Progesterone shapes medial temporal lobe volume across the human menstrual cycle

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Significance Statement

Estrogen and progesterone are powerful regulators of hippocampal plasticity in rodents and nonhuman primates, yet few human studies have established whether intrinsic fluctuations in sex hormones impact hippocampal morphology. Studies have conducted sparse-sampling or cross-sectional observations of women in different hormonal states, but these approaches fail to capture the dynamic endocrine changes that unfold over days, weeks, and months. In a series of dense-sampling studies using high resolution imaging of the medial temporal lobe (MTL), we discovered that endogenous fluctuations in progesterone across a complete menstrual cycle are associated with volumetric changes throughout MTL subregions. Chronic progesterone suppression abolishes these cycle-dependent changes. These findings establish progesterone's ability to dynamically shape MTL volume in the human brain on an unprecedented timescale.

Abstract

The rhythmic production of sex steroid hormones is a central feature of the mammalian endocrine system. In rodents and nonhuman primates, sex hormones are powerful regulators of hippocampal subfield morphology. However, it remains unknown whether intrinsic fluctuations in sex hormones alter hippocampal morphology in the human brain. In a series of dense-sampling studies, we used high-resolution imaging of the medial temporal lobe (MTL) to determine whether endogenous fluctuations (Study 1) and exogenous manipulation (Study 2) of sex hormones alter MTL volume over time. Across the menstrual cycle, intrinsic fluctuations in progesterone were associated with volumetric changes in CA2/3, entorhinal, perirhinal, and parahippocampal cortex. Chronic progesterone suppression abolished these cycle-dependent effects and led to pronounced volumetric changes in entorhinal cortex and CA2/3 relative to freely cycling conditions. No associations with estradiol were observed. These results establish progesterone's ability to rapidly and dynamically shape MTL morphology across the human menstrual cycle.

Key Words: hippocampus | sex hormones | hormone suppression | entorhinal

The brain is an endocrine organ whose day-to-day function is intimately tied to the actions of neuromodulatory hormones (1–4). Sex steroid hormone receptors are expressed throughout the brain, with particularly high expression in the hippocampus and surrounding medial temporal lobe (MTL) (5–7). Rodent (1, 2, 8, 9) and non-human primate (10) studies have established 17β-estradiol and progesterone as powerful regulators of hippocampal subfield morphology. For example, dendritic spine density in CA1 pyramidal neurons fluctuates up to 30% across the rat estrous cycle(1, 11). Estradiol enhances synaptic plasticity and spine proliferation in rodent CA1 neurons (3, 10, 12, 13) and progesterone inhibits this effect (1). In humans, differences in gross hippocampal volume have been observed in discrete stages of the menstrual cycle (14, 15) and emerging evidence suggests that hippocampal volume declines following spontaneous (16) and surgical (17) menopause.

A central feature of the mammalian endocrine system is that hormone secretion varies over time. Circadian, infradian, and circannual rhythms are essential for sustaining many physiological processes. During an average human menstrual cycle, spanning 25–32 days, women experience a ~12-fold increase in estradiol and an ~800-fold increase in progesterone. Despite this striking change in endocrine status, we lack a complete understanding of how MTL structures respond to rhythmic changes in sex hormone production over time. The study of brain–hormone interactions in human neuroscience relies heavily on cross-sectional designs that, by nature, cannot capture dynamic changes in hormone production. However, an emerging trend in human neuroimaging is to flip the cross-sectional model by densely sampling individuals over timescales of days, weeks, months, or years to provide greater insight into the dynamic properties of the human brain (18–20).

In a series of dense-sampling studies, we used high-resolution imaging of the MTL to determine whether variation in sex hormone concentrations over time impacts MTL morphology. First, we assessed the relationship between MTL volume and endogenous fluctuations in sex hormones across a complete menstrual cycle (Study 1, n = 30 days). Next, we determined the effects of chronically and selectively suppressing progesterone over the same timescale (Study 2, n = 30 days). This longitudinal approach affords direct comparisons between freely-cycling and hormonally-suppressed states within the same individual, providing powerful insight into the relationship between sex hormones and hippocampal morphology.

Methods

Participant

A healthy, naturally-cycling female (author L.P.; age 23) participated in two longitudinal, dense-sampling, deep-phenotyping studies. The participant had no history of neuropsychiatric diagnosis, endocrine disorders, or prior head trauma and no history of smoking. She had a history of regular menstrual cycles (no missed periods, cycle occurring every 26-28 days) and had abstained from hormone-based medications for 12 months preceding Study 1. The participant gave written informed consent and the study was approved by the University of California, Santa Barbara Human Subjects Committee.

Study design

To map MTL subregion volume in the human brain across the menstrual cycle, the participant underwent daily testing for 30 consecutive days while freely cycling (Study 1), with the first test

session determined independently of cycle stage for maximal blindness to hormone status. In a follow-up study (Study 2), the participant repeated the 30-day protocol while on a hormone regimen (0.02 mg ethinyl-estradiol, 0.1 mg levonorgestrel, Aubra, Afaxys Pharmaceuticals), which she began 10 months prior to the start of data collection. Procedures for Studies 1 and 2 were identical (**Fig S1**): the participant underwent a time-locked daily blood draw at 10:00 am (±30 min) immediately followed by an MRI scan. Endocrine samples were collected, at minimum, after two hours of no food or drink consumption (excluding water). The participant refrained from consuming caffeinated beverages before each test session. The MRI session lasted one hour and consisted of structural and functional MRI sequences (functional data are reported elsewhere). Neuroimaging data and code will be publicly accessible (link).

Endocrine procedures

A licensed phlebotomist inserted a saline-lock intravenous line into the hand or forearm daily to evaluate hypothalamic-pituitary-gonadal axis hormones, including serum levels of gonadal hormones (17β-estradiol and progesterone) and the pituitary gonadotropins luteinizing hormone (LH) and follicle stimulating hormone (FSH). One 10cc ml blood sample was collected in a vacutainer SST (BD Diagnostic Systems) each session. The sample clotted at room temperature for 45 minutes until centrifugation (2000 × g for 10 minutes) and were then aliquoted into three 1 ml microtubes. Serum samples were stored at -20°C until assayed. Sex steroid concentrations were determined via liquid chromatography-mass spectrometry (LC-MS) at the Brigham and Women's Hospital Research Assay Core (BRAC). Assay sensitivities, dynamic range, and intra-assay coefficients of variation were as follows: *estradiol*: 1.0 pg/ml, 1–500 pg/ml, <5% relative standard deviation (RSD); *progesterone*: 0.05 ng/ml, 0.05–10 ng/ml, 9.33% RSD; *testosterone*: 1.0 ng/dL, 1–2000 ng/dL, <4% RSD. The gonadotropins FSH and LH levels were determined

via chemiluminescent assay (Beckman Coulter) at the BRAC. The assay sensitivity, dynamic range, and the intra-assay coefficient of variation were as follows: *FSH*: 0.2 mIU/ml, 0.2–200 mIU/ml, 3.1–4.3%; *LH*: 0.2 mIU/ml, 0.2–250 mIU/ml, 4.3–6.4%.

MRI Acquisition

The participant underwent a daily magnetic resonance imaging (MRI) scan on a Siemens 3T Prisma scanner equipped with a 64-channel phased-array head/neck coil (of which 50 coils are used for axial brain imaging). High-resolution anatomical scans were acquired using a T_1-weighted magnetization prepared rapid gradient echo (MPRAGE) sequence (TR = 2500 ms, TE = 2.31 ms, T_1 = 934 ms, flip angle = 7º, 0.8 mm thickness) followed by a gradient echo fieldmap (TR = 758 ms; TE_1 = 4.92 ms; TE_2 = 7.38 ms; flip angle = 60º). A T_2-weighted turbo spin echo (TSE) scan was also acquired with an oblique coronal orientation positioned orthogonally to the main axis of the hippocampus (TR/TE= 8100/50 ms, flip angle = 122°, 0.4 × 0.4 mm^2 in-plane resolution, 2 mm slice thickness, 31 interleaved slices with no gap, total acquisition time = 4:21 min). To minimize motion, the head was secured with a custom, 3D-printed foam head case (https://caseforge.co/) (days 8–30 of Study 1 and days 1–30 of Study 2), sandbag cushions were placed on the participant's legs, and a strap was placed over the shoulders. Overall motion (mean framewise displacement) on a preceding functional scan was negligible, with less than 150 microns of motion on average each day (**Fig. S2**).

Hippocampal Segmentation

T_1- and T_2-weighted images (n = 60) were submitted to the automatic segmentation of hippocampal subfields package (ASHS) (21) for bilateral parcellation of seven MTL subregions: CA1, CA2/3, dentate gyrus (DG), subiculum (Sub), perirhinal cortex (PRC), entorhinal cortex

(ERC), and parahippocampal cortex (PHC) (**Fig. 1B**). The ASHS segmentation pipeline automatically segmented the hippocampus in the T_2-weighted MRI scans using a segmented population atlas, the Princeton Young Adult 3T ASHS Atlas template (n = 24 brains; © 2014 Aly M, Hindy N, Turk-Browne N, licensed under CC BY-NC-SA 4.0). A rigid-body transformation aligned each T_2 image to the respective T_1 scan for each day. Using Advanced Normalization Tools (ANTs) deformable registration, the T_1 was registered to the population atlas. The resulting deformation fields were used to resample the data into the space of the left and right template MTL regions of interest (ROI). Within each template ROI, each of the T_2-weighted scans of the atlas package was registered to that day's T_2 scan. The manual atlas segmentations were then mapped into the space of the T_2 scan, with segmentation of the T_2 scan computed using joint label fusion. Finally, the corrective learning classifiers contained in the atlas package were applied to the consensus segmentation produced by joint label fusion. The output of this step is a corrected segmentation of the T_2-weighted scan. Further description of the ASHS protocol can be found in (21).

T_2 scans and segmentations were first visually examined using ITK-SNAP (22) for quality assurance and then subjected to more fine-grained manual editing in native space using ITK-SNAP (v.3.8.0-*b*). One bilateral segmentation (Study 2, Day 26) was removed as an outlier due to significant underestimation of volumes across subregions (>4x the median absolute deviation from the mean). Anterior and posterior hippocampal ROIs, which corresponded to the anterior head and tail, were integrated into the label output in keeping with the Olsen-Amaral-Palombo (OAP) segmentation protocol (23) to ensure full coverage of the hippocampus when computing total hippocampal volume. The anterior extent of the segmented labels was anchored 4 mm anterior to the appearance of the limen insulae, and the posterior extent was anchored to

the disappearance of hippocampal gray matter from the trigone of the lateral ventricle. In instances where automatic segmentation did not clearly correspond to the underlying neuroanatomy, such as when a certain label was missing a number of gray matter voxels, manual retouching allowed for individual voxels to be added or removed (**Fig. S3**). All results are reported using the manually retouched subregion volumes to ensure the most faithful representation of the underlying neuroanatomy. Note that the segmenter (C.T.) was blind to the hormone status of the participant. Scans were randomized and segmentation was performed in a random order, not by day of experiment. To assess intra-rater reliability, five days were randomly selected to undergo manual editing a second time. The subregion volume ratios (first edit/second edit) showed an average of 0.97, suggesting robust reliability in segmentation.

Whole-Brain Gray Matter Volume

Total whole-brain gray matter volume (wbGMV) for each study session was calculated using the Segment Longitudinal Data module in the cat12 toolbox in SPM12 (24). Statistical models evaluating the relationship between MTL subregion volume and endocrine values are reported with and without adjustment for wbGMV, which had little bearing on the overall results.

Statistical Analysis

All analyses were conducted in *R* (version 3.4.4). To evaluate the relationship between subregion volumes and endogenous sex hormones across the menstrual cycle, Pearson correlation coefficients were calculated between bilateral subregion volumes (average of left and right) and concentrations of both 17β-estradiol and progesterone. We had no strong *a priori* hypothesis that structure–hormone relationships would differ by hemisphere; thus, volumes are reported averaged across hemispheres. For completeness, values by hemisphere are provided in

Supplemental Results (Table S2). Note that results by hemisphere do not differ substantially from findings reported below. Correlations were considered significant only if they met the Bonferroni correction for multiple comparisons of $p < .007$ ($p < .05/7$ regions). Though volumes were normally distributed (Shapiro–Wilk $p > .07$) across subregions, progesterone values were not, so these relationships were further investigated using non-parametric Spearman rank correlation. Results were highly consistent between the two approaches. Next, partial correlations were conducted to determine the relationship between progesterone and subregion volumes after partialing out variance attributable to wbGMV.

Progesterone displayed a bimodal distribution with low concentrations in the follicular phase and high concentrations in the luteal phase (Study 1, **Fig. 1A**), with an 800-fold change between lowest to highest values. To further characterize the data, we split the 30-day natural cycle into two phases: "low progesterone" (cycle days 1–15, $M_{\text{low P}}$ 0.212 ng/ml, *range* 0.019–0.97 ng/ml) and "high progesterone" (cycle days 16–30, $M_{\text{high P}}$ 10.074 ng/ml, *range* 2.13–15.5 ng/ml). Two-sample *t*-tests were conducted to compare subregion volumes during the low and high progesterone phases of the cycle.

In the follow-up study (Study 2; preregistered under (25), the participant was placed on a hormonal regimen that selectively suppressed circulating progesterone (**Fig 1C,D**). We tested the hypothesis that holding progesterone concentrations chronically low (comparable to levels observed in the early follicular phase of the natural cycle) would abolish the progesterone-mediated effects observed in Study 1. Two-factor ANOVAs were conducted to compare the main effects of hormone status (naturally cycling vs. hormonally suppressed), progesterone (low vs. high) and their interaction on MTL subregion volume. Post-hoc comparisons were conducted using Tukey's HSD tests.

Results

Endocrine assessments

Analysis of daily sex hormone (by LC-MS) and gonadotropin (by chemiluminescent immunoassay) concentrations across the menstrual cycle (Study 1) confirmed the expected rhythmic changes of a typical cycle (26), with a total cycle length of 27 days. Serum levels of estradiol were lowest during menses (days 1–4) and peaked in the late follicular phase (day 13). Progesterone concentrations showed the expected dramatic rise during the mid-luteal phase (**Fig. 1A; Table S1)** and surpassed 5 ng/ml, signaling an ovulatory cycle (27).

In Study 2, the participant was placed on a daily low-dose regimen of 0.02 mg ethinyl-estradiol, 0.1 mg levonorgestrel, which selectively suppressed circulating progesterone. The concentration and dynamic range of 17β-estradiol was similar during progesterone suppression (*M* = 66.2 pg/ml, *range*: 5–246 pg/ml) compared to naturally cycling (*M* = 82.8 pg/ml, *range* 22–264 pg/ml; $t(57) = 0.18$, $p = .24$). In contrast, progesterone concentrations were suppressed by ~97% on average (Study 1: *M* = 5.14 ng/ml, *range* = 5–15.5 ng/ml; Study 2: *M* = 0.15 ng/ml, *range* = 0.04–0.40; $t(57) = 4.58$, $p < .0001$) (**Fig. 1C; Table S1**). Note that LC-MS assessments of exogenous hormone concentrations (attributable to the hormone regimen itself) showed that serum concentrations of ethinyl estradiol were very low (*M* = 0.01 ng/ml; *range* 0.001–0.016 ng/ml) and below 1.5 ng/ml for levonorgestrel (*M* = 0.91 ng/ml; *range* = 0.03–1.43 ng/ml*)*.

{Insert Figure 1}

Intrinsic fluctuations in sex hormones and MTL subregion volume across the menstrual cycle

To begin, we tested the hypothesis that MTL subregion volume is associated with intrinsic fluctuations in estradiol and progesterone across a complete menstrual cycle (n = 30 days). Results reported below met a Bonferroni corrected threshold of significance of $p = .007$.

We observed no significant relationship between 17β-estradiol and volume (all $p > .12$). Progesterone, by contrast, showed significant associations with most subregions throughout the MTL. Progesterone was positively associated with GMV in CA2/3 ($r = .58$, $p < .001$) and parahippocampal cortex ($r = .64$, $p < .001$) (**Fig. 2A, Table 1**); it was negatively associated with GMV in perirhinal cortex ($r = -.61$, $p < .001$) and entorhinal cortex ($r = -.63$, $p < .001$) (**Fig. 3A, Table 1**). This pattern of results was robust and did not change when computing non-parametric Spearman rank-coefficient correlations (all $p \leq .005$). Next, partial correlations confirmed that these relationships remained significant after adjusting for wbGMV (CA2/3: $r = .52$, $p = .003$; PHC: $r = .61$, $p < .001$; PRC: $r = -.60$, $p < 0.001$; ERC: $r = -.58$, $p < 0.001$). Dividing the menstrual cycle into low progesterone (days 1–15) and high progesterone (days 16–30) phases further confirmed differences in subregion volume as a function of progesterone (CA2/3: $t(28) = -3.80$, $p < 0.001$; PHC: $t(28) = -2.95$, $p < 0.01$; PRC: $t(28) = 3.07$, $p < 0.01$; ERC: $t(28) = 2.33$, $p < 0.03$) (**Fig. 2B, 3B**).

{Insert Figure 2 and 3}

Impact of hormone suppression on MTL subregion volume

Next, to determine whether the changes in MTL subregion volumes observed in Study 1 were dependent on progesterone, we repeated the experiment with progesterone concentrations

chronically and selectively suppressed. Estradiol concentrations varied as before (**Fig. 1C**); however, progesterone concentrations were suppressed by ~97%. Under hormone suppression, progesterone concentrations were comparable to values observed in the early follicular phase of the natural cycle, effectively reducing the 800-fold rise in progesterone that typically occurs in the luteal phase (**Fig. 1A**) to a 10-fold change (**Fig. 1C,D**). The 30-day experimental period was divided into "low P" and "high P" phases, as before, to capture the small degree of progesterone modulation that remained. As above, significance was held to a Bonferroni corrected threshold of $p < .007$.

When progesterone concentrations were chronically suppressed, the previously observed relationships between progesterone and subregion volumes were abolished or markedly reduced (**Fig. 2C,D; Fig. 3C,D**). Regions that showed strong progesterone-dependent volumetric changes during the menstrual cycle (CA2/3, PHC and PRC) displayed no such relationship under progesterone suppression (all $p > 0.25$). The single exception was area ERC, which continued to show a marginal negative correlation with progesterone ($r = -.49$, $p = .007$).

{Insert Table 1}

Two-way ANOVAs were conducted to directly compare subregion volumes across studies as a function of progesterone (low, high) and hormone condition (naturally cycling, hormonally suppressed). In CA2/3 there were significant main effects of progesterone level ($F_{(1,55)}7.47$; $p = .008$; effect size, $\eta^2 = .054$) and hormone condition ($F_{(1,55)}65.0$; $p < .0001$; effect size, $\eta^2 = .473$), as well as a significant interaction ($F_{(1,55)}9.93$; $p = .003$; effect size, $\eta^2 = .072$). Post-hoc tests established that CA2/3 volumes were significantly different between high progesterone ($M = 209.9$ mm^3) and low progesterone ($M = 193.0$ mm^3) conditions in Study 1 (p

< .001), but not in Study 2 ($M_{\text{high P}}$ = 180.0 mm^3, $M_{\text{low P}}$ = 177.6 mm^3; p = .99). Finally, CA2/3 volumes were smaller overall under hormone suppression conditions (M = 178.7 mm^3) relative to naturally cycling conditions (M = 201.4 mm^3) (**Table 2**).

{Insert Table 2}

In PHC, we observed a significant main effect of progesterone level, ($F_{(1,55)}$4.92; p = .03; effect size, η^2 = .070) and an interaction between progesterone level and hormone condition ($F_{(1,55)}$8.46; p = .005 effect size, η^2 = .119). The main effect of hormone condition was not significant, indicating no overall difference in PHC volume between Studies 1 and 2. Post-hoc tests established that PHC volumes were impacted by variation in progesterone in Study 1 ($M_{\text{high P}}$ = 2736.2 mm^3, $M_{\text{low P}}$ = 2588.2 mm^3, p < .005)— an effect that was abolished in Study 2 ($M_{\text{high P}}$ = 2602.5 mm^3, $M_{\text{low P}}$ = 2633.2 mm^3, p = .96).

In PRC, only the interaction between progesterone level and hormone status was significant ($F_{(1,55)}$9.36; p = .003; effect size, η^2 =.139). Post-hoc tests again showed that this interaction was driven by progesterone exerting its effect on PRC volume in Study 1 ($M_{\text{high P}}$ = 1284.6 mm^3, $M_{\text{low P}}$ = 1424.7 mm^3, p < .01) but not in Study 2 ($M_{\text{high P}}$ = 1377.2 mm^3, $M_{\text{low P}}$ = 1324.0 mm^3, p =.74).

Finally, in ERC, main effects of progesterone level ($F_{(1,55)}$8.60; p = .005; effect size, η^2 =.040) and hormone status ($F_{(1,55)}$152.26; p < .0001; effect size, η^2 =.702) were significant, with no interaction. There was a significant inhibitory effect of progesterone on ERC volumes in Study 1 ($M_{\text{high P}}$ = 682.2 mm^3, $M_{\text{low P}}$ = 710.9 mm^3, p = .023), but not Study 2 ($M_{\text{high P}}$ = 774.4 mm^3, $M_{\text{low P}}$ = 788.2 mm^3, p = .46), though the direction of the effects were similar. ERC

volumes were significantly larger under hormone suppression conditions (M = 781.6 mm^3) compared to naturally cycling (M = 696.5 mm^3) (**Table 2**).

Discussion

In a series of dense-sampling, deep-phenotyping studies, we tested the hypothesis that intrinsic fluctuations in sex hormones impact MTL subregion volume across the human menstrual cycle, and that chronic hormone suppression abolishes this effect. In Study 1, a naturally-cycling female underwent high resolution imaging of the MTL and venipuncture for 30 consecutive days, capturing the dynamic endocrine changes that unfold over a complete menstrual cycle. Endogenous fluctuations in progesterone impacted gray matter volume in several subregions of the medial temporal lobe, including CA2/3, parahippocampal, entorhinal and perirhinal cortex. In Study 2, the experiment was repeated while the participant was on a hormone regimen that chronically and selectively suppressed circulating progesterone. The progesterone-mediated effects observed in Study 1 were no longer evident, and chronic progesterone suppression triggered volumetric changes in CA2/3 and entorhinal cortex relative to freely cycling conditions. Together, these results reveal progesterone's ability to dynamically shape medial temporal lobe morphology across the menstrual cycle.

Sex hormones influence hippocampal morphology across species

Three decades of rodent and nonhuman primate studies offer unambiguous evidence that sex steroid hormones influence the synaptic organization of the hippocampus (1, 3, 28–31). At the epigenetic level, sex hormones induce chromatin modifications that promote hippocampal plasticity (32). At the synaptic level, sex hormones regulate spine proliferation in the

hippocampus (3). In a series of seminal findings, Woolley and colleagues (11, 12) discovered that dendritic spine density in CA1 neurons varies by ~30% over the 4-5-day rodent estrous cycle. Similarly, hormone deprivation (via gonadectomy) in the rat (1, 33) and African green monkey (34) leads to a pronounced loss of spines on CA1 neurons, which is reversed by hormone replacement. Finally, at the macroscopic level, total hippocampal volume is regulated by sex hormones in the meadow vole (35) and fluctuates across the estrous cycle in the mouse (36). *In-vivo* MRI in mice demonstrates that hormone-mediated hippocampal changes can occur rapidly, with differences detectable within a 24-hour period (36). Together, these findings provide converging evidence that sex hormones can induce structural changes in the hippocampus on a rapid timescale.

Human studies offer further evidence that ovarian status impacts hippocampal morphology. The abrupt hormonal changes associated with early surgical menopause lead to structural changes in the medial temporal lobe, including thinning of the parahippocampus/entorhinal cortex (17), while hormone supplementation in postmenopausal women increases hippocampal volume (37). Pregnancy is another period of prolonged neuroendocrine change. The rise in sex hormone production during gestation impacts hippocampal plasticity in rodents (38–40) and likely mediates the decline in hippocampal volume that occurs post-pregnancy in humans (41). Our data extend this literature by establishing volumetric changes in the medial temporal lobe across the ~28-day menstrual cycle.

Sex hormones regulate hippocampal morphology across the human menstrual cycle

A handful of cross-sectional and sparse-sampling studies have probed hippocampal volume at discrete stages of the menstrual cycle (14, 15, 42). Protopopescu et al. (14) reported greater right anterior hippocampal volume in women during the follicular versus luteal phase. Pletzer et al.

(42) reported greater gray matter volume in the parahippocampal gyrus during the early follicular versus mid-luteal phase. However, a lack of direct hormone assessments prevented the authors from identifying the endocrine basis of these effects. One study of naturally cycling women scanned four times, to capture four discrete stages of the menstrual cycle, observed an increase in hippocampal volume from the early follicular to late follicular phase, with a positive correlation between estrogen and parahippocampal gyrus volume (15). By distilling the menstrual cycle into a few timepoints, these approaches, though valuable, may miss the broader impact of sex hormone action over time. Cross-sectional and sparse-sampling approaches obscure the rhythmic production of sex hormones over a complete cycle. Here, we show that medial temporal lobe structures respond to these rhythmic changes in sex hormone production.

Potential neurobiological mechanisms of progesterone's action in MTL

Woolley and McEwen (1) discovered that progesterone has a biphasic effect on spine density in the hippocampus, eliciting an initial increase (within 2-6 hours) followed by a sharp and sustained decrease. Progesterone administration triggers the regression of dendritic spines in rodent CA1 neurons, an effect that is blocked by progesterone receptor antagonists. The changes we observed in MTL volume in the human brain may partially reflect hormone-driven changes in dendritic spines or synapse density. However, given the difference in scale, it seems unlikely that changes at the synaptic level could fully account for volumetric changes at the subregion level. To our knowledge, no animal study has directly linked observations made at the mesoscopic scale of regional volume to the microscopic scale of synapse/spine morphology. Moreover, sex hormones' ability to regulate hippocampal structural plasticity has been carefully studied in rodent CA1 and dentate gyrus, while much less known about other MTL regions. Future rodent and nonhuman primate studies are warranted to resolve these outstanding questions.

In the present study, progesterone's impact on MTL volume was subregion-specific, with proliferative effects in CA2/3 and parahippocampal cortex and regressive effects on entorhinal and perirhinal cortex. Converging evidence for MTL subregion-specific effects of progesterone comes from the study of neurotrophins. Progesterone blocks estrogen's ability to upregulate growth factors (including nerve growth factor, brain derived neurotrophic factor and neurotrophin 3) in entorhinal cortex but not in hippocampal subfields (28). Indeed, across the cycle, increased progesterone was associated with decreased ERC volume. When progesterone levels were chronically blunted in Study 2, ERC volume rebounded, perhaps because progesterone's inhibitory action in this region had been expunged. Morphological changes could also stem from progesterone's ability to modulate neural progenitor cell proliferation. For example, progesterone blocks estradiol's enhancement of hippocampal cell proliferation in the dentate gyrus (43). Taken together, progesterone's effects within the MTL may be mediated by the receptor expression profile and proliferative capacities of different subregions. The presence of the classical nuclear progesterone receptor in the mammalian hippocampus is well-established (44), but additional *in vivo* animal studies and *ex-vivo* human studies are needed to determine receptor expression profiles at the subregion level and to quantify the relative concentration of progesterone and progesterone metabolites throughout the MTL.

In addition to its neuronal effects, progesterone also impacts non-neuronal cell populations. Progesterone increases the number of oligodendrocytes expressing myelin-specific proteins (45) and promotes myelination in Schwann cells (46) on the order of days (47) and weeks (46). While this has been observed during development and in response to injury (reviewed in (48, 49), the effects of progesterone on myelination across the menstrual cycle are not yet known. In a diffusion tensor imaging study, Barth and colleagues (50) observed changes

in fractional anisotropy (a purported measure of white matter structural integrity) in the hippocampus across the menstrual cycle, although no associations with progesterone were found.

The progesterone-dependent effects we observed could also be mediated indirectly by progesterone metabolites. In rodents, one mechanism for dendritic spine formation is through estradiol decreasing GABAergic inhibition in the hippocampus, which in turn increases the excitatory drive on pyramidal cells. The progesterone metabolite 3α,5α-tetrahydroprogesterone (allopregnanolone) blocks this estradiol-induced increase in spine density by altering hippocampal GABAergic activity (51). Allopregnanolone increases tonic inhibition by altering expression of GABA receptor subunits (52–54). Finally, observed effects could stem in part from extra-neuronal factors (55), such as changes in angiogenesis or water content in the brain. In an aerobic exercise intervention study (56) and a recent study of older adults (57), increased hippocampal volume was observed in tandem with increased hippocampal perfusion. The authors of these studies suggest that increases in perfusion largely accounts for the increases in hippocampal volume, although additional studies are needed to determine the extent to which hippocampal volume change is coincident with versus the result of increases in perfusion.

Clinical implications of the effects of hormone suppression on MTL morphology

Chronic progesterone suppression conferred robust effects on entorhinal cortex and CA2/3 volume. In response to hormone suppression, CA2/3 volume decreased and entorhinal cortex volume increased relative to naturally cycling conditions, demonstrating hormonal regulation of key structures in the MTL. By far the most pronounced effects of chronic hormone suppression were seen in entorhinal cortex, one of the first regions of the brain to develop neuropathology in the progression of Alzheimer's Disease (AD) (58). Progesterone acts as an endogenous regulator of β-amyloid metabolism, blocking the beneficial effect of estradiol on β-amyloid accumulation

(44). Progesterone also blocks estrogen's ability to upregulate neurotrophic factors in entorhinal cortex (28). Women are disproportionately affected by AD, a disease in which two-thirds of the patient population are female, and the precipitous decline in sex hormone production during menopause may be a sex-specific AD risk factor (59, 60). Earlier age at menopause (surgical or spontaneous) is associated with an increased risk of cognitive decline and dementia (61–63). Our findings demonstrate strong regulatory effects of progesterone on entorhinal cortex volume (and other MTL regions), underscoring the need for preclinical and clinical studies to investigate the neuroendocrine basis of cognitive decline and dementia-risk.

Further considerations and future studies

The hormone regimen (0.02 mg ethinyl-estradiol (EE) and 0.1 mg levonorgestrel (LNG)) used in Study 2 had strong suppressive effects on progesterone, with serum concentrations reduced by ~97%. Progesterone concentrations in the hippocampus were likely to be blunted as well. In rodents, peripheral steroid hormone levels are correlated with levels in cerebral cortex and hippocampus (64), and a 4-week regimen of the same compound (EE and LNG) suppressed hippocampal concentrations of progesterone (by 65%) and allopregnanolone (by 55%) (65). Exogenous hormone concentrations (conferred by the hormone regimen itself) were also low, with mean EE at 0.01 ng/ml and LNG at 0.91 ng/ml.

A long history of clinical evidence implicates hypothalamic-pituitary-gonadal (HPG) axis dysregulation in the development of mood and cognitive disorders (66). Throughout the lifespan, changes in women's reproductive status have been associated with increased risk for mood disturbance and major depressive disorder (66–72). Though the present analyses were not focused on mood/cognitive changes, the larger "28andMe" dataset included daily assessments of mood/affect and recognition memory (for a detailed description see (73)). Across the cycle,

increases in progesterone were associated with increases in negative mood (based on a composite index of the Profile of Mood States; $r = .37$, $p = .04$), with the strongest relationship between progesterone and depression sub-scores across the cycle ($r = .55$, $p = .001$; **Figure S4).** No associations between sex hormones or MTL volume and cognition were observed, but a cautious interpretation of these findings is warranted given that this was not an *a priori* consideration of the study design (for more, see **Supplementary Results**). Future work should directly investigate whether progesterone-mediated structural changes to the MTL confer changes in mood or cognition.

Finally, though the results reported herein indicate variability in MTL structure due to hormonal fluctuations across the menstrual cycle, it would be premature to draw the conclusion that variability in MTL structure is greater in females. Data derived from a parallel dense-sampling study in a male (n = 30 days) (74) demonstrate that intra-subject variability in MTL subregion volume does not differ between the sexes. Overall variability was highly similar for both datasets (see Supplementary Results and **Fig. S5**). Further, cross-sectional data from a large population cohort (n=1113; Human Connectome Project Young Adult, S1200 Data Release) show that inter-subject variability in hippocampal volume is greater for males (**Fig. S6**). Together, these findings reveal that the variability reported here is on par with (or less than) the intrinsic variability observed in males.

While the menstrual cycle is a central facet of the human condition, the female lifespan is punctuated by other periods of hormonal transition (e.g., adolescence, pregnancy, menopause) (75) that also merit deeper interrogation. Applying a dense-sampling, deep-phenotyping lens to these periods in a woman's life will increase our understanding of brain–hormone interactions significantly.

Conclusion

Intrinsic fluctuations in progesterone across the menstrual cycle have a robust impact on CA2/3, entorhinal, perirhinal, and parahippocampal subregions of the human medial temporal lobe. Progesterone suppression abolishes these effects. The dynamic endocrine changes that unfold over the menstrual cycle are a natural feature of half the world's population. Neuroimaging studies that densely sample the individual illuminate the dynamic properties of brain organization. Understanding how endogenous and exogenous changes in sex hormones impact medial temporal lobe morphology is imperative for our basic understanding of the human brain and for women's health.

End Notes

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Author contributions. The overall study was conceived by C.M.T., L.P., S.G. and E.G.J.; C.M.T., L.P., T.S., E.L., and E.G.J. performed the experiments; data analysis was conducted by C.M.T., and R.O.; C.M.T. and E.G.J. wrote the manuscript; L.P., R.O., E.L., T.S., and S.T.G. edited the manuscript.

Data/code availability. MRI data and code will be publicly accessible upon publication.

Conflict of interest. The authors declare no competing financial interests.

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Figure Legends

Figure 1. Pituitary and gonadal hormones by experiment and subregion parcellations. A. Pituitary gonadotropins (LH, FSH) and gonadal hormones (estradiol, progesterone) across 30 days of a complete menstrual cycle. Estradiol exhibits a 12-fold increase prior to ovulation. Progesterone concentrations increase 800-fold during the luteal phase of the natural cycle. **B.** Sample slice with Automatic Segmentation of Hippocampal Subfields (ASHS)-segmented hippocampal subfields and MTL cortex labels. **C.** Hormone concentrations across the 30-day hormone suppression study. Estradiol concentrations were unmodified, while progesterone was suppressed by 97% on average. **D.** Progesterone concentrations during the hormone suppression study plotted on a 1 ng/ml scale to illustrate some preserved modulation of progesterone, with a 10-fold rise across days 16–23. P, progesterone. LH, luteinizing hormone. FSH, follicle-stimulating hormone. CA, cornu ammonis. DG, dentate gyrus. SUB, subiculum. ERC, entorhinal cortex. PRC, perirhinal cortex. PHC, parahippocampal cortex. Note that 'Day 1' indicates first day of menstruation, not first day of experiment.

Figure 2. Relationship between progesterone concentrations and MTL subregion volume across the menstrual cycle and during hormone suppression. **A.** In CA2-3 and parahippocampal cortex, GMV was *positively* correlated with progesterone and **B.** significantly different between low and high progesterone phases across Study 1. This modulation was abolished during chronic hormone suppression (Study 2) (**C, D**). Comparisons between the two studies (**B, D**) reveal that GMV in CA2/3 was reduced following hormone suppression relative to freely cycling (p <.0001; effect size, η^2 =.47). Individual data-points are color-coded to indicate cycle day, from day 1 (light circles) to day 30 (dark circles). **p < .01, ***p < .001; GMV, gray matter volume.

Figure 3. Relationship between progesterone concentrations and MTL subregion volume across the menstrual cycle and during hormone suppression **A.** In perirhinal and entorhinal cortex, GMV was *negatively* associated with progesterone and **B.** significantly different between low and high progesterone phases across the cycle. This modulation was not observed under chronic hormone suppression (**C, D**). Comparisons across the two studies (**B, D**) reveal that GMV in entorhinal cortex was larger during hormone suppression relative to freely cycling (p <.0001; effect size, η^2 =.72). Individual data-points are color-coded to indicate cycle day, from day 1 (light circles) to day 30 (dark circles). *p < .05, **p < .01; GMV, gray matter volume

Table 1. MTL subregion volumes (mm^3) and association with sex hormones by experiment

Study 1 - Naturally cycling

	CA1	CA2/3	DG	Sub	ERC	PRC	PHC
Average (SD)	671.7 (14.8)	201.4 (14.7)	723.0 (21.7)	434.5 (17.6)	696.5 (36.1)	1354.6 (141.8)	2662.2 (154.4)
Min	636.0	177.6	687.0	398.6	605.0	1007.4	2384.2
Max	699.8	235.7	758.2	466.3	745.2	1542.5	3027.0
Range (% of Max Volume)	63.8 (9.1)	58.1 (24.7)	71.3 (9.4)	67.7 (14.5)	140.2 (18.8)	535.1 (34.7)	642.9 (21.2)
Correlation with E *p*-value *(r)*	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
Correlation with P *p*-value *(r)*	n.s.	0.0007*† (0.58)	0.04 (0.39)	n.s.	0.0002*† (-0.63)	0.0003*† (-0.61)	0.0002*† (0.63)

Study 2 - Hormone suppression

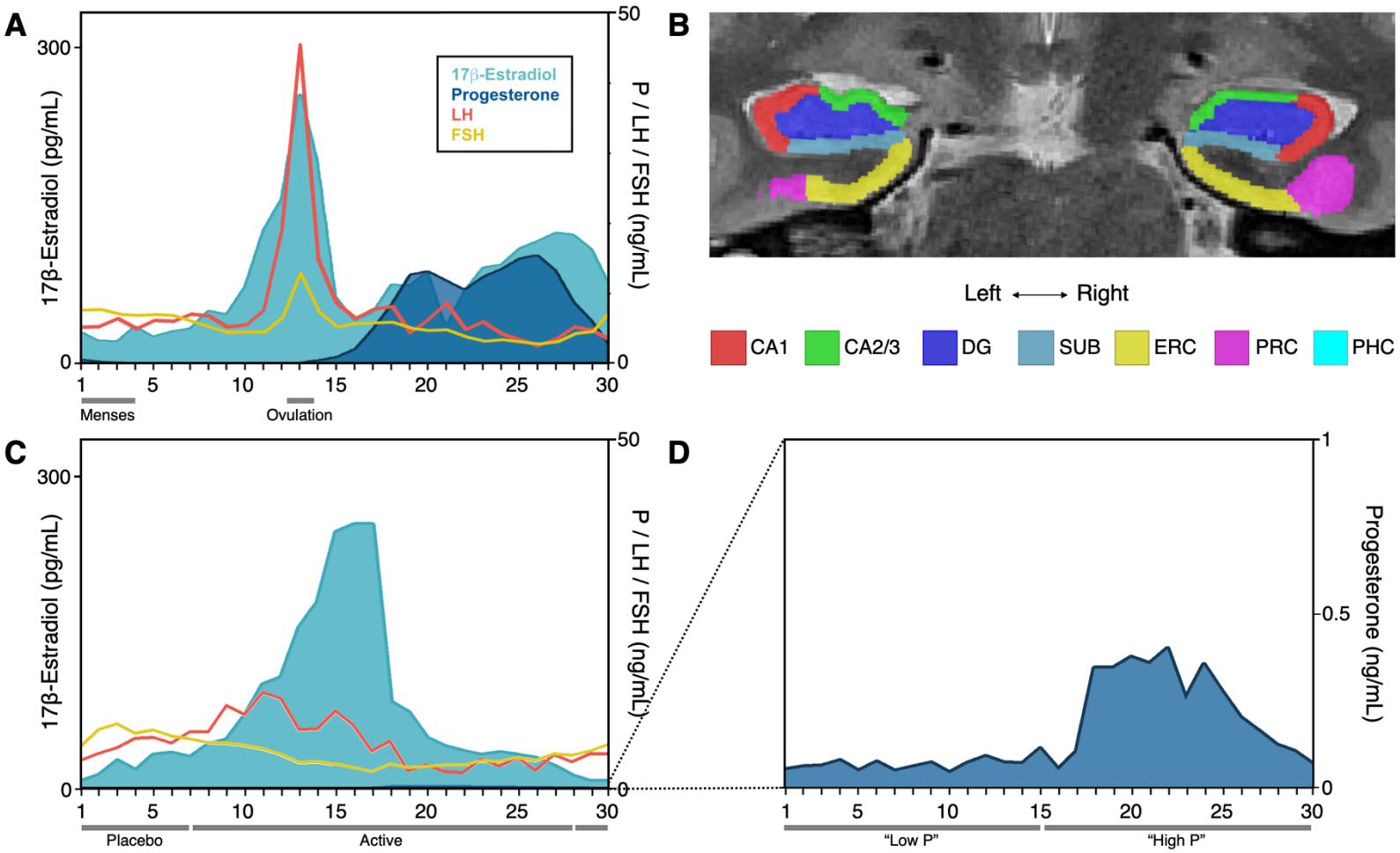
	CA1	CA2/3	DG	Sub	ERC	PRC	PHC
Average (SD)	675.4 (19.6)	178.7 (9.2)	716.7 (20.3)	428.1 (17.4)	781.6 (17.6)	1349.7 (104.1)	2618.4 (75.2)
Min	645.8	154.4	685.6	392.9	732.6	1201.5	2400.5
Max	734.3	192.3	764.5	463.7	816.8	1598.8	2764.3
Range (% of Max Volume)	88.5 (12.1)	37.8 (19.7)	78.9 (10.3)	70.8 (15.3)	84.2 (10.3)	397.3 (24.9)	363.8 (13.2)
Correlation with E *p*-value *(r)*	n.s.	0.04 (-0.38)	n.s.	n.s.	n.s.	n.s.	n.s.
Correlation with P *p*-value *(r)*	n.s.	n.s.	0.05 (-0.45)	n.s.	0.0074* (-0.49)	n.s.	n.s.

n.s. indicates $p > 0.05$
* indicates significance at Bonferroni corrected $p < 0.007$
† indicates significance at $p < 0.007$ with GMV included in linear model

Table 2. Direct comparisons of subregion volumes – Naturally cycling vs. Hormonally suppressed

	CA1	CA2+3	DG	Sub	ERC	PRC	PHC
Naturally Cycling							
Average	671.7	201.4	723.0	434.5	696.5	1354.6	2662.2
(SD)	(14.8)	(14.7)	(21.7)	(17.6)	(36.1)	(141.8)	(154.4)
Hormonally Suppressed							
Average	675.4	178.7	716.7	428.1	781.6	1349.7	2618.4
(SD)	(19.6)	(9.2)	(20.3)	(17.4)	(17.6)	(104.1)	(75.2)
***p*-value**	n.s.	< 0.0001	n.s.	n.s.	< 0.0001	n.s.	n.s.

p-values reported from two-sample *t*-tests
n.s. indicates $p > 0.05$



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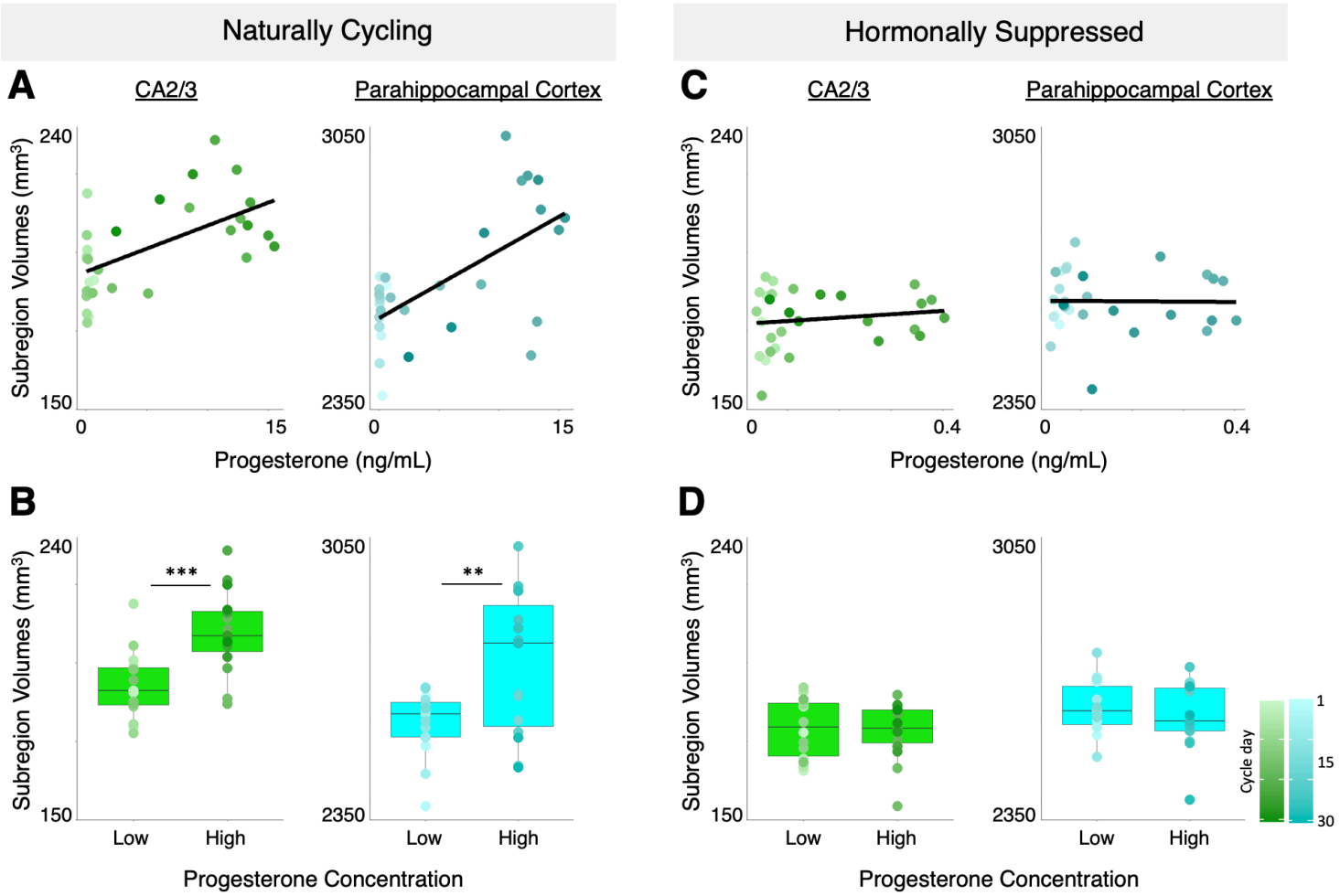

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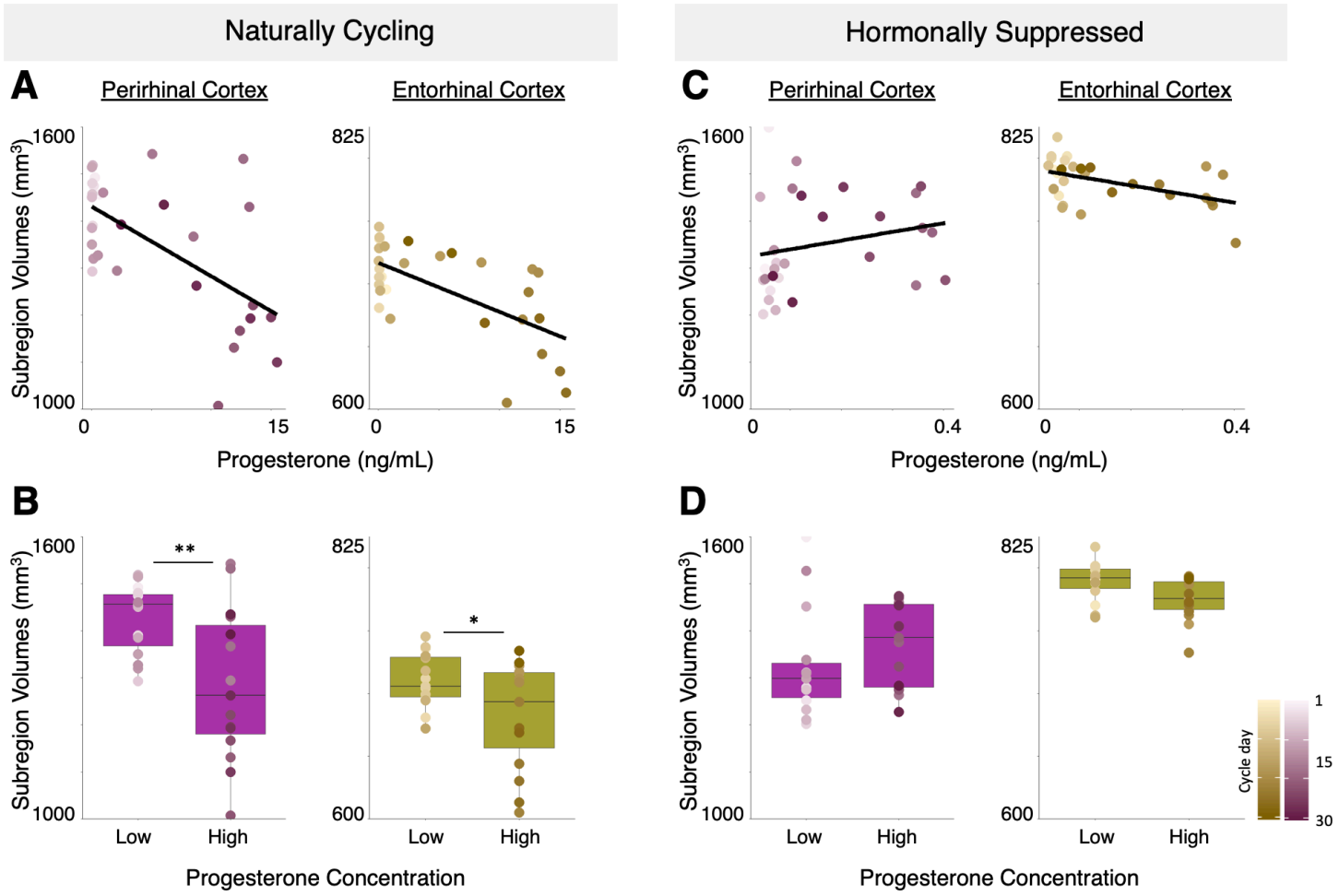

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Supplementary Information

Progesterone shapes medial temporal lobe volume across the human menstrual cycle

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Table S1. Gonadal and pituitary hormones by menstrual cycle phase and hormonal contraceptive phase

	Estradiol (pg/l)	Progesterone (ng/l)	LH (mIU/mL)	FSH (mIU/mL)
Follicular				
Mean (SD)	37.9 (15.9)	0.2 (0.2)	5.9 (0.7)	6.5 (1.2)
Standard range	12.5-166.0	0.1-0.9	2.4-12.6	3.5-12.5
Ovulatory				
Mean (SD)	185.3 (59.0)	0.2 (0.2)	21.7 (16.4)	8.1 (3.6)
Standard range	85.8-498.0	0.1-12.0	14.0-95.6	4.7-21.5
Luteal				
Mean (SD)	85.4 (26.4)	9.5 (4.8)	5.5 (2.0)	4.8 (1.3)
Standard range	43.8-210.0	1.8-23.9	1.0-11.4	1.7-7.7
Placebo				
Mean (SD)	21.3 (10.3)	0.06 (0.01)	6.1 (1.4)	7.6 (1.0)
Active				
Mean (SD)	79.9 (77.6)	0.18 (0.13)	6.3 (3.6)	4.2 (1.2)

Note: Standard reference ranges based on aggregate data from Labcorb (https://www. labcorp.com)

Table S2. Volumes (mm^3) and statistics of MTL subregions by hemisphere – Naturally cycling

	Total Hipp	CA1	CA2/3	DG	Sub	ERC	PRC	PHC
Left Hemisphere								
Average (SD)	2805.6 (42.2)	646.0 (18.3)	154.7 (16.3)	721.3 (34.0)	445.4 (22.3)	617.1 (33.1)	1632.1 (203.1)	2807.7 (176.5)
Min	2734.4	618.3	129.1	657.3	398.9	529.8	1164.6	2503.4
Max	2888.8	681.8	195.0	780.3	487.7	672.3	1905.8	3191.2
Range (% of Max Volume)	154.4 (5.3)	63.5 (9.3)	65.9 (33.8)	123.0 (15.8)	88.8 (18.2)	142.5 (21.2)	741.3 (38.9)	687.9 (21.6)
Correlation with E *p*-value *(r)*	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
Correlation with P *p*-value *(r)*	n.s.	0.0125 (0.45)	0.0202 (0.42)	0.0040† (0.51)	n.s.	0.0028*† (-0.53)	0.0002*† (-0.63)	0.0003*† (0.61)

	Total Hipp	CA1	CA2/3	DG	Sub	ERC	PRC	PHC
Right Hemisphere								
Average (SD)	3100.9 (54.6)	697.5 (22.3)	248.2 (22.9)	724.7 (24.3)	423.5 (22.7)	775.9 (46.4)	1077.2 (103.8)	2516.7 (147.8)
Min	2952.0	631.4	201.7	648.5	375.4	644.2	850.2	2265.0
Max	3202.8	741.9	310.1	780.3	463.3	836.5	1223.8	2862.9
Range (% of Max Volume)	250.9 (7.8)	110.5 (14.9)	108.3 (34.9)	131.8 (16.9)	87.9 (19.0)	192.3 (23.0)	373.5 (30.5)	597.8 (20.9)
Correlation with E *p*-value *(r)*	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
Correlation with P *p*-value *(r)*	n.s.	0.0248 (-0.41)	0.0125 (0.45)	n.s.	n.s.	0.0003*† (-0.61)	0.0166 (-0.43)	0.0005*† (0.60)

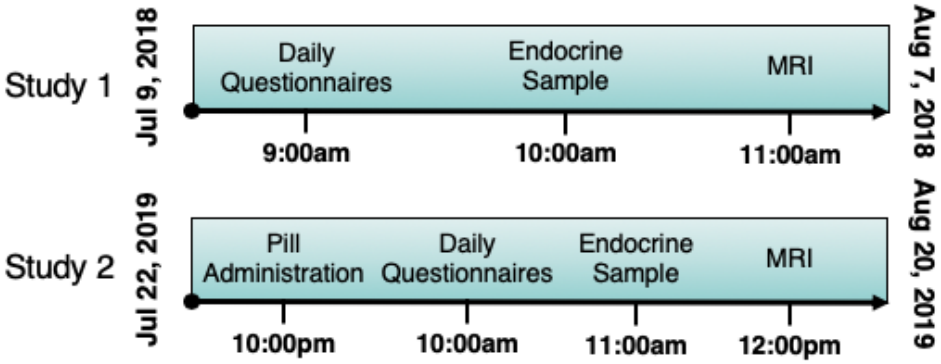
n.s. indicates $p > 0.05$
* indicates significance at Bonferroni corrected $p < 0.0036$
† indicates significance at $p < 0.05$ with GMV included in linear model

Table S3. Volumes (mm^3) and statistics of MTL subregions by hemisphere – Hormonally suppressed

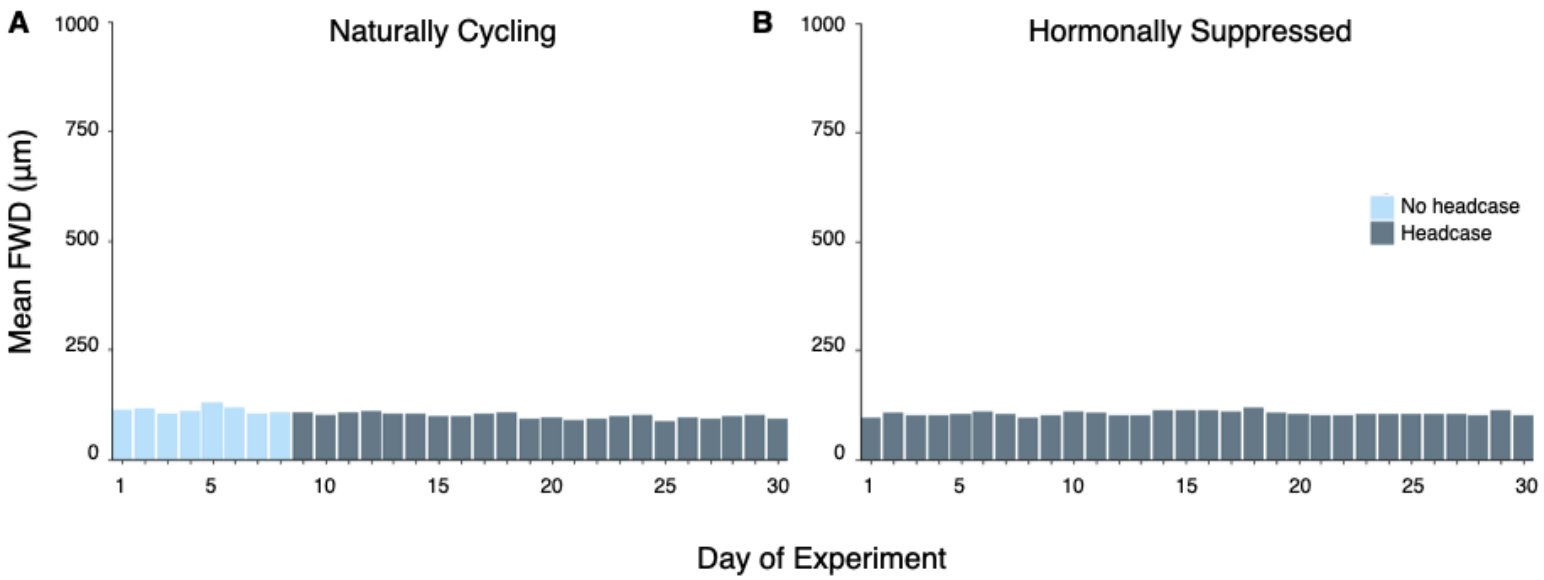
	CA1	CA2/3	DG	Sub	ERC	PRC	PHC
Left Hemisphere							
Average (SD)	627.9 (15.7)	133.9 (11.0)	705.4 (27.9)	433.0 (22.0)	688.0 (18.4)	1648.2 (166.8)	2746.9 (109.5)
Min	595.7	118.1	666.5	397.0	650.0	1381.2	2496.0
Max	658.9	164.2	774.8	484.6	727.5	2086.5	2920.5
Range (% of Max Volume)	63.2 (9.6)	46.1 (28.1)	108.3 (14.0)	87.6 (18.1)	77.5 (10.7)	705.3 (33.8)	424.5 (14.5)
Correlation with E *p*-value *(r)*	n.s.	n.s.	n.s.	n.s.	0.0257 (-0.41)	0.0140 (0.45)	n.s.
Correlation with P *p*-value *(r)*	n.s.	n.s.	n.s.	n.s.	0.0107 (-0.47)	n.s.	n.s.

	CA1	CA2/3	DG	Sub	ERC	PRC	PHC
Right Hemisphere							
Average (SD)	722.9 (31.1)	223.6 (15.8)	728.0 (30.2)	423.3 (22.7)	986.2 (26.9)	1051.1 (111.0)	2489.8 (102.7)
Min	688.2	181.0	683.9	388.8	793.5	952.5	2305.0
Max	829.8	254.5	803.5	505.1	922.5	1487.7	2637.6
Range (% of Max Volume)	141.6 (17.1)	73.5 (28.9)	119.6 (14.9)	116.3 (23.0)	129.1 (14.0)	535.3 (36.0)	332.6 (12.6)
Correlation with E *p*-value *(r)*	n.s.	0.0474 (-0.37)	n.s.	n.s.	n.s.	n.s.	n.s.
Correlation with P *p*-value *(r)*	n.s.	n.s.	0.0035* (-0.52)	n.s.	n.s.	n.s.	n.s.

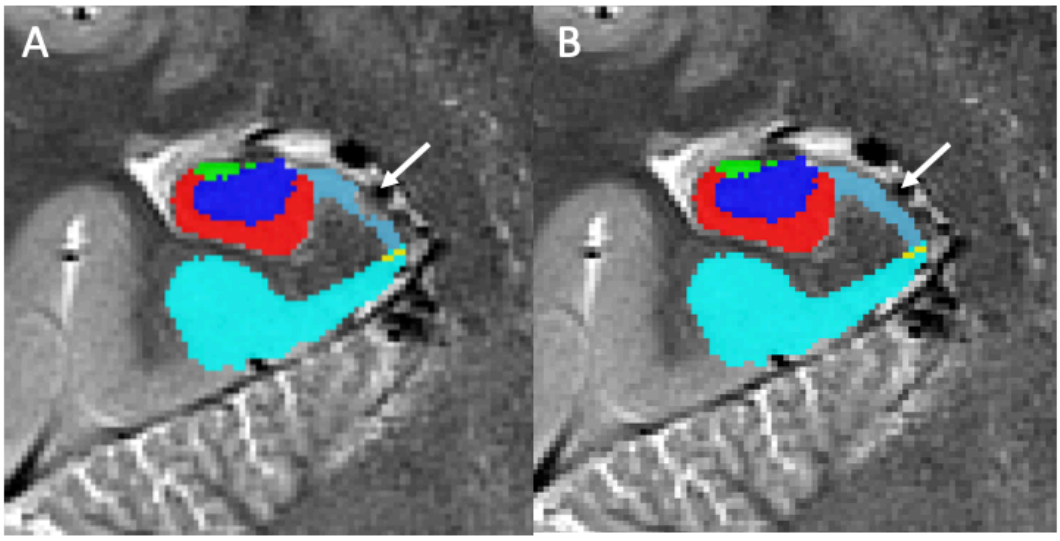
Note: Cycle Day 13 volumes were considered outliers and not included in summary statistics or analyses
n.s. indicates $p > 0.05$
* indicates significance at Bonferroni corrected $p < 0.0036$



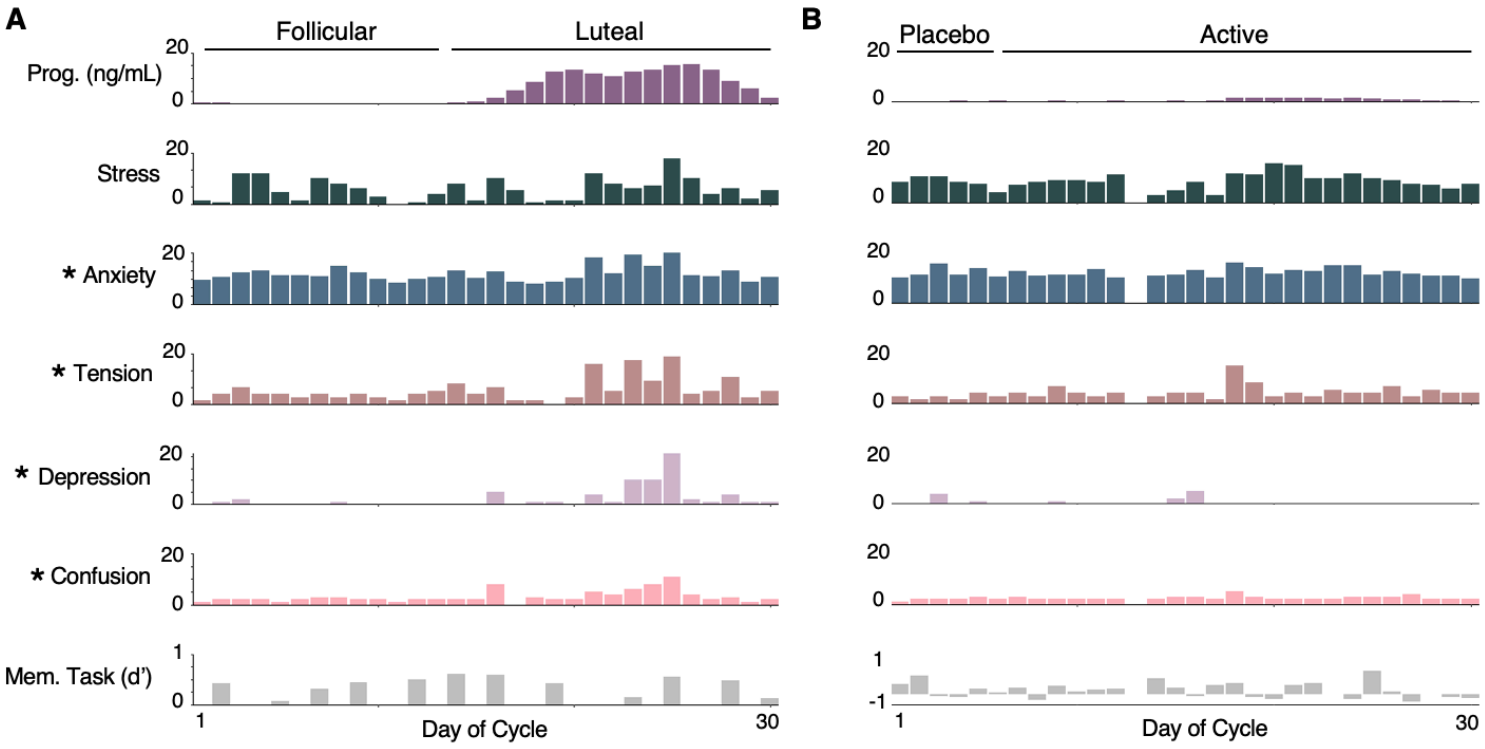
Supplementary Figure 1. Timeline of data collection for all 60 experimental sessions. Within each study, endocrine and MRI assessments were collected at the same time each day to minimize time-of-day effects. Note that between studies, scan start time was offset by ≤60 minutes due to scheduling constraints. Data collection procedures were identical across the 60 sessions.



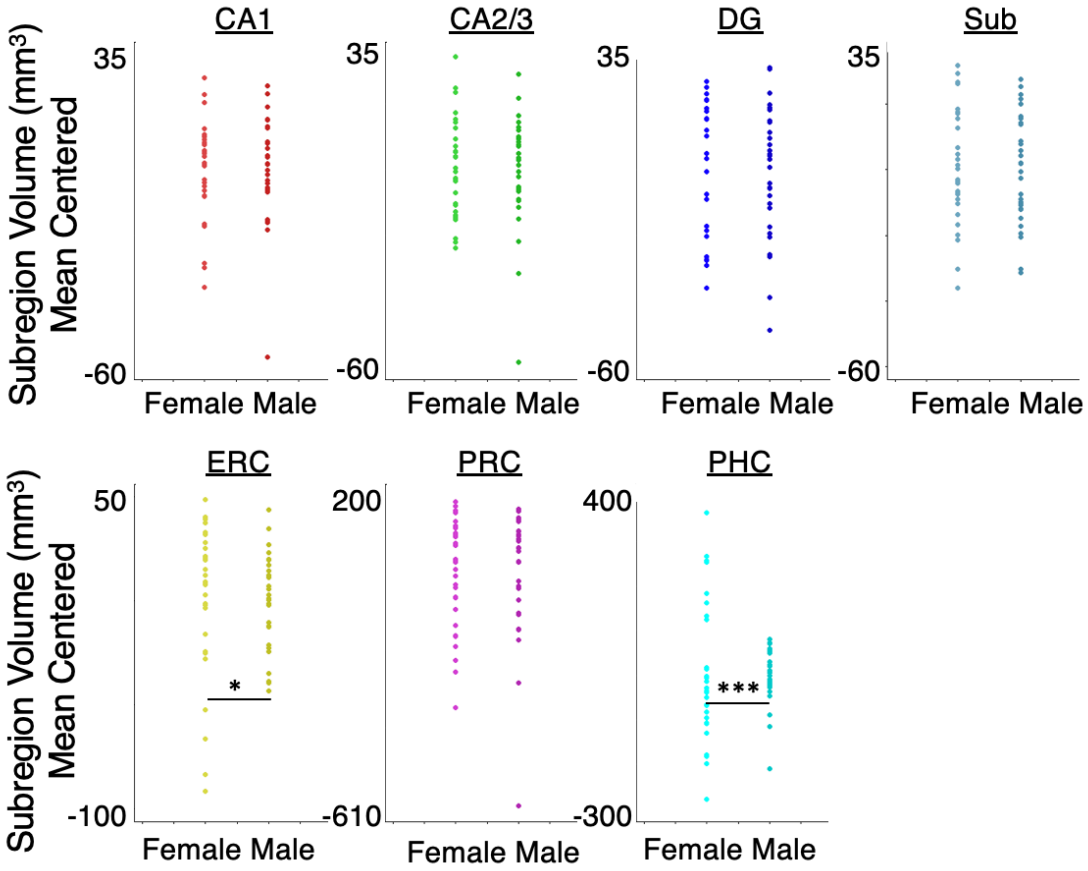
Supplementary Figure 2. Head motion across the two 30 day experiments. Data reflect motion parameters from a functional scan acquired prior to the hippocampal T2 scan. A. During the natural cycle study, motion on days 1–8 was limited using ample head and neck padding. On days 9–30 motion was limited using a molded headcase custom fit to the participant's head. B. Motion parameters (framewise displacement, FWD) during the hormone suppression study. In both studies, movement parameters did not exceed 150 microns.



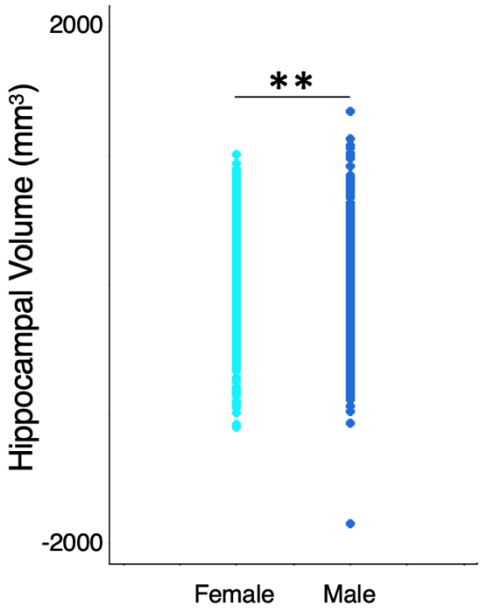
Supplementary Figure 3. Manual retouching of missing voxels. A. Example of original ASHS segmentation with missing/unlabeled voxels within the subiculum. **B.** Segmentation of subiculum after manual retouching.



Supplementary Figure 4. Relationships between progesterone and mood/cognition. Barplots display daily progesterone and behavioral assessments across both dense-sampling studies. **A.** Progesterone fluctuations over the cycle were correlated with measures of anxiety (r=.36, p = .05) , tension (r = .45, p = .013), depression (r =.55, p=.001), and confusion (r = .52, p = .003). **B.** Hormone-mood associations were not observed within the hormone suppression study, however daily depression scores were marginally lower during chronic hormone suppression compared to freely cycling (p = .044) while self-reported stress scores were higher (p = .008).



Supplementary Figure 5. Visual comparison of female and male mean-centered MTL subregion volumes. Data derived from a dense-sampling study in a male exhibits similar *intra*-subject variability in MTL volume compared to our densely-sampled female. For 5 of the 7 subregions variance was highly similar. Greater variance in female subregion volume was observed in two regions, ERC and PHC. *$p < .05$, ***$p < .001$



Supplementary Figure 6. Visual comparison of female and male mean-centered hippocampal volumes. Cross-sectional data from a large population cohort (n=1113; Human Connectome Project Young Adult, S1200 Data Release) show that *inter*-subject variability in hippocampal volume is greater for males. $^{**}p < .01$

Background

In 2011, Beery and Zucker (1) established the striking sex bias in biomedical research. Across most biomedical scientific disciplines, neuroscience chief among them, females are disproportionately excluded from preclinical research. One foundational argument for this exclusion is that the estrous cycle renders females too variable to include in research. This assumption failed empirical testing. Prendergast et al. (2) issued a report in mice showing that across 9,932 trait measurements taken from 293 independent articles, unstaged females were no more variable than males in any trait, and males showed higher overall trait variability.

Though males and females are largely recruited in equal numbers in human brain imaging studies, the assumption of greater variability in females is still being used as justification for excluding females from certain investigations. To address this point head-on, we capitalized on existing data from two sources: a dense-sampling study in a male for which high resolution MTL imaging was available over a similar time-course (n = 30 days); and a large-scale dataset assessing total hippocampal volume in men and women.

Data from the densely-sampled male were used to determine the magnitude of total *intra*-subject variability in MTL volume in the male relative to our densely-sampled female. Data from the population-based study were used to assess *inter*-subject variability by sex. Comparisons of variance confirmed few differences in overall intra-subject variability between sexes and greater inter-subject variability in males. Details of the companion datasets and supplemental analyses are provided below.

Determining Intra-Subject Variability by Sex

To determine whether variability in MTL subregion volume across the menstrual cycle reflected intra-subject variability unique to females, we compared the variability of MTL subregion volumes reported here to that of a densely-sampled male.

Male "Day2Day" Dataset

Data from a male subject were acquired through the publicly available Day2Day dataset (3). For this dataset, eight participants (2 male, mean age 29 years, SD = 2.58, range 24–32) underwent MRI scanning on multiple (40-50) occasions over the course of 6-8 months. For this analysis, data from study subject 07 (male) was selected, since the participant had been scanned at least 30 times (n = 43 scans). In order to match the session size with the female data reported in the main text, data from the first 30 scans were used.

MRI Acquisition

Scanning parameters are described in (3), and were similar to those reported here.

Hippocampal Segmentation

T_1- and T_2-weighted scans were submitted to the automatic segmentation of hippocampal subfields package (ASHS) as described in the main text. T_2 scans and segmentations were visually examined using ITK-SNAP for quality assurance. No manual editing was conducted on the male segmentation data.

Statistical Analysis

All analyses were conducted in R (version 3.4.4). To compare MTL subregion variance between our female and male data, we conducted F-tests on volumes within each MTL subregion. There was no significant difference in variance observed in CA1 ($F_{(1,29)} = 0.853$, $p = .67$), CA2/3 ($F_{(1,29)} = 0.773$, $p = .49$), DG ($F_{(1,29)} = 1.17$, $p = .67$), Sub ($F_{(1,29)} = 1.15$, $p = .72$), or PRC ($F_{(1,29)} = 0.786$, $p = .52$). There were significant differences observed in ERC ($F_{(1,29)} = 2.63$, $p = .01$) and PHC

($F_{(1,29)} = 6.77$, $p < .001$), with greater variance in volume in the female participant. For visualization of these comparisons, subregion volumes were mean-centered and plotted in R. (**Fig. S5**).

Determining Inter-Subject Variability by Sex

To determine whether variability in hippocampal volume differs significantly between males and females, we compared variance in total hippocampal volume using a large, population-based sample.

Human Connectome Project Data

Data were acquired through the publicly available Human Connectome Project (4) Young Adult dataset (S1200 Data Release, n = 508 males, 606 females with imaging data; aged 22–35). For this analysis, preprocessed structural data were used (5), specifically whole hippocampal volumes (6).

Statistical Analysis

All analyses were conducted in R (version 3.4.4). An F-test was performed to compare variance in hippocampal volumes (average of left and right) between males and females. Males exhibited greater inter-subject variability in hippocampal volume ($F_{(1,605)} = 0.774$, $p = .003$). For visualization of this comparison, hippocampal volumes were mean-centered and plotted in R. (**Fig. S6**).

Conclusions

In summary, overall intrasubject variability in MTL subregion volume is largely similar between sexes. Further, data derived from a large population cohort (n = 1113) indicate that intersubject variability in hippocampal volume may be larger in males than females. Together, these findings

indicate that fluctuations in progesterone shape MTL volume over time, however this variability is on par with, or less than, the variability observed in males.

References

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