Rest functional brain maturation during the first year of life

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Keywords

Infants brain maturation

Rest cerebral blood flow

Neurodevelopment

ASL-MRI

Summary

The first year of life is a key period of brain development, characterized by dramatic

structural and functional modifications. Here, we measured rest cerebral blood flow (CBF)

modifications throughout babies' first year of life using arterial spin labeling magnetic

resonance imaging sequence in 52 infants, from 3 to 12 months of age. Overall, global rest

CBF significantly increased during this age span. In addition, we found marked regional

differences in local functional brain maturation. While primary sensorimotor cortices and

insula showed early maturation, temporal and prefrontal region presented great rest CBF

increase across the first year of life. Moreover, we highlighted a late and remarkably

synchronous maturation of the prefrontal and posterior superior temporal cortices. These

different patterns of regional cortical rest CBF modifications reflect a timetable of local

functional brain maturation and are consistent with baby's cognitive development within the

first year of life.

Introduction

The human brain is still immature at birth and undergoes dynamic structural and functional processes throughout life. During the first year, the maturation of neural networks is a complex process that is particularly important to the baby's acquisition of cognitive and motor skills (1). At the cortical level, development comprises both gross morphometric changes and microstructural progression (2). The first year of life is therefore a critical phase of postnatal brain development.

Historically, much of what we know about the intricate processes of early brain development comes from post-mortem studies in human fetuses, neonates, and non-human primates (3-5). With the increasing availability of high-quality neuroimaging techniques, studying early human brain development in vivo in unprecedented detail is now feasible (6-9). These advances have led to exciting new insights into both healthy and atypical macroscale brain network development and have paved the way to bridge the gap between the brain's neurobiological architecture and its behavioral repertoire.

At the structural level, in neonates and infants, studies of cortical morphological development have focused on the modification of gray matter volume (10, 11), gyrification (12), deep sulcal landmark maturation (13), thickness and surface area maturation (14), as well as folding and fiber density (15). Structural brain imaging studies showed an increase in the gray matter volume during the first years of life (11), consistent with post-mortem studies, indicating rapid development of synapses and spines during this period (16-18). Indeed, throughout late gestation, rapid synaptogenesis results in an over-abundance of synapses (up to 150% of adult values) that are subsequently pruned throughout childhood and adolescence (19). During the first year of life, synaptogenesis is one of the most important maturational processes, and its timetable differs across cortical regions. Gilmore et al. described a posterior to anterior gradient of gray matter growth throughout the first year of life (20), consistent with regional differences that have been described in post-mortem studies, showing an increase in synaptic density, and therefore synaptogenesis, earlier in the sensory cortex and later in the prefrontal cortex (16). In general, studies have suggested a complex pattern of development that varies based on anatomical location and cortical metrics. In addition, across early development, cortical maturation exhibits

regionally specific asymmetry between the left and right hemispheres (12, 15). These
changes continue throughout childhood and adolescence, with cortical thickness following
different trajectories of thinning depending on the region, cortex type and gender (21, 22).

At the functional level, early brain development has been investigated using mainly three
different approaches. Pioneer studies measuring metabolism and rest cerebral blood flow
(CBF) were followed by activation studies using functional MRI and more recently resting
state MRI studies investigating functional connectivity.

Rest cerebral metabolism and blood flow are an index of synaptic density, which allows the
in vivo study of functional brain maturation using positron emission tomography (PET) and
single-photon emission computed tomography (SPECT) (23). These studies revealed that
infants' brains showed higher rest metabolism in subcortical structures and in the
sensorimotor cortex than in other regions (24). In the newborn, the highest degree of
glucose metabolism is in the primary sensory and motor cortex, cingulate cortex, thalamus,
brain stem, cerebellar vermis and hippocampal region. During the first months of life, rest
metabolism and CBF increase firstly within the primary sensory cortices, followed by the
associative sensory cortices and finally within the prefrontal cortex at the end of the first
year (24-26). At 2 to 3 months of age, glucose utilization increases in the parietal, the
temporal and the primary visual cortices, basal ganglia, and cerebellar hemispheres.
Between 6 and 12 months of age, glucose utilization increases in the frontal cortex. These
metabolic changes correspond to the emergence of motor and cognitive abilities during the
first year of life. However, these studies were limited by very low spatial resolution of the
brain imaging devices. In addition, these techniques required administration of ionizing
radiation and, therefore, have limited application in the pediatric population.

Following these pioneer studies, task-based fMRI contributed to present-day knowledge
about brain maturation shortly after birth (27-29). These studies have provided important
background on the brain's responses to sensory input during the early developmental phases
of brain-behavior interactions. Adult-like activation patterns were observed in response to a
variety of sensory stimuli, including tactile and proprioceptive stimulation (passive hand
movement) (28, 30) as well as auditory (31) and olfactory (the odor of infant formula) (32).
Functional MRI studies in 2- to 3-month-old infants demonstrated left-lateralized activation

of perisylvian regions, including the superior temporal gyrus, angular gyrus and Broca's area,

in response to native language speech. The response followed a hierarchical pattern, with

auditory regions being activated first, followed by superior temporal regions, the temporal

poles and Broca's area in the inferior frontal cortex; a pattern that is highly consistent with

language organization in the mature brain (29).

More recently, advances in brain imaging methodology have led to expanded application of

resting state functional MRI (rs-fMRI) to the study of infants during the first years of life,

providing insight into the maturation of multiple resting state networks (RSNs). Results show

that the rate at which correlations within and between RSNs develop differs by network and

closely reflect known rates of cortical development based on histological evidence (33). The

sensorimotor (SM) and attention (AN) networks seem to be the earliest developing networks

with their within-network synchronization largely established before birth. This replicates

several reports showing the bilateral symmetric, adult-like topology of both networks at

birth (34, 35) or even prenatally (36), indicating significant prenatal development of these 2

networks. In the brains of term babies, rs-fMRI studies employing seed-based connectivity or

independent component analyses have identified specific functional networks, including

primary visual, auditory, sensorimotor networks and default mode and executive-control

networks involved in heteromodal functions (7, 36, 37). Network analyses based on graph

theory further revealed that the functional connectomes of infant brains already exhibited

the small-world structure. Distinct from the adults, however, the hubs were largely confined

to primary sensorimotor regions (38, 39). Taken together, these findings provide important

insights into the early brain functional maturation process.

The emergence of arterial spin labeling (ASL), a technique that provides both non-invasive

and regional cerebral blood flow quantification, offers new opportunities to investigate local

rest brain function in neonates and children. ASL perfusion MRI uses magnetically labeled

arterial blood water as a nominally diffusible flow tracer. By labeling the blood water

proximal to the target imaging region, the perfusion signal is subsequently calculated by

comparison with a separate image acquired using a control pulse without labeling the blood

flow to remove the static background signal and control for magnetization transfer effects

(40). Therefore, ASL MRI non-invasively assesses brain perfusion and allows for a

quantitative measurement of rest CBF without the administration of contrast material or

exposure to ionizing radiation (41). This imaging method has been used to study rest CBF in

neonates (42, 43), toddlers (44, 45) and older children (46), as well as, more recently, brain

injuries in preterm babies (47).

Despite its importance for understanding normal brain development, we lack in knowledge

of the development of local rest brain function characteristics during the first year of life. In

this study, we aimed to describe the modifications of local rest CBF at the voxel-by-voxel

level throughout the first year of life using ASL perfusion MRI.

<u>Results</u>

The relative values of global rest CBF increased with age from 3 to 12 months in the right (b

= 0.0010 unit/year, $t_{(55.71)}$ = 6.64, p = 1.36E-08) and in the left hemisphere (b = 0.00078

unit/year, $t_{(55.71)}$ = 5.34, p = 1.74E-06) with a greater age-related increase in the right as

compared to the left (p = 0,0074, see Figure 1 and Table 1).

Qualitative analysis of the whole-brain voxel-wise maps showed a regionally heterogeneous

age-related increase of the relative rest CBF values (see Figure 2 and SI Appendix, Movies S1

to S4). The highest rest CBF at 3 months were observed within the sensorimotor and the

primary visual cortices. The age-related increase in rest CBF progressed spatially from these

regions. From the calcarine fissure, the rest CBF increased toward the visual associative

regions up to the supramarginal and the precuneus regions. From the primary motor and

sensory cortices, the rest CBF increased toward both the anterior and the posterior part of

the brain. Anteriorly, through the anterior cingulate and the prefrontal cortices; posteriorly,

through the insula and the superior temporal cortices. In contrast, the rest CBF was stable

within the thalamus, the amygdala and the hippocampus. Between 9 and 12 months, the

rest CBF increase was predominantly seen in the temporal and the prefrontal cortices. The

regional right over left rest CBF asymmetry remained present throughout the whole studied

period.

Quantitative analysis within the predefined regions of interest showed different trajectories

of local rest functional maturation (see Table 1 and Figure 1). First, in a subset of subcortical

regions including the hippocampus (right: b = 0.00019 unit/year, $t_{(75.14)}$ = 1.52, p = 1; left: b =

-0.00022 unit/year, $t_{(75.14)}$ = -1.71, p = 0,82), the amygdala (right: b = 0.000026 unit/year,

$t_{(92.77)}$ = 0.18, p = 1; left: b = -0.000076 unit/year, $t_{(92.77)}$ = -0.54, p = 1) and the thalamus

(right: b = -0.00031 unit/year, $t_{(66.29)}$ = -2.62, p = 0,097; left: b = -0.00043 unit/year, $t_{(66.29)}$ = -

3.66, p = 0.0045), the age-related rest CBF maturation through the first year of life remained

stable indicating already matured regions at 3 months old. Second, the subset of cortical

regions including the primary visual (right: b = 0.00094 unit/year, $t_{(59.09)}$ = 4.36, p = 0.00047;

left: b = 0.00085 unit/year, $t_{(59.09)}$ = 3.94, p = 0.0020) and primary auditory cortices (right: b =

0.00032 unit/year, $t_{(75.03)}$ = 1.64, p = 0.94; left: b = 0.00015 unit/year, $t_{(75.03)}$ = 0.78, p = 1), the

insula (right: b = 0.00057 unit/year, $t_{(82.2)}$ = 4.29, p = 0.00044, left: b = 0.00028 unit/year,

$t_{(82.2)}$ = 2.06, p = 0.38) and the sensorimotor cortex (right: b = 0.00061 unit/year, $t_{(59.33)}$ =

2.89, p = 0.048; left: b = 0.00025 unit/year, $t_{(59.33)}$ = 1.19, p = 1) presented a small age-related

rest CBF increase indicating early maturational process. Third, a subset of cortical regions

including the prefrontal (right: b = 0.0014 unit/year, $t_{(58.9)}$ = 6.9, p = 3.64E-08; left: b = 0.0012

unit/year, $t_{(58.9)}$ = 6.26, p = 4.31E-07) and the superior temporal cortices (right: b = 0.00095

unit/year, $t_{(61.7)}$ = 5.4, p = 1.00E-05; left: b = 0.00060 unit/year, $t_{(61.7)}$ = 3.41, p = 0.010)

presented a high age-related rest CBF increase indicating late maturational process. Finally,

faster right over left age-related rest CBF increase was more pronounced within the superior

temporal (p = 0.032) and sensorimotor cortices (p = 0.05).

The age-related rest CBF changes computed for the exhaustive list of 45 regions of interest

are available in SI Appendix, Table S3.

<u>Discussion</u>

Our study shows for the first time the dynamics of local rest functional brain maturation

throughout the first year of life using a high-resolution non-invasive imaging method. Global

rest CBF increased significantly from 3 to 12 months of age and this increase was more

pronounced in the right than in the left hemisphere. Qualitative and quantitative analyses

revealed marked regional differences in local functional brain maturation. Subcortical

structures such as basal ganglia, thalamus, amygdala and hippocampus cortices are

functionally mature at 3 months. At the cortical level, we observed two different

maturational trajectories. Firstly, almost functionally mature regions at 3-month-old, with a

slow age-related rest CBF increase between 3 to 12 months, included the primary

auditory/visual cortices, the sensorimotor cortex and the insula. Secondly, late functionally

mature regions, with a high age-related increase rest CBF increase between 3 to 12 months,
included the superior temporal and prefrontal cortices.

The increase in global rest CBF from 3 to 12 months of age that we describe here is
consistent with pioneers PET and SPECT studies showing increase in rest metabolism and
CBF during the same period (25, 26). Furthermore, we highlighted a hemispheric functional
maturational asymmetry, with greater right than left global rest CBF increase during the first
year. This agrees with previous studies that showed greater right than left rest CBF for these
regions at birth (34) and from 1 year to 3 years old (48), supporting the hypothesis that the
right hemisphere functionally matures earlier than the left. This asymmetry was also
observed regionally for the superior temporal and sensorimotor cortices , consistently with
data from rs-fMRI studies, also indicating asymmetry in the maturation of sensorimotor
network (49).

Globally, our findings are in accordance with results from prior research based on histology,
structural and rest functional brain imaging that has revealed distinct maturation trajectories
of cortical regions and brain networks over the first year of life (10, 24, 33, 50). Firstly, at the
histological level, post-mortem data showed that the time course of synaptogenesis differs
across cortical regions. Indeed, a burst of synapse formation occurs between 3 and 4 months
within primary visual, auditory cortices somatosensory cortices, which appeared already
mature at 3 months of life (16, 51-53). Synaptogenesis in the frontal cortex begins about the
same time as in visual cortex, but it does not reach its peak period until age 8 months,
continuing thereafter through the second year of life (16, 54). These congruent findings
strengthen our results as synaptic density is coupled to rest CBF as measured in our study.
Secondly, concerning myelination, microstructural MRI maturational studies described a
global maturation pattern characterized by early maturation of the sensorimotor cortex,
followed by the other sensory cortices and then the associative cortices, including the
prefrontal cortex (55, 56). Finally, recent data obtained with resting-state functional MRI
studies allowed to describe maturational changes of functional networks during the first
year of life (33, 36, 57, 58). Especially, Gao et al. have described a maturation sequence
starting with primary sensorimotor/auditory and visual then attention/default-mode, and
finally executive control, prefrontal, networks (57). These different sequences of functional
network maturation fit with and complement our results. Therefore, data coming from our

study and previous rs-fMRI studies contribute to map a timetable of functional brain
maturation during the first year of life.

Importantly, the spatial resolution of the ASL images allowed a highly accurate mapping of
the age-related rest CBF changes. Consequently, we were able to describe insular local
functional maturational evolution, which reaches its one-year pattern rather early, during
the first months of life. A well-established literature and recently anatomical and resting-
state functional MRI studies describe early human cortical development in areas close to the
insula and radiating outward (59). This early insular maturation fits with its role in the
integration of interoceptive stimuli, such as coolness, warmth and distension of the bladder,
stomach or rectum (60), but also in the integration of external stimuli, notably pain (61). In
addition, it is highly pertinent, since the insula is a key structure for the baby's development
and essential to baby's survival.

The spatial resolution improvement also allowed us to describe for the first time a
remarkably synchronous increase in rest CBF between the prefrontal and superior temporal
cortices, both main components of the called "social brain" (62). The late maturation of the
prefrontal cortex had been previously described by structural and functional brain imaging
studies (10, 24). Noticeably, we describe here a late maturation within the posterior
temporal regions during the first year of life, particularly within the posterior superior
temporal sulcus, a region known to be highly implicated in social cognition (63).
Interestingly, the late and synchronous maturation of these two cortical structures
corresponds to the remarkable development of the baby's social skills through the first year
of life.

To the best of our knowledge, only 2 studies using ASL imaging have focused on brain
development during the first year of life, but a comparison with our results is limited due to
important differences in their methodological approaches. Duncan et al. studied a sample of
61 infants within a very narrow age-range from 3 to 5 months (45). Their main results
describing a significantly greater rest CBF in the sensorimotor and occipital regions
compared with the dorsolateral prefrontal in this age-range are in accordance with our
results. In the second study, combining region of interest (ROI) and whole-brain analyses on
rest CBF, Wang et al. investigated a group of 8 7-month-old infants to a group of 8 13-

month-old infants (44). Although they showed rest CBF increase in the 13-month-old group
compared to the 7-month-old group mainly located in the frontal lobe, they did not examine
directly the age-related rest CBF slopes.

This study has some limitations. First, we used a linear model for data analysis. Although
cubic and quadratic fitting models did not improve our statistical models, it is improbable
that a linear model exactly fits functional cortical maturation. This issue can be addressed in
future studies by adding more and older subjects to further investigate the postnatal brain
rest functional maturation trajectory. Second, due to their age, all infants received light
premedication before the MRI to prevent motion artifacts, and all the scans were acquired
during sleep. No significant influence neither on the regional distribution of CBF (7, 37, 64)
nor in the default-mode network connectivity (65) has been reported to this premedication.
Finally, our study was performed in a clinical pediatric population. To ensure that it could be
comparable with a non-clinical population, we discarded all clinical indications for MRI that
could affect brain anatomy, function and further neurodevelopmental disorders. In addition,
all scans were strictly normal, and follow-up confirmed a normal psychomotor development.

Defining typical trajectories of brain maturation provides references for a better
understanding of neurodevelopmental disorders and preterm effects on further brain
maturation. Because CBF reflects regional changes in synaptic density, ASL offers a
noninvasive approach to studying local brain function. In conclusion, to our knowledge, our
study is the first to describe and characterize dynamics local functional brain maturation
during the first year of life and provide insight into an important and vulnerable
neurodevelopmental period.

<u>Author contributions</u>

P.A. contributed to conception, analysis, interpretation and draft

H.L. contributed to conception, analysis, interpretation and draft

A.S. contributed to conception, interpretation and draft

J-M.T. contributed to analysis and draft

L.F. contributed to interpretation and draft

R.C. contributed to acquisition

R.L. contributed to acquisition

D.G contributed to acquisition

F.B. contributed to acquisition

N.B. contributed to conception and acquisition

M.B. contributed to conception, interpretation and draft

Declaration of Interests

The authors declare no competing interests.

Figure Legends

Figure 1: Age-related changes of the rest CBF values in predefined regions of interest
between 3 and 12 months of age. The whole brain in red, subset of stable subcortical regions
(hippocampus, amygdala and thalamus) in purple, subset of early maturing cortical regions
(primary visual and auditory cortices, insula and sensorimotor cortex) in green, subset of late
maturing cortical regions (prefrontal and superior temporal cortices) in blue. Each dot
represents a subject, and each line represents the estimated regression based on a linear
model for the left (empty dots and dashed line) and right (filled dots and solid line)
hemispheres. The rest CBF values are normalized by the rest CBF measured within the basal
ganglia and presented in arbitrary unit.

Figure 2: rest CBF values at 3, 6, 9 and 12 months of age displayed on the medial and lateral
view of the left and right hemispheres. The rest CBF values are normalized by the rest CBF
measured within the basal ganglia and presented in arbitrary unit. Surface rendering was
done using mri_vol2surf from freesurfer (https://surfer.nmr.mgh.harvard.edu/).

STAR Methods

Subject. Eighty-five babies from the Necker-Enfants-Malades hospital were initially included
in this study. The inclusion criteria were normal clinical multimodal MRI, absence of

prematurity, neurological or cranial pathology, parent's consanguinity or abnormal
psychomotor development. Were included infants presenting syndromes that are not
originally neurological, mainly dermatological or ophthalmological, but request an MRI to
discard infrequent associated brain abnormalities, that may be present in a small percentage
of cases (see SI Appendix, Table S1). Normal psychomotor development was assured in
follow-up consultations. Our final sample included 52 babies (29 girls) from 3 to 12 months
of age in our study, including 10 babies at 3 and 4 months (90 to 120 days), 14 at 5 and 6
months (120 to 180 days), 14 at 7 and 8 months (180 to 240 days), 7 at 9 and 10 months
(240 to 300 days), 7 at 11 and 12 months (300 to 375 days). The Ethical Committee of French
Public Hospitals approved this study and the written informed consent was obtained for all
participants.

MRI acquisition. All MRI exams included T1-weighted and ASL sequences and were acquired
on a General Electric Signa 1.5T MRI scanner in the Necker-Enfants-malades hospital (See SI
Appendix, Table S2 and SI Methods for details). Due to the age of the babies, all of them
received premedication before their MRI (pentobarbital, 7.5 mg/kg) to prevent motion
artifacts. It has been shown that barbiturates do not have any influence on the regional
distribution of CBF or on default mode resting state network (7, 37, 66, 67).

Data processing and treatment. MRI images were pre-processed using Statistical Parametric
Mapping (SPM8 software, Welcome Department of Cognitive Neurology London
www.fil.ion.ucl.ac.uk/spm/software/spm8) implemented in Matlab (Mathworks Inc.,
Sherborn, MA, USA) and analyzed using a voxel-based approach (See SI Appendix, SI
Methods for details). Native 3D-T1-weighted images were segmented into gray matter,
white matter and cerebrospinal fluid using the Infant Brain Probability Templates
(https://irc.cchmc.org/software/infant.php). The ASL images were first co-registered to the
corresponding native gray matter images. Then, co-registered ASL images were spatially
normalized using the deformation matrices from the segmentation process. The resulting
ASL images were smoothed using an isotropic Gaussian filter of 10 mm. ASL acquisition
provides a high-quality image of quantitative CBF. Motion in ASL acquisition is mainly
characterized by signal outside of the brain, often recognizable as signal from layers of skin
or fat, that can be detected by on-the-fly expert visual analysis. Therefore, we performed a
two steps quality control. The first one by an expert radiologist right after acquisition (NB)

and the second one by an imaging processing expert engineer (HL) before pre-processing to
discard images with artifacts such as motion, aliasing, ghosting, spikes, low signal to noise
ratio.

Image analysis. We normalized rest CBF within the ASL images by the mean CBF measured
within the basal ganglia to avoid major variations in rest CBF due to cardiac blood flow (68,
69) and blood pressure labilities (70). The basal ganglia was specifically chosen in our study
as it is one of the earliest structures to matures (24) and regression analyses did not show
any age-related variations in the rest CBF of this region within our age range (beta= 5.2×10^{-4}
unit/year, $t_{(50)}$ = 0.045, p = 0.96). The regional rest CBF was expressed as percentage of basal
ganglia rest CBF and presented in arbitrary unit.

We then performed whole-brain voxel-wise analyses of the 52 images within the general
linear model framework using SPM8 with age as an independent variable. The analyses were
constrained to gray matter tissue only by thresholding the analysis mask to 40% of the mean
gray matter image of our sample.

We also extracted mean rest CBF from 92 regions of interest (hemispheres and regions)
using the AAL parcellation toolbox (71). In addition, a further analysis was performed by
selecting and merging regions of interested based on their relevance in term of
development. We selected the hippocampus, the amygdala, the thalamus, the primary visual
and auditory cortices, the insula, the superior temporal cortex. We formed the sensorimotor
cortex by merging the precentral and postcentral regions, and the prefrontal cortex by
merging the inferior, middle and superior frontal regions and the gyrus rectus. All analyses
were performed using R (http://cran.r-project.org). Age-related regressions were assessed
using linear mixed models to account for the intra-subject left and right hemisphere
measurements. Age, hemisphere and age-by-hemisphere interaction were entered as fixed
effects and subject as nested random effect.

Data and Code Availability Statement. The data that support the findings of this study are
available on request from the corresponding author [HL]. The data are not publicly available
due to them containing information that could compromise research participant consent.

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Left

Right

Age (months)

Rest CBF
relative value

2.0

1.5

1.0

0.5

Table 1: Age-related changes of the rest CBF values between 3 and 12 months of age.

	Hemisphere	estimate (unit/day)	t(degree of freedom) = t-value	p-value (age)	p-value (age x hemisphere)
Whole brain	Right	0,0010	t(55.71) = 6.64	1,36E-08	0,0074
	Left	0,00078	t(55.71) = 5.34	1,74E-06	
Hippocampus†	Right	0,00019	t(75.14) = 1.52	1	0,0089
	Left	-0,00022	t(75.14) = -1.71	0,82	
Amygdala†	Right	0,000026	t(92.77) = 0.18	1	1
	Left	-0,000076	t(92.77) = -0.54	1	
Thalamus†	Right	-0,00031	t(66.29) = -2.62	0,097	1
	Left	-0,00043	t(66.29) = -3.66	0,0045	
Primary visual cortex†	Right	0,00094	t(59.09) = 4.36	0,00047	1
	Left	0,00085	t(59.09) = 3.94	0,0020	
Primary auditory cortex†	Right	0,00032	t(75.03) = 1.64	0,94	1
	Left	0,00015	t(75.03) = 0.78	1	
Insula†	Right	0,00057	t(82.2) = 4.29	0,00044	0,33
	Left	0,00028	t(82.2) = 2.06	0,38	
Sensorymotor cortex†	Right	0,00061	t(59.33) = 2.89	0,048	0,050
	Left	0,00025	t(59.33) = 1.19	1	
Prefrontal cortex†	Right	0,0014	t(58.9) = 6.9	3,64E-08	1
	Left	0,0012	t(58.9) = 6.26	4,31E-07	
Superior Temporal cortex†	Right	0,00095	t(61.7) = 5.4	1,00E-05	0,032
	Left	0,00060	t(61.7) = 3.41	0,010	

†: p- values Bonferroni corrected for the number of sub-parts of the brain.

rest CBF values are normalized by the rest CBF measured within the basal ganglia and presented in arbitrary unit.