

# DBP: Image Analysis for Atrial Arrhythmias

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# Driven (Crazy?) by Doctors



#### The CARMA Team





# CARMA = Comprehensive Arrhythmia Research and MAnagement



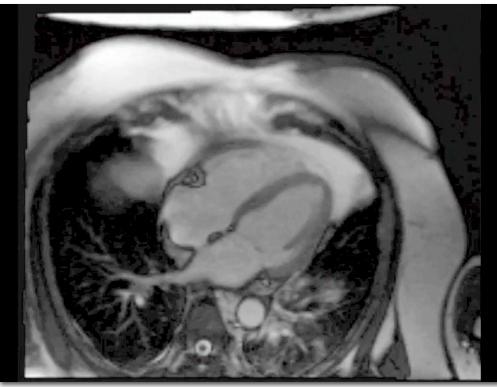




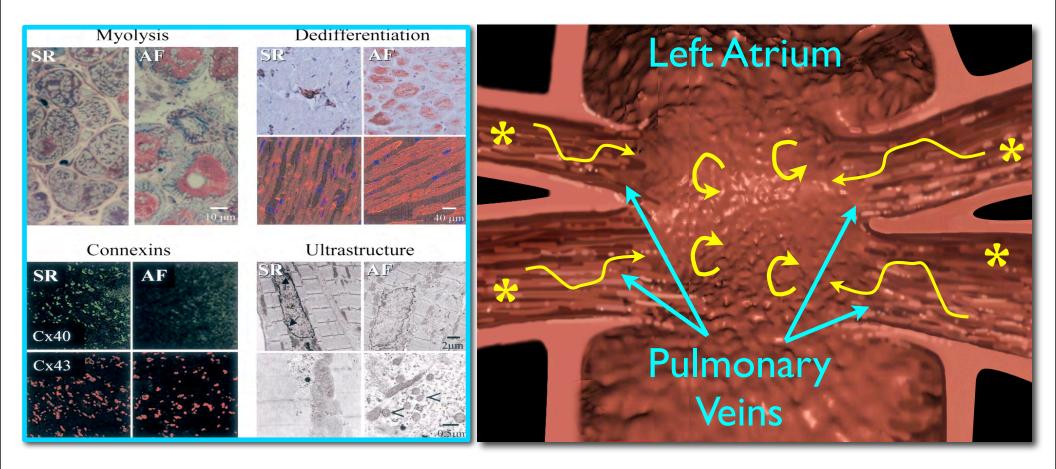
#### **Normal Contraction**

#### **Atrial Fibrillation**





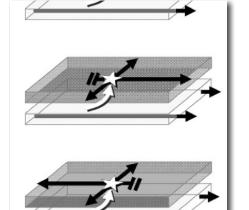
## What We Know About AF



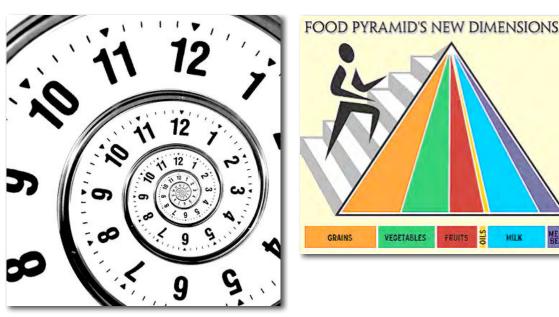
#### Substrate

Triggers

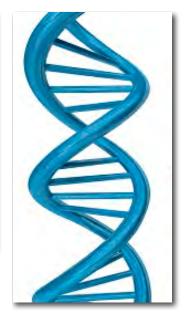
# What We Do Not Know about AF: Everything Else



Ift, A small portion of the atrial wall in cross seed by a single fibrillation wave propagating from epicardial layer. The site of EB is indicated be spread of activation from the breakthrough ser is represented as a single syncytium of cell



Time Course



Genetics

MEAT &

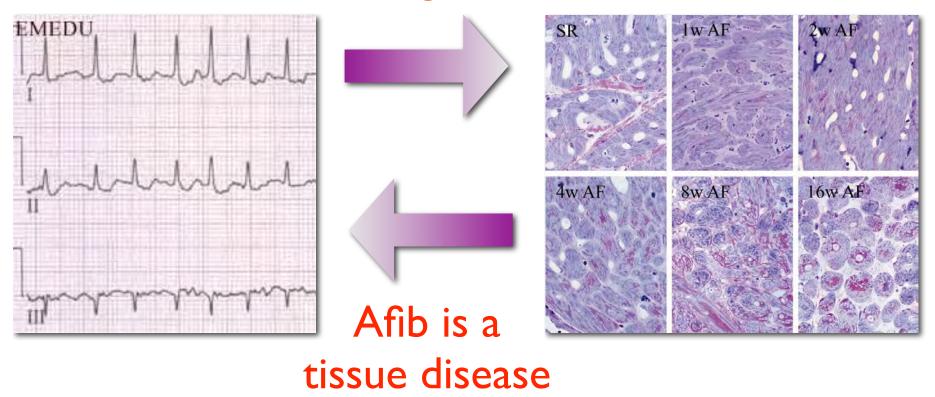
Environmental

**Factors** 

Mechanisms

# The Million \$ Mechanistic Question

#### Afib begets Afib



## Structure is Important

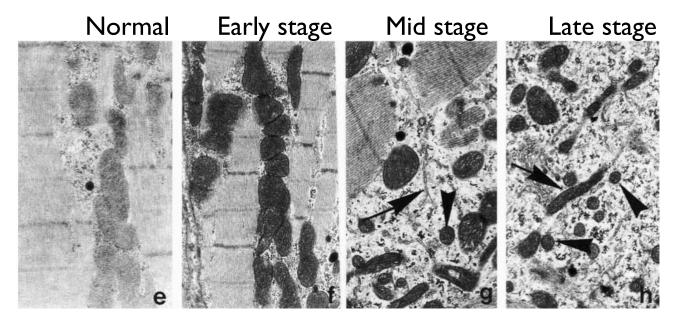


dreamstr



# The CARMA Mantra

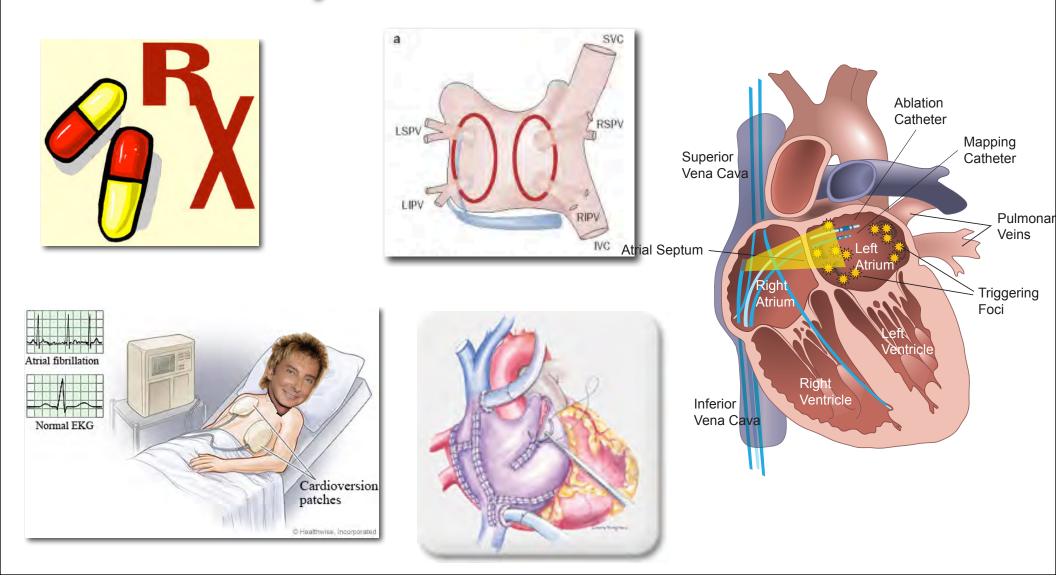
#### "AF is a heart tissue disease"



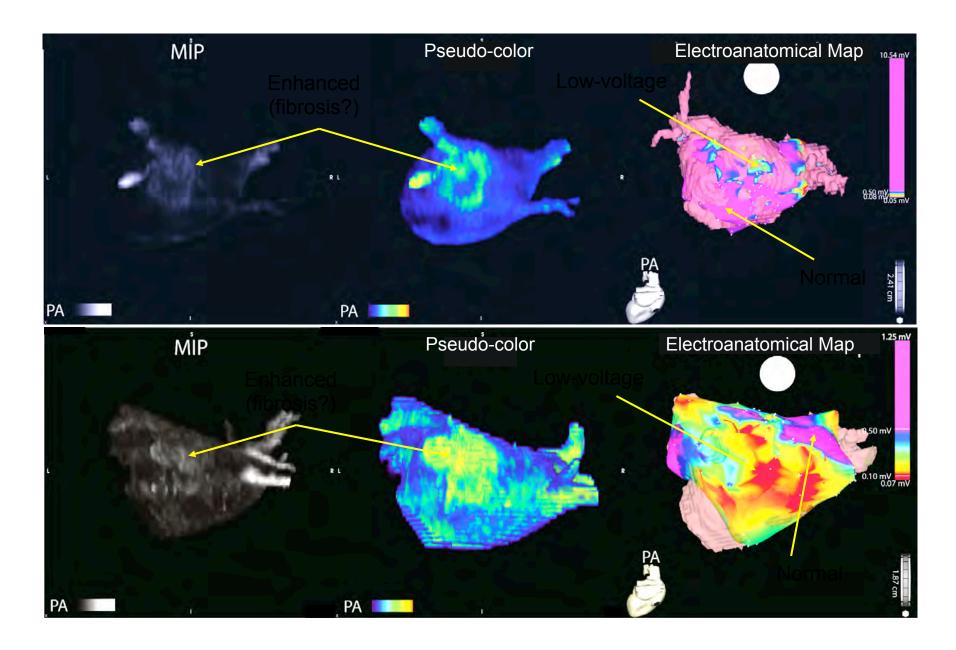
Ausma J, .... Allessie M ... J mol Cell Cardiol. 2001: 2083.

#### "Fibrotic Atrial Cardiac Myopathy (FACM)" Kottkamp H: J Cardiovasc Electrophysiol 2012;23:797-799

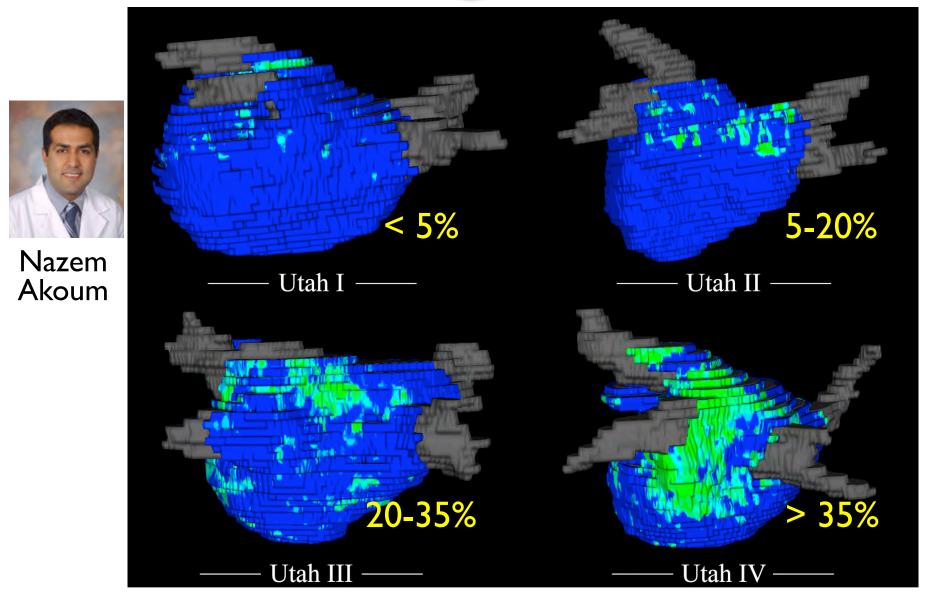
## Effective Treatment of AF Eventually Involves Intervention



## **CARMA Started Here**

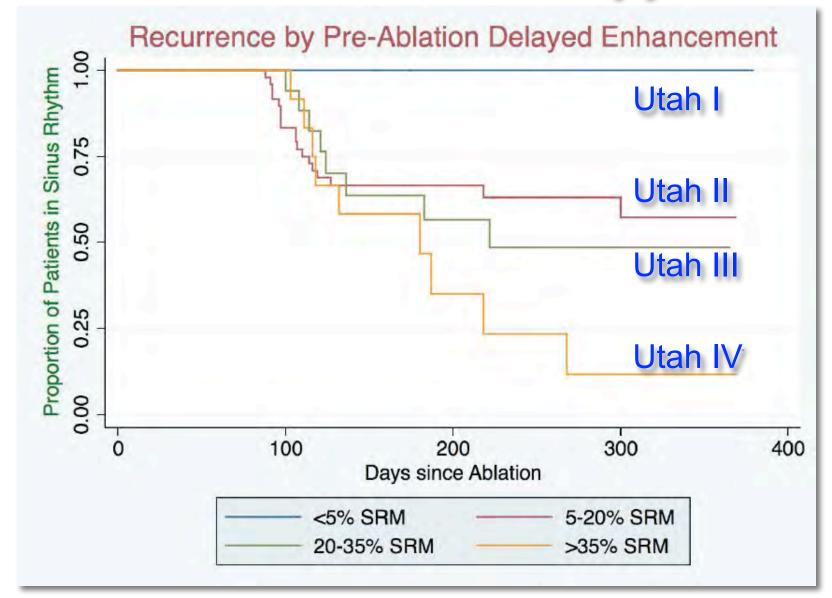


# Utah Scoring Scheme: 2011

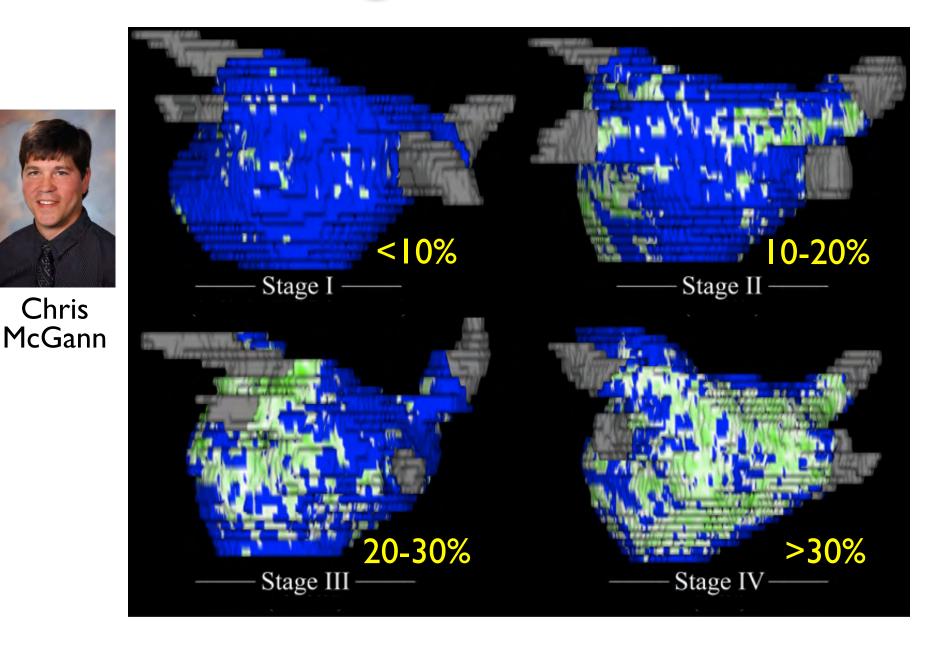


Akoum et al. J Cardiovasc Electrophysiol, 22:16-22, 2011

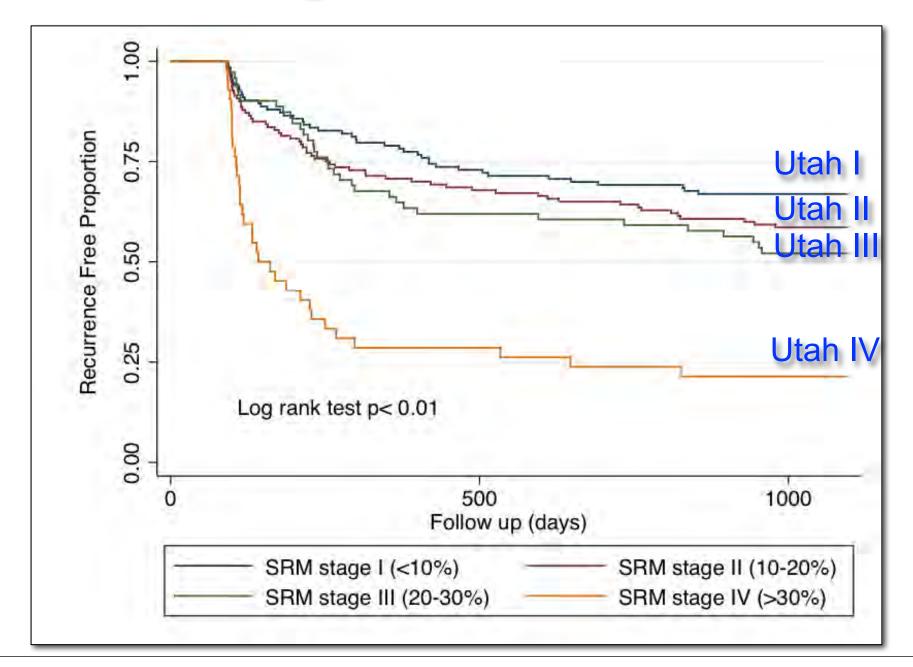
#### Fibrosis Predicts Outcome of Ablation Therapy



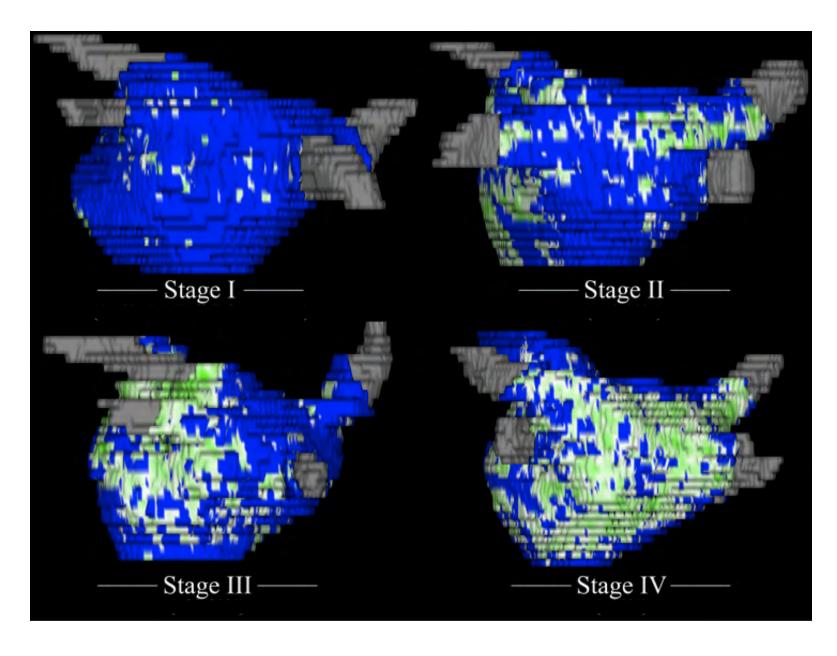
# **Utah Stages: Latest Edition**



# **Utah Stages: Latest Edition**



## It is MRI but is it Real?

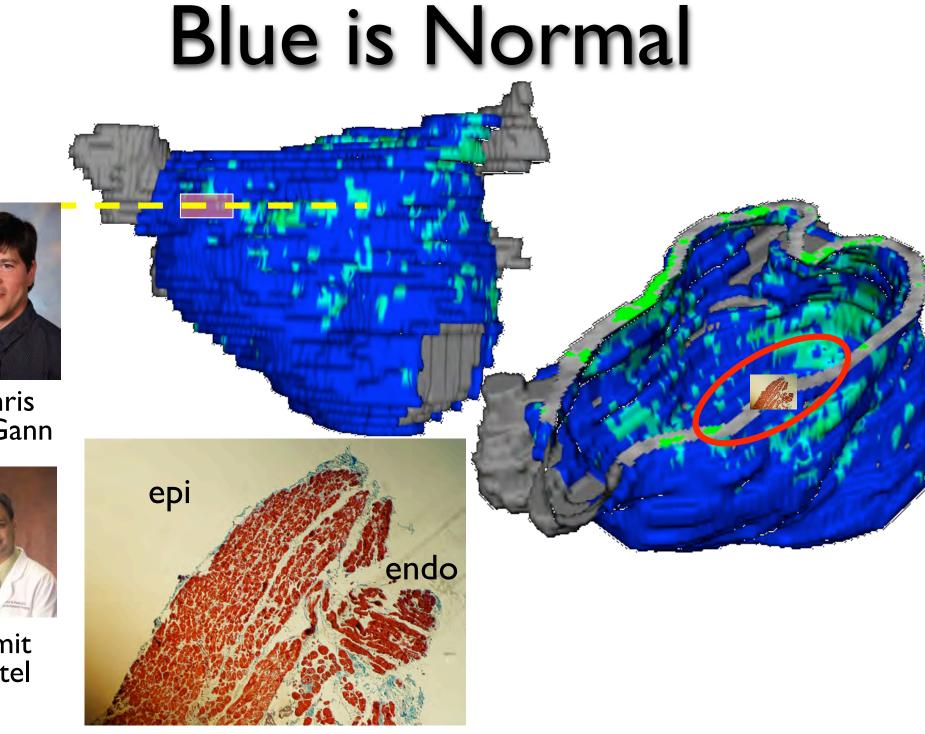


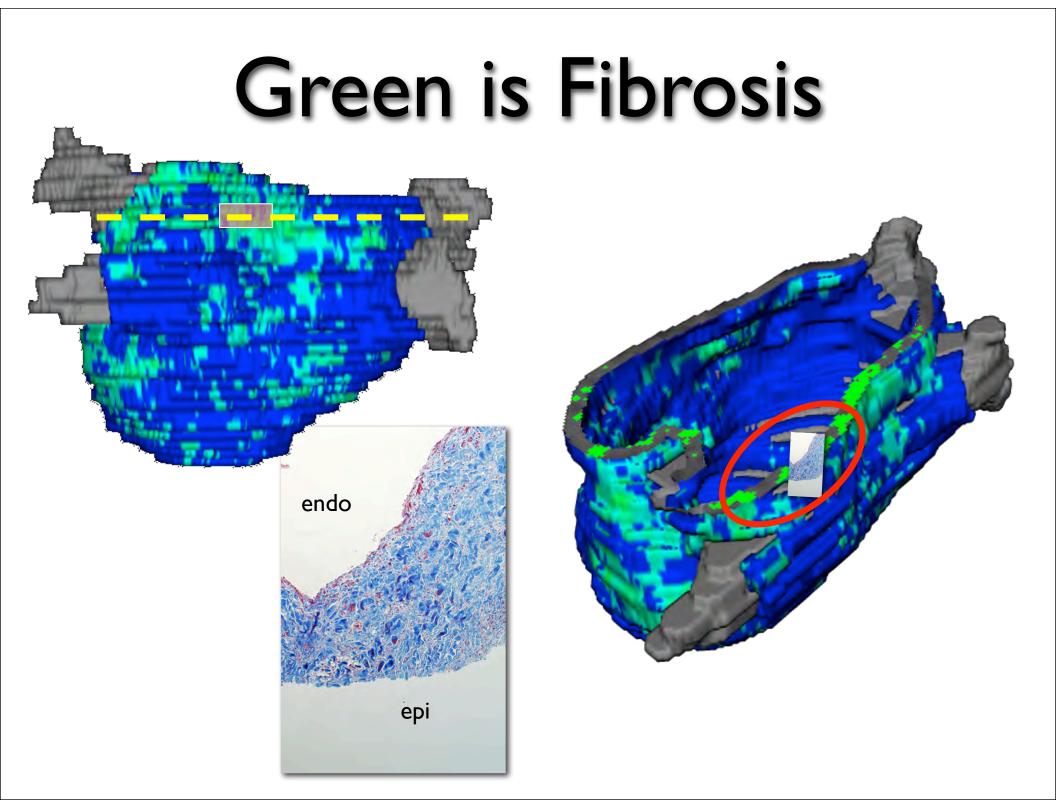










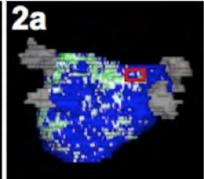


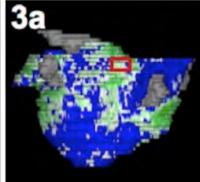
# Histology Summary

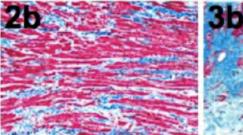
Control AF-mix AF-fibrosis



1c

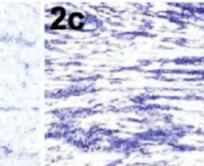


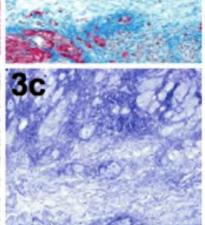




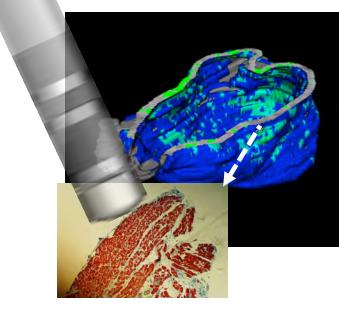




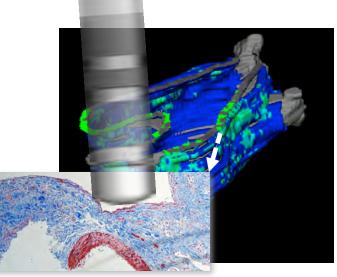




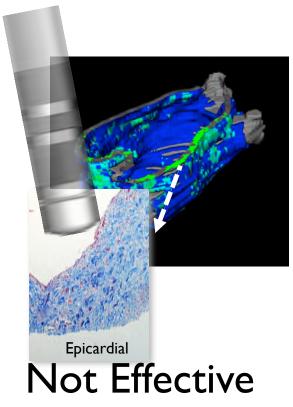
#### Not All Lesions Can Be Effective



#### Likely Effective



#### **Potentially Effective**



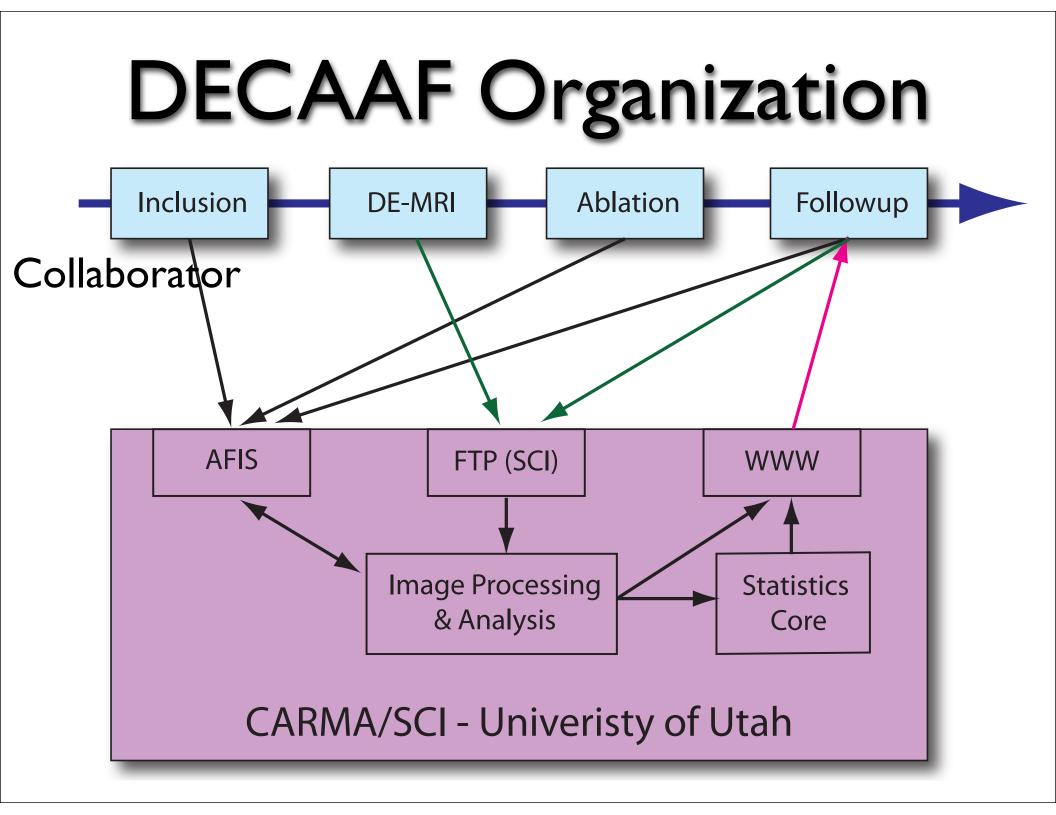


# DE-MRI Determinant of Successful Catheter Ablation of Atrial Fibrillation (DECAAF)











# Late Breaking Abstract at AmericanCollege of Cardiology Meeting









# Along Came NAMIC







# **AF Specific Aims**

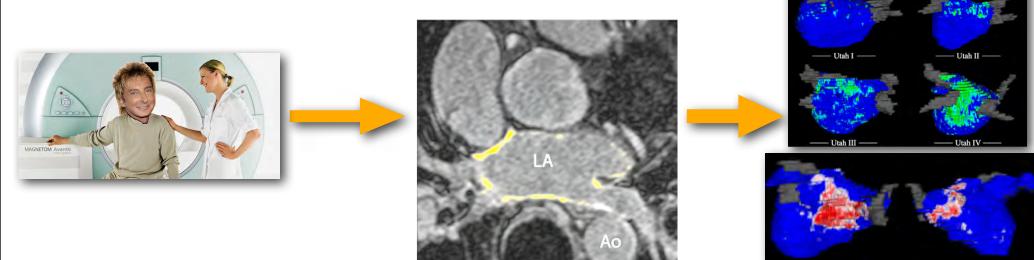
Registration





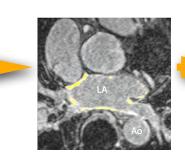
	Year 1	Yoar 2	Yoar 2
Aim 1	Evaluate existing algorithms	Integrate linear and nonlinear registration into prototype workflow	Optimize tools, tests, and validation, documentation
Aim 2	Evaluate existing and implement new tools for atrial wall segmentation and for tissue characterization	Joint segmentation of pre- and post treatment data;efficient implementations through software and hardware acceleration	Refine segmentation tools, tests and validation, integrate post-treatment im- age segmentation into clinical workflow, documentation
Aim 3	Design of segmentation and registration workflow and application-specific GUI	Prototype workflow system for integrated registration and segmentation, pre-/ post-analysis and visualization. Tests on existing database.	Tests on image data shared with other labs, establish database also with nonimage information for prototypical scoring system, training, and dissemination.

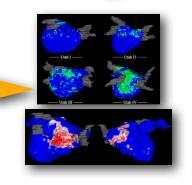
# The CARMA AF Workflow

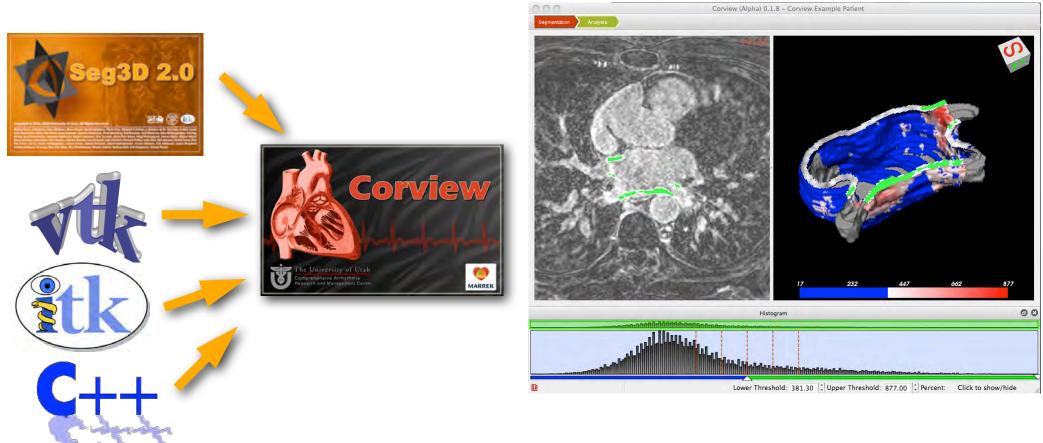


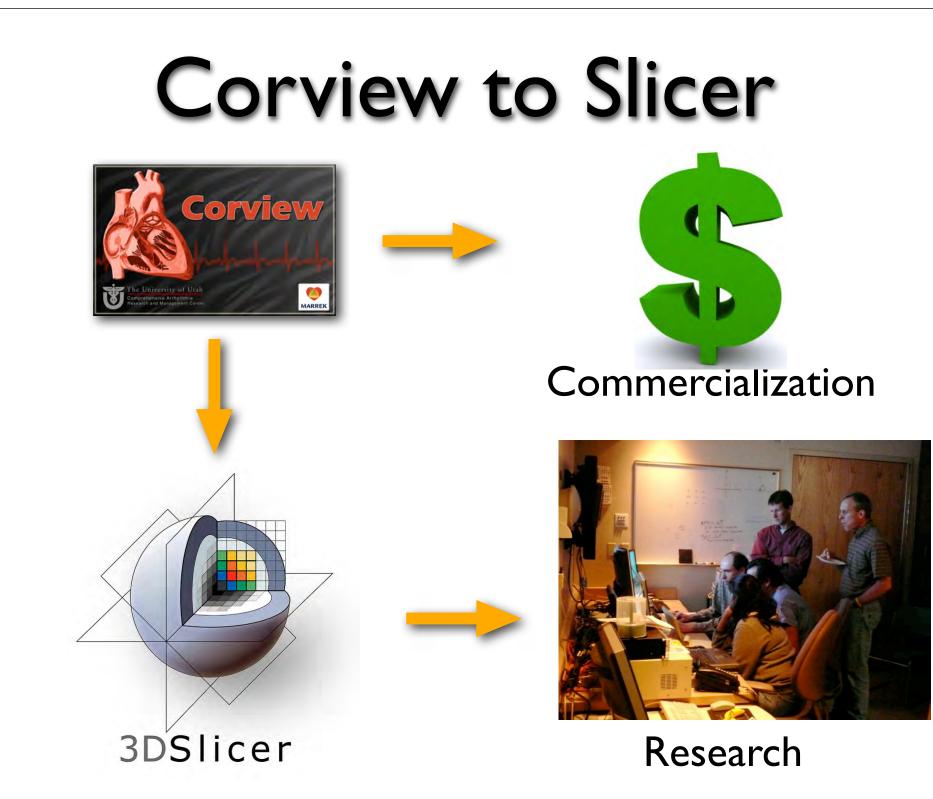
# Implementing the Workflow



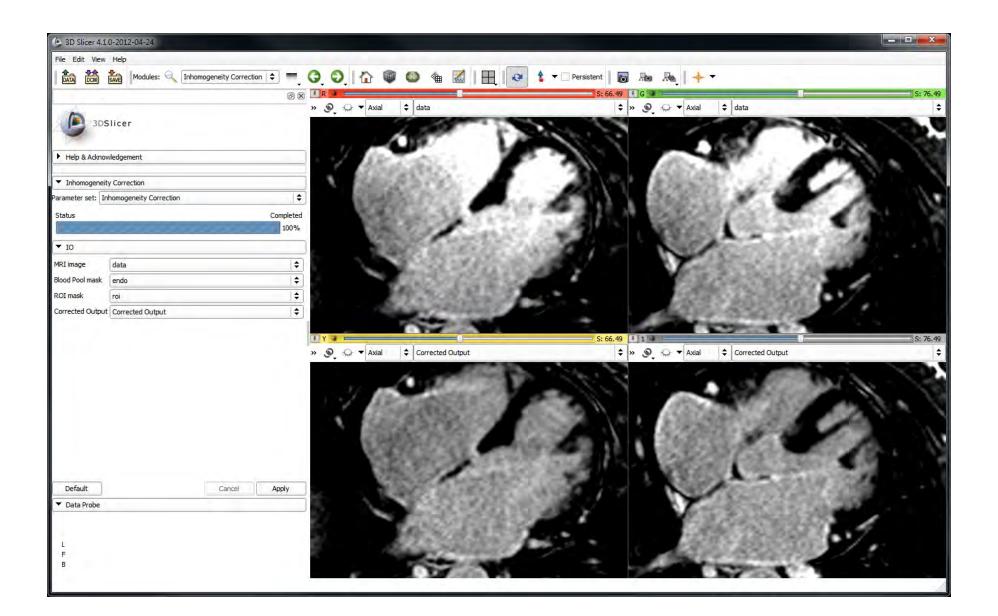








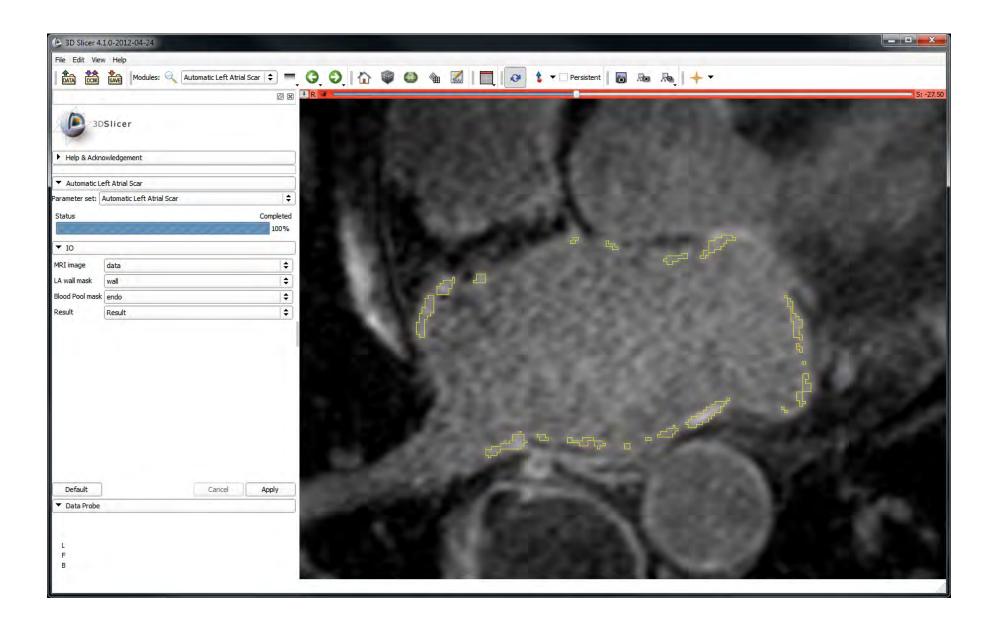
# **Slicer: Intensity Correction**



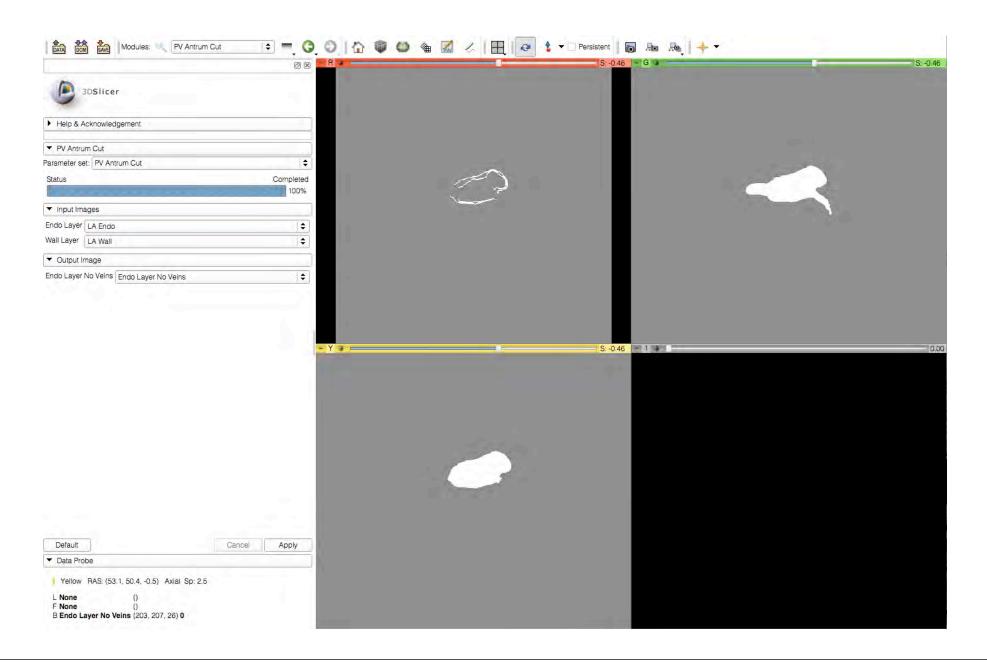
## Slicer: Registration



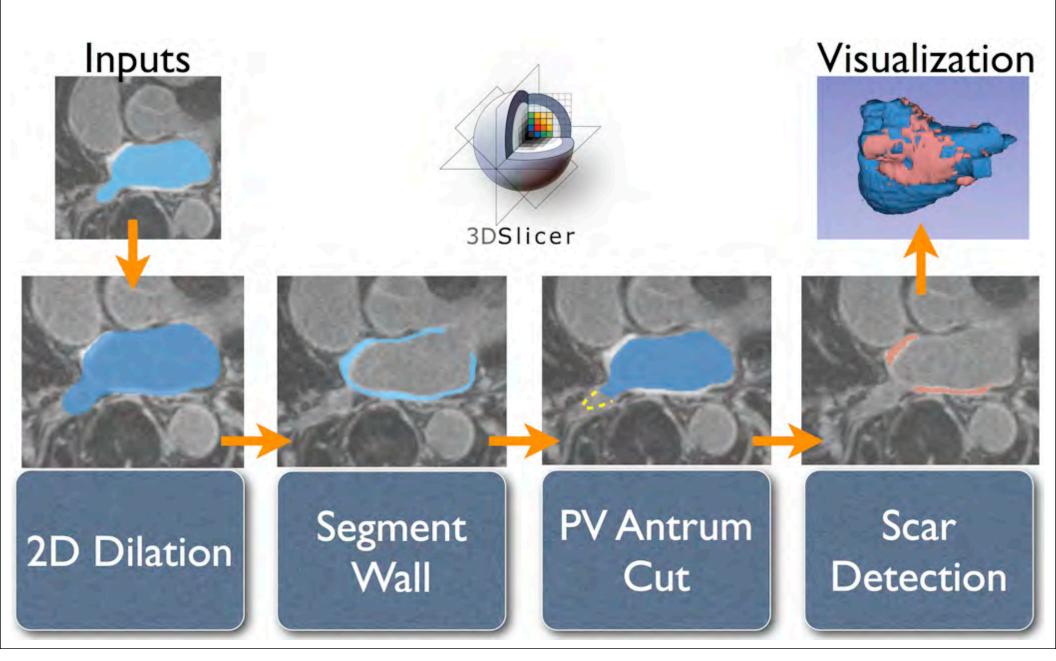
## **Slicer: Scar Detection**



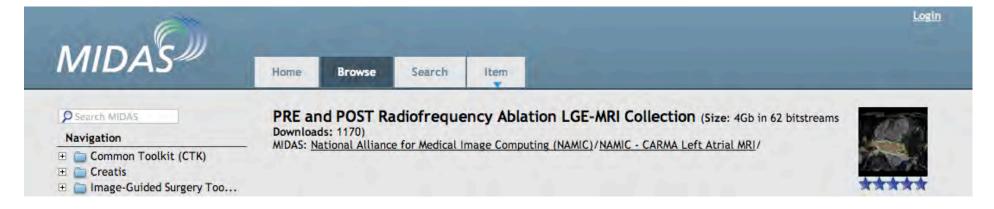
## Slicer: Pulmonary Vein Removal



# Slicer: CARMA Workflow



## CARMA Makes Data Available!



#### 60 Patients with multiple MRI scans

#### http://www.insight-journal.org/midas



# What Does CARMA Bring to NA-MIC?







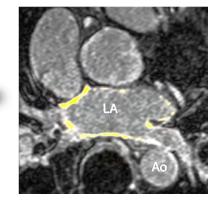
# Access to Image Based Medicine



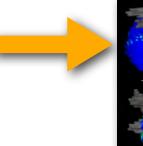




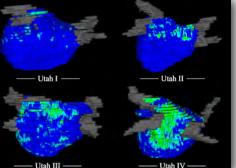


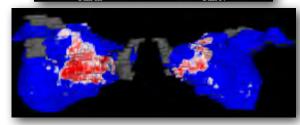




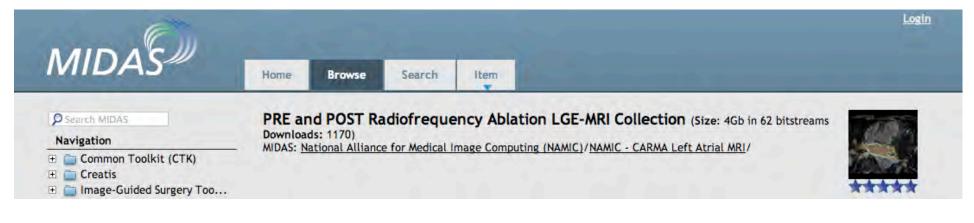








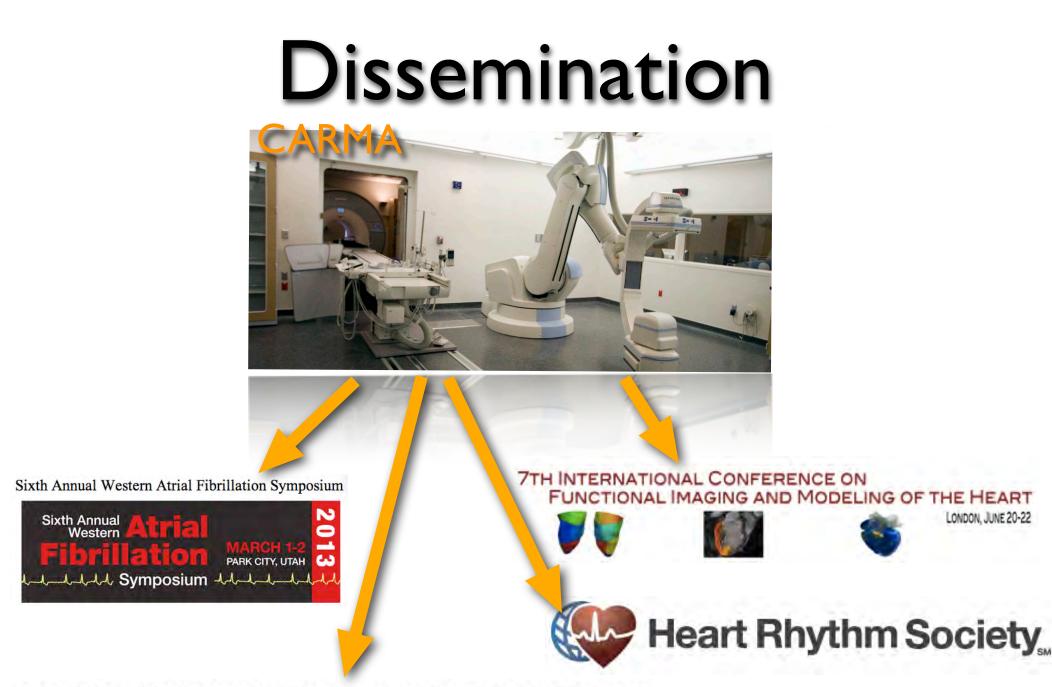
### Access to Data





## **Real World Testing**





EMBC 2014 - 2014 36th Annual International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC)

