
Multimodal imaging device for intraoperative surgical guidance

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Outline

- Motivation and goals
 - Overview of the system
 - Optical Component
 - Gamma Component
 - Integration and characterization
 - Current status of the work
 - Plans for the future
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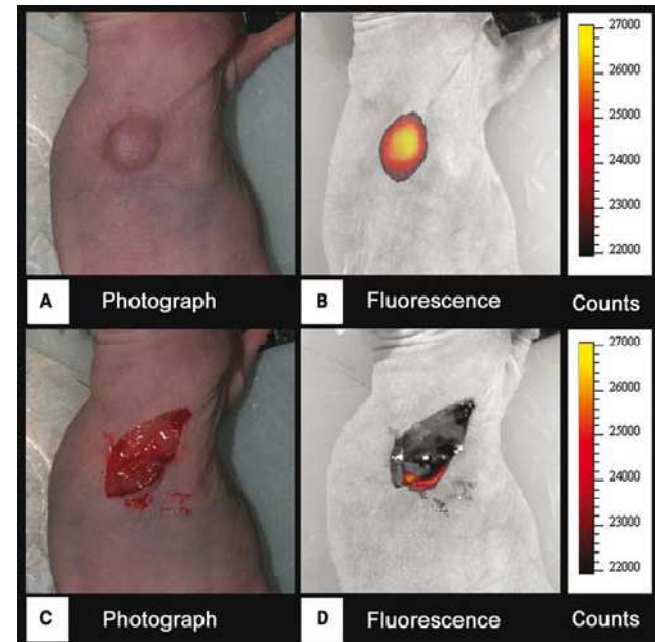
Motivation and Goals

- Develop multimodal imaging device for intraoperative surgical guidance
- Combination of NIR/visible optical and gamma modalities could aid tumor surgery and reduce the need for second surgery
- Present practice (wire localization) leads to positive margins and need for second surgery for non-palpable tumors (20-55% in breast cancer*)

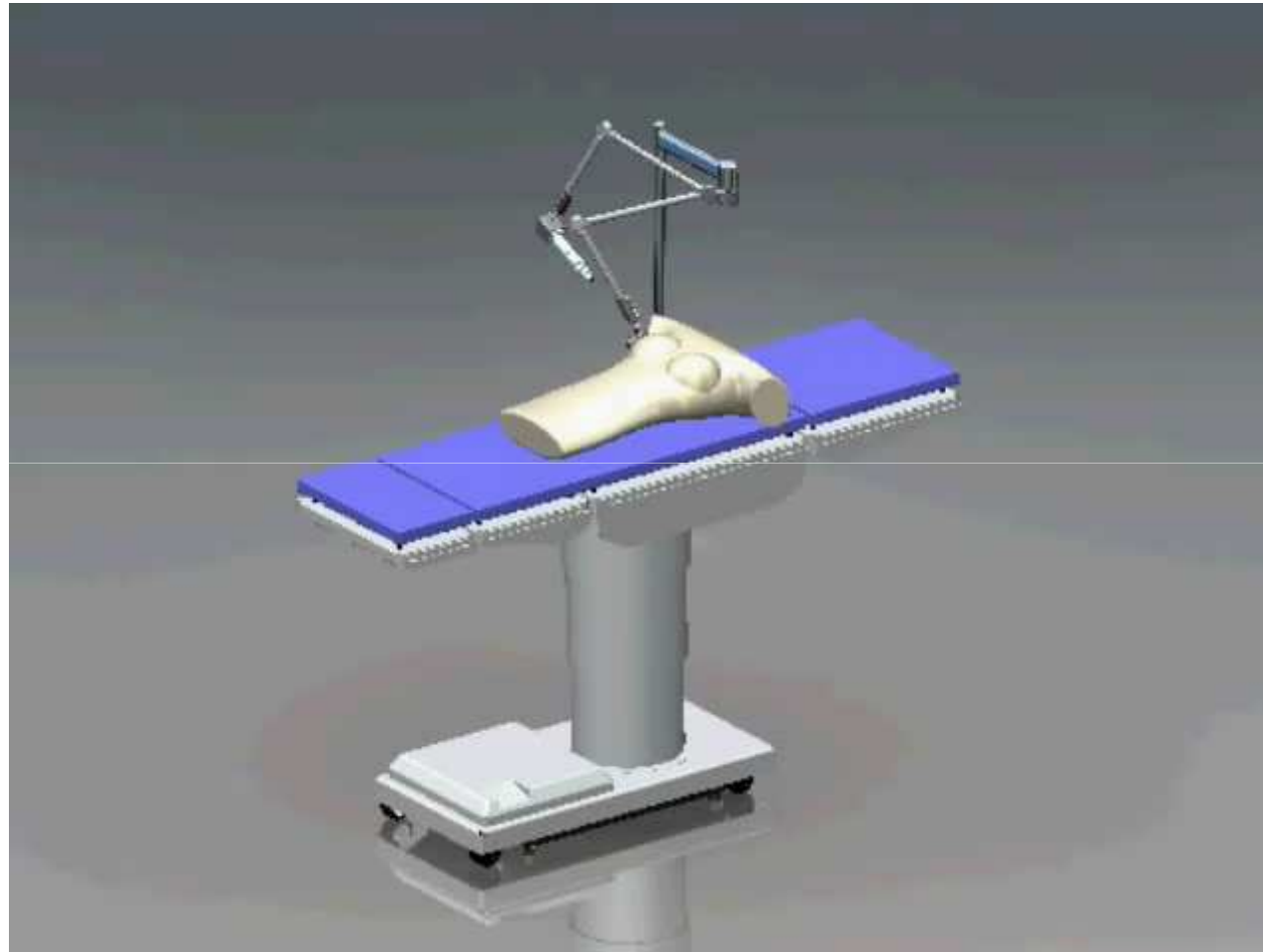
Strategy

■ Combine complementary imaging modalities

- Doubly labeled tracer injected into bloodstream to preferentially absorb in tumors
- Tracer consists of nanobodies that target cells overexpressing protein HER2+, labeled with fluorescent dye and a radioisotope
- Gamma emission imaging
 - moderate spatial resolution and high sensitivity through thick biologic tissue for localization
- Near infrared fluorescence imaging
 - good spatial resolution for precise visualization of structures near the surface
- Overlay the functional images on top of the structural image map (visible image)



System Vision

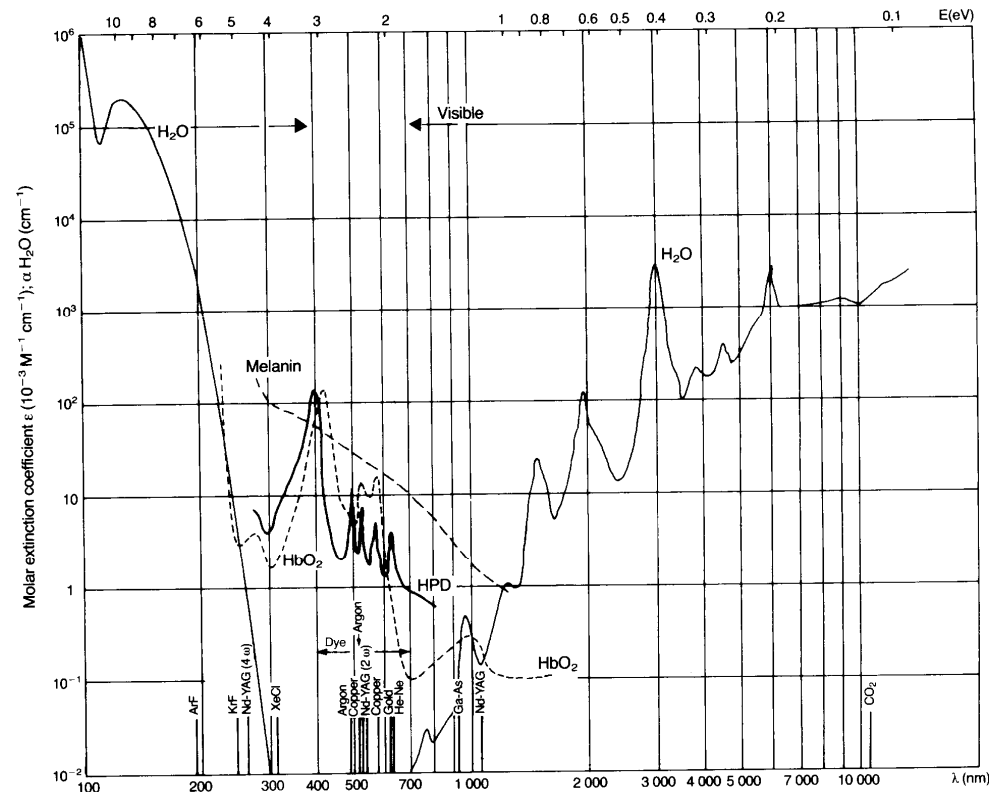


Visible/NIR System

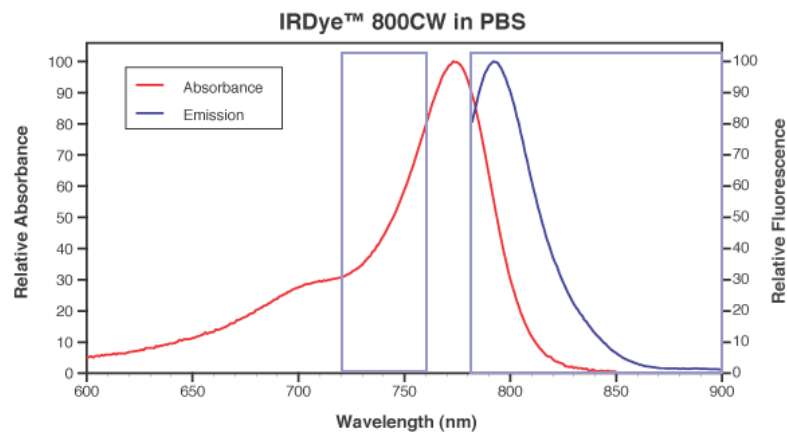
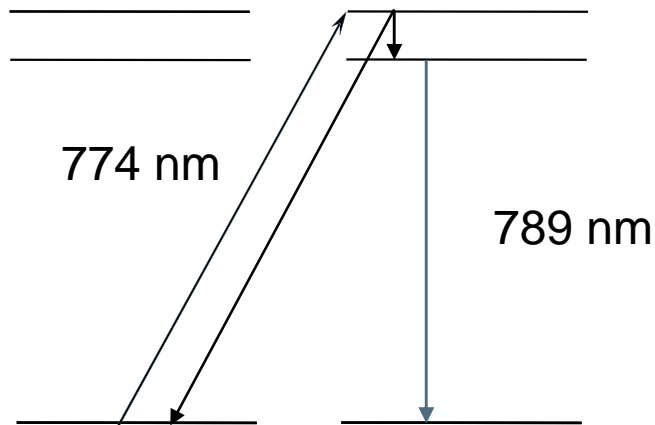
- Principle/Theory
 - System design considerations
 - Components Overview
 - Camera
 - Lens
 - Illumination/Filters
 - Image processing/fusion/GUI
 - Phantom/Characterization Studies
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Light Propagation in Tissue

- The 600-1000 nm window is ideal for imaging due to low absorption by tissue
- Light scattering dominates absorption in this range
- Key parameters are scattering and absorption coefficients



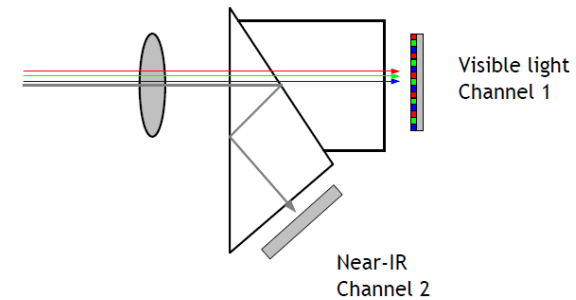
NIR Fluorescence Imaging



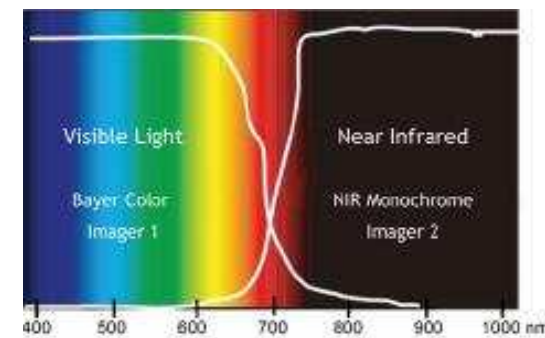
- What's being imaged is the NIR photons emitted from fluorophores under excitation
- Fluorophore excitation vs emission
 - example IRDye 800
- Use bandpass filters to minimize effects from excitation and stray light and improve signal to noise ratio
- Fluorophore considerations
 - high quantum yield
 - low photobleaching threshold
 - high absorption

Camera

- Optical/NIR 2CCD camera uses one lens and a dichroic coating on the prism splits incoming light into two paths to two channels
- The first channel captures visible light, while the second channel images NIR light
- Real-time video capturing at 30 fps
- 1/3" CCD sensors with high sensitivity and resolution 1024x768 pixel field of view
- Image data transferred to the acquisition PC using the a Camera Link Image Acquisition board from National Instruments.



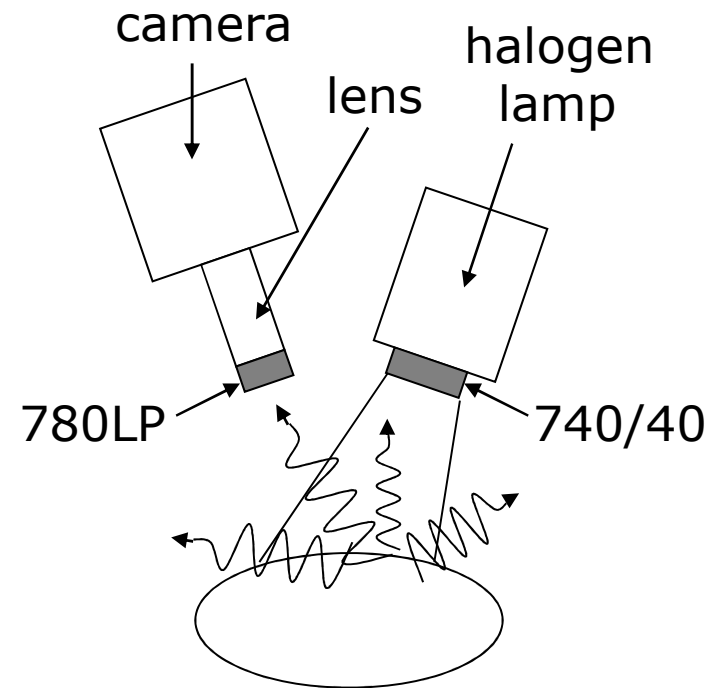
Integrated optical prism



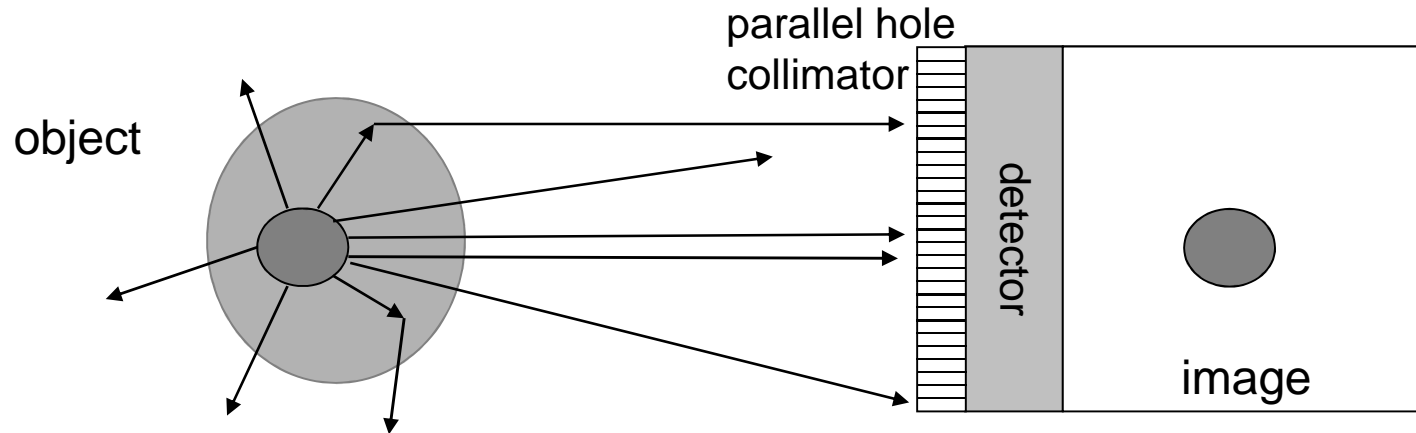
Spectral curves of Imager 1 and 2

Lens and Illumination Components

- Use a 3CCD NIR corrected lens to extend the working distance and field of view (optimal 30 cm WD and 8X10 cm FOV)
- In order to reject unwanted excitation light, filter at the lens' input transmits only NIR light longer than 780 nm.
- Fluorescence excitation light is presently provided by a 250 W tungsten halogen lamp using an excitation filter centered at 740 nm with a FWHM 40 nm.
- Excitation fluence is the main issue – need to reach 50 mW / cm² photobleaching limit



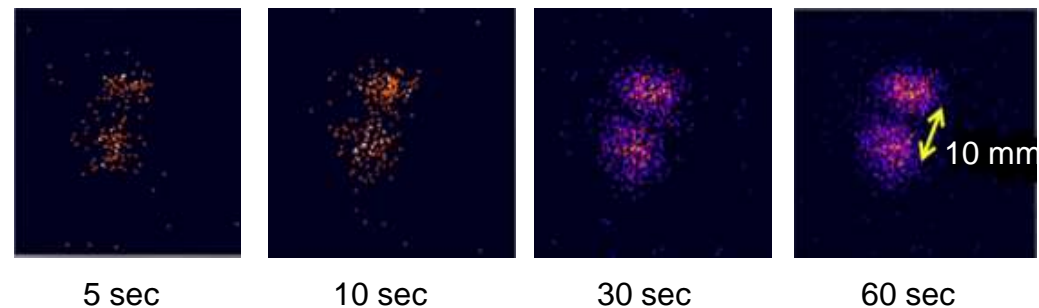
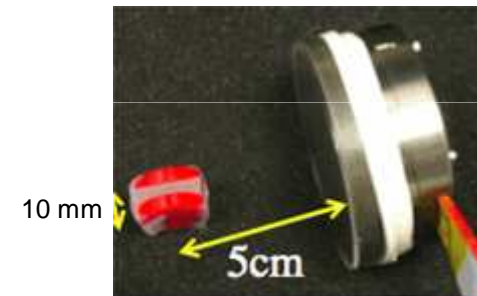
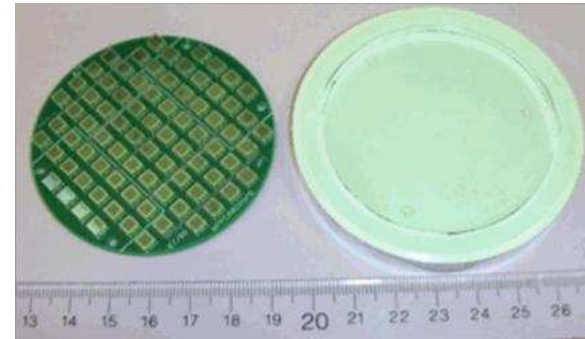
Gamma Imaging



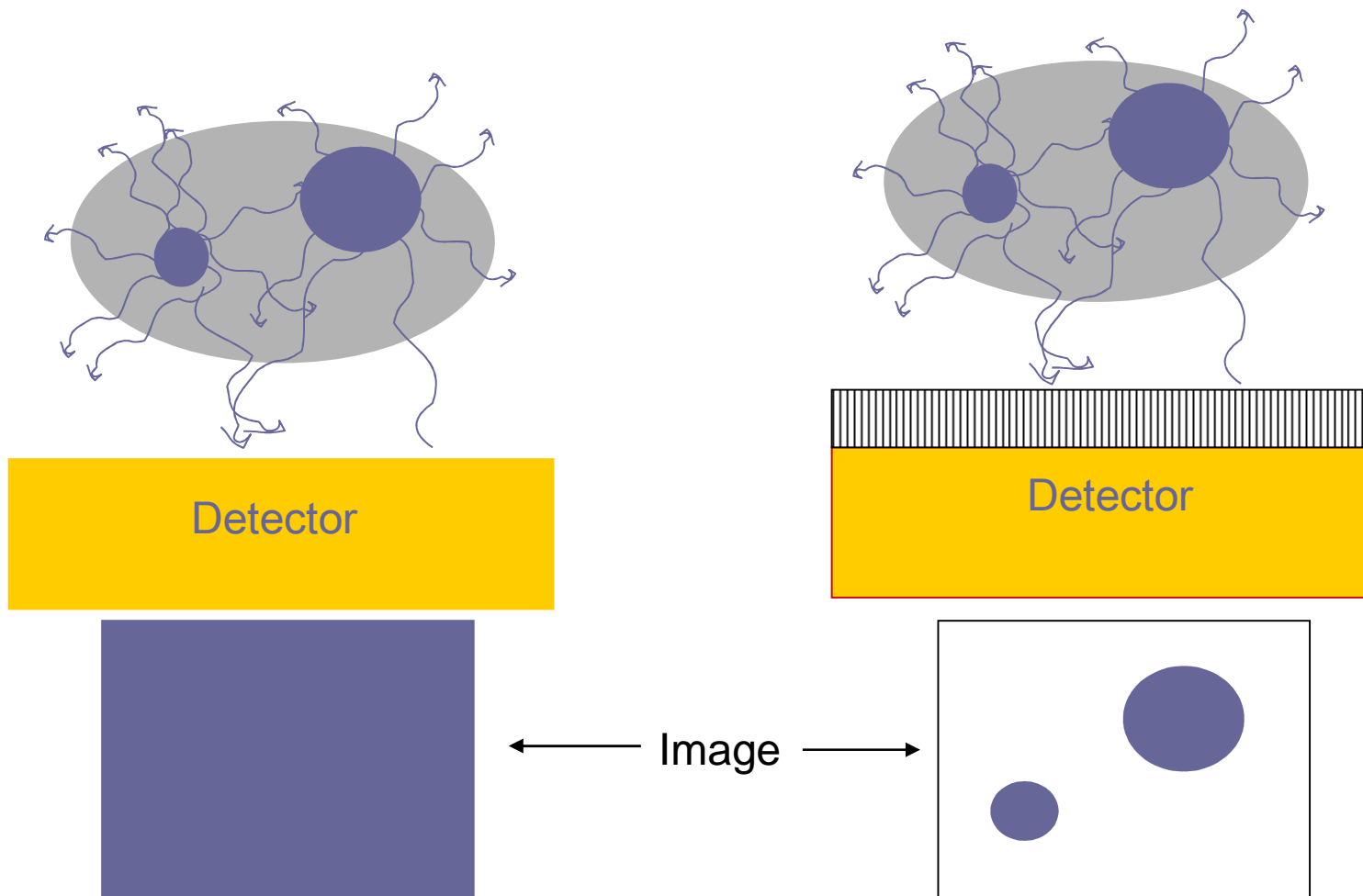
- Gamma Imaging - What's being imaged is radiation (gamma-rays) emitted by nuclear tracers (Tc99m)
- Parallel hole collimator lets through only the photons that hit the detector from an approximately perpendicular direction

Gamma Camera

- Single crystal (6 mm thick, 6 cm diameter) $\text{LaBr}_3(\text{Ce})$ detector read out by array of silicon photomultipliers
- Built in collaboration with JLab, WVU (based on design suggestions from UVA surgeons)
- Example: Imaging two $35 \mu\text{Ci}$ Cobalt 57 sources spaced 10 mm from each other and 5 cm away from the camera



Parallel hole collimator

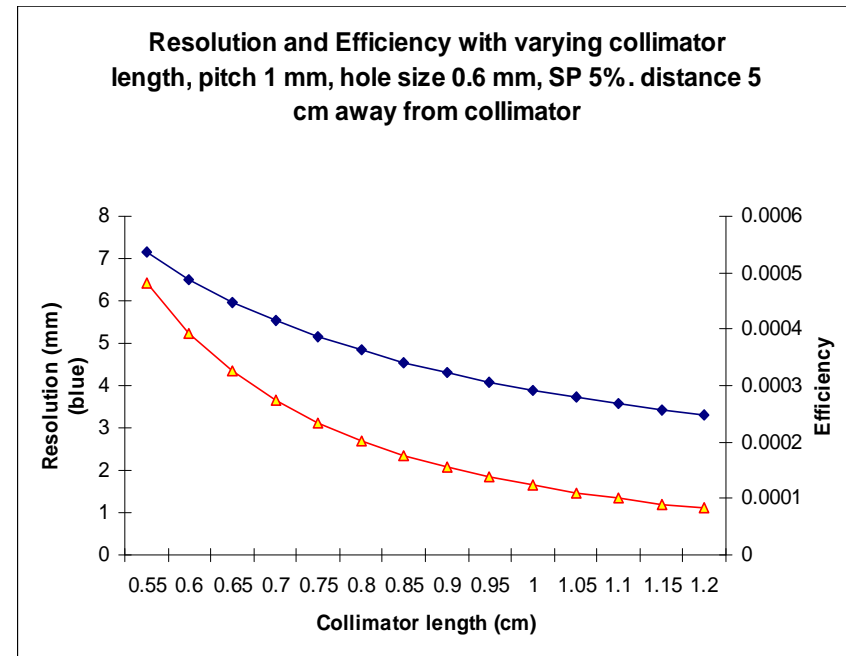
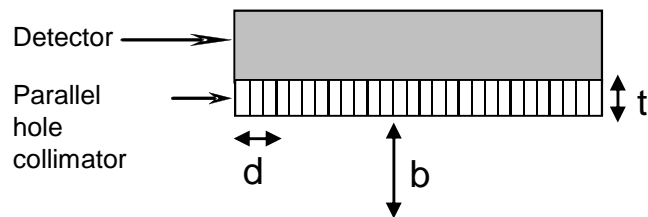


Parallel hole collimator, cont'd

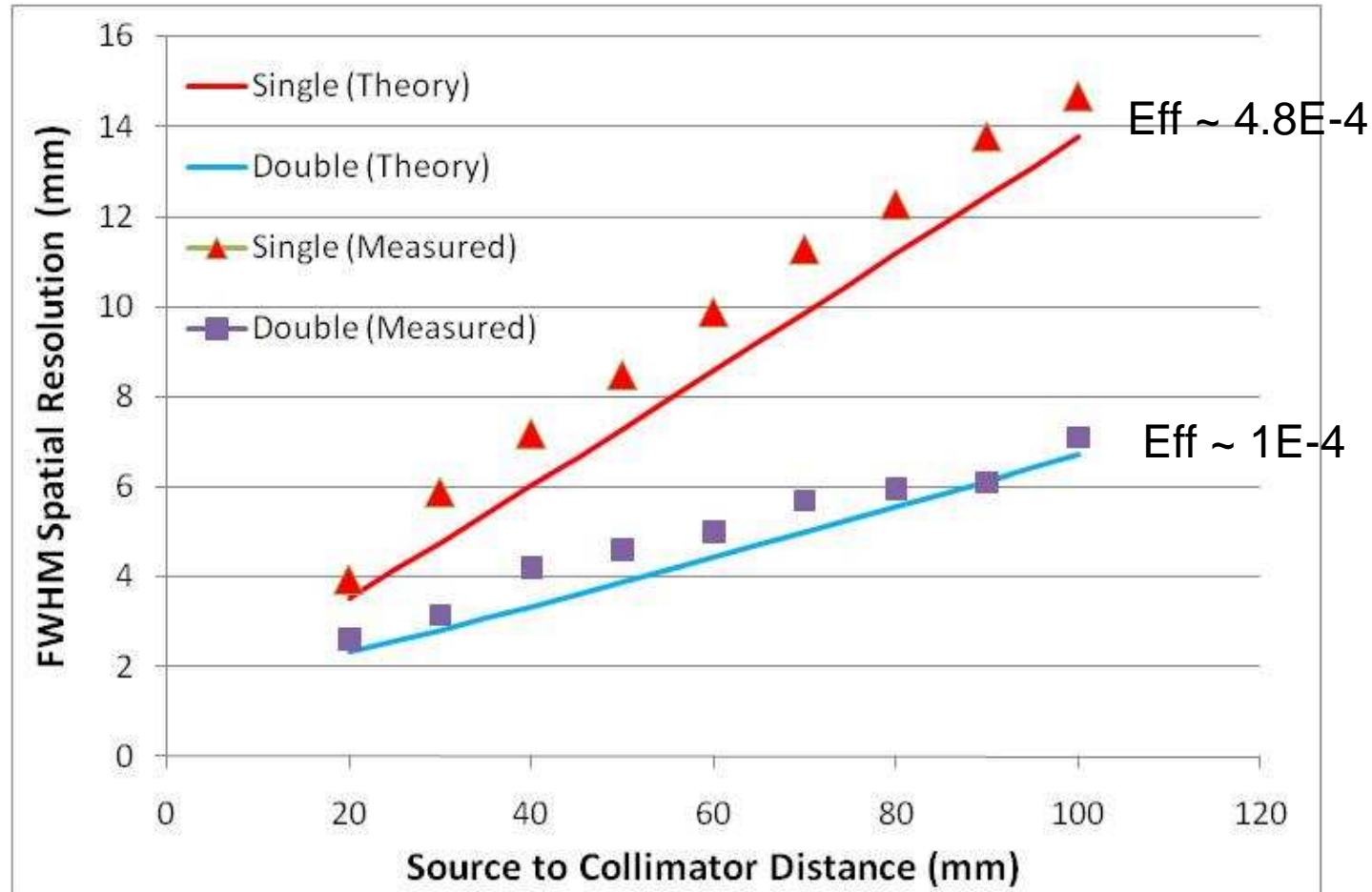
- A necessary performance limiting component of any nuclear medicine imaging system
- Trade off between collimator resolution and efficiency
- Design considerations:
 - Purpose (Hi/Low res)
 - Hole/septa size/shape

$$R_{\text{coll}} \sim d(l_{\text{eff}} + b) / l_{\text{eff}}$$

$$g \sim K^2 (d / l_{\text{eff}})^2 [d^2 / (d + t)^2]$$



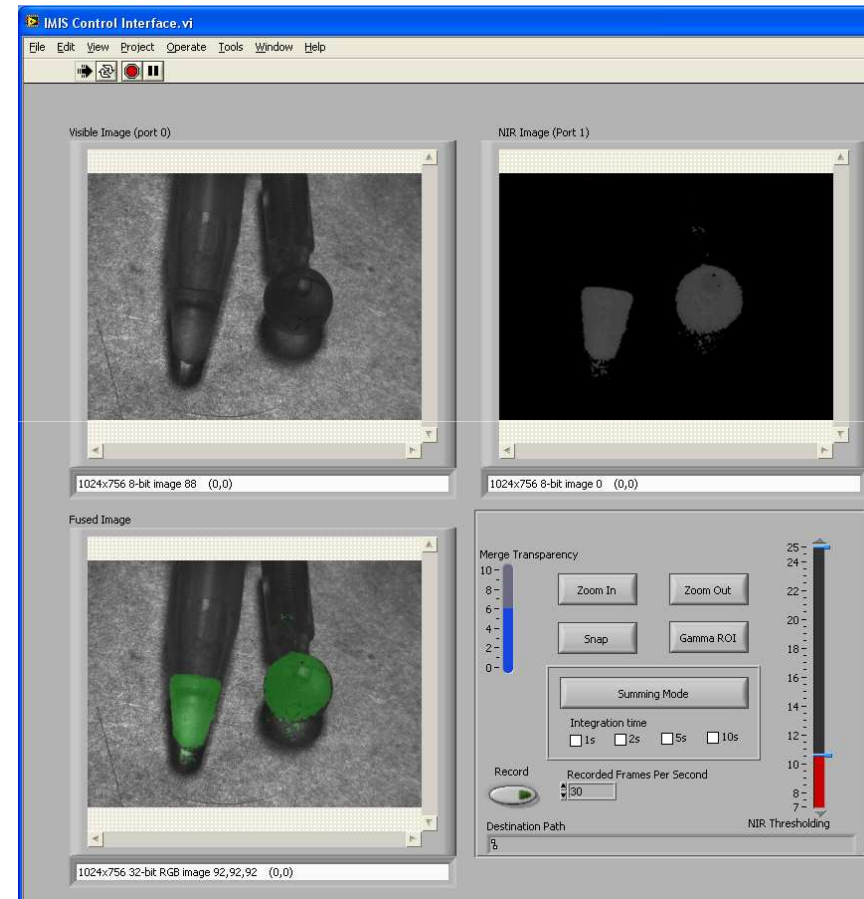
Spatial Resolution



Intrinsic detector resolution of 1.5 mm assumed for calculating theoretical resolution.

Image display software

- Acquisition GUI designed with input from UVA surgeons
- Visible/NIR and gamma images fused in real-time
- Gamma outline obtained by a segmentation algorithm and can be turned on/off to depict tumor localization
- NIR images can be manually thresholded and fused with the visible image to allow more detailed viewing of tumor when surgeon gets close to it



Phantom Experiments

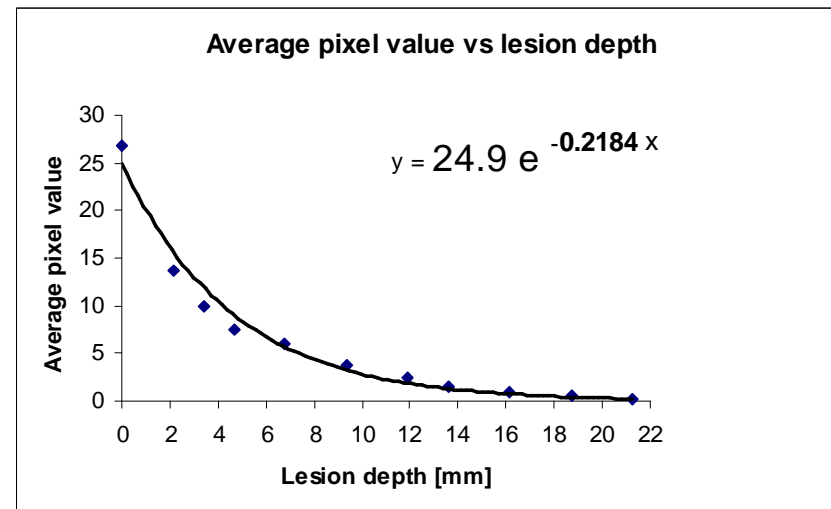
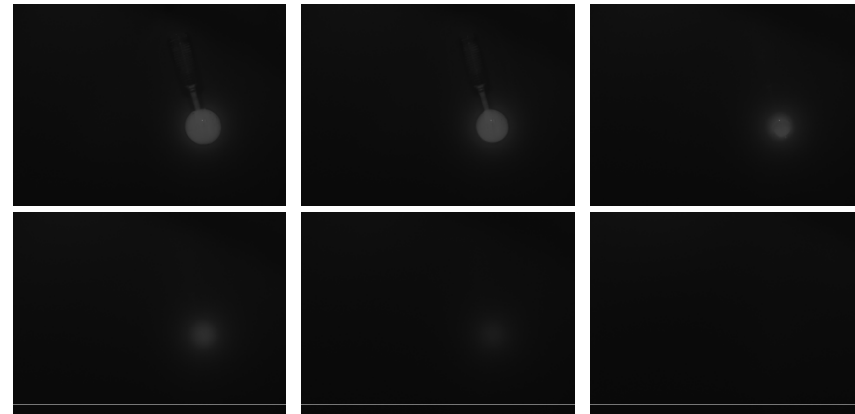
- Goal: To evaluate the performance and key characteristics of the imaging system components
 - Make phantoms with optical properties that simulate those of breast tissue
 - Literature suggests that it is important to match the absorption and scattering coefficients of the phantom mixture to the measured tissue coefficients*
 - Our approach is to use Intralipid and India Ink mixture which respectively contribute to the scattering and attenuation coefficients
 - Use gelatin to solidify the mixture

*Optical Phantoms for Multimodality Imaging, S Jiang and BW Pogue

ST Flock et al, **Optical Properties of Intralipid**: A Phantom Medium for Light Propagation Studies, *Lasers in Surgery and Medicine* **12516519 (1992)**

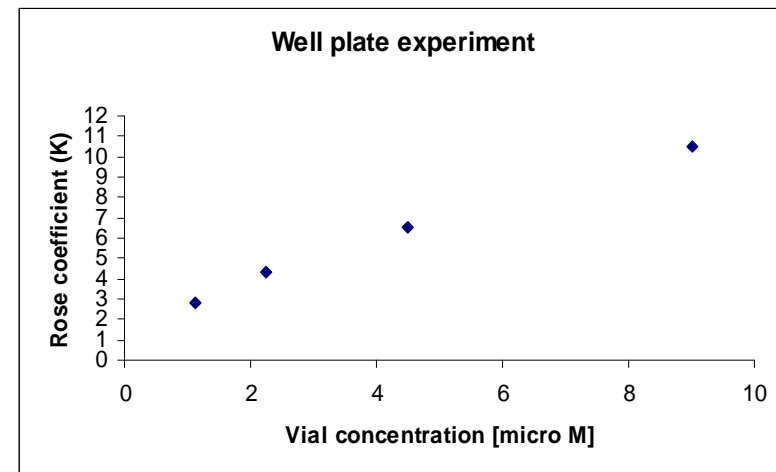
Optical system sensitivity

- Acrylic sphere filled with IRDye800 placed in a box phantom that is slowly filled with optically tissue equivalent liquid
- Verify the total attenuation coefficient of liquid mixture matches theory
- Expected exponential drop off in pixel intensity versus lesion depth as well as the light penetration depth



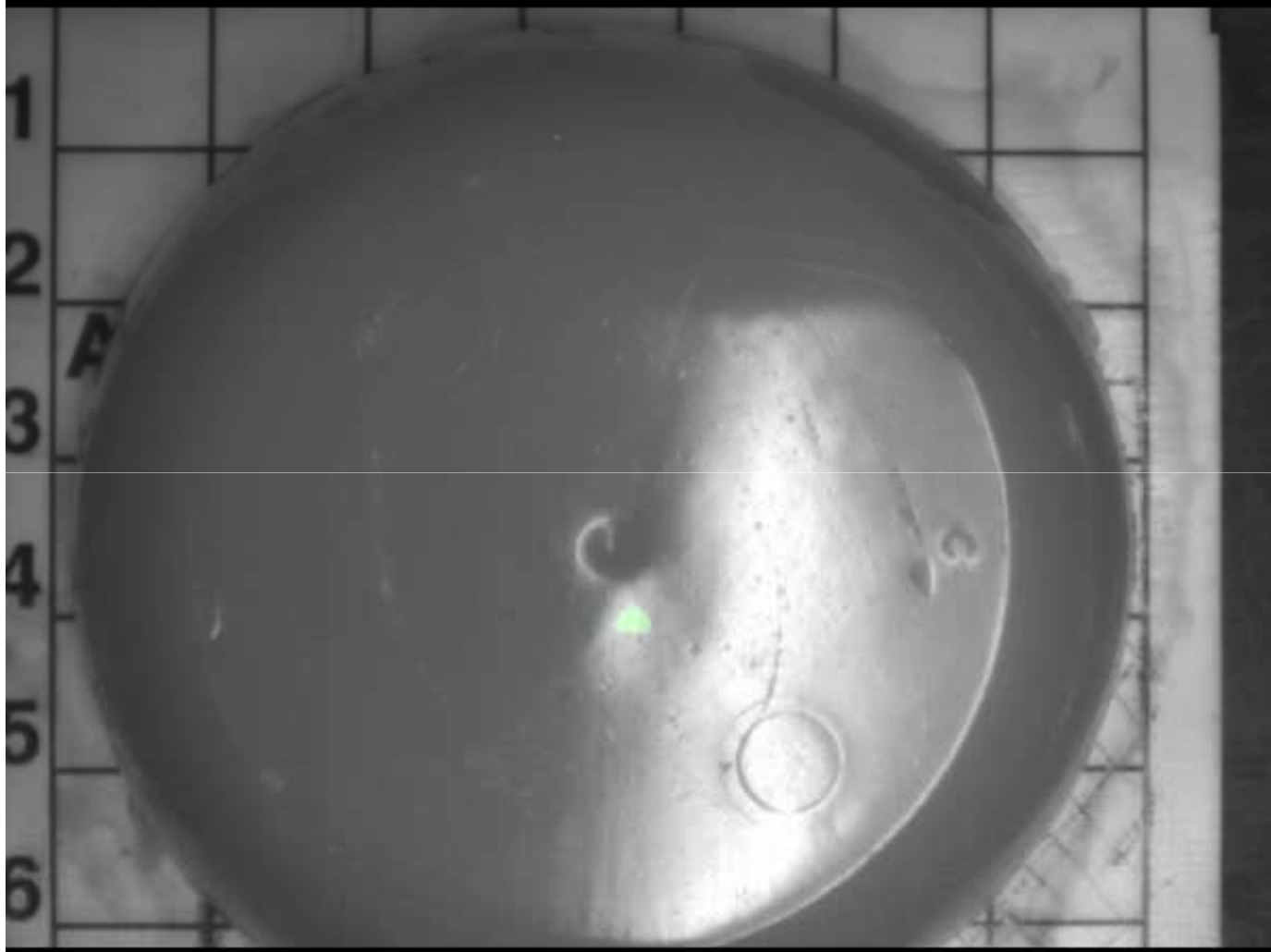
Optical system sensitivity, cont'd

- Well plate filled with IRDye800 in decreasing concentration
- Use Rose criterion to deduct limit of detectable fluorophore concentration



$$K = \frac{|N_{\text{fluorophore}} - N_{\text{background}}|}{\sqrt{N_{\text{background}}}}$$

Example surgery movie



Current Status

- Basic optical/gamma characterization
 - Optimize excitation flux, characterize output of several candidate NIR fluorophores (e.g. depth-dependent resolution and SNR in tumor-simulating phantoms)
 - Fine tune control software for NIR/visible camera
 - Carry out a mouse study to confirm the tracer binding affinity to cancer cells
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Mouse Study

- Goal: Test the tracer binding affinity to HER2+ tumors
 - MDA-MB-435 (control) cells are subcutaneously injected into the right hind of female nude nu/nu athymic mice (6 weeks old). Other six mice are injected with HER2+ cells (LS174T) in a similar fashion
 - Tumors are allowed to grow for 2 weeks to reach a diameter of approximately 0.5-1 cc.
 - Once the tumor is grown, we would inject the mice with the fluorophore/Tc99m labeled nanobody tracer to evaluate the binding affinity by imaging
 - Harvest the tumors post imaging to observe where the probe is located at the cellular level by looking at the histological tumor slices through a NIR microscope
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Breast Tumor Margins Study

- Goal: Aid surgery of HER2+ breast tumors and reduce positive margins
 - Human-compatible nanobodies that target cells overexpressing HER2+ developed by collaborators at the Vrije Universiteit Brussel (VUB) in Belgium
 - Ultimate test for the system and the tracer
 - Compare post surgery images looking for positive margins to present practice data
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Plans for the future

- Integration of NIR/gamma components
 - Design and carry out a human study to characterize the system
 - Evaluate the ease of use of the system for the surgeon and follow up to address their possible issues
 - Determine the improvement in surgery outcome by imaging post surgery
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Questions and Comments

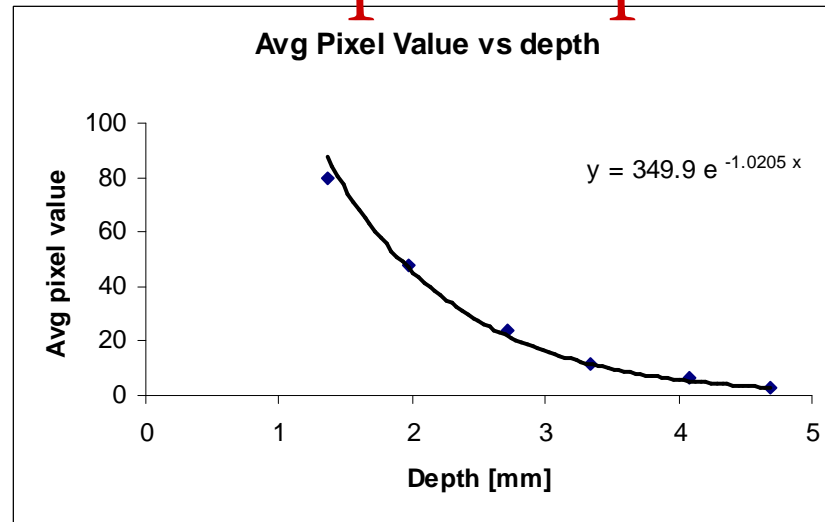
Sentinel Lymph Node Biopsy (SLN)

- Goal: Evaluate ease of use of the system to the surgeon and determine its performance independently of the labeled tracer
 - Non-targeted fluorescent contrast agent and gamma tracer injected intradermally and circumferentially around the primary lesion or the scar from biopsy of the primary lesion for sentinel lymph node biopsy
 - The tracers are secreted to the lymph nodes (eliminates possible issues stemming from tracer binding to the tumors) and guided by IMIS to allow testing solely the imaging system
 - Lymph nodes size compared pre and post resection
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Advantages over present practice

- More streamlined pre-operative and intraoperative procedures
 - Specifically, in tumor margin delineation
 - Lower re-excision rates / Smaller excised tissue volumes
 - Does not require dedicated pathology team on standby
 - Can be used in palpable and non-palpable excisions
 - Decreased anesthesia time / cost
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Verification of optical phantom mu



Limit of detectable fluorophore concentration

