Breast MR guided Focused Ultrasound Hardware Design and Treatment Strategies

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Background

- Breast is an excellent target for MRgFUS
 - Easily accessible
 - Outside body
 - No complicating structures
- · Minimally invasive treatments
 - Improved targeting
 - No general anesthesia, reduced recovery time, no scarring, economic benefits

Background

- Breast fibroadenoma study
- First clinical study with MRgFUS
- Demonstration of utility of MR monitoring
- Good clinical outcomes



Telescoping Arm Lead Screw Optical Encode



Hynynen et al., Radiology 219(1), 2001

Background



- Invasive ductal carcinoma (N = 1)
- Lateral transducer
- MR compatible



J. W. Jenne et al. German Cancer Research Center Huber et al. Cancer Research 2001;61.

Background



Challenges identified

- Targeting accuracy
- Patient motion
- Vertically propagating beam
- Treatment time

giner							
	Author	Lesions Treated	Complete Necrosis				
ne ath	Hynynen (2001)	11	55%				
9	Huber (2001)	1	100%				
	Gianfelice (2003)	17	24%				
	Zippel (2005)	10	20%				
	Furusawa (2006)	28	54%				
	Khiat (2006)	25	31%				
		treast Cancer Res Treat 2003; 82. st Cancer 2005; 12. Furusawa et al. J					

Histopathological Response

Zippel et al., Breast Cancer 2005; 12. Furusawa et al. Am Coll Surg 2006; 203. Khiat et al., Br J Radiol 2006; 192.

Breast-dedicated MRgFUS

Philips Sonalleve Breast MR-HIFU Platform



- Large aperture transducer
 - 1.45 MHz, phased array, 13 cm focal length
- Laterally propagating
- Distribution of nearfield energy
- Volumetric ablation

Merckel et al., Cardiovasc Interv Radiol 2013; 36

Breast-specific MRgFUS device

University of Utah, Utah Center for Advanced Imaging Research

- Laterally shooting small aperture transducer
- Integrated phased array RF coil
- Potentially compatible with different vendors



Breast-specific MRgFUS device







SNR improvements

- Overall image quality
 - Improve spatial and/or temporal resolution
 - Finer structure
- Increases accuracy of MR thermometry measurements



SNR improvements

 Multiple channels allows for accelerated imaging protocols



Tensioning device

- Molded disk attached over the nipple with double sided tape
- Partially immobilizes and elongates the breast





Pre-clinical evaluation

Validate ablation capabilities in vivo

- Treat anatomies of varying sizes
- Evaluate SNR for 3D MR thermometry techniques in vivo
- Assess both focal region and near-field heating

Pre-clinical evaluation

- Female goats

 Both lactating and nonlactating
 - lactating – Weight: 22-52 kg
 - N=8
- Eligibility based on udder size, abdomen size

Udder Size Range	Mean (cm)	Range (cm)
Width	10.61	7.6-13.25
Length	6.77	3.05-12.4



All experiments were approved by the Institutional Animal Care and Use Committee.

Payne et al. 2013. Med Phys, 40(7).













Pre-clinical outcome

- Successfully treated a wide range of udder sizes
- Excellent SNR, 3D MR thermometry performed well
 - Thermal dose measurements agree with 14day DCE-MRI data
- No skin burns/irritations

System limitations

- Treatment volume at chest wall limited
- · Not clinically robust
 - Difficult to clean
 - Transducer positioning suboptimal
- Designed for one field strength
- Small bore size (60 cm)
- Uncomfortable for long periods

Updated breast MRgFUS



- Larger bore size (70 cm)
- 1.5 and 3T
- Contoured, modular table design
 Left/right breast specific tables

<image><image><section-header>



Tensioning device













Transducer movement



Tracking coils

- Three coils mounted on transducer assembly
 - Wire wrapped around ~7 mm benzonatate capsule.
- Coil position determined using simple MRI 1D readout sequence









Targeting accuracy



Designed and constructed by R. Merrill



Summary

- Engineering solutions for breast-specific MRgFUS
 - Integrated RF coil for improved SNR, treatment time reductions
 - Tracking coils for focus location, MR scan setup
- Pre-clinical evaluation is ongoing

Pre-clinical evaluation



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- Pre-clinical evaluation is ongoing
- Clinical trial in final approval stages

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