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▶ To cite this version:

Melina Cordeau, Ihsane Bichoutar, David Meunier, Kep Kee Loh, Isaure Michaud, et al.. Anatomofunctional correspondence in the voice-selective regions of human prefrontal cortex. NeuroImage, 2023, 279, 10.1016/j.neuroimage.2023.120336 . hal-04249911

HAL Id: hal-04249911 https://hal.science/hal-04249911

Submitted on 19 Oct 2023

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Anatomo-functional correspondence in the voice-selective regions of human prefrontal cortex

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13 Abstract

Group level analyses of functional regions involved in voice perception show 14 evidence of 3 sets of bilateral voice-sensitive activations in the human prefrontal 15 16 cortex, named the anterior, middle and posterior Frontal Voice Areas (FVAs). However, the relationship with the underlying sulcal anatomy, highly variable in this 17 region, is still unknown. We examined the inter-individual variability of the FVAs in 18 19 conjunction with the sulcal anatomy. To do so, anatomical and functional MRI scans from 74 subjects were analyzed to generate individual contrast maps of the FVAs 20 and relate them to each subject's manually labeled prefrontal sulci. We report two 21 major results. First, the frontal activations for the voice are significantly associated 22 with the sulcal anatomy. Second, this correspondence with the sulcal anatomy at 23 the individual level is a better predictor than coordinates in the MNI space. These 24 findings offer new perspectives for the understanding of anatomical-functional 25 26 correspondences in this complex cortical region. They also shed light on the 27 importance of considering individual-specific variations in subject's anatomy.

28

29 Keywords: Human, fMRI, Voice perception, Individual variability, Sulcal anatomy

30 1. Introduction

31 The cerebral processing of voice information has been shown to involve several voice-selective cortical regions: the Temporal Voice Areas of bilateral secondary 32 33 auditory cortex (Belin et al., 2000; Pernet et al., 2015) but also 3 bilateral regions of frontal cortex we called the Frontal Voice Areas (FVA; Aglieri et al., 2018). Based 34 on group-averaged fMRI results, the anterior frontal voice area (aFVA) in the left 35 hemisphere appears to correspond to the *pars orbitalis* of the inferior frontal gyrus 36 37 (IFG) (Brodmann area BA 47) and in the right hemisphere to the pars triangularis of the IFG (BA 45); the middle frontal voice areas (mFVA) bilaterally correspond to the 38 upper part of the *pars opercularis* of the IFG (BA 44); and the posterior frontal voice 39 40 areas (pFVAs) to the precentral gyrus close to the junction with the middle frontal 41 gyrus (BA 6). However, the localization of the FVAs seems much more variable at 42 the individual participant level.

43 A portion of the inter-individual variability in the occurence and position of the FVAs could conceivably be related to the high inter-individual variability in the anatomy 44 of prefrontal folding patterns. Detailed examination of prefrontal sulci such as the 45 46 horizontal ascending ramus of the lateral fissure (Sprung-Much and Petrides, 2020), the ascending ramus of the lateral fissure or the diagonalis sulcus (Sprung-47 48 Much and Petrides, 2018), has uncovered strong variability in their existence and spatial organization. Indeed, correspondence between the localization of functional 49 activations and local sulcal anatomy has been observed in multiple cases, such as 50 51 for the position of the motor hand representation relative to the 'hand knob' of 52 Central Sulcus (Sun et al., 2012), the relationship between cortical folding in the visual cortex and retinotopic maps (Rajimehr and Tootell, 2009), or the localization 53 54 of the temporal voice areas relative to the 'Superior Temporal Asymmetrical Pit' of the Superior Temporal Sulcus (Bodin et al., 2018). One can also mention some 55 56 anatomo-functional correspondances at the level of the lateral prefrontal cortex 57 (Amiez et al., 2016, 2006; Amiez and Petrides, 2018; Zlatkina et al., 2016), the cingulate (Amiez et al., 2013; Amiez and Petrides, 2014), the orbitofrontal cortex 58 (Li et al., 2015), the visual cortex (Benson et al., 2014, 2012; Weiner et al., 2018, 59 60 2014; Witthoft et al., 2014), as well as the lateral parietal cortex (Konen and 61 Kastner, 2008; Tootell et al., 1997). We can also highlight a study (Lopez-Persem et al., 2019) that showed that the sulcal organization is a better predictor than MNI
coordinates to identify the functional organization of the ventromedial prefrontal
cortex.

Here we address that question by examining at the individual subject-level the relative location of the FVAs and frontal sulci using anatomical and functional MRI data from 74 healthy adult participants (Figure 1). We assess (1) whether FVAs show consistent relationship to particular frontal sulci; and (2) whether these relationships could be more predictive of the location of a particular FVA than the group-average MNI coordinates.

71 We observe consistent associations between the FVAs and specific sulci. For the

72 mFVAs and pFVAs, the distance to the associated sulcus is ~2-3 times shorter than

73 the distance to the average MNI coordinate of that FVA.



74

75 Figure 1: Summary of the methodology used to examine anatomo-functional

76 correspondences between FVAs and frontal sulci at the individual level. A. The functional 77 map of the contrast Vocal sounds vs. Nonvocal sounds from the Voice Localizer is shown overlaid on the 3D 78 cortical anatomy in one participant. B. Local voice selectivity maxima, individually extracted in search zones 79 around the group-average locations of the FVAs, are represented as red spheres centered on each local 80 maximum C. 3D mesh of the gray-white matter interface. D. Prefrontal sulci of interest were individually

81 *labeled. E. Anatomical and functional data are registered for computing the distance between sphere centers*

and sulci. F. Frontal sulcus nomenclature used and associated color code: Central sulcus (cs), superior precentral
 sulcus (sprs), inferior precentral sulcus (iprs), inferior frontal sulcus (ifs), anterior inferior frontal sulcus (aifs),

84 anterior ascending ramus of the lateral fissure (aalf), horizontal ascending ramus of the lateral fissure (half),

85 diagonalis sulcus (ds).

86 2. Materials and methods

87 2.1 Participants

We scanned seventy-four (n = 74; 36 males and 38 females ; age (mean \pm SD) = 88 89 $38,5 \pm 19,7$) healthy adult volunteers on the localizer scan as part of experiments of the Voice Neurocognition Laboratory of the Institute of Neuroscience and 90 Psychology at University of Glasgow. Participants were recruited from the 91 population of Glasgow and were of various ethnic backgrounds, education and 92 manual lateralization. Participants all provided written informed consent prior to 93 participation, in accordance with the Declaration of Helsinki. The experiments were 94 approved by the local ethics committee at University of Glasgow. 95

96 2.2 Voice localizer protocol and stimuli

97 The voice localizer consists of a ten minutes and twenty seconds-long block design 98 with 40 eight seconds-long blocks of either vocal (20 blocks) or non-vocal (20 blocks) sounds from stimuli already used in Belin et al., 2000. Stimuli were 99 presented using Media Control Functions (DigiVox, Montreal, Canada) via 100 101 electrostatic headphones (NordicNeuroLab, Norway; or Sensimetrics, USA) at a comfortable level (80-85 dB SPL). The forty blocks are intermixed with twenty 102 103 periods of silence allowing the hemodynamic to relax. Blocks consisted of a mixture 104 of either vocal sounds or non-vocal sounds, with at most a 400 ms delay between consecutive stimuli. The order of blocks was attributed randomly and was similar 105 106 for all participants. Vocal blocks contained only sounds of human vocal origin 107 (excluding sounds without vocal fold vibration such as whistling or whispering) 108 obtained from 47 speakers (7 babies, 12 adults, 23 children and 5 elderly people) 109 and consisted of speech sounds (words, syllables or sentence extracts in different languages) and non-speech vocal sounds (emotional positive or negative sounds 110 111 like laughs, sighs, or cries, and neutral sounds like coughs, and onomatopoeias). 112 Non-vocal blocks consisted of natural sounds (from natural sources like falls, sea waves, wind, and from various animals like cats, dogs, lions, and elephants) and of 113 114 man-made sources (from objects like cars, glass, alarms, and clocks, and from (classical) musical pieces). Stimuli (16 bit, mono, 22,050 Hz sampling rate) were
normalized for RMS (same normalization for all stimuli); a 1-kHz tone of similar
energy is provided for calibration. Stimuli are available for download at:
<u>https://amubox.univ-amu.fr/s/edQWc7oSiaRNYsP</u>.

119 2.3 MRI acquisitions

All scans were acquired on a 3T Siemens (Erlangen, Germany) Tim Trio scanner at 120 121 the Centre for Cognitive Neuroimaging University of Glasgow. All fMRI data were 122 acquired using a single-shot gradient-echo echo-planar imaging (EPI) sequence with the following parameters: field of view (FOV) = $210 \times 210 \text{ mm}^2$, 32 slices per 123 124 volume, interleaved slices order, voxel size $3 \times 3 \times 3.3$ mm³, acquisition matrix 70 125 \times 70, flip angle = 77°, echo time (TE) = 30 ms. The repetition time (TR) was 2 s with 126 an acquisition time (TA) of 2 seconds resulting in quasi-continuous scanning noise 127 Participants were scanned while passively listening to the stimuli and keeping their 128 eyes closed. For each participant, 310 EPI volumes were acquired together with a 129 high-resolution 3D T1-weighted sagittal scan (voxel size 1mm³ isotropic; acquisition 130 matrix 256 256 192).

131 2.4 Preprocessing of anatomical data

132 T1w MRIs were processed using the Morphologist pipeline implemented in Brainvisa 133 (Brainvisa 5.0.2 singularity version). This pipeline performed automatically T1 bias 134 corrections, sulcus extraction and mesh generation. We then manually labeled the sulci of interest in the vicinity of the FVAs. We used the manual tool 'Anatomist 135 show descriptive model' and the default nomenclature from Brainvisa, with 136 137 modification of selected sulcus names to adopt the nomenclature of the Petrides 138 atlas (Petrides, 2016). We labeled the central sulcus (cs), superior/inferior 139 precentral sulcus (sprs/iprs), inferior frontal sulcus (ifs), diagonalis sulcus (ds), 140 horizontal ascending ramus of the lateral fissure (half), anterior ascending ramus of the lateral fissure (aalf) and anterior inferior frontal sulcus (aifs - generated by 141 142 brainvisa but in our study it might correspond to the sulci pretriangular sulcus (prts) 143 combined with some other highly variable sulci in the petrides atlas). The labeling was performed in all 74 participants, with n=9 participants initially labeled 144

independently by 2 experimenters. The two experimenters are disagreed about the
labeling of any sulcus only 5 times across the 9 participants (disagreed about one
labeling of the aalf, 2 times about the ds, 1 times about the sprs and 1 time about
the iprs); they are agreed (or disagreed with only one or two branch on the sulcus)
in all the other cases i.e. 96% of the cases. This analysis confirmed the reliability of
the labeling of the frontal sulcus for the 74 participants.

151 2.5 Preprocessing of functional data

SPM VERSION was used to preprocess functional data. We made a realignment of 152 153 the 310 EPI volumes, T1w native image have been then coregistered to the mean 154 of realigned EPIs through normalized mutual information, smoothing (6x6x6) of the mean of realigned EPIs, and T1 images were segmented into their native space 155 156 tissue components (gray and white matter, and CSF). Next we computed an fMRI 157 model estimation with the multiple conditions (names = VOCAL and NONVOCAL; duration = 8 and 8; onset = VOCAL [22 62 82 112 132 162 202 222 242 262 312 158 159 352 372 402 432 462 482 512 542 572], NONVOCAL[12 32 52 102 122 142 182 232 160 282 302 322 342 382 422 442 472 502 522 552 592]) and motion parameters 161 determined during preprocessing as regressors of no interest. We then calculated for each individual subject its contrast map corresponding to the beta maps for 162 VOCAL minus the beta map for NON-VOCAL. Voice-selective regions were 163 164 identified as those showing a significantly greater activity for voice than for nonvoice categories for each individual participant (pvalue < 0,001 uncorrected). 165

166 2.6 Definition of the search zone at the individual level

Six Frontal Voice Areas have been described by Aglieri et al., 2018 in prefrontal 167 168 cortex based on the average activation maps from 90 DARTEL-registered participants. The coordinates in the MNI space of the average peaks are : aFVA left 169 170 (-39 27 -3) and aFVA right (54 32 0) approximately corresponding to the location 171 of the pars orbitalis/triangularis of the Inferior Frontal Gyrus, mFVA left (-48 16 21) and mFVA right (48 18 24) corresponding to the pars opercularis of the Inferior 172 Frontal Gyrus, pFVA left (-52-848) and pFVA right (51-248) corresponding to the 173 Precentral Gyrus. We choose to use these 6 average peaks to guide the 174

identification of the functional local maxima in each individual's native space. We 175 considered those three locations in each hemisphere as the center of a limited 176 177 search zone and we selected the peak of the voice vs. non-voice contrast in these regions - if one could be found. Two experimenters independently extracted 178 179 individual FVAs in a sample of 15 participants to examine inter-rater agreement and refine the search strategy. The two experimenters agreed on the (x,y,z) coordinates 180 181 and the nomenclature (anterior, middle or posterior FVA) in 52,2% of the cases 182 (47/90 peaks); agreed on the (x,y,z) coordinates but not for the nomenclature in 36,7% of the cases (33/90 peaks); and disagreed with the coordinates in 11,1% of 183 184 the case (10/90 peaks) with a mean difference (in mm) between the coordinates of (7, 19, 16). We made a second round of evaluation after corrections and we 185 obtained 100% of agreement between coordinates and nomenclature for the two 186 187 experimenters.

188 2.7 Co-registration functional on anatomical data

189 The coregistration between anatomy and function has been computed with 190 Brainvisa. The referentials of both objects were placed in the same space (native 191 anatomy) in order to visualize the spheres on the individual mesh of each subject. The aim of the sphere generation is to visually highlight local functional maxima 192 193 and to describe the anatomical localization of them based on sulcal anatomy. These 194 functional activations were also transformed in MNI space to determine the global localisation of the FVAs' cloud of points and to compare the accuracy of 195 measurements in MNI space considering or not the sulcal anatomy. 196

197 2.8 Distance measurement between functional activations and 198 the nearest sulci

To assess the anatomo-functional relationship between functional peaks and sulci, we performed distance measurements between the 8 frontal sulci of interest (central sulcus, superior-inferior precentral sulcus, inferior frontal sulcus, diagonalis sulcus, horizontal ascending ramus of the lateral fissure, anterior ascending ramus of the lateral fissure and anterior inferior frontal sulcus) and all the individual FVAs. We manipulated the Brainvisa objects (functional spheres, meshes and sulci) using the Brainvisa 5.0.2 singularity version, and we performed an Euclidian distance estimation with Spicy (numpy/python).

207 3. Results

208 3.1. Individual occurrence of the Frontal Voice Areas

We first examined the occurrence at the individual level of the different FVAs in our 209 sample of 74 participants. We report in Table 1 the proportion of participants in 210 whom each of the FVAs could be observed or not, individually in the left and/or 211 right hemispheres. The most commonly observed FVA was the pFVA that could be 212 213 identified bilaterally in 37,9% of the sample. The anterior FVA was much less 214 frequently observed, with an absence around 80% in the sample of 74 participants. Binomial tests conducted for each of the three FVAs confirmed that the distribution 215 216 is statistically different from chance in the aFVAs, with many more participants in whom none could be found, and much fewer participants in whom it could be 217 identified at all, than the expected 25%. The number of bilateral pFVAs was also 218 219 significantly higher than the 25% proportion expected by chance.

%	Left	Right	Bilateral	none
aFVA	9 (12,2%)*	4 (5,4%)***	2 (2,7%)***	59 (79,7%)***
mFVA	11 (14,9%)	19 (25,7%)	24 (32,4%)	20 (27,0%)
ρFVA	12 (16,2%)	12 (16,2%)	28 (37,9%)*	22 (29,7%)

220 Table 1: Individual occurrence of the FVAs.

221 Each cell indicates, for each of the 3FVAs (rows), the number (and proportion) of participants in whom the

222 FVA was identified in a single hemisphere (left or right), in both hemispheres (bilateral) or in none. Binomial

223 tests with Bonferroni correction ($\alpha/3$) were performed to identify deviations from chance distribution across

224 the 4 cells. *:p<0,05 corr.; ***:pvalue<0,001 corr.

225 3.2 Individual occurrence of the frontal sulci

In parallel we manually labeled and examined the individual occurrence of the main frontal sulci located around the FVAs. Table 2 indicates the proportion of participants in whom each of the main frontal sulci of interest were observed. Variability in occurrence concerned mostly the diagonalis sulcus (ds), the horizontal ascending ramus of the lateral fissure (half) and the anterior ascending ramus ofthe lateral fissure (aalf), which were absent in several participants.

Sulci	Left	Right
Horizontal ascending ramus of the lateral fissure	90,5%	91,9%
Anterior ascending ramus of the lateral fissure	94,6%	97,3%
Diagonalis sulcus	62,2%	55,4%
Central sulcus	100%	100%
Inferior frontal sulcus	100%	100%
Anterior inferior frontal sulcus	100%	100%
Inferior precentral sulcus	100%	100%
Superior precentral sulcus	100%	100%

232 Table 2: Individual occurrence of the main prefrontal sulci

233 Cells indicate, for each sulcus of interest, the proportion of participants in which the sulcus is present in the left
234 and right hemispheres.

235 3.3 Relationship between the FVAs and frontal sulci

Next, we assessed whether each FVA was located closer to a particular prefrontal 236 237 sulcus than the others. Figure 2 indicates, for each of the 6 FVAs, the proportion of 238 participants in whom the FVA was found closer to each of the main sulci of interest, in the individual (native) space. We found strong, symmetrical associations 239 between each FVA and a particular sulcus. Bonferroni-corrected binomial tests 240 241 confirmed that there were greater-than-chance associations between each FVA and a particular sulcus, symmetrically across hemispheres: the left and right aFVAs 242 243 were significantly associated with the horizontal ascending ramus of the lateral fissure (half); the left and right mFVAs were most often closest to the inferior frontal 244

sulcus (*ifs*) ; the left and right pFVAs were most often closest to the inferior
precentral sulcus (*iprs*) (Fig 2).



247

248 Figure 2: Association of FVAs with particular sulci

For each FVA (columns), cells indicate the number (and proportion) of participants in whom the FVA peak was
closer to each sulcus of interest (rows). Stars indicate cells for which the proportion of participants is
significantly above the 12.5% expected by chance as assessed by a Bonferroni-corrected Binomial test.*:p<0,05
corr.; **:p<10⁻⁷ corr.; ***:p<10⁻¹²corr. The bottom row in gray indicates the number of participants in whom
each FVA was observed.

254 3.4 Distance to sulcus vs. distance to average coordinate in the

255 MNI space

Finally, we assessed whether the distance to the associated sulcus in the individual 256 257 space was more predictive of each FVA localization than its distance to the average 258 coordinate computed across individuals in the MNI space. Indeed, the location of FVAs was highly variable across individuals, resulting in widely spread peaks in MNI 259 260 space (Fig 3a). Figure 3b shows, for each of the 6 FVAs, the distribution of distances 261 to average MNI coordinate vs. the distance to associated sulcus, after 262 transformation to MNI space, for normalization. For the aFVAs, median distances 263 were smaller relative to the *half* sulcus than to the average MNI coordinates, but not significantly (aFVA left pvalue=0,49; aFVA right pvalue=0,31). For the middle and posterior FVAs, the difference was stronger, and highly significant in both hemispheres (mFVA left pvalue=5,9.10⁻⁷; mFVA right pvalue=2,8.10⁻⁸; pFVA left pvalue=8,2.10⁻⁸; pFVA right pvalue=6,1.10⁻⁸). Non-parametric Wilcoxon tests were performed to compare two-by-two the medians and Bonferroni correction (α /3) was applied. Median distances to MNI average are reported in table3.



²⁷⁰

- 275 associated sulcus from the same individual. Stars indicate significance of the difference as assessed by
- 276 Wilcoxon's after Bonferroni correction: *:pvalue<0,05corr.; **:pvalue<0,01corr.; ***:pvalue<0,001corr.

²⁷¹ Figure 3: FVA spatial dispersion in functional vs. anatomical space

²⁷² A. Dispersion of FVAs peaks from every individual are shown in MNI space. aFVAs are represented in red,

²⁷³ *mFVAs in green and pFVAs in blue.*

²⁷⁴ B. For each FVA, we show the distribution of the distances to the MNI average (left) vs. the distances to the

2	7	7
~		'

	LEFT		RIGHT		
	Median distance to mean coordinate	Median distance to sulcus	Median distance to mean coordinate	Median distance to sulcus	
aFVA	11,0	8,6	10,6	4,4	
mFVA	14,0	5,6	12,2	4,8	
pFVA	12,9	2,9	11,4	4,2	

278 Table 3: Median distances to MNI average

280 *either group-level average or corresponding sulcus.*

²⁷⁹ Cells indicate, for each boxplot represented in the fig.3, the median of distances between individual peaks and

281 4. Discussion

We show here that there is a clear relationship between the functional localization of the Frontal Voice Areas and the sulcal anatomy of prefrontal sulci at the individual level. We also show that this sulcal anatomy can be more informative of an individual's FVA localization than average coordinates from group-level analysis.

4.1 Individual analysis reveals high inter-subject variability in both functional location of the FVAs and precise sulcal anatomy

In many participants we were able to identify at the individual level the FVAs 288 289 previously described at the group level (Aglieri et al., 2018) (Table 1). This was 290 particularly the case for the mFVA and pFVA that could be observed in at least one 291 hemisphere in nearly three quareters of the participants, and in both hemispheres 292 in about a third of the participants. The aFVA was much less frequently observed, 293 however, seen in either hemisphere in only 1 subject out of 5 (Table 1). There was 294 no clear hemispheric lateralization in this pattern, mirroring the bilateral and 295 essentially symmetrical group-level FVAs. When observed, individual-level FVAs were also fairly variable in their localization, as shown in Fig. 3a. 296

297 Individual examination of sulcal anatomy in the inferior prefrontal region also 298 revealed high variability, both in the shape of the sulci, as well as in the presence 299 of some classical sulci (Table 2). The diagonalis sulcus, in particular, could be 300 identified in a little more than half the participants, in line with previous studies.

301 4.2 Individual analysis reveals a relationship between the Frontal

302 Voice Areas and prefrontal sulcal anatomy

303 Despite functional and anatomical variability, we observed a clear correspondence 304 between anatomy and function. When they could be observed in either hemisphere, 305 the aFVAs were found most often closest to the horizontal ascending ramus of the 306 lateral fissure; the mFVAs closest to the inferior frontal sulcus; and the pFVAs 307 closest to the inferior precentral sulcus.

Structure-function relationships have already been reported in the literature, for 308 309 example the position of the motor hand representation relative to the 'hand knob' of Central Sulcus (Sun et al., 2012), or the localization of the temporal voice areas 310 311 relative to the 'Superior Temporal Asymmetrical Pit' of the Superior Temporal Sulcus (Bodin et al., 2018). Other examples include K.Weiner's work on the 312 313 functional implications around the fusiform gyrus (Weiner and Zilles, 2016), or 314 Arcaco's buried gyral folds along the superior temporal sulcus in macague lateral 315 temporal cortex, which selectively predict the location of face-sensitive regions (Arcaro et al., 2020). Finally, we can mention the work of C. Amiez and M. Petrides 316 317 on structure-function relations, such as the conditional visuomotor activity of the hand and the frontal eye field which are located in the superior precentral sulcus 318 (Amiez et al., 2006). Our findings are consistent with these previous studies, and 319 320 extend the notion of relationships between anatomy and function to the prefrontal 321 cortex.

4.3 Individual anatomy can be more predictive of functional location than group-level average coordinates

We found that for the middle and posterior FVAs in both hemispheres, the distance between the functional peak and the associated sulcus was on average considerably smaller than its distance to the group-level average coordinate. The median distance between the mFVA and the inferior frontal sulcus was around 2 times smaller than to group-level mFVA average; median distance to inferior precentral sulcus was about 3 times smaller than to group average for the pFVAs (Figure 3, Table 3).

In contrast, for the most anterior FVAs, we did not find a significant difference between distance to the average coordinate and to the horizontal ascending ramus of the lateral fissure (*half*). Possible explanations for this could be: (1) lack of statistical power due to fact that individual aFVAs could only be observed in a very small number of participants (11 participants showed this activation in the left hemisphere and 6 in the right hemisphere); (2) the *half* is a highly variable sulcus that was often absent. Better characterizing the complexity of the sulcal 338 morphology of this region is crucial for understanding the role of functional
339 activations in language-related studies (Sprung-Much and Petrides, 2020).

Thus, part of the functional variability observed in FVA localization seems to be explained by sulcal variability, and for the m and pFVAs, individual anatomical sulcation seems a better indicator of function localization than the barycenter of a rather spread out point cloud. This observation is in line with previous studies such as (Rivière et al., 2022) and (Coalson et al., 2018) that showed that spatial normalization is not optimal for dealing with inter-subject variability in cortical morphology.

347 4.4 Functional roles of the three FVAs based on sulcal anatomy

348 Here, we discuss the potential functional role of each FVA in voice processing based349 on their sulcal locations.

4.4.1 aFVA – Retrieval and integration of semantic and auditory aspects of voice information to drive vocal actions

The aFVA is most closely associated with the *half*, which separates the ventral part 352 353 of pars triangularis (area 45) from pars orbitalis (area 47/12) in the anteriormost 354 part of the inferior frontal gyrus (Sprung-Much and Petrides, 2020). It is also 355 located near to the *anterior ifs*, which corresponds to the region around the *prts* in 356 Petrides 2019 ("Atlas of the Morphology of the Human Cerebral Cortex on the Average MNI Brain - 1st Edition," book), where area 45 transits anteriorly into area 357 47/12 (Petrides and Pandya, 2002). Last, it is also related to the *aalf*, which forms 358 359 the caudal border of area 45, with area 44 located posteriorly (Sprung-Much and Petrides, 2020). As such, we propose that aFVA is likely located in the anterior part 360 361 of Broca's speech region (Broca, 1863), and could lie at the transition between 362 cytoarchitectonic areas 45 and 47/12.

This region has access to: 1) higher-order processed semantic and multimodal inputs from the anterior and middle parts of the temporal lobe via the extreme capsule frontal-temporal fasciculus (Frey et al., 2008; Petrides and Pandya, 2009, 1988), which constitutes the *ventral speech pathway* (Hickok and Poeppel, 2007) ;

2) auditory inputs from the posterior superior temporal cortex via the arcuate 367 fasciculus (Frey et al., 2014); 3) speech motor output areas, such as area 44 and 368 the ventral premotor areas, which are located immediately posterior to the aFVA. 369 370 This connectivity suggests that the aFVA would have a role in retrieving and integrating both the higher-order semantic and lower-order auditory aspects of 371 372 voice information, to drive speech motor actions via the posterior inferior frontal 373 cortex. Indeed, (Loh et al., 2020) demonstrated activations in this very area as 374 participants were actively selecting between vocal actions based on vocal/verbal 375 feedback. This role is likely preserved in non-human primates considering that the 376 connectivity of area 45 is homologous across humans and monkeys (Loh et al., 377 2017).

4.4.2 mFVA – High-level control of orofacial-vocal motor actions based on
phonological aspects of voice information

380 Our results indicated that the mFVA is most often found close to the *ifs*, at the more posterior part of the inferior frontal cortex (i.e. close to the *aalf, ds*) relative to the 381 382 aFVA. The main neighbouring sulci of the mFVA form the boundaries of area 44 of 383 the pars opercularis with ifs dorsally, aalf anteriorly, and iprs posteriorly, while the ds is known to be an axial sulcus within area 44 (Loh et al., 2020; Sprung-Much and 384 385 Petrides, 2018). However, notably, in some participants, the mFVA extends into the 386 area 45 territory (i.e. near to *half* and *ifs-a*). We propose that mFVA occupies *pars* 387 opercularis, i.e. area 44.

In both humans and monkeys, this region connects to the posterior superior 388 389 temporal cortex via the arcuate fasciculus (reviewed in (Becker et al., 2021)), and to the supermarginal gyrus via the *superior longitudinal fasciculus III.* This network 390 391 constitutes the dorsal speech pathway (Hickok and Poeppel, 2007) which is 392 implicated in phonological processing of speech. Apart from having access to 393 temporal phonological inputs, area 44 (where mFVA is located) is strongly associated with the speech motor output region in ventral premotor cortex 394 (Petrides, 2016). As such, functionally, the mFVA would be involved in the 395 396 processing of phonological aspects of voice (obtained from the posterior temporal 397 cortex) to regulate the control over speech/vocal motor production via the ventral

398 premotor area. Congruent with this role, area 44 has been shown to be involved in 399 both the conditional selection of orofacial and vocal motor acts, as well as the active 400 processing of vocal and verbal information (Loh et al., 2020). In nonhuman 401 primates, area 44 has also been demonstrated to be involved in auditory-driven 402 vocal motor control (*Aboitiz, 2018; Hage and Nieder, 2013*).

403 4.4.3 pFVA – Top-down influence on speech vocal perception

The pFVA is consistently located close to the *iprs*, which delimits area 44 anteriorly 404 405 and ventral premotor area 6 posteriorly. It is sometimes found close to the cs, 406 where the primary motor area 4 is found, and close to the *ifs*, which separates the 407 middle frontal gyrus dorsally from the inferior frontal gyrus. Based on these neighboring sulci, the pFVA is situated in ventral premotor area 6 at the most 408 409 caudal part of the inferior frontal cortex. The speech motor representations have 410 been located in this region (Conant et al., 2014; Penfield and Rasmussen, 1950). 411 Recent work (Real et al., 2017) reported that the ventral premotor area might 412 contribute to the top-down perception of speech by generating feedforward 413 predictive models of speech motor plans which are then compared with perceived 414 auditory-vocal inputs in the temporal cortex. Ventral premotor cortex is anatomically connected to the posterior parietal and temporal cortices and is 415 considered part of the dorsal speech pathway described by Hickok and Poeppel 416 417 (Hickok and Poeppel, 2007). As such, the pFVA's role in voice processing would be 418 in exerting a top-down influence on speech-vocal perception.

419

420 We can observe that these functional activations found in the human prefrontal cortex (FVAs) are also found in the frontal lobe of the macaques. To date, no study 421 422 has demonstrated functional homology of these activations between the two 423 species. Only the anterior activation of the temporal lobe (aTVA) has been described 424 as functionally homologous between the two species (Clémentine Bodin et al., 425 2021). Therefore, it would be interesting to investigate whether functional homology exists in the frontal lobe and to examine whether the activations in 426 427 monkeys, like humans, are associated with sulcal anatomy. Furthermore, we can

428 explore to what extent we can hypothesize about the evolution of voice perception429 between the two species.

430 4.5 Limitations and perspectives

431 Several limitations to our study must be considered. One is that we used an Euclidean distance in 3D for our comparisons. Given the pronounced folding of the 432 433 cortical surface, a geodesic distance on the cortical surface (Le Troter et al., 2012) 434 might have been more appropriate. Hausdorff (Huttenlocher et al., 1993) or Dice (Shamir et al., 2018) could be used in our case. However, Dice is a measure of 435 overlap, which means it relies on delineating both the sulcus and the extent of 436 437 activation (which is somewhat arbitrary). On the other hand, Hausdorff distance 438 would allow us to compute a metric with respect to all parts of the sulcus instead 439 of the nearest point. Since sulci are complex and variable structures, the 440 interpretation of the Hausdorff distance would then be difficult, with for instance 441 normalization issues relative to the variations in the size of the sulcus across individuals. Computing the Euclidean distance between the peak of activation and 442 443 the nearest point from each sulcus has the advantages to avoid the thresholding 444 effect from the Dice, and the normalization issue from the Hausdorff distance. In future work, we will consider other metrics and features of the cortical anatomy 445 446 such as the sulcal pits (Auzias et al., 2015) and the 'plis de passage' (C. Bodin et al., 447 2021). We will also refine and clarify the anatomical characterization of morphological patterns of the sulci (such as Sprung-Much and Petrides, 2018), 448 search for relationship with the depth of the sulcus (Bodin et al., 2018), or assess 449 450 specifically the morphological variability of prefrontal sulci and a possible match 451 with function as in (Sun et al., 2012). Another direction for future studies could be 452 to seek to establish correspondences between the different names of sulci provided by various atlases. 453

455 Conflicts of interest

456 None.

457 Acknowledgments

458 This work was funded by Fondation pour la Recherche Medicale (AJE201214 to 459 Pascal Belin and FDT202204015255 to Mélina Cordeau); Agence Nationale de la Recherche grants ANR-16-CE37-0011-01 (PRIMAVOICE), ANR-16-CONV-0002 460 461 (Institute for Language, Communication and the Brain), and ANR-11-LABX-0036 (Brain and Language Research Institute); the Excellence Initiative of Aix-Marseille 462 University (A*MIDEX); and the European Research Council (ERC) under the 463 464 European Union's Horizon 2020 research and innovation program (grant agreement no. 788240). 465

466

467 Credit author statement

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625 A. Appendices

A.1 Table: Percentage of simultaneous occurrence of eachFVA in the same hemisphere

LEFT	aFVA	mFVA	ρFVA
aFVA	-	6,8	6,8
mFVA	-	-	29,7
ρFVA	-	-	-
RIGHT	aFVA	mFVA	pFVA
aFVA	-	4,1	4,1
mFVA	-	-	41,9
ρFVA	-	-	-

630 For each hemisphere of the 74 participants, we looked at which FVA and in what proportion they were co-

activated. For each of these left and right FVA we looked at whether or not they appeared simultaneously.

632 We found that in both hemispheres, mFVA is often activated simultaneously with pFVA (29,7% in the left
633 hemisphere, and 41,9% in the right hemisphere).

	LEFT	RIGHT
0 FVA	24,3	27,0
1 FVA	3 7,8 *	28,4
2 FVAs	35,1	41,9*
3 FVAs	2,7	2,7

638 A.2 Table: Number of activations detected in each hemisphere

639 Percentage of cases for which there are 0, 1, 2 or 3 activations in the left and right hemisphere separately 640 (n=74 participants). We computed inverse binomial tests (2 tests, one for each hemisphere) and a Bonferroni 641 correction ($\alpha/2$) to know if some patterns of activations are significant in the population level. *: pvalue < 0,05 642 corrected. Beyond the positioning of the functional peaks (a, m, p) we asked ourselves which activation number 643 (0, 1, 2 or 3) is most represented (tab. 3). These were 1 FVA in the left hemisphere (37,8% each), and 2 FVAs 644 in the right hemisphere (41,9%). We made inferential statistics on these data to know if the number of FVAs in 645 each hemisphere is higher than the level of chance: we performed a binomial test on both hemispheres and a 646 Bonferroni correction ($\alpha/2$) to know if these results are significant at the population level and we found that 1 647 FVA in left hemisphere and 2 FVAs in right hemisphere appears more often than the chance level (pvalue < 648 0,05 corr.).

		RIGHT			
		0 FVA	1 FVA	2 FVAs	3 FVAs
LEFT	0 FVA	12,2	6,8	5,4	0
	1 FVA	8,1	13,5	14,9	1,4
	2 FVAs	6,8	8,1	20,3***	0
	3 FVAs	0	0	1,4	1,4

A.3 Table: Different activation patterns observed 650

652

653 Percentage of cases for which there are 0, 1, 2 or 3 activations in the left and right hemisphere simultaneously

654 (n=74 participants). We computed an inverse binomial test and Bonferroni correction (α /16) to assess whether

655 some patterns of activations were significant in the population level. ***: pvalue < 0,001 corrected

656 We also confronted each of our patterns (0, 1, 2 or 3 activations) with the same possibilities in the other

657 hemisphere, to see if we can establish a global pattern of activations (tab. 4). We noticed that the most

658 represented pattern is 2 activations in the left hemisphere and 2 activations in the right hemisphere (20,3%).

659 We performed an inverse binomial test and a Bonferroni correction (α /16) to know if the results are

660 significant, and we found that 1 pattern appear significantly: 2 FVAs in both hemispheres is the pattern most

661 commonly found (20,3%).

A.4 Figure: Distance between sulci of interest and the different Frontal Voice Areas



664

665 For each FVA, anterior (aFVA) middle (mFVA) and posterior (pFVA), we measure the distance (mm) to all the 8

666 sulci of interest, and we plot results on 6 heatmaps. Nearest sulci appear brighter.

667 Distance measurement between functional activations and the nearest sulcus – In addition to the information

668 given by the nearest sulcus to the FVAs, we measured the distance between the functional peaks and all sulci

669 of interest. This study allowed us to assessprecisely the organization of the sulci around the functional670 activation.

A.5 Figure: Examples of individual subjects displaying 0 672 activation or the 1, 2 or 3 FVAs 673



674 675

For each of the 74 subjects, a significant amount of anatomical and functional variability was observed. Here, 676 we present 4 subjects that represent the 4 different activation patterns: either 0 activation, 1, 2, or 3 FVAs. 677