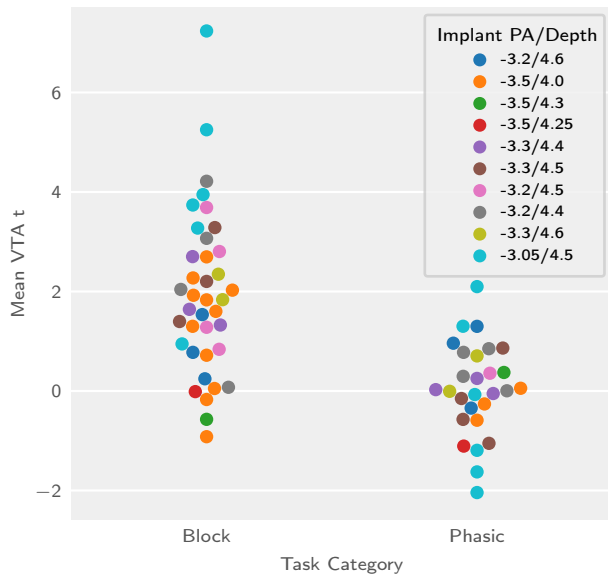


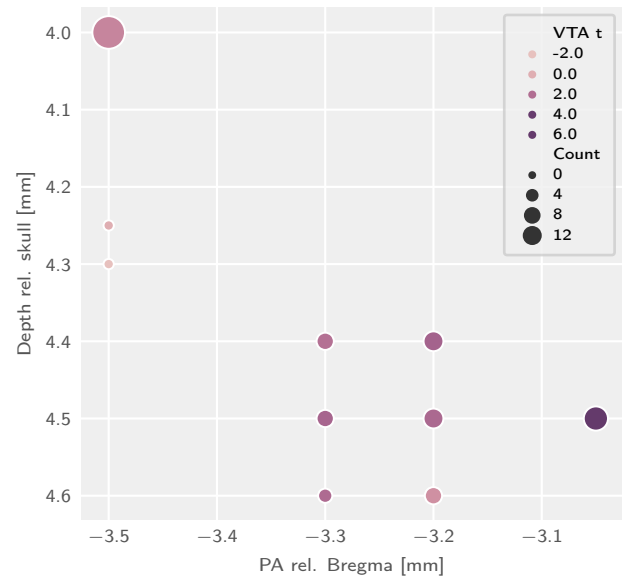
Horea-Ioan Ioanas¹ Bechara John Saab² Markus Rudin¹

²Preclinical Laboratory for Translational Research into Affective Disorders, DPPP, Psychiatric Hospital, University of Zurich

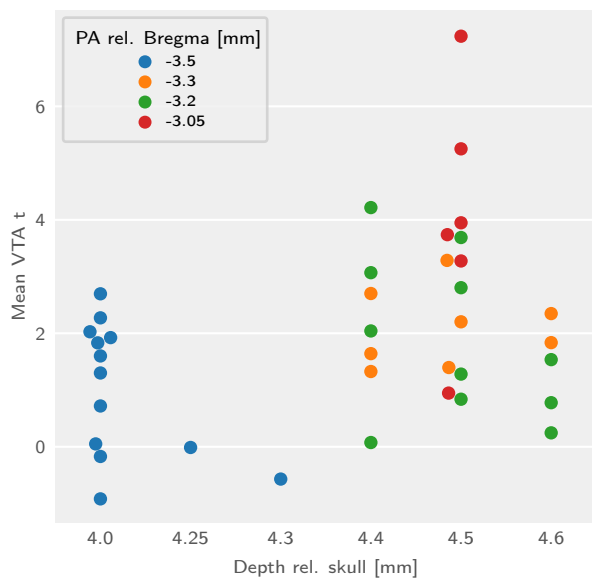
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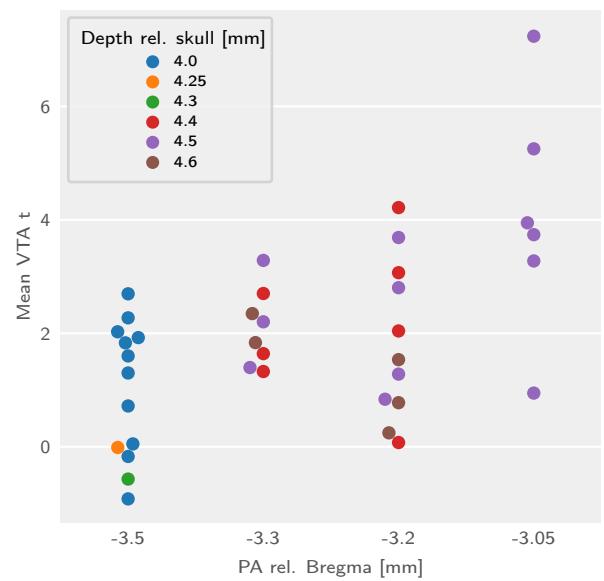
(a) Task group comparison.



(b) Implant coordinate comparison.

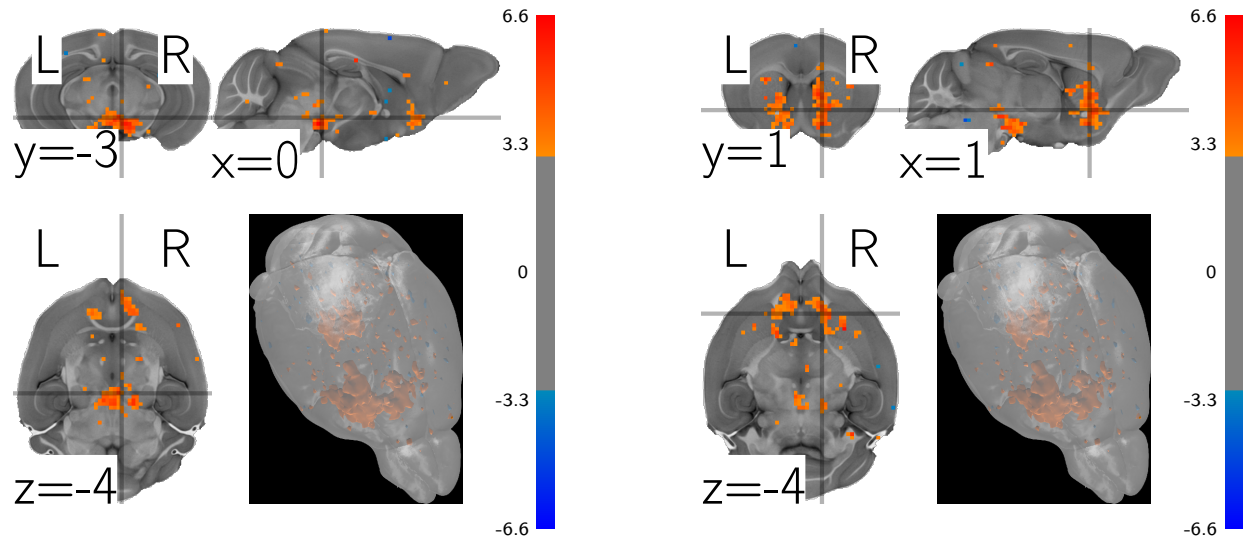


(c) Implant coordinate comparison.



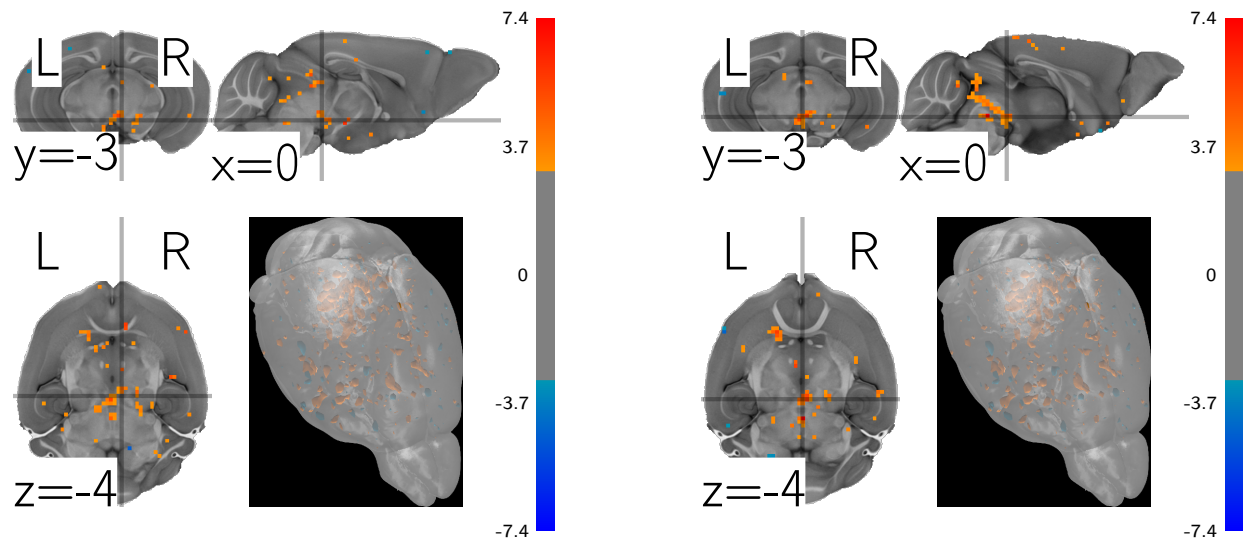
(d) Implant coordinate comparison.

Figure 1: Multivariate (protocol and operative feature) comparisons of signal intensity in the VTA region of interest.



(a) Best coordinate group with slices centered on VTA.

(b) Best coordinate group centered on largest cluster.

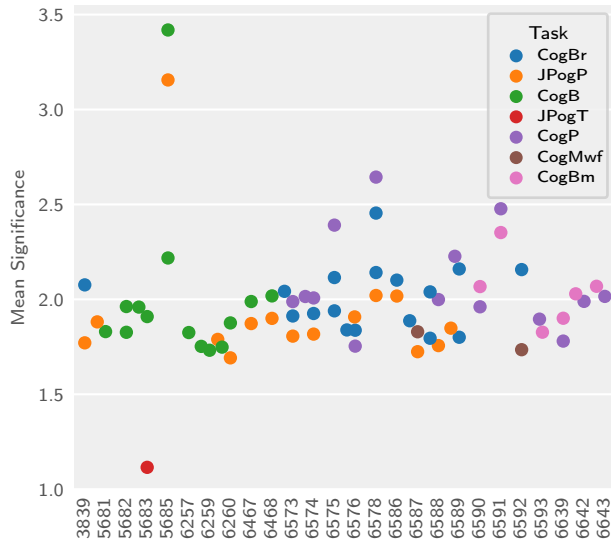


(c) Remaining coordinate group centered on VTA.

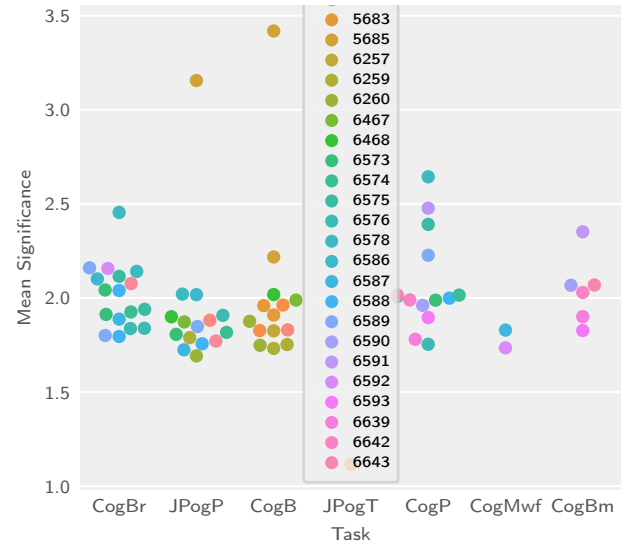
(d) Remaining coordinate group centered on largest cluster.

Figure 2: Best coordinate group scans elicit activity in the Striatum and the Nucleus Accumbens, whereas remaining scans do not. Depicted are statistical maps of the second-level analysis for block stimulation protocols, comparing different subject groups segmented by implant coordinates — best coordinate group ($PA \geq -3.3$; $IS \geq -4.4$) and remaining scans. Slices are centered on VTA coordinates ($RAS = 0.5 / -3.2 / -4.5$) and on the largest cluster, respectively.

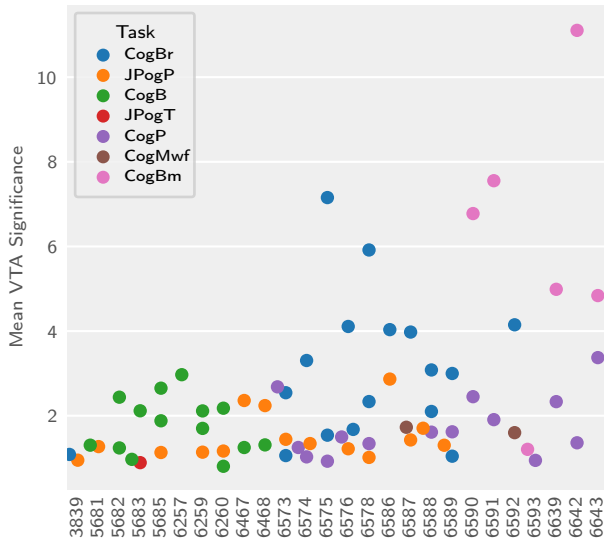
Supplementary Materials



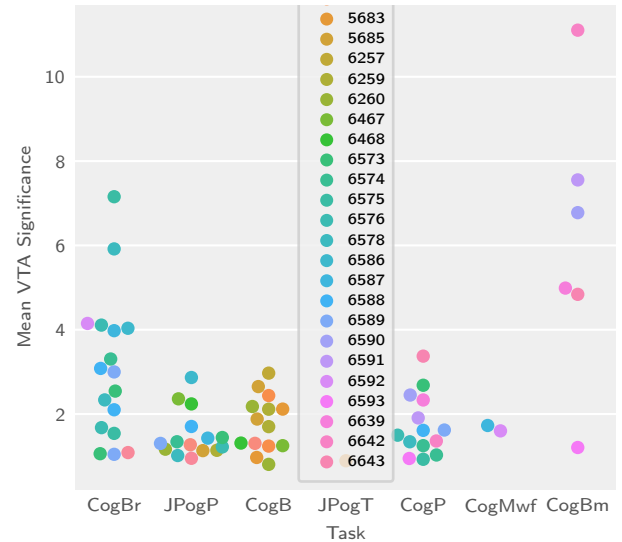
(a) Whole brain significance across subjects.



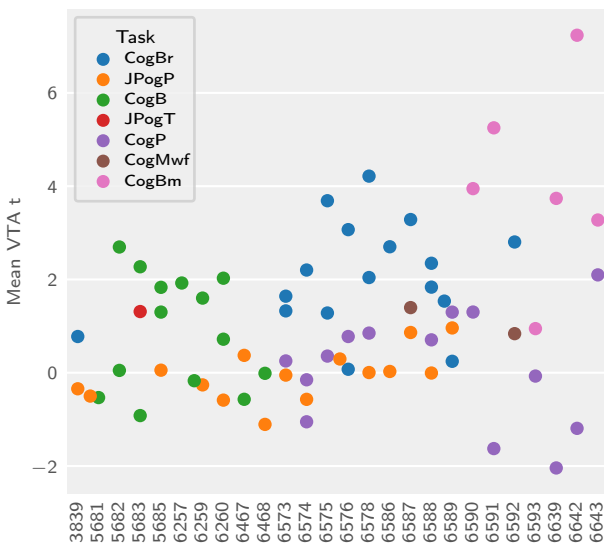
(b) Whole brain significance across stimulation protocols.



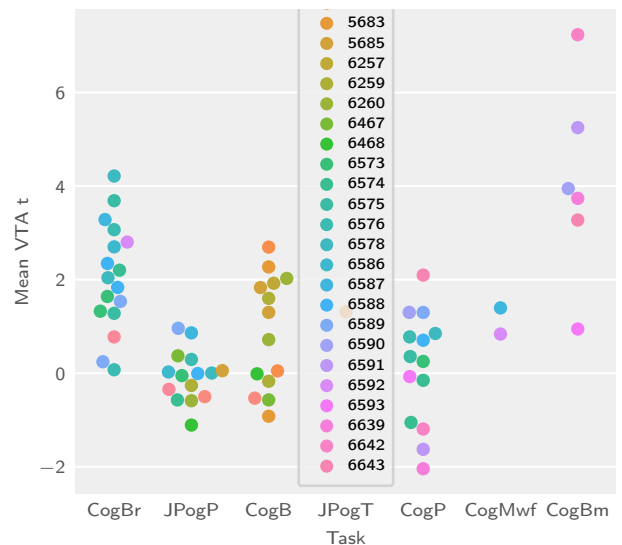
(c) VTA significance across subjects.



(d) VTA significance across stimulation protocols.



(e) VTA signal intensity across subjects.



(f) VTA signal intensity across stimulation protocols.

Figure 3: Multivariate (subject and stimulation protocol) comparisons of significance and signal intensity at the whole-brain level or restricted to the VTA region of interest.