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### An Integrated System for Image-Guided Radiofrequency Ablation (RFA) of Liver Tumors

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#### resected due to extent and location of the disease or concurrent medical conditions.

 Introduce localized RF energy directly to tumor, typically through expanding metal tines within a small gauge insulated needle.

Liver cancer that cannot be

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Before (left) and after (right) treatment (courtesy of Brad Wood, MD, NIH CC)





### LeVeen probe



### Liver tumor RFA





<u>Goal</u>: Develop an open source workstation for liver RFA planning and treatment based on IGSTK and Slicer.

Specific aims:

- 1. Develop and evaluate semi-automatic segmentation techniques for the liver, liver vasculature, and liver tumors. [Georgetown, BWH]
- 2. Develop a path planning module for evaluating alternative paths to the liver tumor and incorporating multiple overlapping placements as needed for larger tumors. [GWU]
- 3. Integrate the two capabilities developed above along with electromagnetic tracking of the RFA probe to provide a complete software environment for liver tumor planning, visualization, and execution. [Georgetown, BWH]
- 4. Validate the clinical feasibility of the system in a swine animal model. [Georgetown]



- Use established techniques:
  - Thresholding (bone).
  - Active Appearance Models (liver).
  - Height ridge traversal (vessels).
  - Active contour (tumor).
- Provide capabilities for manual correction of results.
- AAM acquire training database that represents the anatomical variability (47 data sets to date).

Want to integrate within Slicer GUI based on ITK libraryFocus of first year effort





# **Anonymized Database**



- Collecting CT liver images from Georgetown University Hospital
- Following Health Insurance Portability and Accountability Act (HIPAA) rules for anonymization of data
- Purchased "DICOM Anonymizer Pro" software for this purpose
- Creation of database and evaluation of anonymization process
- Submitting abstract to the Computer Aided Radiology and Surgery (CARS) Conference





- Pre-emptive goal programming approach based on integer programming techniques using a discrete set of data points representing the tumor (uniform sampling):
  - 1. Minimize needle insertions (trajectories), minimizes the number of punctures to the liver capsule, and the number of needle insertions.
  - 2. Minimizing Ablations Given needle trajectories.
  - 3. Minimizing Damage to Healthy Tissue



### Integrated System

- Slicer –
  IO, Visualization, Interaction.
- IGSTK Tracking, Registration, Logging, Tool Calibration.







- Animal study:
  - simulated liver tumors (agar) in swine.
  - perform treatment (segmentation, planning, navigation and ablation).
  - histopathological examination of serial cross section slices of the liver lobe.

### Lung RFA animal study with IGSTK – Proof of concept



- Segmentation manual, output is a text file.
- Planning works, but the solution did not cover some of the tumor margin. Uses a commercial product (XpressMP).
- Visualization and IO in house extension of IGSTK.
- Interaction voice recognition (a.k.a. point and shout).
- Validation histopathological examination.



### Lung RFA (artificial nodule)







### Lung RFA (segmentation)







## Lung RFA (registration)







## Lung RFA (navigation)







### Lung RFA (validation)









- Goal is to develop an integrated system for RFA of liver tumors
- Some background work has been done but need to integrate pieces in an open source environment
- Focus of year one will be on segmentation and integration with Slicer