A Speech Neuroprosthesis for Decoding High Frequency Activity in Anterior Cingulate and Orbitofrontal Cortices and Hippocampus for Phonemes Articulation

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Introduction: Speech is a main form of communication for humans. Its loss due to injury or disease is terrible. Here, we report a novel speech neuroprosthesis that artificially articulates building blocks of speech based on the high frequency activity, that includes single neuron activity, in the anterior cingulate and orbitofrontal cortices, and hippocampus. These brain areas were never harnessed for a neuroprosthesis before. However, our earlier studies found neuronal populations in these [1] and other [2-5] brain areas that encode these building blocks and demonstrated high accuracy decoding.

Material, Methods and Results: A 37-year-old neurosurgical epilepsy patient with intact speech, was implanted with depth electrodes solely for clinical reasons. He gained control over the neuroprosthesis almost immediately and silently produced two vowel sounds voluntarily [6]. During the first set of trials, the participant made the neuroprosthesis produce the different vowel sounds artificially with 85% accuracy. Performance improved consistently as more trials were conducted. This may be attributed to neuroplasticity, as the decoder remained the same along the experiment. The decoder was trained on overt speech data, but was utilized for silent control over the closed-loop speech neuroprosthesis.

Conclusion: The ability of a neuroprosthesis trained on overt speech data to be controlled silently may open the way for a novel strategy of neuroprosthesis implantation. In ALS patients, for example, the neuroprosthesis may be implanted at early stages of the disease, while speech is still intact, for improved training of the decoder, and be utilized at later stages for silent control. The results demonstrate clinical feasibility of direct decoding of high frequency activity, including spiking activity, in the aforementioned areas for silent production of phonemes that may serve as a part of a neuroprosthesis for replacing lost speech control pathways.

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