

# Cortico-cortical paired associative stimulation (ccPAS) over premotor-motor areas affects local circuitries in the human motor cortex via Hebbian plasticity

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## ABSTRACT

Transcranial magnetic stimulation (TMS) studies have shown that cortico-cortical paired associative stimulation (ccPAS) can strengthen connectivity between the ventral premotor cortex (PMv) and the primary motor cortex (M1) by modulating convergent input over M1 via Hebbian spike-timing-dependent plasticity (STDP). However, whether ccPAS locally affects M1 activity remains unclear. We tested 60 right-handed young healthy humans in two studies, using a combination of dual coil TMS and ccPAS over the left PMv and M1 to probe and manipulate PMv-to-M1 connectivity, and single- and paired-pulse TMS to assess neural activity within M1. We provide convergent evidence that ccPAS, relying on repeated activations of excitatory PMv-to-M1 connections, acts locally over M1. During ccPAS, motor-evoked potentials (MEPs) induced by paired PMv-M1 stimulation gradually increased. Following ccPAS, the threshold for inducing MEPs of different amplitudes decreased, and the input-output curve (IO) slope increased, highlighting increased M1 corticospinal excitability. Moreover, ccPAS reduced the magnitude of short-interval intracortical inhibition (SICI), reflecting suppression of GABA-ergic interneuronal mechanisms within M1, without affecting intracortical facilitation (ICF). These changes were specific to ccPAS Hebbian strengthening of PMv-to-M1 connectivity, as no modulations were observed when reversing the order of the PMv-M1 stimulation during a control ccPAS protocol. These findings expand prior ccPAS research that focused on the malleability of cortico-cortical connectivity at the network-level, and highlight local changes in the area of convergent activation (i.e., M1) during plasticity induction. These findings provide new mechanistic insights into the physiological basis of ccPAS that are relevant for protocol optimization.

## 1. Introduction

Motor network functioning is based on neural interactions between different premotor and motor areas. The ventral premotor cortex (PMv) and the primary motor cortex (M1) are two key cortical motor areas primarily involved in fine motor control. PMv is a component of the dorsolateral motor stream that transforms sensory stimuli, processed in parietal regions, into specific motor commands (Fogassi et al., 2001; Chen and Rothwell, 2012; Rizzolatti et al., 2014) mainly im-

plemented via M1. Moreover, the PMv-M1 circuit is consistently involved in a number of cognitive processes including motor imagery (Jeannerod, 2001; Fourkas et al., 2008; Bencivegna et al., 2021), action perception (Avenanti et al., 2013a, 2013b; Rizzolatti et al., 2014), and language production and comprehension (Carota et al., 2017; Vitale et al., 2021, 2022). Remarkably, the functional coupling between these two nodes is highly flexible, shifting as a function of experiences ranging from motor training (Albert et al., 2009; Dayan et al., 2011; Taubert et al., 2011; Hamzei et al., 2012; Philip et al., 2016) to brain

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injuries (Nelles et al., 2001; Sun et al., 2007; Wiestler and Diedrichsen, 2013; Horn et al., 2016).

Recent advances in non-invasive brain stimulation allow not only for the modulation of activity within these individual regions, but also for the manipulation of connectivity between them via Hebbian plasticity. Cortico-cortical paired associative stimulation (ccPAS) is a dual coil transcranial magnetic stimulation (dcTMS) technique aimed at modulating the synaptic efficacy of cortico-cortical connections (Buch et al., 2011; Koch et al., 2013; Johnen et al., 2015; Romei et al., 2016a; Chiappini et al., 2018, 2020, 2022; Fiori et al., 2018; Santarecchi et al., 2018; Zibman et al., 2019; Momi et al., 2020; Di Luzio et al., 2022). The ccPAS protocol stems from the classical paired associative stimulation (PAS) protocol that employs repetitive peripheral nerve stimulation and TMS over M1 (Stefan et al., 2000; Suppa et al., 2017) to induce spike timing-dependent plasticity (STDP) – a form of plasticity based on the Hebbian rule (Hebb, 1949; Jackson et al., 2006; Caporale and Dan, 2008; Markram et al., 2011). In the ccPAS protocol, two focal coils are used to target two physiologically connected cortical areas to induce STDP between them (Caporale and Dan, 2008; Rizzo et al., 2009; Romei et al., 2016b). According to the Hebbian principle, synapses are potentiated when presynaptic neurons fire immediately before postsynaptic neurons in a coherent and repeated manner (Hebb, 1949; Jackson et al., 2006; Caporale and Dan, 2008; Markram et al., 2011). This pre- and post-synaptic pairing is modeled in the ccPAS protocol by targeting two areas with a specific pattern where the “pre-synaptic area” is repeatedly stimulated immediately before stimulation of the “post-synaptic area”, with an inter-stimulus interval (ISI) between the two pulses tailored to the temporal properties of the pathway connecting the two areas. It is held that the repeated dcTMS pairing in the ccPAS protocol can increase the synaptic efficacy of the connections between the two target areas, showing long-term potentiation-like (LTP-like) effects (Buch et al., 2011; Koch et al., 2013; Romei et al., 2016b; Santarecchi et al., 2018).

The ccPAS protocol has been successfully applied to the PMv-to-M1 pathway (Buch et al., 2011; Johnen et al., 2015; Fiori et al., 2018; Chiappini et al., 2020; Sel et al., 2021; Turrini et al., 2022, 2023), relying on extensive knowledge of PMv-M1 interactions (Ghosh and Porter, 1988; Tokuno and Nambu, 2000; Cerri et al., 2003; Shimazu et al., 2004). In humans, these interactions have been explored using dcTMS to assess cortico-cortical effective connectivity; a conditioning TMS pulse over PMv affects motor-evoked potentials (MEPs) induced by a second TMS pulse over M1 at short ISIs between PMv and M1 stimulation (i.e., 6–8 ms; Davare et al., 2008, 2009; Bäumer et al., 2009), but also at longer ISIs (e.g., 40 ms; Fiori et al., 2016, 2017) – highlighting both short- and long-latency PMv-to-M1 interactions. Building on this dcTMS evidence, other work found that ccPAS over the PMv-to-M1 circuit (ccPAS<sub>PMv→M1</sub>) potentiated the physiological conditioning effect of PMv stimulation on M1 corticospinal excitability, both when ccPAS targeted short- (Buch et al., 2011) and longer-latency PMv-to-M1 interactions (Chiappini et al., 2020). These studies provide evidence that ccPAS potentiates PMv-to-M1 effective connectivity via increased efficacy of PMv synaptic input to M1. These pathway-specific changes in connectivity (Buch et al., 2011; Chiappini et al., 2020) are corroborated by magnetic resonance imaging (MRI) evidence of increased functional coupling (Johnen et al., 2015). Moreover, ccPAS<sub>PMv→M1</sub> aftereffects appear to be functionally specific, as demonstrated by task-dependent electroencephalography (EEG) (Sel et al., 2021) and behavioral results (Fiori et al., 2018).

All this prior work has focused on changes in cortico-cortical connectivity, without clarifying whether ccPAS<sub>PMv→M1</sub> is also able to locally modulate M1 (i.e., the area of convergent activation during ccPAS protocol stimulation). Interestingly, previous ccPAS studies have used different stimulation parameters, possibly tapping into different inhibitory vs. excitatory cortico-cortical interactions. In a first study, Buch et al. (2011) assessed the conditioning effect of PMv stimulation on MEPs induced by M1 stimulation – i.e., a dcTMS measure

of PMv-to-M1 effective connectivity. Suprathreshold PMv conditioning was found to reduce MEPs, and that inhibitory effect was enhanced after ccPAS<sub>PMv→M1</sub>, reflecting LTP of glutamatergic PMv projections on inhibitory interneurons in M1. In contrast, ccPAS did not affect M1 corticospinal excitability as measured by single-pulse TMS (spTMS) over M1 administered at a fixed intensity (see also Chiappini et al., 2020).

Three recent studies conducted in our laboratory used subthreshold PMv stimulation instead during ccPAS<sub>PMv→M1</sub>. Assessing MEPs “online” during protocol administration (i.e., MEPs evoked by the repeated dcTMS paired stimulation of PMv and M1), we reported a gradual increase in MEP amplitude throughout the protocol (Fiori et al., 2018; Turrini et al., 2022, 2023). This suggested a possible progressive enhancement of excitatory (rather than inhibitory) PMv-to-M1 interactions, due to the gradually increasing efficacy of excitatory synaptic input to M1 neurons. However, our prior studies did not clarify whether the adopted ccPAS<sub>PMv→M1</sub> protocol (i.e., with subthreshold PMv stimulation) rests on excitatory PMv-to-M1 interactions, nor whether this protocol induces local changes in M1 activity.

A few prior studies have investigated local M1 effects when ccPAS was administered to modulate synaptic inputs from the contralateral M1 (Rizzo et al., 2009, 2011; Koganemaru et al., 2009), PMv (Lazari et al., 2022) and the cerebellum (Lu et al., 2012), or the ipsilateral parietal cortex (Koch et al., 2013; Veniero et al., 2013). These studies provided mixed results regarding ccPAS effects on M1 excitability, which may reflect network- and protocol-specific features. However, none of the previous studies systematically investigated local changes in M1 excitability following ccPAS<sub>PMv→M1</sub>. This issue is particularly relevant as a ccPAS<sub>PMv→M1</sub> protocol with subthreshold stimulation of the ipsilateral PMv was shown to enhance hand dexterity (Fiori et al., 2018; Turrini et al., 2023). Elucidating the physiological underpinnings of ccPAS<sub>PMv→M1</sub> is therefore critical in view of its potential clinical applications in motor rehabilitation.

To address this question, here, we performed two studies. In an initial pilot study, building on our previous work (Fiori et al., 2018; Turrini et al., 2022, 2023), we used dcTMS to test whether subthreshold conditioning of the left PMv would exert a facilitatory conditioning effect over the ipsilateral M1. We tested short ISIs (6, 8, 10 ms), indexing early excitatory PMv-to-M1 interactions. Results confirmed that dcTMS PMv conditioning with an 8-ms ISI induced a consistent MEP facilitation, relative to MEPs induced by spTMS. Building on this pilot study, in the main experiment we administered ccPAS<sub>PMv→M1</sub> with subthreshold PMv stimulation and an 8-ISI (as in Fiori et al., 2018 and Turrini et al., 2022, 2023). We assessed the online effect of ccPAS<sub>PMv→M1</sub> by recording MEPs induced by dcTMS during protocol administration. Moreover, we assessed ccPAS aftereffects by recording different measures of M1 corticospinal excitability following spTMS of the left M1, namely the resting motor threshold (rMT), the TMS intensity required to elicit a MEP of 1 mV amplitude ( $SI_{1mV}$ ), and the input-output (IO) curve. Additionally, we used paired-pulse TMS (ppTMS) over the left M1 to assess short interval intracortical inhibition (SICI) and intracortical facilitation (ICF) as measures of intracortical M1 excitability. As a control, in the ccPAS<sub>M1→PMv</sub> group the order of the dcTMS pulses was reversed, i.e., M1 always preceded PMv stimulation, to ensure that any potential effects of ccPAS<sub>PMv→M1</sub> were due to specific directional changes in effective connectivity and not to generic stimulation of PMv and M1.

The rMT provides a well-established global measure of M1 corticospinal excitability (Chen, 2000; Rossini et al., 2015). The  $SI_{1mV}$  also provides a global measure of motor excitability, which is partially distinct from rMT as it uses higher intensities which allow one to evaluate the contribution of larger neuronal populations (e.g., less excitable neurons and neurons spatially further from the targeted region). The IO curve is the sigmoidal relation between MEP amplitude and increased TMS intensities (Ridding and Rothwell, 1997; Chen, 2000), covering and extending the intensities used for assessing rMT and  $SI_{1mV}$ ; fitting the curve provides key parameters, such as its slope, inflection point and the upper asymptote, that accurately characterize this rela-

tion (Devanne et al., 1997; Houdayer et al., 2008; Stagg et al., 2011; Bueteufisch et al., 2018). It is held that the IO curve reflects the recruitment of larger neuronal populations at increased TMS intensities, but also a change in balance between GABAergic and glutamatergic activity within M1 (Chen, 2000; Boroojerdi et al., 2001; Möller et al., 2009).

Lastly, SICI and ICF reflect M1 intracortical mechanisms that can be tested using ppTMS over M1. The SICI effect consists of a reduction in MEP size that is obtained when a suprathreshold test TMS pulse over M1 is preceded by a subthreshold conditioning TMS pulse administered with the same coil at short (i.e., 1–5 ms) ISIs. The ICF effect consists of an increase in MEP size that is obtained when conditioning and test pulses are administered with longer ISIs (i.e., 7–20 ms). Studies indicate that these inhibitory (SICI) and facilitatory (ICF) modulations of MEP amplitude take place at the cortical level without affecting spinal circuits (Kujirai et al., 1993; Ziemann et al., 1996; Schwenkreis et al., 2000; Peurala et al., 2008; Tandonnet et al., 2010). SICI is classically thought to represent the activation of populations of inhibitory interneurons reflecting GABA<sub>A</sub> transmission; ICF, on the other hand, is a more complex measure generally considered a proxy of N-methyl-D-aspartate (NMDA) glutamatergic interneurons within M1 (Kujirai et al., 1993; Ziemann et al., 1996a, 1998; Liepert et al., 1997; Di Lazzaro et al., 2000; Paulus et al., 2008).

Consistent with the concepts of Hebbian plasticity and STDP (Hebb, 1949; Jackson et al., 2006; Caporale and Dan, 2008; Markram et al., 2011; Romei et al., 2016b) and prior ccPAS work (Buch et al., 2011; Koch et al., 2013; Romei et al., 2016a) ccPAS<sub>PMV→M1</sub> would lead to LTP of PMv-to-M1 projections. If the protocol potentiates PMv-to-M1 excitatory interactions via synaptic plasticity, we expect that ccPAS<sub>PMV→M1</sub> aftereffects could be traceable locally at the level of M1 intracortical circuitry, as M1 neurons might be affected by the increased efficacy of PMv excitatory inputs into them. In turn, this would result in increased M1 corticospinal excitability assessed through spTMS and evidenced by reduced rMT and SI<sub>1mV</sub> and steeper IO recruitment curves. Investigating SICI and ICF allowed us to test for potentiated PMv-to-M1 projections due to ccPAS<sub>PMV→M1</sub> effects on GABAergic and glutamatergic transmission in M1, which is key to synaptic plasticity (Jacobs and Donoghue, 1991; Hess and Donoghue, 1996; Ziemann et al., 2001; Rosenkranz and Rothwell, 2006). Importantly, assessing the activity of inhibitory and excitatory interneurons projecting to M1 corticospinal neurons provides novel mechanistic insights into the physiological basis of ccPAS and its impact on corticospinal output.

## 2. Materials and methods

### 2.1. Participants

A total of 60 right-handed healthy volunteers took part in the study. 15 participants (8 females, mean age  $\pm$  standard deviation:  $23 \pm 2.5$  years) were tested in a pilot study whose aim was to provide insights into PMv-to-M1 interactions underlying the ccPAS protocol and select the most promising ISI (see below). In the main experiment, participants were randomly assigned to two groups of 24 individuals each, one undergoing ccPAS<sub>PMV→M1</sub> and the other ccPAS<sub>M1→PMV</sub>. Three participants were tested in both groups, with the two sessions at least three weeks apart. The two groups were balanced for age and gender (see Table 1). Before starting the experiment, all participants gave informed consent and were screened to avoid adverse reactions to TMS (Rossini et al., 2015; Rossi et al., 2021). All the experimental procedures were performed in accordance with the 1964 Declaration of Helsinki and later amendments (WMA, 2013), and approved by the Department of Psychology “Renzo Canestrari” Ethical Committee and the Bioethics Committee at the University of Bologna. During the experiment the recommended safety procedures for non-invasive brain stimulation during the COVID-19 pandemic were followed (Bikson et al., 2020). No adverse reactions or TMS-related discomfort were reported by participants or noticed by the experimenters.

**Table 1**

Demographic characteristics of participants in the main experiment. Chi-square and F tests were performed to ensure there were no differences in gender or age across groups.

	Gender	Age (mean $\pm$ standard deviation)
ccPAS <sub>PMV→M1</sub> group	$F = 15$ $M = 9$	$22.67 y \pm 3.22$ $22.89 y \pm 2.15$
ccPAS <sub>M1→PMV</sub> group	$F = 12$ $M = 12$	$22.58 y \pm 2.50$ $24.42 y \pm 3.96$
Statistical analysis	$X^2 = 0.76; p = 0.38$	All $F \leq 1.27$ ; all $p \geq .26$

### 2.2. Pilot dual coil TMS study

The purpose of the pilot study was to select the best ISI for testing short-latency effective connectivity from PMv to M1 in young healthy adults using dual coil TMS (Rossini et al., 2015; Davare et al., 2008, 2009; Fiori et al., 2016; 2017; Chiappini et al., 2020), to inform the ccPAS protocol to be used in the main experiment. We therefore explored the effect of PMv conditioning on M1 excitability by varying the ISI between the two TMS pulses (6, 8 and 10 ms ISIs). PMv was stimulated at a subthreshold intensity (90% of the individual rMT; see below), whereas M1 was stimulated at a suprathreshold intensity necessary to induce MEPs of  $\sim 1$  mV of amplitude (SI<sub>1mV</sub>). We derived stimulation parameters from our prior ccPAS<sub>PMV→M1</sub> studies (Fiori et al., 2018; Turrini et al., 2022, 2023), which were also used in the main experiment. See Supplementary Materials for details on the pilot study and below for details on the main experiment.

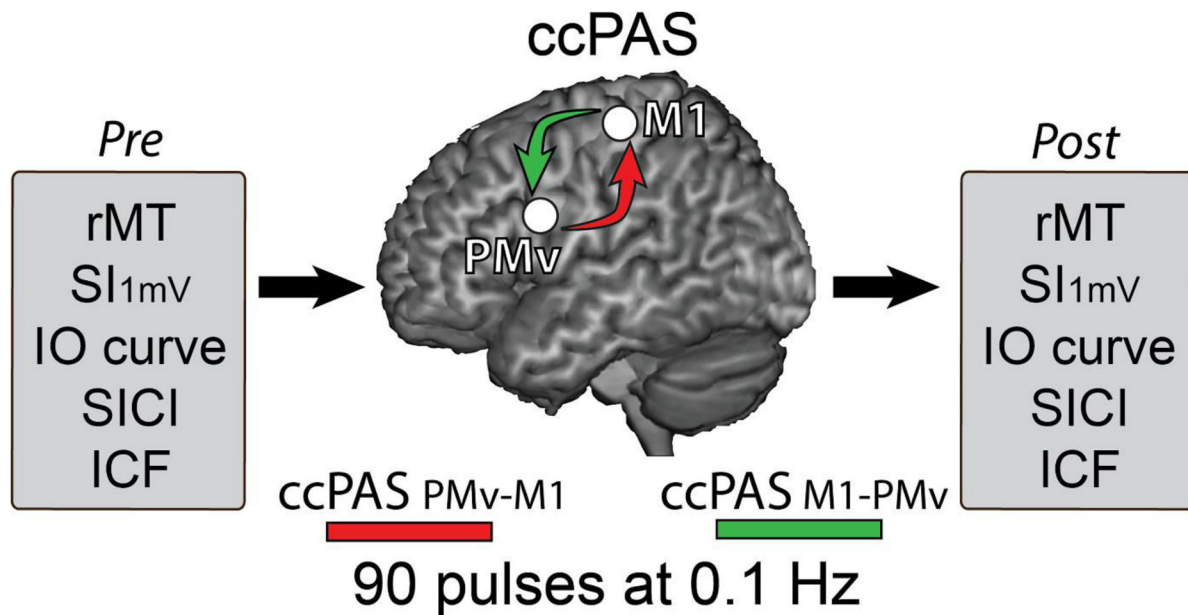
### 2.3. General experimental design

The main study aimed to assess the neurophysiological effects of ccPAS on motor excitability. To this end, each participant underwent a neurophysiological assessment consisting of rMT, SI<sub>1mV</sub>, IO curve, SICI and ICF measures in two test blocks: one before (Pre) and one immediately after (Post) the administration of ccPAS (Fig. 1). We first determined the rMT, followed by the SI<sub>1mV</sub>. Then, the order of the other measures (IO curve, SICI and ICF) was counterbalanced across participants, but remained constant for each individual between the Pre and Post block.

We delivered two ccPAS protocols to manipulate the strength of the pathway between the left PMv and left M1 (Buch et al., 2011; Johnen et al., 2015; Fiori et al., 2018; Chiappini et al., 2020; Sel et al., 2021). For participants assigned to the ccPAS<sub>PMV→M1</sub> group, during the ccPAS, the pulse over PMv always preceded that over M1; for those assigned to the group ccPAS<sub>M1→PMV</sub>, instead, the order was reversed and PMv stimulation always followed M1 stimulation. During these protocols, we recorded MEPs to test for online changes in motor system excitability (Fiori et al., 2018; Turrini et al., 2022, 2023). Moreover, before (Pre) and after (Post) the ccPAS protocol, participants underwent neurophysiological assessment (Fig. 1).

### 2.4. Neurophysiological assessment

Ag/AgCl surface electrodes were placed in a belly-tendon montage over the right first dorsal interosseus muscle (FDI). EMG signals were acquired using a Biopac MP-35 (Biopac, U.S.A.) electromyograph, band-pass filtered between 30 and 500 Hz and sampled at 10 kHz. TMS was performed using a Magstim Bistim<sup>2</sup> stimulator composed of two Magstim 200<sup>2</sup> units (The Magstim Company, Carmarthen, Wales, U.K.). During the test blocks the two Magstim 200<sup>2</sup> units were combined through a connecting module so that ppTMS and spTMS were delivered through a 50-mm iron branding figure-of-eight coil (Fig. 2a,b). Pulses were remotely triggered by a MATLAB script (The MathWorks, Natick, USA).



**Fig. 1.** General experimental design. rMT,  $SI_{1mV}$ , the IO curve, and intracortical parameters SICI and ICF were assessed before and after a plasticity induction period consisting of 90 pairs of pulses delivered at 0.1 Hz over the ventral premotor-to-motor circuit. In the  $ccPAS_{PMv \rightarrow M1}$  group the stimulation over PMv always preceded the M1 pulse by 8 ms; conversely, in the  $ccPAS_{M1 \rightarrow PMv}$ , PMv always followed M1 stimulation by 8 ms.

The experiment started with the electrode montage setup. Then, we localized the left M1 as the optimal scalp position where MEPs of maximal amplitudes could be induced in the right FDI and the localization of the left PMv using neuronavigation (see below). The coil over left M1 was positioned tangentially to the scalp at an angle of 45° from the midline to induce a posterior-to-anterior current in the brain (Kammer et al., 2001; Di Lazzaro et al., 2004), and was used for testing all indices in the Pre and Post blocks.

Both blocks started with assessment of the rMT, defined as the minimum intensity of stimulator output that evokes MEPs with an amplitude of at least 50  $\mu V$  in 5 out of 10 consecutive trials (Rossini et al., 1994). Then, we assessed the intensity required to obtain MEPs of an average peak-to-peak amplitude of 1 mV ( $SI_{1mV}$ ).

The rMT and  $SI_{1mV}$  were reassessed following the ccPAS, and the intensity parameters of all other indices (i.e., the IO curve, and conditioning and test stimulus intensities for SICI and ICF) were readjusted accordingly (Kujirai et al., 1993; Sanger et al., 2001; Cirillo et al., 2009; Lu et al., 2012; Singh et al., 2014; Murase et al., 2015). For the IO curve, 10 MEPs were collected at each intensity ranging from 100% to 150% of the rMT in steps of 10% (60 trials total). SICI and ICF (30 trials each) were recorded in accordance with established protocols (Kujirai et al., 1993; Ziemann et al., 1996). They consisted of paired TMS pulses (ppTMS) delivered through the same coil over the left M1. The first stimulus was labeled the conditioning stimulus and preceded the test stimulus by 3 ms for SICI and 12 ms for ICF (Borgomaneri et al., 2015a, 2015b, 2017). The intensity of the conditioning stimulus was set to 80% of rMT, while the test stimulus intensity was set to  $SI_{1mV}$ . 30 MEPs induced by the test stimulus alone (spTMS) were also separately recorded. To minimize carryover effects, for all three indices (IO curve, SICI, ICF) the trials were separated by a random time ranging from 6430 to 8570 ms.

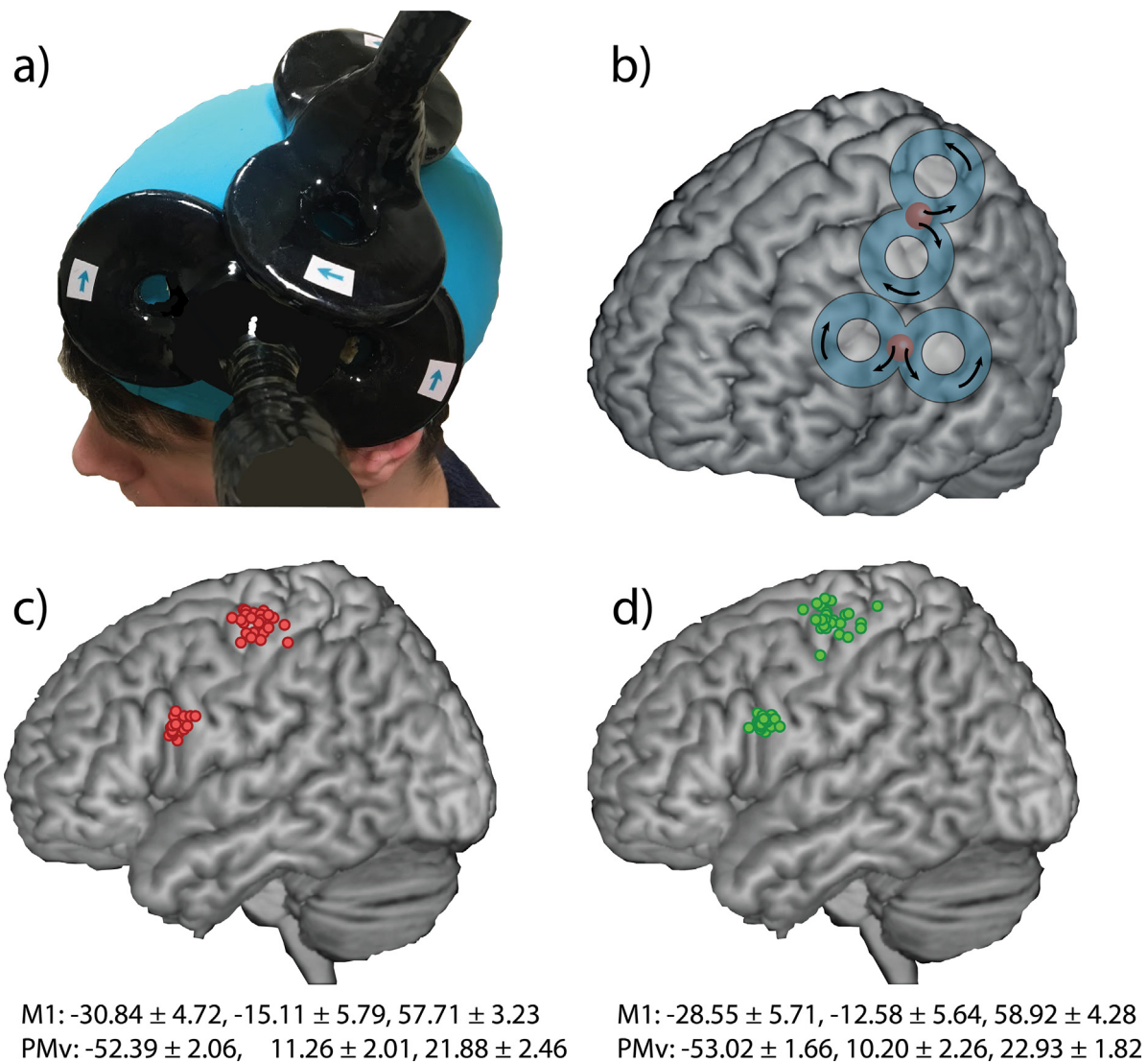
### 2.5. ccPAS protocol

The ccPAS consisted of 15 min of paired pulses delivered over the left PMv and M1 sites at 0.1 Hz (i.e., 90 paired pulses), with an ISI of 8 ms (Buch et al., 2011; Johnen et al., 2015; Fiori et al., 2018; Chiappini et al., 2020; Sel et al., 2021), to activate short latency connections between the two areas (Davare et al., 2008, 2009). During ccPAS administration,

the two Magstim 200<sup>2</sup> units were separate so to administer TMS over two distinct areas with two distinct 50-mm iron branding figure-of-eight coils, with the handles perpendicular to the plane of the wings to minimize their interference in the paired stimulation of PMv and M1 during ccPAS (Fig. 2a,b). To calibrate ccPAS stimulation intensity, before protocol administration we reassessed rMT and  $SI_{1mV}$  using the configuration with two separate Magstim units. The coil over left M1 was placed as previously described, and M1 was stimulated with an intensity equal to  $SI_{1mV}$ . The PMv coil was placed tangentially to the scalp, inducing a current flow in the neural tissue pointing toward the M1 site (Buch et al., 2011; Johnen et al., 2015; Fiori et al., 2018; Fig. 2a,b). PMv stimulation intensity was adjusted to 90% of each participant's rMT (Fiori et al., 2018; Chiappini et al., 2020; Turrini et al., 2022, 2023). The effectiveness of subthreshold conditioning has been demonstrated in other ccPAS studies (Koch et al., 2013; Fiori et al., 2018; Chiappini et al., 2020; Turrini et al., 2022, 2023) and is also supported by dcTMS studies testing PMv-to-M1 interactions (Davare et al., 2008, 2009; Bäumer et al., 2009; Fiori et al., 2016, 2017). To minimize potential discomfort, we exposed participants to active stimulation of PMv beforehand, using 3, 4 pulses of increasing intensity. All participants tolerated the stimulation well.

### 2.6. Neuronavigation

The left PMv was identified using a SofTactic Navigator System (Electro Medical System, Bologna, IT), as in previous studies conducted in our laboratory (Avenanti et al., 2013a; Tidoni et al., 2013; Valchev et al., 2017). Skull landmarks (2 preauricular points, nasion and inion) and ~80 points were digitized using a Polaris Vicra digitizer (Northern Digital). We obtained an estimated MRI through a 3D warping procedure fitting a high-resolution MRI template to each participant's scalp and craniometric points. To target the left PMv, we used the following Talairach coordinates:  $x = -52$ ;  $y = 10$ ;  $z = 24$ . These coordinates were obtained by averaging the coordinates reported in previous studies (Davare et al., 2006; Dafotakis et al., 2008; Avenanti et al., 2012, 2018; Jacquet and Avenanti, 2015); those studies showed that stimulating this ventral frontal site (at the border between the anterior sector of the PMv and the posterior sector of the inferior frontal gyrus) affected planning, execution and perception of hand actions. These coordinates



**Fig. 2.** (a) Coil positioning on the scalp. (b) Coils' location and orientation; the arrows indicate current directions within the coils. (c) and (d) Individual targeted sites reconstructed on a standard template using MRIcron software after conversion to MNI space for illustrative purposes. (c) ccPAS<sub>PMV→M1</sub> group. (d) ccPAS<sub>M1→PMV</sub> group.

are also consistent with those used in previous ccPAS (Buch et al., 2011; Johnen et al., 2015; Fiori et al., 2018; Chiappini et al., 2020), TMS-EEG (Zanon et al., 2018) and dual-site TMS studies targeting PMv-to-M1 connections (Davare et al., 2008, 2009; Fiori et al., 2016, 2017). The Talairach coordinates corresponding to the projections of the left PMv and M1 scalp sites onto the brain surface were estimated by the SofTactic Navigator from the MRI-constructed stereotaxic template, and the resulting coordinates are consistent with the regions defined as human PMv and M1 (Mayka et al., 2006; Fig. 2c,d).

## 2.7. Data preprocessing

All data were processed offline. MEP peak-to-peak amplitudes were measured within a 60-ms time-window starting 15 ms after the test stimulus, using a MATLAB script. Since background EMG affects motor excitability (Devanne et al., 1997), we discarded any MEP showing EMG activity in the preceding 100-ms time-window that deviated from the individual mean of the block by more than 2 SD; moreover, we discarded outlier MEPs deviating from the mean amplitude of their test block by more than 3 SD (6% of MEPs excluded in total). (For further data preprocessing in the pilot study, see Supplementary Materials.) In the Main Ex-

periment, each participant's IO curve was assessed by plotting the mean MEP amplitude vs. the intensity of stimulation; the data were subsequently fitted with a sigmoid function equation (Houdayer et al., 2008; Kemlin et al., 2019):  $MEP(s) = MEP_{max} / (1 + \exp^{m(IP-s)})$ , where  $MEP(s)$  is the MEP amplitude at the stimulation intensity  $s$ ,  $MEP_{max}$  is the upper asymptote,  $IP$  is the inflection point, and  $m$  is the global slope of the function. From these parameters, we also derived the curve's peak slope (PS), which is the instantaneous slope of the ascending limb of the curve at the steepest point, reflecting the recruitment gain of motoneurons (Kemlin et al., 2019). PS is calculated using the following formula:  $PS = m \times MEP_{max} / 4$ . SICI and ICF indices were expressed as the ratio between MEP amplitudes induced by ppTMS (conditioned and test pulse) and spTMS (test pulse alone). As expected, considering the widely reported individual variability in SICI (Chen, 2004; Caranzano et al., 2017), 4 participants (2 per group) did not show an inhibitory effect using the chosen protocol; rather, these participants showed a marked facilitation (mean +1.73) and were statistical outliers deviating from the mean of their group by over 2 SD. To ensure that changes in SICI between conditions were not obscured by floor effects (Fisher et al., 2002), these participants were excluded from the main analysis of SICI reported in the main text (Sinclair and Hammond, 2009). Yet, in a further anal-

ysis all participants were included (see Supplementary Results). 2 participants belonging to the ccPAS<sub>M1→PMV</sub> group were excluded from the analysis of MEPs collected during the ccPAS, due to a technical failure.

## 2.8. Statistical analyses

Data normality was assessed by visual inspection and using the Shapiro-Wilk test. Parametric and non-parametric analyses were chosen accordingly. In the Main Experiment, rMT and SI<sub>1mV</sub> data were normally distributed. Therefore, we ran two separate mixed factors ANOVAs, one for each index, with the within-subjects factor Time (2 levels: Pre and Post block) and the between-subjects factor Group (2 levels: ccPAS<sub>PMV→M1</sub> and ccPAS<sub>M1→PMV</sub>). Data collected during the ccPAS were also normally distributed and were therefore analyzed using an ANOVA by dividing the 90 pulses into 6 epochs of 15 MEPs each (Fiori et al., 2018); the resulting analysis included the factors Epoch (within, 6 levels) and Group (between, 2 levels: ccPAS<sub>PMV→M1</sub> and ccPAS<sub>M1→PMV</sub>). Newman Keuls post-hoc analyses were performed to correct for multiple comparisons. In all the ANOVAs, partial  $\eta^2$  ( $\eta_p^2$ ) was computed as a measure of effect size for significant main effects and interactions. For significant post-hoc comparisons, Cohen's *d* was computed. By convention,  $\eta_p^2$  effect sizes of  $\sim 0.01$ ,  $\sim .06$ , and  $\sim .14$  are considered small, medium and large, respectively. Cohen's *d* effect sizes of  $\sim .2$ ,  $\sim .5$ ,  $\sim .8$  are considered small, medium and large instead (Cohen, 1992).

All parameters obtained from fitting IO curves, i.e., the slope, asymptote, inflection point and peak slope, as well as SICI and ICF data were not normally distributed, so direct comparisons between and within groups were computed through nonparametric Mann Whitney U and Wilcoxon signed-rank tests, respectively. All the analyses were conducted using STATISTICA (version 12, StatSoft, Tulsa, USA).

## 3. Results

### 3.1. dcTMS highlights early facilitatory PMV-to-M1 interactions

The pilot study confirmed that an 8-ms ISI is best suited to consistently influence M1 excitability via PMV conditioning (Buch et al., 2011; Davare et al., 2008, 2009; Fig. S1). Interestingly, we observed that PMV conditioning over MEPs induced by M1 stimulation was facilitatory, i.e., PMV conditioning increased M1 corticospinal excitability when the ISI was set at 8 ms (Fig. S1 and Supplementary Results for details). This provides insights into the physiological basis of the ccPAS protocol used in the main experiment.

### 3.2. Enhancement of MEPs during ccPAS<sub>PMV→M1</sub> administration

In the main study, MEPs recorded during the ccPAS protocols (i.e., 90 MEPs for each protocol, one for each paired stimulation of PMV and M1) were analyzed by means of an Epoch x Group ANOVA which showed a significant main effect of Epoch ( $F_{5,220} = 8.58$ ,  $p < .001$ ;  $\eta_p^2 = 0.16$ ) and an Epoch x Group interaction ( $F_{5,220} = 2.85$ ,  $p = .02$ ;  $\eta_p^2 = 0.06$ ), suggesting that the average MEP amplitude varied differently according to the ccPAS protocol being administered (Fig. 3a). Newman-Keuls post-hoc analyses further clarified the interaction: the ccPAS<sub>PMV→M1</sub> group showed an increase in MEP amplitude over epochs, almost significant in the second compared to the first ( $p = .06$ , Cohen's *d* = 0.67), and fully significant from the third to the sixth (all  $p \leq 0.004$ ; all Cohen's *d*  $\geq 0.76$ ). No change in MEP amplitude was detected in the ccPAS<sub>M1→PMV</sub> group across epochs (all  $p \geq .09$ ). This effect was further explored by extracting a MEP modulation index, computed as the difference between MEP amplitude in Epoch 6 and Epoch 1 of the ccPAS, and comparing that index between the two groups (Fig. 3d); the analysis revealed a significant difference between the two groups ( $t_{44} = 2.88$ ,  $p = .006$ ; Cohen's *d* = 0.86), indicating a greater modulation during ccPAS<sub>PMV→M1</sub> compared to ccPAS<sub>M1→PMV</sub>.

### 3.3. Reduction in rMT and SI<sub>1mV</sub> following ccPAS<sub>PMV→M1</sub>

The Time x Group ANOVA conducted on rMT showed no main effect of Time or Group (all  $F \leq 2.90$ ,  $p \geq .10$ ), but a significant Time x Group interaction ( $F_{1,46} = 5.07$ ,  $p = .03$ ;  $\eta_p^2 = 0.10$ ; Fig. 4a), suggesting that rMT varied differently over time based on the administered ccPAS protocol. Newman-Keuls post-hoc analyses revealed that rMT was comparable between the two groups at baseline ( $p = .75$ ). Following the plasticity induction, the ccPAS<sub>PMV→M1</sub> group showed a significant decrease in rMT ( $p = .008$ , Cohen's *d* = 0.64; Fig. 4a, top row), while no change was detected for the ccPAS<sub>M1→PMV</sub> group ( $p = .70$ ; Fig. 4a, middle row). This effect was further qualified by an analysis conducted on an rMT modulation index computed as the difference between rMT in the Post and Pre blocks; the modulation index was significantly different between the two groups ( $t_{46} = -2.25$ ,  $p = .029$ ; Cohen's *d* = 0.65; Fig. 4a, bottom row).

Similar effects were detected in the ANOVA conducted on SI<sub>1mV</sub>: a significant main effect of Time ( $F_{1,46} = 4.93$ ,  $p = .03$ ;  $\eta_p^2 = 0.10$ ) was qualified by a significant Time x Group interaction ( $F_{1,46} = 6.81$ ,  $p = .01$ ;  $\eta_p^2 = 0.13$ ; Fig. 4b), which was explored through post-hoc analyses. The SI<sub>1mV</sub> intensities were comparable at baseline ( $p = .30$ ) and decreased following ccPAS<sub>PMV→M1</sub> ( $p = .001$ , Cohen's *d* = 0.59; Fig. 4b, top row), but not after ccPAS<sub>M1→PMV</sub> ( $p = .92$ ; Fig. 4b, middle row). A SI<sub>1mV</sub> modulation index was calculated as the difference between SI<sub>1mV</sub> in the Post and Pre blocks and compared between the two groups, revealing a significant difference ( $t_{46} = -2.61$ ;  $p = .012$ ; Cohen's *d* = 0.75; Fig. 4b, bottom row).

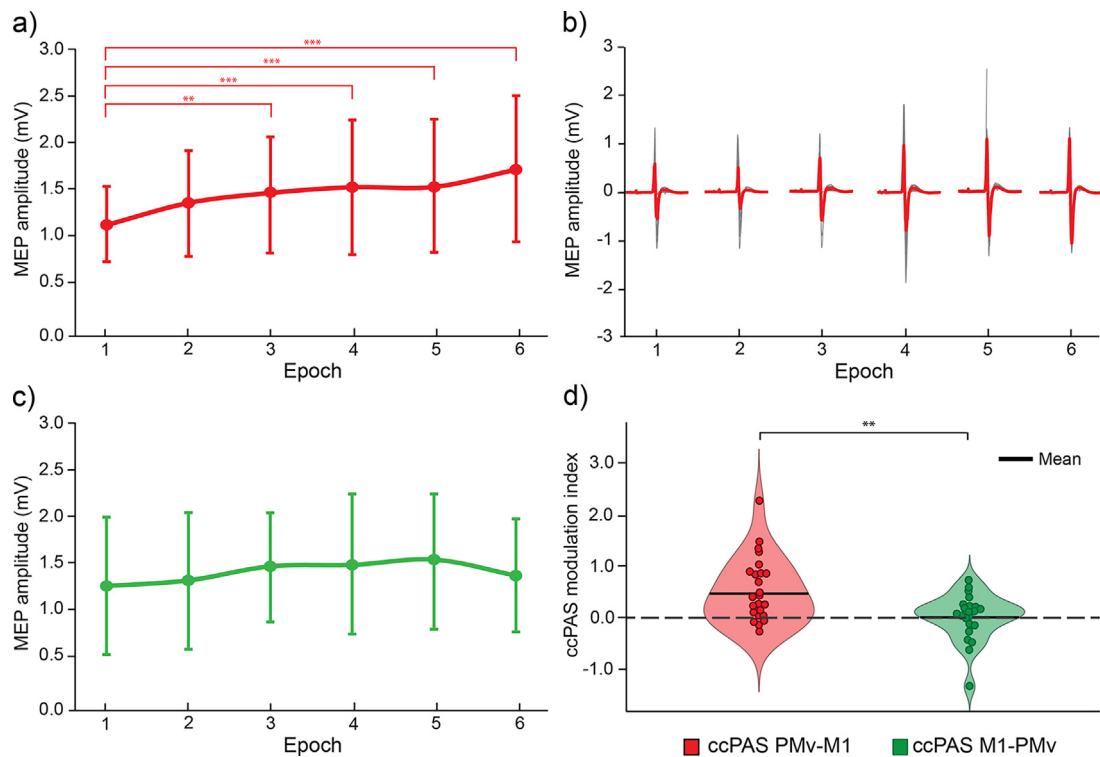
### 3.4. Enhancement of IO curve following ccPAS<sub>PMV→M1</sub>

Fig. 5 shows a steeper IO curve following ccPAS<sub>PMV→M1</sub>, but not following ccPAS<sub>M1→PMV</sub>. Mann-Whitney comparisons conducted on IO curve parameters, namely the slope, the MEP<sub>max</sub> (upper asymptote) and the inflection point, showed no differences between groups at baseline (all  $p \geq .14$ ). Wilcoxon paired samples tests showed that the slope parameter significantly increased in the Post block compared to the Pre block only in the ccPAS<sub>PMV→M1</sub> group (mean  $\pm$  standard deviation:  $10.77 \pm 3.81$  vs.  $16.76 \pm 9.61$ ;  $p = .03$ , Fig. 5a). In contrast, no change was observed in the ccPAS<sub>M1→PMV</sub> group ( $12.95 \pm 5.46$  vs.  $14.49 \pm 7.58$ ;  $p = .48$ , Fig. 5b). Similar results, although only marginally significant, were also obtained for the inflection point: its value decreased (i.e., the curve shifted to the left, suggesting that higher MEPs could be obtained with lower stimulation intensities) in the ccPAS<sub>PMV→M1</sub> group ( $1.30 \pm 0.13$  vs.  $1.23 \pm 0.08$ ;  $p = .059$ ; Fig. 5a), but not in the ccPAS<sub>M1→PMV</sub> group ( $1.29 \pm 0.18$  vs.  $1.22 \pm 0.06$ ;  $p = .10$ ). In contrast, the asymptote was not affected by the applied protocol (both  $p \geq .35$ ). However, the peak slope parameter (PS), which is calculated from both the slope and the upper asymptote, was differentially impacted by the administered ccPAS protocol. Indeed, it increased only after ccPAS<sub>PMV→M1</sub> ( $6.87 \pm 5.78$  vs.  $9.98 \pm 11.61$ ;  $p = .004$ ), but not ccPAS<sub>M1→PMV</sub> ( $10.27 \pm 6.52$  vs.  $10.14 \pm 7.88$ ;  $p = .65$ ). See Fig. S2 for further analyses.

### 3.5. Reduction of SICI, but not of ICF, following ccPAS<sub>PMV→M1</sub>

As previously stated, mean MEP amplitudes elicited by the test stimulus alone (spTMS) should not differ across timepoints as SI<sub>1mV</sub> intensity was reassessed following ccPAS. In keeping with this, the Time x Group ANOVA conducted on these MEPs revealed no significant main effects nor interactions (all  $F \leq 2.48$ ; all  $p \geq .12$ ).

A non-parametric comparison using a Mann-Whitney test found no differences in SICI between groups at baseline ( $p = .20$ ). Intracortical inhibition was differentially impacted by the two ccPAS protocols, as shown by Wilcoxon tests: the inhibitory effect decreased following ccPAS<sub>PMV→M1</sub> ( $p = .03$ , Fig. 6a, top row) and showed a non-significant



**Fig. 3.** (a) MEP amplitudes collected during ccPAS<sub>PMV-M1</sub> (red line,  $N = 24$ ). (b) Example of EMG traces from one representative participant during the ccPAS<sub>PMV-M1</sub> protocol; gray and red superimposed lines represent single trial EMG traces and median MEP EMG traces, respectively. (c) Average MEP amplitude collected during the ccPAS protocol in the ccPAS<sub>M1-PMV</sub> group (green line,  $N = 22$ ). (d) Violin plots showing individual MEP modulation during the ccPAS, computed as the difference between MEP amplitudes in Epoch 6 and Epoch 1, in both groups. Asterisks indicate significant comparisons (\*\*  $p \leq 0.01$ , \*\*\*  $p \leq 0.001$ ). Error bars represent one standard deviation.

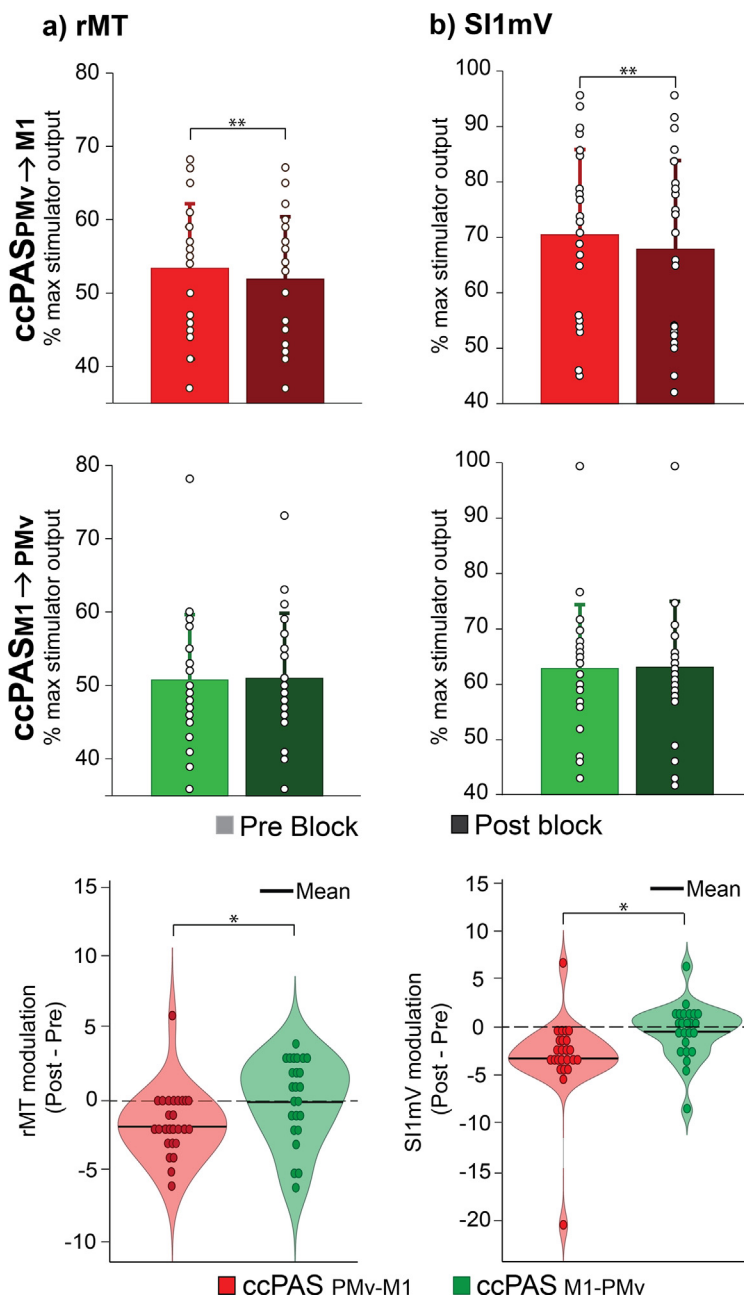
increase following ccPAS<sub>M1-PMV</sub> ( $p = .12$ , Fig. 6a, middle row). The differential effect of the two ccPAS protocols on intracortical inhibition was further corroborated by extracting a SICI modulation index, computed as the difference between SICI in the Post and Pre blocks. Direct comparison revealed a significant difference ( $p = .012$ ) between the two groups (Fig. 6a, bottom row). The same analyses conducted on ICF found no baseline differences between groups ( $p = .35$ ), and no difference across time points in either group (both  $p \geq .15$ ). To minimize the influence of statistical outliers, in a further analysis we used modified SICI index on the entire sample of participants (Fig. S3). The analysis replicated the main findings reported in Fig. 6 and showed also a significant increase in SICI following ccPAS<sub>M1-PMV</sub>. See Supplementary material for further discussion.

#### 4. Discussion

Although several studies have applied ccPAS to enhance PMV-to-M1 connectivity via Hebbian plasticity (Buch et al., 2011; Johnen et al., 2015; Fiori et al., 2018; Sel et al., 2021; Turrini et al., 2022, 2023), prior work did not systematically investigate ccPAS effects on M1 corticospinal excitability or intracortical mechanisms in M1, leaving the question of whether ccPAS acts locally over M1 unclear. To answer this question, in the present study we tested: i) online changes in motor excitability probed by dcTMS of PMV and M1 during ccPAS administration; ii) ccPAS aftereffects on multiple indices of M1 corticospinal excitability; and iii) ccPAS aftereffects on distinct populations of intracortical inhibitory and facilitatory interneurons. Our study provides evidence that ccPAS<sub>PMV-M1</sub> enhances distinct indices of M1 corticospinal excitability and suppresses inhibitory interneuronal activity, thus demonstrating local changes in M1 that are relevant for understanding the physiological bases of ccPAS.

Building on prior work (Buch et al., 2011; Johnen et al., 2015; Fiori et al., 2018; Sel et al., 2021; Turrini et al., 2022, 2023) and a dcTMS pilot study, we applied a ccPAS protocol using a short ISI (8 ms) between the pulses, targeting a cortico-cortical route between the two sites (Davare et al., 2008, 2009). Our dcTMS pilot study showed that sub-threshold PMV conditioning tends to already increase M1 corticospinal excitability at a 6-ms ISI, but the most consistent facilitation was observed at an 8-ms ISI (Fig. S1). Therefore, by adopting the latter ISI in our ccPAS<sub>PMV-M1</sub> protocol, we assumed that, in each TMS pair, the corticocortical volley elicited by PMV stimulation reached M1 immediately before the pulse over M1, resulting in convergent activation of pre- and post-synaptic neural populations in M1. This is instrumental to the establishment of Hebbian STDP plasticity in the PMV-to-M1 pathway (Buch et al., 2011; Chiappini et al., 2020; Sel et al., 2021; Turrini et al., 2022, 2023). In the main experiment, these facilitatory PMV-to-M1 interactions were thus coherently and repeatedly elicited in the critical ccPAS<sub>PMV-M1</sub> condition to induce LTP in PMV-to-M1 connections.

The most novel finding of our study is the robust and convergent evidence of enhanced M1 corticospinal excitability following ccPAS<sub>PMV-M1</sub>, supporting LTP-like effects within the targeted motor circuit (Buch et al., 2011; Koch et al., 2013; Romei et al., 2016b). First, in keeping with our prior studies (Fiori et al., 2018; Turrini et al., 2022, 2023), we observed that the repeated paired stimulation of PMV and M1 during ccPAS<sub>PMV-M1</sub> caused a gradual increase in MEP amplitude – showing a progressive build-up of functional plasticity that already begins during protocol administration. In line with prior research focused on changes in PMV-to-M1 connectivity (Buch et al., 2011; Chiappini et al., 2020), it is likely this gradual increase primarily reflects LTP of the PMV-to-M1 pathway, increasing the efficacy of PMV synaptic input to M1 interneurons, which in turn shape the output of pyramidal cells (see below). Second, consistent with these online changes, we observed further potentiation effects on M1 corticospinal neurons af-



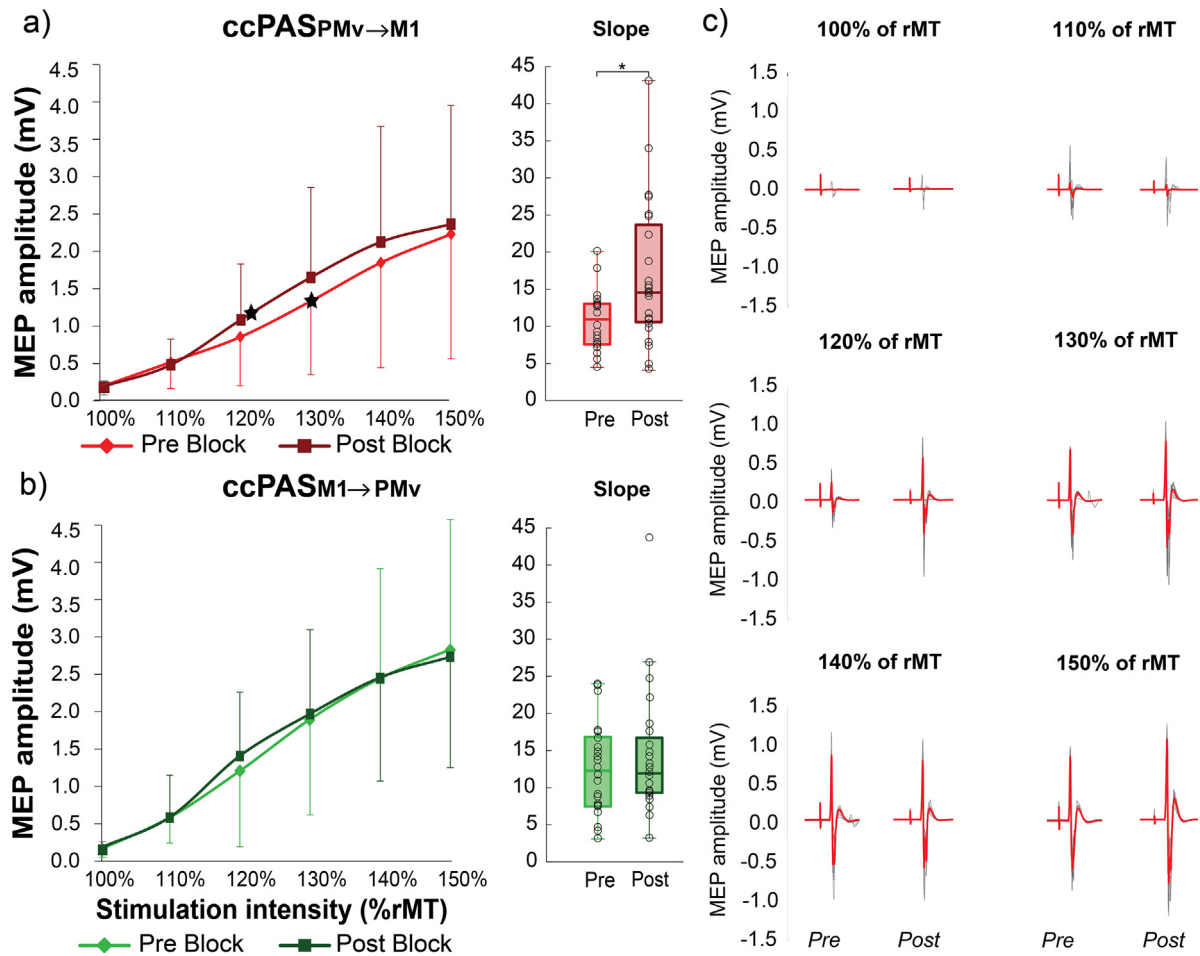
**Fig. 4.** Effects of ccPAS on (a) rMT and (b)  $SI_{1mV}$ . The top row depicts motor thresholds before (lighter bars) and after (darker bars) the ccPAS<sub>PMv→M1</sub> protocol ( $N = 24$ ); the middle row depicts motor thresholds before (lighter bars) and after (darker bars) the ccPAS<sub>M1→PMv</sub> protocol ( $N = 24$ ); the bottom row depicts violin plots showing individual modulation in motor thresholds, computed as the difference between rMT (a) and  $SI_{1mV}$  (b) in the Post and Pre blocks, in both groups. Asterisks indicate significant comparisons ( $*p \leq 0.05$ ;  $**p \leq 0.01$ ). Error bars represent one standard deviation.

ter ccPAS administration. Following ccPAS<sub>PMv→M1</sub> we found a decrease in both the rMT and the intensity necessary to produce MEPs of 1-mV amplitude ( $SI_{1mV}$ ), indicating a shift towards increased excitability of both lower- and higher-threshold M1 corticospinal neurons. This was also accompanied by a steeper IO curve as shown by changes in the slope and the peak slope, and marginal changes in inflection point; remarkably, IO curve changes were detected despite having re-adjusted all stimulation intensities with respect to the re-assessed rMT in the Post block. Because rMT decreased following ccPAS<sub>PMv→M1</sub>, stimulation intensities used to assess the IO curve in the Post block were lower than those used in the Pre block; nonetheless, we could still observe robust IO curve changes, reflecting greater recruitment of M1 corticospinal neurons. All these modulations were specific to the ccPAS<sub>PMv→M1</sub> protocol, as they were absent following the control ccPAS<sub>M1→PMv</sub> condition. These changes were thus not merely due to generic stimulation of either PMv or M1, but depended on the specific manipulation of directional connectivity aimed at increasing efficacy of excitatory synaptic inputs from PMv to M1, meeting the Hebbian principle.

Taken together, changes in the rMT,  $SI_{1mV}$ , and IO curve demonstrate that ccPAS, besides strengthening PMv-to-M1 connectivity as previously demonstrated (Buch et al., 2011; Johnen et al., 2015; Chiappini et al., 2020), also acts locally by affecting descending M1 corticospinal neurons due to increased synaptic input. While previous studies that directly tested connectivity changes following ccPAS have ascribed its effects to potentiated cortico-cortical mechanisms (Buch et al., 2011; Koch et al., 2013; Johnen et al., 2015; Santarnecchi et al., 2018), our study is the first to highlight that potentiated PMv-to-M1 projections result in a clear enhancement of M1 corticospinal excitability, which could in principle contribute to improved hand functioning following this stimulation protocol (Fiori et al., 2018; Turrini et al., 2023).

What mechanism underlies the physiological changes induced by ccPAS<sub>PMv→M1</sub>? Research using dcTMS has shown that the premotor cortex can exert both inhibitory and excitatory influences on M1, depending on the functional state of the connection, the ISI and/or the intensity of TMS pulses (Civardi et al., 2001; Davare et al., 2008; Bäumer et al., 2009; de Beukelaar et al., 2016; Fiori et al., 2016, 2017). Based on prior



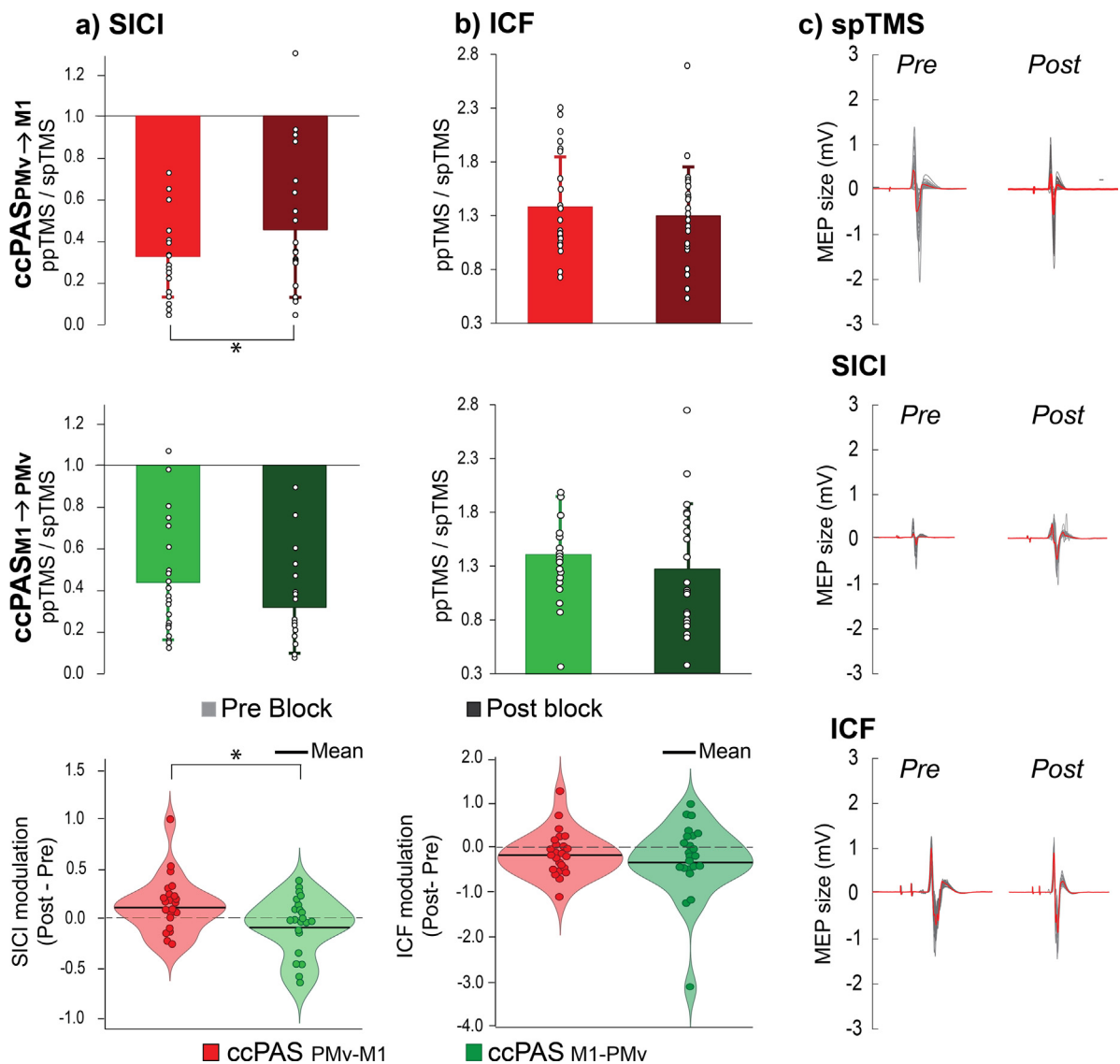


**Fig. 5.** Effect of ccPAS on the IO curve. (a) Effect of ccPAS<sub>PMV→M1</sub>, showing a steeper IO curve slope and decreased inflection points (stars) ( $N = 24$ ). (b) Effect of ccPAS<sub>M1→PMV</sub> showing no change across blocks ( $N = 24$ ). Error bars represent one standard deviation. (c) Example of IO curve EMG traces from one representative participant before and after the ccPAS<sub>PMV→M1</sub> protocol. For each stimulation intensity condition of the IO curve, gray and red superimposed lines represent single trial EMG traces and median MEP EMG traces, respectively.

(e.g., Bäumer et al., 2009) and present (Fig. S1) evidence of the latency of PMv-to-M1 interactions, it is arguable that the subthreshold conditioning of PMv neurons influences M1 corticospinal neurons indirectly, mainly via excitatory interneurons in M1. This fits with established anatomical and neurophysiological evidence that PMv-to-M1 projections are glutamatergic and, while a few synapse directly onto M1 corticospinal neurons, most synapse onto both glutamatergic and GABAergic M1 interneurons. These interneurons surround pyramidal cells in M1 and modulate their output, giving rise to both excitatory and inhibitory effects on corticospinal excitability ((Ghosh and Porter, 1988); Dum and Strick, 1996; Tokuno and Nambu, 2000). Neurophysiological studies in monkeys have highlighted PMv-to-M1 excitatory interactions (Ghosh and Porter, 1988; Cerri et al., 2003; Shimazu et al., 2004; Prabhu et al., 2009). These studies have shown that electrical stimulation of M1 evokes direct (D) and indirect ( $I_1$ ,  $I_2$ , and  $I_3$ ) volleys in the corticospinal tract, and preconditioning the PMv (monkey area F5) robustly facilitates M1 corticospinal output (Cerri et al., 2003; Shimazu et al., 2004) by acting on longer-latency I-waves ( $I_2$  and  $I_3$ ) (Shimazu et al., 2004). These later waves are generated by presynaptic inputs onto M1 corticospinal neurons (Ilić et al., 2002), suggesting that PMv conditioning can enhance excitatory interneuronal circuits within M1, which in turn impact M1 pyramidal neurons after a synaptic delay. These excitatory PMv-to-M1 interactions account for the latency and the facilitatory nature of the MEP modulations that we observed in the dcTMS pilot study, following subthreshold PMv conditioning. Similarly,

during ccPAS<sub>PMV→M1</sub>, the repeated pairing of PMv and M1 potentiated the targeted excitatory pathway via Hebbian plasticity, increasing the efficiency of the PMv projections onto excitatory interneurons in M1. In turn, these interneurons project to pyramidal cells and contribute to regulating corticospinal excitability. During spTMS, these neural elements are likely recruited by the magnetic pulse over M1, and this explains the consistent increase in M1 corticospinal excitability following ccPAS<sub>PMV→M1</sub>.

Another point of novelty in our study is the finding that ccPAS<sub>PMV→M1</sub> reduced the magnitude of SICI, without affecting ICF. This indicates that ccPAS<sub>PMV→M1</sub> reduced local inhibitory GABA<sub>A</sub>-mediated interneuronal activity within M1, which accounts for the SICI effect (Berardelli et al., 2008; Ni and Chen, 2008). A few prior studies using the classical PAS protocol have reported results similar to ours, i.e., an increase in M1 corticospinal excitability accompanied by a decrease in SICI following PAS (Kumru et al., 2017; Murase et al., 2015) or PAS combined with aerobic training (Singh et al., 2014). On the other hand, a ccPAS study targeting the parietal-motor circuit failed to observe SICI reduction and instead reported enhanced ICF (Koch et al., 2013), whereas another ccPAS study targeting cerebellar-motor circuits found a decrease in inhibition across a range of stimulation parameters (Lu et al., 2012), together with modulation of corticospinal excitability. These apparent discrepancies may reflect key features of the stimulated circuits: while parietal-to-motor connections are facilitatory (Koch et al., 2007), the cerebellum has a starkly inhibitory influence over M1 (Ugawa et al.,



**Fig. 6.** Changes in intracortical inhibition (a) and facilitation (b). The top row depicts SICI and ICF before (lighter bars) and after (darker bars) the ccPAS<sub>PMv→M1</sub> protocol; the middle row depicts SICI and ICF before (lighter bars) and after (darker bars) the ccPAS<sub>M1→PMv</sub> protocol; the bottom row depicts violin plots showing individual modulations of SICI and ICF, computed as the difference between SICI (a) and ICF (b) in the Post and Pre blocks, in both groups. Asterisks indicate significant comparisons ( $p \leq 0.05$ ). Error bars represent one standard deviation. (c) Example of EMG traces from one representative participant before and after the ccPAS<sub>PMv→M1</sub> protocol. For each TMS condition, gray and red superimposed lines represent single trial EMG traces and median MEP EMG traces, respectively.

1995; Pinto et al., 2001). On the other hand, as reported above, the PMv exerts both facilitatory and inhibitory influences over M1 via distinct classes of interneurons.

The reduction in SICI points to a disinhibition mechanism that could contribute at least in part to the observed increase in M1 corticospinal excitability. Such a mechanism would not contradict the notion that ccPAS induces LTP in the targeted cortico-cortical circuit (Buch et al., 2011; Koch et al., 2013; Romei et al., 2016a; Chiappini et al., 2020), or the supposed involvement of excitatory interneurons in ccPAS<sub>PMv→M1</sub> as discussed above. Rather, our findings suggest that the repeated targeting of facilitatory PMv-to-M1 interactions may have biased PMv synaptic inputs toward excitatory rather than inhibitory interneurons in M1, leading to reduced GABA<sub>A</sub>-mediated inhibition. This is in line with the notion of reciprocal interactions between excitatory and inhibitory processes within the PMv-to-M1 pathway, as supported by monkey studies where pharmacological administration of GABA<sub>A</sub> agonists in M1 was found to suppress the facilitatory effects of PMv conditioning on M1 corticospinal output (Shimazu et al., 2004). However, we do not rule out the possibility that the SICI reduction may reflect a chain of

inhibitory interneurons in M1, with ccPAS<sub>PMv→M1</sub> enhancing the efficacy of PMv synaptic input to inhibitory non-SICI-related interneurons (for example, GABA<sub>B</sub>-mediated interneurons) via LTP; in turn, these interneurons would suppress the activity of inhibitory GABA<sub>A</sub>-mediated interneurons involved in SICI, thus ultimately releasing the corticospinal tract from inhibition and contributing to its increased excitability. However, further research investigating multiple inhibitory mechanisms in M1 is needed to validate this possibility. Also, past research has suggested that a reduction in GABAergic activity is a necessary precursor to plastic changes due to motor learning or brain stimulation (Jacobs and Donoghue, 1991; Hess and Donoghue, 1996; Ziemann et al., 2001; Rosenkranz and Rothwell, 2006). While the present findings hint at simple interneuronal mechanisms underlying the SICI reduction, it remains to be investigated whether changes in GABAergic transmission might reflect more systemic and complex interactions critical for the induction of STDP in PMv-to-M1 connections.

While our ccPAS<sub>PMv→M1</sub> protocol might enhance excitatory interneurons in M1, our study suggests those neurons are not the ones involved in ICF (Tian and Izumi, 2022), as we found no modulation of that index.

While the inhibitory and local nature of SICI is well established, the ICF is a more complex measure of intracortical excitation, as it is thought to be influenced by glutamatergic facilitation through NMDA receptors (Ziemann et al., 1998), but also GABAergic inhibition through GABA<sub>A</sub> receptors (Tandonnet et al., 2010). Moreover, ICF is thought to result from the recruitment of long-range connections originating from remote areas (Ziemann et al., 1998, 2004), including parietal areas (Koch et al., 2013), and some evidence suggests a possible spinal contribution to ICF (Di Lazzaro et al., 2006). Indeed, prior studies have rarely detected ICF modulation following brain stimulation of M1 (Tian and Izumi, 2022). Thus, further research is needed to directly investigate the aftereffect of ccPAS<sub>PMV→M1</sub> on local excitatory mechanisms in M1, such as short intracortical facilitation (SICF).

Our study presents some limitations. First, our experimental design did not include behavioral tasks, which would have allowed us to draw parallels between physiological changes and functional outcomes; however, because the primary focus of the present work was to highlight the physiological bases of ccPAS, we refrained from including behavioral tasks that could potentially exert further effects on motor physiology due to practice (e.g., Classen et al., 1998). Second, our chosen SICI and ICF protocols were not individualized to obtain comparable inhibition and facilitation effects in all individuals. Moreover, we assessed these indices using separate blocks of ppTMS and spTMS trials, instead of using a randomized intermixed order. While personalizing the protocol could yield more consistent effects (e.g., Murase et al., 2015), we wanted to use stimulation paradigms similar to those employed in other studies that have tested SICI/ICF modulations after plasticity inductions (e.g., Ni and Chen 2008; Russman et al., 2009; Lu et al., 2012; Koch et al., 2013; Amadi et al., 2015), to make better comparative inferences relating to the previous literature. On the other hand, future research could confirm the present results by adopting personalized protocols for SICI and ICF, but also for additional intracortical indices such as long intracortical inhibition (LICI) or short intracortical facilitation (SICF), as these indices could also take part in the observed modulations.

## 5. Conclusions

Our study confirms prior reports of a gradual enhancement of MEPs during ccPAS<sub>PMV→M1</sub> administration (Fiori et al., 2018; Turrini et al., 2022, 2023) and significantly expands prior knowledge about ccPAS<sub>PMV→M1</sub> aftereffects on PMV-to-M1 connectivity (Buch et al., 2011; Johnen et al., 2015; Chiappini et al., 2020) and motor control (Fiori et al., 2018; Turrini et al., 2023), by providing convergent novel evidence that this protocol also acts locally on M1 – the area of cortico-cortical convergence during ccPAS<sub>PMV→M1</sub>. Specifically, we demonstrated that our ccPAS<sub>PMV→M1</sub> protocol relies on excitatory PMV-to-M1 interactions and consistently enhances M1 corticospinal excitability, an effect which could be at least partially mediated by intracortical M1 disinhibition due to a decrease in local GABAergic activity (Stelzer et al., 1994; Castro-Alamancos et al., 1995; Chowdhury and Rasmusson, 2002). These findings highlight the neurophysiological underpinnings of Hebbian plasticity in the human PMV-to-M1 network and could contribute to understanding behavioral changes following induction of STDP. These findings also provide new mechanistic insights into the physiological basis of ccPAS that are relevant for developing novel optimized ccPAS protocols for clinical and experimental settings.

## Declaration of Competing Interest

There are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

## Credit authorship contribution statement

**Sonia Turrini:** Conceptualization, Data curation, Formal analysis, Software, Methodology, Project administration, Writing – original draft. **Francesca Fiori:** Software, Methodology, Formal analysis, Writing – review & editing. **Emilio Chiappini:** Software, Methodology, Writing – review & editing. **Boris Lucero:** Methodology, Writing – review & editing. **Emiliano Santarnecchi:** Supervision, Writing – review & editing. **Alessio Avenanti:** Conceptualization, Methodology, Project administration, Resources, Supervision, Funding acquisition, Writing – original draft.

## Data availability

Data will be made available on request.

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## Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.neuroimage.2023.120027.

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