

Image-guided navigation software and novel applications

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- CIMIT: “Development of MRI-Compatible Devices for MRI and EP Guided Cardiac Ablation”
- CIMIT: “Interactive platform for MRI-guided cardiac ablation procedures”



Overview

- Software infrastructure
 - Why special software infrastructure for IGT?
 - NaviTrack
 - SIGN and some applications
 - SIGN and Slicer3?
- MRI-Guided cardiac ablation
 - Motivation
 - Toolbox
 - MRI-scanner control and recon
 - Catheter visualization
- Whats next?

Why special software infrastructure for IGT?

- Cutting edge IGT applications need a customized software architecture
- The architecture should be:
 - Dynamically configurable
 - Support multimodal imaging and tracking
 - Capable of handling device interaction
 - Testable and robust
 - Supportive of real time image processing and computer vision

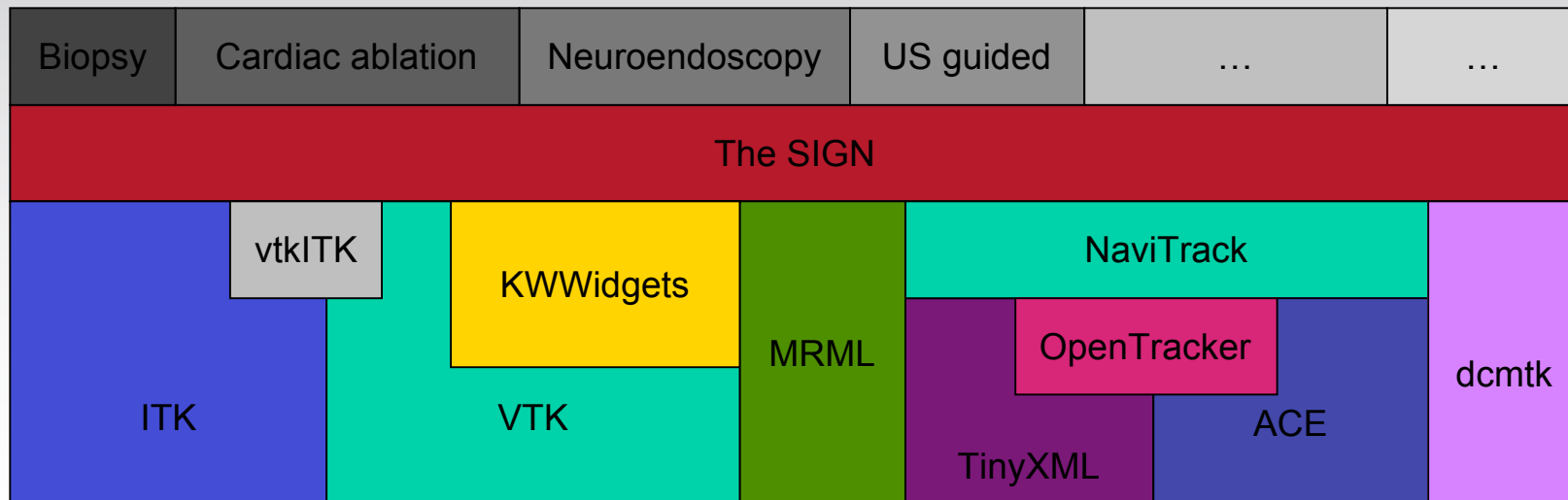
Application Silos

- One clinical application => One software application
- Workflow oriented applications
- Facilitates streamlined documentation of chain from requirements through design, implementation and testing



The SIGN

- An Application Programmer Interface for IGT applications.
- Allows programmers access to support libraries
- Supplies mechanisms for:
 - Viewers, tracking, workflow, data IO,...
- Extensible:
 - Applications
 - Workflow elements
 - Filters
 - +++



Navigation framework: SIGN

www.ncigt.org/sign

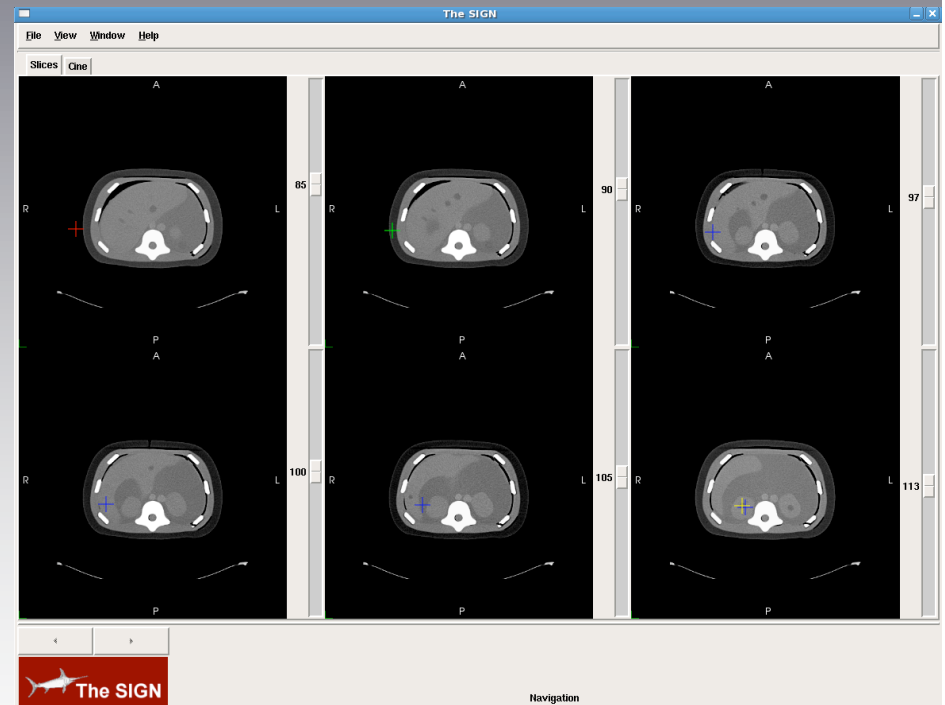
Allows the application programmer to:

- Customize the user interface
- Use an established data-model (Mrml)
- Connect to a large variety of trackers and other devices
- Create simple applications with minimum effort
- Control MRI scanners and other intra-operative imagers
- Design workflow oriented applications
- Perform rapid prototyping of navigation tools



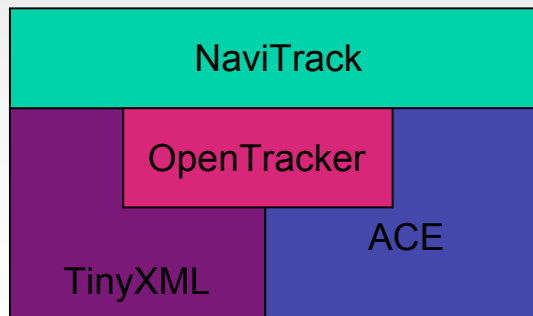
Navigation framework: SIGN

- Integrated dicom server
- Applications can be build out of workflow elements
 - Triggered by GUI events
 - Triggered by tracker / device events
 - Triggered by Dicom server
 - Triggered by program state
- Registration algorithms
 - Iterative Closest Point
 - Uncented Kalman Filter
 - Singular Value Decomposition



NaviTrack

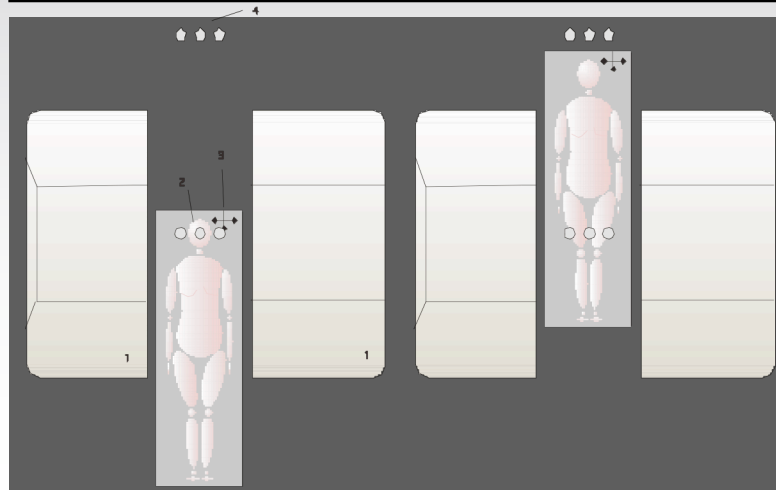
- An Application Programmer Interface for medical device integration
 - Trackers
 - MRI scanner
 - US scanners
 - ECG monitors
 - Foot switches
 - +++
- Data flow graph defined in xml. Metaphor: sources, sinks and filter nodes
- Allows distributed setup, file logging and playback



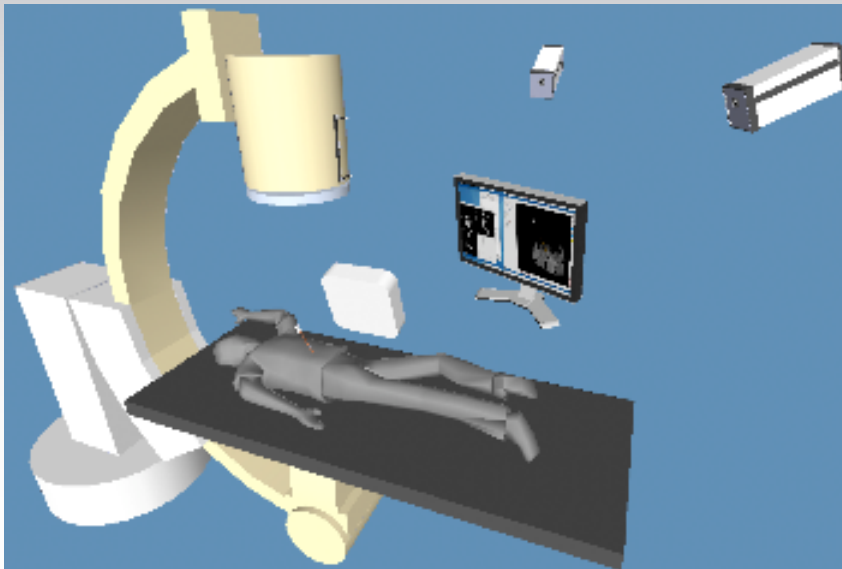
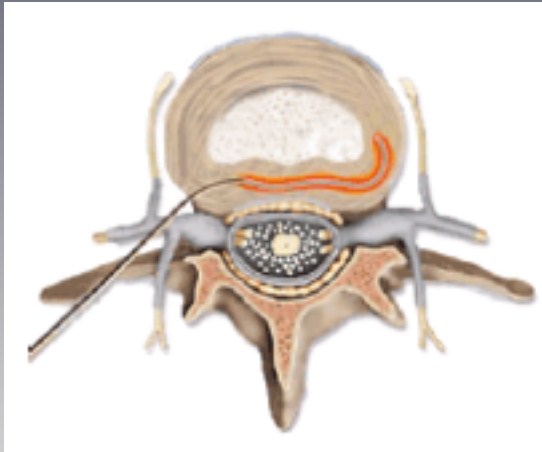
Hybrid Examples: Optical - optical



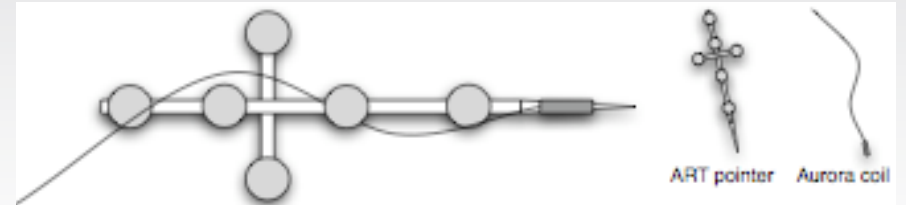
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- <OpenTracker>
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    </Merge>
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</OpenTracker>
```



Hybrid Examples: Optical-EM

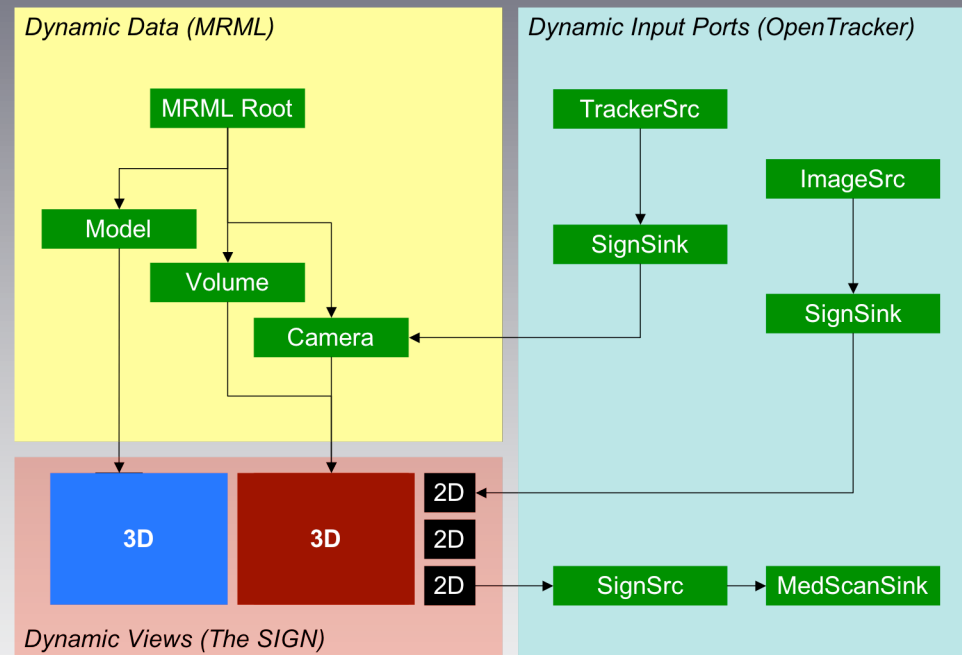


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  - </NetworkSink>
- </OpenTracker>
```



The SIGN - configuration paradigm

- Data is configured in MRML-file
- Trackers are configured in NaviTrack-file
- Connections are configured in MRML-file



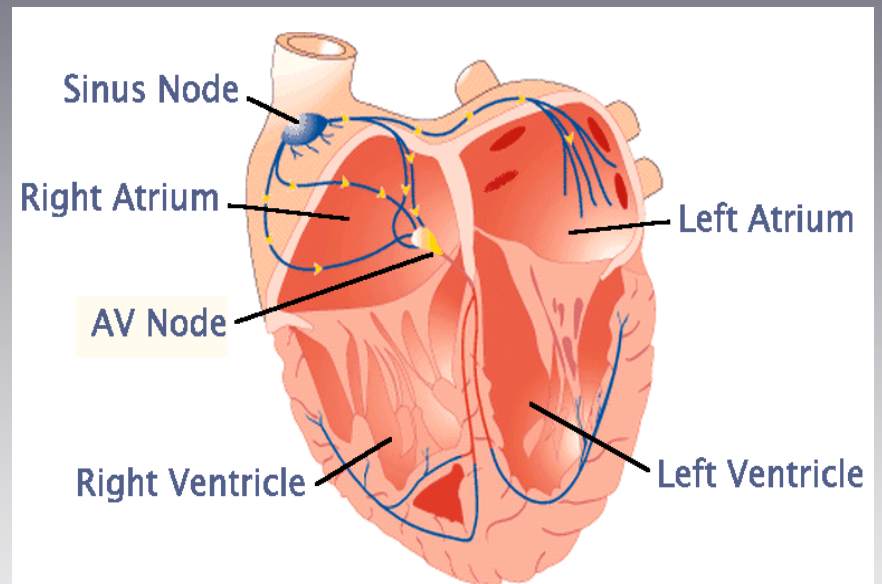
SIGN & Slicer3

- Slicer is the “Swiss Army Knife” of medical image computing
- Slicer provides a good data model (Mrml) for data exchange
- SIGN can be used to make a “Surgical Scalpel” tailored for a specific clinical task, *complementary to Slicer*
- SIGN is independent of Slicer, but the use of the same data model and basic tools *reduces* duplication and *enables* interaction
- SIGN is currently being integrated in the Slicer3 bundle shortly and build using `getbuildtest.tcl`

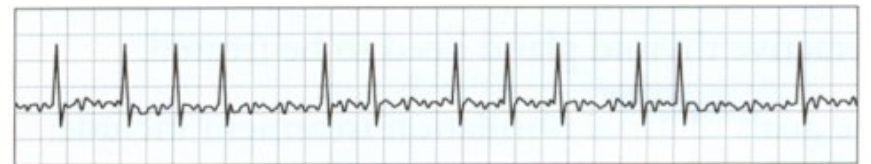


Atrial Fibrillation and Ventricular Tachycardia

- Prevalence of disease
 - Atrial Fibrillation (AFIB)
 - 2 million afflicted in U.S.
 - 25 million in U.S., Europe, China, India, and Japan.
 - 15% of strokes caused by AFIB
 - Ventricular Tachycardia
 - 200,000 treated each year in U.S.
 - Increased risk of sudden death
 - Prevalence increases as population ages
 - Characterized by abnormal cardiac electrical activity

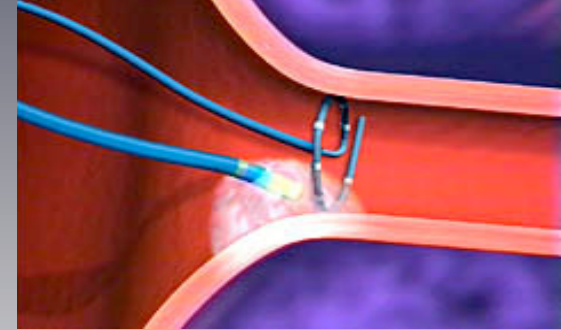


<http://www.a-fib.com/>



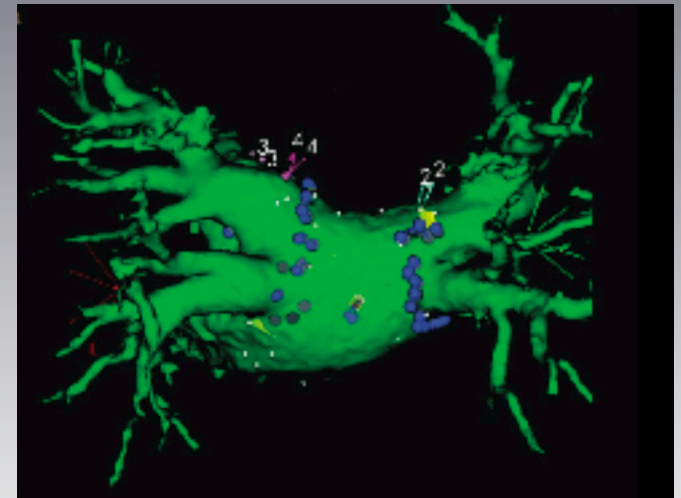
Cardiac ablation

- Objectives:
 - Regain normal heart rhythm
 - Control the heart rate
 - Prevent stroke
- Alternative to implantable cardioverter defibrillator, pacemaker, and pharmaceuticals
- Catheter based ablation with EP mapping has proven effective in 2/3 of the cases

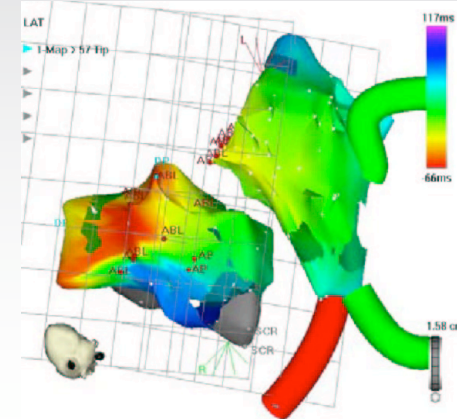


Electro Physiological Mapping

- Measures electric potential
- Detects arrhythmic foci
- Requires catheter tracking
- Surface map can be generated based on:
 - Tracked points
 - Merge with pre-op MRI

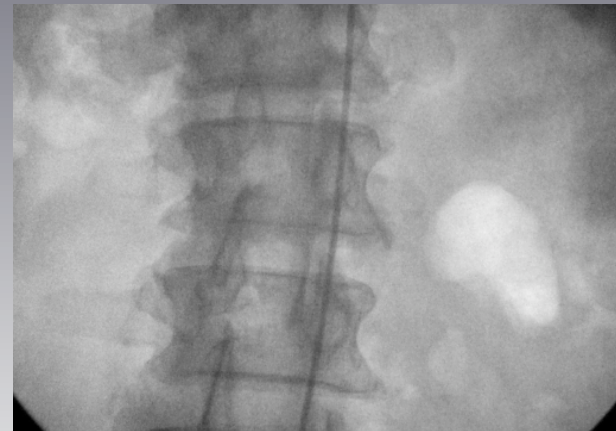


CartoMerge Mark *et.al. Heart* 2006;92;266-274



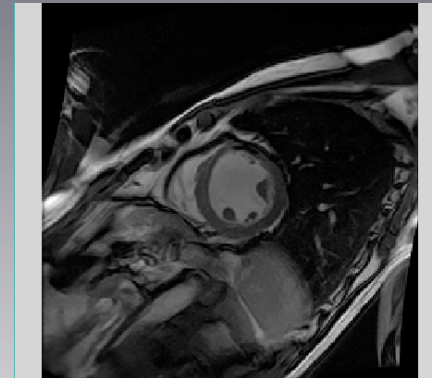
X-ray guided intervention

- Current procedure is guided by X-ray
 - Unsatisfactory visualization of anatomy
 - Radiation issues
 - Nephrotoxic contrast agents
 - Musculoskeletal issues related to wearing lead



Magnetic Resonance guided Cardiac Ablation

- MRI can:
 - Give good depiction of the anatomy
 - Visualize the tissue to be treated
 - Visualize / track the catheter
 - Visualize the treatment effect
- Contrast enhanced MRI can detect focal necrosis in the myocardium.
- MRI has the potential to:
 - Improve safety through better visualization
 - Improve speed through better navigation
 - Improve outcome through better monitoring / quality control



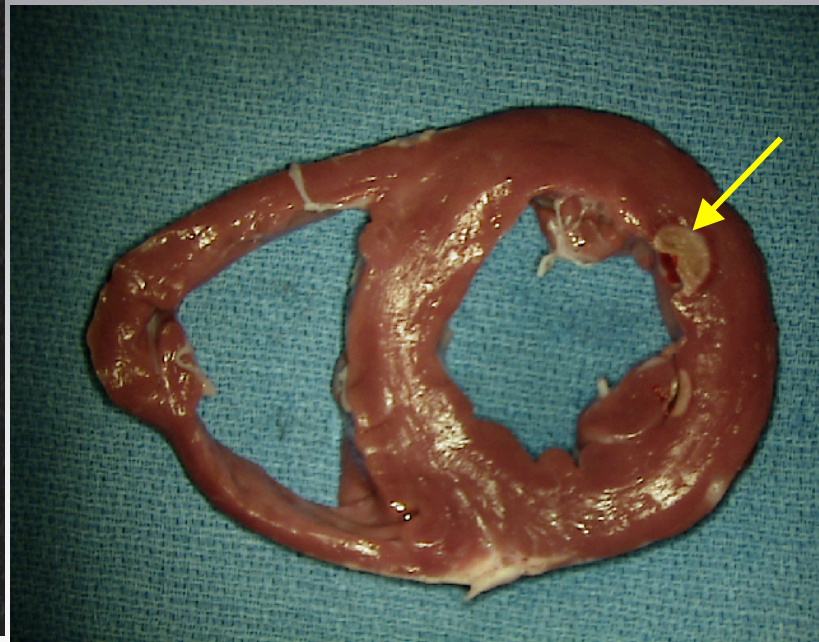
RF Ablation during RT MR Imaging

- Injury seen with myocardial dynamic contrast enhanced 3D



3D MDE

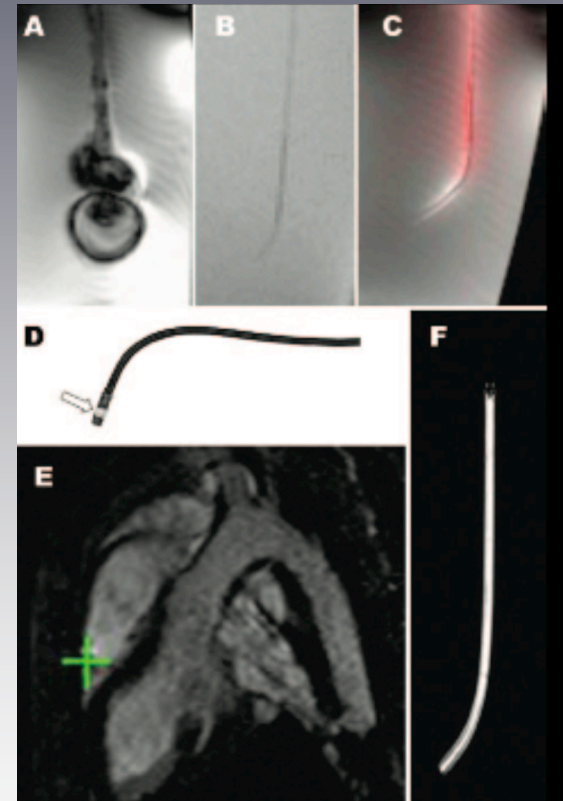
MGH - Courtesy of Ehud Schmidt GE Healthcare



Histology

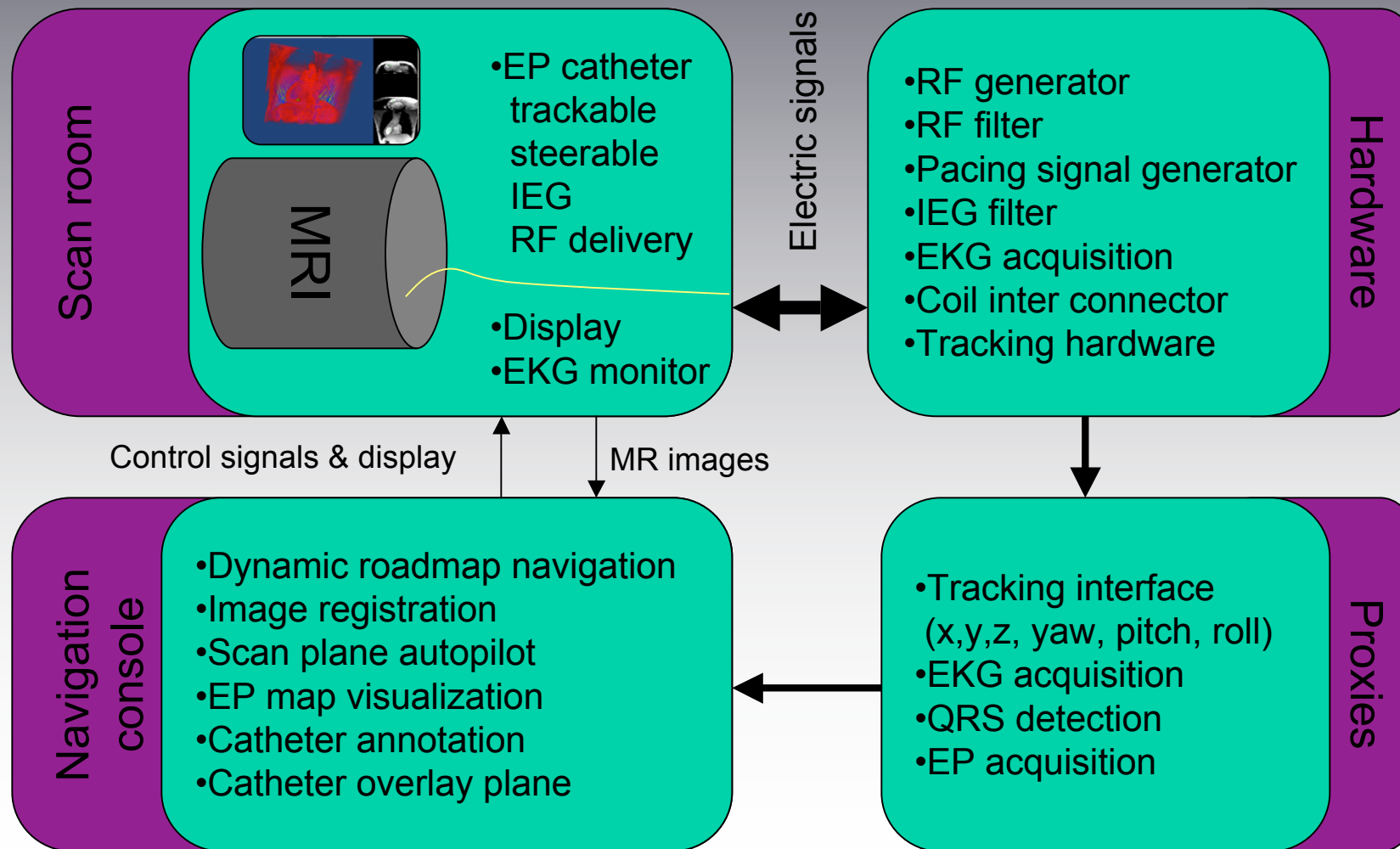
Catheter visualization

- Black catheter by artifact (A)
- Black catheter by signal void (B)
- Bright catheter with MRI antenna (C)
- Tracked catheter with MRI micro coil (D)
- Position of tracked catheter superimposed on image (E)
- Wireless inductively coupled coil (F)



**Cardiovascular Interventional
Magnetic Resonance Imaging**
*Lederman et al Circulation 2005
112:3009-3017*

Integrated MRI-guided EP package



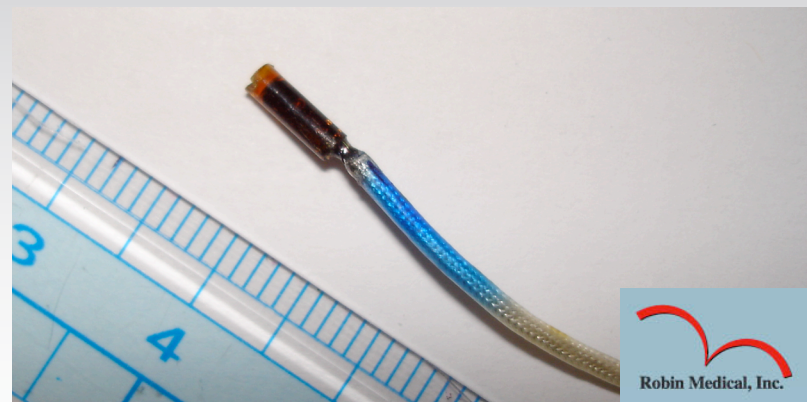
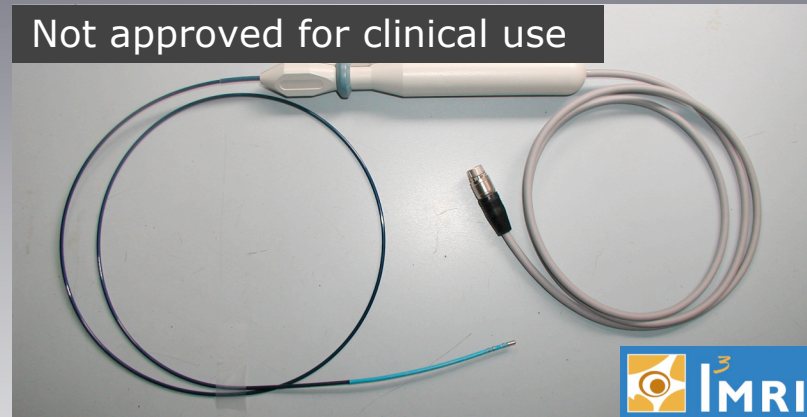
Methods

- MRI-compatible EP catheter
 - Trackable
 - Safe
- Navigation framework
 - Catheter visualization
 - Interactive and fast imaging
 - Time-synchronized roadmap
 - EP map visualization
- Image processing
 - Myocardium segmentation
 - Scar detection



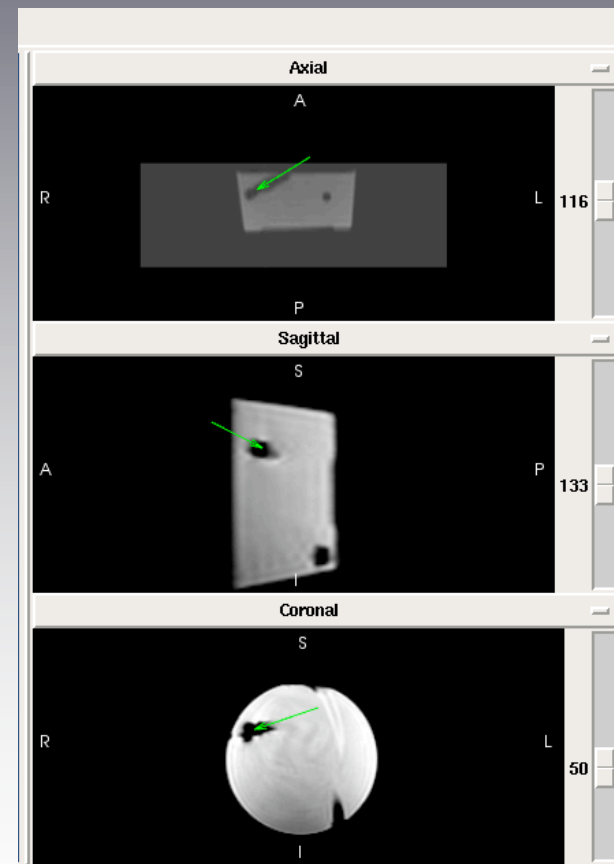
MRI-compatible EP, tracked catheter

- Fully MRI-compatible catheter with deflection
- Capable of measuring bipolar EP and deliver RF energy
- Safe
- Two embedded 6DOF tracking sensors
- Coordinates given in true image space
- MRI vendor independent

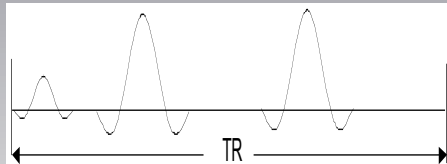


EM tracked catheter

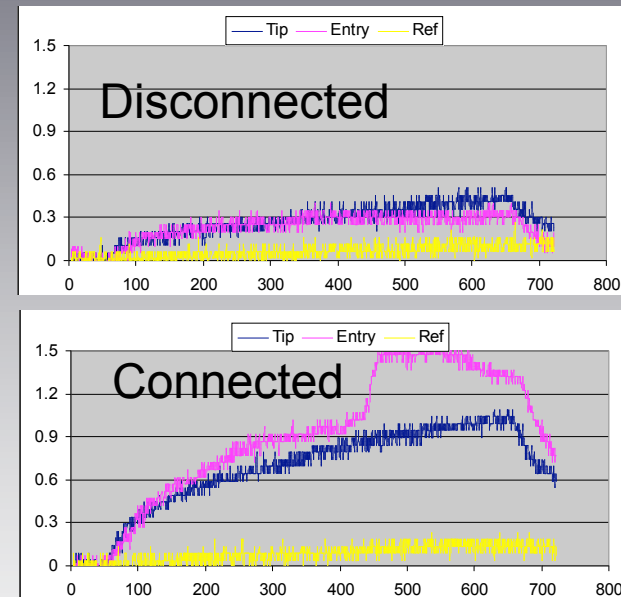
- Tracking based on current induced in coil by MR gradients
- Signal compared to gradient driver signal
- Coordinates given in true image space
- Gives direction as well as position
- Does not take up MR receive channels



Safety Testing

$$B_{rms} = \sqrt{\frac{1}{T} \int_0^T B_1^2(t) dt}$$


$$B_{rms} = \sqrt{\frac{1}{TR} \sum_{k=1}^n \int_{t_k}^{t_{k+1}} B_{1k}^2(t) dt}$$



Temperature increase without safety measures: up to 25°C

B-spline interpolation

$$P_i = (x_i, y_i, z_i)$$

$$D_i = \left(\frac{dx}{ds}, \frac{dy}{ds}, \frac{dz}{ds} \right)$$

$$P(s) = (x(s), y(s), z(s))$$

$$P(0) = (x(0), y(0), z(0)) = (x_i, y_i, z_i) = P_i$$

$$P(s) = s \cdot h \cdot C = \begin{bmatrix} s^3 & s^2 & s & 1 \end{bmatrix} \cdot \begin{bmatrix} 2 & -2 & 1 & 1 \\ -3 & 3 & -2 & -1 \\ 0 & 0 & 1 & 0 \\ 1 & 0 & 0 & 0 \end{bmatrix} \cdot \begin{bmatrix} P_i \\ P_{i+1} \\ D_i \\ D_{i+1} \end{bmatrix}$$

$$P(1) = (x(1), y(1), z(1)) = (x_{i+1}, y_{i+1}, z_{i+1}) = P_{i+1}$$

$$\arg \min_{D_i} \left(L_i - \int_0^1 \sqrt{\left(\frac{dx(s)}{ds} \right)^2 + \left(\frac{dy(s)}{ds} \right)^2 + \left(\frac{dz(s)}{ds} \right)^2} ds \right)$$

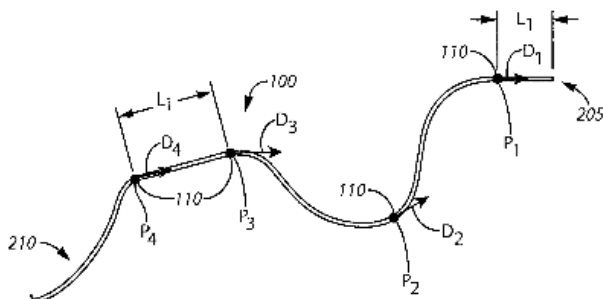
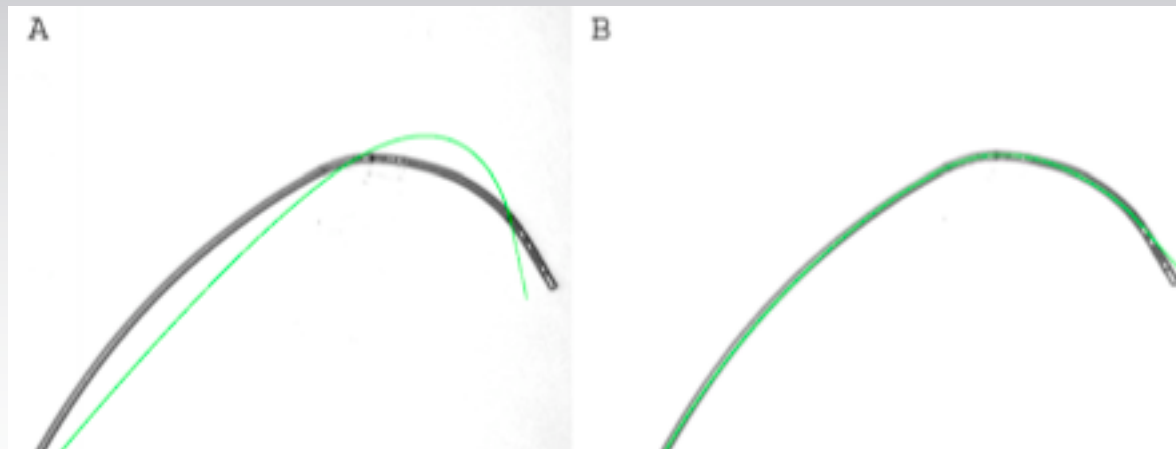
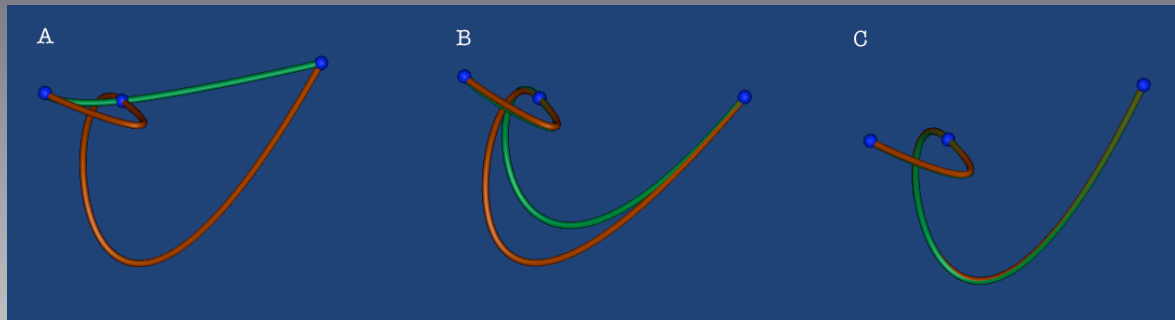


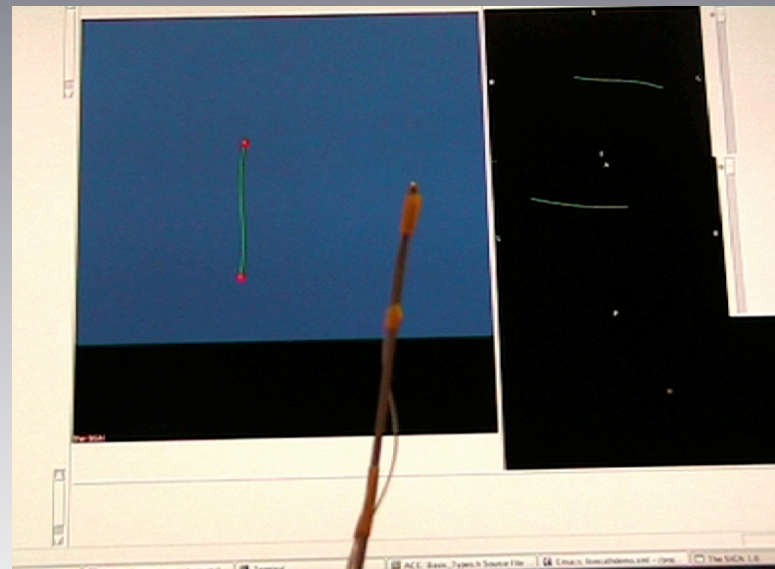
FIG. 2

B-spline interpolation



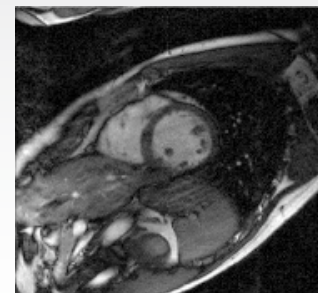
Catheter visualization

- 6DOF tracking enables accurate depiction of the catheter, based on tracking data
- Spline interpolated catheter visualization based on knowledge of:
 - Sensor position
 - Sensor orientation
 - Length between sensors



E Samset, WS Hoge, FA Jolesz

-
- The diagram illustrates the system architecture with the following components and data flow:
- Endoscout server**: Connected to the **MRI Host**.
 - MRI Host**: Contains the **EndoScout Source**, **Scan plane orientation transform**, and **GEExcite Sink**.
 - EndoScout Source** sends data to the **Scan plane orientation transform**.
 - Scan plane orientation transform** sends data to the **GEExcite Sink**.
 - GEExcite Sink** sends data to the **MRI System**.
 - Visualization Console**: Contains the **Orientation source**, **Tracker Source**, and **ImageSource**.
 - Orientation source** sends data to the **Scan plane orientation transform**.
 - Tracker Source** receives data from the **Scan plane orientation transform**.
 - ImageSource** receives data from the **ParallelRecon filter**.
 - MRI System**: Receives data from the **GEExcite Sink** and sends data to the **GEExcite Source**.
 - Reconstruction computer**: Contains the **ParallelRecon filter** and **GEExcite Source**.
 - GEExcite Source** receives data from the **MRI System** and sends data to the **ParallelRecon filter**.
 - ParallelRecon filter** sends data to the **ImageSource** in the **Visualization Console**.
- Visual representations of data are shown: a circular endoscopic view for the **ImageSource** and a cross-sectional MRI slice for the **ParallelRecon filter**.

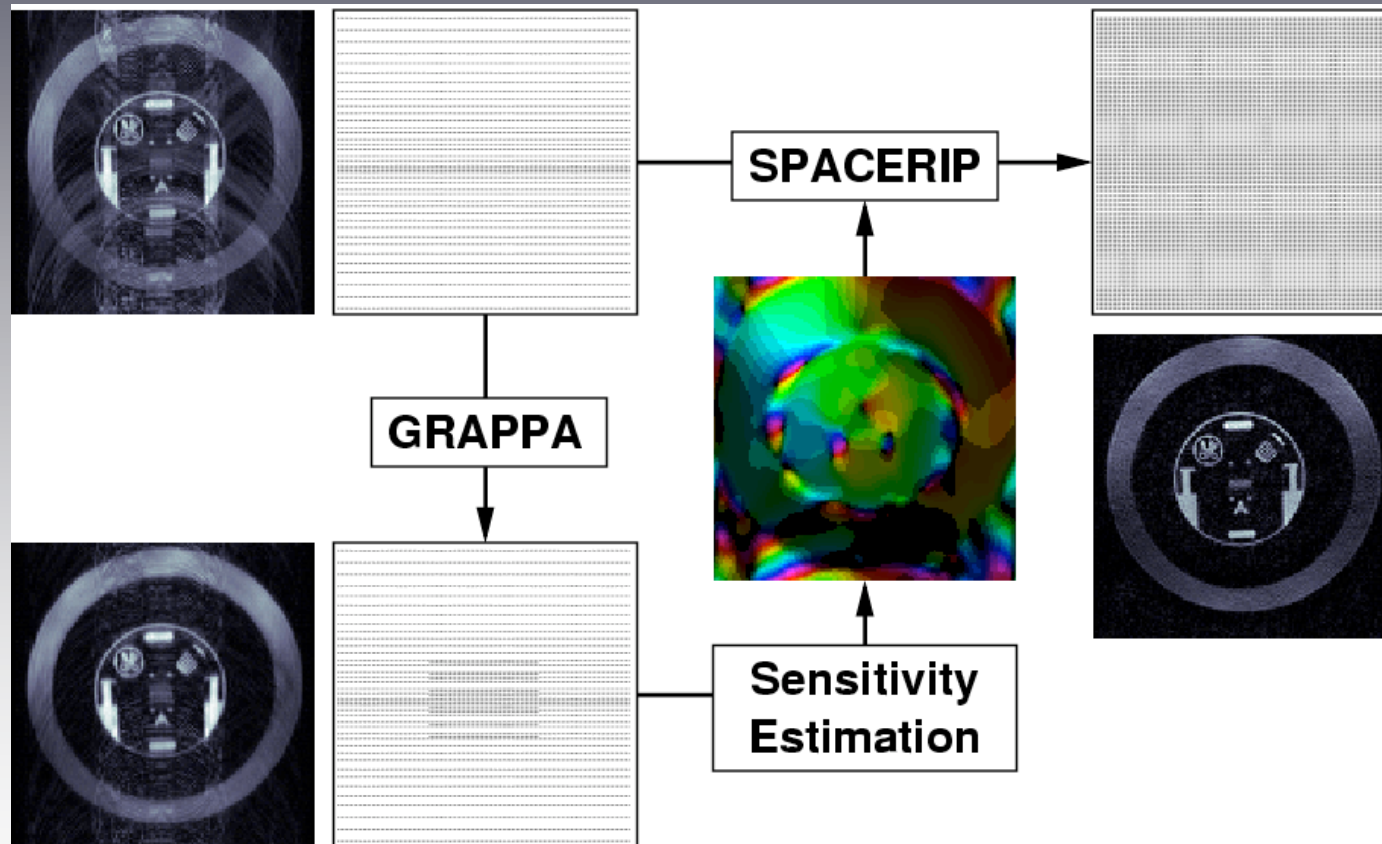


SPACERIP 3.4x



NATIONAL CENTER FOR
iGT
IMAGE-GUIDED THERAPY

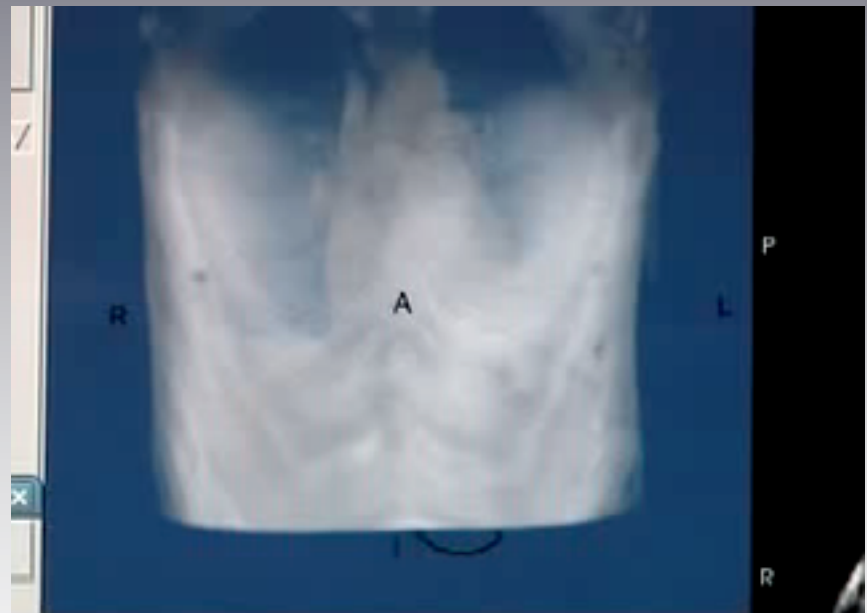
Parallel imaging w/ SPACERIP



Parallelization of all major computation elements results in recon time 100-120ms (fat node)

Cardiac Navigation Software

- Time synchronized with intra-operative ECG
- Dynamic roadmap combined with RT imaging
- Volume rendering and projected views



MRI scanner interaction

- All parameters supported by PSD to be controlled in real-time, can be controlled:
 - Field of View
 - Slice thickness
 - Flip Angle
 - AutoNex
 - Swap phase-frequency
 - Fat-saturation / Spatial saturation
 - Flow compensation
 - Inversion Recovery
- FGRE only - recent development: FIESTA

Time synchronized roadmap

- Trigger-delay and # of time points used to determine time function
- Software calculates inter-image delay based on previous cycle
- QRS detection triggers reset

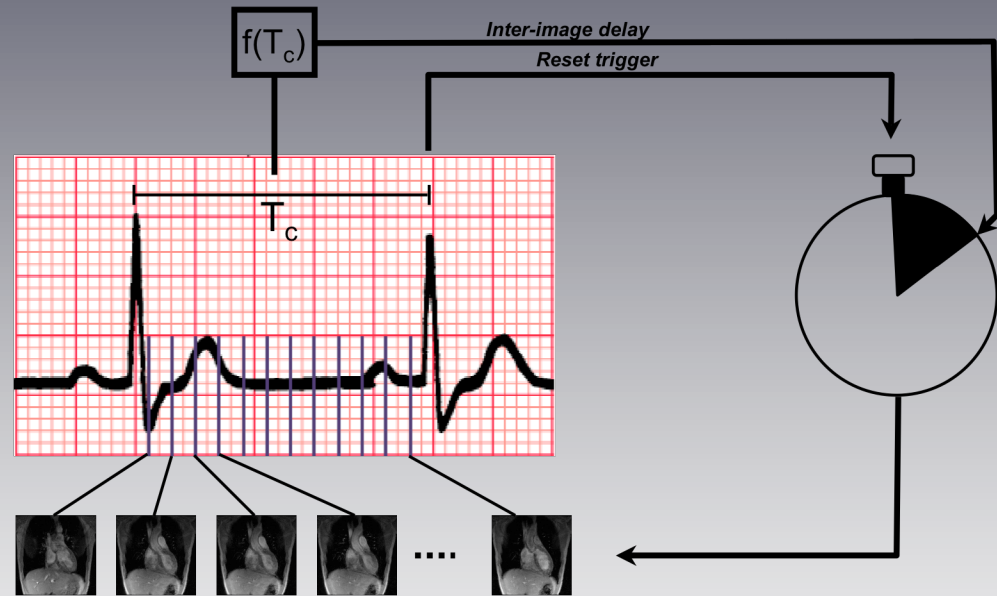
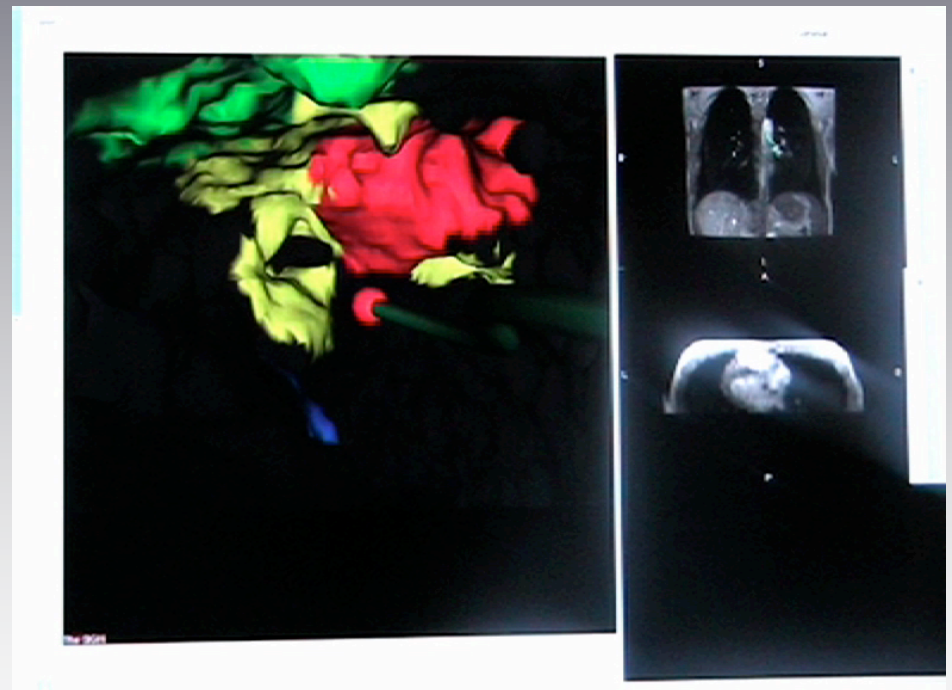


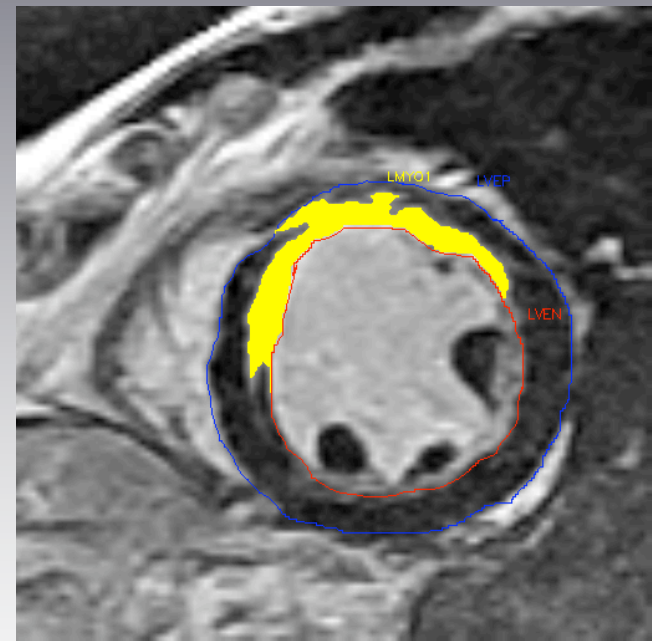
Image-registration and mapping

- Pre-operative dynamic roadmaps registered with segmented models, and fast real-time imaging
- EP mapping on anatomical surface models



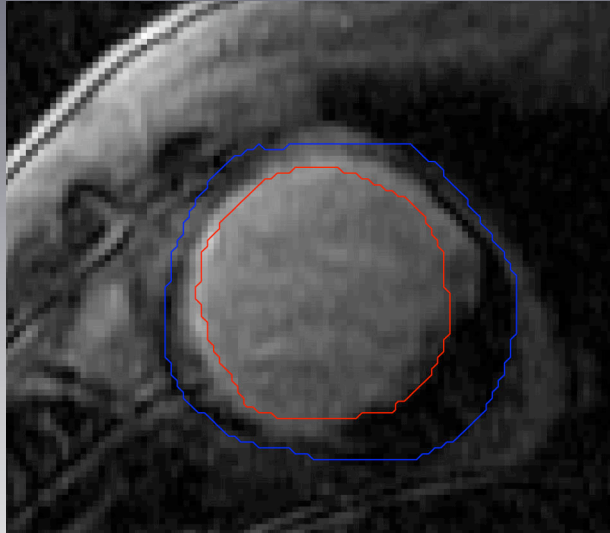
Automatic scar segmentation

- Myocardial scar edges correlates with electro physiological foci
- Automatic segmentation for improved targeting

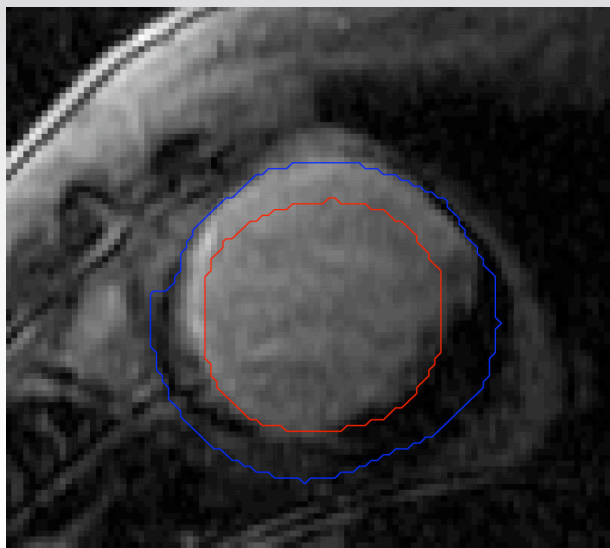


Courtesy of Raymond Kwong

Automatic scar segmentation



Manual



Automatic

- Automatic segmentation in contrast enhanced MRI
- Classifier (computed from training set) forms the joint basis for:
 - Coupled level sets
 - Particle filtering

Summary / Future Work

- MR-guided cardiac ablation is feasible, and will be continued to be developed between BWH, UiO, I3 and Robin Medical
- SIGN is a generic OpenSource framework for IGT applications, and will continue to be supported by my group in Oslo
- NaviTrack is intergrated with Slicer3 and will continue to be a collaborative effort