

## Abstract

**Objectives:** While cochlear implants (CI) have provided benefits for speech recognition in quiet for subjects with severe-to-profound hearing loss, speech recognition in noise remains challenging. A body of evidence suggests that reducing frequency-to-place mismatch may positively affect speech perception. Thus, a fitting method based on a tonotopic map may improve speech perception results in quiet and noise. The aim of our study was to assess the impact of a tonotopic map on speech perception in noise and quiet in new CI users.

**Design:** A prospective, randomized, double-blind, two-period cross-over study in 26 new CI users was performed over a 6-month period. New CI users older than 18 years with bilateral severe-to-profound sensorineural hearing loss or complete hearing loss for less than 5 years were selected in the University Hospital Centre of Rennes in France. An anatomical tonotopic map was created using post-operative flat-panel computed tomography and a reconstruction software based on the Greenwood function. Each participant was randomized to receive a conventional map followed by a tonotopic map or vice versa. Each setting was maintained for 6 weeks, at the end of which participants performed speech perception tasks. The primary outcome measure was speech recognition in noise. Participants were allocated to sequences by block randomization of size two with a ratio 1:1(CONSORT Guidelines). Participants and those assessing the outcomes were blinded to the intervention.

**Results:** Thirteen participants were randomized to each sequence. Two of the 26 participants recruited (one in each sequence) had to be excluded due to the COVID-19 pandemic. Twenty-four participants were analyzed. Speech recognition in noise was significantly better with the tonotopic fitting at all signal-to-noise ratio (SNR) levels tested (SNR=+9 dB,  $p=0.002$ , mean effect (ME)=12.1% 95% Confidence interval (95%CI) = 4.9;19.2, standardized effect size(SES)=0.71; SNR=+6 dB,  $p=2.9 \times 10^{-5}$ , ME=16.3% 95%CI=9.8;22.7, SES=1.07; SNR=+3 dB,  $p=0.0004$ , ME=13.8% 95%CI=6.9;20.6, SES=0.84; SNR=0 dB,  $p=0.003$ , ME=10.8% 95%CI=4.1;17.6, SES=0.68). Neither period nor interaction effects were observed for any signal level,. Speech recognition in quiet ( $p=0.66$ ) and tonal audiometry ( $p=0.203$ ) did not significantly differ between the two settings. 92% of the participants kept the tonotopy-based map after the study period. No correlation was found between speech-in-noise perception and age, duration of hearing deprivation, angular insertion depth, or position or width of the frequency filters allocated to the electrodes.

**Conclusion:** For new CI users, tonotopic fitting appears to be more efficient than the default frequency fitting because it allows for better speech recognition in noise without compromising understanding in quiet.

## Objectifs

The aim of our study was to assess the impact of a tonotopic map on speech perception in noise and quiet in new CI users.

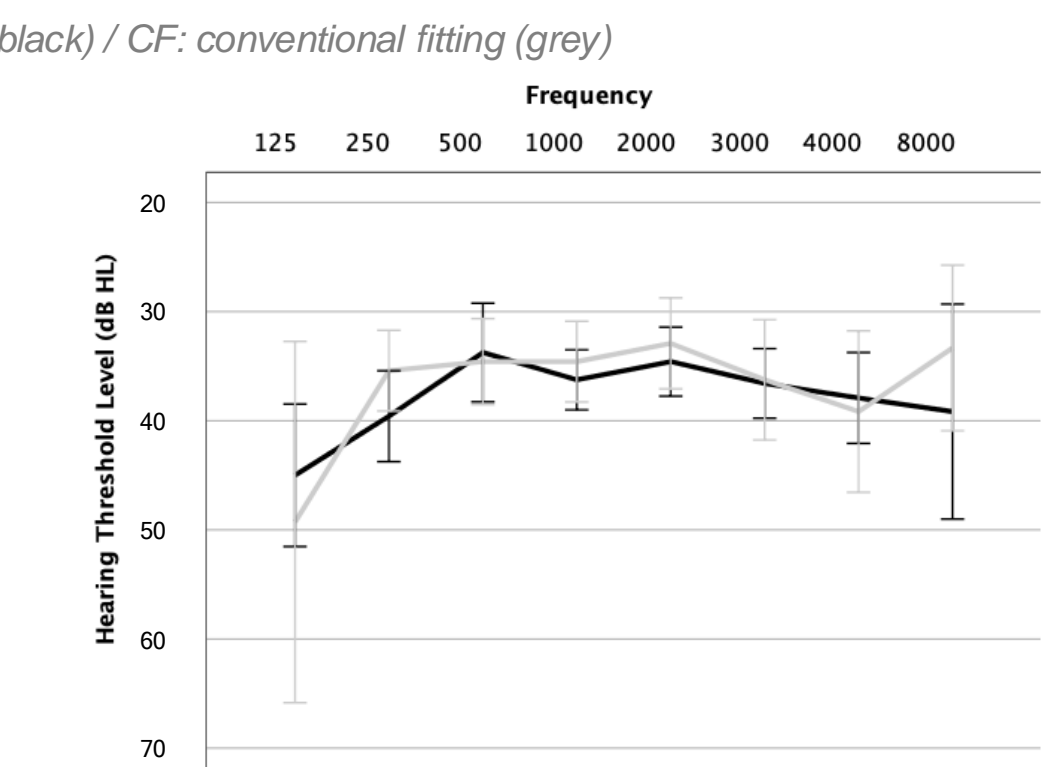
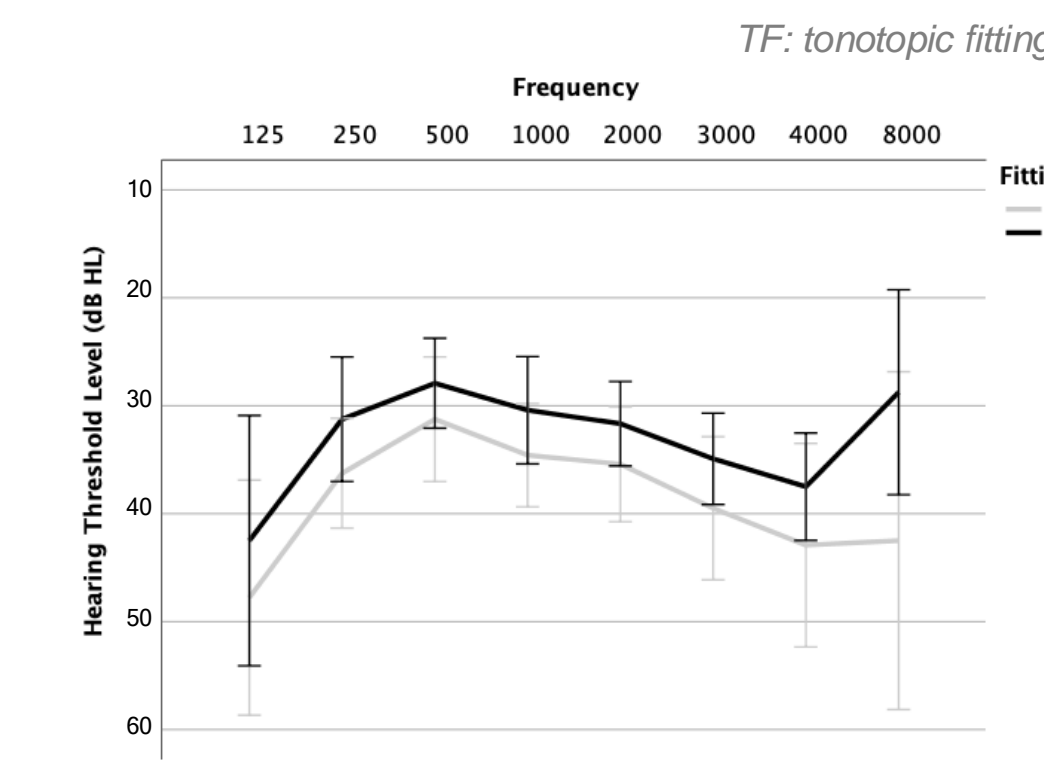
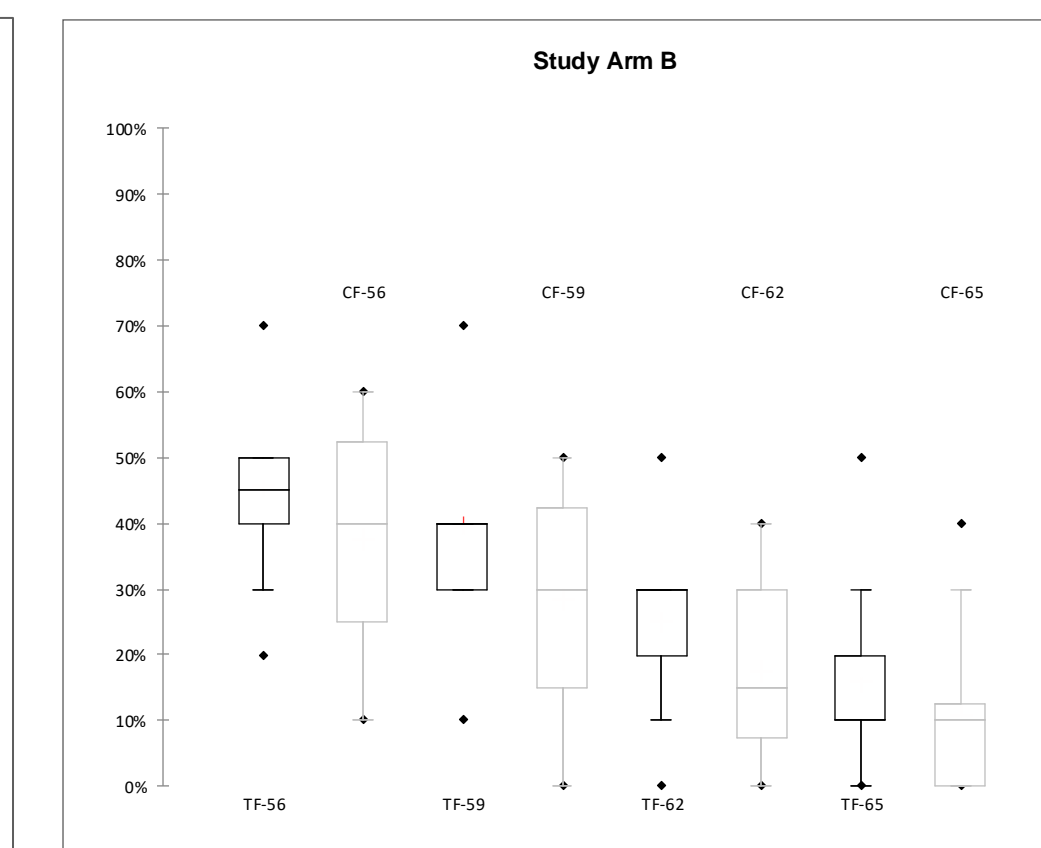
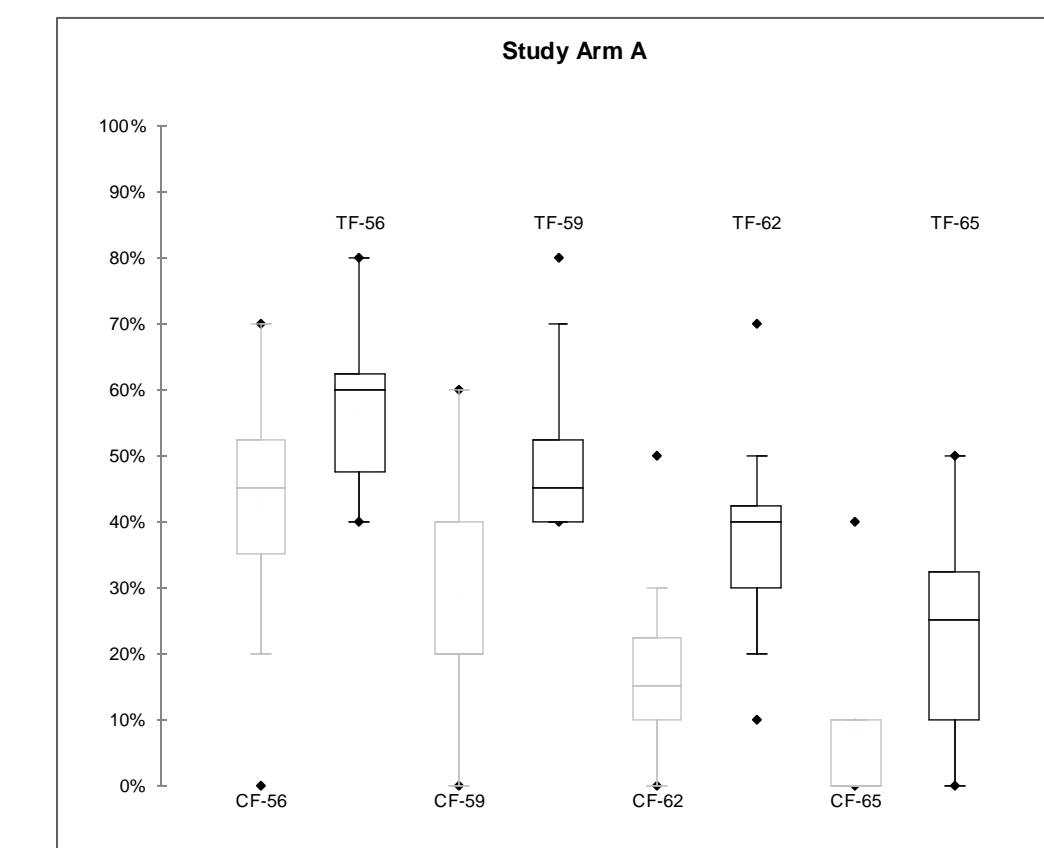
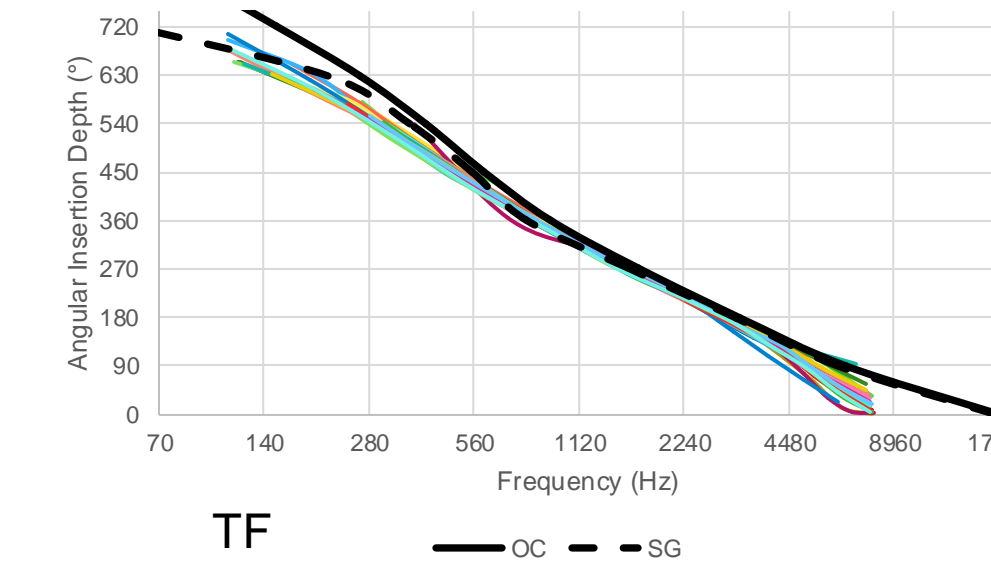
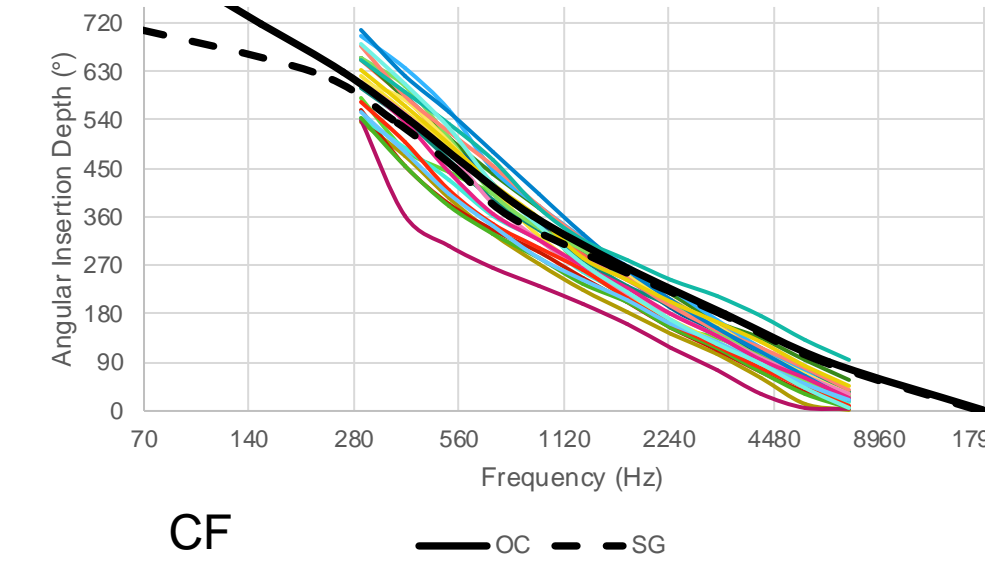
## Méthodes et Matériels

A prospective, randomized, double-blind, two-period of 6 weeks cross-over study in 26 new CI users was performed. Inclusion criteria : new CI users >18years with bilateral severe-to-profound hearing loss or complete hearing loss for < 5years.

An anatomical tonotopic map was created using post-operative flat-panel CT and a reconstruction software based on the Greenwood function.

After 6 weeks of each fitting, participants performed speech perception tasks: speech intelligibility in noise (signal-to-noise ratio (SNR)= +9/ +6/ +3/ 0dB) and tonal and speech audiometry in quiet.

## Résultats



For each patient, angular insertion depth as a function of center frequencies of conventional fitting and of tonotopic fitting for CI users.

➤ The frequency-to-place mismatch was reduced with TF comparing to CF for OC or SG tonotopy.

Combined data from each dB SNR for the study arm A and B

➤ Speech recognition in noise was significantly better with the tonotopic fitting at all SNR:

- SNR=+9 dB,  $p=0.002$ , mean effect(ME)= 12.1%, 95%CI = 4.9-19.2,
- SNR=+6 dB,  $p<0.001$ , ME=16.3%, 95%CI = 9.8-22.7
- SNR=+3 dB,  $p<0.001$ , ME = 13.8%, 95% CI = 6.9-20.6,
- SNR=0 dB,  $p=0.003$ , ME = 10.8%, 95% CI = 4.1- 17.6,
- Neither period nor interaction effects were observed for any signal level.

Hearing Threshold Level by frequency for study arm A and B

➤ No significant difference was found at each frequency between the 2 settings (CF and TF) for study arm A and B.

## Conclusion

Tonotopic fitting appears to be more efficient than conventional fitting because it allows for better speech recognition in noise without compromising understanding in quiet.

## Références

Canfarotta, M. W., Dillon, M. T., Buss, E., Pillsbury, H. C., Brown, K. D., & O'Connell, B. P. (2020). Frequency-to-Place Mismatch: Characterizing Variability and the Influence on Speech Perception Outcomes in Cochlear Implant Recipients. Ear and Hearing