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Protective Effects of Patterned Electrical Stimulation
on the Deafened Auditory System

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ABSTRACT

This report presents results documenting the effects of intracochlear electrode contact separation, contact orientation, and separation position on physiological responses to experiments conducted in 13 normal adult cats and chronically deafferented cats. Each animal was implanted with a five contact intracochlear electrode and then assessed for intracochlear electrical stimulation with several electrode configurations implanted in the contralateral inferior colliculus. LABR responses were recorded from the inferior colliculus. The normal group consisted of animals that were deafferented shortly after birth. Chronically deafferented animals were studied at ages ranging from 6 months to 1 year. The electrode configurations studied included 2 monopolar intracochlear electrical stimulation contacts (radial), 1.6 mm offset radial bipolar and 4.0 mm longitudinal bipolar stimulation contacts. Evaluation of these data indicates that (1) Monopolar thresholds are generally lower than the lowest bipolar thresholds in all animals. (2) Varying longitudinal electrode separation of bipolar contacts from zero separation (radial) to 4.0 mm separation did not affect IC threshold in normal animals. The chronically deafferented animals did show a positive correlation in threshold as a function of increasing longitudinal separation. (3) In contrast to preliminary results we found that monopolar stimulation evokes significantly wider spatial tuning in the IC than bipolar stimulation (when threshold is above threshold). (4) Normal animals were more sensitive to changes in electrode contact position than chronically deafferented animals, although this effect may be the result of a smaller number of long dead animals in which this parameter was examined. (5) Of the configurations considered in this study, the offset radial bipolar configuration appears to be the optimum electrode configuration for the greatest number of circumstances. (6) Because of individual variability, we believe that it is advantageous to maintain the electrode configuration implanted system to best fit each patient and to develop fitting strategies when it is possible in the clinical setting.

General conclusions from this study are important to ongoing efforts to better understand and optimize intracochlear electrical stimulation and the physiological mechanisms underlying this process. These include the following observations: (1) Spatial selectivity for intracochlear electrical stimulation remained normal in neonatally deafferented animals for periods up to 4 months. Spatial tuning was significantly degraded in animals with longer duration of deafness. (2) Minimum IC thresholds were not significantly higher in long deafferented animals (age 1 yr) compared to the normal group. The LABR thresholds, however, did increase significantly in this group. (3) The presence or absence of peripheral fibers does not appear to significantly affect thresholds in most stimulating configurations.

Effects of stimulating electrode separation and location on the physiological responses to intracochlear electrical stimulation

The effects of electrode contact separation (measured longitudinally), contact orientation (in the radial dimension on a cylindrical insulating carrier), stimulation strategy (bipolar vs. monopolar) and carrier location in the scala tympani have been discussed in previous progress reports submitted for this contract and for a past

contract with Xenopus Sciences Contract #N01-FW-2101. Studies on Pediatric Auditory Deafness in Humans (see Final Technical Progress Report, January 2, 1996, and earlier reports) (1) and this report presents an update on these studies including the addition of several long-term animals which were deafened as neonates and studied as adults at 10-20 years of age. Table 1 summarizes the history, EABK threshold and survival of these cases, threshold for each animal studied and the average spiral ganglion loss for each chronically deafened animal. This report includes data from thirteen previously deafened, prior normal animals, four neonatally deaf animals studied at less than 1 year of age, and seven neonatally deaf animals studied at ages greater than 1 year.

Table 1		Animal Summary			Spiral Ganglion Survival (%)	EABK (dB)	ICL (hr)
Age	Duration of Deafness (Months)	Duration of Implant (Weeks)	Electrode Type	(Normal = 90% of BM)	Bipolar 1,2 (200 usec, 1 Amps)	Bipolar 1,2 (100 Hz Stim, 1 Amps)	
<u>Acutely Deafened Animals</u>							
36	Kanamycin	4 weeks	UCSF	65	NA	40	
37	Kanamycin	Acute	UCSF	50	NA	45	
38	Kanamycin	Acute	UCSF	50	NA	22	
40	Itraconazole	Acute	UCSF	50	NA	40	
51	Itraconazole	Acute	UCSF	65	NA	112	
77	Itraconazole	Acute	UCSF	NA	NA	32	
80	Itraconazole	Acute	UCSF	65	NA	32	
107	1- Kanamycin	Acute	UCSF	158	NA	22	
132	Kanamycin	Acute	UCSF	316	NA	56	
152	2- Kanamycin	Acute	Queens	NA	NA	100	
217	Kanamycin	Acute	Queens	NA	NA	45	
331	Kanamycin	Acute	Wing	200	NA	36	
318	Kanamycin	Acute	Wing	65	NA	5	
<u>Neonatally Deafened Animals (Less Than 1 yr. of age)</u>							
K11	8 neonycin	Acute	UCSF	NA	100	50	
K30	7 neonycin	20 weeks	UCSF	NA	100	40	
K44	6 neonycin	10 weeks	UCSF	27.2	100	14	
K46	9 neonycin	Acute	UCSF	17.1	100	14	
<u>Long Deafened Animals (More than 1 Year of Age)</u>							
K03	31 neonycin	2 weeks	UCSF	13.1	398	126	
K16	44 neonycin	Acute	UCSF	10.7	126	45	
K24	30 neonycin	Acute	UCSF	7.2	251	50	
K26	14 neonycin	3 weeks	UCSF	23.5	200	50	
K33	51 neonycin	1 week	UCSF	5.1	251	112	
K51	78 neonycin	6 weeks	Wing	4.85	398	56	
K73	41 neonycin	2 weeks	Wing	18.3	126	14	

Methods

As previously reported in earlier reports, long-deafened animals were neonatally deafened with intracochlear injections of neomycin sulfate (50 or 60 mg/kg) for 7 days. A threshold shift (TS) of the start and ER threshold to a 500 Hz tone was measured for each ear that did not exceed 40 dB for the acoustic source (approximately 105 dB SPL referred to a distance from the speaker). In most cases no acoustic response was observed for the ear for which an ABR or ER response was recorded at sixteen days. In other cases responses were continued for an additional five days and these animals were designated as such. No responses were observed at this twenty-one day test for any of the animals in this study (20/20). These deafened animals were maintained without complication for periods of up to 10 years prior to implantation and the final physiology experiment. Some adult animals were deafened unilaterally by intracochlear injection of neomycin to permit simultaneous recording of acoustic responses from the contralateral ear. The normal hearing infants were deafened with a single subcutaneous injection of Kanamycin (20 mg/kg) followed by a single injection of aminoxyacetic acid (25 mg/kg). ABR and ER responses were tracked in these adult animals throughout the deafening procedure (20/20 responses were observed). In most cases adult animals were deafened one to two weeks prior to the physiology experiment and implanted at the time of the surgery (16/16). In some cases the animals were either deafened or implanted for longer periods before the final experiment. These exceptions are indicated in Table 1. Normal animals #257 and #802 received some extracochlear electrical stimulation in a behavioral training apparatus prior to study in these intracochlear electrical stimulation experiments. All other animals received no electrical stimulation prior to the acute physiology experiment.

Each animal was implanted with a multichannel intracochlear electrode in the round window. The latest version of the UCSF intracochlear electrode is shown in Figure 1. The electrode consists of an injection molded silicone rubber carrier which held five Pt-Ir electrode contacts (225 μ m diameter for these experiments). This electrode tapers from slightly larger than 1 mm at the basal contact set to 0.5 mm at the tip. The enlarged, tapered section near the round window and the small fins along the more apical electrode body were designed to improve the position of the electrode carrier within the scala tympani and to partition the volume of conductive fluid adjacent to the electrode.

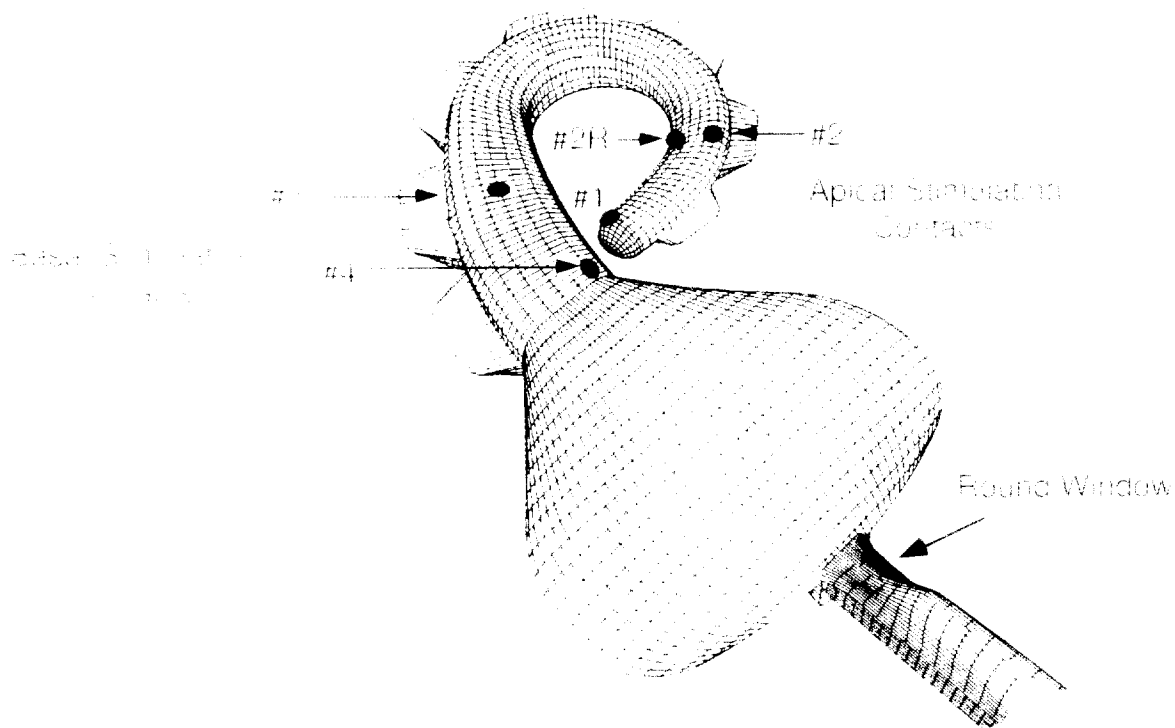


Figure 2. The three electrode configurations described in this report were conducted with three different electrode carrier designs. In most cases (18 animals), the UCSF feline electrode was used with the round window design (left). The most recent UCSF feline electrode (shown above) was used in the later experimental reports. Two additional experiments were conducted with a similar intracochlear electrode design (Queen's University). In each case the main electrode carrier was a cylindrical, 1.0 mm diameter, silicone rubber 7 mm main length (including up to seven 175 μ m stimulating contacts) base of the carrier.

In the original UCSF feline electrode consisted of a simple cylindrical carrier which tapered from 1.0 mm at the round window to 0.6 mm at the tip. The Queen's University electrode was similar to the original UCSF feline electrode with one large projecting contact from the lateral edge of the molding. A top view of these three electrode designs is shown in Figure 2.

In each case the positions of electrode contacts used for this study were similar. For measurements with radial electrode pairs a second contact was placed adjacent to an existing contact site. In the original UCSF electrode the radial contact was placed adjacent to the most apical contact position (numbered contact #1A in previous reports) and in the Queen's University electrode, which was used in two experiments, the radially placed contact (designated #2R) was adjacent to the second contact and was 1.0 mm basal to the most apical stimulation site. In the later UCSF electrode shown in figure 2, the radial contact (#2R) was also positioned facing the medial wall of the scala tympani, 1.0 mm basal to the most apical contact. In each case the radial electrode pair consisted of two contacts positioned with approximately 90-120° radial separation (center to center separation of approximately 550 μ m, 250 - 350 μ m edge to edge). Also in each case, the offset radial configurations consisted of two electrode contacts with 1.0

apical and basal separation of 1.0 mm of radial separation. Hence, the term "offset radial pair" is used to describe the apical contact (#1) of the offset radial pair, which is positioned 0.2 mm from the tip of the more basal contact (#2) was positioned 1.2 mm from the tip. In all electrodes the basal offset pair consisted of two contacts (#3 and #4) of longitudinal separation. In this case, the apical of the two contacts (#3) was positioned 1.2 mm from the basal membrane and the basal contact (#4) was positioned 4.2 mm from the tip. The electrode position data for each contact pair is shown in Table 2.

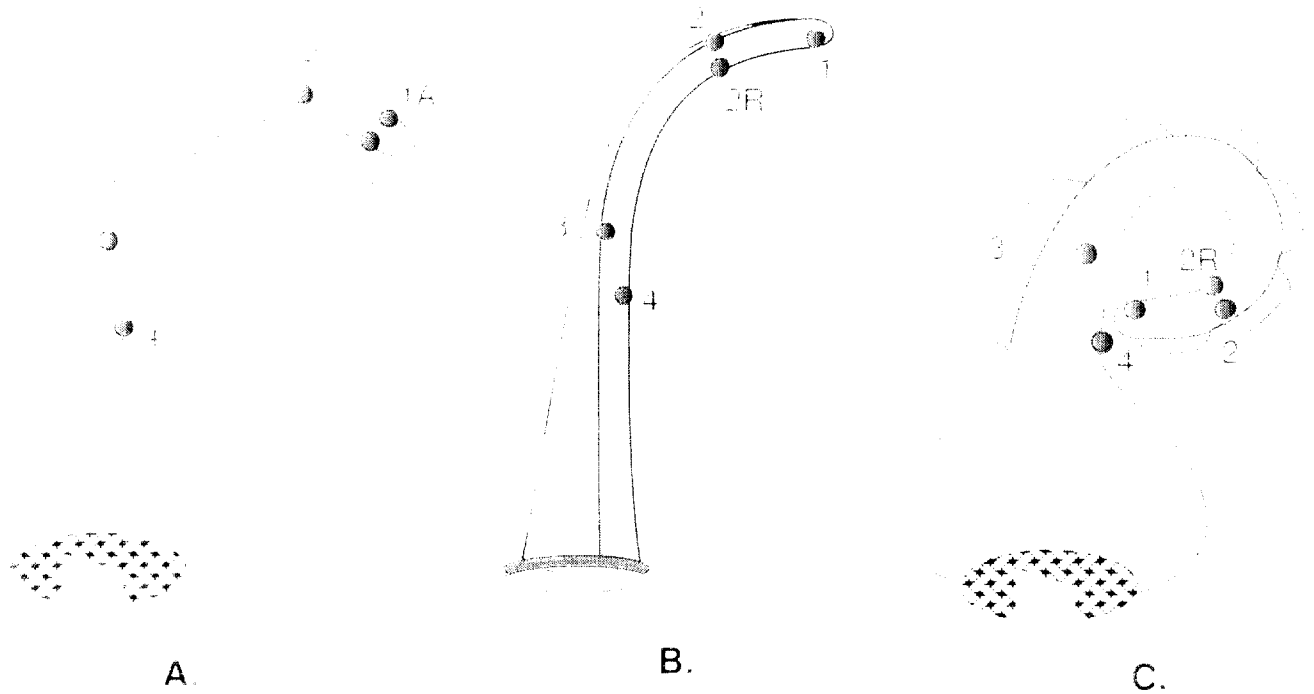


Figure 2. The electrode designs used in this study are illustrated above. Each diagram number corresponds to the electrode type. The radial contact pair and offset contact at the tip of the radial segment of the electrode are shown in red. The tip-to-basal contact spacing is shown in blue.

Table 2. Longitudinal Contact Position Data

	Electrode Type		
	UCSF	Queen's	UCSF "Wing"
Number of Animals	n=18	n=2	n=4
Longitudinal Separation: Apical-Offset Pair	1.0 mm	1.0 mm	1.0 mm
Long. Sep.: Apical Contact (#1) to Basal (#4)	4.0 mm	5.0 mm	6.0 mm
Total Electrode Length	7.0 mm	8.0 mm	9.0 mm
Distance from Electrode Tip	Contact #1	0.2 mm	0.0 mm
	Contact #1A	0.2 mm	
	Contact #2	1.2 mm	2.1 mm
	Contact #2R		2.1 mm
	Contact #3	5.2 mm	4.1 mm
Contact #4	4.2 mm	5.1 mm	6.0 mm

The electrophysiology experiments conducted with these animals have been described in previous progress reports (see also Snyder, B.L., et al., 1991) treating these animals as intact animals were sedated with ketamine (an IV catheter was inserted into the jugular vein) and a fluid-purged tubed was administered to induce an anesthesia level of 8-10 mg/kg. The animals were continuously monitored and maintained at a constant temperature during the experiment. A craniotomy was performed to access the inferior colliculus, and the duramater was opened to expose the inferior colliculus with a depth of 1.5 mm to 2.0 mm. TMRK responses were recorded to electrical stimuli using two electrode pairs. Recordings from the inferior colliculus were made using tungsten microelectrodes. The trajectory of these electrodes were oriented so that they penetrated the inferior colliculus perpendicular to its tonotopic organization. The electrode pair used for each stimulating electrode combination at each recording depth was determined audiovisually. In cases where single units were observed, they were isolated from multiunit activity, the responses were recorded as single action potential histograms. Response thresholds were plotted as function of ICV frequency to create a tuning curve which describes the spatial spread of neural activity across the tonotopic organization of the inferior colliculus. A typical plot for one animal is shown in Figure 3 below. Peak to peak current measurements are indicated at 0 dB = 100 nAmps.

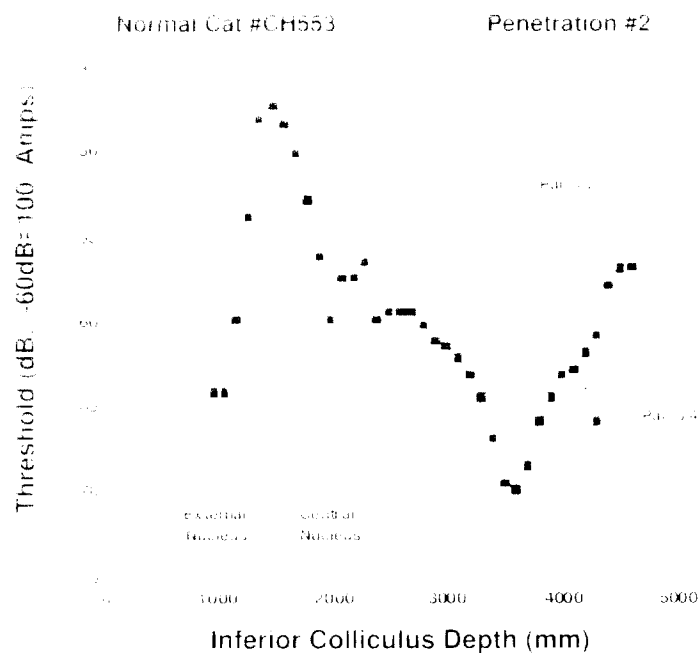


Figure 3. Response thresholds for intracochlear electrical stimulation using two electrode pairs, an apical pair (located at a basal pair's depth). The minimum threshold region for the apical stimulating pair is located in the superficial (i.e. in a lower frequency region) in the IC, and the responses to the basal stimulating pair are located deeper, in a higher frequency region of the IC. The width of these spatial tuning curves (STCs) was measured at 0 dB above the minimum threshold for each curve.

Results

Normal Animals - Table 3 summarizes the average minimum IBC response thresholds for monopolar radial bipolar, offset radial bipolar and longitudinal bipolar configurations as measured in the acutely deafferented primate animal animals. In this group, the mean threshold to monopolar stimulation (74.3 ± 8.7 dB) was lower than any measure of bipolar configuration. In these comparisons, responses to the bipolar configurations were not compared because of the differences in the three electrode configurations and the resulting an positioning of this basal pair.

Table 3 Normal animals

Stimulus Configuration	Number of Animals	Longitudinal Separation	
		Separation (mm) (n)	Mean Threshold (dB)
Monopolar	n=8		74.3 (8.7)
Radial bipolar	n=8		73.7 (8.8)
Offset radial bipolar	n=6		68.2 (9.1)
Longitudinal bipolar	n=10	1.0	67.0 (7.7)
Longitudinal bipolar	n=13	4.0 or >4.0	68.1 (10.2)

Table 4 presents statistical comparisons of IBC response thresholds for each configuration ($p < 0.05$ or $p < 0.1$). Since all electrode combinations were not tested in all comparisons, these comparisons have been restricted to include only penetrations in which viable conditions were directly compared. These paired comparisons show a highly significant difference between the monopolar condition (contact #1 or #2) and the offset radial bipolar (pair #2) configuration. In contrast, there was no significant difference between the thresholds for the three different bipolar configurations.

Table 4 Normal animals - Threshold Statistical Analysis of Paired Comparisons

Comparison Pair	Primary Contact	Secondary Contact	Threshold (dB)	Paired Student T Test	Significance ($p < 0.05$)
Comparison Pair	1-2	1 Mono	68.8 / 74.6	p=0.002 (n=8)	-
Comparison Pair	1-2	2 Mono	68.9 / 74.5	p=0.016 (n=8)	+
Comparison Pair	1-2	1-1a	69.9 / 68.2	p=0.08 (n=6)	-
Comparison Pair	1-2	1-4	67.5 / 68.1	p=0.3 (n=10)	-

Figure 4A illustrates two series of exemplary STCs from individual animals (Cat#555) at various IC depths and the selectivity of stimulation elicited with various contact configurations. The difference in threshold between the monopolar and bipolar (inset) bipolar configuration is evident in Figure 4A as is the change in the selectivity of the STC as a function of IC depth. Figure 4B illustrates the selectivity of the STC as a function of IC depth for the three conditions of bipolar stimulation (Figure 4B).

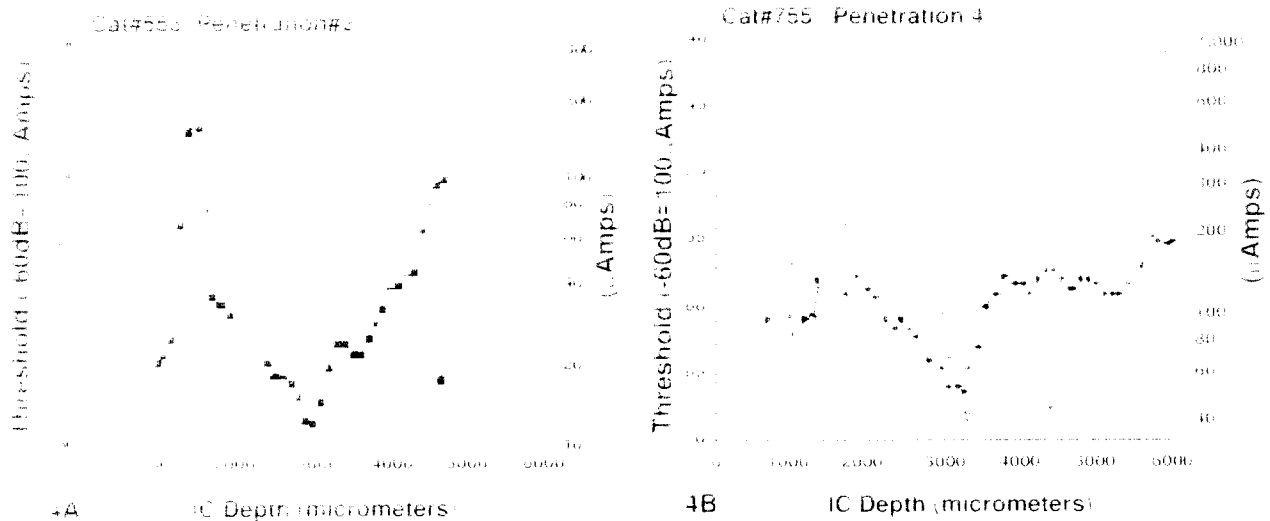


Figure 5 illustrates the selectivity of STCs for monopolar and bipolar stimulus conditions. Figure 5A shows the selectivity of STCs for monopolar and bipolar (inset) bipolar pair (1, 2) and the STCs from each contact as a function of IC depth. The selectivity of each penetration. In this example monopolar thresholds were an average of 100 μ Amps and bipolar (inset) bipolar configuration. Figure 5B illustrates the responses to three bipolar configurations (inset) bipolar (1, 2, 3) as summarized in Table 4. There is no significant difference in the selectivity of STCs provided with each of these three contact configurations. Although not statistically significant in this particular group of animals there is an orderly progression of increasing STC selectivity with increasing longitudinal separation of the stimulating contacts.

Table 5 summarizes the average STC widths at 6 dB above minimum threshold for various animals with monopolar and bipolar stimulus configurations. Although individual penetrations in some animals demonstrate quite narrow tuning for monopolar stimulation the overall mean STC width is somewhat greater with monopolar stimulation than with any bipolar combination.

Stimulus Sites	Number of Animals	Longitudinal Separation (mm c to c)	Mean STC Width (mm)
Monopolar	n=8	-	1.19 \pm .57
2 Monopolar	n=8	-	1.30 \pm .55
1 Radial	n=6	0.0	0.91 \pm .49
2 Inset	n=10	1.0	0.80 \pm .19
3 Longitudinal	n=13	4.0 or 5.0	0.97 \pm .37

contrast to the normal group, spatial tuning was sharper with a radial pairing than with the offset radial configuration although this difference was not statistically significant (see Table 6). In the normal group, the offset radial configuration (0 mm longitudinal separation) had a mean threshold similar to the 1.0 longitudinal pairing (40.0 mm longitudinal separation) although this difference was not statistically significant (p=0.06).

Stimulus Sites	Stimulus Sites	Stimulus Sites	Stimulus Sites	Paired Student's T Test	Significance (p)
		Stimulus Sites	Stimulus Sites		
1 Monopolar	1.2	1.2	1.1		
1.2 Offset	1.1	1.2	1.1	p=0.02 (n=8)	*
1.2 Offset	1.2	1.2	1.1		
1.2 Offset	1.4	1.2	1.1	p=0.01 (n=8)	*
1.2 Offset	1.2	1.2	1.1		
1.2 Offset	1.4	1.2	1.1	p=0.14 (n=6)	
1.2 Offset	1.2	1.2	1.1		
1.2 Offset	1.4	1.2	1.1	p=0.06 (n=10)	

Long Deatened Animals - Minimum IC thresholds for monopolar and bipolar stimulation in long deatened animals are shown in Table 7. As also seen in the acutely deatened animals the mean threshold for monopolar stimulation was lower than that for bipolar stimulation configurations (mean difference of 6.4 dB compared to offset pair (1.2) (21.0 vs 27.4), however, this difference was not statistically significant when thresholds were compared to matched pairs within penetrations (see Table 8).

Stimulus Sites	Number of Animals	Longitudinal Separation (mm c to c)	Mean Threshold (dB)	Mean Threshold (uAmps)
1 Monopolar	n=4	-	-73.0:10.4	22.0
2 Monopolar	n=4	-	-73.3:9.1	21.0
1.1 Radial	n=4	-	-61.6:9.9	79.0
1.2 Offset	n=11	1.0	-66.8:7.4	46.0
1.4 Longitudinal	n=9	4.0 or 5.0	-68.0:8.9	40.0

In contrast to the normal group, in the long deatened animals there was a statistically significant difference between the threshold for radial bipolar stimulation and offset radial stimulation (difference of 4.9 dB higher for the radial pair, p=.02). However, the difference between the offset pair (1.2) and the longitudinally separated pair (difference of 2.4 dB lower threshold for 1.4, p=.08) was not significant.

Stimulus Sites	Number of Animals	Adjusted Threshold (dB)	Paired Student's <i>t</i> Test	Significance (p)
1 Monopolar	4	69.2	p=0.2 (n=4)	-
2 Monopolar	4	72.8		
1-1a Radial	4	69.2	p=0.06 (n=3)	-
1-2 Offset	2 Monopolar	74.8		
1-1a Radial	4	66.5	p=0.02 (n=4)	-
1-1b Radial	4	61.6		
1-2 Offset	4	66.6	p=0.08 (n=8)	-
1-4 Longitudinal	4	68.7		

Mean SIC width was broader for the long deafened animals as a group than for the normal group (4.8 in the normal subjects). Monopolar stimulation produced the broadest spatial activation of the central nervous system. Among bipolar pairings the offset radial configuration demonstrated the most selective tuning, though not significantly more selective than the radial configuration. The longitudinal configuration (1-4) was significantly more broadly tuned than the offset radial configuration (1-2) in this group of animals. Tables 9 and 10 summarize the spatial configurations for these chronically deafened animals.

Stimulus Sites	Number of Animals	Longitudinal Separation (mm c to c)	Mean SIC Width (mm)
1 Monopolar	n=4	-	1.97±.77
2 Monopolar	n=4	-	1.85±.48
1-1a Radial	n=4	0.0	1.76±.99
1-2 Offset	n=11	1.0	1.07±.57
1-4 Longitudinal	n=9	4.0 or 5.0	1.49±.90

Table 10 – Neonatally Deafened Animals – Spatial Tuning
 Post-hoc Analysis of Paired Comparisons

Stimulating Condition	IC Width (mm)	Paired Student's t Test	Significance (p^*)
Normal (n=4) vs. Neonatal (n=3)	1.41	p=0.04 (n=3)	-
Chronic (n=3) vs. Neonatal (n=3)	2.00		
Normal (n=2) vs. Neonatal (n=2)	1.41	p=0.03 (n=3)	-
Chronic (n=2) vs. Neonatal (n=2)	1.88		
Normal (n=2) vs. Neonatal (n=2)	1.50	p=0.21 (n=4)	-
Chronic (n=2) vs. Neonatal (n=2)	1.77		
Normal (n=4) vs. Neonatal (n=4)	1.06	p=0.02 (n=8)	-
Chronic (n=4) vs. Neonatal (n=4)	1.56		

Comparisons Between Animal Groups – The data presented above can be better analyzed by comparing the responses generated by equivalent electrode configurations presented to the normal and neonatally deafened, chronic animals and examining the SIC widths in the chronically deaf group based on the age of each animal. Because the peripheral auditory projections degenerate following deafening we expect the age of these chronic animals to correlate with the number of functional spiral ganglion neurons present in the cochlea.

Figure 9 compares the mean response threshold for each stimulating condition for the normal and neonatally deafened animals. Interestingly, despite very significant differences in wave survival (see Table 1) the IC response thresholds to all but the anterior stimulus configuration were nearly identical between the two groups.

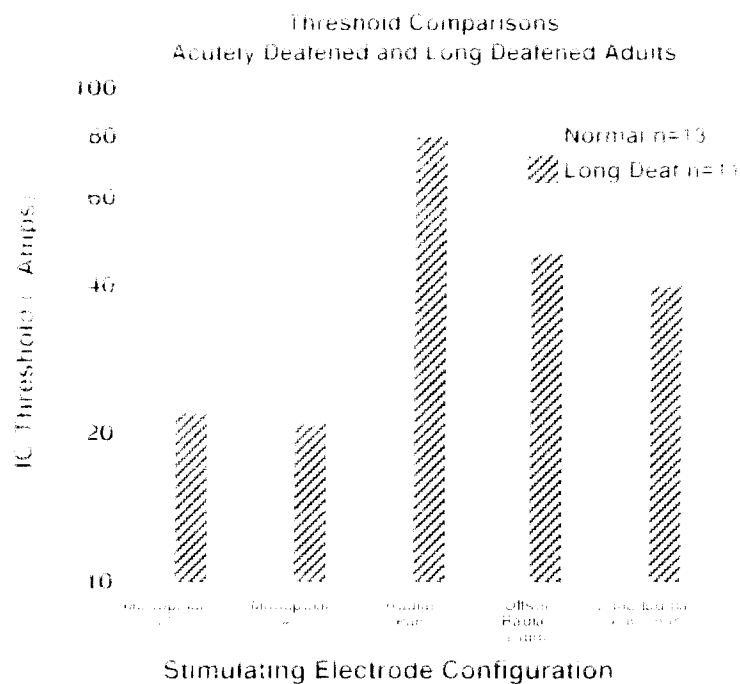


Figure 2. Mean IC thresholds for each stimulus condition in the normal and long deafened adult groups. Error bars represent the standard error of the mean. The significant increase in response threshold for radial bipolar and radial monopolar conditions in the deafened animals. In deafened animals the thresholds between the two groups were very similar.

Figure 3 compares the spatial tuning measured in the two groups of animals. In each electrode configuration the distribution of responses was broader in the neonatally deafened animals than in the normal group. However, we observed two distinct patterns of spatial representation within the deafened group. Figure 4b compares SFCs for normal animals with those of the deafened animals separated into two groups based on age, i.e. duration of deafness. The first group includes animals that were less than one year of age at sacrifice. Animals that were older than one year at the time of the physiology experiment were placed in the second group. Unfortunately, no data are available for either the monopolar or radial bipolar configurations in the younger group of animals. Thus, this comparison includes only the offset radial bipolar and longitudinal bipolar conditions. In each of these paradigms the SFCs in neonatally deafened animals less than one year of age were very similar to those of normal animals. In contrast, the spatial selectivity measured in the older group of neonatally deafened animals was significantly broader compared to either the prior normal group or the younger neonatally deafened population.

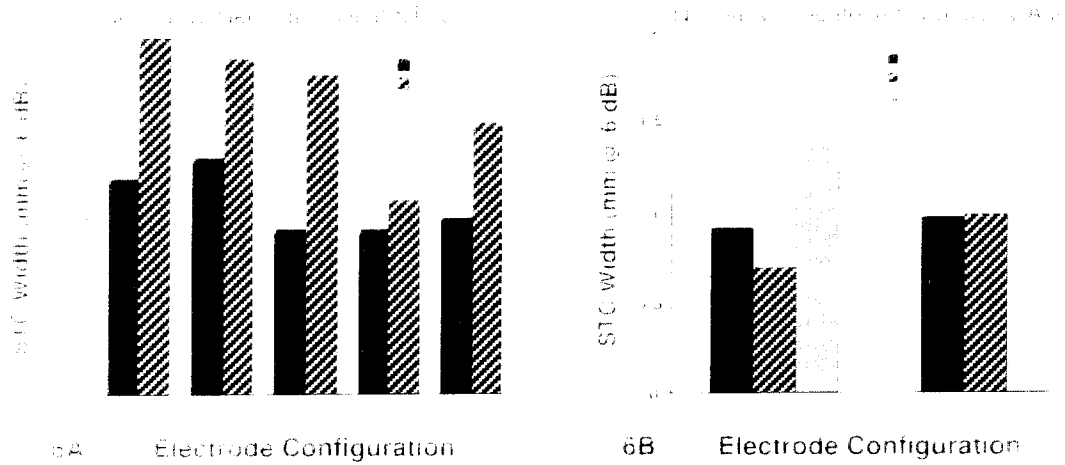


Figure 6. STC width (mm) was measured for each electrode configuration in the 14 animals and, although normally $n = 2$, some configurations were compared to $n = 1$ for each configuration. (A) STC width of every electrode configuration was plotted against the duration of deafness for all 14 animals. The values between the deafened group and the age-matched group are significantly different, but the younger animals are in the normal range, indicating that the younger animals are not in an auditory deprived state and that the older animals demonstrate significantly less selective tuning.

The decrease in spatial resolution is clearly illustrated by plotting STC width as a function of duration of deafness (see Figure 7). Spatial tuning in animals up to one year of age is unchanged. In fact, these animals all fall at or below the mean STC width of the normal group. Older animals demonstrate a roughly linear decrease in spatial STC width as a function of age.

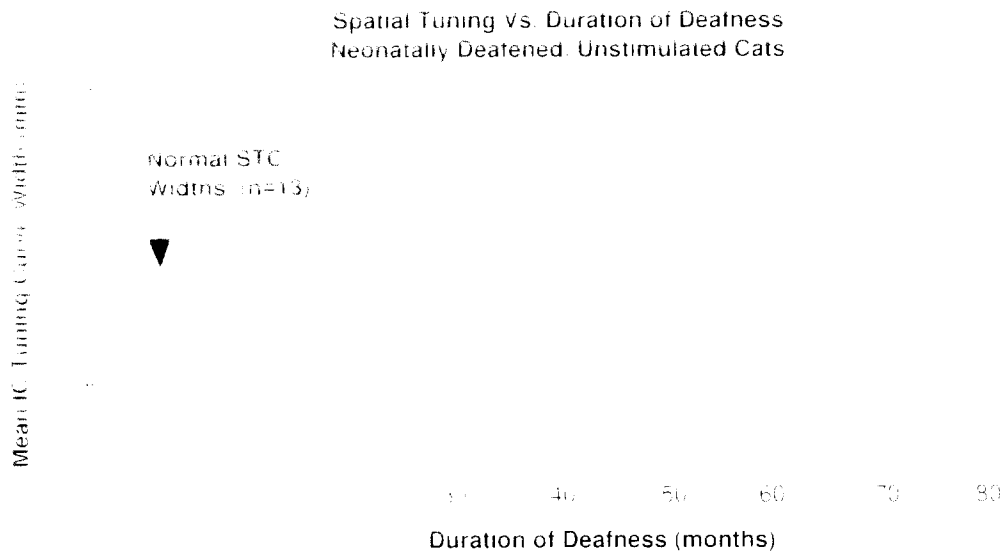


Figure 7. The spatial resolution of neonatally deafened animals examined at up to one year of age was significantly different from that of the normal animals. The STC width of all of these animals fell below the mean STC width of the normal group. In contrast, the spatial tuning of older, neonatally deafened animals with sensorineural degeneration is clearly broader.

thresholds. Threshold over time were also compared and are summarized in Figure 11. The statistical analysis indicates that the mean threshold values for both the IABK and IC responses were similar in the chronically deafened animals when compared at 105 days post-surgery. The mean values were not other than those values for the prior 90 day period. The statistical analysis was not significant. As seen in the spatial tuning data, there was no significant difference between the IABK response thresholds in the normal and deafened animals ($p > 0.1$), and both the normal group and the animals that were deafened. There was no significant difference between the mean IC response thresholds in the normal and deafened group.

Table 11: Comparison of Mean Thresholds by group (Table 12)

Group	Mean Threshold	Normal	Deaf - 105	Deaf - 120
Normal	108.6 Amps (89.7)	-	-	-
Deaf - 105	109.6 Amps (91.0)	$p=0.79$	-	-
Deaf - 120	200.6 Amps (113.7)	$p=0.02$	$p=0.01$	-
Normal	16.3 Amps (10.4)	-	-	-
Deaf - 105	29.3 Amps (18.4)	$p=0.20$	-	-
Deaf - 120	61.6 Amps (39)	$p=0.31$	$p=0.08$	-

Comparison of Electrode Carrier Location – The experimental data reported here indicate the neural activation resulting from the stimulation of apical electrode pairs (apical contact in the longitudinal configuration) within the three cochlear turns. In most of these animals the cochleas were removed and processed for histological examination following the physiology experiment. Dissection of the cochlea allowed visualization and accurate identification of the stimulating electrode response. This causes the tip of the electrode (filled the scala tympani) often causing mild to moderate insertion trauma in the area of the stimulating contact pair (1,2). In contrast, the basal contact region of the electrode (contacts 3 and 4) fills approximately 50% of the scala tympani volume. The location of the electrode carrier within this volume was quite variable. To evaluate the effect of this variability we compared the data from the apical offset electrode pair (1,2) and the basal offset pair (3,4) in both the normal and chronically deafened animals. These data are summarized in Table 12.

Significant differences in IC responses generated by the apical and basal contact sites were seen for both threshold and spatial tuning in the normal animals. However, neither parameter was significantly different in the chronically deafened animals.

Table 12: Statistical comparison of Electrode Carrier Location

Figure 8: I₅₀ Responses - Paired Comparison

Electrode Carrier Location	Group	Normal	Long Deatened
Radial Bipolar	Mean I ₅₀	6.6 Aμps	4.7 Aμps
	Significance	8.7 Aμps	6.2 Aμps
Offset Radial	Mean I ₅₀	0.87 mm	0.51 mm
	Significance	1.24 mm	0.77 mm

SUMMARY

The response thresholds for monopolar stimulation are consistently lower than that reported for radial anatomy. In this study, the threshold difference in the I₅₀ was similar for both subjects to the normal and long deatened groups of animals. The difference observed for the long deatened animals was not statistically significant. However, this may be due to the smaller number of animals available in this group.

The response thresholds for different electrode combinations were compared to see if we could find that varying the longitudinal separation of bipolar stimulation contacts from radial (no separation) to 1.0 mm separation to 6.0 mm separation had a significant effect on the I₅₀ response threshold in normal animals. We have previously reported the same result for FABR thresholds in a smaller group of animals (PK #8, Neuroprosthesis Contract # NS7-2391). It has been argued that the spread of current would increase with increasing electrode spacing because a greater number of neurons would be present within the field boundaries of the two stimulating contacts and that a separate subset of neurons would be activated with each alternate phase of stimulation at each end of the alternating polarity stimulus field. Conversely, if the intensity of the field intensity or current density gradient decreases rapidly as the interelectrode spacing increases. This decrease in current density would produce higher thresholds. The similarity of the mean thresholds for these three bipolar configurations (radial, 1.0 mm separation and 6.0 mm separation) across this study may indicate that these processes are in equilibrium and that both are important in determining the threshold to a given electrode configuration.

The significant threshold difference between radial bipolar and offset radial configurations seen in the long deatened animals may indicate differences in anatomy and/or physiology specific to this group. Anatomically, the long deatened animals differ from normal animals by the absence of almost all fibers peripheral to the spiral ganglion, reduced spiral ganglion cell numbers (mean % of normal ganglion cell density = 11.8%) and by higher cylindrical conductivity both through the habenula perforata and within Rosenblatts' area due to increased interstitial volume and decreased nonconductive myelin. In the case of long deatened animals, with minimal nerve survival, the two mechanisms described above may not be balanced in the same manner as in the normal group. In the chronically deat animals the spatially restricted, high density field of the

stimulation required to obtain a given activation current before a sufficient number of the total spiral ganglion cells are activated to produce a detectable threshold.

As a result of this study, various aspects were found that spatial tuning for electrical stimulation is significantly more restricted for bipolar stimulation (even when the contact separation of the bipolar pair is 100% of the normal). This difference in spatial selectivity between monopolar and bipolar stimulation was statistically significant for both groups of animals.

Because the degree of spatial selectivity of cochlear implant patients varies and cannot be assessed in detail for selection, it is appropriate to attempt to relate these data to future clinical applications. The data for all animals indicate that significant variations exist in the degree of spatial tuning as a function of electrode configuration, particularly between the various groups of device and animal groups.

The present study used the offset bipolar configuration (pair 1-2) as the baseline for comparison of other stimulating combinations. Monopolar stimulation resulted in the most restricted current levels (a desirable characteristic) but this activation occurred over a wide range of the cochlea (and the cochlea can undesirable characteristic). Thus reduced selectivity was a trade-off against less selective activation with this type of stimulation. The offset bipolar configuration had a significantly higher threshold in the chronically deaf groups, but no improvement in spatial tuning in either group. The widely separated radial pairing (pair 1-7) demonstrated very broad tuning in the longest deafened group, but no significant gain in efficiency in any group. Thus, in terms of optimum current levels and greatest overall efficiency, the offset radial pairing produced the best results. It should be noted that significant individual variation was observed in the configuration of different animals. In some individuals monopolar stimulation produced a more restricted tuning, even narrower than that seen with bipolar stimuli. In some cases, the radial pairing produced very low thresholds. These outlying examples illustrate the advantage of an electrode design which can be customized to meet the needs of each patient. However, it is important to note that this capability to customize the device must not only be designed into the system but must also be incorporated into the clinical fitting protocols for each patient. A versatile, complex device design which is only applied in a single, simple strategy will not benefit these unique patients.

The implications of several additional conclusions from this study are significant in terms of future modeling of electrical stimulation in the cochlear and in theoretical analysis of auditory system function.

Of particular interest was the maintenance of spatial tuning in the neonatally deafened animals studied at less than one year of age and of two older animals (K26 at 14 months and K24 at 30 months). All of these animals demonstrated tuning that was, in fact, more restricted than the average tuning for the normal group of animals (see Figure 7). Subsequent histologic examination of four of these six animals demonstrated a mean spiral ganglion survival of 18% of normal. This observation indicates that relatively few spiral ganglion cells are needed to accurately convey the spatial distribution of electrical signals from the cochlea to the inferior colliculus. Longer term deafened animals, with even fewer surviving peripheral neurons, have clearly degraded spatial selectivity. It seems unlikely

The primary loss of spiral ganglion cells is the primary cause of broadened tuning in these animals. Any other mechanisms which might explain this change can be hypothesized. These could include changes in connections between neurons in the direct pathways leading to the cochlear nucleus, changes in afferents which may act to limit the spread of activity along the auditory nerve, or alterations in the balance of neurochemicals which support the spiral ganglion cells.

The broadening of tuning in the IC is not accompanied by a significant increase in IC threshold. The mean of the 1.2 VBR threshold for the long-deafened animals ($n = 4$) was significantly greater than that of either the normal or short term animals ($n = 4$) ($p < 0.05$). The increase in the 1.2 VBR threshold, for which the synchronized activity of many neurons is required, to obtain a detectable voltage, may be a function of degraded temporal resolution of the peripheral neurons in these animals. In this model, individual cells may be above their normal threshold, but at more varied latencies. These responses may be synchronized and synchronized to allow detection at low levels. It is also possible that the response of individual cells in the long deaf animals may generate smaller voltage spikes which are more difficult to detect in the far field.

The different electrode position between the apical and basal electrode pairs in this study produced significant differences in both tuning and threshold in normal animals, but not in the neonatally deafened group. While the result in normal animals indicates the importance of electrode position, the positioning of electrodes within the scala tympani the absence of difference in deafened animals may indicate that these efforts may be of limited value in some patients. It should be noted however, that an attempt was made in the later analysis of primarily the long deafened group to move the electrode closer to the region(s) of the base of the cochlea. This was done by positioning the basal electrode adjacent to the modiolaris under visual control and gluing the dacron round window cuff in this position to prevent later movement. In several animals this produced basal pair (3.4) 1.2 VBR thresholds, and in some cases IC thresholds, that were comparable to apical pair (1.2) thresholds. Thus, the long deafened pair 3.4 threshold and spatial tuning values may differ from a few normal elevations and the 1.2 vs. 3.4 difference in these animals may have been significant if this change in technique had not been implemented.

4. The absence of change in both IC and EABR threshold between the normal group and the neonatally deafened group less than one year of age has important implications for the theoretical modelling of intracochlear electrical stimulation and the design of future devices. Current modelling techniques predict that optimum electrode placement would be different for cochleas with and without surviving peripheral dendrites. These two conditions are modelled in the animal populations in this study. We would expect the four animals deafened acutely with intracochlear neomycin and the acutely AOAA deafened adults to have normal, or nearly normal, numbers of peripheral processes extending through the habenula perforata to the organ of corti. In contrast, the neonatally deafened animals, with approximately 75% spiral ganglion cell loss, have very few peripheral neurons. The lack of difference in threshold response between these groups suggests that the spiral ganglion cell body is the probable site of activation for intracochlear electrical stimulation even in the presence of viable dendrites.

work for the next quarter.

We plan to complete the initial series of noninvasive experiments designed to assess the neural basis of cortical biologically stimulated animals throughout the term of their study. All experimental data will be analyzed and summarized during the next quarter for presentation in a form of technical report.

We will continue the collection of EABR data to varied interpulse intervals and amplitudes, and record action potentials for all stimulated animals.

We will begin the histologic analysis of two animals which were deafened as adults, surgically and chronically stimulated with amplitude modulated pulse trains. These data will be compared to similar data in neonatally deafened kittens. We will continue to collect data on two other animals in this series.

We have initiated the stimulation of two neonatally deafened animals with higher frequency (800pps) stimuli modulated at 60 Hz. Stimulation of these animals will continue through the next quarter. Two additional kittens (age 3 weeks) will be surgically and chronically stimulated as a part of this series.