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1 **A neuromorphic prosthesis to restore communication in neuronal** 2 **networks**

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58

59 **Summary**

60 Recent advances in bioelectronics and neural engineering allowed the development of brain machine
61 interfaces and neuroprostheses, capable of facilitating or recovering functionality in people with
62 neurological disability. To realize energy-efficient and real-time capable devices, neuromorphic
63 computing systems are envisaged as the core of next-generation systems for brain repair. We
64 demonstrate here a real-time hardware neuromorphic prosthesis to restore bidirectional interactions
65 between two neuronal populations, even when one is damaged or missing. We used *in vitro* modular
66 cell cultures to mimic the mutual interaction between neuronal assemblies and created a focal lesion
67 to functionally disconnect the two populations. Then, we employed our neuromorphic prosthesis for
68 *bidirectional bridging* to artificially reconnect two disconnected neuronal modules, and for *hybrid*
69 *bidirectional bridging* to replace the activity of one module with a real-time hardware neuromorphic
70 Spiking Neural Network. Our neuroprosthetic system opens avenues for the exploitation of
71 neuromorphic-based devices in bioelectrical therapeutics for healthcare.

72

73 **Keywords:**

74 *In vitro* neuronal networks; micro-electrode arrays; real-time signal processing; closed-loop;
75 neurobiohybrid; brain repair.

76

77 **Introduction**

78 One of the greatest challenges of modern neuroscience is to find reliable and sustainable
79 treatments for the disabling effects caused by many chronic and incurable brain conditions.
80 With the greatest impact carried by stroke (Feigin et al. 2017) and traumatic brain injury
81 (Maas et al. 2017), brain disorders are among the leading causes of disabilities worldwide.
82 Due to recent advances in bioelectronics and in neural and neuromorphic engineering, direct
83 interfacing of artificial circuits with large neuronal networks is possible to develop novel
84 ‘neurobiohybrid’ systems (such as neuroprostheses (Vassanelli and Mahmud 2016)), which
85 are envisaged as potentially interesting clinical applications for brain lesions (Broccard et al.
86 2017). In this paper, we introduce an innovative bioelectronic system acting as a
87 neuroprosthesis which, thanks to a neuromorphic real-time hardware interface, can re-
88 establish the communication between two disconnected neuronal populations.

89 Neural interfaces are promising solutions for brain repair (Soekadar et al. 2015).
90 Modern neural interfaces are mainly designed to restore lost motor functions in only one
91 direction, i.e., from the brain to the body (Abdulkader et al. 2015) or from the body to the
92 brain (Flesher et al. 2016). Additionally, recent neuroprosthetic developments have shown the
93 enormous potential of neural interfaces to aid and accelerate functional recovery (Bouton et
94 al. 2016; Rosin et al. 2011). However, a major obstacle in developing novel neuroprostheses
95 for bidirectional communication with and within the brain is the complex nature of
96 interactions among different brain areas, which in turn presents a challenge for the
97 development of appropriate stimulation protocols as well as for testing such devices using *in*
98 *vivo* models (Kohler et al. 2017).

99 Despite very recent technological progress (Jun et al. 2017; Steinmetz et al. 2018), *in*
100 *vivo* models still have two main bottlenecks. The first bottleneck is the technical challenge to
101 faithfully reproduce specific/focal network lesions (mainly due to their complexity) that the

102 neuroprosthesis aims to treat, whereas the second is the difficulty in disentangling the actual
103 effect of the adopted electrical therapy from the complex activity of a brain constantly
104 processing sensory inputs and producing behaviour. Therefore, since *in vivo* models exhibit
105 inherent complexity and low controllability, using *in vitro* reduced neuronal systems to model
106 precise and reproducible neuronal network lesions and test neuroprosthetic devices for their
107 treatment may be advantageous. This approach is also justified by a growing recognition that
108 *in vitro* testing of both research and medical devices can be more effective in terms of cost,
109 time consumption and ethical issues and much more reliable than *in vivo* testing (Myers et al.
110 2017).

111 In this work, we bidirectionally interfaced in real-time a neuroprosthetic system with
112 an *in vitro* culture constituted by interconnected ‘neuronal assemblies’ (Hebb 1949).
113 Therefore, our first objective was to create a simplified yet plausible *in vitro* model of a focal
114 brain lesion by using bimodular cultures grown onto micro-electrode arrays (MEAs) (Bisio et
115 al. 2014; Bonifazi et al. 2013; Shein-Idelson et al. 2011) with reciprocal connections cut by a
116 custom-made laser setup (Difato et al. 2011) to mimic the pathological effect of a traumatic
117 brain injury (Hayes et al. 2016). We created a neurobiohybrid system connecting the
118 biological element (the bimodular culture) following the lesion with a neuroprosthetic
119 prototype. Our hardware neuroprosthesis could perform low-power computations in hard
120 real-time (Pirog et al. 2018), collecting the inputs coming from neural recordings, processing
121 those signals and generating suitable electrical stimulation triggers as an output. With this
122 experimental setup, we tested two specific applications, namely, *bidirectional bridging* (BB)
123 to artificially reconnect two disconnected neuronal modules and *hybrid bidirectional bridging*
124 in which a real-time spiking neural network (SNN) replaced the activity of one of the two
125 modules in real-time while implementing bidirectional connectivity with the remaining
126 neuronal module.

127 The motivation of our research is to provide a new technological instrument as a
128 novel form of neuroprosthesis aimed at treating disabling brain pathologies. The hardware
129 choice (field-programmable gate array, FPGA) maximise the real-time performances of the
130 system and allows for a faster development of a future implantable bioelectronic device for
131 biomedical applications. The adoption of bidirectional communication allows the
132 development of a generalized non-specific approach that is applicable to the central nervous
133 system (CNS) or peripheral nervous system. In particular, prostheses for the CNS should
134 restore the communication between two or more neuronal assemblies whose functional and
135 anatomical path could be distributed and sparse and not necessarily known *a priori*.

136 Indeed, our idea to develop a generalized approach comes from the future perspective
137 of creating a cerebral neuroprosthesis for direct implantation in the brain that could be used
138 by patients affected by stroke or brain injury. Our proof-of-principle results are the first for a
139 next-generation neurobiohybrid system to restore brain functions (Broccard et al. 2017;
140 Vassanelli and Mahmud 2016).

141

142 **Results**

143

144 *Neuroprosthetic architecture*

145 To create bimodular *in vitro* systems, we developed PDMS masks with two connecting
146 compartments that constrained the growth of neuronal cells in two precise areas over 60-
147 electrode MEAs (Figure S1). The obtained bimodular neuronal culture constitutes the
148 biological neuronal network (BNN) of our system (Figure 1A). The signal from the BNN was
149 amplified by a commercial system and acquired by a custom-developed FPGA-based
150 neuromorphic board (Figure S2) previously configured by a custom-made MATLAB code
151 (MathWorks, Natick, MA, USA) running on a general purpose personal computer. The
152 neuromorphic board triggered a commercial stimulator to close the loop with the BNN. The
153 general protocol designed for this study involved three steps. First, spontaneous activity in
154 both neuronal modules was recorded ('pre-lesion condition'). Then, laser ablation of the
155 biological connections between the two modules was performed (see Transparent Methods),
156 followed by recording of spontaneous activity in both modules ('post-lesion condition') to
157 assess the viability of the networks. Finally, we tested our neuroprosthetic device using two
158 experimental frameworks. In the first case, we applied a reconnection strategy using a
159 bidirectional activity-dependent stimulation ('bidirectional bridging', BB), whereas in the
160 second case, we interfaced a hardware-implemented biomimetic SNN with one of the two
161 neuronal modules ('hybrid bidirectional bridging', HBB) to simulate a 'replacement' strategy
162 that utilizes the bidirectional interaction between the biological system and its artificial
163 counterpart (Figure 1B). The sequence of algorithms (e.g., spike detection, network burst
164 detection) implemented on the board to realize both experimental approaches (BB or HBB) is
165 schematically depicted in Figure 1C.

166

167

<FIGURE 1 ABOUT HERE>

168

169 ***Control experiments***

170 To evaluate the stability and effect of the focal lesion on bimodular BNN activity, we first
171 performed two sets of control experiments. In the first set defined as ‘experiments with no
172 lesion’ (Figure 2A1), we recorded 4 consecutive hours of spontaneous activity (S1-S4, n=9
173 cultures). In the second set defined as ‘experiments with a lesion’ (Figure 2A2), we recorded
174 one hour of spontaneous activity (S1), followed by laser ablation of the connections between
175 the two modules, which usually took less than 20 minutes. Next, we recorded 3 hours of
176 spontaneous activity post lesion (SPL1-SPL3) to quantify the effects of laser ablation (n=4
177 cultures). As depicted in the raster plot of one representative experiment (Figure 2B1),
178 bimodular neuronal networks exhibited spontaneous, synchronized, multi-unit activity
179 composed of network-wide bursts (NBs) spreading over the two modules. Following laser
180 ablation, the propagation between compartments was disrupted, as shown in Figure 2B2.

181 With no lesion, the percentage of active channels with respect to the first hour of
182 recording (S1) was higher than 98% and was maintained for the entire duration of the
183 experiment (Figure 2D1, light blue bars). The mean firing rate (MFR) was stable for all
184 control experiments with no lesion (from S1 to S4, Figure S3 A). Alternatively, control
185 experiments with lesions showed a reduced number of active channels (close to 73%) during
186 the first hour after ablation (SPL1). During the following two hours (SPL2-SPL3), this value
187 increased and reached 93% at the end of the recording (Figure 2C1, dark grey bars). No
188 significant differences were found. The MFR was quite stable for all control experiments
189 with lesions except between S1 and SPL1 (Figure S4 A). The activity level with respect to
190 the S1 phase, expressed by the MFR ratio with respect to S1, was stable during the control
191 experiments without lesions (Figure 2D2, light blue bars). The lesion produced a clear

192 decrease in activity in most cultures, especially during the first two hours (SPL1-SPL2,
193 Figure 2D2). We found a significant difference between the two experimental sets during the
194 first two hours after S1 but not during the last hour. This result suggests that two hours after a
195 lesion, almost complete spontaneous recovery occurred in terms of the firing rate for the two
196 neuronal modules.

197 To evaluate changes in the synchronicity between the two modules, we performed
198 cross-correlation (CC) analysis between the collapsed spike trains of each module. The shape
199 of the CC function was stable throughout the entire recordings in experiments without
200 lesions, as reported in Figure 2C1 for a representative experiment. After a lesion, the CC
201 function collapsed to zero and did not recover during the experiment (Figure 2C2:
202 representative experiment). To quantify this difference, we integrated the CC function in a
203 range of ± 500 ms to obtain the CC area. We did not find any significant change in the CC
204 area values for all experiments with no lesion (Figure S3B). By contrast, the CC area values
205 showed a marked decrease following the lesion (SPL1). This decrease was due to the lack of
206 anatomical connections between the compartments and did not recover by itself (Figure
207 S4B). Comparing the CC area ratio between later phases and S1 resulted in a significant
208 difference between matching periods in ‘lesion’ and ‘no lesion’ experiments (Figure 2E1).
209 We also computed the correlation coefficient (i.e. Pearson Correlation, PC) among all the
210 active channels both intra module and inter module (Figure 2E2). The intra-module PC was
211 constant across experimental phases for controls with no lesion (light blue bars). On the other
212 hand, for controls with lesion (dark grey bars) there was a drop in the intra-module PC,
213 related to the reduced firing rate following the lesion, but no statistical difference was found
214 (Figure 2E2, left panel). The inter-module CC was stable for controls with no lesion. On the
215 other hand, following the lesion the inter-module PC collapsed and never recovered by itself
216 (Figure 2E2, right panel) as already demonstrated with the previous analysis.

217 The network bursting rate (NBR) was stable during all experiments with no lesions
218 (Figure S3C). For the experiments with lesions, this parameter was less stable but with no
219 significant differences between phases (Figure S4C). When comparing the two experimental
220 protocols with the NBR ratio with respect to S1, we found significant differences during the
221 first and the second hour post lesion (Figure 2F1). The mean probability to have NBs
222 composed of spikes belonging to a single module (i.e. Prob smNB, see Transparent Methods)
223 was close to 0.2 in the experiments without lesions (Figure S3D), meaning that the majority
224 of NBs in an intact bimodular network involved both modules. Alternatively, following the
225 lesion, the probability became close to 1 (Figure S4D), meaning a total loss of functional
226 communication between the two compartments. Using the Prob smNB ratio with respect to
227 S1 (Figure 2F2), we found significant differences between the two experimental groups
228 during all phases post lesion (Mann-Whitney test; $p < 0.05$). Thus, for the no lesion
229 experiment, the Prob smNB remained very similar to the initial values, while for the lesion
230 experiments, it changed abruptly due to the lesion. This result further confirmed that the
231 lesion was effective in functionally disconnecting the two modules.

232

233 < FIGURE 2 ABOUT HERE >

234

235 ***Experiment 1: Bidirectional Bridging (BB)***

236 The goal of this experiment is to restore communication between two neuronal assemblies
237 after lesion-induced separation. To achieve this goal, we designed and implemented a
238 stimulation reactive paradigm inspired by the ‘activity-dependent stimulation’ (ADS)
239 described in (Guggenmos et al. 2013) in our neuromorphic board. In contrast to the control
240 experiments, the general protocol (Figure 3A) included 20 minute recordings of spontaneous
241 activity before the lesion (S1). Upon the lesion execution, we waited for two hours to reach

242 stable activity in both modules, as shown by the results of control experiments (see Figure 2).
243 Then, we recorded 20 minutes of spontaneous activity (SPL3). The raster plot of a
244 representative experiment is reported in Figure 3b. Before the lesion (S1), the bursting
245 activity involved both modules (Figure 3B1), whereas after the lesion (SPL3), the activity
246 was characterized by single-module NBs (Figure 3B2). To choose the best parameters
247 (threshold and window time, see Transparent Methods) that allowed us to reliably detect NBs
248 in both modules, we performed offline NB detection. After the FPGA was updated with these
249 parameters, a 20 minute session of BB was conducted. (see, Figure 1B and C for the
250 description of the BB protocol). The BB approach implemented a reactive paradigm: every
251 time an NB was detected in one module, a stimulation pulse was delivered to an electrode in
252 the other module (see Transparent Methods) in both directions. During the BB phase, the
253 bursting activity involved both modules similar to the intact condition due to the bidirectional
254 stimulation pulses (Figure 3B3, blue and red lines represent electrical stimulation pulses
255 delivered from module 1 to module 2 and vice versa). The last phase of the protocol involved
256 20 additional minutes of spontaneous activity (SPL4), which showed the same activity as
257 SPL3 (Figure 3B4). We did not observe significant changes in spiking activity (i.e., MFR)
258 throughout the recordings (Figure 3c).

259 Next, we evaluated the effect of this configuration in terms of CC (Figure 3d1 and 2).
260 During spontaneous activity before the lesion (S1), the CC peak was high and stable due to
261 the functional and anatomical connections between the two modules, which was also reported
262 for the control experiments. After the lesion (SPL3), there was a decrease in CC that was not
263 expected to recover without external intervention, as we demonstrated before (see, Figure
264 2D). The bidirectional stimulation at least partially recovered the CC area and consequently
265 the communication between modules (Figure 3D2), as demonstrated by statistical analysis.
266 Regarding the number of NBs, we did not find any significant difference between the

267 experimental phases (Figure 3E1). However, the probability of isolated NBs was not uniform;
268 it reached the maximum value after the lesion, as we previously observed in the control
269 experiments with lesions (see, Figure 2D2). During bidirectional stimulation, these values
270 became closer to the spontaneous recording (Figure 3E2), meaning that NBs mainly involved
271 both modules. This finding further confirmed that the BB protocol could reconnect two
272 disconnected modules through a real-time ADS acting in both directions (from module 1 to
273 module 2 and from module 2 to module 1).

274

275 <FIGURE 3 ABOUT HERE>

276

277 ***Experiment 2: hybrid bidirectional bridging (HBB)***

278 With an injury causing damage to an entire neuronal subnetwork, a reconnection strategy
279 such as the BB illustrated above would not be feasible. For this reason, we developed a
280 second reconnection strategy based on the use of a hardware SNN that can interact in real-
281 time with its biological counterpart, HBB (see Figure 1). We created a set of SNNs (i.e., SNN
282 library) by tuning the mean value of the synaptic weight distributions of our models to cover
283 the variability of the BNNs (i.e., BNN library, Figure 4A). The biomimetic SNN (see Figure
284 S5), working in hardware real-time to allow bidirectional communication with living
285 neurons, was modelled as a network of 100 Izhikevich (IZH) neurons (Izhikevich 2003), with
286 80 excitatory and 20 inhibitory neurons (see Transparent Methods), according to the
287 biological composition of dissociated cultures (Bonifazi et al. 2005; Hayashi et al. 2003).
288 Synaptic noise (Grassia et al. 2016), inhibitory and excitatory synapses (Izhikevich 2004),
289 short-term plasticity (Izhikevich and Edelman 2008) and axonal delays were included in the
290 model to recreate the network dynamics (see Transparent Methods and Figure S6 A1 and
291 A2). Regarding the connectivity rules, we set the outdegree (i.e., the number of post-synaptic

292 neurons) to 25 for all neurons in the network, while the indegree (i.e., the number of pre-
293 synaptic neurons) followed a normal distribution with a mean value of 25 and a standard
294 deviation of 4.3 (Figure S6, R-Square=0.806). The goal of creating an SNN library was to
295 cover a wide range of NBRs because NB was chosen as the triggering event for our
296 reconnection paradigm, as explained above. To this end, we tuned only the mean value of the
297 normal distribution of synaptic weights (the standard deviation was kept constant at the value
298 of 0.3). By increasing or decreasing the mean synaptic weights, we tuned the NBR. For
299 excitatory synapses, the mean value ranged from 0.99 to 1.34 (Figure 4C left), while that for
300 inhibitory synapses ranged from -2.02 to -1.02 (Figure 4C right and Table S1). As previously
301 stated, our goal was to cover the NBR variability and not the MFR. The MFR variability in
302 our BNN library was higher than that obtained with our SNN library (Figure 4E and F1).
303 Nevertheless, the BNN variability in terms of NBR was completely covered by our SNN
304 library, which also contains networks with a much higher NBR than that in the BNN library
305 (Figure 4F2).

306
307 <FIGURE 4 ABOUT HERE>
308

309 The general HBB protocol (Figure 5A) is similar to the BB protocol. The HBB
310 procedure included a 20 minute recording of spontaneous activity before the lesion. This
311 recording was used to quantify activity in terms of the NB rate of the network. This feature
312 was used to choose one SNN from the SNN library that had an NB rate closer to its biological
313 counterpart. We waited two hours after the lesion to allow activity in both modules to
314 stabilize, as shown by the results of control experiments (e.g., Figure 2). Then, we recorded
315 20 minutes of spontaneous activity. After setting FPGA detection parameters, we performed a
316 20 minute HBB session (see, Figure 1B and C for the description of the HBB protocol). As
317 anticipated, the HBB approach also implemented an ADS paradigm; every time an NB was

318 detected on the 'surviving' module (i.e., when one of the two modules was completely
319 damaged), a stimulation pulse was delivered to the SNN. The board implemented the
320 corresponding paradigm in the opposite direction. Detection of NBs occurred in the SNN,
321 while stimulation was delivered to the 'surviving' module, thus avoiding the imposition of
322 any predefined unidirectional communication. Next, we recorded 20 additional minutes of
323 spontaneous activity.

324 We did not observe significant changes in terms of spiking activity (i.e., MFR)
325 throughout the recordings (Figure 5C). Then, we evaluated the effect of this configuration in
326 terms of CC (Figure 5D1 and 2). During spontaneous activity before the lesion (S1), the CC
327 peak was high and stable due to the functional and anatomical connections between the two
328 modules, which was also reported for the control experiments. As expected, with no external
329 intervention, CC decreased sharply after the lesion (SPL3), as we previously observed. One
330 of the two modules was damaged, while the correlation was evaluated between the SNN and
331 the surviving module during the HBB phase. The bidirectional stimulation created a relevant
332 correlation area between SNN and the surviving module, as demonstrated by statistical
333 analysis. Regarding the number of NBs, we did not find a significant difference between the
334 S1 and HBB phases (Figure 5E1). However, the probability of isolated NBs was not uniform;
335 it reached the maximum value after the lesion, as we previously observed in the control
336 experiments with lesions (see, Figure 3E2). During the hybrid bidirectional stimulation, these
337 values became closer to the spontaneous recording (Figure 5E2), meaning that NBs mainly
338 involved both modules. This finding further confirmed that the HBB protocol created a
339 hybrid system with the surviving biological module through real-time ADS acting in both
340 directions (from BNN to SNN and from SNN to the BNN).

341

342 <FIGURE 5 ABOUT HERE>

343 **Discussion**

344 We presented an innovative neuromorphic prosthesis based on a FPGA board and
345 demonstrated two successful reconnection paradigms for a lesion interrupting the
346 communication between two neuronal populations *in vitro*.

347 According to previous reports, *in vitro* systems constitute a successful experimental
348 model of neuronal dynamics (Javier et al. 2013; Johnson et al. 2010), thus providing an
349 excellent test bed for adaptive closed-loop neural interfaces (Potter 2010). Starting from our
350 recently developed methodology (Kanner et al. 2015), we created custom bimodular cultures
351 with the goal of reproducing two interacting neuronal populations, thus mimicking the
352 intrinsic modularity of the brain (Bonifazi et al. 2013). Our bimodular cultures were highly
353 temporally stable in terms of firing properties at the whole network level as the activity
354 between the two populations remained highly correlated for the entire duration of the
355 recording. A lesion produced via laser ablation was employed to physically cut the
356 connections between the two modules. This methodology was proven to be safe because it
357 produced localized damage by selectively ablating subcellular compartments without
358 damaging adjacent structures (Difato et al. 2011; Habibey et al. 2015; Soloperto et al. 2016).
359 We assume that such a focal damage, allowing to specifically cut few connections among
360 those available in the network, together with possible intrinsic compensatory mechanisms of
361 synaptic scaling (le Feber et al. 2017; Turrigiano 2008), were responsible of the spontaneous
362 recovery of the firing rate on a timescale of two-three hours. This demonstrates the
363 effectiveness of our technique in preserving the functionality of the two modules while
364 decoupling their activity, as proven by the loss of correlation of bursting behaviour.

365 Two different applications of our neuroprosthesis, BB and HBB, were tested. Our
366 neuromorphic prosthesis, independently of the stimulation paradigm, works according to a
367 closed-loop reactive policy as follows: each time a condition is met (i.e., an ‘event’ is

368 detected), a stimulus is delivered. The hardware architecture was designed to be flexible
369 enough to allow the implementation of different experimental paradigms and the definition of
370 different triggering events. In our study, we chose ‘NBs’ as trigger events (see Transparent
371 Methods). The choice to deliver a stimulation depending on a network-wide event has two
372 main advantages as follows: first, NB frequency is low enough to avoid inducing plasticity
373 phenomena by electrical stimulation in our cultures (Wagenaar et al. 2006), which could
374 confound the final results and effectiveness of neuroprosthetic reconnection. The second
375 point is anticipation of the following major issue that will emerge during *in vivo* recordings:
376 monitoring single neurons presents problems at both theoretical (Guggenmos et al. 2013) and
377 practical levels. Namely, how much information on complex functions can be obtained by
378 single-neuron observation remains unclear (Luczak et al. 2015; Panzeri et al. 2017), while
379 tracking the activity of the same neuron for extended periods of time is problematic (Kozai et
380 al. 2015). Taking multiple input sources into account was also used in the work of Berger
381 (Berger et al. 2012), but they employed a neuroprosthetic strategy different from ours. In
382 particular, these authors used a generalized linear model to predict the CA1 activity from
383 spikes in CA3 of the hippocampal circuit. Our system is considered more flexible and
384 adaptable to networks with different connectivity, not just feedforward similar to that in the
385 hippocampus. Moreover, we were interested in mimicking the overall spiking activity of the
386 network and not mapping an input-output transformation only.

387 Another important novelty of our system regards directionality. To our best
388 knowledge, this neuroprosthetic system is the first to implement a truly bidirectional
389 interaction with a SNN through a hard real-time interface. We recorded activity from the first
390 module (via multiple sources); when a criterion was met, the device stimulated the second
391 module (this is how a ‘typical’ closed-loop in neuroscience works, for a review see
392 (Greenwald et al. 2016)). The novelty is simultaneously monitoring multiple sources from

393 another module and delivering the stimulation when the triggering event is detected. To date
394 and as far as we are aware of, only Jung and colleagues (Jung et al. 2001) have performed a
395 bidirectional interface to a neuromorphic device, but their models were not precise at the
396 spike level (modelling neuron populations) and they used non configurable analogue
397 electronics, which resulted in an experiment-specific setup. The other neuroprosthetic devices
398 that have been proposed in the literature can implement a ‘unidirectional’ artificial link only
399 from one area to another (or maybe the same) but not doubling it. Here, we are not imposing
400 any preferred directionality to the communication; networks are self-organizing on the basis
401 of their intrinsic natural relationship (we are not imposing who is driving whom). This
402 approach has the main advantage of informing both brain regions (i.e., neuronal modules, in
403 our case) that an event occurred in the other region, given that interaction in the brain is
404 intrinsically bidirectional (Roelfsema and Holtmaat 2018). For example, in the sensorimotor
405 system, sensory stimulation can help motor recovery (Cuppone et al. 2018), and motor
406 learning can enhance sensory functions (Ostry et al. 2010; Takeuchi and Izumi 2013).
407 Applications of our neuroprosthetic systems to conditions where the sensorimotor interaction
408 is impaired would allow restoration of both communication channels, suggesting
409 improvements in current rehabilitation therapies. Moreover, although tested on a bimodular
410 system, the neuromorphic FPGA board can be easily upgraded to play the bridging role on an
411 arbitrary number (within reason) of different neuronal circuits. A recent work (Forró et al.
412 2018) developed directional networks of primary hippocampal neurons on MEA and
413 compared the information flow of these networks with respect to bidirectional networks
414 (similar to our bimodular preparations). They found that without physically imposing a
415 unidirectional configuration, there is a continuous back and forth communication between
416 nodes thus suggesting the importance of a bidirectional communication in a healthy network.

417 The second paradigm we tested was based on the use of a biomimetic SNN to
418 ‘substitute’ a missing/damaged neuronal population. Currently, SNN applications span
419 different fields, including computational neuroscience (Markram 2012; Melozzi et al. 2017),
420 and very recently, they were used for sensory encoding in hand prosthesis for amputees
421 (Osborn et al. 2018; Valle et al. 2018). SNNs can be simulated in software (Goodman and
422 Brette 2009) and/or neuromorphic hardware (Thakur et al. 2018). As time and energy
423 consumption are fundamental in neuroprosthetic applications for translational purposes, the
424 use of hardware-based computing systems becomes mandatory.

425 In general, hybrid systems composed of *in vitro* BNNs coupled to SNNs are rare. In
426 one approach, the SNN served as a self-organizing classifier of activity patterns exhibited by
427 the BNN, with output of the SNN being subsequently used to control the behaviour of a robot
428 (Pizzi et al. 2009). Other studies focused on the unidirectional or bidirectional influence of
429 the two networks, investigating the dynamics of the interaction between the BNN and SNN in
430 which the SNN played a role of an artificial counterpart of its biological original (Bruzzone et
431 al. 2015; Chou et al. 2015). However, closed-loop effects in those hybrid networks were not
432 thoroughly determined. In one of these studies, only unidirectional connectivity was
433 considered with input from the SNN to the BNN, which was also simulated beforehand
434 (Bruzzone et al. 2015). In this study, we established hybrid communication in the case of an
435 entire neuronal population that needed substitution.

436 A study by Chou *et al.* (Chou et al. 2015) implemented a bidirectional interface
437 between an SNN and a retinal slice obtained from an adult rat and recorded by an MEA. This
438 system is quite interesting, but there is a 1 s delay between the BNN and SNN interactions.
439 Therefore, this delay in Chou’s setup is 3 orders of magnitude larger than that in our work in
440 which the sampling of biological activity is never interrupted, and the step size of the SNN is
441 1 ms. The difference between the two systems is radical; bidirectional communication in real-

442 time allows actual clinical application, whereas delays in the range of seconds prevent (or at
443 least seriously reduce) the possibility of meaningful control of a biological system.

444 A recent study, inspired by a previous work (Hogri et al. 2015), implemented a hybrid
445 interaction (Xu et al. 2018) between the cerebellum of a rat and an SNN implemented on
446 FPGA. Their model involved 10k leaky integrate and fire (LIF) neurons and did not integrate
447 other biomimetic behaviours, such as axonal delay, short-term plasticity and synaptic noise,
448 unlike the IZH neurons implemented in our system. Both the hard real-time processing and
449 simplified neuronal model (which allow mimicking the richness of the electrophysiological
450 patterns *in vivo*) are mandatory for reproducing the biological dynamics of living neural
451 networks and for performing useful real-time hybrid experiments.

452 In this work, we demonstrated the possibility to design a neuromorphic all-hardware
453 prosthesis capable of artificially reconnect two disconnected neuronal networks or artificially
454 replacing one entire neuronal sub-network.

455

456 The use of a fully integrated hardware computing system allowed hard real-time
457 performances and low power consumption, which are crucial for translational purposes
458 related to therapeutic applications in humans (Kipke et al. 2008; Wang et al. 2010).

459 ***Limitations of the study***

460 A limitation of the present work is that we deliberately chose to downsample both the
461 number of biological neurons recorded through a low density MEA and the number of
462 artificial neurons implemented on the FPGA. For the purpose of detecting network-wide
463 activity, this oversimplification of biological complexity can be acceptable to test the
464 functionality of the device and the feasibility of the approach, but if the goal is to functionally
465 replace a biological network, a higher resolution would be preferable. It is worth underlying
466 that this hardware implementation is not exploiting the full resources of the FPGA, thus in

467 follow-up studies, also thanks to the flexibility of our system, we foresee to scale up the
468 number of neurons and synapses and to upgrade the computational algorithms to deal with
469 more complex experimental designs. From a technological point of view, the current state of
470 the art makes possible the use of devices with a large number (thousands) of recording
471 electrodes (Berdondini et al. 2009; Frey et al. 2009). Such an improvement would also allow
472 to have more information about functional connectivity of the biological network (Pastore et
473 al. 2018) and thus developing more realistic, in terms of topology, artificial models. In this
474 work, we arbitrarily modeled the network connectivity with a random adjacency matrix since
475 the use of MEAs with 60 electrodes made impossible to correctly identify the topological
476 properties (e.g., hubs, recurring connections, modules, etc.) of the network under
477 investigation.

478 We are aware that the road is still long to target human applications. Despite this, we think
479 that the extensive work performed represent an important milestone to start from. The next
480 fundamental (and critical) step would be to test the neuromorphic prosthesis in vivo, for
481 example on animal models affected by ischemic or traumatic lesions (Guggenmos et al.
482 2013). Even if the adaptation to the new experimental set-ups will require time, we believe
483 these are necessary steps to further push the translational potential of our system, which will
484 be able to create real innovation in the clinical therapeutics.

485

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496 **Author contributions**

497 T. L., Y. B., P. M., P. B. and M. C. designed the study. Y. B. and T. L. designed and
498 fabricated the hardware board. S. B., V. P., F. D., and M. C. designed the experiments. M. A.,
499 P. M., P. N., F. G. and T. L. designed and worked on SNN. I. C., M. B., and M. T. prepared
500 the bimodular cultures. S. B., L. M., A. A. and F. D. performed the experiments. S. B., L. M.,
501 J. T., V. P., and M. C. designed the analyses. S. B. and L. M. performed the analyses. S. B., I.
502 C., and V. P. performed the statistical analyses. S. B. and I. C. prepared the original figures.
503 S. B., I. C., T. L., and M. C. wrote the manuscript. T. L., P. M., P. B. and M. C. acquired
504 funding to conduct the research. All authors have read, corrected and approved the final
505 version of the manuscript.

506

507 **Declaration of Interests**

508 The Authors report no competing interests.

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687

688

689 **Figure titles and legends**

690 **Figure 1. Interfacing a biological neural network and neuromorphic neuroprosthesis. A,**

691 Schematic representation of the main elements of the setup: cartoon of an MEA coupled with a BNN;
692 picture of the amplification system; picture of the custom FPGA board; picture of the stimulus
693 generator. Out of the loop, we used a PC to configure the board. **B**, Schematic representation of the
694 different phases of two experimental approaches which share a pre-lesion, a lesion (performed
695 through laser ablation, not shown) and a post lesion phase. The final experimental phase can be either
696 bidirectional bridging (BB) or hybrid bidirectional bridging (HBB). **C**, Schematic of real-time data
697 processing performed by the board: the first step is spike detection followed by network burst (NB)
698 detection monitoring module 1. After NB detection, delivering stimulation to module 2 of the BNN
699 (BB approach) or to the SNN is possible. In the second modality, there is also NB detection of the
700 SNN, which can result in stimulation delivered to the BNN (HBB approach).

701

702 **Figure 2. A laser ablation-induced lesion can disconnect two neuronal modules. A1, Schematic of**

703 the first experimental protocol. Experiments with no lesion: we recorded four consecutive hours of
704 spontaneous activity (S1-S4). **A2**, Schematic of the second experimental protocol. Experiments with
705 lesion: we recorded one hour of spontaneous activity (S1) followed by laser ablation and three
706 consecutive hours of spontaneous activity post lesion (SPL1-SPL3). The grey-shaded area indicates
707 20 minutes of no recording due to the execution of the lesion. **B1**, A 20 s raster plot of the network
708 bursting activity of one representative experiment during the S1 phase. **B2**, a 20 s raster plot of the
709 network bursting activity of one representative experiment during SPL3. **C1**, Cross-correlation (CC)
710 function for one representative experiment during the S1-S4 phases. The CC profiles between the
711 spike trains of each module (light blue) in the four phases of the experiment were high and stable
712 (lines shifted for the sake of clarity). Time axis [-500, +500] ms. **C2**, CC profile between the spike
713 trains of each module for one representative experiment with lesion. Before the lesion (light blue
714 profile), CC was high; following the lesion (dark grey), CC collapsed to zero (lines shifted for the
715 sake of clarity). Time axis [-500, +500] ms. **D1** Percentage of active channels with respect to S1 for

716 the experiments with no lesions (light blue columns, n=9) and with lesions (n=4, dark grey columns).
717 No significant difference was found using the Mann-Whitney test (S2 VS SPL1 $p = 0.2042$; S3 VS
718 SPL2: $p=0.31608$; S4 VS SPL3: $p=0.70769$). **D2**, Mean firing rate (MFR) ratio with respect to S1 for
719 experiments without (light blue bars) and with lesions (dark grey bars). No significant difference was
720 found during the last hour using the Mann-Whitney test (S2 vs SPL1: $p = 0.0028$; S3 vs SPL2: $p =$
721 0.01119 ; S4 vs SPL3: $p = 0.10629$). **E1**, Comparison of the CC area ratio with respect to S1 for the
722 experiments without (light blue bars) and with lesions (dark grey bars) (Mann-Whitney test; S2 vs
723 SPL1: $p = 0.0028$; S3 vs SPL2: $p = 0.0028$; S4 vs SPL3: $p = 0.0028$). **E2**, On the left, comparison of
724 the intra-module correlation coefficient (i.e., Pearson Correlation, PC) ratio with respect to S1 for the
725 experiments without (light blue bars) and with lesions (dark grey bars). No significant difference was
726 found using the Mann-Whitney test (S2 VS SPL1 $p = 0.71049$; S3 VS SPL2: $p= 0.14825$; S4 VS
727 SPL3: $p= 0.07552$). On the right, the same comparison regarding inter-module PC that showed clear
728 differences between experiments without and with lesion (Mann-Whitney test; S2 vs SPL1: p
729 $=0.0028$; S3 vs SPL2: $p = 0.0028$; S4 vs SPL3: $p = 0.0028$). **F1**, Network burst rate (NBR) ratio with
730 respect to S1 showing significant differences during the first and second hour after the lesion (Mann-
731 Whitney test; S2 vs SPL1: $p = 0.0028$; S3 vs SPL2: $p = 0.01119$; S4 vs SPL3: $p = 0.26014$). **F2**,
732 Probability of single-module NB (Prob smNB). The ratio with respect to S1 shows stability for
733 experiments without (light blue bars) and with lesions (dark grey bars) (Mann-Whitney test; S2 vs
734 SPL1: $p = 0.0028$; S3 vs SPL2: $p = 0.0028$; S4 vs SPL3: $p = 0.0028$).

735

736 **Figure 3. Bidirectional bridging is effective in reconnecting functionally and anatomically**
737 **disconnected neuronal modules. A**, Schematic of the experimental protocol. We recorded 20
738 minutes of spontaneous activity (S1) followed by laser ablation. The grey-shaded area indicates 20
739 minutes of no recording during ablation. Dots represent two hours of no recording after the lesion to
740 maintain a stable activity in both modules. Then, we recorded 20 minutes of SPL activity (SPL3)
741 followed by 20 minutes of the bidirectional bridging (BB) protocol and another 20 minutes of
742 spontaneous activity (SPL4). **B1-4**, The 20 s-long raster plots of representative experiments
743 (respectively, from phases S1, SPL1, BB and SPL4). In **B3**, Blue and red lines represent electrical

744 stimulation pulses delivered from module 1 to module 2 and vice versa, respectively. **C**, MFR during
745 the 4 experimental phases was stable (colour code as in panel a: S1: light blue dot; SPL3, SPL4: dark
746 grey dots; BB: red dot). No significant difference was found (one-way RM ANOVA, $p=0.469$, $DF =$
747 3 , $F = 0.872$) **D1**, CC function during the 4 experimental phases. Small arrows indicate the blanking
748 period of 8 ms following each stimulation. Colour code the same as that in panel a. Note that during
749 BB, the cross-correlation function (red) recovers even if not completely with respect to the initial
750 profile (light blue), while it stays at zero during the spontaneous activity phases post lesion (SPL3 and
751 SPL4, dark grey profiles). **D2**, CC area was highly reduced during the post-lesion phases. The CC
752 area partially recovered during the BB protocol and collapsed again when stimulation was switched
753 off (one-way repeated measures analysis of variance; degrees of freedom=3; $F=101,832$. S1 vs SPL3
754 $p=5.67E-13$; S1 vs SPL4 $p=7.54E-13$; S1 vs BB $p=1.60E-07$; BB vs SPL3 $p=1.77E-06$; BB vs SPL4
755 $p=2.81E-06$; SPL4 vs SPL3 $p=1$). **E1**, NBR remained stable during the experiments. No significant
756 difference was found (one-way repeated measures analysis of variance: $p=0.501$, $DF=3$; $F=0.810$).
757 **E2**, Probability of the single-module NB (Prob smNB) was close to one after the lesion. During the
758 BB protocol, the probability was similar to the pre-lesion condition. (Friedman's repeated measures
759 analysis of variance; $p<0.001$, $DF=3$, Chi-square=24.3. SPL4 vs S1 and SPL3 vs S1: $p<0.001$).

760

761 **Figure 4. Spiking neural network (SNN) design and characterization.** **A**, Schematic of the
762 procedure used to create a library of SNNs. Starting from the Izhikevich model implemented on the
763 FPGA and a library of 34 BNNs with a large spectrum of activity, we tuned the mean value of the
764 synaptic weight distribution to obtain and select from a collection of SNNs (SNN library, comprising
765 27 different configurations). **B**, Representative 20 s-long raster plots of different BNNs showing
766 different NB rates. **C**, Left, distribution of excitatory synaptic weights from the 27 SNNs. In red, the
767 slower SNN of the library (SNN 1). The blue arrow indicates the shift of the mean value (from 0.99 to
768 1.34) of the normal distribution with standard deviation = 0.3 to obtain increasing NBR values. Right,
769 distribution of inhibitory synaptic weights from the 27 SNNs. In red, the slower SNN of the library
770 (SNN 1). The blue arrow indicates the shift of the mean value (from -2.02 to -1.02) of the normal
771 distribution with standard deviation = 0.3 to obtain increasing NBR values. **D**. Representative 20 s-

772 long raster plots of different SNNs showing different NB rates. **E**, Left, cumulative MFR profile for
773 the BNN library. Right, cumulative MFR profile for the SNN library. **F1**, Comparison between BNN
774 and SNN libraries in terms of network MFR (i.e., the mean value of all active electrodes for BNN and
775 neurons for SNN). **F2**, Comparison between BNN and SNN NBR, showing that the SNN library
776 covers the BNN variability and contains networks with a higher NBR.

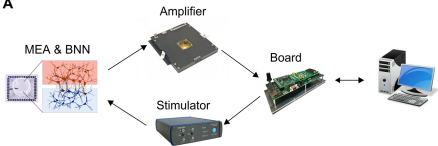
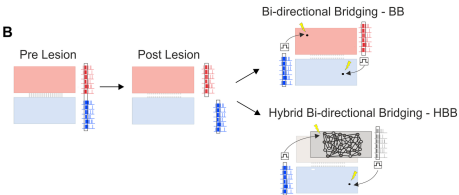
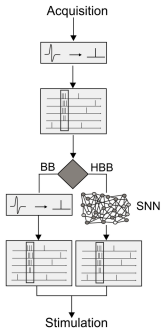
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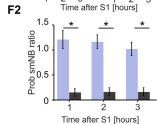
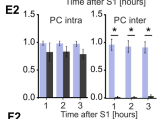
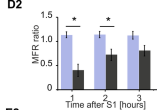
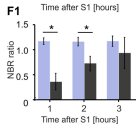
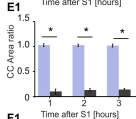
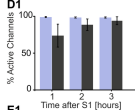
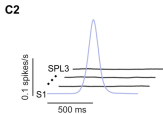
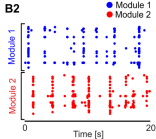
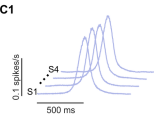
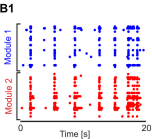
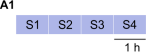
778 **Figure 5. The hybrid bidirectional bridging approach is effective when a neuronal assembly**
779 **must be replaced.** **A**, Schematic of the experimental protocols. We recorded 20 minutes of
780 spontaneous activity (S1) followed by laser ablation. Grey-shaded area indicates 20 minutes of no
781 recording during ablation. Dots represent two hours of no recording after the lesion to obtain stable
782 activity in both modules and to test different stimulation channels. Then, we recorded 20 minutes of
783 SPL activity (SPL3) followed by 20 minutes of a hybrid bidirectional bridging (HBB) protocol and
784 another 20 minutes of spontaneous activity (SPL4). **B1**, Top, 20 s-long raster plot depicting the BNN
785 bursting activity involving both modules before lesion. Bottom, activity of SNN uncorrelated with the
786 BNN. The networks are not linked. **B2**, Top, 20 s-long raster plot after lesion showing uncorrelated
787 bursting activity on BNN modules 1 and 2. Bottom, same as that in B1. **B3**, 20 s-long raster plot
788 during HBB depicting two hybrid events. The first event on the left was an NB detected on module 1
789 of the BNN. The detection resulted in a stimulation pulse delivered to 10 excitatory neurons of the
790 SNN (blue line, bottom). An NB on the SNN was detected 18 ms after the stimulation and triggered
791 the delivery of a stimulation pulse to module 1 of the BNN (grey line, top). **B4**, 20 s-long raster plot
792 depicting the uncorrelated activity of BNN modules (top) and SNN network (bottom). **C**, MFR during
793 the 4 experimental phases was stable (colour code as in panel a: S1: light blue dot; SPL3, SPL4: dark
794 grey dots; HBB: red dot). No significant difference was found (one-way repeated measures analysis of
795 variance. $p < 0.001$, $DF = 3$, $F = 3,16$; Bonferroni test: all comparisons with $p > 0.05$). **D1**, CC function
796 during the 4 experimental phases. Colour code the same as that in panel A. Note that during BB, the
797 cross-correlation function (red) recovers even if not completely with respect to the initial profile (light
798 blue). **D2**, CC area was highly reduced during the post-lesion phases. The CC area partially recovered
799 during the BB protocol and collapsed again when stimulation was switched off (one-way repeated

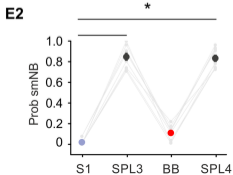
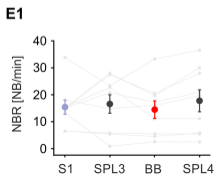
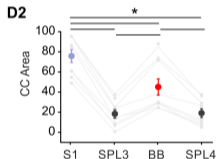
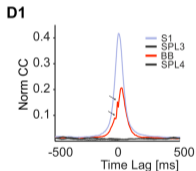
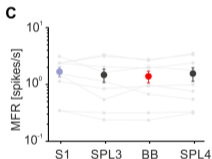
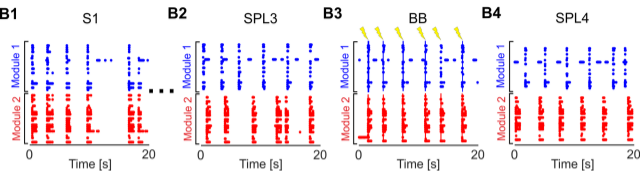
800 measures analysis of variance. $p < 0.001$, $DF=3$; $F=70,448$; S1 vs SPL3: $p=5.80E-10$; S1 vs SPL4
801 $p=2.72E-09$; S1 vs HBB: $p=9.16E-04$; HBB vs SPL3 $p=1.16E-07$; HBB vs SPL4 $p=1.02E-06$; SPL4
802 vs SPL3 $p=0.73643$). **E1**, NBR did not change during HBB with respect to the S1 phase (one-way
803 repeated measures analysis of variance. $p=0.005$, $DF=3$; $F=6,069$; S1 vs SPL3 $p=0.02482$; S1 vs
804 SPL4 $p=1$; S1 vs HBB $p=1$; HBB vs SPL3 $p=0.01022$; HBB vs SPL4 $p=1$; SPL4 vs SPL3
805 $p=0.00674$). **E2**, Probability of a single-module NB (Prob smNB) was close to one after the lesion.
806 During the HBB protocol, the probability was similar to that in the pre-lesion condition (one-way
807 repeated measures analysis of variance. $p < 0.001$, $DF=3$; $F=453,439$; S1 vs SPL3 $p=4.96E-13$; S1 vs
808 SPL4 $p=1.03E-12$; S1 vs HBB $p=0.22606$; HBB vs SPL3 $p=1.94E-12$; HBB vs SPL4 $p=4.30E-12$;
809 SPL4 vs SPL3 $p=1$).

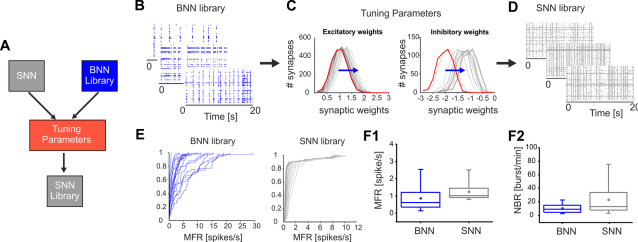
810 **Supplemental video**

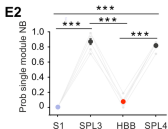
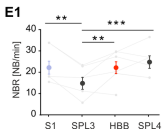
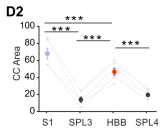
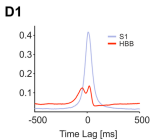
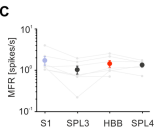
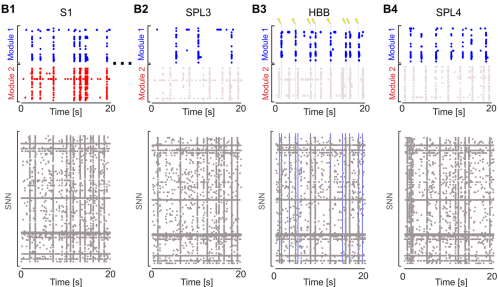
811 **Performing the lesion, related to Figure 2.** Video recorded during a laser ablation of the
812 connections between two modules (visible on the left and right side) of a bimodular cell
813 culture. Video recorded on November 16th 2016. Duration 18s. Link:
814 [https://data.mendeley.com/datasets/bnjckk2kht/draft?a=bb802c21-d45c-4c17-be78-](https://data.mendeley.com/datasets/bnjckk2kht/draft?a=bb802c21-d45c-4c17-be78-34b11d53bed0)
815 [34b11d53bed0](https://data.mendeley.com/datasets/bnjckk2kht/draft?a=bb802c21-d45c-4c17-be78-34b11d53bed0)
816

A**B****C**

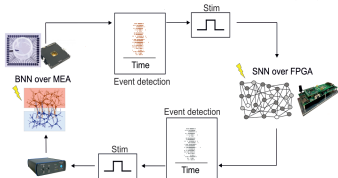






A

A Biological Neural Network (BNN) dialoguing in closed-loop with a real-time neuromorphic prosthesis based on a Spiking Neural Network (SNN)



In case of a focal lesion in BNN, the neuromorphic prosthesis can implement two reconnection strategies: Bidirectional Bridging (BB) and Hybrid Bidirectional Bridging (HBB)

