
Multivariate Guide to Magnetic Resonance Imaging and Optogenetic Control of the Mouse VTA

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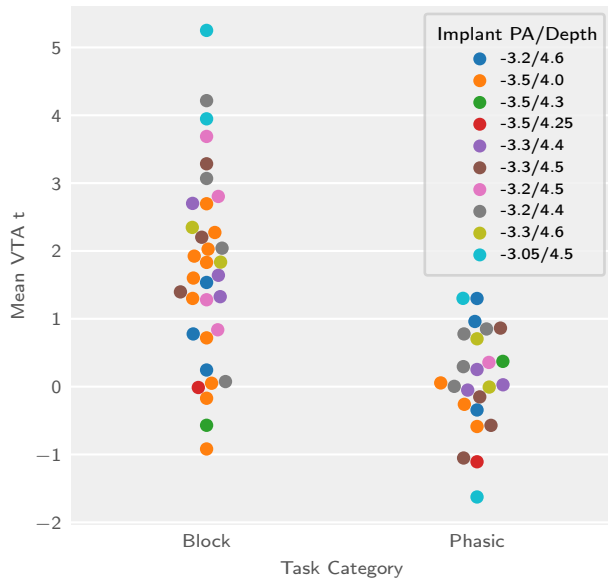
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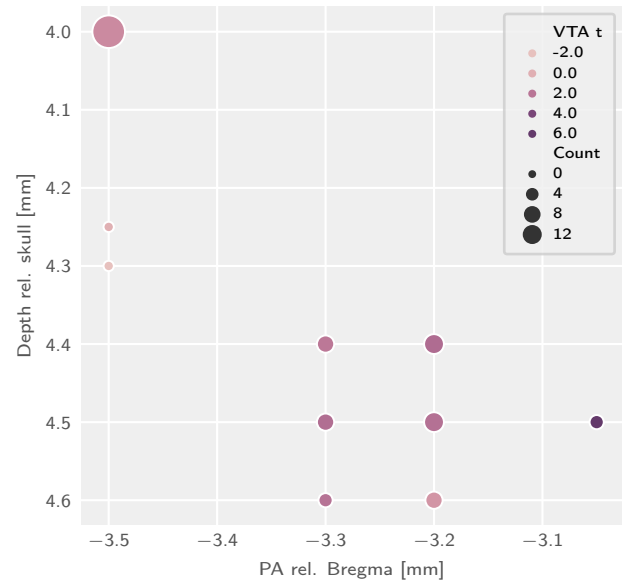
Abstract — Ascending dopaminergic projections rooted in the Ventral Tegmental Area (VTA) are involved in numerous phenomena of great neuropsychological interest, including motivation, learning, and addiction. The study of dopaminergic signalling in humans is chiefly conducted via functional magnetic resonance imaging (fMRI), but is severely restricted in terms of molecular and cell biological interventions, as well as in terms of direct dopaminergic system control. Optogenetic fMRI (opto-fMRI) in the mouse model organism, affords the possibility of direct dopaminergic control, as well as whole-brain imaging using a modality identical to that used in human studies. As the dopaminergic system is also evolutionarily well-conserved, Work based upon this assay thus allows the identification of novel ways to modulate and categorize dopaminergic activity in both model animals and humans. In this article we explore the fundamentals of the assay and offer a comprehensive guide to best practices based on variation in multiple experimental parameters including implant positioning and stimulation protocols.

Results

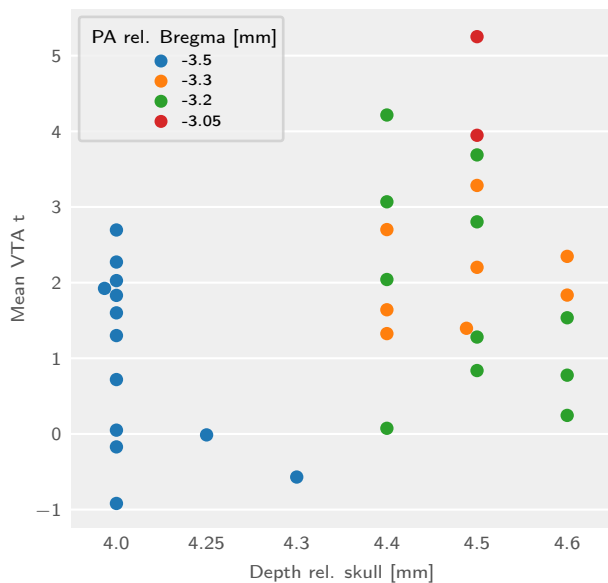
We note that the VTA mean t statistic is sensitive to the stimulation protocol ($F_{6,50} = 10.82$, $p = 1.09 \times 10^{-7}$), but not to the depth ($F_{1,50} = 0.75$, $p = 0.39$) or the PA coordinates ($F_{1,50} = 0.51$, $p = 0.48$).



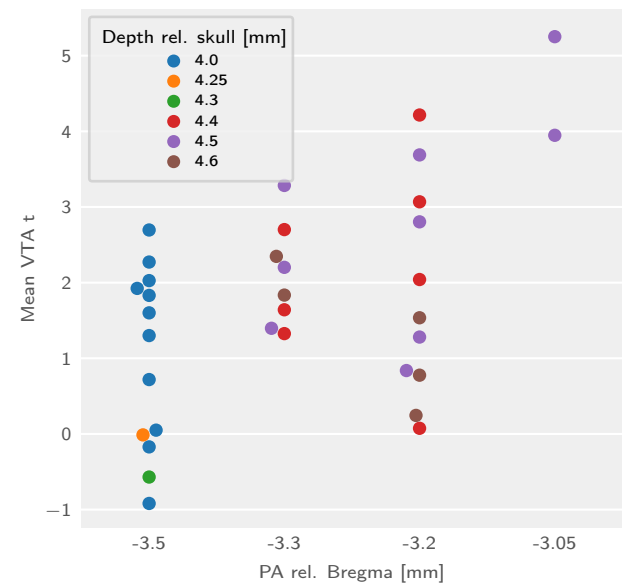
(a) Task group comparison for animals targeted with all implant coordinates.



(b) 2D implant coordinate comparison for block stimulation scans only.



(c) Implant coordinate comparison for block stimulation scans only, sliced by depth.



(d) Implant coordinate comparison for block stimulation scans only, sliced by PA coordinates.

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

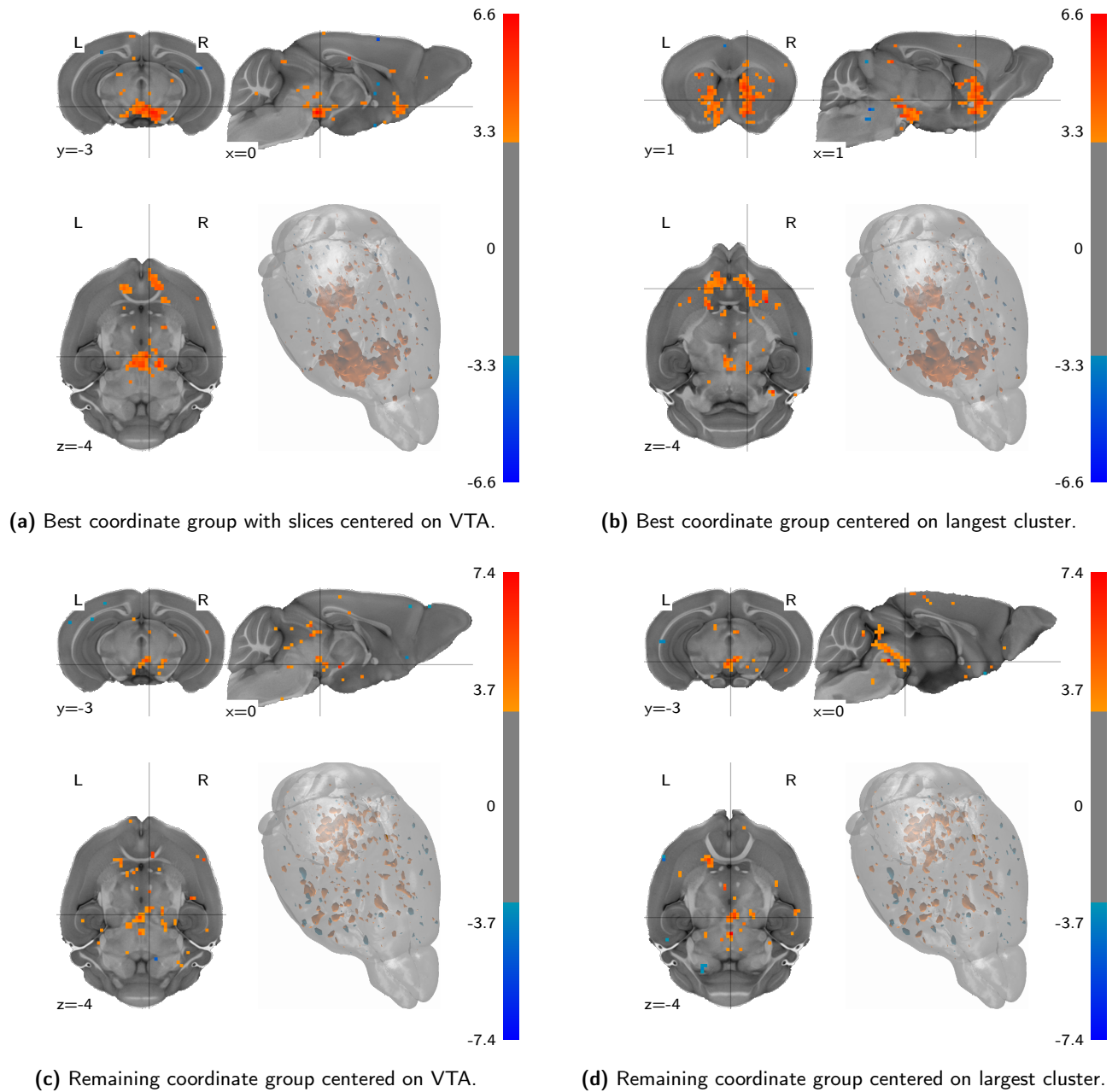


Figure 2: Best coordinate group scans elicit activity in the Striatum and the Nucleus Accumbens, whereas remaining scans do not. Depicted are statistical maps (thresholded at $|t| \geq 3$) of the second-level analysis for block stimulation protocols, comparing different subject groups segmented by implant 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

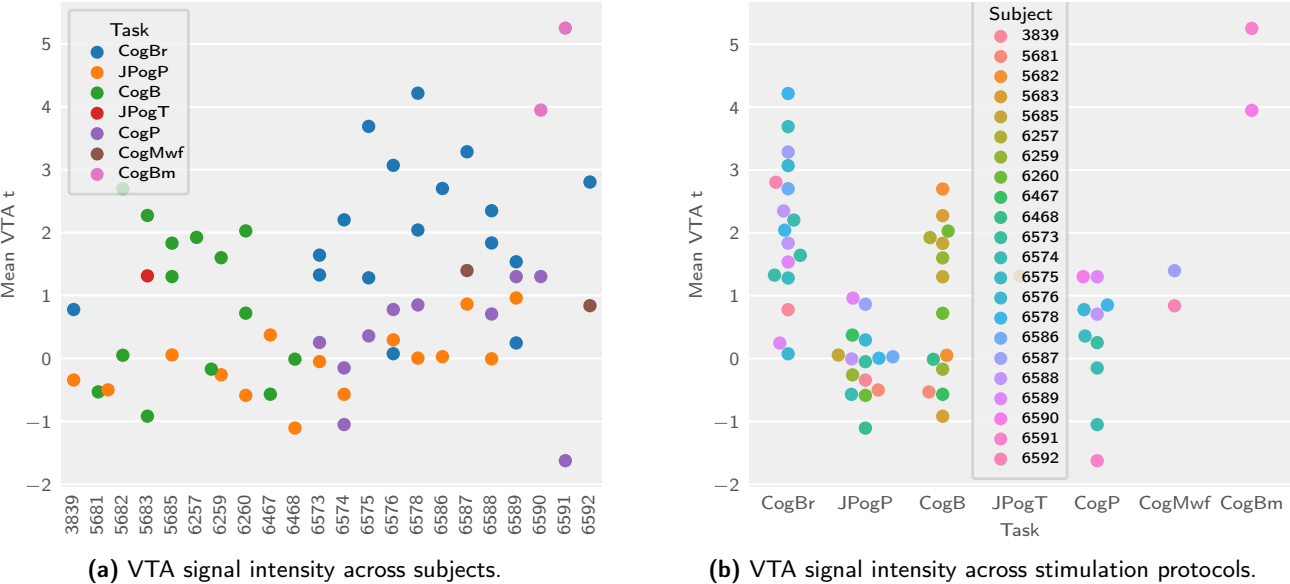


Figure 3: Multivariate (subject and stimulation protocol) comparisons of significance and signal intensity at the whole-brain level or restricted to the VTA region of interest.