

Proton/Ion-acoustic imaging

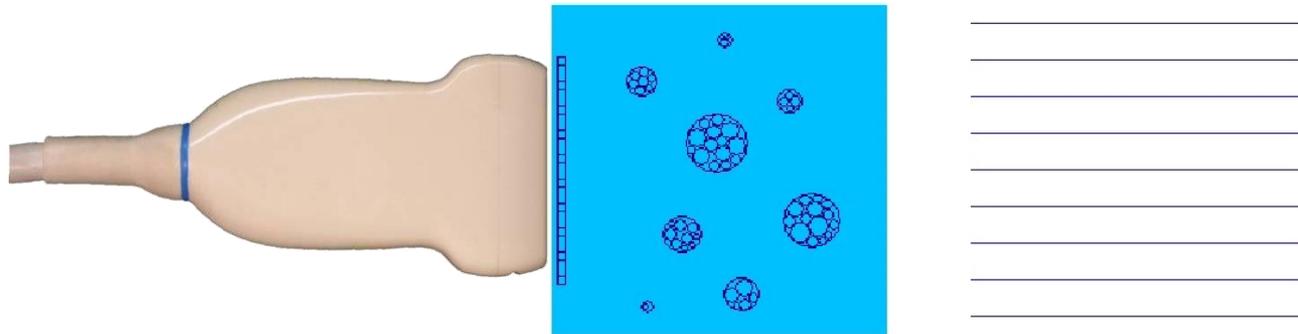
Professor Jeff Bamber

Institute of Cancer Research and Royal Marsden Hospital

Modern Ultrasound Imaging

Transducer generates pulses of ultrasound waves that travel into the body
Echoes from tissue structures return at a time and with a wave curvature dependent on their depth and lateral position

Echoes are recorded simultaneously by arrays of multiple transducer elements and used to reconstruct images of the **location and strength of acoustic scattering**

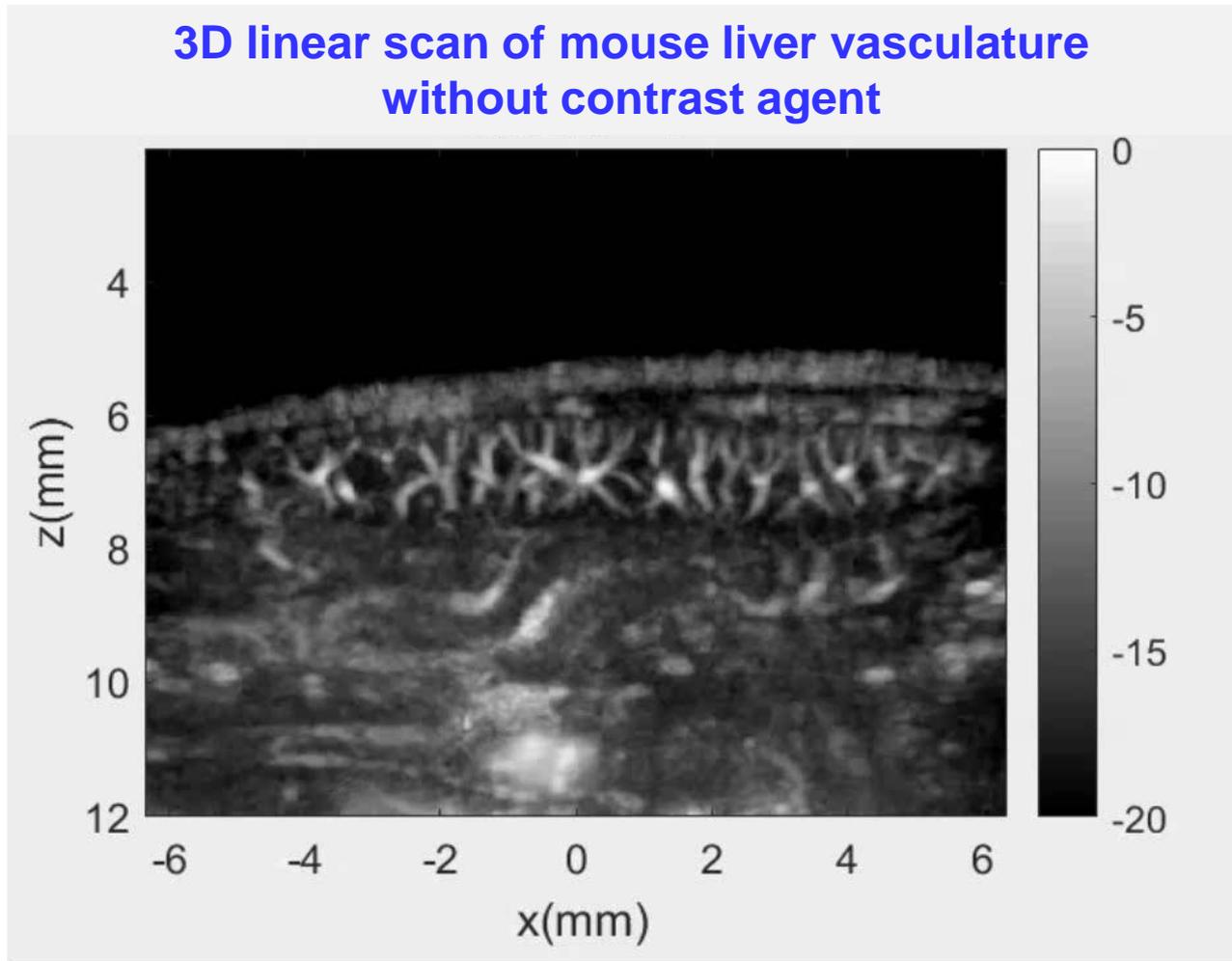


Full aperture focusing → high resolution over whole field simultaneously
1 pulse per image → frame rates < 20 kHz → powerful noise reduction

Other processing:

- **Microbubbles** recognised by pulse sequences that recognise nonlinear scattering (DCE-US); plane wave imaging for bubble sparing and rapid volume acquisition
- Doppler shift allows **blood velocity imaging**
- **Tissue motion tracking** and deformation for **biomechanical properties**

Aperture sub-division processing combined with ultrafast Doppler for further noise reduction

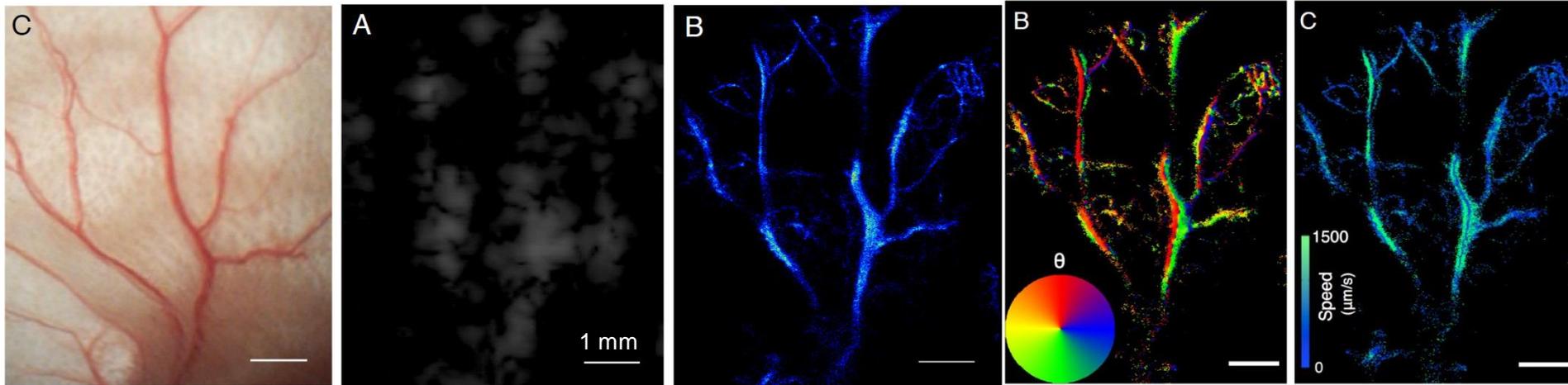


Chee Hau Leow, Nigel Bush, Anant Shah, Jeff Bamber, Mengxing Tang

Super-resolution imaging by integrating microbubble localisations

Robert Eckersley (KCL), Kirsten Christensen-Jeffries (KCL) , Mengxing Tang (ICL) and Chris Dunsby (ICL)

Images of vasculature at 6.5 MHz, in a mouse ear, using a clinical US system



Optical

Commercial mode
("Cadence™
CPS")

With super-
resolution
processing

Super-
resolved
direction of
flow

Super-
resolved
speed of flow

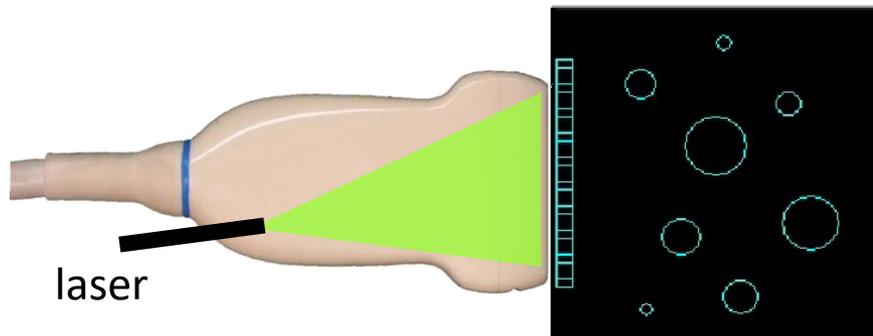
- **Vessels of diameter 19 µm visualised** with a clinical ultrasound scanner; smaller than 1/5th the diffraction limited resolution.
- **Potentially achievable clinically at large depth** - needs 3D and motion correction
- Applications in tumour hypoxia estimation

Photoacoustic imaging

Replace the ultrasound pulse with a short (ns) light pulse

Absorption of light by tissue → heating → pressure → **acoustic emission**

Ultrasound emissions are recorded by multiple transducer elements and used to reconstruct images of the **location and strength of optical absorption**

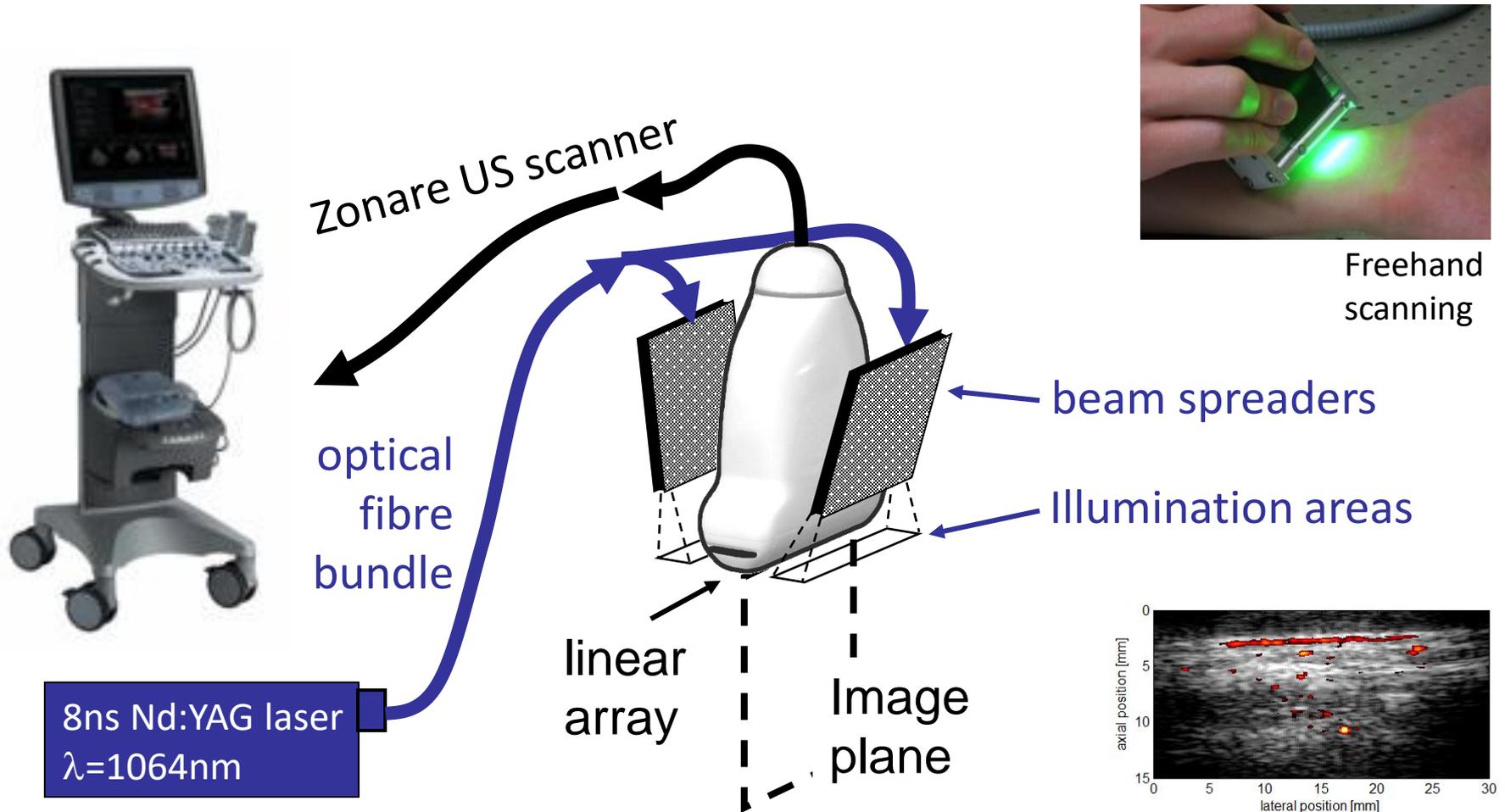


Varying the wavelength of light brings **absorption spectroscopy** to ultrasound imaging

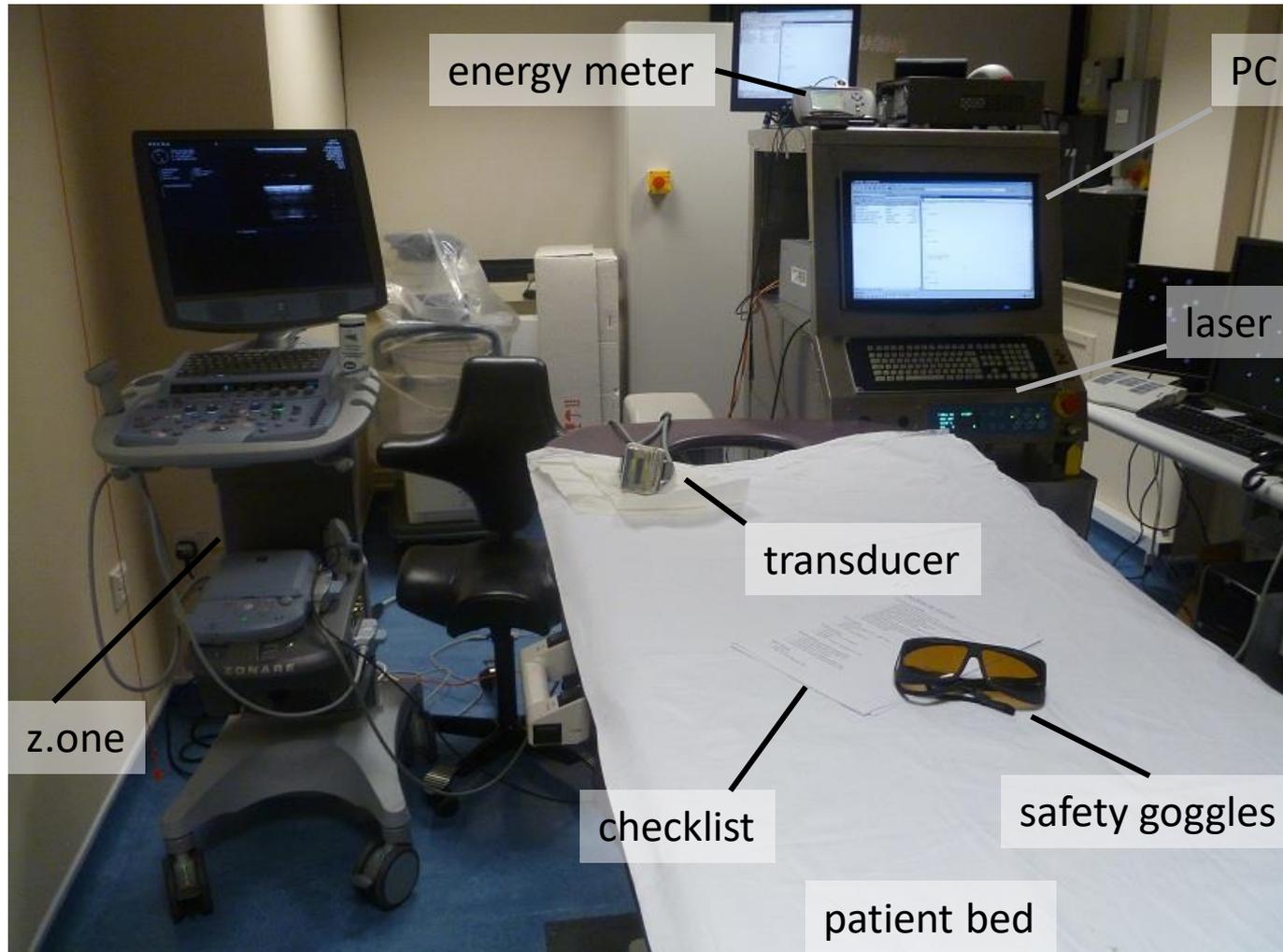
Endogenous contrast: melanin, Hb, HbO₂, saO₂, lipid, ...

Exogenous contrast: ICG, meth blue, nanoparticles, ...

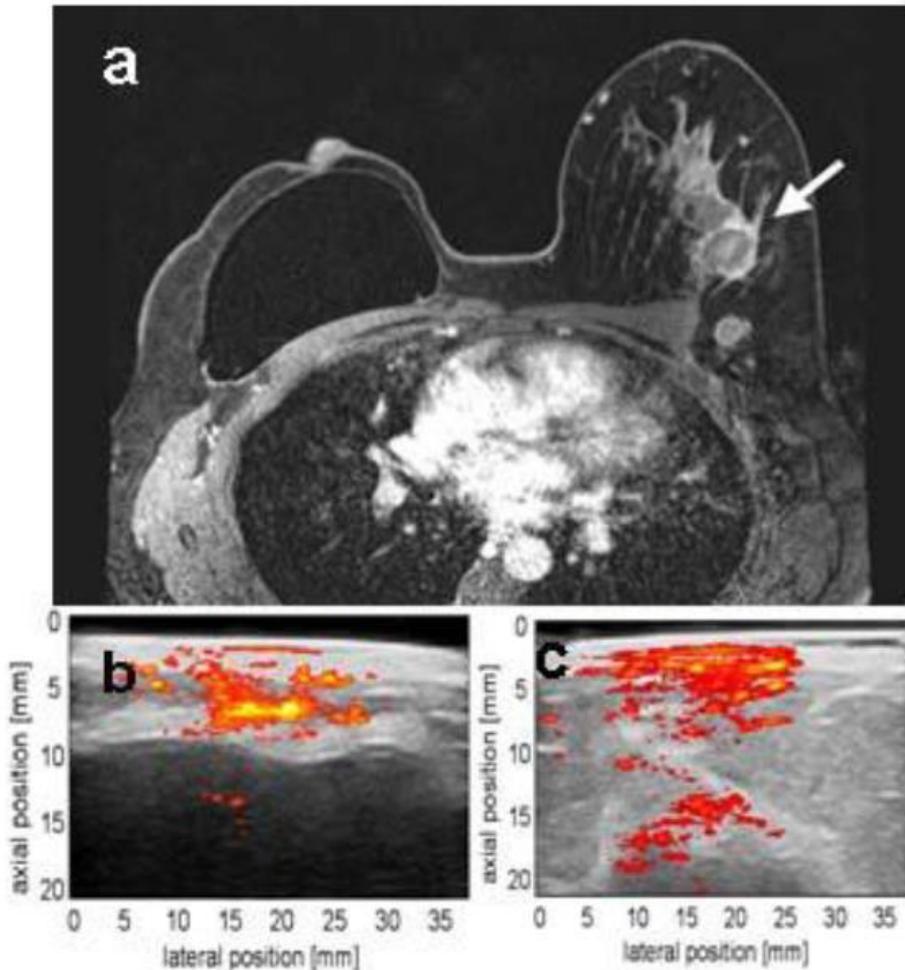
Epiphotoacoustic (EPA) imaging combined reflection-mode PA and pulse-echo imaging for clinical application



First clinical photoacoustic breast scanning



Preliminary clinical experience with ICR epiphotoacoustic imaging system (1100 nm)



Strong signal in skin and peritumour regions, presumed vascularity

Correlation of signals present with breast architectural features

Evidence of clutter signals producing below 15-20 mm

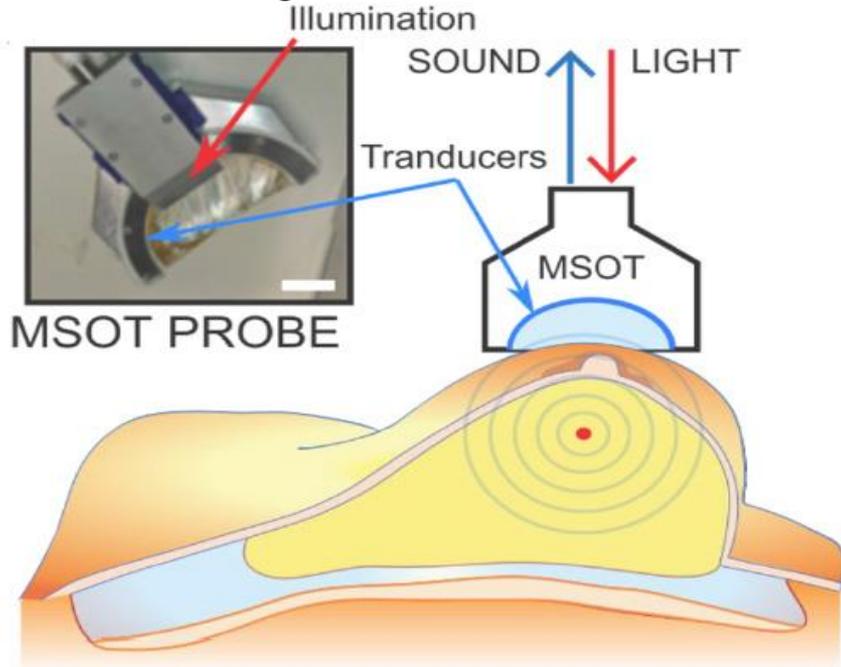
Stronger skin signal and clutter signal for dark skin relative to light skin



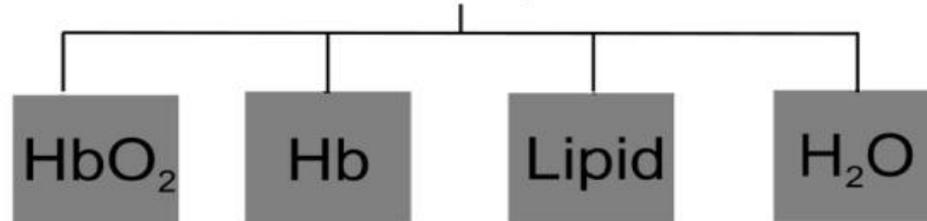
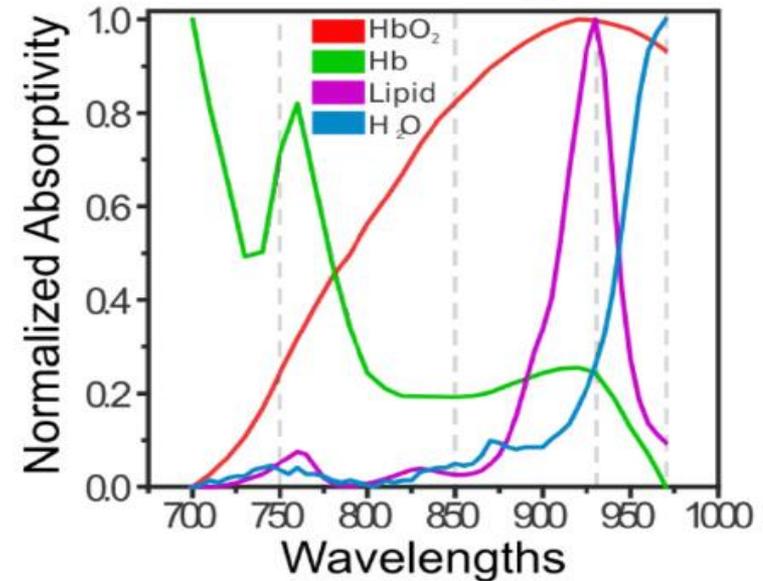
Need to reduce clutter

MSOT™ (iThera) multispectral photoacoustic imaging

28 wavelengths, frame rate 2 Hz

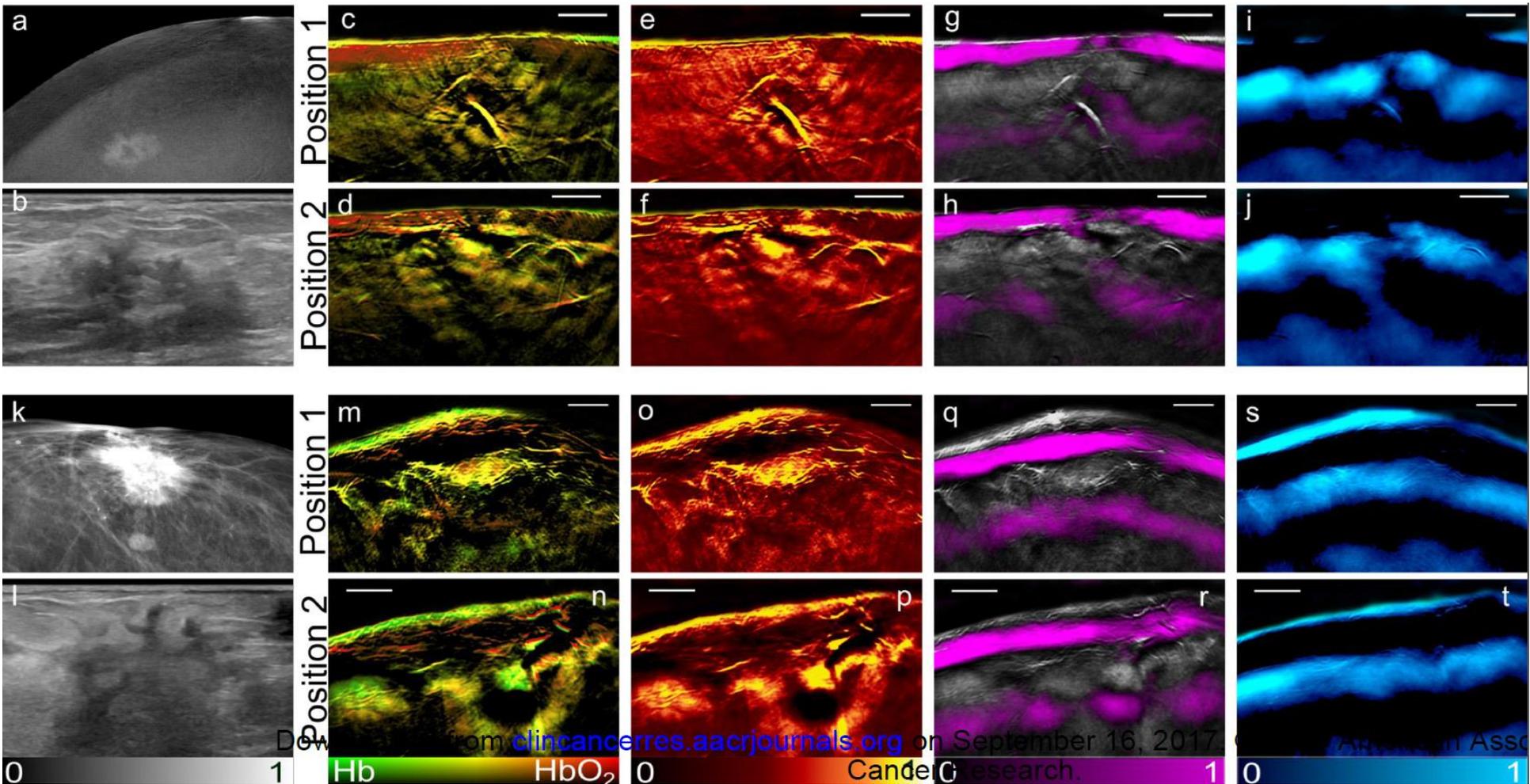


Unmixing



4 component images

iThera clinical multispectral photoacoustic imaging – breast cancers



Ultrasound Tomography

Ring array ultrasound CT
 Karmanos Cancer Institute



2048 element **ring array**, 2.5 MHz
 Whole breast 3D by moving the ring (2.5 mm steps)
 ~ 45 seconds per breast
 ~ 15 minutes total examination time

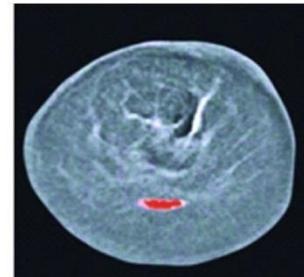
Commercially translated
 Delphinus Medical Technologies Inc.



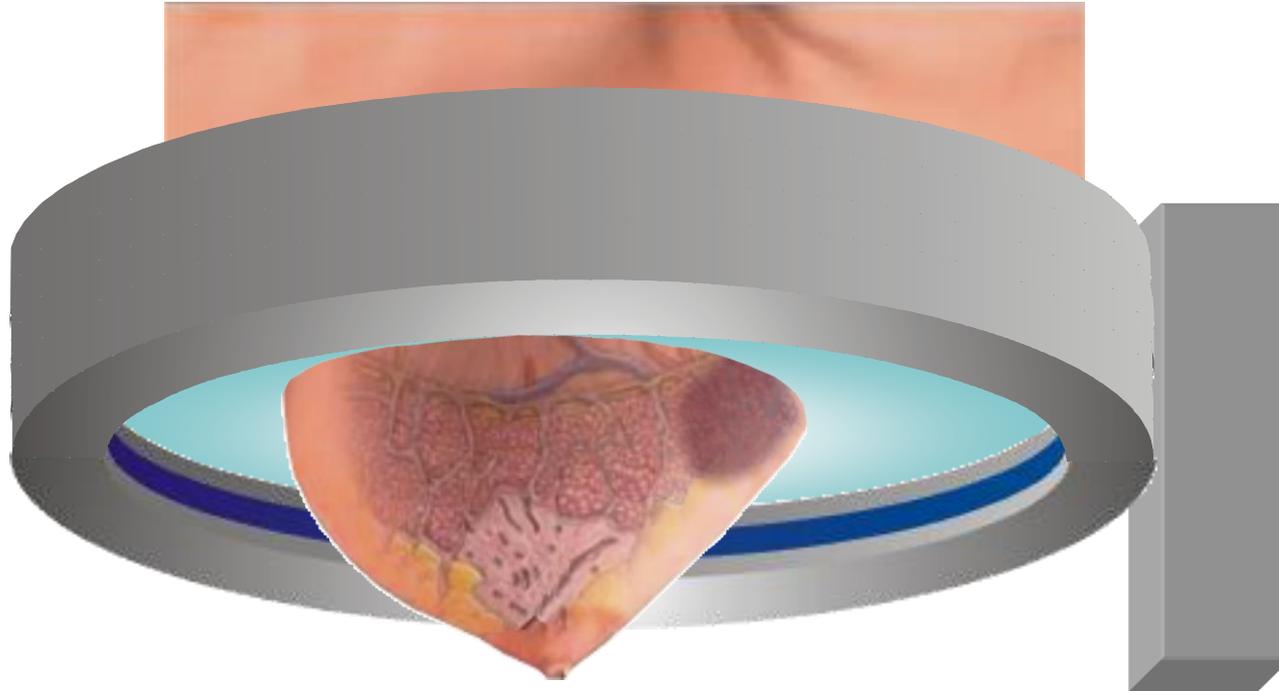
Other systems exist, e.g., 3D
 Ultrasound Tomography at
 Karlsruhe Institute of Technology,
 N. Ruiter et al. 2017



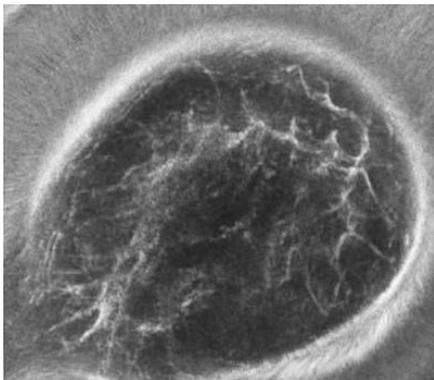
Hemispherical array



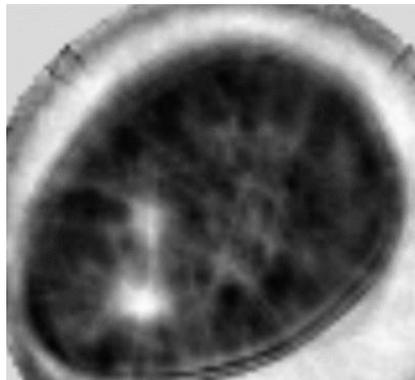
UST scanning (Karmanos Cancer Institute)



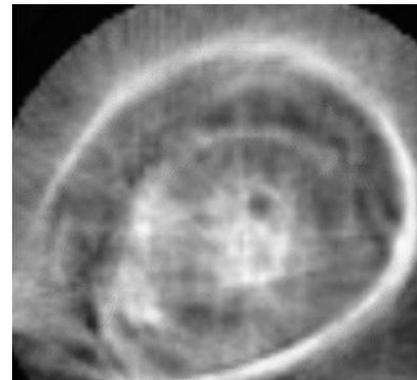
Reflection



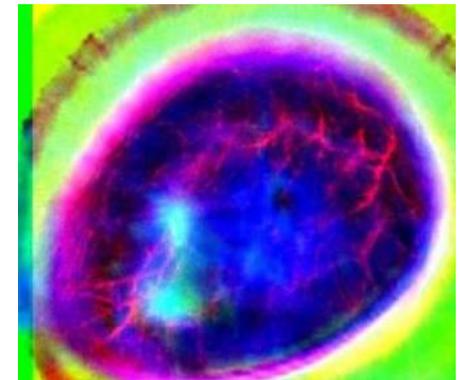
Sound Speed



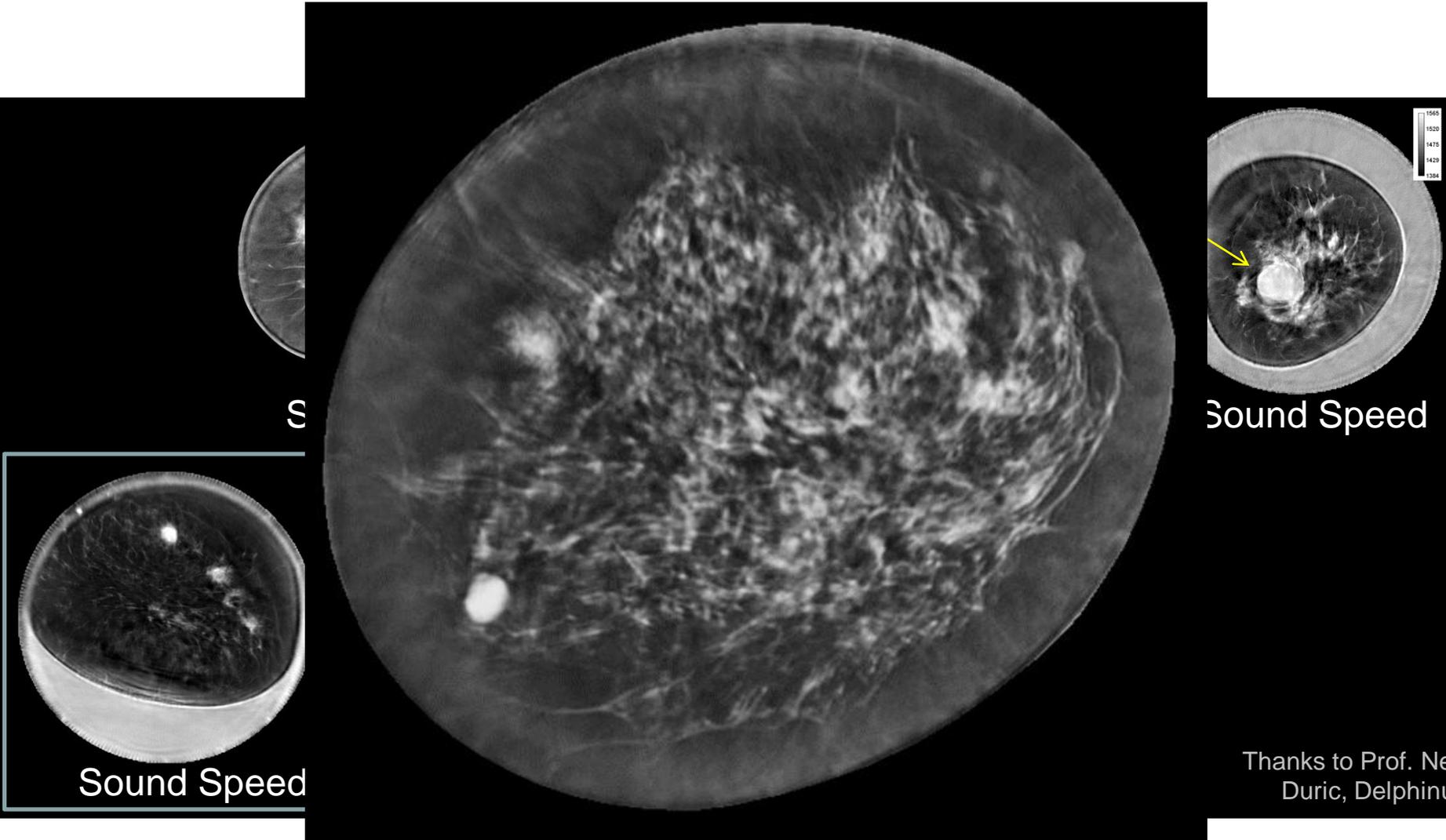
Attenuation



Fusion

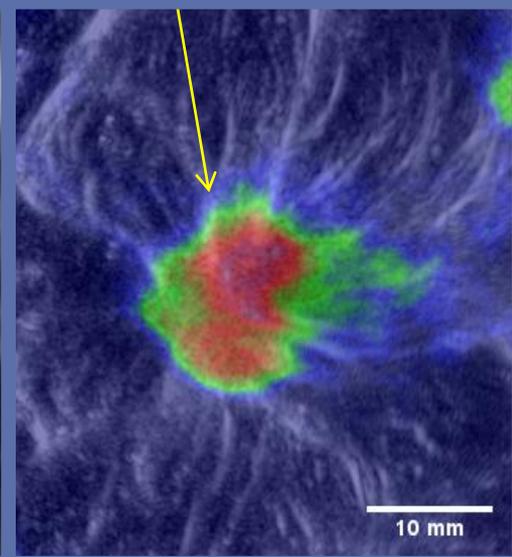
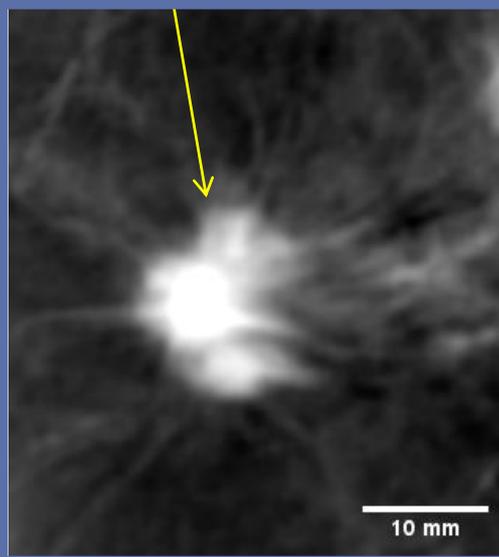
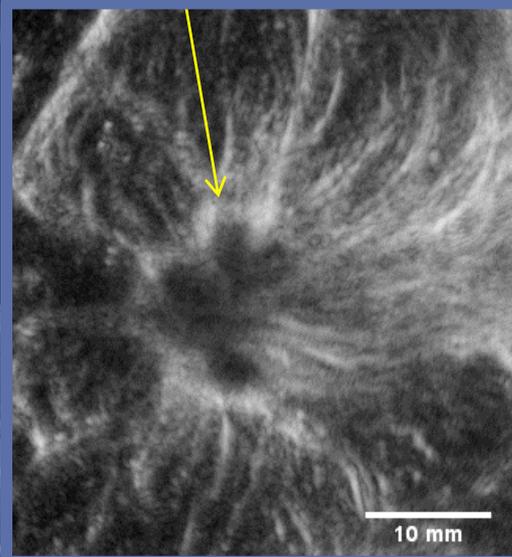
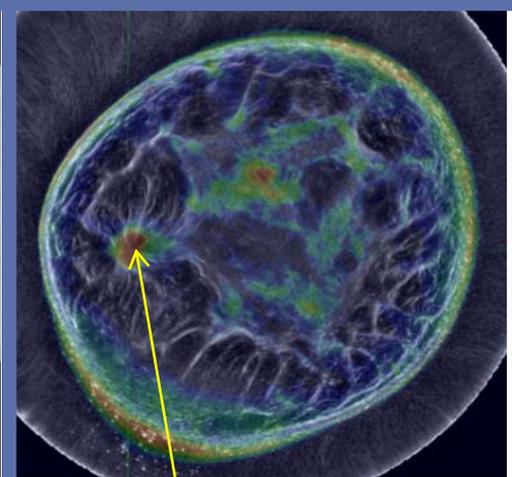
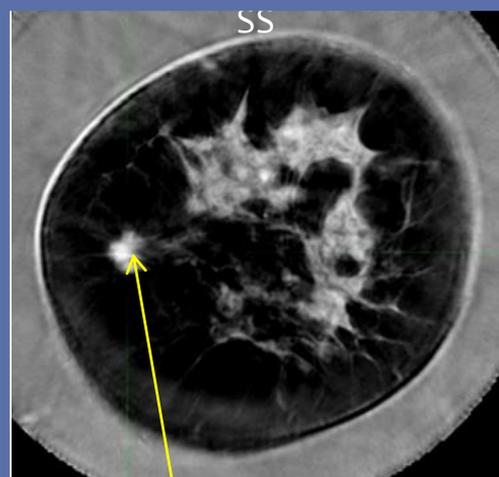
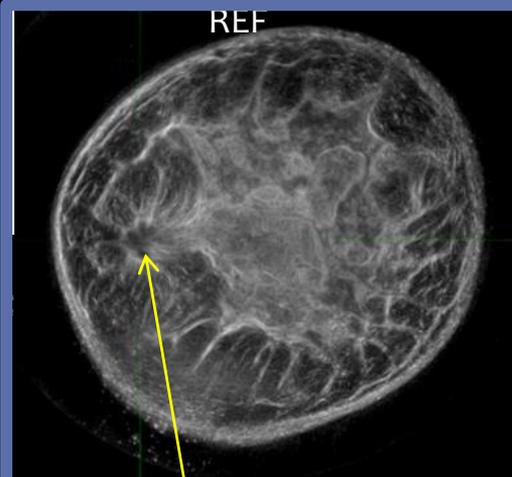
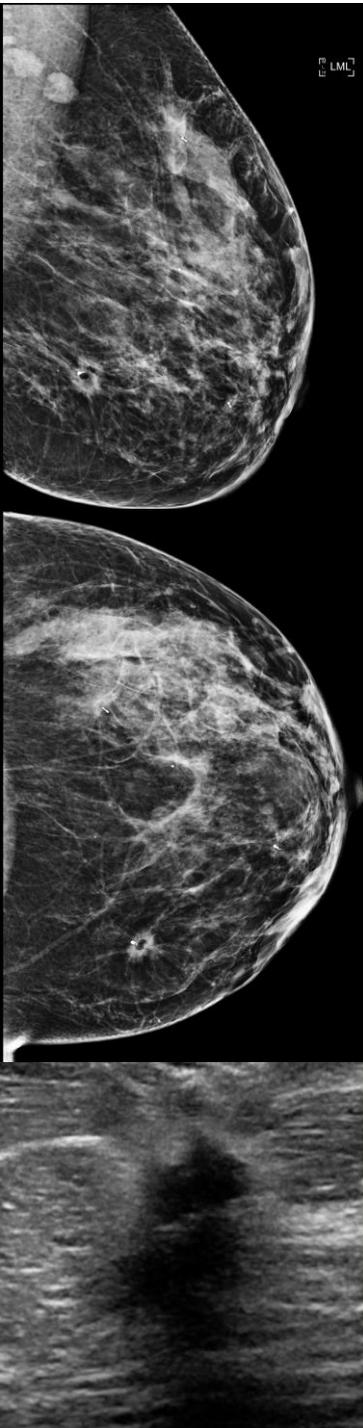


Recent Ultrasound Tomography using wave inversion from geophysics



Thanks to Prof. Neb Duric, Delphinus

Cancer example on UST



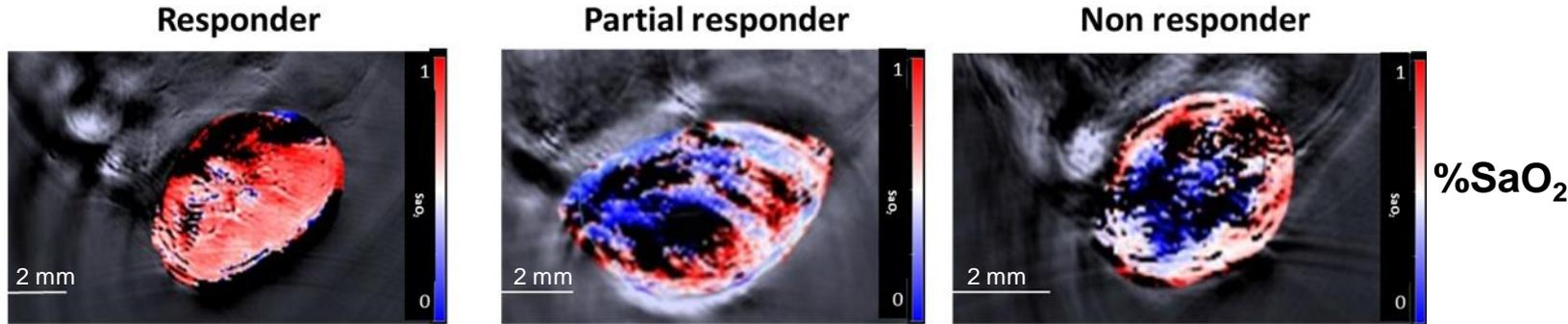
Preclinical photoacoustic imaging



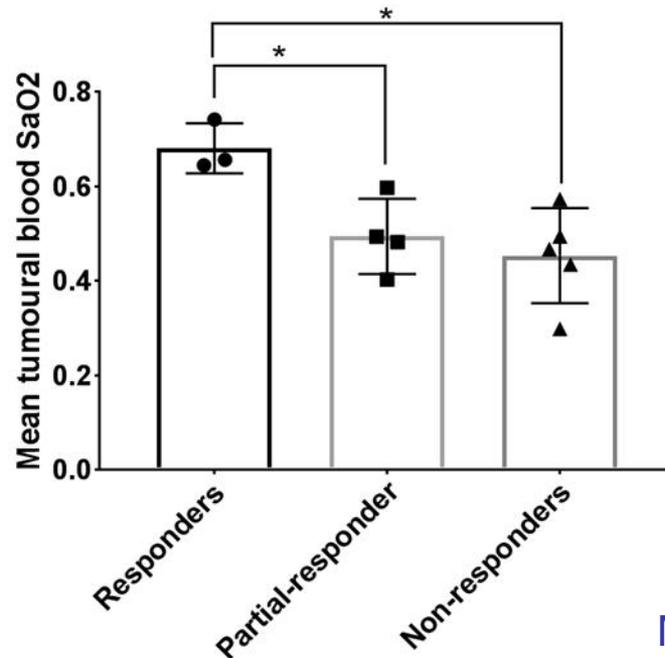
- MSOT inVision 256^{TF} iThera GmbH

Relationship between tumour blood %SaO₂ and the level of response to radiotherapy

Example cases. MSOT imaging before RT



Results summary



Marcia Costa, Anant Shah, Gail ter Haar, Jeff Bamber

CAL^R subcutaneous in nude mice
10 Gy, using SARRP[®] 225KeV
25% complete response in 60 days

Proton/Ion-acoustic imaging

- Works in a similar way to photoacoustic imaging.
- LhARA Ambition: in-vivo real-time 3D dose localisation and quantitative imaging, for real-time pulse-to-pulse adaptive treatment as the beam is moved around.
 - Localise the Bragg peak (submillimetre accuracy possible), to avoid damage to healthy tissue and under-dosing of the tumour
 - Measure the deposited-energy distribution in the tissue, preferably on a pulse-by-pulse basis.
 - Simultaneous multimodality ultrasound and photoacoustic images registered to planning CT/MRI - track tissue motion, image anatomy, perfusion, microvasculature, hypoxia, elastography, speed of sound, molecular biomarkers and dose enhancement distribution from molecularly targeted dose enhancers.
 - Suitable for organs where acoustic access is possible: breast, prostate, liver, pancreas, pelvic, head and neck, etc.
 - Enable preclinical research to provide the radiobiology knowledge needed to take full advantage of the new accelerator, and for its optimal clinical use.
 - Especially applicable to mini/micro-beam and FLASH irradiation.

Proton/Ion-acoustic imaging

Work needed:

- Review proton/ion-acoustics work to date, options and potential.
- Define key radiobiological questions.
- Define preliminary required performance specification.
- Monte Carlo, thermoacoustic generation and acoustic propagation modelling, with varied PB properties such as beam size, pulse length, particle energy, particle type and dose per pulse, and varied ultrasound detector characteristics
 - => predicted dose imaging capabilities for the expected accelerator
 - => ultrasound system requirements
- Early experiments to validate the modelling – needs a source
- Build prototype preclinical demonstrator system – industry collaboration
- Bring together with LhARA prototype
- Conduct preclinical experiments to generate radiobiological knowledge
- Refine and repeat, translate to clinical scale, ...