Echo decorrelation imaging for guidance of ultrasound ablation

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Overview

- Thermal ablation of liver cancer
- Echo decorrelation imaging
- Monitoring radiofrequency ablation ex vivo and in vivo
- Echo decorrelation imaging by image-ablate arrays: bulk and focused ultrasound ablation



Target application: liver cancer

- Primary (hepatocellular carcinoma) or colorectal metastases
- Only ~15% of HCC cases are resectable

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- Current standard for nonresectable tumors: minimally invasive, ultrasound-guided radiofrequency ablation (RFA)
- Desirable improvements: selectivity, reduced invasiveness, monitoring/control



Ultrasound ablation for liver cancer

- Bulk ultrasound ablation: ~10-50 W/cm², unfocused/weakly focused for faster bulk tissue ablation
- Minimally invasive (interstitial/laparoscopic) like RFA



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Focused ultrasound: >200 W/cm², ablate smaller volumes

Echo decorrelation

- Ultrasound pulse-echo signals during ablation correlate imperfectly due to tissue state changes, gas activity, motion
- Challenge for correlation-based monitoring (US thermometry, elastography, etc.) during ablation
- Example: decorrelation of two echoes (real part of demodulated IQ signals)

Echo decorrelation imaging

- Overall hypothesis: local echo decorrelation is caused by tissue changes associated with thermal ablation
- Map local echo decorrelation between adjacent image frames (~10-50 ms interframe time) in real time
- Position-dependent cross-correlation of complex pulse-echo image frames:

$$egin{aligned} R_{01}(y,z) &= \iint w(y-y',z-z') \, I_0(y',z')^st \, I_1(y',z') \, dy' \, dz' \ &= \langle I_0(y,z)^st I_1(y,z)
angle \end{aligned}$$

Echo decorrelation image:

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$$\Delta(y,z) = 1 - rac{|R_{01}(y,z)|}{R_{00}(y,z)\,R_{11}(y,z)}$$

 $\sqrt{2}$

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Relationship to tissue changes

- Theoretical model: backscatter ∞ spatial-frequency *power* spectrum of reflectivity γ
- Echo decorrelation \propto spatial-frequency *decoherence spectrum* of tissue reflectivity:

$$\begin{split} E[\Delta(y,z)] &\approx 1 - \rho(\delta \mathbf{r}, y, z) \frac{\langle S_{\gamma_{01}}(2k_0 \mathbf{e}_z, y, z) \rangle^2}{\langle S_{\gamma_{00}}(2k_0 \mathbf{e}_z, y, z) \rangle \langle S_{\gamma_{11}}(2k_0 \mathbf{e}_z, y, z) \rangle} \\ &\approx 1 - \frac{S_{\gamma_{01}}(2k_0 \mathbf{e}_z, y, z)^2}{S_{\gamma_{00}}(2k_0 \mathbf{e}_z, y, z) S_{\gamma_{11}}(2k_0 \mathbf{e}_z, y, z)} \end{split}$$

- With tissue motion, echo decorrelation also depends on autocorrelation ρ of pulse-echo beam functions

Reflectivity decoherence

Simulated echo decorrelation

Ex vivo echo decorrelation imaging of RFA

- Clinical RFA needle in *ex vivo* bovine liver tissue, *N*=9
- Ultrasound imaging: 7 MHz linear array, 192 elements
- Hybrid images: B-scan, cumulative echo decorrelation

In vivo echo decorrelation imaging of RFA

- Ablation of swine liver, 20-60 W, 3-6 min, N=5
- Successful prediction of ablated tissue histology

Motion correction of echo decorrelation

- Motion induced decorrelation depends on spatial autocorrelation of pulse-echo beam function
- Simulated correction using computed beams:

• In vivo correction from measured motion-induced decorrelation:

Image-ablate linear arrays

Pulse-echo imaging and thermal ablation using same elements, ensuring monitoring/treatment of same volume

3.1-4.8 MHz, 32 elements in 3 mm needle

[Makin et al., J. Ultras. Med. 2005]

5.0 MHz, 64 elements in 24 × 5 mm² aperture

Echo decorrelation imaging by image-ablate arrays: *ex vivo* bulk ultrasound ablation

- 5.0 MHz, 24 mm aperture, unfocused
- 21 ablation pulses: 34 W/cm² SPTP, 5 s, imaging 4.3 fps
- Rest periods: 5 s, imaging 116 fps
- Widespread overall echo decorrelation, with late localized severe decorrelation (possible tissue boiling)

Echo decorrelation imaging by image-ablate arrays: *ex vivo* focused ultrasound ablation

- 64-element arrays: image quality suitable for ablation targeting
- 5.0 MHz, 24 mm aperture, focused 10 mm past standoff (33 mm)
- 4 ablation pulses: 381 W/cm² SPTP, 5 s, imaging 4.3 fps
- Rest periods: 5 s, imaging 116 fps
- Echo decorrelation image consistent with expected lesion growth

In vivo VX2 ablation by image-ablate arrays

- 3 mm, 32-element, 4.8 MHz arrays
- Unfocused 20 mm aperture, 95/120 s, 38.5 W/cm² SPTA
- Echo-decorrelation-guided ultrasound ablation feasible in vivo
- Future experiments to employ 64-element, 5.0 MHz arrays, bulk and focused ultrasound ablation

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Conclusions

- Echo decorrelation imaging predicts tissue ablation ex vivo and in vivo
- Echo decorrelation measures spatial-frequency decoherence of tissue reflectivity
- Motion effects *in vivo* can be effectively compensated
- Targeting, tissue ablation, and echo decorrelation imaging are feasible using image-ablate linear ultrasound arrays
- Ongoing work: test *in vivo* prediction of ablation-induced cell death, real-time control of thermal ablation for cancer treatment

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