

## **Robot-assisted Prostate Cancer** Interventions

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### **Acknowledgements**

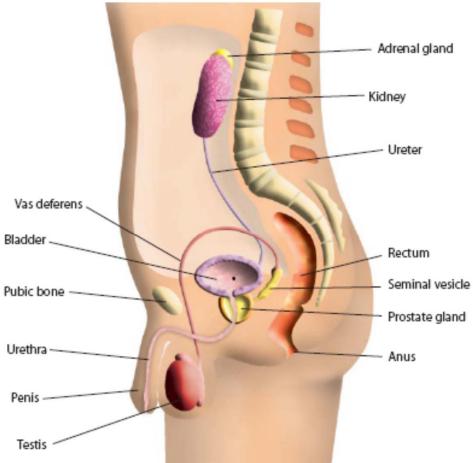
Axel Krieger, Robert Susil, Siddharth Vikal, Csaba Csoma, Iulian Iordachita, Louis Whitcomb, Peter Guion, Cynthia Menard, Jonathan Coleman, Andras Lasso, Junichi Tokuda, Noby Hata, Helen Xu, Hadi Tadayyon, Yi Gao, Allan Tannenbaum Clif Burdette, Danny Son, Peter Kazanzides, Jonathnan Fiene, Christopher Kennedy, Gernot Kronreif...

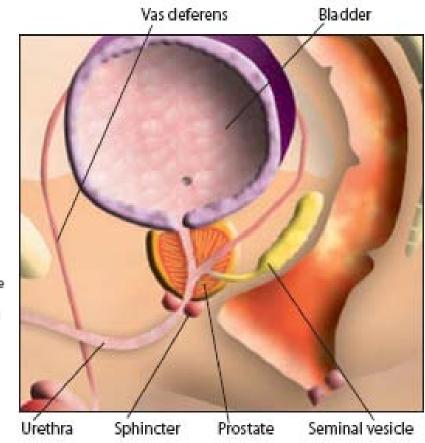






### **Prostate and what it does**









## **Prostate cancer stats**<sup>1</sup>

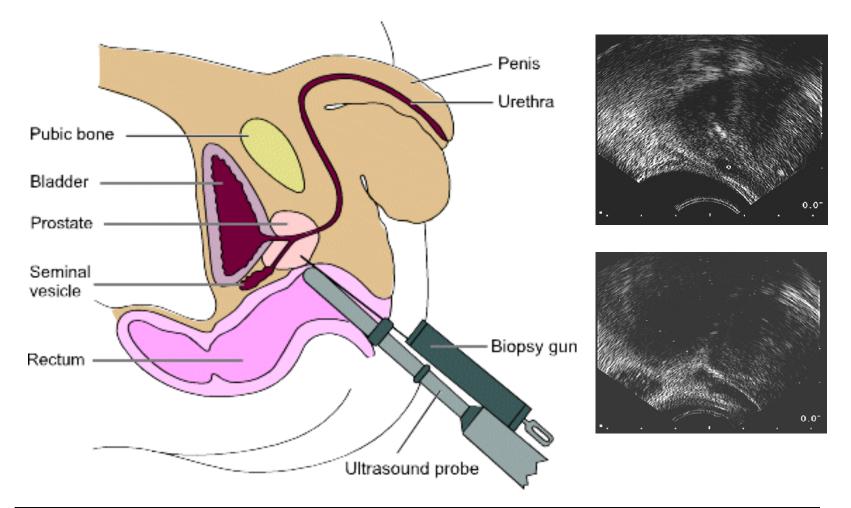
- Over 1M biopsies
- 240,000 new prostate cancer cases
- Likely double by 2025
  - Great many negative biopsies...
- 30,000 deaths
- >90% long term DFS w/ early stage disease
  - Local control is quite effective
  - Quality of life matters the most

<sup>1</sup> Jemal et al. Cancer statistics, CA Cancer J. Clin. (2010)





## Standard of care: TRUS biopsy



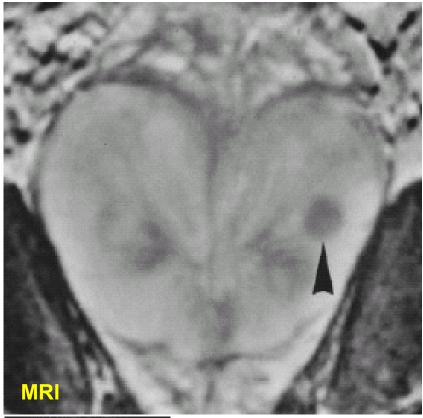
#### Cancers as large as a sugar cube may be missed...

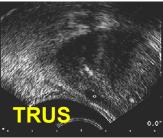




# Why MRI?

- No ionizing radiation
- High soft-tissue contrast
- High resolution imaging
- True 3D volumetric imaging
- Multi-parametric imaging
  - T1/T2 weighting, Functional, Diffusion, Flow, Temperature, Oxygenation, ...
- Can provide "real-time" imaging capabilities









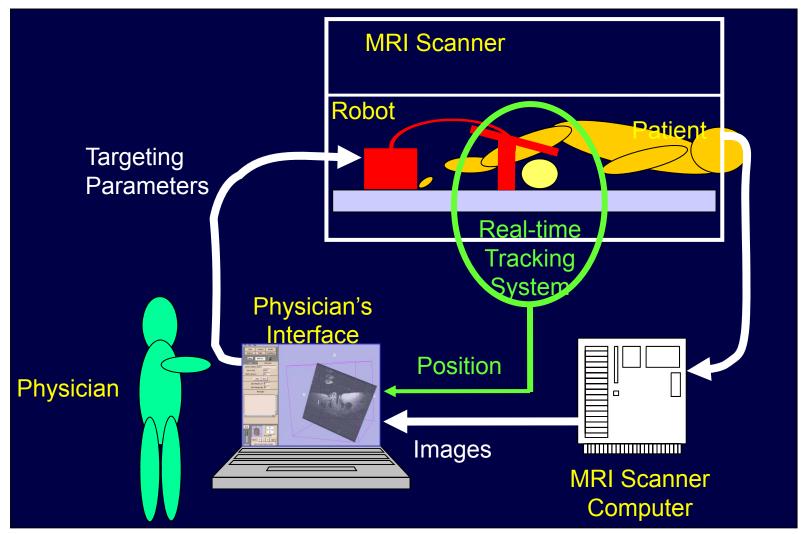
### **Extreme environment**







## "Point & Click" concept

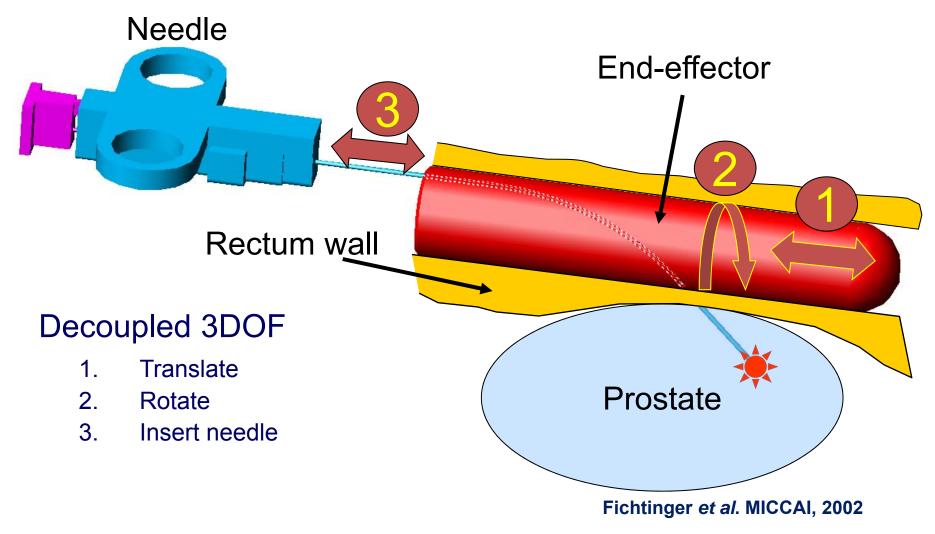


Fichtinger et al. MICCAI, 2002





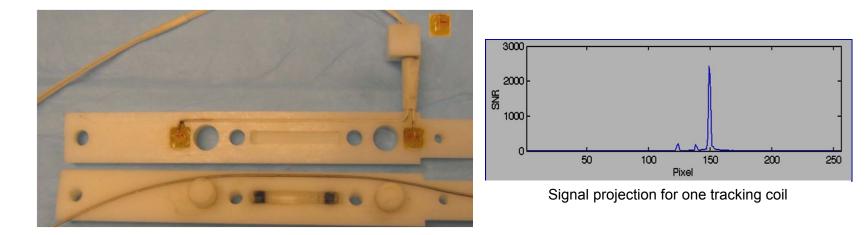
## **Kinematic design**

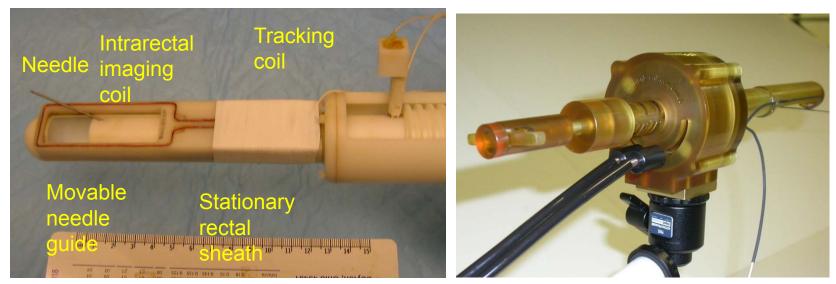






## **Active MRI tracking**





Krieger et al. IEEE TMBE, 2005



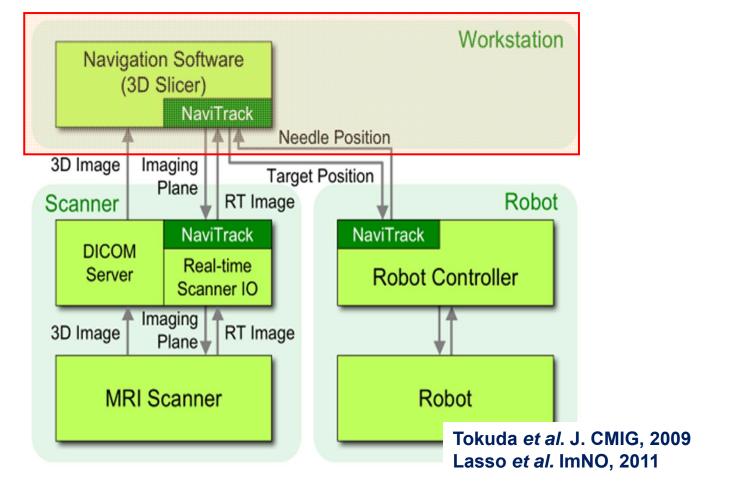


### **Open Source & Open Architecture**

Rapid prototyping of new appsPredictable performance

Faster regulatory approval

Sharing among institutions







## **Patient imaging**

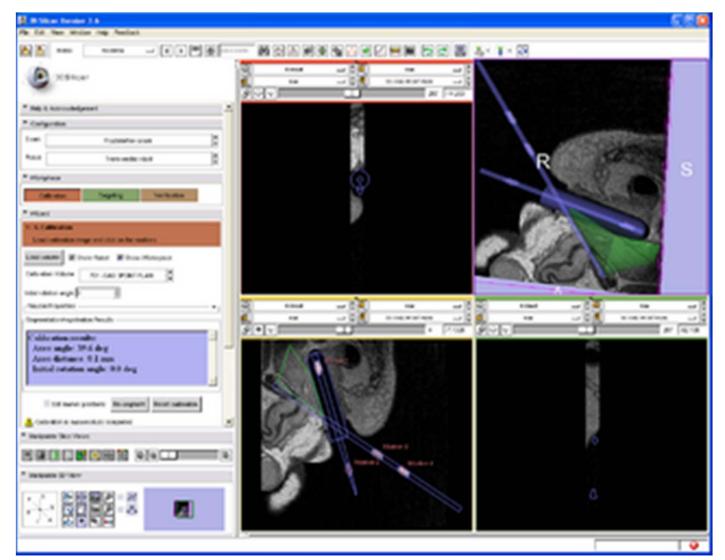


#### Susil et al. J. Urol, 2006





### **Calibration**

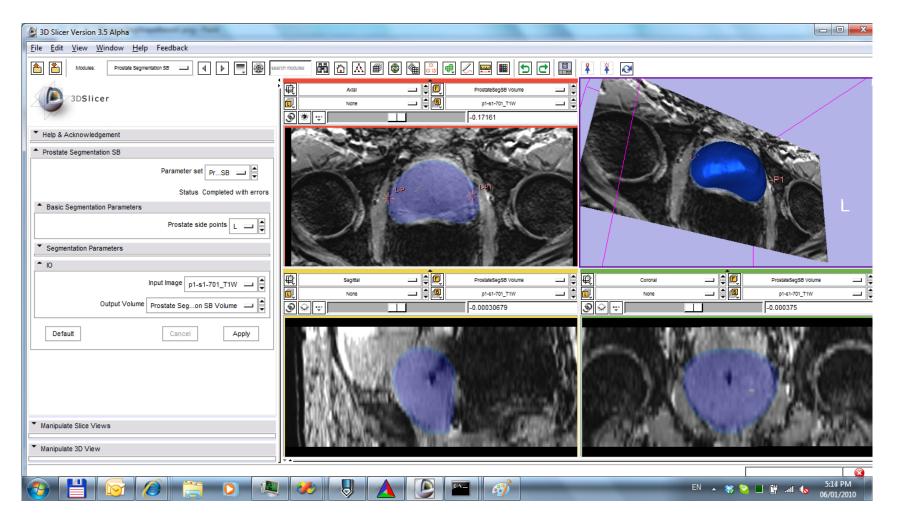


Lasso et al. NAMIC, 2010





## Modeling



#### Gao et al. IEEE TMI 2010





## **Target planning**

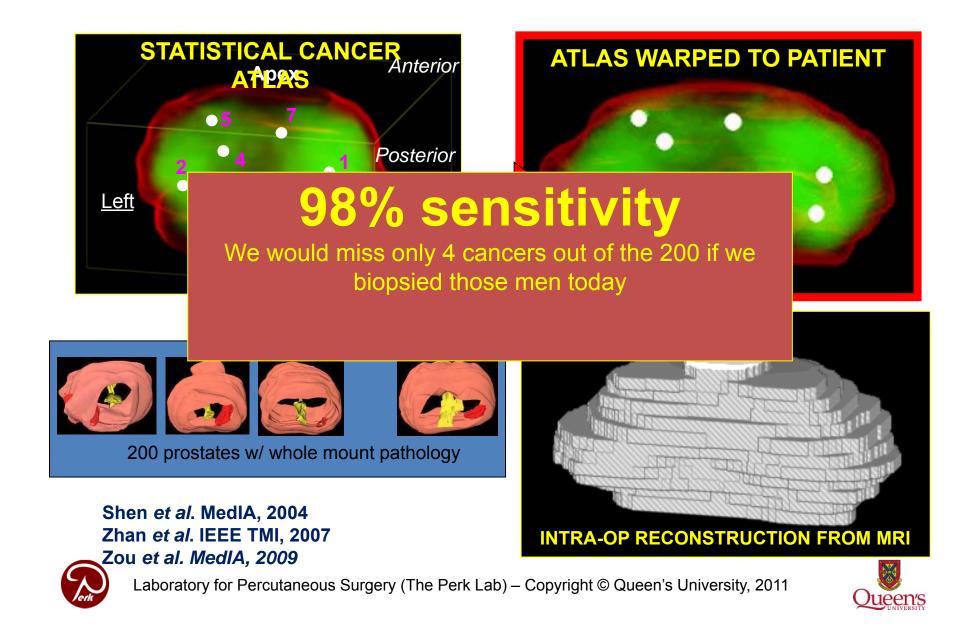


Lasso et al. NAMIC, 2010





## **Population based planning**



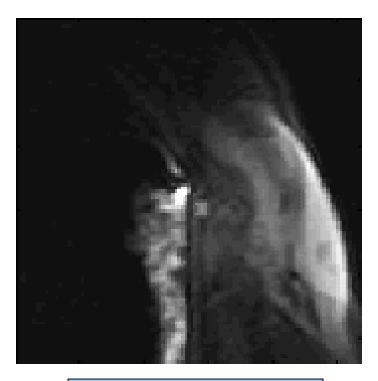
### **Execution**







## **Real-time monitoring**





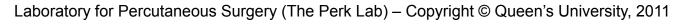
GOOD DEPOSITION

#### REFLUXED INJECTION

- Transrectal robotic needle placement
  - Monitoring at 10fps

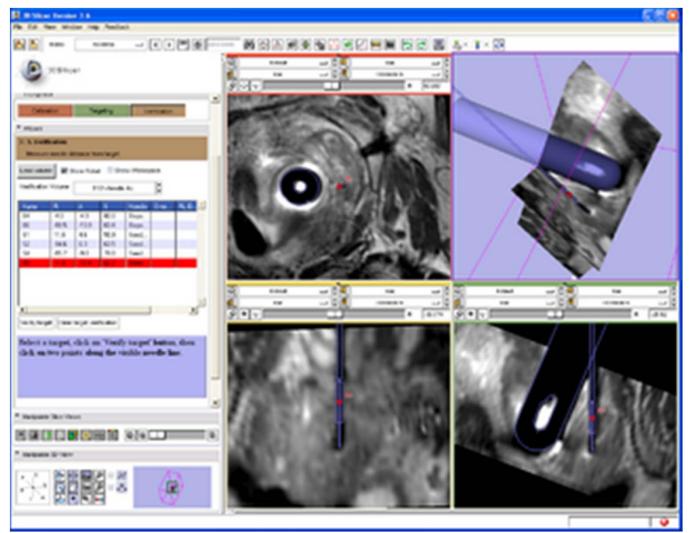
#### Chowing et al. Prostate, 2006







### Verification

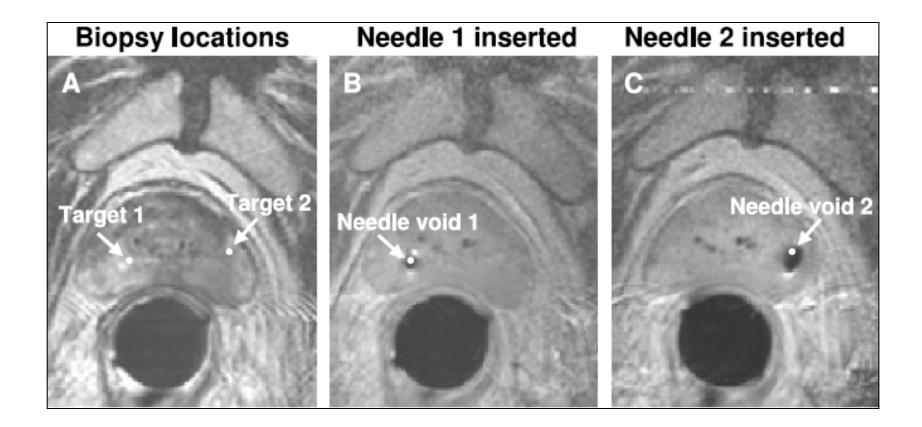


Lasso et al. NAMIC, 2010





## **Verification (close-up)**

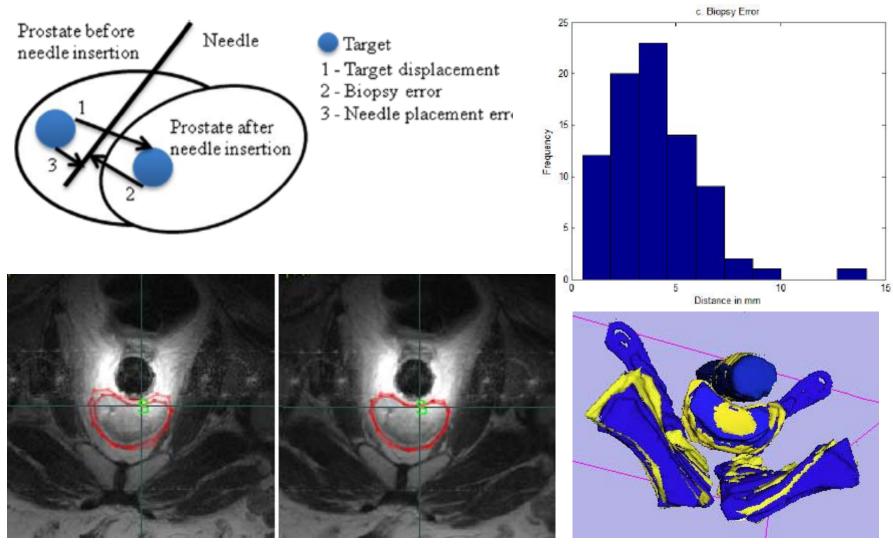


#### Susil et al. J. Urol, 2006





### **Five-year retrospective**



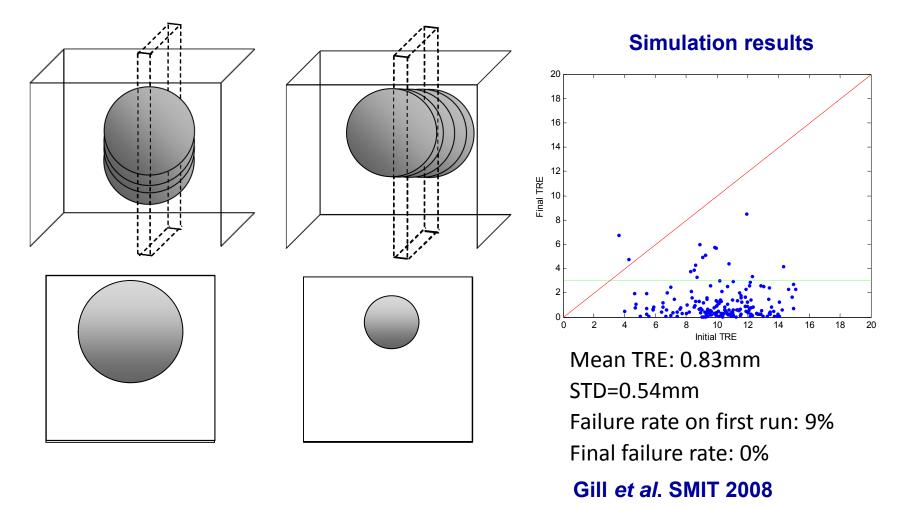
Xu et al. MICCAI 2010





## **Target motion tracking**

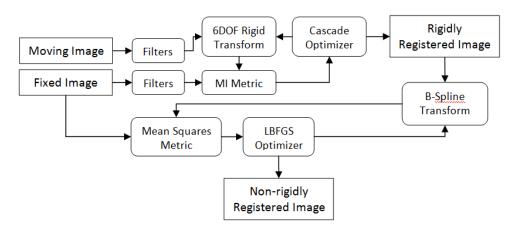
#### Moving prostate volume & fixed MRI slices



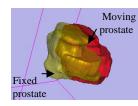


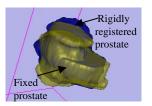


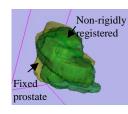
## **Target motion tracking**



		Patient 1	Patient 2	Patient 3	Overall
	Initial target Displacement	9.85	4.33	17.33	10.50
Rigid	Tracking Error	2.26	2.22	3.65	2.71
	<b>Registration Time</b>	39	60	37	45
Deformable	Tracking Error	2.17	2.24	3.66	2.69
	<b>Registration Time</b>	58	308	147	142





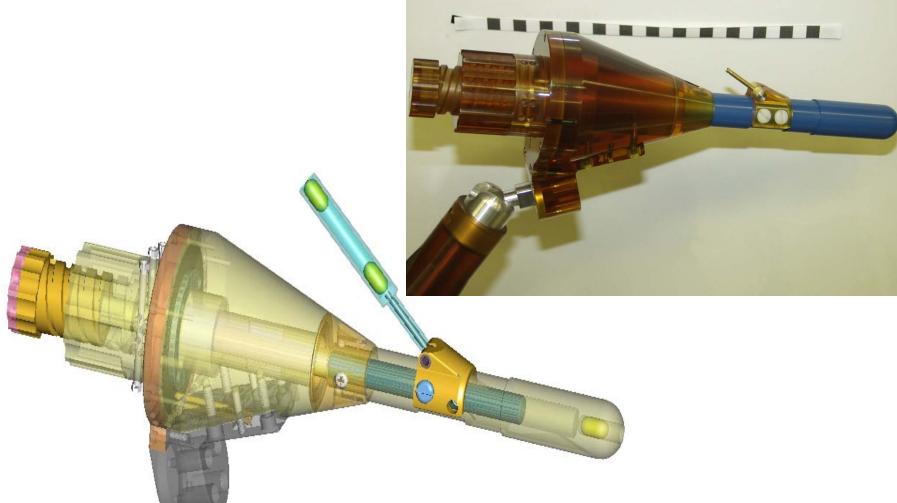


Tadayyon *et al.* SPIE Med Imaging 2010 Tadayyon *et al.* IEEE EMBS 2010 Tadayyon *et al.* IEEE TBME 2011





## **Hybrid tracking**

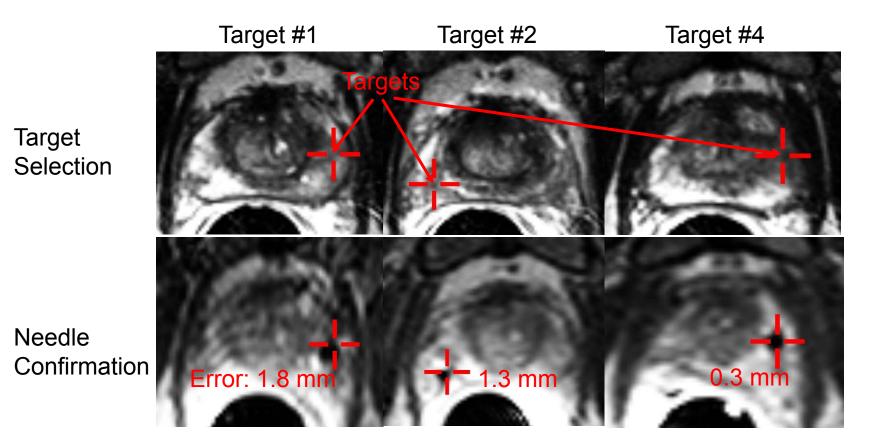


#### Krieger et al. IEEE TBME 2011





## Hybrid tracking – clinical result

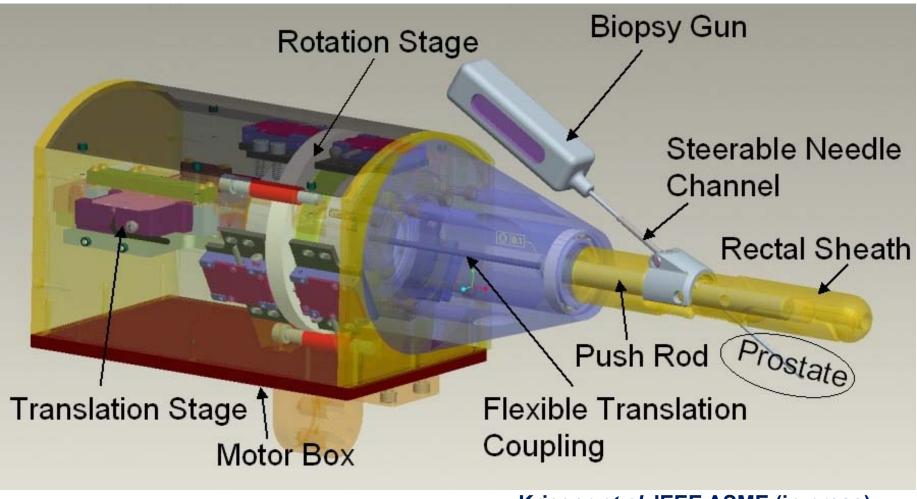


#### Singh et al. Radiation Oncology, 2007





## Actuated prostate robot design

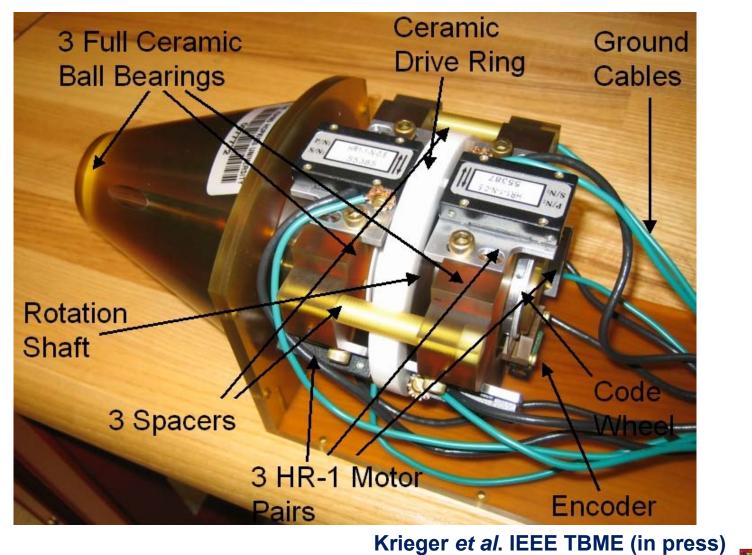


Krieger et al. IEEE ASME (in press)





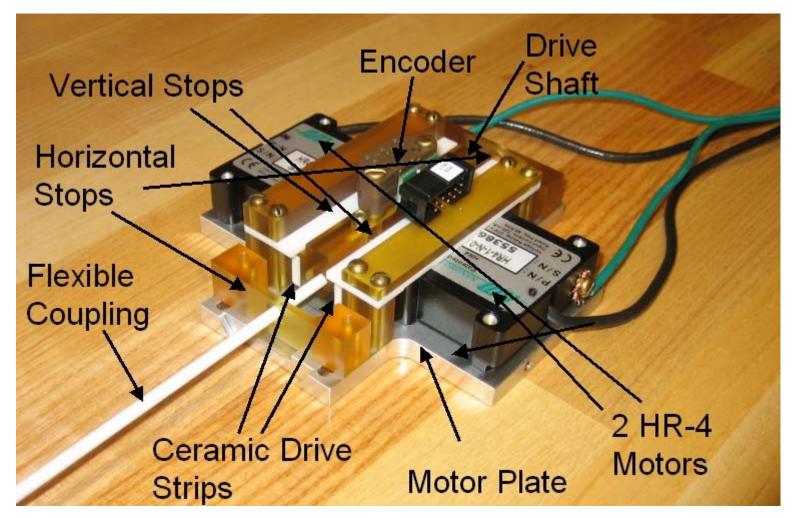
### **Actuated rotation stage**







### **Actuated translation stage**

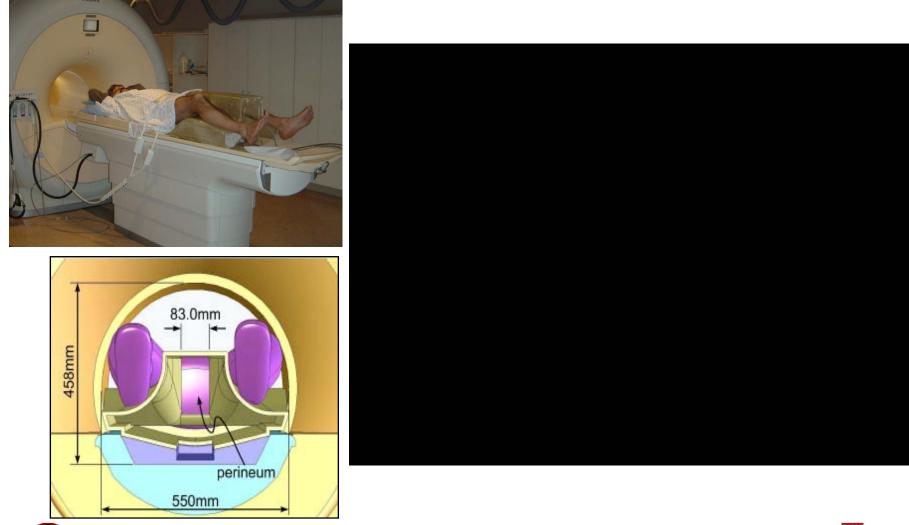


#### Krieger et al. IEEE TBME (in press)





### **Transperineal in-MR intervention**

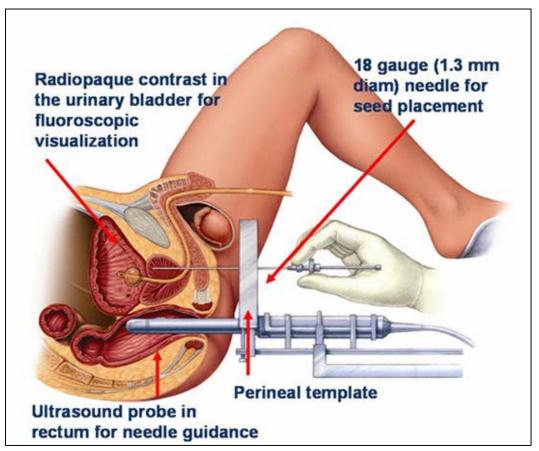


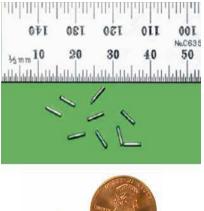




## **TRUS-guided brachytherapy**

#### >50 000 operations each year in North America







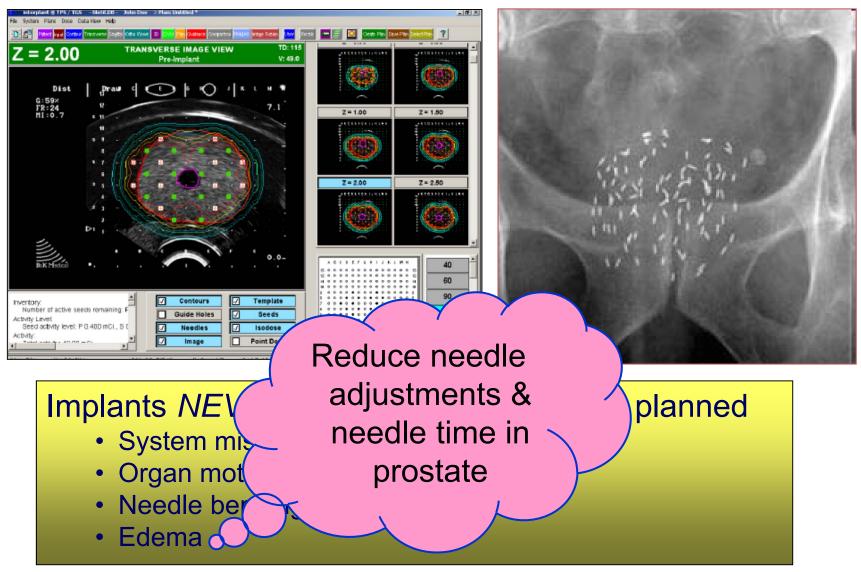
Iodine-125 (T2=60 days) or Palladium-103 (T2=17 days)

http://delmarvacancerdoctors.com/





### Plan v.s. actual implant

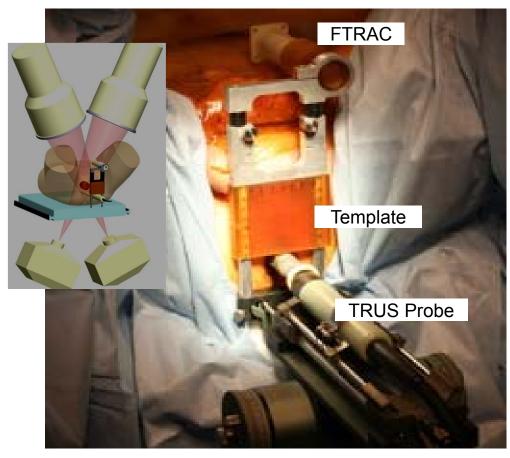




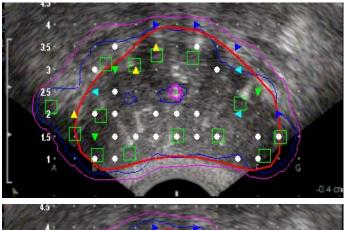


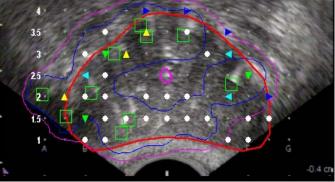
## Intra-operative seed migration

## Intensity-based Registration of TRUS & fluoroscopy (iRUF)



- Colds spots on exit dosimetry
- Average 4 extra seeds (max 9)
- Edema: ~5.0mm (12mm max)





Fallavollita *et al*. Med Phys 2010 Dehghan *et al*. MICCAI 2011

Jain *et al*. MedIA 2011 Song *et al*. Brachytherapy 2011

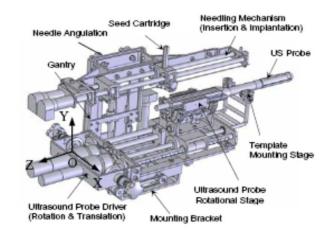


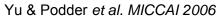


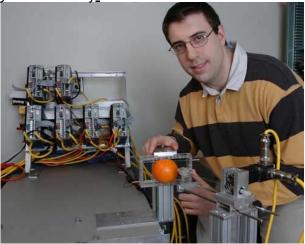
### It's a lot of DOF



Sin et al. Nanyang Technological University\_





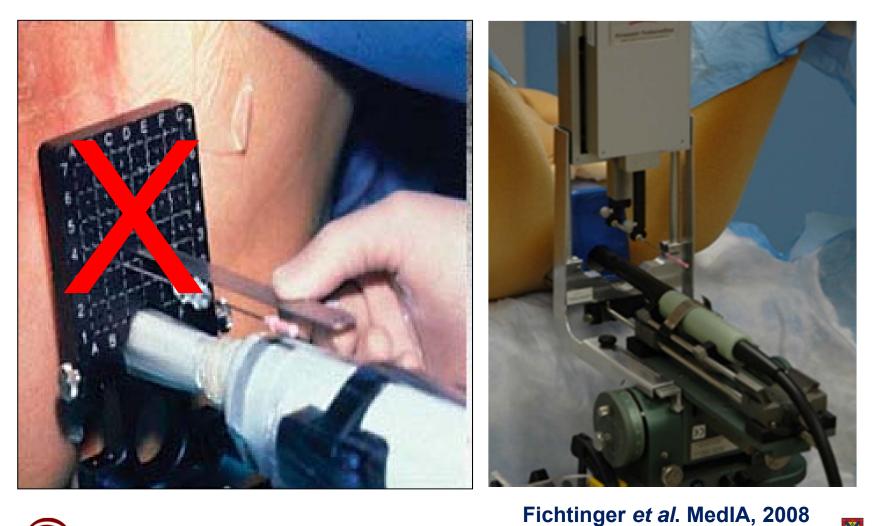


Meltsner et al Phys. Med. Biol. 52 6027-6037, 2007





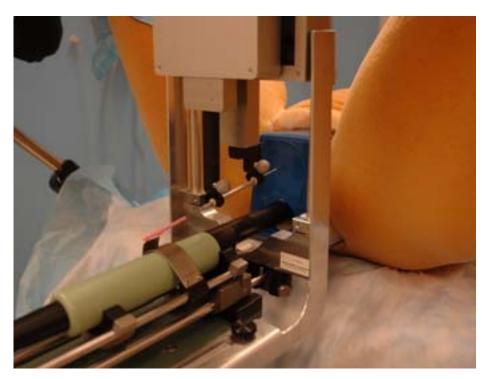
## **Replace template w/ robot** Must not alter clinical setup & workflow

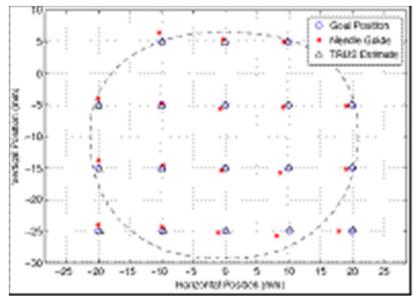


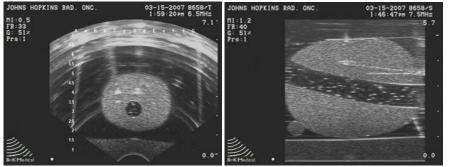




### Accurate needle placement w/ TRUS







- Avg. 1.04 mm (STD=0.50 mm)
- Relative to TRUS
- 18 samples over prostate

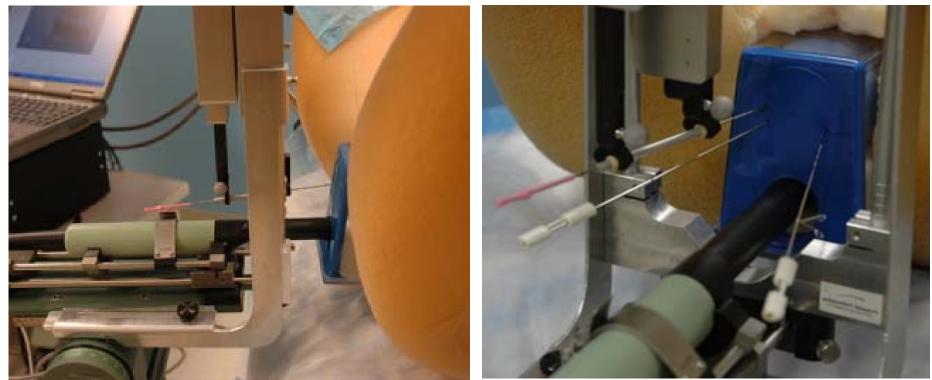




## **Additional benefits of robot**

# Pubic arch interference reduced by slanted needles

# No apparent interference with stabilization needles



Prostates >55cc, about  $\frac{1}{3}$  of candidates

Fichtinger et al. MedIA, 2008





### **Phase-I** clinical trial



#### Song et al. Brachytherapy 2011



Laboratory for Percutaneous Surgery (The Perk Lab) – Copyright  $\ensuremath{\mathbb{C}}$  Queen's University, 2011

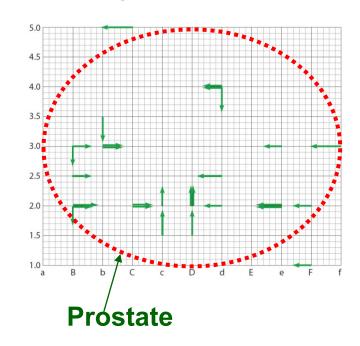


## **Surprising results**

#### Summary table

	#1	#2	#3	#4	#5	Total
Prostate volume (cc)	31.1	19.2	28.4	48.2	42.9	
Total needles inserted	35	33	44	31	41	184
Total planned needles	35	31	41	30	38	175
Inserted with robot	30	33	44	31	41	179
Inserted manually	5	0	0	0	0	5
Adjustments to calibration (home)	Ι	3	2	I	I	8
Adjustments to correct needle pos.	4	12	12	12	14	54
> 2 mm in X	0	5	2	7	6	20
> 2 mm in Y	3	2	3	2	I	11
> 4 mm in X	0	0	0	-	0	- E
> 4 mm in Y	T.	0	0	0	0	l.
Adjustments to modify plan	0	0	9	6	8	23
> 2 mm in X	0	0	5	3	5	13
> 2 mm in Y	0	0	4	I	2	7
> 4 mm in X	0	0	3	0	2	5
> 4 mm in Y	0	0	I	0	2	3
Implant time	1:21	0:53	l:04	0:51	1:05	

#### XY adjustments ≥ 3 mm



#### Song et al. Brachytherapy 2011





# How can we get here?

- Committed teams
- Focus on systems
- Address needs
- Be reductionist
- Rapid iteration
- Measurable goals
- Have fun!

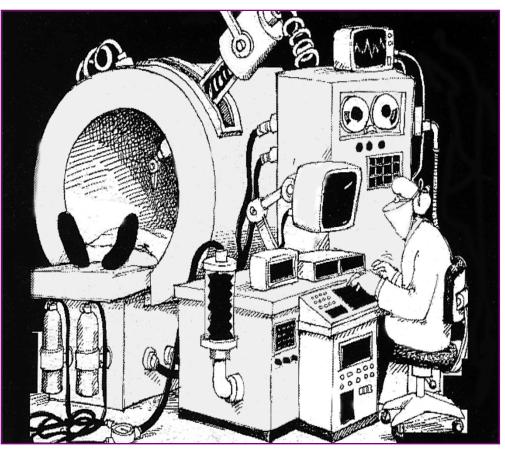


Image borrowed from Russ Taylor





### **Thank You!**





