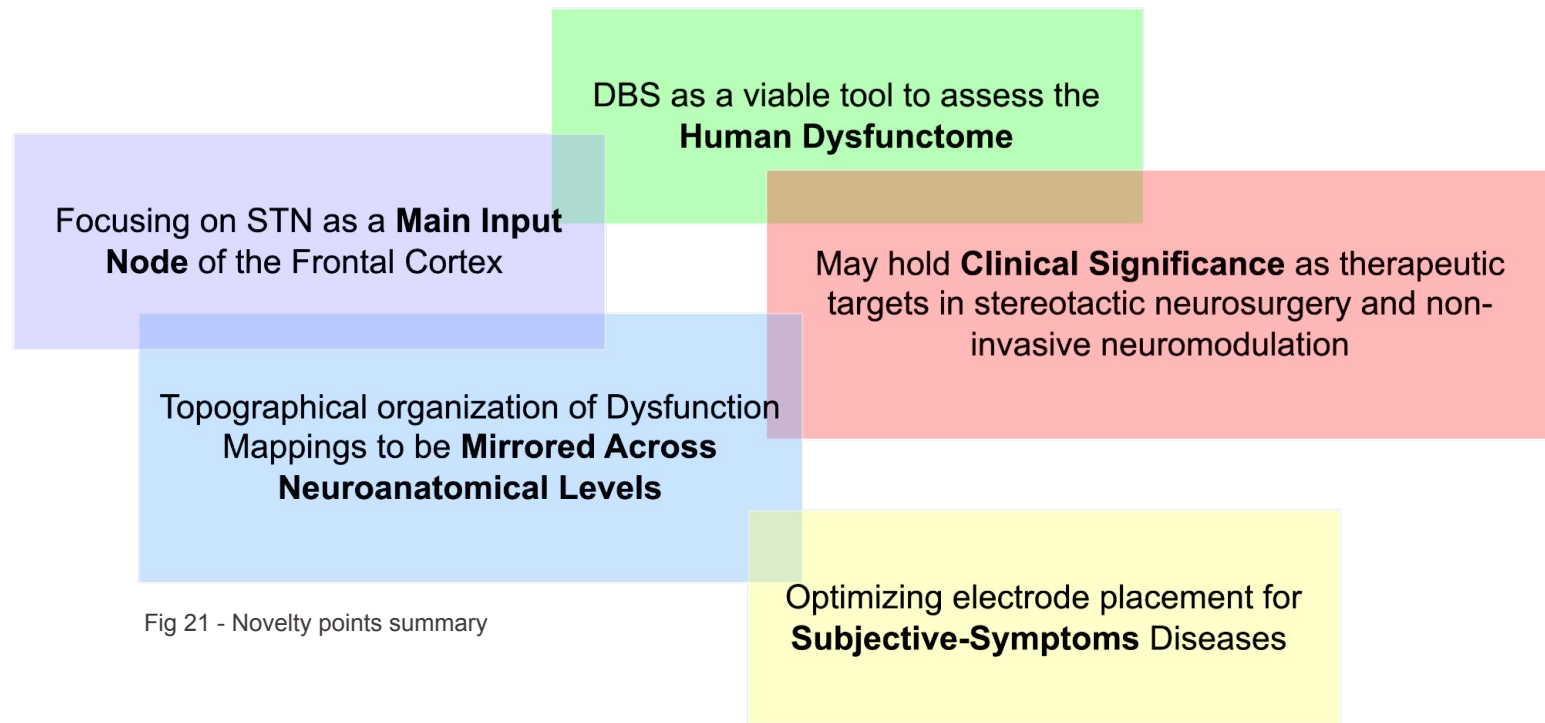
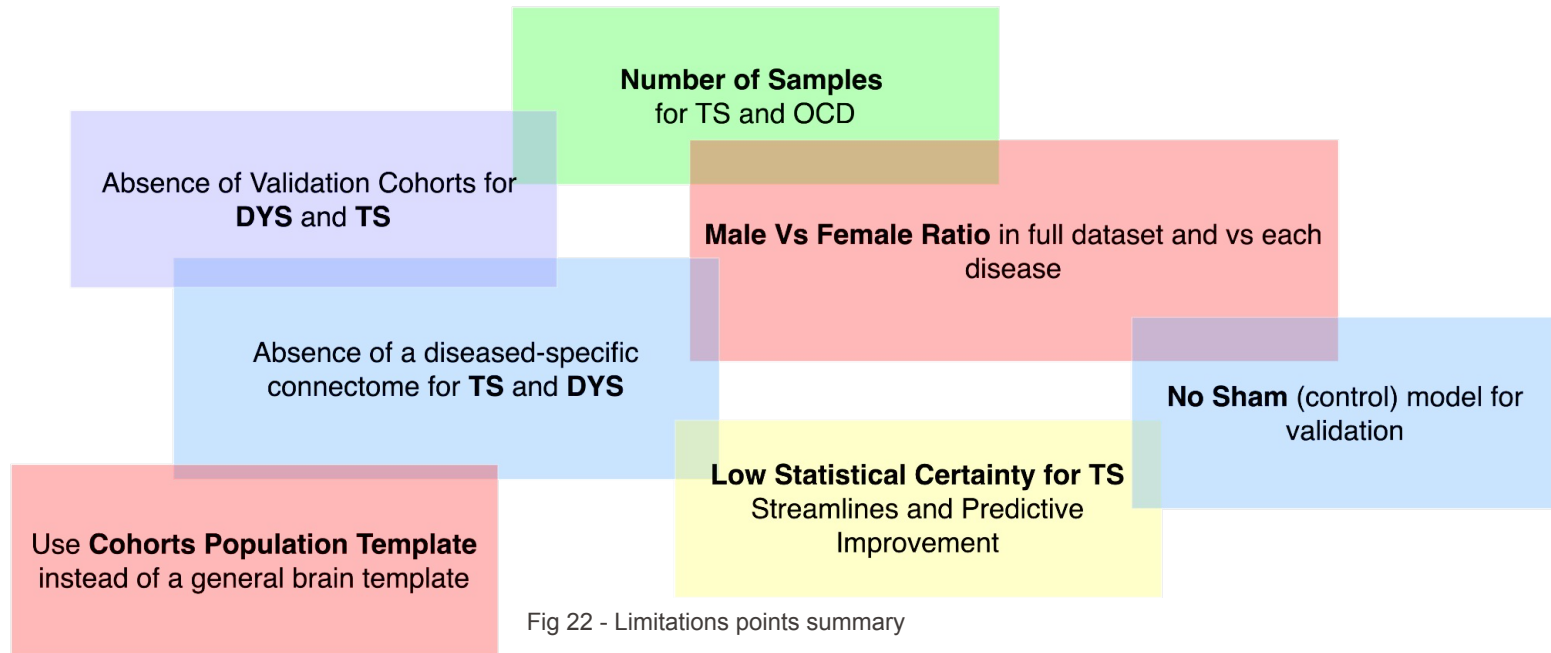


Fig 21 - Novelty points summary

Limitations



Challenges

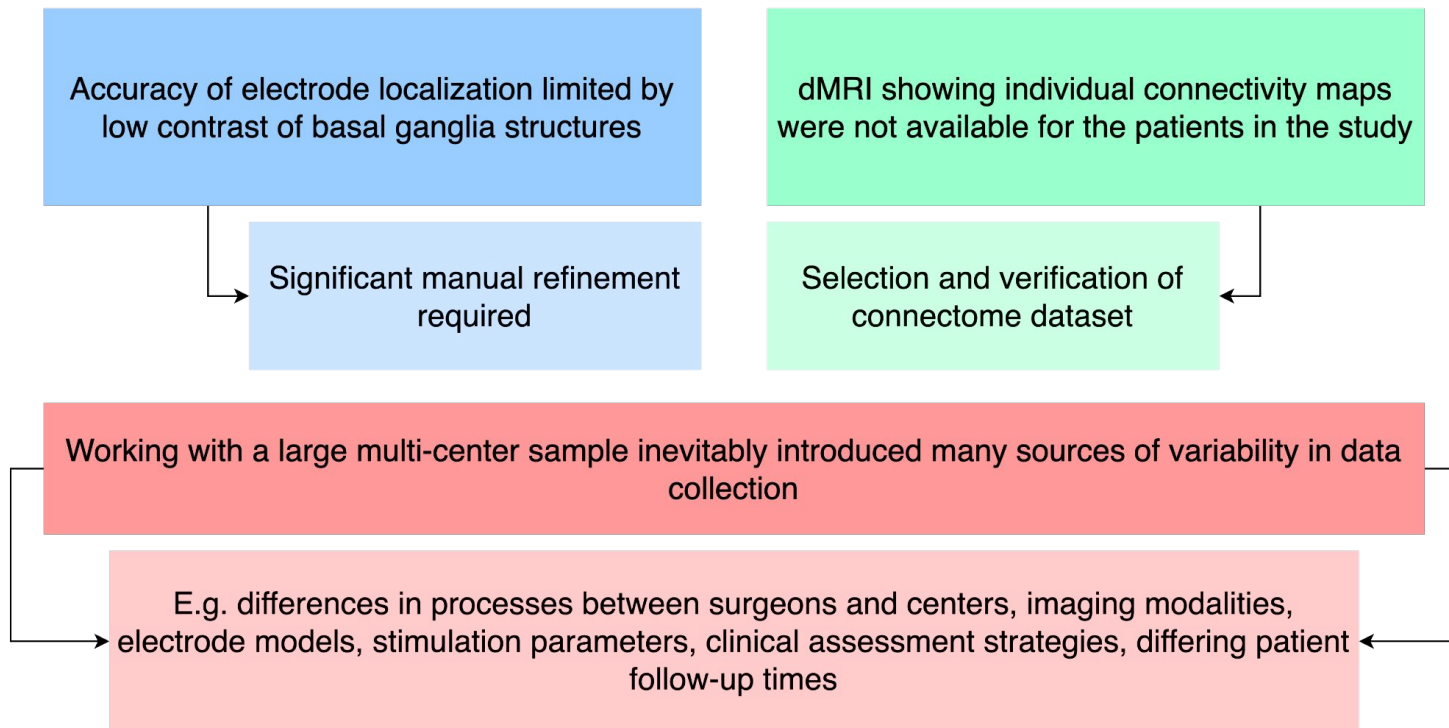


Fig 23 - Challenges points summary

Open Questions



How can stereotactic neurosurgery methods and **Non-Invasive Neuromodulation** methods take advantage of these findings?

How can the model be optimized to more **Accurately** represent the activated tissue in the **E-Field Simulation**?

How could a similar model be used to **Optimize Stimulation Parameters** (other than location) for each disease?



How can we get the **Second Degree Interactions**?

How can we use this method to increase granularity, finding the functional connections associated with **Individual Symptoms**?

How to move away from using a normative connectome model and validate streamlines in **Patient-Specific Data**?



Fig 24 - Open Questions summary

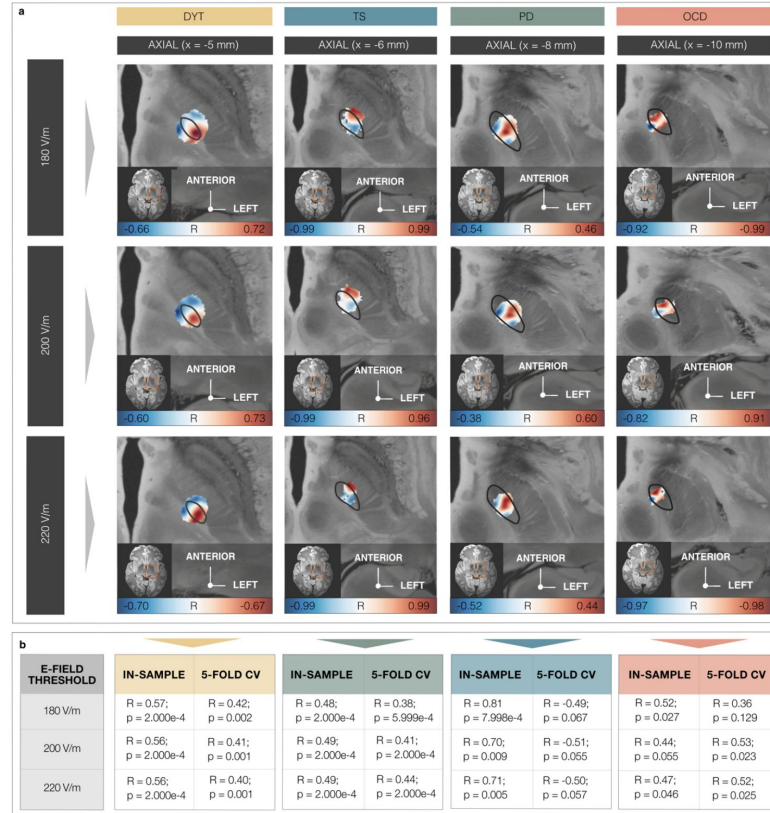
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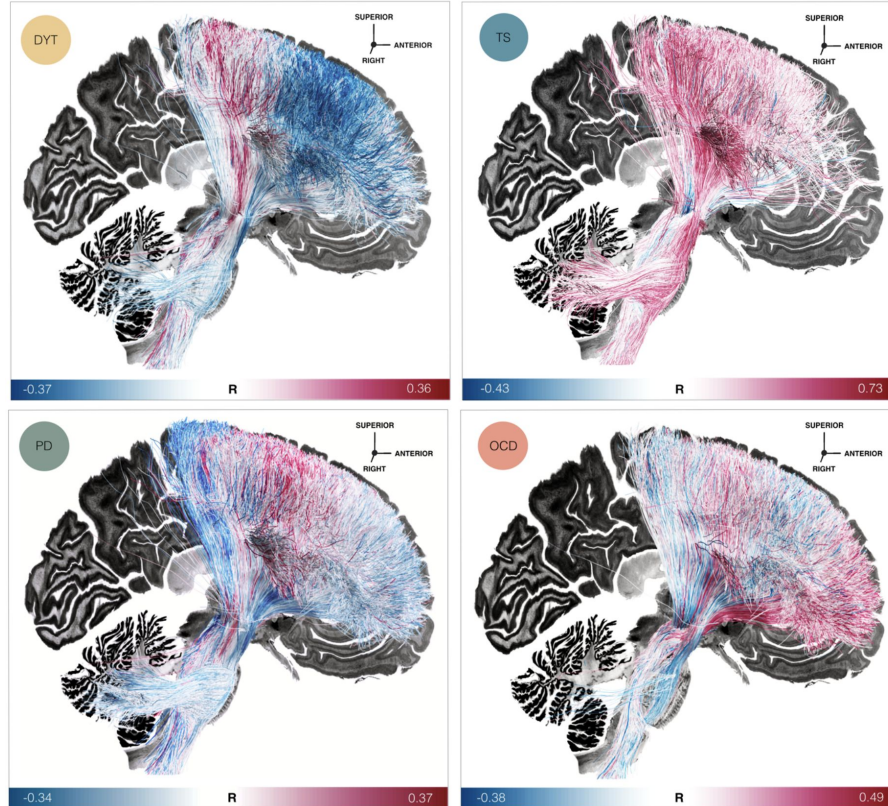
Benarroch, E. E. (2008). Subthalamic nucleus and its connections: Anatomic substrate for the network effects of deep brain stimulation. *Neurology*, 70(21), 1991–1995. <https://doi.org/10.1212/01.wnl.0000313022.39329.65>

DBS Figure: G. Marín, C. Castillo-Rangel, L. Salomón-Lara, L.A. Vega-Quesada, C.J. Zarate Calderon, C.D. Borda-Low, J.E. Soto-Abraham, G.A. Coria-Avila, J. Manzo, L.I. García-Hernández(2022) Deep brain stimulation in neurological diseases and other pathologies, DOI: [10.1016/j.neurop.2022.03.001](https://doi.org/10.1016/j.neurop.2022.03.001)

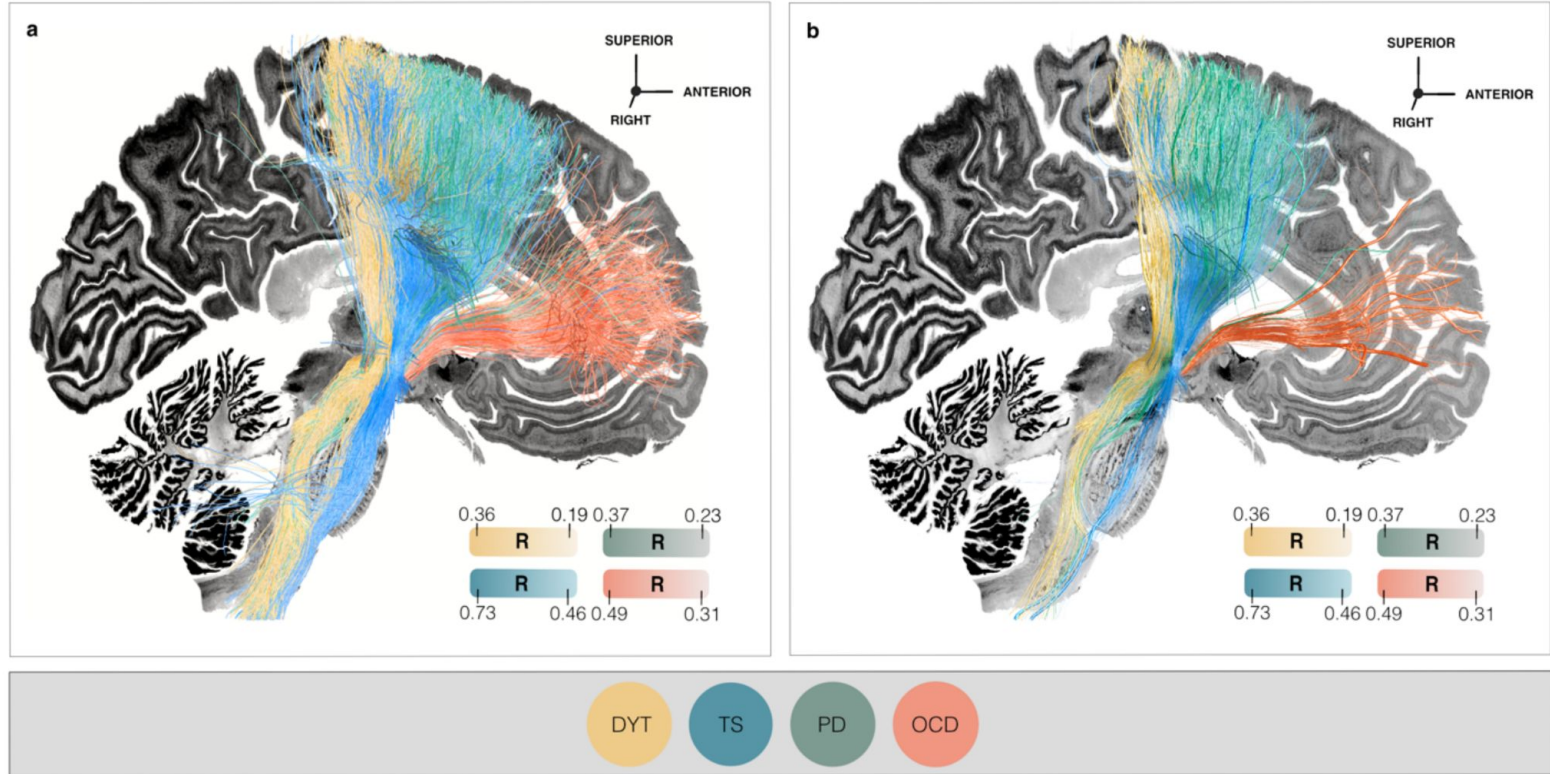
EXTRA - E-Fields Thresholding



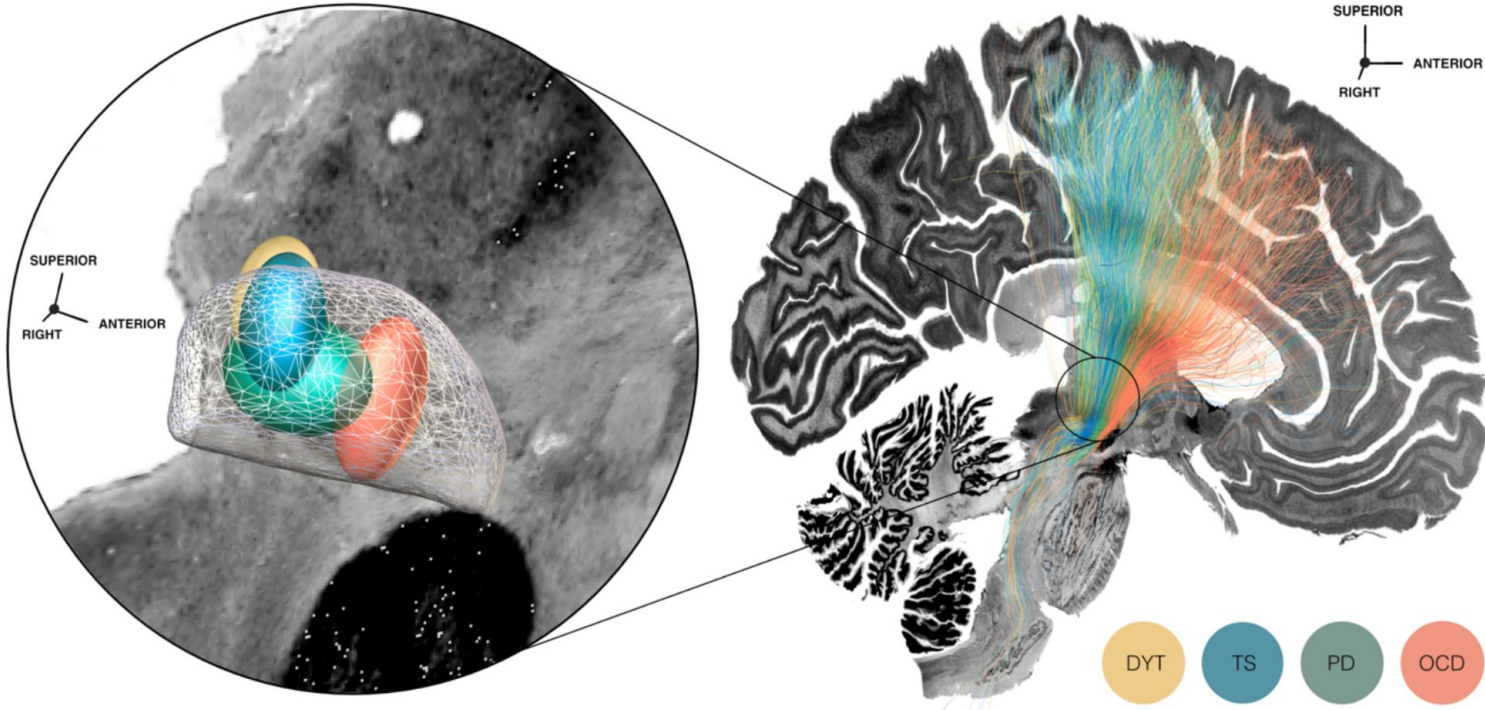
EXTRA - Unthresholded Streamlines



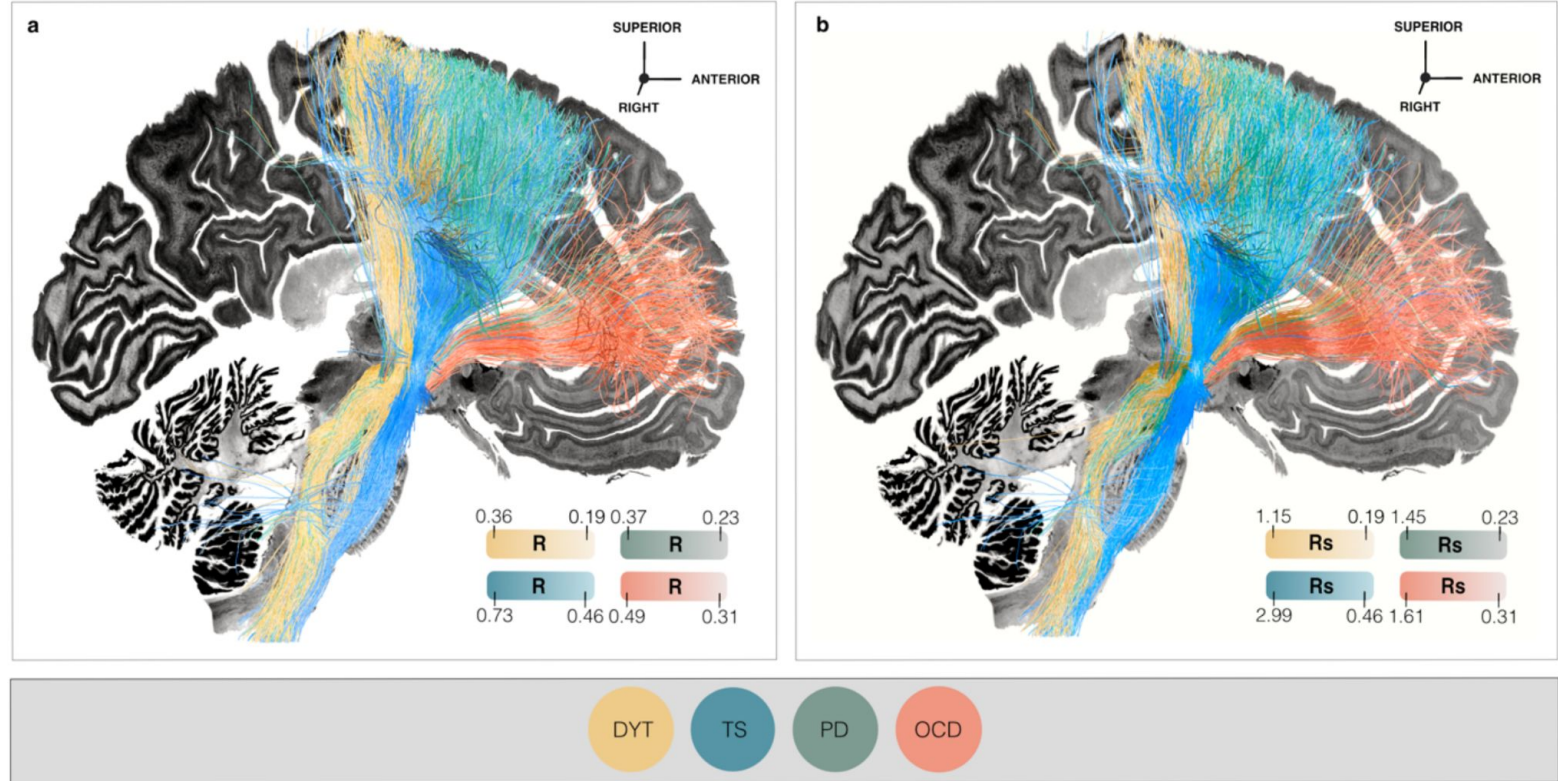
EXTRA - $-\log(p\text{-value})$



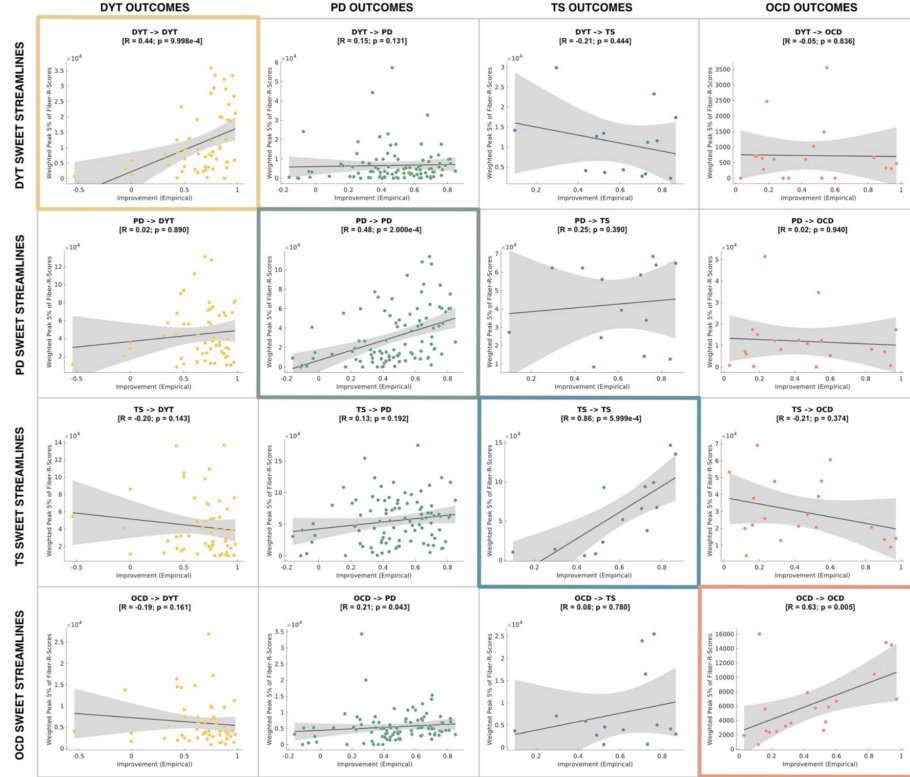
EXTRA - Electrode Placement Influence



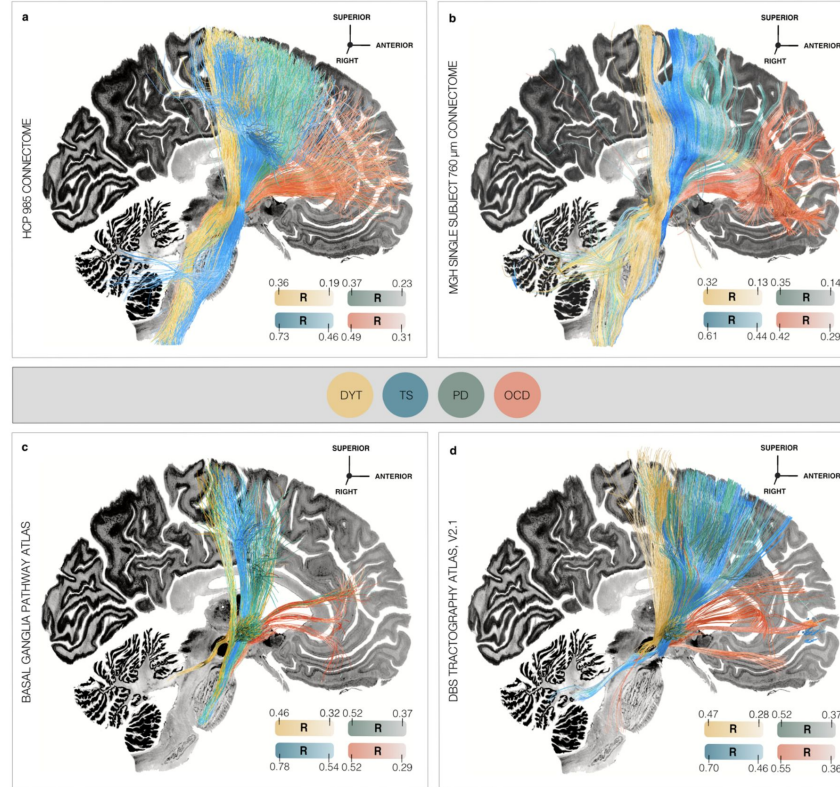
EXTRA - Streamlines Specificity



EXTRA - Cross Model Validation



EXTRA - Connectome Influence



EXTRA - Connectome Influence

