Low-invasive, wide-field, and cellular resolution two-photon imaging

of neural population activity in brainstem and nucleus tractus solitarii

Authors:

Masakazu Agetsuma[1,2,3,]*, Azumi Hatakeyama[3], Daisuke Yamada[3,4,]*, Hiroshi Kuniishi[5],

Eri Takeuchi[4], Shinji Tsuji[1], Chihiro Ito[2], Tomoko Kobayashi[1], Atsushi Noritake[6],

Yoshitsugu Aoki[4], Hiroshi Yukawa[2], Akiyoshi Saitoh[3], Junichi Nabekura[1], Masayuki

Sekiguchi[3,4,]*

Affiliations:

[1]Division of Homeostatic Development, National Institute for Physiological Sciences, 38
Nishigohnaka Myodaiji-cho, Okazaki, Aichi, 444-8585, Japan

[2] Quantum Regenerative and Biomedical Engineering Team, Institute for Quantum Life
Science, National Institutes for Quantum Science and Technology (QST), Anagawa 4-9-
1, Chiba Inage-ku, Chiba 263-8555, Japan

[3] Laboratory of Pharmacology, Faculty of Pharmaceutical Sciences, Tokyo University of
Science, 2641 Yamazaki, Noda, Chiba 278-8510, Japan

[4]Department of Molecular Therapy, National Institute of Neuroscience, National Center
of Neurology and Psychiatry, 4-1-1 Ogawahigashi, Kodaira, Tokyo 187-8502, Japan.

[5]Division of Development of Mental Functions, Research Center for Child Mental
Development, University of Fukui, 23-3, Matsuokashimoaizuki, Eiheiji-cho, Yoshida-
gun, Fukui 910-1193, Japan

[6]Division of Behavioral Development, Department of System Neuroscience, National
Institute for Physiological Sciences, 38 Nishigohnaka Myodaiji-cho, Okazaki, Aichi,
444-8585, Japan
26
27   *Corresponding author. Email: age@nips.ac.jp, yamadada@rs.tus.ac.jp, and
28   sekiguch@ncnp.go.jp
29

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Summary: Brain-viscera communication is thought to play a crucial role in regulating mental health, with the vagus nerve being a key structure mediating this interaction. Clinically, artificial vagus nerve stimulation (VNS) is used to treat various neuropsychiatric disorders, highlighting the importance of vagal afferent fibers in regulating emotion. The nucleus tractus solitarii (NTS) is a brainstem structure proposed to receive direct signals from vagal afferents and relay them to the brain emotional regulatory networks. Direct evidence for this network is limited, however, due to the anatomic complexity and difficulty accessing the deep-brain NTS region in living animals. Here, to investigate this further, we developed a wide-field and deep-brain two-photon imaging method using a prism-based optical interface enabling the identification of cellular-resolution neural activities of the NTS while keeping the cerebellum, which covers the NTS, intact. This method allowed us to evaluate how NTS neurons respond to VNS and the gastrointestinal hormone cholecystokinin-8, suggesting its usefulness for investigating the role of the vagus-NTS pathway in regulating emotion.

Introduction

Regulating emotion through brain-viscera communication has received significant attention and abnormal communication is linked to neuropsychiatric disorders[1,2]. Brain-viscera communication occurs via neuronal and humoral mechanisms[3-6]. Neuronal pathways primarily involve the vagus nerve (10th cranial nerve), which comprises preganglionic efferent and afferent fibers. Preganglionic efferent fibers of the vagus nerve originate in the dorsal motor nucleus of the vagus nerve (10N, also known as DMNV or DMV) and the nucleus ambiguus in the brainstem. These fibers project to ganglia near their target organs and account for ~27% of vagal nerve fibers in the subdiaphragmatic trunk in rats[6]. Afferent fibers originating in the nodose ganglion in the cervical cord, comprising the remaining 73%, receive information from various internal organs and are proposed to relay it to the nucleus tractus solitarii (NTS)[6]. Efferent fibers regulate internal organ activity while afferent fibers relay organ condition information to the brain.

Artificial vagus nerve stimulation (VNS) is clinically applied for the treatment of various neurologic and psychiatric disorders[7,8]. Initially reported in the 19th century, the FDA approved VNS for treating drug-resistant seizures in 1997 and depression in 2005[9,10]. Currently, various neuropsychiatric and related disorders are considered potentially

treatable with VNS[11]. For safe and effective VNS, the parameter settings must be

carefully optimized[12,13]. Research using rodent models is crucial for this optimization by

elucidating the mechanisms underlying VNS and its therapeutic effects. Previous studies

in rodents demonstrated that VNS effectively suppresses seizures[14,15], mitigates cerebral

ischemia[16], and treats chronic pain[17]. Furthermore, VNS significantly reduces depressive

symptoms[18,19] and aids in the extinction of associative fear memory[20]. These findings

suggest that the insights gained from animal models are critical to advancing VNS-based

clinical treatments and understanding the mechanisms of emotion regulation through the

vagus nerve.

VNS is performed through an electrode targeting primarily afferent fibers of the left

vagus nerve in the neck[21], with settings adjusted to minimize the activation of efferent

fibers[22,23]. Although further research is required to confirm the direct connection, it is

proposed that vagal afferent fibers project directly to neurons in the NTS[24]. Glutamate is

believed to be the principal neurotransmitter released from vagal afferent terminals to the

NTS, playing a key role in modulating respiration, cardiovascular reflexes, and

gastrointestinal dynamics[25-30]. These findings suggest that the primary function of vagal

nerve afferents is to activate NTS neurons. The NTS projects to various brain regions

involved in emotion regulation, such as the amygdala, lateral hypothalamic area, bed

nucleus of the stria terminalis, and periaqueductal gray[6,31]. In addition, VNS is

hypothesized to regulate the activity of specific neuronal networks via the NTS[8] by (i)

activating the thalamus and thalamocortical pathway, (ii) suppressing the amygdala and

hippocampus, and (iii) increasing the release of noradrenaline and serotonin in

widespread cerebral regions. Lesions of the locus coeruleus (LC), the primary origin of

noradrenergic projections, suppress the anti-epileptic effects of VNS[14], indicating that

these effects are mediated at least in part by the LC. Activity mapping using c-fos in rats

reveals an increase in positive signals in the amygdala, cingulate, LC, and hypothalamus

in response to VNS[32]. In humans, functional neuroimaging studies suggest that VNS

causes long-term activity changes in the thalamus, cerebellum, orbitofrontal cortex,

limbic system, hypothalamus, and medulla[33,34]. Together, these reports indicate that the

vagus-NTS pathway is likely a critical gateway for VNS-based clinical treatments and

for regulating emotions through brain-viscera communication.

The actual role of the NTS and the mechanisms underlying the therapeutic effects of

VNS, however, remain unclear. It is also unclear how information from the various organs

relayed to the NTS is processed and whether the information is segregated or integrated

at the NTS to regulate emotion. Addressing these questions has been challenging,

however, because the NTS is located deep in the brain and is surrounded by regions

critically involved in vital functions, making direct observation difficult. Although

removing the cerebellum to expose the brainstem and allow for observations of a wide

area of the brainstem, including the NTS, would enable more detailed studies of the

information sent from the various organs involved in the digestive system[35], the

cerebellum is also an essential brain structure for emotional regulation[36]. Therefore, the

development of a novel technique for obtaining in vivo recordings of brainstem neurons

that does not require removal of the cerebellum is in high demand. A technique to

optically access the brainstem and NTS in the deep brain area while keeping the

cerebellum intact would expand the possibilities for neural activity imaging and

optogenetic neural activity manipulation, thereby profoundly advancing our

understanding of the function of the NTS and its contribution to emotional regulation.

This aim motivated us to develop an in vivo two-photon imaging technique using a

prism-based optical interface (Double-Prism based brainStem imaging under Cerebellar

Architecture and Neural circuits, 'D-PSCAN'). The D-PSCAN method enables the

observation of neural population activity with single-cell resolution in the brainstem and

NTS situated deeply beneath the cerebellum while keeping the cerebellum and

surrounding neural connections intact. We demonstrated the capability of this method to

distinguish NTS activity from that of descending vagus neurons whose cell bodies lie

ventrally to the NTS. The recorded neural activity data were used to evaluate the

physiological characteristics of NTS neurons, i.e., their responsiveness to VNS. We also

demonstrated the application of this imaging technique for detecting responsiveness to

cholecystokinin-8 (CCK), a more physiologic stimulus than VNS. Our findings suggest

the applicability of this method for future research on emotional regulation through the

vagus-NTS pathway.

Results:

Double microprism for optical access to the brainstem area deep below the cerebellum

We developed a novel *in vivo* two-photon calcium imaging method for observing the

deep brain area in mice that enables neural population activity recordings in the brainstem

and NTS. Using a genetically encoded Ca^{2+} indicator, GCaMP, expressed by an adeno-

associated virus (AAV), we aimed to detect neural activities in the NTS (Figure 1A–B)

to observe the responsiveness of NTS neurons to various stimuli. Viruses encoding

GCaMP were injected into the NTS at approximately postnatal day (P) 50–60 for in vivo

imaging experiments, at least 1 month before the microprism implantation described

below. Although primarily targeted at the NTS, viruses often spread to adjacent areas,

beneficially inducing additional expression in surrounding regions and allowing us to

visualize wide areas of the brainstem.

The brainstem is located deeply below (2.0–2.5 mm) the dorsal surface of the

cerebellum. One potential problem in observing neural activities in the brainstem is that

even when the mouse head is fixed under the objective lens for two-photon imaging by

tightly attaching the head plate to the skull, the brainstem can still move somewhat

independently in response to the mouse's body movements[35]. Although standard skull

reference points (bregma and lambda) are typically referred to when targeting specific

brain areas, it is also crucial to visually capture the brain structure under observation in

each mouse. In a previous study, the cerebellum was removed to address these issues[35],

but the cerebellum is also involved in emotion control[36]; therefore, to accurately elucidate

the role of the vagus-NTS pathway in regulating emotion, it is essential to have a wide

field of view of the brainstem while keeping the cerebellum and neural connections intact.

To achieve this aim, we developed a technique to optically access the deep brainstem

area using a double prism (Figure 1C). We designed an implantable double microprism

assembly comprising a 2-mm right-angle glass microprism (TS N-BK7, 2 mm AL+MgF2,

Edmund) bonded to another 2-mm right-angle glass microprism and a 4×4 or 3×4 mm

cover glass window (No.1; Matsunami) at the surface-end position of the imaging

window. Dental cement was used to fix this assembly at the correct position for NTS

imaging. The cover glass enhanced adhesion to the dental cement, thereby securing the

position of the double microprism assembly and preventing dental cement from

obstructing its optical path. We implanted the assembly (simply termed 'double prism')

between the cerebellum and the brainstem using a custom-made vacuum-based

manipulator (Figure 1D and Figure S1A–B). To implant the double prism, the skull over

the dorsal surface of the cerebellum was carefully removed using a dental drill and fine

forceps (Figure S1C–D). A micro-knife was used to incise the thick dura mater between

the posterior edge of the cerebellum and the spinal cord. Removing the dura mater over

the cerebellum not only allows for smooth insertion of the prism but also adequately

relieves the pressure that might occur when the prism is inserted between the cerebellum

and brainstem.

Next, the newly developed vacuum-based prism holder was used to insert and implant

the double prism between the cerebellum and brainstem (Figure 1D–E, Figure S1B, E–

F). Sufficient space and no neural fibers remained between the cerebellum and brainstem

around the NTS area, enabling smooth insertion of the prism without cutting neural fibers.

Using a stereotaxic frame and vacuum-based prism holder attached to an equipped

manipulator, the prism can be precisely operated during the implantation while being

maintained in a horizontal position. The vacuum-based prism holder has a hook on one

side (Figure 1D and Figure S1A–B), which exerts a pushing force when sliding the sharp

corner of the double prism between the cerebellum and brainstem from the caudal side to

the rostral side (Figure 1D–E). After slowly inserting the double prism to approximately

1.6 mm deep, we waited a few minutes to ensure that breathing and other physical

conditions were not disturbed (Figure 1E). The double prism was slid further down at 0.1-

mm increments until reaching a maximum depth of 2.0 mm. Any physical reactions such

as disrupted breathing occurring during the insertion led us to promptly retract the prism.

Setting a stereomicroscope at an angle such that the brainstem can be visualized through

the double prism allows for clear observation of the arrangement of blood vessels in the

brainstem and fourth ventricle while inserting the prism.

After the double prism was fully inserted, UV craft resin was used to fix the double

prism and coat the surface of the targeted nerve structures (Figure S1F), followed by tight

fixation with dental cement. A resin coating was applied with the double prism remaining

in the holder and maintaining sufficient contact with the brainstem target area (including

the NTS) to prevent the resin from getting between them. After the UV resin had cured,

the holder was carefully released, and the double prism was firmly fixed to the

surrounding areas, including the remaining skull bone rostral to the cerebellum, using

dental cement. For further head fixation for two-photon imaging under the microscope

objective, the head plate was attached to the skull with dental cement (Figure 1F).

The double prism allows for optical access to the brainstem located on the ventral side

of the cerebellum, which exceeds 2.0 mm in thickness. Using the wide field of view and

horizontal coordinates, the position of the fourth ventricle serves as a key reference for

locating the NTS. Two-photon imaging through the double prism enabled us to detect

neural activities in the NTS at single-cell resolution, visualized by GCaMP (Figure 1G).

We named this method 'D-PSCAN'.

We confirmed the specificity of the method for detecting NTS neural activities. A

primary purpose for developing this imaging method was to investigate how information

from afferent vagus nerve inputs is processed in the NTS. On the other hand, the dorsal

motor nucleus (10N), where the cell bodies of the vagal efferent fibers originate, is located

just ventrally to the NTS[6], suggesting the importance of confirming specificity in the NTS

and distinguishing NTS neurons from 10N neurons. Importantly, the two-photon imaging

technique offers superior spatial resolution at depth. Based on this advantage, we

confirmed that the obtained signals originated from the brainstem surface area, i.e., the

NTS, rather than deeper regions such as 10N. To further test the specificity, we prepared

fixed brain slices after the in vivo imaging experiments and checked the expression of

GCaMP within the NTS. We used ChAT, an immunohistochemical marker, to identify

10N neurons[37] and distinguish NTS neurons histologically. Expression of GCaMP was

not observed in ChAT-positive cells within 10N (Figure 1B), indicating that NTS neuron

activities can be detected separately from efferent vagus neuron activities using this

method. We also checked for unanticipated retrograde labeling of the vagal afferent

terminals onto the NTS. Cell bodies of vagus neurons projecting to the NTS are located

in the nodose ganglion[6,38]. In mice that showed GCaMP expression in the NTS neurons,

we observed no GCaMP-expressing cell bodies in the nodose ganglion, i.e., vagus

sensory neurons (Figure S2). These findings demonstrated that, when imaging neural

activities around the NTS region using this method, we can distinguish activities of NTS

neurons from the signals of vagal afferent nerve terminals. Thus, the D-PSCAN method

enables us to specifically evaluate the activities of the NTS neurons separately from the

activities of vagal efferent neurons and vagal afferent fiber terminals.

<u>In vivo imaging of neural population activities at single-cell resolution in the brainstem</u>

<u>(NTS) of live mice</u>

Using the D-PSCAN method, we performed in vivo two-photon imaging and
recorded the neural population activities of the NTS and surrounding brainstem areas.
Spontaneous activities and stimulus-evoked responses of the brainstem neurons were
recorded by imaging GCaMP fluorescence changes ($\Delta F/F0$). Brain motion artifacts
interfered with imaging in awake mice but were minimized under anesthesia, enabling
stable detection of the neural activities at a single-cell resolution both inside and outside
of the NTS area (Figure 2, Figure S3 and Supplementary Movie 1, 2). Time-lapse imaging
at various depths was performed by adjusting the imaging focal plane using a piezo to
move up and down in depth (Figure 2A and Figure S3). Volumetric live imaging (2 mm
x 2 mm horizontally, or smaller for zooming, 200–480 μm dorsoventrally, at 0.4–1.0 Hz
temporal resolution) of neural activities in the wide brainstem area (including the NTS)
of the head-fixed mouse was performed through the implanted double prism. Importantly,
this wide field of view and piezo-based volumetric imaging allowed us to detect GCaMP
fluorescence and neural activities not only from inside but also from outside of the NTS
areas and to confirm the specificity of the stimulus-evoked responses in the NTS, as
explained below.

<u>Detection of single cell activities in the NTS as the direct efferent target of the vagus</u>
<u>nerve</u>

To demonstrate the usefulness of the D-PSCAN for investigating the physiologic
characteristics of the NTS neurons, we applied the method to observe the neural responses
to artificial electrical stimulation of the afferent vagus nerve under various conditions
(vagus nerve stimulation, or VNS). We tested whether NTS neurons respond to the stimuli
and further evaluated the diversity of their responsiveness. To perform VNS, the bipolar
platinum hook electrode that has been used in rodents[39] was employed (Figure 2B). The
platinum hook electrode was surgically wrapped around the left vagus nerve of the mouse
and secured so that the positive and negative poles did not stick together. To create an
anodal block for the efferent direction, the cathode and anode were located on the rostral
and caudal sides, respectively, of the vagus nerve. The mechanism of the anodal block is
proposed to selectively bias activation toward vagal afferent fibers[22,23,40-42]. We
selectively targeted the left vagus nerve as left VNS elicits a greater afferent

response[22,23,43]. To keep the electrode position stable during in vivo NTS imaging, we

used silicone adhesive (Kwik-Sil™) to firmly secure the electrodes, and conducted

imaging experiments after closing the surgical wound.

We imaged the in vivo neural activity in the brainstem as VNS was repeatedly applied.

The VNS parameters were established based on previous studies, and various conditions

(i.e., various current intensities and stimulus frequencies) within the ranges reported in

prior rodent and human studies[12,22,23,44] were used to investigate the neural response

properties. Figure 2C presents an example in which the stimulation intensity was set to

1.0 mA and the stimulation frequency was 10 Hz. A pulse width of 100 microseconds

(μs) was consistently selected across all experiments in the present study. At a stimulus

frequency of 10 Hz, stimulation (100-μs current) occurred 10 times per second. The term

"trial" is defined as each 10-sec VNS duration, while the term "session" is defined as a

series of VNS trials at each condition (e.g., 1.0 mA at 10 Hz, 0.5 mA at 10 Hz, 1.0 mA at

5 Hz, etc.). In each session, the inter-trial interval was set at 50 sec. In the example case

shown in Figure 2, 10-sec VNS was repeated multiple times within a session to assess the

neural responses to each VNS condition.

Taking advantage of the 2 mm x 2 mm large field of view provided by the double

prism, we conducted volumetric observations of a wide brainstem area, including the NTS,

and compared neural responses to VNS inside and outside of the NTS (Figure 2D). In an

example case (Figure 2D), we measured a total of 16 z-planes at each time point. We

stacked every 4 consecutive plane from top to bottom to create an average image for each

time point. This stacking was done with a two-plane overlap; for instance, the first stack

included the 1st to 4th z-planes, the second stack included the 3rd to 6th z-planes, and

subsequent stacks followed this pattern. As a result, we obtained 7 stacked planes in total

in this experiment, labeled Zp1 through Zp7, respectively. This procedure is

advantageous to enhance the signal to noise ratio in each movie, which is critical for

further automatic detection of the active neurons[45]. After automatic detection of the active

neurons, we checked the existence of overlapped detection of the regions of interest (ROIs,

i.e., active neurons) between adjacent Zps, and removed such overlaps by manual

inspection.

Temporal dynamics of neural activity were clearly observed within the field of view
at multiple depths (Figure 2D and Supplementary Movie 1). Here, we present the baseline
GCaMP signal level (median fluorescence intensity) at Zp1, Zp2, and Zp4. NTS neurons
exhibiting stimulus-evoked and/or spontaneous neural activity were automatically
identified, and representative neurons are shown in the graph. In the case of neurons
outside of the NTS, we observed no clear responses to VNS and detected only
spontaneous (stimulus-independent) activities (neurons #1 and #2 in Figure 2D). On the
other hand, we detected a large number of neurons responding to VNS in the NTS area
(neurons #3–#21).

Two-photon imaging utilizes a scanning-type observation system, enabling seamless
transition from wide-field to high-magnification imaging using a single objective lens.
Depending on the point spread function of the objective lens, this approach facilitates the
acquisition of images with enhanced spatial resolution compared with maximum wide-
field imaging. Using this mechanism, after confirming the position of the NTS in the wide
field of view, we narrowed down the imaging area to the NTS and observed the neural
activities at high magnification (Figure 2E and Supplementary Movie 2). We detected
individual neuron cell bodies more clearly through visual inspection at higher
magnifications compared with lower magnifications, confirming that most neurons
identified at lower magnification were indeed NTS neuron cell bodies, which exhibited
clear responses to VNS.

Note that there was variability in VNS responsiveness among neurons detected within
the NTS (Figure 2D and E), prompting us to further examine their characteristics more
thoroughly by varying the stimulus conditions.

Diverse neuronal responses to VNS in the NTS

In vivo brainstem imaging was performed during VNS administered at various
intensities and frequencies to explore how NTS neurons respond to different intensities
and frequencies. Additionally, we assessed the responsiveness of the NTS neurons to
repetitive stimulation across different intensities and frequencies.

First, we set the stimulus frequency at 10 Hz and varied the stimulus intensities
(Figure 3A–E and Figures S4A, S5). Most of the stimulus-responsive NTS neurons

exhibited enhanced responses to higher stimulus intensities. On the other hand, one

neuron detected outside of the NTS showed only a spontaneous activity change and no

clear response to VNS (neuron #2 in Figure 3 and Figures S4, S5). NTS neurons showed

minimal responses to VNS at 0.1 mA and 0.25 mA and there was no clear difference

between these intensities, while there was a substantial increase in the neural response at

0.5 mA. The difference between 0.5 mA and lower intensities suggests a possible

threshold between them for recorded NTS neurons. At 1.0 mA, the responses increased

further. We also calculated various parameters for evaluating the neural responses and

observed consistent tendencies (Figure 3E).

We next evaluated the effect of repetitive stimulation on the neural responses at

various stimulus intensities (Figure 3C–D and Figure S4A). At 0.1 mA and 0.25 mA, we

did not observe a change in the responses to repeated stimulation at each stimulus

intensity. On the other hand, at higher intensities of 0.5 mA and 1.0 mA, with repeated

stimulations at 50-s intervals, some neurons exhibited gradually enhanced responses

during the session.

Next, using the same recorded neurons, we set the stimulus intensity at 1.0 mA and

varied the stimulus frequencies (Figure 3F–H and Figure S4B). The neuronal responses

to VNS increased gradually as the stimulus frequency was increased from 1 Hz to 10 Hz,

similar to when the stimulus intensity was increased. Interestingly, increasing the

frequency to 15 Hz resulted in a reduction in the neural response compared with that at

10 Hz. We also investigated the effects of repetitive stimulation during each session at

various frequencies. At 1 Hz, 2.5 Hz, and 5 Hz, we did not observe clear changes in

response to repeated stimulation during each session. At 10 Hz, however, most of the

NTS neurons showed a gradually increased response. Notably, at a higher frequency of

15 Hz, despite similar initial responses to those at 10 Hz, neurons exhibited decreased

responses to subsequent stimuli during the session.

These results indicate that repeated stimulation may uniquely affect synaptic

interactions and signal transmission between the vagus afferent nerve and NTS neurons.

While we consider the physiological mechanisms behind the observed acceleration and

deceleration below in the discussion section, our findings also suggest that the frequency-

dependent increase and decrease in responses to VNS are not merely artifacts caused by

the slow off-kinetics of GCaMP. Changes in neural activities and associated calcium

concentrations occur more rapidly than the signal changes detected by calcium indicators

like GCaMP. This discrepancy can theoretically lead to an artificial amplification of

baseline signals during repetitive stimuli, which may account for the increase in

fluorescent signals at 10Hz. Our imaging system, however, reliably detected an opposing

decrease in the GCaMP signal in response to repetitive stimulation at 15 Hz, despite

similar initial response levels to those observed at 10 Hz. Thus, the enhanced responses

at 10Hz are also likely to reflect the actual responses of the neurons, rather than being

artifacts.

Together, these findings indicate that the D-PSCAN method effectively detects

various types of neurons in the NTS under different stimulus conditions. This method

demonstrated that specific VNS conditions can directly and effectively modulate NTS

neuron activities, potentially influencing whole-brain neural networks involved in the

regulation of emotion.

<u>Chemical stimulation triggered both immediate and long-lasting responses in NTS</u>

<u>neurons</u>

Up to this point, we examined the response of NTS neurons to artificial electrical

stimulation of the vagus afferent nerve. Emotional responses are also governed by more

physiologic stimuli and conditions. To assess the suitability of the D-PSCAN method for

capturing responses under physiological conditions, we measured the activity of NTS

neurons following intravenous administration of CCK (Figure 4A). CCK is a hormone

released from the gastrointestinal tract before and after meals that directly influences the

afferent fibers of the vagus nerve and is proposed to transmit signals to various brain

regions, such as a feeding center[46], via the NTS. Also, to assess whether the intravenous

administration process itself affects neural activity, we monitored responses during saline

administration as a negative control. The timing of the intravenous administration was

determined by including SR101 in the injected solution and observing the signal detected

in the blood vessels surrounding the NTS using in vivo two-photon microscopy

(Supplementary Movie 3).

With this method, we first demonstrated that saline administration did not induce a

clear change in neural activity (Figure 4B–C and Supplementary Movie 4). In contrast,

CCK administration induced a change in NTS neuron activities (Figure 4B–C and

Supplementary Movie 5); upon administering CCK, we immediately observed clear and

significant signal changes in NTS neurons (Figure 4B–E). Additionally, more than 5

minutes after CCK administration, we observed a higher frequency of spontaneous

activity compared with before CCK administration or after saline administration (Figure

4C and Figure S6). These results demonstrate that the D-PSCAN method is applicable to

the detection of changes in NTS neuron activity induced under physiological conditions.

Discussion:

In the present study, to understand how the information processing mechanisms of

brain-viscera pathways mediated by the NTS regulate emotions, we developed a new

imaging technique named D-PSCAN based on in vivo two-photon imaging and double

prism-based optical access. This method enables wide-field observation of deep-brain

areas in the brainstem, including the NTS, while keeping the cerebellum, an important

region for emotional regulation, intact. We confirmed that the D-PSCAN method allows

for specific identification of NTS neurons, distinguishing them from surrounding regions

based on horizontal coordinates in its wide field of view. Additionally, based on the

advantages of two-photon imaging, we confirmed that the obtained signals originated

from the surface brainstem area, i.e., the NTS, rather than deeper regions such as 10N.

As we observed no GCaMP expression in 10N, it appears unlikely that vagal afferent

terminals were labeled by GCaMP, ensuring almost no or undetectable contamination of

their signal in the observed NTS areas. These findings together indicate that our method

provides specific identification of NTS activities and assesses their responsiveness to

VNS and CCK.

Using this method, we observed the responses of mouse NTS neurons to VNS, a

technique clinically employed to treat neuropsychiatric disorders in humans. We

confirmed that responses to electrical stimulation depended on the intensity and

frequency, observed a threshold-like effect, and found that repeated excessive stimulation

could reduce the responses. In addition to responses to artificial stimuli like VNS, we

detected significant immediate responses and smaller but sustained activities following

physiological stimuli such as CCK. These results demonstrate the usefulness of the D-

PSCAN method for investigating how the NTS neurons process information from visceral

organs for emotional regulation.

Recent studies have advanced our understanding of the complex mechanisms by
which the NTS processes various types of visceral information[24,35,38,47,48]. How these
mechanisms underlie the therapeutic effects of VNS and regulate emotion, however,
remains unclear. Our imaging technique, which allows for detailed observation of NTS
neuron activities while maintaining the integrity of cerebellar circuits crucial for
emotional regulation, is expected to be instrumental in deepening our knowledge of these
complex mechanisms.

Repeated VNS induced both enhanced and diminished NTS responses, depending on
the stimulus conditions. As discussed above, the observed NTS responses are unlikely to
be artifacts caused by the calcium indicator (GCaMP). These results indicate that repeated
stimulation may uniquely affect synaptic interactions and signal transmission between
the vagus afferent nerve and NTS neurons. Inhibitory interneurons in the NTS are also
involved in information processing during mechanical stimulation of digestive organs[35],
suggesting the possible contribution of such complex circuitries within the NTS for
adjusting the VNS signal. While an anodal block is likely to enhance specificity in
targeting vagal afferent fibers, VNS might also weakly stimulate efferent fibers, which in
turn might stimulate visceral organs and further activate the vagal afferent fibers. This
may also influence the rates of the neuron responses. Overall, as optimizing VNS
parameters for human patients is critical[13,49,50], our NTS imaging method in mice could
help reveal the underlying mechanisms of VNS, leading to more effective and
personalized therapy settings.

CCK may induce prolonged activation of the vagus afferent nerve[51,52]. The observed
spontaneous fluctuations in the GCaMP signal lasting for more than 5 minutes suggested
that CCK administration first induced prolonged activation of the vagus nerve, which
then indirectly activated the NTS. This finding demonstrates that the D-PSCAN method
has significant potential to detect changes in NTS neuron activity under physiological
conditions.

Overall, our development of the wide-field and deep-brain two-photon imaging
method utilizing a prism-based optical interface marks a significant advancement in the
ability to study the NTS in vivo while maintaining an intact cerebellum. Future
applications of this imaging system, particularly in awake animals, will be crucial for
understanding the dynamic interactions within the NTS and its role in neuropsychiatric
disorders. By enabling detailed observation of NTS activities, this method offers a

powerful tool for advancing our understanding of the vagus nerve's impact on brain
function and emotional health, potentially leading to improved clinical interventions for
neuropsychiatric conditions.
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468

Author Contributions
M.A., D.Y. and M.S. conceived and coordinated the whole project. M.A. designed and
developed a method for double-prism-based *in vivo* two photon imaging with the support
of T.K. and J.N.; M.A., D.Y., H.K., E.T. and M.S. performed imaging experiments during
the VNS and CCK-administration; M.A., A.H., D.Y., and S.T. performed data analyses
with the support of C.I., A.N., H.Y., A.S. and M.S.; M.A., A.H., D.Y., A.N., Y.A., and
M.S. wrote the paper, with contributions from all authors.
476

477   **Data availability**
478   The data that support the findings of this study are available from the corresponding
479   author upon reasonable request. The anatomical information in the Allen Brain Atlas
480   (https://atlas.brain-map.org/) was used for the anatomical description, determination of
481   the virus injection area, and evaluation of the recorded brain regions.
482

Methods

Animals. All animal experiments were carried out in accordance with National Institutes of Health guidelines and approved by the National Institute for Physiological Sciences Animal Care and Use Committee (approval number 18A102), or in accordance with the National Institute of Neuroscience, National Center of Neurology and Psychiatry (Tokyo, Japan) and were approved by the Institutional Animal Investigation Committee (approval number: 2020004). Male C57BL/6 mice housed under a 12-h light/dark cycle with free access to food and water were used for all experiments. Mice at 3–10 months of age were used for the experiments.

Virus injection. Nucleus tractus solitarii (NTS) is a structure distributing in the dorsal medulla near the area postrema. To express GCaMP, a genetically encoded calcium indicator for monitoring neural activity, we used a gene expression system based on the AAV vector. We tested AAV1/Syn.GCaMP6s, AAV1/Syn.GCaMP6f, and AAVdj/Syn.GCaMP7f, which were produced as described previously[53,54] using plasmids obtained from Addgene. As the GCaMP was expressed under the regulation of the Syn (Synapsin) promoter, all of the recording targets were assumed to be neuron-specific. All of the viruses allowed us to visualize the neural activity in the NTS, and type of virus used in each experiment is indicated in each corresponding figure legend. Viruses were injected into mice at approximately postnatal day (P) 50–60 for experiments at least 1 month before the microprism implantation, which was followed by *in vivo* imaging. Injection procedures were performed as described previously[55], with some modifications to target the NTS efficiently. During surgery, the mice were anesthetized with isoflurane (initially 2% [partial pressure in air] and then reduced to 1%). A small circle (~1 mm in diameter) of the skull was thinned over the cerebellum (around the injection site) using a dental drill to mark the site for a small craniotomy. Viruses were injected into the bilateral NTS regions at two sites (depth 4.7 and 3.7 mm from the dorsal surface of the cerebellum, volume 250 nl/site, at 100 nl/min) to sufficiently cover the NTS, over a 5-min period at each depth using a UMP3 microsyringe pump (World Precision Instruments). The X-Y coordinates for the injection site were usually 0.5 mm lateral to the midline and 3.3 mm caudal to lambda. The beveled side of the injection needle was faced to the caudal so that

the needle could be smoothly inserted into and passed through the cerebellum, and the

AAV would cover the NTS similarly in both hemispheres. We designed our injection

protocol (especially the volume and depth) carefully to widely cover the area around the

NTS, while the anatomical coordinates of the field of view for the two-photon imaging

were precisely targeted using visual guide through the microprism implanted as described

below (see the section "In vivo two-photon imaging in the wide brainstem area"). Also,

as shown in Figure 1B, the expression of GCaMP was excluded in the 10N area, which

placed next to and ventrally to the NTS as marked by the ChAT immunostaining. The

reason for the exclusion is unclear, but it may be because the promoters and/or serotypes

used in the present studies do not match for inducing the GCaMP expression in these

ChAT-positive neurons. In any case, since neurons in the 10N area receive synaptic inputs

from NTS neurons[6,56] and are a source of vagal efferents, the lack of expression in the

neurons of this area rather positively aids in the interpretation of the GCaMP signals

detected by in vivo NTS imaging. In some mice, a deeper area (more than 0.5 mm from

the dorsal surface of the brainstem, i.e., the surface of the microprism) also expressed the

GCaMP when the fluorescence was checked in the brain slices (Figure 1B), but this

deeper area was beyond the deepest limit of our two-photon imaging system for the

detection of the sufficient signal intensity through the double prism *in vivo*. These results

indicates that our recording system simply allows specific targeting of the neurons within

the NTS and together with laterally-surrounding wide areas.

In vivo two-photon imaging in the wide brainstem area. We developed a novel,

minimally invasive method based on the double prism, which allows in vivo two-photon

imaging of deep brain regions, specifically around the NTS. This innovative approach

also enables simultaneous vagus nerve stimulation (VNS) or intravenous administration

of cholecystokinin-8 (CCK).

In vivo two-photon imaging was performed as described previously[55,57], with some

special development for the optical access to the brainstem and NTS as explained below.

Before the surgery, we designed an implantable double microprism assembly, comprising

a 2-mm right-angle glass microprism (TS N-BK7, 2 mm AL+MgF2, Edmund) bonded to

another 2-mm right-angle glass microprism and a 3 x 3, 3 × 4 or 4 × 4 mm cover glass

window (No.1; Matsunami) at the surface-end position of the imaging window, was

prepared. Dental cement was used to fix this assembly at the correct position for NTS

imaging. The cover glass was used to enhance adhesion to the dental cement, securing
the position of the double microprism assembly and preventing dental cement from
obstructing its optical path. We implanted the assembly (or simply termed 'double prism')
between the cerebellum and the brainstem using a custom-made vacuum-based
manipulator (Figure 1D and Figures S1A–B).
At 1–8 months after the virus injection, the mice were anesthetized with isoflurane
(initially 2% [partial pressure in air] and reduced to 1% during the surgery). For the
implantation of the double prism, the skull over the dorsal surface of the cerebellum was
carefully removed using a dental drill and fine forceps (Figure S1C–D). A micro-knife
was used to incise the thick dura mater between the posterior edge of the cerebellum and
the spinal cord. Removing the dura mater over the cerebellum not only allows for smooth
insertion of the prism but also adequately relieves the pressure that might occur when the
prism is inserted between the cerebellum and the brainstem.
Next, the newly developed vacuum-based prism holder was used to insert and implant
the double prism between the cerebellum and the brainstem (Figure 1D–E, Figure S1A–
B, E). Sufficient space and no neural fibers remained between the cerebellum and the
brainstem around the NTS area, enabling smooth insertion of the prism without cutting
neural fibers. Using a stereotaxic frame and vacuum-based prism holder attached to an
equipped manipulator, the prism can be precisely operated during the implantation while
being maintained in a horizontal position. The vacuum-based prism holder has a hook on
one side (Figure 1D and Figure S1A–B), which exerts a pushing force when sliding the
sharp corner of the double prism between the cerebellum and the brainstem from the
caudal side to the rostral side (Figure 1D–E). After slowly inserting the double prism to
approximately 1.6 mm deep, we waited a few minutes to ensure that breathing and other
physical conditions were not disturbed (Figure 1E). The double prism was slid further
down at 0.1-mm increments until reaching a maximum depth of 2.0 mm. Any physical
reactions such as disrupted breathing occurring during the insertion led us to promptly
retract the prism. When retracting the double prism assembly, it is crucial to ensure that
the suction force by the vacuum is sufficient, as insufficient suction may lead to failure
of the retraction. The area directly beneath the microprism was minimally compressed
but remained intact, minimizing motion artifacts caused by the animal's breathing. Setting
a stereomicroscope at an angle such that the brainstem can be visualized through the

double prism allows for clear observation of the arrangement of blood vessels in the
brainstem and fourth ventricle while inserting the prism. Bleeding was rarely observed
during the implantation procedure.

After the double prism was fully inserted, UV craft resin was used to fix the double
prism and coat the surface of the targeted nerve structures (Figure S1F), followed by tight
fixation with dental cement. A resin coating was applied with the double prism remaining
in the holder and maintaining sufficient contact with the brainstem target area (including
the NTS) to prevent the resin from getting between them. After the UV resin had cured,
the holder was carefully released, and the double prism was firmly fixed to the
surrounding areas, including the remaining skull bone rostral to the cerebellum, using
dental cement. For the further head fixation for two-photon imaging under the microscope
objective, the head plate was attached to the skull with dental cement (Figure 1F).

The double prism allows for optical access to the brainstem located on the ventral side
of the cerebellum, which exceeds 2.0 mm in thickness. Using the wide field of view and
horizontal coordinates, the position of the fourth ventricle serves as a key reference for
locating the NTS. Two-photon imaging through the double prism enabled us to detect
neural activities in the NTS at the single-cell resolution, visualized by GCaMP (Figure
1G). We named this method 'D-PSCAN', or Double-Prism based brainStem imaging
under Cerebellar Architecture and Neural circuits.

During the consecutive imaging sessions, mice were anesthetized with isoflurane
(1%) or a ketamine (70 mg/kg) and xylazine (10.5 mg/kg) mixture (see the sections below
for more details). Experiments were performed in a completely dark environment. The
activity of NTS neurons was recorded by imaging fluorescence changes with a
multiphoton microscope (Nikon A1R MP, Nikon) and a Mai Tai DeepSee Ti:sapphire
laser (Spectra-Physics) at 920 nm, through a 4x dry objective, 0.28 N.A. (Olympus).
Scanning and image acquisition were controlled by NIS-elements software (Nikon).
Brain motion artifacts interfered with imaging in awake mice but were minimized under
anesthesia, enabling the stable detection of the neural activities at a single cellular
resolution both in and out of the NTS area (Figure 2, Figure S3 and Supplementary Movie
1 and 2). Time-lapse imaging at various depths was performed by adjusting the imaging
focal plane using a piezo to move up and down in depth (Figure 2A and Figure S3).
Volumetric live imaging (2 mm x 2 mm horizontally, or smaller for zooming, 200–480

μm dorsoventrally, at around 0.4–1.0 Hz temporal resolution) of neural activities in the

wide brainstem area (including the NTS) of the head-fixed mouse was performed through

the implanted double prism. Importantly, this wide field of view and piezo-based

volumetric imaging allowed us to detect the GCaMP fluorescence and neural activities

not only from inside but also from outside of the NTS areas and confirm the specificity

of the stimulus-evoked responses in the NTS, as explained below.

Vagus nerve stimulation during NTS imaging. For the NTS imaging experiments with

vagus nerve stimulation (VNS), a bipolar platinum hook electrode, connected to a

programmable stimulator (SEN-8203, NIHON KODEN, Tokyo, Japan) and isolator (SS-

202J, NIHON KODEN), was wrapped around the cervical vagal trunk, and was fixed and

insulated from surrounding tissue using the quick-setting silicone adhesive Kwick-Sil[TM]

(World Precision Instruments, FL, USA). Then, the mouse's head was fixed under the

objective lens by using the head plate tightly attached to the skull under anesthesia (a

ketamine [70 mg/kg] and xylazine [10.5 mg/kg] mixture). VNS was triggered using

custom Labview software. To determine optimal stimulation parameters VNS was

delivered in blocked trials for 10 s at the frequencies of 1.0, 2.5, 5.0, 10, or 15 Hz, at the

intensities of 0.1, 0.25, 0.5, or 1.0 mA, with a pulse width of 100 μs. The maximum

current intensity and frequency of stimulation were set at 1.0 mA and 10 Hz according to

the previous study[39,44]. The first VNS train was delivered at least 10 s after the start of

imaging, and VNS was repeated three times in total (Figure 3 and Figures S4, S5), or

more (Figure 2), with a 50-s interval. Neither facial nor muscle twitching (an indication

of off-target stimulation of musculature surrounding the vagus nerve) was observed with

any parameters used in any of the mice included in the present study. VNS and NTS

imaging were performed with the mouse head fixed under the microscope objective lens

using the head plate. The timings of the imaging and VNS were synchronously recorded

with image acquisition (GCaMP imaging in NTS) using NI software (Labview; National

Instruments) and NI-DAQ (National Instruments).

Intravenous administration of CCK during NTS imaging. To examine the neural

activity change in response to more physiological stimulation than VNS, we employed

cholecystokinin octapeptide (CCK); it has been demonstrated that intravenous

administration of CCK activates vagal afferents and increases firing rate of hepatic branch

of the vagus nerve[52] (Cox and Randich, 1997). On the day of the experiment, mouse's

head was fixed under the objective lens by using the head plate tightly attached to the

skull under anesthesia (1% isoflurane). During the Ca^{2+} imaging, CCK solution (2.0

μg/kg) or saline was mixed with sulforhodamine 101 (SR101; 0.1 mM) and intravenously

administered through the tail vein. 60 s after the start of the imaging, saline with SR101

was intravenously administered and performed for 10 minutes. Using the same animal,

60 s after the beginning of the imaging, CCK with SR101 was intravenously administered

and performed for 15 minutes. Intravenous administration and NTS imaging were

performed with the mouse head fixed under the microscope objective lens using the head

plate.

Imaging data analyses and statistics.

The activity of NTS neurons was recorded by imaging fluorescence changes with a

multiphoton microscope (Nikon A1R MP, Nikon). Time-lapse imaging at various depths

was performed by adjusting the imaging focal plane using a piezo to move up and down

in depth (Figure 2A and Figure S3). The volumetric live imaging (at around 0.4–1.0 Hz

temporal resolution) of NTS neural activities was performed through the implanted

double prism. We recorded a total of 10–16 focal planes (z-planes) at each time point for

each mouse. In an example case (Figure 2D), we recorded a total of 16 z-planes at each

time point. We stacked every 4 consecutive plane from top to bottom to create an average

image for each time point. This stacking was done with a two-plane overlap; for instance,

the first stack included the 1st to 4th z-planes, the second stack included the 3rd to 6th z-

planes, and subsequent stacks followed this pattern. As a result, we obtained 7 stacked

planes in total in this experiment, labeled as Zp1 through Zp7, respectively. This

procedure is advantageous to enhance the signal to noise ratio in each movie, which is

critical for further automatic detection of the active neurons[45]. After the automatic

detection of the active neurons, we checked the existence of the overlapped detection of

the regions of interest (ROIs, i.e., active neurons) between adjacent Zps next each other,

and removed such overlaps by the manual inspection.

Importantly, before stacking 4 consecutive z-planes at each time point as explained

above, they were processed to correct for brain motion artifacts using the enhanced

correlation coefficient image alignment algorithm[58]. For this z-axis correction, first (most

dorsal surface frame) was used as a reference for correcting the second z-plane. Then, an

average image of these two aligned z-planes was further used for the correction of the

third z-plane. Eventually an average image of these three aligned z-planes was used for

the motion correction of the fourth z-plane. Through this procedure, four z-planes were

motion corrected and used to accurately obtain a stacked (averaged) image for each Zp at

each time point. Next, the time-series of stacked GCaMP images at each Zp was further

processed to correct for brain motion artifacts using the enhanced correlation coefficient

image alignment algorithm[58]. Temporal dynamics of neural activity were clearly observed

at multiple depths after this motion correction procedure (Supplementary Movie 1 and 2).

These motion-corrected movies were used for automatic ROI detection. The ROIs for

the detection of neural activity were automatically selected using a constrained

nonnegative matrix factorization algorithm in MATLAB R2014a/R2019b as described

previously[45,57], with some manual adjustments as described above. The same constrained

nonnegative matrix factorization package for ROI detection also provides an option for

signal processing and measurement of the signal change ($\Delta F/F$) of each neuron. We used

this method to identify neurons and calculate $\Delta F/F$ for them. While neurons for the

analyses were initially automatically detected, neurons responding to noisy signals with

no apparent calcium transient at any time during the experimental days were identified

by visual inspection and excluded from further analysis. To apply the same regions of

interest (ROIs) for analyzing images obtained across multiple conditions (i.e., various

VNS conditions or saline vs CCK experiments), the movies from the same mouse and the

same field of view were precisely aligned with each other using the same enhanced

correlation coefficient algorithm as above, and these multiple movies of the same field of

view were tentatively concatenated for the $\Delta F/F$ measurement. The obtained $\Delta F/F$ data

were eventually separated to evaluate the neural responses under each condition.

For the statistical analysis, we used MATLAB R2022a/R2023b. The Wilcoxon

signed-rank tests for paired comparisons was used to determine statistical significance

($p < 0.05$) in Figure 4. Two-tailed tests were selected for all statistical analyses. Graphs

were produced by MATLAB R2022a/R2023b.

As for the imaging data analysis, one concern was that the off kinetics of the GcaMP6f

signal might not be sufficiently fast to consider the responses to 3 trails of VNS as

independent data, and thus statistical evaluation based on these responses might not be

reliable to evaluate the neural responses. As shown in Fig. 3G, however, neurons showed

a reduced response to repeated stimulation, indicating that calcium signaling was not
enhanced by delayed off-kinetics.
713

714 **Drugs**

715 CCK was purchased from PEPTIDE INSTITUTE, INC. (Osaka, Japan) and was
716 dissolved in saline (2.0 µg/kg). In addition, sulforhodamine (SR101), a red fluorescent
717 dye, is diluted to 0.1 mM in saline or CCK solution to confirm the successful intravenous
718 administration and the injection timing during NTS imaging.
719

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Figures (from next page)

Figure. 1

Figure 1. Schematic overview of in vivo NTS imaging with a double prism

(A) Sagittal view of a mouse brain illustrating how GCaMP was expressed in NTS neurons by AAV injection.

(B) GCaMP expression in the NTS. (left) Schematic illustration of the injection site modified from the Allen Brain Atlas. (right) Expression of GCaMP (green) in the NTS, exclusive to the 10N area (marked by ChAT immunohistochemical staining in magenta). Blue, DAPI.

(C) Two 2-mm right-angled prisms are attached to each other using UV-curable optical adhesive and bonded to a 3 × 3 mm square cover glass. In this illustration, the letter "m" in the word "prism" appears through the double prism.

(D) A vacuum-type prism holder is used to implant the double prism. Black arrows indicate the directions in which the double prisms are pushed forward. Red arrows indicate directions in which the double prisms are vacuumed up to be held by the holder.

(E) Implantation of the double prism. The double prism is carefully inserted between the cerebellum and the brainstem approximately 1.6−2.0 mm from the posterior edge of the cerebellum. The area containing the NTS is observed through the double prism.

(F) A head plate is attached to the mouse skull using dental cement after the microprism

implantation.

(G) Example of in vivo brainstem imaging showing neural activity in a live mouse. Left:

Representative two-photon imaging of GCaMP fluorescence in a large field of view covering

the wide brainstem area in response to VNS. Each number in the image indicates regions of

interest (ROIs), each corresponding to a putative single neuron. Median fluorescence over

time is presented in green-fire-blue to show a baseline fluorescence level. Middle: Magnified

view. Right: Representative traces showing changes in GCaMP signal over baseline ($\Delta F/F0$)

over time in each ROI. Gray indicates the timing of VNS. Zp4, 4th z-stacked plane obtained

by the volumetric scanning (see also Figure 2A and Figure S3).

D, dorsal; R, right; P, posterior; A, anterior.

Figure. 2

Figure 2. In vivo volumetric imaging of NTS activity during repeated VNS

(A) Volumetric live imaging of neural activities in the wide brainstem area, including the NTS. Two-photon imaging was performed through the implanted double prism of the head-fixed mouse under anesthesia. The wide field of view and piezo-based *z*-scanning enabled volumetric imaging of the GCaMP fluorescence.

(B) In vivo NTS imaging was conducted during electrical stimulation of the vagus nerve through a bipolar platinum electrode, which wrapped the cervical vagal trunk in a mouse. The electrode was implanted and fixed with silicone. To create anodal block for efferent direction, cathode (black) and anode (red) were located on rostral and caudal site of vagus nerve, respectively.

(C) Schematic of VNS protocol. In this example, a 1.0 mA, 10 Hz, 100 µs train of electrical stimulation was delivered to the left vagus nerve via an electrode. The term "trial" indicates

a VNS with a pulse width of 100 µs for 10 s, regardless of frequency and current intensity.

The term "session" indicates a series of 10-s VNS presentations, with a 90-s interval.

(D) Examples of in vivo volumetric imaging of the NTS. AAVdj/Syn.GCaMP7f was used for

this experiment. (Left) As examples, Zp1, 2, and 4, which contain automatically detected

ROIs in this mouse, are shown (Zp4 here is the same data as Figure 1G). Median fluorescence

over time for each panel is presented in green-fire-blue to show a baseline fluorescence level.

(Right) Detection of spontaneous and/or VNS-evoked neural activities (ΔF/F0) from 21

example neurons outside (red) and inside (orange) the NTS. See also Supplementary Movie1.

(E) Higher-magnification imaging provides clear single-cellular precision.

AAV1/Syn.GCaMP6f was used for this experiment. (Left) Two-photon imaging utilizes

a scanning type observation system, enabling seamless transition from wide-field to high-

magnification imaging using a single objective lens. (Right) To clearly distinguish the ROIs

by color, median GCaMP fluorescence in the NTS is shown in grayscale. Eleven ROIs, each

corresponding to a putative single neuron, are sorted by the magnitude of their responses to

the VNS. See also Supplementary Movie2.

Zp, z-stacked horizontal plane obtained by the volumetric scanning. Gray indicates the timing of

VNS. D, dorsal; P, posterior; A, anterior; R, right.

Figure. 3

Figure 3. Variable responsiveness of NTS neurons characterized by various VNS conditions

(A) Schematic of VNS protocol. In this example, a 1.0 mA, 10 Hz, 100 μs train of electrical

stimulation was delivered. Each experiment in this figure includes a session consisting of

three trials of 10-s VNS presentations, with a 90-sec interval.

(B) Various parameters for evaluating neural responses. The neural response ($\Delta F/F0$) to VNS

(gray shaded area), with the horizontal axis representing the time from the VNS onset.

Average signal (0–10, 0–20, 10–20 sec), peak time, and amplitude, which are calculated for

evaluating neural responses are indicated by green arrows.

(C) Neural responses of an example neuron to VNS at a fixed frequency of 10 Hz, with various

stimulus intensities. Colored lines indicate the neural response to the first, second, and third

VNS. Dashed line indicates the mean of the responses to three VNSs.

(D) Summary of simultaneously recorded neurons ($n = 8$ neurons in a mouse) to VNS at a fixed

frequency of 10 Hz, with various stimulus intensities. The mean $\Delta F/F0$ of each neuron for 10

s from the onset of the VNS at various stimulus intensities are summarized.

(E) Summary of neuronal responses to VNS at a fixed frequency of 10 Hz, with various stimulus

intensities. Mean values for three trials, for each neuron or for all neurons, were calculated.

Mean $\Delta F/F0$ of 0–10 sec: the mean of $\Delta F/F0$ for 10 sec from the onset of the VNS. Mean

$\Delta F/F0$ of 0–20 sec: the mean of $\Delta F/F0$ for 20 sec from the onset of the VNS. Mean $\Delta F/F0$ of

10–20 sec: the mean of $\Delta F/F0$ for 10 sec from the offset of the VNS. Peak time: mean time

from the onset of each of the VNS onset to the $\Delta F/F0$ peak. Mean amplitude: mean amplitude

of $\Delta F/F0$ within 10 s from the onset of each of the three VNS presentations. Gray lines,

response of each neuron; black line, the mean of all neurons.

(F) An example of $\Delta F/F0$ of neuronal responses to VNS at a fixed stimulus intensity of 1.0 mA,

with various frequencies. Colored lines indicate the neural response to the first, second, and

third VNS. Dashed line indicates mean of the responses to three VNSs.

(G) Summary of simultaneously recorded neurons (n = 8 neurons in a mouse) to VNS at a fixed

stimulus intensity of 1.0 mA, with various frequencies. The mean DF/F0 of each neuron for

10 s from the onset of the VNS at various stimulus frequencies are summarized.

(H) Summary of neuronal responses to VNS at a fixed stimulus intensity of 1.0 mA, with various

frequencies. Mean values for three trials, for each neuron or for all neurons, were calculated.

Mean $\Delta F/F0$ of 0–10 sec, Mean $\Delta F/F0$ of 0–20 sec, Mean $\Delta F/F0$ of 10–20 sec, Peak time,

and Mean amplitude were calculated as described in the legend of E. Gray lines, response of

each neuron; black line, the mean of all neurons.

AAV1/Syn.GCaMP6s was used for this experiment. Gray shaded are indicates the timing of

VNS. Boxes in D and G, 25th–75th percentile; Red bars in D and G, median of all neurons. Error

bars in E and H, standard deviation.

Figure. 4

1015

Figure 4. Imaging NTS neural activity in response to intravenous CCK administration

(A) Schematic of *in vivo* NTS imaging while CCK and Saline (co-administered with red

fluorescent dye, SR101) were administered into the tail vein of an anesthetized mouse. Note

that CCK administration was performed more than 10 min after saline administration.

(B) Averaged fluorescence of GCaMP signals during pre- and post-administration (60 sec

duration) of Saline or CCK. (Top) Baseline-subtracted signal is shown in green over a

background of the baseline image shown in gray, (middle) baseline fluorescence image,

(bottom) GCaMP signal. Dashed circles indicates the NTS area. 4V, fourth ventricle. See also

Supplementary Movies 4 and 5.

(C) Representative traces of GCaMP fluorescence in simultaneously recorded NTS neurons

(same neurons on the left and right). The timings of respective injections (saline, left; CCK,

right) are indicated by a gray dotted line. Traces regarding more than five minutes after the

injection are expanded to visualize the higher frequency of spontaneous activity uniquely

observed after CCK administration.

(D) The average $\Delta F/F0$ for each 60-sec bin along the time course was calculated for saline (left)

or CCK (right) administration. Each data point represents the mean $\Delta F/F$ for each neuron in

each bin.

(E) The boxplot of the average $\Delta F/F$ for 60 sec immediately after the administration of saline and

CCK, respectively. Red bars, median of all neurons at each condition (saline and CCK). Red

bars, median of all neurons. $**p < 0.01$, two-tailed Wilcoxon signed-rank test ($p = 0.0011$).

AAVdj/Syn.GCaMP7f was used for this experiment.

1037

1038 **Supplementary Materials**

1039 Supplementary Materials (Figures. S1 to S6, and caption for Supplementary Movies S1 to S5) are

1040 explained in a separate document.

1041

A

Zp1
Zp2
Zp3

NTS

D
P

B

Vagus nerve

C Example : 1.0 mA and 10 Hz VNS

50 sec interval

10 sec trial

100 msec

Pulse: 100 μsec, 1.0 mA

10 times/sec
⇒ 100 times/trial

D

Zp1

Zp2

Zp4

A
R

500 μm

Intensity F [a.u.]

2000
1494
988
481
-25

E

Zp1

Zp5

A
R

100 μm

1.0 (ΔF/F0)

100 sec

A

Saline or CCK with SR101

B

| | Saline | | CCK | |
| | pre | post | pre | post |

merge

baseline

Intensity *F* [a.u.]

activation

4V

A
R
NTS

200 μm

Intensity *F* [a.u.]

C An example mouse

neuron #1
neuron #2
neuron #3
neuron #4
neuron #5
neuron #6

Saline

0.5 (ΔF/F0)
50 sec

1.0 (ΔF/F0)
100 sec

CCK

0.5 (ΔF/F0)
50 sec

1.0 (ΔF/F0)
100 sec

D

$\Delta F/F0$

neuron #1
neuron #2
neuron #3
neuron #4
neuron #5
neuron #6

Time from Saline onset

−60–0 0–60 60–120 120–180 180–240 240–300 (sec)

Time from CCK onset

−60–0 0–60 60–120 120–180 180–240 240–300 (sec)

E

* *

$\Delta F/F0$

Saline   CCK