Advances in Focused Ultrasound Brain Therapies

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InSightec Exablate 4000 Brain system

Frequency: 220kHz and 660kHz Number of Channels: >1000 Head fixation: pins

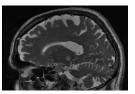




Brain Patient Treatments

Patient Treatments:

"20 Hospitals > 100 patients <u>Tumors: McDannold et al, J. Neurosurgery 2010</u> <u>Chronic Pain: Martin et al., Ann. of Neurol 2009</u> <u>Essential Tremor: Elias et al., NEJM 2014</u> Parkinson's Disease:



Can FUS be used for anything else in Brain?

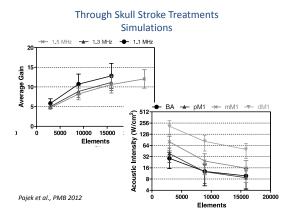
Biological feasibility

Technical Requirements

Embolic Stroke Cancer Alzheimer's Disease Transmit Array Requirements Exposure Monitoring and Control Combined Array Feasibility

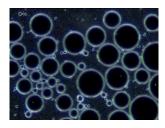
Stroke Treatment? FUS fragmentation of a blood clot 1.5MHz transducer, 1ms pulses, PRF = 1 Hz, F-number = 0.8, 20sec duration Baseline Stroke Post-HIFU 415 W 550 W Burgess et al, Plos One 2012 Sunnybrook

Through Skull Stroke Treatments Simulations Pajek et al., PMB 2012



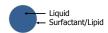
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How can we reduce the inertial Caviation threshold?



Sub-micron Droplets

Sub-micron droplets are precursors to microbubbles



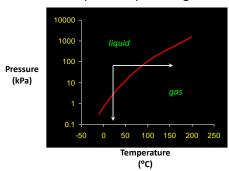
Low BP liquid PFC

Micron to submicron size

Benefit:

Can locally create microbubbles \rightarrow Locally induce cavitation

Convert liquid droplet to gas bubble

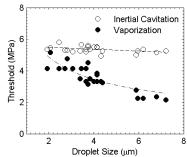


Manufacturing

Shell Material	[PFC]	[Shell material]	Method
Fluoro- surfactant	5% v/v	0.1 – 0.8 %	Microfluidizer
Bovine Serum Albumin	10% v/v	20mg/mL	Vialmix Microfluidizer

PFC	DDFP	PFH	FC84	FC77	FC40
Boiling Point (°C)	29	56	80	97	165

Perfluorocarbon droplet vaporization



Schad et al., UMB 2010

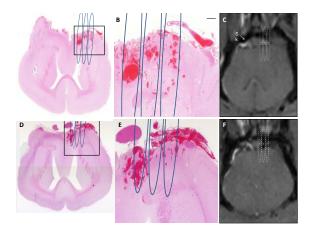
In Vivo Brain Sonications

Droplet diameter :156 - 207 nm Sonication Duration: 20s Burst Repetition Frequency: 1Hz

Experiment	Wait after injection	Focused placed away from skull	Pulse Length	Recanalization
88-111W	Yes	No	1 ms	2/2
88-137W	No	Yes	1 ms	5/7*
88W	No	Yes	0.1 ms	1/2
Ctrl	N/A	N/A	N/A	1/8

Compares well with no droplet experiments: 550 W Burgess et al. Plos One 2012

Pajek et al, UMB 2014



Preliminary Analysis - Vital Stain

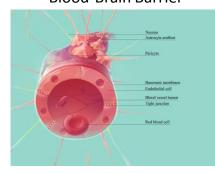








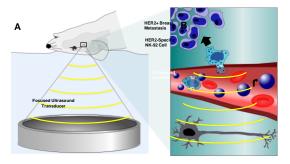
Blood-Brain Barrier



How Can Ultrasound Open the BBB? Sonication Time Average Power < 10mW Time 10 ms / PRF = 1 Hz Hynynen et al., Radiol. 2001 Focused ultrasound opening of BBB How can BBB opening be used for therapy? Animal Experiments (>100 studies): Effective Delivery of: -Chemotherapy* -Antibody* -siRNA -Viral vectors -Other agents -Cells* Examples: Brain Tumours* Alzheimer's Disease*

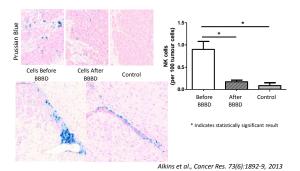
* Effective treatments in animal models

Targeted NK-Cells

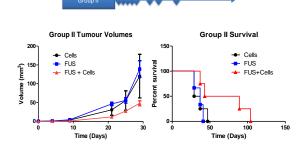


Alkins et al., Cancer Res. 73(6):1892-9, 2013

Her2-Targeted NK-92 Cells



Targeted NK-Cells: In Vivo Tumours



Alkins et al., submitted

Alzheimer's Disease

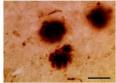
AD is a progressive and irreversible neurodegenerative disease that has no cure.

AD is characterized by the presence of $\beta\text{-amyloid}$ plaques, neurofibrillary tangles, neuronal loss, and deficits in neurotransmitters

Long-term administration of high doses of antibodies against A β in the bloodstream remove the plaques has produced benefits in animals* but failed in patients**

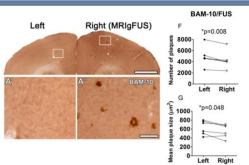
<= BBB prevents large molecule penetration into the brain





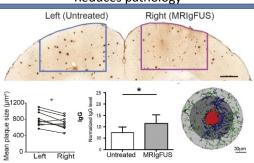
*Bard et al. Nat Med 6: 916–919, 2000. **Grundman et al. *J Nutr. Health Aging.*, 17, 51-53, 2013.

FUS-mediated antibody delivery



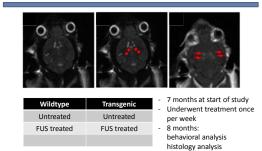
Jordão et al., PLoS One(2010)

FUS Opening of the BBB alone Reduces pathology



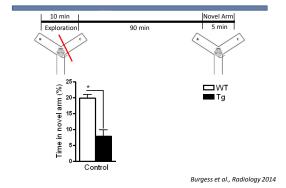
Jordão et al., Exp Neurol (2013)

Is FUS effective for treatment of AD?

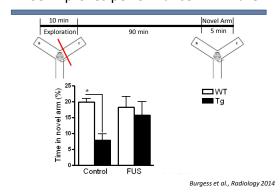


Burgess et al., Radiology 2014

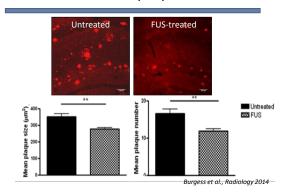
FUS improves performance in Y-Maze



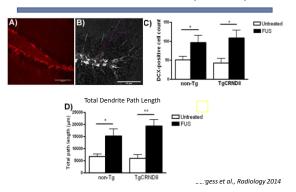
FUS improves performance in Y-Maze



FUS reduces plaque load



FUS increases neuronal plasticity



Challenges of translating FUS BBB Opening to the Clinic

- Monitoring and control of the bubble activity
 - Human skull highly variable

 - Too low exposure => no opening
 Too high exposure=> vascular, and neuronal damage
 - No temperature elevation
- · Large volume treatments required with high precision
 - Close to bone and other critical structures

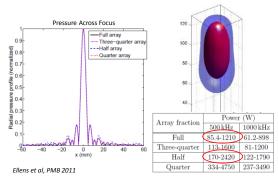
 - Large electronic steering rangeLarge number of focal exposures needed
 - => fast electronic scanning required

Full-Scale Arrays: Problem Large number of: -small elements - RF-drivers - Interconnects =>cost

Sparse Array

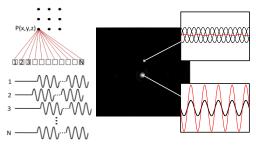
Goss et al., 1996

Sparse Arrays



Bubble location and activity monitoring

Passive Acoustic Mapping (PAM)



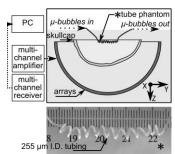
T. Sato, K. Uemura, K. Sasaki, JASA **67**, 1802 (1980). S. J. Norton, I. J. Won, IEEE T Geosci Remote **38**, 1337 (2000).

Trans-skull Imaging of the Bubbles:

- Wide aperture transcranial array
 - 128 passive receive elements (612 kHz)
 - 306 kHz prototype brain therapy array ¹
- 3D bubble activity maps reconstructed
 - passive imaging techniques

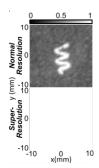


Transcranial Imaging

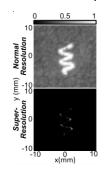


O'Reilly et al., Medical Physics 2014

Transcranial Imaging

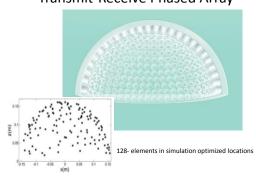


Transcranial Super-Resolution Imaging

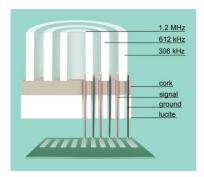




Multi-Frequency Transmit-Receive Phased Array



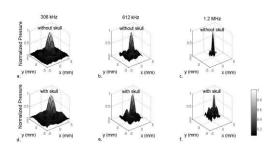
Transducer Element



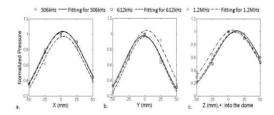
PAM Benchtop Set-Up



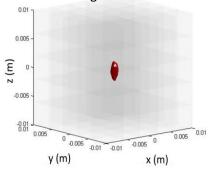
Transmit Focus in Water and Through a Human Skull



Transmit Electronic Beam Steering



Through Skull Single Bubble Image at 612 kHz



Conclusions Brian Treatment Phased Arrays

Thermal ablations

Skull heating is a limiting factor

- =>require fully populated arrays
- => Mechanically moved
- =>Limited phased arrays (~1000 elements)
 -distortion correction, limited steering

Embolic Stroke Inertial cavitation High precision

- ⇒ High pressure amplitude
- ⇒ Large number of elements⇒ Droplets, nano-bubbles?

BBB opening

-Transmit/Receive Arrays

-Very low time average power

- => skull heating not a problem
- =>Sparse arrays feasible
 - => multi-frequency arrays practical

Jany New	Treatments	Possible in th	ne Future =	FLIS could	have a h	uge impact

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