# BOLD signal tuning to interaural level and time differences in human auditory cortex

Susan A. McLaughlin, Nathan C. Higgins, & G. Christopher Stecker Dept. of Speech and Hearing Sciences University of Washington, Seattle WA USA





ITD

Is the BOLD signal contralaterally tuned to ILD & ITD in human AC?	
Does tuning in either hemisphere show more contralateral bias	
(hemispheric asymmetry)?	
Is auditory space preferentially processed in posterior AC regions?	
Are ILD and ITD represented jointly or separately in AC?	
How does stimulus history affect tuning?	

Echo-planar imaging: 3T (Philips), TR=2s, 42 3-mm slices, 2.75 x 2.75-mm in-plane resolution Pre-processing: motion correction, .01 Hz high pass filtering, ICA-based denoising in MELODIC (FSL) Univariate general linear model (GLM) analysis in FEAT (FSL) For region of interest (ROI) analyses, beta weights averaged across sound-responsive (z>2.3, uncorr) voxels in each ROI

ROIs defined using Freesurfer following Desikan et al. (2006) HG: Heschl's gyrus (red) aSTG: Anterior half of Superiror Temporal Gyrus, excluding HG (cyan) pSTG: Posterior half of Superior Temporal Gyrus excluding HG (yellow) AC: Auditory cortex (HG plus STG)

ROIs defined on Transformed to individual subject's cortical surface average cortical surface

Mapped to 3D coordinates for each functional scan





## Results, direct effects : clear contralateral tuning to ILD in both hemispheres; more modest tuning to ITD, only in left hemisphere



p<.05, FDR corr in AC, except where \*\* then p<.01, uncorr

Maps of contralateral vs. ipsilateral stimulation show tuning in both hemispheres to contralateral ILD<sub>GCT</sub> sound, little difference in response to contralateral vs. ipsilateral ITD<sub>NBT</sub> sound in either hemisphere.

Voxel-wise maps displayed on FSaverage (Freesurfer). Responses masked by AC ROI (outlined in yellow), and FDR corrected within AC at p < .05 (except where noted).

Far left: Response to all sound conditions.

**Near left**: Red/yellow voxels are those in which response to contralateral sound is greater than to ipsilateral sound. Blue voxels are those which respond more to ipsi than contra sound. For ILD, "left" is defined as -30, -20, & -10 dB and right as 10, 20, & 30 dB. For ITD, left is defined as -800, -500, & -200 µs, and right as 800, 500, & 200 µs.

**Right:** Comparisons between response to leftward and rightward sound at +/- 10, +/- 20, and +/- 30 dB for ILD stimuli, and at +/- 500, +/- 800, and +/- 1500 µs for ITD stimuli. Red/yellow voxels = greater response to rightward stimulation. Blue voxels = greater response to leftward stimulation.



p < .05, FDR corr in AC

pSTG

Pairwise maps show contralateral tuning in both hemispheres at 30dB, only in LH at 20 dB for  $ILD_{GCT}$  contralateral tuning in LH at 800 µs for  $ITD_{NBT}$ 

aSTG

HG

pSTG

aSTG





Hemifield-level contrasts show robust contralateral tuning (non-monotonic) in pSTG & HG for ILD<sub>GCT</sub> stimulation, contralateral tuning in LH in all ROIs (more monotonic?) for ITD<sub>NRT</sub> stimuli.

Group avearge beta-weights for aSTG, HG, and pSTG ROIs; error bars are standard error of the mean (S.E.M.) across subjects. Blue bars/points = LH responses; red bars/points = RH responses. Significance levels shown at p<.005 (\*\*) and p<.05 (\*).

Left: Group average response to leftward (L3), centered (C3), and rightward (R3) 'hemifield-level' sound. L3 and R3 as defined above. For ILD, C3 is defined as -5, 0, & 5 dB for ILD, and for ITD as -200, 0, & 200 µs. White lines extending across LH and RH bars indicate significant differences between RH vs. LH responses at a given hemifield level. Horizontal braces extending across hemifield conditions indicate significant differences within a hemisphere between responses to L3 vs. R3 stimulation.

**Right**: Binaural level-response functions. Sounds coming from the left side of auditory space represented as negative values, and sounds from the right as positive values. Responses to 1500 µs are separated off because it is not a physiologically plausible stimulus. Indicated on response functions are significant pariwise contrasts. Ellipses encircling LH and RH points indicate significant difference between LH vs. RH responses to stimulation at a given binaural cue level. Upward horizontal braces extending across matched cue values in left and right hemifields indicate significant difference in LH response to rightward vs. leftward stimulation. Downward horizontal braces indicate significant difference in RH response to leftward vs. rightward stimula-



Binaural level-response functions show non-monotonic tuning to contralateral ILD<sub>GCT</sub> sound in pSTG more for LH than RH, and only in LH in HG. In response to ITD<sub>NBT</sub> stimulation, monotonic contralateral tuning is seen in LH in pSTG at 800 µs and in HG at 500 µs. Contralateral tuning is seen in RH pSTG and aSTG at 1500 µs.

### Results, stimulus history effects: response to contralateral stimulation enhanced by prior ipsilateral sound





#### Discussion

- Robust contralateral tuning (non-monotonic) in BOLD response to ILD; modest tuning (more monotomic) in response to ITD. Why? • Weaker cortical coding for ITD?
  - BOLD signal may not capture ITD coding, potentially reliant on: - excitatory/inhibitory relationships (McAlpine et al. 2001; Stecker et al.
  - temporal coding mechanisms (Furakawa & Middlebrooks 2002) - distributed code (Stecker et al. 2003; Werner-Reiss & Groh 2008) • Influences of task/attention on cortical ITD processing

More robust contralateral tuning in LH than RH, consistent with previous neuroimaging (Krumbholz et al. 2005, 2007; Johanson & Hautus 2010) and clinical lesion (Clarke et al. 2000; Spierer et al. 2010) data. Pronounced asymmetry for ITD, more modest for ILD.



For ILD<sub>GCT</sub> stimulation, RH in HG responds more to contralateral leftward probe sound when preceded by ipsilateral rightward adaptor, and LH in pSTG shows a trend toward a greater response to rightward (and leftward) probe sound when preceded by ipsilateral leftward adaptor. Likewise, for ITD<sub>NRT</sub> sound, RH trends toward a greater response to leftward probe sounds that are preceded by rightward than those that are preceded by leftward.

Left: Binaural-level response functions for ILD (top) and ITD (bottom) across stimulus history conditions: preceded by leftward sound (-30, -20, & -10 dB ILD and -800, -500, & -200 μs ITD), preceded by centered sound (-5, 0, 5 dB ILD and 0 μs ITD), and preceded by righward sound (10, 20, & 30 dB ILD and 200, 500, & 800 µs ITD). Green bars show values of adaptor sounds in each condition.

Above: Group average response to leftward (L3) and rightward (R3) 'hemifield-level' sound across stimulus history conditions: PBL (preceded by left), PBC (preceded by centered), and PBR (preceded by right). Stimulus history conditions as defined above. L3 and R3 encompass same values as leftward and rightward sound defined above. White lines extending across LH and RH bars indicate significant differences between RH vs. LH responses at a given hemifield level. Horizontal braces extending across hemifield conditions indicate significant differences within a hemisphere between responses to L3 vs. R3 stimulation.

ILD and ITD tuning strongest in pSTG and HG; some tuning in aSTG.

Stimulus history effects on ILD and ITD tuning: Response to stimulus in contralateral hemifield enhanced when preceded by prior sound in ipsilateral hemispace.

Present results do not provide clear evidence of separate AC processing mechanisms for ILD and ITD; disparities observed may be artifact of weaker BOLD tuning to ITD rather than differential effects of distinct processing mechanisms.

#### **Future directions**

Analysis of subcortical data

Other analytical methods tby which to fit voxel response to binarual tuning (e.g., population receptive fields)

Auditory spatial task

Alternative imaging methods that better capture temporal aspects of response (e.g., MEG and EEG)

Binaural processing in patient populations with disorderd cortical processing

# Acknowledgments

Thanks to Jacqueline Bybee and Fang Jiang. Assistance with scanner configuration and data collection: Baocheng Chu, Jeff Stevenson & Jenee O'Brien. Funding support: NSF IOB-0630338, NIH ARRA Revision R03 DC009482-02S1, NIH NRSA T32 DC005361. Contact smcl@uw.edu or visit http://faculty.washington.edu/cstecker/ for more information.

#### **References:**

Aguirre (2007). Neuroimage 35:1480-94. Clarke, Bellmann, Meuli, Assal, & Steck (2000). Neuropsychologia 38:797-807. Desikan et al. (2006). *Neuroimage* 31:968-80 Furukawa & Middlebrooks (2002). J Neurophysiol. 87:1749-62.

Johnson & Hautus (2010). Neuropsychologia 48:2610-19. Reale & Brugge (1990). *J Neurophysiol*. 64:1247-60. von Kriegstein, Griffiths, Thompson, & McAlpine (2008). J. Neurophysiol. 100:2712-8. Krumbholz, Schönwiesner, von Cramon, Rübsamen, Shah, Zilles, & Fink (2005). Cereb. Cortex 15:317-24. Spierer, Bellmann-Thiran, Maeder, Murray, & Clarke (2009). *Brain* 132:1953-66. Woldorff, Tempelmann, Fell, Tegeler, Gaschler-Markefski, Hinrichs, Heinz, & Scheich Krumbholz, Hewson-Stoate, & Schonwiesner (2007). J Neurophysiol. 97:1649-55. Stecker & Middlebrooks (2003). Biol. Cyberbetics 89:341-9. (1999). *HBM* 7:49-66. McAlpine, Jiang, & Palmer (2001). Nat Neurosci. 4:396-401. Stecker, Harrington, & Middlebrooks (2005). PLos Biology 3, e78 Werner-Reiss & Groh (2008). J Neurosci 28:3747-58. Stecker and McLaughlin (2011). Proceedings., 18th Annual CNS. immer, Lewald, Erb, & Karnath (2006). Neuropsychologia 44:454-61. Phillips & Irvine (1981). *Hear Res.* 4:299-307.