

Figure S1: Modulation of additional frequency bands. a) Fronto-central delta power was significantly modulated by stimulation (t55 = -5.73, p < .001) with increased delta power for DBS-off. An exploratory correlation between delta and beta stimulation effects was not significant (r = .01, p = .97). b) Topographies showing delta power on/off stimulation at repetitions t1 – t3. c) Fronto-central theta power was significantly modulated by repetition (t55 = 3.27, p = .001) with increased theta for later repetitions. d) Topographies showing theta power on/off stimulation at repetitions t1 – t3. e) Fronto-central alpha power was significantly modulated by repetition (t55 = 3.96, p < .001) with increased alpha for later repetitions. f) Topographies showing alpha power on/off stimulation at repetitions t1 – t3. Colored lines represent modulations for individual patients. Black dots in the topographies mark electrodes included in the fronto-central cluster used for statistical analyses.

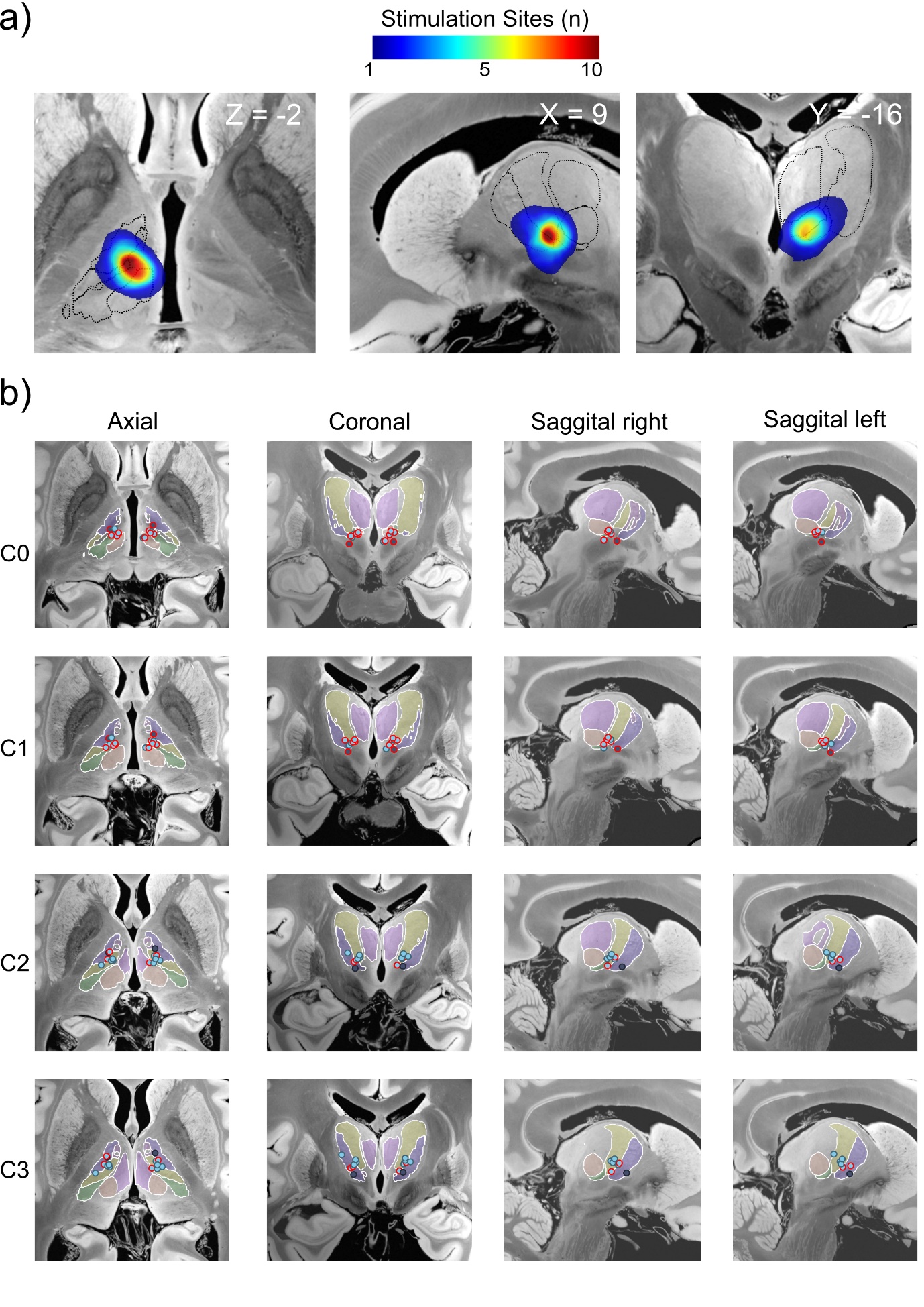


Figure S2: Location of stimulation sites and electrode placement. a) Overlapping electric fields of individual stimulation sites (seven patients, 14 hemispheres) binarized at 0.2V/mm superimposed on identical cross-sectional planes to those in Figure 1 of the main text. b) Individual electrode contacts of each patient mapped onto the same cross-sectional planes. Among the seven patients with available postoperative imaging data available, one patient’s electrodes were placed according to the VA/VAL target as outlined in the methods section. The figure demonstrates that the active contacts are in close proximity to the rest of the group, albeit with a slightly more anterior placement. Active contacts are marked with a red circle. C0 represents the most distal contact, while C3 represents the most proximal contact. Of note, the normalization of individual images into standard space can induce slight inaccuracies in electrode positions compared to native space visualizations.